



Healthcare  
Improvement  
Scotland

Inspections  
and reviews  
To drive improvement

## Improvement Action Plan

Healthcare Improvement Scotland:

Unannounced acute hospital safe delivery of care inspection

Lorn and Islands Hospital, NHS Highland

28 – 29 October 2024

### Improvement Action Plan Declaration

It is the responsibility of the NHS board Chief Executive and NHS board Chair to ensure the improvement action plan is accurate and complete and that the actions are measurable, timely and will deliver sustained improvement. Actions should be implemented across the NHS board, and not just at the hospital inspected. By signing this document, the NHS board Chief Executive and NHS board Chair are agreeing to the points above. A representative from Patient/Public Involvement within the NHS should be involved in developing the improvement action plan.

#### NHS board Chair

Signature:

Full Name: Sarah Compton-Bishop

Date: 17 July 2025

#### NHS board Chief Executive

Signature:

Full Name: Fiona Davies

Date: 10 July 2025

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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
<p>Domain 1</p> <p>Requirement 1.</p> <p>Ensure all patients have access to a call bell or means to contact Staff in an emergency and that all call bells are within easy reach of patients.</p>	<p>Review of A/E waiting room area to ensure patients have access to staff if required.</p> <p>Discussion held at SNR Charge Nurse/HOD meeting.</p> <p>Daily care planning review</p> <p>It is noted this is also a requirement within the HIS draft Inspection Report for Raigmore hospital making it relevant to all NHS Highland Hospitals and in keeping with all findings in both Highland reports, they</p>	December 2024	<p>Senior Charge Nurses.</p> <p>Associate Nurse Directors.</p>	<p>Discussion held with clinical teams and compliance being monitored by SNR Charge Nurses/walk rounds by RGH manager.</p> <p>A/E waiting room signage reviewed and updated to ensure patients and family members know how to get assistance.</p> <p>This is being kept under review and will be regularly discussed at appropriate staff forums such as SCN meetings and Falls improvement. Monitoring of compliance will be part of walk rounds</p>	<p>31<sup>st</sup> December 2024</p> <p>March 2025.</p> <p>Ongoing</p>

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	will be shared with all hospitals in Highland for benchmarking and action where required to ensure call bells are accessible to individuals.				
<p>Requirement 2.</p> <p>Ensure a written process/pathway is in place to ensure continuity of care and staff support when patients require transfer to specialist sites.</p>	NHS Highland will ensure a written pathway for both Adult and Paediatric patients who may require specialist transfer is in place.	<p>June 2025</p> <p>(Revised completion date August 2025)</p>	<p>Clinical Lead</p> <p>SNR Charge Nurse A/E.</p> <p>RGH Manager</p> <p>Associate Director of Nursing</p>	<p>Pathways already in place for critical care patients or patients requiring retrieval.</p> <p><b>30/6/25</b> - Policy for Transfer of acutely unwell or injured patients from/to Rural General Hospitals being updated to include Lorn &amp; Islands Hospital.</p> <p>Short life working group established to review and update.</p> <p>Delay with progress, due to staff sickness within SNR</p>	

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				Nursing Team and revised date of end of August 2025.	
<p>Requirement 3.</p> <p>Always ensure one member of staff on duty in the emergency department who has advanced pediatric life support training or equivalent.</p>	<p>Review existing staff PALS training status.</p> <p>Develop training plan to ensure PALS trained staff available 24/7 on site.</p> <p>Secure additional funding to facilitate PALS training. Courses due to speciality are held off site, so accommodation/travel incurs additional resource.</p>	December 2025	<p>Resuscitation Training Officer support.</p> <p>SNR Charge Nurse A/E.</p> <p>RGH Manager</p>	<p>100% of staff within A/E already trained with ILS.</p> <p>Consultant Anaesthetists who provide 24/7 cover, PALS trained. (Not onsite, during OOHS period, they provide on call)</p> <p>Additional funding required to support offsite training/accommodation for staff to attend. RGH manager to progress.</p> <p><b>30/6/25</b> - 75% of the time Advanced Paediatric Life Support trained personnel on site, with back up from Anaesthetists on call OOHS.</p> <p>Resuscitation training officers supporting staff to attend training. Advanced</p>	

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				<p>Paediatric training involves staff accessing tertiary training sites out with Oban area.</p> <p>Limited spaces available. Agreement to ensure the following staff group have PALS. (REP, SNR A/E nurse, ANP, Anaesthetist)</p>	
<p>Requirement 4.</p> <p>Ensure risk assessments and mitigations are completed fully to identify patients who may be at risk of harm to themselves or others.</p>	<p>NHS Highland will implement a whole-system approach that reduces ligature risks for suicidal patients as low as is reasonably practicable across environmental, clinical and operational domains in response to the HSE improvement notice.</p>	<p>December 2025</p>	<p>Health &amp; Safety team</p> <p>RGH Manager</p>	<p>HSE oversight group established monitoring the action plan following HSE improvement notice.</p> <p>Compliance monitoring will take place at this forum.</p> <p>Review of observational policy and testing of the new risk assessment being</p>	

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	Carry out options appraisal once ligature Anchor point completed.		Associate Director of Nursing.	undertaken from June 2025. Aim to complete October 2025.  Ligature risk assessment completed for Lorn & Islands Hospital. Next stage to carry out options appraisal process.	
<p>Requirement 5.</p> <p>Ensure staff are suitably qualified and competent to safely carry out their role including where relevant: Public protection training, mental health training including relevant legislation and the management of violence and aggression prevention training</p>	<p>NHS Highland will ensure that staff are trained in Adult Support and Protection Training.</p> <p>Training needs analysis to be carried out regarding mental health training needs for all staff groups within Lorn &amp; Islands Hospital.</p>	<p>August 2025</p> <p>March 2025</p>	<p>RGH Manager</p> <p>SNR Charge Nurse</p> <p>Associate Director of Nursing</p> <p>Health &amp; Safety team</p>	<p>Ward B Nursing staff have commenced restraint training.</p> <p><b>30/6/25</b></p> <p>Adult Support &amp; Protection training delivered by ASP lead. on the 13<sup>th</sup> of June, to Medical, Nursing and AHP staff. SNR Charge nurses</p>	

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(including breakaway and restraint)	<p>Review violence and aggression training compliance and monitor.</p> <p>Review type of training delivery for General Hospital setting for Violence &amp; Aggression restraint training.</p>	<p>April 2025</p> <p>April 2025</p> <p>(Revised completion date October 2025)</p>		<p>monitoring compliance on Turas.</p> <p>NHS Education for Scotland – Mental Health improvement &amp; suicide prevention Framework, being used to support training needs analysis for staff. Education sub-group to be convened and report into HSE oversight group.</p> <p>SNR Charge Nurse has completed Mental Health First Aid train the trainers course and plans underway to roll out training.</p> <p>V&amp;A training records being monitored by SNR Charge Nurses. A review of the training being undertaken by CC&amp;G lead (who manages trainers)</p> <p>Completion date for training aspects amended to end of</p>	

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				October 2025, due to complexity.	
Requirement 6.	<p>Ensure environmental ligature risk are assessed, and relevant staff are trained to recognise and manage ligature risk.</p> <p>NHS Highland will ensure staff trained in Ligature risk assessment and carry out a ligature risk assessment within the Lorn &amp; Islands Hospital.</p> <p>Ligature risk assessment for the site, will be monitored and reviewed within the Health &amp; Safety meeting.</p>	<p>February 2025</p> <p>March 2025</p>	<p>RGH Manager</p> <p>Health &amp; Safety team</p>	<p>Ligature risk assessment training carried out end of January 2025.</p> <p>Ligature risk assessment of designated areas within Lorn &amp; Islands Hospital completed. Hierarchy of control for risk mitigation identified.</p> <p><b>30/6/25</b></p> <p>Monthly HSE oversight meetings take place. An options appraisal to take place regarding decisions about ligatures within a</p>	<p>February 2025</p> <p>On going via HSE oversight work.</p>



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				general hospital setting. (No national guidance to benchmark)	
<b>Domain 2</b>  Requirement 7  Ensure support and feedback to staff on incidents raised through the incident reporting system and ensure learning from incidents is used to improve safety and outcomes for patients and staff.	NHS Highland will ensure a robust process in place to ensure feedback to staff about incident reporting.  All relevant incidents should be discussed and reviewed at department meetings and minutes documented.  Monitor incident trends at CC&G meetings and identify any learning or change in practice.	March 2025	Heads of Departments.  SNR Charge Nurses  RGH Manager	Incidents currently reviewed at Lorn & Islands Hospital Clinical Care & Governance meeting.  Incidents also reviewed at fortnightly HSCP Quality, Patient and Safety forum.  Ward/departmental meetings also used to share learning.	February 2025

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<p>Requirement 8</p> <p>Ensure effective and appropriate governance approval and oversight of policies and procedures are in place.</p>	<p>NHS Highland will ensure policy and procedures are tabled at the most appropriate forum for approval and that leads are aware of pathway of approval.</p> <p>NHS Highland will undertake to scope current practice Board wide with an intention to develop a clear robust standard procedure</p>	August 2025	Associate Director of Nursing	Currently NMAHP policies are ratified via topic specific groups and overseen in NMAHP Professional Assurance Group.	Ongoing
<p><b>Domain 4.1</b></p> <p>Requirement 9</p> <p>Ensure all patient documentation is accurately and consistently completed. This includes Adults with incapacity section 47</p>	<p>NHS Highland will ensure that staff are trained to ensure Adults with incapacity section 47 documents and DNACPR documentation is completed appropriately.</p>	August 2025	RGH Manager	<p><b>30/6/25</b></p> <p>Adult Support and Protection training delivered by ASP Lead on the 13<sup>th</sup> of June 2025 in person at Lorn &amp; Islands Hospital. Two</p>	

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documents and do not attempt cardiopulmonary resuscitation documentation.	<p>Improve and monitor training compliance across all staff groups to demonstrate improving trajectory.</p> <p>Carry out an audit of compliance for DNACPR documentation.</p>	<p>October 2025</p> <p>October 2025</p>	Clinical Lead	<p>sessions available for staff with good attendance.</p> <p>Training being provided in August for new rotation of Resident Dr's. on record keeping, particularly Section 47, DNACPR etc.</p> <p>New resident Dr's in August compete audits as part of their training. Request for one of the Resident Dr's to undertake a piece of audit work being taking forward by educational supervisors/clinical lead.</p>	
<p>Requirement 10.</p> <p>Ensure all staff comply with the appropriate wearing of jewellery.</p>	Memo to all staff reminding them of NHS Highland Uniform policy, highlighting the wearing of jewellery.	February 2025	<p>SNR Charge Nurse</p> <p>RGH Manager</p>	<p>Memo to all staff completed.</p> <p>Discussion at SNR Charge Nurse meeting.</p>	February 2025

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	Compliance to be monitored by SNR Charge Nurses.			<b>30/6/25</b> – on going monitoring by SNR charge Nurses.	
<p>Requirement 11.</p> <p>Ensure all staff comply with required transmission-based precautions.</p>	<p>NHS Highland will ensure that staff are trained and receive regular updates on ‘transmission-based precautions.</p> <p>Training compliance to be monitored.</p>	March 2025	Infection Control Team SNR Charge Nurses	<p>Update training for clinical staff planned.</p> <p><b>30/6/25</b></p> <p>Assurance walk rounds carried out by Infection Control Team &amp; Mangers.</p> <p>SCIPS audits completed, and findings reviewed at CC&amp;G meetings.</p> <p>Mandatory training records kept by SNR Charge Nurses.</p> <p>Transmission based precautions were displayed on the Infection control staff noticeboard for 2 months post inspection.</p>	<p>April 2025</p> <p>Monitoring on going.</p>

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				Discussions took place at SNR charge Nurse meetings with Infection control team. It was highlighted if staff/patients are unable to comply this must be documented.	
<p>Requirement 12.</p> <p>Ensure all hazardous cleaning products are securely stored.</p>	<p>Memo issued to all staff reminding colleagues of the process and importance of safe storage of hazardous cleaning products.</p> <p>Domestic supervisor/support services manager will monitor compliance of DSR rooms.</p> <p>SNR Charge Nurses to monitor compliance within ward area.</p>	March 2025	<p>Support Services Manager</p> <p>Domestic supervisor</p> <p>SNR Charge Nurses</p> <p>RGH Manager</p>	<p>Discussion at Heads of Service meeting with SNR Staff has taken place.</p> <p>Assurance walk rounds by support services manager on regular basis.</p>	April 2025

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	Infection control assurance walk rounds to monitor compliance				
<p>Requirement 13.</p> <p>Ensure that hospital safety huddles consider decision making regarding real time staffing risk and mitigations and that these are documented and aligned with patient acuity and dependency to support skill mix and staffing.</p>	<p>Support Real time staffing and risk escalation – ensuring clear guidance on how staffing risk are escalated and managed effectively in real time and appropriately recorded.</p> <p>Review Hospital Safety Huddle template to include Real Time Staffing tool completion.</p> <p>Ensure further training for staff on Real Time staffing tool.</p>	August 2025	<p>RGH Manager</p> <p>SNR Charge Nurses</p> <p>Associate Director of Nursing</p> <p>Workforce Lead</p>	<p>Healthcare Staffing Programme – National Real-Time Staffing Resource training 11<sup>th</sup> Feb, to support training in the move to new National RTS Resource.</p> <p>Attendance by one of the SNR Charge Nurses.</p> <p><b>30/6/25</b></p> <p>Training on SafeCare currently taking place on Turas for all ward staff.</p>	

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	<p>Confirm process for risk mitigation and escalation out with core hours.</p> <p>It is noted this is also a requirement within the HIS draft Inspection Report for Raigmore Hospital making it relevant to all NHS Highland Hospitals and in keeping with all findings in both Highland reports, they will be shared with all hospitals in Highland for benchmarking and action where required ensure appropriate staffing is in place that is reflective of the number and care needs of patients. This should include recording of clinical professional judgement of real-time staffing requirements, including evidence of how decisions are reached and communicated.</p>		Workforce Lead	<p>Ward A Acute Nursing – SafeCare live from 4<sup>th</sup> of August 2025.</p> <p>Ward B Medical Nursing – SafeCare live from 1<sup>st</sup> September 2025.</p> <p>Ward I Medical Nursing – SafeCare live 29<sup>th</sup> September 2025.</p> <p>NHS Highland SOPs developed. Real time staffing escalation.</p> <p>SafeCare will replace the recording of real time staffing (RTS) information on the TURAS, RTS platform.</p> <p>The recommendations from both Raigmore and L&amp;I Hospital's form part of the Board and local plans for implementation of systems and processes to meet</p>	

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				<p>requirements of Health and Care Staffing (HCS) legislation. Each operational area has their own local plan for implementation and monitoring which reports into the NHS HCS Programme Board. NHS Highland are currently reviewing their governance structures with a proposal being led by the Board Medical and Nurse Director to establish a revised Clinical and Care Governance Oversight Group which will be suggested forum for organisational oversight of external inspections and reviews across all care areas. In the interim, the system wide learning and benchmarking for HCS is underway via the Associate Nurse Directors with feedback to the NHS</p>	



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				Professional Reference Group 7 <sup>th</sup> August 2025	
<p>Requirement 14.</p> <p>Ensure that there are processes in place to support the consistent application of the common staffing method. This includes having a robust mechanism for feedback to be provided to staff about the use of the robust common staffing method, and staffing decision made as a result.</p>	<p>Lead Nurse workshop scheduled for early March 2025 where recommendations will be reviewed and decisions on actions made in the wider context of service planning. Staff will receive feedback, and engagement will take place to ensure transparency in decision making</p> <p>Shared learning piece planned to enhance training and preparation for 25/26 cycle</p>	August 2025	<p>Workforce Lead</p> <p>Associate Director of Nursing</p> <p>Workforce lead/Workforce managers.</p>	<p>Workshop planning in progress and will be held within HSCP.</p> <p><b>30/6/25</b></p> <p>Nursing workforce plans completed for A/E, Ward A, B and I and reports submitted to Head of Service, Associate Director of Nursing 3/4/25 for consideration.</p> <p>HSCP workshop to be carried out on 7<sup>th</sup> of August 2025 to review reports and consider</p>	

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	<p>It is noted this is also a requirement within the HIS draft Inspection Report for Raigmore Hospital making it relevant to all NHS Highland Hospitals and in keeping with all findings in both Highland reports, they will be shared with all hospitals in Highland for benchmarking and action where required ensure that there are processes in place to support the consistent application of the common staffing method. This includes having a robust mechanism for feedback to be provided to staff about the use of the common staffing method, and staffing decisions made as a result</p>	June 2025	NHS Highland Associate Nurse Directors	<p>the findings and agree next steps.</p> <p>All work related to embedding the requirements of the Health and Care Staffing Act, are HSCP wide and communicated via our meeting structures and staff engagement.</p>	

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<b>Domain 4.1</b>  Recommendation 1.  Ensure that patients are assisted with hand hygiene prior to mealtimes where required.	Staff will ensure patients offered the opportunity for hand hygiene prior to mealtimes and incorporate as part of care rounds within ward setting.  Awareness raising amongst Health Care Support Staff.  Compliance to be monitored by SNR Charge Nurses	February 2025	Senior Charge Nurses	Discussion with SNR Charge Nurses has taken place to ensure compliance within their wards.  Hand wipes available for patients on wards.	February 2025