



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Improvement Action Plan

Healthcare Improvement Scotland:

Unannounced acute hospital safe delivery of care inspection

Raigmore Hospital, NHS Highland

28 – 30 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
<u>Requirement 1</u> NHS Highland must ensure all staff are trained to ensure safe fire evacuation	NHS Highland will ensure that all staff are trained to ensure fire evacuation Training plans to be reviewed at Fire Safety Committee Improve and monitor fire safety training compliance across all staff groups to demonstrate improving trajectory	May 2025 February 2025 August 2025	Directorate General Managers/ Directorate Nurse Managers/ AHP and Facilities Leads Fire Safety adviser Directorate General Managers / AHP and Facilities lead	Staff are receiving communications at regular checkpoints regarding fire evacuation processes and routes, also staff re directed to fire safety officers during the fire risk assessments which take place quarterly as a minimum. NHS Fire Training Strategy developed linked to SHTM 80 and SHTM 83. This is to be ratified through H&S Committee August 2025. MS Teams channels developed for training records for induction, evacuation and safety checks to enable monitoring at directorate level	Ongoing.
<u>Requirement 2</u> NHS Highland must ensure all patients have access to a call bell	In Raigmore Hospital, this requirement is linked to a surge capacity ward and discussion has been held with clinical team	November 2024	SCN or Nurse in charge /Clinical Nurse Manager	Discussion held with clinical team and compliance being monitored by senior nursing Team on walk arounds	November 2024

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	<p>SCN/Nurse in Charge will monitor compliance on each shift.</p> <p>It is noted this is also a requirement within the HIS draft Inspection Report for Lorn & Islands 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 to ensure call bells are accessible to individuals</p>	March 2025	NHS Highland Associate Nurse Directors	Continue to keep under review, raised in appropriate forums and monitored during clinical area walk arounds	
<p><u>Requirement 3</u></p> <p>NHS Highland must ensure all staff comply with hand hygiene and the correct use of Personal Protective Equipment</p>	<p>Training sessions were delivered to staff on surge capacity wards where this was identified to be a concern.</p> <p>Monthly audits by senior nursing team</p>	<p>November 2024</p> <p>November 2024 and to</p>	<p>Clinical Nurse manager and Infection Prevention Control Team</p> <p>SCN/Clinical Nurse Manager</p>	<p>Hand hygiene and PPE training sessions delivered in November 2024 and ongoing as this ward has high supplementary staffing use</p> <p>Hand hygiene campaign rolled out by IPC and H&S colleagues in November 2024 with focus on</p>	November 2024

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		continue monthly	IPC peer review	reducing glove use and promoting 5 key moments of hand hygiene, in addition to skin health work	
<u>Requirement 4</u> NHS Highland must ensure that all staff comply with the safe storage of linen	Reminder to be sent to all clinical areas SCN / Nurse in Charge of ward will monitor compliance via observations of practice on every shift SICP's audits, with focussed approach to areas of noncompliance and support for staff training and education This will be monitored by senior nurses on scheduled and ad hoc walk arounds	February 2025 February 2025 March 2025 and ongoing	Associate Nurse Director SCN/Nurse in Charge SCN/IPC team Clinical Nurse Managers/ HEI walk round teams	Reminder and poster distributed to wards and departments Observations of practice conducted by nurse in charge of shift as per standard work Monthly SICPs audits continue as per standard IPC submission schedule with focus work on Ward 4A – area highlighted during HIS inspection HEI walkaround schedule continues with additional Clinical Nurse Manager walkarounds in key priority areas Linen management reviewed as part of the 15 steps DNM walk rounds	March 2025
<u>Requirement 5</u> NHS Highland must ensure that all staff comply with safe sharps management	Reminder to be sent to all Areas	February 2025	Associate Nurse Director/ Operational Medical Director SCN/Nurse in Charge	Reminder and poster distributed to wards and departments	March 2025

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
	<p>SCN / Nurse in Charge of ward will monitor compliance via observations of practice on every shift</p> <p>This will be monitored by senior nurses on scheduled and ad hoc walk arounds</p>	<p>February 2025 and ongoing</p> <p>February 2025 and ongoing</p>	<p>Clinical Nurse Managers/HEI walk round teams</p>	<p>Observations of practice conducted by nurse in charge of shift as per standard work</p> <p>Scheduled rolling HEI walkaround programme continues alongside additional CNM walkarounds in key priority areas</p>	
<p><u>Requirement 6</u></p> <p>NHS Highland must ensure that the hospital environment is maintained to facilitate effective cleaning</p>	<p>A continual improvement maintenance program is in place. As part of local HEI visits areas for repair are uploaded onto the Maximo system.</p> <p>Using this system we are able to prioritise the clinical and non-clinical areas that require resources and investment to ensure the care environment is in a good state of repair and maintained to support effective cleaning.</p>	Ongoing	Operational Estates manager/ Acute Infection Control committee	<p>Domestic Services Manager reports cleaning environmental audits to Acute Infection control committee bi- monthly. March – May results 96%. Programme of HEI walk arounds in place for 25/26. Maximo system has been adapted to categorise and prioritise repairs identified during the walk rounds</p> <p>In addition, senior nurses have commenced walk arounds using 15 steps approach.</p>	Ongoing

[illegible]

[illegible]

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	Embed Flow chart and associated Risk Assessment in acute wards in Raigmore	March 2025	Directorate Nurse Managers	Complete	
<u>Requirement 9</u> NHS Highland must ensure all healthcare infection incidents, including previously unreported incidents, are reported in line with guidance within the national infection prevention and control manual	Incident of Covid outbreak highlighted by HIS inspection team has been retrospectively reported. Training on incident reporting to be carried out for all Infection Prevention Control team members	February 2025 February 2025	Infection Control Manager and Senior IPC Nurse Raigmore Infection Control Manager and Senior IPC Nurse Raigmore	Incident from October 2024 retrospectively reported to ARHAI via Respiratory Short Form 11.02.25	February 2025
<u>Requirement 10</u> NHS Highland must ensure appropriate staffing is in place that is reflective of the number and care needs of patients. This should	Development of SOPs to Support Real-Time Staffing and risk escalation – ensuring clear guidance on how staffing risks are escalated and managed effectively in real time	February 2025	Workforce planning Manager/ Directorate Nurse Managers/ Directorate General Managers	Real-Time Staffing & Escalation SOP and Action Card ratified by HCSA Programme Board 18 June 2025. The rebuild of all acute roster locations across Raigmore will be finalised in July 2025, with SafeCare training underway and	In Progress July 2025

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include recording of clinical professional judgement of real-time staffing requirements, including evidence of how decisions are reached and communicated	<p>Progress towards implementation of Safe Care across Raigmore site</p> <p>It is noted this is also a requirement within the HIS draft Inspection Report for Lorn & Islands 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>	<p>June 2025</p> <p>August 2025</p>	<p>Workforce planning Manager/ Directorate Nurse Managers/ Directorate General Managers</p> <p>Workforce Manager</p>	<p>system go-live imminent across the site. Maternity services are also progressing and are scheduled to go live with SafeCare by 28 September 2025. All other acute roster locations outwith Raigmore are planned for roster rebuild and SafeCare implementation during Autumn 2025. This work has involved significant engagement and commitment from clinical and managerial teams</p> <p>The recommendations from both Raigmore and L&I Hospital's form part of the Board and local plans for implementation of systems and processes to meet requirements of Health and Care Staffing (HCS) legislation. Each operational area has their own local plan for implementation and monitoring which reports into the NHHH 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</p>	

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				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 NHH Professional Reference Group 7th August 2025	
<u>Requirement 11</u> NHS Highland must 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>CSM output review workshop scheduled for February 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> <p>It is noted this is also a requirement within the HIS draft Inspection Report for</p>	<p>March 2025</p> <p>August 2025</p> <p>August 2025</p>	<p>Workforce Manager/ General Managers/Nurse Managers</p> <p>Workforce Manager/ General Manager/Workforce Leads</p> <p>Workforce Manager</p>	<p>The output of the Acute CSM workshops is pending finalisation in a paper being produced by the Associate Nurse Director for Acute and colleagues. The report is scheduled for presentation to SLT and thereafter EDG from the week commencing 21 July 2025. Some delay has been encountered due to the need for historical finance information to support decision-making. The feedback loop to staff will be completed by professional leads, nursing, and operational managers. The Workforce Lead is collating a directory of CSM and Staffing Level Tool (SLT) cycle execution and resulting decisions to support board-level oversight and ongoing monitoring.</p>	In Progress July 2025

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	<p>Lorn & Islands 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>			<p>This was delivered to the HCSA Nursing Implementation Group on 26 May. A PowerPoint presentation is available as evidence and was summarised at the HCSA Programme Board meeting on 18 June 2025.</p> <p>The recommendations from both Raigmore and L&I Hospital's form part of the Board and local plans for implementation of systems and processes to meet requirements of Health and Care Staffing (HCS) legislation. Each operational area has their own local plan for implementation and monitoring which reports into the NHHH 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</p>	

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				Directors with feedback to the NHH Professional Reference Group 7th August 2025	
<u>Requirement 12</u> NHS Highland must ensure all staff are able to access training required for their role	NHS Highland will ensure that staff are trained and receive updates in moving and handling and violence and aggression Training plans to be reviewed at Directorate level Improve and monitor Moving and handling and violence and aggression training across all staff groups to demonstrate improving trajectory	April 2025 April 2025 and monthly thereafter	Directorate General Managers/Directorate Nurse Managers Directorate General Managers/Directorate Nurse Managers	Violence and Aggression team holding bespoke sessions with ward teams who have high numbers of staff requiring updates. Moving and Handling have dedicated training space allocated within training suite in Raigmore. Training compliance being broken down to display face to face and classroom based training compliance	In progress July 2025
<u>Requirement 13</u> NHS Highland must ensure patient dignity is maintained at all times. This includes, but is not limited to, access to suitable toilet and shower facilities for patients	NHS Highland will take the opportunity as part of fire upgrade works and ward refurbishment to improve access to toilet and shower facilities for patients with mobility aids. This programme	Ongoing until December 2028	Estates team/Acute SLT	First ward completed as part of fire upgrade work, this included refurbishment of showers and toilets to facilitate improved access for patients using mobility aids. This area also includes an independently accessed all-abilities access toilet and shower which can be used by other wards as required.	In Progress July 2025

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requiring mobility aids	<p>of work is taking place over the next 3- 4 years and is reliant on allocation of Capital funding.</p> <p>Review of bathroom and shower facilities in multi bed bays and door placement.</p> <p>SOP to be developed for ward staff to escalate if patient dignity is comprised due to lack of adequate facilities where appropriate mitigations cannot be put in place</p>	<p>April 2025</p> <p>April 2025</p>	<p>Estates team/Senior Nurses/IPC team</p> <p>Directorate Nurse Managers</p>	<p>Second ward upgrade due to start August 2025</p> <p>Preserving dignity is covered in the risk assessment for placement of additional patients</p> <p>SOP shared July 2025</p>	

Completed	
In progress/ongoing	
Not started	