Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

# Improvement Action Plan

## Healthcare Improvement Scotland:

## Unannounced acute hospital safe delivery of care inspection

Balfour Hospital, NHS Orkney

23 – 24 March 2026

### 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: David Campbell

Date: 01 July 2026

**NHS board Chief Executive**

Signature: 

Full Name: James Goodyear

Date: 01 July 2026

| Ref: | Action Planned | Timescale to meet action | Responsibility for taking action | Progress | Date Completed |
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| **Requirements** | | | | | |
| **Domain 1 – Clear vision and purpose** | | | | | |
| 1 | **NHS Orkney must ensure there is one member of staff on duty in the emergency department at all times who has advanced paediatric life support training or equivalent.**<br><br>NHS Orkney will ensure that all Emergency Department (ED) shifts are staffed with at least one clinician who holds current Advanced Paediatric Life Support (APLS) certification or equivalent competency. Staff will be prioritised for APLS training and revalidation.<br><br>A sustainable training plan will be developed to maintain compliance and resilience, including forward planning for expiry and refresher requirements. | 31/03/2027 | Director of Nursing, Midwifery & Allied Health Professionals and Chief Officer for Acute Services | June 2026 – Current compliance levels reviewed and gaps identified. | |
| 2 | **NHS Orkney must ensure effective and appropriate governance approval and oversight of policies and procedures are in place to ensure the most up to date guidance is in use.**<br><br>NHS Orkney will revise the Corporate Policy and Procedure Development Framework to clarify and ensure that all clinical standard operating procedures, guidelines, pathways and policies are developed and managed through a uniform organisation-wide process. This will set clear expectations for document development, consultation, approval, review timeframes and ratification.<br><br>The existing document tracker will be highlighted to all staff, alongside a process to ensure that all organisation-wide and service-held documents are captured centrally. This will provide full organisational oversight of current documents, review dates and approval status | 30/11/2026 | Head of Patient Safety, Quality and Risk<br><br>Head of Corporate Governance | June 2026 – The draft consultation and ratification process is complete and is currently being used as a test of change. Collation of guidance documents has commenced on a service-by-service basis to support central oversight of organisation-wide and service-held documents. | |

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| **3** | **NHS Orkney must ensure that all staff are suitably trained, qualified and competent to safely carry out their role. This includes completion of statutory and role-specific training including:**<br>• **Paediatric basic life support**<br>• **Paediatric immediate life support**<br>• **Fire safety**<br>• **Prevention and Management of violence and aggression, including breakaway and restraint techniques**<br>• **Mental health training, including relevant legislation**<br><br>Orkney will ensure all staff are supported to meet statutory, mandatory and core training requirements through prioritisation of protected learning time within duty rosters and proactive monitoring of compliance. Training needs will be identified through annual appraisal and departmental Training Needs Analysis.<br><br>NHS Orkney will strengthen appraisal compliance through proactive monitoring, regular reporting and escalation of non-compliance to line managers to ensure timely completion. Individual development will be identified through annual appraisal processes and aligned to service requirements.<br><br>Compliance, including uptake of protected learning time (target 80% via e-Roster), will be routinely audited and reported through governance structures, with gaps escalated to line managers. | 30/010/2026 | Executive Director of Nursing, Midwifery & Allied Health Professionals and Chief Officer for Acute Services<br><br>Clinical Nurse Manager Acute Services<br><br>Senior Charge Nurses / Midwife | June 2026 – Current compliance levels reviewed and gaps identified. Staff made aware and rostered to complete training. Training reviewed through governance processes including the performance review meetings. | |
| **Domain 2 – Leadership and Culture** | | | | | |
| **4** | **NHS Orkney must ensure timescales of adverse events and significant adverse event reviews are achieved, including feedback to staff and action plans to support and improve the quality and safety of care. This should be aligned with the timeframes in Healthcare Improvement Scotland National Framework.** | 31/10/2026 | Medical Director | | |

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| | NHS Orkney will strengthen the organisation-wide management of adverse events through review of current processes and revision and ratification of adverse event management guidance, aligned to Healthcare Improvement Scotland's national framework. This will support consistent review timeframes, clear action planning, timely feedback to staff and shared learning across services.<br><br>The adverse event reporting system will be reviewed to support robust and clear action plans, documented feedback and improved tracking of completion.<br><br>Compliance with expected review timeframes will be monitored through audit and routine reporting, with strengthened oversight through clinical governance processes, including performance review meetings and escalation through the clinical governance structure to Board where required. | | Head of Patient Safety, Quality and Risk.<br><br>Clinical Nurse Manager<br><br>Senior Charge Nurses / Midwife | June 2026 – Processes are in place for scrutiny of Category 1 adverse event reviews, with escalation through clinical governance structures to Board.<br><br>Additional reviewers are being trained to improve resilience.<br><br>The Adverse Event Management Guidance is being updated in line with HIS national framework, with consultation planned ahead of ratification by end July 2026. Work is also underway to strengthen reporting systems to improve action planning, feedback and tracking. | |
| **Domain 4.1 – Pathways, procedures and policies** | | | | | |
| **5** | **NHS Orkney must ensure that all relevant staff complete Paediatric Early Warning Score (PEWS) training to support the accurate and consistent completion of PEWS documentation.**<br><br>NHS Orkney will ensure that all relevant clinical staff are trained and competent in the use of the Paediatric Early Warning Score (PEWS) system to support accurate recognition and escalation of the deteriorating child.<br>Standardised PEWS documentation and guidance will be reinforced to ensure consistent completion and escalation.<br><br>Compliance with PEWS completion will be monitored through documentation audit and clinical governance processes. | 30/11/2026 | Executive Director of Nursing, Midwifery & Allied Health Professionals and Chief Officer for Acute Services<br><br>Clinical Nurse Manager Acute Services | June 2026 – Current compliance levels reviewed and gaps identified. Staff made aware and rostered to complete training. | |

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| | Learning from audits and incidents will be used to further strengthen training and practice. | | | | |
| **Domain 4.3 – Workforce Planning** | | | | | |
| **6** | **NHS Orkney must ensure that senior charge nurses have sufficient protected leadership time to fulfil their leadership and management responsibilities, including the completion of staff appraisals and support for staff development. This should include consistent monitoring and recording of when and why leadership time is compromised as part of mitigation for staffing shortfalls.**<br><br>NHS Orkney will ensure protected leadership time for the Senior Charge Nurses / Midwife to support delivery of managerial, professional and governance responsibilities. Rosters will be structured to prioritise leadership time, with proactive planning to minimise redeployment.<br><br>Compliance and impact will be reviewed through the performance review meetings and wider governance structures to provide oversight, assurance and escalation where required. | 30/11/2026 | Executive Director of Nursing, Midwifery & Allied Health Professionals and Chief Officer for Acute Services<br><br>Clinical Nurse Manager Acute Services | June 2026 – Review of current Senior Charge Nurse / Midwife workload and leadership allocation undertaken.<br><br>Initial steps taken to reflect protected leadership time within rosters. SafeCare in place within Eir Ward (Inpatients one) and Hlin Ward (Inpatients 2), the Emergency Department and Maternity service with staff undergoing training to fully implement the system. | |
| **7** | **NHS Orkney must ensure consistent use of the electronic staffing tool to effectively identify, record and manage staffing risks.**<br><br>NHS Orkney will standardise the use of SafeCare as the single system for real-time assessment, recording escalation of staffing risk across all staff groups. This will include clear expectations for use, targeted training and implementation of a consistent process for completion at defined points within each shift. | 30/11/2026 | Executive Director of Nursing, Midwifery & Allied Health Professionals and Chief Officer for Acute Services | June 2026 - SafeCare in place within Eir Ward (Inpatients one) and Hlin Ward (Inpatients two), Emergency Department and Maternity service, with staff undergoing training to fully implement the system. | |

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| | All staffing risks, escalations, mitigation actions and any unresolved risks or disagreements will be documented within SafeCare to support transparency and shared decision-making. Data will be routinely reviewed through SafeCare reporting and monitored via governance structures to identify themes, inform workforce planning and provide assurance, with escalation of risks where required. | | Clinical Nurse Manager Acute Services<br><br>Senior Charge Nurses / Midwife | | |