



Improvement Action Plan

Healthcare Improvement Scotland: Unannounced acute hospital safe delivery of care inspection

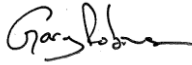
Gilbert Bain Hospital, NHS Shetland

16 – 17 June 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: Gary Robinson

Date: 18 September 2026

NHS board Chief Executive

Signature: 

Full Name: Brian Chittick

Date: 18 September 2026

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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
1.	Recommendation 1. NHS Shetland should consider utilising person-centred assessment and care planning processes that include the use of ‘Getting to Know Me’ documentation to ensure the patient’s wishes and views are central to care planning. NHS Shetland will refresh and strengthen person centred assessment and care planning processes through the implementation of ‘Getting to Know Me’ documentation, initially within areas caring for older people and patients with cognitive impairment. Staff will work collaboratively with patients, families and carers to capture individual preferences, communication needs, routines, values and personal goals. This information will be incorporated into care planning to ensure care delivery reflects what matters most to the person.	30/06/2027	Clinical Nurse Manager Senior Charge Nurses Excellence in Care (EiC) Lead	Introduction of CGA assessment, targeted at all patients with CFS of 5 or higher will ensure that all patients who are unable to express their care need/ wishes independently will have these documented in a shared document on admission Ward inpatient admission documentation refreshed to include what matters to me and improved patient centred ethos.	

2.	Recommendation 2. NHS Shetland should ensure patients are offered hand hygiene prior to mealtimes NHS Shetland will ensure all patients are offered hand hygiene prior to all meals including hand wipe availability for patients unable to access hand-washing facilities. Reinforce expectations through ward safety huddles, charge nurse briefings and protected mealtime delegations.	In Place	Senior Charge Nurses and Deputies		
3.	Recommendation 3. NHS Shetland should ensure that all newly qualified practitioners have access to protected learning time to complete training, including the Flying Start Programme NHS Shetland will undertake a review of the Flying Start Programme to quantify the protected learning time required for newly qualified practitioners to successfully complete the programme. The review will assess current arrangements, identify barriers to participation and develop a sustainable approach to providing protected learning time within workforce and service capacity constraints. Recommendations will be implemented to support access to protected learning time across clinical areas.	Ongoing	Practice Education Lead		

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1.	Requirement 1. NHS Shetland must ensure a written process/pathway is in place to ensure continuity of care and staff support when paediatric patients require transfer to appropriate specialist sites. NHS Shetland will develop and implement a written paediatric transfer pathway for children requiring transfer to specialist centres. The pathway will clearly define referral, communication and handover processes, staff roles and responsibilities, transfer documentation requirements and support mechanisms for staff involved in transfers. Education will be undertaken to support implementation. Compliance and learning from transfers will be monitored through clinical governance processes.	30/06/2027	SCN A&E Associate Medical Director (Acute) Child Health Manager A+E Consultant and Anaesthetic Consultant	A+E Consultant and Anaesthetic Consultant have created an age per page combination document for immediate management in emergency situations. This is currently going through relevant governance processes prior to being fully implemented.	
2.	Requirement 2. NHS Shetland must ensure that all staff are suitably trained, confident and competent to safely carry out their role. This includes completion of statutory and role-specific training, including: •Paediatric basic life support •Paediatric immediate life support •Managing violence and aggression and •Child and adult support and protection NHS Shetland will undertake a comprehensive Training Needs Analysis (TNA) to review statutory, mandatory and	31/03/2027	Executive Director of Nursing, Midwifery & Allied Health Professionals Chief Nurse (Acute) Clinical Nurse Manager Acute Services Senior Charge Nurses Learning and Organisational Development Lead Practice Education Lead	A programme of work is in place to improve compliance with mandatory and role specific training requirements, including strengthened monitoring, reporting and targeted support for areas with lower compliance levels. <u>PiLS</u> Ward 1 has increased compliance for registered	

	role specific training requirements, including paediatric basic life support, paediatric immediate life support, managing violence and aggression and child and adult support and protection training. Previous training needs analyses have predominantly focused on additional and role specific development opportunities and have not quantified the protected learning time required to complete essential training requirements. The revised TNA will quantify the total protected learning time required for staff groups across services and will inform the development of a sustainable approach to workforce planning and protected learning time allocation.			nurses from 16% in June 26 to 36% by September 26. Ward 3 has increased compliance for registered nurses from 21% in June 26 to 63% by September 26. This has been achieved by hosting additional training sessions and releasing staffing with agency staffing for backfill. <u>Level 2 Child Protection</u> Ward 1 compliance has increased from 11% in June 26 to 21% in September 26. Ward 3 compliance has increased from 21% in June 26 to 42% in September 26. Access to essential training has been supported through a range of short term measures to release staff from clinical duties. However, without a quantified allocation of protected learning time within	
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				workforce plans and budgets, this approach is not sustainable and has been further impacted by increased vacancy rates and sickness absence over the last two months. Initial trajectories are not realised at this time but are improving. Additional courses due to be delivered for both PiLS and Level 2 Child Protection in October and November. We aim to achieve 75% compliance by the end of 2026-27 for both Wards.	
3.	Requirement 3. NHS Shetland must ensure a written process/pathway is in place to ensure the continuity and safe care of mental health patients when utilising the place of safety room within Gilbert Bain Hospital. NHS Shetland will develop a written process/pathway to accompany the Psychiatric Emergency Plan and support the safe and effective management of patients cared for within the Place of Safety room at Gilbert Bain Hospital. This will provide a clear pathway for care, defining roles and responsibilities of all staff involved, communication	30/07/2027	Head of Mental Health Services Chief Nurse (Acute)	Progress on this work has commenced.	

	and handover arrangements, escalation processes and documentation requirements to support continuity and safety of care. A programme of staff education and awareness will be undertaken to support consistent implementation of the pathway and ensure staff understand their responsibilities when managing patients within the Place of Safety.				
4.	Requirement 4. NHS Shetland must ensure all staff complete mandatory fire safety training and that this is recorded appropriately. This should include training in the safe evacuation of patients. NHS Shetland will implement a programme of fire safety and evacuation training to ensure all staff are appropriately trained and competent in fire safety procedures, including the safe evacuation of patients. Training requirements will be incorporated within the revised Training Needs Analysis (TNA), which will quantify the protected learning time required to complete these training requirements. A programme of work will be undertaken to improve compliance with fire safety training, including the delivery of practical evacuation training and the implementation of robust systems for recording attendance, monitoring compliance and producing workforce reports.	31/03/2027	Chief Nurse (Acute) Fire Safety Officer Senior Charge Nurses Learning and Organisational Development Lead Practice Education Lead		

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5.	Requirement 5. NHS Shetland must ensure that there is appropriate multi-disciplinary team representation at meetings and safety huddles, including where appropriate, allied healthcare professionals and mental health services. Morning safety huddles are open to all professional groups. NHS Shetland will engage with the Deputy Medical Director, Executive Manager for Allied Health Professionals and the Head of Mental Health Services to strengthen multidisciplinary representation within safety huddles and operational meetings. Mental Health Services representation will be provided in line with patient need, with attendance at relevant discussions when patients require specialist mental health support. Attendance and effectiveness will be monitored through local governance arrangements.	31/03/2027	Chief Nurse (Acute) Deputy Medical Director Exec Manager AHPs Head of Mental Health Services		
6.	Requirement 6. NHS Shetland must ensure timely review and implementation of lessons learned from reported incidents including staff feedback. Work continues organisationally to support implementation of HIS A National Framework for reviewing and learning from Adverse Events in Scotland. Compliance with expected review timeframes will be monitored through audit and routine reporting, with strengthened oversight through clinical governance processes, including sector governance meetings, with	31/01/2027	Chief Nurse (Corporate) Exec Nurse Director Medical Director		

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	escalation through the clinical governance structure to NHS Board as required.				
7.	Requirement 7. NHS Shetland must ensure that all patient care documentation is accurately and consistently completed including the National Early Warning Score 2 (NEWS2) charts. NHS Shetland will continue an existing programme of quality improvement to strengthen the quality of patient care documentation, including NEWS2 charts. A Deteriorating Patient Audit will be undertaken to assess if there are missed opportunities for timely escalation. A rolling education programme, including TURAS modules, ward-based coaching and one-to-one support from the Clinical Nurse Manager is in place to improve documentation standards, complex discharge planning documentation and associated communication processes. Progress will be monitored through Excellence in Care measures, audit activity and local governance arrangements.	31/05/2027	Chief Nurse Acute Clinical Nurse Manager SCNs Practice Education Team	Deteriorating Patient Audit planned. Training prog underway for all ward RNs and HCSWs, delivered by CNM for inpatient care.	
8.	Requirement 8. NHS Shetland must ensure staff comply with hand hygiene and are bare below the elbows in accordance with current guidance. Compliance with hand hygiene and bare below the elbows requirements is already being monitored through observations of practice. NHS Shetland will continue to	Ongoing	Exec Nurse Director Infection Control Team Heads of Service		

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	reinforce expected behaviours through leadership, audit and feedback processes. Any non-compliance will be addressed with the individual and escalated to their line manager and the HAI Lead where appropriate. Compliance will continue to be monitored and reported through infection prevention and control governance arrangements.				
9.	Requirement 9. NHS Shetland must ensure all hazardous cleaning products are securely stored and labelled appropriately, as per guidelines. NHS Shetland will undertake a risk assessment of hazardous cleaning products to ensure storage arrangements are compliant with COSHH guidance. Whilst secure storage will be implemented where indicated by risk, NHS Shetland recognises that routinely locking away all cleaning products may introduce operational and infection prevention risks by limiting timely access to products required for decontamination and environmental cleaning. Products will be reviewed individually to determine appropriate storage and control measures.	30/11/2026	Chief Nurse Acute Health and Safety Lead SCNs		
10.	Requirement 10. NHS Shetland must ensure patient discharge summaries are completed and discharge medications prescribed and dispensed appropriately.	31/10/2027	Associate Medical Director Lead Pharmacist Chief Nurse Acute		

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	NHS Shetland will strengthen the multidisciplinary discharge process to ensure discharge summaries are completed and discharge medicines are prescribed, clinically checked and dispensed in a timely manner. Early identification of expected discharges through ward huddles, board rounds and pharmacy involvement will support proactive discharge planning and escalation of delays. Relevant incidents, audits and HEPMA data will be reviewed to identify causes of delay and inform improvement actions. Current manual controls and pharmacy quality assurance processes will be maintained and strengthened while work continues with NHS Grampian to explore improved electronic discharge documentation solutions. Progress will be monitored through audit, incident review and ongoing evaluation of discharge pathway performance.				
11.	Requirement 11. NHS Shetland must ensure that there is provision of appropriately trained staff that is reflective of the care needs of patients that is inclusive of the Ambulatory Care and Day Surgery Unit. NHS Shetland has temporarily increased staffing to enable staff with the appropriate skills and competencies to be deployed to the Ambulatory Care and Day Surgery Unit. The Common Staffing Method review has been completed and has identified that additional substantive	31/03/2027	Chief Executive Officer Director of Nursing Chief Nurse Acute	Short term supplementary staffing in place whilst financial resources are secured for substantive staff.	

	staffing is required to ensure the staffing level and skill mix reflect patient activity and care needs. NHS Shetland will now progress the identified requirement through the appropriate workforce and financial governance processes with the aim of establishing a sustainable substantive staffing model and reducing reliance on supplementary staffing and temporary staff redistribution.				
12.	Requirement 12. NHS Shetland must ensure an effective process is in place to support staff during periods of lone working, including the completion of a risk assessment to ensure the continuity of safe patient care and safe staff working. NHS Shetland will undertake a formal risk assessment of lone working arrangements within the Ambulatory Care and Day Surgery Unit in line with the NHS Shetland Lone Working and Working in Isolation Guidance. The assessment will consider periods where staff may be working alone, particularly later in the day and will review the impact on staff and patient safety, access to assistance in emergencies and continuity of safe patient care. Any additional control measures required will be implemented and monitored through local governance processes. Lone working is only an issue when the theatre schedule runs on beyond contracted hours of the Day surgery team	30/11/2026	Silver Command Senior Charge Nurses and deputies. Health and Safety Lead	Staff reminded to escalate to Silver Command in a timely way when afternoon lone working is anticipated.	

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13.	Requirement 13. NHS Shetland must ensure that there are systems and processes in place to support clinical leaders to access appropriate protected leadership time to fulfil their leadership and management responsibilities. This will include, but is not limited to, staff appraisals. NHS Shetland will undertake a review to quantify the protected leadership and management time required for clinical leaders to fulfil their responsibilities, including staff appraisals, supervision, governance, quality improvement and workforce management activities. The review will consider outputs from the Common Staffing Method, Leading Excellence in Care recommendations, appraisal compliance and workforce performance information to establish the level of leadership capacity required within clinical areas. Findings will inform future workforce planning and establishment reviews. Progress will be monitored through Professional Leads as part of the Healthcare Staffing Programme Board work programme.	30/06/2027	Executive Director of Nursing, Midwifery & Allied Health Professionals Chief Nurse (Acute) Clinical Nurse Manager Acute Services Senior Charge Nurses	NHS Shetland has already identified, through 2025/26 workload tool reviews, that current staffing establishments do not consistently provide sufficient capacity for clinical leaders to undertake key leadership and management responsibilities. The findings will be reviewed alongside the 2026/27 Common Staffing Method outputs and used to inform a workforce proposal to ensure clinical leaders and managers have appropriate protected time to lead. 2026/27 workload tools are completed for Acute Nursing teams.	
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