




Improvement Action Plan

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

Aberdeen Royal Infirmary, NHS Grampian
09-11 October 2023

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: ALISON EVISON

NHS board Chief Executive 
Signature: _____
Full Name: ADAM COLDWELLS

Date: _28 May 2024

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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
Requirements					
1	Domain 1 – Clear vision and purpose NHS Grampian must ensure effective processes are in place to ensure the safe management and care for patients with peripheral venous cannulas within the emergency department. This will support compliance with: The Quality Assurance Framework (2022); and relevant codes of practice of regulated healthcare professions				
1.1	Utilisation of the discharge checklist, for use in Emergency Department (ED), compliance to be monitored at 3 months.	31 March 2024	Chief Nurse facilitated by Nurse Managers/ Senior Charge Nurse	Complete The discharge checklist is in use in ED. Monitoring in place via monthly audits. To be completed in line with timescale agreed.	Ongoing, due 30 June 2024.
1.2	Communicate change of process with staff including at shift handover and safety huddle by 30 January 2024 and provide an update on findings following implementation after 3 months.	30 April 2024	Chief Nurses facilitated by Nurse Managers/ Senior Charge Nurse	Complete The change of process has been communicated widely with staff. Ongoing To date varying levels of compliance have been achieved. We will continue to audit monthly.	30 April 2024

2	<p>Domain 2 – Leadership and culture</p> <p>NHS Grampian must make improvements to their current incident report management processes to ensure timely review and implementation of adverse event improvement actions.</p> <p>This will support compliance with: Health and Social Care Standards (2017) Criterion 1.24; learning from adverse events through reporting and review: A national framework for Scotland; and Quality Assurance Framework (2022) Criteria 2.6 and 4.1</p>				
2.1	Monitor, review and progress against overdue actions on Datix through the Accountability and Assurance processes and audit effectiveness of measures after 3 months.	30 April 2024	Head of Performance and Governance	<p>Complete</p> <p>Accountability & Assurance processes are in place to manage and review priority actions.</p> <p>A Real-time report is available to support monitoring and access to all overdue actions within Datix. Within each Portfolios these are considered formally via the Accountability & Assurance process by the Senior Leadership Team on a quarterly basis.</p>	30 April 2024
2.2	Support areas with significant numbers of improvement actions requiring completion	30 April 2024	Portfolio Senior Leadership Teams (the Portfolio Executive Lead) - Medicine & Unscheduled Care, Integrated Specialist Care Services, Integrated Family	<p>Complete</p> <p>Ongoing assurance monitoring process in place by Portfolio Senior Leadership Teams through Accountability and Assurance processes.</p>	30 April 2024
2.3	Monitor and review captured in action 2.1.	30 April 2024	Portfolio Senior Leadership Teams (the Portfolio	<p>Complete</p> <p>Ongoing assurance monitoring process in place by Portfolio Senior Leadership Teams through Accountability and Assurance processes.</p>	30 April 2024

			Executive Lead) - Medicine & Unscheduled Care, Integrated Specialist Care Services, Integrated Family	All portfolio teams informed of Healthcare Improvement Scotland findings. Monthly Medicines Management Audit and Assurance Programme in place across Aberdeen Royal Infirmary clinical areas. Portfolio Team Walk Rounds regarding safe storage of medication and medication safety in place.	
2.4	Escalation of concerns where areas cannot complete timely review of Datix events to Grampian Clinical Risk Meeting (CRM) by 14 February 2024, and a review after 3 months on the effectiveness of provided support measures and compliance position of Datix events.	31 May 2024	Portfolio Senior Leadership Teams (the Portfolio Executive Lead) - Medicine & Unscheduled Care, Integrated Specialist Care Services, Integrated Family	Complete Staff are aware of how to escalate concerns related to the timely review of Datix events. Within each Portfolios these are considered formally via the Accountability & Assurance process by the Senior Leadership Team on a quarterly basis.	31 May 2024
3	Domain 2 – Leadership and culture NHS Grampian must ensure all staff are aware of systems and processes in place in the event of a Wi-Fi system failure. This will support compliance with: The Quality Assurance Framework (2022) Criterion 2.6 and Health and Social Care Standards (2017) Criterion 1.24				
3.1	The development of a short life working group to ensure the business continuity plans in relation to Wi-Fi system failure are aligned and ensure IT and clinical areas have Standard	30 April 2024	Portfolio Senior Leadership Teams (the Portfolio	Complete NHS Grampian has confirmed that WiFi is not a critical system as there are other mechanisms in place which would be used in the event of a failure.	30 April 2024

	Operating Procedure readily available to support staff.		Executive Lead) - Medicine & Unscheduled Care, Integrated Specialist Care Services, Integrated Family supported by e- health General Manager/ Site and Capacity	Business continuity plans have been reviewed by Portfolios to ensure that plans are in place for system failures.	
4	Domain 2 – Leadership and culture NHS Grampian must ensure effective and appropriate governance approval and oversight of policies and procedures are in place. This will support compliance with Quality Assurance Framework (2022) Criterion 2.6 and Health and Social Care Standards (2017) Criterion 1.24				
4.1	Review policies to ensure all are compliant with timescales. All governance meetings (clinical and non-clinical) to include: <ul style="list-style-type: none"> policy review to be agenda item conduct an audit after 3 months to ensure compliance ensure NHS Grampian’s Closed Circuit TV Policy, Locked Door Policy and Health and Safety Risk Assessment for Adults being cared for in Treatment Rooms are complete. 	30 April 2024	Associate Director Quality Improvement and Assurance/ Portfolio Senior Leadership Teams/ Deputy General Manager Facilities and Estates	<p>Complete</p> Review of policies across NHS Grampian and Aberdeen Royal Infirmary and communication shared with Governance Groups to ensure compliance with reviews ensuring all policies are up to date. <p>An agreed schedule for audit is now in place to review effectiveness and compliance.</p> <p>NHS Grampian CCTV Policy completed and submitted to NHSG Policy Group on 30 April 2024 and out for consultation. Consultation closes 24 June 2024.</p>	30 April 2024

5	<p>Domain 4.1 - Pathways, procedures and policies</p> <p>NHS Grampian must ensure that when patients are cared for in additional beds privacy and dignity are maintained and that patients have access to call bells. Potential risks to staff or patients should be assessed including patient acuity and dependency to ensure the safe delivery of care. NHS Grampian must ensure that staff are aware of the procedures and policies in place regarding the use of additional beds.</p> <p>This will support compliance with Quality Assurance Framework (2022) Indicator 4.1 and Health and Social Care Standards (2017) Criteria 1.24</p>				
5.1	Purchase additional call bells for use in non-standard patient areas and review areas after 1 month for any additional requirements.	29 February 2024	Nurse Manager facilitated by Chief Nurses	<p>Complete</p> <p>Additional call bells were purchased for use in Non-Standard Patient Areas. Each area will monitor and purchase replacements as required.</p> <p>All patients who require to be cared for in Non-Standard Bed Space areas have access to call bells and privacy screens.</p> <p>Daily visits to clinical areas by Nurse Managers to review patients cared for in Non-Standard Bed Space areas and ensure all facilities available and accessible.</p> <p>Patient information leaflet for patients cared for in Non-Standard Patient Areas available.</p>	29 February 2024
5.2	Ensure Patient placement tool (PPT) is in use and undertake audit against compliance.	30 April 2024	Infection Prevention and Control Team. Nurse Director – Medicine & Unscheduled Care, Integrated Specialist Care Services, Integrated Family Portfolios	<p>Complete</p> <p>The requirement to complete the PPT has been communicated widely to staff. Compliance is being audited and results monitored by the Senior Leadership Teams.</p> <p>Elements of the PPT are reported nationally and are also reported through the NHS Grampian Infection Prevention Control governance routes.</p>	30 April 2024

5.3	NHS Scotland SafeCare acuity descriptors to be used when assessing the safe placement of patients. Chief Nurses re-circulated SafeCare acuity descriptors mid-December 2023 and will review effectiveness of assessments after 3 months.	30 April 2024	Chief Nurses	Complete SafeCare acuity descriptors are in place and used daily, alongside the Patient Placement Tool. A Standard Operating Procedure (SOP) for Real-time Staffing Process Using Safe Care on Aberdeen Royal Infirmary site for escalation and mitigation of risks, is in place. Compliance is being monitored by the Chief Nurses	30 April 2024
5.4	Circulate the suite of Risk assessments for non – standard patient areas.	22 December 2023	Chief Nurses	Complete Risk assessments For Non-Standard Patient Areas have been shared widely.	22 December 2023
5.5	Ensure risk assessments are reviewed quarterly	30 April 2024	Portfolio Senior Leadership Teams (the Portfolio Executive Lead) - Medicine & Unscheduled Care, Integrated Specialist Care Services, Integrated Family Portfolios	Complete Review of risk assessments has been added to the agendas for all portfolio governance meetings and form part of Health & Safety Walk Rounds. Compliance is reviewed by Non-Standard Patient Areas Monitoring Group.	30 April 2024
5.6	Develop written resources for staff and patients which explain the use of non- standard patient areas. These communications are reviewed regularly and adapted.	30 April 2024	Corporate Communications Non-Standard Patient Area Monitoring Group	Complete Patient information leaflet for patients cared for in Non-Standard Patient Areas available.	30 April 2024

6	<p>Domain 4.1 - Pathways, procedures and policies</p> <p>NHS Grampian must ensure that Adults with Incapacity Section 47 Certificates are accurately and consistently completed.</p> <p>This will support compliance with Adults with Incapacity (Scotland) Act (2000).</p>				
6.1	<p>Ensure training and education sessions are arranged for staff specifically on Adults with Incapacity (AWI) legislation and completion of documentation.</p>	<p>31 March 2024</p>	<p>Lead for Frailty</p>	<p>Complete</p> <p>An educational programme is in place across Frailty including staff induction to ensure staff are appropriately trained in AWI and supporting documents.</p> <p>A YouTube video has also been produced.</p> <p>Consideration will be given to understand the learning from the work undertaken in Frailty, and application to other areas cross ARI.</p>	<p>31 March 2024</p>
6.2	<p>Audit to review completion of Adults with Incapacity (AWI) documentation after 2 months for compliance.</p>	<p>31 May 2024</p>	<p>Portfolio Medical Directors</p>	<p>Quality Improvement project in relation to AWI documentation completed during August to December 2023. The findings of this project were presented at the Frailty Quality Improvement afternoon in December 2023.</p> <p>A further audit was undertaken in March 24.</p> <p>Monthly audits continue.</p>	
7	<p>Domain 4.1 - Pathways, procedures, and policies</p> <p>NHS Grampian must ensure safe storage and administration of medicines at all times.</p> <p>This will support compliance with: Royal Pharmaceutical Society and Royal College of Nursing Professional Guidance on the Administration of Medicines in Healthcare Settings (2019) and relevant codes of practice of regulated healthcare professions.</p>				

7.1	<p>Ensure safe storage and administration of medications guidance is shared across all Portfolios</p> <ul style="list-style-type: none"> Utilise the Aberdeen Royal Infirmary Site Brief and Senior Charge Nurse meetings to communicate requirements 	12 October 2023	Chief Nurses	<p>Complete</p> <p>All portfolio teams informed of Healthcare Improvement Scotland findings.</p> <p>Monthly Medicines Management Audit and Assurance Programme in place across Aberdeen Royal Infirmary clinical areas.</p> <p>Portfolio Team Walk Rounds regarding safe storage of medication and medication safety in place.</p> <p>Portfolio Accountability and Assurance meetings to provide assurance of risk including safe storage of medications.</p>	12 October 2023
7.2	Audit compliance of medication storage across all inpatient areas.	30 April 2024	Chief Nurses/ Pharmacy facilitated by Nurse Managers/ Medication Safety Advisor	<p>Complete</p> <p>Monthly Medicines Management Audit and Assurance Programme in place across Aberdeen Royal Infirmary clinical areas.</p> <p>Portfolio Team Walk Rounds regarding safe storage of medication and medication safety in place.</p> <p>Portfolio Accountability and Assurance meetings to provide assurance of risk including safe storage of medications.</p>	30 April 2024

8	<p>Domain 4.1 - Pathways, procedures and policies</p> <p>NHS Grampian must ensure safe intravenous line care practice to prevent the risk of infection and to ensure effective intravenous fluid management.</p> <p>This will support compliance with: National Infection Prevention and Control Manual (2023) criteria 2.4 & 4.2; Health and Social Care Standards (2017) Criterion 1.24; and relevant codes of practice of regulated healthcare professions.</p>				
8.1	<p>Communicate the requirement to adhere with the Peripheral Vascular Catheter (PVC) Bundles</p> <p>Audit PVC Bundle compliance</p>	30 April 2024	Chief Nurses/ Nurse Managers	<p>Complete</p> <p>Communications have been sent to ensuring that all staff have been reminded of the requirement to complete PVC bundles.</p> <p>An audit of compliance has been completed. Ongoing improvement work is in progress which includes the updating and relaunch of the PVC Bundle.</p>	30 April 2024
8.2	<p>Practice Education & Development facilitators to work with Practice Supervisors and Assessors to ensure the awareness around safe intravenous line care practice for nursing & midwifery undergraduate students.</p> <p>Continuing Professional Development sessions to include information in relation to compliance of safe intravenous line care for Practice Supervisors & Assessors.</p> <p>Facilitation by Practice Education & Development Team of on ward learning to incorporate PVC Bundle care compliance.</p>	30 April 2024	Lead Nurse Practice Education	<p>Complete</p> <p>Ongoing training is in place to ensure that staff are aware of safe intravenous line care practice.</p> <p>The Turas e-learning package for Intravenous (IV) Medication has had to be put on hold within NHS Grampian as NHS Education for Scotland (NES) announced that a new version of IV medicines e-learning is to be created by their Team. Once this is available a programme of work will commence to ensure all staff are updated.</p>	<p>30 April 2024</p> <p>Ongoing (NES)</p>

	<p>Review current online learning TURAS Intravenous medicine administration package to ensure explicit content of safe intravenous line care practice by 29 February 2024.</p> <p>Make relevant changes to online learning package by 30 April 2024.</p>				
9	<p>Domain 4.1 - Pathways, procedures and policies</p> <p>NHS Grampian must ensure that alcohol-based hand gel is readily available.</p> <p>This will support compliance with: National Infection Prevention and Control Manual (2023).</p>				
9.1	<p>Ensure alcohol-based hand gel dispensers are replenished</p> <ul style="list-style-type: none"> • Communications to be shared with members of the Domestic team • Ensure robust process for replenishing gel dispensers • Review compliance after 3 months. 	30 April 2024	Head of Domestic and Support Services	<p>Complete</p> <p>Communication has been shared. Dispenser checks added to Domestic Daily Checklists. Sufficient dispenser numbers are in place.</p> <p>Safe and Clean Care Audit (SACCA) will be completed every 6 months.</p>	30 April 2024
10	<p>Domain 4.1 - Pathways, procedures and policies NHS Grampian must ensure the safe disposal of sharps.</p> <p>This will support compliance with National Infection Prevention and Control Manual (2023).</p>				
10.1	<p>Audit of sharp boxes to be undertaken to ensure boxes are labelled as per guidelines and temporary closures are used appropriately.</p>	29 February 2024	Senior Charge Nurses/ Nurse Managers	<p>Complete</p> <p>Audits of sharp boxes are undertaken twice yearly as part of the Safe and Clean Care Audit (SACCA) as well as the Portfolio Health & Safety Walk rounds.</p>	8 March 2024
11	<p>Domain 4.1 - Pathways, procedures and policies</p> <p>NHS Grampian must ensure the care environment is maintained to allow for effective cleaning.</p> <p>This will support compliance with Infection Prevention and Control Standards (2022)</p>				

11.1	Develop action plan and schedule of works for identified remedial works including flooring by 29 February 2024 and monitor on quarterly basis for progress.	31 May 2024	Deputy General Manager, Facilities supported by Facilities Heads of Service	Complete Action plan implemented and ongoing in order of prioritisation. Schedules for flooring repairs and remedial works in progress. Facilities Team meeting regularly to monitor progress.	31 May 2024
12	Domain 4.1 - Pathways, procedures and policies NHS Grampian must ensure all hazardous cleaning products are securely stored. This will support compliance with the Control of Substances Hazardous to Health (COSHH) Regulations 2002)				
12.1	Wards and departments to be reminded at daily safety briefs and assurance walk rounds of the need to keep all hazardous substances for cleaning within lockable cupboards. A review of the effectiveness of these measures in action 15.1 and 15.2 to be undertaken after 3 months.	31 May 2024	Chief Nurses facilitated by Nurse Managers/ Senior Charge Nurses	Complete Communication regarding the requirement to store hazardous substances for cleaning within lockable cupboards has been completed and shared widely. Health and safety walk rounds are in place for monitoring of the safe storage of hazardous substances with monitoring via Accountability and Assurance meetings.	31 May 2024
12.2	Audit compliance with storage of hazardous substances, e.g., Actichlor in line with COSHH requirements.	31 May 2024	Portfolio Senior Leadership Teams (the Portfolio Executive Lead) supported by Senior Charge Nurses, Nurse Managers & Head of Domestic & Support Services	Complete Process for auditing compliance with storage of hazardous substances in line with COSHH requirements is in place. Health and safety walk rounds are being undertaken in the ward areas to ensure compliance with storage of hazardous substances. COSHH is also on the annual Workplace Inspection Checklist for assurance.	31 May 2024

12.3	Robust escalation process for issues of non-compliance. Link with 12.1.	31 January 2024	Portfolio Senior Leadership Teams (the Portfolio Executive Lead) supported by Senior Charge Nurses, Nurse Managers & local Facilities and Estates team	Complete COSHH non-compliance is reported through the adverse event process and escalated through line management and Accountability and Assurance meetings. Health and safety walk rounds are being undertaken to ensure compliance with the storage of hazardous substances.	31 January 2024
Recommendations					
1	Domain 4.1 - Pathways, procedures and policies <i>NHS Grampian should ensure that patients are assisted with hand hygiene at mealtimes</i>				
1.1	Mealtime co-ordinator identified at beginning of each shift each to ensure patients are prepared appropriately for mealtimes	15 February 2024	Chief Nurses facilitated by Nurse Managers/ Senior Charge Nurses	Complete Mealtime co-ordinator is identified at the beginning of each shift. HIS Inspection recommendation re Mealtime Co-ordinator role and compliance discussed at the Grampian Strategic Hydration and Nutritional Care Group 14 March 2024.	15 February 2024
1.2	Learning from Healthcare Improvement Scotland inspection regarding preparation for mealtimes (including hand hygiene) shared with all sectors of NHS Grampian via Grampian Strategic Hydration and Nutritional Care Group	14 March 2024	Grampian Strategic Hydration and Nutritional Care Group	Complete Learning from Healthcare Improvement Scotland Inspection regarding preparation for mealtimes shared widely across NHS Grampian via the Grampian Strategic Hydration and Nutritional Care Group Agenda and Terms of Reference discussed widely with teams	14 March 2024

2	Domain 4.3 - Workforce planning <i>NHS Grampian should consider how they capture current and recurring staffing risks as this will be a requirement of the Health and Care (Staffing) (Scotland) Act 2019 from 1 April 2024.</i>				
2.1	Developed clearly defined systems and processes which will be utilised for real-time staffing assessments in line with Health and Care (Staffing) (Scotland) Act 2019.	31 March 2025	Professional Directors/ Workforce Lead for Health and Care (Staffing) (Scotland) Act 2019	<p>Complete SafeCare electronic system has been implemented as the real-time staffing system for the assessment, mitigation, and escalation of real-time staffing risks. Clearly defined processes are in place for departments using safecare in the form of a Standard Operating Procedure 'Realt-time staffing process using Safe Care on the Aberdeen Royal Infirmary site' and process flow-chart. These templates are used for future implementations.</p> <p>Ongoing The development and roll out of these processes have been agreed for all roles in scope as defined by the Health and Care Staffing Scotland Act (HCSSA) (2019). Implementation will align to the requirements of the Act and will be monitoring through the HCSSA Implementation Team (HIT).</p> <p>NHS Grampian reports to Healthcare Improvement Scotland (HIS) on a quarterly basis related to the progress for compliance of the HCSSA.</p>	<p>31 March 2025</p> <p>Ongoing</p>
2.2	Develop data metrics to identify recurrent risks based on Healthroster and SafeCare data	30 June 2024	Clinical Lead eRostering	<p>Complete NHSG has developed a dashboard to support the identification of severe and recurrent risks relating to real-time staffing. This is being reviewed at Clinical Risk Meeting (CRM on a weekly basis).</p>	30 June 2024

				Developments are ongoing in relation to visualisations and automation of data.	
2.3	NHS Grampian will have in place clearly defined systems and processes, which are being utilised, for the escalation of any risk identified through the real-time staffing assessment processes which has not been possible to mitigate for all roles in scope as required of Health and Care (Staffing) (Scotland) Act 2019	31 March 2025	Professional Directors/ Workforce Lead for Health and Care (Staffing) (Scotland) Act 2019	<p>Ongoing NHSG is implementing SafeCare as the real-time staffing system for the assessment, mitigation, and escalation of real-time staffing risk for all roles in scope. Clearly defined processes are in place for departments using safecare in the form of a SOP and process flow-chart. Implementation will align to the requirements of the Act and will be monitoring through the HCSSA Implementation Team (HIT).</p> <p>NHS Grampian reports to Healthcare Improvement Scotland (HIS) on a quarterly basis related to the progress for compliance of the HCSSA</p>	Ongoing
2.4	NHS Grampian will have in place clearly defined systems and processes, which are being utilised, for the collation of information relating to every risk escalated to such a level as the relevant organisation considers appropriate for all roles in scope as required of Health and Care (Staffing) (Scotland) Act 2019	31 March 2025	Professional Directors/ Workforce Lead for Health and Care (Staffing) (Scotland) Act 2019	<p>Ongoing NHSG collates all risks within Safecare and have developed a dashboard to support the identification of severe and recurrent risks relating to real-time staffing. This is being reviewed at Clinical Risk Meeting (CRM on a weekly basis). Developments are ongoing in relation to visualisations and automation of data.</p> <p>NHS Grampian reports to Healthcare Improvement Scotland (HIS) on a quarterly basis related to the progress for compliance of the HCSSA</p>	Ongoing