



Improvement Action Plan Update

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

Forth Valley Royal Hospital, NHS Forth Valley Inspection Date 22–24 January 2024

Action Plan Update August 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: Neena Mahal

Date: 26/08/2024 _____

NHS board Chief Executive

Signature: _____

Full Name: Andrew Murray on behalf of Amanda Croft

Date: 26/08/2024 _____

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Ref:	Action Planned	Planned Actions	Progress
4.1 & 4.1.5	NHS Forth Valley will ensure all inpatient areas have designated mealtime coordinators to coordinate the preparation of patients and the provision of assistance at mealtimes.	<p>Will progress through Food, Fluid and Nutritional Care group with</p> <ul style="list-style-type: none"> ● Local audits of mealtimes in place. This includes measurement of pre, during and post mealtime support. ● Results / themes will inform targeted improvement work to be led by hospital Chief Nurses, and monitored by NHS Forth Valley Food, Fluid & Nutritional Care Group 	<p>Continue to work through this process – however positive actions as below</p> <ul style="list-style-type: none"> ● Terms of Reference established for Food Fluid and Nutrition Group- Complete ● Reviewed membership of FFN Group undertaken - Complete ● Snap Shot Audit of Mealtimes undertaken during Care Assurance Visits. Complete and ongoing ● Role and Responsibilities established for Mealtime Coordinators. Complete ● Mealtime co-coordinators being implemented in clinical areas. Partially complete - completion by Sept 2024
1.1	<p>a) NHS Forth Valley will deliver bespoke PILS sessions to the Emergency Department staff over the weekends through May-June</p> <p>b) NHS Forth Valley will apply an annual training plan to maintain PILS level training within the department</p>	<ul style="list-style-type: none"> ● Staff identified to deliver additional training sessions 	<ul style="list-style-type: none"> ● Since Inspection - additional 34 staff trained in PILS – total at present 53 =70% of staff trained in PILS. ● Resuscitation Strategy for Next 12 months currently being reviewed due October 2024

1.2	NHS Forth Valley will undertake walk rounds of clinical areas to ensure compliance with emergency procedures in relation to fire safety	<ul style="list-style-type: none"> All noncompliance areas addressed at time of inspection 	<ul style="list-style-type: none"> Walk rounds undertaken to ensure compliance. Vigilance ongoing Discussed at Site Safety Huddle to remind staff to be vigilant. Vigilance ongoing Discussed at Site Action Planning Sessions. Complete.
2.3	<p>NHS Forth Valley will implement the Manchester Triage Tool Electronically</p> <p>NHS Forth Valley will deliver education to all ED staff in relation to Triage</p>	<ul style="list-style-type: none"> Business case submitted for approval. Triage training package in place and being applied by clinical educator. 	<ul style="list-style-type: none"> Paper Copy fully implemented - complete Business case approved and on schedule for completion – target October 2024. Training ongoing by Clinical Educator with new staff in Triage. This will be ongoing given expected New Graduate Nurses taking up post in October 2024.
2.4	NHS Forth Valley will implement an action log from Safety Huddle and identify what actions required to support staff caring for contingency patients and their placement	<ul style="list-style-type: none"> Focused work with SCN to improve Safety Huddle and action log 	<ul style="list-style-type: none"> Focus Group work with SCN and safety huddle. Complete Redesign of safety huddle based on the focus group. Complete Previous 24 hrs Adverse events summarised and highlighted at morning huddle. Complete implementation and will be ongoing action. Clear identification of actions and these are closed at the 2pm Safety huddle daily.

			<ul style="list-style-type: none"> All Contingency Beds in inpatient clinical areas are now closed as of week beginning 12th August 2024 .
4.1.6	NHS Forth Valley through the application of Quality Improvement processes will ensure a system is in place to ensure the safe management and care for patients with a peripheral venous cannula (PVC).	<ul style="list-style-type: none"> PDSA cycles applied to improve safe management of patients with PVC 	<ul style="list-style-type: none"> Continue to undertake review of quality improvement with success. Ongoing surveillance and improvement Visible prompts in place to remind staff, patients and relatives of need to ensure PVC removed prior to discharge. Complete
4.1.7	<p>a) NHS Forth Valley will adopt a process to ensure that patients are informed of how the doorbell buzzer works and documentation of this conversations will be available within the patients notes.</p> <p>b) NHS Forth Valley will ensure that those patients cared for in contingency areas have access to screens to ensure both privacy and dignity are maintained throughout their stay.</p>	<ul style="list-style-type: none"> Implemented with immediate effect and will be audited over the coming months 	<ul style="list-style-type: none"> Fully implemented during the use of contingency beds, however no longer required, as all contingency beds in inpatient areas now closed.
4.1.8	NHS Forth Valley will continue to work to ensure risk assessments and care plans are regularly evaluated and updated to reflect changes in the patient's condition or needs, and that all relevant documentation is in place and completed.	<ul style="list-style-type: none"> Care assurance audits underway with schedule for all clinical areas. 	<ul style="list-style-type: none"> Pilot of new national Care Assurance template across FVRH. Complete All areas for improvement fed back at time of review and areas of good practice highlighted. Ongoing through process of review. Over 150 HCSW have completed training through the Practice Development Unit in

			both assessment and documentation of care needs. Further education ongoing.
4.1.9	NHS Forth Valley will ensure that all staff carry out hand hygiene at appropriate moments and remove all inappropriate jewellery in line with current guidance.	<ul style="list-style-type: none"> • Relaunch of NHS Forth Valley Uniform Policy • Review of current Hand hygiene audit process and feedback 	<ul style="list-style-type: none"> • Forth Valley Wide review of Uniform Policy has been commenced. Due March 2025 • Literature review and critique of evidence base to support policy review. Due Nov 2024 • IPC Training to ward staff undertaking Audit to ensure consistent process applied. Complete • Annual quality review being provided to Triumvirate teams to allow visualization of data over time. Due September 2024. • IPC team carrying out additional observational audits to establish Hand Hygiene practice, this is being compared to ward self-reported data to understand and educate staff on the importance of objective auditing to further enhance ward-based improvement ownership. Complete
4.1.10	NHS Forth Valley will ensure all staff are aware and comply with infection control guidance, in particular: <ul style="list-style-type: none"> • Safe management of waste • Cleaning of patient equipment 	<ul style="list-style-type: none"> • All staff reminded of need for safe storage of cleaning products. • Schedule in place for cleaning 	<ul style="list-style-type: none"> • Ongoing compliance of all measure IPC related reported via site Infection Control Committee. • Site Infection Control Committee reports

	<ul style="list-style-type: none"> • Maintenance and storage of equipment • Storage of cleaning products 	<p>of portable equipment</p> <ul style="list-style-type: none"> • Targeted education from IPC team being arranged. • Adherence to Infection Control Guidelines will be measured through care assurance audits/ inspections. 	<p>into board level Infection Control Committee chaired by Executive Director NMAHP. Ongoing as part of board level surveillance.</p> <ul style="list-style-type: none"> • IPC ward visits undertaken across the site and real-time feedback to clinical teams as part of ongoing IPC surveillance. • IPC Compliance/ performance identified through the Care Assurance visits.
4.1.11	NHS Forth Valley will ensure all relevant staff are aware of their responsibilities in the safe storage and administration of medicines	<ul style="list-style-type: none"> • Relaunch of Safe Medicines Group • Compliance in safe storage and administration will be highlighted in department care assurance audits / inspections. 	<ul style="list-style-type: none"> • In process of relaunch of Safe Medicines Management Group. Due October 2024 • Care Assurance Visits continue across the site with real time feedback to clinical teams. Ongoing part of assurance process. • Pharmacy Colleagues have attended SCN forum to provide education around safe storage and management of medicines. Complete.
6.12	NHS Forth Valley will ensure the correct process is followed when patients are detained under Mental Health Act	<ul style="list-style-type: none"> • Robust system in place now to identify patients with Emergency Detention at morning safety huddle. • Review Emergency Detention pathway and relaunch to raise awareness with all staff groups 	<ul style="list-style-type: none"> • FVRH Continue to identify patients with Emergency Detention at safety huddle. Complete • Emergency Detention Policy updated May 2024. Complete • Emergency Detention Policy being presented at SCN forum September 2024. • Updated Emergency Detention Policy to be presented at site Clinical Governance Committee, Planned for October 2024.

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