



Improvement Action Plan

Healthcare Improvement Scotland: Unannounced Acute Hospital Safe Delivery of Care Inspection

Victoria Hospital, NHS Fife

31 July – 2 August 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: **Alistair Morris**

Date: 20/10/23

NHS board Chief Executive

Signature: _____

Full Name: **Carol Potter**

Date: 20/10/23

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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
Recommendations:					
1 NHS Fife should consider including healthcare-built environment risks as an item on their senior charge nurse one-to-one discussion template					
2 NHS Fife should consider patient dependency and complexity, and staff skill mix, to support staff to understand and apply Professional Judgement, when declaring “safe to start”					
Rec. 1-action 1	To ensure that the healthcare-built environment is addressed a prompt will be included within the 1-1 template to draw through from the Care Assurance walk round question on the built environment.	01/11/23	Director of Nursing, Acute Head of Nursing (Acute Services)	Template amended and cascaded to Planned and Emergency Care Directorate SCN/CN/CNMs. Agree at HoN meeting 6/11/23 - Audit cycle to understand compliance. Increased Frequency agreed - results available in T drive. Walk rounds commenced early November 2023	10/10/23 27/11/23
Rec. 2-action 1	Review current arrangements to assess and incorporate dependency within daily safety assessment of staffing arrangements pending the delivery of digital workforce management products to support safe delivery of care.	01/12/23	Director of Nursing, Acute Head of Nursing (Acute Services)	Whilst the digital action will not be achieved until the full roll out of eRoster. Dependency definitions have been revised. Actions have been completed with regards to levels of care definitions, staffing spreadsheet updated with this and goes live at VHK on 16.10.2023. Clinical Nurse Managers will undertake focused work with teams to ensure that	16/10/23

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				<p>there is compliance with the workforce safety tools. Compliance will be reviewed on an ongoing basis thereafter.</p> <p>Being reviewed 2 x daily – recorded with staffing spreadsheets.</p> <p>This action’s full implementation is dependent on delivery of eRostering.</p> <p>The board has established a Director led programme board focused on minimising the use of supplementary staffing and optimising the staffing establishment to support both staff wellbeing and patient outcomes.</p>	<p>Ongoing action</p> <p>Ongoing action</p>

Requirements:

DOMAIN 2 LEADERSHIP AND CULTURE

1.NHS Fife must take steps to improve the governance, reporting and escalation of critical systems within the built environment. This includes but is not limited to:

- a. A more robust system to ensure oversight of the planned preventative maintenance system, ensuring any non-compliance that may impact on patient and staff safety is identified and actioned at the earliest opportunity.
- b. Systems in place to monitor, manage and maintain the healthcare-built environment ensure effective communication of risks associated with the environment.
- c. Attendance of required staff, or their deputy, at key committees in the NHS board governance structure.

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
d. A review of the system currently in place for flushing of water outlets to ensure a robust and effective process.					
Req.1A Action 1	We will run a report on planned and reactive maintenance monthly and manage any inconsistencies or issues arising. Summary reports will be shared and reviewed at Estates Senior Leadership Team meetings.	Ongoing action	Director of Property and Asset Management Head of Estates	Action is being followed through monthly. Reports are being run by compliance team on a monthly basis. Key findings are being discussed at Estates Management Team Meetings under standard agenda item.	Ongoing action 29/11/23
Req.1A Action 2	We will continue to deliver training to existing and new staff whilst maintaining a record of training.	Ongoing action	Director of Property and Asset Management Head of Estates	Training has taken place for all required existing and new staff. Register of training is being maintained.	29/11/23
Req. 1B Action 1	Systems are in place, although it is acknowledged that further improvement is required around how they are effectively utilised within the organisation – systems include: <ul style="list-style-type: none"> - electronic system in place to report reactive maintenance issues arising. - electronic system in place– allowing key risks arising to be reported and managed. - Morning huddles – allowing any key issues arising to be communicated and addressed. - Infection control audits and action plans 	30/11/ 23	Director of Property and Asset Management Head of Estates	Weekly meetings between Estates and Infection Prevention and Control are established. Weekly HAI-SCRIBE Planning Group Monthly Collaborative Meetings between Head of Estates and ICM commenced 07/11/23 Executive walkarounds of the NHS Fife Estate re-established.	28/11/23

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	<p>Moving forward we will:</p> <ol style="list-style-type: none"> 1. Put measures in place to improve staff familiarisation in respect to these systems. 2. Enable more frequent and proactive walk-rounds of the estate. 3. Report and manage planned and reactive maintenance status more proactively. 4. Set up regular HAI meetings between Estates and Infection Control to promote improved collaboration and awareness. 			<p>MICAD Training has taken place for all required existing and new staff. Register of training is being maintained.6/09/23</p> <p>These are occurring with Director of Property and Asset Management, Director of Nursing, Head of Estates and Infection Control Manager in attendance</p> <p>Reports are being run by compliance team on a monthly basis. Key findings are being discussed at Estates Management Team Meetings under standard agenda item.</p> <p>Regular meetings have been arranged to review projects/works and HAI SCRIBE's / RAMS status.</p>	29/11/23
Req. 1C Action 1	We will review the terms of reference of our Safety Groups and ensure resilience around leads, deputies, chair and quorum.	30/11/23	Director of Property and Asset Management Head of Estates	ToR's have been reviewed and updated.	29/11/23
Req. 1D Action 1	Review our policy and procedures regarding water safety and at a practical level we will implement additional resilience within our	31/12/23	Director of Property and Asset Management	There has been dialogue to clarify roles and responsibilities but the procedure still requires to be updated to confirm the position. Water Safety Group	

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	procedures to ensure compliance and patient safety – i.e. not relying on any one individual.		Head of Estates Infection Control Manager	actioning - process agreed and confirmed at February meeting.	23/2/24
Req. 1D Action 2	Deliver water safety training.	31/12/23	Director of Property and Asset Management Head of Estates Infection Control Manager	The IPCT have delivered Water Safety Training in August and September 2023, with further dates confirmed, up to the end of 2023/24. Dates promoted on Stafflink by BLINK and on TURAS Learn. External on-line training is also provided to members of the Water Safety Group.	28/11/23 20/2/24
Req. 1D Action 3	Promote awareness of water management and responsibilities within the organization.	31/12/23	Director of Property and Asset Management Head of Estates Infection Control Manager	Water management memo, increased from quarterly circulation to monthly, to senior teams, to be distributed throughout their area of responsibility, this will help raise awareness and support continued compliance with water safety. Circulation is undertaken on the staff Blink page as well as via senior teams to ensure all staff aware. The recently launched NHS National Education Scotland animation on the do's and don't's of clinical wash hand basins has been well promoted to	

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				HCWs throughout NHS Fife. Via Stafflink by BLINK and the monthly water management memo.	23/11/23
Req. 1D Action 4	Monitor and manage infrequently used water outlets.	31/12/23	Director of Property and Asset Management Head of Estates Infection Control Manager	Monitoring for infrequently used water outlets is part of local audit measures and will continue to be monitored through infection control ward audit and via NHS Fife Water Safety Group who shall ensure water safety compliance, with 'High Risk' areas identified for audit, reviewed bi-monthly as a standing agenda item for the group. There has been dialogue to clarify roles and responsibilities but a procedure still requires to be drafted to confirm and as a reference. Water Safety Group action - target date April 24.	Ongoing Action

DOMAIN 4.1 PATHWAYS, PROCEDURES AND POLICIES

2. NHS Fife must ensure all sharps boxes' temporary closure lids are in place and hazardous cleaning products are securely stored.
3. NHS Fife must ensure accurate assessment and recording of patients' care needs
4. NHS Fife must ensure there are effective systems in place to monitor and act on patients' early warning scores, ensuring staff carry out vital observations when required
5. NHS Fife must ensure that all staff and volunteers perform hand hygiene at the correct times

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<p>6. NHS Fife must ensure the healthcare built environment is effectively maintained to ensure a safe and clean environment where risks to patient and staff safety are effectively identified and mitigated. This includes but is not limited to:</p> <ul style="list-style-type: none"> a. Effective escalation and mitigation of infection prevention and control audit results b. Ensuring the results of routine monitoring activities are accurate and support effective recognition of action to address damage to the healthcare built environment c. Compliance with national HAI-SCRIBE guidance when carrying out construction and refurbishment work. <p>7. NHS Fife must review current domestic services arrangements to ensure sufficient resources are in place including during weekends to meet the cleaning requirements.</p>					
Req. 2 Action 1	Reassess Infection Prevention and Control walk round data in relation to sharps containers to understand if this is a wider issue than the one ward observed, this will inform where targeted support will be deployed, and undertake a full audit of sharps.	01/12/23	Director of Nursing, Acute Infection Control Manager	IPC Nurses observe practice of safe disposal of waste including sharps and sharps boxes, with real time feedback and support provided. External audit (Vernacare) of sharps at VHK and QMH planned for early 2024	20/2/24
Req. 2 Action 2	IPCT and Health and Safety shall collaboratively review and promote best practice.	30/11/23	Infection Control Manager	Feedback from IPCT and Vernacare to shape training requirements (audit scheduled for 2/3) SIPCEP modules promoted and safe management of waste (including sharps) provided in mandatory induction training to all new NHS Fife employees. These 2 actions have not met the intended timescale due to ongoing	Ongoing action

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				liaison and engagement with the external provider.	
Req. 2 Action 3	Online training available via NHS NES Scottish Infection Prevention and Control Education Pathway (SIPCEP), to be further promoted by senior teams.	30/11/23	Infection Control Manager	Regular SIPCEP training provided by the NHS Fife IPCT. SIPCEP promoted by NHS Fife IPCT NES IPC Education Team Newsletter January 2024 to be published on BLINK Newsfeed and the NHS Fife Infection Control Manual week commencing 15/01/2024. Promoting IPC Zone on TURAS Learn, with a spotlight on SIPCEP Foundation, Intermediate and Improvement layers.	15/1/24
Req. 2 Action 4	Review practice with domestic supervisors and senior nursing to consider where the current process for storing cleaning products could be refined to underpin staff training. As an immediate interim measure all domestic staff will be reminded of the requirement to store cleaning products within the locked cupboards provided within each domestic services room.	01/11/23	Director of Property and Asset Management Director of Nursing, Acute Head of Facilities Head of Nursing (Acute Services)	Poster to remind domestic teams of process when staff sign-in Care Assurance process and pack being developed with senior nurses (meeting held 9/11). SLWG in place to progress this action. Timescale not met to enable comprehensive engagement and to enable design work to be informed by this engagement.	17/10/23 Ongoing action
Req. 3 Action 1	Following the recent review of documentation, the care clock and bedside notes will now be	01/11/23	Director of Nursing, Acute	Incorporated in current audit with an escalation process to enact a further specific audit to support improvement	12/10/23

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	included within the bi-monthly nursing documentation audit.		Head of Nursing (Acute Services)	<p>if required. This has been discussed at Head of Nursing and Clinical Nurse Manager meeting 12.10.23 - and will be an item for review each month as part of the care assurance programme.</p> <p>NHS Fife has established an Electronic Health Record Steering group; a review of the whole record will be undertaken, to support the sequencing of this review the group will explore prioritisation criteria (the criteria will include forms which relate to the assessment and recording of patient care needs).</p> <p>Acute AHPs have migrated to MORSE, focus now on nurse assessment tools.</p> <p>Care Assurance process and pack being developed with Senior Nurses (meeting held 9/11) SLWG in place to progress this action.</p>	<p>28/2/24</p> <p>28/2/24</p>
Req.3 Action 2	Targeted training and support will be delivered for teams in light of audit results.	Ongoing action	Director of Nursing, Acute Head of Nursing (Acute Services)	Care clock routinely completed by staff and training confirmed with all teams.	27/11/23

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Req. 4 Action 1	Ensure that staff have access to the electronic handheld devices that have been purchased to enable timely recording of observations.	01/11/23	Director of Nursing, Acute Head of Nursing (Acute Services)	Confirmed access to digital tablets and desktop PCs throughout the clinical areas across VHK.	13/10/23
Req. 4 Action 2	Progress the trial to test an integration with NHS Fife's electronic system to record patient observations and observation machines to automate recording of results.	01/5/24	Associate Director of Digital and Information Clinical Lead for Know the Score Director of Nursing, Acute	Funding approved and test plan/timelines being prepared. Connectivity between the patient monitoring equipment and the electronic recording system is scheduled for testing early next year within 2 wards. Project Plan being developed by D&I. Goal to have TOC commence by end of Feb / beginning of March 2024- Information Governance approval awaited. Plan in place to move towards NEWS2 over the next 12months.	1/11/23 Ongoing action
Req. 4 Action 3	In light of continual audit of 100% of observations via Patientrack NHS Fife Clinical Governance team are supporting an action plan to recover practice in terms of timely observations and recording of results following the pandemic. An action plan is being progressed.	30/09/24	Medical Director Clinical Lead for Know the Score	Training programme in place July-December 2023. MDT Workshop held 23/8/23. Teaching sessions being provided by senior Hospital at Night Practitioner in ward areas to support formal sessions.	23/8/23 27/11/23

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				<p>To support return to business as usual following the pandemic response the elements of alerting that were turned off are being reinstated.</p> <p>Board wide group established to support this recognised priority with the support of the Corporate Project management Office.</p>	Ongoing action
Req. 5 Action1	Review and revise Volunteer Induction programme with IPC team support and introduce a regular reminder process.	01/12/23	Director of Nursing, Corporate Services	<p>All NHS Fife volunteers undertake hand hygiene training as part of mandatory induction training.</p> <p>All volunteer communication undertaken.</p> <p>Working with IPC to review current training arrangements. Revised training commenced 9/11/23</p> <p>A SLWG has been organised to explore hand hygiene champions within the volunteer sector.</p> <p>IPCT team attending all volunteer inductions.</p>	3/10/23 27/11/23
Req.5 Action2	Review and revise IPC audit process and undertake a communication campaign to ensure effective staff hand hygiene practice.	01/12/23	Director of Nursing, Corporate Services	All NHS Fife employees undertake hand hygiene training as part of mandatory induction training.	

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				<p>NHS Fife staff undergo an annual appraisal to ensure that their knowledge and skills remain up to date.</p> <p>Nursing training is undertaken and reviewed via TURAS.</p> <p>All staff comm's 7/11/23 on the Importance of Hand Hygiene and Proper Glove use - links to the Healthcare Infection Society (HIS) and Infection Prevention Society (IPS) new animation.</p> <p>Communications campaign relaunch being planned for 2024/25 - completed.</p>	7/11/23
Req. 6A Action1	<p>A short life working group comprised of IPCT, Estates and Clinical representatives will review current IPC audit and assurance framework and escalation process.</p> <p>Exploration of local, national and commercial audit tools to improve governance and oversight; business case to be approved/supported.</p>	30/12/23	Director of Nursing, Corporate Services Infection Control Manager	<p>SLWG to be extended to include Support Services Manager, current audit framework shared with key stakeholders.</p> <p>Demonstration of commercial electronic governance tool to be organised by ICM with ASD, HSCP and W&CS - initially planned for January 2024 postponed to March.</p> <p>Competing priorities with implementation of the new LIMS system, and its changing timescales,</p>	Ongoing action

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				has impacted capacity to liaise with supplier.	
Req. 6B Action1	<p>There is recognition that scores for June 2023 may be higher than that observed during inspection; the rooms identified on audit are a random sample of an area and therefore scores are dependent on the rooms audited. Staff completing audits are trained and reminded of the importance of recording both Domestic and Estates rectifications consistently.</p> <p>Monthly peer audits are undertaken across NHS Fife sites and local Estates Managers are offered the opportunity to join the peer audits along with IPC, Quality Assurance and Support Service Managers.</p> <p>Improvement will be made through refresher training, highlighting the importance of accurate reporting of faults on the domestic auditing tool to ensure they are reflective of the area standard.</p>	31/01/24	<p>Director of Property and Asset Management</p> <p>Head of Facilities</p>	<p>Audit tool updated to reflect correct weightings for Phase 1</p> <p>Refresher Training ongoing</p> <p>Discussion with QA Manager to commence this work with input from Domestic Management team.</p> <p>Supervisors are reviewing audits and challenging results where given as 100% to ensure robust process</p> <p>Estates to undertake audits jointly with facilities. Joint audits taking place.</p>	<p>29/11/23</p> <p>29/11/23</p> <p>21/2/24</p> <p>21/2/24</p>
Req. 6C Action1	<p>NHS Fife is committed to following the HAI-SCRIBE process as per SHFN 30 HAI-SCRIBE. To further improve, we will:</p> <ol style="list-style-type: none"> 1. IPCT will deliver/arrange further training. 	31/12/23	<p>Director of Nursing, Corporate Services</p> <p>Director of Property and Asset Management</p> <p>Infection Control Manager</p>	<p>(1) The IPCT organised for National Services Scotland HAI-SCRIBE Training session on 15/09/2023, this event was well attended by IPCT, Estates, PFI and Facilities.</p> <p>IPC training dates for Estates staff provided. Dates available up to the end of 2023/2024</p>	<p>15/9/23</p> <p>9/2/24</p>

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	<p>2. Develop generic HAI SCRIBEs / RAMS for routine minor work/maintenance.</p> <p>3. Review of the NHS Fife Maintenance tasks HAI SOP</p>		Head of Estates	<p>(2) Development of generic RAMS and HAI-SCRIBEs for routine working underway. Presentation undertaken with staff and contractors- work ongoing to develop process.</p> <p>(3) as item above</p>	Ongoing action
Req. 7 Action 1	Confirm process for patient area housekeeping	03/10/23	Head of Facilities	NHS Fife confirmed that tasks which are required each day do occur at the weekend. Tasks which are not required each day are schedule Monday-Friday.	03/10/23

DOMAIN 4.3 WORKFORCE PLANNING

8. NHS Fife must ensure implementation of effective workforce rostering, including real time staffing, to support the delivery of safe and effective high quality healthcare

Req. 8 Action 1	E-Rostering programme to be implemented across all nursing teams.	30/11/25	<p>Executive Director of Nursing</p> <p>Associate Director of Digital and Information</p> <p>Director of Nursing, Acute</p>	The e-Rostering programme is scheduled for completion by November 2025, this will include the implementation of safe care which will support effective skill mix of staff within the ward environment. The sequence of teams being brought on is being reprioritised.	Ongoing action
Req. 8 Action 2	Continued focus on optimising staffing establishment facilitated by weekly Clinical Nurse Manager and Senior Charge Nurse staffing conversations.	01/04/24	<p>Director of Nursing, Acute</p> <p>Heads of Nursing</p>	<p>Standing agenda item.</p> <p>Supplementary staffing processes revised.</p>	<p>August 2023</p> <p>August 2023</p>

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				<p>Potential to adopt digital approval process being explored with Digital.</p> <p>Paper template revised and circulated and fortnightly oversight of use of supplementary staffing.</p>	October 2023
Req. 8 Action 3	Review current arrangements to assess and incorporate dependency within daily safety assessment arrangements pending the delivery of digital workforce management products to support safe delivery of care.	01/12/23	Director of Nursing, Acute Head of Nursing (Acute Services)	<p>Dependency definitions have been revised- there will be focused work with teams to ensure that there is compliance with the workforce safety tools.</p> <p>Revised real time staffing documentation distributed to SCNs/CNs/CNMs/Head of Nursing/Clinical Coordinators within acute adult inpatient, and Head of Nursing discussed with all teams.</p> <p>(staffing record sheet / nurse staffing plan for acute adult inpatients spreadsheet / revised level descriptors)</p> <p>CNMs reviewing on a daily basis as part of daily staffing plan review with HoN oversight in each directorate.</p>	12/10/23

DOMAIN 6 DIGNITY AND RESPECT

9. NHS Fife must ensure the dignity of patients is maintained, especially at the times of high capacity when the “push” model is in use.

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
Req. 9 Action1	The flow support action will be reviewed with teams to ensure that all aspects of our values and quality ambitions are reflected consistently, and that people are cared for in a dignified manner.	01/11/23	General Managers Director of Nursing, Acute	<p>Regular verbal reinforcement of the principles of the model are shared via the safety briefings when the model is enacted.</p> <p>Group have met and agreed revisions, as of 22/11/23 draft 0.4 is in circulation for comment. This has highlighted the need to revisit earlier discussions on access/discharge targets and materials have likewise been circulated for consideration.</p> <p>SOP being revised - discussion with capacity team to be held in advance of HoN meeting to discussion safety huddle approaches to support the SOP embed (along with anticipated discharge data supporting practice).</p> <p>Access procedure revised, launched and shared with all teams (including a Q&A session at the VHK Site Safety Huddle 8/2/24).</p>	<p>27/11/23</p> <p>22/2/24</p>