Improvement Action Plan – Update February 2023

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

Forth Valley Royal Hospital, NHS Forth Valley
27-28 September 2022

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: Janie McCusker
_____

Date: _____13/02/23_____

NHS board Chief Executive

Signature: _____

Full Name: Cathie Cowan
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Date: _____13/02/23_____

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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
1.	Electronic system rollout. Work ongoing to produce automated reports from Pentana.	31/12/22	Head of Nursing for Excellence in Care/Safe Staffing	**December 2022 Response** Care & Comfort rolled out across 70% of Acute Inpatients Wards. Currently working on reporting mechanisms. Additional assurance in relation to impact will be captured in patient questionnaires. **February 2023 Update** Electronic Care and Comfort rounding has been rolled out and is in operation in all Acute Services Inpatient downstream ward areas. Care and Comfort rounding has been fully implemented in Acute Assessment Unit (AAU) /Clinical Assessment Unit (CAU), and for patients in clinical waiting areas, as well as in the Emergency Department (ED). This is currently being recorded in paper form due to being in a testing phase. Links have been made with other Health Boards to ensure that learning and best practice is shared and utilised due to the dynamic nature of the emergency and assessment areas. Following the introduction of the new system, regular auditing of quality of Care and Comfort rounding is underway with initial reports available for compliance	Complete Complete. December 2022 Complete November 2022 Ongoing assurance

				and quality. HIS iHub team are supporting the development of the care and comfort rounding principles, processes, measurement, and assurance mechanisms.	processes in development
				NHS Forth Valley is committed to and has initiated the ongoing development of integrating the electronic forms within local care assurance systems to provide robust and timely data on compliance of Care and Comfort rounding. An automated report is being developed via the Pentana system which will provide accessible data, supporting ward, directorate, and board level reporting.	Ongoing assurance processes in development
				NHS Forth Valley has initiated the ability of the multidisciplinary team to input to electronic Care and Comfort rounding charts and this will be progressed over the next two months, with the main focus being on AHP teams.	
4.	Review current Hand Hygiene programme in relation to coverage and frequency - Infection control attendance at training sessions to enhance importance of compliance.	Jan-23	Infection Control Manager SERCO Manager	**December 2022 Response** Review of programme underway. **February 2023 Update** The target of >90% of domestic staff having attended hand hygiene education sessions has been met with 95% reported in January. NHS Forth Valley has reviewed existing hand hygiene reporting and have triangulated the data to understand education, process, and outcome measures. This forms the basis of the ongoing assurance mechanisms and will continue to be refined and made available at ward,	Complete January 2023 Ongoing assurance processes in development

	Target 90% of Domestics staff by January 2023			directorate, and board level reporting by end of February 2023.	
6a.	Revisit risk assessment to address gap when patient in space does not meet risk assessment and the actions taken to enact additional mitigations needed to be put in place. Group continue to meet weekly and update risk assessment and Standing Operating Procedures based on incident reporting and complaints received.	Commenced Ongoing	Person Centred Lead Head of Nursing for Emergency & Inpatients	**December 2022 Response** Continue weekly meetings. Person Centred Lead to attend. Person Centred Lead to commence the collating of questionnaires which addresses experiences relating to being a patient in a five bedded bay. Look into the role of safety support nurse in inpatient wards and review patients identified with unresolved risk. Operational escalation in place identified at the Site Safety Huddle. **February 2023 Update** <u>Context</u> **At time of this update NHS Forth Valley has reduced the number of patients in non-traditional bedspaces by twenty-eight. The reduction of five bedded bays remains a site safety priority and is being led by the Interim Director of Acute.** The Risk Assessment and Standard Operating Procedure has been revisited and updated. The Risk Assessment Group meets weekly with wide clinical and non-clinical input. Risks are highlighted at daily Site Safety Huddle with support provided to mitigate by senior nursing leadership. Any unmitigated risks are communicated with senior on-call team and monitored and mitigated at the earliest opportunity when conditions change.	Complete October 2022 Complete November 2022

				Weekly review of the risks and incidents are undertaken by the Group to further refine the process of risk assessment and mitigation, as well as share organisation learning.	Ongoing
				The local Quality Improvement (QI) team is involved in ongoing development of the measures and evaluation of the process.	Ongoing assurance processes in development
6b.	Auditing processes will be put in place to ensure any identified improvements are maintained.	Commenced Jan-23	Person Centred Lead	**December 2022 Response** Questionnaire which identifies patients and staff experience being designed. Currently auditing quality of risk assessments.	Complete
				February 2023 Update To identify areas of concern and good practice, staff and patient experience questionnaires have been developed, tested, finalised, and implemented across all inpatient areas in NHS Forth Valley.	Complete January 2023
				Data is being analysed and collated into a feedback report with findings and actions. The feedback report is available monthly from February 2023 and being considered by the appropriate governance structures and clinical areas.	Ongoing assurance processes in development
				Auditing of the risk assessment process has been undertaken, the results show the re-audit by senior nurse leaders is not adding additional value and therefore has been discontinued and the focus is on the management of the mitigating actions.	Ongoing assurance processes in development

7.	Improving Huddle scripts, making safety the core focus. Improve escalation process when areas in red despite mitigations.	Commenced 12/12/22	Head of Nursing for Emergency and Inpatients	**December 2022 Response**	
				Testing new Safety Huddle scripts.	
				'Safe to Start' RAG status agreed with Chief Nurses and Executive Nurse Director (END).	
				Test Safety Support Nurse model to feedback info from Huddle to teams.	
				February 2023 Update	
				The daily Staffing Huddle has been further developed to ensure a safety focussed approach.	
				NHS Forth Valley staff have attended Huddles in other Health Boards for learning and benchmarking. Staffing Huddle has also been attended by an external Deputy Nurse Director for external peer feedback.	Complete December 2022
				A real-time staffing tool is in place which incorporates a RAG status of each clinical area and any mitigating actions taken. The implementation of 'Safe Start' RAG status across acute services has given a clear whole site picture of staffing concerns, mitigation, and escalation.	Complete December 2022
				Staffing Huddles now chaired by Clinical Nurse Manager with a script developed from wider learning providing structure and guidance for the chair and attendees.	Complete December 2022
				Staffing update is verbally shared at wider Site Safety Huddle and followed-up with a written summary shared daily across the system utilising 'Safe to Start' RAG status.	Complete. December 2022
				NHS Forth Valley has formalised the support provided by a senior nurse (Band 7 level) covering 24/7 to support staffing and clinical escalation. This is augmented by	Complete December 2022

				Clinical Nurse Manager of the week for escalation in core hours.	
				NHS Forth Valley has implemented eRostering across the emergency and inpatient areas to provide site oversight of nurse staffing.	Complete January 2023
				NHS Forth Valley is committed to further developing real-time staffing tools and is currently testing the eRostering Safe Care module, with a pilot ward underway which incorporates training on professional judgement. Learning is being supported by, and shared with, HIS Safe Staffing team.	Ongoing assurance processes in development
8.	The AHP team must have a clear understanding of the actual staff in post.	Commenced Feb-23	AHP Lead	**December 2022 Response** AHP Lead has commenced the review and carrying out work re AHP models and requirement establishment. **February 2023 Update** The Acute AHP manager and finance manager have commenced a review of workforce within Occupational Therapy, Physiotherapy, Speech and Language Therapy and Dietetics. The outcome of this is anticipated that all AHP workforce, skill mix, and costs will be displayed on a tracker for each profession and any financial or skill mix risks will be identified. There will also be a process in place to review the tracker monthly. The aim is for this work to be completed by April 2023.	On track completion anticipated April 2023
9.	Senior managers have insight into the risk to patients and staff when working under	05/12/22	Chief Nurse for Acute	**December 2022 Response** Newsletter being developed following feedback from other Health Boards. Updates will be provided on the site	

	pressure. Improve communication loops ward to board.			situation to ensure all staff are kept up to date and understand what mitigations are in place for staffing and over capacity. Risk Review Group being established by risk advisor. **February 2023 Update** A staff newsletter was published in December and was distributed widely across the site acknowledging pressures, escalation, and support for staff. Further newsletters are now in place every two months across the Acute Services Directorate. Additionally, the Acute Services Directorate Risk Management Group has been reviewed and re-established to ensure risks have a forum to be captured and discussed at directorate level. This has ensured overcrowding and over capacity risks are escalated to the appropriate level and visible to senior managers.	Complete December 2022 Complete February 2023 with ongoing assurance processes in development
10.	Design process to ensure when there is overcrowding in ED and AAU that all patients are managed safety. Design process for assessing patients and provide care and comfort rounding. Ensure adequate equipment is available	Commenced 12/12/22	Head of Nursing for Emergency and Inpatients	**December 2022 Response** Emergency Department, 'Flex' nurse to be repurposed as patient safety nurse to take care of patients in corridors and non-clinical areas to ensure care and comfort and observations are completed. Chairs have been ordered for ED/AAU/SAU for patient comfort. AAU have introduced safety support nurse. Housekeeper role is being developed in ED and AAU to provide patient and staff support.	

				February 2023 Update Within the ED the role of the 'Flex' nurse is in place and is designed to provide care to patients in non-clinical contingency spaces within the department. A Standard Operating procedure has been developed to ensure consistency of practice. This will be continuously assessed due to the dynamic nature of the department.	Complete December 2022 with ongoing assurance processes in development
				Chairs have been provided in the trolley corridor for patients who have been identified as fit to sit which are designed to enhance patient comfort. These chairs have been numbered and have been added to Trakcare patient tracking system, this gives greater visibility. It is identified in Trakcare that the area is an escalation overspill footprint.	Complete December 2022 with ongoing assurance processes in development
				Posters are displayed in the area explaining how to request diet, fluid, and analgesia etc. A call bell has also been installed in this area to support patient safety. Regular walk rounds from patient relations are in place, to complement the patient questionnaires, and feedback from patients has been positive. The Emergency Department patient experience questionnaire has also been re-introduced which will be integrated into the Patient Experience report and will be fed back to staff.	Complete December 2022 Complete November 2022 with ongoing assurance processes in development
				A Safety Nurse has been introduced in AAU who has responsibility for triage and care and comfort of patients	Complete November 2022 with

				awaiting admission to the unit. This has resulted in greater visibility and safer care.	ongoing assurance processes in development
				A training programme has been developed for the staff who provide triage of patients received via GP referral.	Complete November 2022
				Care and Comfort rounding is audited for compliance and through observation for quality assurance. This has informed process improvements. Staff and patient questionnaires have been developed to understand the impact of care and experience. HIS iHub team is supporting the development of the care and comfort rounding principles, processes, measurement, and assurance mechanisms.	Complete December 2022 with ongoing assurance processes in development
11.	Patients' privacy and dignity maintained in ED when patients receiving care in corridors.	Commenced Ongoing	Head of Service	**December 2022 Response** Shared with the Emergency Department team to review patient transfer allocation by need rather than time. Emergency Department exploring processes to provide care in places other than corridors. Developing escalation process for overcapacity in ED. **February 2023 Update** Within the ED there has been a focus on utilising space creatively in the department to ensure privacy and dignity is maintained. In times of extremis portable screens are	Complete October 2022

				available within the department for use to ensure privacy and dignity. Additionally, an escalation risk assessment regarding suitability for non-standard space use within ED, has been developed and the process is being tested week beginning 13/02/23. The results of the testing will be ratified by the multi-disciplinary team and implemented thereafter.	Complete February 2023 with ongoing assurance processes in development
12.	Ensure safe and secure use of medicines specifically in ED and AAU.	16/12/22	Head of Nursing for Excellence in Care/Safe Staffing	**December 2022 Response** Practice Development Unit (PDU) team is currently conducting observation audit in ED and AAU to understand current practice gaps. This will be followed up by focussed Education and Training and improvement Plan. **February 2023 Update** Within the Emergency Department medication requirements are identified at triage and Care and Comfort rounding, including the identification and administration of time sensitive drugs. Following an assessment from local teams, supported by pharmacy, accessible locked To Take Out (TTO) pharmacy cupboards have been fitted in the department allowing timely access to high usage medications. AAU has introduced an IV practical assessment for Staff Nurses and introduced an audit to identify non-compliance and inform educational needs.	Complete January 2023 Complete January 2023 Complete December 2023

				Additionally, NHS Forth Valley is introducing a collaborative nurse/pharmacy medicine management forum to further develop the safer use of medicines across the NHS Board, to review and develop compliance with all policies and processes.	In development
13.	Safe delivery of care in ED and Assessment areas.	12/12/22	Head of Nursing for Emergency and Inpatients	**February 2023 Update** See Requirement 10 above.	
14.	Safe evacuation of patients in the event of a fire when ED and AAU are in over capacity.	Commenced Ongoing	Lead Fire Officer	**December 2022 Response** Evacuation plan revisited. Fire warden training plan in place for ED and AAU. A plan for regular fire drills is being developed and will be reviewed. **February 2023 Update** ED and AAU assessment area evacuation plan for when additional capacity is in use, has been introduced. Fire Marshall training has been provided to over forty members of Emergency Department and AAU staff. Regular fire walkthroughs have taken place across ED and AAU areas, as well as the implementation of a fire drill	Complete November 2022 Complete January 2023 with ongoing assurance processes in development Complete December 2022 with

				exercise. Regular monitoring of all areas by the safety support team, local staff and the NHS Forth Valley Fire Safety Advisor ensures that any issues relating to additional capacity can be reported and actioned and will inform future iterations of the Fire Evacuation Plan.	ongoing assurance processes in development
15.	Safe delivery of triage in ED and AAU.	05/12/22	Head of Nursing for Emergency and Inpatients	**December 2022 Response** ED has developed a 2-tier triage system which is monitored and reviewed. Competency booklet has been created and training is being provided. AAU has created a competency pack to go along with safety support nurse role. Urgent Care Centre has a triage system in place. **February 2023 Update** NHS Forth Valley has introduced a new patient prioritisation system for patients awaiting admission. A Standard Operating Procedure has been developed and implemented, supported by an education and competency package for staff using this system.	Complete December 2022
16.	All patient equipment is clean and ready for use.	31/12/22	Infection Control Manager Head of Nursing for Emergency and Inpatients	**December 2022 Response** Infection control weekly checks/audits identify areas of non-compliance. Training & advice given to staff re non compliances. **February 2023 Update** Infection control weekly checks/audits continue in all clinical areas and identify areas of non-compliance with	Complete December 2022 with

				real-time feedback. Environmental checks are also part of the Care Assurance programme.	ongoing assurance processes in development
				Additionally, the ED has secured funding for 5 WTE new housekeepers to provide support to clinical staff in department stock management, cleaning of equipment, as well as general housekeeping duties. Recruitment is underway with two positions secured awaiting start dates, all bank opportunities are being used in the interim.	Ongoing recruitment with assurance processes in development
				Additionally, the AAU has identified a Housekeeper role from within current establishment to provide support to clinical staff in department stock management, cleaning of equipment, as well as general housekeeping duties.	Complete January 2023 with ongoing assurance processes in development
17.	Use of real time staffing tool, training required for SCN in professional Judgement.	31/12/22	Head of Nursing for Emergency and Inpatients	**December 2022 Response** Sought guidance from neighbouring NHS Boards and testing new staffing huddle – regular reporting back in progress to END and Interim Director of Acute Services Currently looking at mitigating themes of risks and incidents. Introducing 'Safe to Start' RAG status – commenced 28/11/22 **February 2023 Update** A real-time staffing template is in place which incorporates a RAG status of each clinical area and any mitigating actions. The output of the huddle is shared with the wider Site Safety huddle. The implementation of	Complete November 2022

				'Safe Start' RAG status across acute services has given a clear whole site picture of staffing concerns, mitigation, and escalation. NHS Forth Valley is committed to further developing real-time staffing tools and is currently testing the eRostering Safe Care module, with a pilot ward underway which incorporates education on professional judgement. Learning is being supported by, and shared with, national QI teams.	On Track testing being undertaken in February 2023
18.	Senior managers lead and support their teams, managing the risks on site when site over capacity.	Commenced 09/12/22	Chief Nurse for Acute	**December 2022 Response** Exploring feedback mechanism to teams post Huddle re site status and staffing. Reviewing escalation process of patients who do not meet risk assessment criteria. Reviewing escalation for over capacity. **February 2023 Update** The Site Safety Huddles have been further developed to ensure a safety focus. NHS Forth Valley staff have attended Huddles in other Health Boards for learning and benchmarking and external peers have attended NHS Forth Valley huddle for feedback. NHS Forth Valley presently working with HIS iHub and NHS Forth Valley QI teams to map out Huddle process to inform any further potential improvements, ensuring the	Complete December 2022 with ongoing assurance processes in development Ongoing assurance

| | | | | Huddle is a safe, efficient and an informative space, with clear actions when safety concerns are raised.

Feedback mechanism to frontline staff post Huddle currently being tested through Senior Charge Nurse Forum using a template which is displayed in the ward for staff to see position and actions from senior management team. | processes in development

Testing phase |
|---|---|---|---|---|---|
| 19. | To improve the culture around staff escalation of risks, staff feel supported and informed re pressures out with their control. | 31/12/22 | Chief Nurse for Acute | **December 2022 Response**

Link to Requirement 9 and 18.

February 2023 Update

See Requirements 9 and 18 above for detailed update.

NHS Forth Valley has committed to a Compassionate Leadership and Culture Programme. This work is being led by the HR Director and OD colleagues and will be undertaken across the whole system, informed by Prof. Michael West. The scoping phase is due to be completed with a launch of the Programme on 30th of March. Thereafter will follow the Discovery phase - this involves data gathering e.g., observations, focus groups and surveys. An update on the approach was provided at the Executive Leadership meeting on 7th February 2023. | On Track |
| 20. | Consistent feedback to staff who have raised concerns. Identified learning presented to Risk Assessment Group. | 10/01/23 | Chief Nurse for Acute

Interim Deputy Nurse Director | **December 2022 Response**

Link to Requirement 18 and 19.

Feedback on IR1 reporting system now mandatory to reporter.

Wellbeing hub to be explored on site. | |

				Patient and Staff questionnaires focussing on current pressures being developed.	
				Review of Duty Manager responsibilities in relation to staff wellbeing.	
				February 2023 Update	
				Risk Assessment Group remains in place and is meeting weekly with clinical and non-clinical input. Learning from Safeguard reporting is discussed at the Group and influences organisational learning.	Complete October 2022 Ongoing assurance processes in development
				The Safeguard reporting system has been developed where feedback to the reporter is now a mandatory field. NHS Forth Valley is committed to ensuring this feedback is valuable and work is underway to assess and measure the effectiveness and quality of feedback processes.	Complete October 2022 Ongoing assurance processes in development
				Patient and staff questionnaires have been developed and implemented across all inpatient clinical areas.	Complete January 2023. Ongoing assurance processes in development
				Person-Centred Manager linking with SCNs to discuss the findings of the feedback from patient and staff questionnaires and what improvements can be made, this	Complete February 2023.

				will be evidenced within the overall report of actions taken.	Ongoing assurance processes in development
				An NHS Forth Valley Public forum has been developed to seek feedback from patients and the public in relation to developments in all aspects of safe patient care improvement work. The forum launches on 21st February 2023 with representation from across public and patient partners.	On track. February 2023
				Staff well-being hubs have been developed for all five inpatient sites across NHS Forth Valley. These are supported by drop-in chaplaincy services and a programme of well-being seminars and resources has been developed.	Complete January 2023. Ongoing assurance processes in development