Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

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

Date: 18 January 2024

NHS board Chief Executive

Signature: _____

Full Name: ADAM COLDWELLS

Date: 18 January 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		
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		
2	**Domain 2 – Leadership and culture** **NHS Grampian must make improvements to their current incident report management processes to ensure timely review and implementation of adverse event improvement actions.** **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**				
2.1	Monitor, review and progress against overdue actions on Datix through the Accountability and Assurance	30 April 2024	Head of Performance and Governance	11/1/2024: Bespoke Illuminate report for actions live and in	

	processes and audit effectiveness of measures after 3 months.			use for actions. Additional report specification developed for all adverse events. This facilitates ease of overview and access for supportive management	
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		
2.3	Monitor and review captured in action 7.1. Improvement action plans have been developed aligned with requirement 8.1.	30 April 2024	Portfolio Senior Leadership Teams (the Portfolio Executive Lead) - Medicine & Unscheduled Care, Integrated Specialist Care Services, Integrated Family		
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		
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 Operating Procedure readily available to support staff.	30 April 2024	Portfolio Senior Leadership Teams (the Portfolio Executive Lead) - Medicine & Unscheduled Care, Integrated Specialist Care Services, Integrated Family supported by e-health General Manager/ Site and Capacity		
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: • 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		

5	**Domain 4.1 - Pathways, procedures and policies** **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.** **This will support compliance with Quality Assurance Framework (2022) Indicator 4.1 and Health and Social Care Standards (2017) Criteria 1.24**				
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	Delivery arrived of 20 additional call bells; further order placed.	
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		
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		
5.4	Circulate the suite of Risk assessments for non – standard patient areas.	22nd December 2023	Chief Nurses	Reviewed Risk Assessments circulated to nurse managers for onward sharing	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		
5.6	Developed 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 | | |
| **6** | **Domain 4.1 - Pathways, procedures and policies**

NHS Grampian must ensure that Adults with Incapacity Section 47 Certificates are accurately and consistently completed.

This will support compliance with Adults with Incapacity (Scotland) Act (2000). | | | | |
| 6.1 | Ensure training and education sessions are arranged for staff specifically on Adults with Incapacity (AWI) legislation and completion of documentation. | 31 March 2024 | Lead for Frailty | | |
| 6.2 | Audit to review completion of Adults with Incapacity (AWI) documentation after 2 months for compliance. | 31 May 2024 | Portfolio Medical Directors | | |
| **7** | **Domain 4.1 - Pathways, procedures and policies**

NHS Grampian must ensure safe storage and administration of medicines at all times.

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. | | | | |
| 7.1 | Ensure safe storage and administration of medications guidance is shared across all Portfolios

- Utilise the Aberdeen Royal Infirmary Site Brief and Senior Charge Nurse meetings to communicate requirements | 12 October 2023 | Chief Nurses | Immediate sharing was undertaken of Healthcare Improvement Scotland findings at 08.30 hospital wide huddle and at Senior Charge Nurse meetings | 12 October 2023 |

				All portfolio teams informed of Healthcare Improvement Scotland findings	
7.2	Audit compliance of medication storage across all inpatient areas.	30 April 2024	Chief Nurses/ Pharmacy facilitated by Nurse Managers/ Medication Safety Advisor	Regular audits in place Local action plans to improve compliance.	
8	**Domain 4.1 - Pathways, procedures and policies** **NHS Grampian must ensure safe intravenous line care practice to prevent the risk of infection and to ensure effective intravenous fluid management.** **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.**				
8.1	Communicate the requirement to adhere with the Peripheral Vascular Catheter (PVC) Bundles Audit PVC Bundle compliance	30 April 2024	Chief Nurses/ Nurse Managers		
8.2	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. Continuing Professional Development sessions to include information in relation to compliance of safe intravenous line care for Practice Supervisors & Assessors. Facilitation by Practice Education & Development Team	30 April 2024	Lead Nurse Practice Education		

	of on ward learning to incorporate PVC Bundle care compliance. Review current online learning TURAS Intravenous medicine administration package to ensure explicit content of safe intravenous line care practice by 29 February 2024. Make relevant changes to on-line learning package by 30 April 2024.			
9	**Domain 4.1 - Pathways, procedures and policies** **NHS Grampian must ensure that alcohol-based hand gel is readily available.** **This will support compliance with: National Infection Prevention and Control Manual (2023).**			
9.1	Ensure alcohol-based hand gel dispensers are replenished • 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	Dispenser checks added to Domestic Daily Checklists. Sufficient dispenser numbers are in place. Safe and Clean Care Audit (SACCA) will be completed every 6 months.	
10	**Domain 4.1 - Pathways, procedures and policies NHS Grampian must ensure the safe disposal of sharps.** **This will support compliance with National Infection Prevention and Control Manual (2023).**			

10.1	Audit of sharp boxes to be undertaken to ensure boxes are labelled as per guidelines and temporary closures are used appropriately.	29 February 2024	Senior Charge Nurses/ Nurse Managers	Safe and Clean Care Audit (SACCA) will be completed every 6 months.	
11	**Domain 4.1 - Pathways, procedures and policies** **NHS Grampian must ensure the care environment is maintained to allow for effective cleaning.** **This will support compliance with Infection Prevention and Control Standards (2022)**				
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	Action plan currently in development. Schedule of meetings set up with Heads of Services to monitor and progress.	
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		
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		
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		
Recommendations					
1	**Domain 4.1 - Pathways, procedures and policies** *NHS Grampian should ensure that patients are assisted with hand hygiene at mealtimes*				
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		
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		
2	**Domain 4.3 - Workforce planning** *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.*				
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		
2.2	Develop data metrics to identify recurrent risks based on Healthroster and SafeCare data	30 June 2024	Clinical Lead eRostering		
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		
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		