



# Improvement Action Plan

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

Forth Valley Royal Hospital, NHS Forth Valley  
22–24 January 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: 16/04/24

#### NHS board Chief Executive

Signature: \_\_\_\_\_  
Full Name: Scott Urquhart  
Date: 16/04/24

File Name: 2024012220240122 Improvement Action Plan FVRH NHS FV v.01 (003).docx FVRH. NHS FV v0.1	Version: 0.1	Date: 16/04/2024
Produced by: HIS/NHS FV	Page: Page 1 of 6	Review Date: -
Circulation type (internal/external): Internal and external		



Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
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.	31 <sup>st</sup> July 2024	SCN / Lead Nurses	Will progress through Food, Fluid and Nutritional Care group with <ul style="list-style-type: none"><li>Local measurement of baseline process / practice.</li><li>Local audits of mealtimes in place. This includes measurement of pre, during and post mealtime support.</li><li>Implementation of ward level data visualisation / progress.</li><li>Results / themes will inform targeted improvement work to be led by hospital Chief Nurses, and monitored by NHS Forth Valley Food, Fluid &amp; Nutritional Care Group</li></ul>	
1.1	a) NHS Forth Valley will deliver bespoke PILS sessions to the Emergency Department staff over the weekends through May-June	31 <sup>st</sup> July 2024	Resuscitation Team / ED SCN / ED Clinical Educator	Immediate Actions: <ul style="list-style-type: none"><li>Staff identified to</li></ul>	

	b) NHS Forth Valley will apply an annual training plan to maintain PILS level training within the department	Ongoing		<p>deliver additional training sessions</p> <ul style="list-style-type: none"> <li>• Ongoing measurement of PILS compliance reported to monthly workforce governance meetings.</li> </ul>	
1.2	NHS Forth Valley will undertake walk rounds of clinical areas to ensure compliance with emergency procedures in relation to fire safety		Service Leads / Operations Managers	<p>Immediate Action:</p> <ul style="list-style-type: none"> <li>• All noncompliance areas addressed at time of inspection</li> </ul>	Complete during inspection with ongoing monitoring
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>	<p>31<sup>st</sup> October 2024</p> <p>Ongoing</p>	IT Department/ SCN / Lead Nurse ED.	<p>Immediate Actions:</p> <ul style="list-style-type: none"> <li>• Business case submitted for approval.</li> <li>• Triage training package in place and being applied by clinical educator.</li> </ul>	
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	Immediate	Senior Leadership Team	<p>Immediate Actions:</p> <ul style="list-style-type: none"> <li>• Focused work with SCN to improve Safety Huddle and action log recording.</li> <li>• Testing of new safety huddle process</li> <li>• Reported / reviewed at</li> </ul>	

				SCN meeting with Chief Nurse	
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).	31 <sup>st</sup> July 2024	Lead Nurses	Immediate Actions: <ul style="list-style-type: none"> <li>PDSA cycles applied to improve safe management of patients with PVC</li> </ul>	
4.1.7	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.  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.	Immediate	SCN / Lead Nurses	Implemented with immediate effect and will be audited over the coming months	Complete during inspection with ongoing monitoring
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.	31 <sup>st</sup> July 2024	Lead Nurses / SCN / Practice Development Team	Immediate Actions: <ul style="list-style-type: none"> <li>Care assurance audits underway with schedule for all clinical areas.</li> <li>Documentation reliability measurement will take place as part of Practice Development Unit reviews.</li> </ul>	

4.1.9	<p>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.</p>	31 <sup>st</sup> July 2024	Lead Nurse / Service Team/ Medical Leads / Infection Prevent and Control Team	<p>Immediate Actions:</p> <ul style="list-style-type: none"> <li>• Relaunch of NHS Forth Valley Uniform Policy</li> <li>• Review of current Hand hygiene audit process and feedback</li> <li>• Data visualisation will be undertaken in clinical areas.</li> <li>• Areas for improvement will be identified and support provided by IPC team.</li> </ul>	
4.1.10	<p>NHS Forth Valley will ensure all staff are aware and comply with infection control guidance, in particular:</p> <ul style="list-style-type: none"> <li>• Safe management of waste</li> <li>• Cleaning of patient equipment</li> <li>• Maintenance and storage of equipment</li> <li>• Storage of cleaning products</li> </ul>	31 <sup>st</sup> July 2024	Lead Nurses / SCN / Infection Prevention Control Team	<p>Immediate Actions:</p> <ul style="list-style-type: none"> <li>• All staff reminded of need for safe storage of cleaning products.</li> <li>• Schedule in place for cleaning of portable equipment</li> <li>• Targeted education from IPC team being arranged.</li> <li>• Adherence to Infection Control Guidelines will be measured through care assurance audits/ inspections.</li> </ul>	

				<ul style="list-style-type: none"> <li>Reporting will be through site Hospital Hygiene meetings.</li> </ul>	
4.1.11	NHS Forth Valley will ensure all relevant staff are aware of their responsibilities in the safe storage and administration of medicines	31 <sup>st</sup> July 2024	Lead Nurse / SCN and Pharmacy	<p>Immediate Actions:</p> <ul style="list-style-type: none"> <li>Relaunch of Safe Medicines Group</li> <li>Compliance in safe storage and administration will be highlighted in department care assurance audits / inspections.</li> </ul>	
6.12	NHS Forth Valley will ensure the correct process is followed when patients are detained under Mental Health Act	31 <sup>st</sup> July 2024	Nurse Consultant Older People / Senior Management Team	<p>Immediate Actions:</p> <ul style="list-style-type: none"> <li>Robust system in place now to identify patients with Emergency Detention at morning safety huddle.</li> <li>Review Emergency Detention pathway and relaunch to raise awareness with all staff groups</li> </ul>	