



Improvement Action Plan

Healthcare Improvement Scotland:

Unannounced acute hospital safe delivery of care inspection [Follow Up]

Victoria Hospital, NHS Fife

03 - 05 December 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:

Patricia Kilpatrick

Date:

07.03.25

NHS board Chief Executive

Signature:

Full Name:

Carol Potter

Date:

07.03.25

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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
Recommendation 1 NHS Fife should ensure patients are assisted with hand hygiene prior to mealtimes (see page 36).					
	Implement a patient handwipe test of change in March 2025 to support effective patient hand hygiene before meals. Patients will be encouraged to wash their hands before all mealtimes, and for those unable to safely access a sink, handwipes will be provided. An audit will be conducted to assess compliance, supported by a communication plan to reinforce best practices. Insights from audit and outcomes from the PDSA cycles of the trial will inform a site-wide rollout between March and May 2025, ensuring staff training, routine integration, and ongoing monitoring for sustained effectiveness.	Between 17 March 2025 and 30 May 2026	Head of Nursing (Acute) and IPC Manager		
Requirement 1 NHS Fife must ensure all relevant staff are provided with and complete the necessary paediatric immediate life support training to safely carry out their roles (see page 21). This will support compliance with: The Code: professional standards of practice and behaviour for nurses' midwives and nursing associates (2018), relevant codes of practice of regulated healthcare professions and the Health and Care (Staffing) (Scotland) Act (2019).					
	Audit current compliance with Paediatric immediate Life Support (PILS) to identify areas requiring bespoke dates.	31 May 2025	Heads of Nursing Acute Division		
	Deliver bespoke dates to ensure relevant staff have PILS (level 2) training (aim for 80% coverage).	March 2026	Head of Practice and Professional Development		
Requirement 2					

NHS Fife must ensure all relevant staff fire training is up to date and recorded appropriately, all portable electrical equipment is tested to ensure safe to use within hospital setting and all fire exits are not obstructed (see page 21).

This will support compliance with: NHS Scotland 'Firecode' Scottish Health Technical Memorandum SHTM 83 (2017) Part 2; The Fire (Scotland) Act (2005) Part 3, and Fire Safety (Scotland) Regulations (2006).

	Complete VHK site wide equipment PAT testing cycle	30 June 2025	Director of Property and Asset Management		
	Audit training compliance and support delivery of Fire Awareness training for all staff	31 March 2025	H&S Manager/Medicine and Surgical Directorate Management teams		
	Aim for 80% staff compliance of Fire Awareness training	02 September 2025	Medicine and Surgical Directorate Management teams	Incremental monthly progress will be required in advance to September 2025.	
	Health and Safety Officers site walk and staff engagement in local plans	30 June 2025	H&S Manager		

Requirement 3

NHS Fife must ensure all fire evacuation plans are updated to take into account the use of additional beds within clinical areas (see page 21).

This will support compliance with: NHS Scotland 'Firecode' Scottish Health Technical Memorandum SHTM 83 (2017) Part 2; The Fire (Scotland) Act (2005) Part 3, and Fire Safety (Scotland) Regulations (2006).

	All teams will review their fire evacuation plans to ensure they are consistent with OPEL escalation actions (for sign off by CNMs).	End April 2025	Health and Safety Manager)/Fire Safety Advisor/Acute Clinical Nurse Managers	Fire safety department carry out risk assessments in the high-risk sleeping wards annually and other medium and low risk areas on a 3-to-5-year basis. As part of these assessments, the team review the fire evacuation strategies for each of the areas. Reports are kept on the NHS Fife's shared drive under two file	Completed and ongoing as confirmed by NHS Fife Safety Advisor
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				paths on the S Drive – Fire Assessments (Acute 2024) and Fire Strategy Documents (Acute Sect	
	Refresh fire risk assessment of the area identified (Ward 6 & 9) in the inspection visit and address subsequent recommendations.	End April 2025	H&S Manager/Fire Safety Advisor	Meeting planned 06/03/2025 to review and finalise.	

Requirement 4

NHS Fife must ensure the safe storage of patient belongings to ensure evacuation routes are not obstructed (see page 21).
This will support compliance with: NHS Scotland 'Firecode' Scottish Health Technical Memorandum SHTM 83 (2017) Part 2; The Fire (Scotland) Act (2005) Part 3, and Fire Safety (Scotland) Regulations (2006), Health and Social Care

	Supported Discharge Unit (Ward 6 & 9) will review their fire safety arrangements with Fire officers and update storage arrangements to ensure safe evacuation routes.	07 April 2025	H&S Manager / Fire Safety Advisor		
	Review patient storage facilities in Phase 1 to provide effective storage.	07 April 2025	Head of Nursing Acute/Director of Property and Asset Management	2025-02-25 Estates and clinical colleagues asked to identify storage options.	

Requirement 5

NHS Fife must ensure staff follow risk assessments and selection criteria guidance for placement of patients within additional surge beds (see page 21).
This will support compliance with: Health and Social Care Standards (2017) criteria 1.23, 1.4, 2.11, 2.32, 4.14 and 5.22 and Quality Assurance Framework (2022) Indicator 2.1.

	Confirm all patient placement / surge criteria and review risk assessment arrangements are recorded when any exceptions from policy are required stating appropriate safety mitigations.	05 May 2025	Service Manager Medical Directorate (Capacity & Flow)	2025-02-07 Commenced review of SDU patient placement criteria.	
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Requirement 6

NHS Fife must ensure boarding policies are followed and clear documentation is in place when deviations are made and all staff are aware of policies procedures in place to support safe selection of and appropriate patient placement (see page 36).

This will support compliance with: Health and Social Care Standards (2017) criteria 1.23, 1.4, 2.11, 2.32, 4.14 and 5.22 and Quality Assurance Framework (2022) Indicator 2.1.

	Facilitate development sessions with the Site Capacity team to embed risk assessment processes and boarding, Infection Prevention and Control and NHS Fife's ACCESS patient flow identification and process criteria.	05 May 2025	Service Manager Medical Directorate (Capacity & Flow)/IPC Manager		
	Review all associated documentation with a view to documenting each assessment rather than deviations only.	05 May 2025	Service Manager Medical Directorate (Capacity & Flow)/IPC Manager		

Requirement 7

NHS Fife must ensure staff follow policies and procedures for the safe care of vascular access devices (see page 36).

This will support compliance with: National Infection Prevention and Control Manual (2023) criteria 2.4 and 4.2; Health and Social Care Standards (2017) Criterion 1.24; and relevant codes of practice of regulated healthcare professions.

	Undertake an observational audit alongside Hand Hygiene Audit specifically looking PVC care and practice to highlight areas of compliance and improvement areas required.	05 May 2025	IPC Manager		
	Review awareness Vascular Access Device practice of policy and procedures, and address identified gaps to drive improvement and compliance to safe practice.	28 June 2025	IPC Manager/HoN/Fluid Improvement Nurse		

Requirement 8

NHS Fife must ensure staff comply with safe management of linen policies (see page 36).

This will support compliance with: National Infection Prevention and Control Manual (2023).

8.1	Recirculate safe management of linen policy.	February 2025	IPC Manager/Laundry Manager		
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8.2	All SCNs to include laundry management guidance in ward huddles for a period of 1-2 weeks to ensure all team members can discuss.	02 April 2025	Clinical Nurse Managers		
Requirement 9 NHS Fife staff including nurses, domestic and estates must ensure the appropriate monitoring and cleaning of vents and escalate any concerns in relation to this (see page 36). This will support compliance with: National Infection Prevention and Control Manual (2023).					
9.1	Review and refresh the vent cleaning schedule.	March 2025	Director of Property and Asset Management		
9.2	Monitor schedule and revise based on learning.	March 2026	Director of Property and Asset Management		
Requirement 10 NHS Fife must ensure all patient care equipment is in a good state of repair, including trolley mattresses within the emergency department, and is decontaminated following use and stored safely (see page 36). This will support compliance with: National Infection Prevention and Control Manual (2023).					
10.1	Recirculate Fife Management of Care Equipment Cleaning Schedule (November 2024) materials.	24 March 2025	IPC Manager		
10.2	All SCNs to include management of care equipment guidance in ward huddles for a period of 1-2 weeks to ensure all team members can discuss.	02 April 2025	Clinical Nurse Managers		
Requirement 11 NHS Fife must ensure alcohol based hand rub is available for use by staff and visitors (see page 36). This will support compliance with: National Infection Prevention and Control Manual (2023).					
11.1	Review and revise replenishment arrangements in all areas	24 March 2025	Support Services Manager		
11.2	Audit availability as part of Domestic team audit process	30 June 2025	Support Services Manager/IPC Manager		

Requirement 12 NHS Fife must ensure that there are suitable arrangements for real-time staffing assessment and escalation of risk for all clinical professions (see page 39). This will support their compliance with: Health and Care (Staffing) (Scotland) Act (2019).					
	Work with CNMs to support consistent recording of acuity within wards/services	06 March 2025	HoN Acute	16/01/2025- J Doyle emailed teams with detailed instruction to remind everyone to complete all sections to support accurate assessment and response.	Completed
	Each profession to develop processes to gather data to inform their daily workforce assessment and adopt a tool like nursing's to provide a consistent whole site assessment. <i>(Noting that Medicine and AHPs do not have the national Realtime baseline numbers that nursing have)</i>	31 August 2025	Service leads		
2023 Continued requirement 2 NHS Fife must ensure all sharps boxes' temporary closure lids are in place and hazardous cleaning products are securely stored.					
	Review and promote best practice and review Safe and Clean monthly audits.	28/04/2025	IPC Manager/Acute Clinical Nurse Managers		
	Review practice with domestic supervisors and Senior Charge Nurses to consider where the current process for	28/04/2025	Support Services Manager/ Clinical Nurse Managers		

	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 DSR.	10/03/2025	Support Services Manager	Memo required to be circulated to all domestic staff	

2023 Continued requirement

3. NHS Fife must ensure accurate assessment and recording of patients' care needs.

	Care Assurance is evolving and will follow the national approach, Quality of Care (QoC) reviews has been rolled out from January 2025, with soft launch and testing and national feedback already undertaken supported by Excellence in Care and NHS Fife Head of Nursing.	01 July 2025	HoN Acute		
	Utilise Care assurance documentation audit data to target development support to ensure effective recording of daily care plans.	01 July 2025	Clinical Nurse Managers/Heads of Nursing	Incremental updates on progress with focused improvements targets in advance of planned achieved date.	

2023 Continued requirement

5 NHS Fife must ensure that all staff and volunteers perform hand hygiene at the correct times.

	Review all hand hygiene training materials to ensure compliance.	06/03/2025	Clinical Nurse Managers/Head of Nursing	Hand hygiene audits are mandatory – sample size of 20 per month and then review with required action plan if needed.	
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	Implement enhanced communication campaign to reinforce the necessity of hand hygiene	05 May 2025	HoN Acute/IPC Manager	Bare Below the Elbow campaign going live April 2025 and National Hand Hygiene Week in May 2025.	
2023 continued requirement					
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.					
	NHS Fife will continue to advocate for capital investment to enable bed-based care to be delivered in fit for purpose modern accommodation out with Phase 1 of VHK.	Dec 2025	Director of Property and Asset Management	Dermatology department VHK	
2023 continued requirement					
13 NHS Fife must ensure the dignity of patients is maintained within the older part of the hospital due to reduced availability of shower facilities.					
	NHS Fife will enhance the cleaning regime within the Supported Discharge Unit, to support access to showering facilities.	April 2025	Support Services Manager		
	NHS Fife will continue to work to enhance the ways of working to optimise space within the area and the fabric of Phase One.	Dec 2025	Director of Nursing Acute/Director of Property and Asset Management		