



Improvement Action Plan

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

Forth Valley Royal Hospital

NHS Forth Valley

16 - 18 March 2026

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: 25th May 2026 _____

NHS board Chief Executive

Signature: _____

Full Name: Ross McGuffie

Date: 23rd May 2026 _____

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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
1	NHS Forth Valley must ensure all staff are aware of fire risk assessments and processes in place regarding fire safety including awareness of the evacuation process.	<p>1 week: completed by 29/05/26</p> <p>3 months: completed by 31/08/26</p> <p>31/12/26</p>	<p>Chief Nurse, Acute</p> <p>Head of Service</p> <p>Head of Service</p>	<p>All areas are identifying responsible person on duty as fire Marshall each shift and this will be monitored daily at Safe Staffing Huddles.</p> <p>Fire risk assessments across all areas will be monitored by implementing monthly fire safety walk rounds reporting through Health & Safety Group which provides assurance to the Health and Safety committee, which reports to Staff Governance Committee for the Board.</p> <p>Forth Valley Royal Hospital Fire Safety compliance has increased to 81%. Our improvement aim is to achieve 90% in Fire Safety Awareness for all staff by December 2026.</p>	

		29/06/26	Head of Service	The above actions will form part of Fire safety training measurement plan which will be developed with appropriate measures in place to monitor both delivery and impact. Regular reporting on progress through the Acute Health & Safety Group, which provides assurance to the Health & Committee, which reports to Staff Governance Committee for the Board will provide the governance arrangements to ensure sustained visibility and oversight of this action.	
2	NHS Forth Valley must ensure staff awareness of risk assessments and of the suitability of patients to be cared for in contingency beds are recognised and ongoing review of patients is carried out	29/06/26	Head of Service	NHS Forth Valley already have mechanisms in place to monitor contingency bed usage. We acknowledge variation in completion and therefore we aim to improve risk assessment compliance to 95% by June 2026. Current baseline compliance ranges from 67% to 100% across the FVRH wards.	
		31/08/26	Head of Service/ Chief Nurse Acute	Implement weekly measurement tool for risk assessment completion with data reported via ward and directorate clinical governance meetings including daily	

		29/06/26	Chief Nurse Practice Development Unit	<p>reporting and review at the Whole Hospital Huddle.</p> <p>Compliance with Contingency Risk Assessments will also be incorporated into Care Assurance Visits as part of the Boards Excellence in Care activity, assurance will be provided via safety steering group which covers all operational units across NHS Forth Valley.</p> <p>Monthly audits will be undertaken to ensure assessment and review of contingency beds is reliable and consistent to provide Board assurance and highlight areas requiring support with process improvement.</p>	
		31/08/26	Chief Nurse, Acute	<p>Monthly audits will be undertaken to ensure assessment and review of contingency beds is reliable and consistent to provide Board assurance and highlight areas requiring support with process improvement.</p>	
3	NHS Forth Valley must ensure safe intravenous line care practices to prevent the risk of infection.	31/07/26	Chief Nurse, Acute	NHS Forth Valley will measure reliability of intravenous line care through Care Assurance visits and ward quality monitoring processes. This will provide whole site intelligence to support improvement planning and education activity. Safety huddles are	

		31/07/26	Chief Nurse, Practice Development Unit	<p>being utilised across all clinical areas to promote and reinforce best practice, with defined measures of compliance, impact, and oversight provided through clinical governance.</p> <p>Best Practice is being reinforced during Care Assurance Visits which occur quarterly within the acute site. Reliability Data will report via the Safety Steering Group which governs Excellence in Care.</p>	
		30/09/26	Chief Nurse, Practice Development Unit	<p>The Practice Development Unit is delivering education within clinical areas highlighting best practices in Intravenous Fluid Management.</p>	
4	NHS Forth Valley must ensure that all staff comply with the safe management and disposal of waste including sharps and linen.	30/09/26	Chief Nurse, Acute / Infection Prevention Control Lead	NHS Forth Valley undertake regular Environmental Walk rounds promoting Standard Infection Control Precautions (SICPS) and provide assurance through the Infection Control Committee to govern compliance and improvement planning. To provide enhanced oversight local teams will	

		30/09/26	Chief Nurse, Acute / Infection Prevention Control Lead	<p>undertake additional inspection / audits of compliance and report reliability data through Acute Infection Control Meeting.</p> <p>Safe management and disposal of waste/sharps/linen practices are being monitored and reported through the Infection Prevention and Control audit programme and governed through local Infection Control groups, reporting to Infection Control Committee.</p>	
5	NHS Forth Valley must ensure all hazardous cleaning products are securely stored.	31/06/26	Head of Service / Chief Nurse, Acute	<p>The monitoring of safe storage for hazardous cleaning products is monitored through environmental walk rounds and reported through Acute Infection control group and subsequently to Infection Control Committee. Education and Improvement actions are activated when required improvement in this process is recognised through the embedded audit process.</p> <p>Increased monitoring of secure storage of hazardous cleaning products through Senior Nursing Leadership Oversight</p>	

				presence through Ward quality walkarounds.	
6	NHS Forth Valley must ensure the safe storage of medicines at all times, including controlled drugs at all times.	Immediate	Chief Nurse, Acute / Associate director of Pharmacy	The Safe and Secure Handling of Medicines Group is coordinating compliance reporting to support the safe storage of medicines including controlled drugs. This provides compliance data and improvement support plan and assurance to the Board around meeting the required standards.	Completed
		31/08/26	Associate director of Pharmacy, Chief Nurse, Acute, Head of Service	NHS Forth Valley is pursuing a variation request to improve access and security of medicines through improvements to medicines swipe access. This will improve access to medicine storage areas and improve safe medicines management in terms of secure storage.	
		30/11/26	Chief Nurse, Acute / Associate director of Pharmacy	NHS Forth Valley currently apply the standards of the Royal College of Pharmacy for safe management of medicines, however NHS Forth Valley is currently undertaking the development of a Forth Valley Safe and Secure Handling of Medicines Policy.	

		31/07/26	Chief Nurse, Acute / Head of Pharmacy	<p>This process has already commenced applying a collaborative Multi-Disciplinary Team approach.</p> <p>Compliance with the Safe Storage of medicines will be monitored via the medicine safety group. Education and Improvement actions are activated when improvement in this process is recognised through the embedded audit process.</p>	
		31/07/26	Chief Nurse, Acute / Head of Pharmacy	<p>Increased monitoring of secure storage of hazardous cleaning products through Senior Nursing Leadership Oversight presence through Ward quality walkarounds.</p> <p>Medicines safety adverse events are currently reported through the Acute Clinical Governance Group and Clinical Governance Working Group and Safer Management of Medicines Group. Further assurance is obtained through the Forth Valley Safety Steering Group where reliability data and safety action plans are overseen.</p>	
		31/06/26	Chief Nurse Practice Development Unit		

	of practice and behaviour for nurses, midwives and nursing associates.			<p>PILS Training has increased to 69% with additional 10 Staff booked on for in June aiming for an interim target of 80% staff trained by the end of June.</p> <p>Continued assurance of training and compliance will be reported through the Acute workforce Governance Group and then the Workforce Governance Committee.</p>	
9	NHS Forth Valley must ensure effective processes are in place to ensure the safe management and care for patients with peripheral venous cannulas within the emergency department and clinical assessment unit.	31/08/26	Chief Nurse Acute, Chief Nurse, Practice Development Unit	<p>A targeted programme of education and awareness will be delivered to both staff and patients to reinforce best practice in peripheral venous cannula insertion, maintenance and documentation. This will be supported by a structured programme of audit and feedback to ensure consistent application of standards.</p> <p>A measurable improvement aim has been set to achieve and sustain $\geq 90\%$ compliance with peripheral venous cannula care standards including timely removal, as evidenced through routine audit.</p> <p>Compliance, variation and improvement actions will be monitored and triangulated</p>	
		31/07/26	Chief Nurse, Acute		

				<p>through local governance arrangements, with formal reporting to the Acute Infection Prevention and Control Group. This will ensure ongoing oversight of performance, timely escalation of risks, and sustained assurance of safe practice.</p> <p>Oversight of peripheral venous cannula associated infection incidence is undertaken through the Acute Infection Control Group, where performance data is routinely reviewed, areas for improvement are identified, and any emerging risks are escalated appropriately.</p> <p>This is supported by established governance arrangements, with assurance provided to the Board through the Infection Prevention and Control Committee, ensuring effective scrutiny, organisational oversight, and continuous quality improvement.</p>	
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10	NHS Forth Valley must ensure that all patient care documentation is accurately and consistently completed and reviewed.	31/07/26	Chief Nurse, Practice Development Unit	<p>A structured programme of education, audit and measurement will be implemented by July 26 to provide assurance on the accuracy and consistency of clinical documentation. Compliance and improvement will be routinely monitored and triangulated through established governance arrangements, with reporting and scrutiny via relevant groups.</p> <p>For example, nutritional screening compliance (e.g. Malnutrition Universal Screening Tool) will be overseen through the Nutrition and Hydration Committee, while documentation related to peripheral venous catheter care will be monitored through the Infection Prevention and Control Committee, ensuring consistent organisational oversight and assurance.</p> <p>Assurance of accuracy and constancy of documentation will be achieved through Care Assurance Visits as part of the Boards Excellence in Care activity, assurance will be provided via safety steering</p>	
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				group which covers all operational units across NHS Forth Valley.	
11	NHS Forth Valley must ensure all staff comply with hand hygiene, the use of gloves and appropriate wearing of jewellery.	31/12/26	Chief Nurse, Acute/ Deputy Medical Director and IPC Lead.	<p>NHS Forth Valley is implementing a Hand Hygiene Improvement Package to reinforce expected standards.</p> <p>Ongoing education and training, supported by local leadership will be informed by routine audit and observational monitoring (e.g. hand hygiene compliance audits, environmental walkrounds, and care assurance visits) to assess adherence and identify areas for improvement.</p> <p>Targeted improvement actions in response to audit findings, including feedback at ward/department level and escalation of non-compliance.</p>	
12	NHS Forth Valley should ensure discussion regarding patients detained under Mental Health (Care and Treatment) (Scotland) Act are discussed at hospital wide safety and capacity huddles. This will allow staff to highlight any patient or staff safety concerns, or patient care requirements and ensure management oversight (see page 30)	01/05/26	Chief Nurse, Acute / Chief Nurse, mental health.	All acute patients within Forth Valley Royal Hospital who are detained under the mental health act are identified at the daily site huddle to provide oversight to senior management and mental health team.	Completed

				The Senior Leadership Team will achieve oversight of these cases by accessing the relevant information within the Acute Hospital Duty Manager template.	
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