

# Improvement Action Plan

## 18 Week Action Plan Update

### September 2026

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: 1<sup>st</sup> October 2026

#### NHS board Chief Executive

Signature:



Full Name: Ross McGuffie

Date: 1<sup>st</sup> October 2026

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| Ref: | Action Planned                                                                                                                                                        | Timescale to meet action                                                   | Responsibility for taking action                                          | Progress                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 18 Week Progress Update                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date Completed |
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| 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. | 1 week:<br>completed by 29/05/26<br><br>3 months:<br>completed by 31/08/26 | Chief Nurse, Acute<br><br><br><br><br><br><br><br><br><br>Head of Service | All areas are identifying responsible person on duty as fire Marshall each shift and this will be monitored daily at Safe Staffing Huddles.<br><br><br><br><br><br><br><br><br><br>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. | <div> <b>Completed:</b> All areas consistently identify a designated Fire Marshal for each shift, with this recorded and monitored through the daily Safe Staffing Huddle process. We now have assurance that this is a reliable process. </div> <div> <b>Completed:</b> Weekly fire safety walk rounds were introduced to strengthen oversight of fire risk assessments and associated controls across all areas. Following successful implementation, these will be transitioned to a monthly assurance process. Findings are reported through the Health &amp; Safety Group, providing ongoing assurance to the Health &amp; Safety Committee. This is now a reliable process. </div> |                |

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|  |  | 31/12/26 | Head of Service | Forth Valley Royal Hospital<br>Fire Safety compliance has increased to 81%. Our improvement aim is to achieve 90% in Fire Safety Awareness for all staff by December 2026. | Fire Safety Awareness compliance at Forth Valley Royal Hospital is currently 80%<br>A targeted improvement programme remains in place, including enhanced monitoring, local management oversight, and focused support to areas with lower compliance rates. These actions will deliver the agreed aim of 90% compliance by December 2026. |  |
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|  |  | 29/06/26 | Head of Service | <p>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.</p> <p>Regular reporting on progress through the Acute Health &amp; Safety Group, which provides assurance to the Health &amp; Committee, which reports to Staff Governance Committee for the Board will provide the governance arrangements to ensure sustained visibility and oversight of this action.</p> | <p>Fire Safety and Delivery and Measurement plan is currently being reviewed and Acute Fire Safety group is being established to directly provide assurance to Health and Safety Group. This will be completed by the end of October 26.</p> |  |
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| 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. | <b>Completed:</b> NHS Forth Valley has an established weekly monitoring process for contingency bed risk assessments. Average compliance has increased to 84%, with some areas achieving 100% completion. Weekly monitoring remains in place to address variation in practice and support sustained compliance across all wards. |  |
|   |                                                                                                                                                                                                      | 31/08/26 | Head of Service/<br>Chief Nurse Acute | Implement weekly measurement tool for risk assessment completion with data reported via ward and directorate clinical governance meetings including daily                                                                                                                             | <b>Completed :</b> As above, established process embedded within weekly practice in NHS FV.                                                                                                                                                                                                                                      |  |

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|  |  |          |                                       | reporting and review at the Whole Hospital Huddle.                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
|  |  | 29/06/26 | Chief Nurse Practice Development Unit | 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. | <b>Completed:</b> Compliance with contingency bed risk assessments has been embedded within the Board's Excellence in Care, Care Assurance Visit programme. Findings are routinely reviewed during Care Assurance Visits, with assurance and any identified improvement actions reported through the Safety Steering Group, providing oversight across all operational units and supporting ongoing monitoring of compliance and risk. This supports triangulation of assurance data. |  |
|  |  | 31/08/26 | Chief Nurse, Acute                    | 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.                                                           | <b>Completed:</b> Contingency bed usage is reviewed throughout the day and evening via operational safety huddles, supported by weekly audits of risk assessment completion and quality. Findings from the weekly audits are consolidated into a monthly assurance report, providing oversight of compliance trends, identifying areas requiring improvement, and supporting Board                                                                                                    |  |

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|  |  |  |  |  | assurance regarding the safe<br>use of contingency beds. |  |
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| 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 being utilised across all clinical areas to promote and reinforce best practice, with defined measures of compliance, impact, and oversight provided through clinical governance. | <b>Completed:</b> Reliability of intravenous line care continues to be monitored through Care Assurance Visits, ward quality monitoring and daily safety huddles across all clinical areas. Compliance has improved from 75% to 92%, demonstrating sustained improvement in practice. The updated IV Fluids Policy has been implemented and communicated to support best practice, with ongoing assurance and oversight provided through the Safety Steering Group.                             |  |
|   |                                                                                                     | 31/07/26 | Chief Nurse, Practice Development Unit | 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.                                                                                                                                                                                                                                       | <b>Completed:</b> Best practice in intravenous line care has been embedded within routine care assurance processes across acute services. Compliance is monitored through quarterly Care Assurance Visits, with findings reported to the Safety Steering Group to provide organisational oversight and assurance. The Care Assurance Visit template has been strengthened to include intravenous line care standards, supporting consistent monitoring, early identification of areas requiring |  |

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|  |  | 30/09/26 | Chief Nurse,<br>Practice<br>Development Unit | The Practice Development Unit is delivering education within clinical areas highlighting best practices in Intravenous Fluid Management. | improvement, and sustained compliance across clinical teams.<br><br><b>Completed:</b> The Practice Development Unit has implemented a Safe IV Care Pack and supporting education programme to promote safe, reliable intravenous fluid management and intravenous line care across clinical services. Enhanced clinical oversight and supervision arrangements have been established to support adherence to agreed standards, with opportunities for learning and improvement addressed promptly within practice settings. This provides ongoing assurance that systems are in place to support safe care delivery, workforce capability and continuous quality improvement. |  |
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| 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.                                                                                                                                                                                                                 | <b>Completed:</b> NHS Forth Valley has enhanced monitoring of Standard Infection Control Precautions (SICPs) through Environmental Walk Rounds, local inspections and routine audits. Compliance and improvement actions are reviewed through infection prevention governance structures, providing assurance to the Infection Control Committee and supporting ongoing reduction in variation across clinical areas                                                                                               |
|   |                                                                                                                               | 30/09/26 | Chief Nurse, Acute / Infection Prevention Control Lead | <p>To provide enhanced oversight local teams will 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> | <p><b>Completed:</b> Safe disposal of waste, sharps and linen is monitored through weekly audits and reported through Infection Prevention and Control governance structures. Education and targeted improvement actions have contributed to a 65% reduction in waste disposal non-compliance and a 68% reduction in linen management non-compliance, with ongoing assurance provided through local IPC Groups and the Infection Control Committee. This represents a significant reduction in non compliance.</p> |

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| 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 presence through Ward quality walkarounds.</p> | <p><b>Completed.</b> Safe storage of hazardous cleaning products is monitored through weekly audits and environmental walk rounds across clinical areas. Findings are reported through the Acute Infection Control Group and subsequently to the Infection Control Committee. The most recent audit demonstrated 90% compliance. Where audit findings identify areas for improvement, targeted education and improvement actions are implemented to strengthen compliance and support safe practice.</p> <p><b>Completed.</b> Monitoring of the secure storage of hazardous cleaning products has been strengthened through increased audit activity and ward quality walkarounds led by senior nursing staff. Senior nursing teams are actively encouraged to respectfully challenge poor practice, providing real-time support and reinforcing compliance</p> |  |
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|  |  |  |  |  | with safe storage standards. |  |
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| 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. | <b>Completed.</b> NHS Forth Valley has established the Safe and Secure Handling of Medicines (SSHM) Forum, a multidisciplinary subgroup of the Acute Drug and Therapeutics Committee, to provide governance oversight for the safe storage and handling of medicines, including controlled drugs. The forum reviews audit findings, monitors compliance, oversees action plans, and provides assurance on adherence to legislative and organisational standards. Audit outcomes and improvement actions are reported through the governance structure, supporting ongoing compliance and Board assurance. Current average compliance 72%. |
|   |                                                                                                                   | 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.                      | <b>Completed.</b> NHS Forth Valley is progressing improvements to medicines security through the implementation of electronic swipe access to medicines storage areas. A completed Variation Request for Electronic Swipe Access has been developed in response to Healthcare Improvement Scotland                                                                                                                                                                                                                                                                                                                                        |

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|  |  | 30/11/26 | Chief Nurse,<br>Acute /<br>Associate<br>director of<br>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. | <p>recommendations and submitted for funding, which is currently in progress. The proposed improvements will strengthen security, enhance access control to medicines storage areas, and support safer medicines management practices across clinical services.</p> <p><b>Completed.</b> NHS Forth Valley continues to apply the Royal College of Pharmacy standards for the safe and secure handling of medicines. In parallel, a multidisciplinary programme involving pharmacy and nursing leaders is progressing the development of a local Safe and Secure Handling of Medicines Policy, with governance oversight through the Safe and Secure Handling of Medicines Group and Area Drug and Therapeutics Committee. The first phase of the policy is scheduled for completion by the end of 2026.</p> |  |
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|  |  | 31/07/26 | Chief Nurse, Acute /<br>Head of Pharmacy | 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.                                                                                           | <b>Completed.</b> Compliance with medicines storage requirements is monitored through a programme of audits and reviews coordinated by the Safe and Secure Handling of Medicines (SSHM) Forum. Audit findings, improvement actions, and monitoring arrangements are tracked through the SSHM Action Log, with targeted education and improvement measures implemented where areas for development are identified. Additional ward-level audit reports, findings, and action plans are available on request. |  |
|  |  | 31/06/26 | Chief Nurse Practice<br>Development Unit | 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. | <b>Completed.</b> Compliance with medicines storage requirements is monitored through audits and reviews coordinated by the Safe and Secure Handling of Medicines Forum. Audit findings and improvement actions are tracked through the SSHM Action Log, with targeted education and improvement                                                                                                                                                                                                            |  |

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|  |  |  |  |  | measures implemented where required to support safe medicines management and ongoing compliance. |  |
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| 7 | NHS Forth Valley must ensure patient privacy and dignity is maintained at all times. | 31/08/26 | Chief Nurse, Practice Development Unit | <p>A programme of education encompassing professionalism, confidentiality and information governance will be developed and delivered.</p> <p>This education will be data informed through the triangulation of data from care opinion, patient feedback and experience and adverse event reporting to help create a learning system. Insights gained from thematic analysis of this data will form part of local improvement plan.</p> | <p><b>Completed:</b> NHS Forth Valley has implemented NMAHP Study Days and Development Events focused on professionalism, reflective practice, patient experience, learning from adverse events, speaking up, and leadership. Learning is informed through Care Opinion, patient feedback, complaints, and adverse event themes, ensuring workforce development and improvement activity are directly shaped by patient and staff experience.</p> |  |
|   |                                                                                      | 31/08/26 | Chief Nurse, Practice Development Unit | <p>Increased visibility of clinical leadership will provide professional assurance of adherence to Nursing and Midwifery Council code of conduct.</p>                                                                                                                                                                                                                                                                                  | <p><b>Completed:</b> Regular clinical leadership walkarounds and enhanced audits provide assurance of compliance with the Nursing and Midwifery Council Code. Senior nurses support staff and respectfully challenge concerns. Frontline Fridays demonstrate visible leadership by enabling senior leaders to work alongside frontline teams, providing</p>                                                                                       |  |

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|   |                                                                                                                                                                                                                                                                                             |          |                    |                                                                                                                               | direct insight into patient and staff experience and supporting timely action on areas for improvement.                                                                                                                                                                                                                                                |  |
| 8 | NHS Forth Valley must ensure that nursing staff are provided with necessary paediatric training to safely carry out their roles within the emergency department and comply with the NMC Code, Professional standards of practice and behaviour for nurses, midwives and nursing associates. | 31/10/26 | Chief Nurse, Acute | NHS Forth Valley aims to have 90% of Emergency Department Staff trained in Paediatric Immediate Life Support by October 2026. | <b>In Progress.</b> Additional Emergency Department staff are booked on to upcoming PILS courses, and NHS Forth Valley remains committed to achieving the target of 90% of staff trained by October 2026. Progress continues to be monitored with compliance currently at 80%, this is reported through established workforce governance arrangements. |  |

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| 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,<br><br>Chief Nurse,<br>Practice<br>Development<br>Unit | 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. | <b>Completed.</b> A targeted education programme on peripheral venous cannula insertion, maintenance and documentation has been developed and delivered across clinical areas. This is supported by ongoing audit and feedback processes to reinforce best practice and provide assurance of consistent standards. |
|   |                                                                                                                                                                                                                 | 31/07/26 | Chief Nurse, Acute                                                        | A measurable improvement aim has been set to achieve and sustain ≥90% compliance with peripheral venous cannula care standards including timely removal, as evidenced through routine audit.                                                                                                                         | <b>Ongoing:</b> Average compliance with peripheral venous cannula standards is 84%. There have been no incidents of patients leaving the acute site with a cannula in situ for 16 consecutive weeks, providing evidence of sustained improvement in compliance and patient safety                                  |
|   |                                                                                                                                                                                                                 |          |                                                                           | Compliance, variation and improvement actions will be monitored and triangulated through local governance arrangements, with formal reporting to the Acute                                                                                                                                                           | <b>Completed:</b> Compliance, variation and improvement actions are monitored through Infection Prevention and Control governance arrangements and reported to                                                                                                                                                     |

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|  |  |  |  | Infection Prevention and Control Group. This will ensure ongoing oversight of performance, timely escalation of risks, and sustained assurance of safe practice. | the Acute Infection Prevention and Control Group. No device-associated bacteraemias have been reported in the last seven months, providing assurance that safe care standards are being sustained. |  |
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|  |  |  |  | <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. 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> | <p><b>Completed:</b> Compliance, variation and improvement actions are monitored through Infection Prevention and Control governance arrangements and reported to the Acute Infection Prevention and Control Group. No device-associated bacteraemias have been reported in the last seven months, providing assurance that safe care standards are being sustained</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. 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 group which covers</p> | <p><b>Completed:</b> Weekly documentation audits demonstrate average compliance of 88%. The Professional Record Keeping Policy has been updated and targeted education provided where required. Compliance and improvement actions continue to be monitored through established governance arrangements.</p> <p><b>Completed.</b> Care Assurance Visits continue across clinical areas as part of the Excellence in Care programme, providing ongoing assurance regarding the accuracy and consistency</p> |  |
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|  |  |  |  | all operational units across NHS Forth Valley. | of clinical documentation. Findings are reviewed through local governance structures with improvement actions identified and implemented where required to support sustained compliance and high-quality record keeping. |  |
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| 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,<br>Acute/ Deputy<br>Medical Director<br>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> | <p><b>Completed:</b> NHS Forth Valley has implemented a Hand Hygiene Improvement Package supported by education, audit and leadership oversight. Compliance is monitored through routine assurance processes, with targeted improvement actions implemented where required.</p> <p><b>Completed:</b> Monthly environmental walk rounds and hand hygiene audits demonstrate sustained improvement, with current hand hygiene compliance at 81%.</p> |  |
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| 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. | <b>Completed.</b> All acute patients detained under the Mental Health Act are now identified and reviewed through the daily site huddle, providing ongoing oversight by senior management and Mental Health services and ensuring timely escalation and coordinated support where required. |  |
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