



Improvement Action Plan

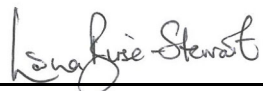
Healthcare Improvement Scotland:
Unannounced acute hospital safe delivery of care inspection

Ninewells Hospital, NHS Tayside
17-19 April 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: Lorna Birse-Stewart

Date: 10/07/2023

NHS board Chief Executive

Signature: 

Full Name: Professor Grant Archibald

Date: 10/07/2023

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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
2 - 1	<i>NHS Tayside must ensure that the systems and processes for reporting staffing concerns is reviewed to ensure staff are clear on which system to use and they receive feedback in relation to their concerns.</i>				
	Develop an escalation guide to support staff to record risk, risk mitigation and any onward escalation, reporting and recording staffing related risks within SafeCare, and the use of the DATIX adverse event system where risks cannot be mitigated or has impacted on the quality and safety of patient care.	31 August 2023.	Lead and Senior Nurse for SafeCare.		
	<p>Within the escalation guide, signpost staff to the mechanisms in place to receive feedback on how a risk has been addressed, for example, verbal feedback via bleep holder, access SafeCare to review documented updates, use of DATIX feedback mechanism.</p> <p>Ensure effective communication of escalation guide to all staff, and include within staff induction as appropriate.</p>	31 August 2023.	Lead and Senior Nurse for SafeCare.		
4.1 - 2	<i>NHS Tayside must ensure the safe storage and administration of medicines at all times.</i>				
	Immediate sharing of HIS observations of practice via the safety and flow huddles and	April 2023.	Duty Directors.		Complete.

	the Senior and Lead nurse weekly (Maroon Zoom) team meetings.				
	Introduction of spot checks across all acute inpatient areas led by the Senior Nurses.	April 2023.	Senior Nurses.		Complete.
	Further spot checks initiated via the Hospital Electronic Patient Medicines Prescribing and Administration (HEPMA) roll out.	Date 2023.	Senior Nurse Lead for HEPMA.	Commenced during Ninewells Hospital roll out.	
	Safe and Secure Handling of Medicines flash report to be completed highlighting importance of locked medicine storage and ensuring patients take medication at the time of dispensing.	31 July 2023.	Operational & Associate Nurse Director.	Sharing week commencing 17 July 2023.	
	Safe and Secure Handling of Medicines focussed day of audit.	31 August 2023.	Senior & Lead Nurses. Support from Quality Management Lead Nurse.	Audit date to be confirmed.	
4.1 - 3	<i>NHS Tayside must ensure that all patient care and comfort documentation is accurately and consistently completed with actions recorded.</i>				
	Introduction of spot checks across all acute inpatient areas led by the Senior Charge Nurses.	July 2023.	Senior Charge Nurses.	Communication to Senior Charge Nurses completed July 2023.	Complete.
	Intentional Rounding focussed day of audit.	31 August 2023.	Senior & Lead Nurses. Support from Quality Management Lead Nurse.	Audit date to be confirmed.	

	Review of digital opportunities to embed recording of care and comfort assessment via an intentional rounding application ensuring that there is a prompt question in the documentation so intentional rounding is added if needed based on individual need, rather in all cases, e.g. where a person is independent they may not require intentional rounding, but through daily care plan review, could be added if condition changes.	31 August 2023.	Senior Nurse for Patientrack.	Pending engagement with Alcidion regarding intentional rounding application.	
4.1 - 4	<i>NHS Tayside must ensure staff comply with hand hygiene and personal protective equipment in line with current guidance.</i>				
	Hand Hygiene Roadshow and Communications Campaign.	5 May 2023.	Infection Prevention & Control Team (IPC) All NHS Tayside healthcare workers.	Hand Hygiene Roadshow and Communications Campaign carried out 5 May 2023 as part of WHO Hand Hygiene day.	Complete.
	Annual IPC audit programme incorporates monitoring of compliance with hand hygiene and PPE against the National IPC Manual.	31 March 2024.	IPC Team.	Ongoing Audit programme runs April 2023 - March 2024.	
	Clinical teams carry out NHS Tool for Environmental Auditing of the Clinical Area HAI (TEACH) incorporating SICPs elements on a monthly basis and monitored via local dashboard and Acute IPC Committee.	Ongoing.	Senior Charge Nurses.	Ongoing, dashboard discussed at monthly Acute IPC Committee.	
	Clinical teams carry out Hand Hygiene audits on a monthly basis, reporting through established governance routes.	Ongoing.	Senior & Lead Nurses.	Ongoing, Hand hygiene figures are discussed at	

				the monthly Acute IPC Committee.	
	ARHAI Scotland Appendix 16 updated June 2023: Selection of Personal Protective Equipment (PPE) by health and care workers (HCWs) during the provision of care which includes “Gloves off” video to promote staff not to overuse gloves.	Ongoing.	IPC Team.	Link to be shared via NHS Tayside Communication Team which includes Donning and Doffing and Glove selection poster.	
4.1 - 5	<i>NHS Tayside must ensure that the roles and responsibilities with regards to domestic cleaning are understood and effective and that senior charge nurses are provided with the information required to ensure they can easily access domestic supervisor support.</i>				
	Domestic Supervisors to be issued with individual mobile devices to allow direct access to Supervisory team whilst they are carrying out their duties out with office.	31 July 2023.	Domestic Services Team.	Mobile devices ordered and delivered (awaiting last 2 devices).	
	Contact details document to be updated and re-issued out to clinical teams.	31 July 2023.	Domestic Services Team.	Document has been updated. Once last 2 mobile devices have been received and added to the document this will be re-issued.	
	Manager peer review audits and walk-rounds to be re-established to improve visibility and communication following pause during covid.	31 March 2024.	Domestic Services Team.	Audit programme runs April 2023 - March 2024.	
	Supervisors along with Managers taking an active role in IPCT environmental audits to ensure they are more visible within clinical settings.	31 March 2024.	Domestic Services Team.	Ongoing Audit programme runs April 2023 - March 2024.	

4.1 - 6	<i>NHS Tayside must ensure that the environment is in a good state of repair and maintained to support effective cleaning.</i>				
<p>The Property / Estates department has an agreed environmental investment plan for all of its sites, including Ninewells hospital. In light of the HIS report, Estates have carried out a review of the comments made by HIS as to the environmental building fabric conditions existing within key clinic wards and business critical support service areas and made these a priority for 2023/24.</p> <p>This includes the refurbish and repairs of toilet, WC, and kitchen / sluice / storage areas. Works include renewal of damaged walls, ceilings and other fabric including; flooring, work tops, cupboards, shelving, paintwork and doors.</p> <p>Funding for any future works will be taken from the backlog or units minor works budget.</p> <p>The Property / Estates department has allocated funding of around £200k per annum for the Ninewells site to sustain the environments to meet clinical needs.</p>	<p>Phase 1: 30th Aug 2023.</p> <p>Phase 2: 31st March 2024.</p>	Estates Department.	All work is being prioritised and confirmed by Estates, Infection Prevention and Control team (IPCT) and Clinical staff. Work previously identified by IPCT and clinical staff is underway for this financial year which includes the reported observations from the recent HIS inspection team.		
4.3 - 1	<i>Recommendation: Learning and development for all staff should be implemented to ensure that they have an informed level of understanding of the Health and Care (Staffing) (Scotland) Act 2019.</i>				
To have in place relevant oversight of HCSA implementation through the local Programme Board, including learning & development of staff as appropriate to job role / profession.	31 July 2023.	Executive Lead & Workforce Lead for NHS Tayside Health & Care Staffing	HCSA Programme Board in place.	Complete.	

			Scotland Act Implementation.		
	To review the Programme Board work plan to ensure it includes learning and development of staff affected by the Act as part of Board wide implementation.	31 July 2023.		Work plan in place to support Board preparedness for implementation in April 2024.	Complete.
	To monitor staff awareness, and uptake of learning resources available, providing targeted support to services & professions as required.	31 Dec 2023.		Monitoring in place to ensure staff have the appropriate level of knowledge and skills to support them in their roles.	
	To embed preparedness for legislation within business as usual structures & processes.	31 March 2024.		Working with the Practice Development Team to incorporate into induction / training pathways.	
6 - 7	<i>NHS Tayside must ensure when patients are cared for in mixed sex bays, this is regularly risk assessed and suitable mitigations are put in place to maintain dignity, respect and choice.</i>				
	Immediate communication via the Senior and Lead nurse weekly (Maroon Zoom) team meetings to ensure all breaches to policy are recorded via the Datix adverse management system.	April 2023.	Senior Charge Nurses, Senior and Lead Nurses.		Complete.
	Policy compliance reported via the Quality Performance Review (QPR) Meetings.	31 July 2023.	Lead Nurses.	Added to QPR slide deck, and communicated to all Clinical Care Groups.	
	Establish Short Life Working Group to review and update policy.	31 July 2023.	Clinical Care Group 2 Lead Nurse.		

Domain 7 Quality control

Quality indicators

7.1 Delivery of key performance indicators

7.3 Lessons learned and plans to apply

This domain will be completed by HIS on receipt of the action plan 18-week review as part of the reporting process.