



18 Week Update Improvement Action Plan

Healthcare Improvement Scotland:

Unannounced Infection Prevention and Control Inspections of Mental Health Services

Queen Margaret Hospital, NHS Fife

8 February 2023

Requirements and Recommendations	Action Taken/Progress	Completed Yes/No	Further action if applicable
<p>Requirement 1</p> <p>NHS Fife must ensure a risk assessment for patients who may present a cross infection risk is in place, ensuring all risks are mitigated when unable to isolate a patient with a known infection</p>	<p>A Risk Assessment to support the well-established NHS Fife single room priority matrix has been developed with IPC and microbiology colleagues and piloted in Wards 5, 6, 7 and 8 at QMH.</p> <p>The NHS Fife IPCT continue to support ward staff with advice (TBPs, enhanced cleaning, waste, linen etc) based on the patients individual risk factors which is documented in the patients notes</p>	<p>NO</p> <p>Expected November 2023</p>	<p>The pilot is to be expanded into further HSCP areas which include Mental Health. The next steps include electronic recording on MORSE, support from D&I has been requested, this is in conjunction with IPC colleagues and Microbiology. For rigor and robustness, this process has taken longer than anticipated.</p>

	and on ICNET by the IPCT.		
<p>Requirement 2</p> <p>NHS Fife must ensure infrequently used water outlets are flushed in line with current policy</p>	<p>The water management memo is now circulated on Blink on a monthly basis to ensure staff are advised of their responsibilities with regards to water flushing</p> <p>Ongoing monitoring takes place with senior walkarounds, involving senior nurse leaders, IPC staff, estates staff and support services. A report is then compiled and the SCN completes an action plan with clear lines of escalation.</p> <p>Peer HAI audit takes place 2 monthly as part of care Assurance Standing operating procedure (SOP) with the results from the audits being reported to Head of Nursing.</p> <p>The NES New animation on the do's and don'ts of clinical wash hand basins, has been shared with all staff to raise awareness further.</p>	YES	
<p>Requirement 3</p> <p>NHS Fife must ensure the care environment is maintained and in a good state of repair to support</p>	<p>Re-decoration annual schedule and programme for all clinical spaces at QMH is on a rolling programme from October 2023,</p>	YES	

<p>effective cleaning</p>	<p>this has been shared with all managers and leaders.</p> <p>Jobs are all inserted into MiCad, so work instructions will be released to the tradesmen, relevant to the site, at these times. There may be instances when some works in the rotas may be required to be moved around, eg ward closures, as a result of annual leave/sickness, workload demand.</p> <p>The scheduled refurbishment of the shower room in Ward 4 is now complete.</p> <p>Ward 1 and ward 4 flooring and skirting has been replaced throughout the ward.</p> <p>Painting works that were highlighted in ward 1 and ward 4 have been completed. Ward 1 has had a full repaint.</p> <p>Senior leadership walkaround involving estates staff took place on 15th of September 2023 across QMH and highlighted areas within ward 2 for repair.</p>		
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<p>Requirement 4</p> <p>NHS Fife must ensure there is an effective system in place to manage outstanding estates repairs</p>	<p>NHS Fife use the electronic reporting system, MiCad for the management of all estates repairs/issues.</p> <p>Staff prioritise reporting given 3 options to choose from, i) the repair is required within 3 working days, ii) the repair is required complete within 5 working days, and iii) the repair is required to be done within 10 working days. Estates will continue to review KPI's associated with defects and planned preventative maintenance in line with national guidelines.</p> <p>Estates priority within MiCad is our Statutory PPM works. Reactive works (defects, non-conformances etc) are risk assessed and issued to the craftsmen highest risk to lowest risk.</p> <p>Estates at QMH raising individual micad jobs for all risks scored above 4 on the 5 by 5 domestic audit matrix. All other jobs will be picked up in the rolling programme of annual ward/dept</p>	<p>YES</p>	
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	<p>repairs visits.</p> <p>Test of Change with domestic audits being issued to Estates in manageable weekly batches rather than a Monthly issue. This appears to be working well.</p> <p>Outstanding repairs is a standing agenda item on the monthly senior management HAI meeting to address any issues and ensure improvement.</p> <p>Local Estates Managers are now being offered the opportunity to join monthly peer audits along with IPC, Quality Assurance Team and Support Services Managers.</p>		
<p>Requirement 5</p> <p>NHS Fife must ensure attendance by members of committees in the infection prevention and control governance structure is a priority. When attendance is not possible, a deputy should attend, as recommended by the Vale of Leven Hospital Inquiry Report</p>	<p>Terms of Reference re-circulated to all chairs, committee and meeting members as a reminder that attendance at meetings must be treated as a priority, and where absence is unavoidable (due to illness, leave or other clinical duties) a suitable deputy should attend where possible.</p> <p>Attendance of meetings is being monitored.</p>	<p>YES</p>	

<p>Requirement 6</p> <p>NHS Fife must ensure all staff comply with NHS Fife’s mandatory infection prevention and control training</p>	<p>NHS Fife IPCT continue to promote blended learning opportunities for IPC education and training via the NES SIPCEP modules, Microsoft Teams training sessions, publish voiced over presentations on key IPC topics and a programme of face-to-face training opportunities</p> <p>Senior managers currently promote mandatory infection prevention and control training along with collating weekly completion data and reporting to HSCP Director targeting areas for improvement.</p> <p>NHS Fife staff undergo an annual appraisal to ensure that their knowledge and skills remain up to date.</p>	<p>YES</p>	
<p>Requirement 7</p> <p>NHS Fife must ensure that there is a system in place for patients and visitors to provide feedback on the cleanliness of the environment</p>	<p>NHS Fife has a dedicated Patient Experience Team as NHS Fife is committed to, welcoming all forms of feedback, including comments, concerns or complaints across the full range of services and using this feedback to improve services.</p> <p>Care Opinion is utilised by NHS</p>	<p>YES</p>	

	<p>Fife where patients and visitors have the opportunity to comment on concerns, cleanliness is one of many areas of health and care featured, leading to learning, change and improvement</p> <p>The Annual Facilities Services questionnaire has been reintroduced since June 2023, across all NHS Fife hospital sites, responses are currently being collated and will be reviewed by the Head of Facilities and Support Service leads. This captures patient and carer views on environment, cleanliness, catering and laundry services.</p> <p>As part of the Senior Leadership walkarounds, 1 patient or carer is identified by clinical staff to respond to the questions verbally. Any issues highlighted are fed back to the service leads.</p>		
<p>Recommendation a</p> <p>NHS Fife should review current risk assessments of personal protective equipment to promote safe availability as near to the point of care where possible</p>	<p>A short life working group met involving nursing, infection control, estates and health and safety to consider a compromise between ligature risk and infection control to ensure PPE is</p>	<p>YES</p>	

	as near to the point of care as possible. Agreement reached and Danicentres placed outside bays and side rooms in high footfall areas.		
<p>Recommendation b</p> <p>NHS Fife should review provision of washing facilities, such as showering and bathing, as part of any refurbishment of mental health wards</p>	<p>Three weekly ligature programme board meetings held, decant facility has been identified and agreed with works commenced September 2023 to March 2025. Ward 1, Ward 2 and Ravenscraig ward will all decant to the new area to allow extensive anti-ligature work, redecoration and refurbishment to take place in the wards. This includes the plan for increasing washing facilities, showering and baths when the wards are empty and being refurbished.</p>	YES	