



Improvement Action Plan

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

Perth Royal Infirmary, NHS Tayside

7–9 December 2021

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: 27 APRIL 2022

NHS board Chief Executive

Signature: 

Full Name: GRANT ARCHIBALD

Date: 27 APRIL 2022

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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
NHS Tayside must ensure that, when a high level of supplementary staff are in place, the delivery of care continues to be organised and coordinated. This includes mealtimes and cleaning equipment following use (reference page 12)					
1	<ol style="list-style-type: none"> Provide feedback and learning to nursing teams from the inspection highlighting the importance of induction and support for visiting staff working in a new area. Introduce a check of supplementary staff on each shift through the use of SafeCare (where available) to ensure an appropriate assessment takes place regarding skills, experience and familiarity with ward (trigger is 20%). 	<p>28 February 2022</p> <p>30 April 2022</p>	<p>GF / KB</p> <p>Lead SMcA</p>	<p>Feedback from HIS Inspection shared with the SCN forum and the senior & lead nurse forum. Discussed at PRI forum. HIS action plan oversight via the acute services Infection Prevention & Control Committee and Clinical Governance Committee.</p> <p>Information re % of supplementary staff available within SafeCare to support clinical safety discussions, alongside feedback from bleep holders.</p>	<p>31.03.2022</p> <p>31.03.2022</p>

	<p>3. Develop a 'This is Ward x' introduction for all supplementary or visiting staff outlining key information including ward purpose / specialty, routine and helpful additional information (building on good practice identified observed during inspection P14)</p>	<p>30 April 2022 Revised date 30 June 2022</p>	<p>Lead RH</p>	<p>Workshop held with staff at PRI to complete ward routine guides for visiting staff – good engagement and currently being finalised.</p> <p>Here to help posters in place to highlight contact details of relevant bleep holders and the site safety team.</p> <p> nurse support (004).png</p> <p>Ward welcome Board for staff being tested in Ward 6 PRI, and awaiting feedback from staff. Plan to evaluate then roll out to PRI site, then share learning and resources.</p>	
	<p>4. Review the mealtime co-ordination SOP in use to ensure it is up to date and displayed in kitchen areas for staff awareness and reference</p>	<p>31 May 2022</p>	<p>Lead RH / FF&N Steering Group</p>	<p>Mealtime co-ordinator SOP under review. Action in progress and on track for completion by 31 May 2022.</p>	<p>31.03.2022</p>

	<p>5. Ensure all areas have cleaning schedules in place, and there is a process for checking these.</p>	30 April 2022	Lead Nurses	<p>The NHS Tayside TEACH tool updated and refreshed tool re-launched supported by a new electronic data capture tool, which includes equipment cleaning checks and completion of cleaning schedules. Compliance reported and monitored via the Acute Services Infection Control Committee.</p>	31.03.2022
	<p>6. Monitoring assurance of equipment cleaning through TEACH tool, reporting to the relevant Infection Prevention & Control Committee for oversight & assurance.</p>	31 March 2022	Lead Nurses / IPCNs	<p>As detailed above, TEACH tool revised and built into an electronic reporting tool to allow improved oversight and monitoring, as well as ability to identify and support improvement around compliance regarding individual measures, or thematic learning.</p>	



PRI Teach Tool Audit
March 2022.ppt

NHS Tayside must ensure that all staff carry out hand hygiene at appropriate moments and use personal protective equipment in line with current guidance (reference page 12)					
2	1. Provide feedback and learning to all teams from the inspection highlighting the importance of the 5 moments of hand hygiene and appropriate use of PPE (specifically referencing over use of gloves)	31 March 2022	KB / GF	Feedback from HIS Inspection shared with the SCN forum and the senior & lead nurse forum. Discussed at PRI forum. HIS action plan oversight via the acute services Infection Prevention & Control Committee and Clinical Governance Committee.	31.03.2022
	2. Infection Prevention & Control (IPC) Team have commenced undertaking additional monthly hand hygiene and Standard Infection Prevention & Control (SICP) audits across the PRI site to provide assurance of audit process and sustained practice; this is planned until end of March 2022 then will be reviewed locally. Oversight of data via Acute services IPCC.	31 March 2022	IPCNs	Assurance audit process in place. Real time feedback provided to clinical teams as well as feedback in form of a dashboard. Hand hygiene data is included within a number of governance reports including strategic IPCC, care governance committee and NHS Tayside Board report. Compliance spot checks by IPC team ongoing.	31.03.2022
	3. Local process to undertake Hand Hygiene	31 March		Process in place, reported	

	and SICP audits on a monthly basis.	2022	Lead Nurse	via electronic data capture tools and reported via Acute Services Infection Control Committee.	31.03.2022
	4. Reinforcement by IPC Team of key moments for HH within clinical areas along with appropriate use of PPE.	31 March 2022	ICM / IPC Lead Nurse / IPCNs / Clinical Teams	<p>Assurance checks carried out to ensure all contemporary posters and guidance is available to clinical teams.</p> <p>PPE competence checklist tool available on IPC staffnet page.</p> <p>Hand hygiene Glow and Tell boxes provided to all clinical areas to aid learning and demonstrate hand hygiene technique.</p>	31.03.2022
	5. Review ongoing IPC education programme to ensure particular focus on areas of learning highlights (5 moments of hand hygiene and use of gloves).	31 March 2022	ICM	Review of the IPC education programme undertaken assurance can be given that reference is made to hand hygiene and PPE in the sessions being delivered by the IPCT. The programme is continuously being reviewed to ensure emphasis relates	31.03.2022

	<p>6. Regular staff communication cascaded across organisation to capture any changes within National IPC Manual. Mechanisms for communication include; via command structure, site safety huddles, communications (staff brief and vital signs) and IPCN walkrounds.</p>	<p>31 March 2022</p>	<p>ICM / IPCNs</p>	<p>to latest national guidance.</p> <p>Communication process in place for robust cascade and update of key IPC messages & addendum updates via vital signs, use of staff net, communication via professional structures, line management routes and via site safety huddle meetings and communication.</p> <p>IPCN attends huddle at least once per day (Monday – Friday) on main acute sites to update on key infection control issues and respond to queries / escalations.</p>	<p>31.03.2022</p>
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