



Improvement Action Plan

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

Ninewells Hospital, NHS Tayside

27 January – 29 January 2025

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: Carole Wilkinson

Date: 6 May 2025

NHS board Chief Executive

Signature: 

Full Name: Nicky Connor

Date: 6 May 2025

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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
Recommendation 1					
	<i>NHS Tayside should ensure patients have access to hand hygiene prior to mealtimes</i>				
	<p>Patients will be encouraged to wash their hands before all mealtimes, and for those unable to safely access a sink, appropriate wipes will be provided.</p> <p>A spot audit will be conducted to assess compliance, supported by a communication plan to reinforce best practices.</p> <p>Focus on discussions regarding access and mealtimes during nursing leadership walkarounds</p>	May 2025	<p>Senior Charge Nurses</p> <p>Senior Nurses</p> <p>Lead Nurses</p> <p>IPC Link Nurses</p>	To be discussed at Nursing and Midwifery Leadership Team meeting April 2025	
Requirements					
Domain 1					
1	<i>NHS Tayside must ensure all staff are trained in all elements of safe fire evacuation</i>				
	NHS Tayside to ensure all staff are trained in fire evacuation procedures	November 2025	<p>Clinical care group management teams</p> <p>Divisional leads</p> <p>Fire safety Manager</p>		
	Fire evacuation walkthroughs to be implemented by all teams	November 2025	<p>Clinical Care Group Managers</p> <p>Senior Charge Nurses</p> <p>Senior Nurses</p> <p>Fire safety advisors</p>		

Domain 4.1

2	<i>NHS Tayside must ensure staff comply with hand hygiene in accordance with current guidance</i>				
	WHO Hand Hygiene campaign planned for 5 th May- this will include refresher training and resource materials.	May 2025	IPC Team Communication Team	The Communications Team have circulated a save-the-date notice along with resources for NHS staff to access.	
	<p>NHS Tayside will ensure Hand Hygiene compliance against National IPC manual monitored through IPC annual audit programme (Clinical teams carry out NHS Tool for Environmental Auditing of the Clinical Area HAI (TEACH) and hand hygiene audits)</p> <ul style="list-style-type: none"> Regular visits to clinical areas IPC team will address observations of practice including hand hygiene Exception reports to be raised at acute HAI committee 	August 2025	SCNs IPC Team Senior / Lead Nurses	<p>Verbal and written feedback are provided to clinical teams to aid learning.</p> <p>Dashboard available to all teams / leaders</p> <p>Feedback to August 2025 Acute HAI committee for assurance</p>	
	Hand hygiene education is incorporated into all NHS Tayside IPC educational sessions as part of NHS Tayside's annual IPC educational programme.	May 2025	IPC Team	Educational programme in place	Complete
3	<i>NHS Tayside must ensure infrequently used water outlets are flushed in line with current national guidance</i>				
	NHS Tayside will update NHST Water Safety Management Procedures Document	June 2025	Acting Responsible Person (Water)	The Water Safety Group (WSG) is in the process of updating "NHST Water Safety Management Procedures Document" and in particular flushing of little used outlets.	

				Communication shared from the Acting Responsible Person (Water) on the 21 March 2025, highlighting the requirement of using water daily as an important part in maintaining good quality domestic hot & cold-water systems, and included the Log Sheet for Recording Water Flushing.	
	Water Safety Management Group (WSMG) to refresh and issue the guidance on water safety to the safety & flow huddle for onward dissemination.	April 2025	Water safety management group (WSG)	Complete	18 April 2025
	NES <u>animation on the do's and don'ts of clinical wash hand basins</u> to be reshared with clinical teams as a refresher.	April 2025	Associate Nurse Director IPC	Shared with Nurse and Medical Directors, along with the Manager for Soft Facilities to share with Clinical Teams across NHS Tayside. Complete	16 April 2025
4	<i>NHS Tayside must ensure that clinical waste is stored in a designated safe, lockable area whilst awaiting uplift and staff are aware of how to escalate if there is a buildup of clinical waste awaiting uplift</i>				
	NHST provide secure storage of clinical waste through use of Lockable Eurobins, which are stored at designated storage areas across the site.	April 2025	A/Ass Director of Facilities	Complete	April 2025
	In instances of Clinical Waste Bins reported full, NHST Waste and Porter Services are contactable by email with additional collections put in place accordingly.	June 2025	A/Asso Director of Facilities	In development	

	A Standard Operating Procedure for an Escalation process to be followed will be developed				
	Portering Services to issue reminder via Safety Huddle to ensure clinical waste is placed in secure area and to issue relevant Portering Services contact numbers to allow all colleagues to escalate if and when required.	April 2025	Portering services		
5	<i>NHS Tayside must ensure patient privacy is maintained when using signage for transmission based precautions</i>				
	NHS Tayside comply with the use of signage for transmission based precautions as directed by ARHAI Scotland <u>National Infection Prevention and Control Manual: Transmission Based Precautions</u>	April 2025	Clinical Teams	Complete	April 2025
	Communication memo to all senior charge nurses and midwives to ensure patient privacy / confidentiality is maintained when using signage	April 2025	Associate Nurse Directors		
6	<i>NHS Tayside must ensure all hazardous cleaning products are securely stored and labelled appropriately, as per manufacturers guidelines</i>				
	Key messages shared with teams regarding safe storage and labelling of cleaning products via site safety huddle	January 2025	Site safety teams	Complete	January 2025
	NHS Tayside will send memo to all nursing and facilities staff regarding compliance of safety for hazardous cleaning products. Compliance documented through area risk assessments.	April 2025	Associate Nurse Directors Domestic services manager		
	Memo to be issued out to Domestic staff members reiterating the requirement to: <ul style="list-style-type: none"> Ensure all chemicals are locked away in the Domestic Services Room (DSR) or within the cupboards within the DSR. Ensure that all DSR's are not left wedged open or unlocked. 	19/02/25	Domestic Services	Memo issued via payslips Complete	19/02/25

	Replacement keys to be arranged for DSR's that require them.	March 2025	Domestic Services	Key request submitted to Property 30/1/25. Keys returned and issued out to relevant teams on 7/2/25 & 11/3/25. Complete	11/03/25
	Monitor ward-based compliance through leadership walk arounds, highlight any concerns immediately for rectification via team leaders / SCN of areas or teams	June 2025	Associate Nurse Directors Acute Leadership Team Senior and Lead Nurses		
7	<i>NHS Tayside must ensure that the hospital built environment is maintained to enable safe and effective cleaning</i>				
	NHS Tayside estates department will undertake a review of existing fault reporting procedures.	31/01/2025	Head of Estates	Complete	31/01/2025
	Implementation of a new CAFM (computer aided facilities management) system to enhance fault reporting and monitoring progress.	December 2026	Associate Director of Facilities.	In progress	December 2026
8	<i>NHS Tayside must ensure the safe storage of medication</i>				
	Key messages shared with teams regarding safe storage of medication via site safety huddle	January 2025	Site safety team	Complete	January 2025
	Safe and Secure Handling of Medicines information/Memo to be distributed highlighting importance of locked medicine storage within wards.	May 2025	Associate Nurse Directors Associate Director of Pharmacy, Acute Services		

			Associate Director of Pharmacy for Medication Governance		
	Day of care audit on safe and secure handling of medicine within specified wards. Audit will include practice as well as environmental improvements which can be made.	August 2025	Senior / Lead Nurses Supported by Consultant Nurse and pharmacy		
Domain 4.3					
9	<i>NHS Tayside must ensure that there are processes in place to support the consistent application of the common staffing method</i>				
	NHS Tayside will ensure there is a planned programme of Staffing Level Tool (SLT) runs and Common Staffing Method (CSM) Report production in place.	Complete / Ongoing	NHS Tayside HCSSA Team Clinical Teams	<p>Annual planned programme in place.</p> <p>Support provided by NHST HCSSA team for clinical teams continues.</p> <p>Compliance reports on finalised SLT runs and CSM finalised reports provided to lead and senior nurses monthly. Areas or teams returning incomplete SLT and CSM reports are provided feedback and support to finalised and resubmit CSM reports.</p> <p>Governance of implementation within acute services via HCSSA Operational Workforce Sub-Group meeting in place.</p>	Complete

	Additional support to be provided for identified areas from inspection to ensure consistent application of tool runs and CSM.	August 2025	Senior Nurses NHS Tayside HCSSA Team		
10	<i>NHS Tayside must ensure the recording of clinical professional judgement of real-time staffing requirements, including evidence of how decisions are reached and communicated</i>				
	Review SafeCare SOP to ensure all subsections of the HCSSA are incorporated and addressed.	May 2025	Safe Care Leads for Acute Services NHS Tayside HCSSA Team		
	Continued training package in place for use of SafeCare for clinical nursing and midwifery teams	May 2025	NHS Tayside eRostering team	Training programme in place and accessible to book Throughout 2025.	Complete
11	<i>NHS Tayside must ensure senior charge nurses have access to protected leadership time</i>				
	NHS Tayside will safeguard rota shifts in line with job roles that allocates leadership time for each Senior Charge Nurse. This time will be protected and only interrupted due to critical staffing situations in clinical areas. Compliance will be monitored monthly by the senior nursing leadership team through SafeCare data analytics and direct feedback from SCNs through managerial one to ones	August 2025	Lead Nurses HCSSA Team Safe care leads.	NHST supports the requirement of ensuring adequate time for clinical leaders through exclusion of SCN and team leaders during SLT runs to produce the staffing level demand for patient facing care excluding delivery of clinical care by Senior Charge Nurses/Team Leaders. The Professional judgment outcomes and the SLT outcomes are then triangulated	

				as part of the CSM triangulation outcomes.	
	Domain 6				
12	<i>NHS Tayside must ensure all patients have access to suitable shower facilities</i>				
	NHS Tayside will audit wards in Ninewells Hospital to review all existing shower facilities. Where these are identified as compromising patient dignity due inadequate showering facilities and mitigations cannot be put in place this should be escalated to estates.	August 2025	Clinical care group managers	Resolution to this could be compromised due to capital funding options	
	Where patients do not have access to suitable showering and this impacts on patient dignity / care and appropriate mitigations cannot be put in place – DATIX to be submitted <ul style="list-style-type: none"> Communication to be sent to clinical teams to highlight above process 	May 2025	Senior Charge Nurses Senior Nurses		
13	<i>NHS Tayside must ensure staff comply with the NHS Tayside Dignity and Privacy Single Sex Accommodation Policy</i>				
	Communication via the Senior and Lead nurse to share with teams to ensure all breaches to policy are recorded via the Datix adverse management system as per policy	April 2025	Associate Nurse Directors		
	Monthly audit on Ninewells site around patient placement in bays regarding compliance to policy. Audit results to be discussed at Nursing and Midwifery Leadership Team (Acute Services) meeting.	August 2025	Lead Nurses	Incorporated via SLWG	
	NHS Tayside will have a suite of policies which are reflective and in place to support decision making, risk	August 2025	Protection Policy Steering Group (SLWG)	Protection Policy steering group has been established. This will have a remit for	

	assessment and ensure privacy and dignity is always upheld for patients.			reviewing and ensure relevant policies are reflective of key legislation and guidance, scope training and education and communicate to workforce. Supported by a programme of embedded audit.	
14	<i>NHS Tayside must ensure Adult with Incapacity section 47 certificates are completed fully and accurately</i>				
	NHS Tayside will ensure improvements for completion and accuracy of section 47 certificates are embedded in practice.	October 2025	NHS Tayside AWIA Audit tool short life working group	<p>Audit tool developed and in process of sign off. Plan in place for testing and then future roll out across services. This will align with other quality assurance processes in place.</p> <p>Training programme in place. Adult protection advice line in place for staff to seek support.</p> <p>Decision specific screening tool developed and in use.</p>	