



Improvement Action Plan

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

Borders General Hospital, NHS Borders

5 - 6 August 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:

Karen Hamilton

Date:

22nd September 2025

NHS board Chief Executive

Signature:

Full Name:

Peter Moore

Date:

22nd September 2025

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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
1	Requirement 1 NHS Borders must ensure all hazardous cleaning products are labelled appropriately, as per manufacturers' guidelines. Action: Apply manufacturers labels to all containers used to mix and store cleaning solution.	31/08/2025	Deputy Facilities Manager	Completed	28/08/2025
2	Requirement 2 NHS Borders must ensure that all patient care documentation is accurately and consistently completed and updated, including care planning within the paediatric ward and Adults with Incapacity section 47 Certificates. NHS Borders conducts a weekly ward audit programme which ensures that staff review completion of documentation and report on compliance. Additionally, Senior Change Nurses are expected to lead monthly care assurance visits as part of the Excellence in Care (EiC) Framework. <u>Care planning in the paediatric ward</u> A quality review of compliance with documentation in the paediatric ward is progressing. Using the Scottish Patient Safety Programme (SPSP) methodology, 5 sets of patient notes are checked each week for the following: • Completion of care planning documentation • Completion of the Paediatric Yorkhill Malnutrition Score (PYMS) tool The outcome of the baseline audits will be used to inform further quality improvement activity.				

	Action: Complete the baseline audit of documentation compliance over time.	10/10/2025	Clinical Manager	Progressing	
	Action: Management to provide a focus on the importance of well documented care plans with staff, highlighting data from the baseline audits.	31/12/2025	Clinical Manager	Progressing	
	Action: Incorporate paediatrics in the EIC Framework with performance monitored and reported to the EIC Steering Group and Clinical Governance Committee.	31/10/2025	Lead Nurse for Patient Safety and Care Assurance / Clinical Manager	Progressing	
	Action: Review the documentation required for patients who are present on the ward for less than 6 hours.	31/12/2025	Clinical Manager	Progressing	
	<u>Adults with incapacity (AWI)</u> NHS Borders has completed a gap analysis of the existing ward audit programme which identified the lack of a measure applicable to AWI. The outcome of the gap analysis is informing future changes to the electronic ward audit programme.				
	Action: Consultants will remind junior doctors to ensure AWI documentation is completed and discuss this during ward rounds.	30/09/2025	Associate Medical Director – Acute	Progressing	
	Action: Completion of AWI will be included as an agenda item at the next Clinical Director meetings.	30/09/2025	Associate Medical Director – Acute	Progressing	
3	Requirement 3 NHS Borders must ensure a documented risk assessment and selection criteria are in place to support placement of patients within non-standard care areas and ensure that all patients have access to a call bell or a means to contact staff when they require assistance. Since the inspection, the room being used as a patient stay area that had formally been a plaster room has changed. This room is now used				

	as a rapid assessment area with a member of staff allocated to this room. NHS Borders continues to use a designated non-standard care area from time to time for surge capacity. Two members of staff are designated to work in that area at all times when in use. Action: Update the risk assessment for the Emergency Department to include provision of care in non-standard care areas. Action: Develop documented selection criteria to support placement of patients within non-standard care areas. Action: Review options to establish call bells in non-standard care areas.	30/09/2025 30/09/2025 30/09/2025	Clinical Nurse Manager Clinical Nurse Manager Clinical Nurse Manager / Estates Manager - Operations M&E	Progressing Progressing Progressing	
4	Requirement 4 NHS Borders must ensure that the environment is in a good state of repair and maintained to support effective cleaning. NHS Borders has invested in specialist equipment to enable some remedial works to be safely completed in live clinical areas. A risk-based approach is used, following national guidance in collaboration with colleagues. NHS Borders has established an ongoing painting programme which is progressing across Borders General Hospital to maintain intact surfaces. Action: Complete the annual cleaning of ventilation grilles and ducts. Action: Complete flooring replacement in 6 prioritised areas.	31/12/2025 31/03/2026	Estates Manager - Operations M&E Estates Manager - Buildings	Progressing Progressing	

5	Recommendation 1 NHS Borders should ensure that patients are assisted with hand hygiene at mealtimes NHS Borders has procured and introduced new individual patient hand wipes to support hand hygiene at mealtimes. A new hand hygiene patient information leaflet and poster have been developed. These will be initially trialled in a ward in September. Feedback will be sought from patients before full implementation.
6	Recommendation 2 NHS Borders should ensure weights are recorded on medication prescription charts for all paediatric patients. A quality review of compliance with weights recorded on paediatric medication charts is progressing. Using the Scottish Patient Safety Programme (SPSP) methodology, 5 sets of patient notes are checked each week for the following: • Patient weight noted on the admission documentation. This is to ensure that patients that did not require medication had an up to date and accurate weight recorded. • For patients with a drug Kardex, a weight is entered. To date, median compliance with both measures is 100%. The audit period will continue for a further two weeks to ensure that the data is representative of practice over time. These measures will be added to a suite of existing measures to check ongoing compliance.