



# Improvement Action Plan

## Healthcare Improvement Scotland: Unannounced Acute Hospital Safe Delivery of Care Inspection

Borders General Hospital, NHS Borders

22-23 November 2022

### 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: 02.02.23

#### NHS board Chief Executive

Signature: 

Full Name: Ralph Roberts

Date: 02.02.23

File Name: 20230126 20230202 Improvement action plan Borders General Hospital NHS Borders Final Borders General Hospital NHS Borders v0.1	Version: 0.1	Date: 07/02/2023
Produced by: HIS/NHS Borders	Page: Page 1 of 5	Review Date: -
Circulation type (internal/external): Internal and external		



Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
1.	<p><u>Requirement 1: NHS Borders must ensure that Patient mealtimes are managed consistently and that patients receive adequate support at mealtimes.</u></p> <p>NHS Borders ward areas will have a consistent approach to management of mealtimes as outlined in Standard Operating Procedure (SOP)</p>				
	<p>Morning safety brief will officially record whether additional mealtime support required for ward areas</p>	13/01/2023	General Manager Unscheduled Care	Complete	13/01/2023
	<p>Standard Operating Procedure for Protected mealtimes will be re circulated to all ward areas and shared with staff.</p>	28/02/2023	Quality Improvement Lead (FFN)		
	<p>Clinical Nurse Managers shall have identified protected time to observe mealtime within their areas of responsibility.</p>	28/02/2023	Associate Director of Nursing	In progress	
	<p><u>Requirement 2: NHS Borders must ensure that all patient documentation is accurately and consistently completed with actions recorded. This includes risk</u></p>				



	<p>General service supervisors will use '2-minute' talks at the start of shifts to remind staff about the importance of hand hygiene.</p> <p>The Infection Prevention and Control Team will develop a specific audit tool relating to appropriate use of gloves and undertake baseline audits to inform further quality improvement activity.</p> <p>A short educational video about glove use will be developed and shared with staff along with posters for display in clinical areas.</p>	<p>31/01/2023</p> <p>31/01/2023</p> <p>28/02/2023</p>	<p>Head of Soft FM</p> <p>Infection Control Manager</p> <p>Infection Control Manager</p>	<p>Complete</p> <p>Complete</p> <p>In progress</p>	<p>13/01/2023</p> <p>31/01/2023</p>
4.	<p><b><u>Requirement 4: NHS Borders must ensure that the environment is in a good state of repair and maintained to support effective cleaning.</u></b></p> <p>Estates have engaged with a flooring manufacturer specifications team to ascertain if there are any options relating to complete flooring replacement that can be undertaken in the live clinical environment – this would look like an overlay product that does not require adhesive and or any preparatory works to the existing flooring/substrate.</p> <p>Establishment of Key Working Group with targeted leadership from Acute General Management line to develop a strategy for critical and high risk items within</p>	<p>31/12/2022</p> <p>31/03/2023</p>	<p>Head of Estates Hard FM</p> <p>Head of Estates Hard FM/ General Manager</p>	<p>Complete</p>	<p>16/12/2022</p>

	<p>the built environment including a decant option to facilitate essential works (flooring being the primary action within this action plan).</p>				
5.	<p><b><u>Requirement 5: NHS Borders must have a system in place to ensure that all reported staffing risks are reviewed and responded to within agreed timescales.</u></b></p> <p>NHS Borders will ensure that reported risks are reviewed and responded to within agreed timescales.</p> <p>Introduction of Clinical Management Teams (CMT's) who will meet on a regular basis, with risk reviews forming part of the agenda.</p> <p>Protected time set in Clinical Nurse/Service manager's diary to facilitate a supported session with patient safety/ risk staff to work through backlog of reported risks. With weekly protected diary time identified within Clinical Nurse Manager diaries, identified for management of reported risks</p>	<p>28/02/2023</p> <p>31/03/2023</p>	<p>General Managers</p> <p>General Managers</p>	<p>In progress</p> <p>In progress</p>	