



Improvement Action Plan

Healthcare Improvement Scotland:

Unannounced Infection Prevention and Control Inspections of Mental Health Services

Kingsway Care Centre, NHS Tayside

16 January 2024

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:

23 August 2024

NHS board Chief Executive

Signature:

Full Name:

Nicky Connor

Date:

23 August 2024

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
Ref1 NHS Tayside must ensure infection prevention and control information is recorded within patients care plans to inform patient care (see page 9). This will support compliance with the National Infection Prevention and Control Manual (2022) and Standard 3.1 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022)	Infection prevention and control information/advice will be documented within patients care plans to inform patient care, supporting compliance with the National Infection Prevention and Control Manual. This will be monitored through patient documentation audit processes.	March 2024	SCN/Lead Nurse	All SCN's aware of requirement to document Infection prevention and control information/advice within patients care plans to inform patient care, supporting compliance with the National Infection Prevention and Control Manual.	March 2024 July 2024
	Added to next Senior Charge Nurse (SCN) forum to ensure that all practitioners are aware of the requirement to document information.	02/04/24	SCN/LN	Completed	April 2024

	Added to next Dundee Health & Social Care Partnership (DHSCP) Infection Prevention and Control Group.	15/04/2024		Completed	April 2024
				Recent Patient documentation audit results have demonstrated 100% compliance with IPC care plans. Patient documentation audits will continue to provide assurance. (August 2024)	
Ref 2 NHS Tayside must ensure that there are effective systems in place to ensure the care environment is maintained and is in a good state of repair to support effective cleaning (see page 10). This will support compliance with the National Infection Prevention and Control Manual (2022) and Standard 8.1 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).	NHS Tayside is currently implementing the Computer Maintenance Management System (CMMS) across Tayside.	2025	Estates	A staged approach is being taken to roll CMMS out across the 65 sites within Tayside, prioritising inpatient areas. This is a complex process for which a project plan is currently under development. Once completed this will offer time frames for the planned phased approach.	March 2024

	<p>Patient associated care equipment and the environment will continue to be monitored through monthly Infection Prevention and Control (IPC) Tool for Environmental Auditing of the Clinical Area HAI (TEACH) audits, as well as through and annual IPC audit programme and managerial walkabouts.</p>	Ongoing	SCN/Lead Nurse/IPCT	Monthly monitoring programme in place.	May 2024
	<p>Rolling programme of review and replacement of furniture and equipment that is a risk to patients (relating to standard 8.1). This will be done with an awareness of financial constraints with support from Infection Prevention and Control.</p>	Ongoing		Itinerary collected of items deemed below the standard and prioritised for maintenance or early procurement. Associated maintenance and all necessary furniture replacement completed.	August 2024
	<p>Escalation using established risk assessments through agreed managerial routes, thereafter through DHSCP IPC Group through to Strategic Infection Prevention and Control Committee.</p>	Established		Completed.	

<p>Ref 3</p> <p>NHS Tayside must ensure extraction fans are clean (see page 10). This will support compliance with the National Infection Prevention and Control Manual (2022) and Standard 8.1 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).</p>	<p>Extraction fans added to estates pre planned maintenance, roles and responsibilities are clarified.</p>	<p>March 2024</p>	<p>Estates</p>	<p>Fans at Kingsway Care Centre cleaned on 10/11 March 2024.</p> <p>SOP in place and implemented incorporating roles and responsibilities and tasks performed to SFG20 standard. Completed.</p>	<p>March 2024</p> <p>March 2024</p>
<p>Ref 4</p> <p>NHS Tayside must ensure clinical waste is stored in a designated, safe and lockable area whilst awaiting uplift. General and clinical waste must be always segregated at the source (see page 10). This will support compliance with the National Infection Prevention and Control Manual (2022), Standard 6.1 of</p>	<p>Ensure practice compliant with Scottish Health Technical Note 03: NHS Scotland Waste Management Guidance October 2023 through the development and implementation of an SOP around clinical waste regarding roles and responsibilities.</p>	<p>April 2024</p>	<p>Operational Waste Manager</p>	<p>Assessment of process and situation completed by Operational Waste Manager.</p> <p>Clinical waste bins ordered March 2024, delivery imminent. This will support the correct segregation of clinical and general waste.</p>	<p>February 2024</p> <p>April 2024</p>

Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).				Bin recess area now in place and being utilised. Practice now compliant with standards identified.	May 2024
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