



Improvement Action Plan

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

University Hospital Hairmyres, NHS Lanarkshire

5 – 7 March 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: Martin F. Hill

Full Name: Martin Hill

Date: 7th June 2024

NHS board Chief Executive

Signature: J Gardner

Full Name: Professor Jann Gardner

Date: 10th June 2024

File Name: 20240429 20240429 improvement action plan UHH NHS Lan v1.0 UHH NHS Lan v0.1	Version: 0.1	Date: 10/06/2024
Produced by: HIS/NHS Lanarkshire	Page: Page 1 of 7	Review Date: -
Circulation type (internal/external): Internal and external		

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
Domain 1 1	NHS Lanarkshire will demonstrate an annual plan to ensure nursing staff are provided with necessary paediatric training to carry out their roles within the emergency department	31 st August 2024	SCN/ Senior Nurse Emergency Care	<ul style="list-style-type: none"> • All ED nursing staff to have completed paediatric BLS learn pro training • All ED nursing staff to have completed child protection learnpro training • All Band 6/7 nursing staff to attend PILS course • NHSL Meded course - <i>Recognition and management of the sick child is run each month (excluding July)</i>. ED SCN's to request an RN place on each course • Review departmental training in relation to paediatric care. Develop programme of 'buzz sessions' for staff education 	

2	NHS Lanarkshire will ensure that staff are trained to ensure safe fire evacuation	31 st August 2024	Chief of Nursing /Site Director	<ul style="list-style-type: none"> • Review of overall site compliance to maintain improving trajectory rates (appendix 1) • Ongoing annual training schedule developed in conjunction with fire training officer • Site/ward and role specific dedicated training 	
Domain 4.1 3	NHS Lanarkshire will continue to work to ensure that all patient documentation is accurately and consistently completed	31 st August 2024	Chief of Nursing/ Chief of Medicine/Senior Nurses	<ul style="list-style-type: none"> • Review of medical/ nursing documentation ongoing to amalgamate workbook and update • Review of Patientrack documentation and use across NHSL • Deliver training in relation to key documentation such as AWI • Care assurance standards reviewed and updated – ongoing work to establish measurement process 	
4	NHS Lanarkshire will ensure safe intravenous line care to prevent risk of infection and promote intravenous fluid management	31 st August 2024	SCN/ Senior Nurses/ Chief of Nursing	<p>Immediate actions:</p> <ul style="list-style-type: none"> • Raise awareness and discussed at morning and afternoon site safety huddles 	22.3.24

				<ul style="list-style-type: none">• An action given to all wards and departments to add this information to their local safety huddles for a minimum period of 2 weeks• Reissue of the Stay Safe, Stay Connected Poster to be displayed in all clinical areas (appendix 2)• Reissue of the 5 moments of Safe Disconnection Poster to be displayed in all clinical areas (appendix 3)• Reissue of the minimum requirements to all areas in how to achieve a competence in IV Medicine Administration and a set expectation that a reflective account and period of supervision was required where practice is observed to be non-compliant (appendix 4) <p><u>Next Steps:</u></p> <p>July 2024 Promoting Best Practice of Safe & Effective Management of</p>	
--	--	--	--	---	--

				<p>Intravenous Lines and Infusions – Awareness Sessions (appendix 5)</p> <p>August 2024 Promoting Best Practice of Safe & Effective Management of Intravenous Lines and Infusions – Practical Sessions (appendix 6)</p>	
5	NHS Lanarkshire will ensure appropriate management and monitoring is in place in relation to the safe administration and storage of medicines.	31 st August 2024	SCN/ Senior Nurses/ Chief of Nursing	<ul style="list-style-type: none"> • Raise awareness and share information at ward/department safety briefs • Site audit focused on establishing actions/improvements required in following areas: medicines management (appendix 7) • Re audit of compliance across site (appendix 8) <p><u>Next Steps:</u></p> <p>July 2024</p> <ul style="list-style-type: none"> • Share information at Safer Use of Medicines Group • Re audit compliance and agree ongoing improvement/audit schedule 	<p>22.3.24</p> <p>12.4.24</p> <p>17.5.24</p>

6	<p>NHS Lanarkshire will ensure compliance with standard infection prevention and control precautions in relation to performing hand hygiene at the correct time.</p> <p>NHS Lanarkshire will ensure used linen is managed in line with policy.</p>	<p>31st August 2024</p> <p>31st July 2024</p>	SCN/ Senior Nurses/ Chief of Nursing/Chief of Medical Services	<ul style="list-style-type: none"> • Ongoing work in relation to hand hygiene compliance collaboration with QI, IPC and aligned wards • Uniform and dress code policy currently under review • Data collection process agreed across NHSL • Raise awareness and share information at ward/department safety briefs • All areas to display guidance in relation to linen segregation • Site audit undertaken focused on establishing actions/improvements required in following areas: Safe Management of Linen undertaken (Appendix 9) 	<p>22.3.24</p> <p>29.5.24</p> <p>12.4.24</p>
7	NHS Lanarkshire will ensure hazardous cleaning products are securely stored.	31 st July 2024	SCN/ Senior Nurses/ Chief of Nursing	<ul style="list-style-type: none"> • Raise awareness and share information at ward/department safety 	22.3.24

				<p>briefs</p> <ul style="list-style-type: none"> • Locks on sluice cupboards reviewed and replaced as required • Key safes ordered for appropriate storage • Site audit undertaken focused on establishing actions/improvements required in following areas: Sluice Compliance Audit (incorporating safe storage of hazardous substance) (Appendix 10) 	<p>12.4.24</p> <p>5.6.24</p> <p>17.04.24</p>
--	--	--	--	---	--