



Improvement Action Plan

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

The Queen Elizabeth University Hospital campus, NHS Greater Glasgow and Clyde
22–24 March 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: John Brown

Date: 20th October 2022

NHS Board Chief Executive

Signature:

Full Name: Jane Grant

Date: 20th October 2022

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Ref:	Ref Point	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
1. Domain 1: NHS Greater Glasgow and Clyde must ensure the environment in SATA continues to be suitable for the provision of care in a respiratory pathway. This includes: a) Sufficient hand hygiene facilities b) Appropriate storage and access to PPE c) Adequate placement of patients	a) Sufficient hand hygiene facilities	1. Temporary wash hand basins installed at time of inspection	22 March 2022	Estates Lead	Complete	22 March 2022
		2. Appropriate number of permanent handwash basins to be installed	End of May 2022	Estates Lead	Complete	June 2022 – slightly delayed due to procurement issues
		3. Staff were given information on how to access personal alcohol hand gel dispensers	22 March 2022	IPC Team	Complete - with follow up communication planned quarterly to ensure staff have the correct information	22 March 2022
	b) Appropriate storage and access to PPE	1. PPE storage centres installed at time of inspection	22 March 2022	Estates Lead	Complete	22 March 2022
	c) Adequate placement of	1. Escalation plan for SATA flow recirculated	04 May 2022	CSM Receiving	Complete	04 May 2022

	patients	<p>2. SATA capacity triggers reviewed on huddle document – updated x4 daily</p> <p>3. Issues with SATA flow highlighted at x4 huddles daily</p>	<p>April 2022</p> <p>April 2022</p>	<p>GM/CSM Receiving</p> <p>GM/CSM Receiving</p>	<p>Complete - with ongoing monitoring</p> <p>Complete - with ongoing monitoring</p>	<p>April 2022</p> <p>April 2022</p>
<p>2. Domain 5: NHS Greater Glasgow and Clyde must ensure patient mealtimes are managed consistently and that patients receive adequate support at mealtimes.</p>	1. SCNs & LNs will raise awareness to ensure that all wards have identified a meal-time coordinator at their morning huddles.	May 2022	SCNs & LNs	Complete	Complete - Ongoing as part of routine practice	
	2. Observation of mealtimes will be audited on a 6-monthly cycle as part of the Combined Care Assurance Audit Tool (CCAAT) audit process.	May 2022	SCN/ LN/ CN	Complete	Complete - Ongoing as part of routine practice	
<p>3. Domain 5: NHS Greater Glasgow and Clyde must ensure that patient equipment is cleaned effectively.</p>	1. SCNs to reinforce performance of daily and weekly spot checks of equipment as per policy.	March 2022	SCN	Complete	March 2022	
	2. All SCNs and department leads to undertake SICPS audit on: 'Management of Care of Equipment' with this being monitored via the CAIR Dashboard.	May 2022	SCN	Complete	Ongoing as part of routine practice	
	3. 'Management of Care of Equipment' will be the focus of Topic of the Week – with education, audit and improvement opportunities. This is an ongoing process undertaken by Infection Prevention and Control nursing staff who visit each inpatient ward area every week with	July 2022	IPC/SCN	Complete	Complete - Ongoing as part of routine practice	

	<p>different topics throughout the year. The next set are planned and the cleaning of near patient equipment is one of these. This is an informal process, and during visits, frontline clinical staff are encouraged to raise other questions related to IPC so as to promote team-working and bolster the IPC initiative to support IPC in practice.</p>				
<p>4. Domain 5: NHS Greater Glasgow and Clyde must ensure that all staff carry out hand hygiene at appropriate moments and the correct use of PPE in line with current guidance.</p>	<p>1. Hand Hygiene audits are undertaken monthly and also form part of the 6-monthly SCIPs audits.</p>	Ongoing	SCN	Complete	Ongoing as part of routine practice
	<p>2. The Board Hand Hygiene Coordinator (BHHC) carries out random HH audits throughout the Board which are reported through the HAIRT. Ward audits are reviewed and wards who have poor results, or those that have reported exceptional results over a prolonged period, are normally selected. HH audits are also generally carried out during incidents or outbreaks if the mode of transmission is determined to be direct or indirect contact.</p>	Ongoing	BHHC	Complete	Ongoing as part of routine practice
	<p>3. Hand hygiene will be the focus for Topic of the Week – with education, audit and improvement opportunities.</p>	09 May 2022	IPC, SCN/ LN/CNs	Complete- will be a focussed topic at regular intervals	09 May 2022

	4. Hand Hygiene Toolbox supplied to LN and SCN for SATA Unit <i>and</i> to Senior Management for Facilities for dissemination to their staff. Formal sessions facilitated by the BHHC will take place on the 23 rd May.	05 May 2022	S Devine	Complete- with ongoing monitoring	05 May 2022
	5. BHHC undertaking audit and providing ad-hoc education session. Formal 'Train the Trainer' sessions for facilities managers and supervisors will take place on the 12 th May and will be facilitated by the BHHC.	05 May 2022	BHHC	Complete	15 th June 2022
	6. Audit tool training sessions agreed for managers and supervisors within the Facilities Team to support audits across the wards and departments (<i>please see Item 5</i>).	09 June 2022	Facilities Lead	Complete	15 June 2022
	7. Personal Protective Equipment audits continue to be carried out as part of the SICPs on a 6-monthly cycle. A new SICPs audit tool will be tested in May with a full implementation date scheduled for October. When this is in place, IPCT will carry out SICPs audits in 20% of areas for assurance. Thematic analysis of the output from this will then be reviewed by the IPC Quality Improvement Network (IPCQIN) and improvement initiatives planned as a result.	April 2022	SCNs	Complete	Complete - ongoing as part of routine practice
	8. Wards were reminded that visors should be single-use, with the exception of	April 2022	IPC LN	Complete	April 2022

	<p>contact wards. In these circumstances, visors should be re-used in line with the NHSGGC visor cleaning guidance provided. This was a Topic of the Week immediately following the inspection and an email was issued to all staff re the correct use of visors immediately following the inspection.</p>				
<p>5. Domain 5: NHS Greater Glasgow and Clyde must ensure wash hand basins are dedicated and used only for hand hygiene.</p>	<p>1. Appropriate use of handwashing sinks included in handwashing bulletin and as Topic of the Week, reminding staff of the appropriate use of hand hygiene sinks. This was followed up as a Topic of the Week for IPCT in the fortnight following the inspection and an email was issued to all staff re the correct use of CWHB immediately following the inspection.</p>	<p>09 May 2022</p>	<p>IPC LN</p>	<p>Complete</p>	<p>09 May 2022</p>