



Improvement Action Plan – 18 week update

Healthcare Improvement Scotland:

Unannounced acute hospital safe delivery of care inspection

Queen Elizabeth University Hospital Emergency Department, NHS Greater Glasgow and Clyde

8 April 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: Dr Lesley Thomson KC

Date: 12th November 2024

NHS board Chief Executive

Signature: 

Full Name: Jane Grant

Date: 12th November 2024

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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
Requirement 1 NHS Greater Glasgow and Clyde must ensure all patients have call bells within easy reach.	All suitable patients must have call bells within reach at all times	April 2024	Senior Charge Nurse/ Nurse in charge	Lead Nurse feedback to all staff at time of inspection and staff are reminded to ensure that patients have access to call bells. This will be done daily as part of safety brief	Complete with ongoing monitoring. April 2024
Requirement 2 NHS Greater Glasgow and Clyde must ensure that all staff carry out hand hygiene	a) Hand hygiene audits are regularly undertaken by GGC Infection Prevention and Control (IPC) nurses and the department auditor, as part of the SICPs assurance audits with all findings recorded on CAIR data platform.	June 2024	IPC Board Hand Hygiene Coordinator / ICNs / Senior Charge Nurses (SCN) / Members of the IPCQIN	Hand Hygiene audits completed and continue as per regular cycle of monthly audits.	Complete with ongoing monitoring. June 2024
	b) There is a schedule of unannounced hand hygiene audits undertaken by the Board Hand Hygiene Coordinator for further assurance.	June 2024	IPC Board Hand Hygiene Coordinator	Baseline audits by Board Hand Hygiene Coordinator will be complete by end of June <u>18 Week update</u> ED GM/LN agreed ongoing audits with LHBC	June 2024
Requirement 3		April 2024	Chief Nurse	Memo sent to all staff at	Complete with

<p>NHS Greater Glasgow and Clyde must ensure that cleaning products are stored safely and securely.</p>	<p>a) Memo sent to all staff reminding colleagues of the requirements for the safe storage of cleaning materials</p>			<p>the time of the Inspection initial feedback and discussed at Chief nurse meeting and site huddles for shared learning in April 2024</p>	<p>ongoing monitoring. April 2024</p>
	<p>b) Senior Charge Nurse / Lead Nurse will ensure compliance through observation of practice on every shift</p>	<p>April 2024</p>	<p>Lead Nurse</p>	<p>Feedback is provided and support given to ensure practice is safe and of a high standard. This is added onto the daily cleaning schedule.</p>	<p>Complete with ongoing monitoring. April 2024.</p>
	<p>c) c) SCN / Nurse in Charge of department will monitor compliance via observations of practice on every shift</p>	<p>April 2024</p>	<p>Senior Charge Nurse</p>	<p>b and c: Completed with ongoing observation and support. Feedback is provided and support to ensure practice is safe and of a high standard.</p>	<p>Complete with ongoing monitoring. April 2024.</p>
	<p>d) NHS GG&C as part of the safety management system (SMS) require that all areas who use COSHH products complete a COSHH risk assessment (RA) at least annually. As part of the RA, measures to control access and storage of COSHH products should be documented.</p>	<p>July 2024</p>	<p>Senior Charge Nurse Health and Safety</p>	<p>As part of compliance monitoring the Health and Safety (H&S) department have a programme of ongoing audits which includes COSHH. As part of this audit H&S staff will look for evidence of a COSHH cabinet and the safe storage of COSHH products. If there are any failing in this, advice is given on immediate remedial actions to support compliance.</p>	<p>July 2024</p>

<p>Requirement 4 NHS Greater Glasgow and Clyde must ensure the care environment is in a good state of repair and maintained to support effective cleaning.</p>	<p>a) Cupboard doors have been replaced where they can & others have been removed to be repaired.</p> <p>b) A continual improvement maintenance program is in place, by utilising FM First asset management software, the estates and facilities help desk, SBARs submissions for minor works and capital investment projects and regular updates to the SAMS (Strategic Asset Management System). Using these systems we are able to prioritise the clinical and non-clinical areas that require resources and investment to ensure the care environment is in a good state of repair and maintained to support effective cleaning.</p>	<p>Ongoing as need for repair is identified. April 2024</p> <p>April 2024</p>	<p>Operational Estates Team</p> <p>Operational Estates Team & SMT</p>	<p>Business Manager maintains FM First tracker and escalates as appropriate to estates/facilities colleagues.</p> <p>Business Manager and GM carrying out Monthly department walk rounds to escalate any new and ongoing issues.</p> <p>ED Lead Nurse/Business Manager/Estates & Facilities complete fortnightly walk rounds of the department and if issues are identified they are immediately logged onto tracker. Business Manager and GM carrying out Monthly department walk rounds to escalate any new and ongoing issues.</p>	<p>Complete with ongoing monitoring. April 2024</p> <p>Complete with ongoing monitoring. April 2024</p>
<p>Requirement 5 NHS Greater Glasgow and Clyde must ensure</p>	<p>a) Re – circulate IPC bulletins on Hand Hygiene, PPE, Safe</p>	<p>April 2024</p>	<p>Lead Nurse</p>	<p>SCN's and IPC nurses carry out a series of Linen tool box talks.</p>	<p>Complete with ongoing</p>

all staff comply with the safe management of linen.	management of linen				monitoring. April 2024
	b) Remind staff of best practice at safety brief	April 2024	Senior Charge Nurse/Nurse in charge	This is part of ward safety briefings with additional support as required through ward and IP&C staff.	Complete and ongoing. April 2024
	c) Purchase additional linen buggies for department	July 2024	General Manager	Linen buggies have been ordered and await delivery.	Delivered June 2024
Recommendation 1 Staffing level tools and the common staffing method should be used to further inform workforce planning	NHS GG&C have a planned schedule to run the workforce tools including the Emergency Care Provision tool (formally EDEM) week commencing 24 th June 2024 for 14 days	August 2024	Senior Charge Nurse / Consultant in Charge Lead Nurse /Clinical Director Chief Nurse Health and Care Staffing Team	NHS GGC have a schedule to run all available workforce tools, over this financial year. Staff are currently preparing by undertaking "Champion" training. NHS GGC is also a pre-implementation test Board for the Health and Care Staffing Act and will work towards providing assurance of meeting the requirements of the Act.	Complete and Ongoing June/July 2024