



Improvement Action Plan – 18 week update

Healthcare Improvement Scotland:

Unannounced acute hospital safe delivery of care inspection

Royal Alexandra Hospital, NHS Greater Glasgow and Clyde

8 – 10 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

File Name: 20240611Improvement Action Plan - RAH NHS GGC 18-week update RAH NHS GGC v0.1	Version: 0.1	Date: 20/11/2024
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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
<p>Requirement 1</p> <p>NHS Greater Glasgow and Clyde must ensure nursing staff are provided with the necessary paediatric training to safely carry out their roles within the emergency department.</p>	<p>a) There are currently enough trained staff to ensure that each rota has a member of staff present that can carry out duties with regards to paediatric patients. In addition, staff have been identified to attend either BLS or PILS training according to the departmental training needs assessment. Training dates were already planned for:</p> <ul style="list-style-type: none"> i. Paediatric Immediate Life Support (PILS) ii. Paediatric Basic Life Support (BLS) 	<p>Nov 2024</p> <p>Dec 2024</p>	<p>Emergency Department SCNs / LNs</p>	<p>i. PILS training sessions have been completed with further staff booked and with ongoing refresher sessions. Currently 81% staff trained which is a safe and sufficient level with effective rostering, and trajectory for 100% by April 2025.</p> <p>ii. BLS training sessions have been attended. Currently 100% staff trained.</p> <p>Ongoing rostering of minimum of 1 paediatric life support trained RN per shift</p> <p>Ongoing ED Consultant & practice educator led Paediatric ½ day training sessions.</p>	<p>Complete and ongoing November 2024</p> <p>Complete October 2024</p> <p>Complete / ongoing</p> <p>Complete/ ongoing</p>
<p>Requirement 2</p> <p>NHS Greater Glasgow and Clyde must ensure that: -</p>	<p>a) Realign Domestic Services hours to ensure that there is appropriate day and backshift staffing resource available to enable effective cleaning on a daily</p>	<p>i. Phase 1 – complete 22/4/2024 (4 Wards)</p>	<p>Assistant Head of FM Operations</p>	<p>i. Review of Domestic Services workforce concluded March</p>	<p>Complete April 2024</p>

<p>Domestic resources meet the demands of the service to enable effective cleaning, including adequate access to cleaning equipment (see page 16).</p> <p>Establish assurance systems that provide accurate monitoring, and assurance that concerns raised regarding cleaning of the environment by staff are addressed (see page 16).</p>	<p>basis. This exercise commenced March 2024 with implementation planned over 3 phases.</p> <p>b) Implement revised stock control and monitoring arrangements of Domestic Services supplies and equipment.</p> <p>c) Establish assurance systems that provide accurate monitoring and assurance that concerns raised</p>	<p>ii. Phase 2 – 10/7/2024</p> <p>iii. Phase 3 – 10/8/2024</p>	<p>Assistant Head of FM Operations</p> <p>Assistant Head of FM Operations</p>	<p>2024 leading to Phase 1 trial involving 4 wards. There are 24 wards in scope. This trial involved realignment of staffing resource, cleaning schedule review and adjustment with support from IPCN and SCN. Monitoring arrangements were successful and supported continued roll out.</p> <p>ii Domestic Services recruitment and selection process concluded 10/6/2024; 13 Monday - Friday and 12 weekend posts offered. This will support phase 2 roll out across 8 wards by 10/7/2024.(subject to recruitment timescale)</p> <p>iii. This process will support rollout to remaining wards</p>	<p>Complete August 2024</p> <p>Complete October 2024</p>
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	<p>regarding cleaning of the environment by staff are addressed.</p> <p>d)</p> <p>i. Systems in place across Domestic Services, NHS Greater Glasgow and Clyde. Current assurance systems in place:</p> <ul style="list-style-type: none"> - FMT - 10 Step Plan - External/Independent validation - Quality & Performance - Peer Review Audits 	15/4/2024	Assistant Head of FM Operations	<p>Recruitment and selection process concluded for units.</p> <p>Stock/supplies – personal launderette production has been extended to support turnover of mops. Domestic Services Store Room (DSR) stock checks are undertaken daily to ensure that sufficient stock is available. Domestic Services Supervisors and Managers liaise with staff each day to ensure adequate stock is available.</p>	Complete with ongoing monitoring April 2024
	<p>ii. Comments and observations raised by RAH Domestic Services staff have been addressed:</p> <ul style="list-style-type: none"> - Established monthly communications meetings - Daily conversations between management/supervisors and staff regarding operational status of domestic services. 	May 2024	Assistant Head of FM Operations	Systems are established	Complete with ongoing monitoring. May 2024
		May 2024	Assistant Head of FM Operations	Communications arrangements are established and will remain ongoing.	Complete with ongoing monitoring. May 2024

		May 2024	Assistant Head of FM Operations	Daily conversations between Management/ Supervisors and staff are established and will remain ongoing.	Complete with ongoing monitoring. May 2024
<p>Requirement 3</p> <p>NHS Greater Glasgow and Clyde must ensure that all patients have access to a call bell (see page 22).</p>	<p>a) Outcome of call bell scoping requirements to be presented via GGC Governance & Management groups Approval of works, then plan for install in ED & MAU to be agreed.</p>	Estimated completion by April 2025	RAH – Operational Estates Team / RAH Clinical Teams	<p>A proposal including estimated costs for the install of a nurse call system within the ED /MAU at RAH was shared with the Clyde and Acute management team and funding has since been approved.</p> <p>A plan for installation is being finalised. This will incorporate a wireless system in the ED corridor and MAU waiting areas first, followed by whole system installation in ED cubicles thereafter.</p>	
<p>Requirement 4</p> <p>NHS Greater Glasgow and Clyde must ensure that all patient care documentation is accurately and consistently completed (see page 22).</p>	<p>a) Complete A-D model of documentation to ensure accurate and consistent documentation in general and specifically supporting pressure ulcer assessment, avoidance and management</p>	August 2024	Associate Chief Nurse / LNs / SCNs / TV Specialist Nurses	<p>a) Training of A-D documentation model in all wards completed with support from practice educators and TV CNS.</p>	Complete with ongoing embedding November 2024

	b) FFN audits completed monthly and recorded on CAIR platform	April 2024	SCNs / LNs	b) Established audit system in place with LN monitoring and any improvement actions are supported to ensure a high standard of patient centred documentation	Complete with ongoing monitoring. April 2024
<p>Requirement 5</p> <p>NHS Greater Glasgow and Clyde must ensure that all staff follow standard infection control precautions in relation to –</p> <ul style="list-style-type: none"> - hand hygiene, - personal protective equipment and, - the safe management of linen and waste (see page 22). 	<p>a) Hand hygiene audits regularly undertaken by ward auditor and recorded on CAIR platform.</p> <p>b) There is a schedule of unannounced hand hygiene audits undertaken by the Board Hand Hygiene Coordinator for further assurance.</p> <p>c) Re – circulate IPC bulletins on Hand Hygiene, PPE, Safe management of linen</p> <p>d) Lunch and Learn sessions with a focus on SICPs arranged</p> <p>e) IPCT highlight any observed non-compliance during weekly ward visits and this is also discussed at Clyde Chief Nurse/Facilities Meetings and SMT</p>	<p>April 2024</p> <p>April 2024</p> <p>April 2024</p> <p>June 2024</p> <p>June 2024</p>	<p>Senior Charge Nurses (SCN)</p> <p>IPC Board Hand Hygiene Coordinator</p> <p>Senior Charge Nurses</p> <p>Associate CN / IPCN</p> <p>IPC nurses</p>	<p>SCN's and IPC nurses carry out a series of tool box talks, this includes practical sessions with staff using a "glow box" - this allows staff to identify areas of the hands for focus and improved technique. Linen tool box talks have also been undertaken and are available for staff to use.</p>	<p>Complete with ongoing monitoring. April 2024</p> <p>Complete with ongoing monitoring. April 2024</p> <p>Complete with ongoing monitoring. April 2024</p> <p>Complete with ongoing monitoring. June 2024</p> <p>Complete with ongoing feedback. June 2024</p>

	f) SICPs Quality Assurance training session for peer auditors	July 2024	IPCN / LNs/SCNs	Peer auditor training previously successful, and a further session took place in July 24 to increase numbers of peer auditors trained. Peer audit programme ongoing.	Complete July 2024
Requirement 6					
NHS Greater Glasgow and Clyde must ensure cleaning products are stored safely and securely (see page 22).	a) Memo issued to all staff reminding colleagues of the process and importance of safe storage of cleaning products.	April 2024	Chief Nurse	a) Memo sent to all staff at the time of the Inspection initial feedback and discussed at Chief nurse meeting, for additional shared learning in June 2024.	Complete with ongoing monitoring. April 2024
	b) Lead Nurse will monitor compliance through observation of practice during daily ward visits.	April 2024	Lead Nurses	b) Completed with ongoing observation and support	Complete with ongoing monitoring. April 2024
	c) SCN/ nurse in charge of ward will monitor compliance via observations of practice on every shift	April 2024	SCNs	c) Completed with ongoing observation and support.	Complete with ongoing monitoring. April 2024
	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,		SCNs / Health & Safety	d) As part of compliance monitoring the Health and Safety (H&S) department have a programme	Complete with ongoing monitoring. April 2024

	measures to control access and storage of COSHH products should be documented.			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 failings in this, advice is given on immediate remedial actions to support compliance.	
Requirement 7 NHS Greater Glasgow and Clyde must ensure the care environment is in a good state of repair and maintained to support effective cleaning (see page 22).	<p>a) A continual improvement maintenance program is in place, by utilising FmFirst 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>b) Refurbishment of Public Toilets at</p>	April 2024	RAH – Operational Estates Team & Clyde SMT	<p>a) RAH Environment Group established in 2023 comprising Chief Nurse, SMT, Facilities & Estates reps to assess environment and prioritise improvements. Regular walkrounds of clinical and public areas undertaken with SBARs developed and submitted to management / estates.</p> <p>b) Works completed</p>	Complete with ongoing monitoring. April 2024

	<p>main entrance of RAH to ensure the area remains in a good state of repair and is maintained to support effective cleaning.</p> <p>c) Refurbishment and structural repairs to flooring within ED resuscitation department.</p>	<p>December 2024</p> <p>May 2024</p>	<p>RAH Operational Estates Team/ Minor Works Team</p> <p>RAH – Operational Estates Team</p>	<p>c) Works completed</p>	<p>Complete with ongoing monitoring. October 2024</p> <p>Complete with ongoing monitoring. May 2024</p>
<p>Requirement 8 NHS Greater Glasgow and Clyde must ensure the safe storage of medicines at all times (see page 22).</p>	<p>a) Memo issued to all staff reminding colleagues of the process and importance of safe administration and storage of medicines.</p> <p>b) Lead Nurse will monitor compliance through observation of practice during daily ward visits</p>	<p>June 2024</p> <p>June 2024</p>	<p>Chief Nurse</p> <p>Lead Nurses</p>	<p>a) Memo sent to all staff at the time of the Inspection initial feedback and discussed at Chief nurse meeting, for additional shared learning in June 2024</p> <p>b) 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. June 2024</p> <p>Complete with ongoing monitoring. June 2024</p>
<p>Requirement 9 NHS Greater Glasgow and Clyde must ensure all staff are able to access training required for their role and that senior charge nurses/midwives are able to access protected leadership time (see page 25).</p>	<p>a) A SLWG has been commissioned within NHSGGC to implement the Scottish Government guidance on Protected Learning Time for Agenda for Change staff. This group will consider impact and actions to implement Protected Learning Time within the</p>	<p>Further review March 2025</p>	<p>Head of Learning and Education Clyde Senior Management team to implement and monitor</p>	<p>a) GGC SLWG was established pending guidance by SG national PLT Group. This national group was established in June 2024. A national workshop took place 7</p>	

	<p>directive, including:</p> <p>Identifying statutory and core mandatory learning and profession specific mandatory training for all Agenda for Change staff</p> <p>Ensure that mandatory learning is completed during working time and training time is factored into workforce planning decisions, and that there are appropriate ways of monitoring completion</p> <p>b) Implement SCN Administration Assistant role within RAH wards to release protected leadership time SCN time.</p>	<p>Further review January 2025</p>	<p>Clyde Senior Management team</p>	<p>October 2024 to scope outcomes and milestones for Boards identified to March 2025.</p> <p>GGC SLWG has progressed in interim to draft identified role specific essential training in readiness for pending guidance. Clyde SMT encourage, support and plan opportunities for staff to complete training during working time and have enabled this with the provision of some additional IT facilities. Training compliance is monitored monthly.</p> <p>b) SCN Admin role job description finalised. Proposal presented to Clyde SMT & Acute Senior Management Group and supported in principle. Agreement was to test role and evaluate effectiveness in releasing time to lead. This has had limited progress owing to financial constraints</p>	
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				within nursing budgets and the GGC review of admin roles, however remains a priority and will continue to be progressed when possible.	
<p>Requirement 10</p> <p>NHS Greater Glasgow and Clyde must ensure patient dignity is maintained at all times. This includes but is not limited to access to shower facilities for patients requiring mobility aids (see page 27).</p>	<p>a) Improve access to shower facilities for patients requiring mobility aids</p>	<p>Estimated completion by May 2025</p>	<p>RAH – Operational Estates Team / RAH SMT</p>	<p>Scoping of current facilities suitable for showering with mobility aids was undertaken between Nov 23 - May 24, identifying possible areas for improvements within the North & South towers of the RAH. Several locations identified that will be altered / upgraded to accommodate shower facilities suitable for patients that require mobility aids. Funds secured and out to tender until 18th Nov. 24</p> <p>Identification of the showers which are accessible has been shared to allow any patient requiring this facility to be signposted and</p>	<p>Complete Nov 24</p>

				supported to access these shower areas.	
Recommendation 1 Patients should be assisted with hand hygiene prior to mealtimes where required.	a) Patients to be supplied with appropriate facilities prior to every meal	April 2024	SCNs / LNs	a) Communications via FFN Group have reminded staff re mealtime coordinator role to include provision of HH for patients.	Complete with ongoing monitoring. April 2024
	b) Lead Nurse will monitor compliance through observation of practice during daily ward visits	April 2024		b) Completed with ongoing observation and support.	Complete with ongoing monitoring. April 2024
	c) Monitoring via FFN audits and CCAAT audits	April 2024		c) Completed with ongoing observation and support.	Complete with ongoing monitoring. April 2024
Recommendation 2 NHS Greater Glasgow and Clyde should ensure full completion of the staffing level tool and professional judgement tool as part of the Common Staffing Method.	a) Undertake Common Staffing Method, as per GGC schedule of staffing level tools – Adult Inpatient Tool and Emergency Care Provision Tool scheduled to commence 24 th June 24 for 2 weeks.	July 2024	Chief Nurse / LNs/SCNs / Health Care Staffing Team	a) Adult Inpatient and Emergency Care Provision Tools were completed w/c 24 th June 2024 for 2 weeks. Outcomes being progressed via management / professional governance routes to Board.	Complete August 2024 with ongoing analysis and reporting via management and professional governance routes