



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: _____

Full Name: _____

Date: _____

NHS board Chief Executive

Signature: _____

Full Name: _____

Date: _____

File Name: 20240429 Improvement action plan UHH NHS Lan - 23-10-2024.docx UHH NHS Lan v0.1	Version: 0.1	Date:- 29/04/2024
Produced by: HIS/NHS Lanarkshire	Page: Page 1 of 13	Review Date: - 24/10/024
Circulation type (internal/external): Internal and external		

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Update	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 	<p>53% of nursing staff have completed their paediatric BLS Learnpro module. Ongoing work continues for all staff to have completed the module in the next 3 months. Delays to achieving 100% relate to releasing time for staff to complete</p> <p>85% of nursing staff have completed their Child Protection Module on Learnpro. Delays to achieving 100% as above</p> <p>6 of Band 6 / 7 have attend PILS course. 3 out of the remaining 4 staff have attended either an Advanced Paediatric Life Support (APLS) Course or a European Paediatric Advanced Life Support (EPALS) Course.</p>	Ongoing training. Plan in place for structured training through GCU to complement Turas/Learnpro and Face to face training courses.

				<ul style="list-style-type: none"> 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 	<p>2 further Band 6 staff members are due to attend the EPALS course this month.</p> <p>Access to GGC EPALS course available – staff will be booked in when dates available</p> <p>This request is ongoing into 2025 and a place has been reserved for a staff member from UHH ED on each course.</p> <p>Developing bespoke post graduate pediatric training course with Caledonian University. Course will focus on enhancing skills and competencies of Emergency Department nursing staff. Drafting course outline with view to commence April 2025. As course develops will consider periop requirements</p> <p>Periop team carried out a training analysis and</p>	
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					<p>reviewed training required for the different staff groups. The staff groups included Day Surgery, Anaesthetic Practitioners & Recovery.</p> <p>The different levels of training identified as follows:</p> <p>Paediatric BLS – All staff</p> <p>Paediatric ILS – Recovery Practitioners</p> <p>Potential bespoke Paediatric Deteriorating Child – Specifically designed for anaesthetic practitioners and Day Surgery Registered Practitioners – PM session will include advanced airway</p> <p>Perioperative educators from each site, clinical skills specialist from medical education and the team leader from the resuscitation team met to discuss appropriate levels of training and design a bespoke training course.</p> <p>Each site had reduced numbers of PBLs trainers due to staff migration –</p>	
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					<p>Training has been arranged on the 16th December for 4 staff from each site, to complete the 'Train the trainer' PBLs course – They will roll out the PBLs training in the perioperative departments on each site at the CME monthly afternoons.</p> <p>One staff member in DSU has completed the train the trainer and is delivering a PBLs course at UHH on 7th November.</p> <p>Training Plan slides attached (see appendix A and B)</p>	
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) 	<p>September 2024 Plan agreed, training will be ongoing</p> <p>UHH compliance with Fire Safety Awareness training - 85.5%</p> <p>Nursing and Midwifery staff of UHH are at 86.9%</p>	Ongoing training and monthly review of KPI's

				<ul style="list-style-type: none"> Ongoing annual training schedule developed in conjunction with fire training officer Site/ward and role specific dedicated training 	<p>Fire safety training programme remains in place.</p> <p>KPI and Fire Control Training commenced on site 4th October. Rolling programme in place.</p> <p>Dedicated evacuation plan developed for wards that includes additional staff requirements. Focus on clinics in relation to written evacuation plan.</p> <p>(See appendix C)</p>	
<p>Domain 4.1</p> <p>3</p>	<p>NHS Lanarkshire will continue to work to ensure that all patient documentation is accurately and consistently completed</p>	<p>31st August 2024</p>	<p>Chief of Nursing/ Chief of Medicine/Senior Nurses</p>	<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 	<p>Admission record revised. Daily care plan developed. Both out for MDT Feedback in 3 acute receiving areas across NHSL. Feedback being collated for next admission record review meeting 29/10.</p> <p>Care plan likely to require further adaptations, and testing using QI Methodology.</p>	<p>Ongoing</p>

				<ul style="list-style-type: none"> Deliver training in relation to key documentation such as AWI Care assurance standards reviewed and updated – ongoing work to establish measurement process 	<p>10.5.24 & 24.9.24 teaching sessions facilitated for frailty for Older adult and wider hospital. Topics included AWI, Realistic medicine, Frailty, delirium and Active wards.</p> <p>4.10.24 Newly Qualified Teaching</p> <p>Audit process in place (see appendix D)</p> <p>Work still ongoing with Deputy chief Nurses re agreeing measurement plan for Care Assurance Standards</p>	<p>Completed</p> <p>However ongoing training and education across site</p>
4	NHS Lanarkshire will ensure safe intravenous line care to prevent risk of infection and promote effective 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 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 		22.3.24

				<p>clinical areas (appendix 2)</p> <ul style="list-style-type: none"> • 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 Intravenous Lines and Infusions – Awareness Sessions (appendix 5)</p>	<p>Promoting Best Practice of Safe & Effective Management of Intravenous Lines and Infusions – Awareness Sessions were delivered over the course of a week from 22nd July 24 – 26th July 24. A daily theme was highlighted at the site safety huddle and SCNs/NIC were</p>	<p>26.7.24</p>
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				<p>August 2024 Promoting Best Practice of Safe & Effective Management of Intravenous Lines and Infusions – Practical Sessions (appendix 6)</p>	<p>issued a toolkit to take back to their ward and department areas to share with the teams both on day shift and with the night shift team. The following topics were covered:</p> <ul style="list-style-type: none"> • Building a culture of Safety • Infection Control • Procedural Guidelines • Knowledge Quiz • Patient Stories <p>(see appendix E -I)</p> <p>July's actions were followed by Promoting Best Practice of Safe & Effective Management of Intravenous Lines and Infusions – Practical Sessions, these were carried out on the 4th & 5th September 2024. They were delivered by the NHSL Clinical Skills team and facilitated by the senior nursing team at UHH. There was an attendance of 101 staff over the 2 days. The following skill stations were in place:</p> <ul style="list-style-type: none"> • VIP Scoring • Intravenous Infusion Management 	5.9.24
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					<ul style="list-style-type: none"> • Extravasation • Infection Control • PVC • Patient Stories <p>A survey was conducted pre and post sessions which demonstrated an increase in learning over 10 areas in relation to management of intravenous lines and infusions.</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 		<p>22.3.24</p> <p>12.4.24</p> <p>17.5.24</p>

				<p>Group</p> <ul style="list-style-type: none"> Re audit compliance and agree ongoing improvement/audit schedule 	<p>Re audit of Medication spot check June & August 2024</p> <p>NHSL medicines management audit completed October 2024. Planned to complete again in November with agreed amended document</p> <p>(see appendix J)</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>	<p>SCN/ Senior Nurses/ Chief of Nursing/Chief of Medical Services</p>	<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 	<p>Updated policy at Joint Policy forum awaiting ratification October 2024</p> <p>Agreed and detailed in UHH spread plan</p>	<p>Ongoing</p> <p>22.3.24</p> <p>29.5.24</p>

				<ul style="list-style-type: none"> Site audit undertaken focused on establishing actions/improvements required in following areas: Safe Management of Linen undertaken (Appendix 9) 		12.4.24
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 briefs 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 	<p>Locks replaced and compliance re audited August and October 2024</p> <p>Key safes in place in all ward sluice areas – working ongoing in periop</p>	<p>22.3.24</p> <p>12.4.24</p> <p>5.6.24</p> <p>17.04.24</p>

				storage of hazardous substance) (Appendix 10)		
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