

Improvement Action Plan

Healthcare Improvement Scotland: Unannounced Inspection

The Queen Elizabeth University Hospital campus, NHS Greater Glasgow and Clyde
 7-8 and 20 June 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

NHS board Chief Executive




Signature:

Signature:

Full Name: John Brown

Full Name: Jane Grant

Date: 12 April 2023

Date: 12 April 2023

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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
<u>Requirement 1 / Standard 3</u> NHS Greater Glasgow and Clyde must ensure that specialist infection prevention and control advice is recorded within the ward-level patient care record to inform care planning. This will ensure that patients are well informed, including information on when their isolation period will end.	The IPCT will in addition to ICNet, record all Infection Prevention and Control advice on the patient notes section of Clinical Portal (electronic system). This will be a change from the current process of documenting the majority of IPCT advice in the ward level held paper patient case notes. This record will include the estimated date of removal from isolation if appropriate.	28.11.22	Associate Nurse Director IPC IPC Team	IPCT advice is now recorded in clinical portal. This includes where appropriate, the date patients can be removed from isolation.	Complete Nov 2022
<u>Requirement 2 / Standard 6</u> NHS Greater Glasgow and Clyde must ensure cleaning of tracheostomies is in line with guidance, not performed in clinical wash hand basins and staff have the correct information and support to do this safely.	a. Tracheostomy Guideline was ratified by Acute Clinical Governance in August 2022. This guideline contains all aspects of care for a patient with a tracheostomy. b. Bimonthly tracheostomy workshops re-established in August 2022 by Corporate Practice Development. c. Two Learn-pro modules are being developed which will be available in the next month.	August 2022 August 2022 December 2022	Associate Chief Nurse Excellence in care Corporate PD team Corporate PD team		Complete August 2022 Complete August 2022 In progress The learn pro modules will be launched at the end of April 2023

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<p>Requirement 2 / Standard 6 NHS Greater Glasgow and Clyde must ensure cleaning of tracheostomies is in line with guidance, not performed in clinical wash hand basins and staff have the correct information and support to do this safely.</p>	<p>d. The guidance from the aforementioned Guideline in relation to managing tracheostomies and the inner tube guidance was shared with the Chief Nurses on 22.06.22 for dissemination to all wards and departments.</p>	<p>June 2022</p>	<p>Chief Nurses</p>	<p>Complete June 2022</p>
	<p>e. Ward 62 was visited regularly by the IPCT during this time to ensure the implementation of this guidance.</p>	<p>August 2022</p>	<p>IPCT</p>	<p>Complete August 2022</p>
	<p>f. To further support the implementation across the whole site, the IPCNs in South Sector promoted the guidance as topic of the week during weekly ward visits week commencing 27.06.22.</p>	<p>June 2022</p>	<p>IPCT</p>	<p>Complete June 2022</p>
	<p>g. Observation and audit of practice was undertaken at ward level on ward 62 by Practice Educator July, August and September 2022 to ensure practice was fully embedded.</p>	<p>August 2022</p>	<p>Chief Nurse</p>	<p>Complete September 2022</p>

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<p>Requirement 3 / Standard 6 NHS Greater Glasgow and Clyde must ensure that systems and processes in place support clinical staff who are assuming a more senior role in managing a clinical area. This will include but is not limited to the senior charge nurse's responsibilities concerning infection prevention and control.</p>	<p>a. Band 6 roles and responsibilities discussed at Lead Nurse Meeting and role descriptor developed.</p> <p>b. Band 6 Development Programme for Regional Services to commence Jan 23.</p>	<p>August 2022</p> <p>April 2023</p>	<p>Chief Nurse</p> <p>Chief Nurse</p>	<p>1st cohort of 20 Band 6's have completed development programme March 2023. Follow up actions underway</p>	<p>Complete August 2022</p> <p>Complete March 2023 (cohort 1) and Ongoing as two further cohorts are planned to take place in 2023.</p>
<p>Requirement 4 / Standard 8 NHS Greater Glasgow and Clyde must take steps to improve the governance and reporting of critical systems within the built environment. This should include but not be limited to:</p>	<p>a) A more robust system to ensure the infection prevention and control team is informed of ventilation performance validation reports in realtime to ensure any noncompliance that may impact infection control is identified and actioned at the earliest opportunity.</p>	<p>a) IPCT to have full access to the Verification Smartsheet with regards to ventilation.</p> <p>b) Estates, Clinical colleagues and Infection Control will work collaboratively to ensure a universal SOP is created and implemented to deal with non-compliant ventilation performance.</p>	<p>November 2022</p> <p>30/11/22</p>	<p>Assistant Director of Estates</p> <p>Assistant Director of Estates</p>	<p>Complete November 2022</p> <p>Complete December 2022</p>

<p><u>Requirement 4 / Standard 8 (continued)</u> NHS Greater Glasgow and Clyde must take steps to improve the governance and reporting of critical systems within the built environment. This should include but not be limited to:</p>	<p>b) When approval is sought from committee members within the infection prevention and control governance structure, this is treated as a priority for all members with clear recorded evidence of approval or non-approval by required committee members. This will ensure clear accountability within infection prevention and control governance structures.</p>	<p>a) The IPC Committees (including the Board Infection Control Committee (BICC), the Acute Infection Control Committee (AICC) and the Partnership Infection Control Support Group (PICSG) TOR have been reviewed and a section on this action has been included to ensure that approval is sought from committee members on all policies and guidelines to ensure clear accountability within IPC governance structures. The TOR of each Committee will be approved at the next relevant committee meeting (dates noted in the next column).</p>	<p>PICSG 02/12/22 AICC 06/12/22 BICC 15/12/22</p>	<p>IPCT Business Manager Head of Board Administration & Corporate Governance</p>	<p>Updated Terms of Reference</p>	<p>Complete February 2023</p>
		<p>b) An action will be included in the action log following the approval of every policy/guidance or protocol to monitor the consultation, implementation and the communication of the policies across NHSGGC Services.</p>	<p>PICSG 02/12/22 AICC 06/12/22 BICC 15/12/22</p>	<p>IPCT Business Manager</p>		<p>Complete February 2023</p>

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<p><u>Requirement 4 / Standard 8 (continued)</u> NHS Greater Glasgow and Clyde must take steps to improve the governance and reporting of critical systems within the built environment. This should include but not be limited to:</p>	<p>c) Ensure attendance by members of committees in the infection prevention and control governance structure, such as the NHS board water safety group, is a priority. When attendance is not possible, a deputy should attend, as recommended by the Vale of Leven Hospital Inquiry Report.</p>	<p>The requirement for the attendance of the Committee members or an adequate deputy has been included in the TOR of all the IPC Committees (BICC, AICC and PICSG) to ensure adequate representation of all relevant parties at the meetings to enable informed decisions to be made.</p> <p>The TOR for each committee will be submitted for approval at the relevant Committee at the Committee's next meeting – dates noted in the next column.</p>	<p>PICSG 02/12/22 AICC 06/12/22 BICC 15/12/22</p>	<p>Assistant Director of Estates IPCT Business Manager</p>		<p>Complete February 2023</p>
	<p>d) The governance water management structure is either fully applied or adapted to reflect the requirements of the reporting structure to ensure the NHS board are fully informed of any NHS board water safety group issues.</p>	<p>All minutes passed to BICC. Exception reports from EFM go to AICC and BICC. Members of the IPCT sit on the Board Water Safety Group & Infection Control & Built Environment Group. EFM reps sit on AICC, PICSG and BICC. Information is therefore shared between all of the governance groups.</p>	<p>June 2022</p>	<p>Assistant Director of Estates</p>		<p>Complete June 2022</p>

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<u>Requirement 4 / Standard 8 (continued)</u> NHS Greater Glasgow and Clyde must take steps to improve the governance and reporting of critical systems within the built environment. This should include but not be limited to:	e) Review the system currently in place for quarterly reporting of flushing of water outlets to ensure a robust and effective process.	a. A report is produced as part of the AICC submission from Operational Estates, details of all WSO1a returns are recorded and escalated to members of the AICC group. Any escalations are then sent to ICBEG and BICC forums for discussion and action.	June 2022	Assistant Director of Estates		Complete June 2022
		b. A training session is to be delivered on the 14 th December by GG&Cs Authorising Engineer around roles and responsibilities of Water Management including the importance of flushing. The course is open to all colleagues with those responsibilities, invites have been sent.	December 2022	Assistant Director of Estates		Complete December 2022

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<p><u>Rec A/Standard 7</u> NHS Greater Glasgow and Clyde should consider the method of sharing information with patients about their invasive devices. This will support patients to proactively care for their devices and be aware of risks and signs and symptoms of infection.</p>	<p>This will be considered though the work plan of the IPCQI Operational Group and will involve patient consultation and review of best practice across Scotland.</p> <p>Following this consideration and consultation, implementation and impact assessment will be taken forward through tests of change via Sector led SAB groups.</p>	<p>May 2023</p>	<p>IPCQI Operational Group</p> <p>IPC Nurse Consultant/Chief Nurse South Sector</p> <p>Sector led SAB groups.</p>	<p>In addition to the Patient Information Leaflets (PILs) being available on the IPC Webpage, the link to these has now been added to the home page of all ward IPads. As an alternative to paper leaflets being provided, patients can be given an iPad to use to read the PIL. This allows for fonts to be increased and brightness to be changed to suit patient needs. Included in the PIL section is the "PVC Patient Information Leaflet" and the "Information about ...Urethral Urinary Catheter Care".</p> <p>The Director of Infection Prevention & Control has proposed using the theory of planned behaviour to reduce blood stream infections associated with the use of PVCs. This will be part of the work of the IPC Quality Improvement Network and it is hoped that progress on this will be reported to the network with a final paper submitted in 2024.</p>	<p>Complete March 2023</p> <p>In progress</p>
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<p><u>Rec B/ Standard 8</u> NHS Greater Glasgow and Clyde should consider a review of the electronic estates reporting system, to enhance the prioritisation allocation and communication for both the estates team and staff within the clinical areas.</p>	<p>Currently FM First is used in a number of boards in NHS Scotland. Discussions have taken place this week with the company who provides this system to look at the possibility of modifying the front end to allow clinical staff to highlight priorities.</p> <p>Estates issues will continue to be reported at the site huddle meetings which occur throughout the day and which members of the estates team attend.</p>	<p>May 2023</p>	<p>Assistant Director of Estates</p>	<p>Our service provider Askey were tasked with identifying a solution that flagged potential issues that impacted on bed availability and allowed Supervisors to prioritise work requests. The current plan is to look at:</p> <p>Changes to system : -</p> <p>New flag against the location to indicate if the location is an issue in terms of patient flow and the availability of in-patient beds.</p> <p>New field in the Task Type to indicate the escalated priority for in-patient bed availability. On initial saving a ticket, both helpdesk and portal, if the location is a bed area, a question will be asked (question to be defined by GGC) asking if this is causing unoccupied beds to be unavailable to use. If answered no, carry on as normal. If answered yes, the task priority will be changed to the escalated priority in the task type.</p> <p>In either case, an event will be created indicating the action taken and by who.</p> <p>Estates issues will continue to be reported at the site huddle meetings which occur throughout the day and which members of the estates team attend.</p>	<p>In progress Target date end of May 23</p>
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