



Improvement Action Plan

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

Glasgow Royal Infirmary, NHS Greater Glasgow and Clyde

3 – 5 June 2024

Improvement Action Plan Declaration – 18-week update

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: 20th January 2025

NHS board Chief Executive

Signature:

Full Name: Jane Grant

Date: 20th January 2025

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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 staff are trained in fire evacuation procedures.	<p>Specialist Fire Evacuation Training was provided to front door emergency areas such as the emergency department and the acute assessment unit.</p> <p>Aiming for a minimum of 90% compliance, allowing for turnover and long term planned and unplanned absence</p>	August 2024	Fire Officer, Lead Nurse, Senior Charge Nurses and oversight from Clinical Service Manager.	<p>Currently 90% of staff trained up to 15th August 2024. Training will be complete by September 2024.</p> <p>‘Train the Trainer’ sessions have also taken place to provide training for any new staff to the Dept.</p> <p><u>Jan 2025 ED Update</u> – Continuing with monthly fire evacuation drills, with support of fire safety officers to maintain minimum compliance of 90%</p>	Complete with ongoing monitoring 15 th August 2024.
Requirement 2 NHS Greater Glasgow and Clyde must ensure nursing staff are provided with the necessary paediatric and immediate life support training to safely carry out their roles within the emergency department.	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 on each shift.	June 2024	Emergency Department Lead Nurse, Practice Educator and Senior Charge Nurses	<p>Currently ongoing rostering permits a member of staff trained in paediatric life support on each shift.</p> <p>Additional staff members have been selected to attend courses being run in</p>	Complete with ongoing monitoring 7 th June 2024

	<p>In addition, staff have been identified to attend either BLS or PILS training according to the departmental training needs assessment. Training dates are already planned for: Paediatric Immediate Life Support (PILS) Paediatric Basic Life Support (BLS)</p> <p>Courses are being run in September, October and November 2024</p>			<p>September, October and November 2024</p> <p><u>Updated January 2025</u> PILs training continues to be booked for all allocated spaces throughout 2025.</p> <p>In addition to this, ED Consultant and Nurse Educator have Increased simulation training for 2025 to support paediatric scenarios.</p>	
<p>Requirement 3 NHS Greater Glasgow and Clyde must ensure all patients in the emergency department are provided with fundamentals of care.</p>	<p>Role of Continuing Care Nurse established to monitor any patient in the Dept. still awaiting cubicle space. Role is to ensure that nursing documentation, care rounding, and assessment for interventions begins at triage and not when allocated cubicle space. Assessments include pain relief, toileting needs, FFN requirements, pressure area vulnerability and asking for any other consideration.</p>	<p>April 2024</p>	<p>Chief Nurse, Associate Chief Nurse, Lead Nurse and Senior Charge Nurse group.</p>	<p>Complete. Role introduced following HIS visit to ED in April 2024.</p> <p>EDCAT undertaken 12th August 2024 Corporate Development Team – confirmed process remains embedded.</p> <p><u>Updated January 2025</u> Continuing Care Nurse role remains in place. ED LN / Lead SCN – Continue with ongoing ‘real time’ documentation audits of the Continuing Care Role, focusing on NEWS, FFN, Care Rounding. ED remains part of the CCAAT / EDCAT assurance planner.</p>	<p>Complete with ongoing auditing April 2024</p>

<p>Requirement 4 NHS Greater Glasgow and Clyde must ensure all patients have access to a call bell.</p>	<p>In February 2024 external contractors scoped the installation of a call bell system for the emergency department for those patients being cared for by the continuing care nurse. This exercise was repeated across all GGC ED's.</p>	<p>December 2024</p>	<p>North Sector Senior Leadership Team and North Sector Estates Team</p>	<p>North Sector Senior Leadership Team have been presented with the installation quote for the call bell system for consideration and progress to the works being completed.</p> <p><u>Updated January 2025</u> New nurse call bell system installed. Ongoing staff training with the use of the new system and location.</p>	<p>Completed Jan 2025</p>
<p>Requirement 5 NHS Greater Glasgow and Clyde must ensure all patient documentation is accurately and consistently completed.</p>	<p>Complete A-D model of documentation to ensure accurate and consistent documentation in general and specifically supporting pressure ulcer assessment, avoidance and management. In addition, this model of documentation encourages increased focus on care plan completion.</p>	<p>End of Sept 2024</p>	<p>Associate Chief Nurse / LNs / SCNs / TV Specialist Nurses</p>	<p>Ongoing training and embedding of the A-D documentation model is ongoing.</p> <p>All areas have had a supported introduction of the model with three areas to be supported to completion by the end of Sept 2024.</p> <p><u>Updated January 2025</u> All wards now using A-D documentation model. LN / SCN monitoring via CCAAT audits.</p>	<p>Completed Sep 2024</p>

Requirement 6 NHS Greater Glasgow and Clyde must ensure that all staff follow standard infection control precautions in relation to hand hygiene and the safe management of used linen.	A multi-disciplinary approach was taken in delivering all aspects of education, assurance and feedback for improvement.	Monthly	SCN / CN in each clinical area	20 monthly HH checks are completed in each clinical area for uploading on to CAIR Dashboard	Complete with ongoing monitoring April 2024
	Hand hygiene audits undertaken by ward auditor and recorded on the CAIR Dashboard.	Ad hoc, unannounced by IPC Team	IPC Team	Ongoing rolling timetable of unannounced HH audits by GGC Board HH co-ordinator	Complete with ongoing monitoring April 2024
	There is a schedule of unannounced hand hygiene audits undertaken by the Board Hand Hygiene Coordinator for further assurance.	July 2024	GGC Board HH co-ordinator	HH co-ordinator based themselves in GRI for the month of July	Completed July 2024
	Board Hand Hygiene Co-ordinator visited GRI site for the month of July and carried out multiple 'toolbox talks', education sessions, and visited multiple clinical areas to support HH improvement.	April 2024 & Monthly for linen management by Hillington Laundry Team	Assoc CN / IPC Teams, linen supervisor	Post April ED inspection a whole site review was undertaken to ensure all clinical areas had full access to all IPC control measures to improve performance in these key areas. Ongoing support is provided by domestic services, linen supervisors, IPC Team and local senior nursing teams.	April 2024 with continuous monitoring and feedback
Re – circulate IPC bulletins on Hand Hygiene, PPE, Safe management of linen	As above	As above	<u>Updated January 2025</u> Facilities managers provided Segregation of Waste drop-in training sessions for North staff in June 24 and October 24.	Complete October 2024	

	<p>IPCT highlight any observed non-compliance during weekly ward visits and this is also discussed at North Chief Nurse/Facilities Meetings and SMT</p> <p>SICPs Quality Assurance training session for peer auditors</p>	<p>June 2024</p> <p>June 2024</p>	<p>Infection Prevention and Control Audit teams</p> <p>Lead Nurses / SCN's & Assoc CN's.</p>	<p>This is an ongoing process with regular visits from the Sector IPC teams</p> <p>Peer auditor training previously successful. Further session arranged as required.</p> <p><u>Updated January 2025</u> IPC LN and IPC teams peer auditor sessions scheduled with SCN's across the North to support peer SICPs audit.</p>	<p>June 2024 with continuous monitoring and feedback</p> <p>Carried out between September and November 2024</p>
<p>Requirement 7 NHS Greater Glasgow and Clyde must ensure cleaning products are stored safely and securely.</p>	<p>Memo issued to all staff reminding colleagues of the process and importance of safe storage of cleaning products.</p> <p>SCN / Nurse in Charge of ward will monitor compliance via observations of practice on every shift</p>	<p>April 2024</p> <p>April 2024</p>	<p>Chief Nurse</p> <p>Lead Nurse / Senior Charge Nurse</p>	<p>Shared learning and discussion with whole LN Team at time of April 2024 ED Inspection. Safe Day of Care Inspection methodology developed to include correct storage of cleaning products</p> <p>Complete with continued observation and ongoing support where required</p>	<p>Complete (Apr 2024) with ongoing monitoring</p> <p>Complete in Apr 2024 with ongoing monitoring</p>

	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.	April 2024	Senior Charge Nurse / Lead Nurses	As part of ongoing H&S monitoring the audits include COSHH. Part of the audit ensures correct storage cabinets are in place. <u>Updated January 2025</u> COSHH storage cupboards procured and distributed to identified areas following review of risk assessments. Daily spot checks of compliance remain in place as part of LN / SCN Ward check-in	Complete by June 2024 and ongoing support where required.
Requirement 8 NHS Greater Glasgow and Clyde must ensure equipment is clean and ready for use	Allocated roles outlined in each clinical areas for a member of staff to undertake Infection, Prevention and Control actions throughout the shift.	April 2024 in Emergency Dept. June 2024 in Ward areas	Associate Chief Nurse / Lead Nurses / Senior Charge Nurses	Staff roles reviewed and ownership and responsibility for allocated sections of each clinical area incorporated into shift role allocation.	Complete by June 2024 with ongoing monitoring
	Nurse in Charge is now tasked with undertaking twice daily spot checks, including patient equipment. This provides assurance that patient equipment is clean and serviceable within each clinical area.	April 2024 in Emergency Dept. June 2024 in Ward areas	Associate Chief Nurse / Lead Nurses / Senior Charge Nurses	Nurse in Charge process of including twice daily spot checks of patient equipment for cleanliness and serviceability is now embedded in practice.	Complete by June 2024 with ongoing monitoring
	Patient equipment is inspected for cleanliness and serviceability as part of our 6	June 2024	Associate Chief Nurse / Lead Nurses / Senior Charge Nurses	Process now embedded in the 6 monthly SICPs auditing cycle.	Complete June 2024 with ongoing monitoring

	monthly SICPs audit programme.				
Requirement 9 NHS Greater Glasgow and Clyde must ensure safe storage of medicines and that all staff manage controlled drugs in line with NHS Greater Glasgow and Clyde's policy and procedures for the safe management of controlled drugs.	Safe and secure storage of Medicines policy shared again with staff being reminded of the requirements and the importance of safe administration and storage of medicines.	June 2024	Chief Nurse	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. June 2024
	Associate Chief Nurse, with Lead Nurses will audit all clinical areas to assure correct capacity to securely store medications and to verify any faulty locks, cabinets or storage are reported for repair or replacement accordingly	September 2024	Associate Chief Nurse & Lead Nurses	Audits of clinical areas is underway. Due to be complete by end of August with verification of repairs / replacements by end of September <u>Updated January 2025</u> Output of audits for any replacement cabinets / storage taken through LN/ CSM /GM for ordering & replacement. Daily spot checks remain in place as part of LN / SCN Ward ward observations of practice.	Complete January 2025
	Lead Nurse will monitor compliance through observation of practice during daily ward visits	June 2024	Lead Nurses	Ongoing observation and support. Feedback is provided and support to ensure practice is safe and of a high standard	Ongoing monitoring by Lead Nurses

<p>Requirement 10 NHS Greater Glasgow and Clyde must ensure the healthcare environment is effectively maintained to ensure a safe and clean environment.</p>	<p>Following agreement of priority areas with clinical, Estates & Domestic services teams a program of works has been developed to directly target observations identified within July 2024 HIS report at Glasgow Royal Infirmary. This program of works will provide an improved built environment and patient experience. We envisage that works will continue subject to funding availability and consideration of admission pressures. The project is expected to be delivered in a phased approach supported by ongoing capital investment.</p>	<p>Ongoing cycle of maintenance scheduled</p>	<p>Estates Team, Finance team, IPC, Service Manger</p>	<p>Ward 5 works complete 15th August 2024</p> <p><u>Updated January 2025</u> Ward 3 started 15th August 2024 - Completed September 2024</p> <p>Ward 25 works program to begin 20th September 2024 – completed 18th October 2024</p> <p>Ward 39 works program to begin on 18th October 2024 - Ward 39 refurbishment program paused as. Ward currently in use to meet winter demands. To be rescheduled as part of 2025 maintenance schedule.</p> <p>Other Ward areas will be booked if available before the winter period begins. Future areas will be scheduled as part of an ongoing rolling run of works.</p>	<p>Annual maintenance schedule for 2024 complete.</p>
<p>Requirement 11 NHS Greater Glasgow and Clyde must ensure patient privacy and dignity is maintained at all times.</p>	<p>Principles of Continuous Flow revisited with Service and Nursing Teams, reinforcing the need to ensure the patient arriving to a Ward is given</p>	<p>June 2024</p>	<p>Operational Teams and Clinical Teams</p>	<p>All teams were spoken with, and reviews were undertaken to ensure all waiting areas were appropriate for temporary care giving. Senior members of the nursing team</p>	<p>Complete in June 2024 with ongoing monitoring</p>

	<p>access to a bed space at the earliest opportunity.</p> <p>Encourage clinical teams to support discharge patients to the discharge lounge.</p> <p>Huddle questions now include asking about any patients who are still waiting for a bed to allow intervention and resolution.</p>	<p>June 2024</p> <p>August 2024</p>	<p>Operational Teams and Clinical Teams</p> <p>Operational Teams and Clinical Teams</p>	<p>monitor this throughout the day with a specific focus on patient dignity and care.</p> <p>As part of the Discharge Without Delay work ongoing in the Sector, specific focus is centred on improvement in discharge lounge use with weekly data to support this.</p> <p>The Sector now employs the use of the electronic huddle, populated from microstrategy. Part of this work allows for the use of an electronic log to record episodes and actions to resolve any patients who still await a bed.</p>	<p>Complete with ongoing monitoring June 2024</p> <p>Complete with ongoing monitoring August 2024</p>
<p>Recommendation 1 NHS Greater Glasgow and Clyde should ensure patients are assisted with hand hygiene prior to mealtimes.</p>	<p>Patients to be supplied with appropriate facilities prior to every meal</p>	<p>June 2024</p>	<p>SCNs / LNs</p>	<p>Communications via FFN Group have reminded staff re mealtime coordinator role to include provision of HH for patients.</p>	<p>Complete with ongoing monitoring. June 2024</p>

	Lead Nurse will monitor compliance through observation of practice during daily ward visits	June 2024	Lead Nurse	Completed with ongoing observation and support.	Complete with ongoing monitoring. June 2024
	Monitoring via FFN audits and CCAAT audits	June 2024	SCNs / LNs	Completed with ongoing observation and support.	Complete with ongoing monitoring. June 2024