



# 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

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: 21<sup>st</sup> August 2024

#### NHS board Chief Executive

Signature: 

Full Name: Jane Grant

Date: 21<sup>st</sup> August 2024

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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
<p>Requirement 1 NHS Greater Glasgow and Clyde must ensure all staff are trained in fire evacuation procedures.</p>	<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>	<p>August 2024</p>	<p>Fire Officer, Lead Nurse, Senior Charge Nurses and oversight from Clinical Service Manager.</p>	<p>Currently 90% of staff trained up to 15<sup>th</sup> 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>Complete with ongoing monitoring 15<sup>th</sup> August 2024.</p>
<p>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.</p>	<p>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.</p> <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</p>	<p>June 2024</p>	<p>Emergency Department Lead Nurse, Practice Educator and Senior Charge Nurses</p>	<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 September, October and November 2024</p>	<p>Complete with ongoing monitoring 7<sup>th</sup> June 2024</p>

	<p>Support (PILS) Paediatric Basic Life Support (BLS)</p> <p>Courses are being run in September, October and November 2024</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 12<sup>th</sup> August 2024 Corporate Development Team – confirmed process remains embedded.</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>For patients outside of ED and in Wards but not in recognised care areas, individual Risk Assessments are carried out to</p>	<p>December 2024</p> <p>September 2024</p>	<p>North Sector Senior Leadership Team and North Sector Estates Team</p> <p>North Sector Senior Leadership Team and North Sector Estates Team</p>	<p>An installation quote has been received and is being considered, with a view to implementation prior to December 2024.</p> <p>Four mobile call bell systems are currently in place. A fifth system is being costed for consideration of procurement.</p>	

	<p>assess the requirement for a call bell. We have assessed patient placement areas to ensure that these are located close to communal zones to ensure visibility of patients and access to clinical staff. If the assessment indicated that patients may not be able to gain the attention of clinical staff then a mobile call bell system will be deployed. North sector has four such systems in place.</p>			<p>It is envisaged this assessment and quote should be provided by the end of September 2024</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>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.</p>	<p>A multi-disciplinary approach was taken in delivering all aspects of education, assurance and feedback for improvement.</p>				
	<p>Hand hygiene audits undertaken by ward auditor and recorded on the CAIR Dashboard.</p>	<p>Monthly</p>	<p>SCN / CN in each clinical area</p>	<p>20 monthly HH checks are completed in each clinical area for uploading on to CAIR Dashboard</p>	<p>Complete with ongoing monitoring April 2024</p>

	<p>There is a schedule of unannounced hand hygiene audits undertaken by the Board Hand Hygiene Coordinator for further assurance.</p>	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
	<p>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.</p>	July 2024	GGC Board HH co-ordinator	HH co-ordinator based themselves in GRI for the month of July	July 2024
	<p>Re – circulate IPC bulletins on Hand Hygiene, PPE, Safe management of linen</p>	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
	<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>	June 2024	Infection Prevention and Control Audit teams	This is an ongoing process with regular visits from the Sector IPC teams	June 2024 with continuous monitoring and feedback
		June 2024			

	SICPs Quality Assurance training session for peer auditors		Lead Nurses / SCN's & Assoc CN's.	Peer auditor training previously successful. Further session arranged as required.	June 2024 with continuous monitoring and feedback
Requirement 7 NHS Greater Glasgow and Clyde must ensure cleaning products are stored safely and securely.	Memo issued to all staff reminding colleagues of the process and importance of safe storage of cleaning products.	April 2024	Chief Nurse	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	Complete (Apr 2024) with ongoing monitoring
	SCN / Nurse in Charge of ward will monitor compliance via observations of practice on every shift	April 2024	Lead Nurse / Senior Charge Nurse	Complete with continued observation and ongoing support where required	Complete in Apr 2024 with ongoing monitoring
	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 for	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

	<p>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.</p> <p>Patient equipment is inspected for cleanliness and serviceability as part of our 6 monthly SICPs audit programme.</p>	<p>April 2024 in Emergency Dept. June 2024 in Ward areas</p> <p>June 2024</p>	<p>Associate Chief Nurse / Lead Nurses / Senior Charge Nurses</p> <p>Associate Chief Nurse / Lead Nurses / Senior Charge Nurses</p>	<p>Nurse in Charge process of including twice daily spot checks of patient equipment for cleanliness and serviceability is now embedded in practice.</p> <p>Process now embedded in the 6 monthly SICPs auditing cycle.</p>	<p>Complete by June 2024 with ongoing monitoring</p> <p>Complete June 2024 with ongoing monitoring</p>
<p>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.</p>	<p>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.</p> <p>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</p> <p>Lead Nurse will monitor</p>	<p>June 2024</p> <p>September 2024</p> <p>June 2024</p>	<p>Chief Nurse</p> <p>Associate Chief Nurse &amp; Lead Nurses</p> <p>Lead Nurses</p>	<p>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>Audits of clinical areas is underway. Due to be complete by end of August with verification of repairs / replacements by end of September</p>	<p>Complete with ongoing monitoring. June 2024</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>August 2024</p>	<p>Operational Teams and Clinical Teams</p> <p>Operational Teams and Clinical Teams</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>
	<p>Lead Nurse will monitor compliance through observation of practice during daily ward visits</p>	<p>June 2024</p>	<p>Lead Nurse</p>	<p>Completed with ongoing observation and support.</p>	<p>Complete with ongoing monitoring. June 2024</p>
	<p>Monitoring via FFN audits and</p>	<p>June 2024</p>	<p>SCNs / LNs</p>		

	CCAAT audits			Completed with ongoing observation and support.	Complete with ongoing monitoring. June 2024
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