



Improvement Action Plan

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

Inverclyde Royal Hospital, NHS Greater Glasgow and Clyde
17 – 18 and 24 October 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

Signature:

Full Name: John Brown

NHS board Chief Executive

Signature:

Full Name: Jane Grant

Date: 12th January 2023

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No.	Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
1	<p>NHS Greater Glasgow and Clyde must ensure that all patient documentation is accurately and consistently completed and actions recorded. This includes risk assessments such as Malnutrition Universal Screening Tool (MUST), care and comfort rounding charts and fluid balance charts (see page 16).</p> <p>This will support compliance with:</p> <p>Relevant codes of practice of regulated healthcare professions.</p>	<p>a) CCAAT audit cycle to continue 6 monthly – with particular focus on sections 4 and 7. Outcome of these audits will be discussed at monthly SCN: Lead Nurse and then Lead Nurse: Chief Nurse 1:1 meetings to monitor progress and support improvement.</p> <p>b) Education focus on MUST completion; care and comfort rounding and fluid balance chart completion.</p>	<p>Complete with ongoing monitoring</p> <p>Feb. 2023</p>	<p>Senior Charge Nurses / Lead Nurses</p> <p>Clinical Practice Educators</p>	<p>This was discussed at both SCN and LN meetings in Dec 2022 and is in place.</p> <p>This is part of normal assurance and will continue.</p> <p>This was supported through ward level support and education and commenced November 2022 and rolled out to all areas across IRH. Regular audits demonstrate sustained improvement.</p>	<p>Jan. 2023</p> <p>Feb. 2023</p>
2	<p>NHS Greater Glasgow and Clyde must ensure appropriate policies and procedures are in place where it may be</p>	<p>A NHSGGC SLWG has been convened to ensure appropriate policy and procedures are in place with appropriate consultation and governance sign off.</p>	<p>June 2023</p>	<p>SLWG Chairs</p>	<p>SLWG met Nov 2022, Feb and March 2023.</p>	

	<p>appropriate and necessary for ward doors to be locked (see page 16).</p> <p>This will support compliance with:</p> <p>Relevant codes of practice of regulated healthcare professions.</p>				<p>2 week Consultation period from 17th April.</p> <p>Final draft will be submitted to Acute Clinical Governance in June 2023.</p>	
3	<p>NHS Greater Glasgow and Clyde must ensure that all staff carry out hand hygiene and use protective equipment in line with current guidance (see page 16).</p> <p>This will support compliance with:</p> <p>National Infection Prevention and Control Manual</p>	<p>a) Hand hygiene audits regularly undertaken by GGC IPC nurse and 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>Complete with ongoing monitoring</p>	<p>IPC Board Hand Hygiene Coordinator /ICNs Senior Charge Nurses</p> <p>Members of the IPCQIN</p>	<p>Hand Hygiene audits completed and continue as per regular cycle</p> <p>IPCQIN continue to review data to determine where opportunities for improvement exist and take forward any actions.</p> <p>Results from HH audits are included in the Board HAIRT report.</p>	<p>Jan. 2023</p>
		<p>c) All ward areas to complete SICPS audit tool and record this on CAIR platform with improvement actions and re audit as per guidance to support any identified improvement.</p>	<p>Nov. 2022</p>	<p>Senior Charge Nurses</p>	<p>Completed in November and repeated 6 monthly.</p> <p>Education re new SICPs provided to LNs and SCNs via various forum.</p>	<p>Nov. 2022</p>

					Since February 2023 20% of the wards have a SICPs audit carried out by the IPCT. Results of these are also captured in the CAIR platform. Thematic analysis is planned and will inform the work of the IPCQIN.	
		d) Topic of the week recirculated to provide education and reminder on appropriate use of PPE and hand hygiene	Jan. 2023	Chief Nurse	Discussed at LN meeting in Dec 2022 and recirculated again in Jan 2023.	Jan. 2023
4	NHS Greater Glasgow and Clyde must ensure that patient equipment is clean and ready to use and that the supporting documentation is effective in highlighting and recording actions taken, or required, to ensure clean patient equipment (see page 16). This will support compliance with: National Infection Prevention and Control Manual (2022).	a) Daily and weekly spot checks of equipment as per policy.	Complete with ongoing monitoring	Senior Charge Nurses	SOP in place to support. This SOP has been circulated again to all SCNs.	Jan. 2023
		b) All ward areas to complete SICPS audit tool and record this on CAIR platform with improvement actions and re audit as per guidance. Cleaning of near patient equipment is a component part of this audit.	Complete with ongoing monitoring	Senior Charge Nurses	Completed and ongoing cycle. Trends in terms of themes from SICPs audits will be considered by IPCQIN as part of business as usual to support improvement action plans.	Nov. 2022

		c) SCN responsibility for undertaking weekly standardised cleaning schedule checklists to provide assurance and escalation to LN discussed and in place.	Dec. 2022	Lead Nurses	LN's undertaking checks on SCN completion on a monthly basis	Dec. 2022
		d) This topic was discussed at a LN meeting, with policy re-shared with an aim of shared learning and improvement.	Dec. 2022	Chief Nurse	Discussed at LN Dec 2022 meeting and SOP re-shared.	Dec. 2022
5	<p>NHS Greater Glasgow and Clyde must ensure the care environment and care equipment is in a good state of repair to support effective cleaning and that effective assurance systems are in place to support the monitoring of the care environment (see page 16).</p> <p>This will support compliance with:</p> <p>Infection Prevention and Control Standards (2022) Criterion 8.1.</p>	a) A review of the bed stock is to be undertaken in order to establish current condition, required repairs, and devise a programme of replacement in conjunction with clinical directorate, in order to ensure that each bed can be effectively cleaned and decontaminated.	Apr. 2023	Estates & Facilities Directorate	Review complete and 192 beds replaced with new stock across IRH site	March 2023
		b) Capital Planning are currently moving forward with a significant improvement project which will replace the external façade of the building envelope. This project will address many of the recurring issues related to wind and rain ingress which is leading to the continuous deterioration of the internal finishes and components.	3 years (2026)	Estates & Facilities Directorate	In progress and ongoing – Project Board has been set up by Capital Planning Team. Monthly meetings in place to track progress.	2026
		c) The electronic FM First defect reporting system is available to staff who can log repair order for such issues.	Complete and ongoing	Estates & Facilities Directorate	Ongoing rolling programme in place.	Jan. 2023
		d) In addition to this there is an annual painting programme in place to visit each of the wards	Complete with	Estates & Facilities Directorate	In progress and ongoing.	Jan. 2023

		to address any minor décor issues such as chipped or flaking paint. Other issues such as damaged flooring will continue to be addressed on a priority basis in accordance with HAISCRIBE and asbestos management protocols.	ongoing rolling programme		IRH Estates have developed a rolling programme in conjunction with clinical teams and IP&C, to access patient rooms and en-suites in order to carry out minor upgrade and redecoration	
		e) A process will be implemented to ensure that post audit Verification will be carried out by facilities management to ensure that the condition of an area is accurately reflected in the monitoring score and training will be provided where there are anomalies.	Jan. 2023	Assistant Director – Facilities	Completed and ongoing.	Jan. 2023
		f) Ensure appropriate storage of equipment on wards to facilitate effective cleaning of environment through reorganisation of current storage areas.	Complete with ongoing monitoring	Senior Charge Nurse	Ongoing monitoring through SICPS audit cycle.	Jan. 2023
6	NHS Greater Glasgow and Clyde must make use of a staffing template which supports a consistent approach to determining, reporting and recording staffing risks, as well as robust recording of mitigations and recurring risk (see page 18).	a) Update complete for IRH site of Clyde Sector huddle and staffing template which ensures appropriate recording of staffing mitigations.	Jan. 2023	Site Lead IRH	Revised template updated for IRH and fully implemented.	Jan. 2023

	This will support compliance with: Health & Social Care Standards (2017) criteria 4.11, 4.14, 4.19 and 4.23; and Care of Older People Standards (2015) criteria 16.5, 16.6 and 16.7.	b) Reinforce principles of Safe to Start.	Nov. 2022	Chief Nurse	Reinforced through daily huddles and through Chief Nurse forums.	Nov. 2022
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