



Improvement Action Plan

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

Gartnavel General Hospital, NHS Greater Glasgow and Clyde
23 – 24 May 2023

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: Jane Grant

Date: 14th July 2023

NHS board Chief Executive

Signature: 

Full Name: John Brown

Date: 14th July 2023

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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
<p>Requirement 1</p> <p>NHS Greater Glasgow and Clyde must ensure that all staff carry out hand hygiene in line with current guidance (see page 13). This will support compliance with: National Infection Prevention and Control Manual (2022).</p>	<p>a) Hand hygiene audits are regularly undertaken by GGC Infection Prevention and Control (IPC) nurses and the ward auditor, as part of the SICPs assurance audits with all findings recorded on CAIR data platform.</p>	<p>Complete with ongoing monitoring</p>	<p>IPC Board Hand Hygiene Coordinator / ICNs / Senior Charge Nurses (SCN) / Members of the IPCQIN</p>	<p>a and b: Hand Hygiene audits completed and continue as per regular cycle of monthly audits.</p> <p>Baseline audits by Board Hand Hygiene Coordinator will be complete by end of July in all wards within Gartnavel General Hospital.</p>	<p>July 2023</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</p>	<p>IPC Quality Improvement Network (IPCQIN) continue to review data to determine where opportunities for improvement exist and take forward any actions, this includes the audits undertaken by the BHHC. Results from Hand hygiene audits are included in the Board HAIRT report.</p>	<p>July 2023</p>

	<p>c) SCNs to complete hand hygiene monthly as part of SICPs audit tool and record this on CAIR platform with actions and re audit as per guidance to support any identified improvement.</p> <p>d) SCN's and IPC nurses are carrying out a series of tool box talks, this includes practical sessions with staff using a "glow box" - this allows staff to identify areas of the hands for focus and improved technique.</p>	<p>Complete with ongoing monitoring</p> <p>Complete with ongoing monitoring</p>	<p>Senior Charge Nurses</p> <p>SCNs / IPC nurses</p>	<p>Ongoing hand hygiene audits continue monthly, and are reviewed as part of the monthly 1:1 cycle between SCN and Lead Nurse and then Lead Nurse with Chief nurse.</p> <p>Education sessions via tool box talks have been carried out in all wards at Gartnavel General Hospital.</p> <p>This education focus will continue through the "Lunch and Learn" educational forums.</p>	<p>May 2023</p> <p>June 2023</p>
<p>Requirement 2</p> <p>NHS Greater Glasgow and Clyde must ensure safe storage and administration of medicines at all times (see page 13). This will support compliance with: Royal Pharmaceutical Society and Royal College of Nursing Professional Guidance on the Administration of Medicines in Healthcare</p>	<p>a) Memo issued to all staff reminding colleagues of the process and importance of safe administration and storage of medicines.</p> <p>b) Lead Nurse will monitor compliance through observation of practice during daily ward visits.</p>	<p>Complete</p> <p>Complete with ongoing monitoring</p>	<p>Chief Nurse</p> <p>Lead Nurse</p>	<p>Memo sent to all staff at the time of the Inspection initial feedback and discussed at Chief nurse meeting, for shared learning in May 2023.</p> <p>b and c: Completed with ongoing observation and support. Feedback is provided and support to ensure practice is safe and of a high standard.</p>	<p>May 2023</p> <p>May 2023</p>

Settings (2019) and relevant codes of practice of regulated healthcare professions	<p>c) SCN/ nurse in charge of ward will monitor compliance via observations of practice on every shift</p> <p>d) Compliance monitored as part of Combined Care Assurance Audit Tool (CCAAT) audit cycle and reported via SCN/Lead Nurse and Lead Nurse to Chief Nurse 1:1 meetings.</p>	<p>Complete with ongoing monitoring</p> <p>Complete with ongoing monitoring</p>	<p>Senior Charge Nurse</p> <p>Senior Charge Nurse Lead Nurse Chief Nurse</p>	<p>The CCAAT audit is repeated each 6 months, and an action plan taken forward as required. The CCAAT tool also allows for individual sections to be audited, until practice is of a high standard and this is sustained.</p>	<p>May 2023</p> <p>May 2023</p>
<p>Requirement 3</p> <p>NHS Greater Glasgow and Clyde must ensure all hazardous cleaning products are securely stored (see page 13). This will support compliance with: Control of Substances Hazardous to Health (COSHH) Regulations (2002).</p>	<p>a) Memo sent to all staff reminding colleagues of the requirements for the safe storage of cleaning materials</p> <p>b) Lead Nurse will ensure compliance through observation of practice on every shift</p> <p>c) SCN/ nurse in charge of ward will monitor compliance via observations of practice on every shift</p> <p>d) NHS GG&C as part of the safety management system (SMS) require that all areas who use COSHH products complete a COSHH risk</p>	<p>Complete</p> <p>Complete with ongoing monitoring</p> <p>Complete with ongoing monitoring</p> <p>Complete with ongoing monitoring</p>	<p>Chief Nurse</p> <p>Lead Nurse</p> <p>Senior Charge Nurse</p> <p>Senior Charge Nurse Health and Safety</p>	<p>Memo sent to all staff at the time of the Inspection initial feedback and discussed at Chief nurse meeting, for shared learning in May 2023.</p> <p>Feedback is provided and support given to ensure practice is safe and of a high standard.</p> <p>b and c: Completed with ongoing observation and support. Feedback is provided and support to ensure practice is safe and of a high standard.</p> <p>As part of compliance monitoring the Health and Safety (H&S) department have a programme of ongoing audits which includes COSHH. As part</p>	<p>May 2023</p> <p>May 2023</p> <p>June 2023</p> <p>June 2023</p>

	assessment (RA) at least annually. As part of the RA, measures to control access and storage of COSHH products should be documented.			of this audit H&S staff will look for evidence of a COSHH cabinet and the safe storage of COSHH products. If there are any failing in this, advice is given on immediate remedial actions to support compliance.	
<p>Recommendation 1</p> <p>Staffing level tools and the common staffing method should be used to further inform workforce planning (see page 16)</p>	NHS GG&C have a planned schedule to run the workforce tools (nursing) for 2023 – 2024.	In progress	Senior Charge Nurse Lead Nurse Chief Nurse Health and Care Staffing Team	<p>NHS GGC have a schedule to run all available workforce tools, over this financial year.</p> <p>Staff are currently preparing by undertaking “Champion” training.</p> <p>NHS GGC is also a pre-implementation test Board for the Health and Care Staffing Act and will work towards providing assurance of meeting the requirements of the Act.</p> <p>Update 20.11.23 – All wards within GGH carried out the Common Staffing Method tool run over a 2 week period in September 2023. The results are currently being triangulated and collated.</p>	April 2024