

Improvement Action Plan

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

Golden Jubilee University National Hospital, NHS Golden Jubilee

21 – 22 November 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: *Susan Douglas-Scott*

Full Name: Susan Douglas-Scott CBE

Date: 14 February 2024

NHS board Chief Executive

Signature: *Gordon James*

Full Name: Gordon James

Date: 14 February 2024

File Name: 20240131HIS.GJNH NHS GJ v0.1	Version: 0.1	Date: 14/02/2024
Produced by: HIS/NHS Golden Jubilee	Page: Page 1 of 3	Review Date: -
Circulation type (internal/external): Internal and external		



Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
4.3	A short life working group (SLWG) is being established to scope contribution and value of other clinical professions being part of the site safety huddles with an aim of having a consistent and reliable multidisciplinary safety huddle	1 st April 2024	Eleanor Lang/Elaine Kettings Associate Nurse Directors.		
4.1-1	1a. A programme of focused education will be delivered to support clinical teams with the principles of accurate and person centred documentation. 1b. A programme of enhanced audit will be commenced to provide oversight and assurance of clinical documentation standards	31 st July 2024 31 st July 2024	Eleanor Lang/Elaine Kettings Associate Nurse Directors.		
4.1-2	NHS Golden Jubilee Estates have systems in place to log and record any built environment faults or defects for repair. Staff have the facility to report building defects via the Agility Facilities Management (FM) Computer Aided Facilities Management (CAFM) system, which can be used for both urgent and non-urgent faults. There are also regular Facilities Monitoring Tool (FMT) audits carried out by housekeeping staff. Any faults or defects noted during these audits will automatically generate a repair order from the FMT system direct to the Agility FM system. All reported defects are triaged by Estates management and rated for priority.	This is an ongoing and dynamic process	No action required		

	<p>Additionally, ward staff are required to log any defects raised during infection control audits on the Agility FM system for attention.</p>				
4.1-3	<p>NHS Golden Jubilee has a risk assessment in place safe storage and use of Actichlor for specific areas within the hospital. The principle of the risk assessment has been agreed and is in the process of being rolled out throughout Golden Jubilee. In addition NHS Golden Jubilee senior clinical teams are engaged in communications to improve safe storage and use of Actichlor.</p> <p>We have a Health and Safety audit process that monitors the compliance of safe storage and use of Actichlor</p> <p>Copy of risk assessment sample below;</p> <p>Achtichlor use and storage risk assessment is attached for reference.</p>	4 th March 2024	David Wilson Head of Health and Safety		

Work activity risk assessment form

Title (activity being assessed) Preparation, use and storage Actichlor plus			
Reference		Date:	06/04/2021
Assessor (handler)	D. Wilson	Manager:	Connie Kinnear
Ward/department	Eye Centre	Exact location	Consulting rooms and Sluice room
Description of risk			
<p>In order to improve time efficiency, it has been proposed that 1 bottle of Actichlor solution is stored in 'ready to use' form in the overhead storage cabinet of each consulting room.</p> <p>Actichlor is an effervescent chlorine releasing tablet that is used as a cleaning substance throughout the hospital. 10,000 ppm solution is required for blood spillages and 1000ppm for environmental cleaning</p> <p>This involves mixing 10 tablets with 1 litre of cold water for large spillages; and for smaller spillages 1 tablet mixed with 100ml of cold water for 10000ppm.</p> <p>For environmental cleaning-1 tablet in 1lt for 1000pm (this will be the predominant use in the eye centre consulting rooms)</p> <p>In such concentrations there are no ingredients present which are classified as hazardous to health or the environment.</p> <p>Unauthorised access to the bottles will be restricted by means of locked cabinet.</p>		<p><i>List all hazards associated with the activity – e.g. physical hazards, machinery, electricity, working at heights, unsafe practice, substances, access, adverse clinical events, equipment, vehicles, etc</i></p>	
People Involved/at risk			
Staff, patients, visitors.		<p><i>Identify the people at risk, e.g. nursing staff, estates, patients/guest/visitors, etc and the likely numbers exposed</i></p>	
Control measures			
List any measures, under the headings provided, that are in place to stop this risk occurring/minimise its effect:			
<u>Management arrangements</u>			
Max of 6 bottles will be prepared in the sluice room as per current practice. These bottles will then be distributed to each consulting room (1 bottle per room). A further 6 bottles will then be prepared and distributed accordingly (thus limiting the amount prepared at any one time within the sluice room). Note, this is due to historic concerns within main hospital site over vapour inhalation.			
<u>Information/instruction/training</u>			
<p>Clear guidance provided for product use for wet and dry blood spills and general environment, inclusive of pictorial illustrations. Cold water added to bottle followed by tablet/s. Staff instructed not to shake bottle, simply to leave with lid off until it dissolves. During this time, they should vacate the sluice room in order to reduce vapour inhalation, particularly in rooms without natural ventilation. After approximately 10 minutes the tablet/s will have dissolved. Contact time depending on the intended use is 2-5 minutes. Following this, any residue should then be wiped with wet cloth, not detergent wipes or other soap or chemical based product. The bottle should be stored with the lid on when not in use.</p> <p>Staff instructed to wash hands after removing gloves and apron.</p> <p>Any staff concerns regarding use of chemical substances must be raised with department manager. All staff members are encouraged to be vigilant with regards to health and safety matters in the workplace.</p> <p>All relevant staff members aware of storage precautions.</p>			
<u>Physical controls</u>			
<p>Task specific bottles provided for mixing product.</p> <p>Bottles stored in lockable cabinet in order to avoid unauthorised access.</p> <p>Storage requirements as stipulated on the material safety data sheets are fulfilled where the substance is stored in cool, well ventilated areas, in a suitable tightly closed container, avoiding contact with water and humidity. Substance is clearly labelled and in original packaging.</p>			
<u>Personal Protective Equipment (PPE)</u>			
<p>Disposable gloves and apron.</p> <p>Eye protection required if there is a significant splash risk as stated on poster.</p>			
Contingency			
List any measures that are in place to deal with this risk should it occur?			

Suitable and sufficient arrangements for first aid provision. Such information is available provided on material safety data sheet. Adverse incident reporting system and procedure to be complied with.

Grading this risk - In order to grade this risk it is necessary to follow 3 steps

Step 1: Identify the **likelihood** of this risk occurring using the Likelihood Definitions

Step 2: Determine the **Consequences/impact** of this risk using the Consequence/Impact definitions

Step 3: Multiply the likelihood criteria x impact/consequences criteria to arrive at a **Risk grading** for this risk

Current Control Measures (please tick appropriate box) Require strengthening Satisfactory

With these controls, are the risks at a level that is as low as reasonably practicable? (Circle Y or N) Yes

If no - complete Risk Control Action Plan

Risk control action plan (complete if further control measures required)	Priority (High, Med, Low)	Responsible	Start date	Due date	Cost (C- capital R- revenue)	Date completed

Target rating – identify the risk rating achievable by undertaking the actions above

Likelihood of Occurrence/Consequence/Impact	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost Certain (5)	Medium (5)	High (10)	High (15)	V. High (20)	V. High (25)
Likely (4)	Medium (4)	Medium (8)	High (12)	High (16)	V. High (20)
Possible (3)	Low (3)	Medium (6)	Medium (9)	High (12)	High (15)
Unlikely (2)	Low (2)	Medium (4)	Medium (6)	Medium (8)	High (10)
Rare (1)	Low (1)	Low (2)	Low (3)	Medium (4)	Medium (5)

Circle box to indicate grade of risk

Can the Risk Control Action Plan be implemented locally? (circle box) Yes No In part

Risk Assessor 1: (Print Name)	D. Wilson	Signature:		Date:	06/04/2021
Risk Assessor 2: (Print Name)	C. Kinnear	Signature:		Date:	06/04/2021
Line Manager/Deputy (Print Name)		Signature:		Date:	

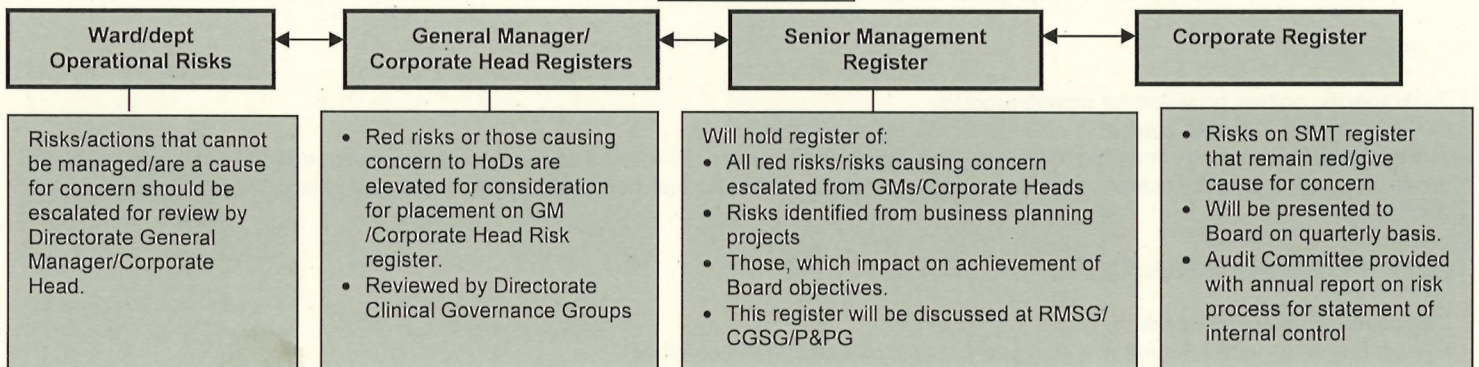
Send copy of completed Risk Assessment to Line Manager for inclusion on the ward/department/Directorate Risk Register

Date sent:		Line Manager name:	
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Review date							
Initial							

Risk outcome (Please tick)	Risk Control Plan completed risk reduced	Risk Control Plan completed risk removed	Risk Control Plan not being implemented, risk accepted
	Risk Control Plan partially implemented, residual risk accepted	Risk as low as is reasonably practicable, risk accepted	Risk Control Plan partially completed, outstanding actions transferred to next year

Escalation Process



When action has been escalated, detail on Datix the 'Risk Type' as Operational, GM/CH, SMT or Board