



Improvement Action Plan (18 Week Update)

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

University Hospitals Ayr and Crosshouse, NHS Ayrshire & Arran

3 – 5 July 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: LESLEY BOWIE

Date: 25/01/2024

NHS board Chief Executive

Signature: _____

Full Name: CLAIRE BURDEN

Date: 25/01/2024

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Ref and Action Required:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
Outstanding requirements to be addressed from University Hospital Crosshouse May 2022 inspection					
<p>1 NHS Ayrshire & Arran (NHS A&A) must ensure that systems and pathways used to direct patients to other services are up to date with accurate information documenting where and how Care is best provided.</p>				<p>Immediate Action Taken New posters developed and out for final consultation before printing. A Lead Senior Charge Nurse (SCN) for redirection pathways has been identified and has progressed work with NHS A&A specific patient information leaflet and staff aid memoir poster development.</p> <p>Added to Agenda for Acute Clinical Care Governance Meeting on 03/11/2023 for final approval.(See below for update)</p>	
	<p>Redirection pathway information for patients about where to access the appropriate care will be updated and shared with service users and staff.</p>	<p>Nov 2023</p>	<p>Divisional General Manager - Emergency Care and Trauma; Lead Nurse – Emergency Care and Trauma</p>	<p>Update 12/01/2024 Redirection pathway information has been shared with NHS Ayrshire & Arran Services users via Social Media Platforms as</p>	<p>Completed January 2024</p>

				part of a communication plan.	
	The effectiveness of the Redirection Pathway will be monitored using the set redirection data targets.	November 2023	Divisional General Manager- Emergency Care and Trauma; Lead Nurse – Emergency Care and Trauma;	Update 12/01/2024 The CNM monitors the redirection pathway documentation and data. The monthly redirections numbers are a standing agenda item at Emergency Care Clinical Governance meetings in 2024 where the data from the weekly reports is shared and discussed. Actions are agreed to improve compliance of alternatives to attending ED.	Completed January 2024
	Draft Emergency Department Triage Direction Matrix, Draft Full Capacity Protocol and Draft Patient Selection Checklist will be formally approved at Acute Clinical Governance.	November 2023	Divisional General Manager- Emergency Care and Trauma; Lead Nurse – Emergency Care and Trauma	Update 12/01/2024 The Emergency Department Triage Direction Matrix was approved at the Emergency Department Governance Meeting on 05/12/2023. The named documents will be presented at Acute Clinical Care Governance on 01/02/2024 for final sign off.	Ongoing with completion date set for 01/02/2024
4				Immediate Action Taken	Completed

<p>NHS Ayrshire & Arran must ensure there are effective risk management systems and processes in place to ensure the safe delivery of care including where additional beds or non-standard care areas are in use. The NHS board must ensure they address all of the issues raised and improvements are made and maintained.</p>	<p>The call bell system will be fully installed for use in all additional bed spaces.</p>	<p>25 September 2023</p>	<p>Deputy Nurse Director Chief Nurse (UHA) Lead Nurses (UHA & UHC)</p>	<p>Call Bell equipment was ordered and is now available.</p> <p>Education of how to use this system was completed on Monday 25th September.</p> <p>At the Safety Huddle each day, if full capacity beds are in use, the Safety Lead for this day will ensure clinical teams complete risk assessments. This includes call bells and privacy screens for additional bed spaces.</p>	<p>September 2023</p>
<p>Outstanding requirements to be addressed from University Hospitals Crosshouse May 2022 and now to include University Hospital Ayr</p>					
<p>8 NHS Ayrshire & Arran must ensure that all staff carry out hand hygiene at appropriate moments and use personal protective equipment in line with current guidance.</p>				<p>Immediate Action Taken Educational Infection Prevention & Control (IPC) Winter roadshows were planned and commenced 5th September 2023 to include, Standard Infection Control Precautions (SICP) (including hand hygiene, personal protective equipment, cleaning of equipment and environment), transmission based precautions,</p>	

				<p>outbreak prevention and management. These will conclude 10/10/2023.</p> <p>NHS Ayrshire & Arran Quality & Safety Measurement Framework (Acute) was ratified at Acute Clinical Governance in August 2023. This Framework provides a collaborative outline of roles and expectations to all staff members who have a responsibility to contribute to local and national programmes of work, to improve the quality, safety and care experience for patients and staff. This includes IPC data such as Hand Hygiene compliance. Hand hygiene audits are part of the SIPS rolling programme and will be completed quarterly.</p>	
	NHS Ayrshire and Arran will plan, identify and implement hand hygiene champions as part of ongoing process to increase	January 2024	Deputy Nurse Director; Director of Allied Health Professions (AHPs); Chief Nurse (UHA) Deputy Medical Director;	<p>Update 12/01/2024 <u>Hand Hygiene Champions</u> 130 hand hygiene champions have been trained across the organisation to carry out</p>	Completed January 2024

	<p>appropriate hand hygiene. The effectiveness will be measured with an increase in hand hygiene audit data.</p>		<p>Senior Nurse Infection Prevention & Control (IPC)</p>	<p>hand hygiene education, audit and implement the zero tolerance policy when necessary within their clinical area.</p> <p><u>Standard Infection Control</u> <u>Precautions(SICPs):</u> The Prevention & Control of Infection Committee, chaired by the Executive Nurse Director, receives a regular report on standard infection control precautions audit outcome. This includes hand hygiene, and provides assurance on progress with the ward and IPCT audit programme and outcome results achieved.</p> <p>Latest data available for Compliance is Quarter 2. April to June 2023 (Q1) July - September 2023 (Q2) is as follows</p> <p>Hand Hygiene Compliance – Q1 IPCT Monitoring 90%</p>	
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				<p>Ward monitoring 97%</p> <p>Compliance – Q2 IPCT Monitoring 90% Ward monitoring 97%</p> <p>Personal Protective Equipment Clothing Compliance – Q1 IPCT Monitoring 80% Compliance – Q2 IPCT Monitoring 82%</p>	
	<p>NHS Ayrshire and Arran Uniform Policy will be reviewed to ensure the key messages of hand hygiene and wider uniform expectations are updated and shared.</p>	<p>January 2024</p>	<p>Policy Subgroup Chair (HR Manager) Chief Nurse (EiC and Professional Development)</p>	<p>Clinical Nurse Managers (CNMs) as part of their assurance visits are ensuring Uniform Policy is adhered to. 1st Meeting of Uniform Policy Group took place on Friday 15th September 2023 to review changes required.</p> <p>Update – 12/01/2024 The Policy continues to be under review. The working group have met on 4 occasions to progress. It is estimated this will conclude by March 2024. A meeting was held 19 January 2024, with further weekly</p>	<p>Ongoing with a completion date of 01 March 2024</p>

				meetings planned for February 2024.	
<p>9 NHS Ayrshire & Arran must ensure the environment is maintained to allow effective decontamination.</p>				<p>Immediate Action Taken PN 17 Audits were completed for all acute wards for UHA & UHC in July – these will be repeated in line with the rolling programme.</p>	<p>Completed December 2023</p>
	PN17 Audits will be carried out quarterly and actions escalated to estates.	December 2023	Deputy Nurse Director; Chief Nurse (UHA) Lead Nurses (UHA & UHC)	<p>Update 12/01/2024 Leads Nurses for Surgical, Medical, Emergency Medicine and Trauma have confirmed PN 17 have been carried out and escalated to estates accordingly.</p>	<p>Completed January 2024</p>
	A rolling programme of environmental audits will be planned by IPC to give further assurance to Lead Nurses.		Senior Nurse (IPC)	<p>Update 12/01/2024 Since June 2023, 13 Infection Prevention Control Team (IPCT) environmental audits have taken place, which include management of linen. The average score for linen management was 88%. All areas scoring less than 100% have an action plan generated. The action plan is then signed off by the Senior Charge Nurse and</p>	<p>Completed December 2023</p>

				<p>the Infection Control Nurse to agree all actions, which the clinical team are responsible for implementation.</p> <p>The Prevention & Control of Infection Committee, chaired by the Executive Nurse Director, receives a regular report on environmental audit outcomes in order to give assurance on progress with the audit programme and outcome results achieved.</p>	
Recommendation from this focused inspection – University Hospital Ayr and University Hospital Crosshouse					
<p>Domain 4.3 (1) NHS Ayrshire & Arran should continue to seek solutions and implement strategies to ensure senior staff have ‘time to lead’.</p>				<p>Immediate Action Taken A Cross Site Professional Meeting with SCNs and Lead Nurses took place on week of 11th September, this included discussion re how time to lead could be supported.</p> <p>SCN are supernumerary to the core staffing however this is not always possible due to staffing pressures – at these times they offer clinical leadership. It is acknowledged that SCN</p>	

				<p>require protected time particularly in areas where staffing levels are challenging.</p> <p>NHS Ayrshire and Arran identified as a pilot site for Leading Excellence in Care. Commenced in September 2023. 20 Clinical Leaders from NHS Ayrshire and Arran involved in pilot, 2 SCNs UHA and 2 SCNs UHC.</p>	
	<p>NHS Ayrshire and Arran will continue to seek innovative ways to support senior staff to have protected time to lead.</p>	<p>December 2023</p>	<p>Deputy Nurse Director; Chief Nurse (UHA) Lead Nurses (UHA & UHC)</p>	<p>Update 12/01/2024 A 12 week project has commenced on 15th January 2024 across all wards in both Acute Hospitals, which will endeavour to protect the role of the ward coordinator in areas which have funded establishment for this role. Additionally, funding has been secured to ensure a coordinator role is in place within the wards without this funding. This will allow focus on clinical care planning, reducing avoidable waits</p>	<p>Ongoing with a completion date of 31st March 2024</p>

				throughout patient pathways, support for staff and general oversight of the safety of the ward. In turn it is anticipated that this will protect the role of the Senior Charge Nurse for a proportion of the week, giving them protected time to lead.	
	A programme will be developed with Organisational Development (OD) colleagues to ensure SCNs have toolkit to support management of ward.	January 2024	Lead Nurses (UHA & UHC)	Update 12/01/2024 A programme has been developed with Organisational Development and Lead Nurses for Acute for SCNs. This training is available via teams throughout January 2024.	Completed January 2024
	NHS Ayrshire and Arran will implement the national Leading Excellence in Care Programme within both Acute Sites once national pilot had concluded and final programme has been agreed.	March 2024	Chief Nurse (EiC and Professional Development)	Update 12/01/2024 NHSAA were pivotal in the testing and design of the NES Leading Excellence in Care Turas resources, which were launched Nationally in November 2023. The Board Excellence in Care Clinical Lead has resources that will be shared nationally. Locally, we have been working with clinical teams to raise	Ongoing with a completion date of 01 March 2024

				<p>awareness of the self development resource. This is a core objective for Board Excellence in Care Lead in 2024.</p> <p>The EiC Board Clinical Lead attended Acute Senior Charge Nurse Meeting to share resources on 17 January 2024.</p>	
New requirements from this focused inspection – University Hospitals Ayr and Crosshouse					
<p>Domain 4.1 (2) NHS Ayrshire & Arran must ensure that all patient documentation is accurately and consistently completed with actions recorded. This includes risk assessments such as Malnutrition Universal Screening Tool (MUST), and fluid balance charts.</p>				<p>Immediate Action Taken Assurance August was prioritised to ensure all SCNs had completed a Care Assurance Audit in their clinical areas with associated actions recorded.</p> <p>NHS Ayrshire and Arran Acute Quality & Safety framework was approved in August 2023.</p> <p>The implementation of this framework is already demonstrating increased compliance with data collection. This data will then support improvement conversations, action plans and further review of compliance with completion of</p>	

				documentation and appropriate action plans.	
	NHS Ayrshire and Arran will see an increased compliance in documentation and action planning. This will be achieved by: <ul style="list-style-type: none"> Implementing the Quality and Safety Framework in Acute Services. 	January 2024	Chief Nurse (EiC and Professional Development); Director of Allied Health Professions (AHPs); Deputy Director of Nursing	Update 12/01/2024 The Quality and Safety Oversight Group was established in October 2023. The group meet on a monthly basis to review data to provide assurance and identify areas for improvement for Acute Services.	Completed November 2023
	<ul style="list-style-type: none"> Appropriate action planning following Care Assurance Audits 	January 2024	Chief Nurse (EiC and Professional Development); Deputy Director of Nursing	Update 12/01/2024 Review of clinical audits has been conducted and streamlined to ensure that clinical teams are collecting key outcome/process measures. The introduction of a 6 weekly Care Assurance Action Plan Meeting has provided assurance of completion of agreed actions.	Completed January 2024
	<ul style="list-style-type: none"> Healthcare Support Workers (HCSW) Education at induction and ongoing education 	January 2024	Chief Nurse (EiC and Professional Development); Deputy Director of Nursing	Update 12/01/2024 Bespoke HCSW education has been implemented, which focuses on risk assessment and NES 4	Completed January 2024

	on documentation		Excellence in Care Clinical Lead & Lead for Practice Development	Pillars of Practice. 55 HCSW (band 2) have attended the Ensuring Safe Care Study day. A further 27 (Band 3) have attended Senior HCSW education. For 2024 HCSW Education is in place for both HCSW and Senior HCSW with a continued focus on risk assessment and documentation. A review of NHSAA documentation has supported the elimination of documentation that does not meet required standards.	
	<ul style="list-style-type: none"> • CNM Assurance checks in clinical areas of documentation 	January 2024	Deputy Director of Nursing Excellence in Care Clinical Lead & Lead for Practice Development	Update 12/01/2024 Care Assurance Tools continue to be used by CNMs. The introduction of a 6 weekly Care Assurance action plan meeting has provided assurance of completion of agreed actions.	Completed January 2024
Domain 4.1 (3) NHS Ayrshire & Arran must ensure the safe storage and administration of medicines.				Immediate Action Taken Clinical Nurse Managers carried out assurance checks on a daily basis to ensure increased compliance. This is now	

				being carried out on a weekly basis.	
	Assurance checks will continue from CNMs to ensure safe storage and administration of medicines.	December 2023	Deputy Director of Nursing; Chief Nurse (UHA); Lead Nurses (UHA & UHC)	<p>Update 12/01/2024 As well as planned CNM and Chief Nurse assurance visits, further assurance checks were carried out by Senior Governance Facilitators on 16 /17 January 2024.</p> <p>The results were fed back to the Nurse in Charge, CNMs and Lead Nurses following the audit.</p> <p>Following assurance visits, results were escalated to Lead Nurses, Chief Nurse and Deputy Nurse Director. Importance of Safe Storage of Medicines added to Safety Huddles and Safety Brief from 18 January 2024. This will be re audited week beginning 5 February 2024.</p>	Ongoing with a completion date of 01 March 2024
Domain 4.1 (4) NHS Ayrshire & Arran must ensure all patient trolley mattresses are clean and ready for use and that				Immediate Action Taken Mattress Standard Operation Procedure (SOP) shared to all staff in NHS Ayrshire & Arran	

<p>assurance systems are effective at identifying contaminated mattresses.</p>				<p>through Daily Digest week of 25th September 2023. Toolbox Talk developed by IPC on the Safe Management of Linen during September 2023. These resources will be added to safety briefs from 2nd October 2023. Mattress audit carried out in line with SOP.</p>	
	<p>Monthly spot checks will be carried out by the IPC team as a further assurance measure starting initially in Combined Assessment Unit (CAU) and the Emergency Department.</p>	<p>October 2023</p>	<p>Senior Nurse (IPC); Lead Nurses (UHA & UHC)</p>	<p>Update 12/01/2024 Monthly spot checks were carried out by the IPC team as a further assurance measure starting initially in CAU and the Emergency Department at University Hospital Crosshouse. Spot checks will be extended to CAU and the Emergency Department at UHA with an expected completion date of 31 March 2024.</p>	<p>Ongoing with a completion date of 31 March 2024</p>
<p>Domain 4.1 (5) NHS Ayrshire & Arran must ensure all hazardous cleaning products are securely stored.</p>				<p>Immediate Action Taken Safety action notice has been prepared and will be shared to the organisation. The secure storage of hazardous cleaning products now forms part of</p>	

				<p>the CNMs assurance checklist.</p> <p>A review of locked cupboards required within the wards visited will be undertaken by the Estates Department in September with action taken thereafter to provide suitable locks where appropriate.</p>	
	<p>All areas will have the appropriate locked cupboards in place. CNM assurance visits will continue to ensure continuing safe storage.</p>	<p>December 2023</p>	<p>Assistant Director of Health and Safety; Head of Estates; Deputy Director of Nursing; Chief Nurse (UHA)</p>	<p>Update 12/01/2024</p> <p>Arrangements are being made at both UHA & UHC to implement solutions suitable for individual ward areas. This includes fitting locks to other cupboards (previously not used for this type of storage) with the ability to accommodate the size of the actichlor bottles.</p> <p>Where no suitable cupboard storage is available (this predominately relates to UHC), discussions are continuing with Estates; Corporate Support Services and Ward management to identify solutions. It is anticipated this will be complete by March 2024.</p>	<p>Completed for UHA December 2023</p> <p>Ongoing for UHC with a completion date of 31 March 2024</p>

				As well as planned CNM and Chief Nurse assurance visits, assurance check were carried out on both sites by the Governance Team during November 2023 and January 2024. The results from the audits highlighted known storage problems at UHC. UHA have implemented alternative storage solutions.	
Domain 4.1 (6) NHS Ayrshire & Arran must ensure used linen is managed appropriately.				Immediate Action Taken IPC Winter Roadshows commenced in September 2023 highlight the importance of appropriate linen management. Appropriate management of linen added to wards safety briefs on 26 th September 2023 for a 2 week period or until improved compliance is evidenced.	
	CNM assurance visits will continue to ensure continuing safe storage.	December 2023	Senior Nurse (IPC); Deputy Director of Nursing; Chief Nurse (UHA) Lead Nurses (UHA & UHC)	Update 12/01/2024 Since June 2023 13, IPCT Environmental audits, which include management of linen, have taken place. The average	Completed December 2023

	<p>A rolling programme of environmental audits by IPC will give further assurance to Lead Nurses and areas of improvement will be escalated to CNMs and Lead Nurses.</p>			<p>score for linen management was 88%. All areas scoring less than 100% have an action plan generated. The action plan is then signed off by the Senior Charge Nurse and Infection Control Nurse to agree all improvement actions, which the clinical teams are responsible for implementing.</p> <p>The Prevention & Control of Infection Committee, chaired by the Executive Nurse Director, receives a regular progress report on the environmental audit outcomes for assurance.</p>	
<p>Domain 4.1 (7) NHS Ayrshire & Arran must ensure that all clinical waste, including full sharps boxes, are stored in a safe locked area whilst awaiting uplift and that sharps boxes have temporary closures in place and are labelled as per guidelines.</p>				<p>Immediate Action Taken Sharps wheelie bins have been removed from lift areas on 15/9/23. Communicated via the morning huddle that all sharps boxes awaiting uplift, should be stored in the safe area. A decision log/ option appraisal has been undertaken for the management of the clinical waste bin by Head of</p>	

				Support Services and further agreement will be sought to a solution. The importance of ensuring temporary closure on sharps box added to all wards safety briefs on 21 st September for a 2 week period or until increased compliance is evidenced.	
	All sharps bins will be stored in a non-public safe area, awaiting uplift.	October 2023	Head of C.S.S (East); Senior Nurse (IPC)	As described in immediate action taken section	Completed September 2023
	Key messages of things that keep you safe at work will be developed by IPCT and shared via safety huddles, safety briefs and daily digest.	October 2023	Senior Nurse (IPC)	Update 12/01/2024 The IPCT have shared the key messages of things that keep staff safe at work via a number of communication platforms. The information includes the following: <ul style="list-style-type: none"> • The aim of Infection prevention and control is to prevent infections being transmitted from one person to another. • Routine use of the Standard Infection Control Precautions (SICPs). 	Completed January 2024

				<ul style="list-style-type: none"> When choosing which SICPs apply, assess the risks to individuals, the task to be undertaken and the anticipated level of exposure. <p>The IPCT have also provided advice regarding a rise in respiratory viruses such as flu, RSV and COVID-19 through a number of communication channels.</p>	
	SICPs Rolling Audit Programme will include safe management of waste, including sharps from October 2023.	December 2023	Senior Nurse (IPC)	Update 12/01/2024 Revised Rolling Audit Programme, published September 2023, has Safe Management of Waste, including sharps, added to the programme.	Completed September 2023
New requirements from this follow-up inspection – University Hospital Crosshouse only					
Domain 2 (1) NHS Ayrshire & Arran must ensure staff are aware of the pathways and processes for reporting staffing concerns, and improve feedback to staff who have raised staffing issues through the incident reporting system.				Immediate Action Taken Request to Datix team to support key messages throughout the organisation on the importance of feedback to the reporter on the Datix system.	

	<ul style="list-style-type: none"> Reviewers of Datix reports will ensure they provide feedback on the incident through the feedback platform. Awareness raising for this will be through increased frequency of regular updates in the e-news circular. 	November 2023	Deputy Nurse Director Director of Allied Health Professions (AHPs); Chief Nurse (UHA) Deputy Medical Director; Lead Nurses (UHA & UHC)	Update 12/01/2024 Information regarding the Adverse Event Processes, including reporting, reviewing and feedback to the incident reports was included in the Daily Digests and eNews throughout October 2023.	Completed November 2023
	<ul style="list-style-type: none"> Individual email to each reviewer about what they should do with a review and importance of feedback to reporters. 	November 2023	Assistant Director for Occupational Health, Safety and Risk Management	Update 12/01/2024 An email outlining roles and responsibilities was circulated to all Reviewers and Final Approvers of Adverse Events from the NHS Ayrshire & Arran Datix Administration Team on Tuesday, October 24, 2023.	Completed October 2023
	<ul style="list-style-type: none"> MS Teams Sessions with risk team for staff and reviewers during October. 	November 2023	Assistant Director for Occupational Health, Safety and Risk Management	Update 12/01/2024 Adverse Event Reviewer/ Final Approver Training Learn-Pro module is available. The Risk Management Team delivered 3 Adverse Events Training sessions,	Completed November 2023

				<p>25th October, 1st November and 8th November 2023.</p> <p>The training included</p> <ul style="list-style-type: none"> • Reporting; • Why we review; • Types of reviews; • Adverse Event Review Groups; • Learning. 	
<p>Domain 4.1 (8) NHS Ayrshire & Arran must ensure that there is an up to date locked door policy and risk assessment in place.</p>				<p>Immediate Action Taken A risk assessment was completed and confirmed on 31st July 2023 by Clinical Nurse Manager for Medicine.</p>	
	<p>NHS Ayrshire and Arran Acute Services locked door policy will be in place for both Acute Sites.</p>	<p>December 2023</p>	<p>Site Director (UHC); Site Director (UHA); Lead Nurse (Medicine); CNM (Medicine)</p>	<p>Update 12/01/2024 An Ayrshire and Arran locked door policy initial draft has been developed. A short life working group has been convened to progress this.</p> <p>This is being led by Lead Nurse for Medicine with support from Senior Governance Facilitator.</p>	<p>Ongoing with a completion date of 28 February 2024</p>

				The final document will be approved at Acute Clinical Governance Committee	
Requirements from this focused inspection – University Hospital Ayr only					
Domain 4.1 (1) NHS Ayrshire & Arran must ensure patients' privacy and dignity are maintained at all times, and the care needs of each patient are considered.				Immediate Action Taken Communicated to senior nursing team in CAU at UHA. Lead Nurse and Clinical Nurse Manager will provide communication and education to the wider nursing team throughout September and October 2023.	
	A review of the current processes in CAU at UHA for nursing procedures will be reviewed to ensure patients privacy and dignity is maintained at all times.	October 2023	Divisional General Manager (Emergency Medicine and Trauma); Lead Nurse; CNM (Emergency Medicine)	Update 12/01/2024 A dedicated space is now kept for assessment to support patient privacy on assessment Additional privacy screens were purchased for the department and are in use. CNM Walkrounds and The NHSAA Care Assurance Tool both have a focus on ensuring privacy and dignity is maintained for all patients.	Completed December 2023

				There have been no complaints received during this time period in CAU in terms of patient privacy and dignity.	
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