Improvement Action Plan

Healthcare Improvement Scotland:

Unannounced acute hospital safe delivery of care inspection

University Hospital Monklands, NHS Lanarkshire

18 – 20 January 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.
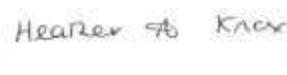
NHS board Chair

Signature: *Martin F Hill*

Full Name:　　Martin F Hill

Date:　　　　1 June 2022

NHS board Chief Executive

Signature: *Heather A Knox*

Full Name:　　Heather A Knox

Date: 1 June 2022

File Name: 20220121 20220120 improvement action plan UHM NHS Lan v0.1_4.3.2022. UHM, NHS Lan v0.2 (Progress 18 week return)	Version: 0.2	Date: 01/06/2022
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Circulation type (internal/external): Internal and external		

Ref:	Action planned	Timescale to meet action	Responsibility for taking action	Progress	18 week update on progress	Date completed
Domain 5 - Delivery of safe, effective, compassionate and person-centred care						
1.	a) A robust process will be established across NHS Lanarkshire to ensure safe patient placement when utilising non-standard clinical areas for patient care.	**31 March 2022**	**Acute Nurse Director**	**Immediate actions undertaken:** Review of all non-standard clinical areas utilised for patient placement, with Environmental risk assessment completed Establishment and testing of a daily documented escalation process. **01 March 2022** Development of electronic recording process – this will enable data capture and measurement	• Detailed scoping of all areas used for clinical placement to assess risk and suitability for patient care delivery. • Formal process in place for daily documentation and escalation of patient placement out with standard locations. • Environmental/Risk review carried out to determine suitability of additional capacity across NHSL acute sites.	**March 2022**
	b) NHS Lanarkshire will continue to work to ensure risk assessments and care plans are regularly evaluated and updated to reflect changes in the patient's	**30 September 2022**	**Acute Nurse Director**	Initial feedback discussed with local teams Programme of audit in place, to inform targeted improvement work to be led by hospital Chief	• Review of NHSL CAS implementation across the sites. • Planned implementation of Patientrack tiles across acute sites.	

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	condition or needs, and that all relevant documentation is in place and completed.			Nurses, and monitored by the Acute Care Assurance Group		
2.	NHS Lanarkshire will ensure that patient mealtimes are managed consistently and that patients receive adequate support at mealtimes.	**30 April 2022**	**Acute Nurse Director**	Local audits of mealtimes in place. This includes measurement of pre, during and post mealtime support. Results / themes will inform targeted improvement work to be led by hospital Chief Nurses, and monitored by NHS Lanarkshire Food, Fluid & Nutritional Care Group	• Senior Nursing teams implementing standard compliance process to measure mealtimes reliability as a baseline. • Improvement plan to follow measurement work.	
3.	NHS Lanarkshire will ensure that all staff carry out hand hygiene at appropriate moments and use personal protective equipment in line with current guidance.	**31 March 2022**	**Acute Nurse Director** **Head of Infection Control**	Local audits of hand hygiene compliance in place. This includes measurement of the '5 key moments' Support provided to all clinical areas from Infection Control Team – this includes education, training on PPE compliance and feedback from local visits targeted	• Ongoing measurement of hand hygiene and PPE compliance monitored via IPC quality assurance mechanisms, including ward level reliability audits which are reported via base site Hospital Hygiene groups. • Hand Hygiene core theme of NHS Lanarkshire's	

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				improvement work to be led locally by hospital Chief Nurses, and supported via the NHS Lanarkshire Infection Prevention and Control Breakthrough Collaborative	Breakthrough Series Collaborative. • Educational animation produced to support learning across all disciplines, launched May 2022. • Board-wide Hand Hygiene Change Package in place and presented to Healthcare Quality Assurance and Improvement Committee, NHS Lanarkshire (NHSL) Inspection Preparation Governance Group and the Infection Control Committee. • An Improvement Action Plan is also in place which underpins the work of the Infection Prevention and Control Breakthrough Series Collaborative. • Infection Prevention and	

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					Control Quality Assurance Hand Hygiene audits together with local teams Hand Hygiene audit data available via the Infection Prevention and Control Dashboard. • Peer review audit being established at local level to support external review. • Compliance with the selection and use of Personal Protective Equipment continues to be reviewed by site teams and educational support provided by Infection Prevention and Control Teams.	
4.	NHS Lanarkshire will ensure that there are systems in place to assure themselves that essential maintenance works are completed to the correct standard and any risks to patients and staff are	**28 February 2022**	**Deputy Director Property and Support Services (PSSD)**	Review of systems in place undertaken	• UHM site introduced new process to assess and evaluate live issues including follow up of works. This is led by the site Director of Hospital Services.	**28 February 2022**

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	identified and managed.				• UHH have process in place for weekly feedback of maintenance works and regular meetings with site management team to review. • UHW established weekly Soft FM meetings with PSSD/Serco/ Senior Team where issues are discussed / updated/ actioned. This has now moved to fortnightly.	
	Domain 7 - Workforce management and support					
5.	NHS Lanarkshire will ensure that there are communication systems and processes in place to provide staff with feedback of the actions taken to address risks raised	**31 March 2022**	**Acute Nurse Director**	Review of systems and processes in place, has been undertaken. Further development of NHS Lanarkshire nurse staffing tool being undertaken, to ensure escalation and actions are captured and shared	• Real Time staffing tool utilised across NHSL. Site issues escalated daily during cross site conference calls. • Multidisciplinary communication and feedback to staff at 'huddles' and through senior team walkrounds. • Testing of safety culture cards across NHSL.	**March 2022**

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6.	NHS Lanarkshire will ensure a balanced approach when distributing supplementary staffing, ensuring consideration is given to levels of patient dependency and complexity when making real time staffing decisions	**30 April 2022**	**Acute Nurse Director**	Review of systems and processes in place, has been undertaken. Further development of NHS Lanarkshire nurse staffing tool being undertaken, to incorporate measurement of acuity	• Staff to patient ratio identified through Real time staffing tool. • Senior review of staffing levels and real time staffing tool reviewed to determine supplementary staffing in relation to patient dependency and complexity. • Developing Real time staffing tool to incorporate patient dependency levels. • Daily cross site discussion and movement of staff as appropriate to mitigate risk.	
	Domain 9 - Quality improvement-focused leadership					
7.	NHS Lanarkshire will ensure that systems and processes are in place to identify, assess, manage and communicate any patient safety risks throughout the organisation	**30 April 2022**	**Executive Director of NMAHPs**	Review of systems in place undertaken – this includes ward to Board communication and escalation processes	• Multidisciplinary Hospital Huddles provide dedicated forum to raise concerns and safety issues and provide feedback. • Patientrack in place at UHM & UHH and with	

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					process in place via whole hospital huddles to provide live data of patient's observation status. UHW introducing Patientrack. • Walk rounds/ Senior Nurse/Chief Nurse to support safety conversation. • Datix Review by senior clinical team. • Escalation at site and NHSL huddles.	

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