


Action Plan

Service Name:	Scottish Epilepsy Centre
Service number:	00033
Service Provider:	Quarriers
Address:	20 St Kenneth Drive, Glasgow, G51 4QD
Date Inspection Concluded:	30-31 August 2023

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must develop a risk assessment and ensure appropriate procedures are in place for the safe disposal of clinical waste, in line with national guidance (see page 20).</p> <p>Timescale – immediate</p>	<p>Consideration to re-install a macerator to ensure safe disposal of clinical waste. Audit to be carried out to ascertain volume of waste disposal. Best practice to be explored in relation to disposal if macerator deemed not necessary. Yellow and black striped bag ('tiger stripe') currently in use with contract in place for uplift. Liquid waste or solidified liquid waste should be placed in a rigid leak-proof receptacle for disposal.</p>  <p>5 Step Risk Assessment - absorb</p> <p>Many infectious waste treatment facilities require infectious liquid wastes (such as blood and other body fluids) to be solidified prior to removal, and</p>	<p>Immediate - to have resolution within the next 6 weeks.</p>	<p>Hospital Manager/Clinical Nurse Manager (Interim)</p>

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	<p>producers of waste should seek guidance from their waste contractor regarding this. See guidance below for review</p> <p>https://www.nipcm.hps.scot.nhs.uk/media/1626/2020-07-sicp-lr-waste-v4.pdf</p> <p>Safety Action Notice (nhs.scot) to be highlighted to staff meantime</p>		
<p>Requirement 2: The provider must ensure that all staff receive a regular documented performance review to give staff the opportunity to discuss progress in their role or raise any concerns (see page 20).</p> <p>Timescale – 22 January 2024</p>	<p>Review of Supervisor workload and support with protected time to conduct performance reviews for all staff. Recruitment to current vacancies has impacted annual reviews. Email to be sent to all staff in the interim to apologise for the delay and advise of the importance and value of annual reviews.</p>	<p>Immediate with all reviews completed by timescale indicated – 22/1/24</p>	<p>All Supervisors</p>
<p>Requirement 3: The provider must review and update all risk assessments on a regular basis to demonstrate a proactive approach in identifying and managing risk (see page 22).</p> <p>Timescale – immediate</p>	<p>All risk assessments now reviewed 2/9/23 (scheduled Aug 23).</p> <p>Reviewed quarterly and reported through service report to Clinical Governance Group.</p> <p>Stagger review dates going forward to ensure all are reviewed within schedule (more manageable and achievable).</p>	<p>Complete</p>	<p>Hospital Manager/ Clinical Nurse Manager (Interim)</p>

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Requirement 4: The provider must risk assess the availability of hand wash basins and sinks in the domestic services room and dirty utility room against current guidance, and a risk-based refurbishment plan should be developed to reduce any risks identified to minimise the spread of infection (see page 25). Timescale – immediate	Discussed with Development Manager, Hospital Manager and Associate Director of Property. Hand wash sinks to be installed in domestic services room and dirty utility room.	Sinks to be ordered and installation to be booked in within the next few weeks.	Hospital Manager/ Corporate services
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Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Recommendation a: The service should ensure actions arising from the patient participation meetings are acted on or reasons why this is not possible fed back to patients (see page 15).	Volunteer Patient Representative and Participation Lead role on hold – previous member currently pursuing other opportunities. Look to recruit an interim volunteer to assist in implementing actions, feedback and working alongside Hospital Manager/ Clinical Nurse Manager. Meantime Hospital Manager to review all actions outstanding and provide feedback to patients and team.	By the end of the year 2023	Hospital Manager/ Clinical Nurse Manager (Interim)

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Recommendation b: The service should update the patient information folder and give consideration to presenting the information in alternative formats to benefit all patients (see page 15).	Currently in the process of updating the patient information folder. Alternative formats being considered and linking in with other departments within and out with Quarriers.	Within the next month	Hospital Manager/ Clinical Nurse Manager (interim), Nursing and admin staff
Recommendation c: The service should ensure that the clinical risk register is regularly reviewed and updated (see page 22).	Senior members of Quarriers Executive team, Quality manager and Hospital Manager to review WQSEC clinical risk register as formulas used are not known to current staff. Potentially develop new scoring matrix and schedule quarterly review through Risk management group (SECLIN)	Within the next month	Hospital Manager/ Members of Quarriers executive team, Quality Manager
Recommendation d: The service should ensure that a record of multidisciplinary meetings are documented in the patient care record (see page 25).	Discussion to be held with all members of the MDT and look to progress to incorporate paperwork that documents a record of the MDT meeting including those present/ changes to treatment and responsibilities.	Implemented after discussion/ within the next month.	Hospital Manager/ Clinical team.

Name Lorraine Jackson

Designation Hospital Manager

Signature L Jackson

Date 16/10/23

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In signing this form, you are confirming that you have the authority to complete it on behalf of the service provider.

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Guidance on completing the action plan.

- **Action Planned:** This must be a relevant to the requirement or recommendation. It must be measurable and focussed with a well-defined description of how the requirement/recommendation will be (or has been) met. Including the tasks and steps required.
- **Timescales:** for some requirements can be immediate. If you identify a requirement/recommendation timescale that you feel needs to be extended, include the reason why.
- **Person Responsible:** Please do not name individuals or an easily identifiable person. Use Job Titles.
- Please do not name individuals in the document.
- If you have any questions about your inspection, the requirements/recommendations or how to complete this action plan, please contact the lead inspector for your inspection.

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