



Improvement Action Plan

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

Gartnavel General Hospital, NHS Greater Glasgow and Clyde

25 November 2025

Improvement Action Plan Declaration – 18-week update, June 2026.

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: Dr Lesley Thomson KC

Date: 11 June 2026

NHS board Chief Executive

Signature:

Full Name: Jann Gardner

Date: 11 June 2026

File Name: 2026-10-06 2026-06-10 HIS 18 week Action Plan update Gartnavel General Hospital NHS GGC v0.1 final (002) update GGH NHS GGC v0.1	Version: 0.1	Date: 10/06/2026
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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
Requirement 1	a. A quality assurance reaudit of all inpatient wards within Gartnavel General Hospital will be undertaken in Q1 2026. This activity follows on from the audits of all wards completed in December 2025.	March 2026	LHBC	5 hand hygiene audits have been completed with the remaining wards audited on w/c 26/01/26.	Complete 30/01/2026
NHS Greater Glasgow and Clyde must ensure that all staff carry out hand hygiene in line with current guidance.	b. Following each audit, verbal feedback will be provided to the Senior Charge Nurse (SCN) or Nurse in Charge (NiC), with individual written reports issued to the SCN, Infection Prevention & Control Lead Nurse, and the local Senior Management Team. The audit report will include a link to the Hand Hygiene educational video, which SCNs will be asked to share with their teams.	January 2026	LHBC	An email was sent to all GGH inpatient SCNs with a link to the hand hygiene video, asking them to share it with ward staff and encourage everyone to watch. This link has also been added to the bottom of all hand hygiene audit emails. June 2026 update - Audits have continued across the site as part of the LHBC routine workplan with feedback given to SCNs at the time of audit. SCNs have also been shared refreshed reminders to the	Complete 27/01/2026

<p>c. Throughout December 2025, the local IPCT provided each ward with a copy of the Hand Hygiene Toolbox Talk when conducting routine weekly/monthly ward visits.</p>	<p>December 2025</p>	<p>IPCT South Sector</p>	<p>Hand Hygiene video and improvement/education resources.</p> <p>Toolbox talk issued as stated.</p> <p>June 2026 update – All staff have completed the Toolbox Talks and all new members of staff receive this as part of their induction. Following LHBC hand hygiene audits, Lead Nurses share the Toolbox Talks with all staff (medical and AHPs) to optimise learning and improvement.</p>	<p>Complete 31/12/2025</p>
<p>d. A summary flash report was produced after the previous round of hand hygiene audits. This will be updated following the reaudit and shared with the SCN, Infection Prevention & Control Lead Nurse, and the local Senior Management Team to enable comparison between the December 2025 audit results and those from the Q1 2026</p>	<p>February 2026</p>	<p>LHBC</p>	<p>Hand hygiene audits were undertaken in December 25 with a flash report produced and shared thereafter. This was repeated in January 26.</p>	<p>Complete 29/01/2026</p>

reaudit undertaken by the Local Health Board Coordinator (LHBC) for Hand Hygiene

e. Guidance documentation will be developed to further support completion of the Hand Hygiene audit tool on CAIR. This will be distributed to all SCNs to assist with monthly Hand Hygiene self-audits.

March 2026

LHBC

Audit Tool guidance distributed 27/01/26.

Complete 27/01/26

June 2026 update – A voiceover has been recorded by the LHBC as part of a Hand Hygiene presentation. This is to support staff knowledge and consistency when undertaking audits.

f. Hand hygiene findings from the HIS inspection and the follow up audits to be discussed at the sector facilities team meeting on 05/01/26 to allow for learning and improvement.

January 2026

Lead Nurse IPC South Sector

Shared with colleagues January 2026.

Complete 05/01/2026

g. Following the HIS inspection in November 2025, all Facilities staff (Domestic, Porter and Catering) across the Gartnavel campus will be provided with hand hygiene re-training based on the Hand Hygiene Toolbox Talk provided by IPCT colleagues.

December 2025

Head of Facilities West Sector

Re-training of Facilities staff was undertaken during December 2025.

Complete 31/12/2025

<p>h. General hand hygiene compliance will be reviewed on an ongoing basis with Facilities Supervisor observation and quality assurance audits.</p>	<p>December 2025</p>	<p>Head of Facilities West Sector</p>	<p>Facilities Supervisors monitor hand hygiene compliance during routine auditing. In addition, the reports following quality assurance audits will be reviewed on an ongoing basis.</p>	<p>Complete 31/12/2025</p>
<p>i. Hand hygiene findings from the HIS inspection and the follow up audits will be discussed at the Senior Charge Nurses meeting.</p>	<p>December 2025</p>	<p>Associate Chief Nurse South Sector</p>	<p>Findings from HIS inspection was shared with SCNs over December 2025. ACN /LN continue to carry out spot check audits, in addition to monthly hand hygiene audits as part of SICPs audit cycle and monitoring of compliance through monthly 1:1 with SCNs/ Lead Nurses and Chief Nurses.</p> <p>June 2026 update – Ongoing spot checks and monthly review of routine Hand Hygiene audits continue with Hand Hygiene being a routine topic as part of the GGH Lunch & Learn Information & Education sessions.</p> <p>On May 18th 2026, there was a morning focus session on</p>	<p>Complete 31/12/2025</p>

SCIPS, specifically Hand Hygiene and PPE at GGH site which was led by Practice Education and IPC colleagues. This evaluated well and is in the workplan to be repeated over the year.

Compliance with wards undertaking hand hygiene audits is 100% with the average site hand hygiene compliance sitting at 98% (data from the last 3 months, inclusive of all inpatient ward areas in GGH). Associated action plans and monitoring arrangements are in place and discussed at monthly 1:1 with SCN; LN and CN.