

Improvement Action Plan

NHS Greater Glasgow and Clyde

**Healthcare Improvement Scotland: Safety and Cleanliness of Hospitals
Unannounced inspection to Queen Elizabeth University Hospital and Royal Hospital for Children
Inspection date: Tuesday 29 – Thursday 31 January 2019**

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: John Brown

Date: 07/03/19

NHS board Chief Executive



Signature: _____

Full Name: Jane Grant

Date: 07/03/19

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Ref:	Action planned	Timescale to meet action	Responsibility for taking action	Progress	Date completed
Req 1.	<p>NHS Greater Glasgow and Clyde must improve the governance arrangement in both estates and infection prevention control teams to assure themselves of safe patient care in line with Scottish Government's guidance, <i>NHS Scotland Health Boards and Special Health Boards-Blueprint for Good Governance (2019)</i>.</p> <p>Action Planned: The Scottish Government's paper - NHS Scotland Health Boards and Special Health Boards – Blueprint for Good Governance (2019) published on the 1 February is noted, and GGC, in common with all Scottish NHS boards, will be reviewing their governance systems accordingly.</p> <p>We acknowledge that elements of governance arrangements within Estates and Facilities should be strengthened and work is already underway in this regard.</p>	31 March 2019	Estates and Facilities / IPCT		

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Req 2.	<p>NHS Greater Glasgow and Clyde must ensure functioning negative pressure isolation rooms are available in the hospital in line with Healthcare Facilities Scotland, Scottish Health Planning Note 04.</p> <p>(a) Where these are not available, staff are provided with clear guidance on how to manage a situation where a patient would require this type of isolation. 8.1 and 6.5 priority 1</p> <p>(b) Staff in ID will be reminded of facilities available for admission of patients with infectious diseases of high consequence.</p> <p>Action Planned: Negative pressure rooms are in the process of being completed on site as part of a capital project. Rooms will be commissioned by June 2019 on a phased basis from April 2019.</p> <p>Staff in ID will be reminded of facilities available for admission of patients with highly infectious patients by the QEUH Sector Management Team.</p>	March 2019	<p>Estates and Facilities</p> <p>Chief Nurse South Sector</p>		

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Req 3.	<p>NHS Greater Glasgow and Clyde should ensure all staff involved in the running of water are clearly informed of their roles and responsibilities in this and a clear and accurate record is kept to allow early identification of any water outlets that are not being run.</p> <p>Action Planned: SOPs for Pseudomonas and Legionella will be tabled at the Board Water Safety Group for approval. An accompanying tool box talk will be approved for circulation to all staff outlining roles and responsibilities for flushing and including flushing regimes and records to be kept. Flushing of taps/outlets to be incorporated into the daily domestic cleaning checklist (manual & electronic). Domestic staff to be trained in the outlet running process as part of daily task completion (referencing tool box talk).</p> <p>All Board water safety documents will be highlighted in the IPC web site for NHSGGC.</p>	March 2019	<p>Board Water Safety Group</p> <p>Estates and Facilities / IPCT</p>		

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	 Tool box talk flushing Draft V1.0.docx				
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Ref:	Action planned	Timescale to meet action	Responsibility for taking action	Progress	Date completed
Req 4.	<p>NHS Greater Glasgow and Clyde must ensure all clinical areas comply with the current national guidance in relation to the use of coolness fans.</p> <p>Action Planned: Guidance for the use of bladed and bladeless portable electric fans will be tabled for approval at the Acute, Partnerships and Board IPC committees in March 2019. This guidance will include recommendations provided in the NSS IRIC alert (January 2019) on the use of electric portable fans.</p>  <p>01b - Draft Guidelines Electric Por</p> <p>A communication will be sent to the SCN of each clinical area highlighting their responsibility for the use and cleaning of these fans and the requirement for individual patient risk assessments.</p>	April 2019	IPCT		

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Req 5.	<p>NHS Greater Glasgow and Clyde should ensure that information on the expressed breast milk recording charts is in line with national guidance. This will ensure that the storage of expressed breast milk is managed in a way that reduces the risk to patients.</p> <p>Action Planned:</p> <ul style="list-style-type: none"> Expressed Breast Milk (EBM) Recording Charts in place for all EBM fridges Areas with EBM fridges have added a check of EBM specific recording charts in to the SCN weekly assurance checklist. Communicate via Hospital Paediatrics and Neonates Control of Infection Group, Senior Charge Nurse Group and safety Briefs. 	March 2019	Chief Nurse Paediatrics and Neonates		

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Ref:	Action planned	Timescale to meet action	Responsibility for taking action	Progress	Date completed
Req 6.	<p>NHS Greater Glasgow and Clyde must develop a strategy that ensures the environment in the emergency department is clean and patient equipment is clean and ready for use to ensure infection prevention and control can be maintained.</p> <p>Action Planned: Joint meetings between estates and facilities and ED clinical team have been increased to weekly to allow for a full review of the week's activity. This facilitates review of existing issues and agreement of standard operating procedures:</p> <ul style="list-style-type: none"> • patient trolley cleaning • access to clean bed spaces and flooring, including the inclusion of a weekly deep floor clean. 	March 2019	General Manager Estates and Facilities / Chief Nurse South Sector	<p>Complete – attached SOP Complete – attached SOP</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  Cleaning of Patient Trolleys Feb 19.doc </div> <div style="text-align: center;">  Access to Clean QEUH ED Protocol Fel </div> </div>	<p>22/02/19 22/02/19</p>

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Req 6 (contd)	The weekly meeting will continue to ensure cleanliness compliance – over the next month this will seek strategies to deal with periods of high activity.	February 2019		Meeting dates in place for the group to meet weekly from February (previously fortnightly) – dates attached.  HEI Facilities meeting Agenda.doc	07/02/19
	This will include contacting other Emergency Departments to find out their strategies.	March 2019	Lead ICN South		
	Creation of a weekly floor deep clean access reporting template that will be shared with ED colleagues every Monday for the previous week.	February 2019			Complete: Monitoring and escalation process agreed and reporting has now commenced.

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Req 6 (contd)	A review of nursing process for cleaning, including escalation– to ensure the building blocks of good practice remain in place.	February 2019		Complete. Additional steps put in place, aligned to the 2 hourly ED pause which checks near patient equipment, with any actions and learning immediately being taken. Process attached – Pause template for Majors attached.  Majors Nic Spot check WORD.docx Complete	22/02/19 22/02/19
	Domestic Supervisor advised to note any environmental issues as part of the Facilities Monitoring Tool audit process. This includes the checking of all toilet hinges.	February 2019			

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Req 6 (contd)	All Domestic Assistants working within ED will receive staff retraining on all cleaning related duties with additional focus provided on the specific issues that were identified. All training will be recorded, signed off by each Domestic Assistant, and retained.	February 2019	Domestic Services Manager	Training of all Emergency Department domestic staff will be completed by early March.	23/02/19
	Retraining of domestic staff, focusing on floors, sanitary areas, IPS panels and also general attention to detail	February 2019	Domestic Services Manager	Complete will all Emergency Department domestic staff. SOP complete. ED trolleys to be tagged by early March.	
	Revision to the Cleaning of Patient Trolleys Standard Operating Procedure to include that all ED trolleys are identifiable by a red cable tie secured to the chassis.	February 2019		Complete	
	Signage within ED toilets has been refreshed so it is clear how users would escalate any concerns to allow for issues to be rectified.	February 2019			

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Req 7.	<p>NHS Greater Glasgow and Clyde must ensure patient environment, patient equipment is clean and ready for use to reduce the risk of cross infection</p> <p>Action Planned: Joint review of standard Operating Procedure (SOP) for cleaning near patient healthcare equipment, to ensure clarity of cleaning responsibilities.</p> <p>Following SOP review, communicate and remind domestic and nursing staff of cleaning responsibilities.</p> <p>Weekly ward level Quality Assurance process to be reiterated to SCNs by the Chief Nurse, and will be reviewed as part of the Lead Nurse, SCN monthly 1:1 process.</p> <p>Roles and responsibilities in relation to ensuring sign off have been fully reinforced and the SCN/Nurse in Charge will ensure this is completed accurately. There are a series of regular checks of the cleanliness of equipment in place by the Lead Nurse and SCNs with actions taken to address any areas of non compliance.</p>	<p>March 2019</p> <p>March 2019</p> <p>March 2019</p> <p>March 2019</p> <p>March 2019</p>	<p>General Manager - Estates and Facilities & Chief Nurses</p>	<p>SLWG requires to be identified along with process owner. Relevant SOP attached</p> <p> Appendix 2 - CNPE - Cleaning Responsibility</p> <p>A series of spot checks are in place to ensure the cleaning and sign off are completed accurately.</p>	

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Req 7 (contd)	<p>All Domestic Assistants will receive staff retraining on the specific issues that were identified. All training will be recorded, signed off by each Domestic Assistant, and retained.</p> <p>Review of the domestic equipment present, and implementation of any additional equipment with training to Domestic Assistants.</p> <p>Reinforcement of the correct use of the FMT system.</p> <p>Review the bed repair protocol and re-circulate to all nursing colleagues. The review will check that it is explicitly clear that a green label present on a bed indicates that the bed has been repaired/maintained and is (mechanically) ready for use, and clarify that the bed requires to be cleaned prior to patient use. It will also clarify that the bed requires to be cleaned prior to being removed from the patient room for repair/maintenance if it is visually contaminated.</p>			<p>Training program will be completed by mid March 2019.</p> <p>Will be completed by mid March 2019.</p> <p>Will be completed by mid March 2019.</p> <p>Complete</p>	

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Req 8.	<p>NHS Greater Glasgow and Clyde must ensure that domestic cleaning schedules are signed as complete by domestic supervisors with evidence and satisfaction that the domestic cleaning has been completed as detailed within the cleaning schedule</p> <p>Action Planned:</p> <p>All Domestic Supervisors have been reminded of their responsibilities in relation to the cleaning sign off process, and this will be reinforced at the regular Domestic Supervisor meetings.</p> <p>Note: The Domestic Assistant signs to acknowledge that they have completed all domestic tasks that were required.</p> <p>The Domestic Supervisor meets with the Senior Charge Nurse (or Nurse in Charge) and has a general discussion about the cleanliness tasks that have been performed, including any concerns. The outcome of the discussion is recorded and both parties then sign off the process.</p>	April 2019	General Manager - Estates and Facilities	Complete	

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Req 8 (contd)	<p>NB: Instruction has been provided to Domestic Supervisors that the sign off process must be done within the area following a discussion with the Senior Charge Nurse (or Nurse in Charge).</p> <p>Within QEUH and RHC, the sign off process is recorded electronically. Within the retained buildings, the sign off process is completed on paper.</p>				

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Req 9.	<p>NHS Greater Glasgow and Clyde must ensure domestic staff have the necessary equipment to perform their cleaning duties, to keep the environment clean and safe</p> <p>Action Planned: All Domestic Assistants are provided with the necessary equipment to perform their cleaning duties. Domestic Supervisors will continue to meet with all staff on shift to check that they have all the necessary equipment, and to ensure that they know how to contact them, should they require anything additional.</p>	March 2019	General Manager - Estates and Facilities	Complete	

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Req 10.	<p>NHS Greater Glasgow and Clyde must provide staff with suitable and functioning domestic services rooms to minimise the risk of cross contamination from the disposal of soiled water after cleaning regime</p> <p>Action Planned: Facilities Management to action works to enable DSR rooms aligned to Neurosciences wards 61 and 67 to be functional.</p> <p>A documented review of all domestic services rooms within the retained buildings will be undertaken by Facilities Management colleagues.</p>	April 2019	General Manager - Estates and Facilities	To be completed by early March 2019.	

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Req 11.	<p>NHS Greater Glasgow and Clyde senior management must ensure all staff are aware of the correct cleaning method for cleaning hand wash basins and that the correct cleaning products are used to clean all sanitary fittings in line with current national guidance</p> <p>Action Planned: All Domestic Assistants to be retrained in the process (refer to Action 7).</p>	April 2019	General Manager - Estates and Facilities	Training program will be completed by mid March 2019.	
Req 12.	<p>NHS Greater Glasgow and Clyde must ensure that the built environment is effectively monitored to ensure it is maintained to allow effective cleaning to ensure effective infection prevention and control</p> <p>Action Planned: All Domestic Supervisors and Managers undertaking FMT audits have been instructed to record any defects within the built environment.</p> <p>Completion of an overarching HAI SCRIBE built environment condition to be completed on a phased basis across the site, commencing with Neurosciences.</p>	March 2019	General Manager - Estates and Facilities	<p>To be completed by early March 2019.</p> <p>To be completed by April 2019</p>	

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Req 13.	<p>NHS Greater Glasgow and Clyde must ensure the estates reporting system is reliable and effective and acted on. Staff should also be informed of timescales for completion.</p> <p>Action Planned:</p> <p>SOP on closing down estates related issues to be completed by GM Estates for Estates staff. Fortnightly report of outstanding jobs to be completed by Estates Supervisors linking directly to SCNs</p>	April 2019	General Manager - Estates and Facilities		
Req 14.	<p>NHS Greater Glasgow and Clyde must ensure ventilation panels are clean and free from dust.</p> <p>Action Planned:</p> <p>Planned preventative maintenance program to be reviewed and amended to address any outstanding issues and to ensure that all vents are regularly cleaned</p>	March 2019	General Manager - Estates and Facilities		

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Rec 1.	<p>NHS Greater Glasgow and Clyde should ensure that access to audit information is not person-dependent to ensure the continuity of the audit programme.</p> <p>Action Planned: Lead Nurses in Regional Services will ensure Deputy Charge Nurses and a core of Registered Nurses are able to access relevant audits and reports.</p> <p>All Lead Nurses in the South sector have been asked to ensure SCNs and CNs in all ward areas have IPCAT access, and in case of issues, these can be accessed in the short term through the Lead Nurse or Chief Nurse.</p> <p>Review of ward and department access, aiming for all SCNs and Charge Nurses to have access.</p>	April 2019	IPCT IC Data Team NCIPC	<p>Discussed with Lead Nurses in Regional Services at meeting 26.2.19 and uptake will be monitored.</p> <p>Email sent to reiterate process.</p>	26/02/19

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