

**Improvement Action Plan**

**NHS Greater Glasgow and Clyde**

**Queen Elizabeth University Hospital**

**Healthcare associated infection (HAI) inspection**

**Inspection dates: Monday 12–Thursday 15 December 2016 and Monday 16–Tuesday 17 January 2017**

**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: 21<sup>st</sup> March 2017

**NHS board Chief Executive**

Signature:



Full Name: Robert Calderwood

Date: 21<sup>st</sup> March 2017

File Name: Post-Inspection Hospital Action Plan QEUH-HAI HAI: Queen Elizabeth University Hospital, NHS Greater Glasgow and Clyde	Version: 1.0	Date: 1 March 2017
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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
<b>Standard 6: Infection prevention and control policies, procedures and guidance</b>					
Req. 1	<p><i>NHS Greater Glasgow and Clyde must ensure that staff in the immediate assessment unit are aware of, and practice, the safe management of blood and body fluid spillages in line with Health Protection Scotland's National Infection Prevention and Control Manual</i></p> <p><b>Action Planned:</b> There are 12 infection control sessions planned for the IAU staff over a period of 2 weeks which commenced week of 6<sup>th</sup> March. The focus will include the safe management of blood and body fluid spillages.</p> <p>Additional blood and body fluid spillages posters have been placed throughout the IAU as an aide memoire to staff. SCNs have raised further awareness with staff at nursing handovers.</p> <p>Chlorine releasing disinfectant is readily available in all areas and the IAU staff know where to access it.</p>	<p>5<sup>th</sup> April 2017</p> <p>This action will be completed by 17<sup>th</sup> March 2017</p>	<p>Chief Nurse South Sector Lead Nurse - Infection Prevention &amp; Control</p>	<p>Six sessions were held week beginning the 6<sup>th</sup> of march -17<sup>th</sup> March . Two sessions were held on each of the following dates: 6<sup>h</sup>, 8<sup>th</sup>, 10<sup>th</sup>, 13<sup>th</sup>, 15<sup>th</sup></p> <p>These sessions were held in the emergency department to facilitate the attendance by staff.</p> <p>Sessions are also scheduled for 17<sup>th</sup> March 2017.</p>	

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Req. 2	<p><i>NHS Greater Glasgow and Clyde must ensure that all clinical waste is stored in line with Health Facilities Scotland's Scottish Health Technical Note 3 NHS Scotland waste management guidance Part A.</i></p> <p><b>Action Planned:</b> Facilities Management will undertake daily checks of all waste holding areas and equipment to ensure compliance with SHTN3.</p>	5 <sup>th</sup> April 2017	Facilities Manager	<p>There is a daily process in place to visually inspect all waste holding areas across the campus. This process is recorded to evidence that the inspection has taken place and to note any escalations/actions required or taken (Appendix 1).</p> <p>The submissions are reviewed by the portering professional lead to ensure that all checks have been completed and that any escalations/remedial actions are undertaken.</p>	Complete

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Req. 3	<p><i>NHS Greater Glasgow and Clyde must ensure staff in the emergency department comply with hand hygiene and the use of personal protective equipment guidance in line with Health Protection Scotland's National Infection Prevention and Control Manual.</i></p> <p><b>Action Planned:</b> The 12 face to face Infection Control sessions which commenced 6<sup>th</sup> March will also focus on Hand Hygiene expected standards and technique, and the correct use of PPE.</p>	<p>This action will be completed by 17<sup>th</sup> March 2017</p>	<p>Chief Nurse South Sector Lead Nurse – Infection Prevention &amp; Control</p>	<p>Six sessions were held week beginning the 6<sup>th</sup> March -17<sup>th</sup> March. Two sessions were held on each of the following dates: 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, 13<sup>th</sup>, 15<sup>th</sup></p> <p>These sessions were held in the emergency department to facilitate the attendance by staff.</p> <p>Sessions are also scheduled for 17<sup>th</sup> March 2017.</p>	

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Req. 3 contd	<p><b>Action Planned (contd):</b> The ICN and the Lead Nurse for the Emergency Department (ED) have already undertaken and will carry out unannounced hand hygiene and PPE checks during this period ensuring feedback is given to any staff breaching policy.</p> <p>A full mailshot 10<sup>th</sup> March 2017 has been cascaded to all visiting specialties and junior doctors to clarify their roles and responsibilities in relation to hand hygiene and PPE.</p> <p>An additional ED poster has been developed by the Lead Nurse and will be visibly placed throughout the department reminding staff of the importance of hand hygiene, PPE and the management of reusable patient equipment. (Appendix 2)</p>	5 <sup>th</sup> April 2017	Chief Nurse South Sector Lead Nurse – Infection Prevention & Control	<p>Hand Hygiene and PPE checks have been undertaken by the Lead Nurse and SCNs.</p> <p>The mailshot has been completed and the poster is in place.</p>	

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Rec. a	<p><i>NHS Greater Glasgow and Clyde should consider the timing of standard infection control precautions audits in the immediate assessment unit to ensure the results of audits are representative of staff practices during busy periods.</i></p> <p><b>Action Planned:</b> Initial 4 week SICPs audit completed. Following this the Lead Nurse for the IAU has agreed a programme of six SICPS audits to be completed by the Senior Charge Nurses (SCNs) supported by the ICN at random times over a period of 6 weeks commencing 13<sup>th</sup> March 2017 to reflect periods of increased activity. The results will be reviewed by the Lead Nurse to ensure all actions have been fully addressed.</p>	5 <sup>th</sup> April 2017	Chief Nurse South Sector	The programme of SICPS audits are underway and being undertaken during different weekdays and times to reflect increased activity in the unit.	
Rec. b	<p><i>NHS Greater Glasgow and Clyde should ensure that single patient use toiletries are only available for single patient use and are discarded when no longer required by the patient.</i></p> <p><b>Action Planned:</b> A memo has been sent to all Lead Nurses and SCNs within the South Sector reinforcing that single patient use toiletries should only be used for single patient use and discarded. This was sent on the 9<sup>th</sup> March. (Appendix 3).</p>	5 <sup>th</sup> April 2017	Chief Nurse South Sector	This has been further reinforced with Lead Nurses and Senior Charge Nurses through their meeting and communication channels.	Complete

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<b>Standard 8: Decontamination</b>					
Req. 4	<p><i>NHS Greater Glasgow and Clyde must ensure that patient equipment in the emergency department is clean and ready for use.</i></p> <p><b>Action Planned:</b> SOPs agreed as per previous plan and now reinforced. The process and importance of cleaning near patient equipment has been discussed by the Chief Nurse at the Lead Nurse/Senior Charge Nurse meeting 14<sup>th</sup> March 2017.</p> <p>Roles and responsibilities in relation to ensuring accurate sign off have been agreed and the Nurse in Charge will ensure this is completed accurately. There will be a series of regular checks of the cleanliness of equipment in place by the Lead Nurse and SCNs and actions taken to address any areas of non compliance.</p>	<p>Within 1 week of report publication date 5<sup>th</sup> April 2017</p> <p>This action has been completed and will be continually monitored</p>	Chief Nurse South Sector	Attendance at Lead Nurse/SCN meeting complete and staff aware of their roles and responsibilities in relation to the cleaning of near patient equipment and the accurate sign off process to further ensure equipment is clean.	Complete

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Req. 5	<p><i>NHS Greater Glasgow and Clyde must ensure that the environment in the emergency department is safe and clean.</i></p> <p><b>Action Planned:</b> Facilities Management will undertake weekly cleanliness audits starting w/c 20<sup>th</sup> March 2017 within the Emergency Department that will include patient transport trolleys.</p> <p>NHSGGC Facilities Integrated Supervisors will undertake daily visual inspections of the Emergency Department starting on w/c 20<sup>th</sup> March 2017 to ensure cleanliness standards are being maintained in accordance with the HFS National Cleaning Services Specification.</p> <p>A review of Domestic Services staff has taken place to ensure that appropriate hours are deployed 24/7, to maintain cleanliness standards and react to any ad hoc cleaning requests/requirements.</p>	29 <sup>th</sup> April 2017	Facilities Manager Chief Nurse South Sector	<p>Following the review of domestic service provision within the Emergency Department, staffing levels have been increased.</p> <p>Re-training of Facilities Integrated Supervisors and Facilities Managers has taken place. The next stage in the process is to ensure that all Domestic Services staff receive re-training commensurate with their duties. This process is due to commence on the 20<sup>th</sup> March.</p>	

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Req. 5 contd	<p><b>Action Planned (contd):</b> Facilities Management/Facilities Integrated Supervisors/Domestic Services Staff will undertake a process of re-training that will focus on the required outcomes described within the HFS National Cleaning Services Specifications.</p> <p>The SCN responsible for each shift will review the environment for cleanliness and inform the domestic supervisors of any shortfalls on a daily basis.</p>	29 <sup>th</sup> April 2017	Facilities Manager Chief Nurse South Sector		
Req. 6	<p><i>NHS Greater Glasgow and Clyde must ensure that:</i> a) <i>accurate records are kept of domestic cleaning, and</i> b) <i>staff are aware of their responsibilities for environmental cleanliness.</i></p> <p><b>Action Planned:</b> a) Facilities Management will undertake a process of cleanliness audit verification, as per the frequencies outlined within the HFS National Cleaning Services Specification, to ensure audit outcomes are reflective of cleanliness standards.</p>	Within 1 week of report publication date 5 <sup>th</sup> April 2017	Facilities Manager Chief Nurse South Sector	<p>Facilities Integrated Supervisors and Facilities Managers have successfully completed validation training provided by HFS.</p> <p>The theory based/ instructional sessions have been delivered for all Facilities Integrated Supervisors and Facilities Managers.</p>	

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Req. 6 contd	<p><b>Action Planned (contd):</b> A Peer Review mechanism will be implemented to independently validate cleaning standards that are being reported by the Facilities Domestic Services Management/ Supervisory team.</p> <p>b) A systematic approach to education (and re-education) commenced in January 2017. This included theory based/instructional sessions, toolbox sessions, and practical evaluation/validation via competent persons.</p> <p>Accredited British Institute of Cleaning Sciences (BICSc) training will be provided to Facilities Integrated Supervisors and Domestic Services Staff.</p> <p>A series of Rapid Improvement Style events have commenced. The first session was held on 7<sup>th</sup> February 2017 and focused on improved communication between Facilities and Clinical colleagues.</p>	5 <sup>th</sup> April 2017	Facilities Manager Chief Nurse South Sector	<p>BICSc training has been completed for all Facilities Integrated Supervisors.</p> <p>The first Rapid Improvement Event was very positive. Nursing colleagues present confirmed they were aware of the domestic provisions within their areas and how to request additional domestic support or escalate if required, and were aware of the purpose/function of the domestic services sign off document. A meeting note was produced and circulated.</p>	Complete

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Req. 6 contd	<p><b>Action Planned (contd):</b>                      The domestic input hours within each area (ICU, ARUs, CDU, ED) was discussed and the scope of service confirmed, in addition to the role and function of the domestic response team and how to escalate concerns. The purpose of the Domestic Services daily sign off document was confirmed.</p> <p>Our next event takes place on 16<sup>th</sup> March 2017 and looks at the patient trolley cleaning process, agreeing the scope of responsibility between Clinical and Facilities colleagues, the governance around the recording arrangements, and escalation/exception reporting protocol for ED trolleys.</p> <p>The last session is planned to take place w/c 20<sup>th</sup> March 2017 and will focus on ‘access to clean’ arrangements within ED, Minors, and Majors, and the governance around the recording arrangements, and escalation/exception reporting protocols if ‘access to clean’ is not available.</p>	5 <sup>th</sup> April 2017	Facilities Manager Chief Nurse South Sector	Rapid Improvement event is on the 16 <sup>th</sup> March and will specifically cover the cleaning of patient trolleys. This will clarify roles and responsibilities of domestic and nursing staff as well as escalation/exception reporting.	

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Req. 7	<p><i>NHS Greater Glasgow and Clyde must ensure that:</i></p> <p><i>a) domestic monitoring assurance systems identify where environmental cleanliness in the emergency department is below the accepted standard, and</i></p> <p><i>b) remedial actions are taken to ensure the environment is safe and clean.</i></p> <p><b>Action Planned:</b></p> <p>a) The frequency of monitoring through a peer review process will take place to validate the cleanliness standards in line with the HFS National Cleaning Services Specification required outcomes.</p> <p>b) Facilities Management require to agree ‘access to clean’ arrangements with clinical colleagues.</p> <p>All cleaning rectifications that have been identified require to be actioned within a two hour time frame.</p>	29 <sup>th</sup> April 2017	Facilities Manager	<p>Facilities Integrated Supervisors and Facilities Managers have successfully completed validation training provided by HFS.</p> <p>The theory based/ instructional sessions have been delivered for all Facilities Integrated Supervisors and Facilities Managers.</p> <p>BICSc training has been completed for all Facilities Integrated Supervisors.</p>	

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Req. 8	<p><i>NHS Greater Glasgow and Clyde must ensure that where audit data identifies deficiencies in the emergency department, remedial actions are taken to reduce risk, prevent recurrence, and promote improvement and compliance with infection prevention and control policies.</i></p> <p><b>Action Planned:</b> The Senior Charge Nurse ED will carry out a programme of SICPS audits for 6 weeks commencing 13<sup>th</sup> March. The Lead Nurse will review the audits to ensure remedial actions are taken to address any shortfalls. IPCNs will be available at all times to support staff with this process and take any action required by the service as a result of these audits.</p>	<p>5<sup>th</sup> April 2017</p> <p>This action is underway and will be completed w/c 17<sup>th</sup> April 2017</p>	Chief Nurse South Sector	SICPs audits have commenced 13 <sup>th</sup> March. A system is in place to ensure remedial actions are fully addressed.	

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Req. 9	<p><i>NHS Greater Glasgow and Clyde must ensure that patient equipment cleaning schedules in the emergency department are accurately completed.</i></p> <p><b>Action Planned:</b> The process and importance of cleaning near patient equipment has been discussed by the Chief Nurse at the Lead Nurse/Senior Charge Nurse meeting 14<sup>th</sup> March 2017.</p> <p>Roles and responsibilities in relation to ensuring accurate sign off have been agreed and the Nurse in Charge will ensure this is completed accurately. There will be a series of regular checks of the cleanliness of equipment in place by the Lead Nurse and SCNs and actions taken to address any areas of non compliance.</p>	<p>5<sup>th</sup> April 2017</p> <p>This action is underway and will be completed w/c 20<sup>th</sup> March 2017</p>	Chief Nurse South Sector	The process for ensuring that patient equipment cleaning schedules in the Emergency Department are accurately completed has been discussed and agreed at the Lead Nurse/SCN meeting 14 <sup>th</sup> March. This process is now in place.	

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Req. 10	<p><i>NHS Greater Glasgow and Clyde must ensure that mattresses and mattress covers are consistently checked for their integrity and cleanliness and actions are taken to ensure they are fit for purpose.</i></p> <p><b>Action Planned:</b> A daily checking process for mattresses has been introduced to ensure that mattresses and covers are checked for their integrity and cleanliness and actions taken to address any issues where this does not occur. Any mattresses not found to be intact will be reported. (Appendix 4).</p>	<p>5<sup>th</sup> April 2017</p> <p>This action will be completed by 20<sup>th</sup> March 2017</p>	Chief Nurse South Sector	A mattress checklist has been agreed and is in place to ensure that mattresses are checked for cleanliness and integrity and to ensure actions are taken when mattresses are not found to be intact.	Complete

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Rec. c	<p><i>NHS Greater Glasgow and Clyde should review domestic staff access to patient areas in the emergency department allowing them to deliver a safe and clean environment.</i></p> <p><b>Action Planned:</b> Facilities Management will agree 'access to clean' arrangements with clinical colleagues based on patient activity and clinical presentation. This will form part of the Rapid Improvement Event sessions that will be led by Facilities Management colleagues. It is anticipated that this scope of work will be completed by the end of March 2017.</p>	<p>5<sup>th</sup> April 2017</p> <p>The Rapid Improvement Event will be held w/c 20<sup>th</sup> March and actions will be circulated within 3 working days and implemented by the the end of March 2017.</p>	Facilities Manager		