



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Improvement Action Plan

Healthcare Improvement Scotland:

Unannounced Infection Prevention and Control Inspections of Mental Health Services

Inverclyde Royal Hospital, NHS Greater Glasgow and Clyde

26 April 2023

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:

28/06/2023

NHS board Chief Executive

Signature:

Full Name:

Jane Grant

Date:

28/06/2023

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress to date	Date Completed
Domain 5 Requirement 1	NHS Greater Glasgow and Clyde must ensure that all staff carry out hand hygiene in line with current guidance. <i>This will support compliance with Infection Prevention and Control Standards (2022) Criterion 6.1.</i>	August 2023	In patient Service Manager Professional Nurse Lead Infection Control Head of Facilities Management	<p>Communication issued reminding staff of correct hand hygiene technique, and risk assessment in relation to placement of Alcohol Based Hand Rub (ABHR) and the availability of individual size ABHR.</p> <p>Individual ABHR has been provided to all staff.</p> <p>Hand hygiene audit was undertaken by local Health board hand hygiene Coordinator on 30/05/23. A flash report being prepared for sharing with staff, providing a summary of the feedback along with recommendations, this links to IPC education resources. Feedback was also done at the time of the audit.</p> <p>20 observations of the 6 key moments of hand hygiene is reported monthly on NHSGGC CAIR platform.</p> <p>All wards complete a SICPS audit twice per year and record this on NHSGGC CAIR platform. Improvement actions are developed to support any identified</p>	<p>02/05/2023</p> <p>22/06/2023</p> <p>30/05/2023</p> <p>In place and ongoing</p> <p>In place and ongoing</p>

				<p>areas for improvement. SICPs results tabled through IPC meeting structures.</p> <p>Hand Hygiene Toolbox talk circulated to staff.</p> <p>Local Readiness Audit schedule using standardized audit criteria has been developed and implemented.</p>	<p>30/05/2023</p> <p>26/06/2023</p>
<p>Domain 5 Requirement 2</p>	<p>NHS Greater Glasgow and Clyde must ensure that clean linen is stored in line with current guidance. <i>This will support compliance with Infection Prevention and Control Standards (2022).</i></p>	<p>August 2023</p>	<p>Head of Facilities Management</p> <p>Inpatient Service Manager</p> <p>Professional Nurse Lead</p> <p>Senior Charge Nurse</p>	<p>Domestic supervisor monitors compliance during inspections of clinical areas and raises issues noted with SCN.</p> <p>All staff were reminded that clean linen should only be stored on shelves and used linen rooms must be kept locked at all times to prevent inappropriate access.</p> <p>Staff have introduced checks in the linen room as part of the weekly cleaning/inspection schedules.</p> <p>Local Readiness Audit schedule has been developed and implemented and includes an audit of linen storage.</p>	<p>In place and ongoing</p> <p>22/06/2023</p> <p>26/06/2023</p> <p>26/06/2023</p>
<p>Domain 5 Requirement 3</p>	<p>NHS Greater Glasgow and Clyde must ensure that sharps boxes are managed in line with national guidance. <i>This will support compliance with Infection Prevention and</i></p>	<p>August 2023</p>	<p>In patient Service Manager</p> <p>Professional Nurse Lead</p> <p>Senior Charge Nurse</p>	<p>Health and safety Toolbox talk for Disposal of sharps has been circulated to all staff.</p> <p>Daily checks have been introduced as part of daily cleaning/ inspections.</p>	<p>22/06/2023</p> <p>22/06/2023</p>

	<i>Control Standards (2022) Criterion 6.1.</i>			<p>Monthly monitoring of mandatory/statutory (Sharps) training completion is now in place.</p> <p>Local Readiness Audit schedule has been developed and implemented and includes the safe disposal of sharps boxes.</p>	<p>26/06/2023</p> <p>26/06/2023</p>
Domain 5 Requirement 4	<p>NHS Greater Glasgow and Clyde must ensure the care environment and equipment are maintained and in a good state of repair to allow for effective cleaning.</p> <p><i>This will support compliance with Infection Prevention and Control Standards (2022) Criterion 8.1.</i></p>	August 2023	Estates Clinical Infection Control	<p>Excess stock of PPE has been removed.</p> <p>Lifecycle works in progress for the Larkfield unit, with proposed decanting schedule for all wards.</p> <p>All redecoration work has been completed in patient bedrooms/ensuites, Langhill clinic.</p> <p>The corridors, stairwell, laundry room still have painting in progress (due for 31/07/2023 completion).</p> <p>Cleaning of vents, seals, drains in progress across all wards.</p> <p>Condemned equipment is in the process of being removed from all wards, other items awaiting uplift but are not in use.</p> <p>Damaged chairs these have been removed from use until repairs take place.</p>	<p>22/06/2023</p> <p>TBC</p> <p>26/06/2023</p> <p>On track for August 2023</p> <p>On track for August 2023</p> <p>On track for August 2023</p> <p>26/06/2023</p>

				<p>Condemned beds have been removed and new ones in place.</p> <p>Additional storage shelves have been requested to ensure items are stored above floor level.</p> <p>Where it is necessary to remove items from patients' rooms (for reasons of safety) then an appropriate CRAFT risk assessments are in place.</p>	<p>26/06/2023</p> <p>On track for August 2023</p> <p>26/06/2023</p>
Domain 5 Requirement 5	<p>NHS Greater Glasgow and Clyde must ensure that all equipment is stored appropriately to avoid contamination.</p> <p><i>This will support compliance with Infection Prevention and Control Standards (2022).</i></p>	August 2023	<p>In patient Service Manager</p> <p>Professional Nurse Lead</p> <p>Senior Charge Nurse</p>	<p>Excess mattresses being stored were removed immediately.</p> <p>The stained pressure relieving mattress was checked and found to have a zip; therefore integrity of these mattresses can be checked routinely and are now part of cleaning schedules.</p> <p>Daily cleaning schedule for all clinical equipment are completed for assurance.</p>	<p>01/05/2023</p> <p>22/06/2023</p> <p>26/06/2023</p>
Domain 5 Requirement 6	<p>NHS Great Glasgow and Clyde must ensure infrequently used water outlets are flushed in line with current national guidance.</p> <p><i>This will support compliance with Infection Prevention and Control Standards (2022) Criterion 8.1.</i></p>	August 2023	<p>Domestic Supervisor</p> <p>Senior Charge Nurse</p> <p>Head of Facilities Management</p>	<p>Flushing Toolbox talk shared with all staff</p> <p>Inappropriately stored items now removed to ensure access and flushing of all water outlets.</p> <p>Domestic staff will continue to flush outlets daily as part of cleaning schedules.</p>	<p>22/06/2023</p> <p>22/06/2023</p> <p>In place and ongoing</p>

<p>Domain 5 Requirement 7</p>	<p>NHS Greater Glasgow and Clyde must ensure that staff complete mandatory training in relation to infection prevention and control and clinical sharps. <i>This will support compliance with Infection Prevention and Control Standards (2022) Criterion 2.2.</i></p>	<p>August 2023</p>	<p>In patient Service Manager Professional Nurse Lead Senior Charge Nurse Health & Safety Manager Infection Control</p>	<p>Staff who have not completed mandatory training have been identified.</p> <p>Senior Charge Nurse will ensure staff demonstrate evidence of training completion.</p> <p>Regular monitoring will be maintained through nurse line management supervision.</p> <p>Senior Charge Nurse access to NHSGGC Workforce system to ensure timely monitoring of mandatory/statutory staff training</p> <p>Local Readiness Audit which has been developed and implemented includes staff training component.</p>	<p>22/06/2023</p>
<p>Domain 5 Requirement 8</p>	<p>NHS Greater Glasgow and Clyde must ensure effective assurance systems are in place to support the monitoring of the care environment. <i>This will support compliance with Infection Prevention and Control Standards (2022) Criterion 8.1.</i></p>	<p>August 2023</p>	<p>Professional Nurse Lead In patient service manager. Senior Charge Nurse Estates</p>	<p>Local Readiness Audit schedule has been developed and implemented in all wards and will provide further assurance of compliance with IPC standards.</p> <p>Local Readiness Audit Standard Operating Procedure includes a reporting timeline.</p>	<p>26/06/2023</p>