

Improvement Action Plan

NHS Lothian

Western General Hospital

Healthcare associated infection inspection

Inspection Date: 18–19 and 27 November 2014

Improvement Action Plan Declaration

It is essential that the NHS board's improvement action plan submission is signed off by the NHS board Chair and NHS board Chief Executive. 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 a representative from Patient/Public Involvement within the NHS board has been involved in developing the improvement action plan. By signing this document, the NHS board Chief Executive and NHS board Chair are agreeing to the points above.

NHS board Chair

Signature: 

Full Name: BRIAN HOUSTON

Date: 8/1/15

NHS board Chief Executive

Signature: 

Full Name: TIM DAVISON

Date: 8/1/15

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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
1	HAI Standard 1a.2 ensure that alcohol hand gel is provided and accessible at the point of patient care. This will minimise the risk of infection to patients. If this is not possible due to patient safety concerns, a risk assessment must be completed to demonstrate the reasons for the removal of the alcohol based hand rub from the point of patient care and the alternative control measures (see page 8).				
Action:	Risk Assessment to be completed with alternative control measures noted	1-Immediately	Site Chief Nurse	Risk assessment for use when considering removal of alcohol with control measures has been written and cascaded via Clinical Nurse Managers to wards and highlighted at Safety Briefs	Completed
2	HAI Standard 4b Ensure that all newly installed wash hand facilities are compliant with SHTM 64 (see page 9).				
Action:	Going forward all refurbishments will ensure that sinks are compliant with the latest guidelines.	1-Immediately	Estates Manager / Infection Prevention and Control Team	NHS Lothian will utilise relevant guidance and HAI SCRIBE for refurbishments.	

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3	HAI Standard 3a.3 assess the layout of the beds and the accessibility of clinical wash hand basins in wards 2, 4 and 52/53 to allow free access to staff and patients to hand wash facilities (see page 9).				
Action:	Assess layout of beds within wards 2, 4 and 52/53	1-Immediately	Clinical Nurse Manager / Site Chief Nurse	Assessment of beds has been completed. Risk Assessment for both access and manual handling to be completed for Ward 2, 4 and 52/53 the capacity will remain under constant review.	Completed Completed and ongoing
4	HAI Standard 3a ensure that dedicated hand hygiene facilities are in place in the clinical preparation areas to allow staff to safely decontaminate their hands (see page 9).				

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<i>Action:</i>	Review hand hygiene facilities within clinical preparation areas	1-Immediately	Clinical Nurse Manager	A review has been completed. There is insufficient capacity in either of these wards to allow installation of additional sinks within the space available. There is hand hygiene gel available within the room for hand decontamination prior to and following tasks. Within Ward 43 there is a sink immediately outside the clinical preparation room which has been designated for hand washing and be used by staff using the clinical preparation area when hand washing rather than decontamination is required.	Completed
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5	HAI Standard 3a.3 Ensure that staff follow the correct procedure for the management of blood spillages (see page 10).				
<i>Action:</i>	Message of correct process for dilution of Actichlor plus to be reinforced to clinical areas.	1-Immediately	Clinical and Service Managers /Infection Prevention and Control Team	Correct procedure highlighted at Site Meeting and Ward daily safety briefs. Staff Awareness Session provided by Manufacturers to 88 multi disciplinary staff groups on 12.12.14 highlighting correct dilution for cleaning blood spillages. Additional sessions will be provided during January 2015. Updated posters have been issued to all clinical areas. Mechanism for audit and random checks has been put	Completed

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				in place to check staff awareness of correct procedure	
6	<p>HAI Standard 4a ensure that systems and processes are in place and implemented that meet cleaning standards consistently and comply with <i>NHSScotland National Cleaning Services Specifications</i> (2009) and provide an environment that is safe and clean. This will ensure that NHS Lothian maintains a healthcare environment that reduces the risk and spread of infection and maintains public confidence (see page 13).</p>				
<i>Action:</i>	Remedial action was taking both during inspection and following inspection to address issues highlighted.	1-Immediately	Site Domestic Services Manager CNMs	<p>It was noted by inspector that significant improvement had been made during visit on 27.11.14</p> <p>NHS Lothian will continue to use the National Monitoring Framework Audit Tool that records the environmental standards in the areas along with random checks to observe standard of cleanliness for environment and patient equipment.</p>	Complete and ongoing

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7	HAI Standard 4a.1 ensure that all patient equipment is clean and ready for use. This will reduce the risk of infection to patients, staff and visitors (see page 14).				
Action:	Remedial action was taking both during inspection and following inspection to address issues highlighted.	1-Immediately	CNMs Site Domestic Services Manager	It was noted by inspector that significant improvement had been made during visit on 27.11.14 Importance of cleaning addressed at Safety Brief. NHS Lothian will continue to do random checks to check standard of cleanliness for patient equipment.	Complete and on going
8	HAI Standard 1a.2 ensure that a consistent mattress audit system is in place for checking all mattresses and mattress accessories across all wards and departments. This will reduce the risk of cross infection to patients (see page 15).				

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<i>Action:</i>	Review of mattress audit to be undertaken and vigilance of mattresses to be extended to include mattress covers.	1-Immediately	CNMs	As part of CNM check – consistent standardised approach across WGH site. During Safety Huddle as “Theme of the Week” Emphasis to staff in additional check checking mattress it is essential that thorough check of cover is undertaken at the same time.	Complete
a	Recommendation ensure that single use toiletries, such as skin cleansers, are only available for single patient use. This will reduce the risk of cross infection between patients (see page 10).				

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<i>Action:</i>			CNMs	Highlight and reemphasis issue within Safety Huddle. Random checks by staff with any products found being removed. Patients encouraged to keep personal items within lockers and any found not labelled will be removed.	Complete and on going
b	<i>Recommendation</i> ensure that all patient information displayed is up to date and in a format that is easy to understand (see page 15).				
<i>Action:</i>	Further clarity required to ensure appropriate response is provided.				

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