# Action Plan

<table>
<thead>
<tr>
<th>Service Name:</th>
<th>Ross Hall Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service number:</td>
<td>00032</td>
</tr>
<tr>
<td>Service Provider:</td>
<td>BMI Healthcare Limited</td>
</tr>
<tr>
<td>Address:</td>
<td>221 Crookston Road, Glasgow G52 3NQ</td>
</tr>
<tr>
<td>Inspector:</td>
<td>Winifred McLure</td>
</tr>
<tr>
<td>Date Inspection Concluded:</td>
<td>27 February 2020</td>
</tr>
</tbody>
</table>

## Requirements and Recommendations

**Requirement 1:** The provider must ensure:

a) The patient environment, and patient equipment, is in a good state of repair and is effectively decontaminated to reduce the risk of cross infection.

b) There are suitable assurance systems in place to monitor standard infection control precautions.

**Action Planned**

(a) The yearly infection prevention and control audit plan has been reviewed and since the inspection a full QIT IPC Audit has been completed within Theatres and within Clyde Suite with Action Plans being completed and issues addressed. Work will continue within the service to ensure the patient environment – Patient beds, bedroom furniture, windows, bathrooms, remain a priority as part of the wider refurbishment plan. Work will continue to ensure patient equipment is in a good state of repair and is decontaminated to reduce risk of cross infection. A full review of the National Monitoring Framework to Support Safe and Clean care has been undertaken in collaboration with our housekeeping team in order to deliver a whole service approach. Work continues to replace equipment within the

<table>
<thead>
<tr>
<th>Timescale</th>
<th>Responsible Person</th>
</tr>
</thead>
</table>
| 9/4/2020 | M Jefferies – ED  
| L Hodges – DOCS  
| M Logue - DOPS |
| Patient care environment as part of the wider refurbishment programme. 
| A full review of the National monitoring framework for IPC auditing was undertaken and a gap analysis against BMI clinical audit programme and Scottish requirement and the IPC audit process for Ross Hall was undertaken. There has been a corporate agreement that the Scottish audit tools will be incorporated into the audit plan – we recognise this as an achievement and to the benefit of the other 3 sites in Scotland. 
| (b) A full review of quality assurance systems in place to monitor standards of infection prevention and control precautions has been undertaken and staff are continuing to work through the SIPCEP programme available via Turas Learn and National Education Scotland. 
| The revised quality assurance framework will provide evidence of collaborative working with clinical and non-clinical teams and provide assurances at each step of the processes including Senior Management monthly inspection audits.
| Requirement 2: The provider must ensure that all patient information is recorded in a timely manner in a single patient care record. Patient care records should be maintained to a standard allowing all patient information to be accessed easily. | The ED has written again to the Consultant Surgeons to ensure that copies of the initial surgical consultation are available within the patient care record. BMI Integrated care pathways are such that there is in some instances duplication of documentation – this issue has been addressed with the medical records manager and where possible duplicate sheets have been removed. Where there are duplicate documents staff are encouraged to score through and denote the document as not applicable, and all staff have been reminded of the importance of adhering to this practice. There is a requirement for the standardised BMI Integrated Care Pathways to be reviewed to streamline the documentation and the DOCS has escalated this to corporate office and the Chief Nurse. Action has been taken with the administration staff to ensure that all patient care records are maintained to a high standard allowing patient information to be easily accessed. Filing is maintained and kept up to date daily | 3/4/2020 | M Jefferies – ED L Hodges – DCS Action Complete 3/4/2020 | L Hodges – DCS Action Complete 9/4/2020 | L Hodges- DCS 17/12/2019 | C Crichton – ADOCS Action Complete |
**Requirement 3:** The provider must ensure that all patient appropriate risk assessments are completed accurately and that a care plan is developed. Reassessment should be completed in line with best practice and guidance.

A full review of the BMI Risk Assessment documentation has taken place, including review of the associated Care Plans. A revised process for documentation audit has been identified to ensure that risk assessments are reviewed and correlating action plans are complete. Reassessment is currently undertaken in line with the recommendations of the integrated care pathway and risk assessment documentation which is based upon current best practice and guidelines and documentation audit will identify any evidence of non-conformance which will identified and addressed by the ADOCs and Department Sisters/Charge Nurses.

9/4/2020  
C Crichton – ADOCS

**Requirement 4:** The provider must ensure that the senior management team has oversight of assurance systems and monitors compliance with infection prevention and control improvement actions identified.

To ensure the ED and Senior management team has greater oversight of the assurance systems in place and the ability to monitor compliance with infection prevention and control improvement actions identified a monthly meeting has been initiated with the ED, DCS and IPC Lead.

A IPC Audit Process for the IPC Clinical Audit Programme has been devised and implemented using the existing audit tools.

An agreement has been reached with the BMI Corporate team to incorporate the Scottish specific clinical audit programme into the BMI Audit Plan which will be accessible by the Scottish sites to ensure that we are aligned to the requirements of the regulator as well as Health Protection Scotland.

17/12/2020  
M Jefferies – ED  
L Hodges – DCS  
P Kirkpatrick – IPC Lead

7/2/2020  
L Hodges  
C Crichton – ADOCS  
P Kirkpatrick – IPC Lead
| Requirement 5: The provider must make sure that any agreed audit programmes not carried out are reported through the risk reporting system. | The DOCS will ensure that any failure to complete audit programme in line with the agreed plan will be reported through the RiskMan risk management system. The site Quality and Risk Manager will contribute to a quality assurance programme to facilitate and support this process. | 3/4/2020 | L Hodges - DOCS W Burns – QR Manager | Action Complete |

| Recommendation a: The service should review the information and support given to patients post-cancer diagnosis, ensure that patients are given a point of contact, receive appropriate aftercare and support to make informed choices. | The service has a wide range of information and support documentation provided to patients post cancer diagnosis and patients are provided with contact details for support and aftercare including MacMillan, Maggie’s Centre etc. this is long established within our Cancer Services provision and is recognised as an area of exemplary practice. We currently hold a MacMillan Cancer Services Accreditation. Since our inspection the Clinical Services Manager for Cancer Services has worked on additional information and support material to improve the service offering available to patients post gynaecology and urology specific cancer diagnosis. Cognisance is required of the fact that most gynaecology cancer patients may not progress through the Ross Hall Cancer Service dept and have a surgical treatment pathway only. With this in mind additional work in underway to equip the Outpatient staff with relevant support material and information to provide to patients within the outpatient setting. | 3/4/2020 | L Hodges – DOCS L Johnston – CSM Cancer Services | Action Complete |
**Recommendation b:** The service should ensure that all nursing staff receive a role-specific training package and mentor when they begin employment.

There have been role specific training and induction packages available for staff in all areas of the hospital for many years and all new staff have a dedicated period of mentorship with a named individual. At the time of inspection it was identified that this process had not been embedded as robustly as usual for a new member of the team. This has been very quickly addressed with all staff receiving a role specific induction plan. An example of our local induction plans have been embedded by way of reassurance. The ADOCs will continue to monitor compliance with this process and address any issues that are identified.

**Recommendation c:** The service should ensure that all lasers have separate treatment registers and that the patient register contains appropriate information.

A separate treatment register has been implemented for each laser and incorporates the recommendations discussed with the Clinical Service Manager for Ophthalmology and the Lead inspector on the day of the inspection, this includes:

- Treatment number
- Date
- Patient name
- Patient ID
- Eye laterality
- Treatment performed
- Flap thickness
- Flap diameter
- Ablation
- Use of Mitomycin C
- Refractive aim

<table>
<thead>
<tr>
<th>Date</th>
<th>Action Complete Monitoring Ongoing</th>
</tr>
</thead>
<tbody>
<tr>
<td>17th December 2020</td>
<td>L Hodges - ADOCS C Crichton - ADOCS</td>
</tr>
<tr>
<td>17th December 2020</td>
<td>Stephanie Allan CSM Ophthalmology</td>
</tr>
</tbody>
</table>

Consultant
Scrub nurse
Laser Operator/technician

A retrospective review was undertaken of all patients and the initial part of the register completed contemporaneously for all patients who have undergone treatment. The register is now completed in full for all patients and the CSM audits compliance with completion and manages any non-conformances appropriately. To date compliance has been excellent and the revised process has been embraced by staff and consultants.

**Recommendation d:** The service should review placement of patients before going to the theatre department.

Review of patient placement prior to going to theatre has been undertaken and whilst we remain confined by the lack of space, processes have been reviewed to ensure patient dignity and respect is maintained at all times. Patient flow is monitored daily by the Recovery lead and restrictions placed on the collection times for patients going into theatre – no patient collected from ward until anaesthetic room prepared and ready to receive – this negates the need to place pre-operative patients in recovery whilst awaiting surgery. The placement of patient trolleys has been reviewed to avoid restriction of access to clinical hand wash basins in recovery area and additional Danni centre with gloves and aprons has been installed. Patient flow through the department and the lack of theatre storage space has been identified with the submitted Theatre Refurbishment plan.

| 3/4/2020 | L Hodges – DOCS  
J Melvin – CSM Theatres  
Action Complete  
Monitoring Ongoing |
**Recommendation e:** The service should date and sign its medicine prescription charts when a medicine is discontinued.

Currently, the responsible prescribing clinician denotes discontinuation of the drug by scoring through the drug prescription from the day and time of discontinuation and across the remainder of the prescription line and signs this as confirmation. RMOs and responsible prescribing clinicians have been reminded of the important of dating and signing the prescription accurately and clearly – the site Clinical Pharmacy Lead will monitor and audit compliance with this going forward and report any non-conformances to the ADOCS who will address with the prescribing clinician.

Clarity has been sought from the group Chief Pharmacist surrounding the process and if there is a way that a separate date/time and signature discontinuation box can be added to the BMI Medication Chart.

6/4/2020

L Hodges – DOCS
S Shahzad – Clinical Pharmacy Lead

**Recommendation f:** The service should make sure that the patient’s consent-to-share information is consistently recorded.

The consent to share information is recorded consistently on the rear of every patient registration form which is signed on each admission to the hospital. The absence of the patients right to refuse consent to share information is not an option on the Registration form and this has been highlighted to our Legal Team at corporate office. In the meantime, the service has re-instated the individualised right to share information consent form previously in place.

6th April 2020

M Logue - DOPS
<table>
<thead>
<tr>
<th><strong>Recommendation g:</strong> The service should hold ward staff meetings regularly.</th>
<th>The DCS has discussed with the ADOCS and Ward Sisters who have developed a process to ensure that Ward Meetings take place regularly and that the meeting minutes are produced and available for all staff to read. This will supplement the existing Communication processes in the wards, which include Communication Books, Daily Safety Comms, Story Boards etc.</th>
<th>6th April 2020 and Minutes to be collected and uploaded by ADOCS on the first Monday of each month going forward</th>
<th>C Crichton – ADOCS Ward Sisters</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recommendation h:</strong> The service should look to develop a more robust audit and compliance cycle for its patient care records.</td>
<td>The BMI Audit plan is currently under review and training is due to take place week commencing 13th April 2020 to ensure staff are familiar with this process – this includes a more robust audit cycle for patient care records. In the meantime and until launch of the new audit programme, the existing audit proforma is being used to undertake focused audit of patient care records, of no more than 10 records per audit cycle and action plans are produced to evidence issues identified and actions taken.</td>
<td>30/4/2020</td>
<td>L Hodges – DOCS C Crichton – ADOCS W Burns – QR Manager</td>
</tr>
</tbody>
</table>

### Signature Information:

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>MHAIRI JEFFERIES</td>
<td>EXECUTIVE DIRECTOR</td>
<td>08 / 04 / 2020</td>
</tr>
</tbody>
</table>

**Circulation type (internal/external): Internal**
In signing this form, you are confirming that you have the authority to complete it on behalf of the service provider.