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

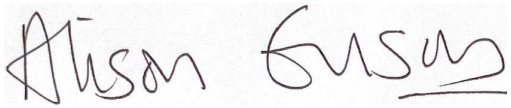
Royal Cornhill Hospital, NHS Grampian

28 & 29 March 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: Alison Evison

Date: 2nd November 2023

NHS board Chief Executive

Signature: 

Full Name: Caroline Hiscox

Date: 2nd November 2023

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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
Requirement 1 **NHS Grampian must ensure enhanced cleaning regimes are documented ensuring infection prevention and control policies are followed.**					
	Action planned 1.1 The information that the enhanced cleaning regime documentation can be found in the Yellow Folder in each Domestic Services Room will be shared with multidisciplinary teams within Royal Cornhill Hospital (RCH) via Central Services communication service.	31/05/2023	Domestic Services Manager	Complete -Communication sent Central Services- item 5.	31/05/2023
	1.2 Audit after 6 weeks to assure that enhanced cleaning documentation is in place and is understood by all staff following communication.	07/07/2023	Domestic Services Manager	Complete - Audits completed and staff aware of processes	31/07/2023
Requirement 2 **NHS Grampian must ensure clinical waste and personal protective equipment is stored appropriately at the point of care to prevent cross contamination if patients are isolated for infection prevention control reasons.**					

	Action planned 2.1 Safe and clean care audit completed in areas identified in the report.	17/05/2023	IPCT	Ongoing- An ongoing action as 6 monthly audit. SACCATs are uploaded with action plans onto Datix, these are monitored locally by nurse managers.	ongoing
	2.2 Each ward will have use of a portable, lockable PPE trolley which can be moved to the point of care and a risk assessment in place.	31/05/2023	Senior Charge Nurse/ Nurse Managers	Complete	30/05/2023
	2.3 Nurse Managers to check each clinical area has a portable, lockable PPE trolley and ensure that each ward has a risk assessment in place for its use and that staff are aware.	10/06/2023	Nurse Managers	Complete- Annual process in place to risk assess and review process. Nurse Managers have reviewed each area. Polmuir, GWL, Corgarff assessed as not requiring lockable PPE trolley. Brodie and Skene do not require lockable PPE trolley, these areas still use Danni Centres. Skene has a different portable trolley that does not require to be lockable. Risk assessments are located in the folders in ward. Additional lockable PPE trolleys to support outbreak management if required	24/07/2023

				procured and stored in the central equipment store.	
	2.4 Audit storage via Safe and Clean Care Audit Tool, which will be re-audited at six weekly intervals and uploaded to Datix. (Amended to use adapted workplace inspection following Infection Prevention Control Team advice)	31/07/2023	Nurse Managers	Complete - ongoing monitored with monthly returns using amended Workplace inspection Tool. These are stored on Microsoft team's space instead of datix as not required to go on datix, where SACCAT is.	09/10/2023
	2.5 Currently unable to have bin liners at the point of care for clinical waste as the Scottish Government issued clinical guidance to remove plastic bin liners from psychiatric in-patient settings. There is a local policy 'The use of bin liners in psychiatric inpatient settings' that is shared with staff quarterly. Use of bin liners in pyschiatric in-patient settings Policy FINAL MHLD001 v1.2.docx	31/05/2023	Business Manager/Lead Nurse	Complete	31/05/2023
Requirement 3 **NHS Grampian must ensure that specialist infection prevention and control advice is recorded within the ward-level patient care record to inform care planning.**					

	Action planned 3.1 The Infection Prevention Control Team will visit the clinical area when there is an outbreak and document their advice within the nursing notes. Where they are unable to visit the ward and advice is given over the phone or on teams, the nurse in charge will document the advice within the nursing notes.	24/06/2023	Infection Prevention Control Nurse/ Chief Nurse MHLD	Complete – Infection Prevention Control Nurse has clinical areas of responsibility have been reviewed to enable increased ward visits. Now in place. Infection Prevention Control nurse will document advice in patient/ ward notes	29/05/2023
	3.2 The ward nursing team will also ensure appropriate care plans are in place following Infection Prevention Control advice.		Infection Prevention Control Nurse/ Chief Nurse MHLD	Complete - Patient care plan is linked to Infection Prevention Control Nurse assessment and either documented in paper record if available (as 3.1) Infection Prevention Control Clinical Advice Line and Teams calls with Infection Prevention Control Team are frequent parts of daily work with RCH and facilitate care plan implementation. Patient placement tool used mostly for IPC management.	29/05/2023

	3.3 Review recording completion via the Care Assurance audit process.		Chief Nurse	Completed – monthly audit in place	29/05/2023
Requirement 4 **NHS Grampian must review their governance and reporting arrangements for the management of infection prevention and control incidents and outbreaks**					
	Action planned 4.1 The NHS Grampian Ward Closure SITREP will be shared daily with all members of the RCH leadership team, for further dissemination.	24/05/2023	Chief Nurse	Complete – Ward SITREP shared daily.	28/04/2023
	4.2 Identified Nurse Manager, as point of contact for outbreak management/Infection Prevention and Control advice and guidance within MHLD service.	24/05/2023	Chief Nurse	Complete – Nurse Manager named point of contact in place.	24/05/2023

	4.3 Daily form devised for Royal Cornhill Hospital to record and update on incidence and procedures required, following regular meetings/communication with IPC Team, ward staff and Nurse managers. Process to be monitored through monthly MHLD IPC Group.	28/04/2023	Chief Nurse	Complete – daily and monthly monitoring in place; example:	28/04/2023
Requirement 5 **NHS Grampian must ensure clinical waste is stored in a designated, safe and lockable area whilst awaiting uplift**					
	Action planned 5.1 Eurobin with broken lock replaced.	30/03/2023	Business Manager	Complete	30/03/2023
	5.2 Monthly waste assurance walk arounds	30/03/2023	Business Manager	Complete – reported to MHLDs IPCT Meeting monthly. Example of walk around audit and example minutes from IP&C assurance meeting where a standing item	31/05/2023
	5.3 Share process for reporting faulty/broken Eurobins with all staff.	31/05/2023	Business Manager	Complete - issued in MHLDs weekly brief, item 6. Reporting faults now included within waste assurance monthly walk around (from 26/10/2023).	31/05/2023

	5.4 Re send communications site wide with guidance and links to Waste Management.	31/05/2023	Business Manager	Complete - issued in MHLDs weekly brief	31/05/2023
	5.5 Line managers to request completion and review compliance reports in TURAS for staff completion of Waste Management eLearning.	31/07/2023	Business Manager/Chief Nurse MHLD	Complete - report being submitted to MHLD IPC Committee.	09/09/2023
	5.6 Audit above via Safe and Clean Care Audit Tool at six weekly intervals and uploaded to Datix.	31/07/2023	Chief Nurse MHLD	On advice on IPCT monthly adapted workplace inspection being completed and submitted as part of monthly return with nurse manager oversight this was undertaken by completing the adapted workplace inspection.	10/10/2023
Requirement 6 **NHS Grampian must review current domestic arrangements to ensure sufficient resources are in place including during weekends to meet the cleaning requirements**					
	Action planned 6.1 Review of weekend cleaning requirements complete, weekend cleaning commenced 23/04/2023.	Actioned 13/04/2023	Business Manager	Complete	13/04/2023
Requirement 7 **NHS Grampian must ensure the care environment and patient equipment are in a good state of repair, stored and maintained to support effective cleaning**					

	Action planned 7.1 Outstanding work will be reviewed, collated and prioritised into an action plan, in conjunction with senior management and estates.	04/07/2023	Estates Officer	There has been a delay in taking this action forward due to competing demands on estates, this has been escalated to senior managers in facilities and estates. Weekly meeting to take place from 2/11/2023 on a Thursday at 12.30pm.	ongoing
	7.2 Deputy Service Managers to review all wards storage capacity. Collate areas where there are issues and develop an action plan ensuring compliance with the NIPCM.	30/06/2023	Business Manager	Complete	09/09/2023
	7.3 Communication to nursing staff as a reminder of effective cleaning of equipment and to report any issues relating to the environment and cleaning equipment.	01/06/2023	Lead Nurse MHLD	Going forward from 26/10/2023 will be added to adapted workplace inspection.	10/10/2023 26/10/2023
	7.4 Audit above using Safe and Clean Audit Tool at six weekly intervals and uploaded to Datix.	31/07/2023	Chief Nurse MHLD	As above workplace inspection tool has been amended on the advice of IPCT, undertaken monthly with nurse manager oversight-returned in monthly return.	10/10/2023

Requirement 8 **NHS Grampian must ensure that the condition of patient mattresses is effectively monitored, and all patients have a clean and contamination free Mattress**					
	Action planned 8.1 Replacement mattresses ordered.	24/03/2023	Lead Nurse	Complete- have arrived in situ in ward.	25/05/2023
	8.2 SCN to have oversight of and be involved in the mattress audits.	ongoing	SCNs	Complete Audit paperwork updated 09/08/2023- sent to nurse managers with monthly returns with SCN sign off.	11/10/2023
	8.3 Mattress audits to be added and reported on the monthly return to the nurse manager for the relevant clinical area.	28/04/2023	Senior Charge Nurses/Nurse Managers	Complete	28/04/2023
Recommendations A **NHS Grampian should continue to regularly review risk assessments of personal protective equipment to ensure availability as near to the point of care as possible**					
	Action planned A - Risk assessment for portable PPE trolley will be reviewed and updated and added to the list of risk assessments for each clinical area.	30/06/23	SCNs/Nurse Managers	Complete	30/06/2023

	The ward Senior Charge Nurse will have oversight of the review of risk assessments and review this risk assessment on a three-monthly basis.				