

**Improvement Action Plan (as at 16.02.10)
for NHS Grampian**

Inspection Date: Tuesday 13 October 2009 / Monday 16th November – Aberdeen Royal Infirmary

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: _____

Date: _____

NHS board Chief Executive

Signature: _____

Full Name: _____

Date: _____

Named Lead for action plan – Medical Director
Custodian of action plan – Clinical Governance and Risk Management Unit

Outstanding actions will now be taken into the HAI Work Plan. This action plan will be closed.

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Standard One – Compliance

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
1	Criterion 1a.1 of the NHS QIS HAI Standards <i>NHS Grampian must ensure that its infection control team is fully accountable in terms of its role and responsibilities</i>				
1.1	<u>Actions</u> To enhance, develop, ratify and implement overarching Infection Prevention and Control Policy that sets out roles and responsibilities of all staff, the Infection Prevention and Control Team, Infection Control Doctor, Infection Control Manager and NHSG ICC in compliance with HDL (2001) 10. Policy will document process for ratification of all other infection control policies and detail all infection control interventions being carried out.	November 2009	Infection Control Manager	First draft of the NHSG Infection Control Policy which was drawn up after the visit on 13 th October 2009 has been sent to QIS. Version 0.2 has been produced.	Completed 2009
1.2	Check compatibility with other NHSG organisational policies e.g. NHSG Risk Management	December 2009	Head of Health and Safety	Meeting taken place with Infection Control Manager to discuss policy framework	Completed 2009
1.3	Benchmark with other NHS Scotland Boards	December 2009	Infection Control Manager	Commenced – received some information from another Board for consideration.	Completed 2009
1.4	Initiate consultation via Grampian Partnership Forum	Dec 16 th 2009	Infection Control Manager	To put version 0.2 of Policy to earlier meeting on GAPF on 16 th Dec.	Completed 2009
1.5	Policy to be submitted for ratification at the January 2010 Infection Control Committee meeting	January 2010	Infection Control Manager	Decided to include a meeting in January and to put the Policy document to this meeting.	Completed Jan 2010

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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
1.6	To go to NHS Grampian Board for endorsement	February 2010	Medical Director	On agenda for February meeting.	Completed February 2010

Standard Three – Prevention and control of infection

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
2	Criterion 3a.1 of the NHS QIS HAI Standards <i>NHS Grampian must ensure that there is a comprehensive corporate infection control manual and that all staff are aware of the correct procedures to access an up-to-date version at all times</i>				
2.1	<u>Actions</u> Hard copies of policies to be removed from ward areas in ARI and staff to be instructed to access policies via the NHSG Intranet	November 2009	Acute Sector General Manager	All hard copies removed from ARI wards Name of policies changed to manual on the Intranet This progress was confirmed at the visit 16/11/09	Completed 2009
2.2	Hard copies of policies to be removed from ward areas in NHSG out with ARI	4 th December 2009	NHSG Sector General Managers	Progressing across rest of Grampian. Instructions given to managers on how to find the policies on the intranet.	Completed 2009
2.3	Audit of policy accessibility by staff within the HEI audit framework under development Stages involved –	March 2010	Infection Control Manager	Approval to develop the framework granted at the November 2009 Infection Control Committee meeting	Completed 1, 2, 3 and 4 – February 2010

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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
	<ol style="list-style-type: none"> 1. confirmation of tool 2. database and audit collection tool to be built 3. confirmation of audit teams and logistics 4. support managers with identification of priority areas, based on infection control data, to be audited 			<ol style="list-style-type: none"> 1. Tool for use within audit confirmed 2. Data collection tool built and being piloted. 3. Confirmed staff groups for audit team 4. Managers starting to consider areas to audit. 5. Audit of accessibility to take place. March 2010 	
3	<p>Criterion 3a. 2 of the NHS QIS HAI Standards</p> <p><i>NHS Grampian must review infection control policies for inclusion in the manual to ensure they reflect the model infection control policies produced by Health Protection Scotland</i></p>				
3.1	<p><u>Actions</u></p> <p>HAI Policy Short Life Working Group</p> <ol style="list-style-type: none"> 1. to develop framework for policies 2. produce a list of current policies with ratification dates ensuring that NHSG policies reflect HPS model policies and that they clearly define policy, procedures and guidance. 	16 th December GAPF	Infection Control Manager/Infection Control Doctor	<p>Group meets two weekly and agreed remit, ensured that out-of-date policies have been reviewed and submitted to the NHSG Infection Control Committee in November 2009.</p> <p>Group is also looking at the ratification of policies procedure.</p> <p>Group met week of 16th Nov and ensured all but one policy was reviewed. Linking into the work to</p>	Completed Jan 2010

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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
				produce a corporate policy framework. This is currently out for consultation until 22 nd January.	
3.2	NHSG to benchmark Infection Control Manual against other NHS Boards – Interim report to January Infection Control Committee	January Infection Control Committee	Infection Control Doctor	Policies being compared. On agenda but deferred to next meeting in February.	Completed Jan 2010
4	Criterion 3a.3 of the NHS QIS HAI Standards <i>NHS Grampian must ensure that infection control procedures are implemented and compliance is monitored</i>				
4.1	Actions Immediate action was taken after the inspection on 13 th October 2009 to enhance the implementation of infection control procedures at ward level. A meeting took place in the week commencing 19 th October 2009 with all ARI Ward Managers (Senior Charge Nurse) present to emphasise the importance of Implementation at ward level. A senior nurse was appointed with the specific responsibility to lead compliance.	October 2009	Acute Sector General Manager	Completed	Completed 2009
4.2	To ask Senior Nurse to report on progress. General Manager to confirm role and remit of this post.	November 2009	Acute Sector General Manager	Invited to report to meeting 4 th Dec. To sign off Role and Remit at this meeting.	Completed 2009
4.3	The senior nurse at ARI to lead monitoring and compliance with infection control policies. A multidisciplinary team will be formed to support the lead.	November 2009	Acute Sector General Manager	Person appointed to work within the Acute Sector. To include in report at 4 th Dec meeting. Arrangements are in place and currently being tested in ARI.	Completed 2009

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4.4	Once Model tested in ARI roll out to other Sectors within NHSG	July 2010	Sector General Managers	<p>Being progressed within other sectors using lead nurse role for leadership.</p> <p>Sharing information across sectors.</p> <p>Director of Nursing chaired a meeting to confirm structure and processes for all sectors. To share at next meeting.</p> <p>Focus on inpatient areas first including theatres mobile theatres also then move to other areas.</p> <p>Grampian picture from audits by March 2010.</p> <p>Identified and appointed senior nursing staff as HEI Facilitators in all areas; Moray, City, Paediatrics, Aberdeenshire, Mental Health, Maternity, ARI. Benchmarking between Facilitators has commenced.</p>	Completed February 2010
4.5	An assessment framework using HEI audit tools for use in NHSG is under development to ensure robust public involvement in the implementation of the assessment	March 2010	Infection Control Manager	Infection Control Committee approved November 2009	Completed February 2010

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	framework. Refer to 2.3 action and progress.				
4.6	a) The Senior Charge Nurse on each ward within ARI (or equivalent in other clinical areas) is the single unambiguous lead for the environment. These specific responsibilities within their job description regarding infection control and the environment will be enhanced.	November 2009	Lead Nurse Manager	Completed for ARI Further work required to give corporate endorsement of this role and to then communicate this to the organisation.	Completed 2009
	b) inform rest of organisation about the confirmed role of the Senior Charge Nurse via Team Brief and GAPF 16 th Dec.	December 2009	Director of Corporate Communications	Single page item to be included with Team Brief being distributed 15 Dec.	
4.7	a) To roll out to other sectors using Senior Ward Manager (Senior Charge Nurse) Review To confirm Infection responsibilities are within job descriptions and in the generic Senior Charge Nurse Review job description.	January 2010	Sector General Managers	Confirmed that infection role is within the generic job description for Senior Charge Nurse review	Completed 2009
	b) To send a letter from Chief Executive to all Senior Charge Nurses concerning role with regards to infection.	December 2009	Director of Human Resources and Strategic Change	General Managers have sent out the letters. Still confirming receipt of letter.	Completed 2009
4.8	Senior Charge Nurses will ensure that a process is in place to challenge people who come to the ward i.e. therapists, doctors, engineers, porters, estate workers and contractors.	November 2009	Lead Nurse Manager	Communicated to staff at ARI in November 2009 Now being embedded by Senior Nurse	Completed for ARI 2009
4.9	To ensure above is in place for other sectors	December 2009	Sector General Managers	Being progressed by General Managers – to progress reported 4 th Dec.	Completed 2009
4.10	Senior Charge Nurse will lead a “Patient Safety Briefing” technique to brief staff regarding problems or concerns. This will be underpinned by a process of risk assessment. This will involve appropriate staff such as the domestic, the infection	January 2010	Lead Nurse Manager	Progress on work of Senior Nurse provided.	Completed 2009

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	control nurse and team leaders within the ward.				
4.11	To implement a poster for each ward area / Community Hospital stating who is in Charge that day	March 2010	General Managers, Communications and Facilities	<p>A draft was produced at meeting 4th December. To pilot use of posters.</p> <p>Focus group to be convened to take forward pilot. Meeting held with Senior Charge Nurses to seek constructive feedback – will feed into focus group. Focus group to meet Jan 2010 and pilot to take place in 2 wards for 2 weeks. To bring back evaluation of pilot to group for discussion. Considered evaluation February 2010 – pilot and evaluation to progress.</p> <p>Pilot in ARI continues as planned Aberdeenshire – this is being rolled out. Moray – has been implemented.</p> <p>Explore option to introduce national uniform for Senior Charge Nurse in one go. This will be costed for all sectors. Will explore standardising photographs</p>	

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				using national uniform. 2 nd stage agreed – To explore displaying senior management information at hospital sites.	
5	Criterion 3b.6 of the NHS QIS HAI Standards <i>NHS Grampian must develop and implement the continuous risk assessment of patients as part of patient management</i>				
5.1	<u>Actions</u> a) Design educational programme relating to risk assessment of patients by the ward multidisciplinary team and prioritise clinical areas for implementation. b) Complete roll out across NHSG, according to a prioritisation roll out programme.	December 2009 February 2010	Infection Control Doctor	Risk assessment to be included in mandatory clinical induction with updates. Documentation of risk assessment in notes re-enforced by IPCNs. Feedback requested. Not Received. Feedback requested again.	a) Completed design of education programme.
5.2	To continue the implementation of the Scottish Patient Safety Programme according to agreed spread plan. This includes elements that support the HAI agenda empowering areas to test ideas and introduce solutions that demonstrate improvement.	Complete spread plan 2011 for Acute Services in line with national timescales. Spread plan for acute services phased as below Phase 1: Oct 08 – May 09	Director of Nursing	Progress on phased stages within ARI: Commenced in: ITU, Theatres, Surgical One, Medical One ARI, Unscheduled care, Neurovascular	Completed Phase 1 and Phase 2. Closed and taken into HAI Workplan

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		Phase 2: June 09 – Jan 2010 Phase 3: Feb – Sept 2010 Phase 4: Oct 2010 – March 2011		Being implemented within Dr Grays Being implemented as part of Aberdeenshire group plan. Being implemented in Children's Hospital. Being implemented in Woodend Hospital. Talks with Mental Health re relevant elements.	

Standard Four – Environment and Equipment

6	Criterion 4a.1 of the NHS QIS HAI standards <i>NHS Grampian must urgently review its allocation of cleaning duties and responsibilities and to ensure sign-off procedures are effective.</i>				
6.1	Actions Review cleaning standards in accordance with national cleaning specification. Review domestic inspection & audit process to ensure the active participation (and sign-of completed cleaning) of ward managers with robust public involvement. Review audit questions to include all cleaning related questions from HEI audit toolkit. Results from the cleaning audits to be sent to the relevant	January 2010 From 11 th	Director of Facilities, Support Services Manager	Independent Monitoring Officers are being used to support and validate the requirements of the National Monitoring Framework. An externally accredited Quality Management System (QMS) ISO 9000 is in the process of being introduced to ensure quality	Completed 2009 Completed Jan 2010

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	ward manager and Infection Prevention and Control Nurse.	December 2009		management; auditing and monitoring arrangements are independently assessed and validated. Working to enhance public involvement with cleaning audits. To aim for one per month. Now confirmed.	
7	Criterion 4b.1 of the NHS QIS HAI standards <i>NHS Grampian must ensure contractors undertake work in line with HAI-SCRIBE and SHFN30.</i>				
7.1	<u>Actions</u> This will ensure that all maintenance work carried out in the hospital takes consideration of potential risks to patients.	2 nd November	Director of Facilities	Complete	Completed 2009
7.2	Review induction information and HAI advice issued to NHS Grampian contractors and ensure “contractor endorsement form” as per SHFN30 is obtained against all contractor activities.		Director of Facilities	Complete	Completed Jan 2010
8	<i>It is recommended that NHS Grampian review its communication channels between management and ward level to ensure that there are clear lines of communication</i>				
8.1	Initial review of management and ward communication channels	December 2009	Director of Corporate Communication	Initial review completed. To be raised directly with staff as part of enhanced programme of patient safety walk rounds. To be further discussed at Patient Safety Executive meeting in January. Progressed through existing communication channels	Completed 2009

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8.2	To include communication of infection within managers appraisals as they are undertaken throughout 2010.	Ongoing in 2010	Sector General Managers	Confirmed action ongoing	Ongoing
8.3	We will provide clarity on the working arrangements, accountability and responsibilities between managers and infection control team. This clarity will then be communicated across the organisation. (Working arrangements include areas such as attendance at meetings, sharing of information and agreeing actions to be undertaken).	February 2010	Infection Control Manager / General Managers	Attendance commenced in some areas. Information regarding meetings across NHS Grampian has been collated. Confirmed ICN's do attend meetings on a monthly basis. Dialogue commenced with General managers. Through discussion with General Managers the appropriate arrangements will be put in place. To receive report on progress at next meeting. Position discussed at January meeting. The receive detail from each area. R&R's are described in Infection Control Policy. Senior Nurse HEI Facilitators model implemented.	Completed February 2010
9	<i>It is recommended that NHS Grampian assist and support ward managers in the interpretation of data pertaining to their ward through training in statistical process control charts</i>				
9.1	Actions To continue to offer support around the use of run charts via	Ongoing	Director of Nursing	Walk round programme well established. Some actions noted relate to	Ongoing

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	Executive Leadership patient safety walk rounds as part of the Scottish Patient Safety Programme.	Walk rounds take place every week		supporting areas with the use of run charts. To be included in a new "brief" for ward staff / Clinical leads to prepare for a Walk Round; to include presentation of data.	
9.2	Infection control staff to work closely with ward managers in the understanding of data through a prioritised programme	January 2010	Infection Control Manager/Infection Control Doctor	All Statistical process Charts (SPC) charts from IPC Team issued from 03.12.09 include an explanatory document. Face-to-face teaching on high priority areas commenced and is ongoing.	Completed 2009
10	<i>It is recommended that all printed copies of out-of-date infection control policies are removed from wards and access to the intranet or up-to date printed copies of the infection control manual is provided for all staff</i> Refer to ref 2	Refer to Ref 2	Refer to Ref 2	Refer to Ref 2	Refer to Ref 2
11	<i>It is recommended that hand hygiene guidance is more consistently placed around Aberdeen Royal Infirmary both in wards and public areas</i>				
11.1	Actions Infection Control Manager to work closely with Sector General Managers Refer to ref 12 and 13 for public areas	January 2010	Infection Control Manager Sector General Managers	Commenced Agreement reached on standard "HAI information boards" (and content) to be placed at all entrances to clinical areas. Boards have been placed in clinical areas. Hand	Completed Jan 2010

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				hygiene leaflets have been distributed.	
12	<i>Standard 2 of the NHS QIS HAI standards</i> <i>NHS Grampian must ensure that relevant HAI information is consistently available throughout the hospital for patients, visitors and members of the public</i> Actions				
12.1	a) Revise Communication Strategy	Draft Dec 09	Director Corporate Communications	Draft Communication a Strategy and consultation plan to go to GAPF 16 December.	Completed 2009
	b) To Board Seminar January 2010 and ratified by Board February 2010 following consultation period.	Consultation Jan – Mar 2010	Public Involvement Manager	Will also be included in OMT agenda 23 Dec. Suggested launch of consultation - Team Brief 15 December. Launched 15 th December 2009 now out for consultation. Item at Board Seminar January 2010 for approval will be at Board on agenda at the February meeting.	Completed February 2010
12.2	Revise Information Strategy	Draft Dec 09 Consultation Feb – Mar 2010	Communications Manager/Public Involvement Manager	First draft prepared and circulated internally for comment. Second draft in progress. For consultation in February 2010. Progressing as planned.	
12.3	Involve public in agreeing action plan in response to report	November 2009	Public Involvement – Manager	Actioned. Public representatives involved in developing action plan and invited to HAI Executive	Completed 2009

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				group. Invitation to join group accepted by public representatives	
12.4	Develop Communication and Involvement Strategy for HAI/Cleaning/Environmental Issues	Jan 2010	Public Involvement Manager and PFPI Officer	Communication framework and action plan for HAI Public Involvement drafted and discussed at HAI standards 2PFPI group on 19.11.09. Feedback from lay representatives received. Approved at HAI Executive group 18 th December. Will be complete by Jan 2010 and sent to PFPI committee for noting. To be reviewed March 2010.	Completed 2009
12.5	Audit of communication – PWC involvement	January to March 2010	Director of Corporate Communication	Audit scoped – has been discussed and confirmed with PWC. Discussion with PWC on the 16 th Dec 2009. Audit of internal communication to begin Feb 2010. Audit completed February 16 th meeting.	Completed February 2010
12.6	Consult with staff about how best to communicate	December 2009	Communication Manager	"To be raised directly with staff as part of enhanced programme of patient safety walk rounds".	Short term action complete but to be kept under review.
12.7	Explore with staff what channels they can use to raise concerns and how these can be effective and responsive	January 2010	Communication Manager	Ongoing discussions with Employee Director and raised with staff at face2face sessions. PWC	Completed Jan 2010

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				audit scoped with PWC. Exploration to start in Jan 2010 but will fit audit timescales.	
12.8	Identify champion for communication to provide leadership	December 2009	Director of Corporate Communication	Director of Corporate Communications identified, together with Medical Director	Completed 2009
12.9	Discuss how communication actions will be resourced (finance and staff) to ensure plans are sustainable	January – March 2010	Director of Corporate Communication	Reprioritisation of team workload. Director of Corporate Communication risk assessing impact of re-prioritisation of workload Further consideration if required during budget setting process.	Completed 2009
12.10	Continue to report to PFPI Committee on PFPI aspects around this area	Ongoing	Director Corporate Communications and Public Involvement Manager	Underway. PFPI Committee routinely updated on involvement activities around MRSA screening, HAI etc. PFPI Committee appraised of action plan 12 th November 2009. HAI to be a substantive item at Feb PFPI Committee meeting. Monthly consultation template by PFPI team to be updated with HAI info and to be accessible via website	Completed 2009
12.11	Discuss future of PFPI post around MRSA screening pilot.	February	Director Corporate	Discussion underway with Infection Control Team and	Completed discussion Jan

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	Positive comments on involvement activities.	2010	Communications	Financial Director. Further consideration during budget setting process. Director of Corporate Communications to discuss with Director of Finance.	2010
12.12	Continue public involvement activity around cleaning audits but, like infection prevention and control involvement, ensure proper training, support and channels for feedback.	January 2010	Public Involvement Manager and PFPI Officer	Output from 7 Dec meeting to feed into 11 Dec HAI Exec group. Procedures for allocating representatives to areas updated Jan 2010.	Completed Jan 2010
12.13	Review outcome of evaluation report with public reps and consider whether more frequent audits involving lay reviewers should be introduced	February 2010	Public Involvement Manager and PFPI Officer	Meeting to discuss evaluation with lay representatives and Domestic Services Manager scheduled for 7 th December 2009. Focus on agreeing how to improve the public involvement process. Review meeting complete and monthly audits to take place.	Completed Jan 2010
13	<i>It is recommended that NHS Grampian ensures hand hygiene guidance is displayed in all public areas</i> <u>Actions</u> Points 13.1 – 13.8 and 13.10-13.11 to be used as an agenda for meeting of Communication Manager, Quality Development manager, PFPI Officer, Public health Acute sector rep and Infection Control Nurses.				
13.1	Clear out all out of date, inconsistent information – leaflets and posters. Check all locations: waiting areas, toilets, concourse, entrances, ward patient rooms, notice boards, car park barriers.	December 2009 Timescale	Communications Manager/PFPI Officer	Commenced. Audit of public areas underway. Patient Reps supporting process.	Completed Jan 2010

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		adjusted to End of January 2010 due to external factors.		<p>Costings of leaflet racks for across ARI site have been sourced. Leaflet racks and printed materials ordered now in place in agreed areas.</p> <p>Agreed to implement posters and boards.</p> <p>PFPI Officer completed audit walkabout clearing away out of date information and replacing with up to date information.</p> <p>Communication prepared for General Managers on which leaflets are required and how to source them.</p> <p>Explore roll out of racks to Community Hospitals.</p>	
13.2	Develop an agreed set of public information that is up to date	December 2009	Quality Development Manager/PFPI Officer	Completed Nov 2009. Agreed set of 6 public information leaflets.	Completed 2009
13.3	a) Develop and agree a distribution/location plan. Walk round audit involving estates, ward staff and public to agree locations and formats for information distribution.	December 2009	Quality Development Manager/PFPI Officer	Distribution arrangements being reviewed. Draft distribution flowchart created. Entrances identified as key locations across site at Foresterhill for information points.	Completed 2009
	b) Written instructions re poster/leaflets will be sent to all Ward Managers (Senior Charge Nurses) and posted on intranet by Jan 2010	January 2010	Corporate Communication Director	Distributed to General Managers for cascading.	Completed February 2010

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13.4	Develop system and identify resource for keeping this information up to date and consistent	January 2010	Communications Manager	Dialogue commencing with NHSG Resources Team. System with Resources department agreed at meeting on 30/11/09 such that they will hold all approved HAI resources. Updating of infection control website to be carried out on intranet.	Completed Jan 2010
13.5	Develop an agreed strategy/flowchart for how information is to be distributed	January 2010	Communications Manager	Flowchart created.	Completed January 2009
13.6	Speech pods at ALL hospital entrances – at present only at the side entrance to concourse.	December 2009	Communications Manager	Scoping and costing exercise underway. Agreed not to pursue following investigation. Date completed. Closed 1 Dec	Closed 2009
13.7	Consider how best to use information screens to support communication messages	December 2009	Communications Manager	Information screen review in hand. New screens to be sourced in Aberdeenshire. As initial measure screens to run Stop, Gel, Go information. Contract signing is complete. Aberdeenshire screens to be fitted in Feb 2010.	Completed 2009
13.8	Put together an agreed set of information leaflets/wording in correspondence to be sent to inpatients and outpatients and how this will be distributed. Re-start the discussions around an emergency admissions pack for patients/relatives.	a) December 2009 b) February 2010	Quality Development Manager/PFPI Officer	Will follow from review of public information. Inpatient/outpatient booklets to be updated with HAI information as they come up for reprinting.	a) Completed 2009

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	<p>a) planned admissions b) emergency admissions</p>			<p>All electronic master copies of inpatient/outpatient booklets for Foresterhill site updated to include hand hygiene information.</p> <p>Emergency admission pack to be discussed and pursued by Feb 2010</p> <p>Quality Development Manager to attend meeting with senior Nursing staff and MCN Manager to discuss several key messages already identified.</p>	
13.9	<p>Continue to involve the public in infection prevention and control activities. Ensure representatives are informed, trained and supported. Ensure involvement is co-ordinated and feedback from public representatives is taken on board</p>	<p>January 2010</p>	<p>Public Involvement Manager/PFPI Officer</p>	<p>Ongoing. Public involved in audits, committee membership, HAI Executive Group, Hand Hygiene activities etc. Information pack for public representative under review. Improvements to existing involvement process will flow from the Communications Framework and Action plan and feedback from pay representatives. Virtual patient involvement group being created – email group – to ensure quick patient involvement in the HEI Action plan - invitations out, group to be in place by</p>	<p>Completed 2009</p>

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				week ending 11/12	
13.10	It is recommended that NHS Grampian ensures hand hygiene guidance is displayed in all public areas and toilets.	January 2010	Communications Manager	Commenced this work Agreement reached on standard HAI guidance to be placed in all public areas and toilets. Is being progressed. Agreed to implement posters at 4 th Dec meeting. Posters being put up in all toilet areas. Few known outstanding areas to be taken forward by Facilities.	Completed for ARI and most other areas.
13.11	a) To develop an agreed set of information for display in public areas and b) A clear strategy for monitoring the displays, keeping them up to date and stocked with information on an ongoing basis	a) December 2009 b) end of January 2010	Communications Manager	Agreed set of information has been agreed. Graphic Design Team ready to assist with display material. Quality Development manager to write procedure. PFPI Officer and PFPI Manager to survey public views at ARI Concourse.	a) Completed 2009 b) Completed Jan 2010
13.12	Review of Good Visitors Guide to include review of visiting times to be conducted	Commence Jan 2010 Complete end Feb 2010	Lead Communications Manager	Good Visitor Guide being reviewed by the lead nurse group and will involve patient/public input. Interviews taken place with public, findings being taken forward in a report. Going to Community Forum in February. Progressing	

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				well. Getting ready to re-launch in next couple of weeks.	
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Standard Five – Education

14	<i>Standard 5 of the NHS QIS HAI Standards</i> <i>NHS Grampian should ensure there is a designated HAI education lead overseeing HAI education and training and that mandatory updates for education relating to prevention and control of infection are introduced.</i>				
14.1	<u>Actions</u> To review the progress of the NHS Grampian Staff Education sub group. (The sub group is a formal group taking forward education plans and the Infection Control Strategy with in put from Clinical Education staff and Infection Control team.)	December 2009	Chair of Education group	The designated lead is already in place: it is the Chair of the Education group. This was confirmed at the visit 16.11.09	Completed 2009
14.2	To improve the accountability and performance structures of all sub groups working on HAI work to ensure that progress is made and risks to achieving plans are escalated appropriately.	December 2009	Chair of the NHS Grampian Infection Control Committee (Medical Director)	This has been confirmed for the Education group as relates to this action.	Completed 2009
14.3	To review the progress made with implementing the HAI Mandatory Induction requirements. (This work forms part of an NHS Grampian wide review of induction mandatory and statutory education which is going to the Strategic Management Team for approval and prioritisation in November.) To explore how staff might receive education including making effective use of the 1400 Cleanliness Champions and the Competency Framework model currently used for Moving and Handling.	February 2010	Infection Control Doctor/Chair Education group/ Head of Health & Safety	List of Mandatory and Statutory Training for all staff groups circulated for comments. Yearly updates on hand hygiene for all staff with 3 yearly updates on SICPs and infection control risk assessment for all clinical staff. Documentation of staff attendance through AT Learning from January 2010. Ward managers to be	

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				made responsible for ensuring their staff are compliant. Timeframe end January	
15	<i>It is recommended that NHS Grampian develop a strategy for releasing staff from ward duties in order to that they can received mandatory updates in prevention and control of infection.</i>				
15.1	<u>Actions</u> To explore how staff might receive education including making effective use of the 1400 Cleanliness Champions and the Competency Framework model currently used for Moving and Handling. To link in with Learning and Development Ref to 14.3	February 2010	Chair of Standard Five Education group/ Infection Control Doctor / Head of Strategic Change and Organisational Development	1400 Cleanliness Champions trained. Cascade training re-enforced.	
16	<i>It is recommended that NHS Grampian review the system in place for recording staff attendance at training</i>				
16.1	<u>Actions</u> a) To continue the implementation of the AT learning system and to prioritise the inclusion of HAI education within this system. b) To ensure compliance of e-ksf all managers under Agenda For Change must have an objective set in line with their KSF outline. Managers of all training providers/training departments within NHS Grampian must have an objective set in their KSF outline, to have their departments' training managed by the AT Learning Management system.	Commenced To confirm timescale	Head of Strategic Change and Organisational Development AT Learning Project Team/ managers of training provider department within NHS Grampian.	The implementation of the AT learning system has commenced within NHS Grampian. To obtain an update at future meeting.	

End of action plan one

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Action plan for Recommendations from Unannounced Visit 16th November

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
17	<i>It is recommended that NHS Grampian keep staff informed of any updates that have been made to the infection control manual so that any paper copies are kept up to date as part of the response to requirement 2 as set out in the inspection report of 13 October 2009</i>				
17.1	a) in the short term any changes to the manual will be communicated via Team brief and Global emails b) in the longer term any changes in the manual will be communicated following the process within the Communication Strategy.	January 2010 March 2010	Director Corporate Communications Infection Control Manager	Using communication methods	Completed Jan 2010
18	<i>It is recommended that NHS Grampian ensure antibiotic reviews are recorded in medical notes for easier reference by medical and nursing staff.</i>				
18.1	a) a letter will be sent to all Consultants instructing them that staff should note reviews within medical records. To be considered for General Practice also. b) to Instruct Pharmacists to place a copy of the reviews within medical notes. c) to conduct an internal audit of reviews being documented within medical notes	December 2009 February 2010	Infection Control Doctor	a) Letter to be sent to Hospital Consultants re documentation. Draft agreed February 2010. b) Pharmacy currently places antibiotic review in case notes c) Audit being developed.	b) Completed February 2009
19	<i>It is recommended that NHS Grampian ensure the recording of risk assessments at ward level is a part of the system developed in response to requirement 5 as set out in the inspection report of 13 October 2009.</i>				

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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
19.1	a) Infection Control Nurses to record advice given within nursing records b) To arrange access to IC Net for relevant staff	a) December 2009 b) March 2010	Infection Control Doctor Infection Control manager	a) Infection Control Nurses have been instructed to ask person receiving advice to document these. b) Funding to be investigated. No longer considered practical.	Completed February 2010
20	<i>It is recommended that NHS Grampian develop a consistent approach to cleaning records by developing a corporate cleaning schedule and ensuring consistent sign-off as part of the response to requirement 6 as set out in the inspection report of 13 October 2009.</i>				
20.1	Multiple cleaning schedules from National Cleaning Specification to be developed into a single customer focused sign-off, assurance and verification document. See Ref 6.1	January 2010	Director of Facilities	Single document developed	Completed Jan 2010
21	<i>It is recommended that NHS Grampian ensure that there is a system to ensure that all maintenance jobs are signed off by maintenance staff.</i>				
21.1	Existing process for recording (by wards and sign-off by estates maintenance staff) will be reminded and reinforced through (a) helpdesk callers being reminded to complete book at time of call, and (b) toolbox talk awareness of maintenance staff, and (c) audit & inspection by Estates management	January 2010	Director of Facilities		Completed a) and b) 2009 Completed c) Jan 2010
22	<i>It is recommended that NHS Grampian continue to increase their communication with the public regarding the prevention and control of infection.</i>				
22.1	a) Community Forum meeting to focus on Infection Control b) Articles to be included in each edition of NHS News c) Process to be overseen as part of 12.4 Communication and	a) Spring 2010 b) Autumn 2009 and	Director Corporate Communications	a) Community Forum – 20 th February. b) Plan to have article	Completed January 2010

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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
	Involvement Strategy for HAI issues.	c) January 2010		during 2010. c) Completed 12.4	

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End of action plan two
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