



Improvement Action Plan – 18 week update

Healthcare Improvement Scotland:

Announced Infection Prevention and Control Inspections of Mental Health Services

Ailsa Hospital, NHS Ayrshire & Arran

6 December 2022

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: Lesley M B

Full Name: LESLEY BOWIE

Date: 27/07/2023

NHS board Chief Executive

Signature: Claire Burden

Full Name: CLAIRE BURDEN

Date: 27/07/2023

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
Req. 1	<p>Action Required NHS Ayrshire & Arran must review arrangements for the safe management of contaminated linen.</p> <p>Action Planned All staff will be aware of and understand their own responsibilities and comply with guidance around safe management of contaminated linen.</p> <p>1) The Safe Management of Contaminated Linen Guidance is available to all ward staff both electronically and locally as a hard copy.</p> <p>2) The Safe Management of Contaminated Linen guidance is discussed at ward meetings.</p> <p>3) SCN will undertake audit/survey to evidence that all staff understand their responsibility to implement the guidance.</p> <p>4) The SCN will undertake regular and routine clinical audit to ensure ongoing compliance with the guidance.</p>	30/04/2023	<p>Clinical Nurse Manager (CNM)/Senior Charge Nurse (SCN)</p> <p>Supported by: Infection Prevention and Control Team</p>	<p>Immediate action taken: 06/12/2022: Staff were reminded on the appropriate implementation of the Safe Management of Contaminated Linen Guidance on the day of the inspection.</p> <p><u>Update: 19/04/2023</u></p> <p>Action 1: Complete All staff (with exception of those on long term sick or maternity leave) have read this document and signed a register in acknowledgement of this.</p> <p>Action 2: Complete Both wards have included this in ward huddles and ward meetings.</p>	05/04/2023

				<p>Actions 3 and 4: Complete Both SCNs and CNM have carried out random audits. The Safe Management of Linen audit tool was sent to SCNs by Infection Control on 4th April 2023 and now forms part of rolling audit programme for each ward. Discussions at huddles and ward meetings have provided SCNs with assurances that staff understand their responsibilities in relation to the Safe Management of Contaminated Linen guidance.</p> <p><u>Update: 26/07/2023</u> Clonbeith Ward: All of the 30 staff available to work in Clonbeith Ward have confirmed that they have read the Safe Management of Contaminated Linen Guidance.</p> <p>Safe Management of linen audit results show audit show 100% compliance.</p>	
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				<p><u>Dunure Ward</u> All of the 30 staff available to work in Dunure Ward have confirmed that they have read the Safe Management of Contaminated Linen Guidance.</p> <p>Safe Management of Linen Audit Safe Management of linen audit results show audit show 100% compliance.</p>	
Req. 2	<p>Action Required NHS Ayrshire & Arran must review and improve the effectiveness and responsiveness of the estates reporting programme. This must include the establishment of effective timelines for works to be prioritised and undertaken and establishing regular reporting of progress.</p> <p>Action Planned Develop system that allows for expected completion date of for any reported item to be fed back to reporter, gives clear timescales as to urgent response for service critical matters and ensures feedback to reporter if expected timescales are not going to be met and new timescales if so.</p> <p>Short Life Working Group will be convened to review current system and;</p>	30/04/2023	<p>Director of Infrastructure and Support Services, Digital Services</p> <p>Supported by</p> <p>Head of Estates & General Manager - ACH</p>	<p>Immediate action taken: 06/12/2022: Outstanding matters were highlighted to Estates and timescales to redress requested.</p> <p><u>Update: 19/04/2023</u> The first meeting of the short life working Group took place on 24th March 2023.</p> <p>Action 1: In Progress An overview of the FM system was provided including the ability for users to check the current status of jobs reported within their area. Training</p>	

	<ol style="list-style-type: none"> 1) Provide an overview of FM System reporting functionality, 2) Provide guidance on standard response times, 3) Confirm existing job ticket prioritization, 4) Outline the Estates escalation process, 5) Ensure performance is reviewed regularly as to compliance with expected dates for completion, 6) Ensure stakeholders are fully conversant of the condemnation process for equipment. 			<p>for ward staff will commence as soon as possible.</p> <p><u>Update 25 July 2023</u> In progress Training for staff had to be deferred until the FMFirst system was updated. This has just been completed and a programme of training being arranged for staff.</p> <p>Action 2: Complete A prioritisation system is in place allowing supervisors assess the job and the risk posed to patients and staff, and what each category timescale would look like.</p> <p>Action 3: Complete An example was provided on how a particular issue (e.g. roof leak), would be assessed and prioritised accordingly and the timescales expected to meet each category.</p> <p>Action 4: Complete The escalation process from tradesman to Estates</p>	
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				<p>manager was explained. This would be utilised if the job was not completed within the expected timeframe or other issues arose with the completion of the work.</p> <p>Action 5: Complete Performance reviews will be a standing agenda item at monthly Estates Officers/Supervisors meetings. The use of Customer Advice Notes, will also be reviewed (a CAN is issued where for a number of possible reasons, a job was not completed on a first visit) This can feed into the escalation process if required.</p> <p><u>Update 25 July 2023</u> Complete Explanation of CAN notice procedures was provided to ward managers and where sits within the Estates Action Plan. Review of progress against CAN notices is now a standing item on Estates</p>	
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				<p>Officers/Supervisors meetings. Random weekly job checks of work are also undertaken by supervisors as a further assurance measure.</p> <p>Action 6: Complete An operating procedure for the condemnation and disposal of Assets and stock had been identified and presented to staff for their information.</p>	
Rec. a	<p>Action Required NHS Ayrshire & Arran should review signage for visitors, particularly at the point of entry into the ward to encourage hand hygiene and use of masks</p> <p>Action Planned Signage at main entrance to Clonbeith/Dunure reviewed to ensure signage in place.</p>	08/12/2022	SCN	<p>Action Complete Immediate action taken: Signage that prompt visitors to use PPE equipment (alcohol gel and face masks) where appropriate and carry out hand hygiene are now in place.</p> <p>Note: staff continue to prompt any visitors to these areas when coming to the ward to use PPE (locked environments due to nature of patient group)</p> <p>.</p>	07/12/2022

				<p><u>Update: 26/07/2023</u> <u>Update</u></p> <p>Advice and posters have been revised to reflect current national guidance.</p>	
Rec. b	<p>Action Required NHS Ayrshire & Arran should review current domestic arrangements to ensure sufficient resources are in place to meet the cleaning requirements of the ward areas</p> <p>Action Planned Review of current domestic provision will be undertaken to ensure allocated resource is sufficient for demands, recognising large ward footprint and nature of client group.</p> <p>Additional routine hours will be confirmed and funded.</p>	30/04/2023	CNM/SCN/Hotel Services Manager	<p>Immediate action taken: 06/12/2022: Issue was acknowledged on the day and fed back to Hotel Services.</p> <p>18/01/2023: CNM and SCN met with Hotel Services to discuss findings and plan next steps.</p> <p><u>Update: 19/04/2023</u></p> <p>In Progress A gap in domestic hours in Dunure ward has been identified and funding sought to fill this. It is anticipated additional resources will be in place to fill this gap by the end of April 2023.</p> <p><u>Update 21/07/2023</u> Complete. Monies to uplift domestic resource had to be sourced from elsewhere, @£10,000.</p>	

				<p>After review with Finance budget identified to provide these additional hours and monies moved to CCS budget to allow for uplift.</p> <p>In the interim any additional required cleaning above funded provision was addressed on a one off basis.</p>	
Rec. c	<p>Action Required NHS Ayrshire & Arran should develop and implement processes to ensure patients and visitors can provide feedback on the cleanliness of the environment</p> <p>Action Planned Develop feedback processes in line with Healthcare Improvement Scotland Infection Prevention and Control Standards (May 2022).</p>	30/04/2023	CNM / SCN	<p>Update: 19/04/2023</p> <p>Complete A feedback tool has been devised locally to provide feedback from patients and visitors. This was implemented w/c 10th April 2023 within the EMH Inpatient unit. Any issues raised will be addressed at the time with a monthly report being produced with results.</p> <p>The general inpatient ward experience survey includes a question regarding the cleanliness of the environment.</p>	10/04/2023 (with continuous monitoring)