



# Improvement Action Plan

Healthcare Improvement Scotland:

Unannounced Infection Prevention and Control Inspections of Mental Health Services

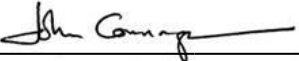
St John's Hospital, NHS Lothian

24 October 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: Professor John Connaghan CBE

Date: 23 January 2024

### NHS board Chief Executive

Signature: 

Full Name: Calum Campbell

Date: 23 January 2024

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
1	<p>Provide focused ward-based refresher training on PPE use and hand hygiene for all staff through a phased programme of SICPs education.</p> <p>Hand hygiene and PPE best practice to be flagged to all staff through ward, service and site safety huddles</p> <p>Review and confirm that all patient facing staff in Mental Health Wards have access to individual AHBR products.</p> <p>Source and install ligature safe hand hygiene towel dispensers.</p>	<p>By end Q1 2024</p> <p>Ongoing</p> <p>24<sup>th</sup> Oct 2023</p> <p>By end Q1 2024</p>	<p>IPCT</p> <p>IPCT/site huddle/clinical management teams</p> <p>Clinical Management Team</p> <p>Clinical management team/IPCT</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Complete</p> <p>Ongoing</p>	<p>Ongoing</p> <p>24<sup>th</sup> Oct 2023</p>
2	<p>Maintain existing backlog maintenance programme which includes risk prioritisation of work for maintenance planning.</p> <p>Maintain schedule of FMT monitoring to support identification of environmental defects which impede domestic cleaning. Estates action provided on risk-based basis via reactive &amp; backlog maintenance programme</p> <p>Ensure site overview of backlog maintenance programme provided through site programme of works meeting continues.</p> <p>Remind clinical teams to report new/deteriorating environmental defects through Estates help desk.</p>		<p>Estates/Site management team</p> <p>Domestic managers/Estates</p> <p>Site management team</p> <p>Clinical teams</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

3.	Complete existing review of domestic provision and implementation of the 2016 National Cleaning Specifications. Amend cleaning schedules or staff capacity based on outcome of this review.	By end Q2 2024	Domestic manager/Clinical management team/IPCT	Ongoing	
4.	Complete planned review of Standard 1. Further actions for improvement will be defined by this.  IPCT to continue with risk-based approach to achieve a planned programme of IPC audit aligned to workforce capacity and clinical priorities.  Ensure appropriate governance and oversight of unavoidable delay with planned IPC audit programme is provided at PLICC.  Improve development of action plans for ward-based audits and confirmation that improvement actions have been completed.  Ensure MEG training provided for CNMs  Provide refresher training on MEG for clinical staff  CNMs to provide oversight and monitoring of audit plan development	By end Q2 2024  Ongoing  Ongoing & update in Jan 2024  By end Q2 2024  Dec 2023  By end Q1 2024  Dec 2023	IPCT/Senior Management  IPCT  IPCT  SCN/CNM/AND  AND  AND/CNM  CNM	Ongoing  Ongoing  Complete and ongoing  Ongoing  Complete  Ongoing  Complete	Ongoing  Ongoing  Complete and ongoing  Ongoing  19 <sup>th</sup> Dec 2023  Ongoing  31 <sup>st</sup> Dec 2023

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