



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

Udston Hospital and Beckford Lodge, NHS Lanarkshire

26 September 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: *Martin F. Hill*

Full Name: Martin Hill, Chair

Date: 23rd April 2024

NHS board Chief Executive

Signature: *Jann Gardner*

Full Name: Jann Gardner, Chief Executive

Date: 22nd April 2024

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
P6	Non-compliant wash hand basins must be risk assessed and mitigations put in place.	30/11/23	Martin Hughes, Senior Nurse/ Iain MacKenzie, Service Manager and Lesley Cordiner Operational Service Manager (OSM).	<p>Mitigations agreed. Locally held risk assessments are in place and will be reviewed monthly.</p> <p>All inpatient areas have now been audited by IPCT. Photographs of sinks have been taken, risk assessments have been put into place.</p> <p>IPCT have contacted PSSD Mary Ann Kane (General Manager for PSSD) has confirmed sinks will be replaced, timeline for replacement to be provided.</p>	<p>17/11/23</p> <p>April 2024</p>
P6	Care environment must be in a good state of repair to support effective cleaning.	31/12/23	Mary Gilfillan, Senior Nurse /Alison McPherson, Service Manager and Lesley Cordiner(OSM).	<p>Ongoing work with PSSD and estates to complete improvements. Improved monitoring and reporting process now in place with reporting</p> <p>Works continue to be undertaken to ensure care environments are in a good state of repair, action plan has been attached to evidence improvement.</p>	<p>17/11/23</p> <p>19/04/2024</p>

P6	NHSL will ensure that all infrequently used water outlets are flushed in line with National Guidance.	17/11/23	Mary Gilfillan and Alison McPherson.	<p>Recording system now in place. Infrequently used water outlets will now be flushed daily and records will be kept in situ to evidence this and inform audit activity.</p> <p>Flushing of infrequently used water outlets continue to be undertaken by PSSD, records are retained by them for inspection</p>	<p>17/11/23</p> <p>19/02/2024</p>
P7	NHSL will ensure all IPC audits are completed fully and consistently, with improvement action.	31/12/23	Marie Rooney, AND, Lisa Marie Grimshaw, Senior Nurse and Alison McPherson, Service Manager and June Levick, PSSD Manager.	Ongoing improvement actions will be monitored by Senior Charge Nurses and Senior Nurses who will report progress or obstacles to same,	17/11/23

				<p>through North Hygiene Group, to NHSL ICC.</p> <p>Infection prevention and Control walkrounds were undertaken within the older adult wards.</p> <p>Kylepark had an audit undertaken by the IPC for hand hygiene</p> <p>Beckford Lodge IPC walkrounds to e undertaken through peer IPC link</p> <p>Mental Health continues to report improvements and deficits, at North Hygiene Group</p>	19/04/2024