

Action Plan

Service Name:	Shawfair Park Hospital
Service number:	00063
Service Provider:	Spire Healthcare Ltd
Address:	10 Easter Shawfair, Edinburgh, EH22 1FE
Date Inspection Concluded:	24-25 September 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must ensure compliance with all standard infection prevention and control precautions as detailed in Health Protection Scotland's National Infection Prevention and Control Manual, in particular:</p> <p><i>(a) linen management, and</i> <i>(b) use of personal protective equipment (see page 27).</i></p> <p>Timescale – immediate</p>	<p>Linen Management - Spire has adopted the Scottish National IPC Manual guidance within Clini 02 IPC Manual (both the English and Scottish guidance is linked).</p> <p>We follow the below:</p> <ul style="list-style-type: none"> Place directly into a water-soluble/alginate bag and secure, then place into a plastic bag, for example clear bag, and secure before placing in a laundry receptacle. This applies also to any item(s) heavily soiled and unlikely to be fit for reuse. <p>National Infection Prevention and Control Manual: Chapter 1 - Standard Infection Control Precautions (SICPs)</p> <p>On the day of inspection some newer colleagues did not demonstrate this guidance however additional training has been provided and additional information</p>	Immediate	Operations Manager Director of Clinical Services

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	<p>added to the induction checklists for housekeepers and clinical teams</p> <p>Use of Personal Protective Equipment Disposable plastic aprons Policy HOP 17 - Hospital Environmental Cleanliness Standards states 5.4 Disposable plastic aprons should be worn for all cleaning tasks where clothing is likely to be splashed. CLINI 02 indicates where aprons should be worn when cleaning rooms occupied by patients being cared for in isolation because they have specified infections. Risk assessment must be undertaken locally for specialised cleaning tasks involving large amounts of fluid (e.g. flood response), and may indicate overalls and waterproof footwear need to be worn. See also HS21 appendix 6</p> <p>Further training has been implemented and all housekeeping colleagues are now wearing plastic aprons when cleaning toilet areas. This has further been reinforced in the induction programme.</p>		
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<p>Recommendation a: The service should monitor and evaluate improvements made as a result of patient feedback, to determine whether actions taken have led to the improvement anticipated (see page 17).</p>	<ul style="list-style-type: none"> • The Patient Experience Group (PEG) meets quarterly to discuss patient feedback, and any improvements required. • Minutes and an action plan are produced from this meeting and will be updated quarterly and shared at Patient experience forums, Heads of Department meetings and Senior Management Team meetings. • A further six monthly review of action implementation and improvement evaluation will be commenced • In order to feedback to patients You/Said we did posters have been updated and now include the outcome of any action taken in relation to patient feedback. 	<p>Immediate</p>	<p>Patient Experience Lead</p>
<p>Recommendation b: The service should ensure that the quality improvement plan is maintained, updated and completed timeously (see page 22).</p>	<ul style="list-style-type: none"> • We will commence following the guidance in our National strategy and framework with a clear action plan in place for review of progress and implementation. • All local QI projects are logged and progress updated on AMaT. 	<p>Immediate</p>	<p>Director of Clinical Services</p>

Name

Designation

Signature

Date

Alison Green

Hospital Director

Alison Green

06 / 11 /2024

In signing this form, you are confirming that you have the authority to complete it on behalf of the service provider.

Guidance on completing the action plan.

- **Action Planned:** This must be a relevant to the requirement or recommendation. It must be measurable and focussed with a well-defined description of how the requirement/recommendation will be (or has been) met. Including the tasks and steps required.
- **Timescales:** for some requirements can be immediate. If you identify a requirement/recommendation timescale that you feel needs to be extended, include the reason why.
- **Person Responsible:** Please do not name individuals or an easily identifiable person. Use Job Titles.
- Please do not name individuals in the document.
- If you have any questions about your inspection, the requirements/recommendations or how to complete this action plan, please contact the lead inspector for your inspection.

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