



Improvement Action Plan

Healthcare Improvement Scotland:

Unannounced Infection Prevention and Control Inspections of Mental Health Services

East Ayrshire Community Hospital, NHS Ayrshire & Arran

13 February 2024

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 Bowie

Full Name: Lesley Bowie

Date: 16/04/2024

NHS board Chief Executive

Signature: Claire Burden

Full Name: Claire Burden

Date: 16/04/2024



Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
1.	<p>Action Required:</p> <p>NHS Ayrshire & Arran must ensure clinical waste is stored in a designated, safe and lockable area whilst awaiting uplift. General and clinical waste must be always segregated at the source</p>	<p>Immediate action taken.</p>	<p>Facilities Management Team (BAM); East Ayrshire Community Hospital (EACH).</p>	<p>Action Complete.</p> <p>Within the ward area, clinical and general waste are stored separately within the locked sluice room. The waste continues to be segregated during transportation to the onsite Bio hazard room (Clinical waste) and the waste compound (an area outside the main hospital building for general waste) while awaiting collection for final offsite disposal. Both the bio hazard room and waste compound area are locked.</p> <p>A check has now been added on the Stewards daily task sheet to ensure waste remains segregated and the security of these areas are maintained. The Technical Manager (BAM FM Ltd) at EACH</p>	<p>13/02/2024</p> <p>08/04/2024</p>

				will undertake and manage a new audit programme to provide regular assurance the correct waste management processes are being followed consistently on an ongoing basis.	
2.	<p><u>Action Required</u></p> <p>NHS Ayrshire & Arran must ensure all hazardous cleaning products are securely stored and labelled appropriately, as per manufacturer's guidelines.</p>	<p>Immediate action taken.</p>	<p>Facilities Management Team (BAM); EACH.</p>	<p><u>Action Complete.</u></p> <p>Following the Inspectors feedback, bottles of cleaning products were labelled appropriately and the bottle incorrectly stored was removed.</p> <p>Hazardous cleaning products are stored in a locked cupboard within the D.S.R which is itself a locked room.</p> <p>The preparation of cleaning products (acticlor) is undertaken twice a day and the labelling of bottles is now detailed as a specific task on cleaning schedules.</p> <p>Further improvements have been made with the</p>	<p>13/02/2024</p> <p>08/04/2024</p> <p>08/04/2024</p>

				<p>addition of a separate recording sheet which sits beside the acticlor bottles which shows when the solution was last prepared.</p> <p>The Domestic Supervisors checklist has been amended to specifically include a requirement to ensure cleaning materials are appropriately labelled, to assure compliance is maintained.</p>	<p>08/04/2024</p>
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