Annex F

Infection Prevention and Control

Amber to Green Improvement Report

December 2019

Introduction

NHS Improvement (NHS I) has rated the organisation as Amber following a visit in October 2019. We were previously rated as Red. The organisation is committed to provide clean safe care for our patients. Good infection prevention (including cleanliness) is essential to ensure that people who use health and social care services receive safe and effective care. The 'Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance 2010 revision' ('the Code'). The ambition for the organisation is to achieve a rating of Green.

The Code of Practice (Part 2) sets out the 10 criteria against which the Care Quality Commission (CQC) will judge a registered provider on how it complies with the infection prevention requirements, which is set out in regulations to ensure that consistently high levels of infection prevention (including cleanliness) are developed and maintained. This report sets out the requirement s to enable the organisation to move into a Green position following the repeat visit in February 2020. Infection prevention and control is a key requirement for all staff to maintain patient safety.

Table 1 below sets out current position and what is required to move to green.

RAG Rating guide
Ongoing
Complete
Partially complete
Overdue/not complete

	Amber	**Green**	**Action required**	**Who**	**By when**	**Evidence of Completion**
1	When inspected several foam mattresses had fluid ingress evident	No foam mattresses to have fluid ingress evident and there is a systematic monitoring system in	There needs to be an audit conducted of all mattresses to determine the scale of	Tissue viability/IPC/ GDONs	Jan 2020	Audit to be completed and plan in place for replacement requirement. Action audits will

	Amber	Green	Action required	Who	By when	Evidence of Completion
		place	the problem. All mattresses that have evidence of fluid ingress will have to be changed. There is currently a joint corporate paper being prepared			assess some mattresses.
2	Pill Crushers and pill cutters were dirty/contaminated	Pill crushers and pill cutters to be clean and single patient use	All pill crushers to be cleaned between use. Review evidence base to determine if single patient use devices required.	All nursing staff/medicines management to support Matrons and IPC to conduct quality assurance checks	Immediate	Monitoring via audit and spot checks via Infection Prevention and Control Committee
3	Out of date BNFs in circulation	All BNFs in use are up to date	Removal of out of date BNFs, there is access to online information. A paper version to be supplied for use in the BCP Unity boxes.	Medicines management team	Completed	Monitoring via medicines management safety audit program and IPC action audits.
4	Monitoring forms for the fridges were not standardised	Fridge temperature monitoring forms to be	Medicines management to create a standardised form to be	Medicines management	Feb 2020	Monitoring via medicines management safety

	Amber	Green	Action required	Who	By when	Evidence of Completion
		standardised	issued to areas to use, and any necessary guidance for fridge temp monitoring			audit program and IPC action audits
5	Inappropriate use of gloves	Appropriate use of gloves	Health and Safety notice issued to all staff about glove usage. Education and training of staff in the appropriate use of gloves	Health and Safety, occupational health and IPC team	Jan 2020 and ongoing HSN issued December 2019	Observational audits and monitoring of standards via senior sisters and matrons Education sessions will be set up for the correct use of personal protective equipment
6	Gap analysis not completed	Completion of gap analysis	NHS improvement has sent over a self-assessment tool for completion to help facilitate a gap analysis.	Director of Infection Prevention and control (DIPC) and lead nurse for IPC to complete	End of Feb 2020	Final document to be presented to Infection Prevention and Control Committee in March 2020 to set the strategic objectives for the following year for infection prevention and control
7	WOWs dusty	Equipment	There has	Ward	Immediat	Monitoring

	Amber	Green	Action required	Who	By when	Evidence of Completion
		to be free from dust and debris	been an agreement that the ward services officers will clean the base of WOWs and the clinical staff will have to clean the upper surfaces	services officers and clinical staff	e	and audit via ward services, IPC team, matrons and ward managers
8	Near patient equipment not clean	All Equipment to be free of dust and debris	It is the responsibility of all staff to clean equipment after use. This will require reinforcement of the standards.	Ward managers, matrons and IPC team	Immediate	Action audit program and spot checks of equipment with escalation process for areas of none compliance
9	Visual Infusion Phlebitis (VIP) scores not evident on Unity	VIP scores to be on Unity	The system was new when NHSI visited. There is the function to run reports on unity to determine compliance with VIP score. An insertion date needs to be added.	Nurse education team and lead for Mid lines and IPC team	Ongoing action	Unity audits for compliance with VIP Scores and spot checks
10	Alcohol dispensers not available at point of use	Alcohol to be available at point of use	This was specific action for one ward.	Senior Sister N4	Complete	Audit and ward manager to monitor

	Amber	Green	Action required	Who	By when	Evidence of Completion
			The ward has now ordered lockable dispensers to minimise the risk of patients ingesting the alcohol foam.			compliance
11	High level dust evident in one area	All areas to be dust free	Ward service officers to ensure high level dusting complete	Ward services supervisors / IPC team	Ongoing	Audit and quality assurance checks
12	Physio room was cluttered and dirty staff items present	All clinical areas to be free of extraneous items e.g. staff owned items	All areas that are for patient use will be reviewed and adherence to standards monitored	Allied health professional leads	Ongoing	Audit and quality assurance checks
13	Eye visors not present	Clinical areas where there is a risk of splash to have eye visors	IPC team have reviewed eye protection available on NHS logistic, items ordered and will be distributed to all clinical areas	IPC team	Feb 2020	Audit, monitoring via matrons.
14	c.difficile policy not up to date	Policy to be up to date	Policy was under review at the time of the visit. It has now	IPC team/lead doctor	Jan 2020	Upload to internet

	Amber	Green	Action required	Who	By when	Evidence of Completion
			been updated and waiting for ratification			
15	Single patient use items not being used for single patient use	Single patient use only	All single patient use equipment should not be used multiple patients. This is clear in policy, adherence to policy to be monitored	Ward managers/IP C team	Ongoing	Audit and spot checks, escalation process to be followed for areas of none compliance.

Conclusion

There are also core components of success that uphold infection prevention and control standards. These are set out in the Trusts HCAI reduction plan and are monitored through the Infection Prevention and Control Committee. There is a repeat visit by NHSI in Feb 2020 and in order to move from amber to green we need to implement the actions cited above and ongoing observance to the HCAI reduction.

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December 2019