

Report Title	Infection Prevention and Control Update		
Sponsoring Executive	Kathy French, Chief Nurse		
Report Author	Sarah Carr-Cave, Deputy Chief Nurse		
Meeting	Public Trust Board	Date	5th November 2020

1. Suggested discussion points *[two or three issues you consider the Committee should focus on]*

The Department of Health (DH) published the updated Code of Practice on the Prevention and Control of infections and related guidance in July 2015. The Code of Practice sets out the 10 criteria against which the Care Quality Commission (CQC) will judge an organisation on how it complies with the infection prevention and control (including cleanliness) requirements.

At SWBH the oversight of the IPC agenda and compliance is via the Infection Prevention and Control Operational Group which reports into the Infection Prevention and Control Committee (IPCC). This briefing paper was presented at the Quality & Safety Committee following a recent NHSE/I visit to the Trust.

On 29 September 2020, NHSE/I visited the Trust to review infection control practices following recent outbreaks of Covid-19 in ward areas. A full report has been provided to the Trust; however, the initial feedback from NHSE/I was that the visit was 'disappointing' and identified non-compliance with fundamental IPC requirements and practices.

The Board will be asked to note the current position relating to IPC practice, the action taken to date, and agree the described approach to increasing the focus on IPC across the Trust and addressing the areas of non-compliance identified. It is recommended that the completed self-assessment against the Code of Practice and subsequent action plan is presented to the Quality & Safety Committee in December 2020, following presentation at the Executive Quality Committee.

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan		Public Health Plan		People Plan & Education Plan	
Quality Plan		Research and Development		Estates Plan	
Financial Plan		Digital Plan		Other <i>[specify in the paper]</i>	X

3. Previous consideration *[where has this paper been previously discussed?]*

Presentation to Quality & Safety Committee

4. Recommendation(s)

The Board is asked to:

- Note** the current position and update relating to IPC practices.
- Agree** the described approach to increasing the focus on IPC across the Trust.
- Note** the actions taken and described next steps.

5. Impact <i>[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]</i>						
Trust Risk Register						
Board Assurance Framework	X					
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Public Trust Board: 5th November 2020

Infection Prevention and Control Update

1. Introduction

- 1.1 The Department of Health (DH) published the updated Code of Practice on the Prevention and Control of infections and related guidance in July 2015. The document sets out the Code of Practice under the Health and Social Care Act (2008). The Code of Practice applies to registered providers of healthcare and social care in England.
- 1.2 The Code of Practice sets out the 10 criteria against which the Care Quality Commission (CQC) will judge an organisation on how it complies with the infection prevention and control (including cleanliness) requirements (Annex A).
- 1.3 NICE published an Infection Prevention and Control Quality Standard in April 2017. The quality standard is expected to contribute to improvements in infection rates, and avoidable deaths due to healthcare-associated infections. The quality statements defined within the document relate to; antimicrobial stewardship, hand hygiene, the management of urinary catheters and vascular access devices.
- 1.4 At SWBH there is an Infection Prevention and Control Operational Group which reports into the Infection Prevention and Control Committee (IPCC). IPCC is chaired by the Director of Infection Prevention and Control (DIPC). The DIPC at SWBH is the Chief Nurse.
- 1.5 On 29 September 2020, NHSE/I visited the Trust to review infection control practices following recent outbreaks of Covid-19 in ward areas. This briefing paper has been prepared to provide an update on the findings of NHSE/I and the actions the Trust is taking in response to achieve sustained improvement regarding IPC practices.

2. NHSE/I Visit

- 2.1 On 29 September 2020 NHSE/I visited the Trust following Covid-19 outbreaks within clinical areas. The team visited wards on both Sandwell General Hospital site and City Hospital site.

- 2.2 A full report has been provided to the Trust; however, the initial feedback from NHSE/I was that the visit was 'disappointing'. The visiting team highlighted the following on the initial feedback;
- Cleaning not to the standard expected (especially on the outbreak wards).
 - Dirty commodes.
 - Dusty bedframes.
 - Staff not compliant with PPE (medical and nursing) – staff not wearing masks and needing to be challenged on multiple occasions.
 - No clear signage around social distancing in break rooms.
 - Broken hand gel dispensers – staff stated they were unable to get them; however, CCG advised they had provided a stock to the Trust.
 - Lifts split into red (high risk) and blue (low risk); however, visitors were using red lifts.
- 2.3 Whilst there has been a lot of great work, and the Trust has worked extremely hard, especially over recent months during the pandemic, there needs to be an increased focus on IPC. The Trust must ensure, and be able to demonstrate, that best practice is maintained alongside compliance with the Code of Practice.
- 2.4 Immediate action was taken at the time of the visit to address the non-compliance with PPE and dirty equipment; i.e. commodes, bed frames.

3. Next steps and action taken

- 3.1 There are some immediate actions identified, which require addressing promptly. There are also longer term challenging issues that require improvement.
- 3.2 Whilst everyone has responsibility for IPC, the Ward Managers and Matrons are key for ensuring improvements are made within their clinical areas.
- 3.3 **Immediate action:** The Chief Nurse has asked the Deputy Chief Nurse to work closely on the IPC agenda and improvements required to support the Trust IPC team, Group Directors of Nursing (GDONS) and the Matrons.
- 3.4 **Immediate action:** A weekly IPC meeting, chaired by the DIPC, involving key staff has commenced effective from 14 October 2020. This weekly meeting will report into IPCC.
- 3.5 **Immediate action:** A self-assessment against the Code of Practice 10 criteria will be completed and a subsequent action plan developed. This is building on the work already

commenced by the IPC Team. The self-assessment and action plan will be signed off, with progress monitored, at the weekly IPC meeting. The initial meeting to commence this process is scheduled for 21 October 2020, with the follow up meeting to complete the self-assessment scheduled for 28 October 2020.

- 3.6 **Immediate action:** The green 'I am clean' stickers and tape for clinical equipment have been procured and a plan for roll out has been agreed. The products have arrived in the Trust and one of the IPN's is leading the roll out. The IPN is liaising with the Communications Team and obtaining promotional materials from Clinell. Ward Managers and Matrons will be accountable for the implementation and ongoing use within their clinical areas.
- 3.7 There will be a review of all clinical and non-clinical areas to assess signage regarding PPE and social distancing. There will be consideration to introduce 'PPE Wardens', as part of the IPC Link Role, across the Trust to support compliance with PPE requirements and social distancing.
- 3.8 There will be a review of the Trust IPC audit programme. The review will consider the audits completed, the frequency of each audit, where the results are reported and subsequent monitoring of actions following non-compliance. An escalation process for clinical staff, following non-compliance, will developed to ensure a consistent approach across the Trust. The proposed audit programme was discussed at the weekly IPC meeting on 14 October 2020. This will be ratified at meeting on 21 October 2020.
- 3.9 The longer term committee structure surrounding the IPC agenda will be reviewed, including the frequency of committee meetings.
- 3.10 The Chief Nurse, Deputy Chief Nurse and Associate Chief Nurse will be meeting all the Matron's, in small groups, to discuss their role and responsibilities regarding IPC and environmental cleanliness and tidiness. This will support the GDON work within the Groups. These meetings have now been scheduled and will be completed by end of December 2020.
- 3.11 The Matron job description will be reviewed to ensure it reflects the NHSE/I Matron Handbook (2020). The Matron role has evolved since the publication of the Matron's 10 key responsibilities in 2003, and the Matron's Charter in 2004. The role has grown significantly and the Matron's Handbook reflects the expanded role. Core to the role remains the Matron's responsibility to provide assurance on the ward / department

environment and infection prevention and control. The revised job description will be ready to support the meetings with the Matrons.

- 3.12 A daily checklist for Matron's and Ward Manager's will be developed and implemented to ensure the core ward / department safety, environment and IPC requirements are assessed and documented each day. The draft document was initially reviewed at the weekly IPC meeting on 14 October 2020 and will be ratified at the meeting on 21 October 2020.
- 3.13 A fundamental requirement of effective infection prevention and control is an educated workforce. It is essential that multidisciplinary professions embrace and support the IPC agenda and senior staff role model best practice .To achieve this, IPC education is delivered via ongoing mandatory training and bespoke training sessions delivered to wards and departments, and will include medical and AHP staff.
- 3.14 The action plan developed in response to the NHSE/I visit can be found in Annex B.

4. Summary / Conclusions

- 4.1 There is the need to increase the focus on the IPC agenda and practice and ALL professional groups advocate and support best practice at all times. This requirement was reinforced following a recent NHSE/I visit to the Trust which identified non-compliance with fundamental IPC practices.
- 4.2 There are some immediate actions which have been identified, alongside longer term actions. A weekly meeting, chaired by the DIPC, has been agreed. These began week commencing 5 October 2020 and take a multidisciplinary approach.
- 4.3 A responsive action to support improving and sustaining IPC practices across the Trust has been developed and agreed.
- 4.4 The weekly IPC meeting will monitor progress against the responsive action plan following the NHSE/I visit.
- 4.5 A self-assessment against the Code of Practice 10 criteria will be completed to identify the Trust baseline position and inform the subsequent action plan. The weekly IPC meeting will maintain oversight and monitor progress against the action plan.

5. Recommendations

5.1 The Board is asked to:

- a. **Note** the current position and update relating to IPC practices.
- b. **Agree** the described approach to increasing the focus on IPC across the Trust
- c. **Note** the actions taken and described next steps

A monthly update will be provided to EQC and Patient Safety Committee

Annex A: Code of Practice for Health and Adult Social Care on the prevention and control of infections and related guidance (DH 2015)

Annex B: IPC Action Plan

Sarah Carr-Cave
Deputy Chief Nurse

October 2020

**Code of Practice for Health and Adult Social Care on the prevention and control of
infections and related guidance (DH 2015)**

Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance (updated 2015)	
Criterion	The registered provider is required to demonstrate
1	Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that their environment and other users may pose to them
2	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections
3	Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance
4	Provide suitable accurate information on infections to service users, their visitors, and any person concerned with providing further support or nursing/medical care in a timely fashion
5	Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people
6	Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection
7	Provide or secure adequate isolation facilities
8	Secure adequate access to laboratory support as appropriate
9	Have and adhere to policies, designed for the individual's care and provider organisations , that will help to prevent and control infections
10	Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection

IPC Action Plan

This action plan has been reviewed and updated following receipt of the formal NHSE/I report.

NHSE/I FINDINGS	ACTION REQUIRED	RESPONSIBLE OWNER	ACTIONS / PROGRESS	TARGET COMPLETION DATE	RAG rating
IPC Practices					
NHSE/I did not feel assured regarding IPC practices at the Trust	<ul style="list-style-type: none"> DIPC to chair a weekly IPC meeting with key stakeholders to increase focus on IPC across Trust and to monitor progress against the action plan subsequent to NHSE/I visit 	DIPC	First meeting scheduled week commencing 05/10/2020. Weekly meeting invites in process of being circulated. 17/10/2020 update Meetings scheduled and have commenced	05/10/2020	Blue
	<ul style="list-style-type: none"> A review of IPC audits to be completed – including what audits are completed, the frequency of audits, and where the results are reviewed and reported 	DCN / Head of IPC / GDONS	17/10/2020 Update Proposed audit programme presented at wkly IPC Meeting on 14/10/2020. Waiting for final comments before ratified 21/10/2020 Update IPC audit programme agreed at the	12/10/2020 Implementation of audit programme 01/12/2020	Green

	In progress
	Deadline due / slow progress
	Outstanding
	Closed

SCC/IPC Oct2020 V3


Ratified: October 2020

			weekly meeting. To review the audit tools and agree implementation date		
	<ul style="list-style-type: none"> Task and finish group to be established to develop an IPC dashboard. The dashboard will be monitored via exception reporting to the IPC Meeting. 	DCN / GDON lead for IPC / Head of IPC / Informatics	Meeting of key stakeholders to be arranged to agree task and finish group and timescales.	20/11/2020	
	<ul style="list-style-type: none"> Review the IPC committee and reporting structure, including frequency of meetings and TOR 	DIPC / DCN / Head of IPC / Chair of IPOG	This work has commenced via the IPCC with TOR being reviewed. Frequency of meetings also increased to monthly from quarterly.	20/11/2020	
	<ul style="list-style-type: none"> For NHSE/I to attend an operational IPC meeting 	DIPC / GDON IPC Lead / Head of IPC	GDON IPC lead and DCN discussed with NHSE/I and will be arranging a date for attendance at the weekly meeting.	27/11/2020	
	<ul style="list-style-type: none"> For the cleaning standards KPI's to be presented to IPCC with exception reporting and to include actions taken. 	Head of Hotel Services	21/10/2020 Update Discussion with Head of Support Services regarding the requirement to report KPI compliance and exceptions at the monthly IPCC. The upward report will also include actions taken and in progress.	27/11/2020	
	<ul style="list-style-type: none"> Complete Trust self-assessment against the Code of Practice (2015) and agree action plan for any areas of non-compliance 	DIPC / DCN / Head of IPC	PA to DCN in process of arranging the meetings for weeks commencing 12/10/2020 and 19/10/2020. 17/10/2020 update PA to CN has arranged meetings which are scheduled from 02/11/2020 –	30/10/2020	





			<p>29/12/2020</p> <p>21/10/2020 Update</p> <p>Following first meeting it has been agreed there will be 3 follow meetings; 2nd meeting with complete self-assessment against criterion 1-3. 3rd meeting will complete self-assessment against criterion 4-10. 4th meeting will develop and agree the required action plan to address any gaps in compliance. The 3rd and 4th meeting are in the process of being scheduled.</p>		
	<ul style="list-style-type: none"> NHSE/I to attend meeting with Matrons to discuss expectations and findings of visit. This will be followed by NHSE/I led Matron Masterclass on reviewing IPC practices 	GDON IPC lead / DCN / NHSE/I	NHSE/I agreed to support this approach on 07/10/2020. Dates in the process of being identified.	27/11/2020	
	<ul style="list-style-type: none"> Review the Matron JD to ensure reflects the NHSI Matron Handbook and Code of Practice 	DCN	<p>17/10/2020 Update</p> <p>Work to review Matron JD has commenced and is in progress</p>	30/10/2020	
Cleaning standards					

<p>Cleaning standards not as expected including; Dirty commodes Dusty bedframes Touch point cleaning</p>	<ul style="list-style-type: none"> Continue with weekly local PLACE audits to monitor standards of cleanliness and infection control compliance – ensuring weekly representation from estates and a matron. 	<p>Head of Support Services / Head of IPC / DCN</p>	<p>17/10/2020 Update Weekly audits continue. Estates representation for 2 recent inspections consecutively.</p>	<p>20/10/2020</p>	
	<ul style="list-style-type: none"> Increased touch point cleaning for all outbreak wards and enhanced cleaning 7 days a week. 	<p>Head of Support Services</p>	<p>Head of Support Services has confirmed increased touch point cleaning in all outbreak wards and an additional 7.5hrs cleaning 7 days a week in place.</p>	<p>09/10/2020</p>	
	<ul style="list-style-type: none"> Increased touch point cleaning for the wider Trust to be implemented. 	<p>Head of Support Services</p>	<p>In process of securing an additional 52 Ward service officers to support Trust wide touch point cleaning. To go to advert for an additional 20wte Ward service officers. Confirmed all high flow areas; i.e. ED, AMU have increased touch point cleaning in place.</p>	<p>30/10/2020</p>	
	<ul style="list-style-type: none"> To develop a bed space cleaning checklist following discharge of a patient. The checklist will include confirmation the mattress has been checked and is fit for purpose with no ingress. 	<p>IPCT / Ward Managers / Matrons</p>	<p>21/10/2020 Update Recent versions of the bed space checklist will be sent to the DCN. An updated Trust wide checklist will be developed, based on the previous versions, and will be launched as part of the 'I am clean' initiative.</p>	<p>30/10/2020</p>	

	<ul style="list-style-type: none"> Implement daily checklist for matron and ward managers focussing on infection control and environmental cleanliness 	Matrons / Ward Managers	<p>17/10/2020 Update Draft daily checklist presented at wkly IPC meeting 14/10/2020. Waiting final comments and for ratification week commencing 19/10/2020</p> <p>21/10/2020 Update Matron and WM checklist approved and will be included in the launch for 'I am Clean' initiative following ratification at the weekly IPC meeting.</p>	12/10/2020	
	<ul style="list-style-type: none"> Implement the 'I am Clean' stickers and tape for clinical equipment, including commodes. 	Matrons / Ward Managers / IPCN L Wilkins	<p>Procurement has ordered supplies of stickers and tape for all clinical areas and additional supplies. IPC will approach Clinell for promotional materials.</p> <p>17/10/2020 update Stickers/tape have arrived within clinical areas. IPN L Wilkins leading on implementation and working with comms.</p>	12/10/2020	
	<ul style="list-style-type: none"> Weekly walk round spot checks of standards and PPE compliance. 	Head of IPC / DCN	<p>Weekly walk rounds scheduled week commencing 12/10/2020. Frequency of walk rounds will be reviewed following sustained improvement with standards and PPE compliance.</p>	12/10/2020	
	<ul style="list-style-type: none"> Trust wide baseline commode audit to be completed. This will support evidence of improvement following the implementation of 'I am Clean' 	IPC Team	<p>21/10/2020 Update Baseline audit has been completed and the results are in the process of being collated.</p>	16/10/2020	

	methodology		This audit will continue as part of the IPC audit programme moving forward.		
	<ul style="list-style-type: none"> A Trust wide audit of wall mounted hand gel dispensers to be completed for all clinical areas. A Trust wide audit of social distance signage in staff areas to be completed. 	Ward Managers / Matrons / IPC Audit & Surveillance Officer	<p>Audit tool to be developed and circulated to all ward managers to establish baseline position for hand gel dispensers and social distance signage in staff areas.</p> <p>17/10/2020 update Agreed that the ward service supervisors would support the audit following discussion with IPCT.</p> <p>21/10/2020 Update Audit will be presented at the IPC meeting week commencing 26/10/2020.</p>	19/10/2020	
	<ul style="list-style-type: none"> To consider the introduction of Ward Housekeepers across the Trust – already in place in some clinical areas; i.e. critical care 	DCN / GDONS	<p>Following discussion at GDON meeting on 07/10/2020 it was agreed a business case would be developed to support the introduction of House Keepers. DCN to draft business case</p>	30/11/2020	
	<ul style="list-style-type: none"> CN, DCN, & ACN will meet with all the matrons to discuss their roles and responsibilities regarding IPC and environmental cleanliness. 	CN / DCN / ACN	<p>Exec PA to CN scheduling the meetings. Email communication sent to all the matrons by CN on 09/10/2020.</p> <p> meeting with matrons .msg</p>	20/11/2020	
PPE Compliance & Social Distancing					

Staff not compliant with PPE and social distancing in non-clinical areas	<ul style="list-style-type: none"> Scope the introduction of 'IPC Link Workers' within all clinical areas. The link workers would also fulfil the role of PPE Wardens within their areas. 	GDON Lead for IPC / DCN / Head of IPC	<p>NHSE/I agreed to share Link Worker programmes that have been successfully implemented in other organisations.</p> <p>21/10/2020 Update Waiting for NHSE/I to share examples once consent to share has been obtained from colleagues across the region.</p>	30/10/2020	
	<ul style="list-style-type: none"> Review signage across the Trust regarding PPE and social distancing – both clinical and non-clinical areas 	Head of IPC / Estates / Comms Team	<p>21/10/2020 Update New signage has been ordered and estates confirmed the new signage should be in place by 30/10/2020.</p>	16/10/2020	
	<ul style="list-style-type: none"> Review the use of clear plastic curtains between bed spaces and maintaining 2 meter distance between patients in the ward areas. 	DIPC / GDONS / Head of IPC	<p>Meeting held on 05/10/2020 with DIPC to review bed spacing. Plastic curtains implemented on amber wards only and there is no plan for further roll out.</p> <p>Agreed that risk assessment tool will be developed for ward areas regarding maintaining 2 meter distance between patients – especially to demonstrate decision making when cannot be achieved.</p> <p>Agreed patient information leaflets will be developed to give to patients to support inpatient stay, detailing the expectations for our patients.</p>	30/10/2020	

			<p>21/10/2020 Update Final version of patient information leaflet to be shared at the weekly meeting on 28/10/2020 for ratification ahead of implementation.</p>		
	<ul style="list-style-type: none"> Review staff risk assessment regarding FFP3 facemasks and individual risk. 	OH	<p>SWBH developed a staff risk assessment regarding PPE requirements. Following completion of the risk assessment there were bespoke letters detailing the required level of PPE for the individual staff member.</p> <p>There is also guidance available on the intranet regarding PPE and signs available at the entrance to each ward regarding appropriate PPE.</p> <p>Professional bodies have also released guidance advising staff to use PPE that they believe protects them.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>Copy of Copy of TEMPLATE Risk Asses</p> </div> <div style="text-align: center;">  <p>Risk Assessment Template Letter RLR1</p> </div> </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 20px;"> <div style="text-align: center;">  <p>Risk Assessment Template Letter MR2.</p> </div> <div style="text-align: center;">  <p>Risk Assessment Template Letter HR3</p> </div> </div>	12/10/2020	



Risk Assessment
Template Letter HR4.