

Report Title	Response to Infection Control and Prevention NHSi Inspection Visit		
Sponsoring Executive	Melanie Roberts , Acting Chief Nurse		
Report Author	Diane Eltringham, Deputy Chief Nurse		
Meeting	Trust Board (Public)	Date	7 th January 2021

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

On the 14th October 2019 an NHSE/I infection prevention inspection de-escalated the Trust's infection control rating to level AMBER. Following this a 2 further inspections (28th September and 23rd November 2020) escalated the Trust compliance to a red RAG rating.

This report summarises the findings identified during the visit on the 23rd November 2020 and outlines the actions that have been undertaken in response to the feedback and recommendations in the summary report from the Associate Director of Infection Control at NHSI.

For discussion are that the Board give consideration to the actions:

- actions already undertaken to support the Trust in achieving a Green IPC RAG rating
- recommendations advised following the second inspection visit in November
- the amended action plan to reflect the feedback from the second visit

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

Safety Plan	X	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>

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

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4. Recommendation(s)

The Trust Board is asked to:

a.	Agree the current response in instigating a programme of sustained improvement in IPC compliance
b.	
c.	

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register	X				
Board Assurance Framework	X				
Equality Impact Assessment	Is this required?	Y	N	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y	N	If 'Y' date completed	

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Public Trust Board: 7th January 2021

Response to ICP NHSI Inspection Visit 23rd November 2020

1. Introduction:

- 1.1 On the 14th October 2019 an NHSE/I infection prevention inspection de-escalated the Trust's infection control rating to level AMBER. Following this a 2 further inspections (28th September and 23rd November 2020) escalated the Trust compliance to a red RAG rating.
- 1.2 This report summarises the findings identified during the visit on the 23rd November 2020 and outlines the actions that have been undertaken in response to the feedback and recommendations in the summary report from the Associate Director of Infection Control at NHSI.

2. Background:

- 2.1 The visit on the 23rd November 2020 was led by the Associate Director of Infection Control at NHSI (KM) who was accompanied by the Trust Lead Nurse for IPC (JB) and Associate Chief Nurse (HB). Areas inspected included the Emergency Departments on main hospital sites, wards at SGH (L2 and P5) and City Hospital (D11 and D15). The visit included walk-round of all the wards and departments listed and conversations with staff.
- 2.2 Good practice was witnessed with the security and volunteer team on entrance to the Sandwell site. In ED it was noted there was clear demarcation to promote social distancing for patients in the waiting areas, security staff were clear about the streaming of patients and staff were witnessed to be cleaning items after use. Other practices identified in the report were the bay doors being closed on P5 and a designated PPE trolley situated at the entrance to the ward.
- 2.3 The visit did identify a number of lapses in infection control practices, the key themes are listed below:
 - "Dirty" commodes
 - PPE -use inconsistent, a significant number of lapses across a wide range of clinical/non clinical teams
 - Staff understanding of when to doff PPE
 - Placement of apron dispensers- over bins
 - Hand decontamination
 - Estates work
 - Cleaning –specifically related to frequency of cleaning of public toilet areas
 - Cleaning of nursing equipment
 - Staff understanding of cleaning schedules and roles and responsibilities.
 - On the previous visit on 28th September 2020 it was noted that staff were struggling to get a good fit for their facemasks, this continued to be a problem on the return visit.
- 2.4 Recommendations made to the Trust by the Associate Director of Infection Control at NHSI were to:

- Ensure staff are aware and understand the importance of the steps of the doffing process, including hand decontamination
 - Update ward and domestic/cleaning teams in relation to roles and responsibilities, it would be useful to re-issue the cleaning schedules.
 - “Dirty” trolleys to be placed in areas where staff doff to minimize the risk that they will place contaminated items on the PPE donning trolley.
- 2.5 The Associate Director of IPC for NHSI has offered to lead a “matron’s masterclass” in undertaking reviews and work with the Trust ward managers to define roles and responsibilities in infection prevention and control practices.
- 2.6 A review of the national board assurance framework for IPC (Oct 2020) against the feedback from the two NHSI visits identifies current compliance lapses in regard to the indicators 1 and 2 (see IPC BAF Board paper)

3. Current Progress

- 3.1 Following the inspection on the 28th September 2020 actions were instigated to support the de-escalating of the red RAG rating. Weekly operational meetings were instigated from October 2020 (these are held fortnightly) and attended by representatives of key stakeholder groups and services.
- 3.2 The “Green” tagging system of labelling cleaned equipment has been rolled out across the Trust – it is acknowledged further embedding of practice is required. In addition the Trust “Green” cleaning books have been re-instated to support monitoring of equipment and furniture cleaning schedules.
- 3.3 Place visits have been conducted and supported by the senior nursing team and a daily matron checklist was piloted across all the key clinical groups. Feedback of visits is discussed at the fortnightly operational meetings and actions are agreed and monitored for progress
- 3.4 A group was established to review the current Trust position in regard to the IC Board Assurance Framework, part of this work was to review and amend the Trust Matron job description (this work is currently ongoing).
- 3.2 In December a meeting was held with directorate matrons and senior nurses to discuss the findings of the inspection visit, following this, a small task and finish group was established to review and embed good practice based on the above actions. This group made a number of recommendations based on sustaining a programme of ongoing improvement and achieving a “Green” rating over the coming months

The action plan from the focus groups is attached as Appendix 1

4. Recommendations

The Trust Board are asked to agree the following recommendations:-

1. Establish an Infection Control strategy document that outlines work-streams/key roles /responsibilities/training provision

2. Develop and implement the ICN audit tool to identify ward/dept/services compliance.
3. Establish a Trust IC dashboard – acted upon monthly through the Infection Control Standards and Performance Group, linked to the “Perfect Ward” accreditation system and reported and monitored through the Trust Infection Control Prevention Committee.
4. Establish a transparency programme where wards/depts/services display their infection control compliance data.
5. Implement a supportive escalation framework to enable self-regulation at local level.
7. Embed a culture of ICP being “every one’s responsibility”- rewarding and sharing areas of good practice and ensuring confirm and challenge where required.

Diane Eltringham Deputy Chief Nurse

January 2021

Annex1: Response Action Plan (based on indicators 1