

<b>Report Title</b>	Infection Prevention and Control Update		
<b>Sponsoring Executive</b>	Mel Roberts, Acting Chief Nurse		
<b>Report Author</b>	Sarah Carr-Cave, Deputy Chief Nurse		
<b>Meeting</b>	Public Trust Board	<b>Date</b>	1 <sup>st</sup> April 2021

### 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 Committee (IPCC). This briefing paper has been presented at Quality and Safety Committee as means of an update following a NHSE/I visit to the Trust in September and November 2020.

In October 2019 NHSE/I carried out an IPC Inspection and de-escalated the Trust RAG rating to Amber. On 29 September 2020, NHSE/I visited the Trust to review infection control practices following recent outbreaks of Covid-19 in ward areas. NHSE/I identified non-compliance with fundamental IPC requirements and practices and escalated the Trust IPC compliance RAG rating to Red. A follow up visit was conducted on 23 November 2020 and NHSE/I identified similar issues of non-compliance and the Trust IPC RAG rating remained red.

Following both visits the Trust developed rectification action plans which were initially monitored at a weekly IPC Meeting chaired by the DIPC. In December 2020 the Interim Chief Nurse / DIPC left the Trust and a new Acting Chief Nurse / DIPC came into post at the beginning of January 2021.

The Board is asked to note the update relating to IPC practice, and progress against the combined action plans to address the areas of non-compliance identified.

### 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	x	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?]*

An initial briefing was presented to Executive Quality Committee in October 2020 following the first NHSE/I visit, and subsequently presented to Quality and Safety Committee on 30 October 2020. A second briefing was presented to Trust Board (Public) in January 2021 after the follow up visit in November 2020.

#### 4. Recommendation(s)

The Trust Board is asked to:

- a. **Note** the current position and update relating to IPC practices.
- b. **Agree** the described approach to achieving a sustained improvement in IPC compliance.
- c. **Note** the described next steps

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

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: 1<sup>st</sup> April 2021

### 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 1).
- 1.3 At SWBH the oversight of the IPC agenda and compliance is via the Infection Prevention and Control Committee (IPCC). This briefing paper is being presented at Quality and Safety Committee as means of an update following a NHSE/I visit to the Trust in September and November 2020.
- 1.4 In October 2019 NHSE/I carried out an IPC Inspection and de-escalated the Trust RAG rating to Amber. On 29 September 2020, NHSE/I visited the Trust to review infection control practices following recent outbreaks of Covid-19 in ward areas. NHSE/I identified non-compliance with fundamental IPC requirements and practices and escalated the Trust IPC compliance RAG rating to Red. A follow up visit was conducted on 23 November 2020 and NHSE/I identified similar issues of non-compliance and the Trust IPC RAG rating remained Red.
- 1.5 This report summarises the findings identified during the visits and the actions that have been taken in response to the summary reports from the Associate Director of Infection Control at NHSE/I.

#### 2. NHSE/I Visits

- 2.1 On 29 September 2020 NHSE/I visited the Trust following Covid-19 outbreaks within clinical areas. The visit was led by the Associate Director of Infection Control (NHSE/I), and they were accompanied by the Quality Lead from the CCG and a member of the Trust IPC team. The team visited ward areas at Sandwell General Hospital, had discussions with staff, and briefly looked at Unity.

- 2.2 Verbal feedback was given on the day of the visit which was followed up with a report summarising the findings from the visit along with recommendations for the Trust. The visit identified a number of lapses in infection control practices with the key themes identified below:
- 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 Immediate action was taken at the time to address the non-compliance with PPE and dirty equipment; i.e. commodes, bed frames.
- 2.4 The visit on 23 November 2020 was led by the Associate Director of Infection Control (NHSE/I), and was accompanied by the Trust’s Associate Chief Nurse (part of the visit) and the Lead IPC Nurse. The team visited the Emergency Departments on both main hospital sites, and ward areas on both sites. The visit consisted of visits to clinical areas and discussions with staff.
- 2.5 Verbal feedback was given on the day of the visit which was followed up with a report summarising the findings from the visit along with recommendations for the Trust. The visit identified a number of lapses in infection control practices with the key themes identified below:
- Dirty commodes.
  - Inconsistent use of PPE with a number a number of lapses resulting in non-compliance across a wide range of both clinical and non-clinical staff.
  - Staff understanding of when to Doff PPE.
  - Placement of apron dispensers over bins.
  - Hand decontamination.
  - Estates work.
  - Cleaning – specifically related to the frequency of cleaning of public toilets.
  - Cleaning of nursing equipment.
  - Staff understanding of cleaning schedules and roles and responsibilities.
  - Establishing a good fit for staff face masks which was identified on both visits.

- 2.6 NHSE/I recommended immediate action relating to the following:
- 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; including to re-issue the cleaning schedules.
  - 'Dirty' trolleys to be placed in areas where staff doff to minimise the risk of placing contaminated items on the clean donning trolley.
- 2.7 The Associated Director of Infection Control has offered to lead a 'Matrons Masterclass' in undertaking reviews and working with Ward Managers to define roles and responsibilities in relation to infection prevention and control practices.
- 2.8 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 a maintained focus on IPC. The Trust must ensure, and be able to demonstrate, that best practice is maintained alongside compliance with the Code of Practice.

### **3. Current Progress**

- 3.1 Following the visit in September 2020 there were immediate actions taken and longer term actions to support improvement identified. These actions were captured within a responsive action plan. To monitor progress against the responsive action plan weekly operational meetings were established. These were chaired by the DIPC with a variety of key stakeholders attending.
- 3.2 Whilst everyone has responsibility for IPC, the Ward Managers and Matrons are key for ensuring improvements are made within their clinical areas. A number of actions supported strengthening the role and responsibilities of Matrons and Ward Managers. The Matron job description is being reviewed and amended to ensure it reflects the NHSE/I Matron Handbook (2020) and Matron responsibilities articulated within the Hygiene Code.
- 3.3 The 'I am Clean' green tagging initiative for cleaned equipment and commodes has been implemented across the Trust. The 'Green' cleaning books have been re-instated to support monitoring of equipment and furniture cleaning schedules. There is ongoing work to embed practice relating to the 'I am Clean' tagging process.
- 3.4 PLACE visits continue on a weekly basis across the Trust, which are supported by senior nursing and IPC. Feedback from the visit is given verbally at the time of the visit; this is followed up with a written report. Feedback from these visits was a standing agenda item on the weekly operational meeting.

- 3.5 A daily Matron checklist was implemented across the clinical groups. This checklist was developed as part of the responsive action plan.
- 3.6 There is ongoing work to review the Trust position against the IPC Board Assurance Framework. This is a standing agenda item for the Trust Infection Prevention and Control Committee (IPCC) which is chaired by the DIPC.
- 3.7 Following the NHSE/I visit in November 2020 a meeting was held in December 2020 with Matrons and senior nurses to discuss the inspection findings. A task and finish group was established review and embed good practice in line with the responsive action following both visits.
- 3.8 The action plans developed following both NHSE/I visits have been combined and can be found in Annex 2.
- 3.9 Whilst the action plan identifies progress made there are elements of the action plan where progress has been delayed. This is in part due to the Trust response to wave 2 of the Covid pandemic and the workforce challenges. A key piece of work delayed relates to the Trust self-assessment against the 10 Criterion from the Hygiene Code. The meetings with key individuals to progress the self-assessment process are currently being re-established.

#### **4. Next Steps**

- 4.1 There is the need to maintain the increased focus on the IPC agenda and practice and ensure ALL professional groups advocate and support best practice at all times. This requirement was reinforced following the NHSE/I inspections which identified non-compliance with fundamental IPC practices.
- 4.2 As part of the Perfect Ward implementation one of the fourteen draft set of audit questions focuses on IPC practices. This set of audit tools will provide real time data on a clinical areas compliance with IPC practices and fundamental cleaning and environmental standards. The pilot phase of the Perfect Ward implementation is due to commence April 2021 with three wards participating as pilot areas.
- 4.3 An IPC dashboard needs to be developed which will be monitored via the monthly IPC Operational Group with upward reporting into IPCC.

- 4.4 Supporting the dashboard, a transparency programme will be developed to ensure all clinical areas display their IPC compliance data. This will be audited via the Perfect Ward audit process.
- 4.5 The planned 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 IPCC will maintain oversight and monitor progress against the action plan.
- 4.6 It is important that all actions taken support embedding a culture of IPC being everyone's responsibility. Rewarding and sharing best practice, whilst ensuring robust confirm and challenge where required, supports this cultural journey.

## **5. Recommendations**

- 5.1 The Trust Board is asked to:
  - a. **Note** the current position and update relating to IPC practices.
  - b. **Agree** the described approach to achieving a sustained improvement in IPC compliance.
  - c. **Note** the described next steps

**Annex 1: Code of Practice for Health and Adult Social Care on the prevention and control of infections and related guidance (DH 2015)**

**Annex 2: IPC Action Plan (Combined)**

Sarah Carr-Cave  
Deputy Chief Nurse

14 March 2021

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

<b>Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance (updated 2015)</b>	
<b>Criterion</b>	<b>The registered provider is required to demonstrate</b>
<b>1</b>	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
<b>2</b>	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections
<b>3</b>	Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance
<b>4</b>	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
<b>5</b>	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
<b>6</b>	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
<b>7</b>	Provide or secure adequate isolation facilities
<b>8</b>	Secure adequate access to laboratory support as appropriate
<b>9</b>	Have and adhere to policies, designed for the individual's care and provider organisations , that will help to prevent and control infections
<b>10</b>	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 from October 2020. This action plan has been subsequently updated to include additional actions from the follow up visit by NHSE/I in November 2020.

NHSE/I FINDINGS	ACTION REQUIRED	RESPONSIBLE OWNER	ACTIONS / PROGRESS	TARGET COMPLETION DATE	RAG rating
<b>IPC Practices</b>					
NHSE/I did not feel assured regarding IPC practices at the Trust	<ul style="list-style-type: none"> <li>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</li> </ul>	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 <b>04/112020 update completed</b>	05/10/2020	
	<ul style="list-style-type: none"> <li>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</li> </ul>	DCN / Head of IPC / GDONS	<b>17/10/2020 Update</b> Proposed audit programme presented at wkly IPC Meeting on 14/10/2020. Waiting for final comments before ratified <b>21/10/2020 Update</b> IPC audit programme agreed at the weekly meeting. To review the audit tools and agree implementation date <b>04/112020 update</b> JB completed the audit programme and will change some of the terminology. Some help required with what could be pulled off unity rather than audits. SCC was to speak to HB to understand what	12/10/2020  Implementation of audit programme 01/12/2020	

			<p>could be done.</p> <p>There is also a monthly IPC meeting in place reporting monthly to the Board around infection control and quality and safety. Currently looking at ToR for IPC and will bring back to next meeting.</p> <p><b>11/03/21 Update</b></p> <p>TOR discussed at IPCAC and circulated for final comments. To be approved at the next IPCAC meeting.</p>		
	<ul style="list-style-type: none"> <li>Task and finish group to be established to develop an IPC dashboard. The dashboard will be monitored via exception reporting to the IPC Meeting.</li> </ul>	DCN / GDON lead for IPC / Head of IPC / Informatics	<p>Meeting of key stakeholders to be arranged to agree task and finish group and timescales.</p> <p><b>30/10/2020 Update</b></p> <p>Meeting scheduled for 29/10/2020 did not take place due to operational pressure in response to Covid. Meeting rescheduled for 10/11/2020.</p>	20/11/2020	
	<ul style="list-style-type: none"> <li>Establish a monthly Operational Infection Control Standards Performance Group to monitor compliance with the IPC dashboard and KPI's.</li> </ul>	DCN / Head of IPC	<p><b>15/03/21 Update</b></p> <p>Action in progress to re-establish group and TOR.</p>	31/03/2021	
	<ul style="list-style-type: none"> <li>Review the IPC committee and reporting structure, including frequency of meetings and TOR</li> </ul>	DIPC / DCN / Head of IPC / Chair of IPOG	<p>This work has commenced via the IPCC with TOR being reviewed. Frequency of meetings also increased to monthly from quarterly.</p> <p><b>30/10/2020 Update</b></p> <p>TOR for IPCC currently being reviewed.</p> <p><b>15/03/21 Update</b></p> <p>TOR reviewed at IPCAC on 08/03/21 with</p>	20/11/2020	

			comments to be returned for the next IPCAC meeting.		
	<ul style="list-style-type: none"> <li>For NHSE/I to attend an operational IPC meeting</li> </ul>	DIPC / GDON IPC Lead / Head of IPC	<p>GDON IPC lead and DCN discussed with NHSE/I and will be arranging a date for attendance at the weekly meeting.</p> <p><b>04/112020 update</b> NHSE/I has been invited to an operational meeting</p> <p><b>11/03/21 Update</b> IPCAC is being reviewed in line with new Chief Nurse / DIPC. Once the format moving forward has been agreed external representatives from NHSE/I will be invited.</p> <p>In the interim fortnightly meetings with NHSE/I, Chief Nurse / DIPC, DCN and Head of IPC will be set up.</p>	27/11/2020	
	<ul style="list-style-type: none"> <li>For the cleaning standards KPI's (RAG Rated) to be presented to IPCC with exception reporting and to include actions taken.</li> </ul>	Head of Hotel Services	<p><b>21/10/2020 Update</b> 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.</p> <p><b>30/10/2020 Update</b> Cleaning KPI report will be shared at November 2020 IPCC and then monthly moving forward.</p> <p><b>04/11/2020 update</b> The KPI report will be shared at the</p>	27/11/2020	

			<p>November IPC meeting moving forward.</p> <p><b>15/03/21 Update</b></p> <p>Environmental Cleanliness Report (which includes KPI's) was shared at IPCAC on 08/03/21. Discussion on how senior nursing and estates gain access to Ambinet to review audits where KPI has not been achieved.</p>		
	<ul style="list-style-type: none"> <li>Senior Clinical Leads and domestic service staff to complete the 'Cleaning with Confidence' e-learning toolkit.</li> </ul>	DIPC / DCN / Head of IPC / Head of Support Services	<p><b>15/03/21 Update</b></p> <p>Cleaning with Confidence has been reviewed and current WSO training goes above this level. Link and promotional information to be sent out via the Communications Team.</p> <p>Agreeing a trajectory for completion for WSO's.</p> <p>DCN has reviewed the content and the focus of training will be on the Hotel Services Team rather than clinical teams.</p>	30/09/2021	
	<ul style="list-style-type: none"> <li>Complete Trust self-assessment against the Code of Practice (2015) and agree action plan for any areas of non-compliance</li> </ul>	DIPC / DCN / Head of IPC	<p>PA to DCN in process of arranging the meetings for weeks commencing 12/10/2020 and 19/10/2020.</p> <p>17/10/2020 update</p> <p>PA to CN has arranged meetings which are scheduled from 02/11/2020 – 29/12/2020</p> <p><b>21/10/2020 Update</b></p> <p>Following first meeting it has been agreed there will be 3 follow meetings; 2<sup>nd</sup> meeting with complete self-assessment against criterion 1-3.</p>	30/10/2020	

			<p>3<sup>rd</sup> meeting will complete self-assessment against criterion 4-10.  4<sup>th</sup> meeting will develop and agree the required action plan to address any gaps in compliance.  The 3<sup>rd</sup> and 4<sup>th</sup> meeting are in the process of being scheduled.</p> <p><b>30/10/2020 Update</b>  Self-assessment against Criterion 3 completed and actions agreed. Further meeting to complete self-assessment scheduled.</p> <p><b>04/11/2020 update</b>  In progress</p> <p><b>15/03/21 Update</b>  This work has been delayed due to pressures related to wave 2 of covid. The work is still required to benchmark against the standards and identify any gaps in assurance. Meetings in progress of being arranged and anticipated to be scheduled during April 2021.</p>		
	<ul style="list-style-type: none"> <li>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</li> </ul>	GDON IPC lead / DCN / NHSE/I	NHSE/I agreed to support this approach on 07/10/2020. Dates in the process of being identified. <b>04/11/2020 update</b> The current situation is preventing this from taking place. Will review again	27/11/2020	

	<ul style="list-style-type: none"> <li>Review the Matron JD to ensure reflects the NHSI Matron Handbook and Code of Practice</li> </ul>	DCN	<p><b>17/10/2020 Update</b> Work to review Matron JD has commenced and is in progress</p> <p><b>30/10/2020 Update</b> Matron JD reviewed and updated in line with NHSI Matron handbook and IPC agenda. Circulated to senior nursing team for comment.</p> <p><b>04/11/2020 update</b> Matron JD will be discussed at GDONs meeting today</p> <p><b>17/03/21 Update</b> Reviewed and amended Matron JD recirculated to GDON group for further review and comment.</p>	30/10/2020	
<b>Cleaning standards</b>					
Cleaning standards not as expected including; Dirty commodes Dusty bedframes Touch point cleaning	<ul style="list-style-type: none"> <li>Continue with weekly local PLACE audits to monitor standards of cleanliness and infection control compliance – ensuring weekly representation from estates and a matron.</li> </ul>	Head of Support Services / Head of IPC / DCN	<p><b>17/10/2020 Update</b> Weekly audits continue. Estates representation for 2 recent inspections consecutively.</p> <p><b>30/10/2020 Update</b> Weekly audits embedded and estates representation has been consistent. Action closed and any future issues will be raised at weekly IPC meeting.</p> <p><b>04/11/2020 Update</b> PLACE audits are ongoing.</p> <p><b>03/01/2021 Update</b> Initiative by Deputy Chief Nurse in introduction of Walk About of all link</p>	20/10/2020	

			areas and corridors across City Hospital and SGH to improve the general environment reducing Health Hazard and clutter.		
	<ul style="list-style-type: none"> <li>Increased touch point cleaning for all outbreak wards and enhanced cleaning 7 days a week.</li> </ul>	Head of Support Services	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.	09/10/2020	
	<ul style="list-style-type: none"> <li>Increased touch point cleaning for the wider Trust to be implemented.</li> </ul>	Head of Support Services	<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><b>30/10/2020 Update</b>  Additional Hotel Services agency staff secured and being inducted to support increased touchpoint cleaning.</p> <p><b>04/11/2020 Update</b>  We are targeting 100 agency staff for Touch point cleaning. There is currently 78 agency staff, a further 10 to commence tomorrow and another 20 to commence next week from a different recruitment agency. It is anticipated we will meet the target next week.  Main focus will be bathrooms as it is the</p>	30/10/2020	

			number one source of cross contamination. <b>03/02/2021 Update</b> An additional measure of Steam Cleaning Toilets across the sites was introduced on top of the regular cleaning five times a day.		
	<ul style="list-style-type: none"> <li>Ensure robust process in place to ensure adequate ventilation to support air exchange across the Trust.</li> </ul>	DIPC / DCN / Head of IPC / Estates	<b>15/03/21 Update</b> Risk assessment completed by authorising engineer for ventilation and actions identified. Estates to establish feasibility of program of installing extract fans. Interim measure is in place to use HEPA filters, proposal is with Chief Nurse and Estates lead. In addition windows in the clinical areas are opened 30 minutes before meal times to support ventilation prior to removal of patients masks when eating.	31/05/2021	
	<ul style="list-style-type: none"> <li>For cleaning schedules to be displayed in all areas and they have been signed, including date and time</li> </ul>	Hotel Services / Matrons	<b>15/03/2021 Update</b> Cleaning Schedules are printed and displayed outside all wards and clinical areas. Deep clean sign off book has been introduced to capture additional cleaning where the nurse in charge and WSO review the standard of cleaning prior to Hotel Services leaving the clinical area.	19/03/2021	
	<ul style="list-style-type: none"> <li>To develop a bed space cleaning checklist following discharge of a patient. The checklist will include confirmation the mattress has been</li> </ul>	IPCT / Ward Managers / Matrons	<b>21/10/2020 Update</b> Recent versions of the bed space checklist will be sent to the DCN. An updated Trust wide checklist will be	30/10/2020	

	checked and is fit for purpose with no ingress.		<p>developed, based on the previous versions, and will be launched as part of the 'I am clean' initiative.</p> <p><b>30/10/2020 Update</b> Action deadline reached and draft checklist not complete. Previous checklists due to be reviewed and adapted.</p> <p><b>04/11/2020 Update</b> SCC is reviewing the checklist. JC submitted an old version and some of the terminology requires reviewing. JB to pick the changes up and circulate to ensure all is in agreement.</p> <p><b>11/03/21 Update</b> Checklist recirculated for comment. Deadline 15/03/21. Bed space posters are in place.</p>		
	<ul style="list-style-type: none"> <li>Implement daily checklist for matron and ward managers focussing on infection control and environmental cleanliness</li> </ul>	Matrons / Ward Managers	<p><b>17/10/2020 Update</b> Draft daily checklist presented at wkly IPC meeting 14/10/2020. Waiting final comments and for ratification week commencing 19/10/2020</p> <p><b>21/10/2020 Update</b> 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	

			 <p>Matron WM daily checklist V1.docx</p> <p><b>04/11/2020 Update</b> Matrons not aware that the checklist was already issued for use in all areas. Need to revisit the comms on this.</p>		
	<ul style="list-style-type: none"> <li>Implement the 'I am Clean' stickers and tape for clinical equipment, including commodes.</li> </ul>	<p>Matrons / Ward Managers / IPCN L Wilkins</p>	<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><b>17/10/2020 update</b> Stickers/tape have arrived within clinical areas. IPN L Wilkins leading on implementation and working with comms.</p> <p><b>30/10/2020 Update</b> Promotional materials received and launch planned for week commencing 02/11/2020. 'Cleaning for Confidence' promotional materials circulated to include as part of launch.</p> <p><b>04/11/2020 Update</b> I am clean Stickers in place on wards. However need to reinforce the message.</p>	<p>12/10/2020</p>	

	<ul style="list-style-type: none"> <li>Weekly walk round spot checks of standards and PPE compliance.</li> </ul>	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> <p><b>30/10/2020 Update</b> Regular spot checks diarised and in place. Will continue for foreseeable future. Action closed as outcome from walk rounds form part of weekly IPC meeting.</p>	12/10/2020	
	<ul style="list-style-type: none"> <li>Trust wide baseline commode audit to be completed. This will support evidence of improvement following the implementation of 'I am Clean' methodology</li> </ul>	IPC Team	<p><b>21/10/2020 Update</b> Baseline audit has been completed and the results are in the process of being collated. This audit will continue as part of the IPC audit programme moving forward.</p>	16/10/2020	
	<ul style="list-style-type: none"> <li>A Trust wide audit of wall mounted hand gel dispensers to be completed for all clinical areas.</li> <li>A Trust wide audit of social distance signage in staff areas to be completed.</li> </ul>	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><b>17/10/2020 update</b> Agreed that the ward service supervisors would support the audit following discussion with IPCT.</p> <p><b>21/10/2020 Update</b> Audit will be presented at the IPC meeting week commencing 26/10/2020.</p> <p><b>30/10/2020 Update</b> Completion of audit delayed. Agreed</p>	19/10/2020	

			<p>results will be presented and discussed at weekly IPC meeting on 04/11/2020.</p> <p><b>11/03/21 Update</b> Audit completed with results to be shared.</p>		
	<ul style="list-style-type: none"> <li>To consider the introduction of Ward Housekeepers across the Trust – already in place in some clinical areas; i.e. critical care</li> </ul>	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> <p><b>04/11/2020 update</b> Ongoing piece of work</p>	30/11/2020	
	<ul style="list-style-type: none"> <li>CN, DCN, &amp; ACN will meet with all the matrons to discuss their roles and responsibilities regarding IPC and environmental cleanliness.</li> </ul>	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> <p><b>04/11/2020 update</b> KF met with two matrons via WebEx and are meeting regularly.</p> <p><b>11/03/21 Update</b> Given pressures related to Wave 2 of the pandemic and changes to the senior nursing team not all of the matrons were met with as planned. New Chief Nurse and senior nursing team</p>	20/11/2020	

			to meet with all matrons week commencing 24/03/21 to set expectations of the matron role relating to IPC.		
<b>PPE Compliance &amp; Social Distancing</b>					
Staff not compliant with PPE and social distancing in non-clinical areas	<ul style="list-style-type: none"> <li>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.</li> </ul>	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><b>21/10/2020 Update</b> Waiting for NHSE/I to share examples once consent to share has been obtained from colleagues across the region.</p> <p><b>30/10/2020 Update</b> Compliance with PPE included as part of regular walk rounds and spot checks. Discussed and considered in IPC outbreak meetings.</p> <p><b>11/03/21 Update</b> Regular covid spot check audits have highlighted compliance with PPE and social distancing.</p>	30/10/2020	
	<ul style="list-style-type: none"> <li>Review signage across the Trust regarding PPE and social distancing – both clinical and non-clinical areas</li> </ul>	Head of IPC / Estates / Comms Team	<p><b>21/10/2020 Update</b> New signage has been ordered and estates confirmed the new signage should be in place by 30/10/2020.</p> <p><b>30/10/2020 Update</b> Waiting for confirmation from estates as no representation at weekly meeting on 28/10/2020. Verbal feedback at meeting</p>	16/10/2020  Deadline for new signage in place 30/10/2020	

			<p>is that new signage has been observed round the hospital sites.</p> <p><b>04/11/2020 update</b> Compliance has improved however still need to monitor very closely. JB would like to collate all the audits and bring back to this meeting.</p> <p><b>11/03/21 Update</b> New Trust signage relating to PPE and social distancing in place across the Trust. Local areas to monitor compliance and review the need for new replacement signage.</p>		
	<ul style="list-style-type: none"> <li>Review the use of clear plastic curtains between bed spaces and maintaining 2 meter distance between patients in the ward areas.</li> </ul>	<p>DIPC / GDONS / Head of IPC</p>	<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> <p><b>21/10/2020 Update</b> Final version of patient information leaflet to be shared at the weekly</p>	<p>30/10/2020</p>	

			<p>meeting on 28/10/2020 for ratification ahead of implementation.</p> <p><b>30/10/2020 Update</b> Patient information leaflet reviewed and final comments submitted.</p> <p><b>04/11/2020 Update</b> Patient Information leaflet has been completed, printed and should be rolled out soon.</p> <p><b>11/03/21 Update</b> Patient information leaflets circulated, including the requirement for patients to wear face masks (where able). Where patients are either unable to wear a face mask, or refuse, there is a section now added to Unity to capture this information with staff being able to provide the required narrative. The plastic curtains have now been removed. Plans for ongoing risks assessments regarding 2 meter distancing between patients.</p>		
	<ul style="list-style-type: none"> <li>Review staff risk assessment regarding FFP3 facemasks and individual risk.</li> </ul>	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. There is also guidance available on the</p>	12/10/2020	

intranet regarding PPE and signs available at the entrance to each ward regarding appropriate PPE.  
Professional bodies have also released guidance advising staff to use PPE that they believe protects them.



Copy of Copy of  
TEMPLATE Risk Asse



Risk Assessment  
Template Letter RLR1



Risk Assessment  
Template Letter MR2.



Risk Assessment  
Template Letter HR3



Risk Assessment  
Template Letter HR4.

**04/11/2020 Update**

There was a suggestion that all staff wear FFP3 masks. TS raised this at strategic meeting and is concerned that we do not have enough FFP3 masks. Ongoing work which TS will bring back. MR asked TS to let her know how many is required and she will sign if off to ensure we have adequate supplies.

**11/03/21 Update**

Agreement for all staff to wear FFP3 masks during wave 2.

<b>Board Assurance</b>					
Embedding and sharing best practice relating to IPC and ability to provide assurance to Trust Board	<ul style="list-style-type: none"> <li>Scope accreditation framework for wards / departments demonstrating good practice and achieving compliance standards</li> </ul>	DCN / Head of IPC	<b>11/03/21 Update</b> Perfect Ward is in the process of being implemented within the Trust. One of the overarching audit themes relates to IPC which includes ICN audit tool. Paper on Perfect Ward is scheduled to go to CLE March 2021. Perfect Ward provides real time audit results identifying areas that need focussed support or to support shared learning from best practice.	01/09/21	
	<ul style="list-style-type: none"> <li>Establish quarterly IPC champion and ward / department leaders IPC training days / workshops</li> </ul>	Head of IPC	<b>15/03/21 Update</b> Training program to be developed this will depend on the resources that are available. Will need to use eLearning and WebEx solutions and bespoke training. Review of team structure underway.	30/04/21	
Governance and reporting to Trust Board	<ul style="list-style-type: none"> <li>Ensure all IPC compliance risks are monitored via IPCAC.</li> </ul>	DIPC / DCN / Head of IPC	<b>11/03/21 Update</b> IPCAC held 08/03/21 with reviewed agenda. Agreed standing agenda item relating to risk management and review of risk register. This will be monitored at each meeting with an upward exception report to the Trust Quality and Safety	08/03/21	

			Committee.		
	<ul style="list-style-type: none"> <li>IPC Board Assurance Framework will be reviewed, updated and submitted to Trust Board on a 6 monthly basis.</li> </ul>	DIPC / DCN / Head of IPC	<b>11/03/21 Update</b> IPC BAF was reviewed at IPCAC on 08/03/21. This process will continue prior to submitting to Trust Board.	30/04/21	
	<ul style="list-style-type: none"> <li>Ensure an annual IPC Report is completed and that it is presented to Trust Board</li> </ul>	DIPC / Head of IPC	<b>15/03/21 Update</b> Annual report in progress – for May IPCAC	30/06/21	

	In progress
	Deadline due / slow progress
	Outstanding
	Closed