SWBH Infection Control Prevention Response Plan:

Lapses identified in IPC Key lines of enquiry	Evidence	Actions	Assurance
Aonitoring of IPC practices, ensuring esources are in place to enable compliance with IPC practice Monitoring of compliance with PPE, consider implementing the role of PPE juardians/safety Champions to embed and encourage best practice Training in IPC standard infection control and transmission-based precautions are provided to all staff	Manage PPE Compliance- evidence of appropriate mask wearing and of confirm and challenge to non -compliant individuals Handwashing -Staff demonstrate the WHO 5 moments of hand hygiene, Hand hygiene observational audits scores at 100%, staff aware of ward/dept scores Compliance to Infection Control procedures – staff can demonstrate appropriate donning and doffing procedures Resources are in place – Estates work completed in a timely manner Safe management of Office space Monitor Observational visits Discussions with staff Audit programme and schedule	Staff Engagement: Identification of departmental IC champions Senior clinical leads and domestic service staff to complete "Cleaning with Confidence" e-learning tool kit Scope "accreditation" framework for wards /depts. Achieving Good practice compliance Establish quarterly champion and ward /dept leaders IC training days/workshops Medical leads for each Directorate Measure Roll out ICN Audit tool – as part of perfect ward metrics (RAG rated) Develop IC ward/dept./service dashboard Escalation support framework to acknowledge and share good practice and identify wards/dept. and services requiring support	Standards Performance Group to monitor compliance to Infection Control Dashboard Op. ICSP will report directly to the Trust Infection Control Committee (IPCAT) The Infection Control Compliance risks will be monitored monthly through IPCAT The IC Board Assurance framework report will be submitted to board – 6 monthly A comprehensive IC update will be reported to the board annually

2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections					
Key lines of enquiry	Evidence	Actions	Assurance		
Systems and processes are in place to ensure:	All wards /departments to achieve Green RAG	and escalation Green: monthly Amber: weekly	Improvement Action Plans – shared and displayed with an Improvement trajectories ICN dashboard = performance reported monthly at IPCAT		
Increased frequency at least twice daily of cleaning in areas that have higher environmental contamination rates as set out in the PHE and other national guidance		Visual evidence of cleaning schedules displayed – signed /time /dated (daily, weekly sign off sheets and books) Daily sign off by ward manager/NIC			
Frequently touched surfaces e.g. door/toilet handles, patient call bells, over bed tables and bed rails should be decontaminated more than twice daily (commodes known to be contaminated with secretions, excretions or body fluids)		Evidence of monthly meetings with domestic services supervisors			
Ensure cleaning standards and frequencies are monitored in non- clinical areas with actions in place to resolve issues in maintaining a clean environment					
Ensure the dilution of air with good ventilation e.g. open windows, in admission and waiting areas to assist the dilution of air					

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