Southend University Hospital NHS

NHS Foundation Trust

Board of Directors' Meeting Report – 5th September 2017

Agenda item 68/17

Title	Report following planned NHSI Infection Control Visit
Sponsoring Director	Diane Sarkar – Chief Nursing Officer (CNO)
Author(s)	Diane Sarkar – Chief Nursing Officer
Purpose	1. To inform the Board of Directors the findings of the NHSI team on the planned visit of infection control on 8th August 2017. 2. To provide assurance to the Board of Directors of immediate actions taken to ensure patient safety. 3. To provide the Board of Directors assurance of the planned actions and progress to date. 4. To inform the Board of Directors the current compliance of the trust against the Hygiene Code (Self-Assessment)

Executive Summary

A proactive, planned review of infection control practices, related practices, documentation and governance took place on the 8th August at Southend Hospital by an NHSI team. They visited seven clinical areas and interviewed clinical and non-clinical staff in relation to infection control.

Whilst areas of good practice were identified, a significant number of issues and areas of concern were raised. This has been "Red Rag Rated" on NHSI Infection Prevention risk assessment scale. The overarching areas of concern include governance, oversight, ownership and breaches of infection prevention practices in clinical areas. Some of these required immediate escalation and action which were then subsequently resolved. A report was received by NHSI and a robust, detailed, action plan has been developed to address all remaining issues to ensure completion and sustainability. A Hygiene Code compliance self-assessment has also been completed to ensure compliance with national best practice.

A review of infection control governance, both locally and across the three sites, is in progress which will support infection control at site level moving forward.

Date Reviewed by Execs	N/A
Related Trust Objective	Excellent Patient Outcomes Excellent Patient Experience Engaged and Valued Staff
Related Risk	Risk 1 – Failure to provide adequate patient safety and quality of care Risk 2 – Poor patient experience Risk 3 – Failure to meet operational performance targets Risk 4 – Trust not being financially sustainable Risk 5 – Inability to recruit and retain staff Risk 6 – Unable to maintain estates and facilities to an adequate standard

Essex Success Regime	Re-structuring of the Infection Control teams across the three sites is in progress. Alignment of policies and process, including peer review audit process is also in progress. Peer review visits are now being undertaken to provide a more independent, robust pre inspection, compliance position. Effective utilisation of a group model will enable shared learning and good practice and will strengthen governance arrangments.
Legal implications / regulatory requirements	CQC non- compliance
Equality impact assessment	As far as can be ascertained this paper has no detrimental impact for the 9 protected characteristics under the Equality Act 2010.
Recommendations: The Board is asked to note the report, actions taken, action plan and current Hygiene Code self- assessment compliance.	

Southend Hospital NHS Foundation Trust: Summary of findings and next steps following NHSI Visit regarding Infection Control.

1.0   Background

Following a discussion at a PRM with NHSI and members of the Joint Working Board (JWB) regarding the increasing incidence of reported Clostridium Difficile (C.Diff) and Meticillin-resistant Staphylococcus aureus (MRSA) in all three hospitals, it was proactively agreed that NHSI would undertake a supportive review of practices. This review was planned and took place over the 8th, 9th and 10th August across the three sites (8th August at SUHFT).

2.0   Identified risks SUHFT

Following interviews with staff and observations in clinical practice, the following were identified as risks by the NHSI team, which were verbally feedback at the time of the visit and subsequently a report provided. (Appendix A) Within the report there were a number of suggestions and questions asked, which a written response was provided back to NHSI (Appendix B)

Governance and Board Assurance
- Infection Prevention Committee (IPC) - The committee attendance isn't robust, and the agenda and reports do not provide adequate assurance, they are also only held on a quarterly basis.
- Trust Board assurance: It was not evident how board of directors are sighted on IPC as they only appear to receive metrics data and no assurance, in particular compliance with the Hygiene Code.
- Effective governance arrangements for reporting of infection control issues is not evident.
- Greater clarification of infection control roles and responsibilities for infection control across the organisation is required
- Effective utilisation of national audits and documents is absent, and establishment / incorporation of infection control monitoring in internal audits / quality monitoring visits is required.

Estates and Maintenance / Cleaning
- Needs to have an increased focus on reporting to the Infection Control Committee
- An increased focus on estates backlog and responsiveness is required
- Water Safety: sinks and washing machines that are not use are not decommissioned.
- Limes scale in augmented care areas.
- Sluice doubling up as clean store
- Clinical and domestic cleaning was not consistent
- Storage utilisation was not always effective

Clinical Practice
- Sharps: bins not signed for, overfill, sharps not discarded properly.
- Hand hygiene compliance was not consistent
- BBE compliance was not consistent
- There were evidence of COSHH and waste storage breaches
- Equipment cleanliness was not always consistent
- Monitoring and documentation of checking fridge temperatures not consistent

3.0   Agreed Next Steps
- Immediate actions were taken to resolve appropriate issues (Appendix C)

- Wednesday 8th August an escalation meeting was held by the Managing Director with the CNO and Director of Nursing (DoN) for the senior clinical nursing teams present.
- The staff present recognised the significance of the findings and the impact on patient quality of care.
- An immediate internal peer review was undertaken by the matrons, and an action plan developed with immediate actions. Necessary equipment was identified and removed or reported for repair.
- Estate issues were escalated and the Joint Director of Estates visited Southend on the 10th August to support the pace of improvement and work with domestic services.
- Additional support was resourced for domestic cleaning to support and sustain improvement and education.
- CNO and DoN undertook a clinical walkabout on 11th August in key areas including maternity, some areas had improved but some issues remained to be addressed. These were followed up by the CNO on a subsequent visit where outstanding issues had been resolved.
- Checklists are now in place for cleaning schedules.
- Quality Improvement, Changes are currently being embedded to ensure sustainability.
- A review is already in place with regards to the group model to ensure effective governance including IPC, utilising existing resources to support Southend.
- Comments on factual accuracy were provided on 15/08/17
- An action plan was submitted on Friday 18th August (Appendix D)
- Hygiene code compliance review completed
- Risk register and Board Assurance Framework (BAF) have been updated to reflect areas for improvement with ratings increased as appropriate.
- NHSI will undertake a clinical peer review (date to be confirmed)
- CCG have agreed to increase surveillance following their IPC visit in June
- A joint meeting with the CNO, DoN and CCG DoN
- Infection Control Lead for NHSI will undertake a Matrons Master classes on site on 3rd October

4.0   Hygiene Code Compliance (The Health and Social Care Act 2008. *Code of Practice on the prevention and control of infections and related guidance)*
"This document sets out the Code of Practice on the prevention and control of infections, under The Health and Social Care Act 2008. It applies to registered providers of all healthcare and adult social care in England. 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 cleanliness and infection control requirement, which is set out in regulations.1 Not all criteria will apply to every regulated activity but to ensure that consistently high levels of infection prevention and control are developed and maintained, it is essential that all providers of health and social care read and consider the whole document and not just selective parts"

As a key action following the NHSI visit a Hygiene Code compliance assessment has been completed (Appendix E). An internal template has been developed and completed as a "self-assessment" by the local infection control team. This has been populated with yes / no answers with an option of providing evidence and comments to support the assertion of compliance. A peer review of this self- assessment and "check and challenge" will be undertaken within the next four weeks and reported at the next Board of Directors' meeting.

Areas of identified non-compliance:
- Are regular presentations presented to the Board by the DIPC?
- Is a risk assessment undertaken to establish appropriate policies which will help to prevent and control infections?
- Is there an audit to monitor compliance of the aseptic technique?

5.0   Summary

A significant amount of work has been undertaken to remedy issues that have been highlighted. Regular progress monitoring meetings have been established with both the CNO and CMO (DIPC) to ensure full implementation and sustainability.

A monthly progress report will be provided to the Board of Directors to provide assurance on progress with the action plan, highlight any related challenges, and an update on the Hygiene Code compliance.

Diane Sarkar
Chief Nursing Officer