TRUST ACTION PLAN TEMPLATE

Action plan title/subject:	**NHSI Infection Prevention and Control Review**
Root Cause	**Outcome of Review**
Recommendations	**Detailed Action Plan to be developed to address all concerns raised in visit**
Division/Directorate name:	**Trust Wide**
Ward/Department name:	**N/A**
Date of incident:	**8 August 2017**
Date of draft:	**15 August 2017**
Approved by and date:	**Chief Nursing Officer – 18/08/17**
Monitoring forum:	**Quality and Safety Committee**
Name of action plan lead:	**Denise Townsend – Director of Nursing**
Date last amended:	**18/08/17**

RAG rating key
Action overdue
Action within two weeks of due date OR known risk to achieving by due date.
Action complete
Action complete with evidence
Action not yet due. No known risks to completion.

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1. The IPC team reported that they did not have meetings with previous DIPC	IPC team to have regular meetings with DIPC	DIPC	18/08/2017	16/8/2017	Minutes	Minutes	In place from W/C 14/8/2017 and minuted
2. Don't currently use national IPC audits from the IP Society	To ensure that the current audits used provide assurance either above or equal to that of the IPS audit	DDIPC	18/08/2017	11/08/17	Audits in line with IPS audit guidance	Audit plan	All audits used are have been reviewed and are in line with the Infection Prevention Society's Audit guidance
3. Identified poor clinical engagement with RCA	Improve clinical engagement with RCA process	DIPC / Medical Director	31/08/2017		Clinical engagement	Mins of CD meeting	Process for RCA being reviewed with clinical engagement - agenda item at CD meeting week commencing 14/8/2017
4. IPC Committee does not currently review blood culture contamination rates as not a requirement to do so. Advised that this should be undertaken to assess if there is a problem with practices in the clinical area	Set up a process to review blood culture contamination rates and report to IPC Committee	Consultant Microbiologist	31/08/2017		Blood culture rates reported at IPCC	Updated TOR	Reviewing current process with Consultant Microbiologist and review of TOR for IPC Committee regarding blood culture contamination rates
5. Mattress; extreme body fluid ingress	Central process to be established for mattress checks	DIPC	11/08/2017		Clean mattresses	Mattress check audits	Mattress checks completed in all wards by COP on 11/8/2017. Mattress audit in place

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							and checked in Matrons redesigned checklist
6. Used inconstantly	Review of I am clean stickers	DIPC	31/08/2017		Appropriate use of I am clean stickers	I am clean sticker usage audit	IPCT to review usage in line with STP and standardise approach
7. Poor attendance at IPC committee and 2/3 meetings were not quorate	Representative from each area to be identified. Include attendance in monthly directorate performance reports	DDIPC / Head of Governance	30/09/2017		Attendance at IPC in line with TOR and quorum	Meeting attendance records	TORs being reviewed, will be discussed at committee in September 2017
8. Written reports not received	Ensure written reports are received for IPC committee	DDIPC	30/09/2017		Written reports presented at IPC	Meeting papers and mins	TORs being reviewed and IPC committee planner shared with relevant staff
9. Does not reflect ToR e.g. no hygiene code assurance, no IPC risk register	Develop a forward plan for IPC Committee to ensure relevant reports are received in compliance with TOR	DIPC/DDIPC	31/08/2017		Written reports presented at IPC	Meeting papers and mins	TORs being reviewed and IPC committee planner shared with relevant staff and GAP analysis being undertaken
10. Only meets quarterly; advise to meet bi-monthly as IPC concerns are significant	Update TOR for IPC Committee to meet monthly and plan meeting dates	DIPC/DDIPC	31/08/2017		Monthly IPC meetings	Meeting mins	Meeting planned for September 2017 with revised TOR and planner to be circulated prior to the meeting
11. Overall impression is that the board is not sighted on IPC and governance need to be strengthened as	Improved board reporting and escalation of concerns and ensure papers include	DIPC	01/09/2017		Monthly IPC report	IPC board report	DDIPC/ IPC office Manager to produce a monthly report incorporating the HC etc. to provide the Board

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concerns are not being escalated or addressed. Trust Board paper does not provide assurance only appears to receive MRSA/C. difficile data. No reference to Hygiene Code assurance.	relevant items such as hygiene code						with assurance. First report will be provided to the board in September 2017
12. Estates to provide written reports to IPC Committee to include outstanding issues	Provide written reports back to IPC committee for assurance. In addition, I would advise that outstanding estates issues are reported back to IPC committee as this is a concern.	Estates Manager	31/08/2017		Written report to IPCC	Reports	A written report will be presented to the IPC committee in September
13. Identified that IPC appeared to be only nurses responsibility. Lessons learned are not disseminated outside matrons and nurses forums	Lessons learnt to be disseminated to all professional groups and not just nurses	DDIPC	30/09/2017		Presentation to IPCC	Presentation and meeting mins	Proposal to be presented to the IPC committee in September
14. Unable to illicit assurance on authorized engineer or what mitigation had	Procure Water Authorising Engineer	Estates Manager	31/08/2017	11/08/17	Authorised person assigned	Evidence that authorised person is in place	Water Authorising Engineer being procured in conjunction with Basildon and Mid Essex.

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been put in place whist providers were being sourced.							Following this Authorised Persons can be assigned. This is mitigated by trained staff and oversight by Water Safety Group
15. Stated Water Safety Group met monthly- however clinical visits identified concerns	Review TOR and reporting at Water Safety Group to ensure concerns are escalated	Estates Manager	30/09/2017		Updated TOR	Updated TOR	The infection control team have membership of this group, current membership to be reviewed and agreed at the November meeting
16. Was not able to provide information on back-log maintenance	Ensure backlog maintenance data is collected and is readily available to those who require it	Estates Manager	18/08/2017	11/08/17	Backlog maintenance data to be readily available	Backlog maintenance data	A 6 facet survey has been completed and shows a site wide requirement for £250,000 for remedial works for removal of dead legs throughout the site in compliance with the existing legionella survey. There is no capital available currently to undertake these works.
17. Was not able to provide information on key risk on register but thought may be 30-40 items from high to low	Review risk register relating to estates and ensure that this is reviewed according to the timescales	Estates Manager	31/08/2017	11/08/17	In date risk register relating to estates	Risk register extract	8 infection control risk items are identified under Estates and Facilities element of the Trusts risk register. These are reviewed regularly.

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18. Identified delays in estates responsiveness- this was confirmed on ward visits	Improve responsiveness to estates related issues reported from wards	Estates Manager	09/08/2017	11/08/17	Minimal delays in responsiveness to estates issues	Turnaround times for estates issues	This has been recognised, realignment of roles within the estates team has recently created the position of operations manager to improve responsiveness. This role commenced 17th July 2017.
19. Not able to illicit assurance information. advise the trust has estates assurance reviewed	Review governance and assurance processes of Estates department	Director of Estates / Head of Governance	10/09/2017		Improved assurance information	Outcome of peer review	Peer review requested from another Trust.
20. Undertake quality audits which include IPC.	Set up a process to ensure quality audits are carried out which include IPC issues	Associate Director of Nursing	31/08/2017		Improved compliance with standards	Completed quality audits	Immediate actions taken that all areas have had a peer review undertaken by COP on 09/08/2017. New checklists for ward managers, matrons and HoN devised. SOP being written to accompany these. To be rolled out 10/08/17. Further training to be provided by NHSi on how to undertake inspections 3rd & 4th October 2017
21. E.Loury - Kit under U bend of sink	Remove kit from area	Ward Manager	10/08/2017	10/08/17	Kit removed	Observation	Kit removed and action completed

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22. E.Loury - ANTT: tray prepared for venflon insertion in clinical room. Both venflon and needleless connectors had been removed from sterile wrapper in advance, potentially leading to contamination	Educate staff on correct aseptic process and conduct spot checks to ensure adherance	Ward Manager	31/08/2017	8/8/2017	Correct aseptic processes	Spot check audits	Immediate action completed and the kit has been removed. In addition to this training will be provided to the Medical assistant team on the correct use of sterile equipment.
23. E.Loury - High dust in clinical room	Ensure domestic staff are told to clean high areas regularly as per schedules	Domestic Manager	11/08/2017	11/08/17	Clean areas	Cleaning spot check audits	Resolved, on-going audits in place to check compliance.
24. E.Loury - Waste room; hand wash basin in the corner. Bowl dry. No assurance it was on a flushing regime. Mouldy. Lime sale	Review cleaning and flushing schedule for infrequently used hand basins on ward	Ward manager / Estates Manager / Domestic Supervisor	11/08/2017	11/08/17	Clean sink and appropriate flushing completed	Flushing schedule	12 sinks and showers were identified and included on flushing schedule. Compliance to schedule is audited and provided to the water hygiene group for assurance. This individual hand wash basin to be investigated. Cleaners have been asked to remove limescale, audit in place to check compliance
25. E.Loury - Dr s x2 not bare below the elbows (BBE).	Reinforce messages to doctors regarding uniform policy and	Medical Director/DIPC	11/08/2017	11/08/17	Staff BBE	Spot check audits	Reiterated and staff challenged. Comms sent out by DIPC and

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	BBE requirements						will be further communicated at core brief on 11/8/2017
26. E.Loury - Sharps bins overfull, not signed for on assembly	Educate nursing staff on correct process for sharps bins and ensure all on ward comply with policy	Ward Manager	11/08/2017	11/08/2017	Sharps bins used and changed appropriately	Spot check audits	Initial actions have been completed. On-going compliance is audited as part of the Matron checks.
27. E.Loury - Folders torn, therefore unable to decontaminate	Remove torn folders and replace	Ward Manager	10/08/2017	10/08/17	Clean folders	Observation	Folders replaced
28. E.Loury - Gel not available at each bed space	Place Gel hand santizer at each bed space and ensure holders are available	Ward Manager	10/08/2017	10/08/17	Gel in appropriate holders at each bed space	Spot check audits	Gels provided to each bed space. Holders available from IPCT . Included in Matron checklist to ensure compliance
29. E.Loury - Display cleaning schedules and ensure process is in place to update at regular intervals	Cleaning schedules not displayed	Ward Manager	10/08/2017	10/08/17	Cleaning schedules displayed	Spot checks	Domestic Manager to ensure these are all in place and visible. 49 Elements cleaning schedule to be in place at each ward entrance
30. E.Loury - Remind staff of their responsibilities to record daily fridge temperatures and ensure this is completed by staff each day	Fridge temperatures not recorded daily	Ward Manager	10/08/2017	10/08/17	Fridge temperatures recorded	Spot checks	Included in ward daily checklist

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31. E.Loury - Documentation poor	Improve documentation on invasive devices tool	Ward Manager	10/08/2017	10/08/17	Good documentation on invasive devices tool	Spot checks	reiterated to MEA - to be included in MEA training
32. E.Loury - Missed opportunities for hand hygiene	Ensure gel is on every bed space and hand hygiene audits carried out to confirm compliance	Ward Manager	10/08/2017	10/08/17	Gel in appropriate holders at each bed space	Spot check audits	Included in daily ward checklist and Matrons checks
33. MB1 - Sluice; doubles up as a store room for Octenisan etc and is used as cleaners cupboard so stores cleaners' trolley and products	Identify suitable area for storing cleaning equipment and remove octenisan from sluice and store in more suitable area	Domestic supervisor	10/08/2017	10/08/17	No inappropriate items stored in sluice	Updated risk register	Met with Domestic Manager to identify a suitable area. This is being looked at and is on the risk register which will be updated to a higher risk Cleaning items have been re located
34. MB1 -Macerator out of use for significant period of time	Ensure macerator has been reported to estates	Ward Manager	18/08/2017	14/8/2017	Working macerator	Spot check	Macerator has been reported and serviced. However is out of action again, but has been reported. Issue on risk register
35. MB1 -Cleaners trolley dirty	Ensure trolley is clean and this is maintained	Domestic supervisor	10/08/2017	10/08/17	Clean clearers trolley	Spot check	Resolved
36. MB1 -Tape holding light source together	Fix light source urgently	Estates	31/08/2017		Fixed light source	Spot check	Has been reported, awaiting part to be delivered

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37. MB1 -Toilet brush dirty	Discard brush and order a new one	Domestic supervisor	10/08/2017	10/08/17	Clean toilet brushes in place	Spot check	discarded
38. MB1 -Clean bed had shoe marks on the sheet and was stained	Remind staff about bed cleaning process and observation once complete	Ward Manager	11/08/2017	11/08/2017	Clean beds	Spot check	All beds have been checked and are clean
39. MB1 -Single use product being re-used-water	Discard single use items and ensure staff are aware of trust policy on single use items	Ward Manager	11/08/2017	11/08/2017	Single use items discarded after use	Spot check	Discarded and single use packs only now in place
40. MB1 -Audits displayed were from Jan 2017	Display current audits and ensure there is a process to maintain notice boards	Ward Manager	10/08/2017	11/08/2017	Current audits displayed	Spot check	Out of date information has been removed and new ones displayed
41. MB1 -IV room; door left unlocked, shoes and bags under U bend. Umbrella left by IV fluids. Hand wash soap dispenser above decontamination sink	Report broken lock Remove items that do not belong in there and review storage as no lockers To seek advice about soap dispenser placement as they are new	Ward Manager / DDIPC	31/08/2017				Immediate action of removing shoes etc. completed by 14/8/2017. The broken lock has been reported. Storage solution for the ward is being investigated. DDIPC to seek advice regarding position on hand soap dispensers
42. SCBU - ABG room: decontaminating	remove products from sink and	Ward manager	10/08/2017	10/08/17	Clean sinks	Spot check	Removed

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products in hand wash sink	feedback breach to staff						
43. SCBU - ABG blood gas pipette not discarded in sharps box but left on surface	Ensure staff are aware of the correct process for disposal of sharps	Ward manager	10/08/2017	10/08/17	Sharps bins used and changed appropriately	Spot check audits	Removed
44. SCBU - Milk boxes stored on floor	Identify suitable alternative storage and move boxes	Ward manager	11/08/2017	11/08/17	No items stored on floor	Spot checks	Resolved
45. SCBU - Linen on the floor.	Identify suitable storage for linen and move linen off the floor	Ward manager	11/08/2017	11/08/17	No items stored on floor	Spot checks	Resolved
46. SCBU - Legionella filter expired on 3rd August (now 8th august)	Review legionella prevention processes on ward and ensure that this is adhered to	Estates manager	11/08/2017	11/08/17	In date filters	Spot checks	Filter checked and not expired ,date displayed was date of fitting
47. SCBU - Washing machine: connected but not used. Legionella risk	Review legionella prevention processes on ward and ensure that this is adhered to	Estates manager	11/08/2017	11/08/17	Washing machine removed	Spot checks	washing machine has been disconnected and will be removed from area
48. SCBU - Washing machine in cleaners cupboard- no hand wash facility- advise to put on risk register	Add risk to risk register with action plan to resolve issue	Ward manager	11/08/2017	11/08/17	Added to risk register	Updated risk register	Added to risk register

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49. SCBU - Cleaning schedules not displayed	Display cleaning schedules and ensure process is in place to update at regular intervals	Domestic Manager	11/08/2017	11/08/17	Cleaning schedules displayed	Spot checks	Cleaning schedules to be displayed
50. SCBU - Develop toy cleaning schedule and implement	No toy cleaning schedule	Ward manager	11/08/2017	11/08/17	Toy cleaning schedule in place	Spot checks	There is a schedule but this was not signed. Now complete and staff informed
51. SCBU - High dust	Ensure domestic staff are told to clean high areas regularly as per schedules	Domestic Manager	11/08/2017	11/08/17	Clean areas	Cleaning spot check audits	rectified
52. Theatre staff had not covered up their scrubs- breach of uniform policy	Remind staff about the correct uniform policy and IPC processes	AD TCC&A	11/08/2017	11/08/17	Staff wearing appropriate uniform	Spot checks	General communication to be sent out to all staff regarding adherence to uniform policy as per point E6
53. Waste compound not locked.	Lock waste compound and ensure all staff are aware of the requirement to keep this locked. Add a sign to door	Waste Manager	10/08/2017	10/08/2017	Locked compound	Spot checks	Waste Hold now has pad-lock and secured
54. Waste trucks in unlocked compound were not locked allowing access to yellow waste and	Lock waste trucks and ensure staff are aware of the requirement to keep this locked.	Waste Manager	10/08/2017	10/08/2017	Locked trucks	Spot checks	Waste Manager has informed staff of this breach and action taken

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sharps boxes							
55. Blenheim - Cleaning schedules not displayed.	Display cleaning schedules and ensure process is in place to update at regular intervals	Domestic Manager	10/08/2017	10/08/2017	Cleaning schedules displayed	Spot checks	Cleaning schedules displayed
56. Blenheim - Fridge temperature not monitored since May 2017	Remind staff of their responsibilities to record daily fridge temperatures and ensure this is carried out each day	Ward Manager	11/08/2017	11/08/2017	Fridge temperatures recorded	Spot checks	Fridge is used for supplement drinks - fridge temperature recording commenced.
57. Blenheim - Dusty computer	Clean computer and ensure process is in place to do this regularly	Ward Manager	10/08/2017	10/08/17	Clean equipment	Spot checks	Cleaned
58. Blenheim - Staff not BBE including nurses	Reinforce messages to all staff regarding uniform policy and BBE requirements	Ward Manager / Medical Director	11/08/2017	11/08/2017	Staff BBE	Spot checks	Challenged and reiterated
59. Blenheim - Signs not laminated	Remove un-laminated signs and replace with laminated ones if needed	Ward Manager	11/08/2017	11/08/2017	Laminated signs displayed	Spot checks	Notice board had front missing. Posters to be removed and new board ordered
60. Blenheim - Missed hand hygiene opportunities	Email to be sent to all staff including doctors	Ward Manager	10/08/2017	10/08/2017	Staff adhered to hand hygiene	Spot checks	email sent and general communications also to be sent as per point E6

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61. Blenheim - Staff not compliant with PPE	Remind staff about using PPE and check staff are compliant with this	Ward Manager	11/08/2017	11/08/2017	Staff adhere to PPE	Spot checks	As point above
62. Blenheim - Kit stored on floor	Identify suitable alternative storage and move kit	Ward Manager	11/08/2017	14/8/2017	No items stored on floor	Spot checks	Completed – hooks installed
63. Blenheim - Dishwasher not working for 5 weeks	Ensure dishwasher has been reported to estates	Ward Manager	31/08/2017		Working dishwasher	Spot checks	Escalated and reported – awaiting part
64. Blenheim - Pull cords dirty	Replace dirty cords	Estates Manager	31/08/2017		Clean cords	Spot checks	all emergency call pull cord to be looked assessed and replaced.
65. Blenheim - COSHH breach: sluice door not locked and COSHH products accessible	To remind staff to keep this locked at all times due to COSHH products being stored in there. Ensure staff are made aware of correct storage processes	Ward Manager	10/08/2017	10/08/2017	Locked COSHH cupboard	Spot checks	email has been sent to staff. There is no lock on the door therefore the COSHH cupboard to be locked and area identified for the key
66. Blenheim - Waste truck not locked	Lock waste trucks and ensure staff are aware of the requirement to keep this locked.	Estates Manager	10/08/2017	10/08/2017	Locked trucks	Spot checks	complete
67. Blenheim - Waste store room very, very	Clean waste room and ensure there is a	Estates Manager	10/08/2017	10/08/2017	Clean waste room	Spot checks	Has been escalated

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dirty	process in place for maintaining cleanliness						
68. Blenheim - Pumps etc in waste store room were very, very dusty	Send pumps back to theatre where they should be stored	Ward Manager	10/08/2017	10/08/2017	No pumps stored on ward	Spot checks	Pumps sent back
69. Blenheim - Blood on sharps boxes	Remove contaminated sharps boxes	Ward Manager	10/08/2017	10/08/2017	Sharps bins cleaned appropriately	Spot checks	complete
70. Blenheim - Mattress; extreme body fluid ingress	Remove and condemned mattress. Review cleaning checklist to ensure checking mattress integrity is included. Provide staff education on correct checking process	Ward Manager	10/08/2017	10/08/2017	Clean mattress	Spot checks	Mattress checks done and faulty items removed
71. Blenheim - Emergency suction very dusty	Clean emergency suction and ensure this is on the daily equipment cleaning checklist	Ward Manager	10/08/2017	10/08/2017	Clean equipment	Spot checks	Cleaned and staff reminded of their responsibilities - included in daily checklist
72. Blenheim - Dirty commode	Clean commodes and provide reminder to staff about correct cleaning process and checking	Ward Manager	10/08/2017	10/08/2017	Clean equipment	Spot checks	Actioned

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73. Blenheim - Daily waste checklist not completed	Remind staff to complete daily waste (flushing) checklist for bed pan washer	Ward Manager	10/08/2017	10/08/2017	Completed daily checklist	Spot checks	Actioned
74. Blenheim - Documentation: same signature on documentation for am and pm (it was only 12.00) so obs not being undertaken at timely intervals	To conduct investigation	HoN	31/08/2017		Investigation completed and appropriate action taken	Evidence of investigation	Formal Investigation
75. Review of Infection control Governance arrangements	To undertake a review and bring in line with National guidance	DIPC	30/9/2017				