

Trust CQC Infection Prevention and Control Action Plan  
(response to CQC inspection undertaken 5th May 2021)  
High Level Plan

Appendix 4 to Agenda item 6

Completed	8	Action has been completed and there is robust evidence to support that the action has been completed and where relevant embedded in practice
Overdue	0	Action is off track and assessed as unrecoverable within the current timescales and requires urgent action to address.
Off Track with actions to deliver	0	Action is off track and plans are being put in place to mitigate any delay
On Track	1	Action is on track with progress noted and on trajectory
<b>Total Number of actions</b>		9
<b>Percentage of actions completed/on track</b>		100%

No	Recommendations 2019/2020 Inspection	Self Assessment RAG Status	Issues Identified by CQC	Core Service Area	Date of Completion and Closure
IPC-MD01	The trust must ensure there is readily available clinical wash hand basin facility for staff in the adult discharge lounge to prevent the spread of infection. (Regulation 12(1)(2)(h))	Completed	There was no dedicated clinical hand wash basin in the adult discharge lounge. Staff could not readily access clinical handwashing facilities to clean their hands appropriately. They could only access a handwashing facility either in the sluice or the two patient toilets.	Trust Wide	The reason that original mobile sink was removed was due to the high risk of Pseudomonas as the clinical staff were regularly having to empty the water tank.  This matter was raised by the CQC during the IPC Inspection (5th May 21) The Trust took the necessary action and installed a permanent clinical hand wash basin in the discharge lounge on 08/05/2021.  Update 29.07.2021 Quality Panel: The Trust took immediate action once the issue had been raised. The panel were all in agreement that sufficient evidence had been presented and the Chair confirmed the action is closed
IPC-MD02	The trust must ensure there are comprehensive governance systems to support IPC standards. Regulation 17(1)(2)(a))	Completed	The trust did not have comprehensive governance systems to support IPC standards. Governance structures were not clear, and it was not clear how and what was communicated within them. It was not clear who had oversight, and that the Trust Board is not well sighted on the totality of risks and mitigations in terms of IP&C due to Board delegations to the QAC, where the BAF is presented  Minutes of the Trust IPC Committee for November and December 2020 and January, March and April 2021 showed inconsistencies. These include the inconsistent attendance of members at these meetings, what was reported and how often they attended.  The minutes also showed care groups and occupational health had reported intermittently. There were no standing agenda items. Risks related to IPC were not presented in detail and discussed at the meetings. It was unclear how the IPC leadership addressed the inconsistent attendance or reporting.	Trust Wide	<b>Update 22.09.2021 Quality Panel</b> : Evidence for the action has been thoroughly reviewed by the Evidence Panel; this included completed templates, Terms of Reference and minutes from the IPCC. The Evidence Panel were now satisfied that there is a robust process in place, although recognise this process may take time to mature. The panel were all in agreement that sufficient evidence had been presented and the Chair confirmed the action is closed

IPC-MD03	The trust must adopt a standardised reporting approach and ensure there is consistent attendance at the infection prevention and control (IPC) committee to enable clearer communication and accountability. (Regulation 17(1)(2)(a))	Completed	There was no standardised approach to reporting from leaders of each care group and inconsistent attendance at the trust's IPC committee. This made it difficult to track what was reported at each meeting. The trust was unable to track improvements and variations each month without a standardised approach.	Trust Wide	<b>Update 22.09.2021 Quality Panel:</b> Governance review has been undertaken. Updated TOR agreed including attendees, new reporting template agreed, tested and in use. The Trust has adopted a standardised approach. Evidence for the action had been thoroughly reviewed by the Evidence Panel; this included completed templates, Terms of Reference and minutes from the IPCC. The Evidence Panel were now satisfied that there is a robust process in place. The panel were all in agreement and the Chair confirmed the action is closed
IPC-MD04	The trust must ensure reliable data is collected and analysed to enable clear tracking of IPC issues, variations and improvements. Regulation 17(1)(2)(a)(f) Action	On Track	The trust did not always collect reliable or consistent IPC data and analyse it. The IPC committee did not always receive reports from the leaders of each care group. There was no template for such reports. Inconsistencies in reporting from the care groups made it difficult to track improvements and variations.	Trust Wide	<b>Update 22.09.2021 Quality Panel:</b> . Action remains open. The panel were all in agreement to extend the deadline date as the IPC dashboard is near completion, date extended to the 21.10.2021. The action will then be presented to the Quality Panel for review and closure on the 21.10.2021.
IPC-SD01	The trust should ensure the capacity of the IPC leadership team is adequate to support all staff	Completed	Leaders had the skills but did not always have the capabilities to manage infection prevention and control (IPC). They did not always have the capacity to support all staff, due to the lack of leadership stability and vacancies within a new IPC team. The trust had an ongoing active recruitment to key positions to strengthen the capacity	Trust Wide	<b>Update 10.08.2021 Quality Panel:</b> Recruitment to the IPC team is now complete. The panel were all in agreement and the Chair confirmed the action is closed  The following posts have been recruited to: • IPC Data Clerk • IPC Matron, Band 7 IPC Nurse • Band 6 Trainee Infection Control Nurse • Associate Director for IPC.
IPC-SD02	The trust should ensure there is dedicated storage for rehabilitation equipment and adequate office space to enable efficient cleaning.	Completed	All areas we visited were visibly clean and tidy, except the rehabilitation gymnasium which was cluttered. The rehabilitation gymnasium in the therapies department was not used for carrying out a patient's rehabilitation. Staff said they carried out patient's rehabilitation on wards instead. The rehabilitation gymnasium was used for storage of equipment such as exercise machines and walkers, as the original storage facility had been converted to an office space for another department. A corner of the rehabilitation gymnasium was also used as an open layout office with limited space between desks to enable social distancing. While the whole environment was visibly clean, it was cluttered and almost the entire floor space was packed full of rehabilitation equipment. This did not allow efficient environmental cleaning and posed a risk to IPC.	Estates & facilities	<b>06.10.2021 Update Quality Panel:</b> The panel were all in agreement and the Chair confirmed the action is closed  SD02 & SD03 were reviewed together at the Evidence panel as they are closely linked and impact on each other. All evidence had been reviewed, storage has been provided for equipment. Notice has been served to MCH, once the office space has been vacated Therapies staff can move in to that space. This will allow gym equipment to be spread out and enable easier cleaning of the larger equipment. The evidence panel is satisfied they have seen enough evidence and undertaken robust discussions to support the closure of both actions.
IPC-SD03	The trust should facilitate social distancing in the therapies department	Completed	A corner of the rehabilitation gymnasium was also used as an open layout office with limited space between desks to enable social distancing	Unplanned and Integrated Care Division	<b>06.10.2021 Update Quality Panel:</b> The panel were all in agreement and the Chair confirmed the action is closed  SD02 & SD03 were reviewed together at the Evidence panel as they are closely linked and impact on each other. See commentary above.
IPC-SD04	The trust should consider making a changing facility available when therapies staff are expected to change uniform at work.	Completed	Not all therapy staff had office space to complete administrative work resulting in them spending more time on wards than needed. Some therapy staff reported there was insufficient changing facilities for staff when they were expected to change uniform at work, so staff changed in toilets and staff break rooms.	Unplanned and Integrated Care Division	<b>Update 22/09/2021 Quality Panel:</b> The panel were all in agreement and the Chair confirmed the action is closed  The Evidence Panel agreed the Trust had gone beyond the original action ensuring changing facilities were available for all staff across the Trust. A map and list of facilities were available on the intranet and this had also been communicated to staff via global emails and directly to the Therapies department via the Head of Therapies.
IPC-SD05	The trust should consider how it can further improve the culture within the housekeeping team.	Completed	Not all staff felt respected, supported and valued. Some housekeeping staff experienced bullying within their teams. Some staff said they did not feel respected and did not receive support from senior leadership.	Estates & facilities	<b>06.10.2021 Update Quality Panel:</b> The programme for cultural change was now commenced. After discussion the panel were all in agreement that the evidence was robust and the Chair confirmed the action is closed