

To:	Trust Board
From:	Victoria Bagshaw
Date:	15 th December 2017
Healthcare standard	

Title:	Feedback from NHSI Infection Prevention and Control visit										
Author/Responsible Director:	Michelle Rhodes										
Purpose of the Report:	To provide feedback to Trust Board following the visit from Debra Adams Senior Infection Prevention and Control Advisor NHSI, on 28 th November 2017										
The Report is provided to the Board for:	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Information</td> <td style="width: 5%; text-align: center;">X</td> <td style="width: 50%;">Assurance</td> <td style="width: 5%; text-align: center;">X</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>			Information	X	Assurance	X				
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Summary/Key Points:	<p>Debra Adams. Senior Infection Prevention and Control Advisor NHSI, visited Lincoln County Hospital on 28th November 2017 as part of the ongoing monitoring of the Trust against the Hygiene Code.</p> <p>The report shares the information received during and following the visit and identifies the subsequent actions taken.</p> <p>Following the visit the Trust RED status has been de-escalated to AMBER.</p>										
Recommendations:	Note and accept the content of the report										
Strategic Risk Register	Performance KPIs year to date										
Resource Implications (eg Financial, HR)											
Assurance Implications											
Patient and Public Involvement (PPI) Implications											
Equality Impact											

Information exempt from Disclosure
Requirement for further review?

1. Introduction

Debra Adams, Senior Infection Prevention and Control Advisor NHSI, visited Lincoln County Hospital on 28th November 2017 as part of the ongoing monitoring of the Trust against the Hygiene Code. During the visit, Ms Adams met with members of the Trust including the Director of Nursing and DIPC and the Medical Director, also representatives from Public Health England and the CCG.

In addition to the presentation of actions undertaken since the previous visit with evidence of improvements, Ms Adams visited a number of clinical areas at Lincoln County Hospital. Appendix 1 shares the agenda for the visit and colleagues in attendance.

At the end of the visit and in a subsequent letter (appendix 2) to the Trust, Ms Adams shared her reflections on the Trusts progress and areas of improvement still to be undertaken. She also identified the de-escalation of the Trusts status from **RED** to **AMBER**.

2. Accuracy Check

One item of inaccuracy has been identified in Ms Adams letter and this has been feedback.

In her letter Ms Adams makes reference to the reduction in wte of the antimicrobial pharmacist. The accurate position is that the Trust has 1.5wte antimicrobial pharmacists. 1wte is currently on maternity leave, expected to return March/April 2018. This leave 0.5wte antimicrobial pharmacist supporting the Trust. Despite significant endeavours by the pharmacy department, including a different distribution of work, it has not been possible so far to recruit either internally or externally to a secondment to cover this maternity leave. Pharmacy have undertaken a reallocation of work to provide some additional support to the 0.5wte antimicrobial pharmacist but due to other operational pressures it has not always been possible to provide additional support to the level that the Infection Prevention and Control Committee expect. This has been captured within the IPC Committee minutes, has been included in the IPC Committees escalation reports and is represented on the risk register.

3. Actions taken following the visit

Ms Adams identified the ongoing requirement for the Infection Prevention Doctor (microbiologist), DIPC and IPC Lead Nurse to regularly meet outside the IPC Committee. Again due to the challenges created by reduced wte of the consultant microbiology team, establishing this meeting as a regular forum has been difficult. This issue is again being reviewed.

A number of clinical issues were identified during Ms Adams ward / department visits. These have all been addressed and resolved within the wards identified. The areas of concern have been communicated across all ward areas on all sites, to ensure these issues are not replicated within other environments. The IPC nurses are addressing and challenging these during

their routine clinical visits. Further discussion of the issues raised has been requested to occur at the site IPC meetings by the Deputy DIPC.

The Trusts IPC lead nurse leaves the Trust on 31st December 2017. The post is being temporally covered by the secondment into the role of a very experienced IPC nurse, this secondment commences on the 1st January 2018. Handover time has been identified and incorporated into diaries in December so there is a seamless transfer of responsibilities and work.

4. Conclusion

The feedback from the visit identifies that progress is being made by the Trust to address the gaps identified with the Hygiene Code. Whilst there are still areas of improvement to be made Trust Board is asked to note the progress made.

Appendix 1 – Agenda of NHSI visit



Agenda NHSI IPC
visit 28.11.2017.docx

Appendix 2 – letter from Debra Adams, Senior Infection Prevention and Control Advisor NHSI



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IPC follow-up visit -DI