Swansea NHS Trust

Action Plan in Response to

Healthcare Inspectorate Wales
Infection Control Review:
Undertaken 23rd October 2007

Swansea NHS Trust

Action Plan in Response to HIW Infection Control Review, October 2007

Summary:

Infection Control is a high priority for the Trust and as such, Swansea NHS Trust welcomed the review undertaken by the Healthcare Inspectorate Wales inspection team.

The Trust was pleased to receive the positive comments made by the inspection team that hand washing facilities were good in all areas visited and that awareness of the importance of hand hygiene was evident. Swansea NHS Trust is investing in a Hand Hygiene Trainers Programme, which, since its launch in April 2007, has resulted in 68 staff being trained as Hand Hygiene Trainers. These staff have been jointly responsible for the training of over 300 staff. Initial results indicate that the usage of soap for hand washing has increased by 55% since the introduction of this unique scheme.

The Trust is determined to continue with its commitment to continually raise standards in relation to hygiene and infection control. In line with this, an internal inspection team has been established to undertake infection control reviews (consistent with those undertaken by Healthcare Inspectorate Wales) of wards and departments throughout the Trust. This internal team will consist of the Director of Nursing, the Director of Clinical Risk, the Trust Risk Manager and the Lead Nurse for Infection Control. Other members will be co-opted onto the team as appropriate.

Additionally, the Trust is committed to developing further its Infection Control Core Education Programme. This further development will consist of an Infection Control course, which will be compulsory for Ward Managers (initially expected to run over a 2 day period), which will be designed to provide them with the knowledge and skills to enable them to embed infection control within their areas.

The action plan that follows is in relation to the specific findings of the review undertaken by the HIW inspection team on 23 October 2007.

Issues identified	Action		
General Environment	**Action Required**	**By Whom**	**By When**
A&E Department A number of chairs in the waiting area and some of the couches in the treatment areas were ripped. **<u>Trust Comment</u>** This issue had been identified by A&E staff, who undertook an assessment of the furniture and obtained quotes for reupholstering prior to the inspection.	DGM to approve the order. Couches will be removed for reupholstering sequentially to minimise impact on service. Monitored through the regular National Standards of Cleanliness Audits.	Divisional General Manager, Medicine and Elderly Care.	March 2008
Urology Ward H 2 fans were dusty, but were labelled to be cleaned.	All Ward Managers will be advised, in writing, that fans must be checked more frequently and sent for cleaning at the first sign they are not clean. Ward Manager to ensure that fans are checked as part of National Standards of Cleanliness audits. Ward Manager to ensure that items such as fans are to be cleaned as soon as they appear to be dusty. Principles of effective cleaning to be reinforced during “Decontamination” module of Infection Control Core Education Programme.	Lead Nurse Infection Control. Ward Manager, Ward H	November 2007

Issues identified	Action		
General Environment	**Action Required**	**By Whom**	**By When**
Ward S There is a screen covering the opening to the next ward and a mattress is being stored against the wall next to it. **<u>Trust Comment</u>** This issue had been identified by the Division. A project development plan has been prepared to provide an extended storage area, shared between the two adjacent wards, aimed at facilitating effective ordering and storage of items. This same proposal includes erecting fire doors to provide a permanent divider between the adjacent wards. The project development plan has been put forward by the Division of Medicine & Elderly Care as part of minor capital bids. The impact of this construction on patient areas will impact on the timescale.	Project Development Plan to be submitted to the Capital Management Board for approval.	Divisional General Manager, Medicine & Elderly Care.	July 2008

Issues identified	Action		
Bathrooms, showers, toilets	**Action Required**	**By Whom**	**By When**
Ward H Dry mop with recently dusted debris by the door to bay H5, not moved during the time of inspection. **Ward S** The equipment on the cleaner's trolley was dirty.	Domestic Supervisors to remind staff of their responsibilities for ensuring that all cleaning equipment is fit for purpose. This will be incorporated in the training programme, and refresher training, for domestic staff. Review of roles and responsibilities of the monitoring officer and identify actions. LNIC will regularly attend meetings with the Domestic Supervisors	Head of Facilities Domestic Manager Domestic Supervisors. Facilities Training Officers. Head of Facilities Lead Nurse Infection Control (LNIC).	November 2007 March 2008 January 2008 December 2007
Urology Ward H Main bathroom had a bedpan with urine in on the floor.	General awareness to be raised with urology ward staff regarding safe handling and disposal of body fluids. Ward Manager to ensure ward staff adhere to Trust Infection Control Policies. Ward staff to advise patients not to leave used bed pans in bathrooms, but to inform a member of staff so that urine may be removed safely for measurement or testing.	Lead Nurse Infection Control (LNIC). Ward Manager, Ward H. Ward Manager, Ward H.	Meeting between LNIC, Trust Risk Manager and Ward Manager scheduled for 31.10.2007.

Issues identified	Action		
Bathrooms, showers, toilets	**Action Required**	**By Whom**	**By When**
Ward H Hand soap on sink and talcum powder on bath. **<u>Trust Comment</u>** Bar soap is not provided to patients by the Trust. The presence of talcum powder and bar soap might indicate recent use of bathroom by a patient who had inadvertently left the bar soap on the sink.	Nursing and domestic staff will be reminded that whenever such items are discovered, the bar soap must be disposed of to ensure that it cannot be used by others. The Infection Control Annual Audit Programme will be reviewed for 2008/09 to include the ICNA Environment Audit Tool for all wards. These audits will be undertaken by staff within the clinical divisions.	Service Managers. Ward Managers. Joanne Jones, Head of Facilities. Domestic Manager. LNIC Divisional Infection Control Leads and Ward/Departmental Managers.	November 2007 April 2008 March 2009

Issues identified	Action		
Bathrooms, showers, toilets	**Action Required**	**By Whom**	**By When**
Ward H Evidence of inappropriate storage: Clean hand towels and gloves stored in bathroom.	Review of storage on ward to be undertaken by Ward Manager to ensure items appropriately stored wherever possible. Challenges relating to storage to be identified to the Service Manager, with an option review undertaken.	Ward Manager.	November 2007
Dirty mattress covers waiting to be taken away. **<u>Trust Comment</u>** Dirty mattress covers that were stored had been placed in designated plastic bags, whilst awaiting collection by Total Bed Management staff (who collected these items during the period of review.)	Staff to be reminded that mattresses awaiting collection must be in sealed bags. This will be reinforced in Huntleigh Total Bed Management training programmes.	Ward Manager. Associate Director of Nursing, Nursing Division.	October 2007. March 2008.
Dirty raised toilet seat.	Ward staff to attend “Decontamination” module of Infection Control Core Education Programme. Staff to adhere to Trust policy on the “Decontamination of Equipment”.	LNIC. Infection Control Facilitator for Division of Surgery to deliver module. Ward Manager to ensure staff attend this module. Ward Manager.	January 2008

<table>
<tr><th>Issues identified</th><th colspan="3">Action</th></tr>
<tr><th>Bathrooms, showers, toilets</th><th>Action Required</th><th>By Whom</th><th>By When</th></tr>
<tr><td>Ward S
Main bathroom is used to store mattresses, 3 trolleys, 2 hoists and the bathroom cannot be used which means patients only have access to a shower.

<u>Trust Comment</u>
The introduction of Total Bed Management System, with assessment of patients' pressure risk leading to allocation of appropriate dynamic profiling mattresses, has resulted in a lack of appropriate storage for standard static mattresses.</td><td>Review of storage on ward to be undertaken by Ward Manager to ensure items appropriately stored.

Trust to undertake an options review of storage capacity and related solutions as part of Reshaping of Services.

The Trust has identified this as a significant issue and is addressing the issue of storage by the construction of a central mattress store.</td><td>Ward Manager.

Rob Royce, Director of Planning.

Associate Director of Nursing, Nursing Division.
Rob Royce, Director of Planning.</td><td>November 2007

June 2008.

November 2008</td></tr>
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Issues identified	Action		
Hand Washing	**Action Required**	**By Whom**	**By When**
General observation Note of caution: 'Topping up" of personal dispensers from pump dispenser - there is a risk that decanting from a central dispenser into inadequately decontaminated personal dispensers could lead to cross contamination. We recommend a change of current practice to disposable individual dispensers. **Trust Comment** This issue had already been identified within the Trust. Ordering of alcohol for refilling was stopped in 2006. Staff are advised to order replacement personal issue bottles only.	Staff will be advised, in writing, that refilling, or "topping up", of personal dispensers must not be undertaken.	LNIC has issued a reminder to Ward/Departmental Managers.	26 October 2007
Clinical Room / Clean Store / Clinical Equipment			
A&E Problem of storage created by delivery of a large number of boxes containing chemical suits for use in a chemical incident - currently stored in decontaminated room effectively filling the room – would need to be moved in the event of an incident. Plans to create a permanent storage solution need to be implemented as soon as possible.	Adequate storage is a challenge in a nucleus design building. However, storage provision to be reviewed by Service Manager, with option appraisal. Please refer to previous action regarding review of storage capacity within Trust.	Service Manager, Accident and Emergency.	June 2008

Issues identified	Action		
Clinical Room / Clean Store / Clinical Equipment	**Action Required**	**By Whom**	**By When**
Ward H A room indicated as 'treatment room' is used to store items such as drip stands. **Trust Comment** This room not used as a treatment room.	Please refer to previous action regarding review of storage capacity within Trust. Review of treatment rooms to be undertaken and signs removed where these are inappropriate.	Rob Royce, Director of Planning. Building Manager	June 2008 November 2007
Ward S The storage room/staff room behind the nurses' station is being used to store clean equipment and patients' food. It is also being used as a staff room. Items of food are being stored on the floor and there was dirt and food items on the floor. Butter pats were being stored at room temperature, with no date or stock control.	Risk Assessment of food storage and handling on ward undertaken. Findings to be used as basis for discussion in planned meeting between Head of Facilities, Catering Manager, Trust Risk Manager and Lead Nurse Infection Control. Advice to be sought from Environmental Health Officer. Safe systems for food handling and storage at ward level to be finalised and incorporated into relevant training programme.	Trust Risk Manager (TRM) and LNIC. Head of Facilities; Catering Manger.	26 October 2007 Meeting scheduled for 7th November 2007 March 2008
The sink was dirty and contained a dirty washing up sponge.	Sponge discarded and sink to be kept clean.	Ward Manager	October 2007
The drug fridge (in the room behind the nurses' station) was unlocked for the duration of the inspection visit.	Drug fridge to be kept locked.	Ward Manager.	November 2007

Issues identified	Action		
Storage and Management of Linen	**Action Required**	**By Whom**	**By When**
A&E Department The Linen cupboard was untidy with items appearing to be dumped on shelves	Linen to be stored appropriately at all times. This to be monitored as part of A&E Housekeeper's role.	Service Manager, Accident & Emergency	December 2007
Waste Management			
A&E Clinical waste sacks in household waste bin holders and evidence of poor segregation of waste. Waste bag in cleaner's room needs sack holder with lid	Spot-check waste management review to be undertaken by Trust Environment Officer and LNIC. Spot-check review undertaken 29 October 2007. Monthly programme of spot-checks to be undertaken by LNIC and Trust Environment Officer. Findings to be used as basis of further action.	LNIC and Trust Environment Officer. Trust Environment Officer	November 2007. March 2008

Issues identified	Action		
Waste Management	**Action Required**	**By Whom**	**By When**
Ward H Clean linen supplies are being stored on floor – should be up off floor	Linen to be stored appropriately in designated areas.	Ward Manager	October 2007
	General guidance on storage and handling of linen to be developed and disseminated to ward/departmental staff.	Support Services Manager	March 2008
Dirty mop heads stored in dirty water in sluice (x 2).	To confirm arrangements for sluice mops to be processed with domestic mops.	Domestic Manager	December 2007
	Staff to ensure that mops are to be stored dry and inverted.	Ward Manager	December 2007
Sharp box was not assembled correctly and was overfilled.	Staff to comply with Trust's "Policy for Prevention and Management of Inoculation Injuries", ensuring that sharps boxes are correctly and safely assembled and that they are sealed when the designated fill line is reached.	Ward Manager	November 2007
	ICNA Sharps Audit to be undertaken on Ward and any indicated remedial action taken.	Ward Manager	November 2007

Issues identified	Action		
Ward Kitchens	**Action Required**	**By Whom**	**By When**
A&E, Wards H and S No temperature control / monitoring of fridge.	Responsibilities to be reviewed and agreed in meeting to be held on 7th November 2007, and systems put in place and incorporated into relevant training programme.	Head Of Facilities; Catering Manager; Ward/Departmental Managers	March 2008
Wards H and S The kitchen areas on both wards were dirty and appeared to be un-maintained and again urgent action is needed.	Review of ward kitchens to be undertaken by Catering Manager and Building Manager, to identify remedial action to be taken, identify associated costs and time scales.	Head of Facilities; Catering Manager; Building Manager	March 2008