

30<sup>th</sup> November 2017

Michelle Rhodes: Director of Nursing  
United Lincolnshire Hospitals NHS Trust.  
Greetwell Road,  
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Dear Michelle, Victoria and Jane

**Re: NHS Improvement Infection Prevention (IP) follow-up visit; 28<sup>th</sup> November 2017**

I would like to thank the Trust for arranging the NHS Improvement IP follow-up visit on the 28<sup>th</sup> November 2017. This was requested to review the actions undertaken in response to the concerns identified on 21<sup>st</sup> June 2017.

**Summary of visit findings:**

The Trust confirmed that it had undertaken a review of compliance against the “Hygiene Code”, the findings had been instrumental in formulating the work for the IP action plan. The Governance and oversight of IP had been strengthened and the CEO now chaired the IP committee

Six clear work streams had been developed: Governance, Gram negatives (including health economy working), cleanliness (this must remain a focus as at currently at risk due to financial constraints), safe environment, competence and information. Victoria provided information regarding quality improvement methodologies being developed e.g. ward accreditation systems.

The Trust has invested in developing an IP Link Practitioner module with the University of Lincoln; two cohorts have been funded. This will help develop a strong culture of IP in the work place. In addition, the trust is developing a quality improvement programme; one key focus will be hand hygiene.

An area which still needs to be addressed is that the 0.5WTE antimicrobial post remains unfilled. This will impact on the ability of the Trust to deliver effective stewardship. I would urge the Trust to address this. This was also noted as a concern in the review undertaken by Mark Wilcox in August 2017. Mark also noted that their needed to be strong communication networks between the DIPC and the team. On discussion with the ICD/microbiologist at the meeting it was noted that no meetings had been held. Therefore, there are concerns that communication between the key players required to deliver the agenda requires attention.

## Clinical visits:

Rainforest: there were significant improvements on this ward, compared with the previous visit. Some areas to focus on would include; lime scale, fans and out of date suction tubing.

Shuttleworth: we discussed the surgical site infection (SSI) scores. It had been identified in conversations with ward staff that the Trust was a lower outlier in one SSI area and a higher outlier in another. I would advise that as part of the new Link Practitioner training they undertake an audit utilising the One Together IPS audit tool: <https://www.ips.uk.net/professional-practice/onetogether-infection-control-assessment-toolkit/> . This audit would identify any concerns and provide Board assurance that SSI risk factors had been identified and addressed. We also looked at the Catheter Care Bundle. There was missing elements of documentation and the cannula chart had only been only partially completed.

Burton: no IP issues identified. However, the audit data displayed on the ward was out of date.

Huntleigh Mattress Store: this area is overseen by Huntleigh. The area had a very dirty hand wash sink and floor. There was Chlorclean in a plastic container on the side of the sink (door to store not locked, so could be accessed by the public).

Johnson: unlike the other wards visited there were several IP areas to focus on. These include; patient trays, out of date product (COSHH), pull cord dirty after a deep clean, kit under sink U bend, poor compliance with PPE, chlorclean not documented, stands dirty, waste storage floor dirty (but this was cleaned during our visit), lack of 'I am clean' stickers in the equipment store, cluttered equipment store.

A couple of themes were identified: cracked meal trays. Chlorclean bottles not dated. Re-use of Chlorclean plastic containers for storing waste bag ties. You confirmed that these would be immediately addressed.

Overall the areas were clean, uncluttered, documentation was good and staff could discuss IP. The Trust is now using a new type of cleaning trolley, which is really well designed and clearly segregates clean from dirty items.

## Next Steps

- Please review the report and check for accuracy by 8<sup>th</sup> December 2017.
- The Trust has been re-assessed at NHS Improvement IPC escalation Level: AMBER, as there appears to be improving IP practices and governance within the organisation. HOWEVER, this de-escalation is on the understanding that the trust can deliver the plans of there being an immediate successor when Jane leaves as Lead IP nurse in December 2017. Should these plans fail, there would be a significant risk to the delivery of the ongoing action plan and therefor the trust would be re-escalated to RED.
- Within the next 10 days discuss the findings with the Board. Confirm by email to myself that this has been undertaken no later than 15<sup>th</sup> December 2017.
- These issues will be followed up by NHS Improvement at the IDM.
- A review visit will be planned for around 4 months; proposed date: 10<sup>th</sup> April 2018

Kind regards

Debs

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