



**South Staffordshire &
Shropshire Healthcare**

NHS Foundation Trust

A Keele University Teaching Trust

**Infection Control
Annual Report**

January 2013 – December 2013

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1. Introduction

This annual report provides a summary of the infection prevention and control (IPC) activities based on national guidance, carried out for South Staffordshire and Shropshire Healthcare NHS Foundation Trust during 2013. The report seeks to present data on the incidence of infections and outlines the actions being taken within the Trust to prevent avoidable infection and makes recommendations for the future through the IPC programme 2014.

2. Background

IPC has continued to have a high priority across the Trust in order to ensure that all personnel including service users, carers, families and staff are protected from infectious disease.

Good management, organisation and implementation of best IPC practice are crucial to establishing high standards of infection prevention and control. The Health and Social Care Act 2008: *Code of practice for the prevention and control of infections and related guidance* sets out ten criteria for providers of healthcare, to ensure that systems to prevent healthcare associated infections (HAI) and compliance with policies are embedded in practice and are corporate responsibility.¹ The Trust acknowledges these responsibilities and works to demonstrate compliance with the Code of Practice.

3. National Context

In the “Essential Standards of Quality and Safety” (2010) published by the Care Quality Commission, outcome 8 Cleanliness & Infection Control states, “Trusts must comply with the requirement of Regulation 12 with regard to the Health & Social Care Act (2008) *Code of Practice for health and adult social care on the prevention and control of infections and related guidance*”.²

NHLSA standard 4.6 refers to the need for hand hygiene training and standard 4.7 refers to management of infection control and inoculation injuries.³

4. Trust Infection Control Arrangements

4.1 Director of Infection Prevention and Control (DIPC) and Non Executive Director

The DIPC is also the Medical Director and receives daily when appropriate, reports from the Deputy Director of Nursing/Deputy DIPC on infection control issues including outbreaks. Further support for the DIPC is provided by a Forensic Psychiatrist. The DIPC reports to the Infection Control Committee, Quality Governance Committee and to

¹ The Health and Social care Act 2008: *Code of practice for the prevention and control of infections and related guidance*

² Essential Standards of Quality and Safety” (2010)

³ NHSLA Risk Management Standards 2012-13 for NHS Trusts providing Acute, Community, or Mental Health & Learning Disability Services and Non-NHS Providers of NHS Care

the Trust Board. A direct line of accountability and reporting from the DIPC to the Chief Executive is well established. Reporting lines are illustrated in Appendix 1. There is also a Non-Executive Director (NED) with an infection control brief. The NED undertakes regular inspections across the Trust and attends relevant infection control meetings.

4.2 The Infection Prevention and Control Team (IPCT)

The IPCT is fully established and is comprised of the Consultant Microbiologist, a Consultant Psychiatrist, a NED, Deputy Director of Nursing/Deputy DIPC and three specialist nurses. The team provides:

- A specialist resource for all health care workers, providing advice on the prevention and control of infection.
- Education for all staff, clinical and non-clinical.
- Monitoring of infection control and decontamination procedures.
- Development and implementation of infection control policies and strategic direction.
- Management of outbreaks of infection. In the event of an outbreak, the DIPC and the infection control team will take charge and report directly to the Chief Executive.
- Surveillance of infection rates.
- Audit and assist in root cause analysis of an infection.

4.3 Inpatient Area Inspections

In order to observe that infection control is embedded across the Trust, the following inspections are routinely made:

- The DIPC and Deputy Director of Nursing/Deputy DIPC with support from a Consultant Psychiatrist, and a NED conduct weekly visits to ward areas.
- The Non-Executive Director accompanies the Deputy Director of Nursing/Deputy DIPC on ward inspections.
- The Deputy Director of Facilities & Estates accompanies the Deputy Director of Nursing/Deputy DIPC on ward inspections.
- The Director of Nursing/COO conducts regular ward visits.
- Feedback is given to ward managers, matrons and Director of Facilities & Estates and actions are followed through to ensure safe outcomes are achieved.

4.4 Infection Control Committee

The Infection Control Committee meets bi monthly and is chaired by the Consultant Microbiologist. The aim of the Committee is to drive forward an infection control programme, based on national guidelines and evidence-based research. The Committee also undertakes the development of policies and procedures related to IPC and has corporate responsibility for all infection prevention and control issues.

4.5 Facilities, Estates, Modern Matron, Physical Health Care and Infection Control Meeting

Meetings are held on a monthly basis in order to address issues that will ensure provision of a clean, safe care environment across the Trust.

5. Audit

5.1 Environmental Audit

IPC standards for the environment and equipment are monitored through technical and managerial audits. The format of these audits is drawn from the 49 elements of the National Standards of Cleanliness.

Technical audits take place monthly on each inpatient area with the unit manager and domestic supervisor. Managerial audits take place on a quarterly basis to validate the data from the technical audits and will include the IPCT and managers from Facilities and Estates.

These audits generate action plans for both the Facilities and Estates department and inpatient staff and are reviewed each month to ensure actions are completed. The results and action plans are monitored through the Infection Control Committee.

5.2 Infection Prevention and Control Practice Audit

IPC audits based on national standards were conducted in inpatient areas during the year. All areas were supported to develop action plans from the findings. The action plans are also considered at the Matron's and Facilities and Estates Infection Control Meetings and inform the Assurance Plan that is presented bi-monthly to the Trust Board and monthly by exception reporting as part of the essential standard of the RAG report. Key themes and actions from the audits are shown in Figure 1 below:

**Figure 1
Infection Control Good Working Practice Audit, June 2013**

Key Results Main project Results arising from the project	Overall compliance for 2013 remains high at 95%. Across the 22 categories covered none fell below 90% and of the 29 areas audited. Two areas scored between 88% and 89% and all other areas were above 90%
Actions arising from the results	<ul style="list-style-type: none">• Those ward scoring below 90% to be re audited• A campaign around keeping equipment clean and tidy will be run early in 2014

5.3 PEAT/PLACE

PEAT was replaced nationally by Patient-led assessments of the care environment (PLACE) in 2013. These assessments are undertaken by patient representatives and ex-service users who work as part of teams to assess how the environment supports patient’s privacy and dignity, food, cleanliness and general building maintenance. It focuses entirely on the care environment. PLACE is designed to capture the patients view of all the services provided and should capture what matters to them. The Infection Control team contributed to the PLACE inspections.

Figure 2 below identifies the 2013 PLACE scores.

PLACE has brought in fundamental changes in the way in which assessments are scored. The traditional 1 to 5 scores awarded in PEAT have been replaced with the following three options:

- P = Pass
- Q = Qualified Pass (Where a Qualified pass is awarded no more than a 20% failure of the elements are allowed)
- F = Fail

Figure 2
Trust PLACE Scores 2013

Ward/Unit	Cleanliness	Food	Privacy, Dignity & Wellbeing	Condition Appearance & Maintenance
Mytton Oak	99.03%	93.75%	85.38%	82.05%
St Georges	95.79%	96.00%	92.89%	88.61%
George Bryan Centre	92.22%	94.55%	70.23%	88.36%
Redwoods	97.99%	88.25%	95.47%	90.95%
Castle Lodge	98.95%	94.61%	85.38%	86.84%
The Elms	99.40%	94.94%	86.43%	88.16%
Park House	97.90%	89.12%	74.00%	86.46%
Totals	681.28%	651.22%	589.78%	611.43%
Trust Average	97.33%	93.03%	84.25%	87.35%

Figure 3 shows the national overall scores for PLACE. The results demonstrate that the Trust performance has achieved “Pass” in all of the areas.

Figure 3
National PLACE scores

Ward/Unit	Cleanliness	Food	Privacy, Dignity & Wellbeing	Condition Appearance & Maintenance
Published Trust Average	96.59%	92.85%	89.87%	88.99%
National Average	95.74%	84.98%	88.87%	88.75%
Above /Below Average	0.85	7.97	1.00	0.24

5.4 MRSA Screening Audit

The Department of Health issued guidance for MRSA screening for Mental Health Trusts in February 2009⁴. Whilst there is no evidence in mental health of any significant risk from MRSA bacteraemia, some patients may have other clinical conditions that could put them at risk of MRSA infection. Identification of colonisation status enables infection prevention and control precautions to be taken to limit the spread to other service users and enables the appropriate decolonisation.

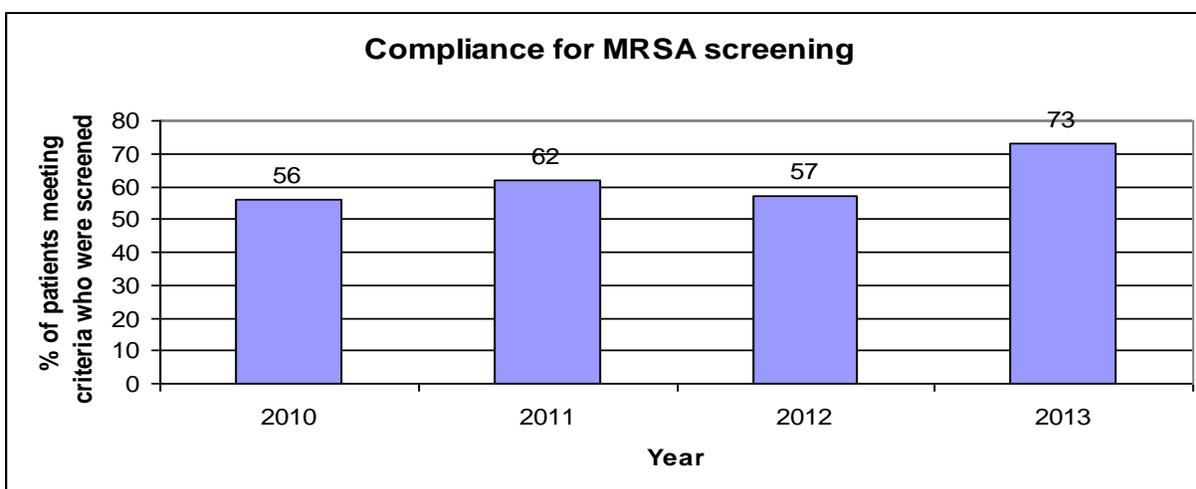
This Trust commenced the screening process in November 2009. The process was audited in 2010 and repeated in May 2011 and May 2013 to establish the extent to which appropriate MRSA screening is occurring and to identify the numbers of patients admitted meeting the criteria for screening.

In spite of efforts to improve the uptake of MRSA screening last year the audit findings revealed that only 73% of the patients who fell into the criteria for screening had been screened in line with the policy. Of those patients screened one was positive. The areas with the highest compliance with screening included the groups that had the greatest risk from MRSA colonisation including the older adult and eating disorders inpatient units. The lowest compliance was seen in Learning Disabilities, Forensic services and adult service wards.

It is acknowledged that it is not always possible or appropriate to screen patients on admission to hospital due to the complexity of their mental health conditions. In the main, the low compliance rate refers to patients in this category and where follow up has not taken place at a more appropriate time. The ICC team will continue to support the wards to improve uptake and Matrons are asked to monitor and support.

Figure 4 below identifies the number of eligible patients screened in 2013.

Figure 4
MRSA Screening 2010/2013

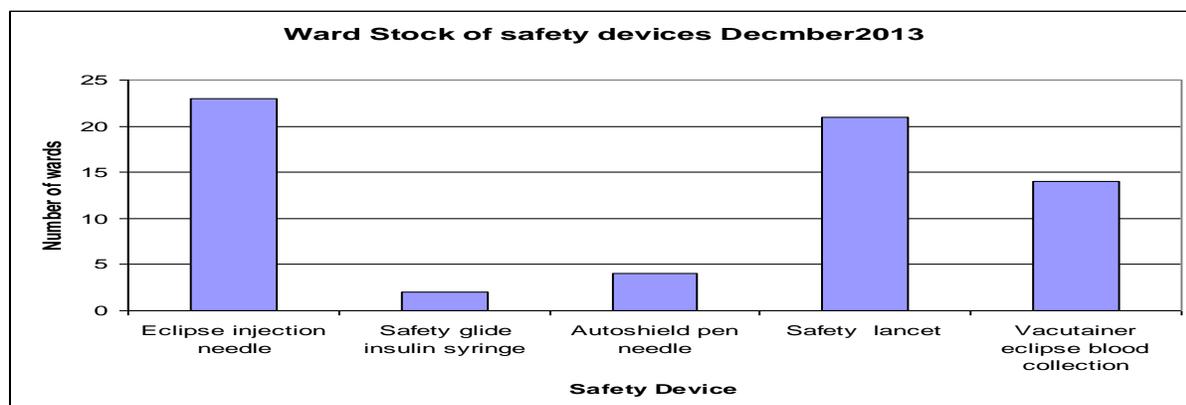


⁴ www.dh.gov.uk/en/Publicationsandstatistics/.../DH_086687

5.5 Sharps Audit

An audit on the availability of safety devices for the inpatient units was completed by the IPC team in December 2013. The number of wards stocking each type of safety device at that time is shown in Figure 5.

Figure 5
Type of safety device stocked on wards



The IPC team has been working for over 12 months to encourage staff to comply with the European guidance re the use of sharp safety devices. Whilst wards have complied with stocking safety injection needles and safety lancets more work is needed to ensure that they are using the Autoshield insulin pen and Safety glide syringe. Following each audit the ward staff were reminded of the need to order safety devices and in 2014 the IPC team will support all ward managers and Matrons to reinforce this message. There will be a re audit in March 2014.

6. Education and Training

Education and training are key factors to ensure that IPC is embedded into everyday practice and applied consistently by everyone. The IPCT provide staff with clear and practical up to date and evidence based information on all aspects of infection prevention and control in order that they can translate this philosophy into their working practice.

Training provided includes staff induction, mandatory training sessions for clinical staff and bespoke training for Doctors, Facilities and Estates, administration staff and volunteers.

Link champions, ward managers and Matrons were also provided with the opportunity to undertake the "Developments in Infection Prevention and Control" module at Staffordshire University.

The work book for both clinical and Facilities and Estates staff has continued to help to improve compliance with mandatory training.

Overall compliance for Infection Control training at 31 December 2013 is 83%. This is split into two different courses, dependent upon whether staff are working in a clinical or non-clinical role. Compliance by course is shown in Figure 6.

**Figure 6
Training Compliance 2013**

Course	Does not meet requirement	Meets Requirement	Grand Total	% Compliance
Infection Control - Clinical Staff	398	1743	2141	81.41
Infection Control - Non Clinical staff	28	288	316	91.14
Grand Total	426	2031	2457	82.66

Staff requiring Infection Control for non-clinical staff are mainly employed in Facilities and Estates (F&E) and this is an annual training requirement.

Compliance by Directorate

Compliance by each individual Directorate is shown in Figure 7.

**Figure 7
Compliance by Directorate**

Directorate	Does not meet requirement	Meets Requirement	Grand Total	% Compliance
301 Armed Forces Directorate		1	1	100.00
301 Business Development, Facilities and Estates Directorate	28	282	310	93.38
301 Chief Operating Officer Directorate		2	2	100.00
301 DMT Shropshire Mental Health	127	459	586	78.33
301 Forensic & Criminal Justice Directorate	34	203	237	85.65
301 Inclusion Services Directorate	57	193	250	77.20
301 Medical Directorate	3	40	43	93.02
301 Mental Health Staffordshire Directorate	106	484	590	82.03
301 Quality and Clinical Performance Directorate	7	24	31	77.42
301 Specialist & Family Services Directorate	41	196	237	82.70
301 Specialist Learning Disabilities Directorate	14	111	125	88.80
301 Substance Misuse Directorate	9	36	45	80.00
Grand Total	426	2031	2457	82.66

Hotspots

Hotspots identified are those teams where compliance is less than 70% and these are shown in Figure 8. Local training is being put in place for groups of staff with the lowest compliance.

Figure 8
Hotspots

Teams	Does not meet requirement	Meets Requirement	Grand Total	% Compliance
301 Ashley House	13	14	27	51.85
301 CFNCT EIP Shr/T&W	4	8	12	66.67
301 CFNCT NE Shropshire	5	8	13	61.54
301 Children's Community Nurse West	5	4	9	44.44
301 CMH EI Burton	5	10	15	66.67
301 CMH Stafford	12	26	38	68.42
301 CRER Rehab & Recovery Shropshire	5	6	11	54.55
301 CSMT Drug Team Birmingham	7	4	11	36.36
301 DART HMP Whitemoor	5	4	9	44.44
301 DS Quest Stafford	6	12	18	66.67
301 F&E-George Bryan Centre	6	4	10	40.00
301 IDNLD Milford House Stafford	9	16	25	64.00
301 IFNCT Birch Redwoods	8	17	25	68.00
301 IFNCT Laurel Redwoods	14	18	32	56.25
301 IFNCT Pine Redwoods	10	18	28	64.29
301 IRER Rehab & Recovery Shr/T&W	9	15	24	62.50
301 ISFOP George Bryan Tamworth	13	10	23	43.48
301 Paediatrics East	8	12	20	60.00
301 SFOP Dementia SS West	5	11	16	68.75
301 Wisbech	5	4	9	44.44

7. Link Champions

The Link Champion programme has continued throughout the year and all inpatient areas have a Champion for IPC. The Champions enable the sharing of knowledge and support ward managers to embed processes and practices that are contained within the Infection Control Code of Practice and Essential Steps tools.

The Link Champions meet bi-monthly in both the Stafford and Shropshire areas. Each meeting consists of an educational session for the Champions and update for staff on current infection prevention and control issues. Issues covered include:

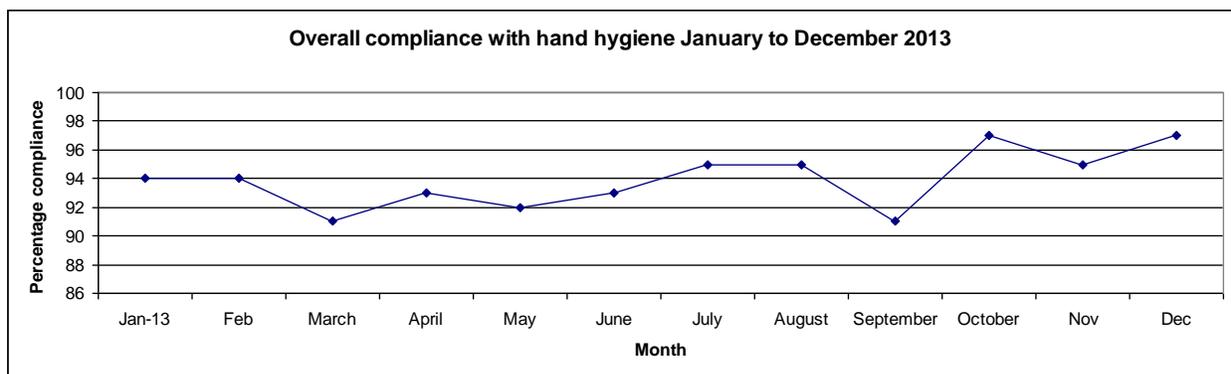
- ESBLs and Multi-resistant organisms

- Aseptic non touch Technique
- Outbreak management
- Specimen collection
- Sharp safety devices
- MRSA admission screening
- Update and results of all the infection control audits performed across the Trust

8. Hand Hygiene

The Lewisham monthly hand hygiene observation tool was introduced to inpatient areas through the Link Champions. The tool is designed to assist staff in observing and recording hand hygiene behaviour over a period of time, working out the level of compliance and feeding the information back to the staff to help improve practice. When ward hand hygiene compliance falls the IPC team implement a programme of extra training and re audit. Figure 9 below shows Trust compliance with hand hygiene during 2013.

Figure 9
Hand Hygiene Compliance 2013



9. Infection Control Programme

The Trust's annual infection control programme for 2014 (Appendix 2) will be followed and reviewed by the IPCT and with the Infection Control Committee throughout the year. The programme incorporates the requirements in all relevant documents including The Health and Social Care Act (2008) *Code of Practice on the prevention and control of infections and related guidance*. This sets out criteria by which managers of NHS organisations are to ensure that patients are cared for in a clean environment where the risk of infection is kept as low as possible. The programme identifies for the Infection Control Committee the areas that need to be developed and the prioritised actions required.

10. Management of Healthcare Associated Infections

10.1 *Clostridium Difficile*

Patients who have been treated with broad spectrum antibiotics (those that affect a wide range of bacteria, including intestinal bacteria) are at greatest risk of *Clostridium difficile*. Most of those affected are elderly patients with serious underlying illnesses, although more recently it is apparent that younger people can be at risk. Both the Isolation and *Clostridium difficile* policies include the following advice which is also reinforced in the training sessions:

- Prudent antibiotic prescribing to reduce the use of broad spectrum antibiotics.
- Isolation of symptomatic patients and maintaining high standards of infection control practices.
- Hand washing using soap and water to physically remove *Clostridium difficile* spores. Alcohol hand rub/gel is not to be relied on solely as this is ineffective against the spores.
- Wearing appropriate personal protective equipment e.g. gloves and aprons, especially when dealing with bed pans etc.
- Enhanced environmental cleaning and use of a chlorine containing disinfectant where there are cases identified to reduce environmental contamination with the spores.

10.2 *Meticillin Resistant Staphylococcus Aureus (MRSA)*

Surgical and other invasive procedures are rarely performed in the Trust and therefore there are low numbers of MRSA isolates. In the main the confirmed positive status cases are in patients in elderly care wards with a minority of cases in acute wards that generally are attributed to patients who perpetually self-harm.

Figure 10 below outlines the numbers of reported MRSA isolates in the Trust for the period January– December 2013. Many of these patients had existing wounds and were transferred from acute hospitals or from community settings. There are no reported cases of cross infection in the Trust’s ward settings.

Figure 10
MRSA Isolates January 2013 – December 2013

Ward	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Cum Total
Baswich			2		1								3
East Wing							1						1
Bromley			1										1
Brocton	1					1	1						3
Laurel		1								1			2
Kinver							1						1
Monthly	1	1	3	0	1	1	3	0	0	1	0	0	11

10.3 Outbreaks of Infections

During 2013 there were six outbreaks of gastroenteritis within in-patient areas. All outbreaks were reported to the Trust Board and Commissioners. The outbreak in the last two weeks of July involved 8 wards on the Stafford site, all the other outbreaks involved single wards. The causes of the outbreaks were either confirmed or suspected as viral, a common cause of sporadic cases and small clusters of gastroenteritis.

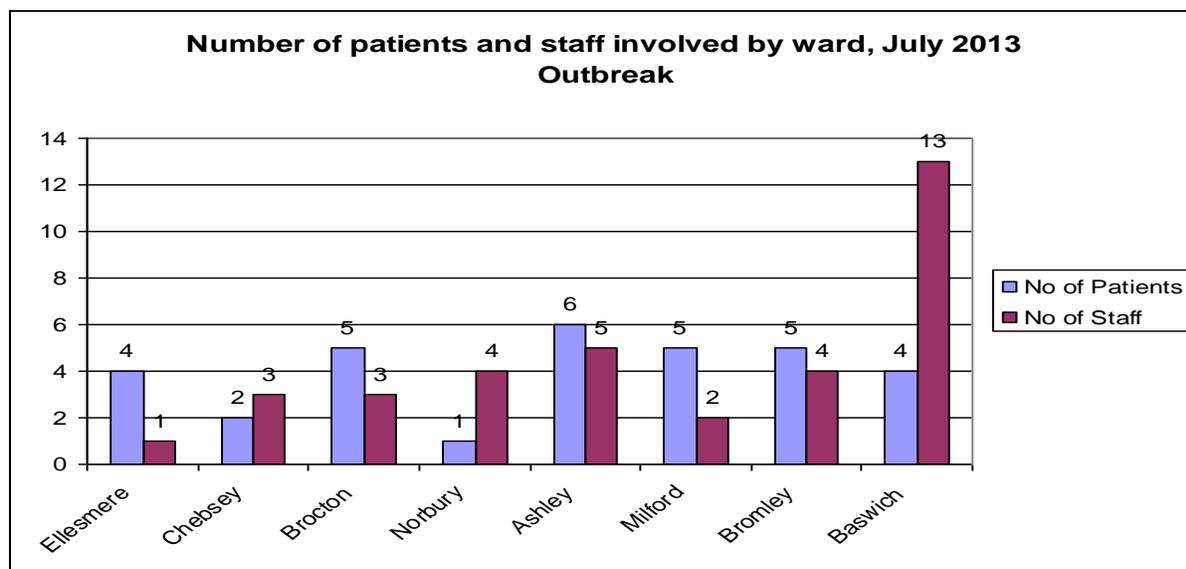
Single ward outbreaks

All the single ward outbreaks were short in time frame and were managed and contained well by the clinical teams. There were no long term affects to any patients and the conclusion from all the outbreaks was that clear robust infection control policies had been observed and implemented.

July outbreak

Most of the wards had relatively low numbers of patients and staff affected apart from Baswich ward with 13 staff.

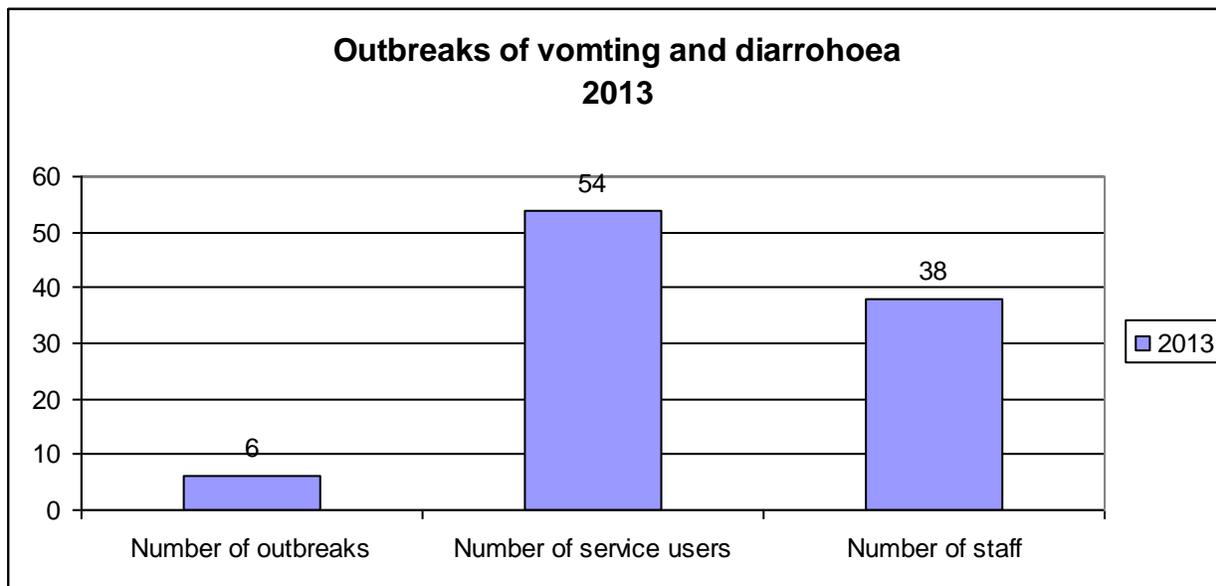
Figure 11
July Outbreaks



Once wards were cleared from new cases of diarrhoea and vomiting for a period of 48 hours, precautions were lifted after the area had been deep cleaned.

Figure 12 below shows the total number of patients and staff involved in outbreaks over the course of 2013.

Figure 12
Viral outbreak numbers staff and patients 2013



11. Influenza Vaccination Programme

The successful programme plan that was developed in the Trust for the H1N1 swine influenza programme in 2009/10 commenced for the current seasonal flu period in October 2013 and continued until February 2014. Extending the programme into 2014 ensured that staff returning from leave and new starters will have the opportunity to take up the vaccination.

A team of nurses together with Team Prevent delivered the programme in a variety of ways and settings including:

- Weekly clinics on both sides of the Trust for inpatient and community staff
- Ward visits to eliminate inpatient staff leaving the wards for vaccination
- Vaccinators providing clinics in outlying areas
- Vaccinators available at the start and finish of Trust meetings
- Vaccinators available for non clinical services including Facilities & Estates staff, HIS, finance and administrative staff
- Vaccination available for staff attending occupational health services

The Trust has invested in a significant amount of promotional material from NHS Employers and this has been distributed across the organisation. In addition, information and updates are provided on the Trust's intranet site. Directors are briefed weekly on staff uptake and details of the programme are included in meeting agendas.

Figure 13 below shows the percentage of staff vaccinated in the Trust by year and shows a year on year increase.

Figure 13
Percentage of staff vaccinated at time of data submission

2010/2011	2011/2012	2012/2013	2013/ 14
39%	55%	71%	70%

11.1 Percentage Comparisons of Frontline Staff Vaccinated to 31 December 2011 by Mental Health Providers in West Midlands

As in the previous influenza vaccination period the Trust achieved the highest uptake figures of all mental health trusts in the West Midlands and many of the acute trusts.

Figure 14 below shows vaccination uptake 2013/2014 for all mental health trusts in the West Midlands. The data reflects uptake at time of submission in January 2014. This Trust continued after the official submission date and that data is not reflected below.

Figure 14
Vaccination Uptake 2013/14

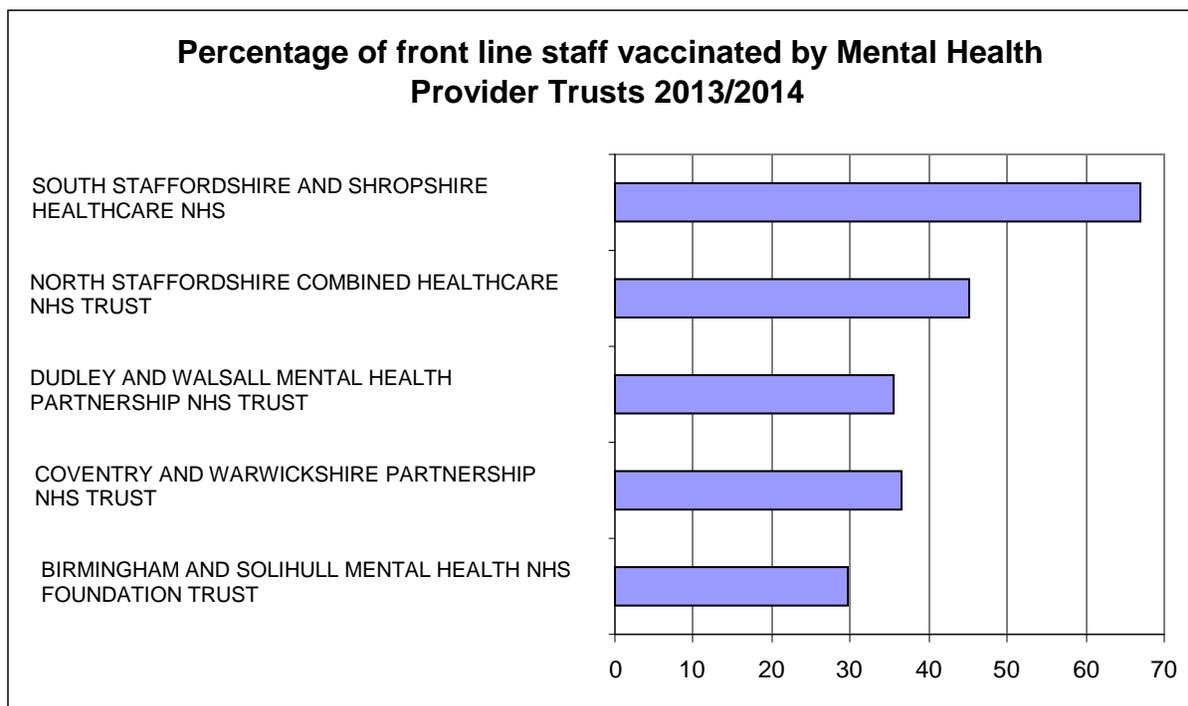


Figure 15 shows the staff broken down into staff groups.

Figure 15
Percentage Totals by Reporting Code of Vaccination Uptake 2013 /2014

Group 1 – Clinical/Doctors	81%
Group 2 – Nurses	59%
Group 3 – Front line staff other than doctors/nurses	90%
Group 4 - Administration	67%
TOTAL	70%

12. Policy and Guidance

The Health and Social Care Act (2008) mentioned throughout this report, details the criteria against which the registered provider will be judged on how it complies with the registration requirement for cleanliness and infection. Criterion 9 indicates the policies that are relevant to healthcare. Of the 24 policies mentioned, 22 are applicable for use in this Trust. Therefore an on-going programme of development and review has been undertaken throughout the year. The table in Figure 16 below identifies the policies that have been either reviewed or issued in this period. Figure 17 identifies policies that are due for review in 2014.

Figure 16
Reviewed and issued policies 2013

Policy	Review Date
Standard Precautions and Personal Protective Equipment	May 2013
Screening for MRSA merged with MRSA policy	May 2013
Parasites	May 2013
Cleaning Policy	April 2013
Collection, handling and transportation of specimen policy	Dec 2013

Figure 17
Policies for review 2014

Policy	Review Date
Policy for the use of medical devices in patients known, suspected or at risk of having Creutzfeldt-Jacob Disease (CJD)	April 2014
Isolation Policy	July 2014
Aseptic & Clean Dressing Technique	July 2014
Management of Clinical Sharp injuries and Exposure to blood and high risk body fluids	July 2014
Cleaning and Disinfection of Non Sterile Equipment policy	Oct 2014
Policy for the decontamination of mattresses / alternate pressure mattresses / couches / trolley covers and pillows	Oct 2014
Policy for reducing the risk of Infections Associated with Enteral Tube Feeding	Oct 2014
Management of an Outbreak or other Infection Control Incidents	Oct 2014
Cleaning Strategy	Oct 2014

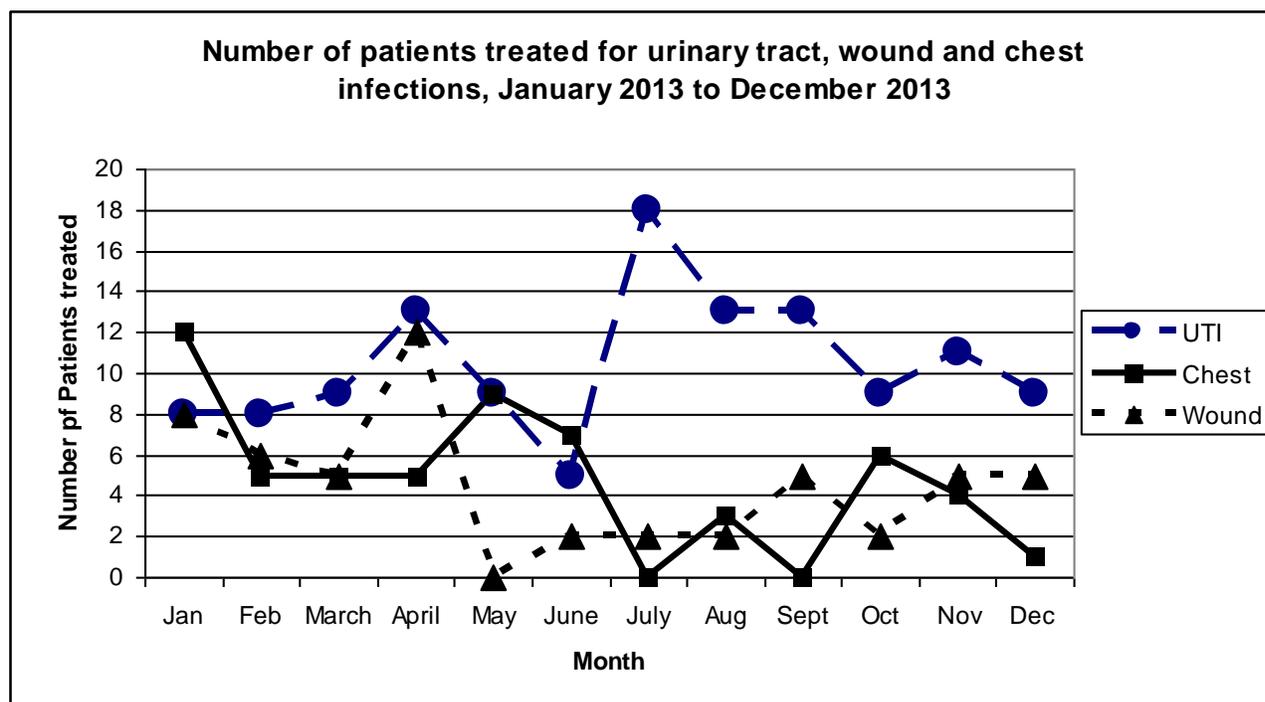
Policy	Review Date
Infection prevention and control policy for the movement of patients between wards, departments and transfer/discharge to other care organisations incorporating the inter –healthcare transfer form	Nov 2014
Infection Control and Decontamination Strategy	Nov 2014
Pandemic Influenza	Dec 2014

13. Surveillance of Urinary Tract Infections, Chest and Wound infections

The IPC Team has collected data for patients treated for urinary tract infection, chest and wound infections on the Care of Older Adult wards across the Trust as shown in Figure 18 below. This has been put in place as a method to identify and clarify quality issues, understand the causes and to identify actions to bring about improvements. In addition this will help to ensure the quality of care and the cost- effectiveness of an IPC programme of work. Results from the surveillance are fed back to the Infection Control Committee and Matron’s group for further action if required.

Figure 18

Number of patients treated for urinary tract, wound and chest infections in older adult wards January 2013 to December 2013



14. Conclusion

The report has summarised the infection control activities over the year 2013 and concludes that the infection control risk in the Trust remains low and that the Trust is compliant with the Health & Social Care Act: *Code of Practice on the Prevention of infections and related guidance*.

The IPCT team has continued to focus infection prevention and control activity on three main areas:

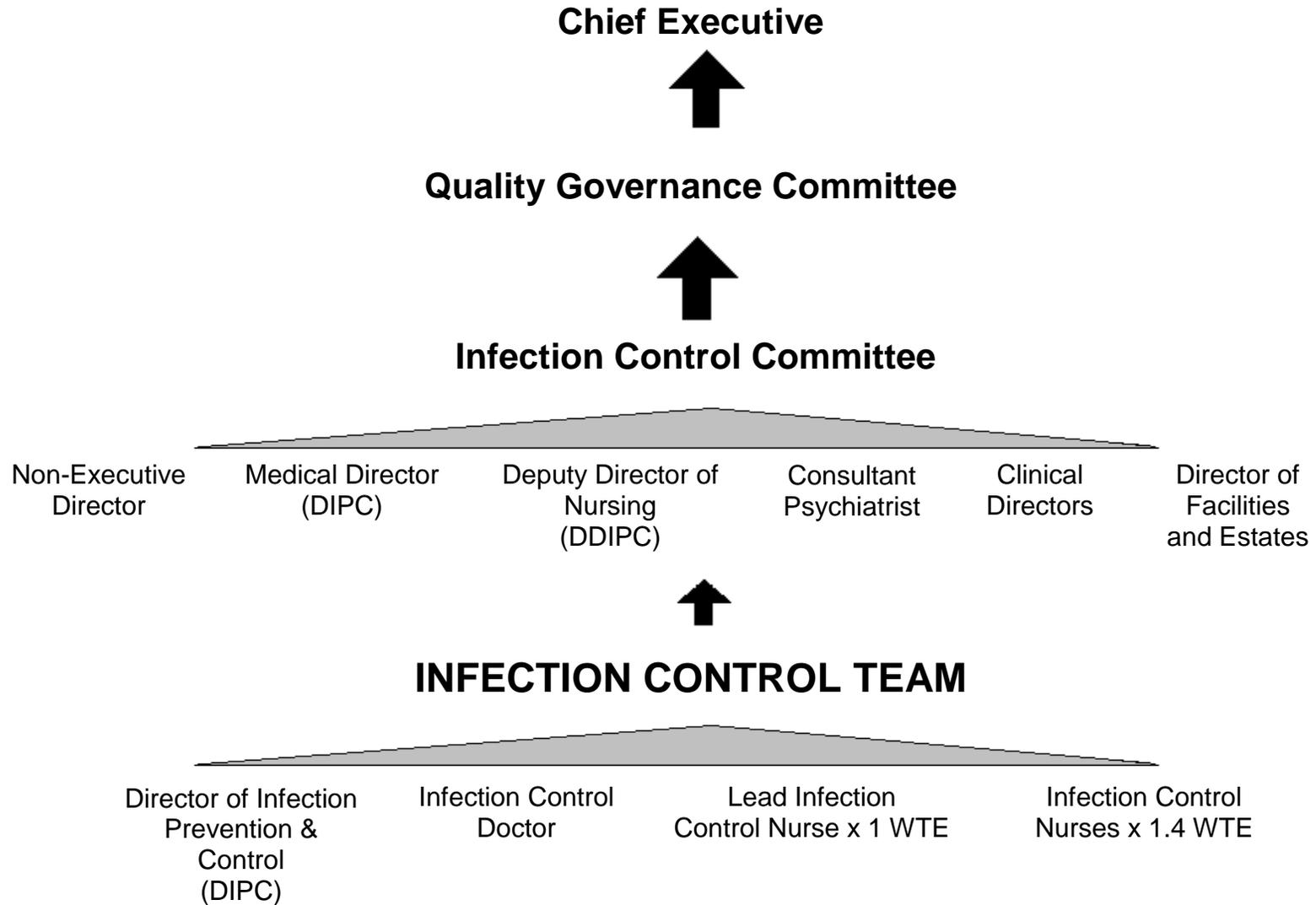
- Raising awareness and reducing the incidence of health care associated infection.
- The training of staff to ensure the successful management of infection.
- Embedding all aspects of infection control through the philosophy that infection control is everyone's responsibility.

With support from the Consultant Microbiologist, the IPCT will continue to maintain training programmes, guide staff and ensure implementation of national infection control directives.

The Infection Prevention and Control Programme for 2014 in appendix 2 will be monitored through the Infection Control Committee.

Appendix 1

INFECTION PREVENTION & CONTROL MANAGEMENT



Appendix 2

Infection Prevention and Control Programme 2014 Update January 2014

DDN	Deputy Director of Nursing
LIPCN	Lead Nurse Infection Prevention and Control
IPCT	Infection and Prevention and Control Team
CP	Chief Pharmacist
CATL	Clinical Audit Team Leader

Duty Code of Practice	Objective	Action	Progress/ Evidence	Date to be Achieved	Lead Officers
1. Audit. To demonstrate compliance with infection control standards					
1,2,8	To provide a programme of audit to ensure that key policies and practices are being implemented appropriately including decontamination of equipment, laundry and safe sharp practice	Annual audits of inpatient areas to be commenced March 2014. Planned finish July 2014	Report to IPC committee	September 2014	LIPCN
1,8	To provide audit on compliance with hand hygiene practice	Regular Hand hygiene observational audits to be completed by inpatient areas.	Report to IPC committee Overall compliance 96% February 2014	Reported at IPC committee bi monthly	IPCT
1,2,	To provide assurance that service users are screened for MRSA as per policy	MRSA screening Audit to be repeated May 2014	Report to IPC committee	July 2014	Audit team and IPC team
2. Surveillance, To identify and monitor trends, incidence and variance of infections					
1	To monitor trends in infection	Monitor outbreaks and trends on wards Initiate Root cause analysis for Clostridium Difficile and MRSA bacteraemia as required Surveillance of infections in inpatient areas for wound, urine and chest infections	Report to IPC committee Report to IPC committee and Matrons, F&E meetings for action as necessary	March 2014 March 2014 Reported at IPC committee bi monthly	IPCT LIPCN

Duty Code of Practice	Objective	Action	Progress/ Evidence	Date to be Achieved	Lead Officers
3. Cleanliness & Environment					
2	To ensure that environment and equipment is clean and fit for purpose	Joint working with estates and Hotel services with quarterly managerial audits and annual PLACE visits	Results returned to areas for action as necessary. Action through matrons F&E meetings and Link champions meetings. Results to be fed back to IPC committee	March 2014 Reported at IPC committee bi monthly	DEF/ IPCT
2	The IPCT are involved at all stages in the design and building of new healthcare facilities or the refurbishment of existing facilities.	Liaise with Facilities and Estates	Minutes from new build meetings.	Dec 2014	IPCT
4. Education & Training, To ensure all workers with in the Trust have the ability to apply appropriate infection prevention and control knowledge and skills to their practice					
9	Prevention and control of infection is included in induction programmes for new staff	Induction programme now includes Infection control, input coordinated by the Learning and Development team	Training records. Monitored through Board reports and IPC committee	Reported at IPC committee bi monthly	LIPCN
9	To undertake a programme of ongoing education for existing staff (including support staff, agency/locum staff and staff employed by contractors)	Develop appropriate training packages/sessions as required Ensure sessions are provided for all staff	Training records Monitored through Board reports and IPC committee	Reported at IPC committee bi monthly	LIPCN
9	To provide the Developments in Infection Prevention and Control course for Matrons, Ward Mangers and Link Champions	Course run through Lead IPC nurse	Report to IPC Committee	August 2014	DDN
5. Policy And Guidance, To produce evidence based, standardised, policies to inform/support practice					
8	To ensure the provision of evidence based up to date and relevant infection control policies in line with the Code of Practice for the NHS on the prevention and control of healthcare associated infections (2008)	Policy Policy for the use of medical devices in patients known, suspected or at risk of having Creutzfeldt-Jacob Disease (CJD	Review Date April 2014	April 2014	LIPCN

Duty Code of Practice	Objective	Action	Progress/ Evidence	Date to be Achieved	Lead Officers
		Isolation Policy	July 2014	July 2014	
		Aseptic & Clean Dressing Technique	July 2014		
		Management of Clinical Sharp injuries and Exposure to blood and high risk body fluids	July 2014	July 2014	
		Cleaning and Disinfection of Non Sterile Equipment policy	Oct 2014	October 2014	
		Policy for the decontamination of mattresses / alternate pressure mattresses / couches / trolley covers and pillows	Oct 2014	October 2014	
		Policy for reducing the risk of Infections Associated with Enteral Tube Feeding	Oct 2014	October 2014	
		Management of an Outbreak or other Infection Control Incidents	Oct 2014	October 2014	
		Cleaning Strategy	Oct 2014	October 2014	
		Infection prevention and control policy for the movement of patients between wards, departments	Nov 2014	November 2014	
		Infection Control and Decontamination Strategy	Nov 2014	November 2014	
		Pandemic Influenza	Dec 2014	Dec 2014	
6. Patient Management, To improve patient experience To ensure effective management of patients with HCAI					
1	To ensure that specialist infection control advice is provided where infection control input will minimise risks to patients	Review the patient caseload weekly to ensure appropriate management of patients, including ward visits as required An IPCN to attend meetings of relevant committees	Weekly assessment information	Ongoing	LIPCN

Duty Code of Practice	Objective	Action	Progress/ Evidence	Date to be Achieved	Lead Officers
		<ul style="list-style-type: none"> Facilities and Estates and Modern Matrons meeting Core Nurse Medical Devices committee 	Minutes of relevant committees		
8,4	To identify outbreaks promptly and manage following policy	<p>Provide information for staff when to contact and who to contact Ensure daily review of outbreak Ensure effective communication between relevant organisations and clinical leads</p> <p>Provide an incident report/root cause analysis, where appropriate</p> <p>Provide education of staff, when relevant</p>	<p>Contact details across Trust</p> <p>Records in Infection control folder HPA and SHA informed of ward closures</p> <p>Infection control committee report to include outbreaks</p> <p>Outbreak management included in training.</p>	Reported at IPC committee bi monthly	IPCT
	To provide link champion group	<p>Link Champion nurses established across Trust</p> <p>Bi monthly meetings to provide education, networking opportunities and promote good practice</p> <p>Run Study day for link champions</p>	Minutes of meetings, Link nurses news letter	July 2014	IPCT
7. IC Team Professional Development, To ensure provision of an effective and appropriate infection control service					
To ensure appropriate skill mix within infection control team and enable ongoing registration to appropriate parts of the nursing register					
7	Ensure that the IPCN receive specialist infection prevention and control development opportunities	Identify training needs and development needs through personal development reviews	Judy Carr. Masters in Leadership in Infection Prevention and control. Mandy Whitaker. To finish Degree	August 2014 August 2015	LIPCN