



**South Staffordshire &
Shropshire Healthcare**

NHS Foundation Trust

A Keele University Teaching Trust

**Infection Control
Annual Report**

January 2014 – December 2014

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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 2014. 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 2015.

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

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

DIPC reports to the Infection Control Committee, Quality Governance Committee and to 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 IPC 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 Non Executive Director 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, Facilities and Estates and Infection Control meetings and inform the Assurance Plan that is presented bi-monthly to the Trust Board. Monthly by exception reporting is 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 2014**

Key Results Main project Results arising from the project	Overall compliance for 2014 remains high at 94%. Of the 26 areas audited. Three areas scored between 87% 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 2015

5.3 PLACE

PLACE assessments were 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 IPC team contributed to the PLACE inspections.

Figure 2 below identifies the 2014 PLACE scores. The percentages are calculated by NHS England following the assessments based on the scores below for each component for the care environment.

Pass = 2 points
 Qualified pass = 1 point
 Fail = 0 points
 Yes answers = 2 points
 No answers = 0 points

Figure 2
Trust PLACE Scores 2014

Ward/Unit	Cleanliness	Food	Privacy, Dignity & Wellbeing	Condition Appearance & Maintenance
Mytton Oak	99.62%	91.54%	93.75%	97.62%
St Georges	98.88%	97.02%	93.48%	96.82%
George Bryan Centre	96.79%	93.87%	79.58%	93.29%
Redwoods	98.71%	95.82%	94.92%	95.15%
The Elms	97.88%	93.29%	80.83%	93.75%
Park House	95.51%	97.26%	89.02%	97.32%
Trust Average	98.45%	96.08%	92.06%	95.92%

From the above breakdown of the overall results it can be seen that there are areas to address with below average scores. These are specific to sites / categories and fall under Cleanliness, Privacy, Dignity & Wellbeing and Condition Appearance & Maintenance. Issues under the latter category were mainly addressed immediately, with the remainder targeted through the capital investment program

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

Category	Cleanliness	Food	Privacy, Dignity & Wellbeing	Condition Appearance & Maintenance
All Mental Health Trust	97.16%	89.84%	89.61%	92.50%
Trust overall score	98.45%	96.08%	92.06%	95.92%
Difference	+1.29%	+6.60%	+2.45%	+3.42%

5.4 MRSA Screening Audit

In 2014⁴ The Department of Health expert advisory committee on Antimicrobial Resistance and Healthcare Associated Infection issued revised guidance for MRSA screening for Mental Health Trusts. As there is no evidence in mental health of any significant risk from MRSA bacteraemia, the advice is now to only screen service users on admission with a past medical history of MRSA. This is a change from previous guidance which advised screening of a larger group of service users. This new guidance has been implemented across the wards and compliance against this standard will be audited in June 2015.

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.

⁴https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/345144/Implementation_of_modified_admission_MRSA_screening_guidance_for_NHS.pdf

Overall compliance for Infection Control training at 31 December 2014 is 81%. 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.

It is worth noting that the new Mandatory Training Refresher e-learning block was implemented from September onwards in a phased Directorate approach.

In light of this during 2015 the IPC team will provide bespoke sessions for staff concentrating on areas of concern in IPC practice or new IPC national issues.

**Figure 6
Training Compliance 2014**

Course	Meets requirement	Does not Meet Requirement	Grand Total	% Compliance
Infection Control - Clinical Staff	1696	326	2022	83.87
Infection Control - Non Clinical staff	180	124	304	59.2
Grand Total	1876	450	2326	81

Non-clinical staff requiring annual training are mainly employed in Facilities and Estates (F&E). At this juncture the facilities and Estates Directorate is in the process of partly transferring to an e-learning approach including infection control training. Therefore the figure of 59.2 % for this Directorate will not be reflective as a proportion of those staff will be in the process of moving to this new method.

Compliance by Directorate

Compliance by each individual Directorate is shown in Figure 7.

**Figure 7
Compliance by Directorate**

Row Labels	Meets Requirement	Does Not Meets Requirement	Grand Total	%
301 Armed Forces Directorate	2		2	100%
301 Business Development, Facilities and Estates Directorate	179	120	299	59.87
301 Directorate of Psychological Services	20	2	22	90.9
301 DMT Shropshire Mental Health	462	76	538	85.87
301 Forensic & Criminal Justice Directorate	186	41	227	81.94
301 Inclusion Services Directorate	207	70	277	74.73
301 Medical Directorate	36	9	45	80
301 Mental Health Staffordshire Directorate	487	82	569	85.59
301 Specialist & Family Services Directorate	207	35	242	85.54

301 Specialist Learning Disabilities Directorate	88	14	102	86.27
301 Substance Misuse Directorate	2	1	3	66.67
Grand Total	1876	450	2326	80.65

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

Team	Meets requirement	Does not meet requirement	Total	percentage
301 Inclusion Cambridgeshire Alcohol	1	15	16	6%
301 F&E-Redwoods Housekeeping	2	21	23	9%
301 Inclusion Sandwell	3	10	13	23%
301 F&E-Redwoods Catering	3	8	11	27%
301 F&E-Maintenance West Staffs	3	7	10	30%
301 F&E-Domestics SJH	10	9	19	53%
301 F&E-Domestics SRP	9	7	16	56%
301 IAMH George Bryan Tamworth	16	12	28	57%
301 IFOR Willow Shrops	13	9	22	59%
301 CRHT Shropshire	15	10	25	60%
301 DS LD South Staffordshire East	9	6	15	60%
301 Medical - Doctors in Training	10	5	15	67%
301 CMH Stafford	24	11	35	69%

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:

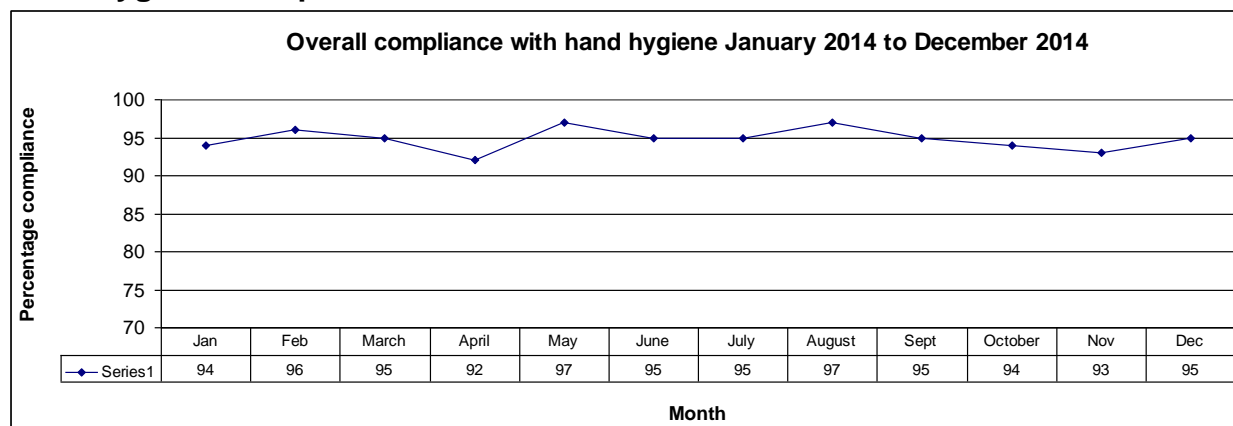
- ESBLs and Multi-resistant organisms
- Blood borne viruses
- Group A Streptococcus
- Lewisham hand hygiene audit
- Code of Practice on the prevention and control of infections and related guidance
- Update and results of all the infection control audits performed across the Trust

In July the IPC team arranged a study day for the link nurses. 30 staff attended and the day evaluated well. external speakers provided talks on, headlice, scabies, HIV, safe handling of sharps, hand washing, food hygiene and IPC in the ambulance service.

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 2014.

Figure 9
Hand Hygiene Compliance 2014



9. Infection Control Programme

The Trust's annual infection control programme for 2015 (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 2014. 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 2014 – December 2014

Ward	Jan -14	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Cum Total
Baswich		1											1
Bromley										1			1
Brocton				1									1
Oak												1	1
Monthly Total	0	1	0	1	0	0	0	0	0	1	0	1	4

10.3 Outbreaks of Infections

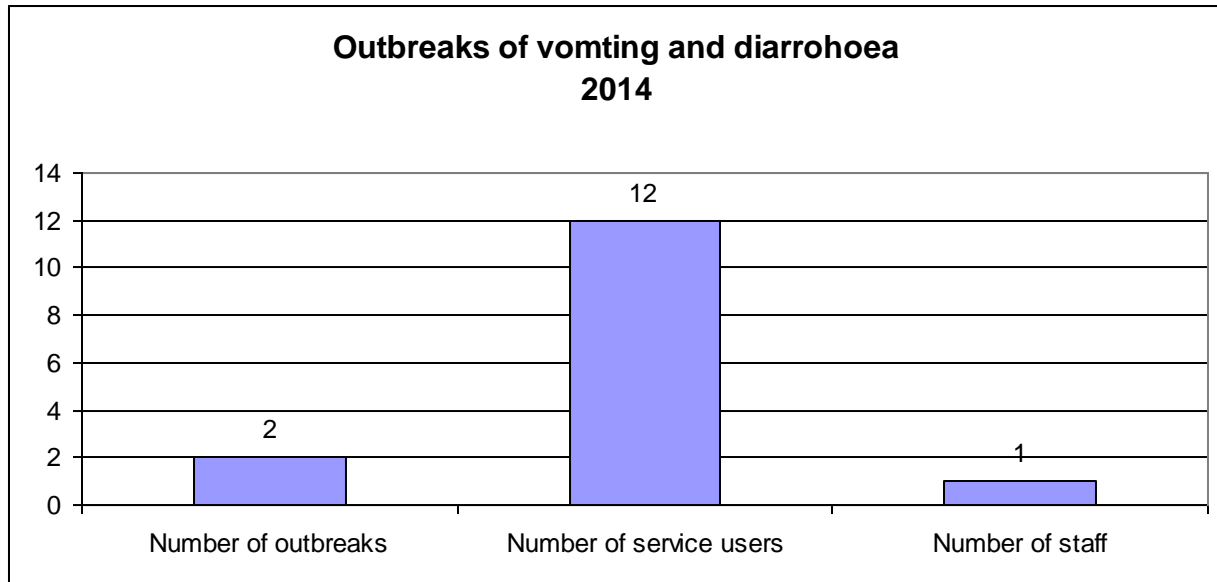
Gastro-enteritis

During 2014 there were two outbreaks of gastroenteritis within in-patient areas. All outbreaks were reported to the Trust Board and Commissioners. The causes of the outbreaks were either confirmed or suspected as viral, a common cause of sporadic cases and small clusters of gastro-enteritis. The 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.

Figure 11 below shows the total number of patients and staff involved in gastro-enteritis outbreaks over the course of 2014.

Figure 11



Respiratory Infections

During December 2014 there were two incidents involving Respiratory Syncytial Virus (RSV)

Brockington, Mother and baby unit had two babies with confirmed RSV and a further two with RSV like symptoms during late December. Outbreak measures were put in place and there were no further cases.

Radford, Forensic unit, one patient was admitted to the County hospital with pneumonia on the 23/12/14. Originally the County hospital raised the possibility that the pneumonia was secondary to flu. This patient had been offered the flu vaccination but had refused.

As only one patient on the unit had received the Flu vaccination the IPC team offered the vaccination again to all the patients and a further seven patients were vaccinated. No other patients or staff on the unit had symptoms of flu; however three patients and two staff had mild colds.

A sample from the patient at the County Hospital then confirmed RSV which may have explained the cold symptoms for the other staff and patients.

All the staff and patients were reminded of the importance of respiratory hygiene and outbreak measures were put in place on the ward.

11. Influenza Vaccination Programme

The seasonal flu vaccination programme commenced in September 2014 and continued until February 2015. Extending the programme into 2015 ensured that staff returning from leave and new starters had 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	2014/2015
39%	55%	71%	70%	72%

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 2014/2015 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 2014/15

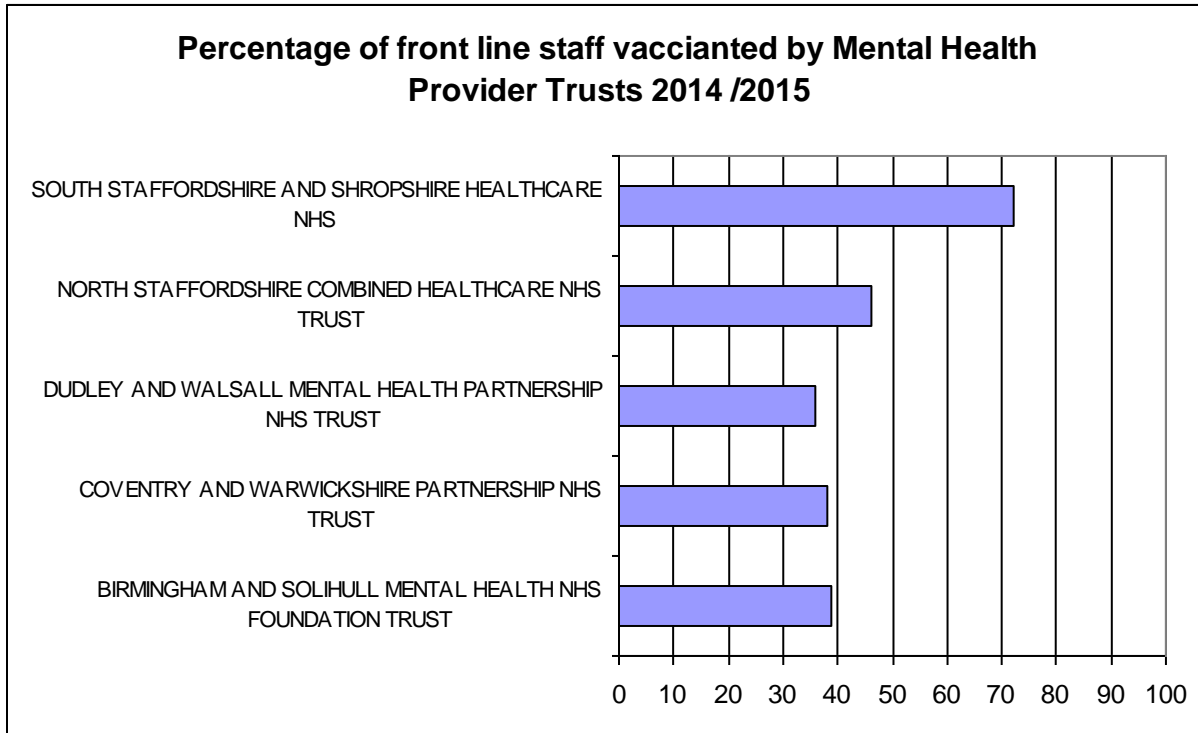


Figure 15 shows the staff broken down into staff groups.

Figure 15
Percentage Totals by Reporting Code of Vaccination Uptake 2014 /2015

Total Number of Vaccinations from October 2014 – January 2015

	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>	<u>Jan</u>	<u>Total</u>
Group 1 - Clinical/Doctors	43	30	25	10	108
Group 2 - Nurses	185	127	109	48	469
Group 3 - Social Workers/Medical	322	192	36	9	559
Group 4 - F&E/staff directly involved with patients	111	121	88	53	373
TOTAL	661	470	258	54	1509

11.2 Antivirals for Influenza

Inpatient service users with diagnosed influenza will be assessed by doctors in the Trust who will prescribe antivirals if appropriate and according to national guidance. Staff affected by influenza will receive if necessary, antiviral therapy from their GP”.

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. These will be reviewed in line with the new policy management process. There will be an overarching Infection Prevention and Control Policy and Standing Operating Procedures for the majority of current policies will be included.

Figure 16
Reviewed and issued policies 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

Figure 17
Policies for review 2015

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	March 2015
Infection Control and Decontamination Strategy	March 2015
Pandemic Influenza	March 2015
Policy for the insertion and monitoring of intravenous and subcutaneous cannula and infusions	April 15
Parasites	May 15
Cleaning Policy	Sept 15

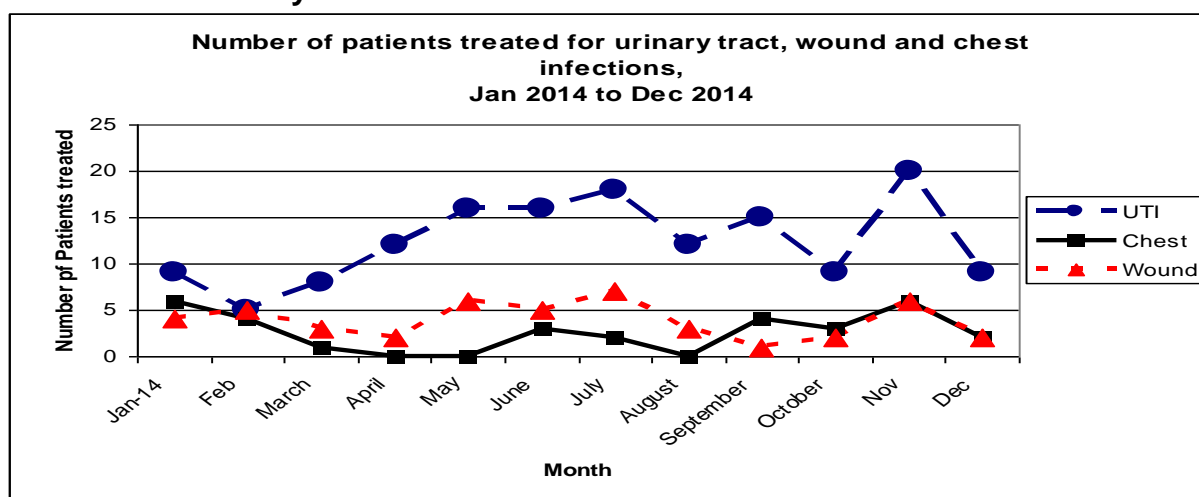
Policy	Review Date
Standard Precautions and Personal Protective Equipment	Sept 15
Reducing the risk infection associated with indwelling urinary catheters.	Dec 15
ESBL and GREs	Dec 15

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 2014 to December 2014



14. Ebola

Following the beginning of the 2014 outbreak of Ebola in West Africa the Trust was required by NHS England to ensure that processes are in place to ensure that there is the ability to identify and isolate a patient who presents with a high index of suspicion of Ebola.

In order to comply with this;

- All the wards were issued with the Viral Haemorrhagic algorithm and guidance issued by the Advisory Committee on Dangerous Pathogens (ACDP).
- A Standard operating procedure for Ebola was developed
- Twenty Ebola awareness training sessions were put on across the Trust
- Nine emergency response kits with personnel protective clothing have been distributed across the Trust

Current reports indicate that the epidemiological situation in Guinea, Liberia and Sierra Leone continues to improve. The risk of Ebola being imported into the UK is currently considered to be low.

15. 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:

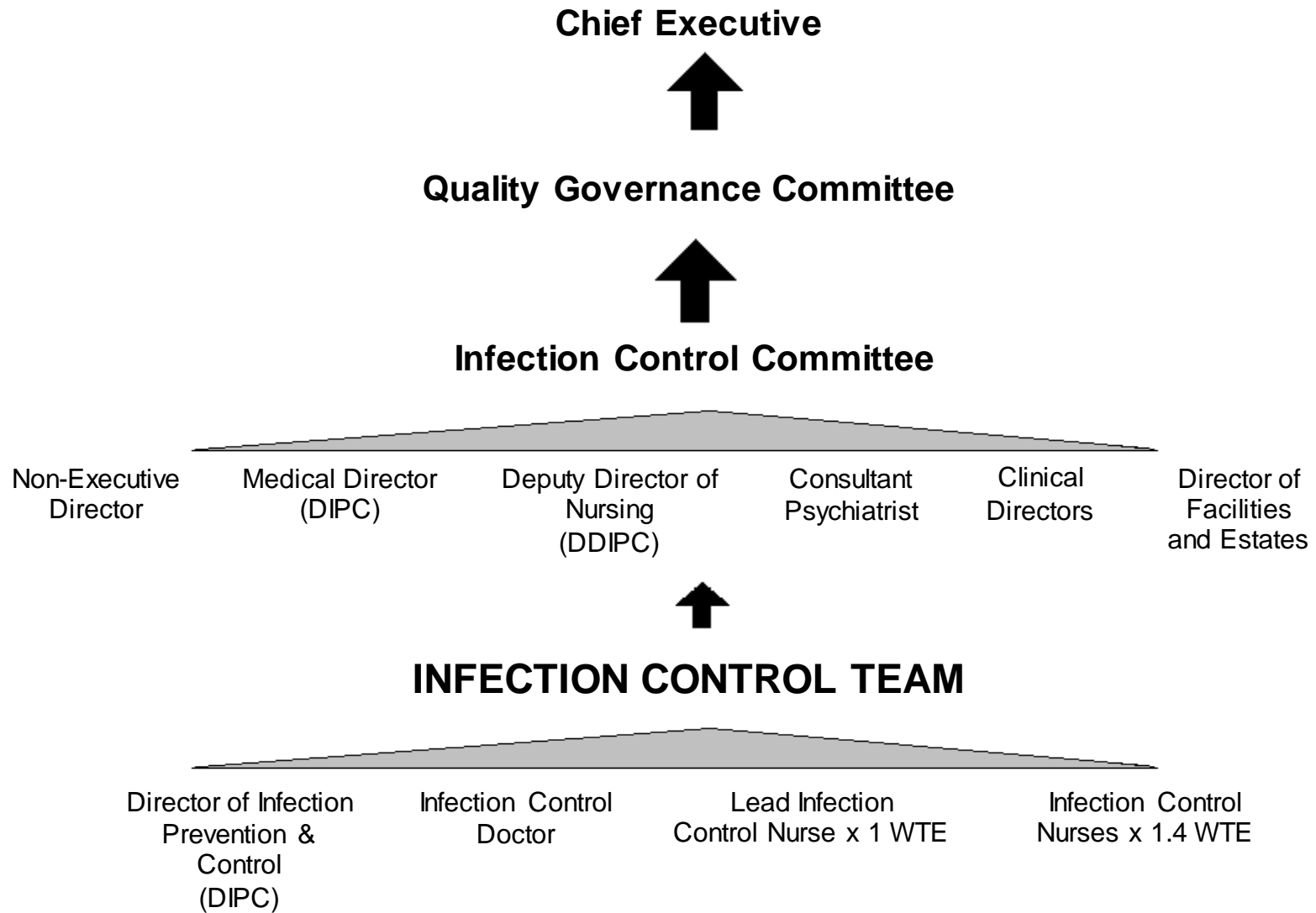
- Raising awareness and reducing the incidence of health care associated infection.
- The training of staff to ensure the successful management of infection.
- Embedding all aspects of infection control through the philosophy that infection control is everyone's responsibility.

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 2015 in appendix 2 will be monitored through the Infection Control Committee.

Appendix 1

INFECTION PREVENTION & CONTROL MANAGEMENT



Appendix 2

Infection Prevention and Control Programme 2015

Update January 2015

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 commenced April 2015. Finished July 2015.	Report to IPC committee	September 2015	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 2015	March 2015	IPCT
1,2,	To provide assurance that service users are screened for MRSA as per policy	MRSA screening Audit to be repeated	Policy changed in line with new national guidance.	January 2015	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 2015 March 2015	IPCT LIPCN
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	March 2015 Reported at IPC	DEF/ IPCT

Duty Code of Practice	Objective	Action	Progress/ Evidence	Date to be Achieved	Lead Officers
			meetings. Results to be fed back to IPC committee	committee bi monthly	
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. Meet with Carolyn Gavin to discuss alterations on St Georges site.	March 2015	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	March 2015 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)	E learning to be rolled out	Training records Monitored through Board reports and IPC committee 72% at the end of January 2015	March 2015 Reported at IPC committee bi monthly	LIPCN
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 Infection prevention and control policy for the movement of patients between wards, departments Infection Control and Decontamination Strategy Pandemic Influenza Policy for the insertion and monitoring of intravenous and subcutaneous cannula and infusions Parasites Cleaning Policy Standard Precautions and Personal Protective Equipment Reducing the risk infection associated with indwelling urinary catheters	March 2015 March 2015 March 2015 April 2015 May 2015 September 2015 September 2015 December 2015		LIPCN

Duty Code of Practice	Objective	Action	Progress/ Evidence	Date to be Achieved	Lead Officers
		ESBL and GREs	December 2015		
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 <ul style="list-style-type: none"> Facilities and Estates and Modern Matrons meeting Core Nurse Medical Devices committee 	Weekly assessment information Minutes of relevant committees	Ongoing	LIPCN
8,4	To identify outbreaks promptly and manage following policy	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 Provide an incident report/RCA or PIR analysis, where appropriate Provide education of staff, when relevant	Contact details across Trust Records in Infection control folder HPA and SHA informed of ward closures Infection control committee report to include outbreaks	March 2015 Reported at IPC committee bi monthly	IPCT
	To provide link champion group	Bi monthly meetings to provide education, networking opportunities and promote good practice	Minutes of meetings, Link nurses news letter	April 2015	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	Continue attendance at Infection Prevention Society study days	March 2015	LIPCN