

OPEN BOARD OF DIRECTORS
14th June 2017

Open BoD: 14.06.17 Item: 13v

TITLE OF PAPER	Infection Prevention and Control, Quarter 4 Report, January – March 2017
TO BE PRESENTED BY	Liz Lightbown, Executive Director of Nursing, Professions and Care Standards
ACTION REQUIRED	Members to be informed of the progress made during Q4 2016 – 2017 regarding the infection control agenda and annual work plan

OUTCOME	Members to be assured on all aspects of infection, prevention and control for the Trust and satisfied with the progress achieved during this reporting period
TIMETABLE FOR DECISION	June 2017 Board Meeting
LINKS TO OTHER KEY REPORTS / DECISIONS	<ul style="list-style-type: none"> ▫ Infection Control Programme 2016 – 2017 ▫ Safety and Risk Strategy
BAF OBJECTIVE No and TITLE	Strategic Objective 1: Improving the Quality and Efficiency of Services. BAF Risk 1.4: Compliance with CQC Registration/ Regulation Requirements
LINKS TO THE NHS CONSTITUTION & OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES	<ul style="list-style-type: none"> ▫ Board Assurance Framework ▫ NICE Quality Standards (61, 113, 139) ▫ Care Quality Commission Fundamental Standards ▫ Code of Practice on the Prevention & Control of infections and related guidance ▫ NHS Litigation Authority ▫ Service user Safety Thermometer Framework ▫ NHS Outcomes framework 2016-2017; domain 5 <p>HSE ■ MH Act □ Equality □ BME □ Disability Legislation □ NHS Constitution: Staff Rights □ Service users' Rights □ Public's Rights □ Principles □ Values □</p>
IMPLICATIONS FOR SERVICE DELIVERY & FINANCIAL IMPACT	If financial implications are identified during the delivery of this programme, individual business cases will be developed and put forward to the Board for consideration
CONSIDERATION OF LEGAL ISSUES	Legal Requirement to comply with The Health and Social Care Act 2008 (2015)

Author of Report	Katie Grayson
Designation	Senior Nurse - Infection Prevention & Control Lead
Date of Report	28 th April 2017

SUMMARY REPORT

Report to: Open Board of Directors

Date: 14th June 2017

Subject: Infection Prevention and Control, Quarter 4 Report, Jan - March 2017

From: Liz Lightbown, Executive Director of Nursing, Professions and Care Standards

Author: Katie Grayson, Senior Nurse Infection Prevention & Control Lead

1. Purpose

<i>For Approval</i>	<i>For a collective decision</i>	<i>To report progress</i>	<i>To seek input from</i>	<i>For information</i>	<i>Other (please state below)</i>
✓		✓			

2. Summary

Good infection prevention (including cleanliness) is essential to ensure that people who use health & social care services receive safe & effective care. Effective prevention and control of infection must be part of everyday practice and be applied consistently by everyone. Good management & organisational processes are crucial to make sure that high standards of infection prevention are developed, implemented and maintained.

This report comprises related incidents within the Trust, actions taken, outcomes and exceptions. Members are assured the Trust has taken appropriate actions in relation to infection prevention and control and is responding to issues identified through continued monitoring. Progress by target area is Red, Amber, Green, Blue (RAGB) rated.

3. Next Steps

The Senior Nurse for Infection Prevention & Control will continue to facilitate and monitor implementation of this programme.

4. Required Actions

- Receive this report.
- Note the progress against the Infection Control Programme 2016 - 2017.
- Note the activity to be carried forward by the Infection Control Team.
- Proactively promote ownership and responsibility of infection prevention & control Trust wide.

5. Monitoring Arrangements

- Quarterly verbal/written reports are provided to the Infection Control Committee & Service User Safety Group
- Data is included on the SHSC Dashboard.
- Quarterly reports are provided to the Quality Assurance Committee.
- Quarterly reports are provided to the Board of Directors.

6. Contact Details:

For further information, please contact:

Katie Grayson, Senior Nurse Infection Prevention & Control Lead
0114 271 8621
katie.grayson@shsc.nhs.uk

Infection Prevention and Control: Quarter 4 Report January - March 2017

Contents:

No	Item	Page
1	Introduction	5
2	Progress Summary of the Annual Plan	5
3	Education & Training	5
4	Surveillance	7
5	Audit Programme	11
6	Policies & Protocols	11
7	Environmental Cleanliness	11
8	Incidents	12
9	Infection Prevention Queries	12
10	Appendix 1 – Annual Plan	14

Abbreviations:

BBTE	– Bare Below the Elbows
CCG	– Clinical Commissioning Group
DCN	– Deputy Chief Nurse
DIPC	– Director of Infection Prevention and Control
ICLWF	– Infection Control Link Worker Forum
ICC	– Infection Control Committee
IPC	– Infection Prevention & Control
IPCC	– Infection Prevention & Control Co-Ordinator
IPCT	– Infection, Prevention Control Team
MCC	– Michael Carlisle Centre
MRSA	– Meticillin Resistant Staphylococcus Aureus
MSSA	– Meticillin Sensitive Staphylococcus Aureus
MTD	– Medical Therapeutic Devices
PGD	– Service user group Directive
PHA	– Physical Health Assessment
SHSCFT	– Sheffield Health and Social Care Foundation Trust
SICP	– Standard Infection Control Precautions
SNIPC	– Senior Nurse – Infection Prevention & Control

Acknowledgements for assisting in the collation of data for this report:

1. Jill Perlstrom-Wright (Infection Prevention & Control Co-Coordinator)
2. Tracy Green – (Governance Data Management Officer)
3. Paul James (Risk Information Assistant)
4. Marion Sommaire (Training Administration Support Officer)

1.0 Introduction

This quarterly report aims to provide members with a retrospective overview of the activities carried out to progress the prevention, control and management of infection within Sheffield Health and Social Care NHS Foundation Trust (SHSCFT); during this reporting period January – March 2017.

2.0 Progress Summary of the Annual Plan

The Infection Prevention & Control Team (IPCT) has made excellent progress striving to complete the actions/areas of which they are responsible. The plan is divided into 7 key work streams and features 35 individual actions. Most actions are on-going and cannot be deemed complete until year end. The Red, Amber, Green, Blue (RAGB) rating system used in the annual plan provides a visual aid regarding progress made against a particular stream. Please see Appendix 1 for progress & assurance information. 34 actions are either fully complete or deemed on-going; the amber audit action is attributable to the on-going progress with regards to Antibiotic auditing for which Pharmacy Department are responsible for achieving.

2.1 The table below provides an indicator of the progress made in this quarter.

Objective Area	No of Actions	Red Not commenced	Amber In progress	Green On-going	Blue Complete
Training & Education	10	-	-	1	9
Audit	6	-	1	-	5
Surveillance	2	-	-	-	2
Policy & Protocols	2	-	-	-	2
Preventative & Case Work	10	-	-	-	10
Design, Planning, Refurbishments & new premises	1	-	-	-	1
Environmental Cleaning & Decontamination	4	-	-	3	1
Totals	35	0	1	4	30

3.0 Education & Training

The IPCT along with colleagues from the Education & Training department continue to provide & deliver mandatory IPC training, which now combines hand hygiene to both clinical and non-clinical staff employed by the Trust. The IPCT continue to deliver face-to-face teaching and ad-hoc/bespoke session requests made by services directly.

3.1 Food safety training has been delivered for the Occupational Therapists working in a range of settings whereby 19 participants attended. Woodland View had 5 staff attend and Forest Lodge had 2 service users and 2 staff members in attendance; supporting them working towards their food safety qualification.

3.2 The table below provides information on Core Mandatory (Trust Induction for new starters) and Mandatory Update Training for existing staff groups. It is pleasing to report that **393** members of staff have received training in this quarter.

Q4 - Mandatory Training Provided: IPC and includes Hand Hygiene

Training Offered	Participants
Core Mandatory	46
Mandatory Training Update	328
Mandatory Training Update Clover Group	N/A
Mandatory Training Update Corporate	19
Hand Hygiene Drop-in Session	N/A
Clinical Psychologist Induction	N/A
Quarterly Total	<i>(484 Q1) (476 Q2) (812 Q3)</i>
Cumulative Yearly Total	2,165

3.3 Trust IPC Training Combining Hand Hygiene

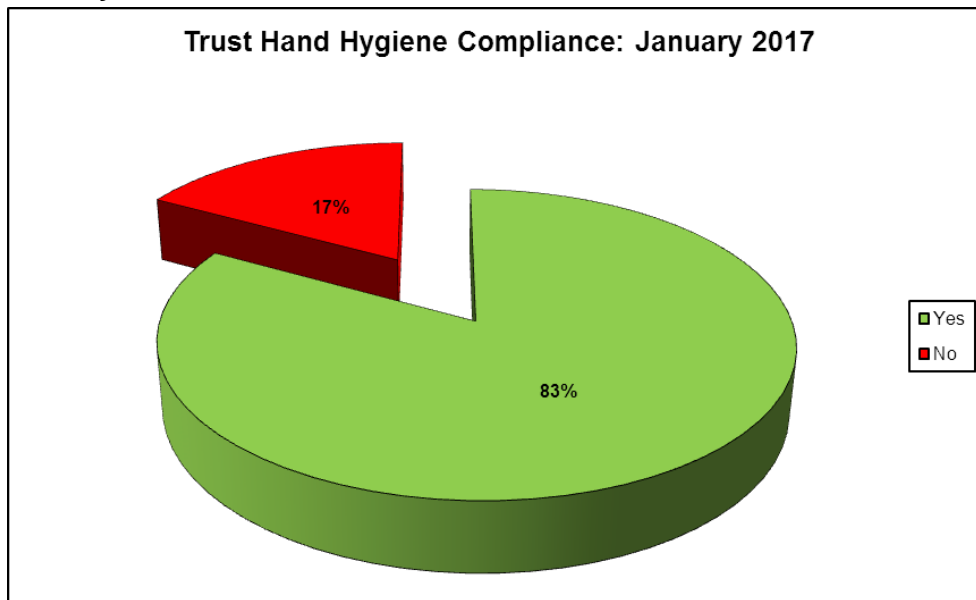
The following pie charts provide information on IPC Training & hand hygiene compliance across the Trust. Post Graduate Medical Education (PGME) Doctors are not included in the percentage figures supplied by the Training Department; it has been agreed that Doctors employed by the Trust, but not working at our units, will not be included in the compliance figures.

3.4 The target set in the Quality Account by NHS Sheffield Clinical Commissioning Group (CCG) is to have trained 80% of the staff in hand hygiene practices by March 2017. The Trust calculates compliance based on numbers who need training and numbers of those who are currently compliant. Each employee in the Trust has a different month when that training will 'expire.'

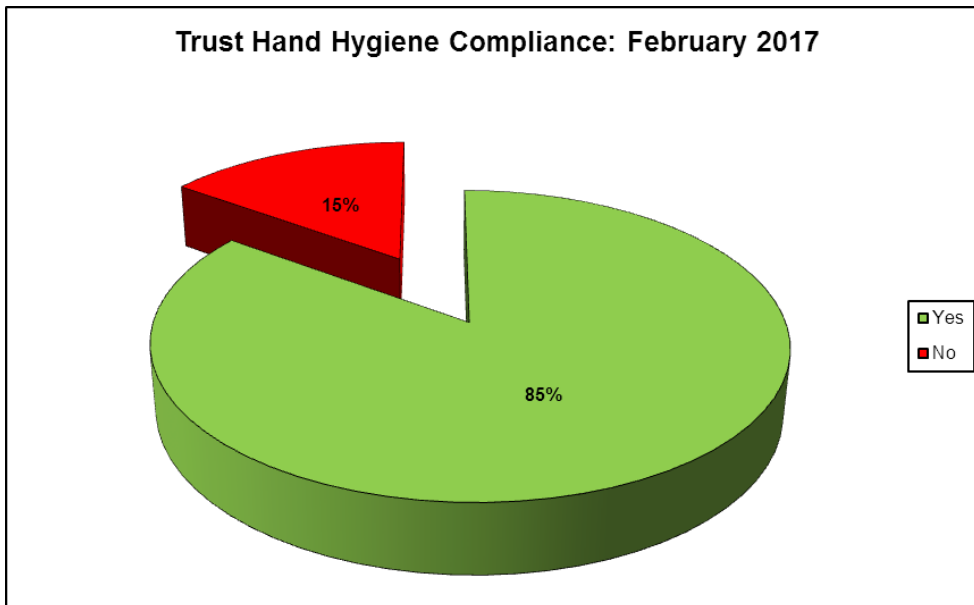
3.5 At the end of Q3 it was pleasing to report that this Quality Account target had been met. At the end of December the Trust compliance was 81%. The following charts demonstrate how this target has been exceeded during this reporting period; at the end of March the Trust has achieved **87%**. This is a substantial improvement whereby only 52%-57% compliance had been reported in previous years.

Trust Training Compliance Data

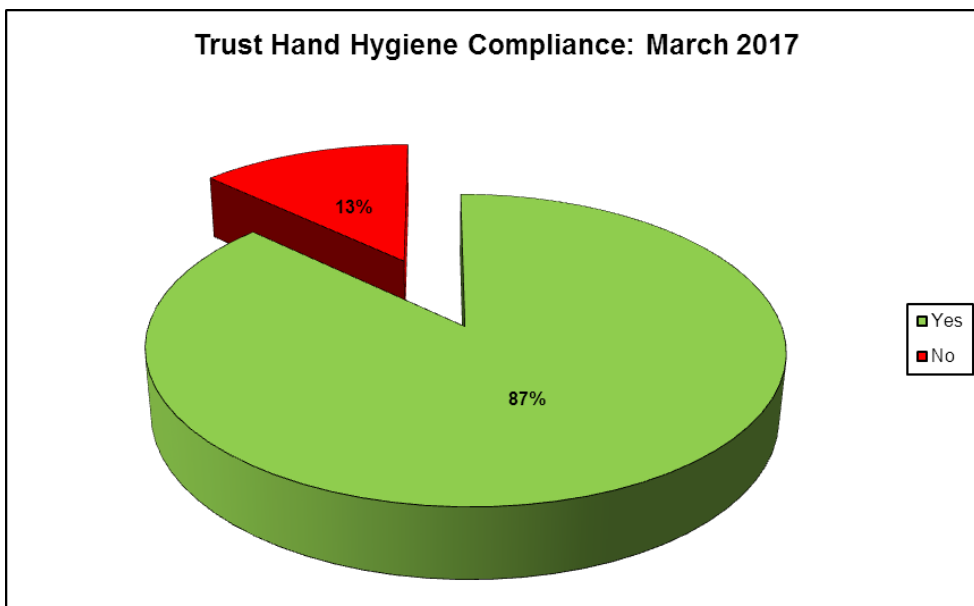
January 2017



February 2017



March 2017



4.0 Surveillance

Mandatory surveillance continues and the table shows that the Trust has had zero MRSA, MSSA and E-coli Bacteraemias and one *Clostridium difficile* (C-diff) case detected in our patient / service user population.

Alert Organism	Case Numbers This quarter	Trust Attributable In this Quarter	Annual Cumulative Case Total
MRSA Bacteraemia	0	0	1 (Q1)
MSSA Bacteraemia	0	0	0
<i>Escherichia Coli</i> Bacteraemia	0	0	0
<i>Clostridium difficile</i> Toxin producing diarrhoea	1	0	4 (+1x relapse)

4.1 Via established reporting mechanisms, the SNIPC was alerted to 1 service user on Dovedale Ward, who has been diagnosed with toxin producing C-diff. A Root Cause Analysis (RCA) investigation is currently in progress at the time that this report is being prepared; therefore the outcome of this case will be reported in Quarter 1 report for 2017/18.

4.2 The collection of voluntary surveillance data is well-established by the Prevalence form. The monthly data collection form is used to gather a local picture of current infections/ diseases and treatment prescribed e.g. antibiotic prescribing affecting the Trust's patient/ service user population retrospectively.

4.2.1 The IPCT acknowledge that the data provided is not statistically robust due to areas not complying fully with the requirement to gather the information and submit in a timely manner. Some areas are now submitting data from the previous quarter which makes reporting accurate information very difficult. In this quarter Burbage, Forest Lodge, Stanage, Oak Cottage Woodland View and Firshill Rise have not submitted any data despite numerous monthly requests. A further 6 areas have submitted data only once in the quarterly reporting period. Positively 3 areas are consistently returning full data for this reporting period which are Birch Avenue, Willow Cottage Woodland View and Buckwood View.

4.2.2 The issue of non-compliance / non-submission of data has been escalated to service & clinical directors, including responsible ward managers and improvement plans agreed.

4.2.3 The tables below provide an overview of local voluntary surveillance.

January 2017

Number of patients with known or suspected infections / infestations																								
Directorate	MRSA Known or suspected	Other multi-resistant organisms e.g. ESBL, CPE	Diarrhoea (and/or) vomiting	Clostridium difficile (known or suspected)	Blood borne virus e.g. HBV, HCV, HIV Known or high risk	Known/suspected IV drug user	History of self-harm (breaking the skin only)	Invasive devices e.g. catheters, PEG or other	Number of patients had MRSA screens done this month	Chest infections/pneumonia or cough lasting 3 weeks or more	Influenza like illness	Urinary tract infection (no catheter insitu)	Urinary tract infection (catheter/suprapubic insitu)	Prescribed antibiotic treatment	Transferred from another hospital	Transferred from residential or nursing care homes	Wounds – include leg ulcers/surgical	Infestations(parasitic) e.g. head lice, pubic lice, scabies, thread worms	Cellulitis	Prescribed inhalers or nebulisers	TB – known history or suspected	Ear infections	Eye infections	Any other infections – please provide details
Acute	0	0	0	0	0	0	2	0	0	1	0	2	0	3	0	0	0	0	0	1	0	0	0	1
Community	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LDS	0	0	0	0	0	0	0	1	0	2	0	1	0	4	0	0	0	0	0	3	0	0	0	1
Specialist	0	0	1	0	0	0	0	6	4	9	0	2	0	16	2	1	5	1	0	14	1	0	0	0
Overall Monthly Total	0	0	1	0	0	0	2	7	4	12	0	5	0	23	2	1	5	1	0	18	1	0	0	2

February 2017

Number of patients with known or suspected infections / infestations																								
Directorate	MRSA Known or suspected	Other multi-resistant organisms e.g. ESBL, CPE	Diarrhoea (and/or) vomiting	Clostridium difficile (known or suspected)	Blood borne virus e.g. HBV, HCV, HIV Known or high risk	Known/suspected IV drug user	History of self-harm (breaking the skin only)	Invasive devices e.g. catheters, PEG or other	Number of patients had MRSA screens done this month	Chest infections/pneumonia or cough lasting 3 weeks or more	Influenza like illness	Urinary tract infection (no catheter insitu)	Urinary tract infection (catheter/suprapubic insitu)	Prescribed antibiotic treatment	Transferred from another hospital	Transferred from residential or nursing care homes	Wounds – include leg ulcers/surgical	Infestations(parasitic) e.g. head lice, pubic lice, scabies, thread worms	Cellulitis	Prescribed inhalers or nebulisers	TB – known history or suspected	Ear infections	Eye infections	Any other infections – please provide details
Acute	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	1
Community	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	1	0	0	0	0
LDS	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	1	0	0	3	0	0	0	0
Specialist	0	0	3	0	0	0	0	5	3	4	0	1	2	18	2	0	8	0	0	11	0	0	0	1
Overall Monthly Total	0	0	3	0	0	0	0	7	3	5	0	1	2	21	2	0	9	0	0	16	0	0	0	2

Number of patients with known or suspected infections / infestations																								
Directorate	MRSA Known or suspected	Other multi-resistant organisms e.g. ESBL, CPE	Diarrhoea (and/or) vomiting	Clostridium difficile (known or suspected)	Blood borne virus e.g. HBV, HCV, HIV Known or high risk	Known/suspected IV drug user	History of self-harm (breaking the skin only)	Invasive devices e.g. catheters, PEG or other	Number of patients had MRSA screens done this month	Chest infections/pneumonia or cough lasting 3 weeks or more	Influenza like illness	Urinary tract infection (no catheter insitu)	Urinary tract infection (catheter/suprapubic insitu)	Prescribed antibiotic treatment	Transferred from another hospital	Transferred from residential or nursing care homes	Wounds – include leg ulcers/surgical	Infestations(parasitic) e.g. head lice, pubic lice, scabies, thread worms	Cellulitis	Prescribed inhalers or nebulisers	TB – known history or suspected	Ear infections	Eye infections	Any other infections – please provide details
Acute	0	0	0	1	0	0	2	2	7	1	0	3	1	10	3	0	2	1	1	3	0	0	0	4
Community	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LDS	0	0	0	0	0	0	0	1	0	0	0	1	0	2	0	0	1	0	0	0	3	0	0	1
Specialist	1	0	2	0	0	0	0	2	1	4	0	2	1	16	0	1	5	0	1	10	0	0	3	3
Overall Monthly Total	1	0	2	1	0	0	2	5	8	5	0	6	2	28	3	1	8	1	2	13	3	0	3	8

4.3 MRSA Screening

To report screening data in this quarter the SNIPC and the Deputy Chief Nurse (DCN) have agreed to use admission categories to assist in data collection from Insight, to identify where 'high risk' service user sources may be admitted from and offer screening.

4.3.1 In this reporting period 180 admissions have occurred in total. 9 service users meet the admission categories deemed from 'high risk' sources. Of the 9 cases, 8 individuals have had a Physical Health Assessment (PHA) form completed. 1 is recorded as blank in the MRSA field, 3 are deemed by the admitting healthcare professional as MRSA screening 'not required' (i.e. not meeting the definition for screening criteria for Mental Health despite meeting the admission criteria to screen); and 5 service users have been identified that screening for MRSA has been assessed.

4.3.2 The results demonstrate that the picture is greatly improving regarding the completion of a PHA. However there is still room for improvement; particularly around performing screening and subsequent sampling of patients/service users; although as aforementioned in the Q1 Report, using the laboratory data may show a more accurate picture of screening.

4.3.3 Using the figures supplied directly from the laboratories, 134 specimens have been screen for MRSA during this quarter.

4.4 Outbreaks & Clusters

The SNIPC is pleased to report than no outbreaks or clusters have been detected in this reporting period.

5.0 Annual Audit Programme

The extensive audit programme was successfully completed by the end of Q4. 33 Trust sites across the city have undergone an observational site visit since August 2016 and 9 services have participated in completing and returning self-audits this year. This is an extensive piece of work undertaken by the 2 members of the IPCT and the time involved in delivering this programme should not be underestimated. The results from the audit programme will be discussed in the Annual IPC Report. Trends have been shared at ICC throughout the year.

5.1 Positively the transfer of ownership of action plan development directly to the clinical area/care settings has continued to work really well for its second year of implementation. All areas are now responsible for producing their own action plans in response to audit findings and observations. Once the plan has been produced this should be monitored at a local level via directorate governance meetings and be progressed. Any challenges hindering completion will be formally monitored by and reported directly to the ICC

6.0 Infection Control Policy and Protocols

The IPC Policy remains current until 2018.

6.1 The Decontamination Policy of Environmental Cleanliness and Reusable Equipment remains current until 2019.

6.2 The Blood Exposure Policy was successfully verified at March's ICC and subsequently forwarded to the Head of Clinical Governance for the ratification process to be finalised.

7.0 Environmental Cleanliness

Until a new software programme is introduced by the Facilities Department to monitor and record cleanliness; a paper-based tool has been developed. During Q4, work has continued on supporting Housekeepers with the audit process carried out by the Hotel Services Manager. Formal monitoring of cleanliness of the environment is to commence from April

2017 onwards. It is acknowledged that there is currently a gap in reporting on monthly cleanliness scores to ICC for assurance.

7.2 The Domestic Cleaning Schedule used in the Trust has undergone a full and in-depth re-write to create a more 'user-friendly' document containing relevant information in one place which standardises the cleanliness expectations across all areas. This has been another extensive piece of work for Infection Control to undertake in collaboration with Hotel Services. The document was successfully approved at ICC in March 2017 and will be launched via the 'Strictly Come Cleaning' Housekeeper training scheduled to take place in early April 2017.

8.0 Infection Control Related Incidents

12 infection control related incidents have been reported to the Risk Management Team during this quarter; however after further discussion 2 of these incidents are deemed not to be in the IPC remit and 1 classed as a potential near-miss. One case was a patient awaiting a skin-graft for a previous burn injury, another patient admitted with a grade 3 pressure sore and thirdly (potentially classed as a near-miss incident); a Hepatitis C positive patient who had been witnessed shaving another patient on more than one occasion and who was then subsequently providing a clean razor to the same patient. Ward staff have dealt with this situation and spoke with the individuals involved.

The table below provides information on the 9 remaining IPC related incidents and includes events sustained by staff that fall into several categories such as:

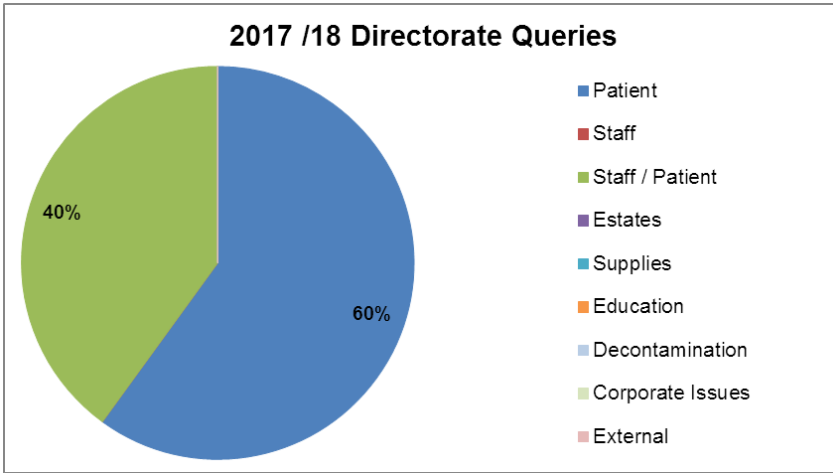
- Used inappropriately discarded needles in a car park
- Human bites to staff inflicted by patients
- Inappropriate disposal of faecal-soiled continence products found on the toilet floor by a visitor
- Sustained dirty needlestick injury by staff

Infection Control Related Incidents Reported Q4 Jan – Mar 2017	
Category	Numbers
Inappropriate disposal of used needles	1
Contaminated needlestick injuries (staff)	1
Human bites	6
Inappropriate disposal of continence products	1
Total	9

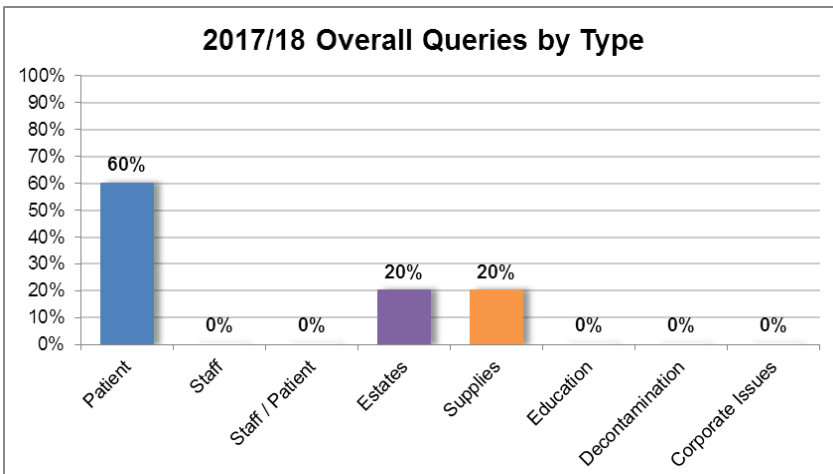
9.0 Infection Prevention Queries

The pie & bar charts (A&B) below summarise information recorded of those areas that generate most queries and who/what they relate to.

A)



B)



Appendix 1 INFECTION PREVENTION & CONTROL 2016 - 2017 ANNUAL PLAN

	= Work not commenced
	= Work in progress
	= Action on-going
	= Complete

Objective Area (35)	Action/Activity	Timescale	Lead	Progress/Assurance	RAGB
Training & Education Providing opportunities for all staff to fulfil mandatory requirements to receive IPC training. (10)	Continue to facilitate a Link Worker Forum; providing suitable training & education for their role – 2 sessions a year.	March 17	KG / JPW	<ul style="list-style-type: none"> December's rescheduled Link Worker meeting took place on the 04/04/17. 11 link workers were in attendance and 2 guest speakers organised (Herida Healthcare & Frontier Medical) 	
	Start to plan, organise & facilitate a full day's IPC conference on behalf of the Trust (every 18 months – planning due to commence April 17)	March 17	KG / JPW	<ul style="list-style-type: none"> Programme starting to be developed for which topics to include. Venue scoping Potential speakers being sourced 	
	Continue to facilitate Corporate Induction IPC session along with Education Departmental Trainers	On-Going	JPW / E&T	<ul style="list-style-type: none"> All scheduled sessions delivered 	
	Introduce IPC Mandatory Update Training <i>*(awareness session including hand hygiene & full IPC update 2 yearly)</i>	April 16	E&T	<ul style="list-style-type: none"> As of April 1st 2016 an hours IPC full update has been included into the revised Mandatory Training 	
	Provide ad-hoc sessions on a variety of IPC related elements/topics as and when approached by services/areas	March 17	JP W/ KG	<ul style="list-style-type: none"> Food safety training provided this quarter. 	
	Availability of a level 1 & level 2 IPC E-Learning modules for staff to undertake as an alternative to attending mandatory update training.	April 16	KG / E&T	<ul style="list-style-type: none"> E-Learning packages have been agreed and are now available for staff to complete. 	
	Facilitate IPC themed Road Shows at various sites across the Trust promoting evidence-based best practice	March 17	JPW	<ul style="list-style-type: none"> Roadshows completed for this year 	
	Availability of Antibiotic Stewardship & Resistance E-Learning module initially for prescribers & non-medical prescribers to undertake.	April 16	KG / E&T	<ul style="list-style-type: none"> National package available. To be formally advertised to medical & non-medical prescribers for one-off completion by ETD colleagues. Technical issue to be resolved for E-Learning software by ETD. 	
	Develop & deliver a teaching session to the medics on Antimicrobial Resistance & Stewardship	Nov 16	RT	<ul style="list-style-type: none"> Flu presentation has taken priority. Stewardship session to be rescheduled with medics from April 2017. 	
	Develop & deliver Housekeeper cleaning away day 'Strictly Come Cleaning'	Nov 16	KG / Hotel Services	<ul style="list-style-type: none"> Full day's programme delivered 12/04/17 	

Objective Area (35)	Action/Activity	Timescale	Lead	Progress/Assurance	RAGB
Audit Monitor compliance with IC policies & guidance through a Programme of audit. (6)	Develop and carry out a programme of audit in all directorates across the trust: <ul style="list-style-type: none"> • Learning Disabilities • Specialist • Community • Acute • Clover Group GP Practices <p><i>*Areas where suboptimal compliance is identified; areas produce a remedial action plan to address findings.</i></p> <p><i>*Services/areas to take ownership regarding progression of action plans and to report issues hindering completion both at a directorate governance level and via the ICC</i></p>	March 17	KG / JPW	<ul style="list-style-type: none"> • Audit programme completed. See main narrative in the report. 	
	Local Audit Tools to be revised; to include 'weighting' and RAG rating	July 16	KG	<ul style="list-style-type: none"> • Action complete – weighted scores now included 	
	To receive the audit data collected by Daniels in relation to Sharps Policy & practice.	April 16	KG / JPW	<ul style="list-style-type: none"> • Action complete – data received and report available. To be published on the IPC webpage 	
	To receive the quarterly audit data collated by pharmacy in relation to antibiotic prescribing findings and make recommendations for improvements in antibiotic stewardship (Antimicrobial Resistance Strategy (DH2013)). <i>*To promote prudent antimicrobial prescribing for the management of antibiotic resistance and reducing antibiotic related Clostridium difficile Infection and other Healthcare Associated Infections</i>	Quarterly Until March 17	Pharmacy	<ul style="list-style-type: none"> • No audit data received from Pharmacy Q1 • No audit data received from Pharmacy Q2 • Snap-shot data received from Pharmacy Q3 • Audit data gathered by junior medic reviewed by KG&RT. Following recommendation fed back to DCN for sharing with Chief Pharmacist & Assistant Medical Director for action: • Too small sample size to be of any real value. To commence quarterly prescribing audits/review of all antibiotic therapies prescribed each quarter and present the information to ICC. This will provide a better sample size to analyse • Pharmacy to be members of the city wide Antibiotic Stewardship group. This will assist in data gathering for a 'Sheffield Picture' of overall findings and share best practice across the patch • Review own SHSC prescribing guidelines or follow the CCG community prescribing formulary • Inappropriate use of Co-amoxiclav for respiratory infections; unless based upon micro results • Increase obtaining appropriate specimens required • Small sample size of audit data presented to ICC in March 2017 by Pharmacy. • To build on this work moving forward in 2017/18. 	

Objective Area (35)	Action/Activity	Timescale	Lead	Progress/Assurance	RAGB
	Develop & carry out a programme of audit on mattresses across the Trust (aiming for 50% random sample) (depended on business case)	Sept 16	KG / JPW	<ul style="list-style-type: none"> Mattress replacement completed. Plan for 6 month re-audit in May 2017. 	
	Participate in the multi-disciplinary PLACE Assessments trust wide	May 16	KG / JPW	<ul style="list-style-type: none"> Action completed. IPCT actively participated in visits where invited by Hotel Services 	
Surveillance – Mandatory & Voluntary In line with National/Local requirements and designed to achieve reduction in HCAI (2)	Continue to collate & monitor the voluntary prevalence data to understand how many individuals are affected by a disease or infection at a particular time, and monitor any trends which develop.	March 17	KG / JPW	<ul style="list-style-type: none"> Data collected, reviewed/monitored & reported as necessary throughout the year. 	
	Continue to monitor & report against the mandatory Alert Organisms	March 17	KG / JPW	<ul style="list-style-type: none"> 1x C-diff case notified in Q4. RCA investigation commenced and outcome will be reported in Q1 2017/18. 	
Policies & Protocols Ensure compliance with current guidance & legislation to promote quality, evidence based best practice (2)	Review the Decontamination Policy	Sept 16	KG	<ul style="list-style-type: none"> Policy reviewed and ratified mid-October 	
	To contribute to all policies that has relevance to infection prevention and control.	On-going	KG	<ul style="list-style-type: none"> Actions completed throughout the year. Contributed to Antibiotic Prescribing & Dress Code Policy 	
Preventative & Case work Activities to demonstrate that effective IPC is central to providing safe, high, quality service user-centred healthcare (10)	Support areas in completing <i>Clostridium difficile</i> Root Cause Analysis Investigations in a timely manner as required.	On-going	KG / RT	<ul style="list-style-type: none"> Action complete throughout the year. See narrative in the report; identified case in Q4. 	
	Lessons Learned to be shared within the service and brought to the attention of the Service User Safety Group & ICC.	As cases arise	KG		
	Complete MRSA Bacteraemia Post Infection Reviews within the timescales specified by the DH.	As cases arise	KG / RT	<ul style="list-style-type: none"> No further Bacteraemia's identified during Q4 	
	Lessons Learned to be shared within the service and brought to the attention of the Service User Safety Group & ICC.	As cases arise	KG		
	To work collaboratively with the H&S Lead and wider MDT regarding IPC related Safety Alerts.	As released	KG	<ul style="list-style-type: none"> No IPC safety alerts issued this quarter. 	
	IPC related incidents to be monitored and lessons shared appropriately.	On-going	KG	<ul style="list-style-type: none"> 9 IPC related incidents reported this quarter. 	
	IPC risks being appropriately reported/escalated for inclusion on the Risk Register.	On-going	KG	<ul style="list-style-type: none"> Nil to report this quarter 	

Objective Area (35)	Action/Activity	Timescale	Lead	Progress/Assurance	RAGB
	Continue to support the compliance with the EU Sharps Directive particularly around safety devices	On-going	KG	<ul style="list-style-type: none"> KG was part of a small working group looking at insulin administration by nurses and pen devices/needles which complied with EU guidance. 	
	'Spearhead' the Annual Seasonal Flu Campaign Trust Wide.	Feb 17	KG	<ul style="list-style-type: none"> Campaign closed in January 2017. 845 (27%) staff in total was vaccinated between Oct – Jan. 640 (25%) of these was 'frontline' staff. For CQUIN purposes (Oct – Dec) only 22% of frontline staff was vaccinated. Annual Flu Report to be included in the Annual report 	
	Support all areas whereby facilitating outbreak management and to promote appropriate 'terminal cleaning' prior to re-opening to admissions	On-going	KG /JPW	<ul style="list-style-type: none"> No outbreaks reported in Q4. 	
	All service user results are management as a priority e.g. MRSA Bacteraemia's / C-diff / CPE. Liaise with appropriate services/clinicians/GP's	On-going	KG	<ul style="list-style-type: none"> C-diff case this quarter actioned within a timely manner. MRSA colonisation results actioned and treatment optioned discussed in a timely manner. 	
	To ensure that there is IPC involvement into the procurement process to confirm that equipment & therapeutic devices can be appropriately cleaned & decontaminated.	On-going	KG / Supplies Team	<ul style="list-style-type: none"> E.g. Continued work with mattresses; for different care settings i.e. anti-vandal. 	
Design, Planning refurbishments & New Premises To ensure that premises are designed & refurbished to enable IPC practices to flourish. (1)	Provide specialist advice and decontamination requirements of all proposed capital refurbishments and new developments from planning to final commissioned state. <i>*To ensure that the fabric of the environment facilitates the cleaning process.</i>	On-going	KG / Estates	<ul style="list-style-type: none"> NES relocations from Fulwood complete Fitzwilliam Centre urine specimen taking issues. Business Case approval required. 	
Environmental Cleaning & Decontamination Activities to demonstrate that IPC & cleanliness are an integral element of the quality agenda (4)	Assist Estates with the introduction of Virusolve+ Trust Wide	On-going	KG / Estates	<ul style="list-style-type: none"> Virusolve pumps continued to be installed and pumps can now be installed on hot water supplies which will assist with low water pressure issues identified in some sites. 	
	Assist Hotel Services with reviewing standards of cleanliness across sites	On-going	KG / Hotel Services	<ul style="list-style-type: none"> Paper-based system currently being introduced and supported by Hotel Services Manager. Formal adoption of this audit tool to commence April 2017 onwards. 	
	Support Hotel Services/Areas when reviewing domestic environmental cleaning schedules	On-going	KG / Hotel Services	<ul style="list-style-type: none"> Trust-wide domestic cleaning specification developed and approved by ICC in March 2017. Launch April at Strictly Come Cleaning Housekeeper Training Day. 	
	Support clinical staff in devising/renewing their departmental cleaning schedules	On-going	KG / JPW	<ul style="list-style-type: none"> Areas being supported in development of these schedules based on audit findings. Some areas already have a system in place. 	