

**OPEN BOARD OF DIRECTORS  
8 March 2017**

Open BoD: 08.03.17 Item: 14
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<b>TITLE OF PAPER</b>	Infection Prevention and Control, Quarter 3 (Q3) Report, October – December 2016
<b>TO BE PRESENTED BY</b>	Liz Lightbown, Executive Director of Nursing, Professions & Care Standards
<b>ACTION REQUIRED</b>	Members to be informed of the progress made during Q3 2016 – 2017 regarding the infection control agenda and annual work plan

<b>OUTCOME</b>	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
<b>TIMETABLE FOR DECISION</b>	March 2017 Meeting
<b>LINKS TO OTHER KEY REPORTS / DECISIONS</b>	<ul style="list-style-type: none"> <li>▫ Infection Control Programme 2016 – 2017</li> <li>▫ Safety and Risk Strategy</li> </ul>
<b>BAF OBJECTIVE No and TITLE</b>	Strategic Objective 1 - To continually improve the quality and efficiency of our services in terms of safety, outcomes and service user experience
<b>LINKS TO THE NHS CONSTITUTION &amp; OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES</b>	<ul style="list-style-type: none"> <li>▫ Board Assurance Framework</li> <li>▫ NICE Quality Standards (61, 113, 139)</li> <li>▫ Care Quality Commission Fundamental Standards</li> <li>▫ Code of Practice on the Prevention &amp; Control of infections and related guidance</li> <li>▫ NHS Litigation Authority</li> <li>▫ Service user Safety Thermometer Framework</li> <li>▫ NHS Outcomes framework 2016-2017; domain 5</li> </ul> <p>HSE ■ MH Act □ Equality □ BME □ Disability Legislation □ NHS Constitution: Staff Rights □ Service users' Rights □ Public's Rights □ Principles □ Values □</p>
<b>IMPLICATIONS FOR SERVICE DELIVERY &amp; FINANCIAL IMPACT</b>	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
<b>CONSIDERATION OF LEGAL ISSUES</b>	Legal Requirement to comply with The Health and Social Care Act 2008 (2015)

<b>Author of Report</b>	Katie Grayson
<b>Designation</b>	Senior Nurse - Infection Prevention & Control Lead
<b>Date of Report</b>	28 <sup>th</sup> February 2017

## SUMMARY REPORT

**Report to:** Open Board of Directors

**Date:** 8 March 2017

**Subject:** Infection Prevention and Control, Quarter 3 Report, Oct - Dec 2016

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

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

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### 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 and Control Nurse 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 and control Trust wide.

## **5. Monitoring Arrangements**

- Quarterly verbal/written reports are provided to the Infection Control Committee.
- 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:

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## Infection Prevention and Control: Quarter 3 Report October - December 2016

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### 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 October – December 2016.

## 2.0 Progress Summary of the Annual Plan

The Infection Prevention & Control Team (IPCT) continues to strive towards completing the annual work plan for the areas of which they are responsible. The plan is divided into 7 key work streams and features 35 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 (red, amber, green, & blue - for completion); refers to the different stages of each objective's action points. Please see Appendix 1 for progress & assurance information.

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	5	4
Audit	6	-	1	1	4
Surveillance	2	-	-	2	-
Policy & Protocols	2	-	-	1	1
Preventative & Case Work	10	-	-	10	-
Design, Planning, Refurbishments & new premises	1	-	-	1	-
Environmental Cleaning & Decontamination	4	-	1	3	-
<b>Totals</b>	<b>35</b>	<b>0</b>	<b>3</b>	<b>23</b>	<b>9</b>

## 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 members of staff in the Community Enhancing Recovery Team (CERT) team have undergone 'train-the-trainer' sessions on hand hygiene.

3.1 Food safety training has been delivered for the Occupational Therapists working in Active Recovery & Intermediate Care whereby 8 participants attended.

3.3 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 **812** members of staff have received training in this quarter

Q3 - Mandatory Training Provided: IPC and includes Hand Hygiene		
Training Offered	Training Places Offered	Participants
Core Mandatory	85	150
Mandatory Training Update	458	572
Mandatory Training Update Clover Group	12	18
Mandatory Training Update Corporate	60	72
Hand Hygiene Drop-in Session	N/A	N/A
Clinical Psychologist Induction	N/A	N/A

Quarterly Total	615 (685 Q1) (504 Q2)	812 (484 Q1) (476 Q2)
Cumulative Yearly Total	1,804	1,772

### 3.7 Trust IPC Training Combining Hand Hygiene

The following pie charts and subsequent bar graphs 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.

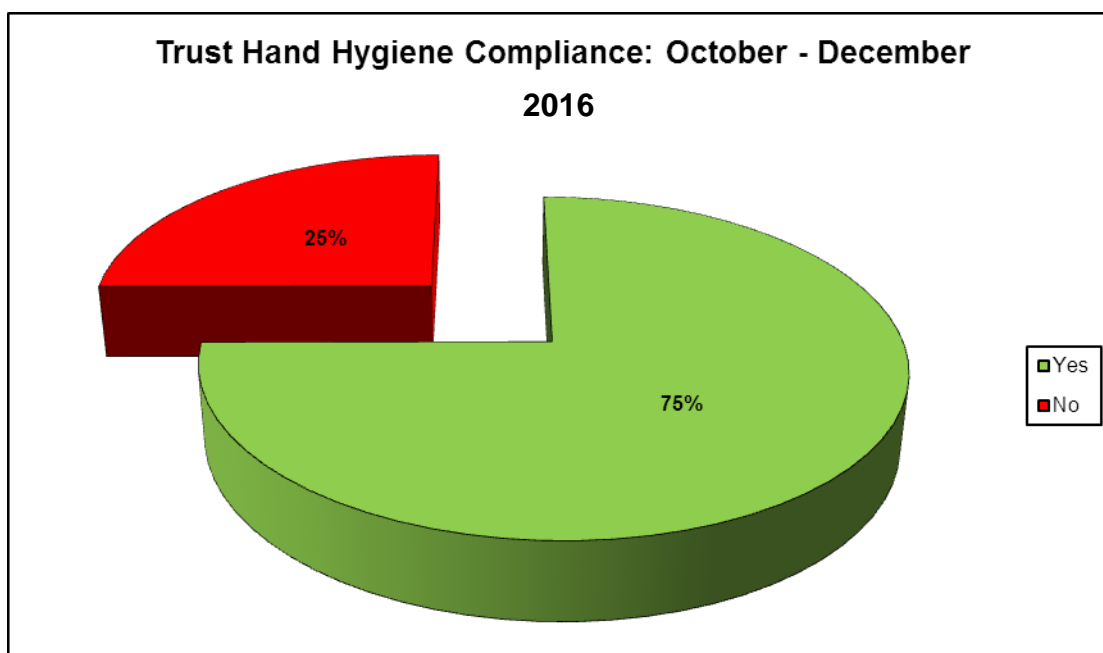
3.8 The training compliance data has been shared with Service / Assistant Clinical Directors for their attention and action, as appropriate, regarding hand hygiene compliance in their respective directorates.

3.9 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. 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.'

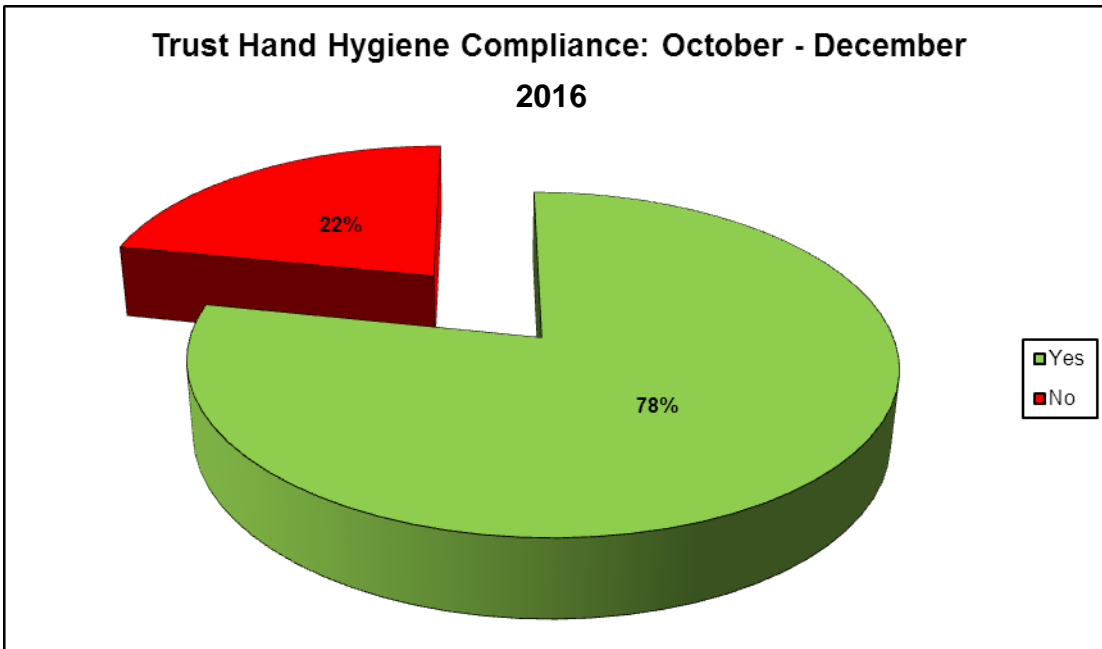
3.10 To try and demonstrate how the Trust is trying to achieve the Quality Account target, the charts below show compliance for each month in Quarter 3. This is showing a steady increase in the numbers of staff who are currently compliant ranging from 75% in October to 81% in December. This is a substantial improvement from previous years and the Trust has achieved the Quality Account target for hand hygiene early.

### Training Compliance Data (Overall)

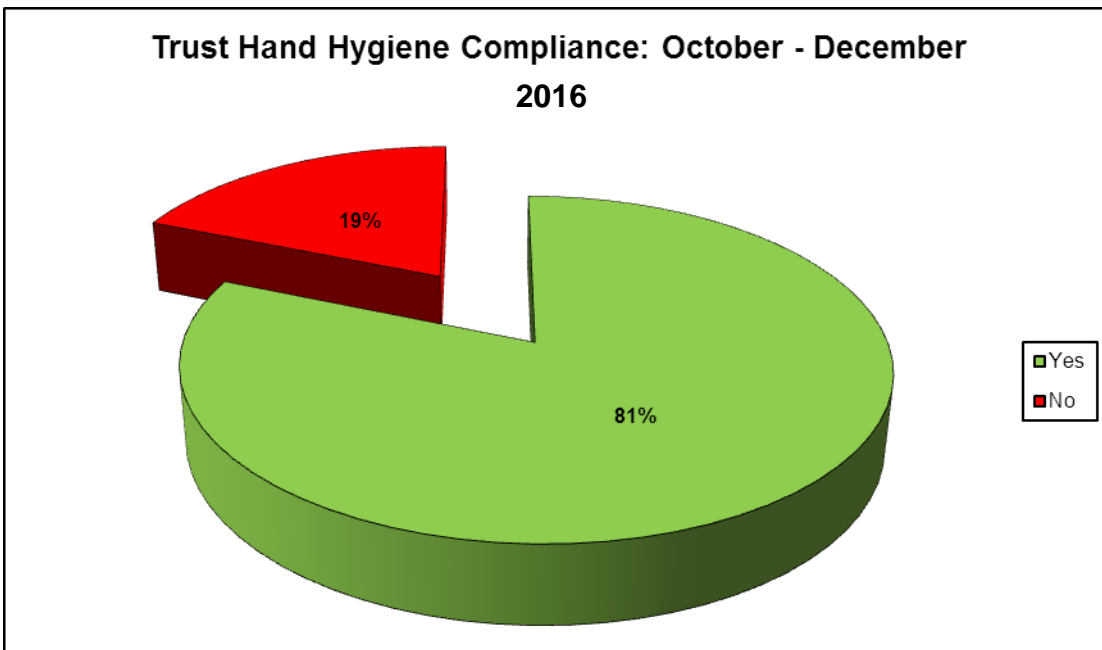
October 2016



**November 2016**

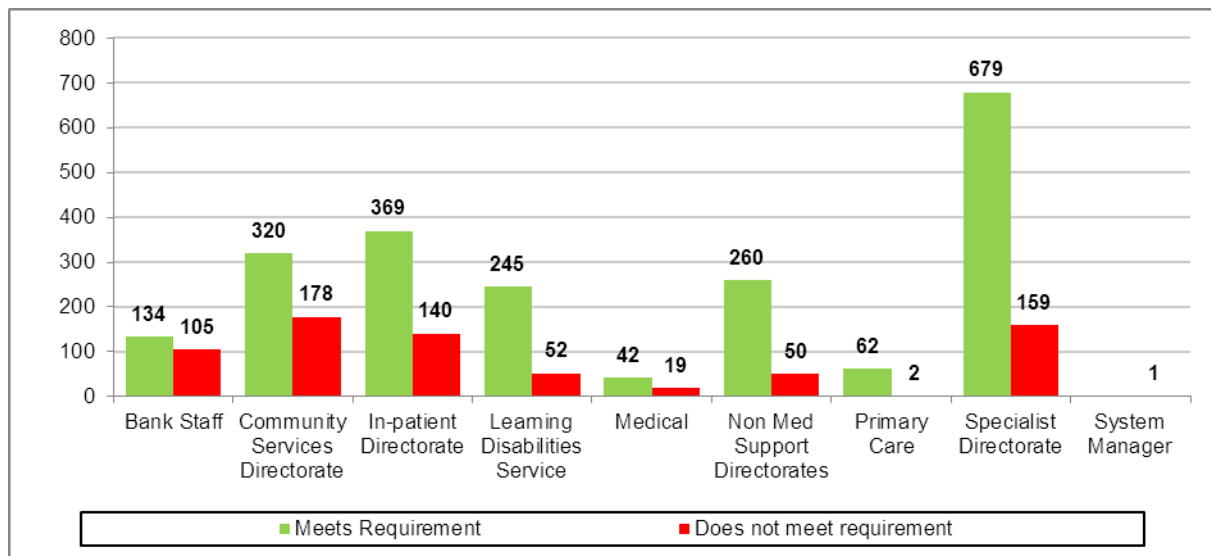


**December 2016**

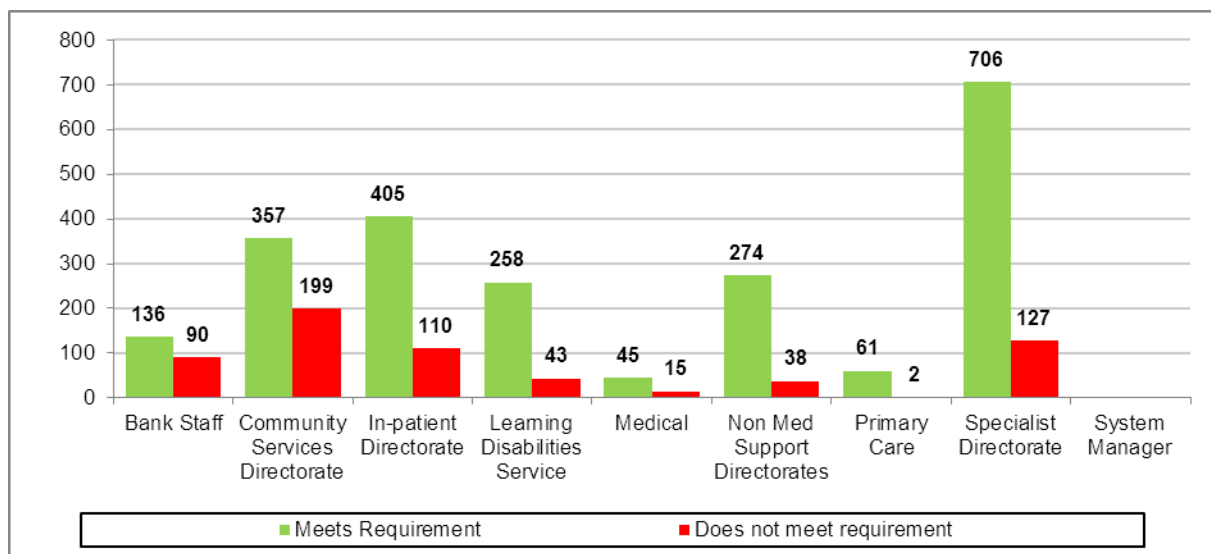


## Training Compliance Data (by Directorate)

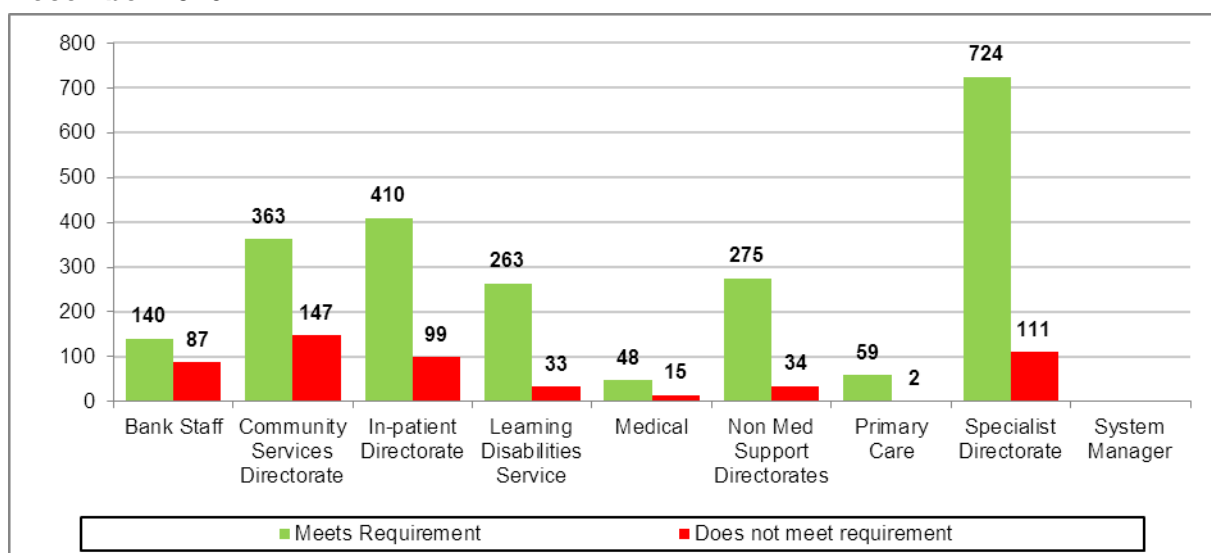
### October 2016



### November 2016



### December 2016





## 4.0 Surveillance

Mandatory surveillance continues and the table shows that the Trust has had zero MRSA Bacteraemia 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 (relapse)	0	3

**4.1** Retrospectively the Senior Nurse, Infection, Prevention & Control (SNIPC) was informed that a patient had been treated in Sheffield Teaching Hospitals (STH) for S. Aureus (MSSA) bacteraemia with Flucloxacillin and Tazocin. It is understood that the patient was admitted via the A+E department; therefore the specimens were not associated with SHSC; which is why the IPCT were not directly informed at the time. This case was discussed with our Consultant Microbiologist and there was no further action in relation to the case which needs to be carried out.

**4.2** Via established reporting mechanisms, the SNIPC was alerted to 1 service user in the Clover Group Directorate, who is a relapse case with a previous known diagnosis of toxin producing C-diff. A Root Cause Analysis (RCA) investigation commenced and upon completion the SNIPC and Consultant Microbiologist reviewed the findings to establish whether there was any:

- 'lapse in care'
- learning outcomes for the clinical team/individuals involved in the service user journey
- case/s are attributable to the Trust.

**4.4.2** In brief the case is summarised below:

### **Clover Group Jordanthorpe Practice**

This RCA has identified no relevant risk factors for the relapse of C-difficile. It is likely to be related to age, comorbidities and previous hospital admissions. No other known risk factors identified. As such the relapse of the C-difficile in this patients case was 'unavoidable' and no lapse in care was identified.

**4.4.3** 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.

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 Maple Ward have not submitted any data despite numerous monthly requests.

#### 4.4.4 The tables below provide an overview of local voluntary surveillance.

October 2016

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	4	6	0	1	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
Community	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	1
LDS	0	0	1	0	0	0	1	1	0	7	0	2	0	13	0	1	0	0	0	5	0	0	0	1
Specialist	4	0	0	0	0	0	0	7	7	5	0	3	2	27	3	1	13	0	1	24	0	0	1	3
<b>Overall Monthly Total</b>	<b>4</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>7</b>	<b>8</b>	<b>8</b>	<b>12</b>	<b>0</b>	<b>5</b>	<b>2</b>	<b>41</b>	<b>3</b>	<b>2</b>	<b>13</b>	<b>0</b>	<b>1</b>	<b>32</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>5</b>

November 2016

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	3	0	1	7	3	1	0	1	0	2	1	5	1	1	1	0	0	8	1	0	0	1
Community	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	1
LDS	0	0	0	0	0	0	0	1	0	0	0	1	0	2	0	0	0	0	0	5	0	0	0	1
Specialist	2	0	1	0	0	0	0	7	6	6	0	1	0	19	6	0	2	0	3	23	0	0	1	2
<b>Overall Monthly Total</b>	<b>2</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>1</b>	<b>7</b>	<b>3</b>	<b>9</b>	<b>6</b>	<b>7</b>	<b>0</b>	<b>4</b>	<b>1</b>	<b>27</b>	<b>7</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>37</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>5</b>

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
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Community	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
LDS	0	0	0	0	0	0	0	1	0	0	0	2	0	4	0	1	0	0	0	3	0	0	0	0
Specialist	1	0	3	0	0	0	0	5	5	16	0	1	0	22	2	1	3	0	1	14	0	0	0	1
<b>Overall Monthly Total</b>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>2</b>	<b>7</b>	<b>8</b>	<b>20</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>36</b>	<b>5</b>	<b>2</b>	<b>6</b>	<b>0</b>	<b>2</b>	<b>25</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>

## **4.5 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.

**4.5.1** In this reporting period 202 admissions have occurred in total. 14 service users meet the admission categories deemed from 'high risk' sources. Of the 14 cases, 11 individuals have had a Physical Health Assessment (PHA) form completed. 1 is recorded as blank in the MRSA field, 5 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.

**4.5.2** 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.

**4.5.3** Using the figures supplied directly from the laboratories, 168 specimens have been screen for MRSA during this quarter.

## **4.6 Outbreaks & Clusters**

The SNIPC is pleased to report than no outbreaks have been detected in this reporting period. However there were 2 small clusters of reported symptoms affecting 2 patients on Stanage with vomiting and diarrhoea which resolved swiftly and 1 staff member. At Forest Close, 8 staff members who appear to have not worked with each other have experienced symptoms of diarrhoea &/or vomiting. No patient cases identified.

## **5.0 Annual Audit Programme**

The Trust wide audit programme for this year continues to progress well. To date the IPCT have completed 24 observational site visits. Audit reports have been provided and it is an expectation that the service develops its own action plan to address deficits where improvement is required. Progress against these action plans will be monitored by the Infection Control Committee (ICC).

**5.1** As some service or sites have been lost and no longer come under the remit of the Trust, the audit programme has been re-organised to reflect these changes and in total now 42 sites/services will be audited. 9 of these have been identified to complete self-assessments.

**5.2** In total 33 areas will receive a face –to-face observational site visit inspection and 9 areas have been identified to undertake their own self-audit. The audit programme is expected to run through to the end of March 2017. 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.

## **6.0 Infection Control Policy and Protocols**

The IPC Policy remains current until 2018.

**6.1** The Decontamination of Environmental Cleanliness and Reusable Equipment policy was successfully ratified by the Executive Directors Group in October 2016, and remains current until 2019.

**6.2** The Blood/Bodily Fluid Exposure Policy is overdue for renewal. The policy has now been reviewed and is currently out for consultation. It is due for verification at ICC in March 2017.

## 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. It quickly became apparent that some Housekeepers needed more support to undertake audits. During November and December the Hotel Service Manager has been visiting sites to help Housekeepers undertake the audits and become familiar with the tool & standards the audit is trying to measure.

7.1 It is envisaged that for the remainder of Q4 full implementation & support will continue to be carried out by Hotel Services; aiming for formal monitoring 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 is currently out for consultation amongst the members of the ICC and will be approved at the next meeting; scheduled for March 2017.

## 8.0 Infection Control Related Incidents

14 infection control related incidents have been reported to the Risk Management Team during this quarter. The table below indicates the numbers of related incidents and includes events sustained by both service users and staff that fall into several categories such as:

- Deliberate spillages of body fluids – urinating on the kitchen door & in the garden and smearing faeces on the kitchen door and floor.
- Human/animal bites.
- Spitting.
- Used syringes and drug paraphernalia found abandoned outside the needle exchange on the ground floor at Fitzwilliam Centre

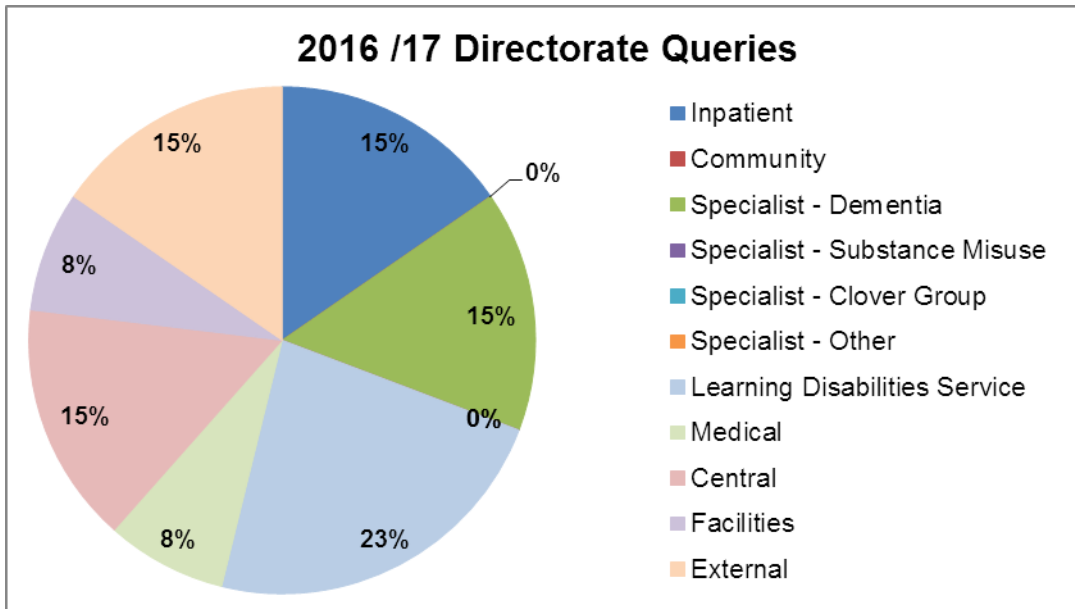
**Infection Control Related Incidents Reported Q3 October – December 2016**

Category	Numbers
Deliberate spillages of bodily fluids	3
Contaminated needlestick injuries (staff)	0
Clean needlestick injuries	1
Human bites	2
Animal bites	1
Exposure to body fluids - spitting	5
Other	2
<b>Total</b>	

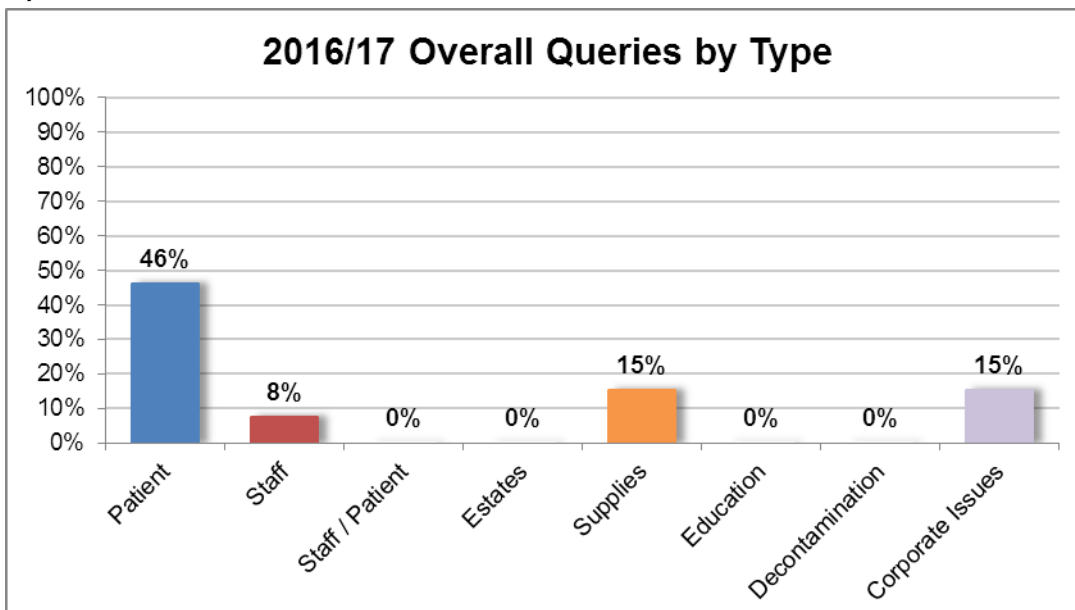
## 9.0 Infection Prevention Queries

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
<b>Training &amp; Education</b>  <b>Providing opportunities for all staff to fulfil mandatory requirements to receive IPC training.</b>  <b>(10)</b>	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"> <li>planning well underway for June's meeting to run workshops and lab tour</li> <li>See supplementary evaluation report</li> <li>Begin to plan for Nov/Dec meeting</li> <li>Dec meeting cancelled due to no attendees</li> <li>Reschedule for March 2017</li> </ul>	
	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"> <li>Programme starting to be developed for which topics to include.</li> <li>Venue scoping</li> <li>Potential speakers being sourced</li> </ul>	
	Continue to facilitate Corporate Induction IPC session along with Education Departmental Trainers	On-Going	JPW / E&T	<ul style="list-style-type: none"> <li>All scheduled sessions delivered</li> </ul>	
	Introduce IPC Mandatory Update Training <i>*(awareness session including hand hygiene &amp; full IPC update 2 yearly)</i>	April 16	E&T	<ul style="list-style-type: none"> <li>As of April 1<sup>st</sup> an hours IPC full update has been included into the revised Mandatory Training</li> </ul>	
	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"> <li>During this quarter HH train-the-trainer session delivered to CERT to carry out their own training</li> </ul>	
	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"> <li>E-Learning packages have been agreed and are now available for staff to complete</li> <li>Advertisement of these packages to be completed by E&amp;T department.</li> </ul>	
	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"> <li>May's roadshows planned &amp; delivered across the trust – theme MRSA</li> <li>Plan for November's - cancelled due to lack of capacity in organising Flu programme &amp; Mattress Replacement programme</li> </ul>	
	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"> <li>National package available. To be formally advertised to medical &amp; non-medical prescribers for one-off completion by ETD colleagues.</li> <li>Antibiotic prescribing policy currently being renewed by</li> </ul>	

Objective Area (35)	Action/Activity	Timescale	Lead	Progress/Assurance	RAGB
				Pharmacy and requested that it is included in the policy for completion	
	Develop & deliver a teaching session to the medics on Antimicrobial Resistance & Stewardship	Nov 16	RT	<ul style="list-style-type: none"> <li>Flu presentation has taken priority. Stewardship session to be rescheduled with medics from April 2017.</li> </ul>	
	Develop & deliver Housekeeper cleaning away day 'Strictly Come Cleaning'	Nov 16	KG / Hotel Services	<ul style="list-style-type: none"> <li>Initial planning underway. Guest speakers currently being secured.</li> <li>Venue &amp; catering booked</li> <li>Programme to be finalised</li> <li>Aim to deliver session Feb 2017</li> </ul>	
<b>Audit</b> <b>Monitor compliance with IC policies &amp; guidance through a Programme of audit.</b> <b>(6)</b>	Develop and carry out a programme of audit in all directorates across the trust: <ul style="list-style-type: none"> <li>Learning Disabilities</li> <li>Specialist</li> <li>Community</li> <li>Acute</li> <li>Clover Group GP Practices</li> </ul> <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"> <li>Audit programme developed; sites &amp; services identified</li> <li>Audit programme commenced as planned in Aug; action now ongoing until Feb/March 2017.</li> </ul>	
	Local Audit Tools to be revised; to include 'weighting' and RAG rating	July 16	KG	<ul style="list-style-type: none"> <li>Action complete – weighted scores now included</li> </ul>	
	To receive the audit data collected by Daniels in relation to Sharps Policy & practice.	April 16	KG / JPW	<ul style="list-style-type: none"> <li>Action complete – data received and report available. To be published on the IPC webpage</li> </ul>	
	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"> <li><b>No audit data received from Pharmacy Q1</b></li> <li><b>No audit data received from Pharmacy Q2</b></li> <li><b>Snap-shot data received from Pharmacy Q3</b></li> <li>Audit data gathered by junior medic reviewed by KG&amp;RT. Following recommendation fed back to DCN for sharing with Chief Pharmacist &amp; Assistant Medical Director for action:</li> <li>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</li> </ul>	



Objective Area (35)	Action/Activity	Timescale	Lead	Progress/Assurance	RAGB
				<ul style="list-style-type: none"> <li>size to analyse</li> <li>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</li> <li>Review own SHSC prescribing guidelines or follow the CCG community prescribing formulary</li> <li>Inappropriate use of Co-amoxiclav for respiratory infections; unless based upon micro results</li> <li>Increase obtaining appropriate specimens</li> </ul>	
	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"> <li>Business case written &amp; approved by BPG</li> <li>Initial discussion with Procurement – tender process required</li> <li>Draft mattress specification, pricing schedule &amp; evaluation matrix drafted</li> <li>Discussed with Medical Device Lead</li> <li>Presentation to ICC &amp; Service User Safety Group</li> <li>Audits carried out so far at Forest Lodge, Grenoside &amp; Stanage</li> <li>Mattress Magic training continues</li> <li>Mattress Tender Evaluation day held 29/09/16</li> <li>Tender awarded to Herida Healthcare</li> <li>Meeting scheduled 25/10/16 to progress site survey by Herida and organise the replacement programme</li> <li>Mattress replacement conclude Nov</li> </ul>	
	Participate in the multi-disciplinary PLACE Assessments trust wide	May 16	KG / JPW	<ul style="list-style-type: none"> <li>Action completed. IPCT actively participated in visits where invited by Hotel Services</li> <li>Results due out Q2 in August</li> </ul>	
<b>Surveillance – Mandatory &amp; Voluntary</b>	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"> <li>Data collected, reviewed/monitored &amp; reported as necessary</li> </ul>	
<b>In line with National/Local requirements and designed to achieve reduction in HCAI (2)</b>	Continue to monitor & report against the mandatory Alert Organisms	March 17	KG / JPW	<ul style="list-style-type: none"> <li>1x C-diff relapse case notified. RCA investigation facilitated.</li> </ul>	

Objective Area (35)	Action/Activity	Timescale	Lead	Progress/Assurance	RAGB
<b>Policies &amp; Protocols</b>  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"> <li>Policy reviewed and ratified mid-October</li> </ul>	
	To contribute to all policies that has relevance to infection prevention and control.	On-going	KG	<ul style="list-style-type: none"> <li>Contributed to the review process of the Antibiotic Policy</li> <li>Contributed to Dress Code Policy</li> </ul>	
<b>Preventative &amp; Case work</b>  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"> <li>1x relapse case at Clover Group practice. RCA completed.</li> </ul>	
	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"> <li>No further Bacteraemias identified during Q3</li> </ul>	
	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"> <li>No IPC safety alerts issued this quarter.</li> </ul>	
	IPC related incidents to be monitored and lessons shared appropriately.	On-going	KG	<ul style="list-style-type: none"> <li>14 IPC related incidents reported this quarter.</li> </ul>	
	IPC risks being appropriately reported/escalated for inclusion on the Risk Register.	On-going	KG	<ul style="list-style-type: none"> <li>Nil to report this quarter</li> </ul>	
	Continue to support the compliance with the EU Sharps Directive particularly around safety devices	On-going	KG	<ul style="list-style-type: none"> <li>Nil to report this quarter</li> </ul>	
'Spearhead' the Annual Seasonal Flu Campaign Trust Wide.	Feb 17	KG	<ul style="list-style-type: none"> <li>1400 vaccines ordered based on wastes figures and uptake figures from last year.</li> <li>Refresher &amp; initial training available in house this year to be delivered by OH from STH 09/09/16</li> <li>2x Flu Planning steering groups have taken place</li> <li>Flu fighters identified and a potential 6 other new vaccinators to add to the pool</li> <li>Some flu fighters have booked onto the usual vaccinator update offered by Sheffield University</li> <li>PGD is being reviewed ready for signatory signoff</li> <li>Staff consent form revised</li> </ul>		

Objective Area (35)	Action/Activity	Timescale	Lead	Progress/Assurance	RAGB
				<ul style="list-style-type: none"> <li>• Jab café dates agreed &amp; booked. Jab café will be this year's launch event on the 05/10/16</li> <li>• CQUIN attached to this year's target</li> <li>• Voucher incentive &amp; tea break hampers to be offered to teams reaching 75% vaccination rate</li> <li>• Communications is in progress with 10 day count down and poster themes; fact &amp; fiction messages</li> <li>• Caterpillar selfie idea to implemented</li> <li>• Jab-o-meter to be on display</li> <li>• Exploring electronic booking system</li> <li>• Dedicated email address <a href="mailto:flujobs@shsc.nhs.uk">flujobs@shsc.nhs.uk</a></li> <li>• One page educational flyer to be developed to raise awareness about flu</li> <li>• Real-time flu infection data to be displayed on our intranet page</li> <li>• Survey Monkey to be issued to try and understand why there is low uptake in staff</li> <li>• Consultant Virologist to present to the medics at a Wednesday Medics meeting &amp; talk about flu</li> <li>• CE or Chair to address medics</li> <li>• Jab Café launch at Grenoside Grange 5/10/16 – 58 people vaccinated</li> <li>• Fridge failure reported – 50 vaccines destroyed.</li> <li>• Clinics advertised via IPC webpage &amp; weekly comms digest.</li> <li>• Flu invite letter jointly issued by DIPC/HR Head</li> <li>• Campaign to close end of January 2017</li> </ul>	
	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"> <li>• No outbreaks reported in Q3</li> </ul>	
	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"> <li>• C-diff case this quarter actioned within a timely manner.</li> <li>• MRSA colonisation results actioned and treatment optioned discussed in a timely manner.</li> </ul>	
	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"> <li>• Ongoing mattress work previously discussed.</li> </ul>	

Objective Area (35)	Action/Activity	Timescale	Lead	Progress/Assurance	RAGB
<b>Design, Planning refurbishments &amp; New Premises</b>  <b>To ensure that premises are designed &amp; furnished to enable IPC practices to flourish. (1)</b>	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"> <li>NES relocations from Fulwood progressing</li> <li>Fitzwilliam Clinic Room and Central Heating boiler issue</li> </ul>	
<b>Environmental Cleaning &amp; Decontamination</b>  <b>Activities to demonstrate that IPC &amp; cleanliness are an integral element of the quality agenda (4)</b>	Assist Estates with the introduction of Virusolve+ Trust Wide	On-going	KG / Estates	<ul style="list-style-type: none"> <li>Virusolve pumps continued to be installed and estates are aware that water pressure issues identified need addressing in some sites.</li> </ul>	
	Assist Hotel Services with reviewing standards of cleanliness across sites	On-going	KG / Hotel Services	<ul style="list-style-type: none"> <li>Paper-based system currently being trailed. It is envisaged full implementation by the end of Q4.</li> </ul>	
	Support Hotel Services/Areas when reviewing domestic environmental cleaning schedules	On-going	KG / Hotel Services	<ul style="list-style-type: none"> <li>This action will be influenced as audit programme commences.</li> </ul>	
	Support clinical staff in devising/renewing their departmental cleaning schedules	On-going	KG / JPW	<ul style="list-style-type: none"> <li>Areas being supported in development of these schedules. Some areas already have a system in place.</li> </ul>	