BOARD OF DIRECTORS MEETING (Open)

Date: 12 July 2017 **Item Ref:** 16 iii

TITLE OF PAPER	Infection Prevention and Control Annual Report 2016 – 2017 and Infection Prevention and Control Programme for 2017 – 2018
TO BE PRESENTED BY	Giz Sangha, Deputy Chief Nurse/Acting Clinical Director Acute & Inpatient Care, on behalf of, Liz Lightbown, Executive Director of Nursing, Professions and Care Standards
ACTION REQUIRED	Members to receive and approve the report
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	July 2017 Meeting (Circulated to Executive Directors Group on 15.06.17 prior to Quality Assurance Committee)
LINKS TO OTHER KEY REPORTS / DECISIONS	▫ Infection Control Programme 2016 – 2017 ▫ Safety and Risk Strategy
LINKS TO OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES	▫ Strategic Objective 1: Improving the Quality and Efficiency of Services. BAF Risk 1.4: Compliance with CQC Registration / Regulation Requirements ▫ 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 ▫ Health and Safety Executive
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	16th June 2017

SUMMARY REPORT

Report to: **BOARD OF DIRECTORS MEETING**

Date: **12 July 2017**

Subject: **Infection Prevention and Control Annual Report 2016 – 2017 & Infection Prevention and Control Programme for 2017 - 2018**

Presented by: **Giz Sangha, Deputy Chief Nurse/Acting Clinical Director Acute & Inpatient Care, on behalf of Liz Lightbown, Executive Director of Nursing, Professions and Care Standards**

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

1. Purpose

For Approval	*For a collective decision*	*To report progress*	*To seek input from*	*For information*	*Other (please state below)*
✓		✓			

2. Summary

The Annual Report on the Infection Control Annual Programme for 2016 - 2017 follows The Health & Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance.

Looking forward the Annual Report incorporates the Infection Prevention and Control Programme 2017 - 2018 which identifies a number of strategic objectives which the Trust will work towards to ensure its continued compliance with Code of Practice in meeting our regulatory requirements against the 10 compliance criteria in the Code.

The Infection Prevention and Control Team provide a comprehensive service to all the Clinical and Corporate Directorates within SHSC and aims to optimise individuals' care; whilst aiming to protect patients, staff and others from the risk of cross contamination and outbreaks of infection.

The Senior Nurse is pleased to report that excellent progress has been made towards completion of the annual programme against the 35 actions contained within; which are split into 7 key work streams. 34 actions are deemed either fully complete or on-going and 1 action remains in progress regarding antibiotic auditing which the Pharmacy Department are responsible for achieving. Please refer to the Dashboard on page 10 for details.

The report retrospectively & succinctly highlights the many noteworthy achievements of the team over the preceding year. In brief this encompasses exceeding the Quality Account target for hand hygiene training set by Sheffield CCG, highly successfully delivered innovative training for both link workers and housekeepers; and despite not meeting the CQUIN targets for staff uptake of flu vaccine, the campaign planning and implementation was imaginative.

Besides the substantial annual audit programme undertaken, another extensive audit project and replacement programme was accomplished across the Trust in relation to mattresses. This was a complex project involving instant replacement where mattresses were condemned.

The report also provides an overview of both the voluntary infection/human aliments & the mandatory alert organism surveillance carried out, and reports upon the MRSA Bacteraemia case which occurred in the Trust and subsequent learning which was taken forward from this.

A dashboard on page 9 visually displays pertinent information for your attention.

3. Next Steps

For the Infection Prevention and Control Team to continue their proactive approach to reducing the risk of infection within the Trust; in line with the infection control annual programme.

For the Annual Report 2016 - 2017 and the Infection Control Programme 2017 - 2018, to be published on the Trust's website, once approved.

4. Actions

Members are asked to note the achievements and on-going progress, which will continue into the Infection Prevention and Control Programme for 2017 - 2018.

Members are asked to receive and approve this report for publication on the SHSC website.

Members are asked to approve the Infection Control Programme for 2017-2018, which incorporates revised directions from The Health Act 2008, to ensure compliance by the Trust.

Members are assured that all aspects of infection, prevention and control for the Trust; through annual reporting, are in accordance with the requirements of The Health Act.

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 Annual Report 2016 – 2017

Infection Prevention and Control Programme 2017 - 2018

Contents

1. Introduction

1.1 Infection prevention and control (IPC) is a practical, evidence-based approach which prevents patients and health workers from being harmed by avoidable infections. Preventing health care-associated infections (HCAI) avoids this unnecessary harm and at times even death, saves money, reduces the spread of antimicrobial resistance (AMR) and supports high quality, integrated, people-centred health services. Preventing HCAIs has never been more important

1.2 The Annual Report of the Infection Prevention and Control Team provides 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 (SHSC) during the last year (April 2016 – March 2017).

1.3 The Infection Prevention and Control Team provide a service to all the Clinical and Corporate Directorates within SHSC and aims to optimise individuals' care; whilst protecting patients, staff and others from the risk of cross contamination and outbreaks of infection.

1.4 The Infection Prevention and Control Team strive to promote and embed current evidenced-based best practice guidance regarding the prevention of infection and control when necessary in accordance with:-

- The Health & Social Care Act 2008 (2015): Code of Practice on the Prevention and Control of Infections and related Guidance. (Hereafter referred to as the 'Health Act 2008').
- Board Assurance Framework
- NHS Litigation Authority Standards for Mental Health and Learning Disabilities

1.5 The core aim of the Infection Prevention and Control Team is to support the organisation at all levels, to both deliver clean safe care and provide assurance that the Trust is complying with standards set out in the Health Act 2008 and the Care Quality Commissions' Fundamental Standards.

2. Governance Arrangements

The Board of Directors should note that within the Health Act (2008) it stipulates that the Board has a duty to have in place *"Appropriate Management Systems for Infection Prevention and Control".*

The NHSLA Risk Management Standards for Mental Health and Learning Disability Trusts specifies that the Trust must *"Have a Process for Managing the Risks associated with Infection Prevention and Control. Infection Prevention and Control should be an integral part of Clinical and Corporate Governance".*

The overall monitoring of the Infection Control programme is via:-

- Quarterly Infection Control Committee Meetings.
- Regular reports including Quarterly and Annually to the Quality Assurance Committee.
- Regular reports including Quarterly and Annually to the Board of Directors.
- Inclusion to the Trust's Quality Account Dashboard.

2.1 The Role of the Infection Prevention and Control Team (IPCT)

2.1.1 The role of the Infection Prevention and Control Team (IPCT) is to provide expert advice to minimise the risk of infection. Its primary functions are to:

- Minimise the risk of infection to patients, staff and visitors.
- Provide and update infection prevention and control policies.
- Provide an infection control annual report, which incorporates the infection control programme.
- Develop audit tools and facilitate the audit programme.
- Lead on the educational content of the Trust's infection control curriculum.
- Provide expert advice regarding infection control in the built environment and support the appropriate purchase and decontamination of medical devices; supporting the Trusts Medical Device Liaison Officer and Decontamination Lead.
- Provide expert advice regarding hygiene standards and cleaning frequencies, cleaning materials and equipment, and input on contracts/specifications for healthcare waste and laundry.
- Advise the Trust regarding government guidance and legislation (in relation to infection prevention and control) and measure compliance and provide a Trust action plan when required.
- Work with Public Health England and Sheffield Clinical Commissioning Group regarding surveillance and notification of infections.
- Advice to all areas of the Trust and to all people who are involved in providing our services or in receipt of our care. The advice given is very varied, ranging from estate issues to the management and control of infections.
- Play an active role on a number of Trust-wide groups including the Water Safety Group, Service User Safety Group and Nurse Leadership Group.
- Provide advice to Estates and Clinical Directorates regarding refurbishments, new builds and issues around water quality, healthcare waste and linen management.
- Have close contact with procurement and provide advice on any infection control related issue pertaining to equipment and devices to be purchased by the Trust by supporting the Medical Devices Liaison Officer.
- Together with Health and Safety Officer and Clinicians address the Trusts requirement to comply with the European Directive (Council Directive 2010/32/EU) to prevent inoculation injuries and infections to Health Care Workers from Contaminated sharps.

2.1.2 The IPCT have once again worked creatively and currently the team consist of one WTE senior clinical nurse specialist, one WTE non-clinical co-ordinator and via a Service Level Agreement with Sheffield Teaching Hospitals; Dr Rob Townsend provides invaluable Consultant Microbiology / Infection Control Doctor support. Secretarial arrangements will need to be reviewed for the forthcoming year.

2.2 Infection Control Committee (ICC)

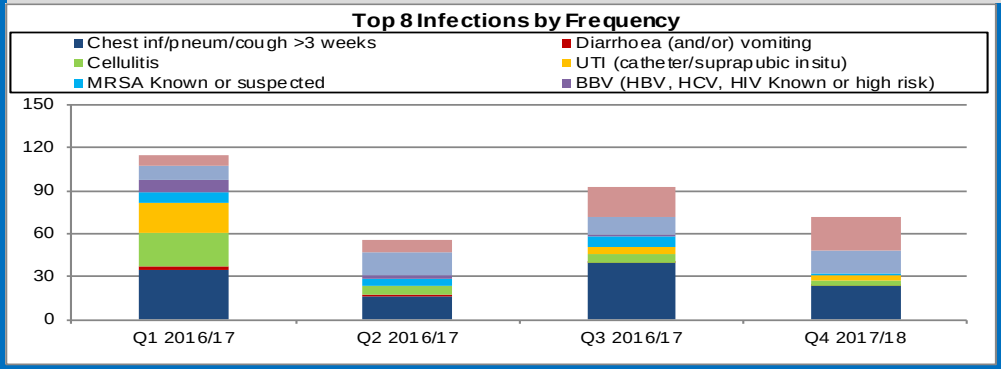
2.2.1 The committee meets quarterly chaired by the Deputy Chief Nurse. The role of the Infection Control Committee is to endorse the infection control programme, monitor and oversee its implementation and progress during the year and initiate changes as required to ensure compliance with the Health Act 2008. The Terms of Reference for this group remain current for this reporting period and will require review early next year. Further action is required to determine arrangements regarding attendance of Assistant Clinical Directors (or their nominated deputies) and Trust medical representatives.

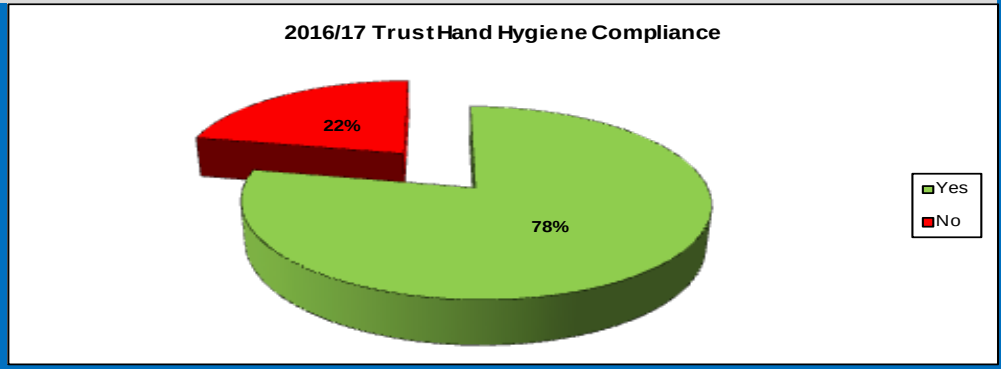
2.2.2 Key objectives:

- To oversee all infection prevention issues and adverse incidents.
- Provide advice to the Infection Prevention and Control Team, the Director for Infection Prevention and Control and the Board of Directors to ensure appropriate actions are taken.
- Report exceptions, adverse incidents and receive up-dates as necessary.

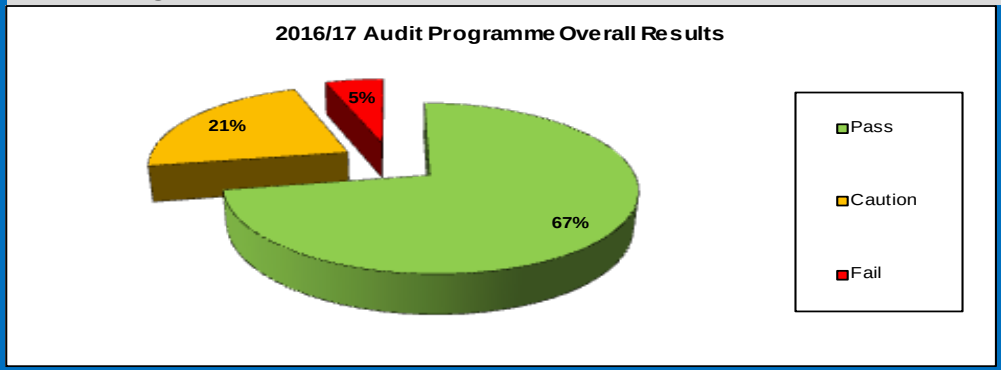
Infection Control Dashboard: April 2016 - March 2017

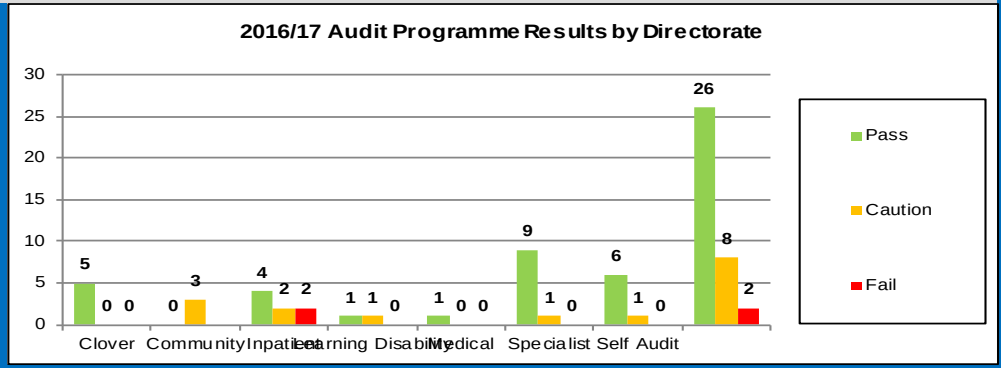
Infections



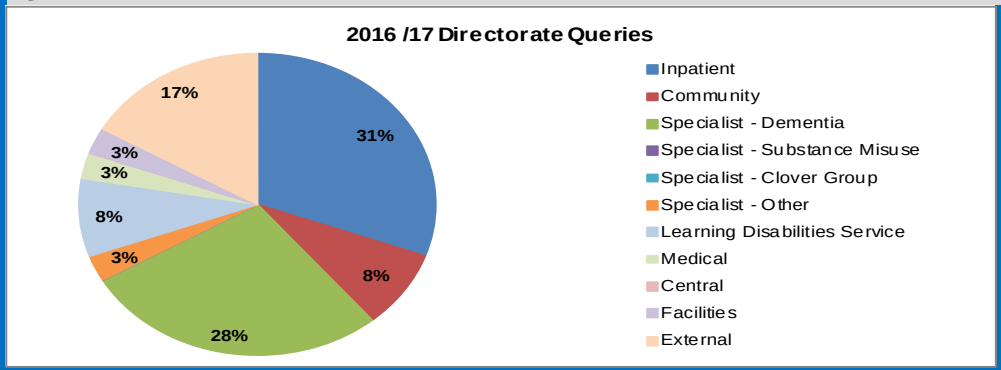


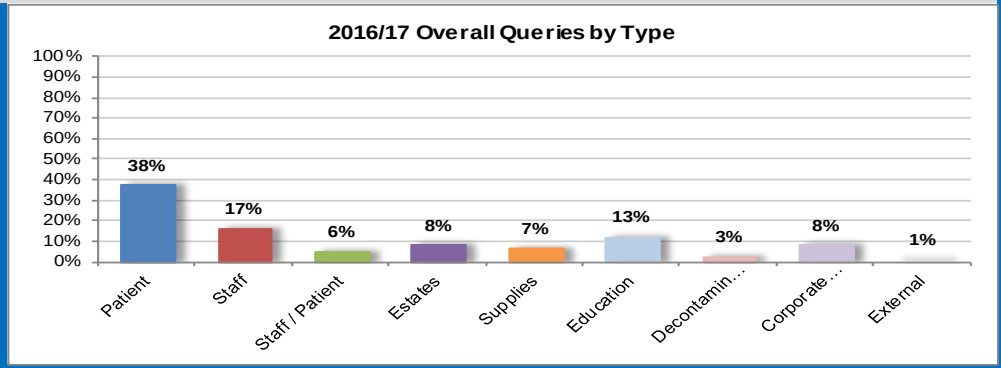
Audit Programme



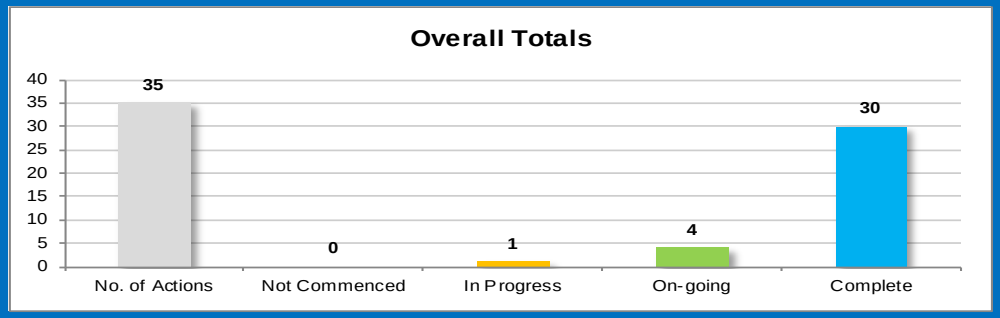


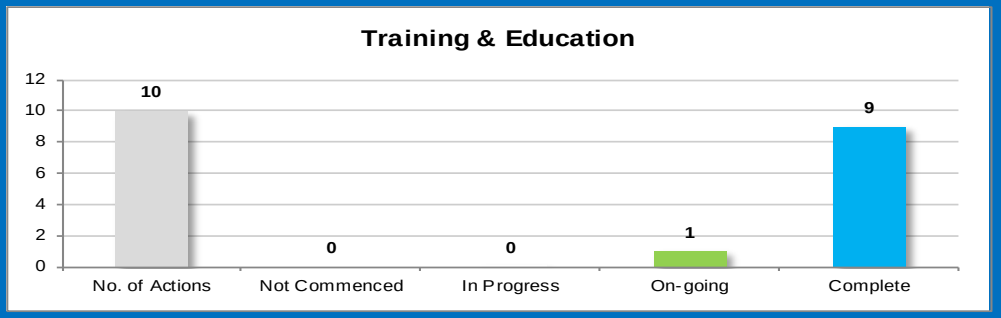
Queries

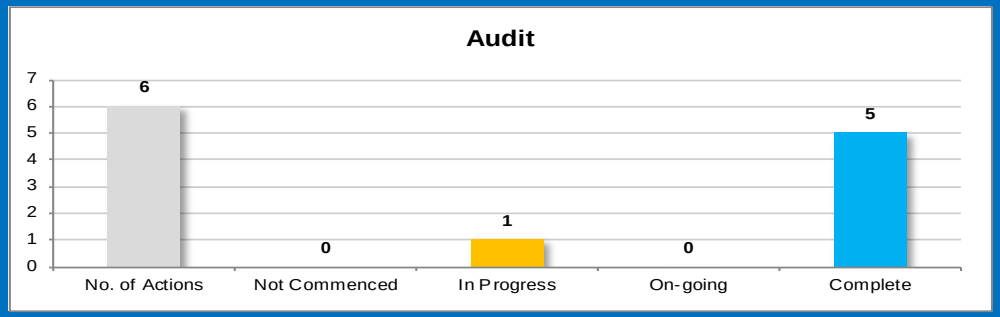


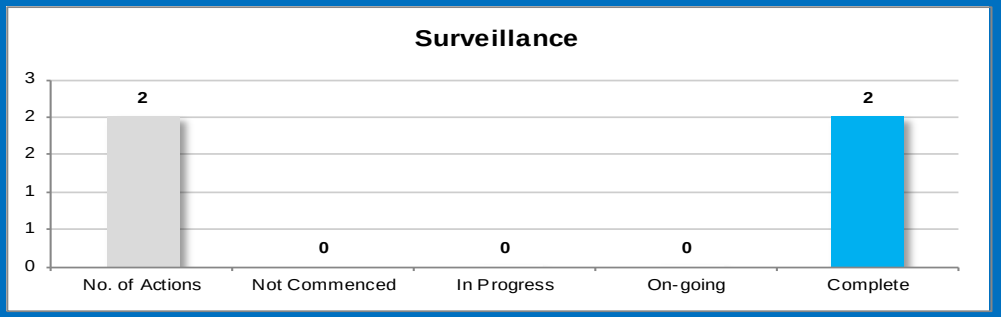


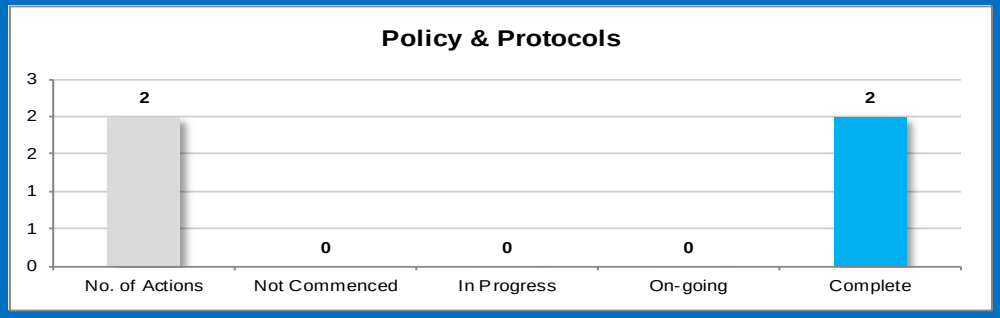
Annual Programme

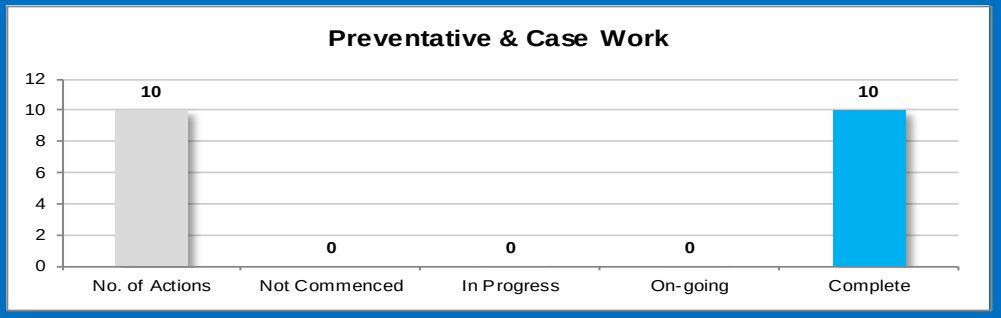


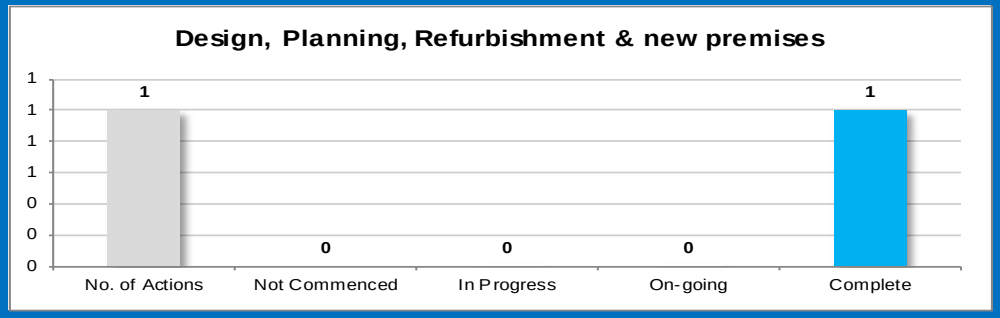


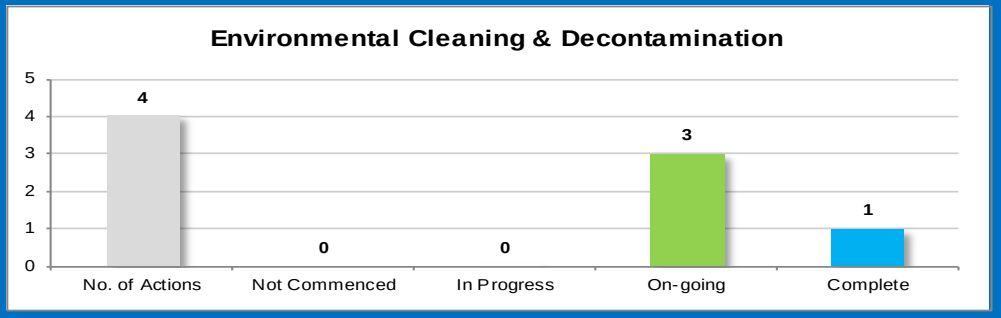












3. Progress Summary Against the Annual Infection Control Programme for 2016 – 2017: See Dashboards pages 9 & 10

3.1 Hand Hygiene

3.1.1 It is well evidenced that hand hygiene is the simplest and least expensive intervention that can actively reduce the risks of cross contamination between staff, patients and visitors. Body secretions, surfaces of inanimate objects and hands of all human beings can carry bacteria, viruses and fungi that are potentially dangerous to them and others. Therefore the promotion of effective hand hygiene coupled with Bare Below the Elbow within the Trust continues to be high on the agenda.

3.1.2 The Trust is required to have effective systems in place to prevent irreducible infections; this includes the provision of appropriate well maintained facilities, ample supplies of quality consumables (liquid soap, paper towels, alcohol handrubs and moisturiser); the display of promotional materials and relevant training in hand hygiene technique and skin care.

3.1.3 To this end the Infection Prevention and Control Team continually works with Supplies and Estates to ensure that products are consistently available. In addition the audit of hand hygiene facilities has been performed by the Infection Prevention and Control Team and where facilities were identified as insufficient these issues are being addressed.

3.2 Education and Training

3.2.1 The Health Act 2008 requires that all staff require appropriate on-going education which should incorporate the principles and practice of prevention and control of infection. Clinical staff should have an ongoing understanding of the risk from existing, new and emerging infectious diseases and take this into account when assessing patients.

3.2.2 The Trust's education and training needs matrix contains the infection prevention and control requirements for all staff groups/disciplines. Managers continue to be provided with information on who is compliant with the minimal level of hand hygiene and infection prevention education on a quarterly basis via colleagues in the Training Department.

3.2.3 The minimum standards are for all new staff to receive training on corporate induction (known as Core Mandatory); which covers the basic principles of standard infection control precautions (SICP). SICP training includes appropriate hand hygiene with soap & water and alcohol handrubs, the use of personal protective equipment, decontamination of equipment, sharps safety, healthcare waste management, laundry management, spillage management and isolation precautions. From April 2016 all staff with direct care contact received a full IPC refresher session which was delivered by colleagues in the training department. This now ensures a robust process to training the workforce regularly in regards to IPC practices for assurance purposes and improved recording of training data.

3.2.4 The table below provides an overall picture regarding a collective total of all the mandatory training offered throughout the year and compares figures to previous years. The Quality Account target set by NHS Sheffield Commissioning Group is to have trained 80% of staff in hand hygiene practices. At the end of Q3 in December 2016 the Trust had met this target early by achieving 81%. However by the end of Q4 this has been increased to a respective 87%. This is a substantial and noteworthy improvement.

	2014 – 2015	2015 - 2016	2016 -2017
Staff Trained in IPC & HH Training	2,328	2,001	2,165

3.2.5 The Infection Prevention and Control Team (IPCT) continue to deliver their regular face-to-face training commitments e.g. Corporate Induction to ensure that new staff are trained appropriately in IPC practices. Additionally the IPCT continue to provide either roadshows or more bespoke presentations at Nurse Leadership Group or Service User Safety Group, ad hoc training sessions according to need; often identified post auditing or following-up on incident reporting trends or outbreaks of infection. The nationally produced E-learning packages continue to be promoted and have been reassessed this year as a suitable educational alternative for staff to undertake.

3.2.6 An extremely successful Link Worker Forum study session was organised in June 2016, titled *"A day in the life of a sample"* which was held at the Microbiology Laboratory at the Northern General Hospital. The session opened with an introductory presentation into Microbiology by the Consultant Microbiologist and *'set the scene'* for the workshops which followed. The group were split into four groups and rotated around the 4 workshops. The workshops were:

- A tour of the Microbiology Lab
- Are you stool smart?
- Don't Be a Dipstick: Urine Analysis and Dipsticking.
- Simply Sampling: the correct way to take a variety of clinical specimens.

3.2.7 16 link workers booked onto the study session and it evaluated really well with 100% of participants agreeing that they rated the day overall as 100% and strongly recommended this study session to other colleagues. The laboratory tour was rated excellent (94%); which was kindly facilitated by one of the Biomedical Scientists and (81%) rated the content of the workshops as excellent.

3.2.8 A considerable amount of time by the Senior Nurse, Co-ordinator and the Consultant Microbiologist went into organising and facilitating the day; which overall was very well received. Below are some of the comments made on the evaluation forms:

- Brill! Thanks"
- "Thank you - very well organised"
- "Thank you for a very informative mind blowing afternoon"
- "Really enjoyable afternoon which I feel lots of staff could benefit from"
- "Enjoyable and interesting day, would recommend it to others"
- "Very enjoyable whilst being informative

3.2.9 Another example of interactive training is the recently held study day titled *"Strictly Come Cleaning"* aimed at Housekeeping staff. This was originally planned for November 2016, but clashed with the CQC inspection week and therefore had to be postponed and rearranged for early April 2017. The day was held at President Park and was organised & facilitated by the Senior Nurse IPC and Hotel Services Manager.

3.2.10 This training day was the ideal launch for the newly revised and approved Specification for the Supply of Housekeeping Services Trust-wide incorporating the standardised domestic cleaning schedule. Additionally the day included many guest speakers from a variety of companies demonstrating cleaning equipment recently purchased and used with the Trust. The Trusts Health & Safety Lead gave an informative talk on both Health & Safety and a refresher on Control of Substances Hazardous to Health. Gama Medical and Hydrop Water Consultancy Company who the Trust works with closely presented to the group on the importance of Legionella flushing, recording and guidance on correct tap cleaning to prevent Pseudomonas. Gama Medical (Clinell) gave an overview of their products which are used very widely in the Trust plus additional information on transference and 'S' shaped cleaning techniques.

3.2.11 Again this day evaluated extremely positively by the Housekeepers in attendance. There were 10 Housekeepers in attendance and below are some the comments on the evaluation forms:

- "Loved every minute; can't wait for the next one!"
- "Found everything useful, especially the mattress talk and how they are cleaned"
- "I felt everything was organised throughout the day; really thought provoking"
- "Great day! Well Done!"
- "Thank you very much for organising the event"

3.2.12 To retain credibility and validity of the infection prevention roles, the Senior Nurse and the Infection Prevention Control Co-ordinator (IPCC) have undertaken professional development through a variety of sources. Both staff are members of the Infection Prevention Society (IPS), which provides opportunities for networking at a regional and national level and access to appropriate educational study days and conferences. This year's 3 day international conference was held in Harrogate during September 2016. Both staff members attend the IPS Special Interest Group (SIG) for Mental Health & Learning Disabilities; as well as their regional IPS branch meetings. Since April 2016 the Senior Nurse has held a Branch Officer role in IPS Yorkshire Branch as the Educational Lead working at a regional and national level. Also the Co-Ordinator volunteered to be the SIG's secretarial officer.

3.2.13 During September 2016 the Senior Nurse IPC has successfully revalidated with the Nursing Midwifery Council and in January 2017 embarked on a 3 year MSc studies programme with the University of Dundee.

3.2.14 The IPCT organise and deliver many 'Road Shows' across the Trust at various sites. The Roadshows incorporate opportunities for staff to engage with the team and learn informally about new or current IPC related topics. The theme for this year has been:

- May – MRSA Awareness

3.2.15 The renowned IPC notice board on the executive corridor at Trust Headquarters is very well established both internally to the Trust and externally amongst IPC colleagues via social media; these include but not limited to the President of the IPS, IPS patrons, academic professors from a range of backgrounds, the Royal College of Nursing, other Trusts nationally and medical/healthcare companies. Our notice board generally changes on a seasonal basis or whenever there is a specific campaign the team wish to advertise and target in a simple eye-catching visual way. This year's displays were:

- **Jungle Book** – 'The Simple Bare Necessities of IPC'
- **Flu Campaign** – Featured an Ostrich 'Don't bury your head in the sand where flu is concerned'
- **Norovirus** – promoting the use of the Bristol Stool Chart and vigilance regarding Norovirus infection

3.2.16 The IPC staff intranet page has grown considerably over the last year whereby the resources offered to staff on a variety of IPC issues can be located centrally for easy access.

3.3 Surveillance

3.3.1 The Health & Social Care Act 2008 (2015) requires organisations to provide quality information on health care associated infection, antimicrobial resistant organisms and infectious diseases. This information is essential to monitoring the progress, investigating underlying causes and instigating prevention measures. The IPCT have developed a simple monitoring process that involves a monthly surveillance survey, plus ad hoc reporting directly into the team by inpatient areas, care home settings and semi-closed residential settings.

3.3.2 The IPCT acknowledge that the data provided is not statistically robust due to areas not complying fully with the requirement to gather the requested surveillance information or submit it in a retrospective timely manner. The table below identifies the level of compliance each directorate exhibits in providing the relevant information. If the areas provide data more than 75% **(GREEN)** of the time (over the 12 month period); they are deemed as compliant. Returning data 50% - 75% of the time during the year equates to a caution **(AMBER)** and areas providing data less than 50% of the time are recorded as non-compliant with data returns and colour-coded **(RED).**

3.3.3 Outstandingly only Birch Avenue Care Home have consistently provided data 100% of the time throughout the last year and are highlighted in **(BLUE)** for this achievement. Positively 4 areas are demonstrating compliance with the request to submit surveillance data and disappointingly 8 areas are partially not compliant; with 2 areas well below expected compliance. The level of compliance has been shared at the Infection Control Committee and referred to in the quarterly reports for Directorates to address directly in the areas of which they are responsible.

Surveillance Compliance April 2016 – March 2017	
Area	**Compliance %**
Acute Directorate	
Burbage	66%
Dovedale	58%
Forest Close	75%
Forest Lodge	50%
ITS/Endcliffe	50%
Maple	50%
Stanage	33%
Specialist Directorate	
Birch Avenue	100%
G1	50%
Woodland View Cottages	
- Beech	66%
- Oak	50%
- Willow	75%
Community Directorate	
Wainwright Crescent	75%
Learning Disability Directorate	
Buckwood View	88%
ISS/Firshill Rise	16%

3.3.4 Mandatory surveillance of Alert organisms continues to be collected and the table below shows the number of positive cases we have had for each organism this year.

Alert Organism	Annual Cumulative Case Total
MRSA Bacteraemia	1
MSSA Bacteraemia	0
***Escherichia Coli* Bacteraemia**	0
***Clostridium difficile* Toxin producing diarrhoea**	4

3.3.5 An MRSA Bacteraemia Blood Stream Infection (BSI) is a serious condition which is potentially life-threatening. It demands prompt clinical attention to ensure the best possible outcomes for the patient concerned. *Staphylococcus aureus* is a bacterium that commonly colonises human skin and mucosa without causing any problems. It can cause disease, particularly if there is an opportunity for the bacteria to enter the body, for example through broken skin or an invasive device e.g. catheters. The Trust has not had a known MRSA Bacteraemia case for approximately 6 years.

3.3.6 Following notification of the Bacteraemia, the SNIPC commenced & facilitated the Post Infection Review (PIR); which was supported by our Consultant Microbiologist. The PIR relies on close collaboration by all organisations involved in the patients care pathway to jointly identify and agree the possible causes of, or the factors that contributed to, the BSI. Equally important; organisations will be able to decide what action is required to prevent such cases in the future by developing an action plan to address the learning outcomes identified.

3.3.7 The case involved a 76 year old male patient who has a long-term suprapubic catheter insitu. The PIR identified the main issues and key learning points for the services involved. This case went to the local Arbitration Panel.
NHS England's North PIR Arbitration Panel is convened for cases where either local resolution is not agreed or where third party assignment is requested. The panel will agree attribution to a named Acute Trust, CCG or third party based on the evidence provided. Attribution is also considered when there is evidence of organisational lapses in care and/or learning which may have contributed to a patient developing a bacteraemia. The category of 'Third Party' was introduced from April 2014 to capture instances where, after arbitration by the review panel, the MRSA case could not legitimately be assigned to either the CCG or the Trust identifying the MRSA.

3.3.8 The Arbitration Panel reviewed all the supporting evidence in relation to this case and it was assessed as third party. Following local discussions between the Trust and the CCG, it was agreed the case would be assigned to the Trust and lapses in care noted.

3.3.9 The surveillance data on *Clostridium difficile* (C-diff) has recorded 4 cases; 3 have been detected in the Clover Group Primary Care Directorate and 1 on Dovedale Ward. All cases have been subjected to Root Cause Analysis investigations to determine if any lapses in care could be identified. As such the community acquisition of C-diff in these 4 cases was 'unavoidable' and no lapse in care was identified.

3.3.10 Voluntary Surveillance data is collated on a monthly basis retrospectively. In June 2016 the IPCT re-vamped the collect tool to a) make it more user friendly and b) to expand upon the categories of data collected which explains why the table below reports from June 2016 to May 2017.

3.3.11 53 Urinary Tract Infection cases (patients who are not catheterised) have been reported. Chest infections appear to be the most reported type of infection at 85 cases along

with 252 patients prescribed inhalers or nebulisers. 86 patients are reported to have an invasive device insitu and 65 patients who are known to self-harm by breaking the skin; both which increases their risk of infection as natural body defences are compromised. Wounds are reported as 66 and a further 20 are recorded as cellulitis. Cellulitis is a common bacterial skin infection. Cellulitis may first appear as a red, swollen area that feels hot and tender to the touch and is usually painful. In most cases, the skin on the lower legs is affected, although the infection can occur anywhere on your body or face.

3.3.12 The reported numbers of antibiotic therapies prescribed during this period is 273. It shows a high prevalence within the Specialist directorate recorded at 176. In comparison to last year a slight increase in antibiotic prescription activity has occurred from 232 in 15/16 to 273 in 16/17. However this does remain lower than 14/15 whereby 427 prescriptions were issued.

Overall Infection Surveillance Data - June 2016 - May 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**	**Cellulitis**	**Prescribed inhalers or nebulisers**	**TB – known history or suspected**	**Ear infections**	**Eye infections**	**Any other infections – please provide details**
Acute	9	1	8	1	11	43	63	9	41	11	0	13	2	46	41	4	13	1	6	41	5	0	1	13
Community	0	0	0	0	0	0	0	0	0	3	0	1	0	6	0	0	0	0	0	8	0	0	0	2
LDS	0	0	1	0	0	0	2	25	0	16	0	12	1	45	0	2	6	0	1	49	3	1	1	6
Specialist	15	0	9	0	0	0	0	52	43	55	0	27	8	176	26	4	47	0	13	154	1	1	6	16
Overall Monthly Total	**24**	**1**	**18**	**1**	**11**	**43**	**65**	**86**	**84**	**85**	**0**	**53**	**11**	**273**	**67**	**10**	**66**	**1**	**20**	**252**	**9**	**2**	**8**	**37**

3.4 Outbreak & Cluster Summary

3.4.1 The table below summarises all the reported outbreaks or ***clusters over this reporting period. 3 enteric outbreaks and 1 cluster have been reported to the IPCT. The outbreak on Dovedale was confirmed Norovirus infection. Sometimes when no causative organism is identified it can be explained partly due to not providing specimens in a timely manner, patients' symptoms resolving before a specimen could be obtained, patient refusing for samples to be taken, perhaps not enough of the pathogen could be detected within the specimen for diagnostic purposes or the specimen was not tested for a particular pathogen.

3.4.2 The cluster episode on Stanage ward resolved swiftly within 24 hour.

Date	Location	No of days closed	No of Patients	No of Staff	Outbreak Type	Causative Organism
April 2016	Dovedale Ward	16	9	11	Enteric	Norovirus Type II
April 2016	Maple Ward	7	4	4	Enteric	Unknown
November 2016	Stanage	N/A	2	1	*Enteric	Unknown
December 2016	Forest Close	N/A	0	8	Enteric	Unknown

3.5 Summary of Meticillin Resistant *Staphylococcus Aureus* (MRSA) screening

3.5.1 MRSA stands for Meticillin Resistant *Staphylococcus Aureus*. S.aureus is a bacterium which is found on the skin and in the nose of up to 30% of healthy individuals; known as colonisation. It can cause a range of infections in susceptible individuals, including wound

infection, abscesses and more serious blood stream infection known as bacteraemia. MRSA is a strain of S.aureus which has become resistant to a range of commonly used antibiotics such as Penicillin and Flucloxicillin.

3.5.2 People admitted to Mental Health Trusts do not need to be screened routinely for MRSA as there is no evidence of any significant risk of MRSA bacteraemia in this patient group. However, patients may have other clinical conditions that may put them at an increased risk of MRSA and thus a Bacteraemia; in this instance offering screening will be required.

3.5.3 The following patient groups are considered to be at high risk of acquiring MRSA and therefore should be screened on admission to our Trust or upon transfer:

- those who are admitted to mental health units following surgical procedures
- those that are admitted following admission to an Acute Trust
- those who are admitted from a nursing or residential care home
- intravenous drug users
- those who self-harm by breaking the skin
- people with chronic wounds e.g. leg ulcers, or with indwelling devices such as urinary catheters or PEG feeding tubes.
- those who have previously been identified as positive for MRSA should be screened on admission or transfer.

3.5.4 To report screening data this year the SNIPC and the Deputy Chief Nurse (DCN) agreed to use admission categories to assist in data collection to identify where 'high risk' patient sources may be admitted from.

3.5.5 The admission categories which were used are patients admitted from special hospitals, NHS general hospitals, NHS psychiatric hospitals, NHS secure hospitals, private secure hospitals, NHS nursing homes, private residential care, private nursing homes, private hospital, private hospice and private psychiatric hospitals to SHSC. All patients admitted to the Trust should receive a Physical Health Assessment (PHA) and the relevant section should be completed on our insight patient record system.

3.5.6 MRSA screening forms part of this physical health assessment in that it asks clinical staff if MRSA screening is required; but does not record if individuals have consented / declined.

3.5.7 This year 44 patients should have been offered screening based on their admission source. However 19 individuals have had screening identified by the admitting clinician; although this doesn't necessarily mean that these patients were actually sampled. For example the patient might refuse swabbing. This equates to 43% of patients offered screening. IPCT continually reinforce to clinical staff the importance of identifying and offering MRSA screening to patients deemed high risk who are admitted to the Trust. However since quarter two the SNIPC has requested specimen figures from the Microbiology Laboratory and 426 MRSA specimens have been processed; unfortunately there is no way of correlating this to individuals; however it suggests that more screening is taking place than what is recorded.

3.6 Annual Audit Programme

3.6.1 The infection prevention and control audit programme is fundamental in monitoring and measuring care standards within the Trust. The different audit tools utilised enable a robust picture to be demonstrated and encompasses the following domains: kitchen, environment, care practices e.g. sharps practice, hand hygiene facilities, waste & linen management, decontamination of equipment, laundry rooms and compliance with the *****Cold Chain. *****An unbroken 'cold chain' is an uninterrupted series of storage and distribution activities which maintain a given temperature range for the storage of drugs & vaccines.

3.6.2 The use of the 3M CleanTrace device enhances visual observation during audits by detecting Adenosine Triphosphate (ATP) upon an inanimate object to determine acceptable cleanliness & hygiene standards. The device continues to be a successful way of supplementing the visual inspection conducted by the IPCT. The current ATP parameters set within the Trust are as follows: **Pass** = <500, **Caution** = 501 – 1,000 **Fail** = >1,001.

3.6.3 The IPCT have successfully completed 33 observational site visits and 9 areas participated in self-audit. The environmental aspects of the audit look at the 'totality' of the healthcare environment including a specific tool to assess the standard of cleanliness. The audits carried out this year have been 'unannounced' attempting to capture a realistic snap-shot of current cleanliness standards and compliance with IPC practices.

3.6.4 Compliance with the IPC audit is set at 90% and above; positively 67% of areas are achieving a pass rating compared to last year where 59% achieved a pass rating. Areas achieving a caution rating have decreased from 29% last year to an improvement of 21%. This means that those areas are reaching an audit score between 80% - 89%. Areas demonstrating a compliance of 79% or less are failing the audit and this is equating to 5% this year; which is also a positive improvement from 12% last year.

3.6.5 2 areas in the Inpatient Directorate (Burbage and Maple Wards), have failed this year's audit and improvement plans are in place.

3.6.6 The pie chart shows the overall results attained this year and the bar chart provides a breakdown by directorate.

3.6.7 Since April 2015 where audit deficits had been identified, areas/services took ownership supported by IPC team to produce their own action plans to address these issues. The transfer of ownership & responsibility of action plans directly to the clinical or care setting has retrospectively worked really well for a second year. Once the action plan has been developed it is monitored at a local level via directorate governance arrangements and progressed. Should any challenges hindering completion be highlighted the Infection Control Committee are alerted. All action plans are formally monitored by the Committee in their quarterly meetings.

3.6.8 The audit results have highlighted some examples of common themes Trust-wide which require attention and or improvement, these are:

- Bare Below the Elbow compliance is poor e.g. clinical staff wearing false nails, nail varnish and silk/gel wraps, wrist watches and jewellery whilst on duty in clinical inpatient / nursing home areas.
- The cleanliness of the inside of medical drug fridges
- Lack of departmental cleaning schedules for items/equipment which care staff are responsible for cleaning; highlighting the point above
- Bleach found in numerous areas; either used instead of or in conjunction with Trust approved cleaning products
- Dirty & untidy internal waste disposal holds; including wheelie bin lids left open

3.7 Patient-Led Assessment of the Care Environment (PLACE)

3.7.1 The PLACE is a Standards Monitoring Observational Assessment that focuses on the non-clinical aspects of the patient's experience. The process requires equal numbers of staff to patient / carer to be part of the inspection team. The standards consider multiple aspects which are food, privacy and dignity, condition / appearance and maintenance of the premises. For the purpose of this report cleanliness is the focal point. Forest Close was undergoing extensive refurbishment and therefore not included this year's PLACE assessment. Both

Firshill Rise & Michael Carlisle Centre have dipped slightly in their scores from last year. However it is positive to note that Grenoside Grange has achieved 100% again and Forest Lodge have gained this achievement this year.

3.7.2 The overall Trust average for this year is higher than the national average.

Site	2013 Cleanliness %	2014 Cleanliness %	2015 Cleanliness %	2016 Cleanliness %
Firshill Rise	-	-	99.01	98.67
Forest Close	93.41	96.79	97.47	-
Forest Lodge	83.41	97.95	99.86	100.00
Grenoside Grange	84.93	99.68	100.00	100.00
Longley Centre	89.42	96.36	98.73	99.56
Michael Carlisle Centre	95.48	99.16	99.47	98.67
Longley Meadows (Rivermead)	83.71	98.98	99.25	-
SHSC Average	**88.30**	**98.15**	**99.11**	**99.32**
National Average (all Trusts)	**95.74**	**97.75**	**97.57**	**98.06**

3.8 Mattress/ Commode Audits

3.8.1 Currently both the mattresses and commodes are audited monthly by the individual departments and remain their responsibility. To monitor this compliance areas are asked to complete the relevant sections on the Surveillance returns which should be submitted monthly to the IPCT.

3.8.2 Mattresses have always been fundamental Medical Devices in healthcare; but often very unappreciated and overlooked. Mattresses remain the most consistently utilised patient surface, and without effective cleaning, maintenance protocols, and inspection regimes pose a serious risk to infection control practices & standards in the care environment. To ensure mattresses remain 'fit for purpose' and clinically effective it is recommended that their condition should be checked on a regular basis.

3.8.3 There is an increasing body of academic studies and publications focusing on the role of mattress & pillows implicating them as a potential infection risk areas for patients. In addition, from time to time there is public scrutiny of "dirty" healthcare environments. The setting of infection reduction targets is now standard for the NHS; however the need for improved patient safety, comfort and dignity has also come into sharp focus.

3.8.4 Preliminary mattress and pillow inspection findings carried out by the SNIPC in April 2016 in two of our bedded units demonstrated that the existing mattresses in service were observed to be in an appalling state; which were immediately condemned.

3.8.5 Following a successful business case and working collaboratively with Procurement colleagues, the Trust went out to tender for a mattress supplier; Herida Healthcare won the tender process. Next steps involved co-ordinating a trust wide audit and simultaneous instant replacement of new mattresses. During November 2016 and within two days 243 individual mattresses had been visually inspected, 109 failed the audit and 134 mattresses passed. This equates to a failure rate of 44.8% of the mattresses in service within the Trust. 24 mattresses could not be audited as part of this programme as patients were occupying their beds.

3.8.6 This was an extensive & complex project to organise; which resulted in very little disruption to both clinical areas and patients. The whole audit and instant replacement was completed within 48 hours. It is envisaged a further audit will take place in June 2017 to establish how the new mattresses are performing and how clinical areas are maintaining this piece of vital patient equipment.

3.9 Antimicrobial Stewardship

3.9.1 An antimicrobial is a substance that kills or inhibits the growth of microorganisms (germs) such as bacteria, fungi, and viruses.

3.9.2 Antimicrobial stewardship is a core responsibility for all Trusts and the Pharmacy Department take a lead on this to ensure antibiotic compliance. An overview of the numbers of patients receiving antibiotics throughout the year is recorded by the Infection Prevention Team via the prevalence forms submitted by each inpatient area.

3.9.3 Following the antimicrobial stewardship alert greater efforts have been made to increase audit and monitoring of antibiotics prescribing within the Trust. This has started to have been undertaken by the Pharmacy department on a quarterly basis and results are fed back to the Infection Control Committee. This only covers the inpatient ward areas in the data collection and not within the nursing homes and Clover GP practices. This is being followed up with the city wide/CCG Antibiotic Stewardship Group.

3.9.4 Mandatory training has been addressed and will be undertaken via the Medicines Management Training within the Trust to capture the nursing staff. Medical staff will need to undertake a mandatory online E-Learning training session for antimicrobial stewardship - details to be captured in the updated Antibiotic policy.

3.10 Incident Reporting: Sharps Practice & Audit

3.10.1 A total of 42 incidents have been reported to the IPCT during this reporting period. This is a decrease from last year because we have worked with Risk Management colleagues to look at re-categorising the reporting of incidents to try and establish an accurate reflection of 'true' IPC incidents. Previously for example somebody cutting themselves on kitchen equipment or having a seizure were being reported, but these are not infection control related incidents.

3.10.2 11 human bites have been reported; this accounts for 26% of IPC incident reporting; spitting incidents are recorded as 7 and 2 are attributable to animal bites. The incidents reported range from:

- Used sharps & drug taking paraphernalia inappropriately disposed of e.g. car parks
- Deliberate spillages of body fluids e.g. urinating & smearing of faeces
- Clean needlestick injuries

3.10.3 There have been 2 contaminated/dirty sharp related incidents reported which is a positive decrease from 6 which were reported last year.

Date	2014 - 2015	2015 - 2016	2016 - 2017
Contaminated Needlestick injuries sustained by staff	10	6	2

3.10.4 Daniels Healthcare facilitated an annual Trust-wide audit during February 2017. 32 Trust areas/departments were visited and a total of 53 bins were observationally audited this year. Overall many elements remained consistent; however the following areas remain a concern:

- Unlabelled whilst in use – 6 bins equating to 11.3%
- Containers with significant inappropriate contents – 2 bins equating to 3.7%
- Left unattended without the temporary closure activated – 10 bins equating to 18.8%

3.10.5 At the Clover Group City Practice a number of vaccinations were administered from a pharmaceutical fridge which had been recorded a zero degrees for 4 days (i.e. out of Cold Chain parameters); and no action had been taken. This resulted in 41 children and a small number of both adults and pregnant ladies who either needed repeat travel or other vaccinations. The practice agreed to re-vaccinate those affected and recall procedures were in place by the end of October 2016. NHS England & Public Health England did confirm at the time of the incident that it would not be escalated to a serious incident; however it would be treated as a local incident warranting further investigation.

3.11 Staff Influenza Vaccination Campaign

3.11.1 Influenza can cause a spectrum of illness ranging from mild to severe, even among people who consider themselves as previously well, fit & healthy. The impact on the general population varies from year to year depending on how many people are susceptible, any changes to the influenza virus and the severity of the illness caused by the strain in circulation. The capacity for the virus to mutate/change and the duration of the protection from the vaccine (about one season), are the reasons that the vaccine is tailored each year to protect against the most commonly circulating strains and why annual vaccination is necessary.

3.11.2 Every year influenza vaccination is offered free to NHS staff as a way to reduce the risk of staff contracting the virus and transmitting it to the patients/clients in their care; protecting themselves and their own families.

3.11.3 Encouraging more staff to get vaccinated remains a challenge to the Trust and as with previous years there continues to be a core cohort of staff that refuses the vaccine due to personal attitudes that they believe that the annual influenza vaccine will not be of benefit to them. Nationally we are one of the lowest performing Trusts in the country; and have been for a considerable number of years.

3.11.4 This year the CQUIN target for frontline staff was to achieve an uptake of 75% before the 31st December 2016. Disappointingly the Trust only achieved 22% within the CQUIN deadline. Overall the uptake figures for the full duration of the campaign (October 16 to January 17 respectively) are that a total of 845 staff took up the offer of vaccination. Out of this total, 640 (25% uptake); members of staff are deemed to be frontline. According to the figures provided by Human Resources colleagues and specifically looking at 3 staff groups; only 42 doctors, 178 nurses and124 Allied Health Professional were vaccinated.

3.11.5 Performance wise this equates to a total Trust percentage of 27% for this season i.e.by the end of January 2017. This is a 3% increase in last year's performance which was 25%.

3.11.6 Positively the 'Jab Cafes' organised by the IPCT were a huge success; an innovative way of staff being able to access the vaccine. Even the Flu Bug made a guest appearance!

3.12 Decontamination & Cleanliness of the Environment

3.12.1 The purpose of decontamination is to reduce the levels of micro-organisms present within the environment and on equipment, which then reduces the risk to patients and staff from acquiring an infection. There have been no reported incidents related to decontamination and the policy was successfully reviewed and ratified in October 2016 and remains current till 2019.

3.12.2 All patients have a right to their care being delivered in a clean and safe environment that is conducive to providing a therapeutic service. To this end the IPCT and Facilities Management have utilised the cleaning technologies available to both monitor cleanliness and respond proactively to relevant audit results.

3.12.3 This year during quarter 3 & 4 the Hotel Service Manager has introduced a paper-based monthly audit tool to all inpatient areas. It is envisaged that Senior Housekeepers will audit their own areas as the programme rolls out; official reporting to the SNIPC commences April 2017. Eventually Senior Housekeeper's will be expected to peer review other areas and the SNIPC and Hotel Services Manager are keen to introduce 'walk-rounds' on a quarterly basis to monitor cleanliness standards

3.12.4 Currently there is a gap in formal reporting of cleanliness scores to ICC and hopefully this new system will rectify this.

3.13 Legionella and Water Quality

3.13.1 Annual Audit by a Trust-Appointed Independent Water Consultant:

- All Trust-owned and leased properties have up-to-date legionella risk assessment.
- Estate services management and maintenance personnel have completed training and expertise to fulfil statutory requirements. Estates organised a Water Quality awareness session for Trust staff, in addition a session on Water Quality was carried out at an Infection Control event.
- The Trust appointed Water Quality consultants and Authorising Engineer reported that the Trust has a robust system in place to prevent the build-up of organisms such as legionella and pseudomonas in its water systems.
- Planned preventative maintenance continues to be carried out at all properties though frequencies vary due to availability of maintenance personnel. It is hoped that with the employment of additional personnel completion of ppm will improve
- Estates services now hosts a Water Quality Steering Group, membership has expanded to include infection control and site representatives. This group is set up to comply with recent legislation and implement actions to ensure water quality is maintained throughout trust premises. The group also comments and makes recommendations as a result of Audits and Risk Assessments. Crucially it provides advice and input into Capital Schemes. Reports are received at the ICC.
- A Water Safety Plan has been developed and is to be ratified
- Sampling for Pseudomonas will now be carried out on an annual basis as agreed at the ICC
- Action plans have been drawn up for all remedial work highlighted in Risk Assessments
- Estates has been trialling a new software system for implementing its ppm system, if the trial proves successful then it is hoped that implementation the system will result in the requirement for risk assessments to be less frequent

3.13.2 Annual Site Summary in Brief:

Michael Carlisle Centre

Low levels of pseudomonas have been less frequent on Dovedale 2, the site overall has had good water quality results from samples taken

Grenoside Grange

Samples taken from the site show no evidence of bacterial build up; the chlorine dioxide unit continues to disinfect the water system. The planned upgrade of the hot and cold water distribution system is currently on hold.

Longley Centre and PICU

The water system appears to be under control with no bacterial counts from recent samples. The water supply to Rowan Ward has been isolated with the exception of the kitchen corridor. Estates recently have also isolated water supplies to Hawthorn and Pinecroft and decommissioned one of the cold water storage tanks to prevent stagnation due to over capacity.

There are problems with overflowing of the Tanks for the PICU unit, a consultant has been employed to draw up a scheme for the installation of solenoids to prevent this happening, this will also assist in chlorination of the water system

Woodland View Nursing Home

The new hot water generation system continues to provide the required hot water supply for the whole of the site. There are occasional elevated cold water temperatures but regularly flushing is apparent. Chlorination of the system and reduced cold water storage has resulted in better water quality.

Cold Water Storage Tanks
All cold-water storage tanks have been cleaned and disinfected over the past 12 months

4.0 Acknowledgements

The SNIPC wishes to acknowledge the following colleagues in providing the information used to produce this report:

- Giz Sangha – Deputy Chief Nurse
- Alistair Tate - Senior Pharmacist
- Jill Perlstrom-Wright - Infection Prevention and Control Coordinator
- Tracy Green – Governance Data Management Officer
- Marion Sommaire - Training Admin Support Officer
- Mark Gamble – Head of Estates / Water Responsible Person
- Janet Mason - Hotel Services Manager
- Paul James - Information Assistant, Risk Management Team

Appendix 1 INFECTION PREVENTION & CONTROL 2017 - 2018 ANNUAL PLAN

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

Objective Area (31)	Action/Activity	Timescale	Lead	Progress/Assurance	RAGB
Training & Education ***Providing opportunities for all staff to fulfil mandatory requirements to receive IPC training.(6)***	Continue to facilitate a Link Worker Forum; providing suitable training & education for their role – 2 sessions a year.	March 18	KG / JPW		
	Start to plan, organise & facilitate a full day's IPC conference on behalf of the Trust (This action may be postponed due to HQ moves)	March 18	KG / JPW		
	Continue to facilitate Corporate Induction & Mandatory IPC session along with Education Departmental Trainers	On-Going	KG / JPW / E&T		
	Provide ad-hoc sessions on a variety of IPC related elements/topics as and when approached by services/areas	March 18	JP W/ KG		
	Facilitate IPC themed Road Shows at various sites across the Trust promoting evidence-based best practice	March 18	JPW		
	Develop & deliver a teaching session to the medics on Antimicrobial Resistance & Stewardship	Dec 17	RT		
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: • Learning Disabilities • Specialist • Community • Acute • Clover Group GP Practices **Areas where suboptimal compliance is identified; areas produce a remedial action plan to address findings.* **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*	March 18	KG / JPW		
	Local Audit Tools to be revised	July 17	KG		
	To receive the audit data collected by Daniels in relation to Sharps Policy & practice.	April 17	KG / JPW		
	To receive the quarterly audit data collated by pharmacy in				

Objective Area (31)	Action/Activity	Timescale	Lead	Progress/Assurance	RAGB
	relation to antibiotic prescribing findings and make recommendations for improvements in antibiotic stewardship (Antimicrobial Resistance Strategy (DH2013)). **To promote prudent antimicrobial prescribing for the management of antibiotic resistance and reducing antibiotic related Clostridium difficile Infection and other Healthcare Associated Infections*	Quarterly Until March 18	Pharmacy AT		
	Develop & carry out a programme of audit on mattresses across the Trust to ascertain how the new Herida mattresses are performing	July 17	KG / JPW		
	Participate in the multi-disciplinary PLACE Assessments trust wide	May 17	KG / JPW		
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 18	KG / JPW		
	Continue to monitor & report against the Mandatory Alert Organisms (MRSA, MSSA, E-coli & Clostridium difficile)	March 18	KG / JPW		
Policies & Protocols ***Ensure compliance with current guidance & legislation to promote quality, evidence based best practice (1)***					
	To contribute to all policies that has relevance to infection prevention and control.	On-going	KG		
Preventative & Case work ***Activities to demonstrate that effective IPC is central to providing safe, high, quality service user-centred healthcare (11)***	Support areas in completing *Clostridium difficile* Root Cause Analysis Investigations in a timely manner as required. *Lessons Learned to be shared within the service and brought to the attention of the Service User Safety Group & ICC*.	On-going As cases arise	KG / RT KG		
	Complete MRSA Bacteraemia Post Infection Reviews within the timescales specified by the DH. *Lessons Learned to be shared within the service and brought to the attention of the Service User Safety Group & ICC.*	As cases arise As cases arise	KG / RT KG		
	To work collaboratively with the H&S Lead and wider MDT regarding IPC related Safety Alerts.	As released	KG		
	IPC related incidents to be monitored and lessons shared	On-going	KG		

Objective Area (31)	Action/Activity	Timescale	Lead	Progress/Assurance	RAGB
	appropriately.				
	IPC risks being appropriately reported/escalated for inclusion on the Directorate Risk Register.	On-going	KG		
	Continue to support the compliance with the EU Sharps Directive particularly around safety devices; conduct a sharps survey to understand how the safety devices are working	On-going	CS / KG		
	'Spearhead' the Annual Seasonal Flu Campaign Trust Wide.	Jan 18	KG		
	Support all areas whereby facilitating outbreak management and to promote appropriate 'terminal cleaning' prior to re-opening to admissions	On-going	KG /JPW		
	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		
	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 / Procurement		
	Explore the possibility of changing hand hygiene products to a more cost effective brand.	March 18	KG / Procurement		
Design, Planning refurbishments & New Premises ***To ensure that premises are designed & furbished 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. **To ensure that the fabric of the environment facilitates the cleaning process*.	On-going	KG / GR		
Environmental Cleaning & Decontamination ***Activities to demonstrate that IPC & cleanliness are an integral element of the quality agenda (4)***	Assist Estates with monitoring Water Quality	On-going	MG / KG		
	Assist Hotel Services with reviewing standards of cleanliness across sites; collate monthly audit scores & commence walk-rounds.	On-going	KG / JM		
	Support Hotel Services with continued use of Virusolve+	On-going	JM / KG		
	Support clinical staff in devising/renewing their departmental cleaning schedules	On-going	KG / JPW		