

## BOARD OF DIRECTORS MEETING (Open)

Date: 11 October 2017

Item Ref: 12iii

<b>TITLE OF PAPER</b>	Infection Prevention and Control, Quarter 1 Report, April – June 2017
<b>TO BE PRESENTED BY</b>	Liz Lightbown, Executive Director of Nursing, Professions and Care Standards
<b>ACTION REQUIRED</b>	Members to be informed of the progress made during Q1 2017 – 2018 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>	October 2017 Meeting
<b>LINKS TO OTHER KEY REPORTS / DECISIONS</b>	<ul style="list-style-type: none"> <li>▫ Infection Control Programme 2017 – 2018</li> <li>▫ Safety and Risk Strategy</li> </ul>
<b>LINKS TO OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES</b>	<p>Strategic Objectives: A1, 01 02 Quality Safety; A2, 02 People BAF Risk 1.4: Compliance with CQC Registration/Regulation Requirements</p> <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>▫ Safety Thermometer Framework</li> <li>▫ NHS Outcomes Framework Domain 5</li> </ul>
<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>Authors of Report</b>	Katie Grayson & Giz Sangha
<b>Designation</b>	Senior Nurse - Infection Prevention & Control Lead, Deputy Chief Nurse
<b>Date of Report</b>	13 <sup>th</sup> Sept 2017

# SUMMARY REPORT

**Report to:** BOARD OF DIRECTORS MEETING

**Date:** 11 October 2017

**Subject:** Infection Prevention and Control, Quarter 1 Report, April - June 2017

**Presented by:** Liz Lightbown, Executive Director of Nursing, Professions and Care Standards

**Authors:** Giz Sangha, Deputy Chief Nurse / Interim Clinical Director Acute & In-patient Care and Katie Grayson, Senior Nurse Infection Prevention & Control Lead

## 1. Purpose

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

## 2. Summary

Good infection prevention, including cleanliness is essential to ensure that people who use health and social care services receive safe and effective care. Good management and organisational processes are crucial to ensure that high standards of infection prevention are developed, implemented and maintained.

Within this reporting period, hand hygiene compliance has increased from 88% to 92%. This report includes an overview of the infections surveillance data, training delivered, incident analysis, audit programme and policy information. A dashboard on page 6 displays pertinent information. Progress against the annual plan is contained in Appendix 1.

## 3. Next Steps

The Senior Nurse, Infection Prevention & Control (IPC) will continue to facilitate and monitor implementation of this programme.

## 4. Required Actions

- Receive this assurance report, noting the progress against the Infection Control Programme 2017-2018 and the activity to be carried forward by the Infection Control Team.
- Proactively promote ownership and responsibility for IPC Trust-wide.

## 5. Monitoring Arrangements

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

## 6. Contact Details:

For further information, please contact:

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**Infection Prevention and Control  
Quarter 1 Performance Report, April - June 2017**

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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
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 – (Data Management Officer)
3. Paul James ( Risk Information Assistant)
4. Marion Sommaire (Training Data Quality Coordinator)

## 1. Introduction

This quarterly report provides 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 the reporting period April – June 2017.

## 2. Progress Summary of the Annual Plan

The Infection Prevention & Control Team (IPCT) has made a very proactive start to the annual work plan for their areas of responsibility. The plan is divided into 7 key work streams and features 31 actions. Most actions are on-going and cannot be deemed complete until year end. The RAGB rating system is used in the annual plan referring to the different stages of each objective's action points. Please see Appendix 1 for progress, RAGB and assurance.

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	6	2		4	
Audit	6		3		3
Surveillance	2			2	
Policy & Protocols	1			1	
Preventative & Case Work	11	1	2	8	
Design, Planning, Refurbishments & new premises	1			1	
Environmental Cleaning & Decontamination	4		2	2	
<b>Totals</b>	<b>31</b>	<b>3</b>	<b>7</b>	<b>18</b>	<b>3</b>

## Performance Report

### 3. Training

The IPCT continue to provide and deliver mandatory IPC training, which now included hand hygiene, to 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.

Traditionally May is the recognised month in which the World Health Organisation (WHO); globally calls for action to promote 'safe care is clean care' across all health organisations. To celebrate this global initiative the May IPC roadshows focused on Sepsis and took the opportunity to promote awareness of this medical emergency; regarding the early recognition of deteriorating patients within Mental Health settings and ensuring prompt admission to the acute trust for urgent medical attention, when Sepsis is suspected. 60 staff members attended the Roadshows which were held across the Trust.

During April a successful Link Worker Forum meeting was held with 11 staff in attendance. Guest speakers included representation from Herida Healthcare on mattress inspection and cleaning regimes followed by Frontier Medical on Repose products for pressure care.

Food safety training has been delivered for Occupational Therapists working in a range of settings and 16 participants attended.

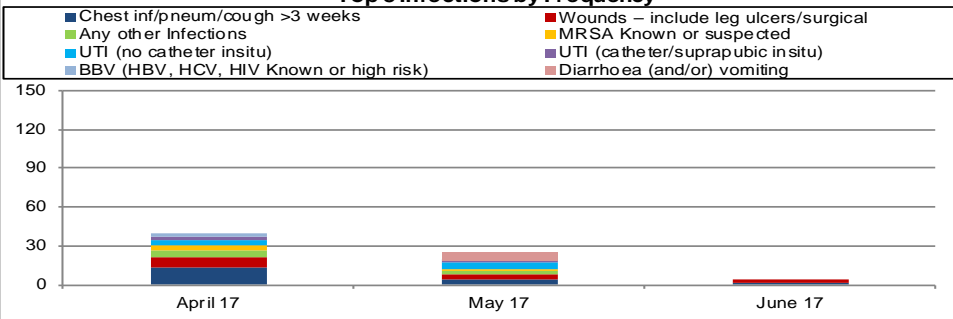
The table below provides information on Core Mandatory (Trust Induction for new starters) and Mandatory Update Training for existing staff groups. It is pleasing to report that **361** members of staff received training in this quarter.

<b>Q1 - Mandatory Training Provided: IPC and includes Hand Hygiene</b>	
<b>Training Offered</b>	<b>Participants</b>
Core Mandatory	23
Mandatory Training Update	249
Mandatory Training Update Clover Group	33
Mandatory Training Update Corporate	16
Hand Hygiene Drop-in Session	7
Clinical Psychologist Induction	N/A
Additional Update for Bed-Based Staff	33
<b>Quarterly Total</b>	<b>361</b>
<b>Cumulative Yearly Total</b>	<b>361</b>

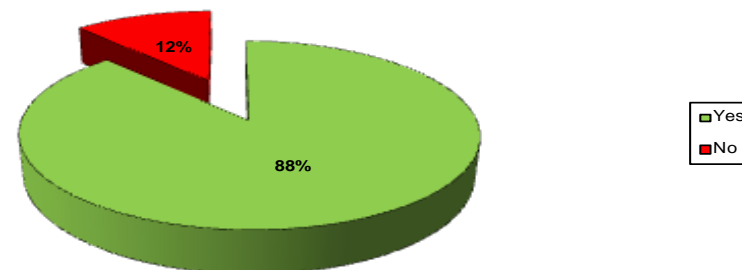
## Infection Control Dashboard: Q1 April 2017 - June 2017

### Infections

**Top 8 Infections by Frequency**

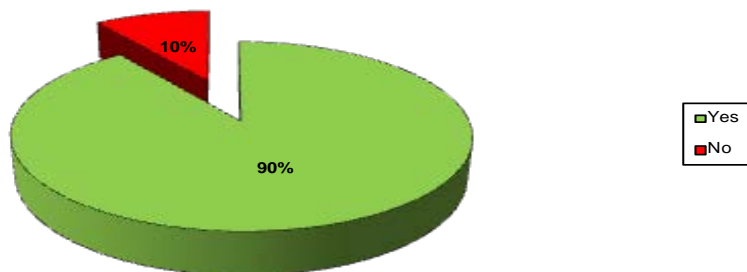


**Trust Hand Hygiene Compliance - April 2017**

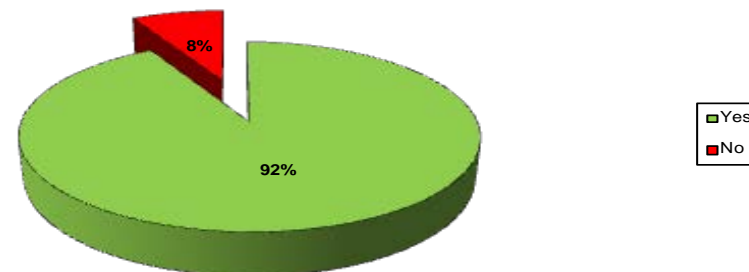


### Audit Programme

**Trust Hand Hygiene Compliance - May 2017**

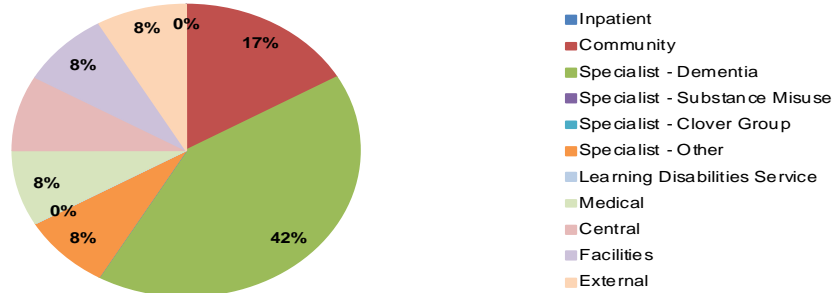


**Trust Hand Hygiene Compliance - June 2017**

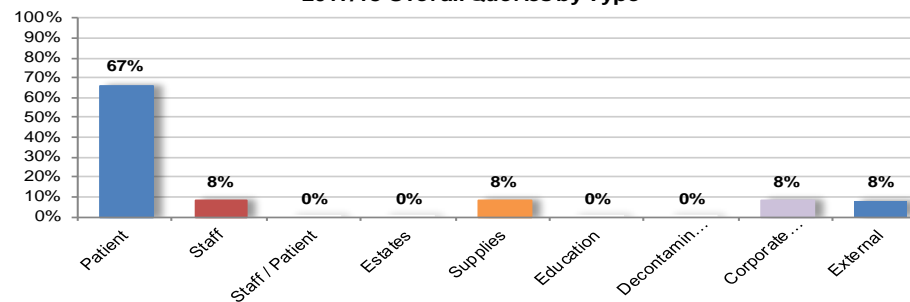


### Queries

**2017 /18 Directorate Queries**



**2017/18 Overall Queries by Type**



## **Trust Training - Hand Hygiene**

The dashboard above provides information on 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 previously been agreed that Doctors employed by the Trust, but not working at Trust units, will not be included in the compliance figures.

The pie charts demonstrate that the Trust is maintaining its compliance targets set by NHS Sheffield Clinical Commissioning Group (CCG). 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.' In this reporting period compliance increased from 88% to 92%.

## **4. Surveillance**

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 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.

The category 'other' collates information which is of very low concern from an IPC perspective. Most humans will suffer from common ailments; examples included in this category are fungal nail infections, athlete's foot, dental abscess, verruca & Thrush.

Surveillance data for Clover Group / GP Services (under the Trust) is not collated or reported by the Trust IPC team. This is reported directly to CCG by Clover Group.

## Surveillance Tables

The tables below provide an overview of local voluntary surveillance.

April 2017

Number of patients with known or suspected infections / infestations (Bed Based Services)																								
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	2	5	11	0	1	1	0	1	0	3	2	0	1	0	0	7	0	0	0	1
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	2	0	1	0	3	0	0	0	0	0	3	0	0	0	0
Specialist	5	0	0	0	0	0	0	7	5	10	0	2	3	17	1	0	7	0	0	11	1	0	0	4
<b>Overall Monthly Total</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>5</b>	<b>11</b>	<b>8</b>	<b>6</b>	<b>13</b>	<b>0</b>	<b>4</b>	<b>3</b>	<b>23</b>	<b>3</b>	<b>0</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>22</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>5</b>



May 2017

Number of patients with known or suspected infections / infestations (Bed Based Services)																								
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	1	0	1	0	3	0	0	0	0	0	1	0	1	0	1
LDS	0	0	0	0	0	0	0	1	0	2	0	0	0	4	0	0	0	0	0	3	0	0	1	1
Specialist	1	0	4	0	0	0	0	6	6	1	0	2	2	19	2	1	2	0	1	15	0	0	0	1
<b>Overall Monthly Total</b>	<b>1</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>1</b>	<b>4</b>	<b>8</b>	<b>9</b>	<b>17</b>	<b>4</b>	<b>0</b>	<b>5</b>	<b>2</b>	<b>26</b>	<b>7</b>	<b>3</b>	<b>4</b>	<b>0</b>	<b>1</b>	<b>29</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>3</b>

June 2017

Number of patients with known or suspected infections / infestations (Bed Based Services)																								
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	0	0	0	0	0
LDS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Specialist	0	0	0	0	0	0	0	5	4	1	0	0	0	4	2	0	3	0	0	14	0	0	0	0
<b>Overall Monthly Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>2</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>14</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

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

Via established reporting mechanisms, the team were alerted to 1 service user on Dovedale Ward, who had been diagnosed with toxin producing C-diff at the very end of March 2017. At the time of the Q4 report it was not possible to provide the outcome of the Root Cause Analysis (RCA) investigation; as it was currently in progress at the time that the report was being prepared. The RCA is now complete and the case was likely related to acute hospital inpatient stays and IV Co-Amoxiclav usage in February 2017; therefore the community acquisition in this patient's case was unavoidable and no lapses in care were identified. Additionally there were some local ward management issues which have subsequently been addressed. A supportive site visit undertaken at the time by the IPCT found that miss-labelling of stool specimens had occurred on two occasions, preventative measures (*i.e. no alginate bags*) were available for the safe management of soiled laundry and trust approved cleaning/disinfection products were not being used at the time of the infectious episode.

### E Coli Negative Reporting Requirement

From July 2017 Trusts will be expected to report formally on cases of *Escherichia coli* (E-coli). The Secretary of State for Health has launched an important ambition to reduce healthcare associated Gram-negative bloodstream infections by 50% by 2021 and reduce inappropriate antimicrobial prescribing by 50% by 2021. Gram-negative bloodstream infections are believed to have contributed to approximately 5,500 NHS patient deaths in 2015; and are estimated to cost the NHS £2.3 billion by 2018.

The initial focus is on reducing *Escherichia coli* bloodstream infections because they represent 55% of all Gram-negative bloodstream infections. NHS Improvement (NHSI) & Public Health England (PHE) will continue to develop the national guidance/resources as we come to understand the most effective interventions in tackling this problem. A multitude of strategies and interventions have been implemented in England, which have had a significant impact on reducing *Meticillin-Resistant Staphylococcus Aureus* (MRSA) bloodstream infections and *Clostridium difficile* infection (CDI). It is envisaged that combined efforts across the health economy will mirror the impressive progress in reducing the numbers of MRSA and CDI which have fallen by 57% and 45%, respectively, since 2010.

Currently the E-coli bacteraemia numbers for the Trust are extremely low and a case is rare (**To note: no reported cases in the last 2 years**). Sheffield had 573 E-coli BSI cases in 2016 (*i.e. Therefore Sheffield's baseline will be 516*). Systems & processes are still being established by Sheffield CCG to obtain the relevant data from GP Practices across the city.

Sheffield CCG is creating a Root Cause Analysis (RCA) / Post Infection Review (PIR) template (*which will identify risks associated with acquisition*); based on the information gathered from GP's. This will then enable clinicians to focus on the interventions/areas of highest risk to enhance/improve on processes to modify that risk. For example urinary catheterisation may be perceived as a high risk and may require organisations to refresh their aseptic technique in catheterisation.

Sheffield CCG will inform the Senior Nurse of any laboratory confirmed cases and report/share RCA/PIR findings following investigation. Any SHSC cases will be noted & discussed with the relevant clinical teams involved with the case as appropriate; reported into the Infection Control Committee and recorded in Quarterly Reports produced by the Senior Nurse.

### **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.

In this reporting period 206 admissions have occurred in total. 7 service users met the admission criteria deemed from 'high risk' sources. Of the 7 cases, 2 were not assessed, 5 individuals have had a Physical Health Assessment (PHA) form completed as follows:

- 1 is recorded as blank.
- 3 are deemed by the admitting healthcare professional (nurse / doctor) as MRSA screening 'not required' (*i.e. not meeting the definition for screening criteria for Mental Health despite meeting the admission criteria to screen*).
- 1 had been identified that screening for MRSA has been assessed.

Using the figures supplied directly from the laboratories, 147 specimens have been screened for MRSA during this quarter.

Mupirocin is a topical antibiotic used for treating MRSA-associated skin and soft-tissue infections, and decreasing or eliminating nasal colonisation among patients. Resistance to Mupirocin reduces the effectiveness of decolonising strategies for MRSA. The increased pressure of MRSA colonisation & infections among patients has led to indiscriminate use of Mupirocin which has resulted in emergence of its resistance.

The SNIPC has observed that 2 patients in Woodland View have been confirmed with 'Mupirocin resistant MRSA'. Alternative treatments have been recommended for these patients and the Consultant Microbiologist agreed with the Senior Nurse to send off these specimens for typing at PHE Colindale Reference Laboratory. As suspected the results from both patients have identified an identical strain of MRSA.

The most likely cause of this cross-transmission is staff hand hygiene (or potentially lack of); or shared equipment which hasn't been cleaned appropriately or thoroughly. This matter has been brought to the attention of the Care Home Manager and Assistant Clinical Director responsible for the home; with the reiteration of scrupulous hand hygiene practices and to ensure appropriate cleaning methods of shared equipment is consistently carried out.

### **Outbreaks & Clusters**

During May a small cluster of diarrhoea/vomiting illness affecting 4 patients and no staff has been detected in this reporting period at Woodland View. No causative organism identified and symptoms resolved within 5 days.

## **5. Annual Audit Programme**

Planning for the forthcoming audit programme is under way and ready to commence from Q2 in August. Work has begun on reviewing and updating the current tool; which will see the removal of both the cold chain and kitchen section. This is to avoid duplication in audit work taking place via the Pharmacy department and Hotel Services.

The Kitchen tool will be incorporated into the six monthly management review of the Environmental Tool which is a new audit process proposed by IPCT and Hotel Services. The areas in the Trust requiring auditing have yet to be agreed along with those services that will be undertaking self-assessment this year. A further update of how this programme is being implemented will be provided in Q2 report.

## **6. Infection Control Policy & Protocols**

The IPC Policy remains current until 2018.

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

The Blood Exposure Policy was successfully ratified in June 2017.

## **7. Environmental Cleanliness**

From April 2017 we are now in a position to report on monthly environmental cleaning scores, which are displayed below. This is a newly introduced data collection process. This demonstrates a positive start in engaging with our housekeeping teams and provides baseline data in monitoring cleanliness standards in our inpatient environments.

Senior Housekeepers are tasked with collecting cleanliness data on a monthly basis. To ensure robustness into the process from Quarter 3 (October) the Senior Housekeepers will be undertaking 'peer review' of another housekeeper's area and scoring it for that month. Commencing in November the IPCT in collaboration with Hotel Services Manager will be undertaking our 'six monthly management audit' across all bedded sites to provide further assurance regarding cleanliness standards.

Additionally several Senior Housekeepers have been using our ATP testing device as an educational tool to improve cleanliness in their respective areas. Not received data has been escalated to the facilities manager to action.

Monthly Environmental Cleanliness Scores 2017/18	April %	May %	June %
Firshill Rise	100	94	Not received
Forest Close - Bungalow 1	97	100	97.5
Forest Close - Bungalow 1a	75	76	81
Forest Close - Bungalow 2	98	100	97
Forest Close - Bungalow 3	96	100	97
Forest Lodge	99	99	98
Grenoside Grange	100	100	100
Longley - Endcliffe Ward	96	95	98
Longley - General areas	80	Not received	Not received
Longley - Maple Ward	91	93	Not received
MCC - Burbage Ward	100	100	100
MCC - Dovedale Ward	100	100	100
MCC – General areas	80	Not received	Not received
MCC - Stanage Ward	97	95	95.5
Woodland View - Beech Cottage	91	87	85
Woodland View - Oak Cottage	89	94	90
Woodland View - Willow Cottage	92	89	83

## 8. Infection Control Related Incidents

11 infection control related incidents have been reported to the Risk Management Team during this quarter. The table below provides information regarding the IPC related incidents and includes events sustained by staff that falls into several categories such as:

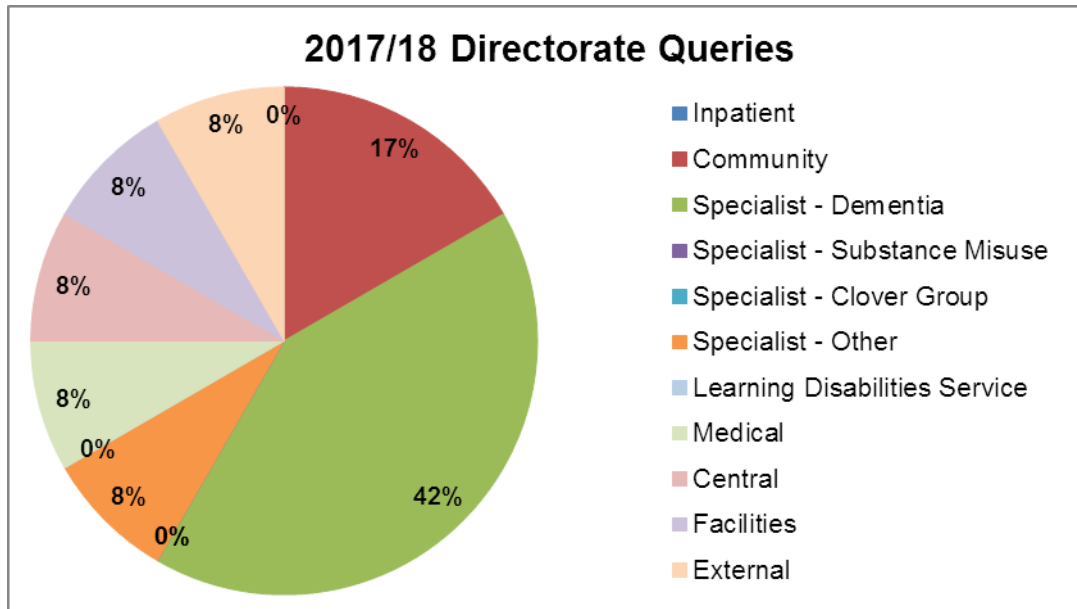
- Animal bites
- Dirty or clean needles found discarded inappropriately
- Bag of faeces found in a patient fridge in the dining room
- Bites and spitting
- Clean & dirty needlestick injuries

Infection Control Related Incidents Reported Q1 April – June 2017	
Category	Numbers
Inappropriate disposal of used needles	3
Contaminated needlestick injuries -staff (following insulin administration & during venepuncture)	2
Clean needlestick	1
Human bites & Spitting	1
Animal bites (Dog)	1
Faeces found in fridge	1
Other	2
<b>Total</b>	<b>11</b>

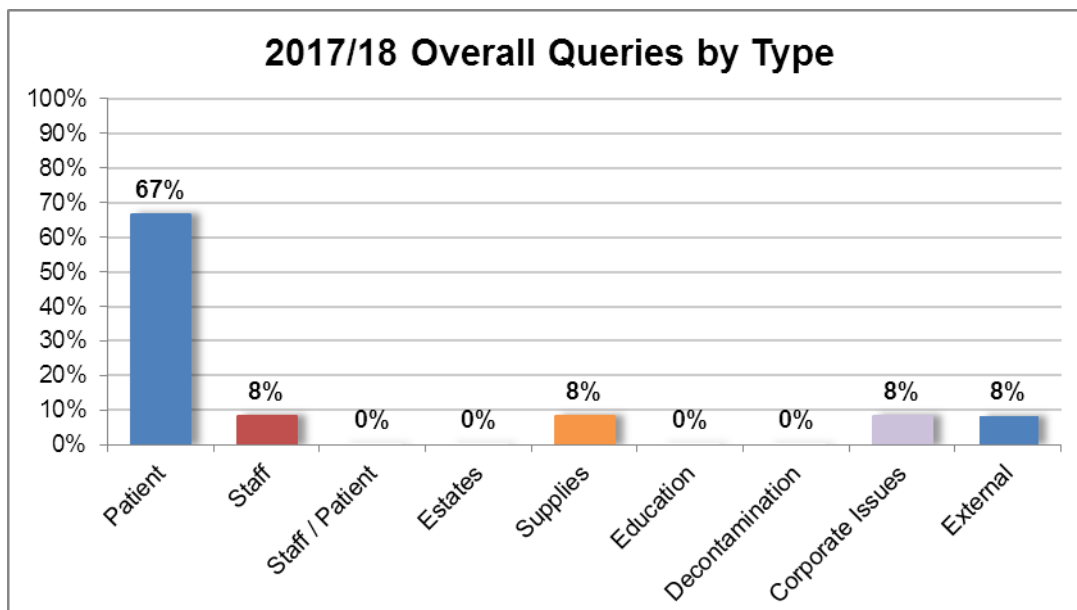
## 9. Infection Prevention Queries

The pie & bar charts (A&B) below summarise information recorded of those areas that generate most queries and who/what they relate to. This is monitored to ensure all directorates are aware of infection prevention and to ensure the infections in the Trust are proactively addressed in a timely manner i.e. Sickness and diarrhoea which could lead to outbreaks.

### A) April – June 2017



### B) April – June 2017



## INFECTION PREVENTION & CONTROL 2017 - 2018 ANNUAL PLAN

Appendix 1

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

Objective Area (31)	Action/Activity	Timescale	Lead	Progress/Assurance	RAGB
<b>Training &amp; Education</b>  <i>Providing opportunities for all staff to fulfil mandatory requirements to receive IPC training.(6)</i>	Continue to facilitate a Link Worker Forum; providing suitable training & education for their role – 2 sessions a year.	March 18	KG / JPW	<ul style="list-style-type: none"> <li>Link worker meeting held April -11 attendees</li> </ul>	
	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	<ul style="list-style-type: none"> <li>All training sessions delivered this quarter</li> </ul>	
	Provide ad-hoc sessions on a variety of IPC related elements/topics as and when approached by services/areas	March 18	JP W/ KG	<ul style="list-style-type: none"> <li>Food safety session provided to 7patients at Forest Close</li> </ul>	
	Facilitate IPC themed Road Shows at various sites across the Trust promoting evidence-based best practice	March 18	JPW	<ul style="list-style-type: none"> <li>Sepsis Roadshows carried out across the trust in May</li> </ul>	
	Develop & deliver a teaching session to the medics on Antimicrobial Resistance & Stewardship	Dec 17	RT		
<b>Audit</b>  <i>Monitor compliance with IC policies &amp; guidance through a Programme of audit.(6)</i>	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> *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	<ul style="list-style-type: none"> <li>Programme under development</li> </ul>	
	Local Audit Tools to be revised	July 17	KG	<ul style="list-style-type: none"> <li>Audit tool under annual review</li> </ul>	
	To receive the audit data collected by Daniels in relation to Sharps Policy & practice.	April 17	KG / JPW	<ul style="list-style-type: none"> <li>Audit completed – report discussed at ICC in June 17</li> </ul>	
	To receive the quarterly audit data collated by pharmacy in relation to antibiotic prescribing findings and make	Quarterly	Pharmacy	<ul style="list-style-type: none"> <li>Snapshot data provided of 7 patients for ICC in June 17</li> <li>AT to use the IPC Surveillance data to audit a larger</li> </ul>	

Objective Area (31)	Action/Activity	Timescale	Lead	Progress/Assurance	RAGB
	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>	Until March 18	AT	sample size of patient prescribed antibiotics	
	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	<ul style="list-style-type: none"> <li>Re-audit carried out in June across the Trust.</li> <li>Audit report pending</li> </ul>	
	Participate in the multi-disciplinary PLACE Assessments trust wide	May 17	KG / JPW	<ul style="list-style-type: none"> <li>IPCT invited to take part in the inspection process lead by Hotel Services Manager. Results due August 2017</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 18	KG / JPW	<ul style="list-style-type: none"> <li>On-going monitoring continues</li> </ul>	
<i>In line with National/Local requirements and designed to achieve reduction in HCAI (2)</i>	Continue to monitor & report against the Mandatory Alert Organisms (MRSA, MSSA, E-coli Bacteraemia's & Clostridium difficile)	March 18	KG / JPW	<ul style="list-style-type: none"> <li>On-going monitoring continues; Nil cases identified</li> </ul>	
<b>Policies &amp; Protocols</b>					
<i>Ensure compliance with current guidance &amp; legislation to promote quality, evidence based best practice (1)</i>	To contribute to all policies or protocols that has relevance to infection prevention and control.	On-going	KG	<ul style="list-style-type: none"> <li>Joint working with Waste Lead/Facilities &amp; Transport to agree process for disposal of condemned items</li> </ul>	
<b>Preventative &amp; Case work</b>	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>On-going monitoring continues; Nil cases identified</li> </ul>	
<i>Activities to demonstrate that effective IPC is central to providing safe, high, quality service user-centred healthcare (11)</i>	<i>Lessons Learned to be shared within the service and brought to the attention of the Service User Safety Group &amp; ICC.</i>	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>On-going monitoring continues, Nil cases identified</li> </ul>	
	<i>Lessons Learned to be shared within the service and brought to the attention of the Service User Safety Group &amp; ICC.</i>	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>Nil reported this quarter</li> </ul>	
	IPC related incidents to be monitored and lessons shared	On-going	KG	<ul style="list-style-type: none"> <li>Incidents discussed at ICC and included in quarterly</li> </ul>	



Objective Area (31)	Action/Activity	Timescale	Lead	Progress/Assurance	RAGB
	appropriately.			report • Sewer flies at Forest Close – IPC support	
	IPC risks being appropriately reported/escalated for inclusion on the Directorate Risk Register.	On-going	KG	• Items for inclusion have been forwarded to Denise Woods for inclusion on the Directorate Risk Register	
	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	• Preliminary discussions with Charlie Stephenson & B'Braun as to how we can undertake this survey	
	'Spearhead' the Annual Seasonal Flu Campaign Trust Wide.	Jan 18	KG	• Flu Planning Steering Group progressing well. Project plan for the campaign has been produced • KG attended national Flu conference in May • Networking with other trusts who achieved CQUIN last year underway.	
	Support all areas whereby facilitating outbreak management and to promote appropriate 'terminal cleaning' prior to re-opening to admissions	On-going	KG /JPW	• Support/advice given following cluster at Woodland View	
	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	• All results are managed & monitored accordingly	
	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	• Procurement always seek advice prior to purchase e.g. pressure cushions	
	Explore the possibility of changing hand hygiene products to a more cost effective brand.	March 18	KG / Procurement		
<b>Design, Planning refurbishments &amp; New Premises</b>  <i>To ensure that premises are designed &amp; furnished to enable IPC practices to flourish. (1)</i>	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 / GR	• KG/GR/JB continue to liaise regularly regarding the projects currently in progress e.g. Fitzwilliam Centre redesign	
<b>Environmental Cleaning &amp; Decontamination</b>  <i>Activities to demonstrate that IPC &amp; cleanliness are an integral element of the quality agenda (4)</i>	Assist Estates with monitoring Water Quality	On-going	MG / KG	• KG/MG met to review the Water Safety Plan	
	Assist Hotel Services with reviewing standards of cleanliness across sites; collate monthly audit scores & commence walk-rounds.	On-going	KG / JM	• JM provided KG with Q1 Environmental audit scores • Preliminary discussions on how we will take forward peer review & management audit review	
	Support Hotel Services with continued use of Virusolve+	On-going	JM / KG	• JM to introduce Virusolve+ to Firshill	
	Support clinical staff in devising/renewing their departmental cleaning schedules	On-going	KG / JPW	• Advice provided as required; continuing from last year's audit programme findings	