

BOARD OF DIRECTORS MEETING (Open)

Date: 13 December 2017

Item Ref: 13i

TITLE OF PAPER	Infection Prevention and Control, Quarter 2 Report, July – Sept 2017
TO BE PRESENTED BY	Liz Lightbown, Executive Director of Nursing, Professions & Care Standards
ACTION REQUIRED	Members to be informed of the progress made during Q2 2017 – 2018 regarding the infection control agenda and annual work plan
OUTCOME	Members to be assured on all aspects of infection, prevention and control for the Trust and satisfied with the progress achieved during this reporting period
TIMETABLE FOR DECISION	December 2017 Meeting
LINKS TO OTHER KEY REPORTS / DECISIONS	<ul style="list-style-type: none"> ▫ Infection Control Programme 2017 – 2018 ▫ Safety and Risk Strategy
LINKS TO OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES	<p>Strategic Aim: Quality & Safety, Strategic Objectives: A1, 01 & 02 Strategic Aim: People, Strategic Objective: A2 02</p> <ul style="list-style-type: none"> ▫ Board Assurance Framework ▫ NICE Quality Standards (61, 113, 139) ▫ Care Quality Commission Fundamental Standards ▫ Code of Practice on the Prevention & Control of infections and related guidance ▫ NHS Litigation Authority ▫ Safety Thermometer Framework ▫ NHS Outcomes Framework Domain 5
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	15 th November 2017

SUMMARY REPORT

Report to: OPEN BOARD OF DIRECTORS MEETING

Date: 13 December 2017

Subject: Infection Prevention and Control, Quarter 2 Report, July - Sept 2017

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

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

1. Purpose

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

2. Summary

Good infection prevention, including cleanliness is essential to ensure that people who use health 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 92% to 94%. This report includes an overview of the infections surveillance data, training delivered, incident analysis, audit programme update 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 (SNIPC) 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 Executive Directors Group, Quality Assurance Committee & Board of Directors.

6. Contact Details:

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Infection Prevention and Control Quarter 2 Performance Report, July - Sept 2017

No	Item	Page
1	Introduction	4
2	Progress Summary of the Annual Plan	4
	Performance Report	4
3	Training	4
	Infection Control Dashboard	6
4	Surveillance	7
	Surveillance Tables	8
5	Annual Audit Programme	9
6	Infection Control Policy & Protocols	10
7	Environmental Cleanliness	10
8	Infection Control Related Incidents	11
9	Infection Prevention Queries	11
10	Appendix 1 - Infection Prevention and Control 2017-18 Annual Plan – (RAGB) Rated	13

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 July – Sept 2017.

2. Progress Summary of the Annual Plan

The Infection Prevention & Control Team (IPCT) continues to make good progress against 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	1		4	1
Audit	6		2		4
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	
Totals	31	2	6	18	5

Performance Report

3. Training

The IPCT continue to provide and deliver mandatory IPC training 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.

Food safety training has been delivered to staff working in a range of settings and 11 participants attended.

Mattress training has been completed for 3 members of staff on Maple Ward. Cascade training is being initiated across all wards.

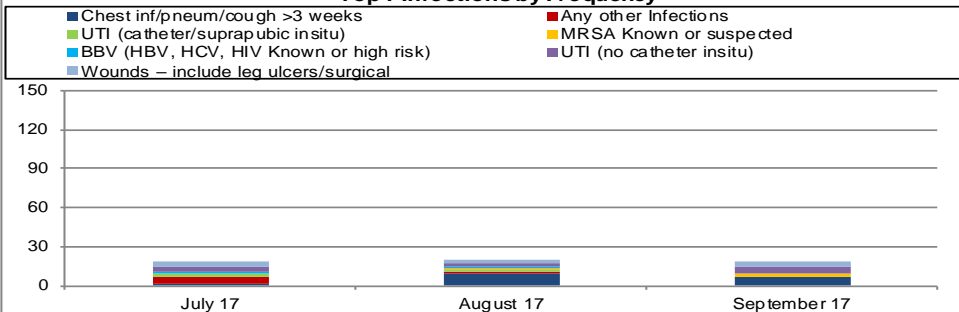
The table below provides information on Core Mandatory (Trust Induction for new starters) and Mandatory Update Training for existing staff groups. It is pleasing to report that **439** members of staff received training in this quarter and the cumulative annual total equates to 800.

Q2 - Mandatory Training Provided: IPC and includes Hand Hygiene	
Training Offered	Participants
Core Mandatory	56
Mandatory Training Update	276
Mandatory Training Update Clover Group	N/A
Mandatory Training Update Corporate	20
Hand Hygiene Drop-in Session	20
Clinical Psychologist Induction	N/A
Additional Update for Bed-Based Staff	43
Consultant CPD Update	24
Quarterly Total	439
Cumulative Yearly Total	800

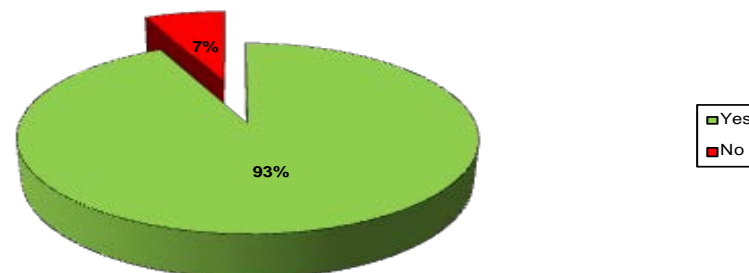
Infection Control Dashboard: Q2 July 2017 - September 2017

Infections / Hand Hygiene

Top 7 Infections by Frequency

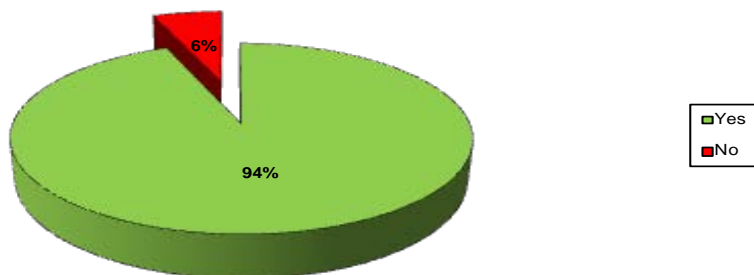


Trust Hand Hygiene Compliance - July 2017

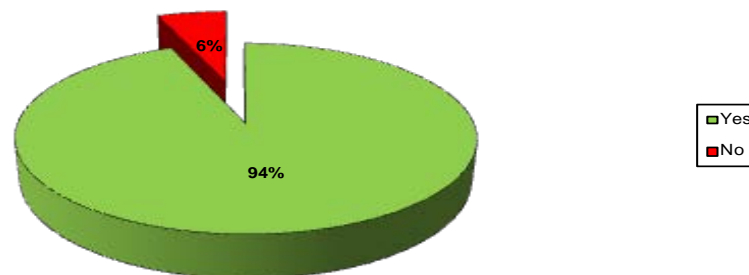


Hand Hygiene

Trust Hand Hygiene Compliance - August 2017

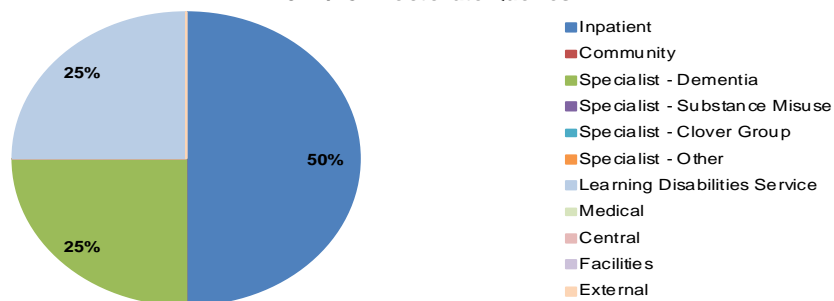


Trust Hand Hygiene Compliance - September 2017

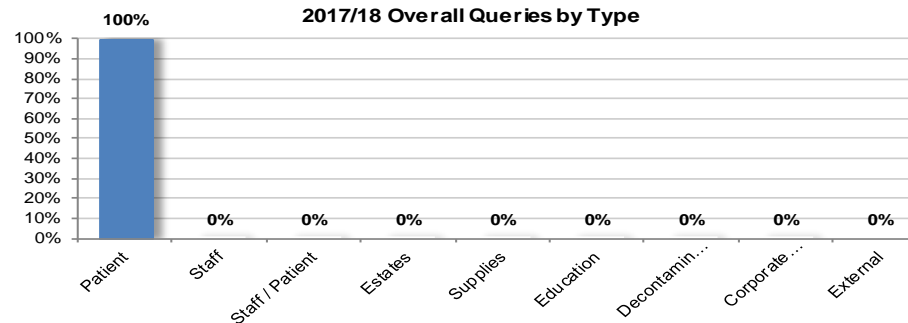


Queries

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 displayed in the dashboard show 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 92% at the end of quarter 1 to 94% at the end of quarter 2.

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. To note: there is no data set for September at the time this report was prepared.

As reported previously, surveillance data for Clover Group / GP Services (under the Trust) is not collated or reported by the Trust IPC team.

Surveillance Tables – Inpatient Wards

The table below provide an overview of local voluntary surveillance.

Quarterly Infection Surveillance Data - July - September 2017

Number of patients with known or suspected infections / infestations																
Infections	Directorate and Month															
	Acute				Community				LDS				Specialist			
	July 2017	August 2017	September 2017	Directorate Total	July 2017	August 2017	September 2017	Directorate Total	July 2017	August 2017	September 2017	Directorate Total	July 2017	August 2017	September 2017	Directorate Total
MRSA Known or suspected	0	0	1	1	0	0	0	0	0	0	0	0	0	1	2	3
Other multi-resistant organisms e.g. ESBL, CPE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Diarrhoea (and/or) vomiting	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Clostridium difficile (known or suspected)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blood borne virus e.g. HBV, HCV, HIV Known or high risk	2	0	0	2	0	1	0	1	0	0	0	0	0	0	0	0
Known/suspected IV drug user	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
History of self-harm (breaking the skin only)	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0
Invasive devices e.g. catheters, PEG or other	0	0	0	0	0	0	0	0	0	1	0	1	6	2	7	15
Number of patients had MRSA screens done this month	6	0	8	14	0	0	0	0	0	0	0	0	2	8	1	11
Chest infections/pneumonia or cough lasting 3 weeks or more	0	0	0	0	0	0	0	0	0	4	0	4	2	5	5	12
Influenza like illness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Urinary tract infection (no catheter insitu)	1	0	0	1	0	0	0	0	0	1	0	1	1	6	2	9
Urinary tract infection (catheter/suprapubic insitu)	0	0	0	0	0	0	0	0	0	0	0	0	3	1	0	4
Prescribed antibiotic treatment	0	0	3	3	0	0	0	0	0	5	0	5	27	20	10	57
Transferred from another hospital	3	1	8	12	0	0	0	0	0	0	0	0	0	6	1	7
Transferred from residential or nursing care homes	0	0	0	0	0	0	0	0	0	0	0	0	0	2	1	3
Wounds – include leg ulcers/surgical	1	0	4	5	0	0	0	0	0	0	0	0	3	3	1	7
Infestations(parasitic) e.g. head lice, pubic lice, scabies, thread worms	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0
Cellulitis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Prescribed inhalers or nebulisers	1	2	0	3	0	0	0	0	0	3	0	3	15	18	18	51
TB – known history or suspected	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Ear infections	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
Eye infections	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
Any other infections – please provide details	1	0	0	1	0	0	0	0	0	0	0	0	3	2	0	5

Mandatory surveillance (Nationally collated data) continues and the table below shows that the Trust has had zero MRSA, MSSA and E-coli Bacteraemia cases detected in our Trust In-patient population. One *Clostridium difficile* (C-diff) case has been notified to the Trust via the Sheffield CCG in early November although the confirmed specimen was taken early September, this case was identified at Clover Group Practice Darnall. The Root Cause Analysis (RCA) investigation is in progress, all GP practice cases are led by the CCG. The finds of the RCA will be shared in Quarter 3 report.

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

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 225 admissions have occurred in total. 14 service users met the admission criteria deemed from 'high risk' sources. Of the 14 cases, 2 were not assessed, 12 individuals have had a Physical Health Assessment (PHA) form completed as follows:

- 3 are recorded as blank.
- 4 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*).
- 7 had been identified that screening for MRSA has been assessed.

Outbreaks & Clusters

At the end of September a small cluster of vomiting illness affecting 2 patients and 2 staff has been reported from Maple Ward. No causative organism identified and symptoms resolved very swiftly.

5. Annual Audit Programme

Due to the significant planning and organisation of the Staff Flu Vaccination Programme; the commencement of the annual audit programme across the Trust is now delayed. It is envisaged that audit visits will commence across the Trust from mid-October onwards. The audit tool has been reviewed and all audit visits will be unannounced. This should provide an accurate picture of cleanliness standards and observations of adherence to IPC practices.

31 areas will receive a face-to-face supportive audit visit and 7 areas will be required to complete and submit a self-assessment. However due to capacity issues and other competing priorities the number of face-to-face audits may need to be revised. As in previous years, services will be responsible for developing their own action plans to address any shortfalls to improve standards. Formal reporting of audit findings will be made to ICC on a quarterly basis and services are strongly encouraged to report progress or issues hindering achieving required standards to their own directorate governance meetings at a local level.

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 remains current until 2020.

7. Environmental Cleanliness

The table below shows the monthly environmental cleaning scores for this reporting period. This demonstrates a really proactive approach to engaging with our housekeeping teams and provides baseline data in monitoring cleanliness standards in our inpatient environments. However not all areas are submitting scores every month. This problem is related to house keepers being managed differently by individual managers. This issue will be addressed via the Senior Housekeeper's meeting chaired by the Hotel Services Manager.

Senior Housekeepers will be 'peer reviewing' another area (not their own) during October 2017 for assurance, monitoring and learning purposes.

From November the Hotel Services Manager and IPCT will be carrying out six monthly management audits which will also include the Kitchen audits where required; to provide further assurance in monitoring cleanliness standards.

Monthly Environmental Cleanliness Scores 2017/18	July %	Aug %	Sept %
Firshill Rise	100	100	100
Forest Close - Bungalow 1	99.5	100	99
Forest Close - Bungalow 1a	Not received	Not received	85
Forest Close - Bungalow 2	95	97	99
Forest Close - Bungalow 3	98	99	99
Forest Lodge	99.5	90.5	93
Grenoside Grange	100	100	100
Longley - Endcliffe Ward	98	87.5	93
Longley - General areas	90	87	Not received
Longley - Maple Ward	80	Not received	Not received
MCC - Burbage Ward	100	100	100
MCC - Dovedale Ward	99	100	94
MCC - General areas	91	90	Not received
MCC - Stanage Ward	98	96	95
Woodland View - Beech Cottage	Not received	Not received	90.5
Woodland View - Oak Cottage	Not received	Not received	93
Woodland View - Willow Cottage	Not received	Not received	91

8. Infection Control Related Incidents

10 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
- Human bites
- Spitting – including one patient deliberately spitting blood into the faces of staff
- Spillages of faeces

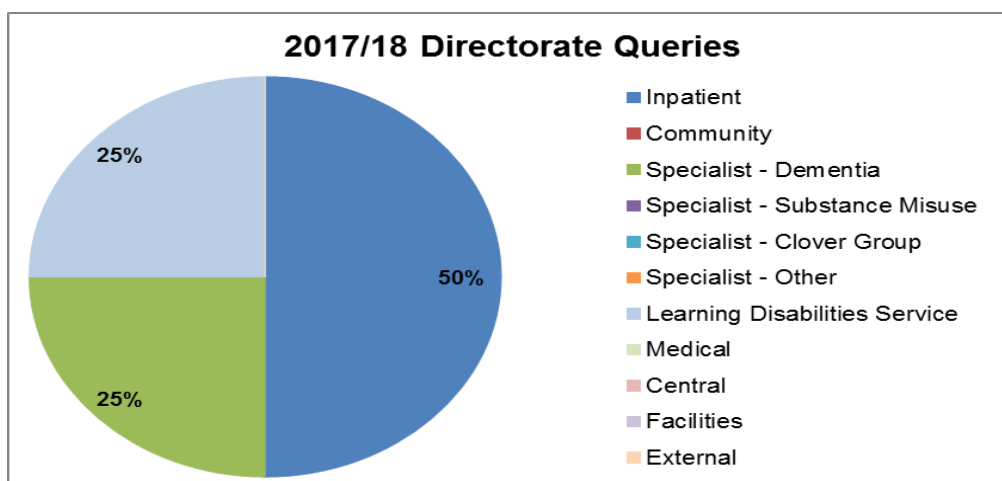
In general, the SNIPC has noticed an increasing trend in reporting of bites but of more concern is the deliberate spitting of blood or saliva into staff member's faces and/or eyes. The SNIPC raised this recently at a previous Service User Safety Group meeting and again now to the Risk Department, Head of Clinical Governance and Health & Safety Lead, as it is felt further investigation into these incidents is required. Not all incidents are during restraint situations; many are during 'everyday' interactions with agitated patients.

Infection Control Related Incidents Reported Q1 April – June 2017	
Category	Numbers
Deliberate spitting of saliva into eyes or faces of staff	4
Deliberate spitting of blood into the eyes or faces of staff	1
Bodily fluid spillages of faeces	2
Human bites	1
Animal bites (Dog)	2
Total	

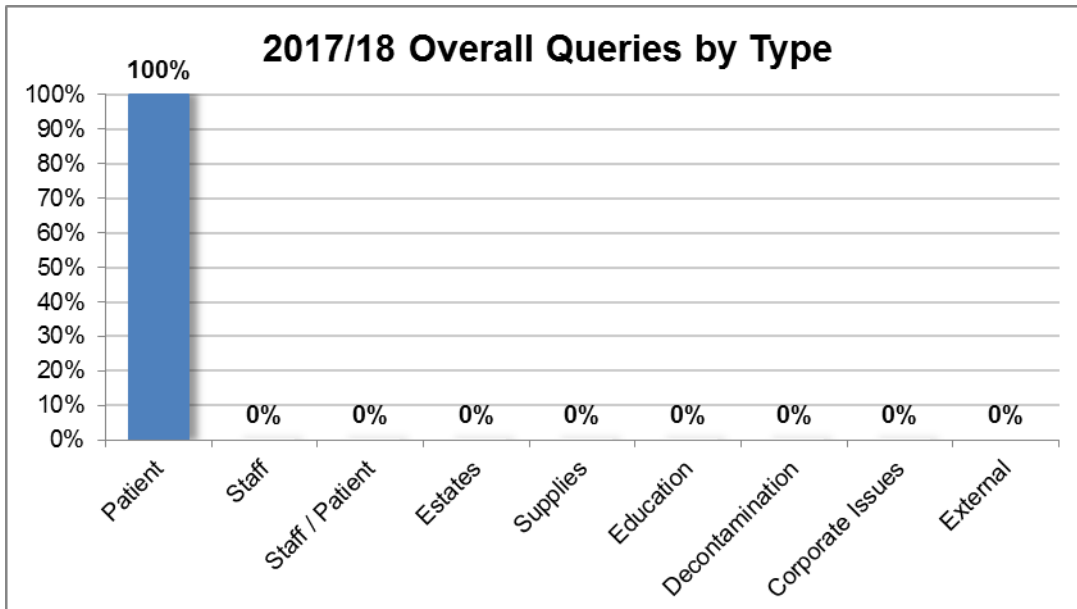
9. Infection Prevention Queries

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 or advice queries in the Trust are proactively addressed in a timely manner i.e. Sickness and diarrhoea which could lead to outbreaks.

A) July – September 2017



B) July – September 2017



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 <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"> Link worker meeting held April -11 attendees Septembers link meeting cancelled due to guest speaker cancellation; to be reorganised 	
	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"> All training sessions delivered this quarter 	
	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"> Food safety session provided to 11 individuals Mattress Training to 3 participants 	
	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"> Sepsis Roadshows carried out across the trust in May 	
	Develop & deliver a teaching session to the medics on Antimicrobial Resistance & Stewardship	Dec 17	RT	<ul style="list-style-type: none"> Due to medics CPD programme planning this has been scheduled for 25/04/18 	
Audit <i>Monitor compliance with IC policies & 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"> 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	<ul style="list-style-type: none"> Programme under development, audit tool reviewed. 	
	Local Audit Tools to be revised	July 17	KG	<ul style="list-style-type: none"> Completed in Q1 	
	To receive the audit data collected by Daniels in relation to Sharps Policy & practice.	April 17	KG / JPW	<ul style="list-style-type: none"> Audit completed – report discussed at ICC in June 17 	
	To receive the quarterly audit data collated by pharmacy in			<ul style="list-style-type: none"> Snapshot data provided of 7 patients for ICC in June 17 	

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)). <i>*To promote prudent antimicrobial prescribing for the management of antibiotic resistance and reducing antibiotic related Clostridium difficile Infection and other Healthcare Associated Infections</i>	Quarterly Until March 18	Pharmacy AT	<ul style="list-style-type: none"> AT to use the IPC Surveillance data to audit a larger sample size of patient prescribed antibiotics No audit data received for Q2 	
	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"> Re-audit carried out in June across the Trust. Audit report completed 	
	Participate in the multi-disciplinary PLACE Assessments trust wide	May 17	KG / JPW	<ul style="list-style-type: none"> IPCT invited to take part in the inspection process lead by Hotel Services Manager. Results due August 2017 and to be cascaded by Helen Payne. 	
Surveillance – Mandatory & Voluntary <i>In line with National/Local requirements and designed to achieve reduction in HCAI (2)</i>	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"> On-going monitoring continues 	
	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"> On-going monitoring continues; Nil cases identified 	
Policies & Protocols <i>Ensure compliance with current guidance & 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"> Nil to report this quarter 	
Preventative & Case work <i>Activities to demonstrate that effective IPC is central to providing safe, high, quality service user-centred healthcare (11)</i>	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"> On-going monitoring continues; Nil cases identified 	
	<i>Lessons Learned to be shared within the service and brought to the attention of the Service User Safety Group & 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"> On-going monitoring continues, Nil cases identified 	
	<i>Lessons Learned to be shared within the service and brought to the attention of the Service User Safety Group & 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"> Nil reported this quarter 	
	IPC related incidents to be monitored and lessons shared	On-going	KG	<ul style="list-style-type: none"> Incidents discussed at ICC and included in quarterly 	

Objective Area (31)	Action/Activity	Timescale	Lead	Progress/Assurance	RAGB
	appropriately.			report	
	IPC risks being appropriately reported/escalated for inclusion on the Directorate Risk Register.	On-going	KG	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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. Vaccinating staff commenced 02/10/17 	
	Support all areas whereby facilitating outbreak management and to promote appropriate 'terminal cleaning' prior to re-opening to admissions	On-going	KG /JPW	<ul style="list-style-type: none"> No outbreaks reported this quarter; 1x cluster on Maple ward 	
	All service user results are management as a priority e.g. MRSA Bacteraemia's / C-diff / CPE. Liaise with appropriate services/clinicians/GP's	On-going	KG	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Providing advice into the purchase of seclusion mats & mattresses and furniture for high risk environments. 	
	Explore the possibility of changing hand hygiene products to a more cost effective brand.	March 18	KG / Procurement		
Design, Planning refurbishments & New Premises <i>To ensure that premises are designed & 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	<ul style="list-style-type: none"> KG invited to provide IPC input into the Longley project 	
Environmental Cleaning & Decontamination <i>Activities to demonstrate that IPC & cleanliness are an integral element of the quality agenda (4)</i>	Assist Estates with monitoring Water Quality	On-going	MG / KG	<ul style="list-style-type: none"> KG & RT continue to provide advice to the WSG 	
	Assist Hotel Services with reviewing standards of cleanliness across sites; collate monthly audit scores & commence walk-rounds.	On-going	KG / JM	<ul style="list-style-type: none"> JM provided KG with Q2 Environmental audit scores Management review audits to commence in Nov First 'peer reviews' to commence Oct 	
	Support Hotel Services with continued use of Virusolve+	On-going	JM / KG	<ul style="list-style-type: none"> JM to introduce Virusolve+ to Firshill 	
	Support clinical staff in devising/renewing their departmental cleaning schedules	On-going	KG / JPW	<ul style="list-style-type: none"> Advice provided as required; continuing from last year's audit programme findings 	