

Infection Prevention and Control Annual Report 2015/16

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Glossary:

CAUTI	Catheter Associated Urinary Tract Infection
CCG	Clinical Commissioning Group.
CDI	<i>Clostridium difficile</i> Infection
CQC	Care Quality Commission.
DIPC	Director for Infection Prevention and Control
E. Coli	<i>Escherichia coli</i>
HCAI.	Healthcare Associated Infection.
HCW	Health Care Worker
IPC	Infection Prevention and Control
IPCC	Infection Prevention and Control Committee
IPCT	Infection Prevention and Control Team
ITT	Invitation to Tender
L & D	Learning and Development
MICE	Monitoring of Infection Prevention and Control, Cleanliness and Environment Audit
MRSA	Meticillin Resistant <i>Staphylococcus Aureus</i>
MSSA	Meticillin Sensitive <i>Staphylococcus Aureus</i>
NHSE	NHS England
NICE	National Institute for Clinical Excellence
PEAG	Patient Environment Action Group.
PLACE	Patient Led Assessment of the Care Environment
WHE	Whole Health Economy

Contents:

Section:		Page
1.	Introduction	6
2.	Aims and Objectives	7
3.	Infection Prevention and Control Governance Arrangements	6
4.	Healthcare Associated Infections	9
5.	Surveillance	9
6.	Code of Practice Criterion 3 Compliance	11
7.	Patient Environment	11
8.	Audit	11
9.	Estates and Facilities	14
10.	Policies	14
11.	Education and Training	16
12.	Outbreaks	16
13.	Incidents	16
14.	Information Dissemination	18
15.	Service user and Carer Involvement	18
16.	CQC Inspection December 2015	19
17.	Commissioner Assurance	19
18.	Seasonal Influenza Campaign	19
19.	Summary	20
20.	References	21
21.	Appendices.	
	Appendix 1. Outbreak Summary 2015/16	23
	Appendix 2. Inpatient IPC 2015/16 Audit Overall Scores and 2014/15 Comparison	24
	Appendix 3. Policy Database	25
	Appendix 4. 2015/16 Action Plan with exception report	27

1. Introduction

The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections 'Code of Practice', and related guidance describes the statutory responsibilities for NHS organisations for the prevention and control of infections. It highlights the importance of good Infection Prevention and Control (IPC) practices across health and social care as a key part of the quality and safety agenda for patient care.

The code emphasises the importance of strong leadership, management and governance arrangements, the design and maintenance of the environment and devices, the application of evidence based clinical protocols and education and training and communication playing a part in reducing the risk of acquiring HealthCare Associated Infections (HCAI). Effective IPC of HCAI must be embedded into everyday clinical practice and applied consistently by everyone (Department of Health, 2015).

Lincolnshire Partnership Foundation Trust (LPFT) provides specialist health services for people with a learning disability, mental health and drug or alcohol problem in a wide variety of community and inpatient settings across a large geographical area.

As a registered NHS provider, LPFT is required to be compliant with the Code of Practice, and the requirements of their commissioners and other monitoring/ regulatory bodies including CQC. IPC performance monitoring and quality assurance of standards and practice to ensure safe patient care and clinical effectiveness via the organisations governance processes. This includes reporting on surveillance of HCAI, management of unavoidable infections, standards of cleanliness, IPC audits and incident/exceptions. IPC is everyone's business and all LPFT employed staff have an individual responsibility for IPC practice and standards.

2. Aims and Objectives

2.1 Aims

This report provides the Trust Board with detail of Infection Prevention & Control activity and performance throughout 2015/16.

2.2 Objectives

- To provide assurance of compliance against the Health and social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance (July 2015)
- To report any exceptions and identified actions to address these
- To demonstrate the achievements of the IPCT throughout 2015/16 and set out the key priorities for 2016/17 through the annual work programme.

3. Infection Prevention and Control Governance Arrangements

3.1 The Chief Executive

The Chief Executive has ultimate responsibility for ensuring effective IPC arrangements are in place across the Trust.

3.2 The Trust Board (via Quality Committee)

On behalf of the organisation, the Trust Board has strategic accountability for ensuring that legal and statutory IPC responsibilities in the prevention of HCAI are achieved. Through their leadership, the Trust Board (with an up-to-date and working knowledge and an understanding of IPC) discharges these responsibilities in the following ways:

- A nominated non-executive director member is an active member of the IPC agenda within the Trust including a core member of the Infection Prevention and Control Committee (IPCC).
- Ensure a culture of continuous quality improvement and to minimise risk to patients in accordance with national IPC legislation/guidance (including NICE).
- Relevant IPC key performance indicators and performance monitoring against.
- Maintaining a board-approved infection prevention and control accountability framework and annual improvement programme (as appropriate).
- Monitoring mechanisms are in place in each clinical area, and that each area is accountable for compliance with relevant aspects of the code of practice.

3.3 Director of Infection Prevention and Control (DIPC) and Trust Decontamination Lead

The Director of Nursing and Quality is the designated Director for Infection Prevention and Control (DIPC) and Trust Decontamination Lead. The DIPC has discharged responsibility for IPC from the Chief Executive and Trust Board and reports IPC matters to them via the Executive Team and the Quality Committee.

3.4 Infection Prevention and Control Committee (IPCC)

Chaired by the DIPC, the IPC Committee consists of key internal and external stakeholders for IPC. Quarterly IPCC meetings are held to:

- Review compliance with the Health and Social Care Act (2008) Code of Practice through receiving progress/exceptions reporting from the Infection Prevention and Control Team (IPCT) against the annual IPC work programme.
- Support the IPCT in the implementation of new local and national initiatives and EU directives.
- Provide challenge and scrutiny of IPC practices/standards throughout the Trust impact/affect quality and patient safety and/or service delivery.
- Ensures timely delivery of the annual report to Trust Board (via the Quality Committee).
- Approves the completed IPC annual work programme from the previous year and the content of the forthcoming year.

3.5 The Infection Prevention and Control Team (IPCT)

The IPCT consists of:

- 0.6 WTE IPC Nurse Specialist (IPCNS) (1.0 WTE from 1st May 2016).
- From November 2015, 0.5 WTE Head of IPC.

The team consist of qualified IPC practitioners. During 2015/16 the IPCNS has successfully completed the Dimensions in Healthcare - Advanced Diploma in Infection Prevention and Control studying part-time at Birmingham City University.

The IPCT are responsible for the strategic and operational delivery of IPC standards and practice to patients, carers, staff and visitors, with regards to the prevention of avoidable infections and the control and management of all unavoidable risks of infection.

This is carried out through an IPC agenda which provides specialist expert knowledge, advice, support and guidance (via various means of communication) via various strategies including surveillance, audit and policies (development and implementation).

The team works by collaboratively and positively engaging internally with Trust staff, establishing and maintaining good working relationships with teams including Senior Nurse Managers, Allied Health Professionals and the Estates and Hotel Services; and externally e.g. with IPC colleagues across Lincolnshire the whole health economy (WHE), Primary Care colleagues.

The visibility of the IPCT across the organisation and staff relationships are pivotal in staff engagement; providing leadership and support to embed high standards of IPC into their day to day practice. They act as a conduit for the dissemination of evidence-based knowledge and skills and a facilitator of excellent practice to drive improvements.

This is achieved through the IPCT providing a proactive and reactive service to staff, patients and carers; for example the IPCNS carrying out clinical visits to inpatient and community areas in response to individual/specific need e.g. an outbreak or incident.

The IPCT are both active members of the Infection Prevention Society, attending Trent and Yorkshire branch meetings and the Special Interest Group for Mental Health. They also regularly attend the Lincolnshire WHE Social Care IPC forum, working collaborating with IPC colleagues within the Lincolnshire geographical area.

3.6 IPC Link Practitioner Network

The IPC Link Practitioner Network consists of registered and non-registered nursing staff working in inpatient clinical teams. They are a key resource, acting as first contact for team colleagues when IPC issues arise, disseminating information, providing education, challenging practice and facilitating change.

3.7 LPFT Employed Staff (including bank, agency and voluntary workers)

In accordance with the Code of Practice it is essential that there are “Systems to ensure that all care workers (including contractors and volunteers are aware of and discharge their responsibilities in the process of preventing and controlling infection.” This is achieved via induction (both at a Trust level and locally within teams), IPC as a standing agenda item at staff meetings and reflected in job descriptions/roles and responsibilities.

3.8 Estates and Facilities

Partnership working between estates and facilities and IPC is crucial to ensuring high standards, particularly relating to cleanliness and the quality of the patient environment. Strong working relationships have been established between the IPCT and Hotel Services through joint auditing, development of policies and procedures, delivering of shared training and supporting nursing and hotel services team members.

3.9 Microbiology Services

Access (as required on an ad-hoc basis) to microbiology services, including telephone Consultant Microbiologist advice, is provided as part of the contract service specification for pathology services. The existing Pathology services contract (ending 31st March 2016) is currently undergoing an ITT process for new contract (with arrangements of continued provision from current provider in place).

4. Healthcare Associated Infections (HCAI)

As part of the national Public Health England annual surveillance programme, mandatory notification to the following attributable HCAI is required:

- *Clostridium difficile* Infection (CDI)
- Meticillin Resistant *Staphylococcus Aureus* (MRSA) bacteraemia
- Meticillin Sensitive *Staphylococcus Aureus* (MSSA) bacteraemia
- *Escherichia coli* (E.Coli) bacteraemia.

As a registered Mental Health Trust, LPFT are not currently assigned annual trajectories for the reduction of the incidence of these HCAIs; which are assigned as attributable to either a clinical commissioning group (CCG) or Acute Provider (in accordance with assigned criteria). In relation to the surveillance of these organisms, the IPCT report as part of the IPC Quality Indicators submitted to the Lincolnshire Confederated CCGs.

In the event of a reported positive case where the patient has received care at LPFT as part of their care pathway; the IPCT would provide gathering/contributing relevant information to the lead investigator from CCG or Acute Provider (dependent on assigned case) completing a Post Infection Review (PIR) of MRSA bacteraemia or Root Cause Analysis (RCA) investigation of *Clostridium difficile* infection. In addition, the IPCT would undertake internal enhanced surveillance to investigate any aspects of care or contributable factors relating to care received with LPFT.

4.1 *Clostridium difficile* Infection

0 (zero) cases reported during 2015/16

4.2 MRSA bacteraemia

0 (zero) cases reported during 2015/16

4.3 MSSA bacteraemia

0 (zero) cases reported during 2015/16

4.4 *Escherichia coli* bacteraemia

0 (zero) cases reported during 2015/16

5. Surveillance

Routine surveillance of identified isolates carried out by the IPCT as part of the mandatory notification process of MRSA, MSSA and E-Coli bacteraemia and *Clostridium difficile* infection (see section 4).

In addition, surveillance of MRSA colonisation notifications is monitored and actioned by the IPCT in line with implementation of modified admission MRSA screening guidance for NHS (2014) Department of Health expert advisory committee on Antimicrobial Resistance and Healthcare Associated Infection (ARHAI).

5.1 MRSA colonisation

In accordance with the above guidance, the following patients are identified as requiring MRSA screening on admission to LPFT inpatient services:

- Patients admitted from a care home

- Patients who have been transferred to LPFT from an Acute Trust
- Patients who self-harm
- Patients with a history of intravenous drug use
- Patients with a diagnosis of delirium
- Patients with chronic wounds or indwelling devices
- Patients with a dermatological condition
- Patients who have remained within a medium or high secure hospital for more than 5 years
- Patients with a history of previous MRSA colonisation or infection.

Patients in risk categories admitted	Patients screened on admission	Percentage screened on admission	Positive screen on admission	Decolonisation treatment accepted.
428	423	99%	4	3

MRSA screening figures are reported through to Commissioners on a monthly basis as part of the IPC Quality Indicators for Non-Acute Trust.

5.2 Catheter Associated Urinary Tract Infections (CAUTI)

NICE Quality Standard 61 Infection prevention and control, Statement 4 states that, "People who have a urinary catheter have their risk of infection minimised by the completion of specified procedures necessary for the safe insertion and maintenance of the catheter and its removal as soon as it is no longer needed."

Predominantly, the prevalence of patients with catheters (insertion and on-going care of) is within primary and acute health and social care settings. To address the NICE quality standard requirements, IPC colleagues who work across the Lincolnshire Whole Health Economy have been working throughout 2015/16 and into the forthcoming year on implementing strategies to drive improvements in catheter care and reduce CAUTI. This includes a patient held catheter passport which will be used across organisations to ensure continuity of care and a shared approach to catheter use demonstrating compliance with national guidance. (epic3 guidelines, 2014)

Within LPFT, patients with catheters and CAUTI are extremely low in numbers. During 2015/16, the number of CAUTI was as follows:

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2014/15	0	2	2	1	1	1	1	0	0	1	2	2
2015/16	1	1	0	0	0	0	0	0	0	0	0	1

The figures show that 0 (zero) CAUTI were reported for a continuous 9 month period from May 2015 to February 2016. This was a significant reduction from 2014/15. As part of the action plan for the Safety Thermometer for harm reduction, inpatient teams across LPFT continue to proactively manage catheters through the use of the High Impact Intervention Urinary catheter care bundle for insertion, on-going care and regular review of need, including trial without catheter for patients for whom this is indicated.

6. Code of Practice - Criterion 3 Compliance

The Code of Practice was revised in July 2015, from the previous document, to reflect the structural changes that took effect in the NHS from 1st April 2013 and the role of infection prevention (and cleanliness) in optimising antimicrobial use and reducing antimicrobial resistance. "Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance".

The Head of IPC has been supporting the Acting Lead Pharmacist in leading on the implementation on an organisational antimicrobial stewardship programme to provide assurance against criterion 3. Monitoring against the programme will be via the Medicines Management Committee and IPCC.

7. Patient Environment

In compliance with criterion 2 of the Code of Practice, it is essential that all patient environments meet cleanliness and standards that facilitate the prevention and control of infections. This includes ensuring that all parts of the premises from which care is provided are suitable for the purpose, kept clean and maintained in good physical repair and condition.

The challenge faced by LPFT is that patient services and care delivery takes place in multiple premises/sites across the county in differing states of age and repair. In addition, not all of the premises/sites are LPFT owned. This ranges from recently commissioned, purpose built Trust owned premises, through to shared ward environments in buildings owned and managed by other healthcare providers, clinics and out-patient departments in converted buildings (with uncertainty of their long term future use by the Trust). This makes consistent compliance with IPC standards and practices difficult at times for staff to maintain. Delays in identifying funding and the need to prioritise urgent work can affect the time taken to start or complete works to maintain high IPC standards. If premises not owned by the Trust have improvements identified, this is escalated through Estates and Facilities for action.

Monitoring of these standards takes place through the following:

- Annual IPC audit
- Annual Patient Led Audit of the Care Environment (PLACE)
- Bi-monthly Monitoring of Infection Control, Cleanliness and Environment (MICE) audits
- Bi-weekly Hotel Services supervisors audits for inpatient premises
- Cleanliness audits by contracted providers.

The findings of these are reported through initially to Ward managers and team leaders. Any matters which require immediate or further action are escalated to ward managers and team leaders, building managers and Estates and Facilities. Exceptions or delays to works are escalated to PEAG, the IPCC if necessary and the Executive Team.

8. Audit

8.1 Annual IPC audit programme

Audit is an effective strategy tool in assessing staff compliance with IPC standards and clinical practice and identifying any potential risks, compliance with national guidance and legislation, and drive service improvements. The annual audit programme of inpatient areas was reviewed in 2014/15 and taken forward using an IPC audit tool adapted from a national one specific to mental health units.

This has continued in 2015/16 with face to face joint (with hotel services and matrons) general environmental and IPC audits carried out to all 14 mental health inpatient wards/areas. The learning disabilities inpatient units (assessment and rehabilitation) closed in December 2015, prior to the audit being due so was not audited formally in 2015/16. (See Appendix 2 for overall 2015/16/audit scores and 2014/15 comparison).

The IPCT have endeavoured to make the audit cycle a positive and supportive process for Ward managers and their teams, while scrutinising and challenging observed and reported practice in order to drive forward improvements in the patient environments and standards of care.

8.2 Summary of audit findings to inpatient areas: (Appendix 2)

Overall, the audit findings and progress against action plans highlighted that staff continue to be committed to maintaining and improving ward environments to a high standards. However, they have faced some challenges.

In 2014/15, the average percentage scores for the annual IPC audit was 88.4%, for 2015/16, the average percentage score is 77.5%. In some areas, particularly older adults, there were significant drops in the score. Possible contributory factors are:

- Nursing and hotel services to all inpatient areas reported lower staffing levels mainly due to both short and long term sickness, high turnover of staff and the carrying of vacancies. This was a significant challenge in maintaining high standards of cleanliness and IPC practice.
- High turn-over of patients, high bed occupancy and pressure on beds. The acuity of the patient group is reported to have increased resulting in less staff time devoted to maintaining the environment due to increased observational levels and patient need.
- Some capital and maintenance projects such as the refurbishment of the clinic room on Brant Ward, have had long lead in times from requisition or have not been accepted onto the capital projects plan.
- The developing skills, confidence and experience of the IPCNS may have had an impact in higher levels of scrutiny and challenge.

During 2015/16, the general environmental and IPC audit findings have identified where facilities management/estates improvements are required and has resulted in capital/refurbishment works to many areas including:

- **Francis Willis Unit** – development of a new ward clinical room.
- **Conolly Ward** - Previous years and 2015/16 audits identified issues with the patient laundry room, resulting in capital work being completed of a significantly improved environment which is fit for purpose and patient experience.
- **Electro-Convulsive Therapy (ECT) Suite, Peter Hodgkinson Centre** Identified wall mounted fan in the ECT department to be visibly dirty/dusty and couldn't be cleaned or maintained appropriately. Removal from use was

recommended. This has led to a successful application for funding for air conditioning to be installed in 2016/17 in the department.

- **Ash Villa** – Improvements to inappropriate storage arrangements (and associated risks) have been made on the unit through reconfiguration of existing clinical room layout and the change of use from a storage space to clinical storage.
- **The Wolds** – Inappropriate use of storage space with high levels of mixed storage of items including clean linen with patient outdoor clothing and food items with old paper records was highlighted as problematic. Concerted effort and engagement with the staff team has supported improvements in these areas.

The IPCT are confident that the levels of commitment and engagement of ward staff with the IPC audit processes and findings and anticipate this will result in continued improvements in the forthcoming year. Furthermore, the role of the IPCNS being a full time position from 1st May 2016 will enable an increase in opportunities to engage with and support teams in improving standards.

8.3 Monitoring of Infection Control, Cleanliness and Environment (MICE) audits

MICE self-assessment audits have been conducted on a bi-monthly basis through 2015/16 by matrons and hotel services supervisors, with the support of IPC link practitioners; and action plan progress being reported to the Associate Matron/IPC lead. The findings of the MICE audits have been useful, alongside the IPC audit findings, in providing intelligence which has resulted in follow up visits to individual ward areas to support quality and service improvements.

A review of the MICE audit programme by the IPCT and Hotel Services has been carried out; and in the forthcoming year the governance and ownership of the MICE audits will be with the wards and hotel services.

8.4 Patient-Led Assessments of the Care Environment (PLACE) Audits

The IPC Team had no involvement in PLACE in 2015/16.

8.5 Waste Audits

The Trust's waste advisor, through hotel services, conducts an annual internal healthcare waste audit of all community and inpatient premises/sites across the organisation as part of a rolling programme. Findings are currently reported to team leaders and ward managers in the first instance for action to improve practice. Issues and exceptions are escalated through the IPCNS to the IPCC. The audit findings have highlighted specific issues relating to the management, segregation and disposal of sharps. These include inappropriate waste segregation, incorrect/no labelling and non-closure of temporary aperture (lid) when the sharps container is not in use. The IPCT team, waste advisor and pharmacy colleagues have met and agreed an improvements action plan to take forward into 2016/17.

8.6 Sharps Audit

As part of the service provision, Daniels Healthcare (sharps containers suppliers) carried out an external annual audit to inpatient and community premises/sites during 2015/16, assessing staff practices and sharps management. The findings were very positive with good overall staff practices. An issue was identified regarding the length of use of cytotoxic waste bins beyond the 3 months recommended by NICE Clinical

Guideline 139 Prevention and control of healthcare-associated infections in primary and community care (2012). This was taken forward by the IPCNS through Pharmacy teams to ensure consistent practice. It included removal of cytotoxic waste bins from Community team premises and the review and reissue of posters and information for clinical teams regarding the use of these bins.

8.7 2016/17 IPC Audit Programme

In the forthcoming year, the rolling IPC audit programme for 2016/17 is to be extended to include community premises where staff are providing direct patient care/clinical practice. An appraisal of all premises has been carried out and appropriate premises/sites identified; and the IPCT have devised a community audit tool (adapted from national Quality Improvement Tools, Infection Prevention Society) has been developed.

9. Estates and Facilities

9.1 Capital Planning/Refurbishment Projects

The IPC team have involved in the project design meetings of the Psychiatric Intensive Care Unit (PICU). This service provision is for 10 male patients to receive specialist intensive psychiatric care within LPFT (as opposed to referring these patients out of county); to be located on the refurbishment of Doddington Ward at Carholme Court, St George's Hospital site in Lincoln. The IPCT have provided expert specialist IPC advice including unit room configuration, individual specific room layout and specifications, etc. to promote and maintain a clean and appropriate environment that facilitates the prevention and control of infections.

9.2 Water Safety Group

The IPC team escalated via the IPCC in January 2016 that LPFT require a water safety group and water safety plan in place in accordance with appropriate management and monitoring arrangements of criterion 1 of the Code of Practice. The DIPC and executive team have appointed the Acting Head of Estates and Facilities to lead on implementing this and this has been carried forward into 2016/17 to establish and maintain these arrangements.

10. Policies

The IPCT have continued to lead on ensuring that all relevant (to the regulated activity LPFT provides) policies in relation to preventing, reducing and controlling the risks of infection are in place and up to date. A database of the policies has been set up to ensure that all review dates are adhered to or reviewed as required e.g. in response to new relevant guidance/legislation.

The following policies have been reviewed, updated and ratified via the IPCC during 2015/16 (in accordance with Code of Practice criterion 9 – Policies appropriate to regulated activities):

- Hand hygiene

At 2015/16 year end, the following policies are in the process of being written, reviewed and updated for ratification in the forthcoming year:

- Gastrointestinal Outbreak Management Plan
- MRSA
- Correct Use of Personal Protective Equipment

11. Education and training

11.1 IPC and Hand Hygiene training

Throughout 2015/16 LPFT Learning and development (L&D) team facilitated IPC and hand hygiene training, which is delivered via e learning package. The compliance requirements are set at a Trust target of 95% against all disciplines of staff other than corporate. They must complete the e-learning package on induction to the organisation and on a bi-annual update basis. This is monitored by L&D team.

Compliance at year end was reported as 84.6% for all clinical staff Trust wide (87.36% for clinical staff working in inpatient services and 83.92% for staff working in non-inpatient services) against the Trust target of 95%.

L&D monitoring during 2015/16 revealed that e-learning compliance numbers were low against Trust target. In response, the IPCT and L&D team met in November 2015 and developed a strategy to address staff engagement and training update for 2015/16 remaining months and going forward into 2016/17. This included consideration being given to returning to face to face delivery of IPC training at induction for new staff.

In addition to the e-learning package the IPCT have continued to drive improvements to IPC standards and staff practices; by encouraging staff uptake of the e-learning at a ward/service level and providing staff face to face education on an ad-hoc basis e.g. during clinical and IPC audit visits.

11.2 Bespoke training

In 2015/16, the IPCNS delivered bespoke IPC training to the participants of the Trust apprentice programme. The training delivered was designed to meet the requirements of the Clinical Healthcare support module for the Apprentice Framework in Health Diploma.

11.3 IPC Link Practitioner Network Educational Sessions

Bi-monthly IPC Link Practitioner Network meetings have been held through 2015/16. The meeting agendas are structured to include an educational session, either from the IPCNS or outside speakers, and a business agenda of relevant matters including on-going work, policy review, new publications, etc.

IPC subjects covered in the education sessions during 2015/16 were:

- The importance of acquiring good quality Microbiology samples to aid diagnosis.
- Norovirus symptoms and management.
- Flu campaign and the role of the IPC link practitioner.
- Hand hygiene “train the trainer” session
- Antimicrobial stewardship

8 of the IPC link practitioners have also attended a full annual training day delivered by the Head of Health Protection/Deputy DIPC, Federated Lincolnshire NHS CCGs on 9th November 2015.

In the forthcoming year, meetings are to be held on a quarterly basis due to capacity of both the IPCNS and ward staff; and the membership is to be extended out to staff from community teams to embed IPC standards/practices across all services.

The support of Managers and team leaders is essential in releasing practitioners for meetings, training and protected time in order to take part in audit and education.

Collaborative working with the specialist nurses in the Lincolnshire Whole Health Economy to identify and consolidate shared learning opportunities for link practitioners in all organisations is going forward in 2016/17. LPFT are a proactive part of the membership of this group.

11.4 Annual Nursing Conference - 2nd March 2016

The IPCT facilitated an “IPC stand” as one of the exhibitors at the 2nd annual LPFT nursing conference held at Lincolnshire Showground. This was attended by over 140 registered and non-registered nursing staff from LPFT employment and wider community. The stand displayed IPC standards and practice and engaging with staff to sign up to “#cleansafecare” and pledge to be Antibiotic Guardians.

12. Outbreaks

12.1 Outbreaks

Appendix 1 details the 2 outbreaks (both gastrointestinal) to LPFT on inpatient wards during 2015/16. Nationally and regionally there was an increase of gastrointestinal outbreaks during 2015/16 in comparison to previous years. Locally, outbreaks involving significant numbers of patients and staff have occurred in community (predominantly care homes) and ULHT in Lincolnshire.

Post outbreak reviews identified some common significant themes arising from the incidents:

- Isolation of symptomatic patients is often difficult to achieve particularly older adults with organic conditions resulting in confusion.
- Staff still attended work when symptomatic or before they were free of symptoms for 48 hours often due to pressure of staffing or fear of Employment Services processes when already at high levels of sickness.
- Staff travelling to and fro work in their uniforms despite guidance issued being clear.

Work has been identified in the annual work programme to review the outbreak management pack to address these issues going forward into 2016/17.

13. Incidents

13.1 Legionella Species in Water systems

In December 2015, the IPCT were informed that Legionella species had been isolated in the domestic cupboards during routine monitoring by MSM Environmental at the Peter Hodgkinson Centre. Estates and Facilities managed the incident by isolating showers on the inpatient wards Conolly and Charlesworth immediately, as they posed a higher risk to patients, until appropriate control measures could be put into place. Shower filters in the most crucial areas were installed on the 06/01/2016 with further filters being installed on the 18/01/2016. Work identified through this incident to remove dead legs in the building has continued.

The IPCNS raised concerns to Estates and Facilities regarding MSM delivering to contract specification particularly completion of documentation and timely reporting; identified areas for improvement were taken forward by Estates and Facilities through the commercial contracts department and an action plan was put into place.

Legionella awareness training was identified as shared learning from the incident. Two courses were delivered on the 9th and 10th Feb 2016. Due to limited spaces these were aimed at those directly responsible in the control of legionella including Estates, Cleaning Supervisors and Ward Managers.

13.2 Healthcare Waste

During their announced inspection in December 2015, the CQC highlighted inconsistencies in the approach to the use of plastic bags on Brant Ward due to the potential risk of self-harm by ligation or suffocation by patients and a decision was made locally (without seeking IPCT advice) to remove all plastic bags from use including healthcare waste (offensive) bags from receptacles (bins).

Such actions resulted in the following IPC risks:

- Patient safety and exposure to potentially contaminated waste.
- All staff handling the waste are decanting from the rigid bins – leading to unnecessary exposure and increased risk of potentially contaminated waste.
- Staff safety in how to effectively decontaminating the bins and the risk of unnecessary exposure during this activity.

The IPCT gave initial advice on the short term management of offensive waste in order to minimise the risks to staff and patients; followed by leading on a systematic review to resolve the issue. This involved:

- A full risk assessment of waste management approaches and the potential and actual risk of self-harm
- A scoping exercise of the management strategies of healthcare waste in place by other mental health providers (regionally and nationally).
- Identifying what the waste disposal needs were across all inpatient areas/wards within the Trust.
- Investigated alternative waste receptacle e.g. disposable waste bins
- Work with Estates and facilities to look at waste bin storage and possible refurbishment costs to house within storage cupboards
- Approaching bin manufacturers to assess if alternative suitable equipment can be provided/designed for specific need.
- Jointly designing a prototype bin with Wybone manufacturers to address the issues and minimise risk.
- Facilitation of trialling and evaluating the effectiveness of the prototype bin and disposable bin on the ward.

From the findings of the trial, options and recommendations were presented to the ward team; who made a decision to manage the potential risk of self-harm operationally through risk assessment and management of patients (on an individual patient basis); while minimising the IPC risks by removing bags when a risk is identified.

14. Information Dissemination

Promoting and developing awareness of IPC is a constant aim of the IPCT. Information is delivered to staff, patients and carers through a number of pathways:

- Standard IPC notice boards in all inpatient areas.
- Leaflet availability in all patient environments.
- IPC page on the Trust Intranet site (which is updated regularly).
- Dissemination of national and international IPC campaign materials through Weekly Word communications and on the Trust Intranet Homepage.
- Articles on IPC issues arising such as vaccination campaigns, Ebola and Zika virus updates, community outbreaks regionally and publication of new guidance on SHARON sharepoint.

15. Patient and Carer Involvement

15.1 Therapeutic Interventions

In 2015/16, the IPCT were consulted and advised on how the following therapeutic interventions could be used for patient therapy/ specialised client groups; and maintain good IPC standards and mitigate/manage any associated risks:

- Knitted twiddle muffs on Manthorpe unit
- The use of rabbits as therapy animals on Manthorpe
- Sensory cushions on the Rochford Unit
- Handbags and memory boxes on Langworth

IPC recommendations included:

- Ensuring the items are made of materials that are machine washed at 40°C or above
- Used as single patient items to prevent the potential risk of cross contamination
- Encouraging hand washing or the use of hand wipes of all persons who have had direct contact with animals visiting the unit.

15.2 Patient Involvement

Consultation during 2015/16 with other mental health IPC leads through the Infection Prevention Society Special Interest Group (IPSSIG) revealed that LPFT currently involve service users and carers to similar levels as other comparable providers. This includes service user input into the Patient Environment Action Group (PEAG) and participation in Patient Led Audit of the Care Environment (PLACE).

In the forthcoming year, the IPCT intend to increase patient involvement through:

- Consideration of patient and carer representation at the IPCC.

- Consult with patient and carer representatives on the introduction of new policies and the review of existing policies.
- Include patients in face to face hand hygiene training delivered by link practitioners in inpatient teams.
- Involve patient and carers in the annual hand hygiene campaign day including their pledges to challenge practice and encourage adherence to guidance.

16. CQC Inspection December 2015

Compliance with the Health and Social Care Act (2008) Code of Practice (July 2015) is incorporated within CQC regulations Outcome 8 and Regulation 12 (safe care and treatment) and Regulation 15 (premises and equipment).

Within 2015/16, LPFT received a full, announced CQC inspection in December 2015. The IPCT were not interviewed as part of the audit process but documentation was submitted and reviewed by the inspectors.

Feedback regarding IPC practices observed by the inspectors was positive. In particular they highlighted in their report:

- Good practices in hand hygiene
- Availability of hand gels and other hand hygiene facilities
- Good levels of completion of training
- Adherence to 'bare below the elbows' practices
- Evidence of regular audit programmes
- Information on IPC good practice available to patients and families.

This work continues into the forthcoming year and forms part of the annual work programme for 2016-17.

17. Commissioner Assurance

Work has been on-going since December 2015 in providing compliance with the IPC Quality Indicators for the Confederated Lincolnshire County Commissioning Groups. Throughout 2015/16 reporting (on a monthly, quarterly and annual basis) directly to the Head of Health Protection/ Deputy DIPC, Federated Lincolnshire NHS CCGs and quarterly through LPFT's Quality Schedule has taken place against a compliance framework.

18. Seasonal Influenza Campaign

Frontline Healthcare Workers (HCWs) involved in direct patient care are encouraged to receive seasonal influenza vaccine annually to protect themselves and their patients from influenza. (Public Health England, 2015)

As per policy, all LPFT employees are offered influenza vaccination and the uptake of frontline staff only (as per reporting requirements) is reported to Public Health England (PHE). The staff influenza vaccination campaign for 2015/16 was facilitated and led by the IPC lead with embedded vaccinators in inpatient teams also offering vaccine to patients if they requested it.

The campaign was launched Trust wide at the Inspirational Leadership event on the 14th October 2015. Following learning identified from the 2014/15 campaign, the focus was on offer vaccination at staff induction/training blocks and other Trust wide events, as well

as offering drop in style clinics throughout the Trust for administration, inpatient and community team staff. Link practitioners with up to date clinical skills were invaluable as embedded vaccinators in inpatient teams during the campaign.

Despite these efforts in the rolling out of the campaign, the Trust recorded a decrease in vaccination uptake from 41% in 2014/15 to 37% in 2015/16. This decrease reflects national figures of comparable Trusts and shared learning has been taken forward in preparation/planning for the 2016/17 campaign; which is to be facilitated by the Occupational Health and Staff Wellbeing team.

19. Summary

Continued improvements in IPC standards and practice have been made across all directorates within the Trust. The annual work programme for 2016/17 takes forward achievements from 2015/16 and identifies areas of practice for further improvement in accordance with national IPC legislation/guidance.

Undoubtedly, challenges relating to IPC remain. For example, emerging issues such as antimicrobial resistance and the rise of organisms that are resistant to most and the potential public health risks of available antibiotic treatments. Reassuringly, mental Health Trusts do not have the same levels of risk as Acute Trust providers, but this doesn't mean that there is complacency in the face of such challenges.

The IPCT remains responsive, adaptable and proactive, working in collaboration with colleagues within the Trust and the wider Whole Health economy to reduce avoidable healthcare associated infections through the provision of clean, safe care by a competent, motivated workforce who have the knowledge and tools to deliver it in a clean, suitable environment and to ensure that staff, service users and carers understand their role and responsibility in reducing the risk of infection.

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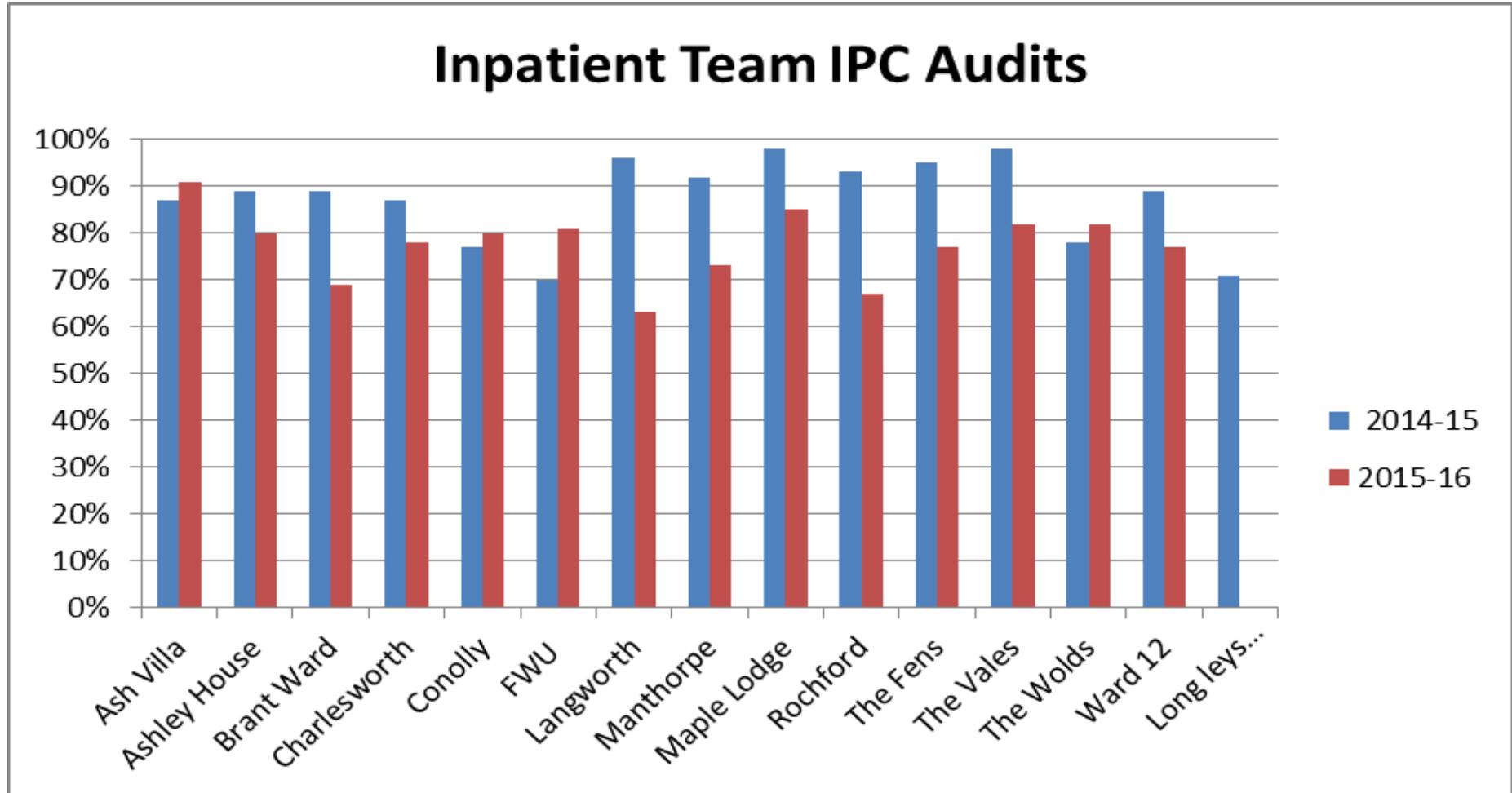
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APPENDICES

Appendix 1 - Outbreak Summary 2015/16

Location	Date started	Date ceased	Type of outbreak	Organisms isolated	No. Affected		Issues:
					Patients	Staff	
Manthorpe Unit, Grantham.	7.4.15	13.4.15	Diarrhoea and Vomiting	None	9	13	<ul style="list-style-type: none"> Organisational systems i.e. IT/telephone were not available throughout the outbreak causing significant challenges to staff throughout the outbreak. Unit has all single rooms, but not ensuite, therefore shared facilities. Nature of client group was a significant challenge to staff and made isolation difficult- cohort nursing implemented to reduce spread. Some staff members continued to work while symptomatic or returned prior to being 48 hour symptom free.
Langworth Ward, Witham Court Lincoln	13.4.15	28.4.15	Diarrhoea and Vomiting	None	13	8	<ul style="list-style-type: none"> Unit has all single rooms, but not ensuite. Nature of client group was a significant challenge to staff and made isolation difficult - cohort nursing implemented to reduce spread. Some visitors were insistent on attending the ward despite outbreak status. Delay in reopening the ward following end of outbreak due to cleaning staff availability for terminal clean.

Appendix 2 - Inpatient IPC 2015/16 Audit Overall Scores and 2014/15 Comparison



Appendix 3

IPC Policy Database (as of March 2015/16)

Code of Practice Reference	Policy Title	Date Implemented	Date due for review	Date reviewed
7a.	Infection Prevention and Control	August 2014	August 2017	
7b.	Hand hygiene	August 2014	August 2017	March 2016 (to include AHR guidance and poster)
7c.	Outbreak of Infection	August 2014	August 2017	
7d.	MRSA Management and Control	August 2014	August 2017	Review July 2016 (to reflect new screening guidance)
7e.	Management of Clostridium Difficile Infection	August 2014	August 2017	
7f.	Isolation	August 2014	August 2017	
7g.	Decontamination	August 2014	August 2017	
7h.	Surveillance of alert organisms and Dissemination of Information	August 2014	August 2017	
7i.	Safe Management of Sharps	August 2014	August 2017	
7j.	Occupational Exposure to Blood Borne Viruses	August 2014	August 2017	
7k.	Aseptic none touch technique	August 2014	August 2017	
7l.	Scabies management	August 2014	August 2017	
7m.	Transfer of a Patient with known or suspected Infection	August 2014	August 2017	
7n.	Personal Protective Equipment	Pending approval.		

Policies For Development during 2016/17					
Code of Practice Reference	Policy title	Related policy/ service	Date commenced	Completed by	Lead Responsible
7f.	Closure of rooms, wards, departments and premises to new admissions	Incorporated into Isolation policy			Jane Lord
7g.	Disinfection	Incorporated into Decontamination Policy			Jane Lord
7p.	Management of animals in clinical environments		May 2016	August 2016	Jane Lord
7q.	Control of outbreaks associated with specific alert organisms(CPE,ESBL,VRE)			November 2016	Jane Lord
7r	Use and care of invasive devices			January 2017	Jane Lord
7s	Surveillance and data collection			January 2017	Jane Lord
7t.	Immunisation of service users			November 2016	Jane Lord
	Antimicrobial prescribing	Incorporated into Pharmacy policy			Lead Pharmacist
	Uniform and dress code	Incorporated into Human Resources Policy			Tony Kavanagh
	Safe handling and Disposal of waste	Incorporated into Hotel Services waste Policy			Sandy Chambers
	Packaging, handling and delivery of laboratory specimens	Pathlinks policy			Pathlinks
	Care of deceased persons	Incorporated into Clinical Care policy			Mark Halsall
	Purchase, cleaning, decontamination, maintenance and disposal of equipment	Incorporated into Medical Devices Policy			Amanda Goldsbrough

Appendix 4

HEALTH AND SOCIAL CARE ACT 2008 CODE OF PRACTICE (CRITERIA 1-10)/NICE: QUALITY STANDARDS QS61-INFECTION PREVENTION & CONTROL ACTION PLAN 2015/16

KEY	
GREEN	Completed but needs continuous review
AMBER	Work in Progress
RED	Not Completed
BLACK	Completed one off Action
GREY	Not reported during this period

EVIDENCE	ACTIONS	ASSURANCE	LEAD OFFICER	TIMESCALE	RATING	
					2014 -15	2015 -16
CRITERION 1: Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that their environment and other users may pose to them.						
Evidence of suitable and sufficient risk assessments in place to control identified risks associated with IPC	For routine screening of individuals considered to be high risk to be carried out on admission and on any change in presentation.	Monthly MRSA screening reports to CCGs and board through current reporting systems	IPC Lead Performance department Infection Control link nurses	Completed April 2014 and maintain throughout 2015/16	GREEN	GREEN
		Bi monthly screening figures reported to ICC	IPC Lead	April 2014 and maintain throughout 2015/16		

EVIDENCE	ACTIONS	ASSURANCE	LEAD OFFICER	TIMESCALE	RATING	
					2014 -15	2015 -16
		IPC policies and procedures are available reflecting these requirements. New policies are proactively introduced when need is identified	IPC Lead	June 14 and maintain throughout 2015/16		
	For risk assessments to be carried out on admission to identify high risk through physical health status, pressure area risk and nutritional risks.	Physical healthcare assessment tool is used correctly to identify individuals at risk.	IPC Lead	February 14 and maintain throughout 2015/16		
		Identifiers for high risk individuals are disseminated to clinicians through policy and on IPC page on Sharon. They are reviewed and updated according to latest guidance in consultation with the ICC	IPC Lead	March 15 and maintain throughout 2015/16		
CRITERION 2: Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.						
Evidence of a clean environment where care is being delivered, which is controlled and monitored	For monthly supervisor audits of cleanliness to be carried out and reported through to Hotel Services advisor and ward managers	Standards achieved consistently across all inpatient areas on audits	Hotel Services Advisor	March 15 and maintain throughout 2015/16		

EVIDENCE	ACTIONS	ASSURANCE	LEAD OFFICER	TIMESCALE	RATING	
					2014 -15	2015 -16
	MICE audits to supersede supervisor audits in supporting Hotel services and nursing staff to maintain cleanliness	MICE audit outcomes reported bi monthly through the heat map. Progress against action plans to be monitored and escalated if necessary	IPC Lead Hotel Services supervisors/Ward managers	February 2015 and maintain throughout 2015/16		
	For randomised audits using to be carried out by Hotel Services advisor.	Audits are completed and reported through to Patient Environment Action Group and Infection Control Committee	Hotel Services Advisor	April 14 and maintain throughout 2015/16		
	For the cleaning manual and clear guidelines of areas of responsibility to be readily available and accessible to all staff.	Cleaning manual is available in both hard and electronic version	Hotel Services Advisor	Achieved in April 14 and maintain throughout 2015/16		
	For there to be a cleaning product manual in place to ensure consistency and evidence base to choice of product along with clear guidance on dilution rates for product	Cleaning product manual is available to all staff in both hard copy and electronic version.	Hotel Services Advisor	Complete April 14 and maintain throughout 2015/16		

EVIDENCE	ACTIONS	ASSURANCE	LEAD OFFICER	TIMESCALE	RATING	
					2014 -15	2015 -16
	For information on colour coding for cleaning displayed on infection control boards and in cleaning cupboards.	Information is available on display for the information of staff, patients and visitors.	Hotel Services Advisor IPC Link Nurses	Complete April 14 and maintain throughout 2015/16		
	For teaching sessions to be delivered for nursing staff by Hotel Services advisor if appropriate or requested.	Activity regarding this action is reported through the Infection Control Committee	Hotel Services Advisor	Complete April 14 and maintain throughout 2015/16		
	For there to be clear waste management systems in place and staff to be aware of their responsibilities.	Waste management information is clearly displayed for all staff, patients and visitors to access. Waste audits are carried out and reported in a timely manner. Progress against any action plans arising from audit is reported	Hotel Services Advisor.	Complete April 14 and maintain throughout 2015/16		
	Advice routinely sought from IPC Lead for capital and maintenance projects in line with Health Building Note 00-09: Infection control in the built environment	Minutes of project board meetings	Estates and Facilities Department	April 2015 and maintain throughout 2015/16		

EVIDENCE	ACTIONS	ASSURANCE	LEAD OFFICER	TIMESCALE	RATING	
					2014 -15	2015 -16
CRITERION 3: Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance						
See Statement 1						
CRITERION 4: Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion.						
Evidence of sufficient information and instruction provided for users and others in order to limit the spread of infection	For Infection Control Boards to provide up to date, standard and rolling information for staff, service users and carers in a standardised Trust wide format.	IPC boards are up to date and standard. This will be agreed in March 15. Include Somerset symbols, font size 14 and state information is available in other languages as required	IPC Lead IPC Link Nurses	June 15 and maintain throughout 2015/16		
	For campaign material to be provided in a timely manner for events throughout the year.	Evidence of use of screensavers, IPC information page, Weekly Word articles, Trust Facebook page, posters and other campaign materials	IPC Lead	Completed throughout the year and to be maintained throughout 2015/16		
	For Care pathways to be updated to include clear communication with service users and carers in the event of an infection.	Care pathways available via IPC page on Intranet	IPC lead	Complete October 14 and to be maintained throughout 2015/16		

EVIDENCE	ACTIONS	ASSURANCE	LEAD OFFICER	TIMESCALE	RATING	
					2014 -15	2015 -16
	For IPC lead to liaise with service user involvement groups to ascertain what information they would like to be communicated	Patient and carer feedback to be sought by IPC Link Nurses and fed through to IPC Lead through bi monthly IPC Link Nurse meetings	IPC Lead	Agenda item for IPC link nurse meeting December 2015		
		Involvement sought from Voice of 1000 regarding IPC development for patients and carers	IPC Lead	Request sent to Voice of 1000 for interest from service users and carers		
Evidence arrangements are in place which ensures that suitable and accurate information on infections is provided to staff and others involved in further support & care.	For Policies to be written in such a way as to ensure maximum accessibility of information when most needed by clinical staff and made readily available.	Policies and procedures are in place and available through internet/ intranet	IPC Lead	Complete October 14 and maintain throughout 2015/16		

EVIDENCE	ACTIONS	ASSURANCE	LEAD OFFICER	TIMESCALE	RATING	
					2014 -15	2015 -16
	For an inter/intra agency transfer form to be used to ensure accurate information is shared with healthcare professionals involved in all stages of care	Transfer form is available as appendix to policy and on IPC page on Intranet	IPC Lead	Jan 14 and maintain throughout 2015/16		
	IPC Lead to provide a reactive service providing support and advice following the identification of need	Telephone follow-up to incident alerts to services. Staff teams feel informed and supported	IPC Lead	March 14 and maintain throughout 2015/16		
CRITERION 5 Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people.						
Evidence of clear and robust processes in place for screening on admission and proactive monitoring which will identify likely sources of infection and the spread thereof.	Routine screening for service users considered to be high risk to be carried out, monitored and reported through audit dept.	Screening protocols are in place and evidenced by MRSA screening report.	IPC Lead IPC Link Nurses	In place October 14 and maintain throughout 2015/16		
	Review MRSA screening process to ensure compliance against reported figures for IPaC Quality Schedule	Redesign audit tool	IPC Lead	August 15		
		Monitor compliance monthly against laboratory reports and feedback through link nurse meeting	IPC Lead	Sep 15 and maintained		

EVIDENCE	ACTIONS	ASSURANCE	LEAD OFFICER	TIMESCALE	RATING	
					2014 -15	2015 -16
	For outbreak packs to be available for use for areas which are affected.	Outbreak pack is available on the IPC page on intranet	IPC Lead	In place October 14, revised May 15; and to be maintained throughout 2015/16		
	For Care pathways to be readily available for use with individuals affected	Care pathways are available for individual care planning	IPC Lead	In place October 14 and maintain throughout 2015/16		
	For the IPC Lead to receives isolates reports from microbiology directly.	Reports received of the frequency agreed dependant on the seriousness of the identified isolate.	IPC Lead	In place January 14 and maintain throughout 2015/16		

EVIDENCE	ACTIONS	ASSURANCE	LEAD OFFICER	TIMESCALE	RATING	
					2014 -15	2015 -16
	Develop guidance regarding isolation, ensuring more prompt consideration is given to isolation if necessary to contain the spread of infectious diseases, in particular the legal framework when someone lacks capacity or chooses not to consent to isolation.	Evidence that decisions to isolate are legal, necessary and the need for such is supported by the clinical picture and realistic to maintain. Each decision made on a case by case basis with reference to the IPC lead. Safeguarding lead, MHA team and MDT	IPC Lead	August 2015 and continuously monitored.		
CRITERION 6: Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.						
Evidence of staff receiving feedback of infection control audits in a timely and meaningful manner to ensure that they are aware of their contribution to prevention and control	Infection Control Audits with attached action plans are returned to Ward Managers within 1 week	Infection Control Audits and related action plans Bi-monthly IPC report to ICC Monthly IPC report to CCG's Training records	IPC Lead	February 15 and to continue throughout 2015/16		

EVIDENCE	ACTIONS	ASSURANCE	LEAD OFFICER	TIMESCALE	RATING	
					2014 -15	2015 -16
	Action plans relating to the audit are completed and returned to the IPC Lead within 4 weeks	Action plans received to timeline	Ward Managers	Complete – and to be maintained throughout 2015/16		
	Internal and external IPC audits to be reported through the IPC page	Process is in place via Trust's Compliance Support Officer for IPC audits to be reported through the Trust's CQC compliance intranet page	IPC Lead	March 15 and to be maintained throughout 2015/16		
	Local Induction checklists to include IPC awareness		IPC Lead	July 14 and maintain throughout 2015/16		
CRITERION 7: Provide or secure adequate isolation facilities.						
Evidence of robust arrangements in place to provide suitable isolation procedures which meet the organisation's needs	For single rooms to be made available in all in-patient areas and identified to the teams as the isolation area if needed.	IPC surveillance of available facilities	IPC Lead	March 15 and to be maintained throughout 2015/16		
	For contingency plans to be in place in case of need in areas that do not have en suite facilities	Local contingency plans for individual wards and available to all relevant staff in particular the on call managers.	IPC Lead	March 15 and to be maintained throughout 2015/16		

EVIDENCE	ACTIONS	ASSURANCE	LEAD OFFICER	TIMESCALE	RATING	
					2014 -15	2015 -16
CRITERION 8: Secure adequate access to laboratory support as appropriate.						
Evidence of sufficient service level agreement in place with Microbiology services	As per statement 2.4		Head of Contracts			
CRITERION 9: Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.						
Evidence of effective policies in place to ensure infection control arrangements are in place.	Policies in place and ratified	Policies and procedures are in place and available for use by all staff through Trust intranet site	IPC Lead	October 14 and maintain throughout 2015/16		
	New policies to be introduced for: Management of Chicken Pox and Shingles infections in patients and staff.		IPC Lead	July 2015 Use current OH policy		
	Transportation of specimens,		IPC Lead	Take forward as part of work programme 2016-17		
	Management of Streptococcus A infections,		IPC Lead	August 2015 Care plan uploaded onto IPC page		

EVIDENCE	ACTIONS	ASSURANCE	LEAD OFFICER	TIMESCALE	RATING	
					2014 -15	2015 -16
	the use of personal protective equipment,		IPC Lead	Attached for consultation for ICC May 2016		
	Management of Extended Spectrum Beta Lactamase infections/ Carbapenemase-producing Enterobacteriaceae		IPC Lead	Take forward as part of work programme 2016-17		
CRITERION 10: Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection.						
Evidence of an organisation that has in place suitable and sufficient controls to protect staff “so far as is reasonable” from infections.	For staff to have necessary PPE provided based on the risk assessment of their work and client group.	PPE is available as and when necessary and staff are aware	IPC Lead	April 14 and maintain throughout 2015/16		
	For there to be robust policies and procedures regarding exposure to Blood Borne Viruses and safe use of sharps.	Policies and procedures are in place and readily available for staff	IPC Lead	October 14 and maintain throughout 2015/16		
	For safety devices to be made available to staff as per European Directive 2010/32/EU	Retractable needles introduced and available for staff to use in all cases unless clinically indicated and exception report completed	Matrons	October 14 and maintain throughout 2015/16		

EVIDENCE	ACTIONS	ASSURANCE	LEAD OFFICER	TIMESCALE	RATING	
					2014 -15	2015 -16
	Review of implementation, requested by the Director of Nursing and Quality.	Performance and feedback to be given through Nursing Executive Committee	Matrons	Update to be given to Nursing Executive Committee Aug 15		
	For correct use of PPE to be included in Induction training and subsequent updates.	PPE use included in induction training Guidance available on IPC page on Sharon regarding appropriate use and procedure for donning, doffing and disposal	IPC Lead	January 15 and maintain throughout 2015/16		
	For sufficient and accessible Occupational Health(OH) services to be provided for immunisation and screening/advice	OH health services in place with processes for ensuring immunisations are up to date and following staff exposure to blood borne viruses	OH services	April 14 and maintain throughout 2015/16		
	For there to be robust Human Resources (HR) policies in place around sickness absence management to support staff and managers in maintaining attendance within Trust policy	HR policies around management of sickness particularly in relation to infectious diseases are in place	HR Department	April 14 and maintain throughout 2015/16		

EVIDENCE	ACTIONS	ASSURANCE	LEAD OFFICER	TIMESCALE	RATING	
					2014 -15	2015 -16
	For the IPC Link Nurse network to be further developed and able to offer advice, guidance and information to staff	Link practitioners meetings held bi monthly and include education, dissemination of information and action planning	IPC Lead	April 14 and maintain throughout 2015/16		
		Link practitioners take part in audit processes and develop and follow up on action plans generated		In place and to be maintained throughout 2015/16		
	Development of a robust strategy for the flu campaign for 2015-16	Strategy complete and approved by the ICC	IPC lead	July 15		
	Ensure that more staff within clinical teams are trained as vaccinators	Numbers of trained vaccinators increase	IPC lead	September 15		
	Embed peer to peer vaccination as the primary choice for accessing flu vaccinations	Increased uptake within frontline clinical teams	IPC Lead	February 16		
STATEMENT 1: People are prescribed antibiotics in accordance with local antibiotic formularies as part of antimicrobial stewardship.						
1. Evidence of local antibiotic formularies governing the use of antibiotics to ensure that people are prescribed antibiotics appropriately.	Ensure prescribing is in accordance with principles of antimicrobial stewardship	Bi-monthly antibiotic audit	Lead Pharmacist	Complete April 2014 and maintained.		

EVIDENCE	ACTIONS	ASSURANCE	LEAD OFFICER	TIMESCALE	RATING	
					2014 -15	2015 -16
	Dissemination of information to clinicians through governance structures	Antibiotic formulary is available on Pharmacy page of Trust intranet site.	Lead Pharmacist	Complete April 2014 and maintained	Green	Green
		Revision of antibiotic pocket guide and distribution to clinicians	Lead Pharmacist			Green
2. Evidence that local antibiotic formularies are reviewed regularly.	Ensure all Medical and Non-medical prescribers are fully aware of latest prescribing guidelines.	Latest version of antibiotic formulary is available on Pharmacy page of Trust Intranet site.	Lead Pharmacist	Complete April 2014 and maintained.	Green	Green
3. Evidence of local audits of the appropriateness of antibiotic prescribing.	Bi-monthly audit of antibiotic prescribing throughout Trust	Audit records	Lead Pharmacist	Complete April 2014 and updated bi monthly	Green	Green
	Action plans developed from the reviewed antibiotic audit are completed and actions achieved within the timeframes set.	MMC minutes	Lead Pharmacist	June 2015 and maintained through subsequent audits.	Yellow	Green
	Adherence to actions and guidelines are monitored through local medicines management groups and reported to the board through the Medicines Management Committee	Local medicines management group minutes MMC minutes	Lead Pharmacist	February 2015 and maintained	Green	Green
STATEMENT 2: Organisations that provide healthcare have a strategy for continuous improvement in infection prevention and control, including accountable leadership, multi-agency working and the use of surveillance systems.						

EVIDENCE	ACTIONS	ASSURANCE	LEAD OFFICER	TIMESCALE	RATING	
					2014 -15	2015 -16
1. Evidence that the organisation includes infection prevention and control within its overall strategy.	The Board receives regular updates on the progression of IPC work programmes.	Annual IPC report 6 monthly report to Quality Committee.	IPC Lead	Complete April 2014 and maintain throughout 2015/16		
2. Evidence that the organisation's board is up to date with, and has a working knowledge and understanding of, infection prevention and control.	The Board receive regular updates on the progression of IPC work programmes	Annual IPC Report 6 monthly to Quality Committee.	IPC lead	Complete April 2014 and maintain throughout 2015/16		
	For the Board to receive regular updates reporting on surveillance and outbreak management.	RCA and Post Infection Review reports Exception reports to Board as necessary.	IPC lead	Complete April 2014 and maintain throughout 2015/16.		
3. Evidence that a lead for infection prevention and control has been assigned and is taking an active role.	IPC lead is in post	Managerial and clinical supervision of IPC lead Annual appraisal of IPC lead	IPC lead	Complete April 2014 and maintain throughout 2015/16		
		6 monthly reporting to Quality Committee against the action and work programme for IPC	IPC lead	Complete April 2014 and maintain throughout 2015/16		

EVIDENCE	ACTIONS	ASSURANCE	LEAD OFFICER	TIMESCALE	RATING	
					2014 -15	2015 -16
		Bi-monthly reporting to Infection Control Committee on management of IPC issues including training delivered, identification and management of isolates and any outbreaks.	IPC lead	Complete April 2014 and maintain throughout 2015/16		
		Notification of notifiable infections is carried out according to the Public Health England reporting mechanism.	IPC lead	Complete April 2014 and maintain throughout 2015/16		
		Post infection reviews for notifiable infections and alert organisms are carried out and reported through governance pathways.	IPC lead	Complete April 2014 and maintain throughout 2015/16		
		The Board is apprised of any on-going public health infection issues as they arise.	IPC lead	Complete April 2014 and maintain throughout 2015/16		

EVIDENCE	ACTIONS	ASSURANCE	LEAD OFFICER	TIMESCALE	RATING	
					2014 -15	2015 -16
4. Evidence of support for, and participation in, joint working initiatives beyond mandatory or contractual requirements, to reduce healthcare-associated infections locally.	Participation in the development of a defined, shared and agreed governance structure with other local health and social care providers that includes clear lines of accountability.	Trust representative (IPC lead) attends countywide, regional and national meetings in health and social care domains in order to inform the Trust of any ICP developments, alerts and best practice and to share good practice within the Trust to partner organisations	IPC lead	February 15 and maintain throughout 2015/16		
	Support for, and participation in, the development and implementation of a joint local strategy, policy and pathway on HCAs between local, regional and national health and social care providers	IPC lead works collaboratively with Public Health England and the Lead for IPC for Lincolnshire CCG are members of the ICC.	IPC lead	February 15 and maintain throughout 2015/16		

EVIDENCE	ACTIONS	ASSURANCE	LEAD OFFICER	TIMESCALE	RATING	
					2014 -15	2015 -16
	For the Trust to work collaboratively with equivalent professionals in both health and social care locally, regionally and nationally to share good practice and examine opportunities for joint working to reduce healthcare associated infections.	IPC lead on behalf of the Trust is working collaboratively with other agencies. Evidence for this is that shared protocols and processes are being put in place to smooth the patient's journey through multiple providers within the health economy.	IPC lead	February 15 and maintain throughout 2015/16		
	For there to be Clear channels and systems of communication in place to ensure that information is shared in a comprehensive and timely manner for patients moving through different teams and/or providers	Inter/intra agency transfer tool is in use and available within the policy and on IPC page on intranet	IPC lead	February 15 and maintain throughout 2015/16		
		Relaunch of intra/inter agency transfer form	IPC lead	Take forward as part of workplan 2016-17		

EVIDENCE	ACTIONS	ASSURANCE	LEAD OFFICER	TIMESCALE	RATING	
					2014 -15	2015 -16
	Continue joint working where appropriate with acute services and primary care in relation to an MRSA and Clostridium Difficile, antimicrobial prescribing, and share lessons learnt.	Trust IPC lead participates in the Lincolnshire Whole Health Economy (Health and Social Care Infection Prevention and Control Group) and disseminates information and joint protocols through to services	IPC lead	April 14 and maintain throughout 2015/16		
		Trust IPC lead is a member of the whole health economy C. Diff sub group to ensure that investigations into C. Diff infections are conducted in partnership	IPC lead	March 15 and maintain throughout 2015/16		
	Ensure that up to date intelligence is received by the IPC Lead for action in advising on the management of infections or outbreaks	Monthly reporting of isolates in all inpatient areas.	IPC Lead	March 14 and maintain throughout 2015/16		
		Follow up by IPC lead regarding prescribing and progress of patients affected	IPC Lead	March 14 and maintain throughout 2015/16		
		Communication processes between IPC		March 14 and maintain		

EVIDENCE	ACTIONS	ASSURANCE	LEAD OFFICER	TIMESCALE	RATING	
					2014 -15	2015 -16
		lead and other lead agencies in IPC are built and maintained and dissemination of relevant information through Trust communication channels		throughout 2015/16		
	For the Trust to continue to ensure that there is a fully resourced and flexible surveillance system to monitor infection levels across the Trust and these are shared across the organisation to drive forward a system of continuous improvement.	Up to date and fit for purpose surveillance guidance is available for all staff identifying high risk patients who should be screened	IPC Lead	October 14 and maintain throughout 2015/16		
		Systems to be in place for detailed and timely reporting of isolates to the IPC Lead through the microbiology service specification.	IPC lead/ Microbiology service	March 14 and maintain throughout 2015/16		
		For a service level agreement with Microbiology services to be in place that includes advice for antimicrobial prescribing, reporting isolates to Infection Control lead, reporting of numbers of samples analysed and dedicated telephone consultation	Only outstanding issue is the requirement for a robust contracts for microbiology services. Current ad hoc service continues to work well	Head of Contracts	Confirmation that current arrangement is sufficient from commissioner Dec 15 Tendering process has been started Oct 2015 and will continue	

EVIDENCE	ACTIONS	ASSURANCE	LEAD OFFICER	TIMESCALE	RATING	
					2014 -15	2015 -16
	time with Microbiology consultant if needed.	Isolates reports are received by IPC lead in a timely fashion including immediate telephone alerts of notifiable infections and alert organisms.	Pathlinks	April 14 and maintain throughout 2015/16		
		Quarterly reporting of activity against SLA figures is continued and targets achieved	Pathlinks	April 14 and maintain throughout 2015/16		
		Isolates reported to ICC bi monthly	IPC Lead	April 14 and maintain throughout 2015/16		
		Outbreaks reported to board through Director for Infection Prevention and Control (DIPC)	IPC Lead	April 14 and maintain throughout 2015/16		
STATEMENT 3: People receive healthcare from healthcare workers who decontaminate their hands immediately before and after every episode of direct contact or care.						
1. Evidence of local arrangements to ensure the availability of facilities for hand decontamination.	For the Trust to ensure that facilities for hand decontamination are provided for Trust employees, service users and carers	Infection Control Audits and action plans. MICE audits and action Plans.	IPC Lead	April 14 and maintain throughout 2015/16		

EVIDENCE	ACTIONS	ASSURANCE	LEAD OFFICER	TIMESCALE	RATING	
					2014 -15	2015 -16
	including inpatient and community teams.	Estates and building plans. Procurement records. Minutes of planning meetings for capital/maintenance projects Capital/maintenance projects are compliant with HFN30: Infection Control in the Built Environment HSE requirements are met				
2. Evidence of local arrangements to ensure that all healthcare workers receive training in hand decontamination.	For there to be adequate, well designed and appropriate systems in place to ensure that staff, service users and carers have access to training designed to suit their needs in relation to hand hygiene whether this is through face to face training, e learning packages, local or national information campaigns or written	Hand Hygiene training through Induction and block training records	L and D	April 14 and maintain throughout 2015/16		
		Leaflets available to staff, patients and carers	IPC Lead	April 14 and maintain throughout 2015/16		
		E learning packages	L and D	March 15 and maintain throughout 2015/16		

EVIDENCE	ACTIONS	ASSURANCE	LEAD OFFICER	TIMESCALE	RATING	
					2014 -15	2015 -16
	information available publically.	Posters and publicity are available for all staff, patients and visitors	IPC Lead	April 14 and maintain throughout 2015/16		
		Easy read versions of key IPC patient materials are available on NHS Choices Website. Patients and carers are directed to the site by information provided on the IPC boards	IPC Lead	Complete September 2015 and ongoing		
		3. Evidence of local arrangements to ensure that regular local hand hygiene observation audits are undertaken.	To continue to monitor hand hygiene compliance through well designed and approved audit tools and report to the appropriate professionals and systems	Essential Steps Audit feedback	Infection Control Link Nurses	April 14 and maintain throughout 2015/16
		Infection Control Audits and Action Plans	IPC Lead	April 14 and maintain through 2015/16		
		Revised hand hygiene audit tool and process to be introduced to augment e learning package for front line in-patient clinicians	IPC Lead/ IPC Link Nurses	Take forward as part of work programme 2016-17		
STATEMENT 4: People who need a urinary catheter have their risk of infection minimised by the completion of specified procedures necessary for the safe insertion and maintenance of the catheter and its removal as soon as it is no longer needed.						

EVIDENCE	ACTIONS	ASSURANCE	LEAD OFFICER	TIMESCALE	RATING	
					2014 -15	2015 -16
1. Evidence of a written protocol to ensure that people who need a urinary catheter have their risk of infection minimised by the completion of specified procedures necessary for the safe insertion and maintenance of the catheter and its removal as soon as it is no longer needed.	Ensure catheter management pathway to reflect current best practice	Catheter management pathway is in place and used appropriately.	Physical Healthcare Nurses	February 15 and to be maintained throughout 2015/16		
		Cross organisational catheter passport in development, which will be implemented by Trust when available	IPC Lead for Combined CCGs	Next update due January 2016		
STATEMENT 5: People who need a vascular access device have their risk of infection minimised by the completion of specified procedures necessary for the safe insertion and maintenance of the device and its removal as soon as it is no longer needed.						
1. Evidence of a written protocol to ensure that people who need a vascular access device have their risk of infection minimised by the completion of specified procedures necessary for the safe insertion and maintenance of the device and its removal as soon as it is no longer needed.	To review current protocol	Protocol is fully aligned to current best practice	IPC Lead	February 15 and to be maintained throughout 2015/16		
STATEMENT 6: People with a urinary catheter, vascular access device or enteral feeding tube, and their family members or carers (as appropriate), are educated about the safe management of the device or equipment, including techniques to prevent infection.						
1. Evidence of local arrangements for people with a urinary catheter, vascular access device or enteral feeding tube, and their family members or carers (as appropriate), to be educated about the safe management of their device or equipment, including techniques to prevent infection.	For the Trust to ensure that information is available that is up to date, evidence based information in appropriate formats for all people involved	Information Leaflets in understandable formats and other languages are available in hard copy and on IPC page on SHARON	IPC Lead	IPC lead is liaising with other providers and the MHSIG of the IPS to establish what is available and share		

EVIDENCE	ACTIONS	ASSURANCE	LEAD OFFICER	TIMESCALE	RATING	
					2014 -15	2015 -16
				good practice Requested as an agenda item April 2016.		
		Bi monthly care plan audits evidence patient and carer involvement.		March 15 and maintain throughout 2015/16		
		Spot audits of care plans for patients affected evidence patient and carer involvement.	IPC lead	July 15 and maintain throughout 2015/16		
		Cross organisational catheter passport being developed to include all such information	IPC Lead for Combined CCGs	Next update due January 2016		

**HEALTH AND SOCIAL CARE ACT 2008 CODE OF PRACTICE (CRITERIA 1-10)/NICE: QUALITY STANDARDS QS61-
INFECTION PREVENTION & CONTROL ACTION PLAN 2015/16**

Exception reporting end of year 2015-16:

Criterion:	Action Outstanding:	Exception:
<p>Health and Social Care Act Criterion 9:</p> <p>Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.</p>	<p>New policies to be introduced for:</p> <p>Transportation of specimens</p> <p>Management of Extended Spectrum Beta Lactamase infections/ Carbapenemase-producing Enterobacteriaceae</p>	<p>Guidance already available from pathology services provider. This is linked on the IPC page on Sharon. A specific policy is on the work programme for 2016/17</p> <p>Whole Health Economy launch of Public Health England non-acute toolkit did not occur.</p> <p>Current advice is to seek guidance from the IPC team in the first instance.</p> <p>Further review and development of policies to meet the requirements of the Code of Practice is part of the work programme for 2016-17</p>
<p>NICE Quality Standards QS61. Statement 2:</p> <p>Organisations that provide healthcare have a strategy for continuous improvement in</p>	<p>Relaunch of the Inter/Intra agency transfer form</p>	<p>This will be taken forward as part of the 2016-17 work programme</p>

Criterion:	Action Outstanding:	Exception:
infection prevention and control, including accountable leadership, multi-agency working and the use of surveillance systems.		
<p>NICE Quality Standards QS61. Statement 3:</p> <p>People receive healthcare from healthcare workers who decontaminate their hands immediately before and after every episode of direct contact or care</p>	<p>Revised hand hygiene audit tool and process to be introduced to augment e learning package for front line in-patient clinicians</p>	<p>Significant changes in link practitioner personnel</p> <p>This will be taken forward as part of the 2016-17 work programme</p>