

<b>Report to:</b>	Board of Directors
<b>Date of Meeting:</b>	24 September 2015
<b>Section:</b>	Patient Experience and Quality
<b>Report Title</b>	Infection, Prevention and Control Annual Report 2014/15 and Work Plan for 2015/16
<b>Report Written by:</b>	Jane Lord
<b>Job Title</b>	Associate Matron & IPC Lead
<b>Lead Officer</b>	Michelle Persaud, Director of Nursing & Quality
<b>Board Action Required:</b>	For information and Decision
<b>For Assurance (Yes or No)</b>	Yes

### Purpose of the Report

To provide assurance to the Board of Directors of compliance with the Health and Social Care Act 2008: Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance (commonly known as the Hygiene Code), and also in relation to NICE guidance, particularly PH 36 Prevention and Control of Healthcare Associated Infections: Quality Improvement Guide and NICE guidance QS61 Infection Prevention and Control (IPC). Please note that an amended version of The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance was published in July 2015. As a result the action plan provided for 2015-16 will be amended in year to reflect any further requirements for compliance contained within the document.

The publication of an annual report is a requirement of the Health and Social Care Act 2008 (HSCA 2008) to demonstrate good governance and public accountability. It provides assurance about systems and processes in relation to IPC. The Health and Social Care Act 2008: Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections sets out 10 criteria against which a registered provider is measured on how it complies with the registration requirements for cleanliness and infection control. It sets the basis of the IPC work plan, which is monitored via the Trust's Infection Control Committee. This report summarises progress against the work plan for 2014/15 and also outlines the key priorities and challenges for the 2015-16 work plan.

### Key Issues, Options and Risks

- Significant progress was made during 2014/15 in strengthening governance in respect of Infection Prevention and Control (IPC), with successful implementation of revised Trust policies, and development of the Trust's IPC intranet site.
- The successful launch of the Trust's Outbreak Pack led to all the outbreaks that occurred during the year being well managed in line with required processes.
- There are actions identified that require strengthening and a small number that were planned for 2014/15 but were not fully achieved. These will be included within the 2015/16 IPC work plan and include:
- Not all actions from the antibiotic audit reports achieved within the timeframes set. The audit tool has been revised and action planning made specific, measurable, achievable, realistic and timely (SMART) to address this issue.
- The service for Microbiology still not being fully contracted, but is working well within the parameters of the service specification initially negotiated when taking the service in

house. The outcome of contracts work is still awaited. There is a risk that without a fully contracted service there may be a breakdown in provision and no ability to insist on service. Further risk would be non-compliance with Health and Social Care Act Criterion 8 and NICE Quality Standard 61 Statement 2. A further update on this position will be available in July 2015.

- Medical Devices is recognised as wider than IPC and mid 2014/15 a separate Medical Devices meeting was established to progress related requirements, attended by the Trust's IPC Lead.
- Education about the safe management of urinary catheters, vascular access devices and enteral feeding tubes is not routinely delivered. Information leaflets in accessible formats or other languages are not available currently.
- Service user and carer involvement in IPC matters is not currently fully embedded in strategic or operational practice. This will be taken forward working closely with key partners and individuals, seeking engagement through resources including the Trust's *Voice of 1000* group.
- Hand hygiene training has gone well, with achievement of 93.01% for in-patient areas and 89.62% Trust-wide. However, this achievement has fallen short of the target 95% compliance, so will continue to be a focus for improvement in 2015/16.

### Executive Analysis

The Trust achieved the majority of the IPC initiatives and targets set for 2014/15. The work plan for 2015/16 focusses on ensuring maintenance of achievements whilst strengthening IPC governance. The 2015/16 work plan will ensure the Trust is able to continue to demonstrate full compliance with the H&SC Act 2008, NICE Guidance PH36 and QS 61. IPC requirements are already well established within the Trust's clinical teams, and will continue to be embedded through providing a responsive and proactive IPC support service, related training events, and provision of timely support to clinical teams for IPC related concerns including the management of infectious diseases, potential and actual outbreaks and enquiries.

The Trust is committed to ensuring the continued provision of safe, responsive and effective IPC related care to all service users and carers who access our services; and safe working environments for the staff who provide that care.

### Recommendation (action required, by whom, by when)

The Board of Directors is asked to receive the IPC Annual Report 2014/15 and approve the Action Plan for 2015/16.

<b>CQC Standards Impacted:</b>	All CQC domains and in particular regulation 15, cleanliness, safety and suitability of equipment.
<b>Financial Implications:</b>	Any breaches may have financial penalties attached and may impact adversely on the reputation of the Trust
<b>Equality Analysis:</b>	The protected characteristics of the Equality Act 2010 are considered in all IPC developments
<b>Compliance Impact:</b>	Supports Legislative and CQC compliance

## **SUMMARY OF PERFORMANCE AGAINST 2014/15 ACTION PLAN**

### Key IPC related achievements within 2014/15 included:

- The inclusion of reporting of the IPC (MICE) audits within the Trust's early warning indicator system Heat Map, has supported better triangulation of this data with other key indicators of performance in clinical areas.
- Development of the IPC link practitioner role has been successful, and is now an integral part of the management of the prevention of infection on the wards and units. IPC Link Nurses have been essential in encouraging team members to be alert to the possibility of infectious diseases and administered influenza vaccinations to members of their teams, the wider Trust staff base and their patients. They provided essential hand hygiene training to team members. IPC Link Nurses are now receiving further training and support from the IPC lead for the Combined Clinical Commissioning Groups in Lincolnshire, to develop their knowledge. The IPC Link Nurse role has also been offered to some members of community teams, who have expressed an interest, and will be rolled out during 2015/16. Several of the link nurses attended the Infection Prevention Society Annual Conference and the Darling Bugs of May in 2014/15 and are planning to do so again in 2015/16.
- Successful refresh, rewrite and rationalisation of the Trust's IPC policies and procedures to meet the needs of service users, clinical teams and the Trust.
- Clear clinical processes were achieved for outbreak management that ensured rapid, evidence based and effective care pathways were followed.
- Effective roll out of sustainable hand hygiene training utilising IPC Link Nurses as trainers and assessors, and the implementation of an e-learning package.
- This successful launch of a model of collaborative working between the IPC Trust Lead, Hotel Services and IPC Link Nurses to conduct regular MICE audits across in-patient areas. The Trust's Hotel Services Advisor is now an integral member of the Infection Control Committee and regularly attends the Infection Control Link Nurse meetings, working closely with the IPC Trust Lead in advising on the on-going management of outbreaks and subsequent deep cleans.
- Uptake of the flu vaccine increased in 2014-15 to 40%. The strategy, following feedback from staff teams, was to make accessing the vaccine easier. This was achieved by increasing the number of staff trained to administer vaccines embedded within front line teams, primarily in-patient teams. This will be taken continued within the 2015-16 IPC work plan.
- The Trust IPC Lead is now an active member of a local health economy group which has begun working collaboratively on several key initiatives including the introduction of a county wide catheter passport. This will be further developed to include membership of review teams for outbreak investigation cross organisation and assisting with countywide initiatives for IPC. This work will be further progressed and will be included in the 2015/16 work plan.

- Evidence of good patient and carer involvement through the PLACE auditing process, with plans for 2015/16 to increase active partnership working with patients and carers in IPC related Trust work.

## **The 10 criteria of the Hygiene Code (Health and Social Care Act 2008)**

### **Criterion 1**

*Systems to manage and monitor the prevention and control of infection (IPC). 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.*

### **Governance arrangements**

The Board of Directors has a collective responsibility for keeping to a minimum the risk of infection. The Board discharges this responsibility in the following ways:

The Director of Nursing and Quality is the designated Director with responsibility for IPC (DIPC). This post reports directly to the Chief Executive and to the Board of Directors.

The Trust board has a nominated Non-Executive Director as Board champion for IPC, Mary Dowglass.

In accordance with NICE PH36 Quality Improvement Statement 1, the Trust Board demonstrates leadership in IPC by requiring evidence of continuous quality improvement, through regular reporting from the Infection Control Committee. This involves monitoring compliance with relevant national objectives, latest published guidance and up to date policies and procedures. They are involved in, and support, national and international campaigns and initiatives which include WHO Clean Care Day and participate publically in the flu vaccination campaign.

### **Infection Control Team**

The Trust has 0.6 WTE IPC Lead, who is able to draw on support and guidance from the Senior Health Protection Nurses at Public Health England, the Infection Prevention and Control Lead Lincolnshire NHS CCGs, Occupational Health Specialists, Tuberculosis Specialist Nurse and Facilities and Estates management. A network of link nurses is in place representing each in-patient unit.

### **Infection Control Committee**

The Infection Control Committee is chaired by the Director of Nursing and Quality and meets bi-monthly, reviewing progress against the annual IPC work plan, the Hygiene Code and any internal or external audits. The ICC ensures timely delivery of the annual report to the Board and the Quality Committee. It provides direction and support for the IPC Lead in the implementation of new initiatives or directives both internally in response to information reported through the governance structure and externally through national initiatives and drivers. It also approves the IPC work plan for recommendation to the Board.

### **Infection Control Audits**

Each in-patient area is audited on an annual basis. These audits are now supported further by the bi-monthly MICE audits which measure progress against the action plans generated. Progress against recommended actions is tracked by the IPC Lead with support from the Matrons and the Infection Control Committee. In addition the IPC Lead supports unannounced visits and inspections of Trust sites by the Infection Prevention and Control Lead Lincolnshire NHS CCGs.

### Patient Led Assessments of the Care Environment (PLACE)

Reporting against PLACE is reported to the board by the Hotel Services Manager, Estates and Facilities Management and submitted nationally to NHS England for comparison with other Trusts providing similar services.

### Policies and Procedures

The IPC policies were reviewed and rewritten in order to meet the actions from the internal IPC audit conducted in 2014. They are available on both the Trust Intranet and external website. These set out the evidence based framework for safe and effective practice.

### Criterion 2

*Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.*

### Supply and provision of linen and laundry

The linen contract and local laundry arrangements comply with HSG (95)18. Compliance of local arrangements such as handling of infected linen and storage of clean linen is audited as part of the routine infection control and MICE audit programme.

### Policies on the environment

The Trust has a number of policies in place in relation to cleaning services, building and refurbishment, waste management, infected linen, planned preventative maintenance, pest control, drinkable and non-drinkable water, legionella and road services. There is representation at the Infection Control Committee by the Estates and Facilities Department.

### Cleaning Services

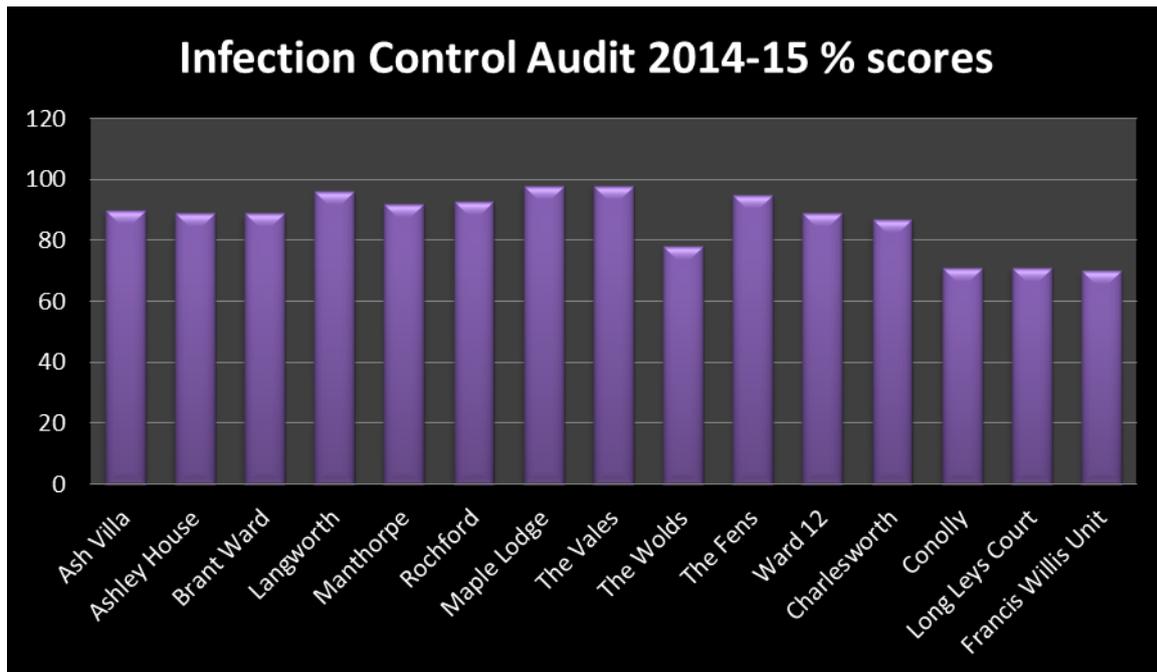
NICE PH36 Quality Improvement Statement 5 states that people visiting any healthcare facility can expect those care settings to meet high standards of cleanliness with each Trust monitoring the condition of its premises to ensure levels exceed the minimum required standard. Criterion 2 of the Health and Social Care Act 2008, Hygiene Code also states that a Trust must *Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections*. The Trust continues to make significant improvements in the overall assurances and processes for cleaning both through Hotel Services support, and through monitoring and the actions generated from the MICE audits and will continue to monitor standards during 2015/16.

### Medical Devices

Medical Devices is recognised as wider than IPC and mid 2014/15 a separate Medical Devices meeting was established to progress related requirements, attended by the Trust's IPC Lead. The meeting is chaired by the Matron for Specialist Services Division, and key work underway includes to ensure a robust process is in place for asset registers maintenance; and to update the Trust's Medical Devices Policy.

### Audit scores for 2014/15

Reviewing clinical practice and the environment through audit is an established component of the IPC compliance process. Continuing audit against well established and evidence based criteria ensures that we monitor and improve the standards of patient care and environments and demonstrate on going compliance. The existing audit tool was replaced with a new one based on the IPS Quality Improvement Tools which were more suited to the needs of Mental Health Services. The audits have been conducted annually but supported by the bi-monthly MICE audit tool which audits similar standards but has a broader remit.



#### Summary of Action points from Infection Control Audits

Scoring this year is very different, which is to be expected when introducing a new tool. The continued use of the Quality Improvement Tool based on the Infection Prevention Society tool for Mental Health Providers will provide consistent benchmarks against which to measure progress year on year.

There were minor issues raised around environments and systems with individual wards and units, which were addressed through action plans using environmental budgets. A sluice sink has been fitted at Manthorpe Unit and a male toilet on Brant Ward was brought back into action because of repeated flagging on audits. Recommendations concerning cleaning schedules have also been addressed.

Larger issues have been addressed through capital projects and on-going maintenance programmes such as the refurbishment of Bungalow 3 at Long Leys Court, replacing windows; and the development of a new dedicated clinic room at Francis Willis Unit.

Cleaning schedules are made publically available in all inpatient areas, and are required to be displayed on IPC Board. These are reviewed by the Hotel Services Advisor in response to audit or identified need. A comprehensive training and competency package is in place for all housekeeping and cleaning staff. This is also reviewed to ensure that training meets the needs of the staff and the clinical environments.

#### Criterion 3

*Provide suitable accurate information on infections to service users and their visitors.*

The Trust makes available information relating to the prevention and control of Healthcare Associated Infections, MRSA screening and decolonisation, C.Difficile and other isolates and outbreaks as they arise. Availability of information is audited as part of the routine infection control audit programme and MICE audits. There is information posted on Infection Control notice boards regarding national and international campaigns which are managed by the IPC

Link Nurses. This has included Ebola guidance and advice following the outbreak in West Africa, advice for travellers regarding Middle East Respiratory Syndrome, Scarlet Fever information following an increase in cases in the East Midlands, and advice for both staff and patients about Norovirus and how to avoid infection. One outcome reported through the internal audit was that some of this information is promoted inconsistently in different areas. This has been addressed by standardising the content of the Infection Control boards. Easy read and other language versions of information will be available and units display posters to advertise this.

#### Criterion 4

*Provide suitable accurate information on infections to any person concerned with providing further support or nursing/medical care in a timely fashion.*

Information relating to the status of patients is communicated as part of the discharge and transfer processes. A recommendation from the internal audit 2014 was to standardise this so that full information regarding identified risks is being communicated for all patients being admitted to, and discharged from, Trust in-patient areas. A new standard form for Inter/ Intra agency transfers was developed and is in use. This will also ensure that the Trust continues to meet NICE PH36 Quality Improvement Statements 7 and 8.

#### **NEWLY IDENTIFIED SIGNIFICANT ISOLATES 2014/15**

	Nos.
Group G Strep	1
Group A Streptococcus	1
MRSA Colonisation (Previously known)	0
MRSA Colonisation (Screened after 48hrs)	4
MSSA	37
Glycopeptide Resistant enterococci	0
Gentamicin resistant coliforms	0
Extended Beta lactamase organism	1
Escherichia coli resistant organism	0
GDH C Difficile positive	1

#### Criterion 5

*Ensure that people who have or develop an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing on the infection to other people.*

All service users are routinely screened on admission using the physical healthcare screening tool; and during in-patient stays if there is any change in their presentation. New care pathways to ensure that all interventions recommended for a particular incidence of infection are carried out in a timely manner and documented as such, were introduced as part of the work plan for 2014-2015.

#### MRSA Screening

A nationwide review of MRSA screening was published by the Department of Health in 2014. This examined the compliance with MRSA screening policies of mostly acute hospital trusts, and the responses to positive screening results. The findings were that MRSA positive results continued to drop, despite the fact that only 61% of patients admitted to acute hospitals were screened, and that not all of the patients identified as being MRSA positive received decolonisation treatment. It also looked at the cost effectiveness of this screening

and treatment approach. Recommendations were that blanket screening of all patients admitted was neither cost effective nor did it appear to have a recognisable effect on positive screening rates for acute hospital trusts. Within Lincolnshire, partner organisations ULHT and UCLH made the decision to continue to screen 100% of patients admitted. In line with this, the Infection Control Committee supported the recommendation of the IPC Lead that the policy of screening all patients in the Trust identified as high risk would continue. Guidance on which patients would be considered to be high risk was re-issued as part of the review of IPC policies. Compliance with screening continues to be audited monthly and reported to the Board through the IPC Lead. The Trust remains 100% compliant with the screening of high risk patients for MRSA on admission.

In 2014-15, 426 patients who fitted the criteria of being at high risk of MRSA were screened on admission or during their hospital stay. Of those, there were 4 positive results. All were offered decolonisation treatment and accepted.

All infections and outbreaks are reported to the Infection Control Committee and to Public Health England (PHE) if required. Data on all infections and outbreaks are shared with the Senior Health Protection Nurse at PHE via their membership of the Infection Control Committee, unless they are notifiable infections, when the urgent responsibility falls to the Microbiology Department, the Consultant in charge of care and the IPC Lead.

#### Outbreaks

There was a small outbreak of confirmed Norovirus in March 2015 on Rochford Ward. Prompt decision making and action by the Ward Manager in isolating the individuals affected and closing the ward to admissions, with the support of the IPC Lead, resulted in the outbreak being contained to 2 patients with no staff infections. The ward was closed for a period of 4 days in total. Boston Pilgrim Hospital was experiencing a major outbreak of Norovirus at the time and this is a highly infectious and virulent virus, so the likely source may have been cross infection from one or more of the affected areas, possibly through patient transfers or staff or visitor cross contamination.

There was an occurrence of *Clostridium Difficile* infection on Ward 12. The infection was managed by isolating the patient and treating the infection according to the policy. Support was given by the microbiology service regarding prescribing advice. This has highlighted the lack of facilities for isolation on in-patient mental health wards. Initial stages of treatment proved to be unsuccessful and the isolation period became prolonged, leading to distress and frustration on the part of the patient. The care plan for the management of *C. Difficile* infection was instigated, and feedback regarding the effectiveness and ease of use of the plan has been good. Some issues regarding the cleaning regimes were addressed and the patient was subsequently discharged. Clarity regarding the appropriateness of continued mental health admission when the patient is fit for discharge, but continues to have an infectious illness which can be treated at home, was sought from the IPC Lead for Combined CCGs and will be incorporated into the outbreak management pack.

There are systems in place for routine reporting to, and surveillance by the IPC Lead through the Microbiology Service Level agreement, in accordance with NICE PH36 Quality Improvement Statement 3, and NICE QS61 Statement 2. This is to ensure that response to any infection or outbreak is appropriate, timely and effective in preventing the further spread of infection. It includes the routine daily communication of identified isolates to the IPC Lead from the microbiology labs and the monthly reporting of MRSA screening.

As part of the national antimicrobial stewardship strategy, described in the PHE document *Start Smart, Then Focus*, the IPC Lead has followed up isolates reports, particularly those

with resistance to commonly used antibiotics, by telephone or in person, to ensure that prescribing is in line with the sensitivities flagged by the laboratory tests.

#### Criterion 6

*Ensure that all staff and those employed to provide care in all settings are fully involved in the process of preventing and controlling infection.*

NICE PH36 Quality Improvement Statement 4 requires that Trusts prioritise the need for a skilled, knowledgeable and healthy workforce that delivers continuous quality improvement to minimise the risk from infections. This includes support staff, volunteers, agency/locum staff and contractors or those with honorary contracts such as students in nursing and other health and social care professions. Trusts are able to evidence that they are meeting these criteria by ensuring that IPC is included as part of the supervision and appraisal process, a routine agenda item in staff meetings, and that staff receive feedback on their performance related to IPC. This is monitored through the IPC annual audit.

The Trust continued to monitor hand hygiene compliance with the Essential Steps audit tool throughout 2014-15. This was reported back to the IPC Lead on a monthly basis by the Infection Control Link nurses. The submission rate improved 93.01% for in-patient areas and 89.62% Trust-wide. All hand hygiene training is now delivered by e-learning packages. Essential Steps was reviewed and not felt to be a useful demonstration of overall compliance. While it does raise awareness about hand hygiene, better use of the IPC Link Nurses' time and expertise is in engaging colleagues with face to face training and discussion of hand hygiene within the wider context of infection control. These sessions will be reported back to the IPC Lead on a monthly basis. Progress will be reported back through the ICC bi-monthly.

#### Estates and Facilities

Hotel Services, in particular Housekeeping Services, are provided by the Trust's Estates and Facilities Department. The Estates Maintenance Service which is managed and monitored by the Estates and Facilities Team is provided through a service level agreement with NHS Property Services. Housekeeping services compliance with routine cleanliness is monitored and audited by the Housekeeping Supervisors and the Hotel Services Advisor who also provides specialist guidance and advice on cleaning and waste management in the event of infection or an outbreak, working in partnership with the Trust IPC Lead.

As recommended by NICE PH36 Quality Improvement Statement 10, the IPC Lead is routinely consulted in any capital project from the commissioning and design stage through to routine maintenance projects which have a significant impact on hygiene or IPC.

#### Criterion 7

*Provide or secure adequate isolation facilities.*

A survey of potential isolation facilities in the inpatient services was carried out in 2014. The information has been distributed to ward and on-call managers. Cases needing isolation and recent outbreaks have highlighted some of the difficulties faced by ward teams when managing infectious diseases. The nature of the client group can also add to the difficulties faced by clinicians. It can, at times, be difficult to isolate patients to minimise the spread of infection due to mental state, agitation, confusion or refusal to comply with such requests. Outbreak management plans with guidance on isolation and cohort nursing are now available. The IPC Lead and Matrons are available to advise and support the need for isolation, as well as provide information to the service user and carers involved in the

decision to isolate. This relies on good systems of communication and good quality information in order to attempt to minimise risk and manage infection in the least restrictive way possible. All ward staff should be familiar with the Trust's Care Pathways detailing the action required in the event of an occurrence or outbreak of infection. These are available on the IPC page now on SHARON. A piece of work around consent and capacity to cooperate with isolation will be carried out as part of the proposed work plan for 2015-16.

#### Criterion 8

*Secure adequate access to laboratory support as appropriate.*

The Trust is supported by Path Links at Boston Pilgrim Hospital, which operate according to standards required for accreditation by the Clinical Pathology Accreditation (UK) Ltd (CPA). Routine daily reporting of new isolates to the IPC Lead for continuous surveillance is a part of the overall package. This also includes clinical support and advice throughout the patient pathway, including not only the testing phase but also during the pre and post analytical phase. Up to 4 hours per month specialist advice from the Microbiology Consultants is available through telephone discussion. An update regarding the contractual requirements will be reported through by July 15.

#### Criterion 9

*Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.*

The Trust now has a suite of IPC policies that provide a comprehensive package of guidance for the management of issues concerning infectious diseases. They are available through the policies page of the Trust internet.

#### Criterion 10

*Ensure, so far as is reasonably practicable, that care workers are free of and are protected from exposure to infections that can be caught at work and that all staff are suitably educated in the prevention and control of infection associated with the provision of health and social care.*

#### Training

All inpatient clinical staff and housekeepers are required to have hand hygiene training on an annual basis and monthly audits for front line inpatient clinicians are carried out through the Essential Steps framework.

The Trust provide personal protective equipment (PPE) for staff use where appropriate, the use of which is addressed in IPC training both at induction and mandatory training updates. Guidance is also issued on the IPC page on SHARON.

Food hygiene training is provided where appropriate or necessary through Hotel Services and information about the management of waste streams is provided along with routine audit and training. Sharps management also routinely checked as part of IPC audits.

The Trust implemented the provision of retractable needles in the 2014 in order to reduce the risk of sharps injuries for clinicians. While this has had the desired outcome as far as sharps incidents is concerned, due to number of incidents and complaints regarding the device chosen, a review has been requested by the Director of Nursing and Quality to examine whether this has been a successful implementation.

### Vaccination

The Trust had an uptake of 33% uptake for Flu vaccination in the year 2013-14. A significant increase on the previous year but still well below government targets of 75%. The most concerning finding was that the lowest uptake was from frontline clinicians which, in the case of an outbreak, would potentially severely compromise the Trust's ability to continue to deliver quality care. Work to address this was described in the work plan for 2014-15 and uptake increased in 2014, to 40%. Planning is already underway for the 2015-16 campaign and the IPC Lead is collaborating with specialists in the whole health economy for Lincolnshire to improve on this. Extending the training of vaccinators within clinical teams to include the community will be part of the strategy. Better use of publicity, earlier in the campaign will also be important. The potential of working collaboratively with partners in the local health economy to deliver training to vaccinators is being explored.

### Hand Hygiene Training

The Trust has a target of 95% compliance for the year. Following adjustment of attendance figures for long term sickness achievement was 93.01% for in-patient areas and 89.62% Trust-wide. The difference between compliance is considered in part due to the established IPC Link Nurse role in in-patient areas. Work has been done to review the delivery of all training by the Learning and Development team and this training is now part of the induction e-learning package. The IPC Link Nurses will deliver additional face to face training as necessary. Hand hygiene audits will also be carried out in order to monitor compliance with best practice.

### Work plan 2015/16

The action plan and key initiatives for 2014/15 have been continuously reviewed by the Infection Control Committee. They built on the existing assurances to continue to ensure adherence to the NICE quality standards QS 61 for IPC, in addition to the criteria for the Hygiene Code, reported through the Lincolnshire Combined Clinical Commissioning Groups. They were also intended to fulfil the action plan generated from the internal IPC Audit 2014, to achieve substantial assurance.

The new action plan for 2015/16 will continue to demonstrate these compliances, further developing and strengthening IPC quality governance processes and structures.

### Key initiatives for 2015/16

These will enable the Trust to demonstrate compliance against NICE Quality Standards QS61, 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.*

<b>Action</b>	<b>Compliance</b>
To further support the personal and professional development of the IPC Link Nurses, extending the role to members of community teams	<b>HSC Act criteria 3, 4, 10</b>
IPC Link Nurses to develop specialist interest role in own areas of expertise or interest- for example, wound care, self-harm, sexual health, catheter care etc.	<b>HSC Act criteria 3, 4, 10</b>

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.	<b>HSC Act criteria 5, 7</b>
Further policies to be developed as need is demonstrated in particular, transportation of specimens, Management of Streptococcus A infections, the use of personal protective equipment, Management of Extended Spectrum Beta Lactamase infections/ Carbapenemase-producing Enterobacteriaceae, Management of Chicken Pox and Shingles infections in patients and staff.	<b>HSC Act criteria 9, 10</b>
Training of more IPC Link Nurses and key clinicians to administer vaccinations for flu campaign.	<b>HSC Act criterion 10</b>
Increasing involvement from patients and carers (carried forward from the 2014-15 action plan)	<b>HSC Act criteria 4</b> <b>QS 61 Statement 6</b>
Provision of patient information leaflets in understandable formats and other languages	<b>QS 61 Statement 6</b>

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

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

EVIDENCE	ACTIONS	ASSURANCE	LEAD OFFICER	TIMESCALE	RATING	
					2014-15	2015-16
<b>STATEMENT 1:</b> 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.	GREEN	GREEN
	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		GREY	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

EVIDENCE	ACTIONS	ASSURANCE	LEAD OFFICER	TIMESCALE	RATING	
					2014-15	2015-16
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	Yellow	Yellow
	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
<b>STATEMENT 2:</b> 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.						
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 plans.	Annual IPC report 6 monthly report to Quality Committee.	IPC Lead	Complete April 2014 and maintain throughout 2015/16	Green	Green
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 plans	Annual IPC Report 6 monthly to Quality Committee.	IPC lead	Complete April 2014 and maintain throughout 2015/16	Green	Green

EVIDENCE	ACTIONS	ASSURANCE	LEAD OFFICER	TIMESCALE	RATING	
					2014-15	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 plan for IPC	IPC lead	Complete April 2014 and maintain throughout 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		

EVIDENCE	ACTIONS	ASSURANCE	LEAD OFFICER	TIMESCALE	RATING	
					2014-15	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		
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		

EVIDENCE	ACTIONS	ASSURANCE	LEAD OFFICER	TIMESCALE	RATING	
					2014-15	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		
	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	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		

EVIDENCE	ACTIONS	ASSURANCE	LEAD OFFICER	TIMESCALE	RATING	
					2014-15	2015-16
	timely manner for patients moving through different teams and/or providers	Audit of use of Inter/ Intra agency transfer form	IPC lead	Audit tool designed by August 15  Audit carried out in September/ October 2015		
	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		

EVIDENCE	ACTIONS	ASSURANCE	LEAD OFFICER	TIMESCALE	RATING	
					2014-15	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 lead and other lead agencies in IPC are built and maintained and dissemination of relevant information through Trust communication channels		March 14 and maintain 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		

EVIDENCE	ACTIONS	ASSURANCE	LEAD OFFICER	TIMESCALE	RATING	
					2014-15	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 time with Microbiology consultant if needed.	Only outstanding issue is the requirement for a robust contracts for microbiology services. Current ad hoc service continues to work well	Head of Contracts	No further progress-escalation recommended July 15  Update on progress required Sept 2015	Yellow	Yellow
		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	Green	Green
		Quarterly reporting of activity against SLA figures is continued and targets achieved	Pathlinks	April 14 and maintain throughout 2015/16	Green	Green
		Isolates reported to ICC bi monthly	IPC Lead	April 14 and maintain throughout 2015/16	Green	Green
		Outbreaks reported to board through Director for Infection Prevention and Control (DIPC)	IPC Lead	April 14 and maintain throughout 2015/16	Green	Green

EVIDENCE	ACTIONS	ASSURANCE	LEAD OFFICER	TIMESCALE	RATING	
					2014-15	2015-16
<b>STATEMENT 3:</b> 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 including inpatient and community teams.	<p>Infection Control Audits and action plans.</p> <p>MICE audits and action Plans.</p> <p>Estates and building plans.</p> <p>Procurement records.</p> <p>Minutes of planning meetings for capital/maintenance projects</p> <p>Capital/maintenance projects are compliant with HFN30: Infection Control in the Built Environment</p> <p>HSE requirements are met</p>	IPC Lead	April14 and maintain throughout 2015/16		

EVIDENCE	ACTIONS	ASSURANCE	LEAD OFFICER	TIMESCALE	RATING	
					2014-15	2015-16
		Audit of hand hygiene provision throughout the Trust	IPC Lead	Audit tool designed by September 15  Audit to be carried out through October 15		
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 information available publically.	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		
		Posters and publicity are available for all staff, patients and visitors	IPC Lead	April 14 and maintain throughout 2015/16		
		Development of easy read versions of key IPC patient materials	IPC Lead	Commence July 2015 and complete by March 2016		

EVIDENCE	ACTIONS	ASSURANCE	LEAD OFFICER	TIMESCALE	RATING	
					2014-15	2015-16
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	Green	Green
		Infection Control Audits and Action Plans	IPC Lead	April 14 and maintain through 2015/16	Green	Green
		Revised hand hygiene audit tool and process to be introduced to augment the learning package for front line in-patient clinicians	IPC Lead/ IPC Link Nurses	Discussed in link nurse meeting Aug15  To be finalised Oct 15	Grey	Yellow
<b>STATEMENT 4:</b> 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.						
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	Green	Green
		Cross organisational catheter passport in development, which will be implemented by Trust when available	IPC Lead for Combined CCGs	Next update due August 2015	Grey	Yellow

EVIDENCE	ACTIONS	ASSURANCE	LEAD OFFICER	TIMESCALE	RATING	
					2014-15	2015-16
<b>STATEMENT 5:</b> 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		
<b>STATEMENT 6:</b> 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	Next update due October 2015  IPC lead is liaising with other providers and the MHSIG of the IPS to establish what is available and share good practice		
		Bi monthly care plan audits evidence patient and carer involvement.		March 15 and maintain throughout 2015/16		

EVIDENCE	ACTIONS	ASSURANCE	LEAD OFFICER	TIMESCALE	RATING	
					2014-15	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 August 2015		
<b>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.</b>						
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		
		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		
<b>CRITERION 2: Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.</b>						
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
<b>CRITERION 3: Provide suitable accurate information on infections to service users and their visitors.</b>						
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	Yellow	Green
	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	Green	Green
	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	Green	Green

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 is sought by IPC Link Nurses and fed through to IPC Lead through bi monthly IPC Link Nurse meetings	IPC Lead	Next update due October 2015  Agenda item for IPC link nurse meeting October 2015		
		Involvement sought from Voice of 1000 regarding IPC development for patients and carers	IPC Lead	Next update due October 2015  Request sent to Voice of 1000 for interest from service users and carers		
<b>CRITERION 4: Provide suitable and accurate information on infections to any person concerned with providing further support or nursing/ medical care in a timely fashion.</b>						
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		
<b>CRITERION 5: Ensure that people who have or develop an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing on the infection to other people.</b>						
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	IPC Lead	Next update due August 2015  Awaiting feedback from Safeguarding lead		
<b>CRITERION 6: Ensure that all staff and those employed to provide care in all settings are fully involved in the process of preventing and controlling infection.</b>						
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		
<b>CRITERION 7: Provide or secure adequate isolation facilities.</b>						
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
<b>CRITERION 8: Secure adequate access to laboratory support as necessary</b>						
Evidence of sufficient service level agreement in place with Microbiology services	As per statement 2.4		Head of Contracts	Next update due Sep 2015		
<b>CRITERION 9: Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.</b>						
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	September 2015		
	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	October 2015		
	Management of Extended Spectrum Beta Lactamase infections/ Carbapenemase-producing Enterobacteriaceae		IPC Lead	November 2015		
<b>CRITERION 10: Ensure, so far as is reasonably practicable, that care workers are free of and are protected from exposure to infections that can be caught at work and that all staff are suitably educated in the prevention and control of infection associated with the provision of health and social care.</b>						
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	Green	Green
		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	Green	Green
	Development of a robust strategy for the flu campaign for 2015-16	Strategy complete and approved by the ICC	IPC lead	July 15	Grey	Green
	Ensure that more staff within clinical teams are trained as vaccinators	Numbers of trained vaccinators increase	IPC lead	September 15	Grey	Yellow
	Embed peer to peer vaccination as the primary choice for accessing flu vaccinations	Increased uptake within frontline clinical teams	IPC Lead	February 16	Grey	Yellow