

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 27 September 2017

Title and Author of Paper: Annual Report for Infection Prevention and Control 2016 – 2017, Anne Moore, Director Infection Prevention & Control

Executive Lead: Gary O'Hare, Executive Director of Nursing and Operations

Paper for Debate, Decision or Information: Information and debate

Key Points to Note:

The attached annual report of the Director of Infection Prevention and Control covers the period 2016/17 and provides the Infection Prevention Control Committee, Quality and Performance Committee and the Trust Board with an Annual assurance on key issues relating to infection and prevention and control in Northumberland Tyne and Wear NHS Foundation Trust.

It provides assurance on how Northumberland, Tyne and Wear NHS Trust has acted to protect service users, staff and visitors from healthcare acquired infections, and complied with the Health and Social Care Act 2008 Code of Practice, for the year 2016/17.

It highlights that there have been no notifiable communicable diseases ie MRSA or Clostridium Difficile during the time period, and where there have been viral infection related outbreaks these have been managed effectively according to IPC policies and NICE guidance. Training in relation to IPC has been delivered within target. In addition, significant progress has been made in relation to the new responsibilities since transferring Medical Devices from the Patient Safety Team and actions following the audit

The report demonstrates that Water Safety measures have been robustly monitored within the trust and actions taken jointly with Facilities and IPC Team to ensure patients and staff areas remain safe from the risk of water borne infections Finally for 2016/17, the report summaries the significant progress in Tissue Viability activity within the team which is supporting staff and prevent harm to patients

There was no annual report for the year ending 2015/16, as the service underwent changes in management and leadership in the DIPC role. However, the Board did receive two six monthly assurance reports during 2015/16 covering progress against the annual plan which included assurance on actions related to:

- Reported Infections
- Flu Campaign
- Cleanliness
- Tissue Viability
- NICE guidance

For the purposes of completeness, reference is made here to 2015/16 and an assurance that the Annual Report will resume with its usual business cycle of 6 monthly and annual updates going forward for 2017/18

Risks Highlighted to Board: All statutory responsibilities regarding IPC and Water Safety have been met. Medical Devices will be monitored closely to ensure all actions remain on track

Does this affect any Board Assurance Framework/Corporate Risks?

Please state Yes or No No

If Yes please outline

Equal Opportunities, Legal and Other Implications:

None

Outcome Required: The Board is asked to note the content of the report

Link to Policies and Strategies: IPC Policy



**Northumberland,
Tyne and Wear**
NHS Foundation Trust

2016/17 Annual IPC Report for the Northumberland, Tyne and Wear NHS Trust

Anne Moore
Director of Infection Prevention & Control



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CHAPTER 1

INTRODUCTION AND CONTEXT

This annual report of the Director of Infection Prevention and Control provides the Infection Prevention Control Committee, Quality and Performance Committee and the Trust Board with an Annual update on key issues relating to infection and prevention and control in Northumberland Tyne and Wear NHS Foundation Trust.

The Infection Prevention and Control Team consists of:

- Anne Moore Group Nurse Director, Specialist Care and Director of Infection Prevention and Control
- Carole Rutter, Infection Control Modern Matron
- Sonia Caudle, Infection Control Modern Matron
- Kay Gwynn, Infection Control Modern Matron
- Kevin Chapman, Tissue Viability Modern Matron
- Heather Pearce, Tissue Viability Nurse Specialist
- Julie Taylor, Lead Nurse Physical health
- Deborah Bedir, Medical Devices Administrator

Consultant Microbiologist/Infectious Disease Consultant support is obtained by Service Level Agreement with Northumbria Healthcare Foundation Trust.

The Trust holds service level agreements or arrangements for microbiology services at Northumbria Health Care NHS Trust, Newcastle Hospitals NHS Trust, Queen Elizabeth NHS Trust, South Tyneside NHS Trust and Sunderland Hospitals NHS Trusts. Results are available through the electronic ICE system. The Trust is assured that these services operate to the standards required for accreditation by Clinical Pathology Accreditation (UK) Ltd.

The Infection Prevention and control team is responsible for the outline delivery of the 2016/17 Infection Prevention and Control Annual Plan, in addition, Medical Devices, Physical healthcare and Tissue Viability on behalf of the Trust

CHAPTER 2

INFECTION PREVENTION AND CONTROL.

This chapter acts as the annual report of the Director of Infection Prevention and Control on the state of healthcare associated infections within the Trust as required by the Hygiene Code

Infection Prevention and Control structure.

The IPC core nursing team comprises 3 WTE Modern Matrons who hold roles within each of the Operational Groups as well as corporate roles within the team. This is unchanged from the previous year.

The IPC Committee meets quarterly and is chaired by the DIPC. The IPC committee is a subgroup of the Patient Safety group and reports in to Trustwide Quality and Safety.

IPC Committee meetings 2016/17

Thursday 10th March 2016	Thursday 9 th June 2016
Thursday 8 th September 2016	Thursday 8 th December 2016
Thursday 9 th March 2017	

The IPC matrons attended the Safe Meetings a sub group of the quality and performance meeting of their respective Care Group.

The DIPC attends the Trust Board on a 6 monthly basis and data on key performance indicators is received by the Board or by exception.

Any patient who develops an MRSA Bacteraemia or a clostridium difficile isolated from a stool specimen whilst in NTW will have a Root Cause Analysis (RCA) undertaken and the case will be reported through IPCC Committee and Safe Sub groups and where appropriate through the National reporting system

As required, mechanisms exist to formally report data on Clostridium difficile and MRSA bacteraemia in the 6 monthly performance report reviewed by the Trust Board. This is supplemented by 6 monthly attendances at the Board by the DIPC

Review of IPC incidents 2016/17

The data on infections is reviewed at each IPC Committee meeting and sent to the Care group Safe meetings, a sub Group of Quality and Performance on a monthly basis.

IPC Dataset 2016/17

The following tables form the public health data set for Northumberland, Tyne and Wear for the year 2016/17.

		2014/15	2015/16	2016/17
IPC-KPI 01	Cases of MRSA bacteraemia	0	0	0
IPC-KPI 02	Cases of clinical clostridium difficile infections	0	1	0
IPC-KPI 03b	Number of staff receiving mandatory training face to face and e-learning	1854	3076	

Source: Trust records, 2016/17

There were no cases of MRSA bacteraemia in the period 2016/17. There were no cases of C. difficile infection in the same period.

Reported diarrhoea and and/or vomiting outbreaks

OUTBREAKS 2016-17		
	2016	2017
NORTH		
Hepple House	1	
Newton ward, SGP	1	
Cresswell ward ,SGP	1	
Tyne Unit, Northgate	1	
EIP CMHT North Tyneside	1	
CENTRAL		
Lowry Ward Hadrian clinic	1	1
Akenside ward, Centre for Aging and Vitality	1	
Ward 1b Walkergate Park Hospital	1	
Ward 4 Walkergate Park Hospital	1	1
Ward 1a Walkergate Park Hospital		1
Ashby ward, Alnwood	2	
SOUTH		
Nil Reported		

Source: Trust records, 2016/17

All outbreaks were typically viral in presentation and managed effectively to ensure a quick resolution

Seasonal Flu Vaccination Campaign.

Carole Rutter, IPC Modern Matron and Trust Operational Flu Lead

Season Influenza Vaccination campaign

The IPC Team have led on Flu Planning in 2016/17

The NTW 2016/17 annual seasonal flu campaign commenced on the 19th September and by the end of February 2017 64.42% of front line staff had received their flu vaccination. The highest uptake rate was seen in qualified nurses as 71% were vaccinated, with improvement in uptake in Doctors to 57%.

The table below demonstrates the year on year increase in all front line health care workers

Staff Group	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
All frontline HCWs	39.8%	49.8%	55.4%	62.4%	63.6%	64.4%
Doctors	52%	67.2%	60.4%	61%	51.9%	57.2%
Qualified Nurses	37%	47%	47.4%	68.6%	66.8%	71.1%
Allied Health Professionals	59%	53.6%	64%	59.9%	59.4%	57.8%
Support to clinical staff	36%	56.5%	57.9%	57.6%	63.8%	61.8%

Continuing with the success of previous campaigns 127 registered nurses, 29 of which were from community teams and 7 pharmacists undertook vaccinator training. This enabled all staff across the Trust to be vaccinated at a time and place to suit themselves

Recognising the important role of our partner agencies who work closely with our patients and staff, flu vaccination was administered to 371 external staff which included doctors in training, student nurses, teachers, social workers, agency staff, estates contractors, addiction services partners and administration agency staff.

To promote the health and well-being of our service users, clinical staff review all patients who are in the clinical risk groups and offer flu vaccination to both current inpatients and new admissions throughout the flu season Health care workers working in community teams advise and support patients in the community to attend their GP surgery for vaccination. This is also an opportunity for staff to support patients to receive their pneumococcal vaccination where appropriate.

To ensure all of our patients were afforded the same opportunity to be vaccinated patients with a learning disability were offered vaccination in their own homes by one of our trained vaccinators who worked closely with a GP surgery, ensuring that this vulnerable group of patients were protected.

NHS Employers have continued to show interest in our campaign and 2016/17 was no exception. Adele Joicey, acting communication manager, was asked if she would be the “face” of the national campaign through a video, and share her reasons as a carer, why she encourages all health care workers to be vaccinated. Adele’s story was shared nationally and used by many other trusts as a promotional video during their campaigns.

In addition to this NTW was approached by Stirling University to be part of a research programme exploring the requirements to run a successful flu campaign. The aim of the research is to provide national guidance to all NHS organisations in running a seasonal flu vaccination campaign.

A well-attended lesson learnt event was held in February 2017 with the aim of looking at what had been effective over the 2016/17 campaign and also to look at areas that could be improved to continue to support and protect our service users and staff in the 2017/18 season.

Training in Infection Prevention and Control. Sonia Caudle, IPC Modern Matron

The IPC team have led on training activity during 2016/17

Infection prevention and control training is important to update staff and refresh their knowledge of the subject, it includes National and local requirements. It also covers policy and procedural requirements to assist in keeping patients and staff safe from infections.

The training percentages are reported on the performance report to each group Quality and Performance meeting and are also monitored through the Care Quality Commissions essential standards meetings and during “mock” visits to wards and departments by service managers.

Mandatory training in infection prevention and control has been around 90% for all groups of staff throughout the year. E learning is being accessed by approximately 50% of staff that complete training; this is an increase from last year. This reflects the recent training review which makes E learning more accessible to all staff. The face to face sessions are still well attended and give staff the opportunity to discuss certain issues and debate any challenges encountered within their environment.

Infection Prevention and Control training is currently a requirement on induction and every three years thereafter, for all staff. This is also supplemented with bespoke sessions, delivered by the IPC matrons for areas with outbreaks, specific infections and any areas with service users with invasive devices, which potentially increase their risks of infection.

Hand hygiene competencies are completed for all clinical staff every 3 years by the link workers on the wards and department. This is a practical session assessing knowledge of technique for hand washing and staff knowledge.

IPC link worker meetings are held bi monthly on each of the main sites and they are also used for training opportunities for link workers to cascade current infection control training requirements such as Influenza updates, outbreak management, Sepsis and other current infection prevention and control topics.

Infection Control - classroom provision of mandatory courses Apr 16 - Mar 17

Course Name	Completed	Did Not Attend	Withdrawn	Total	Number of Sessions
Corporate Induction (2 Days)	673	1		674	32
Infection Control	505	98	78	681	59
Grand Total	1178	99	78	1355	91

Infection Prevention & Control – Hand Hygiene - FY End 2016-2017

Service Line > Directorate > Service Management > Care Group > Cost Centre	Numerator	Denominator	Percent
COMMUNITY SERVICES	1,701	1,855	92%
COMMUNITY LOCALITY SERVICES	1,239	1,351	92%
ACCESS AND LIAISON	409	436	94%
COMMUNITY SERVICES GROUPWIDE SERVICES	53	68	78%
INPATIENT CARE	1,031	1,086	95%
ADULT MENTAL HEALTH AND STEPPED CARE	718	760	94%
OLDER PEOPLES ORGANIC & FUNCTIONAL AND LEARNING DISABILITY	313	326	96%
SPECIALIST CARE	2,059	2,166	95%
CHILDREN & YOUNG PEOPLE	747	784	95%
SPECIALIST ADULT	1,312	1,382	95%
SUPPORT & CORPORATE	1,667	1,883	89%
CHIEF EXECUTIVE	28	29	97%
DEPUTY CHIEF EXECUTIVE	46	82	56%
MEDICAL	201	238	84%
NURSING	261	288	91%
TRUSTWIDE	0	3	0%
COMMISSIONING AND QUALITY ASSURANCE	104	114	91%
WORKFORCE & ORGANISATIONAL DEVELOPMENT	36	40	90%
NTW SOLUTIONS	589	633	93%
PROPERTY, PLANT AND EQUIPMENT	7	8	88%

SUSPENSE	395	448	88%
Total	6,458	6,990	92%

Decontamination Report/Medical Devices

Kay Gwynn, IPC Modern Matron and Decontamination Lead

The IPC team have led on Decontamination in 2016/17

Contaminated equipment can lead to the spread of infection. Decontamination of equipment is reinforced during IPC mandatory training. This reminds staff the relevance and importance that this process occurs. Through working with the procurement team a product review took place which resulted in streamlining the wipes we use across the Trust. This has reduced costs and makes it easier for the staff to use the correct wipe for the correct process of either cleaning or disinfection.

IPC continues to work closely with NTW Solutions to review and keep up to date with new cleaning products, to ensure we are using the most effective and value for money products.

Part of the annual IPC risk assessment, which occurs within inpatient ward areas, includes checking that the wards can demonstrate they have systems in place for decontaminating equipment, and evidence that these systems are being followed. The Medical Devices and Equipment – Cleaning and Decontamination practice guidance note is currently being reviewed to include the above changes.

Medical Devices

The IPC Team have led on Medical Device maintenance and procurement during 2016/17

Following a corporate services review medical devices in June 2016 transfer of responsibility was passed to the Director of infection prevention and control and included as part of the Public Health Department. Kay Gwynn IPC matron is the Clinical lead for medical devices with support from a designated Medical Devices administrator. Over the past year a review of the current processes and procedures for the ordering, receiving of medical devices and how the current medical device policy is implemented has been able to identify necessary changes to improve the management of these devices going forward.

A review of the medical devices Inventory has taken place. This involved a member of staff on a secondment attending clinical areas to cross check and audit current medical devices within that area. The central inventory has been updated to reflect this work. On a regular basis profiling beds and dynamic mattresses are hired in the Trust. Work is underway to reduce the need to hire this type of equipment. The action plan following an internal audit report has demonstrated significant progress in addressing system shortfalls and providing improvements in assurance on procurement and decontamination standards

Water Safety Group Report

Paul McCabe, Head of Estates and Facilities

The DIPC has ensured that water safety standards have been met in 2016/17

The Water Safety Group (WSG) has met on a regular basis throughout the year, with the aim to identify, analyse and propose remedies for risks relating to water safety including legionella. The group is Chaired by the Director of Infection and Prevention Control and comprises of technical estates staff including the Responsible Person and Deputy Responsible Persons, together with the infection control nurses, facilities staff, representation from nursing teams and additional technical support from an external Legionella / water safety consultancy. The focus of the group remains that multi-disciplinary management of infrastructure and services to ensure prevention of contamination, swift eradication, or control and minimisation of water borne bacteria including legionella.

The key issues dealt with by the WSG during 2016/17 included the following:

Management Policy & Flushing Procedures

The Trust policy on Water Safety – Management and control of Legionella and water borne bacteria – V03 was reissued in June 2016 and expanded its remit past simply Legionella Management to encompass all issues associated with water safety. The procedures in respect of flushing of outlets, the “Control of Legionella and Legionnaires’ disease: Preventing the accumulation of stagnant water – V04” was reissued in February 2017.

Training

The Trust has continued to invest in specialist training and a wide range of staff including the DIPC, Estates Maintenance, Capital Projects, Facilities and IPC staff have completed training with a number completing the ILM Responsible Person course.

Risk Assessments and Audits

The Trust is maintaining the requirement of having risk assessments in place across all premises, reviewed on a bi-annual basis or when major changes take place. The Trust also continues to have independent management audits carried out by Hydrop, who are specialists in Legionella Management and water safety. In the coming 12 months, the group will continue to review Management procedures and ensure new schemes are designed to reduce risk as far as possible.

Annual Cleaning Services Report. Paul McCabe, Head of Estates and Facilities

The cleanliness standards throughout the Trust have continued to remain consistently high as evidenced by the monthly inspections and the PLACE inspection scores.

Good working relationships continue between the Facilities staff responsible for cleanliness and ward managers/nursing staff and the IPC modern matrons. This co-operation helps to promote a team approach in maintaining high standards of cleanliness in clinical environments. It also assists in identifying at an early stage any problems which enables them to be resolved in a timely way. Monthly meetings take place between the senior Facilities Managers and the IPC modern matrons. At these meetings any areas of concern are discussed and actions agreed.

Cleanliness Audits

The Trust continues to carry out detailed periodic cleanliness audits in line with the requirements of the national standards. The scores consistently meet the 95% pass target indicating a high standard of cleanliness is maintained across Trust premises. These scores are summarised in the table below, which also shows comparison with previous years:

Servicetrac Results				
Hospital Site	Average Servicetrac Score (%)			
	2016-2017	2015-2016	2014-2015	2013-2014
St Nicholas Hospital, Gosforth	98	98	97	96
Campus for Ageing & Vitality	98	98	97	96
Walkergate Park	99	99	98	96
Ferndene	99	98	98	98
St George's Park	98	98	98	98
Northgate Hospital	99	98	99	99
Monkwearmouth Hospital	99	99	98	98
Hopewood Park	99	99	98	97
Tranwell Unit	98	98	97	98
Elm House	98	98	98	n/a
Rose Lodge	98	98	97	n/a
Craigavon	99	98	98	n/a

The cleanliness audits are carried out in all clinical areas monthly, and non-clinical areas less frequent, determined by the risk. Taking part in these audits are a qualified nurse, Facilities supervisor, Estates officer and also an IPC modern matron as appropriate.

Having a multi-disciplinary team undertake this work enables all factors that can impact on the standards of cleanliness to be examined; it also assists in getting corrective action done in a timely way.

Staffing

Domestic and Hotel Services staff have consistently achieved the Trust's target of 90% for all statutory and mandatory training and JDRs. Where there have been slight dips they have been addressed and are usually caused by the unavailability of courses, staffing pressures or sickness.

PLACE (Patient led Assessments of the Care Environment)

PLACE assessments provide a snapshot of how an organisation is performing against a range of non-clinical activities which impact on the patient experience of care. Between March and May 2016 a total of 70 NTW locations were visited at 13 sites and the results for two of the six dimensions are shown in the tables below:

	Cleanliness	Condition, Appearance and Maintenance
NTW Average	99.26%	95.55%
National Average	98.06%	93.37%
Variation	+ 1.2%	+ 2.18%

PLACE cleanliness results 2016			
Hospital Site	2016	2015	2014
St Nicholas Hospital, Gosforth	100	100	99.87
Campus for Ageing & Vitality	96.35	97.13	98.58
Walkergate Park	99.86	100	100
Ferndene	100	99.9	100
St George's Park	98.71	99.82	99.63
Northgate Hospital	99.87	99.95	99.41
Monkwearmouth Hospital	99.33	99.43	99.80
Hopewood Park	99.94	98.58	98.80
Tranwell Unit	97.58	98.18	99.08
Elm House	100	100	99.81
Rose Lodge	100	99.83	100
Craigavon	Not inspected	97.01	98.51
Royal Victoria Infirmary (31A)	100	99.15	100

Overall the Trust has scored higher than the national average for cleanliness and Condition, Appearance and Maintenance.

The assessment process ran extremely well and it should be noted that this was due to the input of the patient assessors, NTW assessors, admin support and the co-operation of ward staff during the visits. Where site have dropped scores the reasons for this are explored to see where improvements can be made.

CHAPTER 3

Tissue Viability

Kevin Chapman Tissue Viability Matron

Incidents / reporting

2016 saw the extension of pressure ulcer monitoring and management across the Trust expanding the surveillance to include all wards.

In line with NICE Clinical Guideline 179 and Quality Standard 89, NTW have been innovative in mapping the nationally recognised risk assessment tool – ‘The Braden Scale’ into an electronic version on our patient electronic records system (RiO). This has been instrumental in progressing baseline risk assessment processes and its hoped will ensure all new patients are assessed against this standard on admission. Having access to an electronic version will allow rapid audit and analysis of data. A formal data collection and analysis has been implemented from October 2016 passing on ward specific data to clinical nurse / service managers.

To augment the risk assessment process and also to improve reporting frameworks and clinical governance, the Tissue Viability Team, Informatics and Patient Safety team have devised and launched a pictorial reference tool within our electronic reporting system to assist staff in accurately ‘Staging’ any pressure ulcers identified within the Trust.

This continues to reinforce the Trust commitment to making pressure ulcers a ‘never event’ and further promotes national initiatives such as “Your skin matters”, “Essence of care” (2010) and the Quality Innovation Productivity Performance (QIPP) safety express target of aiming to ensure that there will be no ‘avoidable pressure ulcers in NHS provided care’.

We have always acknowledged that with heightened surveillance we are likely to identify increased incidence, and although we did identify increased reporting we have also identified and managed all events without any serious untoward incidents.

Wound Management

Alongside the required visits to assess, manage, monitor and treat pressure ulcers, the Tissue Viability service also offered assessment and treatment of other wounds. During 2016/17 recorded visits indicate the following.

- Total number of visits to wards / departments = **795 (Other wounds) + 288 (Pressure ulcer visits) = 959**
- Total number of individual clients = **225 (Other wounds) + 65 (Pressure ulcers) = 290**
- Total number of wards visited = **44** (15 Specialist care wards and 29 In-patient wards)
-

During 2016/17 we have also supported clinicians by facilitating pre-admission wound assessments for clients with complex wounds as well as support timely and effective discharge handovers to external stakeholders

Projects

Telemedicine project

NTW are constantly innovating in an attempt to meet client needs and support staff in a more robust and timely way.

As we strive to upskill and develop competency within the clinical teams in respect of wound care, team members can often be at one end of the catchment and be requested to attend another. This may be to respond to an incident, offer assessment, advice or support with wound assessment, management or treatment.

To meet this need and operate effectively the team have been working closely with Informatics and two designated wards to trial a remote review system. This will allow ward based staff to request a visual review of a client's wound over a secure internet connection without necessarily the need to physically attend.

The initial testing of the equipment and staff training is nearing its completion and it is hoped the formal trial will commence April 2017. If the approach works this could then be utilised by other professionals and teams to make effective use of staff time and skills without losing them in transit

Training

- 13 – Standalone 'Wound assessment' sessions offered 2016/17 (SNH, SGP, Northgate, Ferndene, Walkergate Park, Hopewood and Monkwearmouth)
- 11 - Standalone 'Pressure ulcer awareness' sessions offered 2016/17 (SNH, SGP, Northgate, Ferndene, Walkergate Park, Hopewood and Monkwearmouth)
- 2016/17 further development of the 'Nursing Sharepoint pages' including access to instructional video and range of reference and training materials. This is being added to on a regular basis.
- Team members assisted in facilitating regional Job fayre attended by 6000 students
- Team members presented at annual Physical Health and well-being conference'.
- 2016/17 saw the expansion of our 'shadowing scheme' allowing students and link staff to accompany the TVN's on client reviews; this has proven very successful in upskilling individuals and broadening their experiential learning. A total of 11 staff joined us in the year with more pencilled in for the coming year.

Chapter 4

In addition to the statutory requirements listed above the IPC Team delivered the Annual Work Plan 2016/17 by

- Providing support to the IPC link workers across the Trust, provided induction training for new link workers
- Completed IPC risk assessments in both inpatient and community areas
- Provided IPC stall at NTW Nursing Conference
- Promoted antibiotic stewardship awareness
- Worked in partnership with estates to ensure safe water systems

Planned Developments for 2017/18

- Audit Trust compliance to UTI- PGN guidance incorporating antibiotic prescribing
- Continue to undertake yearly IPC risk assessments in all inpatient areas and community premises that undertake physical health monitoring.
- Review/update PGNs
- Raise awareness of sepsis through campaigns and education

STATEMENT OF COMPLIANCE WITH THE HEALTH AND SOCIAL CARE ACT CODE OF PRACTICE 2008

This document details how the Northumberland, Tyne and Wear NHS Trust will protect service users, staff and visitors from healthcare acquired infections, and comply with the Health and Social Care Act 2008 Code of Practice, for the year 2016/17.

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

Statement

- The Trust IPC policy incorporates the Trust statement reflecting its commitment to prevention and control of infection amongst service users, staff and visitors. This document also outlines the collective and individual responsibility for minimising the risks of infection and provides detail of the structures and processes in place to achieve this.
- The Trust has appointed a Director of Infection Prevention and Control accountable directly to the Chief Executive and Board (see below)
- Effective prevention and control of infection is secured through an IPC team, assurance framework, annual work and audit programme, and surveillance and reporting system (see below)
- Training, information and supervision is delivered to all staff through either face-to-face or e-learning.
- There is an annual audit programme in place, approved by the Board, to ensure implementation of key policies and guidance.
- We have a named decontamination lead.

Risk assessment

- The Trust has developed an IPC specification for clinical areas, which details all the standards for IPC. Following a risk assessment, action plans for achieving compliance with the specification are developed where necessary. Ownership of the action plans lies within the clinical Groups, and is monitored in each Safe meeting a sub Group of Quality and Performance groups. Groups decide if identified risks are sufficient to enter on the Group's risk register or escalate to the Trust risk register. IPC nurses are members of the Groups meetings and are available to advise.
- The risk assessment tool is used annually to monitor improvements achieved through action plans. In addition, the risk assessment is triangulated against other assessments through the year (including, but not limited to, PLACE

assessments, CERA assessments, root cause analyses, serious untoward Incidents, quality-monitoring tool) to ensure that any new risks are identified and recorded. Risks are

- Reported through the quality and performance meetings of the Groups.
- The Trust has implemented an electronic patient record system (RiO) which has electronic admission and discharge criteria which include infection control issues.

Director of Infection Prevention and Control

- The Trust has designated the Director of Infection Prevention and Control, referred to as the DIPC. This post is held by Anne Moore, Specialist care group Nurse Director.
- The DIPC is directly accountable to the Chief Executive and Trust Board. The roles and responsibilities of the DIPC are detailed in the Trust Infection Prevention and Control policy
- The DIPC chairs the Trustwide Infection Prevention and Control Committee, which meets at least every three months and is a member of the Trustwide Quality and Performance Committee (a subgroup of the Trust Board), and deputy chair of the Patient Safety Group.
- The DIPC produces an annual report for the Trust Board on the state of public health in the Trust. This also constitutes the annual report of the DIPC. This report is made publicly available on the Trust internet, and is available in print to any service user, staff member, or member of the public who requests it.

Assurance framework

- The DIPC reports to the Trust Board on a 6monthly basis to report on developments on public health services, including infection prevention and control. Data is provided on C difficile and MRSA bacteraemia, and modern matrons concerns regarding cleanliness and infection control are reported on each occasion. The annual work and audit plan and the annual report are presented to the Board each year for approval.
- All infection related incidents are reported to the Trust through the Trustwide incident reporting system, SAFEGUARD, and are additionally collated by the IPC team. Statistics on incidents are produced monthly and reported at the Safe meetings a sub group of the Quality and Performance meetings of each Group for analysis and discussion. Full datasets are reviewed by the IPC Committee at each meeting for analysis of trends. This data includes, but is not limited to, MRSA infections and screening compliance, Clostridium difficile infections and outbreaks of gastrointestinal infections. The low level of infections in the Trust render year on year analysis of trends difficult.

- Serious untoward incidents related to infections are reported through the Trusts SUI reporting system and investigated accordingly. The results of SUI investigations, and action plans arising from them, are monitored through the Safe sub groups Quality and Performance meetings and the IPC Committee.
- The IPC team undertakes root cause analyses for each case of MRSA bacteraemia and Clostridium Difficile infection identified. The results of root cause analyses, and action plans arising from them, are monitored through the Safe meetings and the IPC Committee. They are also reported through the North of Tyne Health Care Acquired Infection (HCAI) reduction partnership meetings.
- Data on MRSA bacteraemia and Clostridium difficile infections are Trustwide key performance indicators (KPIs) which are reported to the Board each quarter.
- All inoculation incidents are reported through to the IPC committee and the safe sub Group Q and P meetings and are subject to an after action review at local level.

Infection control programme

- Each year the DIPC and IPC team produces an infection prevention and control programme which set objectives for ensuring the safety of service users, staff and visitors, and identifies priorities for action over the year. The programme also includes audits to be undertaken to assure the Trust of compliance with key IPC policies.
- This programme is presented to, and approved by, the Trust Board at the start of each year. Progress against the programme is reported to the Board in the annual report of the DIPC.
- All staff, contractors and other persons whose normal duties are directly or indirectly concerned with patient care receive suitable and sufficient information on and training and supervision in Infection Prevention & Control

Infection Prevention and Control Infrastructure

- Northumberland, Tyne and Wear NHS Trust provides an Infection Prevention and Control service in-house. The IPC team comprises, three infection prevention and control nurses (3 WTE), all of whom have approved qualifications in infection control.
- All IPC nurses are lead nurses (banded 8a, the Trust equivalent of modern matrons). They work closely with other lead nurses in the Trust to support them in delivering the infection control and cleanliness agenda.
- Each IPC lead nurse is a member of a clinical Group Quality and Performance meeting to facilitate communication, analysis of statistics, review of incidents and monitoring of action plans within the clinical service.
- Each IPC nurse also takes on Trustwide roles to ensure that IPC is embedded in the normal operation of the Trust; this includes governance, decontamination and

health protection, including the annual flu vaccination programme.

- The IPC team and IPC Committee obtain expert microbiology advice through a service level agreement with Northumbria Healthcare NHS Trust to provide attendance of a microbiologist at the IPC committee meetings and support on the development of policies and guidance.
- The Trust has 24-hour access to infectious diseases advice through SLAs with microbiology services and the local health protection unit through Public Health England.
- The Trust is an active member of the multi-agency North of Tyne healthcare associated infections reduction group.

Movement of Service Users

- Guidance is made available to staff on the admission and transfer of service users with a known or suspected infection through an infection prevention and control guidance note. Transfers to, from and between Trust wards require the completion of an inter-healthcare infection control transfer form. IPC staff are available for consultation between 9.00 a.m. and 9.00 p.m. each day (including weekends and bank holidays).
- All wards have an outbreak pack which provides information on restricting admissions, discharges and transfers during an outbreak. Also identifies need for good communication between services

Criterion 2: The Trust provides and maintains a clean and appropriate environment in managed premises which facilitates the prevention and control of infection

Statement

- The Trust lead for the provision of cleaning services is the Head of Estates and Facilities.
- Ward Managers are accountable for the cleanliness standards on all in-patient

areas

- The Trust has a range of buildings ranging from new, purpose built facilities to old or adapted facilities.
- The Estates strategy envisages all clinical areas achieving category B standard for buildings.
- Cleaning schedules detail the standard of cleanliness required and the frequency of cleaning. Cleaning schedules comply with the National Standards of Cleanliness. All schedules have been reviewed and will be signed off by IPC modern matrons and ward managers. These schedules are displayed publicly in all clinical areas.
- The cleanliness of the environment is assessed through, weekly ward checks, monthly Maximiser audits and annual PLACE assessments. The results of these assessments are made available to the Groups, the IPC committee and are available on the Trust intranet.
- The Trust has issued guidance on staff dress reflecting infection prevention and control and health and safety standards and requirements, including promoting good hand hygiene practice. The guidance includes advice on the correct laundering of uniforms and clothes worn at work.

Cleaning Services

- Clear definitions of specific roles and responsibilities are identified in job descriptions and the cleaning strategy.
- Service level agreements with each ward identify the cleaning specification including standards, cleaning frequency and responsibility for cleaning all equipment. These have recently been reviewed by IPC Modern matrons, facilities and ward managers.
- Sufficient resources have been identified to maintain clean environments. Where potential gaps are identified due, for example, to holidays or sickness, additional resources are identified including the use of overtime and agency staff. Any concerns that cannot be addressed are individually assessed and escalated where appropriate.
- There are monthly joint meetings between IPC and the facilities department.
- Standardised cleaning audits (Service trak) are conducted by facilities staff on a monthly basis with an IPC Matron attending every 3 months. The results from each audit are reported through the IPC Committee and made available for display on wards.
- Routinely requests for additional cleaning are directed through the facilities department and all areas have appropriate contact numbers. Domestic supervisors visit areas weekly and any concerns are escalated to the appropriate level. Urgent and out of hours cleaning requests are escalated via the on call

manager/director to facilities manager. A deep clean team is available to be booked to undertake specific cleaning in identified areas. This team is co-ordinated by the facilities department.

Policies on the environment

- IPC staff are members of the Trust Legionella Group, Trust Waste Group, PLACE Group. The PLACE group is a sub group of and reports to the IPC Committee.
- The Trust has policies on Legionella control, potable water management, waste, laundry and food & nutrition.
- The infection prevention and control specification details environmental standards to facilitate cleaning, which will be used for all refits and new builds

Decontamination

- The Trust does not undertake sterilisation procedures for any reusable medical devices. A practice guidance note outlines disinfection and decontamination procedures. Wherever possible all medical devices are single use or single named patient use only.
- The Trust PGN on decontamination was revised in 2016.
- The Trust lead for decontamination for 2016/17 is Kay Gwynn, IPC lead nurse.

Linen, laundry and dress.

- All staff are required to adhere to “bare below the elbow” practice when undertaking certain procedures including hands on care, physical examination of patients, clinical procedures and preparing or serving food.
- The Trust identifies several clinical areas as being of higher risk with regard to infections than most of the clinical areas within the Trust. These include currently, older people’s inpatient wards, neurorehabilitation wards at Walkergate Park and palliative care wards within the learning disability directorates. These areas are subject to higher levels of controls to prevent infection, reflecting their risk status. In these areas staff are required to be “bare below the elbow” at all times.

Criterion 3: Provide suitable accurate information on infections to the service users and their visitors

Statement

- The Trust utilises a range of written information to inform service users and carers about general principles of infection control and specific infections. These include information produced by Public Health England , Department of Health,

and others WHO 5 moments has been incorporated into hand wash guidance.

- The annual report of the Director of Infection Prevention & Control includes information on the occurrence of infections in the Trust, and the general means by which infections are controlled within the Trust. This is publicly available on the Trust internet.
- The process for transferring service users with known or suspected infections, both within the Trust and to other service providers, is detailed in IPC-PGN 17. This includes the requirement for an interhealthcare transfer form to be completed.
- Where it has been decided not to install alcohol hand gels at the entrance to wards visitors are advised by a poster to ask staff for access to hand washing facilities.

Criterion 4: Provide suitable accurate information on infections to any person concerned with providing further support or nursing/medical care in a timely fashion

Statement

- Arrangements are in place to prevent and control HCAI and demonstrate that responsibility for IPC is effectively devolved. This is detailed in the IPC policy and associated practice guidance notes. Staff have access to electronic versions of the IPC manual and core plans and advice on infection prevention and control is available from IPC services from 0900 to 2100 each day (including weekends and bank holidays). Advice on the specific treatment of infected patients is available from local microbiology departments or the regional infectious diseases unit.
- An IPC link worker network has been developed with the aim of ensuring that all areas having a link worker. There is an active training and support programme in place for IPC link workers.
- IPC matrons have identified responsibilities into clinical groups and key performance indicators are produced at Group level. Lead nurses within Groups are also a key link.
- The Trust has access to the electronic reporting systems of most pathology departments (ICE)
- IPC have representation on the North of Tyne TB network.
- We have robust reporting systems with other trusts. We use transfer forms to identify infections and risks.
- Outbreak communication demonstrates accurate, timely communication with other departments e.g. facilities, estates and other healthcare providers

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.

Statement

- All staff, contractors and others are offered written information, induction and access to IPC advice.
- It is recognised that IPC is everyone's business and this responsibility is reflected in all job descriptions.
- Volunteers attend IPC training and basic advice sheets are given to all contractors working on site.

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

Statement

- Responsibility for infection prevention and control is detailed in the Trust IPC policy and is included in the job description of all staff
- Mandatory training is provided every 3 years for all staff, both clinical and non-clinical. All new staff receive IPC in their induction programme. Hand hygiene competencies are delivered every 3 years by the link workers and in "bare below areas" this frequency is increased to yearly.
- The IPC team has robust relationships with lead nurses and the Facilities and Estates departments.
- Regular updates on the Hygiene Code are given at appropriate meetings.
- Service managers, lead nurses and IPC nurses regularly do "walk through" to ensure areas are meeting the requirements of the Hygiene Code.
- Catheter care has been identified as a core skill requirement in certain clinical areas. A training programme has been developed.
- All staff have the opportunity to have a flu vaccination each year. Service users in risk groups who are inpatients are offered flu vaccination

Criterion 7: Provide or secure adequate isolation facilities.

Statement.

- IPC Practice Guidance Note (IPC-PGN 08) details the procedures to be followed to isolate a patient with a known or suspected infectious disease.
- The availability of a suitable isolation area in each in-patient area is part of the IPC specification.
- Most in-patient areas in the Trust have single rooms suitable for the isolation of patients with infectious diseases. In the event of a service user requiring isolation, and that not being available on their own inpatient unit, arrangements would be made to transfer the service user to a clinical area where adequate isolation facilities are available.
- In the event of a large scale outbreak of infection then affected service users would be cohort nursed in an identified area of an in-patient ward, or the entire in-patient ward would be regarded as an isolation area.
- To date, no incidents have been reported where it was not possible to isolate a known infected case.

Criterion 8: Secure adequate access to laboratory support as appropriate

Statement

- The Trust does not provide laboratory services in-house.
- The Trust holds service level agreements or arrangements for microbiology services at Northumbria Health Care NHS Trust, Newcastle Hospitals NHS Trust, Queen Elizabeth NHS Trust, South Tyneside NHS Trust and Sunderland Hospitals NHS Trusts. Results are available through the electronic ICE system.
- The Trust is assured that these services operate to the standards required for accreditation by Clinical Pathology Accreditation (UK) Ltd.

Criterion 9: Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections.

Statement

- The IPC nurses produce a range of practice guidance notes to assist staff implement adequate measures to control the transmission of infection and manage service users with infections. This guidance forms part of the Trust Infection and Control Policy and staff are expected to follow the guidance unless there is a compelling reason not to.
- Compliance with practice guidance notes is audited through the Quality Monitoring Tool, the IPC risk assessment and the annual audit programme
- The range of practice guidance notes covers the following topics
 - Standard infection control precautions
 - Aseptic technique
 - Outbreaks of communicable infections
 - Isolation of service users
 - Safe handling and disposal of sharps
 - Prevention of occupational exposure to blood borne viruses, including prevention of sharps injuries
 - Management of occupational exposure to blood borne viruses and post exposure prophylaxis
 - Closure of rooms, wards, departments and premises to new admissions
 - Environmental disinfection
 - Decontamination of reusable medical devices
 - Antimicrobial prescribing
 - Single use
 - Disinfection
 - Control of outbreaks and infections associated with the following specific alert organisms
 - MRSA
 - Clostridium difficile
 - Blood borne virus, including a viral haemorrhagic fever and transmissible spongiform
 - Encephalopathy
 - Tuberculosis
 - Diarrhoeal infections
 - Legionella
- The following alert organisms are unlikely to be experienced within the spectrum of activity of a mental health and learning disability Trust and currently the Trust does not have practice guidance notes covering these.
 - Glycopeptide resistant enterococci
 - Acinetobacter
 - Viral haemorrhagic fevers