

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 27 September 2017

Title and Author of Paper: Infection Prevention and Control Annual Plan – 2017 / 18
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 key objective of the IPC Annual Plan is to identify how the Trust will comply with The Health and Social Care Act (2008)2

This document outlines 10 standards against the Code of Practice and the plan and actions which will be taken during 2017/18 in relation to prevention and control of infections, it emphasises that good infection prevention, including cleanliness is essential to ensure that people who use health and social care services receive safe and effective care.

Effective prevention and control of infection must be part of everyday practice and be applied consistently by everyone.

Risks Highlighted to Board : None

Does this affect any Board Assurance Framework/Corporate Risks?

Please state Yes or No

If Yes please outline

Equal Opportunities, Legal and Other Implications: Statutory requirement to Comply with the Health and Social Care Act

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

Link to Policies and Strategies: IPC Policy

Infection Prevention and Control Annual Plan 2017-2018

Shining a light on the future



Infection Prevention & Control Annual Plan 2017-2018

Introduction

This Work plan sets out the priorities for the IPC Team 2017/18

The Responsible Officer is Anne Moore, Nurse Director of Specialist Care identified as Director of Infection Prevention and Control (DIPC). This role includes chairing the Infection Prevention & Control committee and the Trust-wide Water Safety Group. The IPC team consists of three matrons who provide on call 365 days per year supported by the Tissue Viability nurse who is also a qualified IPC matron.

The key objective is to ensure the Trust complies with The Health and Social Care Act (2008)² This document outlines against the Code of Practice the prevention and control of infections, it emphasises that good infection prevention, including cleanliness is essential to ensure that people who use health and social care services receive safe and effective care. Effective prevention and control of infection must be part of everyday practice and be applied consistently by everyone.

Good management and organisational processes are crucial to make sure that high standards of infection prevention, including cleanliness are developed and maintained.

It applies to registered providers of all healthcare and adult social care in England. The Code of Practice (Part 2) sets out the 10 criteria against which the Care Quality Commission (CQC) will judge a registered provider on how it complies with the infection prevention requirements, which is set out in regulations. To ensure that consistently high levels of infection prevention, including cleanliness are developed and maintained, therefore this report is set out under these headings.

References

² Department of Health (2015) the health and social care act 2008: Code of practice on the prevention and control of infections and related guidance.

Department of Health (2013) Health building note00-09: Infection control in the built environment

NICE Guidance (2016) Healthcare – associated infections. Quality standard 113

NICE Guidance (2015) Antimicrobial stewardship. Quality standard 121.

NICE Guidance (2015) Urinary Tract Infection in adults. Quality standard 90.

Infection Prevention and Control Annual Plan April 2017 - March 2018

No.	Objective	Actions	Lead	Date of review	Target date	Progress report
Compliance 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.						
1	Ensure Trust is compliant with Care Quality Commission registration criteria (Hygiene Code)	Review evidence of compliance on quarterly basis	AM / IPCC	Review quarterly	Ongoing	Compliance reviewed quarterly.
2	Undertake surveillance of MRSA bacteraemias and C.difficile cases.	Data reviewed at IPCC quarterly Report through performance to Commissioners Root cause analysis of infections	AM/ IPC matrons	Review quarterly	Ongoing	Surveillance reports received quarterly at IPCC.
3	Provide performance reports to Trust Board	Written reports provided to Trust Board on regular basis. DIPC to attend Quality and Performance committee (sub-committee of Board)	AM	Review quarterly	Ongoing	Reports being provided on monthly basis. Review date updated to quarterly review – March 2016 next required
4	Continue to enhance infection control as an integral part of clinical governance and patient safety throughout the organisation. (Board to Ward)	Ensure that all risk registers are regularly reviewed and updated to ensure that all infection risks are highlighted. Matrons to attend SAFE meetings and review any risks at the IPCC	AM/ IPC matrons group directors and support officers	Review quarterly	Ongoing	Risk register reviewed at March and September 2017 IPCCs.
		Continue to review any National guidance relevant to IPC eg NICE guidance on urinary catheters.	IPCT/ Modern Matrons/ clinical nurse managers/ pharmacy	As required	Ongoing	Work on going to be reported into IPCC, SAFE meetings and physical health group.
5	Maintain IPC infection data base, monitor trends.	Monitor and follow up electronic reporting (previous IR1 Forms). Maintain IPC link workers to assist with robust communication Monthly reports on infections to SAFE group, which is then sent to each groups Q and P Quarterly reports to IPCC	IPC matrons	Ongoing/ Monthly reporting/ IPCC	Ongoing	All reporting carried out as detailed

		Share Learning from incidence across the organisation				
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Compliance criterion 2: Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infection.

6	Assurance to support the cleanliness agenda.	Attend Service Trak visits every 3-6 months	IPC matrons	Monthly	Ongoing	Reports to IPCC
		Work with Estates on new builds and refurbishments. As per agreed schedules To ensure there is a standard IPC specification for environments and furniture and fittings.	IPC matrons/ Estates managers/ Paul McCabe/ John Carson	As required	Ongoing	Reports to IPCC, also works projects groups
		Receive National Cleaning Standard (ServiceTrak) exception reports IPCC	Facilities managers /Julie Rearden	March 2017	March 2017	Data being received.
7	IPC annual risk assessments	Inpatient and community premises. Completed by IPC matrons with senior staff, action plans devised. Identify risks and action plans to support review any risk at the IPCC	IPCT / Ward managers/ CNM and service manager	March to July 2017 to be completed	July 2017	Present to IPCC and SAFE in September.
8	Manage risks associated with Water Safety	Electronic flushing reported monthly to Q and P and SAFE meetings. Attend monthly locality water safety groups with Estates. Quarterly Water Safety Group meeting. (local and Trustwide) Action plans to be put in place in response to any identified risks associated with routine Water Safety monitoring linked to Legionella SWAT meeting attendance (Waste)	Service managers AM DIPC chair Estates staff/IPC matrons	Quarterly due to meet March 2017	March 2017	
9	Standardised cleaning products	Catalogue and COSHH data available in all areas	PMC/ Domestic services	Ongoing	Ongoing	This is complete and up to date and reviewed if new products are added/agreed.

Compliance criterion 3: Ensure appropriate antibiotic use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.

10	Restricted Antibiotic audits	Programme of antibiotic audits to ensure appropriate use. Reported to SAFE groups and IPCC.	Pharmacists/ Steven Storey	Sept 17	Sept 17	System of quarterly audit in place and showing good compliance.
11	Antibiotic awareness day	Promotional event for Antibiotic Awareness Day Respond to patient related incidents and share learning regarding antibiotic prescribing practices	SS / IPCT Pharmacy	Nov 17	Nov 17	Planning underway of antibiotic awareness day/week. completed Antibiotic audit to be completed in September 2017

Compliance criterion 4: Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/medical care in a timely fashion.

12	Service user information	Patient Information leaflets – ensure reviewed as required	IPCC	Ongoing	Ongoing	All up to date.
		Respond to enquiries from Media through the Communications department	AM / IPCT	April 17 – October 2017	Ongoing	No requests so far. Review date updated to next review in April 2017 – Oct17
		Respond to Freedom of Information requests related to infection prevention and control	AM/ IPC matrons	April 17 – October 2017	Ongoing	None so far this year. Review date updated to next review April 17 – Oct17
13	Hand hygiene and infection prevention promotion to staff, patients, visitors and the public	Promoted and reviewed through IPCC risk assessment and also training to front line staff?	IPC matrons	Sept 17	Sept 17	IPC mandatory training to remain above 90%. Also hand hygiene competencies delivered through link worker induction days.
14	Links to external bodies	Contribute to Gateshead and North of Tyne HCAI forum	AM / SC	April 17	Ongoing	SC attends
		Contribute to North of Tyne Health Protection Group	CR	July 17	Ongoing	CR is representative
		Report infection related SUIs to CCG and NHSE	IPCC	AM	Ongoing	SUIs being reported through appropriate system
		Microbiologist support to IPCT of Northumberland, Tyne and Wear NHS Trust (via SLA)	DD/AM	April 17	Sept 2017	AM to review SLA terms and discuss with Northumbria September 2017. This will need updating based on changes with personnel,
15	On call service	On call is 365 days per year, up to 9 pm in the evening and 9-9 weekends and bank holidays	AM/IPC matrons	April 18	Ongoing	All calls are logged on a data base. And analysis to safe groups monthly

Compliance criterion 5: Ensure prompt identification of people who have or are at risk of developing an infection so that they receive

timely and appropriate treatment to reduce the risk of transmitting infection to other people.

15	Identify and respond promptly to clusters/outbreaks of infection in hospitals.	Ensure that appropriate precautions are put in place to control the further spread of infection.	IPC matrons/ CNMs	Review quarterly	Ongoing	Outbreaks responded to in timely fashion. Reported to SAFE and IPCC
16	To recognise sepsis in our patient group. To facilitate early management.	Increase awareness of sepsis through IPC and physical health link worker groups. Promote the use of sepsis PGN in IPC training and physical health training	IPC matrons/ PH nurse/clinical trainers	Sept 17	Dec 17	Initial training complete. Sepsis awareness campaign to run in September 2017. Agreement with communications regarding this for the week of the 18 th to the 24 th of September 2017

Compliance criterion 6: Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.

17	Education	Deliver sufficient mandatory training sessions to enable all staff to receive infection prevention and control training (including hand hygiene) every three years	IPC matrons	April 17	March 18	Sessions being delivered. Review date updated to next review in April 17- – July 17?
		Deliver infection prevention and control training as part of Trust induction	Marc House/training	April 17	March 18	Sessions being delivered.
		Hold regular link practitioner sessions	IPC matrons	April 17	Sept 17	Programme in place, tri monthly sessions held on each site following the IPCC
		Deliver a seasonal flu vaccination programme and provide advice and support to trained vaccinators	CR/IPC matrons	April 2017	Sept 17	Programme in place, bookings being taken.

Compliance criterion 7: Provide or secure adequate isolation facilities.

18	Building works / estates issues	Liaise with relevant personnel to ensure that building works / new developments are undertaken in a manner to minimise infection risks	IPCT / AM/ PMc/JC Estates	April 17	Ongoing	IPCT have input into capital projects. Review date updated April 16 – Oct 16?
		Ensure PFI providers facilitate good infection control practices	Paul McCabe/ Malcolm Aiston/AM	April 17	March 18	Attendance at Walkergate Park meeting and St Georges Park meetings. PFI providers are invited to the water safety meeting

Compliance criterion 8: Secure adequate access to laboratory support as appropriate.

19	SLAs in place with external laboratories	Quarterly monitoring meetings	AM/Gill Keane	April 2017	qtrly	in place with Procurement team
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Compliance criterion 9: Have and adhere to policies, designed for the individual's care and provider organisations that will help to

prevent and control infections.

20	Policy review	IPC –PGN 27.1 Legionella control	SC/PMc	N/A	June 2016	Complete
		IPC PGN 27.2 Control of Legionella and preventing the accumulation of stagnant water	SC/PMc	N/A	February 2017	Complete
		IPC – PGN 10 Disinfection and decontamination practice	KG	N/A	Nov 2017	
21	Audit activities	Audit of lower urinary tract infections PGN AMPH – PGN -09-NTW (C) 29 agreed with audit to start November 2017	IPC matrons	November 2017	January 2018	Support from audit agreed.

Compliance criterion 10: Providers have a system in place to manage the occupational health needs of staff in relation to infection.

Team Prevent	contract monitoring process in place for IP activity	CR	ongoing		vaccination/needlestick and bite related activity
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AM	Anne Moore Director of Infection Prevention and Control
IPCC	Infection Prevention and Control Committee
SC	Sonia Caudle
KG	Kay Gwynn
CR	Carole Rutter

SS	Stephen Storey
CNM	Clinical nurse manager
JC	John Carson
PMc	Paul Mc Cabe