

Report To:	Board of Directors – Public
Meeting Date:	24 th April 2014
Title of Report:	Infection Prevention and Control Annual Report 2013 - 2014
Action Sought:	For approval
Estimated time:	10 minutes
Author:	Sara Fletcher, DIPC, Physical Health Team Leader
Director:	Dr Jane Sayer, Director of Nursing, Quality and Patient Safety

Executive Summary:

The provision of this annual report is a component of the approved Board Assurance Framework. The report covers infection surveillance data, details of infection prevention initiatives during the financial year 2013 - 2014 and describes steps taken to secure compliance with the requirements of the Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance and the Care Quality Commission Standard 12: Outcome 8 (cleanliness and hygiene).

The provision of this report is a legal requirement of sections 1.1 and 1.3 of the Health and Social Care Act 2008:

The annual report below should be released to the Public following the Board of Directors approval and will be made available on the Trust internet site.

1.0 Quality implications

1.1 Compliance with IPAC policy and guidance supports the Trust objective to retain and develop its focus on service quality by providing services in safe environments by informed and proactive staff.

2.0 Risks / mitigation in relation to the Trust objectives (implications for Board Assurance Framework)

2.1 The activity related to IPAC is required for patient, staff and visitor safety, for registration with the Care Quality Commission and to achieve Trust NHS Litigation Authority (NHSLA) compliance. The role of the IPAC Committee is to ensure the annual activity plan is appropriate for both service users and commissioners and

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aids compliance with the Health and Social Care Act 2008 and for registration with the Care Quality Commission (CQC).

3.0 Recommendations

- 3.1 The Board of Directors approve the content of the DIPC Annual Report for 2013 – 2014 and confirm suitability for publication.
- 3.2 The Board of Directors continue to receive quarterly IPAC progress reports during 2014 – 2015.

Sara Fletcher
DIPC, Physical Health Team Leader
15th April 2014

Background Papers / Information

The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance (DH 2010)

Care Quality Commission (CQC) Provider Compliance Assessment, Regulation 12, Outcome 8, Cleanliness and Infection Control

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The Annual Report of the Director of Infection Prevention and Control

2013 - 2014

1. Introduction

The purpose of this report is to provide assurance that the Trust has robust and effective infection prevention and control services in place and is compliant with the Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance.

The Infection Prevention and Control (IPAC) service arrangements for Norfolk and Suffolk NHS Foundation Trust (NSFT) are defined in the following documents, reviewed and approved by the IPAC Committee March 2014:-

- Terms of reference and membership of the Infection Prevention and Control Committee
- IPAC reporting structure
- Assurance framework
- The annual programme and audit schedule
- The policy timetable

A function of the IPAC committee is to monitor progress with the annual IPAC annual programme.

This annual report summarises activity and progress against each of the 10 criteria from the Code of Practice and hence against the work plan.

2. Key Achievements

The physical health team, which includes infection prevention and control, have integrated to the benefit of both agendas. For example, there is a review of clinic rooms in progress. This combines reviewing the suitability and cleanliness of the environment, including hand-washing facilities, with a review of the equipment available for taking physiological measurements.

There has been a Trustwide audit of mattresses and a subsequent centrally funded replacement programme with high specification pressure relieving mattresses.

Work is in place with the NSFT procurement team and the clinical lead from the East of England Procurement Hub to evaluate best value products for IPAC activity such as gloves and hand wash sanitizers with potential for considerable savings.

There are now 85 local infection prevention and control supporters (LIPACS) representing most teams of staff across the Trust.

The programme of joint IPAC inspection visits with the nominated Non-Executive Director has focussed on community team premises. This has highlighted several areas for improvement which have been progressed with each team LIPAC supporter and with the facilities and estates departments where relevant.

3. Summary of activity and progress on the IPAC annual programme

3.1 Criterion 1 – Systems to manage and monitor the prevention and control of infection

The IPAC team consists of the Director of Infection Prevention and Control (DIPC) and the Deputy DIPC who are supported by the other members of the physical health team in delivery of the annual aims and objectives.

Membership of the IPAC committee has been extended to include representatives from Estates and Facilities staff and the Occupational Health service provider.

During the year, on-call arrangements have been revised. Twenty-four hour cover is now provided through the Trust manager and Director on-call system with provision of additional IPAC information to support this role.

The Trust Board of Directors has received quarterly update reports of activity with the DIPC attending the Board meetings to present these and respond to questions.

The Trust intranet site has been revised to provide simpler access to policies and other key documents. A statement of compliance outlining the Trust's responsibility to protect staff, service users and visitors from healthcare associated infections is available on the public website.

There is a Water Hygiene committee, chaired by the Head of Maintenance Services which is a sub-committee of the IPAC committee. This group ensures safe water maintenance systems are in place in line with current legislation and guidance.

3.2 Criterion 2 – Provide and maintain a clean and appropriate environment

The IPAC team have taken part in the facilities team's audit of the environment process for assurance of the robustness of the process. The facilities team's monitoring data is regularly reviewed to check for any areas of concern. Close working with the Modern Matrons and the LIPACS has supported the early identification and rectification of problems.

With the revision of services within the Trust, many teams have been relocated. It has been important to establish close working relationships with the Estates staff to ensure that the IPAC team have an opportunity to review the suitability of premises and influence any updates and refurbishments required. This has included the provision of appropriate clinical environments for carrying out physical health checks and interventions: also, the review of availability of hand hygiene facilities.

Two audits were undertaken during the year to monitor the general suitability and maintenance of the clinical environment and to review the appropriateness of posters and other displayed information.

The first audit, using a sensitive audit tool, scored only 19% overall: the main issue was poor reporting of damage or deficits in the environment. Following communication of reporting systems and collaboration with the Estates team, the second audit score was much improved at 96%.

A Trustwide audit of mattresses took place with the expert support of an external team. This identified a requirement to replace a number of mattresses in each area. This has been centrally funded with the replacement programme currently underway. There will be a revised mattress policy with an education programme for staff on the care and maintenance of mattresses with regular audits to inspect compliance.

The IPAC team were involved in the Patient-Led Assessments of the Care Environment (PLACE) assessments of all applicable in-patient areas. The results of the assessments were good; 99.1% for cleanliness and 93.45% for condition and maintenance of premises, and learning was taken from the implementation of the programme to ensure a more efficient process for 2014.

Decontamination of equipment workshops have taken place with staff, including facilities and procurement staff, in Norfolk and Suffolk. The aim of these was to reinforce responsibilities and processes for cleaning medical devices and to assess the efficiency and acceptability of a range of products with a view to rationalise to the most cost-effective products. A working group will convene to agree the products to use Trustwide.

3.3 Criterion 3 – Provide suitable accurate information on infections to service users

A variety of information leaflets are available through the Patient Advice and Liaison Service (PALS). Information was available on the ward during periods when there was a suspected or a confirmed outbreak of Norovirus.

3.4 Criterion 4 – Provide suitable accurate information on infections on discharge

The Interhealthcare transfer form which is based on a national document has been revised and included in the relevant Trust policy for use when transferring service users out of the organisation. Following audit led by a medical colleague, it was recognised that further embedding of this document was required. This will continue to be monitored through Trust documentation audits.

3.5 Criterion 5 – Ensure that people who have an infection are identified and appropriately treated

MRSA – Two service users were identified with MRSA colonisation. One was transferred into the Trust following a period of treatment for wounds in an acute hospital. The patient was monitored and managed appropriately with no further adverse consequences.

The second case was of MRSA colonisation of a wound identified through wound sampling: this was appropriately treated.

Clostridium difficile – There was one case identified in a patient following discharge from an acute hospital where the patient had been treated with antibiotics for an infection. A root cause analysis confirmed this as the likely cause of the condition. All appropriate measures were in place to prevent any further spread of infection.

Close working relationships with the acute Trusts' IPAC teams helps ensure the early communication of any organisms of concern identified through laboratory reporting.

Norovirus - There have been two outbreaks of confirmed Norovirus infection on two separate ward areas during the year. Each outbreak was managed according to Trust policy with close liaison with the IPAC team for case identification and management. Both outbreaks were controlled effectively with IPAC precautions, ward closure and limiting patient and staff movement. The duration of each outbreak from the first case to the completion of deep cleaning to all areas was eight days.

Following review of the outbreaks, minor modifications were made to the Trust policy.

The Trust participates in the East of England outbreak monitoring system, IOLog 2. This allows organisations to access information on current outbreaks across the region and alert staff to problems in other areas which may affect admission and discharge processes.

All incidents of serious infection are reported through the Trust Datix system.

A Trustwide audit of compliance with antimicrobial prescribing scored 100%. This means that in all cases, medical staff selected the correct antimicrobial for the identified infection according to the relevant formulary and reviewed the length of the course of the prescription and the outcome for the patient, according to Trust policy.

3.6 Criterion 6 – Ensure that all staff are fully involved in preventing and controlling infections

The Assurance Framework document identifies the roles and responsibilities for staff at all levels of the organisation. These responsibilities are reinforced through the education and training programmes.

Staff compliance with the mandatory e-learning package is monitored through the Trustwide staff pathways system, LARA and is monitored for individuals through supervision.

All new staff, including junior doctors on rotation, receive an IPAC session as part of the Trust induction process. They also receive local induction through completion of a checklist with the LIPAC supporter in their workplace.

Training packages are being revised in line with updated national and Trust guidance. Consideration is being given to the in-house development of a locally focussed e-learning package in collaboration with the communications team.

The LIPACS annual education and training programme has been revised to include learning from audits and incidents of the previous year. The delivery of this is being coordinated through the Workforce Development team.

Modern Matrons and locality managers continue to be key in the support of the LIPACS and the IPAC agenda and monitoring staff compliance with key guidance to prevent and control infections.

3.7 Criterion 7 – Provide or ensure adequate isolation facilities

Many of the in-patient environments consist of single patient rooms with ensuite facilities. Staff are supported in a risk assessment process for appropriate placement where individual patient factors require this.

3.8 Criterion 8 – Secure adequate access to laboratory support

Following the national reorganisation of laboratory services, the work of the contracts team to revise contracts with microbiology services for individual acute Trusts are being supported by the IPAC team to ensure robust service specification and access to advice for clinicians. Provision is to be included for access to additional professional support from the microbiologist or equivalent for any adverse incidents, for example an outbreak of serious infection.

3.9 Criterion 9 – Have and adhere to policies to prevent and control infections

Work continues to provide a comprehensive range of policies, guidance and information leaflets for use by staff. All policies required for the NHS Litigation Authority (NHSLA) compliance are available.

Compliance with some of these policies has been monitored through the annual audit programme.

The hand hygiene audit scores for the year are represented in the table below. The tool used is comprehensive and identifies available resources and staff knowledge as well as assurance of hand decontamination technique.

February 2013	May 2013	August 2013	November 2013
96%	96%	98%	98%

The audit tool has been revised and modified for the year 2014 – 2015 to include improved applicability to the special circumstances for community teams.

An audit of compliance with the policy for the use of sharps was reported in March 2013. The overall result was 93% compliance. The main issue was the lack of completion of the label on the sharps bin. A reaudit will take place in the coming year. Revised posters for the first aid and reporting of needlestick and sharps injuries have been developed in collaboration with the Occupational Health provider. These have been circulated to all teams. Joint working with the risk management team monitors the availability of these posters in all areas.

An audit was undertaken in November 2013 to monitor compliance with the standard precaution policy: this included monitoring waste and laundry standards, use of gloves and aprons and the use of isolation facilities. This identified some further work required to standardise waste management in community premises. This has led to improvements in guidance and further information to LIPACS. The overall audit score was 93%: there will be a reaudit in October 2014.

3.10 Criterion 10 – Ensure care workers are protected from exposure to infections

This is achieved by staff education and training and monitoring compliance with key policies, for example compliance with the use of personal protective equipment as the audit result above.

To protect staff from needlestick injuries, safety engineered devices have been introduced in line with European Union and national guidance. The devices required

to be safety engineered were identified through a risk assessment process which was endorsed by the Health and Safety committee.

This change has been supported by a cascade training programme to all clinical teams: clinical staff are also required to complete sharps management e-learning training which has been updated to reflect the change in equipment.

The availability of the safer devices continues to be monitored by spot checks of clinic rooms and by root cause analysis of all needlestick injuries.

There were 12 reported incidents related to the use of sharps. The analysis of these, supported by data from the Occupational Health team, showed that none of the people affected required treatment with post-exposure prophylaxis drugs.

The findings from the root causes of the incidents have been incorporated into individual, local and where applicable, Trustwide actions, for example ensuring that sharps bins are changed as soon as they are full.

There has been a successful flu vaccination campaign this year which resulted in 45% of frontline staff vaccinated compared to 29% in 2012 – 2013.

The results of a post campaign survey monkey have been analysed and this will be presented to the executive team for consideration of any changes required to the programme for 2014 – 2015.

4. Future plans

The team will continue to monitor the clinical environment to ensure this is safe to protect patients, staff and visitors from healthcare associated infections.

Particular focus will be on hand hygiene resources following the low result in the staff survey where staff were reporting inadequate access, although this was not reflected in the hand hygiene audits. Emphasis will be on facilities appropriate for the area, particularly for community staff and in secure services where alternative methods of hand decontamination need to be available. Hand sanitizers, including non-alcohol based products, are being reviewed for these staff.

Succession planning for the IPAC team is in place with development opportunities for the Deputy DIPC. This includes participating in a nationally funded leadership course and a secondment placement with the Suffolk CCGs to develop strategic awareness and commissioning skills to better understand contractual and key performance indicator requirements.

The possibility of funding a training post for an infection prevention and control nurse within the current team budget is being explored.

The annual programme for 2014 to 2015 has been developed and is appended to this report (Appendix A). This will continue to be monitored through the IPAC committee.

5. Conclusion

This has been a successful year for IPAC services with the delivery of contractual requirements for the CCGs and key performance indicators in relation to healthcare-associated infections (HCAIs).

Liaison continues within the Norfolk County Council and the Suffolk CCGs HCAI Networks to identify and monitor relevant national guidance and emerging local and national issues, for example other resistant organisms, and ensure joint working with other healthcare organisations to further improve patient safety across all services.

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**INFECTION PREVENTION AND CONTROL
Annual HCAI Reduction Plan and Programme for Activities
April 2014 – March 2015**

Introduction

The infection prevention and control staff and the physical health staff continue with joint working to improve the delivery of objectives in both subjects across the Trust. This collaborative approach ensures that IPAC is included in all physical health teaching programmes operated within the Trust and all physical health policies and procedures aim to secure infection prevention where possible.

Joint working also helps to prevent infection through reducing risk factors associated with physical health problems.

Both the infection prevention and control team and the physical health team will monitor the implications of the service redesign on the infection prevention and control agenda and the risk factors for service users, both in-patients and community, and will adapt to support the changing requirements.

This will include providing advice and support to other staff, service users and carers on infections, both prevention and treatment. The team will also work to ensure and monitor the continued efficacy of systems to provide and receive this relevant information via other colleagues through the wider healthcare system. This is to improve patient safety.

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About this annual programme

This programme has been developed to ensure all care environments and physical care interventions operated within the Trust are suitably managed to prevent infection or negate the risk of infection spread to patients, visitors and staff.

The prioritised actions for the forthcoming year are designed to ensure the Trust complies with all criteria stated in the Health and Social Care Act 2008 (rev.2010), CQC Regulation 12 outcome 8 and requisite national best practice standards.

Quotation from the Health and Social Care Act: Code of practice for the prevention and control of infections and related guidance 2008 (revised 2010):

“Infection prevention and control programme

1.7 The infection prevention and control programme should:

- set objectives that meet the needs of the organisation and ensure the safety of service users;*
- identify priorities for action;*
- provide evidence that relevant policies have been implemented to reduce infections; and*
- if appropriate, report progress against the objectives of the programme in the DIPC’s annual report or the IPC Lead’s annual statement”.*

The plan includes reference to the 10 specific criteria against which a provider will be judged on how it complies with the registration requirement, contractual detail between Commissioners and NSFT Trust. These criteria are marked in blue coloured font.

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The table below is the ‘Code of Practice’ for all providers of healthcare and adult social care on the prevention and control of infections under The Health and Social Care Act 2008. This sets out the 10 criteria against which a registered provider will be judged on how it complies with the registration requirement for cleanliness and infection control

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.
2	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.
3	Provide suitable accurate information on infections to service users and their visitors.
4	Provide suitable accurate information on infections to any person concerned with providing further support or nursing/ medical care in a timely fashion.
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.
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.
7	Provide or secure adequate isolation facilities.
8	Secure adequate access to laboratory support as appropriate.
9	Have and adhere to policies, designed for the individual’s care and provider organisations, which will help to prevent and control infections.
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.

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Topic and References	Description	Actions and Assurance information	Target date for actions and monitoring system	RAG rating
<p>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</p>	<p>Maintain and/or improve organisational arrangements for risk assessing, monitoring, reporting and reduction for Infection prevention and control within the Trust</p>	<p>There is an appropriately resourced IPAC team</p> <p>There is an appropriately constituted IPAC committee with TOR and membership reviewed annually</p> <p>This annual programme will form part of the assurance framework and will be circulated widely and published on the intranet.</p> <p>The Assurance Framework will identify the key collective and individual responsibilities of staff and committees within the Trust.</p> <p>The DIPC will provide annual reports to the Trust Board which will be available on the intranet and internet.</p> <p>The DIPC will provide quarterly reports to the Trust Board and biannual to the Service Governance Committee.</p> <p>The DIPC will attend the IPAC Committee 3 times a year to report on Trust compliance with the Health & Social Care Act, 2008 Outcome 8 and participate in an annual review of membership and terms of reference</p> <p>The minutes of the IPAC Committee will be published on the intranet and made available to NHSLA, CQC inspectors, SHA, NHS Commissioners.</p> <p>*SLAs in place for microbiology services.</p> <p>24 hour access to general IPAC advice is provided</p>	<p>*Continuing to work with contracts team to ensure appropriate SLAs with microbiology laboratories in line with national revised provision of microbiology services</p>	<p style="background-color: #92d050;"></p>

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		<p>through the intranet and Trust policies and through the Trust manager on-call system supported by additional information given to managers. Access to PHE continues to provide advice and support for relevant complex issues.</p> <p>Access to funding for management of outbreaks IPAC resources.</p> <p>Summaries of the approved minutes will be circulated to Modern Matron meetings; Health and Safety Committee meetings; pharmacy; Information Governance and published on the intranet.</p>		
<p>Criterion 2 Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections</p>	<p>Continue IPCT involvement for all stages of the contracting process, refurbishment or new buildings e.g. for domestic, facilities, specimen transport, laundry, sharps and waste disposal services. Service specifications for engineering and building services Design stage for all new buildings/ refurbishment projects</p>	<p>Working in collaboration with the Facilities Department with regards to reducing the risk of infection.</p> <p>Working in collaboration with the Estates Department with regards to reducing the risk of infections.</p> <p>Working in collaboration with the contracted cleaners with regards to reducing the risk of infection.</p> <p>Undertake annual audit of cleanliness standards across the Trust, record areas of non-compliance and ensure actions are taken to address non-compliance.</p> <p>Undertake an annual audit of maintenance standards across the Trust - record areas of non-compliance and ensure actions are taken to address non-compliance.</p> <p>Annual training of Local Infection Prevention and Control Supporters (LIPACS) to undertake audits as above.</p> <p>IPAC team is involved with PLACE inspections.</p>	<p>Maintain current systems</p>	

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		<p>Modern Matrons continue to monitor the environment and report deficiencies for action – audit results.</p> <p>The IPAC team is involved in contractual negotiations for relevant services eg hotel services</p> <p>The IPAC team are involved in refurbishments, re-builds and new builds.</p> <p>The IPAC team are involved in the Water Hygiene Committee.</p> <p>The DIPC will lead on decontamination issues.</p> <p>All staff have access to a Trust wide Cleaning and Disinfection policy.</p> <p>The IPAC team work in collaboration with the Medical Device Lead in developing and distributing the Medical Device Manual.</p> <p>All service user areas will have clinical equipment cleaning schedules.</p>		
<p>Criterion 3 Provide suitable accurate information on infections to service users and their visitors</p>	<p>A range of information leaflets exist throughout all service areas Service users can access information via PALs, telephone requests, leaflets in service areas or electronically through staff</p>	<p>Monitor availability of information via environmental audit reports, PLACE results report and in collaboration with the Patient Advisory Service and the Service User and Carer Forum leads.</p>	<p>Maintain current systems</p>	

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<p>Criterion 4 Provide suitable accurate information on infections to any person concerned with providing further support or nursing/ medical care in a timely fashion.</p>	<p>member Infection status of service user is available to all relevant personnel on transfer of service users between organisations</p>	<p>Interhealthcare transfer form is available for completion by staff Relates to Trust policies (C32) for transfer of service users out of the organisation - monitoring within documentation audits Feedback from other depts / Trusts</p>	<p>Maintain current systems</p>	
<p>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</p>	<p>Currently, suspected or confirmed infections are reported to the IPAC team by Trust staff and alert organisms are reported to the IPAC team by the microbiology laboratories. Alert organisms are reported via the Datix system. Alert organism surveillance findings are reported to IPAC Committee and the Board. Ensure suitable monitoring systems for infection risk (complaints, incidents and</p>	<p>Nationally all microbiology laboratory systems have been reconfigured. Electronic systems for notification of alert organisms and development of electronic laboratory surveillance systems are in development. . Current system relies on contacts between IPAC and laboratory personnel from acute Trusts to NSFT ward staff and IPAC team. IOLog 2 system in place to monitor outbreaks across East of England. Internal record systems have been established within the Trust using Datix – Datix records available. Prescribers will follow guidance within the Antimicrobial Prescribing policy. IPAC will work in collaboration with pharmacy to ensure appropriate antimicrobial prescribing. Post infection reviews and Root Cause Analysis will be undertaken for each outbreak incident and sharps injury to establish lessons to be learnt.</p>	<p>Ensure inclusion in laboratory reporting developments</p>	

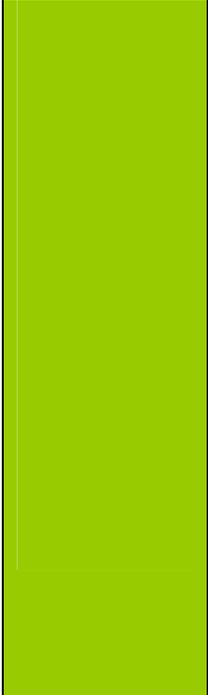
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	accidents) are in place and all such incidents are suitably analysed/ followed up with preventative actions and written action plans.			
Criterion 6 Ensure that all staff and those employed to provide care in all settings are fully involved in the process of preventing and controlling infection	<p>IPAC responsibilities stated on job descriptions.</p> <p>To ensure that ALL staff receive suitable and sufficient training on the prevention and control of infection.</p> <p>A network of Local IPAC Supporters created in 2012 (LIPACS)</p>	<p>Evidence of ongoing professional development for IPAC team.</p> <p>IPAC is included in all clinical staff job descriptions.</p> <p>The Assurance Framework will identify the key collective and individual responsibilities of staff.</p> <p>The creation of Local Infection Prevention and Control Supporters will be extended to community staff, CAMHS, Norfolk Recovery Partnership and tasked with local induction, audit and liaison with IPAC team.</p> <p>IPAC team attend and/or send reports to Modern Matrons and other clinical lead meetings.</p> <p>Annual Audit of practice and environments – audit schedule for 2014 is reviewed annually, discussed at IPAC Committee and available on the intranet</p>	<p>100% staff to be trained by end of each financial year Feb 2014, compliance approx 50% - WFD responsible for improving compliance with mandatory training.</p> <p>Maintain current systems and develop systems of LIPACS within the areas as identified.</p>	<p>Actions to improve compliance ongoing within WFD</p>
Criterion 7 Provide or secure adequate isolation facilities	Ensure that service users in a shared environment are protected from the spread of infection	The majority of service users are accommodated within single ensuite rooms, otherwise risk assessment process used to manage the patient and the environment, protecting other service users, visitors and staff.	Maintain current systems and monitor/influence building redesigns	

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		Monitor through records of individual service user infections, root cause analysis and post infection reviews of outbreaks		
Criterion 8 Secure adequate access to laboratory support as appropriate	Ensure that key staff are able to access advice on laboratory reports, infection status and treatment	SLA for all microbiology laboratories across the Trust geographical area for access to advice for specific patients via standard access and advice arrangements as for GPs. Access to standard operating guidance from relevant microbiology laboratories	SLA reviewed and agreed on an annual basis – see criterion 1 re ensuring robust provision	
Criterion 9 Have and adhere to policies, designed for the individual's care and provider organisations, that will help to prevent and control infections” ..	Policy review: to systematically work through a table of planned annual review of all ICP policies. To ensure that all policies are updated as soon as new guidance is issued and reviewed at a minimum frequency of every 2 years Annual audit to ensure that compliance with all key policies is monitored	IPCT to draft / revise / review all policies, place those with major changes before the Infection Prevention and Control Committee for formal approval. New hand hygiene posters available in all Trust premises To ensure all policies are available through intranet access Monitor compliance with policies through a programme of audit – evidence of audit results	Key policies for NHSLA assessment completed and available on the Intranet. Other policies continue to be reviewed on a rolling programme	Minor guidance to complete June 2014
Criterion 10 Ensure, so far as is reasonably practicable,	The DIPC is the designated	IPCT involved with drafting service specification for Occupational Health Service and attending the service monitoring meetings.	Majority of clinical areas in the Trust have access to	

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<p>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.</p>	<p>decontamination lead for the Trust.</p> <p>The Trust employs a medical device lead, who is a member of the physical health care team.</p>	<p>IPAC will work with the medical device lead to ensure that equipment usage and training takes into consideration staff safety.</p> <p>The IPAC team will work with the Health & Safety Committee to ensure safe practice is implemented</p> <p>IPAC is included in the Trust induction programme.</p> <p>Individual, staff groups and committee responsibilities are sated within the Assurance Framework.</p> <p>All staff will undertake IPAC training as identified by their LARA template.</p> <p>Training attendance will be recorded, and analysed by WFD and reported at IPAC Committee.</p>	<p>single use disposable equipment. Final work to terminate Sterile Services SLA with acute hospitals as remaining products identified and disposable option in place..</p> <p>Medical device manual circulated to in-patient areas completed – circulation to out-patient areas underway</p>	
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