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Norfolk and Suffolk

NHS Foundation Trust

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| Report To: | Board of Directors – Public |
| Meeting Date: | 23 rd April 2015 |
| Title of Report: | Infection Prevention and Control Annual Report 2014 - 2015 |
| Action Sought: | For Approval |
| Estimated time: | 5 minutes |
| Author: | Sara Fletcher: DIPC, Physical Health Team Leader |
| Director: | Bohdan Solomka: Medical Director |

Executive Summary:

The Trust has continued its record for cleanliness and condition and maintenance of the environment with excellent Patient-Led Assessments of the Care Environment (PLACE) assessment scores for 2014.

There have been in excess of 120 Local Infection Prevention and Control Supporters (LIPACS) receiving specific training to support their local teams across the Trust with a successful programme of audits to demonstrate compliance with key policies.

Compliance with mandatory education has been on average only 50% for clinical staff: this requires focus by the IPAC team but also requires support from Trust initiatives to improve general compliance across a range of subjects for all staff.

There have been no incidents of alert organism requiring reporting for contractual purposes (MRSA bacteraemia and *Clostridium difficile* infections) across the Trust for the year April 2014 to March 2015.

The IPAC committee continues to monitor compliance with the annual work plan and report to the Quality Governance committee for scrutiny with additional reporting to the Trust Board of Directors as required.

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.

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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 2015:-

- 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 integration of the infection prevention and control staff and the physical health team supports more effective delivery of both services by combining knowledge, skills and education.

In excess of 120 staff attended Local Infection Prevention and Control Supporters (LIPACS) training last year: this enables them to conduct audits and provide a level of knowledge and expertise in their clinical area. They also provide local induction related to IPAC for new staff to their teams.

Work continues with the procurement team to standardise products for best value and efficacy. There are lists published on the intranet with product names, codes and prices for all decontamination products, and for all standard medical devices.

There has been a successful programme of audits completed with immediate remedial actions completed at the time of the audits where possible, rather than action planning for a future point.

Action plans from the joint visits to clinical areas by the allocated non-executive director (NED) and a member of the IPAC team have been followed up to ensure key actions have been completed and where barriers exist to completion, to provide support and intervention as required.

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

During 2014, the IPAC team consisted of the Director of Infection Prevention and Control (DIPC) and the Deputy DIPC who were supported by the other members of the physical health team in delivery of the annual aims and objectives.

From June 2015, the DIPC will be aided by a newly appointed senior IPAC nurse and a trainee IPAC nurse who will undertake a course to achieve qualification.

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The inclusion of estates and facilities staff and occupational health staff on the IPAC committee membership has ensured more robust joint working, for example, involvement in refurbishments projects, closer working on waste management and better monitoring of outcomes from needlestick injuries including demonstrated improvement in attendance for follow up appointments.

Out of hours IPAC advice continues to be provided by the general Trust on-call system with written guidance to support this.

The IPAC committee activity is monitored by the Quality Governance Committee: the Trust Board of Directors receive key monthly updates through the Director of Nursing's Patient Safety and Quality report.

The Trust intranet site provides access to policies and a range of 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.

The Water Hygiene group, chaired by the Head of Maintenance Services 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

Close working with the Modern Matrons and the LIPACS has supported the early identification and rectification of problems.

Audits of cleanliness are conducted by the contracted provider of domestic services with issues picked up locally by the clinical teams. The overall results are monitored at the contract review meetings, attended by a member of the IPAC team.

There were no issues of cleanliness of the environment identified from the Care Quality Commission inspection in October 2014.

As the Trust review of premises and services continues, the close working relationship with the Estates staff is important to ensure that the IPAC team have an opportunity to review the suitability of premises and influence any updates and refurbishments required. This is to ensure the availability of clinical environments and hand hygiene facilities to support safe working. All newly refurbished environments are compliant with the relevant IPAC related national guidance for buildings.

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 excellent; 99.6% for cleanliness and 97.56% for condition and maintenance of premises.

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), including information on Norovirus.

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The IPAC team are available to discuss any concerns with service users or their representatives or to support local staff to provide this advice.

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.

Confirmation of requirements for the transfer of this information has been provided to the Trust Lorenzo implementation team with the ability to highlight known infections for a service user through a system of alert notifications.

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

MRSA – Screening of in-patients continues according to national guidance. This has been particularly important for those patients with complex wounds and where regular visits to hospital are required, for example for a patient undergoing renal dialysis.

Three service users were identified with MRSA colonisation. All were managed appropriately with the support of the IPAC team and the physical health team where wounds were involved. No adverse effects were apparent for the service user.

Clostridium difficile – There have been three cases of *Clostridium difficile* identified through appropriate specimen testing. Two cases were found to be colonisation rather than infection following specimen analysis. One case was symptomatic but following review was found to be due to the patient's previous healthcare history: antimicrobial prescribing within NSFT was found to be compliant with local and national guidance.

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 has been one confirmed outbreak of Norovirus infection during the year. This was a protracted outbreak with a high level of staff affected. It required focus on a range of IPAC measures such as strict cleanliness within the shared office environment, to bring to a close.

There were six recorded incidents of several patients with symptoms similar to Norovirus but no responsible organism was confirmed. These were managed effectively with support from the IPAC team.

In addition to these cases, there was a case of *Campylobacter* which required hospitalisation – the source was presumed to be from outside the Trust.

There was one patient identified with a resistant extended spectrum beta lactamase producing organism (ESBL) bacterial infection – this was in a patient with a long urology history and previous similar infections: it was treated correctly following microbiology consultant advice.

Case and outbreak reports are produced with any findings used to inform guidance and policy and also added to the LIPACS training programme.

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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 demonstrated a decrease in compliance with prescribing according to local antimicrobial formularies from 100% last year to 73% in August 2014. There was also reduced compliance with documentation on stop and review dates and clinical indication for prescribing.

The main action to address this has been for ward pharmacists to monitor compliance locally and highlight to the prescriber when standards are not met. A reaudit was conducted in March 2015 with results currently being analysed.

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.

There has been a change agreed for a reduction in the frequency of training required for non-clinical staff from annual to three-yearly. Compliance for non-clinical staff has been approximately 80% throughout the year.

Clinical staff continue to be required to complete e-learning annually: on average approximately only 50% of staff have been compliant. This has been recognised as a Trust issue across a range of mandatory training subjects and is the focus of actions within the Trust Quality Improvement Plan.

The IPAC team have plans to increase learning opportunities through a range of initiatives and will need to ensure these are captured on attendance recording systems.

All new staff, including junior doctors on rotation, receives 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.

The LIPACS receive an annual education and training programme based on the application of standard IPAC policies and procedures: the content of this is further informed by learning from audits and incidents of the previous year.

Modern Matrons and locality managers continue to be influential in the support of the LIPACS and the IPAC agenda and with monitoring staff application of standard precaution to prevent and control infections.

3.7 Criterion 7 – Provide or ensure adequate isolation facilities

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The majority of the Trust in-patient environments consist of single patient rooms with ensuite facilities with plans for improvement of those areas identified as below standard.

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 has been supported by the IPAC team to ensure robust service specification and access to advice for clinicians. Provision has been 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

A comprehensive range of policies, guidance and information leaflets are available on the intranet for use by staff. All policies required for the NHS Litigation Authority (NHSLA) compliance are available.

These policies are reviewed and updated according to a programme of dates but also in response to change in national policy.

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.

| May 2014 | September 2014 | December 2014 | February 2015 |
|----------|----------------|---------------|---------------|
| 99% | 98% | 99% | 99% |

For 2015-16, it has been agreed that, due to the high compliance, there will be a more targeted approach with a rolling programme of audits across clinical areas.

An audit against the Standard Precaution policy was conducted in November 2014: the Trustwide result was 91% compliance. This was a reduction from 93% last year however there were a number of new elements included and a larger number of returns including results from previously unaudited areas.

Issues to be addressed from this and included in the LIPACS annual training include use of gloves in an emergency situation when time is of the essence, clarification of colour coding in bags for waste management where different requirements exist across the Trust according to local waste management guidance and contingency arrangements required for refrigeration of drugs where temperatures are recorded outside of normal ranges. This latter action is being addressed through a revised pharmacy policy.

An audit of compliance with the policy for the use of sharps was completed in April 2014. The overall result was 96% compliance which is a 3% increase from the 2013 result. The main issue continues to be the lack of completion of the label on the sharps bin and the use of the temporary closure. Spot checks continue by the IPAC team and by physical health team members, also by the health and safety team when visiting clinical areas.

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| 3.10 | Criterion 10 – Ensure care workers are protected from exposure to infections |
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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 are available in all clinical areas in line with European Union and national guidance. Compliance with this is ensured by restricting ordering to a published list of products with support from the procurement team.

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

There were 11 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 indicate that the main causes of the incidents include user error and non-compliance with policy, particularly where this relates to the use of diabetic needles.

Individuals are followed up with additional training where necessary.

There has been an intensive flu vaccination campaign this year which resulted in 34.9% of frontline staff vaccinated compared to 45% in 2013 – 2014.

A post campaign survey of the flu crew vaccinators identified that staff still have concerns that having the vaccine will make them unwell: this is despite information available on the intranet from national sources to dispel this myth.

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.

To improve the uptake of IPAC education, there will be a choice of methods of delivery which staff can access on a 3 year cycle. This will include bespoke e-learning, face to face sessions and multiple choice questions on the third year to consolidate and check learning.

There will be increased focus on the LIPACS role with more support for these staff from the IPAC team through meeting with them in their own clinical environment.

The effectiveness of the LIPACS for local induction of new staff will be audited through monitoring of completion of the local induction checklist and quality checks with new staff.

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Closer working with the domestic contract provider and the NSFT contracts monitoring team is underway with areas of focus including products and facilities for hand hygiene and products and frequency for decontamination of the environment both routine and for disinfection.

The annual programme for 2015 to 2016 has been developed and is appended to this report (Appendix A). This will continue to be monitored through the IPAC committee.

4. Financial implications (including workforce effects)

4.1 Non-compliance with IPAC policies and guidance can contribute to longer in-patient stays for patients, influence the future health outcomes for patients with associated costs, and incur financial penalties as outlined in contracts for services. There is a risk to staff of acquiring an infection if they do not comply with policies and guidance or if there environment does not support good practice. There is also a potential for litigation.

5. Quality implications

5.1 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.

6. Equality implications

6.1 The consistent application of IP&C measures ensure all service users, their carers, visitors, staff, employed and contracted are protected from infection acquisition.

6.2 All IP&C related policies take into consideration any variation that is necessary to accommodate an individual's personal preference in regards to their cultural or spiritual beliefs.

7. Risks / mitigation in relation to the Trust objectives

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

8. Recommendations

8.1 The Board of Directors approve the content of the DIPC Annual Report for 2014 – 2015 and confirm suitability for publication.

Sara Fletcher
DIPC, Physical Health Team Leader

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Background Papers / Information

The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance, DH (revised 14.12.2010)

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

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INFECTION PREVENTION AND CONTROL
Annual HCAI Reduction Plan and Programme for Activities
April 2015 – March 2016

Introduction

The work to establish single systems, procedures and supporting policies across NSFT continues with priorities established and staff objectives allocated to support delivery within the timescales identified within this plan.

The infection prevention and control staff and the physical health staff are developing joint knowledge and understanding of each other's agenda to improve the delivery of objectives 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 objective 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 overleaf includes reference to the 10 specific criteria against which a provider will be judged on how it complies with the registration requirement: these criteria are marked in blue.

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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

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| 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 that will help to prevent and control infections. |

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| 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. | | | |
|---|--|--|---|---|
| Topic and References | Description | 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 Infection prevention and control within the Trust</p> | <p>Specifically: - *24 hour availability of IPAC advice access to funding for management of outbreaks **SLAs in place for ICD and microbiology services. Appropriately constituted IPACC and annual review of membership and terms of reference 3 meetings per year of Infection Control Committee and circulation of minutes. Publication on Trust Intranet. Appropriately constituted IPCT and ensure records of meetings available to NHSLA, CQC inspectors, SHA, NHS Commissioners. . Annual review of Trust Assurance Framework for IPC. Quarterly assurance reports to Trust Board. Annual DIPC report to IPACC and the Trust Board. Uploaded onto web site. Regular reporting to the Trust Quality governance committee Circulate DIPC annual report and annual programme widely, and maintain DIPC liaison with all stakeholders</p> | <p>Provided through the Trust on-call system with additional information given to managers. Access to PHE on-call applies for relevant concerns **Continuing to work with contracts team to ensure appropriate SLAs with microbiology laboratories in line with national revised provision of microbiology services with additional retainer support for ICD services</p> | <p>Confirmation contracts in place from contracts leads except for NNUH – general contract finalisation outstanding with this Trust</p> |

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| | | <p>e.g. via service users and carers councils, attendance at modern matron meetings, team meetings and external agencies.</p> <p>Statement of compliance outlining the collective responsibility of the Trust to protect staff, service users and visitors from infection is available on Trust Internet</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>Review of cleanliness audit results obtained by relevant Trust staff - Facilities Monitoring data</p> <p>IPAC team is involved with PLACE inspections - PLACE results report</p> <p>LIPACS are trained to undertake environmental audits relevant to their area of responsibility - LIPAC audit results</p> <p>Modern Matrons continue to monitor the environment and report deficiencies for action – audit results.</p> <p>Evidence of IPAC team involvement in contracting relevant services; evidence of IPAC team involvement in building environment projects - relevant minutes/ documentation</p> | Maintain current systems | |
| <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</p> <p>Service users can</p> | <p>Monitor availability of information – environmental audit reports, PLACE results report</p> | | |

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| | access information via PALs, telephone requests, leaflets in service areas or electronically through staff member | | | |
| Criterion 4 Provide suitable accurate information on infections to any person concerned with providing further support or nursing/ medical care in a timely fashion. | Infection status of service user is available to all relevant personnel on transfer of service users between organisations | 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 | Maintain current systems | |
| 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 | Continue current alert organism/ alert condition surveillance systems Reporting surveillance results to IPACC and BOD. Ensure suitable monitoring systems for infection risk (complaints, incidents and accidents) are in place and all such incidents are suitably analysed/ followed up with preventative actions and written action plans. | Following national review of all microbiology laboratory systems, development of electronic systems for notification of alert organisms and development of electronic laboratory surveillance systems will be monitored. Current system relies on contact between infection control personnel from acute Trust to NSFT. 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. | | |

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| <p>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> | <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 development for IPAC team</p> <p>Annual update training, induction training and periodic training for special courses/ groups - Annual training needs analysis, Training attendance data, Local Induction checklist audit results.</p> <p>The creation of Local Infection Prevention and Control Supporters has been extended to community staff, CAMHS, NRP and tasked with local induction, audit and liaison with IPAC team. IPAC team attend key Modern Matrons and clinical lead meetings. Monitor database of LIPACS, Modern Matron meeting attendance.</p> <p>Annual Audit of practice and environments – audit schedule for 2015-16</p> <p>BOD assurance reports and Quality Governance Committee</p> | <p>Rolling figure for compliance with eLearning training to be >95% - WFD responsible for improving compliance with mandatory training. To supplement with additional face to face learning on a 3-yearly cycle when additional IPAC staff employed (June 2015)</p> <p>Maintain current systems and develop systems of LIPACS within the areas as identified.</p> | <p>WFD working on systems to improve compliance with all e-learning</p> |
| <p>Criterion 7 Provide or secure adequate isolation facilities</p> | <p>Ensure that service users in a shared environment are protected from the spread of infection</p> | <p>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.</p> | <p>Maintain current systems and monitor/influence building redesigns</p> | |

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| | | Monitor through control of individual infections and 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 | Access to advice for specific patients from relevant acute Trusts available via standard access and advice arrangements as for GPs | SLA reviewed and agreed on an annual basis | |
| | | Microbiology SLAs currently being strengthened in relation to a retainer for additional support if required for specific situations, eg outbreaks | | With contracts team |
| Criterion 9 Have and adhere to policies, designed for the individual's care and provider organisations, that will help to prevent and control infections" .. | Continual process of policy review: of all IPAC 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. 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. Policies continue to be reviewed on a rolling programme | MRSA policy to be approved April 2015 |
| Criterion 10 Ensure, so far as is reasonably practicable, that care workers are free of and are protected from exposure to infections that can be caught at work and that all staff are suitably educated in the prevention and control of | The DIPC is the designated decontamination lead for the Trust. The Trust employs a medical device lead, who is a member of the physical health care team. | IPAC team to continue to advise on suitability for purchase, lease or loan of all medical devices and equipment used within the Trust. Secure suitable decontamination systems for equipment both routinely and prior to service and repair. In liaison with the medical devices lead, up to date written policies are available for staff on items requiring decontamination prior to service or repair, single use equipment and safe equipment disposal | Clinical areas in the Trust have access to single use disposable equipment. | |

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| infection associated with the provision of health and social care. | | systems. Medical Device Manual available. IPCT involved with monitoring compliance with service specification for Occupational Health Service | Medical device manual available in in-patient and out-patient areas and on the intranet | |
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