

Norfolk and Suffolk

NHS Foundation Trust

Report To:	Board of Directors
Meeting Date:	27 th September 2018
Subject of Report:	Annual Director of Infection Prevention & Control Report 2017-2018
Compliance Links:	CQC Regulation 12 - Safe Care & Treatment
Purpose: (✓) all relevant:	Assurance: <input type="checkbox"/> Discussion: <input type="checkbox"/> Approval: <input checked="" type="checkbox"/>
Estimated time:	10 mins
Author:	Elaine Thrower Infection Prevention & Control
Director:	Dr Bohdan Solomka

Executive summary:

This paper is submitted by the Infection Prevention & Control Team on behalf of the Director Infection Prevention & Control.

This report is submitted in order to detail the current work and assurance oversight functions of the Infection Prevention & Control Committee. This report is to provide assurance to the Board that the committee is discharging its terms of authorisation, to escalate any identified areas of risk and to request support or decision making where required.

Summary of content of the report:

The attached 2017/18 Director of Infection Prevention & Control (DIPC) report is intended to address the responsibility of providing annual information summarising the key achievements and areas that require improvement with regards to infection prevention and control within the organisation.

Within this report an overview of processes in place for the prevention and control of healthcare associated infections (HCAI) is given, and the progress made against delivery of the infection prevention and control annual programme for the period 1st April 2017 to 31st March 2018 is summarised.

Performance:

Key indicators of performance with health care acquired infections and Trust audit and governance related to infection prevention and control are detailed in the report.

Risks Identified:

Infection Prevention & Control is integral to patient safety, patient experience and clinical effectiveness. If there is non-compliance with the Health & Social

N/A:

Care Act 2008; Code of Practice for the Prevention and Control of Infection and related guidance 2015 then this could result in restrictions on registration.	
Actions being taken: Actions being taken to address identified risks are detailed within the report.	
Recommendations The Board of Directors is asked to note and approve the content of the annual DIPC report for 17-18. Make any further recommendations or confirm suitability for publication in the public domain	
Risks of not accepting any recommendations: A requirement for compliance with the Health & Social Care Act 2008; Code of Practice for the Prevention and Control of infection and related guidance 2015 is that the DIPC in an NHS Provider organisation will produce an annual report and release it publicly as outlined in <i>Winning ways: working together to reduce healthcare associated infection in England.</i>	N/A: <input type="checkbox"/>

Elaine Thrower
Infection Prevention & Control Nurse

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Purpose

This report is intended to address the responsibility of providing annual information summarising the key achievements and areas that require improvement with regards to infection prevention and control within the organisation for governance and assurance purposes.

The Trust has a statutory responsibility to comply with the requirements of The Health and Social Care Act (2008). The criteria against which the Care Quality Commission will assess compliance are contained within the Code of Practice on the prevention and control of infections and related guidance (revised 24/07/2015). This report provides assurance of the Trust's compliance with the 10 criterion.

Within this report an overview of processes in place for the prevention and control of healthcare associated infections is given, and the progress made against delivery of the infection prevention and control annual programme for the period 1st April 2017 to 31st March 2018 is summarised.

Executive Summary

The healthcare associated infections that NSFT are required to monitor include *Clostridium difficile* infection, and Meticillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia under national contractual reduction objectives. The summary for 17/18 highlighted that there were zero cases of *Clostridium difficile* infection, and zero MRSA bacteraemia cases attributed to NSFT.

In line with the national agenda to reduce the burden of gram negative blood stream infections, case reviews to identify learning were conducted on 3 occurrences of E coli bacteraemia. These cases were identified through blood cultures taken from NSFT inpatients transferred for emergency acute care.

Other infection incidents of note include a period of increased incidence of MRSA colonisation occurring in a psychiatric intensive care ward. Two patients were identified as MRSA positive in wound sites with a high probability of transmission between the cases.

There were no ward closures due to Norovirus or Influenza infection during 2017/18.

NSFT is required to vaccinate frontline healthcare workers to protect them and our service users from influenza. The Trust reported its highest number of front-line staff receiving the influenza vaccine to Public Health England, with 1965 doses given representing an uptake of 50.5%. The total number of staff vaccinated in the 2017/18 campaign (including those not designated as having a frontline role) was 2236.

The Trust system of link practitioners known as Local Infection Prevention and Control Supporters (LIPACS) continues. These are staff identified to support the programme of audits and to act as local champions of infection prevention and control. 84 of the 106 (80%) identified LIPACS received refresher training from the IPAC nurse during 2017. Gap analysis identified that every inpatient setting had at least one LIPACS person nominated. Wider coverage in the community services is an aim.

Compliance against the mandatory training target (90%) sits at 75% for clinical staff. To address this, the IPAC team have reviewed the e learning packages available for completion by clinical staff. A new refresher package for clinical staff was launched; IPAC continue to work closely with the e-learning team to meet the training and education requirements of all staff. Adhoc training

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sessions by the IPAC team have been offered in addition to a directive for staff to complete online training.

The Trust has been unable to successfully secure a contract for an infection control doctor service. The Medical Director (DIPC) and the Contracts Team continue discussions with a potential provider. As this is a requirement within the Code of Practice, the lack of Infection Control Doctor is documented on the Trust Risk Register.

Through oversight by the Water Safety Group, the Trust monitors the safety of its water systems. Improvements to the governance arrangements are in progress as part of an action plan in response to an external audit conducted by Hydrop Ltd. No hospital acquired cases of legionella linked to Trust buildings have been reported to IPAC. Risks related to compliance with HTM 04-01; HSG274 and L8 water quality standards are documented and monitored on the Risk Register.

The Trust's audit programme continued throughout the year. Trust wide compliance for hand hygiene each quarter was maintained above 98%. A range of new audits were introduced including a monthly mattress auditing schedule.

Report Contents

- 1.0 Introduction
- 2.0 Summary of progress on the annual IPAC programme of activity against the annual plan and compliance with the 10 Code of Practice criteria on the prevention and control of infections (revised 24/07/2015).
- 3.0 Priorities for improvement for 2018-19
- 4.0 Report summary
- 5.0 Financial implications
- 6.0 Quality implications
- 7.0 Equality implications
- 8.0 Risk implications
- 9.0 Recommendations

1.0 Introduction

Norfolk and Suffolk NHS Foundation Trust (NSFT) is committed to ensuring that a robust infection prevention and control function operates within the Trust, which supports the delivery of high quality healthcare, and protects the health of its service users and staff. The Infection Prevention & Control (IPAC) service endeavours to provide a comprehensive and proactive service.

The report is indicative of the Trust's continued pledge to deliver excellent mental health services to the population it serves, by demonstrating ongoing commitment to reducing health care associated infections. The report seeks to give assurance of the commitment to the prevention and control of infection within all services to achieve positive outcomes.

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2.0 Summary of activity and progress on the IPAC annual programme

Criterion 1 – Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them.

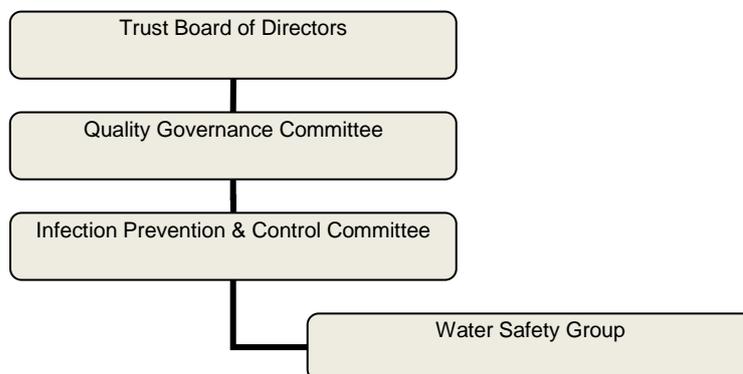
2.1 Description of Service Delivery Arrangements and Reporting Mechanisms

The Health and Social Care Act 2008 requires all Trusts to have clear arrangements for the effective prevention, detection and control of healthcare associated infection (HCAI).

The Trust's nominated Director of Infection Prevention and Control (DIPC) is the Medical Director who has Board level responsibility for infection prevention and control. The Deputy DIPC has responsibility for operational planning and oversight of infection prevention and control activities inclusive of Water Safety and Decontamination.

2.2 Infection Control Committee

The Infection Control Committee chaired by the DIPC met three times during the year. In 2018/19 the committee will increase the meeting frequency to four times per year in line with the Strategic Water Safety Group. Attendance includes internal and external staff from both clinical and non-clinical disciplines including the IPAC leads for Norfolk and Suffolk Commissioning organizations. The IPAC Committee reports to the Quality Governance Committee, it is through these committee's the Trust routinely checks that it is maintaining full compliance with the requirements of the Health & Social Care Act 2008. The diagram below identifies the reporting mechanisms.



The (IPAC) service arrangements for NSFT are defined in the following documents, reviewed and approved by the IPAC Committee April 2018:-

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

2.3 IPAC Service Arrangements

The Infection prevention and control (IPAC) service is centrally based but provides service across the Trust; within all localities and service lines. The key elements provided include:

- Advice and guidance
- Education and training

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- Audit
- Monitoring of infection
- Outbreak management

The Trust is represented through the Infection Prevention & Control Team on:

- Norfolk and Waveney *Clostridium difficile* Whole Health Economy and HCAI network
- Suffolk CCG's Infection Prevention & Control Network
- Local Health Resilience Partnership Pandemic Flu Planning

Infection Prevention & Control Nurse representation was provided at various meetings/committees within the Trust, including but not limited to:

- Physical Health Strategy Group
- Health & Safety Committee
- Water Safety Group & Water Safety Operational Group
- Local Physical Health forums held within Locality's
- Strategic Estate's and Capital Planning
- Medical devices
- Patient Led Assessments of the Care Environment (PLACE)

The diagram below summarises the current arrangements for delivery of the Infection Control Service.

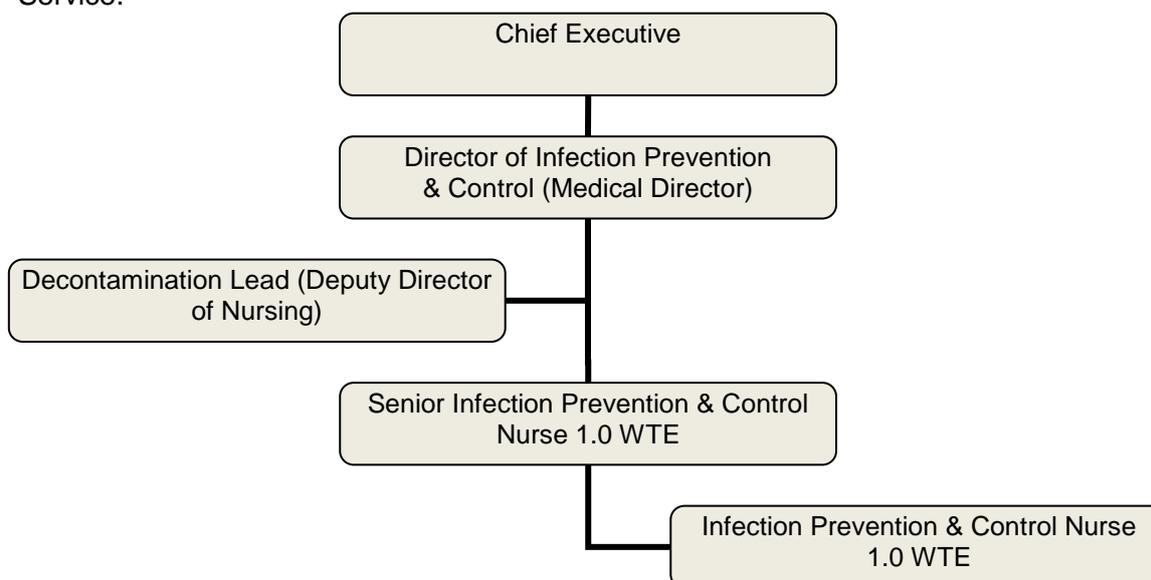


Diagram 1 IPAC Service Arrangements

Administrative support for the IPAC team is shared with the Physical Health team.

2.4 Infection Control Doctor Service

Discussions to date regarding delivery of an Infection Control Doctor Service have not yet enabled the Trust to secure a Service Level Agreement. The Trust has acknowledged the risk arising from a lack of service on the Risk Register. Active discussions continue by the Contracts team. Mitigations are that the Trust has an Infection Control Nurse Service to provide a duty function available to all staff. Expertise from the Health Protection Team in addition to the advice from duty microbiologists / virologists in the local laboratories to support patient and incident management advice has served to further ameliorate the risk.

2.5 Local Infection Prevention and Control Supporters

To support the IPAC service the Trust operates a system of link infection control practitioners known as Local Infection Prevention and Control Supporters (LIPACS). LIPACS are

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expected to attend an annual refresher session delivered by the IPAC nurse to enable them to more effectively monitor and manage their environment and support local staff. The Trust programme of audit is delivered in partnership with the LIPACS network. The audits seek to identify gaps in clinical practice, staff knowledge, environment or equipment. As relevant, actions and issues from audit are addressed locally or discussed centrally where wider implications are identified. Matrons and Locality Managers continue to be influential in the support of the LIPACS and the IPAC agenda and with the monitoring of staff application of standard precautions practice to prevent and control infections.

2.6 Out of hours Arrangements

IPAC team provides a service from 09.00-17.00 Monday to Fridays. Out of hours advice continues to be provided by the general Trust on-call system with written guidance to support this.

2.7 Water Safety

The Water Safety Group reports to the IPAC Committee. The Water Safety Group includes infection control nurse representation and is chaired by the Deputy Director of Nursing. The purpose of the group is to ensure safe water maintenance systems are in place in line with current legislation and guidance.

Risk Register

The Trust has acknowledged the risk arising from a lack of compliance with Regulations and the extent and limitations of current controls on the Risk Register as determined in key Department of Health guidance and the Health & Safety Executive Approved Code of Practice (HTM 04-01; HSG274 and L8). Through requisite regular monitoring of the Risk Register the Trust continues to both acknowledge and address specific risks identified through risk assessments undertaken by external specialists on the water systems and outlets within Trust buildings.

Water Safety Plan

The Water Safety Group is working in accordance with an approved Trust Water Safety Plan which has been drafted and approved in conjunction with the contracted Authorised Engineer for Water (services provided by Hydrop Ltd). The purpose of the plan is to ensure processes are in place (in accordance with guidance), for the design, installation, commissioning and maintenance of water systems including processes related to the microbiological assessment of water quality. The processes related to assurance within the Water Safety Plan have resulted in a significant increase in microbiological testing of water quality as part of commissioning of refurbishment projects and new installations to the water system. Operational aspects of water safety is directed under the leadership of an appointed Senior Capital Projects manager (a member of the Trust Capital Estates team), and the Water Safety Operational Group, (a sub group of the Strategic Water Safety Group).

Engagement of clinical staff with water safety requirements

Current initiatives for water safety include the engagement of clinical staff to identify and flush infrequently used outlets in occupied patient areas. This is required as a key aspect of the control processes to manage and control legionella. The Water Safety Group reviewed the existing arrangements for the flushing of water outlets and deemed it not adequately effective. Subsequently a pilot was introduced at the Norvic Clinic, a project engaging clinicians to assess outlet usage to target flushing activity. The engagement of clinicians in legionella control has a number of benefits; it increases awareness of the importance of maintaining a safe water system, clinical staff are uniquely placed to understand the usage of outlets by patients in their care, and it mitigates risk arising from a lack of access to some areas occupied by patients to carry out flushing. An electronic system (L8Guard®) has been introduced to record flushing activity to ensure efficient data handling and oversight.

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Audit and governance

During the year the Trust was audited by Hydrop Ltd with respect to the Trusts operational procedures to manage and control risk, specifically the extent of Management Responsibility and legislative compliance. The Water Safety Group is reviewing the audit findings with the Authorising Engineer. A plan of action is in progress which is comprehensive of purchase of a software system (ZetaSafe®). This is an electronic system designed for supporting governance of water safety compliance, by enabling improved oversight of Trust information relating to water system management including risk assessments, and maintenance actions.

Criterion 2 Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections

2.8 Decontamination

The Decontamination Lead post has been designated to the Deputy Director of Nursing. Oversight of decontamination is undertaken by the IPAC Committee.

2.9 Domestic services provision

Domestic cleaning services are contracted to ISS and GFM. The quality of the service provision is monitored by a programme of joint audits conducted by the NSFT contract compliance officers and the contract general managers. The IPAC team participate in quarterly contract performance monitoring and continue to work closely with the contract compliance team and the contracted domestic services providers. Collaborative working to support satisfactory delivery of service by the contracted domestic services providers has included the annual delivery of infection control education to ISS staff by the IPAC team and IPAC nurse support for the roll out of changes to working schedules by the ISS teams working in Norfolk, (a system known as 'dual role working' to ensure parity in the requirements of ISS operatives and the service provision in both Norfolk and Suffolk).

2.10 Cleanliness checks

The IPAC nurses have supported matron led quality checks known as 'Matron walk-rounds'. The primary function of these informal spot checks is to assess environmental and equipment cleanliness, and to identify and track progress with remedial actions to address deficits to the fabric and fixtures of the ward environments.

In addition cleanliness issues are picked up through IPAC initiated quality assurance checks. A total of 10 formal checks were undertaken by IPAC with reports issued and action plans drafted for address by managers, matrons and clinical leads within the localities/ service lines. Themes include unsatisfactory cleanliness associated with shower traps, commode and shower chairs (underside surfaces), inadequate use of indicator tape (to indicate when patient equipment item has been cleaned and by whom), reminders to remove patient personal toiletries from shared bathroom facilities, unsatisfactory cleanliness at floor level beneath block beds and other heavy items of furniture e.g. sofas, cleanliness behind radiator covers and management of ward laundry facilities. The need to replace damaged toilet seats, shower room ventilation and the replacement of hard surface flooring and carpeting (due to damage, defects and staining) are the key themes within the assessments pertaining to the condition of the environment.

2.11 Care Quality Commission findings

The Care Quality Commission inspection that took place in July 2017 documented within its report the following comments: 'all wards and community team bases were clean during this inspection'. Generally, staff ensured that equipment was well maintained and clean. Patients told us that the wards were usually clean and well furnished'. Staff had access to protective personal equipment, such as gloves and aprons. Wards undertook regular infection control audits, which indicated good compliance. There were adequate hand washing facilities and

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gel available for staff to adhere to infection control principles in wards and community team bases. Handwashing posters were on display’.

2.12 Infection prevention in the built environment

The monthly Strategic Estates meeting has IPAC nurse representation to ensure infection prevention is considered within the built environment. As the Trust review of premises and services continues, the IPAC team have had opportunity to influence on a number of Estates projects for example refurbishment of inpatient facilities at the Norvic Clinic, the Mother and Baby Unit, West Norfolk Inpatient Service, and alterations within wards to reduce multi-occupancy accommodation.

2.13 PLACE Assessments

The IPAC team were involved along with ‘patient assessors’ in the Patient-Led Assessments of the Care Environment (PLACE) of all NSFT in-patient services. PLACE aims to promote the principles established by the NHS Constitution that focus on areas that matter to patients, families and carers. PLACE provides a snapshot of how an organisation is performing across a range of non-clinical aspects, known as domains:

- Cleanliness
- Food and hydration
- Privacy, dignity and wellbeing
- Condition, appearance and maintenance
- Dementia: how well the needs of patients with dementia are met
- Disability: how well the needs of patients with a disability are met

The Trust undertook assessments across 9 sites in Norfolk and Suffolk in 2017. The results of the assessments are presented in Table 1.

Cleanliness Score %	Food Score %	Privacy Dignity Wellbeing Score %	Condition & Maintenance of premises Score %	Dementia Score %	Disability Score %
98.93% (98.75% in 2016)	94.49% (96.34% in 2016)	92.48% (89.92% in 2016)	97.47% (97.33% in 2016)	90.49% (94.38% in 2016)	93.30% (92.29% in 2016)

Table 1 PLACE scores for 2017 assessments. (2016 results given to aid comparison)

From the infection prevention perspective the results demonstrate consistent high level of standards with cleanliness, with the Trust scoring above the 2017 national average of 98.38%. The scores for the condition and maintenance of premises domain were also above the national average of 94.02%.

2.14 Medical devices/patient equipment

The IPAC team are members of the Medical Devices Group; and continue to work with the Medical Devices Lead regarding the suitability of medical devices and patient equipment to inform the device inventory. Close working with the Procurement Team has continued during the year to inform the ongoing standardisation of equipment and medical devices to ensure best value, efficient routes of supply and assurance regarding effective decontamination or a need for single use equipment. Through this joint working the Trust publishes on the intranet agreed/ standardized products and equipment available to be ordered within the Trust including infection prevention related products, wound care sundries and patient care equipment.

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2.15 Mattress audits

The annual independent audit of mattresses integrity and cleanliness was undertaken in December, by Drive DeVilbiss Healthcare Ltd. (main mattress supplier of static mattresses used by the Trust). This audit identified 23 unacceptable mattresses from a total of 375 checked. This represents a significant improvement from the 2015 and 2016 findings. Activities to support this improvement included an internal audit undertaken by the LIPACS which demonstrated a 16% failure rate (a similar level of failure found by external audits in 2016 and 2017). IPAC introduced new procedural guidance for mattress assessment and decontamination and following a pilot, a new internal process led by the LIPACS to assess mattress cleanliness and integrity with a monthly data collection requirement.

Criterion 3 – Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.

Compliance with this criterion requires that systems are in place to manage and monitor the use of antimicrobials to ensure that harmful use is minimised.

2.16 Antimicrobial Stewardship arrangements

The Trust has antimicrobial stewardship guidance available on the intranet which has been jointly developed by the IPAC Team and the Chief Pharmacist. This guidance is to direct the prescribing or administration of antimicrobials in a mental health setting to ensure it is commensurate with the principles of effective antimicrobial stewardship as described in national guidance such as NICE guidelines, the TARGET toolkit for primary care and the 'Start Smart then Focus' in secondary care. Implementation and monitoring of guidance and antimicrobial stewardship is under the remit of the Trust Drug and Therapeutics Committee. The Drugs and Therapeutics Committee includes the DIPC and deputy within its membership. Reporting on stewardship activities is undertaken by the Committee directly to the Trust Board.

Antimicrobial Formulary

Prescribing clinicians refer to the local CCG led formularies to direct prescribing which take account of local antimicrobial resistance patterns. These formularies are available on the Trust intranet for direct access by prescribers.

Stewardship audit

The area of antibiotic prescribing monitoring which will form part of the NSFT audit plan is agreed by the Drug and Therapeutics Committee. For 2018/19 period this will be an audit of prescribing for urinary tract infections occurring in patients located within the later life inpatient wards. The audit is intended to provide prescribers with qualitative information on their prescribing, to facilitate reflective learning on the processes leading to the decision to prescribe antibiotics in patients with an acute urinary tract infection. The tool supports prescribers to compare their prescribing decisions with local guidance and to enable identification of areas for quality improvement. Data collected will be overseen by the Drug and Therapeutics Committee and shared with the IPAC team, (to support education initiatives).

Stewardship education

LIPACS training includes key messages to champion in their areas in relation to antimicrobial stewardship for example timely collection and review of microbiological specimens, completion of a prescribed course of antibiotics and ensuring appropriate diagnostics for urinary tract infection.

The Trust recognises its responsibilities in relation to Sepsis awareness and the importance of early recognition for rapid response and treatment in the acute sector. LIPACS training

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and Trust wide education events are utilised as opportunities to continue the awareness agenda. A joint led education event hosted by the Physical Health and IPAC team included a session on Sepsis awareness and circulation of Sepsis.org resources. Trust Sepsis recognition and response guidance has been prepared reflecting the requirements of NICE guidance. This Trust resource also includes a decision tool termed 'recognition and response' aimed at supporting staff caring for a patient with physical health deterioration and potential sepsis.

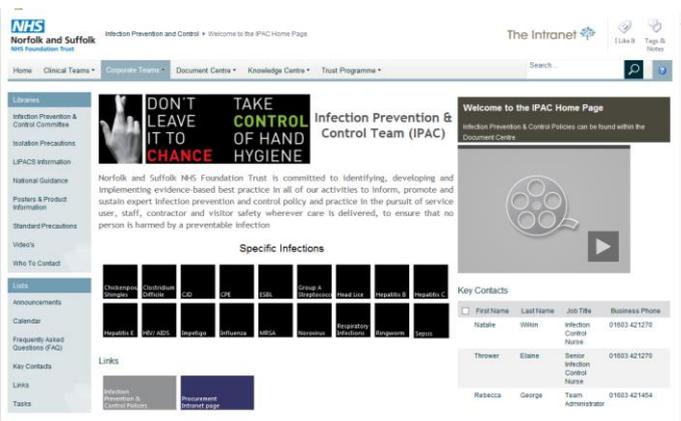
Further work will include awareness raising activities on antibiotic stewardship by the circulation of public health resources e.g. 'keep antibiotics working' campaign materials via ward pharmacists and physical health nurses, signposting to professional development resources and encouraging relevant staff to take up the mantle of becoming an 'Antibiotic Guardian'.

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

2.17 Admission information to assess and manage infection risk.

The electronic inpatient admission form for Physical Health was launched in April 2017. This form supports the identification of infection issues at admission including a prompt to check the MRSA status of inpatients, (to ascertain if the patient has a history of MRSA carriage and to offer screening in line with national guidance). The electronic care record (Lorenzo) enables an alert to be recorded when a patient is identified as an MRSA carrier. This alert serves as a prompt at each admission to offer the patient screening and to consider inclusion, as appropriate, MRSA management within care planning and discharge information.

The IPAC intranet site was revised during 2017 to improve accessibility to the Trust's range of resources related to infection prevention and control to support care of patients and ensure accurate information is available. The IPAC intranet home page is also used to deliver key messages related to infections such as influenza and health promotion. Access to training presentations used for LIPACS, posters, practice guidance, FAQ's type resources, procurement codes for IPAC related products and policies are also available on this site.



Throughout the year the IPAC team have utilised a range of methods and resources to deliver messages related to infection prevention for example Trust Update and the Safety Together Bulletin. Circulation of public health materials; (leaflets and posters), related to influenza, sepsis awareness and hand hygiene was undertaken during the year.

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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.

2.18 Laboratory Surveillance and case reporting

The Trust is served by the Eastern Pathology Alliance and the laboratories within Ipswich Hospital Trust and West Suffolk Hospital.

The Trust has local access to WebICE via the Trust intranet to view laboratory reports electronically. Paper copy results are also the routine method of communication from the laboratories. Urgent and important results are communicated directly to the ward from the laboratory.

The IPAC nurse team receive information on new cases of infection from two key routes; either directly from clinicians caring for symptomatic patients or via communication from the IPAC teams in the region. The limitations of the surveillance and reporting processes inherit a potential risk of delay in communication which could result in a subsequent delay in the instigation of infection control measures or treatment. Close working relationships with clinical staff within the Trust, and externally with other providers, commissioning IPAC and Public Health colleagues has served to mitigate this risk.

Documentation

Clinical staff are required to document infection incidents through the Trust incident reporting system (DATIX). Case and outbreak incident reports are produced by the IPAC nursing team as appropriate. The resulting action plans are reviewed and managed at operational level within the localities. Findings where relevant are also shared across the Trust and used to inform clinical practice guidance, policy review and the Trust LIPACS education programme.

2.19 Mandatory Surveillance

All cases of *Clostridium difficile* infection (toxin positive) and blood stream infections due to Meticillin-resistant *Staphylococcus aureus* (MRSA) are required to be reported to Public Health England. Since 2011 blood stream infections due to Meticillin-sensitive *Staphylococcus aureus* (MSSA) and *Escherichia coli* (E coli) have been added to the national mandatory surveillance requirement. Confirmed isolates are reported to Public Health England by the responsible laboratory on behalf of the Trust. Post Infection Review investigations are expected in order to identify lapses in the quality of care, encourage learning and improvement as well as forming part of the relevant contract management processes on all cases of Meticillin-resistant *Staphylococcus aureus* bacteraemia bloodstream infections and Toxin positive *Clostridium difficile*.

2.20 Clostridium difficile

Clostridium difficile is a bacterium that releases a toxin which causes colitis (inflammation of the colon). Symptoms range from mild diarrhoea to life threatening disease. *C. difficile* infection occurs mainly in elderly and other vulnerable patient groups, especially those who have been exposed to antibiotic treatment (the use of antibiotics can upset the bacterial balance in the bowel that normally protects against *C.difficile* infection). Asymptomatic carriage also occurs. Infection may be acquired in the community or in a hospital setting, but symptomatic patients in hospital may be a source of infection for others.

There have been no reportable (to Public Health England), cases of *Clostridium difficile* infection, (infection is denoted by toxin detected in a laboratory specimen or evidence of

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infection documented on a pathology report) occurring in NSFT inpatients reported to the IPAC team during the 2017/18 period.

One case of *C. difficile* gut carriage was reported to the IPAC team. Gut carriage of *C. difficile* is identified through laboratory specimen testing and is recognised when a chemical found in *C. difficile* called Glutamate dehydrogenase (GDH) is present in the bowel. Cases of gut carriage are not within the dataset to report to Public Health England. Gut carriage can pose an infection risk both as self-infection and also to other vulnerable patients within the vicinity. The patient presented with active diarrhoea symptoms and was cared for within an NSFT acute adult admission ward. Isolation nursing was facilitated with use of dedicated physical health patient care equipment and access to a hand wash sink located within the care area of the patient. Medical treatment was guided by the Microbiologist.

2.21 Meticillin-Resistant Staphylococcus Aureus (MRSA)

Staphylococcus aureus is a bacterium that is present on the skin and in the nose and throat of approximately 30% of the healthy population. *S. aureus* is responsible for a range of infections including simple skin and soft tissue infections, vascular access and other indwelling device infection, pneumonia, blood stream infection, overwhelming sepsis and death. Infection may occur from a strain a person already carried, or from a strain acquired in a hospital or from accessing a healthcare service. MRSA is especially important as a cause of health care associated infection (HCAI) because the strains are usually adapted to spread in the health care environment and frequently cause outbreaks if not controlled. MRSA is resistant to Flucloxacillin, and often other commonly used antibiotics.

There have been no cases of blood stream infection with MRSA attributed to NSFT during 2017/18.

The MRSA admission screening of inpatients is in accordance with the Department of Health's modified approach, which aims to focus screening activity and maximise the clinical impact for patients most likely to benefit. Within this approach the current practice of mandatory MRSA screening of admissions has been streamlined to include only those patients previously identified as colonised with or infected by MRSA. Patients identified with MRSA are offered decolonisation treatment to reduce the risk of bacteraemia, as per Trust Policy.

The IPAC team continue to support clinical teams and work collaboratively with the locality Physical Health Nurses in the identification of patients at risk of serious infection with MRSA, directing specimen collection and advising on the infection prevention and control management. During the 2017/18 period nine service users were identified with MRSA colonisation; of these five were previous carriers and identified either as positive on admission or from clinical specimens taken during their stay. Of the remaining there was no confirmed history of MRSA carriage and MRSA was identified through collection of wound site swabs. Cases where wounds were involved were managed appropriately by the locality physical health nurse, with the support of the IPAC team.

During July 2017 a period of increased incidence of MRSA occurred in a psychiatric intensive care ward. Two patients were identified as MRSA positive in wound sites. IPAC team management of the incident was supported by the local Microbiologist and the Health Protection Team. Active surveillance of contacts was undertaken to establish extent of transmission and to assess effectiveness of control measures. Surveillance did not identify any further cases. Evidence suggestive of a high probability of cross transmission between the two patients was achieved through the use of genotyping of the MRSA isolates by the national reference laboratory. A reflective review of this incident by the clinical team took place led by the IPAC team to capture learning. Key elements that were discussed at the

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review and included within the action plan was the lack of compliance by the index patient with maintaining a covered wound site, delay in commencing isolation nursing and missed opportunity regarding admission screening for MRSA of a patient with previous positive MRSA carriage.

2.22 Meticillin-Sensitive Staphylococcus Aureus (MSSA)

Most strains of Staphylococcus aureus are sensitive to the more commonly used antibiotics, and infections can be effectively treated. Those that are sensitive to Meticillin are termed Meticillin-sensitive Staphylococcus aureus. No NSFT inpatients have been reported to IPAC as having a diagnosis of Meticillin-Sensitive Staphylococcus aureus blood stream infection during 2017/18.

2.23 Gram negative organisms

Species of bacteria collectively referred to as Gram-negative bacilli (thus called due to the staining methodology undertaken within the laboratory during identification of the organism) include Escherichia coli (E. coli), Klebsiella, Proteus, Pseudomonas, Enterobacter and Acinetobacter. Many of these are commonly found in the bowel. Problems can occur when organisms have opportunity to migrate to areas such as the bladder (manifesting as a urinary tract infection), a wound (wound infection) or the blood stream. These bacteria, under certain circumstances can become resistant to antibiotics and may require infection control management.

Focus on E.coli bloodstream infections is part of a whole health economy approach to tackling and achieving the NHS ambition to reduce numbers. In support of improvement plans led by the CCG's, and to proactively foster good practice, active investigation of cases of E.coli bacteraemia has been undertaken in three patients that were reported to IPAC. For information, blood cultures for organisms such as MRSA and E. Coli are taken in acute hospital settings, IPAC are subsequently notified where positive cultures occur in NSFT patients who are transferred for acute emergency care from an NSFT inpatient service. The source of the E Coli infection in all three cases was attributed to urosepsis and occurred in patients from later life settings. Two of these patients had an indwelling urinary catheter. Case reviews to date identify the need for training on urinary catheter care, early recognition of urinary tract infections and serious infection. Catheter care guidance and an audit tool for use with catheterised patients has been drafted. Notification of newly catheterised patients to the IPAC team is also part of the initiatives. In addition, a training package promoting adequate hydration, use of a catheter passport to collect information on patients admitted with a catheter, diagnosing and recognising a urinary tract infection has been prepared for roll out.

Extended spectrum beta lactamases (ESBLs) are enzymes produced by some Gram negative bacteria. This enzyme makes the bacteria resistant to a wide range of antibiotics, which means when identified infection prevention and control measures are required to reduce the spread of resistant bacteria. During the year, 2 occurrences of ESBL producing bacteria occurring in urine samples have been reported to the IPAC team. In both cases a medical history with extensive use of antibiotics was observed. There has been no evidence of onward transmission from these 2 cases.

2.24 Other antibiotic resistant organisms

The management of patients with an antibiotic resistant organism is an increasing priority nationally. The emergence of Carbapenemase-producing Enterobacteriaceae (CPEs) is predicted to pose significant challenges nationally in the near future. Carbapenem antibiotics are a powerful group of B-lactam antibiotic used in hospitals. Until recently they have been able to be used to treat infections when other antibiotics have failed. Emerging resistance patterns have rendered in some cases Carbapenems ineffective. Public Health England have issued toolkits for use in either acute or community settings to enable the early detection,

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management and control of CPE. A Trust policy is in place to support and guide staff to provide safe and effective management of patients colonised or infected with resistant bacteria and minimise the risks of transmission in patients accessing mental health services. No cases of CPE carriage have been identified to the IPAC team during 2017/18.

2.25 Gastrointestinal infection

There have been no ward outbreaks of confirmed viral gastrointestinal infection (Norovirus) during 2017-2018. One case of laboratory confirmed Norovirus occurred. Effective infection prevention & control measures and effective early communication ensured that this remained a single case.

2.26 Regional reporting of infection incidents

The Trust participates in the East of England outbreak monitoring system hosted by Public Health England (IOLog 2). This is a voluntary regional incident and outbreak logging system which 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. This system also enables the East of England team to gain an understanding of infection prevalence in the region.

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.

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

2.27 E-learning

IPAC mandatory training is accessed as an e learning package and tracked through ESR learning management. Compliance with mandatory training is monitored for individuals through line management supervision. Compliance, with annual mandatory education for clinical staff is suboptimal and below contractual requirements (averaging a 75% uptake). IPAC continue to work closely with the e-learning team to meet the training and education requirements of all staff. A new bespoke e-learning package for completion by clinical staff was launched December 2017. Adhoc training sessions by the IPAC team have been offered in addition to a directive for staff to complete online training. Increasing uptake through either completion of e learning or by teams receiving face to face training requires focus.

2.28 Local Infection Prevention & Control Supporters (LIPACS)

The Trust system of link practitioners known as Local Infection Prevention and Control Supporters (LIPACS) continues. These are staff identified to support the programme of audits and to act as local champions of infection prevention and control. 84 of the 106 (80%) identified LIPACS received refresher training from the IPAC nurse during 2017. Gap analysis identified that every inpatient setting had at least one LIPACS person nominated. A continuing focus throughout the forthcoming year is the increased coverage of LIPACS in the community services to strengthen infection prevention and control within NSFT community teams.

2.29 Joint Infection Prevention & Control/Physical Health Study Day

The IPAC team and Physical Health colleagues delivered a successful study day with over 50 NSFT staff in attendance. The event offered a mixture of presentations and workshops delivered by clinical specialists, subject matter experts and industry representatives. This event covered a range of subjects including MRSA management, wound care, sepsis, deteriorating patient recognition, care of the catheterised patient and diabetes.

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Criterion 7 – Provide or ensure adequate isolation facilities

2.30 Inpatient Accommodation

The majority of the Trust in-patient environments consist of single patient rooms with en-suite shower and toilet facilities. Within Norfolk there remain some wards with multi-occupancy patient bedrooms which is being addressed under strategic estates plans. Patients requiring dedicated toilet / bathroom facilities for infection isolation in wards that do not have en-suite bathroom/ toilet facilities require staff to risk assess with the support of Infection Prevention and Control and senior clinicians to ensure appropriate placement and management. The provision of dedicated toileting facilities and isolation practice is a key factor in assessment of infection incident reviews led by the IPAC Team which are reported to the IPAC committee.

Criterion 8 – Secure adequate access to laboratory support

2.31 Laboratory Arrangements

Following the national reorganisation of laboratory services, the work of the contracts team to revise contracts with microbiology services has been supported by the IPAC team to ensure robust service specification and access to advice from duty medical microbiologists/ virologists for clinicians.

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

2.32 Policies

There is a suite of policies and guidance documents relating to infection prevention and control available on the intranet for staff to access. These documents are consulted on by the IPAC Committee and reviewed in response to change in national policy and guidance and in accordance with the policy review tracker which is monitored by the IPAC Committee.

2.33 Audit

Compliance with a number of key practice policies is been monitored through the annual audit programme.

2.34 Hand Hygiene

The auditing of hand hygiene within a scheduled programme forms part of the Trust's assurance framework for compliance. Hand hygiene audit reports are compiled quarterly by the IPAC team for review by the IPAC Committee. The audit plan expects inpatient teams to submit data every quarter and community services annually.

The hand hygiene audit scores for the year are represented in the tables below. Audits are completed by LIPACS. There are two versions of the Hand Hygiene audit tool; one for in-patient areas and one for non-in-patient areas. The audit assesses the availability of resources for hand hygiene, it also audits against policy standards for hand decontamination technique and staff knowledge in relation to hand hygiene and dress code. LIPACS are also required to observe colleagues to ascertain if hand hygiene is undertaken in accordance with the World Health Organisation standards identifying the opportunities for hand hygiene.

Themes within the data continue to be a lack of adherence to the Trust dress code specifically, nail length, nail varnish and false nails. The LIPACS are encouraged to give immediate feedback following the audit and share the results with the clinical team lead and matron prior to sending to the Infection Prevention & Control Team. Results are summarised per locality and presented in tables 2-5

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Quarter 1

East Suffolk	West Suffolk	West Norfolk	GYW	Secure Services	Norfolk Central	Norfolk older peoples service	NRP
99%	100%	100%	99%	98%	100%	99%	100%
						No data from Beach ward	

Table 2 (51 teams submitted data)

Quarter 2

East Suffolk	West Suffolk	West Norfolk	GYW	Secure Services	Norfolk Older peoples service	Norfolk Central
98%	100%	100%	98%	97%	96%	100%
No data from Lark Ward					No data from Sandringham ward	

Table 3 (35 teams submitting data)

Quarter 3

East Suffolk	West Suffolk	West Norfolk	GYW	Secure Services	Norfolk Older peoples service	Norfolk Central Acute	NRP
98.4%	100%	100%	100%	100%	98.8%	100%	100%
No data from Walker Close				No data from Foxhall House			

Table 4 (33 teams submitted data)

Quarter 4

East Suffolk	West Suffolk	West Norfolk	GYW	Secure Services	Norfolk Older peoples service	Norfolk Central acute
99%	99%	100%	99%	99%	99%	100%
No data from Willows ward & ECT			No data from Laurel ward	No submission from Drayton Ward & Blakeney (Catton) ward	No submission from Beach ward	No submission from Glaven ward

Table 5 (34 teams submitted data)

2.35 Practice & Environment Audits

As part of organisational assurance the IPAC team developed a suite of bespoke audit tools based on the principles within Standard Precautions practice and incorporating the Infection Prevention Society standards. The purpose of these tools is to identify gaps in practice, facilitate the development of staff knowledge, and ensure focus on maintaining a safe and clean environment. Actions are identified within the Trust wide published reports for remedial attention by the clinical teams.

An audit was undertaken of the ECT suites by the LIPACS. This is a first audit comprising of two parts; focus on the clinical environment namely the Treatment & Recovery rooms, which was comprehensive of environmental and equipment cleanliness and condition. The second part required the auditor to observe practice for an episode of care relating to insertion of a peripheral access device. Practice within the ECT clinic service from this limited snapshot

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audit reflects acceptable standards. All relevant teams submitted data. Results are presented in table 6.

	Norfolk Older Peoples Service	West Suffolk	East Suffolk
Part 1 Questions 1-9	100%	100%	100%
Part 2 Questions 10-17	100%	100%	100%

Table 6 ECT suite audit results

An audit was undertaken by LIPACS in the Clozapine clinic services. The audit comprised of two parts; focus on the clinic environment, including environmental cleanliness and the availability and management of clinical equipment. The second part required the auditor to observe practice for 3 episodes of care. Practice within the outpatient clozapine clinic service areas continues to reflect acceptable standards. All relevant teams submitted data. Results are presented in table 7.

	Norfolk Acute	Central	West Norfolk	GYW	East Suffolk
Part 1 Questions 1-9	100%		100%	100%	100%
Part 2 Questions 10 - 17	100%		96%	87.5%	100%

Table 7 Clozapine outpatient service audit results

A spot check by LIPACS of commode cleanliness was requested in December 2017. Data was returned by 5 later life wards. 20 commodes were checked. Partial failures were noted for 2 commodes due to damaged or missing components. Complete replacement of 2 commodes was required in one ward due to corrosion / damage.

Criterion 10 – Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection.

2.36 Occupational Health

NSFT has a contract with the Norfolk & Norwich University Hospital Workplace Health and Wellbeing Service to deliver employment screening, immunisation against communicable diseases and post inoculation exposure management. Trust led quarterly meetings for the review of activity and performance by the contracted service has IPAC nurse representation.

The contracted occupational health service has not had to participate in any serious outbreak management programmes during the year.

Needlestick and body fluid inoculation incident reduction continues to be a key issue for the IPAC and Health and Safety team and for the Trust as a whole. To protect staff from needlestick injuries, safety engineered devices are available in all clinical areas in line with Regulatory requirements. The Procurement team are instrumental in ensuring restricted ordering of sharps devices to a published list of products. 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.

Review of incident data involving a contaminated sharp object and needle which may pose an inoculation risk finds that there is a sustained decrease in the numbers of these incidents. Table 8 below illustrates the results 2017-18 period and with previous year's data given for comparison.

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Category	2014-15	2015-16	2016-17	2017-18
Contaminated needle stick	12	10	8	5
Contaminated Sharp Object	7	1	6	2 (used razor blades)
Total cases	19	11	14	7

Table 8 Data reported incidents with contaminated needles/ sharp objects

A total of 32 inoculation incidents were attended to by the contracted occupational health service (Workplace Health & Wellbeing) during the year. Risk assessments were undertaken for each individual case. No Post Exposure Prophylaxis therapy was required. Follow up appointments were undertaken as deemed necessary and where source patient consent was gained for serology, this negated the need for further follow up testing for the recipient. The most commonly reported percutaneous incident over the past year is that of patient bite or scratch (70%), table 9 below shows a breakdown of the incidents over this contractual year. There has been a 32% decrease (-15) of blood exposure incidents assessed by Occupational Health in comparison to the previous contractual year (2016 – 2017).

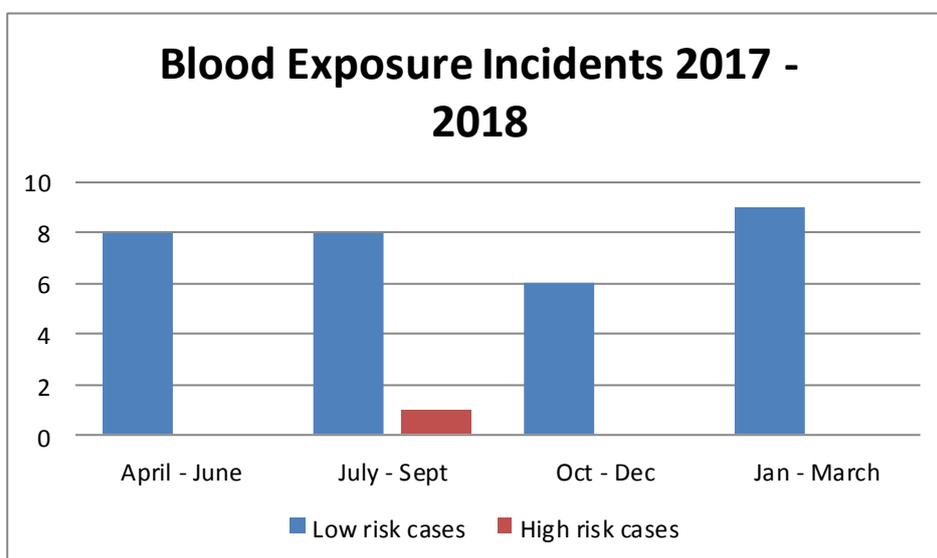


Table 9 Inoculation incidents undergoing risk assessment by the Occupational Health provider

The IPAC team review each incident, to determine the cause of each contaminated sharps inoculation injury, to support learning, to ascertain if there is a practice/ policy failure requiring attention or specific sharps device issue to be addressed. Of the injuries, no trends were identified in relation to location, devices or procedures. One of these incidents was classified as moderate risk incident.

2.37 Seasonal Flu Vaccination Campaign for staff

The seasonal staff flu vaccination campaign with its associated CQUIN, completed on February 28th 2018. The first CQUIN milestone at 50% frontline staff uptake was achieved. The appointment of a flu nurse contributed to a further 740 staff receiving vaccination this year.

Total Trust	2236	52.04%
Direct Care (Frontline staff)	1965	50.46%

Table 10 - uptake in staff numbers vaccinated and associated percentage uptake

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The 2017/18 flu campaign achieved a record level of uptake (according to electronic records for NSFT). See Fig.1.

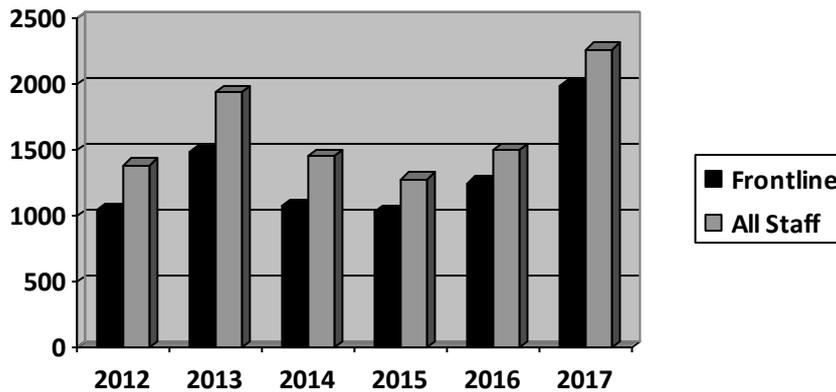


Figure 1 campaign uptake in staff numbers vaccinated

The Trust campaign enabled a number of options for staff to get vaccinated including the contracted Occupational Health service who operated 22 clinics and facilitated access to the NNUH flu tent drop in clinics. 28 Registered Nurses volunteered to peer vaccinate- known as 'flu crew'. Norfolk Recovery Partnership provided 8 clinics delivered by 10 staff across the Norfolk area. The Infection Prevention and Control service supported additional clinics and adhoc vaccination.

Successes of the campaign included the appointment of a flu vaccination nurse (improved availability of the vaccine), an enhanced communications plan, active and engaged peer vaccinators and use of a charity focus for an incentive scheme known as '#getajabgiveajab' (purchase of vaccines for developing nations via UNICEF).

Long term in-patients who were unable to be vaccinated through their GP surgery were offered and prescribed the vaccine as appropriate. In total, 101 influenza vaccines were dispensed specifically for patient use to inpatient wards from NSFT pharmacy.

3.0 Priorities for improvement for 2018-19

- 3.1 To continue to embed infection prevention and control throughout NSFT, through close working with matron colleagues, clinical leaders and through a strengthened network of LIPACS.
- 3.2 Continue to monitor 'alert organisms' and advise clinical areas accordingly. Where required the IPAC team will work closely with staff regarding patient management with particular reference to MRSA, *C. difficile*, Norovirus and emerging antibiotic resistant organisms.
- 3.3 To continue to work in collaboration with the Capital Estates team on new builds and refurbishment projects to ensure compliance with requirements for infection prevention and control in the built environment.
- 3.4 As members of the Water Safety Group, the IPAC team will continue to work with clinical and non-clinical staff to ensure water safety and quality as per legislative requirements and national best practice guidance, with risks acknowledged, reviewed and actions plans supported and addressed.

- 3.5 To work collaboratively with prescribing colleagues and the pharmacy team to continue to improve compliance with best practice for antibiotic prescribing to promote and sustain effective antimicrobial stewardship.
- 3.6 To work with colleagues both internal to the organisation and those external e.g. Commissioning and other provider services, with respect to the gram negative bacteraemia reduction agenda. NSFT actions for the forthcoming year to include delivery of a programme of training on the safe management of patients with indwelling catheters, hydration awareness, correct diagnosis of urinary tract infection and recognition of serious infection.
- 3.7 To increase the number of staff vaccinated against seasonal Flu aiming to meet the Public Health England target of 75% by delivery of a robust campaign plan.
- 3.8 To deliver an ambitious audit plan which is comprehensive of formal IPAC audits of all inpatient sites and a selection of community physical health outpatient clinics. Embedding of the monthly mattress audit programme, and further development of bespoke audit tools for use by LIPACS to focus on standard precautions practice and hand hygiene.
- 3.9 Improve compliance with IPAC training and education through a range of learning opportunities. Including, collaborating with the Physical Health team to deliver an annual joint education event focusing on topics including urinary tract infection, chronic pulmonary diseases, cleaning and disinfection principles, sexual health and blood borne viruses.

4.0 Summary

This report demonstrates the continued commitment of the Trust to infection prevention and control. It is also a testament to the commitment of a Trust workforce dedicated to keeping IPAC high on everyone's agenda. Looking forward to 2018-19, NSFT staff will continue to work hard to embed IPAC across the whole organisation, striving to improve on the prevention of healthcare associated infections.

5.0 Financial implications

Infection Prevention & Control activity is a key part of minimising risks and potential litigation associated with care and treatment

6.0 Quality implications

Infection prevention and control is integral to patient safety, patient experience and clinical effectiveness

7.0 Equality implications

There are no equality implications of note from this report

8.0 Risk implications

If there is non-compliance with the Health & Social Care Act 2008; Code of Practice for the Prevention and Control of infection and related guidance 2015 then this could result in restrictions on registration.

9.0 Recommendations

The Board of Directors is asked to note and approve the content of the annual DIPC report for 17-18. Make any further recommendations or confirm suitability for publication in the public domain.

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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 2015)

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