

INFECTION CONTROL ANNUAL REPORT

APRIL 2014-MARCH 2015



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1. Executive Summary

Camden and Islington NHS Foundation Trust is committed to ensuring that a robust infection 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 Trust has a statutory responsibility to comply with the Health and Social Care Act: Code of Practice for the prevention and control of Healthcare-Associated Infection (2010). A requirement of this Act is for the Board of Directors to receive an annual report from the Director of Infection Prevention and Control. The Annual report of the Infection Control Team (ICT) provides an overview of the activities carried out in the Trust to progress the prevention, control and management of infection from April 2014 to March 2015 with a preview of its work plan in those areas for 2015/16.

During the period 2014-2015, the trend of a reduction in alert organisms and conditions has continued. There has only been one outbreak of gastrointestinal disease during the period, although several potential clusters of cases were investigated. Infection Control has continued to build on improvements in mandatory training compliance and efforts have been made to reinvigorate the Infection Control Champions programme.

The Infection Control team provided evidence about the Infection Control service for a CQC inspection in August. Because of the responsibility of providing evidence and changes in staffing the Infection Control team was unable to complete the annual Infection Control audit programme although the audits that were completed showed general improvements in compliance.

New initiatives introduced this year have been the measurement of infection control reactive work as well as ultraviolet light marking of the environment to look at improving cleaning standards.

With staffing in the team now finalised, it is anticipated that the team will continue to build on past successes and improvements in 2015-2016.

2. Service Delivery

To meet the requirements of the Health and Social Care Act 2010: Code of Practice for the prevention of healthcare-associated infections and related guidance and other requirements such as the core standards of the Care Quality Commission (CQC), the Infection Control Team for C+I in the period 2014-2015 consisted of:

Director of Infection Prevention and Control (DIPC)		
Infection Control Doctor	0.2 wte	
Senior Infection Control Nurse	1.0 wte	Part time from October 2014
Infection Control Nurse	1.0 wte	Until August 2014
Lead Infection Control Nurse	1.0 wte	From October 2014

The Infection Control Nurse position became vacant in August on the retirement of the post holder and the Senior Infection Control Nurse reduced their hours in preparation for retirement. A new Lead Infection Control Nurse commenced work in October 2014.

The Director of Infection Prevention and Control (DIPC) is the Director of Nursing and People. The DIPC is directly accountable to the Chief Executive and is responsible for the strategy, policies, implementation and performance relating to infection prevention and control. The DIPC attends the Trust board and chairs the quarterly infection control group.

The Infection Control Doctor (ICD), provides microbiological and infection control advice to the Trust under a contract with University College London Hospital (UCLH). Professor Wilson, or another member of the medical microbiology team of UCLH, offers on-call advice and support 24 hours a day over 365 days a year.

The C&I Infection Control Committee (ICC) is chaired by the DIPC and meets quarterly with representation from all divisions and corporate functions, such as Estates and Facilities. There is also representation from Public Health England. It provides a forum for discussion, decision making and governance oversight on measures for the control and prevention of infection within the Trust. It has an annual programme of work to oversee which it determines against national and local priorities, with an overarching goal of prevention and safety.

The ICC reports to the Quality Committee. Members are expected to cascade information from IC back to their relevant teams, ensuring that divisional quality fora include infection control on the agenda and that the divisional IC champions or other priorities in the annual work programme are embedded locally. Members also bring key items and information back to the group aimed at improving and sustaining standards. (See appendix 2 for membership of the ICC during 2014/15).

The Infection Control Team is responsible for ensuring that a coordinated programme of work is agreed and implemented annually. The Infection Control Nurses (ICNs) provide education and training throughout the organization, undertake a programme of audits, policy formulation, alert organism surveillance, with associated epidemiology of cases and provide infection control support as required to staff as required by the Care Quality Commission's Criterion 8 on Cleanliness and Infection Control and the Code of practice for the prevention and control of healthcare-associated infections (DH,2010) The Senior/Lead Infection Control Nurse provides leadership and expertise in infection control management and liaises with the DIPC and Trust's Infection Control Committee.

The Infection Control Nurses meet the Infection Control Doctor regularly to formally review the Infection Prevention and Control Programme and any issues. The Senior Infection Control Nurse reported to the Deputy Director of Nursing to provide updates and to discuss plans and progress against standards and targets

Information is available to service users and the public on the Trust's infection control arrangements and general processes for the prevention and control of healthcare associated infections is available on the Trust's intranet site including the annual report and general information about infection prevention.

The Infection Control Team also runs a disseminated educational programme called the Infection Control Champions where frontline staff who have been given the role of Infection Control Champion meet regularly to discuss issues in clinical areas and receive educational updates

3. Infection Prevention and Control Programme 2015-2016

Details of the Infection Prevention and Control Programme for the forthcoming year, 2015/2016 can be found in Appendix 3.

4. Infection Control Advice for New Builds/Refurbishments

The Infection Control team has provided support and advice to the Capital Project Managers on refurbishment works at Stacey Street Nursing Home, Aberdeen Park and the old Estates building at St Pancras Hospital as well as the anti-ligature works which took place on the St Pancras Hospital site during 2014-2015. It is a requirement of capital programmes that infection control advice is sought in advance.

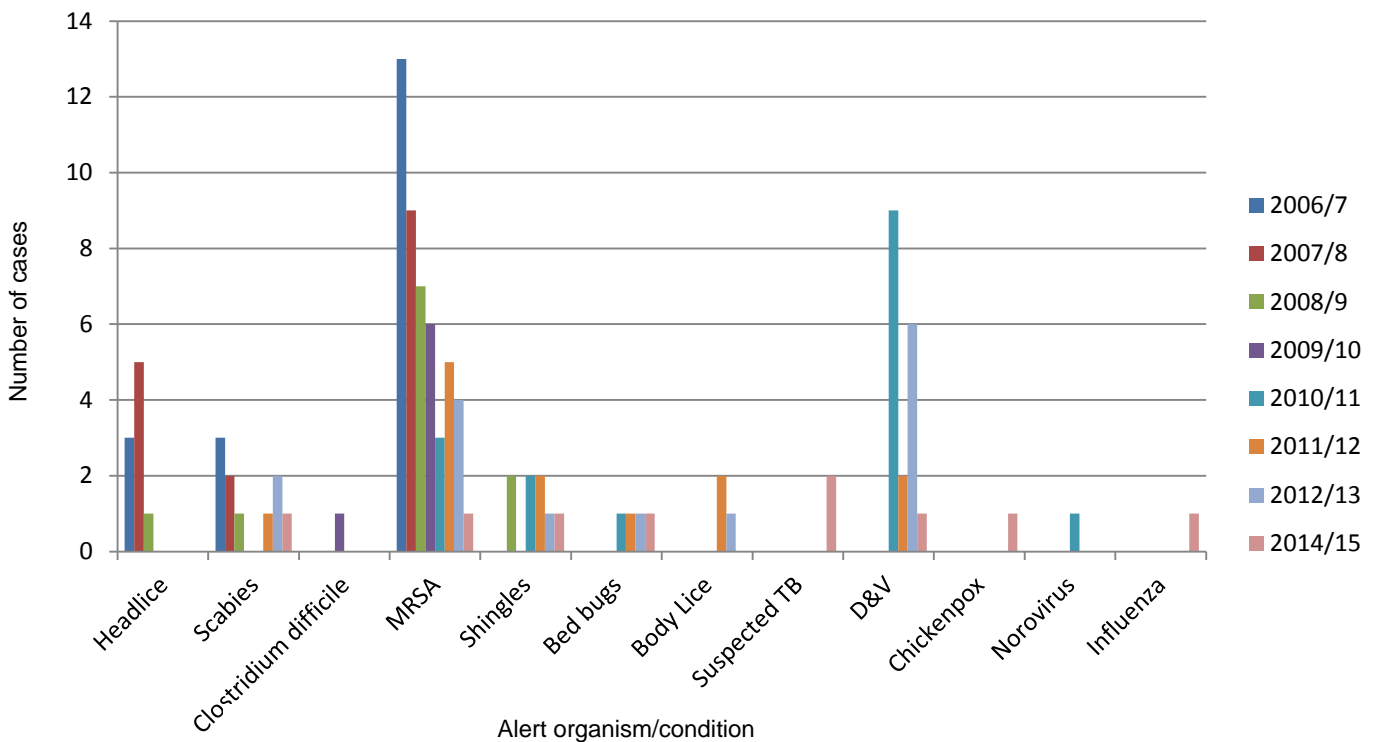
Infection Control has also been involved in discussions regarding anti-ligature works and refurbishment works at St Pancras Hospital and the Highgate Mental Health Centre.

The Infection Control Nurses sit on and provide specialist advice to the Trust's Quality Planning Group Meeting – Ligature Removal.

5. Alert Organism/Condition Surveillance

Infection Control carries out surveillance of all alert organisms and conditions in order to identify trends, detect outbreaks and to inform measures to prevent or control the transmission of infection. There is no requirement for mental health trusts to report MRSA bacteraemias or *Clostridium difficile* infections as part of the enhanced surveillance programme that acute trusts have to comply with. However, there have been no cases of any of these infections attributed to the Trust and any MRSA seen in C&I is colonisation acquired in another health care facility.

Figure 1 Camden and Islington Foundation NHS Trusts Surveillance data 2006-14



Numbers of alert organisms/conditions remain very low with only MRSA colonisation noted during the year.

Outbreaks/Clusters

An outbreak is defined as two or more cases of an organism or condition (such as diarrhoea and vomiting) within a 48 hour period which are epidemiologically linked. In June 2014 the Infection Control team declared an outbreak of diarrhoea and vomiting at the Rivers Crisis House which involved one service user and two members of staff. The unit was closed for four days to admissions and the outbreak was declared over on the 23rd June 2014. Issues that arose during the outbreak including a delay in notifying the Infection Control Team of the cases and problems associated with incorrect dilution of chlorine products used for enhanced cleaning during outbreaks which were dealt with by Cofely management at the time of the incident. There has been a subsequent ‘learning the lessons’ session with the team and changes put in place as a result, which have been shared more widely across the division.

The Infection Control team also investigated a number of incidents involving clusters of cases of communicable diseases which did not develop into outbreaks but which did require advice and support from the Infection Control team. Details of the incidents can be found below:

Cluster Investigation	Location	Month
A cluster of service users (four) with diarrhoea and vomiting on Jasper ward at HMHC was investigated in October. Symptoms abated quickly and an outbreak was not called.	HMHC- Jasper ward	October 2014
A cluster of service users with respiratory symptoms was investigated on Garnet but no action was required.	HMHC- Garnet ward	October 2014
Two members of staff at the Rivers Crisis House off sick with diarrhoea and vomiting-not related and no further cases-no	SPH-Rivers Crisis House	December 2014



service user cases		
Three service users with symptoms of diarrhoea and vomiting. None had symptoms on the premises. Staff informed Infection Control immediately and sought advice	North Camden Acute day Unit	March 2015

Pest Control Incidents

Pest control incidents are reported via the Datix system and to the Cofely helpdesk. Infection Control offers support and advice as appropriate in dealing with these situations. There have been no major infestations reported during the year

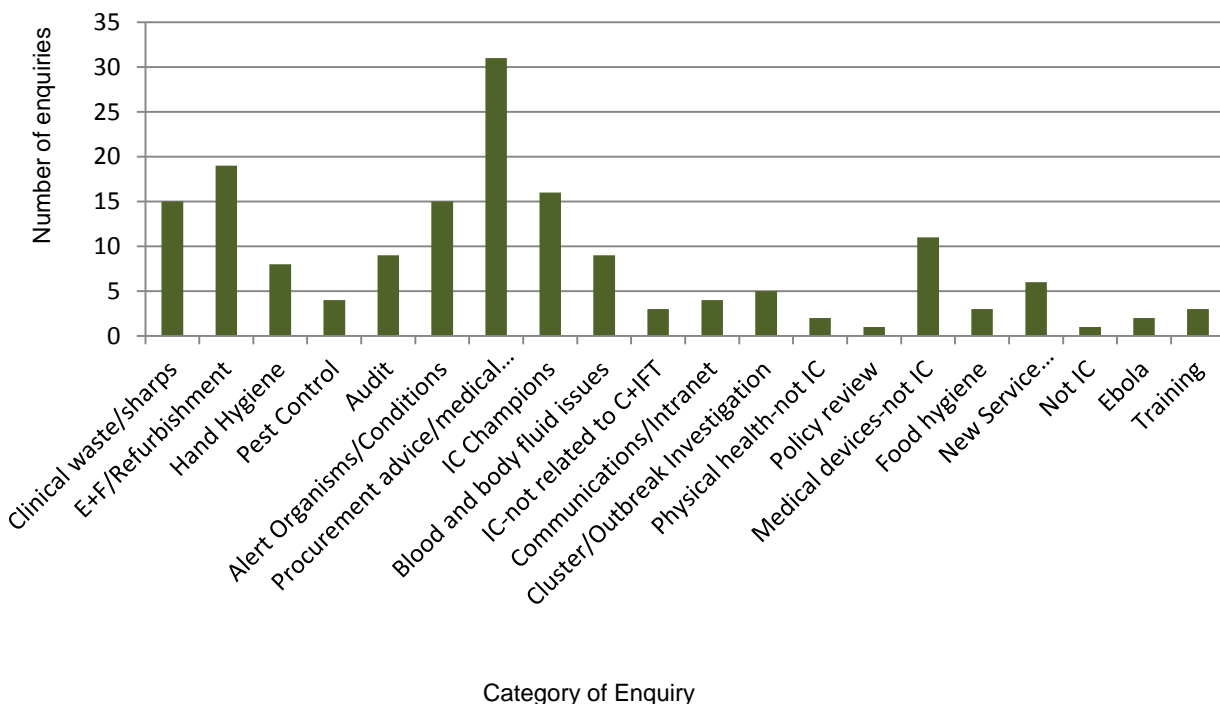
C&I Response to the outbreak of Ebola Virus Disease (EVD)

In response to the ongoing outbreak of Ebola Virus Disease in West Africa (particularly Sierra Leone), Infection Control issued an information sheet for all staff in November 2014 which detailed what to do in the event of a suspected case in accordance with Public Health England (PHE) advice. A further update in January 2015 dealt with the latest Occupational Health advice for staff returning from the affected parts of Africa. These updates were widely circulated to all staff via Communications. Since November Infection Control has only received two enquiries relating to EVD and there have been no actual or potential cases in C&I.

6. Infection Control Reactive Work

Reactive work refers to the day to day advice and support given by the Infection Control Nurses to all areas of C&I either via the telephone, emails or in person. Since October and the appointment of the new Lead Infection Control Nurse this work has been logged and categorized. Advice on the correct products to but for such things as spillages kits, cleaning wipes and hand hygiene products is the largest category.

Figure 2: Number of enquiries received October 2014-March 2015



7. Antimicrobial Prescribing

Resistance to all antimicrobials, including antivirals and antifungals, is increasing. The 'UK Five Year Antimicrobial Resistance (AMR) Strategy 2013 to 2018' (DH, 2013) requires trusts to monitor antimicrobial prescribing to ensure that antibiotics are used responsibly and if possible less often.

The audit charts and data shown below, produced by the Trust's Pharmacy Department, show the actual antimicrobial prescribing figures and trends for 2013-2014.

The trend appears to be for a reduction in antimicrobial prescribing in C&I

Figure 3: Numbers of service users in acute/rehab wards being prescribed antimicrobials by month

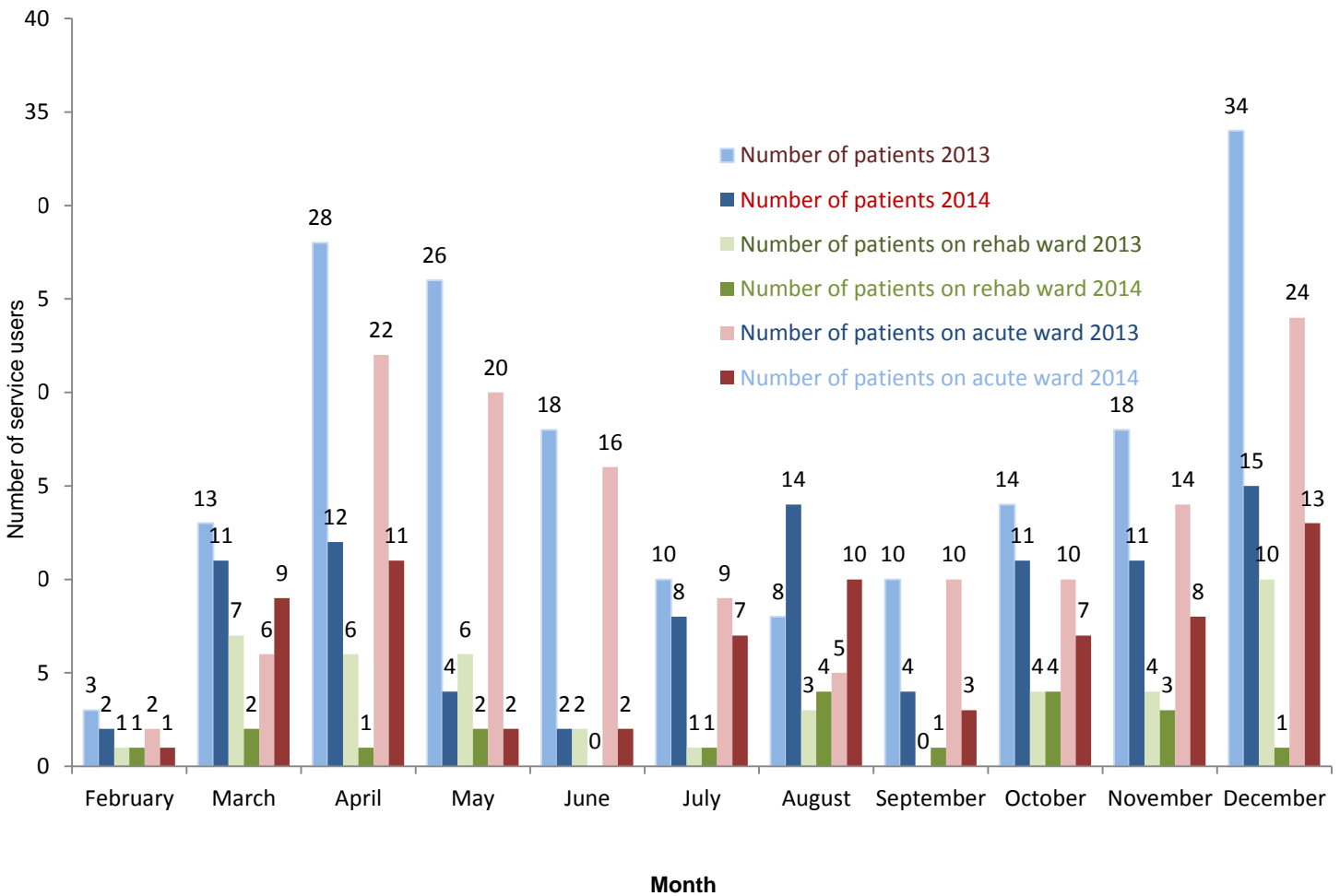
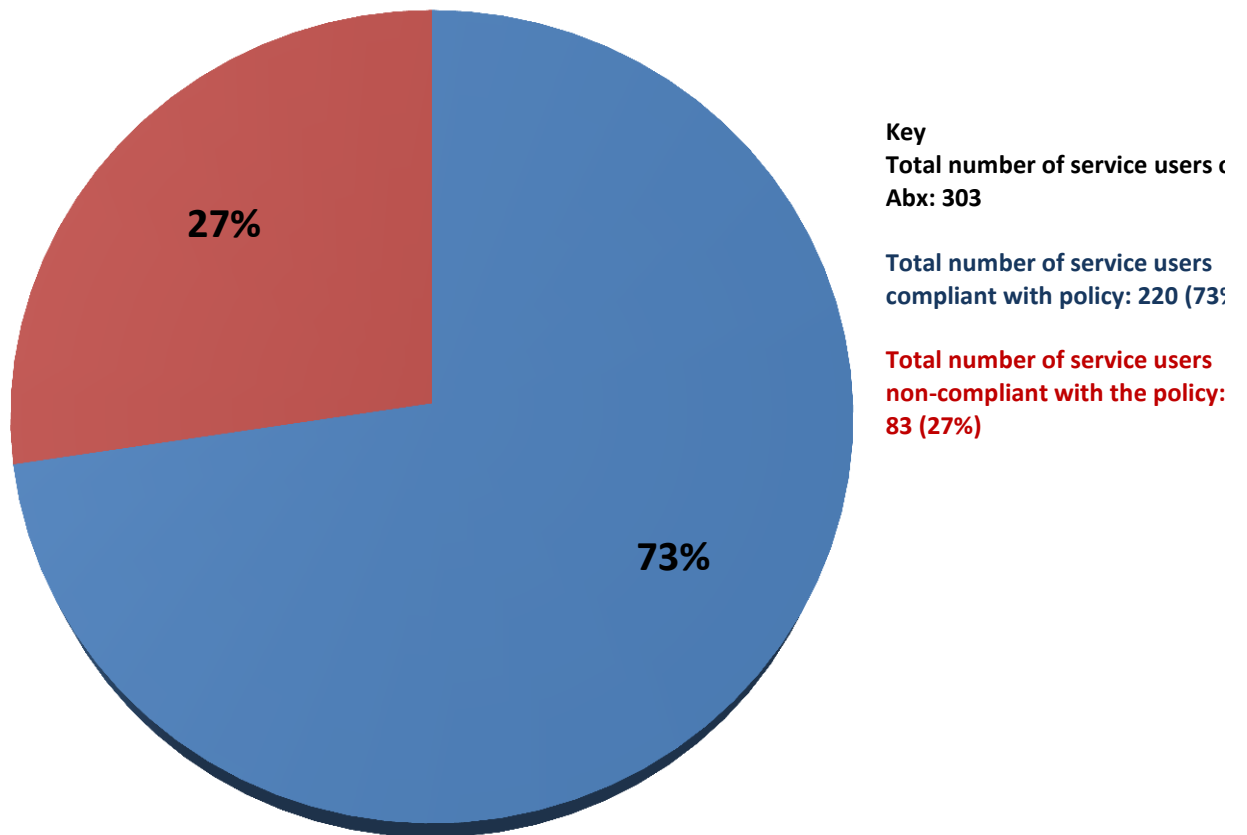


Figure 4: Percentage of service users prescribed antibiotics that complied with the antimicrobial policy in 2013/14



There is 73% compliance with the Trust antimicrobial policy. The majority of non-compliance is due to incorrect frequency, duration for treatment and doctors not aware of Trust antimicrobial policy so they prescribe according to e.g. BNF. Also majority of our patients goes to local dentist for their treatment which complies with BNF but not with our Trust antimicrobial policy.

Figure 5: Total Numbers of Service Users prescribed antibiotics-Acute and rehabilitation wards

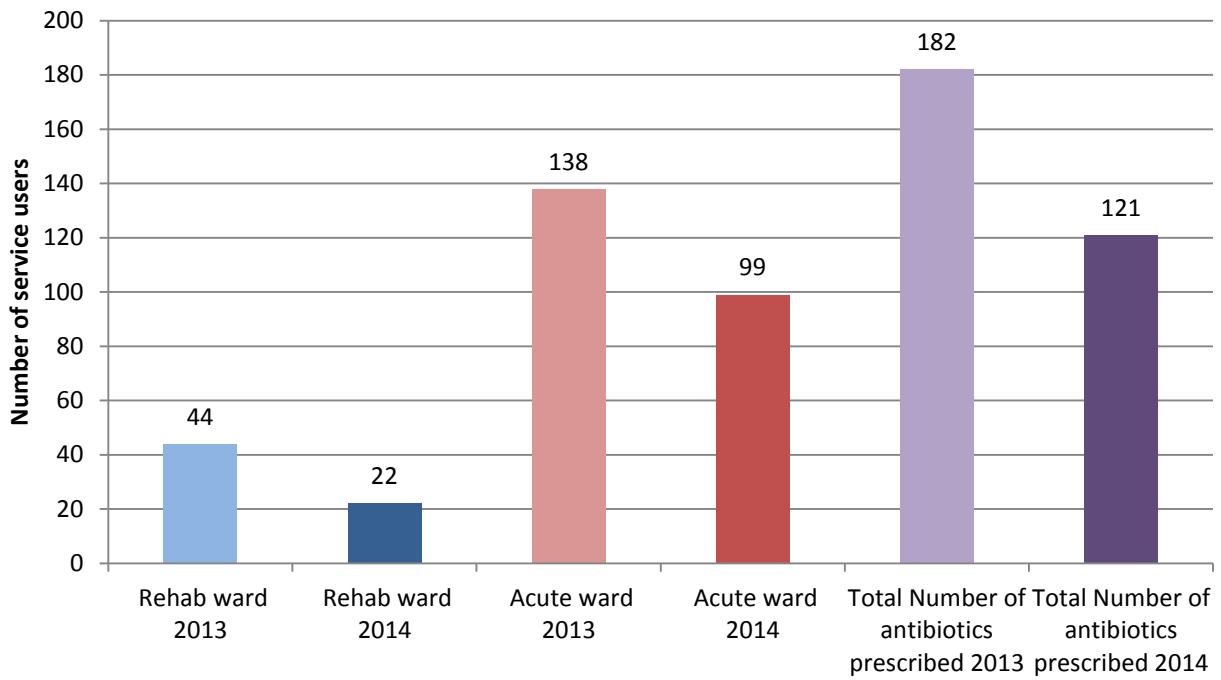


Figure 6: Numbers of Service Users being treated for Urinary Tract Infections (UTIs)

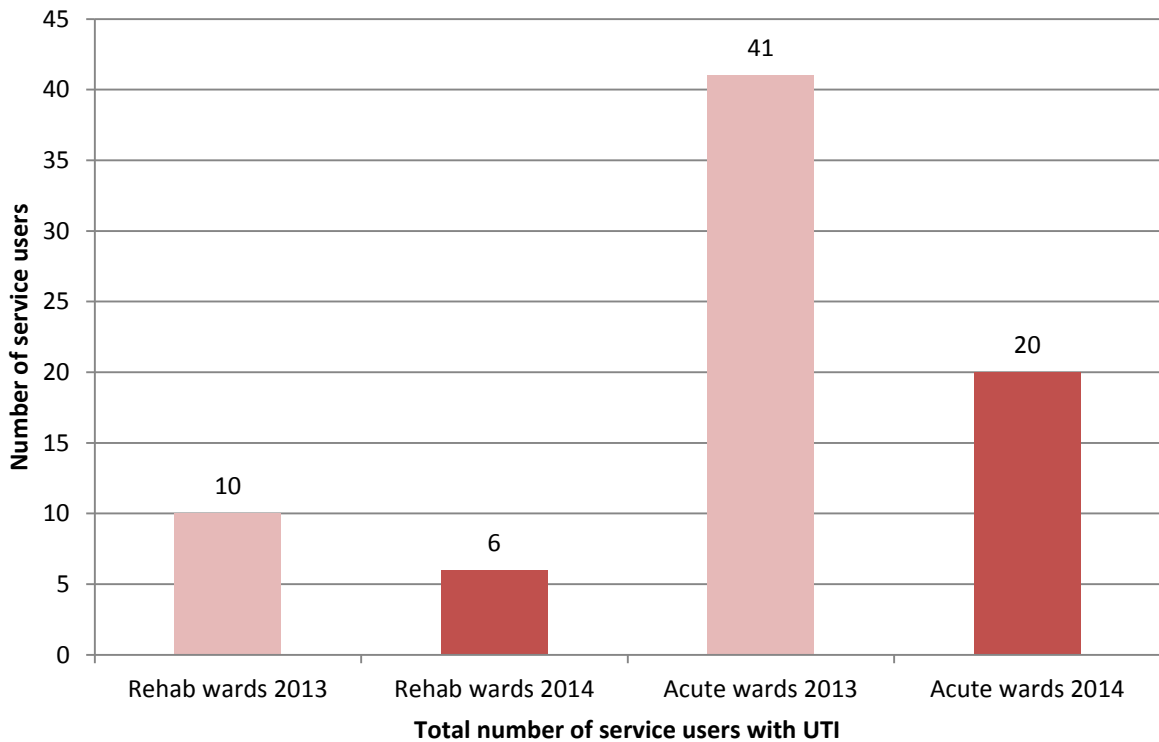
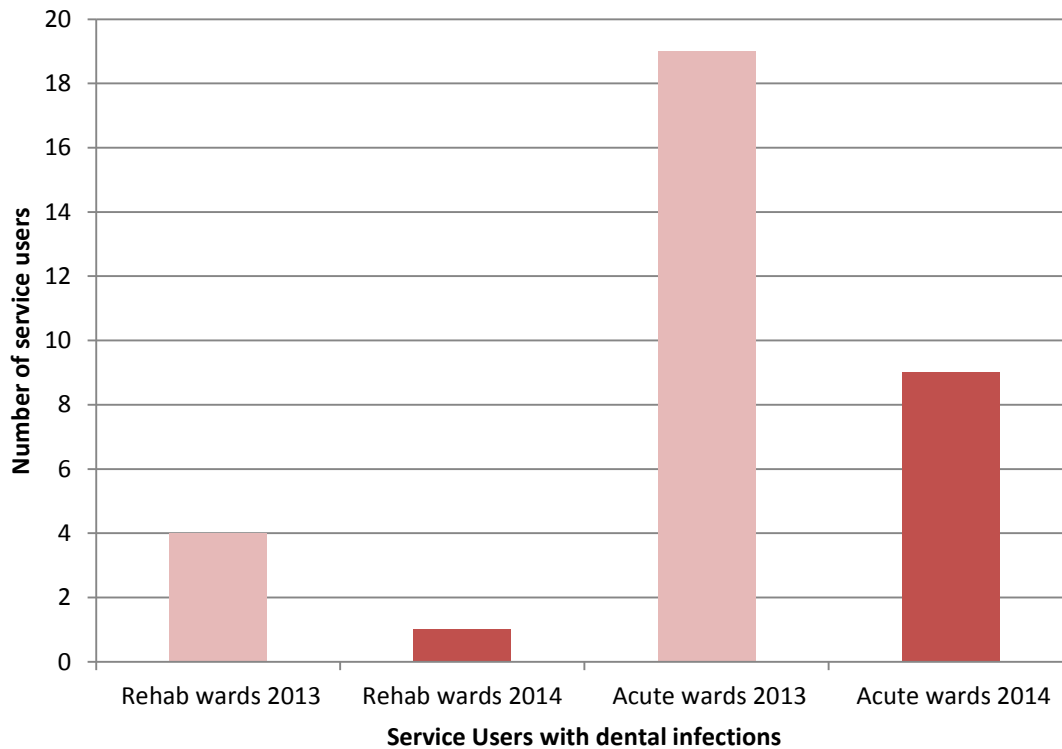


Figure 7: Numbers of service users being treated for dental infections



Urinary tract infections (UTIs) were the largest group of infections for which data was collected during this period, although like all other infections in C&I, the trend for UTIs is still for a significant reduction compared to the previous year.

Data for dental infections is also included in this report as the antimicrobial prescribing practices for dental infections were poorer than for other infections. This has led to work done to improve prescribing including a poster presentation to the Physical Health Group.

Other illness for which antimicrobial were prescribed were e.g. Cellulitis, skin infections, Epididymorchitis, respiratory infections, wound infections, ear and eye infections

8. Infection Control Audits

The Health and Social Care Act’s Code of Practice (2010) for the prevention and control of infections requires that all NHS organisations have an audit programme in place to ensure that compliance with key policies and practices is being implemented.

Infection control audits are undertaken annually by the Infection Control Team in all sites where clinical care is delivered to assess the environment and infection control standards and practices.

The audit tool used has been drawn from C&I policies on infection prevention and control, NICE guidance, and is based on the Infection Prevention Society’s Quality Improvement tools. Action plans are provided and Infection Control provides help and support as required to the areas to complete the action plan.

Scoring

In line with Department of Health initiatives, compliance categorisation has been incorporated into the scoring system to provide a clear indication of compliance.
 The allocation of compliance levels is based on the scores obtained.
 The scoring system is worked out using the following Department of Health formula:

$$\frac{\text{Total number of yes answers}}{\text{Total number of yes and no answers}} \times 100 =$$

The score is then categorized into a compliance level against the infection control standards:

Level of Compliance with Infection Control Standard	Score
Full Compliance	85%+
Partial Compliance	76 – 84%
Minimal Compliance	75% or less

Below 75% does not constitute an acceptable standard

For the period 2014-2015, Infection Control took a different approach and audits were concentrated on key areas in C&I, both in the acute and in the community. Included were some areas which had not been audited before (Rivers Crisis House) and some which had not achieved full compliance on the previous audit (Highview, Laffan ward, Kingston Well Being Service).

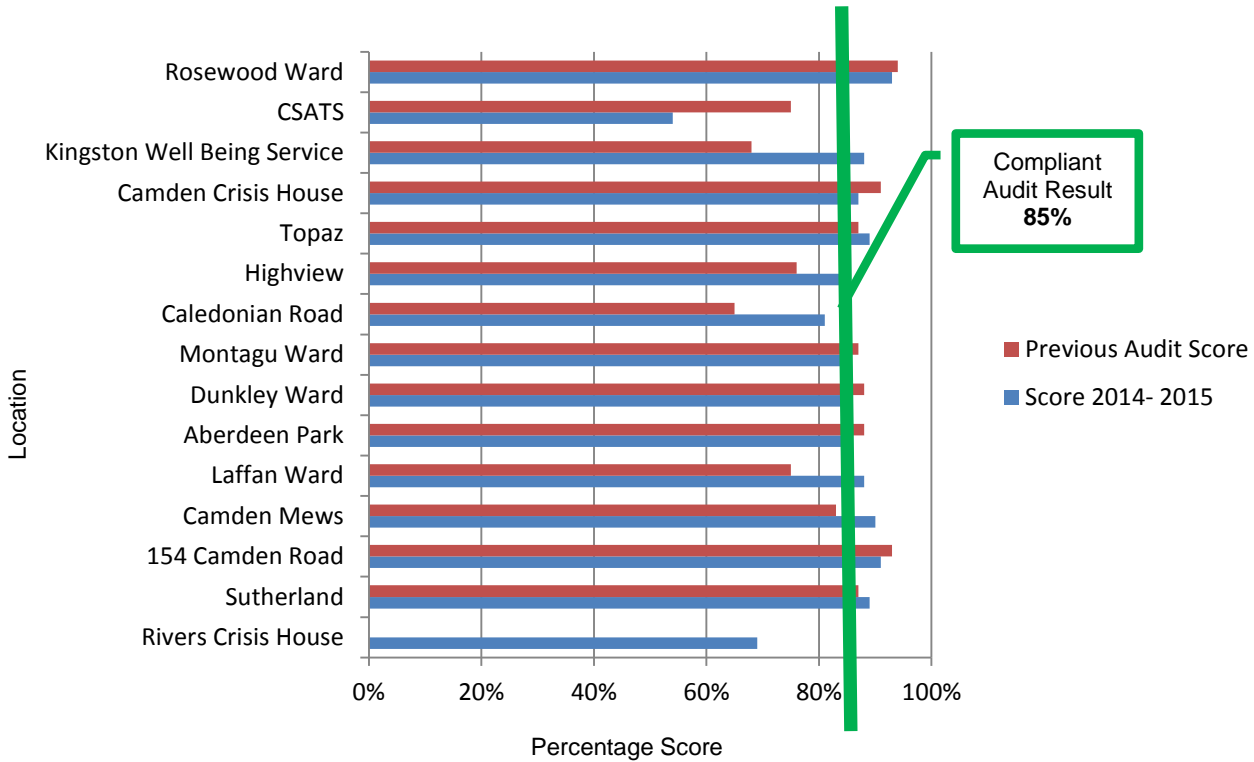
Results were promising with only two areas achieving minimal compliance (Rivers Crisis House and Camden Specialist Alcohol Treatment Service-CSATS) and one area achieving partial compliance (Caledonian Road).

Infection Control provides an action plan after every audit and works closely with areas such as The Rivers Crisis House, the Caledonian Road project and CSATS to ensure improvements. With regard to CSATS, Infection Control assisted the team there to carry out immediate improvements in clinical practices.

Generally, the IC audits performed saw standards being maintained or a significant improvement such as Laffan ward or Kingston Well Being Service.

Environmental assurance audits completed weekly by Infection Control Champions have provided assurance that issues with the environment are being addressed.

Figure 3: Audit programme for 2014-2015



9. Patient Led Assessment of the Care Environment (PLACE) Inspections

During 2014, the Infection Control Team was involved in the annual PLACE assessments that are led by the Estates Department. Under the PLACE criteria, six inpatient sites were assessed at C&I:

- Highgate Mental Health Centre
- St Pancras Hospital
- Stacey Street Nursing Home
- 32 Drayton Park
- Daleham House
- 154 Camden Road

The assessment covered four broad categories:

- Cleanliness;
- Buildings and Facilities;
- Food and Hydration;
- Privacy, Dignity and Wellbeing

The marking scheme was as follows:

Fail - receives 0 points

Qualified Pass - receives 1 point

Pass - receives 2 points

A qualified pass is generally given when something is below standard, but there are mitigating circumstances, for example the external signage at St Pancras was noted to be out-of-date, and somewhat unclear. However, a “qualified” pass was agreed as an order had been placed for new

signs but they had not yet arrived. In circumstances where a qualified pass is given, it is obligatory to submit a free text explanation as to why the pass was “qualified.” The Head of Facilities enter the scores to a database and the NHS Information Centre software centrally calculates percentages.

A summary of the assessments and results (in percentages) are detailed below:

Site assessed	Cleanliness	Food	Privacy, Dignity & wellbeing	Condition, Appearance & Maintenance
Highgate MHC	97.41	92.75	89.64	94.88
St Pancras Hospital	96.38	94.16	89.47	91.09
Stacey Street	98.17	90.26	80.34	92.11
32 Drayton Park	99.84	86.95	83.05	96.49
Daleham House	100	94.46	70.28	100
154 Camden Road	99.84	N/A	76.33	97.37
Average score C&I	97.44	92.77	87.65	95.32
Comparative MH Trusts	97.1	89.8	90.3	92.2

The national average score for Privacy, Dignity and Wellbeing across **all** NHS sites was 87.7% with the lowest score being 53.5% and the highest score of 100%.

For mental health and learning disabilities sites the average score was 90.3% for 493 sites. For our Trust the average score was 87.65% slightly lower than the average for our comparators.

10. Infection Control Champions

The Infection Control team runs a disseminated educational programme called the ‘Infection Control Champions’. These are frontline clinical staff who engage in infection control activities in their clinical area which include completing the frontline engagement audits (hand hygiene, medical devices and environmental assurance) as well as acting as role models and conduits for infection control issues. All areas should have at least two Champions with one of them being a registered professional, usually but not exclusively a nurse.

Champions attend training on a regular basis, meeting three times during 2014-2015 (May, October and February) with topics including safer needle devices, seasonal infection control (norovirus), Ebola Virus Disease (EVD), breaking the chain of infection and transmission-based precautions.

A monthly newsletter was begun in October 2014 to engage Champions and have also developed a toolkit of useful information for Champions. The Infection Control team also provides coaching and mentorship to new Champions. A database of IC Champions is maintained by the team and there are currently seventy four Champions associated with infection control across the various services in C+I

Recruitment is ongoing and new Champions are added and orientated regularly. In 15/16 we are aiming to achieve 100% of service teams having a champion model in place.

11. Infection Control Performance Monitoring

Following on from the introduction of infection control on the balance scorecards in 2013-2014 to improve transparency, Infection Control has been trialling electronic versions of the frontline engagement audits (hand hygiene, environmental assurance and medical devices) on the Meridian system on acute wards at St Pancras Hospital and Highgate Mental Health Centre (HMHC).

This will allow managers to see their area's performance results and once the trial ends in March it is anticipated that the online audits will be rolled out to all areas.

12. Education and Training

Infection and Control training is provided for all new staff in the Trust on Induction. Additionally, all clinical staff must attend Infection Control training on a 2 yearly basis and this is reflected in the Infection Control and Training policies.

All training registers are collated and held on a central database by the Learning and Development (L&D) department. The training attendance is monitored by the L&D department and a process is in place to follow up any non-attendees via their Line Manager.

Compliance figures as at the end of December 2015 indicates that the Trust has maintained its compliance rating of over 80% during the reportable year. Below is a breakdown of compliance levels by Service Line:

Service Line	% compliance October 2014	% compliance November 2014	% compliance December 2014
Acute	91.27%	91.98%	90.12%
CMH	84.71%	84.80%	82.86%
R&R	82.62%	85.11%	82.27%
SAMH	88.98%	91.73%	91.11%
SMS	98.73%	98.73%	98.72%

Green	≥ 80%
Amber	68% - 79%
Red	≤ 68%

Topics include the importance of hand hygiene; standard precautions; healthcare acquired infections; infection control policy; environmental hygiene; decontamination; and the safe handling and disposal of sharps. Issues regarding waste and linen are also included. The role, responsibilities and contact information for the ICT is given.

Additionally, there is an IC workbook so that staff that have difficulty attending face-to-face sessions can access their infection control update sessions through distant learning. Online, the NHS e-learning package (<http://elearning.nsahealth.org.uk/>) is also made available to staff as another option to achieve compliance for mandatory training.

Since October 2014 the Infection Control team has also offered onsite mandatory Infection Control training; working with the Learning and Development department to identify areas coming out of compliance.

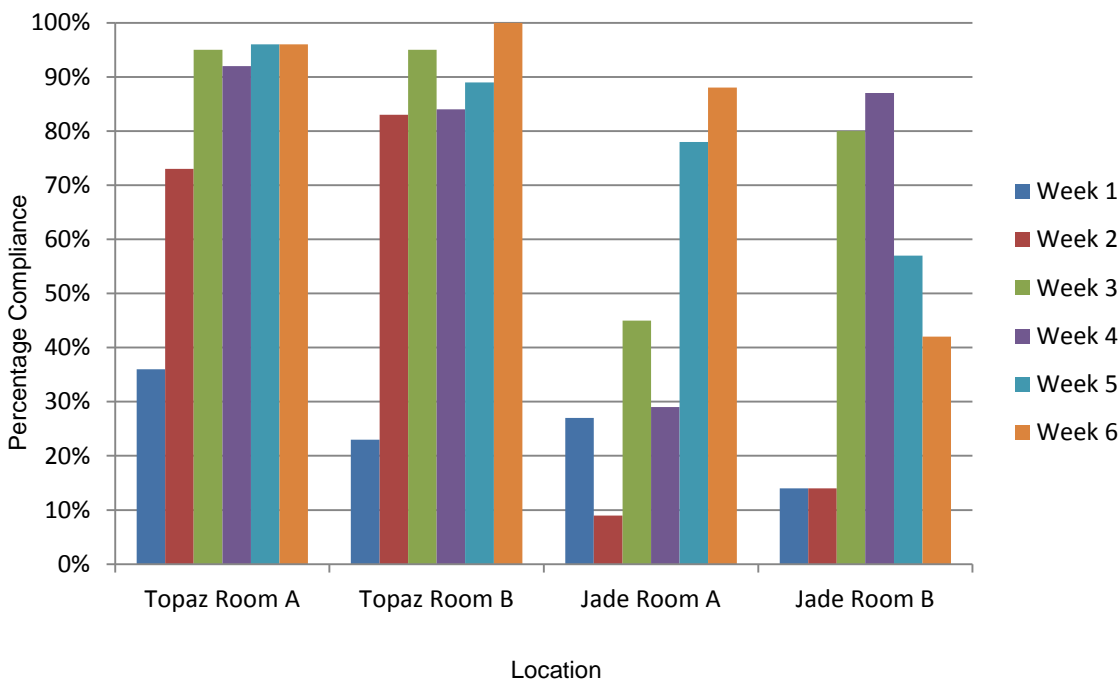
13. Environmental Hygiene

In February 2015, the Infection Control team began a project using ultra violet marking (UVM) to improved cleaning standards in C&I .UVM refers to the application of an ultraviolet marker on a surface in a hospital ward which fluoresces under black light and verifies the compliance of domestic staff with cleaning protocols by confirming whether or not a surface has been cleaned.

Generally a UV marker is placed on various locations in a clinical area which are considered high use-they are then reviewed 48 hours later to see if they have been effectively cleaned and scored to produce an audit result.

During February and March 2015, two wards at Highgate Mental Health Centre were used for the trial with results and remedial action being undertaken by the Cofely Domestic Manager supported by the facilities manager and the matrons.

Figure 4: Results from six week trial of UV Marking at HMHC



The trial saw a general improvement in cleaning techniques and highlighted issues with access to rooms for the Cofely manager-which explains the drop in scores for room B weeks 5 and 6 on Jade ward. The findings confirmed the audits that the matrons were undertaking and which had caused concern to the Associate Divisional Director about cleaning standards, and it is anticipated that this approach, along with other management action will bring improvement.

The cleaning contractors will also be using this methodology in their training.

14. Prevention of occupational exposure to infection

C&I has a contract with Central North West London (CNWL) Foundation Trust Occupational Health Services (OHS) which includes the screening and immunisation of our staff against communicable diseases.

From the 1st April 2014 – 31st March 2015 there have been 25 blood / body fluid exposure incidents sharps injuries reported to OHS from C&I. Safer sharps are now widely used in C&I, but there have been some issues with staff not knowing how to use devices properly. Infection Control has continued to educate staff with regards to these devices.

For the seasonal influenza vaccination campaign, the OHS achieved an uptake of **38.5%** amongst frontline staff and another increase to the annual total given of 47 doses (9.8%). See below for the staff groups immunised for influenza:

C&I seasonal Flu imms: 2014 - 2015 (Cumulative)	C&I Total Staff per category	C&I FLS Total immunised per category	
HCW Front Line Staff (FLS) Categories	N	N	%
Clinicians (medical / psychiatric)	131	53	40.5%
Nurses	371	103	27.8%
Allied professional (therapists)	250	147	58.8%
Support staff	420	148	35.2%
FLS Total	1172	451	38.5%
Other (non-FLS)	272	74	27.2%
Sum Total	1444	525	36.4%

The complete vaccination uptake data for the country is not available until later in 2015 but from data collected by Public Health England for the ‘Seasonal influenza vaccine uptake amongst frontline healthcare workers (HCWs) in England’ (October 2014) report, C&I’s vaccination figures were slightly better than other mental health trusts such as Oxleas NHS Foundation Trust and South London and Maudsley NHS Foundation Trust but generally not as good as large acute single-site trusts such as Whittington Health.

The OHS continues to provide new entrant screening for C+I with 690 new starters being seen. The OH service has not had to participate in any serious outbreak management programmes in this financial year. Advice has been offered to staff as required where they have had queries about communicable disease and their fitness to work and staff immunity status has been checked and updated as required for minor events, such as, Shingles, Chicken pox and Diarrhoea and Vomiting. OHS also provided advice with regard to staff queries about ebola virus disease and provided information for an infection control memorandum on this subject.

15. Conclusions

The priority for the Infection Control team in 2015-2016 will be a full Infection Control programme including an evaluation of the effectiveness of the Champions programme and to continue embedding good infection control practices into every aspect of C&I and therefore contribute to the continuing safety of our service users.

The revised arrangements with stronger leadership and a refreshed team in IC are committed to delivering excellence in the field of the prevention and effective delivery of a comprehensive Infection Control plan.

Appendix 1

INFECTION CONTROL GROUP MEMBERSHIP

Name	Department/ Designation
Claire Johnston – Director of Infection Prevention and Control & Chair	Director of Nursing & People and DIPC
Ian Clift	Deputy Director of Nursing
Jenny Oates	Deputy Director of Nursing
Doris Thomson	Senior Infection Control Nurse
Wayne Gilbert	Lead Infection Control Nurse
Gail Jones	Infection Control Nurse
Professor Peter Wilson	Consultant Microbiologist UCLH
Pam Duke	Occupational Health Manager
Ann Jumawan	Matron - HMHC
Rick Bolton	Matron – HMHC
Karen Jones	Matron-Huntley Centre
Margaret O'Driscoll	Head of Patient Safety and Risk
Vicky Hickson	NENCL, Health Protection Team
Emily Van De Pol	Senior Service Manager – Islington SAMH
Neill Wells	Senior Service Manager – R&R
Krishna Amin	Lead MH Pharmacist
Phil Wisson	Associate Director of Estates & Facilities
Helen Flynn	Head of Facilities Management
Casper Myburgh	Induction & Mandatory Training Manager
Anne Prouse - minutes	PA to the Director of Nursing & People

Appendix 2: Infection Control programme 2014/2015

Infection Prevention Control Programme 2014-2015

Purpose

This document sets out the Infection Prevention Control programme for the year working closely with the Estates and Facilities Team while building up the Champion role.

The overall key aim will be to achieve compliance with requirements of the Health and Social Care Act 2008 – Code of Practice for health and adult social care on the prevention and control of Infections and related guidance and Care Quality Commission Standard Outcome 8 – Regulation 12- Cleanliness and Infection Control.

The programme identifies the Infection Prevention Control (IPC) activities that the Team will focus on for the coming year. All areas are expected to follow existing IPC activities, policies, procedures and guidelines

The main focus for this year will be:

- To monitor the rates of infections for both national and local reporting requirements.
- The education of staff in Infection Prevention and Control practices
- Monitoring practices and processes through audit
- The improving the staff awareness of availability hand hygiene provision
- To proactively work with divisions to manage Infection prevention and control issues

The method of achieving this will be:

	Area	Action	Timescale	Responsibility	Completion
1	Demonstrate compliance with IC polices	To review and identify gaps in policies and procedures within the Infection Control Manual and develop accordingly in line with new national and local policy and guidance	As required	Infection Control Team	Ongoing
		Ensure that up to date IC polices, posters, education material, product information and other relevant information is on trust-net and intranet.	As required	Infection Control Team	Ongoing
		Audit compliance with policies	Yearly	Infection Control Team	Hand hygiene etc. audited by Champions, IC practices included in yearly audits (Full IC audit programme not achievable 2014-2015)
2	Surveillance of alert organisms and conditions	Carryout surveillance of alert conditions and organism on inpatient units and report through to the ICG quarterly and as appropriate to NENCL HPT	On-going	Infection Control Team	Quarterly at ICG
		Ensure services send samples for microbiology when there is a clinical indication of an infection.	As required	Infection Control Team	Visits/phone calls to individual services/team
		On-going education to services concerning alert infections and conditions across the organisation	As required	Infection Control Team	Visits/phone calls to individual services/team

3	Outbreak of Infection	Infection Control Team will conduct a de-briefing following an outbreak with each inpatient area. The key areas of learning will be collated and integrated in appropriate teaching packages and disseminated to the service and IC Champions.	As required in response to outbreaks	Infection Control Team	One outbreak in 2014-2015- problems identified at the time and dealt with
4	Education and Training	To provide Infection Prevention and Control (IPC) training for the Trust's Induction and Mandatory programmes To ensure all relevant subject matter is included: Hand hygiene, standard precautions, assessment of exposure prone risks, and the relationship to physical and mental health. Support staff that undergoes IC 'e' learning or Workbook programme.	On-going As required	Infection Control Team Infection Control Team Infection Control Team	On-going Material reviewed and updated regularly Workbook updated
5	Infection Control Champions	To have in place a nominated Infection Control Champion in every team and ensure that they receive adequate training and preparation to carry out that role Ensure that the champion role profile is update Induct newly appointed champions into their role A data base of Infection Control Champions teams will identify when training is required and ensure coverage for each team	Meeting/Training to be provided three times per year Yearly As required Update quarterly	Matron/Service Manager to nominate Infection Control Team Infection Control Group Infection Control Team Infection Control Team to monitor	On-going Completed On-going Updated and on-going
6	Hand Hygiene	Survey hand hygiene availability/provision of water, soap, paper towels within inpatient and community settings Work with Estates and Facilities to improve the availability hand hygiene provision for service Users and Staff Carryout Hand Hygiene 'opportunity' awareness survey and campaign	Quarter 2-3 Quarter 3-4 onwards Quarter 3	Infection Control Team Infection Control Team Estates and Facilities Infection Control Team	Ongoing On-going On-going
7	Audits	The IC audit programme will include: IC Environmental Audit to take place in all clinical services/facilities.	Yearly As required	Infection Control Team to collate data and present to Infection control group	Audit programme could not be completed due to staffing issues Ongoing

		<p>The ICT will monitor the completed audit assessment and action plan services. ICT to disseminate results locally and centrally and monitored by the Infection control group.</p> <p>Depending on need, ICT will audit services when a critical issues has been identified and on an ad hoc basis.</p> <p>Audit of all ward kitchens throughout the Trust</p> <p>Audit of mattresses</p> <p>Monitor Organisational performance relevant to infection control metrics of Hand Hygiene, Environmental Hygiene, and Decontamination of Medical Devices.</p> <p>Ensure all antimicrobial prescribing is fully monitored by Pharmacy</p> <p>Findings from audit linked with Risk Management,</p> <p>Audit Results to be part of the annual report and quality account</p>	<p>Quarterly</p> <p>As required</p> <p>Yearly</p> <p>Yearly</p> <p>Quarterly</p> <p>6 monthly</p> <p>Quarterly</p> <p>Yearly</p>	<p>Infection Control Team</p> <p>Infection Control Team</p> <p>Infection Control Team</p> <p>Infection Control Team</p> <p>Infection Control Team and Performance Manager</p> <p>Infection Control Team and Pharmacy</p> <p>Infection Control Team and Risk Manager</p> <p>Infection Control Team</p>	<p>Ongoing</p> <p>Awaiting dates to audit</p> <p>Completed</p> <p>Audits are now being trailed on the Meridian computer system</p> <p>Included in AR?</p> <p>Regular reports from Risk Manager</p> <p>Completed/ongoing</p>
8	New builds and refurbishments	Estates and Facilities to ensure the Infection Control Team are informed of and involved in the development and planning to ensure all standards are met	As required	Assistant Director Estates and Facilities Infection Control Team	ICT has given support to Estates department around anti-ligature work
9	Staff Health and Safety	<p>Support the Occupational Health in their screening and immunisation programmes.</p> <p>Ensure all relevant staff are aware the appropriate use of personal protective equipment.</p> <p>Continue to audit and review of sharps incidents and the subsequent actions taken by all departments concerned. This is to be reported to the Infection Control Group.</p> <p>Increase compliance of point of use disposal.</p>	<p>On-going</p> <p>On-going</p> <p>On-going</p> <p>On-going</p>	<p>Infection Control Team</p> <p>Infection Control Team</p> <p>Infection Control Team</p> <p>Infection Control Team</p>	<p>ICT has promoted flu vaccination campaign in all sessions</p> <p>Covered in all induction/SAS sessions</p> <p>Discussed at ICG quarterly and regularly featured at IC Champions meetings</p> <p>Covered in all induction/SAS sessions</p>

Appendix 3: Infection Control programme 2015/2016

The programme identifies the Infection Prevention Control (IPC) activities that the Team will focus on for the coming year.

	Area	Action	Timescale	Responsibility
1	Demonstrate compliance with IC policies	Review IC Manual in line with current evidence base ensuring it is user friendly	Ongoing	Infection Control Nurses
		Work with Communications to create new IC website with up to date policies, factsheets and posters.	Ongoing	Infection Control Nurses
		Audit compliance with policies	Yearly	Infection Control Nurses
		Continue to develop IC dashboard/metrics	Ongoing	Infection Control Nurses
2	Surveillance of alert organisms and conditions	Provide quarterly information to the ICG on alert organisms and conditions.	Quarterly	Infection Control Nurses
		Surveillance to be included in annual report 2015-2016.	Yearly	Infection Control Nurses
		Report any conditions /organisms as required to the NECL health protection unit.	As required	Infection Control Nurses
		Monitor clusters of cases of communicable diseases and make recommendations to stop ongoing transmission as required.	As required	Infection Control Nurses
		Feedback details of cluster investigations to ICG quarterly and in the annual report.	Quarterly	Infection Control Nurses
		Provide advice and education to all staff with regards to sending clinical samples to confirm presence of infection	As required	Infection Control Nurses
3	Outbreaks of infection	Development of a toolkit to promote early notification of potential outbreaks to Infection control team.	Ongoing-as part of policy review	Infection Control Nurses
		Teaching package concerning outbreaks to be organised for winter period	Outbreak season- November 2015	Infection Control Nurses
		Organise debrief meeting after an outbreak and	As required	Infection Control Nurses

		disseminate any lessons learned.		
4	Infection Control Champions	To continue to recruit new Champions and to maintain a database of Champions for every area	Ongoing	Infection Control Nurses
		To provide coaching to all Champions including new Champions.	Ongoing	Infection Control Nurses
		To hold Champions forums quarterly	Quarterly	Infection Control Nurses
		To hold a Champions Study Day	Yearly	Infection Control Nurses
		To provide regular communications and briefings to Champions via email.	Monthly	Infection Control Nurses
		To evaluate the Champions programme and make recommendations for creating a community of practice	Yearly	Infection Control Nurses
		To provide up to date training materials for Champions	Ongoing	Infection Control Nurses
5	Education and Training	To provide Infection Prevention and Control (IPC) training for the Trust's Induction and Mandatory Training programmes	Ongoing	Infection Control Nurses
		Support staff that are using the IC 'e' learning or Workbook programme.	Ongoing	Infection Control Nurses
		Provide onsite Infection Control training as required.	As required	Infection Control Nurses
		Develop new ways of delivering IC training in conjunction with the L+D department	Ongoing	Infection Control Nurses/Learning and Development
		Ensure all relevant staff are aware the appropriate use of personal protective equipment.	Ongoing	Infection Control Nurses
6	Audits	The IC audit programme will include:		
		IC Environmental Audit to take place in all clinical services/facilities.	Yearly	Infection Control Team to collate data and present to Infection control group
		The ICT will monitor the completed audit assessment and action plan services.	As required	Infection Control Team
		ICT to disseminate results locally and centrally and	Quarterly	Infection Control Team

		<p>monitored by the Infection control group.</p> <p>Depending on need, ICT will audit services when a critical issues has been identified and on an ad hoc basis.</p> <p>Audit of all ward kitchens throughout the Trust</p> <p>Monitor Organisational performance relevant to infection control metrics of Hand Hygiene, Environmental Hygiene, and Decontamination of Medical Devices.</p> <p>Ensure all antimicrobial prescribing is fully monitored by Pharmacy</p> <p>Audit Results to be part of the annual report</p>	<p>As required</p> <p>Yearly</p> <p>Quarterly</p> <p>Ongoing</p> <p>Yearly</p>	<p>Infection Control Team</p> <p>Infection Control Team</p> <p>Infection Control Team and Performance Manager</p> <p>Infection Control Team and Pharmacy</p> <p>Infection Control Team</p>
7.	New builds and refurbishments	<p>Estates and Facilities to ensure the Infection Control Team are informed of and involved in the development and planning to ensure all standards are met</p>	<p>As required</p>	<p>Infection Control Nurses</p>
8.	Staff Health and Safety	<p>Support the Occupational Health in their screening and immunisation programmes.</p> <p>Continue to audit and review of sharps incidents and the subsequent actions taken by all departments concerned.</p> <p>This is to be reported to the Infection Control Group.</p> <p>Increase compliance of point of use disposal of sharps.</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Quarterly</p> <p>Ongoing</p>	<p>Infection Control Nurses</p> <p>Infection Control Nurses</p> <p>Infection Control Nurses</p> <p>Infection Control Nurses</p>
9.	Procurement	<p>Make recommendations available for approved products to be used in C+I for infection control</p> <p>To keep preferred list of products up to date</p>	<p>Ongoing</p> <p>Ongoing</p>	<p>Infection Control Nurses</p> <p>Infection Control Nurses</p>