

Foundation Trust Board of Directors – 25 May 2017



Infection Prevention and Control and Pressure Ulcer Prevention Activity 2016/17

Situation

This report provides an overview of the NHFT Infection Prevention and Control Teams' and Pressure Ulcer Prevention activity during 2016/17 including their work plan and Healthcare Associated Infection performance against national & local trajectories.

Background

This is an annual report required by the Trust Board. The full report is attached as an Appendix.

Assessment

This report provides assurance from the Director for Infection Prevention and Control that the Trust has a robust, effective and proactive infection prevention and control and pressure ulcer prevention programme in place.

Assurance Process

The Infection Prevention and Control Assurance Group meets bimonthly and is attended by a wide representation of clinicians, Public Health England and a Governor. The purpose of this meeting is to protect patient safety by ensuring we have processes in place that help prevent and where required, manage infectious diseases and manage pressure ulcer prevention.

This report provides assurance from the Director of Infection Prevention & Control (DIPC) that the Trust has a robust, effective and proactive infection prevention and control programme in place.

HCAI Infections

MRSA bloodstream infections and *Clostridium difficile* infections are national contractual reduction objectives.

NHFT have a locally agreed trajectory with the CCG to not exceed 0 MRSA Bacteraemia & 25 cases of *Clostridium difficile* infections. It has been agreed that trajectory for 2017/18 will remain unchanged.

In 2016/17 NHFT achieved the following:

- 0 MRSA bacteraemia cases were attributed to the NHFT. (0 trajectory)
- 3 cases of *Clostridium difficile* infections were attributed to NHFT. See report for details.

Pressure Ulcer Prevention

The quality schedule agreed with commissioners for 2016/17 required information submitted on a monthly basis of the numbers of incidents reported, indicating their avoidability and where inherited pressure ulcers are reported from. The parameters for the Quality Schedule remain the same for 2017/18 and we await the findings from the 2017 “Stop the pressure” initial task groups to review our performance plan and map our next steps.

Recommendation

The Trust Board is asked to receive this report as assurance that the Trust has a robust, effective and proactive infection prevention and control and pressure ulcer prevention programme in place.

Governance Table

Paper sponsored by:	Julie Shepherd, Director of Nursing AHPs & Quality & Tracey Dodds, Lead Nurse for Pressure Ulcer Prevention and Head of CSU, Professional Development	
Paper authored by:	Jenny Boyce, Lead Infection Prevention & Control Nurse	
Date submitted:	23.05.2017	
DIGB Q strategic alignment*:	Develop	
	Innovate	
	Grow	
	Build Quality ✓	
Organisational Risk Register Considerations:	List risk number and title of risk	
FOMI considerations:	None believed to apply	
Equality considerations:	None believed to apply	

Northamptonshire Healthcare



NHS Foundation Trust

**Infection Prevention and Control
Annual Report
(April 2016 - March 2017)**

**Jenny Boyce
Lead Infection Prevention & Control Nurse
Northamptonshire Healthcare Foundation Trust**

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2017-2018 30**

1 Executive summary

This report provides assurance from the Director of Infection Prevention & Control (DIPC) that the Trust has a robust, effective and proactive infection prevention and control programme in place.

In July 2015, a revised code of practice was introduced for the prevention and control of health care associated infections (HCAI); The Health Act (2008), Code of Practice on the Prevention and Control of Infections and Related Guidance. The code of practice is also referred to as the Hygiene Code and is regulated by the Care Quality Commission. The areas of compliance are outlined in Table 1 below.

Table 1

Compliance criterion	What the registered provider will need to demonstrate
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	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.
3	Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.
4	Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion.
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.
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.
7	Provide or secure adequate isolation facilities.
8	Secure adequate access to laboratory support as appropriate.
9	Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.
10	Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection.

The Trust remains committed to ensuring that patient safety is at the forefront of everything we do and promotes infection prevention and control as the heart of good management and

clinical practice. The Trust is committed to ensuring that appropriate resources are allocated for effective protection of patients, their relatives, staff and members of the public.

The importance of partnership working across the health and social care economy and Trust is acknowledged within the Team and their primary aim is to ensure that there is a managed environment which minimises the risk of infection to patients, staff and visitors.

2 Reportable Infections

As part of the Healthcare Associated Infection (HCAIs) management, the Infection Prevention and Control Team (IPCT) receives relevant laboratories results from both acute hospitals on a daily basis for patients within NHFT services, Primary Care services and any patients living within the county of Northamptonshire. This was a request from the Northamptonshire HCAI Whole Health Economy meeting as a safeguard (second check) that HCAIs are managed in a timely manner. These results are then phoned through by the Infection Prevention & Control Team to relevant services managing the patient's care. A monthly summary of reportable HCAIs (MRSA and *Clostridium difficile*) is sent to the CCG as part of the quality schedule.

There are four HCAI infections that are mandatory for reporting purposes and are listed below:

- Methicillin Resistant *Staphylococcus aureus* (MRSA) bloodstream infections
- *Clostridium difficile* infections
- Methicillin Sensitive *Staphylococcus aureus* (MSSA) bloodstream infections
- Escherichia coli (*E.coli*) bloodstream infections

MRSA bloodstream infections and *Clostridium difficile* infections are national contractual reduction objectives.

NHFT trajectory for HCAI infections 2016/2017 remained the same as the previous year and was agreed as:

MRSA	0
<i>Clostridium difficile</i>	25

Healthcare Associated Infections (HCAIs) - MRSA and *Clostridium difficile* are not breaching the threshold set by the CCG.

3 Introduction

Northamptonshire Healthcare NHS Foundation Trust (NHFT) is committed to promoting the highest standards of infection prevention and control by ensuring that appropriate measures are in place within the Trust to reduce the risk of acquired infections thereby increasing the safety of patients, staff and visitors.

The Infection Prevention and Control Team (IPCT) continue to develop their ways of working in order to deliver a more clinically orientated and relevant service. The team is present within clinical areas through shadowing, observational audits and management of clinical cases. This has been effective in both improving clinical practice and reducing the rates of healthcare associated infections.

4 Resources

Infection Prevention and Control Team

The team is resourced for 3.4 WTE Infection Prevention and Control Nurses (IPCNs).

The team comprises:

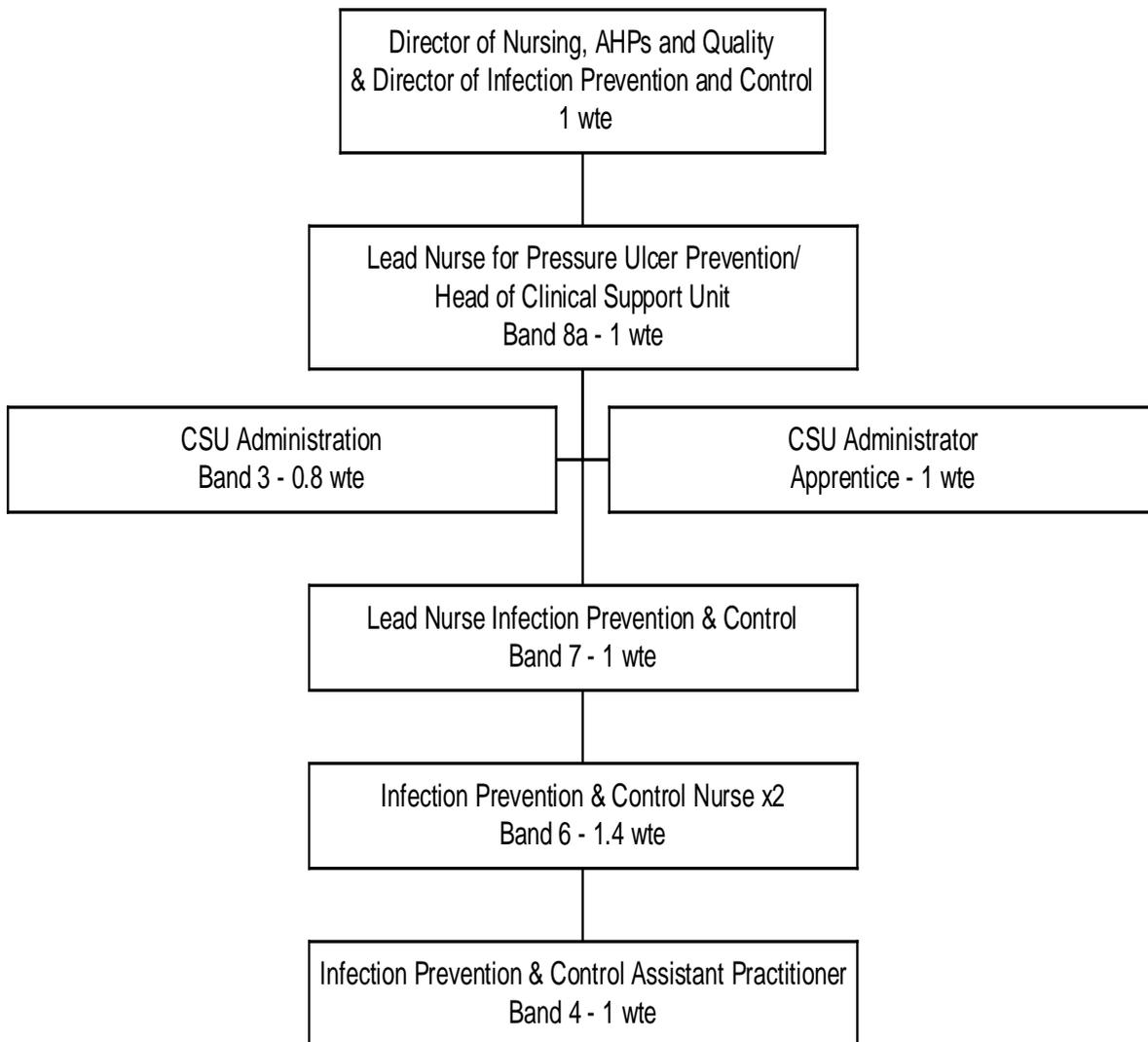
Lead Infection Prevention and Control Nurse (1WTE)

Infection Prevention and Control Nurses (1.4 WTE)

Infection Prevention and Control Assistant Practitioner (1 WTE)

CSU Administrator (0.8WTE) who provides administrative duties for the Head Clinical Support & Lead Nurse Pressure Ulcer Prevention

CSU Administrative apprentice (1WTE)



The Infection Prevention and Control Team is part of the Clinical Support Unit, managed by the Lead Nurse for Pressure Ulcer Prevention & Head of Clinical Support Unit. The head of the support unit reports directly to the Director of Infection Prevention & Control. The DIPC is responsible for the strategic co-ordination of infection prevention and control activities within the organization and ensures compliance with policy and associated procedures. This role is undertaken by the Director of Nursing, AHP's and Quality.

Medical/Microbiological support is provided as part of a Service Level Agreement with both Northampton & Kettering Acute Hospital Trusts. This provides access to a microbiologist who supports NHFT's Infection Prevention & Control team; this also ensures 24 hour access for staff requiring infection prevention and control advice.

The importance of infection prevention and control at all levels of the organisation continues to be emphasised and is supported by central publications requiring action, a need to provide assurance, participation in national initiatives and registration with the Care Quality Commission. The key elements of the service within the Trust are provided across all Trust services and include:

- Advice and Guidance
- Education and Training
- Audit
- Surveillance and monitoring of infection
- Outbreak management

It is imperative that assurance is available within all healthcare settings to indicate appropriate systems are embedded to minimise infection risks as far as is reasonably practical.

Infection prevention and control service provision follows guidance produced by the Department of Health (1995), HSC 2000/002, Health and Social Care Act 2008 (updated 2015) and Care Quality Commission key criteria including Outcome 8 (Regulation 12) Cleanliness and Infection Control. Service objectives are agreed annually with progress reviewed at each Infection Prevention and Control Assurance Group (see appendix 1). Service objectives aim to provide:

- Ongoing assurance and further promotion of infection prevention and control knowledge and practice
- Implementation of evidence based infection prevention and control
- Links to key requirements of the Health and Social Care Act 2008 (updated 2015) and other national recommendations

5 Meetings

The Infection Prevention and Control Assurance Group for the Trust meet bi-monthly; this meeting replaced both the Operation & Strategic IP & C meetings previously in place. During

the course of the year the Assurance Group has met on six occasions. The Assurance Group reports to the Quality Forum. The Infection Prevention and Control Assurance Group is chaired by the Head of the Clinical Support Unit, and membership of the group includes the Infection Prevention and Control Team, representatives from each of the service delivery units, quality leads, facilities representation, Lead Public Governor representation and as required representation from Occupational Health, Public Health England..

The Infection Prevention and Control Team meets once a month to discuss any ongoing or arising issues and to plan ongoing projects. The Trust is also represented through the Infection Prevention and Control Team on:

- Whole Health Economy Healthcare Associated Infection (WHE HCAI) Group
- Pandemic Flu planning
- Water Management Group

Liaison with local Infection Prevention and Control Nurses based in the two Acute Hospital Trusts, other neighbouring NHS Trusts and Public Health England local clinical team also occurs on a regular basis.

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

- Local team meetings to discuss infection prevention and control practices
- Trust Nursing Advisory Committee
- Patient Led Assessments of the Care Environment (PLACE)
- Decontamination and Medical Devices Management
- Water Management Meeting
- Project Groups
- Medical Devices meeting
- PFI meetings

6 Policies

The INFECTION PREVENTION & CONTROL TEAM ensures the 2 policies and 16 procedures are monitored for compliance using the audit arrangements (as discussed in section 11) and reviewed in a timely manner.

- IPC Assurance Framework
- Standard Precautions.

The Decontamination Policy remains unchanged presently. The remaining procedures are in date and have been reviewed regularly to ensure they are in line with best practice, research and government policies.

7 Healthcare associated Infections (HCAIs)

Routine surveillance of reportable organisms has continued throughout the year in response to amendments to data collection required by Public Health England (formerly the Health Protection Agency) and the Department of Health. Predominantly it is still laboratory data which is required and this is returned via both Acute Hospital Trusts within Northamptonshire who process the majority of specimens linked to the Trust. It is also acknowledged that a small number of specimens relating to community patients may be processed by out of county laboratories used by General Practices where community staff are based.

National publications relating to levels of Healthcare Associated Infections have been reviewed by the team throughout the year in addition to more recent National Commissioning Board requirement when following up blood stream infections. Objectives were set for both the Trust and the health economy for 2016/2017 which set out significant reductions for *Clostridium difficile* associated diarrhoea.

7.1 MRSA

Throughout 2016-17 0 MRSA bacteraemia cases were attributed to the NHFT.

There is now a standard national process for undertaking a post-incident review (PIR) on all patients who have Trust or non-Trust apportioned MRSA. This involves a multiagency review of the patients care to determine if there have been any lapses of care which would have contributed to the infection.

7.2 Clostridium difficile Infections (C.diff)

The trajectory for the number of C. diff cases that can be attributed to NHFT is set internally by the CCG. Both national and local health economy figures have shown an increase in the C. diff figures to date. Across the WHE, a group was chaired by the CCGs to review practices and coordinate a strategy to reduce the prevalence of *Clostridium difficile* across the county. NHFT have reported 3 cases of a trajectory of 25. The table below identifies these cases:

Month	Service Area	Thematic Review
August	Community Beds (Danetre)	Patient transferred to Danetre from Milton Keynes Hospital (patient a Northamptonshire resident). Patient had been an inpatient in John Radcliffe Oxford prior to that. No antibiotics were prescribed by Danetre inpatients but the patient had received several IV courses of antibiotics whilst in both acute hospitals due to the severity of his condition & subsequent infections. This was raised at the Whole Health economy HCAI meeting as both discharge letters from either acute hospital only stated that IV antibiotics had been prescribed not what had actually been given to inform the medical & nursing team of potential risk.
August	Older Peoples Mental Health Beds (Riverside Ward)	Patient attended A & E at NGH following a fall, a dipstick urinalysis was performed there and the patient was prescribed co-amoxiclav. She completed the course and the ward sent

		a urine sample which showed nil growth so no further action was required by the ward staff. The patient had to return to A & E for a separate issue a few days later and a blood test was taken and a further course of co-amoxiclav was prescribed due to a raised white blood cell count. This has been raised with the IP & C staff at NGH and also at the Whole Health economy HCAI meeting as a major issue.
September	Older Peoples Mental Health Beds (Forest Centre)	Patient identified with C. difficile during a period of increased incidence of diarrhoea on the ward (2 other patients with similar symptoms) specimen taken and C. difficile identified. Patient had been prescribed flucloxacillin for cellulitis which is within guidance.

The Infection Prevention & Control Team is working in partnership with the Senior Pharmacist in the review of the pharmacy database and monitoring of antibiotic prescribing data / levels across the trust. A bi-annual antibiotic audit is undertaken by the pharmacy team and reported to the Infection Prevention & Control Assurance group. This is to ensure that non-medical prescribers are prescribing antibiotics appropriately, therefore, reducing the risk of HCAIS such as *Clostridium difficile*. These audits have not identified any issues of concern in relation to antimicrobial prescribing.

The Infection Prevention & Control Team is also working in partnership with the Senior Pharmacist reviewing and monitoring antibiotic prescribing data / levels across the trust. This is to ensure that non-medical prescribers are prescribing antibiotics appropriately, therefore, reducing the risk of Healthcare Associated Infections such as *Clostridium difficile*. The information is shared at the Infection Prevention and Control Groups.

The trajectory for Healthcare Associated Infections reporting by NHFT, which is locally agreed, remains unchanged for 2017/2018.

7.3 Other Reportable Infections

The Infection Prevention & Control Team keep a log of other resistant infections as requested by NHS England

- *Escherichia coli* (E.coli) bacteraemia,
- Methicillin Sensitive *Staphylococcus aureus* bacteraemia (MSSA),

Public Health England (PHE) monitors these infections which are shared at the Northamptonshire HCAI Whole Health Economy meeting. Presently there are no reduction requests from NHS England for these infections.

The tables below indicate the number of HCAs attributed to NHFT and the progress through the first 6 months.

7.4 HCAs Attributed to Northamptonshire Healthcare Foundation Trust.

	C. DIFFICILE			MRSA			MSSA			E-COLI		
	Total	Trajectory	No. Assigned to Provider	Total	Trajectory	No. Assigned to Provider	Total	Acute Onset	Community Onset	Total	Acute Onset	Community Onset
APR	4	2	0	0	0	0	3		3	46		46
MAY	5	1	0	0	0	0	10		10	34		34
JUN	8	3	0	0	0	0	11		11	37		37
JUL	9	2	0	0	0	0	7		7	39		39
AUG	13	3	2	0	0	0	9		9	33		33
SEP	11	1	1	0	0	0	9		9	32		32
OCT	8	3	0	1	0	0	10		10	24		24
NOV	12	3	0	0	0	0	7		7	33		33
DEC	11	1	0	1	0	0	3		3	40		40
JAN	14	1	0	0	0	0	7		7	26		26
FEB	4	2	0	1	0	0	5		5	38		38
MAR	13	3	0	0	0	0	9		9	24		24

8 CQC inspection January 2017

Following the CQC inspection in January 2017, the Trust received a requirement notice under Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment. This detailed how the Trust did not meet the regulation for infection control and prevention, “the Trust did not ensure the risk of preventing infections was prevented, detected or controlled”. The Trust also received a Trust wide ‘should do’ action as detailed below. The Infection Prevention Team is working with operational services to deliver the actions against the requirement notice and ‘should do’ action.

Community Health Inpatient Services	SHOULD	The provider should ensure that staff follow infection, prevention and control guidance as per trust policy.
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As a result of this, NHFT are currently preparing for a visit in June 2017, from Dr Debra Adams, NHS Improvement, to review Infection Prevention & Control practices & procedures across the Trust as well as reviewing environmental cleanliness.

As a result of this the following action the Infection Prevention & Control Team are working in partnership with all clinical areas to ensure compliance with the CQC action plan in relation to rotation of stock & single use items. The Infection Prevention & Control Team have also provided additional training following the CQC visit outlined in the final report in relation to use of Personal Protective Equipment.

9 Pressure Ulcer Prevention

Northamptonshire Healthcare NHS Foundation Trust (NHFT) recruited a Lead Nurse for Pressure Ulcer Prevention (PUP) in 2012 to be involved in the collaborative and drive the “Stop the pressure” ambition. This nurse, a dedicated project lead, also manages the Tissue Viability Nurses (TVN’s) and works with clinical teams to motivate and direct them to ensure improvements and reduction in patient harm. There have consequently been a number of improvement initiatives implemented since 2012 and continued improvement has been

sustained with a notable reduction in the number of avoidable pressure ulcers reported within NHFT.

These improvement measures were evaluated following an independent review in 2016 of wound care within NHFT Community Nursing services by a company- AccelerateCIC. They reported:

“Recent initiatives within NHFT to target the pressure ulcer risk population have reduced incidence and prevalence. This reflects the current and national agenda. The work which has been undertaken locally is reflected in the high achievement for assessing risk, reporting pressure ulcers, and ensuring that the correct equipment is being provided.” They concluded there was good access to and a consistent range of pressure relieving equipment, good access and availability of the tissue viability review, good documentation on regrading, grading and risk of pressure ulcers and that investment in prevention and management of pressure ulcers was evident.

9.1 Current Situation

The TVN’s are members of the East Midlands Tissue Viability Group, where learning, initiatives and practice is shared and agreed in principle for consistency in approach within the region. This information is further communicated at the local countywide Tissue Viability Forum, where NHFT works collaboratively with commissioners and the two local NHS acute Trusts. This group, co-chaired by NHFT’s Lead Nurse PUP consider incident data, learning from incidents, new initiatives and has a shared action plan for improvement.

Education and training has played a significant part in promoting pressure ulcer reduction within NHFT by ensuring staff are equipped with the right knowledge and skill set. Role specific training is scheduled on a regular basis throughout the year via the Trust’s training programme and can be accessed face to face, in a classroom based setting or electronically via an e-learning package. Bespoke pressure ulcer training is also provided for teams on request, particularly in relation to learning from incidence.

Education sessions are often requested and provided external to the organisation from GP practices, social care and health, care homes and voluntary organisations. It is considered that by educating these teams we are promoting the appropriate care and treatment of patients within the wider health economy, thus reducing patient harm and reduction of pressure ulcers.

We have achieved a number of successes and introduced many initiatives since 2012 including: introduction of electronic SSKIN care plan, reviewed and introduced assessment tools, designed aide pocket memoires and tools for staff, revised training packages, developed patient story DVD's to use within training, link network of champions in clinical areas, evaluated key pieces of equipment and changed these on the community catalogue, purchased and upgraded beds and mattresses within hospital settings, involvement in the review and amendment of the national formulary for dressings, worked with a number of professionals to produce patient leaflets and information and ultimately embedded pressure ulcer prevention into our daily practice.

The quality schedule agreed with commissioners for 2016/17 required information submitted on a monthly basis of the numbers of incidents reported their availability and where the inherited pressure ulcers were reported from. The detail around this year's requirement is being negotiated and we await the findings from the 2017 "Stop the pressure" initial task groups are to review our performance plan and plan our next steps.

9.1.1 Progress to date

The initial "Stop the pressure" collaborative was promoted to ensure a reduction of hospital acquired pressure ulcers. NHFT provides a diverse range of services both within hospital settings and within the community and therefore were interested in being involved with this ambition. We have very few hospital acquired pressure ulcers. The majority of the pressure ulcers reported within the community setting are mostly within patient's own homes.

Our community teams provide hospital admission avoidance to the acute trusts and facilitate early discharge with support. This means that we are nursing very elderly and often very frail patients with complex conditions, living alone, reliant on a care package provided

externally to NHFT services to support them. Often the care package is not sufficient enough to cater for all of their needs and pressure ulcer prevention is limited from our teams. Joint working and investment within the wider health economy is required to address this.

We are planning to commence a piece of work with colleagues in the two Acute Trusts in the near future, (April 2017) to look at inherited pressure ulcers; attempting to understand and interpret the data reported and undertake a thematic review to identify root causes for the pressure ulcers and how the patient may travel with the pressure ulcer between services.

Inherited pressure ulcers April 2016 – March 2017

Grade	Numbers
Grade 2	740
Grade 3	365
Grade 4	35
Deep Tissue Injury	35
Moisture Lesion	58

Acquired pressure ulcers April 2016 – March 2017

Grade	Numbers
Grade 2	582
Grade 3	235
Grade 4	9
Deep Tissue Injury	27
Moisture Lesion	50

Unavoidable and Avoidable pressure ulcers April 2016 – March 2017

Grade	Unavoidable/Avoidable	Numbers
Grade 2	Unavoidable	556
	Avoidable	27
Grade 3	Unavoidable	224
	Avoidable	11
Grade 4	Unavoidable	9
	Avoidable	0
Deep Tissue Injury	Unavoidable	25
	Avoidable	2
Moisture Lesion	Unavoidable	50
	Avoidable	0

9.1.2 Pressure Ulcer Prevention Work stream 2017/18.

The number of pressure ulcers reported in each of the quarters during 2016-2017 has remained consistent. As practice has changed and improved over the past few years and services have expanded to care for more vulnerable patients, we have focussed less on 'number crunching' but concentrated more on the level of harm and the care delivered to the patient.

To facilitate this, the following actions are included within the work stream for 2017/18:

- To ensure the most appropriate equipment is prescribed, available and accessible for service users.
- To ensure Pressure Ulcer Prevention and Management Policies/Guidelines are developed and are in place.
- To ensure all staff have the relevant knowledge and skills to prevent and manage pressure ulcer/tissue damage.
- To educate patients/carers about awareness and prevention of pressure ulcer development.
- To monitor and report on the number of pressure ulcers, deep tissue injuries and moisture lesions reported within NHFT.
- To measure and report on numbers of acquired grade 2/3/4 pressure ulcers.
- To work collaboratively with colleagues in the acute trusts to prevent pressure tissue damage.

10 Outbreaks

There has been 2 periods of increased incidence of diarrhoea and vomiting during the last 6 months within NHFT. Both of these incidents were at Corby Community Hospital. The unit maintained business as usual throughout the periods of increased incidence, despite the challenges of the environment, with the support of the IP & C team. All units maintained business as usual throughout the periods of increased incidence, with the support of the IP & C team.

The Infection Prevention & Control Team have been involved in the management of norovirus outbreaks in Care Homes in partnership with Public Health England (PHE). The Infection Prevention & Control Team share information and give advice on the management of infections such as norovirus. The Infection Prevention & Control Team are informed of all outbreaks in care homes by Public Health England via email to facilitate an awareness of infections in the community which may impact NHFT services.

11 Training

The Infection Prevention & Control Team provide training in a number of ways for clinical & non-clinical staff as follows:

- Induction twice monthly (captures all new members of staff joining NHFT)
- Face to face planned sessions monthly (& bespoke for teams on request)
- Workbook
- Training tracker

IP & C training requires an annual update for all clinical staff and a three yearly update for non-clinical staff. The compliance for IPC training for clinical staff according to our local records is 98% and 91% for non-clinical staff. Additional training sessions were provided for staff to attend across the Trust in a variety of clinical settings in an attempt to make training more accessible and to improve compliance rates.

Number of staff trained in the year April 2016 – March 2017

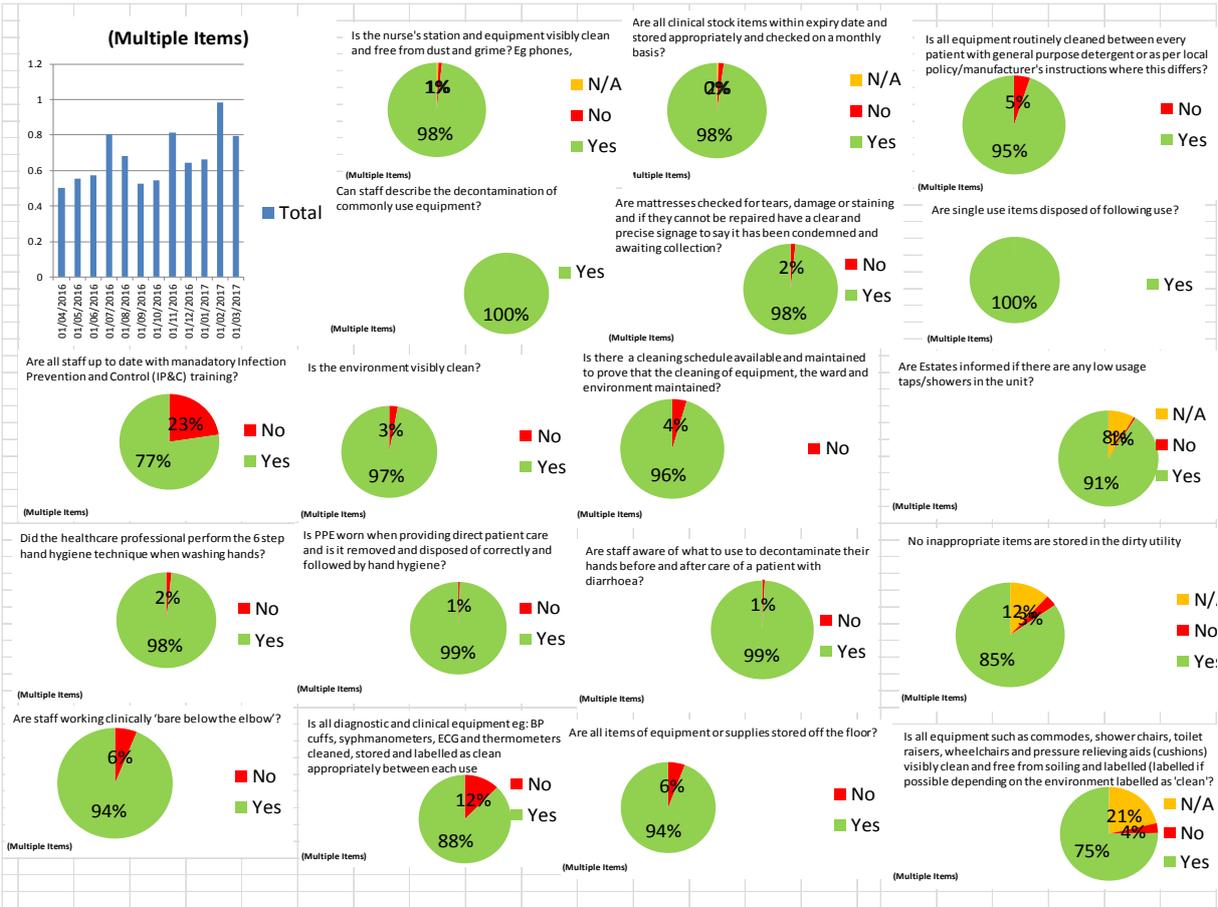
	e-learning	Work book	Face to face	Induction	Total
Clinical	1593	183	1192	382	3350
Non-clinical	133	9	100	116	358
Total	1726	192	1292	498	3708

12 Audits

An annual programme of audit is planned and undertaken quarterly in all inpatient areas and bi annually in residential clinical areas. The audit tool used by the Infection Prevention & Control Team has been adapted from the Quality Improvement and Rapid Improvement tools developed by the Infection Prevention Society and endorsed by the Department of Health. Audits of other facilities, services and procedures have also been carried out as per service objective requirements.

The Infection Prevention & Control Team undertakes HOTSPOT audits in all inpatient areas on a quarterly basis and annually in the clinics throughout NHFT. These audits provide the organisation with assurance that Infection Prevention & Control Policies and Guidelines are being followed and that the appropriate standards are being met. The Infection Prevention & Control Team and the Quality team have worked together to produce an audit tool that captures more mandatory information from the community teams. The input covered all areas of infection prevention and control including hand hygiene compliance at the point of care. The audits are completed on a quarterly basis; this has seen an improvement in audit compliance across all services especially the community setting

The inpatient areas and community teams also undertake a monthly and quarterly self-audit respectively. The results of these audits are shown in the diagram below.



Areas which scored less than 80% had some challenging patients who made the environment more difficult to manage. The Infection Prevention & Control Team made

weekly visits to these areas, having a close dialogue with staff to ensure the care plans were updated in line with the issues as they arose.

The Infection Prevention & Control Team liaise with the facilities team to ensure that a clean and appropriate environment for the reduction of infections in managed premises. This is achieved through routine cleaning schedules, deep cleaning schedules, updating policies and monitoring using the Matrons Observational Tool (MOT) Audit and Cleaning for Credit Audits (C4C). Development of cleaning schedules continues and these are positioned at the entrance to all inpatient settings. Specific schedules linked to clinical equipment have been devised for ward, community and clinic settings. Work is also continuing with healthcare staff to ensure schedules are in place and adhered to for items of near patient equipment, compliance being monitored through a programme of assurance visits and audits.

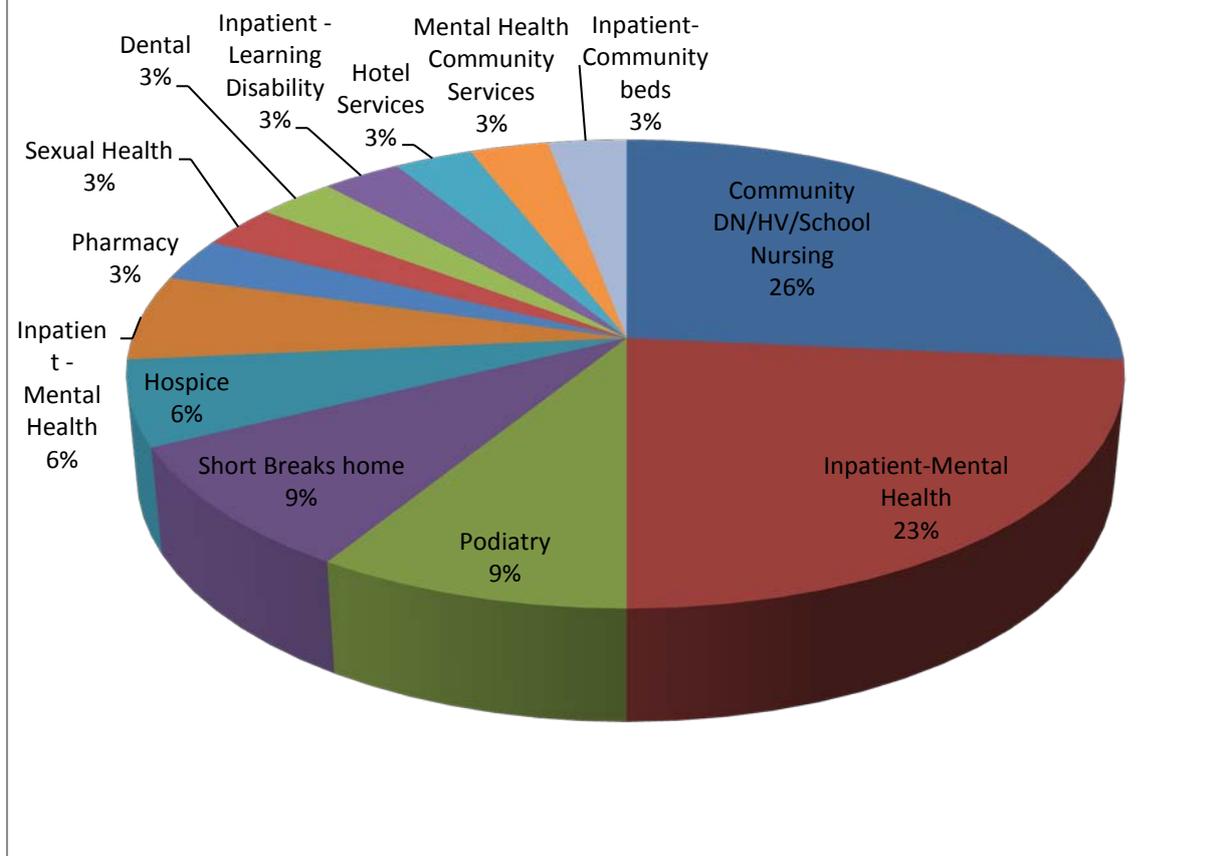
The Infection Prevention & Control Team work in partnership with the Estates Facilities teams to ensure that refurbishment or development of new facilities complies with IP & C guidance. The projects that the team have worked on so far this year include:

- Statutory compliance meetings for PFI buildings
- Refurbishment of existing estate
- Reallocation of buildings for other departments to use – ensure safety
- Purchasing of equipment – ensuring cleanliness equipment can be maintained.

13 Needlestick, Sharps & Bite Injuries

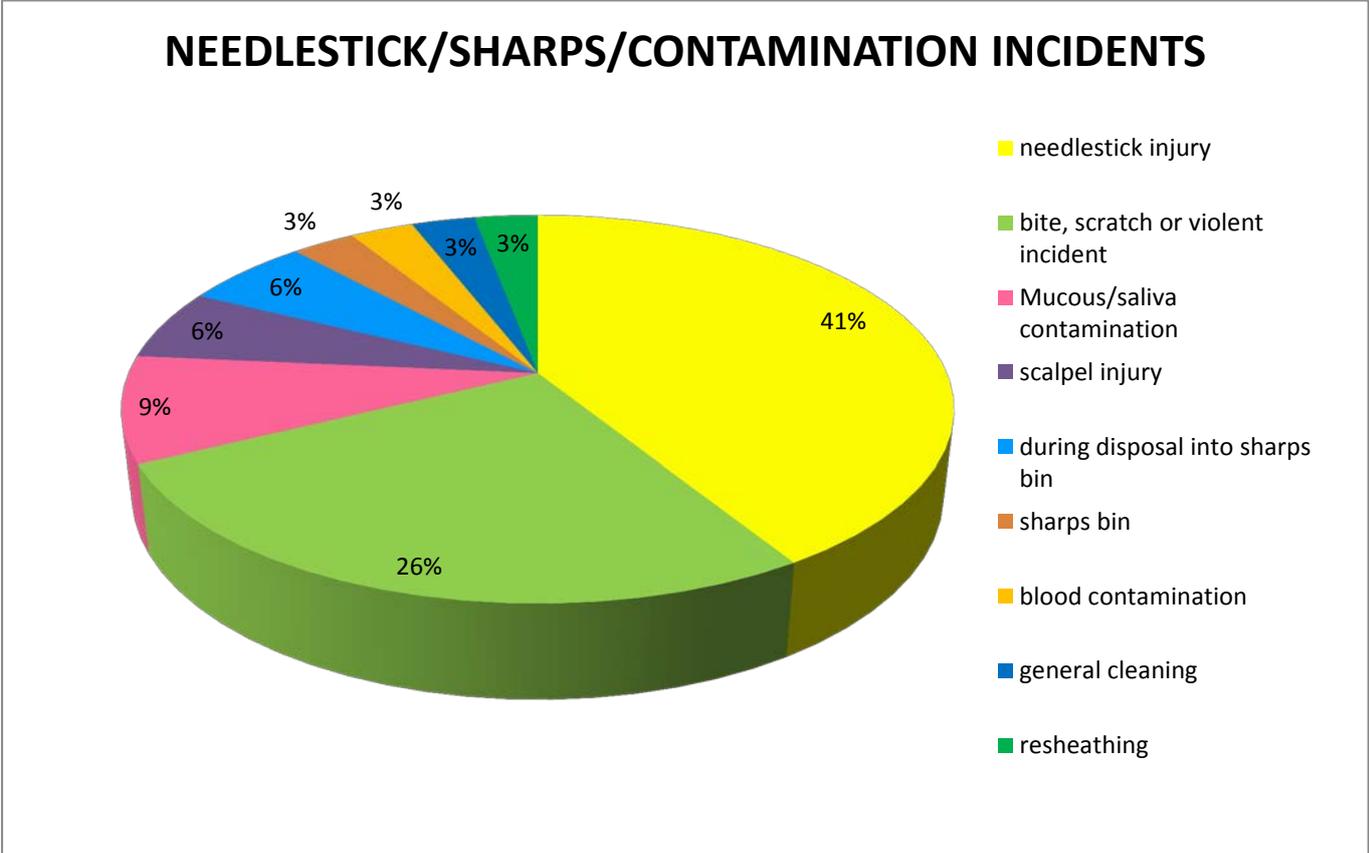
Between 1st April 2016 & 31st March 2017, the following needle stick and sharps injuries were reported. A total of 42 Needlestick/Sharps/Contamination Incidents have been reported.

Total Number of Needlestick Injuries by Staff Group



Staff Group	Total
Community DN/HV/School Nursing	9
Inpatient-Mental Health	8
Podiatry	3
Short Breaks home	3
Hospice	2
Inpatient - Mental Health	2
Pharmacy	1
Sexual Health	1
Dental	1
Inpatient - Learning Disability	1
Hotel Services	1
Mental Health Community Services	1
Inpatient-Community beds	1
Grand Total	34

NEEDLESTICK/SHARPS/CONTAMINATION INCIDENTS



Category	Total
Needle stick injury	14
Bite, scratch or violent incident	9
Mucous/saliva contamination	3
Scalpel injury	2
During disposal into sharps bin	2
Sharps bin	1
Blood contamination	1
General cleaning	1
Resheathing	1
Grand Total	34

14 Infection Prevention & Control Link Facilitator

Roles and responsibilities undertaken by Link Facilitators vary greatly across the Trust and a standard role has been defined. Work has been undertaken this year to review the role of link staff and this has demonstrated the value they bring and also the high levels of

motivation and activity to promote infection prevention and control which are evident in many wards/departments and teams.

15 Events

Over the year, the Infection Prevention and Control Team have contributed to benchmarking against a number of initiatives detailed below and distributed position statements and educational information and guidelines from the Department of Health and Public Health England as appropriate. This includes, but is not limited to, information on specific infections which require ongoing monitoring across healthcare settings such as PVL Staphylococci, MRSA and MSSA bacteraemias, *E.coli* bacteraemias, *Clostridium difficile* associated diarrhoea, Norovirus and MRSA screening. The Trust participates in the following initiatives:

- Maintained registration with the World Health Organisation as part of their reducing health care associated infections campaign. Including clean hand, safe care and updating of the five moments of hand hygiene.
- Continued promotion of the “cleanyourhands” community campaign key points as although this campaign ceased in May 2011 the principles and key points continue to be essential in promoting appropriate clinical practice. This is nationally recognised as excellent resource material for continued use.
- Antibiotic Guardian to promote antimicrobial stewardship and minimise resistance. Involvement in NHS England event for *Clostridium difficile*.
- Department of Health posters in relation to coughs and sneezes, outbreaks of infection, hand hygiene and appropriate use of antibiotics have been distributed across all clinical services including information relating to European Antibiotic Awareness Day in November 2016.
- Infection Prevention & Control week (October 17th – 23rd) the team highlighted a Back to Basics theme concentrating on hand hygiene & appropriate use of personal protective equipment
- Department of Health posters in relation to coughs and sneezes, outbreaks of infection, hand hygiene and appropriate use of antibiotics have been distributed

across all clinical services including information relating to European Antibiotic Awareness Day in November 2016.

16 Collaborative Working

In addition to organisational participation in national initiatives, the team has also been involved in:

- Contributing to the development of **action plans and risk registers** acknowledging potential risks for decontamination, water safety, waste and infection prevention and control practices.
- Relaunch of safer sharp initiative across the Trust
- Glove trial of a more cost effective brand which was successful.
- Link Facilitator meetings updated and this has been well received by staff.
- World Sepsis Day 13th September 2016: the Infection Prevention & Control team distributed educational resources which raised awareness of Sepsis recognition & management to all inpatient areas as well as visiting these areas to provide further support and advice.
- The Infection Prevention & Control team took part in collaborative working with Public Health England & the Environmental Health Team at Northamptonshire County Council following a pseudomonas outbreak at an ear piercing studio in Northampton. 9 individuals reported to NGH A&E with ear abscesses following a piercing at the studio. This developed into a nationwide collaboration as other areas reported similar situations. Following investigation, a third party was found to have produced and distributed a contaminated product nationwide.
- Full compliance with specific guidance on reporting and management duties e.g. MRSA Screening – Operational Guidance.

17 Work stream for 2017/18

- To maintain the formalised programme of audit to ensure all inpatient areas and kitchens are audited annually.

- Undertake quarterly reviews to ascertain prescription of antimicrobial agents within inpatient settings and further promote antimicrobial stewardship.
- To continue to undertake audits/questionnaires to ascertain infection control practices and make adjustments as required as part of the CQC action plan.
- To continue to provide infection prevention and control mandatory and induction training
- To continue to promote the recruitment of link staff from each clinical area/service, with a particular emphasis on community staff.
- Provision of an on-going training and support programme for link staff, tailored to their needs.
- Continue to provide detailed surveillance on positive community isolates of *Clostridium difficile*, pre 48 hour MRSA, MSSA and E coli bacteraemias
- To work towards the NHS ambition to reduce healthcare associated Gram-negative bloodstream infections by 50% by 2021 and reduce inappropriate prescribing by 50% by 2021.
- Actively contribute towards monitoring of trajectories relating to healthcare associated infection that are set for the health economy.
- Building on existing objectives, continue to promote uptake and usage of hand hygiene products, personal protective clothing and safe sharps devices through education, training and poster availability.
- Continue to promote the use of cleaning schedules for near patient equipment across clinical services.
- Continue to support and promote development of the Infection Prevention and Control Service emphasising the importance of the service and ensure that both a reactive and proactive service can be provided to wider health economy.
- Participation, where appropriate in National Initiatives to increase the profile of infection prevention and control e.g. infection prevention and control week and Antibiotic Awareness Day, World Sepsis Day.

18 Conclusion

The Infection Prevention & Control Team have continued to work strategically and operationally across the Trust to ensure that infection prevention and control is embedded in to the culture of the Trust. The ICN's provide an excellent high quality service to ensure that all clinical practice, the healthcare environment, staff safety and, ultimately, the experience of the service user's health and safety remains paramount.

19 APPENDIX 1 Infection Prevention & Control Work plan 2017-2018

Purpose

The overall key aim of this work plan is 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 (updated July 2015) and related guidance and the 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; and
- To proactively work with clinical areas to develop strategies to help them manage any manage Infection prevention and control issues with the IPC Team.

Action	Lead	Date	Quarterly Status & Progress reports	RAG
Demonstrate compliance with Infection Prevention & Control Policies & Procedures				
Review policies & procedures to ensure in line with current national & local guidelines	Lead IP & C Nurse	March 18		
Audit compliance with policies & procedures in all areas	IP & C Team Lead IP & C Nurse	March 18		
Ensure that the Trust complies with Legionella Management Guidelines	Lead IP & C Nurse	March 18		

Action	Lead	Date	Quarterly Status & Progress reports	RAG
and provide quarterly reports to IPCC	Head of Property Management			
Ensure that up to date policies & procedures are available on both NHFT's intranet & public facing website.	IP & C Team Lead IP & C Nurse	March 18		
Audit				
To maintain the audit programme across all clinical areas.	Lead IP & C Nurse	March 18		
To undertake an annual audit on use of medical devices i.e. urinary catheters, peripheral lines & IV ports across inpatient areas.	IPC Team	March 18		
To continue to undertake an antibiotic audit within the in-patient settings bi-annually	Lead IP & C Nurse Senior Pharmacist	March 18		
To monitor prescribing rates of non-medical prescribers and identify & challenge outliers.	Lead IP & C Nurse Senior Pharmacist Community Services	March 18		
Education & Training				
To provide Infection Prevention & Control training for new starters at	Lead IP & C Nurse	March 18		

Action	Lead	Date	Quarterly Status & Progress reports	RAG
induction	IPC Team			
To provide Infection Prevention & Control mandatory training for clinical staff on a yearly basis	Lead IP & C Nurse IPC Team	March 18		
To provide Infection Prevention & Control mandatory training for clinical staff on a 3 yearly basis	Lead IP & C Nurse IPC Team	March 18		
To provide Infection Prevention & Control training within sessions for healthcare staff in the care & management of intravenous access devices.	Lead IP & C Nurse IPC Team	March 18		
Surveillance				
To contribute towards the monitoring of trajectories relating to healthcare associated infections set for NHFT within the local health economy.	Lead IP & C Nurse IPC Team	March 18		
To provide monthly information on: Clostridium difficile MRSA BSI MSSA BSI Gram Negative BSI	Lead IP & C Nurse IPC Team	March 18		
To feedback surveillance data at the Infection Prevention & Control Assurance Group	Lead IP & C Nurse IPC Team	March 18	-	
Monitor clusters of communicable	Lead IP & C	March		

Action	Lead	Date	Quarterly Status & Progress reports	RAG
disease in conjunction with Public Health England East Midlands and make recommendations as required.	Nurse IPC Team	18		
Provide feedback of cluster investigations to the Infection Prevention & Control Assurance Group	Lead IP & C Nurse IPC Team	March 18		
Outbreaks				
Review current Outbreak information & disseminate to ward areas.	Lead IP & C Nurse	March 18		
Work with Emergency Resilience Officer to ensure plans are in place regarding the notification & escalation of outbreaks.	Lead IP & C Nurse Emergency Resilience Officer	March 18		
Link Facilitators				
To review the role of the IP & C link facilitators	IPC Team	August 18		
To provide up to date resources and training materials for the IP & C link facilitators	IPC Team	March 18		
To evaluate the IP & C link facilitators role and provide feedback to the Infection Prevention & Control Assurance Group	IPC Team	March 18		
Awareness Raising				

Action	Lead	Date	Quarterly Status & Progress reports	RAG
To continue to promote the uptake and usage of hand hygiene products, personal protective equipment and safer sharps devices through education, training & posters	Lead IP & C Nurse	Sept 16		
To continue to review sharps incidents and subsequent actions taken by departments and feedback to the Infection Prevention & Control Assurance Group	Lead IP & C Nurse	March 18		
To raise awareness in all settings across the trust of the importance of the recognition of the signs and symptoms of sepsis	Lead IP & C Nurse IPC Team	March 18		
To participate in National Initiatives (where appropriate) i.e. Infection Prevention & Control Week, Hand Hygiene Day, Antibiotic Awareness Day to increase the profile of Infection Prevention & Control within the Trust & wider community.	IPC Team	March 18		
To make recommendations alongside the purchasing team procurement of appropriate products to be used for infection prevention & control.	Lead IP & C Nurse	March 18		
Ensure that IPCT advice is sought on	Lead IP & C	March		

Action	Lead	Date	Quarterly Status & Progress reports	RAG
all stages of the contracting process for facilities and other services that have implications for infection control such as laundry services, food handling and clinical waste disposal	Nurse Head of Property Management	18		
Promote the importance of staff having influenza vaccination	IPC Team	March 18		
To produce an Annual Infection Prevention & Control Report for the Board.	IP & C Team Manager Lead IP & C Nurse	March 18		

Rating Legend:

	Not started
	In progress
	Completed