

**BOD 75/2013**

(Agenda Item: 9)

# Report to the Meeting of the

**Oxford Health NHS Foundation Trust**

**Board of Directors**

**26 June 2013**

**Infection Prevention and Control (DIPC) Annual Report**

**April 2012 - March 2013**

**For: Approval**

The attached report provides assurance on the Infection Prevention & Control Programme and activity for 2012/13.

Each year the Director of Infection Prevention and Control (DIPC) is responsible for producing an annual report. The purpose of the report is to inform the Trust Board of progress in delivering the infection prevention and control programme. This includes providing the Board with assurance that appropriate measures are being taken to maintain the safety of patients and staff and to agree the action plan for sustained reduction and improvements in Healthcare Associated Infections (HCAI) in 2013/14.

Summary of key achievements:

* The Trust remains compliant with the Health and Social Care Act: Code of Practice for Health and Adult Social Care on the prevention and control of infections and related guidance (The Hygiene Code) and CQC outcome 8.
* All Inpatient areas and other high risk areas have had an environmental audit conducted which has measured compliance and demonstrated standards of infection prevention and control practice.
* Resources and controls to support the prevention and control of infections are in place and the level of assurance that controls are minimising risks is high. Assurance is provided through implementation of the annual work programme with quarterly reports and exceptions reported to the Infection Prevention Control and Decontamination Committee. The Chief Executive is kept informed through a weekly briefing on Outbreaks and reportable infections , and the Board is briefed on a monthly basis through the Quality and Safety Report and the Quality and Performance Report
* Infection prevention and control education continues to be a priority with demonstrations and practical training provided to all trust staff as per the training matrix.

**Report**

The Board is asked to note this report, approve the work programme and continue to support the infection prevention and control programme to minimise the risks of healthcare associated infections, as required by the Health and Social Care Act and CQC outcome 8.

**Recommendation**

The Board is asked to:

* note the report which was approved by the Infection Prevention & Control Committee on 26/5/13
* approve the work programme for the forthcoming year

**Author and Title:** Helen Bosley, Infection Prevention and Control Matron

**Lead Executive Director:** Ros Alstead, Director of Nursing and Clinical Standards

1. *A risk assessment has been undertaken around the legal issues that this paper presents and there are no issues that need to be referred to the Trust Solicitors.*
2. *This paper (including all appendices) has been assessed against the Freedom of Information Act and the following applies:*
* *THIS PAPER MAY BE PUBLISHED UNDER FOI*
1. *This paper provides assurance and evidence against the Care Quality Commission Outcome: 8*

**INFECTION PREVENTION AND CONTROL**

**Director of Infection Prevention and Control Annual Report**

 **2012 - 2013**

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| 1. Introduction The Trust continues to have a comprehensive programme of infection prevention and control which has supported declaration of full compliance with 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 CQC outcome 8.The Act requires that the Board of Directors has a board-level agreement outlining the boards’ collective responsibility for minimising the risks of infection and the general means by which it prevents and controls such risks.  |

**2. Overview of infection control activities during 2012/13.**

The Infection Prevention and Control Team are led by the Director of Infection Prevention and Control (DIPC) and the team members are:

* Ros Alstead, DIPC and Director of Nursing and Clinical Standards
* Helen Bosley, Infection Prevention and Control Matron
* Sue Baldwin, Senior Infection Prevention and Control Nurse
* Sarah Thorpe, Senior Infection Prevention and Control Nurse
* Jennifer Matthews, PA and Team Secretary to Infection Prevention and Control Service

The Infection Prevention and Control Team have worked hard to strengthen and develop links with all services, including prisons and offender health. This resulted in raised awareness and improved knowledge of infection prevention and control, supporting the link staff, as well as providing advice, informal education, dissemination of best practice, and monitoring of compliance with standards. Additional advice and support is provided via a service level agreement (SLA) with Oxford University Hospitals NHS Trust. This equates to two sessions from a consultant microbiologist every week and 24hr/7day week on call microbiology service.

**3. Governance arrangements**

**3.1 Reporting to the Trust Board**

The Infection Prevention and Control Team provide monthly summary reports for the Chief Executive and Board. The DIPC also reports directly any issues by exception to the Board or its governance or Executive Committees.

**3.2 Infection Prevention, Control and Decontamination Committee (IPCDC)**

The Trust has an Infection Prevention, Control and Decontamination Committee (IPCDC) that meets every quarter. In 2012/13 it met on 19th April 2012, 12th July 2012, 18th October 2012 and 25th January 2013.

The Infection Prevention and Control and Decontamination Committee monitor compliance with infection prevention and control and decontamination requirements. The IPCDC monitors the infection prevention and control annual work programme, ensures that arising infection control issues are addressed, and ensures that compliance with the Health and Social Care Act, the NHS Litigation Authority (NHSLA) standards and CQC outcome 8 are maintained. Included in the committee membership are the DIPC and Infection Prevention and Control Team, Modern Matrons, Service managers, Facilities managers, Services leads, a medical representative, and representatives from the Estates department, Learning and Development department, Occupational Health and other departments as required according to the agenda. Microbiology expertise is also provided for the IPCDC by a consultant microbiologist via an SLA with the Oxford University Hospitals NHS Trust. Regular meetings have taken place with the DIPC, Matron and Microbiology team.

**4. Policy and Procedures**

The Health and Social Care Act (2008) details which policies and procedures are appropriate for regulated activities and provide a guide to what may be needed to demonstrate compliance. CQC outcome 8 outlines essential standards to be met.

Procedures approved during 2012-13 were:-

* Influenza - updated
* Outbreaks - updated
* Group A Streptococcus infection (GAS) - new

In addition, new ‘at a glance’ guides have been developed to assist staff with easy reference information. The ‘at a glance’ guides developed are:

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| * VRE
* Ringworm
* Pseudomonas
* Group A Streptococcus infection (GAS)
 | * Scarlet fever- community settings
* Mumps-community settings
* Whooping Cough-community settings
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All these procedures and ‘at a glance’ guides are available to staff via the infection prevention and control intranet page.

The patient inter healthcare transfer form is incorporated into mental health and community hospitals to facilitate improved information transfer when patients are moved between organisations. Its use is reflected in training.

Oxford Health NHS Foundation Trust uses the primary care antimicrobial prescribing guidelines which are regularly reviewed by the PCT.

**5. Local service improvement**

**5.1 Infection prevention and control intranet page**

The intranet page is continually being reviewed and updated with new and relevant information and data for staff to access. It contains all policies and procedures, relevant patient information leaflets, all infection prevention and control quarterly newsletters, contact details and management of outbreaks information. It is promoted in mandatory training as an easily accessible resource for staff to access.

**5.3** **Adenosine triphosphate (ATP) testing**

The Community Hospitals have continued to use the clean trace system for monitoring cleanliness of the environment and equipment. This system records the level of ATP (adenosine triphosphate) or energy produced by living organisms and provides robust timely data on the efficacy of cleaning taking place. It has been used in conjunction to the monthly cleanliness audits which are conducted by the Support Service managers. It has demonstrated sustained standards of cleanliness across the trust and is being introduced into older adult mental health wards and to facilities managers. In 2013, the results will be included in the quarterly IPCDC reports.

**6. Healthcare Associated Infections *–* surveillance organisms**

**6.1 MRSA bacteraemia**

There was one case of MRSA bacteraemia identified in an older adult mental health ward which was thoroughly investigated using the Department of Health root cause analysis (RCA) tool. A review meeting was held and the bacteraemia was considered to have originated in the community and been unavoidable.

**6.2 MSSA bacteraemia**

There have been no cases of MSSA bacteraemia in the Trust.

**6.3 E.Coli bacteraemia**

There were two cases of E.Coli bacteraemias identified in community hospitals which were thoroughly investigated using the Department of Health root cause analysis (RCA) tool. The root cause for this organism is extremely hard to determine however, none of the cases were deemed to be attributable to Oxford Health NHS FT.

**6.4 *Clostridium difficile* infectionCDI)**

Oxford Health NHS Foundation Trust contributes relatively few cases of *Clostridium difficile* to the overall Oxfordshire health economy totals.

The PCT commissioners target for 2012/13 was set as 10 cases against an end of year outturn in March 2012 of 15 cases. This equated to a 33% reduction in cases.

The final number of cases by the end of March 2012 attributed to Oxford Health was 10. In November 2012 a full review of the CDI cases was undertaken by the Trust IPCT, PCT commissioners and microbiologists from Oxford University hospitals. Of the 11 cases (all cases regardless of allocation) reviewed only seven were felt to be true cases of CDI, whereas the other cases did not meet the true clinical presentation of CDI and some patients were being sampled inappropriately.

A review of the CDI procedure was undertaken and further advice and information issued to staff. Extra training was undertaken by the IPCT with senior ward managers and staff in the correct recognition and management of patients with suspected and confirmed CDI and a refresher training presentation was developed and made available to staff on the IPCT intranet page to access.

In every CDI case, a comprehensive review of the care of the patient and the ward environment is undertaken as a root cause analysis using the Department of Health RCA tool. An action plan is developed and any learning is fed back to the wards and areas concerned. Antimicrobial prescribing is reviewed by the Medicine Management lead to ensure appropriateness and any identified action required taken. The RCA’s and action plan are submitted to the weekly clinical governance meeting for further review and discussion.

On detailed investigation there were no issues identified relating to patient care or the cleanliness of the environment for each case/ patient investigated. All cases were deemed as unavoidable.

**6.5 Other infections**

There was one case of respiratory Tuberculosis identified in a patient in offender health. This was managed by the TB Specialist Nurse and The Health Protection Unit.

**7. Outbreaks**

**7.1 Norovirus & Influenza Outbreaks**

There have been 10 outbreaks of diarrhoea and vomiting in the Trust in 2012-13.

Six outbreaks were in Community Hospitals and in two of them the causative organism was confirmed as norovirus. The outbreaks affected a total of 42 patients and 39 staff.

There were four outbreaks of diarrhoea and vomiting in Mental Health Wards and in three of them the causative organism was confirmed as norovirus. A total of 27 patients and 15 staff were affected.

All outbreaks were managed by the Trust Infection Prevention and Control Team and reported to the HPA via the online reporting system.

There was an outbreak of a respiratory type illness in a community hospital which affected 18 patients and 6 staff. It was not influenza.

**8. Facilities**

**8.1** **Monitoring**

Cleanliness monitoring is completed on a quarterly basis by the modern matrons in mental health wards and the generated reports are fed back to the service managers. The responsibility for environmental cleanliness sits with the ward manager.

Community Hospitals conducted monthly cleanliness audits via the support service managers and the results are monitored by the matrons. The Trust adheres to the national cleaning standards, colour coding and specification.

A quarterly cleaning audit is completed and provided for the commissioners and the IPCDC committee.

Infection prevention and control nurses attend the facilities monitoring meetings, and the facilities managers attend the infection prevention, control and decontamination committee providing service reports.

**9. Estates**

**9.1 Building advice**

The IPCT have been involved in reviewing and supporting refurbishments and new builds within the Trust. This has required attendance of key design and planning meetings and review of plans and minimum build standards.

This work has included:

* Review of the new hospital build on the manor house site in Aylesbury
* Extension to Thames house, Littlemore
* Review of the new Highfield unit, Warneford site
* Review of refurbishment plans for Vaughan Thomas ward, Warneford
* Advise for new reception area for Marlborough house, Milton Keynes
* Review of minimum build standards

The IPCT has also been involved in supporting the review and standardisation of laundry facilities requirements in response to new draft national guidance and advising on the specification of the washing machines required to meet decontamination standards.

**10. Audits**

**10.1 Environmental audits**

The annual infection prevention and control audit programme for 2012/13 consisted of infection prevention and control audits based on national standards.

The audits were undertaken by a range of services including all community hospitals, prison healthcare facilities and inpatient mental health wards. All audits were completed during the audit year using adapted versions of the Infection Prevention Society (IPS) audit tools for monitoring infection prevention and control guidelines within the acute and community settings. Improvement plans were requested following each audit. Infection prevention and control (IC) audits carried out during 2012-13 includes:

* Hand hygiene and compliance with ‘bare below the elbows’
* Use of personal protective equipment
* Management of sharps
* Isolation facilities
* Decontamination of equipment
* Environmental audits, including cleanliness of the patient environment

All audit results were reported. Learning outcomes were shared with staff via infection prevention and control link practitioners, service/ward managers and the Infection prevention and control newsletter. A summary of the audits are presented to the IPCD committee quarterly and via an annual report.

In addition departmental self-audits were completed in outpatients areas and reviewed by the IPCT. In areas of poor or non-compliance a follow up audit was conducted by the IPCT.

**10.2 Hand Hygiene audits**

Hand hygiene observational audits were conducted monthly in all Community Hospitals and monitored by the Infection Prevention and Control team, community hospital services and unit managers. During 2012/13 the compliance average was 99%.

Hand hygiene practical assessments are conducted every two months in mental health wards. This assessment reviews staff technique for handwashing rather than observational practice. This is due to the challenges of staff being observed in practice as in mental health staff are often working on a one to one basis with patients. All audits are reviewed and monitored by the modern matrons and the infection prevention and control team. During 2012/13 the compliance average was 94%.

A summary of the audits are presented to the IPCD committee quarterly and via an annual report.

Hand hygiene competency assessments are a core component of all mandatory training sessions and are underpinned with a practical and knowledge base component. To support this, hand hygiene competency assessments are carried out locally by infection prevention and control link practitioners (ICLPs), ward managers and other senior staff in the workplace to target hard to reach staff.

**11. Decontamination**

**11.1 Decontamination arrangements**

There is a nominated Trust decontamination lead. The lead attends and provides quarterly update reports to the IPCDC regarding overall Trust compliance with decontamination requirements. The Decontamination lead and DIPC are members of the IPCDC which reports to the Safety Committee. The vast majority of products used in the Trust are single use. However, podiatry does use reusable instruments and these are decontaminated via a SLA with Synergy.

**11.2 Audit of Decontamination**

Audits of the decontamination of patient equipment are undertaken annually and are incorporated in the infection prevention and control environmental audit programme. ATP testing in community hospitals also includes patient equipment and is monitored by the IPCT.

**12. Training activities**

Training sessions are provided for clinical and non clinical staff. Both sessions include a practical hand hygiene competency assessment but the clinical staff have an additional hour on key infection prevention and control measures.

The total percentage of staff trained in 2012-13 was 81% against a target of 100%. This data is collated by the learning and development department and the training is provided by different mediums which are face training, work books and e-learning. Staff also receive training on induction to the Trust.

Further work is being developed to improve the number of staff trained in 2013-14 with a review of the training matrix and the introduction of e-learning.

A total of 20 additional service specific training sessions have been provided including dental, children’s and speech and language services. The infection prevention and control team also provides infection prevention and control training sessions to the ICLP, who in turn deliver training back in the workplace. Two whole study days were delivered to this group in 2012/13 to ensure there is a stronger emphasis on education.

The infection prevention and control team provide ongoing advice, guidance and on the spot learning opportunities such as managing outbreaks.

**13. Risks and future investments**

The implementation of Adenosine Triphosphate (ATP) environmental testing system into older adult mental health wards is on-going work to align the older adult mental health wards more with the community hospitals. This is due to the fact that older adult mental health wards care for a similar group of patients as community hospitals.

The IPCT is working with podiatry to improve infection prevention and control standards and will be auditing the podiatry clinics in 2013.

The infection prevention and control team will continue to work in partnership with other allied services in the Trust to promote safe practice, in particular health and safety and occupational health teams.

**14. Conclusion**

During 2012/13 Oxford Health NHS Foundation Trust has completed a comprehensive work programme to prevent and manage infection and minimise the risks to patients, staff, visitors and the Trust. CQC outcome 8 has been maintained throughout the year.

There has been a reduction in *Clostridium Difficile* cases against the increased level of activity within the Trusts. There has been a commendable and real reduction in cases. This organism however does remain a significant challenge for the forthcoming year and it may be that further significant reduction is not achieved.

 

Appendix

**Annual Infection Prevention and Control Work Programme**

**Annual work programme for 2013/14**

 **1. Executive summary**

The annual programme of the Infection Prevention and Control service for April 2013-March 2014 sets out the proposed activities of the infection prevention and control service which will ensure that the programme of work continues to focus on two main areas: raising awareness of infection prevention and control through education and training and reducing the incidence of Health Care Associated Infection (HCAI). It also supports the Trusts continuing registration with the Care Quality Commission.

This programme is based around The Health and Social Care Act 2008: Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance, Care Quality Commission core standards (2009), Saving Lives programme and the National Cleaning Standards 2007. Learning from incidents, complaints, root cause analysis and observation of care audits have also contributed to this programme.

**2. General Objectives**

* To sustain and further develop an enhanced programme to focus on promoting the ownership of infection prevention and control by all Trust employees.
* To provide assurance that the organisation is committed to a further reduction in the incidence of HCAIs.
* To meet our key performance targets agreed with the commissioners of services and improve services year on year.
* To give the public and service users whom the Trust serves confidence in the organisations commitment to preventing HCAI’s.

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| **Objective** | **Action** | **Lead** | **Outcome** | **Evidence** | **Date to be achieved/update** |
| **Management and Organisation** It is vital that there are clear lines of ownership and accountability for Infection Prevention and Control within the organisation. Ownership at a more local level will promote the engagement of clinical teams and therefore increase the commitment to infection prevention and control. However, commitment from senior managers and existence of a local infrastructure and system is vital to sustain good clinical service delivery. |
| Maintain Board level involvement in ensuring infections are reduced to a minimum. | Annual infection prevention and control forthcoming year work programme to be presented to Trust Board. | DIPC | Approval of plan at Trust Board | Minutes of Board meeting  | July 2013 |
| The Board will receive an annual report from infection prevention and control team. | DIPC | Approval of report at Trust Board | Minutes of Board meeting reportAnnual DIPC report | July 2013 |
| The Board will receive monthly infection prevention and control reports. | DIPC | Executive and non-executive awareness of HCAI performance | Minutes of Board meetings | Monthly in place |
| **Surveillance** Many patients acquire infection when their body’s natural defences are breached when invasive devices are inserted in order to meet their treatment needs. The risks form such breaches must be kept to a minimum. |
| To further reduce healthcare associated infections, meeting mandatory surveillance requirements, monitor trends in infection and identify potential outbreaks promptly. | Continue common alert organism and condition surveillance e.g. *Clostridium difficile* influenza, Norovirus and MRSA and mandatory surveillance Provide advice and support in the event of outbreaks or infection prevention and control incidents | IPCT | Meet mandatory requirementsReport trends and outbreaks to the Infection Prevention, Control and Decontamination Committee and Safety Committee | Minutes from weekly clinical governance meetingsQuarterly reports to Infection Prevention, Control and Decontamination Committee and Safety Committee | In place |
| Complete and review RCA’s as required, identify learning and monitor any identified action to ensure learning has taken place. | IPCT | Report trends and outbreaks to the Infection Prevention, Control and Decontamination Committee and Safety Committee | Root cause analysis reportsQuarterly reports to Infection Prevention, Control and Decontamination Committee and Safety Committee | In place |
| Review antimicrobial guidelines and pharmacy services provided in the Trust to ensure timely review | Medicines management/ Chief Pharmacist | Report trends and outbreaks to the Infection Prevention, Control and Decontamination Committee  | Quarterly reports to Infection Prevention, Control and Decontamination Committee | In place |
| **Audit Programme**High quality information on healthcare associated infection and antimicrobial resistant organisms is vital in reducing the risk of infection. Continual monitoring of infection prevention and control practices and the clinical environment through audit ensures minimising the risk of infection spread and patient safety. |
| To provide specialist infection prevention and control input into the annual PLACE assessment process and national standards of cleanliness audits. | Follow up particular infection prevention and control risks identified during such inspections. | SSM and facilities managersIPCT | PLACE assessments receive expert infection control advice  | Environmental audits reportsInfection Prevention, Control and Decontamination Committee | In place |
| Advise estates and facilities of issues identified which require action. | SSM and facilities managersIPCT | Issues identified are addressed. | CHOM minutes PLACE meeting minutesQuarterly reports to Infection Prevention, Control and Decontamination Committee |
|  To monitor and review appropriate antimicrobial prescribing. | To receive and review antimicrobial prescribing audits as per pharmacy audit programme | Pharmacy | To identify good and poor practice for antimicrobial prescribing and implement action plans to address any issues identified. | Prescribing audit reports to Infection Prevention, Control and Decontamination Committee and safety committee. | Annually |
|  To undertake environmental infection prevention and control audits of all in patient wards and prisons. This will include hand hygiene, equipment decontamination, laundry issues, and other clinical practice areas if relevant. | Undertake audits and complete reports.  | IPCTICLP’s and ward managers | There is a heightened awareness of infection prevention and control issues and practice. Standards are improved. | Audit reports and Action plans.Infection Prevention, Control and Decontamination Committee minutesSafety Committee minutesSummary Audit reports discussed at IPCDC quarterly | Per audit programme |
| Services to develop action plans for remedial action. | Service managersICLP’s and ward managers | There is a heightened awareness of infection prevention and control issues and practice. Standards are improved. | CHOM MinutesDivisional meetings minutes |  |
| **Training**It is vital that all staff within the organisation will receive appropriate training in infection prevention and control. Staff must have access to up to date knowledge and skill in minimising the risk of infection and safeguarding patients. |
| To ensure that all staff receives infection prevention and control, training on induction and as part of essential training. | Infection prevention and control input is provided on the corporate induction programme and mandatory training programme, co-ordinated by the Learning and Development team.  | IPCTLearning and development | All staff will have an awareness of basic infection prevention and control practice and be updated in key changes to practice.  | Training records.Induction training packs.Appraisal recordsInfection Prevention, Control and Decontamination Committee minutesSafety Committee minutes | Monthly Additional training provided on request |
| Ad hoc requests for training over and above those provided by Learning & Development to be reviewed and provided as capacity within the team allows | IPCT | Training requirements will be met | Training records. | As requested |
| Roll out new elearning package | IPCT | Training requirements will be met | Training records. | May 2013 |
| Provide specific training for medical staff | IPCT | Training requirements will be met | Training records | August 2013 |
|  To ensure that infection prevention and control knowledge is appropriate to job role and purpose. To aid staff in compliance with up to date infection prevention and control policies and procedures. | Ad hoc sessions to meet training needs will be planned in response to request, identified training need, or audit findings.  | IPCTLearning and development | All staff will have a basic level of knowledge.Infection prevention and control risks to patients and staff will be minimised.  | Local induction training Packs.Records of training.Relevant Meeting minutes | As requested |
| To continue to support the Infection prevention and control Link Practitioner programme via bi annual study days.  | IPCT | Training need will be met. Infection prevention and control standards will be improved. | PDR/Appraisals | Annually |
| A 3-monthly newsletter for staff highlighting topical or newsworthy information on infection prevention and control will continue to be published and circulated to all Trust staff.  | IPCT | Staff will gain evidence-based information on infection prevention and control  | Newsletters | Quarterly |
| To ensure that specialist infection prevention and control advice is provided to related service providers where infection prevention and control input will minimise risks to patients or staff. | The infection prevention and control team will attend regular and additional meetings as required. | IPCT | IPCT will maintain the high profile of infection prevention and control and support the Trusts’ objectives | Minutes of meetings | In place |
| IPCT will attend national conferences/study days to ensure up to date knowledge | IPCT | IPCT will remain up to date with national guidance and practice | PDR/Appraisals | Annually |
| **Hand hygiene** Healthcare workers and the environment are a major route through which patients can acquire infection. Micro-organisms may be transferred by staff from one patient to another and from the environment to the patient. |
| To maintain hygiene awareness and compliance. | Infection prevention and control Link practitioners (ICLP) will monitor hand hygiene compliance | ICLP’s  | All staff will have an increased awareness of the importance of hand hygiene and hand hygiene compliance will improve. | Hand hygiene monitoring charts and audit reportsMinutes of Community division quality and clinical governance meetingsMinutes of Infection Prevention, Control and Decontamination CommitteeMinutes of safety committee | Bi monthly |
| **Policies** **and Procedures**It is vital that staff can readily access current infection prevention and control policies and procedures across the organisation. There should be a review and audit of policies, ensuring compliance with up to date evidence based guidance and department of health directives. |
| To ensure the provision of evidence based, up to date and relevant infection prevention and control policies | Provide input into other Trust policies as required. | IPCTGovernance lead | Trust wide policies and guidelines available to all staff. | Policies and guidelines on intranet. Audit programme Audit tracker | As required |
| Ensure policy and procedures are available on the intranet for staff to access in a timely way and this is effectively communicated to them | IPCT | Ensure all relevant Trust policies reflect current infection prevention and control guidance | Detailed infection prevention and control guidance on the infection prevention and control intranet page.  | As required |
| Review procedures as part of rolling programme to ensure they remain appropriate and meet the Trust’s needs | IPCT | Ensure all relevant Trust policies reflect current infection prevention and control guidance | Minutes of Infection Prevention, Control and Decontamination CommitteePLACE meeting minutes Minutes of Safety Committee | Annually |

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| **National directives and initiatives**Infection Prevention and Control will work across Trust to ensure new national directives and guidance is appropriately implemented. |
| To ensure that new national guidance is reviewed and acted on.  | Ongoing review of national directives from the DH, NPSA, Care Quality commission etc.  | IPCT | Trust policies and infection prevention and control practice will comply with national guidance | Minutes of Infection Prevention, Control and Decontamination CommitteeMinutes of Safety Committee | As required  |
| Ensure on going compliance with CQC registration | IPCT | Trust will maintain high standards and compliance | Minutes of Safety Committee | Quarterly |
| To develop standard operating procedures for podiatry services | Audit existing podiatry clinics against infection prevention and control standards. | IPCT | Areas of improvement will be identified and addressed. | Audit reports | October 2013 |
| Develop close working with podiatry service leads and infection prevention and control team to identify any issues and improve practice. | IPCT/ podiatry service leads | Standardised evidence based practice will be established therefore reducing any risk for infection | Minutes of Infection Prevention, Control and Decontamination Committee | September 2013 |
| Support staff uptake of influenza vaccination | To support the Trust influenza lead with increasing staff influenza vaccination uptake | Influenza lead  | Staff influenza vaccination will increase in 2013-14  | Minutes of Infection Prevention, Control and Decontamination Committee | March 2014 |
| **Environmental Cleanliness monitoring**The cleanliness of the environment is key in reducing the spread of healthcare associated infections. Collaborative strategic working ensures the environment is built, maintained and cleaned in an efficient and effective way. |
| To monitor and improve the standards of environmental cleanliness | All hospital cleanliness to be monitored quarterly | IPCT/SSM and area managers | Robust monitoring of cleanliness standards and efficacy of environmental cleaning  | Audit reportsCHOM minutesMinutes of Infection prevention and control CommitteeQuarterly commissioners reportSafety committee | Ongoing |
| To continue with ATP Clean trace monitoring in community hospitals and implementation in selected mental health sites. | IPCT/ ward managers | Provide robust evidence of cleanliness standards | Minutes of Infection prevention and control Committee | May 2013 |
| The water quality will be monitored in the Trust to ensure it meets national standards and requirements | Water quality testing will be undertaken as per testing regimes. | Facilities | Provide Trust assurance of water standards | Minutes of Infection Prevention and Control Committee | Quarterly |
| The results will be monitored and reported to the IPCDC for review and assurance | Facilities managers/ IPCT/ microbiologist | Compliance with national standards minimising risk of infection transmission | Minutes of Infection Prevention, Control and Decontamination Committee and minutes of facilities meetings | Quarterly |
| Any non-compliant results will be reported immediately and action taken to safeguard patients, staff and visitors | Facilities managers | Compliance with national standards minimising risk of infection transmission | Minutes of Infection Prevention, Control and Decontamination Committee and minutes of facilities meetings | In place |
| **Decontamination**Infection prevention and control will work with the nominated decontamination lead to ensure compliance with national requirements and that appropriate policies and protocols for decontamination are in place. |
| To ensure Trust is compliant with national decontamination requirements | To continue to work with the decontamination lead to develop and support the decontamination strategy and work programme for Trust | IPCT/ decontamination lead | Trust decontamination strategy and policies will comply with national guidance | Minutes of Infection Prevention, Control and Decontamination CommitteeMinutes of Safety CommitteeMinutes of Medical devices Committee | Ongoing |
| To review external SLA contracts to ensure compliance and assurance with methodologies | Decontamination lead | Trust will maintain high standards of compliance | Minutes of Infection Prevention, Control and Decontamination Committee |  July 2013 |
| **Patient involvement**Infection prevention and control will provide suitable and sufficient information on HCAI to the patient, the public and other service providers to promote ownership and engagement with infection prevention and control.  |
| Patients and visitors will be encouraged to support infection prevention and control within the organisation | Infection Prevention and Control information to be displayed and kept updated on Ward Notice Boards.. | Ward managers/SSM and area managers | The public will have confidence in the efforts of the Trust in preventing the spread of infection | Review of comments and complaints and lessons learnt acted upon. | Ongoing |
| Cleaning schedules to be displayed for public viewing | Ward managers/SSM and area managers | The public will have confidence in the efforts of the Trust in preventing the spread of infection. CQC compliance | Review of comments and complaints and lessons learnt acted upon. | In place |
| To ensure that service users and their carers are updated on risks of HCAI and given specific information on infections. | To revise and update patient information leaflets  | IPCT | Service users will have accurate easy to understand information. | Leaflets Website | Reviewed every 2 years |
| **New Builds and refurbishments**The environment is a major risk to the development of HCAI. Infection prevention and control will work with the estates and facilities teams to ensure compliance with national requirements and that appropriate policies and protocols for infection prevention and control and building requirements are in place. |
| The infection control team will provide expert opinion and advice on all new developments or refurbishments. | Continue to work with estates to review and examine all new proposals for new buildings. | IPCTEstates project managersArea/service managers | Compliance with national standards minimising risk of infection transmission | Project meeting minutesMinutes of Infection Prevention, Control and Decontamination Committee | Ongoing |
| To review and support development of the minimum builds standards. | Estates/IPCT | Compliance with national standards minimising risk of infection transmission | Project meeting minutesMinutes of Infection Prevention, Control and Decontamination Committee | December 2013 |
| To review and support all refurbishments and building activity ensuring compliance with national standards | Estates/IPCT | Compliance with national standards minimising risk of infection transmission | Project meeting minutesMinutes of Infection Prevention, Control and Decontamination Committee | As requested |

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| DIPC- Director of Infection Prevention and Control | IPCT- Infection Prevention and Control Team |
| CQC- Care Quality Commission | ICLP- Infection Prevention and Control Link Practitioners |
| SSM- Site Support Managers | CHOM- Community Hospitals Operational meeting |
| IPCDC- Infection Prevention, Control and Decontamination Committee | PLACE- Patient Led Assessment of Clinical Environments |

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| **Q1**  | **Q2**  | Q3  | Q4  |