

REPORT TO BOARD

Enclosure No:

Date of Meeting:	August 2018		
Title of Report:	Director of Infection Prevention & Control (DIPC) Annual Report		
Presented by:	DIPC – Maria Nelligan		
Author:	D/DIPC – Amanda Miskell		
Executive Lead Name:	Maria Nelligan	Approved by Exec	<input checked="" type="checkbox"/>

Executive Summary:		Purpose of report	
<p>The Annual DIPC Report will assure the Board that the organisation is compliant with the Health & Social Care Act 2008 – Code of Practice on the prevention and control of infections and related guidance (2015). The cleanliness report for the year and annual audit/work programme for 2018/19 are also included.</p>		Approval	<input checked="" type="checkbox"/>
		Information	<input checked="" type="checkbox"/>
		Discussion	<input type="checkbox"/>
		Assurance	<input checked="" type="checkbox"/>
Seen at:	SLT <input type="checkbox"/>	Date:	
	Execs <input checked="" type="checkbox"/>	Date:	
Committee Approval / Review	<ul style="list-style-type: none"> Quality Committee <input checked="" type="checkbox"/> Finance & Performance Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> People & Culture Development Committee <input type="checkbox"/> Charitable Funds Committee <input type="checkbox"/> Business Development Committee <input type="checkbox"/> Digital by Choice Board <input type="checkbox"/> 		
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> To enhance service user and carer involvement. <input type="checkbox"/> To provide the highest quality services. <input checked="" type="checkbox"/> Create a learning culture to continually improve. <input checked="" type="checkbox"/> Encourage, inspire and implement research & innovation at all levels. <input checked="" type="checkbox"/> Maximise and use our resources intelligently and efficiently. <input checked="" type="checkbox"/> Attract and inspire the best people to work here. <input type="checkbox"/> Continually improve our partnership working. <input type="checkbox"/> 		
Risk / legal implications: Risk Register Ref	The report must be made publically available as soon as is reasonably possible.		
Resource Implications:	N/A		
Funding Source:			
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	The report does not impact negatively on any person/group in terms of Equality & Diversity.		
Recommendations:	Ask the Board to approve the annual DIPC report for 2017/2018, and the associated documents.		
Version	Name/group	Date issued	
5	Quality Committee/SLT/Execs/Board	18.07.18	

Infection Prevention & Control (IPC)

Annual Report for 2017/2018

June 2018 v5

DRAFT

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1. Introduction

The purpose and content of this annual report is to provide an overview of the Infection Prevention and Control (IPC) activities from April 2017 to 31st March 2018, and to highlight achievements and the progress made against the priorities outlined in the Infection Prevention and Control Group (IPCG) work programme 2017/2018. This is in line with The Health & Social Care Act 2008 – Code of Practice on the prevention & control of infections and related guidance (2015) which refers to the Department of Health Winning Ways document (2003), for the DIPC to produce and release publicly an annual report. This document will now be referred to as “The Code”.

High standards of infection prevention and control are crucial to ensure prevention of infection/s in all health care facilities within Combined. To support this, the IPC team, working collaborative with directorates and other corporate continues to work hard to prevent all avoidable infections and the risk of resistant organisms across our Health & Social Care footprint.

In line with our Service User (patient) standards (2018), Caring for and Caring about you, which are underpinned by ‘The 6Cs’ we do our best to ensure:

You feel safe, in a clean and comfortable environment, with professional staff working together and with you to ensure you are in ‘safe hands’.

You feel cared about, with kind and helpful staff with a courteous and respectful attitude towards you, listening and keeping you involved and informed at every step.

You have trust and confidence in your care and treatment, provided by competent, skilled and compassionate staff.

In addition to our core Trust values and quality priorities, the team use the 6Cs in all areas of their work on a daily basis.

We encourage communication with our staff and patients by being accessible and visible across the directorates, carrying out daily surveillance of IPC/Physical Health (PH) risks, offering a service between 8am - 5pm and attending key meetings.

We are committed to providing evidence based, person centred and recovery focused care.

We have the courage to challenge ANY behaviour that puts our patients, carers, visitors or staff at risk, and keep people safe from avoidable risks and infections.

We are dedicated to maintaining the competence required by our staff in relation to excellent, responsible and preventative IPC practice.

We are compassionate in all our contact with patients, carers and colleagues.

We Care and are committed to preventing ANY avoidable infection.

Below is a brief summary of the IPC team activities and achievements, and how we continue to raise the profile of IPC at Combined:

- **No** preventable Meticillin Resistant Staphylococcus Aureus (MRSA) bacteraemia infections within our services

- **No** preventable Clostridium Difficile Toxin (CDT positive) infections within our services
- **Achieved** a zero number of Healthcare Associated Infections (HCAIs) cross infection cases in patients or staff (excluding small round structured virus outbreaks)
- **Regional** conference speaker and poster presentations for the Infection Prevention Society (IPS)
- **National speaker and Active** members of the national Mental Health IPS Special Interest Group
- **Successful** appointment to the Trent IPS Education Officers role for a two year term
- **Member** of the West Midlands Antimicrobial group
- **National Host for the Mental Health IPS Special Interest Group** raising our profile for IPC
- **Health Education** WM key players in developing competencies for MH and LD nurses.
- **Maintained** exceptionally high PLACE scores
- **IPC speaker** for Keele nursing students
- **Health Foundation** Q Community membership
- **Achieved** Influenza vaccine target of 72%
- **Developed** new Trust intranet site as a central hub for electronic resources, news and training dates for IPC and PH.
- **Members of and an active presence** in multiple Trust groups. For example the mortality surveillance group, end of life task and finish group and incident review group.
- **Development** of a Trust standardisation list for all areas
- **Development** of multiple Standard Operating Procedures (SOP) to support Trust staff
- **Development** of good working relations with multiple Trusts and organisations both locally and nationwide.
- **Development** and implementation of Trust wide IPC audit
- **Development** of Trust surveillance database for the monitoring of clients / service users with IPC and physical health issues
- **Review and streamlining** of multiple policy and service level agreements (SLA) throughout the Trust
- **Implementation** of a Tissue Viability service as part of the IPC & PH team

2. Summary of the Director of Infection Prevention and Control's (DIPC) reports to the Board of Directors (BoD)

2.1 Frequency/nature of reporting

In addition to delivering the annual report, the DIPC delivers a quarterly report to the Board. During 2017/8 the Board received reports in accordance with The Code, which highlighted areas of practice and development, including arrangements for IPC.

2.2 Decisions made by the Board of Directors

The approval and recommendations agreed by the Board are communicated directly to the DIPC, as Board member following presentation of Quarterly and Annual Reports and are actioned accordingly.

3. Care Quality Commission

The Care Quality Commission (CQC) inspection during 2017 did not highlight any IPC gaps and the physical health work in relation to sepsis was acknowledged by the CQC. The CQC

assess IPC standards against 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](#) (Department of Health, 2015) which contains the ten criteria that healthcare providers are assessed against. In addition to this are the key lines of enquiry. Combined was one of the first organisations to be assessed against Well Led, and provided sufficient assurance to the CQC inspectors that The Code was being met.

In addition, CQC Regulation 12 and 15 shown below are also addressed within the Trust IPC assurance framework:

Regulation 12 – Safe care and treatment, “Providers must prevent and control the spread of infection. Where the responsibility for care and treatment is shared, care planning must be timely to maintain people's health, safety and welfare”.

Section 2h – “Assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated”. When assessing risk, providers should consider the link between infection prevention and control, antimicrobial stewardship, how medicines are managed and cleanliness.

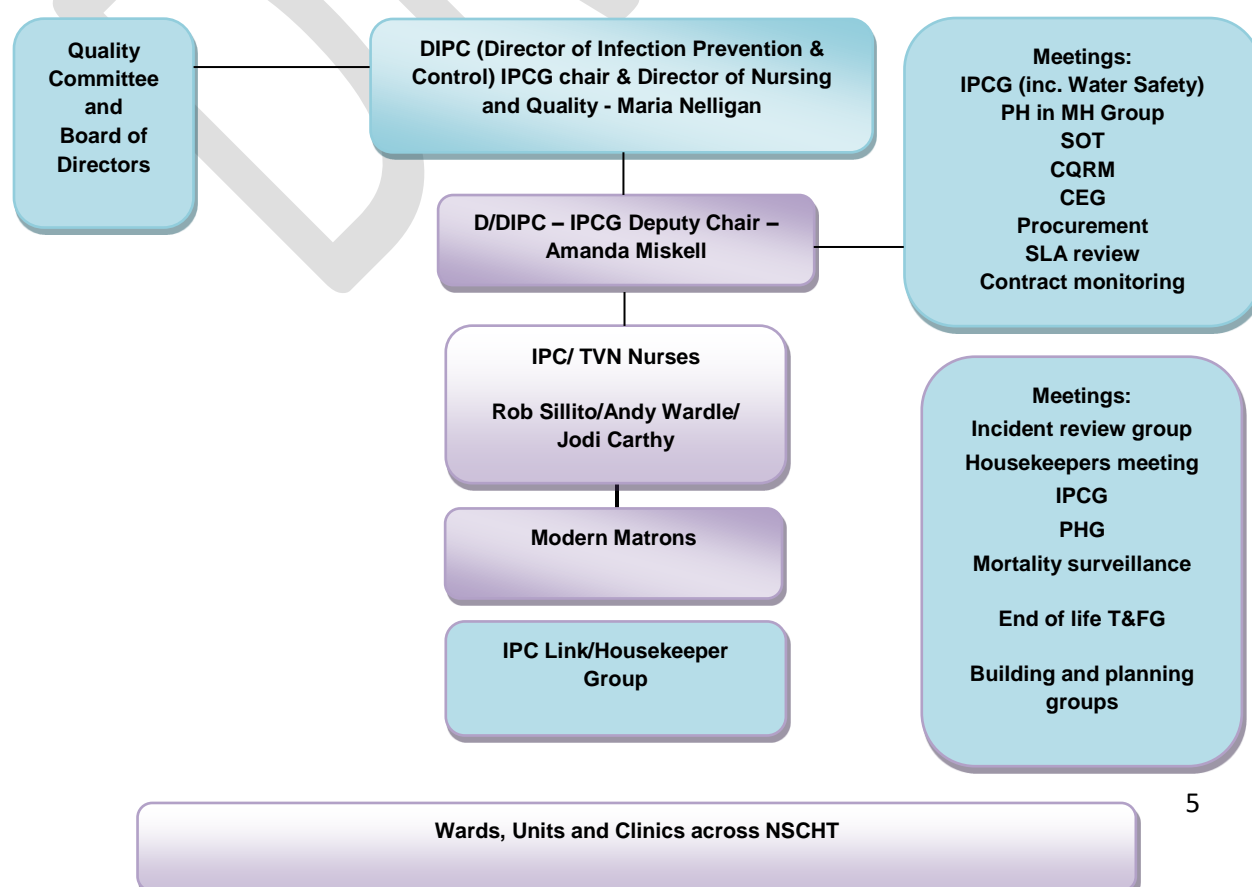
Regulation 15 – Premises and Equipment, “The intention of this regulation is to make sure that the premises where care and treatment are delivered are clean, suitable for the intended purpose, maintained and where required, appropriately located, and that the equipment that is used to deliver care and treatment is clean, suitable for the intended purpose, maintained, stored securely and used properly”.

Section 15.2 – “The registrant must, in relation to such premises and equipment, maintain standards of hygiene appropriate for the purposes for which they are being used”.

4. Infection Prevention and Control (IPC) governance arrangements

4.1 Arrangements

The IPCT have a high profile within clinical and support services across the Trust. The diagram below sets out the escalation process within the Trust, “Ward to Board”.



4.2 Infection Prevention and Control Group (IPCG)

The IPCG reports directly to the Quality committee, and is chaired by the DIPC. Meetings take place six times per year, and all services and directorates are represented.

4.3 The IPC team (IPCT)

Following a review of the service, a new structure for the IPC team was introduced in June 2017 for mental health, learning disabilities and drug & alcohol services. The DIPC (Maria Nelligan) is supported by the IPC team which is led by the D/DIPC, supported by 1 WTE IPC nurse.

4.4 IPC/Housekeeper group

Modern Matrons, Facilities and Estates, including the housekeeper/IPC staff throughout the trust are supported by the IPCT to deliver the IPC agenda corporately and locally. The IPC/Housekeeper group is well established and is coordinated by the Head of Facilities. These groups meet on a monthly basis, with one of the IPC team, and provide an opportunity to cascade and disseminate key IPC guidance to staff.

4.5 IPC resources

The following resources are available to all staff and carers:

- The team
- IPC policy/Standard Operating Procedures (SOPs) – which are reviewed in line with the IPCG work plan.
- An IPC web page – a direct link provided on the intranet home page, updated with new announcements, useful codes, links to all other relevant information. This page is regularly updated and feedback on areas for development actioned as required.
- Access to microbiology advice
- Standardisation lists for products and medical devices
- Information leaflets
- Regular stands and IPC promotions
- Coordinate trails of new products and processes for clinicians
- Safer sharps
- Influenza vaccination
- Detailed training programme
- Sepsis cards

4 Infection Prevention and Control strategy 2018 - 2020

The strategy sets out the Trusts commitment and has been produced to support the Trusts person centred framework and the on-going achievements from previous years to reduce avoidable healthcare-associated infection. The Board of Directors receives regular progress reports on the initiatives that are in place. The key objectives and plans for monitoring improvement are highlighted within the commitment which is supported by the IPCG work programme and assurance framework.

This strategy will support effective and meaningful infection prevention and control practice of all employees within Combined. It will also ensure that effective measures for prevention and control of infection are integrated in the trusts core business, planning and delivery.

The trust aims to prevent any risk of Healthcare Associated Infection (HCAI), throughout the diversity of settings within the Trust.

4.7 IPC Work Programme

The work of the IPCG is detailed in an annual work programme which is approved by the Board and reviewed at each IPCG meeting. Areas of concern are highlighted and escalated where required. Appendix 1.

4.8 Programme of Policy Review

All IPC policies were reviewed during the 2016/17/18 period, in line with the policy review programme which forms part of the IPCG work plan. The focus for 2018/19 is to amalgamate these into an IPC portfolio supported by SOPs that is more accessible and succinct.

5. Refurbishments and New Builds

The IPCT provide advice and support during refurbishments and new builds across the trust, including advice for community premises to ensure compliance with national guidance and the audit programme. The IPCT have continued to work in partnership with Estates in relation to the plans and works carried out for the young person's inpatient unit (Darwin), PICU, Place of safety and Assessment & Treatment, ensuring compliance with Department of Health's Hospital Building Note 00-09. The team have also supported the works required to transfer properties from successful tenders, and advised on tender properties.

6. Standardisation of products

The team have standardised the top IPC related items used in Combined. This includes hand decontamination resources, gloves, aprons, disinfectant and patient wipes, dressing packs and cleaning agents as a minimum. The team have also advised our PFI facilities department on standardised products including single use gloves. To facilitate this we provide IPC training to all Carillion staff. The team continues its work to improve this as new guidance, evidence and products become available ensuring clients / service users and staff have access to the most appropriate, safe and cost effective resources. This has resulted in significant savings, at approximately 8-10K for this year.

In addition to this the Tissue Viability Nurse has undertaken a Trust wide audit of pressure relieving products with an aim to standardising these and ensuring the most appropriate equipment is available.

7. Safe systems for Sharps and exposure incidents

The team review all incidents on the Safeguarding system to reduce risk and promote good practice in relation to needle stick injuries (NSI) and have provided training and promotional materials to staff to support safer processes. Exposure incidents are potentially high risk, and preventative training and resources are provided on an ongoing basis. Venepuncture training now includes safe system butterflies. The community staff have been supported to purchase safe sharp trays which can be carried within their bags reducing NSI risk.

8. Hand Decontamination

The IPCT continues to actively promote hand hygiene, via observational activities in the workplace, audit, trust induction, mandatory training and at Trust events.

The IPCT have been working closely with colleagues from the estates and facilities teams, along with company representatives to complete site surveys in response to the standardisation work for soap, alcohol hand foam and moisturiser. This work has standardised and updated the hand hygiene products across the Trust for both in-patient and community settings. The aim of this work is to streamline the number of products used,

and therefore achieve the maximum cost savings afforded as a result of bulk ordering. This will ensure effective hand hygiene is accessible to all staff, patients and visitors.

9. Education activity

9.1 Induction and Mandatory Training

The IPC team have facilitated 12 Induction sessions during 2017-2018, and 28 mandatory training sessions plus the access to our e-learning package. The team strive to improve compliance by providing extra sessions, targeting low compliance areas and attending key clinical meetings. Specific training has been given to our colleagues in short stay, Estates and Facilities (including Carillion). The team continuously aims to improve their training by ensuring packages are current and in-line with the latest evidence and guidance available.

The IPCT also provide the foundations of physical health training and its accompanying competency document which includes the deteriorating patient, the correct use of the National Early Warning Score (NEWS), including Sepsis.

Our aim for 2018/2019 is to achieve a higher compliance rate, refreshing training resources and delivery methods as well as offering new training sessions.

9.2 Continuing Professional Development of the IPC team

In addition to completion of organisational training requirements, the IPC team attends relevant local, national workshops and conferences, including national and regional Infection Prevention Society (IPS) conferences. One of the IPC nurses who holds a degree in IPC is currently completing their Holistic health assessment course at Keele University and is working closely with clinical colleagues both within the Trust and at UHNM to gain clinical experience. Another is currently completing the Management of an Infection Prevention & Control Service (M.I.C.S) at the University of Manchester.

One of the team is currently the educational officer for the Trent Branch of the Infection Prevention Society. The team present at conferences both regionally and nationally for the IPS and Combined hosted the national IPS Mental Health Specialist Interest Group for 2018.

The Tissue Viability Nurse has undertaken their debridement module at master's level during the 2017/18 financial year and is also planning to undertake their prescribing course in the 2018/19 financial year. They have been instrumental in helping to streamline the tissue viability referral process, the creation of a wound care formulary and the delivery of tissue viability training throughout the Trust including prevention of pressure damage.

The team have been actively involved in the hand decontamination product events for mental health and the surveillance programme for IPC and physical health including MRSA screening.

The D/DIPC has an MSc in Health Improvement & Wellbeing (PG cert Public Health) and is an Honorary Lecturer at the University of Chester.

10. IPC standards reviews

10.1 Modern Matron Walkabouts

The IPCT supported a review of the modern matron audit programme across the Trust, resulting in the development of a revised document for use on the monthly walkabouts. These include staff from IPCT, Facilities and either the MM or Ward Manager. Standardising this process ensures we will have joined up assurances.

10.2 IPC Audits

During the period this report covers the team carried out audits on all inpatient and community clinical areas. These results and the audit programme for 2018/19 is available in appendix 2.

All inpatient areas achieved above the compliance score of 90%, with exception of one area who the team are supporting.

Results are reported back to the Ward Manager, Modern Matron, Estates and Facilities managers, and the IPCG where areas of good practice are highlighted and appropriate actions regarding areas of concern is actioned and documented on the risk register if necessary.

The audit programme for 2018/19 can be found in Appendix 2 for assurance.

11. Integrated Working and Support

The IPCT support investigations and reports for directorates, and patient safety and have undertaken several local investigations.

12. Service User Involvement

There is service user representation on the IPCG, and always on PLACE visits. In the coming year we are hoping to involve our volunteers to become hand hygiene ambassadors, supporting the implementation of the new dress code policy and advocating appropriate hand hygiene across the trust. This will involve training which the IPCT will support.

13. Health Care Associated Infection (HCAI)

During 2017/18 there were no cases of MRSA Blood Stream infections in the inpatient areas.

There were no cases of Clostridium Difficile Toxin infections

This performance demonstrates that excellent IPC standards are followed in inpatient services, and patients are not harmed unnecessarily by any HCAI's.

14. Outbreaks Inpatient Areas

All IPC incidents and outbreaks are routinely reported to the IPCG and the Board of Directors, ensuring relevant information and good practice is shared as well as the development of action plans where required. The focus of the IPCT is to prevent outbreaks and if they do occur, to support the area to reduce the impact of the outbreak on service users and staff. This is achieved by monitoring environmental cleaning standards, hand hygiene and by ensuring staff can identify a potential outbreak which is addressed during daily surveillance and training. In order to learn from experience post-outbreak meetings are held for inpatient areas within five working days of the end of an outbreak. These meetings may include clinical service managers, modern matrons; ward managers, bank staffing office, occupational health, estates personnel and facilities managers from both Combined and Carillion.

For the year we have reported 4 outbreaks of infection which have resulted in ward closures, plus one precautionary closure to Board.

In June 2017 we closed Ward 5 for 2 days as a precautionary measure with potential Small Round Structure Virus (Norovirus or similar), no bed days were lost.

In November 2017 we had a confirmed outbreak of Norovirus, potentially linked to outbreaks across the health economy. The ward was closed for 5 days with no lost bed days.

In quarter 4 we had 2 confirmed Influenza outbreaks, confirmed A&B strains. In terms of Influenza Like Illness (ILI) the Trust experienced three respiratory outbreaks, one with RSV and two with confirmed Flu (A&B strains). Over fifty patients experienced ILI. All patients were treated successfully with antivirals, where appropriate and made a full recovery.

Influenza activity across England has been different this year in relation to healthcare contacts (GPs & A&E) and confirmed cases stretching beyond Q4.

It must be noted that this is exceptional in terms of managing a respiratory outbreak with the ability to cohort or isolate effectively. The facilities team provided by Carillion, and the clinical teams have been thanked and recognition of managing these situations noted. Post outbreak meetings took place, and minutes noted at IPCG.

15. Surveillance

Review of activity in relation to IPC was commenced in June 2017 on a daily basis. The key items for the IPC/PH team are the surveillance and identified risks associated with invasive devices, pressure Ulcers, wounds and the use of antimicrobials.

All patients admitted from other healthcare premises, with skin integrity complications, or invasive devices (including those patients who will be cannulated on EMU) are screened for MRSA, with consent, as these patients are potentially at risk of infections, including blood stream infections (BSI's).

The IPCT support and collate all the information in relation to the above, including those who self-harm and inject. Inpatient MH services have shown an increase in the number of patients requiring support for tissue viability, which is inclusive of self-harm wounds, cuts and post-operative surgical sites. The Tissue Viability service (SLA) was reviewed late 2016/17, and a change to the SLA ensured we had a triage system and onsite accessibility and training. The TV nurse works as part of the IPC/PH team. The IPC team have had numerous interactions with staff and service users throughout the year. Each episode involves contact, advice to staff and patients were appropriate and documentation on Lorenzo. There has been significant increase in IPC contact in comparison to previous years, and accessibility and extended hours appear to have stimulated this.

15.1 Catheter Associated/Urinary Tract Infection (CAUTI)

UTIs contribute to a large proportion of the antimicrobial prescribing. More recently these have been caused by gram negative organisms, E.coli and Klebsiella. The majority of these are totally resistant to commonly used antibiotics therefore it is imperative that we do all we can to prevent and minimise these by promoting best practice. This includes good hygiene, hydration and the correct use of continence aids.

The IPCT have developed and led the response to the implementation of NICE guidance EPIC 3 (2014) and CQC requirements with regards to Catheter Associated Urinary Tract Infections. We would report these by exception, however the Trust have not reported any CAUTIs that have developed from care at Combined.

The team have also worked to help improve education and knowledge regarding urinary catheters as well as helping staff to identify the need for antibacterial/silver catheters where infection is recurring.

15.2 Peripheral Vascular Devices

Every patient on EMU admitted for alcohol detoxification is cannulated for the administration of *Pabrinex* and artificial hydration. A review of clinical practice and the SOP has been carried out, and a new SOP has been produced and a programme of standardising cannula packs, cannulas with safer devices, chlorhexidine decontamination of the skin and hub, and Aseptic Non Touch Technique (ANTT) has begun. EMU will trail the new packs and evaluate early 2018.

15.3 Chest Infections

These infections were significant over the winter months both Q3 & Q4. Some of these were possibly due to secondary infection following normal viral infections over the winter period including RSV etc.

From the information below and the collaborative work with the pharmacy department, we can see the increase in antimicrobial prescribing to address the activity in relation to infections in Q3 & Q4. However, 46 patients were transferred to acute services for acute medical treatment, including chest x-rays, continuous oxygen therapy, and intravenous antimicrobials.

The categories of infections identified via surveillance are summarised below in the table (1) below show approximate contacts and rationales.

Table 1.

Quarter		Q1	Q2	Q3	Q4	Total
Cases	Total	21	66	159	169	415
Indwelling device	Peripheral cannula	0	0	3	3	6 (excludes EMU)
	Urinary catheter	0	3	9	4	16
	Other (PEG etc.)	0	0	0	14	14
Wounds / Skin condition	Excoriation	1	0	1	0	2
	Moisture lesion	0	0	1	4	5
	Self-harm wound	0	2	5	4	11
	Trauma wound	1	4	2	0	7
	Leg ulcer	2	4	2	6	14
	Pressure sore - Non Trust Apportioned	2	2	3	2	9
	Pressure sore - Trust Apportioned	0	0	0	2	2 (Ward 4)
	Chronic wound	1	1	5	0	7
	Other (surgical, CA etc.)	3	5	3	4	15
Infection	Sepsis	0	1	0	1	2 (Ward 1 and 4)
	Skin infection	5	5	12	16	38
	Wound infection	0	0	5	5	10
	Chest infection	0	8	30	37	75
	UTI	1	3	19	30	53
	C.diff	0	1	0	1	2 (Not toxin +ve)
	Norovirus	0	0	5	4	9 (Outbreak related)
	Influenza	0	0	4	3	7 (Outbreak related)
	Multiple	0	0	1	5	6 (Across)
	Other (HAP etc.)	3	1	6	10	20
ABX px	Yes	9	12	49	101	171
Acute Trust admission?	Single	3	18	4	21	46
	Multiple	1	5	0	3	9

16. Sepsis

Evidence suggests that some cases of sepsis are preventable, particularly in groups of people who are at the greatest risk. Though anyone can be affected, those at the extremities of life – the very young and the very old – are particularly at risk, along with people who are immunosuppressed and pregnant women. For these groups, measures to prevent infection and to recognise and treat infection promptly can prevent sepsis from developing. The team have developed a sepsis programme in line with the national guidance from NHSI and the SEPSIS Trust.

This assessment alone will give inpatients a “parity of esteem” in terms of assessment for sepsis, and a process to refer and transfer responsibly to acute physical health services.

The IPC team have introduced the following to support the identification and management of sepsis:

- Sepsis is included in all PH in MH training and IPC Training
- A communication bulletin in relation to the key points for considering sepsis on SEPSIS day September 2017, including the development, printing and distribution of SEPSIS alert cards for staff
- Review of all the NICE guidance once published and include in a DIPC quarter report
- Review ALL transfers to acute PH services from the Trust with Sepsis and for returning patients
- All CAMHS clinical nursing and medical staff to complete e learning package, once available (April 2018)

The IPC team have also developed a Physical Health and Deteriorating Patient education programme. In addition to this we have worked closely with Health Education England (WM) in developing and publishing a competency document to support this with workplace support in place.

Combined has had an Early Warning Score (EWS) system in place across inpatients areas since 2016. In 2017 this has been reviewed and evidence based National and Paediatric EWS, along with Maternity EWS has replaced the Modified EWS in Combined.

In the community setting staff must adhere to policy if a patient is assessed visually as deteriorating from a PH aspect and call the patients GP or 999.

17. Influenza Immunisation Activity

Influenza activity has been different this year in relation to healthcare contacts and confirmed cases stretching into April 2018. Overall across healthcare 68.7% of frontline staff were vaccinated. CQUIN, Immform and NHSI submissions were 72.1% overall with the CQUIN target achieved, 70% by the end of February 2018.

This year out of 1591 staff overall, of which 1212 were front line (including all bank staff), and 379 not. 1016 staff were vaccinated or completed declaration forms, of which 874 were frontline (including bank), and 142 not.

Team prevent confirm our final submission for CQUIN and Immform, and this is what was submitted to NHSI.

Two members of the IPCT completed the Baxter three day Immunisation training, in order to train staff internally and be able to support the annual staff influenza vaccination campaign during 2017/18. The team worked in partnership with Team Prevent Occupational Health to deliver the vaccine across all areas.

The team also endeavoured to develop new ways in which to engage with staff to deliver the flu jab. This included the 24 hour jabathon and dial-a-jab.

For the 2018/19 programme we have already ordered our Quadrivalent vaccines for this year via UHNM pharmacy at NHS rates, 1050, to achieve the CQUIN as per PHE guidance at 75%.

During February 2018 in Geneva, the World Health Organization (WHO) has agreed on the recommended composition of the trivalent influenza vaccine for the northern hemisphere 2018-2019 influenza season as:

- an A/Michigan/45/2015 (H1N1)pdm09-like virus;
- an A/Singapore/INFIMH-16-0019/2016 (H3N2)-like virus;
- a B/Colorado/06/2017-like virus (B/Victoria/2/87 lineage).
- a B/Phuket/3073/2013-like virus is recommended. (Quadrivalent)

In addition PHE guidance is that the adjuvant trivalent vaccine (aTIV) is used for 65s and over (patients or staff). Given aTIV was only licensed for use in the UK in August 2017; this was not an option for the 2017/18 season. However the JCVI advice is that this is now the best option for 2018/19 for 65+ age group.

For staff the Quadrivalent vaccine (QIV) for 18 – under 65s at risk should be used. In light of an independent cost-effectiveness study into QIV undertaken by Public Health England and considered by JCVI, the Green Book was updated in October 2017 to provide the advice that QIV is the best option for 18 - 65 at-risk groups in the 2018/19 season. It is also used for the childhood programme.

In addition we have registered as a trust to self input into Immform this year, and we will coordinate our own campaign and submissions supported by Team Prevent. Training will be completed in-house again.

18. Antimicrobial (AM) Resistance (R) Strategy

AMR has risen alarmingly over the last 40 years and the inappropriate use of antimicrobials is a key contributor. The consequences of AMR include increased treatment failure for common infections and decreased treatment options where antibiotics are vital. Antimicrobial stewardship is crucial in combating AMR and is an important element of the UK Five Year Antimicrobial Resistance Strategy.

The Code of Practice states that as a registered provider with the Care Quality Commission, Combined has several specific responsibilities including;

- Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance. Including targeted training to ensure appropriate AMR stewardship, access to microbiology, advice on choice of therapy
- Systems should be in place to manage and monitor the use of antimicrobials to ensure inappropriate and harmful use is minimised and patients with severe infections such as sepsis are treated promptly with the correct antibiotic
- The DIPC/appropriate other, have the authority to challenge inappropriate practice and inappropriate antimicrobial prescribing decisions
- Have a monthly review of antimicrobial prescribing decisions
- Benchmarking should be used to demonstrate progress in antimicrobial stewardship
- Raise awareness of AMR through posters and displays throughout the Trust as well as creating a stand in the Harplands main reception area for antimicrobial awareness week.

Similarly this will be the same for our NMPs prescribing.

Antimicrobial stewardship represents an organisational and system-wide approach to promoting and monitoring the prudent use of antimicrobials by:

- optimising therapy for individual patients;
- preventing overuse and misuse; and
- minimising the development of resistance at patient and community levels.

A patient safety alert from National Patient Safety Agency was jointly issued by Health Education England, NHS England and Public Health England (PHE) to highlight the challenge of AMR and to signpost the toolkits developed by PHE to support the NHS in improving antimicrobial stewardship in both primary and secondary care.

TARGET (Treat Antibiotics Responsibly, Guidance, Education, Tools) was designed to be used by the whole primary care team within the GP practice or out-of-hours setting, as well as being relevant to mental health care settings. We do not use the Start Smart Then Focus (SSTF) toolkit as first considered in 2016 as this is more relevant to intravenous treatment with antimicrobials which we do not use at Combined.

All our surveillance work along with pharmacy colleagues compares activity with the agreed AM formulary which is "The Antimicrobial Prescribing Guidelines in General Practice 2016 v1". This is being reviewed this summer and the D/DIPC is part of this review group across the health economy.

The IPC team working collaboratively with pharmacy colleagues and have been proactive in raising awareness in judicious prescribing of all antimicrobials across inpatient settings. AMR is also a standing item at the IPCG.

18.1 Inpatient Services antibiotics audit 2017/18

Since April 2017 the IPCT has monitored and responded where necessary, to every antimicrobial prescription with all our inpatients as a benchmark towards our commitment to the national antimicrobial strategy 2013 – 2018

Q2 saw the highest prescribing for UTI's which reflects the activity within the IPCT regarding dehydration and the numbers of multi resistant (ESBL) UTI's. Prescribing within Q3 shows the highest for respiratory infections (Oct, Nov, and Dec) which may be expected.

Combined continued to use the antimicrobial prescribing guidelines for general practice for use within in-patient and community services. The in-patient audit criteria are being reviewed to include the antimicrobial stewardship principles of TARGET.

19. Estates Department contribution to the IPC work programme

19.1 Legionella compliance with legislation

The Trust continued to implement its Legionella policy, ensuring that appropriate systems and procedures are in place to minimise the risk of legionella within the Trust's hot and cold water systems. There are now two members of the Estates Team who have undertaken the Legionella Role of the Responsible Person course. This will ensure that there is always adequate cover within the team to manage the water systems.

In agreement with the Director of Infection Prevention Control, the Water Safety Group, has now been incorporated into the Infection Prevention and Control Group. An agreed reporting format has been designed and this now forms the basis of the Water Report which is presented to the group.

Regular sampling and testing for *Pseudomonas aeruginosa* continued on a quarterly basis and the results, including any remedial action taken, were reported back to the IPC Group.

A documented twice weekly flushing regime for all outlets continued. The facilities managers manage these records and report to the Trusts IPCG. It has been agreed to review this process during 2018/19 to reduce the number of records kept, whilst still providing assurance that the outlets are being used on a regular basis.

The Bi-Annual Water Risk Assessments were completed on the following properties:

Ashcombe Centre
Bennett Centre
Broom Street Clinic
Darwin Centre
Greenfields/ Summer View
Hope Centre
Lymebrook Centre
Parent & Baby (Victoria Surgery)
Roundwell First Steps
Sutherland Centre/Florence House

At the Harplands site (Carillion PFI responsibility) issues have been actioned and resolved to support the IPC AF.

19.2 Capital programme works

The Trust continues to balance the anti-ligature requirements for sanitary ware in patient areas by reviewing the inclusion of sensor no touch taps, whilst considering flow rates as the reduced flow from these outlets have caused concerns. Where anti-ligature sanitary ware has been installed it has included new systems that operate behind the sanitary ware which are linked to computers that operate regular automated flushing regimes and provide electronic reports of when these were completed.

Refurbishment projects completed this year include:

- Refurbishment of the Darwin Children's Centre to include a High Dependency Unit, increased day space, new kitchen and outside play area.
- Environmental works to the lower floor of Broom Street.
- Both bathrooms at Short stay
- Conversion of Lymebrook Bungalow from former inpatient area to clinic and office space to aid the decanting of the NOAP team from Maple House.
- Refurbishment of the main reception and entrance at Lymebrook. Works included the replacing of a large glass atrium roof, with a traditional slate roof with roof-lights.
- Ward 1 PICU – The creation of a 6 bedded PICU unit at Harplands Hospital.

The plans for a new urgent care centre, including Place of Safety are near completion and IPC have been involved, as with the proposals for Assessment & Treatment.

20. Cleaning Services

During the last 12 months, the Trust has provided high standards of cleanliness/hygiene with well-maintained environments that are aesthetically pleasing and safe for patients, staff visitors and general public in all premises.

The Cleanliness Annual report is included as Appendix 4.

20.1 Monitoring arrangements for cleaning service

Throughout the twelve month period, the Support Services management team in partnership with Modern Matrons and Infection Prevention Control (IPC) have measured standards against the national standards of cleanliness using our professional monitoring package, Support Services Solutions Ltd.

Each area has been audited against the category of risk, in compliance with the National Specification for Cleanliness in the NHS and the Trust's Cleaning Strategy.

Quarterly Cleanliness reports are presented at the Trust's IPC committee.

An annual external validation of our cleanliness scores was completed at the Harplands site on Wednesday 28th March 2018 by Mrs Janet Walker, Facilities Manager from the Royal Wolverhampton NHS Trust. She quoted "I am pleased to validate the cleaning scores for the Hospital of an overall performance score of 96.37%. This is an excellent standard and is a reflection of the teams"

20.2 Waste Management and Auditing

The waste audit system is designed to assess compliance with the requirements of Department of Health guidance document Safe Management of Healthcare Waste HTM 0701 and to also ensure that waste segregation standards meet the requirements for waste handling and storage.

During 2017 the IPCT, Estates and Facilities team reviewed the waste categorisation including pharmaceutical waste streams. Following several contract meetings we re-categorised our all waste streams in line with HTM 07-01. This has also reduced costs, and further review will take place early 2018/19.

Waste auditing forms part of a planned programme of waste management and any issues or outstanding actions is followed up by IPCT and/or Facilities team. Where a new service is introduced, a full "Pre-acceptance" waste audit would be carried out, as happened in relation to the new premises for substance misuse and needle exchange, to assess all types of waste and disposal methods. Thereafter audits are completed as part of the monthly matron's visits at all sites.

Some of the actions from the 2017/2018 audit programmes have included addressing the following risks:

- Inappropriate waste disposal – packaging and paper towels disposed of in clinical waste bins
- Sharps bins temporary aperture closure not in place

21. Patient-led Assessment of the Care Environment (PLACE)

Trust's overall score for 2017:

Cleanliness - 99.61%

Food and Hydration - 97.19%

Organisation Food - 93.02%

Ward Food - 99.84%

Privacy, Dignity and Well-Being - 96.33 %

Condition, Appearance and Maintenance. - 98.78%

Dementia - 93.63%

Disability - 97.24%

Cleanliness

The cleanliness scores which included hand hygiene and equipment cleanliness were excellent. Dragon Square, Darwin Centre, Florence House and Summers View each scored 100%.

Food and Hydration

The Food and Hydration scores are excellent. There are three areas assessed in this domain.

- Food (which includes hydration)
- Organisation Food
- Ward Food

Harplands Hospital, Darwin Centre and Summers View each scored 100% in the ward food assessment.

Privacy and Dignity

The Privacy, Dignity and Wellbeing scores ranged between 93.75% at Darwin Centre and 100% at A&T Unit. The lack of observation panels with integrated blinds in all patient bedrooms at Dragon Square and Darwin impacts on this domain.

Condition, Appearance and Maintenance

The Condition, Appearance and Maintenance scores were excellent and demonstrate our commitment to maintain the areas with scores ranging between 98.46% and 100%. Darwin Centre and Summers View both scored 100%. This is a real credit to the Estates Team, PFI partners and our Hospital Cleanliness Technician.

Dementia

This section was assessed on WD 4, WD 5, WD 6, WD 7, the Access Team area and the Communal areas on the Harplands site, with an overall Trust Score of 93.63% being achieved. This is a slight reduction on last year's score and reflects the changes to the questions

Disability

As an organisation we have achieved a score of 97.24%. The scores ranged between 96.44% at the Harplands and 100% been achieved at both Dragon Square and Summers View.

Many favourable comments were received throughout the PLACE Assessments by our Patient Representatives and Independent Reviewer:-

***Florence House** – Well maintained building. Excellent staff who take care of the clients and encourage independence i.e. garden project and social activity. The proposed scheme to paint the adjoining garden wall with a mural depicting the seasons will greatly improve the outside space.*

The development of the garden increasing the size is a vast improvement that has been made since last year's inspection.

***B4/5 Dragon Square** – Building clean and well maintained. Decoration and artificial lighting improved since 2016. Modern artwork adds to the décor and the ambiance of the building. Staff very amenable and provided information when requested.*

***A & T Unit** – Pleasantly decorated, calm environment. A lovely tidy site. Only 3 clients on site at the time, but all were well supported by staff and protected their privacy and dignity well. The team were made to feel very welcome.*

***Summer View** – All patients treated with dignity and respect.*

A noted improvement on last year's inspection. The building inside is clean, fresh and bright. Gardens and outside social areas are well maintained, litter free and the clients take an interest in growing plants, fruit i.e. strawberries, tomatoes etc.

Darwin – The building work that has taken place over the last 12 months has vastly improved the facilities. The extended dining area/lounge is a big improvement on last year facilities. Generally very impressed with the building as a whole. The unit provides a comfortable, pleasant environment which allows for sufficient personal choice for privacy or participation.

Harplands Hospital– The building is well cared for and well maintained where patients are treated with dignity and respect as individuals.
Grounds are well maintained, litter free and gardens are tended and colourful.
Tranquil surroundings and excellent art work. Approach to wards is welcoming and environment improves year on year.

22. Conclusion

Infection prevention and control remains a priority for the Trust. The IPCG and IPCT continue to maintain and improve on the application, conservation, and development of IPC standards. The trust is committed to working towards excellence in IPC practice as a best provider.

This report highlights the partnership working and continuous drive for improvement throughout last year. The annual work programme for 2018/19 is set out below for Board approval Appendix 1.

23. Recommendations

The Board is asked to approve the Infection Prevention and Control Annual Report for 2017/18, the Cleanliness Annual Report and the audit/work programmes for 2018/19.

24. Appendices

Appendix One



IPC WP 2018-19.doc

Appendix Two



IPC&PH annual audit
program 18 - 19.xlsx

Appendix Three



IPC Glossary.doc

Appendix Four



Annual Cleanliness
Report - 1st April 2017

25. References and associated documents.

Care Quality Commission (2009) Guidance about compliance: Summary of regulations, outcomes and judgment framework. London: CQC. Available from: http://www.cqc.org.uk/db/documents/Summary_of_regulations_outcomes_and_judgement_framework_FINAL_081209.pdf

Care Quality Commission (2010) Guidance about compliance: Essential standards of quality and safety. London: CQC. Available from: http://www.cqc.org.uk/sites/default/files/media/documents/gac_-_dec_2011_update.pdf

Department of Health (2006) HTM 04-01: Water systems: the control of Legionella, hygiene, "safe" hot water, cold water and drinking water systems. Part A: Design, installation and testing. Available from: <https://publications.spaceforhealth.nhs.uk/>

Department of Health (2006) HTM 04-01: Water systems: the control of Legionella, hygiene, "safe" hot water, cold water and drinking water systems. Part B: Operational management. Available from: <https://publications.spaceforhealth.nhs.uk/>

Department of Health (2006) HTM 07-01: Environment and sustainability: safe management of healthcare waste. This guidance also applies to offensive/ hygiene and infectious waste produced in the community from non-NHS healthcare sources. Available from: <https://publications.spaceforhealth.nhs.uk/>

Department of Health (2007) HTM 01-01: Decontamination of reusable medical devices: Part A – Management and environment. London: DH. Available from: <https://publications.spaceforhealth.nhs.uk/>

Department of Health (2007) HTM 03-01: Heating and ventilation systems: Specialised ventilation for healthcare premises. Part A – Design and validation. Available from: <https://publications.spaceforhealth.nhs.uk/>

Department of Health (2007) HTM 03-01: Heating and ventilation systems: Specialised ventilation for healthcare premises. Part B – Operational management and performance verification. Available from: <https://publications.spaceforhealth.nhs.uk/>

Department of Health (2007) Improving cleanliness and infection control. Professional Letter from the Chief Nursing Officer. London: DH. Available from: www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Professionalletters/Chiefnursingofficerletters/DH_080053.

Department of Health (2010) gateway 14720, Water sources and potential for infection from taps and sinks. Available from: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_119168.pdf

Department of Health (2015). The Health and Social Care Act 2008; Code of Practice on the prevention and control of infections and related guidance. London: DH. Available from: <https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance>

Department of Health (2013). Health Building Note 00-09: Infection control in the built environment. London. DH. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/170705/HBN_00-09_infection_control.pdf

Health and Safety Executive (2009) Managing offensive/hygiene waste. London: HSE. Available from: www.hse.gov.uk/pubns/waste22.pdf

National Institute for Health and Clinical Excellence (2012) Tuberculosis – hard to reach groups. London: NICE Available from: <http://guidance.nice.org.uk/PH37/Guidance/pdf>

National Institute for Health and Clinical Excellence (2012) NICE Clinical guideline 139. Infection : Prevention and control of healthcare-associated infections in primary and community care. Available from <http://www.nice.org.uk/nicemedia/live/13684/58656/58656.pdf>

National Patient Safety Agency (2007) Safer practice notice 15: Colour coding hospital cleaning materials and equipment. Available from: www.nrls.npsa.nhs.uk/resources/patient-safety-topics/environment/?entryid45=59810

National Patient Safety Agency (2010) the national specifications for cleanliness in the NHS: Guidance on setting and measuring performance outcomes in primary care medical and dental premises. London: NPSA. Available from: www.nrls.npsa.nhs.uk/resources/?entryid45=75241

National Prescribing Centre (2011) Key Therapeutic topics. Available from: http://www.npc.nhs.uk/qipp/resources/qipp_key_therapeutic_topics_july11_version3.1.v2.pdf

World Health Organisation (2009). WHO Guidelines on Hand Hygiene in Health Care: First Global Patient Safety Challenge. Clean Care is Safer Care. Available from:

http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf