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# INFECTION PREVENTION & CONTROL ANNUAL REPORT

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OCTOBER 1, 2018  
ST ANDREW'S HEALTHCARE



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### Foreword

St Andrew's Healthcare is delighted to introduce their Infection Prevention & Control Annual Report for the period April 2017 – April 2018.

This Infection Prevention & Control Annual Report demonstrates that St Andrew's Healthcare has continued to make substantial progress throughout the year in providing assurances to the Board, and continued commitment in promoting:

- a) Best practice in infection prevention and control
- b) Reducing the number of Healthcare Associated Infections (HCAIs).

As a diverse and complex charity, the Infection Prevention & Control Lead works together with all services, Integrated Practice Units (IPUs) and satellite sites to provide strong leadership, advice and support. This is not only to ensure compliance with the Health & Social Care Act 2010 (updated 2015), but also to ensure we can demonstrate learning across the whole charity through training, education and responding to incident reporting. This report will continue to refer to charity-wide services for 2017 reporting.



## Key Achievements 2017/18



The following is a summary of the key achievements from the last 12 months

- An internal audit of the Charity's Infection Prevention & Control Service was carried out in 2017. This identified good practices in line with 'The Health and Social Care Act 2008 - Code of Practice on the Prevention and Control of Infections and Related Guidance (2015)', but also identified areas of advancement.
- Zero Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia.
- Re-instated charity-wide Infection Prevention & Control Link Nurse System. Every clinical area has an IP&C Link Nurse and a deputy; the link nurse attends a quarterly link nurse meeting chaired by the Charity's IP&C Lead who strongly incorporates educational components to the meeting to ensure all link nurses are competent and confident to undertake the link nurse role.
- Assurance framework based on the Health & Social Care Act 2008 Code of Practice on the Prevention and Control of Infections and related guidance has been refined, and will be monitored through the Charity's corporate Infection Prevention & Control Group for discussion and advancement.
- Introduced/implemented into the mental health setting 'Bare Below the Elbow' guidance and direction for staff.
- Developed new Aseptic Non-Touch Technique policy.
- Re-instated the Infection Prevention & Control Group.
- Collaborative partnership working with our new Integrated Practice Units.
- Implementation of the MICAD C4C electronic audit system for the cleanliness monitoring of all clinical areas. These audits are completed by the Central Team Leaders leading to independent objective auditing, with all data and action plans collated in one place. All clinical areas are responsible for the management of their housekeeper and ward cleaning - is creating further ownership at local level with the ability to manage bespoke cleaning schedules to meet their ward needs.



This year the report continues to follow the format of the Health & Social Care Act 2010 (updated 2015) to demonstrate our progress with the requirements associated with the criteria of the Act.

Finally, the report outlines the priorities and future developments for 2018/19.

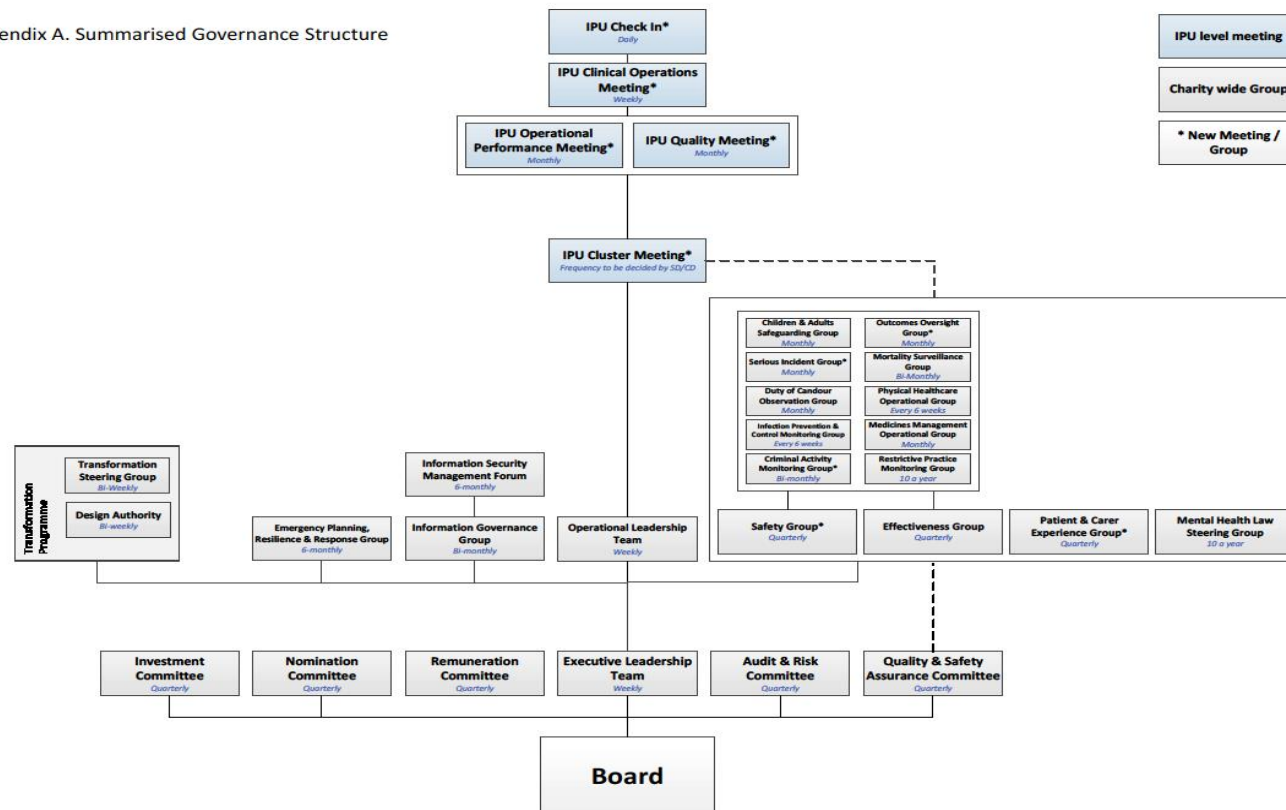
## COMPLIANCE WITH THE HEALTH AND SOCIAL CARE ACT 2010

### Criterion 1: Systems to manage and monitor the prevention and control of infection Organisational Accountability for infection prevention and control

Role	Responsibility
Chief Executive Officer	Has overall responsibility for ensuring that there are effective management and monitoring arrangements provided for IP&C to meet all statutory requirements.
Director of Infection Prevention & Control (DIPC)	The DIPC responsibilities have been delegated to the Executive Director of Nursing & Operations and the Deputy Director of Nursing and Physical Healthcare.
Deputy Director of Nursing and Physical Healthcare	Alongside the DIPC, The Deputy Director of Nursing and Physical Healthcare has overall responsibility for ensuring that systems and processes are in place in response to external and internal requirements to minimise the risk to staff, patients and visitors and ensure compliance with the code. The IP&C Lead reports into the Deputy Director of Nursing & Physical Healthcare for the daily management of the IPC Service.
Infection Prevention & Control Group (IP&CG)	The Deputy Director of Nursing and Physical Healthcare is the chair of the charity-wide IP&CG. The Infection Prevention & Control Lead is an integral member of the group along with representation from all the IPUs. The DIPC attends intermittently and when required. This group is a mandatory requirement and is a key forum to providing assurance that the Charity has in place structures and arrangements to meet all statutory requirements for IP&C.
Infection Prevention & Control Service	The role and function of the IP&C service is to provide specialist knowledge, advice and education for staff, patient's visitors. Everything the service provides supports the charity-wide services with the full implementation of and on-going compliance to the code.
Microbiologist Consultant	Access to a Microbiology Consultant is essential for compliance with criterion 1 of the Health and Social Care Act. The Charity has a Service Level Agreement (SLA) with a Consultant Microbiologist at Northampton General Hospital (NGH), Dr Minas Minassian. Dr Minassian provides specialist expert advice to the Infection Prevention & Control Lead, all Medics, Prescribing Nurses and Pharmacy.
IP&C Link Professional Network	The IP&C Link network exists in order to support the function of IP&C charity-wide, and is supported by the IP&C group representatives. They provide a link between their colleagues, IP&CG representatives and the IPC Lead. They act as visible role models and advocate high standards of IPC, and are an important and effective means of disseminating information in order to facilitate good practice and improve standards within their clinical teams. There is a link nurse and a deputy link nurse on all clinical areas. The list of the link nurses is on the Infection Prevention and Control page of the Charity's intranet site.

The chart below demonstrates the Charity IPC reporting arrangements:

Appendix A. Summarised Governance Structure



## MONITORING THE PREVENTION AND CONTROL OF INFECTION

### Surveillance of Healthcare Associated Infections

Mandatory surveillance is in place to monitor alert organisms such as Methicillin-Resistant Staphylococcus Aureus (MRSA) and Clostridium Difficile infection (CDI). The charity is not allowed separate trajectories for alert organisms.

Our internal surveillance data (as detailed in Table 1, below) is reported as part of the local Primary Care organisations, Northamptonshire Health Foundation Trust (NHFT), Nottinghamshire County Council and NHS South West Essex. The monitoring of infection prevention and control surveillance across the charity's services is done by the Infection Prevention & Control Lead and is documented on the Infectious disease register on the Infection Prevention and Control page of the Charity's intranet.



**Table 1 – Charity-wide Healthcare Associated Infection Data 2017/18 (details in brackets show previous years number of incidence)**

	Neuro	Women's	Men's	Adolescents	ASD	LD
MRSA bacteraemia (MRSA BSI)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Clostridium difficile infection (CDI)	2 (1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Clostridium difficile deaths (CDD)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Tuberculosis (TB)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Gastrointestinal outbreaks	17(5)	5 (3)	1(1)	4 (0)	0 (0)	0 (1)
Seasonal Influenza	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Campylobacter	0 (1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
ESBL Urine infection	0 (0)	1 (1)	0 (2)	0 (0)	0 (0)	0 (0)

The surveillance data for 2017/2018 demonstrates that the numbers of incidences reported have declined from the previous year, identifying that the proactive work undertaken by the Infection Prevention & Control Lead and IP&C Link Nurses is having a positive impact. There have been no cases of MRSA BSI. There have been two cases of CDI but no lapses in care were attributed to the Charity.

## MRSA Screening

In accordance with the Health and Social Care Act 2010, St Andrew's Healthcare continues to have management systems in place to ensure MRSA is promptly identified. This includes the risk from patients who have repeated admissions to healthcare that move between healthcare settings, and are at particular risk of acquiring an MRSA infection.

The Charity's IC 03 MRSA policy reflects the Department of Health MRSA screening guidance for the NHS 2014, which recommends NHS Trusts to move to focussed screening programmes to promote a more efficient and effective method for identifying and managing high risk MRSA positive patients.

MRSA screening in the Charity is carried out in line with individual risk assessments to ensure swabs are not taken as a matter of routine, but are to reduce a negative patient outcome. Therefore, if the patient has clinical conditions, vulnerabilities or signs of infection then swabbing will be done.



On admission to the Charity, patients are risk assessed for screening as follows:

- Those who are admitted to mental health units following surgical procedures
- Those who are admitted following admission to an Acute Trust
- Intravenous drug users
- People with chronic wounds e.g. leg ulcers, or with indwelling devices such as catheters
- Those who cause breakages to the skin surface by means of self-harm.

**Table 2 MRSA Charity HCAs data (2017/18) (details in brackets show previous years (2016) number of infections & colonisations)**

Division	Numbers of positive samples	Successful eradication
Adolescents	1 (0)	1
Neuropsychiatry	1 (4)	1 (2)
Men's	0 (1)	(1)
Women's	2 (3)	2 (1)
LD	0 (0)	
ASD	0 (1)	



### Serious Incident (SI)

When reportable HCAs occur, the processes of Serious Incident (SI) or Post Infection Review (PIR) are undertaken for MRSA BSI, Clostridium difficile infection and outbreaks of infection. This is to identify a root cause where possible and any actions to prevent it from reoccurring.

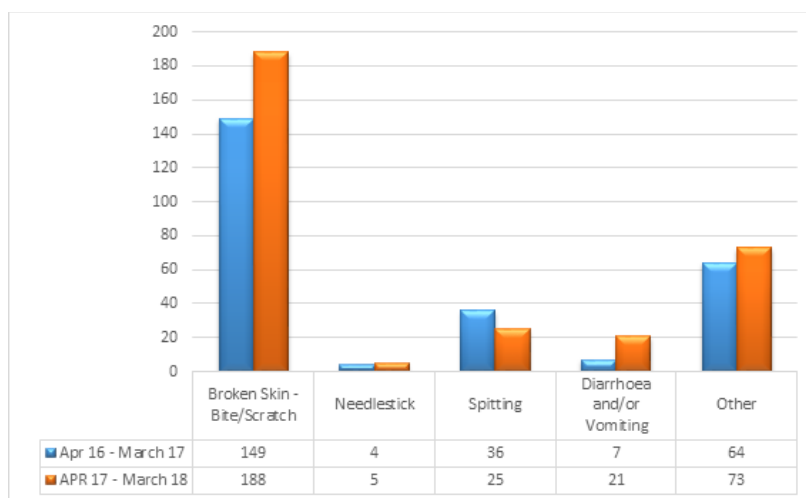
Investigation Type	Contributory Factors	Lessons learnt and service improvements
Gastrointestinal outbreaks	Difficulty obtaining stool samples, this leads to delayed diagnosis.	Staff received training on all aspects of outbreak management with a focus on how to encourage a patient to provide a stool sample with privacy and dignity.
Gastrointestinal outbreaks	Staff not obtaining a stool or urine samples from incontinent patients.	Staff informed about Newcastle pads, which have now been added to SAP to help obtaining stool/urine samples with incontinent patients. These can be placed inside the incontinence pad and a syringe used to obtain the sample for analysis.

#### Infection Prevention & Control Incidents 2016 & 2017/18:

As shown in Figure 1 below there were 188 broken skin incidents (bites and scratches) in 2017/18 in comparison with 149 in 2016. The wards with the majority were in our Neuropsychiatry service and Child and Adolescent Mental Health Service (CAMHS). The increase may be an example of more stringent reporting as throughout 2017/18 staff have been reminded to utilise the reporting Datix system.

Other IP&C incidents are a low infection risk, for example being exposed to urine, vomit, smearing of faeces and scratches which did not break the skin. In 2017/18 there were 73 incidents in comparison with 64 in 2016. The majority were in the Neuropsychiatry and CAMHS Services.

**Figure1**



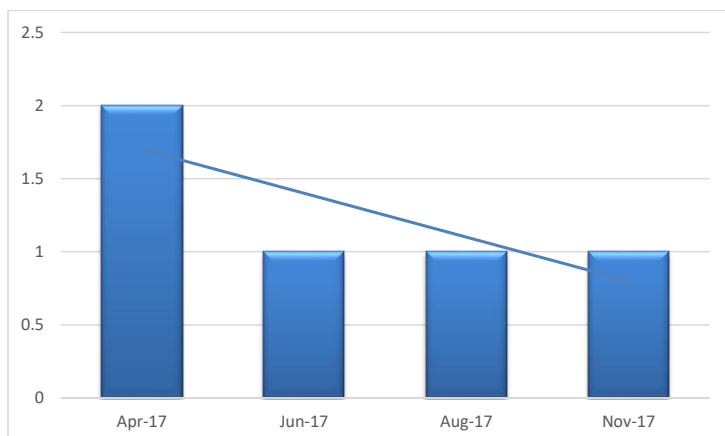
Following an incident, all staff are advised to attend their local hospital A&E department for assessment and treatment if required, and to undertake an Occupational Health referral for any follow up care. The Charity also offers a confidential trauma support with the Trauma Response Service to support staff working in challenging environments, and a team of professional advisers are available via the Employee Assistance Programme around the clock for any member of staff who needs any advice and support.

#### Sharps related Incidents

The IP&C Service continues to monitor and scrutinise all sharps related incidents. There have been 5 needlestick incidents reported for the Charity in 2017/18; this is a 50% decrease from 10 incidents in 2016. The majority of these happened in the Men's and Neuropsychiatry services. The charity takes needlestick injuries very seriously and only uses safety needles for all injection types – this includes insulin needles.



**Figure 2 – Charity-wide sharps incidents April 2017 – March 2018**



#### **Themes from sharps related incidents:**

Two needlestick injuries were from insulin needles, one was from a retractable needle that did not retract following an intramuscular injection, one was from a butterfly needle, and one was from an unused needle which posed no blood contamination risk.

#### **IP&C Audit Programme**

##### **New National Quality Improvement Tools (QIT):**

The review of clinical practice and the overall environment through audit is a well-established means of monitoring and improving the quality of care and supporting the implementation of change in practice. The Charity has a duty to provide a Programme of Audit to ensure that key policies and practices are being implemented and sustained appropriately. The IP&C audit programme is led and managed through the Infection Prevention & Control Service and the Infection Prevention & Control Group. All healthcare professionals are expected to be involved in the audit process to assist in enhancing the quality of patients' care, service and environmental improvements.

Nationally healthcare is moving toward quality improvement methodology which focuses on systems thinking, reliability, testing changes and measurement. This has prompted Infection Prevention Society (IPS) to move away from traditional 'audit tools' and develop the suite of Quality Improvement Tools (QIT) and to encourage all healthcare to endorse this approach to address both systems and processes to improve outcomes. They can be used in a variety of healthcare practice settings.

Although the Charity uses the IPS QIT tools, all are completed in paper format which involved the data being put in electronically retrospectively leading to late recognition of any improvement requirements. The Charity's IP&C Lead is currently working with the MICAD manufacturers to adapt the Infection Prevention Society (IPS) Quality Improvement Tools (QIT) into the MICAD system, allowing ease of use for staff who are already using the system for cleanliness monitoring; this will give Nurse Managers the ability to view live data, automated action reports, and any trends. The oversight of these audits will give accountability and ownership at local level, with support from the IP&C Lead.

The following areas continue to be some of the main themes identified in 2017 as part of the audit process:

- Poor environmental cleanliness
- Poor cleanliness on cleaning trolleys
- Cluttered bedrooms
- Lack of appropriate hand wash basins
- Lack of audit and KPI submissions
- Non-attendance at the charity-wide IP&C group meeting
- Non-attendance at the Northampton Link Nurse meeting

In order to demonstrate assurances that the areas of concern highlighted during the audit processes are being addressed, a completed action plan is required demonstrating that actions implemented to address the issues identified. All returned action plans are recorded and monitored through the Infection Prevention & Control Group. Non-attendance at the IP&C group meeting and the Link Nurse Meeting has been challenging throughout the year, however, the progression of the IPU's may resolve attendance.

This year the Charity has implemented the MICAD Credits 4 Cleaning (C4C) electronic audit system to demonstrate and monitor the level of cleanliness across the charity. This audit is currently completed on a monthly basis by the Central Team Leaders.

The PLC Lead receives a copy of all the audits completed and the results.

This provides the Charity with an independent process eliminating any individual bias as there is no self-auditing. This will assist in monitoring clinical environmental standards whilst identifying any concerns and good practices for sharing across the charity in the appropriate reports and the IP&CG.



#### **Hand hygiene Key Performance Indicator (KPI) Q3 October, November, December 2017 & Q4 January, February March 2018**

The hand hygiene KPI is completed on a quarterly basis for all the services and wards across the charity. Throughout 2017/2018 completion/submission of the KPI continues to prove challenging for some of the wards, however, all the services that did submit in Q4 as shown in Figure 3: are above the national compliant tolerance rating of 85%, and improved from the previous quarter where the Adolescent and Learning Disability services were below the national average. This was due to only submitting two out of the three observations/questionnaires.

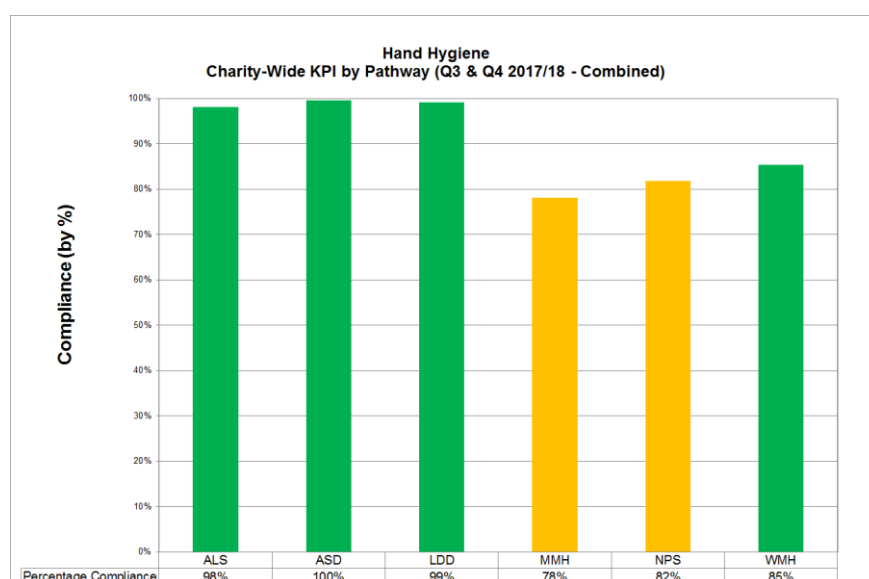
The service /charity-wide tolerance score can be requested by commissioners as they have been in the past. Please see the national tolerance ratings below. The overall charity-wide score for Q4 is 96% which is an improvement on Q3 of 89%, but both are above the compliance rating.



#### Tolerance ratings:

85% or above = Compliant =Green  
 76-84% = Partial Compliance=Amber  
 75% or below = Minimal Compliance=Red

Figure 3 Charity-wide hand hygiene Q3 & Q4 combined figures per service



All the wards that did submit their hand hygiene KPI were on or above the national recommended tolerance level of 87% which is (green) for compliant and provides the Charity with assurances around our clinical staffs hand hygiene practices to reduce the risk of healthcare associated infections.

Men's Mental Health and the Neuropsychiatry services are recorded as Amber tolerance – Partially compliant, due to two of their wards not submitting their hand hygiene KPI.

To improve the submission numbers and with the progression of the IPUs the KPI will be sent to all Clinical Leads, Operational Leads, Nurse Managers and Link Nurses via an email with a link to the IP&C KPI page of the intranet for ease of completion.

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

##### New Builds and Refurbishments

The Charity recognises the importance that all healthcare buildings are designed with the appropriate Infection Prevention & Control consultation, and that the design facilitates good IP&C practices and has the quality and design of finishes and fittings that enable thorough access for the cleaning and



maintenance to take place; this ensures the physical environment has to assist, not hinder good practice.

Men's Mental Health service - Ferguson ward patients moved out of the main building to Ashby ward in the Isham building. This is a newer renovated building providing patients with a more purpose-built environment with fabrics that meet infection prevention & control standards to minimise the risk of HCAI.

Some of the hand wash basins in the ward clinics require an update and these are identified within the Capital Review Group (project team) for there to be a programme to change all hand wash basins that do not conform to HBN 00 09. This has proved challenging as the wards won't have a clinic while this takes place, so therefore requires careful planning. These will be completed by the end of 2018.

#### **Dentistry/Decontamination**

The Charity offers a fully functioning dental practice on the Northampton site. This consists of a treatment room and two decontamination rooms. The Infection Prevention & Control Lead audits the environment, equipment and practices. The audit always identifies safe clean practices in a clean environment. The practice is audited on a six monthly basis, one by the IP&C Lead, and one independent audit by the Authorised Engineer AE(D) which offers further independent assurances to ensure we remain compliant with 'Best Practice' as per HTM 01 05.

The Infection Control Lead continues to be involved in continuation of a Service Level Agreement (SLA) for an Authorising Engineer in (Decontamination) AE (D). This person is an approved independent person from the Institute of Healthcare Engineering and Estate Management (IHEEM) register who will provide independent auditing and technical advice on decontamination procedures, washer-disinfectors, sterilisers and sterilisation, and will review and witness documentation on validation.

#### **Laundry**

The Infection Prevention & Control Lead has been involved in the refurbishment of the main laundry based on the Northampton site and implementing the national colour coding for bagging laundry as per HTM 01 04. This has led to changes in practice such as no sorting of dirty linen, working from a clean to dirty work flow, and having access to Personal Protective Equipment (PPE) suitable to the task, which is allowing the laundry team to do their jobs effectively and safely. Some refurbishments are still in process such as the installation of a suitable hand wash basin.

#### **Cleanliness**

The new MICAD C4C audit system provides St Andrew's Healthcare with an effective management system to monitor cleaning standards; it provides evidence of compliance with current cleaning regulations and standards and conforms to the Department of Health National Standards of Cleanliness in the UK and allows us to measure performance targets across the Charity. The system provides the assurances that our environments are clearly defined and assessed across the 39 required elements, and provides a full auditable record of all audits, action and corrections. Compliance is measured by the tolerances below:

#### **Tolerances:**

**Green = 95% & above**

**Amber = Below 95%**

**Red = Below 85%**

The results from the MICAD C4C cleanliness audits are identifying a charity-wide theme of high and low level dust, buildup of dust in floor corners, dirty internal windows and general décor repair required. Any failings are listed under the responsible professions i.e. Estates, Housekeeping and Nursing but tolerances are calculated as a whole and as an individual discipline. Since the implementation of the MICAD C4C system very few clinical areas have been in the red tolerance rating, and evidence of improvement can be identified.

The overall results will be used to improve standards across all areas of the Charity ensuring our areas are clean and safe for our patients, visitors and staff.

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

The St Andrew's Pharmacy supplies all medication including antibiotics. Pharmacists screen and clinically check all prescriptions - including those for antibiotics - before dispensing to individual patients.

St Andrews' Medicines Formulary includes a section on Antimicrobials and links to relevant NICE and other guidelines.

The St Andrew's electronic prescribing and administration system (ePMA) is in line with the formulary, and includes links for relevant guidelines. This has been set up so that there is a requirement for the prescriber to include a mandatory treatment reason/indication and specify the length of treatment.



The antibiotics stewardship committee has been established as part of the Medicines Management Operational Group (MMOG), and Antimicrobial Prescribing is a standing item on the agenda. This is line with National guidance and local NHS formularies. The ePMA system enables more detailed reports on the monitoring and prescribing practice of individual prescribers. All reports will be monitored and discussed at MMOG.

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

**Service user engagement**

A variety of methods are used to communicate the IP&C message to service users, staff, carers, visitors, clinical areas and satellite sites. The Infection Prevention & Control Lead works closely with the clinical areas and satellite sites to ensure that all areas are informed of any infection prevention and control issues and significant changes. Representatives from all services and satellite sites are members of the IP&C group and meet every other month to update on any new guidance and discuss any concerns.

The IP&C page of the charity's intranet is an excellent resource giving staff access to the most up-to-date and relevant information. The front page of the intranet and the charity's monthly newsletter is used to deliver key messages, such as Seasonal Influenza, Norovirus and any other IP&C promotion campaigns.

During 2018 the Infection Prevention and Control Lead will seek to increase participation from service users when conducting unannounced audits. Service users will be asked for their opinions of their environment and the information will be used to feedback to the IPUs.

**Criterion 5: Ensure that people who have developed an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing infection to other people**

The Charity has a Service Level Agreement (SLA) with a consultant Microbiologist from Northampton General Hospital (NGH), who along with Public Health England (PHE) provides the Infection Prevention & Control Lead with information on positive samples and advice on treatment management. The Infection Prevention & Control Lead supports clinicians in ensuring the appropriate care is delivered, and infection prevention and control policies and procedures are complied with. This is monitored as part of the IP&C audit programme.



**Catheter Associated Urinary Tract Infections (CAUTIs)**

In 2017/18 across the charity there were four patients with indwelling urinary catheters. All indwelling urinary catheters are audited on an annual basis as a minimum but will be audited more frequently if there are any concerns. This information is fed back to the Service/Clinical Director and services. With the progression of the IPUs in 2018, the audit information will be fed back to the Service/Clinical Director and Operational / Clinical Leads.

**Commented [BL1]:** Have amended this – please clarify I am correct!

**Criterion 6: Ensure all staff and those employed to provide care in all settings are fully involved in the process of preventing and controlling infection**

**Training and Development (also included in criterion 10)**

The Infection Prevention & Control Lead works closely with all staff charity-wide to implement high quality infection prevention and control practice to reduce the risk of HCAI. Infection Prevention & Control training is an integral part of the Charity's induction and mandatory training programme via eLearning packages. The content of the training is as follows:

**Non-clinical staff** – This is staff members who are not part of the clinical team and do not work on any of the wards. This group of staff receive Hand Hygiene awareness training on the '13 step' technique.

**Clinical staff** – This staff group receive all the standard infection prevention and control precautions which incorporates hand hygiene, safe management of sharps, blood borne viruses, waste, personal protective equipment (PPE) and colour coding for cleaning equipment. Training is also delivered in response to Serious Investigations (SI) and audit outcomes. The training figures are reported to the Quality and Risk Committee.

The Infection Control Lead works with the learning and development team to provide further training packages. These are available on the Infection Prevention and Control page of the intranet, and include TB Awareness and the five moments hand hygiene game. Safe management of sharps is also included in injection training.

**Criterion 7: Provide and secure adequate isolation facilities**

The charity does not have specialised isolation facilities due to the provision of its care and treatment. However, as all patients have their own bedrooms with en-suites, good isolation can be adequately managed to reduce the risk of transmission to others. Effective outbreak management has been demonstrated by adherence to the outbreak policy. Outbreak review meetings are put into place to discuss positive outcomes and any areas of shared learning.



#### Criterion 8: Secure adequate access to laboratory support as appropriate

Laboratory support is provided by the local acute NHS hospitals, Northampton General Hospital (NGH), Birmingham – Queen Elizabeth (QE), Nottinghamshire – Kings Mill Hospital (KMH) and Essex – Basildon Hospital (BH). The Infection Control Lead liaises with them to discuss microbiological sample results and antibiotic sensitivities.

#### Criterion 9: Have and adhere to policies designated for the individual's care that will help prevent and control infections

The charity recognises the importance of providing staff with easy access to a full range of IPC policies, procedures and guidelines. Throughout 2017/2018 the Infection Control Lead continues to review and revise these documents to take into account the latest national guidance and best practices.

Policies for IPC are reviewed and monitored collaboratively by all teams and the Policy Observation Group (POG) to ensure consistency, ease of use and consideration of new national guidance (such as National Institute for Clinical Excellence (NICE) Quality Standards, Department of Health directives and developments in practice for IPC are considered for inclusion).

#### Criterion 10: Ensure so far as reasonably practical that all care workers are free of and protected from exposure to infections that are caught at work, and that all staff are suitably educated in the prevention and control of infection associated with the provision of health and social care

##### Influenza Programme:



This year the 'flu campaign was more successful in that the amounts of vaccinations administered to staff members increased. This year there was a total of 591 employees equating to 13.7% of staff who received the vaccination charity-wide, in comparison to 2015 where 418 employees had the vaccine equating to 9.5% of employees.

Patient's numbers were also higher than the previous year, with a total of 544 charity-wide equating to 57% of patients who received the vaccination. This is in comparison to 2015 where 493 patients had the vaccine equating to 55% of patients.

The charity had an increase in the uptake of the influenza vaccination even though it is reported by Public Health England that there was a decline nationally in the uptake of the vaccine this year. Indications for the reduced uptake of the vaccine were reported to be due to the poor media coverage in relation to last years 'ineffective' vaccine.

The Charity continues to provide support for staff with an Occupational Health Provider, who screen all clinical staff for the risk of TB exposure on employment and offer the Hepatitis B vaccine.

## Priorities and Future Developments 2018-2019

Priorities	Actions
Source and implement an alternative and more suitable wound care dressing pack allowing staff to undertake the procedure safely in a non-clinical environment where necessary, whilst reducing the risk of an HCAI.	Meet with various manufacturers' wound care representatives to see what packs are recommended in the community alongside the Physical Healthcare Team.
Develop the IPS QIT tools into the MICAD C4C system that St Andrew's is already using, to ensure the Charity has a robust monitoring system for IP&C clinical standards.	Meet with MICAD Manufacturers and discuss costings. Meet with KM to discuss what needs to go into MICAD C4C. Weekly meetings with Kate to put all the IPC QIT PIT & RIT tools into the C4C system. <b>Situation, Task, Action, Result.</b>
Develop an exception report based on the Assurance framework to update the Board.	Develop report for inclusion to the Board.
Support the specialised IPU's in leading IP&C and working with the teams on specific individual requirements.	IPC Lead to meet with Clinical & Operational Leads of IPU's to discuss standards and individual requirements.
Lead and significantly improve the transition and uptake of the implementation of the seasonal influenza vaccine 2018.	Development of an influenza sub-group with regular meetings to discuss actions and outcomes.
Implement daily management of catheter audit.	Training for the clinical nursing team on use and sharing of the audit tool and scores.
Develop and implement an Asepsis Technique Policy.	Research Asepsis Technique in mental health settings and develop policy accordingly. Refresh staff on clinical procedure.
New colour coded bag system for laundry in line with national guidance.	Source appropriate bag system. Hold roadshows demonstrating new procedure. Adapt policy to reflect changes.
Introducing offensive waste stream to clinical areas.	Roadshows to be held demonstrating new waste stream. Adapt policy to reflect changes.

Commented [BL2]: Kate who?

## Summary

This Annual Report demonstrates the continued commitment of the Charity and evidences the successes and improvements achieved through the leadership of a proactive Infection Prevention & Control Programme, with a strong commitment to preventing all healthcare associated infections.

During 2017/18 the Care Quality Commission visited our Northampton, Essex, Nottinghamshire and Birmingham sites, and during these visits there were no clinical infection prevention and control issues identified.

The Charity supports the principle that infections should be prevented wherever possible or, where this is not possible, minimised to an irreducible level and that effective systematic arrangements for the surveillance, prevention and control of infection are provided within the Charity.

The Infection Prevention & Control Programme aims to continuously review and build on existing activity driven by local needs, while incorporating and complying with the latest Department of Health, Public Health England and other regulations as shown in the reference list.

## References

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