

TRUST BOARD

Date of Meeting: 10/07/2012	Agenda Item No: 10.2	Enclosure: 12
Intended Outcome:		
For noting √	For information	For decision
Title of Report: Annual Infection Prevention and Control Report		
Aims: To provide assurance to the Board that the Trust is complying with the Health and Social Care Act 2008: Code of Practice for the Prevention and Control of Infections and strategic objectives.		
Executive Summary: High standards of infection prevention and control are a fundamental part of the quality of care delivered across the Trust. This paper presents the annual report for infection prevention and control and highlights compliance with strategic option 1: <i>“Ensure we provide high quality, safe and effective care for all our patients including meeting essential standards of safety and quality as set out by the Care Quality Commission (CQC)”</i> . The report describes the work undertaken over the past year to ensure compliance with the Health and Social Care Act 2008: Code of Practice for the Prevention and Control of Infections and related guidance. As a consequence of the infection prevention measures in place across the Trust there has been a continued improvement noted in MRSA and Clostridium difficile infection rates with no Trust apportioned MRSA bacteraemia cases in 2011/2012 against two cases in 2010/2011. A continued reduction is also noted in the number of Trust apportioned <i>Clostridium difficile</i> infections of 53 apportioned cases in 2011/2012 against 57 cases in 2010/2011. The report lists the policies which have been ratified and updated in the reporting period and identifies the challenges for the IPC team for 2012/2013.		
Overview of key areas for consideration or noting: The annual programme 2012/2013 Note the Trust performance for MRSA and Clostridium difficile		
Specific implications and links to the Trust’s Strategic Aims:		
Ensure we provide high quality, safe and effective care for all our patients including meeting essential standards of safety and quality as set out by the CQC		✓
Develop a viable integrated clinical strategy for secondary care services which is sustainable and affordable		
Develop a new healthcare facility in West Cumbria that is fit for the 21st century		
Achieve sustainable financial balance through the delivery of the Trust’s internal Cost Improvement Programme, securing a viable contract income from our GP commissioners and contributing to the system wide cost reductions		
To develop and implement a successful merger or acquisition plan that enables the Trust to become part of an existing NHS Foundation Trust		
Recommendations: The Trust Board is asked to note the annual report and the annual programme for 2012/2013		
Prepared by: Val Wright, Matron for Infection Prevention and Tissue Viability	Presented by: Chris Platton, Acting Director of Nursing and Quality	

APPENDIX 1



1 INTRODUCTION

High standards of infection prevention and control are a fundamental part of the care delivered within the Trust. This paper presents the annual report for infection prevention and control and highlights compliance with strategic option 1; “ensure we provide high quality, safe and effective care for all our patients including meeting essential standards of safety and quality as set out by the Care Quality Commissions (CQC)”.

2 COMPLIANCE WITH THE HEALTH & SOCIAL CARE ACT 2008: CODE OF PRACTICE FOR THE PREVENTION & CONTROL OF INFECTIONS

The work undertaken over the past year listed below demonstrates the Trust’s compliance with the Health and Social Care Act 2008: Code of Practice for the Prevention and Control of Infections and related guidance which includes;

- Emergency and elective screening for Meticillin Resistant Staphylococcus aureus (MRSA)
- Ensure that Clostridium difficile testing and reporting protocols are in line with DOH Document - Updated Guidance on the Diagnosis and Reporting of Clostridium difficile
- C. difficile cards
- Continue bacteraemia surveillance
- Continue surveillance of Central venous catheter associated blood stream infections for Renal, Oncology and ITU patients
- Continue surgical site surveillance for Caesarean Section
- Commence surgical site surveillance for Total Knee Arthroplasty at WCH
- Provide support and advice to the New Hospital project team at WCH
- Improve the availability of cleaning staff at WCH
- Improved information on HCAI through monthly reports presented to the Governance Committee
- Face to face hand hygiene training delivered by the Infection Prevention Teams across the Trust

- Roll out of the spray & glow testing as a method to provide cleaning assurance across the Trust
- Provide specialist advice and education in response to unexpected Infection prevention issues e.g. Measles, Whooping Cough, Outbreaks
- Implementation of a therapy mattress decontamination process and tracking established on site at WCH.

3 TRUST POLICIES

The following Trust policies have been updated:

- Clostridium difficile policy
- Aseptic Policy (incorporating ANTT policy)
- Policy for single use medical devices

The following policies have been ratified:

- Infection Prevention and Control: structures, procedures and policies
- Immunisation Of Service Users
- Immunisation of staff
- Transmissible conditions Fact Sheet policy
- Infection Prevention Policy for management of the deceased person
- Infection Prevention Standard Precautions Policy
- Isolation Policy

4 MRSA & CLOSTRIDIUM DIFFICILE

As a consequence of the infection prevention measures in place across the Trust we have noted a continued improvement in MRSA and Clostridium difficile infection rates with:

- No Trust apportioned MRSA bacteraemia cases in 2011-12, in comparison to two cases in 2010-11
- A continued reduction in the number of Trust apportioned Clostridium difficile infections of 53 apportioned cases in 2011/2012 against 57 cases in 2010/2011.

5 CHALLENGES FOR 2012/2013

For 2012/2013 the IPC team have identified the following challenges:

- To maintain the excellent performance in Trust apportioned MRSA bacteraemia and meet the targets set for 2012/2013
- To reduce Trust apportioned Clostridium difficile infections and meet the target set for 2012/2013
- Review the nursing structure within infection prevention and control
- Improve antibiotic prescribing across the Health Economy

- Review the antimicrobial pharmacist role (dedicated to antimicrobials), necessity and present a business case to the Trust accordingly
- Develop a Out Patient Antimicrobial therapy (OPAT) service
- Develop a rolling programme for infection cleans for all in-patient areas across the Trust
- Develop assurance mechanism for cleaning of medical equipment
- Improve surveillance by linking with the IT developments at ward level
- Continue to embed and develop key performance indicators within the divisional structure of the Trust with greater ownership within directorates
- Continue to provide specialist advice and support to assist with the management of patient flow
- Provide support to the new build at West Cumberland Hospital site.
- Implement post discharge surgical site surveillance for Caesarean Section wounds
- To develop plans to deliver the training and updating staff in Infection Prevention
- Continue to re-enforce the importance of hand hygiene through face to face training
- Continue to provide an annual Infection Prevention Conference
- Continue to support the Link Nurse training by the provision of three times a year Link Nurse development sessions
- To improve cross site working within the Infection Prevention and Control Team
- Participate in Water safety Group.

6 INFECTION PREVENTION AND CONTROL ASSURANCE ARRANGEMENTS

The Acting Director of Nursing, Quality is the Trust's Director of Infection Prevention and Control (DIPC) and continues to Chair the Trusts Infection and Prevention Committee, which meets bi-monthly.

Reports are regularly received by the Governance Committee and the Trust Board. The Governance Committee also receives reports from each division which includes information on Hand Hygiene scores and Health Care Associated Infection.

Positive feedback for the Trust has been received from the infection control leads within the SHA which has been very positive with a real appreciation for the work delivered by the staff and the IPC team across the Trust in reducing rates of MRSA and Clostridium difficile.

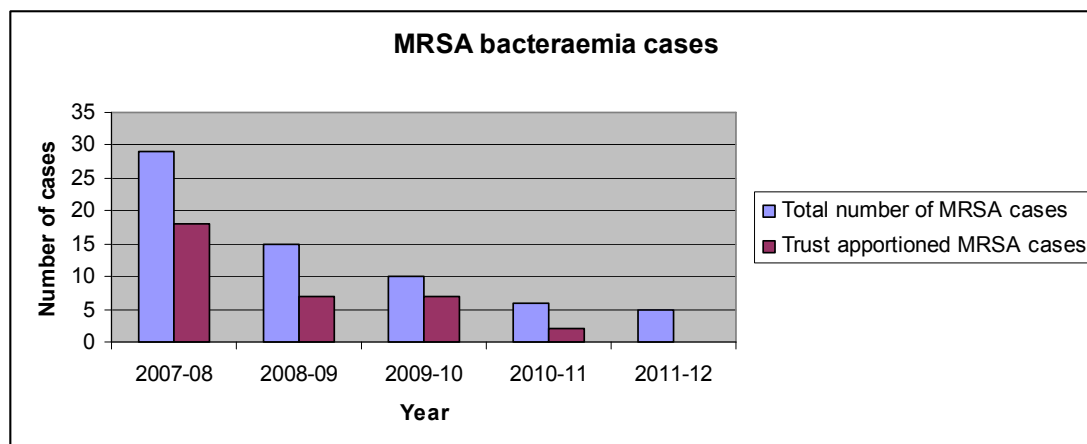
The monthly monitoring of the Trusts infection prevention and control performance was transferred to the commissioning arm of NHS Cumbria in April 2009. Monitoring of the Trust's performance has and continues to be monitored through:

- Inclusion of the DIPC and Lead Nurse for NHS Cumbria in the membership of the monthly Trust Infection Prevention Steering Group meetings that are held to monitor HCAI's
- Membership and active participation of the Trust Infection Prevention Committee
- Monthly completion of a Performance Monitoring Framework of the Trust's activities to assure our commissioners of the Trusts continued progress. This data is also submitted to the Strategic Health Authority (SHA)
- Close working relationship between the Consultant Microbiologists, DIPC in Primary Care and IPC nursing teams across the Health Economy
- Discussion and monitoring of all Root Cause Analysis (RCA) in relation to MRSA bacteraemia for both apportioned cases and non apportioned cases. The RCA is then "signed off" by the DIPC of both Primary Care and the Acute Trust, when the assurance is evident that the investigation is complete and that actions are in place and being monitored.

Hand Hygiene (HH) has continued to be promoted by the IPT throughout 2011-2012. There has also been face to face HH training undertaken by the IP teams on both sites. Hand Hygiene education is included in the Trusts Mandatory Corporate Induction and Annual Health and Safety programme for all staff.

7 MRSA

The trajectory figure for the Trust was not to exceed four apportioned bacteraemias for 2011-2012. This target was achieved with excellent results of no trust apportioned MRSA bacteraemias during this time period; this is a further reduction in comparison to 2010/2011 when there was a total of 2 apportioned bacteraemias. This is an excellent achievement for our staff and the IPC team of the quality of care and prevention work undertaken across the Trust and the table below demonstrates this.



Although there have been no Trust apportioned bacteraemias there are still a small number of bacteraemias that are identified at the point of a patient's admission to hospital. These bacteraemias are referred to as non apportioned to the Trust. The non apportioned cases may be healthcare related, however, all are investigated using a Root Cause Analysis (RCA); the approach adopted is completion of a National Patient Safety Agency (NPSA) RCA tool. Each incident is investigated with representation from other Health Agencies and clear actions are agreed, lessons learned and information cascaded through Health Agency operational teams. It is important to ensure that actions are implemented and the lessons learned are shared across all Health Agencies.

The Trust's actions from the incidents of 2011/2012 are:

- Updating MRSA screening of elective Caesarean Section patients to include perineal swab
- Review of training of midwives in relation to MRSA
- Review skin preparation for Caesarean Section
- Education for junior doctors in aseptic technique required for blood culture collection
- Review MRSA screening guidance for oncology patients and patients requiring central venous access devices
- Continue to audit MRSA screening especially in relation to emergency admissions.

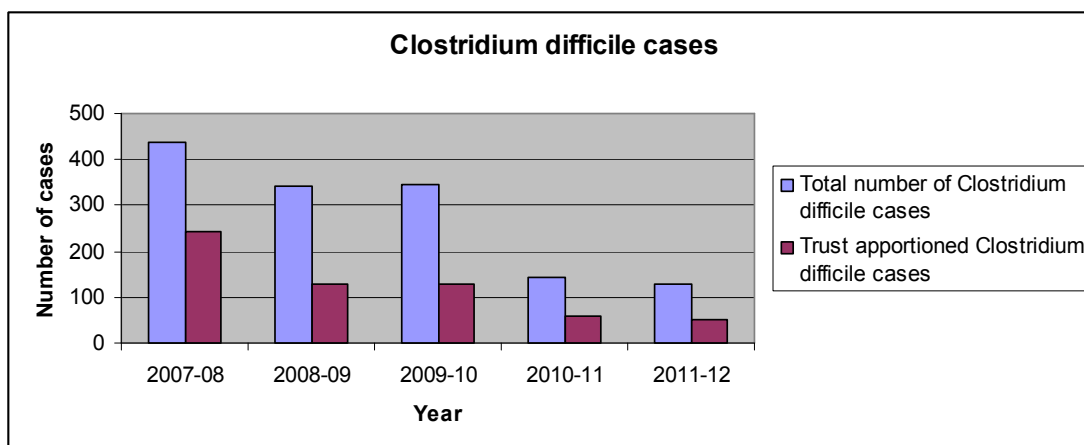
The 2012/2013 trajectory set for the Trust for MRSA bacteraemia is zero Trust apportioned cases. The 2012/2013 trajectory for NHS Cumbria is 7 cases.

8 CLOSTRIDIUM DIFFICILE

The trajectory figure for the Trust was not to exceed 69 apportioned Clostridium difficile infections in 2011-12. This target was achieved with 53 Clostridium difficile infections during this time period; this is a further reduction in comparison to 2010/11 when there were a total of 57 apportioned Clostridium difficile cases.

The reduction in Clostridium difficile cases in 2011-12 has not been as great as in previous years and DoH targets have become more stringent with greater comparison to current national data. The target for 2012-13 is set at 40 Trust apportioned cases. As this is a challenging target for the Trust all opportunities to analyse cases is undertaken for example an analysis of cases on the CIC site (related to an outbreak of Clostridium difficile ribotype 027) was undertaken and investigated through the Trust serious untoward incident process (SUI). The SUI report has been completed and submitted to NHS Cumbria commissioners.

Testing for C.difficile using a 2-stage testing process has improved the positive predictive value of the test and helped direct infection control resources more appropriately.



9 METHICILLIN-SUSCEPTIBLE STAPHYLOCOCCUS AUREUS (MSSA)

Reporting on MSSA bacteraemias to the Governance Committee commenced in 2010/11. This was to provide further assurance to the Committee that we were preventing a wide range of healthcare associated infections. It needs to be acknowledged that only a proportion of MSSA bacteraemias are preventable. This has also become a mandatory infection to report via the MESS system and we have set an internal arbitrary target to reduce the number of Trust apportioned MSSA bacteraemias to 11 in 2011/12. Unfortunately we were not able to achieve this target (we had 13 cases) but it needs to be acknowledged that this was probably due to a significant number of non-healthcare related cases included in this total.

10 SURGICAL SITE INFECTION SURVEILLANCE (SSI)

Both hospital sites have continued to complete SSI surveillance within the orthopaedic category of surgery. This is a mandatory requirement for all Trusts.

A national standardised mechanism of collating and reporting post discharge surveillance information has recently been developed with the Health Protection Agency which will enable both the Trust and Primary Care to collate improved and more accurate data on SSI's in general. Surveillance has been devolved to the Orthopaedic Team and post-discharge surveillance occurs on both sites. However, there is limited surveillance on the West Cumberland Hospital site, recorded as N/A in table below.

A summary of the data is given in Appendix 2, however as post-discharge surveillance has not been carried out previously there is only this year's data reported.

11 OUTBREAKS/INCREASED INCIDENCE

11.1 Norovirus

Outbreaks of diarrhoea and/or vomiting have occurred at several sites at WCH but there have been no outbreaks due to Norovirus at CIC since May

2011 (outbreaks in April and May 2011 were related to an ongoing outbreak from March 2011). Those that were confirmed to be due to Norovirus are summarised and described in appendix 3.

11.2 Other Oubreaks

There was an outbreak of influenza A at a community hospital in Cumbria; one of the patients had been transferred to WCH prior to this outbreak being identified. Following this patient's transfer one further patient was identified at WCH with influenza A.

Three cases of measles have been confirmed in patients in West Cumbria, all were directly or indirectly related to a large outbreak of measles in Merseyside. Occupational Health has been involved ensuring all staff potentially in contact with measles are immune.

12 DECONTAMINATION

12.1 Sterile Service

North Cumbria University Hospitals Sterile Service Department (CSSD) was audited in February 2011 and successfully recommended for re-accreditation to ISO 9001:2000, ISO 13485 and directive 93/42/EEC commencing in April 2011. The department maintains its accreditation and was re-audited in April 2012. The registration from MHRA continues.

The Quality system continues to be upgraded to meet the changes in the standards. The instrument tracking system was upgraded from a UNIX based system to be a Windows version in July 2010. This system is far more user friendly and able to produce better reports.

A business case is being developed to enable single instrument traceability.

12.2 Endoscopy Unit

Dr Meda is now the Microbiologist overseeing this Group. Following a review of procedures both Endoscopy units have in place a robust procedure for assessment of all patients for the risk of vCJD into their admission procedures.

The updated policy on the disinfection for heat labile endoscopes is currently under consultation and review with staff.

Both sites have undergone validation visits in 2011-12, where no significant issues were identified. Auditable outcomes have been completed for both sites with the updated version.

A 72 – hour endoscopy cabinet has been procured at CIC and is now in use.

12.3 Reverse Osmosis (Renal Dialysis Water)

No significant issues were identified during 2011-12.

12.4 Water Sampling

Water samples were taken in response to DoH guidance regarding Pseudomonas in water supplying augmented care units at WCH (no Pseudomonas aeruginosa was isolated) and is in progress at CIC. The IPCT are involved in establishing a water committee to provide greater assurance on water safety and monitoring across the Trust.

13 CLEANING SERVICES

13.1 Management Arrangements

At WCH there is a traditional cleaning service which is carried out in-house. A major service review was undertaken throughout the domestic department which commenced in October 2010 and was completed in August 2011. This resulted in a number of additional staff to ensure that the departments complied with the Specifications for Cleanliness (2007). At the Cumberland Infirmary, a PFI hospital, the services are contracted out, with a robust Service Level Agreement in place.

13.2 Monitoring Arrangements

Cleaning audits have continued to be carried out across both sites to the National Specifications for Cleanliness in the NHS (2007) and the Healthcare Cleaning manual (2009). The risk categories as contained within the National Specifications for Cleanliness and the 49 elements of cleanliness continue to be followed.

The Annual Cleaning Audit Scores were 95% for Cumberland Infirmary and 96% for West Cumberland Hospital for the year 2011/2012

Glow and spray testing as an assurance for cleanliness of the patient environment is now a rolling audit across the Trust. Several issues regarding cleaning responsibilities, techniques etc have come to light as a result of this and have all been addressed. Quarterly reports of these tests are reported to all staff and any urgent actions identified are addressed immediately and escalated.

13.3 Clinical Responsibility

During 2011/12 heads of nursing, matrons and lead nurses continued with the monitoring of cleanliness in wards and departments and have participated in PEAT inspections. Monthly spot checks have been introduced across the Trust by the DIPC and IPC team. Areas are spot checked and staff are asked regarding good practice and any concerns in their areas relating to cleaning and infection prevention and control. Any immediate actions required are

addressed and a report following the spot check visit is sent to the ward sister/departmental manager.

13.4 PEAT/Patient Panel Inspection

Internal spot check audits are undertaken across both sites throughout the year, culminating in the external evaluation of the PEAT performance being undertaken by Multi-Disciplinary Teams which includes patient representatives all audits follow the National Patient Safety Agency (NPSA) Guidance. For 2012 the assessment teams included an independent assessor appointed by the NPSA. Site inspections were undertaken in January 2012 at WCH and CIC. The scores for the cleanliness element for this for both sites should be confirmed as “Good” when the NPSA publishes the results in July 2012.

The patient panels carried out a Hospital Hygiene Inspection at CIC in August 2011. This produced a favourable report with minor actions required. The patient panel were unable to undertake a similar inspection at WCH during 2011/12.

14 AUDIT

The annual programme focussed on the requirements of the Health Act 2008. Audit of practice has therefore included:

- Saving Lives Healthcare Programme of 8 High Impact Interventions (HII). Each audit tool enables clinical staff to measure compliance with practice (appendix 4).

15 TRAINING ACTIVITIES

Education and training is vital to inform, increase knowledge, understanding, and give the opportunity for discussion for both Trust staff and the Infection Prevention team.

This is completed for Trust staff through the following routes:

- All staff newly appointed to the Trust attends Corporate Induction.
- Annual Health & Safety Mandatory Infection Prevention Training either by attendance at a face to face day or through completion of a workbook. This also includes medical staff.
- Face to face training on hand hygiene

16 RECOMMENDATION

The Trust Board is asked to note the report which includes the 2011/12 annual plan (appendix 5) and the 2012/13 annual plan (Appendix 6).

Appendix 2 – Surgical Site Infection Surveillance April 2011/March 2012

Surveillance of Post-Operative Surgical Site Infections

Results of surveillance of Surgical Site Infections

The Orthopaedic Department is undertaking the surveillance of SSI of fracture neck of femur.

Fracture Neck of Femur	Number of operations	Inpatient SSI	Post discharge SSI (teleph) or readmission	Comments
WCH				
Apr-Jun 2011	20	0	0	Data not yet complete as more forms being submitted.
July-Sept 2011	40	0	1	1 superficial
Oct – Dec 2011	35	1	0	1 superficial
Jan – Mar 2012	27	0	1	1 superficial
CIC				
Apr-Jun 2011	63	2	0	2 deep
July-Sep2011	76	0	0	
Oct –Dec 2011	55	1	0	1 deep
Jan –Mar 2012	48	0	0	

WCH Caesarean Section Data Commenced 1/11/10

Surveillance Period	Number of Operations	Number of Infection	Comments
Jan – Feb 2011	59	3	2 Superficial and 1 Organ Space
March – April 2011	52	0	
May-June 2011	66	2	2 readmitted with Infection
July – August 2011	52	5	1 inpatient superficial 4 community superficial
Sept – Oct 2011	44	2	2 superficial community
Nov – Dec 2011	48	1	1 community
Jan – March 2012	74	1	1 community

Appendix 2

CIC Caesarean Section Data

Commenced 11/01/11

Surveillance Period	Number of Operations	Number of Infection	Comments
Jan – Feb 2011	53	1	Deep infection
March – April 2011	81	4*	1 readmitted with Infection
May-June 2011	90	3*	1 readmitted
July – August 2011	86	11*	2 readmitted
Sept – Oct 2011	85	6*	
Nov- Dec 2011	94	10*	
Jan – March 2012	124	6	4 community 2 re-admitted

* Estimated infection rate from samples received in the lab

Total Knee Replacements WCH

Commenced 1st April 2012

Surveillance Period	Number of Operations	Number of Infection	Comments
Jan – March 2012	47	3	3 Superficial

NB. Not all post discharged forms received

Appendix 3 – Norovirus Outbreaks April 2011/March 2012

Date	Ward	Number Affected	Confirmed Diagnosis	Disruption to Trust
April 1- 6 th 2011	Willow B Willow C Larch C Beech B Larch A/B Willow A CCU	8 patients 5 patients 3 patients 2 patients 4 patients 10 patients & 2 staff 3 patients	Norovirus Norovirus D&V D&V D&V D&V Norovirus	Related to ongoing outbreak that started in March 2011
May 9-10 th 2011	Maple C	2 patients & 4 staff	Norovirus	
Sept 19 th 2011	Beech C/D Room 17	1 patients	1 D&V Positive Norovirus.	Patient in cubicle and discharged home from ward – no outbreak
23/1/12	Honister 1	6 patients affected	Norovirus	
25/1/12	Honister 2	9 patients affected	Norovirus	
20/3/12-5/4/12	Honister 1 Kirkstone Jenkin	11 patients affected 15 patients affected 20 patients affected	Norovirus	Closed on 20/3/12 reopened 25/3/12. Closed on 20/3/12 re opened on 30/3/12. .

Appendix 4 – Hand Hygiene and Saving Lives Audits

Hand hygiene is the single most important measure in reducing the incidence of health care associated infections. Audits covering all clinical areas should be performed on a monthly basis if compliance falls below 95% then a re-audit should be performed and any actions agreed to address the fall in level of compliance.

Compliance with hand hygiene is monitored by the Primary Care Trust as part of the provider assurance framework on a monthly basis.

A summary of the audits from April 2011 – March 2012 is given below.

Hand Hygiene	April 11	May 11	Jun 11	July 11	Aug 11	Sept 11	Oct 11	Nov 11	Dec 11	Jan 12	Feb 12	Mar 12
% of wards/ areas audited	98	100	99	99	97	98	100	97	98	91	99	93
Average % compliance	100	99.5	99	99.8	99.4	98.2	100	95.7	98	99	99	99

Saving Lives	April 11	May 11	Jun 11	July 11	Aug 11	Sept 11	Oct 11	Nov 11	Dec 11	Jan 12	Feb 12	Mar 12
% of wards/ areas audited	95	88	96	98	93	96.4	100	96.5	97	90	89	92
Average % compliance	99	96.9	98	98	98	98	99	95	93.5	98	96	96




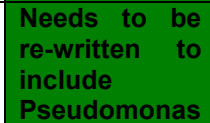



Although high levels of compliance are documented we need to ensure that all wards continue to audit and submit their audits within the set timescales. There have been a small number of areas who have not submitted data on time and this is being addressed by the heads of nursing with the ward sister/charge nurse.

APPENDIX 5

Infection Prevention Annual Programme 2011/12.

This programme covers actions that are required to meet The Health and Social Care Act 2008 (*Code of Practice for the NHS on the prevention and control of healthcare associated infection and related guidance*) and the ten criteria against which the Care Quality Commission (CQC) will judge a registered provider on how it complies with the cleanliness and infection control requirement, which is set out in regulations. We also anticipate working closely with the Cumbria Partnership and the Primary Care Infection Prevention and Control Teams on a Health Economy approach to Infection Prevention and Control.

 = Not achieved  = In progress  = Completed

Section of Hygiene Code	Action	Lead	Target Date	Not achieved	In progress	Completed
Section 1 – Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible users are and any risks that their environment and other users may pose to them						
1.7	Audit systems within renal unit to ensure that procedures are in place to regularly monitor for bloodborne viruses in accordance with Renal Association Guidelines	Dr C Graham	Oct 2011			
1.7	Commence an audit of CVC infections on CIC site, if successful audit to be extended Trustwide	Dr M Meda	May 2011			
Section 2 – Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infection						
2.3	Continue to provide infection prevention and control advice to the new hospital build at West Cumberland Hospital	IPT	March 2012			
2.3	Update pest control policy as appropriate	G Pinches	June 2011			
2.3	Update Legionella Policy	G Pinches	June 2011			 Needs to be re-written to include Pseudomonas
Section 3 – Provide suitable accurate information on infections to service users and their visitors						
DoH require-ment	Commence surveillance of <i>E.coli</i> bacteraemias	IPT	June 2011			
Section 4 – Provide suitable accurate information on infections to any person concerned with providing further support or nursing/medical care in a timely fashion						
4.2	Implementation of <i>C. difficile</i> passport as proposed by NWSHA	IPT	June 2011			
Section 5 – Ensure that people who have or develop an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing on the infection to other people						
5.1	Develop expected care pathway for the management of MRSA and	IPT	Oct 2011			

	MSSA bacteraemias					
5.1	Develop Health Economy wide care pathway for the management of skin and soft tissue infection	IPT	Dec 2011			
Section 6 – Ensure that all staff and those employed to provide care in all settings are fully involved with the process of preventing and controlling infection						
6.3 & 9.3a	Deliver face to face training to relevant clinical staff in keeping with Hand Hygiene Policy	IPT	Mar 2012			
Section 7 – Provide or secure adequate isolation facilities						
No actions required						
Section 8 – Secure adequate access to laboratory support as appropriate						
No actions required						
Section 9 – Have and adhere to policies designed for the individual's care and provider organisations, that will help to prevent and control infection						
9.3 a,d,e	Infection Control Standard Principles	Dr M Meda	Feb 2012			
9.3l	Agree a policy on documentation on drug kareDEX's regarding antibiotic stop/review dates and indication	Dr C Hamson	Mar 2012			
9.3l	Continue ongoing programme of audit to improve antibiotic prescribing specifically reducing fluoroquinolone use	Dr C Hamson	Mar 2012			
9.3l	Set up a rolling programme of antibiotic audit in line with High Impact Intervention Antimicrobial Prescribing Bundle	Dr C Hamson	Mar 2012			
9.3m	Policy for the Prevention, Control and Management of Clostridium difficile	Dr M Meda	Dec 2011			
9.3n	Agrees a policy on the infection control precautions required to control the spread of tuberculosis within hospitals	Dr C Graham	Mar 2012		Draft complete	
9.3u	Develop in conjunction with IT alert organism list and other requirements for ForWard patient management system	IPT	April 2011			
9.3u	Implement surveillance capabilities as part of the ForWard patient management system	IPT	Mar 2012		Commenced WCH	
9.3y	Agree a policy on the immunisation of service users	Occ Health	Dec 2011			
Section 10 – Ensure, so far as is reasonably practicable, that care workers are free of and protected from exposure to infections that can be 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						
No actions required						

APPENDIX 6

Infection Prevention Annual Programme 2012/13.

This programme covers actions that are required to meet The Health and Social Care Act 2008 (*Code of Practice for the NHS on the prevention and control of healthcare associated infection and related guidance*) and the ten criteria against which the Care Quality Commission (CQC) will judge a registered provider on how it complies with the cleanliness and infection control requirement, which is set out in regulations. We also anticipate working closely with the Cumbria Partnership and the Primary Care Infection Prevention and Control Teams on a Health Economy approach to Infection Prevention and Control.

 = Not achieved  = In progress  = Completed

Section of Hygiene Code	Action	Lead	Target Date	Not achieved	In progress	Completed
Section 1 – Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible users are and any risks that their environment and other users may pose to them						
1.1	Benchmark IPN staffing levels with other Acute Trusts	V Wright	May 2012		Benchmark complete, plan in progress	
1.1	Agree action plan to deal with any shortfall identified with agreed milestones for implementation	V Wright	June 2012			
Section 2 – Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infection						
2.3	Continue to provide infection prevention and control advice to the new hospital build at West Cumberland Hospital	IPT	March 2013			
2.3	Update pest control policy as appropriate	C Johnston	Sept 2012		IPCC June	
2.3	Update Legionella Policy	F Stephens	Dec 2012			
2.3	Set up a Water Quality Committee and agree a Water Safety Plan in accordance with DH1333391	A Davidson	June 2012			
2.3	Review and update Laundry Policy	IPT	Dec 2012			
2.5,2.6, 9.3t	Review and update policy for cleaning and decontaminating medical equipment	IPT	Sept 2012			
2.1	Identify requirements to develop a rolling programme of cleaning inpatient areas based on risk	V Wright	July 2012			
2.1	Identify requirements to develop rolling programme for cleaning clinical patient equipment	V Wright	July 2012			
Section 3 – Provide suitable accurate information on infections to service users and their visitors						
No action identified						
Section 4 – Provide suitable accurate information on infections to any person concerned with providing further support or nursing/medical care in a timely fashion						
4.1	Update Infection Control Factsheet Policy	C Graham	Mar 2013			
4.1/4.2	Update Infection Prevention and Control guidance for the admission,	C Graham	Sept 2012			

	transfer and discharge of patients					
Section 5 – Ensure that people who have or develop an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing on the infection to other people						
5.1/5.2	Ensure all actions relating to <i>C. difficile</i> SUI are held within an action plan that is actively managed within the IP steering group so as to minimise risk of <i>C. difficile</i> to patients across the health economy (NB – may impact on several areas of Health Act).	V Wright	June 2012			
Section 6 – Ensure that all staff and those employed to provide care in all settings are fully involved with the process of preventing and controlling infection						
6.3 & 9.3a	Deliver face to face training to relevant clinical staff in keeping with Hand Hygiene Policy	IPT	Mar 2013			
Section 7 – Provide or secure adequate isolation facilities						
No actions required						
Section 8 – Secure adequate access to laboratory support as appropriate						
No actions required						
Section 9 – Have and adhere to policies designed for the individual’s care and provider organisations, that will help to prevent and control infection						
9.3a	Review and update Hand Hygiene Policy	C Graham	Jan 2013			
9.3c	Review and update Outbreak Policy	M. Meda	Sept 2012			
9.3l	Continue to develop antimicrobial stewardship programme including OPAT	C. Hamson	Mar 2013			
	Develop business plan for Antimicrobial pharmacist dedicated to antimicrobials for the trust +/- community	M. Meda	Mar 2013			
9.3n	Review and update MRSA Policy	C Graham	Sept 2012			
9.3n&9.3o	Review and update CJD policy	C Graham	Jan 2013			
9.3n	Review and update Norovirus policy	M. Meda	Dec 2012			
9.3n	Agrees a policy on the infection control precautions required to control the spread of tuberculosis within hospitals	C Graham	Mar 2012		IPCC June	
9.3n	Review and update Multi Antibiotic Resistant Gram Negative Bacterium (Including Extended Spectrum Beta Lactamase) Policy	C Graham	Sept 2012			
9.3u	Implement surveillance capabilities as part of the ForWard patient management system	IPT	Mar 2013			
Section 10 – Ensure, so far as is reasonably practicable, that care workers are free of and protected from exposure to infections that can be 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						
10	Ensure front line staff providing clinical care are immune to measles	Occ Health	Ongoing			