

Infection Prevention and Control Annual Report

2017/2018

Produced for:

Elizabeth Moody, Director of Infection Prevention and Control

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1. INTRODUCTION

This report provides the Infection Control Committee (IPCC) with an annual update on key issues relating to Infection Prevention and Control in Tees Esk and Wear Valley NHS Foundation Trust, including the role of the infection prevention and control service. This information will then be sent to the Quality Assurance Committee (QUAC) and then to the Executive Management Team (EMT).

The Infection Prevention and Control Team (IPCT) consist of:-

Elizabeth Moody, Director of Nursing and Governance and Director of Infection Prevention and Control

Angela Ridley, Head of Infection Prevention and Control and Physical Health and Back Care (Nursing)

Emma Rolfe, Lead Infection Prevention and Control, Medical Devices and Physical Healthcare Nurse

Claire Foster, IPC, Medical Devices and Physical Health Nurse

Joanne Dunmore, IPC, Medical Devices and Physical Health Nurse

One vacant post for IPC Medical Devices and Physical Healthcare Nurse

The medical support to the IPC team is obtained via a Service Level Agreement with Richard Bellamy Infectious Disease Consultant at South Tees Hospitals NHS Foundation Trust.

Public Health England also provide support and specialist advice to the IPC team when required.

The IPC and Physical Health and Back Care Team are responsible for other work streams including medical devices, clinical procedures, physical healthcare (including training) and provide support to the wider team.

The Head of IPC, PHC and Back Care Team also has managerial responsibility for:

- **The Back Care Advisory Team**

The Back Care Advisory team lead on back care work streams including training, audit and management of complex patients and provide advice regarding moving and handling equipment. They also give expert patient advice and the Senior Back Care Advisor acts as the Medical Devices Safety Officer (MDSO) for the trust on behalf of the Director of Nursing.

- **NHS Safety Thermometer**

The IPCNs provide clinical input to the Clinical Audit and Assurance team to manage the monthly data collection for the NHS Safety Thermometer across Mental Health Services for Older People (MHSOP) and LD in-patient and community teams.

- **Service Level Agreements (SLA)**

- IPC Doctor services at South Tees Hospitals Foundation Trust (STHFT).
- Resuscitation services for Resuscitation Officer and Resuscitation Training from North East Ambulance Services (NEAS).
- Tissue Viability Service from CDDFT.

2. INFECTIOUS DISEASES/INFECTIONS

Appendix 1a identifies the number of infections reported to the Infection Prevention and Control Nurses (IPCNs) by the laboratory, IPC teams within the acute secondary care trusts or by the wards between April 2017 and March 2018 and demonstrates comparable figures for previous years.

During 2017/18 we have seen a significant reduction in patients who develop MRSA whilst in TEWV.

We have seen an increase in patients with influenza in line with the national picture.

We have also managed 2 outbreaks of gastroenteritis and seen a small rise in gram negative infections. We are producing Trust guidance in response to this increase and in response to the national ambition to reduce gram negative blood stream infections.

All cases have been reviewed and monitored by the IPC team.

Appendix 1b shows the wards and units where the infections have occurred and indicates a significant increase in the number of infections/outbreaks of infection.

Surveillance of Infection

There are no national standards for surveillance of infections for mental health and learning disability trusts. It is therefore difficult to benchmark the numbers of infections. For the MRSA figures in Appendix 1a we have broken them down into three categories:

- Those patients from TEWV who have been admitted to any Acute Trust and have been screened for MRSA on admission in accordance with National Guidelines for Acute Trusts.
- Those patients who have been screened in TEWV and found to have MRSA.
- Those patients who develop MRSA bacteraemia (blood infections).

3. OUTBREAKS OF INFECTION

There were 5 reports of increased incidence of diarrhoea and vomiting, and one outbreak of gastroenteritis and one outbreak of rotavirus.

4. EXTERNAL ACCREDITATION BODIES

REGISTRATION WITH THE CARE QUALITY COMMISSION (CQC)

The Trust received unconditional registration to the Health and Social Care Act and Associated Code of Practice in April 2009. The Health Act and Code of Practice is discussed at each IPCC and a quarterly IPC report is tabled for the IPCC then discussed at the Quality Assurance Committee.

During 2015 a revised version of the code was published and the IPC team completed a gap analysis for discussion and validation at the IPCC. This exercise will need repeating in 2018/19.

The IPC team have worked closely with the identified wards/units at the request of the DIPC and from the CQC Trust action plan and have completed several site visits, with relevant trust staff. The relocation of services noted in the CQC report have also increased compliance due to an improvement in environmental factors. The IPC team will continue to proactively provide those areas with additional support where required and regularly attend mock compliance visits with /Trust staff to support this process.

5. POLICIES AND PROCEDURES

There is one overarching Infection Prevention and Control Policy and 17 approved documents to embed practice. All the documents have been agreed at the IPCC, QUAC and EMT and are available on the Trust Intranet.

The following documents have been reviewed and updated during 2017/18:

- Decontamination of Equipment
- Hand Hygiene
- Outbreak of Infection
- MRSA – Management of patients with meticillin-resistant staphylococcus aureus
- Nasogastric Insertion & Management Procedure

6. GOVERNMENT DIRECTIVES/PUBLICATIONS

6.1 Essential Steps to safe, clean care – reducing healthcare – associated infections

Essential Steps to Safe, Clean Care

This is a tool based on the Department of Health guidance to assist non-acute Health Care Trusts to reduce Health Care Associated Infections (HCAI). The programme is focused on involvement of all clinical teams with the primary objective of continuous improvement.

All Modern Matrons are responsible for their teams to monitor compliance of the basic principles of infection prevention and control using the agreed essential steps tool in their

clinical areas. This information is collated monthly and discussed at the IPCC. The audit tool has recently been reviewed and updated to support auditors and to make it an easier process to complete. This includes guidance for all staff to use.

Appendix 2 indicates the essential steps data returned for 2017/18. It was agreed at the April 2016 IPCC meeting that the IPC team would contact Modern Matrons each month when an area does not return their essential steps data. The Matron is then responsible for ensuring the data is returned. In some areas this did not work or the Matron did not always get the information so it was agreed at the January 2018 IPCC meeting that an escalation process be put in place where two or more consecutive non-returns are escalated to the Heads of Nursing.

6.2 Health and Social Care Act 2008 Code of Practice for the Prevention and Control of Health Care Associated Infection

This document was first published in October 2006 and updated in 2010 and outlines areas for the prevention and control of Infection that Trusts must adhere to. An updated Code of Practice was published in January 2015 for consultation and then released in June 2015. A gap analysis was undertaken and discussed at the IPCC. All revised recommendations have been implemented and are now embedded within the trust.

Information on the Health Act/Hygiene code is available and discussed at each IPCC with quarterly IPC updates to the IPCC and then the Quality Assurance Committee.

A review of the Trust evidence to the Code of Practice was re-visited in January 2018 with a view for completion by June 2018.

7. DEVELOPMENT/STRUCTURAL/PLANNING

- An IPCN attends Roseberry Park and Lanchester Road Private Finance Initiative Monitoring Groups.
- An IPCN also attends the West Park Monitoring Group.
- An IPCN also attends the York and Selby Estates Monitoring Groups.
- The IPCNs are also regularly consulted where there may be any alterations to existing builds and have written guidance to this effect during 2016/17 this has been strengthened by the Capital Projects team sending regular information on new builds/refurbishments to the IPCC.
- The IPC team will continue to work closely with the Capital Project team on any future projects.
- The IPC team have lead and worked collaboratively on a wide range of visits to support those clinical areas requiring improvement.
- The IPC team will continue to work closely with PFI teams on future projects.
- The IPC team deputise within the Water Safety Group for the DIPC, as the responsible person for water within the trust.

8. AUDIT

All Trusts expect their Matrons to be responsible for assisting in the delivery of the increasing IPC agenda in line with their role and the Matrons Charter.

Matrons are currently responsible for annual IPC Environmental audits and monthly monitoring of Essential Steps in their in-patient units. It should be noted that most in-patient wards have received an IPC Environmental audit during 2017/18. This could not be achieved without the support of the Matrons and the Clinical Audit and Effectiveness team.

The IPC team completed the annual review of the IPC Environmental Audit at the beginning of the fiscal year. With the agreement of the IPCC critical questions were added to the IPC Environmental audit identifying areas of high risk were only absolute compliance will suffice.

During 2017/18 a total of 93 in-patient areas were asked to complete an IPC Environmental Audit, of those returned 17 areas did achieve the 85% target. The IPC team completed 13 validation audits, many of which were undertaken in those in-patient areas with low scores.

The IPC team also completed 18 community Environmental audits which is a new audit developed for the 2017/18 programme. Of the 18 community areas visited five were below the agreed standard.

All non-compliant areas were provided with an action plan formulated by the Clinical Audit and Effectiveness team with IPCN support. The comprehensive action plan is formulated to address and rectify any areas of concern; this is monitored through the Clinical Audit and Effectiveness team and the Clinical Effectiveness Group.

The Infection Prevention and Control Nurses (IPCNs) have facilitated the following audit activities during 2017/18:

- **Appendix 3** shows the Infection Prevention and Control Environmental audits that were undertaken by the respective Matrons and the validation audits completed by the IPC team in 2017/18.
- A Hand Hygiene audit is completed by all in-patient areas and co-ordinated by the IPCNs and Modern Matrons. The audit data collection occurred in November 2017 and returned to the Clinical Audit and Assurance Team for analysis. Results showed good compliance to hand washing for those areas who responded.
- IPCNs contributed to the PLACE visits during 2017/18 on all in patient sites. IPCNs have also undertaken adhoc units where there are incidents of infection, which have required investigation.
- The IPCNs have continued to support the TEWV Assurance and Compliance team by attending mock visits at Trust sites.

9. EDUCATION

The IPC team have co-ordinated the following Educational activity during 2017/18:

- Infection Prevention and Control Link Network Group for TEWV commenced 2007 with annual Induction days thereafter. This role has now become a 'Link Champions' role and incorporates the other work streams of the IPC, Physical Health and Back Care Advisory Team. A quarterly newsletter is produced and circulated by the team. An Induction Day for new champions and an annual study day were also co-ordinated.

- Infection Prevention and Control is part of the Trust's monthly induction programme for all new staff.
- Infection Prevention and Control is mandatory for all TEWV staff and is included in the Trust Mandatory training programme for all clinical staff including housekeeping staff on an annual basis. Non clinical staff need to update every 3 years.
- The IPCNs and e-learning co-ordinator have developed a Trust E-learning which is now on Esis. IPC e-learning is now part of the Electronic Information System (Esis). E-learning training is available for clinical and non-clinical staff. This training has been evaluated and refreshed by the IPCNs in 2016/17.

The IPC and Physical Health and Back Care Team are responsible for delivering the following educational programmes:

Venepuncture

Physiological Observations

Electrocardiogram (ECG)

Back Care Part 1, Part 2 and annual updates

Service specific training as required

Resuscitation – via a Service Level Agreement with NEAS

Tissue Viability- via a Service Level Agreement with CDDFT

Nasogastric Insertion, Management and Care (responsibility for this has now been transferred to the clinical team for 2018/19 onwards).

- Education and updating for the IPCNs have been from both internal and external sources. The IPCNs have maintained links with other clinical colleagues by attending professional group meetings and external courses.
- Educational sessions have been planned and delivered to the IPCNs by the IPC medical support to the Trust.
- The IPCNs are active members of the Infection Prevention Society (IPS) which provides an essential resource for education and communication with IPC practitioners both nationally and internationally. This is strengthened further as the lead IPCN is currently acting as the Education Lead for the North East of England Branch of the Infection Prevention Society (IPS).
- The IPCNs have also spoken to individual patients and relatives and patient and staff groups to promote best practice in infection control to patients, carers, staff and relatives.

10. BEST PRACTICE/CLINICAL EFFECTIVENESS

The IPCNs have investigated and advised on many aspects of best practice to minimise the risk of cross infection:

- Promotion of effective environmental cleaning on ward areas.
- Updated the IPC/PHC in touch pages with relevant information for staff and patients.
- Advised on decontamination of equipment including mattresses.
- The IPCNs have also advised on adverse incidents involving staff or patients.
- Reviewed and updated the Pandemic Influenza and Business Continuity plans.

- The IPCNs review and provide advice to the Patient Safety team on the dissemination of Field Safety Notices and Safety Alerts.
- The IPCNs produce, update and maintain trust wide policies, procedures and guidance to reflect recognised best evidenced practice.
- The IPCNs review and assist in the implementation of NICE guidance.
- The IPCNs are active members of the flu campaign and have assisted in planning the campaign and vaccinating staff during 2017/18.

11. PERFORMANCE AND PLANNING

The following has been agreed in collaboration with Performance and Planning Department to provide performance indicators to promote and ensure patient safety.

- Any patient who develops an MRSA bacteraemia (blood infection) whilst in TEWV will have a thorough root cause analysis (RCA) undertaken and this case will be reported to planning and performance and the IPCC. The RCA will be fed back via the respective Acute Trust in line with National guidance.
- Any patient found to have Clostridium difficile isolated from a stool specimen will be investigated by the IPCN's (via a RCA).
- IPC triggers to initiate an IPC investigation on a ward/unit will be:
 - a. Two or more patients with MRSA infection (NOT bacteraemia) on the same ward over a one month period
 - b. One case of Clostridium difficile on a ward/unit.
 - c. One case of MRSA bacteraemia on a ward/unit.
 - d. Any ward/unit to have more than one outbreak of Norovirus within a six month period will be asked to attend the IPCC to assure the group that all control measures were adhered to.

This activity will continue to be discussed and monitored at the IPCC and fed back to Trust board via the Trusts governance arrangements.

During 2017/18 there were no incidences of MRSA bacteraemia and no outbreaks of Clostridium Difficile.

NHS Safety Thermometer

The Head IPC and Physical Health and Back Care (Nursing) was given the responsibility of implementing the classic Safety Thermometer initiative in TEWV. This was an incentivised CQUIN Target and generated income for the organisation. The system was set up with clinical audit staff and reports monthly on the 4 harms of pressure sores, patient falls, urine infections and venous thrombo-embolism (VTE). The system is now part of the standard contract and during 2017/18 was completed each month by MHSOP and LD Inpatient and Community Services.

12. ADDITIONAL DUTIES

The IPCNs co-ordinate and attend various meetings where input from the team is required. The teams all have individual work streams and action plans which are monitored at monthly meetings with senior staff from the team.

13. CONCLUSION

This annual report covers the period from April 2017 to March 2018. There have been many developments and the IPC team continually look to improve and standardise work streams.

The focus in 2017/18 was to develop and embed standard work methods to ensure that there is a consistent approach to infection prevention and control within the trust. Also to maintain CQC registration by reviewing the updated Health and Social Care Act 2015: Code of Practice on Prevention and Control of Infections and Related Guidance (The Code) to ensure that all service users, relatives and staff work together to reduce the risk of infection and to promote the delivery of safe, clean care.

The IPC team have developed systems for the prevention of HCAI and are constantly striving to review and monitor practice and systems using the Trust Quality Improvement System. In 2017 the Lead IPC Nurse undertook a quality improvement project to standardise the support information sent out to staff on the most frequent infections and infestations we see in the trust. This work has been built on by the team and we now have a suite of standard work available to use.

Infections/Infectious Diseases reported to the IPCNs April 2007 – March 2018

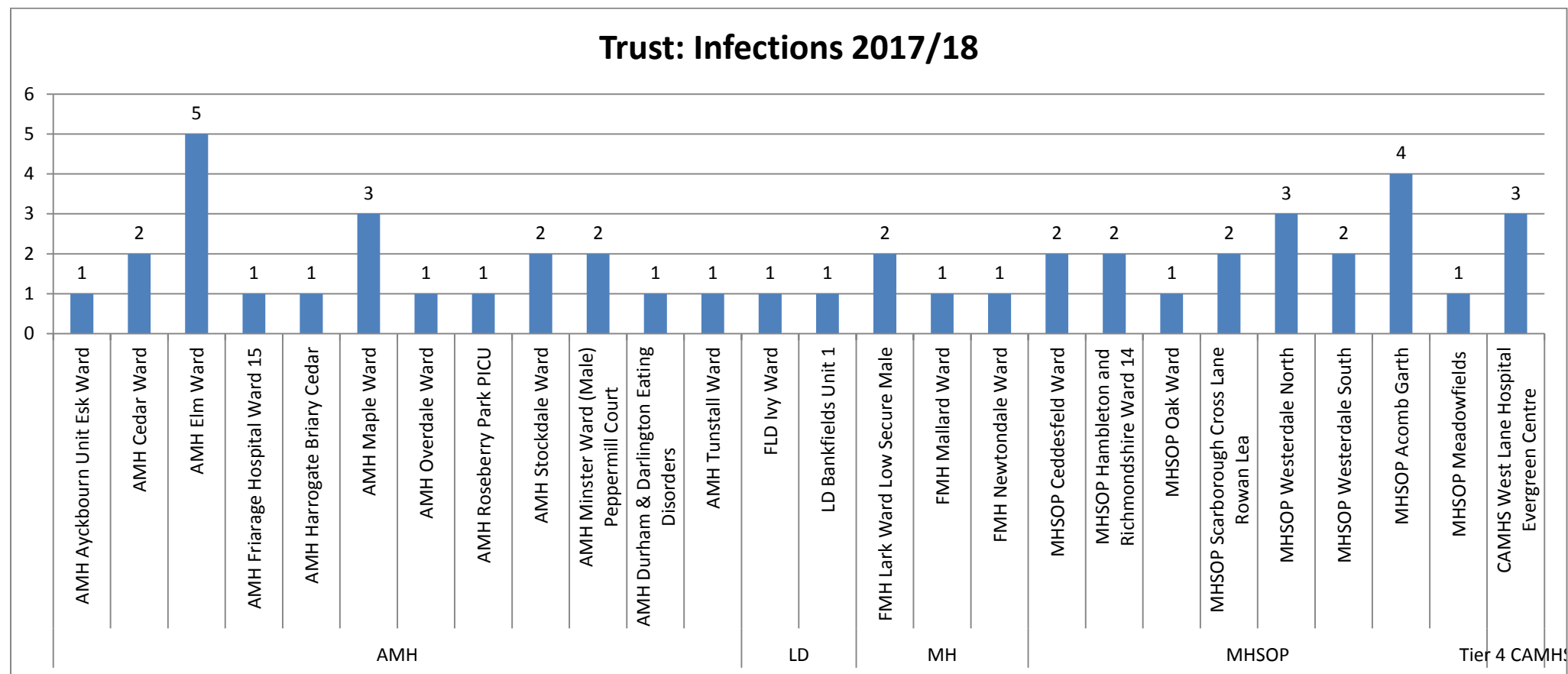
APPENDIX 1a

Type of Organism/Infection	Number 17/18	Number 16/17	Number 15/16	Number 14/15	Number 13/14
*Meticillin Resistant Staphylococcus Aureus (MRSA) MRSA from screening specimens from the Acute Trust	8	5	3	25	7
MRSA from patients in TEWV	1	9	7	3	2
MRSA Bacteraemia	0	0	0	0	1
Clostridium Difficile (Infection)	1	2	5	2	1
Clostridium Difficile (toxin negative)	2				
Shingles	0	2	1	2	3
Hepatitis B/C (suspected or confirmed)	4	4	5	2	2
Head lice/Pubic Lice	0	5	0	4	0
Tuberculosis (Mycobacteria) (previously positive)	0	1	0	0	1
Atypical tuberculosis	0	0	0	0	0
Scabies	4	6	4	2	4
Chickenpox	0	0	1	0	0
Campylobacter	1	1	0	0	1
Salmonella	0	0	0	1	0
Cryptosporidium	0	0	0	0	0
HIV	3	3	2	1	1
ESBL	4	3	2	3	5
Ecoli Amp C	3				
Influenza	4	0	0	0	0
Viral Outbreaks of Gastroenteritis + Rotovirus	2	0	7	3	12
Increased Incidence of D&V	6	4	3	3	3
Conjunctivitis	0	1	0	0	0
Group A Strep	0	2	1	0	0
Impetigo	2	0	0	2	1
Ringworm	2	2	1	1	0
Threadworm	0	0	0	1	0
Syphilis	0	0	0	1	1
Measles	0	0	0	0	0
Mumps	0	0	1	0	0
Hand, foot and mouth	0	0	1	0	0

***The MRSA annual figures have been split for those patients who were screened in the Acute Trusts and those patients who acquired MRSA in TEWV. Local Quality Assurance Groups receive their IPC data monthly via the Data Governance Project.**

APPENDIX 1b

Infections/Infectious Diseases reported to the IPCNs by location for April 2017-March 2018



APPENDIX 2

(i) *Durham and Darlington AMH, LD and MHSOP – Gaps indicate no return for the Reporting Calendar Month*

ESSENTIAL STEPS DATA DURHAM AND DARLINGTON 2017/18

Ward/Team Name	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
AMH Cedar Ward	100%	100%	100%	100%	100%	100%		100%	100%	100%		100%
AMH D&D Primrose Lodge	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
AMH Elm Ward	100%		100%	100%	100%	100%		100%	100%	100%	100%	100%
AMH Farnham Ward	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
AMH Maple Ward	100%		100%	100%	100%	100%	100%	100%	100%		95%	100%
AMH Trustwide Eating Disorders (Birch)	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%
AMH Tunstall Ward	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
AMH Willow Ward			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
CLD West Park Hospital Holly Unit	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
CLD LRH Talbot Ward (opened Feb 2017 and closed June 2017)	95%	79%										
ALD LRH Harland Ward	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%
LD Bek/Ramsey Ward	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
MHSOP Ceddesfeld Ward	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
MHSOP Hamsterley Ward	100%		100%		100%		100%	100%	100%	100%	100%	95%
MHSOP Oak Ward	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%
MHSOP Roseberry Ward	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

(ii) Forensic – Gaps indicate no return for the Reporting Calendar Month

ESSENTIAL STEPS DATA FORENSICS 2017/18

Ward/Team Name	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
FLD Eagle/Osprey	100%	95%	95%	81%	95%	100%	95%	90%	100%	100%	100%	95%
FLD Harrier/Hawk	95%	90%	95%	100%	95%	95%	100%	95%	95%	100%	100%	100%
FLD Ivy Ward/Clover	90%	100%	100%	100%	76%	95%	95%	100%	100%	100%	100%	100%
FLD Kestrel/Kite	95%	100%	90%	100%	90%	100%	90%	90%	95%	86%	90%	95%
FLD Langley Ward	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%
FLD Northdale Centre, Hawthorn & Runswick	100%	95%	100%	95%	100%	90%	81%	95%	100%	100%	100%	100%
FLD Oakwood	100%	100%	100%	100%	95%	100%	95%	100%	100%	100%	100%	100%
FLD Thistle Ward	100%	100%	100%	100%	100%	100%	100%	95%	100%	100%	100%	100%
FMH Brambling Ward	100%	100%	90%	100%	100%	100%	100%	100%		95%	95%	
FMH Jay Ward Low Secure Male	100%	100%	95%	95%	95%	95%	100%	100%	100%	100%	100%	100%
FMH Mallard Ward	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
FMH Mandarin Ward Medium Secure Male	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
FMH Merlin Ward	100%	100%	100%	100%	100%	100%	95%	100%	100%	100%	100%	100%
FMH Newtondale Ward	95%	100%	100%	100%	100%	100%		100%	100%	100%	100%	95%
FMH Nightingale Ward	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
FMH RP Lark Ward Low Sec Male	100%		100%	100%	100%	100%	100%	100%		100%	100%	100%
FMH RP Linnet Ward	100%	100%	96%	96%	96%	100%	100%	100%	100%	100%	100%	100%
FMH Sandpiper Ward	95%	95%	95%	100%	100%	100%	100%	100%	100%	100%	95%	95%
FMH Swift Ward Medium Secure Female	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
FMH Ridgeway Health Centre	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

(iii) North Yorkshire – Gaps indicate no return for the Reporting Calendar Month

ESSENTIAL STEPS DATA NORTH YORKSHIRE 2017/18

Ward/Team Name	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
AMH Ayckbourn Unit Danby Ward	95%	90%	100%	100%		100%	100%	100%	90%	90%	100%	100%
AMH Ayckbourn Unit Esk Ward	90%	86%	90%	90%	90%	95%	90%	95%	100%	100%	90%	86%
AMH Friarage Hospital Ward 15			100%	86%	90%	90%	100%	100%	95%	95%	95%	90%
AMH Harrogate Briary Cedar	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
AMH Abdale House Now The Orchards	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
MHSOP Hambleton and Richmondshire Ward 14	100%	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%
MHSOP Harrogate Briary Rowan	95%	100%	86%	95%		90%	90%	90%			90%	
MHSOP Malton Springwood		100%	100%	100%	100%	100%	100%		100%	100%	100%	100%
MHSOP Scarborough Cross Lane Rowan Lea	95%		95%	100%	100%	100%		95%	95%	95%	100%	95%
CAMHS West Lane Hospital Evergreen Centre	95%	100%	95%	100%	100%	100%	95%		95%	100%	100%	100%
CAMHS West Lane Hospital Newberry Centre	100%	100%	95%	95%		95%	95%	95%	95%	95%	90%	95%
CAMHS West Lane Hospital Westwood Centre	100%	95%	95%	95%	100%	95%	100%	95%	95%	95%	95%	100%

(iv) Teesside – Gaps indicate no return for the Reporting Calendar Month

ESSENTIAL STEPS DATA TEESSIDE 2017/18

Ward/Team Name	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
AMH Kirkdale Ward	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
AMH Bilsdale Ward	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
AMH Bransdale Ward	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
AMH I/P Sandwell Park Lincoln closed Nov 17	100%	100%	100%	100%	100%	100%	100%					
AMH Overdale Ward	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
AMH Roseberry Park PICU	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
AMH Stockdale Ward	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
AMH IP Tees Rehabilitation (Lustrum Vale)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
AMH Fulmar (Female) Ward Closed Nov 17	100%	100%	100%	95%	100%	100%	95%					
CLD I/P Roseberry Park Baysdale	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
ALD Middlesborough Day Services	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
ALD Bankfields Unit 1 (opened Jan 2018)										100%	100%	100%
ALD Bankfields Bungalow 2	100%	100%	100%	100%	100%	100%	100%		100%	90%	95%	
LD 3 Bankfields Court	100%	100%	100%	100%	100%	100%		86%	95%	95%	90%	100%
LD 4 Bankfields Court	90%	100%	100%	90%	95%	100%	100%	100%	100%	100%	100%	100%
LD Bankfields Court Flats	95%	100%	95%	100%		100%	100%	100%	95%	100%	95%	100%
LD Bankfields Lodge	100%	100%	95%	100%	95%	100%	95%	100%	95%	100%	100%	100%
ALD IP Stockton Aysgarth		100%	90%	100%		95%			100%	100%	100%	90%
ALD IP Stockton Thornaby Rd	94%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
ALD Redcar and Cleveland Day Services	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
MHSOP Sandwell Park Wingfield Closed	95%	95%	90%	90%	100%	100%		100%				
MHSOP Westerdale North	100%	100%	100%	100%	100%	100%	100%	90%	95%	100%	100%	100%
MHSOP Westerdale South at Sandwell Park	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	95%	100%
AMH Trustwide ECT	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

(v) York and Selby – Gaps indicate no return for the Reporting Calendar Month

ESSENTIAL STEPS DATA YORK AND SELBY 2017/18

Ward/Team Name	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
MHSOP Cherry Tree House	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	90%
MHSOP Meadowfields			95%	95%	95%	95%	81%	90%	95%	100%	100%	95%
LD Oakrise	100%	100%	95%	100%		95%	95%	95%	95%	90%	95%	95%
Acomb Garth	95%	100%	100%	90%	90%	100%	90%	90%	95%	90%	90%	90%
AMH Minster Ward (Male), Peppermill Court	81%	95%	90%	95%	90%	95%	90%	95%	90%	90%	95%	90%
AMH Ebor Ward, Peppermill Court	90%	85%	95%	86%	86%	90%	95%	100%	100%	100%	100%	95%
Needham Suite (ECT) York opened July 2017				95%	95%	86%			95%	90%	86%	86%

<i>Infection Prevention and Control Inpatient Audit Progress Report 17/18</i>								APPENDIX 3		
Ward Name	<i>Specialty</i>	Locality	Audit conducted by clinical team or IPC team	Audit Number	Quarter audited	Date Audited	Date disseminated to IPC and team	Previous Compliance Rating	Assurance Level achieved 17/18	Internal Monitoring
Westwood Centre	C&YPS	Tees	Clinical Teams	5241	Q1	23/05/17	21/06/17	98%	83%	3
Ward 14	MHSOP	NY	Clinical Teams	5223	Q1	25/04/17	21/06/17	88%	86%	3
Unit 4 Bankfields	LD	Tees	Clinical Teams	5252	Q1	26/05/17	05/06/17	97%	89%	3
The Flats BFC	LD	Tees	Clinical Teams	5249	Q1	28/05/17	07/06/17	100%	99%	3
Stockdale	AMH	Tees	Clinical Teams	5230	Q1	22/05/17	26/06/17	98%	99%	3
Rowan Ward	MHSOP	NY	Clinical Teams	5221	Q1	26/04/17	26/06/17	89%	84%	3
Overdale	AMH	Tees	Clinical Teams	5231	Q1	23/05/17	24/05/17	98%	100%	3
Kilton View	LD	Tees	Clinical Teams	5251	Q1	05/06/17	21/06/17	95%	99 %	3
Kestrel/Kite	FOR	FOR	Clinical Teams	5218	Q1	02/05/17	26/06/17	91%	88%	3
Ivy/Clover	FOR	FOR	Clinical Teams	5217	Q1	09/05/17	23/06/17	98%	90%	3
Holly - LD CAMHS respite	C&YPS	D&D	Clinical Teams	5214	Q1	24/04/17	22/05/17	97%	86%	3
Harrier/Hawk	FOR	FOR	Clinical Teams	5216	Q1	25/04/17	17/05/17	95%	83%	3
Eagle/Osprey	FOR	FOR	Clinical Teams	5240	Q1	25/05/17	21/06/17	94%	97%	3
Crisis and Recovery House, Shildon	AMH	Durham and Darlington	Clinical Teams	5224	Q1	09/05/17	24/05/17	NA	95%	3

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Ceddesfeld	MHSOP	D&D	Clinical Teams	5250	Q1	20/05/17	26/06/17	99%	99%	3
Cedar	AMH	D&D	Clinical Teams	5213	Q1	24/04/17	16/05/17	100%	100%	3
Bransdale	AMH	Tees	Clinical Teams	5239	Q1	26/05/17	01/06/17	97%	82%	3
Brambling	FOR	FOR	Clinical Teams	5215	Q1	26/04/17	30/05/17	99%	88%	3
Bek/Ramsey	LD	D&D	Clinical Teams	5219	Q1	27/04/17	18/05/17	94%	99%	3
Bedale	AMH	Tees	Clinical Teams	5251	Q1	02/06/17	21/06/17	85%	99%	3
Wingfield	MHSOP	Tees	Clinical Teams	5321	Q2	31/07/17	27/09/17	96%	90%	3
Westwood validation	CYPS	Tees	Clinical Teams	5295	Q2	26/07/17	16/08/17	98%	81%	3
Unit 3 Bankfields	LD	Tees	Clinical Teams	5284	Q2	07/07/17	26/07/17	94%	98%	3
Thornaby Road	LD	Tees	Clinical Teams	5283	Q2	11/07/17	26/07/17	92%	98%	3
Thistle	FOR	FOR	Clinical Teams	5319	Q2	03/08/17	27/09/17	96%	78%	3
Springwood	MHSOP	NY	Clinical Teams	5222	Q2	26/04/17	15/05/17	86%	99%	3
Rowan Ward Validation	MHSOP	NY	IPC Team Validation	5338	Q2	24/08/17	30/10/17	89%	67%	3
Rowan Lea	MHSOP	NY	Clinical Teams	5220	Q2	27/04/17	15/05/17	99%	99%	3

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Rowan	MHSOP	NY	Clinical Teams	5307	Q2	24/08/17	26/06/17	89%	100%	3
Peppermill Court - Minster	AMH	Y&S	Clinical Teams	5301	Q2	02/08/17	18/09/17	91%	82%	3
Peppermill Court - Ebor	AMH	Y&S	Clinical Teams	5271	Q2	28/06/17	24/07/17	91%	83%	3
Merlin Ward Validation	FOR	Tees	IPC Team Validation	5337	Q2	25/09/17	30/10/17	98%	88%	3
Meadowfields	MHSOP	Y&S	Clinical Teams	5320	Q2	20/09/17	27/09/17	86%	99%	3
Mallard	FOR	FOR	Clinical Teams	5318	Q2	15/09/17	27/09/17	93%	99%	3
Lustrum Vale	AMH	Tees	Clinical Teams	5322	Q2	18/09/17	06/12/17	98%	100%	3
Langley	FOR	FOR	Clinical Teams	5272	Q2	12/07/17	18/07/17	100%	95%	3
Kirkdale	AMH	Tees	Clinical Teams	5340	Q2	19/09/17	30/10/17	99%	99%	3
Kilton View Validation	LD	Tees	IPC Team Validation	5336	Q2	23/08/17	30/10/17	99%	77%	3
Hawthorne/Runswick	FOR	FOR	Clinical Teams	5317	Q2	29/07/17	27/09/18	94%	76%	3
Harland	LD	Tees	Clinical Teams	5282	Q2	13/07/17	26/07/17	96%	100%	3

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Hamsterley	MHSOP	D&D	Clinical Teams	5363	Q2	31/10/17	06/12/17	100%	90%	3
Fulmar	FOR	FOR	Clinical Teams	5339	Q2	21/07/17	06/12/17	95%	91%	3
Farnham	AMH	D&D	Clinical Teams	5280	Q2	10/07/17	03/10/17	99%	99%	3
Cherry Tree House	MHSOP	Y&S	Clinical Teams	5442	Q2	14/02/18	19/02/18	91%	96%	3
Cedar Ward Validation	AMH	D&D	IPC Team Validation	5294	Q2	02/08/17	04/08/17	100%	91%	3
Bransdale validation audit	AMH	Tees	IPC Team Validation	5296	Q2	03/08/17	31/08/17	82%	88%	3
Birch	AMH	D&D	Clinical Teams	5361	Q2	04/09/17	06/12/17	91%	99%	3
Bilsdale	AMH	Tees	Clinical Teams	5315	Q2	31/08/17 & 04/09/17	27/09/17	99%	99%	3
Baysdale - respite	C&YPS	Tees	Clinical Teams	5316	Q2	05/08/17	27/09/17	98%	90%	3
Aysgarth	LD	Tees	Clinical Teams	5281	Q2	17/07/17	26/07/17	93%	98%	3
Willow	AMH	D&D	Clinical Teams	5372	Q3	13/11/17	06/12/17	98%	99%	3
Unit 2 Bankfields	LD	Tees	Clinical Teams	5452	Q3	22/02/18	05/03/18	100%	93%	3
Tunstall	AMH	D&D	Clinical Teams	5371	Q3	14/11/17	06/12/17	99%	83%	3

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Thistle (V)	FOR	Tees	IPC Team Validation	5370	Q3	24/11/17	08/01/18	78%	86%	3
The Orchards Day Service	LD	NY	Clinical Teams	5369	Q3	27/11/17	06/12/17	96%	97%	3
The Orchard	AMH	NY	Clinical Teams	5400	Q3	19/01/18	22/01/18	82%	99%	3
Swift	FOR	FOR	Clinical Teams	5368	Q3	29/11/17	06/12/17	95%	99%	3
Sandpiper	FOR	FOR	Clinical Teams	5367	Q3	29/11/17	06/12/17	87%	92%	3
Roseberry	MHSOP	D&D	Clinical Teams	5392	Q3	19/12/17	04/01/18	96%	100%	3
Oakwood	FOR	FOR	Clinical Teams	5378	Q3	06/11/17	11/12/17	96%	86%	3
Oak Rise	LD	Y&S	Clinical Teams	5366	Q3	30/11/17	06/12/17	85%	99%	3
Newtondale	FOR	FOR	Clinical Teams	5391	Q3	29/10/17	04/01/18	85%	92%	3
Maple	AMH	D&D	Clinical Teams	5484	Q3	03/03/17	10/04/18	99%	93%	2- actions outstanding
Lincoln	AMH	Tees			Q3				suspended	
Lark	FOR	FOR	Clinical Teams	5365	Q3	30/11/17	06/12/17	100%	95%	3

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Jay	FOR	FOR	Clinical Teams	5364	Q3	25/10/17	06/12/17	96%	100%	3
Farnham (V)	AMH	D&D	IPC Team Validation	5362	Q3	09/11/17	08/01/18	99%	71%	3
Evergreen Centre	C&YPS	Tees	Clinical Teams	5483	Q3	09/03/18	10/04/18	91%	96%	2- actions outstanding
Danby	AMH	NY	Clinical Teams	5390	Q3	29/12/17	04/01/18	88%	100%	3
Westerdale South	MHSOP	Tees	Clinical Teams	5457	Q4	28/02/18	05/03/18	94%	94%	3
Westerdale North	MHSOP	Tees	Clinical Teams	5456	Q4	12/02/18	05/03/18	95%	92%	3
Ward 15	AMH	NY	Clinical Teams	5486	Q4	07/03/18	10/04/18	85%	97%	2-actions outstanding
Bankfields,The Lodge	LD	Tees	Clinical Teams	5484	Q4	24/02/18	10/04/18	99%	100%	3
Springwood (V)	MHSOP	NY	IPC Team Validation	5396	Q4	04/01/18	30/01/18	99%	89%	3
Roseberry Ward (V)	MHSOP	D&D	IPC Team Validation	5399	Q4	10/01/18	19/01/18	100%	76%	3
Ridgeway Health	FOR	FOR	Clinical Teams	5485	Q4	09/03/17	10/04/2018	98%	92%	2-actions

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Centre clozapine clinic										outstanding
Primrose Lodge	AMH	D&D	Clinical Teams	5455	Q4	24/02/18	05/03/18	94%	86%	3
Oak	MHSOP	D&D	Clinical Teams	5488	Q4	04/04/18	10/04/2018	99%	100	3
Nightingale	FOR	FOR	Clinical Teams	5419	Q4	22/01/18	31/01/18	95%	96%	3
Newberry	C&YPS	Tees	Clinical Teams	5418	Q4	24/01/18	31/01/18	99%	96%	2-actions outstanding
Merlin	FOR	FOR	Clinical Teams	5417	Q4	23/01/18	31/01/18	98%	99%	3
Mandarin	FOR	FOR	Clinical Teams	5416	Q4	23/01/18	31/01/18	99%	100%	3
Lustrum Vale (V)	AMH	Tees	IPC Team Validation	5441	Q4	06/02/18	19/02/18	100%	86%	3
Linnet	FOR	FOR	Clinical Teams	5424	Q4	01/02/18	05/02/18	95%	98%	3
Kirkdale (V)	AMH	Tees	IPC Team Validation	5394	Q4	16/11/17	11/01/18	99%	79%	3
Imperial Avenue	AMH	D&D	Clinical Teams	5487	Q4	05/04/18	10/04/18	98%	96%	2-actions outstanding

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Harland (V)	LD	D&D	IPC Team Validation	5395	Q4	04/01/17	11/01/18	100%	93%	3
Esk	AMH	NY	Clinical Teams	5415	Q4	25/01/18	31/01/18	99%	99%	3
Elm	AMH	D&D	Clinical Teams	5454	Q4	20/02/18	05/03/18	93%	83%	2-actions outstanding
Hamsterley (V)	MHSOP	D&D	IPC Team Validation	5458	Q4	22/02/18	08/03/18	90%	74%	2-actions outstanding
Tunstall (V)	AMH	D&D	IPC Team Validation	5467	Q4	08/02/18	08/03/18	83%	56%	2-actions outstanding
Cedar Ward, Briary	AMH	NY	Clinical Teams		Q4			89%	14/03/18 not yet completed no ward manager	
Acomb Garth	MHSOP	Y&S	Clinical Teams	5453	Q4	16/02/18	05/03/18	NA	97%	2-1action outstanding

- (V) indicates a validation audit was undertaken by the IPC team and the scores are often different. The IPC team will monitor these areas and may re-validate in 2018/19.

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- A total of 93 inpatient teams were included in the 17/18 Infection Prevention and Control Inpatient Audit Programme (including validation audits). Where areas of non-compliance were identified actions were assigned to team managers to mitigate areas of non-compliance actions were monitored by the Clinical Audit and Effectiveness Team.
- A total of 10 teams have ongoing action plans.
- A total of 92 reports have been disseminated to teams and IPC team.
- 1 team has not yet returned the audit tool.
- All action plans and outstanding actions should be completed within one month and are all monitored by the Clinical Effectiveness Team

<i>Infection Prevention and Control Community Audit Progress Report 2017/18</i>								
Ward Name	<i>Specialty</i>	Locality	Audit Number	Quarter audited	Date Audited	Date disseminated to IPC and team	Assurance Level achieved	Internal Monitoring
Princess Community House	AMH	North Yorkshire	5304	Q1	21/03/2017	24/11/2017	81%	3
Parkside Access Team	AMH	Teesside	5278	Q2	24/07/2017	28/07/2017	58%	3
Physical Health and Wellbeing team at Ideal House	AMH	Teesside	5279	Q2	12/07/2017	28/07/2018	77%	3
Hundens Lane	AMH	Durham and Darlington	5302	Q3	11/08/2017	07/09/2017	81%	3
Wessex House	AMH	Teesside	5305	Q3	19/07/2018	25/11/2017	86%	3
The Acley Centre	CYPS	Durham and Darlington	5342	Q3	22/09/2017	08/11/2017	88%	3
Goodall Centre	AMH	Durham and	5343	Q3	23/10/2017	08/11/2018	86%	3

<i>Infection Prevention and Control Community Audit Progress Report 2017/18</i>								
Ward Name	<i>Specialty</i>	Locality	Audit Number	Quarter audited	Date Audited	Date disseminated to IPC and team	Assurance Level achieved	Internal Monitoring
		Darlington						
Anchorage Whitby	AMH	North Yorkshire	5344	Q3	09/09/2017	08/11/2017	91%	3
Ellis Centre	AMH	North Yorkshire	5393	Q3	07/11/2018	12/01/2018	94%	2 – Action plan outstanding
Foxrush House	AMH	Teesside	5413	Q3	1/01/2018	07/02/2018	89%	3
Derwent Clinic	MHSOP	Durham & Darlington	5414	Q4	10/01/2018	30/01/2018	87%	3
Huntington House	AMH	York & Selby	5443	Q4	06/02/2018	21/02/2018	91%	2 Action due at End of March – RB to follow up
Acomb Garth	AMH	York & Selby	5444	Q4	06/02/2018	21/02/2018	79%	2- Actions ongoing RB to

<i>Infection Prevention and Control Community Audit Progress Report 2017/18</i>								
Ward Name	<i>Specialty</i>	Locality	Audit Number	Quarter audited	Date Audited	Date disseminated to IPC and team	Assurance Level achieved	Internal Monitoring
								chase up
Chester-lee Street Health Centre	AMH	Durham & Darlington	5445	Q4	09/02/2018	21/02/2018	91%	3
The Glades	AMH	Teesside	5448	Q4	22/02/2018	26/03/2018	90%	2 – Actions ongoing – due at the end of April
Woodside community Mental Health Team	MHSOP	Teesside	N/A	Q4	04/04/2018	N/A	-	1

- A total of 16 community teams were included in the 2017/18 Infection Prevention and Control Community Audit Programme Where areas of non-compliance were identified actions were assigned to team managers to mitigate areas of non-compliance
- Actions were monitored by the Clinical Audit and Effectiveness Team
- 10 teams in total have submitted evidence that areas of non-compliance identified in the audit have been rectified
- A total of 5 teams have ongoing action plans
- 1 team the audit team has received the audit tool and has not yet produced a report/action plan.