

Infection Prevention and Control Annual Programme  
2018/2019

Produced for:  
Elizabeth Moody, Director of Infection Prevention and Control

## **ANNUAL INFECTION PREVENTION AND CONTROL PROGRAMME 2017/18**

### **1. INTRODUCTION**

This document outlines the Infection Prevention and Control Programme for 2018/19. This will be discussed and agreed at the Infection Prevention and Control Committee (IPCC) and presented to the Trust Board for ratification via the Quality Assurance Committee (QUAC) by the Director of Infection Prevention and Control.

#### **Infection Prevention and Control and Physical Health and Back Care Team Roles and responsibilities**

- Angela Ridley, Head of Infection Prevention and Control (IPC) and Physical Health and Back Care (Nursing). This post has managerial responsibility and lead for IPC, Medical Devices Clinical Procedures, Physical Healthcare and Back Care, co-ordination of the NHS Safety Thermometer and manages the external service level agreements for Resuscitation and Tissue Viability and medical advice for IPC.
- Emma Rolfe, Lead Nurse IPC, Medical Devices and Physical Healthcare (secondment until 31<sup>st</sup> March 2019).
- Claire Foster, (currently on maternity leave) IPC, Medical Devices and Physical Healthcare Nurse
- Jo Dunmore, IPC, Medical Devices and Physical Healthcare Nurse
- One vacant post for IPC, Medical Devices and Physical Healthcare Nurse
- Louis Bell, Senior Back Care Advisor who is the Medical Devices Safety Officer (MDSO) and leads on back care work streams
- Laura Hallett, Manual Handling Facilitator
- Donna Corden, Manual Handling Facilitator
- One vacant post, Manual Handling Facilitator
- Phil Brewis, Resuscitation Officer (via SLA with North East Ambulance Service)
- Carol Johnson, Tissue Viability Lead (via SLA with County Durham and Darlington Foundation Trust)
- Christine McCann Associate Director of Nursing responsible for Physical Health work streams.

### **2. INFECTION PREVENTION AND CONTROL POLICIES**

The Infection Prevention and Control policies, procedures and guidelines are all presented in the current trust format. There is one overarching Infection Prevention and Control Policy and 18 approved documents containing best practice information and guidance. All the documents have been agreed at the IPCC, QUAC and Executive Management Team (EMT) and will be

available on the Trust Intranet. During 2018/19 some of the documents will be reviewed and updated in line with local and national guidance, and any changes in Legislation.

### 3. **SURVEILLANCE**

On going surveillance of all significant organisms reported to the Infection Prevention and Control Nurses (IPCNs) by relevant pathology, secondary acute care IPCN teams or ward staff.

Patients admitted or diagnosed with an infection or infestation will be reported to the IPCNs by ward staff and advice will be given.

Any positively diagnosed, suspected cross infection or outbreaks of infection will be monitored and investigated. IPCNs will support staff and ensure adequate lines of communication are maintained.

### 4. **PERFORMANCE INDICATORS/NATIONAL TARGETS**

The Infection Prevention and Control Committee have agreed the following performance indicators to promote and ensure patient safety.

- 4.1 Any patient who develops an MRSA bacteraemia whilst in TEWV will have a thorough root cause analysis (RCA) undertaken and this case will be reported to planning and performance. The RCA will be fed back via the respective Acute Trust and will be counted as part of the National target figures.
- 4.2 Any patient found to have Clostridium difficile isolated from a stool specimen will be investigated using a Root Cause Analysis by the IPCNs.
- 4.3 IPC triggers to initiate an IPC Route Cause Analysis investigation on a ward/unit will be:
  - a. One case of MRSA bacteraemia on a ward/unit.
  - b. Two or more patients with MRSA infection (NOT bacteraemia) on the same ward over a one month period
  - c. Any one patient with Clostridium difficile
  - 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.

The above indicators will continue to be discussed and monitored at the IPCC and fed back to Trust board via the Trusts governance arrangements.

#### 4.4 Modern Matrons

All Trusts expect Matrons to be responsible in delivering the increasing IPC agenda. The Matrons currently are responsible for co-ordinating monthly essential steps audits, annual IPC Environmental audit and yearly Hand Hygiene audit, and also supporting any initiatives sent out via the team.

#### 4.5 NHS Safety Thermometer

During 2018/19 the IPC and Physical Healthcare Team will continue to co-ordinate the Classic Patient NHS Safety Thermometer with the Clinical Audit and Effectiveness team.

### 5. **AUDIT**

All audit tools are reviewed annually by the IPCNs prior to commencement of the audit programme. For 2018/19 the team have made some changes to all of the audits in circulation to improve usability and increase efficacy for clinical services.

A plan for 2018/19 has been developed, with the assistance of the Clinical Audit and Assurance team. The IPCNs will plan to undertake validation IPC Environmental audits on selected units during 2018/19 including any units who do not achieve a green compliance rating. Modern Matrons will take responsibility for their own units IPC audits and action plans and report to the IPCC on their progress. Infection Prevention and Control Environmental Audits will be undertaken on any ward/unit on request or when there is an outbreak or incidence of infection.

A community audit programme is also in place and will be undertaken during 2018/19.

The IPC team have also been asked to scope potential audits for the Offender Health Service.

The IPCNs will co-ordinate a validation audit programme to ensure consistency of results.

The annual Trust wide Hand Hygiene Audit and initiative will be planned for November 2018.

IPCNs will support Hotel Services in the Patient-Led Assessments in the Care Environment (PLACE) visits to monitor environmental cleanliness from March to June 2018.

IPCNs will also support the Quality Assurance and Compliance team with the trust wide compliance inspections.

## 6. **EDUCATION**

IPC Mandatory Training is delivered as part of the Trust Annual Mandatory Training programme which incorporates all clinical and non-clinical staff. The training figures will be monitored during 2018/19 by the Education and Training department. All compliance figures are available via the Integrated Information Centre (IIC).

An IPC E-Learning package is available for all staff to access which is currently under review. The Training and Education Department staff will monitor usage and compliance and this will be fed back to the IPCC quarterly. All training presentations will be reviewed during 2018/19.

Bespoke education/training sessions are available to all wards/units on request or following an incident or outbreak of infection, via a debrief.

### **The Link Champions Group**

The champions group has been reviewed expanding the role to cover IPC, medical devices, physical health and back care. The team have utilised RCN guidance (2012) to update roles and responsibilities and incorporate a competency framework, linking to the Knowledge and Skills Framework (KSF). A link champion's page has been devised on the intranet to improve communication and increase staff knowledge of current issues related to IPC, medical devices, physical health and back care. The champions also have a designated email address to contact the team if they have any queries or concerns. The Link Champions are expected to participate in any initiatives organised by the team to monitor, maintain and improve services.

The education programme for 2018/19 is as follows:

- March 2018 – IPC, Medical Devices, Physical Health and Back Care quarterly Newsletter outlining key information for staff.
- May 2018- Hand Hygiene Awareness sessions across various trust sites.
- June 2018 - Induction programme for new link champions incorporating IPC, Medical Devices, Physical Health and Back Care Issues plus quarterly Newsletter.
- September 2018 - Tissue Viability Study Day For Wrens.
- September 2018 - Quarterly Newsletter.
- November 2018 - Annual study day for Champions will be planned including external speakers and speakers from the Trust plus quarterly Newsletter.
- December 2018 - Quarterly Newsletter.
- Bi-annual Link Champions Initiative. Champions Initiative for April 2018 will be management of urinary tract infections (UTI).

## 7. GOVERNMENT INITIATIVES

Care Quality Commission registration on the The Health and Social Care Act 2008 Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance

The Trust has registered with the CQC and was given an unconditional registration in March 2009.

A review of the Trust's compliance to the Code will be undertaken in 2018 and agreed at the IPCC.

### Essential Steps to Safe Clean Care

All Modern Matrons will monitor compliance of the basic principles of infection prevention and control using the new amended Essential Steps audit tool for all in patient areas. This is undertaken monthly and the data is collected by the Modern Matrons across the Trust.

Performance will be monitored quarterly at each IPCC and via the Modern Matrons Network. An escalation process is in place that IPC staff inform Modern Matrons and Heads of Nursing if any data is missing each month to ensure increased compliance.

## 8. **SERVICE LEVEL AGREEMENTS**

The Head of IPC and Physical Healthcare will also be responsible for the planning and implementation of a Service Level Agreement with County Durham and Darlington Foundation Trust to deliver Tissue Viability Service across the Trust.

The Head of IPC and Physical Healthcare will also be responsible for the planning and implementation of two service level agreements to deliver Resuscitation Services across the Trust with the North East Ambulance Service.

The Head of IPC and Physical Healthcare will also be responsible for managing the SLA to deliver medical support to the IPC team with South Tees Hospital NHS Foundation Trust.

## 9. **OTHER WORKSTREAMS**

The IPC team lead on the Trust Medical Devices agenda and provide support to the Senior Back Care Advisor who currently chairs the Medical Devices Group. The Terms of Reference of this group will be reviewed during 2018/19, the group currently meets 4 times a year. The primary responsibilities for the IPC team are to;

- Review of existing and development of new templates.
- To promote trust wide standardisation of equipment.
- Liaise with the clinical teams on the purchasing of new and replacement equipment.
- Liaise with companies/organisations external to the trust when procuring new equipment.
- Responding to requests for Non Catalogued Items (NCI) equipment, including approval of any equipment requests.
- Co-ordination of training events to support clinical procedures
- Co-ordination of audit to monitor adherence to clinical procedures and policies
- Manage the use of safer needles in line with EU Directive.
- Contract monitoring for existing medical devices within the trust.

- The annual quote process is being undertaken by the Estates Department for the contract for the servicing and maintenance of medical devices.

The IPC team deputise for the DIPC as the responsible person for water safety within the trust. This involves collaborative development of trust wide guidance on water safety, including the policy and associated plan. This includes providing evidence in the form of a written report for IPCC and EMT on potential water safety risks.

### Physical Healthcare

This workstream is led by the Associate Director of Nursing. Initiatives we will support in during 2018/19 include:

- Review of the Early Warning Scores (EWS) procedure and assessment tool.
- Antimicrobial stewardship, patient hydration in the management of urinary traction infection.
- End of Life care.

The IPC, Medical Devices and Physical Healthcare Team are responsible for the delivery of the Physiological Observations (including the EWS and the Deteriorating Patient), ECG and Venepuncture training.

### Back Care Advisory Service

The Head of IPC, Physical Health and Back Care also has responsibility for over-seeing the management of the back care advisory service. The main area for development for 2018/19 are:

- To review the TNA for moving and handling of people training.
- To secure a suitable training venue in the York area.
- To monitor the rental contract for standard and bariatric patient moving and handling equipment.

### Resuscitation

The Head of IPC, Physical Health and Back Care also has the responsibility for two resuscitation service level agreements with NEAS. One is to manage the role of the resuscitation officer for the Trust and the second is to manage the training requirement for the Trust. The main areas for development are:

- To ensure that all training is planned and timely for staff to book on.



- To review service specifications and agree terms for the two contracts for 2018/2021.

#### Tissue Viability Service

During 2018/19 the Head IPC, Physical Health and Back Care (Nursing) will oversee the management of the service level agreement for Tissue Viability with the staff from CDDFT following the agreed action plan. The funding for this service has been agreed until February 2020. During 2018/19 we will look at a proposal for increasing the service to cover the management of patients with leg ulcers.

#### 11. **ADVICE AND SUPPORT**

The IPCNs provide expert advice/information to healthcare workers, patients and relatives regarding infection prevention and control practices and infections.

The IPCNs provide specialist advice to other trust departments and will attend meetings/committees when infection prevention and control input is required.

The IPC and Physical Health and Back Care action plan for 2018/19 will be collated and reviewed monthly at each team meeting.

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

**Angela Ridley**  
**Head IPC and Physical Health and Back Care (Nursing)**

**Emma Rolfe**  
**Lead IPC, Medical Devices and Physical Healthcare Nurse**