

**Director of Infection Prevention and Control
Annual Report
01 April 2012 – 31 March 2013**

Agenda Item:		Reference:	
Meeting Name:	Board Meeting	Meeting Date:	3 rd June 2013
Lead Director:	Lisa Cooper		
Job Title:	Director of Infection Prevention & Control		

Link to Business Plan:						
Has an Equality Impact Assessment (EQIA) been undertaken & attached?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has the Public & Stakeholders been consulted?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
To Approve	<input checked="" type="checkbox"/>	To Note	<input type="checkbox"/>	To Assure	<input type="checkbox"/>	

Financial Implications:
*E.g. What is the Impact on the Trust? Does it provide Value for Money?
All costs should be clearly explained in the section below.*

Non compliance with the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance may leave the organisation susceptible to litigation and its associated costs.

Overall Cost / Pressure:	£N/A	Overall Income:	£ N/A
Additional Funding Required:	£ N/A	Funding Already Ring Fenced:	£ N/A

Identified Risks:

Non compliance with The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance may affect the Trust's registration with the Care Quality Commission. Non compliance increases the risk of Healthcare Associated Infections and associated litigation.

Assurance to Board:

This report provides assurance to Wirral Community NHS Trust Board of activity undertaken across the organisation for the reporting period 01 April 2012 – 31 March 2013, in relation to the Trust's requirements to implement The Health and Social Care Act 2008: Code of Practice on the prevention and control of Infections and related guidance.

Publish on Website: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Private Business: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
--	--

Report History		
Submitted to	Date	Brief Summary of Outcome
		No History

Wirral Community NHS Trust

Director of Infection Prevention & Control Annual Report 01 April 2012 - 31 March 2013

Purpose

1. This purpose of this annual report is to provide assurance to Wirral Community NHS Trust Board of activity undertaken across the organisation for the reporting period 01 April 2012 – 31 March 2013, in relation to the Trust's requirements to implement The Health and Social Care Act 2008: Code of Practice on the prevention and control of Infections and related guidance.

Executive Summary

2. Reducing the risk of infection through robust infection control practice is a key priority for Wirral Community NHS Trust and supports the provision of high quality services for patients and a safe working environment for staff.
3. This is the second Director of Infection Prevention and Control Annual Report for Wirral Community NHS Trust and is a statutory requirement within The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance.
4. This report recognises the success that has been made during the reporting period (01 April 2012 – 31 March 2013) whilst managing the challenge of long term absence within the Infection Prevention and Control Service.
5. Healthcare Associated Infections will continue to present challenges and effective leadership and engagement of staff throughout Wirral Community NHS Trust is required to drive continuous quality improvement.
6. Included within this annual report for approval is the annual work plan for Wirral Community NHS Trust Infection Prevention and Control Service for 01 April 2013 – 31 March 2014.

Board Action

7. Wirral Community NHS Trust Board is asked to approve the Director of Infection Prevention and Control Annual Report for the reporting period 01 April 2012 – 31 March 2013 and the annual work plan for 2012-2013 prior to publication on the Community Trust website.

Lisa Cooper

Director of Quality & Governance/ Director of Infection Prevention & Control

Contributors:

Helen Oulton, Head of Infection Prevention & Control Service

WIRRAL COMMUNITY NHS TRUST

Director of Infection Prevention and Control Annual Report 01 April 2012 – 31 March 2013

Introduction

1. The purpose of this report is to provide assurance to Wirral Community NHS Trust Board regarding the Infection Prevention and Control activity undertaken across the organisation for the reporting period 01 April 2012 – 31 March 2013
2. This is the second Director of Infection Prevention and Control (DIPC) Annual Report for Wirral Community NHS Trust and is a statutory requirement within The Health and Social Care Act 2008 Code of Practice on the Prevention and Control of Infections and related guidance.
3. The Operating Framework for 2012/13 continued to place preventing healthcare associated infection (HCAI) as a priority for the NHS.
4. The strategic aim of Wirral Community NHS Trust Infection Prevention and Control Service is to increase organisational focus and collaborative working so as to effectively implement The Health and Social Care Act 2008.
5. The Infection Prevention and Control Service endeavours to provide a comprehensive proactive service, which is responsive to the needs of staff and public alike and is committed to the promotion of excellence within everyday practice of Infection Prevention and Control.
6. Reducing the risk of infection through robust infection control practice is a key priority for Wirral Community NHS Trust and supports the provision of high quality services for patients and a safe working environment for staff.

Wirral Community NHS Trust Infection Prevention and Control Arrangements

7. Infection Prevention and Control Service 2012/13:
 - Director of Infection Prevention & Control (also Director of Quality and Governance)
 - Head of Infection Prevention and Control Service
 - Senior Infection Prevention and Control Nurse (Senior IPCN)
 - Infection Prevention and Control Nurse (1.4 WTE)
 - Project/Information Officer
 - Infection Prevention and Control Administrative Assistant
8. The Infection Prevention and Control Service continued to provide its core functions during the reporting period 01 April 2012- 31 March 2013 despite reduced staffing levels due to long term absence and vacancies. This has now resolved and recruitment to vacancies commenced January 2013.

Key achievements for 01 April 2012 – 31 March 2013

- Zero MRSA bacteraemia attributed to services the Trust provides
- Zero cases of Clostridium Difficile attributed to services the Trust provide
- Contributed the Trust's National Health Litigation Service (NHSLA) Level 1 assessment
- Achievement of 62.5% uptake for staff influenza immunisation
- Infection Prevention and Control Staff survey (**Appendix 1**)
- Facilitated successful third Infection Prevention & Control Study Day
- Maintained delivery of mandatory training (Essential Learning/Corporate Induction)

Care Quality Commission

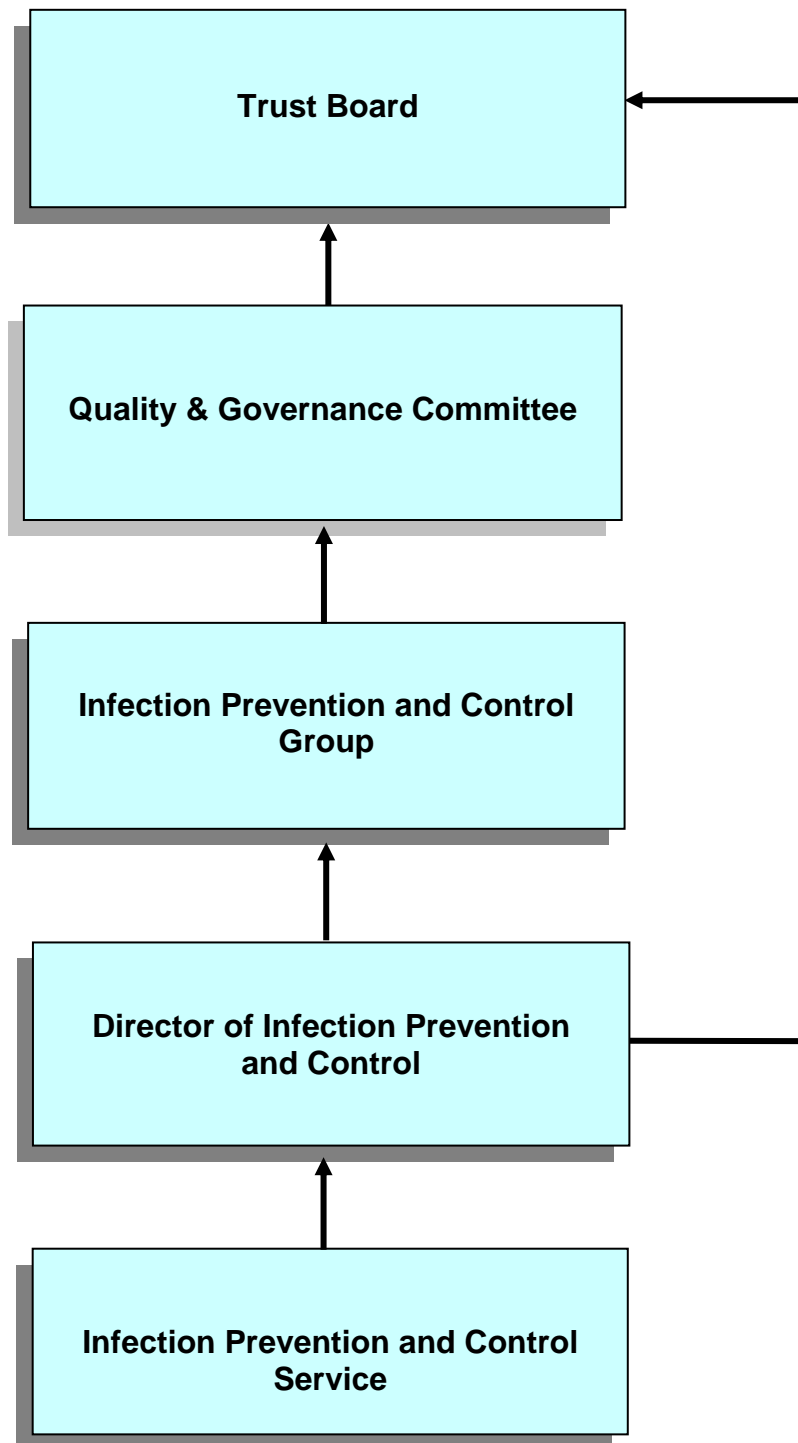
9. Wirral Community NHS Trust was registered without conditions and inspected by the Care Quality Commission (CQC) during this reporting period. Compliance with Outcome 8: Cleanliness and Infection Control was not assessed.
10. The Trust has in place an assurance framework for Infection Prevention and Control that reflects the duties of the organisation to meet the Health and Social Care Act 2008.
11. During this reporting period a concern was raised by the Care Quality Commission relating to reuse of single use dressings which presented a risk of infection to patients.
12. An investigation was undertaken by Director of Infection Prevention & Control and the outcomes reported to the Quality and Governance Committee. A series of communications were sent to Divisional Managers and staff for information and discussion at Divisional Governance Meetings. A robust action plan was implemented to support compliance with single use medical devices and was monitored via the Quality and Governance Committee on a monthly basis. All actions were completed by 31 March 2013.

Infection Prevention and Control Group

13. The Infection Prevention and Control Group is accountable to the Trust Board and reports through the Quality and Governance Committee.
14. The Group meets bi-monthly to support the development of a proactive organisational culture which ensures staff at all levels prioritise and engage in Infection Prevention and Control. It continues to peer approve all infection control policies, procedures and guidance and monitors the progress of the annual Infection Prevention and Control work programme.
15. All clinical services are required to submit Service Assurance Reports to the group on a bi-monthly basis.
16. Membership is outlined in the Terms of Reference which are reviewed annually.

Reporting Arrangements

Diagram 1: Wirral Community NHS Trust's reporting structure for Infection Prevention and Control



Working Arrangements

17. The Director of Infection Prevention and Control and Infection Prevention and Control Service attend and provide reports and/or advice to the following groups (Table One):

Table One: Groups attended by DIPC/Infection Prevention and Control Service

Organisation	Group
Wirral Community NHS Trust	Compliance Group Clinical Policies and Procedures Group Health, Safety & Wellbeing Group Medicines Management Group Medical Supplies & Devices Group Occupational Health Task & Finish Group Quality & Governance Committee Quality, Patient Experience and Risk Group Learning & Development Group Safer Sharps Devices Group Staff Flu Vaccination Programme
NHS Wirral	Infectious Diseases in Pregnancy Wirral Health Protection Strategy Group
Wirral University Teaching Hospital NHS Foundation Trust	Hospital Infection Control Committee Catheter Associated Urinary Tract Infection Group

Healthcare Associated Infection (HCAI)

18. Wirral Community NHS Trust did not have HCAI objectives nationally set for MRSA or Clostridium Difficile. All community attributed cases were reported against NHS Wirral's objective who were accountable for HCAI reduction across the Health Economy. Wirral Community NHS Trust has set an internal target of zero avoidable healthcare associated infections in the services that it provides.

19. Wirral Community NHS Trust continued to submit the monthly HCAI Provider Assurance Framework to NHS Wirral during 2012-13.

Meticillin Resistant Staphylococcus Aureus (MRSA)

20. During the reporting period 01 April 2012 - 31 March 2013 there were no MRSA Bacteraemias attributed to services the Trust provides.

Clostridium Difficile

21. There were thirty one case reviews undertaken during this reporting period. Case reviews of each reported case did not identify that the care provided by Wirral Community NHS Trust was a contributory factor or root cause of infection.

22. Reporting cases of Clostridium Difficile to the Infection Prevention and Control Service was raised with NHS Wirral's HCAI Lead to discuss electronic reporting to the Service to resolve long standing data issues that precede the formation of the Trust. This did not progress during 2012-13 and an informal arrangement between the Infection Prevention and Control Service and the Infection Control Service of Wirral University Teaching Hospital continues.

Outbreaks

23. There have been no outbreaks involving Trust staff or premises during the reporting period 01 April 2012 - 31 March 2013.

Infection Prevention and Control Policies and Procedures

24. The following policies were reviewed and approved during the reporting period 01 April 2011 - 31 March 2012:

- Hand Hygiene
- Management of Exposure to Health Care Associated Infections (HCAI) and Inoculation Incidents including Safe Management of Sharps
- Single Use Medical Devices

25. Reduced staffing within the Service impacted on policy review and this is a key priority for the reporting period 01 April 2013 - 31 March 2014.

26. The Infection Prevention and Control Service provided specialist review and support to the Quality and Governance Service to ensure that all clinical procedures and protocols are evidence based and comply with national infection prevention and control practice.

Hand Hygiene

27. Improvement in hand hygiene practices continues to be a priority for Wirral Community NHS Trust. The Infection Prevention and Control Service continue to promote hand hygiene through:

- Continuing to promote the World Health Organisations (WHO) 5 moments for hand hygiene
- Hand hygiene prompt cards given to all staff on Essential Learning for Clinical staff
- Completion of hand hygiene clinical observational audit four times per year

28. Whilst there is an overall compliance of 100% reported with hand hygiene observational audit it was identified that direct observation of clinical staff in practice during audit and unannounced inspections did not support this level of compliance e.g. staff not adhering to bare below the elbow.

29. Compliance with hand hygiene was entered onto Wirral Community NHS Trust's risk register. By placing compliance with hand hygiene on the risk register Wirral Community NHS Trust has taken a proactive approach to improvement and embedded accountability for improvement into its Divisional structures.

Education and Training

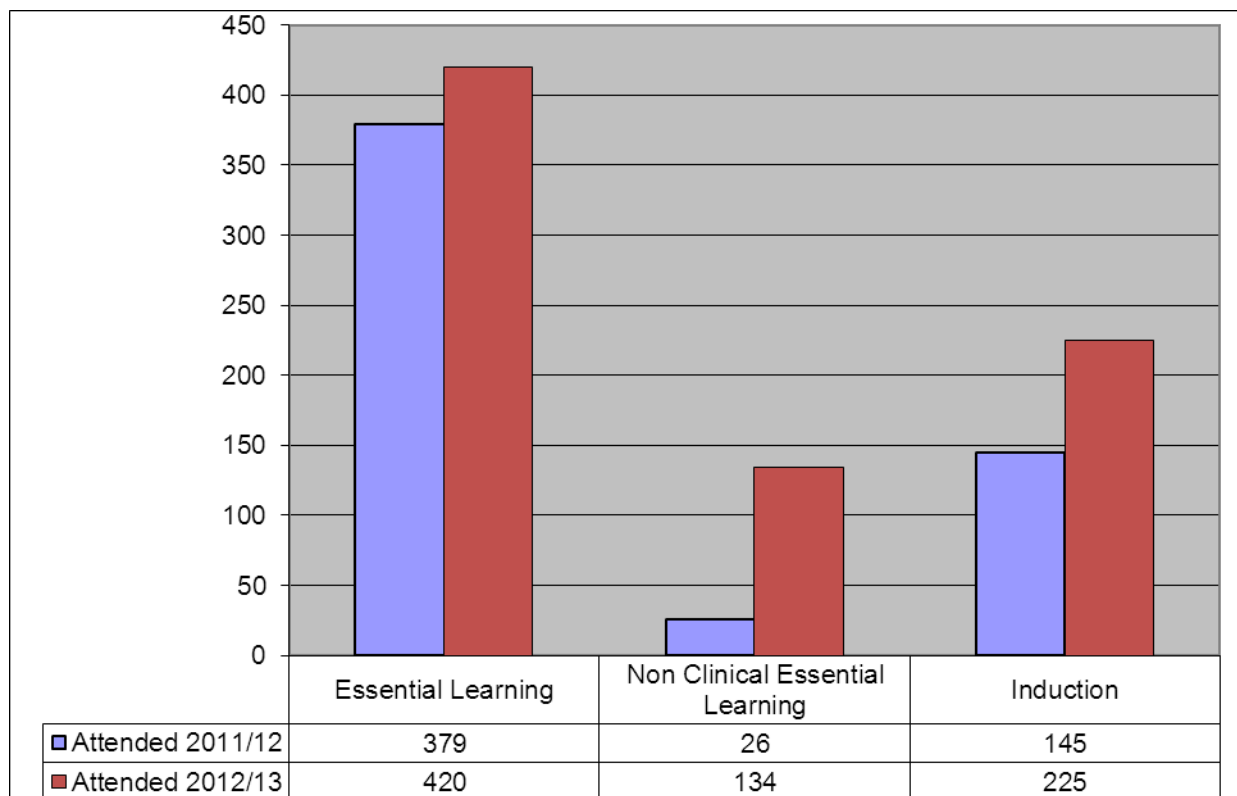
30. Infection Prevention and Control training, education and hand hygiene practice is included in:

- Induction to all new staff (including volunteers)
- Essential Learning for Clinical staff (mandatory bi-annually)
- Essential Learning for Non-clinical staff (mandatory bi-annually)

31. Aseptic Non Touch Technique (ANTT) training is mandatory for those staff required to undertake the procedure as part of their role. The Clinical Director of ANTT UK attended Wirral Community NHS Trust to support the development of safe ANNT practice. ANTT remains a key area for development during 2013-2014.

32. Bar Chart One shows number of staff who have attended Infection Prevention and Control training for the reporting period 01 April 2012- 31 March 2013.

Bar Chart One: Infection Prevention and Control Training Attendance Levels



29. Infection Prevention and Control training for sessional medical and dental staff was identified as an area of work required in relation to compliance with Care Quality Commission registration during the previous reporting period. Staffing levels within the Service has impacted on the progression of this work stream which remains a priority area for 2013/14, and will be reviewed as part of the implementation of the Trust’s e learning programme.

30. The Infection Prevention and Control Service facilitated a successful Study Day “Cleaning up on Infection Control - Spreading Good Practice”. This event brought together delegates from across the Wirral Health Economy. The event evaluation was extremely positive and the Service will be looking to repeat the event in 2013/14.

31. The Infection Prevention and Control Service facilitated an Infection Prevention and Control themed Quality Forum as part of the Trust’s commitment to staff engagement. The forum helped to identify how staff can improve quality in Infection Prevention and Control and to be able to recognise their own responsibilities and contribution to improving quality for patients.

32. The Infection Prevention and Control Service have delivered two sessions for The University of Chester as part of the NM6065 Infection Prevention and Control Module.

Audit

33. Infection Prevention and Control clinical audit is an integral element of Infection Prevention and Control practice as it allows the Trust to measure compliance against national standards.
34. During the reporting period 01 April 2012- 31 March 2013; 33 Trust premises were audited using the Infection Prevention Society standards and incorporating local policy. **Appendix 2** provides comparison of 2011/12 and 2012/13 audit results. 21 audits showed an improvement compared to 18 in 2011-12. All Services are required to complete action plans as per the Trust Audit Assurance pathway and is monitored via the Infection Prevention and Control Group.
35. There have been 15 Unannounced Infection Control Visits undertaken by the Director of Infection Prevention & Control and Infection Prevention and Control Service during the reporting period 01 April 2012- 31 March 2013.
36. An observational audit of venous access devices with the home environment was undertaken. Although the sample size was small, clinical practice was fully compliant with Wirral Community NHS Trust policies and procedures. Some areas of improvement were identified in relation to nursing documentation to be addressed by the service action plan.
37. Patient feedback from the audit was extremely positive with regard to both the Community Nurses undertaking their care and the review from the Infection Prevention and Control Service as a quality measure.

Essential Steps

38. Essential Steps to Safe, Clean Care (Essential Steps) is a framework aimed at reducing the risk of healthcare associated infection in key clinical procedures.
39. The Trust's observational audit programme using the Essential Steps to safe clean care framework has continued throughout 2012/13. Compliance is audited quarterly and results are entered by Services onto a web based system. Data is evaluated by the Infection Prevention & Control Service and results shared with Divisional Managers & Service Leads via the Infection Prevention & Control Group.
40. Mandatory compliance with Hand Hygiene Observational Audit continued with the Trust demonstrating an overall compliance of 100% with 73% of eligible staff being observed during the reporting period.
41. Quarterly Essential Steps compliance reports are submitted to the Infection Control Group for review and monitoring
42. With the exception of hand hygiene data relating to completion of observational audit tools i.e. determining numbers of eligible staff required to complete the relevant tools continues to present difficulties due to poor exception reporting by Services. Improved data capture methods will be implemented in 2013/14 to improve accuracy of data.

Estates

Building advice

43. The Infection Prevention and Control Service have been involved in reviewing and supporting refurbishments and new builds within the trust. This work has included

- St Catherine's Community Health Centre
- The Warrens Medical Centre
- Devonshire Park Dental Centre

Cleaning Services

44. Domestic services continue to be provided by Cheshire and Wirral Partnership Foundation NHS Trust.

45. Joint audits were undertaken periodically during the reporting period 01 April 2012- 31 March 2013 by the Facilities Manager and a member of the Infection Prevention and Control Service. Reports are submitted to the Infection Prevention and Control Group identifying areas where standards have not been met and provide assurance that areas of concern have been addressed. This is monitored via the Infection Prevention and Control Group.

Decontamination of Medical Devices

46. The Director of Infection Prevention and Control is the Trust Decontamination Lead.

47. The Community Dental Service is compliant with Best Practice Standards set out in The Health Technical Memorandum (HTM 01-05) Decontamination in primary care dental practices.

48. The Podiatry Service uses an accredited Central Sterile Supply Department (CSSD).

49. Decontamination of equipment is a key process in the Community Equipment Store (CES). The Clean Trace ATP System is used within CES for monitoring the cleaning process of equipment. This system allows the service to identify equipment that may need to follow a further cycle of decontamination prior to use. Quarterly reports will be included on the Service Assurance report and submitted to the Infection Prevention & Control Group.

Antimicrobial Prescribing

50. Antimicrobial stewardship is a key component for reducing health care associated infections.

51. The NHS Wirral Antimicrobial Guideline is used by all prescribers within Wirral Community NHS Trust. Antimicrobial prescribing has been included as a priority objective in the 2013-14 work plan (**Appendix 3**).

Incidents

52. There were no serious untoward incidents reported in relation to Infection Prevention and Control for STEIS or RIDDOR reporting.

53. There were 39 inoculation incidents reported via the Trust's incident reporting system during 01 April 2012 – 31 March 2013. All Inoculation incidents are reviewed by the Infection Prevention and Control Service and monitored by the Infection Prevention and Control Group.

54. This is the first year that there has been electronic data capture of inoculation incidents and this provides a baseline for reduction during 2013/14. To support the reduction of inoculation incidents a Safer Sharps Task and Finish Group was convened to support the implementation of the EU Directive 2010/32/EU.

Seasonal 'Flu Vaccination Programme

55. The Director of Infection Prevention and Control chaired the staff flu vaccination programme group which met regularly to plan the annual staff flu vaccination campaign. To ensure staff had maximum opportunity to obtain a flu vaccine, sessions were delivered in a variety of way;

- Provision of drop in staff vaccination clinics across Trust locations covering all shift patterns.
- Vaccination sessions at staff bases.
- Opportunistic vaccination.

56. The Infection Prevention and Control Nurses supported this programme as immunisers.

57. Overall 62.5% of staff were immunized and placed the Trust as one of the highest performing Community Trusts in this area.

Training for the Infection Prevention and Control Service

58. Table Two shows the training attended by staff within the Infection Prevention and Control Service during the reporting period 01 April 2012 – 31 March 2013.

Table Two: Training completed by the Infection Prevention and Control Service during the reporting period 01 April 2011 – 31 March 2012

	Training	Date undertaken
Head of Infection Prevention & Control	Level 7: Work Based Learning Module	September 2012
	Infection Prevention Society Annual 3 day Conference	October 2012
	Kings Fund: Transforming the NHS. Leading Clinical Healthcare Change	September 2012
Senior Infection Prevention & Control Nurse	Level 7: Advancing Leadership for Quality	June 2012
	Infection Prevention Society Annual 3 day Conference	October 2012

Conclusion

59. Wirral Community NHS Trust is committed to continuous, sustainable improvement in Infection Prevention and Control and supports a zero tolerance of avoidable infection and harm to our patients and staff.
60. HCAI reduction and improvement of Infection Prevention and Control standards requires a multi-partnership approach within the health economy of Wirral and the Trust remains committed to support this agenda.
61. The Director of Quality and Governance as Director of Infection Prevention and Control has enabled a structure to embed Infection Prevention and Control throughout all levels of the Trust whilst facilitating clear leadership and quality improvement. The role of Director of Infection Prevention and Control will transfer to the new Director of Nursing and Quality during 2013/14 and it is imperative that this work continues during 2013/2014.

Lisa Cooper

Director Infection Prevention and Control, Wirral Community NHS Trust

Helen Oulton

Head of Infection Prevention and Control Service

Appendix 1

Infection Prevention & Control (mini survey)

The survey took place in January/February 2013 and was made available to all staff through the staff bulletin for a period of 6 weeks.

Summary of results:

- 375 respondents (29% workforce)

- Patient Facing Staff:
 - 99.6% know how to access policies and procedures relating to IPC
 - 97% know who to contact for advice regarding IPC
 - 96% know how to raise concerns regarding IPC
 - 99% know definition of single use
 - 98% have access to hand hygiene products

- Non-patient facing staff:
 - 94% know how to access policies and procedures relating to IPC
 - 89% know who to contact for advice regarding IPC
 - 89% know how to raise concerns regarding IPC
 - 96% know definition of single use

Appendix 2

INFECTION PREVENTION & CONTROL AUDIT RESULTS

List of Community Trust Areas/Services Audited April 2012-2013

RAG System for table

	100%	Full Compliance
	= 71 – 99%	Action Required
	= 51 – 70%	Urgent Action Required
	= < 50%	Trust Priority

Service	11/12	12/13
All Day Health Centre - APH	80	80
Bebington Civic Centre - CT Rooms	96	80
Bridle Road Clinic	91	89
Cardiac, VCHC	93	97
Child Assessment rooms, VCHC	95	98
Dressing Clinic, Claughton MC	91	98
Baby Clinic, Claughton MC	85	94
Eastham Clinic	91	92
Eltham Green Clinic	92	98
Fender Way Clinic	93	94
Field Road Clinic	91	98
Greasby Clinic	87	97
Heart Assessment Centre, SCH	89	97
Heswall Clinic	80	CLOSED
Intermediate Services, SCHC	N/A	97
Leasowe Primary Care Centre	89	80
Leg Ulcer Clinic, VCHC	99	93
Outpatients, VCH	92	96
Parkfield MC	92	97
Pasture Road Clinic (Moreton H/C)	83	95
Physiotherapy, VCHC	98	87
Physiotherapy, SCH	87	93
Podiatry - SCHC	N/A	94
Podiatry, VCHC	98	99
Prenton Clinic	96	N/A
Primary Care Assessment Unit	90	91

Sexual Health Services, SCH	92	97
Sexual Health Services, Miriam Medical Centre	✓	✓
Speech & Language, APH	✓	✓
Speech & Language, CGH	N/A	✓
Speech & Language, VCHC	94	74
St George's Medical Centre, Ophthalmic	93	75
Townfield Clinic	100	100
Victoria Park H/C	✓	N/A
Walk in Centre - Victoria Central Hospital	90	95
West Kirby Clinic	86	95
Wheelchair Service - Ellesmere Port	91	93
Wheelchair Service - Hind Street	92	98
Wing D, 2nd Floor, VCHC	98	93

Appendix 3

**WIRRAL COMMUNITY NHS TRUST
INFECTION PREVENTION & CONTROL PLAN 01 APRIL 2013- 31 MARCH 2014**

PRIORITIES FOR ACTION	EXPECTED OUTCOME	LEAD	TIMESCALE
Objective 1 <ul style="list-style-type: none"> The organisation has systems in place to manage and monitor the prevention and control of infection 			
Care Quality Commission Compliance - Review and maintain evidence collection	Compliance with Care Quality Commission Outcome 8 (Regulation 12)	DIPC/Head of IPC	Quarterly Review (July 2013; October 2013; January 2014; April 2014)
Review HCAI RCA process/reporting in line with National Commissioning Board Post Incident Review Guidance	Health & Social care Act 2008: Code of practice on the prevention and control of infection and related guidance	DIPC/Head of IPC	June 2013
Produce an Annual Report for 2013 – 2014		DIPC/Head of IPC	March 2014
Objective 2 <ul style="list-style-type: none"> Ensure the provision of evidence based, up to date and relevant policies, procedure and guidance 			
All Policies/Guidelines to be reviewed and revised in line with review dates	Compliance with Care Quality Commission Outcome 8 (Regulation 12)	IPC Service	March 2014
Provide specialist support to Clinical Policies and Procedure Group and Medicines Management Group	Health & Social care Act 2008: Code of practice on the prevention and control of infection and related guidance		
Objective 3 <ul style="list-style-type: none"> Monitor compliance with IC Policies/Guidance through the IC Audit Programme 			
Prepare audit programme	Compliance with Care Quality Commission Outcome 8 (Regulation 12)	IPC Service	April 2013
Deliver audit programme INCA – Divisional Managers/Service Leads to maintain	Health & Social care Act 2008: Code of		Quarterly Review

PRIORITIES FOR ACTION	EXPECTED OUTCOME	LEAD	TIMESCALE
<p>staff data and submit compliance scores within agreed timeframes</p> <p>Produce quarterly Essential Steps reports</p> <p>Review and implement Infection Prevention Society Quality Improvement Tools</p> <p>Continue programme of annual unannounced visits to clinical services</p>	<p>practice on the prevention and control of infection and related guidance</p>	<p>Divisional Manager/Service Lead</p> <p>IPC Service</p> <p>DIPC/IPC Service</p>	<p>(July 2013; October 2013; January 2014; April 2014)</p> <p>Quarterly Review (July 2013; October 2013; January 2014; April 2014)</p> <p>Quarterly Review (July 2013; October 2013; January 2014; April 2014)</p> <p>Monthly</p>
<p>Objective 4</p> <ul style="list-style-type: none"> All staff will receive appropriate education and training in infection prevention policies and practice as per Trust/Service training matrix 			
<p>Continue to support Corporate Induction programme</p> <p>Continue to provide IPC input to Essential Learning programme</p> <p>Introduce ANTT competency via Train the Trainer programme</p> <p>To work with Q & G to review/develop e-learning</p>	<p>Compliance with Care Quality Commission Outcome 8 (Regulation 12)</p> <p>Health & Social care Act 2008: Code of practice on the prevention and control of infection and related guidance, Trust policy and national guidance</p>	<p>IPC Service</p> <p>Quality & Governance</p>	<p>March 2014</p> <p>March 2014</p> <p>December 2013</p> <p>Awaiting</p>

PRIORITIES FOR ACTION	EXPECTED OUTCOME	LEAD	TIMESCALE
<p>programme which meets the needs of the Trust</p> <p>Introduce interim training presentation for sessional medical/dental staff whilst e learning is developed across the Trust</p> <p>Facilitate Infection Prevention & Control Study Day</p>		<p>IPC Service</p> <p>IPC Service</p>	<p>confirmation</p> <p>June 2013</p> <p>September 2013</p>
<p>Objective 5</p> <ul style="list-style-type: none"> • Key clinical procedures/care processes are performed appropriately 			
<p>To undertake observational audit of key clinical interventions</p> <p>To introduce cannulation packs across the Trust</p>	<p>Compliance with Care Quality Commission Outcome 8 (Regulation 12)</p> <p>Health & Social care Act 2008: Code of practice on the prevention and control of infection and related guidance, Trust policy and national guidance</p> <p>Zero avoidable healthcare associated infections attributed to Trust</p> <p>Improved Quality of Care for service users</p>	<p>IPC Service</p>	<p>December 2013</p> <p>January 2014</p>
<p>Objective 6</p> <ul style="list-style-type: none"> • To comply with national guidance on cleanliness standards and provide patients and visitors with a clean environment 			
<p>Ensure contracts for domestic services identify standards of cleanliness required for Trust services in line with national guidance and are monitored appropriately</p> <p>Continue joint audits between IPC Team and CWP Facilities Team</p>	<p>Compliance with Care Quality Commission Outcome 8 (Regulation 12)</p> <p>Health & Social care Act 2008: Code of practice on the prevention and control of infection and related guidance, Trust policy</p>	<p>Head of Estates/Head of Procurement & Contracting</p> <p>IPC Service</p>	<p>Quarterly Review (July 2013; October 2013; January 2014; April 2014)</p>

PRIORITIES FOR ACTION	EXPECTED OUTCOME	LEAD	TIMESCALE
To ensure Trust premises are designed and built to facilitate the prevention and control of infection	and national guidance. All new builds and refurbishments to have IPCS input line with National guidance and practice	Head of Estates	On going
Objective 7 <ul style="list-style-type: none"> Promote ownership and engagement with infection prevention and control 			
Review and update patient information Engage with Trust Membership to undertake review of infection prevention and control standards	Compliance with Care Quality Commission Outcome 8 (Regulation 12) Health & Social care Act 2008: Code of practice on the prevention and control of infection and related guidance, Trust policy and national guidance	IPC Service	March 2014 September 2013

PRIORITIES FOR ACTION	EXPECTED OUTCOME	LEAD	TIMESCALE
Objective 8 <ul style="list-style-type: none"> To ensure compliance with national decontamination standards 			
<p>To monitor standards of Decontamination of reusable medical devices by contracted Sterile Services provider</p> <p>Dental Service will remain compliant with HTM 01-05</p>	<p>Compliance with Care Quality Commission Outcome 8 (Regulation 12)</p> <p>Health & Social care Act 2008: Code of practice on the prevention and control of infection and related guidance, Trust policy and national guidance</p>	<p>Head of Procurement/ Decontamination Lead</p> <p>Clinical Director Dental Services</p>	<p>Quarterly Review (July 2013; October 2013; January 2014; April 2014)</p> <p>Quarterly Review (July 2013; October 2013; January 2014; April 2014)</p>
Objective 9 <ul style="list-style-type: none"> To promote prudent antimicrobial prescribing and Increase assurance around antimicrobial prescribing in line with formulary 			
<p>Review prescribing data (including V300 prescribers)</p> <p>Circulate quarterly reports of antibiotic usage to Divisional Managers/Service Leads</p> <p>Agree audit plan</p>	<p>Compliance with Care Quality Commission Outcome 8 (Regulation 12)</p> <p>Health & Social care Act 2008: Code of practice on the prevention and control of infection and related guidance, national guidance</p>	<p>Governance Pharmacist</p>	<p>To be confirmed as data is sent via Commissioning Support Unit</p>