

**NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST**

**BOARD OF DIRECTORS' MEETING**

**Meeting Date:** 25 November 2015

**Title and Author of Paper:**

Infection Prevention & Control and EPRR Annual Report

**Paper for Debate, Decision or Information:**

Information

**Key Points to Note:**

This is the Annual report of the Director of IPC/EPRR. It fulfils the duties placed on the Trust by the Hygiene Code and Core Standards for EPRR. The report should be made available to the public and this is done by placing it on the trust internet.

There were no cases of reportable infections during the year.

**Outcome required:**

Note content of report and authorise placement of the report on the Trust internet.

# Infection Prevention & Control and Emergency Planning Resilience & Response Annual Report 2014/15

Shining a light on the future



# **2014/15 Annual IPC and EPRR Report for the Northumberland, Tyne and Wear NHS Trust**

**Dr Damian Robinson,**

**Director of Infection Prevention & Control and Integrated Emergency Management**

**September 2015**

<b>Chapter 1</b>	<b>Introduction and context</b>
<b>Chapter 2</b>	<b>Infection Prevention and Control</b>
<b>Chapter 3</b>	<b>Emergency Planning Resilience &amp; Response</b>
<b>Appendices</b>	<b>IPC dataset 2014/15</b> <b>Statement of compliance with the Hygiene Code</b>

## CHAPTER 1

### INTRODUCTION AND CONTEXT.

This is the fifth annual report of the Director of Infection Prevention and Control (IPC) and Emergency Planning Resilience and Response (EPRR).

Last year the report contained a special section on Tissue Viability as well as the statutory reports on IPC and EPRR. That service has now expanded and produces a wide ranging amount of information that it now deserves its own, separate report.

However, over this last year the Public Health team has also expanded through the addition of a Health Improvement Specialist who will greatly assist with the delivery of an integrated health improvement programme for our service users, and support the implementation of the same for staff. The focus of her work this year will be helping the Trust move to a full smoke free status to tackle one of the most important causes of health and financial inequalities suffered by people with mental illness

Following the introduction of NICE Guidance PH48 in November 2013, a report mapping the Trust against this NICE Guidance was produced, which outlined our current status and highlighted several actions required to bring the Trust in line with the guidance. This report was presented at a Trust event in March 2015, which brought together colleagues to discuss the implications of the NICE Guidance and helped to start discussions amongst staff around how this could be implemented within NTW.

At the end of April 2015 we employed a Health Improvement Specialist to help coordinate the smoke free sites work, with a view to the role focusing on wider health improvement topics in the future.

A further event was held in conjunction with TEWV and Fresh in April 2015, which brought together wider stakeholders and started the action planning process for each Trust. This event facilitated the agreement of the smoke free implementation date for patients/service users – 9<sup>th</sup> March 2016.

On 1<sup>st</sup> July 2015 the Trust went completely smoke free across all its sites for staff and visitors. Work is now underway to coordinate actions required for successful implementation of smoke free sites (for patients and service users) over the next seven months. This programme of work is being steered by a Trust wide Smoke Free Working Group that includes representatives from a variety of Trust services. The smoke free implementation plan focuses on the following key strands:

1. Leadership & Strategy
2. Identification of smokers and provision of support to them
3. Training
4. Communications & Engagement
5. Pharmacy & NRT
6. Estates & Enforcement
7. Commissioning
8. Evaluation & Monitoring

## CHAPTER 2

### INFECTION PREVENTION AND CONTROL.

***This chapter acts as the annual report of the Director of Infection Prevention and Control on the state of healthcare associated infections within the Trust as required by the Hygiene Code***

#### **Infection Prevention and Control structure.**

The IPC core nursing team comprises 3 WTE band 8a Modern Matrons who hold roles within each of the new Operational Groups as well as corporate roles within the team. This is unchanged from the previous year. A new Hygiene Code was issued in January 2015 which takes into account regulatory developments and is significantly different in terms of structure than the previous version. This report contains a statement of compliance for the year 2014/15, based on the previous version of the Code. A revised statement will be developed in line with the new Code as part of the 2015/16 workplan.

The IPC Committee meets quarterly and is chaired by the DIPC. The IPC committee is a subgroup of the Patient Safety group and reports in to Trustwide Quality and Safety. In the year 2014/15 the IPC Committee met in May, September and December 2014 and in March 2015. At every meeting each of the operational Groups was represented by the IPC nurse linked to that Group. The IPC nurses attend the operational and quality and performance meeting of their respective Group.

The DIPC attends the Trust Board on a quarterly basis and data on key performance indicators is received by the Board on a monthly basis. In 2014/15 the Board received reports from the DIPC in April 2014, July 2014, October 2014 and January 2015.

#### **Notable events during 2014/15,**

In 2014 NICE published a Quality Standard statement relating to Infection Prevention and Control (QS61). The quality statements included in the Standard cover antibiotic stewardship; organisational responsibility; hand decontamination; urinary catheters; vascular access devices (not applicable to NTW); and education. The service has assessed itself against the applicable statements and has concluded that NTW is compliant with the Standard.

In October 2014 WHO declared an international emergency in light of the outbreak of Ebola in Africa. The Trust received and circulated guidance on the identification and management of viral haemorrhagic fever, including Ebola fever and the IPC team developed guidance specific to the Trust. No cases were reported in any service user or staff member.

From 1<sup>st</sup> March 2015 the Trust is no longer undertaking routine admission screening for all patients admitted to neuro rehabilitation wards at Walkergate Park. This commenced in 2009 following NHS guidance for the screening of elective admissions to hospital. New guidance published last year (Implementation of modified admission MRSA screening guidance for NHS, 2014) advises that MRSA screening should be limited to patients admitted to high risk units and patients previously identified as colonised with or infected by MRSA.

Experience of screening at NTW mirrored wider NHS experience in that very few previously unknown cases of MRSA colonisation were identified (although unlike England and Wales the screening rate was close to 100%). Furthermore, the majority of patients admitted to Walkergate Park were transfers from acute hospitals where they would already have been screened for MRSA if appropriate. Screening will still be applied if a patient has a previous history of infection and/or colonisation, or where other indications apply.

#### **Review of IPC incidents 2014/15.**

The data on infections is reviewed at each IPC committee meeting and sent to Groups on a monthly basis. Data on Clostridium difficile and MRSA bacteraemia are included in the monthly performance report reviewed by the Trust Board. This is supplemented by quarterly attendance at the Board by the DIPC.

There were no cases of MRSA bacteraemia or clinically apparent clostridium difficile infection reported in the Trust for the period 2014/15. There were two patients in whom screening as part of a gastrointestinal outbreak revealed the presence of C. difficile, but in neither case was the patient clinically unwell with the infection. Both patients were successfully given eradication therapy.

The winter of 2014 was generally positive in terms of noro virus infection. There were small outbreaks of influenza at St George's Park, particularly on the older peoples wards, but these were managed in accordance with local guidelines and with the assistance of Public Health England.

### **Seasonal Flu Vaccination Campaign. Carole Rutter, IPC Modern Matron and Trust Flu Lead**

Seasonal influenza continues to have an impact upon health care services throughout the winter months and to ensure the health and wellbeing of our service users and staff, flu vaccination is promoted and offered throughout the flu season to ensure protection against the common circulating flu strains.

The 2014/15 seasonal flu staff vaccination campaign in NTW was the most successful campaign to date with 62.4% of all front line clinical staff receiving their flu vaccination. The most significant improvement in uptake was seen in the qualified nurse group in which 68.6% were vaccinated, this was the highest vaccination uptake rate in this group across the north east region.

In recognition of the commitment of this achievement, the seasonal flu steering group were awarded Support team of the Year at the Trusts Valuing Excellence Awards 2015 and were runners up in the National NHS Employers Flu Fighter Awards for the most innovative flu fighter campaign.

As in previous years, 125 peer vaccinators from both inpatient and community teams including three pharmacists were responsible for the delivery of 58% of all vaccines given across the Trust. Trained vaccinators are unquestionably the most influential advocates of vaccination, ensuring that the correct advice and support reaches patients, relatives, clinical and non-clinical staff.

A lessons learnt event held in February 2015 will help to steer the direction of the 2015/16 campaign to ensure our service users, relatives and families are informed and supported in protecting themselves during the winter months.

### **Training in Infection Prevention and Control. Sonia Caudle, IPC Modern Matron**

Infection prevention and control training is important to update staff and refresh their knowledge of the subject, it includes National and local requirements. It also covers policy and procedural requirements to assist in keeping patients and staff safe from infections.

The training percentages are reported on the performance report to each group Quality and Performance meeting and are also monitored through the Care Quality Commissions essential standards meetings and during "mock" visits to wards and departments by service managers.

Mandatory training in infection prevention and control has been around 90% for all groups of staff throughout the year. E learning is being accessed by approximately 50% of staff. There has been a recent training review to encourage more staff to complete training by E learning. The face to face sessions are still well attended and give staff the opportunity to discuss certain issues and debate any challenges encountered within their environment.

Infection Prevention and Control training is currently a requirement on induction and every three years thereafter, for all staff. This is also supplemented with bespoke sessions, delivered by the IPC matrons for areas with outbreaks, specific infections and any areas with service users with invasive devices, which potentially increase their risks of infection.

Hand hygiene competencies are completed for all clinical staff every 3 years by the link workers on the wards and department. This is a practical session assessing knowledge of technique for hand washing and staff knowledge.

The staff survey for 2014 shows that the Trust now achieves a lower than average level of IPC training and that this has been falling over recent years. This is because the survey asks about IPC training within the last 12 months, whereas the Trust standard is three yearly training. Many similar organisations have maintained an annual requirement for IPC training.

IPC link worker meetings are held bi monthly on each of the main sites and they are also used for training opportunities for link workers to cascade current infection control training requirements such as Influenza updates, outbreak management and current infection prevention and control topics.

## Decontamination Report

### Kay Gwynn, IPC Modern Matron and Decontamination Lead

Contaminated equipment can lead to the spread of infection. Decontamination of equipment is reinforced during IPC mandatory training. This reminds staff the relevance and importance that this process occurs. IPC continues to work closely with the facilities department to review and keep up to date with new cleaning products. Where appropriate product trials are arranged and evaluated, to ensure we are using the most effective and value for money products.

Part of the annual IPC risk assessment which occurs within inpatient ward areas includes checking that the wards can demonstrate they have systems in place for decontaminating equipment, and evidence that these systems are being followed.

Collaborative work was undertaken with IPC leading, identifying and liaising with a company to produce pillows and duvets which can be easily decontaminated, comply with IPC, patient safety and fire requirements whilst also being anti vandal proof. This work involved several prototypes being manufactured and then tested to ensure they fully met the requirement of our patient group. This product is now the approved Trust product.

Throughout the trust disposable suites are available for staff to access and wear appropriately when caring for patients or cleaning an environment which has become heavily soiled with body fluids.

## Water Safety Group Report .

### Paul McCabe, Head of Estates and Facilities

The Water Safety Group (WSG) has met on a regular basis throughout the year, with the aim to identify, analyse and propose remedies for risks relating to water safety including legionella. The group is Chaired by the Director of Infection and Prevention Control and comprises of technical estates staff including the Responsible Person and Deputy Responsible Persons, together with the infection control nurses, facilities staff, representation from nursing teams, PFI contractors and additional technical support from an external Legionella / water safety consultancy. The focus of the group remains that multi-disciplinary management of infrastructure and services to ensure prevention of contamination, swift eradication, or control and minimisation of water borne bacteria including legionella.

The key issues dealt with by the WSG during 2014/15 included the following:

#### **Management Policy & Flushing Procedures**

The Trust policy on Legionella Management and Control IPC PGN 27.1 was last reviewed in November 2012 and is in the process of being reviewed to reflect the wider remit of the group which incorporates all issues associated with water safety. The procedures in respect of flushing of outlets were last reviewed in November 2013 and are due for their next review in 2016. These procedures set out a robust set of requirements for the management and prevention of Legionella and other water borne bacteria.

#### **Training**

The Trust has continued to invest in specialist training and a wide range of Estates Maintenance, Capital Projects, Facilities and IPC staff have completed training with a significant number completing the ILM Responsible Person course.

#### **Risk Assessments and Audits**

The Trust is maintaining the requirement of having risk assessments in place across all premises, reviewed on a bi-annual basis or when major changes take place. The Trust also continues to have independent management audits carried out by Hydrop, who are specialists in Legionella Management and water safety.

In the coming 12 months, the group will continue to review Management procedures and ensure new schemes are designed to reduce risk as far as possible.

## Annual Cleaning Services Report.

### Steve Blackburn, Deputy Head of Facilities

The cleanliness standards throughout the Trust have continued to remain consistently high as evidenced by the monthly technical audits.

Good working relationships continue between the Facilities staff responsible for cleanliness and ward managers/nursing staff. This co-operation helps to promote a team approach in maintaining high standards of cleanliness in clinical environments. It also assists in identifying at an early stage any problems which enables them to be resolved in a timely way.

Monthly meetings take place between the senior Facilities Managers and the IPC modern matrons. At these meetings any areas of concern are discussed and actions agreed. Where any new systems or products associated with cleanliness are identified these are examined and a way forward agreed by the group.

Work has continued updating the internal Service Level Agreements (SLA's) that Facilities have with wards to ensure they are fit for purpose and take into account any changes that have occurred since they were last reviewed. These SLA's help the clinical staff to monitor the standards of cleanliness on their wards, against an agreed standard.

### ***Technical audits***

The Trust continues to have high scores for each site's technical audits, consistently meeting the 95% pass target. These can be seen at Appendix 1.

Cleanliness audits are carried out in all clinical areas monthly, and non-clinical areas less frequent, determined by the risk. Taking part in these audits are a qualified nurse, Facilities supervisor, Estates officer and also an IPC modern matron as appropriate.

Having a multi-disciplinary team undertake this work enables all factors that can impact on the standards of cleanliness to be examined; it also assists in getting corrective action done in a timely way. On occasions audits are undertaken without a qualified nurse present, which devalues the process. This issue has been raised with Group Directors, with corrective action being taken to address the issue and additional monitoring taking place.

As the Maximiser auditing system has become older, technical problems have occurred with the hardware and software causing a number of problems operationally. After evaluation of the system, a decision was taken to replace Maximiser with Servicetrac, which is the same company's most up to date system. Servicetrac audits are being carried out using tablets, accessing the Trust's wi-fi. The new system went live in December 2014 and has been gradually rolled out across the Trust.

However, some sites have been experiencing issues with devices not connecting to wi-fi and work is ongoing with the Trust's IT department and the company to resolve this.

### ***Staffing***

Domestic and Hotel Services staff have consistently achieved the Trust's target of 90% for all statutory and mandatory training and JDRs. Where there have been slight dips they have been addressed and are usually caused by the unavailability of courses, staffing pressures or sickness.

Due to the Trust transformation programme and the way clinical services are provided, a number of vacancies were not filled. This was to enable any displaced staff as a result of these initiatives, to secure a suitable alternative post. To ensure standards were maintained a greater than normal use was made of agency staff in various parts of the Trust. With the support of permanent members of staff and supervisors, high standards of cleanliness have been consistently achieved.

In general sickness levels reduced although there are pockets associated with the Trust transformation programme that are being managed in line with the Trust's Managing Sickness Absence Policy

As long term sickness is easier to plan for, this has only had a minor impact on the quality of the cleaning services as gaps in the rotas have been filled by overtime and agency staff. The main impact of long term sickness is on the budgets, which has led to an overspend in a small number of units.

### ***PLACE (Patient led Assessments of the Care Environment)***



PLACE assessments took place in all inpatient units between February and June 2015. 71 NTW assessments took place at 13 locations.

The national results were published in August 2015 and can be seen in the dataset.

As a whole the Trust performed well for cleanliness, scoring above the national average. In addition to the performance of cleaning staff and supervision, the condition of the clinical environment plays an important role in cleanliness scores.

As the Trust invests significant sums in this area over a number of years, then so is it that much easier to maintain high standards of cleanliness.

### ***Challenges***

Having an established team that is trained, flexible and motivated makes reaching consistently high standards of cleaning achievable. However, this is made more difficult given the changes that are happening to how clinical services are provided as part of the Trust transformation programme and the national financial constraints on the NHS.

Facilities Managers, with the support of clinical colleagues, are carefully planning the implications of these changes and working with staff and their representatives to minimise the impact of change to our staff.

## CHAPTER 3.

### EMERGENCY PREPAREDNESS, RESILIENCE & RESPONSE.

**Andrew Hindhaugh, Emergency Planning Officer.**

The Health and Social Care Act 2012 requires all NHS organisations to plan for, and respond to a wide range of incidents that could impact on health or patient care. This includes significant incidents or emergencies such as prolonged periods of pressure on services, extreme weather conditions, infectious disease outbreaks or a major transport accident. The programme is referred to as Emergency Preparedness, Resilience and Response (EPRR) and is a key priority for the NHS.

Core Standards and supporting guidance from NHS England set out the parameters for Trusts to adhere to in relation to Emergency Preparedness. The Trust is also required by the Health and Social Care Act (2008) Regulated Activities Regulations (2010) to have plans in place for dealing with emergencies.

The Civil Contingencies Act 2004 (CCA) provides the framework for emergency preparedness in the UK. Although Mental Health Trusts do not currently have statutory obligations under the CCA, the Department of Health and NHS England require all NHS providers to adhere to the principles of the Act.

The Trust is also required to have an accountable emergency officer who is responsible for ensuring that the Trust is compliant with the above Emergency Preparedness requirements. This role is undertaken by the Executive Director of Nursing and Operations.

#### ***Work Programme 2014-15***

The Trust has continued to participate in the Local Health Resilience Partnership (LHRP) and Health and Social Care Group (HSCG). Arrangements developed with partners have been embedded into the Trust emergency response procedures, through the EPRR policy and Incident Response Plan.

The Trust has also joined the regional NHS Business Continuity Forum hosted by County Durham and Darlington NHS FT to share good practice and discuss interdependencies that are common across a number of Trusts.

#### ***Training and Exercises***

All staff receive an awareness of the Trust's Emergency Preparedness arrangements through induction and statutory and mandatory training. Specific training is available for those who have roles in responding to major incidents affecting the Trust.

Four 'Strategic Leadership in a Crisis' courses were delivered in the Trust in January and March 2015. Fifty senior members of staff attended this externally delivered training which is delivered to the standard prescribed by NHS England.

NHS England Core Standards for Emergency Preparedness also require NHS Providers to undertake exercises to ensure their readiness for their response to incidents. This includes:

- A communications exercise every six months
- A tabletop exercise annually
- A live exercise every three years

A workshop for both Locality Emergency Preparedness Groups was held in April 2015. This incorporated training around key emergency preparedness issues, a review of the updated Core Standards for EPRR and a tabletop exercise to test the Trust response to a full evacuation of St Georges Park Hospital as the result of a fire.

Two internal communications exercises took place in 2014 to test the availability of Locality EPRR Group members should a major incident be declared and ensure up to date contact details are maintained. In both tests there was sufficient response to provide an immediate response to set up an Incident Coordination Centre within suitable timeframes.

A live exercise took place in July 2014 to test the response to a fire on a ward at Hopewood Park. The exercise took place during the 'live in', prior to patients moving in to minimise the risk to service users.

#### ***Business Continuity***

NHS England publish guidance on how Business Continuity should be implemented in the NHS. This replaces previous standards and is aligned to an international standard – ISO 22301.

Around 90% of inpatient areas now have Business Continuity plans in place. Outstanding plans are in development and are being ratified by Locality EPRR Groups on a site by site basis. Half of the Trust's community teams have developed plans and the remainder of these are being prioritised in line with the Principal Community Pathways programme. Critical Information Systems have been identified and each system has a business continuity plan in place.

The Business Continuity Assurance Group formed in December 2014 and has the remit of checking that plans have been developed to required standards on behalf of the Locality EPRR Groups. Meetings comprise a core group of supporting services alongside invited service managers for the area of plans being looked at. An annual programme to review each of the Trust's main sites and community locations has been implemented.

**Audit and Assurances**

NHS England have reviewed and updated the Core Standards for EPRR. The Trust has completed a self-assessment of the standards and provided a response to NHS England. There are a small number of areas that need to be developed and as such have received an amber rating:

- Hazardous Materials/CBRN action card to be developed
- Arrangements for full site evacuations to be developed

**EPRR Meeting Structure**

The Strategic Integrated Emergency Management Group is chaired by the Executive Director of Nursing and Operations and has the remit of ensuring that the Trust has measures in place to respond to incidents occurring inside or outside of the Trust.

**Meetings of the Strategic EPRR Group**

The Strategic EPRR Group was revised in September 2013 to ensure regular meetings were attended. The meeting now fits in to the quarterly cycle of senior management meetings.

	Apr 2014 - Mar 2015 Planned	Apr 2014 - Mar 2015 Actual
Strategic EPRR	4	4

**Meetings of the Locality EPRR Groups**

The Locality EPRR Groups are required to meet four times a year, although bi-monthly meetings are planned to allow for cancellations.

	Apr 2014 - Mar 2015 Planned	Apr 2014 - Mar 2015 Actual
North Locality	5	3*
South Locality	6	6

\*Meeting dates changed to align to South EPRR Group

**Plans for the next twelve months**

- **Business Continuity Implementation** – continued roll out of the Business Continuity project across Community Teams.
- **Pandemic Influenza Exercise** – to test the Trust Pandemic Influenza plan and external reporting requirements during a pandemic
- **EPRR Core Standards** – development of areas currently assessed as amber in terms of compliance.

## IPC Dataset 2014/15

The following tables form the public health data set for Northumberland, Tyne and Wear for the year 2013/14. These tables will be developed and added to from year to year. Some of the data is obtained from external sources or report, for example the annual staff survey, while others are generated internally.

In previous years data was available from the Staff Survey regarding access to hot water, soap, paper towel and alcohol rub. This item was not included in the 2014 survey. Similarly, data on IPC training received longer than 12 months ago is no longer available.

<b>Staff training for infection prevention and control (Trustwide)</b>			
		<b>2014/15</b>	<b>2013/14</b>
IPC-KPI 01	Cases of MRSA bacteraemia	0	0
IPC-KPI 02	Cases of clinical Clostridium difficile infections	0	2
IPC-KPI 03a	Number of staff attending induction training	Included below	501
IPC-KPI 03b	Number of staff receiving mandatory training	1854 (878 face to face 839 e-learning 137 other)	1567 total (825 face to face, 489 e-learning, 489 additional courses)

Source: Trust records, 2015

<b>Staff survey results – questions relating to IPC training</b>			
<b>% saying received training in infection control in the last 12 months</b>			
	<b>NTW 2014</b>	<b>MH/LD Trusts 2014</b>	<b>NTW 2013</b>
Q1d	63	78	68

MH/LD Trusts 2014 is the average (median) score obtained by mental health and learning disability Trusts in 2014  
Source: Care Quality Commission National NHS Staff Survey NTW Trust 2014

<b>IPC Committee meetings 2014/15</b>	
Thursday 15 <sup>th</sup> May 2014,	Thursday 11 <sup>th</sup> September 2014,
Thursday 11 <sup>th</sup> December 2014,	Thursday 12 <sup>th</sup> March 2015

Source: Trust records, 2015

<b>PLACE cleanliness results 2015</b>		
<b>Hospital Site</b>	<b>2015</b>	<b>2014</b>
St Nicholas Hospital, Gosforth	100%	99.87%
Campus For Ageing & Vitality	97.13%	98.58%
Walkergate Park	100%	100%
Ferndene	99.9%	100%
St Georges Hospital	99.82%	99.63%
Northgate Hospital	99.95%	99.41%
Monkwearmouth Hospital	99.43%	99.80%
Hopewood Park (Cherry Knowle Hospital)	98.58%	98.80%
Tranwell Unit	98.18%	99.08%
Elm House	100%	99.81%
Rose Lodge	99.83%	100%
Craigavon	97.01%	98.51%
Royal Victoria Infirmary (31A)	99.15%	100%

*Source: Health and Social Care Information Centre, 2015*

<b>Maximiser results 2014/15</b>		
<b>Hospital Site</b>	<b>Average Maximiser Score</b>	
	2014-15	2013-14
St Nicholas Hospital	97%	96%
Campus for Ageing & Vitality	97%	96%
Walkergate Park	98%	96%
Ferndene	98%	98%
St George's Park	98%	98%
Northgate Hospital	99%	99%
Monkwearmouth Hospital	98%	98%
Hopewood Park (Cherry Knowle Hospital)	98%	97%
Tranwell Unit	97%	98%
Elm House	98%	n/a
Rose Lodge	97%	n/a
Craigavon	98%	n/a

*Source: Trust records 2015*

## Reported infections 2014-15

TRUSTWIDE	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Tot 14-15
MRSA - admission screen	0	0	0	0	0	0	0	0	0	0	0	0	0
MRSA - Colonisation / no symptoms (-)	1	0	1	0	0	0	1	2	0	1	0	0	6
MRSA - Infection not bacteremia (B95.6)	0	0	0	2	1	0	0	0	1	0	0	0	5
MRSA – Bacteraemia confirmed (B95.6)	0	0	0	0	0	0	0	0	0	0	0	0	0
E.Coli - Bacteraemia	0	0	0	0	1	0	0	0	0	0	0	0	1
MSSA - Bacteraemia	0	0	0	0	0	0	0	0	0	0	0	0	0
ESBL	0	0	0	0	0	0	0	0	0	0	0	0	0
Staphylococcal infection NOS (B95/A49.0)	1	1	0	0	1	0	1	0	2	0	0	0	6
Streptococcal infection NOS (B95/A49.1)	1	0	0	2	0	2	0	0	0	2	1	0	8
Clostridium difficile infection (A04.7)	0	0	0	0	0	0	0	0	0	0	0	0	0
Clostridium difficile positive (Toxin Positive specimen)	0	0	0	1	0	0	0	0	0	0	0	0	1
Clostridium difficile positive (Toxin Negative Sample)	0	0	0	0	1	0	0	0	0	0	0	0	1
Acinetobacter	0	0	0	0	0	0	0	0	0	0	0	0	0
GR Enterococci	0	0	0	0	0	0	0	0	0	0	0	0	0
Gastrointestinal infection - NOS – Foodborne	0	0	0	0	0	0	0	0	0	0	0	0	0
Gastrointestinal infection - NOS – Not foodborne	0	0	0	0	0	0	0	0	0	0	2	0	2
Gastrointestinal infection – Viral – Foodborne (A08)	0	0	0	0	0	0	0	0	0	0	0	0	0
Gastrointestinal infection – Viral – Not foodborne (A08)	0	0	0	3	1	0	2	1	0	0	0	0	7
Gastrointestinal infection – Bacterial – Foodborne (A05)	0	0	0	0	0	0	0	1	0	0	0	0	1
Gastrointestinal infection – Bacterial – Not foodborne (A00-05)	0	0	0	0	0	0	0	0	0	0	0	0	0
Campylobacter	0	0	0	0	1	0	0	0	0	0	0	0	1
Tuberculosis – Pulmonary (A15/16/19)	0	0	0	0	0	0	1	0	0	0	0	0	1
Tuberculosis – Other sites (A17/18)	0	0	0	0	0	0	0	0	0	0	0	0	0
Whooping Cough (A37)	0	0	0	0	0	0	0	0	0	0	0	0	0
Meningitis – Viral (A87)	0	0	0	0	0	0	0	0	0	0	0	0	0
Meningitis - Bacterial - Type B (A39)	0	0	0	0	0	0	0	0	0	0	0	0	0
Meningitis - Bacterial - Type C (A39)	0	0	0	0	0	0	0	0	0	0	0	0	0
Meningitis - NOS	0	0	0	0	0	0	0	0	0	0	0	0	0
Pseudomonas infection	1	0	1	0	0	0	0	0	0	0	0	0	2
Syphilis (A51/52/53)	0	0	0	0	0	0	0	0	0	1	0	0	1
Gonococcal Infection ((A54)	0	0	0	0	0	0	0	0	0	0	0	0	0
Chlamydia Infection – STI (A55/56)	0	0	0	0	0	0	0	0	0	0	0	0	0
Pseudomonas infection	0	0	0	0	0	0	0	0	0	0	0	0	0
Other bacterial infections NOS	2	0	2	0	1	0	0	0	0	0	0	0	5
Chickenpox (B01)	0	0	0	0	0	0	0	0	0	1	0	0	1
Shingles (B02)	0	0	0	2	1	0	0	0	0	0	0	0	3
Measles (B05)	0	0	0	0	0	0	0	0	0	0	0	0	0
Rubella (B06)	0	0	0	0	0	0	0	0	0	0	0	0	0
Hepatitis - Type A (B15)	0	0	0	0	0	0	0	0	0	0	0	0	0
Hepatitis - Type B (B16)	0	0	0	0	0	0	1	0	0	0	0	0	1
Hepatitis - Type C (B17.1)	0	1	0	0	0	0	1	0	0	0	0	0	2
Hepatitis - Other types (B19)	0	0	0	0	0	0	0	0	0	0	0	0	0
HIV (B20-24)	0	0	0	0	0	0	1	0	0	0	0	0	1
Herpes simplex infection	0	0	0	0	0	0	0	0	0	0	0	0	0
Mumps (B26)	0	0	0	0	0	0	0	0	0	0	0	0	0
Infectious mononucleosis (B27)	0	0	0	0	0	0	0	0	0	0	0	0	0
Other viral infections NOS	0	0	0	0	0	0	0	1	2	0	0	0	3
Fungal infections NOS (B35-49)	0	0	1	0	0	1	1	0	0	0	3	1	7
Protozoal disease NOS (B50-64)	0	0	0	0	0	0	0	0	0	0	0	0	0
Helminth (worm) infections NOS (B65-83)	0	0	0	0	0	1	0	0	0	0	0	1	2
Infestation – Lice (B85)	0	0	0	0	1	0	0	0	0	0	0	0	1
Infestation – Scabies (B86)	0	1	0	1	0	0	0	1	0	0	0	0	3
Infestation – NOS (B87-89)	0	0	0	0	0	0	0	0	1	0	0	0	1
H1N1	0	0	0	0	0	0	0	0	0	0	0	0	0
Legionnaires Disease	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	6	3	5	11	9	4	10	6	5	6	6	2	73

Source: NTW IPC internal surveillance

## STATEMENT OF COMPLIANCE WITH THE HEALTH AND SOCIAL CARE ACT CODE OF PRACTICE 2008

This document details how the Northumberland, Tyne and Wear NHS Trust will protect service users, staff and visitors from healthcare acquired infections, and comply with the Health and Social Care Act 2008 Code of Practice, for the year 2014/15.

### **Criterion 1: Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that their environment and other users may pose to them**

#### **Statement.**

- The Trust IPC policy incorporates the Trust statement reflecting its commitment to prevention and control of infection amongst service users, staff and visitors. This document also outlines the collective and individual responsibility for minimising the risks of infection and provides detail of the structures and processes in place to achieve this.
- The Trust has appointed a Director of Infection Prevention and Control accountable directly to the Chief Executive and Board (see below)
- Effective prevention and control of infection is secured through an IPC team, assurance framework, annual work and audit programme, and surveillance and reporting system (see below)
- Training, information and supervision is delivered to all staff through either face to face or e-learning.
- There is an annual audit programme in place, approved by the Board, to ensure implementation of key policies and guidance.
- The Trust Board has received training in infection prevention and control and hand hygiene in 2012 and this is due to be repeated in 2015.
- We have a named decontamination lead.

#### **Risk assessment.**

- The Trust has developed an IPC specification for clinical areas, which details all the standards for IPC. Following risk assessment, action plans for achieving compliance with the specification are developed where necessary. Ownership of the action plans lies within the clinical Groups, and is monitored by each Quality and Performance Group. Groups decide if identified risks are sufficient to enter on the Group's risk register or escalate to the Trust risk register. IPC nurses are members of the Groups meetings and are available to advise.
- The risk assessment tool is used annually to monitor improvements achieved through action plans. In addition, the risk assessment is triangulated against other assessments through the year (including, but not limited to, PLACE assessments, CERA assessments, route cause analyses, serious untoward incidents, quality monitoring tool) to ensure that any new risks are identified and recorded. Risks are reported through the quality and performance meetings of the Groups.
- The Trust has implemented an electronic patient record system (RiO) which has electronic admission and discharge criteria which include infection control issues.

#### **Director of Infection Prevention and Control.**

- The Trust has designated the Director of Infection Prevention and Control, referred to as the DIPC This post is currently held by Dr Damian Robinson.
- The DIPC is directly accountable to the Chief Executive and Trust Board. The roles and responsibilities of the DIPC are detailed in the Trust Infection Prevention and Control policy
- The DIPC chairs the Trustwide Infection Prevention and Control Committee, which meets at least every three months. He is a member of the Trustwide Quality and Performance Committee (a subgroup of the Trust Board), and deputy chair of the Patient Safety Group. He chairs the monthly meetings of the Public Health Team, which includes all members of the infection prevention and control team.
- The DIPC produces an annual report for the Trust Board on the state of public health in the Trust. This



also constitutes the annual report of the DIPC. This report is made publicly available on the Trust internet, and is available in print to any service user, staff member, or member of the public who requests it.

### ***Assurance framework.***

- The DIPC or deputy reports to the Trust Board on a quarterly basis to report on developments on public health services, including infection prevention and control. Data is provided on C difficile and MRSA bacteraemia, and modern matrons concerns regarding cleanliness and infection control are reported on each occasion. The annual work and audit plan and the annual report are presented to the Board each year for approval.
- All infection related incidents are reported to the Trust through the Trustwide incident reporting system, SAFEGUARD, and are additionally collated by the IPC team. Statistics on incidents are produced monthly and reported to the Quality and Performance meetings of each Group for analysis and discussion. Full datasets are reviewed by the IPC Committee at each meeting for analysis of trends. This data includes, but is not limited to, MRSA infections and screening compliance, Clostridium difficile infections and outbreaks of gastrointestinal infections. The low level of infections in the Trust render year on year analysis of trends difficult.
- Serious untoward incidents related to infections are reported through the Trusts SUI reporting system and investigated accordingly. The results of SUI investigations, and action plans arising from them, are monitored through the Groups Quality and Performance meetings and the IPC Committee.
- The IPC team undertakes root cause analyses for each case of MRSA bacteraemia and Clostridium difficile infection identified. The results of root cause analyses, and action plans arising from them, are monitored through Groups Quality and Performance meetings and the IPC Committee.
- Data on MRSA bacteraemia, Clostridium difficile infections and compliance with MRSA screening programmes are Trustwide key performance indicators (KPIs) which are reported to the Board each quarter. From 2011/12 this was expanded to include MSSA bacteraemia.
- The inoculation policy was updated in October 2012. All inoculation incidents are subject to an after action review which is reported through to the IPC committee and Group Q and P meetings.

### ***Infection control programme.***

- Each year the DIPC and IPC team produces an infection prevention and control programme which set objectives for ensuring the safety of service users, staff and visitors, and identifies priorities for action over the year. The programme also includes audits to be undertaken to assure the Trust of compliance with key IPC policies.
- This programme is presented to, and approved by, the Trust Board at the start of each year. Progress against the programme is reported to the Board in the annual report of the DIPC.
- All staff, contractors and other persons whose normal duties are directly or indirectly concerned with patient care receive suitable and sufficient information on and training and supervision in Infection Prevention & Control.

### ***Infection prevention and control infrastructure.***

- Northumberland, Tyne and Wear NHS Trust provides an Infection Prevention and Control service in house. The IPC team comprises, three infection prevention and control nurses (3 WTE), all of whom have approved qualifications in infection control.
- All IPC nurses are lead nurses (banded 8a, the Trust equivalent of modern matrons). They work closely with other lead nurses in the Trust to support them in delivering the infection control and cleanliness agenda.
- Each IPC lead nurse is a member of a clinical Group Quality and Performance meeting to facilitate communication, analysis of statistics, review of incidents and monitoring of action plans within the clinical service.
- Each IPC nurses also takes on Trustwide roles to ensure that IPC is embedded in the normal operation of the Trust; this includes governance, decontamination and health protection, including the annual flu

vaccination programme.

- The IPC team and IPC Committee obtain expert microbiology advice through a service level agreement with Northumbria Healthcare NHS Trust to provide attendance of a microbiologist at the IPC committee meetings and support on the development of policies and guidance.
- The Trust has 24 hour access to infectious diseases advice through SLAs with microbiology services and health protection unit.
- The Trust is an active member of the multi-agency North of Tyne healthcare associated infections reduction group.

#### ***Movement of service users.***

- Guidance is made available to staff on the admission and transfer of service users with a known or suspected infection through an infection prevention and control guidance note. Transfers to, from and between Trust wards require the completion of an inter-healthcare infection control transfer form. IPC staff are available for consultation between 9am and 9pm each day (including weekends and bank holidays).
- All wards have an outbreak pack which provides information on restricting admissions, discharges and transfers during an outbreak. Also identifies need for good communication between services.

### **Criterion 2: The Trust provides and maintains a clean and appropriate environment in managed premises which facilitates the prevention and control of infection**

#### **Statement.**

- The Trust lead for the provision of cleaning services is the Head of Facilities.
- Ward Managers are accountable for the cleanliness standards on all in-patient areas
- The Trust has a range of buildings ranging from new, purpose built facilities to old or adapted facilities. The Estates strategy envisages all clinical areas achieving category B standard for buildings.
- Cleaning schedules detail the standard of cleanliness required and the frequency of cleaning. Cleaning schedules comply with the National Standards of Cleanliness. All schedules have been reviewed and will be signed off by IPC modern matrons and ward managers. These schedules are displayed publicly in all clinical areas.
- The cleanliness of the environment is assessed through, weekly ward checks, monthly Maximiser audits and annual PLACE assessments. The results of these assessments are made available to the Groups, the IPC committee and are available on the Trust intranet.
- The Trust has issued guidance on staff dress reflecting infection prevention and control and health and safety standards and requirements, including promoting good hand hygiene practice. The guidance includes advice on the correct laundering of uniforms and clothes worn at work.

#### ***Cleaning Services***

- Clear definitions of specific roles and responsibilities are identified in job descriptions and the cleaning strategy.
- Service level agreements with each ward identify the cleaning specification including standards, cleaning frequency and responsibility for cleaning all equipment. These have recently been reviewed by IPC Modern matrons, facilities and ward managers.
- Sufficient resources have been identified to maintain clean environments. Where potential gaps are identified due, for example, to holidays or sickness, additional resources are identified including the use of overtime and agency staff. Any concerns that cannot be addressed are individually assessed and escalated where appropriate.
- There are monthly joint meetings between IPC and the facilities department. IPC modern matrons are working with facilities department on updating service level agreements, developing a deep clean

protocol and product standardisation. Joint unannounced monthly visits to clinical areas have been piloted. Standardised cleaning audits (Maximisers) are conducted by facilities staff on a monthly basis with an IPC Matron attending every 3 months. The results from each audit are reported through the IPC Committee and made available for display on wards.

- Routinely requests for additional cleaning are directed through the facilities department and all areas have appropriate contact numbers. Domestic supervisors visit areas daily and any concerns are escalated to the appropriate level. Urgent and out of hours cleaning requests are escalated via the on call manager/director to facilities manager. A deep clean team is available to be booked to undertake specific cleaning in identified areas. This team is co-ordinated by the facilities department.

#### ***Policies on the environment***

- IPC staff are members of the Trust Legionella Group, Trust Waste Group, PLACE Group. The PLACE group is a sub group of and reports to the IPC Committee.
- The Trust has policies on Legionella control, potable water management, waste, laundry and food & nutrition.
- The infection prevention and control specification details environmental standards to facilitate cleaning, which will be used for all refits and new builds.

#### ***Decontamination***

- The Trust does not undertake sterilisation procedures for any reusable medical devices. A practice guidance note outlines disinfection and decontamination procedures. Wherever possible all medical devices are single use or single named patient use only.
- The Trust PGN on decontamination was revised in 2010/11.
- The Trust lead for decontamination for 2013/14 is Kay Gwynn, IPC lead nurse.

#### ***Linen, laundry and dress.***

- All staff are required to adhere to “bare below the elbow” practice when undertaking certain procedures including hands on care, physical examination of patients, clinical procedures and preparing or serving food.
- The Trust identifies several clinical areas as being of higher risk with regard to infections than most of the clinical areas within the Trust. These include currently, older people’s inpatient wards, neuro-rehabilitation wards at Walkergate Park and palliative care wards within the learning disability directorates. These areas are subject to higher levels of controls to prevent infection, reflecting their risk status. In these areas staff are required to be “bare below the elbow” at all times.

### **Criterion 3: Provide suitable accurate information on infections to the service users and their visitors**

#### **Statement.**

- The Trust utilises a range of written information to inform service users and carers about general principles of infection control and specific infections. These include information produced by the Health Protection Agency, Department of Health, and others
- The 2010/11 work plan included continuing to develop information further to better suit the range of communication needs of service users in a mental health and learning disability setting. This was undertaken with participation of service user groups. Some information is already in easy read format e.g. Influenza Leaflets.
- The Trust participated in the NPSA Clean Your Hands campaign for non-acute settings which includes the use of posters and information encouraging the use of hand hygiene by staff, service users and visitors.
- WHO 5 moments has been incorporated into hand wash guidance.
- The annual report of the Director of Infection Prevention & Control includes information on the

occurrence of infections in the Trust, and the general means by which infections are controlled within the Trust. This is publicly available on the Trust internet.

- The process for transferring service users with known or suspected infections, both within the Trust and to other service providers, is detailed in IPC-PGN 17. This includes the requirement for an inter-healthcare transfer form to be completed.
- Where it has been decided not to install alcohol hand gels at the entrance to wards (bearing in mind the NPSA alert), visitors are advised by a poster to ask staff for access to hand washing facilities.

#### **Criterion 4: Provide suitable accurate information on infections to any person concerned with providing further support or nursing/medical care in a timely fashion.**

##### **Statement.**

- Arrangements are in place to prevent and control HCAI and demonstrate that responsibility for IPC is effectively devolved. This is detailed in the IPC policy and associated practice guidance notes. Staff have access to printed and electronic versions of the IPC manual and core plans and advice on infection prevention and control is available from IPC services from 0900 to 2100 each day (including weekends and bank holidays). Advice on the specific treatment of infected patients is available from local microbiology departments or the regional infectious diseases unit (details are in the IPC manual)
- An IPC link worker network has been developed with the aim of ensuring that all areas having a link worker. There is an active training and support programme in place for IPC link workers.
- IPC matrons have identified responsibilities into clinical groups and key performance indicators are produced at Group level. Lead nurses within Groups are also a key link.
- The Trust has access to the electronic reporting systems of most pathology departments (ICE)
- The Trust has adopted the PATHLAB project to ensure more rapid access to electronic reporting.
- An MRSA screening programme has been implemented for planned admissions to the neuro-rehabilitation wards at Walkergate Park where service users are admitted to receive physical interventions.
- We have IPC representation on the Area Health protection agency group.
- IPC have representation on the North of Tyne TB network.
- We have robust reporting systems with other trusts. We use transfer forms to identify infections and risks.
- Outbreak communication demonstrates accurate, timely communication with other departments e.g. facilities, estates and other healthcare providers.

#### **Criterion 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.**

##### **Statement.**

- All staff, contractors and others are offered written information, induction and access to IPC advice.
- It is recognised that IPC is everyone's business and this responsibility is reflected in all job descriptions.
- Volunteers attend special IPC training and basic advice sheets are given to all contractors working on site.

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

**Statement.**

- Responsibility for infection prevention and control is detailed in the Trust IPC policy and is included in the job description of all staff
- Mandatory training is provided every 3 years for all staff, both clinical and non-clinical. All new staff receive IPC in their induction programme. Hand hygiene competencies are delivered every 3 years by the link workers and in “bare below areas” this frequency is increased to yearly.
- The IPC team has robust relationships with lead nurses and the Facilities and Estates departments. Regular updates on the Hygiene Code are given at appropriate meetings.
- Service managers, lead nurses and IPC nurses regularly do “walk through” to ensure areas are meeting the requirements of the Hygiene Code.
- Catheter care has been identified as a core skill requirement in certain clinical areas. A training programme has been developed.
- All staff have the opportunity to have a flu vaccination each year. Service users in risk groups who are in-patients are offered flu vaccination.

**Criterion 7: Provide or secure adequate isolation facilities.**

**Statement.**

- IPC Practice Guidance Note (IPC-PGN 08) details the procedures to be followed to isolate a patient with a known or suspected infectious disease.
- The availability of a suitable isolation area in each in-patient area is part of the IPC specification.
- Most in-patient areas in the Trust have single rooms suitable for the isolation of patients with infectious diseases. In the event of a service user requiring isolation, and that not being available on their own in-patient unit, arrangements would be made to transfer the service user to a clinical area where adequate isolation facilities are available.
- In the event of a large scale outbreak of infection then affected service users would be cohort nursed in an identified area of an in-patient ward, or the entire in-patient ward would be regarded as an isolation area.
- To date, no incidents have been reported where it was not possible to isolate a known infected case.

**Criterion 8: Secure adequate access to laboratory support as appropriate.**

**Statement.**

- The Trust does not provide laboratory services in-house.
- The Trust holds service level agreements or arrangements for microbiology services at Northumbria Health Care NHS Trust, Newcastle Hospitals NHS Trust, Queen Elizabeth NHS Trust, South Tyneside NHS Trust and Sunderland Hospitals NHS Trusts. Results are available through the electronic ICE system.
- The Trust is assured that these services operate to the standards required for accreditation by Clinical Pathology Accreditation (UK) Ltd.

**Criterion 9: Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections.**

**Statement.**

- The Trust produces and maintains an infection prevention and control manual containing a range of practice guidance notes to assist staff implement adequate measures to control the transmission of infection and manage service users with infections. This guidance forms part of the Trust Infection and Control Policy and staff are expected to follow the guidance unless there is a compelling reason not to.
- Compliance with practice guidance notes is audited through the Quality Monitoring Tool, the IPC risk assessment and the annual audit programme
- The range of practice guidance notes covers the following topics
  - Standard infection control precautions
  - Aseptic technique
  - Outbreaks of communicable infections
  - Isolation of service users
  - Safe handling and disposal of sharps
  - Prevention of occupational exposure to blood borne viruses, including prevention of sharps injuries
  - Management of occupational exposure to blood borne viruses and post exposure prophylaxis
  - Closure of rooms, wards, departments and premises to new admissions
  - Environmental disinfection
  - Decontamination of reusable medical devices
  - Antimicrobial prescribing
  - Single use
  - Disinfection
  - Control of outbreaks and infections associated with the following specific alert organisms
    - MRSA
    - Clostridium difficile
    - Blood borne virus, including a viral haemorrhagic fever and transmissible spongiform encephalopathy
    - Tuberculosis
    - Diarrhoeal infections
    - Legionella
- The following alert organisms are unlikely to be experienced within the spectrum of activity of a mental health and learning disability Trust and currently the Trust does not have practice guidance notes covering these.
  - Glycopeptide resistant enterococci
  - Acinetobacter
  - Viral haemorrhagic fevers
- The Trust has, or is developing, practice guidance notes covering the following additional topics
  - Safe handling and disposal of healthcare waste
  - Packaging, handling and delivery of laboratory specimens

- Care of the cadaver
- Purchase, cleaning, decontamination, maintenance and disposal of equipment
- Surveillance of infection
- Disinfection and decontamination, including instruments for single use
- Isolation facilities
- Uniform and dress code
- Immunisation of service users.

**Criterion 10: The Trust ensures as 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 suitable educated in the prevention and control of infection associated with the provision of health and social care.**

**Statement.**

**Occupational health services**

- All staff within the Trust can access occupational health services. The Trust now holds a Trustwide contract with a single occupational health provider.
- The occupational health service operates under its own policies and procedures. Occupational health is represented on the Trust Infection Prevention and Control Committee.
- Occupational health department holds records of the immunisation status of employees on behalf of the Trust

**Induction, training programmes and ongoing education.**

- IPC training is included in the induction programme for all members of staff, both clinical and non-clinical. Any member of staff joining the Trust does this on their first 2 days in the Trust before they have contact with service users.
- There is an ongoing programme of mandatory training in IPC for all staff. The frequency of training is related to the role the person undertakes in the organisation and is identified in the Trust IPC policy and training strategy.
- The content of training contains the principles and practice of IPC. This is related to the PGNs and any current national guidance or literature. Specific training packages are available for clinical, non-clinical and hotel services staff. An E learning package has been developed to supplement face to face training.
- The IPC team deliver bespoke training on request to specific groups of staff or departments e.g. policy training, waste management, Clostridium difficile. Additional focussed training where indicated following root cause analysis or investigation of IPC incidents e.g. outbreak training, pandemic influenza
- Staff are required to demonstrate competency in good hand hygiene practice. There is an active programme of assessing hand hygiene competencies delivered, in large part, through the established system of IPC link workers in clinical areas. Trust Board members have undergone this training.
- The job descriptions of all employees specify their individual responsibility for infection prevention and control, and the requirement for them to consider IPC issues in their PDP or appraisal.
- The training and development department holds records of training in IPC given to staff within the Trust. Compliance with training is reported to service managers monthly and is published each year in the annual report of the Director of Infection Prevention & Control.
- Wards and individuals have access to training records through the Trusts dashboards system.
- IPC play an active role in the implementation of the HCW seasonal flu vaccination strategy.

**END OF REPORT**