

**INFECTION PREVENTION AND CONTROL AND
MEDICAL DEVICES GROUP**

ANNUAL REPORT APRIL 2016 - MARCH 2017

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1. INTRODUCTION

- 1.1** This annual report details infection prevention, control and medical devices activity between 1st April 2016 and 31st March 2017.
- 1.2** It provides an overview for the Board of Directors on the progress and achievements in infection prevention and control in relation to the annual Infection Control Programme (ICP); registration with the Care Quality Commission; compliance with the Health and Social Care Act 2008; Essential Standards Outcome 8 and Implementation of the Hygiene Code of Practice.
- 1.3** The Health and Social Care Act 2008 (amended 2015) Code of Practice for the prevention and control of healthcare associated infections and related guidance superseded the Health Act (2006), ensures that systems to prevent healthcare associated infections and compliance with policies are embedded in practice and a corporate responsibility.
- 1.4** The Trust's ICP for 2015/16 is based on the updated criteria and cross references all DoH guidance publications and CQC Health Care Associated Infection (HCAI) registration guidance.

2. REGISTRATION WITH THE CARE QUALITY COMMISSION

- 2.1** The Health and Social Care Act 2008 (amended 2015) established the Care Quality Commission (CQC) in 2008 and set out the regulation framework for health and social care activities. From April 2009, providers of health and social care had to be registered with the CQC. All Trusts are required to provide evidence of compliance with the Health and Social Care Act in order to register with the CQC. In 2016, Leeds and York Partnership NHS Foundation Trust (LYPFT) was again awarded unconditional registration with the CQC based on the

compliance and work carried out under the annual infection prevention and control plan.

3. EXECUTIVE SUMMARY

3.1 Organisation

The Director of Nursing Professions and Quality is also the designated Director of Infection Prevention and Control (DIPC) for the Trust and reports directly to the Chief Executive and the Trust Board.

- 3.2 The DIPC is supported via a service level agreement with the Microbiology Department from Leeds Teaching Hospitals Trust (LTHT) providing a Consultant Medical Microbiologist.

The Senior Nurse Infection Prevention and Control is the nominated Trust Infection Control Lead, and is responsible for the development and implementation of the annual programme in compliance with the Health and Social Care Act 2008 (amended 2015). The Senior Nurse is also responsible for the development of infection control policies and their review.

The Infection Control Committee meets four times a year and is chaired by the DIPC. The Assistant Director of Nursing is the deputy chair. From 2017-18 the Deputy Director of Nursing will take over the role of deputy chair. The Committee reports to the Board of Directors. It is made up of representatives from clinical teams, support services within the organisation and expert advisors. The overall purpose of this group is to provide both strategic and operational leadership in relation to IPC standards and performance. The group members are responsible for cascading information to their relevant teams and for bringing to the group, information aimed at improving standards.

4. PROGRESS OF THE INFECTION CONTROL WORK PROGRAMME 2016-2017

4.1 The Infection Prevention and Control Team (IPCT) has made considerable progress with the annual work programme 2016-2017.

Key achievements:

- There were no reportable cases of Clostridium difficile (C. diff) or MRSA. The Trust remains well within targets. (Target CDI 8, MRSA 0).
- Compulsory training. 85% of all staff attended various infection prevention and control training sessions, an overall improvement of 5% on last year's figures.
- The seasonal flu vaccination programme was well received by staff with an increase from 48.6% to 55% of staff receiving the vaccine.
- The Environmental audit compliance was 86-96%, Compliance levels remain on par with the previous year.

5. Surveillance

Monthly data continues to be collected on the incidences of alert organisms. Reporting to the Board of Directors has been strengthened with monthly reports on alert organisms, outbreaks, incidents and mandatory training.

This Report provides an overview of infection prevention and control activity and provides comparison against previous years.

Key performance data is available via a series of reports from the IPCT information system to observe trends. The IPCT benchmark their service performance against national standards. A root cause analysis is undertaken for all alert organisms to identify contributing factors and learn from these events.

Alert Organisms

YEAR	MRSA	GRE	E COLI	CDI	MSSA
2016/17	0	0	0	0	0
2015/16	0	0	0	0	0
2014/15	0	0	0	4	0
2013/14	0	0	0	1	0

Outbreaks year by year analysis

YEAR	QTR 1	QTR 2	QTR 3	QTR 4
2016/17	1	0	3	1
2015/16	1	0	1	0
2014/15	1	0	1	1
2013/14	8	0	1	6

6. MRSA Screening

- 6.1** The Trust participates in the Mandatory Enhanced Surveillance Scheme (MESS) and has accumulated robust information on the local pattern of MRSA HCAI. The Trust has seen 0 cases of MRSA bacteraemia. The trajectory for the year was set at no avoidable cases. In order to achieve this all new admissions meeting the screening criteria are followed up by the IPCT to ensure screening is carried out if required and completion of treatment where indicated.

7. Audit

7.1 In accordance with the Health and social Care Act 2008 (Amended 2015) infection prevention and control audits of the environment and compliance with infection prevention and control policies and procedures are carried out on all wards and departments by the IPCT. An audit tool specifically for the Mental Health/Learning Disability environment has been developed by a national team from the Infection Prevention Society (IPS), headed by the Senior Nurse Infection Prevention and Control. The results from audit provide evidence regarding standards of healthcare practice and compliance with policies and procedures including decontamination, hand hygiene, standard precautions and the safe disposal of sharps, in line with requirements for continued registration and compliance with the Hygiene Code.

IPCT environmental audits are scored to provide an indication of compliance and benchmarking in Leeds and York.

Overall achievement scores range between 86% and 98%.

- Below 75% represents minimal compliance and high risk.
- 76-84% represents partial compliance and a moderate risk.
- 85% and above represents compliance with minimal risk.

Issues identified are addressed at the Infection Prevention and Control and Medical Devices Committee meeting and The Joint Cleaning Standards Group.

Audits are completed with a pre-arranged member of the clinical team, the results are sent to the Clinical Team Manager (CTM) and Infection Control Lead. The action plan identifies standards that have not been met. The CTM will ensure completion of actions within the time scale

identified thereby completing the audit cycle. One key component of the year's audit programme had been to utilise a shortened version of the audit tool that could be carried out on a monthly basis by CTMs or Matrons allowing the IPCT to spot local issues more rapidly whilst having an added benefit of increasing communication with lead nurses.

7.2 The IPCT audit and investigate all sharps injuries on a quarterly basis. In 2015-16 7 needle stick injuries were reported and in 2016-17 following the introduction of the EU Directive on safety sharps, there were 5 needle stick injuries reported. The two of reports related to whilst restraining a patient, three involved staff error prior to activating the device. This is fed back to staff and used in training in order to learn from these incidents. Previous years predominantly featured insulin pen needles. We have had no insulin pen related incidence since the Trust has moved to using BD auto shields to address the problem and incorporated this into training. Incidents reported to the IPCT via the Datix electronic reporting system 2016 to 2017, included bites, eye contamination and reported near misses. Recommendations are made and where indicated, practice changed as a result of investigations to prevent further incidents. To further support staff training the IPCT has developed a Think Sharps Safety video which can be found on the staff- net Infection control page.

7.3 The key to effective practice is an audit and education training programme; this has helped to improve knowledge and raise the profile of infection control in practice areas. The awareness of the potential risks of infection has been developed. The table below indicates the number of staff that have attended infection control training in the period April 2016 to March 2017 in comparison to the previous year.

Course	Staff Numbers 2016-17	Staff Numbers 2015-16
Infection Control Mandatory training update	e-Learning = 269 Train the trainer = 59 Classroom = 1571	e-Learning = 258 Train the trainer = 64 Classroom = 2185
Link Champions	64 active link champions	60 active link champions
TOTAL	1899 (85%)	2507 (80%)

Staff and Link Champion numbers have changed over this time frame therefore total numbers are not directly comparable, however the percentage of staff trained provides a more accurate comparison. Overall the percentage of the staff trained increased from 80% to 85%.

- 7.4** The induction programme runs monthly and captures all new staff; the session focuses on hand hygiene as well as The Health Act, responsibilities of the Trust, its employees and standard precautions.
- 7.5** Infection control Link Champions have taken on the role of delivering training in support of the IPCT. The champions are provided with training materials and given access to equipment. Records are kept and are available for inspection by the Care Quality Commission. In order to take on this role the Link Champions have received training in support of their role.
- 7.6** All clinical staff are required to attend an annual update and non-clinical staff attend every 3 years. During 2016/2017 the IPCT increased training capacity and provide on-line training for non-clinical staff to provide greater opportunity for staff to attend training.

8. Policy Development

8.1 Policy/Procedures under Development/Review

All relevant policies and procedures have been reviewed and updated over the last 12 months. A consultation process was carried out on all of the policies to ensure compatibility and policies were amended accordingly.

9. The Infection Prevention, Control and Medical Devices Committee (IPCMDC)

9.1 The Committee, chaired by the DIPC, is made up of representatives from clinical services and support services within the organisation and expert advisors. The meetings are held on a quarterly basis. The overall purpose of this group is to provide both strategic and operational leadership in relation to IPC standards. The group members are responsible for cascading information to their relevant teams and for bringing to the group, information aimed at improving standards.

10. Reporting Arrangements

10.1 The day to day operational management of the IPC led by the Senior Nurse, reports directly to the Assistant Director of Nursing and the Director of Infection Prevention and Control. The team meet on a regular basis to provide updates, and discuss future plans and progress against targets.

10.2 The DIPC is directly accountable and reports to the Chief Executive and the Board of Directors (BoD).

10.3 The DIPC leads the Quality Committee ensuring robust communication across the organisation.

10.4 The IPCT work closely with Public Health England and local services to ensure communication and a whole system approach is maintained.

11. Hand Hygiene Observational Audit

11.1 In 2016/17 the IPCT continues to facilitate the implementation of the DoH document Essential Steps to Safe, Clean Care (2007) and coordinated LYPFT wide hand hygiene audit. The audits were carried out by Infection Control Champions. The audits provided a means of monitoring compliance with hand hygiene policy across a wide range of staff.

11.2 The results are continually evaluated and fed back to staff and incorporated into the mandatory training programme.

The IPCT will seek to use the findings to improve compliance and target training over the next 12 months.

Ongoing Work is planned with the Link Champions to improve observational skills and consistency in audit results.

12. Aseptic clinical procedure

12.1 The IPCT has developed a procedure around aseptic techniques. We will work with services to develop and deliver training in relation to invasive devices and wound care in conjunction with tissue viability.

13. Decontamination of Re-usable Equipment

13.1 Accountability and organisational lead responsibility sits with The Head of Risk Management for the decontamination of medical devices. Compliance with (MDD) 93/42 EEC and standard C4c are continually monitored by annual infection control audit. All single use syringe systems and licensed single patient use equipment are now used in accordance with all national decontamination directives meeting the requirements of 93/42/EEC.

14. Cleaning Services

14.1 The Infection Prevention and Control Committee continues to monitor cleaning standards. The Senior Infection Control Nurse attends the Cleaning Standards Group which feeds back to the committee. The IPCT now provides training for all cleaning service staff.

14.2 LYPFT has policies and procedures in place for management of the environment which include waste management, cleaning services and food hygiene. The Facilities department and The Infection Prevention and Control Team are always actively seeking to get involved in programmes to improve services.

14.3 The Trust undertakes annual Patient Led Assessment of the Care Environment (PLACE) audits. The 2016 team consisted of the following people:-

- Infection Prevention and Control Team.
- Hotel Services Manager.
- PFI Contracts Manager.
- Head of Estates.
- Unit Managers

- Governor
- Patient Representative

The PLACE audit results cover areas remaining with the trust on April 2016. Areas for improvement include floor coverings, furnishings and fittings which have been replaced under the Estates work plan. Following on from the report last year periodic deep cleaning continues across the trust on an annual basis. Monthly/quarterly walk rounds by Matrons and the IPCT are in place to ensure standards remain constant over the year. Provisional data from audit indicates further improvement. Action plans are already being implemented to further improve standards.

Results of the PLACE audit 2016

Site Name	LYPFT Cleanliness	LYPFT Food	LYPFT Privacy, Dignity and Wellbeing	LYPFT Condition, Appearance and Maintenance	LYPFT Condition, Appearance and Maintenance (dementia)
Asket Croft	98.60%	92.92%	90.77%	97.54%	
Becklin Centre	98.59%	89.62%	93.49%	95.57%	
Asket House	99.40%		89.86%	96.72%	
Newsam Centre	97.84%	93.35%	92.13%	95.49%	
The Mount	96.83%	90.54%	94.05%	98.56%	99.1%
2-3 Woodland Square	99.62%	94.23%	89.73%	95.03%	
YCPM	100.00%	95.82%	86.33%	90.00%	
Clifton House	99.61%	91.42%	92.64%	97.42%	
Mill Lodge Unit	98.84%	84.14%	87.38%	95.70%	
Comparative Data					
National Average Score 2016	98.06%	88.24%	84.16%	93.37%	75.28%
Organisational Average (extracted from HSCIC PLACE report 2016)	98.20%	91.28%	92.42%	96.48%	99.18%
National Average Score 2015	97.57%	88.49%	86.03%	90.11%	74.51%
Organisational Average (extracted from HSCIC PLACE report 2015)	97.63%	79.16%	90.41%	92.12%	85.78

15. Waste management

15.1 The Waste Policy is compliant with EU Directive and implemented through staff briefings. Complete audit of LYPFT compliance with the policy is carried out yearly by an external auditor.

16. Antibiotic prescribing

16.1 The pharmacy department's role is to guide the infection control agenda in areas of antibiotic prescribing. The Trust's Antimicrobial Pharmacist leads the Antimicrobial Stewardship group which feeds into the IPCMDC... Antimicrobial guidelines are available on the intranet to promote with best practice and an annual audit is carried out to assess compliance with this. The guidance recommends empirical treatments with the aim of controlling resistance and reducing the incidence of and healthcare associated infections like Clostridium caused by broad spectrum antibiotics. Education for prescribers is being developed to support appropriate antimicrobial use. Overall antibiotic use remains low in comparison to acute trusts.

17. Medical Devices

Medical Devices Procedure (RM-0015) has been reviewed, ratified and is available on staff net. Migration information in relation to equipment within the organisation has been transferred to the DATIX equipment module. In future this will be monitored by the IPCT. Training was delivered to unit managers and identified staff on the update of the equipment module and a manager briefing pack made available. The Medical Devices E-learning package was transferred across to the I Learn system in September 2016. Management of the Central Alert System (CAS) – all alerts received into the organisation have been acknowledged within timescales and where applicable actions have been completed within the identified time period.

The Service Level Agreements have been reviewed and approved with the Department of Medical Physics and engineering at the Leeds Teachings Hospitals NHS Trust which includes:-

The service comprises:

- Management Advice
- Pre purchase advice on PPQ's

- Preferred products
 - Monitoring and advise on external contracts for physiotherapy equipment, couches and scales
 - Advice on controls assurance and equipment management
 - Technical investigations following an adverse incident investigation
 - Management of asset database
 - Advise on Medical Device safety alerts will review in relation to LYPFT assets
-
- Technical service
 - Technician time to carry out PPMs (Planned Preventative Maintenance) this includes calibration checks, replacement of parts e.g. batteries, lubrication of moving parts and other routine maintenance required.
 - Responsible for acceptance checks carried out for all new equipment ensuring equipment is serviced, calibrated and repaired as per work schedule determined by LYPFT medical devices inventory ensuring the equipment is serviced in a proactive and

18. Key actions for success 2017/2018

The **Action plan/programme** is based on the code of practice for the prevention and control of health care associated infections (the Health and Social care Act 2008 see Appendix 1 for the full programme). Below are a few of the key points:

- IPCT environmental audits & Matron Audits will continue to provide an accurate measurement of compliance and benchmarking to ensure best practice is followed. Provision of a minimum of one audit per year for Both Leeds and York is included in the work programme.

- Compliance with hand hygiene will continue to be monitored. The IPCT will look at developing a new tool to improve and increase the data received.
- Compliance with (MDD) 93/42 EEC and standard C4c medical devices will be monitored via risk management, in particular documentation and tagging will be monitored;
- Develop and strengthen the role of the Infection Control Champion. Provision has been made for a minimum of one training session per month.
- Continue working with estates and facilities to ensure infection prevention and control procedures are followed, and incorporated into future building plans including upgrade to hand hygiene facilities and alcohol gel/foam dispensers across the Trust.
- To ensure that HCAs are controlled and avoidable infections are prevented by providing monitoring systems and processes to achieve our targets.
- The Trust is committed to a Seasonal Flu vaccination programme. Local vaccine clinics will be held within clinical bases. This will enable staff to attend for their vaccine with the minimum of disruption. This year we are looking to exceed the Department of Health target of 75%, this would be an ambitious target bearing in mind 2016-17 uptake was 55%...

18.1 Multi agency relationships

Our public partners, Clinical Commissioning Groups, Public Health England, Leeds Community Healthcare, Leeds Teaching Hospitals Trust, Leeds Environmental Health, Infection Prevention Society, Leeds Metropolitan University, Tees, Esk and Wear Valleys NHS Foundation

Trust, York Teaching Hospital NHS Foundation Trust and Environmental Health Selby, are afforded the opportunity to comment on new and revised policy patient information. Our partners will be consulted on initiatives including hand hygiene campaigns, pandemic flu plans and new projects. One of our key actions for success is for the IPCT to regularly network ensuring our practice is based on the highest standards of evidence based practice.

19. Conclusion

19.1 Over the last 12 months the Infection Prevention and Control Team have made a considerable difference to services by increasing staff and public awareness. The service has developed awareness across the Trust and this is reflected in the steadily improving training figures and performance data.

19.2 The report recognises and acknowledges the achievements of the last 12 months.

Appendix

ANNUAL INFECTION CONTROL WORK PROGRAMME 2017/18

Objective	Action	Lead	Outcome	Evidence	Date to be achieved
<p>1. To meet mandatory surveillance requirements, monitor trends in infection and identify potential outbreaks promptly</p>	<ul style="list-style-type: none"> • Continue common alert organism and condition surveillance i.e. Norovirus, MRSA, scabies, influenza • Ensure access to laboratory results from York, access to Leeds now available • To be alerted of all D&V viral samples taken • To visit the ward within 3hours of notification of 2 cases • Continue mandatory surveillance of MRSA,MSSA,E Coli and Clostridium difficile • Provide advice and support in the event of outbreaks or infection control incidents • Provide performance reports for the Board of 	<p>Stan Cutcliffe (SC) Gugu Ncube (GN) M Winspear (MW)</p> <p>MW,SC</p> <p>SC, GN,MW</p> <p>SC, GN,MW</p> <p>SC, GN,MW</p> <p>SC</p>	<p>Meet mandatory requirements. Report trends and outbreaks to Infection Prevention and Control Committee. Introduce new PHE tool for monitoring Norovirus.</p>	<p>Surveillance reports to IPCC.</p> <p>Root Cause Analysis (RCA) reports</p> <p>Summary of outbreak reports</p> <p>Minutes from the BoD meetings</p>	<p>Continuous</p> <p>Data reported monthly to BoD.</p> <p>Data reported quarterly to IPCMDC.</p>

	<p>Directors</p> <ul style="list-style-type: none"> • A member of the IPCT will visit the ward receiving a new admission within 48hrs to ensure they have been screened on admission if required. 	MW			
2. To provide specialist infection control input into the PLACE assessment process and national standards of cleanliness audits.	<ul style="list-style-type: none"> • To agree requirements and date of inspections with Hotel Services lead. • Follow up any infection control risks identified during these inspections • Agree any actions required with Hotel Services Lead and discuss at the Cleaning Standards Group. • Work with facilities to improve isolation facilities. 	<p>SC</p> <p>SC, GN,MW</p> <p>GN</p> <p>SC</p>	<p>That the PLACE teams are formally constituted and that expert advice is available.</p> <p>Issues regarding poor standards of environmental cleanliness are auctioned. Refurbishment of hygiene facilities.</p>	<p>PLACE Reports</p> <p>National PLACE returns</p> <p>National Standards Audits</p> <p>CSG Minutes</p>	<p>Complete</p> <p>May 2017</p> <p>Continuous</p> <p>Continuous</p>
3. To ensure that infection control knowledge is appropriate to job role and purpose.	<ul style="list-style-type: none"> • Ad hoc sessions to meet training needs will be planned in response to requests, identified training need or audit 	SC, GN,MW	To provide bespoke training to individual groups	Record of training sessions Lesson plans	Continuous

<p>To aid staff in compliance with up to date infection control policies and procedures.</p>	<p>findings.</p> <ul style="list-style-type: none"> • Mandatory training will continue. Staff will be trained to monitor hand hygiene compliance. • Mandatory training will include outbreaks, standard precautions, sharps and waste management • The Infection Control Champion programme will continue. The IPCT will provide ongoing support and guidance and as well as initial training and monthly meetings. 	<p>SC, GN,MW</p> <p>SC, GN,MW</p> <p>GN,MW</p>	<p>To provide enough training sessions to cover 100% of staff</p> <p>To provide bespoke training for Infection Control Champions two sessions per month</p>	<p>Record of training session dates provided</p> <p>As above</p>	<p>Continuous</p> <p>Continuous</p>
<p>4. To improve hand hygiene awareness and compliance</p>	<ul style="list-style-type: none"> • Implement the hand hygiene part of 'preventing the spread of infection' care bundle with CTMs/Infection Control Leads • Compliance will be monitored using link champions and infection control leads. • Provide suitable 	<p>GN,MW, Link Champion</p>	<p>Compliance with LPFT Hand hygiene procedure</p> <p>To identify areas of poor practice provide support and training to</p>	<p>Training records</p>	<p>Continuous</p>

	<p>information and training for service users</p> <ul style="list-style-type: none"> • Provide service user feedback forms 		rectify any issues.	Monitoring data	Continuous
5. To undertake infection control audits of named inpatient, day case and addiction services using the adapted IPS/DH MH/LD audit tool. This will include hand hygiene, decontamination, use of PPE, safe sharps practice, environmental and other practice areas if relevant	<ul style="list-style-type: none"> • Undertake audits and complete reports. Follow up outstanding actions. • Support units to develop action plans for remedial action. • Advise Risk Manager and DIPC of any specific hazards/risks. • Report analysis of audit in Annual Report. • Undertake a monthly audit of the inter health transfer form. • Support and monitor monthly infection control audits /walk rounds carried out by matrons/Lead nurses/DIPC 	<p>SC, GN,MW</p> <p>SC, GN,MW</p> <p>SC, GN,MW</p> <p>SC</p> <p>MW</p> <p>GN</p>	<p>There is heightened awareness of infection control issues and practice standards are improved.</p> <p>Provide action plans for units audited by IPCT</p> <p>Provide current information to the IPCT</p>	<p>Audit Reports Action Plans</p> <p>Annual report</p> <p>LOG/ Audit Reports</p>	<p>Ongoing cycle:</p> <p>Monthly</p>
6. To ensure that all staff receive infection control training at	<ul style="list-style-type: none"> • Infection Control input will be provided on the corporate induction programme, co- 	SC	Awareness of service, contact details and policies fundamental to safe practice	Training records Induction Packs	Continuous

induction and as part of essential training.	<p>ordinated by the Staff Development Team.</p> <ul style="list-style-type: none"> Induction and essential training of medical staff will be reviewed and evaluated and further developed as required. This will be monitored by the medical appraisal process. 	SC	<p>Mandatory HHT</p> <p>Target 90% of staff</p>	<p>Training records</p> <p>Appraisal records</p>	<p>Target completion date March 2018</p>
7. To ensure the provision of relevant, evidence based, up to date infection control policies that have been approved and ratified by appropriate bodies.	<ul style="list-style-type: none"> Review and revise existing policies according to review date. Ensure core policies /procedures are those required by the Hygiene Code. Ensure policies, procedures and guidelines are available via Staffnet to ensure that all staff are working to the same standards. Maintain links to other Trust wide policies, such as Occupational Health and HR policies on Blood borne viruses. 	SC	Trust wide policies, procedures and guidelines are available to all staff.	Audit reports	Continuous
		SC	Infection Control policies, procedures and guidelines reflect current infection control guidance.	Infection Prevention and Control Manual. . IPCMDC Minutes. Quality Committee Minutes.	Continuous
		SC		Infection control staffnet page	Continuous or 2 yearly review

	<ul style="list-style-type: none"> To review policies /procedures to ensure compatibility compliance with Both Leeds and York Move to one set of policy at the earliest opportunity 	SC			
		SC			
8. To ensure that service users and their carers are updated on risks of HCAI and given specific information on infections	<ul style="list-style-type: none"> Review currently available information and ensure it reflects current guidance and needs. <p>Ensure information available on:</p> <ul style="list-style-type: none"> general risk of infection diarrhoea and vomiting MRSA <i>Clostridium difficile</i> 	SC	Infection Control Risks to patients, staff and visitors will be minimised.	Information leaflets on wards	Continuous
9. To ensure that specialist infection control advice is provided to work partners where infection control input will minimise risks to patients, staff and visitors.	<p>An infection prevention and control member will attend meetings of relevant committees/groups i.e.</p> <ul style="list-style-type: none"> H&S Waste/environmental management Medical Devices Clinical Procurement 	SC	Infection Control Risks to patients, staff and visitors will be minimised.	Meeting minutes	Continuous

	<ul style="list-style-type: none"> • New build/refurbishment steering groups • Quality • PHE • Effective Care 				
10. To ensure that new national guidance is reviewed and acted upon	<ul style="list-style-type: none"> • Ongoing review of national directives from the DH, NPSA, HCC/CQC 	Stan Cutcliffe/Anthony Deery	Trust policies and infection control practice will comply with national guidance	Infection Prevention and Control Committee Minutes	Continuous
11. To ensure that the Trust meets requirements for registration with the CQC, reflecting core standards of the Hygiene Code (2006) as amended (2008)	<ul style="list-style-type: none"> • Review 9 criterions for registration with the CQC and assess level of compliance. • Produce action plans to address any areas where deficits identified • Provide evidence of frequent review. • Submit registration within agreed application period • Continually monitor quality of evidence for annual health check. 	SC/Anthony Deery (AD) SC SC SC/AD SC	Registration with CQC Provide evidence sheet for ward use All wards to produce an evidence folder No breaches of the Code	Evidence form compliance criteria. Environmental audit IPCC minutes	Ongoing Ongoing Quarterly
12. To deliver	<ul style="list-style-type: none"> • Ensure IPCC meetings 	SC	All deadlines are met	Meeting timetable	Ongoing

written reports to the Board of Directors and make them available to the Public.	<p>are held at appropriate times in the calendar to ensure availability of papers to the BoD.</p> <ul style="list-style-type: none"> • Ensure papers are submitted to the BoD at agreed times. • Ensure Infection Control Annual Report appears on the public website for information. 	<p>SC</p> <p>SC</p>	<p>Submission deadlines of two weeks prior to meetings are met. Annual Report appears on LYPFT web site within 14 days of the BoD meetings.</p>	<p>Minutes</p> <p>Minutes</p> <p>Available on public web site</p>	<p>Quarterly</p> <p>Expected completion date August 2016</p>
13. To ensure that the Infection Control Team attends courses to obtain specialist information/qualifications. All staff to have the opportunity for development opportunities that will contribute to overall skill level and performance	<ul style="list-style-type: none"> • Identify training and development needs through personal development review process • Infection Control course 	<p>SC</p> <p>MW</p>	<p>Appropriately trained infection control team</p>	<p>Copy of qualification retained for records</p>	<p>Continuous</p> <p>Expected date of completion March 2018</p>
14. To monitor the use of anti-microbials and promote prudent	<ul style="list-style-type: none"> • Audit supply of antimicrobial medicines to all units. 	<p>Elaine Weston</p>	<p>Demonstrate the appropriate use of antibiotics through audit.</p>	<p>6/12 Audit report</p>	<p>Bi yearly</p>

use.	<ul style="list-style-type: none"> • Appropriate antimicrobial prescribing to be part of Medicines management training for medical staff. 	Dr. J Isherwood	Greater understanding of and adherence to prescribing guidelines with regard to antimicrobial medication used for treating and preventing infections.		
15. To increase the uptake of influenza vaccine by staff.	<ul style="list-style-type: none"> • Provide vaccination sessions in support of Occupational health • Provide vaccination sessions at trust Induction days 	Helen Whitlam SC	Achieve 75% target.		March 31 st 2018