Front Sheet

Title of Meeting	Quality Committee	Date	01/09/2019
Title of Paper	Annual Infection Prevention and Control report		
Author	Michele Streatfield – Lead Nurse for Physical Health Cheryl Cramer- Senior Infection Control Nurse		
Executive Director	Mary Mumvuri – Executive Director of Nursing & Quality Director of Infection Control and Prevention (DIPC)		

Purpose: the paper is for:	• **Delete as applicable**
• **Consideration:**	

Recommendation:
The committee are asked to review the report and give feedback prior to presentation at Board

Summary of Key Issues:	• **No more than five bullet points**

This is the Annual DIPC report, which follows the last report submitted in September 2018

- The report notes good practice as well as challenges and the proposed work plan for coming year

Priorities for the2019/20 are:
- To monitor the rates of infections for both national and local reporting requirements.

- Monitor practices and processes through audit

- Continue to improve staff education and awareness of Infection Prevention and Control practices and availability hand hygiene provision

- Proactively work with Care Groups to manage Infection prevention and control issues

There are no risks identified in in this report

Report History:

QC in September 2018

Strategic Objectives:	• **Select as applicable**

☒ Consistently deliver an outstanding quality of care

☒ Recruit retain and develop the best staff making KMPT a great place to work

☒ Put continuous improvement at the heart of what we do

☐ Develop and extend our research and innovation work

☐ Maximise the use of digital technology

☐ Meet or exceed requirements set out in the Five Year Forward View

☐ Deliver financial balance and organisational sustainability

☐ Develop our core business and enter new markets through increased partnership working

☐ Ensure success of our system-wide sustainability plans through active participation, partnership and leadership

Implications / Impact:
Patient Safety: Good IPC practice is significantly linked to patient safety
Identified Risks and Risk Management Action: Poor IPC practice will lead to individual and group/herd risks in relation to the prevention and management of infection.
Resource and Financial Implications: Poor IPC practice has the potential to result in significant staffing shortages, which would result in a lack of workforce resource and therefore financial strain
Legal/ Regulatory: This report is a mandated report. Good IPC practice is a requirement of the Health and Social Care Act.
Engagement and Consultation: The DIPC report engages the Trust's infection control senior nurse and physical health Lead Nurse in ensuring that the Annual report gives an accurate reflection of progress
Equality: There are no equality issues for consideration
Quality Impact Assessment Form Completed: No

Infection, Prevention and Control

Annual Report

2018-2019

Cheryl Cramer - Senior Infection Control Nurse

Michele Streatfield - Lead Nurse, Physical Health

Mary Mumvuri, Director of Infection Prevention and Control (DIPC)

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1.Foreword

Kent and Medway NHS and Social Care Partnership Trust (KMPT) is committed to ensuring a robust infection control function that operates within the Trust, supporting the delivery of high quality healthcare and protecting the health of its patients and staff.

The Trust has a statutory responsibility to comply with the Health and Social Care Act: Code of Practice for the prevention and control of Healthcare-Associated Infection (2012). A requirement of this Act is for the Board of Directors to receive an annual report from the Director of Infection Prevention

and Control. The annual report of the Infection, Prevention and Control Team (IP&C) provides an overview of the activities carried out in the Trust to progress the prevention, control and management of infection from April 2018 to March 2019.

During the period 2018-19, the trend of low rates of alert organisms and conditions has continued. There have been no outbreaks of confirmed micro-organisms of gastrointestinal disease during the period, although several potential clusters of cases were investigated. Infection control has continued to build on improvements in mandatory training compliance and the Infection Control Link Champion programme has been reviewed and relaunched.

As the Director of Infection Prevention and Control (DIPC), both I and the Infection prevention control team (IP&C team) continue to be committed to ensuring that patient safety is at the forefront of everything we do.

I commend this annual report to you and thank the infection control team for their excellent leadership of this agenda, and to the Trust for the continued focus they give to this important area.

Mary Mumvuri
Executive Director of Nursing and Quality and DIPC

2. Executive summary

The annual report of the Director of Infection Prevention and Control (DIPC) is produced to provide information about our current progress in IPC practice and activities carried out in 2018/19, reports on our challenges and outline our future plans.

Within 2018-19, the IP&C team maintained and supported improvement in the standards of care for our patients in relation to infections, and in particular have continued to perform well with mandatory IPC training requirements. We are pleased to have increased the IPC Champions role, which is now embedded into each team and ward. This role has enabled our key IPC work streams to be embedded in our clinical. A summary of the IPC work plan can be noted in Appendix A.

This year's IPC audit highlighted good infection control practice with an overall score of 96% compliance. We currently hold a large number of IPC related policies. One key work stream this coming year is to review our policies and consolidate these in line with national guidance.

KMPT continues to promote good IPC standards at the heart of good clinical practice, and is committed to ensuring that appropriate resources are allocated for effective protection of patients, their relatives, staff and visitors. In this regard, emphasis is given to the prevention of Healthcare Associated Infection (HCAI) and the improvement of cleanliness in all our inpatient wards and community settings.

3. Structure, accountability and assurance

The structure for the management of the infection, prevention and control service is in compliance with the Hygiene Code 2008.

The Chief Executive is accountable for the provision of a safe patient environment, including the prevention and control of HCAI.

The Director of Infection Prevention and Control (DIPC) has lead responsibility for the strategy, policies, implementation and performance relating to infection prevention and control and is accountable for this to the Chief Executive.

The Trust wide Infection Control Group The Trust wide Infection Control Group is chaired by the Deputy DIPC and meets bi-monthly with representation from all Care Groups and support services, including Estates and Facilities. In addition to this, the water group meets every 4 months. The group provides a forum for discussion, decision making and governance oversight on measures for the prevention and control of infection within the Trust. Members are expected to cascade information back to their relevant teams, ensuring that infection prevention and control is on the governance agenda for care groups.

The Infection Control Team comprises of the DIPC, Deputy DIPC, Lead Nurse for Physical Health, Senior Infection Control Nurse, Senior Physical Health Nurse, Matrons, Heads of Nursing for each Care Group and Care Group Lead Nurses.

The Senior Infection Control Nurse reports directly to the Lead Nurse for Physical Health, and carries out the day-to-day management of the infection control service.

Microbiology Services The processing of clinical specimens is carried out via the microbiology departments within the 4 acute hospitals within Kent & Medway through Service Level Agreements (SLAs)

The following members of staff also have infection prevention control responsibility within their portfolios:

- Matrons
- Infection control link champions

Infection prevention and control continues to be essential in ensuring that people who use health and social care services receive safe, effective, well-led and responsive care. Effective prevention and control must be part of everyday practice and has to be applied consistently by everyone.

The key documents and legislation that the organisation adheres to includes:
- Health and Social Care Act 2012 (Regulated Activities).
- Care Quality Commission (Registration) Regulations 2009.
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- CQC Fundamental Standards CQC (Registration) Regulations 2009 - Regulation 12 – Safe care and treatment
- All relevant NHS / DH / NPSA guidance.
- All relevant expert guidance / evidence-based practice.

Evolving clinical practice, expanding services, emerging infections, antimicrobial resistance and an increase in vulnerable populations present new challenges for which a constant review of policies and procedures is essential.

5. Reporting mechanisms

The DIPC reports to the Trust Board via the IQPR and Quality Committee. Period reports are provided to the Trust wide Patient Safety and Mortality Meeting in accordance with the work plan.

Data surveillance of all suspected or confirmed infections are emailed to the dedicated infection control team from all Care Groups and this is monitored through the bi-monthly Trust wide IP&C group.

Daily infection control issues are supported by the Senior Infection Control Nurse with support from the Lead Nurse for Physical Health and Deputy DIPC. The members of the IP&C Team provide infection control expertise including results of surveillance, audit and alert organism reporting to a variety of groups across the organisation.

The Senior Infection Control Nurse continues to provide a named infection control link to senior staff within all care groups. Link champions from each ward/unit are nominated to provide 'on the floor' infection control advice.

6.   Assurance framework

KMPT formulates an assurance framework which ensures that all relevant actions are being taken to ensure compliance with the 10 criteria identified in The Health and Social Care Act's (2008) Code of Practice for health and adult social care on the prevention and control of infections and related guidance (also known as the Hygiene Code). The IP&C team produces the assurance

framework which provides the trust with a simple, but comprehensive method for the effective and focused management of the principal risks to meeting our objectives. It also provides a structure for the evidence to support the statement on internal control.

7.   Policies

The following policies were updated during 2018-19 and are available to staff on the staff intranet and in paper format kept on the wards / units:

The policies are reviewed and updated in line with current legislation and guidance.

> ➢ Mattress & Pillow Policy
> ➢ Books, Toys, Games and Magazines Safe Use and Cleaning Policy
> ➢ Decontamination Procedure
> ➢ Antimicrobial Prescribing & Management Policy
> ➢ Urinary Catheter Policy
> ➢ Guidelines on Pets on in-patient units
> ➢ Management of Sharps Injury/Splash
> ➢ Incidents Policy and Procedure

A Task and finish group was set up to reduce the number of policies we hold. This group decided to amalgamate certain policies to reduce from 27 previous policies to 11. This work will be completed in the forthcoming year.

8.   Clinical audit and effectiveness

Trust wide Infection Prevention and Control Audit

KMPT produces an audit to monitor, develop and implement plans for reducing HCAI, including Methicillin Resistant Staphylococcus Aureus (MRSA), Clostridium difficile *(C.diff)* and other significant infections.

The data collection audit tool used is SNAP - software made available via a web link which could be accessed via the Trust's intranet.

Once an audit is undertaken each ward/community team is provided with an action plan to complete and return to finalise the audit process.

Results

The results of the trust wide IP & C audit had identified that the organisation is performing well with 96% compliance.

Data collection tool was compiled of 9 sections as follows:

S1 Clinical Area
S2 Sluice Room
S3 Waste
S4 Toilet/Bathroom/Shower
S5 Laundry
S6 Specimen Collection
S7 Isolation
S8 Policies, Training & General Management
S9 Supplementary

These areas were chosen to ensure compliance for the aforementioned policies and national guidance.

Overall compliance per section ranged from 88%- 100% per Care group and overall ranged from 95%-97% which is an improvement from last year's 91%.
The highest performing Care groups were Community and Recovery and Older Adults.
The lowest scoring section for the audit was that of S1 Clinical area and the provision of Personal protective equipment with an overall score of 88%. Action plans were developed by the Quality improvement team and immediate remedial action taken. In this instance, stock was ordered.

The Trust wide IP&C audit proves to be beneficial in identifying actions required to ensure that all in-patient units and community teams comply with the trust's policies and procedures and to meet the 10 elements of the HSCA 2012.

Where anomalies are identified and improvements required, an action plan is written in collaboration with the respective ward/unit managers, Matrons and Heads of Nursing to ensure that they are resolved quickly to reduce any potential risk to our service users, staff and visitors.
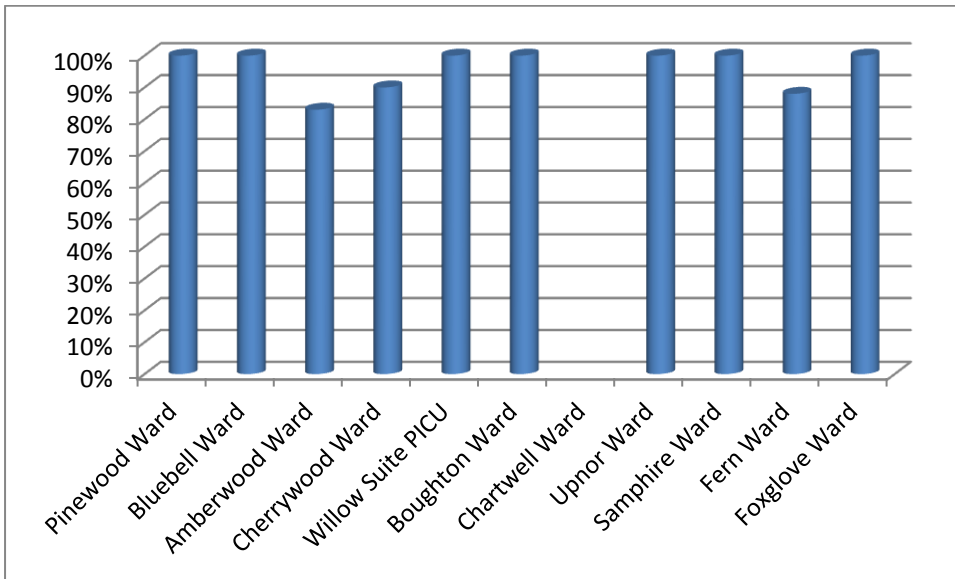
Hand hygiene audit

The trust regularly undertakes a hand hygiene audit across all inpatient services conducted by the infection control link practitioners. Its aim is to ensure that effective hand hygiene remains a solid and essential basis for the attainment of patient safety, contributing to a significant and measurable reduction in HCAI's.

Older adults inpatient wards complete monthly observational hand hygiene audits. The remaining care groups (Forensic and Specialist, Acute and working age adult community) complete the observational audit when a more regular need presents itself i.e. when a patient has a regular wound dressing. This is to ensure further assurance regarding safe practice. The results of these audits are returned to the infection control team who compile the data into an excel spreadsheet to ensure that all relevant wards have participated.

Best practice identified: Certificates are generated upon completion of monthly / annual hand hygiene audit, and displayed in the wards / units infection control notice board or at the entrance to the unit in recognition of good practice and achievement.
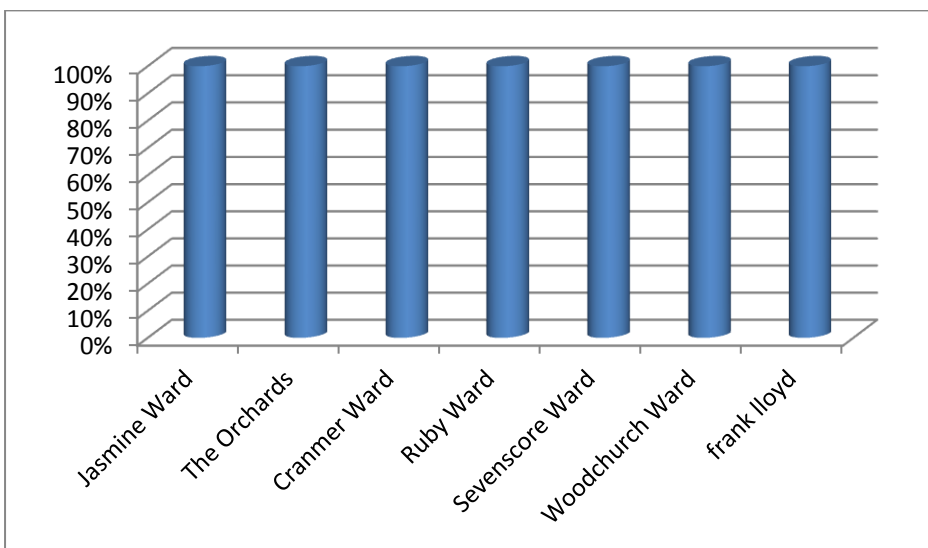
The following charts show hand hygiene audit submissions per Care group from April 2018-March 2019
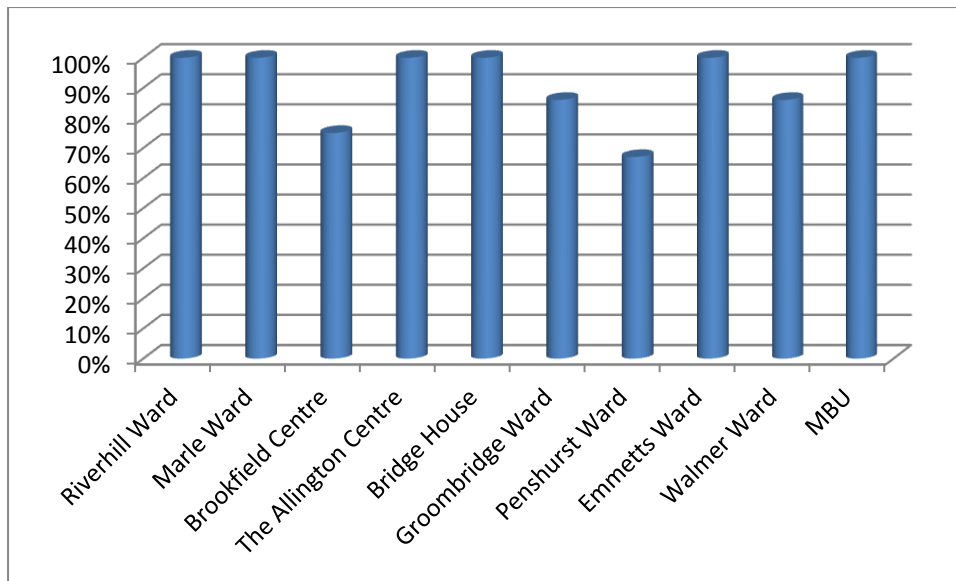
Table 1- Acute care group

Acute care group are not required to undertake a monthly hand hygiene audit as per our CCG Schedule 4 agreement. They undertake audits as required within each ward area.

Table 2- Older Adults Care Group

Older adults submit an audit monthly.

Table 3-Forensics Care group

Forensic and specialist Care Group are not required to submit monthly hand hygiene audits as per our Schedule 4 agreement. They undertake as required audits except the Mother and baby unit who submit monthly also.

Urinary tract infection audit

This Audit examines the amount of urinary tract infections being reported across the trust annually, looking at whether an indwelling urinary device was present.

Urinary tract infections are one of the most common types of infections reported which can have a detrimental effect on physical health as well as mental health. Urine infections can affect a patient's personality and behaviour and go on to cause some acute and challenging conditions. They result in prolonged hospital stays and increased costs for healthcare providers. Indwelling devices (catheters) are a particular risk as they need to be monitored by healthcare professionals daily to make sure the device does not become contaminated and that they are used for a specific reason and for the shortest time.

The Older Adult Care group recorded the highest number of urinary tract infections with 57 compared to the 46 in 2017-2018.

All identified urinary tract infections across care groups were closely monitored by the infection control team and pharmacists to ensure that the treatment offered was appropriate and timely.

If a urinary tract infection is suspected, most are treated with a broad spectrum antibiotic for the shortest duration which is used prophylactically until the organism is identified. Where possible a urine sample is collected and sent to the laboratory for analysis in an attempt to isolate the organism.

The data captured by the wards using the reporting template and mechanisms currently in-place across the trust, shows a greater awareness by staff through correctly assessing the problem and earlier reporting, which is enabling service users to be correctly treated to prevent long term harm and support wellbeing.

Table 4- Number urinary tract infections per Care Group
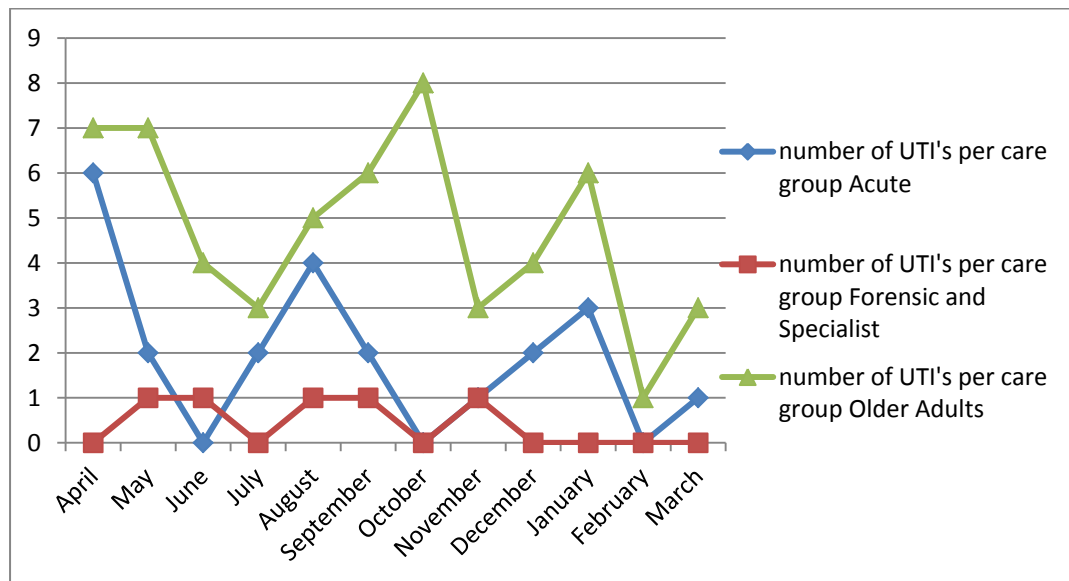
Trust wide Mattress Audit

Hospital mattresses are often used by more than one service user and can deteriorate quickly. Poor maintenance of mattresses and their covers may lead to contamination or inner surfaces. Mattress covers can become damaged at any time during use or storage. This damage can encourage the growth of micro-organisms, which are a potential cause of cross infection. All condemned mattresses have been removed and replaced.

Table 5- Findings using The Mount Vernon Criteria for Mattress Auditing

WARD/DEPARTMENT	No of mattresses condemned
Amberwood Ward	5
Bluebell Ward	0
Boughton Ward	3
Bridge House	0

Brookfield Centre	0
Chartwell Ward	0
Cherrywood Ward	1
Cranmer Ward	0
Emmetts Ward	1
Fern Ward	0
Foxglove Ward	0
Frank Lloyd	0
Groombridge Ward	0
Jasmine Ward	3
Marle Ward	0
MBU	0
Penshurst Ward	7
Pinewood Ward	1
Riverhill Ward	7
Ruby Ward	0
Samphire Ward	0
Sevenscore Ward	0
The Allington Centre	6
The Orchards	2
Upnor Ward	2
Walmer Ward	0
Willow Suite PICU	0
Woodchurch Ward	0
The Grove	4
111 Tonbridge Road	3
Rosebud Centre	0

Annual water report

The following report details the water related planned preventative maintenance tasks (PPMs) completed in the year April 2018 to March 2019 during which time, June 2018, the maintenance services were outsourced so the results cover both the initial in house service provision and the contracted service now provided. The PPM's are carried out to ensure KMPT are compliant with the Legionella regulations and they include flushing, monitoring temperatures, boiler servicing and filter changes. The majority of tasks are completed by the maintenance contract services although some flushing is completed by the in house housekeeping staff. Of the 2762 tasks 7% failed; most (5%) of the failures are due to weekly or monthly tasks being superseded by a six monthly or annual task. Of the other 2% these were rebooked as the wards/sites were unable to give access the time the task was scheduled.

Table 6- Annual tasks
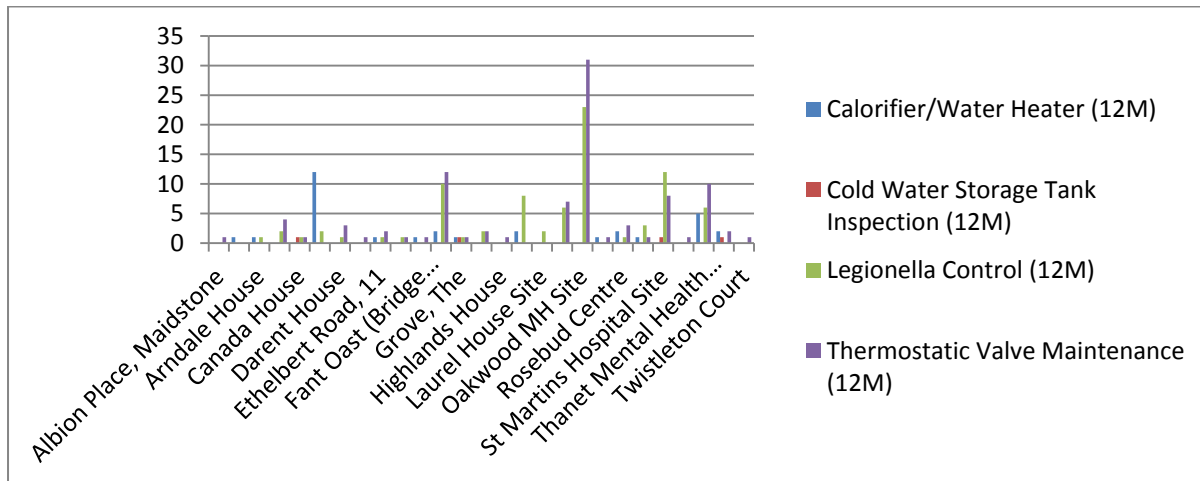
They cover all aspects of L8 ALCOP, HTM 04-01 part 2, KMPT Water Safety Group (WSG) and Control of Legionellae Policy 2017 v4 for compliance as indicated as follows:
• Weekly flushing where required.
• Bi Weekly water softener inspection.
• Monthly tap, Hot water calorifier, sentinel temperature checks for Legionella.
• 6 monthly Water storage temperature checks.
• Yearly TMV maintenance and all other items mentioned above.
Additionally table 7 below confirms the weekly and monthly testing:

Table 7- Weekly and monthly testing
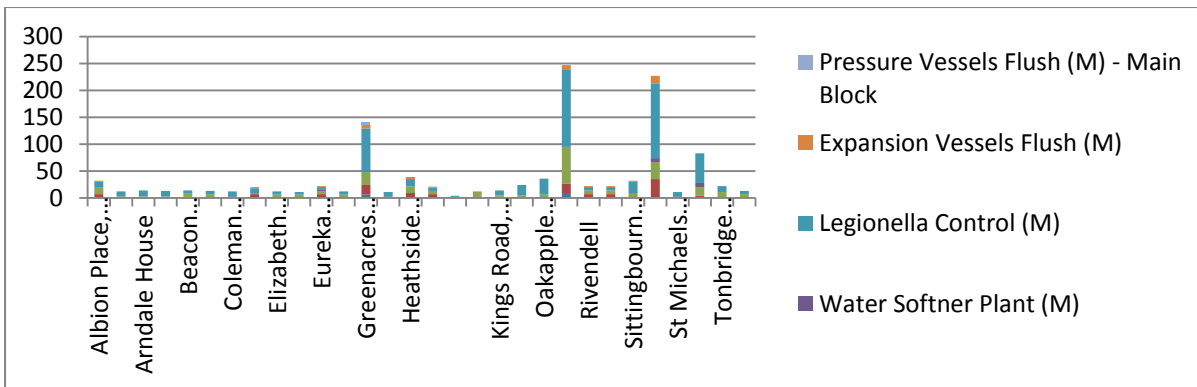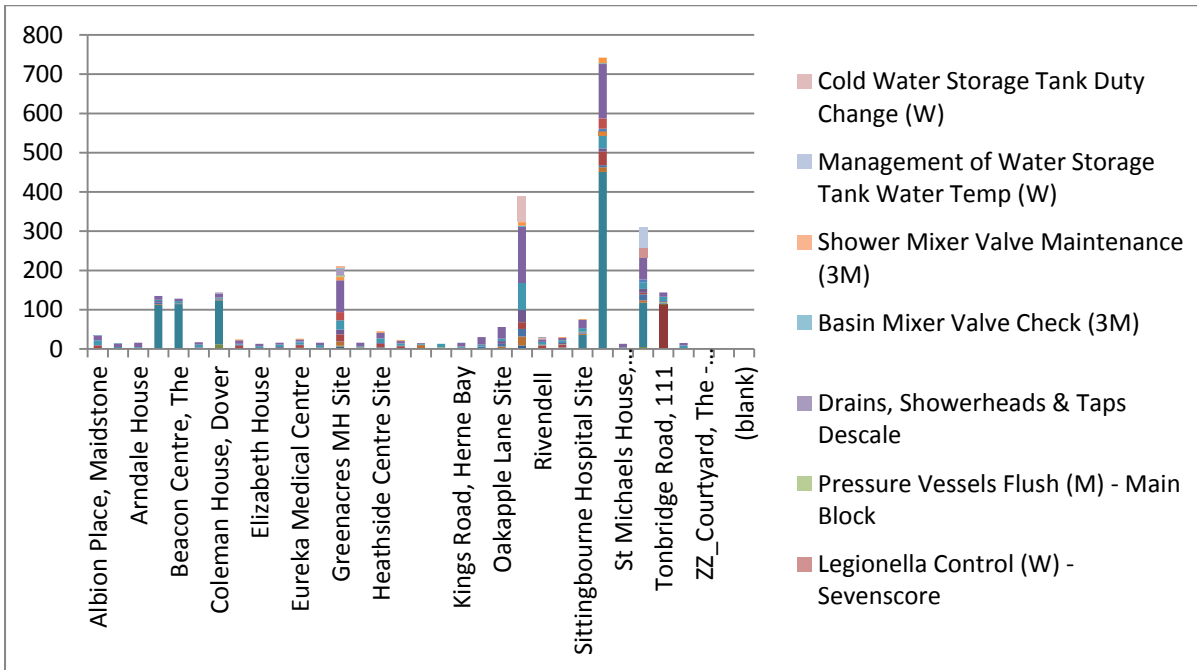
All of the 24 month Risk Assessments required under ALCOP L8 in the year were completed and the actions identified in the RA's are complete.

The maintenance contract performance on water standards was within the requirements of the contract and regulations; no Issues have been detected.

9.   Antimicrobial   prescribing   and   management

Effective antimicrobial stewardship within hospitals and community settings makes an important contribution to the control and prevention of Clostridium difficile (C.*diff*), associated diarrhoea and other health care associated infections.

The trust's Antimicrobial Prescribing and Management Policy has been reviewed this year to ensure it is compliant with current best practice. This policy provides a robust structure and guidance to all trust staff on the safe use these medicines across all KMPT's inpatient and community settings. This policy is available for all staff to access both in paper form and on the trust intranet site.

Monitoring compliance and effectiveness of this document includes the need for inpatient units to submit antibiotic data to the IP&C email address when any antibiotic is prescribed.

This information is collated onto a database and any concerns regarding antimicrobial prescribing is addressed between the IP&C Team, ward staff, the prescribing doctor and pharmacy staff. In addition, broad spectrum antibiotics are not a stock item on the wards. All broad spectrum antibiotic requests made to Lloyd's pharmacy are highlighted to the KMPT pharmacists.

There have been discussions with a local Acute Trust for a microbial pharmacist to provide training for KMPT staff.A service level agreement for Consultant microbiologist support is being currently being compiled.

10.   Training and education

Training remains high priority on the IP&C team's agenda, providing face to face training for staff or producing the training packages used for core training or e-learning. During the period from the 1 April 2018 to the 31 March 2018 staff were trained in infection prevention and control through a variety of training methods which include:

- E-Learning packages.
- Face to face taught sessions
- Ad-hoc drop in
- Link nurse training and development
- Link nurse three monthly updates
- Light box hand hygiene training for in-patient and community teams
- Student nurse infection control training

The following charts show compliance with mandatory training across the organisation.

Table 6- Trust Overall Infection Control training compliance

Overall	Target	Infection Control/Hand Hygiene 2 Yearly	Infection Control/Hand Hygiene 3 Yearly	Infection, Prevention & Control Once
Apr-17	85%	94%	97%	98%
May-17	85%	94%	97%	98%
Jun-17	85%	94%	98%	98%
Jul-17	85%	94%	97%	97%
Aug-17	85%	91%	95%	96%
Sep-17	85%	95%	98%	98%
Oct-17	85%	94%	98%	97%
Nov-17	85%	94%	99%	98%
Dec-17	85%	95%	97%	97%
Jan-18	85%	95%	98%	98%
Feb-18	85%	96%	99%	98%
Mar-18	85%	94%	98%	97%

Table 7- Acute Care group Infection Control training compliance

Acute	Target	Infection Control/Hand Hygiene 2 Yearly	Infection Control/Hand Hygiene 3 Yearly	Infection, Prevention & Control Once
Apr-18	85%	93%	98%	NA
May-18	85%	94%	98%	NA
Jun-18	85%	95%	98%	NA
Jul-18	85%	94%	97%	NA
Aug-18	85%	92%	98%	NA
Sep-18	85%	95%	97%	NA
Oct-18	85%	95%	98%	NA
Nov-18	85%	95%	98%	NA
Dec-18	85%	95%	95%	NA
Jan-19	85%	95%	96%	NA
Feb-19	85%	96%	100%	NA
Mar-19	85%	95%	100%	NA

Table 8- Community Care group Infection Control training compliance

Community and Recovery	Target	Infection Control/Hand Hygiene 2 Yearly	Infection Control/Hand Hygiene 3 Yearly	Infection, Prevention & Control Once
Apr-18	85%	89%	93%	NA
May-18	85%	90%	94%	NA
Jun-18	85%	90%	95%	NA
Jul-18	85%	91%	95%	NA
Aug-18	85%	90%	93%	NA
Sep-18	85%	94%	97%	NA
Oct-18	85%	92%	96%	NA
Nov-18	85%	92%	98%	NA
Dec-18	85%	93%	96%	NA
Jan-19	85%	93%	98%	NA
Feb-19	85%	94%	98%	NA
Mar-19	85%	93%	97%	NA

Table 9- Forensic Care group Infection Control training compliance

Forensic and Specialist	Target	Infection Control/Hand Hygiene 2 Yearly	Infection Control/Hand Hygiene 3 Yearly	Infection, Prevention & Control Once
Apr-18	85%	97%	99%	NA
May-18	85%	96%	98%	NA
Jun-18	85%	96%	99%	NA
Jul-18	85%	96%	98%	NA
Aug-18	85%	95%	94%	NA
Sep-18	85%	95%	98%	NA
Oct-18	85%	94%	99%	NA

Nov-18	85%	95%	99%	NA
Dec-18	85%	95%	98%	NA
Jan-19	85%	95%	99%	NA
Feb-19	85%	95%	99%	NA
Mar-19	85%	93%	99%	NA

Table 10- Older Adults Care group Infection Control training compliance

Older Adults	Target	Infection Control/Hand Hygiene 2 Yearly	Infection Control/Hand Hygiene 3 Yearly	Infection, Prevention & Control Once
Apr-18	85%	97%	99%	NA
May-18	85%	97%	100%	NA
Jun-18	85%	97%	100%	NA
Jul-18	85%	96%	100%	NA
Aug-18	85%	93%	100%	NA
Sep-18	85%	95%	99%	NA
Oct-18	85%	96%	100%	NA
Nov-18	85%	96%	98%	NA
Dec-18	85%	97%	98%	NA
Jan-19	85%	98%	99%	NA
Feb-19	85%	97%	98%	NA
Mar-19	85%	96%	99%	NA

Table 11- Support services Infection Control training compliance

Support services	Target	Infection Control/Hand Hygiene 2 Yearly	Infection Control/Hand Hygiene 3 Yearly	Infection, Prevention & Control Once
Apr-18	85%	92%	NA	98%
May-18	85%	91%	NA	98%
Jun-18	85%	92%	NA	98%
Jul-18	85%	90%	NA	97%
Aug-18	85%	81%	NA	96%
Sep-18	85%	91%	NA	98%
Oct-18	85%	92%	NA	98%
Nov-18	85%	93%	NA	98%
Dec-18	85%	92%	NA	97%
Jan-19	85%	93%	NA	98%
Feb-19	85%	93%	NA	98%
Mar-19	85%	93%	NA	97%

Learning and Development have confirmed that monthly e-mail reminders are sent to those who are out of date and those who are due to expire within the next four months.

The infection control team analyse these figures quarterly for the board report and any areas below target are contacted, either via ward managers or matrons, to inform them of this shortfall.

11.   Link nurse practitioners

The majority of inpatient units and community teams have an identified Link Champion in place working in partnership with the senior infection control nurse to provide IP&C support to their clinical areas.

A link Champion training programme facilitated by the Senior Infection Control Nurse is undertaken which enables the link practitioner to train and support staff within their own clinical areas. These sessions provide the skills required to facilitate this role successfully.

Link nurse update meetings are held on a 3 monthly basis. They act as a communication tool to impart information from board to ward and also offer network opportunities for staff.

The sessions look at the role of the link nurse, the focus on reducing HCAI's within the trust, the importance of good effective hand hygiene practices, the different organisms that affect the clinical environments and how we can manage the risks they pose. Outside facilitators are also provided to advance their scope of practice and their understanding.

12. Needlestick/sharps injuries

Needlestick injuries occur when a needle or other sharp implement penetrates the skin. If the needle or sharp instrument is contaminated with blood or other bodily fluids, there is the potential risk of transmission of infection. Staff experiencing this type of injury risk acquiring Hepatitis B, Hepatitis C and Human Immunodeficiency Virus (HIV). To minimise this risk to staff and patients KMPT have been using safety needles across all inpatient and community teams.

There were 8 reported cases of sharps injury this year which is a reduction from the previous year where 11 cases were reported.

The infection control team and medical devices have produced a stock list to standardise the use of safety needles across the organisation.

13.   Outbreaks / periods of increased incidence

Outbreaks

14.5.18- The Orchards Older adults ward. 6 patients affected. 2 confirmed Norovirus.
16.7.18- Woodchurch Older adults ward. 3 patients affected. No confirmed micro-organism
5.11.18- Fern Acute Ward. 4 patients affected. No confirmed micro-organism
5.1.19- Pinewood Acute Ward. 4 Patients affected. No confirmed micro-organism
2.1.19- Jasmine Older adults ward. 4 Patients affected. No confirmed micro-organism
28.2.19- The Grove rehabilitation unit. 2 cases of confirmed influenza A

All outbreaks were managed effectively and relevant parties informed. The ward staff are to be commended for their swift action and excellent care.

Clostridium Difficile Toxin Positive Infection

There have been no reported clostridium difficile toxin positive cases for this current year.

14. MRSA screening

The Department of Health (DH) requires all NHS trusts to record methicillin-resistant staphylococcus aureus (MRSA) screening data for elective and emergency admissions. Within mental health, there are no elective patients; therefore the DH had identified incidents of greater clinical risk.

Therefore the screening criterion within KMPT is as follows:

- service users who are admitted to mental health wards or units having had surgery or any surgical procedures
- any service user who was transferred from an acute trust
- drug users that use intravenous drugs
- service users who self harm
- service users with chronic wounds, e.g. leg ulcers or have a catheter or any other indwelling device.

MRSA screening figures

Nursing staff continue to swab patients based on our criteria above and there were 3 cases of patients colonised with MRSA during this reporting year. This is compared against previous year's figure of 1 (2017-18) and 1 (2016-17). In addition,1 case of MRSA infection, which was treated, were reported across the Trust.

- MRSA screening figures will be discussed at each Trust wide Infection Prevention Control Group meeting with action to care group representative in those areas that have reduced levels of screening.
- Senior infection control nurse will promote screening through link nurse meetings, monitoring of the screening reports and feedback to wards.

The target for MRSA screening is 100 per cent, but due to the nature of our service users' mental health presentation they do refuse the swabbing procedure at times, but all patients who do refuse are followed up. This is monitored via the Senior Infection Control Nurse.

MRSA bacteraemia

There have been no reported cases of MRSA bacteraemia (MRSA bloodstream infection) during this time period. The last case reported was October 2011.

15. Sepsis

Sepsis is a time critical medical emergency with potentially devastating consequences and a high mortality rate. It is often under recognised and frequently under-treated. The successful management of sepsis requires a high index of suspicion and early recognition. Patients cared for within their own home or within inpatient settings must be identified and treatment initiated quickly to improve outcomes.

Sepsis awareness is promoted in the organisation by annual training updates for clinical staff within CPR and ILS training in conjunction with the Sepsis screening tool on our MEWS (Modified early warning) charts. There is also a sepsis policy available for reference on the Trust's intranet.

All suspected sepsis incidences are reported via Datix. This information is then supplied to the Senior Physical health nurse and the Senior Infection control nurse for review.

Incidences in this time period are as follows:
7.6.18- Ruby Ward
29.10.18- Samphire ward
8.2.19- Cranmer ward

These patients were transferred in a timely manner to the Acute hospital for management.

16.   Decontamination

The IP&C team work closely with the Medical Device Co-ordinator to ensure that sufficient guidance was available to staff on the safe methods of decontamination for medical devices.

This is to protect all staff and service users from the transmission of micro-organisms from medical devices, associated consumables and materials used in the physical assessment, treatment, diagnosis and care of our service users.

The following measures are in place:

- To ensure that all mattresses are fit for purpose and do not present a cross contamination risk, an annual trust wide mattress audit will continue, all wards are using the fit test to ensure patency.
- Single patient use items are being used and all ward teams are questioned on audit the symbol for single use items and ensures that these items are being used, e.g. nail clippers, disposable slings and scissors.
- Disposable items and single use items are promoted and recommended e.g. bowls (that are macerable), medicine pots and disposable tourniquets.
- Decontamination of rooms/wards during an outbreak or post outbreak with a chlorine based solution is used for environmental cleaning to prevent the contamination of hard surfaces, which in turn reduces the risk of cross infection. Soft furnishings such as curtains are replaced with clean ones.
- Working closely with the housekeeping teams across the trust to ensure that all infection control measures are adopted and utilised to help in the fight against infection or outbreak.
- Decontamination checklist devised for patient use items.

Cleaning

The schedule for on-going cleaning audits is as follows;

- Non-patient sites that score 80 per cent and above are audited on a twice yearly basis
- Non-patient sites that score below 80 per cent are audited on a quarterly basis
- Outpatient sites that score below 90 per cent will continue to be audited on a quarterly basis
- Outpatient sites that score 90 per cent and above will be audited on a four monthly basis
- Inpatient areas that score below 90 per cent will be audited on a bimonthly basis
- Inpatient areas that score 90 per cent and above continue to be audited on a quarterly basis.

When a site falls below the proposed standard it must obtain one consistent pass marks at the higher level before it reverts back to the proposed schedule. The results are discussed at the trust infection prevention and control group meetings bi-monthly.

The following report is to give reassurance that cleaning standards are reviewed and audited across the Trust in line with NHS cleaning standards.

Cleaning audits are carried out in compliance with NHS requirements:
- All Non-patient sites are audited on a twice yearly basis.
- Outpatient sites to be audited on a Quarterly basis
- In-patient Areas will be audited on a Quarterly basis.
- Kings Renal Unit will be audited on a Monthly basis.

When a site falls below the proposed standard it must obtain one consistent pass mark at the higher level before it reverts back to the proposed schedule. This would be carried out the following month. The results are discussed at the trust infection prevention and control group meetings bi-monthly.

Table 12-Cleaning audit quarterly audit results – completed by KMPT audit team.

	Apr-Jun Overall	Jul-Sept Overall	Oct-Dec Overall	Jan-Mar Overall
11 Ethelbert Road	92%	92%	82%	92%
111 Tonbridge Road	92%	96%	92%	92%
Allington Centre	90%	90%	90%	90%
Archery house Kitchen	92%	82%	82%	82%
Bridge House at Fant Oast	89%	88%	88%	88%
Brookfield Centre	89%	87%	87%	89%
Frank Lloyd	89%	88%	92%	88%
Jasmine DVH	88%	87%	86%	86%
Littlebrook	88%	88%	88%	88%
Littlestone	90%	87%	90%	90%
Medway A-Block	83%	89%	83%	86%
New Haven Lodge	92%	92%	92%	88%

Priority House - Adult Acute Shared	81%	83%	85%	85%
Priority House - Boughton	89%	92%	89%	89%
Priority House - Chartwell	Closed	89%	89%	89%
Priority House - Orchards	87%	87%	88%	89%
Priority House - Upnor	90%	90%	90%	90%
Rivendell	92%	92%	92%	92%
Rosebud Ward (Birling Centre)	85%	85%	85%	85%
Rosewood Lodge/MBU	Closed	89%	89%	89%
St Martins - Fern Ward	90%	88%	90%	90%
Foxglove/Bluebell	89%	88%	89%	92%
St Martins - Samphire	90%	87%	90%	90%
St Martins - Cranmer	89%	89%	89%	89%
St Martins - Restaurant	90%	90%	92%	92%
Tarentfort Centre	87%	86%	86%	85%
TGU Walmer Building	89%	89%	88%	89%
TGU Emmetts	90%	88%	87%	89%
TGU Groombridge / Penshurst / Left	89%	88%	88%	89%
TGU Sports Hall	92%	92%	-	92%
TGU Bedgebury	92%	89%	92%	89%
Thanet MHU Sevenscore	96%	88%	90%	90%
Thanet MHU Woodchurch	86%	86%	90%	90%
The Grove	92%	92%	92%	92%

The above data encompasses both cleaning and environmental auditing and whilst assurance can be given that all areas are achieving their cleaning scores where failures occur these are due to environment issues such as old estate, building works taking place create large amounts of dust and the need for redecoration programmes.

The current NHS cleaning standards are being reviewed by NHS improvement team and will be out in June 2019 when the Facilities team will take action to implement the necessary changes.

17. Seasonal influenza campaign

This year saw the trust continue its success in the number of front line staff receiving the seasonal flu vaccine. Last year, the Department of Health introduced targets for providers to achieve and set a target of 75 %uptake for frontline staff to be vaccinated.

Uptake was initially good, but many staff had refused the vaccine stating that it would give them flu, despite reassurance from the physical health team and the flu myth buster poster. Unfortunately we did not reach the 75 % vaccination target, we achieved 54%

Table 13- CQUIN Totals

CQUIN Totals	Sum of No. of Employees	Sum of No. Vaccinated	Sum of Target (75%)	Sum of Outstanding to Achieve	Percentage Complete
Acute	641	398	481	83	62%
CRCG	778	369	584	215	47%
Forensic & Specialist Services	583	293	437	144	50%
Older Adults	636	366	477	111	58%
Support Services	286	142	215	73	50%
Grand Total	2,924	1,568	2,193	625	54%

Table 14- Overall totals

Row Labels	Count of Staff Group	Count of Date of Flu Jab	Percentage
Acute	672	415	62%
CRCG	836	412	49%
Forensic & Specialist Services	615	307	50%
Older Adults	652	371	57%
Support Services	668	338	51%
Grand Total	3,443	1,843	54%

A debriefing session and flu campaign planning meeting was held to develop a robust flu plan for the coming flu season later in the year. Suggestions were put forward for the 2019-2020 campaign and are currently being actioned.

18. Conclusion

Within 2018-19, the IP&C team maintained and improved the standards of care for our patients in relation to infections.

Auditing current infection prevention and control systems, processes and practice ensures a continual progression of quality improvement. This results in change to clinical practice and makes certain that all staff is trained to a high standard. This has been achieved by working collaboratively with internal and external stakeholders across the whole system.

NHS
Kent and Medway
NHS and Social Care Partnership Trust

Appendix A

Infection Prevention and control Team work Plan

2019-2020

Purpose

This programme sets out the Infection Prevention Control programme for the forthcoming year working closely with the Estates and Facilities Team while building up the Link nurse role.

- The overall key aim will to be to achieve compliance with requirements of the Health and Social Care Act 2012 – Code of Practice for health and adult social care on the prevention and control of Infections and related guidance and CQC Fundamental Standards CQC (Registration) Regulations 2009 - Regulation 12 – Safe care and treatment

The programme identifies the Infection Prevention Control (IPC) activities that the Team will focus on for the coming year. All areas are expected to follow existing IPC activities, policies, procedures and guidelines

The main focus for this year will be:

- To monitor the rates of infections for both national and local reporting requirements.

- The ongoing education of staff in Infection Prevention and Control practices

- Monitoring practices and processes through audit

- The improving the staff awareness of availability hand hygiene provision

- To proactively work with Care Groups to manage Infection prevention and control issues

The method of achieving this will be as follows

	Area to address	Action Required	Timescale	By whom
1.	Demonstrate compliance with all IPC policies	Review all IPC policies in line with current evidence base ensuring it is user friendly	Ongoing	Senior Infection Control Nurse
		Ensure that the IPC policy folder on i-connect is kept up to date	Ongoing	Senior Infection Control Nurse
		Audit compliance with policies through Trust Wide infection control annual audit	Yearly	Ward managers/Matrons
2.	Surveillance of alert organisms and conditions	Provide quarterly information to the Trust Board on alert organisms and conditions via Trust Wide Patient safety group.	Quarterly	Lead Nurse, Physical Health/Senior Infection Control Nurse
		Surveillance to be included in annual report 2019- 2020.	Yearly	Lead Nurse, Physical Health/Senior Infection Control Nurse
		Report any conditions /organisms as required to PHE and CCGs	As required	Senior Infection Control Nurse/

			As required	Lead Nurse, Physical Health/
		Monitor clusters of cases of communicable diseases and make recommendations to stop ongoing transmission as required.	As Required	
		Complete Learning Reviews for all outbreaks within the wards and report back to the Trust wide Patient safety Group and CCGs	As required	Senior Infection Control Nurse
		Provide advice and education to all staff with regards to sending clinical samples to confirm presence of infection		Senior Infection Control Nurse
3.	Outbreaks of infection	Ensure that the IPC data base is kept up to date and reporting is accurate.	Ongoing	Senior Infection Control Nurse
				Senior Infection Control Nurse
		Organise debrief meeting after an outbreak and disseminate any lessons learned	As required	
4.	Infection Control Champions	To continue to recruit new Link Champions and to maintain a database for every area	Ongoing	Senior Infection Control Nurse
		To provide coaching to	Ongoing	Senior Infection Control Nurse

		all Link champions		
		To hold regular Link champions Study Days	Quarterly	Senior Infection Control Nurse
		To provide regular communications and briefings to Link champions via email.	Ongoing	Senior Infection Control Nurse
		To provide up to date training materials for Link champions	Ongoing	Senior Infection Control Nurse
5.	Education and Training	Support staff that are using the IC 'e' learning program.	Ongoing	Senior Infection Control Nurse
		Provide onsite Infection Control training as required.	As required	Senior Infection control nurse
		Develop new ways of delivering IC training in conjunction with the L+D department	Ongoing	Infection Control Link Staff/IC Champions
		Ensure all relevant staff are aware the appropriate use of personal protective equipment.	Ongoing	Senior Infection Control Nurse
6.	Audits			

		Depending on need, ICT will audit services when a critical issues has been identified and on an ad hoc basis.	As required	Senior Infection Control Nurse
		To disseminate audit tools for Trust wide infection control Annual audit to all wards and CMHT's that have service users visiting. This will include the annual mattress audit.	Yearly	Lead Nurse, Physical Health/Senior Infection Control Nurse
		To ensure that hand hygiene audits are completed and reported	Monthly	Infection Control Team and Pharmacy
		Ensure all antimicrobial prescribing is fully monitored by Pharmacy	Yearly	Senior Infection Control Nurse
		Audit Results to be part of the annual report	Yearly	
7.	New builds and refurbishments	Estates and Facilities to ensure the Infection Control Team are informed of and involved in the development and planning to ensure all standards are met	As required	Senior Infection Control Nurse
8.	Staff Health and Safety	Continue to audit and review of sharps incidents and the subsequent actions taken by all Care Groups	Ongoing	Senior Infection Control Nurse

		concerned.		
		This is to be reported to the Infection Control Group.	Ongoing	Senior Infection Control Nurse
		Increase compliance of safety needles.	Ongoing	Senior Infection Control Nurse

9.	Seasonal Influenza Campaign	To lead on the Flu campaign for the Trust	Sept 2019 – Mar 2020	Lead Nurse, Physical Health with the Senior Infection Control Nurse
		To Procure the Flu vaccinations	March 2019 – Sept 2020	
		To ensure that communications are involved within the campaign	July 2019 – January 2020	
		To ensure that all data is given to workforce in a timely manner for upload onto Unify	Sept 2019– Feb 2020	
		To obtain "Flu Champions" across the Trust	August 2019 – January 2020	
		To train staff in the giving of vaccinations	August 2019 – January 2020	
		To co-ordinate all clinics/visits across the Trust	July 2019 – January 2020	
10.	Procurement	Make recommendations available for approved products used	Ongoing	Senior Infection Control Nurse
		To keep preferred list of products up to date	Ongoing	Senior Infection Control Nurse

Appendix B   **KMPT ASSURANCE FRAMEWORK COMPLIANCE 2019/2020**

Development Plan for Infection Prevention and Control to meet the Health and Social Care Act's (2012) Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance

Compliance 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 others may pose to them.					
1.1 Appropriate management and monitoring arrangements should ensure that:	**Self-assessment**	**Description for compliance**	**Actions**	**responsibility**	**Progress**
• A board level agreement outlining the boards collective responsibility for minimising the risk of infections and the general means by which it prevents and controls such risks	Infection Prevention and Control (IP & C) policy in place. Trust Wide infection Prevention and Control Group in place. quarterly reports to the Board.	Demonstrates sign up by the board of directors. The report is submitted quarterly	Reports to Board which incorporate minutes from the Trust IP & C Group	CEO Executive Director of Nursing and Quality/DIPC	
• The designation of a DIPC who is accountable directly to the CEO and the board	Appointment of the Executive Director of Nursing and Quality/DIPC	DIPC in place job description reflects roles and responsibility.	None Required	CEO	
• The mechanism by which the board intends to ensure that sufficient resources are available to secure the effective prevention and control of infection.	quarterly Board reports	Within the board minutes sign up to resources	None Required	Executive Director of Nursing and Quality/DIPC	
• Ensuring that relevant staff, contractors and other persons receive suitable training and	Face to face training is provided for staff, as is Corporate induction and e-learning for clinical and non-clinical staff.	Training records All contractors have a letter.	Learning and Development Department to monitor the number of staff undertaking the training	Learning and Development Dept Executive Director of	

		Visitors Ward closure signs		Nursing and Quality/DIPC	
information and supervision in, measures required to prevent and control risks of infection	Record of staff attendance to training is kept by the L & D department. Training Policy identifies levels of training needed for staff. Link nurses meetings for the Trust		Managers to ensure attendance of the link nurse meetings	Deputy Director of Nursing and Practice /deputy DIPC Heads of Nursing Service Managers /Modern Matrons. Head of Facilities	
• A programme of audit to ensure key policies and practice are being implemented appropriately	IP & C Audits are carried out in all service areas annually. Monthly Hand Hygiene Audits for Older Adults Annual Trust wide Mattress audits Annual audit of Transfer of Care Infection Control Documentation. PLACE visits	Demonstrates annual audit of compliance on a site by site basis	Implement all audit recommendations Implement PLACE action Plans ¼ Cleaning audits Implement Hand hygiene Audit Action plans	Executive Director of Nursing and Quality/DIPC, Deputy Director of Nursing and Practice/deputy DIPC Senior Infection Control Nurses Heads of Nursing Service Managers/Modern Matrons Hotel Services	
• A policy addressing where relevant the admission transfer discharge and movement of patients between depts. and between healthcare facilities	Trust wide Infection Prevention and control policy	Clearly outlines the process for checking HCAI's on transfer of care/admissions.	Ensure the Transfer check list is used Monitor the HCAI transferred into the Trust from the Acute Trusts	Executive Director of Nursing and Quality/DIPC, Deputy Director of Nursing and Practice/deputy DIPC Heads of Nursing IP & C Team Service Managers/Modern Matrons	
• Designation of a decontamination lead	The Deputy Director for Nursing/Deputy DIPC is the lead for decontamination	The Deputy DIPC works closely with the Medical Devices Manager	To be monitored through the medical devices meeting and infection prevention and control meeting minutes	Executive Director of Nursing and Quality/DIPC Deputy Director of	

				Nursing and Practice/Deputy DIPC Medical Devices Manager	
1.2 Risk Assessment **A registered provider should ensure that it has:** • made a suitable and sufficient assessment of the risks to the person receiving care with respect to prevention and control of infection • identified the steps that need to be taken to reduce or control those risks • recorded findings in relation to the first two points; • implemented the steps identified and put appropriate methods in place to monitor the risks of infection to determine whether further steps are needed to reduce or control infection.	Covered by the audit and service action plans. quarterly board report Trustwide infection control annual audit MRSA management and Screening Policy Transfer of Care infection control documentation form All suspected/confirmed infections reported to the IP & C Team	Yearly Trustwide infection control audit to risk assess and ensure compliance with the Hygiene Code and to provide support to services		Executive Director of Nursing and Quality/DIPC Deputy Director of Nursing and Practice/Deputy DIPC Heads of Nursing Service Managers/Modern Matrons IP & C Team	
1.3 The role of the DIPC in NHS provider organisations is to: • be accountable directly to the chief executive and to the board (but not necessarily a member of the board) • be responsible for the organisation's infection prevention and control	In DIPC job description	Demonstrates compliance to Hygiene Code	None required	Executive Director of Nursing and Quality/DIPC	

team (IPT) or infection control team (ICT) • oversee local prevention and control of infection policies and their implementation; • be a full member of the ICT and regularly attend its infection prevention and control meetings; • report directly to the NHS board and, in non-NHS care settings, the registered provider; • have the authority to challenge inappropriate practice and inappropriate antibiotic prescribing decisions; • assess the impact of all existing and new policies on infections and make recommendations for change; • be an integral member of the organisation's clinical governance and patient safety teams and structures; and • produce an annual report and release it publicly as outlined in *Winning ways: working together to reduce healthcare associated infection in England.*	Chairs Trust wide IP & C group Antimicrobial Prescribing and Management Policy Through trust wide audit Annual DIPC report produced	Minutes of Patient Safety Group meetings Minutes of Trust wide Infection Control Meetings Minutes of CCG meetings Minutes of Patient safety and Governance meetings			
1.5 Assurance Framework • regular presentations from the DIPC and/or the ICT to the board. These should include a trend analysis for infections and compliance with audit	Assurance Framework in place RCA's and audits performed Outbreak Management Team IP & C Team to support and advise ward on actions to take	Assurance Framework monitors compliance to the Hygiene Code. It is monitored by the IP & C Team and the Trust wide Infection Control group. Service Managers/Modern Matrons monitor and update this through the modern matron forums.	To be monitored through the board, IC meetings, Service Managers/Modern Matrons Meetings Link nurse Meetings Service Managers to produce a quarterly report to the Board.	CEO Executive Director of Nursing and Quality/DIPC Deputy Director of Nursing and Practice / Deputy DIPC Heads of Nursing	

programmes; • quarterly reporting to the NHS board or registered provider by clinical directors and matrons (including nurses who do not hold the specific title of 'matron' but who operate at a similar level of seniority and who have control over similar aspects of the patient or the patient's environment); • a review of statistics on incidence of alert organisms (for example, but not limited to, meticillin-resistant *Staphylococcus aureus* (MRSA) and *Clostridium difficile*) and conditions, outbreaks and serious untoward incidents • evidence of appropriate action taken to deal with occurrences of infection including, where applicable, root cause analysis; and • an audit programme to ensure that policies have been implemented;	SI meetings / minutes of meetings IP&C investigate RCA and report findings to Trustwide Infection Group who cascade any learning throughout the Trust and the SI Risk Manager.	The IP&C team provide quarterly reports to the board that is shared with the Matrons at the 6 weekly meetings providing a 2 way sharing of information process, demonstrating that infection prevention and control are an integral part of quality assurance		IP & C Team Service Managers/Modern Matrons	
1.7 The infection prevention and control programme should: • set objectives that meet the needs of the organisation and ensure the safety of service users; • identify priorities for action;	Trust Wide Infection Prevention and Control group Infection Control Link Nurse Meeting minutes Modern Matron Meetings	Demonstrates compliance with Hygiene Code	Continue with IP & C programme	Executive Director of Nursing and Quality/DIPC Deputy Director of Nursing and Practice / Deputy DIPC Heads of Nursing	

• provide evidence that relevant policies have been implemented to reduce infections; and • if appropriate, report progress against the objectives of the programme in the DIPC's annual report or the IPC Lead's annual statement.	quarterly Board reports Data Surveillance Monthly Hand Hygiene observational audit for Older adults MRSA Screening data and Infection database Monthly training stats IP & C audits			IP & C Team	
1.8 Infection control infrastructure An infection prevention and control infrastructure should encompass: • in acute healthcare settings, for example, an ICT consisting of an appropriate mix of both nursing and consultant medical expertise (with specialist training in infection prevention and control) and appropriate administrative and analytical support, including adequate information technology – the DIPC is a key member of the ICT; • in other settings, there will be an infection control nurse (ICN) or another designated person who is responsible for infection prevention and control matters and has access to specialist expertise as necessary; and • 24-hour access to a nominated qualified infection control doctor (ICD) or consultant in health protection/communicable disease control. The registered provider should know how to access this advice.	Trust Wide Infection Prevention and Control group Infection Control Link Nurse Meeting minutes Modern Matron Meetings quarterly Board reports Data Surveillance Access to Consultant/expert at KHPU 24hours via local acute hospital switchboard out of office working hours. Transfer of Care Audit	Demonstrates surveillance of HCAI's, monitoring of database, cleanliness standards and collaboration with the Health Protection Agency, Primary Care Trusts and Acute Trusts and trust staff The link nurse meetings Demonstrate a Trust wide management system for both dissemination, imparting & collection of information to clinical staff and provide support from senior Infection Control staff	Continue with IP & C infrastructure	CEO Executive Director of Nursing and Quality/DIPC Deputy Director of Nursing and Practice / Deputy DIPC Heads of Nursing IP & C Team	

1.9 Movement of patients There should be evidence of joint working between staff involved in the provision of advice relating to the prevention and control of infection; those managing bed allocation; care staff and domestic staff in planning service user referrals, admissions, transfers, discharges and movements between departments; and within and between health and adult social care facilities. Where necessary, ambulance providers, hospitals and primary care trusts (PCTs) may need to be involved in such planning	Transfer check list Transfer of Care Infection Control documentation Audit	Transfer of patients from and to the Acute Trusts and nursing homes incorporated within the IP&C policy	To be monitored through the Service Managers/Modern Matrons meetings and IP & C trust wide group	Executive Director of Nursing and Quality/DIPC Deputy Director of Nursing and Practice / Deputy DIPC Heads od Nursing IP & C Team Service Managers/Modern Matrons Ward Managers	
1.10 A registered provider must ensure that it provides suitable and sufficient information on a service user's infection status whenever it arranges for that person to be moved from the care of one organisation to another, or from a service user's home, so that any risks to the service user and others from infection may be minimised. If appropriate, providers of a service user's transport should be informed of any infection.	Transfer check list and discharge letter Transfer of care infection Control documentation audit	Transfer of patients from and to the Acute Trusts and nursing homes incorporated within the IP&C policy	To be monitored through the Service Managers/Modern Matrons meetings and IP & C trust wide group	Executive Director of Nursing and Quality/DIPC Deputy Director of Nursing and Practice / Deputy DIPC Heads of Nursing IP & C Team Service Managers/Modern Matrons Ward Managers	

Compliance Criterion 2 – **Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections**					
2.1 With a view to minimising the risk of infection, a registered provider should normally ensure that:	Self-assessment	Description for compliance	Actions	responsibility	Progress
• it designates leads for environmental cleaning and decontamination of equipment used for diagnosis and treatment (a single individual may be designated for both areas)	Hotel Services responsible for cleaning Hotel Services managers in each directorate Service Managers/Modern Matrons responsible for ensuring that ward equipment is decontaminated Decontamination of medical devices identified in the Safe Management of Medical Devices policy	Ensures partnership working with hotel services in cleaning standards for all buildings Ensures decontamination issues for mental health addressed. Operational Cleaning Policy Board Reports Medical Devices Meetings	Hotel Services to monitor cleaning and contract cleaners Unannounced Visits Monitor/report to the IC committee Service Managers/Modern Matrons to ensure that all medical devices e.g. commodes/beds/hoists are decontaminated in accordance with manufacturer's guidance.	Executive Director of Nursing and Quality/DIPC Deputy Director of Nursing and Practice / Deputy DIPC Heads of Nursing IP&C Team Service Managers/Modern Matrons Medical Devices Manager	
• The designated lead for cleaning involves directors of nursing, matrons and the ICT or persons of similar standing in all aspects of cleaning services, from contract negotiation and service planning to delivery at ward and clinical level. In other settings, the designated lead for cleaning will need to access appropriate advice on all aspects of cleaning services	All aspects of cleaning services are discussed in the Trust wide Infection Prevention & Control Group in which the Deputy Director of Nursing and Practice, the Infection Prevention & Control Team and Service Managers/Modern Matrons attend.	Ensures partnership working with hotel services in cleaning standards for all buildings	Continue to involve Deputy Director of Nursing and Practice, Service Managers/Modern Matrons and the IP & C Team in all aspects of cleaning services	Executive Director of Nursing and Quality/DIPC Deputy Director of Nursing and Practice / Deputy DIPC IP & C Team Service Managers/Modern Matrons Hotel Services	
• It has policies for the environment that make provision for liaison	PLACE assessment undertaken by facilities, clinical staff and IC staff.	Hotel Services and Facilities as members of the I.C. committee	Continue with PLACE assessments	Executive Director of Nursing and Quality/DIPC	

between the members of the ICT and the persons with overall responsibility for facilities management;	Hotel Services attend all IP & C meetings at Trust and local level Attendance to IC Link meetings Overarching policy re link with IP & C team		Monitor attendance	Deputy Director of Nursing and Practice / Deputy DIPC Heads of Nursing IP & C Team Service Managers/Modern Matrons Hotel Services	
• in healthcare, matrons or persons of a similar standing have personal responsibility and accountability for delivering a safe and clean care environment	Service Managers/Modern Matrons are aware of responsibilities and accountabilities (Job Description's and IP & C policy) Nurse in charge of shift is aware of responsibility regarding cleanliness standards during their shift	This was included in the Service Manager's Job Description's during the Service Line restructuring.	To ensure that accountability and responsibility continues to be reflected in job descriptions	Executive Director of Nursing and Quality/DIPC Deputy Director of Nursing and Practice / Deputy DIPC Heads of Nursing IP & C Team Service Managers/Modern Matrons Hotel Services Nurse in Charge of Shift Human Resources Service line directors	
• The cleaning arrangements detail the standards of cleanliness required in each part of its premises and that a schedule of cleaning frequencies is publicly available;	Cleaning schedules are openly displayed on public view on each ward/unit Trust wide	Demonstrates standards of cleanliness for each area Trust Wide	Monitored through PLACE inspection	Executive Director of Nursing and Quality/DIPC Deputy Director of Nursing and Practice / Deputy DIPC	

				Heads of Nursing IP & C Team Service Managers/Modern Matrons Hotel Services	
• There is adequate provision of suitable hand-washing facilities and water based hand sanitisers	Individual water based hand sanitisers for staff available Hand hygiene notices above all clinical sinks	Hand Hygiene Audits are now carried out Trust wide annually to monitor compliance Hand Hygiene Link Nurses/ workers on each ward/unit promote good hand hygiene techniques and practices for all staff, patients and visitors Trust Infection Prevention and Control training includes the importance of good hand hygiene techniques and practices. This is demonstrated by the use of UV light boxes.	IP & C Training Hand hygiene Audit Mobile Sink Unit	Executive Director of Nursing and Quality/DIPC Deputy Director of Nursing and Practice / Deputy DIPC Heads of Nursing IP & C Team Service Managers/Modern Matrons Hotel Services	
• There are effective arrangements for the appropriate decontamination of instruments and other equipment – these should be incorporated within appropriate disinfection and decontamination policies;	Hotel Services responsible for cleaning Hotel Services managers in each directorate Service Managers/Modern Matrons responsible for ensuring that ward equipment is decontaminated Board Reports	Decontamination of medical devices identified in the Safe Management of Medical Devices policy Service Managers/Modern Matrons responsible for ensuring that ward equipment is decontaminated The IP & C Team promote the use of single patient items and single use items e.g. hoist slings, nail clippers, medicine pots	Hotel Services to monitor cleaning and contract cleaners for cleaning of beds/hoists/commodes Monitor/report to the IC committee Service Managers/Modern Matrons to ensure that commodes/beds/hoists are decontaminated in accordance with manufacturer's guidance.	Executive Director of Nursing and Quality/DIPC Deputy Director of Nursing and Practice / Deputy DIPC Heads of Nursing IP&C Team Service Managers/Modern Matrons Medical Devices manager	

2.2 All parts of the premises in which it provides healthcare are suitable for the purpose, kept clean and maintained in good physical repair and condition;	Cleanliness reports following quarterly cleaning audits and Trust wide monitoring. The report identifies PLACE assessment undertaken by facilities, clinical staff and IP & C staff. Infection Prevention and Control Annual Audit Hand Hygiene Audit	Demonstrates quarterly cleaning audits and trust wide monitoring. Also shows SHA deep cleaning returns	Continue to monitor standards of cleanliness and maintenance through the audit process	Executive Director of Nursing and Quality/DIPC Deputy Director of Nursing and Practice / Deputy DIPC Heads of Nursing IP&C Team Service Managers/Modern Matrons Hotel Services Estates & Facilities
2.3 Premises and facilities should be provided in accordance with best practice guidance. The development of local policies should take account of infection prevention and control advice given by relevant expert or advisory bodies or by the ICT, and this should include provision for liaison between the members of any ICT and the persons with overall responsibility for the management of the service user's environment	Operational Cleaning Policy Food hygiene policy Control of Legionella bacteria in Trust Premises policy and procedure Policy for management of asbestos containing materials in trust Properties including asbestos management plan Uniform and work wear policy Standard (Universal) Precautions Policy IP & C policy (infected linen) And Service Level Agreements (SLA) with Acute Hospital Trusts Standard (Universal)	Demonstrates compliance with the Hygiene Code	Update policies when required	Executive Director of Nursing and Quality/DIPC Deputy Director of Nursing and Practice / Deputy DIPC Heads of Nursing IP&C Team Service Managers/Modern Matrons Hotel Services Estates & Facilities

	Precautions Policy. Linen discussed in IP & C training Waste Management policy			　

Compliance Criterion 3 – Provides suitable accurate information on infections to service users and their visitors					
	Self assessment	Description for compliance	Actions	responsibility	Progress
3.1 Areas relevant to the provision of such information include: • general principles on the prevention and control of infection and key aspects of the registered provider's policy on infection prevention and control, which takes into account the communication needs of the service user; • the roles and responsibilities of particular individuals such as carers, relatives and advocates in the prevention and control of infection, to support them when visiting service users; • supporting service users' awareness and involvement in the safe provision of care; • the importance of compliance by visitors with hand hygiene; • the importance of compliance with the registered provider's policy on visiting; • reporting failures of hygiene and cleanliness;	KMPT IP & C website available to service users/relatives/carers on the following link http://www.kmpt.nhs.uk/infectioncontrol Infection Prevention and Control leaflets are available to patients, visitors and staff on the following subjects: C. diff, MRSA, Noro virus, IP & C Team, guide for patients and a guide for visitors about infection prevention. Admission, transfer, discharge and movement of service users is addressed in the Infection Prevention and control policy Signage Outbreak is defined in the Infection Prevention and Control Policy Ward Closure (Infection Control) Policy Isolation (Nursing) Policy	Demonstrates full compliance with DH guidance	Ensure that the Admission ,transfer, discharge and movement of service users form is completed as per Trust policy Ensure that signs and information displayed is current To be monitored through the Service Managers/Modern Matrons meetings and IC trust wide group	Executive Director of Nursing and Quality/DIPC Deputy Director of Nursing and Practice / Deputy DIPC Heads of nursing IP&C Team Service Managers/Modern Matrons Ward Managers Hotel Services	　

• explanations of incident/outbreak management.	Board minutes are available for patients, public and staff Patients and carers are encouraged to report concerns regarding infection prevention and control to staff. Concerns regarding hygiene and cleanliness can be reported to the Ward Manager, Modern Matron and the Infection Prevention and Control Team. The IP & C Team can be contacted via email and/or phone by patients, visitors or staff. Whistle blowing policy can be used				
3.2 Information should be developed with local service user representative organisations, which could include Local Involvement Networks (LINks) and Patient Advice and Liaison Services (PALS).	Service user involvement requested through PALS managers for IP & C meetings Links involvement	Demonstrates full compliance with DH guidance	To be monitored through the Service Managers/Modern Matrons meetings and IC trust wide group	Executive Director of Nursing and Quality/DIPC Deputy Director of Nursing and Practice / Deputy DIPC Heads of Nursing IP & C Team Service Managers/Modern Matrons	

Compliance Criterion 4 – Provide suitable accurate information on infections to any person concerned with providing further support or nursing/medical care in a timely fashion.					
	Self-assessment	Description for compliance	Actions	responsibility	Progress
4.1 A registered provider should ensure that: • accurate information is communicated in an appropriate manner; • this information facilitates the provision of optimum care, minimising the risk of inappropriate management and further transmission of infection; and • where possible, information accompanies the service user.	IP & C Transfer of care documentation check list Outbreaks are communicated to Public health England. and adjacent acute Trust's DIPC/IP & C Team	Transfer of patients from and to the Acute Trusts/our Trust and nursing homes incorporated within the IP&C policy Annual Trust wide Transfer of Care Infection Control Documentation audit	To be monitored through the Service Managers/Modern Matrons meetings and IC trust wide group	Executive Director of Nursing and Quality/DIPC Deputy Director of Nursing and Practice / Deputy DIPC Heads of Nursing IP & C Team	
4.2 Provision of relevant information across organisational boundaries is covered by the regulation requirement 'Co-operating with other providers'. Due attention should be paid to service user confidentiality as outlined in national guidance and training material.	Care Programme Approach documentation Outbreaks are communicated to Public Health England and adjacent acute Trust's DIPC/IP & C Team	CPA documentation would record relevant Infection Control issues and enable this to be shared with relevant professionals.	Ward manager via internal records audits.	Ward Managers/clinical staff Heads of Nursing IP & C Team	

Compliance 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.					
	Self-assessment	Description for compliance	Actions	responsibility	Progress
5.1 Registered providers, excluding personal care providers, should ensure that advice is received from suitably informed practitioners and that, if advised, registered providers should inform their local health	Outbreaks are communicated to Public Health England and adjacent acute Trust's DIPC/IP & C Team Reporting flow chart with	Demonstrates Compliance as per national and local policy	Ensure that IP & C, Hand Hygiene, MRSA screening and Uniform and work wear, antimicrobial prescribing and management policies, Norovirus management policy, outbreak (nursing) policy	Ward staff/Ward Managers Service Managers Heads of Nursing	

protection unit of any outbreaks or serious incidents relating to infection.	contact details are provided to all teams IP & C policy, Hand Hygiene Policy, MRSA and Screening policy, Uniform and Work wear policy, antimicrobial prescribing and management policy, Norovirus management policy Clostridium difficile policy Isolation (nursing) Policy Ward Closure Policy Policy compliance is monitored in the annual IP & C and Hand Hygiene audits. Board reports which includes infection data surveillance and training figures Infection prevention and control staff training programme Staff have access to IP & C Team and IC link nurses Trust wide. Unannounced IP & C visits		and Ward Closure policy reflect any changes in legislation, standards and guidance. Ensure all staff attend IP & C training and the Learning and Development Department to monitor the number of staff undertaking the training Monitoring of infection surveillance data and antibiotic prescribing data IP & C Team to update training programme as required	IP & C Team Deputy Director of Nursing and Practice / Deputy DIPC Executive Director of Nursing and Quality/DIPC	
5.2 Arrangements to prevent and control infection should demonstrate that responsibility for infection prevention and control is effectively devolved to all groups in the organisation involved in delivering care.	Roles and responsibilities for all groups identified in the IP and C policy Responsibilities in JD's Infection prevention and control staff training programme IP & C policy, Hand Hygiene Policy, MRSA and Screening, Uniform and Work wear policy, antimicrobial prescribing and management policy, Ward	Demonstrates Compliance as per national and local policy	Ensure that IP & C, Hand Hygiene, MRSA screening and Uniform and work wear, antimicrobial prescribing and management, ward closure, Norovirus management and Clostridium difficile policies reflect any changes in legislation, standards and guidance. Ensure all staff attend IP & C training and the Learning and Development Department to monitor the number of staff	Ward staff/Ward Managers Service Managers Heads of Nursing IP & C Team Deputy Director of Nursing and Practice / Deputy DIPC Executive Director of	

	Closure policy, Norovirus Management Policy, Clostridium difficile policy, Isolation (Nursing) Policy.		undertaking the training Monitoring of infection surveillance data and antibiotic prescribing data IP & C Team to update training programme as required	Nursing and Quality/DIPC	

Compliance 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.					
	Self-assessment	Description for compliance	Actions	responsibility	Progress
6.1 A registered provider should, so far as is reasonably practicable, ensure that its staff, contractors and others involved in the provision of care co-operate with it, and with each other, so far as is necessary to enable the registered provider to meet its obligations under the Code. 6.2 Infection prevention and control would need to be included in the job descriptions and be included in the induction programme and staff updates of all employees (including volunteers). Contractors working in service user areas would need to be aware of any issues with regard to infection prevention and control and obtain 'permission to work'. Confidentiality must be maintained. 6.3 Where staff undertake procedures, which require skills such as aseptic technique, staff must be trained and demonstrate proficiency before being allowed to	Aseptic Non Touch Technique Policy IP & C responsibilities in all JD's via HR and AD's The Control of Legionellae Bacteria in Trust Premises policy MRSA and Screening policy Hand Hygiene Policy Uniform and Work wear policy Standard (universal) precautions policy IP & C information leaflets Competency framework kept by Learning and development department	Demonstrates Compliance as per national and local policy	For Facilities Department to continue to send IP & C information to contractors for them to sign up to Monitor adherence to policies	Executive Director of Nursing and Quality/DIPC Deputy Director of Nursing and Practice / Deputy DIPC Heads of Nursing IP & C Team Service Managers/Modern Matrons Facilities Department HR Service Line Directors	

undertake these procedures independently.					

Compliance Criterion 7 – **Provide or secure adequate isolation facilities**					
	Self-assessment	Description for compliance	Actions	responsibility	Progress
7.1 A healthcare registered provider delivering in-patient care should ensure that it is able to provide, or secure the provision of, adequate isolation precautions and facilities, as appropriate, sufficient to prevent or minimise the spread of infection. This may include facilities in a day care setting.	The majority of in-patient wards have single sex accommodation. Where there are still bays single rooms are available for isolation purposes Ward Closure (Infection Control) Policy Norovirus (Outbreak) policy Clostridium difficile Policy Isolation (Nursing) Policy MRSA Management and screening Policy	Demonstrates Compliance as per national and local policy	Continue to monitor compliance through the audit process and IP & C unannounced visits	Executive Director of Nursing and Quality/DIPC, Deputy Director of Nursing and Practice / Deputy DIPC Heads of Nursing IP & C Team Service Managers/Modern Matrons Ward Managers	
7.2 Policies should be in place concerning the allocation of patients to isolation facilities, based on local risk assessment. The risk assessment should include consideration of the need for special ventilated isolation facilities. Sufficient staff should be available to care for patients safely.	Ward Closure (Infection Control) Policy Norovirus (Outbreak) policy Clostridium difficile Policy Isolation (Nursing) Policy MRSA Management and screening Policy Policies are available and accessible to staff, patients and the public as they are placed in each ward/unit or community team setting throughout the Trust	Demonstrates Compliance as per national and local policy	Continue to monitor compliance through the audit process and IP & C unannounced visits	Executive Director of Nursing and Quality/DIPC Deputy Director of Nursing and Practice / Deputy DIPC Heads of Nursing IP & C Team Service Managers/Modern Matrons	

				Ward Managers	

Compliance Criterion 8 – **Secure adequate access to laboratory support as appropriate**					
	Self-assessment	Description for compliance	Actions	responsibility	Progress
A provider should ensure that laboratories used to provide microbiology services in connection with arrangements for infection prevention and control have in place appropriate protocols and that they operate according to the standards required for accreditation by Clinical Pathology Accreditation (UK) Ltd. Protocols should include: ▪ a microbiology laboratory policy for investigation and surveillance of HCAI; and ▪ standard operating procedures for the examination of specimens.	SLA with Acute Trust's Microbiology Services	Demonstrates Compliance as per national and local policy	Non required	Finance department	

Compliance Criterion 9 – Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.					
	Self-assessment	Description for compliance	Actions	responsibility	Progress
9a. Standard (universal) infection control precautions • The policy should be based on evidence-based guidelines, including those on hand hygiene and the use of personal protective equipment. • The policy should be easily accessible to all groups of staff, patients and the public. • Compliance with the policy should be audited. • Information on the policy should be included in induction programmes for all staff groups	Infection Prevention and Control Policy Hand Hygiene policy includes 5 moments for hand hygiene at the point of care Standard (Universal) Precautions Policy Policies are available and accessible to staff, patients and the public as they are placed in each ward/unit or community team setting throughout the Trust. Trust wide compliance to IP & C and Hand Hygiene policy is audited monthly in Older adults and a Trust wide Audit report is produced annual. IP & C corporate induction training includes standard precautions and covers epic 2 guidelines for all staff groups	Demonstrates Compliance as per national and local policy	Review of policies to reflect any changes to guidance relating to standard (universal) infection control precautions (should they occur) is ongoing Audit to evaluate Trust wide compliance to policies to continue For IP & C training programme to continue	Executive Director of Nursing and Quality/DIPC, Deputy Director of Nursing and Practice / Deputy DIPC Heads of Nursing IP & C Team, Service Managers/Modern Matrons	
9b. Aseptic technique • Clinical procedures should be carried out in a manner that maintains and promotes the principles of asepsis.	Identified in the Trust Infection Prevention and Control policy Staff are trained and evaluated locally	Demonstrates Compliance as per national and local policy	Review of policies to reflect any changes to guidance relating to aseptic technique (should they occur) will be ongoing	Executive Director of Nursing and Quality/DIPC Deputy Director of Nursing and Practice	

• Education, training and assessment in the aseptic technique should be provided to all persons undertaking such procedures. • The technique should be standardised across the organisation. • Audit should be undertaken to monitor compliance with the technique.	Aseptic Non Touch Technique Policy			/ Deputy DIPC Heads of Nursing IP & C Team Service Managers/Modern Matrons	
9c. Outbreaks of communicable infection ▪ The degree of detail in the policy should reflect local circumstances to take into account at-risk patients and clinical specialties. ▪ Policies for major outbreaks of communicable infection should include initial assessment, communication, management and organisation, and investigation and control. ▪ The contact details of those likely to be involved in outbreak management should be reviewed at least annually. ▪ Significant outbreaks should be reported as serious untoward incidents. ▪ Formal arrangements should be in place to fund the cost of dealing with outbreaks	Identified in the Infection Prevention and Control policy Ward Closure (Infection Control) Policy Norovirus (Outbreak) policy Clostridium difficile Policy Isolation (Nursing) Policy Pandemic Flu Policy Policies are available and accessible to staff, patients and the public as they are placed in each ward/unit or community team setting throughout the Trust Significant outbreaks of infection are also reported following the SUI process and are followed by root cause analysis (RCA) using the National Patient Safety Agency's RCA tool	Demonstrates Compliance as per national and local policy		Executive Director of Nursing and Quality/DIPC Deputy Director of Nursing and Practice / Deputy DIPC Heads of Nursing IP & C Team Service Managers/Modern Matrons	
9d. Isolation of patients ▪ The isolation policy should be evidence-based and reflect local risk assessment of in-patients. ▪ Indications for isolation should	Ward Closure (Infection Control) Policy Norovirus (Outbreak) policy Clostridium difficile Policy Isolation (Nursing) Policy	Demonstrates Compliance as per national and local policy	Continue to monitor compliance through the audit process and IP & C unannounced visits	Executive Director of Nursing and Quality/DIPC Deputy Director of Nursing and Practice	

be included in the policy, as should procedures for the infection control management of patients in isolation. ■ Information on isolation should be easily accessible to all groups of staff, patients and the public	Policies are available and accessible to staff, patients and the public as they are placed in each ward/unit or community team setting throughout the Trust Single Bedrooms available in most wards/units			/ Deputy DIPC Heads of Nursing IP & C Team Service Managers/Modern Matrons	
9e. Safe handling and disposal of sharps Relevant considerations include: ■ risk management and training in prevention and management of needlestick injuries; ■ provision of medical devices that incorporate sharps protection mechanisms where there are clear indications that they will provide safe systems of working for healthcare workers; ■ policy that is easily accessible to all groups of staff; ■ auditing of policy compliance; and inclusion of information on the policy in induction programmes for all staff groups.	Waste Management policy Standard (Universal) Precautions policy Taking Specimens for Microbiological Investigations policy Venepuncture Policy Management of Sharps injury/splash incidents Policy The use of safety needles by clinical staff are being used Trust wide. Policies are available and accessible to staff, patients and the public as they are placed in each ward/unit or community team setting throughout the Trust All IP & C staff training programmes, including corporate induction include the safe management of sharps and needlestick injuries Waste Management training includes safe disposal of sharps	Demonstrates Compliance as per national and local policy		Executive Director of Nursing and Quality/DIPC Deputy Director of Nursing and Practice/ Deputy DIPC Heads of Nursing IP & C Team Service Managers/Modern Matrons	
9f. Prevention of occupational exposure to blood-borne viruses, including prevention of sharps	Standard (Universal) Precautions Policy Occupational Health Policy - Management of Sharps Injury/Splash Incident	Demonstrates Compliance as per national and local policy	IP & C Team and Occupational Health to raise awareness for the prevention of needle sticks injuries through training programme	Occupational Health Department Executive Director of Nursing and	

injuries Measures to avoid exposure to blood-borne viruses should include: ▪ immunisation against hepatitis B; ▪ the wearing of gloves and other protective clothing; ▪ the safe handling and disposal of sharps, including the provision of medical devices that incorporate sharps protection where there are clear indications that they will provide safe systems of working for healthcare workers; and ▪ measures to reduce risks during surgical procedures.	The use of safety syringes by clinical staff are in use Trust wide. PPE's are available for all clinical staff Blood and body fluid spillage kits on every ward/unit All IP & C staff training programmes, including corporate induction include the safe management of sharps and BBV awareness Surgical procedures are not performed within a Mental Health environment		Attendance to be monitored by the Learning and Development Department Audit process	Quality/DIPC Deputy Director of Nursing and Practice / Deputy DIPC Heads of Nursing IP & C Team Service Managers/Modern Matrons Learning & Development Department	
9g. Management of occupational exposure to blood-borne viruses and post-exposure prophylaxis Management should include: ▪ designation of one or more doctors to whom healthcare staff and others may be referred immediately for advice following occupational blood exposure; ▪ provision of clear information to healthcare staff about reporting potential occupational exposure – in particular the need for prompt action following a known or potential exposure to human immunodeficiency virus (HIV) or hepatitis B; and ▪ arrangements for post-exposure prophylaxis for	Occupational Health Policy - Management of Sharps Injury/Splash Incident identifying actions required post occupational exposure All IP & C staff training programmes, including corporate induction include the safe management of sharps, BBV awareness and safe management of blood and body fluid spillages and actions required post occupational exposure	Demonstrates Compliance as per national and local policy	IP & C Team and Occupational Health to raise awareness for the prevention of needle sticks injuries through training programme Attendance to be monitored by the Learning and Development Department Clinical audit process	Occupational Health Department Executive Director of Nursing and Quality/DIPC, Deputy Director of Nursing and Practice / Deputy DIPC Heads of Nursing IP & C Team Service Managers/Modern Matrons Learning and Development Department	

blood-borne viruses.					
9h. Closure of wards, departments and premises to new admissions ▪ A system should be in place for the provision of advice by the DIPC/ICT to the chief executive and medical director. ▪ There should be clear criteria in relation to closures. ▪ Management arrangements for redirecting admissions should be drawn up with ICT input. ▪ The policy should address the need for environmental decontamination prior to reopening.	Identified in the Trust Infection Prevention and Control policy Trust wide IP & C Group Board reports Environmental decontamination/deep cleaning is identified in the Trust Infection Prevention and Control policy Ward Closure (outbreak) policy Norovirus Management Policy Clostridium difficile Policy Isolation (Nursing) Policy Public notice to display on ward/unit door Data Surveillance	Demonstrates Compliance as per national and local policy		Executive Director of Nursing and Quality/DIPC, Deputy Director of Nursing and Practice / Deputy DIPC Heads of Nursing IP & C Team Service Managers/Modern Matrons Hotel Services	
9i. Environmental disinfection policy ▪ The use of disinfectants is a local decision, and there should be local policies on disinfectant use which focus on specific infection risks. ▪ If appropriate, the role of high-level disinfectants to kill bacteria, viruses and spores should be considered	Strategic and operation cleaning policies in place	Demonstrates Compliance as per national and local policy	To be monitored through the PLACE process, IP & C Team	Executive Director of Nursing and Quality/DIPC, Deputy Director of Nursing and Practice / Deputy DIPC Heads of Nursing IP & C Team Service Managers/Modern Matrons Hotel Services	
9j. Decontamination of reusable medical devices	Safe Management of Medical Devices Policy	Demonstrates Compliance as per national and local policy	Monitor in Trust wide IP & C Group and the Medical Devices	Executive Director of Nursing and	

▪ Effective decontamination of reusable medical devices is essential. There should be a system to protect patients and staff that minimises the risk of transmission of infection from medical devices and other equipment that comes into contact with patients or their body fluids. ▪ Decontamination is the combination of processes, including cleaning, disinfection and sterilisation, used to render a reusable item safe for further use on patients and handling by staff. ▪ Reusable medical devices and other devices should be decontaminated in accordance with manufacturers' instructions and current guidelines. ▪ Systems should ensure adequate supplies of reusable medical devices and should allow reusable medical devices to be tracked through decontamination processes in order to ensure that the processes have been carried out effectively. ▪ Systems should also be implemented to enable the identification of patients on whom the medical devices have been used.	Agenda item on the Medical Devices Management Meeting IP & C Team promotes the use of single patient/single use items.		Management Meeting	Quality/DIPC, Deputy Director of Nursing and Practice / Deputy DIPC Heads of Nursing Medical Devices Manager IP & C Team Service Managers/Modern Matrons	
9k. Antimicrobial prescribing ▪ Local prescribing should, where appropriate, be harmonised with that in the *British National Formulary* (BNF). ▪ All local guidelines should	Antimicrobial Prescribing and Management Policy MRSA Management and Screening policy	Demonstrates Compliance as per national and local policy	None required	Executive Director of Nursing and Quality/DIPC Deputy Director of Nursing and Practice / Deputy DIPC	

include information on the regimen and duration of particular drugs. ▪ Procedures should be in place to ensure prudent prescribing and antimicrobial stewardship.	Surveillance by ICT using infection reporting structure includes pharmacy input			Heads of nursing Pharmacists IP & C Team Service Managers/Modern Matrons	
9L. Reporting HCAI to Public Health England as directed by the Department of Health This includes a mandatory requirement for NHS trust chief executives to report all cases of MRSA bacteraemia and all cases of *C. difficile* infection in patients aged two years or older. Reporting should include procedures for dealing with serious untoward incidents.	Reporting structure is in place and is identified in the IP & C policy. Reporting procedure flow chart in nursing offices identifying contact details of IP&C team Staff to inform Public Health England of all suspected/confirmed outbreaks, which includes MRSA bacteraemia and C.difficile. IP & C training programme identifies reporting structure/procedure.	Demonstrates Compliance as per national and local policy		Executive Director of Nursing and Quality/DIPC Deputy Director of Nursing and Practice / Deputy DIPC Heads of Nursing IP & C Team Service Managers/Modern Matrons Ward Managers Nurse in charge of shift.	
9m. Control of outbreaks and infections associated with specific alert organisms This should take account of local epidemiology and risk assessment. These infections must include, as a minimum, MRSA, *C. difficile* infection and transmissible spongiform encephalopathies	❑ MRSA screening policy ❑ Norovirus management Policy ❑ Clostridium.difficile Policy ❑ CJD-Prion disease (transmissible spongiform encephalopathies) ❑ Vancomycin Resistant Enterococci (VRE) Policy ❑ Meningococcal Meningitis / Septicaemia Policy	Demonstrates Compliance as per national and local policy	To be monitored through the infection control reporting forms, Data surveillance IP&C groups	Executive Director of Nursing and Quality/DIPC Deputy Director of Nursing and Practice /Deputy DIPC Heads of Nursing IP & C Team	

	❑ Scabies, Head lice and body lice infestation Policy ❑ Varicella Zoster Virus (VZV) - Chickenpox and Shingles awaiting ratification ❑ Tuberculosis Policy			Service Managers/Modern Matrons	
MRSA The policy should make provision for: ▪ screening of patients on admission, which should include screening of all elective admissions by March 2009 and provision for screening of emergency admissions at presentation as soon as is practical; ▪ decontamination procedures for colonised patients, as appropriate; ▪ isolation of infected or colonised patients; ▪ transfer of infected or colonised patients within NHS bodies or to other healthcare facilities; and ▪ antibiotic prophylaxis for surgery.	MRSA screening policy identifies reasons for screening mental health service users (elective and emergency admissions). They may have other clinical conditions that may put them at risk of MRSA infection and should be screened for that reason. Isolation (Nursing) Policy Ward Closure policy	Demonstrates Compliance as per national and local policy	To be monitored through the infection control reporting forms, Data surveillance IP & C groups	Executive Director of Nursing and Quality/DIPC Deputy Director of Nursing and Practice / Deputy DIPC Heads of Nursing IP & C Team Service Managers/Modern Matrons	
***C.* difficile** The policy should make provision for: ▪ surveillance of *C.* difficile infection; diagnostic criteria; ▪ isolation of infected patients and cohort nursing; ▪ environmental decontamination; ▪ antibiotic prescribing policies; and a statement concerning contraindication of antimotility agents in symptomatic antimicrobial-associated diarrhoea	Clostridium difficile Policy Isolation (Nursing) Policy Ward Closure policy	Demonstrates Compliance as per national and local policy	To be monitored through infection control reporting forms, Data surveillance IP & C groups	Drug & Therapeutic Committee Executive Director of Nursing and Quality/DIPC, Deputy Director of Nursing and Practice / Deputy DIPC Heads of Nursing IP & C Team	

Transmissible spongiform encephalopathies The policy should make provision for the management of known or high-risk patients.	CJD- Prion disease (transmissible spongiform encephalopathies)	Demonstrates Compliance as per national and local policy	To be monitored through infection control reporting forms, Data surveillance IP & C Team	Executive Director of Nursing and Quality/DIPC Deputy Director of Nursing and Practice /Deputy DIPC Heads of Nursing IP & C Team Service Managers/Modern Matrons	
Relevant policies for other specific alert organisms The specific alert organisms and matters that follow are relevant to any acute trust. They may also be relevant to certain other NHS bodies to which criterion 8 applies, depending on their spectrum of activity. *Glycopeptide-resistant enterococci:* ▪ screening of high-risk groups; ▪ isolation and prevention of cross-infection; and ▪ prophylaxis for surgical procedures. *Acinetobacter and other antibiotic-resistant bacteria:* ▪ surveillance of identified patients at risk and of high-risk environments; and ▪ procedures for managing infected patients to prevent spread of infection. *Control of tuberculosis, including*	❑ Vancomycin Resistant Enterococci (VRE) Policy ❑ Tuberculosis Policy identifies the care of Patients with confirmed or suspected tuberculosis and Directly Observed Therapy (DOT) ❑ Norovirus Management Policy ❑ Clostridium.difficile Policy ❑ Meningitis / septicaemia Policy ❑ The Infection Prevention and Control policy identifies cleaning/disinfection following outbreaks ❑ Acinetobacter Policy ❑ VHF policy	Demonstrates Compliance as per national and local policy	To be monitored through infection control reporting forms, Data surveillance IP & C Team	Executive Director of Nursing and Quality/DIPC, Deputy Director of Nursing and Practice / Deputy DIPC Heads of Nursing IP & C Team Service Managers/Modern Matrons	

multi-drug-resistant tuberculosis: ▪ isolation of infectious patients; ▪ transfer of infectious patients within NHS bodies or to other healthcare facilities; and ▪ treatment compliance. *Respiratory viruses:* ▪ alert system for suspect cases; ▪ isolation criteria; ▪ infection control measures; and ▪ terminal disinfection and discharge. *Diarrhoeal infections:* ▪ isolation criteria; ▪ infection control measures; and cleaning and disinfection policy. *Viral haemorrhagic fevers (VHF):* ▪ patient risk assessment and categorisation; ▪ appropriate staff to be aware of the special measures to be taken for nursing VHF patients, and to be properly trained in the application of full isolation procedures; ▪ confirmed cases to be handled under full isolation measures in a high-security infectious diseases unit or equivalent; ▪ handling of patient specimens at the appropriate containment level; ▪ follow-up of all staff in contact with the patient at every stage of care; and ▪ special measures for the handling of all healthcare waste.	❑ The Control of Legionellae Bacteria in Trust Premises policy			

Legionella: • premises should be regularly reviewed for potential sources of infection, and a programme should be prepared to minimise any risks. Priority should be given to patient areas, although the exact priority will depend on local circumstances. Any provider that should have in place any of the core policies mentioned above should, having regard in particular to the healthcare it provides, also consider whether it would be appropriate for it to have in place any of the additional policies or to take any of the measures mentioned in Part 5 of this Code with a view to minimising the risk of HCAI. If such a provider considers that it is appropriate for it to have in place any of those policies or take any of those measures, it should take into account the content of Part 5 insofar as it is relevant to making those arrangements, including the content of guidance and other				

publications referred to in any relevant citation. The sufficiency and suitability of any policy implemented in accordance with this provision of the Code should be monitored via the clinical governance system, and there should be evidence of a rolling programme of audit, revision and update. All policies should be clearly marked with a review date.				

Compliance Criterion 10 – Ensures, so far as is reasonably practicable, that care workers are free of and are protected from exposure to infections that can be caught at work and that all staff are suitably educated in the prevention and control of infection associated with the provision of health and social care.					
	Self-assessment	Description for compliance	Actions	responsibility	Progress
All staff can access relevant occupational health services	In Place	Demonstrates Compliance as per national and local policy	Update as new guidance is issued	Executive Director of Nursing and Quality/DIPC Deputy Director of Nursing and Practice / Deputy DIPC Heads of Nursing IP & C Team Service Managers/Modern Matrons	
Occupational health policies on the prevention and management of communicable diseases in healthcare workers, including	In Place				

immunisation, are in place				Learning & Development Department	
Prevention and control of infection is included in induction programmes for new staff, and in training programmes for all staff	In Place Training and development department records		Review and develop training sessions across all services as required.	Occupational Health Dept	
There is a programme of ongoing education for existing staff (including support staff, agency/locum staff and staff employed by contractors);	In Place Training and development department records		Learning and Development Department to monitor attendance		
There is a record of relevant immunisations;	In Place				
There is a record of training and updates for all staff	In Place Training and development department records				
The responsibilities of each member of staff for the prevention and control of infection is reflected in their job description and in any personal development plan or appraisal.	In place - Job descriptions		Completed by IP & C team, HR and AD's working together.	Executive Director of Nursing and Quality/DIPC Deputy Director of Nursing and Practice/ Deputy DIPC Heads of Nursing Service Managers/Modern Matrons	