

REPORT TO THE TRUST BOARD - PUBLIC
29 JUNE 2017

Title	Infection Prevention and Control Annual Report 2016/17 and Work Programme 2017/18
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Purpose of the Report:

- To update the Board on actions taken to ensure that high standards of infection prevention and control have been maintained during the past year;
- To keep infection control as a priority for everyone all of the time and continuously provide care in environments that are clean and safe provided by staff that are competent and standards are continuously reviewed;
- Regular reporting is a requirement to demonstrate good governance and public accountability. It provides assurance about systems and processes in relation to infection prevention and control.

Summary of Key Issues:

During the last year, the Trust continued to have low health care associated infection rates.

Cleanliness scores

- Cleaning Standards in Luton and Bedfordshire have shown month on month improvement with many areas achieving over 90%.
- London cleanliness scores are on average 95% and above.
- It is important that project teams dealing with new services make provision for estates engagement in new projects.

Staff Health

- In the last year, 11 needle stick injuries were reported to Datix. Of these needle stick injuries, 7 were sustained in Community Health Newham where safer needles are not yet available in people's homes.
- One nurse has claimed through the Trust's claims procedures having sustained a needle stick injury in a public toilet.
- A new provider of Occupational Health services has been appointed through NHS procurement tender process.
- Team Prevent have reported that accurate information on staff immunisation is not available due to the records that were received by the previous supplier.

Annual Work Programme 2017/18

The annual work programme for 2017/18 sets out the overall framework for infection prevention and control and key activities that are required to meet the registration requirements of the CQC, and identifies priorities to continue delivering the infection control agenda. It concentrates on key objectives to continue to provide high standards of quality care and measures that keep patients, staff and visitors safe in environments that are clean and pleasing. Our key objectives are:

- To keep infection control as a priority for everyone all of the time and continuously provide care in environments that are clean and safe by staff that are competent and to continuously review standards.
- To ensure that we have a robust management process that is underpinned by supporting systems to keep the organisation safe.

In order to achieve these we will:

- Review our management systems for infection prevention and control;
- Review how we monitor and risk assess infection control;
- Review our compliance with the “hygiene Code to ensure we are always achieving high standards;
- Continuing to improve access and compliance with Hand Hygiene;
- Keep patients and staff safe by having a robust flu immunisation programme.

Information in respect of each area is presented at Appendix 2. The plan will be monitored by the Infection Control Committee and reported quarterly to the Quality Committee with an annual report to the Trust Board.

Strategic priorities this paper supports (Please check box including brief statement)

Improving service user satisfaction	✓	Maintaining safe clean environments where infection rates are kept to a minimum.
Improving staff satisfaction	✓	Improving staff access to hand hygiene facilities Supporting staff to escalate concerns.
Maintaining financial viability	✓	There is a high cost related to infection control: 1. Reduced service user satisfaction; 2. Costs of resources dealing with outbreaks; 3. Staff time lost from work related to sharps injuries.

Committees/Meetings where this item has been considered:

13/04/2017	Infection Control Committee.

Implications:

Equality Analysis	Infection control is everybody’s business. This work plan has no impact on individual groups. This report has no direct impact on equalities.
Risk and Assurance	Ensuring a safe clean environment for staff and service users is fundamental to good quality care.
Service User/Carer/Staff	The new work plan will support staff to identify areas of concern to staff and service users and empower them to escalate and take action to make improvements.
Financial	There will be financial implications in discharging its duties to keep infections to a minimum in safe clean environments. Some of these

	costs will be met with Directorate obligations. The Trust has funded a programme to improve staff compliance with hand hygiene by improved access to facilities for hand washing through capital funds.
Quality	Providing quality care and continuously improving the environment.

Supporting Documents and Research material

a. Infection Prevention and Control Annual Report 2016/17
b. Infection Prevention and Control Work Programme 2017/18

Glossary

Abbreviation	In full
CQC	Care Quality Commission
ELFT	East London NHS Foundation Trust
HCAI	Healthcare Associated Infection
MRSA	Multi Resistant Staphylococcus Aureus
RCA	Root Cause Analysis
CCG	Clinical Commissioning Group
BHT	Bedford Hospital Trust
CDI	Clostridium Difficile Infection
PIR	Post Infection Review
TB	Tuberculosis
IPCC	Infection Prevention and Control Committee
HACCP	Mental Health Care of Older Persons
A&E	Accident & Emergency
SLA	Service Level Agreement
PPE	Personal Protective Equipment
BBV	Blood Borne Virus
DIPC	Director of Infection and Control
DDIPC	Deputy Director of Infection and Control

Infection Prevention and Control

Annual Report 2016/17



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1.0 Executive Summary

- 1.1 Good infection prevention (including cleanliness)¹ is essential to ensure that people who use health and social care services receive safe and effective care. Effective prevention and control of infection must be part of everyday practice and be applied consistently by everyone.
- 1.2 Good management and organisational processes are crucial to make sure that high standards of infection prevention (including cleanliness) are developed and maintained.
- 1.3 The Care Quality Commission (CQC) judge a registered provider on how it complies with the infection prevention requirements, which is set out in regulations in the Health and Social Care Act Code of Practice for preventing infections.
- 1.4 The Trust was assessed in 2016 by the Care Quality Commission and achieved outstanding.
- 1.5 This report summarises the infection control activities carried out by East London NHS Foundation Trust (ELFT) from 1 April 2016 to 31 March 2017.
- 1.6 It summarises the achievements delivered throughout the year by the delivery of the annual work plan approved by the Trust Board in May 2016.
- 1.7 The report lists all cases of infectious disease within the Trust during this period and notes:
- 4 patients were diagnosed with clostridium difficile infection;(CDI)
 - 2 patients diagnosed with Tuberculosis(TB);
 - 11 needle stick or inoculation injuries were reported on the Datix reporting system.
- 1.8 A new Occupational Health provider team, Prevent, was appointed in November 2016.
- 1.9 The report notes very good improvement in the staff flu campaign, lead by our team of enthusiastic nursing staff and, Paul James, Director of Operations.
- 1.10 Throughout the reporting period, the Trust has placed significant emphasis on the provision of a safe clean environment for care and the prevention of hospital acquired infection.

2.0 Healthcare Associated Infection (HCAI) Statistics

- 2.1 The programme of surveillance of Multi Resistant Staphylococcus Aureus (MRSA) and Clostridium Difficile infections continues for the Trust. The Trust is required to collect surveillance data and report all MRSA bacteraemia and C-Difficile infections.

- 2.2 The Trust had no reported cases of MRSA in 2016-2017.
- 2.3 2 patients admitted to East Ham Care Centre from Newham University Hospital were diagnosed as Clostridium Difficile toxin positive.
- 2.4 The infections were identified within 48 hours of admission.
- 2.5 All appropriate measures were taken to reduce cross infection.
- 2.6 Post Incident review carried out Root Cause Analysis (RCA) suggested the history of antibiotic usage and general poor health of the patients were pre-disposing factors.
- 2.7 Both of these cases were reported in September 2016 and were investigated individually and together. There was no evidence of any links between the 2 patients in East Ham Care Centre.
- 2.8 Learning: One patient had a history of clostridium difficile infection which had been treated and transfer was delayed to Fothergill until infection risks were reduced, The information was known to the doctor and some nursing staff, although this information would not have changed management it would have reduced some investigations. It was recommended that East Ham Care Centre review how transfer information is shared with all staff.
- 2.5 1 service user was diagnosed with Clostridium Difficile in Bedfordshire. Fountains Court in Bedfordshire cared for a service user admitted with rapidly deteriorating mental and physical health following the death of his wife. He required support and encouragement to eat and drink, and had recurrent rapid physical health deteriorations thought to be respiratory and urinary infections.
- 2.6 He was prescribed 3 courses of broad spectrum antibiotics.
- 2.7 He was admitted to Bedford hospital in October 2016 where, following testing, he was diagnosed with clostridium difficile.
- 2.8 Post infection root cause analysis was carried out with infection control, the Clinical Commissioning Group (CCG) lead and the team. The RCA identified areas of good practice but identified inappropriate antibiotic prescribing as causative.
- 2.9 A clinical alert was raised by Dr Kevin Cleary, Chief Medical Officer, reminding clinicians of the high risks of prescribing broad spectrum antibiotics and that clinicians should always refer to the antibiotic prescribing guidelines that are published on the intranet.
- 2.10 1 patient was diagnosed with clostridium difficile in Luton 2 weeks post admission.
- 2.11 Onyx ward in Luton admitted a patient from Bedford hospital on broad spectrum antibiotics; this lady had been hospitalised in Addenbrookes for 5 months following a serious attempt to harm herself by jumping from a height. Multiple fractures and

surgeries resulting in wound infections including Vancomycin Resistant Enterococcus.

- 2.12 Following discharge she had 2 admissions to Bedford Hospital Trust (BHT) . On admission to Onyx ward, she was on a 2 week course of broad spectrum antibiotic.
- 2.13 1 week after reporting diarrhoea, a specimen was obtained and was positive for Clostridium Difficile Toxin. Advice was taken from microbiology with an immediate improvement in physical health.
- 2.14 Post infection root cause analysis (PIR) identified the use of broad spectrum antibiotics as directly related. The Post Infection Review also recommended better recording of patient refusals to engage in care interventions.
- 2.15 All infection control measures were well used which is demonstrated by the fact that no further cross infection in either case. Commendations are extended to the staff teams for their care.

3.0 Outbreaks

- 3.1 The Trust had no outbreaks of infection.

4.0 Notifiable Infections

- 4.1 In June 2016, a 25 year old inpatient service user was diagnosed with pulmonary and laryngeal Tuberculosis.
- 4.2 The case was jointly managed by Public Health, Newham Tuberculosis Team and the Trust.
- 4.3 No gaps were identified in care or management and the cohesive response was commended by Public Health.

5.0 Annual Work Plan

- 5.1 The annual work plan for 2016/17 was based on the requirements of the code of practice for infection control and stake holder feedback, including executive visits and infection control nurse visits. Key themes were used to formulate the action plan. The action plan is a standing item on the Infection Prevention Control Committee (IPCC) agenda.
- 5.2 Overall, compliance has been achieved with continued recommendations regarding hand hygiene facilities.

6.0 Hand Hygiene

6.1 Service users carry out a hand hygiene audit to ensure the appropriate facilities are available for staff and users to clean their hands.

6.2 Standard

- Is there a hand gel machine at the entrance of the ward/service?
- Does the hand gel machine have hand gel in it?
- Is there an information leaflet or poster in the entrance?
- Are hand towels available in all dispensers?
- Is soap available from all dispensers?
- Do staff have access to hand gel?
- Are appropriate decontamination products available?

6.3 At the time of audit, 97% of wards had hand gel machine at ward entrance. 12% of wards had empty containers. 15% of wards required information to encourage use of the hand gel. (See Appendix 1.)

6.4 Five moments for hand hygiene



6.5 The newly developed Five Moments for Hand Hygiene Electronic Audit has emerged from the WHO Guidelines on Hand Hygiene in Health Care to add value to any hand hygiene improvement strategy.

6.6 The audit is carried out by the infection control nurse or with the matron on older adult wards where patients are more vulnerable and more direct care contacts are delivered. The audit observes the key moments for hand hygiene:

- before touching a patient;
- before clean/aseptic procedures;
- after body fluid exposure/risk;
- after touching a patient;
- after touching patient surroundings.

6.7 The electronic version was introduced in quarter 4 by the infection control team. 100% collection compliance has been achieved in Luton and Bedfordshire.

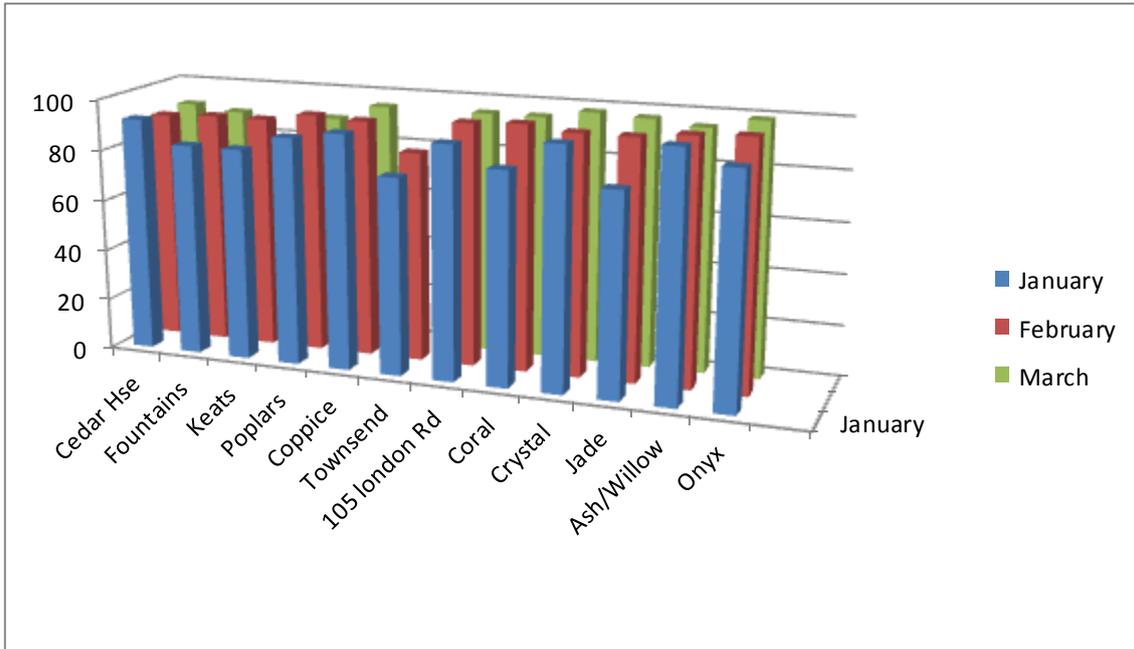
6.8 London wards have not been successful in implementing the electronic version, however, the introduction of the audit has successfully highlighted improvement areas.

7.0 Decontamination

- 7.1 The Chief Medical Officer is executive lead for decontamination.
- 7.2 The Trust's decontamination policy sets out a risk based process for the cleaning and decontamination of equipment used for patient care, with clear detailed instructions for cleaning.
- 7.3 The Trust uses single use non-invasive reusable medical devices in all areas except podiatry.
- 7.4 The Podiatry service has a contract for sterilising equipment that is monitored by the lead clinician for the area.
- 7.5 All equipment in the Trust, including items such as beds, sphygmomanometers and commodes are cleaned between patient use as per the Trust's Decontamination policy and this is monitored as part of the lead nurse inspections and the annual audit process.

8.0 Cleanliness and the Environment

- 8.1 The Trust monitoring team carries out audits relating to cleaning, linen, waste and main kitchens and Meal Service at ward level. The Team reports directly to the Service Provider, Matron, Lead Nurse and Centre Manager (in community sites), and quarterly to the Infection Prevention and Control Committee.
- 8.2 Summary cleaning scores suggest that cleanliness standards across the Trust are good.
- 8.3 Concerns were raised early in 2017 regarding cleaning in Luton and Bedfordshire, however, real efforts by nursing and estates teams and a new contract manager and inpatient cleaning scores are now achieving 90%. Well done to all teams on this achievement.



8.4 NHS Cleanliness scores have been met in all areas.

8.5 The Trust has cleaning and facilities services that are out-sourced as follows:

- Newham Centre for Mental Health has services provided by Grosvenor Facilities Management;
- Tower Hamlets Centre for Mental Health has services provided by Carillion Facilities Services under the Barts (Service Level Agreement) SLA;
- John Howard Centre and Wolfson House have services provided by G4S;
- Homerton have services provided by ISS under the Homerton SLA;
- Community Health Newham and ELFT localities have domestic services provided by G4S and NHS Property Services;
- Luton and Bedfordshire mental health and wellbeing is provided by G4S.

9.0 Legionella and Management of Water

9.1 ELFT has a valid contract in place with an external provider for annual water risk assessments in compliance with the statutory regulations. Actions are then followed up through the Estates department. A weekly defects report is received from Clearwater highlighting where temperature readings are not within the tolerable range. The majority of these defects are borderline, especially the cold water tests during very hot weather. Where the defect is more severe, a job is raised to the Estates Helpdesk for them to appoint a contractor to visit site to adjust the temperature.

9.2 Legionella Testing

9.2.1 Legionella testing takes place at various locations around the trust. To date, no positive findings have been identified:

10.0 Water Tank Disinfections

10.1 The compliance of Cleaning and Chlorination of water tanks is in compliance to the regulations and managed by an external provider..

11.0 New Projects

11.1 Estates and Facilities work with Infection Control to ensure ward moves and new projects are compliant with infection control standards and that a clinical sign off takes place prior to all moves.

12.0 Audit Programme

12.1 Background standard precautions are meant to reduce the risk of transmission of blood borne and other pathogens from both recognized and unrecognized sources. They are the basic level of infection control precautions which are to be used, as a minimum, in the care of all patients.

12.2 The emphasis is on a quality improvement approach supplemented by robust monitoring.

12.3 Quarterly targeted audits focus on standard precautions required by all staff. Background standard precautions are meant to reduce the risk of transmission of blood borne and other pathogens from both recognized and unrecognized sources. They are the basic level of infection control precautions which are to be used, as a minimum, in the care of all patients.

12.4 Quarterly infection control audit (self – monitored) in 2016-2017 looked at hand hygiene facilities and products, decontamination, sharps management and the appropriate use of personal protective equipment (PPE).

12.5 There is robust reliable data that the teams who are completing the audit good standard precautions are in place.

12.6 Staff having access to and carrying personal toggle kits (Hand Gel) is noted to be a slowly improving area and requires a new approach.

12.6 Some teams in Luton and Bedfordshire are not completing the audit and this has been reported to the directorate management teams.

13.0 Training

- 13.1 Infection Prevention and Control training forms part of the statutory induction programme which all new staff to the Trust participate in.
- 13.2 Annual updates are provided to staff using a variety of methods depending on clinical activity.
- 13.3 Level 1 training as annual at induction and annual mail out leaflet. Trust compliance is over 97% for level 1.
- 13.4 Staff carrying out clinical procedures is required to attend Level 2 training. There are 2 levels:
- Mental Health staff complete annual e-learning;
 - Community Health Newham, Older Adults and Specialist Addictions, Blood Borne Virus (BBV) teams are required to attend bespoke face to face training. Staff receive face to face training relevant to their clinical activity.

14.0 Risk Assessment

- 14.1 All incidents relating to infection prevention and control are reviewed by the Infection Prevention and Control Lead Nurse, and immediate action is taken as required.
- 14.2 Service users are assessed for infection risks as part of the Trust's Admission and Discharge Policy.
- 14.3 The Trust's Isolation Policy includes guidance on the allocation of single rooms and cohorting for older people wards where infection risks may be more significant. Root cause analysis is carried out for all infections outbreaks and learning is disseminated to the teams.
- 14.4 The Trust's audit and monitoring processes have resulted in 2 areas of High Concern in central Bedfordshire and a programme is in place to relocate the services.

15.0 Communication

- 15.1 The Trust's infection control manual is available on the intranet to ensure staff have easy access to relevant guidance.
- 15.2 Results from the cleanliness audit process are reported by modern matrons and team leaders at Multi Disciplinary Team Meetings and Ward Management meetings.
- 15.3 Communication has been a regular item on the IPCC agenda and is a key priority on the infection control work plan; to engage service users with staff in infection control sharing information and best practice.

- 15.4 Infection Prevention and Control is a regular item in Trust Talk to raise awareness and highlight key topics.
- 15.5 Information about preventing and managing winter illnesses was circulated to staff by Communications in October 2017.
- 15.6 The IPCC developed the first of a series of accessible leaflets on infection control which was published on the intranet.

16.0 Healthcare Workers

16.1 Flu Clinics

- 16.1.1 The Trust's flu programme is led by Human Resources and operations leads. Flu vaccines were delivered directly to staff on wards and various departments; Human Resources also advertised the clinic availabilities. Vaccines were delivered by ELFT senior nursing staff.
- 16.1.2 Flu vaccine uptake was highest in October 2017. The uptake rate decreased from November 2017 onwards.
- 16.1.3 Fantastic teams of staff and matrons lead by Paul James succeeded in vaccinating 2693 clinical staff.

16.2 Update on Vaccinations

- 16.2.1 Following a tender process, Team Prevent has been appointed as the new Trust provider service for occupational health.
- 16.2.2 Key priorities are to ensure that the Trust meets legal requirement to protect healthcare workers from infection risks.
- 16.2.3 An immunisation strategy group is required to ensure we have robust arrangements that protect staff and managers.

16.3 Inoculation Injuries

- 16.3.1 In 2015, the Trust introduced the safer sharps programme by introducing, wherever possible, safety engineered devices including retractable needles. This has significantly reduced unnecessary inoculation injuries.
- 16.3.2 11 sharps injuries were reported in 2016/2017. 7 of those sharps were reported by district nurse teams in Community Health Newham where safer sharps have not been introduced. GPs prescribe blood glucose monitoring products and it is reported that they refuse to prescribe retractable needles. The teams have been asked by IPCC to find a solution that keeps staff safe and complies with health and safety guidance.

- 16.3.3 The directorate has now agreed to lead on the introduction and subsidise the cost of retractable needle programme.
- 16.3.4 1 member of staff in Hackney sustained a needle stick injury in the communal toilet in the communal corridor. The procedures for managing sharps injuries was followed by the ward manager. The incident was risk assessed by Homerton A&E as low risk. Precautionary bloods were taken; no post exposure prophylaxis was required. The staff, member is claiming through the claims process.

17.0 Infection Prevention and Control Arrangements

17.1 Management and Governance Arrangements for Infection Prevention and Control

- 17.1.1 The Trust Board is accountable for ensuring that there are effective infection control arrangements within the Trust. The Chief Executive delegates operational responsibility to the Infection Prevention and Control Committee. The Committee oversees and directs infection control throughout the organisation and advises the Trust Board via the Quality Committee in line with statutory requirements.
- 17.1.2 The Trust Board receives quarterly reports on indicators of compliance with “The Code of Practice” and receives reports from the Infection Control Policy audit process and Estates and Facilities Cleanliness audits.
- 17.1.3 The role of Director of Infection and Control (DIPC) is held by the Chief Medical Officer. The Chief Medical Officer is the executive director lead for quality, and is responsible for delivery of the Trust’s Quality and Safety strategies and reports directly to the Trust Board.
- 17.1.4 The DIPC is responsible for the Trust’s Infection Prevention and Control Team and has the authority to challenge inappropriate practice and inappropriate antibiotic prescribing decisions.
- 17.1.5 The DIPC provides leadership within the organisation and enables the organisation to continuously improve its performance in relation to Infection Prevention standards.
- 17.1.6 The DIPC devolves the day to day responsibilities and duties to the Deputy Director of Infection Prevention and Control.
- 17.1.7 The Deputy Director Infection Prevention and Control (DDIPC) has overall responsibility for:
- The Infection Prevention and Control service within the organisation;
 - The implementation of infection control policies;
 - Challenging inappropriate infection control practices;
 - Undertaking the impact assessment of new and revised policies together with recommendations for change;
 - Integrating infection control together with clinical governance and patient safety teams and structures;

- The production of an Infection Prevention and Control Annual Report;
- The Deputy Director of Infection Prevention and Control (DDIPC) ensuring that robust arrangements are in place in line with national policy and relevant legislation, and creating an environment of continuous quality improvement and development;
- The DDIPC facilitates links and communication with all clinical areas;
- The DDIPC is responsible for links with the wider health economy and representing the Trust at NHS London DIPC meetings and health protection forums.

17.1.8 The Infection Control Committee is chaired by the Chief Medical Officer, DIPC, or the DDIPC, and is accountable to the Quality Committee.

17.1.9 Responsibility and accountability for compliance with infection control is embedded within job descriptions of all Health Care workers.

17.1.10 The Trust Board is accountable for ensuring that there are effective infection prevention and control arrangements within the Trust. The Board receives a quarterly infection control report as part of the integrated Governance Report which highlights key work streams and areas of risk. The Board also receives and approves the Infection Control Annual Report and Strategy.

17.1.11 The Chief Executive accepts ultimate responsibility for infection control and delegates' responsibility to the Infection Control Committee. The Committee oversees and directs infection control throughout the organisation and advises the Trust Board via the Quality Committee which, in turn, reports to the Quality Committee in line with statutory requirements .

18.0 Infection Prevention and Control Service

18.1 The aim of the Infection Prevention and Control Service is to promote a safe environment for patients, visitors and staff where infection risks are kept to a minimum.

18.2 Contracts are held with Homerton University Hospital to cover London services and provides a full time named infection control nurse supported and managed by the Lead Nurse and infection control team at Homerton University Hospital.

18.3 A contract is in place with Bedford Hospital for an infection control nurse 3 days a week, and 5 days a week response service as well as microbiology and infection control doctor. This contract is under performance measures.

18.4 The contracted Infection Prevention and Control Teams at Homerton Hospital provide specialist support and oversight of clinical practice and training to all London sites and services. The infection control nurse monitors clinical practice and the environment monthly for inpatient areas and bi-annual in community clinics. The contract includes 24 hour access to an Infection Control Doctor Service.

18.5 The Trust has microbiology services with local acute hospitals whose accreditation is advertised and available to view Homerton NHS Foundation Trust and Barts Health Bedford Hospital and Luton and Dunstable Hospital.

18.6 Surveillance and monitoring arrangements are in place through the infection control Service Contract.

18.0 Infection Prevention and Control Team

18.1 The Infection Prevention and Control team comprises a mix of Nursing, Operations, Medical and Estates expertise. This includes the following:

- Chief Medical Officer/Director of Infection Prevention and Control;
- Deputy Director of Infection Prevention and Control;
- Modern matrons and senior managers with similar responsibility;
- Expert advice via contract agreements with Homerton University NHS Foundation Trust;
- An infection control nurse service through HUHT and Bedford Hospital.

19.0 Infection Prevention and Control Committee (IPCC)

19.1 The membership of the IPCC, meets quarterly and is chaired by the Chief Medical Officer. In the absence of the DIPC, the meeting is chaired by the Deputy. The committee is made up of representatives from a wide range of disciplines as

follows:

- Chief Medical Officer/Director of Infection Prevention and Control (Chair);
- Director of Estates and Facilities;
- Head of Communications;
- Deputy Director of Infection Prevention and Control;
- Deputy Director of Nursing;
- Borough Lead Nurse Representative/s;
- Director of Operations;
- All Modern Matrons;
- Service User Lead;
- Community team representatives.

19.2 Expert attendees:

- Public Health England Consultant.

20.0 Governance Framework for Infection Control

20.1 The Committees within the Trust's governance framework that have responsibilities/roles in relation to infection control are as follows:

20.1.2 Quality Committee

- The Quality Committee monitors the work of the Infection Prevention and Control committee;
- The Quality Committee is chaired by the Chief Medical Officer and is attended by senior corporate staff and all clinical directors;
- The Quality Committee oversees clinical governance activity across the Trust.

20.1.3 Code of Practice for the Prevention and Control of Infection

- The Code's obligations are a standing agenda item at the Infection Prevention and Control Committee.

21.0 Conclusion

- 21.1 This report recognises the achievements that have been made during the year but acknowledges that HCAI Infection Prevention and Control in mental health and community will continue to present challenges.
- 21.2 Infection Prevention and Control in a mental health and community setting requires a different perspective and provides challenges dissimilar to those in an acute general hospital. East London NHS Foundation Trust staff are ready for this challenge and committed to providing a safe clean environment for patient staff and visitors and carers.
- 21.3 This report provides evidence that all objectives within the Annual Plan 2016/17 were met or remain permanent ongoing priorities.
- 21.4 A priority for the coming year will be taking infection prevention and control to the next level maintaining the progress that has been made and ensuring that momentum is not lost.



East London
NHS Foundation Trust

APPENDIX 2

Infection Prevention and Control

Work Programme 1st April 2017 to 31st March 2018

Compliance Criteria	Actions required	By Whom	When
<p>Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that their environment and other users may pose to them.</p>	1. Review current provision of infection control services	Deputy DIPC	April 2017
	2. Develop a robust business case that sets out the options for delivering safe robust infection prevention	Deputy DIPC	April 2017
	3. Review practice in community health to ensure practice and process meets NICE guidance for infection prevention in community	Infection control	September 2017
	4. Appoint an infection control nurse to support community health teams in the delivery of safe clean care.	Deputy DIPC	June 2017
	5. Carry out an audit of the organisations compliance with the code of practice and report to the Trust board	Infection Control	January 2018

Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.	1. Estates and facilitates to report to infection prevention and Control committee on audits and monitoring carried out in relation to: <ul style="list-style-type: none"> • Patient environment standards • Water Management • Waste Audits • Review the governance arrangements for legionella against statutory guidance. 	Director of Estates and Facilities Estates and IPCC	Quarterly September 2017
	2. Infection control risk assessments of new projects and refurbishment.	Infection control	As relevant
	3. Infection Prevention & Control, visits to all clinical areas monitor standards and identify any potential risks.	Matrons IPCC	Quarterly
	4. Infection Prevention Control involvement in cleaning contracts management.	Deputy Director infection control (DDIPCC with procurement)	Quarterly
	5. Review trust mattresses for compliance with comfort and infection.	DDIPC / Procurement	Carried over from 16/17 plan
Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.	Ensure audits that assess compliance with infection control policies are carried out quarterly by directorate's teams. Audits to include	Matrons or persons of who operate level of seniority.	Quarterly

	<p>Hand Hygiene</p> <p>PPE</p> <p>Sharps</p> <p>Indwelling devices</p> <p>Decontamination</p> <p>MRSA Care pathways (EHCC/MHCOP)</p> <p>High impact interventions (older adults)</p> <p>Provide quarterly trust wide compliance reports to IPCC on audits.</p>	<p>Directorates with support from the infection control nurses</p> <p>Directorates / Matrons or equivalent</p>	<p>Quarterly</p> <p>As required</p>
<p>Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion.</p>	<ol style="list-style-type: none"> 1. Review communication regarding infection control and update the infection control page on the website to ensure <ul style="list-style-type: none"> • Staff knows how to report infection control issues and obtain advice. • Service users know what the Trust is doing to keep ELFT clean and safe and free from infection 	<p>Head of communications/ Deputy Director of infection Prevention and Control.</p>	<p>On going</p>

Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.	1. Provide a report to the Infection prevention and control committee on anti-microbial stewardship	Chief Pharmacist	quarterly
	2. Work in collaboration with acute providers to ensure that best practice is delivered across all services. , ensure	IPCC /Chief Pharmacist	
	3. Ensure requirements for clinical input into anti-microbial stewardship is included in the review of infection control.	Deputy DIPC	Completed
Ensure a robust system in place to manage the occupational health needs and obligations of staff in relation to infection.	Ensure arrangements for provision of influenza vaccination for healthcare workers are robust	Human resources	June 2017 – August 2017.
	Develop an immunisation strategy that provides on staff immunisation against infectious diseases	Human resources	August 2017
	Report to IPCC quarterly on compliance with staff immunisations	Occupational Health and Human Resources	Quarterly