



Cheshire and Wirral Partnership
NHS Foundation Trust



INFECTION PREVENTION & CONTROL ANNUAL REPORT 2015-2016



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Date of Meeting: 27th July 2016
Title of Report: Infection Prevention and Control (IPC) Annual Report 2015/2016
Action sought: For Approval
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Presented by: TBC

Strategic Objective(s) that this report covers:

- SO1 - Deliver high quality, integrated and innovative services that improve outcomes
- SO2 - Ensure meaningful involvement of service users, carers, staff and the wider community
- SO3 - Be a model employer and have a caring, competent and motivated workforce
- SO4 - Maintain and develop robust partnerships with existing and potential new stakeholders
- SO5 - Improve quality of information to improve service delivery, evaluation and planning
- SO6 - Sustain financial viability and deliver value for money
- SO7 - Be recognised as an open, progressive organisation that is about care, well-being and partnership

Distribution

Version	Name(s)/Group(s)	Date Issued
2	Infection Prevention & Control Sub Committee	6 July 2016 (In minutes)

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Executive director sign-off

Executive director (name and title)	Date signed-off
Sheena Cumiskey, Chief Executive	July 2016

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1. Introduction

The purpose and content of this annual report is to provide an overview of the Infection Prevention and Control (IPC) activities from April 2015 to 31st March 2016, and to highlight service achievements and the progress made against the priorities outlined in the Infection prevention and Control Sub Committees (IPCSC) work programme.

High standards of infection prevention and control are crucial to ensure prevention of infection in all health care facilities within CWP. To support this, the IPC Integrated Service, which comprises of CWP IPCT and CWaC IPCT colleagues, continues to work hard to prevent all avoidable infections and the risk of resistant organisms across our Health & Social Care footprint.

The team use the trust values in all areas of their work on a daily basis.

We encourage communication with our staff by being visible in the localities, having link practitioners, providing newsletters and attending key meetings.

We are committed to providing evidence based care.

We have the courage to challenge ANY behaviour that puts our services user, carers, visitors or staff at risk.

We are dedicated to maintaining the competence required in relation to preventative IPC practice.

We are compassionate in all our contact with patients, carers and colleagues.

We are committed to preventing ANY avoidable infection.

Below is a brief summary of the IPC team activities and how we continue to raise the profile of both CWP and the IPC Integrated Service:

- **No** preventable Meticillin Resistant Staphylococcus Aureus (MRSA) bacteraemia infections within our provider services
- **No** preventable Clostridium Difficile Toxin (CDT) infections within our provider services
- **Actively** involved in Public Health England (PHE) presenting on collaborative working and antimicrobial stewardship.
- **Achieved** a zero number of identified cross infection cases in service users or staff (excluding small round structured virus outbreaks)
- **“Super User”** advisor for the National Infection Prevention Society (IPS) Quality Improvement Tools
- **National** conference speaker and national poster presentations for the FOURTH consecutive year
- **National** Education Professional and Development Committee member for the Infection Prevention Society (IPS)
- **Active** members of national Mental Health IPS Special Interest Group
- **Successful** appointment to the North West IPS Education Officers role for a two year term
- **Regional** conference speaker and poster presentations at regional conferences,
- **Regional** IPS conference chair
- **Member** of the North West Sepsis group
- **North** West IPS and PHE meetings hosted at CWP, raising our profile for IPC

2. Summary of the Director of Infection Prevention and Control's (DIPC) reports to the Board of Directors (BoD)

2.1 Frequency/nature of reporting

In addition to delivering the annual report the DIPC delivers a quarterly report produced by the Nurse consultant. During 2015/16, the Board received concise reports in accordance with the business cycle, which highlighted areas of practice and development, including arrangements for IPC.

2.2 Decisions made by the Board of Directors

The approval and any recommendations from the Board are communicated directly to the DIPC following presentation of Quarterly and Annual Reports and are actioned accordingly.

3. Care Quality Commission

The Care Quality Commission (CQC) inspection during 2015 did not highlight any IPC gaps. The CQC assess IPC standards against the new [Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance](#) (Department of Health, 2015) which contains the ten criteria that healthcare providers are assessed against.

Before publication in July 2015, the nurse consultant had consolidated further assurance for the board in relation to the new standards which included Water safety and antimicrobial stewardship. A summary of assurances was sent to the Chief Executive in May 2015 and approved at the following board in 2014/2015 quarter 4 DIPC report. Those assurances are now embedded within the IPC assurance framework for 2015/2016.

CQC Regulation 12 and 15 shown below are also addressed within the assurance framework:

Regulation 12 – Safe care and treatment, “Providers must prevent and control the spread of infection. Where the responsibility for care and treatment is shared, care planning must be timely to maintain people's health, safety and welfare”.

Section 2h – “Assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated”. When assessing risk, providers should consider the link between infection prevention and control, antimicrobial stewardship, how medicines are managed and cleanliness.

Regulation 15 – Premises and Equipment, “The intention of this regulation is to make sure that the premises where care and treatment are delivered are clean, suitable for the intended purpose, maintained and where required, appropriately located, and that the equipment that is used to deliver care and treatment is clean, suitable for the intended purpose, maintained, stored securely and used properly”.

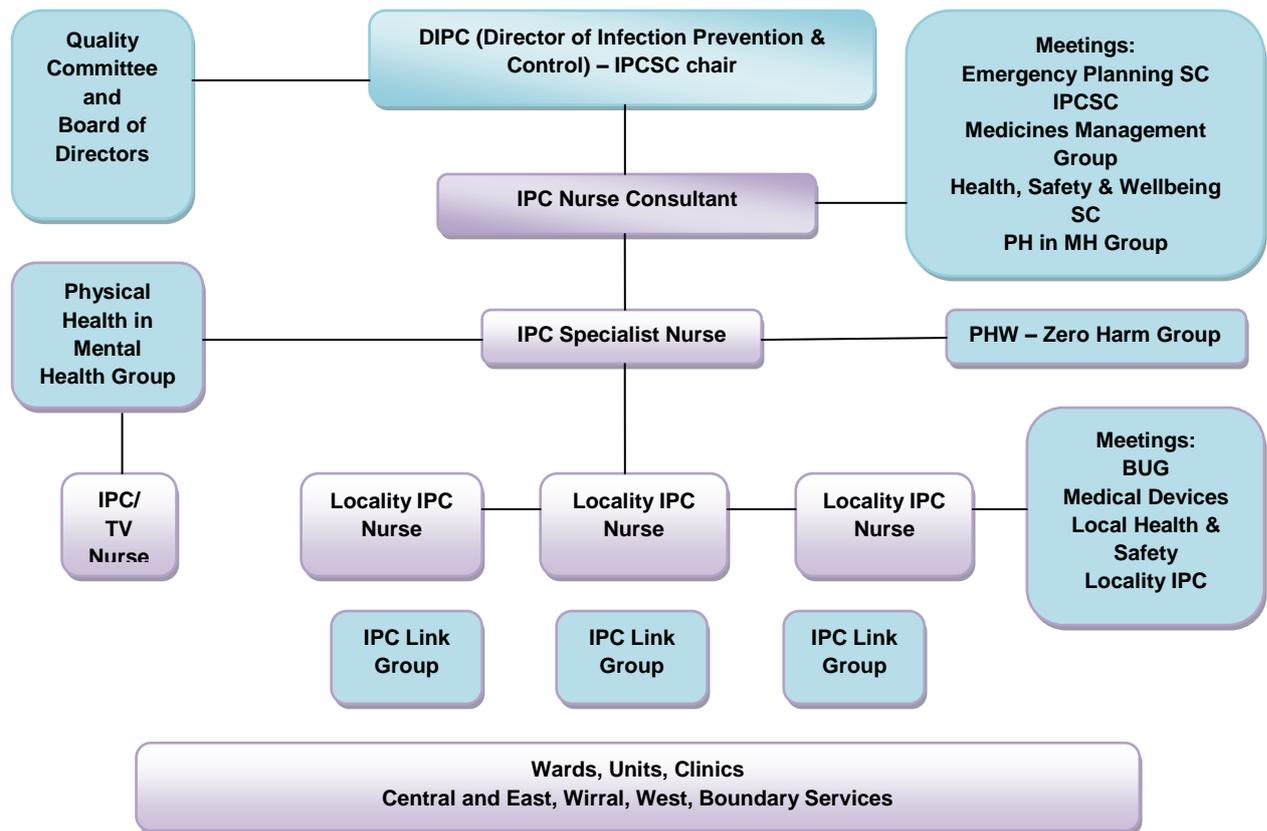
Section 15.2 – “The registrant must, in relation to such premises and equipment, maintain standards of hygiene appropriate for the purposes for which they are being used”.

4. Infection Prevention and Control (IPC) governance arrangements

4.1 Arrangements for IPC services

The IPCT have a high profile within Clinical Services and support services across the CWP footprint. We also provide support to the Public Health England (PHE) Team of Cheshire West and Chester, Western Cheshire Clinical Commissioning Group (CCG), Vale Royal CCG and Support Units (CSU).

Diagram below shows “Ward to Board” structure and attendance at meetings.



4.2 Infection Prevention and Control subcommittee (IPCSC)

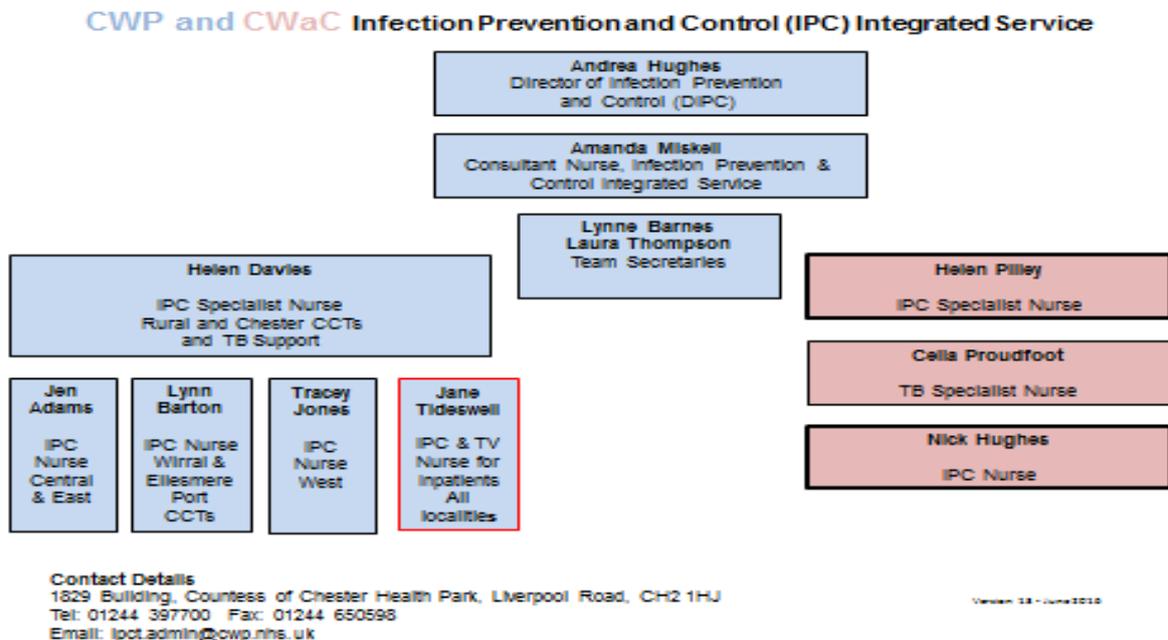
The IPCSC reports directly to the Quality committee, and is chaired by the DIPC or Nurse Consultant. Meetings take place five times per year, and all services and localities are represented. During 2015/2016 a meeting effectiveness review was carried out. The IPCSC evaluated very well by committee members, with some areas scoring 100% positive.

4.3 The IPC Integrated Service

Following a review of service, the structure of the IPC team has responded to provide a more efficient service across the three localities and other CWP teams for mental health, learning disabilities and harm reduction services. The DIPC (Andrea Hughes replaced Maria Nelligan in October 2015) is supported by the IPC team which is led by the Nurse Consultant, supported by a specialist nurse and three locality IPC nurses.

Following a review of the trust wide antimicrobial prescribing and the risks associated with infections a role was developed to support all inpatient areas in zero harm, safety thermometer, immunisation, invasive devices and tissue viability. This role is a “community PH nurse for inpatients” which will commence in June 2016. The role was approved by the board and is funded from the efficiencies of the IPC team review. This is in addition to the

CWaC component of the team as below:



4.4 Local IPC groups

Modern Matrons and IPC link practitioners throughout the trust are supported by the IPCT to deliver the IPC agenda locally. IPC link practitioner groups are well established in each locality. These groups meet on a quarterly basis and provide an excellent opportunity to cascade and disseminate key IPC guidance to staff. An education element is also incorporated to promote Continuing Professional Development (CPD).

The IPCT held their 12th annual IPC study day in November 2015 with in excess of 50 members of staff attending from a wide variety of CWP services. As in previous years this event provided an excellent stage for learning and networking with colleagues. The IPCT were able to secure the support of several outside speakers to provide an engaging and thought-provoking event, and look forward to facilitating this event again in December 2016.

4.5 IPC resources

The following resources are available to all CWP patients, staff and carers:

- The team
- IPC policies – which are reviewed in line with the IPCSC work plan.
- An IPC web page – a direct link provided on the CWP intranet home page, updated with new announcements, link minutes, useful codes, links to the CQC, Gov.uk guidelines and all other relevant publications. This page is regularly updated and feedback on areas for development actioned as required. <http://www.cwp.nhs.uk/TeamCentre/IPC/Pages/home.aspx>
- An IPC newsletter – highlighting good practice, recommended products, training sessions, and infection prevention control tips and advice.
- Library resources – containing over 30 books, providing a range of information under the sub section of IPC for all staff, plus the Journal of IPC which is published bi-monthly.

4.6 CWP's commitment to Infection Prevention and Control 2016 -2020

This document is in development and will be presented to board in September 2016 as part of the Quarter 1 DIPC report. The commitment has been produced to support the person centred framework and the on-going achievements from previous years to reduce avoidable healthcare-associated infection. The Board of Directors receives regular progress reports on the initiatives that are in place. The key objectives and plans for monitoring improvement are highlighted within the commitment which is supported by the Infection Prevention and Control Subcommittee (IPCSC) work programme and assurance framework.

This commitment will support effective and meaningful infection prevention and control practice of all employees within CWP. It will also ensure that effective measures for prevention and control of infection are integrated in the trust core business, planning and delivery.

The trust aims to prevent the risk of Healthcare Associated Infection (HCAI), throughout the diversity of settings within the Trust.

4.7 IPC Work Programme

The work of the IPCSC is detailed in a work programme which is approved by the Board and reviewed at each Committee meeting. Areas of concern are highlighted and escalated where required.

4.8 Programme of Policy Review

All IPC policies were reviewed during the 2015/16 period, in line with the policy review programme which forms part of the IPCSC work plan. The focus for 2016/2017 is to amalgamate these into a standard operating procedure manual that is more accessible and succinct.

5. Refurbishments and New Builds

The IPCT provide advice and support during refurbishments and new builds across the trust, including advice for primary care premises to ensure compliance with national guidance and the audit programme. The IPCT have continued to work in partnership with CWP Estates in relation to the plans and works carried out for the new young person's inpatient unit, Ancora House, ensuring compliance with Hospital Building Note 00-09. The IPCT also worked with colleagues from the Estates and Facilities departments to support the refurbishment of Croft Ward on the Millbrook Unit.

6. Standardisation of products

The team have supported procurement in standardising the top 15 IPC related items used in CWP. This includes hand decontamination resources, gloves, aprons, disinfectant and patient wipes, dressing packs and cleaning agents as a minimum.

7. Safe Systems for Insulin Pen Device Sharps and exposure incidents

The team review all incidents to reduce risk and promote good practice in relation to needle stick injuries (NSI) and have provided training and posters to all staff to support safer processes. Exposure incidents are potentially high risk, and preventative training and resources are ongoing. Activity in CWP for this year, including storage of recipient or donor bloods as table below:

CWP Only - Accident/Needle Stick Activity
1/4/15 - 31/3/16

Count of Appt. Date	Directorate				
Reason	CWP - East	CWP - Trust Support Services	CWP - West	CWP - Wirral	Grand Total
Accident (NSI/Bites and scratches etc.)	4	5	16	7	32
Bloods - Storage	1	1	8	3	13
Grand Total	4	5	16	7	32
2014-2015 Total					45

This shows a decrease in exposure incidents across the three localities. In year 2014/2015 there was 45 incidents showing a reduction of 29%.

8. Hand Decontamination

IPCT continues to actively promote hand hygiene, via observational activities in the workplace, trust induction, Essential 1 Learning and at all other events and opportunities.

The IPCT have been working closely with colleagues from the Facilities Department, along with “GOJO” representatives to complete site surveys in response to the standardisation work for foaming soap, alcohol hand foam and moisturiser. These will be used to update the hand hygiene products across CWP, for both in-patient and community settings. The aim of this is to streamline the number of products used, and therefore achieve the maximum cost savings afforded as a result of bulk ordering. This will ensure effective hand hygiene is accessible to all CWP staff, patients and visitors.

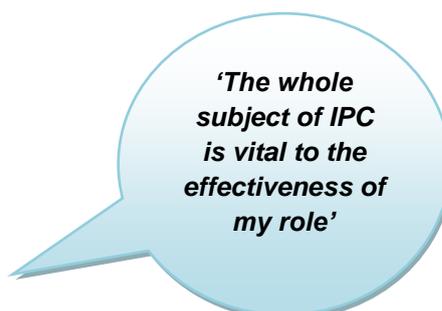
9. Education CWP activity

9.1 Induction and Essential Learning (EE1)

The IPC team have facilitated 15 Induction sessions during 2015-2016, and 78 EE1 sessions plus 13 additional sessions to staff including the support of our e-learning package. This has amounted to 2634 staff having received IPC and hand decontamination training. The team strive to improve compliance by providing extra sessions, targeting low compliance areas and attending key clinical meetings. Specific training has been given to our colleagues in Safeguarding, Estates and Facilities.

The IPCT also support Aseptic Non Touch Technique (ANTT) training, supporting compliance the Safety Metrics and Zero harm.

Throughout the period of this report, the IPC sessions consistently scores “good” or “excellent” in feedback from participants.



Our aim for 2016/2017 is to support a higher compliance rate for CWP by refreshing training resources and delivery methods.

9.2 Continuing Professional Development of the IPC team

In addition to completion of organisational training requirements, the IPC team attends relevant local, national workshops and conferences, including national and regional Infection Prevention Society (IPS) conferences. All IPCT members hold recognised infection prevention and control qualifications, at BSc level and the specialist nurses are all in the process of completing their MSc programmes. The locality nurse for the East Locality completed the M.I.C.S (Management of an Infection Prevention & Control Service) at the University of Manchester and achieved the highest result in the cohort focusing on Influenza vaccination in Mental Health.

The nurse consultant has gained an MSc in Health Improvement & Wellbeing (PG cert Public Health) and is an Honorary Lecturer at the University of Chester.

The IPCT, supported by the academic unit, has led on a pilot for all the patients with chronic leg ulcers in the Ellesmere Port North & South Team. The results of which are with West Cheshire CCG/GPs for consideration.

10. IPC standards reviews

10.1 Modern Matron Walkabouts

The IPCT supported a review of the modern matron programme across the trust, resulting in the development of a revised document for use on the monthly walkabouts.

Central & East locality

For Adelphi, Bollin, Crook Lane, Croft and Greenways matron “walkabouts” continue to note improvements around the dress code since the introduction of uniforms. The relationship with locality IPC nurse is effective and staff are confident about contacting her for advice.

West locality

IPC “walkabouts” are completed on each ward on a monthly basis with the facilities managers, and the IPC team support these as required.

Wirral locality

Springview now has the locality IPC Nurse based in the building and this has been of huge benefit to the wards. Ward staff at Springview have all been provided with uniforms and most of the feedback from staff and patients is positive.

10.2 IPC Audits

During the period this report covers the team carried out audits on all inpatient clinical areas.

All inpatient areas achieved above the compliance score of 93%.

Results are reported back to the Ward Manager, Modern Matron, Estates and Facilities managers, and the IPCSC where areas of good practice are highlighted and appropriate actions regarding areas of concern is actioned and documented on the risk register if necessary.

During the period this report covers the team carried out audits on all community areas with the appropriate follow up and support. Results are reported back to the IPCSC where areas of good practice are highlighted and appropriate actions regarding areas of concern is actioned and documented.

There are some areas of concern in the community in relation to five premises across the localities in relation to environmental issues, however these are currently on the IPCSC risk register and continually followed up by the IPCT and our colleagues in Estates and Facilities.

11. Integrated Working and Support across Services

The IPCT support investigations and reports to clinical services and one of the team is the professional advisor for nursing in West.

12. Service User Involvement

IPC nurses are involved in the Recovery Colleges by presenting sessions that aim to show how the principles of IPC can be used to maintain aspects of personal health.

13. Health Care Associated Infection (HCAI)

During 2015 – 2016 there were no cases of MRSA Blood Stream infections reported to the IPCT in inpatient service.

There has been one patient in the East Locality diagnosed with C Diff infection. This was during the March 2016 Gastrointestinal Outbreak on Croft Ward. A separate Root Cause Analysis was completed which found that the cause was unavoidable; and was linked to multiple prescriptions for antibiotics, all of which were necessary. All relevant IPC management advice was adopted by staff and the patient affected has since made a good recovery. The case was reported to the Consultant for Public Health and the CCG as required by the Nurse Consultant.

This figure assures the Board that excellent IPC standards exist in inpatient services, and patients are not harmed unnecessarily by HCAI's.

14. Outbreaks Inpatient Areas

All IPC incidents and outbreaks are routinely reported to the IPCSC and the Board of Directors, ensuring relevant information and good practice is shared and action plans developed where required. The focus of the IPCT is to prevent outbreaks and if they do occur, to reduce the impact of the outbreak on service users and staff. This is achieved by monitoring environmental cleaning standards, hand hygiene and by ensuring staff can identify a potential outbreak which is addressed during Essential Learning. In order to learn from experience post-outbreak meetings are held for CWP inpatient areas within 5 working days of the end of an outbreak. These meetings may include clinical service managers, modern matrons, ward managers, temporary staffing, occupational health, practice education facilitator and facilities manager.

Central and East locality

There has been one outbreak declared in the Central & East locality. The IPC Team maintained close contact with Croft ward and all outbreak management strategies were put in place and maintained throughout. In total five patients and four staff members were affected. However, on investigation staff and patients were found to have differing symptoms and so it was concluded that they may not be directly linked. The ward was closed by the IPC Service with the support of the DIPC for a total of four days, and opened following a post outbreak clean by Facilities staff.

West locality

No confirmed Outbreaks in West locality.

Wirral locality

There have been two outbreaks declared in the Wirral locality. An outbreak of diarrhoea and vomiting on Meadowbank caused by a patient transferred from another care facility that had Diarrhoea & Vomiting (D/V). In total the ward was closed for 6 days, 6 patients with symptoms and 5 staff off sick with symptoms. No causative agent identified, however the transferring hospital closed with confirmed Norovirus.

Another outbreak of D&V on Lakefield; in total the ward was closed for 8 days, 10 patients with symptoms of vomiting (3 also with diarrhoea) and 7 staff off sick with similar symptoms. No causative agent identified.

Learning from these outbreaks has included an SBAR regarding the procurement of cleaning equipment, mobile sinks and curtains to ensure a timely and efficient deep clean.

15. Surveillance and Safety Metric/Zero harm

The key items for community services are the surveillance and identified risks associated with Pressure Ulcers, Wounds and Urinary Catheters.

All patients with stage two or above wounds in community Physical Health services are screened for MRSA.

The IPCT support and collate all the information for Urinary Catheters in the community where patients are in receipt of community nursing. The nursing teams are supported to use the 10 week catheter pathway, and Aseptic Non Touch Technique (ANTT). Training in ANTT is now provided via e learning.

Inpatient MH services have shown an increase in the number of patients requiring support for tissue viability, which is inclusive of self-harm wounds, cuts and post-operative surgical sites. The IPC nurses for the three localities have had numerous interactions with staff and service users throughout the year. Each episode involves contact, advice to staff and patients were appropriate and documentation on CareNotes. There has been significant increase in IPC contact in comparison to previous years, accessibility and extended hours appear to have stimulated this.

The categories in the table below show approximate contacts and rationales:

	Central & East	West	Wirral	PH West
MRSA advice/screening and treatments	90	27	116	257 (10 week catheter pathway) +17 others
Invasive Devices	14	11	28	269
Skin Integrity	62	43	49	12
Antimicrobial Prescribing	122	131	128	19

In addition to the above the team responded to 151 other contacts with the office asking for advice on IPC issues and concerns over the year 2015/2016.

15.1 Catheter Associated Urinary Tract Infection (CAUTI)

The IPCT have developed and supported the Trust response to the implementation of NICE guidance EPIC 3 (2014) and CQC requirements with regards to Catheter Associated Urinary Tract Infections. This has included the continuing monitoring of all catheterised patients in the community setting with CWP input, on average 250 patients, supporting the introduction of a safety metric, product masking, training, staff meetings, communications, and updating the 10 week catheter pathway.

15.2 Skin-Tunnelled Central Catheter (Hickman) and Peripherally Inserted Central Line (PICCs)

The IPC service have been working collaboratively with other healthcare providers across the Western Cheshire footprint during 2015/2016 on the development of guidance and competencies to support these devices, based on national guidance including NICE and EPIC 3. Patient information leaflets and a PICC passport are nearing completion, allowing continuity and consistency for both patients and staff when more than one care provider is involved in a patients care.

16. Sepsis

Evidence suggests that some cases of sepsis are preventable, particularly in groups of people who are at the greatest risk. Though anyone can be affected, those at the extremities of life – the very young and the very old – are particularly at risk, along with people who are immunosuppressed and pregnant women. For these groups measures to prevent infection and to recognise and treat infection promptly can prevent sepsis from developing.

CWP have a Physical Health and Deteriorating Patient education programme in place. In addition to this there is an Infection Prevention and Control service inclusive of a nurse supporting complex PH needs. CWP has also had a robust Early Warning Score (EWS) system in place across all inpatients areas since April 2012. More recently this has been reviewed and evidence based National and Paediatric EWS, along with Maternity EWS has replaced the Modified EWS in CWP.

In the community setting staff must adhere to CWP policy if a patient is assessed visually as deteriorating from a PH aspect and call the patients GP or 999.

This assessment alone gives inpatients a “parity of esteem” in terms of assessment for sepsis, and a process to refer and transfer responsibly to acute physical health services.

CWP have introduced the following to support the identification and management of sepsis:

- Sepsis is included in all PH in MH training and IPC EE1
- Consideration of a communication bulletin in relation to the key points for considering sepsis
- Review the NICE guidance once published
- Review ALL transfers to acute PH services from CWP with Sepsis and for returning patients
- All clinical nursing and medical staff to complete e learning package, once available.

17. Influenza Immunisation Activity

Four members of the IPCT completed their update of the Immunisation training, in order to be able to support the annual staff influenza vaccination campaign during 2015/16. The

team worked in partnership with the Trust's Occupational Health to deliver the vaccine across all localities. Despite the national 75% uptake target, CWP agreed a more pragmatic target based on previous uptake with staff, and instead aimed to vaccinate at least 52% of staff which would represent a 10% improvement on the previous year. Sufficient vaccine stock was purchased to achieve the internal target and in the event demand for the vaccine exceeded supply, the delivery model supported the purchase of 'flu vouchers' for distribution to the remaining staff requesting vaccination. These vouchers could then be redeemed at a number of third party pharmacies.

CWP reached a total of 51.5% of face to face staff vaccinated which put us in the bracket of one of the top 5 most improved Trusts.

For 2016, there are national CQUIN targets for Health & Wellbeing of Staff in the NHS. The flu immunisation target for all Trusts is 75% of face to face staff vaccinated by the 31 December 2016.

18. Antimicrobial (AM) Resistance (R) Strategy and CWP work

AMR has risen alarmingly over the last 40 years and the inappropriate use of antimicrobials is a key contributor. The consequences of AMR include increased treatment failure for common infections and decreased treatment options where antibiotics are vital. Antimicrobial stewardship is crucial in combating AMR and is an important element of the UK Five Year Antimicrobial Resistance Strategy.

Antimicrobial stewardship represents an organisational and system-wide approach to promoting and monitoring the prudent use of antimicrobials by:

- optimising therapy for individual patients;
- preventing overuse and misuse; and
- minimising the development of resistance at patient and community levels.

A patient safety alert from National Patient Safety Agency has been responded to in October 2015 in collaboration with our pharmacy colleagues. This alert was jointly issued by Health Education England, NHS England and Public Health England (PHE) to highlight the challenge of AMR and to signpost the toolkits developed by PHE to support the NHS in improving antimicrobial stewardship in both primary and secondary care.

TARGET (Treat Antibiotics Responsibly, Guidance, Education, Tools) was designed to be used by the whole primary care team within the GP practice or out-of-hours setting, as well as being relevant to mental health care settings.

From 1st April 2015 and following the publication of the new Department of Health, "Code of Practice" (July 2015), the CWP IPC team have been proactive in raising awareness in judicious prescribing of all antimicrobials across inpatient settings. The Code of Practice states that as a registered provider with the Care Quality Commission, CWP has several specific responsibilities including;

- Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance. Including targeted training to ensure appropriate AMR stewardship, access to microbiology, advice on choice of therapy

- Systems should be in place to manage and monitor the use of antimicrobials to ensure inappropriate and harmful use is minimised and patients with severe infections such as sepsis are treated promptly with the correct antibiotic
- The DIPC/appropriate other, have the authority to challenge inappropriate practice and inappropriate antimicrobial prescribing decisions
- Have a monthly review of antimicrobial prescribing decisions
- Benchmarking should be used to demonstrate progress in antimicrobial stewardship

Similarly this will be the same for our NMPs and OOHs prescribing.

Further guidance was published in August 2015 by NICE. The IPC team and MMG have produced the following table of assurances:

NICE NG15 (August 2015)	Standard	Evidence
1.1.16	Encourage and support prescribers only to prescribe antimicrobials when this is clinically appropriate.	<ul style="list-style-type: none"> • There are SOPs and an approved formulary in place to treat common infections seen in MH inpatient settings • Education on AMR and prescribing is included in all training, including Induction, Essential training and to junior doctors intakes • The IPCT and our pharmacy colleagues monitor all prescribing charts and data is analysed monthly and collated
1.1.19	Consider developing local systems and processes for peer review of prescribing. Encourage an open and transparent culture that allows health professionals to question antimicrobial prescribing practices of colleagues when these are not in line with local (where available) or national guidelines and no reason is documented.	<ul style="list-style-type: none"> • Every AM prescription is checked for rationale, compliance with formulary, sensitivities or Microbiologist advice • Where any gaps are identified, these are challenged by the IPC and/or pharmacy team and datix where necessary • Shared learning and communications are utilised where appropriate • The five following categories' are check for compliance against each AM prescription: <ul style="list-style-type: none"> • <i>Allergies documented on medication chart</i> • <i>Follows antimicrobial formulary/micro advice</i> • <i>Indication documented on medication chart</i> • <i>Indication documented on carenotes</i> • <i>Stop Date indicated on medication chart</i>
1.1.20	Encourage senior health professionals to promote antimicrobial stewardship within their teams, recognising the influence that senior prescribers can have on prescribing practices of colleagues.	<ul style="list-style-type: none"> • Pharmacy colleagues, the IPCT and NMP leads promote AM education and related competencies to staff at education events • The importance of AMR and prudent prescribing is recognised by our chief pharmacist, medical directors and consultants, medical and nursing staff

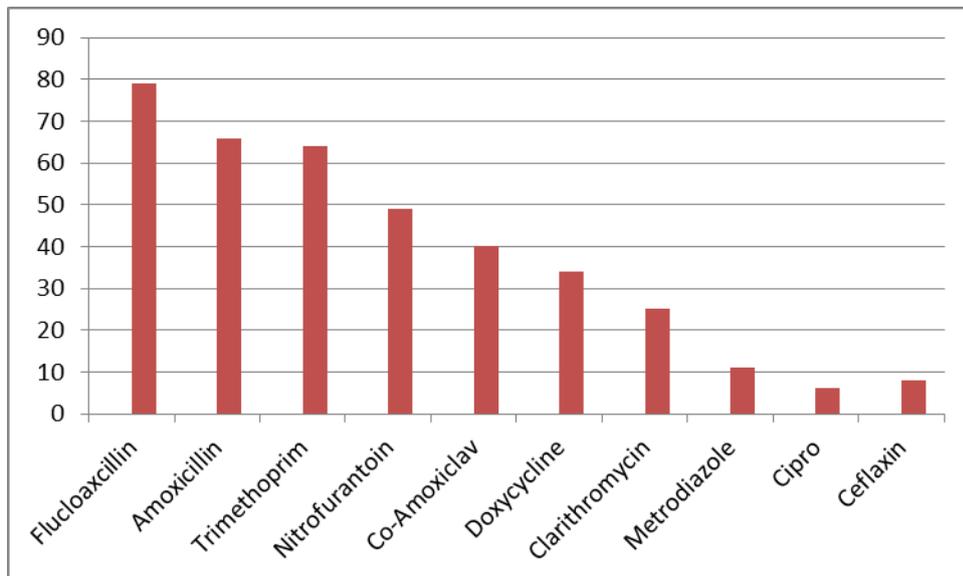
1.1.23	Health and social care practitioners should support the implementation of local antimicrobial guidelines and recognise their importance for antimicrobial stewardship	<ul style="list-style-type: none"> • The CWP AM formulary is distributed to all new starters (prescribers). It is available on the CWP intranet and as hard copies in all clinical areas where prescribing takes place. • The CWP AM formulary is agreed when consideration has been given to local advice and guidelines recognising regional resistance
1.1.27	For patients in hospital who have suspected infections, take microbiological samples before prescribing an antimicrobial and review the prescription when the results are available.	<ul style="list-style-type: none"> • Diagnostic sampling is encouraged prior to any AM prescribing where possible • Where this is not possible, prescribing is Oral, the shortest effective course and the most appropriate dose

18.1 Inpatient Services antibiotics audit 2015/16

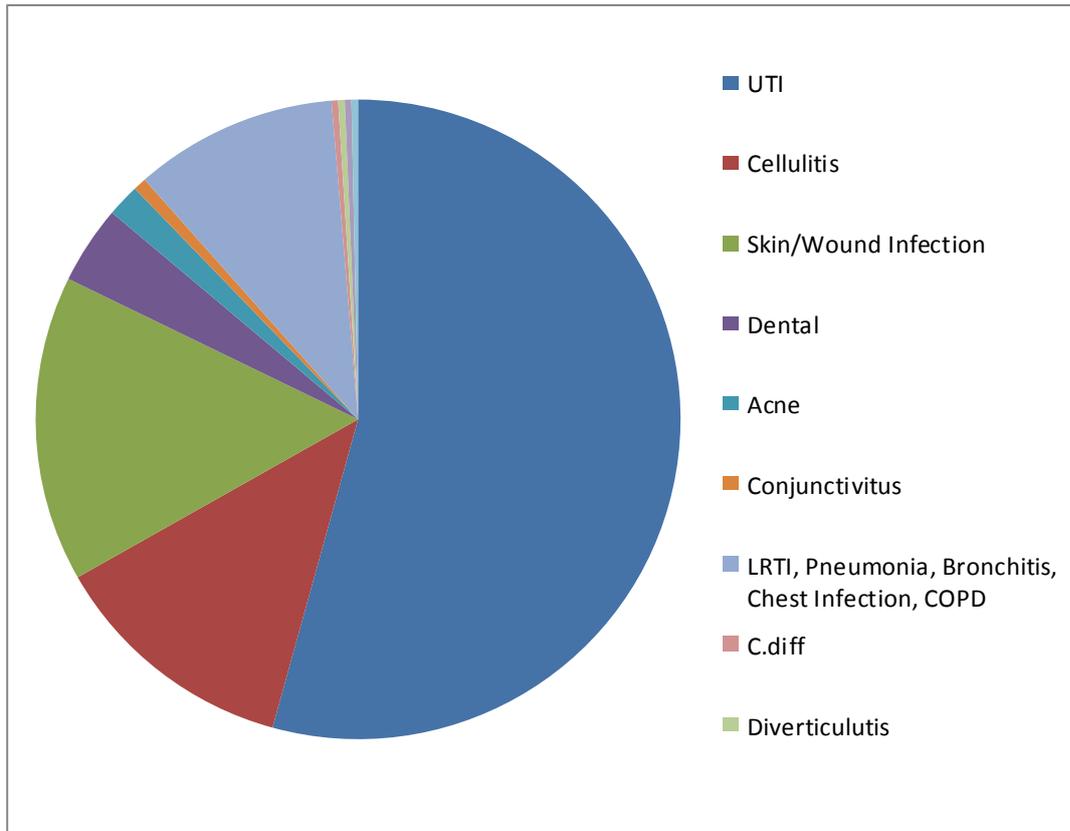
Since April 2015 the IPCT has monitored and responded where necessary, to every antimicrobial prescription with all our inpatients as a benchmark towards our commitment to the national antimicrobial strategy 2013 – 2018

Q2 saw the highest prescribing for UTI's which reflects the activity within the IPCT regarding dehydration and the numbers of multi resistant (ESBL) UTI's. Prescribing within Q3 shows the highest for respiratory infections (Oct, Nov, and Dec).

Top Prescribed Antibiotics Q1-Q4 2015-2016



Top Reasons for Prescribing Antibiotics Q1-Q4 2015-2016



In 2015/16, CWP continued to use the West Cheshire Antimicrobial prescribing guidelines for use within both in-patient and physical health community services, and the in-patient audit criteria is being reviewed to include the antimicrobial stewardship principles of TARGET.

18.2 West Physical Health antibiotic prescribing 2015/16

Antibiotic prescribing activity in CWP West Physical Health is primary care based and as such is a different healthcare setting to secondary care mental health. Prescribers follow current NHS West Cheshire antibiotic guidelines v1 which are currently under annual review. Prescribing is reviewed quarterly using online ePACT data from the NHS Business Services Authority (NHSBSA). The prescribers are:

- Out of Hours (OOH) service – A mix of medical (GP) and nurse independent prescribers (NMP)
- Community Matrons – nurse independent prescribers (NMP) based in the community

Addressing healthcare-associated *Clostridium difficile* infection remains a key issue on which NHS organisations have been mandated to implement national guidance that includes restriction of broad spectrum antibiotics, and in particular second and third-generation cephalosporin's, quinolones and clindamycin

CWP West Physical Health antibiotic benchmarking is currently measured against one local and national measure:

- Local - compliance with NHS West Cheshire antibiotic formulary.

- National comparators:

Prescribing comparator “Cephalosporins and quinolones % items” This is defined as “the number of prescription items for cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial items”. Cephalosporins and quinolones have a higher propensity to cause *Clostridium difficile* associated disease. Prescribing of these antimicrobials cannot be totally eliminated due to sensitivities and resistance, so the target is to keep usage as low as possible and in line with West Cheshire CCG and national levels.

CWP has continued to prescribe at a level below the national average for these medications and it's OOH Service and NMP's have maintain a minimum 98% compliance with formulary each quarter.

19. Estates Department contribution to the IPC work programme

Acting Associate Director Estates & Facilities

Estates department activity is essential in delivering the IPC agenda, and is delivered under the principles outlined in two main documents:-

1. Health Building Note 00-09 (Department of Health, 2013 -which supersedes and replaces all versions of Health Facilities Note 30) and covers the importance of a clean, safe environment for all aspects of Healthcare.

2. Health Technical Memorandum 04 01, The Control of Legionella, hygiene, “safe” hot water, cold water and drinking water systems.” Part A: Design, installation and testing and Part B: Operational management. (Department of Health (DOH) 2006). CWP's ‘control of Legionella’ closely adopts the requirements of the above HTM.

Estates Department are also currently implementing amendments as required to our management of this issue in light of Approved Code of Practice L8 4th edition and HSG 274 Part 2 both of which were published in April 2014.

The key areas for noting are summarised below.

19.1 Legionella compliance with legislation

The control of legionella is covered by the legal requirements of the Health & Safety at Work Act 1974 concerning risks from exposure to legionella and guidance on compliance with the relevant parts of the Management of Health and Safety at Work Regulations 1999.

Legionella is managed and controlled by the estates department, following CWP policy, IC 17. The Estates department continues to employ the services of *ZetaSafe Ltd*, who provide professional *legionella* services and undertake *legionella* risk assessments on Trust properties where required following significant infrastructure changes or when new premises are acquired. The Estates Department has written a site specific scheme of control for each inpatient premises which reflects the initial ZetaSafe risk assessment. This service also provides for provision of internet based *legionella* database storage and reporting for statutory test results on ZetaSafe2. There is also a three monthly review of test results, control measures and procedures to ensure compliance with current legislation and these results are published at the Infection Prevention Control Sub Committee.

Estates Operational Service continually undertake *legionella* tests throughout the Trust estate, during April 15’ – March 16’ at total of 18583 temperature tests were undertaken, with 94.4% of tests being within specified limits for the last 12 months. A test is classified as

outside of specified limits if it is as little as 1/10 of one degree above or below the set parameter. The majority of out of specification readings are corrected within a day. The annual test result report records an overall compliance level of 94.4% which is above the department's target. 5.4% of tests recorded did not meet the required standard and therefore automatically triggered remedial work to ensure compliance moving forward.

19.2 Capital programme Works

Whilst the capital programme only includes limited projects, specifically aimed at addressing IPC, all new build and major refurbishment projects are designed in full accordance with the latest Building Regulations, and British Standards together with the latest HTM guidance specifically in relation to Infection Prevention and Control and with consideration to the IPC audits.

Standard details include:

- PVC wall cladding in lieu of tiles.
- Sheet vinyl flooring with coved skirting and welded joints.
- HTM64 sanitary ware and brassware.
- Solid core laminated service panelling to conceal pipe work.
- Suitable vinyl covered furniture.

All projects, both new builds and refurbishment, include advice from the IPC team which reflects the latest Health Building Note 00-09 (Department of Health, 2013) which states *'the infection prevention and control (IPC) team should be consulted throughout every stage of a capital project and their views taken into account.'*

The end of year position for 2015/16 capital programme was recorded at £13m - specific projects to note include:

- Continuation of CAMHS new build £12m
- Backlog maintenance programme £120k
- Springview First Floor Ward refurbishment £0.5m

Estates service have also agreed a recurring planned replacement programme for ward based washing machines, dryers, dishwashers and EBME equipment in order to enable finance to plan for this recurring expenditure and avoid periods of downtime when these facilities are unavailable to wards due to breakdown.

19.3 Physical Health West capital and operational revenue programme

In response to CWP IPC audits of Physical Health West properties, a further £30k was invested from the minor works budget to address specific action points.

20. Cleaning Services

CWP operational cleaning services are led via the Infrastructure services structure, currently led operationally by the deputy head of facilities, who are responsible for implementing the trusts cleaning strategy. CWP Facilities have recently undergone a restructure in line with the departmental review, the aim of which was to increase efficiency within the department, implement smarter ways of working and maintain the highest standards of service provision based on a customer focused approach.

The Facilities Manager function has Facilities teams in each locality that report through a structure of supervisory staff members, who are responsible for the co-ordination of services and monitoring of standards in all trust areas in line with national standards of cleanliness.

CWP Facilities services are predominantly provided in-house, this helps to ensure that services provided by the FM team are linked to the needs of clinical services. There are a number of locations within CWP that are outsourced and are managed by the FM senior management team. The current outsourced provider and the areas they cover are highlighted below:

<p>Current provider – West Cheshire Cleaning services Tender start date: 01/04/2016 Contract review and retender due: 01/10/2016 – new contract start date 01/04/2017</p>
<p>Areas covered by contract:</p> <ul style="list-style-type: none"> - Marsden House - St Anne’s Street - Sycamore House - Westminster Clinic - Hawthorns centre - Vale House - Chester eating disorders service (Gateway) - The Oaks office park - Stella Nova - Gordon House - Princeway

20.1 Monitoring Arrangements for CWP in house cleaning service

To monitor compliance in relation to cleaning standards, CWP operate a monitoring system that covers all 49 factors as set out in the national standards of cleanliness 2007 approved code of practice.

CWP uses a system called MiC4C to perform these audits, for the past year this system has been under review linking to Micad (Estates building management software). This has meant that paper audits have been completed for all Trust areas and verbal updates have been provided via the IPC subcommittee. For FY 2016/2017 CWP Facilities is looking to invest in portable IT devices to enable supervisors to complete computerised audits in each building/department.

The move to this new system will enable any failures to be dealt with in a more efficient way. The overall targets and achievements for cleanliness are listed below (again based on NSC risk ratings):

RISK LEVEL	TARGET RESULT (as set out by National Patient safety agency)	CWP Result
Very High Risk	95%	99%
Significant Risk	85%	95%
Low Risk	75%	90%

This information is taken from an average of all paper audits completed within 2015-2016.

Overall the facilities management team cleanliness monitoring is supported by monthly Modern Matron walk-rounds that are attended by a senior member of the FM team to undertake a joined up approach with clinical services and address any issues patients or clinicians have with the Facilities services including the environment, this is then actioned by the relevant departments.

CWP FM attend all inpatient IPC audits, areas for action are addressed mostly at the time of audit, any that can't be addressed immediately are added to FM work plan following the inspection. For the buildings/areas where FM does not attend, when the audit report is sent out a member of the Senior FM team will forward any actions to the supervisor responsible for the building/area for action. This approach ensures that any areas of non-compliance are addressed quickly and efficiently.

Overall the Facilities teams have a good working relationship with all members of the IPC team, taking a working collaboratively approach to ensuring CWP's environments meet all required standards.

The annual statement on the Facilities aspects that relate to IPC agenda would be incomplete without the mention of an issue that is present on both the IPC risk register and Facilities departmental risk register. CWP are currently recording compliance with the national standards of cleanliness, this position is not sustainable and moving forward it is likely that standards will drop in High Risk areas and this will be closely monitored. Due to considerable financial constraints - CWP's Facilities equipment replacement programme has been withdrawn for 15/16 FY and again in 16/17 FY.

20.2 Waste Management

Following the successful roll out of shared waste and recycling stations at 5 Trust locations; Chester, Ellesmere Port, Wirral, IAPT Sefton and IAPT services Southport in 2015, the CWP recycling waste project was rolled out in spring 2016 to a further 5 sites in East Cheshire and Central Cheshire. The project has resulted in increased waste recycling and segregation to 97% (reported by our contractors 2015-16).

The introduction of central recycling points in high concentration staff areas in CWP has seen a number of benefits. Staff are encouraged to participate in recycling and separating at source all items of general waste. The efficient system has a number of benefits including:

- Staff can clearly see how they contribute to the Trust's environmental objectives through recycling and by separating their own waste staff can better understand the environmental value of recycling.
- Domestic time has been freed up from emptying excessive numbers of bins to allow more cleaning time
- Risk of back problems amongst domestic staff from repetitive bending is reduced and staff are able to increase their physical activity by walking to the waste stations

20.3 Waste Auditing

The CWP Waste audit system is designed to assess compliance with the requirements of Department of Health guidance document Safe Management of Healthcare Waste and to also ensure that waste segregation standards meet the requirements for waste handling and storage. The Trust waste policy was updated December 2015 and incorporates a flowchart quick reference guide for all staff.

A programme of 6 monthly waste audits was completed in 2015. The Waste audits are underpinned by a Waste Audit Schedule which also notes any issues or incidents and outcomes.

Waste audits form part of a planned programme of waste management and any issues or outstanding actions is followed up by Waste Manager and or Facilities team. The Infection prevention and Control Team are included in any communications. Where a new service is introduced, a full "Pre-acceptance" waste audit is carried out by the Waste Manager to assess all types of waste and disposal methods. Thereafter audits are completed as part of the cleanliness monitoring by domestic supervisors at all sites. Audits are saved onto the

Environment and Waste system and issues followed up within 24 hrs with appropriate actions logged on the Audit Schedule.

Some of the actions from the 2015 – 2016 audit programmes have included addressing the following risks:

- Inappropriate waste disposal – packaging and paper towels disposed of in clinical waste bins
- Not displaying posters correct disposal procedures
- Sharps bins temporary aperture closure not in place
- Storage of items in non-appropriate non patient areas (Waste holds
- Unlocked bins in outside areas
- Waste Compound not secured
- Contractor issues- missed collections and non-delivery of sharps bins

21. Patient-led Assessment of the Care Environment (PLACE)

All PLACE inspections are complete for 2016, the standards and way in which the inspections were conducted has improved dramatically. The results will be published nationally via the NHS information centre in August /September 2016.

The PLACE assessments cover the following areas:

- General Environment condition
- Environment cleanliness
- Food & Hydration – including – Quality/Taste/Temperature
- Privacy & Dignity
- Dementia friendly assessment

Overall the inspections this year have been excellent; the inspection teams are made up of trust PPI reps, Trust governors and external agencies, for 2016 CWP has had good representation from Health-watch in all areas of the Trust footprint.

Specific comments made by patient reps on 2016 visits are below:

- The unsuitable nature on Millbrook unit was noted, however comments were that although CWP were “making the best” of the environment, unfortunately it was observed that the environment did not match other areas of the Trust.
- The introduction of “Mood Boards” developed by our capital projects team, are “fantastic”, “really break up the clinical feel of ward environments”, and “make ward areas feel more homely”.
- Food provided to ward environments is of an “excellent standard”
- Standards of cleanliness on ward areas “are excellent and are a credit to CWP”.
-

Any areas that received a fail or qualified pass were added to the Facilities department action plan, any areas that required input from the Estates management team have been added to Micad for addressing or reported to capital projects team for adding onto their work plan.

22. Conclusion

Infection prevention and control remains a priority for CWP. The IPCSC and IPCT continue to maintain and improve on the application, conservation, and development of IPC standards. The trust is committed to working towards excellence in IPC practice as a best provider, considering our contractual obligation to our external commissioners, CWaC, see Appendix One.

This report highlights the partnership working and continuous improvements last year and the work programme for 2016/17 is set out below for Board approval Appendix Three.

23. Recommendations

The Board is asked to approve the Infection Prevention and Control Annual Report for 2015/16 and the work programme for 2016/17.

24. Appendices

Appendix One



CWAC annual report
v2.doc

Appendix Two



Glossary for IPC
AR.doc

Appendix Three



IPC Work programme
16-17 v1.doc

25. References and associated documents.

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