Infection Prevention and Control
Annual Report 2010 - 2011
Introduction

Welcome to this, the eighth annual report produced on behalf of the Director of Infection Prevention and Control (DIPC) for Combined Healthcare NHS Trust.

Criterion one of The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance (Department of Health 2010) requires the Director of Infection Prevention and Control within an NHS provider organisation to produce an annual report and release it publicly.

The general public has a growing concern about safety in healthcare and a survey produced by The Health Foundation (2011) highlights that seventy six percent of people fear catching an infection should they be admitted to hospital. Clearly, this indicates that safety and quality are top priorities for patients, a message reinforced by the Department of Health in guidance documents for the National Health Service (Department of Health 2009 & 2010).

The aim of this report, therefore, is to summarise the actions taken by the Trust to minimise the risk of infection, highlight the organisation’s achievements and to report progress measured against key documents produced by the Department of Health and other bodies.

Individual sections of the report outline the key areas of work undertaken by and associated with infection prevention and control including –

- Surveillance
- Admission screening
- Outbreak prevention and management
- Audit and quality improvement
- Cleanliness
- Policy development and review
- Specialist advice
- Training and education

This document is a summary report, however, further or more detailed information can be obtained from the Trust Infection Prevention and Control Specialist Nurse based at Bucknall Hospital.

The University Hospital of North Staffordshire, NHS Stoke on Trent and NHS North Staffordshire Directors of Infection Prevention and Control also produce reports for those organisations which can be accessed via their websites.

Thank you for taking the time to read this document, we hope that you find it helpful and informative.
Lines of Accountability

The **Chief Executive (CE)** has corporate responsibility for infection prevention and control and ensures that effective arrangements are in place throughout the Trust. The Chief Executive is Fiona Myers.

The **Director of Infection Prevention & Control (DIPC)** is directly accountable to the CE and the Board and has the executive authority and responsibility for ensuring the implementation of strategies to prevent avoidable infection at all levels in the organisation. The DIPC, Dr Mike Jorsh, is also the Director of Medical and Clinical Effectiveness, he reports directly to Fiona Myers and informs the Board.

The **Deputy DIPC** is Carole Goodwin. Carole is also the Deputy Director of Nursing and Allied Health Professionals.

**Infection Prevention and Control Specialist Nurse (IPCN)** - The Trust employs one whole time Infection Prevention and Control Specialist Nurse who reports to the DIPC. During periods of absence Primary Care Trust IPCNs provide emergency cover.

**Consultant in Communicable Disease Control (CCDC) and Infection Control Doctor (ICD).** The IPCN has access to the CCDC, Nic Coetzee at the Health Protection Unit. The Trust has an agreement with the University Hospital of North Staffordshire for ICD services. The Lead Consultant Microbiologist is Dr Orendi.

Assurance framework

**Infection Prevention and Control and the Management of Medical Devices/Decontamination Committee** – This Committee chaired by the DIPC meets four times a year and is a sub Committee of the Trust Quality and Governance Committee (QGC).

Summary reports, surveillance data, briefing papers, policy and guidance documents are presented to Infection Prevention and Control Committee for agreement and approval prior to submission to QGC and the Board.

The Trust supports the principle that where possible infections will be prevented. Where this is not possible the risk will be minimised to an irreducible level through the implementation of effective systems and procedures and a culture of safety embedded into everyday practice. This principle is reflected in all Trust documents.
Annual Programme of Work

The infection prevention and control programme should –

- Set objectives
- Identify priorities for action
- Provide evidence that policies have been implemented
- Report progress against the objectives in the DIPC’s annual report

(Department of Health 2010)

Patient safety is a top priority for the Trust. The work detailed in the annual programme aims to minimise the risk of infection and reflect the requirements of the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance and other key national documents. Progress, unanticipated or emerging risks or issues impacting upon planned work are reported to the DIPC and members of the Infection Prevention and Control Committee at each meeting.

The Annual Programme for the period of this report is detailed in Appendix 1.

Surveillance data

The national picture

The NHS has significantly reduced MRSA bloodstream and Clostridium difficile infections (CDIs); however the NHS Operating Framework 2010/2011 required all organisations to demonstrate continuous improvements and to pursue a culture of zero tolerance to avoidable infections.

The document NHS 2010 – 2015: from good to great, preventative, people centred, productive (Department of Health 2009) asks the NHS to focus on eliminating avoidable cases of C.difficile and deliver sustainable reductions in C.difficile infections beyond March 2011.

The following information details Trust data on infections associated with mandatory reporting including Meticillin resistant Staphylococcus aureus (MRSA) and Clostridium difficile infections.
The document Equity and excellence: Liberating the NHS (Department of Health 2010) suggests that the incidence of MRSA infection has been worse in England than the European average. The Trust is pleased to report on -

**What have we achieved –**

- No MRSA bacteraemias reported to the IPCN since September 2007
- Reviewed the MRSA admission screening programme to reflect Department of Health guidance
- Sustained the MRSA admission screening programme within hospital inpatient locations
- Decolonised all positive cases identified through the screening process
- Provided specific advice on the management of individual cases
- Updated our MRSA policy to reflect current guidance and evidence based practice
- The Audit Department assessed compliance with the Trust MRSA admission screening programme

**How we plan to make things better –**

- Continue the Trust’s approach of zero tolerance to avoidable infections
- Include Meticillin sensitive *Staphylococcus aureus* (MSSA) and *Escherichia coli* blood stream infections in the Trust’s surveillance programme in accordance with Department of Health guidance.
**Clostridium difficile infections (CDIs)**

**What we have achieved –**

- Demonstrated a consistent year on year reduction in reported CDIs
- Reduced the number of reported CDIs by a further 66% during this period
- Ensured that Department of Health (2009) guidance on CDIs was followed
- Carried out a root cause analysis (RCA) investigation on all CDIs
- Worked with partner organisations to share the learning associated with CDIs
- Provided all inpatient areas with a CDI information pack

![Clostridium difficile reports April 2007 - March 2011](chart)

(The national target is to achieve a 30% reduction by 2010/2011 compared to a 2007/08 baseline)

The two reported cases had complex medical histories. Since this time new test procedures have been implemented at the University Hospital of North Staffordshire Pathology Laboratory, this may help to reduce the number of false negative and false positive reports.

**How we plan to make things better –**

- Aim to have no *Clostridium difficile* infections in the forthcoming year
Antimicrobial prescribing

Nearly all antibiotics predispose to *Clostridium difficile* and the use of broad spectrum antibiotics has been strongly associated with CDI, especially third generation cephalosporins given to the elderly (Department of Health 2009).

**What we have achieved –**

- Continued to monitor all antibiotics prescribed through the Trust incident reporting system and challenged any prescribing episodes which do not comply with Trust guidelines
- Contributed to updating the North Staffordshire Antimicrobial Prescribing Guidelines
- The Audit Department have re-audited antimicrobial prescribing practice

![Image of pills]

**How we plan to make things better –**

- Implement additional training around the diagnosis and treatment of urinary (UTIs) and respiratory tract infections (RTIs)
- Identify a lead pharmacist to implement the High Impact Intervention on Antimicrobial Prescribing
The five reported outbreaks were managed as norovirus and are detailed below:

<table>
<thead>
<tr>
<th>Location</th>
<th>Date Closed</th>
<th>Date Reopened</th>
<th>Days Closed</th>
<th>Patients affected</th>
<th>Staff affected</th>
<th>Laboratory Reports</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward 2 Harplands Hospital</td>
<td>28.07.10</td>
<td>07.08.10</td>
<td>10 days</td>
<td>7</td>
<td>1</td>
<td>Nil</td>
</tr>
<tr>
<td>Dragon Square Bungalow 4/5</td>
<td>03.08.10</td>
<td>09.08.10</td>
<td>6 days</td>
<td>2</td>
<td>8</td>
<td>Nil</td>
</tr>
<tr>
<td>Meadowcroft Assessment Unit</td>
<td>05.01.11</td>
<td>11.01.11</td>
<td>6 days</td>
<td>9</td>
<td>14</td>
<td>Norovirus</td>
</tr>
<tr>
<td>Ward 7 Harplands Hospital</td>
<td>23.01.11</td>
<td>31.01.11</td>
<td>8 days</td>
<td>11</td>
<td>9</td>
<td>Norovirus</td>
</tr>
<tr>
<td>Telford Unit</td>
<td>15.03.11</td>
<td>18.03.11</td>
<td>3 days</td>
<td>2</td>
<td>2</td>
<td>Nil</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>33</strong></td>
<td><strong>32</strong></td>
<td><strong>34</strong></td>
</tr>
</tbody>
</table>

**What we have achieved –**

- Contained all outbreaks within the affected area
- Investigated all outbreaks to determine the index case
- Provided clinical teams working in inpatient locations with a “Toolkit for the Detection and Management of Outbreaks”
- Worked with partner organisation to ensure consistency of information across the North Staffordshire health economy
- Supported partner organisations in implementing the norovirus admission avoidance plan
- Included information on outbreaks of norovirus in all mandatory training

**How we plan to make things better -**

- Update the outbreak toolkit
Cleanliness

The national patient choice survey in 2008 found that hospital cleanliness and low rates of infection are selected most often (by 74% of patients) as an important factor when choosing a hospital (Department of Health 2011).

What we have achieved –

- Excellent PEAT scores for the environment in three Trust locations
- A monthly programme of cleanliness audits with average scores over 95% and scores of 98% for Bucknall Hospital
- Stoke on Trent Regulatory Services gave the Bucknall and Harplands Hospital kitchens an Excellent score for compliance with Food Hygiene Laws
- Responded at short notice and implemented additional cleaning during outbreaks of infection and in rooms used for isolation

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage average score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bucknall</td>
<td>98.44</td>
</tr>
<tr>
<td>Community Premises</td>
<td>98.77</td>
</tr>
<tr>
<td>Harplands</td>
<td>95.69</td>
</tr>
<tr>
<td>Learning Disabilities</td>
<td>93.61</td>
</tr>
<tr>
<td>Mental Health</td>
<td>93.64</td>
</tr>
</tbody>
</table>

PEAT score summary chart

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Environment Score</th>
<th>Food Score</th>
<th>Privacy &amp; Dignity Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bucknall Hospital</td>
<td>Excellent</td>
<td>Excellent</td>
<td>Excellent</td>
</tr>
<tr>
<td>Dragon Square Community Unit</td>
<td>Excellent</td>
<td>Excellent</td>
<td>Excellent</td>
</tr>
<tr>
<td>Learning Disabilities Unit Hilton Road</td>
<td>Good</td>
<td>Excellent</td>
<td>Good</td>
</tr>
<tr>
<td>The Bungalows, 1 - 6 Chebsey Close</td>
<td>Good</td>
<td>Excellent</td>
<td>Excellent</td>
</tr>
<tr>
<td>Darwin - Clydesdale Centre</td>
<td>Excellent</td>
<td>Excellent</td>
<td>Excellent</td>
</tr>
<tr>
<td>Harplands Hospital</td>
<td>Good</td>
<td>Excellent</td>
<td>Excellent</td>
</tr>
</tbody>
</table>

How we plan to make things better –

- Implement the High Impact Intervention (HII) to improve the cleaning and decontamination of clinical equipment
A matron’s perspective

Jackie Wilshaw, Modern Matron explains how the team minimise the risk of infection on the wards at Bucknall Hospital.

“On Meadowcroft Assessment, prior to entering the ward, everyone has to demonstrate that they can wash their hands using the correct technique.

The Infection Prevention and Control Champion ensures that everyone including new staff and medics are assessed prior to treating the patients.

We have also decided that the regular team have to demonstrate their ongoing compliance through a yearly assessment and this is in addition to the sample monitored during quarterly hand hygiene audits.

The team also have a deep clean checklist for use in patient bedrooms prior to each admission. This ensures that a measurable standard is used which combines the work of health and support services staff.”

The Built Environment

The risk of infection can be minimised through the application of evidence based design and the provision of facilities which support good infection control practice.

What we have achieved –

- The Estates Agency have worked with clinical teams to ensure that the new shower rooms at Chebsey Close have an environment and sanitary fittings which can be easily cleaned and minimise the risk of infection.

  The Trust has replaced a number of carpets in clinical areas with hard flooring at the Harplands Hospital.

How we plan to make things better –

- Extend the programme to remove carpets from clinical areas.
- Install more HTM 64 compliant hand wash basins.
What we have achieved –

- Demonstrated the Trust’s commitment to education and training through the delivery of seventy face to face formal training sessions
- Ensured that all new staff receive infection prevention and control at induction
- All staff attending mandatory training received an update on hand hygiene, sharps safety, outbreak prevention and influenza vaccine
- The IPCN represented the Trust by presenting at the third North Staffordshire Infection Prevention and Control Conference

How we plan to make things better –

- Extend the opportunities for learning through e-learning
- Provide additional mandatory training sessions
Policy Development and Review

What we have achieved –

- Facilitated ease of access by placing Trust policies on the new Staff Information Desk (SID) on the Trust intranet site
- Ensured that our policies reflect current legislation, regulations and evidence based practice by updating the following documents -
  - Specimen Management Policy (June 2010)
  - Notifiable Diseases Policy (June 2010)
  - Cleaning and Disinfection Policy (June 2010)
  - Policy for the prevention of occupational exposure to blood borne viruses and the management of inoculation or splash injuries (September 2010)
  - Food Hygiene Policy (September 2010)
  - Policy for the Prevention and Management of Outbreaks of infection including viral gastroenteritis (November 2010)
  - Hand Hygiene Policy (November 2010)
  - Management of Linen and Laundry Policy (November 2010)
  - Isolation Policy (Jan 2011)
  - Infection Prevention and Control Operational Policy (February 2011)
  - Following a review, the Transmissible Spongiform Encephalopathies policy has been rescinded.

How we plan to make things better –

- Ensure that our policies are subject to a programme of continuous review
Information for patients and staff

What we have achieved –

- Extended our range of leaflets to include information for patients and relatives on preventing outbreaks of infection
- Ensured that all inpatient areas have infection prevention and control notice boards

Ensured that key documents are available electronically on the Staff Information (SID) page

How we plan to make things better –

- Display Trust data on ward corridor notice boards
Quality and Performance

What we have achieved –

- All hospital inpatient areas undertake a quarterly programme of audit to monitor standards.
- Supported the Performance Management team in meeting infection prevention and control requirements for Trust registration with the Care Quality Commission and Commissioners of Trust services.
- Continued to strengthen the Trust position in sustaining compliance with the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance
- Undertaken mock unannounced audits measured against the Health and Social Care Act 2008 Code of Practice
- Supported the Trust in achieving Level 1 in NHS Litigation Authority (NHSLA) standards

How we plan to make things better –

- Assess the new Infection Prevention Society Quality Improvements Tools for relevance to the Trust.
- Work towards Level 2 in NHSLA Risk Management Standards
"Finding the balance" by Ward Manager Lynne Birch-Machin

Infection Prevention and Control & A person with dementia

Meadowcroft Complex Needs cares for older people with comprehension, orientation and memory difficulties associated with dementia.

Understanding a person’s thoughts, feelings and fears in the behaviour they display can be crucial in understanding what they are trying to communicate. This insight is vital in reducing distress, promoting wellbeing and patient safety.

If a patient has an infection and the advice would be to isolate, a thorough assessment has to be undertaken in order to balance the risks to the patient and others on the ward.

Most patients require help with personal care but have their own room with a hand wash basin and, if necessary, a designated toilet. Staff nursing a patient in isolation will draw upon diversional or distraction techniques and meaningful activities that can be undertaken in a single room or small sitting room away from other patients to minimise the risk of spread.

An appreciation of the individual patient’s fears, likes and dislikes, past job role and infection prevention and control standards provide an opportunity for staff to utilize their skills and creativity to balance the risks, allowing as much as possible, choice and wellbeing while promoting patient safety.
The Management of Medical Devices

What we have achieved –

- All areas have an Equipment Manager who ensures that medical devices are managed appropriately.
- Implemented an Equipment Manager’s Workbook, a document which describes the necessary standards for re-usable medical devices followed by an action point to ensure the standard is implemented.
- Provided a bi-annual update for the Equipment Managers.
- Implemented the Design Bugs Out Commode in appropriate inpatient areas.
- Undertaken a formal evaluation of a robust mattress at Chebsey Close to ensure that learning disability patients have the best and most appropriate product available.

How we plan to make things better –

- Update our Medical Devices Policy to reflect evidence based practice.
- Provide further training and updates for Equipment Managers.
- Audit the management of nursing and patient equipment.
Summary & Conclusion

The information detailed in this report summarises the work undertaken by the Trust in minimising the risk of infection during the period April 2010 to March 2011.

This includes activities which aim to strengthen the Trust position in demonstrating compliance with key documents including the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance (Department of Health 2010).

The structure and remit of the Trust is evolving and some inpatient services previously provided at Bucknall Hospital have transferred to the Primary Care Trusts, this impacts upon data collection and the analysis of trends and variances. It is clear, however, that making further improvements becomes more challenging in an organisation with few reported infections.

Patient safety is a top priority for the organisation and the Trust has demonstrated its commitment to infection prevention and control through the actions taken which have resulted in a sustained, year on year reduction in healthcare associated infections.

We are proud to report that there have been no MRSA infections since 2007 and we have achieved a further 66% reduction in Clostridium difficile infections.

The number of reported outbreaks of norovirus compares favourably with other organisations in the health economy and all outbreaks were successfully contained in the affected area.

Cleanliness scores are excellent or good, a reflection of the dedication and hard work of support services staff in maintaining consistently high standards across the organisation and responding at short notice to requests for additional cleaning.

Infection Prevention and control is included at induction and in mandatory training for all staff, additional sessions are planned for the forthcoming year to assist staff in accessing training.

A significant number of policies have been updated and will continue to be subject to an ongoing programme of review.

Clinical teams undertake quarterly audits to ensure that key polices and practices are being implemented and the Audit Department have assessed compliance with MRSA admission screening and reaudited antimicrobial prescribing.

This report demonstrates that most of the objectives detailed in the annual programme of work have largely been met. The Trust wishes to acknowledge the commitment and dedication of all staff working within the organisation who have contributed to minimising the risk of infection, particularly those working within and supporting clinical teams.
**References**


**Department of Health 2009** the operating framework for the NHS in England 2010/11 [www.dh.gov.uk/publications](http://www.dh.gov.uk/publications)

**Department of Health 2009** *Clostridium difficile* infection: How to deal with the problem. [www.dh.gov.uk/publications](http://www.dh.gov.uk/publications)

**Department of Health 2009** NHS 2010 – 2015: from good to great. preventative, people-centred, productive. The Stationery Office. [www.tsoshop.co.uk](http://www.tsoshop.co.uk)


**Department of Health 2010** Equity and excellence: Liberating the NHS. The Stationery Office. [www.bookshop.parliament.uk](http://www.bookshop.parliament.uk)

**Department of Health 2011** High Impact Intervention Care bundle to improve the cleaning and decontamination of clinical equipment [www.dh.gov.uk](http://www.dh.gov.uk)

**The Health Foundation 2011** It’s not just MRSA: making healthcare safer for patients [www.health.org.uk](http://www.health.org.uk)
## Infection Prevention & Control Annual Programme of Work for the period April 2010 – March 2011

The aim of this document is to sustain and strengthen the Trust’s position in achieving compliance with key documents, including the Health & Social Care Act 2008, through a structured programme of work.

The infection prevention and control programme will set objectives, identify priorities for action, provide evidence that policies have been implemented and report progress in the DIPC’s annual report.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Actions</th>
<th>Person/s Responsible</th>
<th>Time scale &amp; Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criterion 1</td>
<td><strong>Assurance framework</strong></td>
<td>DIPC, DIPC/Deputy DIPC</td>
<td>Quarterly</td>
</tr>
<tr>
<td><em>Systems to manage and monitor the prevention and control of infection</em></td>
<td>Clinical and Information Governance Committee and the Board receive regular reports and presentations (quarterly as a minimum) from the Director of Infection Prevention and Control (DIPC)</td>
<td>DIPC</td>
<td>April 2010, September 2010</td>
</tr>
</tbody>
</table>
| | Ensure the Board agree and approve the -  
  • annual programme of work  
  • annual report | DIPC | |
<p>| | Ensure that progress of the annual programme is monitored by Infection Control Committee (ICC) | DIPC/Infection Prevention and Control Nurse (IPCN) | Quarterly ICC meetings |
| | Review membership of the ICC to ensure appropriate representation of services influencing outcomes in IPC – | DIPC/Deputy DIPC | |</p>
<table>
<thead>
<tr>
<th>Make a suitable and sufficient assessment of the risks of HCAI and take action to minimise the risk.</th>
<th>Undertake alert organism surveillance.</th>
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</thead>
<tbody>
<tr>
<td>Actively participate in the North Staffordshire Health economy DIPC meeting, and provide feedback to the IPCN.</td>
<td>Using ICNet monitor and action laboratory reports in a timely manner, provide subsequent specialist advice associated with individual patients.</td>
</tr>
<tr>
<td>Negotiate 24 hour access to a nominated qualified infection control doctor.</td>
<td>Submit the MRSA monthly screening data to Strategic Health Authority.</td>
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<tr>
<td></td>
<td>Inform the DIPC of all MRSA bacteraemia’s, PVL MRSA and <em>C. difficile</em> cases.</td>
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<tr>
<td></td>
<td>Inform the DIPC of outbreaks. Forward the details to the Deputy Legal Services Manager for onward SUI reporting.</td>
</tr>
<tr>
<td></td>
<td>Support clinicians and matrons in undertaking timely root cause analysis investigations of all MRSA bacteraemia’s and <em>C. difficile</em> infections. Assist in the development of subsequent action plans.</td>
</tr>
<tr>
<td></td>
<td>Present data summaries to ICC. Discuss statistical trends and any corrective actions taken to minimise identified or emerging risks.</td>
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<tr>
<td></td>
<td>Present data summaries in the infection control annual report outlining statistical trends and variances.</td>
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<tr>
<td>DIPC/Deputy DIPC</td>
<td>July 2010</td>
</tr>
<tr>
<td>DIPC/Deputy DIPC</td>
<td>Schedule of meetings</td>
</tr>
<tr>
<td>IPCN</td>
<td>Daily during normal working hours</td>
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<tr>
<td>IPCN</td>
<td>Monthly</td>
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<td>IPCN</td>
<td>Daily</td>
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<td>IPCN</td>
<td>As required</td>
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<tr>
<td>IPCN</td>
<td>Quarterly update</td>
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<tr>
<td>IPCN</td>
<td>Monthly</td>
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<td>IPCN</td>
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<tr>
<td>Surveillance</td>
<td>Undertake alert condition surveillance</td>
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</tr>
<tr>
<td></td>
<td>Respond to and investigate alert condition reports from clinical teams</td>
</tr>
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<td></td>
<td>Respond to and advise on the management of outbreaks of infection</td>
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<tr>
<td></td>
<td>Report all outbreaks of infection resulting in the closure of wards or units as a SUI through the incident reporting system and inform the DIPC.</td>
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<tr>
<td></td>
<td>Provide outbreak summary reports to ICC, Clinical and Information Governance Committee and the Board.</td>
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<tr>
<td></td>
<td>Review to effectiveness of outbreak reporting system</td>
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<tr>
<td>Outbreaks</td>
<td>IPCN</td>
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<td>Within 24 hours</td>
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<td>IPCN</td>
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<td>Within 24 hours</td>
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<td>Quarterly</td>
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<td>IPCN/PCN</td>
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<td></td>
<td>Quarterly</td>
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</tbody>
</table>

| Policy and Procedures (Criterion 9) | Undertake a review of the infection prevention and control policy manual to reflect key documents, legislation and evidence based practice including the following – |
|                                     | Food Hygiene (March 2009) |
|                                     | MRSA (February 2010)      |
|                                     | Outbreaks (September 2010) |
|                                     | TSE (September 2010)      |
|                                     | Hand Hygiene September 2010) |
|                                     | Cadaver Management       |
|                                     | Ensure that policies are agreed and approved by the relevant committees |
|                                     | IPCN/Deputy Head of Support Services – Catering Advisor |
|                                     | IPCN/ICD                  |
|                                     | April 2010                |
|                                     | May 2010                  |
|                                     | IPCN                      |
|                                     | July 2010                 |
|                                     | IPCN                      |
|                                     | August 2010               |
|                                     | IPCN                      |
|                                     | April 2010                |
|                                     | IPCN                      |
|                                     | December 2010             |
| **Education and training: (Criterion 10)** | Contribute to the following programmes -  
- Corporate induction  
- Health & Safety Basics  
- Respond to request for training within the confines of the existing resources | IPCN/Training team  
H&S Dept  
IPCN/Matrons | Timescale in accordance with documented programmes  
Timely response |
|---|---|---|
| **Audit (Criterion 1)** | The infection control nurse will support service lead, matrons and ward managers in delivering the annual programme of audit using standard Infection Prevention Society (IPS) (2004/2005), National Patient Safety Agency and Department of Health (DoH) audit tools as appropriate  
The ICC will receive regular progress reports on audits and subsequent action plans  
Incident reporting forms and the effectiveness of subsequent action plans will be reviewed  
Promote high standards of cleanliness by providing infection control advice during random cleanliness audits | IPCN/matrons/service leads  
Service leads /Matrons/IPCN  
Risk manager/ICC/Clinical teams/IPCN/matrons  
IPCN | Quarterly  
Quarterly  
In accordance with agreed schedules |
| **Performance management:** To promote compliance with the requirements of performance management | Prepare a portfolio of evidence prior to external audit  
Report progress of the stated annual programme of work | IPCN)  
IPCN | Quarterly  
Quarterly |
| Specialist advice | Timely and responsive specialist advice will be provided to staff working within and on behalf of the Trust including -

- DIPC/Deputy DIPC
- Service providers including specialist services
- Clinical teams
- Bed managers
- Estates Department
- Patients, relatives or members of the public
- Printed advice and information through –
  - Posters, leaflets, booklets and the intranet
- Prepare patient information leaflets on MRSA and *C. difficile*

<table>
<thead>
<tr>
<th></th>
<th>IPCN</th>
<th>As required</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>IPCN</td>
<td>May - Oct</td>
</tr>
<tr>
<td></td>
<td>IPCN/ Matrons/Ward managers</td>
<td>Agreed schedules and random audits</td>
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</tbody>
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| Representation at key committees | Representation will be provided at key committees detailed below-

- Infection control, medical devices and decontamination committee
- Health & Safety, Violence and Aggression Committee
- Risk Review Group
- New Build and refurbishment project groups
- Education/Operations committee/s
- Medicines Management/Safer Medicines Group

| | IPCN/DIPC | In accordance with agreed dates/schedules |
| | IPCN/H&S | |
| | Deputy DIPC/IPCN | |
| | IPCN | |
| | IPCN/Estates Lead | |
| | DIPC | |
| Provide and maintain a clean and appropriate environment (Criterion 2) | Support the medical devices and decontamination leads in strengthening Trust systems and procedures for the safe management of re-usable medical devices including —  
- Training of equipment managers  
- Liaising with University Hospital of North Staffordshire Clinical Technology Department | IPCN/Estates Lead/Deputy DIPC |