Liverpool Women's NHS Foundation Trust

Infection Prevention & Control Annual Report 2016-2017

Dr Tim Neal, Director of Infection Prevention & Control

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TABLE OF ABBREVIATIONS

CCG	Clinical Commissioning Group
CPE	Carbapenamase-Producing Entrobacteriaeceae
CQC	Care Quality Commission
DIPC	Director of Infection Prevention and Control
DNM	Director of Nursing Midwifery
HCA	Health Care Act
HCAI	Health Care Associated Infection
PHE	Public Health England
IPC	Infection Prevention & Control
IPCC	Infection Prevention and Control Committee
IPCN	Infection Prevention and Control Nurse
IPCT	Infection Prevention & Control Team
IPS	Infection Prevention Society
LWFT	Liverpool Women's NHS Foundation Trust
MRSA & MSSA	Meticillin Resistant (Sensitive) Staphylococcus Aureus
NLMS	National Learning Management System
NUMIS	Nursing & Midwifery System
OLM	Oracle Learning Management System
RLBUHT	Royal Liverpool and Broadgreen University Hospital Trust
SS	Safety Senate
SSI	Surgical Site Infection
TNA	Training Needs Analysis
TVN	Tissue Viability Nurse

1 Summary of Key Achievements and Main Findings

1.1 Key Achievements 2016/17

The Trust was compliant with the prescribed MRSA bacteraemia target

The Trust was compliant with the prescribed MSSA bacteraemia target

The Trust was compliant with the prescribed C*.difficile* target

The IPCT has extended SSI surveillance

Increased audit has improved cannula care

Compliance with CPE screening has improved

All IPC audits are now reported through NUMIS

1.2 Main Findings

1.2.1 Education

The IPCT has provided 59 other general training sessions in 2016-17 (Including, the use of standard precautions, ANTT and Audit/NUMIS training)

1.2.2 Guidelines

The Trust Infection Control Policy has been reviewed in line with new Trust Policy Process.

1.2.3 Environmental and Clinical Practice Audits

140 (100%) environmental and 356 (96%) Clinical Practice Audits have been completed in accordance with the Trust plan.

1.2.4 MRSA

46 adult patients were identified in the Trust with MRSA, 36 were identified by pre-emptive screening. 4 MRSA infections were identified. 5 neonates were identified with MRSA colonization with no evidence of local transmission

1.2.5 C. difficile

There have been no *C.difficile* infections in 2016-17

1.2.6 Bacteraemia

There have been no MRSA bacteraemias reported in 2016-17

There have been no MSSA bacteraemias 2016-17.

14 neonates had significant Gram-negative sepsis (8 congenital) and 5 neonates had significant Gram-positive infections (4 congenital).

There were 24 E.*coli* bacteraemias in 2016-17 (12 neonates and 12 adults). There is no nationally set target for this infection, although baseline data are being collected.

There were no glycopeptide resistant enterococcal bacteremias in 2016-17

1.2.7 Surgical Site Infection Surveillance

1.7% of elective caesarean sections resulted in a SSI and 2.3% of Emergency Caesarean sections resulted in a SSI.

3.3% of open abdominal surgery resulted in a SSI and 0.3% of Laparoscopic abdominal surgery resulted in a SSI

2 Infection Prevention & Control Team Members

During 2016 - 17 the Infection Prevention and Control Team (IPCT) has been supported by a seconded Midwife, and a seconded nurse.

Miss K Boyd
Infection Prevention & Control Analyst (part time 0.80 WTE - 30 hours/week Infection Prevention and Control Analyst, 0.20 WTE - 7.5 hours/week Policy Officer for the Governance Team)
Mrs D Fahy
Infection Prevention & Control Nurse - (0.60 WTE – 22.50 hours/week)
Dr T J Neal
Consultant Microbiologist – Infection Control Doctor and Director of Infection Prevention and Control (DIPC) (2 sessions / week worked on LWFT site)
Mrs Anne-Marie Roberts
Secondment Link Midwife (0.40 WTE - 16 hours)
Mrs Julie Burns
Seconded Link Nurse (0.40 WTE - 16 hours)

The IPCT is represented at the following Trust Committees:

Safety Senate	Monthly
Clinical Supplies Meeting	Monthly
Infection Prevention & Control	Bi-Monthly
Medicines Management	Bi-Monthly
Nursing and Midwifery Board	Monthly
Water Safety Meetings	Twice yearly
PLACE	Ad-hoc
Building Planning	Ad-hoc

The Team is managed by the Deputy Director of Nursing and Midwifery the budget is managed by the IPCN
There are no Trust costs associated with the infection prevention and control doctor and DIPC.

3 Role of the Infection Prevention & Control Team

The following roles are undertaken by the IPC Team:-

- Education
- Surveillance of hospital infection
    - Surgical Site data collection
    - National bacteraemia data reporting
    - PHE data reporting

- Investigation and control of outbreaks
- Development, Implementation and monitoring of Infection Prevention and Control policies
- Audit
- Assessment of new items of equipment
- Assessment and input into service development and buildings / estate works
- Patient care/ incident reviews

Infection prevention and control advice is available from the Infection Prevention & Control Team and 'on-call' via the DIPC or duty microbiologist at RLBUHT.

4 Infection Prevention and Control Committee

The IPC Committee meets bi-monthly and is chaired by the Director of Nursing and Midwifery. The Committee receives regular reports on infection prevention and control activities from clinical and non-clinical Divisions/departments.

The IPCT report quarterly to IPCC and the DIPC reports quarterly to SS which also receives minutes of the IPCC meetings. The Governance and Clinical Assurance committee (GACA) receives minutes from SS. The Trust Board also receives an annual presentation and report from the DIPC.

Trust IPC issues, processes and surveillance data are relayed to the public via Infection Prevention and Control posters, patient information leaflets, the Trust website (copy of this report) a notice board in the main reception which is updated on a monthly basis and departmental notice boards in ward areas.

Throughout the year many changes in practice have been initiated, facilitated, supported or mandated through the work of the IPCT and IPCC. Some of these are on a large scale, such as input of the IPCT into large capital projects undertaken by the Trust (see section 9.2) however many appear smaller and take place in the clinical areas as a consequence of audit, observations and recommendations. These interventions equally contribute to the provision of clean and safe care in the organisation. The IPCT examined its effectiveness throughout the year. The following detail some of the changes facilitated throughout the year.

- The Infection Prevention and Control team have increased CPE screening auditing across the Trust
- Expanded wound surveillance to include perineal infections.
- Cannula audits are completed fortnightly
- The IPCT have identified that ANTT training is required more frequently this has been agreed at IPCC and ANTT training is being delivered in relevant departments.
- Pool audits are completed fortnightly
- A more formal post discharge surveillance has been established via Meditech, Community midwives and MAU

Although there is progress in some areas, in others significant actions are not addressed in a timely manner

The IPCT has failed to make progress on one ‘non-compliance’ from the Health care act:-

- Provision of surveillance software

5 External Bodies

5.1 Health Care Act & Care Quality Commission

The Health Care Act was published in October 2006 and revised in January 2008 and January 2011 as the Health and Social Care Act. This code of practice sets out the criteria by which managers of NHS organisations are to ensure that patients are cared for in a clean environment where the risk of HCAI is kept as low as possible.

The Health Care Act action plan is a standing item on the IPCC agenda which monitors progress. There is one outstanding standard of the HCA with which the Trust is not fully compliant; (detailed in Appendix A). This relates to surveillance software which is awaiting the implementation of suitable software at the provider laboratory with hope of acquisition by LWFT following this.

6 Education

6.1 Mandatory training and Induction:

Mandatory training in Infection Prevention and Control is a requirement for all Trust staff including clinical, non-clinical staff and contractors. The IPCT update the training package annually and ensure that it reflects best practice, national recommendations and issues identified as non-compliant in the previous year. All staff receive training in infection prevention and control every three years either by face to face or electronic learning and a Hand Hygiene Assessment. The electronic package is incorporated into the NLMS and linked to OLM. Seven face to face mandatory sessions have been delivered in 2016-17

Training continues to be provided by the IPCT for medical staff which includes consultants, trainees and ad-hoc mandatory training for corporate services. Five formal teaching sessions have been delivered by the DIPC throughout 2016-17

Although the majority of mandatory training is delivered by the IPCT team a number of Link Staff also provide training including hand hygiene within their areas.

6.2 Link Staff

The IP&C link staff meetings are held bi-monthly and Professional Development Days held twice yearly. The programme is organised to reflect current initiatives, implementation of new guidance and reinforcement of any non-compliance relating to IPC. Attendance by link staff at the first development day was 45% and 50% of link staff attended the second Professional Development Day. Link staff meetings and professional development days are included in the TNA provision for Link Staff.

6.3 FFP3 Face Fit testing

The IPCT have face fit tested those staff required to wear FFP3 masks following a risk assessment. 9 face fit testing sessions have taken place in 2016-2017.

7 Guidelines/Policies

No new IPC Policies have been required. The existing IPC policy and SOP's have been reviewed in line with Trust policy

- Infection Prevention and Control Policy V6
- MRSA Policy V1
- Clostridium difficile Policy V1
- Diarrhoea SOP V1
- Effective Hand Hygiene SOP V1
- Influenza SOP V1
- Isolation Barrier Nursing SOP V1
- Linen SOP V1
- Personal Protective Equipment SOP V1
- Use and Disposal of Sharps SOP V1
- Wound Infection SOP V1
- Norovirus SOP V1
- Aseptic Non Touch Technique SOP V1
- Urinary Catheterisation and Ongoing Care SOP V1
- Peripheral Cannulation and Ongoing Care SOP V1
- Carbapenemase-Producing Entrobacteriaceae SOP V1
- Management of Blood Bourne Viruses SOP V1
- Management of Hepatitis A and E SOP V1
- Management of Inpatients with Viral Infections SOP V1
- Management of Pulmonary Tuberculosis SOP V1
- Management of Known Suspected or at Risk Patients with CJD or other Human Transmissible Spongiform Encephalopathies SOP V1

8 Audits

8.1 ICNA Trust audit programme

The IPCT continue to use the IPS audit tools originally devised in 2004. The audit programme for the year is established and agreed by the IPCC. All areas are audited annually (low risk areas) or twice yearly (high risk areas) by the IPCT. Clinical practice audits (PPE, Sharps and Hand Hygiene) are completed with a minimum frequency of twice yearly by ward/clinical staff. 5 moments of hand hygiene audits are completed by ward/clinical staff monthly.

The IPS Clinical Practice audits, Saving Lives Audits and monthly 5 moment's audits are entered onto the NUMIS system allowing real-time oversight of results and compliance by local managers. A total of 124 Clinical Practice audits and 232 Hand Hygiene audits have been carried out by department staff and have been reviewed by the IPCT

Environmental audits using the IPS audit tools are carried out unannounced by the IP&C Practitioners and where possible accompanied by a member of departmental staff. A total of 140 Environmental scheduled audits (Including general environment, linen, waste and Kitchen) over 26 clinical areas have been carried out by the IPCT. Individual department

scores, main themes of non-compliance and areas of improvement are recorded and available on NUMIS.

The audit scores (mean and range) are outlined below:

Audit	Mean Score (%)	Range (%)
Ward Environment	90%	78 -100
Ward Kitchen	96%	88 -100
Linen	96%	80 -100
Departmental Waste	99%	94 -100
Patient Equipment	97%	85 -100
Hand Hygiene	95%	91 - 100
Personal Protective Equipment	98%	93 - 100
Sharps safety	94%	80 - 100
Monthly 5 moments	98%	38 - 100

The Community Midwives continue to input a combined self-assessment clinical practice audit of sharps, PPE and hand hygiene twice yearly onto NUMIS. Actions have been discussed with Matron, Team Leaders and the IPCT.

The Trust audit process is on target with the planned timetable.

8.2 Peripheral cannula audits

As outlined in last year's annual report the IPCT continue to audit the ongoing care of cannulae in both Maternity and Gynaecology. The IPC have audited on a fortnightly basis. Scores have ranged from 33 - 100% with a mean score of 91%, insufficient documentation on the VIIAD chart remains an area of concern.

8.3 Mattress audits

Mattress audits are completed in all areas in the Trust. The audit examines cleanliness and mattress integrity. Results are reported through the Divisional Report to IPCC. The audits are forwarded to IP&C Team but local areas have ownership for replacement and condemning of any mattress not fit for purpose. There is a system in place for the provision and storage of replacement mattresses across the Trust. The most recent audit identified a number of mattresses in MAU which require replacing.

8.4 Birthing Pool Audits

Pool audits have been completed on a fortnightly basis by IPCT. Both MLU and Delivery Suite achieved 100% compliance with the cleanliness of the pool at the time of audit. Areas of non-compliance relate to the documentation of the daily cleaning of the pools and before and after patient use. IPCT continue to notify Ward Managers, Matrons and Link staff of audit results.

9 Other Issues

9.1 Water Safety

The water safety group has met in line with its terms of reference. The Trust has recently appointed an Authorising Engineer (water) to support the Water Safety Group, the group will review the Trust Water Safety Plan. Water testing for Pseudomonas aeruginosa in augmented care areas has been performed in accordance with national guidance and

results have been compliant with expected standards. There have been no cases of infection with *Pseudomonas aeruginosa* in the current year.

9.2 Building Projects & Design Developments

Meetings between Estates, Facilities & IPCT have continued. The team remain reliant on the Estates Department and the Divisions alerting and involving the Team in impending projects via the Infection Prevention and Control Committee meetings.

2016-17 projects requiring IPC Team involvement included:

- HSSU / Linen Refurbishment
- Gynae Ward Refurbishment
- Gynae Outpatients Refurbishment

9.3 Waste Contract

The new waste stream / bag system was installed in LWFT in May 2016

10 Surveillance of Infection

Hospital infection (or possible infection) is monitored in the majority of the hospital by 'Alert Organism Surveillance' this involves scrutiny of laboratory reports for organisms associated with a cross infection risk e.g. MRSA, *Clostridium difficile* etc.

On the Neonatal Unit, which houses most of the long-stay patients, surveillance is undertaken by both 'Alert Organism' and by prospective routine weekly surveillance of designated samples. The IPCT examines results of these samples and action points are in place for the Unit based on these results.

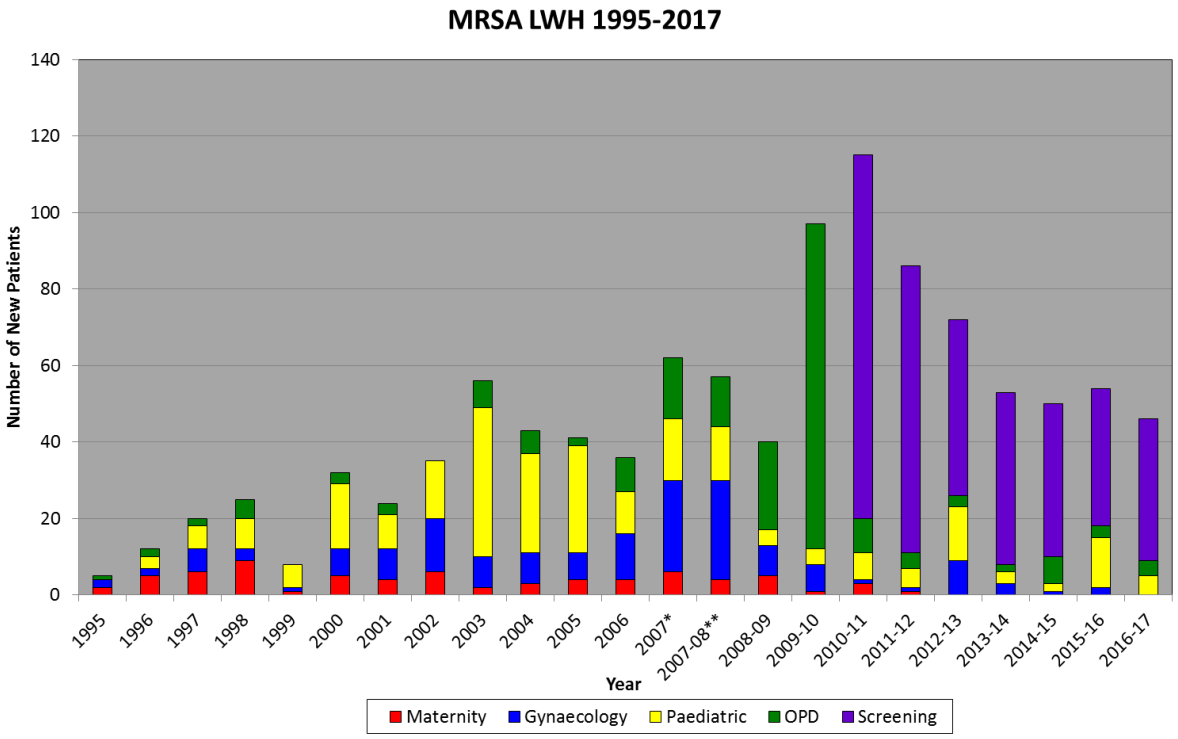
Surveillance of bacteraemias (blood stream infections) for both national mandatory and in house schemes is also undertaken.

The surveillance system for surgical site infections, restarted in 2014 by the IPCT has been extended this year.

10.1 Alert Organism Surveillance

10.1.1 MRSA

The total number of patients identified carrying Methicillin Resistant *Staphylococcus aureus* (MRSA) in the Trust during the year 2016-17 was 46, primarily identified from screening samples. The charts below show the number of new patients identified with MRSA per year for the period 1995 – 2017.



As outlined in previous Annual Reports the Government have established targets for screening such that all elective admissions and all eligible emergency admissions to hospital should be screened for carriage of MRSA prior to, or on, admission. The IPCT have an MRSA screening policy as part of the infection prevention and control policy which outlines actions for patients found to be positive on screening. During 2016-17 the criteria for screening patients for MRSA was modified following consultation with the IPCC and a formal risk assessment, patients attending for day case and ambulatory surgery were excluded from the screening programme.

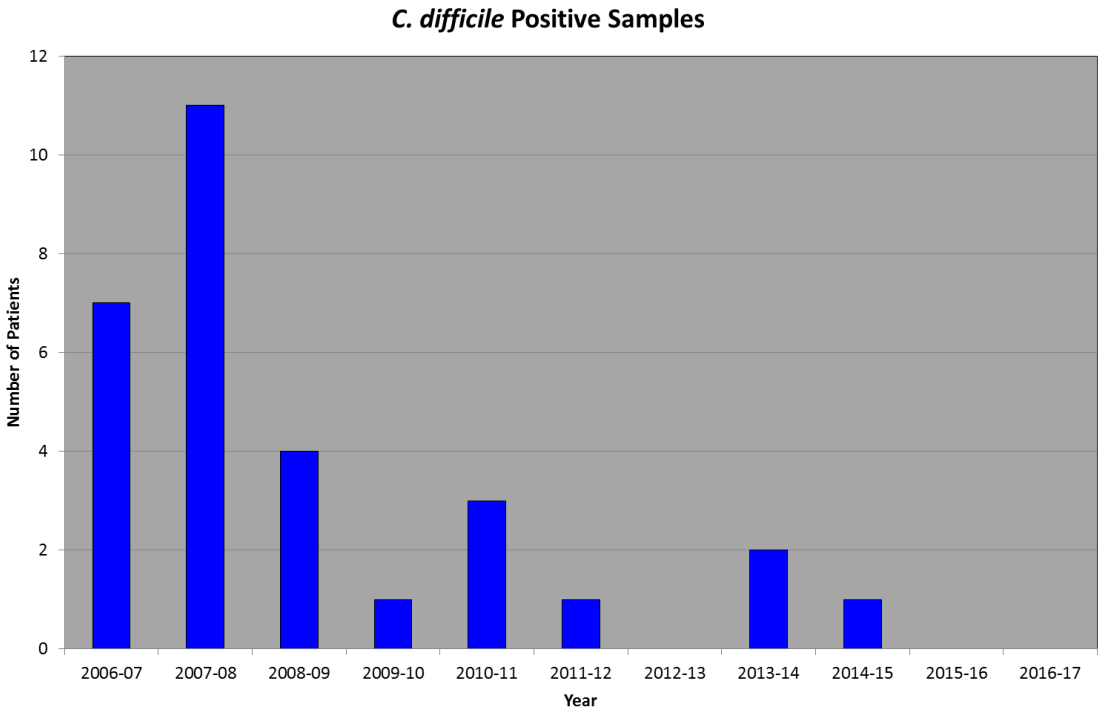
In the period April 2016 to March 2017 6473 adult patients were screened for MRSA carriage. 41 (0.6%) were positive.

Four patients were identified with MRSA wound infections (3 Maternity, 1 Gynaecology) all these infections were identified in clinic after discharge from the hospital.
There were no clusters or other epidemiological linking of adult patients with MRSA infections. There was no evidence of spread of MRSA amongst adult patients in the Trust.
There were no MRSA bacteraemias in adult or neonatal patients in the reported year.

During the period of this report 5 babies were identified with MRSA. There was no identified epidemiological link between the 5 babies and no evidence of spread on the neonatal unit.

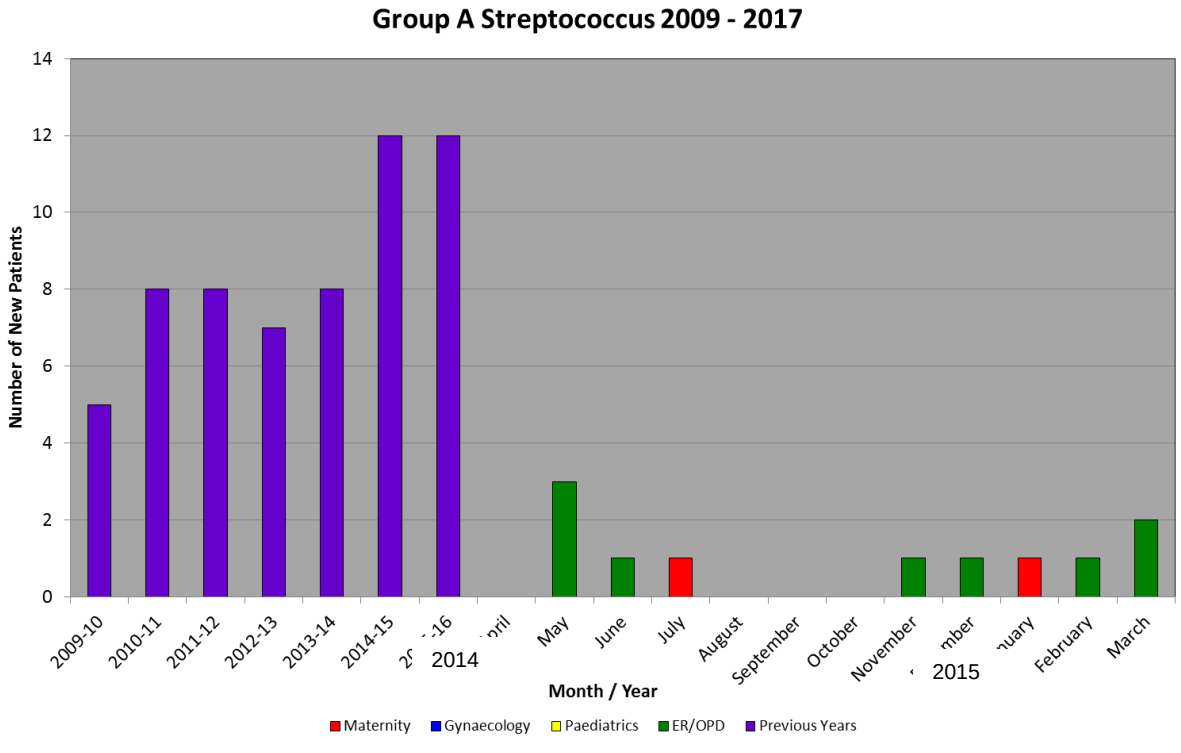
10.1.2 Clostridium difficile

C*lostridium difficile* is the commonest cause of healthcare acquired diarrhoea in the UK. Mandatory reporting of this disease commenced in January 2004 and includes all patients over 2 years old. Historically the number of cases at LWFT has been small (see chart below). During the period April 2016 to March 2017 there were no patients identified with *C.difficile* infection in the Trust.
The prescribed trajectory for this disease for the Trust in 2016-17 was one.



10.1.3 Group A Streptococcus

In the period April 2016 to March 2017, 11 patients were identified with Group A streptococcus as detailed below.



Two of the 11 patients with Group A streptococcal infection were maternity patients, one of whom (January) presented with invasive disease (iGAS). There was no link between the cases. Six patients presented to the emergency room with genital tract infection and the remainder were Gynaecology outpatients. There was no identified transmission of Group A streptococci in the Trust.

10.1.4 Glycopeptide Resistant Enterococcus(GRE)

There were no GRE bacteraemia's reported.

10.1.5 Carbapenemase Producing Enterobacteriaceae

The screening for multidrug - resistant organisms was incorporated into National Guidance and in 2014 LWH commenced screening patients in high risk groups for Carbapenemase producing enterobacteriaceae (CPE). In June 2016 the screening process was extended. All patients who have been an inpatient in any other hospital within the preceeding 12 months require screening. Meditech facilitates the risk assessment. CPE screening compliance is audited weekly by the IPCT
Overall compliance 88%

Month	Screening Compliance
Apr 16- June 16	93%
July 16– Sept 16	89%
Oct 16 – Dec 16	87%
Jan 17 – Mar 17	82 %

The main theme of non-compliance identified has been missed screens on patients who are direct transfers from another hospital. This issue have been addressed with Ward Managers, IPCT Link staff and clinical staff in the relevant areas.

Three patients with CPE carriage have been cared for at LWFT, all 3 were initially identified at neighbouring Trusts.

10.1.6 Routine Neonatal Surveillance

Nearly all infection on the neonatal unit is, by definition, hospital acquired although a small proportion is maternally derived and difficult to prevent. Routine weekly colonization surveillance has continued this year on the neonatal unit. Results are shown in Appendix B

As colonisation is a precursor to invasive infection the purpose of this form of surveillance is to give an early warning of the presence of resistant or aggressive organisms and to ensure current empirical antimicrobial therapy remains appropriate. Action points are embedded in the neonatal unit and IPC policies linked to thresholds of colonisation numbers to limit spread of resistant or difficult to treat organisms.
As well as resistant or aggressive organisms focus has remained on both *Pseudomonas spp*. and *Staphylococcus aureus* as potential serious pathogens. The median number of babies colonized with pseudomonas each week was 1, and with *S.aureus* was 5, both figures unchanged from 2015-16.

1.1 Bacteraemia Surveillance

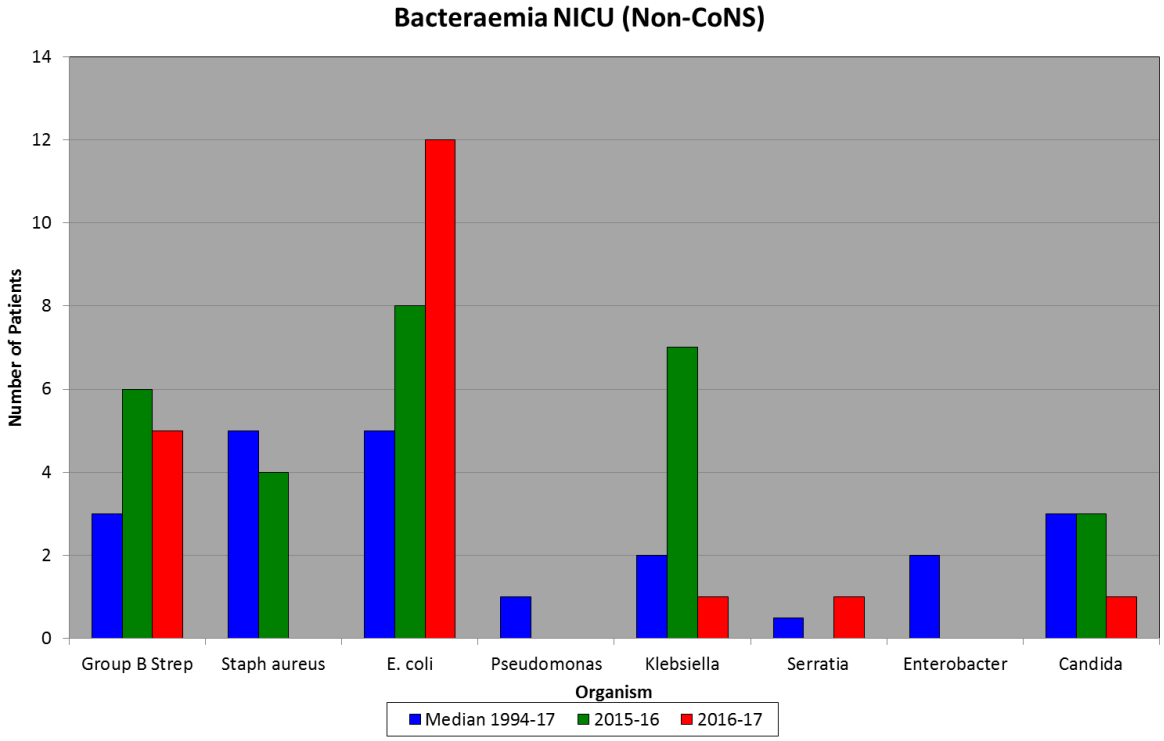
1.1.1 Neonatal Bacteraemia

As always the commonest organism responsible for neonatal sepsis was, the common skin organism, coagulase-negative staphylococcus (CoNS). In the period April 2016 – March 2017 14 babies (15 in 2015-16 and 9 in 2014-15) had infections with Gram-negative organisms, 8 of these infections (all *E coli)* occurred in the first 5 days of life and were congenitally acquired, one *Serratia marcescens* occurred on day 5 and most probably represented a late presentation of congenital infection. The remaining 5 Gram-negative infections occurred after 5 days (1 *Klebsiella sp* and 4 *E.coli*)

There were 5 episodes of infection with significant Gram-positive pathogens; 4 cases were congenitally acquired Group B streptococcus. The remaining case was a late-onset Group B streptococcal infection.

There was one baby in 2016-17 who developed invasive infection with Candida

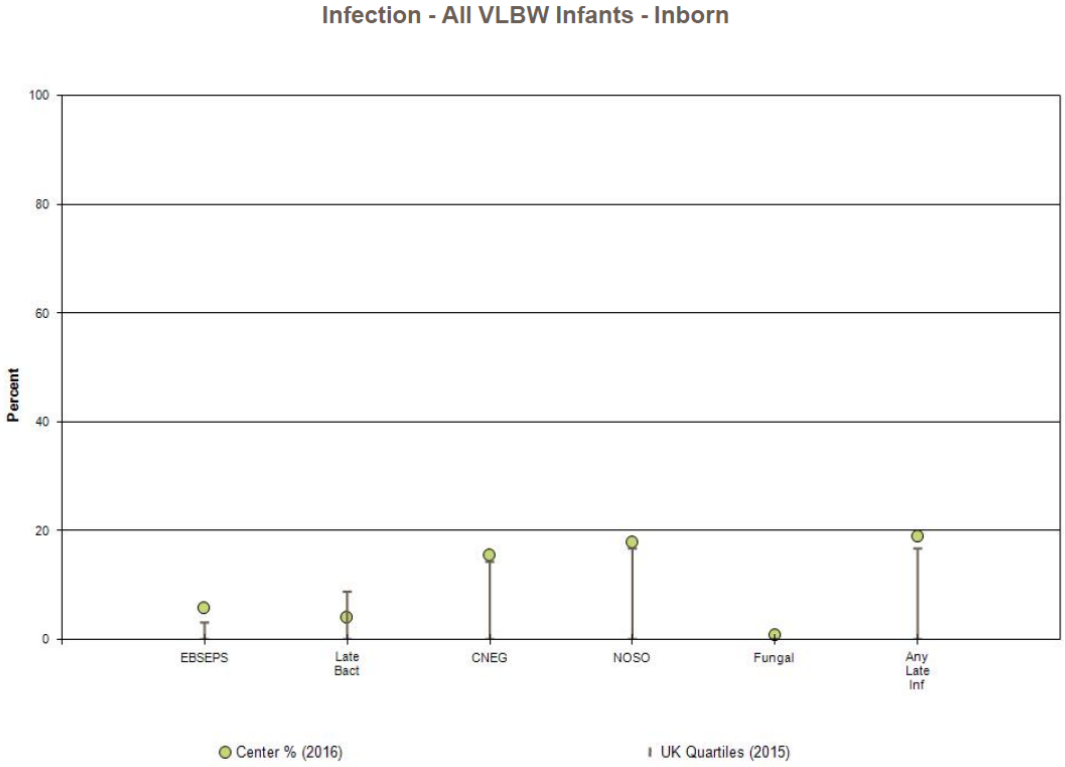
All non-coagulase-negative staphylococcal sepsis on the unit is subject to a review to determine the focus of infection, precipitating causes and the appropriateness of care.
The bar chart below describes the pattern of 'definite-pathogen' neonatal bacteraemia in the current year in comparison to last year and the median value for each organism for preceding years. Although there is considerable variability in the figures from year to year (probably reflecting the complex of pathogen host relationship in this group). The apparent increase in both *S.aureus* and *Klebsiella sp.* Infections noted last year has not been sustained. There have been no *P. aeruginosa* bacteraemias in the last 5 reported years.



12 babies this year had congenital infection (13 in 2015-16, 9 in 2014-15 and 7 in 2013-14) As outlined in last year's work plan review of congenital infections was an identified objective of the IPCT. These reviews have taken place and currently data generated from

the reviews is being analysed with the support of the local PHE epidemiologist to identify trends or actionable interventions.

The Neonatal Unit continues to monitor standardised infection rates. The most recent results (2015, data not finalised) of the benchmarking exercise against other units in the Vermont Oxford network demonstrates that once again infection rates at LWH are at the high end of the expected range.



1.1.2 Mandatory Bacteraemia Surveillance

The IPCT has continued to submit infection data to the national mandatory bacteraemia surveillance scheme. National data are collected on *S. aureus*, (MSSA and MRSA) and *E.coli* bacteraemia.

There have been no MRSA or MSSA bacteraemia cases in adult or neonatal patients in the period April 2016 to March 2017.

E.coli bacteraemia has also been made mandatorily notifiable although targets have not yet been established. In 2016 – 17 the Trust reported 12 *E.coli* bacteraemias in neonates (8 categorised as congenital). In the same period there were 12 *E.coli* bacteraemias in adult patients (10 in 2015-16). The IPCT expect clinical areas to undertake an RCA of all significant bacteraemias to establish any elements of sub-optimal care.

In addition to the mandatory surveillance the IPCT has been collecting clinical data on bacteraemic adults in the Trust; 35 patients were identified with positive blood cultures from 354 cultures submitted (10%). 12 (34% of positives, 3% of total) of these were contaminated with skin organisms. Of 23 significant bacteraemias one was considered to be possibly healthcare associated. Details are provided in Appendix C

10.2 Surgical Site Surveillance

Surgical Site Infection (SSI) is one of the most common healthcare associated infections, estimated to account for 15% of HCAI. National surveillance for abdominal hysterectomy suggests an SSI incidence of 1.5%. There is no national data for caesarean sections

however studies report rates between 2% & 20% with the highest incidence being in emergency sections.

Surgical site wound surveillance in both Maternity and Gynaecology was re-established in 2014/15 to include all abdominal procedures and groin node dissections. In April 2016 wound surveillance extended to include perineal surgical site infections. Data has been collected by a member of the IPCT/TVN using a standard surveillance sheet. Surveillance includes the inpatient period for all patients and the post discharge period until the 30th day.

10.2.1 Maternity

Wound infections are assigned by the time of operation rather than the time infection is recognised i.e. an infection identified in November from surgery in October will be recorded in October's figures.

In the 12 month period April 2016 – March 2017) 2,439 Caesarean Sections were undertaken (1161 elective, 1278 emergency). 69 patients with potential SSI were reviewed with 50 fulfilling the criteria for SSI. Of the 50 infections, 20 were in elective and 30 in emergency cases (1.7 % and 2.3% respectively).

Perineal Surgical Site Infections – 1,343 episiotomies were undertaken, 45 SSI have been identified (3.4%).

10.2.2 Gynaecology

2,141 abdominal procedures were undertaken in the 12-month period in Gynaecology / Gynae oncology with 483 procedures being open and 1658 being laparoscopic. The IPCT/TVN reviewed 44 patients with potential infections. 42 SSI were identified, 16 in open and 6 in the laparoscopic category (3.3% and 0.3% respectively).

The remaining 19 infections were identified in patients undergoing groin or vulval procedures.

As a number of wound infections are diagnosed post discharge, the numbers actually seen by the IPCT are limited at the inpatient period. Some patients who develop infection post discharge will be captured via community notes (although these often take several weeks to return to the Trust) and patients who represent to the Trust. A more formal process of post-discharge surveillance has been established including additional information on Meditech for MAU post-natal attendees and for community midwife patient discharges.

11 Outbreaks of Infection

There have been no major hospital-wide of infection during the period of this report.

12 Health & Wellbeing

The Trust Health & Wellbeing Department report monthly to the IPCC including vaccination updates. Staff have historically been screened for TB, Hepatitis B and Rubella immunity. Guidance on measles, chicken pox, HIV and hepatitis C have been incorporated for all 'new starters' and a catch up exercise is in place for staff already employed. The IPCC supports the Health & Wellbeing Team in ensuring that workers in designated areas have appropriate vaccinations and immunity.

13 Infection Control Team Work Plan

13.1 Infection Control Team Work Plan 2016 - 17

Work Plan	Completion Date	Comments
Training • Continue all Trust mandatory & induction training • Continue to support link staff personal development		Section 6
Audit • Continue with ICNA/IPS Audit Programme • Continue Saving Lives audits including cannulation • Continue monitoring of pool cleaning		Section 8
Surveillance • Continue 'Alert Organism' surveillance focused on resistant pathogens • Continue to monitor cases mandatorily reportable infections • Expand wound surveillance for surgical site infection to include:- - Perineal surgical site infections • Implement actions identified through RCA of bacteremia's and C.difficile infections:- • Commence RCA of congenital infections	April 2016	Section 10 Commenced April 2016 Commenced Oct 2016
Health Act • Review compliance and evidence		Appendix A
NICE • Review compliance and evidence for QS 61 • Review Compliance and evidence for QS 113	April 2016	Baseline assessment performed and partial compliance – awaiting ICNET Complete and Compliant

13.2 Infection Control Team Work Plan 2017 - 18

Work Plan	Completion Date	Comments
Training • Continue all Trust mandatory & induction training • Continue to support link staff personal development		
Audit • Continue with ICNA/IPS Audit Programme • Continue Saving Lives audits including cannulation • Continue monitoring of pool cleaning		
Surveillance • Continue 'Alert Organism' surveillance focused on resistant pathogens • Continue to monitor cases mandatorily reportable infections • Continue wound surveillance for surgical site infection including perineal surgical site infections • Undertake a comprehensive review surgical site infections where figures indicate a rising incidence • Implement actions identified through RCA of bacteremia's and C.difficile infections • Continue to work with external agencies to understand if congenital infection rate rising and any preventable factors • Work with the CCG to deliver their target of 10% reduction in E.coli sepsis.		
Health Act & NICE • Review compliance and evidence • Review and ensure Trust maintains its compliance with current NICE guidance relating to infection, infection control, sepsis and antimicrobial stewardship.		

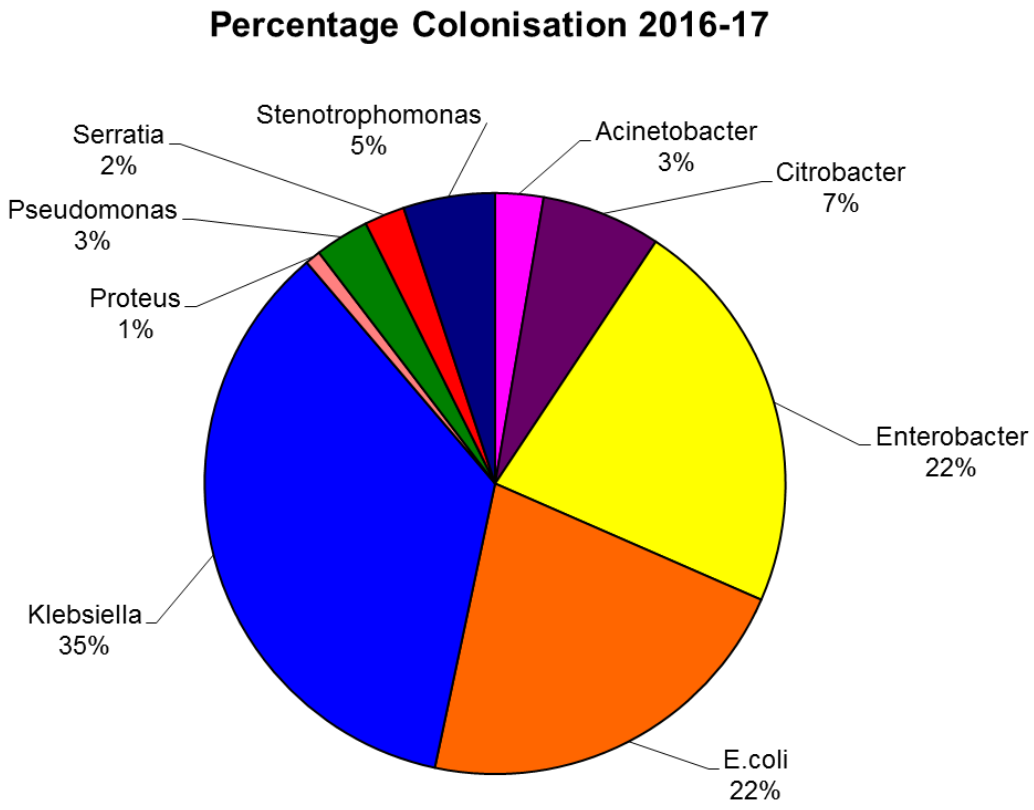
14 Appendices

14.1 Appendix A - Summary of Health Care Act Partial Non-Compliance

Criterion	Additional Quality Elements	Baseline Assurance Jan 17	Update Apr 17	Responsibility	RAG
1.8 An infection prevention and control infrastructure should encompass: In acute healthcare settings for example, an ICT consisting of appropriate mix of both nursing and consultant medical expertise (with specialist training in infection control) and appropriate administrative and analytical support, including adequate information technology. The DIPC is a key member of the ICT		Awaiting implementation at Host Laboratory site prior to implementation at LWFT	Awaiting implementation at Host Laboratory site prior to implementation at LWFT	Director of Nursing / Midwifery / Director of Infection Prevention and Control	Amber

14.2 Appendix B - Neonatal Colonisation Surveillance

	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012-13	2013/14	2014/15	2015-16	2016-17
Acinetobacter	1	1	1	1	2	1	3	3	6	3	3
Citrobacter	3	3	2	4	2	6	6	4	3	4	7
Enterobacter	19	15	12	16	15	21	21	17	14	17	22
E.coli	23	26	29	30	30	23	20	30	27	21	22
Klebsiella	29	34	32	33	31	38	32	34	39	41	35
Proteus	4	1	3	2	4	0	3	1	1	1	1
Pseudomonas	16	14	18	10	9	6	11	5	4	3	3
Serratia	3	4	1	3	4	2	2	2	1	3	2
Stenotrophomonas	2	2	2	1	3	3	2	4	4	7	5



14.3 Appendix C - Adult Bacteraemia Surveillance 2016 - 17

35 Positive blood cultures

12 Coagulase-negative staphylococcus or other contaminant.

23 Pathogens

Directorate	Organism	Potentially Hospital Associated	Likely Source
G*ynaecology*	E.coli	No*	Necrotic fibroid
	E.coli	No*	Pelvic abscess
	E.coli	No*	UTI
	E.coli	No*	UTI
	Raoultella planticola	No	Pelvic malignancy
Maternity	*E.coli*	No*	Peripartum
	E.coli	No	Retained products
	E.coli	No*	UTI
	E.coli	No*	Peripartum
	E.coli	No*	UTI
	E.coli	No*	UTI
	E.coli	Yes	Peripartum
	E.coli	Awaiting review	Peripartum
	Bacteroides	No	Retained products
	Group B streptococcus	No	Chorioamnionitis
	Group B streptococcus	No	Peripartum
	Group B streptococcus	No*	Peripartum
	Group B streptococcus	No*	Peripartum
	Group B streptococcus	No	Chorioamnionitis
	Group B streptococcus	No	Peripartum
	Group B streptococcus	Awaiting review	Peripartum
	Group B streptococcus	Awaiting review	Peripartum
	Group A streptococcus	No*	Peripartum

*Community Acquired