

Infection Prevention & Control Annual Report 2018-2019

Dr Tim Neal, Director of Infection Prevention & Control

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TABLE OF ABBREVIATIONS

CCG	Clinical Commissioning Group
CPE	Carbapenamase-Producing Enterobacteriaceae
CQC	Care Quality Commission
DIPC	Director of Infection Prevention and Control
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
IQR	Inter-quartile range
LWFT	Liverpool Women's NHS Foundation Trust
MRSA & MSSA	Meticillin Resistant (Sensitive) Staphylococcus Aureus
NLMS	National Learning Management System
NUMIS	Nursing & Midwifery Information System
OLM	Oracle Learning Management System
RLBUHT	Royal Liverpool and Broadgreen University Hospital Trust
SS	Safety Senate
SSI	Surgical Site Infection
TVN	Tissue Viability Nurse

1 Summary of Key Achievements and Main Findings

1.1 Key Achievements 2018-19

The Trust was compliant with the prescribed MRSA bacteraemia target

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

Table 1: Trust Attributable HCAI

Organism	April 2016 - March 2017	April 2017 - March 2018	April 2018 - March 2019
<i>Clostridium difficile</i> infection (CDI)	0	0	0
Meticillin resistant <i>Staphylococcus aureus</i> (MRSA) sepsis	0	0	0
Meticillin sensitive <i>Staphylococcus aureus</i> (MSSA) sepsis	0	2	2
<i>E.coli</i> sepsis	8	6	7

1.2 Main Findings

1.2.1 Education

The IPCT has maintained current induction and mandatory training.
The IPCT has contributed to local training as required and identified.

1.2.2 Guidelines

A Trust wide SOP for cleaning of fans has been created

1.2.3 Infection Prevention and Control Audits and Clinical Practice Audits

43 (100%) Infection Prevention and Control Audits, 258 (89%) clinical practice ward audits (including 5 moments for hand hygiene) and 59 community midwives' audits have been completed in accordance with the Trust plan.

1.2.4 MRSA

26 adult patients were identified in the Trust with MRSA, 22 were identified by pre-emptive screening. 14 neonates were identified with MRSA colonization.

1.2.5 *C. difficile*

There have been no Trust acquired *C.difficile* infections in 2018-19

1.2.6 Bacteraemia

There have been no MRSA bacteraemias reported in 2018-19

There were 3 MSSA bacteraemias in 2018-19 (2 Neonates, 1 Adult)

5 neonates had significant Gram-negative sepsis (3 congenital) and 4 neonates had significant Gram-positive infections (1 congenital).

There were 15 *E.coli* bacteraemias in 2018/19 (4 neonates and 11 adults).

There were no glycopeptide resistant enterococcal bacteremias in 2018-19

1.2.7 Surgical Site Infection Surveillance

For the period May 2018 – Mar 2019

1.4% of elective caesarean sections and 2.3% of Emergency Caesarean sections resulted in an SSI.

2.3% of open Gynaecological abdominal surgery and 0.9% of Laparoscopic abdominal surgery resulted in an SSI

2 Infection Prevention & Control Team Members

During 2018 - 19 the Infection Prevention and Control team (IPCT) has been supported by a seconded Midwife, and a seconded Neonatal 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 Prevention & Control Doctor and Director of Infection Prevention and Control (DIPC) (2 sessions / week worked on LWFT site)

Mrs Anne-Marie Roberts

Seconded Link Midwife (0.40 WTE - 16 hours)

Mrs Eleanor Walker

Seconded Link Neonatal Nurse (0.40 WTE – 15 hours)

The IPCT is represented at the following Trust Committees:

Safety Senate	Monthly
Effectiveness Senate	Monthly
Infection Prevention & Control	Bi-Monthly
Medicines Management	Bi-Monthly
Water Safety Group	Twice yearly
Multi Trust Water Safety Group	Monthly
PLACE	Ad-hoc
Building Planning	Ad-hoc
Health and Safety Committee	Quarterly

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 quarterly 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.

Reports received include those from:

- Estates and Operational Services
- Occupational Health
- Decontamination
- Divisions/departments
- Link Group
- Water Safety group
- Infection Prevention and Control team members

The Terms of Reference of the IPCC are included as **Appendix A**

The IPCT report quarterly to IPCC and the DIPC reports quarterly to Safety Senate (SS) which also receive minutes of the IPCC meetings. The Quality committee (QC) 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 8.2) 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 IPCT have identified that ANTT training is required more frequently this has been agreed at IPCC.

- IPCT more visible within areas

5 External Bodies

5.1 Health Care Act & Care Quality Commission

The Health Care Act (HCA) 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 B). 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.

5.2 Liverpool Clinical Commissioning Group (CCG) Assurance Framework

Assurance data is reported monthly to the CCG and bi-monthly at IPCC it incorporates performance data, exception reporting audit data and screening compliance.

5.3 Mandatory Surveillance

The Trust submits data on MRSA, MSSA, *E.coli*, *Clostridium difficile*, *Klebsiella* and *Pseudomonas* infections by the 15th day of each month to the Public Health England via an online Health Care Associated Infection Data Capture System. HCAI data is also submitted each month for the Trust Quality Report and Corporate Information.

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 receives training in Infection Prevention and Control every three years via electronic learning and a Hand Hygiene Assessment. The electronic package is incorporated into the NLMS and linked to OLM. Ten hand hygiene sessions have been delivered on corporate induction throughout 2018-19

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 2018-19

The IPCT has provided 23 general training sessions in 2018-19 (Including, the use of standard precautions, and Audit/NUMIS training)

Although the majority of mandatory training is delivered by the IPC 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 have changed to twice yearly and held at the end of the Professional Development days. The programme is organised to reflect current initiatives, implementation of new guidance and reinforcement of any non-compliance relating to IPC.

The number of attendees on each development day was 10 (50%) and 7 (35%), Link Staff meetings and Professional Development days are included in the TNA provision for Link Staff.

6.3 ANTT Training

ANTT is included in the training days provided by each division however records are not yet available by OLM. The IPCT have liaised with Training Department and this information should be readily available from June 2019. 13 sessions were provided by the IPC team in 2018-19.

6.4 Guidelines/Policies

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

- Cleaning of Fans SOP created

7 Audits

7.1 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. Clinical practice audits (PPE, and Hand Hygiene) are completed with a minimum frequency of twice yearly by ward/clinical staff. 5 moments for 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 65 (83.5%) Clinical Practice audits have been carried out by ward department staff and have been reviewed by the IPCT. Clinical Practice audit scores range from 93-100% with a mean score of 99%. A total of 193 (89%) Hand Hygiene audits have been carried out by ward department staff and have been reviewed by the IPCT. Hand Hygiene audit scores range from 90-100% with a mean of 99%.

A common theme of non-compliance with documentation on the VIAAD chart has been identified within Saving Lives Ongoing Cannula care audits. The IPCT have given feedback to relevant departments and local action plans have been implemented.

The IPS Environmental, Ward, Kitchen, Linen and Waste audits have been streamlined into an overarching Infection Prevention and Control Audit. The Infection Prevention and Control audits are carried out twice a year in each clinical area unannounced by the IP&C team. A total of 43 Infection Prevention and Control audits (reviewing the general environment and clinical practice) in 21 clinical areas have been undertaken. Individual department scores, main themes of non-compliance and areas of improvement are recorded and available on NUMIS - and emailed to Matrons and Ward Mangers.

2018 - 2019 IPC audit scores range from 83-100% with a mean score of 95%

Community midwives are expected to complete a combined self- assessment of environmental and clinical practice elements twice per year. The Community Team Leaders are responsible for entering the data. From the period April 2018-March 2019 54 self-assessments have been completed.

There have been insufficiencies with the NUMIS system in relation to entering and viewing ward scores. The IPCT are aware and have been involved in the re-implementation of NUMIS. A temporary excel database has been utilised to collate audit data. The completion date for the updated NUMIS system is April 2019. This is scheduled to go live in all areas in June 2019.

7.2 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.

8 Other Issues

8.1 Water Safety

The Water Safety group has met in line with its terms of reference. The Trust has an appointed Authorising Engineer (water) to support the Water Safety group. The Trust Executive Management group has agreed that the Trust participate in a Multi-Trust Water Safety group which includes representatives of 4 neighbouring Trusts and allows standardisation of policies and procedures involving safe water practices. The Multi-Trust Water Safety group is reviewing a common 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.

8.2 Building Projects & Design Developments

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.

2018 - 19 projects requiring IPC Team involvement included:

- Neonatal Unit redevelopment
- Reopening of Jeffcoate Ward
- Maternity Base reception Area

9 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. National mandatory reporting of blood stream infections includes *Klebsiella* and *Pseudomonas* in addition to *E.coli* and *S.aureus*.

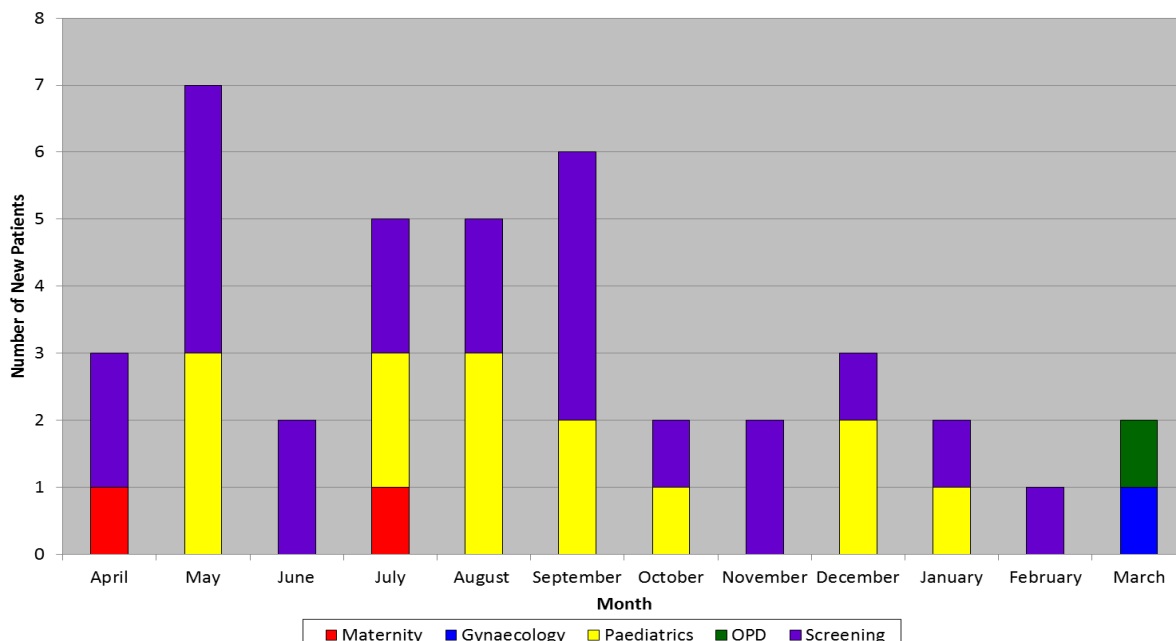
The surveillance system for surgical site infections by the IPCT was suspended in November 2017 as staffing levels in the IPCT were depleted. Surgical Site Surveillance recommenced 1st May 2018

9.1 Alert Organism Surveillance

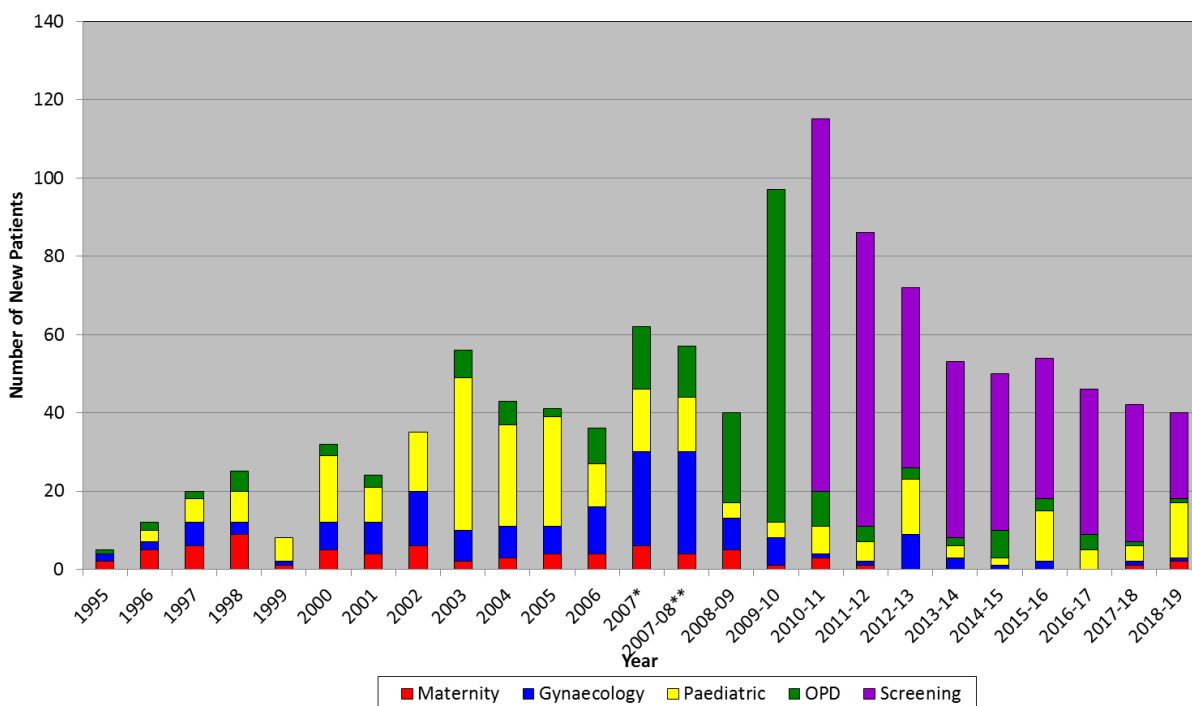
9.1.1 MRSA

The total number of patients identified carrying Methicillin Resistant *Staphylococcus aureus* (MRSA) in the Trust during the year 2018-19 was 40. The majority of patients were identified by routine screening either on or prior to admission. In the reporting year there was an increased proportion of neonates identified with MRSA colonisation. The charts below show the number of new patients identified with MRSA and the annual totals for the period 1995 – 2019.

MRSA LWH 2018 - 19



MRSA LWH 1995-2019



As outlined in previous Annual Reports the Government had established targets for screening such that all elective admissions and all eligible emergency admissions to hospital should be screened for carriage of MRSA.

In the period April 2018 to March 2019 4035 adult patients were screened for MRSA carriage; 24 (0.5%) were positive.

One patient was identified with an MRSA superficial skin infection following discharge from the Trust.

During the period of this report 14 babies were identified with MRSA There was a cluster of neonatal cases during the summer period of 2018, the same strain was identified in other regional neonatal units. The cluster was investigated but no specific mechanism of transmission was identified. There were no clusters or other epidemiological linking of adult patients with MRSA.

There were no MRSA bacteraemias in adult or neonatal patients in the reported year.

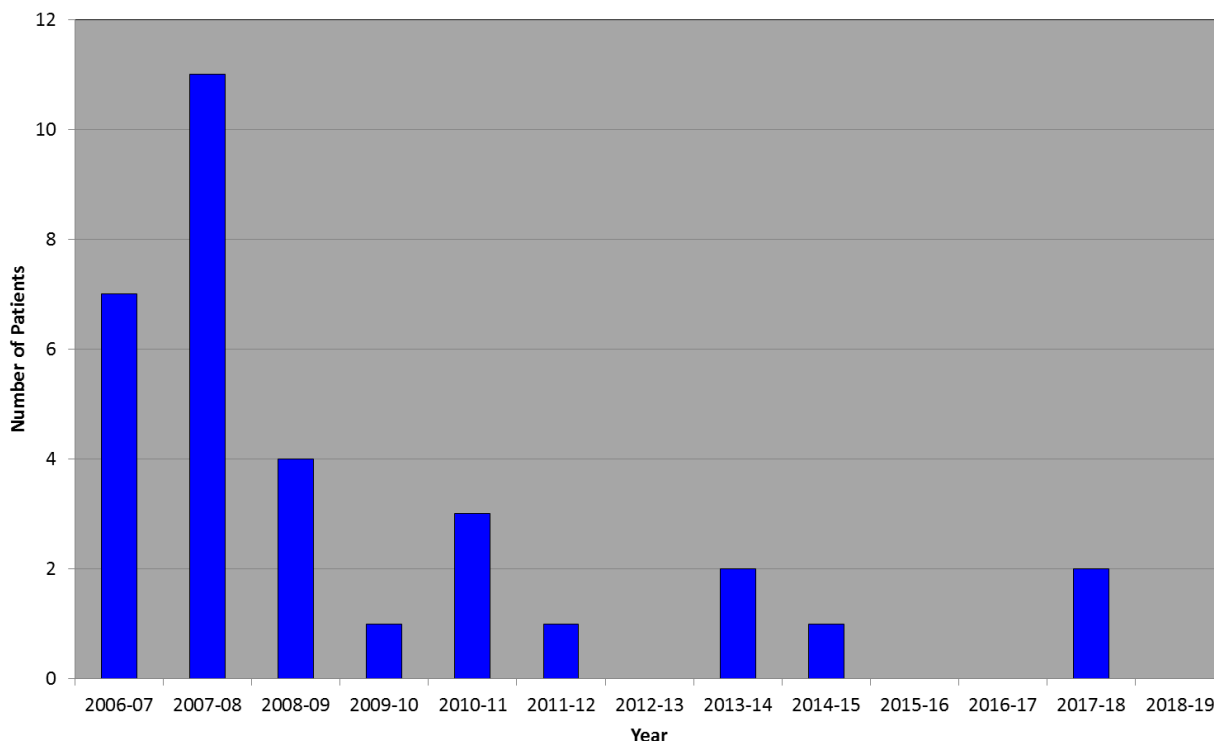
9.1.2 Clostridium difficile

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 low (see chart below).

The prescribed trajectory for this disease for the Trust in 2018-19 was one.

During the period April 2018 to March 2019 there were no patients identified with *C.difficile* infection in the Trust.

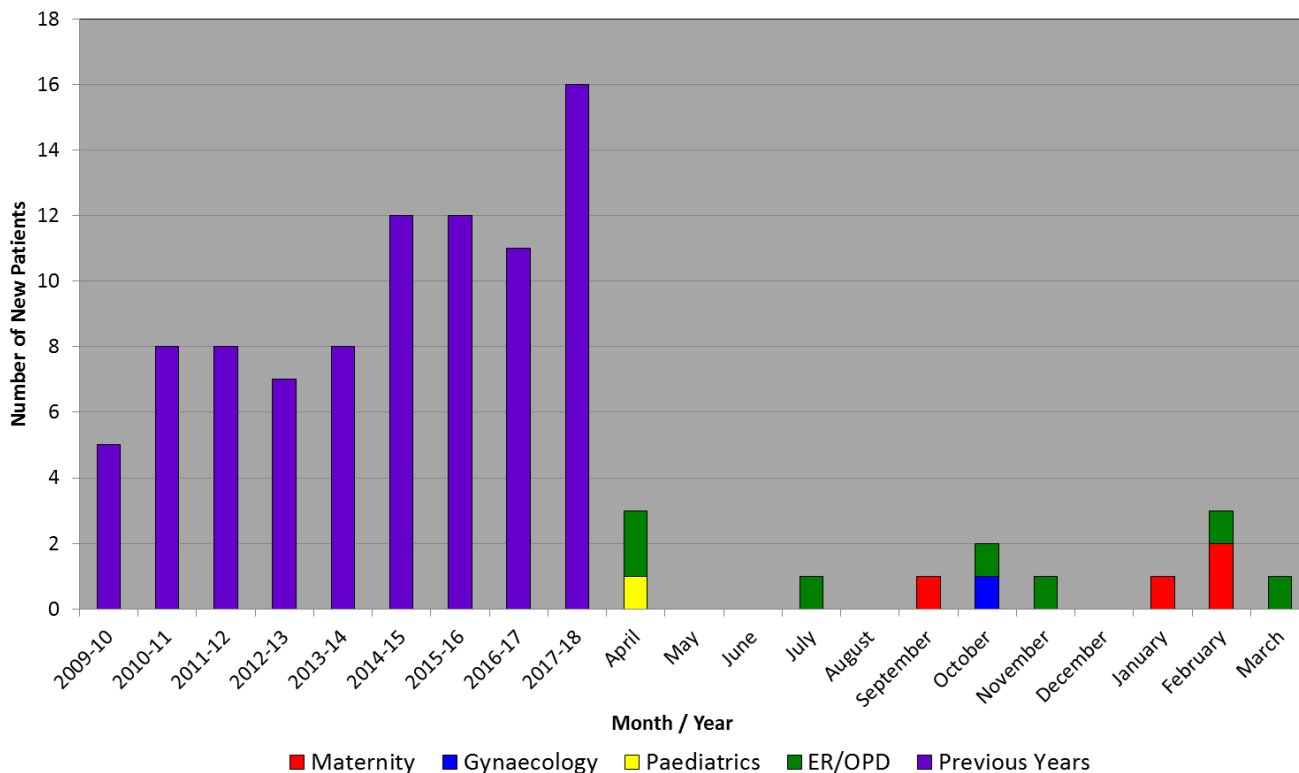
C. difficile Positive Samples



9.1.3 Group A Streptococcus

In the period April 2018 to March 2019, 13 patients were identified with Group A Streptococcus as detailed below. In addition a patient who had been an in-patient in the Trust was admitted shortly after discharge to a neighbouring Trust with invasive Group A Streptococcal infection (iGAS). All patients with Group A Streptococcal infection are reviewed. There was no identified transmission of Group A Streptococci in the Trust.

Group A Streptococcus 2009 - 2019



9.1.4 Glycopeptide Resistant Enterococcus (GRE)

There were no GRE bacteraemia's reported.

9.1.5 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 preceding 12 months require screening. Meditech facilitates the risk assessment. CPE screening compliance is audited weekly by the IPCT Overall compliance –83%.

Month	Screening Compliance
Apr 18 - June 18	79%
July 18 – Sept 18	85%
Oct 18 – Dec 18	83%
Jan 19 – Mar 19	86%

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

9.1.6 Routine Neonatal Surveillance

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

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 (unchanged from the previous year), and with *S.aureus* was 3 (reduced from 5).

9.2 Bacteraemia Surveillance

9.2.1 Neonatal Bacteraemia

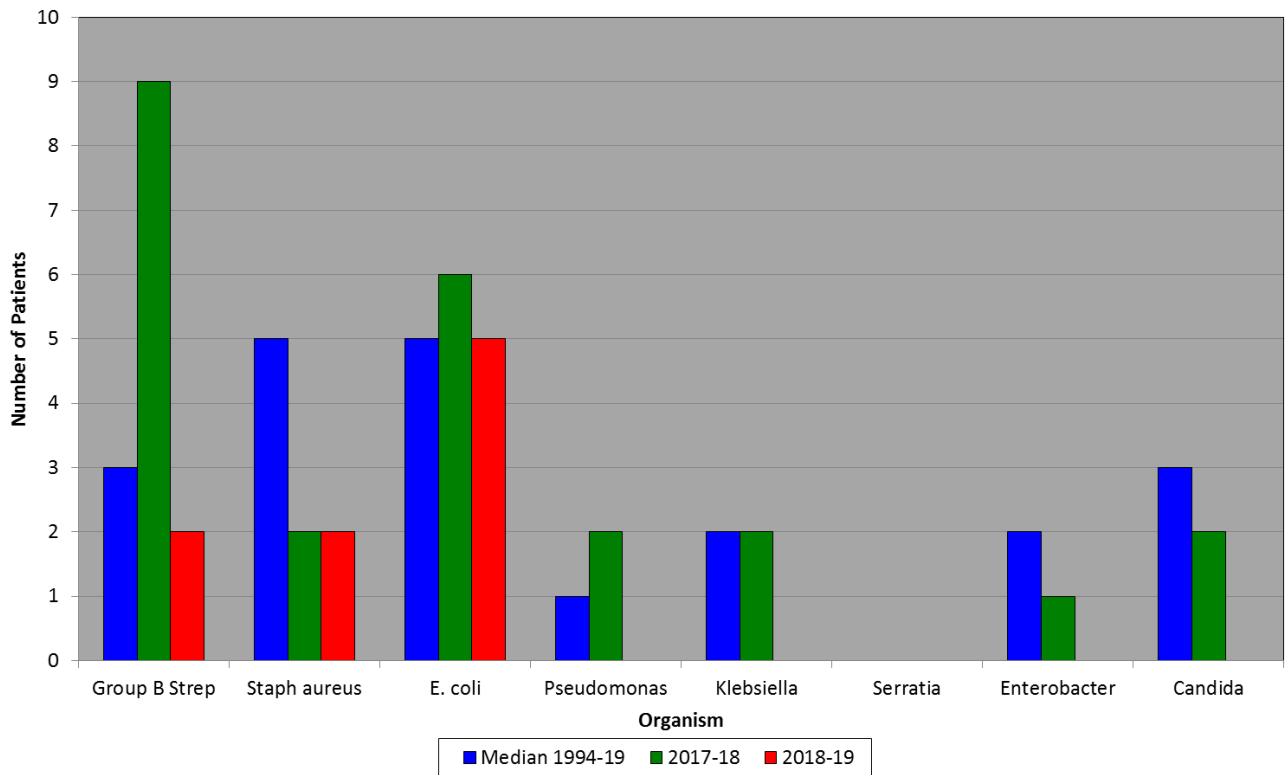
As always the commonest organism responsible for Neonatal sepsis was the common skin organism, coagulase-negative staphylococcus (CoNS). In the period April 2018 – March 2019 5 babies (14 in 2017-18 and 14 in 2016-17) had infections with Gram-negative organisms, 3 of these infections (all *E.coli*) occurred in the first 5 days of life and were congenitally acquired. The remaining 2 *E.coli* infections occurred in the same baby and presented after 5 days of life.

There were 4 episodes of infection with significant Gram-positive pathogens (12 in 2017-18); 2 cases were Group B streptococcus (1 congenital and 1 late onset) the other 2 were both late onset *S.aureus* infections.

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.

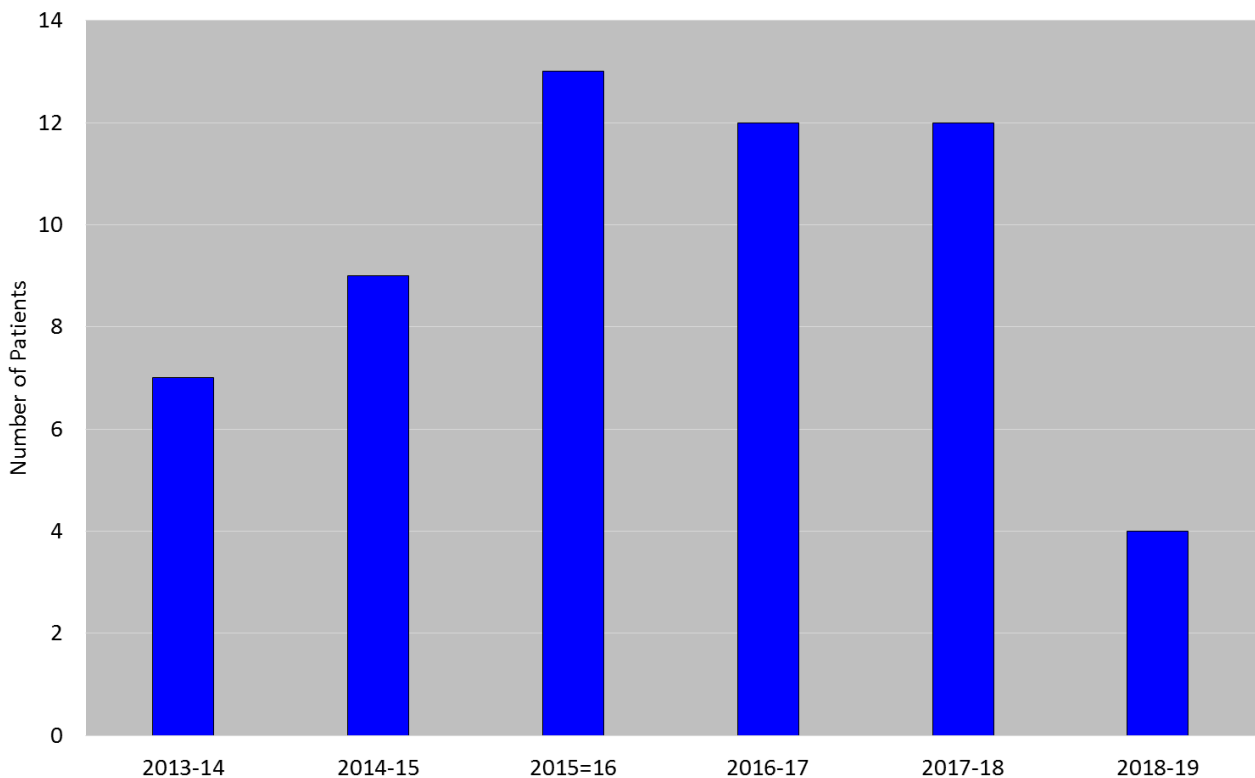
The bar chart below describes the pattern of 'definite-pathogen' Neonatal bacteraemia in the current year in comparison to last year and the median value for each organism for preceding years. There is considerable variability in the figures from year to year (probably reflecting the complex of pathogen host relationship in this group).

Bacteraemia NICU (Non-CoNS)

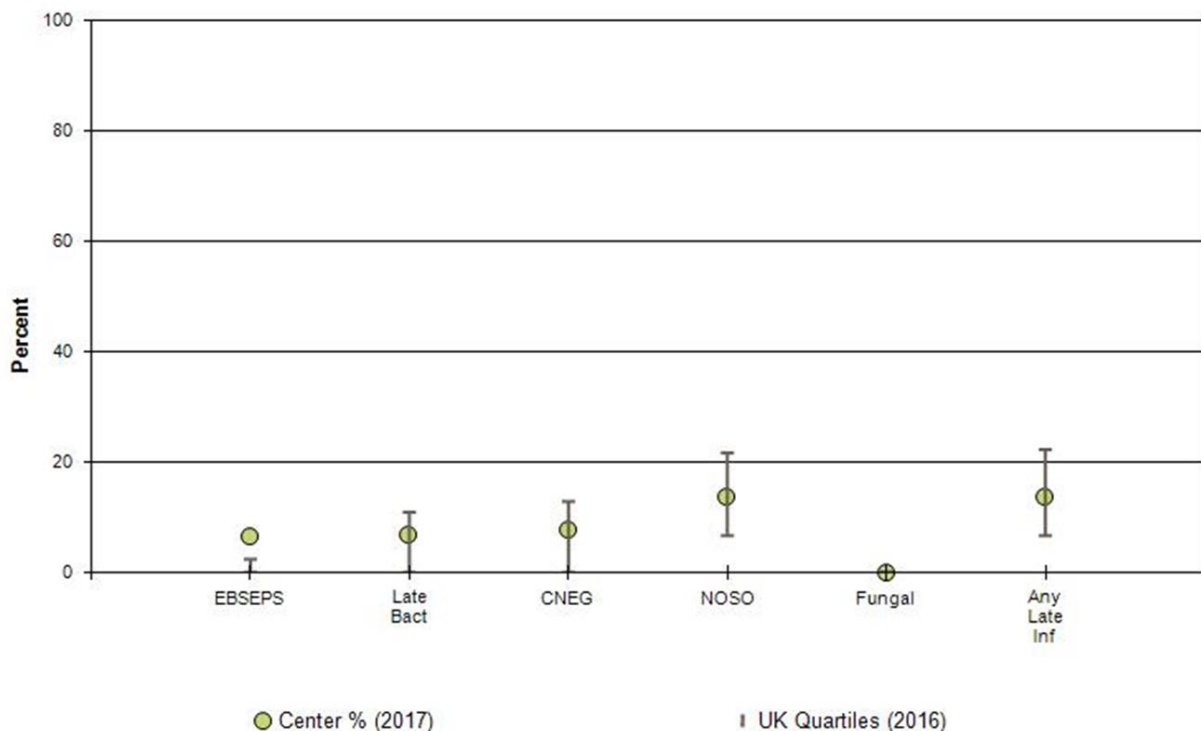


As outlined in last year's report the IPCT have been monitoring the number of Neonatal infections classified as 'congenital'. 4 babies this year had congenital infection.

Congenital Infections



The Neonatal Unit continues to monitor standardised infection rates. The most recent data (2017) show overall rates of bloodstream infection are within the IQR. As reported in last year's annual report the Early Onset Sepsis (EBSEPS) was high last year although that increase has not been evident in the current reporting year.



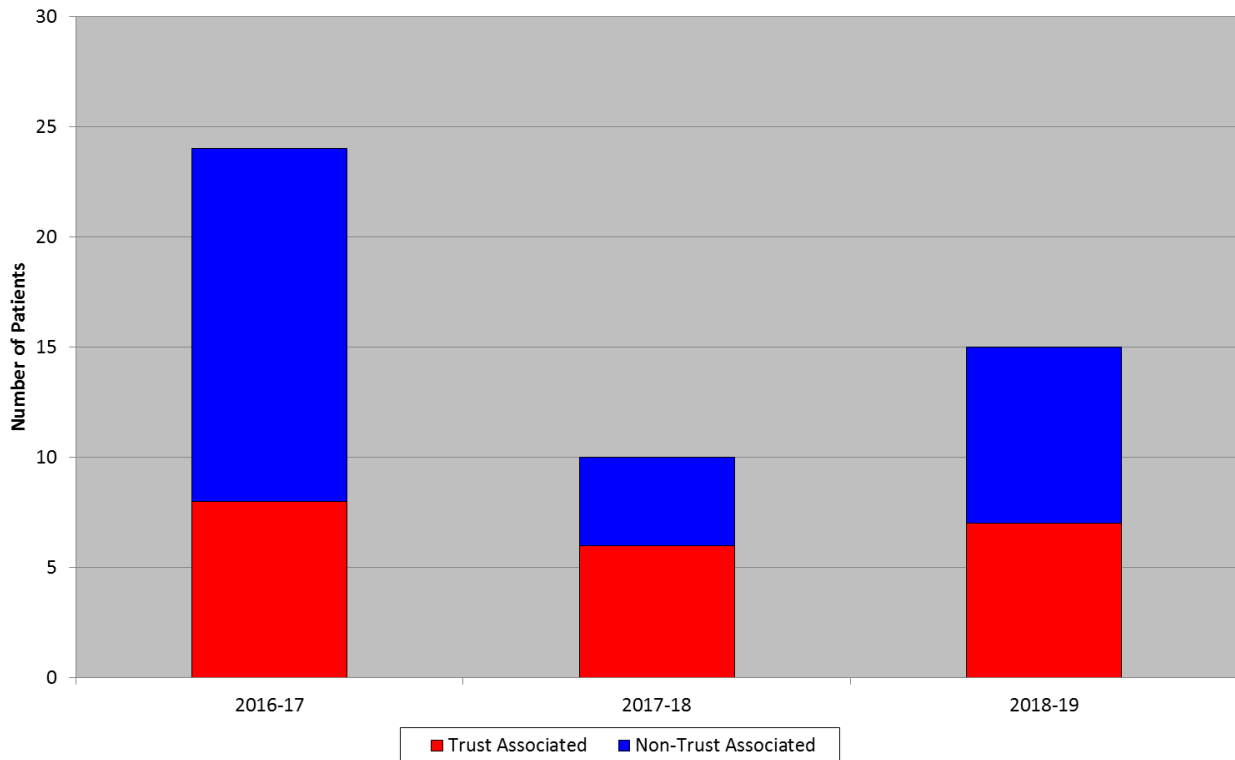
9.2.2 Mandatory Bacteraemia Surveillance

There have been no MRSA bacteraemia cases in adult or neonatal patients in the period April 2018 to March 2019, however 2 neonates developed MSSA bacteraemia (see section 11.1) and 1 adult presented to the Trust with community onset MSSA bacteraemia.

The CCG has a prescribed target to reduce *E.coli* bacteraemia by 10% in 2018-19. Although this was not a specific Trust target the IPCT have been working with regional groups facilitated by the CCG to reduce *E.coli* sepsis. In 2018-19 the Trust reported 15 *E.coli* bacteraemias (5 Neonates (3 congenital) and 10 adults). A reduction in *E.coli* sepsis has not been demonstrated in year. One Klebsiella and one Pseudomonas sepsis were reported in 2018-19.

The IPCT expect clinical areas to undertake an RCA of all significant bacteraemias to establish any elements of sub-optimal care. A regular multidisciplinary meeting is held with members of the maternity division to review all infective pathology. As a consequence of these meetings the process of managing antenatal bacteriuria has been strengthened. The use of vacuum assisted wound dressings and pre-op vaginal cleansing has also been introduced.

LWH *E.coli* Bacteraemia



In addition to the mandatory surveillance the IPCT has been collecting clinical data on bacteraemic adults in the Trust; 32 patients were identified with positive blood cultures from 345 cultures submitted (10%). 12 (36% of positives, 4% of total) of these were contaminated with skin organisms. Details of the 20 significant bacteraemias are provided in Appendix D

9.3 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 using a standard surveillance sheet. Surveillance includes the inpatient period for all patients and the post discharge period until the 30th day.

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 Maternity Assessment unit post-natal attendees and for Community Midwife patient discharges.

9.3.1 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. Potential Surgical Site Infections are discussed at a monthly review meeting.

In the month period (May 2018 – March 2019) 2250 Caesarean Sections were undertaken (1099 elective, 1151 emergency). 42 patients fulfilled the criteria for SSI. 15 were in elective and 27 in emergency cases (1.4% and 2.3% respectively).

9.3.2 Gynaecology

1820 abdominal procedures were undertaken in the 11 month period in Gynaecology / Gynaecology-oncology with 351 procedures being open and 1469 being laparoscopic. 21 patients fulfilled the criteria for SSI, 8 in open and 13 in the laparoscopic category (2.3% and 0.9% respectively).

10 Risk Register

- 1578 - Risk of infectious diseases causing disruption to Trust services including risk to patient and staff safety requiring the implementation of emergency preparedness intervention

11 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.

12 Infection Control Team Work Plan

12.1 Infection Control Team Work Plan 2018-19

<u>Work Plan</u>	<u>Completion Date</u>	<u>Comments</u>
Training <ul style="list-style-type: none"> Continue all Trust mandatory & induction training Continue to support link staff personal development 	Ongoing	
Audit <ul style="list-style-type: none"> Review IPS Audit Programme in line with other local Trusts Continue Saving Lives audits including cannulation Continue monitoring of pool cleaning 	May 2018 October 2018 October 2018	Standardised audit tool introduced Responsibility transferred to wards Responsibility transferred to wards
Surveillance <ul style="list-style-type: none"> Continue 'Alert Organism' surveillance focused on resistant pathogens Continue to monitor cases mandatorily reportable infections Undertake a comprehensive review surgical site infections where figures indicate a rising incidence Implement actions identified through RCA of bacteraemia's and C.difficile infections Work with the CCG and Trust Sepsis lead to deliver their target reduction in Gram-negative sepsis. 	Ongoing April 2018	Commenced May 2018 Regular meetings with Maternity established to discuss all infections DIPC attends meetings with CCG on behalf of the Trust
Health Act & NICE <ul style="list-style-type: none"> Review compliance and evidence Review and ensure Trust maintains its compliance with current NICE guidance relating to infection, infection control, sepsis and antimicrobial stewardship. 	Ongoing	

12.2 Infection Control Team Work Plan 2019-20

<u>Work Plan</u>	<u>Completion Date</u>	<u>Comments</u>
Training <ul style="list-style-type: none"> Continue all Trust mandatory & induction training Continue to support link staff personal development 		
Audit <ul style="list-style-type: none"> 		
Surveillance <ul style="list-style-type: none"> Continue 'Alert Organism' surveillance focused on resistant pathogens Continue to monitor cases mandatorily reportable infections Undertake a comprehensive review surgical site infections Implement actions identified through RCA of bacteremia's and C.difficile infections Work with the CCG and Trust Sepsis lead to deliver their target reduction in Gram-negative sepsis. 		
Health Act & NICE <ul style="list-style-type: none"> Review compliance and evidence Review and ensure Trust maintains its compliance with current NICE guidance relating to infection, infection control, sepsis and antimicrobial stewardship. 		

13.1 Appendix A – Terms of Reference - Infection Prevention and Control Committee Terms

**INFECTION PREVENTION AND CONTROL COMMITTEE
TERMS OF REFERENCE**

Constitution:	The Committee is established by the Trust Board and will be known as the Infection Prevention and Control Committee.
Duties:	<p>The Committee is responsible for providing assurance to the Trust Board in relation to those systems and processes it monitors and ensure compliance with external agency’s standards e.g.: CQC etc.</p> <ol style="list-style-type: none"> 1. Agree and disseminate the systems and processes for effective Infection Prevention and Control. 2. Develop the strategic direction of Infection Prevention and Control, ensuring that the team is resourced sufficiently to achieve improvement in performance. 3. Review and approve the work of the Infection Prevention & Control team members in line with Trust objectives through the IPCC team work plan. 4. Review and endorse all policies relating to Infection Prevention & Control and evaluate their implementation. 5. Receive and review regular reports of infection incidents or outbreaks and ensure that reports are forwarded to appropriate external authorities. 6. Ensure that lessons identified from incidents, outbreaks, or reports from external organisations are actioned by relevant Divisions in the organisation. 7. Implement a regular reporting timetable including comprehensive Division reports and reports from support services at regular intervals. 8. Ensure that effective Infection Prevention and Control is being delivered in Divisions and monitor evidence of prevention and control practice. 9. Promote and facilitate the education of staff of all grades in hand hygiene Infection Prevention & Control and related topics <p>Receive, discuss and endorse the annual Infection Prevention & Control report produced by the Infection Prevention & Control team prior to submission to the Safety Senate Committee and Trust Chief Executive.</p>

Membership:	<p>The Committee membership will consist of:</p> <ul style="list-style-type: none"> • The Chair – Director of Nursing, Midwifery or Representative of CEO • Director of Infection Prevention and Control • Trust Decontamination Lead • Infection Prevention & Control Nurse • Family Health Safety Lead • Gynaecology Safety Lead • Clinical Support Services Safety Lead • Occupational Health Nurse • Matron from Gynaecology • Matron from Family Health (Maternity) • Matron from Family Health (Neonatal) • Matron from Gynaecology (Reproductive Medicine Unit) • Matron from Clinical Support Services • Antibiotic Pharmacist • Estates or Patient Facilities Manager • Health and Safety Advisor • Representative from Clinical Commissioning Group • Representative of Public Health England <p>Members can participate in meetings by two-way audio link including telephone, video or computer link (excepting email communication). Participation in this way shall be deemed to constitute presence in person at the meeting and count towards the quorum</p> <p>The Committee will appoint a member of the Committee as Chair of the Infection Prevention and Control committee and another member to be Vice Chair from the outset. The Vice Chair will automatically assume the authority of the Chair should the latter be absent.</p>
Quorum:	<p>Chair (or approved Deputy) DIPC or IPCN Representative from each Division (either Safety Lead or Matron) Representative from Facilities Department</p>
Voting:	<p>Each member will have one vote with the Chair having a second and casting vote, if required. Should a vote be necessary a decision will be determined by a simple majority?</p>
Attendance:	<p>a. Members Members will be required to attend a minimum of 75% of all meetings. Safety Leads and external representatives will be required to attend a minimum of 50% of all meetings.</p> <p>b. Officers The DIPC / Director of Nursing, Midwifery shall normally attend meetings.</p> <p>Other officers and staff of the Trust will be invited to attend the meeting as appropriate when an issue relating to their area of</p>

	<p>operation or responsibility is being discussed.</p> <p>Representatives from partner organisations or other external bodies may be invited to attend as appropriate. Such representatives will not have voting rights.</p>
Frequency:	Meetings shall be held 4 times per year. Additional meetings may be arranged from time to time, if required, to support the effective functioning of the Trust.
Authority:	The Committee is authorised by the Trust to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Committee
Accountability and reporting arrangements:	<p>The Committee will be accountable to the Chief Executive and Trust Board. The minutes of the committee will be formally recorded and submitted to the Quality committee (QC). The Chair of the committee shall draw to the attention of the QC any issues that require disclosure to it, or require executive action.</p> <p>The committee will report to the Board annually on its work and performance in the preceding year.</p> <p>Trust standing orders and standing financial instructions apply to the operation of the Infection Prevention and Control committee.</p>
Monitoring effectiveness:	The Infection Prevention and Control committee / IPC team will undertake an annual review of its performance against its duties in order to evaluate its achievements.
Review:	These terms of reference will be reviewed at least annually by the Infection Prevention and Control committee.
Reviewed by [Committee/ Subcommittee/Group]:	Infection Prevention and Control committee
Approved by [name of establishing Committee]:	Infection Prevention and Control committee
Review date:	April 2019
Document owner:	Caron Lappin, Director of Nursing and Midwifery Caron.lappin@lwh.nhs.uk

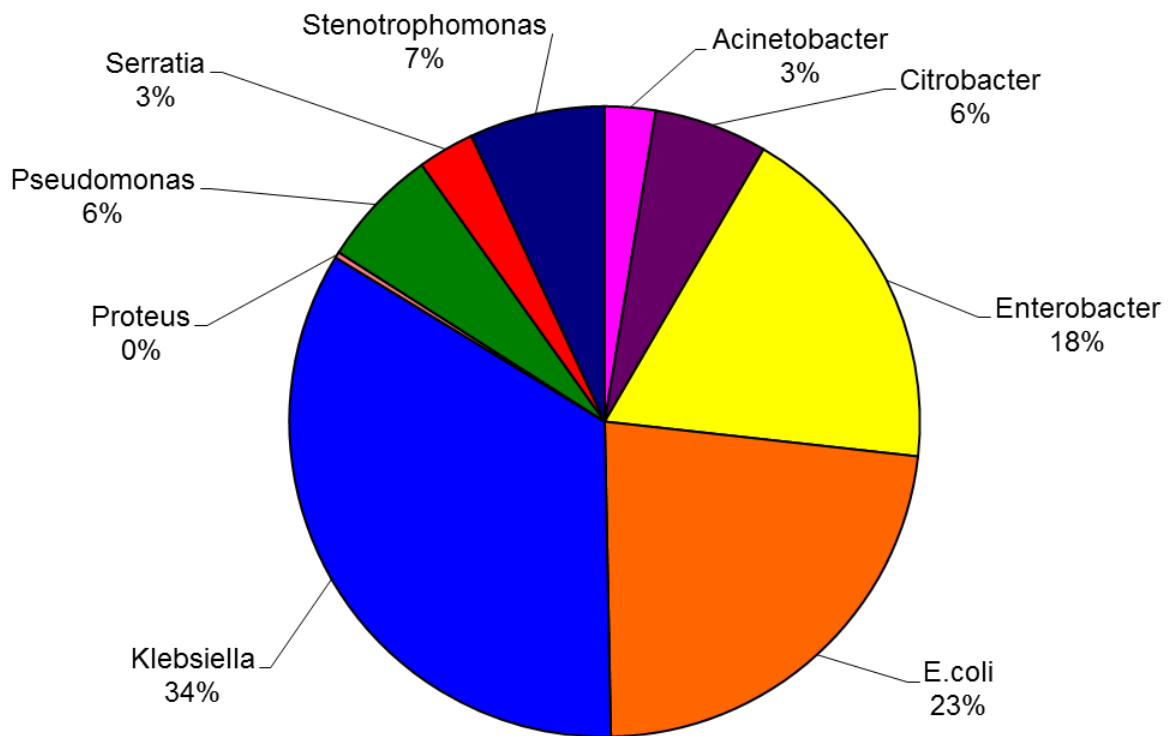
13.2 Appendix B – Health Care Act

Criterion	Additional Quality Elements	Baseline Assurance October 2018	Update January 2019	Responsibility	RAG
<p>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 DIPIC is a key member of the ICT</p>		<p>Awaiting implementation at Host Laboratory site prior to implementation at LWFT</p>	<p>Awaiting implementation at Host Laboratory site prior to implementation at LWFT</p>	<p>Director of Nursing / Midwifery / Director of Infection Prevention and Control</p>	<p>Amber</p>

13.3 Appendix C - Neonatal Colonisation Surveillance

Organism	2008/09	2009/10	2010/11	2011/12	2012-13	2013/14	2014/15	2015-16	2016-17	2017-18	2018-19
Acinetobacter	1	1	2	1	3	3	6	3	3	3	3
Citrobacter	2	4	2	6	6	4	3	4	7	4	6
Enterobacter	12	16	15	21	21	17	14	17	22	19	18
E.coli	29	30	30	23	20	30	27	21	22	28	23
Klebsiella	32	33	31	38	32	34	39	41	35	31	34
Proteus	3	2	4	0	3	1	1	1	1	1	0
Pseudomonas	18	10	9	6	11	5	4	3	3	4	6
Serratia	1	3	4	2	2	2	1	3	2	5	3
Stenotrophomonas	2	1	3	3	2	4	4	7	5	5	7

Percentage Colonisation 2018-19



13.4 Appendix D - Adult Bacteraemia Surveillance 2018 - 19

32 Positive blood cultures

12 Coagulase-negative staphylococcus or other contaminant.

20 Pathogens

Directorate	Organism	Potentially Hospital Associated	Likely Source
Gynaecology	<i>Klebsiella spp</i>	Y	Urine
	<i>S.anginosus</i>	Y	Pelvis
	<i>E.coli</i>	N	Pelvis
	<i>E.coli</i>	N	UTI
	<i>P.aeruginosa</i>	N	Pelvis
Maternity	<i>E.coli</i>	N	UTI
	<i>E.coli</i>	N	UTI
	<i>E.coli</i>	N	RPOC
	<i>E.coli</i>	N	UTI
	<i>E.coli</i>	Y	Endometritis
	<i>E.coli</i>	N	Endometritis
	<i>E.coli</i>	N	UTI
	<i>E.coli</i>	N	Endometritis
	<i>H. parainfluenzae</i>	N	Chorioamnionitis
	<i>Listeria monocytogenes</i>	N	Sepsis
	<i>S.aureus</i>	N	Non-identified
	<i>P.mirabilis</i>	N	Endometritis
	<i>Prevotella spp</i>	N	Pelvis
	Group B Streptococcus	N	Peripartum
	<i>Veillonella spp</i>	N	Chorioamnionitis