



**Worcestershire
Health and Care**
NHS Trust

**Infection
Control**

Infection Prevention and Control Framework 2019

(Infection Prevention and Control Framework 2018 with Service Level Objectives for 2019-2020)

Annual Review and Update Undertaken by Infection Prevention and Control Team:

May 2019 (next review due May 2020)

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INTRODUCTION

Within the Trust, the organisation of the infection prevention and control service is based on the original Public Health Laboratory Service 1995 publication and Department of Health (2015) The Health and Social Care Act 2008: Code of Practice on the Prevention and Control of Infections and related guidance (updated 2015) which provides comprehensive information on the infection prevention and control requirements applicable to registered healthcare providers. In summary, the Infection Prevention and Control Team work to approved objectives which facilitate compliance with these publications and ensure that sustained improvements in infection prevention and control are achieved. It is recognised that this can be challenging but the embedding of robust infection control practices across the organisation aims to bring sustained improvements, minimise infection rates and promote antimicrobial stewardship whilst enhancing consistent provision of clean, safe care.

RESPONSIBILITIES AND DUTIES

Chief Executive:

- To designate the prevention and control of healthcare associated infection as a core part of clinical governance and patient safety programmes.
- To be aware of factors which promote low levels of healthcare associated infections and ensure that the appropriate action is taken.

Director of Nursing and Quality

- This is also the Director with responsibility for Infection Prevention and Control. This provides the team with a direct link to the Trust Board although it is acknowledged that the Infection Prevention and Control Team, if necessary, can directly access the Chief Executive.
- The Director with responsibility for Infection Prevention and Control will:
 - oversee local infection prevention and control policies and their implementation;
 - have the authority to challenge inappropriate clinical hygiene practice as well as antibiotic prescribing decisions;
 - assess the impact of all existing and new policies and plans on infection and make recommendations for change;
 - be an integral member of the organisation's clinical governance and patient safety teams and structures;
 - in conjunction with the Infection Prevention and Control Team produce an annual report on the state of healthcare associated infection activities over the last twelve months within the Trust and release it publicly.

Infection Prevention and Control Team:

- Monitoring, identifying, investigating and acting in respect of outbreaks or incidents;
- Advising on isolation and on correcting hazardous or ineffective procedures;
- Preparing policies and procedures for prevention of infection;
- Providing information on control, assessing risk and advising on the resources required to reduce the risk of infection within the Trust;
- Overseeing transfer and discharge of infected patients;
- Regular review of and providing advice on resource allocation.

The Infection Control Team comprises 4.3 wte Infection Prevention and Control Nurses (IPCNs), (including 1 wte Nurse Consultant and 1 wte Lead Nurse). Medical/Microbiological support is provided by a Consultant Microbiologist from Worcestershire Acute Hospitals NHS Trust and the team has dedicated administrative support (0.8wte). The Infection Prevention and Control Nurses work during office hours but advice is available to staff 24 hours a day, 365 days a year, through on call arrangements purchased through the Consultant Microbiologists at Worcestershire Acute Hospitals NHS Trust whereby the consultant acts as the Trust Infection Control Doctor.

ORGANISATIONAL ARRANGEMENTS

- All elements of the Infection Prevention and Control Service, including those detailed in Appendix 1 are discussed at the Trust Infection Prevention and Control Committee which meets quarterly, in addition to the Trust PLACE Group which meets more frequently. The Infection Prevention and Control Committee report to the Trust Quality and Safety Committee at least twice in each year. These links are reflected in terms of reference and governance framework structures.
- Key infection prevention and control objectives are monitored at Trust Board and form part of the Performance Matrix and also the Quality Dashboard. Objectives relate to both the Trust and Health Economy. With regard to *Clostridium difficile*, the CCG will undertake a further review to ascertain whether each case was avoidable. This will form a separate count.
- Position statements relating to key infection prevention and control publications are established and promulgated as required e.g. EPIC 3 (Loveday *et al* 2014), DH (2015) and National Institute for Health and Clinical Excellence (2012).

SERVICE FRAMEWORK

The aim of the service is to promote as safe as possible an environment for staff, patients and visitors so that the risks of cross infection or contamination are kept to a minimum. This is achieved by **audit** which is seen as an essential component of the Trust strategy for prevention and control of infection. Within the Trust, the tools used are based on the Infection Control Nurse Association/Department of Health (2004) publication which has been updated with Infection Prevention Society Quality Improvement Standards. Localised amendments will be made to the tools each year to reflect improvements in standards and the implementation of National Priorities, e.g. NHS National Standards of Cleanliness, Decontamination Strategy etc. It consists of the routine collection of data on a number of standards, analysis of the data and the dissemination of results with recommendations to those who need to know so that appropriate action can be taken. Results are also presented at the Trust Infection Prevention and Control Committee.

The main objectives of the **audit** programme are:-

- To monitor and improve local clinical practice by providing data that shows what actually happens and how it compares with a pre determined standard of evidence based infection control practices.

- The assessment of a number of core standards in order to determine the need for, and measure the effectiveness of preventative or control measures.

Standards that are included within the audit relate to Food Hygiene, Environment, Linen Handling, Sharps Handling, Decontamination (Environmental and Equipment), Antiseptics and Disinfectant usage, Waste Disposal, Hand Hygiene (involve staff in area) and Clinical Practices.

All inpatient and residential areas will be audited on an annual basis, ensuring that each area is audited at least once in each financial year. The programme of audit is agreed with the Director of Infection Prevention and Control. Services, e.g. District Nurses, Dentistry, Podiatry, Physiotherapy etc. will also be involved in the audit process with questionnaires sent out once every three to four years with site visits occurring as necessary to ensure all clinical bases are included.

Specific audits for kitchen areas will be undertaken on an annual basis, this includes ward and occupational therapy kitchens and also main kitchen areas.

A full report relating to each audit will be disseminated to the manager of the area, their line manager, and Infection Prevention and Control Link Staff within the area audited. The report will detail the actions necessary. Also included will be a blank audit tool for the lowest scoring section for completion in 6 months time. A copy of the report along with the completed audit tool should be returned to the Infection Prevention and Control Nurses.

A score of 75% has been set as a pass rate for every audit. Areas scoring under this as their overall score will be re-audited within 3 months. In some circumstances it may be necessary to re-audit areas with a score higher than this, dependent upon the standards that are not reached. Management of the area will be informed of any urgent areas of concern to ensure appropriate action can be taken. All audit results will be presented at the Trust Infection Prevention and Control Committee, where representatives from each Service Delivery Unit and key support services are present. This is in addition to the Trust PLACE Group and Quality and Safety Committee which will receive an overview of the reports. In addition to this, reviews of sluice areas and commodes are also undertaken and reports follow an identical reporting route.

Assurance visits to ward areas occur monthly with reviews of hand hygiene and use of personal protective equipment (PPE), decontamination practices and antibiotic usage with ward areas receiving instant feedback in addition to a regular summary, with regard to antibiotics compliance of prescribing linked to the primary care prescribing guidance is also reviewed. These visits, in addition to the audit programme reflect relevant criteria to the Trust from IPS/NHS Improvement (2017) care bundles.

Antibiotics are medicines used to treat infections caused by bacteria but they are often requested for things that they can't treat - like colds, flu or other viral infections - not only are they of no benefit but they can become less effective over time against bacteria they're intended to treat.

As a Trust we actively seek to ensure that we prescribe antibiotics appropriately and consider the:

- Need for treatment
- Investigations required to ensure that we are prescribing the correct antibiotic

- Choice of antibiotic
- How long it is prescribed for and at what dose
- Evaluation of how the antibiotic has helped.

The Trust continues to promote antimicrobial stewardship and raise awareness about the need for appropriate use of antibiotics with staff and also increase levels of public awareness of the need to use antibiotics responsibly to help control and prevent antibiotic resistant infections from spreading.

In addition to this, the Infection Prevention and Control Team will also promote the importance of hydration and prompt identification of sepsis to enhance patient outcomes and minimise infections.

Information, guidance and advice: provided over the phone, via email or through the guidelines currently accessible to all staff, can be accessed electronically on www.worcestershirehealth.nhs.uk.

Leaflets for use by staff, patients and visitors/relatives can also be obtained through this link. These include hand hygiene, how to minimise infection risks as well as providing guidance on many other infections.

Education: is available on infections and safe working practices, including hand hygiene. Study days and short courses are available for staff to access. Each year within the Service Objectives, (Appendix 1) training opportunities for the year are listed. In addition to this, infection prevention and control is included in the Trust induction programme as well as in local inductions undertaken in the workplace. Topics covered include:

- Introduction to the service
- Kitchens and Food Hygiene
- Infection Control in the Built Environment
- Waste Handling and Disposal
- Sharps Handling and Management of a Blood Borne Contamination Incident (i.e. needlestick)
- Laundry and Linen
- Decontamination including the Management of Spillages of Blood and Body Fluids
- Hand Hygiene
- Personal Protective Clothing
- Clinical Practices.

As part of update training, infection prevention and control is an annual requirement for patient facing staff and training can be accessed via e-learning, face to face planned update sessions or specific requested sessions based on staff group/workplace. Study days and sessions the team provide will also in some instances equate to mandatory update training based on content. Update sessions focus on the management of specific infections and new publications that relate to infection prevention and control as well as refreshing knowledge on key safe working practices which are included in induction.

For non patient facing staff the frequency is once every three years and e-learning or workbooks are the main route of delivery with face to face sessions available if required.

The Team actively promote the role of Infection Prevention and Control Link staff within the Trust on each ward and within key speciality areas. It is recommended that all areas have a qualified nurse and where possible healthcare assistant assigned to this role.

An annual conference and product exhibition will be held each year as a forum for link staff to update and other clinical staff to access further infection control education. One day is for qualified staff and a second is for non qualified staff, (maximum attendance on each day 120 delegates).

Use of awareness raising initiatives to promote knowledge, skills and education in practices relating to infection prevention and control: e.g. Sepsis, Food Safety Week, Antimicrobial Stewardship etc. including through social media.

A health and social care economy approach is promoted by the CCG and the Trust are represented on various CCG led groups to ensure actions linked to the reduction of gram negative infections across Worcestershire can be adopted within the Trust and also participate in the countywide CCG HCAI forum which sets out to reduce levels of infection and also strengthen infection prevention and control practices and management of infections across health and social care in Worcestershire.

Surveillance and Monitoring of Infections: this is particularly relevant in inpatient areas to enable early identification of potential problems and also trends. The surveillance programme for the Trust includes the collection of data on ALERT micro-organisms as specified in DH 1995 and includes *Clostridium difficile*, MRSA and Multi-resistant Gram negative infections. The main objectives of the surveillance programme are:

To identify cases or potential cases of transmissible infections:

- To facilitate the relevant investigation and implement infection prevention and control measures to minimise their incidence;
- To detect and predict trends and seasonal variations, ensuring that appropriate precautions can be applied;
- To identify breakdowns in infection prevention and control practices.

Use of ICNet ensures standardised records across the health economy and enables full reviews of all cases of *Clostridium difficile* and Meticillin Resistant *Staphylococcus aureus* (MRSA). Bacteraemias caused by Meticillin sensitive *Staphylococcus aureus* and *Escherichia coli* are routinely followed up, in addition to this other gram negative bacteraemias within inpatient settings will also be reviewed. Multi resistant gram negative infections such as Vancomycin Resistant *Enterococci* (VRE), Extended Spectrum Beta-Lactamase producers and Carbapenemase-producing organisms and other viral, fungal and ectoparasitic infections will also be followed up.

The team utilise a number of processes to facilitate the above with surveillance being undertaken on a weekly basis, with all cases of ALERT organisms being followed up in each area, using the methods detailed overleaf. These methods are also used to discuss any out of area admissions and flag the need for screening on admission of certain patient groups:

METHOD	SOURCE OF DATA	COMMENTS
Ward Liaison	Weekly discussions with ward staff to ascertain those presenting with signs and symptoms of infection or positive.	Supplemented by staff awareness of need to contact the infection control team if problems associated with infection present.
Laboratory Based	Use of Laboratory based positive results through ICNet surveillance system which is fed directly from the laboratory at Worcestershire Royal Hospital.	Accurate way of ensuring that all results are followed up appropriately and supplements staff observations as detailed in ward liaison.

Management of resistant infections is also highlighted by ICNet and on tagging of respective patients the Infection Prevention and Control Nurses will ensure appropriate precautions are promoted to minimise any transfer or spread.

Outbreak Management: The importance of prompt identification to minimise the spread of infection is paramount. Guidance is contained within the viral gastro-enteritis guidelines and management of infection sections of the team’s guidelines in relation to outbreak identification, management and precautions. Approved documentation is also available. During outbreaks a member of the Infection Prevention and Control Team will contact the ward regularly to maintain an update on the situation and ensure that appropriate precautions are put into place.

Surveillance documentation is reviewed by IPCNs on a weekly basis to ensure prompt identification of any periods of increased incidence or changes in trend data and enables appropriate actions to be taken.

CONCLUSION

The above elements of the service set out to strengthen infection prevention and control within the organisation ensuring that it is everyone’s business and reflect information that is contained within DH documents in addition to earlier recommendations. These interventions set out to enable the Trust to prioritise efforts and maximise progress in ensuring a sustained impact towards the goal of zero tolerance toward infection and consistent delivery of clean, safe care.

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A TABLE TO MONITOR SUMMARY INFECTION CONTROL SERVICE OBJECTIVES 2019 – 2020

The following objectives have been set for 2019/2020. This is in addition to specifications within external service level agreements and also objectives relating to service level agreements. Completion of the objectives below is dependent upon the volume of routine work and incidence of urgent calls on the service, e.g. outbreaks.

OBJECTIVE
Guidelines <i>start point in italics</i>
Reviewed and updated Infection Prevention and Control Guidance will be available on www.worcestershirehealth.nhs.uk or via Trust intranet site.
SECTION A General Introduction – Completed and Ratified (2016-2017) review due 2019/2020 (December).
SECTION A1 Hand Hygiene – Completed and Ratified (2016-2017) review due 2019/2020 (December).
SECTION B Safe Working Practices - Completed and Ratified (2014-2015) review due 2019/2020 (August).
SECTION C Decontamination – Completed and Ratified (2017-2018) review due 2021/2022.
SECTION D Occupational Health - Completed and Ratified (2018/2019) review due 2023/2024.
SECTION E Clinical Practices – Completed and Ratified (2018-2019) review due 2023/2024.
SECTION F Guidelines for the Care and Management of Infections - Completed and Ratified (2015-2017) review due 2019-2020 based on specific sections.
SECTION G Glossary – Completed and Ratified (2015/2016) review due 2019/2020 (December).
APPENDIX 1 Blood Borne Contamination Incidents – Update schedule in accordance with health economy. Due 2019/2020.
Planned reviews will occur as per schedule, formal process through Infection Prevention and Control Committee.
Consider further guidance with appropriate training and education for management of multi resistant gram negative infections, sepsis and stewardship.
Participate in health economy and Trust oral, IV and escalation antimicrobial prescribing guidance.
Draft and pilot leaflets linked to self help in treatment of infection.
Ensure guidelines and relevant key publications are available on website www.worcestershirehealth.nhs.uk or alternative and the website continues to develop.
AUDIT
To maintain the formalised programme of audit to ensure all inpatient areas and kitchens are audited annually.
Review audit tools for kitchen areas and beverage points to promote overall standards.
Review audit tools used for clinical audits and update in accordance with evidence based practices.
Undertake an annual review of catheter usage and associated prevalence of catheter associated urinary tract infections, ensuring form modified as required prior to data collection.
Undertake quarterly reviews to ascertain prescription of antimicrobial agents within inpatient settings and further promote antimicrobial stewardship.
To undertake audits/questionnaires to ascertain infection control practices in the following areas:-
<ul style="list-style-type: none"> • CAMHS • Health Visitors • School Nurses and Special School Nurses • Neighbourhood Teams (to maintain rolling programme) • Specialist Nurses • Mental Health Community Teams • Occupational Therapy • Dental Audit is due between February and June 2020 so can be included in 2020/2021 programme.

OBJECTIVE
Review cleanliness and integrity of commodes used in inpatient settings making recommendations as appropriate with at least two review occurring during the course of the year.
Undertake, as a minimum, an annual review of sluice areas in addition to the standards audit programme.
Maintain compliance with SLA requirements linked to 10 formal reviews of care homes/general practice settings.
Maintain and consider development of the review process and ongoing reporting mechanism to provide ongoing assurance of key infection prevention and control standards such as hand hygiene, personal protective clothing, decontamination etc. across Trust inpatient settings.
Review infection prevention and control practices within the Integrated Community Equipment Service and ensure that decontamination occurs in compliance with manufacturers' guidance.
To actively promote self audit programmes across all areas of responsibility including individual audit.
EDUCATION AND TRAINING
To continue to promote the recruitment of link staff from each clinical area/service, with a particular emphasis on community staff, therapists and new services within the Trust.
Provision of an ongoing training and support programme for link staff, tailored to their needs.
Provision of training in relation to audit and review findings.
To participate in the teaching of Nursing Students and other student groups at the University of Worcester and have student nurses out on spoke placements with the team as required.
To provide one conference and product exhibition for link staff and other healthcare staff:
<ul style="list-style-type: none"> • health care professionals, updating them on current practices in infection control and recent innovations. • health care assistants updating them on current practices and recent innovations.
To provide infection prevention and control education on specialist courses, one off study days etc.
To continue to provide infection prevention and control mandatory training in a classroom format, to include induction and update sessions.
To provide infection prevention and control input into training healthcare staff in the care and management of intravenous access devices and when indicated urinary catheter care.
Provision of a structured programme of training for pandemic influenza, to include provision of learning resources in addition to training sessions (only if need is indicated).
To further consider provision of a workbook on sepsis identification and actions and/or stewardship activities to enhance knowledge.
SURVEILLANCE
Maintain the detailed "ALERT" organism (e.g. MRSA, <i>Clostridium difficile</i> , ESBL, CPE and VRE) surveillance programme for inpatient areas.
Continue to promote awareness of resources for and care and management of patients colonised with or being screened for CPE.
Record data on MRSA screening and promote appropriate screening on admission.
Continue to monitor for new and novel infection and ensure Trust staff can access appropriate personal protective equipment and guidance on management (including but not limited to MERSCoV).
Provide support for diagnosis, care and management of patients identified with influenza ensuring appropriate resources are accessible.
Continue to provide a more detailed surveillance on positive community isolates of <i>Clostridium difficile</i> .
Provide a more detailed surveillance on pre 48 hour MRSA, MSSA and Gram negative bacteraemias focusing on <i>E coli</i> .

OBJECTIVE
As having administrator responsibilities, continue to integrate the use of the ICNet surveillance system into routine ALERT organism management and surveillance to benefit the health economy.
Participate as required in mandatory surveillance and root cause analysis procedures.
Actively contribute towards monitoring of trajectories relating to healthcare associated infection that are set for the health economy.
Actively promote surveillance packages to Trust services who undertake minor surgery to provide assurance of practices and knowledge of infection rates.
AWARENESS RAISING (including Hand Hygiene)
Assess and where possible investigate ways in which factual information relating to Health Care Associated Infections can be presented to the general public, this may be through leaflets, posters, display board information etc.
Participation, where appropriate, in National Initiatives to increase the profile of infection prevention and control e.g. infection prevention and control week and antibiotic awareness events.
Represent the Trust from an infection prevention and control perspective in CCG initiatives to reduce infections and also at a national event.
Building on existing objectives, continue to promote uptake and usage of hand hygiene products, personal protective clothing and safe sharps devices through education, training and poster availability.
Further promote the use of cleaning schedules for near patient equipment across clinical services to enhance compliance with decontamination reviews.
Continue to provide "De-Bugged", a quarterly newsletter for the Trust and wider Health Economy, on infection prevention and control issues and practices.
To consider methods of awareness raising/education to promote knowledge of infection prevention and control for use with across the Trust and with patients and visitors to the Trust.
To further promote BSAC prescribing guidance ensuring prescribers: identify the need for an antibiotic; investigation (cultures for prescribing); choice (spectrum of antibiotic); how long (duration of prescription) and evaluate (patient and prescription), challenging prescribers to document on the drug chart.
SERVICE DEVELOPMENT
As a minimum, an annual visit to all inpatient areas as part of audit to review: <ul style="list-style-type: none"> • duty of care in relation to waste segregation and management • appropriate posters are in place promoting infection prevention and control.
Continue to support new services to the Trust and ensure that staff within them are knowledgeable on Trust infection prevention and control standards and able to implement them within their setting.
Continue to support and promote development of the Infection Prevention and Control Service and SLA emphasising the importance of the service and ensure that both a reactive and proactive service can be provided to the wider health economy.
Promote a more interactive approach to meetings and report presentations, review terms of reference for Infection Prevention and Control Committee.
Represent the Trust at a national event to highlight achievements/specific project(s) undertaken by the team.
Assist in completion of position statements and reviews of infection prevention and control provision and standards as required.
Ensure that engagement with infection prevention and control continues across Service Delivery Units.
Contribute to gathering evidence for Care Quality Commission Standards and other organisation where standards relate to infection prevention and control. Provide information where possible on other relevant standards where infection prevention and control links evident.

These objectives will also be reviewed at each Infection Prevention and Control Committee Meeting during July 2019 and October 2019 with a review for year end and stock-take occurring in January 2020 and forward look in March 2020.

INFECTION CONTROL SERVICE PROPOSED ROLLING PROGRAMME FOR CLINICAL AUDITS 2019/2020

TIME PERIOD	AUDIT SITES	S C
APR 1 – JUNE 30 (7)	Abbott Ward, ECH	H
	William Astley, ECH	H
	Day Rehab Unit, POWCH	S
	Minor Injuries, POWCH	H
	Minor Injuries, ECH	H
	Minor Injuries, Tenbury	H
	Minor Injuries, Malvern	H
	Ward, Malvern	H
JULY 1 – SEPTEMBER 30 (13)	Out Patients, MCH	H
	Out Patients, Tenbury	H
	Out Patients Department, ECH	H
	Apple Orchard, WCIU	H
	Willows, ECH	H
	Pershore Hospital	H
	Scott Atkinson	S
	Wyre Forest CDU	S
	Shap Drive, Warndon	S
	71 Ludlow Road, Kidderminster	S
	Cottage Ward, POWCH	H
	Churchview, POWCH	S
	PICU – Hadley Unit	H
OCT 1 – DEC 31 (9)	Lickey Ward, POWCH	H
	Primrose Unit, PoWCH	H
	Tenbury Ward	H
	Cherry Orchard, WCIU	H
	Cromwell House	S
	Tudor Lodge	S
	Keith Winter Close	S
	Hill Crest	H
	Izod Ward, ECH	H
JAN 1 – MAR 31 (9)	Wyre Forest Ward	H
	Athelon Ward, Elgar Unit	H
	Osborne Court (All Bungalows)	S
	Holt Ward, Newtown	H
	Woodland Ward, New Haven	H
	Meadow Ward, New Haven	H
	Grafton Suite, Elgar Unit	H

Standard of Cleanliness (SC) code:

H* = Very High Risk H = High Risk S = Significant Risk