

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

EXECUTIVE SUMMARY
REPORT TO THE BOARD OF DIRECTORS
18 OCTOBER 2017

Subject:	a) Infection Prevention and Control (IPC) Programme Progress Assessment 2017/2018 Quarter 1 (Apr – Jun) b) Infection Prevention and Control Report 2016/17
Supporting Director:	Professor H A Chapman, Chief Nurse
Author:	Dr C Bates, Consultant Microbiologist/Lead Infection Control Doctor/DIPC
Status¹	N

PURPOSE OF THE REPORT:

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| <ul style="list-style-type: none"> a) To highlight progress in quarter 1 of the 2017/18 IPC Programme b) To present the 2016/17 IPC Report |
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KEY POINTS:

2017/18 IPC Programme Q1 (Apr – Jun) progress report:

- Overall good progress has been made – Group/Department average score is 97.48%
- Overall areas within the Trust are showing at least an 89% compliance
- All areas have coded as Yellow, Green, Blue or Purple
- Issues that affected compliance scored include:
 - Unable to, or do not, submit figures for staff who are not up to date with IPC induction and or refresher training (including nursing, senior and junior medical plus ‘other’ staff)
 - Unsure about IPC induction and training particularly for medical staff
 - Some departments to Accredited for the first time
 - Some departments behind with Reaccreditation
 - Making a late return
 - Inconsistency in returning quarterly antibiotic audits
- Progress continues in updating the numerous IPC related policies and guidelines – see attached document
- 76 of 77 in-patient wards have Accredited at least once – one new ward working towards initial Accreditation
- 98% of OPD/Day case areas/non-ward based departments have Accredited at least once. The majority of the outstanding areas have only commenced participation in the scheme during the past few months and therefore are not in a position to Accredited as yet. Good progress is being made by community based services in respect of phase 1, 2, 3, 4 and 5 of the Accreditation scheme developed for these services.
- The requirement to undertaken quarterly ward based antibiotic audits was included in the coding for this quarter. 61 of 67 wards completed the audit in June

IMPLICATIONS

	Aim of the STHFT Corporate Strategy 2012-2017	Tick as Appropriate
1	Deliver the best clinical outcomes	√
2	Provide Patient Centred Care	√
3	Employ Caring and Cared for Staff	√
4	Spend Public Money Wisely	
5	Deliver Excellent Research, Education & Innovation	
	CQC Outcome	

RECOMMENDATION(S):

The Board of Directors is asked to note the progress towards implementation of the IPC Programme for 2017/2018 and to Ratify the 2016/17 IPC Report

APPROVAL PROCESS

Meeting	Presented by	Approved	Date
TEG	Hilary Chapman	Y	13 September 2017
HGC	Hilary Chapman	Y	25 September 2017
Board of Directors	Hilary Chapman		18 October 2017

¹ Status: A = Approval
A* = Approval & Requiring Board Approval
D = Debate
N = Note