

ITEM: 09/148  
Doc: 11

**Meeting:** Trust board  
**Date:** 18th November 2009

**Title:** **Director of Infection protection and control (DIPC) annual report 2008/9**

**Executive Summary:**

This paper presents the DIPC annual report 2008/9 covering the period 1<sup>st</sup> October 2008 - 30<sup>th</sup> September 2009. An IPC annual report is a requirement of the DIPC job description as set out in the "Winning Ways" agenda ( DH publication 2003). The DIPC annual report will be presented in full to the November Infection Control Committee and will also be discussed at HMB and Clinical Governance committee in December. The Director of Facilities, lead antimicrobial pharmacist and Assistant Director of Nursing (risk management) have contributed to the content of this report.

The DIPC annual report covers the activities and progress of the wider Infection prevention and control team (including facilities, visible leadership team, practice development team etc) in their aim of reducing rates of all infection with a particular focus on healthcare associated infections (HCAI).

The DIPC annual report is 20 pages long and split into 11 sections with the following titles;

- Executive summary
- Infection prevention and control arrangements
- DIPC reporting to the board
- Budget allocation
- Training
- HCAI rates and other surveillance
- Hand hygiene and aseptic protocols
- Decontamination
- Cleaning
- Audit including report from antimicrobial pharmacist
- Conclusions

There are 5 appendices at the end of the DIPC report as follows:  
IPC plan 2008/9 (appendix A)  
Current IPC plan 2009/10 (appendix B)  
Example of an Infection control weekly flash report (appendix C)  
Ward IPC dashboard (appendix D)  
Antimicrobial audit programme (appendix E)

The key messages of the DIPC annual report are that in 2008/9 there



was a further significant reduction in *C. difficile* cases and in the latter part of the year the Trust became below trajectory for MRSA bacteraemia. The extensive and expanded training, audit and surveillance work performed by the wider IPC team is outlined in some detail in the report.

The conclusion summarises the excellent progress made in 2008/9 in our aim of delivering clean safe care to all patients. It also outlines the potential threats to future deliverability of the IPC plan including concerns regarding the numbers and quality of staff, intense pressure on beds and concerns about the ability of the IPC team to commit to increased training without development of a corporate training budget and expansion of corporate practice development team role to cover medical staff. The ongoing production of the ward IPC dashboard requires ongoing input of the visible leadership team and investment in a permanent IPC administrator role.

The report is presented in full for information, discussion, dissemination and action as required. The report will be available as a publicly accessible document once reviewed at CGC.

**Action:** Information, discussion and action

**Report from:** Dr Julie Andrews, Consultant Microbiologist and DIPC

**Sponsor:** Deborah Wheeler, Director of Nursing and Clinical development

**Compliance with statute, directions, policy, guidance**

Lead: All directors

**Reference:**

Hygiene code  
"Winning Ways" 2003

**Compliance with Healthcare Commission Core/Developmental Standards**

Lead: Director of Nursing & Clinical Development

**Reference:**

C4a, C21