

# **2gether NHS Foundation Trust for Gloucestershire Annual Report of the Director of Infection Prevention and Control 2007/08**

## **Executive summary - Overview of infection control activities in the Trust**

During 2007/08 Gloucestershire Partnership Trust had an active infection prevention and control programme that built on the successes of the 2006/07 programme. Infection control remained a trust priority and the service within the trust was strengthened. This report provides evidence on how this service was strengthened, details the activity over the last year and looks forward to the plans for the trust, re-launched as the 2gether NHS Foundation Trust for Gloucestershire, for 2008/09.

Infection Prevention and Control activities have centred around ensuring appropriate infection control infrastructure is embedded within the trust, education, audit, and measures to control the risk of Legionella, all under the umbrella of ensuring compliance with the Hygiene Code (Health Act, 2006, revised January 2008). The infection control team work closely with the infection control lead within the 2gether trust to ensure a comprehensive infection control service provision, which is particularly important for both patient safety and in the current political context, for trust assurance.

The work programme for 2008/09 will further strengthen the trust's position with regard to infection control and the programme is included as Appendix 1.

## **Description of infection control arrangements**

Since the Department of Health document 'Winning Ways' was published in 2003, all trusts have been required to appoint a Director of Infection Prevention and Control (DIPC). This ensures that there is a person/persons with responsibility within the trust who can oversee all aspects of infection prevention and control. The DIPC role is held jointly between Dr Philippa Moore, Consultant Microbiologist and Infection Control Doctor and Hazel Watson, Director of Nursing. This enables the requirements of the DIPC role to be fulfilled by their respective expertise.

The Trust has a service level agreement (SLA) with Gloucestershire PCT for the provision of infection prevention and control support from the community infection control team. The PCT contributes a quarter of the funding toward the established team consisting of one band 8a lead infection control nurse, Sam Lonnen, 2 band 6 qualified and experienced infection control nurses, Sarah Hardy and Natalie Matthews, one band 5 nurse, Rebecca Walder, (band 6 on completing infection control training) and secretarial support (post recently advertised and offered to Sylvia Price who will start on 30<sup>th</sup> June 2008). In addition, 0.75 PA's of an Infection Control Doctor have been funded, rising to 1.25 PA's from April 2008 to account for the additional work inherent in the DIPC role and increase in infection control activity due to the requirement for compliance with the Hygiene Code.

Within the <sup>2</sup>gether trust, the infection control lead, reporting to Hazel Watson, is Tina White, Matron Manager for Rehabilitation Recovery Services who took over from Sue Coombs on her retirement in September 2007.

### **Liaison with clinical areas**

In order to facilitate liaison with all clinical areas, the infection control nurses are undertaking clinical visits on a monthly basis. This new development for 2008/09 will further strengthen infection control arrangements.

The aims of the visits will be:

- To enable facilitation of the Trust's compliance with Department of Health's initiatives and legislation, Better Standards of Health, the Health Act (2006), clean<sup>y</sup>ourhands campaign and Essential Steps to Safe to Safe Clean Care.
- Dissemination of best infection prevention & control practice and to monitor compliance with Infection Control Policies.
- To strengthen and forge improved links between the Infection Prevention and Control Team and Clinical Staff at all levels.
- To provide on site advice and support to reduce any potential risk(s) of transmission of healthcare acquired infections.
- To develop and support Infection Prevention and Control Link staff (ICLinks) from each clinical area/specialty.
- To engage in informal education/discussion on infection control issues affecting the community hospital facilities.

Allocation of nurses will be:

<b><sup>2</sup>gether Foundation Trust for Gloucestershire</b>			
<b>Sarah Hardy</b>	<b>Natalie Matthews</b>	<b>Rebecca Walder</b>	<b>Sam Lonnen</b>
Westridge	Wotton Lawn units - Dean	Montpellier Unit – low secure	Charlton Lane - Bourton
Holly House	Kingsholm Ward	Laurel House	Leckhampton
St Mary's	Priory Ward	The Vron	Sezincote
	Greyfriars PICU – secure unit	Honeybourne	

### **What the Infection Prevention and Control Nurse will provide during their Clinical Visit**

- To be the main contact for the facility that they cover
- Attend department meetings if invited
- Meet with the Matron
- Informal observation of practice in clinical areas
- Provide informal education
- Follow up and support during outbreaks
- Feedback to the team any alterations to buildings or planned new builds
- Promoting Multi-discipline contact
- Review Infection Control Standards in Outpatients especially minor operations
- Conduct annual Infection Control Departmental Audits

- Link up with the Infection Prevention and Control Link staff (ICLinks)
- Facilitate best Infection Prevention and Control Practice by empowering ICLink's
- Provide question and answer sessions for staff
- Promote the use of the Trust Infection Prevention and Control intranet site
- To circulate important Infection Prevention and Control Journal articles of interest
- To raise awareness of important Infection Prevention and Control initiatives
- To provide Infection Prevention and Control information to Patients and Relatives where appropriate

### **Infection Control Committee (ICC)**

Prior to 2007/08, Gloucestershire Partnership Trust attended the joint PCT infection control committee. This committee however was heavily focussed on the higher risk PCT areas and the specific needs of mental health did not have priority. Therefore an independent Trust infection control committee was formed from the start of 2007/08. This committee meets quarterly and has a subcommittee (the Focus Group) that ensures committee decisions are acted on. Claire Gribbon provides secretarial support to these committees. Communication with other infection control committees within the county is maintained via Dr Philippa Moore who attends the GHNHSFT ICC, GWAS ICC and, together with the infection control team, GPCT ICC. Formation of a county wide ICC chaired by Dr Shona Arora, GPCT Director of Public Health has been agreed but has stalled with GPCT reorganisations. The committee is aimed at bridging the gaps between trusts in the county and social services. Once reformed the <sup>2</sup>gether trust will have a representative on the committee.

### **Infection Control Focus Group**

This is a subcommittee of the infection control committee and is chaired by Tina White. The infection control focus group is attended by the infection control team, other Matron Managers, Hotel Services and the medical liaison, Dr Toby Moate. This group ensures that the decisions of the committee are acted on and ensures that there is a cascade of infection prevention and control information and advice to all staff groups. This group is also involved in the planning and implementation of the clean<sup>y</sup>ourhands campaign and the launch of Essential Steps (see below).

### **Reporting to the Trust Board**

Infection control reports are taken to the Board on a quarterly basis. Reporting is by one of the Directors of Infection Prevention and Control, Hazel Watson and/or Philippa Moore.

### **Links to Clinical Governance/Risk Management/Patient Safety**

Links have been established with the Clinical Governance committee.

Attendance by the Director of Infection Prevention and Control is as required by the agenda. The Infection Prevention and Control team lead attends the Risk Management/Patient Safety meetings as required.

## **Healthcare Associated Infections (HCAI)**

### **MRSA**

Gloucestershire county had a target to ensure that there were no more than 18 MRSA bacteraemias (blood stream infections) in patients during 2007/08. This target was not achieved and there were 36 bacteraemias during the year. The target for the next 3 years is to ensure that there are no more than 18 bacteraemias per year. This requires collaboration between GHNHSFT and GPCT to jointly reduce the risk factors for this potentially fatal infection.

The 2<sup>gether</sup> trust has not contributed to these infections as there have been no MRSA bacteraemias in the trust over 2007/08. Risk factors for development of MRSA bacteraemia include being colonised with MRSA or having an MRSA infection other than in the blood stream (non bacteraemic infection). There were 4 newly identified cases of MRSA colonisation within the trust during 2007/08. Therefore the trust must remain vigilant to ensure that appropriate infection control policy and procedure is followed to minimise the risk of patient acquisition of MRSA with the subsequent risk of infection including bacteraemia.

Consideration was given as to whether admissions to the 2<sup>gether</sup> trust should be routinely screened for MRSA but given the low rates of incidence the infection control committee concluded that there would be a poor return from this strategy. Any patient transferred from GHNHSFT known to have MRSA in the past is screened so that appropriate infection control precautions may be taken. The fact that GHNHSFT and GPCT community hospitals have introduced admission screening for all emergency and elective patients means that patients who are MRSA positive in the county are now more likely to be identified and decolonised. This will significantly reduce the risk of MRSA positive patients being transferred to the 2<sup>gether</sup> trust.

### **Clostridium difficile**

Gloucestershire has had relatively high rates of C. difficile diagnosed mainly within GHNHSFT. This trust has achieved a 20% reduction in numbers of cases in inpatients and there has been a further 30% reduction in inpatients in PCT community hospitals. Cases diagnosed in General Practice have remained relatively stable averaging 14 per month. The county now has a target set by the Strategic Health Authority to reduce C. difficile cases to 3.7/1000 acute trust admissions within a total of 7.84/10,000 population over the next 3 years until 2010/11. This is a requirement for a substantial decrease of over 50% across the county.

The 2<sup>gether</sup> trust contributes relatively few cases to the county totals. During 2007/008 there were 4 episodes of C. difficile among 3 patients (one patient relapsed more than 28 days after his initial diagnosis and therefore is counted as 2 episodes). Nevertheless the trust must remain vigilant ensuring that any cases are adequately cared for with appropriate infection control precautions, and that risks for development of C. difficile are minimised by appropriate antibiotic prescribing, hand hygiene and the use of standard precautions.

## **Glycopeptide Resistant Enterococci**

There is additional mandatory reporting of GRE bacteraemias. These are most commonly diagnosed in complex surgical and renal patients. The 2gether trust has not so far had a patient with GRE bacteraemia.

## **Outbreaks and Incidents**

There have been no outbreaks of infectious disease or incidents reported to infection control during 2007/08.

## **Hand hygiene**

### **• Implementation of '*cleanyourhands*'**

The 2gether trust has signed up for the first wave implementation of the community cleanyourhands campaign which mirrors the campaign launched in acute trusts approximately 4 years ago. The campaign promotes hand hygiene at the point of clinical care, providing facilities for hand hygiene with point of care hand rub or hand wash facilities, posters reminding staff to clean their hands, and patient and visitor involvement with promotional material with the message 'It's OK to ask'. The campaign materials will be made available by the National Patient Safety Agency from July 2008. The campaign will start in all inpatient ward areas initially but will roll out to include all 2gether trust services through 2009/10. The timing of the campaign will coincide with the community launch in Gloucestershire PCT allowing joint promotion of the campaign to the public. This should also coincide with the launch in most PCTs and mental health trusts nationally. Additionally the campaign will be supplemented where appropriate with promotional material developed locally by the infection control team including the 'Five Opportunities for Hand Hygiene' posters and the 'Stop, clean your hands' posters.

### **• Implementation of '*Essential Steps*'**

Essential Steps to safe, clean care provides a framework for healthcare workers to use in facilitating best clinical practice to prevent and manage the potential spread of infections and ultimately improve patient and service use safety. It is a series of audit tool kits that have been designed to ensure that the correct actions are completed with all patients/service users every time they receive treatment or care. It aims to provide high reliability of key clinical procedures and care processes to reduce the risk of healthcare associated infections. There are several areas of focus and the ones of relevance to the 2gether trust are:

- Preventing the spread of infection
- Hand Hygiene
- Urinary catheter care
- Enteral feeding (rarely but occasionally applicable)
- Aseptic technique
- Peripheral cannulation

There are additional modules on isolation of healthcare associated infections, rarely applicable to the 2gether trust, and patient screening (not applicable).

The tools allow monitoring of compliance to best practice with feedback to improve reliability. The use of these tools also reinforces the message of the clean<sup>your</sup>hands campaign.

### **Cleaning services**

Cleaning services across the trust are under the overall supervision of Anne Hannaford of the PCT. Each area has a cleaning manager to oversee the work. The results of PEAT scores indicate an improvement in environmental cleanliness and provision of food for the areas. 2008 results are not yet published although assessments have been completed. The infection control nurses join the PEAT inspections to look at environmental compliance.

Site	2006 Environment	2006 Food	2007 Environment	2007 Food
Charlton Lane	Excellent	Good	Excellent	Excellent
Colliers Court	Good	Good	Excellent	Excellent
Holly House	Excellent	Excellent	Excellent	Excellent
Weavers Croft	Excellent	Excellent	Excellent	Excellent
Wotton Lawn	Excellent	Good	Excellent	Excellent

Additionally cleanliness audits are conducted internally on a monthly basis. All inpatient areas and clinical areas have achieved 90% or over in these audits with the exception of Sezincote ward. Cleaning issues have been highlighted for attention in this area.

Additionally Hotel Services have put together plans for ongoing yearly deep cleans of clinical areas in line with national requirements/recommendations. SHA monies have been used to purchase additional steam cleaning equipment which is useful for its anti MRSA and C. difficile effects. The use of vaporised hydrogen peroxide equipment has not been validated in mental health trusts and the trust took the decision not to use this technology in the cleaning programme.

### **Policies**

The <sup>2</sup>gether trust has policies that cover the full range of requirements set out in the Hygiene Code. These are currently being updated and tailored to the needs of the <sup>2</sup>gether trust. The policies currently being updated include:

- Care of the patient with MRSA
- Outbreak Management
- Hand Decontamination
- The A to Z of Decontamination
- Care of the patient with Clostridium difficile
- Linen and Laundry
- Standard Precautions
- Sharps Management

The <sup>2</sup>gether trust will also adopt the PCT antibiotic management guidelines which will be formatted according to trust guidelines.

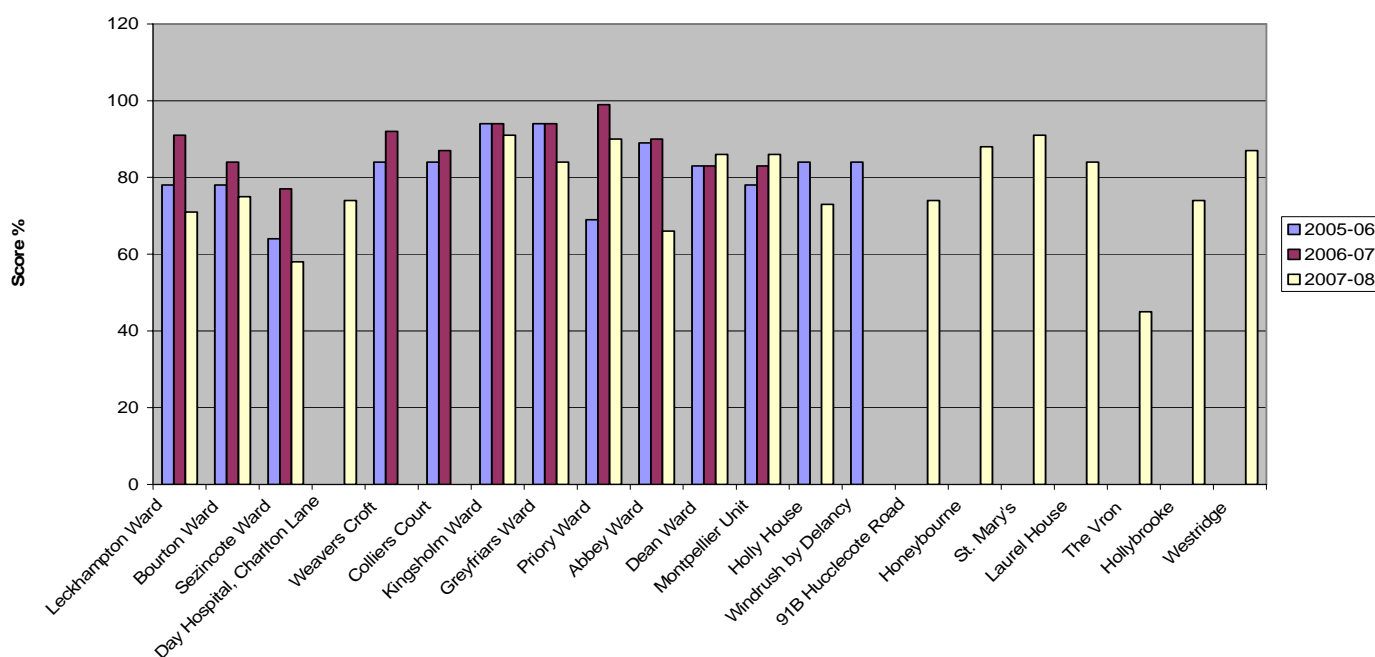
Guidelines and other infection control information is included in the trust website on infection control.

### Audit

The theme of the 2007/08 audit programme was the environment and hand decontamination and the inpatient units were audited with a new in-depth audit tool from the Infection Prevention Society (formerly Infection Control Nurses Association). The range of properties audited was expanded compared to previous years. Scores were allocated and a traffic light system used for reporting. Scores of 85% or more were green, 60-84% amber and 59% or less red. Altogether 18 inpatient areas or wards were audited. The average score was 77.6%. 2 areas scored red, 9 amber and 7 green. The scores are shown in the graph below. It should be noted that scores for units cannot be compared against one another and cannot be compared against previous years as each unit is different and the audit tool has changed over the period. The scores reflect the fabric of the building as well as practice such that higher scores are more easily attainable in some areas.

Nevertheless as a whole the audit results indicate that the trust is maintaining standards but has issues to address in some areas. Those areas (The Vron and Sezincote) with a low score in the red range were in a poorer general state of repair than others and cleaning issues needed to be addressed. For all areas an action plan to resolve issues highlighted was requested.

Audit results



The 2008/09 programme will focus on sharps management and waste disposal.

### Estates and the Control of Legionella

During 2007/08 a programme of risk assessments for Legionella control has been commenced once it became clear that the Estates department could not provide assurance of controls. This risk assessment programme has been completed in the major inpatient areas and has highlighted issues for action.

Relatively few works are required and most of the requirements highlighted by the assessments are around the need to put in place an effective planned preventive maintenance schedule.

Costs for the works that have been identified are being calculated and will be submitted to the Board. Richard Butt Evans is leading for the 2gether trust on this work together with Philippa Moore in conjunction with the Estates Shared Service and NALCO, a company that won the tender for the risk assessments countywide.

Additionally the cost of the planned preventive maintenance schedule is to be calculated and is likely to need to go out to tender as the Estates department will not have the capacity to undertake all work.

### **Infection Prevention and Control Education**

All staff are required to attend infection control training as part of annual mandatory update. The team provide training for all members of staff but uptake has not been 100%. Additional options of e-learning are being explored since these packages are now considerably better than previously and may allow staff who are currently finding attendance difficult to complete update training at more convenient times to them. This is an important area that has been highlighted by Healthcare Commission and Department of Health reports to other trusts. The 2gether trust is committed to ensuring that the trust is fully compliant with this mandate.

It is recognised nationally that infection prevention and control, as everybody's business, can only be effectively promoted and embedded within a trust if the trust management are supportive. This is because implementation of infection control policy and procedure has to be part of the delivery of patient care at every level. The 2gether trust management have always been explicitly supportive of the infection control agenda. A half study day for managers was held on April 3<sup>rd</sup> 2007 to provide education tailored to managers on the requirements of this agenda including the requirements of the Hygiene Code. This study day was well received and helped to foster relations and an understanding between managers and the infection control team.

An infection control study day for care staff took place on February 14<sup>th</sup> 2008 to which 2gether trust staff were invited. This day received excellent participation feedback and another day will be organised for late 2008 or early 2009.

The infection prevention and control team also require continuous professional development. To this end they have a regular journal club to discuss peer reviewed published articles, attend national conferences including

### **Compliance with the Health Act 2006**

The 2gether trust is compliant with the Health Act requirements. Additional supportive work as outlined in the 2008/09 work programme will address areas that require strengthening.

## **Conclusions**

Patients, the public and staff of the 2gether NHS Foundation Trust for Gloucestershire can have confidence that the trust is taking its responsibility for infection prevention and control seriously. The trust has considerably strengthened its infection control activity during 2007/08 providing an excellent basis to enter 2008/09 with an expectation that best practice will be followed. The key area to improve on is to ensure that all staff have infection control education annually. Additionally there are further works to be completed by the Estates department to ensure full compliance with the mandatory control of risks associated with Legionella. Full compliance will require additional funding and will be assessed as the risk assessments on properties are concluded. The trust can be satisfied that the infrastructure in place can deliver the improvements where required internally, and that there is a mechanism in place to look at the needs around the Estates infection control requirements.

**Philippa Moore**  
**Joint Director of Infection Prevention and Control**  
**6<sup>th</sup> June 2008**