

TO: 2gether NHS Foundation Trust Board

FROM: Hazel Watson – Director of Nursing, Social Care & Therapies
Philippa Moore - Director of Infection Prevention and Control (GHNHSFT)

DATE: 27th February 2009

SUBJECT: Infection Prevention and Control Quarterly Report

PURPOSE

To update the board on infection prevention and control issues within the Trust.

SUMMARY OF KEY POINTS

- Surveillance data indicate a low risk of cross infection and healthcare associated infection within the trust
- Legionella control measures are now in place and work is ongoing
- There are no financial or equalities implications from this report

RECOMMENDATIONS

- The Board is asked to accept this report and continue to support the infection prevention and control agenda.

WHICH TRUST KEY STRATEGIC OBJECTIVES DOES THIS PAPER PROGRESS OR CHALLENGE?

Supporting clinical care	P	Skilled workforce	
Getting the basics right	P	Using better information	
Social inclusion		Financial efficiency	
Seeking involvement		Legislation	

WHICH TRUST VALUES DOES THIS PAPER PROGRESS OR CHALLENGE?

Seeing from a service user perspective			
Excelling and improving	P	Inclusive open and honest	
Responsive		Can do	
Valuing and respectful		Efficient	

REVIEWED BY:

	Date
	Date
Forums / Community groups whose views have been sought	
	Date

1. CONTEXT

- 1.1 Infection Prevention and Control is a legal obligation of the Trust as encoded by the Health Act 2006. Compliance will be monitored by the Care Quality Commission from April 2009.
- 1.2 The Trust has declared compliance with the Health Act 2006 and has declared that 8 of the 9 criteria have been fully met. 1 criterion was partly met as the Trust currently has insufficient assurance that all staff are receiving infection prevention and control training. An additional issue is the agreement of a cross county immunization policy.
- 1.3 The last report to the board other than the declaration of compliance with the Health Act was in November 2008. This report updates the board on infection prevention and control issues since then. The report includes surveillance information on MRSA, C. difficile and outbreaks of infection. Included also is the progress on assurance around control of Legionella and water management.

2. C. DIFFICILE

- 2.1 There have been no cases of C. difficile in the 2gether NHS Foundation Trust since November 2008.
- 2.2 Across Gloucestershire the number of cases remains within trajectory. 495 cases have been reported within the county up to 31/01/09 against a target of 545 cases (661 for the financial year in total).

3. MRSA

- 3.1 There have been no new cases of MRSA colonisation or infection diagnosed within 2gether NHS Foundation Trust and no MRSA bacteraemias since November 2008.
- 3.2 Across Gloucestershire the number of bacteraemias has exceeded the target for 2008/09 (18) and currently stands at 23 for the year. This is likely to reflect a decrease from the 36 recorded bacteraemias during 2007/08.
- 3.3 Screening for MRSA was raised within an NPSA alert designed for acute trusts. There is not a requirement for mental health trusts to screen for MRSA except on a risk assessment basis. 2gether NHS Foundation Trust has a policy of screening patients admitted who have been previously known to be MRSA positive. At present no other groups are thought to be of high risk but further information is being sought regarding transfers of patients from Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT), Gloucestershire Care Services inpatient facilities and Gloucestershire nursing homes.
- 3.4 Gloucestershire Care Services (PCT) is fully compliant with the Department of Health MRSA screening policy but GHNHSFT is not compliant with the requirement for screening of patients undergoing day case surgery. Nationally experts do not think this is a cost effective initiative and discussions are ongoing between the Association of Medical Microbiologists and the Department of Health. An alternative more cost effective strategy is being sought within GHNHSFT in negotiation with the commissioners and the

SHA. There is likely to be little impact on 2gether NHS Foundation Trust from this departure from national screening policy although it should be noted that this issue relates to screening of an estimated 50,000 patients across Gloucestershire per year.

4. OUTBREAKS AND INCIDENTS

Since November 2008 there has been one outbreak of diarrhoea and vomiting affecting 2 patients and 2 healthcare workers in Leckhampton ward. The ward was closed over a 4 day period with the loss of 24 bed days. No causative organism was identified although a viral gastroenteritis was most likely.

5. ESTATES AND INFECTION CONTROL

- 5.1 Water management issues are being resolved. All 2gether NHS Foundation Trust inpatient properties have been risk assessed; a very few other 2gether NHS Foundation Trust properties remain to be assessed which had required establishment of the responsibility for monitoring according to the property lease. Drawings of pipework are ongoing using the risk assessment data and will be entered onto a buildings maintenance software programme to aid monitoring. NALCO has been employed to undertake time/temperature monitoring of water outlets according to national specification; this work commenced in December 2008. A review of results is due in April 2008 although any deficiencies are reported at the time to the trust. Small works to correct minor deficiencies identified by the risk assessments are being carried out. The risk assessments have not flagged any major risks requiring remedial work other than the need for a monitoring programme itself.
- 5.2 The Board can be satisfied that all appropriate measures are being undertaken to control the risk of legionellosis; this work will be ongoing.

6. ANTIBIOTIC POLICY

The trust had a need for an antibiotic policy according to the requirements of the Health Act. The trust agreed to adopt the policy used within the county in general practice. Booklets detailing the policy have been printed and issued although at the infection control committee on 19th February it was noted that a typing error requires correction and therefore a second edition needs to be provided.

7. COMPLIANCE WITH THE HEALTH ACT

- 7.1 The outstanding issues for 2gether NHS Foundation Trust that meant that criterion 9 was only partly met were of training and immunisation. Training numbers have improved and work is ongoing in order to ensure appropriate capture of all training. Issues surrounding the training of agency staff are also being addressed. The Care Quality Commission have not so far given an indication of what percentage compliance is required given that there is inevitable turnover of staff. Of note, Gloucestershire PCT has declared full compliance with all staff attending induction with infection control training and a 76% annual attendance rate at updates.

7.2 A meeting has been taken place to agree a cross county policy on immunisation. The Occupational Health department are drafting a policy to be ratified by all trusts which will ensure the trust is compliant with this point.

8. HAND HYGIENE

In accordance with best practice ²gether NHS Foundation Trust will commence a regular hand hygiene audit programme shortly. This will ensure appropriate compliance with hand hygiene which reduces the risk of healthcare associated infections.

9. CONCLUSIONS

The Board can remain assured that appropriate measures are being undertaken within the trust to prevent and control infection. The risk of healthcare associated infection within the trust remains low.

Philippa Moore
Director of Infection Prevention and Control
²gether NHS Foundation Trust
19th February 2009.