

TO: 2gether NHS Foundation Trust Board

FROM: Ros Alstead, Director of Quality and Performance

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DATE: 27th November 2009

SUBJECT: Infection Prevention and Control Quarterly Report – Quarter 2 (Q2) July – September 2009 and general update

PURPOSE

The Health and Social Care Act 2008 outlines the boards collective responsibility for minimising the risks of infection and the general means by which prevents and controls such risks. The Quarterly report for quarter 2 updates the board on infection prevention and control and compliance issues, within the Trust.

SUMMARY OF KEY POINTS

- Surveillance data indicates a low risk of cross infection and healthcare associated infection within the Trust.
- Compliance with the Health Act 2008, document of evidence of compliance appended. In future this is to be considered by the Governance Committee on a quarterly basis before submission to Board.
- There are no financial or equalities implications from this report.
- Implementation of CQC practice alert.
- Preparation for CQC unannounced inspection.
- Vaccination uptake against swine flu.
- There have been no reported cases of swine flu from patients. Staff sickness remains within normal thresholds.
- To recommend continuing compliance for quarter 2. Compliance for quarter 2 has been reviewed by the Directors of Infection Prevention and Control. In future assurance will come from the Infection Prevention and Control Committee and the Governance Committee on a quarterly basis in time for the Monitor quarterly compliance declaration.

RECOMMENDATIONS

- The Board is asked to note this report and the evidence within it to support compliance with the Health and Social Care Act 2008, registration with the CQC and Monitor compliance framework.
- Confirmation that the Board has collective responsibility for minimising the risks of infection and the general means by which it prevents and controls such risks. An infection control programme, infrastructure and information systems are in place and operating effectively.
- To recommend continuing compliance for quarter 2.

- Quarter 3 report will need to be rescheduled two months earlier to be in with the Monitor return in December.

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	

1. Context

Infection Prevention and Control is a legal obligation of the Trust as encoded by the Health Act 2008. Full compliance was declared to the Care Quality Commission in April 2009.

The last report to the board was the annual report for 2008/09 presented in August 2009. This report updates the board on infection prevention and control issues since April 2009. The report includes surveillance information on MRSA, C. difficile and outbreaks of infection. Included as an appendix is a working document summarising our evidence of compliance with the Health Act 2008.

2. C. difficile

There has been one patient with C. difficile in the 2gether NHS Foundation Trust since April 2009. This patient had relapsing C. difficile, probably related to her clinical condition. Therefore four episodes of C. difficile associated disease have been recorded against trajectory. These are defined, according to the national definition, as episodes of C. difficile toxin positive diarrhoea more than 28 days since the previous episode. On each occasion her medical management of C. difficile was reviewed and no deficiencies in care were found. The patient has now been discharged from 2gether to a care home.

Across Gloucestershire the number of cases remains within trajectory. 211 cases have been reported within the county from 01/04/09 to 31/10/09 against a year to date target of 303 cases (532 for the financial year in total, compared to a target of 661 cases in 2008/09).

2.1 MRSA

There have been no new cases of MRSA colonisation or infection diagnosed within 2gether since April 2009 and no MRSA bacteraemias ever recorded. Screening of higher risk patients is in place.

Across Gloucestershire there have been 9 bacteraemias against a year to date target of 10 for 2009/10 and a whole year target of 15. This is likely to reflect a decrease from the 26 recorded bacteraemias during 2008/09 which exceeded the target of 18.

Work is continuing toward initiating MRSA screening for high risk (groin injecting) IV drug users. There are an estimated 50 individuals within the county who would be eligible for a screening programme. These numbers are low and are likely to be accommodated within funding already allocated within the county by NHS Gloucestershire for MRSA screening. These patients have been identified as high risk for subsequent MRSA infection on the basis of root cause analysis from MRSA bacteraemias from previous years and clinical presentations at GHNHSFT.

NHS Gloucestershire, Gloucestershire Hospitals NHS Foundation Trust and 2gether are now fully compliant with DH MRSA screening requirements including pre surgical screening. Nationally it has been noted that some of this screening (particularly pre day case surgery) is probably not cost effective.

Coordination of strategy to reduce both MRSA and C. difficile is overseen by the Countywide MRSA/C. difficile Strategy Group attended by Dr Philippa Moore and Sam Lonnen, lead IPCN, as well as representatives from GHNHSFT.

2.2 Outbreaks and Incidents

In quarter two there has been one outbreak of diarrhoea and vomiting affecting 10 patients and 6 healthcare workers in Priory ward, Wotton Lawn in July 2009. The ward was closed over a 12 day period with the loss of 31 bed days. Norovirus was identified as the causative organism. The outbreak was brought under control with stringent infection prevention and control measures according to policy, with on site support provided by Natalie Matthews, infection prevention and control nurse.

2.3 Estates and Infection Control

NALCO are employed to undertake time/temperature monitoring of water outlets and other Legionella control measures according to national specification; this work commenced in December 2008. Results are reviewed using an on line system with 2 licenses held by 2gether. A programme of work has been identified as being required in order that appropriate access for monitoring is achieved in areas. A schedule of potential works is being drawn up overseen by Adrian Eggleton and is due to be reviewed at the Infection Control Committee in December 2009. No major issues have been flagged as requiring immediate attention and various small works have been undertaken as required. The current contract is shortly due for review/renewal. The Board can remain satisfied that there are appropriate ongoing measures being undertaken to control the risk of legionellosis.

2.4 Hand Hygiene

In accordance with best practice 2gether have initiated a hand hygiene audit programme and this is being embedded into regular practice. In quarter two 230 staff have been trained. A trajectory to ensure levels of training are on plan will be agreed at the November 2009 Infection Control Focus Group and the December 2009 Infection Control Committee. There will be a further report in the next board paper on compliance against trajectory.

2.5 Cleaning

ATP swabbing has been introduced on a quarterly basis to clinical areas. This system, which has HPA Rapid Review Panel level 1 approval, is a quantitative measure of residual organic matter on surfaces as it measures ATP (an energy substance produced by living

cells) on surfaces converting the amount to relative light units. A reading of <1000 is a pass, 1000-2000 caution, >2000 fail. Training has been undertaken with the system which allows housekeepers to get immediate feedback on their work and has proved popular across NHS Gloucestershire. Any sites that fail are re-cleaned and retested. The system allows identification of high risk areas such as computer keyboards that may not be part of systematic cleaning and can thus identify cross infection hazards in clinical areas. Results of the system will be presented in the next report.

2.6 CQC Practise Alert

Issued by the CQC in October 2009, this highlighted that 80 trusts who had been visited this year had compliance issues with the integrity of mattresses. Mattresses were found to be wet in the inner core. Cleaning schedules for mattresses were also found to be inadequate in some trusts. An audit of mattresses and bed frames commenced in October 2009 similar compliance issues were identified in a significant number of mattresses. These have been replaced, checking and cleaning procedures have been strengthened. Clinical staff particularly nursing staff are responsible for decontamination of all equipment used by patients including items in everyday use. This has been reinforced and will be re audited to confirm compliance. A programme of decontamination audits is part of the infection prevention control and decontamination work programmes.

2.7 Compliance with the Health Act 2008

The board has previously seen a list of infection control initiatives on which basis full compliance with the Health Act 2008 was declared as required in April 2009. Since the Care Quality Commission will continue to monitor compliance on an annual basis the board requires a working document to assure itself that compliance is assured. This document is presented as appendix 1 to this paper and comments are invited. The CQC have not indicated a preferred format for such documentation on their website.

i) Staff training

Our compliance work programme highlighted the need to increase numbers of staff who have received infection control training. In quarter two 194 staff have been trained and compliance levels are at 62%.

ii) SLA

Agreement of signed SLA documentation to support the delivery of a service from the Infection Control Team will be in place by the end of March 2010 at the latest.

iii) Adoption of NHS Gloucestershire Transfer Policy will be considered at the next Infection Control Prevention and Control Committee and Delivery Committee.

2.8 CQC Unannounced Inspection

The CQC programme of unannounced visits to over 50% of Health Trusts in 2009/10 requires ²gether to be prepared for this to take place at any time. A number of Mental Health Trusts have been visited. Issues arising from these inspections include decontamination issues, inadequate laboratory reporting systems, application of dress code "bare below the elbows" coupled with hand hygiene training and decontamination of hands at the point of care. If visited, CQC will ask to see non executive as well as executives to confirm compliance with the Health Act compliance in ²gether NHS Foundation Trust.

2.9 Swine flu vaccination

Vaccination

The vaccination programme is in progress. Patient vaccinations have yet to be given, this needs to be progressed urgently. The vaccination programme for staff is in progress – 89 frontline staff have been vaccinated out of 1450 (approx 6%). This uptake is low and presents a risk of cross infection to patients and staff.

Swine flu cases

There have been no single cases or outbreaks of swine flu amongst patients in November.

Staff sickness levels remain within normal thresholds, some staff have been off sick with swine flu.

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.