

# **INFECTION PREVENTION AND CONTROL**

## **Director of Infection Prevention and Control Annual Report**

**April 2013 – March 2014**

# **Title: Director of Infection Prevention and Control (DIPC) Annual Report**

## **April 2013 - March 2014**

### **Executive Summary:**

The attached report provides assurance on the Infection Prevention & Control Programme and activity for 2013/14.

Each year the Director of Infection Prevention and Control (DIPC) is responsible for producing an annual report. The purpose of the report is to inform the Trust Board of progress in delivering the infection prevention and control programme. This includes providing the Board with assurance that appropriate measures are being taken to maintain the safety of patients and staff and to agree the action plan for sustained reduction and improvements in Healthcare Associated Infections (HCAI) in 2013/14.

### Summary of key achievements:

- The Trust remains compliant with the Health and Social Care Act: Code of Practice for Health and Adult Social Care on the prevention and control of infections and related guidance (The Hygiene Code) and CQC outcome 8.
- All inpatient areas and other high risk areas have had an environmental audit conducted which has measured compliance and demonstrated standards of infection prevention and control practice.
- Resources and controls to support the prevention and control of infections are in place and the level of assurance that controls are minimising risks is high. Assurance is provided through implementation of the annual work programme with quarterly reports and exceptions reported to the Infection Prevention Control and Decontamination Committee (IPCDC).
- Infection prevention and control education continues to be a priority with training being provided to all Trust staff as E-learning, workbooks and classroom based as per the training matrix.

The Board is asked to note this report, approve the work programme and continue to support the infection prevention and control programme to minimise the risks of healthcare associated infections, as required by the Health and Social Care Act and CQC outcome 8.

### Action:

The Board is asked to:

- note the report
- approve the work programme for the forthcoming year

Author: Helen Bosley, Infection Prevention and Control Matron

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## **1. Introduction**

The Trust continues to have a comprehensive programme of infection prevention and control which has supported a declaration of full compliance with the Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance and CQC outcome 8.

The Act requires that the Board of Directors has a board-level agreement outlining the Boards' collective responsibility for minimising the risks of infection and the general means by which it prevents and controls such risks.

## **2. Overview of infection control activities during 2013/14.**

The Infection Prevention and Control Team (IPCT) are led by the Director of Infection Prevention and Control (DIPC) and the team members are:

- Ros Alstead, DIPC and Director of Nursing and Clinical Standards
- Helen Bosley, Infection Prevention and Control Matron
- Sue Baldwin, Senior Infection Prevention and Control Nurse
- Sarah Thorpe, Senior Infection Prevention and Control Nurse
- Professor Derrick Crook, Consultant Microbiologist, Oxford University Hospital Trusts, via service level agreement (SLA).

The infection prevention and control team have worked hard to strengthen and develop links with all services, including podiatry and offender health. This has resulted in raised awareness and improved knowledge of infection prevention and control. The team supports the infection control link staff, as well as providing advice, informal education, dissemination of best practice, and monitoring of compliance with standards. Additional advice and support is provided via a service level agreement (SLA) with Oxford University Hospitals NHS Trust. This equates to two sessions from a consultant microbiologist every week and 24hr/7day week on call microbiology service. The IPCT have also provided an expert review of the environmental standards for the custody suites managed by Thames Valley Police Service. This was a separate commissioned piece of work.

## **3. Governance arrangements**

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

The Infection Prevention and Control Team provide monthly summary reports for the Chief Executive and Board. The DIPC also reports directly any issues by exception to the Board or its governance or Executive Committees.

### **3.2 Infection Prevention, Control and Decontamination Committee (IPCDC)**

The Trust has an Infection Prevention, Control and Decontamination Committee (IPCDC) which meets every quarter. In 2013/14 it met on 26<sup>th</sup> April 2013, 18th July 2013, 21st October 2013 and 22nd January 2014.

IPCDC monitor compliance with infection prevention and control and decontamination requirements. The IPCDC also monitors the infection prevention and control annual work programme, ensures that arising infection control issues are addressed and that compliance

with the Health and Social Care Act, the NHS Litigation Authority (NHSLA) standards and CQC outcome 8 are maintained. Included in the committee membership are the DIPC, Infection Prevention and Control Team, Modern Matrons, Service managers, Pharmacy, Facilities managers, Service leads, a medical representative, representatives from the Estates department, Occupational Health and other departments as required according to the agenda. Microbiology expertise is also provided for the IPCDC by a Consultant Microbiologist via an SLA with the Oxford University Hospitals NHS Trust.

#### 4. Policy and Procedures

The Health and Social Care Act (2008) details which policies and procedures are appropriate for regulated activities and provide a guide to what may be needed to demonstrate compliance. CQC outcome 8 outlines essential standards to be met.

Procedures approved during 2013-14 were:-

- MRSA management - updated
- Specimens - updated
- Isolation- updated
- Standard precautions- updated
- IPC builds guidance- new
- Environmental cleaning, linen and laundry- updated

Within 2013-2014, several “At a Glance” guides have been produced for both inpatient areas and community services.

#### Topics include:

##### Community

- Whooping Cough,
- Mumps and
- Scarlet fever
- Ringworm

##### In Patient areas

*Group A Streptococcus*  
*Pseudomonas*  
Vancomycin Resistant *enterococci* (VRE)

All these procedures and ‘at a glance’ guides are available to staff via the infection prevention and control intranet page.

The patient inter healthcare transfer form is incorporated into mental health and community hospitals to facilitate improved information transfer when patients are moved between organisations. Its use is reflected in training.

Oxford Health NHS Foundation Trust uses a combination of the primary care and OUH antimicrobial prescribing guidelines which are regularly reviewed.

#### 5. Local service improvement

##### 5.1 Infection prevention and control intranet page

The intranet page is continually being reviewed and updated with new and relevant information and data for staff to access. It contains all policies and procedures, relevant patient information leaflets, all infection prevention and control quarterly newsletters, contact

details and management of outbreaks information. It is promoted in mandatory training as an easily accessible resource for staff to access.

## **5.2 Adenosine triphosphate (ATP) testing**

The community hospitals and older adult mental health wards (high risk areas) use the clean trace system for monitoring cleanliness of the environment and medical equipment. This system records the level of ATP (adenosine triphosphate) or energy produced by living organisms and provides robust timely data on the efficacy of cleaning taking place. It has been used in conjunction to the monthly cleanliness audits which are conducted by the support service managers.

## **6. Healthcare Associated Infections – surveillance organisms**

### **6.1 MRSA bacteraemia**

There has been one case of MRSA bacteraemia identified in the Trust. This was a contaminant not a true infection and was investigated by the Trust.

### **6.2 MSSA bacteraemia**

There have been no cases of MSSA bacteraemia in the Trust.

### **6.3 E.Coli bacteraemia**

There has been an increased in the number of E.Coli bacteraemia cases identified in the Trust which were thoroughly investigated using the Department of Health root cause analysis (RCA) tool. The root cause for this organism is extremely hard to determine.

### **6.4 *Clostridium difficile* infection (CDI)**

Oxford Health NHS Foundation Trust contributes relatively few cases of *Clostridium difficile* to the overall Oxfordshire health economy totals.

The Oxfordshire Clinical Commissioning Groups (CCG) target for 2013/14 was set at 8 cases. This was against an end of year outturn in March 2013 of 10 cases. This equated to a 25% reduction in cases.

The final number of cases by the end of March 2013 attributed to Oxford Health was 14.

In July 2013 the Oxfordshire health economy CDI review monthly meetings commenced. This meeting includes representations from Oxford Health, OCCG, Public Health England (PHE) and OUH. Full detailed RCA's for all patients identified in the preceding month with CDI across the health economy are presented. This practice is cited as good practice by the commissioning area team.

On detailed investigation there were no issues identified relating to patient care or the cleanliness of the environment for each case/ patient investigated. Of the 14 cases, 12 cases were deemed unavoidable, 1 avoidable and 1 not classified due to insufficient information, but deemed to be within prescribing guidelines.

Extra training was undertaken by the IPCT with senior ward managers, deputy ward managers and clinical development leads in the community hospitals, in the correct recognition and management of patients with suspected and confirmed CDI.

In every CDI case, a comprehensive review of the care of the patient and the ward environment is undertaken using the Department of Health RCA tool. An action plan is developed and any learning is fed back to the wards and areas concerned. Antimicrobial prescribing is reviewed by the pharmacist to ensure appropriateness and any identified action required taken. The RCA's and action plan are submitted to the weekly clinical governance meeting for further review and discussion.

## **6.5 Other infections**

There were two cases of respiratory Tuberculosis identified in patients. One patient was admitted to Abingdon hospital, via the emergency multi-disciplinary unit (EMU). The other patient was in the community and accessing services intermittently at Luther Street medical centre. Advice and management was provided by the infection prevention and control team. Additional follow up was provided by the TB Specialist Nurse and Public Health England.

There was a patient identified at Abingdon hospital who was admitted via EMU with *Neisseria meningitidis*. The patient was treated with appropriate antibiotic treatment and made a full recovery. Patients who were exposed to the index patient in the bay were risk assessed by PHE and prescribed prophylactic antibiotics with no adverse effects.

There were two patients identified on Watling and Chaffron wards respectively with *campylobacter* infection. A thorough investigation via the catering manager and environmental health officers was conducted and the cases were not believed to be have been related. However the likely source was a local take away. In response to this the Trust devised clear guidelines for management of take ways and food which is brought in to the Trust for consumption.

## **7. Outbreaks**

### **7.1 Norovirus Outbreaks**

There have been 9 outbreaks of diarrhoea and vomiting in the Trust in 2013-14.

Five outbreaks were in community hospitals and in 2 of them the causative organism was confirmed as norovirus. The outbreaks affected a total of 41 patients and 27 staff.

There were 4 outbreaks of diarrhoea and vomiting in mental health wards and in 2 of them the causative organism was confirmed as norovirus. A total of 40 patients and 17 staff were affected.

All outbreaks were managed by the Trust infection prevention and control team and reported to the PHE via the online reporting system.

### **7.2 Influenza outbreak**

There was an outbreak of a respiratory type illness in a community hospital which affected 7 patients. It was not influenza.

### **7.3 Invasive Group A *Streptococcus* (iGAS) outbreak**

There were 2 patients identified with iGAS infection via blood culture between 26<sup>th</sup> March and 1<sup>st</sup> May 2013 on Cromwell ward at the John Hampden Unit, Aylesbury. This is an older adult mental health ward. Although the time between the two cases was outside the defined time period to be classed as an outbreak, the Trust in consultation with Public Health

England (PHE) took the decision to treat the cases as such. A full investigation was completed into the two cases and infection prevention and control practice was reviewed and reinforced. Enhanced cleaning was instigated and patient and staff screening completed. No further patients or staff were identified with iGAS. The 2 patients were admitted to Stoke Mandeville hospital and treated for the iGAS, making a full recovery. They were readmitted to Cromwell ward. The ward was closed for 1 week initially and then underwent a full terminal clean. There were no further cases to date.

## **8. Facilities**

### **8.1 Monitoring**

Cleanliness monitoring is completed on a quarterly basis by the modern matrons in mental health wards and the generated reports are fed back to the service managers. The responsibility for environmental cleanliness sits with the ward manager.

Community hospitals conducted monthly cleanliness audits via the support service managers and the results are monitored by the matrons. The Trust adheres to the national cleaning standards, colour coding and specification. A quarterly cleaning audit is completed and provided for the commissioners and the IPCDC committee.

Infection prevention and control nurses attend the facilities monitoring meetings, and the facilities managers attend the infection prevention, control and decontamination committee providing service reports.

## **9. Estates**

### **9.1 Building advice**

The IPCT have been involved in reviewing and supporting refurbishments and new builds within the Trust. This has required attendance at key design and planning meetings and the review of plans and minimum build standards.

This work has included:

- Review, advice and input into commissioning the new Whiteleaf centre in Aylesbury
- Advice and review of building plans for City hospital relocation to Windrush ward, Fulbrook centre
- Advice and review of building plans for refurbishment of Wing unit for complex needs services.
- Advice and review for the refurbishment of Woodlands, Aylesbury.
- Advice and review of building plans for Bicester and Henley new community hospitals.
- Advice and review of refurbishment of clinical areas within the Trust.

## **10. Audits**

### **10.1 Environmental audits**

The annual infection prevention and control audit programme for 2013/14 consisted of infection prevention and control audits based on national standards.

The audits were undertaken by a range of services including all community hospitals, prison healthcare facilities and inpatient mental health wards. All audits were completed during the



audit year using adapted versions of the Infection Prevention Society (IPS) audit tools for monitoring infection prevention and control guidelines within the acute and community settings. Action plans were requested following each audit to address any identified areas. Infection prevention and control (IPC) audits carried out during 2013-14 includes:

- Hand hygiene and compliance with 'bare below the elbows'
- Use of personal protective equipment
- Management of sharps
- Isolation facilities
- Decontamination of equipment
- Environmental audits, including cleanliness of the patient environment

All audit results were reported. Learning outcomes were shared with staff via infection prevention and control link practitioners, service/ward managers and the infection prevention and control newsletter. A summary of the audits are presented to the IPCD committee quarterly and via an annual report.

In addition departmental self-audits were completed in outpatients areas and reviewed by the IPCT. In areas of poor or non-compliance a follow up audit was conducted by the IPCT.

## **10.2 Hand Hygiene audits**

Hand hygiene observational audits were conducted every two months in all community hospitals and monitored by the infection prevention and control team, community hospital services and unit managers. During 2013/14 the compliance average was 99.3%. Compliance with bare below the elbows was 99.6%.

Hand hygiene practical assessments are conducted every two months in mental health wards. This assessment reviews staff technique for handwashing rather than observational practice. This is due to the challenges of staff being observed in practice as in mental health staff are often working on a one to one basis with patients in single rooms. All audits are reviewed and monitored by the modern matrons and the infection prevention and control team. During 2013/14 the compliance average was 93%.

Compliance with bare below the elbows was 93%.

A summary of the audits are presented to the IPCD committee quarterly and via an annual report.

## **11. Decontamination**

### **11.1 Decontamination arrangements**

There is a nominated Trust decontamination lead. The lead attends and provides quarterly update reports to the IPCDC regarding overall Trust compliance with decontamination requirements. The Decontamination lead and DIPC are members of the IPCDC which reports to the Safety Committee. The vast majority of products used in the Trust are single use. However, podiatry does use reusable instruments and these are decontaminated via a SLA with Synergy.

### **11.2 Audit of Decontamination**

Audits of the decontamination of patient equipment are undertaken annually and are incorporated in the infection prevention and control environmental audit programme.

Adenosine triphosphate (ATP) testing is carried out monthly in community hospitals and older adult mental health wards. This process monitors the efficacy of cleaning, which includes the patient environment and equipment. Results are reviewed and monitored by the IPCT monthly and quarterly reports produced and disseminated into the services.

During 2013/14 the compliance average was 94% for environmental cleanliness and 91% compliance for patient equipment.

## **12. Training activities**

Training sessions are provided for ward based clinical staff.

The total percentage of staff trained in 2013-14 was 72% against a target of 100%. This data is collated by the learning and development department and the training is provided by different mediums which are class room based training, work books and E-learning. All forms of training and their content are reviewed and updated to meet the learning outcomes of the new UK core skills training framework.

In addition to standard training the IPCT provide bespoke training on request. A total of 17 additional service specific training sessions have been provided including dental, children's and speech and language services. The infection prevention and control team also provides infection prevention and control training sessions to the ICLP, who in turn deliver training back in the workplace. Two whole study days were delivered to this group in 2013/14 to ensure there is a stronger emphasis on education.

The infection prevention and control team provide ongoing advice, guidance and on the spot learning opportunities such as managing outbreaks.

## **13. Risks and future investments**

There will continue to be ongoing support for the Adenosine Triphosphate (ATP) environmental testing system in older adult mental health wards and the community hospitals.

The infection prevention and control team will continue to work in partnership with other allied services in the Trust to promote safe practice, in particular health and safety and occupational health teams.

The team will also continue to develop and work in partnership with external organisations to strengthen and support the patient pathway across the health economy.

## **14. Conclusion**

During 2013/14 Oxford Health NHS Foundation Trust has completed a comprehensive work programme to prevent and manage infection and minimise the risks to patients, staff, visitors and the Trust. CQC outcome 8 has been maintained throughout the year.

*Clostridium Difficile* remains a challenge in achieving further reduction in cases and it is likely the Trust is approaching the irreducible level. However, the health economy review process implemented for all cases has demonstrated that all but one case of CDI was deemed

unavoidable. The focus remains on review of practice and scrutiny of each case to identify learning and ensure the continued high standard of care.