# Infection Prevention and Control 6-Monthly Report

**Assurance Report for Quality and Healthcare Governance Board Committee**

<table>
<thead>
<tr>
<th>Meeting Date</th>
<th>Meeting Time</th>
<th>Agenda Item</th>
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<tbody>
<tr>
<td></td>
<td>2.00 pm</td>
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This assurance report is presented by the Director of Nursing, Compliance, Assurance and Standards to the Quality and Healthcare Governance Board Committee for discussion and noting.

## Report Summary

The purpose of this report is to inform the Trust Board of the Infection Prevention and Control activity from April 2010 – September 2010. The report covers all areas of activity required by the Hygiene Code.

## Context and report development

- This report was prepared by the Head of Nursing and Infection Prevention and Control who assumed temporary responsibility for infection control on 1 October 2010.

## Highlight any implications for SBUs

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### Risks Identified

- Failure to maintain CQC registration.

### Legislative Frameworks addressed?

- YES

| Related Management Group or Committee: | Trust-wide Infection Control Group  
| Safety Management Group |
| Are users and/or carers involved in the work this report relates to? | No |
| Are staff side been involved in the work this report relates to? | No |
| Contact for further information: | Liz Bessant, Head of Nursing and Infection Prevention and Control |
1. **Purpose of the Report**

The purpose of this report is to provide a six-monthly update with regard to the management of Infection Prevention and Control systems and services within the Avon and Wiltshire Mental Health Partnership Trust.

2. **Description of Infection Control Arrangements**

The Infection Prevention & Control and Decontamination Strategy was reviewed and updated in January 2009 and continues to provide the focus from which the Infection Control service is provided.

There have been some recent changes to the Infection Prevention and Control team as Diane Jepson DIPC has retired. The Director of Nursing, Compliance, Assurance and Standards has assumed the full DIPC role, and the Head of Nursing has assumed the additional role of Head of Infection Prevention and Control and the Decontamination lead.

2.1 **Infection Control Team (ICT)**

- 2 x WTE Infection Prevention and Control Nurses
- 1 x .6 WTE Personal Assistant / Administrator

One of the ICNs is going on maternity leave in October 2010 and a replacement is being sought for a fixed-term contract between nine to twelve months duration. The Head of IPC will report quarterly to the DIPC who in turn reports directly to the Chief Executive and the Board.

The AWP Infection Control Team is supported by Service Level Agreements (SLAs) with six District General Hospital Infection Control Teams / Microbiology Service providing In-Patient services with 24 hour Infection Control first contact advice. The HPA provide out of hours urgent Infection Control advice for Community Teams.

Quality monitoring and performance of the SLAs is through meetings with the AWP Infection Control nurses and the SLA Infection Control Leads. The Head of Nursing and IPC will be seeking introduction meetings with each of the providers within six months in order to continue to forge the excellent working relationships.

Each ward, team and community site has dedicated Infection Control Link Practitioners (ICLPs). These total 150 and receive support from the AWP Infection Control Team. The ICLPs provide Infection Prevention & Control knowledge and advice locally. They are an essential part of the Infection Control structure. Since ICNs have been in post, training has focussed on general principles of Infection Prevention and Control and ICLP competences to ensure understanding of the role.

2.2 **Infection Control Group**

The Trust-wide Infection Control Group meets quarterly. The responsibility for chairing this group has now passed from the DIPC to the Head of Nursing and IPC. The wider membership is being revamped to reflect a broader-based attendance focussing on
those who have relevant IPC responsibilities. There will be an educational and good practice element at each Infection Control group from December 2010.

3. **Outbreak Reports**

There have been seven ward closures due to outbreaks of diarrhoea & vomiting and these have occurred during the period from March to September 2010.

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Ward</th>
<th>Date of closure</th>
<th>Date re-opened</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Longfox Unit W-S-M</td>
<td>Juniper + HDU</td>
<td>24 April</td>
<td>30 April</td>
<td>Norovirus</td>
</tr>
<tr>
<td>Cove</td>
<td>22 May</td>
<td>2 June</td>
<td>Norovirus</td>
<td></td>
</tr>
<tr>
<td>Dune</td>
<td>26 May</td>
<td>2 June</td>
<td>Unconfirmed</td>
<td></td>
</tr>
<tr>
<td>Dune</td>
<td>10 June</td>
<td>16 June</td>
<td>Unconfirmed</td>
<td></td>
</tr>
<tr>
<td>Southmead</td>
<td>Avonmead</td>
<td>29 March</td>
<td>16 April</td>
<td>Norovirus</td>
</tr>
<tr>
<td>Fromeside, BBH</td>
<td>Siston</td>
<td>3 May</td>
<td>11 May</td>
<td>Unconfirmed</td>
</tr>
<tr>
<td>Trowbridge</td>
<td>Charterhouse</td>
<td>22 March</td>
<td>4 April</td>
<td>Norovirus</td>
</tr>
<tr>
<td>Fountain Way</td>
<td>Amblescroft (North + South)</td>
<td>22 March</td>
<td>1 April</td>
<td>Norovirus (both sites)</td>
</tr>
</tbody>
</table>

4. **Healthcare Associated and other Infection Surveillance**

4.1 **MRSA Bacteraemias**

There have been no MRSA Bacteraemias reported during this reporting period.

Clostridium Difficile - One positive Clostridium Difficile infection has been reported through the local District General Hospitals in July 2010. The Clostridium Difficile target is within the accepted trajectory for the 2009-10 financial year.

4.2 **Surveillance & Investigation**

Service users presenting with an identified infection are managed according to best clinical practice. Advice and support is provided through Local SLAs with the District General Hospital Infection Control teams in co-ordination with the AWP IC Team.

4.3 **Legionella**

Legionella monitoring is managed throughout the Trust in line with the Estates policy for the management of building water supply systems.
Throughout the reporting period as a result of continued routine water testing on the Southmead Hospital site, the Legionella counts have been mainly within normal limits. One or two high counts were thought to be aberrations.

The Water Quality meeting continues to meet approximately two monthly. The meeting is attended by Estates, clinicians, Health & Safety and Infection Control.

5. **Tissue Viability Nurse (TVN)**

There is only one SLA for a TVN Provision which is at the Great Western General Hospital Swindon. Contracts and Procurement are in the process of negotiating SLAs across the rest of AWP.

6. **Decontamination**

Wards are currently undertaking weekly mattress audits and if replacements are required there is a Preferred Manufacturers list which is available through procurement.

The Trust has implemented a recommended general purpose disposable decontamination wipe for general cleaning and disinfection. (Tuffie 5).

7. **Cleaning**

The level of cleanliness in the inpatient areas has improved due to partnership working with the IC team and the Facilities Directorate following Infection Control audit programmes.

8. **CQC Action Plan**

The action plan following the CQC visits in 2009 has now been fully completed and was closed down in September 2010. This action plan is being monitored through six-monthly IC Audits and other actions (see below) to ensure ongoing compliance.

9. **CQC Mock Inspections**

A decision was made by the NCAS Directorate to complete unannounced inspections similar to those conducted by the CQC. The purpose was to provide assurance that compliance with the Health and Social Care Act 2008 is maintained within the Trust’s inpatient areas.

Three teams of two people visited three inpatient sites in August 2010. Each team included either the Deputy Director of Nursing or the Head of Nursing and an Infection Control nurse. The wards visited included Older People, Adults of Working Age, Forensic Services and an HDU.

The recommendations as a result of these visits were as follows:

9.1 **Areas of cleaning which have resulted in minimal compliance:**

Matrons need to be aware of the deficits by completing regular ward checks.
More liaison is required with Housekeeping and Estates to rectify areas of concern.

All staff need to be aware of their responsibilities, i.e. ‘The nurse or other person in charge of any inpatient area has direct responsibility for ensuring that cleanliness standards are maintained throughout that shift’.

9.2 Medical Devices:
To ensure that nominated staff have the responsibility of checking Medical Devices cleaning schedules and ensure that mattress audits are completed.

Consider using 1:1s as a method of monitoring individuals’ responsibilities.

9.3 Flushing regime:
A revised programme of flushing unused outlets has been put into place following the CQC visit in September 2009. All staff need to be aware of their own and other responsibilities in this new process.

9.4 Conclusion:
Formal feedback has been given to all wards concerned and action plans have been put in place which are being monitored by the Modern Matron and Facilities.

The Trust-wide programme of infection Control auditing is continuing.

10. Policy Work
The Decontamination Policy and The Diarrhoea and Vomiting Policy are in the process of being reviewed.

The Clostridium Difficile Policy and Management Pack have been amalgamated into one overarching protocol.

The MRSA Policy and management pack have also been amalgamated into one overarching protocol.

The Tuberculosis and Influenza protocols have been revised.

Further rationalisation of policies will be an on-going part of the work programme

11. Audit
The Infection Prevention and Control audits are undertaken using the same criteria as the National Infection Prevention Society scoring. Scoring against the criteria is as follows

- Compliant : 85% or above
- Partial compliance: 76-84%
- Minimal compliance: 75% or below
The IC team has re-audited all inpatient areas where the previous score in the last quarter was minimally complaint (less than 75%). As a result all scores are now partially or fully compliant.

Audit results are presented at the Infection Control group and information posted on Ourspace.

Following advice from the Infection Prevention Society we will be raising the compliance scoring and as a result we expect improvement in standards and practice.

12. Actions and Outcomes of Infection Control Work Programme 2010-11

The work programme objectives for 2010-11 focuses on the CQC Quality and Safety Outcome 8: ‘Cleanliness and Infection Control’. A self-assessment against these standards has been completed.

The complexity and volume of the workplan means that it would benefit from restructuring in order to make priorities clear and this work is in hand.

Significant progress against the workplan to date includes:

- The full review of Infection Control Link Practitioners’ dedicated time on inpatient areas
- The Infection Control audit programme is being rolled out on a six monthly basis including a newly developed Guidelines and Flow chart which identifies clear responsibilities for implementing action plans
- The inpatient contact flow chart in order to obtain advice and information in the event of an infectious outbreak has been revised and implemented to clarify the procedure
- Continued compliance and actions will be monitored quarterly through the infection control group and where appropriate the Safety Management Group

13. Training Activities

All new staff are required to attend the Trust Induction Day which includes Principles of Infection Prevention & Control & Hand Hygiene Training.

Modules in Infection Prevention & Control via the Managed Learning Programme run by the Training & Education Department are undertaken every two years by clinical staff. Attendance at a statutory MOT day is an alternative

The total figures for Infection Prevention and Control training completed during 1 April 2010 – 30 September 2010 - as recorded by the Managed Learning System:

**SBU:**

- AOWA - 56.74%
- OP - 63.27%
- SDAS - 66.98%
• Secure Services - 78.28%
• Specialised - 69.40%

The Training & Education Department has been tasked to follow-up non-attendance by ICLPs to formal supervisory sessions from the ICNs.

From February 2011 there will be quarterly IC workshops which will focus on education and sharing of good practice around the Trust.

14. Risk Register

The Infection Prevention and Control risk register contains two risks:

• No formal contract for accessing a Tissue Viability Nurse apart from Swindon Great Western Hospital:
  
  This risk has remained on the risk register for eighteen months. Contracts/Procurement are now taking this forward

• Level of attendance at mandatory Infection Control training now averages 63.34%:
  
  A further increase in attendance needs to be seen before the risk is removed