Infection Control Annual Report

April 2007 – March 2008

Professor Mandy Ashton
Director of Infection Prevention and Control

Prepared by: Karen Smith/Mandy Ashton
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Lead Officer: Mandy Ashton – Director of Infection Prevention and Control
Director of Quality
Leicester City Primary Care Trust
Infection Control Annual Report
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1.0 Executive Summary

1.1 This paper summarises the infection control activities carried out on behalf of Leicester City PCT from 1 April 2007 to 31 March 2008. It highlights and summarises the achievements delivered through the development of the annual programme.

1.2 To reduce Health Care Associated Infections (HCAIs) every Trust is required to ensure that they have effective comprehensive systems in place for the prevention and control of infection. These systems must incorporate national guidance and good practice, engage staff and make infection prevention and control ‘everyone’s business’.

2.0 Infection Control Arrangements - Structure, Accountability and Assurance

2.1 Trust Board – Line of Accountability
The Chief Executive of Leicester City PCT carries the ultimate responsibility for ensuring quality of services commissioned and provided by the PCT. The Director of Quality is the appointed Director of Infection Prevention and Control (DIPaC). The Deputy DIPaC, Deputy Director of Quality, Senior Matron, Infection Prevention and Control (IPC) and Team Administrator (IPC) support this role.

2.2 Infection Prevention and Control Team/Service
The Team comprised one whole time equivalent Senior Matron (IPC), one whole time equivalent Administrator (IPC). The team was line managed and led by the Deputy DIPaC.

2.3 The Consultant in Communicable Disease Control (CCDC), who is employed by East Midlands South Health Protection Agency (HPA), also provided support for the Trust relating to communicable disease control. Microbiological support for the Trust has been provided by University Hospitals of Leicester.

2.4 Between October 2007 and March 2008, the Trust commissioned an Antimicrobial Pharmacist from UHL to work with GP practices across both Leicester City PCT and Leicestershire County and Rutland PCT to address and prevent inappropriate antibiotic prescribing.

2.5 Infection Control Committee 2007/2008
This Committee reported directly to the PCT Commissioning and Governance Committee, chaired by the DIPaC. The full reporting line to the Board is demonstrated at Appendix One.

2.6 An Operational Group and a series of short term multi agency task and finish groups were established to develop components of the strategy under the direction of the Leicester Leicestershire and Rutland (LLR) Infection Prevention and Control Steering Group and
to inform the PCT’s annual infection prevention and control programme.

2.7 The Infection Control Committee met monthly and was the key forum for the discussion, development and planning of all activities by which the Trust Board received its assurance that systems were in place for the prevention of health care associated infections.

2.8 DIPaC Reports to the Trust Board Summary
During 2007/2008, the Trust Board received reports relating to infection prevention and control. These outlined progress against the overarching Leicester/shire and Rutland Infection Prevention and Control Strategy.

2.9 Risks associated with infection prevention and control within Prison Healthcare were identified in year. Action plans to mitigate risk were put in place and appropriate management action completed.

2.10 Risks associated with compliance against the national decontamination strategy were identified in some general practices. Again, action plans to mitigate risk were put in place. The Trust Board was assured that the primary care performance management framework would be used in the contract-compliance process with GPs and other independent contractors.

2.11 Healthcare Strategy
In order to ensure a coordinated and effective approach to reducing healthcare associated infections Leicester City PCT worked in collaboration with Leicestershire County and Rutland PCT, University Hospitals of Leicester NHS Trust and Leicestershire Partnership Trust to develop the Leicester, Leicestershire and Rutland Infection Prevention and Control Strategy (2007 – 2010). The strategy provides an overarching plan, which meets the requirements stipulated in the Health Act 2006 Code of Practice for the Prevention and Control of Healthcare Associated Infections.

2.12 Monitoring of the strategy was the responsibility of the Leicester, Leicestershire and Rutland (LLR) Infection Prevention and Control Steering Group, which met quarterly. The responsibility for implementation of the strategy is devolved to the Directors of Infection Prevention and Control (DIPaC) for the four organisations. Each of the four organisations covered by this strategy have in place their own infection control team and infection prevention and control committees which reported progress to the LLR Chief Executive’s Group.

3.0 Budget allocation to Infection, Prevention, and Control Activities
3.1 An annual budget was allocated for the post of Senior Matron (IPC) and from October 2007 resources were established for the IPC Team
Administrator and an Antimicrobial Pharmacist to work with general practitioners. Additional resource were established from March 2008 for two additional specialist nurses (IPC) within the commissioning PCT and two additional specialist nurses (IPC) within Leicester City Community Health Service (LCCHS). The PCT also formally funds the consequences of an infection outbreak that occurs. The Trust had no outbreaks during 2007/2008.

4.0 Monitoring of HCAIs and local targets

4.1 University Hospitals of Leicester NHS Trust and the Leicestershire Partnership Trust are formally performance managed against agreed quality schedules through their respective Performance Boards. During March 2007 – 2008 SHAs discussed progress against trajectories on a weekly basis with PCTs.

4.2 To tackle the problems of HCAIs, in particular Methicillin Resistant Staphylococcus Aureus (MRSA) and Clostridium Difficile Associated Disease (CDAD), surveillance of alert conditions and alert organisms had been undertaken to monitor the effectiveness of the interventions put in place aimed at reducing the incidence of HCAIs.

4.3 MRSA bacteraemia - national and local targets

In 2004 the Government set a target of a 60% national reduction in the occurrence of methicillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia (bloodstream infection with the MRSA bacterium) by 2008. For the Leicestershire health economy this gave a projected figure of a maximum 53 MRSA bacteraemias in total for 07/08, which is translated in the monthly targets identified in graph 1, below. The accumulative total for 07/08 for the health communities was 43, which compared favourably with a total of 92 MRSA bacteraemias in 2006/07.

**Graph 1**
4.4 Clostridium Difficile Associated Disease (CDAD)
Surveillance of *Clostridium difficile* infection has been included in the mandatory surveillance system for NHS acute trusts in England since January 2004. In 2007/08 the local health community were asked to agree local reduction targets for *Clostridium difficile*.

4.5 UHL and the two PCTs agreed a local target of 20% reduction for 07/08, for new patients with *Clostridium difficile*. This translated into a monthly, seasonally adjusted target as demonstrated in graph 2.

Graph 2

![Graph 2: C Difficile Patients 2007/2008](image)

4.6 In partnership with the Health Protection Agency, Leicestershire County and Rutland PCT, UHL and Leicestershire Partnership Trust, the Leicestershire NHS Health Community Antibiotic Prescribing Policy (Community Hospitals and Primary Care Trusts) and the Antibiotic Guidance for Primary Care have been reviewed.

5.0 Root Cause Analysis (RCA)

5.1 Detailed root cause analysis was undertaken on all hospital and community acquired MRSA bacteraemias and CDAD by UHL and the PCT respectively. Lessons learned had been implemented accordingly. Leicester City PCT had seen one community acquired MRSA bacteraemia between April 2007 and March 2008, which required a RCA to be undertaken.

5.2 Incidence of outbreaks would also require the Trust to undertake a RCA however Leicester City PCT did not have any outbreaks during this period.
6.0 Data collection and surveillance

6.1 Newly diagnosed cases of CDAD were reported weekly to the PCT directly from UHL. The Senior Matron (IPC) investigated those patients registered with a Leicester City GP, who then discusses ongoing infection prevention and control precautions with the healthcare professional responsible for the patient along with those involved in their care. This information was then collated and entered onto a database held by the Infection Control Team.

7.0 Hand Hygiene

7.1 The National Patients Safety Agency launched its ‘clean your hands’ campaign in 2002 in acute trusts only. Although Leicester City PCT had already identified their intention to sign up for this campaign it was not made available to the community until March 2008.

7.2 Implementation of the campaign, which started in March 2008, had assisted the Trust in providing assurance towards the NHS Litigation Authority’s (NHSLA) Risk Management Standards for PCTs (2008-2009) in relation to effective hand hygiene training for all permanent staff groups. Also evidence relating to the process for managing the risks associated with infection prevention and control, as well as the organisational goals relating to safety.

7.3 Following the publication of the Department of Health guidance ‘Uniforms and Workwear An evidence base for developing local policy’, the PCT’s infection control guidelines for the management of uniforms and work clothing for all clinical staff policy were reviewed and a new policy launched. Alongside this, the Trust hand hygiene guidelines and the guidelines for aseptic and clean techniques were also reviewed and re-launched.

8.0 Working with the public

8.1 The role of the public in tackling HCAIs had not been under estimated by the Trust. With this in mind the Trust commenced a process of supporting the production of a DVD containing key messages relating to the importance of hand hygiene. The DVD is intended to advise patients of the role they have with community staff to undertake hand hygiene (provision of clear sink, soap and clean towel) and to recognise when it is appropriate for healthcare professionals to wash their hands. The DVD will be played in health centres on multimedia ‘Totem poles’. Subtitled in 6 different languages (including English). A copy of the DVD will also be available for use within each GP surgery in the city.
9.0 Decontamination

9.1 The lead for decontamination was, until February 2008, with the Joint Acting Director of Public Health. From February 2008, the lead transferred to the Quality Directorate – Director of Quality.

9.2 Decontamination was monitored for GPs under the Quality and Outcomes Framework (QOF) Practice Management indicator 4, which asks Practices to have a policy in place for the "arrangements for instrument sterilisation comply with national guidelines as applicable to primary care." In addition to this indicator, Practices were asked to confirm whether they were using single use equipment/instruments. Following the completion of the QOF process for 2007-08, 54 out of 63 Practices (84%) fully met this indicator. 9 Practices did not meet this indicator as they did not provide any evidence or continued to use a bench top steriliser and their policy did not meet national guidelines. This indicator can no longer be monitored via the QOF as it has been removed from 2008/09 onwards, however, it will be monitored by way of the balanced scorecard in GP practices.

9.3 The Dental Reference Service (part of the Dental Services Division of the BSA) inspects independent dental practices in Leicester. These visits are scheduled as part of a 3 year rolling programme and include premises inspection, record checks and quality assurance. In addition a responsive approach was taken when complaints raised concerns around decontamination issues within practices and an audit visit was made by the Senior Matron Infection Control and the Consultant in Dental Public Health, with the subsequent development of an action plan to address any outstanding issues.

9.4 Leicestershire County and Rutland PCT are responsible for ensuring the podiatry services they provide to Leicester City PCT are compliant with decontamination practices. Leicester City PCT is responsible for the environment in which the podiatry service operates across the city. Work undertaken during 2006/2007 indicated that adapting health centres for autoclave use was impractical and would far exceed the capital funding for decontamination made available by the Department of Health. Leicestershire County and Rutland PCT indicated that the installation of washer disinfectors would address issues of compliance and Leicester City PCT supported this action and other limited changes to the environment required to ensure compliance, from the decontamination capital allocation.

9.5 It was agreed by the Infection Control Committee to include in the Primary Care Performance Management Framework an infection control section that would incorporate decontamination requirements. As part of the GP Balance scorecard, a workbook was prepared by
the Senior Matron (IPC) to be used in the contract compliance process with GPs and which would provide further assurance on the implementation of the Decontamination Strategy. The planned introduction of the Performance Management Framework in 2007/08 was postponed and is currently being redesigned for implementation in 2008/09. The Senior Matron Infection Control is currently revising the original workbook in line with this.

10.0 Cleaning Services

10.1 The budget allocated for the cleaning services of the Trust is £356,880. This is used, to provide a cleaning service to over 24 properties including St Johns House. The cleaning services for the Trust are contracted out to Archgate Cleaning and Support Services (Northern) Ltd. Monitoring of this contract consists of monthly audits carried out by the Contract Manager, usually accompanied by a site representative. On a quarterly basis a representative accompanies the Contract Manager from Hotel Services. All audits are reported using the Maximiser system, which is a database compliant with the NHS Cleaning Standards. Monthly liaison meetings take place between the Contract Manager and the Support Services Manager for LCCHS where each site and any issues that have been identified previously were discussed in detail. Quarterly contract review meetings are held to discuss the performance of the contract and resolve any on-going issues.

10.2 PEAT inspections for the Trust's Clinical Intermediate Care Centre Brookside (CICB) was rated as Environment (Good) Food (Good) and Privacy and Dignity (Good). External annual audit carried out by Derbyshire NHS Trust scored all health centres as 'good' - several reaching 100% compliance.

10.3 A Deep Cleaning Programme was launched nationally to complement existing cleaning regimes with all providers of inpatient beds. The University Hospitals of Leicester NHS Trust, Leicestershire Partnership Trust, Leicester City Community Health Services and Leicester City PCT all had funded plans in place to deep clean patient areas by 31st March 2008. The success of the deep cleaning programme was measured through:

- Improved Patient Environment Action Team scores.
- Improved scores on National Specifications for Cleanliness.
- Better compliance with Department of Health national core standards.
- Improved Health Care Commission inpatient survey scores and reduced infection rates.
11.0 Audit

11.1 An annual programme of audit has been undertaken to provide assurance that minimum standards are maintained.

11.2 The following audits formed the audit programme for Leicester City Community Health Services using the Infection Control Nurse Association audit tools or an adaption of those tools:

- Environmental cleanliness
- Hand Hygiene
- Personal Protective Equipment (PPE)
- Urinary Catheterisation
- Waste
- Management of used sharps

11.3 The PCT’s Senior Matron (IPC) undertakes quarterly audits to monitor compliance with infection prevention and control on the Leicester Prison healthcare wing. Audits relating to environmental cleanliness, decontamination, hand hygiene, management of used sharps and personal protective equipment had been undertaken on the health wing. The last infection control audit on 22 Jan 2008 showed an overall score of 72% compliance, which, although below the required minimum of 75%, was an increase in compliance from the previous audit. The Prison’s Governance Committee implemented an action plan to address areas of concern.

11.4 Baseline audits were undertaken of infection control practices within the home and teaching sessions relating to Standard Precautions were undertaken.

11.5 As part of our assurance linked work for the PCT, Internal Audit completed a review to ensure the PCT had effective arrangements in place, which were compliant with national guidance and Standards for Better Health requirements, to minimise the risk of infection to service users and staff, and to ensure the safe decontamination of PCT equipment and appliances. The final report identified that at the time of the audit limited assurance was provided as weaknesses in the design or inconsistent application of controls put the achievement of the system’s objectives at risk in the areas reviewed. A management agreed action plan was implemented to address weaknesses in assurance and was monitored through the Infection Control Committee.

12.0 Training and education of staff to support the reduction of HCAIs

12.1 Staff working at the Alfred Hill Training Centre received training from the Senior Matron – Infection Control to enable them to deliver training and education relating to infection prevention and control as
part of corporate induction training for all new staff as well as mandatory update sessions.

12.2 Staff attendance at these sessions from April 2007 to March 2008 are as follows:

<table>
<thead>
<tr>
<th>Induction Infection Control Programme</th>
<th>COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>MTW Infection Control</td>
<td>260</td>
</tr>
<tr>
<td>Total</td>
<td>463</td>
</tr>
</tbody>
</table>

12.3 The Practice Education Facilitator, Leicester City Community Health Service, co-ordinated and supported the delivery of additional training relating to infection prevention and control through Knowledge and Skills Workshops. Specialist training and education was delivered by the Senior Matron (IPC) in relation to:

- MRSA
- Clostridium difficile
- Cleaning and Decontamination
- Infection Control Updates

12.4 Staff attendance at these sessions from February 2008 March 2008 is as follows:

<table>
<thead>
<tr>
<th>Subject</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleaning and Decontamination</td>
<td>16</td>
</tr>
<tr>
<td>Clostridium difficile</td>
<td>23</td>
</tr>
<tr>
<td>MRSA</td>
<td>21</td>
</tr>
<tr>
<td>Infection Control Updates</td>
<td>18</td>
</tr>
</tbody>
</table>

12.5 The General Practice Training and Development Department for Leicester, Leicestershire and Rutland commissioned two training sessions relating to infection control during 2007/08. The Senior Matron (IPC) delivered an annual infection control update to Practice Nurses and a session on the introduction to Practice Nursing course for nurses new to general practice.

12.6 A Training Needs Analysis (TNA) identifying the infection control training needs of all disciplines of staff employed by the PCT has recently been reviewed. This work is to be incorporated into the education strategy currently being developed by the Training and Education Manager for Leicester City Community Health Services.

12.7 The Infection Control Knowledge and Competency Checklist for Leicester City Primary Care Trust Staff was developed as a guide for all managers to be used during staff appraisals to assist them when assessing staff knowledge and skills related to infection prevention and control as appropriate for the role. They were designed to identify minimum expectations for each staff group.
12.8 Ongoing training and development for the Senior Matron (IPC) included attendance at several one day conferences related to infection prevention and control. In October 2007 the Senior Matron enrolled on the post graduate Certificate in Leadership for Health and Social Care funded by the Healthcare and Workforce Deanery.

12.9 As DIPaC, the Director of Quality identified within her development plan opportunities for professional development within the year, and completed accordingly.

13.0 Conclusion

13.1 Since April 2007 the following developments have been achieved/implemented across the PCT’s:

- Infection control is now incorporated into Contracts/Service Level Agreements with those from whom it commissions services.
- Staffing levels of the Infection Control Team were reviewed with the addition of a Team Administrator in January 2008.
- Review of several policies and guidelines.
- Inclusion of infection control responsibilities into Job Descriptions.
- Inclusion of infection control in the PCT Knowledge and Skills workshops.
- Development of collaborative working with independent care home managers/owners.
- Development of an audit tool to review and reduce the incidence of infections relating to indwelling urinary catheters.
- Respond to national initiatives and campaigns.
- Review of the Annual Infection Control Programme (Appendix Two)
- Identify clerical support to receive and input CDT/MRSA data and the production of monthly reports to support clinical engagement.
- Cross representation between the Trust Infection Control Committee and the Medicines Management Group to enable feedback/information relating to antimicrobial resistance.
- Ensure Infection control is considered as part of the personal development plans (PDPs) for all healthcare staff.
- Review and redefine the arrangements for infection control in the newly emerging PCT.

13.2 Future developments planned for 2008/2009 are:

- Engagement of senior management throughout the organisation in the prevention and control of infection.
• Engagement of all clinical staff throughout the organisation in the prevention and control of infection.
• Development of the Infection Control Team by identifying and meeting training needs.
• Review and develop systems/audit tools to monitor infections post discharge from hospital.
• Review and development of the Annual Infection Control Programme (Appendix Two).
• Develop a programme of work that focuses on reducing MRSA and other health care associated infections outside of the hospital setting. These are outlined in Appendix Two in full.

Karen Smith – Senior Matron, Infection Prevention and Control
Mandy Ashton – Director of Infection Prevention and Control
Director of Quality
November 2008
Structure To Demonstrate Governance Mechanisms for Infection Prevention and Control 2007/2008

NHS Leicester City Trust Board

Quality Committee

Commissioning and Governance Committee

Infection Control Committee

Health, Safety, Fire and Security Committee

▲ Chair: Eileen Clarke (NED)
DiPAC
Deputy DiPAC in attendance

▼ Chair: Director of Quality (DiPAC)
Deputy DiPAC / Senior Matron in attendance

▲ Chair: Deputy Director of Quality (Deputy DiPAC)
Senior Matron (IPC)
Governance Leads – Directorates / LCCHS