

**Care Services Board**

<b>Meeting Date</b>	29 <sup>th</sup> September 2011
<b>Title</b>	Annual report of the Director of Infection Prevention and Control
<b>Executive Summary</b>	The Director of Infection Prevention and Control is required by the Health and Social Care Act to produce an annual report and release it publicly. This report is for the financial year 2010/11.
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>• Targets were achieved for MRSA bacteraemias and C. difficile infections</li> <li>• Full compliance with the Health and Social Care Act continues to be declared, validated by the findings of a CQC inspection</li> </ul>
<b>Risk Issues:</b>	No new risks identified
<b>Financial Impact</b>	None
<b>Legal Issues</b>	None
<b>Impact on Equality and Diversity</b>	No
<b>Impact on Health Inequalities</b>	No
<b>Patient and Public Involvement</b>	Yes. The report details involvement of infection prevention and control with Patient Environment Action Groups and Patient Environment Action Team inspections.
<b>Impact on Sustainable Development</b>	Quality and patient safety are critical to ensuring sustainable services

<b>Recommendation</b>	<p>That the Board:</p> <ul style="list-style-type: none"> <li>• Accepts this report with a view to public release as required by the Health and Social Care Act</li> <li>• Continues to support the infection prevention and control agenda</li> </ul>
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<b>Sponsoring Director (if not author)</b>	Jill Crook Director of Clinical Development

**Care Services Board  
29<sup>th</sup> September 2011****NHS Gloucestershire Care Services Director of Infection Prevention and Control Annual Report 2010/11****1 Introduction**

1.1 This is the annual infection control report from the Director of Infection Prevention and Control (DIPC) for NHS Gloucestershire Care Services. The report describes the comprehensive infection prevention and control provision, within NHS Gloucestershire Care Services, that has enabled 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. The activities within NHS Gloucestershire Care Services during 2010/11 are reported.

**1.2 Activities**

During the year 2010/11, the infection prevention and control team have continued to build on the progress of previous years, supporting the comprehensive programme of infection prevention and control across the organisation. The work of the team has included continued promotion of hand hygiene, policy review and development (including Community Hospital Antibiotic Guidelines), education sessions for staff, surveillance and reporting of healthcare associated infections (Clostridium difficile and MRSA). Clinical visits and local liaison for advice and support have been ongoing throughout the period in addition to infection control audit, advice on estates planning and refurbishment and Legionella control, and outbreak management. Full root cause analysis and investigation of all cases of C. difficile infection, MRSA bacteraemias, and any infection control related serious untoward incidents has been undertaken with the clinical teams.

During 2010/11 there were particular developments with the installation of chlorine dioxide continuous dosing for Legionella control at Tewkesbury and Cirencester Hospitals as well as completion of installation of endoscopy decontamination equipment (drying cabinets).

The infection control team have been actively involved and have provided expert advice on aspects of the new build hospitals at Moreton and Dursley.

The Care Quality Commission made an unannounced visit, focused on the cleanliness and hygiene standard, to four community hospitals in June 2010 and found only minor concerns, all of which were promptly addressed, thus independently verifying the high standard of infection prevention and control achieved within the organisation.

## **2. Description of infection control arrangements**

### **2.1 Organisational arrangements**

No changes were made to the organisation arrangements for infection control during 2010/11. The DIPC, Dr Philippa Moore, Consultant Microbiologist and Infection Control Doctor, is accountable to the Board for infection prevention and control. The specialist nursing team, accountable to the DIPC, comprise a team of three band 6 infection control nurses (ICNs), led by a band 8a ICN, with part time surveillance nurse and secretarial support. Additionally there are infection control link workers in all clinical areas that support the infection prevention and control agenda.

### **2.2 NHS Gloucestershire Care Services Infection Control Committee**

The Committee, chaired by the DIPC, increased meeting frequency to bimonthly to ensure robust monitoring of all aspects of the infection prevention and control agenda, and to provide assurance to the organisation. Accountable to the Board, there are strong links across the organisation's governance structure. Links to other Gloucestershire Infection Control Committees (acute and mental health trusts) have been maintained, together with communication with the Health Protection Unit.

## **3. HCAI statistics**

### **3.1 Results of mandatory reporting**

#### **3.1.1 Clostridium difficile**

There were 27 cases of *C. difficile* acquired more than 48 hours after admission to community hospitals during 2010/11 compared to 36 cases during 2009/10, 44 in 08/09 and 113 in 07/08. This meant that

NHS Gloucestershire Care Services achieved its target reduction in *C. difficile* cases during 2010/11.

At the request of NHS Gloucestershire, the laboratory at Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) implemented the more sensitive PCR testing for *C. difficile* on samples to enable a more reliable detection of this infection, and more rapid isolation and earlier appropriate treatment of patients. This service was phased in between January and March 2011.

### 3.1.2 MRSA bacteraemia

Only 6 cases of MRSA bacteraemia were recorded across the Gloucestershire healthcare community during 2010/11, all being diagnosed within GHNHSFT. The infection control team contributed to the root cause analyses for these cases looking at any community healthcare issues. That only 6 cases were recorded was a notable reduction from the 17 cases recorded during 2009/10, and 26 cases during 2008/09, and therefore the county reduction target was achieved.

### 3.1.3 Glycopeptide-resistant enterococci (GRE) bacteraemia

There were no NHS Gloucestershire Care Services cases of GRE bacteraemia during 2010/11.

## 3.2 Trends in HCAI statistics

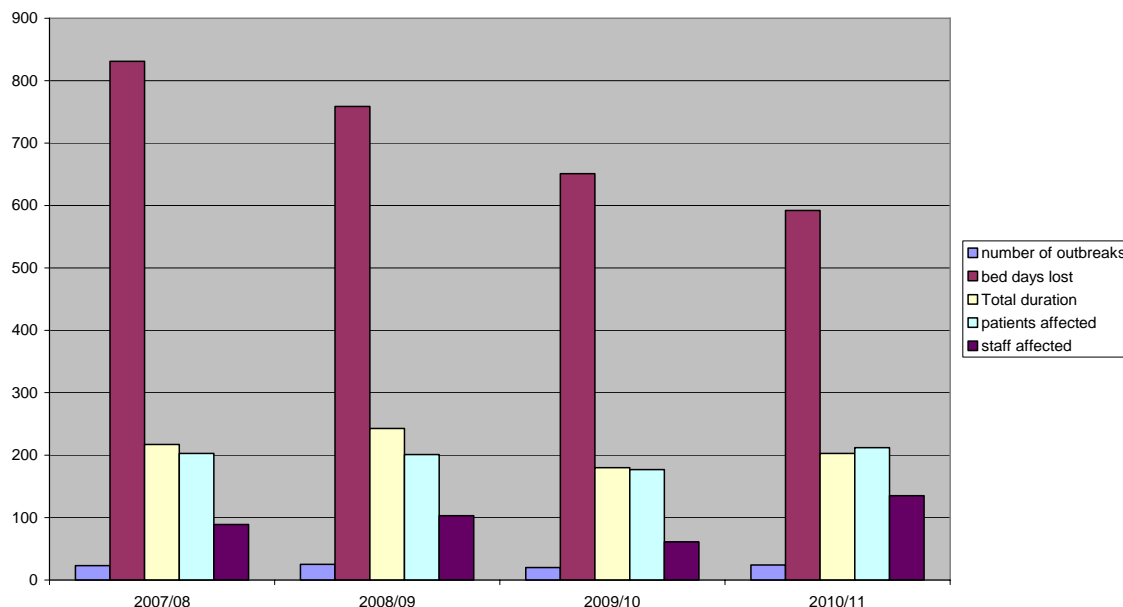
In addition to MRSA bacteraemias, the team report on all new cases of MRSA acquisition (colonisation or infection). During 2010/11 there were 93 new occurrences of MRSA colonisation or infection among community hospital inpatients compared to 142 cases in 2009/10. This suggests that increased screening and decolonisation is impacting on the overall MRSA carriage rate of the community hospital population and that the risk of carriage, and subsequent infection, is decreasing. 8 of the 93 cases of MRSA were acquired during a stay in a community hospital; in each case a thorough review of infection control procedures was undertaken at the site to prevent further cross infection.

## 3.3 Outbreaks

During the reporting period 592 bed days were lost due to outbreaks as compared to 651 during 2009/10 and 759 throughout 2008/09. A significant reduction in the duration of outbreaks has been seen in community hospitals since the introduction of Difficil-S as a cleaning product, replacing simple detergent and water. The reductions seen are

even more notable when compared to data from GHNHSFT and other acute trusts in the South West which show large increases in outbreaks during the last 2 years.

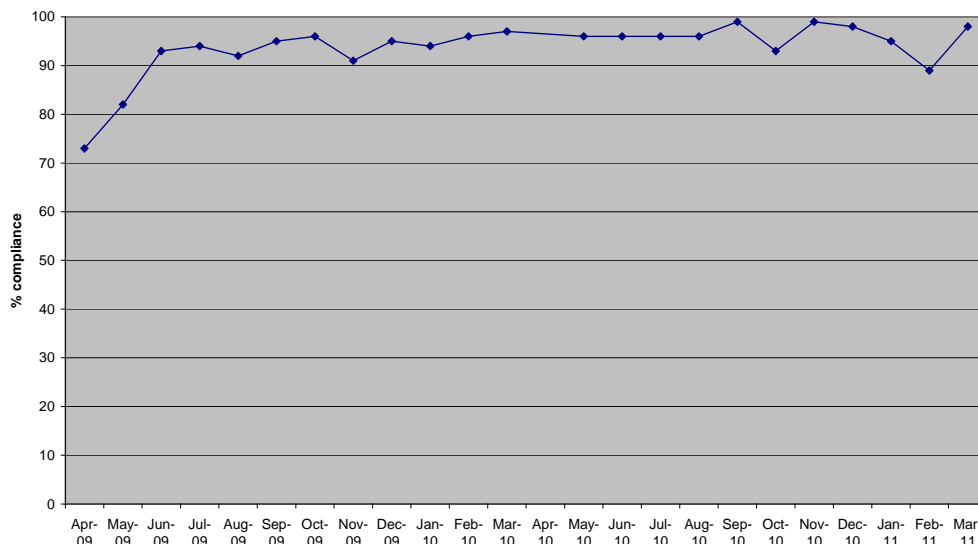
Community hospital outbreaks



#### 4. Hand hygiene

Compliance with hand hygiene policy is essential for effective infection prevention and control. Priority is given to hand hygiene across NHS Gloucestershire Care Services and hand hygiene compliance audits are reported to and monitored by the infection control committee. Sustained improvement has been seen:

% compliance with monthly observational hand hygiene tool: April 09 to March 11



## 5. Decontamination

NHS Gloucestershire Care Services has an identified Decontamination Lead who is supported in this role by the infection prevention and control team. The Decontamination Committee continued to meet during 2010/11, reporting to the Infection Control Committee and the WEB (Water, Environment and Buildings) Group. There is close liaison with the GHNHSFT decontamination committee. The committee provides overall assurance for decontamination and also focuses on particular projects. During 2010/11, after overseeing the successful installation of endoscopy decontamination equipment, work later in the year focussed on reviewing decontamination compliance within our Dental Services. This ongoing work will be taken forward during 2011/12.

## 6. Cleaning services

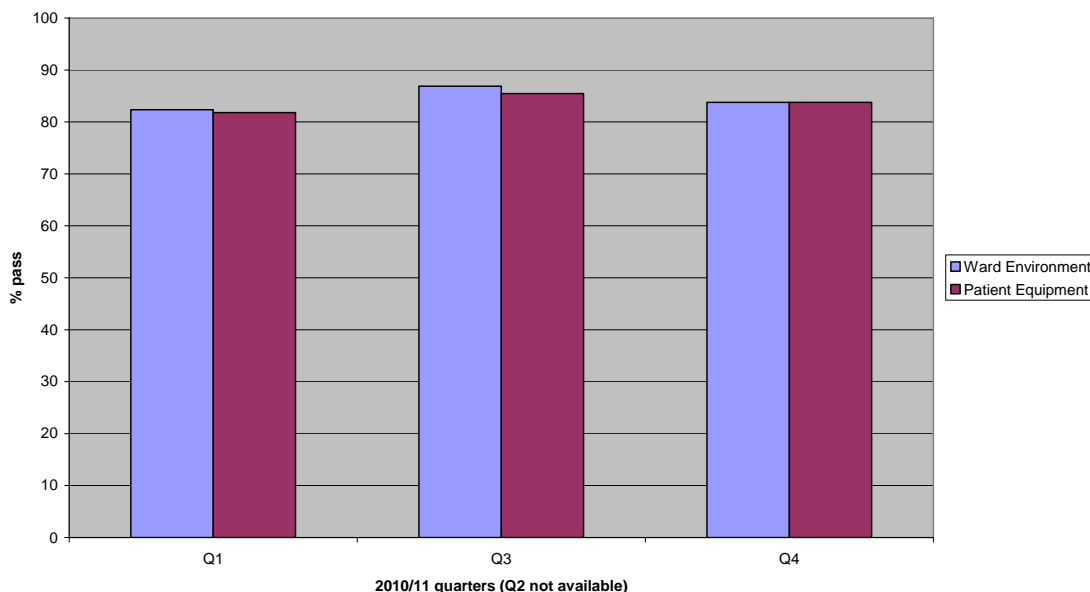
6.1 The Hotel Services staff have maintained high standards of cleanliness throughout 2010/11. Despite the minor concerns found at the CQC inspection of June 2010, the feed back from PEAG/Patient forum inspection results and user satisfaction measures were good. Additionally the results of PEAT (Patient Environment Action Team) inspections, including attendance and inspection at each site by the infection control nursing team, demonstrate maintenance of an excellent quality service. (Results may be seen at <https://report.npsa.nhs.uk/PEAT/Results/Trust/?id=10088>)

### 6.2 ATP swabbing results

NHS Gloucestershire Care Services continued to use the HPA Rapid Review Panel level 1 recommended Clean-Trace™ ATP swabbing monitoring system from 3M™.

ATP scores are used as feed back to staff to demonstrate organic cleanliness of the environment or equipment such as computer keyboards. Over time this has supported improvements in cleaning due to better feed back than visual cues. The average pass rate during 2009/10 was 75% compared to over 80% throughout 2010/11. A summary graph is shown below:

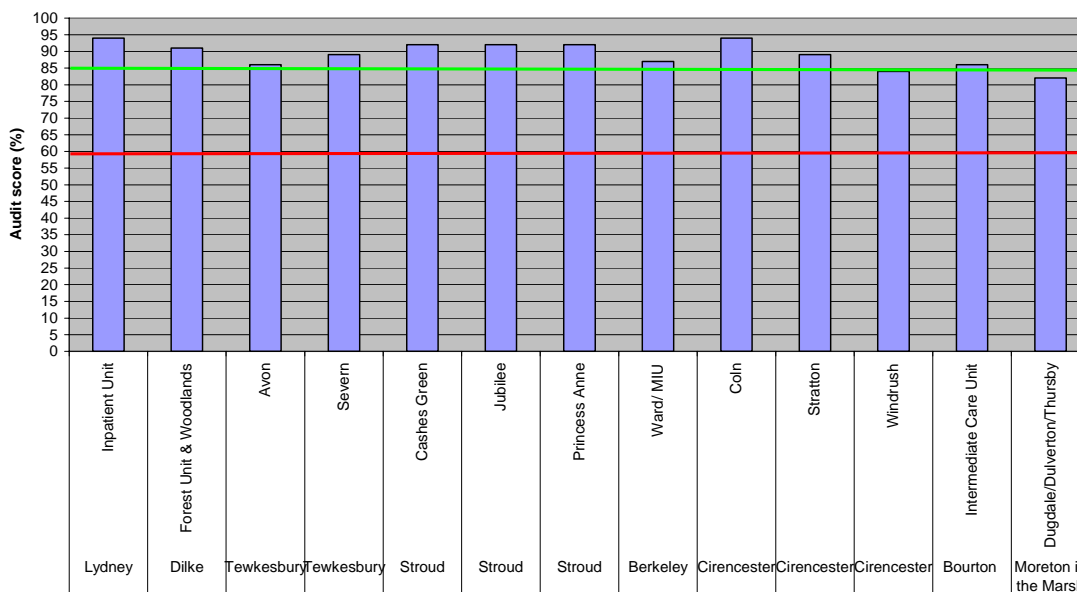
ATP swabbing results: average % pass results



## 7. Audit

The audit programme across the organisation includes both inpatient and outpatient facilities. The overall score for the organisation across all sites audited was 86%. The results for inpatient units are displayed below:

Inpatient unit infection control audits 2010/11



The areas audited are given a percentage score as recommended by the developers of the tool:

- scores below 59% (red) requires development of actions to address poor compliance as a matter of urgency
- scores of 60-84% (amber) requires actions are identified and evidence is required of implementation and improvement
- scores of 85% and above (green) demonstrate compliance with standards.

Many issues identified during the audit process can be addressed immediately by the local teams. In cases where this is not possible or there are opportunities for wider learning these are taken to the Community Infection Control Committee and discussed at the relevant clinical governance groups.

## 8 Training activities

84% of staff received infection prevention and control training during 2010/11, an increase from 79.5% in 2009/10. The team supported two study days for staff, as well as supporting link nurses with dedicated educational sessions provided quarterly at a number of inpatient facilities.

## 9.0 Recommendations

The Board is asked to accept the annual infection prevention and control report, and continue support of the infection prevention and control agenda as the organisation enters its new configuration. The Board is asked to note particularly that mandatory targets were met during 2010/11. The Board is asked to note that this report constitutes part of the organisational compliance with the Health and Social Care Act, and the report is required to be released publically.

The Board is reminded that the Health and Social Care Act (2008) requires in respect of criterion 1, part A that “Board-level agreement outlining the Board’s collective responsibility for minimising the risks of infection and the general means by which it prevents and controls such risks” is required.