

Infection Control Department

Annual Report of the Director of Infection Prevention and Control

Covering the period
April 2007 to March 2008

Report compiled by the Infection Control Team

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Executive Summary

The Annual Report of the Director of Infection Prevention and Control provides information on the progress and achievements of the Trust with regard to Infection Control. A comprehensive and ambitious Trust Infection Control Action Plan was implemented in July 2007 of which 89% of the objectives were fully achieved and with work commenced and ongoing with the remaining objectives.

The Trust has seen a significant reduction in Healthcare Associated Infections (HCAI) with MRSA bacteraemias falling from 20 cases seen in the first six months of 2007/08 to 12 cases in the last six months. There was also been an 8.9% reduction in *Clostridium difficile* cases amongst patients over 65 years from 2006/07 to 2007/08. Although surveillance of surgical site infections noted rates slightly higher than the national average it must be noted that the overall numbers were very low making interpretation difficult. The trust is committed to the delivery of the safest possible healthcare and have introduced a number of improvements of the delivery of orthopaedic services, including the development of a specialist trauma unit at Huddersfield Royal Infirmary and a dedicated joint replacement unit at Calderdale Royal Hospital.

The Trust received visits from the Healthcare Commission (HCC) and the Department of Health (DH) in 2007/08. The HCC carried out its unannounced visit in September 2007 to assess the Trust's compliance with the Health Act and they considered that the Trust had the necessary systems in place to help protect the patients, the public and staff from HCAs. The DH HCAI Improvement team was invited to advise the Trust in July and visited in November 2007. A comprehensive action plan was developed from their recommendations to include a more robust investigation of cases and to strengthen the message of zero tolerance of poor performance.

Staff training through induction and mandatory updates has continued and includes medical staff through the presentation of audit results and educational information at a number of clinical audit meetings. The Infection Control Team has enrolled 80 Link Practitioners to support infection control in wards and departments and has developed a workshop based training programme. Hand hygiene remains pivotal to good infection control practice and every opportunity has been taken to reinforce good practice.

In line with the rest of the country viral gastroenteritis remained widespread and problematic across the community and has resulted in temporary restrictions to patient admissions and transfers to affected wards within the Trust in order to control spread. The Infection Control Team has also advised upon the control of MRSA and *Clostridium difficile*.

The Antibiotic Pharmacist and Consultant Microbiologists continue to develop and review guidelines with other clinical staff to ensure antibiotics are prescribed appropriately and safely.

A comprehensive audit programme has included environmental audits of clinical areas and compliance with the Hand Hygiene Policy. Hand hygiene compliance has been significantly increased since the introduction of weekly audits in all wards. During 2007/08, two new Infection Control Policies have been developed and nine existing policies have been reviewed to ensure they incorporate current best practice.

Sterile services have transferred to an offsite fully compliant facility as part of the National Strategy for Decontamination. Compliance with standards for flexible endoscopy service is well underway with plans for new endoscopy units at each hospital site.

Cleaning services continue to deliver high standards of hospital cleanliness and have again received encouraging PEAT (Patient Environmental Action Team) inspection reports. The Trust carried out the deep cleaning programme as per the Government initiative and successfully completed this by the end of March 2008. A new Strategic Cleaning Forum has been set up to drive the cleaning agenda with representation from clinical staff, facilities managers and infection control.

Introduction

This is the fourth annual report of the Director of Infection Prevention and Control at Calderdale and Huddersfield NHS Foundation Trust. The format of the report is defined by the Department of Health.

The report informs on the progress made and the processes in place to control hospital acquired infection and upon the Trust's progress in implementing national initiatives during the reporting period of April 2007 to March 2008.

The Trust received a visit from the Health Care Commission and invited the Health Care Associated Infection Improvement Team to advise the Trust on further measures to improve Infection Control Practice, their findings are summarised within this report.

1. Infection Control Arrangements

Infection Control Team

The Infection Control Team comprises of three consultant microbiologist providing one whole time equivalent (WTE) time to Infection Control. Of these consultants Dr David Birkenhead, is the Director of Infection Prevention and Control and Dr Isobel Burnett is the Infection Control Doctor.

There are seven (6.4 WTE) Infection Control Nurses comprising of a Lead Nurse/Assistant Director of Infection Prevention and Control, two Senior Infection Control Nurses and four Infection Control Nurses. The team is supported by three administration staff (1.94 WTE).

The Trusts Antibiotic pharmacist is co-opted onto the Infection Control Team although funded and directly managed by the Pharmacy directorate.

Reporting Arrangements

The Director of Infection Prevention and Control meets regularly with the Chief Executive, the Medical Director, Divisional Directors and the Director of Nursing and is a member of the Trusts Infection Control Committee, Clinical Governance Committee and the Chair of the Research and Development Committee. The DIPC reports monthly to the Executive Board and to the Patient Safety Committee (formerly the Clinical Governance Committee), and quarterly to the Infection Control Committee. The Director of Nursing report to the Board of Directors. The Clinical Governance committee receives reports and minutes of the Infection Control Committee and receives and reviews completed Route Cause Analysis investigations of MRSA bacteraemias. The Trust has a nominated Non-Executive Director with responsibility for Infection Control, who is also a member of the Patient Safety and Infection Control Committees.

Senior Infection Control nurses are linked to each Clinical Division and attend their board meetings, and/or patient safety committees on a regular basis.

The day-to-day infection control issues are dealt with in the first instance by the Infection Control Nurses with support and advice from the Infection Control Doctor. The members of the Infection Control Team provide infection control expertise including results of surveillance, audit and alert organism reporting to a variety of groups and committees across the organisation including the Emergency Planning Group, Hygiene and PEAT Performance Group, Decontamination Project Board, Medical Devices Committee and Divisional and Directorate Board meetings.

Infection Control Committee (ICC)

The ICC meets quarterly and has senior representatives from each clinical division, pharmacy, support services and the Health Protection Agency. Its remit is as follows:

- To ensure that Calderdale and Huddersfield NHS Foundation Trust provides a safe environment, in terms of infection risk, and within the sphere of current knowledge for patients, staff and visitors.
- To oversee the organisation and development of infection control services across the Trust, including surveillance, audit, education and the development and review of policies.

The ICC is chaired by the Infection Control Doctor and reports to the Patient Safety Committee and then to the Trust Board. The Committee also links to the Non-Clinical Governance Committee.

Health Care Economy Wide Meetings

It is apparent that MRSA and other Healthcare associated infection (HCAI) are not an isolated acute Trust problem, and as a result an economy wide group was developed with executive level representation by Calderdale and Kirklees PCTs and the acute Trust. Whilst these meetings were informal at first and a way to share best practice and improve communication they have latterly become an integral part of the management of HCAI and review all RCAs and review progress in each organisation.

Review of Annual Infection Control Action Plan 2007-08

The Trust developed, for the first time in 2007, a Trust wide Infection Control Action plan, to develop and ensure organisation wide awareness of infection control development activity. This explicitly placed responsibility for good infection control practice with front line clinical staff and clinical managers.

A project lead was appointed to co-ordinate the delivery of this plan and to report the progress to the Board and Monitor (regulatory body for Foundation Trusts) on a regular basis.

Excellent progress was made with the Action Plan with 93 of the 104 listed actions completed and work was commenced with the remaining 11 and will be continued in 2008/9.

Infection Control Budget 2007-08

The Infection Control Team has a budget of £448,946 per annum. Of this £17,700 is for non-pay including training expenses, course fees, as well as travel and mobile phone costs. The Lead Nurse is both the budget holder and budget manager.

Excess costs associated with outbreaks are funded separately from within the Trust.

Money to extend the MRSA screening program was also identified and will allow the screening of all emergency admissions and elective admissions with a planned overnight stay.

A successful business case was submitted for 2008/9 and will result in a further two WTE Infection Control Nurses, a 0.5 WTE administrative support and a 0.5 WTE Biomedical Scientist to support Infection Control.

2. Healthcare Associated Infection Statistics

Mandatory reporting of HCAI.

The Trust submits the following data to the Department of Health as part of the mandatory surveillance, MRSA bacteraemia, GRE bacteraemia, Clostridium difficile and Surgical Site infections.

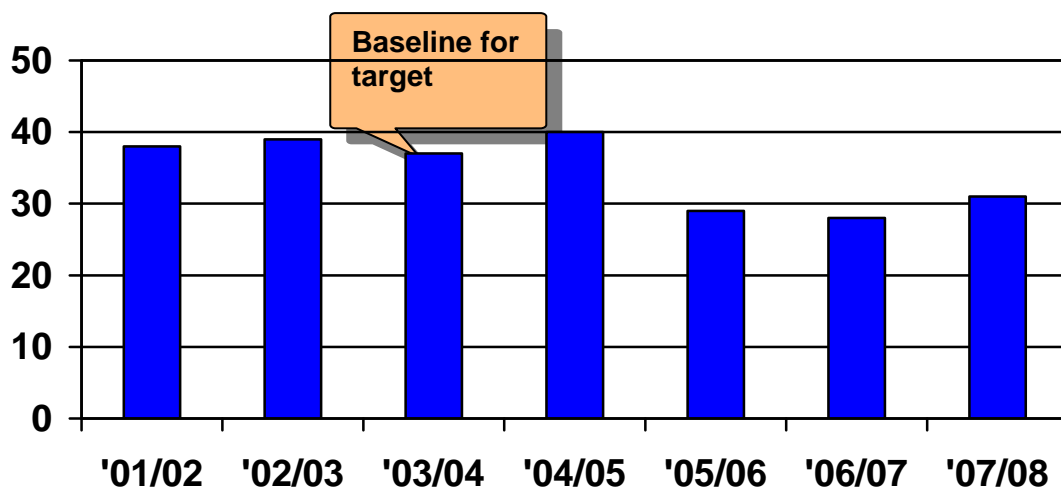
MRSA Bacteraemia

A total of 32 MRSA bacteraemia cases were reported by the Trust from April 2007 until March 2008. One case was assessed as a 'non-trajectory' case and not measured against our target set by the DH as the case was reported by another trust, this made a final total of 31 cases. Of these cases, 17 patients infected or were likely to be infected on admission because they had positive samples collected on the day of admission or within 48 hours.

MRSA Bacteraemia Trajectory

This chart shows the number of MRSA bacteraemia figures since mandatory reporting began in 2001. The target set by the Department of Health was to achieve a 60% reduction over the three year period from 2005. Although a significant reduction was made in the first year, the number of cases has remained stable for the past three years. The proportion of cases developing within the Trust (ie after 48 hours of admission) has however declined.

A number of interventions have resulted in a significant reduction in cases in the Medicine and Elderly Division and as a result no MRSA bacteraemias were identified from the 19th November 2007 to the end of March 08.



MRSA Bacteraemia Cases 2007/08

The table below shows the number of total cases including the one case excluded from the trajectory figure. It is noted that the Trust has shown a significant reduction in cases from the first quarter to the last quarter with rates lower than the regional average rate for the last six months of the year compared to other Trusts in the Yorkshire and Humber region.

Quarter	MRSA bacteraemia cases	Rate per 1000 bed days	Regional Average Rate
Apr-Jun 2007	11	0.15	0.12
Jul-Sept 2007	9	0.12	0.10
Oct-Dec 2006	7	0.09	0.11
Jan – Mar 2008	5	0.07	0.11
Total	32		

Clostridium difficile Infections in Hospital Patients for 2007/08

The table below shows the number of *Clostridium difficile* cases and rates per quarter compared to the regional average. The Trust has maintained rates below the regional average for 3 out of the 4 quarters in the last 12 months.

Since April 2007 all cases of *Clostridium difficile* over the age of two years are reported compared to previous years when only patients over the age of 65 years were required to be reported. When comparing cases over 65 years the trust has seen an 8.9% reduction from 192 in 2006/07 to 175 cases in 2007/08 in hospital patients.

Quarter	<i>C. difficile</i> Infections*	No. per 1000 bed days	Regional Average
Apr-Jun 2007	56	0.74	0.92
Jul-Sept 2007	55	0.72	0.85
Oct-Dec 2007	60	0.79	0.79
Jan – Mar 2008	38	0.50	0.94
Total	209		

* hospital patients

Glycopeptide Resistant *Enterococci* Bacteraemia

There was one case of Glycopeptide Resistant *Enterococci* Bacteraemia reported in the Trust during 2007/08 and there were a total of 27 cases in the Northern and Humber region. The case occurred in the first quarter and no further cases have been identified.

Surgical Site Infections (SSI)

All NHS hospitals since 2004 where orthopaedic surgical procedures are performed are required to carry out a minimum of three months' surveillance of surgical site infections. This information is reported to the Health Protection Agency who provide detailed reports following data analysis for local trusts with comparative data for benchmarking.

The table below shows the results of the surveillance performed by the infection control team. The surveillance was performed for the mandatory requirement of three months, which provides data on a relatively low number of patients. Although rates are slightly higher than the national average it must be noted that overall numbers are very low making interpretation of these data difficult. The Trust remains committed to providing the safest possible health care and introduced a number of improvements to the delivery of orthopaedic services last year including the development of a specialist trauma unit at Huddersfield Royal Infirmary and dedicated joint replacement unit at Calderdale Royal Hospital.

Orthopaedic Surgical Site Infections (SSI) 2007/08

Period	Category	No. Operation	No. SSI	% Infected	National % rate
Apr-July 2007	Total Knee Replacement	104	1	0.96	0.8
Apr-July 2007	Hip Hemiarthroplasty	47	3	6.4	4.2
Total		151	4	2.6	1.44 ¹

¹ national infection rate taken from Health Protection report figures for 2004/05

3. Visit by the HCC and HCAI Improvement Team.

HCC inspection

The Trust received an unannounced visit from the Healthcare Commission in September 2007 to assess the Trust compliance with the Health Act (duties 2, 3 and 8). The findings of the Inspectors are given below.

'On the day of the visit, the trust was able to show that good infection control is an integral part of the way it operates.

The trust's isolation policy reflects the need to reduce the risks of infection spreading within the hospital. The trust's infection control training strategy demonstrates a riskbased approach: All staff working in or visiting clinical areas receive training in isolation procedures.

The trust's policy for bed management and movement of patients reflects its response to the Department of Health's Winning ways: working together to reduce healthcare associated infection in England (2003) and draws on guidance included in the Healthcare Commission report Investigation into outbreaks of Clostridium difficile at Maidstone and Tunbridge Wells NHS Trust. Elective and emergency orthopaedic patients are segregated on separate wards where possible.

The Infection Control Team contributes to the strategic planning of hospital facilities, including the provision of accommodation for isolation. Currently the trust does not formally record instances when a lack of isolation or segregation facilities leads to a breach in bed management policies. The trust has demonstrated it has the resources, governance arrangements, and audit and monitoring systems in place for infection prevention and control.

The Infection Control Team has strong leadership and can be seen to be effective in all relevant aspects of the workings of the trust.

The trust has systems in place to identify and communicate infection prevention and control risks across the organisation. The trust also has audit and reporting systems in place to ensure shortfalls in practice are identified and acted upon. With the exception of the nomination of a non-executive champion for infection control, the below recommendations reflect ongoing work that should have been completed by now, rather than an overall lack of systems. The recommendations are particularly concerned with updating job descriptions and improving board awareness of hygiene code monitoring. Recommendations reflect issues that the trust was already aware of and that they were addressing at the time of the inspection.

On the day of the visit, our assessment managers considered that Calderdale and Huddersfield NHS Foundation Trust had the necessary systems in place to help protect patients, the public, and staff from HCAI. The trust needs to ensure that those systems continue to work effectively.'

The Trust received five recommendations and put in place measures to ensure compliance with them.

HCAI Improvement Team

The Trust was disappointed that it had not seen the expected reductions in MRSA bacteraemias so, in July 2007 invited the Department of Health's Healthcare Associated Infections (HCAI) Improvement Team to advice on further measures that could be taken.

The team visited in November 2007 and a comprehensive action plan was subsequently developed to implement their recommendations. These included a more robust process for Root Cause Analysis (RCA) investigations of infections, to review the Trust's isolation policy in light of recent changes to recommendations of best practice and to strengthen the message of zero tolerance of poor performance and to improve the process for 'Saving Lives' audits.

A HCAI Task Force group was set up, chaired initially by the Director of Infection Prevention and Control, to drive delivery of the actions. This group has senior representation from all clinical divisions and is now chaired by the Assistant Divisional Director of Children and Women's services. The key action areas include:-

Communication: a communication strategy was developed to ensure that all staff were made aware of the state of healthcare associated infections, what must change, why the infection control agenda is so important and a zero tolerance to poor practice.

Assessment and Management of Risk: increase the MRSA screening programme and audit compliance with this programme, review the MRSA bacteraemia cases promptly using root cause analysis, sharing of the learning from these cases and improve isolation facilities.

Care of Invasive Devices: improve the care of peripheral venous cannulae by regular documented observations of the cannulae site, use of Chlorhexidine 2% and alcohol for skin disinfection and audit of compliance with good practice.

Hospital Cleanliness and hygiene: increase compliance with hand hygiene by use of regular audits, review of cleaning schedules with a system for ward managers to sign off the schedule, participate in a deep cleaning programme and matrons to perform weekly checks in all their areas.

Signage: review of signage for isolation rooms, hand hygiene and restricted areas due to infected patients to ensure that it is clear, concise but provides the correct message.

'Saving Lives': effectively implement the Department of Health's 'Saving Lives' toolkit across all clinical areas and ensure compliance with this programme is reported monthly to the Executive Board.

Training, Education and Personal Development: review the training programme to ensure that all staff are updated in infection control practice and their responsibility to comply with the infection control policies is included in all staff's job descriptions.

Isolation Practices: review the isolation policy, monitor compliance with isolation practice and report any failures in isolation as a clinical incident.

Relationships with external organisations: hold regular meeting with the Primary Care Trusts to ensure compliance with good practice including antibiotic prescribing.

Data analysis and performance management: provide monthly reports of MRSA, Clostridium difficile and compliance with good practice wards and the Executive Board.

4. 'Preventing Healthcare Associated Infections

Hand Hygiene

Hand hygiene is regarded as the most important single method of prevention and control of infection. Training regarding the importance of hand hygiene including frequency and good technique is given to all new staff on the commencement of their employment during a mandatory induction programme. In addition, training is also provided to staff during the annual Handwashing Roadshow and various other formal training sessions as well as in ad hoc sessions throughout the year.

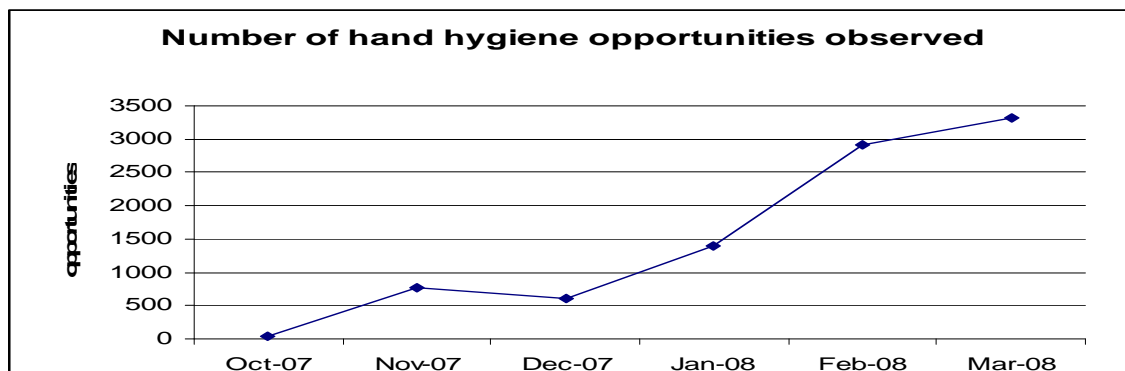
The Hand Hygiene Policy is available to all staff and was last reviewed in October 2007. An addendum was added to all job descriptions to inform staff of the need to comply with all trust policies to prevent healthcare associated infections.

The Handwashing Roadshow was carried out in May 2007 has been an annual event since 1999, during which the Infection Control Nurses visit clinical areas to promote hand hygiene. Using an ultra violet light and fluorescent dye clinical staff had the opportunity to test their own hand washing technique. An audit of health care workers' compliance with the Hand Hygiene Policy particularly noted the inappropriate wearing of wrist watches, stoned rings and nail polish highlighting were targeted work was required. Information leaflets and a fun quiz were used to raise the awareness of the importance of hand washing. Findings were fed back to staff and the divisional management teams.

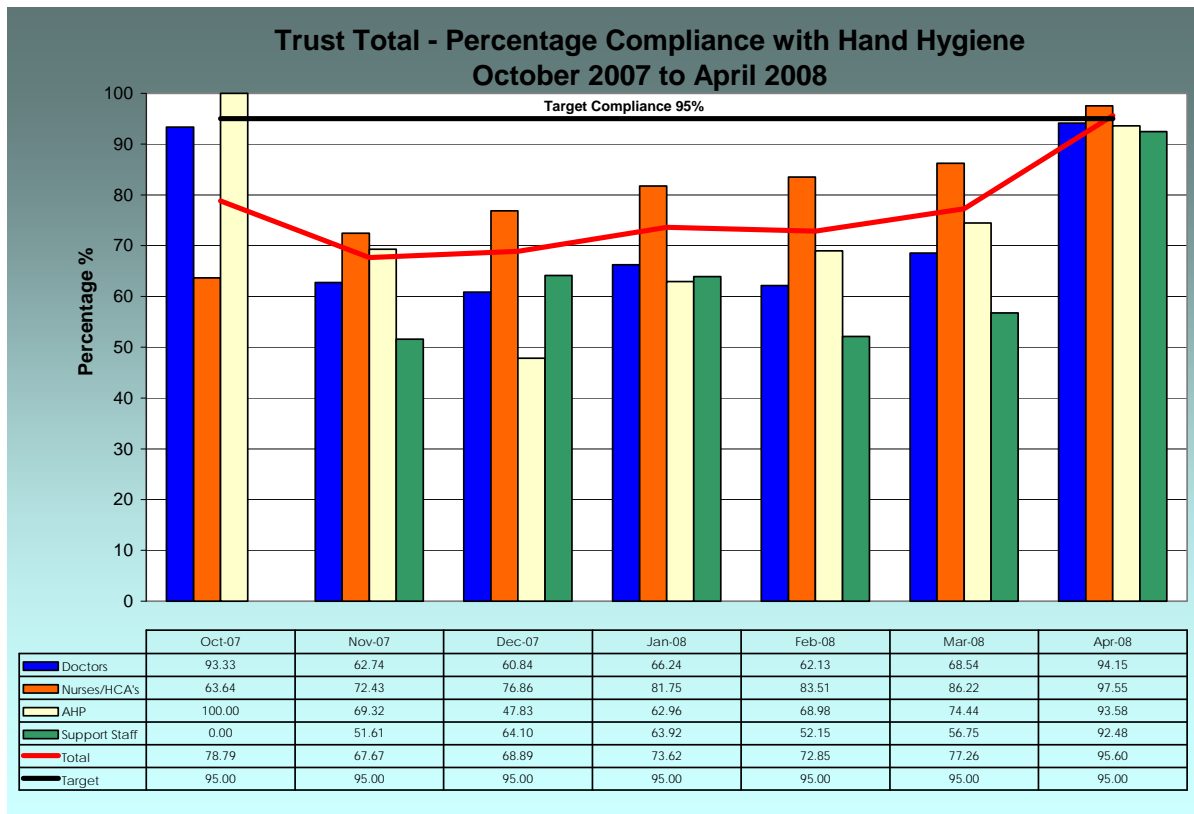
The Infection Control team, supported by frontline staff, matrons and Directors have actively campaigned since the Handwashing Roadshow for staff working in the clinical areas to be 'Naked below the elbow'. Improvements have been achieved by encouraging staff and challenging those who were non compliant.

At the beginning of 2007 the Trust joined the Institute of Health Improvement's Safer Patient Initiative along with 17 other Trusts across the UK. One of the targets of this initiative is to increase the compliance in opportunities for hand hygiene using small tests of change and observation audits. This was commenced in one ward and when 95% compliance was achieved the processes were spread to other wards.

Observational audits of hand hygiene were performed weekly in wards and departments showing a steady increase in hand hygiene compliance during the last year. These audits commenced in one ward in April 2007 and spread to other wards by October. The number of observed opportunities dramatically increased from 33 observations during October to 3316 observations in March 2008, this was as other ward staff became involved with the audits showing commitment with hand hygiene across the Trust. The chart below shows the number of opportunities observed rather than compliance rates which are shown overleaf.



The chart below shows the compliance with hand hygiene across the Trust by staff group. The red line shows the total result of all staff and the black line was the target set by the Trust of a minimum of 95%.



The Trust has been part of the National Patient Safety Agency's 'Clean your Hands campaign; The 'Clean Your Hands Campaign' screen saver was introduced to the majority of PCs across the Trust to provide a clear and concise message regarding hand hygiene to staff.

New signage using 'Stop, Gel, Go' has been provided at the entrances of all wards and at the location of the alcohol hand gel dispensers. The signage was originally designed by the Mid Yorkshire NHS Trust and had been found to be successful in raising awareness and increasing the compliance of hand hygiene. A larger than life cardboard picture of one of the matrons has been used for signage at key areas in the hospitals, including in the main entrances enforcing the hand hygiene message.

Saving Lives

The Department of Health 'Saving Lives' toolkit was implemented in 2006. The toolkit is made up of seven high impact interventions which have been identified to reduce the risk of healthcare associated infection. Each of these interventions has a simple evidence based tool that reinforces the actions that clinical staff need to undertake every time for key procedures in order to significantly reduce infection. Their aim is to increase the reliability of clinical processes and reduce unwarranted variation in care delivery. The high impact interventions are as follows:

1. Preventing the risk of central venous catheter related infections.
2. Preventing the risk of peripheral venous cannula infections
3. Preventing the risk of infection in Renal Dialysis.

4. Preventing the incidence of surgical site infection.
5. Preventing the risk of ventilator associated pneumonia.
6. Preventing the risk of urinary tract infections related to indwelling urethral catheters.
7. Reducing the incidence of *Clostridium difficile* infections.

Wards and departments perform the HII applicable to their area each month. From December 2007 the compliance results have been presented to each clinical divisional on a monthly Balanced Scorecard. There has been a month on month increase in the number of returned audits and overall compliance.

		January	February	March
HII No 1 – CVC	Insertion	87%	86%	90%
	Ongoing care	79%	91%	93%
HII No 2 – PVC	Insertion	55%	65%	65%
	Ongoing care	66%	78%	83%
HII No 3 Renal Dialysis	Not applicable	n/a	n/a	n/a
HII No 4 – Surgical Site		100%	95%	88%
HII No 5 – VAP	Observations	95%	100%	100%
	Ongoing care	90%	95%	100%
HII No 6 – Urinary Catheter	Insertion	94%	97%	98%
	Ongoing care	74%	79%	85%
HII No 7 – <i>Clostridium difficile</i>		67%	87%	100%

Invasive Devices

Three (2 WTE) Invasive Devices Clinical Nurse Specialists (CNS) were appointed in October 2007 (initially for 10 months) to assess the management of invasive devices particularly intravenous devices within the Trust. Following a baseline assessment of peripheral venous cannulae (PVC) in the Trust attention was focused in areas where the impact would be the greatest. They developed standard documentation for the insertion and ongoing observation using the Visual Infusion Phlebitis (VIP) score with the help of the Medical Assessment Unit (MAU) frontline staff. This documentation has now been used through the Trust showing a significant increase in the documentation of PVC insertions and ongoing observations of the PVC site.

The Invasive Devices CNS have commenced an audit on urinary catheter care and have worked with the PCT Community Teams to standardise documentation between primary and secondary care. In December urinary catheters were standardised to the Dover Silver following a month long trial with Bard and Dover silver coated catheters. This catheter is a non latex, silver coated catheter suitable for use up to 90 days and has been shown to reduce the risk of catheter colonisation and catheter associated urinary tract infections.

The Intravenous Strategy Group has advised on the introduction of alcohol and Chlorhexidine 2% for skin disinfectant prior to PVC with Clinell wipes and Central Venous Access Devices (CVAD) with Chloraprep, developing standardised Visual Infusion Phlebitis charts, standardising various intravenous devices such as giving sets, development of care

bundles and guidelines. The group has also supported the Trust's self-assessment of Injectable Medicines as per the National Patient Safety Agency (NPSA) Alert.

Root cause analysis

Root cause analysis (RCA) has been used a learning tool for the investigation of all MRSA bacteraemias. Initially the RCAs were performed by the infection control nurses but by the end of the year the clinical teams were fully engaged in the process across the whole health care economy. The NPSA RCA tool was used as a template for the investigations. The investigations have highlighted some areas where practice could be improved allowing interventions to be made to prevent further cases of bacteraemia occurring.

MRSA screening

The Trust has continued to implement MRSA screening for groups assessed as high risk of carriage and sepsis. Initially all medical elderly patients were offered screening through the Medical Assessment Unit and all patients admitted to the Intensive Care unit, those transferred from other health care providers, and those known to be previously positive. Through 2007/8 screening was increased to include trauma patients on admission and elective orthopaedic and vascular surgical patients at pre assessment clinics. Business plans to screen all emergency admissions and elective admissions with an overnight stay were approved and will be implemented during 08/09.

Divisional Infection Control Action Groups

Each of the Divisions has continued to support the infection control agenda through the established action groups with progress provided to the Infection Control Committee. The Divisional support has been essential to embed good practice in all areas. The hand hygiene and Saving Lives high impact intervention audits have been managed through the existing divisional management processes. The RCA investigations have been led by the divisions and the learning shared.

The matrons have instigated weekly walk rounds of their areas to monitor infection control standards and cleanliness which has improved compliance and raised the profile of infection control.

Division of Medicine and Elderly

The reduction and prevention of healthcare associated infection is a high priority within the division and our Divisional Infection Control Board meet monthly to manage this agenda.

Hand hygiene data and the high impact interventions audits continue to be used as a performance management framework. All wards and departments within the division are now auditing hand hygiene weekly. Matrons' monitor and performance manage compliance which has demonstrated significant improvement. Matrons also perform weekly ward rounds utilising a proforma to audit cleaning and practice in relation to infection prevention and control and produce reports to influence change if required.

We aim to perform MRSA screening of all patients over the age of 65 admitted through our Medical Assessment Units. MRSA and C difficile performance is managed through various forums within the division including monthly at the Divisional Management Board. We also share learning from any RCA's through the same forums.

Division of Surgery

The Surgical Division are acutely aware of the high priority for the reduction and prevention of hospital acquired infections.

The Division supports the policy of “board to ward”. Infection control is now on all the divisional and directorate agendas. All the managers, Clinical Directors and Matrons are fully supportive of all initiatives within this field.

The Consultants and the other medical staff have embraced the “naked below the elbow” philosophy. The Consultants within Accident and Emergency have now ordered uniforms for all clinical work.

Hand Hygiene audits are conducted weekly on all wards and the saving Lives audits are conducted monthly. Areas that do not reach 100% put action plans in place to address any weaknesses.

Matrons are working closely with cleaning services to ensure that all areas maintain a high standard of cleanliness. Matrons undertake weekly spot checks and immediately address any areas of concern. PEAT visits are also undertaken regularly and action plans put in place where necessary.

MRSA is a high priority within surgery and we are constantly looking for areas of improvement. At present all orthopaedics and vascular elective patients are screened for MRSA. All trauma patients over the age of 65 years and all patients that come to the hospital from of health care settings are also screened. It is the divisions’ intention in 2008/09 to commence screening of all elective patients.

The Division receives Clostridium difficile data on a regular basis and this is discussed at all directorate meeting and action plans put in place if necessary.

The Division is working extremely hard to meet all Government targets and ensure patients feel safe and secure in our care.

Children and Women’s Division

The Children and Women’s Division have introduced a number of measures to ensure that the prevention of Health Care Acquired Infection is absolutely fundamental to all care delivery within the division.

They are as follows:

- The CWS Infection Control Action Group has increased the frequency of its meetings and widened the membership to include, consultant paediatrician and obstetrician, the infection control link nurses, the ward and department managers, the senior infection control nurse, cleaning services, waste management, estates and the service performance manager. The group is led by the Matron for CWS.
- HCAI and Infection Control is discussed and evidenced at the forums, ward, directorate and divisional meetings. This allows for dissemination of updates, discussion, sharing of good practice and any changes.
- The Divisional Director has met with the link nurses, consultants, matron, clinical managers and ward managers on a number of occasions to deliver messages about infection control. This has clearly demonstrated the board to ward and vice versa approach taken within the division to manage infection control. Sending clear

messages out to the wards but also receiving first hand information of any problems and areas of excellent practice that can be shared.

- Nursing and medical staff have worked in partnership to achieve excellent and sustained audit results in Hand Hygiene and Saving Lives Audits in the Division. This was achieved through a systematic approach of receiving, checking and taking appropriate action which has since been cascaded throughout the Trust.
- The Hospital Play Team has produced displays on infection control for all the wards and departments in the Division providing a consistent approach. They have produced innovative and child friendly displays to encourage compliance for the children and their families.
- The Matron and Clinical Managers conduct weekly ward checks and work with the clinical teams to improve the environment take appropriate infection control action.

Diagnostic and Therapeutic Services

The DATS Division work on infection control has continued to be progressed through the 'DATS Winning Ways Action Group' The membership of the group has been strengthened with additional representation from pathology. In addition the group now meets monthly to ensure timely response from the division on any infection control issues requiring action. A key focus of the groups work is to implement & monitor the divisional action plan. The latter is regularly amended to reflect any trust wide action plans resulting from any new guidance or inspections that may have occurred.

The division has also introduced a monthly infection control report covering areas such as hand hygiene, peripheral line insertion, uniform policy checks, antibiotic usage & equipment cleaning. The report is tabled at the monthly divisional board meeting with relevant extracts tabled at directorate boards. Each directorate has continued to raise the profile of infection control issues with all members of staff through regular team meetings, team briefs & newsletters.

Safer Patient Initiative

The Trust is one of 18 hospital Trust that were chosen to be in the second wave of The Safer Patients Initiative (SPI), supported by the by the Health Foundation and the Institute of Healthcare Improvement, USA. The initiative has been running from March 07 to the current date. Some of the aims and outcome measures are inextricably linked to the infection control agenda, namely:

- 50% reduction in hospital acquired MRSA Bacteraemia.
- To go 300 days or more without an identified Ventilator Acquired or central line infection.
- Reduce surgical site infections by 50%.

The initiative works by using small tests of change in pilot areas with front line staff. The SPI team works with staff to design and test changes ensuring they are reliable (to 95% compliance), fit for purpose and actually result in an improvement to practice/ patient care. By introducing change this way staff are engaged in the process which ensure the changes actually work, produce improvement and are truly embedded before being implemented throughout the trust. By using the SPI methodology you can increase compliance to 95% and above.

The project is divided up into 5 work streams:

Leadership – this involves Directors visiting areas on ‘walk rounds’ and as part of this process discusses infection control issues with the staff. This has resulted in various issues being raised by the staff and dealt with promptly.

Wards - the main focus for the wards work streams was hand hygiene although cleaning and screening protocols have also been improved through this process.

Case Study

Ward 4 HRI decided to try wherever possible to ensure patients were taken to the toilet areas to use the commodes. This was to improve privacy and dignity but also to reduce infection risk. A protocol was drawn up with the staff and tests were carried out to ensure it was workable especially from a moving and handling perspective. Initial tests indicated that the current commodes were unsuitable and new ‘glide bout’ commodes were bought. An implementation date was set and staff measured compliance with the protocol. The introduction was a success and staff continue to monitor. This has had a positive impact on staff and patients.

Peri-Operative - the focus is on reducing surgical site infections by implementing the prevention bundle reliably (diabetic control, prophylactic anti-biotic use, temperature control and appropriate hair removal).

Critical care - as outlined in the case study below the SPI team are working to reduce ventilator acquired pneumonias and central line infections again by reliably implementing the prevention bundles.

Case study

Ventilator Associated Pneumonias (VAP) is a major complication for patients receiving assisted ventilation but has been difficult to measure. At the start a definition was agreed and the SPI team started to collect data on patients who developed a VAP. Work was then undertaken to ensure the Ventilator care bundle was implemented reliably to 95% compliance. As a result the CRH unit is now 200 days plus and HRI 100 days plus without a VAP raising patient safety and having a positive impact with the critical care team.

Medicines management – This workstream has worked to ensure medicines are reconciled accurately.

5. Outbreaks and Untoward Incidents

Between April 2007 and March 2008 there were occasions where widespread Viral Gastroenteritis affected the local community, including local schools and care homes. This led to some patients, visitors and staff being affected by Viral Gastroenteritis, mainly Norovirus, which impacted on the normal activity of some hospital wards. Control measures, which included restrictions to admission and discharge in line with national guidance, were enforced. Overall levels of viral gastroenteritis appeared similar to previous years.

There have been two occasions where a number of patients were affected by *Clostridium difficile*, it was unlikely that these two events were related. The first occasion was in June 2007 affecting nine patients over a two month period. On investigation it was found that out of the nine cases, four were thought to have acquired *Clostridium difficile* prior to admission to the ward Ribotyping of the four available specimens showed three to be type 001, the national prevalent strain, the other was type 027, national outbreak strain, identified from a lady who was admitted from her own home with the infection. There was no evidence of further spread of this strain. Control measures were implemented including the restrictions of admissions and transfers to the affected ward, enhanced environmental cleaning using a chlorine releasing disinfectant and isolation of the affected patients. Control measures were lifted after 22 days when there was assurance that there was no further spread.

The second incident occurred in October 2007 affecting five patients on a different ward. This incident occurred during an outbreak of confirmed Norovirus. Control measures were again implemented as previously. Five specimens were sent for Ribotyping. The results of the typing identified three different strains including one case of the 027 strain suggesting this wasn't a single strain incident. Control measures were lifted after 19 days again when assurance had been satisfied that there was no further spread.

The Infection Control Team remains vigilant with the use of surveillance to identify incidents and outbreaks of infection. They are confident that they are supported in the investigation and recommendations by both the clinical divisions and the executive board. The executive board commitment is demonstrated by direct involvement of the Director of Nursing, who chairs incident and outbreak meetings and endorses the actions and recommendations made by the Infection Control Team.

6. Anti-microbial Prescribing

Increases in antibiotic resistance continue to be a cause of national concern. Whilst the treatment of resistant bacteria, including MRSA, may be more complex than that of more susceptible bacteria it should be noted that effective antibiotic therapy remains possible for the bacteria currently isolated.

Antibiotic prescribing:

The Trust continues to employ an antibiotic pharmacist (Mrs Sandra Martin) 0.6WTE to assist the Consultant Microbiologists in the development of antibiotic policies, control of antibiotic usage and educating prescribers on appropriate antibiotic prescribing.

During 2007-2008 we have continued to build on the good work from previous years. There has been increased liaison between the departments of microbiology, infection control and pharmacy.

Antibiotic Prescribing Guidelines:

- Antibiotics within the Trust are restricted to those contained within an updated drug formulary approved by the Medicines Management Committee (MMC)
- The Trust antibiotic prescribing guidelines were revised in November 2007.
- Paper copies were distributed to all prescribers, wards and departments and an electronic version is also available on the Trust intranet.
- New antibiotic prescribing policies have been presented to Clinical audit meetings eg Clinical Guidelines for the management of *Clostridium difficile* associated disease (CDAD).
- An Antibiotic Care bundle is being piloted on CRH and HRI Intensive Care Units. Trust antibiotic guidelines in ENT and Urology are in the process of being revised.
- The Primary Care antibiotic guidelines were updated in January 2008. These guidelines cover Calderdale PCT and Kirklees PCT. These are available on the Intranet and paper copies will be distributed shortly.

Reduced prescribing of key antibiotics linked with Healthcare associated infections:

Prescribing of ciprofloxacin has been targeted, with intensive monitoring of prescriptions and referral to microbiology where prescription is outside Trust guidelines.

Education and Training for healthcare professionals:

- Teaching sessions for 5th year medical students and FY1 doctors on antibiotics and antibiotic prescribing have been undertaken by Dr Rajgopal, the microbiology SpR and the antibiotic pharmacist.
- Presentations regarding Health-care associated infections and appropriate antibiotic prescribing have been made at the Department of Medicine's teaching sessions (both CRH and HRI) and the Pharmacy group meeting.
- The antibiotic pharmacist has presented Antibiotic teachings to the Trust Infection Control Link Practitioners, Podiatry staff and Pharmacy staff.
- Dr Rajgopal has written articles around appropriate antibiotic prescribing with data on local resistance patterns in the GP newsletter and GP update.
- Results from all antibiotic audits undertaken in 2007-08 have been presented at Trust-wide Clinical audit meetings.

Increasing awareness of appropriate antibiotic prescribing to members of the Public:

The Trust ran an “Antibiotic Awareness week” for staff and members of the public in January 2008. This campaign was run in conjunction with Calderdale and Kirklees PCTs. Members of the public and staff could complete an antibiotic quiz which was entered into a prize draw. An article in the Huddersfield Examiner about good antibiotic prescribing was published in January 2008.

Audit:

Two Trust-wide antibiotic audits were undertaken:

1. *Clostridium difficile* Associated Disease (CDAD) Re-audit 2007
2. Antibiotic surgical prophylaxis

A Trust-wide audit of IV antibiotics prescribed to A/E Resuscitation patients is currently being undertaken.

The Trust has started to audit certain key antibiotic indicators on a monthly basis and disseminate this information to prescribers, managers and healthcare staff. These indicators include

1. A monthly “snap-shot” of all antibiotics prescribed over a 24 hour period,
2. 2. Documentation of all pharmacist antibiotic interventions during one week per month,
3. A monthly report of Trust-wide ciprofloxacin use
4. A report of Top 15 antibiotics prescribed each month Trust-wide and for each Directorate.

The Trust Antibiotic Pharmacist (Sandra Martin) and the Trust Antibiotic lead (Dr Rajgopal) meet monthly and the minutes of these meetings are distributed within Microbiology and Pharmacy.

The Microbiologists selectively report antibiotic susceptibilities on clinical samples to guide antibiotic use, review and issue written guidance on laboratory reports and, when appropriate, make personal contact with clinical staff. Regular visits to the Intensive Care Units to review antibiotic use are made on both main hospital sites.

7. Decontamination

The Sterile Services Department (CSSD) based at the Calderdale Royal Hospital has now closed in line with the planned migration of the work being transferred to an off site facility located at Pudsey near Leeds. The service contract commonly termed "Pathfinder" is being run by BBraun Sterilog and the service provision covers the reprocessing of all surgical instrumentation used throughout the Trust.

The migration of the service is a culmination of four years work which has seen the Trust as a forerunner in the NHS to deliver a vital, compliant decontamination service to the patients of Calderdale and Huddersfield.

There remains an element of podiatry decontamination carried out in community units i.e. those instruments not coming into contact with blood or other body fluids, however there is an intention to remove this local reprocessing to the offsite service provider in financial year 2008 /09.

The move to an offsite independent service provider has come about via the National Strategy for decontamination where all NHS Trusts are responsible to ensure the provision of decontamination services are supplied via a compliant facility that meets the most recently published stringent standards to ensure patient safety and reduce the transmission of Creutzfeldt-Jakob Disease via interventional procedures.

Following a four week period of migration the full contract service commencement date was the 14th January 2008 with the contract length being initially 15 years with an option to extend for a further five years.

The Trust has experienced some not unexpected early teething problems with the service provision, however local, regular service review meetings together with Management Board meetings with joint venture partners, Bradford and Leeds Trusts with BBraun are established where issues are raised and addressed.

Furthermore the recently published NICE guidelines on high risk tissue has been addressed with regard to ensuring that we meet the requirements and this has come about due to the investment of £40K in additional ophthalmic instrumentation from the capital challenge fund monies that include existing sets being uniquely etched to ensure there is no migration of instruments between sets and the use of this equipment is being monitored by the team of main theatre staff at CRH.

Endoscopy

Compliance against the standards for flexible scope decontamination is well underway with a project board established to drive the changes necessary to meet best practice. The work of the board so far comprises of:

- A business case completed and supported by the Trust Executive Board.
- Areas identified for the new units at both Calderdale & Huddersfield
- Terms of reference agreed for scheme
- Draft drawings under discussion
- Timescale for building work to commence in the autumn of 2008 where completion is estimated to be at the beginning of summer 2009 for the Calderdale Royal unit with the options for Huddersfield Royal still under consideration.

Once the new service becomes operational the Trust will be in a position to clearly demonstrate that from a decontamination perspective we will be providing services that meet not only the recognised standards and ensure any risk is managed effectively but will also realise the needs and expectations of our patients.

8. Cleaning Services

The provision of cleaning services continues to be delivered by both an in-house service (Huddersfield Royal Infirmary and St. Luke's Hospital) and a contracted out service under the PFI (Private Finance Initiative) agreement by ISS Mediclean (Calderdale Royal Hospital). Both of these services have management structures in place which include Cleaning Service Managers and supervisory staff.

Performance management systems continue to be developed and consistent key performance indicators have been produced in line with the National Specification for Cleanliness. Audit processes continue to be in place including PEAT (Patient Environment Action Team), local initiatives such as monthly internal PEAT inspections, regular quality audits in all areas and daily monitoring of standards by the Domestic Supervisors. Audits are carried out in partnership with matrons, control of infection specialists and patient representatives.

The PEAT results achieved across the Trust continue to be very encouraging. Huddersfield Royal Infirmary have maintained their environment score of 'good' and Calderdale Royal Hospital maintained their 'good' rating for another year.

Both sites have introduced the new National Colour System for cleaning equipment recommended by the National Patient Safety Agency and this was in place on 31st March 2008. This will ensure that a consistent approach to colour coding is maintained across the organisation which prevents the risk of cross contamination from cleaning equipment.

The Trust carried out their Deep Cleaning Programme, as per the Government initiative, which was successfully completed by 31st March 2008. All wards in the Trust were deep cleaned using dedicated deep cleaning teams on both sites. The deep clean incorporated the use of cleaning with a chlorine dioxide product, steam cleaning, vent and radiator cleaning, together with curtain changing. In addition to this a dedicated area was set up for the deep cleaning of all patient beds. New beds and curtains were also purchased to assist with the deep clean process.

A new Strategic Cleaning Forum was developed to look at strategic issues around cleaning services and this will report directly to the Trust Board. Membership including representation from clinical divisions, together with facilities managers and infection control. This group will monitor the Strategic Cleaning Plan and also associated action plans.

9. Audit and Surveillance Activity

The following audits and surveillance (excluding the mandatory surveillance that is documented in Section 2) have been carried out during the year by the Infection Control Team.

Compliance with Hand Hygiene Policy

An audit of compliance with Hand Hygiene Policy was carried out in May 2007 as part of the annual Handwashing Roadshow.

The aim of the Handwashing Roadshow was to:

- give staff the opportunity to check their hand hygiene technique using the ultraviolet light box and an alcohol gel containing an invisible dye;
- raise awareness of hand hygiene by providing posters, badges, written and verbal information, quiz, hand hygiene products;
- to audit staff compliance with the Hand Hygiene Policy.

In total 861 staff were audited, of which 549 (64%) were fully compliant with the Hand Hygiene Policy. Although this was a decrease from the 2006 compliance of 69% it may be due to the wider range of staff observed than previous years..

Following the introduction of weekly Hand Hygiene audits in all clinical areas the Trust has increased its compliance rates to 77% for all staff with nurses achieving 86% at the end of March 08.

Infection Control Environmental Audits of Wards and Departments

Environmental audits were carried out in the wards and clinical departments in the Childrens and Womens Division and departments in the Diagnostic and Therapeutic Division using the Infection Control Nurses Association National Audit Tool. A report for each audit was produced and sent to the Ward/Departmental Managers, Matrons and Cleaning Services and, where appropriate, Estates Department. The reports included the problems found and request action plans to be sent to Matrons/Managers.

The range of scores was 68% to 98% and generally there were many areas of good practice were observed. The audit findings identified some areas at Huddersfield Royal Infirmary that were in need of repair, e.g. damaged floors, walls and surfaces. Some patient equipment required additional cleaning and was stored inappropriately. General clutter was observed on some wards and departments which by making cleaning difficult increasing levels of dust.

MRSA Bacteraemia Surveillance

The reporting of MRSA bacteraemia is mandatory. Enhanced surveillance is performed on each case to identify the risk factors on each patient that develops MRSA bacteraemia in order to prevent and control the risk of infection.

Fifty-six percent of patients were likely to be either septic or incubating sepsis on admission as the positive blood culture were taken either in A&E or within the first 48 hours of admission. Out of these 18 patients, eight had been discharged from hospital in the previous two months, five had never received any healthcare interventions in the hospital at any time and three were from Care Homes. Two of the patients had pressure sores on admission and four had long term catheters. The source of the bacteraemia was likely to be the lower respiratory tract in four patients, urinary tract in three patients (all these were catheter related) and abscesses in three patients.

Forty four percent of patients developed MRSA sepsis 48 hours or longer after admission. Of these 14 cases, 10 were medical patients and four were surgical patients. Four of the patients were previously known to have MRSA prior to developing a bacteraemia. Eleven patients had a peripheral venous cannula, five patients had a central venous cannula, seven patients had a urinary catheter and two were ventilated patients.

Five cases were related to invasive devices, four cases followed wound infections and three cases were due to lower respiratory tract infections. In the remaining two cases no obvious source was identified.

This audit has been presented at Clinical Audit meetings attended by medical and nursing staff.

Alert Organism Surveillance

The ICNet surveillance database interfaces with the laboratory reporting system and provides an efficient system for the Infection Control Nurses to be informed of alert organism identified by the Microbiology Department. This system allows all the advice and investigations to be stored within the system and has improved communications by providing the Infection Control Team with surveillance data which can be shared with other staff as appropriate. The system can provide reports by organism, ward or hospital and has been found to be invaluable when investigating incidents of infection and carrying out 'look back' exercises.

Monthly surveillance data on MRSA and Clostridium difficile is compiled by ward and division. This data is shared with the Board of Directors, Executive Board and clinical divisions and is available on the staff intranet.

The ICNet system has been interfaced with the Patient Administration System (PAS) since December 2007. This provides data on patient location and allows an alert flag to be applied to the PAS system for patients with a history of a multi-resistant organism including MRSA.

Isolation Audit

An audit of Isolation facilities was performed in August which identified nine single rooms 'out of use', three were due to the bathroom upgrade scheme and therefore was a temporary change lasting a few weeks. The other six were being used for non patient activities. The audit highlighted the issues and resulted in all six side rooms being put back to patient use. On the day of the audit all patients requiring isolation were accommodated in side rooms.

10. Training and Education

Induction Training

Infection control training is provided to all new staff during induction. This session covers a basic awareness of standard precautions including handwashing, safe handling and disposal of sharps and management of sharps injuries, isolation policy and the transmission of infection.

Induction training is also provided for junior doctors and for ISS Mediclean staff.

Mandatory Risk Management Training

Infection control has been included in the mandatory risk management training programme. The main objectives of this training is to provide an update for all staff on current infection control issues, national guidance including 'Health Act (2006), the importance of hand hygiene and standard precautions. These sessions have been well attended and the attendance records are held by the Training Department.

Venepuncture, Cannulation and Intravenous Therapy

The Infection Control Nurses provide infection control education as part of a full days training for all staff that practice venepuncture and/or cannulation and care for patients undergoing intravenous therapy. The training days are held monthly and include the risks of infection from invasive devices, aseptic technique and handwashing.

Ward and Department Based Training

Numerous ad hoc training sessions have been provided to staff in their work place. These have been either requested by the ward and department staff or as a result of audit. These sessions have been mainly on MRSA, basic principles of infection control and hand hygiene.

Attendance at Clinical Audit Meeting

The Infection Control Team has attended a number of clinical audit meetings of all the clinical divisions throughout the year. This has provided an opportunity to present surveillance data and the results of the audits performed by the Infection Control Team and to provide associated educational information to the medical, nursing and therapy staff that attended those meetings.

Link Infection Prevention and Control Practitioners

The previous link nurse system was reviewed and refreshed in July 2007. To raise the profile of this important post a new job specification was written outlining a more proactive approach. Each clinical area was asked to re-nominate a practitioner for the role and ensure they had sufficient protected time to fulfil their responsibilities.

Over 80 link practitioners were nominated and a series of full day workshops covering a number of topics including audit, Saving Lives, change management, antibiotic resistance, and isolation were provided with recorded attendance at over 90%.

Ward Rounds

The medical and surgical teams were joined by members of the Infection Control Team whilst carrying out their routine ward rounds with patients. This provided infection control advice and support at the front end of care delivery enabling discussions regarding appropriate antibiotic prescribing and good infection control to take place to improve patient safety.

Professional Development of the Infection Control Nurses

All the Infection Control Nurses are required to provide evidence of continuing professional development as part of the requirements of the Nursing and Midwifery Council to maintain their nursing registration. Above this basic requirement there is ongoing academic study and attendance at regional and national conferences to enable the Infection Control Nurses not only to develop professionally but also to ensure that they are able to provide the most up-to-date advice to prevent and control infection.

In the last 12 months, two Infection Control Nurses attended the National Infection Control Nurses Annual Conference in Torquay. Two Infection Control Nurses have commenced study at Leeds University towards a degree level qualification in infection control and the Lead Infection Control Nurse achieved an MSc Infection Control from the University of Essex.

11. Development and Review of Policies

A comprehensive collection of Infection Control Policies has been produced by the Infection Control Team. These policies are available in a manual in all clinical areas, via the staff intranet and on the Trust website.

All policies are developed and reviewed by the Infection Control Team using available evidence from research or national guidelines, where available. All policies are approved and ratified by the Infection Control Committee.

Two new policies have been developed during the year and a further nine policies have been reviewed as below:

1. Infection Control Arrangements (Section A).
2. Notifiable Diseases (Section B)
3. Multi-drug resistant organism Policy (Section T).
4. Care of the deceased patient (Section P).
5. Management of Clinical sharps Injuries (Section M).
6. Clostridium difficile (Section Y).
7. Aseptic technique Policy (Section G).
8. Waste Disposal Policy (Section U).
9. Infection Prevention & Control for Bed management Policy (Section W).
10. Hand Hygiene Policy (Section H)
11. Isolation Policy (Section K)

12. Other Initiatives

The Trust continually searches for new opportunities to develop good infection control practice and to use innovative ideas to raise awareness or to get important messages across to staff. Often these campaigns are time consuming for Trust staff but the overall benefits to staff knowledge and practice are found to be beneficial.

Communications Strategy

Led by an expert in social marketing and the Trust's Head of Communications the Trust has developed a new strategy to improve the dissemination of information to staff, patients and visitors. This has included an infection control newsletter for all staff and volunteers and regular updates in the monthly Trust News. Ward based information has been provided including hand hygiene audit results which the ward managers are encouraged to display. The intranet has been used to publish and make easily available a wide range of infection control data and information. Work continues to develop the strategy across the wider health care economy.

Infection Control Week

As part of the National Infection Control week the Infection Control Nurses provided information stands in the staff restaurants at Huddersfield Royal Infirmary and Calderdale Royal Hospital. These stands displayed information for staff about various aspects of infection control including information on MRSA, Clostridium difficile and the benefits of influenza vaccine for staff.

Sharps Awareness Week 2007

A sharps awareness campaign was held to raise awareness of sharps safety. An audit of safe handling and disposal of sharps was carried out by Frontier Medical Products during the week. A Sharps Awareness Bulletin was provided by the Infection Control Nurses to highlight safe practice of sharps and the risks of poor practice. A knowledge quiz was held and prizes were awarded to the winning staff.

Patient Environmental Action Team (PEAT)

The PEAT inspection is carried out annually in both hospitals and although the inspection team are internal staff it includes a public elected member of the Membership Council and the results are submitted to National Patient Safety Agency and part of this assessment forms the performance score for hospital cleanliness. A selection of Trusts received validation visits but this Trust was not selected for validation purposes.

Monthly internal PEAT inspections are held across the Trust to maintain an ongoing process and ensuring standards are met through the year. The Infection Control Nurses are part of this internal assessment team along with a matron, members of the facilities team and patient representatives.

'Think Clean' 2007

The third 'Think Clean' event was held following the success of last two years events to raise awareness that cleanliness is everyone's business. It was an initiative of the Hygiene and PEAT Performance Group which has the participation from Infection Control, Nursing, Therapies, Cleaning and other disciplines across the Trust. The event was held on September 14th and focused on identifying areas of good practice and building on these.

A number of matrons and infection control nurses volunteered to work alongside ward cleaning staff during the week to raise the profile of cleaning staff and value their contribution to the patient experience.

The event also provided the opportunity to share with the local media some of the initiatives which demonstrate the Trust's commitment to cleaning increasing patient and public confidence.

VEGA Research Project

The Infection Control Team has continued to be involved in this project to explore the use of serious games technology for infection control training. It has involved research into attitudes and behaviours related to infection control practice of a number of clinical and domestic staff. There has been a focus group comprising of five link practitioners and two infection control nurses to help create scenarios with the intent to provide learning which will improve attitudes and behaviour towards good infection control practice.

VEGA are hoping for a prototype game to be available before the end of 2008. Steve Jarvis, Learning Consultant for VEGA and Carole Hallam, Lead Nurse presented the progress of the project at the Health Protection Agency Conference 2007 at Warwick University.

Capital Challenge Fund

The Department of Health provide £300,000 from the Capital Challenge Fund in December 2006. This fund was made available to fund capital projects to prevent and control healthcare associated infections. The Lead Infection Control Nurse led the project which has provided money for a number of small schemes within the Trust during 2007/08. These included the increase of side-room accommodation, an automated antibiotic sensitivity reader (providing fast and accurate information for clinicians to prescribe the most appropriate antibiotic), improvements in decontamination equipment and facilities and increasing local laundry facilities dedicated for the reprocessing of microfibre cleaning equipment (mops and cloths).

Showcase Hospitals

The Trust has been selected to be one of seven Showcase Hospitals. This is a DH initiative to evaluate the six products that have been assessed by the HPA Rapid Review Panel with a Category 1 which demonstrates that there is evidence that the product can prevent healthcare associated infections. The initiative will run from May for 12 months during which time each product will be used for six months. During the twelve months other hospitals will be invited to view the products in 'use'.

The products are;

- Chloroprep for skin disinfection
- Bioquell for environmental disinfection
- Cleartrace for taking ATP readings
- Zassi bowel management system
- Flexiseal faecal containment system
- Bard silver coated catheters

Strategic Health Authority Funding for Healthcare Associated Infections

In August 2007 the Trust was provided with £277,500 by the SHA to support the prevention of HCAs. This funding has been used to fund extra staff, namely a lead with specialist knowledge and experience with social movement and communication and 3 (2 whole time equivalent) invasive devices nurse specialist to support safer care with invasive devices particularly intravenous devices. The funding has also enabled extra hours for the antibiotic pharmacist and backfill for the 80 link practitioners to attend training workshops and to perform infection prevention duties in the wards and departments where they work.

The funding has also been used to purchase silver coated catheters, known to reduce the risk of infection, the printing of the new antibiotic guidelines, purchase of education material and the purchase of hand hygiene signage.