Papworth Hospital NHS
NHS Foundation Trust

Infection Prevention & Control Annual Report 2010/2011

Board of Directors Approval date:	29 September 2011
Infection Prevention & Control Committee Submission date:	31 October 2011

Position at 31 March 2011
WTE = whole time equivalent.

Contents

1. Introduction

All NHS organisations must ensure that they have effective systems in place to control healthcare associated infection. The prevention and control of infection is part of Papworth's overall risk management strategy. Evolving clinical practice presents new challenges in infection prevention and control, which need continuous review.

The Trust puts infection control and basic hygiene at the heart of good management and clinical practice, and is committed to ensuring that appropriate resources are allocated for effective protection of patients, their relatives, staff and visiting members of the public. In this regard, emphasis is given to the prevention of healthcare associated infection, the reduction of antibiotic resistance and the sustained improvement of cleanliness in the hospital.

The issues that the Trust must consider include:

- The number and type of procedures carried out across the Trust and the systems in place to support infection control and decontamination.
- The different activities of staff in relation to the prevention and control of infection.
- The policies relating to infection prevention and control and decontamination.
- The staff education and training programmes.
- The accountability arrangements for infection prevention and control.
- The infection control advice received by the Trust.
- The microbiological support for the Trust.
- The integration of infection control into all service delivery and development activity.

This report has been written to provide information about infection prevention and control at Papworth Hospital. This information is primarily aimed at patients and their carers, but may also be of interest to members of the public in general.

The report aims to reassure the public that the minimisation and control of infection is given the highest priority by the Trust.

In publishing this report we recognise that patients and the public are increasingly concerned about infection risks. Access to information about this aspect of hospital care is rightly needed in order to make informed decisions and choices about their health care needs.

2. Executive Summary – Overview of Infection Control Activities within the Trust

The Trust has a proactive infection prevention and control team that is very clear on the actions necessary to deliver and maintain patient safety. Equally, it is recognised that infection prevention and control is the responsibility of every member of staff and must remain a high priority for all to ensure the best outcome for patients.

The hospital has signed up to the "Saving Lives" programme developed by the Department of Health to reduce Healthcare Associated Infections (HCAIs), including MRSA. Saving Lives version 2 (based on the Health Act – Code of Practice) went live in 2007. The Saving lives documents were updated in July 2010. The infection prevention and control programme audit and surveillance programme incorporates the updated guidance and allows constant monitoring of all infection, prevention and control policies and procedures.

Papworth continues to take part in mandatory surveillance of Vancomycin Resistant *Enterococci* (VRE) and *Clostridium difficile* as well as Methicillin Resistant *Staphylococcus aureus* (MRSA).

C.difficile and MRSA reporting continues via the national Mandatory Enhanced Surveillance System (MESS) that requires sign off by the Chief Executive on a monthly basis. In addition mandatory reporting of Methicillin-sensitive *Staphylococcus aureus* (MSSA) bacteraemia has been performed since January 2011.

Papworth Hospital NHS Trust has made year on year reductions in MRSA and C. difficile cases, these have remained below the ceiling set by the Strategic Health Authority. This ceiling is reset at a lower rate on yearly basis and the Trust is maintaining these targets.

Incidents and outbreaks were managed as they arose throughout the year. The management of influenza remains high on the Trusts agenda and local policies and procedures are continually updated and reviewed inline with national guidance.

3. Description of Infection Control Arrangements

3.1 Corporate Responsibility

The Director of Nursing has lead responsibility within the Trust for Infection Prevention and Control and reports to the Chief Executive and the Board of Directors. Following publication, by the Department of Health in December 2003, of the Chief Medical Officer's strategy for infection control (*Winning Ways: working together to reduce healthcare associated infection*) the Director of Nursing post has been designated as Director for Infection Prevention and Control for the Trust.

The Medical Director and the Head of Clinical Governance and Risk Management, through their respective roles, also exert their influence at a corporate level in areas that have direct impact on infection prevention and control.

3.2 Infection Prevention & Control Team

Specialist advice is provided to clinicians throughout the hospital by the infection prevention and control team. A Consultant Microbiologist is the designated Infection Prevention and Control Doctor (IPCD) with the weekly allocation of 3.5 programmed activities (14 hours) of infection control doctor time. A second Consultant Microbiologist provides an additional 1.5 (6 hours) programmed activities of infection control doctor time. When needed, cover for leave of absence is provided by the IPCD for Hinchingbrooke Hospital and another Consultant Microbiologist at Papworth Hospital.

Additional support to the team is provided by a Specialist Registrar in microbiology and on-call cross cover arrangements are in place for microbiologists from Papworth, Hinchingbrooke and Addenbrooke's hospitals. Specialist advice in virology is provided by the Addenbrooke's Consultant Virologists.

The specialist infection, prevention and control nursing team provide education, support and advice to all Trust staff with regard to infection control matters and liaise regularly with patients and relatives to provide information on alert organisms, offering advice and reassurance when required.

The team liaise with clinicians and directorate managers together with managers who have responsibility for Estates, Hotel Services, Clinical Governance and Risk Management and the decontamination lead. The remit of the team includes:

- To have in place policies, procedures and guidelines for the prevention, management and control of infection across the organisation.

- To communicate information relating to communicable disease to all relevant parties within the Trust.
- To ensure that training in the principles of infection control is accurate and appropriate to the relevant staff groups.
- To work with other clinicians to improve surveillance and to strengthen prevention and control of infection in the Trust.
- To provide appropriate infection control advice, taking into account national guidance, to key Trust committees.
- To share information between relevant parties within the NHS when transferring the care of patients to other healthcare institutions or community settings.

Full details of the infection prevention and control team are provided in the organisation chart shown on page 6 of this report.

3.3 Infection Prevention & Control Committee Structure and Accountability

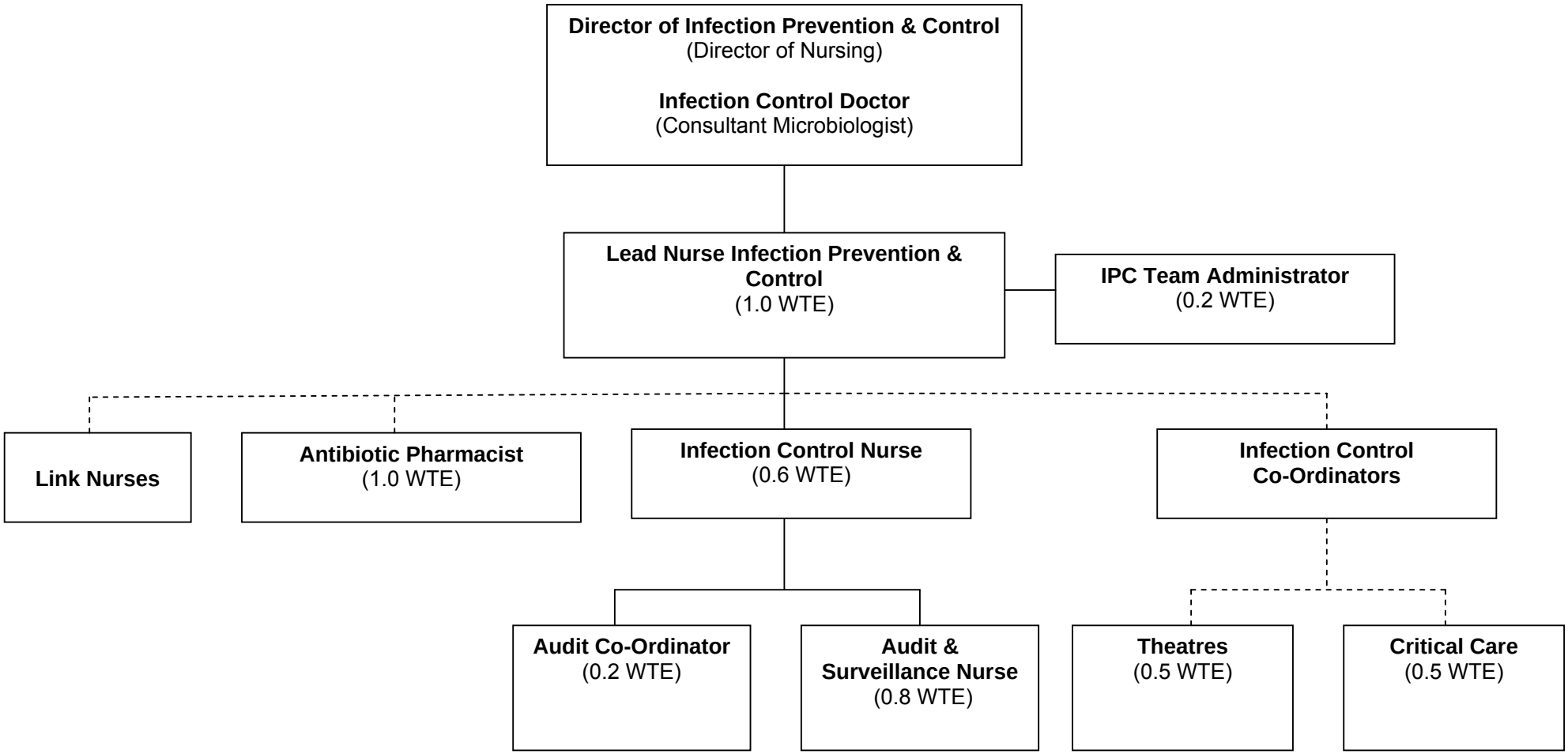
The Infection Prevention and Control Committee is the main forum for discussion concerning changes to policy or practice relating to infection prevention and control. The membership of the Committee is multi-disciplinary and includes representation from all directorates and senior management. The Committee is chaired by the Director of Infection Prevention and Control (DIPC), and meets 6 weekly. The Committee has a link via the Clinical Governance Management Group and the Director of Nursing (DIPC) into the Quality and Risk Committee of the Board of Directors. The terms of reference and membership are shown in Appendix 1. The DIPC also provides a monthly report to the Board of Directors.

Additionally, clinical champions have been identified in each area who come together as an "Infection Control Link Group". This group helps to facilitate best practice and acts as a forum for education and discussion. The terms of reference are included in Appendix 2.

The relationship and reporting lines between the various committees showing Ward to Board arrangements is shown in the diagram on page 7.

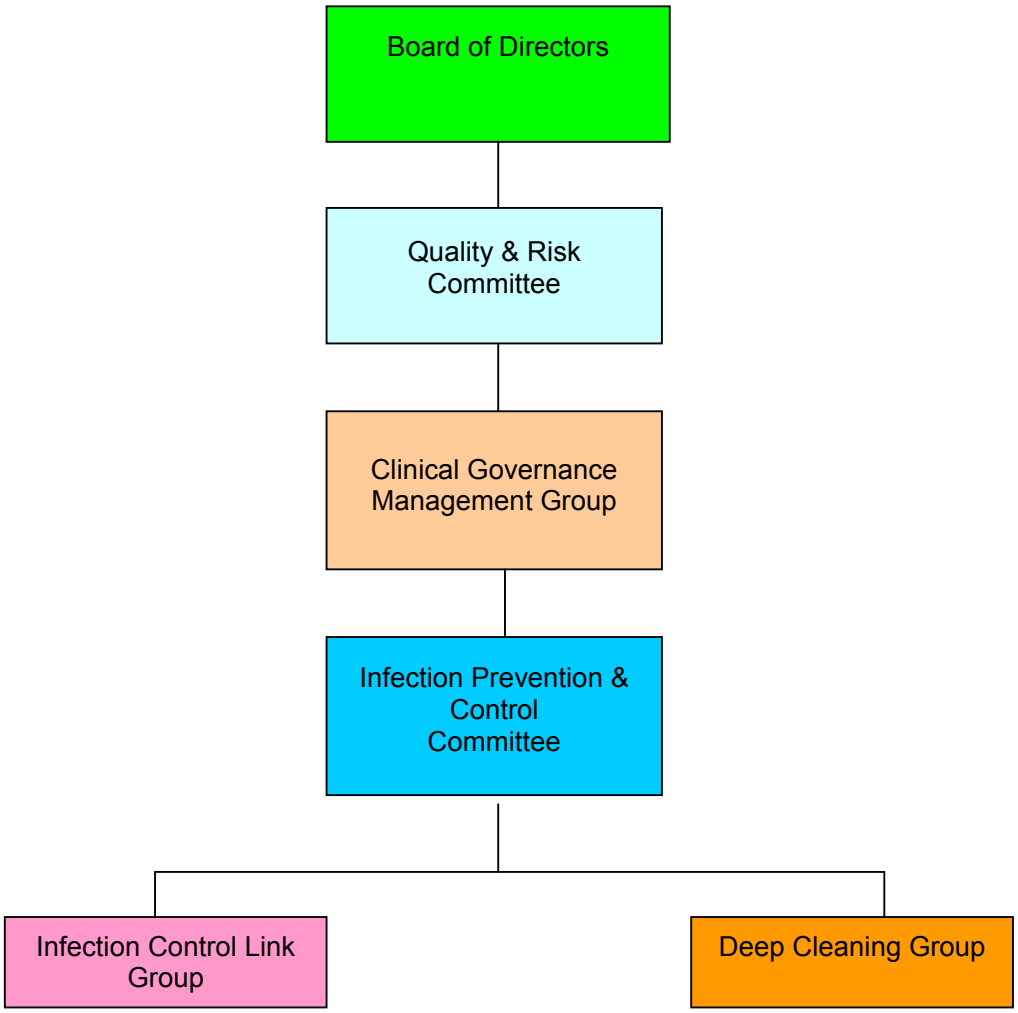
Papworth Hospital NHS
NHS Foundation Trust

Infection Prevention & Control Team



Position at 31 March 2011
WTE = whole time equivalent.

Infection Prevention & Control Committee Structure and Accountability



Committee / Group Membership:

Director of Infection Prevention & Control						
Infection Prevention & Control Doctor						
Infection Prevention & Control Nurse						
Representatives from each Clinical Directorate						
Hotel Services Manager						
Deputy Estates Manager						
Cleaning Contract Services Manager						
Antimicrobial Pharmacist						

3.4.1 **Infection Control Team Representation on Committees at Papworth Hospital:**

- Audit and Clinical Effectiveness Steering Group
- Antimicrobial Stewardship Group
- CCA Infection Prevention & Control Committee
- Contract Services Meeting
- Clinical Governance Management Group
- Domestic Services Review Group
- Drugs & Therapeutics Committee
- Enteral Feeding Group
- Health & Safety Committee
- Infection Prevention & Control Committee
- Legionella Steering Group
- Links to Prescribing and Formulary Committee
- Medical Advisory Committee
- Medical Devices Group
- Nursing Advisory Committee
- Pathology Management Group
- Pre and perioperative care group
- Public Health TB Forum
- Radiology infection, prevention and control group
- Sisters Meeting
- Supplies User Group
- Theatres, Critical Care & Anaesthetics Management Group
- Tissue Viability Group
- Waste Management Committee

3.4.2 **Infection Control Team Representation on External Committees**

- Infection, Prevention and Control Regional Steering Group
- East of England Healthcare Associated Infection (HCAI) Task Group
- East of England Regional Microbiology Development Group

3.5 **Assurance**

The Assurance process includes internal and external measures. Internally, the accountability exercised via the committee structure described above ensures that there is internal scrutiny of compliance with national standards and local policies and guidelines. Furthermore, external assessments are also used. These include the "Controls Assurance" measures for infection control and decontamination standards, ISO, NHSLA standard for Infection Control, Care Quality Commission standards and the Patient Environment Action Teams (PEAT) review. Progress in these areas during 2010/11 is summarised below.

Standards for Decontamination	Sterile Services Department has been audited and meets the requirements of disinfection, assembly, packing, moist heat and gas plasma sterilisation of theatre trays and procedure packs and supplementary instruments in accordance with ISO 13485:2003 and ISO 9001:2008. For moist heat and gas plasma sterilisation of theatre trays, procedure packs and supplementary instruments in accordance with Medical Devices Directive 93/42/EEC Annex V, Article 12 (Sterility Aspects Only).
PEAT	The score for environment and cleaning "good". The score for food "excellent". Privacy and dignity "good".

Care Quality Commission Standards	The Trust reported compliance for 2010/11 reporting on MRSA bacteraemia number of 1 (against a ceiling target of 2) and a C.difficile reported number of 11 (9 attributable to Papworth Hospital NHS Trust against a ceiling target of 13). * There were no unannounced CQC inspections during 2010/11.

***** Papworth attributable cases are those that occur more than 2 days after admission to Papworth Hospital NHS Foundation Trust.

3.6 DIPC Reports to Board of Directors

The monthly DIPC report forms part of the patient safety agenda and reports on mandatory monitored healthcare associated infections (HCAIs) such as C.difficile, and MRSA, as well as other healthcare associated infections. The report also highlights any topical infection prevention and control issues and incidents occurring in clinical practice. The DIPC annual report is submitted to the Board of Directors.

3.7 Budget Allocation

Budget allocation for infection control activities:

- 1.0 WTE Band 7 Lead Nurse in Infection Prevention and Control.
- 0.6 WTE Band 6 Infection Control Nurse
- 0.5 WTE of Consultant Microbiologist time.
- 0.8 WTE Band 6 audit and surveillance nurse time.
- Scientific support and technical capability is funded within the contract that the Trust has with the Health Protection Agency (HPA).
- Administrative support is provided via a team administrator (9 hours per week) and the PA to the DIPC.
- Training and IT support are funded from corporate IT and Education budgets based on any case of need submitted by the infection control team.

3.8 Infection Control Report & Programme for 2010/2011

Work undertaken by the Infection Prevention and Control Team during 2010/11 covers the following areas:

- The Health and Social Care Act 2008
- Infection Prevention and Control Team
- Infection Prevention and Control Committee
- Policies and Procedures
- Audit and Surveillance
- Education
- Department of Health initiatives – Saving Lives / Clean Your Hands Campaign.

4. HCAI Statistics

4.1 Introduction

Papworth Hospital NHS Trust continues to take part in mandatory surveillance of Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteraemias, Glycopeptide (or Vancomycin)-Resistant *Enterococci* (GRE/VRE) bacteraemias and *Clostridium difficile* cases. MRSA bacteraemias and laboratory detected C. difficile toxin results are reported monthly via the Mandatory Enhanced Surveillance Scheme (MESS) web site and signed off on behalf of the Chief Executive. From January 2011 mandatory surveillance of Methicillin-Sensitive *Staphylococcus aureus* (MSSA) bacteraemias was commenced as required by the Department of Health, before this time this surveillance was carried out on a voluntary basis.

Feedback on the results for mandatory surveillance is given monthly to the Board of Directors, 6 weekly to the Infection Prevention and Control Committee and quarterly to the Clinical Management Groups. Individual monthly results for Critical Care (CCA) are fed back monthly and discussed quarterly at the CCA Infection Prevention and Control Committee.

Additional surveillance data on *Staphylococcus aureus*, GRE, and resistant Gram negative isolates expressing Extended Spectrum B-lactamases is also collected and feedback given as that for the mandatory reports.

Central venous catheter related bloodstream infection rates (CVC-BSI) have been monitored through the National Patient Safety Agency's program ("Matching Michigan") since January 2010. The aim is to match the reduction in CVC-BSI achieved in Michigan USA. In order to achieve this, a group has been formed to ensure implementation of the Department of Health High Impact Intervention No. 1 (Central Venous Catheter Care Bundle) and other technical interventions relating to CVC care.

4.2 Mandatory Reports

4.2.1 MRSA

MRSA bacteraemia figures for the past 9 complete years are represented in the table below.

Papworth Annual MRSA Bacteraemia rates (from 1 April 2002)

01.04.02 to 31.03.03	01.04.03 to 31.03.04	01.04.04 to 31.03.05	01.04.05 to 31.03.06	01.04.06 to 31.03.07	01.04.07 to 31.03.08	01.04.08 to 31.03.09	01.04.09 To 31.03.10	01.04.10 To 31.03.11
24	13	7	14	4	5	1	2	1

The ceiling for MRSA bacteraemias set for Papworth for 2010/11 by the Strategic Health Authority was two. One bacteraemia was identified in 2010/11. A root cause analysis was carried out into this MRSA bacteraemia. It was reported to the Infection Prevention and Control Committee and via the Mandatory Enhanced Surveillance Scheme (MESS). See Appendix 3 for summary MESS report.

MRSA screening of all elective and emergency admissions continued to be performed in 2010/11 with a target set at 100%. Compliance has improved since mandatory screening was introduced in April 2009. Compliance in 2010/11 was 98% compared to 90% in 2009/10. The monthly screening results are shown in Appendix 3.

4.2.2 C.difficile

C. difficile figures for the last five years are represented in the table below. Cases are attributed to the Trust if the positive sample was taken more than 2 days after admission.

	2006/7	2007/8	2008/9	2009/10	2010/11
C. difficile >65 yrs	17	14	9	5	5
C. difficile < 65 yrs	15	11	13	8	6
Total	32	25	22 (19 attributable)	13 (12 attributable)	11 (9 attributable)

The ceiling set for Papworth by the Strategic Health Authority for 2010/11 was 13 attributable cases. All C. difficile cases had a root cause analysis carried out, and were reported to the Infection Prevention and Control Committee and via the Mandatory Enhanced Surveillance Scheme (MESS). See Appendix 3 for summary MESS report.

4.3 Other Surveillance Reports

	2006/7	2007/8	2008/9	2009/10	2010/11
Methicillin sensitive Staphylcoccus aureus bacteraemias (MSSA)	21	19	21	18	10
Glycopeptide (or Vancomycin)-Resistant *Enterococcus* (GRE/VRE) bacteraemias	3	5	5	4	0
Extended spectrum B-lactamase producers (ESBL) bacteraemias	-	1	1	3	1

MSSA, VRE bacteraemias and ESBL bacteraemias are reported to the Infection Prevention and Control Committee and to the Health Protection Unit quarterly. There are no ceilings set by external authorities for these healthcare associated infections.

4.4 Wound Care

The Trust commenced continuous surgical site infection (SSI) surveillance on 1st April 2009, and this continues to date as a rolling programme. The methodology used is the Health Protection Agency scheme for surgical site infection surveillance on Coronary Artery Bypass Graft (CABG). From March 2011 the surveillance was extended to valve, thoracic and PTE surgeries. Patients following cardiac surgery are followed up post discharge for any sternotomy wound infections (one year) and for leg/thoracotomy wound infections (30 days) post operatively. Therefore each one year period of surveillance takes two years to complete.

SSI rates:

SSI figures for 2009-2010 CABG + or - valve patients = 9.69%
SSI figures for 2010-2011 CABG + or - valve patients = 5.85% (this figure will be finalised in April 2012 at the end of the surveillance period for this group of patients).

The reduction in the SSI rate from 2009-2010 9.69% to the 2010-2011 5.85% is thought to be as a result of continuous surveillance and the actions put in place by the Trust Pre and Peri-Operative Care Group. These actions included: a focus on pre operative skin preparation; introduction and

use of iodised drapes; disseminating results to the hospital wide audit meeting; feedback of individual SSI rates to surgeons. This group continues to meet quarterly, and sets the SSI surveillance agenda.

For robust statistical analysis of the data we have enlisted the assistance of our regional HPA epidemiologist. In addition to collecting the HPA required data on all CABG patients we will continue to collect other relevant data such as patients' core temperature following surgery and timings of prophylactic antibiotics.

4.5 Antimicrobial Stewardship

Reports on resistant organisms including MRSA, GRE/VRE and Gram negative organisms expressing extended spectrum B-lactamases are collated and circulated to the Infection Prevention and Control Committee, CCA Infection Prevention and Control Committee and the CMGs as previously indicated. The Antimicrobial Strategy has been revised (December 2009) and the Antimicrobial Stewardship group has been formalised (March 2010) as a sub group of the Drugs and Therapeutics Committee. During 2009 /10 the Antimicrobial Pharmacist position was secured to a 1.0 WTE post. The Antibiotic Guidelines for the Treatment of Adult Cystic Fibrosis Patients were introduced and the Antibiotics for Surgical Prophylaxis Guidelines were updated in 2010/11. Monthly antimicrobial usage and financial reports were produced for the RSSC; and for the CF Unit (ward and outpatients) from April 2010. These have been well-received by the clinical teams as a guide to economic prescribing and formulary use.

4.6 Untoward Incidents and Outbreaks

Incident and outbreak investigations occurring in 2010/11 were reported to the hospital Infection Prevention and Control Committee throughout the year.

Swine flu (H1N1) returned to the Trust in the form of seasonal flu in the autumn of 2010. The influenza incident management group was reinstated to arrange plans for the vaccination of health care workers and the management of patients with influenza. Leads from all directorates were involved with the planning. The fit testing program for FFP3 masks is ongoing. The seasonal flu vaccination programme was implemented from October 2011 and staff were strongly encouraged to have the vaccine. The Trust participated in regular Silver Command teleconferences with the surrounding Acute Trusts and PCTs throughout the influenza season. Daily situation reports were submitted to the Department of Heath, reporting on bed closures and surgical operation cancellations as a result of seasonal flu, as well as monthly staff immunisation progress reports.

During this period, Papworth again volunteered to support the NHS with an ECMO (extra corporeal membrane oxygenation) service. This is treatment offered to patients who have respiratory difficulties related to H1N1. A number of patients were admitted for ECMO during the flu season.

4.7 Outbreak Update 1 April 2010 to 31 March 2011

Significant outbreaks and infection control incidents throughout the year are detailed below. This includes the causative or suspected organism, the numbers of individual cases investigated and a brief summary of the salient actions taken.

Causative organism	No. cases investigated	Actions taken	Conclusion
Pulmonary Mycobacterium Tuberculosis	2	Reported to HPA- Appropriate follow up and contact tracing undertaken	All cases followed up and reported back to HPA. No secondary hospital cases identified and no further action required.

No Norovirus outbreaks were reported for 2010/11.

Causative organism	No. confirmed cases	No. of ECMO	Conclusion
H1N1- Swine Flu	19	10	All cases followed up and concluded. No further action required.

5. Health and Social Care Act 2008 – External Inspections 2010/11

There were no Care Quality Commission Inspections related to infection control in 2010/11.

5.1 Cleaning Services

Deep Cleaning Programme

An annual rolling deep cleaning programme is in place to ensure all hospital bedded areas have been deep cleaned .Six weekly deep cleaning meetings with the DIPC and matrons ensure this work can be facilitated.

Management Arrangements

Sodexo's on site General Manager oversees the cleaning contract and the Domestic Services Manger is responsible for the day to day running of the contract, who both support the zonal supervisors on a day to day basis.

Monitoring Arrangements

An IT (Innovise) system is used to provide and monitor data with Quality Assurance in line with an agreed joint Trust/Contractor monitoring protocol. It is the duty of the Domestic Services Manager to capture and collate the information and present the information at the regular contract meetings. The implementation of zonal supervisors ensures consistent focus on both quality of service delivery and effective communication on monitoring results

Budget Allocation

Budget allocation for 3 WTE managers and 45 domestic staff (full and part time) supported by a budget allocation for ad hoc cleans which include cleaning of barrier rooms and infection cleans.

Clinical Responsibility

A Modern Matron attends all contractual meetings and has input into service change. Modern matrons, ward sisters and weekend on-call managers will assist the domestic services supervisors on their quality control rounds.

6. Targets & Outcomes

The main infection control targets set by the Strategic Health Authority on behalf of the Department of Health have been met. The number of MRSA bacteraemias was 1 (ceiling 2) and numbers of attributable C. difficile cases 9 (ceiling 13).

Root cause analyses (RCAs) were carried out on all C. difficile cases, MRSA, MSSA and VRE bacteraemias. This was done with involvement from the clinical teams and reported to the Infection, Prevention and Control Committee.

As reported, the overall MRSA screening compliance for 2010 was 98%, against the target of 100%.

7. Training Activities

Infection Prevention and Control training mandatory sessions were delivered as out-lined in the table below:

Teaching sessions	Duration	Frequency	Delivered by
Induction session for **all** new starters	30 minutes	Monthly	IPCN
Induction session for **all** new medical starters	30 minutes	Monthly	IPCD, IPCN and tissue viability
Yearly update for qualified nurses in cardiac and thoracic directorate	1 hour	Twice a month	IPCN
Yearly update for non qualified nurses in cardiac and thoracic directorate	1 hour	Twice a month	IPCN
Yearly mandatory update for consultant staff	30 minutes	4 times Yearly	IPCD
Yearly update for all other clinical staff	30 minutes	IPC awareness week	IPCN

Infection Control & Hand Hygiene Training April 10 - March 11	
	Compliance
Hand hygiene training	100%
General training	Compliance is now linked to incremental progression and this will ensure that full compliance is obtained in 2011/12.

Compliance will be regularly monitored and feed back to the IPCC meetings on a quarterly basis. Action plans will be instigated if compliance levels are not satisfactory.

8. Infection Prevention and Control Annual Programme 2011/12

	Action	Goal	Timeline
1	**IPC team**	Microbiology Laboratory reorganisation and relocation to Addenbrookes- Issues to be addressed: IPC data queries need to be assured Honorary contracts and Shamus access for Helen and Anne for Addenbrookes	June 2011
2	**Patient equipment cleaning & disinfection**	High impact intervention 8, with process in place for monitoring of compliance – Monitored within the annual audit programme	June 2011
3	**MRSA screening**	Maintain and monitor screening compliance Provide feedback on compliance to all areas via the IPCC Participate in National Department of Health backed One Week Prevalence Audit of MRSA screening.	Monthly Six weekly May 2011

	Action	Goal	Timeline
4	**Urinary Catheter care programme**	Review urinary catheter associated infections and formulate action plans.	March 2012
5	**Improvement of best practice monitoring**	Individual care bundle introduction trust wide.	March 2012
6	**Audit**	Ongoing annual audit programme. Additions to annual audit programme: HII4 - Prevention of surgical site infection HII7 - To reduce the risk from Clostridium *difficile* HII8 - Cleaning and Decontamination of Clinical Equipment. Waste Management Audit ICNA tool4.4 Departmental Waste Handling and Disposal Audit ICNA tool 4.5 Peer review Environmental Audits ICNA tool 4.1 Linen Audit ICNA tool 4.3 Commode Audit (in house tool) Theatre QC Audits	2011/12 To be in place by Sept 2011 ongoing from there.
7	**The Health and Social Care Act (2008)**	General IPC patient info leaflet Hand Hygiene patient info leaflet Programme for regularly monitoring compliance with all criteria.	Nov 2011 Nov 2011 Ongoing
8	**Review of new build designs and estates**	Predicted significant increased Infection control input to Papworth New build -Issues identified: • IPCN cover • IPC doctor cover	Commencing June 2011
9	**CQC monitoring**	Ensure and measure compliance with CQC standards/ Health and Social Care Act 2008.	Recording system developed from March 2011
9	**NHSLA Standards**	General infection control requirements are now monitored via Health and Social Care Act/ CQC Hand hygiene compliance/ training – Monitored via IPCC and policy changed to reflect this. (NHSLA Level 3)	Sept 2011
10	**Education**	Commode cleaning educational material Review stat and tech presentation Trust and Medical inductions. Stat and Tech teaching. Consultant and FY 1+2 updates. Ad hoc training across the trust.	Sept 2011 Ongoing 2011/12
11	**Deep Clean Programme**	Continued monitoring of deep clean programme via deep clean meetings. Data held with Sodexho and Monthly QC results reported via matrons balanced score card.	Ongoing

	Action	Goal	Timeline
12	**Surgical Site Infection Surveillance**	Register for yearr 3 HPA surveillance programme. SSI surveillance programme to cover CABG (3 months per year), Valve and Thoracic surgery (all cases). Regional Epidemiology - to analyse relative risk factors	March 2012
13	**Root Cause analysis of MRSA /MSSA and VRE bacteraemia and Clostridium difficile cases**	Completion of RCAs on all cases. Progress to engagement of clinical teams/Ward sisters/IPCT/Matrons Review RCA tool.	Ongoing March 2012
14	**Monitoring E.coli bacteraemia**	Mandatory reporting of cases required from June 2011. Monthly query for cases and Investigation into preventable causes with view to reduce.	2011/12
15	**Matching Michigan project (MM)**	Continue current CVC-BSI monitoring. Implement MM action plan and aim to reduce CVC-BSI rate.	2011/12
16	**Calls for Further Action in tackling HAI's- patient group engagement** **(Flyer received from SHA- May 2010)**	Patient empowerment- (Progress culture within organisation to support patients to report lapses in infection control) Patient engagement focusing on Infection Prevention– Hand Hygiene, SSI, -(Partners in their care) Engage Volunteers with IPC agenda	 March 2012
17	**Routine tasks**	IPCNs: ▪ Regular review of inpatient with IC issues/nursing ward round. ▪ Action positive results and advise on inpatient treatment/ send GP/hospital/patient letters. ▪ Label patient notes. ▪ Alert positive patients on PAS/Tomcat. ▪ Give patient advice leaflets and visit newly positive patients on the ward. ▪ Weekly isolation surveillance. ▪ Theatre lists to check and manage MRSA status. IPCNs/ICDs: ▪ Telephone advice. ▪ Provide support to ward staff with IC matters. ▪ Outbreak management. ▪ Review policies and procedures. ▪ Participation in external audits and inspections ▪ Meeting attendance. o IPCNs-attend upwards of 15 regular meetings. o ICDs-attend upwards of 8 regular meetings. ICD: ▪ twice weekly CCA ward rounds.	2011/12

	Action	Goal	Timeline
		▪ Respond to FOI requests and complaints ▪ Preparation of reports (e.g. SUI, alert organism monthly reports) and annual reports/plans ▪ monthly trust board reporting and preparation of quarterly reports e.g. CMG.	
18	**Data analysis/ Monitoring of current national guidance (horizon scanning)**	Monitoring and analysis of annual figures for MRSA, C. diff and bacteraemias Reviewing issued national guidance Monitoring current IC research.	

9. Audit & Surveillance

The Infection Prevention and Control Team lead on a comprehensive infection control audit programme, which is updated annually. This audit programme is based on the infection control policies and procedures which are used within the Trust and facilitates accurate monitoring of compliance with these polices and procedures. The Department of Health Saving lives audits are also part of this programme and are carried out on a monthly basis. These national audits were designed to promote best practice across the whole of the NHS and reduce avoidable healthcare associated infection. Controls assurance frameworks linked to the audit programme are facilitated through the Infection Prevention and Control Committee and action plans are requested if any area scores less than 95%. Compliance with the audit programme is very high and the results are available on the Trust intranet.

Appendix 1 – Terms of Reference – Infection Prevention and Control Committee

Membership

Chair:
- Director of Nursing (Director of Infection Prevention and Control)

Members:
- Antimicrobial Pharmacist
- Clinical Audit representative
- Clinical Governance Manager
- Consultant Anaesthetist
- Consultant Microbiologist
- Consultant Surgeon
- Estates Department representative
- Health Protection Agency representative
- Infection Control Doctor / Consultant Medical Microbiologist
- Infection Control Link – Critical Care.
- Infection Control Link – Theatres.
- Infection Control Nurse
- Matron Cardiac Services (or representative)
- Matron Critical Care (or representative)
- Matron Thoracic Services (or representative)
- Matron Transplant Unit (or representative)
- Nurse Consultant Tissue Viability
- Occupational Health Physician or Nurse Advisor
- Radiology Manager (or representative)
- Sterile Services Manager (or representative)
- Theatre Manger (or representative)

Invited attendees:
- Specialist Registrar in Microbiology

Secretary:
- PA to Director of Nursing

Aims

- To provide specialist advice, to formulate and monitor the implementation of policies and procedures, and to determine and monitor the progress of infection prevention and control at Papworth Hospital NHS Foundation Trust.

- To reduce Healthcare Associated Infection (HCAI) and deliver the target to reduce MRSA bacteraemia, utilising the delivery programme Saving Lives (DoH 2005).

Duties

i) To commission, approve (or recommend for approval) and monitor implementation of procedures and policies related to infection control, including policies for the hospital response to major outbreaks of communicable disease in the community.

ii) To develop a comprehensive prioritised action plan that incorporates national guidance and good practice.

ii) To prepare and review the progress of the annual programme of activities for infection prevention and control.

iii) To advise General Managers and the Trust Executive on funding both for the infection control programme and any contingencies.

iv) To advise directorates of problems in the control of infection in any of the clinical areas in the trust (as raised by members of the committee), and monitor the uptake of recommendations.

v) To circulate the minutes of its meetings widely and liaise with medical, nursing and other committees as appropriate.

Quorum

The Committee shall be deemed quorate if there is representation of a minimum of five members. This must include at least one member of the infection control team. In the absence of the Director of Nursing, the meeting will be chaired by the Infection Control Doctor.

Frequency of Meetings

The Committee will meet on a bi-monthly basis and may convene additional meetings, as appropriate.

Minutes and Reporting

The agenda and briefing papers will be prepared and circulated in sufficient time for Committee Members to give them due consideration.

Minutes of Committee meetings will be formally recorded and distributed to Committee Members within 10 working days of the meeting. Subject the approval of the Chair, the minutes will be submitted to the Clinical Governance Management Group at its next meeting.

The minutes should also be circulated for information to the following:

- Cardiac Management Group.
- Thoracic Services Management Group.
- Transplant Steering Group.
- TCCA Directorate.

An annual report from the Director of Infection Prevention and Control (DIPC) should be submitted to the Board of Directors.

An annual report and programme of activities from the Infection Control Team should be submitted and presented to the Clinical Governance Management Group. This should be produced to conform to national reporting expectations.

The Committee should also report to the Quality and Risk Committee and the Board of Directors, by exception, to inform of any untoward or serious issues relating to infection prevention and control.

Acknowledgement

These Terms of Reference have been drawn up with due regard to the recommendations for the composition and conduct of infection control committees contained in *Standards in Infection Control in Hospitals* (prepared by the infection control standards working party) 1993.

The Terms of Reference have been revised to incorporate Saving Lives: A Delivery Programme to Reduce HCAI, Including MRSA (DoH 2005). Signing up to this programme by the Trust will demonstrate their commitment to patient safety and reduction of HCAI.

Appendix 2 – Terms of Reference - Infection Control Link Group
Revised July 2008

INTRODUCTION:

These terms of reference facilitate the implementation of the current best practice guidelines for the reduction of risk of infection of staff and patients.

1. GROUP COMPOSITION:

The group shall be multi disciplinary in nature and have the following permanent membership:
- Representation from each ward/clinical area
- Infection control team
- Physiotherapy

Additionally the following will be co-opted as required:
- Education and Training
- Supplies
- Risk Management
- Pharmacy
- Sterile Services
- Biomedical Engineering

2. MEETINGS

Group meetings shall be on a six weekly basis. Ideally they will be set to correspond with meetings of the Infection Control Committee meeting.

3. FEEDBACK MECHANISMS

- Minutes of group meetings will be circulated to all members, ward managers, DIPC, IC doctor and Modern Matrons within two weeks of each meeting. The minutes will also be available to view within the shared IPCC folder.
- All group members will be responsible for reporting back to their relevant ward / department managers.
- The chair of the Group will meet with the consultant microbiologist with overall responsibility for infection control.
- Additional minutes of group meetings will be circulated to Chief Nurse / Director of Patient Services.

4. AREAS OF RESPONSIBILITY:

4.1 To ensure a consistent and standard level of infection control practice throughout the hospital.

4.2 The provision of expert advice on infection control issues relevant to each member's clinical area.
- Relevant infection control developments and issues affecting Papworth
- Education session

4.3 A forum for discussing infection control practice.

4.4 Continual review of existing hospital policies relating to infection control

4.5 Undertake audits to establish if polices are being followed.

4.6. Formulation of action to be taken in response to:
- National and Trust objectives
- Hazard Notices & Safety Information Notices from the Medical Devices Agency.

Appendix 3 – Additional Surveillance Reports

MESS Summary Reports:

2010/11 MRSA MESS reported cases:

Year	Month	Papworth Hospital (EA)
2010	April	0
2010	May	0
2010	June	0
2010	July	1
2010	August	0
2010	September	0
2010	October	0
2010	November	0
2010	December	0
2011	January	0
2011	February	0
2011	March	0
Total		1

2010/11 C. difficile MESS reported cases:

Year	Month	Papworth Hospital (EA)
2010	April	1
2010	May	2
2010	June	2
2010	July	2
2010	August	0
2010	September	3
2010	October	0
2010	November	0
2010	December	0
2011	January	0
2011	February	1
2011	March	0
Total		11

(Of the 11 reported cases, 2 occurred < 48h after admission so were non-Trust attributed)

2009/10 MSSA MESS reported cases:

Year	Month	Papworth Hospital (EA)
2010	April	1
2010	May	1
2010	June	0
2010	July	0
2010	August	0
2010	September	2
2010	October	3
2010	November	1
2010	December	0
2011	January	0

2011	February	1
2011	March	1
Total		10

MRSA Screening Monthly Report

MRSA Screening Monthly Returns

Month	April 2010	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan 2011	Feb	March
% compliance	100%	98%	99%	97%	99%	93%	98%	98%	97%	100%	98%	100%
Quarterly % Compliance	99%			96%			98%			99%		

From December 2009 compliance has been measured using a point prevalence audit. All patients (emergency, day cases and electives) admitted on the first and third Wednesday of every month are reviewed to ensure that an MRSA screen has been taken within the 6 months before admission to within 72 hours of admission. This gives a more accurate measure of compliance.