

Infection Prevention & Control Annual Report 2012/2013

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1. Introduction

All NHS organisations must ensure that they have effective systems in place to control healthcare associated infections (see Table 1). 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.

Table 1: The requirements of the Health and Social Care Act (2008)

Compliance criterion	What the registered provider will need to demonstrate
1	Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that their environment and other users may pose to them.
2	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.
3	Provide suitable accurate information on infections to service users and their visitors.
4	Provide suitable accurate information on infections to any person concerned with providing further support or nursing/ medical care in a timely fashion.
5	Ensure that people who have or develop an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing on the infection to other people.
6	Ensure that all staff and those employed to provide care in all settings are fully involved in the process of preventing and controlling infection.
7	Provide or secure adequate isolation facilities.
8	Secure adequate access to laboratory support as appropriate.
9	Have and adhere to policies, designed for the individual’s care and provider organisations that will help to prevent and control infections.
10	Ensure, so far as is reasonably practicable, that care workers are free of and are protected from exposure to infections that can be caught at work and that all staff are suitably educated in the prevention and control of infection associated with the provision of health and social care.

The Trust has registered with the CQC and declared full compliance with the ten compliance criteria as detailed in Table 1 above.

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 pro-active 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 and are now known as High Impact Interventions. The infection prevention and control 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 Foundation Trust has made year on year reductions in *C. difficile* cases. The ceiling target is reset at a lower rate on a yearly basis by the Strategic Health Authority. From the 1st April 2013 this will be taken over by the Clinical Commissioning Group.

Incidents and outbreaks were managed as they arose throughout the year. The management of influenza remains high on the Trust’s agenda and local policies and procedures are continually updated and reviewed in line 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 Heads 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 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, Hinchingsbrooke 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 7 of this report.

3.3 Infection Prevention & Control Committee Structure and Accountability

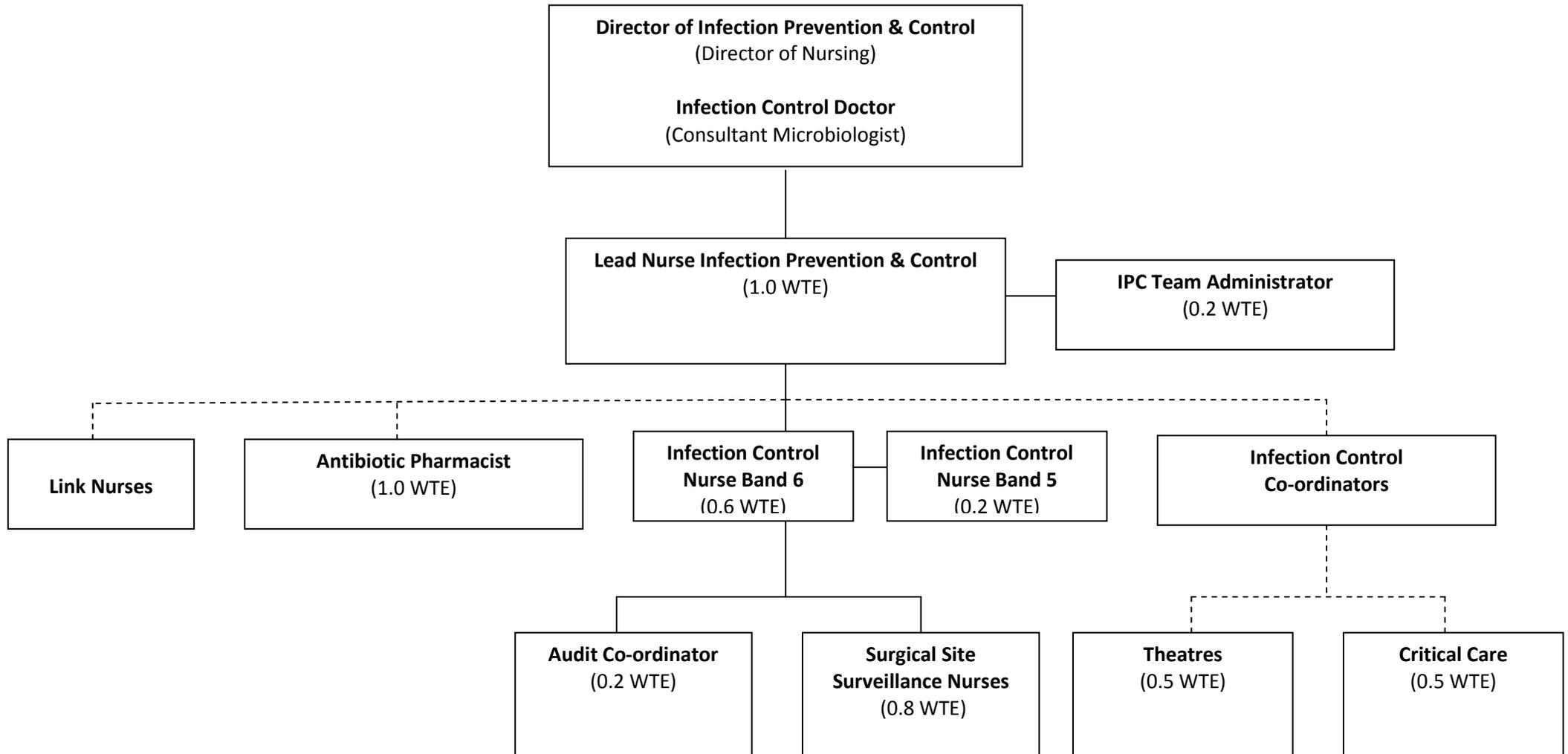
The Infection Prevention and Control Committee is the main forum for discussion concerning changes to policy or practice relating to infection prevention and control. The membership of the Committee is multi-disciplinary and includes representation from all directorates and senior management. The Committee 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 remain current and 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.

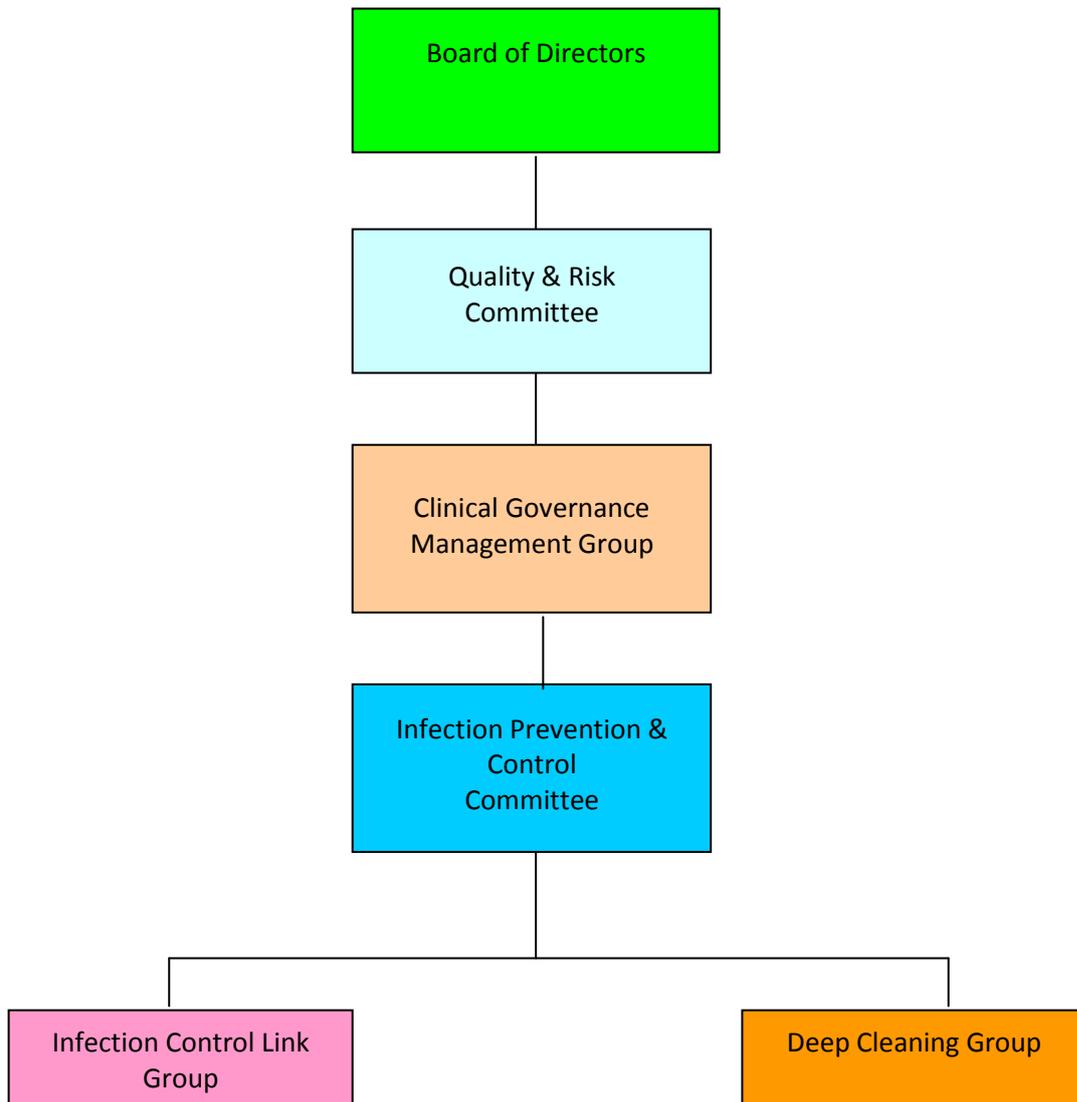
The DIPC also provides a monthly report to the Board of Directors.

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 relationship and reporting lines between the various committees showing Ward to Board arrangements is shown in the diagram on page 8.

Infection Prevention & Control Team



Infection Prevention & Control Committee Structure and Accountability



Committee / Group Membership:

Director of Infection Prevention & Control	Green	Cyan	Orange	Blue	White	Orange
Infection Prevention & Control Doctor			Orange	Blue		
Infection Prevention & Control Nurse				Blue	Pink	Orange
Representatives from each Clinical Directorate				Blue	Pink	Orange
Hotel Services Manager				Blue	Pink	Orange
Deputy Estates Manager				Blue		
Cleaning Contract Services Manager						Orange
Antimicrobial Pharmacist				Blue		

3.4.1 Infection Control Team Representation on Committees at Papworth Hospital:

- Clinical Audit and Effectiveness Steering Group
- Antimicrobial Stewardship Group
- Band 7 Senior Nurse Meeting
- Critical Care 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
- Water Quality Control Group
- Links to Prescribing and Formulary Committee
- Medical Advisory Committee
- Medical Devices Group
- Nursing Advisory Committee
- Pathology Management Group
- Pre and Peri-Operative Care Group
- Supplies User Group
- Theatres, Critical Care & Anaesthetics Management 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
- Public Health Tuberculosis Forum

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 Team (PEAT) review. Progress in these areas during 2012/13 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 “excellent”. Replaced by PLACE (Patient Led Assessment of the Care Environment) for 2013.

Care Quality Commission Standards	<p>The Trust reported the following for 2012/13 MRSA bacteraemia 2 (against a ceiling target of 1) and a C.difficile reported number of 8 (7 attributable to Papworth Hospital NHS Trust against a ceiling target of 5). * This is still a reduction on the previous year.</p> <p>There was an unannounced QCQ visit in 2012/13. Infection Control was not mentioned in the report.</p>
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* Papworth attributable cases are those that occur more than two 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
- 0.2 WTE Band 5 Infection Control Nurse
- 0.5 WTE of Consultant Microbiologist time.
- 0.4 WTE Band 6 surgical site surveillance nurse time.
- 0.4 WTE Band 5 surgical site 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 2012/13

Work undertaken by the Infection Prevention and Control Team during 2012/13 covers the following areas:

- Compliance with the Health and Social Care Act 2008
- Infection Prevention and Control Committee
- Link Practitioner Network
- Development and maintenance of Policies and Procedures
- Audit and Surveillance monitoring and reporting
- Education
- Compliance with Department of Health initiatives – High Impact Interventions / WHO 5 Moments for hand hygiene

4. HCAI Statistics

4.1 Introduction

Papworth Hospital NHS Foundation Trust continues to take part in mandatory surveillance of Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteraemias, Methicillin-Sensitive *Staphylococcus aureus* (MSSA) 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 June 2011 mandatory surveillance of E. coli bacteraemia was commenced as required by the Department of Health.

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 discussed at the Intensive Care Unit Business meetings.

Additional surveillance data on 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 was 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 10 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	01.04.11 To 31.03.12	01.04.12 To 31.03.13
24	13	7	14	4	5	1	2	1	1	2

The ceiling for MRSA bacteraemias set for Papworth for 2012/13 by the Strategic Health Authority was one. Two bacteraemias were identified in 2012/13. Root cause analyses were carried out on both cases and a scrutiny panel was held with commissioner representation. They were reported to the Infection Prevention and Control Committee and via the Mandatory Enhanced Surveillance Scheme (MESS). See Appendix 1 for summary MESS report.

MRSA screening of all elective and emergency admissions continued to be performed in 2012/13 with a target set at 100%. Compliance has improved since mandatory screening was introduced in April 2009. Compliance in 2012/13 was 98% compared to 99% in 2011/12 The monthly screening results are shown in Appendix 1. Since the introduction of universal MRSA screening the numbers of patients who attend Papworth who are found to carry MRSA have reduced considerably because the screening has allowed early isolation and treatment of patients with MRSA.

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.

	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13
C. difficile >65 yrs	14	9	5	5	4	7
C. difficile < 65 yrs	11	13	8	6	6	1
Total	25	22 (19 attributable)	13 (12 attributable)	11 (9 attributable)	10 (8 attributable)	8 (7 attributable)

The ceiling set for Papworth by the Strategic Health Authority for 2012/13 was 5 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 1 for summary MESS report.

4.2.3 MSSA bacteraemia

Reporting of Methicillin Sensitive Staphylococcus aureus (MSSA) bacteraemia to the Department of Health through the MESS system has been compulsory since January 2011. Root cause analysis is carried out for these infections which are reported to the Infection Prevention and Control Committee. There is no ceiling set by external authorities for these infections.

	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13
Methicillin sensitive Staphylococcus aureus bacteraemias (MSSA)	19	21	18	10	18	9

4.2.4 E. coli bacteraemia

Reporting of E. coli bacteraemia to the Department of Health through the MESS system has been compulsory since June 2011. These infections are reported to the Infection Prevention and Control Committee. There is no ceiling set by external authorities for these infections.

	2011/12	2012/13
E. coli bacteraemias	9 (Jun 11– Apr 12)	8

4.3 Other Surveillance Reports

4.3.1 GRE/VRE and ESBL bacteraemia

	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13
Glycopeptide (or Vancomycin)-Resistant Enterococcus (GRE/VRE) bacteraemias	5	5	4	0	4	8
Extended spectrum B-lactamase producers (ESBL) bacteraemias	1	1	3	1	0	3

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.

4.3.2 Central venous catheter related bloodstream infection (CVC-BSI)

The rate of CVC-BSI during the first full year of surveillance (April 2012 to March 2013) was 3.4 infections per 1000 patient catheter days. A target was set to reduce this by 25% to below 2.7 infections per 1000 patient catheter days. A number of interventions were introduced to improve CVC care. The rate achieved in 2012/13 was 2.3 infections per 1000 patient catheter days, which was a considerable improvement on the first year of surveillance data, and below the target.

4.4 Wound Care

The Trust commenced continuous surgical site infection (SSI) surveillance on 1 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 2012 the surveillance was focused on CABG +/- Valve and pulmonary thromboendarterectomy (PTE) surgeries. Patients following cardiac surgery are followed up post discharge for any sternotomy wound infections (one year) and for leg wound infections (30 days) post operatively. Therefore, each one year period of surveillance takes two years to complete.

Surgical Site Infection (SSI) rates:

SSI figures for 2009-2010 CABG + or - valve patients = 9.69%

SSI figures for 2010-2011 CABG + or - valve patients = 5.93%

In 2011/12 focus changed, see figures below:

Full year SSI figures for Valve only = 1.24%

Full year SSI figures for Thoracics = 0.71%

Full year SSI figures for PTE = 5.03%

October 2011-March 2012 Transplant Surgery = 0%

July 2011-September 2011 CABG +/- Valve = 4%

Current figures for 2012/13 (these may change as surveillance continues on this group of patients for one year post op):

April 2012-March 2013 CABG +/- Valve = 4.84%

April 2012-March 2013 PTE = 2.1%

Continuous surveillance and the actions put in place by the Trust Pre and Peri-Operative Care Group, including a focus on pre-operative skin preparation, continued use of iodised drapes, disseminating results to the hospital wide audit meeting and feedback of individual SSI rates to surgeons, has resulted in continuing reduction in SSI rates. This group continues to meet quarterly, and sets the SSI surveillance agenda. In 2012-13 we also commenced root cause analysis of deep infections to examine risk factors for the development of such infections and to action any identified required improvements in practice.

For robust statistical analysis of the data we enlisted the assistance of our regional HPA epidemiologist. The results of which demonstrated, that all SSIs and superficial SSIs were associated with a high body mass index (BMI) and diabetes. Superficial SSIs were also associated with patients aged over 65 years and with one or more procedures additional to CABG. We are currently awaiting cost analysis of this data.

4.5 Antimicrobial Stewardship

The antimicrobial stewardship group (ASG) met twice between April 2012 and March 2013. The terms of reference for the group were reviewed and updated. The ASG continues to function as a subgroup of the Drugs and therapeutic committee and also provides input into the IPCC.

Antifungal medications continue to be a high cost drug for the Trust. The antimicrobial stewardship team are currently reviewing antifungal usage to ensure cost-effective practice.

Four Antimicrobial Guidelines were updated and revised this year. These are:

- Antibiotic Assay Guidelines (DN26)
- Treatment of Common Infections (DN22)
- Empirical Antibiotics for infections on CCA (DN73)
- Antibiotic prophylaxis procedure for permanent pacemaker and ICD (DN25)

A rolling programme of antimicrobial stewardship audits were carried out through the year and antimicrobial guidelines reviewed and updated.

The Trust, through the antimicrobial stewardship team, participated in a national missed antimicrobial dose re-audit in 2012 initiated through the East and South East England Specialist Pharmacy Services.

	27/06/2012	10/12/2010
Number of patients audited	177	179
Number of patients on antimicrobials	97	94
Number of doses of antimicrobials	367	369
Point prevalence %	55	53
Number and % of doses omitted	4/367 (1%)	15/369 (4%)
Number and % of patients missed a dose	2/177 (1%)	13/179 (7%)

Findings for Papworth Hospital demonstrated an improvement in clinical and patient standards from the previous audit. This audit will be repeated in 2013 as it also serves as a point prevalence audit and gives a snapshot indication of antimicrobial usage. This audit records documentation standards and compliance with Trust Antimicrobial guidelines. From this audit we will be able to monitor and ensure the appropriateness of antimicrobials and help prevent antimicrobial resistance.

Further audits or re-audits for 2012/13 included an audit of the Pacemaker Prophylaxis Guidelines (DN25). The recommendations of this re-audit directly contributed to the recommendations in the updated Pacemaker Prophylaxis Guidelines (DN25)

The Pharmacy team have been performing medicine management audits on prescription writing standards every four months. These audits incorporate antimicrobial documentation standards and are presented to departmental meetings for action. They serve as a tool to direct the Antimicrobial Stewardship Group's Education Plan.

An audit on Antimicrobial Usage in the Lung Defence Clinic was carried out by one of the junior doctors whilst on rotation at Papworth Hospital. The findings of this audit will be presented at a hospital-wide audit meeting.

An interactive stall was manned by the Antimicrobial Pharmacist in the hospital's restaurant to support European Antibiotic Awareness Day on November 18th 2012. This was well supported and drew a great interest from the general public and staff. This stall raised awareness of the increasing challenge of antibiotic resistance as well as promoting vaccination programmes in primary care and was reported in News Beat.

4.6 Untoward Incidents and Outbreaks

Incident and outbreak investigations occurring in 2012/13 were reported to the hospital Infection Prevention and Control Committee throughout the year.

Influenza

Plans for the vaccination of health care workers and the management of patients with influenza were co-ordinated through the Infection Prevention and Control Committee. Leads from all directorates were involved with the planning. The fit testing program for FFP3 masks is on-going. The seasonal flu vaccination programme continued during 2012/13 and staff were strongly encouraged to have the vaccine.

During this period, Papworth continued to be a registered ECMO (extra corporeal membrane oxygenation) centre. This is treatment offered to patients who have respiratory difficulties including H1N1. A number of patients were admitted for ECMO during the flu season.

Norovirus

There were 3 incidents of bay closures due to confirmed Norovirus during 2012/13 and a number of bay closures due to unconfirmed cases of Viral Gastroenteritis. No whole units/Wards areas were closed. There were approximately 14 confirmed cases of Norovirus at Papworth during this time, mainly managed in side rooms which prevented bay closures.

Clostridium difficile

In June 2012 there was a period of increased incidence on a ward during which 2 patients both had confirmed C. difficile. A thorough investigation was undertaken and the ward was deep cleaned and staff education was delivered by the IC Team. There have been no further related cases on the ward to date.

MRSA

There were no incidents/outbreaks in 2012/13.

Tuberculosis

There were no incidents during 2012/13. All cases were followed up as appropriate.

Vancomycin Resistant Enterococcus (VRE)

An increased incidence of VRE carriage by patients in the Intensive Care Unit was detected by the continuous screening programme. An outbreak investigation was held and control measures including increasing the frequency of deep cleans in the unit were instigated.

5. Health and Social Care Act 2008 – External Inspections 2012/13

There were no Care Quality Commission Inspections related to infection control in 2012/13.

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 Contract Services meetings ensure this work can be facilitated and any issues were escalated through the Infection Control Committee.

Management Arrangements

Sodexo's on site General Manager oversees the cleaning contract and the Domestic Services Manager is responsible for the day to day running of the contract. These managers 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 39.57 WTE domestic staff supported by a budget allocation for all contracted cleans, Deep Cleans, ad hoc cleans which include cleaning of barrier rooms and infection cleans in all areas except CAD.

Clinical Responsibility

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

6. Targets & Outcomes

Two of the main infection control targets set by the Strategic Health Authority on behalf of the Department of Health were breached in 2012/13. The number of MRSA bacteraemias was 2 (ceiling 1) and numbers of attributable C. difficile cases 7 (ceiling 5).

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.

The Trust remained compliant with MRSA Screening during 2012/13.

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	30 minutes	4 weekly	IPCN
Yearly update for non-qualified nurses in cardiac and thoracic directorate	45 minutes	Monthly	IPCN
Yearly mandatory update for consultant staff	30 minutes	4 times Yearly	IPCD
Yearly update for all other clinical staff	15 minutes	IPC awareness week	IPCN
Training session for HCSW on Clinical Development programme	60 minutes	Twice yearly	IPC team

Infection Control & Hand Hygiene Training April 12 - March 13	
	Compliance
Hand hygiene training	Monitored on Education database
General training	<i>Compliance is now linked to incremental progression and this will ensure that full compliance is obtained in 2012/13.</i>

Compliance will be regularly monitored and feed back to the IPCC meetings on a quarterly basis. The Education Department follow up non-compliance.

8. Annual Programmes

The infection Prevention and Control team continue to work to an annual programme, with all actions progressing to date. A full audit programme runs in parallel with this.

Appendix 1 – Additional Surveillance Reports

MESS Summary Reports (Copied from MESS website)

2012/13 MRSA MESS reported cases

Year	Month	Papworth Hospital NHS Foundation Trust	Total
ODS Code		RGM	
2012	April	0	0
2012	May	0	0
2012	June	0	0
2012	July	0	0
2012	August	0	0
2012	September	0	0
2012	October	0	0
2012	November	0	0
2012	December	0	0
2013	January	0	0
2013	February	2	2
2013	March	0	0
Total		2	2

2012 /13 C. difficile MESS reported cases:

Year	Month	Papworth Hospital NHS Foundation Trust	Total
ODS Code		RGM	
2012	April	0	0
2012	May	1	1
2012	June	2	2
2012	July	1	1
2012	August	0	0
2012	September	1	1
2012	October	1	1
2012	November	0	0
2012	December	1	1
2013	January	0	0
2013	February	1	1
2013	March	0	0
Total		8	8

(Of the 8 reported cases, 1 occurred < 48h after admission so were non-Trust attributed, this meant there were a total of 7 Trust attributable cases)

2012/13 MSSA bacteraemia MESS reported cases

Year	Month	Papworth Hospital NHS Foundation Trust	Total
ODS Code		RGM	
2012	April	0	0
2012	May	0	0
2012	June	1	1
2012	July	2	2
2012	August	1	1
2012	September	2	2
2012	October	0	0
2012	November	0	0
2012	December	1	1
2013	January	1	1
2013	February	1	1
2013	March	0	0
Total		9	9

2012/13 E. coli bacteraemia MESS reported cases

Year	Month	Papworth Hospital NHS Foundation Trust	Total
ODS Code		RGM	
2012	April	0	0
2012	May	1	1
2012	June	1	1
2012	July	0	0
2012	August	0	0
2012	September	1	1
2012	October	1	1
2012	November	1	1
2012	December	0	0
2013	January	3	3
2013	February	0	0
2013	March	0	0
Total		8	8

Reporting commenced June 2011

MRSA Screening Monthly Report

MRSA Screening Monthly Returns

Month	April 2012	May 2012	June 2012	July 2012	Aug 2012	Sept 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	March 2013
% compliance	99	99	97	99	99	99	96	99	97	99	97	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.