Infection Prevention and Control
Annual Report
2009

Produced by:
The Director of Infection Prevention and Control

Reviewing the period: January 2009 - December 2009
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The Hillingdon Hospital NHS Trust Board recognises its collective responsibility for preventing and controlling the risks of infection within the organisation.

Aware of our statutory duty under the Health Act (2006) the Board monitors the systems and arrangements in place to minimise the risks to patients, staff and the public.

The Board monitors organisational performance and capability through regular reports from the Infection Prevention and Control Team (via the Director of Infection Prevention and Control), which focuses on performance at directorate level with key indicators for exception reporting.

The Board accepts and retains overall responsibility for ensuring the delivery of high quality patient care within a safe environment.

Trust Board, January 2008

The Trust Board registered compliance with the following statement for the Care Quality Commission:

“ A service provider in respect of carrying on of a regulated activity must, so far as practicable, ensure that patients, healthcare workers and others who may be at risk of acquiring a healthcare associated infection, are protected against identifiable risks of acquiring such an infection by the means specified in the regulations”

Trust Board, January 2009
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1 Introduction to the Report

This annual report summarises the work of the Infection Prevention and Control Team at The Hillingdon Hospital NHS Trust during 2009.

It has been another very challenging but successful year for the prevention and control of Healthcare Associated Infections (HCAI) as we continue to drive performance and reduce HCAI including, most significantly MRSA bacteraemia and *Clostridium difficile* infections.

It is essential to recognise that other important activities were also required in order for us to gain assurance that we met all aspects of the Health and Social Care Act 2008. These include policy development, policy review, a programme of education and audit, whilst providing a responsive reactive team for day to day challenges and unpredictable occurrences.

One of the most important incidents for 2009 was the emergence of a new strain of influenza, and the escalation to a pandemic. The preparation and work undertaken for pandemic flu will be covered in further detail in the report.

The key objectives for the team for 2009 were to:

- Significantly reduce MRSA bacteraemia and *Clostridium difficile* infection
- Ensure effective assurance and reporting processes from board to ward
- Improve and sustain infection prevention and control knowledge and skills for the public, patients and staff
- Improve the quality of patient care by preventing and controlling Healthcare Associated Infection
- Sustain and monitor performance for IP&C measures
- Prepare for the pandemic flu

Infection prevention and control remains a Trust priority and control of HCAI continues to be everybody’s business. Further work is required to ensure that all staff are engaged and that the safest possible practice is applied consistently and embedded into everyday practice.

The team acknowledge the commitment, focus and energy from the Trust Board to the clinical teams, support services and our contractors to ensure that patients at our hospitals are looked after in an environment that is improving day by day. This is safer care in practice.
Corporate Responsibility

“The Hillingdon Hospital NHS Trust Board recognises its collective responsibility for preventing and controlling the risks of infection within the organisation. Aware of our statutory duty under the Health Act (2006) the Board monitors the systems and arrangements in place to minimise the risks to patients, staff and the public. The Board monitors organisational performance and capability through regular reports from the Infection Prevention and Control Team (via the Director of Infection Prevention and Control), which focuses on performance at directorate level with key indicators for exception reporting. The Board accepts and retains overall responsibility for ensuring the delivery of high quality patient care within a safe environment.”

Trust Board, January 2008

As required by the National Health Service Litigation Authority, The Hillingdon Hospital NHS Trust has an appropriately constituted Infection Control Team that is supported by timely and effective microbiological services with advice available on a 24-hr basis. The Trust’s Director of Infection Prevention and Control is the Director of Patient Experience and Nursing, Marie Batey.

Infection Prevention and Control Team

The Infection Control Team (ICT) provides knowledge and expertise to encourage and enable members of staff working across the organisation to optimise their performance in the practice of infection control.

The remit of the ICT includes:

- Identifying and control outbreaks of infection
- Working with other clinicians to improve surveillance to strengthen infection prevention and control in the Trust
- Delivering education, training and development
- Delivering a comprehensive audit programme
- Developing evidence based policies and guidelines for the prevention management and control of infection across the organisation
- Providing appropriate infection control advice taking into account national guidance, to key Trust committees, staff, patients and public
The Infection Prevention and Control Team Members

The Infection Control Nursing Team has undergone a number of changes in recent years with a new Lead Infection Control Nurse successfully appointed in 2009. This provided stability to the team which had been operationally challenged in recent years, supporting secondments to the Department of Health and recruiting new staff. Following the Lead Nurse appointment this has resulted in recruitment of new staff, and the promotion of existing staff. The Infection Control Team is now fully established and consists of:

- A Consultant Microbiologist with key responsibilities as Infection Control Doctor (ICD)
- A Consultant Microbiologist with key responsibility for antimicrobial medicines
- A Director of Infection Prevention and Control (DIPC)
- A Deputy DIPC
- An Antimicrobial Pharmacist
- A Lead Nurse Infection Prevention and Control
- A Senior Infection Control Nurse
- A Senior Project Nurse (Infection Control)
- Administrative Support
- Audit support (bank)

The Infection Control Committee

The Infection Control Committee (ICC) is the main forum for the development and implementation of a Trust wide annual programme for reducing healthcare associated infection. The ICC meets bi monthly and is chaired by a Non-Executive Director (Doctor James Reid). It has representation from the Trust (including the ICT, a number of senior management and senior nurses from the Occupational Health Department), external bodies such as the local Health Protection Unit and PCT. The terms of reference for the ICC were refreshed in 2009 to reflect a broad representation across the organisation that scrutinises performance.

The ICC now reports to Clinical Quality and Standards Committee (a Board Committee), where performance of the Clinical Directorates in relation to the Trusts measures of Infection Prevention and Control are monitored and appropriate actions taken.
3 Infection Control Resources within the Trust

The Infection Control Nurses have a dedicated budget which is managed by the Lead Infection Control Nurse. This budget has a small line dedicated to consumables such as stationery with the majority of the budget comprising of salaries.

The Infection Control Team work closely with clinical procurement to review new technologies and products to help reduce healthcare acquired infections.

4 Infection Control in 2009: The Local Picture

A calendar of IP&C activities undertaken in 2009 is set out below:

January 2009
- Launch of Aseptic Non Touch Technique (ANTT) by Stephen Rowley
  UK Lead ANTT
- Initiation of the ANTT training and competencies
- Review of HCAI action plan

February 2009
- Development of the C diff action plan

March 2009
- Review in detail of the past years MRSA bacteraemia

April 2009
- Raising of the Pandemic alert level (from 3 to 5) by the World Health Organisation (WHO) within a 5 day period
- Trust debrief on Flu and Flu preparedness
- Launch of Bare Below the Elbows

May 2009
- Monitoring of and support for clinicians for pandemic flu
- PPE training programme for FFP3 respirator masks

June 2009
- WHO declared WHO Pandemic Phase 6
- PPE training and surveillance for flu continued

July 2009
- Director and Assistant Director for Flu Resilience appointed
- Lead Infection Control Nurse appointed
August 2009
- Senior Infection Control Nurse appointed

September 2009
- Launch of new managerial environmental audit tool with the Estates and Facilities Department

October 2009
- Senior Project Nurse (Infection Control) appointed
- The CQC undertook an unannounced inspection
- External Deloitte review of decontamination across the organisation.
- Vaccine programme for influenza begins

November 2009
- Joint THH/PCT event staged at The Hillingdon Hospital
- New audit launched for monitoring the cleaning of medical devices and equipment (clinical cleaning)
- Start of the Norovirus awareness campaign

December 2009
- The CQC undertook a second unannounced visit

5 The Infection Control Team:
Mandatory Surveillance during 2009

Mandatory Reporting

The Trust reports the following Healthcare Associated Infection statistics to the Health Protection Agency (HPA):

- Meticillin Resistant Staphylococcus aureus (MRSA) bacteraemia
- Clostridium difficile infection

The ICT complied with the mandatory reporting monthly to the HPA including submitting data onto the HCAI data capture system. All of the mandatory surveillance results are reviewed weekly by the Infection Control Executive Committee (ICE) and are received by the Trust Board monthly.

The Trust also undertakes root cause analysis and reports all HCAI associated deaths where it is included as a part 1A or 1B on a death certificate. This guidance was further revised in 2009 and also included 1C on the death certificate or if a ward had two or more cases of C diff in a week or three in a month. All such cases were recorded as SUIs and reported externally to STEIS.

- 8 -
Meticillin Resistant *Staphylococcus aureus* (MRSA)

Mandatory surveillance for *Staphylococcus aureus* has been in place since 2001. Nationally Trusts are required to report all MRSA positive blood cultures processed in the Trusts laboratories.

In 2005 the national reporting was adjusted to differentiate between the number of cases occurring within the first 48 hours of admission, and following 48 hours of admission. In the past 12 months the Trust has used this data extensively in order to assess the impact of the infection prevention and control measures.

To reduce MRSA the Trust had implemented the Department of Health ‘Saving Lives’ care bundles previously in 2007/08, which includes care and maintenance of intravenous IV lines. To strengthen the Saving Lives package a robust set of infection prevention and control measures have been introduced and include the launch and introduction of Aseptic Non Touch Technique (ANTT) in January 2009, and a range of audits. Infection Prevention and Control performance is managed at all levels throughout the organisation and includes a weekly Infection Control Executive (ICE) meeting.

In May the Trust also launched ‘Bare Below the Elbows’. This new guidance expected hospitals to adopt a bare below the elbows dress code and means that the traditional doctors' white coat is no longer permitted.

All staff entering the clinical area now adopt the ‘bare below the elbows’ dress code and are required to wear short sleeves or ensure that their long sleeves are securely rolled up. Wrist watches and jewellery (other than a plain metal wedding band) are removed and there should be no false nails. Bare below the elbows is central to good hand and wrist washing.

All Trusts have been given an annual MRSA bacteraemia trajectory since 2004. It was very disappointing to note that for the end of year 2008/09 the Trust exceed its trajectory of 12 by 5 cases. The ICT therefore revised the HCAI action plan in early 2009 to focus on details from recent RCAs to drive improvements. The success of these infection prevention measures and commitment of staff has enabled the organisation to have reported only 8 cases by December 2009.

The Trust met the 2009 requirement by the Department of Health to screen all elective admissions for MRSA prior to their procedure.
The following graph illustrates the Trusts MRSA bacteraemia reduction.

![MRSA bacteraemia annual reported cases graph]

**Surveillance of Glycopeptide Resistant Enterococcal (GRE) Bacteraemia**

GRE are resistant to glycopeptides (antibiotics such as vancomycin) and have been nationally reported since 2003. During 2009 the Trust saw no reported cases. Although the incidence is low the ICT will continue to monitor and report cases.

**Surveillance of Clostridium difficile toxins**

Acute Trusts in England are required to report all cases of C diff infection from patients aged 2 years and over. This applies whether the C diff infection was considered to have been acquired in that Trust, in another hospital or in the community.

In 2008 the DH recognised that the NHS had escalating numbers of reported Clostridium difficile infections and decided that following the success of the MRSA reductions a target would be set over 3 years. The DH therefore requires all NHS Trusts to achieve a 30% reduction in Clostridium difficile infections by 2010/11. For The Hillingdon Hospital NHS Trust this means a target of 108 for 2010/11.

Five main factors have been identified as being necessary to reduce incidence of *C difficile* which, if rigorously applied, contribute to a reduction in infection rates. These include:
1. Prudent antibiotic prescribing (avoiding broad spectrum antibiotics and only using antibiotics for a minimum duration)
2. Early isolation of infected patients
3. Enhanced environmental cleaning using chlorine based disinfectant
4. Hand hygiene, particularly hand-washing with soap and water to kill the C. difficile spores
5. The use of personal protective equipment (gloves and aprons)

A primary focus for the reduction of C diff and included in the action plan for C diff reduction in 2009 was antibiotic prescribing. Although the Trust measured compliance to restricted antibiotic prescribing, it was agreed by the ICE team that prevalence audit with direct feedback was key to clinical engagement.

The Trust appointed an Antibiotic Pharmacist in 2008 who continues to work closely with the clinical teams and provides real time feedback on appropriate antibiotic prescribing. Compliance to prescribing is given directly to clinicians and also monitored by the Trust Board.

![Number of Clostridium difficile cases attributed to the Trust April 2008 - December 2009](chart)

6 The Infection Control Team: Other Core Activity during 2009

The ICT remained focused and committed to reducing HCAI with a proactive approach to management of patients and staff. The team acknowledge the focus and commitment from the Board to clinical teams in ensuring our patients are cared for in a safe, clean environment.

Education and Training

In accordance with the Health and Social Care Act 2008 there is a need for infection control training for staff involved in direct and non direct patient care.
The ICT support the Trust NEW starter programme that ensures all staff joining the organisation receive appropriate relevant IP&C training. This consists of a formal presentation, handouts and a practical session on hand washing techniques.

The ICT also contribute to medical induction programme as well as delivery both clinical and non clinical refresher sessions to staff across the organisation.

The uptake of Infection Control refresher training for existing staff remains a challenge and the team work hard to ensure new innovative approaches are used to give maximum staff benefit. The team, on request provide bespoke training to individual wards and departments. The team have worked closely with Education and Training colleagues and the DIPC to review staff groups and departments to ensure training is prioritised to high risk areas and activities.

Supporting and Working with Infection Control Link Staff

The ICT continues to expand and develop the infection control link nurse programme. This staff group are provided training opportunities on a bi monthly basis and are key in driving the infection prevention and control agenda at ward level.

Audit

Audit activity has significantly increased again over the recent year. To support the increase in workload for the audit department the Trust agreed to fund a member of support staff to assist in data analysis. This post has enabled the team to deliver the comprehensive audit programme in a timely manner and ensure that results are communicated quickly.

The current audits for IP&C in 2009 are detailed below:

- Compliance with Hand Hygiene policy (weekly)
- Compliance with Bare Below Elbows policy (weekly)
- Compliance with Isolation policy (quarterly)
- Compliance with Antimicrobial Prescribing policy (monthly)
- Compliance with Restricted Antibiotic Prescribing policy (monthly)
- Compliance with Linen policy (quarterly)
- High Impact Intervention 1 Central Venous Catheter care (monthly)
- High Impact intervention 2 Peripheral Line Care (monthly)
- High Impact Intervention 4 Preventing Surgical site infection (quarterly)
- High Impact Intervention 5 Ventilator Care (monthly)
- High Impact Intervention 6 Urinary catheter care (monthly)
- High Impact Intervention 7 Clostridium difficile care bundle (monthly)
- High Impact Intervention 8 Cleaning and decontamination of clinical equipment (monthly)
Working with the Patients and Public

The ICT continues to experience a marked increase in the amount of patient, public and media interest in HCAI. The team responded to multiple media requests regarding information on local infection rates and local activity to reduce HCAI.

The ICT continue to work closely with its public group Fighting Infection Together (FIT). This is where representatives from our patients and public forum came together as an impressive group, influencing key decisions and contributing significantly with projects eg: approving and designing patient information leaflets, commenting on infection control posters and helping on public stands that raise awareness of infection control.

This group also produced a patient friendly version of the previous two years’ Annual Report for infection prevention and control, summarising key aspects of clean safe care from the patients’ perspective.

Working to Ensure Optimum Hospital Hygiene

Central to the monitoring and assurance for a clean, safe, patient environment are the audits that occur in the clinical environment across the organisation. These were launched in September 2009 after considerable work from Estates and Facilities contracts managers. The results have been instrumental in driving forward standards and providing assurance to the CQC for compliance to the Health and Social care Act 2008.

The cleaning monitoring system operates around the National Specification for Cleanliness in the NHS and operates on two levels. A local level, referred to as technical audit, led by Sodexo with members of the ward team. At this level continual improvements are expected. A second managerial level, referred to as a managerial audit is carried out on a planned basis.

At the managerial level Matrons, Facilities and Sodexo service managers are the main stakeholders. The audits are split into two frequencies i.e. clinical (monthly) and non-clinical (twice a year). The audits that were commenced in September focus on the clinical areas; the non clinical areas will be reported in March 2010.

The audit team take on board issues such as tidiness etc and seek local resolution of issues through networking and face to face communication. Completing monitoring in this way creates a team spirit for the Trust and ensures that all members of either party can demonstrate a commitment to improving standards and have a full understanding of how the cleaning department operates whilst strengthening interdepartmental relationships.
All functional areas have been divided into one of four categories assessed against the risk of not cleaning effectively. A minimum required achievable target score has been set for each risk category as follows:

<table>
<thead>
<tr>
<th>Risk Category</th>
<th>Required Achievable Target Score</th>
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<tbody>
<tr>
<td>Very high risk</td>
<td>95%</td>
</tr>
<tr>
<td>High risk</td>
<td>92%</td>
</tr>
<tr>
<td>Significant risk</td>
<td>90%</td>
</tr>
<tr>
<td>Low risk</td>
<td>87%</td>
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A rectification process is in place for the managerial audits. The rectification timeframe for the managerial audits have been set as follows:

<table>
<thead>
<tr>
<th>Risk Category</th>
<th>Timeframe</th>
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<tbody>
<tr>
<td>Very high risk</td>
<td>24 hours</td>
</tr>
<tr>
<td>High risk</td>
<td>48 hours</td>
</tr>
<tr>
<td>Significant risk</td>
<td>72 hours</td>
</tr>
<tr>
<td>Low risk</td>
<td>87 hours</td>
</tr>
</tbody>
</table>

The rectification procedure is completed jointly between the Trust and Sodexo. A member of the Nursing team is present if availability permits.

All scores are recorded as at the time of audit, re-scores are not included. However all areas have been subject to the rectification process and have reached the achievable score.

PEAT Assessments of the Environment

The Trust undertook four mini PEAT audits throughout the year in preparation for the PEAT assessment. Cleaning and the maintenance of an optimum environment are central to good infection prevention and control.

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<tr>
<th>Site</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
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<tbody>
<tr>
<td>Hillingdon Hospital</td>
<td>Acceptable</td>
<td>Excellent</td>
<td>Good</td>
</tr>
<tr>
<td>Mount Vernon Hospital</td>
<td>Good</td>
<td>Excellent</td>
<td>Good</td>
</tr>
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7 Infection Control Policy and Procedure within the Trust

During 2009 the ICT updated and reviewed policies in line with best practice. Policies are now reviewed every three years and in 2009 the following polices were updated:

- MRSA
- Aseptic technique
Pandemic Influenza

The most significant incident for 2009 commenced in April when the world became aware of cases of illness caused by a novel influenza virus, then termed swine influenza A/H1N1. Over the following five days, the World Health Organisation (WHO) announced that the global pandemic alert level had increased from WHO Phase 3 to WHO Phase 5. On 11 June, WHO declared WHO Pandemic Phase 6 and the official start of the first pandemic of the 21st century.

The first UK cases were reported in Scotland on 27 April, and the first in London on 30 April 2009. Cases continued to increase and London saw the peak of the first wave in July.

The pandemic was originally managed through containment measures (treating cases and providing antiviral prophylaxis to their contacts) which included some school closures. There was a brief period of outbreak management in London (a less stringent version of containment – limited prophylaxis and contact tracing), before the whole country moved to the treatment phase (no prophylaxis or contact tracing) in response to the rapidly increasing number of cases.

As the first H1N1 pandemic wave broke and continued to build, in hospital command was led at Executive level in close collaboration with operational leads and the infection control team. High level daily meetings took place in order to gauge pressure points across the Trust and divert resources as required.

Advice from the centre regarding treatment of suspected flu patients changed rapidly in the first few weeks requiring staff to alter practice at short notice; this presented a challenge both in terms of communicating the required changes and ensuring staff actioned alterations to practice.
The Trust identified and equipped a non operational ward to accommodate patients with flu. A concurrent flexing up of beds in operational areas would have allowed for a potential increase of 50 beds. In addition, a standby duty roster was created for the “flu ward” to facilitate rapid opening.

Capacity to accommodate paediatric critical care patients was made possible by the procurement of paediatric equipment and targeted training for critical care staff. Collaborative working with neonatal and maternity staff identified the potential to ventilate paediatric patients within the neonatal unit. Doubling of critical care beds would have been made possible by utilising all available machinery and caring for patients in acute but non-designated critical care beds. Staff with critical care skills currently not working in critical care areas could be redeployed during periods of high pressure.

The emergency department worked closely with the urgent care centre and the PCT to establish a flu clearing station during periods of peak demand. This did mean however that by necessity, the fracture clinic was relocated, causing some inconvenience to both patients and staff.

The requirement to participate in local Influenza Pandemic Committee IPC response meetings fostered cooperation between acutes, PCTs and local councils. The Hillingdon IPC came to the fore during the treatment phase successfully leading an integrated approach which resulted in a consensus agreement regarding the prioritisation of services across the health economy and the development of a dashboard for monitoring pressures in all IPC organisations. A subgroup of this meeting enabled good inter-agency working on antiviral supply logistics and the health economy wide swine flu vaccination campaign.

Following the first wave London saw a reduction in the number of cases over the school summer holidays which started to increase around the beginning of September when children returned to schools, a second wave commenced and the number of cases increased.

In November, the vaccine became available and was offered to the first at-risk groups, those being pregnant women, household contacts of the immune-compromised, people aged 6 months to under 65 years in the seasonal flu risk groups and those aged over 65 years in the clinical seasonal flu risk groups; and frontline health and social care workers. When more vaccine became available the vaccine was offered to healthy children aged between 6 months and 5 years old.

In December cases of influenza were dropping and did not reach the pandemic proportions expected. The Trust did find that the extensive planning linked to winter pressures enabled the organisation to cope with one of the busiest winter periods for some time.
Gastroenteritis/ Norovirus

Every year outbreaks of vomiting and diarrhoea occur in both the community (in particular schools) and closed communities such as hospitals and nursing homes. These cases of sudden onset symptoms of projectile vomiting +/- diarrhoea are usually due to Norovirus. This virus is highly infectious and transmission from person to person is rapid.

In particular in the winter season at both the beginning and end of 2009 Norovirus activity was high in the organisation. The Hillingdon Hospital was affected by a number of cases but with the prompt response from staff. The management successfully minimised the impact on operational performance, safeguarding the quality of clinical care.

### 9 Management of Antibiotic Prescribing at the Trust in 2009

The antibiotic pharmacist continues to work closely with clinical teams to ensure prudent prescribing is undertaken and to audit current practice.

The purpose of the audit is to determine the Trust compliance to the choice of antibiotics "both restricted and non-restricted antibiotics" with regards to the Antibiotics Policy.

**Aims of the audit:**

- To record a snapshot of antimicrobial prescribing across the Trust
- To highlight aspects of suboptimal antimicrobial prescribing practice for further investigation
- To feedback / present the collected information to Consultants, Speciality, Directorate and to the Board
- Agree corrective measures and provide the required support to improve practice in areas of low performance

These audit results have been instrumental in changing practice across the organisation and have without doubt contributed to the successful reduction in C diff cases.

### 10 Safety and Quality In Infection Control: Statutory Duties

The safety of patients and staff and the level of quality care is a central consideration for all NHS organisations.

The Trust has an established assurance framework for infection prevention and control. Its purpose is to provide a collection of systems, processes and
procedures that enable the organisation to define the risk to achieving safe high quality care in IP&C and identify whether adequate controls are in place to reduce these risks to acceptable levels.

ICC receives the IP&C assurance document for compliance with the Health and Social Care Act 2008. This document provides the details of regulations the Trust must comply with to meet the Care Quality Commission Registration and its progress to date.

Additional assurance is provided by the evidence relating to compliance with:

- NHS Litigation Authority (NHSLA) Standards
- The Healthcare Commission ‘ Standards for Better Health’

**Care Quality Commission**

The Care Quality Commission (CQC) was established to regulate the quality of health and adult social care and look after the interests of people detained under the Mental Health Act.

In 2009 The Care Quality Commission (CQC) required all NHS organisations to register that they have met the Government’s new regulation to protect patients, workers and others from the identifiable risks of acquiring a healthcare-associated infection (HCAI). The details of this regulation are identified in The Health and Social Care Act 2008.

In order to ensure that Trust registrations are correct and that they meet the regulation the CQC inspected up to half of all Trusts that provide healthcare in 2009/10. These visits were unannounced and focused on certain areas of practice in order to form a ‘snap shot’ of the Trust’s related activities to infection prevention and control.

On 8th October 2009 the CQC made an unannounced visit to the Trust and performed an enhanced inspection over a full day. During the day they visited three wards which included EAU, Pinewood and Churchill. The inspectors analysed information on how the Trust manages infection prevention and control including our audit processes, policies and procedures and reporting mechanisms to the Trust Board.

The focus of the inspection centred on interviewing staff in the clinical area on their knowledge of infection control and inspecting standards on the wards. During the visit they had discussions with nurses, matrons, FY1 and FY2s, a domestic assistant, a registrar and many more staff.
The Trust was pleased to report that the overall judgment of the CQC was that:

On inspection, we found no evidence that the trust has breached the regulation to protect patients, workers and others from the risks of acquiring a healthcare associated infection.

The Trust was inspected on 15 measures during the visit, but did find that there were two areas for improvement.

- Duty 2e - Ensuring that the environment for providing healthcare is suitable, clean and well maintained
- Duty 2h - Using effective arrangements for the appropriate decontamination of instruments and other equipment, which are detailed in appropriate policies

Work was undertaken to ensure that processes were in place to ensure these recommendations were embedded across the organisation. Estates and facilities, Sodexo and senior staff worked together to produce a robust action plan that provided assurance that cleaning of both the environment and medical devices is following national guidance. Roles and responsibilities for cleaning were displayed in all clinical areas and communicated. A range of posters for specific equipment cleaning such as commodes, bed frames and mattresses were produced by the ICT.

Following the initial unannounced inspection a follow up visit was undertaken on 15th December 2009. The CQC on this visit stated:

When we followed up, we found no evidence that the trust has breached the regulation to protect patients, workers and others from the risks of acquiring a healthcare-associated infection. The trust provided assurance that it had addressed all areas for improvement.

The Trust is registered with the Care Quality Commission and has no restrictions applied to their registration.

Deloitte Review

The Trust commissioned an independent review of decontamination across the organisation in October 2009. This was to provide assurance around processes and procedures in place throughout the organisation and to suggest areas for improvement.

This review involved interviews with staff and visits to clinical areas. The recommendations from this report were presented to the Trust Board and an action plan was prepared in response to address key issues.
The main focus of the report was to ensure that clear roles and responsibilities were designated for staff and that assurance was gained on the cleaning of medical equipment. The ICT have worked hard to ensure that the action plan is delivered and this was monitored through ICC.

11 Measures of Infection Prevention and Control: Shaping Practice to Improve Performance

The ICT continued to develop the measures of infection prevention and control in 2009. These were started in 2008 with a small number of audits to review. The Trust Board report now receives 18 measures in addition to the mandatory reporting statistics.

Performance of the IP&C measures is closely scrutinised by the infection control executive on a weekly basis. Data from the audits is presented in league table format and disseminated to divisions. If wards and departments persistently do not achieve compliance for indicators they will meet the DIPC to discuss any barriers in preventing compliance.

12 The Director of Infection Prevention and Control’s Conclusion and Acknowledgements

This annual review of infection prevention and control has looked back over the past twelve months, assessed the position regarding HCAIs at the Trust as at December 2009 and previewed the work programme for 2010/11. Intended to inform, prompt debate and provoke further good work, I hope that it is shared and discussed by clinical and non-clinical staff within and beyond Hillingdon and Mount Vernon Hospitals.

I will publish it in ‘hard copy’, share it electronically with colleagues within the Trust, send it to colleagues in other agencies with whom we work on IP&C and make it available on our website. Our Fighting Infection Together (FiT) Group, made up of local people and patients are already working on a ‘patient friendly’ version for distribution via a number of channels.

We are gaining assurance from a wide variety of sources now that our care is safer, cleaner and more comfortable for patients than ever before. The past year has seen not inconsiderable reductions in the number of HCAIs within the Trust and much of this is down to the energy and commitment of staff from all quarters of our organisation and beyond. External reviews of our service have confirmed this during 2009 and I am confident that even though our new ‘objectives’ will continue to stretch us in delivering this higher quality of care, we will continue to work together successfully in maintaining this drive for improvement.
Clearly my own colleagues in the Infection Control Team have played a significant role in leading change and engaging others, but it is evident that all members of the Trust’s team have pulled together to make a difference for patients. I would like to take this opportunity to thank everyone for this hard work and enthusiasm.

Marie Batey
Director of Infection Prevention and Control

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<th>13 Acronyms</th>
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