Infection Prevention and Control
Annual Report
1st April 2012 - 31st March 2013

Patient friendly version
Edited by: Fighting Infection Together (FIT) group
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1 | Introduction to the Report

This report covers the period from 1st April 2012-31st March 2013 and provides an assessment of performance against national targets for the year and includes key issues such as:

- Meticillin Resistant Staphylococcus Aureus (MRSA) bacteraemia figures,
- Clostridium difficile Toxin (CDT) rates,
- Audit activities and other key priorities for the year.

The Trust continued to have both patient safety and Health Care Associated Infections (HCAI) as a priority within the organisation. 2012/13 has been another challenging year for both the organisation and infection control team (ICT), as there is greater scrutiny and surveillance on HCAI as well as ever reducing targets. The Trust sustained focus and energy on the infection control agenda, sharing key learning and best practice in order to deliver on both HCAI national targets. Key achievements for 2012/13 include:

- The Trust reported only one MRSA bacteremia case, well under the national target of 3. This is the lowest number of cases reported for MRSA bacteraemia for the organisation.
- Clostridium difficile cases remained low and despite a challenging target of 24, the Trust finished on 23 cases.

The Infection Prevention and Control (IP&C) Strategy continued into its second year and work has continued to ensure that we maintain compliance with:

- The Health and Social Care Act 2008
- NHSN Risk Management Standards for Acute Trusts
- The Care Quality Commission registration Outcome 8

2 | Infection Control Roles

2.1 The Infection Prevention and Control Team Members

Infection control team members consist 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 (April-July 2012 only)
- An Antimicrobial Pharmacist
- A Lead Nurse Infection Prevention and Control (1 WTE)
- A Senior Infection Control Nurse (1 WTE)
- A Senior Project Nurse (Infection Control) (0.8 WTE)
- Administrative Support (1 WTE)
The Infection Control Team: Mandatory Surveillance During 2012/13

3.1 Mandatory Reporting
The Trust reports the following mandatory HCAI statistics to both the Trust Board and Public Health England (PHE) on a monthly basis.
- Meticillin Resistant Staphylococcus aureus (MRSA) bacteraemia
- Clostridium difficile infection
- Meticillin Sensitive Staphylococcus aureus (MSSA) bacteraemia
- Escherichia coli (E coli) bacteraemia

The Trust also continues to follow NHS London guidance and reports all HCAI associated deaths where it is included as a part 1A, 1B or 1C on a death certificate to the Strategic Executive Information System (STEIS). Also included in this data set are any incidents of C diff on the same ward if two or more cases were reported in one week or three in a month. A Root Cause Analysis (RCA) is undertaken on such cases and they are presented to ICC for monitoring and scrutiny of any arising actions. In 2012/13 there were 6 cases reported under this guidance as detailed below:

<table>
<thead>
<tr>
<th>Reason for STEIS report</th>
<th>Number of cases</th>
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<tbody>
<tr>
<td>MRSA on death certificate</td>
<td>2</td>
</tr>
<tr>
<td>C diff on death certificate</td>
<td>3</td>
</tr>
<tr>
<td>Two cases C diff on 1 ward in a week</td>
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Included in the above data is an MRSA case which was attributed to the Primary Care Trust (PCT) and died shortly after admission. All of the above cases had root cause analysis (RCAs) and it should be noted in the case of two C diff on a ward in one week, that there was no evidence of cross contamination.

3.1.1 Meticillin Resistant Staphylococcus aureus (MRSA)
The Trust continued following the Department of Health Technical Guidance for the 2012/13 Operating Framework in mandatory surveillance of MRSA. There is clear guidance on how to determine whether to attribute a case to the primary care organisation (PCO) or the acute trust. The decision for the Department of Health (DH) to separate this data 3 years ago was to ensure that the cases were fairly attributed and to encourage greater joint working across the whole health economy.

For acute trusts the basis of the assessment is the number of positive MRSA blood specimens (more than 14 days apart) taken from inpatients, excluding specimens taken on the day of admission or on the day following the day of admission.

For 2012/13 the MRSA target was to report no more that 3 cases in the year. The Trust was therefore delighted to complete the year reporting only one MRSA bacteraemia. This one case was within the surgical division and was an emergency admission with complex multiple co-morbidities.

The Trust therefore was delighted to meet both its national and Monitor target.

MRSA screening has remained a significant part of the patient pathway with all non-elective admissions (with the exception of some maternity patients and paediatrics) requiring screening.
3.1.2 Meticillin Sensitive Staphylococcus aureus (MSSA)
Throughout 2012/13 the mandatory reporting of MSSA bacteraemia continued. The Department of Health have applied the same data definition for attributing cases to the acute trusts and PCOs as they have with MRSA bacteraemia.

Whilst there has been no national or local targets assigned to MSSA blood stream infections it should be noted that this data is often included in performance statistics from London. The Trust continues to undertake RCAs for all Trust attributed cases but has not easily identified any themes which could result in actions or interventions.

3.1.3 Surveillance of Clostridium difficile toxins
The number of Clostridium difficile toxin positive patients has substantially decreased since the targets set in 2007 and we have sustained our performance over the past three years, reporting 24, 25 and 23 consecutively. This significant reduction from a previous 156 cases in 2008/09 enables us to provide safer care and a safer environment for patients.

It should be noted, however, that the national target is significantly reduced year on year to challenge organisations and is now much tougher for all acute trusts.

All of the cases had RCAs undertaken and key within this system was sharing the actions and learning. From the 23 cases through through RCAs we were able to demonstrate that 10 cases were either samples associated with laxative use, admitted with diarrhoea and therefore sampling late or there was an inappropriate sample sent. Whilst in previous years with higher targets these cases could easily be accommodated within the trajectory, this year it was key to ensure that such cases did not occur in order to successfully achieve the target.

3.1.4 Escherichia coli (E coli) bacteraemia
E. coli is a species of bacteria commonly found in the intestines of humans and animals. There are many different types of E. coli, and while some live in the intestine quite harmlessly, others may cause disease.

There is no objective or target associated with this bacteramia and it is not included in London performance data. However E coli bacteraemia contribute to a high number of blood stream infections and the significant effect on both the patient and burden on the health economy should not be underestimanted.

3.2 Other Resistant Bacteria
There continues to be a rise both nationally and world-wide in the number of gram negative bacilli found resistant to multiple antibiotics. Amongst these are bacteria producing extended spectrum beta lactamase (ESBL); which is an enzyme that inactivates most cephalosporin and penicillin antibiotics. The most common bacteria that make this enzyme are Gram-negatives such as Escherichia coli and Klebsiella pneumonia.

3.3 Surgical Site Infection
Surveillance of orthopaedic surgical site infection (SSI) is undertaken for both total hip replacements and repair of fractured neck of femur.
The ICT remains passionate about patient safety and reductions in HCAI with a proactive approach to management of both patients, staff and public. The team appreciate the focus and commitment from the Trust Board to all members of staff across the organisation in ensuring they deliver safe quality care in a clean and suitable environment.

4.1 Education and Training
The ICT continue to deliver IP&C training to all members of staff across the organisation; this training varies from regular formal sessions to individual bespoke delivery at a ward or department level.

The Trust’s NEW starter program and medical induction is supported by the ICT; this results in all new staff within the organisation undertaking relevant appropriate IP&C training and updates, reflecting both national and Trust initiatives and the focus on reducing HCAIs. In 2012 the Trust changed the cleaning and catering contract to bring this back in house. This resulted in approximately 300 staff joining the organisation, in order to support this transition the ICT provided bespoke sessions for this new group of staff.

The ICT annually review their training sessions and ensure that the training matrix accurately reflects the requirements across the Trust. IP&C refresher training is therefore divided into three levels, one non clinical and two clinical based on the highest risk roles for IP&C.

4.2 Implementation of the European Directive on Safer Sharps
The EU directive brings together a number of existing health and safety requirements in order to make the legal framework to protect workers from sharps injuries more explicit. The Health & Safety Executive’s (HSE) will introduce new regulations which are provisionally titled The Health & Safety (Sharp Instruments in Healthcare) Regulations 2013. It applies to all workers in the hospital and health care sector, including staff working in the private and public sector.

The Trust established a Sharps Safety Working Group in 2012 which is currently looking at activities undertaken using sharps throughout the organisation.

4.3 Audit & Monitoring

All of the measures detailed below are reported to the board monthly on the IP&C measures where they are scrutinised and accountability challenged.

The current audits & monitoring for IP&C in 2012/13 are detailed below:

- Compliance with Hand Hygiene policy (monthly)
- Compliance with Bare Below Elbows policy (monthly)
- Compliance with Isolation policy (annually)
- Compliance with Restricted Antibiotic Prescribing policy (monthly)
- Compliance with Linen policy (annually)
- 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 (bi annually)
- 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)

4.4 Working with the Patients and Public
The Fighting Infection Together (FIT) is a public group that was established a number of years ago. There is representation from our patients, the local community and other public forums, as well as this year we saw a Trust Governor join the team. This extraordinary group of committed people come together in their passion for improving aspects of infection prevention and control across the Trust. The group established terms of reference this year and contribute to projects such production of infection control posters, assisting on public stands that raise awareness of IP&C as well as reviewing and updating information leaflets. They provide a valuable interface between the public and infection control team and impart a critical eye when required.

4.5 Working to Ensure Optimum Hospital Hygiene
A clean, safe, suitable environment remains a high priority for our patients, staff, visitors and the organisation. Monthly cleaning scores are presented to the board covering wards and departments. These scores are also scrutinised by ICC bi monthly.

4.6.1 Cleaning & Catering services
The Trust is still reviewing cleaning supervision and performance monitoring to maintain and improve standards of cleanliness. It means developing an even closer relationship between ward staff, infection control and cleaning staff to monitor cleaning standards and to take action when standards are not as high as expected. The organisation wants to ensure that there is a closer focus on ‘productivity’ to maximise the amount of pure cleaning time in key areas.

The Infection Control Team were a core part of all the project work, working closely with colleagues, to bring services in-house and participated in all parts of the specification and tender for patient dining. The ICT plans to continue to work closely with the Facilities team in order to embed and further improve services.

4.6.2 Patient Led Assessment of the Care Environment (PLACE) Process
The new PLACE process has replaced the long standing PEAT (Patient Environment Access Team) process from 2013. This new system has been introduced to both revitalise the assessment of the patient environment process but also, more importantly, to ensure that there is a greater focus on patient involvement in the process.

PLACE covers broadly the same areas as PEAT – namely privacy and dignity, wellbeing, food, cleanliness and general maintenance of buildings and facilities. It focuses entirely on the care environment and does not stray into clinical care provision or staff behaviours. It extends only to areas accessible to patients and the public (for example, wards, departments and common areas) and does not include staff areas, operating theatres, main kitchens or laboratories.
The new assessment period will run from April to end June 2013, and in subsequent years it will run from February to April. Results for 2013 will be published in September 2013, with subsequent years’ results being published in July.

4.7 Public toilet upgrades
A very welcome initiative this year was the upgrade of the public toilets in the Trust. The Capital Team in collaboration with the ICT and the FIT group contributed to the first phase of work that has recently been completed on the male, female and disabled toilets on the ground floor of the outpatients department. The second phase of toilet upgrades started in February and included the A&E waiting area and lower ground floor corridor. The ladies toilets on the ground floor will also be modernised to create four male toilets, four female toilets and one unisex disabled toilet. These upgrades include hands free toilet flushes, infrared handwash basins and Dyson airblade hand dryers which are energy efficient.

4.8 Redesigning Emergency Care and New Builds
The Trusts was delighted to secure a £12.3 million funding from the Department of Health to re-design our Emergency Department at Hillingdon Hospital. The aim of the project is to redesign emergency care pathways to reflect changes in the wider health economy which increases primary care and reduces length of stay and admissions to acute organisations.

The ICT have worked closely with the project team to ensure that the new designs and builds are fit for purpose, meet the Health Technical Guidance and provide a safe, clean environment. The new plans include:

- Redesign of Emergency Care Department with a focus on the paediatric and urgent care areas.
- New ward block containing an acute 46 bedded unit for patients who require stay in hospital that is less than 72 hours.
- Relocation of departments displaced by the new build and the refurbishment of the Emergency Department - this includes a new Endoscopy unit on the ground floor of the new block.

These weekly planning meetings will continue throughout 2013 with the final phase of the build in September 2014.

5 Outbreaks and Incidents at the Trust in 2012/13

5.1 Pandemic Influenza
The Pandemic Influenza Operational Policy was reviewed again in preparation for the winter season by the ICT with support from key members of the management team across the organisation. This operational policy remains a flexible document that not only enables the Trust to react to a potential new pandemic but is also to respond to an increase in demand due to seasonal influenza activity or other possible increases in capacity due to Severe Acute Respiratory Syndrome (SARS), which is a viral respiratory disease in humans which is caused by the coronavirus.

An increase in influenza activity was not evident over the winter period, with relatively few confirmed flu patients admitted to the organisation.
The Occupational Health Department target high risk groups in the first week of the flu program which included A&E, Paediatrics and Maternity staff as well as providing ‘drop in clinics’ and bespoke sessions for departments. The focus and energy in the flu campaign resulted in a 66% overall take up. The Hillingdon Hospitals NHS foundation Trust were ranked 34th highest take up rate out of 398 England NHS Trusts.

5.2 Gastroenteritis/Norovirus
Norovirus is always a particular challenge for organisations especially over the busy winter period. This virus is spread easily from one person to another and is highly infectious in nature. This winter saw a sizeable outbreak in another acute London trust affecting many patients and closing a number of wards. Large outbreaks can result in challenging operational circumstances as due to prolonged periods of stay, beds remain occupied longer and in the case of closed wards this can impact on the day to day running of a trust.

There had been increased activity for suspected /confirmed Norovirus for this winter since early November. The Trust saw a significant increase of admissions of patients with diarrhoea and vomiting as well as a high clinical attack rate for staff. Most notably was the closure of the paediatric ward, even though this was only for 24 hours, this had not occurred within the organisation before. Staff were, however, swift to respond enabling the ward to reopen later the next day after a full clean.

The peak of activity for patients and staff affected was between 12.11.12 -22.11.12

84 Staff off sick with suspected/confirmed Norovirus 11.11.12-20.12.12

Despite this high activity the Trust operated as normal with minimal disruption at a time of increased operational pressures. After the initial surge in cases during November and early December the Trust saw very little Norovirus activity within the organisation despite prolonged high activity in the primary care environment.

5.3 Needlestick Incidents and Prevention of Needlestick Injuries
Occupational Health received 73 reports of needle stick injury for 2012/13. This year the report contained further details of the nature of the injury so that themes can be presented and the data analysed.

5.4 Legionella & Water Quality Monitoring
Legionella bacteria, which cause legionellosis, is an uncommon form of pneumonia and the majority of cases are reported as single (isolated) cases but outbreaks can and have occurred. Our duties, as an organisation, are provided in the approved ‘Code of Practice and guidance Legionnaires' disease: The control of legionella bacteria in water systems (L8)’. This contains practical guidance on how to manage and control the risks in your system. Control and prevention of the disease is through treatment of the source of the infection, i.e. by treating the contaminated water systems, and good design and maintenance to prevent growth in the first place.

The Trust continues to take this responsibility very seriously and is aware of the risks inherent in a multi building site with a number of older facilities.
A Water Quality Group now meets on a monthly basis with representation from Estates and Facilities, Health and Safety, Infection Control and our water monitoring company.

### Management of Antibiotic Prescribing at the Trust in 2012/13

The Trust held and antimicrobial workshop for the first time in 2011, which had key involvement from a number senior clinicians, in order to explore current antimicrobial prescribing and how it can be further developed. A key step was the completion of a new overarching antimicrobial policy, which underwent a number of draft versions before final approval in late 2012.

Antimicrobial prescribing has continued to be monitored closely throughout 2012/13.

### Safety and Quality In Infection Control: Statutory Duties & External Visits

The Trust has an established assurance framework for IP&C as the safety of patients and staff, and quality care is a key consideration for all organisations. The Health and Social Care Act 2008 clearly reflects our duties and provides a collection of systems, processes and procedures in order to define the risks to achieve high quality care. It also identifies whether the Trust has adequate controls in place to reduce these risks to acceptable levels.

The IP&C assurance framework is presented every 6 months to ICC and provides the details of the regulations the Trust must comply with to meet its duty of care.

#### 7.1 Care Quality Commission

The Trust is registered by the Care Quality Commission as meeting its requirements under the Health & Social Care Act 2008 (Outcome 8) ‘People should be cared for in a clean environment and protected from risk of infection.’ and has no restrictions applied.

The Care Quality Commission (CQC) performed an unannounced visit to The Hillingdon Hospitals NHS Foundation Trust on 5th December 2012. The CQC inspectors spoke to both patients and staff whilst visiting a significant number of wards including surgery, medicine, paediatrics and maternity service.

Other evidence found during the inspection was:

> People were cared for in a clean, hygienic environment. The wards we visited were clean and fresh. Spillages were promptly dealt with. The bathrooms, toilets and bed areas were kept clean. Equipment was labelled with the date and time of cleaning. And the bathrooms and toilets were equipped with soap, hand gel and paper towels.

> We saw evidence of cleaning schedules and checks that all cleaning tasks had been carried out. We also saw hand hygiene, mattress and equipment audits. These showed that regular thorough cleaning took place. Where staff failed to follow infection control procedures action plans for improvement were in place and these had been monitored.
Throughout our visit we saw that staff cleaned their hands and used the hand gel when entering and leaving wards and before and after supporting people. There was information for visitors to encourage them to follow good infection control procedures. We observed nurses cleaning the equipment around one bed area after a patient had been discharged. The nurses were observed to be wearing aprons and using gloves appropriately.

Nurses on the ward said each ward had an infection control link nurse to oversee that infections were properly managed. The staff told us that they had training in infection control, hand hygiene and cleaning equipment. They said regular discussions about these areas were held and senior staff checked that these procedures were being followed.

Patients were also provided with information from the Trust website warning them of the high incidence of diarrhoea and vomiting during this winter and what to do if they became ill. The Hospital carried out infection control audits. The audit results we viewed contained information on the action needed to be taken after such audits. A number of wards were attaining 100% on monthly measures for hand hygiene and staff keeping to the bare below the elbows policy.

The CQC therefore judged that ‘The provider was meeting this standard. People were protected from the risk of infection because appropriate guidance had been followed.’

7.2 Peer Review
In the past few years London led the way in making significant reductions in both MRSA and C.difficile. However, in 2011/12 a number of organisations in the capital dipped their performance and the region became an outlier in comparison with the rest of England. This prompted the Department of Health to initiate a Peer Review Programme, overseen by Janice Stevens, the national lead for Health Care Associated Infections (HCAI).

As the Trust exceeded our MRSA bacteraemia target by one case in 2011/12 we were invited to participate in the peer review process and our visit by Janice Stevens and her team took place on 5th July. The Peer Review included eight highly skilled specialists in infection prevention and control. Members of the panel included Janice Stevens, programme director for the peer review and formerly head of DH HCAI improvement team, Sara Blakey HCAI Lead London, Jenny Wilson Consultant Nurse Imperial and other Lead and Consultant nurses and a senior member of Estates and Facilities. The review included a number of interviews to a variety of staff across the organisation and ward visits.

We received informal feedback at the end of the review and in summary this was exceptionally positive. We were recognised as an organisation that had come on an amazing journey, achieving significant reduction in HCAI. We were praised for our honesty and willingness to share.

Highlights from the review were:

- Patients in the areas visited by the team seemed to be content and very well cared for (with the Care of the Elderly Unit being picked out particularly)
Clinical areas were clean and tidy
Our culture is positive and our leadership inspirational
We see infection control as high priority and our staff value audits and monitoring
Staff feel accountable for their individual and team performance
Our patient and public involvement, especially via the FIT Group, is impressive
Our Aseptic Non Touch Technique (ANTT) is a robust and well controlled system
We have a well structured approach to root cause analysis (RCA) with meaningful clinical engagement across the MDT
Our dashboards are excellent with good capture and feedback
There is immense respect for the Infection Control Team, who are seen as being responsive and helpful

It was rewarding to hear that the team recognised all our hard work and the hugely positive impact on patient safety that has been the result of every single infection prevention and control action taken by all staff over the past four or five years.

Some suggestions offered by the team to help us achieve further reductions and support current practice included:

- Strengthening some of our audits and using local peer review
- Undertaking further audits to drive improvement in antimicrobial stewardship
- Enhancing the rigor surrounding antimicrobial prescribing

After reviewing the recommendations and the formal response, in order to strengthen our existing good practice, we revised and updated our HCAI action plan to include both their recommendations and also to ensure that it followed SMART principles. This new HCAI action plan was presented to ICC in September 2012 and has formed the core of our IP&C work.

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

The ICT reviews and updates measures of infection prevention and control on a monthly basis, as well as analysing how best to influence change within the trust. The new ‘super-league’ table that was launched in April 2011 continues to develop and the overall IP&C scores are now utilised for both divisional performance data and integrated into the new nursing ‘Heatmap’. This enables divisions to have an overall view on delivering safe, quality care at a ward level and performance manage wards with consistent poor performance.

The new Meridian audit tool accessed for IP&C in November 2012 has enabled wards to enter directly data onto the system, resulting in quick analysis and compliance to practice. This system also enables the ICT to break down compliance to hand hygiene and bare below elbows by staff group in order to drive change.
As the organisation moves forward in 2013/14, the Trust will see even tougher thresholds for HCAI and a zero tolerance approach. This will result in an ever reducing threshold for C diff, with no room for inappropriate sampling cases or those admitted with diarrhoea but sampling taken too late. The challenge is now to deliver and strengthen best practice, not just in some specialities but across the whole organisation. This includes more direct ownership and accountability by the Divisions.

The new financial year sees change to the NHS landscape and the emergence of Clinical Commissioning Groups (CCGs). As the DH now find it unacceptable for a patient to have an MRSA bloodstream infection by an acute healthcare provider, we will be expected to deliver on a zero threshold for MRSA. Clearly this will be exceptionally challenging for all organisations and with the zero approach comes a new data capture system for reporting MRSA cases.

Any Trust reporting a positive MRSA blood stream infection will be expected to complete a Post Infection Review (PIR). The organisation for leading the case is responsible for completing a PIR within 1 week of the date of assignment (acute providers will be assigned the PIR for samples taken after the 1st two days of admission and the CCG for those admitted septic.) The outcome of the PIR should establish the organisation to which the bacteraemia should be finally assigned. The final assignment will identify the organisation best placed to ensure that any lessons learned are acted upon. Therefore it should be noted that whilst patients with samples taken on admission will be assigned to the CCG to investigate the outcome maybe after review of the patients medical journey that learning is best placed in the acute sector. It is hoped that this new system enables greater partnership working across the health economy.

Also new for 2013/14 is the arrival of a new Director of Nursing and DIPC, who started in May 2013. The ICT will look forward to working closely with the new DIPC to drive and sustain performance in all aspects of IP&C.

The Hillingdon Hospitals NHS Foundation Trust still aims to be one of the best performing trusts for HCAI both in London and nationally. We have already seen significant reductions in MRSA and C diff cases over the past few years and remain focussed on further improvements in order to ensure that we deliver the best possible safe, quality care to our patients in a clean suitable environment.

The ICT would like to acknowledge the continued support from all levels of staff in sustaining best practice and their enthusiasm and drive to be a top performing organisation.
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<th>Acronyms</th>
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<td>ANTT</td>
<td>Aseptic Non Touch Technique</td>
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<td>CCG</td>
<td>Clinical Commissioning Group</td>
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<td>C diff</td>
<td>Clostridium difficile</td>
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<td>CQC</td>
<td>Care Quality Commission</td>
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<td>DH</td>
<td>Department of Health</td>
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<td>DIPC</td>
<td>Director of Infection Prevention and Control</td>
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<td>FIT</td>
<td>Fighting Infection Together</td>
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<td>GRE</td>
<td>Glycopeptide Resistant Enterococci</td>
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<td>HCAI</td>
<td>Healthcare Associated Infection</td>
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<td>High Impact Intervention</td>
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<td>Intensive Therapy Unit</td>
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<td>MRSA</td>
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<td>Patient Environment Action Team</td>
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<td>Public Health England</td>
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<td>Post Infection Review</td>
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<td>SMART</td>
<td>Specific, Measurable, Achievable, Realistic, Timely</td>
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<tr>
<td>UTI</td>
<td>Urinary Tract Infection</td>
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