



INFECTION PREVENTION & CONTROL

ANNUAL REPORT

1

2016 / 2017

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1 Introduction

This report summarises the combined activities of the Infection Prevention & Control Team (IPC) and other staff at The Royal Orthopaedic Hospital NHS Foundation Trust (ROH) in relation to the prevention of healthcare associated infections (HCAIs).

The Trust recognises that the effective prevention and control of HCAIs is essential to ensure that patients using services at ROH receive safe and effective care. Effective prevention and control must be an integral part of everyday practice and applied consistently to ensure the safety of our patients. In addition, good management and organisational processes are crucial to ensure high standards of infection prevention and control measures are maintained.

This report demonstrates how the Trust has systems in place, for compliance with the Health and Social Care Act 2008: Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance.

The Trust set out to continue the commitment to improve performance in infection prevention practice. As outlined in the Health and Social Care Act 2008 (updated 2015), at the heart of this law there are two principles:

- To deliver continuous improvements of care
- And that it meets the need of the patient

With this in mind patient safety remains the number one priority for the Trust. Infection Prevention is one of the key elements to ensure ROH has a safe environment and practice which is reflected in the Trust's vision and objectives with milestones turning the vision into a reality.

COMPLIANCE CRITERIA 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 The Director of Infection Prevention and Control

The Director of Infection Prevention and Control (DIPC) is a role (whether by that name or another) required by all registered NHS care providers under current legislation (The Health and Social Care Act 2008). The DIPC will have the executive authority and responsibility for ensuring strategies are implemented to prevent avoidable healthcare associated infections (HCAIs) at all levels in the organisation.

The DIPC will be the public face of infection prevention and control and will be responsible for the Trust's annual report, providing details on the organisations infection prevention and control programme and publication of HCAI data for the organisation.

The DIPC will offer their commitment to quality and patient safety, good communication and reporting channels and access to people with expert prevention and control advice.

At the ROH the Executive Director of Patient Services holds the role of DIPC.

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The primary duties of a DIPC include;

- Have corporate responsibility for infection, prevention and control throughout the Trust as delegated by the Chief Executive
- Report directly to the Chief Executive (not through any other officer) and the Board or other senior management committee. Assures the Trust Board on Trust's HCAI performance and provides regular reports, including the Annual Report
- Responsible for the Trust's Infection Prevention and Control Team (IPCT)
- A full member of the IPCT and regularly attend the infection prevention and control meetings
- Responsible for the development and implementation of strategies and policies on infection, prevention and control
- Act on legislation, national policies and guidance and assess their impact; ensuring effective policies are in place and audited
- Provide assurance to the Board that policies are fit for purpose
- Attend Board meetings to report on infection prevention and control issues and to ensure infection prevention and control consideration in other operational and developmental decisions of the Board

- Provide leadership to the infection, prevention and control programme in order to ensure a high profile for infection prevention and control across the Trust
- Ensure that the requirements of decontamination guidance are in place and adhered to through implementation of appropriate policies
- Ensure public and patient involvement in infection, prevention and control
- Be a member of Clinical Governance Committee or equivalent

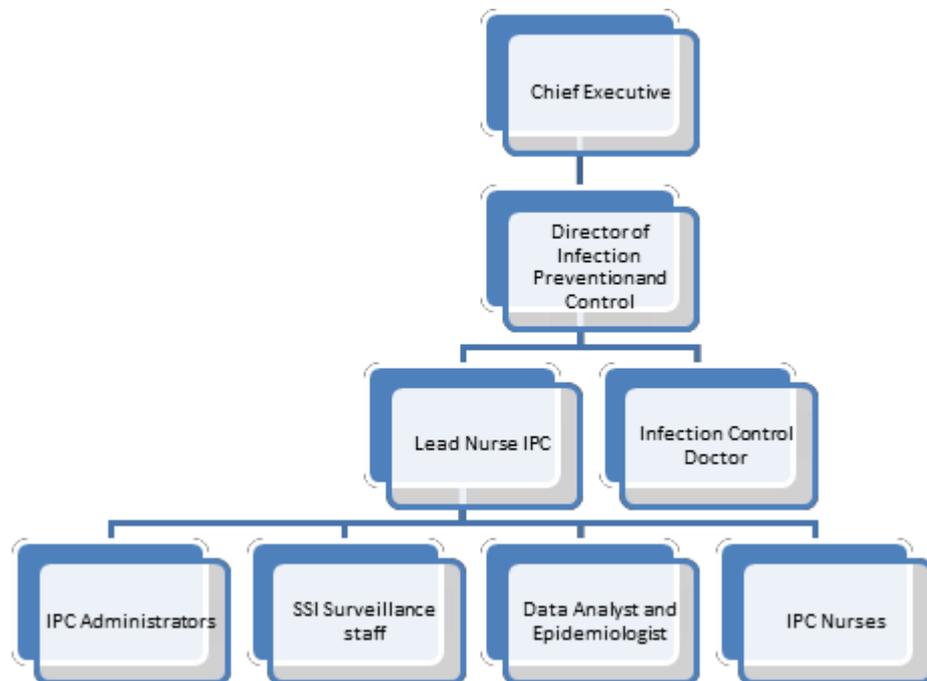
3 Infection Prevention and Control Team

The DIPC has overall responsibility for the IPC team.

The IPC Team work collaboratively alongside the front-line clinical leaders at the Trust.

The Infection Prevention and Control service is provided through a structured annual programme of works which includes expert advice, education, audit, policy development, and review and service development. The Trust has 24 hour access to expert advice and support via a Service Level Agreement (SLA) with the University Hospital Birmingham (UHB).

4 IPC Team Structure 2016/2017



5 Committee Structures and Assurance Processes



5.1 Trust Board

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The Code of Practice requires that the Trust Board has a collective agreement recognising its responsibilities for Infection Prevention and Control. The Chief Executive has overall responsibility for the control of infection at ROH. The Director of Patient Services is the Trust designated DIPC. The DIPC attends Trust Board meetings with detailed updates on Infection Prevention and Control matters. The DIPC also meets regularly with the Chief Executive.

5.2 Quality and Safety Committee

The Quality and Safety Committee (QSC), chaired by a Non - Executive Director (NED), is a sub-committee of the Trust Board which meets monthly is responsible for ensuring that there are processes for ensuring patient safety; and continuous monitoring and improvement in relation to Infection Prevention and Control. The QSC receives assurance from the Infection Prevention and Control Committee (IPCC) that adequate and effective policies, processes and systems are in place. This assurance is provided through a regular process of reporting. The IP team provide a monthly report on surveillance and outbreaks.

5.3 Infection Prevention and Control Committee

The Infection Prevention and Control Committee (IPCC) provides direct assurance to the DIPC. The main objective of the IPCC is to provide a strategic drive in ensuring improved performance in relation to health care associated infections.

The IPCC is chaired by the DIPC; members include the Medical Director, Lead Consultant Microbiologist, Lead Infection Prevention and Control Nurse, Chief Pharmacist, Head of Estates and the Facilities Manager.

6 Surveillance of Healthcare Associated Infection (HCAI)

6.1 MRSA Bacteraemia

The Department of Health (DH) began mandatory surveillance of MRSA bloodstream infections (bacteraemia) in 2001. This includes all bloodstream infections with MRSA whether acquired in hospital or in the community and any that are considered to be a contaminant or not. Data is reported to the DH, via Public Health England (PHE) through the national HCAI database monthly.

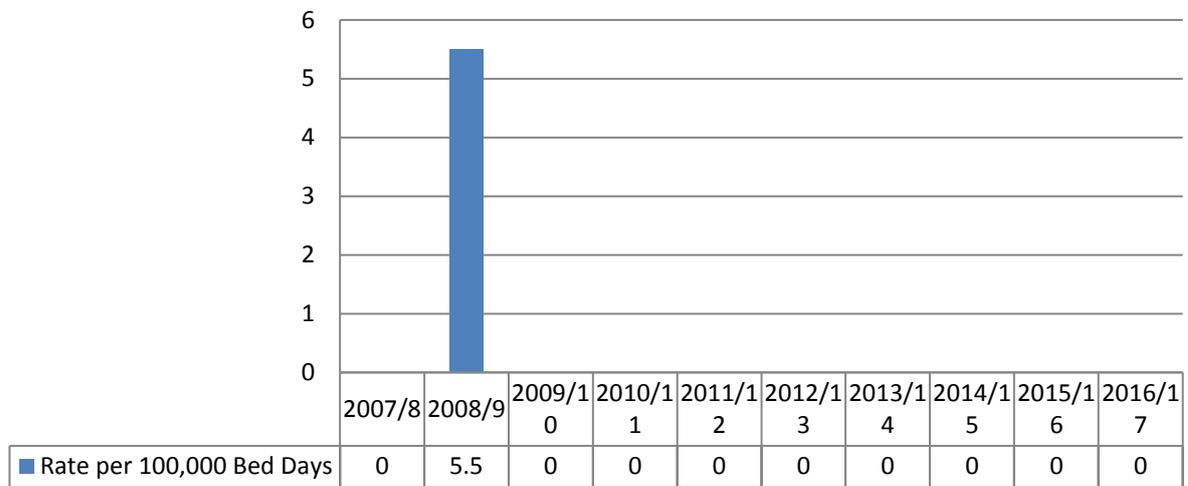
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There continues to be a national zero target for all MRSA bacteraemia, as part of this zero tolerance approach an in-depth Post Infection Review (PIR) is undertaken for all MRSA bloodstream infection cases which includes an external review, the purpose is to identify any possible failings in care and to identify the organisation best placed to ensure improvements are made.

Trust apportioned cases are defined as blood culture taken “on or after the 3rd day of admission”.

For the period covered by this report there been **zero** cases of MRSA bacteraemia at ROH which is the same compared to the previous year;

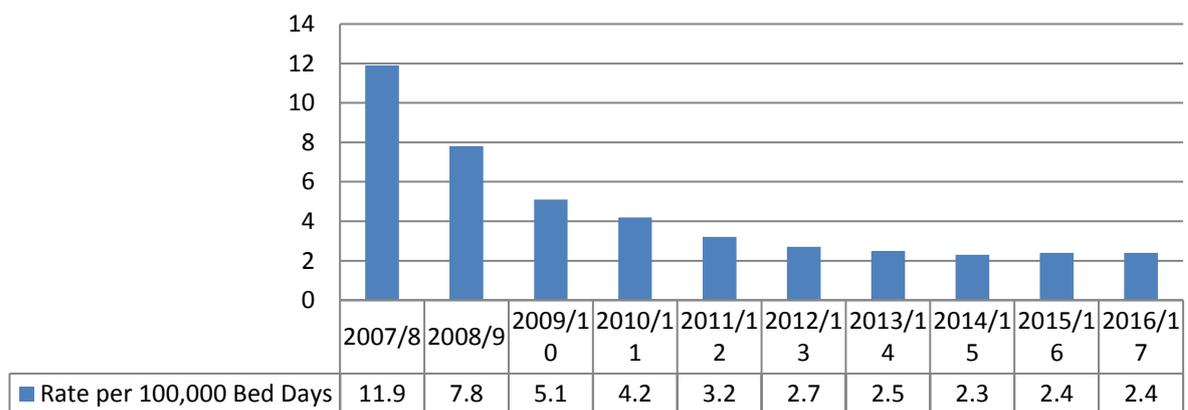
MRSA Bacteraemia Rate per 100,000 Bed Days at the Royal Orthopaedic Hospital



Source: <https://www.gov.uk/government/organisations/public-health-england>

For the period covered by this report there have been **zero** cases of MRSA bacteraemia at ROH which is the same compared to the previous year;

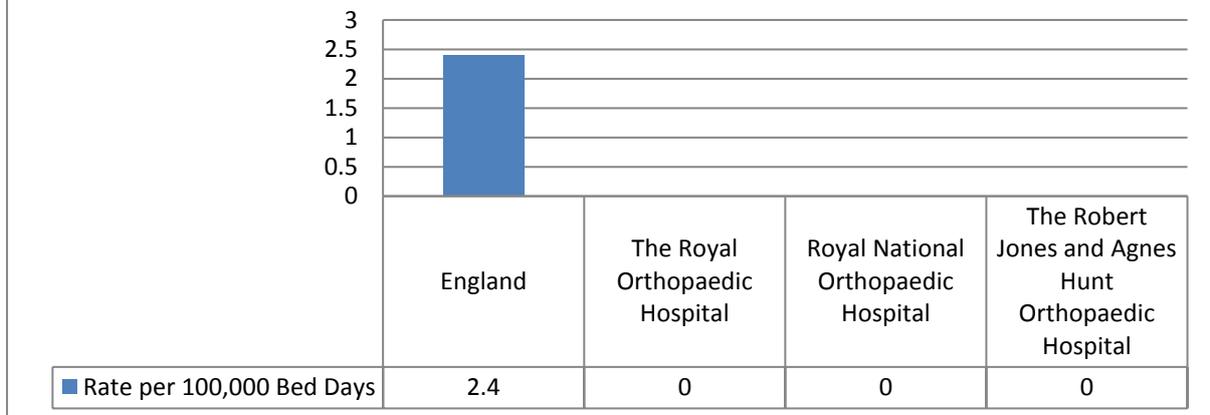
MRSA Bacteraemia Rate per 100,000 Bed Days England



Source: <https://www.gov.uk/government/organisations/public-health-england>

Since 2007/8, there has been a steady overall decrease in England.

MRSA Bacteraemia Rate per 100,000 Bed Days 2016/17



Source: <https://www.gov.uk/government/organisations/public-health-england>

In comparison to other specialist Trusts in England, ROH has also had zero cases.

6.2 Clostridium Difficile Infection (CDI)

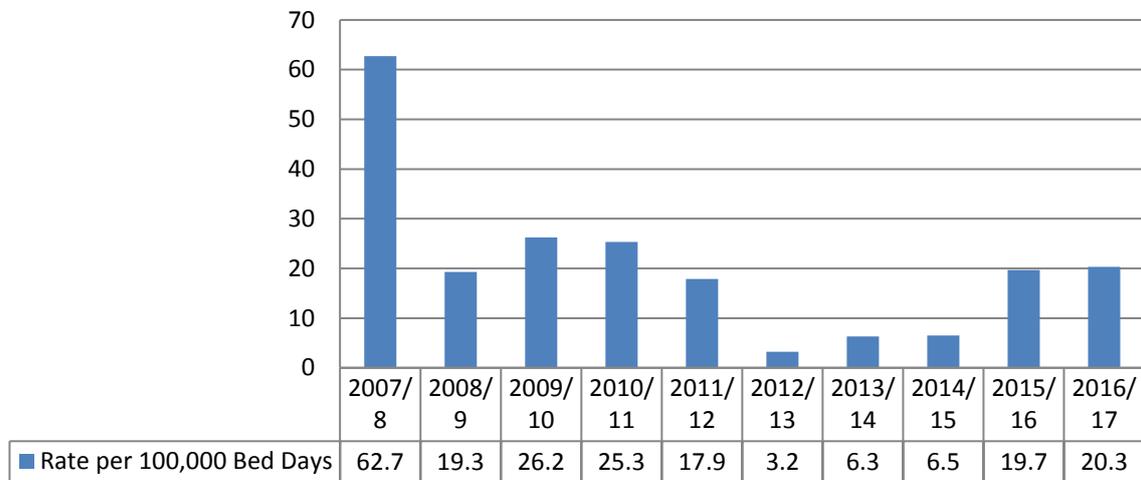
In March 2012 the Department of Health (DH) issued revised guidance on how to test, report and manage CDI. The new guidance aimed to provide more effective and consistent diagnosis, testing and treatment of CDI. It provided the ability to categorise patients into one of three groups:

- CDI likely
- Potential Clostridium Difficile excretors (Carriers)
- CDI unlikely

ROH is compliant with DH testing guidance for CDI.

Cases of CDI that are considered to have been acquired in that the Trust are defined as sample taken “on or after 48 hours of admission”.

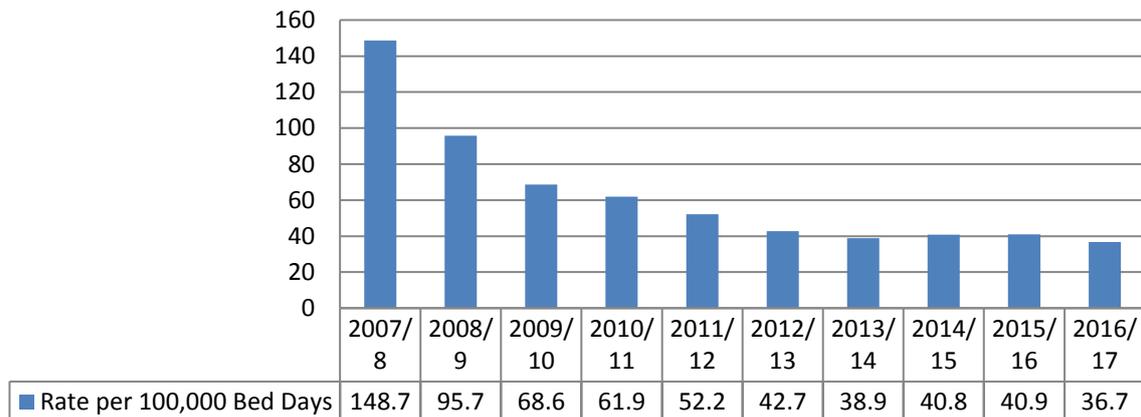
Clostridium Difficile Infection Rate per 100,000 Bed Days at the Royal Orthopaedic Hospital



Source: <https://www.gov.uk/government/organisations/public-health-england>

For the period covered by this report there has been an increase in CDI rates compared to the previous year at ROH. There was a total of 4 unavoidable cases.

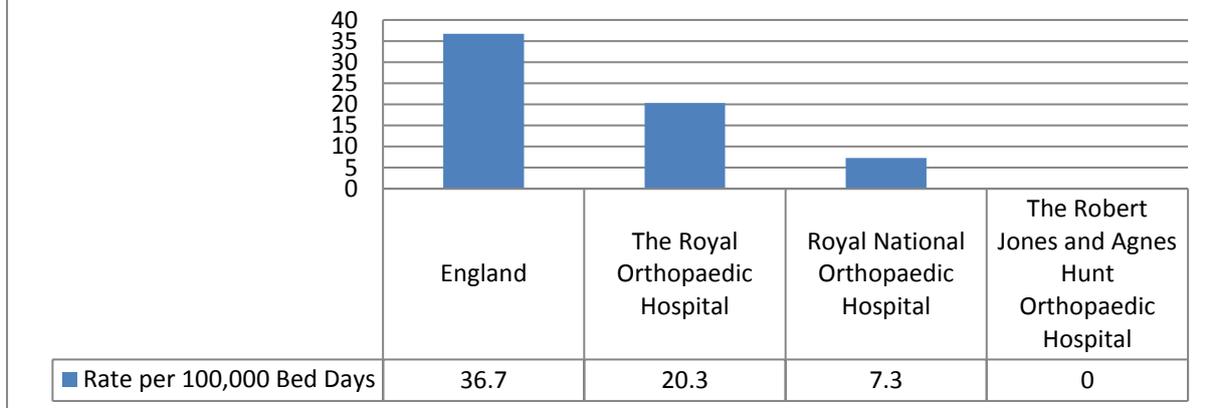
Clostridium Difficile Infection Rate per 100,000 Bed Days England



Source: <https://www.gov.uk/government/organisations/public-health-england>

There has been a steady decrease in CDI rates in England since 2007/8.

Clostridium Difficile Infection Rate per 100,000 Bed Days 2016/17



Source: <https://www.gov.uk/government/organisations/public-health-england>

In comparison to other specialist Trusts in England, ROH has had higher CDI rates. This is attributed to the specialist Bone Infection Unit (BIU) patients operated on at the Hospital. All cases were found to be unavoidable after investigation of each case through a Root Cause Analysis (RCA) process with Commissioner involvement from start to finish.

6.2.1 ROH CDI Action Plan

Preventing and controlling the spread of CDI is a vital part of the Trust’s quality and safety agenda by a multifaceted approach and the proactive element of early recognition and isolation of CDI toxin positive cases and of those cases that are CDI carriers (PCR positive).

All Hospital acquired CDI positive samples or cases where the patient has had a recent hospital stay at ROH are submitted to Public Health England for ribotyping. Samples with the same ribotype are then examined further variable number tandem repeat (VNTR). This helps to identify wards or areas where patient to patient transmission is likely to have occurred, with enhanced focus on control measures, with decanting and deep-cleaning of the patient areas if necessary.

In all cases control measures are instigated immediately, and RCA’s are reviewed. Each inpatient is reviewed by the IPC nurse regularly. In cases of Bone Infection Unit (BIU) patients, they form part of the weekly multi-disciplinary review where the patients’ case is discussed including antibiotics and where necessary feedback to ward doctors. All HCAI CDI cases are subject to a root cause analysis and each case is discussed with the Lead IPC Nurse at the Birmingham Cross City Clinical Commissioning Group (BCCCG) to determine the avoidability (lapses in care) with feedback given to Infection Prevention and Control Committee and relevant Divisions. The Divisions action Duty of Candour where necessary.

ROH closely monitors periods of increased incidents (PII) of patients with evidence of toxigenic Clostridium Difficile in any ward or area. The definition of a PII is 2 or more patients identified with evidence of toxigenic Clostridium Difficile within a period of 28 days and associated with stay in the same ward or area.

In such instances, a full terminal clean is undertaken with detergent and hot water. Curtains are changed and all equipment is cleaned with Sporacidal wiped or disposed of. The room / bay is then decontaminated using the hydrogen peroxide machine (Bioquell). Equipment is also decontaminated in the room / bay with hydrogen peroxide.

Bioquell disinfect is used for cleaning of the general environment and non- invasive equipment used in wards. In other areas, Clinell disinfectant and detergents are used.

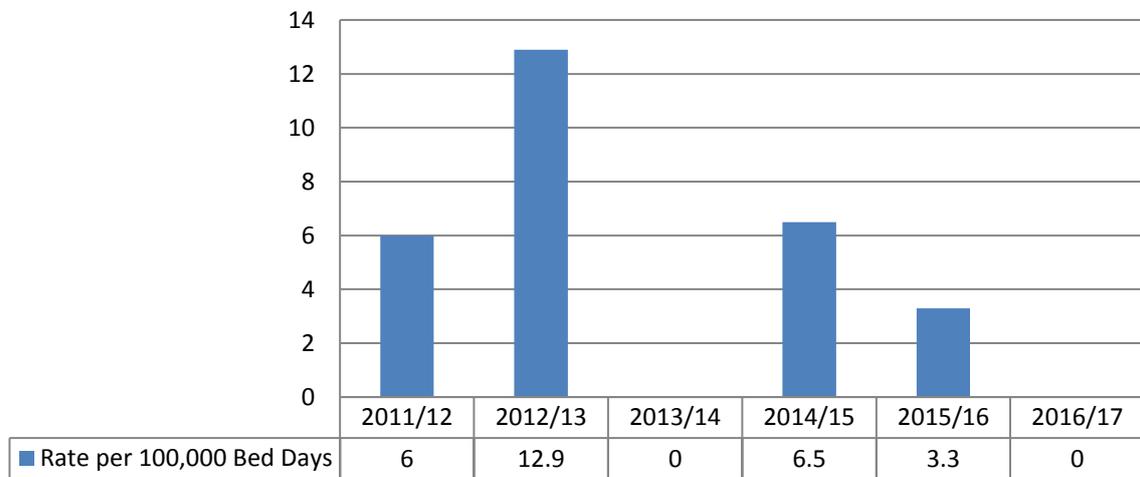
6.3 Meticillin-Susceptible Staphylococcus Aureus (MSSA)

Meticillin-sensitive Staphylococcus aureus is a type of bacteria (germ) which lives harmlessly on the skin and in the noses, in about one third of people. People who have MSSA on their bodies or in their noses are said to be colonised.

However MSSA colonisation usually causes them no problems, but can cause an infection when it gets the opportunity to enter the body. This is more likely to happen in people who are already unwell. MSSA can cause local infections such as abscesses or boils and it can infect any wound that has caused a break in the skin e.g. grazes, surgical wounds.

MSSA can cause serious infections called septicaemia (blood poisoning) where it gets into the bloodstream.

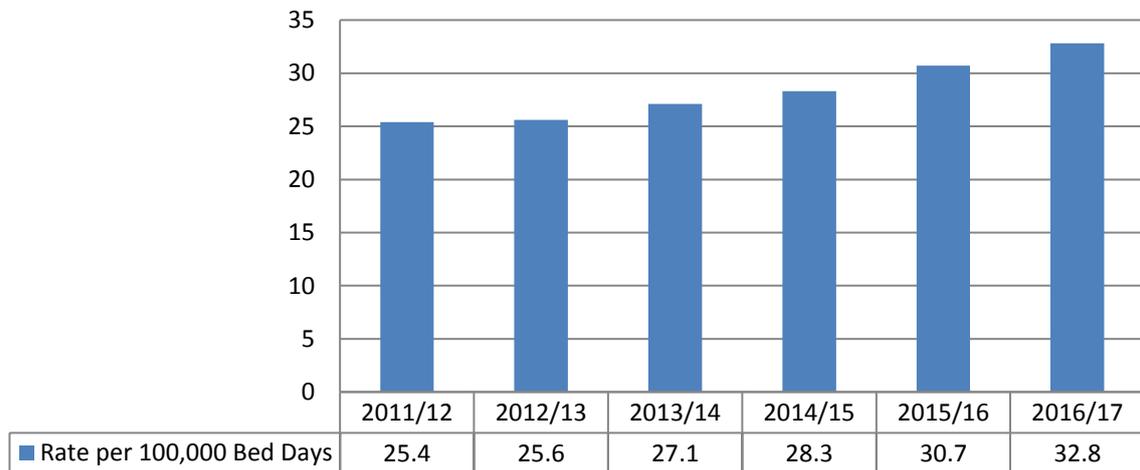
MSSA Infection Rate per 100,000 Bed Days at the Royal Orthopaedic Hospital



Source: <https://www.gov.uk/government/organisations/public-health-england>

There has been a decrease in MSSA infection rates since 2014/15. In the period for this report there have been **zero** cases at ROH.

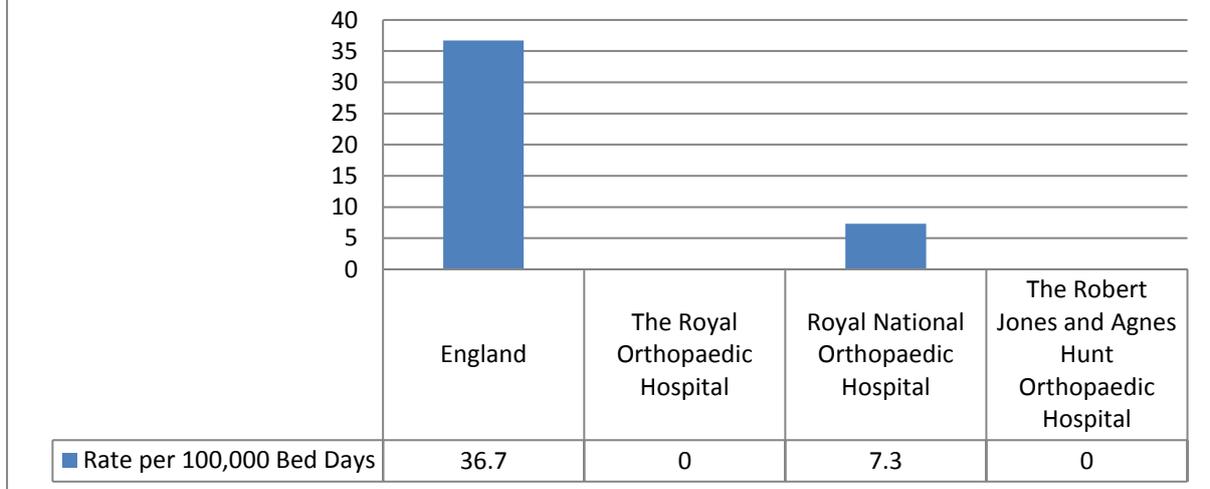
MSSA Infection Rate per 100,000 Bed Days England



Source: <https://www.gov.uk/government/organisations/public-health-england>

There has been an overall increase in MSSA infection rates on the whole in England.

MSSA Infection Rate per 100,000 Bed Days 2016/17



Source: <https://www.gov.uk/government/organisations/public-health-england>

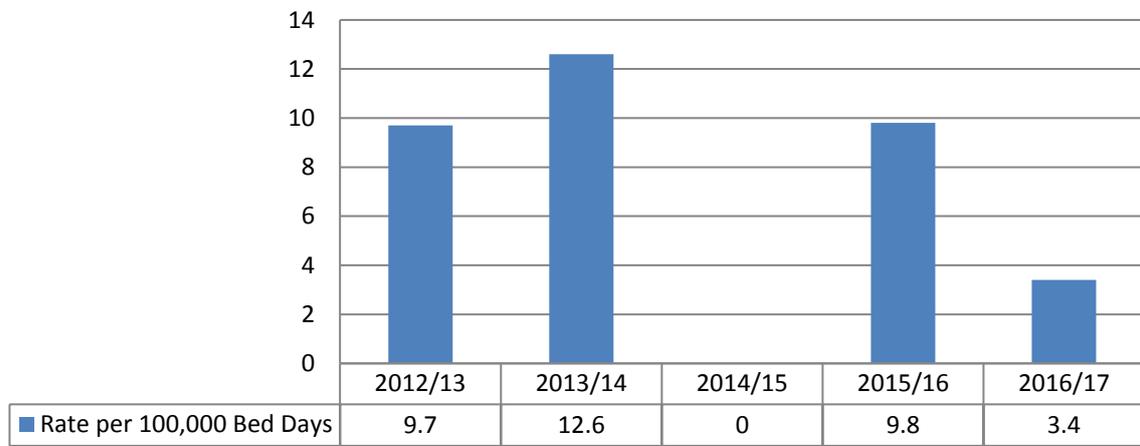
In comparison to other specialist Trusts in England, there were zero cases at ROH.

6.4 Escherichia Coli (E.Coli)

E. coli is a type of bacteria common in human and animal intestines, and forms part of the normal gut flora (the bacteria that exist in the bowel). There are a number of different types of E. coli and while the majority are harmless some can cause serious food poisoning and serious infection. For example, E. coli bacteria are a common cause of cystitis, an infection of the bladder that occurs when there is a spread of the bacteria from the gut to the urinary system. Women are more susceptible to urinary tract infection by E. coli because of the close proximity of the urethra and the anus.

Some types of E. coli can cause gastrointestinal infections. As the bacteria can survive outside of the body, its levels serve as a measure of general hygiene and faecal contamination of an environment. A common mode of infection is by eating food that is contaminated with the bacteria.

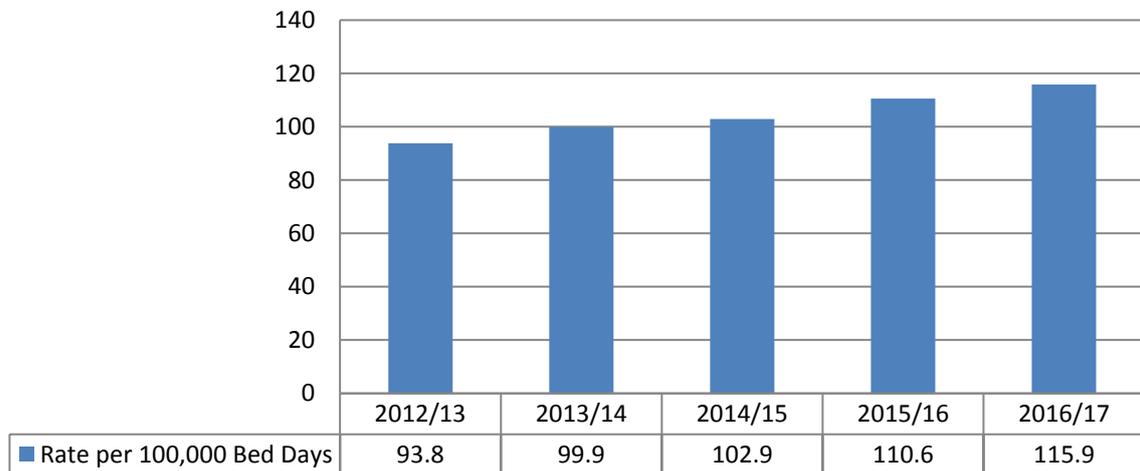
E.Coli Infection Rate per 100,000 Bed Days at The Royal Orthopaedic Hospital



Source: <https://www.gov.uk/government/organisations/public-health-england>

There has been a decrease in E.Coli infection rates since 2015/16. In the period for this report there has been one case at ROH.

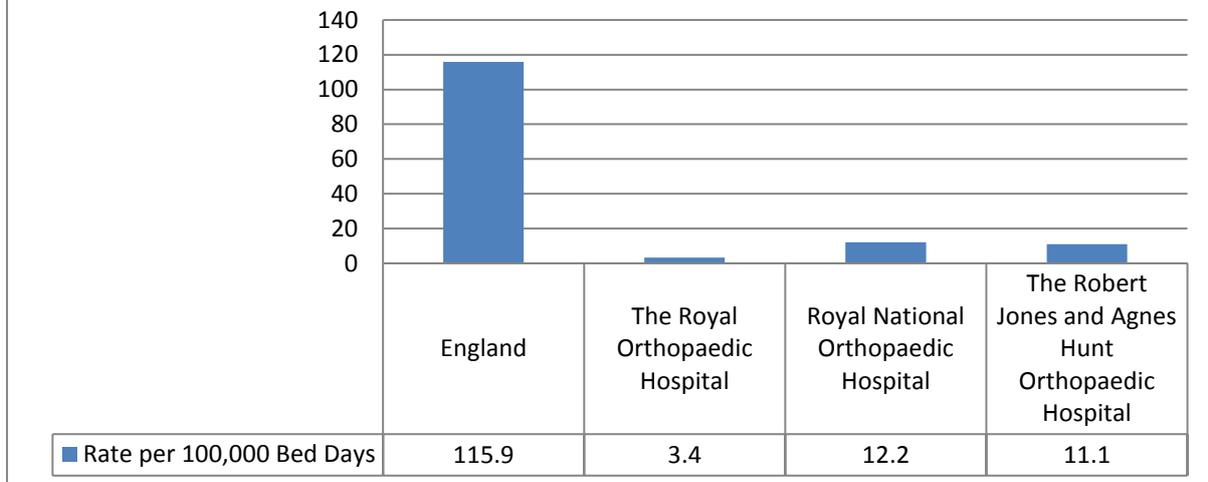
E.Coli Infection Rate per 100,000 Bed Days England



Source: <https://www.gov.uk/government/organisations/public-health-england>

There has been an increase in E.Coli infection rates in England since 2012/13.

E.Coli Infection Rate per 100,000 Bed Days 2016/17



Source: <https://www.gov.uk/government/organisations/public-health-england>

In comparison to other specialist Trusts in England, ROH had less reported cases of E.Coli.

6.5 Glycopeptide Resistant Enterococcus (GRE) Bacteraemia

16

Enterococci are bacteria commonly found in the bowel and GRE are enterococci that have become resistant to glycopeptides (for example vancomycin). Reporting of bacteraemia caused by GRE has been mandatory for NHS acute Trusts in England since September 2003.

For the period covered in this report there have been zero cases of GRE at ROH which is the same compared to the previous year.

6.6 Carbapenemase – Producing Enterobacteriaceae (CPE)

Public Health England published a toolkit for the early detection, management and control of CPE in December 2013. The toolkit provides expert advice on the management of CPE to prevent or reduce spread of these bacteria into (and within) health care settings, and between health and residential care settings.

ROH adheres to the national guidance and toolkit and perform three screening episodes 48 hours apart.

7 Audit programme to ensure key policies are implemented

The ROH has a programme of audits in place undertaken by both clinical areas and the IPC Team to provide assurance around practice and consistent compliance with evidence based practice and policies. Action plans are devised by areas where issues are highlighted and fed back to the IPCC via the Matron for the area.

The IPC Team also completed additional audits where infection numbers are highest or where there appears to be an identified risk concern so improvements in the care process can be identified quickly and put into action.

8 Audits of hand hygiene practice

Hand hygiene remains central to the audit programme. The IPC Link Nurses perform 'Glow & Tell' training and assessments on hand hygiene within their areas.

The Link Nurses audit hand hygiene monthly by peer review. Other audits include;

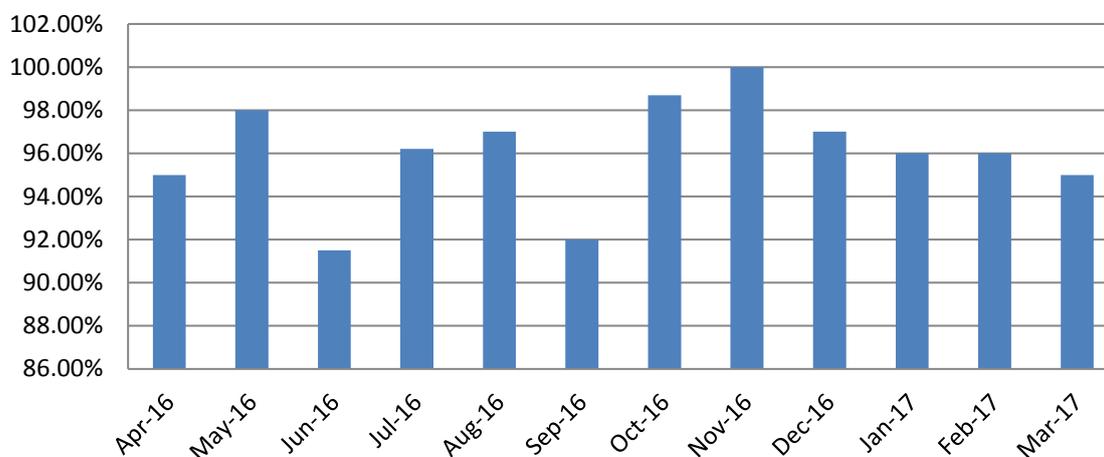
1. Environment
2. Technique
3. Observation

17

The Trust continues to focus on four main components:

- Alcohol hand rubs at point of care prominently positioned by each patient so that hands can be cleaned before and after care within the patient's view.
- Audit of hand washing practice at least monthly. Wards that do not achieve 95% repeat the audit after 2 weeks.
- Patients are encouraged to challenge staff if they have any doubts about hand hygiene and in cases of repeated non-compliance, escalation of concerns.
- Raised awareness of hand hygiene and the 'Bare below the elbow' dress code

Compliance with Hand Hygiene Policy (IPS RIT Hand Hygiene Observations)



	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
■ Percentage	95.00%	98.00%	91.50%	96.20%	97.00%	92.00%	98.70%	100.00%	97.00%	96.00%	96.00%	95.00%

ROH has been exceeding the threshold of 90% set by the Commissioners in 2016/17.

9 Staff information and training

9.1 Staff information

- Alert Organism surveillance is reported to the Trust by the IPC Nurses daily
- Monthly ward based / Divisional surveillance data is produced, including surveillance information on MRSA and Clostridium Difficile
- The IPC Team have held promotional activities throughout the year promoting infection prevention with good practice being targeted at both staff and visitors to the Trust
- Intranet: The IPC Team continues to make use of the intranet for providing staff with an easy access portal for information, policy guidance and team contact details. This information is regularly updated
- Norovirus and other toolkits are available for all ward areas. This toolkit includes everything that staff requires to help them manage infections, such as posters, information for relatives / visitors etc.
- Posters and information leaflets are displayed throughout the Trust. These provide key infection prevention messages and actions for staff, public and visitors
- Occupational Health have been invited to attend the Infection Prevention and Control Committee

9.2 Staff Training

The IPC Team continue to have a strong training role within ROH. Educational sessions have been delivered throughout the year as part of Mandatory Training, which included programme of mandatory training sessions and induction days. All staff receive IPC training in mandatory training in addition to Sepsis, MRSA, screening and CPE screening decolonisation, Norovirus and Clostridium Difficile.

10 Seasonal Staff Influenza Vaccination Campaign

The seasonal influenza staff vaccination campaign is well established at ROH. The campaign officially commenced on 1st October 2016 with a wealth of information / videos available to staff on the Trust intranet, as well as the locally based influenza champions. The uptake for 2016/17 was 54%.

11 Sepsis

In 2015/16 a deteriorating / septic patient policy was developed. This involved the introduction of a sepsis six tool. The purpose of which is to ensure that any patients who trigger for suspected sepsis are recognised, diagnosed and treated promptly, recommending antibiotics are given within 1 hour of recognition.

In 2016/17 the Trust did not contribute to a sepsis CQUIN. Audits of PEWS, MEWS, fluid balance and sepsis were undertaken monthly by the Matron who leads on Sepsis.

12 IPC Presence

IPC Link Nurses cover all areas due to reduced staffing. They link in with ward staff to provide relevant training and expert advice to staff as well as monitoring compliance. In this way, the work of staff at the Trust was subject to scrutiny and supervision but more importantly clinical staff felt supported and knew who their point of contact was.

13 Bed Management and movement of patients

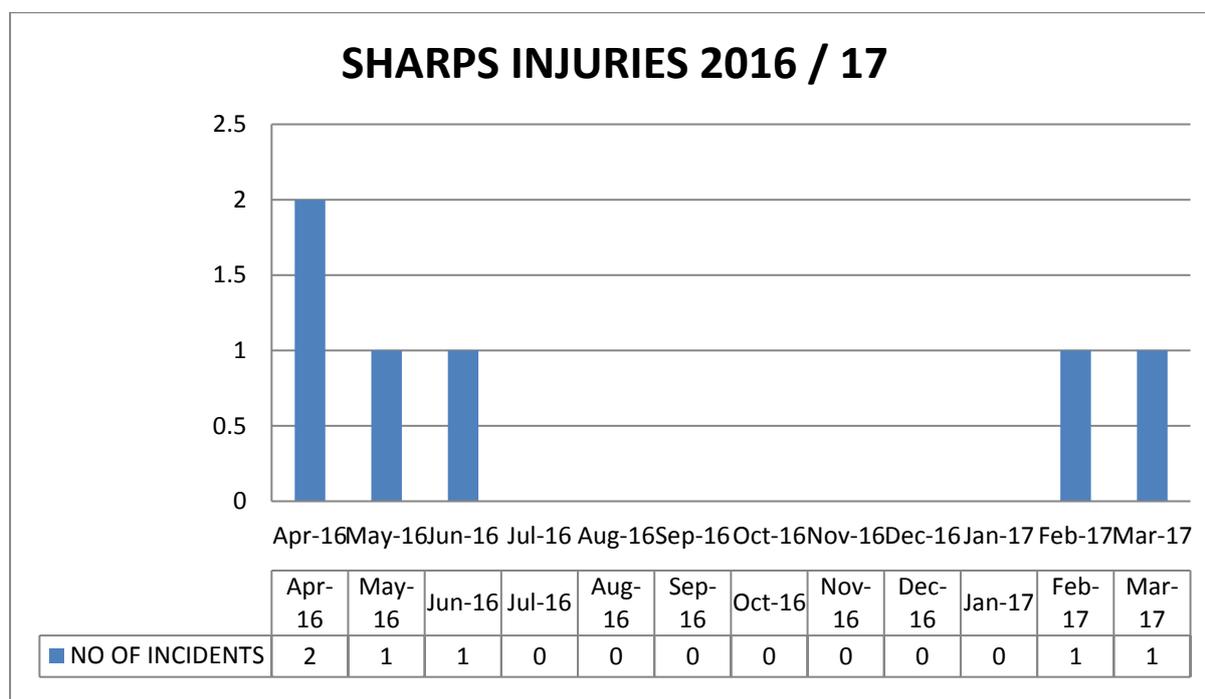
The IPC Nurses work closely with the Bed Management team especially during the winter period, providing timely and expert advice on the management and movement of potentially infected patients. There is a RAG rating system for the use of side room/

isolation facilities available for staff to use to ensure that as far as possible informed decisions are made when considering patient placement.

14 Sharps Injuries

Significant work has been undertaken and an action plan developed as a result of the EU Directive to prevent injuries and infections to healthcare workers from sharp objects such as needle sticks. Sharps used across the Trust have been reviewed and where reasonably practicable either remove or replace with a safer sharp design. In 2016/17 the decision to review the action plan and any risk assessments was taken by the Clinical Nurse Tutor and Health and Safety Advisor. The rationale for this was that new safer sharp products may now be available. This piece of work is ongoing, particularly in theatres where most reported sharps incidents occur.

The sharps policy has been updated and approved. Training relating to sharps injuries is included in all relevant clinical skill training and also on the mandatory training sessions. Sharps safety was also included within a bespoke Infection Prevention training programme delivered Trust wide, 218 clinical staff attended these sessions in 2016/17.



COMPLIANCE CRITERIA 2

Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections

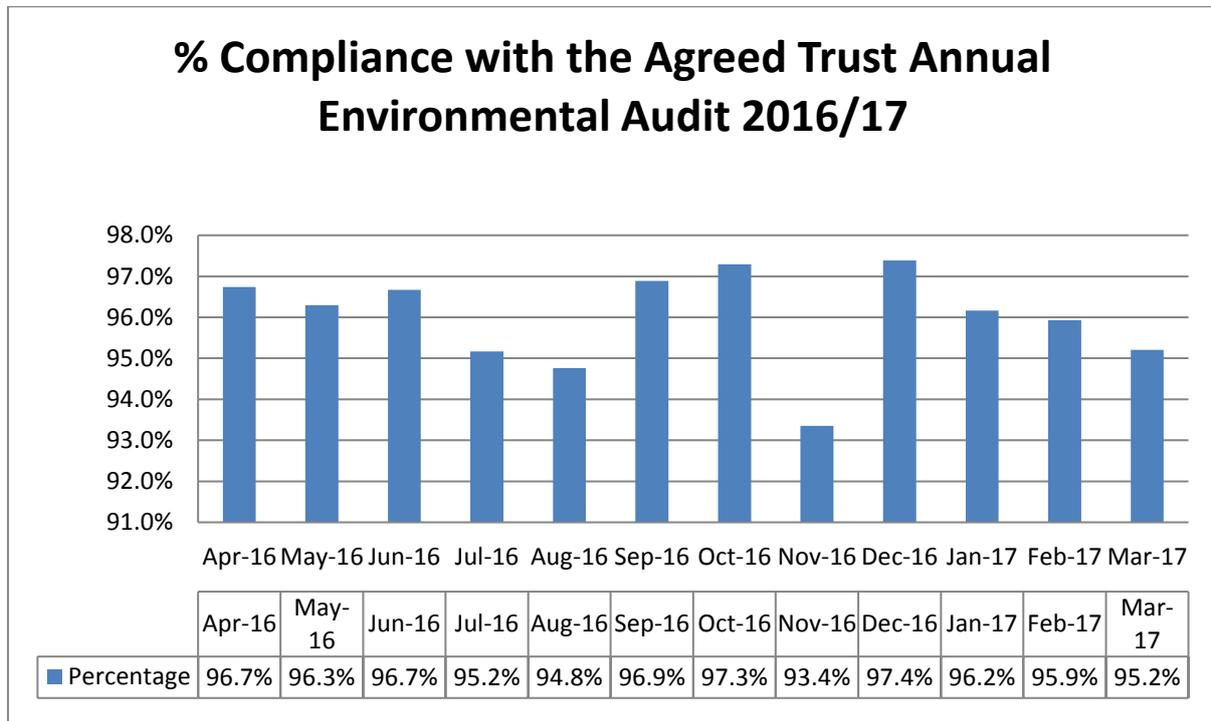
15 Monitoring Processes

There is a designated Facilities Manager for cleaning services that are managed in house. They are committed to providing an outstanding service which is reflected in our Patient-Led assessments of the care environment (PLACE).

15.1 Infection Prevention Meetings

Monthly meetings are held between IPC Team and Facilities to review cleaning scores and discuss any areas of concern.

15.2 PLACE Inspection



Apart from August and November, ROH has been exceeding the threshold of 95% set by the Commissioners in 2016/17.

15.3 The Water Safety Group

The Water Safety group is a sub group of IPCC, reporting directly to IPCC. The Water Safety Group is chaired by the Head of Estates.

15.4 Management of Decontamination

The management and compliance currently falls into three distinct areas;

- Estates – for medical device reprocessing equipment
- Infection Prevention – for monitoring / audit of compliance of medical devices with Trust Policies
- User – to comply with Trust Policies and to ensure all decontamination equipment within their area is fit for use and subject to periodic testing and maintenance

An external peer review was commissioned in May 2016 to review the Decontamination facilities at ROH. An action plan was subsequently developed with work undertaken as a result and almost completed by March 2017.

15.5 Refurbishment Projects

The IPC Team provided advice on refurbishment projects throughout the Trust. Facilities also provide an upward report to IPCC.

15.6 Theatres Closure

On 6 June 2016 a decision was taken to suspend all elective surgery on 6 June and 7 June 2016 as a result of blood / bone contamination being visible beyond the perforated casing of the Ultra Clean Air (UCA) canopies in the theatre complex.

On 6 June 2016 after further examination of the HEPA filters in Theatres 2 and 6 a decision was taken to suspend all elective surgery in all ten theatres for a further five days where an extensive cleaning programme was scheduled and undertaken, from 8 June to 12 June 2016.

All ten theatres were closed at ROH for a period of 7 days from 6 June, elective surgery recommenced on 13 June 2016.

The blood contamination on the HEPA filters was confirmed by leading expert Peter Hoffman at Public Health England not to be a hygiene issue.

COMPLIANCE CRITERIA 3

Ensure appropriate antibiotic use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance

16 Sepsis Team

Sepsis is potentially a life threatening condition and is recognised as a significant cause of mortality and morbidity in the NHS, with around 32,000 deaths in England attributed to Sepsis annually. Of these it is estimated that 11,000 could have been prevented (NHS England, 2016).

There is a National Sepsis CQUIN: Systematic screening for Sepsis of appropriate patients and where sepsis is identified, to provide timely and appropriate treatment and review.

A sepsis team is in place, the team provide training, support and raising awareness about sepsis Trust wide. Emergency portals now have sepsis champions and provide sepsis training and education to staff.

Sepsis champions continue to be identified in clinical areas to continually drive the process forward.

The Sepsis Team and Antimicrobial Team work closely together. The CQUIN for 2017-18 will be joint sepsis and Antimicrobial.

17 Antimicrobial Stewardship (AMS)

For the period 2016 / 17, the ROH participated in a CQUIN for reducing total consumption of antimicrobials. Antimicrobial prescriptions have been audited quarterly to ensure Doctors have been reviewing and documenting the indication and duration of antibiotics. 95% of prescriptions audited as part of the CQUIN on antimicrobial review met the required standards of documentation in all 4 quarters. Therefore this aspect of the CQUIN was achieved. All drug charts are screened by pharmacists who will challenge prescribers who do not document the details required. Antibiotic prophylaxis is also being audited.

Consumption of antibiotics is monitored by the chief pharmacist and analysed for trends. This is reported to the Drugs and Therapeutics Committee (DTC) and IPCC and any areas of concern addressed with microbiologists.

For period 2017/18, there are plans to develop a new AMS committee with a new dedicated Lead Antimicrobial Pharmacist to review all patients on antimicrobials.

The new EPMA system will allow the Trust to monitor prescribing patterns and improve documentation standards for audits. There will be work on the CQUINs as they span 2 years and will target reduction in broad spectrum antibiotics. The antibiotic guidelines are due for review and will be amended and disseminated with targeted education delivered to prescribers, nurses and pharmacists on the new guidelines.

There have been limitations due to not having a specialist antibiotic pharmacist in post at the Trust and several pressures such a national stock shortages of Tazocin which has led to reviewing septic patients more closely. There are plans for Pharmacy to increase their input into the management of Sepsis and Bacteraemias with the IPC Team.

COMPLIANCE CRITERIA 4

Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing / medical care in a timely fashion

24

18 Communication Programme

The Trust has a dedicated communication team. In cases of outbreaks where there may be interest from the media, the Communications Team are invited to meetings and their support and guidance on preparing Press statements is sought. The IPC Team ensures that Communications team are involved in the following:

- Advertising infection prevention events
- Communication campaign to inform the public around the management of Influenza and Norovirus, as well as for the staff Flu vaccination campaign and Sepsis
- Updating the Trust website
- Press statements during outbreaks

19 Trust website and information leaflets

The Trust website promotes infection prevention issues and guides users to information on MRSA, Clostridium Difficile and other organisms.

The IPC Team have produced a range of information leaflets on various organisms.

The Trust has a policy on transfer of patients between wards and departments.

COMPLIANCE CRITERIA 5

Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people

20 Surgical Site Infection (SSI)

Surgical Site Infections are a particularly important Healthcare-associated Infection (HCAI) because they can increase a patient's length of stay in hospital and *"are associated with considerable morbidity and it has been reported that over one-third of postoperative deaths are related, at least in part, to SSI. However, it is important to recognise that SSIs can range from a relatively trivial wound discharge with no other complications to a life-threatening condition"* NICE (2008)³.

Guidelines for the prevention of SSI were issued by the National Institute for Health and Clinical Excellence (NICE) in the UK, updated in 2013, and accompanied by a High Impact Intervention (HII) from the Department of Health. These guidelines are outlined in the following table. Since 2011, many of these recommendations have been implemented at ROH with further additional adjustments made that go above and beyond the National Guidance; the wound care helpline is a good example of this.

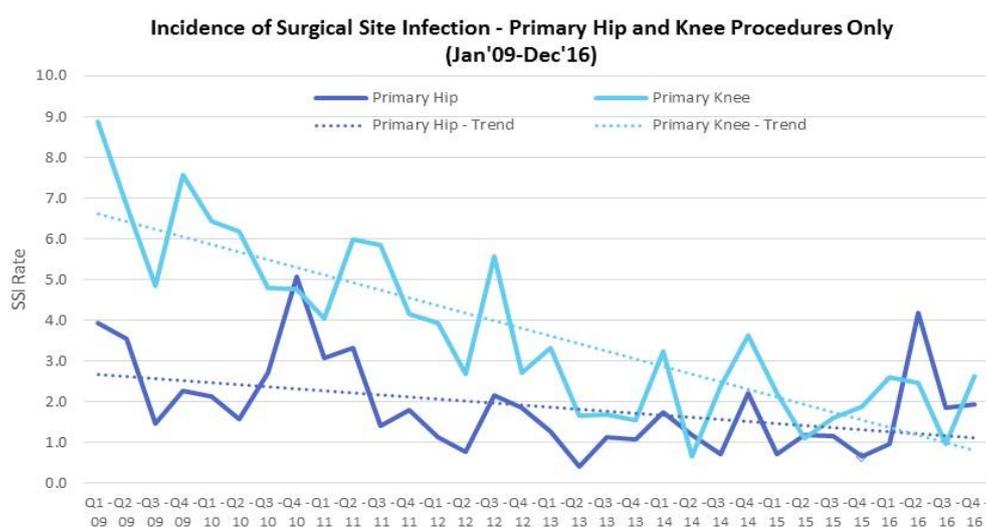
SSI clinics are offered where the patients are usually seen on the same day as the concern is raised. This allows the review of patients by specialist nurses allowing rapid treatment / admission where required avoiding the unnecessary prescribing of antibiotics by GPs.

Period	Action	Evidence	Introduced at ROHFT
Pre-operative	Showring	+ / -	x
	S.aureus decolonisation	+ / -	x
Peri-operative	Antibiotic prophylaxis	+	✓
	Skin preparation	+	✓
	No shaving with razors	+	✓
	Theatre environment/procedures	+	In part - ongoing
	Surgical technique	+	✓
	Normothermia	+	In part - ongoing
	Glucose control	+	✓
Post-operative	Wound management	+ / -	✓
	Surveillance and feedback of rates	+	✓

Primary arthroplasty surgery is constantly reviewed and monitored as part of the SSI surveillance programme at ROH. SSI surveillance is routinely carried out according to Public Health England (previously the Health Protection Agency – HPA) protocol at the point of discharge from hospital and at 30 days post primary hip and knee replacement surgery and has received close attention since 2009 when the 30 day surveillance was introduced.

In addition to this, a 90 day questionnaire is offered enabling the IPC Team to identify further infections outside of the 30 days.

The data presented within this report is a combination of Mandatory surveillance data for Surgical Site Infections identified following Hip and Knee Replacement surgery carried out and wider analysis surgical site infections in other specialties where it is available. In addition to this there is also in- house data collected by the IPC Team, which looks at a number of other areas of interest. This enables the team to gain an informed understanding of SSI across all divisions and the potential for them to have longstanding implications for patients and significant financial implications for the Trust.



Source: ROH SSI Databases

(The data is collated by calendar year as opposed to financial year due to the relevant database being set up and reporting in this method. This will be modified in next year's report to provide data by financial year)

The 30-day post op SSI rate in Q2 2016 was 4.2% for Primary Hip Replacements, 3.5% for Primary Knee Replacements following the cluster of SSIs in during April and May. Preliminary data shows that in Q4 2016 the 30 day SSI rate was 1.9% for Primary Hip Replacements and 2.6% for Primary Knee Replacements. There was a decrease in infections during Q3 2016, however, in Q4 There was an increase in SSIs.

COMPLIANCE CRITERIA 6

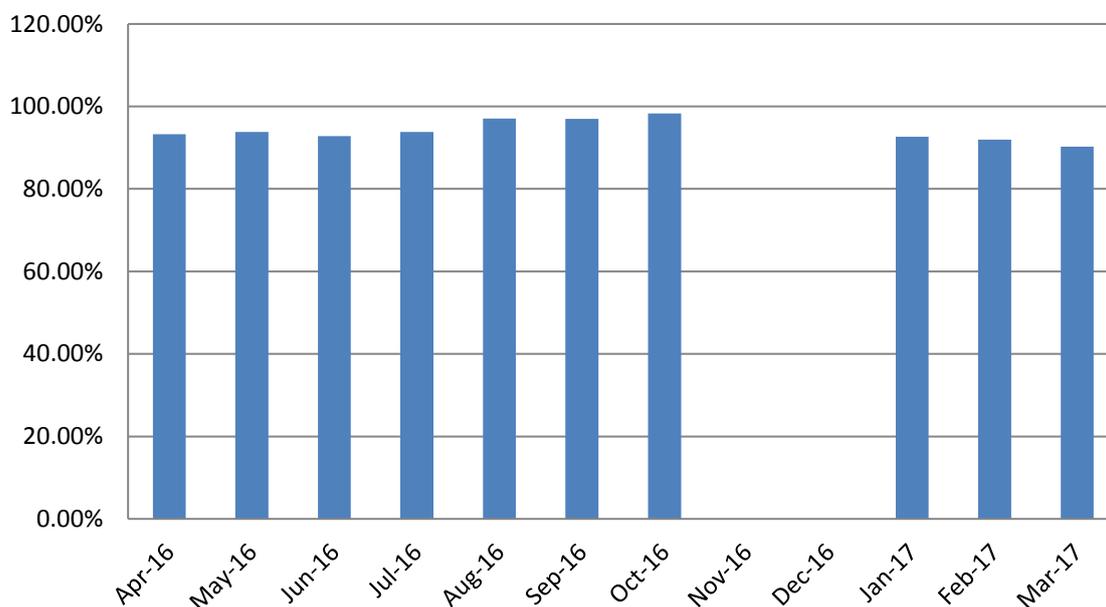
Systems to ensure that all care workers (including contractors and volunteers) are aware of the discharge of and discharge their responsibilities in the process of preventing and controlling infection

At ROH infection prevention is everyone's responsibility and is included in all job descriptions.

27

All clinical staff receive training and education in optimum infection prevention practices during mandatory training and Link Nurse teaching sessions.

% of Staff IPC Trained as per Locally Agreed Plan for Each Staff Group



	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
■ Percentage	93.30%	93.80%	92.80%	93.80%	97.10%	97.00%	98.30%	0.00%	0.00%	92.66%	91.96%	90.26%

A target of 90% set by the Commissioners was exceeded every month apart from November and December 2016 where training did not take place.

COMPLIANCE CRITERIA 7

Provide or secure adequate isolation facilities

The Trust has;

Wards

- 36 Side Rooms with en-suites.
- 3 Side Rooms without en-suite.

HDU

- 2 Adult Side Rooms without en-suites.
- 2 Children Side Rooms with en-suite.

Isolation audits were undertaken in May 2016 with 97.14% compliance, October 2017 with 100% compliance and March 2017 with 97.14% compliance with the Trust's Isolation Precaution Tool.

COMPLIANCE CRITERIA 8

Secure adequate access to laboratory support as appropriate

Laboratory services for ROH are outsourced, located in the purpose built Pathology Laboratory at University Hospitals Birmingham. The Microbiology Laboratory has full Clinical Pathology Accreditation (CPA) and has been recommended for UKAS Accreditation to ISO Standard 15189.

COMPLIANCE CRITERIA 9

Have and adhere to policies, designed for the individual's care and provider organisations that help to prevent and control infections

29

All policies and manuals are available for staff to view on the Trust intranet. Clinical Governance has produced a directory of policies alerting when policies are due for update. Policies are also updated prior to review date if guidance is updated.

Policies available on the intranet include;

1. ANTT Policy
2. BIU Referral Proforma for Clinical Information
3. Blood and Body Fluid Spillages Policy
4. Clostridium Difficile Policy
5. Hand Hygiene Policy
6. Influenza Policy
7. IPCT guidance Transfer of infected patients
8. IPCT Policy - Communicable Diseases and Notification Policy
9. Major Outbreak Policy
10. MRSA Policy
11. Procedure for the Control of Varicella Zoster Virus (Chickenpox Shingles)
12. Season Flu PGD Oct 2015.doc Season Flu PGD Oct 2015
13. SOP - Use of Ice Machine

14. Standard Precautions and Personal Protective Equipment Policy
15. When to contact Infection Control

A gap analysis will be undertaken on the policies available at the Trust compared to the policies recommended by the Hygiene Code (Health & Social Care Act 2008).

COMPLIANCE CRITERIA 10

Providers have a system in place to manage the occupational health needs of staff in relation to infection

All job descriptions include infection prevention responsibility and this message is reiterated during mandatory training. The IPC Team participate in mandatory updates for all staff groups (clinical and non-clinical). The IPC Team regularly meet with representatives of the Occupational Health service to ensure compliance with Criteria 10.

Occupational Health services are provided to staff via an SLA with the Heart of England Foundation Trust.

30

21 Staff Training

The IPC Team continue to have a strong training role within ROH. Educational sessions have been delivered throughout the year, which included programme of mandatory training sessions and induction days in addition to Sepsis, MRSA, CPE, screening and decolonisation, influenza, Norovirus, Clostridium Difficile, winter planning, water safety / flushing, Tuberculosis and Link Nurse bi-monthly sessions.

Clostridium Difficile training was refreshed during 2016/17 and work commenced to extend this session to be available to staff online.

22 Conclusion

Infection Prevention and Control is a key marker of patient safety at ROH, as it encompasses a broad range of factors, from the state of the environment through to the effect of antibiotic use on the selection of organisms such as Clostridium Difficile and MRSA. This requires the involvement of all staff, on an ongoing basis, and the IPC Team are central to this.

The Trust has a number of challenges:

- Reducing the incidence of CDI avoidability;
- Sustainability of Infection Prevention practices across the Trust;
- Monitoring of pharmacy / prescribing data;
- Monitoring of Surgical Site Infections
- National / International threats, e.g. multi-resistant Gram Negative Bacilli; emerging respiratory viruses;
- Reduction of Gram negative blood stream infections by 50% by 2021;