

INFECTION PREVENTION
&
CONTROL

ANNUAL REPORT

2009-10

Northern Devon Healthcare Trust



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Abbreviations:

- AWG Antibiotic Working Group
- CDI *Clostridium difficile* Infection
- DIPC Director of Infection Prevention & Control
- GRE Glycopeptide resistant enterococcus
A form of the organism, enterococcus, which is resistant to the glycopeptide antibiotics, vancomycin & teicoplanin
- HCAI Healthcare associated infection
- HCW Healthcare worker
- IPCN Infection Prevention & Control Nurse
- IPCC Infection Prevention & Control Committee
- IPCT Infection Prevention & Control Team
- MRSA Meticillin resistant *Staphylococcus aureus*
A form of the common organism *Staphylococcus aureus* which is resistant to penicillin and related antibiotics, but can usually be treated by a range of antibiotics, both tablets and injection
- NDHT Northern Devon Healthcare NHS Trust
- PEAT Patient Environment Action Team
- WTE Whole Time Equivalent

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1 Executive summary:

Infection Prevention & Control has been a high priority throughout the year for NDHT. Key achievements for NDHT for 2009-10 were:

- A further reduction in the rates of *Clostridium difficile*. The total number of *Clostridium difficile* cases in North Devon fell from 83 to 60 in 2009-10, a 28% reduction. Whilst those cases attributed to NDHT fell from 57 to 23 in 2009-10, a 64 % reduction.
- A continued improvement in the number of MRSA bacteraemia. The total MRSA bacteraemia numbers have dropped from 7 in 2008-09 to 4 in 2009-10 representing a 43% reduction. Only one of these bacteraemia was related to an infection acquired inside the Trust.
- The Trust has remained within its limits for numbers of *Clostridium difficile* and MRSA bacteraemia set by the Department of Health and the Strategic Health Authority.
- Hand hygiene compliance across the Trust has remained consistently high. Audit shows that overall compliance has been over 95%. The Trust is continually working towards achieving 100% compliance.
- The unannounced inspection by the Care Quality Commission of the Trust's performance against the Code of Practice for the NHS on the Prevention and Control of Healthcare Associated Infections, known as the 'Hygiene Code'. The inspection found "no evidence that the trust has breached the regulations to protect patients, workers and others from the risks of acquiring a healthcare associated infection".
- The Infection Prevention & Control Committee has expanded to include personnel and issues from the broader patient safety agenda. This allows the Trust to address all these related issues in one effective group.

2 Introduction

In 2009-10 the Infection Prevention & Control Team (IPCT) provided a service to Northern Devon Healthcare Trust (acute and community services). In addition a service was provided via a SLA to Devon Partnership Trust (DPT). The IPCT worked closely with Devon PCT, the Health Protection Agency (HPA), and Stratton Hospital in Cornwall.

3 Description of infection control arrangements

Staffing and Finance

In 2009-10 the SLA with the HPA was terminated resulting in the loss of a Band 6 Infection Control staff nurse. The Saving Lies co-ordinator (Band 6) fixed term contract ended in August 2009. The Clinical Audit Facilitator is now part of the audit department but still provides valuable input into the team.

A third Consultant Medical Microbiologist joined the Trust in February 2010. All Consultant Medical Microbiologists contribute medical input to the IPCT, one is a Infection Control Doctor and Joint Director of Infection Prevention & Control (DIPC) for the Trust. The DIPCs are directly responsible to the Chief Executive for Infection Control issues within the Trust and report directly to the Trust Board.

The Infection Control Team is available to provide advice 24 hours a day. The out of hours service is provided by the Consultant Medical Microbiologist on call.

4 Infection Prevention & Control Team members 2009-10

Band 8b	0.7 wte	Clinical Manager Infection Prevention & Control & Tissue Viability
Band 8a	1.0 wte	Lead Infection Prevention & Control Nurse,
Band 7	1.0 wte	Clinical Nurse Specialist Infection Prevention & Control
Band 7	0.61 wte	Clinical Nurse Specialist Infection Prevention & Control
Band 3	0.64 wte	Secretary
Medical	0.4 wte	Infection Control Doctor/ Consultant Medical Microbiologist Joint Director of Infection Prevention and Control
Medical	0.1 wte	Consultant Medical Microbiologist

5 Patient Safety and Infection Prevention & Control Committee (PSIPCC)

In January 2010 the Infection Prevention & Control Committee incorporated the patient safety issues in the Trust and changed its title to become the Patient Safety and Infection Prevention & Control Committee (PSIPCC)

The PSIPCC is chaired by the Chief Executive and has representation from across the Trust, including the lead clinicians from medicine and surgery. The IPCC is a Special Advisory Group of and reports to the Clinical Governance Committee. The minutes are sent to the Clinical Governance Committee and are available on the Trust intranet. The Infection Prevention & Control annual report is sent to the Clinical Governance Committee and the Trust Board.

PSIPCC membership

- Chief Executive (Chair)
- Medical Director
- Director of Nursing/DIPC
- Infection Control Doctor/DIPC
- Clinical Manager IPC
- Lead IPCN
- Patient Safety Manager
- Lead Nurse Patient Safety
- Consultant Medical Microbiologist (Antibiotic stewardship lead)
- Antimicrobial Pharmacist
- Assistant Director of Facilities
- Occupational Health representative
- Consultant in Communicable Disease Control (Health Protection Agency)
- PCT representative
- General Manager Medicine
- General Manager Surgery
- General Manager Women & Children
- Lead Nurse for Medicine
- Lead Nurse for Surgery
- Lead Midwife
- Allied Health professionals representative
- Health & Social Care representative
- Diagnostics & Therapeutics representative
- Anaesthesia, Theatres, Critical Care representative

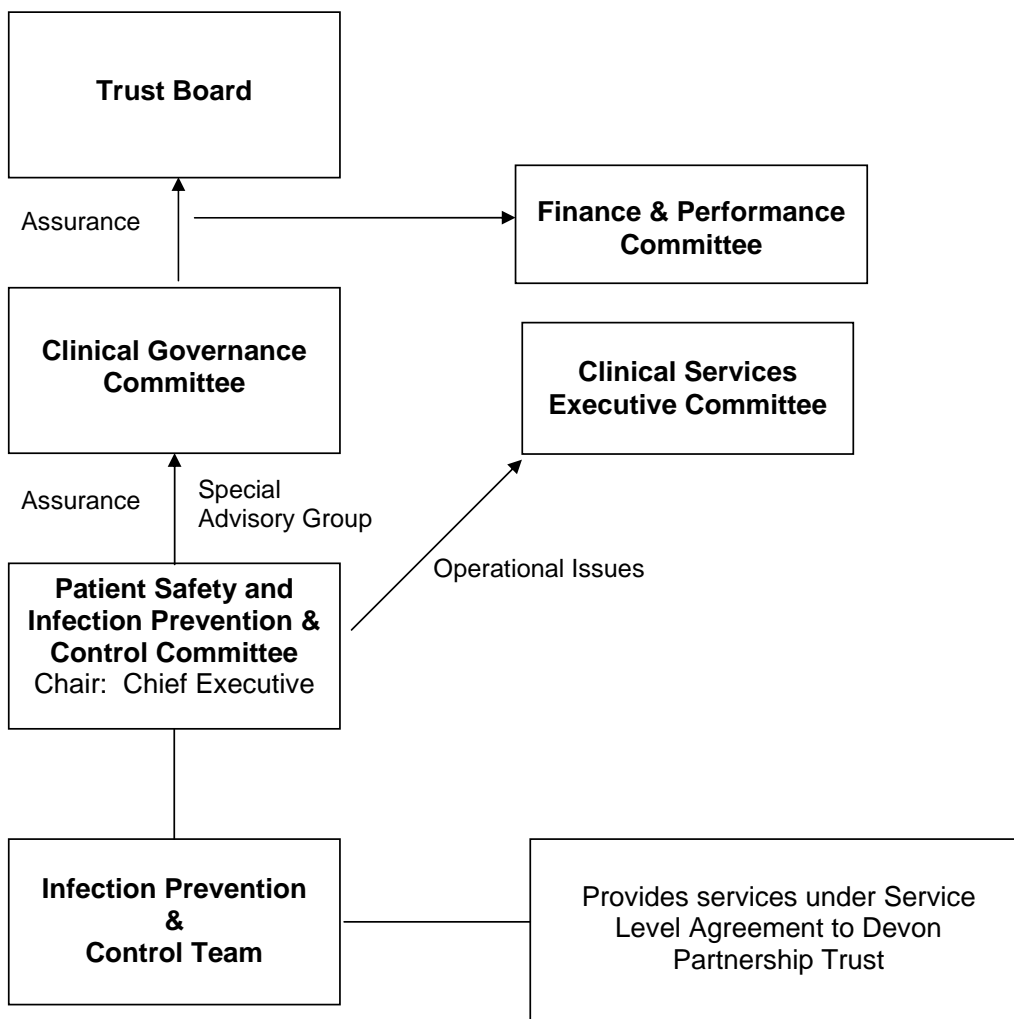
Papers are copied to (attend if co-opted or specific topic on agenda)

- CSSD manager
- Clinical Governance Representative
- NHS Devon Resilience manager
- Patient Safety Working Group
- Lead clinicians

There is an identified non-executive lead for IPC who links closely with the DIPCs to provide additional assurance to the Board about IPC activity.

NORTHERN DEVON HEALTHCARE TRUST

ORGANISATIONAL CHART OF INFECTION PREVENTION & CONTROL ARRANGEMENTS



Director of Infection Prevention and Control:

The post is held jointly by the Director of Nursing & Infection Control Doctor

Reports directly to Trust Board and Chief Executive

Member of Patient Safety and Infection Prevention & Control Committee and Clinical Governance Committee

Leads Infection Prevention & Control Team

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6 Reporting line to the Trust Board

Both joint DIPC's report directly to the Trust Board, as detailed in their job description. One joint DIPC is Director of Nursing and is a member of the Trust Board.

7 Links to other groups and committees

Links to Prescribing and Formulary Committee

The Antibiotic Pharmacist is a member of the Drugs, Transfusions and Therapeutics Group and the PSIPCC. The Antibiotic Working Group is a subgroup of Drugs, Transfusions and Therapeutics Group with authority to make decisions regarding antibiotic use in the Trust. It is chaired by the Consultant Medical Microbiologist (Antibiotic stewardship lead) and the membership includes Consultant Medical Microbiologists (who are part of the IPCT) and pharmacists (including the Director of Pharmacy and the Antibiotic Pharmacist). Further details are given in Antimicrobial Prescribing section.

Links to Clinical Governance/Risk Management/Patient Safety

The PSIPCC is a 'Special Advisory Group' of the Clinical Governance Committee and reports to it with respect to governance issues. The minutes, annual plan, annual report and terms of reference are all sent to the Clinical Governance Committee. The DIPC is a member of the Clinical Governance Committee. The lead IPCN is a member of the Trust's Health & Safety Committee.

8 Link Practitioners

Link Practitioners are health care professionals, one per ward or department, who have a particular interest in Infection Control. They act as an initial point of contact for Infection Prevention & Control enquiries in the work area.

9 DIPC reports to the Trust Board

The DIPC reported to all the Trust Board meetings in 2009-10, and presented a more detailed report monthly at the Finance and Performance Committee, a sub committee of the Trust Board. The Annual Report was presented to the Trust Board.

The Board reports included a 'dashboard' IPC report which details MRSA bacteraemia, *Clostridium difficile* infections, hand hygiene audit results and cleanliness scores. These are all discussed in depth along with the actions that the Trust is taking to address any areas for improvement.

Annual Action Plan

The Infection Control Annual Plan was agreed by the PSIPCC and progress reports are made to each quarter to the PSIPCC. A PSIPC Operational Group (DIPC's, Clinical Manager IPC, Lead Nurse IPC

and Patient Safety Lead) reviews the plan in detail at least quarterly, notes achievements and sets priorities for the coming quarter.

Outbreak reports

The Board received reports of outbreaks as part of the routine monthly reports.

10 Budget allocation to infection control activities

The Infection Prevention & Control budget covered pay for nurses and administrative staff but not medical staff, who are funded via Pathology. The budget funds staff to the level indicated in the staffing structure. The non-pay budget is £7,863.

11 HCAI statistics including results of mandatory reporting

11a MRSA bacteraemia

There were 4 MRSA bacteraemias identified by the Trust. This is a decrease from a total of 7 for last year. One of the isolates was from an infection acquired in the Trust, a decrease from 2 for last year.

	Total MRSA bacteraemias	DH & SHA limit for total MRSA bacteraemias	Apportioned to NDHT + Dept of Health criteria * NDHT criteria
2005-06	18	19	10*
2006-07	22	15	11*
2007-08	15	12	6*
2008-09	7	12	2*
2009-10	4	8	1*

MRSA bacteraemias

The IPCT has continued to lead a Root Cause Analysis process for each bacteraemia acquired in the Trust, in collaboration with the clinical team caring for the patient. The results of the Root Cause Analysis were reported externally to the Primary Care Trust and internally to members of the Patient Safety and Infection Prevention & Control Committee.

11b MRSA colonisation

The IPCT monitors the numbers and locations of patients newly diagnosed as colonised with MRSA. The figures are shown in the table. The national screening programme has been put into local policy and has increased the groups and therefore the numbers of individuals who require screening considerably in the report period.

	2005-06	2006-07	2007-08	2008-09	2009-10
NDHT	212	149	203	189	233
Community	244	239	176	126	100
Total	456	388	379	315	333

New MRSA colonisations

11c Glycopeptide resistant enterococcus (GRE) bacteraemia

There were no reports of glycopeptide resistant enterococcus (GRE) bacteraemias for 2009-10.

GRE are organisms that are resistant to many commonly used antibiotics, but can be treated with newer antibiotics. They do not usually cause serious infections unless the individual is severely immunocompromised. GRE bacteraemia is associated with renal and haematology units where there are immunocompromised patients and glycopeptide antibiotics are used frequently.

GRE bacteraemia isolates reported to DH for NDHT					
	2005-06	2006-07	2007-08	2008-09	2009-10
GRE bacteraemia isolates	1	2	4	0	0

11d Clostridium difficile

The IPCT monitors the numbers of cases of *Clostridium difficile* infection (CDI). These are individuals who have diarrhoea and have *Clostridium difficile* toxin (CDT) found in their stools. Since January 2004 NDHT has been required to report all cases from people over the age of 65 years, and from April 2007 all cases from those aged over 2 years of age.

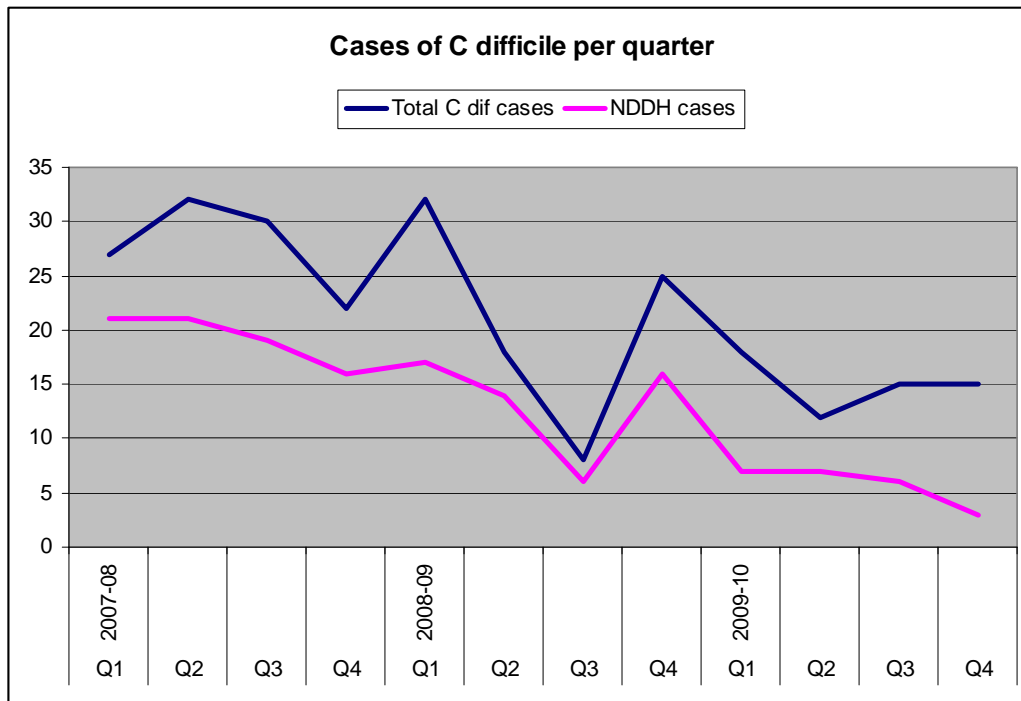
Risk factors for acquiring CDI include increasing age (especially over 65 years), other medical problems, bowel surgery and antibiotic use.

Cases of <i>Clostridium difficile</i> infection reported by NDHT for patients of all ages in North Devon					
	2005/6	2006/7	2007/8	2008/09	2009/10
Number of episodes	226	126	111	83	60

Nationally, outbreaks of *Clostridium difficile* have been associated with the new, more potent, 027 strain of *Clostridium difficile*. In common with many other hospitals across the country this strain has been isolated from patients in North Devon.

The Devon Primary Care Trust set NDHT a limit of no more than 39 cases in those over 2 years of age for 2009-10. There were a total of 23 such cases in 2009-10, reduced from 57 in 2008-09.

During 2009-10 the IPCT used root cause analysis with the clinical teams for all cases *Clostridium difficile*. The results of this analysis are discussed at the IPCC and the antibiotic working group so that strategies to improve practice can be implemented.



11e Mandatory surveillance of orthopaedic surgical site infection

The Trust is mandated to perform surveillance of surgical site infections for one type of orthopaedic surgery for at least one quarter each year. This year the procedure of hip replacement (hemiarthroplasty) was chosen. No infections were detected during the patients' initial admissions or any re-admission. Although only 58 procedures were monitored the infection rate of 0% compares favourably with the national rate of 2.5%.

Hip Replacement (hemiarthroplasty)			
	No. of operations	No. of infections detected	Infection rate
Current surveillance 2008-09	58	0	0%
National rate			2.5%

12 Untoward incidents including outbreaks

Viral Gastro-enteritis outbreaks

In common with other Trusts across the country NDHT in 2009-10 experienced an increased number of outbreaks of viral diarrhoea and vomiting. There were a total of 40 outbreaks where either a single bay or a whole ward were affected. In 23 of these outbreaks Norovirus was confirmed as the causative organism. The IPCT monitor affected wards at least once a day and provide advice and support to the ward staff.

The Infection Prevention & Control Team participated in daily bed meetings at NDDH during the winter period, when the risk of gastrointestinal infection outbreak is at its peak. The meetings with the Clinical Site Managers and relevant Duty and Directorate Managers ensured expert advice was available to guide operational decisions. There is a review underway to see if practice can be changed to improve management for future outbreaks.

Pandemic Influenza

The Trust undertook extensive preparations for a pandemic, in line with national guidance. As the pandemic of H1N1 influenza A developed over the course of 2009 the Trust revised its protocols to reflect the changing national guidance. Although, eventually, only a few patients were admitted with confirmed pandemic influenza a considerable amount of time, from all parts of the organisation, was spent in the preparation.

13 Antimicrobial resistance

MRSA and GRE data are mentioned elsewhere.

There remained a steady number of isolates of extended spectrum β lactamase (ESBL) producing bacteria from patients in North Devon. The majority of these organisms were detected in urine specimens from patients in the community. Characteristically the organisms are resistant to most oral antibiotics but remain susceptible to certain intravenous antibiotics. This can make treating simple urinary tract infections difficult as a patient may need admitting to treat an infection that could otherwise have been treated with tablets at home.

The total of 103 ESBL isolates included 23 identified from in-patients. This increase in this sector was forecast in the 2007-08 report as it is part of a national trend. The spread of these organisms from person to person is prevented by the use of standard infection control precautions which are applied to every patient.

ESBL isolates identified in North Devon				
	2006-07	2007-08	2008-09	2009-10
ESBL isolates	34	57	64	103

14 Hand hygiene and Aseptic protocols

Implementation of 'cleanyourhands' campaign

The Trust continued to promote the cleanyourhands campaign. A Safety Notice issued in October 08 by the National Patient Safety Agency reiterated the primacy of hand hygiene in the prevention of infection. It also prompted a review of the placement of alcohol gel dispensers arising from a significant number of incidents. In order to comply with the notice a small number of gel dispensers were removed from unsupervised public waiting areas.

Other activities included upgrading more taps to automatic types, display of themed posters and computer screensavers, twice monthly observational audits of hand hygiene practice and public display of results.

Hand Hygiene

Audits of hand hygiene compliance are undertaken every month by the infection control link practitioners in clinical areas. The results are fed back and displayed on notice boards at ward and department entrances. The results are discussed at IPCC where directorates take responsibility for improving compliance in their area. The results are discussed at Trust Board where they form part of the dashboard.

The audit results show that overall compliance has risen from last year and has averaged 95% over the year. However analysis of staff groups shows that the compliance of some groups is greater than for others. The aim is to demonstrate 100% compliance and to have continually improving results as the Trust approaches this goal.

Application of aseptic no-touch clinical protocols, IV catheters & urinary catheters

Policies are in place for these areas which take into account the EPIC guidance published in 2001 & 2007, they also comply with the requirements of the Health Act 2008 (The Code of Practice for the Prevention and Control of Health Care Associated Infections). The policies are regularly reviewed.

15 Decontamination

There is a central sterile services department situated next to the main theatre complex which processes all Trust items for sterile reprocessing. There are 3 double endoscope washer-disinfectors in the refurbished endoscopy suite.

16 Cleaning services

Services are contracted out to Sodexo and monitored through a partnering agreement. There are regular (thrice-yearly) meetings of the Partnering Board where the Trust and Sodexo formally discuss the cleaning arrangements. In addition there is a good collaborative working relationship between Trust staff including the IPCT and the staff of Sodexo. There are 'zone co-ordinators' that liaise with ward managers concerning any local cleaning issues. The IPCT liaise with the Sodexo team should any increased cleaning be required, such as during outbreaks.

A gap analysis by the IPCT with the Trust Facilities team against the national cleaning standards was undertaken to ensure that infection control was paramount when deciding on choices about cleaning frequencies.

The ICPT worked successfully with Sodexo and Trust Facilities managers on examining how to blend the '5 moments' of hand hygiene standards with housekeeping routines.

PEAT/Patient forum inspection results

In assessments performed by the patient environment action teams (PEAT) in 2010 NDDH and all the community hospitals achieved scores of:

	Environment Score	Food Score
North Devon District Hospital	Excellent	Good
Holsworthy Hospital	Excellent	Excellent
Bideford Hospital	Excellent	Excellent
Torrington Hospital	Good	Excellent
South Molton Hospital	Excellent	Excellent

17 Audit

Infection control audits were co-ordinated through the Infection Control Link Practitioners and Matron's Charter Group on a rolling annual programme. Audit results are discussed by PSIPCC and the Matron's Charter group and actions arising from these placed on the risk register.

Audits undertaken this year include:

- Sharps bin audit – looking at availability and use of sharps bins. A few problems identified around overfilling, safe placement height and lack of use of temporary closures. Results fed back to staff.
- Hand hygiene audit – see Hand Hygiene section.
- Ward cleanliness audit – see Matron's Charter section
- Patient environment & equipment
- Patient Environment Action Team (PEAT) cleanliness inspections
- High Impact Interventions (HII) – examining care of patients with urinary catheters, intravenous lines and ventilators
- Surgical Site Infection HII – single audit found practice to be consistent with the required standard except in one area where the use of razor shaving highlighted the need for the consistent use of clippers.
- Enteral feeding – part of the Essential Steps audit tool package - found complete compliance with the standard required on the single pilot audit.

18 Matron's Charter

The Matron's Charter Group continued to meet during the year and reports made to the IPCC. The group is chaired by the Director of Nursing and includes the IPCT, senior nurses from the Trust, representatives from facilities and Sodexo. The agenda of the group is set by the Charter and therefore has a strong emphasis on cleanliness. The group has taken many issues forward including the new cleaning standards, PEAT inspections, MRSA, the 'cleanyourhands' campaign and training of staff. Through the group the Trust organised an annual 'declutter weekend' when unwanted equipment and furniture is removed from wards.

There is a rolling program of audits which include decontamination, ward cleanliness, PEAT, sharps, sluice room audit and Sodexo's audit program.

The group produces a monthly bulletin which follows each meeting and is distributed across the Trust. The bulletin includes key points from the previous meeting as well as other relevant information on cleanliness and infection control topics that need to be relayed to staff.

19 Antibiotic prescribing (report from Antimicrobial Pharmacist)

Antibiotic Working Group Annual Report 2009/10

The Antibiotic Working Group (AWG) is a sub-group of the Drugs and Therapeutics Group with the power to make decisions regarding antibiotic use within the Trust. The primary purpose of the AWG is to ensure that antimicrobial prescribing practice throughout the Northern Devon Healthcare Trust is safe, effective, appropriate and economic. It also provides support for implementation of guidance and auditing compliance. The group will ensure appropriate prescribing policies are in place which are in line with best practice and take into account Department of Health guidance. The minutes and the terms of reference of the AWG can be accessed on Tarkanet.

Current Membership:

- | | |
|---|--|
| ■ Consultant Medical Microbiologist | ■ Antibiotic Pharmacist |
| ■ Director of Pharmaceutical Services | ■ DIPC / Consultant Medical Microbiologist |
| ■ Consultant Surgeon | ■ Consultant Physician (Medicine) |
| ■ Consultant Medical Microbiologist
(Lead for Antimicrobial Stewardship) | ■ Others co-opted as required |

Key developments in 2009/10

1. Recruitment of Dr Tom Lewis as Consultant Microbiologist to lead on Antibiotic Stewardship within the Trust
2. Antimicrobial pharmacist time increased to a full time role
3. Initiation of antibiotic stewardship ward rounds including referrals from clinical pharmacists
4. Revision of antibiotic summary guidance cards for doctors

Activities in progress in 2010

1. Update antibiotic formulary with consultation from all directorates.

2. Produce clear guidelines on prescribing and monitoring of gentamicin and vancomycin.

Microbiologist and antibiotic pharmacist to monitor all patients on aminoglycosides and glycopeptides after the first or second dose.

3. Education programme for all doctors, nurses and pharmacists in the Trust

Development of mandatory e-Learning packages.

Education; Antibiotic pharmacist attended three teaching sessions for the junior doctors at induction in August 2008. This covered the formulary, quick reference guides, monitoring of gentamicin and vancomycin, stop/review policy, IV to oral switch and avoiding antibiotics that are high risk for *C. difficile*.

4. Monitoring and feedback of antibiotic usage data

Antibiotic usage data is provided separately to the following directorates: Medicine, General Surgery, Orthopaedics, Women and ITU. This is in the form of monthly reports stating positive

and negative aspects of prescribing that month. This includes antibiotics that are high risk for *C.difficile*, high cost and those antibiotics recommended in the formulary.

5. Audit database of antimicrobial use

The AWG has an ongoing audit database aiming to provide a structured format to monitor compliance with local prescribing policies and oversee all antimicrobial audits within the trust.

Current audits include the following:

- Compliance with antibiotic guidelines
- Compliance with the Stop/Review and Indication policy
- Compliance with gentamicin and vancomycin monitoring guidelines
- Annual point prevalence study of antibiotic use in February 2009 in South West region.

6. Membership of the South West Antibiotic Pharmacists (SWAP) group

The antimicrobial pharmacist continues to attend the South West Antibiotic Pharmacists (SWAP) group to share practice and promote feedback with other trusts in the South West Region

7. Future plans for 2010

- Recruit an IT analyst to the AWG as recommended in the recent Department of Health document "*Clostridium difficile* infection: How to deal with the problem". This will allow the AWG to further develop the reporting of antibiotic usage data and improve the electronic antibiotic formulary.
- Extend the antibiotic summary guidance cards to include Orthopaedic and Women's directorate.
- Update and re-design the antibiotic formulary – develop an interactive website format
- Report sensitivity data from the laboratory with the antibiotic guidelines
- Develop e-learning antibiotic packages
- Formal education for nursing staff, pharmacists and prescribers

20 Performance limits/outcomes

MRSA bacteraemia

There were 4 MRSA bacteraemias identified by the Trust. This is a decrease from a total of 7 for last year. One of the isolates was from infections acquired in the Trust, a decrease from 2 for last year.

The IPCT has continued to lead a Root Cause Analysis process for each bacteraemia acquired in the Trust, in collaboration with the clinical team caring for the patient. The results of the Root Cause Analysis were reported externally to the Primary Care Trust and internally to members of the Patient Safety and Infection Prevention & Control Committee.

Clostridium difficile

The Devon Primary Care Trust set NDHT a limit of no more than 39 cases in those over 2 years of age for 2009-10. There were a total of 23 such cases in 2009-10 reduced from 57 in 2008-09.

During 2009-10 the IPCT used root cause analysis with the clinical teams for all cases *Clostridium difficile* infection. The results of this analysis are discussed at the IPCC and the antibiotic working group so that strategies to improve practice can be implemented.

Standards for Better Health

Infection Control activities are included under standard 4a of the Standards for Better Health and are assessed by the Care Quality Commission (CQC). Standard 4a includes compliance with the 'Code of Practice for the Prevention and Control of Health Care Associated Infections' (part of the Health Act 2008).

The HCC reported NDHT to be fully compliant with its inspection against the 'Code' and the Trust registered as fully compliant for IPC with the Care Quality Commission.

21 Training activities

Education of the Trust staff in the prevention and control of infection is a very important part of the Trust's strategy in containing the number of HCAs. The IPCT are pivotal in co-ordinating and providing the majority of this education.

Infection Prevention & Control training at induction for staff

At induction every member of staff receives Infection Control training by a member of the IPCT. This ensures that every new member of the Trust is aware of the basic principles of Infection Prevention & Control. Bank and many agency nursing staff receive training before starting work. There is now a basic electronic learning package with compulsory question and answer section at the end which is used for junior doctors prior to starting their posts.

Annual Infection Prevention & Control training for staff

All staff are required to undertake an annual Infection Control update. Training was delivered both by traditional 'face-to-face' methods and by e-learning. The Trust created a bespoke package with an external company and is now in the process of updating it.

Doctors represent a particular group with respect to their educational requirements. Despite its importance Infection Prevention & Control has been poorly taught at medical school and doctors often not included in other teaching sessions because of their work commitments and the short-term contract of many junior doctors. All junior doctors receive Infection Prevention & Control training as part of their induction programme. IPC teaching occurs at regular departmental meetings and audit

sessions. IPC is part of the mandatory training that all newly qualified doctors receive in their F1 & F2 years.

Staff also receive education about particular aspects of Infection Prevention & Control as, for example, part of training for venepuncture / cannulation or IV drug administration. If a new policy is introduced then specific training is required to support this.

Delivery of 'Practice & Principles of Infection Control' course

The Infection Prevention & Control Team delivers an Infection Prevention & Control course at diploma and degree level in partnership with the University of Plymouth. The course, 'Practice & Principles of Infection Control', provides 20 credits at level 2 and 3. It is open to registered nurses in the public and private sectors but the majority of attendees are from the Trust, many of whom are, or become, Link Practitioners. This training module was not offered in 2009-10 due to staff illness but will be provided again in the coming year.

Link Practitioners

Link Practitioners are healthcare workers, usually one per ward or department, who have a particular interest in Infection Prevention & Control. They attend meetings, participate in audit and act as an initial point of contact for Infection Prevention & Control inquiries in the work area.

Education of the IPCT

Members of the IPCT attend educational events throughout the year. These include the Infection Control Nurses Association annual conference and DH events including those arranged specifically for Directors of Infection Prevention & Control. The IPCNs are members of the regional Health Protection Nurse forum. The lead IPCN is the chair of the Southwest regional Infection Prevention Society. The two band 7 IPCNs were in development posts and were upgraded to the band 7 positions following successful completion of their studies.

22 Care Quality Commission Inspection

In June 2009 the Care Quality Commission performed an unannounced inspection of the Trust. The Commission assessed the Trust against a number of measures based on the Code of Practice on healthcare associated infections and related guidance.

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

23 Legionella control

The Facilities department has a program of control in place to reduce the risk of Legionella within the Estates water services; there are defined roles for all individuals in providing this. The planned Maintenance is base on national guidance.

The Trust has a named 'Responsible Person' for Legionella control who liaises closely with other professionals in various disciplines.

NDHT has an active and comprehensive Legionella control program which uses a temperature control process to control Legionella. This is enacted with a regular program of monitoring water temperatures across the Trust.

The Facilities Directorate is involved in all alterations involving the water systems in the Trust and ensures that they comply with Legionella control requirements.

There have not been any positive Legionella tests from patients or environmental samples associated with the Trust as source this year.