

INFECTION PREVENTION
&
CONTROL

ANNUAL REPORT

2008-09

Northern Devon Healthcare Trust



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Abbreviations:

- AWG Antibiotic Working Group
- CDAD *Clostridium difficile* Associated Disease
- 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
- ICN Infection 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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Executive summary:

Infection Prevention & Control has been a high priority throughout the year for NDHT. Key achievements for NDHT for 2008-09 were:

- A further reduction in the rates of *Clostridium difficile*. The total number of *Clostridium difficile* cases in North Devon fell from 111 to 83 in 2008-09, a 25% reduction. Whilst those cases attributed to NDHT fell from 79 to 57 in 2008-09, a 27 % reduction.
- A continued improvement in the rate of hand hygiene compliance across the Trust. Audit shows that overall compliance has consistently been in the range of 92 – 96%. The Trust's aim is to maintain levels of compliance at >95% whilst aiming to continually improving results to achieve and maintain 100% compliance.
- Full compliance with the Healthcare Commission inspection 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'.
- A continued improvement in the number of MRSA bacteraemia. The Trust had 7 bacteraemia for 2008/09. Two (29%) of these were related to infections acquired outside the Trust. Five of the bacteraemia related to infections acquired inside the Trust. The MRSA bacteraemia cumulative figures have dropped from 15 in 2007/08 to 7 in 2008/09, representing a 53.3% reduction.
- Annual essential Infection Control training was provided by an e-learning package, with more targeted face to face training and education at ward/dept level linked to performance.
- Further development of the IPC monthly 'dashboard' of key performance indicators related to infection control.

Introduction

In 2008-09 the IPCT provided a service to Northern Devon Healthcare Trust (acute and community services). In addition a service was provided via SLA to Devon Partnership Trust (DPT), the Health Protection Agency (HPA) in North Devon and to Stratton Hospital in Cornwall. The IPCT worked closely with Devon PCT.

Description of infection control arrangements

Staffing and Finance

2008-09 has seen no change in the staffing of the IPC specialist team. Approval was obtained to continue the Saving Lives Facilitator role for a one year fixed term contract from August 08. Additional support has been provided through a designated Clinical Audit Facilitator.

Two Consultant Medical Microbiologists contributed 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. A third Consultant Medical Microbiologist position was approved by the Trust Board and is to be recruited to.

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.

Infection Prevention & Control Team members 80/09

Band 8b	1.0 wte	Clinical Manager Infection Control & Tissue Viability
Band 8a	1.0 wte	Lead Infection Control Nurse,
Band 7	1.0 wte	Clinical Nurse Specialist Infection Control
Band 7	0.5 wte	Clinical Nurse Specialist Infection Control
Band 6	1.0 wte	Infection Control Staff Nurse
Band 6	1.0 wte	Saving Lives Facilitator/Infection Control Support (fixed term contract ends August 09)
Band 3	0.8 wte	Secretary
Medical	0.4 wte	Infection Control Doctor/ Joint Director of Infection Prevention and Control/ Consultant Medical Microbiologist
Medical	0.1 wte	Consultant Medical Microbiologist
Audit		Clinical Audit Facilitator – approx. 3 days per week

Infection Prevention & Control Committee (IPCC)

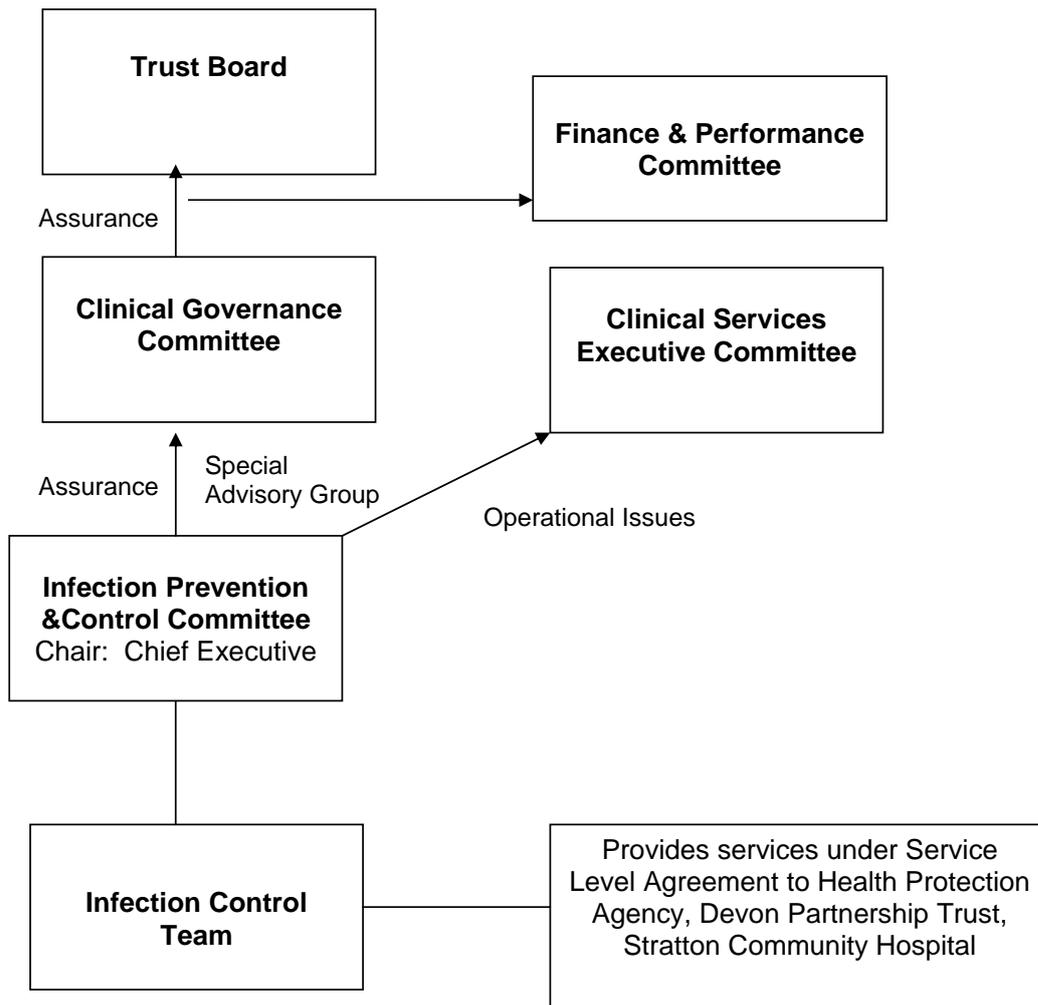
The IPCC is chaired by the Chief Executive and has representation from across the Trust, including the lead clinicians from medicine and surgery. The IPCC is a Special Advisory Group of and reports to the Clinical Governance Committee. The minutes are sent to the Clinical Governance Committee and are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

IPCC membership

- Chief Executive (Chair)
- Medical Director
- Director of Nursing/DIPC
- Infection Control Doctor/DIPC
- Clinical Manager IC
- Lead ICN
- General Manager Medicine
- General Manager Surgery
- General Manager Women & Children
- Lead Clinician for Medicine
- Lead Clinician for Surgery
- Lead Nurse for Medicine
- Lead Nurse for Surgery
- Lead Midwife
- Outpatient Services Representative
- Radiology Representative
- Community Directorate Representative
- Modern Matrons (Community Hospitals)
- Clinical Governance Representative
- Director of Pharmacy
- Antibiotic Pharmacist
- Occupational Health representative
- Decontamination Lead
- Estates & Facilities Representative
- Health & Safety Advisor
- Consultant in Communicable Disease Control (Health Protection Agency)
- PCT representative
- Patient Safety Lead

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 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 Infection Control Committee and Clinical Governance Committee
 Leads Infection Control Team

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Reporting line to the Trust Board

The DIPC reported to all the Trust Board meetings in 08/09.

Links to Prescribing and Formulary Committee

The Director of Pharmacy and the Antibiotic Pharmacist are members of the Drugs, Transfusions and Therapeutics Committee and the IPCC. The Antibiotic Working Group is a subgroup of Drugs, Transfusions and Therapeutics Committee with authority to make decisions regarding antibiotic use in the Trust. Its 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 IPCC 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 ICN is a member of the Trust's Health & Safety Committee.

Link Practitioners

Link Practitioners are health care professionals, one per ward or department, who have a particular interest in Infection Control. They have attended monthly meetings, undertaken a monthly audit schedule in their local area of work and acted as an initial point of contact for Infection Control enquiries in the work area. The Link Practitioners were supported by the Trust with funding of one day per month.

DIPC reports to the Trust Board

The DIPC reported to all the Trust Board meetings in 08/09, 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, cleanliness scores and compliance with High Impact Interventions. 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 IPCC and progress reports are made to each IPCC meeting. An IPC Operational Group (DIPCs, Clinical Manager and Lead Nurse) reviews the plan in detail once a month, notes achievements and sets priorities for the coming 4 weeks.

Outbreak reports

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

Budget allocation to infection control activities

The Infection 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. Non-pay budget was increased on the previous year to £12,771 specifically to provide money for infection control promotional activity.

HCAI statistics including results of mandatory reporting

MRSA bacteraemia

There were 7 MRSA bacteraemias identified by the Trust. This is a decrease from a total of 15 for last year. Five of the isolates were from infections acquired in the Trust, a decrease from 9 for last year.

The sources of the infections, when identified, are similar to those seen in previous years being related to peripheral lines (3), central lines (1), surgical wound (2) urine infection (2) and skin and soft tissue (2). Some cases had more than one risk factor associated with the bacteraemia.

DH & SHA			Total	NDHT	Outside NDHT	South Molton Kidney Unit	Out of area
19	2005-06		18	10	3	4	1
15	2006-07		22	11	11	0	0
12	2007-08		15	9	5	0	1
12	2008-09		7	5	2	0	0
	2008-09	Q1	2				
		Q2	0				
		Q3	2				
		Q4	3				

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 Infection Prevention & Control Committee.

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.

Numbers of patients newly identified as MRSA colonised					
		2005-06	2006-07	2007-08	2008-09
NDHT		212	149	203	189
Community		244	239	176	126
Total		456	388	379	315

Glycopeptide resistant enterococcus (GRE) bacteraemia

There were no reports of glycopeptide resistant enterococcus (GRE) bacteraemias for 08/09.

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
GRE bacteraemia isolates			1	2	4	0

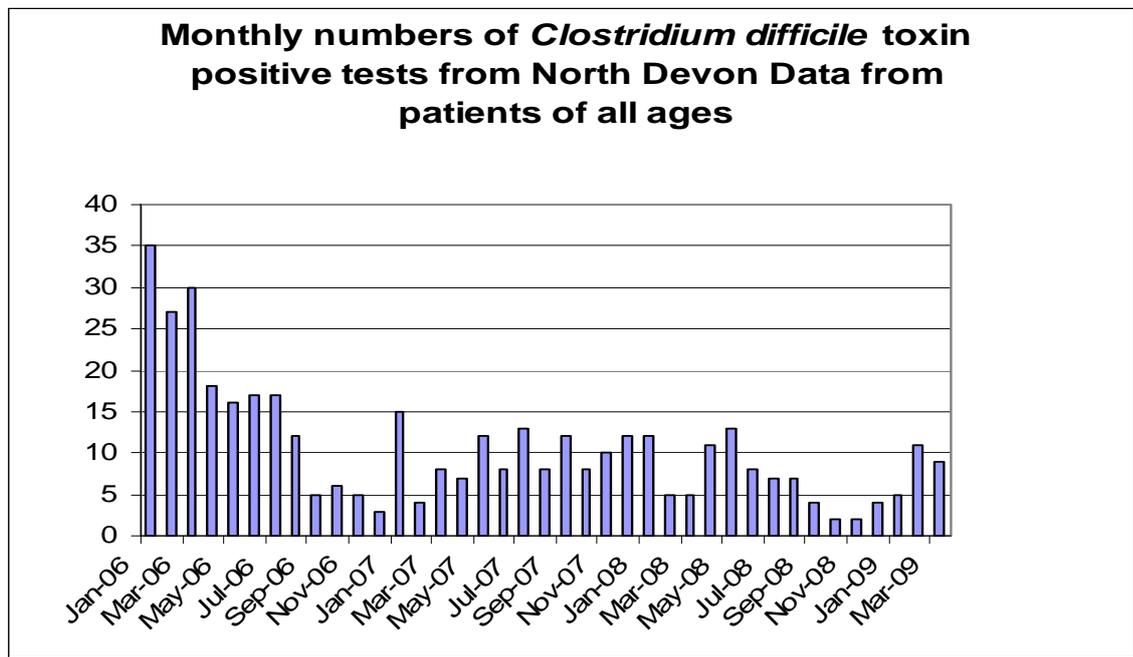
Clostridium difficile

The IPCT monitors the numbers of cases of *Clostridium difficile* associated disease (CDAD). 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 CDAD include increasing age (especially over 65 years), other medical problems, bowel surgery and antibiotic use.

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

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 77 cases in those over 2 years of age for 2008-09. There were a total of 57 such cases in 2008-09 reduced from 79 in 2007-08.

During 2008-09 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.

Mandatory surveillance of orthopaedic surgical site infection

Total Knee Replacement			
	No. of operations	No. of infections detected	Infection rate
Current surveillance 2008-09	75	0	0%
Total of all knee surveillance 2001-09	266	0	0%
National data 2004 – 2008 period	95,064	412	0.4%

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 total knee replacement was chosen.

Untoward incidents including outbreaks

In common with other Trusts across the country NDHT in 08/09 experienced outbreaks of viral diarrhoea and vomiting. Eleven outbreaks were recorded, and of these Norovirus was isolated from specimens in 2 cases. No causative organism was recorded in 8 outbreaks. In the remaining outbreak *C. difficile* was identified from a single specimen from one of the 6 patients affected, so this is likely to have been a coincidental finding rather than representing the causative organism for the outbreak.

During the year the Infection Prevention & Control Team developed a process for monitoring use of single rooms across the Trust. This requires the ICNs to contact every ward at least 3 times a week to check if the rooms are being used appropriately for patients requiring isolation. The process reinforces good practice and enables early identification of patients with symptoms that could be occurring due to gastrointestinal infections and is an adjunct to ward staff complying with Trust Infection Control policy.

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, with the Clinical Site Managers and relevant Duty and Directorate Managers to ensure expert advice was available to guide operational decisions.

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 64 included 13 ESBL organisms 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
ESBL isolates	34	57	64

There have been a few isolates of multiresistant *Acinetobacter* species detected but these have not been associated with person-person spread nor the intensive care unit where these organisms have caused problems in other Trusts.

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 continued to be undertaken twice 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.

Trust Hand Hygiene compliance results (%) by month 2008-09					
April 08	May 08	June 08	July 08	August 08	September 08
93	95	94	92	92	93
October 08	November 08	December 08	January 09	February 09	March 09
94	95	95	96	96	94

The audit results show that overall compliance has risen from last year and has remained at over 90%. 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.

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: one in CSSD and two in the endoscopy suite. Work on improving the Endoscopy department to house new state of the art washer-disinfectors began in the year and is due to complete in June 09. All endoscope decontamination and tracking processes will then be undertaken in the department by specialist staff.

The consortium which included NDHT who were exploring the formation of a 'super centre' to serve the instrument decontamination needs of several hospitals in the South West agreed not to progress the project. Plans to ensure ongoing compliance needed for accreditation of CSSD are being considered as part of the overall Trust's Estates Strategy.

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 2008 NDDH and all the community hospitals achieved scores of:

- Excellent for the Cleanliness & Environmental assessment
- Excellent for the Food assessment

Nationally only 24% of English hospitals achieved an 'excellent' rating for cleanliness and 58% for food.

The PEAT assessments are discussed at the Matron's Charter group where the actions arising from the report are taken forward.

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 IPCC 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.

Antibiotic prescribing (report from Antimicrobial Pharmacist)

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 are sent to the Infection Prevention & Control Committee.

Current Membership of the Antibiotic Working Group is:

- Consultant Medical Microbiologists
- Director of Pharmaceutical Services
- Antibiotic Pharmacist
- Director of Infection Prevention & Control / Consultant Medical Microbiologist
- Consultant Physician in Emergency Medicine
- Consultant Surgeon
- Consultant Physician (Medicine)
- Others co-opted as required

Key recent developments and future plans:

1. Reducing Healthcare Associated Infection (including *C. difficile*)

The antimicrobial formulary was reviewed to reduce the use of antibiotics which are 'high risk' for *Clostridium difficile* including ciprofloxacin, 2nd/3rd generation cephalosporins and clindamycin. Such antibiotics were also removed from ward stock wherever possible.

2. Development of guidelines and education

Antibiotic summary cards were produced and distributed to junior doctors to aid prescribing and improve compliance to changes in the antibiotic formulary. An Antibiotic Stop/Review and Indication policy was implemented.

3. Monitoring and audit of antimicrobial use

Regular monitoring of antibiotic use was undertaken by the Antimicrobial Pharmacist and reports made monthly to the IPCC.

Antibiotic use is being analysed in each Directorate in the form of Defined Daily Dosage of antibiotic per Occupied Bed Day. This allows comparison with other trusts both within the region and nationally and will be used to feedback antibiotic use to lead clinicians within each directorate.

Antimicrobial pharmacist participation at the South West Regional Antibiotic Pharmacists group allows feedback and communication from other trusts.

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.

Performance limits/outcomes

MRSA

The DH target to reduce MRSA bacteraemias in all Trusts by 50% from the 2003-4 baseline was met in the April –June quarter of 2008. The Trust recorded less than its set limit of 12 for this year; registering 7 bacteraemias.

Analysis of the causes of the bacteraemias shows that the commonest causes are related to vascular lines (plastic tubes inserted usually in the arm or neck used to inject drugs or fluids) and urinary catheters. As part of the Department of Health Saving Lives programme the IPCT continued to promote best practice in this area through education and audit. The challenging limit for the coming year is for 8 bacteraemias with none of these being attributable to hospital care.

Clostridium difficile

The Devon Primary Care Trust set NDHT a limit of no more than 77 cases in those over 2 years of age for 2008-09. There were a total of 57 such cases for the year, well below the limit.

Standards for Better Health

Infection Control activities are included under standard 4a of the Standards for Better Health and are assessed by the Healthcare Commission (HCC). 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.

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 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 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. During the year to October this was delivered as part of their essential training. After that time training could also be acquired by e-learning on the Trust's intranet. In January 09 e-learning became the essential update medium for all staff. This has enabled the IPCT to utilise the time it has for training into developing more clinically driven educational sessions utilising scenarios and simulations, which will be delivered in the coming year. Other e-learning packages on pandemic flu and food hygiene are also provided.

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 2008-09 due to staff illness but will be provided again in the coming year.

Link Practitioners

Link Practitioners are HCWs, usually one per ward or department, who have a particular interest in Infection Prevention & Control. They attend monthly meetings, participate in audit and act as an initial point of contact for Infection Control inquiries in the work area. The Link Practitioners are an important resource and there is specific funding for each area to support this activity.

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 DIPCs. The ICNs are members of the regional Health Protection Nurse forum. The lead ICN has been the coordinator of the Southwest regional Infection Prevention Society. The two ICNs in the development posts continued their studies successfully during the year.

Healthcare Commission Inspection

In October 2008 the Healthcare Commission performed an unannounced inspection of the Trust's compliance with duties 2, 4, 8 and 10j of the Code of Practice of the Health Act. A report was received in December 2008 and no breaches of the Code were identified.

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. A water testing policy is in the process of being drafted for the IPCT to review.

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.