

# Infection Control and Director of Infection Prevention and Control (DIPC) Annual Report

April 2008 – April 2009

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## 1. Executive Summary

Dr. Connelly writes: This is my second report as Director of Infection Prevention and Control for NHS Brent and I would like to thank all those people who have worked in the field of infection control many of whom have contributed to this report. The highlights I would direct you to in reading the report are as follows:-

- That the number of MRSA bacteraemias 2008/2009 were on target. This is a significant improvement from last year.
- Reports of *Clostridium difficile* infection continued to be below the control target level.
- This year specific community targets *Clostridium difficile* are based on the Brent registered population. It is likely that this will also be the same basis for setting control targets for MRSA bacteraemias next year. These changes mean that our surveillance systems will have to be expanded.
- Extended Spectrum Beta-lactamase producing microorganisms (ESBLs) and other antibiotic resistant organisms are set to pose an increasing threat.
- The investment of almost £300K in infection control recognises the importance that NHS Brent gives to this area. It will enable much more proactive infection control work particularly in care homes and for independent dental services.
- Particular challenges that we face over the coming year are achieving targets for staff who require mandatory infection control training; improving standards of instrument sterilisation within dental services; and introducing MRSA screening and decolonisation in care homes. An area of focus will be around urinary catheter usage in the community as this poses increased risks of MRSA infection.

You will, I hope, agree that there has been overall considerable progress this year in both the identification of infection control problems, the prioritisation for additional investment and the increased surveillance of new and emerging infection control threats. We have managed to improve infection control by working very closely with our provider organisations, in particular NWLH Trust and Brent Community Services. This is reflected in the positive independent evaluation of our joint work with providers reported in the Bruce Report (October 2008). As part of this joint working we have a joint health care acquired infection committee and cross representation on NHS Brent and NWLH Trust infection control committees. This ensures a health economy wide response to infection control problems, a vital step as infections know no boundaries.

Finally although related to infection control the threat posed by global pandemic flu is subject to its own control measures summarised in NHS Brent's Pandemic Flu Policy and is not covered in the current report.

## **2. Purpose of the Report**

This report is written to inform NHS Brent and Brent Community Services of the work the Infection Control Team undertook in the year 2008/9. It will outline the various aspects of the work undertaken and will draw attention to changes which impacted on the service as well as achievement against the year's work plan. This work made a key contribution to the achievement of corporate objectives 1.3 (To ensure we are fully compliant with core Standards for Better Health by year end) and 1.4 (To meet targets for reducing MRSA and *C. difficile*). This is also recognised in the PCT Operating Plan: National requirements (ii) HCAs (*C. diff.* and MRSA), targets VSA01 and VSA03.

Finally, this report outlines the priorities for the forthcoming year in the form of an Integrated Annual Infection Control Work Plan (see paragraph 14). Priorities have been identified through the results of HCAI root cause analyses, local audit and obligations of the Health and Social Care Act 2008 Code of Practice.

## **3. Introduction**

Infection Control and the prevention of Healthcare Associated Infections (HCAIs) continue to be a key national target. From April 1<sup>st</sup> 2009, all NHS organisations providing patient services were required to apply to the Care Quality Commission for registration in regards to HCAIs. In order to do so, NHS Brent submitted an application for registration stating its level of compliance. In 2008, the CQC published new regulations (Health & Social Care Act 2008; Code of Practice for the Prevention and Control of Healthcare Associated Infections) with which it expected all trusts to comply in order to protect patients and staff against identifiable risks of acquiring an HCAI. The recently revised regulations required trusts to address the prevention and control of infection through having robust systems to assess risks, prevent, detect, treat and control HCAI, and through the maintenance of appropriate standards of design, cleanliness and hygiene. Failure to obtain CQC registration would result in the organisation committing an offence by providing clinical services.

The Infection Control Team therefore carried out a comprehensive compliance assessment against the new regulations within provider services and identified a number of actions that required implementation prior to the end of March 2009 in order for them to achieve compliance with the nine CQC criteria at the time of registration, and to continue to strengthen compliance during 2009/10. Most importantly these included action to improve standards of environmental cleaning, through:

- Deep cleaning of all sites

- Development of a detailed cleaning strategy
- Introduction of systems for monitoring cleaning standards and reporting quality monitoring to the directorate management team
- Display of cleaning schedules in every room
- Review of the supervisory structure for cleaning services
- Implementation of formal system for monitoring quality of cleaning services
- Review of allocated resources and equipment available for cleaning services across the provider services.

NHS Brent was successful in its application for CQC registration in April 09. However, any outstanding actions have been incorporated into the 2009/10 Integrated Annual Infection Control work plan, so progress against these will therefore continue to be reported at each meeting of the quarterly Infection Control Committee and will be overseen by the Director of Infection Prevention and Control (DIPC). HCAI inspection by the CQC will be carried out through visits to NHS organisations over the coming year, with CQC powers including the issue of financial penalties, improvement notices or even service closures.

#### **4. Infection Control Service**

In November 2008, the Infection Control Team submitted a successful bid to the NHS Brent investment panel for additional funding for expansion of the current service. The objectives of the project were two fold: 1) to achieve a consistent approach to HCAI prevention and management across all healthcare facilities within Brent in order to assist the achievement of local and national HCAI targets and support them through the CQC registration process, and 2) to improve standards of infection control practice in provider services, care homes, independent dental, optometry and GP services to decrease morbidity from health care associated infections.

This is to be achieved through establishing an MRSA screening and decolonisation programme and a pro-active Infection Control Service in Brent care homes, as well as other independent contractors not previously covered by the Infection Control Service i.e. Dentists, Optometrists and Community Pharmacists.

##### **4.1 Infection Control Team establishment:**

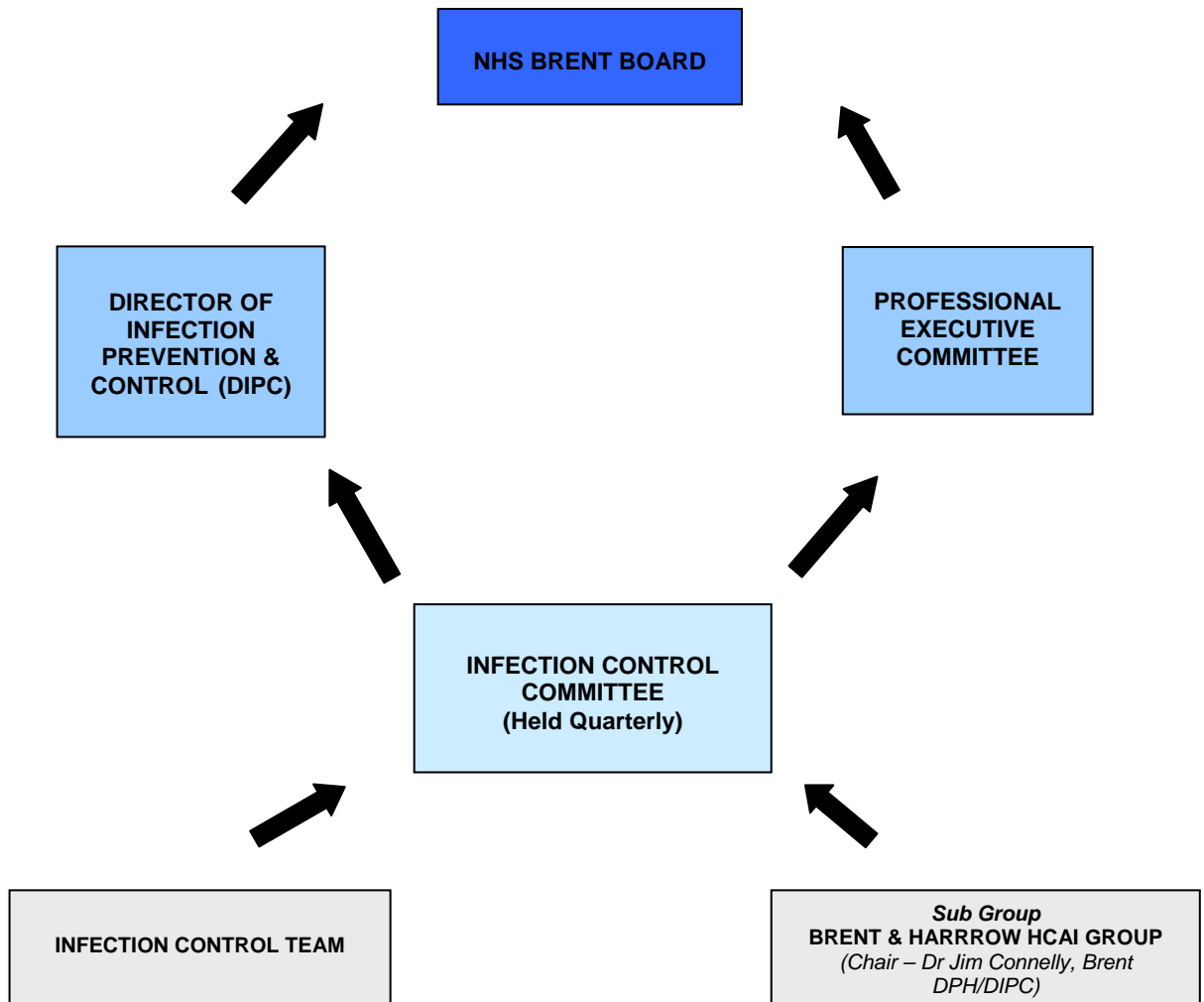
<b>Post Title</b>	<b>Sessions / Week Before Investment</b>	<b>Sessions / Week After Investment</b>	<b>Post Holder</b>
Director of Infection Prevention and Control (DIPC)	1	1	Dr Jim Connelly (Director of Public Health & Regeneration)
Infection Control Doctor	1	2	Dr Shuja Shafi (Consultant Microbiologist) - retired Sept 08 Dr Bharat Patel (Consultant

			Microbiologist) - from Sept 08
Senior Infection Control Nurse	10	10	Lynn Leaver
Infection Control Nurse	10	10	Lazar Der Gregorian
Infection Control Nurse	n/a	10	New Post
Infection Control Nurse	n/a	10	New Post
Team Administrator	n/a	10	New Post

**4.2 Infection Control budget following investment:**

	<b>Prior to Investment</b>	<b>Following Investment</b>
<b>Pay</b>	£97,383	£260,383
<b>Non Pay</b>	£10,000	£16,000
<b>Total</b>	<b>£107, 383</b>	<b>£276,383</b>

**4.3 Reporting arrangements within the organisation :**



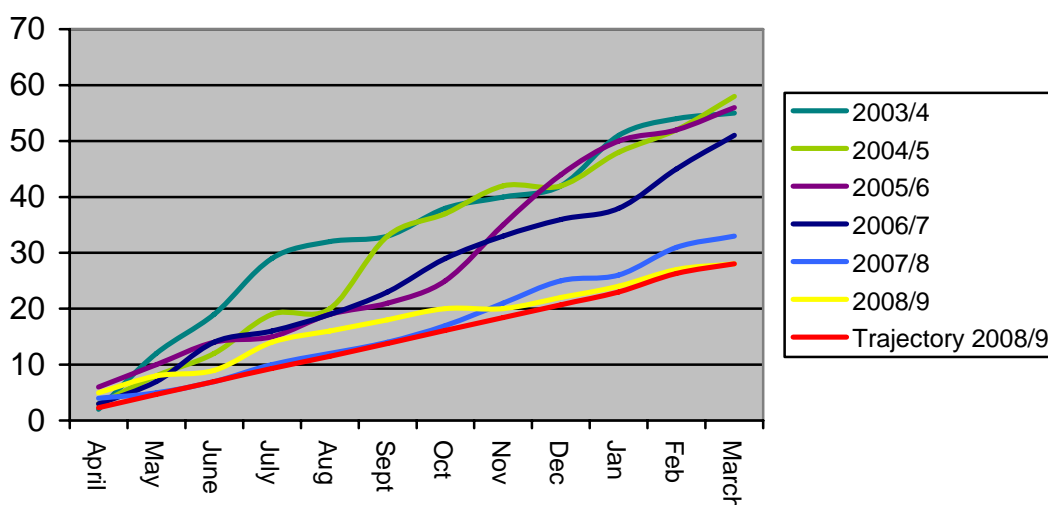
The Infection Control Team sits within Provider Services. However, during 2008/9 a Service Level Agreement was established for provision of Infection Control services to NHS Brent Commissioners for 2009/10.

With the move to APO status, it is clear that during 2009/10, reporting arrangements will change and separate reporting arrangements will need to be identified for provider and commissioning Infection Control activity. The team will report to two Directors of Infection Prevention and Control (DIPCs), one within the commissioning organisation, and one within the provider. Whilst this report incorporates Infection Control activity within both the provider and commissioning arms of NHS Brent during 2008/9, future activity and reports will therefore be separated to distinguish between the two work streams.

## 5. Local Performance Against National Health Care Associated Infection (HCAI) Targets

### 5.1 MRSA Bacteraemias at NWLH

Over the last 5 years, the number of cases of MRSA bacteraemia reported by NWLH have been halved. During 2008/9 NWLH hit its target of 28 bacteraemias.



Cumulative number of MRSA bacteraemias reported by NWLH 2003 – 2009

### 5.2 MRSA Bacteraemia in the Community

All cases of MRSA bacteraemia are the subject of a root cause analysis (RCA), during which each case is reviewed by a multi-disciplinary group including the relevant clinical team, Microbiologist, Infection Control Nurse (community and acute), and is chaired by the NWLH DIPC. A comprehensive action plan is generated for each case, and progress against this is reported to the Brent Infection Control Committee. Eleven (40%) of all 28 MRSA bacteraemias reported by NWLH during 2008/9 were identified within the first 48 hours of acute admission and were therefore categorised as being “community acquired”. This reflects the national prevalence of community acquired cases. Of these eleven cases, three were Brent residents (see table below).

Root Cause Identified	Number (%)
Contamination of blood sample	3 (2 Brent)
Related to IV device	0
Related to a chronic wound	3 (1 Brent)
Related to a urological procedure/ catheter change	3
Related to venepuncture	1
Unknown cause	1

#### Root Cause Analysis of pre 48 hour MRSA bacteraemias

Recommendations and actions for each of the three Brent cases have included blood culture technique training and the introduction of supervised practice at NWLH as well as recruitment of a Brent Tissue Viability Nurse who will be responsible for staff training, particularly in regard to the early identification and management of wound infection.

### 5.3 Admission MRSA screening on Willesden wards

Screening of all new admissions to Fifoot, Menzler and Robertson wards at the Willesden Centre for Health and Care was commenced in 2005, and has continued throughout 2008/9, with the aim of minimising the risks of complications (notably MRSA bacteraemia) to the colonised individual and the spread of MRSA to other patients through containment and prompt decolonisation. The annual results are summarised below:

Admissions	292
Screened	245
% Screened	84
Positives	27
% Positives	11

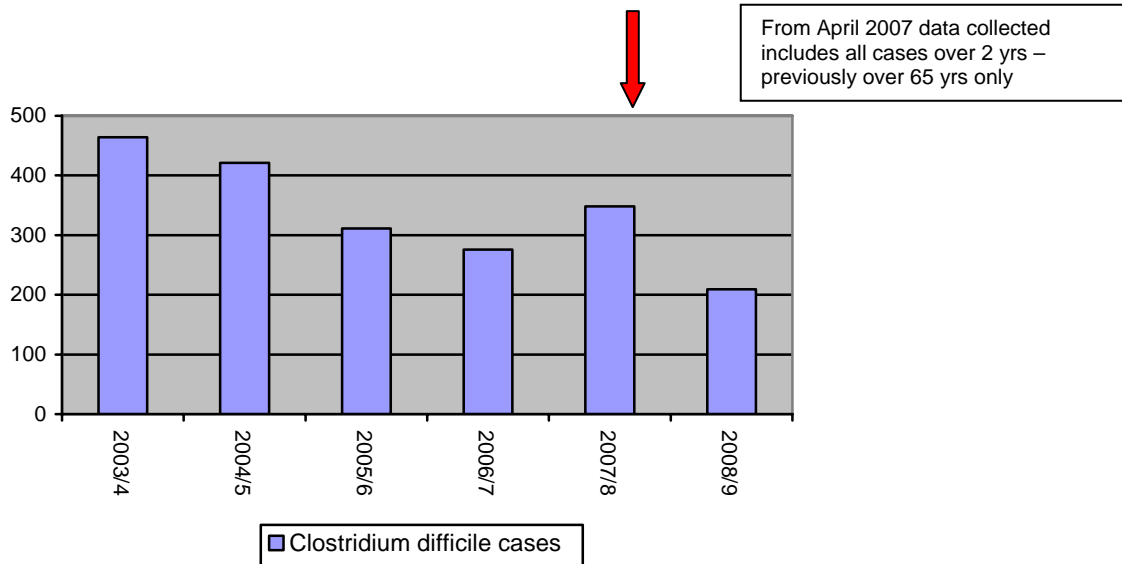
#### Admission MRSA screening results for 2008/9

Compliance of staff with screening has been adequate at nearly 84% on average, but in the light of the move to 'zero tolerance' for health care associated infections, a much closer figure to 100% will be the goal for 2009/10. A marked reduction in the percentage of those found to be positive on admission is noted compared with 2005, the year the scheme commenced, when the figure was around 24%. This is likely to be largely due to extensive screening and treatment of colonised individuals prior to transfer from referring hospitals, mainly North West London Hospitals Trust.

### 5.4 *Clostridium difficile* at NWLH

Despite changes in reporting criteria, local numbers of *Clostridium difficile* infection have been steadily falling for the last 6 years. However, from April 2008, separate national targets were set for hospitals and PCTs. The NWLH target was set to measure the number of cases identified after 48 hours of

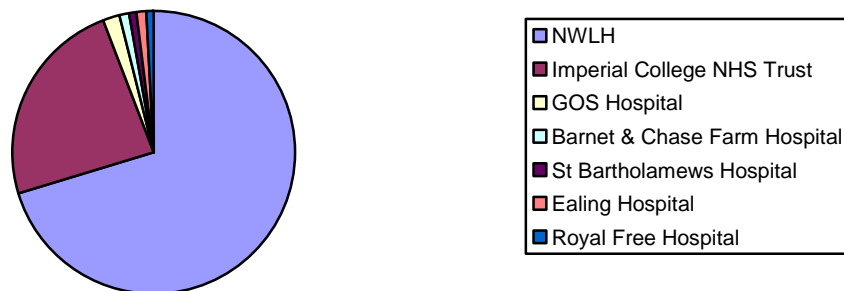
acute admission, whilst the Brent PCT target was based on the total number of cases of *Clostridium difficile* infection in Brent registered patients regardless of whether they were classified as community or hospital acquired. The North West London Hospital target was set at 223 for 2008/9. However, a total of cases were 115 reported (48% below target).



**Total NWLH reported *Clostridium difficile* cases over a six year period**

### 5.5 *Clostridium difficile* in the community

The target for Brent PCT in 2008/9 for cases of *C. difficile* in the Brent registered population was 180. However a total of 104 cases of *C. difficile* were reported. This was 42% below target. These cases were reported from a number of acute trusts across London (see below)



**Reports of *Clostridium difficile* cases in the Brent registered population 2008/9**

As expected, the majority of cases (70%) were reported from NWLH, However, it appears to be significant that almost a quarter were reported from Imperial College NHS Trust. More detailed information regarding these cases will be sought to enable enhanced surveillance to take place, the root causes of these cases to be established and assurance to be sought that the acute

trusts concerned are taking appropriate action to minimise *C. difficile* infection in their hospitals.

### 5.6 *Clostridium difficile* in community bedded areas

Only one patient suffered with *C. difficile* infection on the Brent community wards throughout the period of this report. The patient was successfully treated with no known complications.

Due to the relatively low numbers of *C. difficile* cases in relation to national targets, local ambition targets for 2009/10 have been set to achieve a further 5 % fall across the local health economy.

### 5.7 Extended spectrum beta - lactamases (ESBLs)

Over the last decade Enterobacteriaceae (mainly *Escherichia coli*) with extended spectrum beta - lactamases (ESBLs) have been found in community-acquired infections. The isolates are mostly from urinary tract infections. However a few are from more severe infections including bacteraemias. ESBLs render bacteria resistant to most beta-lactam antibiotics and therefore make such infections difficult to treat. The only oral agent available to primary care practitioners is Nitrofurantoin however some isolates are now displaying resistance to this agent. Some patients carry ESBL pathogens in their gastrointestinal tract and such patients may be prone to recurrent infections. Currently we cannot quantify the burden of these infections in the NHS Brent health economy. However data has been sought from the microbiology laboratory at Northwick Park to establish a baseline. The Infection Control Team will attempt to provide information of the burden from two data sets (bacteraemias and urine infections) as soon as the laboratory provides the information.

## 6. Infection Control Policies

During 2008/9 a total of 13 Infection Control policies were reviewed, updated, approved by the Infection Control Team, ratified by the PEC, and then disseminated, and included within Infection Control training. All policies were therefore kept up to date during the year. Most significantly, the Infection Control Policy was also ratified by the Board in November 2008. This document outlines the NHS Brent strategy to keep the risk of health care associated infection to an absolute minimum. It overarches all other Infection Control policies and guidance within NHS Brent.

No.	Title	Version 1	Version 2	Version 3	Current Position & Timescales
ICC 0	Infection Control Strategy	Nov 2008			
ICC 1	Hand Hygiene Policy	June 1999	April 2004	July 2008	
ICC 2	Decontamination of Equipment Policy	June 1999	April 2004	July 2008	

ICC 3	Policy for the Management of Spillages of Blood and Other Body Fluids	June 1999	July 2005	Sept 2008	
ICC 4	Policy for the Management of an Outbreak or other Infection Control Incident	June 1999	July 2005	July 2008	
ICC 5	Meticillin Resistant Staphylococcus aureus (MRSA) Policy	June 1999	July 2008		
ICC 6	Policy for the Safe Collection, Storage and Transport of Clinical Specimens	June 2000	Sept 2008		
ICC 7	Policy for the Management of Patients with Transmissible Spongiform Encephalopathies (i.e. CJD)	June 2000	Sept 2008		
ICC 8	Blood Borne Viruses and Health Care Workers Policy	December 2000	July 2008		
ICC 9	Policy for Prevention and Management of Exposures to Blood & other Body Fluids	December 2000	March 2005	November 2007	<i>To be reviewed by Nov 09</i>
ICC 10	Policy for Standard / Universal Infection Control Precautions and the Use of Protective Clothing	December 2000	Sept 2006	Nov 2008	
ICC 11	Laundry Policy	April 2004	Sept 2006	Nov 2008	
ICC 12	Last Offices Policy	April 2004	Sept 2008	Nov 2008	
ICC 13	Policy for the Safe Use of Bench Top Autoclaves	April 2004	Sept 2008		
ICC 14	Policy for the Management of Communicable Disease	February 2007			<i>Reviewed – awaiting ICC approval in Sept 09</i>
ICC 15	Policy for the Prevention and Management of Clostridium difficile	Nov 2008			
ICC 16	Aseptic Technique Policy	May 2009			
	Infection Control and Facilities Liaison Policy				<i>Final draft form – awaiting ICC approval and PEC ratification</i>

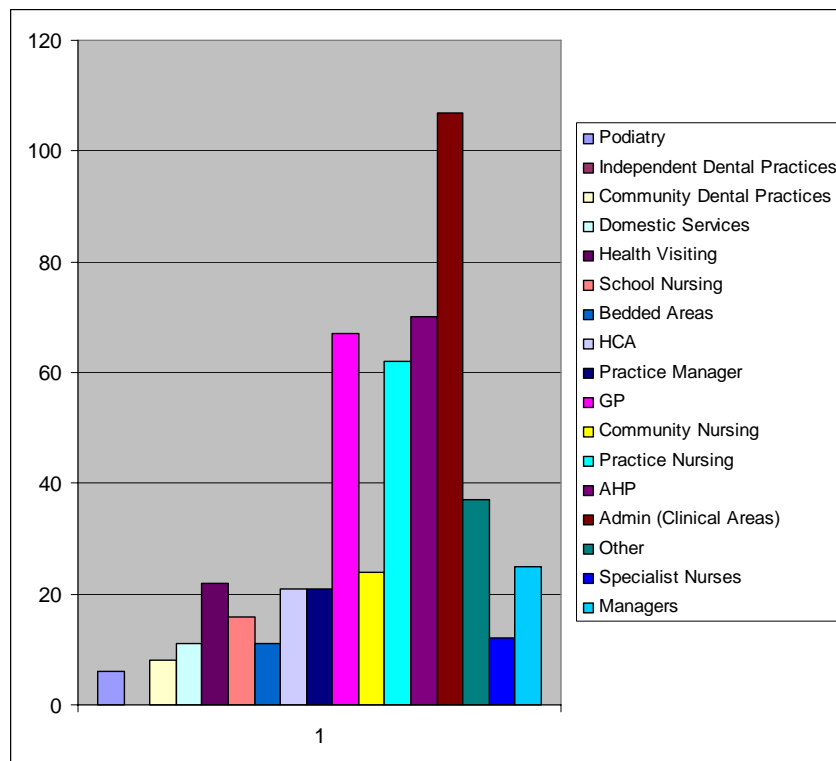
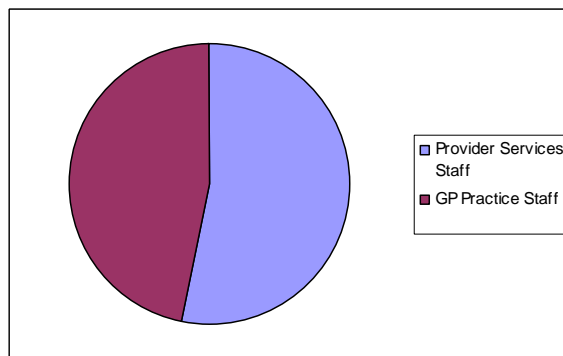
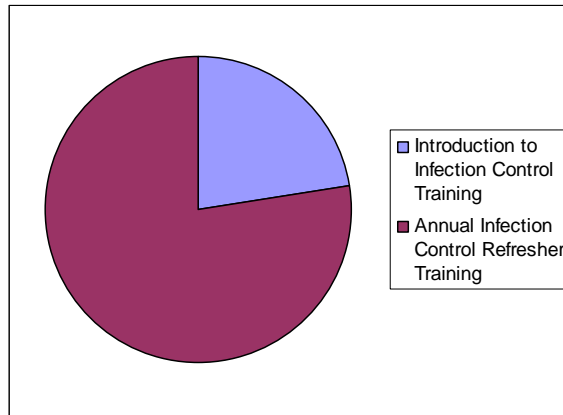
	Infection Control Guidance for New Premises	March 2006			<i>Currently under review</i>
	Infection Control Guidance for General Practice	April 2004			<i>Compilation of relevant aspects of provider IC policies being developed</i>

### OTHER RELATED NHS BRENT POLICIES (with Infection Control input)

Policy	Title	Last version	Current Position
Estates	Clinical Waste Policy	June 2008	
Nursing	Adult Male & Female Indwelling Urethral Catheterisation Policy	May 2004	<i>Currently under review</i>
Nursing	Policy for Intermittent Catheterisation of Male and Female Adults & Children	May 2004	<i>Currently under review</i>
Nursing	Intravenous Therapy Policy	May 2008	
Nursing	Enteral Feeding Policy	May 2008	
Estates	Kitchen & Microwave Policy	2001	<i>Reviewed by shared K&amp;C Estates Dept – not yet on intranet</i>
Nursing	Venepuncture Policy	2004	<i>Currently under review</i>
Estates	Legionella policy	May 2006	<i>Reviewed by shared K&amp;C Estates Dept – not yet on intranet</i>
Estates	Environmental Cleaning Policy	May 2006	<i>Reviewed – awaiting ratification in Sept 09</i>
Corporate	Dress Code	Sept 2008	

## 7. Infection Control Training

A total of 520 staff were trained in Infection Control over the last 12 months. This can be broken down as follows:



Training is provided to clinical staff as well as non-clinical staff working in clinical areas within both Provider Services and General Practice. A list of non-attendees which was obtained from ESR within Provider Services was distributed to Service Leads in July 2008 via the Assistant Directors with a

reminder that this was mandatory training. This was then updated and placed on the PCT shared drive (with access given to all Service Leads) in November 2008. Despite this, uptake of training particularly amongst clinicians in Provider Services has remained poor. Data on the percentage of staff trained in this group is currently awaited from the Human Resources Department, but is expected to be approximately 50%. In order to better achieve higher rates of attendance against the NHS London target of at least 90%, more up to date lists of non-attenders will be regularly placed on the intranet for the Service Leads, and learning tools such as e-learning and use of DVDs will be investigated. Team based training sessions are also being offered on clinical sites in an attempt to improve uptake further.

In addition to mandatory training a number of events have been held by the Infection Control Team for Provider Services and General Practice staff :

- MRSA Policy Launch (December 2008)
- *Clostridium difficile* Policy Launch (April 2009)
- Pandemic Influenza – Are we prepared? (October 2008)
- Infection Control Workshop for Ward Managers (March 2009)

These have been well attended with over 150 attendees and have been well evaluated,

## **8. Infection Control Audits**

The annual Infection Control audit programme was agreed by the Brent ICC. The following audits were performed in 2008/9:

### **8.1 Hand hygiene audits**

It is accepted that performing observational hand hygiene audits is of limited value within community services, due the fact that many of the services are not easy to observe, particularly during domiciliary care. The Hawthorn effect would be likely to skew the results. However, regular observational hand hygiene audits have been commenced in bedded areas, the results of which are currently being collated so that they can be displayed in public areas. In order to audit compliance with hand hygiene in non-bedded areas, a system of six monthly patient surveys has been implemented as an indirect means of auditing hand hygiene compliance. A second patient survey to evaluate community staff hand hygiene practices was carried out in November 2008. The survey included both patients visiting NHS Brent clinics and those visited at home. Although the results of such a survey may be dependent on the hand hygiene carried out in front of the patient, nevertheless this type of survey is considered to be the most practical means of obtaining the required information.

Compared to the first survey, fewer questionnaires were completed on this occasion (164 compared to 238 during the first survey). The main finding of the survey was that overall, only 67% of staff were observed to have cleaned their hands before contact with their patients compared to nearly 90% of staff in the first survey. Interpretation of these results must be made cautiously as

explained above. However, every effort will be made to increase staff compliance with hand hygiene requirements through feedback and additional training events on the one hand, and to increase client participation and improvement of the survey questionnaire in order to obtain more accurate results on the other.

## **8.2 Commode decontamination audit**

Transmission of organisms from items of poorly decontaminated equipment is a common problem in healthcare. Due to potentially high levels of contamination, commodes are considered to be a high risk item of equipment. An audit was therefore carried out on June 2008 to inspect the commodes used on Willesden Centre Wards for cleanliness and absence of damage especially on soft covering materials and to test staff knowledge of cleaning procedures according to relevant trust policies.

The top surfaces of most commodes observed (nearly 67%) were visibly clean; in contrast most commodes (nearly 78%) were dirty underneath. Dried body fluid (including faeces) was observed on three surfaces. The frameworks of nearly all commodes were not fully clean (water marks observed).

Staff knowledge of appropriate cleaning procedures was inconsistent. Only two of the healthcare staff questioned (both staff nurses) demonstrated a good understanding of the necessary procedures. The following recommendations were made:

- Commodes must be cleaned immediately after each use before the next usage.
- Both the top and underneath surfaces of commodes must be thoroughly cleaned as well as the framework.
- After cleaning if surfaces look wet, they should be dried using paper towels.
- Instructions provided in the NHS Brent policy, Decontamination of Equipment (ICC 2) must be followed **every time** a commode is to be cleaned.
- Both detergent and disinfectant should be readily available in the sluice for effective cleaning and disinfection of commodes.
- Ward managers should ensure that all members of staff as well as agency staff should know how to decontaminate commodes appropriately and if necessary provide additional training.
- Commodes should only be used according to manufacturers' instructions and not for other purposes such as shower seats.

Results and recommendations were fed back to all Ward Managers to distribute to staff. The audit will be repeated annually.

## **8.3 Isolation audit**

This audit was carried out in January 2009 to ensure compliance with the requirements of the NHS Brent Management of Communicable Disease Policy with regard to isolation of infectious patients on the Willesden wards. Of the five rooms audited, only one fully met all of the requirements. Issues

identified in the other rooms were 1) usage of blue (as opposed to yellow aprons), 2) absence of dedicated cleaning equipment, and 3) non-usage of the appropriate care pathway document. Recommendations for corrective action were made accordingly. This audit will be repeated regularly.

#### **8.4 Bioluminometry (ATP) audits of cleanliness**

In order to complement visual inspections carried out by the Accuro Management Services Operations Manager to assess the effectiveness of cleaning processes with a quantifiable system, bioluminescence monitoring was introduced in August 2008. The devices used in this system employ bioluminescence technology to detect traces of adenosine triphosphate (ATP). This organic compound is found in all living cells and biological residue. Presence of ATP therefore can be used as a surrogate measure of cleanliness of tested surfaces.

A pilot audit was carried out in July 2008 which involved taking swabs from pre-determined surfaces and obtaining an instant reading from the device for a particular surface. Because of the novelty of the technology, over the forthcoming months time was spent on perfecting the use of the devices and in February 2009 a second audit was carried out on Fifoot ward. The 'Fail' and 'Caution' results were reported immediately for further cleaning to take place.

A regular program of audits is envisaged and auditing of sites other than Willesden Centre are also being considered.

#### **8.5 Audit of Instrument Sterilisation within the Community Dental Service**

In September 2008 the Infection Control Team updated the NHS Brent Policy for the Safe Use of Bench-Top Autoclaves which sets out current best practice for the local sterilisation of instruments within the Community Dental Service (CDS). This was then followed by a dedicated training session for each of the CDS clinical staff. After one month, an audit was conducted to assess compliance against this new policy within the service. A visit was carried out to each dental department to observe levels of compliance with instrument sterilisation processes as outlined within the document.

Results of the audit showed variable levels of policy implementation. Several areas were being consistently performed according to policy across the Community Dental Service. For example, all instruments observed were considered to be in good condition and stored appropriately for further use. However, a number of areas of instrument sterilisation proved to be non-compliant with policy. For example, the presence of documented quarterly and annual test and service for autoclaves by the Authorised Test Person was inconsistent. In several areas, daily testing of the autoclaves was also not being performed by service staff. Despite a contract having been put into place earlier this year with the Authorised Test Person, there was also no documentary evidence of quarterly testing of the ultrasonic cleaners. Whilst the correct ultrasonic detergents were being used, there seemed to be some confusion amongst staff regarding the correct dilution of the detergent to achieve adequate instrument cleaning.

Overall, whilst decontamination processes were being carried out to an adequate standard, there was a lack of documentary evidence to verify this (as recommended by best practice guidance HTM 2010 and HTM 2030). In many cases there was therefore no evidence of the efficacy of instrument cleaning and sterilisation cycles and therefore the level of sterility achieved. This represented a risk that needed to be rectified as soon as possible. A number of recommendations were therefore made and a detailed action plan developed with timescales. The audit was then repeated twice to establish whether these actions had been implemented. In addition individual staff members were allocated responsibility for the testing and record keeping of individual items of decontamination equipment.

Since undertaking this audit, a number of improvements have been noted in terms of instrument sterilisation processes across the service. Contractual arrangements for the testing and maintenance of the equipment have been clarified and several quarterly visits by the engineers had been carried out since the original audits and service and testing carried out. The remaining quarterly tests by the engineers were planned to be carried out within the next several weeks. Quality assurance systems would then be fully in place. However, the organisation of documentation of equipment tests and maintenance of decontamination equipment on site still remains poor, with several autoclaves still having incorrect log books. These audits will therefore be continued on a quarterly basis until instrument sterilisation processes and documentation are of a high standard and compliant with national guidance and local policy.

### **8.6 Infection Control Audits of General Practice**

During 2007/8, all general practices were required to complete an Infection Control self assessment as part of their annual review, and develop an action plan to resolve any problems identified. In 2008/9 implementation of these action plans was monitored via the Primary Care Commissioning Team, and a random sample of 11 practices were visited by the Infection Control Nurse and Clinical Performance Manager to gain assurance of compliance. The most frequently identified issues amongst these practices concerned 1) cleanliness of the environment, with almost a half of the practices visited without a documented cleaning schedule for the practice, and 2) safe storage of clinical waste and sharps. Each practice produced an action plan in conjunction with the Infection Control Team with timescales and named persons within the practice to take responsibility for each outstanding issue. Progress against these will continue to be monitored during the forthcoming year.

### **8.7 Willesden Wards Infection Control Walkabout**

In February 2009, the Infection Control Team carried out a walkabout of the wards at Willesden Centre for Health and Care in conjunction with the modern matron for the unit. A series of photographs of the unit were taken and then presented as a learning tool during an interactive workshop with Ward Managers. A comprehensive action plan in conjunction with the facilities provider was also developed, progress against which will be monitored on a monthly basis.

## **9. Hand Hygiene Campaign**

### **National Patient Safety Agency's cleanyourhands campaign**

This campaign which was initially implemented in acute trusts in 2004 was extended to community health care settings in late 2007. NHS Brent took a leading role in the campaign by becoming one of the few Primary Care Trusts in the country to take part in the pilot programme and the experience we subsequently gained from implementing the campaign has benefited all other PCTs participating in the campaign throughout England and Wales.

The campaign was launched at NHS Brent in December 2007 and since then has continued successfully. The aim of the campaign is to improve the behavior and personal responsibility of our staff in observing hand hygiene standards and to improve their compliance with the NHS Brent hand hygiene policy. The first phase of the campaign at NHS Brent ended in December 2008. In order to evaluate its effectiveness, a survey was carried out among clinical staff throughout the organisation. All but one of the participants were aware of the campaign but only approximately 68% of those surveyed knew who the campaign lead (representative) for their service was. Nearly all had seen the campaign posters and around 76% of them stated that this had made them re-examine their hand washing practices. Also, 50% of the respondents reported that they had actually changed their hand washing habits.

In spite of the relatively small number of participants (approximately 20% of the total clinical staff), the results of the survey were encouraging. The second phase of the campaign is now being launched and will continue in like manner but with greater involvement of campaign leads with guidance from the Infection Control Team is envisaged for the forthcoming year.

### **National Patient Safety Agency's Patient Safety Alert**

This alert was issued in September 2008 to emphasise the importance of hand hygiene as a patient safety issue, as well as to alert healthcare providers of some potential risks associated with the usage of alcohol hand rubs. To meet with the requirements of the alert a working group was set up with representation from Risk Management, Operations Management and some Clinical Service Leads to finalise specially designed audit forms which would be used by all clinical services. The forms spelt out the need for hand washing facilities and hand rub dispensers. The audits were carried out by representatives from the participating services and were subsequently analysed by the Infection Control Team. Advice, in the form of an action plan was given to each representative individually for any issues raised in the audit.

Perhaps the most common issue identified was potential non-compliance with relevant fire regulations with regard to the storage of reserve stocks of alcohol hand rubs. The issue will be raised with relevant managers for the necessary action and the action plans will be followed-up during 2009/10. A report of the audit has been submitted to the June 2009 Infection Control Committee.

## **10. Decontamination**

During 2008/9, several decontamination audits were performed (see paragraph 7). Further decontamination audits are planned for 2009/10. In order to improve decontamination standards, Provider Services have also purchased washable computer keyboards for high risk clinical areas, and disposable curtains for all clinical areas.

On site instrument sterilisation is only now only performed in dentistry. During 2008/9, work has continued in planning decontamination rooms for the Community Dental Service to ensure compliance the CQC and the recently published Department of Health best practice guidance (HTM 01-05) - see paragraph 14 (Integrated Annual Infection Control Work Plan for 2009/10).

### **10.1 Environmental Cleaning**

Compliance assessment against CQC requirements during 2008/9 and an audit completed by the Kensington and Chelsea shared Estates Service in January 2009, highlighted environmental cleaning in community provider services as an area of concern, with no regular quality monitoring and variable standards of cleanliness across the different sites within Brent. A comprehensive action plan was therefore generated and is currently being implemented. Outstanding actions have been included within the work plan for the coming year.

Standards of environmental cleaning on the Willesden Wards have improved during 2008/9 and are being monitored weekly by the facilities provider (Acurro). However, to improve the validity of the quality monitoring process, ATP audits are now being implemented on a monthly basis in addition to observational monitoring. This has been supplemented by 6 monthly walkabouts by Infection Control, the facilities provider, Site Manager and the Modern Matron for the unit. Regular meetings to discuss progress against the action plans generated are taking place. During 2008/9, the Willesden wards have also been the subject of the annual Patient Environment Action Team (PEAT) inspection. As a result of this inspection, the National Patient Safety Agency, awarded the general environment (including cleanliness) a score of “good”.

## **11. Outbreaks and Incidents**

Several outbreaks have been experienced in Brent during the period of this report including:

### **11.1 Norovirus Outbreak**

An outbreak of norovirus infection starting in March 2009 affected all three NHS Brent managed wards as well as Furness ward which, at that time was managed by North West London Hospitals (NWLH). On the three NHS Brent wards a total of 20 patients and 12 members of staff were affected. One patient was transferred to Central Middlesex Hospital due to other medical issues. One other patient, thought to be the index case, was admitted to Northwick Park Hospital a day after discharge from Willesden Community hospital due to deteriorating health and was subsequently diagnosed with a

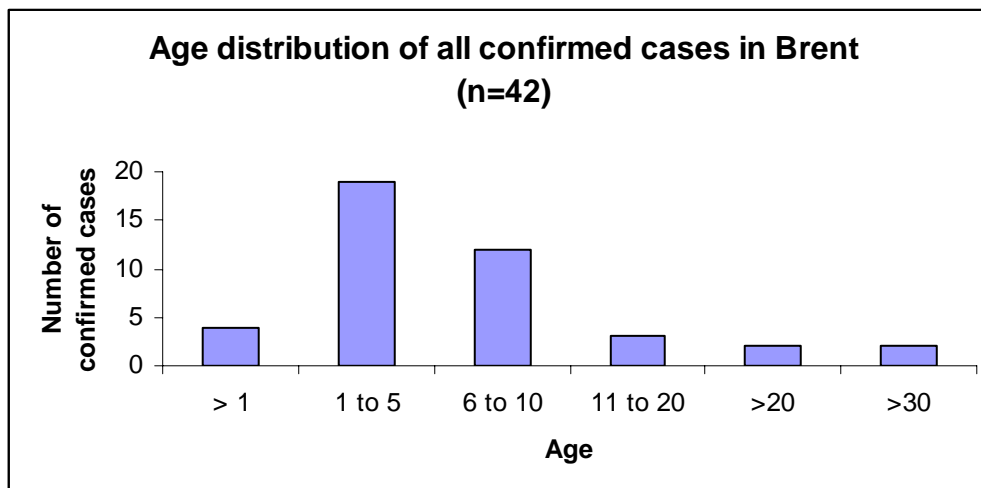
norovirus infection. The patient unfortunately passed away due to subsequent complications although norovirus infection was not identified as the cause of death. In all other cases the disease was self-limiting. The outbreak was considered to be over by 31 March.

An Incident Analysis Meeting was held on 27<sup>th</sup> April where all the issues regarding the management of the outbreak were discussed, lessons learnt for the future were noted and an action plan developed.

## 11.2 Measles Outbreak

### Context

In 2008/9 there was an increase in the number of laboratory confirmed cases of measles cases in England and Wales, with a substantial increase in the number of confirmed cases in London. Measles activity in NW London showed a marked increase over the previous year's incidence with 205 cases reported between January and June 2008. The highest number of these was in Brent where there were 87 cases (42% of the total). 74% of the Brent cases were 1-10 years old.



Age distribution of confirmed cases of measles in Brent (January- June 2008)

### Measles Cases in Brent

Harlesden, Willesden Green, Dollis Hill and Kensal Green were the wards with the highest number of cases, with a quarter (n=12) of the total cases accounted for by two school outbreaks between March and May 2008. Of the children involved in these outbreaks, none of the (18) confirmed cases had received the MMR vaccine. In half of these (9) it was documented that parents had chosen not to have their children vaccinated because of negative publicity.

### Public Health Response

Following these school outbreaks, children at the 2 schools with an incomplete history of MMR vaccination (n=464, nearly 73% of the total) were offered the vaccine by letter and there was further information given to parents about the catch-up MMR sessions via meetings, posters and leaflets. Two

catch-up sessions were held at each school, 5 weeks apart. 30% of those invited did not return the consent form. 8% of those invited received MMR1 and 12% received MMR2. Of those who completed the consent form, 56% at one school and 48% at the other, were reported to have received 2 MMRs previously, highlighting deficiencies in the data held on the Child Health Information System.

### **Survey of Parents**

A survey carried out by the North West London Health Protection Unit (NWLHPU) of those who did not respond to the invitations, suggested that migrant families had low MMR uptake and that there was considerable uncertainty about the safety and advantages of MMR and confusion about the MMR schedule, especially amongst those whose children had received immunisations in other countries.

### **Recommendations made by NWL Health Protection Unit**

There were a number of recommendations in the report by the NWLHPU, including cleaning immunisation data, comprehensive GP-held immunisation records, a joint community campaign to improve MMR uptake, provision of MMR information in different languages and the appointment of an immunisation champion.

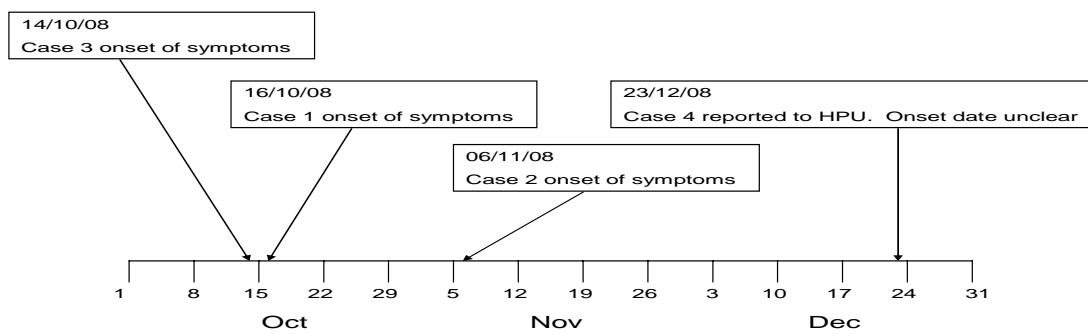
## **11.3 Hepatitis A Outbreak in a nursery school**

### **Context**

Notifications of Hepatitis A in England and Wales have fallen steeply since the early 1990's. Typically cases are more common in teenagers and young adults and rare in the 1-4 year age group. More cases are reported in males and up to 80% of sporadic cases report a history of travel. Previous documented outbreaks have been both food-related and travel-related (and among drug-using communities) and several nursery outbreaks have been reported in the literature. The incubation period for Hepatitis A is 15-50 days. Hepatitis A is usually a mild illness in young children, who may even remain asymptomatic.

### **Hepatitis A Cases in Brent**

An outbreak occurred at a nursery school in Willesden, with the onset of symptoms in the first reported case (unknown if this was the index case) on 16<sup>th</sup> October 2008 and the onset of symptoms in the last reported case on 6<sup>th</sup> November 2008. This first case was followed by a further 3 cases (2 children and 1 adult staff member).



The nursery school had 50 pupils, 2 teachers and 2 teaching assistants and was attached to a primary school, attended by 463 children. Nursery and primary school reception children shared toilet, dining and play areas. Children from other years in the primary school also had contact with the nursery school children.

### Public Health Response

The outbreak control team was made up of representatives from the school, NHS Brent, Microbiology, Environmental Health Department, Infection Control, Brent School Nurses, Communications and the North West London Health Protection Unit. An outbreak meeting was held at the school on 25<sup>th</sup> November.

The first case was treated as an isolated case with advice on hygiene, school exclusion and vaccination of household contacts. Following the identification of further cases, letters were sent to the GPs of those affected and household contacts of all cases were asked to go to their GP for Hepatitis A vaccination +/- human normal immunoglobulin where appropriate. Hand washing and other hygiene advice was given and affected children were excluded from nursery for at least 7 days.

A risk assessment was carried out by the outbreak control team but no environmental or food samples were taken. Various infection control measures were recommended during the outbreak, including using paper towels rather than hand driers, supervised hand washing by children and increased frequency of cleaning. Letters and consent forms were sent to all parents and staff with information and recommending Hepatitis A vaccination. Two vaccination sessions were held at the school (10<sup>th</sup> and 12<sup>th</sup> December) and 284 out of a possible 461 children and 26 out of a possible 39 staff were vaccinated.

### Microbiology

The organism involved was identified as Hepatitis A virus – genotype IIIA and 3 out of the 4 cases tested positive for this genotype (the 4<sup>th</sup> result was pending at the time of the report). This genotype has been reported in

travellers to various countries, particularly to the Indian subcontinent. There was no travel history reported in any of the confirmed cases in this outbreak but the nursery is very ethnically diverse and travel abroad is common, so it is likely that the index case may be a child who was not identified because they remained asymptomatic.

### **Recommendations of NWL Health Protection Unit**

The NWLHPU report on the outbreak recommends prompt reporting to the Health Protection Unit, of suspected cases of Hepatitis A, by clinicians (particularly of young children who may present with less specific symptoms) and of confirmed cases by laboratories. It also advises increasing awareness of Hepatitis A vaccine amongst travellers and ensuring this is offered to them as well as encouraging good hygiene practices in nurseries and schools.

## **12. Other Infection Control Issues**

### **12.1 Pandemic flu planning**

Since notification from DH of the likely spread of a pandemic influenza, the Infection Control Team have been part of the pandemic planning within NHS Brent. During October 2008, the Infection Control Team held an event for provider and general practice staff regarding pandemic influenza, with speakers from Infection Control, Emergency Planning and the Health Protection Agency. This event was well attended and evaluated, and was followed up with several train the trainer respirator fit testing sessions for clinical staff who were likely to be carrying out aerosol generating procedures in the event of a pandemic.

### **12.2 New premises**

Infection Control input has continued to be provided in the planning of all new premises (such as Hillside Hub, Chalkhill Health Centre, Sudbury Primary Care Centre), and refurbishments (such as the Wembley GP Led Health Centre). All of these new builds have had the recommended Infection Control requirements designed into the premises. Visits have also been undertaken to four General Practices during the last 12 months to assess the suitability of the practices for minor surgery and reports produced for the Primary Care Commissioning Team

### **12.3 Staff immunisations**

During 2008/9 Occupational Health data showed that the percentage of staff that have patient contact as part of their role and had received appropriate immunisation was relatively low. For example 304/692 were recorded as having unknown hepatitis B immunity, 226/692 unknown TB immunity and 448 / 692 unknown measles immunity). Since this time, these figures have improved, but it is clear that further work still needs to be carried out. Immunisation requirements for individual groups of staff have been clarified and agreed and Infection Control comments have been provided on the draft Occupational Health SLA. The following actions have been agreed for 2009/10:

- Process for Infection Control risk assessment for staff who refuse immunisation to be established
- Recruitment process and criteria for pre-employment staff clearance to be reviewed
- Non-attenders at Occupational Health and those staff not up to date with immunisations to be reported to Service Leads.
- More accurate information regarding starters and leavers to be provided to Occupational Health from HR

Regular meetings to assess progress against these actions are being organised by the Human Resources team. Staff immunisation rates is being reported monthly by the Occupational Health Service and quarterly to the Infection Control Committee.

13.

### Infection Control Annual work plan 2008/9 - progress

**September 2008 – April 2009**

Implementation of the following work plan is dependent on the success of the Infection Control investment proposal which is due to be presented to the investment panel in November 2008. The actions identified are prioritised. Implementation of the action points below will ensure compliance with Standards for Better Health core standards C4a (Infection Control) and C4c (Decontamination of Re-Usable Medical Devices) and NHSLA requirements by the end of November 2008, as well as compliance with the Hygiene Code of the Health Act (2006) by April 2009..

Action Area	Task	Lead	Timescale	Progress
<b>PROVIDER SERVICES</b>				
<b>Risk Management</b> No formal risk assessment and risk management process for Infection Control risks	Progress with investment proposal to ensure adequate resources to act upon risks identified	LL (Senior ICN)	November 2008	<b>Achieved</b>
	Risk management training for all Service Leads	SP (Risk Manager)	Ongoing	<b>Achieved</b>
	Letter to all Service Leads regarding assessing IC risks for their services	SP (Risk Manager)	Completed	<b>Achieved</b>
	Risk assessments to be included in all Infection Control refresher training sessions	LL (Senior ICN) LDG (ICN)	November 2008	<b>Achieved</b>
	All identified risks to be fed back to Service Leads to enter onto risk register	LL (Senior ICN) LDG (ICN)	November 2008	<b>Achieved</b>
	Record implementation of steps identified to manage and control risks	LL (Senior ICN)	December 2008	<b>Achieved</b>
<b>Infection Control Training</b> Uptake of mandatory training variable	Identify non-attendees and feedback to Service Leads via the Assistant Directors on a 6 monthly basis	Team Administrator	December 2008	<b>Achieved</b>
	Provide additional on-site training	LL (Senior ICN)	December 2008	<b>Achieved</b>

	sessions for clinical teams	LDG (ICN)		
	Provide ad hoc, topical training sessions appropriate to local priorities i.e. mask fit testing training, sharps safety etc	“ “ “	Ongoing	<b>Achieved</b>
	Maintain momentum with Clean your Hands campaign	LDG (ICN)	Ongoing	<b>Achieved</b>
<b>Infection Control Infrastructure</b> Team to be strengthened to ensure adequate resources to implement additional activity identified	Recruitment of two band 7 Infection Control Nurses	LL (Senior ICN)	February 2009	<b>Achieved - 2<sup>nd</sup> post holder due to commence in Nov 09</b>
	Recruitment of Team Administrator	“ “ “	“ “ “	<b>Bank administrator in post</b>
	Ensure appropriate induction for new team members	“ “ “	March 2009	<b>Achieved</b>
	Review Infection Control Doctor SLA and increase to 2 sessions per week	“ “ “	December 2008	<b>Achieved</b>
<b>Infection Control embedded into all levels of the organisation</b>	Establish network of Infection Control link practitioners across Provider Services	LL (Senior ICN) LDG (ICN)	December 2008	<b>Delayed until 2009/10 due to delay in recruitment of new ICNs</b>
	Ensure that Infection Control is included within the appraisals of all clinical staff and non-clinical staff that work in clinical areas and that this is recorded	LL (Senior ICN)	March 2009	<b>Database of PDR information being collected</b>
	Produce Infection Control newsletters to Provider Services	LL (Senior ICN) LDG (ICN) Team Administrator	April 2009	<b>Delayed until 2009/10 due to delay in recruitment of new ICNs</b>
	Increase personal accountability of Provider Services staff in situations of poor care highlighted through root cause analysis	LL (Senior ICN) LDG (ICN)	April 2009	<b>Ongoing</b>
	Focussed Infection Control activity to high risk areas such as community nursing and bedded areas.	“ “ “	April 2009	<b>Achieved</b>
<b>MRSA</b>	Continue RCA for all MRSA	LL (Senior ICN)	Ongoing	<b>Achieved</b>

Currently over trajectory for health economy MRSA bacteraemia target	bacteraemias in conjunction with NWLH, produce action plans and report progress to Brent and Harrow HCAI group	LDG (ICN)		
	Launch MRSA policy across community nursing service and General Practice	LL (Senior ICN) LDG (ICN) Team Administrator	December 2008	<b>Achieved</b>
	Audit decolonisation and management of MRSA colonisation within General Practice and Community Nursing Service	“ “ “	April 2009	<b>Delayed until 2009/10 due to delay in recruitment of new ICNs</b>
	Audit management of MRSA within Provider bedded areas	“ “ “	February 2009	<b>Delayed until 2009/10 due to delay in recruitment of new ICNs</b>
	Individual follow up of high risk patients for decolonisation etc	“ “ “	January 2009	<b>Delayed until 2009/10 due to delay in recruitment of new ICNs</b>
<b><i>Clostridium difficile</i></b> New population based target	Continue RCA for all community, and pre 48 hour <i>C. difficile</i> cases, produce action plans and report progress to Brent and Harrow HCAI group RCA	LL (Senior ICN) LDG (ICN)	Ongoing	<b>Ongoing</b>
	Audit implementation of <i>C. difficile</i> care bundles in Provider bedded areas	“ “ “	March 2009	<b>No <i>C. difficile</i> cases in bedded areas for several months</b>
	Launch <i>Clostridium difficile</i> policy within Provider bedded areas, Community Nursing Service and within General Practice	LL (Senior ICN) LDG (ICN) Team Administrator Infection Control Doctor	February 2009	<b>Achieved</b>
	Liaise with relevant acute Trusts regarding <i>C difficile</i> RCA for population based cases.	LL (Senior ICN)	December 2009	<b>Delayed until 2009/10</b>
<b>Infection Control Audit Programme</b> Insufficient assurance of implementation of IC policies	Isolation audits in bedded areas	LDG (ICN)	February 2009	<b>Achieved</b>
	Repeat patient hand hygiene survey throughout Provider Services on a 3 monthly basis	“ “ “	December 2008	<b>Achieved</b>
	Observational hand hygiene audits	LDG (ICN)	April 2009	<b>Achieved</b>
	Decontamination of medical equipment audits (ATP)	LL (Senior ICN) LDG (ICN)	April 2009	<b>Pilot underway</b>
	Environmental cleaning audits of bedded	LDG (ICN)	Ongoing -	<b>Achieved</b>

	areas (ATP)		monthly	
	See MRSA audits above			
	Community Dental Service instrument decontamination audit	LL (Senior ICN)	November 2008	<b>Achieved</b>
	Audit of curtain changing in clinical areas	LL (Senior ICN)	January 2009	<b>Achieved – disposables now in use and spares purchased</b>
	Audit of antibiotic prescribing in bedded areas	BP (Infection Control Doctor)	March 2009	<b>Currently in progress</b>
<b>Decontamination of Re-usable Medical Equipment</b>	Develop a decontamination programme and agree with the ICC	LL (Senior ICN)	January 2009	<b>Achieved</b>
	Produce a capital bid for washable PC keyboards in high risk areas	LL (Senior ICN)	December 2008	<b>Achieved</b>
	Carry out Community Dental Service instrument decontamination audit (see above)	See above		<b>Achieved</b>
	Design dental decontamination rooms, agree design with authorised engineer and submit capital bid for refurbishment work	LL (Senior ICN) WH (CDS Manager)	April 2009	<b>Ongoing – awaiting architect input</b>
<b>Environmental Cleaning</b> Poor levels of environmental cleaning on some sites	Provide detailed cleaning schedules and display in each room	SL (Facilities Manager) BB (Operations Manager)	April 2009	<b>Achieved</b>
	Ensure a robust system for quality monitoring is in place	“ “ “	April 2009	<b>Delayed until 2009/10</b>
	Review Environmental Cleaning Policy	“ “ “	April 2009	<b>Achieved. Awaiting approval</b>
	Develop a suitably trained management and supervisory structure for cleaning services	“ “ “	April 2009	<b>Delayed until 2009/10</b>
	Ensure policy is available on the NHS Brent website	“ “ “	April 2009	<b>Reviewed policy awaiting approval</b>
	Replacement of cleaning equipment as highlighted by Audit of Cleaning Services review dated Jan 08	“ “ “	April 2009	<b>Delayed until 2009/10</b>
<b>Public Information</b>	Agree final design of public information	LDG (ICN)	January 2009	<b>Achieved</b>

	leaflet about the organisation's general systems and arrangements for preventing and controlling HCAs and organise printing, dissemination to all sites and publication on NHS Brent website			
	Agree final design of leaflet for visitors to bedded areas, organise printing, dissemination to all sites and publication on NHS Brent website	LDG (ICN)	January 2009	<b>Achieved</b>
<b>New Premises</b>	Provide Infection Control input to the design, and fixtures and fittings of all new builds within NHS Brent	LL (Senior ICN) LDG (ICN)	Ongoing	<b>Achieved</b>
<b>COMMISSIONING</b>				
<b>Infection Control embedded into all commissioned services</b>	Produce Infection Control newsletters to Commissioned Services	LL (Senior ICN) New Post (ICN) Team Administrator	April 2009	<b>Delayed until new designated ICN in place</b>
<b>Care Homes</b> High prevalence of MRSA in care homes & RCA evidence of local care homes acting as the source of several MRSA bacteraemias	Provide training for care home staff to make them aware of, and enable them to achieve, minimum standards	New Post (ICN)	Programme underway by April 2009	<b>Delayed until new designated ICN in place</b>
	Monitor compliance through inspection and audit, working with the continuing care team	“ “ “	“ “ “	<b>s/a</b>
	Screen all care home residents for MRSA every twelve months	“ “ “	“ “ “	<b>s/a</b>
	Screen all care home residents for MRSA prior to elective admissions and on their return from acute care	“ “ “	“ “ “	<b>s/a</b>
	Decolonise all care home residents identified as carriers for MRSA	“ “ “	“ “ “	<b>s/a</b>
	Ensure a root cause analysis for all MRSA bacteraemias in care home	“ “ “	“ “ “	<b>s/a</b>

	residents is carried out by the care home, and that this is used as a learning tool within the home by ensuring an appropriate action plan is developed, implemented, and evaluated			
	Gather benchmarking data and other information to enable trend analysis and provide feedback to care homes and commissioners	“ “ “	“ “ “	<b>s/a</b>
	Pro-active monitoring of all MRSA positive clients for decolonisation and re-swabbing	“ “ “	“ “ “	<b>s/a</b>
	Use of PAS data from NWLH to monitor MRSA community “hotspots”, “frequently re-admitted patients” and trends	“ “ “	“ “ “	<b>s/a</b>
<b>General Practice</b> Variable results of Infection Control self assessment	Adapt relevant Provider Service policies for GP use and disseminate	LL (Senior ICN)	January 2009	<b>Delayed until 2009/10</b>
	Continue to provide annual refresher Infection Control training	“ “ “	Ongoing	<b>Achieved</b>
	Assist in the development of action plans to improve standards where necessary	“ “ “	Ongoing	<b>Achieved</b>
	Organise educational events for GPs regarding antibiotic prescribing	BP (Infection Control Doctor)	March 2009	<b>Delayed until 2009/10 as the first meeting of the joint antibiotic prescribing committee was postponed</b>
	Audit decolonisation and management of MRSA colonisation within General Practice and Community Nursing Service	LL (Senior ICN) LDG (ICN) BP (Infection Control Doctor)	April 2009	<b>Delayed until 2009/10 due to delay in recruitment of new ICNs</b>
	Liaise with relevant acute Trusts regarding <i>C. difficile</i> RCA for population based cases.	LL (Senior ICN)	December 2009	<b>See above</b>
	Lead on root cause analysis for all community HCAs and provide reports to relevant clinicians. Assist in the	LL (Senior ICN) LDG (ICN) BP (Infection Control	Ongoing	<b>Achieved</b>

	development of relevant action plans	Doctor)		
<b>Independent Dentists</b> Lack of assurance of compliance with recently published best practice guidance on instrument sterilisation	Set minimum standards for infection control and include them in all contracts, to supplement the current BDA standards.	New post (ICN)	Programme underway by April 2009	<b>Delayed until new designated ICN in post</b>
	Provide training for dental practice staff to make them aware of, and enable them to achieve, minimum standards.	“ “ “	“ “ “	<b>s/a</b>
	Provide support with the development of practice action plans to demonstrate a move towards compliance with national best practice in instrument sterilisation.	“ “ “	“ “ “	<b>s/a</b>
	Monitor compliance through inspection and audit	“ “ “	“ “ “	<b>Registered with DH for inclusion in the national decontamination survey for dentists</b>
<b>Optometrists</b> No Infection Control input to date	Develop Infection Control guidance for optometry	LL (Senior ICN)	March 2009	<b>Delayed until new designated ICN in post</b>
	Provide Infection Control support to individual practices where necessary as identified from the 2007/8 SBH questionnaires	“ “ “	“ “ “	<b>s/a</b>

14.

**Brent Infection Control Integrated Annual Work Plan  
April 2009 – April 2010**

<b>Objective</b>	<b>Action required to achieve objective</b>	<b>Timescale</b>	<b>Person/s Responsible</b>	<b>Progress</b>
<b>1. To provide Infection Control advice to Brent Community Services and independent contractors regarding local management of swine flu pandemic</b>	• To be an active member of the Flu Operational Group and to advise the Flu Board through that group.	April 09	Lynn Leaver	
	• To be an active member of the Flu Vaccination Group	April 09	Lynn Leaver	
	• To produce up to date Infection Control guidance for staff regarding the management of swine flu	Ongoing	Lynn Leaver	
	• To advise on the ordering and distribution of personal protective equipment and consumables and to liaise with the stock co-ordinator	Ongoing	Lynn leaver	
	• To advise on the educational requirements of staff in relation to swine flu and Infection Control and to provide educational material for this purpose	Ongoing	Lynn Leaver	
<b>BRENT COMMUNITY SERVICES</b>				
<b>Objective</b>	<b>Action required to achieve objective</b>	<b>Timescale</b>	<b>Person/s Responsible</b>	<b>Progress</b>
<b>2. To reduce Infection Control risks</b>	• Maintain BCS Risk Register	Ongoing	Shirley Parker	
	• Ensure that Infection Control issues are recorded on the organisations risk registers	Ongoing	Lynn leaver	
	• Ensure attendees of training identify any Infection Control risks in their areas of work and maintain a local register of these risks	Ongoing	All ICNs	
	• Update risk registers regularly with progress made to mitigate risk	Monthly	Lynn Leaver	
	• Report entries and progress to mitigate risk to the quarterly ICC	Monthly	All ICNs	
<b>3. To increase clinical engagement through establishing a system of Infection Control Link</b>	• Produce a role outline for Infection Control Link Practitioners (ICLPs)	Aug 09	Lynn Leaver	
	• Identify training needs and relevant courses available for ICLPs	April 09	Lazar Der Gregorian	
	• Recruit ICLPs from high risk areas i.e. community adult & children's nursing and bedded areas	Nov 09	Mitchell Fernandez	

<b>Practitioners (ICLPs)</b>	• Commence regular ICLP training and regular meetings	Nov 09	Mitchell Fernandez	
	• ICLP feedback to ICC	Quarterly	Lynn Leaver / Mitchell Fernandez	
	• Extend programme to other services and groups of independent contractors	Nov 10	All ICNs	
<b>4. To improve uptake of training and increase awareness of Infection Control</b>	• Organise more team based training sessions, including through the ICLPs	June 09	All ICNs	
	• Quarterly feedback to Assistant Directors of mandatory training uptake using ESR	June 09	Sally Lydon	
	• Ensure regular communication with staff via the intranet and ICLPs.	July 09	All ICNs	
	• Initiate Infection Control newsletters and ensure all team members contribute to these	June 10	Sally Lydon	
	• Ensure ICN attendance at each D/N forum and twice yearly at School Nursing, Health Visiting, Podiatry and Dental forums. All other forums to be attended annually.	July 09	All ICNs	
	• Audit of inclusion of IC within job descriptions of existing staff and new staff	Dec 09	Lynn Leaver	
	• Investigate and implement increased use of alternative learning tools such as e-learning and DVDs etc	Dec 09	Lazar Der Gregorian	
	• Monthly returns by all Service Leads in regards to PDRs performed	April 09	Ron Lutaaya	
	• Monitoring of IC inclusion within PDRs via HR	April 09	Ron Lutaaya	
<b>5. To establish a fully functional IC team</b>	• Recruit to the 2 ICN posts	July 09	Lynn Leaver	Achieved
	• KSF outlines produced for all team members and approved by panel	July 09	Lynn Leaver	
	• Recruit to Team Administrator post on a permanent basis	Nov 09	Lynn Leaver	
	• Organise induction for new team members	Nov 09	Lynn Leaver	Achieved
	• Hold structured weekly team meetings for ICNs (including ICD on a monthly basis)	Aug 09	Lynn Leaver	
	• Evaluate activity against SLA with commissioners	Oct 09	Lynn Leaver Dr Penelope Toff	
	• Report progress to investment panel	Sept 09	Lynn Leaver	

			Dr Jim Connelly	
<b>6. To improve efficacy of RCA processes and collection of surveillance data</b>	• Ensure 2 new IC team members are trained in RCA	Sept 09	Lynn leaver	
	• Lead the RCA process with relevant team / service	Sept 09	All ICNs	
	• Monitor implementation of associated RCA action plans	April 09	All ICNs	
	• Reports on RCA and associated action plans to quarterly ICC	Quarterly	All ICNs	
	• Continue to perform enhanced surveillance of Brent registered pre 48 hour <i>Clostridium difficile</i> cases and commence collection of RCA for Brent cases reported from acute trusts other than NWLH.	Ongoing	All ICNs	
<b>7. To improve standards of instrument decontamination within the Community Dental Service</b>	• Establish dedicated decontamination rooms within the Community Dental Service (dependent on capital bid)	April 2010	Lynn Leaver	
	• Quarterly CDS decontamination audits until decontamination practices to be fully compliant	April 09	Lynn Leaver / Mitchell Fernandez	
<b>8. To monitor implementation of Infection Control policies throughout Brent Community Services and provide feedback to Service Leads and Assistant Directors</b>	• Produce a prioritised audit programme for the IC team for 2009/10 and agree with ICC members	Sept 09	Lynn Leaver	
	• Urinary catheterisation audit – in conjunction with Brent and Harrow HCAI group	Dec 09	Lazar Der Gregorian	
	• See above for monthly CDS decontamination audits	April 09	Lynn Leaver	
	• MRSA management audit in General Practice	Nov 09	Lynn Leaver	
	• Dress Code audit	Sept 09	All ICNs	
	• Enteral feeding audit	June 10	New ICN	
	• Observational hand hygiene audits in bedded areas	Sept 09	Mitchell Fernandez	
	• Annual patient survey of staff hand hygiene	Sept 09	Lazar Der Gregorian	
	• Audit of compliance with MRSA management in bedded areas	Nov 09	Mitchell Fernandez	
	• Antibiotic review for bedded areas at Willesden Centre for Health & Care performed and reported to ICC	June 09	Sangita Kapur (Ward Pharmacist) Dr Bharat Patel	Already commenced
	• Decontamination of medical equipment audits (ATP)	Oct 09	Lazar Der Gregorian / Mitchell Fernandez	
<b>9. To provide Infection Control</b>	• Establish Cleaning Strategy Group	March 09	Roger Thomas / Brenda Brown	Completed

<b>support to those responsible for improvement of cleaning services across Brent Community Services</b>	• Review Environmental Cleaning Policy and re-launch policy	Sept 09	s/a	
	• Routine display of detailed cleaning schedules in each room	April 09	s/a	
	• Review cleaning equipment available	Oct 09	s/a	
	• Review allocation of resources for environmental cleaning	s/a	s/a	
	• Review domestic staff training	s/a	s/a	
	• Develop a robust supervisory structure for cleaning services	s/a	s/a	
	• Set up a rapid response system for spillages etc	s/a	s/a	
	• Produce a cleaning specification as a possible precursor to a BCS wide cleaning contract	s/a	s/a	
	• Remove carpeted flooring in corridors of wards (vinyl already in all clinical areas)	s/a	s/a	
	• Introduce new systems for quality monitoring	s/a	s/a	
	• Establish new governance arrangements for Brent Community Services to include reporting performance audits for environmental cleaning	s/a	s/a	
	• Remove carpeted flooring in corridors of wards (vinyl already in all clinical areas)	s/a	s/a	
<b>10. To ensure adequate liaison between the Infection Control Team and the those with overall responsibility for facilities management</b>	• Facilities Liaison Policy to be completed, agreed, ratified and distributed	Sept 09	Lynn Leaver	
	• Review use of new waste bins for implementation of clinical waste policy	Aug 09	Brenda Brown	
	• Collation of all annual legionella reports from all new sites and presentation to ICC	Dec 09	Roger Thomas Brenda Brown	
	• Review laundry SLA once due for renewal in 2009/10 and update as necessary	June 09	Brenda Brown Sue Lazarus	
	• K&C Estates policies for legionella prevention, management of potable and non-potable water, food hygiene, building and refurbishment, planned preventative maintenance (including ventilation systems) to be reviewed	July 09	Roger Thomas Brenda Brown	
<b>11. Provide support to those responsible for improvement of staff immunisation coverage</b>	• Provide Infection Control input into the OH SLA	June 09	Lynn Leaver Dr Bharat Patel	Achieved
	• Provide Infection Control advice to OH regarding individual staff cases as necessary, carrying out risk assessments of any staff refusals for immunisation / screening	Ongoing	s/a	

	<ul style="list-style-type: none"> <li>Review of recruitment process and provision of guidance notes to managers regarding health clearance of staff</li> </ul>	Sept 09	Ann Robson	
	<ul style="list-style-type: none"> <li>Ensure that a list of staff whose immunisation regimen is not up to date is placed on the shared drive for Service Leads</li> </ul>	Sept 09	Ann Robson	
	<ul style="list-style-type: none"> <li>Undertake an audit of staff screening and immunisation on employment</li> </ul>	Oct 09	Ann Robson Lynn Leaver	
<b>12. Improve standards of instrument decontamination within the Community Dental Service</b>	<ul style="list-style-type: none"> <li>Continue regular CDS audits, feedback at team meetings and increase personal accountability of individual members of staff for decontamination activity</li> </ul>	Ongoing	Lynn Leaver	
	<ul style="list-style-type: none"> <li>Assist in the submission of a capital bid to enable establishment of dedicated decontamination rooms within CDS</li> </ul>	Jan 10	Lynn Leaver	
<b>COMMISSIONED SERVICES</b>				
<b>Objective</b>	<b>Action required to achieve objective</b>	<b>Timescale</b>	<b>Person/s Responsible</b>	<b>Progress</b>
<b>13. Provide support to care homes to reduce the prevalence of MRSA in care homes and achieve CQC requirements in regards to HCAIs</b>	<ul style="list-style-type: none"> <li>Establish clear divide between ICT responsibilities and HPU responsibilities and agree with HPU</li> </ul>	July 09	Lynn Leaver	
	<ul style="list-style-type: none"> <li>Implement an MRSA screening programme within care homes through investment funding</li> </ul>	Jan 10	New ICN	
	<ul style="list-style-type: none"> <li>Assess training needs and provision of a tailored training programme in respect of Infection Control and MRSA screening programme</li> </ul>	s/a	s/a	
	<ul style="list-style-type: none"> <li>Establish a set of minimum Infection Control standards for care homes and provide a self audit tool</li> </ul>	s/a	s/a	
	<ul style="list-style-type: none"> <li>Ensure minimum requirements are clearly set out within contracts with commissioners</li> </ul>	s/a	s/a	
	<ul style="list-style-type: none"> <li>Monitor compliance through inspection and audit, working with the continuing care team</li> </ul>	s/a	s/a	
	<ul style="list-style-type: none"> <li>Supervise the follow up of MRSA positive residents with decolonisation and feedback to GPs</li> </ul>	s/a	s/a	
<b>14. To provide support to General Practices to achieve consistently high standards</b>	<ul style="list-style-type: none"> <li>Adapt relevant Provider Service policies for GP use and disseminate</li> </ul>	Nov 09	Lynn Leaver	
	<ul style="list-style-type: none"> <li>Continue to provide annual refresher Infection Control training for all staff with patient contact</li> </ul>	Ongoing	s/a	

<b>of Infection Control within their practices</b>	• Assist in the implementation of GP action plans to improve standards where necessary	Ongoing	s/a	
	• Antibiotic prescribing data to be reviewed from primary care via a local health economy antibiotic prescribing group	Nov 09	Dr Bharat Patel Dr Penelope Toff Rashmi Rajiaguru	
	• Organise educational events for GPs regarding antibiotic prescribing	Dec 09	Dr Bharat Patel Dr Penelope Toff	
	• Audit decolonisation and management of MRSA colonisation within General Practice and Community Nursing Service	Sept 09	Lynn Leaver Lazar Der Gregorian Dr Bharat Patel	
	• Liaise with relevant acute Trusts regarding <i>C. difficile</i> RCA for population based cases.	April 10	Lynn Leaver	
	• Lead on root cause analysis for all mandatory community HCAs and provide reports to relevant clinicians. Assist in the development of relevant action plans	Ongoing	All ICNs	
<b>15. To gain assurance of compliance with recently published best practice guidance on instrument sterilisation within independent dental practices</b>	• Set minimum standards for infection control, particularly regarding instrument sterilisation and ensure they are included in contracts.	Feb 10	Lazar Der Gregorian	
	• Commence training programme for dental practice staff to make them aware of, and enable them to achieve, minimum standards.	Feb 10	Lazar Der Gregorian	
	• Provide support with the development of practice action plans to demonstrate a move towards compliance with national best practice in instrument sterilisation.	Feb 10	Lazar Der Gregorian	
	• Monitor compliance through audit and inclusion within the national dental decontamination survey	Feb 10	Lazar Der Gregorian	
	• Ensure a service is provided to support Commissioners / GDPs with sufficient information and training to achieve registration with the CQC by 2010	Feb 10	Lazar Der Gregorian	
<b>16. To establish a pro-active Infection Control service to Optometrists</b>	• Develop Infection Control guidance for optometry	March 10	Lazar Der Gregorian	
	• Provide Infection Control support to individual practices where necessary as identified from the 2008/9 SBH questionnaires	March 10	Lazar Der Gregorian	