

Annual Report of the Director of Infection Prevention and Control

2008-09

1. Introduction

- 1.1 This is the report of the Director of Infection Prevention and Control for Devon Primary Care Trust for the period 2008-09.
- 1.2 The purpose of this report is to inform the Trust Board and staff, patients and the public of the infection control arrangements and work undertaken in 2008-09.

2. Background

- 2.1 Infection Control is governed by the Health Act 2006: Code of practice for the prevention and control of healthcare associated infections which was amended in January 2008. The Code of Practice is part of the Health and Social Care Act 2008.
- 2.2 The Health and Social Care Act sets out legally enforceable criteria by which managers of NHS organisations are to ensure that patients are cared for in a clean environment and where the risk of healthcare acquired infections is as low as possible.
- 2.3 The Act builds on the previous guidance from the Department of Health, for example “Winning Ways” (2003), “Towards Cleaner Hospitals” (2005), “Saving Lives” (2005) and “Essential Steps to Safe Clean Care” (2006).
- 2.4 Failure to meet the requirements of the Health Act will result in the risk of Improvement Notices being served by the Health and Safety Executive or may be the source of litigation by patients, including corporate manslaughter.
- 2.5 The code applies to every part of the Primary Care Trust’s provider services and if any independent contractors are used, the Primary Care Trust must ensure that they have the correct procedures in place for patients, staff and visitors to ensure that they are protected from healthcare acquired infection.
- 2.6 New Statutory registration requirements were introduced in 2009 in which NHS organisations covered by the Code of Practice for the prevention and control of health care associated infections were required to declare

compliance with the Health and Social Care Act 2008 to the Health Care Commission (now the Care Quality Commission).

- 2.7 The new governing body is the Care Quality Commission and Devon Primary Care Trust had to declare its compliance by 6th February 2009. The Trust was awarded a certificate of compliance which can be found on the NHS Devon website, www.devonpct.nhs.uk

3. Infection Control arrangements

- 3.1 The Director of Infection Prevention and Control is Dr Virginia Pearson, the Director of Public Health, reporting directly to the board on matters pertaining to infection control.
- 3.2 Infection control specialist services are provided via Service Level Agreements to the NHS Devon provider arm, Devon Provider Services, by service level agreements with three specialist infection control teams:
- Royal Devon and Exeter NHS Foundation Trust
 - South Devon Healthcare NHS FoundationTrust
 - Plymouth Hospitals NHS Trust
- 3.3 NHS Devon's formal move to make its provider arm's-length from April 2009 has enabled the following enhancements to be made:
- Angela Edmunds, Assistant Director of Professional Practice, Devon Provider Services has been appointed as Shadow Director of Infection Prevention and Control
 - Governance arrangements for Infection Prevention and Control have been reviewed and new structures are in place (Appendix 1)
 - Monitoring and management of the Service Level Agreements in 3.2 is undertaken within the provider arm
- 3.4 The Patient Safety and Quality Scrutiny Committee is in place and provides the pathway to the Primary Care Trust Board and Provider Committee as detailed in Appendix 1.
- 3.5 The Devon Primary Care Tust Infection Control Committee met on 23rd July 2008, 16th October 2008, and 21st January 2009. The Infection Control Policy is attached at Appendix 2, the current Rolling Work Programme at Appendix 3, and the Actions to Reduce Health Care Acquired Infections 2008-09 at Appendix 4.
- 3.6 NHS Devon has a Service Level Agreement to cover arrangements with the Health Protection Agency.
- 3.7 Devon Provider Services had an interim Infection Control Lead during 2008-09. This role was fulfilled by Jane Barr.

- 3.8 Our patients receive care from many NHS organisations. The local NHS Trusts which serve Devon patients are:
- Royal Devon and Exeter NHS Foundation Trust
 - Northern Devon Healthcare NHS Trust
 - South Devon Healthcare NHS Foundation Trust
 - Plymouth Hospitals NHS Trust
 - Devon Partnership NHS Trust
 - South Western Ambulance Services NHS Trust
- 3.9 Services are also provided by primary and social care contractors.
- 3.10 All our commissioned services are monitored through their annual submissions to the Healthcare Commission and Care Quality Commission. Regular performance monitoring is achieved through, annual reports, outbreak monitoring, Patient Advice and Liaison Service, complaints and commendations, and reports from Patient and Public Involvement fora. Visits are also regularly made to independent contractors and providers by commissioners.
- 3.11 Devon Provider Services' shadow Director of Infection Prevention and Control Annual Report is included at Appendix 5.

4. Reports made to the Board

- 4.1 The Director of Infection Prevention Control is accountable directly to the Trust Chief Executive and reports to the Chief Executive and Trust Board.
- 4.2 The Infection Control Committee is a subcommittee of the Clinical Governance Committee/Patient Quality and Safety committee and has delegated authority for approval of policies and guidelines.
- 4.3 In line with the new NHS Devon structure the Infection Control Committee has become the Health Care Associated Infections Assurance Meeting as its role sits within the commissioning arm of the Primary Care Trust. This group reports to the Patient Quality and Safety Committee.
- 4.4 In addition to the formal committee arrangements, performance against infection control targets are discussed at each Board meeting.

5. Budget allocation to Infection Control

- 5.1 The service is funded on a rolling basis via Service Level Agreements with the three specialist providers. Additional requirements are funded through the operational framework.

6. Health Care Acquired Infection statistics

- 6.1 There are two types of infection control reporting – statutory and non-statutory.
- 6.2 Statutory reports are made to the Health Protection Agency. Some reports are made online monthly and others are quarterly.
- 6.3 In addition to these, the infection control teams conduct surveillance to monitor infections in several areas. These are only available at health care community level, not separately by acute trust and primary care trust.

Meticillin-Resistant Staphylococcus Aureus (MRSA) bacteraemias for each of the four healthcare communities in Devon

- 6.4 Staphylococcus aureus is a bacterium commonly found colonising humans. Although most people carry this organism harmlessly, it is capable of causing a wide range of infections, particularly skin infections such as boils, pustules and wound infections. In hospitals it can also cause surgical wound infections and bloodstream infections (known as a bacteraemia). MRSA can therefore be defined as colonising (present on the skin without causing infection); causing an infection, or as the cause of a bacteraemia.
- 6.5 Results are expressed by the Health Protection Agency as total episodes of Staphylococcus aureus bacteraemia, and Meticillin-Resistant Staphylococcus aureus (MRSA) bacteraemias. Rates of bacteraemias episodes per 10,000 bed days are also calculated and can be benchmarked against hospitals of similar size. This is important as larger hospitals will tend to have more complex patients, and more likely to admit patients with serious infections.
- 6.6 Table 1 illustrates the performance against national targets for NHS acute trusts in 2008-09.

Table 1: Cumulative Meticillin-Resistant Staphylococcus Aureus targets for 2008-09

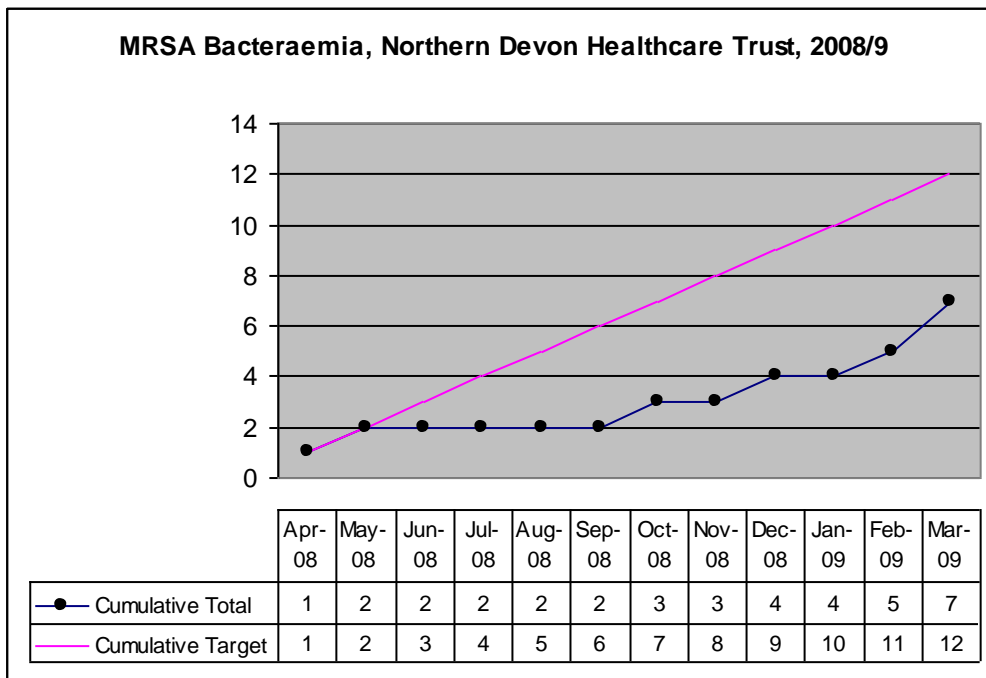
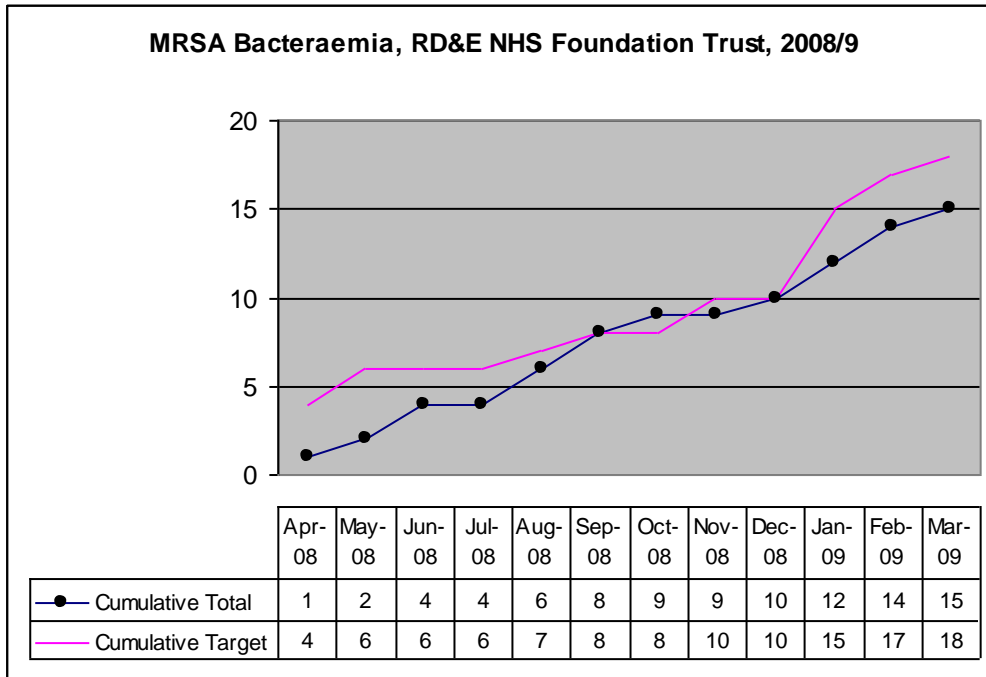
Month	Provider					
	Royal Devon & Exeter NHS Foundation Trust			Northern Devon Healthcare NHS Trust		
	Plan	Actual	Variance	Plan	Actual	Variance
Apr-08	4	1	-3	1	1	0
May-08	6	2	-4	2	2	0
Jun-08	6	4	-2	3	2	-1
Jul-08	6	4	-2	4	2	-2
Aug-08	7	6	-1	5	2	-3
Sep-08	8	8	0	6	2	-4
Oct-08	8	9	1	7	3	-4
Nov-08	10	9	-1	8	3	-5
Dec-08	10	10	0	9	4	-5
Jan-09	15	12	-3	10	4	-6
Feb-09	17	14	-3	11	5	-6
Mar-09	18	15	-3	12	7	-5

6.7 The information on MRSA targets performance are illustrated graphically in Figures 1-4. All four providers had detailed action plans in place to tackle MRSA in 2008-09 which were provided to NHS Devon. The following data is for the Trusts for whom Devon Primary Care Trust is the coordinating commissioner. Namely: Royal Devon and Exeter NHS Foundation Trust, Northern Devon Healthcare Trust, and Devon Provider Services.

6.8 Information for Plymouth Hospitals NHS Trust is available on their website <http://www.plymouthhospitals.nhs.uk>

Information for South Devon NHS Foundation Trust is available on their website <http://www.sdhct.nhs.uk>

Figures 1-2: MRSA Bacteraemias by month against target, 2008-09

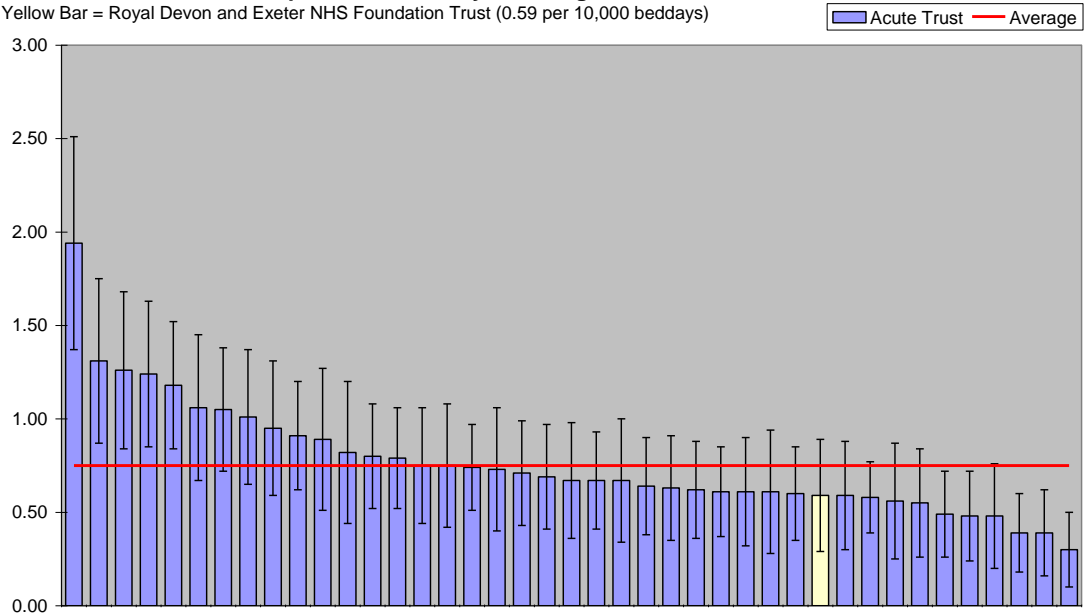


6.9 Figures 3-4 show performance benchmarked against similar size Acute Hospital Units across England. Neither of our two local providers was significantly different from the average in 2008-09.

Figures 3-4: MRSA Bacteraemias per 10,000 bed days, 2008-09

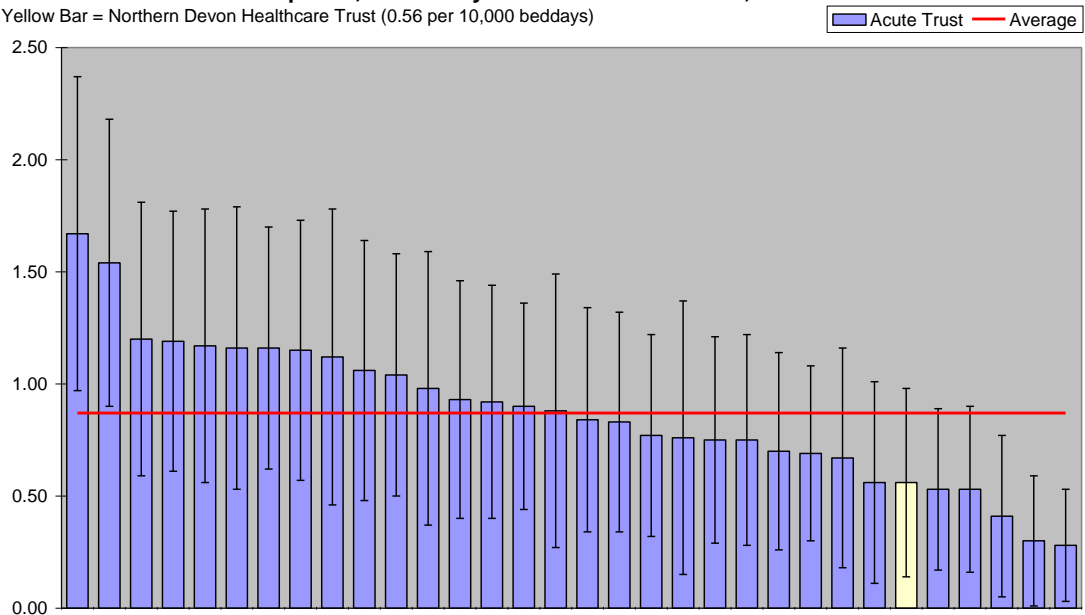
MRSA Bacteraemia Cases per 10,000 beddays for Large Acute Trusts, 2008/9

Yellow Bar = Royal Devon and Exeter NHS Foundation Trust (0.59 per 10,000 beddays)



MRSA Bacteraemia Cases per 10,000 beddays for Small Acute Trusts, 2008/9

Yellow Bar = Northern Devon Healthcare Trust (0.56 per 10,000 beddays)



Clostridium difficile infections for each of the four healthcare communities in Devon

6.10 Clostridium Difficile is a bacterium that may grow in the bowel and cause diarrhoea and colitis which can be life-threatening in the elderly. It is mainly a complication of antibiotic therapy and particularly affects the frail and elderly who have been prescribed broad-spectrum antibiotics. Prudent antibiotic prescribing both in primary care and in the wider community is an essential component of preventing Clostridium difficile.

6.11 Mandatory surveillance for infection in people over the age of 65 has been undertaken since 2004. "Episodes" are reported, which is one or more Clostridium difficile toxin positive stools in a 28-day period.

6.12 Table 2 shows the Cumulative Clostridium Difficile targets for 2008-09 rates in our main four communities during 2008-09.

Table 2: Cumulative Clostridium Difficile targets for 2008-09

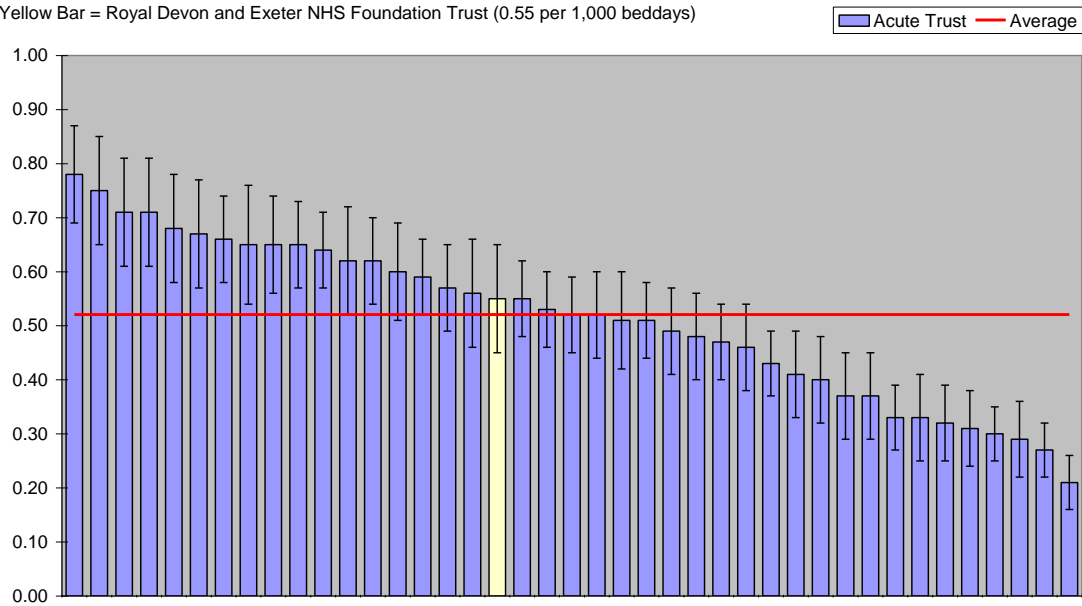
Month	Provider (acute trust attributable only)						Commissioner		
	Royal Devon & Exeter NHS Foundation Trust			Northern Devon Healthcare NHS Trust			South Devon Healthcare NHS Trust		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
Apr-08	15	17	2	7	8	1	52	56	4
May-08	26	27	1	13	14	1	106	101	-5
Jun-08	48	44	-4	19	17	-2	158	145	-13
Jul-08	66	67	1	26	21	-5	203	197	-6
Aug-08	82	80	-2	32	28	-4	248	236	-12
Sep-08	105	96	-9	38	31	-7	292	279	-13
Oct-08	122	106	-16	45	32	-13	335	313	-22
Nov-08	135	117	-18	51	34	-17	377	343	-34
Dec-08	155	125	-30	57	37	-20	420	371	-49
Jan-09	184	139	-45	64	40	-24	479	406	-73
Feb-09	204	147	-57	70	48	-22	532	438	-94
Mar-09	222	151	-71	77	53	-24	591	464	-127

6.13 Figures 5-6 illustrate performance benchmarked against similar size Acute Hospital Units across England. Of our two local providers, Northern Devon Healthcare Trust was significantly below average. Devon Primary Care Trust had a lower rate of infections per 10,000 population than the national average (Figure 7).

Figures 5-6: Acute trust attributable Clostridium Difficile Infections per 1,000 bed days for people aged 2 years and above, 2008-09

Trust Attributable C-Diff Cases per 1,000 beddays for Large Acute Trusts, 2008/9

Yellow Bar = Royal Devon and Exeter NHS Foundation Trust (0.55 per 1,000 beddays)



Trust Attributable C-Diff Cases per 1,000 beddays for Small Acute Trusts, 2008/9

Yellow Bar = Northern Devon Healthcare Trust (0.43 per 1,000 beddays)

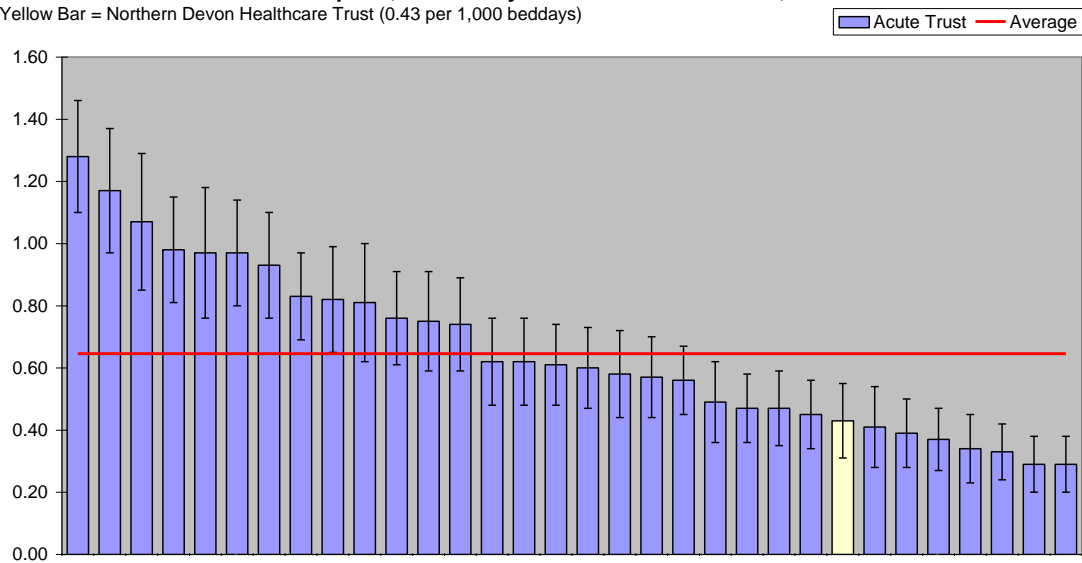
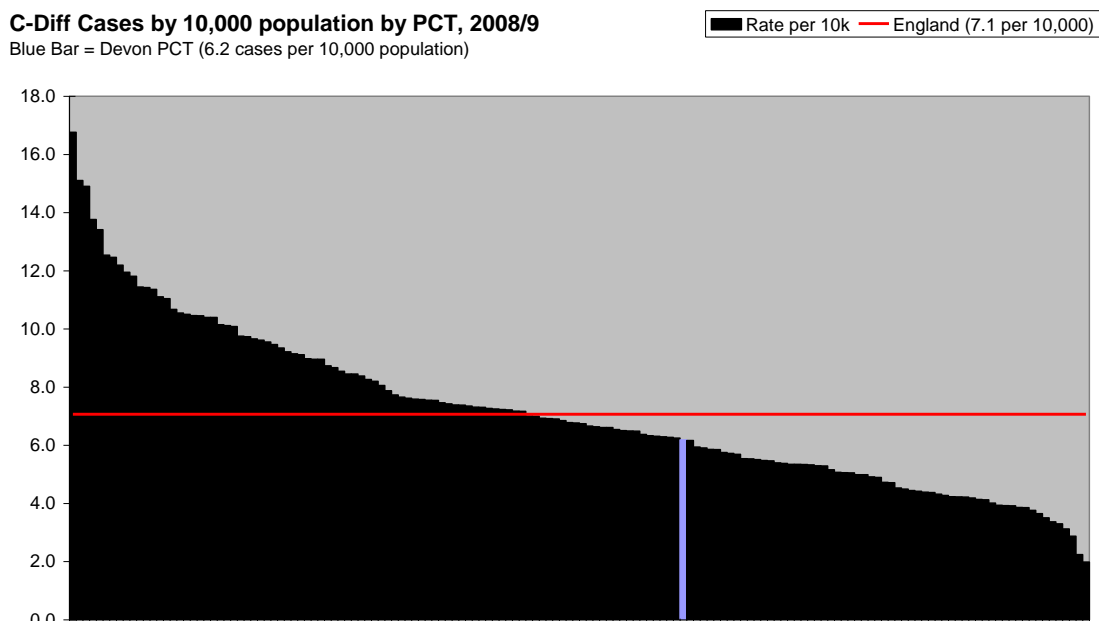


Figure 7: Clostridium Difficile Infections per 10,000 population for people aged 2 years and above, 2008-09



Glycopeptide Resistant Enterococcal Bacteraemia

6.14 Enterococci are bacteria that are normally found in the gut. Although enterococci are a common cause of urinary tract infections, they can occasionally cause serious infections such as endocarditis (inflammation of the internal heart muscle). In patients with intravascular lines (to allow frequent injections of medication directly into the bloodstream), enterococci may cause bacteraemia. Glycopeptide-resistant enterococci are resistant to important glycopeptide antibiotics such as vancomycin and teicoplanin. The actual number of cases is usually low. Table 3 shows the number of cases over the last five available years.

Table 3: Glycopeptide Resistant Enterococcal Bacteraemia, reports by year

Name of NHS Trust	Oct-03 to Sep-04	Oct-04 to Sep-05	Oct-05 to Sep-06	Oct-06 to Sep-07	Oct-07 to Sep-08
Northern Devon Healthcare NHS Trust	1	0	2	5	0
Plymouth Hospitals NHS Trust	6	9	13	17	11
Royal Devon and Exeter NHS Foundation Trust	2	4	3	6	6
South Devon Healthcare NHS Trust	0	1	1	5	0

7. Hand hygiene and aseptic no-touch protocols

- 7.1 One of the cornerstones of good infection control practice is ensuring that staff follow hand hygiene procedures. This includes ensuring staff have access to alcohol hand rubs in community hospitals and in the community.
- 7.2 Devon Provider Services undertook specific audits relating to hand hygiene, urinary catheterisation and surgical site infection, as noted in the quarterly board reports.
- 7.3 All the NHS Devon policies on infection control have been reviewed and adopted by Devon Provider Services and are available to staff electronically on the NHS Devon Intranet, Infopoint.
- 7.4 Clean and aseptic technique principles are provided as part of training and education of Primary Care Trust staff.
- 7.5 Infection Control training is provided to all staff as part of induction and mandatory update. Data on staff groups accessing infection control training is being audited via the Electronic Staff Record.
- 7.6 The Primary Care Trust continues with its work in implementing the national "Clean your hands campaign".

8. Decontamination

- 8.1 Decontamination in Primary Care remains a high priority for the NHS Devon and has been incorporated in the Quality Outcomes Framework for General Practice.
- 8.2 There have been areas of concern in the community hospital theatre systems and facilities, following which there has been a thorough assessment with a buildings and ventilation action plan addressed at the Devon Provider Services Infection Control Committee.

9. Cleaning services

- 9.1 Cleaning services are managed in house in some areas. All Devon Primary Care Trust community hospitals participate in Patient Environment Action Team (PEAT) inspections and perform well. Results for 2009 are included in the Devon Provider Services Annual Report.

10. Training and education

- 10.1 Infection control is included as part of the mandatory training programme for NHS Devon staff through induction and updating processes. Information on a range of topics is delivered to staff, including nurses, health care assistants and housekeeping staff.

- 10.2 Changes in guidance or policy are cascaded to all staff as appropriate.
- 10.3 One Modern Matron in each area has lead responsibility for infection control.

Dr Virginia Pearson
DIRECTOR OF INFECTION PREVENTION AND CONTROL

Appendices

- Appendix 1: Governance Arrangements for Infection Control
- Appendix 2: Devon Primary Care Trust Infection Control Policy
- Appendix 3: Rolling Work Programme
- Appendix 4: Actions to reduce Health Care Acquired Infections 2008-09
- Appendix 5: Devon Provider Services shadow Director of Infection Prevention and Control Annual Report

Governance Arrangements for Infection Control

1. Introduction

- 1.1 The governance arrangements to bring together the aims and actions NHS Devon has agreed to adopt to ensure its services provided and commissioned are delivering clean, safe care. Reducing infections saves lives, is a national priority and is a top priority for the NHS Devon board.

2. The Assurance Framework

- 2.1 The Trust will ensure that reports on Trust-wide performance informs the clinical and corporate governance structures to ensure accountability. The Trust Board will receive regular data with clear action plans with review and completion dates. The Health Care Associated Infection Assurance Group reports to the Patient Safety and Quality Scrutiny Committee. The reports will include:
- key performance indicators
 - compliance monitoring at Trust level and, where appropriate, unit level
 - Root Cause Analysis to be used as a learning and prevention tool
- 2.2 Information on all of these areas will be shared across the Trust as a means of celebrating and promoting good practice and sharing learning.
- 2.3 Clinical areas have infection control scorecards identifying where action is needed and improvements that are made. These scorecards are available for staff, patients and public to provide assurance and demonstrate that the Trust places Infection Prevention and Control central to its activity.
- 2.4 The Trust will identify risks and mitigating actions will be put in place. Actions will be reviewed at the appropriate meeting and updated to reflect new objectives and additional risks. The governance structure is outlined in the following flow chart on the following page.

- 2.5 The terms of reference and membership of the Root Cause Analysis Group and the Health Care Associated Infection Assurance Group are given at Annexes A and B respectively.

3. Learning from others

- 3.1 NHS Devon is a large and diverse Trust encompassing care and services in many settings with a wide range of partner organisations. The challenge of sharing learning and disseminating good practice will involve many methods. Key to this will be the Learning and Development directorate who have the central role in the delivery and monitoring of infection control and prevention training. Individual clinicians and professional leads should also be supported to share actions and achievements within their area across the Trust. Information and best practice innovation locally and nationally will help the Trust achieve its aims in Infection Prevention and Control.

Commissioner

Provider

NHS Devon Board

Patient Safety & Quality Scrutiny Committee

Healthcare Associated Infections Assurance Group
Chair: Director of Infection Prevention and Control

Root Cause Analysis Group (Commissioner)

- Infection Control Issues
- Strategy
- Key Performance Indicators
- Root Cause Analysis
- Outbreaks
- Risk Register Entries

Authority vested in Chair to convene clinicians and investigator group. To complete Root Cause Analysis within 5 days

Provider Patient Safety & Quality Scrutiny Committee

Delivery Management Team

Professional Council

Infection Control Committee

• Operational

Chair: Shadow Director of Infection Prevention and Control (Provider)

Decontamination Group

Clean Hospital Group

Root Cause Analysis Group (Provider)

Terms of Reference of the Infection Control Root Cause Analysis Group

1. Terms of Reference

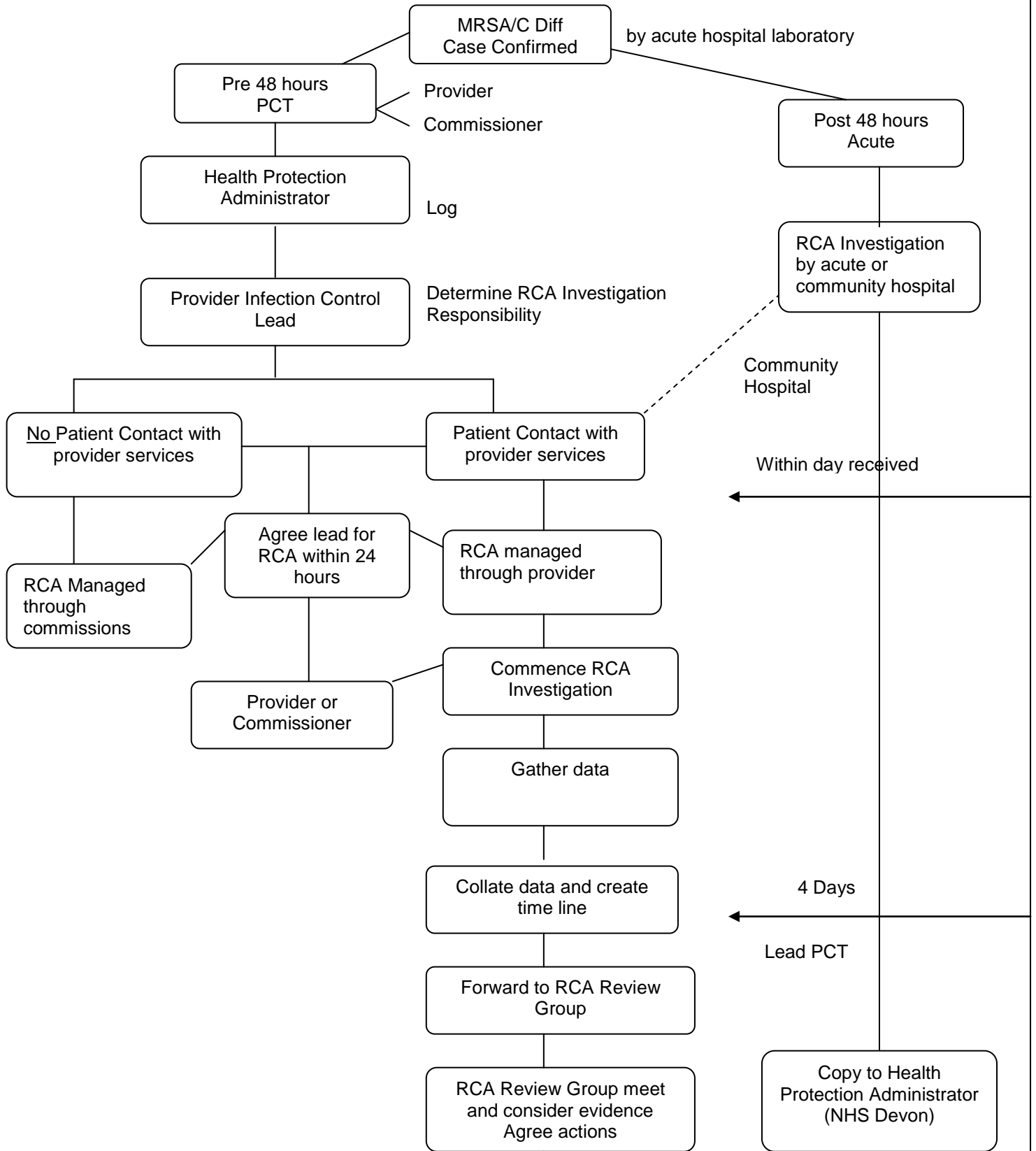
- 1.1 This group is a subgroup of the Infection Control Committee.
- 1.2 The purpose of this group is to undertake Root Cause Analysis of MRSA and Clostridium Difficile.
- 1.3 The group will meet and undertake the analysis within five days of the infection report to achieve the Department of Health timeframe for reporting. the Root Cause Analysis Algorithm on page 17 outlines the process for these.
- 1.4 The reports and action plans will be communicated to:
 - the Strategic Health Authority
 - the quarterly Infection Control Review meeting
 - the clinical team involved
 - the Clinical Governance and Patient Safety Committee

2. Membership

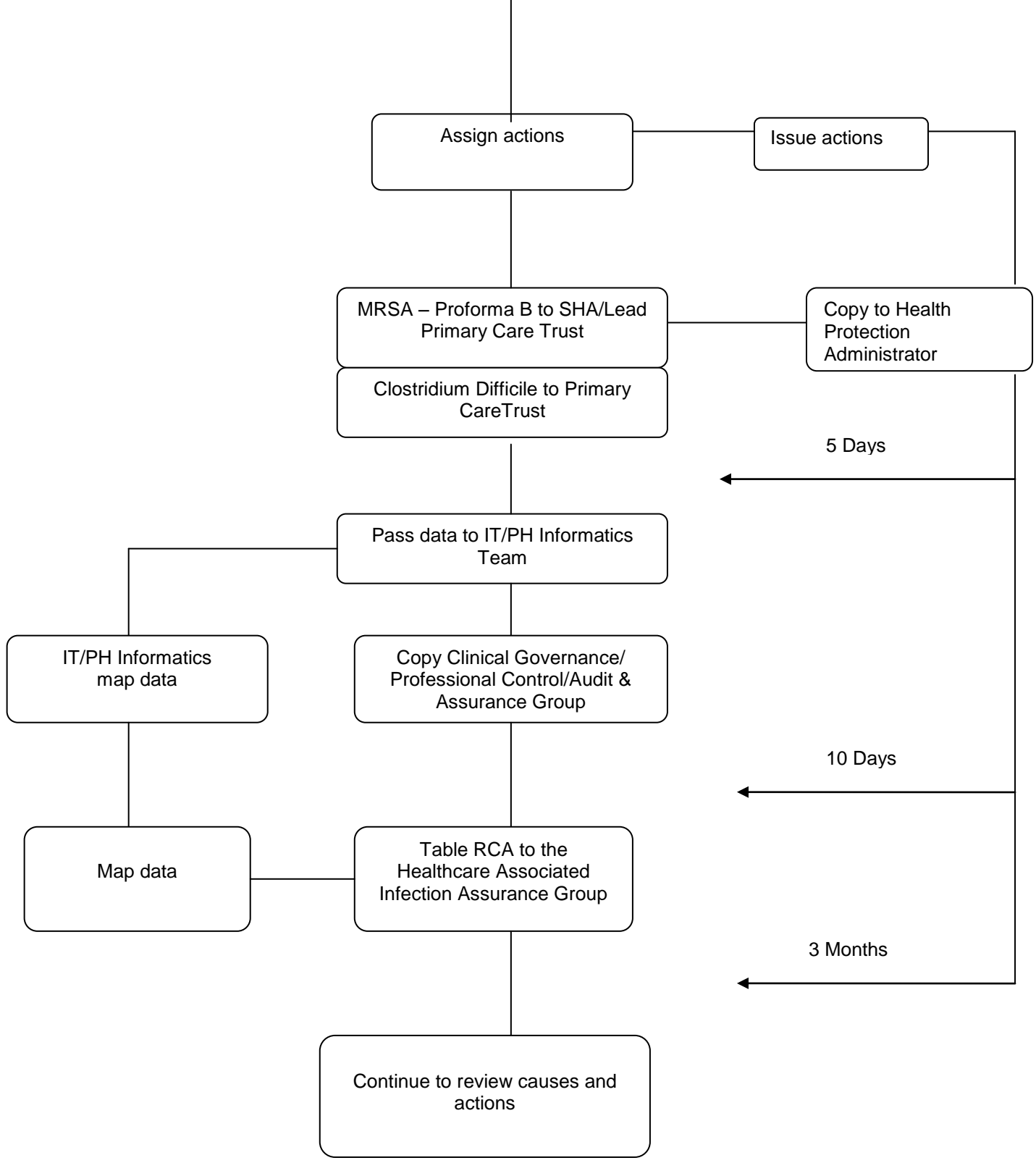
- Chair, who is the Clinical Governance Manager with the Infection Control Portfolio or Head of Health Protection
- Health Protection Manager
- Health Protection Nurse
- Infection Control Doctor
- General Practitioner
- Specialist Infection Control Nurse
- Modern Matron hospital or community
- Administrator

Root Cause Analysis Investigation Algorithm

Time Line



Continues on page 18



Health Care Associated Infections Assurance Group

1. Terms of Reference

- 1.1 This group is a subgroup of the Patient Safety and Quality Scrutiny Committee.
- 1.2 The meeting will be held quarterly.
- 1.3 The aim of the meeting is to provide assurance to the Trust that the appropriate reporting and investigation has been undertaken and action taken.
- 1.4 The purpose of the meeting is to review infection control issues and Route Cause Analyses across Devon Primary Care Trust area (from a Commissioner perspective) and to monitor agreed action plans.

2. Membership

- Director of Infection Prevention and Control (Commissioner) – Chair
- Shadow Director of Infection Prevention and Control (Provider)
- Infection Control Doctor
- Head of Health Protection
- Health Protection Manager
- Specialist Infection Prevention and Control service provider representatives from the four acute trust providers
- Health Protection Nurse
- Assistant Director Patient Safety and Quality
- Assistant Director Provider Development - Primary Care
- Medicines Management representative
- Head of Health Care Her Majesty's Prison Service Devon Cluster
- Local Medical Committee representative
- Health Protection Agency representative
- Devon Doctors out of hours service provider representative

- Head of Estates Management
- Independent Care Homes Sector representative
- Invitees as appropriate

APPENDIX 2

IC 01a INFECTION CONTROL POLICY

Document Status: Approved

Version: V2

DOCUMENT CHANGE HISTORY

Version Date Comments (i.e. viewed, or reviewed, amended, approved by person or committee)

V1 Draft 21.06.07 Infection Control Committee

V1 Reviewed 23.07.07 Reviewed by Lead Infection Control Nurse group

V2 Approved 31.07.07 Infection Control Committee

V2 Reviewed 21.01.09 Infection Control Committee

Authors: Judy Potter on behalf of Devon Primary Care Trust - Infection Control Committee

Document Reference:

Available via Trust InfoPoint

Review Date of approved document:

November 2011

Devon PCT has made every effort to ensure this policy does not have the effect of discriminating, directly or indirectly, against employees, patients, contractors or visitors on grounds of race, colour, age, nationality, ethnic (or national) origin, sex, sexual orientation, marital status, religious belief or disability. This policy will apply equally to full and part time employees. All Devon PCT policies can be provided in large print or Braille formats if requested, and language line interpreter services are available to individuals of different nationalities who require them.

Infection Control Policy

1. Introduction

1.1 Under the Health Act 2006, the Code of Practice for the Control and Prevention of

Health Care Associated Infection¹ requires all Trusts to have clear arrangements for the effective prevention, detection and control of healthcare associated infection, including the procedures to be taken in the event of an outbreak of infection.

Previous arrangements outlined in a series of national guidance documents and reports (Department of Health (DH) /Public Health laboratory Service (PHLS), 1995; DH, 2002; DH, 2003; DH, 2004a; DH, 2005; DH, 2006) have formed the basis for 'the Code' and are also reflected in this policy document.

2. Scope

2.1 This policy applies to all healthcare personnel within the Devon Primary Care Trust:

2.2 It also applies to private contractors working on Trust premises, including GPs in Community Hospitals, locum and agency staff and volunteers.

3. Aim and objectives

Aim

3.1 This policy will ensure that:

3.1.1 Responsibility for infection control is embedded at all levels of the organisation

3.1.2 Effective arrangements are in place for the provision of a full infection control service including policy production, surveillance, education and training, and audit led by an Infection Control Team. (ICT)

3.1.3 Infection control advice is provided by a suitably qualified and resourced team, which includes an Infection Control Doctor and Infection Control Nurse, with administrative and information technology support.

3.1.4 The Infection Control Team is supported by an adequately resourced and staffed microbiology laboratory capable of promptly processing and reporting results on specimens sent for investigation.

3.1.5 A multi-professional Infection Control Committee is in place to advise and support the ICT.

3.1.6 All healthcare personnel working within the scope of this policy are aware of the rationale and responsibility to maintain high standards of infection control at all times. That all staff undertake annual infection control training within the mandatory training requirements of the Trust.

Objectives

3.2 To reduce healthcare associated infection by providing the highest possible standards of infection control management within the limitations of available resources.

3.3 To provide locally adapted guidelines as statements of good practice based on systematic review of research and other evidence.

3.4 To generate infection surveillance data and feedback results to relevant parties in order to reduce mortality and morbidity and improve the quality of care.

3.5 To audit practice in relation to infection control policies and protocols and disseminate findings to appropriate groups.

3.6 To ensure an ongoing education programme, tailored to meet the needs of individual groups of staff, is available for all personnel.

4. Responsibilities

4.1 The Trust Board, via the Chief Executive, are responsible for:

- Ensuring there are effective and adequately resourced arrangements for infection control within the organisation.
- Identifying a board level lead for infection control.
- Ensuring that the role and functions of the Director of Infection Prevention and Control are satisfactorily fulfilled by appropriate and competent persons as defined by DH, (2004b)
- Approving the infection control annual programme and receiving the DIPC's annual report.

4.1.1 Ensuring that appropriate systems are in place for:

- reviewing reports and statistics on the incidence of alert organisms (e.g. MRSA, *Clostridium difficile*) and conditions, outbreaks and Serious Untoward Incidents
- ensuring that clinical responsibility for infection prevention and control is effectively devolved to:
 - All professional clinical groups in the Trust
 - Clinical specialties and directorates and, where appropriate,

support directorates and other similar units.

4.2 The Director of Infection Prevention and Control will:

- Oversee local control of infection policies and their implementation.
- Be responsible for the Infection Control Team within the healthcare organisation.
- Report directly to the Chief Executive and the Board and not through any other officer.
- Challenge inappropriate clinical hygiene practice as well as antibiotic prescribing decisions.
- Assess the impact of all existing and new policies and plans on infection and make recommendations for change.
- Be an integral member of the organisation's clinical governance and patient safety teams and structures
- Produce an annual report on the state of healthcare associated infection in the organisation(s) for which he/she is responsible and release it publicly.

4.3 The Infection Control Team is responsible for:

- Ensuring advice on infection control is available on a 24-hour basis.
- Formulating an annual infection control programme in full consultation with the Infection Control Committee (ICC), health professionals and senior managers. The programme will include surveillance of infection and audit of the implementation of and compliance with selected policies.
- In liaison with other relevant staff preparing, reviewing and updating evidence based policies and guidelines in line with relevant Department of Health notifications and/or national guidelines. When available and applicable.
- Identifying and controlling outbreaks in collaboration with the Consultant for Communicable Disease Control and outbreak control group as appropriate.
- Ensuring the provision of education to all grades of staff working within the scope of this policy.
- Liaising with the Occupational Health Department, Consultant in Communicable Disease Control, the Health Protection Agency and other external services or agencies where applicable.

4.4 Responsibilities of the Infection Control Committee include:

- Advising and supporting the ICT;
- Drawing to the attention of the Chief Executive, either through the DIPC or, if necessary, directly, any serious problems or hazards relating to infection control;
- Considering reports on infections and infection control problems;
- Discussing and endorsing a plan for the management of outbreaks in the Trust and monitoring its implementation;

- Discussion and endorsement of a plan for the Trust's response to major outbreaks in the community – the Major Incident (outbreak) Plan – and monitoring of its implementation;
- Collaborating with the ICT to develop the annual infection control programme, monitor its progress, assist in its effective implementation and review the annual report;
- Providing advice regarding the most effective use of resources available for implementation of the programme and for contingency requirements;
- Advising on and approving all infection control policies before their submission to the Chief Executive for approval, and review of their implementation;
- Promoting and facilitating the education of all grades of staff in infection control procedures

4.5 Healthcare Personnel

4.5.1 All healthcare staff have a duty to act on and report at the earliest opportunity conditions or incidents that may be deemed infectious to others e.g. communicable/notifiable diseases and resistant organisms.

4.5.2 All healthcare staff are required to adhere to the policies, guidelines and procedures pertaining to the prevention and control of healthcare associated infection which provide a framework for safe and best practice

4.5.3 These guidelines are based on the recommendations of recognised national organisations/bodies including:

Department of Health

Infection Control Nurses' Association

NHS Estates

Health Protection Agency

Health & Safety Commission

Royal College of Nursing

Health & Safety Executive

Association of Medical Microbiologists

Hospital Infection Society

National Patient Safety Agency

National Audit Office

Handwashing Liaison Group

Medicines & Healthcare Products Regulatory Agency (Formerly MDA)

5. References:

- DH (2003) *Winning ways. Working together to reduce Healthcare Associated Infection in England*. Report from the Chief Medical officer. London. DH. Available at <http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPAmpGBrowsableDocument/fs/en?CONTENT_ID=4095070&chk=J9Gyqw> Accessed 21/01/07.
- DH (2004a). *Towards cleaner hospitals and lower rates of infection: A summary of action*. London: DH. Available at: <http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/HealthcareAcquiredInfection/HealthcareAcquiredGeneralInformation/fs/en> Accessed on 21/01/07.
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APPENDIX 3

ROLLING WORK PROGRAMME

	Recommended Action	Objective	Steps to achieve action	Named Lead	Time frame	Status RAG
	Governance					
1	Governance arrangements in place	Establish Devon Primary Care Trust Infection Control Committee	Terms of Reference agreed 31 st July 2007. Review membership	Director of Infection Prevention and Control	31.03.07	Green
2	Develop an Infection Prevention and Control strategy that spans commissioning providing leadership across the health economy. This should include clear outcome measures and be approved by the Board	To ensure a coherent and systematic approach to Infection Prevention and Control across all areas of the Primary Care Trust's responsibilities and to position Infection Prevention and Control within the broader patient safety agenda	Develop a draft strategy to be agreed by the Infection Control Committee Present to Board with clear lines of accountability	Head of Health Protection Assistant Director of Professional Practice	December 2008	Green
3	Inclusion of infection control responsibilities in job descriptions	All job descriptions to include promotion of infection control and compliance with the Code of Practice	Audit job descriptions. Discussion with Director of Human Resources. Liaison with Judy Potter re the wording used in Partnership Trust job descriptions	All Directors / Director of Human Resources	30.11.07	Green

4	Ensure Infection Prevention and Control is a standing item on the Professional Executive Committee	To fully engage the Professional Executive Committee and establish a higher profile for Infection Prevention and Control within the Professional Executive Committee	Agree format and frequency of reports to the Professional Executive Committee	Director of Infection Prevention and Control Commissioning and Provider	September 2008	Green
5	Develop a training session for the Board (targeted at Non Executive Directors) on the Primary Care Trust Infection Prevention and Control responsibilities and covering specific Infection Prevention and Control issues around MRSA and CDI	Ensure the Board knows what information to ask for and what action to take to fulfil its Infection Prevention and Control responsibilities, and that it has the knowledge to challenge	Working group to meet to develop and deliver session. Learning and Development to get sign off from Deliver education on Infection Control to the Board and Professional Executive Committee. Identify leads for Infection Prevention and Control within the Board and the Professional Executive Committee. Director of Infection of Prevention and Control	Learning and Development Director of Infection of Prevention and Control	December 2008	Green
6	Reports to Primary Care Trust Board	To ensure the Board have the information to challenge performance issues and support developments to reduce risk and improve care	Review the present reporting systems and ensure they are for purpose	Board Nurse/Assistant Director Patient Safety and Quality	December 2008	Green

7	Engagement in Practice Based Commissioning and tenders for services	To reduce risk within Independent Sector	Engage contracts team and Practice Based Commissioning directorate with Infection Prevention and Control across commissioning and provider arm	Board Nurse/Assistant Director Patient Safety and Quality Head of health protection	December 2008	Green
8	Disseminate the weekly community hospital reporting of infections with Practice Based Commissioning steering group and the Cluster management team	To engage the Practice Based Commissioning steering group and the Cluster management in challenging poor practice in primary care and community care	To review the reporting format. To identify leads. Engage the Clinical Governance , Patient Safety and Assurance groups	Assistant Director of Professional Practice	September 2008	Green
9	Communicate performance against targets for CDI and MRSA for all commissioned services	To engage all Practice Based Commissioning and Cluster teams in challenging poor practice and to learn from Root Cause Analyses	Share performance reports within the PCT. Agree review of the Root Cause Analyses undertaken	Head of Health Protection Assistant Director of Professional Practice	September 2008	Green
10	Map all committees with any Infection Prevention and Control responsibility, their relationships to each other and the reporting and responsibility structure	To ensure clarity around the roles and responsibilities. To clarify accountability lines. Ensure the committees are clear of the Primary Care Trust and Board expectations	Map all groups in the commissioning and the providing arm. Ensure Infection Prevention and Control and accountability is	Assistant Director of Professional Practice Head of Health Protection	October 2008	Green

			clearly reflected in the Terms of Reference			
11	Identify all General Practitioner forums that could be used for Infection Prevention and Control discussions and opportunities for these	Engage General Practitioner's in Infection Prevention and Control discussions to raise awareness and standards of practice (eg. use of Essential Steps)	Identify lead General Practitioner to champion this. Develop and present a learning package on Essential Steps for Devon Local Medical Council	Head of Health Protection Local Medical Committee representative	October 2008	Green
12	Develop a formalised self declaration for General Practitioners and Independent Practitioners	To raise Infection Prevention and Control standards in primary care	Develop agreed audit with Practice Based Commissioning Team, Practice Manager Team and Local Medical Council	Head of Health Protection	October 2008	Green
	Prescribing					
13	Amend all formularies regarding Ciprofloxacin	Significantly reduce the usage of Ciprofloxacin (known impact on CDI)	Audit formularies. Agree amendments. Disseminate information within Primary Care	Accountable Officer (Controlled Drugs) and Assistant Director Medicines Management	October 2008	Green

14	Ensure the PCT Medicines management team has specific objectives around IP&C (especially in their work with Primary Care and Long Term Conditions)	To link in the experience and skill of this team into the Infection Prevention and Control agenda and to ensure up to date knowledge of best practice	Develop regular input for this team in Root Cause Analysis Review. Increase engagement with the prescribing team and the community clusters	Assistant Director of Prescribing Management	October 2008	Green
	Performance					
15	Agree monthly Health Care Associated Infections Key Performance Indicator's as a commissioner with all main providers to include the provider arm. These are to include compliance levels for hand washing, uniform policy (bare below the elbows), care bundles (line and wound care) etc	To allow the Primary Care Trust to proactively identify areas of clinical risk with providers and take preventative action. This information should provide the Board with monthly assurance of the quality of care being commissioned. This data should be requested by the Patient Safety and Clinical Governance committee	Review the monitoring and standards agreed by our partner acute Trusts. Develop clear performance score card and education for this	Task and Finish Group	December 2008	Green
16	Contracts team to communicate details of contractual agreements on with main providers on CDI and MRSA (including how penalties may work) with Director of Infection Prevention and Control	The Director of Infection Protection of Control needs to be engaged in any discussions on setting limits/targets and penalties	Identify existing contracts Identify agreed targets and penalties Initiate discussion on contracts for 09/10	Board Nurse/Assistant Director Patient Safety and Quality	September 2008	Green

17	Review the current Infection Prevention and Control support from local Trusts and formalise these into Service Level Agreements. Identify gaps in the provision and supplement these	To develop a coherent and consistent Infection Prevention and Control approach across the Primary Care Trust using formalised Service Level Agreements with different providers to drive consistency of advice /policies	Revisit the Service Level Agreement agreed and developed by the Infection Control Committee. Work with the contracts team, provider arm and commissioning to agree this provision	Assistant Director of Professional Practice Director of Provider Development	December 2008	Green
18	Analyse last years MRSA and CDI Root Cause Analysis data to identify, source origin and trends and communicate these to Provider, Practice Based Commissioning and contracts team	To enable clinicians and managers to effectively target on hot spot areas. Data should support the targeted work the Primary Care Trust is doing around care homes	Collect and collate the data. Agree groups to receive the reports. Identify actions from action plans and monitor these.	Head of Health Protection	September 2008 and on going	Green
	Operational					
19	Review the service from the acute providers and balance against the Trust appointing a Director of Infection Prevention and Control. For both provider and commissioner	To ensure the Primary Care Trust provider arm has the necessary leadership to take this rapidly growing agenda forward over the next 2-3 years and that the Primary Care Trust commissioning function is supported with effective and timely Infection Prevention and Control advice.	DIPC to meet with Interim Director of Professional Practice	Director of Infection Prevention and Control Assistant Director of Professional Practice	October 2008	Green

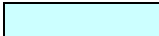

20	Occupational Health provision for Devon Primary Care Trust	Support development of appropriate access to Occupational Health across the Primary Care Trust with Policies on Immunisation and Incidents	Audit current arrangements and policies. Support Human Resources to develop a single standard for these issues across Devon primary Care Trust. Working group has been formed to review Human Resources issues	Head of Health Protection	31.09.07	Green
21	Develop a detailed plan to ensure the roll out of Essential Steps with community nurses. This plan should include competency testing against the care bundles and follow audits	To ensure all clinical staff have adopted best practice so that any avoidable cases of MRSA CDI do not occur	Engage with Matrons and Infection Control specialist services to develop a clear education and audit plan	Assistant Director of Professional Practice Interim Lead for Control of Infection	October 2008	Green
22	To introduce the clean hands project	To enrol the Trust as an early implanter	Ongoing education and delivery of clean your hands campaign publicity and learning	Interim Lead for Control of Infection	30.03.08	Green
23	Ensure the induction and mandatory Infection Prevention and Control training sessions are based on best practice and all staff have received this training	Ensure all staff are aware of what is expected of them regarding Saving Lives and Essential Steps	Ensure Learning and Development are able to deliver data on uptake of Infection Prevention and Control training as a percentage of staff and as a monthly outcome	Head of Learning & Development / Specialist Infection Control Provider	October 2008	Green

24	Develop a specific training programme for MRSA for community matrons and other relevant staff	There is an opportunity with the appointments of the new matrons to drive the clinical quality agenda and to ensure all staff reporting to these matrons are reporting to these matrons are operating to best practice	As part of the new job descriptions to highlight the Infection Prevention and Control agenda and responsibility. Link in with the Key Performance Indicators agreed for Devon provider services	Learning and Development Assistant Director of Professional Practice	December 2008	Green
25	Identify revolving door patients and proactively manage their care , making specific links between the Long Term Conditions work and Infection Prevention and Control	To proactively manage the Infection Prevention and Control risks around more vulnerable patients. Linking in with Primary Care Trusts Long Term Condition work	Ensure Infection control is included in patient review. Link in Clostridium Difficile infection risk and drug regime. MRSA status	Community Matron Long Term Condition lead	December 2008 ongoing	Amber
26	Participation in national programmes relevant to Devon Primary Care Trust's commissioned and provided services	Enrol Devon Primary Care Trust in the national programme "Essential Steps to Safe, Clean care"	Devon Primary Care Trust enrolled in national programme. All Community hospitals supplied with the updated packs and Audit undertaken and supported by the specialist infection control team. Reports of Audit received by the Infection Control Committee	Interim Lead for Control of Infection	31.01.07	Green

27	Compliance with Statutory Code of Practice	Full audit to be undertaken from commissioning and provider perspective with action plans to be developed, including completing the “Essential Steps” self-assessment	All have now been visited, and given the national self-assessment tool for ‘Essential Steps’. Ongoing support and audit. Expected return of self-assessment by end of March Updated Self assessment audit sent to Strategic Health Authority end of August 2007 Internal audit undertaken April 2008	Interim Lead for Control of Infection	31.03.07	Green
28	Variance in policies and standard operating procedures	Undertake review of policies and practice, including independent contractors and all community staff	Agreed at Infection Control meeting 31.07.07 Agreed under devolved authority.14.11.07 For dissemination	Interim Lead for Control of Infection Infection control specialist team	31.06.07	Green
29	Patient environment	Any new development or involvement with Estates will include the involvement of Control of Infection from the commencement of the planning stage	Infection control linked into estate meetings. 31.07.07 agreement to receive minutes for information at both committees. Estates are part of	Director of Strategic Commissioning/Director of Provider Development / Director of Service Provision	15.03.07	Green

			Infection Control Meeting Director of Strategic Commissioning / Director of Provider Development / Director of Service Provision			
30	Improve patient environment and reduce infection	Replace carpets in identified areas to achieve effective cleaning	Areas identified and procurement commenced. Carpets replaced at Exmouth, Honiton and Tavistock Publicity under way. Press, staff newsletter and radio	Interim Lead for Infection Control Head of Health Protection	31.03.08	Green
31	Reduce Cross Contamination	Introduction of identifiable equipment for sole use in isolation rooms	Mapping of areas and equipment commenced, procurement and delivery of equipment planned for October	Interim Lead for Infection Control. Head of Health Protection	31.03.08	Green
32	Reduction in Health Care Acquired Infections	Produce and submit action plan as bid for allocation of monies.	Agree and complete bid. 21.08.07 confirmation that bid was successful received. Design delivery and audit plan for individual action areas.	Director of Infection Control / Head of Health Protection / Interim Lead for Infection Control Provider.	06.08.07	Green

33	Hand washing and hand hygiene	To raise awareness and increase work with visitors to National Health Service sites to take responsibility in supporting The reduction in Health Care Associated Infections	Work in partnership with Infection control specialist Royal Devon and Exeter Foundation Trust. Communication action plan underway	Head of Health Protection	31.03.08	Green
34	Implementation of the "Clean Hands Campaign" across the Primary Care Trust	Implementation of the National Programme within the Community Hospitals	Form working group, continuous planned audit Delivery of light boxes to locality areas / community hospitals	Interim Lead for Infection Control	31.03.08	Green
35	To impact on groups most at risk of and posing the most risk to Health Care Associated Infection Residents in Nursing and Care Homes	Provision of up to date accurate and appropriate information for staff, residents and visitors to Care Homes. In partnership with South Devon Health Care Foundation Trust	Planning and delivery group meeting September 2007. Care Homes identified.	Head of Health Protection	Phase 1 30.09.07	Green
36	To improve the identification and monitoring of CDI in the Primary Care setting	To initiate and deliver Root Cause Analysis training as a pilot in the South Devon practices for roll out across Devon Primary Care Trust	To be monitored by audit of request for testing for CDI in Primary Care. To develop shared learning from the Root Cause Analysis action plans	Head of Health Protection South Devon Healthcare Foundation Trust	30.09.07	Green

 Commissioning
 Provider

Actions to Reduce Health Care Acquired Infections 2008-09

1. Background

- 1.1 Devon Primary Care Trust has, over the last 12 months, reviewed and adopted policies and procedures to ensure that Infection Prevention and Control remains central to the work of the Trust and the Independent Practitioners providing services in the Trust area.
- 1.2 Whilst the numbers of MRSA isolates and Clostridium difficile infections remain at a low level the Trust must set itself a target of:
 - no cases of MRSA bacteraemia developing within the community hospitals or in a Primary Care setting
 - no clusters of Clostridium difficile
- 1.3 All staff must adopt a zero tolerance approach to infection and especially to these infections.

2. Key areas for improvement

- 2.1 Communication between our Acute Service providers and the Trust needs to be clarified and expectations on both sides agreed.
- 2.2 Clinical leadership for infection prevention and control needs to be imbedded into the Provider Services directorate.
- 2.3 Improvements in mandatory and update training must be achieved.
- 2.4 Antibiotic prescribing and review must be adopted across the Devon Primary Care Trust area with communication of these guidelines to Primary Care.
- 2.5 Improvements in the use of clinical audit, root cause analyses and achievement of subsequent action plans to support an ethos of reflection and improvement.
- 2.6 Development and implementation of a universal MRSA screening programme for elective admissions with regard to patient flows.
- 2.7 Support for the national “Bare below the elbows, ‘Essential steps’, and “Clean your hands”, initiatives to be maintained embedded in the care we deliver
- 2.8 Compliance with the Hygiene Code 2006 (updated 2008) to be strengthened with audit and repeat audit of Independent Practitioners in the Trust area.

Devon Provider Services

**Infection Prevention and Control
Annual Report**

April 2008 – March 2009

Infection Prevention and Control Annual Report April 2008 – March 2009

1. Context

- 1.1 This is the report of the Interim Lead Nurse for Devon provider services for the period 2008-2009.
- 1.2 The purpose of this report is to inform the Patient Safety and Quality Committee, Provider Committee, staff, patients and the public of the work to ensure that we meet our statutory responsibilities under The Health Act 2006.

2. Key Issues

- 2.1 In November 2008, Devon Provider Services (DPS) appointed an Assistant Director of Professional Practice this post holder also held the position of “shadow” Director of Infection Prevention and Control (DIPC). This complemented the PCT Director of Infection Prevention and Control role and prepared for the separation of the organisation into its respective provider and commissioning responsibilities.
- 2.2 During this reporting year the organisation and management of DPS services practice was governed by The Health Act 2006: Code of Practice for the Prevention and Control of Healthcare Associated Infections. Managers of NHS organisations are required to meet the standards in this document in order to ensure that patients are cared for in a safe, clean environment, and minimise the risk of healthcare acquired infection.
- 2.3 The Code builds on the previous guidance including: Getting Ahead of the Curve, Winning Ways: Working Together to Reduce Healthcare Associated Infection in England, Towards Cleaner Hospitals and Lower Rates of Infection: A Summary of Action: A Summary of Action; Clean Safe Care-Reducing Infections and Saving Lives; Saving Lives: Reducing Infection, Delivering Clean and Safe Care and Essential Steps to Safe Clean Care: Reducing Healthcare-Associated Infections.
- 2.4 The introduction of the Care Quality Commission in April 2009 required the corporate PCT to meet registration requirements. Full registration was achieved with no conditions. The Health Act 2006 has now been superseded by the Health and Social Care Act 2008, which sets out how the CQC will monitor compliance with the statutory requirements of the registration related to Health Care Acquired Infection (HCAI).
- 2.5 The Code applies to every part of the provider service and any independent contractors that are used. There are robust procedures in place for patients, staff and visitors to ensure that they are protected from healthcare acquired infection

3. Infection Prevention and Control Arrangements

- 3.1 The PCT Director of Infection Prevention and Control is Dr Virginia Pearson reporting directly to the Board on matters pertaining to infection prevention and control. The “shadow “ Director of Infection Prevention and Control with specific responsibility for Devon Provider Services (DPS) is Ms Angela Edmunds, she reports to Professional Council, Delivery Management Team (DMT) and the PCT Infection Control Committee (PCT ICC) and Patient Safety and Scrutiny Committee.
- 3.2 Infection Prevention and Control specialist services are provided via Service Level Agreements from three specialist infection control teams.
- Plymouth Hospitals NHS Trust
 - Royal Devon and Exeter NHS Foundation trust
 - South Devon Healthcare\re NHS Foundation trust
- Progress against work plans has been monitored throughout the year.
- 3.3 The Primary Care Trust Infection Control Committee has met quarterly throughout this reporting year. The Terms of Reference are included in Annex A.
- 3.4 The formal sub committees of the PCT Infection Control Committee are the Decontamination Committee and the Cleaner Hospital Committee. Both of these are chaired by the provider services lead nurse and have met quarterly.
- 3.5 The Decontamination Committee has considered specific issues and detailed action planning related to dental, podiatry and surgical services.
- 3.6 The Cleaner Hospital meetings have allowed detailed discussion and action planning between hotel services and estates. This has ensured the appropriate infrastructure support to the frontline clinical services in reducing the risk of HCAI’s.

4. Governance Framework for Devon Provider Services

Please see Annex B attached.

- 4.1 The DIPC reports to the Board and the shadow “DIPC” to the Patient Safety and Scrutiny Committee as well as the internal structures illustrated above.
- 4.2 The lead nurse now provides a comprehensive dashboard of activity information for:-
- A weekly DMT report on HCAI’s and outbreaks
 - A monthly report to DMT, Professional Council and Community Hospital matrons on:-
 - HCAI’s, outbreak reports, hospital cleanliness and environmental audits and actions, hand hygiene through the Lewisham audit and Essential Steps toolkits, training information, update on the implementation of Clean Your Hands Campaign and then summaries and outcomes for the learning and action of any Root Cause Analysis that we undertake.
- 4.3 Two further audits of Devon provider infection prevention and control arrangements have taken place in this reporting year. These have been undertaken by Internal Audit in August 2008 and the Department of Health in July 2008. Action plans were produced as a result of both these visits and monitored through the PCT ICC. These

have now been subsumed into the DPS ICC compliance report against the Health Act 2006.

Please see Annex C see attached.

5. Budget Allocation

- 5.1** The specialist service continues to be funded through the Service Level Agreement process. The infrastructure costs for estates and hotel services are funded through their own budgets. Particular areas of worry or concern are the subject of capital bids or business cases to DMT. Funding has been made available for a nurse consultant/lead post in the new year. The financial pressures delayed the funding of this post and the associated risks were recoded on the PCT risk register.

6. Healthcare Acquired Infection Statistics

- 6.1** Reports are made weekly and monthly on all MRSA isolates, Bacteraemia, C. Difficile infections and viral gastroenteritis outbreaks within our community hospitals. Statutory reports are made at the time of occurrence to the Health Protection Agency.

6.2 MRSA isolates

Please see Annex D attached.

- 6.2.1** MRSA is a bacterium commonly found colonising humans. Most people carry this organism harmlessly, however for some inpatients that have had invasive procedures the risk of the organism causing a wound infection or blood borne infection increase and with that associated morbidity and mortality. Health care workers may transmit the bacterium between patients and this is why stringent hand hygiene procedures are required.

- 6.2.2** Meticillin Resistant Staphylococcus Aureus figures for the DPS community hospitals year show a very low number. For the last half of this reporting year an incidence below the control limit has been maintained.

6.3 MRSA Bacteraemia

Please see Annex E attached.

- 6.3.1** There has been one community hospital acquired Bacteraemia in this reporting period. This was reported on the SHA STEIS system and the subject of Root Cause Analysis involving the clinicians concerned and the specialist teams. Learning has been fed back within the provider structures of Professional Council and Matrons meetings.

- 6.3.2** There were two community acquired MRSA Bacteraemia during this period. Again, an RCA was undertaken and learning fed back via Professional Council and Community Nursing Team meetings.

- 6.3.3** Hand hygiene and ensuring awareness of previous MRSA status continue to be key themes emerging from the RCA's.

- 6.3.4** The Health protection Agency (HPA) has been involved and aware in all cases.

6.4 Clostridium Difficile (C.Difficile)

Please see Annex F attached.

- 6.4.1** C.Difficile is a bacterium that may grow in the bowel causing diarrhoea and in extreme cases colitis which can be life threatening in the elderly. It is mainly a complication of prescribing broad spectrum antibiotics; prudent prescribing policy within the agreed formulary has been reinforced throughout this year.
- 6.4.2** There have been a total of 48 C.Difficile cases contracted within 21 community hospitals across DPS throughout this reporting year. This figure shows a substantial reduction on last year's figures. All C.Difficile cases in the southern cluster are subject to RCA and again the learning shared throughout the provider service structures.
- 6.4.3** Key themes emerging from the RCA's continue to be the appropriate use of antibiotics for those with high risk factors and complex case presentations where differential diagnosis is difficult.
- 6.4.4** The DPS lead nurse attends cross healthcare community forums in South Devon and Plymouth to ensure learning across our organisational boundaries.

6.5 Viral Gastroenteritis

- 6.5.1** Whilst not strictly a Healthcare acquired Infection, the occurrence of and spread of viral gastroenteritis caused some disruption to services due to bed closures and staff sickness, reducing capacity even further.
- 6.5.2** There were 10 incidents of viral gastroenteritis that required formal closures of community hospital beds. These were reported through the Serious Untoward Incident system to ensure awareness across the healthcare community. Of the 10 closures, 4 were confirmed as being Norovirus positive.
- 6.5.3** Other partner healthcare organisations experienced very high levels of Norovirus infection and the incidence within the local community was also noted.

7. Hand Hygiene and Aseptic No Touch Techniques

Please see Annex G attached.

- 7.1** One of the key preventative actions in reducing HCAI is good hand hygiene practices for all healthcare staff. This includes the availability of alcohol rub and soap and water when and where it is needed to assist in preventing the spread of infection
- 7.2** The Lewisham Hand Hygiene tool has been used across the PCT and reinforced by link nurse training by the specialists for each hospital. These are completed monthly and submitted to the Matron. They are a standing part of the dashboard of indices.
- 7.3** The key messages for the national Clean Your Hands campaign have been reinforced with local events on National Clean Your Hands day, articles in staff papers, launching the new poster campaign and individual letters to all staff reminding them of their responsibilities to comply with the Bare Below The Elbows campaign which is enshrined in the Staff Uniform policy which was approved in January 2009.
- 7.4** The Essential Steps audit for other aspects of aseptic technique have been conducted in November 2008 and will be undertaken every six months.

- 7.5 An audit of practices within our operating theatres assured 100% compliance with NPSA clinical guideline 24, October 2008, Prevention and Treatment of Surgical Site Infection.
- 7.6 All Trust policies on infection prevention and control have been ratified for 2 years with effect from November 2008 to November 2010.
- 7.7 Infection Prevention and Control training, including hand hygiene practices has been part of the mandatory training, which has continued throughout the year for all staff.

8. Decontamination

- 8.1 The decontamination group has continued to meet throughout the year; it is chaired by the Lead Nurse and has reported directly to the Infection Control Committee. Terms of Reference attached – Annex H see attached.
- 8.2 During this reporting year, the podiatry service implemented its new service with single use instruments. It is now fully compliant for decontamination standards.
- 8.3 October 2008 saw the publication of Health Technical Memorandum 01-05, Decontamination in primary care dental practices. In February 2009, the dental service manager and specialist nurse undertook a joint audit of all our dental services and an action plan developed to ensure compliance with Best Practice.
- 8.4 The proposed transfer of theatre services to the Royal Devon and Exeter Foundation NHS Trust has resulted in a review of the decontamination facilities and instruments for endoscopy used in Tiverton and Axminster community hospitals. In conjunction with specialist's advice, a short-term action plan has been implemented to minimise the risks of continuing to perform the procedure. A longer-term plan to ensure complete compliance has now been agreed.

9. Cleaning Services and Structures

Please see Annex I attached.

- 9.1 The delivery of hotel services to DPS services has been redesigned so that Matrons line manage these staff. Expert help and guidance is available across the Trust to support the matrons. This complies with the Matrons Charter.
- 9.2 The Community Hospitals participated in the Clean Hospital audits and the PEAT audits. The actions from these two audits are discussed at the Clean Hospital meetings to ensure a priority action plan with the estates services. Infection prevention and control advice is included in all plans regarding refurbishment and upgrading of healthcare facilities.

10. Recommendations and Approval Sought

- 10.1 For the Committee to approve the report.

Author: Jane Barr

Title: Head of Professional Practice (Community Hospitals) and Infection Prevention and Control Lead

PROVIDER SERVICES INFECTION CONTROL COMMITTEE

Terms of Reference

FINAL VERSION – August 2009

1. Accountability and Reporting Arrangements

- 1.1 The Committee reports to the Director of Health and Social Care through the shadow DIPC and to the Board through the Patient Safety and Scrutiny Quality Committee of which the shadow Director of Infection Prevention and Control attends, as well as the Patient Safety & Quality Committee (Provider) and Commissioning HCAI Committee.

2. Purpose

- 2.1 The Infection Control Committee is the forum for consultation between the Infection Control Team and all other clinical services of Devon Provider Service.
- 2.2 The Committee agrees and endorses the Infection Control Annual Programme, which it also supports and monitors.

3. Membership

- 3.1
- Shadow Director of Infection Prevention and Control (Chair)
 - Infection Control Nurse Specialists, Torbay, RDE and Plymouth
 - Interim Lead Nurse/Nurse Consultant, Devon Provider Services
 - Medical Representative
 - Head of Professional Practice Community Hospitals
 - Head of Professional Practice Community Nursing
 - Hotel Services Manager
 - Medical Devices Lead
 - Head of Community Estates
 - Devon Provider Services Lead Pharmacist
 - Cluster Manager x 2 (1 x East and 1 x South)
 - Head of Therapy
 - Head of Podiatry
 - B Grade Matron rep

- Link Nurse rep x 2 (1 x East - Community and 1 x South - Hospitals)
- Infection Control Doctor
- Antimicrobial Pharmacist
- Children's Services Representative
- Clinical Manager of Tissue Viability

3.2 The Committee will review the membership of the Committee annually to ensure that it reflects the requirements of the Health Act 2006.

3.3 Individuals may be co-opted for specific projects.

4. A Quorum

4.1 A quorum will consist of not less than 5 members of the Committee with at least the following members present:

- The shadow Director of Infection Prevention and Control or there nominated deputy
- Head of Professional Practice Community Hospitals
- Head of Professional Practice Community Nursing
- One infection Control Nurse specialist

5. Frequency of Meetings

5.1 Meetings will be held monthly.

5.2 Extraordinary meetings may be called at the request of the shadow Director of Infection Prevention and/or the Director of Health and Social Care

6. Papers

6.1 These will be circulated one week prior to the meeting agenda items should be submitted two weeks before the meeting

6.2 The Performance report will be tabled at each meeting.

7. Duties and Responsibilities

7.1 Agree and monitor an annual programme of activity including surveillance, audit and education programmes which meets the Health Act 2006 and CQC standards including RCA's, Lewisham hand hygiene and Essential Steps.

7.2 Advise and support the Nurse Consultant on the most effective use of available resources in delivering an annual programme to include audit surveillance and

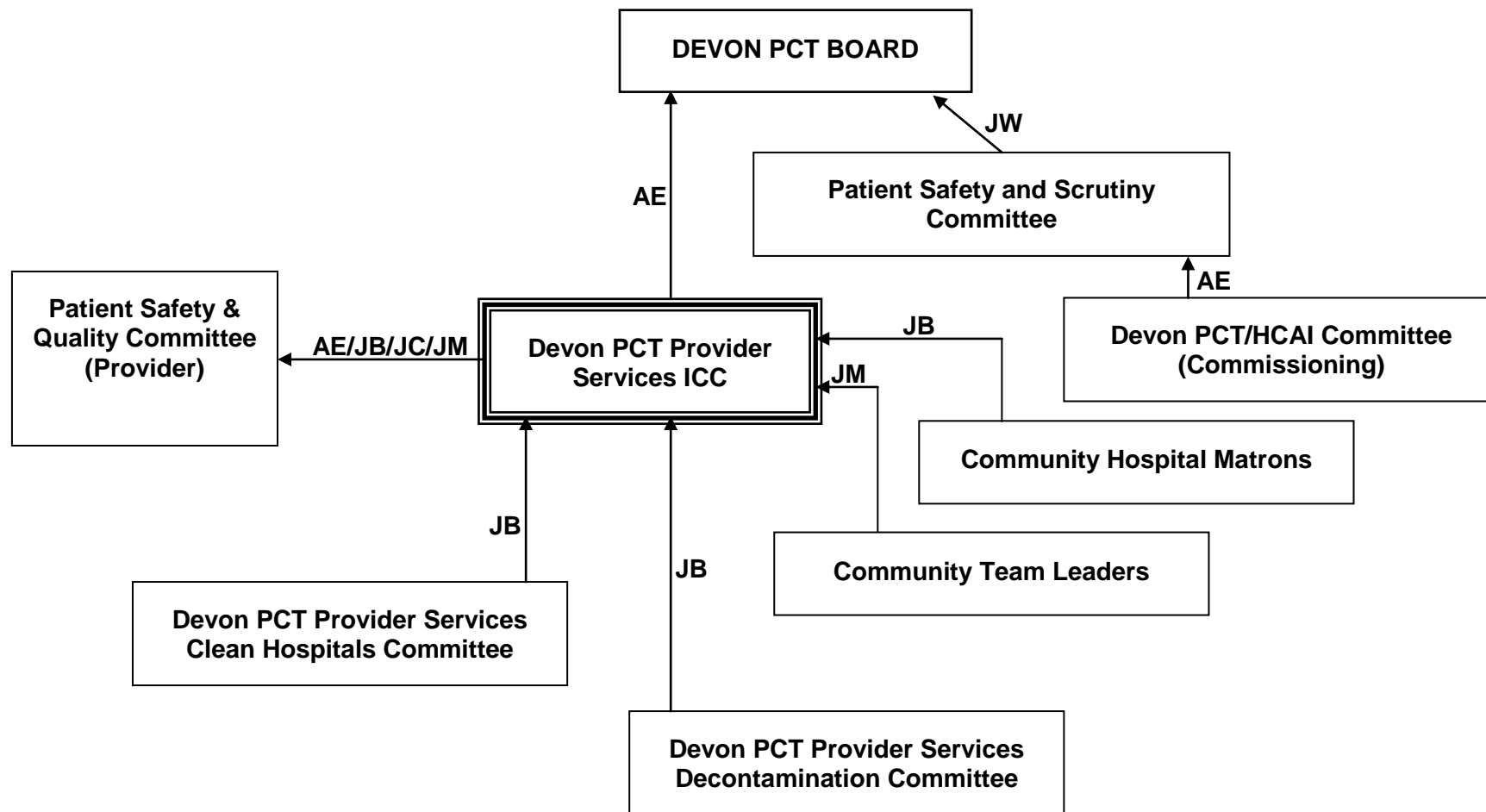
education.

- 7.3 Draw the attention of the Director of Health and Social Care to any serious problems or hazards relating to infection control.
- 7.4 Review reports on hospital acquired infection and infection control incidents/outbreaks.
- 7.5 Commission, approve and review policies for all aspects of infection control and monitor their implementation
- 7.6 Ensure that all relevant legislation, Health Service Guidelines etc is reviewed and that appropriate amendments/additions are made to local policies and procedures
- 7.7 Review the funding and resource implications of other infection control issues such as provision of adequate hospital facilities, accommodation and training and make appropriate recommendations to DMT.
- 7.8 Receive the shadow DIPC Annual Report in June each year.
- 7.9 Agree annual work programmes (RD&E, Torbay and Plymouth)
Monitor SLA's with acute providers quarterly

8. Review

- 8.1 The Infection Control Committee will review its Terms of Reference annually and make recommendations to the Governance Committee for any changes required to ensure that the Committee remains fit for purpose.

**DEVON PRIMARY CARE TRUST PROVIDER SERVICES
Infection Control Committee Governance Framework**



LEGEND		
JB = Jane Barr	AE = Angela Edmunds	JW = Jenny Winslade
JC = John Coop	JM = Julie Mitchell	

The Health and Social Care Act 2008: Code of Practice for the NHS on the Prevention and Control of Healthcare Associated Infections Action Plan - May 2009

Compliance criterion	Definition	Current status	Action required	By whom	Date	Comment	RAG
1	Have in place and operate effective management systems for the prevention and control of HCAI which are informed by risk assessments and analysis of infection incidents	Overall – judged as “partly meets” rather than “meets”. Compliant 1a, 1b, 1e, 1f. Compliant with “Risk Assessment” Compliant with “Directors of Infection Prevention and Control” Compliant with “Infection Control Programme” Compliant with “Movement of Patients”					A
c.	Appropriate management systems should include the mechanisms by which the board intends to ensure that sufficient resources are available to secure the effective prevention and control of HCAI. These should include implementing an appropriate assurance framework, infection control programme and infection control infrastructure and information systems.	Board is informed about resources through DIPC annual report which contains forward work programme. It was intended to strengthen the resource within the Provider arm with additional investment in a Nurse Consultant post and administrative capacity but these posts were delayed as part of the 2008-09 recovery programme.	Funding released by PCT for 2009-10.	Assistant Director of Professional Practice	June 2009		A
			Nurse consultant job description agreed and advertised.	Assistant Director of Professional Practice	June 2009	Interviews planned for May 2009. Interim arrangements in place since June 2008	G
d.	Appropriate management systems should include ensuring that relevant staff, contractors and other persons whose normal duties are directly or indirectly concerned with patient care receive suitable and sufficient information on, and training and supervision in, the measures required to prevent and control the risks of infection.	All staff groups receive comprehensive induction on infection prevention and control. Electronic staff record system needs to be audited. Currently assurance is not available regarding processes in place to ensure contractors fully comply with this requirement.	Assurance to be provided through new Bank and Agency SLA's on employment of locums through PASA approved agencies. Assurance given	Assistant Director of Professional Practice and Head of Learning and Development	June 2009	L&D database does not capture all training robustly. Manual trail of data underway.	A

Compliance criterion	Definition	Current status	Action required	By whom	Date	Comment	RAG
			regarding the provision of estates staff sub contractors being given and observing policy. L& D database to identify training numbers by staff group.				
g.	Appropriate management systems should include the designation of a decontamination lead.	Decontamination lead only formally designated part way through year by Provider. Decontamination committee now meeting formally and minutes submitted to Infection Control Committee.	Jane Barr, Infection Control Lead, is designated lead.		Completed.		G
Assurance framework	Activities to demonstrate that infection control is an integral part of clinical and corporate governance should include: Quarterly reporting to the Board by clinical directors and matrons (including nurses who do not hold the specific title of "matron" but who operate at a similar level of seniority and who have control over similar aspects of the patient or patient environment.	Board informed by DIPC of requirement of Provider Directorate matrons when Hygiene Code came into effect. Quarterly reports by Provider were not produced as required and there was delayed presentation of these reports to Board during 2008 as a consequence. .	Quarterly infection control report by Matrons must be received by Board.	Assistant Director of Professional Practice	February 2009 Completed	Regular quarterly reporting now in place	G
2.	Provide and maintain a clean and appropriate environment which facilitates the prevention and control of HCAI.	Overall – judged as “partly meets” rather than “meets”. Compliant 2b, 2c, 2g, 2h, 2i. Compliant with “Policies on the environment” – cleaning services; buildings and refurbishment, including air handling systems; healthcare waste management; pest control; management of potable and non-potable water supplies. Compliant with “Cleaning Services” Compliant with “Decontamination” Compliant with “Linen, laundry and Dress”					A

Compliance criterion	Definition	Current status	Action required	By whom	Date	Comment	RAG
a.	A provider should normally, with a view to minimising the risk of HCAI, ensure that it has policies for the environment to make provision for liaison between the members of the ICT and the persons with overall responsibility for facilities management.	Evidence from the Whipton review was that ICT were not involved until a formal request was made by the DIPC for this to occur (reference ICC minutes). ICT must always be involved in any environment or facilities issue.	HCAI Assurance Committee to review policy and ensure that this is explicit.	Assistant Director of Professional Practice	Completed	A one off commissioning piece of work is underway to review all in-patient clinical environments by the Infection Control Team to produce estates plan	G
d.	A provider should normally, with a view to minimising the risk of HCAI, ensure that Matrons have personal responsibility and accountability for delivering a safe and clean care environment and that the nurse in charge of any patient area has direct responsibility for ensuring that cleanliness standards are maintained throughout that shift.	Incorporated in job descriptions as part of staffing review and restructuring of roles during 2008. Matrons have key performance indicators (KPI) which clearly state role and expectations with regard to infection control.			Completed		G
e.	A provider should normally, with a view to minimising the risk of HCAI, ensure that all parts of the premises in which it provides healthcare are suitable for the purposes; are kept clean and maintained in good physical repair and condition.	PEAT scores were below threshold for two out of 21 community hospitals (Bovey Tracey and Ashburton Hospitals). As set out in declaration, plans in place to improve assessments during 2009-10. Additional concerns regarding lack of side room availability at Exmouth hospital.	Action plan for all community hospital sites falling below standard to HCAI Assurance Committee. Work fro Ashburton and Bovey Tracey completed	Assistant Director of Professional Practice	April 2009	Link to review of community hospitals (Assistant Director of Patient Safety and Quality). Exmouth Hospital creating alternative estates model – to be agreed. See 2a separately commissioned	G

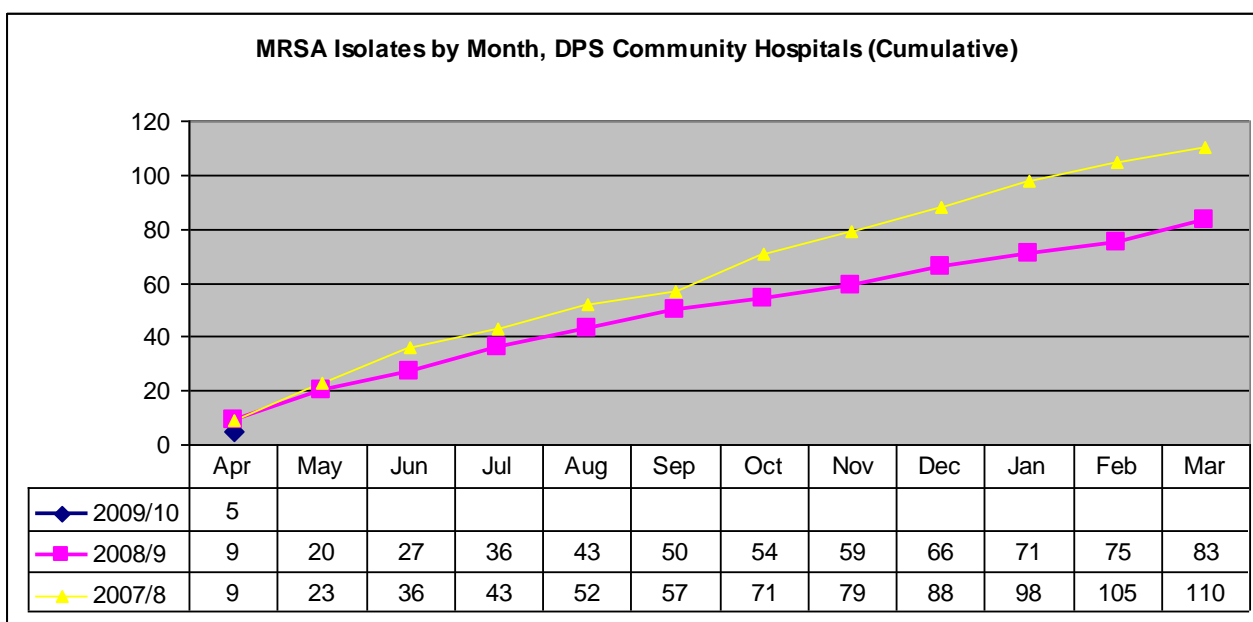
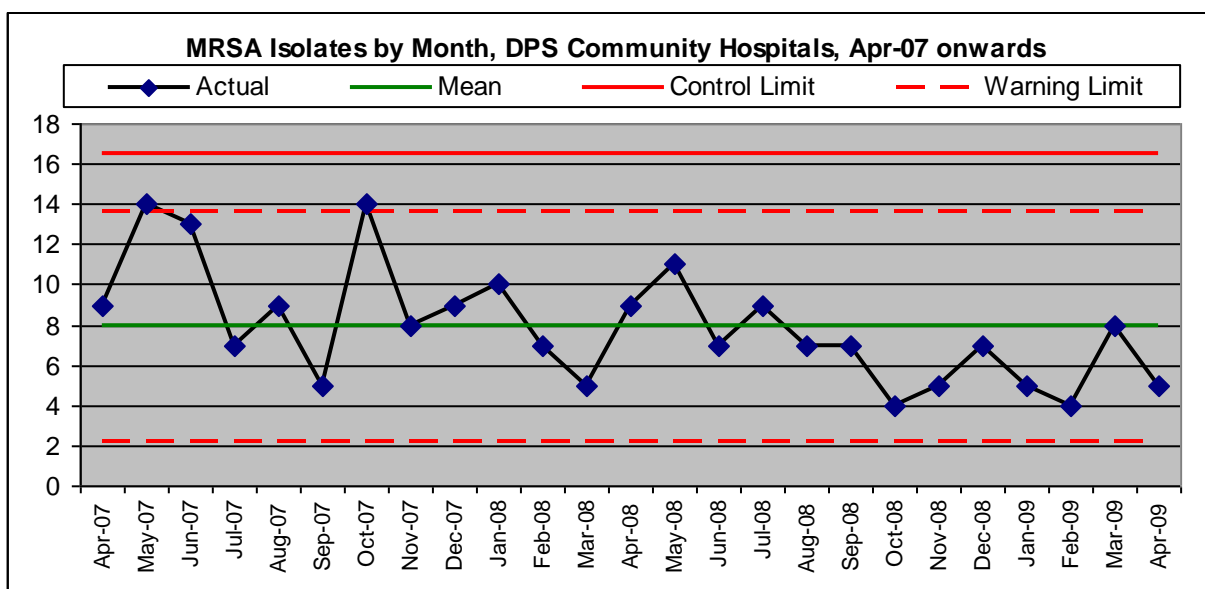
Compliance criterion	Definition	Current status	Action required	By whom	Date	Comment	RAG
						review underway.	
f.	A provider should normally, with a view to minimising the risk of HCAI, ensure that the cleaning arrangements detail the standard of cleanliness required in each part of its premises and that a schedule of cleaning frequencies is publicly available	Public availability of cleaning schedules in all provider premises - compliance with this not known.	Policy and compliance report to HCAI Assurance Committee. PEAT audits reviewed	Assistant Director of Professional Practice	June 2009	Work in progress	A
j.	A provider should normally, with a view to minimising the risk of HCAI, ensure that uniform and workwear policies ensure that clothing worn by staff when carrying out their duties is clean and fit for purpose.	Uniform policy approved by Infection Control Committee in February 2009.			Completed		G
Policies on the environment	Premises and facilities should be provided in accordance with best practice guidance. The development of local policies should take account of infection control advice given by relevant expert or advisory bodies or by the ICT, and policies should address but not be restricted to: - Planned preventive maintenance - Food services, including food hygiene and food brought into the organisation.	Policies in place but these two are outstanding. Issue regarding food hygiene has been raised by Health Protection Manager with Director of Health and Social Care and requires resolution.	Review current status of Policies at HCAI Assurance Committee. Develop Food Policy. Nutritional Policy ratified and Implementation Group to meet May 2009.	Estates and Assistant Director Facilities Management	May 2009	Review of Nutrition Policy in place to address deficits.	A
	Antimicrobial Pharmacist in place	The current pharmacy SLAs do not provide antimicrobial pharmacy advice.	Funding agreed by DMT for two sessions per week of antimicrobial pharmacist	Assistant Director of Professional Practice	June 2009	Role advertised	A

Key:

G	Action achieved
A	action underway
R	action not yet commenced

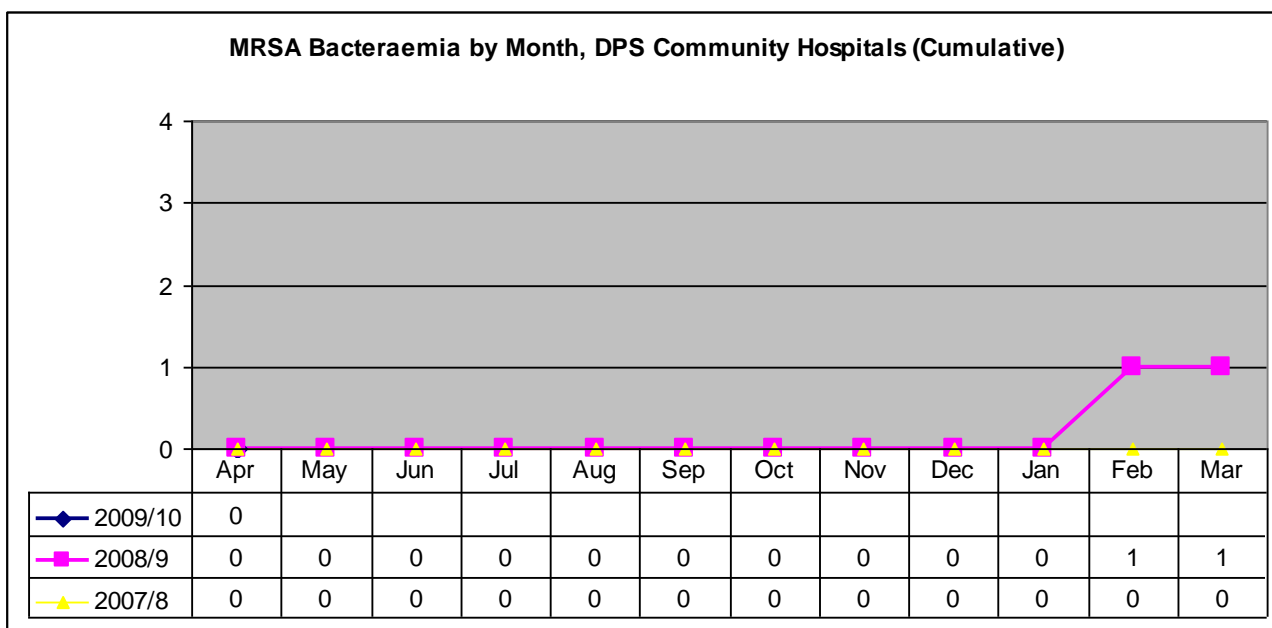
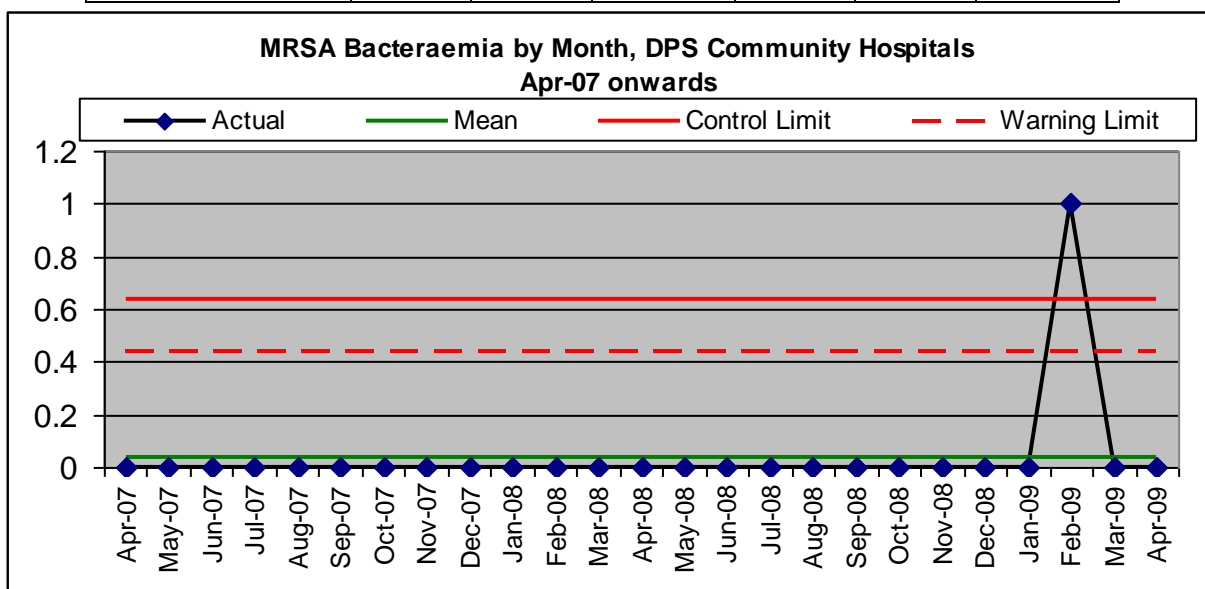
MRSA Isolates, DPS Community Hospitals (Control Charts and Trajectories) Devon Provider Services Community Hospitals

Month	Monthly			Cumulative		
	2007/8	2008/9	2009/10	2007/8	2008/9	2009/10
April	9	9	5	9	9	5
May	14	11		23	20	
June	13	7		36	27	
July	7	9		43	36	
August	9	7		52	43	
September	5	7		57	50	
October	14	4		71	54	
November	8	5		79	59	
December	9	7		88	66	
January	10	5		98	71	
February	7	4		105	75	
March	5	8		110	83	
Annual Total	110	83				
Mean (Average)	9.2	6.9	5.0			
Median	9.0	7.0	5.0			



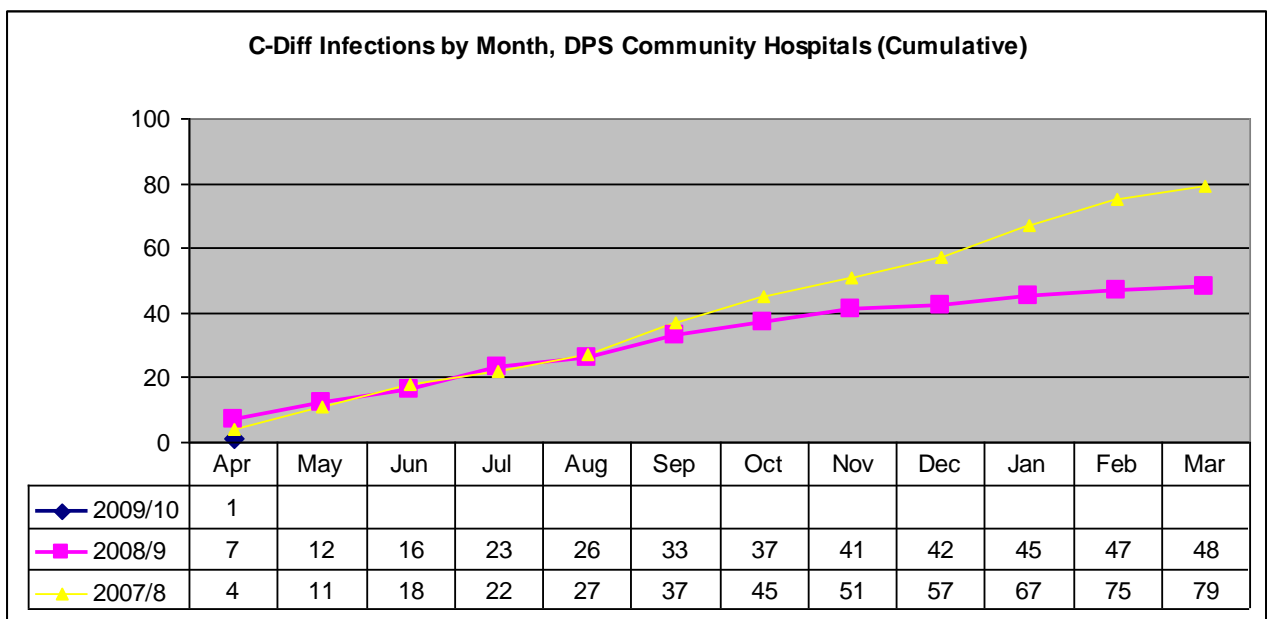
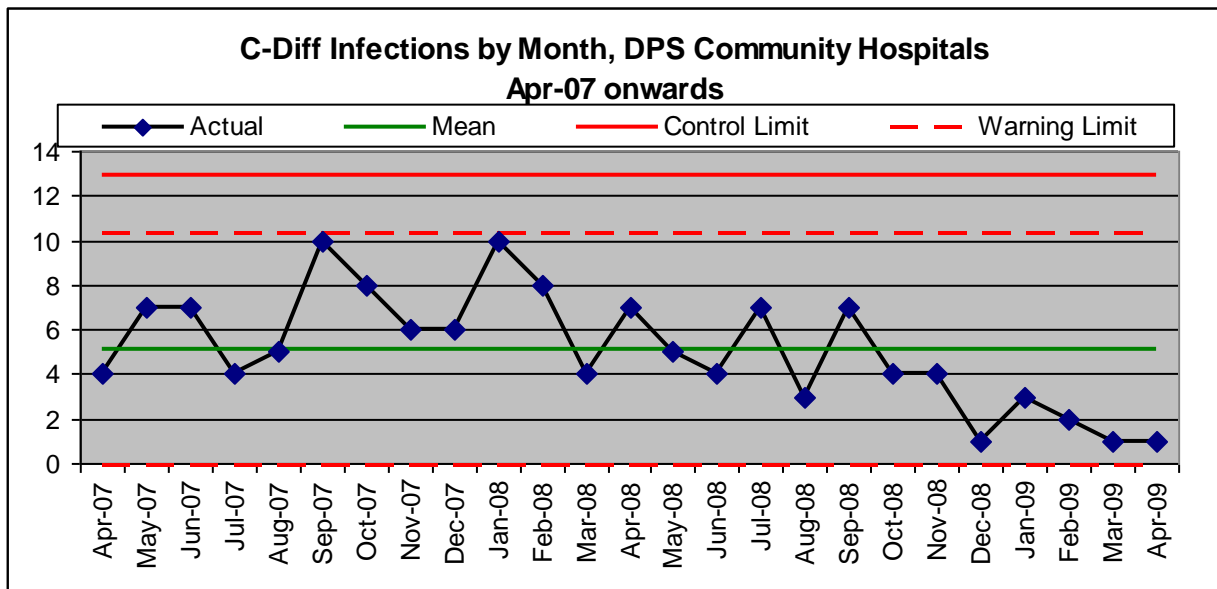
MRSA Bacteraemia, DPS Community Hospitals (Control Charts and Trajectories) Devon Provider Services Community Hospitals

Month	Monthly			Cumulative		
	2007/8	2008/9	2009/10	2007/8	2008/9	2009/10
April	0	0	0	0	0	0
May	0	0		0	0	
June	0	0		0	0	
July	0	0		0	0	
August	0	0		0	0	
September	0	0		0	0	
October	0	0		0	0	
November	0	0		0	0	
December	0	0		0	0	
January	0	0		0	0	
February	0	1		0	1	
March	0	0		0	1	
Annual Total	0	1				
Mean (Average)	0.0	0.1	0.0			
Median	0.0	0.0	0.0			



C-Diff Infections, DPS Community Hospitals (Control Charts and Trajectories) Devon Provider Services Community Hospitals

Month	Monthly			Cumulative		
	2007/8	2008/9	2009/10	2007/8	2008/9	2009/10
April	4	7	1	4	7	1
May	7	5		11	12	
June	7	4		18	16	
July	4	7		22	23	
August	5	3		27	26	
September	10	7		37	33	
October	8	4		45	37	
November	6	4		51	41	
December	6	1		57	42	
January	10	3		67	45	
February	8	2		75	47	
March	4	1		79	48	
Annual Total	79	48				
Mean (Average)	6.6	4.0	1.0			
Median	6.5	4.0	1.0			



Hand Hygiene Audit

HOSPITAL	LEWISHAM HAND HYGEINE Oct 08	LEWISHAM HAND HYGEINE Nov08	LEWISHAM HAND HYGEINE Dec08	LEWISHAM HAND HYGEINE Jan 09	LEWISHAM HAND HYGEINE Feb 09	LEWISHAM HAND HYGIENE March 2009
Axminster	73%	95%	closed	closed	Closed	Closed
Ashburton		74%	74%	89%	89%	77%
Bovey Tracey	Not done	74%	74%	100%	100%	69%
Budleigh	90%	95%	95%	83%	84%	Result not available
Crediton	98%	95%		93%	87%	86%
Dartmouth	100%	100%	97%	90.9%	100%	Result not available
Dawlish	75%	72%	85%	82%	69%	73%
Exmouth GW	82%	75%	80%	70%	Result not available	81%
Exmouth DH	79%	79%	81%	75%	80%	82%
Exmouth Day case		100%		86.6%	80%	Result not available
Exmouth MIU				86%	86%	88%
Honiton	91%	100%	100%	93%	82%	93%
Moretonhampstead	100%	95%	100%	100%	94%	95%
Newton Abbott	90%	90%	95%	moving		
Teign ward					100%	83%
MIU					84%	97%
OPD					83%	60%
Templar					66%	75%
Okehampton	95%	95%	98%	Result not available	84%	89%
Ottery St Mary		100%	100%	100%	100%	Result not available
Seaton		100%	100%	75%	76%	82%
Sidmouth		85%	Not done	Not done	55%	70%
South Hams		67%	80%	64%	69%	82%
Tavistock - day case/surgical	86%	77%		95%	100%	92.5%
Medical Ward	92%	77%	74%	Result not available	65%	71%
MIU	95%	100%		75%	82%	100%
Teignmouth	85%	86%	87%	Result not available	74%	83%
Tiverton		55%	74%	75%	100%	80%
Blackdown		67%		70%	80%	83%
Tiverton Twyford						
Totnes MIU	95%	100%		75%	75%	100%
Totnes Dart ward	96%	100%		80%	58.3%	64.3%
Whipton Poltimore	74%	100%	94%	Not done	77%	73%
Whipton Budlake		67%	94%	80%	82%	81%

Essential Steps Audit

HOSPITAL	ESSENTIAL STEPS HAND HYGEINE	ESSENTIAL STEPS PPE	ESSENTIAL STEPS ASEPTIC TECHNIQUE	ESSENTIAL STEPS SHARPS	CATHETER INSERTION Assess need	CATHETER INSERTION Clean urethral meatus	CATHETER INSERTION Sterile drainage sytem	CATHETER INSERTION Preventing spread of infection	CONTINUING CARE RISK ELEMENTS Sterile sample of urine	CONTINUING CARE RISK ELEMENTS Maintaining closed drainage system	CONTINUING CARE RISK ELEMENTS Drainage bag position	CONTINUING CARE RISK ELEMENTS Preventing the spread of infection
Axminster	95%	100%	100%	100%	100%	100%	NA	100%	NA			
Ashburton	No patient available											
Bovey Tracey	No patient available				100%	100%	100%	100%	90%	100%	100%	100%
Budleigh	100%	80%	80%	100%	100%	100%	100%	100%	NA	NA	NA	NA
Crediton	No staff trained will do in January											
Dartmouth	100%	100%	100%	80%	No insertions	No inserts	No inserts	No inserts	100%	100%	100%	100%
Dawlish	No staff trained to do in January											
Exmouth GW Exmouth DH Exmouth Day case Exmouth MIU	100% 100% 100%	60% 60% 60%	100% 80% 100%	100% 80% 100%	NA	100%	100%	100%	100% 50%	100% 100%	100% 100%	100% 100%
Honiton	100%		100%	100%								
Moretonhamstead	80%	100%	100%	100%	100%	100%	Unsuccessful insertion	100%	100%	100%	100%	100%
Newton Abbott Teign ward MIU OPD Templar	Moving hospitals											
Okehampton	In progress				100%	100%	100%	100%	100%	100%		
Ottery St Mary	100%	100%	100%	100%								
Seaton	100%	100%	100%	100%	100%	100%	100%	100%	60%	100%	80%	100%
Sidmouth	60%	100%	100%	100%	100%	100%	80%		80%		100%	100%
South Hams	100%	100%	100%	100%								
Tavistock - day case/surgical	100%	80%	100%	No opportunity	100%	100%	No suitable patientN/A	100%	100%	100%	100%	
Medical Ward	100%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%
MIU	100%	100%	100%	100%	NA	NA	NA					
Teignmouth	To do in January											
Tiverton Blackdown Tiverton Twyford	60% 80%	80% 80%	100% 100%	100% 100%								
Totnes MIU Totnes Dart ward	80%	80%	75%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Whipton Poltimore Whipton Budlake	80% 60%	100% 100%	100% 100%	100% 100%	100%	100%	100%	100%	90%	100%	100%	90%

DEVON PROVIDER SERVICES
DECONTAMINATION COMMITTEE

Terms of Reference
V7 FINAL – September 2009

1. Accountability

- 1.1 This Committee reports to the Devon Provider Services (DPS) Infection Control Committee

2. Purpose

- 2.1 The Decontamination Committee is the forum for consultation on all matters pertaining to decontamination within services managed/provided by DPS
- 2.2 To ensure the Code of Practice for the Prevention and Control of Health Care Associated Infections (July 2009) is adhered to and appropriately applied within DPS
- 2.3 To ensure identification of risks and action plans are in place for issues related to decontamination, these are to be recorded on the risk register.
- 2.4 To ensure Standards for Better Health core standards for Decontamination are adhered to within DPS.
- 2.5 To ensure education and training is available and undertaken on Decontamination for DPS.
- 2.6 To develop policies, protocols and guidance on decontamination and to advise on implementation within the settings of DPS.
- 2.7 To ensure robust decontamination procedures are in place and utilised as per national guidance.
- 2.8 To ensure compliance with the decontamination responsibilities of DPS
- 2.9 To support and encourage adoption of evidence based decontamination to ensure practices are adopted throughout the DPS population area and providers from whom we commission a service.
- 2.10 An annual report will be produced.

3. Membership

- 3.1 The members of the Committee shall be approved annually by DPS Infection Control Committee

- 3.2 The Lead Nurse for Infection Control and for Devon Primary Care Trust will act as Chair of the Committee.
- 3.3 The membership is shown at Table 1.
- 3.4 If necessary, additional members may be co-opted or invited at the discretion of the Committee, for example if their skills are required to cover particular topics.

4. Quorum

- 4.1 A quorum will consist of not less than three members of the Committee, two of whom should be:
- Lead Nurse Devon Primary Care Trust Provider for Infection Control or deputy with delegated responsibility – Jane Barr
 - Infection Control Specialist Advisor – Judy Potter/nominated deputy

5. Procedures

- 5.1 The secretary shall prepare and distribute agendas, keep minutes and deal with any other matters concerning the administration of the Committee. The secretary shall distribute unapproved minutes of the Committee's meetings to all members of the Committee and the Infection Control Committee Chair within one month of a meeting.
- 5.2 Any person may raise an issue with a member of the Committee. The Chair will decide whether or not the issue shall be included in the Committee's business. The individual raising the matter may be invited to attend. The Chair will ensure the discussion is fed back to the individual.
- 5.3 Agendas will be issued at least seven days prior to the meeting and agenda items should be sent at least ten days before the meeting.
- 5.4 Should any item need to be raised on the day, this can be covered under 'Any Other Business', subject to there being available time.
- 5.5 If separate papers require circulation these should be, where possible, issued with the agenda. This is intended to enable the members to have the opportunity to read information in advance.
- 5.6 It is intended that meetings will not normally last more than two hours.

6. Frequency of Meetings

- 6.1 Meetings will normally be quarterly.
- 6.2 An extraordinary meeting may be called by the Director of Infection Prevention Control or the request of the Managing Director of Devon Provider Services.

7. Duties and Responsibilities

- 7.1 Agree and monitor an annual programme of activity including, audit and education programmes.
- 7.2 Advise and support the Infection Control Team on the most effective use of available resources in delivering an annual programme to include audit and education.
- 7.3 Draw the attention of the Managing Director and the Provider Committee to any serious problems or hazards relating to decontamination.
- 7.4 Review reports on Decontamination control problems and alert risks to the Patient Safety and Quality Committee.
- 7.5 Commission and forward for PCT ratification policies for all aspects of Decontamination and monitor their implementation on behalf of the Infection Control Committee.
- 7.6 Ensure that all relevant legislation and Health Service Guidelines are reviewed and that amendments/additions are made to local policies, procedures and practice to assure compliance.
- 7.7 Review the funding and resource implications of other Decontamination issues such as provision of adequate hospital facilities and accommodation and make appropriate recommendations to the Infection Control Committee regarding the priority of work.
- 7.8 The Decontamination Committee will review its Terms of Reference at least annually and make recommendations to the Infection Control Committee for any changes required to ensure that the Committee remains fit for purpose.

Table 1

Role	Organisation	Name
Lead Nurse Infection Prevention and Control	Devon Provider Services	Jane Barr
Acute Service Providers	North Devon District Hospital Royal Devon and Exeter Hospital Foundation Trust, South Devon Healthcare Trust Plymouth Hospital Trust	Dr David Richards Dr Alaric Coleville Mrs Judy Potter Dr Tony Maggs and Ms Lynn Kelly Dr Peter Jenks
Head of Health Protection	Devon Primary Care Trust	Jackie Crang
Microbiologist/Infection Control Doctor	Royal Devon and Exeter Hospital Foundation Trust	Dr Alaric Colville
Local Medical Council	General Practice	To be advised
Occupational Health Physician or Nurse	Exeter East and Mid Devon Occupational Health	Dr Rossiter
Decontamination Lead	Devon Provider Services	Dave Rollason
Consultant in Communicable Disease Control	Health Protection Agency	Dr Mark Kealy

Health Protection Nurse	Health Protection Agency	Mrs. P Mallalieu
Head of Community Estates	Royal Devon and Exeter Hospital Foundation Trust	Mr J.Bennet
Dental Lead	Devon Provider Services	Sue Smith
Chiropody Lead Representative	Devon Chiropody services	Ian Robinson

CLEANLINESS AUDIT

Scores for cleanliness audits based on the national standards of cleanliness audit tool.

	SITE	SCORE 07/08	SCORE 08/09
1	AXMINSTER HOSPITAL	92%	Closed at this time
2	SEATON HOSPITAL	94%	96%
3	HONITON HOSPITAL	96%	95%
4	OTTERY ST MARY HOSPITAL	93%	97%
5	SIDMOUTH HOSPITAL	93%	91%
6	BUDLEIGH SALTERTON HOSPITAL	92%	72% reaudit 90%
7	EXMOUTH HOSPITAL	94%	94%
8	TOTNES HOSPITAL	87%	74%
9	OKEHAMPTON HOSPITAL	97%	95.5%
10	NEWTON ABBOTT HOSPITAL	95%	95%
11	WHIPTON HOSPITAL	94%	92%
12	DAWLISH HOSPITAL	95%	80%
13	TIVERTON HOSPITAL	97%	94%
14	TEIGNMOUTH HOSPITAL	94%	84%
15	CREDITON HOSPITAL	93%	90%
16	DARTMOUTH HOSPITAL	94%	42% Re-audit 96%
17	KINGSBRIDGE HOSPITAL	97%	85%
18	TAVISTOCK HOSPITAL	85%	90%
19	MORTONHAMPSTEAD HOSPITAL	96%	90.5%
20	ASHBURTON HOSPITAL	93%	83%
21	BOVEY TRACEY HOSPITAL	94%	83%

DATES OF ANNUAL PEAT AUDITS

<u>DATE</u>	<u>SITE NAME</u>	<u>COMMENTS</u>	<u>COMPLETION DATE</u>
22/01/09	OTTERY		
2/04/09	TAVISTOCK		
CLOSED	AXMINSTER	POSTPONED	Removed from list at NPSA
02/02/09	SEATON		
28/01/09	EXMOUTH		
26/01/09	BUDLEIGH		
12/03/09	DARTMOUTH		
23/02/09	MORTONHAMPSTEAD		
16/03/09	NEWTON ABBOTT		
9/03/09	TEIGNMOUTH		
5/03/09	DAWLISH		
11/03/09	KINGSBRIDGE		
19/03/09	TOTNES		
12/02/09	OKEHAMPTON		
29/01/09	CREDITON		
3/03/09	BOVEY TRACY		
18/03/09	ASHBURTON		
04/02/09	TIVERTON		
09/02/09	SIDMOUTH		
25/02/09	HONITON		
26/02/09	WHIPTON		
	MEADOWPARK		Not included in

			process
	HILLCREST		As above
	BARNES		As above
	W.I.C. EXETER		As above