

The Newcastle Upon Tyne Hospitals 
NHS Foundation Trust

INFECTION PREVENTION AND CONTROL

ANNUAL REPORT 2007/08

INFECTION PREVENTION AND CONTROL 2007/08 A GOVERNORS VIEW

The achievement of the highest quality standards in Patient Safety is, and will continue to be, at the forefront of the Governors activities. Governors have been impressed with the commitment and efforts of the staff and are pleased to note the achievement of the Clostridium difficile target. However the Council of Governors are very disappointed that the national targets relating to MRSA bacteraemia control were not met in 2007-2008.

Infection Control forms a major part of the business of Council of Governor meetings. During the year, Governors have been closely involved in formulating the Trust's strategy and have been able to challenge and stimulate ideas. In addition, Governors have observed patient care during visits to wards/departments, as well as involved in audits of cleanliness and hand hygiene and have played an active role in the Trust's 'Hand hygiene Awareness' sessions for the public.

The Trust has had a major re-think on its plans and strategy for improvements in infection control for 2008-2009 which has included learning from other trusts who have demonstrated greater success than us. One of the Governors joined senior staff on a visit to Sheffield Teaching Hospitals Foundation Trust in February 2008 where the potential for a ward accreditation scheme was identified as a key strategy for ensuring staff ownership and maximum compliance with standards of hygiene. As a result of this visit, the Council of Governors and the Trust Board gave support to the development and implementation of such a scheme within the Trust. This is now being implemented and has been received in a very positive manner by staff.

The Council of Governors has set up a working group of Governors to ensure that everything possible is being done to combat infection and improve patient safety. This group will be involved in key strategic and operational management groups in the Trust and will aim to

- monitor compliance
- stimulate new thinking and challenge both the organisation at large and managers to find new approaches which will improve performance.
- ensure that staff at all levels are supported and enabled to achieve significant improvements in infection control

**Professor Jean Potts
Elected Governor
Chair of the Council of Governors Infection Prevention and Control Working
Group**

1. INTRODUCTION

During 2007/08 the Trust reviewed infection prevention and control services in response to the continued challenge of the MRSA bacteraemia targets, the requirements of the Hygiene Code (2006), the Healthcare Commission's report on an investigation at Maidstone and Tunbridge Wells (2007) and internal drivers such as the Transforming Newcastle Hospitals (TNH) building programme. As a consequence, the service has been significantly enhanced to meet an ever growing demand.

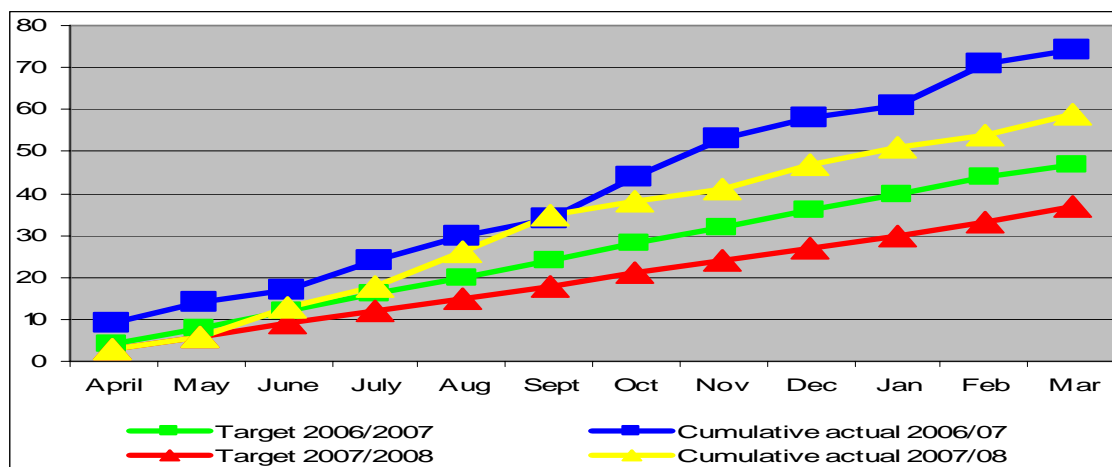
The main focus for infection prevention and control (IPC) activity has continued as before on two main themes: raising awareness and reducing the incidence of health care associated infection (HCAI). This is a continuation of the theme introduced in 2005 and has produced some improvements across the Trust in reducing HCAs.

The key markers for improvement have been the national target to reduce Meticillin Resistant Staphylococcus aureus (MRSA) bacteraemia and the local target for the reduction in Clostridium difficile (C.difficile). However considerable focus has continued to be maintained across all infection control and prevention issues.

2. METICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)

For MRSA the original target set by the Department of Health was for a 60% reduction in rates of MRSA bacteraemia by March 2007 from the 2003/04 baseline. Although this was later changed to 50%, the Trust has continued with a target of 60% in line with Healthcare Commission requirements. The continued reduction in MRSA bacteraemia has seen some improvements in the Trust's position but has left us well short of the required target with only a 36% reduction.

This represents a significant failing in the Trust given the implications for patient safety and that the Trust Board has devoted considerable time and effort to understand and improve this position.

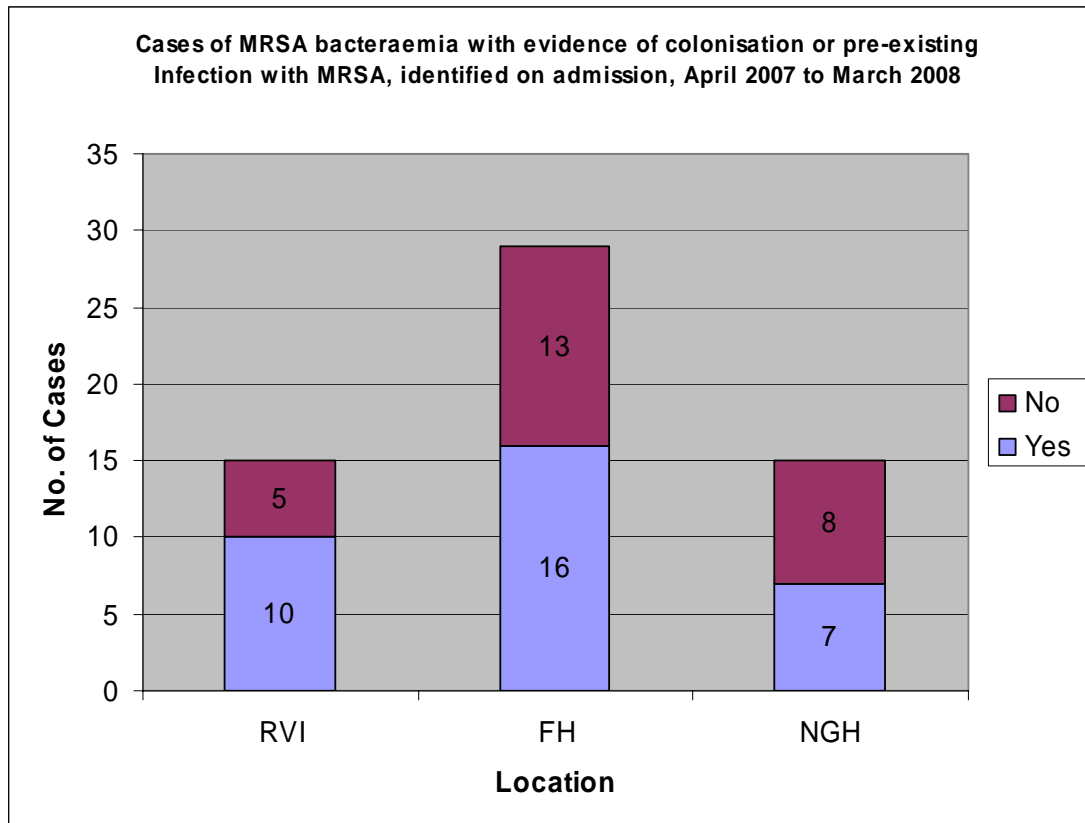


Of the 59 bacteraemia in 2007/08, 29 cases were classed as unavoidable, 24 cases were avoidable, 5 were indeterminate and one was attributed to Newcastle PCT. Each

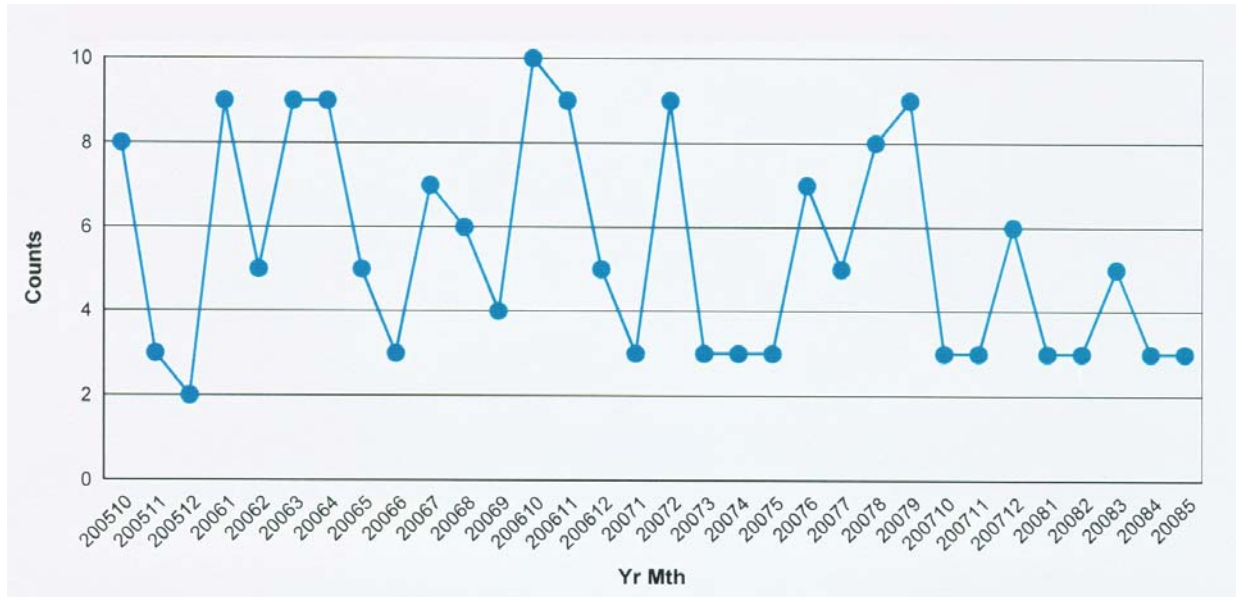
bacteraemia has been subject to rigorous review through root cause analysis (RCA) and senior clinical review.

Key risk factors identified include central and peripheral intravenous lines, urinary catheters, loss of skin integrity (surgical wounds and lesions) and where patients had significant co-morbidity.

The split of cases between emergency and elective care is indicated below for each main site of the Trust



The MRSA bacteraemia run rate throughout the target period of 2005 – 2007/08 is shown below and does indicate a downward trend with increasing month by month achievement of target trajectory.

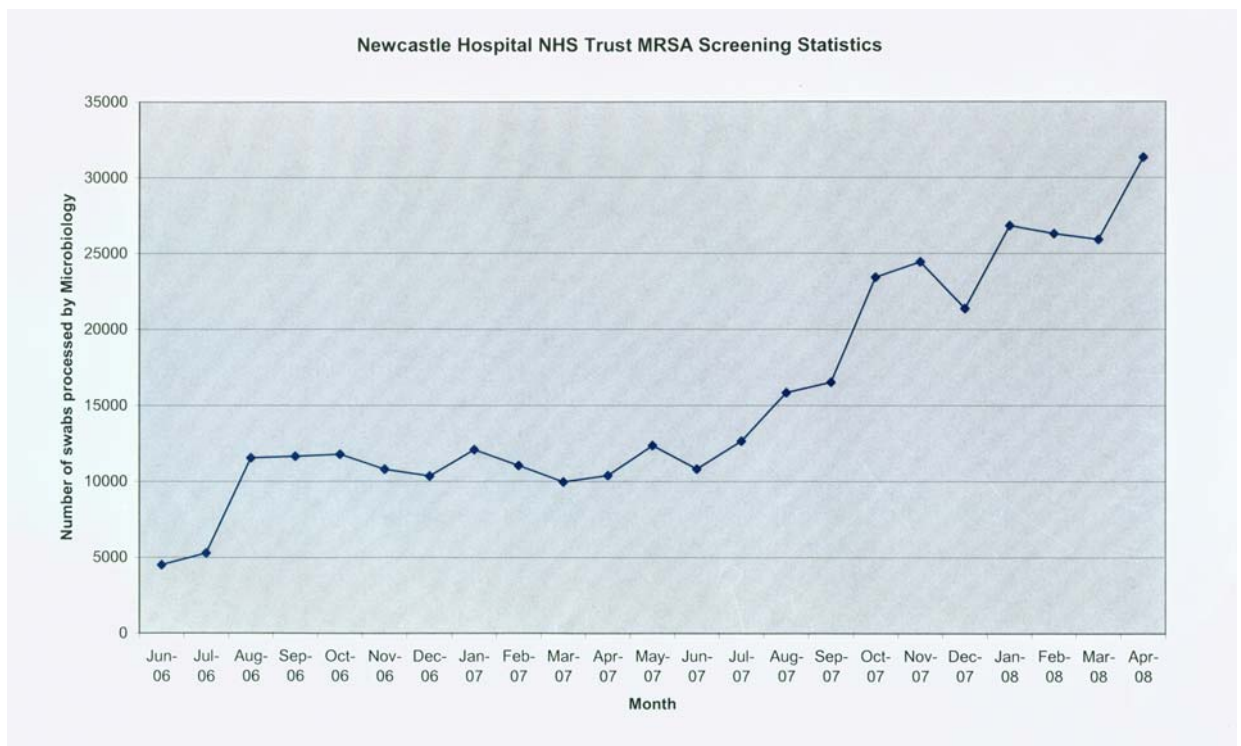


MRSA Acquisitions (cross infections, colonisations + infections)

The number of patients acquiring MRSA **after** admission (infection or colonization at any site) has declined while, over the same period, the number of patients admitted with MRSA has tended to remain the same.

As part of the Seek and Destroy Programme screening for MRSA is now undertaken for approximately 80% of admissions with plans in place to achieve 100% in the next year.

This has resulted in a considerable increase in Laboratory work and the Laboratory will be extended in the coming year to accommodate this.

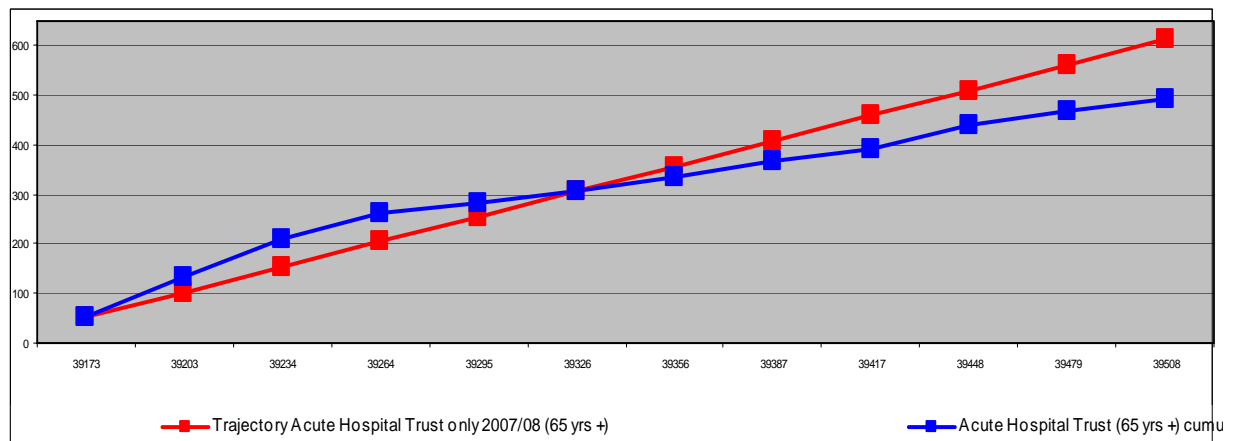


Pantone Valentine Leukocidan(PVL)-MRSA outbreak

Two patients were found to be PVL-MRSA positive in February, as were their babies. One staff member common to both patients was screened and found to be negative, no other link has been found to date. One further patient was found to be positive through GP screening in March. The Trust Infection Control Team met with the Directorate concerned and the Health Protection Unit. An action plan was drawn up and implemented. Ongoing surveillance continues but no further cases have been reported.

3. CLOSTRIDIUM DIFFICILE (C. DIFFICILE)

For C.difficile, (antibiotic associated diarrhoea identified by toxin detection in stools) a local target was agreed with Commissioners of a 5% reduction in the over 65 age group who acquired the illness within the Trust. This target was achieved.



In line with the recommendations from the Chief Medical Officer arrangements have been put in place in relation to death certification and C.difficile. For any patient where the cause of death is attributable to C.difficile a Consultant will complete the death certificate and undertake a RCA which is then subject to review by the DIPC, the Medical Director and the Nursing and Patient Services Director.

4. NOROVIRUS

As expected frequent cases of norovirus have been identified through out the year, however a major outbreak has been avoided. Good anticipation and re-enforcement of the relevant policy and heightened sensitivity amongst ward staff and the Patient Services Coordinators (PSCs) to potential cases was most effective in this regard. As a result of judicious use of closed beds/bays there have been no ward closures. This was against a background of significant numbers of extensive outbreaks in hospitals and other care facilities within the North East.

5. GLYCOPEPTIDE-RESISTANT ENTEROCOCCAL (GRE)

GRE (also known as Vancomycin resistant enterococci or VRE) is mainly acquired in the community from the food chain. Many people have GRE within their gut naturally. Patients who are hospitalized and treated with glycopeptides however may experience a GRE infection as a result. Outbreaks of cross-infection can then occur.

The Trust continues to have a very low rate of GRE bacteraemia (2 or 3 cases per year). In haematology and paediatric bone marrow transplantation on-going surveillance demonstrates intermittent carriage of these organisms and changes in antibiotic policy have been put in place to address this.

6. LEGIONELLA

The Estates Department continues to monitor the viable counts of Legionella across the Trust. Monitoring has on occasion revealed counts which are higher than the national recommended levels and when this has occurred appropriate remedial action has been taken.

7. PANDEMIC INFLUENZA

The Trust has continued to prepare for a potential influenza pandemic in developing its own strategy in accordance with DH guidance, and working within the Regional structure.

8. SURVEILLANCE

The Trust is required to report surveillance on the incidence of three infections: MRSA bacteraemia, GRE bacteraemia; and C. difficile isolates from patients over 2 years of age, to the Department of Health. Additionally, the Trust is required to participate in surveillance on orthopaedic surgical site infection for one quarter per year. Trust surveillance of infections in upper gastrointestinal surgery with the introduction of a variety of control measures has seen a significant decrease in infection rates.

In the year ahead formalized Trust surveillance of E.Coli, Klebsiella and Acinetobacter will be introduced.

The Trust Board of Directors is fully briefed on all outbreaks of infection on a monthly basis and would be alerted more frequently if necessary.

9. 2007/08 PROGRESS REPORT

Throughout 2007/08 the Trust Board has identified the prevention and control of healthcare acquired infection as its top priority. In January 2008 the Trust made a Board Level Agreement and ratified the Infection Prevention and Control Strategy.

This focus has been reiterated across the Trust and increasing levels of awareness and clinical engagement are evident.

A number of actions have been implemented:

- Seek and Destroy screening extended to NCCT, Orthopaedics, Neurosurgery and Cardiothoracic Surgery
- Improved testing/turnaround times for C.difficile testing and reporting
- Increased numbers of Infection Control Nurses (ICNs), Laboratory Staff and support staff
- Development of 7 day working for Laboratory staff and ICNs
- Environmental decontamination to include the use of sodium hypochlorite disinfection
- Substantive funding for microbial pharmacist
- Agreement of Clinical Pharmacy Strategy
- Development of eradication therapy prescription stickers to improve timeliness of prescription
- Pilot of RCA for all C.difficile cases in Medicine and Care of the Elderly
- Implementation of the Productive Ward across 59 in patients wards.
- Investment in patient observation equipment for each side room across the Trust
- Development of Ward Accreditation Scheme
- Development of e based learning programme for infection control mandatory training
- A revised Dress and Appearance Policy including the adoption of Bare below the Elbows
- Establishment of Council of Governors Infection Prevention and Control Working Group
- Patient leaflet reviews re: MRSA, C difficile, and Information for Visitors
- Visiting Times restricted
- Additional training in root cause analysis (RCA) for Matrons, Sisters and Charge Nurses

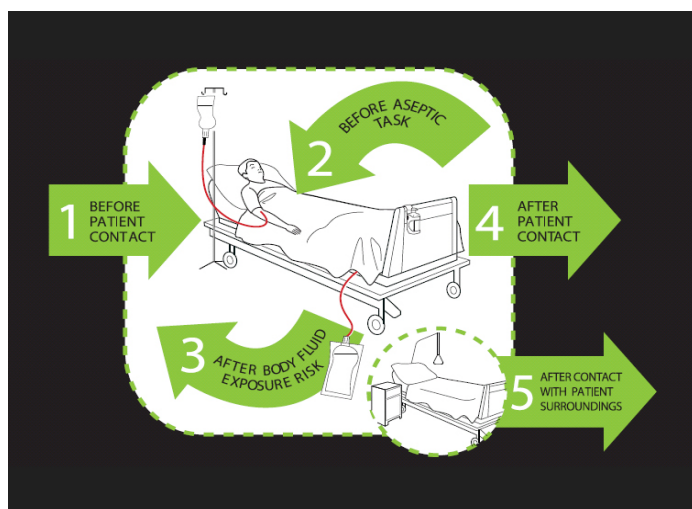
In addition to these actions work continues with regard to Hand Hygiene and the Saving Lives Campaign.

9.1 HAND HYGIENE

Since October 2003, the Trust has had in place widespread availability of alcohol gel for decontamination at the patient's bed side, in clinical areas (except paediatrics where staff have individual clip on bottles) and at the entrances to wards and clinical departments.

In April 2005 the Trust signed up to be active participants in the National Patient Safety Agency's *CleanYourHands* campaign, which has been vigorously applied across in-patient areas and publicized actively within the Trust. This has continued to be a dynamic programme. Of particular note has been improvement in the recognition of the importance of compliance with hand hygiene protocols, with improving engagement amongst clinical staff. Hand Hygiene audits results remain varied and further work is required in the year ahead to achieve a Trust wide standard of compliance of 100%.

In the year ahead work will focus on the National Patient Safety Agency (NPSA) and World Health Organisation (WHO) approach which emphasizes the “5 moments of care”



1	BEFORE PATIENT CONTACT	WHEN? Clean your hands before touching a patient when approaching him/her WHY? To protect the patient against harmful germs carried on your hands
2	BEFORE AN ASEPTIC TASK	WHEN? Clean your hands immediately before any aseptic task WHY? To protect the patient against harmful germs, including the patient's own, from entering his/her body
3	AFTER BODY FLUID EXPOSURE RISK	WHEN? Clean your hands immediately after an exposure risk to body fluids (and after glove removal) WHY? To protect yourself and the healthcare environment from harmful patient germs
4	AFTER PATIENT CONTACT	WHEN? Clean your hands after touching a patient and her/his immediate surroundings when leaving the patient's side WHY? To protect yourself and the healthcare environment from harmful patient germs
5	AFTER CONTACT WITH PATIENT SURROUNDINGS	WHEN? Clean your hands after touching any object or furniture in the patient's immediate surroundings when leaving - even if the patient has not been touched WHY? To protect yourself and the healthcare environment from harmful patient germs

9.2 SAVINGS LIVES PROGRAMME

The implementation of the Department of Health Saving Lives programme introduces best practice initiatives in clinical practice through the employment of a number of high impact interventions, employing a ‘care bundle’ approach.

Progress with this work has been slow and patchy across the Trust and in the year ahead this will require a strong corporate approach to define standards of best practice and to help make improvements in areas where poor practice is identified. This work will be led by the Nursing and Patient Services Director in the year ahead to ensure rapid progress.

Within this programme there is a risk matrix template which has been applied to the Trust as a whole to determine where structural deficits exist and to suggest actions to remedy problems identified. The Trust’s position was found to be mixed. Actions to improve areas where there are weaknesses are contained within the action plan for the year ahead.

9.3 DECONTAMINATION

The Trust has four decontamination units on three sites

- Royal Victoria Infirmary
- Newcastle Dental Hospital
- Newcastle General Hospital
- Freeman Hospital

The Trust is at present updating the facilities with the first stage of the RVI project about to come on line. A business case is being prepared for the Freeman Hospital Unit. The Dental Hospital has been updated and is fully operational. Newcastle General Hospital Unit will close when the RVI project is fully on line.

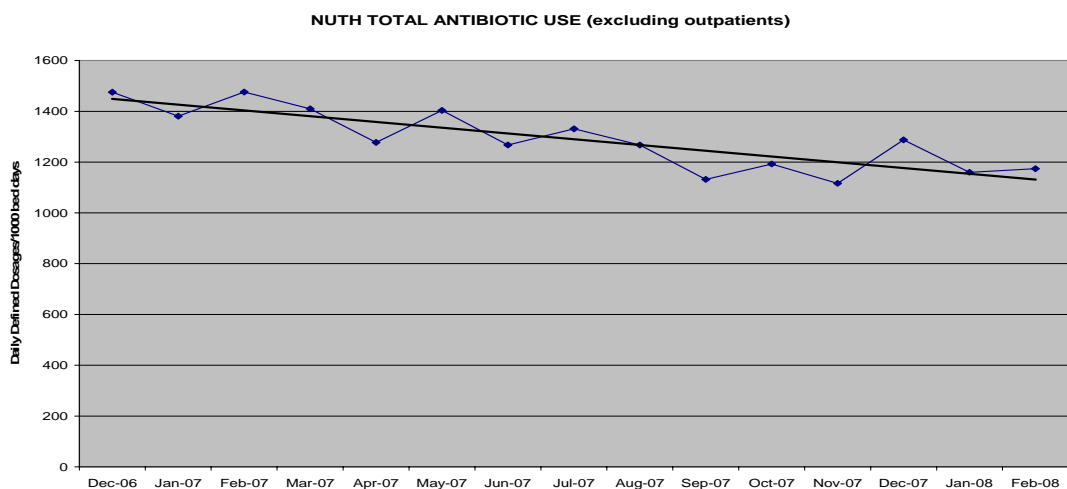
The departments operate using a Standard Operating Procedures Manual, and are pursuing a BS EN ISO 9001:2000 Quality Management System. A pre-assessment has taken place and the next assessment will take place on completion of the RVI unit.

All Technical staff complete a six month training cycle allowing them the opportunity to complete the City and Guilds NVQ Level 3 in Decontamination. Managers and Supervisors attend City and Guilds Decontamination for Managers at the Eastwood Park training Centre.

The T Doc trace-ability system is in use in the two major Sterile Services Departments. All Washer Disinfectors are operated within the HTM 2030 guidelines with records kept. All Sterilizers are operated within the HTM 2010 guidelines with records maintained appropriately.

9.4 PHARMACY

The Antibiotic Stop / Review and Indication Policy was introduced in August 2007. Antibiotic usage has reduced since the policy's introduction, with the average usage across the Trust being 10% lower when compared to the previous 12 months. This reduction has been accompanied with a decrease in C. difficile rates.



Clinical pharmacists have a key role in monitoring antibiotic prescribing and implementing the Antibiotic Stop / Review and Indication Policy. As part of the clinical pharmacy strategy, approved by the Trust Executive earlier this year, the number of clinical pharmacists is being increased to support, amongst other medicines management quality/risk issues, the appropriate prescribing of antibiotics in key clinical areas across the Trust. In addition all clinical pharmacists continually assess opportunities to switch from parenteral to oral medicines, thus reducing the need for intravenous access.

In conjunction with Infectious Diseases and Microbiology a medical admissions ward antibiotic review pilot scheme was introduced where all patients treated with antibiotics were specifically reviewed. Following the success of this pilot two additional clinical pharmacist posts were created. They are based on the admission wards focusing on antibiotic / infection control and all other medicines management issues. Antibiotic prescribing habits are monitored continually, and action taken to improve as required.

The North of Tyne Antibiotic Subgroup is a sub group of the Area Prescribing Committee. The group consisting of primary and secondary care representatives held their inaugural meeting in January 2008. Antibiotic guidelines for use in primary care have been developed with particular reference to reducing C difficile and the appropriate management of patients known to be colonized with MRSA.

9.5 DEEP CLEANING PROGRAMME 2007/8

In line with National initiatives the Trust submitted a bid for funding (£44k) and was successful in securing funding to tackle key areas within the Trust. Areas were agreed with Infection Control colleagues and work progressed and completed in year. This supplemented the ongoing Trust deep cleaning programme which is routinely monitored by the Infection Control Executive.

The Trust through its Infection Control Team has implemented a programme which has introduced trust wide use of a Chlorine based cleaning product (Actichlor plus) which is used by domestic staff in their daily cleaning routines in wards and departments.

9.6 NATIONAL COLOUR CODING PROGRAMME

The Trust has recently invested in 'Microfibre' mop heads and cleaning equipment, this has been rolled out across the trust, covering 50 ward areas, with further rollout to take place during the year. Colour coded mop heads are used in other areas of the Trust.

9.7 CLEANING ROUTINES AND SPECIFICATIONS

Cleaning routines are well established and staff are trained in these routines and in the use of products/ equipment to support these activities. The Service operates over a 24hr period, 7 days per week, providing services to both clinical and non-clinical areas of the Trust. The Service provided and standards are maintained by an in-house team.

Terminal Cleaning is undertaken by an in-house team as required and is managed and provided through the Hotel Services Departments. This service operates on a 24hour

basis and is supported as required by an external contractor to undertake wall washing activities working to in-house specifications.

All cleaning specifications are publicly available.

9.8 CLEANLINESS AUDITS

In supporting audit activities which are based on the National Standards, the Trust has made further progress by introducing 'Credits for Cleaning' (C4C) to support routine monitoring of and reporting on cleaning and environmental standards. This system was introduced in March 2008 and will be progressed over the next few months.

Regular and Random Cleanliness and Environmental audits are undertaken across the Trust, which are conducted by Nursing, Hotel Services and Estates personnel. Other random audits are undertaken to monitor the quality of the environment and cleanliness throughout the year. More recently, Wheelchair audits have commenced to assess issues re cleanliness standards, for this specific item of patient equipment.

9.9 ESTATES

The Infection Control Team continues to be actively involved in Estates developments, both in advising on the provision and design of facilities within a variety of projects, and monitoring activity during construction work. Of particular note is the activity required in relation to TNH in terms of advice to the project team and ongoing vigilance for risk factors associated with fungal infection through Aspergillosis in immunocompromised patients.

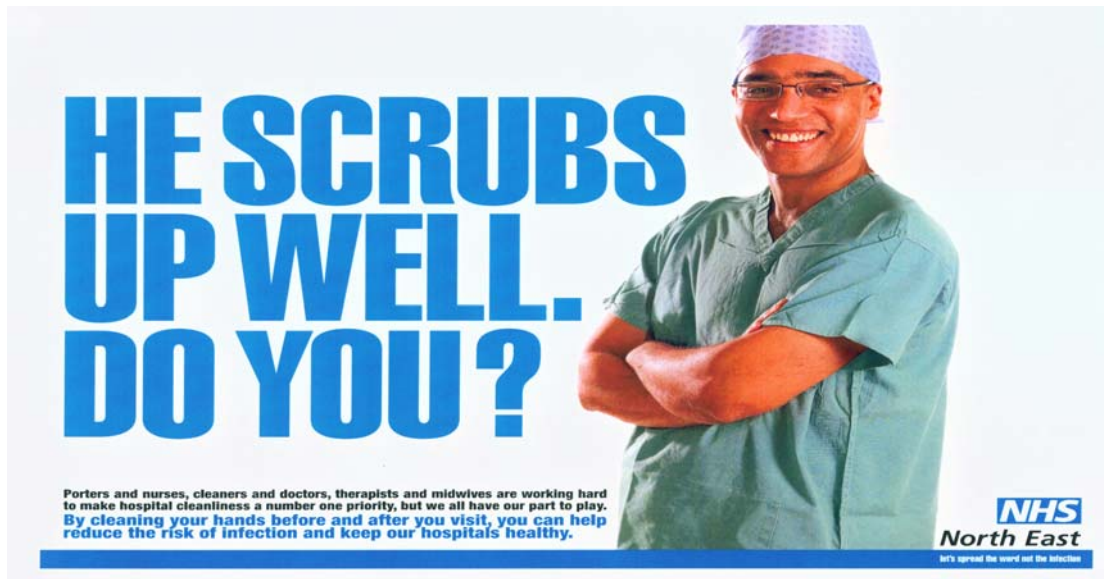
9.10 PATIENT AND PUBLIC AWARENESS

The Trust is committed to raising patient and public awareness on all issues related to infection prevention and control and during the year a number of activities continued to develop this theme.

The Council of Governors has been increasingly engaged in the issue and now, as well as visiting departments across the Trust as part of an annual programme, has formed an Infection Prevention and Control Working Group.

The Community Advisory Panel also maintains a very active interest and participate in cleanliness audits and regular feedback to the Trust.

In February 2008 the North East Strategic Health Authority launched a region wide campaign to encourage hand washing amongst the public. A consultant from the Trust, Dr. Kofi Apong "starred" in the campaign and is still to be seen in a variety of public settings.



The Trust updated its patient information leaflets although a more “friendly” format will be developed in the year ahead.

The Trust web site was also re launched and includes information on infection prevention and control for patients and the public.

10 THE CODE OF PRACTICE FOR THE PREVENTION AND CONTROL OF HEALTHCARE ASSOCIATED INFECTIONS 2006. (THE HYGIENE CODE)

The Code of Practice for the Prevention and Control of Healthcare Associated Infections came into effect from October 2006 and is contained within the Health Act 2006. The Act made it a requirement for healthcare providers to introduce measures designed to tackle, reduce and, where possible, prevent HCAI in the healthcare environment, and imposes on NHS bodies a duty to comply with the Code of Practice. In response the Trust undertook an analysis of the requirements of the Code, and generally the Trust’s position was one of reasonable strength, with a high level of compliance. To ensure national compliance the Healthcare Commission undertook to visit 120 acute trusts across the country [June 2007/March 2008].

The Commission made its unannounced inspection to the Trust on 21st February 2008. The process was as expected with interviews of key staff taking place throughout the morning followed by visits to ward areas and a request for a considerable amount of supporting documentary evidence.

The inspection focused on compliance with:

Duty 2: To have in place appropriate management systems for infection prevention and control.

Duty 4: To provide and maintain a clean and appropriate environment for healthcare.

Duty 8: To provide adequate isolation facilities.

The Chief Executive, Nursing and Patient Services Director, Director for Infection Prevention and Control, Assistant Director Quality, Head of Estates, Operational

Services Manager, Matron for Infection Control and Infection Control Nurse were all interviewed.

Visits were then requested to Wards 14 (Stroke Unit), 15 (Elderly Care) and 16 (General Medicine) at the Freeman Hospital. During each visit the ward was given a detailed inspection with particular reference to clean and dirty utility rooms, toilets and bathrooms, kitchen, linen rooms and waste disposal areas.

The Sister in charge of the ward and the Matron were also subject to close questioning on cleaning, isolation, training, incident reporting and hand hygiene.

Preliminary feedback was given at the end of the day and confirmed that “no material breach of the Hygiene Code was evident”. The inspectors also praised the high standards of cleanliness they had observed during the ward visits, commenting it was the “best” environment they had come across in a dozen or so inspections. One issue was raised in relation to the two sinks in the dirty utility rooms and the need to clarify which of the two was to be used distinctly but not exclusively for hand washing. This issue was addressed with immediate effect.

The inspectors were supplied with a considerable amount of documentary evidence to substantiate the interviews.

A final report, from the Healthcare Commission is still awaited at the time of this report.

11. DEPARTMENT OF HEALTH MRSA HOSPITAL IMPROVEMENT TEAM

As part of an ongoing national visiting programme, the Department of Health [DH] MRSA Hospital Improvement Team visited the Trust on 13th November 2007. The purpose of the visit was to review policies and procedures on the ground and offer advice to support improvement and change where called for. The visit consisted of a series of interviews with key personnel; a review of policies and other documentation; and attendance in various Wards and Departments.

The outcome of the visit was given as preliminary feedback at the end of the day And overall was summarised as “good”.

A number of very positive issues were noted:-

- Lots of excellent practice
- High level engagement impressive
- High level of understanding of the issues evident
- Strong scrutiny by Non Executive Directors evident
- Good policy base
- Matron for Care of the Elderly, Aileen Burn, singled out as excellent
- RCA reviews ‘headmaster’s study’ approach has had a positive impact
- Staff report change in Infection Control – now “means business”
- Environmental standards very high – clearly very important to all
- C. Difficile death certification process
- Antibiotic prescribing developments
- Bed area checklists on Ward 16 Freeman

- Infection Control Education programme
- Seek and Destroy approach

A number of actions were recommended as requiring further action:

- Peripheral line care (use of 2% Chlorhexidine/VIP scoring)
- Cleaning (use of Health care Commission Colour Coding)
- Timescales for prescription of eradication therapy
- Increased audit in high risk areas

These areas have been addressed and work is ongoing to ensure changes are sustained and practice improved.

12. INFECTION PREVENTION AND CONTROL GOVERNANCE ARRANGEMENTS

During 2007/08 Board level responsibility remained with the Professor Kate Gould as Director of Infection Prevention and Control.

During the year, the Infection Control Team (ICT) has seen considerable investment and the current establishment is:

- Director for Infection Prevention and Control
- Nurse Consultant Infection Control x 1 wte
- Matron - Infection Control x 1 wte
- Infection Control Nurses x 10 wte
- Surveillance Nurses x 1.24 wte
- Surveillance Assistant 0.4wte
- Information Manager x1 [SHA funding for 1 year)
- Healthcare Assistants x3 (SHA funding for 1 year)
- Admin Assistant x 1.5 wte

In addition to the above staffing, the Trust has funded 3 additional laboratory staff and 6 cleaning staff.

Funding for Infection Control Activities

The Trust has invested approximately £2 million pounds over 2007/08 in the various initiatives described in the report.

In December 2006 the DH announced additional funding availability, via the SHA, to support infection control improvements. The Trust successfully bid against this fund and was awarded the sum of £579,000 during 2007/08. The funding is supporting:

- Audit work around antibiotic prescribing and peripheral cannula
- Five Practice Improvement Nurses
- Central Line Nurse Specialist
- Vascular Access Nurse
- Two clinical audit facilitators
- Lap tops for infection control nurses and pharmacists
- Wipe clean computer key boards

- Information Manager
- Three Infection Control healthcare assistants

Infection Control Executive

The Infection Control Executive meets on a monthly basis and continues to provide operational direction for infection prevention and control. Membership of the committee reflects the functional management structure of the Trust. It is responsible for effectively managing all infection control activity within the Trust. Minutes of meetings are circulated to the Trust Infection Control Committee.

Infection Control Committee

The Trust Infection Control Committee meets quarterly and is responsible for approving infection control policies, plans and developments, and considering the implications of any outbreaks, serious incidents and Government (or other) sponsored initiatives.

Infection Control Open Forum

The Infection Control Open Forum meets three times a year and is an education opportunity for all staff in relation to current infection control issues.

The DIPC attends the Trust Clinical Governance and Quality Committee, Clinical Policy Group, Trust Board as well as enjoying an “open door” policy to the Chief Executive and Executive Team.

The ICT works closely with consultants and staff in the Microbiology department to provide an integrated service and to complement the Infection Control Link Nurses. Clinical Directors are identified as infection control leads for the Directorates with Matrons having operational responsibility on a day to day basis.

The Infection Control Team also represents the Trust on the PCT and regional infection control committees, and has strong links to the Health Protection Agency.

13. AUDIT

All Clinical Directorates undertake clinical audit in relation to Infection Control and Hygiene. Hand hygiene audits are firmly established within Clinical Directorates but in addition many directorates have extended their audit activity to encompass a range of other related issues.

A record of all audit activity is maintained by the Clinical Governance and Risk Department and reported to the Clinical Governance and Quality Committee to demonstrate the breadth of activity and outcomes resulting from audits undertaken. The latest report recorded a total of 104 projects covering 22 Clinical Directorates plus the Rehabilitation Services Department. A full list of the audits undertaken, by Directorate, is detailed below. Audit outcomes are widely disseminated through various groups and key individuals, including Directorate Managers, Matrons, Estates Department, Clinical Directors, Executive Directors and operational/support staff.

14. EDUCATION AND TRAINING ACTIVITIES

The Infection Control Team staff have provided training throughout the year in the following areas:

- INDUCTION TRAINING: In addition to Infection Prevention and Control being a core element of the Trust's corporate induction programme for all staff, additional input is given to the Trust Nursing and Midwifery induction programme and for junior medical staff at specialty induction sessions, with detailed focus on key elements. This training is part of an induction programme which all staff have to complete before the employee begins working for the Trust.
- MANDATORY TRAINING: An update on Infection Prevention and Control issues and refresher training in hand decontamination was made available to all staff to meet the Trust's Policy requirements. This was provided through a variety of routes, including an online briefing with questionnaire, briefings at group meetings and hand hygiene training provided locally by link practitioners.
- HAND HYGIENE TRAINING: The Infection Prevention and Control nursing team has delivered a significant amount of hand hygiene training throughout the year to all staff groups, both in formal sessions and road show events, and through local initiatives led by link staff.
- LINK PRACTITIONER COURSE: A bi-annual four-day course for staff to enable them to take on the role of infection control link practitioner within their clinical area.

Other training activity carried out by the Infection Prevention and Control team includes:

- Presentations to clinicians given at irregular intervals, usually at audit sessions.
- Ad hoc sessions given to other staff groups, in particular those in radiology, physiotherapy, occupational therapy, occupational health and portering, at least on an annual basis.
- Targeted training to support issues such as outbreaks, lessons learned and current 'hot topics'.

Infection Control Team staff update their own knowledge by attending in-house training sessions, external study days, conferences and formal education programmes.

15. CONCLUSION

A wide spectrum of infection prevention and control activities has been maintained across the Trust.

Over the year progress has been made in a variety of areas supported by considerable investment of resources. Unfortunately this has not translated into the achievement of the national MRSA target

Work in the year ahead will address this failure and strive to increase the robustness of infection prevention and control measures across the Trust from June 2008.

CONTRIBUTORS

Melanie Hornett Nursing and Patient Services Director
Dr. Alistair Gascoigne Director of Infection Prevention and Control
Dr Steve Pedler Lead Infection Control Doctor
Diane Palmer Assistant Director Quality
Professor Kate Gould Consultant Microbiologist (DIPC 2007-08)
Neil Watson Clinical Director Pharmacy
Matthew Lowery Antimicrobial Pharmacist
Steven Banister Head of Estates
Paul Brewis Operational Services Manger

AUDIT ACTIVITY BY DIRECTORATE

Cardiothoracic Services	<ul style="list-style-type: none"> Hand hygiene National Standards of cleanliness in NHS Theatre trolleys Toy cleaning (paediatric areas) Wall washing (Theatres) Wall washing (Catheter Labs) Wall washing (Recovery) Waste Environmental and cleanliness reviews
Care of Elderly	<ul style="list-style-type: none"> Hand hygiene National Standards of cleanliness in NHS Hand washing – Medical rounds Diagnosis and management of UTIs joint study with
Medicine	<ul style="list-style-type: none"> Catheter care Prevalence study of peripheral lines Ward environment Equipment checks VIP scores MRSA / C difficile eradication stickers
Children’s Services	<ul style="list-style-type: none"> Hand hygiene General standards including uniform, bottles, mandatory checks Milk feed Cleanliness reviews
Dental Hospital	<ul style="list-style-type: none"> Hand hygiene Water quality Bare below elbow
Dermatology	<ul style="list-style-type: none"> Hand hygiene Environmental cleanliness
ENT	<ul style="list-style-type: none"> Hand hygiene Environmental cleanliness
Infection Control	<ul style="list-style-type: none"> Rolling programme of policies Prevalence survey of peripheral IV line associated infections. Eradication Therapy
Internal Medicine	<ul style="list-style-type: none"> Hand hygiene MRSA swab compliance Antibiotic guidelines review

Elderly	<p>Clinical practice National Standards of cleanliness in NHS Diagnosis and management of UTIs joint study with Pilot of hand washing on Medical rounds</p>
Laboratory Medicine	<p>Transport of specimens</p>
Musculoskeletal Services	<p>Hand hygiene Cleanliness reviews Peer review of wards Antibiotic stop policy Alcohol gel Clean beds Clinical waste disposal Eradication therapy Seek and Destroy</p>
NCCT	<p>Hand hygiene Environmental and cleanliness Uniform compliance</p>
Neurosciences	<p>Hand hygiene National Standards of cleanliness in NHS Waste Environmental cleanliness</p>
Northern Genetics	<p>Environmental clinics</p>
Ophthalmology	<p>Hand hygiene Cleanliness reviews</p>
Perioperative & Critical Care Services	<p>Hand hygiene Air vent cleaning Clinical waste National Standards of cleanliness in NHS Patient satisfaction survey</p>
Pharmacy	<p>Antibiotic usage monitoring Ward 43 prevalence antibiotic prescribing / monitoring</p>
Plastic Surgery	<p>Hand hygiene Cleanliness review</p>
Radiology	<p>Hand hygiene Clinical trolley Wall washing General room cleaning Cleanliness review Communication – barriers to nursing National Standards of cleanliness in NHS</p>

Rehabilitation Services	Hand hygiene
Renal Services	Hand hygiene Estates / Nursing environmental Cleanliness reviews MRSA incidence C difficile incidence Eradication therapy
Specialist Haematology	Hand hygiene Seek and Destroy MRSA surveillance C difficile surveillance Policy knowledge and application of ICP Ward environment Water sampling Air sampling Environmental screening PVC Ward environmental deep clean
Surgical Services	Hand hygiene MRSA Seek and Destroy policy adherence Peer cleanliness / environmental C difficile awareness Cannula documentation Estates environmental
Urology Services	Hand hygiene Cleanliness reviews
Women's Services	Hand hygiene Cleanliness reviews Hand gel Uniform compliance Clinical waste