Director of Infection Prevention and Control (DIPC)

Annual Report

April 2010 to March 2011

Building on the Foundations – the second DIPC annual report for Dudley and Walsall Mental Health NHS Partnership Trust

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PREPARED ON BEHALF OF: Wendy Pugh – Director of Operations and Nursing/Director of Infection Prevention and Control

DATE: July 2011
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<td>DWMHPT</td>
<td>Dudley and Walsall Mental Health NHS Partnership Trust</td>
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<td>DIPC</td>
<td>Director of Infection Prevention and Control. An individual with overall responsibility for infection control and accountable to the registered provider</td>
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<td>CQC</td>
<td>The Care Quality Commission – the integrated regulator of health and adult social care</td>
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<td>ICC</td>
<td>Infection Control Committee</td>
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<td>GQC</td>
<td>Governance and Quality Committee</td>
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<td>MRSA</td>
<td>Meticillin-resistant Staphylococcus aureus</td>
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<td>C.diff</td>
<td>Clostridium difficile</td>
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<td>HCAI</td>
<td>Health Care Associated Infections</td>
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<td>QIPPP</td>
<td>Quality, Improvement, Prevention, Productivity, Partnership</td>
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<td>CYHC</td>
<td>Clean Your Hands Campaign</td>
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<td>NHSLA</td>
<td>NHS Litigation Authority</td>
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<td>ISS</td>
<td>Integrated Services Solutions</td>
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<td>NSC</td>
<td>National Standard of Cleanliness</td>
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<td>PEAT</td>
<td>Patient Environment Action Team</td>
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<td>IPS</td>
<td>Infection Prevention Society incorporating Infection Control Nurse Association</td>
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<td>ICNA</td>
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<td>HoS</td>
<td>Heads of Service</td>
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<td>CQUIN</td>
<td>Commission for Quality and Innovation</td>
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<td>DH</td>
<td>Department of Health</td>
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<td>HPA</td>
<td>Health Protection Agency</td>
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<td>SHA</td>
<td>Strategic Health Authority</td>
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<td>IPCT</td>
<td>Infection Prevention and Control Team</td>
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WHO  World Health Organisation
EBE  Expert By Experience
MEXT  Management Executive Team
OHD  Occupational Health Department
ESR  Electronic Staff Records
SI  Serious Incidents
EL  E-Learning
F2F  Face to Face Learning
IT  Information Technology
PPE  Personal Protective Equipment
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## Figure

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<td>Incidents by Category</td>
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DEFINITIONS/KEY INFORMATION

HCAI – Health Care Associated Infections

HCAI’s are infections acquired in hospitals or as a result of healthcare interventions. They are caused by a wide variety of microorganisms by bacteria that often live harmlessly in or on our body. Whilst people are most likely to acquire HCAI’s during treatment in acute hospitals, they can also occur in GP surgeries, care homes, mental health trusts, ambulances and people’s own homes. In fact anywhere that people are receiving clinical treatment.

Although the majority of HCAI’s cause minimal harm and can be treated like any infection, particular challenges are faced from MRSA and C.difficile. For those people with MRSA or C.difficile the consequences can be severe. In addition to the pain and suffering to patients and families there are also implications for NHS resources. Evidence suggests that patients with an MRSA bacteraemia spend on average an additional 10 days in hospital and for C.difficile the additional length of stay is 21 days. Infection can cost an organisation an extra £4,000-£10,000 per patient.

MRSA/MRSA BACTERAEMIA – Meticillin-Resistant Staphylococcus aureus

MRSA is a strain of the staphylococcus aureus bacteraemia which is resistant to commonly used antibiotics. About 30% of the population have some type of staphylococcus aureus bacteria living naturally on their skin or in their nose where it usually does them no harm. MRSA can be more difficult to treat and therefore infections may become more severe. MRSA can infect surgical wounds or ulcers and more seriously if it enters the blood stream it can cause bacteraemia.

C.DIFFICILE - Clostridium difficile

Clostridium difficile is a bacteria that lives in the gut of about 3% of healthy adults in England. It is kept at bay by normal gut bacteria but if those bacteria are killed by antibiotics, C.difficile can proliferate. Toxins released by C.difficile cause diarrhoea which can occasionally be very severe and life threatening. In most cases the infection develops after cross infection from another patient. Over 80% of cases of C.difficile infection are in people over the age of 65.

NOROVIRUS

Norovirus is the most common cause of gastroenteritis in hospital settings and outbreaks often lead to ward closure and major disruption in activity. Vomiting and short lived diarrhoea is the prominent symptom. During bouts of vomiting aerosol containing millions of live virus particles are released and are disseminated widely in the environment i.e. across several meters. Thorough environmental cleaning is an essential part of outbreak control management.
Secondary cases therefore occur easily, both through exposure to an infectious individual and the contaminated environment. Secondary attack rates are commonly high and staff themselves may become infected.

PRESSURE ULCER

A pressure ulcer is a localised area of damaged tissue as a result of pressure in combination with other variables of which there are four grades.

Grade 1 – Non-blanchable erythema
Non-blanchable erythema (redness) of intact skin. Discolouration of skin, warmth, oedema or hardness may also be used as indicators.

Grade 2 – Partial thickness (reportable locally through Safeguard)
Partial thickness skin loss involving epidermis, dermis or both. The ulcer is superficial and presents clinically as an abrasion or blister.

Grade 3 – Full thickness skin loss (reportable to SHA)
Full thickness skin loss involving damage to or necrosis of subcutaneous tissue that may extend down to, but not through the underlying skin layer (fascia). Bone, tendon or muscle is not exposed.

Grade 4 – Full thickness tissue loss (most severe, SI reportable to SHA)
Extensive destruction, tissue necrosis or damage to muscle, bone, or supporting structures with or without full thickness skin loss.
1.0 INTRODUCTION AND BACKGROUND

The role of the Director of Infection Prevention & Control (DIPC) was first described in Winning ways: working together to reduce healthcare associated infection in England (DH 2003) and has continued to be seen as the public face of infection prevention and control. Within Dudley and Walsall Mental Health Partnership Trust (DWMHPT) the DIPC role is within the portfolio of the Director of Operations and Nursing. A key responsibility of the DIPC is to produce an annual report.

This report is the second DIPC report for DWMHPT and reflects an overview of all aspects of the organisation’s infection prevention and control programme for 2010/11. This report is also a demonstration of assurance from the DIPC in relation to DWMHPT compliance with the Health and Social Care Act 2008 - Code of Practice for health and adult social care on the prevention and control of infection. The areas of compliance are demonstrated in Table 1.

2010/11 has been a year within which the DIPC can proudly within this report give assurances of full compliance and a clear array of evidence demonstrating that the organisation is moving forward in establishing a culture that reflects ownership and emphasises that infection prevention and control is everyone’s responsibility.

Equally, it is acknowledged that we continue to have a challenging agenda as we embed learning from our past year and change our practices to ensure robust patient safety.

The previous DIPC annual report for 2009/10, ‘Laying the Foundations – the first DIPC annual report for Dudley and Walsall Mental Health NHS Partnership Trust’, gave a very comprehensive overview of infection prevention and control activities within the early days of organisational development and clearly described an extensive journey of creating an infrastructure for embedding best practice in infection prevention and control within a new organisation. The foundations were laid during this year and we are now in a position to demonstrate how we have built on these foundations.

2010/11 has undoubtedly been a year of significant pace and the service transformation agenda has come a very long way as the Trust progresses it’s desire to fulfil it’s ambition of being ‘better together’ as a truly mental health focused provider, coupled with the challenging dilemma of improving efficiency whilst driving up quality.

DWMHPT has developed ‘Quality Matters 2011 – A quality strategy and framework to ensure quality is at the heart of the organisation’. This strategy and framework covers a period when the Trust will be undertaking significant service transformation and seeking to become a Foundation Trust. It aims to build on and support the progress made already in the organisation in relation to quality.

A key dimension of quality is that of patient safety, which in the context of infection prevention and control means that as an organisation, we must ensure that the environment is safe and clean and reduce avoidable harm, such as rates of healthcare associated infections.
Our Trust Quality Account for 2010/11 reflects our pride in how we have taken forward the infection prevention and control agenda as quoted below.

‘The Trust has continued to build on best practice standards in compliance with the Code of Hygiene and is proud of its approach to ensuring that Infection Prevention and Control is everyone’s responsibility. To support this key message the Trust has continued to develop the role of Infection Control Link workers - nominated individuals within all service areas who actively contribute to the championing, monitoring and ensuring best practice for infection prevention and control in the workplace. There are now 61 Infection Control Link workers across the Trust.

The Link Workers participate in an active and comprehensive education and development programme throughout the year which supports their role and improves expertise. The Link Worker team won the Trust’s ‘Recognising Success’ staff award for partnership in 2010. To enhance and drive quality improvement the Trust are progressing recruitment to a specialist Infection Control Lead Nurse to build capacity to continue the IPC quality journey during 2011/12.

The Trust Infection Control Committee is now very well established and during the next year the Trust anticipates involvement and membership from expert service users. Within the interview process for the IPC Lead Nurse an Expert By Experience was a panel member. Now that the Trust has built solid foundations we anticipate continued improvements and in particular intend to move forward with greater involvement of service users and carers in our strive to prevent and control infection and deliver excellent standards of compliance with the Code of Hygiene within our care environments.

During 2010/11 there were no MRSA bacteraemia breaches in the Trust. There was one breach of Clostridium Difficile in quarter one, with no further breaches for the remainder of the year.’

This second DIPC annual report will now demonstrate the following areas:

- Our whole system approach to infection prevention and control and compliance with the ‘Health and Social Care Act 2008 – Code of Practice for health and adult social care on the prevention and control of infection’. (Table 1)
- Achievements over the past year. The DIPC in her previous annual report, set out 20 areas for improvement (Table 2). Have we achieved what we set out to do?
- Quality and performance
- What have been our main areas of challenge?
- Showcasing positive developments and good practice.
- What are the key areas within which we need to do better?
- What would the DIPC like us to achieve during 2011/12?

The following sections of this report are intended to give a flavour of the industrious world of infection prevention and control during 2010/11. It is pleasing to see progressive evidence of quality improvement as we continue to learn our lessons and embed them so as to provide clean and safe environments for all those that use and work within our services.
Table 1 - Health and Social Care Act 2008 - Code of Practice for health and adult social care on the prevention and control of infections

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<tr>
<th>Compliance criteria</th>
<th>What the registered provider will need to demonstrate</th>
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<tr>
<td>1</td>
<td>Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that their environment and other users may pose to them.</td>
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<td>2</td>
<td>Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infection.</td>
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<td>3</td>
<td>Provide suitable accurate information on infection to service users and their visitors.</td>
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<td>4</td>
<td>Provide suitable accurate information on infections to any person concerned with providing further support or nursing/medical care in a timely fashion.</td>
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<td>5</td>
<td>Ensure that people who have or develop an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing on the infection of other people.</td>
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<td>6</td>
<td>Ensure that all staff and those employed to provide care in all settings are fully involved in the process of preventing and controlling infection</td>
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<td>7</td>
<td>Provide or secure adequate isolation facilities</td>
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<td>8</td>
<td>Secure adequate access to laboratory support as appropriate.</td>
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<tr>
<td>9</td>
<td>Have and adhere to policies, designed for the individual’s care and provider organisations that will help to prevent and control infections.</td>
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<tr>
<td>10</td>
<td>Ensure, so far is reasonably practicable, that care workers are free of and are protected from exposure to infections that can be caught at work and that all staff are suitably educated in the prevention and control of infection associated with the provision of health and social care.</td>
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The areas of compliance above have been widely and extensively communicated across the organisation during the past 12 months to raise awareness and to encourage personal responsibility thus enabling an organisational culture where infection prevention and control is everyone’s responsibility. The main vehicle within the organisation for reviewing our compliance is the Infection Control Committee (ICC) which reports on a monthly basis to the Governance and Quality Committee (GQC) to provide assurances accordingly.
2.0 THE WORK OF THE INFECTION CONTROL COMMITTEE (ICC)

The ICC is chaired by the Head of Nursing and the Vice-Chair responsibility is with the Head of Acute Services. The committee has met on a monthly basis during 2010/11 and has an integrated membership of staff from all directorates and partnership organisations. The expert contribution of infection control team representatives from Walsall and Dudley health economy has been crucial during the past year and will continue to be so during 2011/12, working closely with the newly appointed Infection Prevention and Control Lead Nurse within DWMHPT.

The main purpose of the Infection Control Committee is to oversee and monitor infection control policies, procedures and processes within the Trust, to ensure compliance with the *Health and Social Care Act 2008 - Code of Practice for health and adult social care on the prevention and control of infection*.

The ICC is required to provide assurances and reports to the GQC. The Head of Nursing provides a monthly exception report to GQC and the DIPC has an integral attendance and contribution at both the ICC and the GQC to then enable DIPC assurances to the Trust Board.

The work of the ICC during 2010/11 has focused upon steering the delivery of excellent standards across the Trust and has crucially made progress in establishing more formal mechanisms of reporting and assurance seeking. During the past year the Directorate of Operations and Nursing has established a system of service line reporting via five Heads of Service (HoS). The ICC during the last quarter of 2010/11 has considered how best to progress monthly service line reports from HoS reflecting the following:

- Hygiene Code Compliance
- IPC is an agenda item on every team meeting
- Visual display of IPC information and audit results is visible within areas
- MRSA screening compliance information reported quarterly by IPC teams
- IC Link Worker audit activity is up to date
- Learning from any incidents during past month
- Compliance with infection prevention and control mandatory training
- Infection Prevention and Control Link Worker mandatory training compliance

The template for service line reporting has been approved by the ICC and first reports will commence within the first quarter of 2011/12 and as such will be reflected in next year’s DIPC annual report.

The ICC has taken the opportunity to review the 20 areas that the DIPC outlined for development and improvement during 2010/11. Table 2 is intended to give a snapshot of progress and achievement within an overarching ethos of the ICC drive for continuous quality improvement.
### Table 2

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<th>AIM</th>
<th>2009/10</th>
<th>2010/11</th>
<th>EVIDENCE</th>
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| 1. Building capacity to deliver excellence by recruiting an Infection Control Lead Nurse | RED     | GREEN   | • Business case to ST Board successful  
• IPC Lead Nurse commences in post 1st July 2011                                                                                 |
| 2. Greater involvement of service user and carers within local forums relevant to infection prevention and control | RED     | AMBER   | • Expert By Experience (EBE) on interview panel for IPC Lead Nurse  
• EBE to become member of ICC  
• Local examples of Link Workers involving users and carers in Clean Your Hands Campaign (CYHC)  
• PEAT inspection team service user representation |
| 3. A more focused effort on learning lessons from incidents and audit outcomes hence driving quality improvement | RED     | GREEN   | • Quarterly incident reports to ICC  
• IPC learning outcomes integral to service line assurance reporting to ICC  
• Team Manager responsibility clear regards delivery of local action plans  
• IPC regular agenda item at all team meetings  
• Establishment of service line Quality Forums  
• Robust cycle of audit to trace quality improvement |
| 4. The establishment of the Heads of Service (HoS) roles and responsibilities with service line reporting to the ICC | RED     | AMBER   | • HoS in post  
• Service line reporting established  
• Monthly service line reports via HoS to ICC |
| 5. Developing surveillance systems                                  | RED     | AMBER   | • DIPC and Head of Nursing have robust networks to access local and national intelligence on IPC issues  
• Weekly surveillance reports received from across local health economy  
• All ICC members receive weekly local surveillance reports for awareness and local action |
| 6. Developing a clear pathway for service specifications and associated monitoring mechanisms i.e. provision of infection control team expertise and provision of microbiology services | RED     | AMBER   | • Head of Nursing has led a local process of developing service specifications in partnership with Contracts Performance Manager  
• Service contract signed off for 2010-11 |
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<th>2010/11</th>
<th>EVIDENCE</th>
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| 7. Financial review/stock take of infection control and prevention resource allocations | RED | AMBER | - Funding established for post of IPC Lead Nurse (one wte band 8a)  
- Service specification with NHS Walsall - £15,000 per year signed off  
- Wider contract specification work in process |
| 8. Exploring further opportunities to capture the patient experience of cleanliness within service delivery environments | RED | AMBER | - PEAT inspection  
- EBE involvement commenced  
- User information shared across inpatient areas pertinent to good hand hygiene (year four of CYHC) |
| 9. Policy development work to ensure consistency across the whole organisation | RED | AMBER | - Establishment of a specific IPC Policy Working Group led by Matrons  
- Monthly reporting to ICC  
- Baseline stock take of policy work required has been conducted  
- First draft policies prepared for wider consultation with a view to ratification by ICC  
- All existing policies available on SharePoint |
| 10. Sustaining partnership working across the whole health economy of Dudley and Walsall | AMBER | GREEN | - Head of Nursing contribution to NHS Dudley and NHS Walsall HCAI Health Economy Forums  
- Health Economy senior involvement in IPC Link Worker educational events  
- Solid local relationships between DIPC, Head of Nursing and Health Economy HCAI Leads  
- Head of Nursing approached to share good practice in IPC Link Working across the Health Economy and West Midlands SHA |
| 11. Further development and consistent implementation of incident reporting | RED | AMBER | - Audit and Effectiveness Facilitator has developed clear systems for IPC incident reporting and feeding back outcomes to HoS  
- Quarterly comprehensive incident reports to ICC and exception reports as appropriate on a monthly basis  
- Monthly exception reports to Governance and Quality Committee (GQC)  
- Education and increased awareness strategies for reporting IPC incidents across the whole Trust |
<p>| 12. Development of expertise to present data effectively, utilisation of data analysts | RED | AMBER | - First stage work activated to develop IPC dashboard |</p>
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<th>2010/11</th>
<th>EVIDENCE</th>
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| 13. To develop the effectiveness of the ICC and evaluation of it’s effectiveness | AMBER   | GREEN   | • Head of Nursing became official Chair of the ICC  
• Monthly ICC meetings  
• Monthly reports to GQC noted as good examples of exception reporting by GQC Chair  
• Comprehensive membership of ICC established  
• Real time evaluation of meeting effectiveness on a monthly basis  
• Local reputation as a productive and dynamic Committee |
| 14. To continue to embed the Infection Control Link Worker programme and build on best practice developments | AMBER   | GREEN   | • Infection Control Link Working programme was awarded the Recognising Success Partnership Award  
• DWMHPT hosted an IPC Link Worker Development Day/Conference. Excellent array of feedback from Ward to Board and from external attendees  
• Four educational forums per year established  
• Infection Control Link Worker role evaluated formally by Head of Nursing and Audit and Effectiveness Facilitator  
• Link Worker Best Practice Steering Group continues to meet quarterly to oversee best practice developments |
| 15. To further develop partnership working with the infection control teams across Dudley and Walsall healthcare economies | AMBER   | GREEN   | • IPC Lead Nurses from NHS Dudley and NHS Walsall integral members of DWMHPT ICC  
• IPC Lead Nurses provide expertise to Link Worker education forums  
• Head of Nursing invited to share best practice approach to Link Working to wider health economy and community service Link Worker forums  
• Continuing joint training, joint working on local policies and local supervision networks  
• Positive feedback from IPC Lead Nurses about DWMHPT IPC activity |
| 16. Building on positive relationships with the SHA and HPA      | AMBER   | GREEN   | • Robust relationship with SHA/HPA IPC Leads and good networking across the SHA West Midlands  
• Head of Nursing contributing to SHA educational forums and networking events |
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<td>17. Effective communications to ensure that any new builds and</td>
<td>AMBER</td>
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<td>Estates and Facilities representatives active members of ICC</td>
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<td>estates work planning and delivery has been informed by ICC</td>
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<td>Greater awareness and pro-active approach to considering IPC matters</td>
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<td>advice and guidance</td>
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<td>in estates planning</td>
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<td>18. The further development better of quality of information for</td>
<td>RED</td>
<td>AMBER</td>
<td>Visual displays of IPC awareness information in clinical areas</td>
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<td>patients, carers and visitors</td>
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<td>Visual displays of audit information in clinical areas.</td>
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<td>First stage work has commenced with a view to developing better</td>
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<td>quality and meaningful information</td>
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<td>AMBER</td>
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<td>19. To build on the foundations laid during 2009/10 within a</td>
<td>AMBER</td>
<td>GREEN</td>
<td>Concrete evidence of progress within ICC minutes, reports to GQC and</td>
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<td>framework of continuous quality improvement</td>
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<td>DIPC report to Trust Board</td>
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<td>IPC best practice firmly embedded within the organisational culture and</td>
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<td>service transformation programme</td>
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<td>Trust is proud to have a progressive and proactive approach to IPC</td>
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<td>as detailed within the Trust Quality Accounts</td>
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<td>Continuing compliance with standards pertaining to the Health and</td>
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<td>AMBER</td>
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<td>20. To continue our industrious approach to becoming even better</td>
<td>GREEN</td>
<td>GREEN</td>
<td>Internal and external reputation for good practice in infection</td>
</tr>
<tr>
<td>together in making our services cleaner and safer for everyone</td>
<td></td>
<td></td>
<td>prevention and control is sound</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>The DIPC annual report 2011 evidences clearly a very industrious ICC</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>and organisational work programme with a continual focus on quality</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>improvement</td>
</tr>
</tbody>
</table>

The above table demonstrates significant progress we have made during the past year and shows continual quality improvement within all 20 areas that were identified as requiring further work in our first DIPC annual report 2009/10.
4.0 QUALITY AND PERFORMANCE

This report now progresses to a range of gathered evidence in relation to the whole system of quality and performance including a focus upon the assurance process, PEAT results, training activity and compliance, Occupational Health highlights, HCAI incident reporting and audit activity. The key focus within all of these areas is on driving continual quality improvement.

4.1 The Assurance Process for 2010/11

The Health and Social Care Act 2008 - Code of Practice for health and adult social care on the prevention and control of infection guides organisations towards an assurance framework which demonstrates that infection prevention and control are an integral part of quality and performance activity. Within DWMHPT the assurance process includes the following:

- The provision of an annual programme of activities approved and regularly monitored by the ICC (Winning Ways 2003, the Health and Social Care Act 2008)
- Reporting from ICC to GQC on a monthly basis via the Head of Nursing
- Production of the DIPC annual report which is presented to the Trust Board and demonstrates compliance with the Health and Social Care Act 2008 – Code of Practice for health and adult social care on the prevention and control of infection
- Achieved compliance with Care Quality Commission (CQC) standards
- Maintained NHSLA Level 1 compliance
- Patient Environment Action Team (PEAT) reviews Tables 4 - 6
- CQUIN reporting mechanisms for mandatory reporting of MRSA bacteraemia and Clostridium Difficile
- The second Trust Quality Account for 2010/11 has highlighted the infection control link worker programme as a best practice example of quality improvement
- Adoption of various national initiatives for the reduction of HCAI's i.e. Clean Your Hands Campaign (CYHC) (campaign concluded March 2011, year four)
- Appreciative Enquiry feedback (Commissioner led local review process)
- Scheduled West Midland Quality Review process feedback (visit scheduled 9th-13th May. At time of writing this report the WMQRS review team have given feedback that the IPC Link Worker programme is a good practice example which could be shared across other organisations. This will be formally reported in next year’s DIPC annual report.).
- Extensive range of internal and external IPC/cleaning contract audits, the outcomes of which are reported on a quarterly basis to the ICC.

In its second year of operation the Trust faced a challenging period of organisational transition as we move towards service transformation and progression of Foundation Trust status application. Staff have worked exceptionally hard to embed safe and effective practice within the arena of infection prevention and control. The evidence of this in the context of infection prevention and control is demonstrated within the assurance processes described and as highlighted in Table 3.
4.2 Highlights

Table 3 – Quality and Performance 2010/11 (key highlights)

<table>
<thead>
<tr>
<th>Regulator</th>
<th>Compliance/No. of Incidents 2009/10</th>
<th>Compliance/No. of Incidents 2010/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Quality Commission</td>
<td>Registration with no conditions</td>
<td>Registration with no conditions</td>
</tr>
<tr>
<td>National Health Service Litigation Authority</td>
<td>Level 1 compliance</td>
<td>Level 1 compliance</td>
</tr>
<tr>
<td>Strategic Health Authority (reportable pressure ulcers grade 3 or 4)</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Key Performance Indicators (number of incidents)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MRSA bacteraemia</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Clostridium Difficile</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

4.2.1 Patient Environment Action Team Results (PEAT)

The Trust takes part annually in a national programme of assessment known as Patient Environment Action Team (PEAT), this is currently managed by the National Patient Safety Agency. Under the programme every inpatient healthcare facility in England with more than 10 beds is assessed annually and given a rating of Excellent, Good, Acceptable, Poor or Unacceptable. The PEAT self-assessment provides a framework for inspecting standards in relation to environment, food and privacy and dignity. Inspection of cleanliness is a key component of the PEAT self-assessment.

Assessments are carried out by NHS staff (nurses, matrons, doctors, catering and domestic service managers, executive and non-executive directors, dieticians and estates directors). Patients, patient representatives and members of the public are also part of this assessment process. During 2010 Trust-wide PEAT inspections took place and were managed by NHS Dudley Estates Department on behalf of DWMHPT.

Within this second DIPC annual report we are in a position to progress a comparison of PEAT scores for 2009/10/11 as detailed below.
### Table 4 – PEAT Inspection Results for 2009

<table>
<thead>
<tr>
<th>Site</th>
<th>Environment</th>
<th>Food</th>
<th>Privacy &amp; Dignity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bushey Fields Hospital</td>
<td>Excellent</td>
<td>Excellent</td>
<td>Excellent</td>
</tr>
<tr>
<td>Dudley</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bloxwich Hospital</td>
<td>Good</td>
<td>Excellent</td>
<td>Good</td>
</tr>
<tr>
<td>Walsall</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dorothy Pattison Hospital</td>
<td>Acceptable</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Walsall</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 5 – PEAT Inspection Results for 2010

<table>
<thead>
<tr>
<th>Site</th>
<th>Environment</th>
<th>Food</th>
<th>Privacy &amp; Dignity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bushey Fields Hospital</td>
<td>Excellent</td>
<td>Acceptable</td>
<td>Excellent</td>
</tr>
<tr>
<td>Dudley</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bloxwich Hospital</td>
<td>Good</td>
<td>Acceptable</td>
<td>Excellent</td>
</tr>
<tr>
<td>Walsall</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dorothy Pattison Hospital</td>
<td>Good</td>
<td>Good</td>
<td>Excellent</td>
</tr>
<tr>
<td>Walsall</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 6 - PEAT Inspection Results for 2011

<table>
<thead>
<tr>
<th>Site</th>
<th>Environment</th>
<th>Food</th>
<th>Privacy &amp; Dignity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bushey Fields Hospital</td>
<td>Good</td>
<td>Excellent</td>
<td>Excellent</td>
</tr>
<tr>
<td>Dudley</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bloxwich Hospital</td>
<td>Excellent</td>
<td>Excellent</td>
<td>Excellent</td>
</tr>
<tr>
<td>Walsall</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dorothy Pattison Hospital</td>
<td>Excellent</td>
<td>Excellent</td>
<td>Excellent</td>
</tr>
<tr>
<td>Walsall</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reductions or improvements in standards are highlighted with arrows in the above tables and the PEAT results are an integral component of the ICC agenda where relevant leads are requested to demonstrate their action plans to improve PEAT scores with a view to achieving total excellence for 2012.

### 4.3 Training

Infection Control training remains a core mandatory requirement for all permanent employees of Dudley and Walsall Mental Health Partnership NHS Trust. The agreed standard is that all new starters receive training as part of their induction programme which is updated annually for clinical staff and three yearly for non clinical staff. This also applies to bank staff working within the Trust. There is a clear expectation that staff working within mental health teams who are employed by the Local Authority complete training as stated by accessing Trust sessions or equivalent sessions delivered by their employer.

During 2010/2011 face to face training has been delivered by Infection Prevention and Control specialists, from within NHS Dudley and NHS Walsall. Twenty-four sessions of mandatory training have been provided offering 634 places. The following subject areas are covered within these sessions:
- Hand hygiene
- Personal protective equipment
- Waste disposal
- Clean environment
- Decontamination
- Sharps and Blood Born Virus’s
- Topical/current issues
- Healthcare associated infections such as MRSA, C.diff
- Flu Pandemic

Uptake of face to face training has improved throughout the year. Factors to influence this have been awareness raising at a Trust wide level about the importance of mandatory training, improved provision of reports on team training activity, a firmer stance towards non-attendance or last minute withdrawal from training sessions including regular reports on this to Management Executive Team (MEXT). In addition, the Trust has been piloting delivery of infection control training within an annual refresher day designed to ease release of staff from wards. During 2010/11 there has undoubtedly been a significant amount of infection prevention and control awareness raising work done at a local level through Infection Control Link Workers which also appears to have contributed to improvements in the uptake of face to face IPC mandatory training.

E-learning uptake remains poor. This has been hampered by access and running issues at both a local and national level. The introduction of use of Smart Cards is expected to ease future access problems and use of the home access route from Trust PCs has been recognised as a means of trying to short cut some of the ongoing running problems. It is recognised that clinical staff often prefer or choose to access face to face training in preference to e-learning. In response to this future provision of face to face training is being extended by using larger venues to accommodate more people in the annual refresher format. Face to face training places are self booked through the Employee Self Serve function of ESR and attendance is updated in individual training histories. Staff not directly employed by the Trust are given support to book places by the Learning and Development team and this training activity is recorded on ESR as external customers.

Mandatory Training compliance as a whole is reported to the GQC on a monthly basis and compliance specific to infection control training is reported to the ICC on a quarterly basis.

It is acknowledged within this report that there is a need to improve local systems of monitoring staff compliance with mandatory infection prevention and control training. Within the new service line reporting structures, HoS are required to present any risks/exceptions pertaining to staff compliance with mandatory training to the ICC. The contribution of the Trust Clinical Nurse Specialist (Education) to the work of the ICC has been invaluable and the information below has been submitted for inclusion in the DIPC annual report by the Learning and Development team.
Table 7 – Training Compliance Rates

<table>
<thead>
<tr>
<th>Type of Training</th>
<th>Frequency</th>
<th>Target Figure</th>
<th>Completed Training</th>
<th>% Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infection Control Non Clinical</td>
<td>Once every 3 Years</td>
<td>334</td>
<td>251</td>
<td>75.15%</td>
</tr>
<tr>
<td>Infection Control Clinical EL</td>
<td>Annually</td>
<td>410</td>
<td>135</td>
<td>32.93%</td>
</tr>
<tr>
<td>Infection Control Clinical F2F</td>
<td>Annually</td>
<td>450</td>
<td>376</td>
<td>83.56%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>1194</td>
<td>762</td>
<td><strong>63.82%</strong></td>
</tr>
</tbody>
</table>

Table 8 – Year on Year Comparative

<table>
<thead>
<tr>
<th>Type of Training</th>
<th>March 09 Baseline</th>
<th>March 10</th>
<th>March 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infection Control F2F</td>
<td>39%</td>
<td>74%</td>
<td>84%</td>
</tr>
</tbody>
</table>

Figure 1 – Clinical Face to Face Training

In summary, the Trust has achieved and exceeded the set target of 80% compliance for 2010/11 in a face to face context, however, there is a significant amount of work to do to drive compliance with E-Learning uptake. There has been a great deal of targeted training and development activity during 2010/11 to improve compliance with mandatory requirements and it will be extremely important to maintain vigilance in this area during 2011/12.
4.4 Occupational Health Highlights

The Occupational Health Department (OHD) contribution has continued to be invaluable during 2010/11. The Occupational Health Manager will continue to play a key role in driving quality improvement within the areas of risk based pre-employment screening, management/treatment of sharps injuries and uptake of seasonal flu vaccination programme.

4.4.1 Pre-placement checks

Figure 2 below shows the amount of pre-placement health checks performed, immunisation screening undertaken and vaccines administered by the Occupational Health Department (OHD) in 2010 in compliance with the Pre-placement health screening procedure which underpins Criterion 10 of The Health and Social Care Act 2008. New employees with no immunity to certain diseases have been offered vaccination in accordance with Department of Health guidelines.

Figure 2 – Pre-placement Health Checks

4.4.2 Injuries / incidents

There were a total of seven incidents reported by DWMHPTT staff to OHD in compliance with The Management of Sharps Injury Policy for 2010. This compares to 13 reported for 2009 (Figure 3). The main decrease seen was in the number of bite incidents sustained by staff from patients during restraining procedures.
In an attempt to reduce sharps injuries further the ICC and Health and Safety Committee have been informed about the pending implementation of the EU Sharps Directive which has been approved by the European Council of Ministers. It sets out the minimum standards required to prevent injuries to workers in the hospital and healthcare sector caused by sharps and is scheduled to be implemented in the UK and other European countries in 2012. In practical terms, thought now needs to be given to purchasing and training in the use of safer sharps products with built in safety mechanisms and gradually phasing out current devices without such features.

Flu programme for 2010

The OHD worked closely with senior managers, Human Resources, Corporate Communications and Public Health in order to promote the 2010 seasonal flu campaign. This was not helped by there being an absence of a national flu campaign and the fact that the 2010 flu vaccine incorporated the H1N1 flu strain, which some employees were reluctant to have due to concerns about the safety of the vaccine and the number of side effects experienced by staff the previous year (2009) after being vaccinated with Pandemrix (swine flu) vaccine.

Despite the absence of a national advertising campaign the OHD administered 222 flu vaccines to DWMHPT employees in 2010, 186 of which were to front line staff with an additional 23 vaccines having been administered in January 2011 bringing the total number of staff vaccinated to 245. This compares to 337 staff receiving the seasonal flu vaccine in 2009 and 231 frontline health care workers consenting to have Pandemrix in the same year (total number of vaccines given in 2009 was 568).

Table 9 illustrates the occupational uptake of vaccination for 2010.

The OHD continued to offer the flu vaccines as directed by the DH well into 2011 urging staff to contact the department in order to make an appointment. To utilise resources effectively on-site vaccination sessions were offered where there was a guaranteed number of 10 or more staff requesting it.
Table 9 – Seasonal Flu Vaccine Uptake

<table>
<thead>
<tr>
<th>Occupation</th>
<th>(A) Number of HCWs involved in direct patient care on day of data extraction</th>
<th>(B) Number in (A) vaccinated between 1st Sept 2010 &amp; end of survey week</th>
<th>(C) % in (A) vaccinated between 1st Sept 2010 &amp; end of survey week Calculated</th>
<th>(D) Number in (A) who have refused vaccination between 1st Sept 2010 &amp; end of survey week</th>
<th>(E) % in (A) who have refused vaccination between 1st Sept 2010 &amp; end of survey week Calculated</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Doctors (excluding GPs)</td>
<td>95</td>
<td>20</td>
<td>21.05</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>Qualified Nurses, midwives and health visitors (excluding GP Practice Nurses)</td>
<td>443</td>
<td>66</td>
<td>14.90</td>
<td>0</td>
<td>0.00</td>
</tr>
</tbody>
</table>
| All other professionally qualified clinical staff, which comprises of:  
  • Qualified scientific, therapeutic & technical staff (ST&T),  
  • Qualified allied health professionals (AHPs)  
  • Other qualified ST&T  
  • Qualified ambulance staff | 174 | 28 | 16.09 | 0 | 0.00 |
| Support to Clinical Staff, which comprises of:  
  • Support to doctors & nurses  
  • Support to ST&T staff  
  • Support to ambulance staff | 316 | 72 | 22.78 | 0 | 0.00 |
| Total (calculated by system) | 1028 | 186 | 18.04 | 0 | 0 |

4.5 HCAI Incident Reporting

DWMHPT has needed to take stock and establish incident reporting processes for infection prevention and control during 2010/11 in line with the wider development of governance frameworks and assurance processes within the organisation. In accordance with the Trust’s Incident, Near-Miss and Serious Untoward Incident Policy, all staff are encouraged to report incidents and near miss events relating to infection prevention and control. It is noted within the context of this report that skin integrity/pressure sore grades 1-4 are formally recorded within the broad category of infection control incidents. Learning during the past year has demonstrated the need to sophisticate this category of reporting with a view to reviewing trends (the outcome of this work will be demonstrated within the HCAI incident reporting section of the 2011/12 annual report.

Data from the incident reporting systems is collated centrally, formatted and presented on a quarterly basis to the ICC by the Governance Department. Incident data is now collated by service line as opposed to specific localities. A vast amount of work is in progress with a partnership approach between HoS, Governance
Department and the ICC to further develop meaningful incident reporting structures and processes to share learning and embed changes in practice. This is identified as an area for development during 2011/12.

4.6 Key Highlights of Incident Activity

- There have been no cases reported of MRSA bacteraemia during 2010/11
- There has been one serious incident case of Clostridium Difficile during 2010/11
- There has been one serious incident reportable pressure ulcer to the SHA
- There have been two reported outbreaks of Norovirus
- There has been a general increase in awareness of the need to report infection control related incidents

4.7 Incident Analysis

For the period April 2010 to March 2011 there were 28 incidents reported via the Trust’s incident reporting system that pertained to infection control. This is demonstrated within Figure 4.

There were 10 incidents pertaining to pressure sores (recorded as Wound Infection/Pressure Incidents) reported by the organisation via its incident reporting system during the period April 2010 to March 2011. Of these 10 incidents, one incident was SI reportable and was a recorded case of a Grade 4 pressure sore on Malvern Ward. This incident represents 4% of the incidents reported under the category “Infection Control” via the Trust’s incident reporting system. The remaining nine incidents pertaining to pressure sores were relevant to an array of skin integrity concerns, several of which were recorded as grades 1 and 2 pressure sores. It is considered that the increase in reporting skin integrity concerns is a direct consequence of an energetic campaign within the organisation to promote awareness of the importance of skin assessment, care management and appropriate escalation and reporting structures.
There were nine incidents reported via the Trust’s reporting system as cross infection/healthcare related, of these three were SI reportable representing 13% of reported incidents. Of these three incidents, two were outbreaks of Norovirus and one was an outbreak of Clostridium Difficile.

**Table 10** shows that there was an increase in the number of infection control incidents reported within the Trust during 2010/11. An increased awareness in the importance of reporting infection control incidents, particularly those surrounding pressure sores and wound management may have contributed to the increase in incidents reported. During this period the Trust has also introduced web-based incident reporting via the Trusts incident reporting system. This change in the reporting culture has made the reporting of incidents much quicker and simpler and may also have been a contributing factor for this increase.

The Trust currently sub divides the “Cause Group” infection control, into five different sub reporting categories these are:

- Clinical Waste/Environment
- Cross Infection/healthcare associated
- Sample Related (Blood/Fluids)
- Sharps - Needle Stick Incident
- Wound Infection/ Pressure Sores

There is currently work ongoing to review the appropriateness of these reporting categories. In reviewing these categories it is hoped that this will improve the quality of reporting and in doing so improving the Trust’s evidence base surrounding infection control incidents.

**Table 11** shows the number of infection control incidents by Service Line. These numbers are highest for Older Adults Services and Acute Services. This is to be expected and is a reflection of the larger number of incidents that Older Adults Services and Acute Services generates. There were no infection control incidents reported for Early Intervention Services.

<table>
<thead>
<tr>
<th>Category</th>
<th>09/10</th>
<th>10/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharps / Needle stick Injuries</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Clinical Waste / Environment</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Cross Infection /healthcare Associated</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Wound infection / Pressure Sores</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Sample Related (Blood/Fluids)</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>11</strong></td>
<td><strong>28</strong></td>
</tr>
</tbody>
</table>
### Table 11 Number of Infection Control Incidents, by Category & Service Line

<table>
<thead>
<tr>
<th>Service Line</th>
<th>Category</th>
<th>Number of Incidents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recovery Service</td>
<td>Clinical Waste / Environment</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Sharps - Needle Stick Incident</td>
<td>1</td>
</tr>
<tr>
<td>Acute Services</td>
<td>Clinical Waste / Environment</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Cross Infection / healthcare Associated</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Sample Related (Blood/Fluids)</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Sharps - Needle Stick Incident</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Wound Infection/ Pressure Sores</td>
<td>2</td>
</tr>
<tr>
<td>Community Services</td>
<td>Cross Infection / healthcare Associated</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Sharps - Needle Stick Incident</td>
<td>1</td>
</tr>
<tr>
<td>Older Adults</td>
<td>Cross Infection / healthcare Associated</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Wound Infection/ Pressure Sores</td>
<td>8</td>
</tr>
</tbody>
</table>

The opportunity of service line reporting has been helpful as we locally review the number and nature of incidents within each area. Within the above table we can observe that the majority of incidents are recorded within the Acute and Older Adult Services, within which we have our inpatient areas where the risk of incident is greater.

The category of wound infection/pressure sore needs to be considered in context as within the current category we have no breakdown of grades of pressure sore as defined within the definition section of this report.

During the period April 2010 to March 2011 there were four SI’s reported by the Trust via UNIFY (Governance reporting system) to the SHA this is indicated in **Table 12** overleaf.
<table>
<thead>
<tr>
<th>UNIFY Number</th>
<th>Date of Incident</th>
<th>Incident Type</th>
<th>Site of Incident</th>
<th>Summary of Lessons Learnt</th>
</tr>
</thead>
</table>
| 2010/6031    | 19-May-10       | Norovirus Outbreak | Cedars Ward, Bloxwich Hospital | **Staff on Cedars had commenced all necessary infection procedures at first indication of infection. Excellent and vigilant staff at Bloxwich hospital, complete confidence that all standard procedures are adhered to.**  
- Timely response from ISS cleaning service  
- Need to ensure consistent awareness and understanding of reporting procedures in relation to Norovirus  
- Need for all staff to be aware of correctly labelling samples  
- Successful use of video conferencing to conduct Outbreak Control Group meeting |
| 2010/7780    | 21-Jun-10       | C.diff | Holyrood Ward, Bushey Fields Hospital | **Need for consistent staff understanding and care delivery approach in relation to measuring input and output in nutritionally compromised patients**  
- Importance of early detection and prompt sending of stool samples to the laboratory  
- Need to improve awareness of patient transfer protocol and the requirement to include essential information with regard to symptomology and care management approach  
- Greater awareness and understanding of C.diff and outbreak management procedures  
- Information available to staff needs to be current and evidence based  
- Prompt access to thorough cleaning of environment and equipment is significantly important to preventing the spread of infection |
| 2011/3930    | 28-Feb-11       | Pressure ulcer Grade 4 | Malvern Ward, Bushey Fields Hospital | **There needs to be a consistent understanding of pressure ulcer/skin deterioration incident reporting structures**  
- Visual information and supporting evidence material for staff to access when assessing and managing skin needs to be consistently formatted and available within all clinical areas. All staff need to take responsibility to ensure they know how to access the information. The leadership team need to discuss this in team meetings as a regular agenda item  
- There is a need to develop an evidence based skin care/pressure ulcer resource folder to be easily accessible in all clinical areas  
- A pressure ulcer/wound care management policy is needed  
- Mental Health nursing staff need to take responsibility for ensuring that they are up to date with fundamental nursing skills i.e. aseptic technique refresher training and basic awareness of tissue viability  
- There needs to be a greater understanding of the importance of skin care and the association of pressure ulcers/wounds with safeguarding policy and procedure  
- Roles and responsibilities of the Matron within the incident reporting procedure needs to be clarified and communicated consistently within governance and operational structures. Local ‘in-house’ reporting needs to be reviewed and integrated within a governance framework  
- The importance of high standards of record keeping is |
highlighted. The skin care plan must be specific and consistent language pertaining to the description of skin deterioration is essential
- Staff need to be consistently aware of Tissue Viability Nurse access pathway
- Contractual arrangements pertaining to access to tissue viability services for patients across Bushey Fields need to be clarified
- Opportunities for refresher education and training need to be considered for both nursing and medical staff

<table>
<thead>
<tr>
<th>Date</th>
<th>Incident Description</th>
<th>Location</th>
<th>Recommendations</th>
</tr>
</thead>
</table>
| 2011/5738  | Norovirus Outbreak           | Ambleside Ward, Dorothy Pattison Hospital | - React sooner, provide accurate information and be in a position to get a clear picture earlier.  
- Better communication needed at ward level to escalate the possibility of Norovirus at the first sign of symptoms.  
- Posters to be on wards throughout the hospital informing relatives that they should not visit if they are unwell/have diarrhoea and vomiting.  
- Process for taking of samples, to ensure that appropriate samples are sent, that transportation of samples is conducted in a timely manner and receipt of samples at laboratory needs to be clarified and consistently applied.  
- The correct Infection Prevention and Control Service to be informed and invited to attend affected clinical area at the first sign or concern.  
- The involvement of the Occupational Health Department needs to be clarified in relation to supporting staff if they are experiencing any symptoms of diarrhoea & vomiting.  
- ISS response times to be addressed as they were initially unable to respond due to the time of day.  
- A number of issues to be address concerning overall ward cleanliness by ISS & ward staff.  
- To ensure all staff receive training in the appropriate use of Sanichlor & of the storage & use of yellow cleaning equipment  
- Training to be given to all ward staff to recognise signs & symptoms of Norovirus.  
- Clarification on responsibilities of reporting to Health Protection Agency & Public Health, understanding of local incident reporting and Governance / Infection Control interface  
- A review of how best to manage isolation procedures with patients in an acute psychiatric setting. |

The above incident data is presented on a quarterly basis to the ICC and monthly exception reports are presented to GQC. HoS take responsibility for ensuring that the learning from the incidents and the actions that need to be activated to change practice are taken forward at local level. As we progress to the third year of DIPC annual reporting, a key focus will be upon our demonstration of embedding the learning and making a difference to patient safety. From an assurance perspective, we do have to drill down the embedding lessons and changing practice component pertinent to the incident reporting/SI investigation outcomes process. This is an integral part of our continuing quality improvement cycle.
4.8 Overview of Audit Activity

A key component of our drive to improve quality and demonstrate excellent performance and compliance with the ‘The Health and Social Care Act 2008 – Code of Practice for health and adult social care on the prevention and control of infection’ is our audit programme.

During 2010/11 the ICC has placed great emphasis on developing efficient and effective audit activity. We recognised in our previous DIPC annual report that we had a significant amount of work to do to be in the position of achieving a robust audit process. The Trust Audit and Effectiveness Facilitator has supported the ICC in developing audit activity and reporting templates that allow presentation of year on year comparative data. It is acknowledged that we continue to have room for improvement within the audit arena.

It is anticipated that with the appointment of the IPC Lead Nurse for DWMHPT, will come a review of current audit areas to allow meaningful audit specific to mental health service areas and patient need. Within this DIPC annual report it is important to recognise that there continues to be a great deal of work to do with regard to consistent implantation of local actions, learning lessons and changing practice following presentation of audit data. Our process is undoubtedly more sophisticated now but we continue to move towards consistent implementation. This will be a key component of our work programme during 2011/12. We recognise however, that we have seen a significant amount of work pertaining to audit during 2010/11.

Audit activity during the past year has focused upon the following areas:

- IPC Link Worker Internal Observational Audits
- Mattress and Pillow Audit Internal Audit
- External Infection Control Related Audit activity as conducted by IPC Teams from within NHS Walsall and NHS Dudley

Specific detail of the above audit activity is presented in Appendix 1.

There are two key components which form the overall infection control audit programme for DWMHPT as detailed below.

4.8.1 Internal Audits

We conduct internal audits which offer assurance to the Trust that our local day-to-day practice in respect to infection control is robust; specifically hand hygiene, sharps, personal protective equipment (PPE) and mattress audits. These audits are carried out by Link Workers in partnership with team managers, supported by the Governance Team. The audits look at day to day operations within a service and the outcomes of these audits are reported on a monthly basis to Governance and on a quarterly basis to the ICC.

Within the audit process there is a clear message that if any immediate risk issues or concerns are highlighted, the Link Worker and Manager implement the necessary local action to manage the risk and report in accordance with Trust policy. The local Link Worker Forums facilitated by the Head of Nursing, Clinical Nurse Specialist (Education) and the Audit and Effectiveness Facilitator, provide an opportunity for Link Workers to discuss all aspects of the audit process.
At the stage of writing the second DIPC annual report, it is noted that during the past year, we have achieved a position of improved audit process and data presentation which has allowed us to provide year on year comparative data which we were not in a position to do last year. This report emphasises a real time flavour that the internal audit information within Appendix 1 is indeed hot off the press and was presented to the May ICC.

4.8.2 External Audits

External audits confirm that we have the necessary policies, training and equipment in place to deliver safe care and treatment to our patients. These audits are carried out by Infection Control Nurses from NHS Dudley and NHS Walsall. The audits look at all areas of infection control processes, facilities and environment and are carried out annually and reported to the ICC.

The ICC teams have reported their audit data to the Governance Department and the data has been presented as within Appendix 1 for consideration by the ICC in May 2011. It is noted that at local level all areas have given assurances to the DIPC that remedial actions have been implemented and again it is anticipated that the DIPC annual report (2011/12) will give a comprehensive review of audit outcomes and a year on year comparative analysis.

4.8.3 Establishing Meaningful Audit Tools and Reporting and Presenting of Data

The DWMHPT Audit and Effectiveness Facilitator has played a major role in developing a robust audit framework. The HoS are now established in post and the service line reporting structures are progressing positively. There is good HoS representation at the ICC. We have undoubtedly moved during the past two years from an ad hoc approach to an approach to one which demonstrates making significant headway both in terms of the content and structure of clinical audit and the reporting systems now in place. Our focus for the next year must be on taking forward the common lessons and learning highlighted in our trends and embedding them in changing practices.

Further to this it has been a significant challenge to gather the data into a consistent presentation format. At the time of producing the DIPC annual report, it is pleasing to note that we are in a position to demonstrate our internal and external audit data for 2010/11 and offer some comparison year on year. It is also important to state that the audit reports presented within Appendix 1 have been presented to the ICC and appropriate local action plans have been activated. The ICC will monitor local actions and progress a pathway of assurance via the Head of Nursing to the Governance and Quality Committee and via the DIPC to Trust Board during 2011/12.

4.9 Cleaning Services and Monitoring Arrangements

In addition to the previously mentioned array of internal and external audits, contractor self-monitoring is currently in placed and based on the National Standard of Cleanliness (NSC). Provision of cleaning services for all DWMHPT owned and
leased sites is contracted to ISS Mediclean Limited. DWMHPT Estates and Facilities Management Department work closely with the contractor and operations staff to ensure standards are met.

The results of the contractor self-monitoring audits are presented to the ICC on a quarterly basis and it is a positive development that Estates, Facilities Management and contractor representatives are key members of the ICC. On occasions, where audits have demonstrated a concern with cleaning standards, matters have been discussed and problems solved within an ICC arena. It has also become apparent that we have needed to develop a closer interface between the cleaning audit process and the clinical leadership team to ensure activation of joint responsibilities i.e. Matron involvement with cleaning audit process and associated driving of standards.

The DIPC has developed a robust local working relationship with management representatives from ISS Mediclean Limited during 2010/11 and has held individual meetings with the contractors in relation to any matters that require immediate resolve i.e. immediate deep cleaning activity consequential to Norovirus outbreaks.

While providing evidence that we provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infection, there is a requirement for DWMHPT to have a Decontamination Lead role. The Decontamination Lead role will be to support the Trust’s ICC in establishing a baseline position in order to ensure that we are compliant with NCS, have an active programme of cleanliness monitoring, providing appropriate isolation facilities and developing appropriate policies pertaining to cleaning services, building and refurbishment, waste management, laundry arrangements, planned preventative maintenance, pest control, food hygiene, Legionella policy and a policy regards management of drinkable and non-drinkable water supplies. The ICC, the Director of Operations and Nursing and the Estates team will support and contribute to this work.

The Estates and Facilities Department at time of writing this report, have taken a lead role in progressing a procurement process for the identification of a Decontamination Lead provider.

With the appointment of the IPC Lead Nurse we anticipate a position of progressing further our partnership approach to ensuring high standards of cleanliness and progress with Estates and Facilities IPC related issues.
5.0 WHAT HAVE BEEN OUR MAIN AREAS OF CHALLENGE DURING 2010/11

5.1 Headlines

♦ The opportunity to demonstrate effective management of two Norovirus outbreaks and ensuring that learning from both outbreaks now informs future effective outbreak management

♦ Managing and learning from an incident of Clostridium Difficile (Table 12)

♦ Establishing a whole system approach to the prevention, management and reporting of skin integrity/pressure ulcer SI. The pressure ulcer incident and the associated learning has been a real alarm call for DWMHPT. The SHA/NHS West Midlands have undertaken a piece of work which will issue tissue viability guidance for reporting and safeguarding. The wider SHA experience of reporting and managing pressure ulcer related SI’s has indicated the need for additional guidance, support and clarification of the criteria to be used when evaluating pressure ulcer related SI’s. At time of writing this report NHS West Midlands have circulated the final version of ‘Tissue Viability – Guidance for Reporting and Safeguarding’ (June 2011), which has subsequently been extensively cascaded and communicated throughout our organisation. A local work programme is in place to ensure good skin assessment and care management for patients entering into our inpatient services.

♦ Table 2 identified the areas that we have prioritised as wanting to achieve during 2010/11. It is clearly demonstrated that the past year of industrious whole system infection prevention and control activity has led to significant improvement in many areas. However, there are several areas that have continued to provide challenge and which will form part of our continuous quality improvement programme during the coming year.
  > Greater involvement of service users and carers within local forums relevant to infection prevention and control. Developing creative approaches to capturing the patient experience of cleanliness within service delivery environments
  > Developing more effective surveillance systems
  > Developing slicker processes for contract specifications with providers of specialist infection prevention and control expertise
  > Policy development work to ensure consistency across the whole organisation
  > Development of infection prevention and control information dashboards and effective data presentation and analysis
  > Better quality information for patients, carers and visitors i.e. visual displays of hand hygiene compliance within clinical areas

♦ Ensuring that the infection prevention and control agenda, as a key component of quality and patient safety, remains of the utmost priority at a time of great organisational transition and that excellent standards are maintained
6.0 SHOWCASING GOOD PRACTICE

The role of Infection Prevention and Control Link Worker continues to be crucial in
driving good quality standards and safe practice at local level. The Trust now has 67
IPC Link Workers. The Head of Nursing continues to Chair an IPC Link Worker Best
Practice Steering Group which meets quarterly to ensure we keep the momentum of
good practice going amidst the service transformation challenges.

On reflection, 2010/11 has been a very industrious and progressive year which has
yielded significant achievements within the world of IPC Link Working. A selection of
good practice examples are identified below.

6.1 Recognising Success 2010 Partnership Award

Infection Control Link Workers were nominated by Alison Geeson, Head of Nursing
and were successfully awarded the Partnership Award. This award acknowledges
the person or team who have created or strengthened existing links between
colleagues, encouraging a collaborative approach, encouraging others to get
involved and overcome organisational and location barriers, demonstrating
leadership and joint working. The award was presented to a group of Infection
Prevention and Control Link Workers by Glyn Shaw (Chairman) and Gary Graham
(Chief Exec).

Feedback from the Link Workers was that they felt very proud to think that the Trust
had recognised their efforts and hard work during the previous year as they
champion good practice in infection prevention and control across the organisation
and beyond. Partnership working with colleagues across three health economies
has greatly assisted the impact of the IPC Link Worker role. The IPC Specialist
Teams in NHS Dudley and NHS Walsall were delighted to hear of this award given
their contribution to supporting IPC Link Working

6.2 Reaching Out to Local Children – Incy Wincy Spider

The Event

As part of the World Health Organisation Saves Lives day, on 5th May 2010 to raise
awareness of infection control and the importance of keeping hands clean, the
Bloxwich Hospital team led by June Trusewicz (Matron), invited three local primary
schools to join them. The idea being that they would be able to capture the
imaginations of children and help them to learn about germs, how easily they are
spread, the importance of washing hands and how to wash properly.

The schools that took part were Leamore Primary involving children ages 6-7,
Elmore Green Primary ages 6-7 and Leamore Church of England ages 9-10, in total
there were 47 children in attendance.

An Infection Control Link Worker along with NHS Walsall Infection Control Nurse
gave a demonstration of good hand washing. To keep things fun and enable the
children to remember how long to wash their hands for, the Incy Wincy Spider
childrens’ song was adopted. It takes 20 seconds to sing the song and hands that
have been washed using the hand washing technique should be nice and clean. Staff and children all practiced together!

**The Test**

The children first placed their hands in a glo box with glitter gel to see how dirty their hands were (some very grubby hands arrived that day!!) then after washing their hands in warm soapy water; applying their new hand washing technique, their hands were rechecked, with very good results. The children loved not only seeing where the germs were lurking on their hands before washing, but seeing the rewards of their hand washing and having nice clean hands afterwards.

After all the children had proven their new hand washing techniques, staff at Bloxwich packed them off with a fun bag of goodies to encourage their continued use of their new skills.

### 6.3 Live Link Working in Practice

**Example 1**

Gareth Wheatley is a Community Mental Health Nurse who has demonstrated a very proactive and motivated approach to his infection prevention and control Link Worker responsibilities. In a recent service-line report to the ICC the Head of Community Services highlighted Gareth’s work, which is described directly by Gareth

> ‘In all fairness my role is a challenge. I tend to speak of infection control through our business meeting every two weeks. I also ensure all staff have packs which they can use when out in the community. I do on the spot checks with staff on infection control hand washing techniques making sure they are doing this correctly.

Also staff are aware that I am the infection control Link Worker and report any concerns to myself. The Poplars CMHT is completely surrounded with posters promoting infection control, toilets have posters and guidance on hand washing techniques.’

Gareth recently accepted an invitation from the Head of Nursing to attend an ICC meeting as part of his IPC Link Worker development and continues to keep the IPC learning alive and is much appreciated by his colleagues at the Poplars.

**Example 2**

Collette Naughton is a Clinical Lead within Substance Misuse Service at Lantern House. Collette has a very active role as IPC Link Worker and has been very keen to share the challenges facing her and her team with regard to infection prevention and control.

It has been crucial for Collette to have access to meaningful IPC educational opportunities and she has been an active member of the IPC Link Worker Forums. Collette’s journey of link working has led to a growth in her confidence in sharing her approach with others. Collette volunteered to deliver a presentation to a local
audience of approximately 100 people at the Infection Control Link Worker Development Day. Collette’s presentation – Substance Misuse and Infection Control, a Wider Perspective – was extremely well received and has encouraged other Link Workers with their presentation skills.

The above examples capture our local approach in DWMHPT to empowering Link Workers to share and spread their good work.

6.4 Keeping the Learning Alive for IPC Link Workers – Annual Development Day

The Head of Nursing co-ordinated a local conference type event in January 2010 where Link Workers, Managers members of the Executive Team all came together to ‘keep the learning alive’. This event reflected a first for bringing all IPC Link Workers from across Walsall and Dudley together to promote consistency in practice and networking across the whole organisation.

The programme for the day included:

- The journey of infection control link working so far
- Evaluation of the Link Worker role
- Why audit?
- Surveillance - information for action
- TB – what’s happening?
- What’s eating you – scabies!
- Learning from incidents/improving the patient experience
- The role of the Care Quality Commission
- Substance misuse and infection control
- A day in the life of an Infection Control Lead Nurse in a Mental Health Foundation Trust

Contributions to the event were from a range of internal and external speakers including representatives from the Strategic Health Authority, NHS Walsall, NHS Dudley and a local Mental Health Foundation Trust.

The event was supported by DWMHPT Chair, Chief Executive, Director of Infection Prevention and Control and a Non-Executive Director. A ward to Board approach was very much the ethos of the day and feedback from those attending was overwhelmingly positive as reflected in the comments below:

- Today has been a very informative and enjoyable experience. I have learnt a few good ideas to take back to work! The chance to meet counterparts from ‘the other side’ has been useful and great fun. Thanks for a great day.

- Provided an excellent opportunity for networking between Link Workers. Enjoyed IC Link Worker presentation – wider perspective! Very interesting.

- All presentations supported Link Workers in their job of having sufficient knowledge to minimise risks and support colleagues in the ongoing challenges/battles of Infection Control! Thanks.
- Very useful day – very well organised. Nice to meet colleagues from Walsall. All speakers very informative – I learned a lot.

- Very informative and enjoyable. Managed to obtain some ideas from others to put into practice in my clinical area.

- A good day – a credit to the Trust. Well done.

- This is my first Link Worker event. I found it very informative and also motivating to help improve/maintain good practice in my clinical area.

- Valuable learning experience especially feedback from audit plus learning/data of TB/scabies. Networking and listening to other Link Workers valuable. More days like this, perhaps twice a year. Most valuable/promoting best practice/learning.

- An excellent and informative day that has improved my awareness and knowledge on a wide range of infection control issues. Great to see so many Link workers present. Thank you for a well organised and presented event.

- The Ward to Board approach was welcome.

6.5 SharePoint – Infection Prevention and Control Information Web Site

Extensive local work occurred to populate the content of a dedicated infection prevention and control web site for all staff. The web page has access to the world of infection prevention and control within DWMHPT and wider networks. The site has a wonderful array of information and has been positively appraised by those who can access it. External review of the site content by infection control experts, has suggested that this should be showcased as good practice and how they wish they had it in their respective organisations!

The downside of this best practice example, is that there are a number of staff, who due to IT difficulties, have been unable to access the site. Work is in progress to problem solve this.

In summary, the above examples showcase best practice areas to be proud of and this learning has also now been shared across the wider organisation in that the Director of Finance and Health and Safety Team have launched the role of Health and Safety Link Workers across the Trust.
7.0 WHAT ARE THE KEY AREAS WITHIN WHICH WE NEED TO DO BETTER?

Our reflection on the past year has allowed an opportunity to highlight an array of themes and common trends for continual quality improvement during 2011/12. Although we have much to be proud of, we have some overarching themes relevant to what we need to do better within the ABCD approach as below:

- **Accelerate** the shared learning process across the whole system
- **Build** our profile as a centre of excellence for infection prevention and control across the health economy and beyond
- **Consistently** deliver excellent standards of compliance with the ‘Health and Social Care Act 2008 – Code of Practice for health and adult social care on the prevention and control of infections’.
- **Demonstrate** evidence of changing practice as a consequence of learning lessons from incident and audit processes.

8.0 WHAT WOULD THE DIPC LIKE US TO ACHIEVE DURING 2011/12?

- To continue the industrious approach to delivering excellent standards and compliance with the ‘Health and Social Care Act 2008 – Code of Practice for health and adult social care on the prevention and control of infections’.
- To embed the role of Infection Prevention and Control Lead Nurse and demonstrate the impact of the role across the organisation
- To enhance the quality of service line reporting via HoS to the ICC
- Greater involvement of service users and carers within local forums relevant to infection prevention and control. Developing creative approaches to capturing the patient experience of cleanliness within service delivery environments
- Developing more effective surveillance systems
- Developing slicker processes for contract specifications with providers of specialist infection prevention and control expertise
- Policy development work to ensure consistency across the whole organisation
- Development of infection prevention and control information dashboards and effective data presentation and analysis to include MRSA screening compliance data, C.diff and MRSA bacteraemia incident data, training data and antimicrobial prescribing data
Better quality information for patients, carers and visitors i.e. visual displays of hand hygiene compliance within clinical areas

A more focused effort on demonstrating evidence of how we have changed practice following incidents and audit outcomes

A review of our prevention and management of skin integrity/pressure ulcers in line with High Impact Actions; this review would include the development of effective reporting structures with a clear skin integrity category for grades 1-4 pressure ulcers

To achieve 95% compliance rates with core standards of audit i.e. hand hygiene, sharps and PPE

Sustaining partnership working across the whole health economy of Dudley and Walsall and across NHS West Midlands

To further develop effective communications to ensure that any new builds and estates work planning and delivery has been informed by IPC advice and guidance

To improve further overall compliance with mandatory IPC training

To continue the approach to IPC Link Worker role and develop further examples of best practice to share across the health economy

To progress a baseline scoping exercise in relation to antimicrobial prescribing followed by policy development and a local audit programme as considered to be appropriate by the Chief Pharmacist

To continue to build on the good work of 2010/11 within a framework of continuous quality improvement during 2011/12.

9.0 CONCLUSION

The second DIPC annual report for DWMHPT has intended to give an overview of infection control and prevention activity during 2010/11. The content of this report will be the catalyst for further ICC consideration of key work priorities for 2011/12. The ‘Health and Social Care Act 2008 – Code of Practice for health and adult social care on the prevention and control of infection’ reflected in Table 1 will provide the framework for the ICC programme for 2011/12.

Dudley and Walsall Mental Health Partnership Trust has progressed an industrious level of activity in relation to the vast arena of infection prevention and control during the past year. As an organisation we have been assessed as being fully compliant by the CQC in meeting best practice standards with infection prevention and control. However, there is no room for complacency and it is the absolute intention of the DIPC, Head of Nursing and the ICC to drive continuous quality improvement so that
patients receiving care have access to clean environments and staff delivering care, take pride in contributing to achieving excellent standards.

**The DIPC in final summary concludes:**

‘Another very industrious year as we have built on the foundations delivered in our first year. As DIPC I am proud of how we have addressed the IPC challenges and learnt our lessons. Amidst our rapid service transformation programme and application for Foundation Trust status work, we have successfully achieved a healthy level of compliance with infection prevention and control standards.

We have learnt a great deal and now need to embed the lessons we have learnt and demonstrate what changes we have made that will positively impact on the patient experience of our services. Infection prevention and control is a key dimension of patient safety and we will continue to strive to deliver excellence in this area.

We have a fine array of good practice examples and need to continue developing our profile as a centre of excellence.

The amount of work that we have needed to progress during the past two years to get to the stage of IPC development that we are at now, cannot be underestimated and is clearly laid out within my second DIPC annual report. However, there is no room for complacency and we will need to continue with our industrious approach.

As DIPC, I would like to say thank you to all staff for their hard work and contribution to the infection prevention and control agenda. We can now move forward during 2011/12 to be even **better together** in making our services cleaner and safer for everyone.’

**10.0 REFERENCES**

Dudley and Walsall Mental Health Partnership NHS Trust. *Quality Account 2010/11*


NB: Often referred to as ‘The Hygiene Code’.


National Patient Safety Agency. Clean your hands campaign website: (www.npsa.nhs.uk/cleanyourhands)

Department of Health (DH 2003) Winning ways: working together to reduce healthcare associated infection in England

NB: Useful single point of access resource for accessing relevant materials is the website of the National Resource for Infection Control (www.nric.org.uk)

11.0 APPENDICES

Given the extensive data presentation format, this DIPC report has included this data as it’s only appendices which will allow a very specific focus on audit activity and is as integral as the body of the main report.

Appendix 1 Annual Summary of Infection Control related Audit Activity April 2010 – March 2011
Appendix 1

REPORT TO INFECTION CONTROL COMMITTEE

Date of ICC Meeting: 26th May 2011

Report Title: Annual Summary of Infection Control related Audit Activity April 2010 – March 2011

Author: Graeme Welsh – Audit and Effectiveness Assistant

Lead ICC Member: Tom Jinks – Clinical Governance Manager/ Alison Geeson – Head of Nursing

Purpose of ICC consideration: Information, operational and strategic discussion

Infection Prevention and Control Link Worker Internal Observational Audits

The role of IPC Link Worker has been crucial in delivering the annual internal audit programme. It is notable that the audit process and feedback loop needs to develop further in terms of efficiency, this is work in progress which will be taken forward during 2011/12.

The IPC Link Worker Forums have allowed an opportunity for dialogue and feedback as to how the audit process is working from a Link Worker perspective. As such we have taken on board comments and suggestions and improved the audit process to make it more meaningful for mental health settings i.e. community based services now conduct audits on a quarterly basis as opposed to monthly.

The Infection Control Link Worker programme of work is key to ensuring steps are taken at local level to prevent potential healthcare associated infections.

The observational tools give the Link Workers a step by step approach which supports them in there day to day roles, ensuring staff within their service areas are carrying out procedures and tasks with infection prevention and control in mind.

Many Link Workers use these observational audit tools as development opportunities and training aids, with Link Workers highlighting outstanding issues within team meetings.
Link Worker Internal Observational Audits 2010-2011

Commentary

Link working has been a key part of the audit program, and provides us with a picture of the Infection Control activity which is being carried out at local level.

This is then owned and managed at local level but supported by IPC teams within NHS Dudley and NHS Walsall.

For the DIPC annual report we now have 12 months of comparable data. Since July 2010 we have changed our reporting methods and we are now reporting by Service Line. Additional changes were made to the timeliness of reporting and following feedback from Link workers and managers, community based services are now conducting audits on a quarterly basis.

Table 1.1 & 1.1a

- These tables provide details of the Number of services and Link workers returning audits and provide data for the last 3 quarters and 3 months prior to that.

Diagram 1.1

- This diagram provides an overview of the last 12 months of Audit returns.
- It is noted that the first 3 points of this graph reflect monthly returns.

Exceptions

- It is noted that there is a general increase in the number of returns since several services have been carrying out quarterly audits which are more relevant to their specific area.

Table 1.1
Total number of Services Returning Observational Audits

<table>
<thead>
<tr>
<th>Locality</th>
<th>Dudley</th>
<th>Walsall</th>
<th>Totals Returned</th>
</tr>
</thead>
<tbody>
<tr>
<td>April</td>
<td>7/20(35%)</td>
<td>15/23 (65%)</td>
<td>51%</td>
</tr>
<tr>
<td>May</td>
<td>6/20(30%)</td>
<td>17/23(73%)</td>
<td>53%</td>
</tr>
<tr>
<td>June</td>
<td>8/20(40%)</td>
<td>17/23(73%)</td>
<td>58%</td>
</tr>
</tbody>
</table>

Table 1.1a

<table>
<thead>
<tr>
<th>Service Line</th>
<th>Acute</th>
<th>Older</th>
<th>Community</th>
<th>Recovery</th>
<th>EI</th>
<th>Total Returned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul - Sep</td>
<td>8/9</td>
<td>8/12</td>
<td>8/12</td>
<td>5/5</td>
<td>1/4</td>
<td>30/42 (71%)</td>
</tr>
<tr>
<td>Oct - Dec</td>
<td>8/9</td>
<td>8/12</td>
<td>10/12</td>
<td>5/5</td>
<td>2/4</td>
<td>33/42 (78%)</td>
</tr>
<tr>
<td>Jan – Mar</td>
<td>7/9</td>
<td>8/12</td>
<td>8/12</td>
<td>5/5</td>
<td>3/4</td>
<td>31/42 (74%)</td>
</tr>
</tbody>
</table>

Diagram 1.1

Graph to show Total percentage of returned observational audits

Exceptions

- It is noted that there is a general increase in the number of returns since several services have been carrying out quarterly audits which are more relevant to their specific area.
Link worker Audits 2010-2011

Commentary

Diagram 2.1
This diagram shows a summary of compliance for July 2010 – March 2011, providing data for each observational Audit and provides this information for each Service Line. The information on the right of the graph then provides an overall trust compliance level for each Audit. However this information is only for the nine months that service line reporting has been in place and not for the full year.

Exceptions
The PPE figure for community has been affected by the low return during one quarter. Whilst this does not affect the overall levels, this does affect the individual figure for Community PPE for the year.

Diagram 2.2
- This diagram shows the overall Trust compliance levels for the last 12 months which is then broken down into three observational audits
- Total Trust compliance for the three Infection Control Audits for this year are 98%
- It is noted that there has been an increase in levels of Hand Hygiene and Sharps compliance during the last quarter.
- PPE has shown a significant reduction in compliance.

Diagram 2.1 Overall Level of Compliance for each Service Line July 10 – March 11

Diagram 2.2 Graph to show the level of Trust Compliance from April 2010 to March 2011
Matress & Pillow Internal Audits 2010-2011

Mattress and Pillow Audits have been carried out across the in-patient facilities of Trust since November 2009. These Audits were undertaken as it was felt the hospital mattresses were not routinely checked for wear or damage and therefore increased the associated risk of Infection. Dudley and Walsall Mental Health Partnership NHS Trust recognises how proper care, maintenance and cleaning of mattresses and pillows is essential.

During the financial year 2010 / 2011 there have been only been one batch of Mattress Audits carried out. These were conducted in July / August 2011.

The next batch of Mattress audits have recently been carried out during May 2011 and will be presented at the next ICC and will form part of the DIPC report for 2011/2012.

During this financial year there have been:

- 168 Mattresses Audited
  - of which 20 mattresses failed the specified criteria
- 188 Pillows Audited
  - of which 30 pillows failed the specified criteria

Actions have been implemented where the above items have failed the audit criteria and currently held by the individual ward managers.

Following on from the audit carried out earlier in the year this is the second audit of it’s kind to review the condition and quality of the Trust’s mattresses and pillows. This audit is part of the Trust’s annual audit cycle and provides us with good data and has been a valuable exercise in ensuring a high standard of bedding which is provided within inpatient services.
Matress & Pillow Inntenal Audits 2010-2011

Commentary

Table 2
- Table 2 shows the number of mattresses and pillows audited across the trust, broken down by service line and individual departments.
- 168 mattresses were audited
  - of which 20 mattresses (8.4%) failed the specified criteria
- 188 pillows were audited
  - of which 30 pillows (6.3%) failed the specified criteria

Table 2.1
- Table 10.2 shows how all of the pillows performed against the individual audit criteria
- The main reason for a pillow failing the audit criteria were:
  - 8.6% failed “Free of stains”
  - 8.6% failed the “Free of tears or damage”

Table 2.2
- Table 10.3 shows how all of the mattresses performed against the individual audit criteria.
- The main reason for a Mattresses failing the audit criteria were:
  - 6% failed “the cover being undamaged”
- All of the mattresses audited passed the following criteria:
  - 100% - “Was the mattress fitted with a cover”
  - 100% - “Was the mattress core dry”

Table 2.1 – Performance of the pillows against the audit criteria

<table>
<thead>
<tr>
<th>Audit Criteria</th>
<th>Passed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was the pillow fitted with a cover?</td>
<td>98.4%</td>
</tr>
<tr>
<td>Was the pillow free of stains?</td>
<td>91.4%</td>
</tr>
<tr>
<td>Was the pillow free of tears or damage?</td>
<td>91.4%</td>
</tr>
<tr>
<td>Was the pillow free from any unpleasant smells?</td>
<td>93.6%</td>
</tr>
<tr>
<td>Is the pillow cover sound e.g. undamaged?</td>
<td>92.5%</td>
</tr>
<tr>
<td>Was the pillow free of any soiling that cleaning cannot remove?</td>
<td>92.5%</td>
</tr>
<tr>
<td>Was the pillow core dry?</td>
<td>98.9%</td>
</tr>
</tbody>
</table>

Table 2
Results of the Mattress and Hospital Pillow Audit.

<table>
<thead>
<tr>
<th>Service Line</th>
<th>Ward</th>
<th>Number of Mattresses Audited</th>
<th>Number of Mattresses Failed</th>
<th>Number of Pillows Audited</th>
<th>Number of Pillows Failed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older</td>
<td>Cedars</td>
<td>11</td>
<td>3</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Linden</td>
<td>14</td>
<td>23</td>
<td>38</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Malvern</td>
<td>11</td>
<td>11</td>
<td>18</td>
<td>30 (6.3%)</td>
</tr>
<tr>
<td></td>
<td>Holyrood</td>
<td>17</td>
<td>17</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>Acute</td>
<td>Langdale</td>
<td>20</td>
<td>2</td>
<td>20</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Ambleside</td>
<td>23</td>
<td>1</td>
<td>38</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Wrekin</td>
<td>16</td>
<td>16</td>
<td>16</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Kinver</td>
<td>20</td>
<td>9</td>
<td>20</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Clent</td>
<td>21</td>
<td>3</td>
<td>21</td>
<td>1</td>
</tr>
<tr>
<td>Recovery</td>
<td>Grasmere</td>
<td>15</td>
<td>2</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>168</td>
<td>20 (8.4%)</td>
<td>188</td>
<td>30 (6.3%)</td>
</tr>
</tbody>
</table>

Table 2.2 – Performance of the mattresses against the audit criteria

<table>
<thead>
<tr>
<th>Audit Criteria</th>
<th>Passed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was the mattress fitted with a cover?</td>
<td>100.0%</td>
</tr>
<tr>
<td>Was the mattress free of stains?</td>
<td>95.8%</td>
</tr>
<tr>
<td>Was the mattress free of tears or damage?</td>
<td>95.2%</td>
</tr>
<tr>
<td>Was the mattress free from any unpleasant smells?</td>
<td>98.2%</td>
</tr>
<tr>
<td>Is the mattress cover sound e.g. undamaged?</td>
<td>94.0%</td>
</tr>
<tr>
<td>Was the mattress free of any soiling that cleaning cannot remove?</td>
<td>95.8%</td>
</tr>
<tr>
<td>Was the mattress core dry?</td>
<td>100.0%</td>
</tr>
<tr>
<td>Did the mattress pass the bottoming out test?</td>
<td>97.6%</td>
</tr>
<tr>
<td>Did the mattress pass the water penetration test?</td>
<td>96.4%</td>
</tr>
</tbody>
</table>
External Infection Control Related Audit activity as conducted by IPC Teams from within NHS Walsall and NHS Dudley

In addition to the audits carried out internally by the Link Workers the annual audit programme also includes annual monitoring by our commissioning Trusts, which is currently undertaken by the Infection Prevention and Control Teams located in NHS Dudley and NHS Walsall.

This external infection audit utilises the Infection Control Nurses Association ‘Audit tools for monitoring infection control guidelines within the community setting 2005’.

The audit itself focuses onto a number of key areas of infection prevention and control including:
- Hand Hygiene
- Environment
- Kitchen
- Disposal of Waste
- Spillage and contamination
- Personal Protective Equipment
- Sharps
- Linen
- Decontamination of Equipment

Understanding the audit findings

The infection prevention and control audit results for each in-patient clinical area audited is scored against the relevant criteria.

Level of compliance is presented utilising the following weighting and is colour coded to promote ease of understanding as shown below:

**Table 3 – Audit compliance**

<table>
<thead>
<tr>
<th>Level of Compliance</th>
<th>Audit scoring</th>
<th>Colour code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliant</td>
<td>85% or above</td>
<td>Green</td>
</tr>
<tr>
<td>Partial compliance</td>
<td>76% to 84%</td>
<td>Amber</td>
</tr>
<tr>
<td>Minimal compliance</td>
<td>75% or below</td>
<td>Red</td>
</tr>
</tbody>
</table>

(Taken from the IPS Audit tool)

From this, initial audit actions are recommended and local managers deliver action plans. Heads of Service are then required within their service line reports to the ICC, to give assurances.
### Commentary

Table 4 provides results for each one of inpatient/services areas and shows results for each individual category of the audit. The ward and service areas have been grouped by service line. The end column provides and overall compliance level for the Trust.

### Areas for concern

- It is noted from the audit categories there are three areas on which the Trust does not meet full compliance. These are Hand Hygiene, Environment and Decontamination of Equipment
  - **Hand Hygiene** – three specific areas were of minimal compliance or below (Red – 75% or below)
  - **Environment** - out of the 13 inpatient areas, 6 areas only achieved minimal compliance (Red -75% or below)
  - **Decontamination of Equipment** - out of the 13 inpatient areas, 5 areas only achieve minimal compliance (Red -75% or below)

### Areas of achievement

- All of the inpatient areas audited were fully compliant with the category Personal Protective Equipment, with 8 areas achieving 100%

### Table 4

**Summary of the Infection Control Audit results carried out across inpatient services within the Trust**

<table>
<thead>
<tr>
<th></th>
<th>Older Adults</th>
<th>Acute</th>
<th>Recovery</th>
<th>Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Holyrood</td>
<td>Malvern</td>
<td>Cedars</td>
<td>Linden</td>
</tr>
<tr>
<td>Hand Hygiene</td>
<td>86%</td>
<td>91%</td>
<td>91%</td>
<td>91%</td>
</tr>
<tr>
<td>Environment</td>
<td>74%</td>
<td>89%</td>
<td>89%</td>
<td>86%</td>
</tr>
<tr>
<td>Decontamination of Equipment</td>
<td>83%</td>
<td>86%</td>
<td>94%</td>
<td>94%</td>
</tr>
<tr>
<td>Spillage and contamination</td>
<td>82%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Personal Protective Equipment</td>
<td>100%</td>
<td>94%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Sharps</td>
<td>70%</td>
<td>94%</td>
<td>94%</td>
<td>96%</td>
</tr>
<tr>
<td>Linen</td>
<td>100%</td>
<td>91%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Decontamination of Equipment</td>
<td>80%</td>
<td>94%</td>
<td>100%</td>
<td>94%</td>
</tr>
<tr>
<td>Overall Total</td>
<td>83%</td>
<td>93%</td>
<td>96%</td>
<td>93%</td>
</tr>
</tbody>
</table>

### Level of Compliance

- **Compliant** 85% or above
- **Partial compliance** 76% to 84%
- **Minimal compliance** 75% or below

### Colour code

- **Green**
- **Amber**
- **Red**
External Infection Control Audits 2010-2011 Conducted by IPC Teams

Commentary
Diagram 3 & Table 5

The data shown here provides an overall level of compliance for the Trust and the results have been taken from all 13 areas audited within the inpatient areas. These charts then go on to compare against results from the previous year to show areas of improvement and highlight any areas of concern.

- It is noted that there has been an overall improvement against the audit results from 2009/10, with all of the areas of audit partially or fully complaint.
- The biggest area of improvement is within the Environment, despite the improvement shown this remains the lowest compliant area.

Table 5
Table to show variance of Trust compliance against previous year’s Audit data

<table>
<thead>
<tr>
<th>Audit Category</th>
<th>2009/10 Total</th>
<th>2010/11 Total</th>
<th>Dif</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand Hygiene</td>
<td>87%</td>
<td>84%</td>
<td>-3%</td>
</tr>
<tr>
<td>Environment</td>
<td>68%</td>
<td>77%</td>
<td>9%</td>
</tr>
<tr>
<td>Kitchen</td>
<td>83%</td>
<td>85%</td>
<td>2%</td>
</tr>
<tr>
<td>Disposal of Waste</td>
<td>86%</td>
<td>88%</td>
<td>2%</td>
</tr>
<tr>
<td>Spillage and contamination</td>
<td>83%</td>
<td>90%</td>
<td>7%</td>
</tr>
<tr>
<td>Personal Protective Equipment</td>
<td>90%</td>
<td>96%</td>
<td>6%</td>
</tr>
<tr>
<td>Sharps</td>
<td>89%</td>
<td>88%</td>
<td>-1%</td>
</tr>
<tr>
<td>Linen</td>
<td>95%</td>
<td>91%</td>
<td>-4%</td>
</tr>
<tr>
<td>Decontamination of Equipment</td>
<td>75%</td>
<td>81%</td>
<td>6%</td>
</tr>
</tbody>
</table>
Themes/Trends Regarding External Infection Control Audits Conducted by IPC Teams

As highlighted in the commentary above, there were some areas that fell below the level of required compliance. Whilst these have been highlighted above and will have been addressed within the individual actions of the ward/area, there were some common themes/trends which are detailed below.

Environment

- A key phrase across a lot of the audits were around “clutter”, these seem to be clinical and utility areas that had been used for the storage of unwanted items.
- Leading on from the comments above, were mention of dirt and dust within these clinical and utility areas.
- Overall cleanliness was another area which seemed to be picked up across many of the audits and generated actions for the wards.
- There were several comment about sealant around sinks etc.

Decontamination of Equipment

- Within this section one of the big failings was the cleanliness of equipment, with many areas having and using soiled and dirty equipment.
- “Dust” was once again a key phrase picked up across some of the Audits, in relation to the equipment.

Sharps

- It was noted that on two occasions other items were being disposed within the sharps box

Sinks

- Across several locations within the Walsall locality, it was noted that cleanliness within sink areas was below standard. It was highlighted that the material which the sinks were made from contributed to this problem. Actions are in place to replace these sinks.

Summary

Each audit was carried out using the IPS National Audit tool and the Ward / Service area was measured against each of the Criteria within each section of the Audit.

Infection Prevention and Control teams within Dudley and Walsall both carried out these Audits between May 2010 and April 2011.

Where the criteria didn’t meet the agreed standard, a comment was added to that criteria by the Auditor and an action was then required to show that standards had been implemented.