

Birmingham East and North Primary Care Trust

Director of Infection Prevention and Control Annual Report 2007/8

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INTRODUCTION

The purpose of this annual report is to outline the progress made to ensure the prevention and control of healthcare associated infection (HCAI) in the Birmingham East and North Primary Care Trust (BEN PCT).

Infection prevention and control has always been an important issue for BEN PCT but has recently received a high profile due to the national interest in Health Care Associated Infections (HCAI's). BEN PCT is committed to ensuring that infection prevention and control receives the attention required to ensure the highest level of patient safety.

The importance of infection prevention and control in Health Care provision has been nationally recognised, which has resulted in the publication of various new documents from the Department of Health and the Healthcare Commission.

'Winning Ways' recommended that infection prevention and control and healthcare hygiene are put at the heart of healthcare management. The socio-economic burden of HCAI has become apparent across the acute and community arenas. Healthcare Associated Infections impose a significant burden on both the primary, intermediate and secondary care sectors, on infected patients and their carers.

'Winning Ways' was superseded by The Health Act (2006), revised in January 2008, which listed 10 Action Areas for Trusts. These action areas set out a programme for the NHS to strengthen prevention and control of infection in the health community, secure appropriate health care services for patients with infection, improve surveillance, monitor and optimise antimicrobial prescribing.

The Hygiene Code sets out criteria by which managers of NHS organisations are to ensure that patients are cared for in a clean environment to ensure that the risk of HCAI is kept as low as possible. Failure to observe the Code may either result in an Improvement Notice being issued to the Trust by the Healthcare Commission or in it being reported for significant failings and placed on 'special measures'.

There are 11 duties set out in the Code that BEN PCT must comply with. Codes 1-9 concern Management, Organisation and the Environment; Code 10 pertains to Clinical Care Protocols and Code 11 relates to Health Care Workers.

The Medical Devices Directive MDD 93/42 EEC became law on 31st March 2007 detailing decontamination requirements for both primary and secondary healthcare facilities. These directives have had considerable implications for clinical practice and service demands. BEN PCT was able to declare compliance on The Healthcare Commission Core Standards: Infection Control C4a, Decontamination C4c and Care Environments C21.

The report details the activities of the Infection Control Team during the year, and highlights areas of concern.

SERVICE PROVISION

The Health Act requires that BEN PCT appoints a Director of Infection Prevention and Control (DIPC) a portfolio fulfilled by The Medical Director.

The Infection Control Nursing Service is currently provided by Kath Hughes, Infection Control Nurse Specialist and Lynn Whitehouse, Infection Control Nurse. The Team is supported by the Clinical Quality Managers within the Healthcare Governance Team. A number of Infection Prevention and Control Link Workers have been trained to ensure that the principles of infection prevention and control are implemented within the Provider Arm of BEN PCT.

ESSENTIAL STEPS

The Essential Steps delivery programme aims to reduce avoidable Healthcare Associated Infections (HCAI) in Primary Care Trusts, Mental Health Trusts, Independent Healthcare Settings and Care Homes. It is the community equivalent to the Saving Lives delivery programme launched in Acute Hospital Trusts in 2005.

The programme has been developed to support all of the other infection prevention and control recommendations that are in place, with the aim of addressing infection prevention and control throughout the patient journey.

Currently, Essential Steps addresses three key areas:

- Preventing the spread of infection by reducing the risk of microbial contamination in everyday practice and to ensuring there is a managed environment that minimises the risk of infection to patients, visitors and staff.
- Reducing the occurrence of urinary tract infections relating to indwelling urethral catheters.
- Reducing the risk of infection associated with enteral feeding.

A meeting has been held to raise awareness and launch 'Essential Steps' within the Provider Arm. Clinical Leads will launch the Essential Steps within their clinical teams with continued support from the Infection Control Nurses.

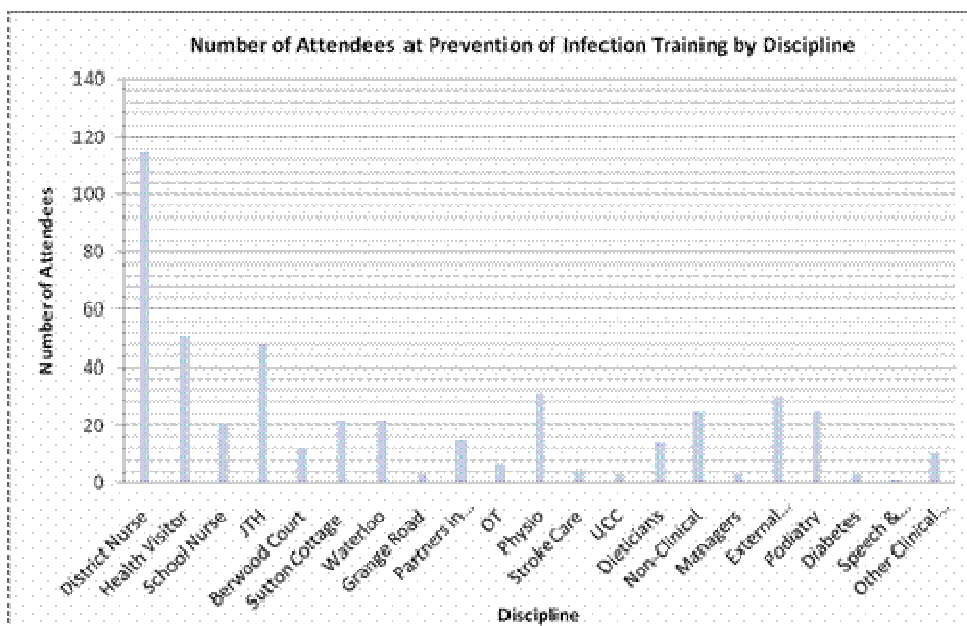
EDUCATION AND TRAINING

The Team has provided 24 Infection Prevention sessions between April 2007 and March 2008, 619 staff booked onto a session, 75.28% (446) attended, 5.33% (33) cancelled and 19.39% (120) did not attend.

Booked on Course	619	
	Number of Individuals	%
Attended	466	75.28%
Cancelled	33	5.33%
Did Not Attend	120	19.39%

Attendance at Prevention of Infection training sessions

The chart below shows the breakdown of attendees by discipline..



Breakdown of Attendees by Discipline

Infection Prevention Link Practitioners Courses were run with 13 people attending. In total 33 Infection Prevention Link Practitioners have been trained. A total of 312 clinical staff completed the MRSA "Making a Difference" package over the past 2 years.

Other training presented by the Team included

- ✓ Service induction
- ✓ Practice Nurse Decontamination Study Days x 7
- ✓ Auxiliary and Health Care Assistant Study Days x 2
- ✓ Hand washing road shows have been completed by Infection Control Link Workers in bedded units.
- ✓ Approximately 300 School children were taught how to wash their hands correctly by School Nurses during Hygiene Campaigns.
- ✓ The Evening Service has had 2 training sessions
- ✓ Ad hoc sessions as requested, i.e. outbreak management, specimen collection.

EVENTS

HCAI sessions for the public have been arranged and received enthusiastically. The Patient Forum Group has attended presentations of MRSA as well as new and emerging diseases.

The Patient Environment Action Team visited John Taylor Hospice and Sutton Cottage Hospital to inspect the premises. All members of the team found the Units to be clean and well managed.

AUDIT

Infection Control audits of Provider and Contracted Services were conducted using the Infection Control Nurses Association Audit Tool (2005) endorsed by The Department of Health. There are a total of 10 categories: Hand hygiene, Environment, Kitchen area, Disposal of Waste, Spillage/contamination, Personal Protective Equipment, Prevention of Sharps Injuries, Specimen Handling, Vaccine Transport and Storage, and Decontamination.

All categories in each of the general practices within BEN PCT were audited. A programme of follow-up visits in respect of areas of concern on non-compliance was implemented. Specific audits relating to the delivery of the Minor Surgery Local Enhanced Service were carried out where compliance with the required standards is mandatory.

A self assessment audit was completed by 40 (out of 56 sent) dental practices and by 15 (out of 78 sent) optometric practices. Action plans have been formulated to address areas of concern.

Areas of good practice in infection prevention and control across the independent contractors are being collated into a 'Good Practice Portfolio' for dissemination amongst all practices.

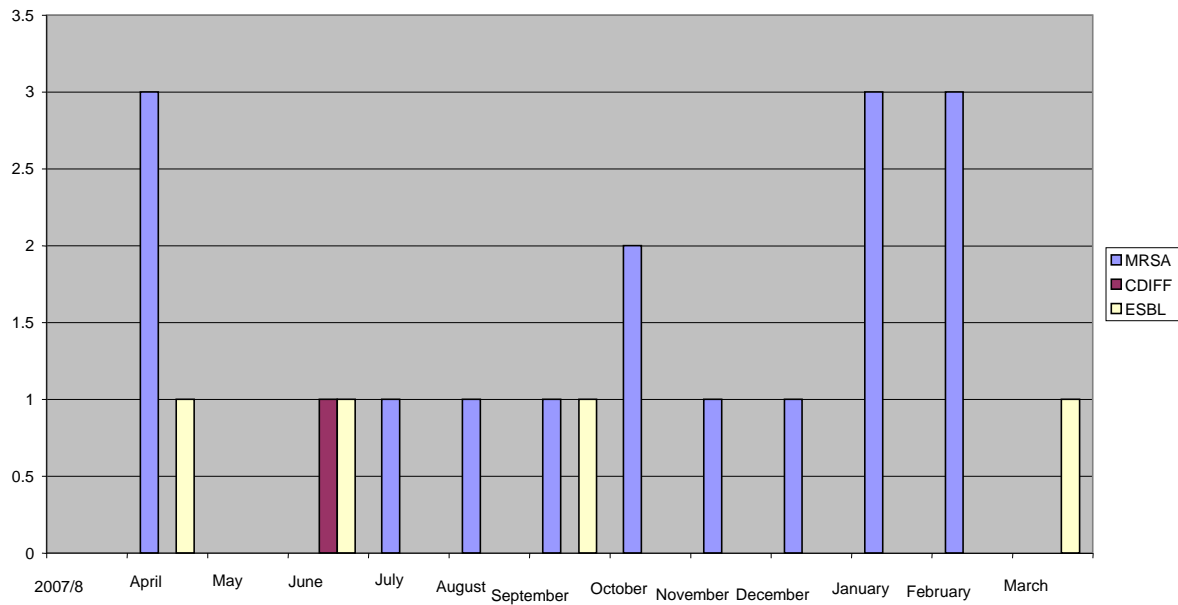
SURVEILLANCE

A formal process for the monitoring of alert organisms in patients at all bedded units, (Sutton Cottage Hospital, Grange Road Rehabilitation Unit, Berwood Court Care Home and John Taylor Hospice) has been implemented and maintained. Both Heart of England Foundation Trust and City Hospital laboratories notify the Infection Prevention and Control Team of all isolates thus enabling early proactive measures to be taken to prevent outbreaks.

New isolates are recorded and advice given accordingly. The main organisms include *Meticillin Resistant Staphylococcus Aureus* (MRSA), *Clostridium difficile* (*C diff*) and Extended Spectrum Beta-Lactamases (ESBLs).

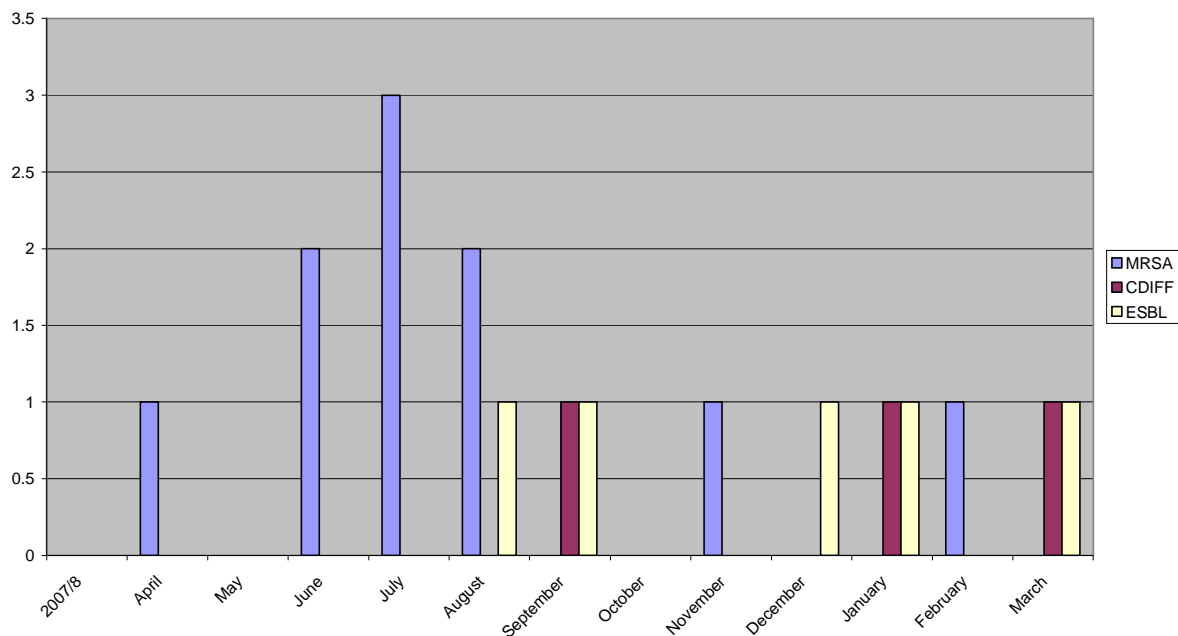
Sutton Cottage Hospital

MRSA, CDiff, ESBLs – Isolates 2007/08



Berwood Court

Berwood Court New Isolates 2007 -8



OUTBREAKS

Three of the bedded units (Sutton Cottage Hospital, Berwood Care Home and John Taylor Hospice) had outbreaks with patients experiencing viral gastrointestinal

symptoms. At the time there were high levels of gastrointestinal infections in both the community and the acute services reported.

Following intensive intervention using telephone instruction and prompt visits from the Infection Prevention and Control Team source isolation precautions were instituted and the outbreaks limited in their spread, thereby reducing the number of affected patients and unavailable bed days.

Breakdown of Outbreak Information

Establishment	Date of Outbreak Onset	Date Unit Opened	Total Number of Patient Cases	Total Number of Staff Cases
Berwood Court	06.12.07 - Diarrhoea	19.12.07	3	0
Berwood Court	22.01.08 – Diarrhoea and Vomiting	01.02.08	10	11
John Taylor Hospice	06.12.07. – Diarrhoea	14.12.08	6	0
Sutton Cottage Hospital	28.01.08 – Diarrhoea and Vomiting Rotavirus and Norovirus	13.02.08	15	5

POLICIES/ GUIDELINES

The Team reviewed the infection control policies and these are available on the Trust Intranet. The rolling programme reviews all existing policies within a two-year period and constructs new policies as and when required.

New guidance from the Department of Health, NICE, MHRA and Health Protection Agency is sent directly to the Team and disseminated immediately.

PROGRESS AGAINST THE ANNUAL PROGRAMME (APPENDIX 1)

The infection prevention and control programme has largely been met and in addition the Link Worker Network has been enlarged, Hand Washing Road Shows have been delivered by the Link Workers, customised training has been delivered to various disciplines across BEN PCT and decontamination training has been provided to Practice Nurses.

***Clostridium difficile* (APPENDIX 3)**

Following an outbreak of *Clostridium difficile* diarrhoea at The Maidstone and Tunbridge Wells NHS Trust, the Healthcare Commission produced a report which was brought to the attention of The Board during the year. As a direct consequence of this report, all Trusts within the NHS were required to do an assessment of the measures within the Trust to meet the challenges identified in the Healthcare

Commission Report. Although the template provided is largely aimed at Acute Trusts, an assessment of the PCT's response to the report indicates a high degree of compliance within the Trust.

During the year an e-learning Programme specifically on *Clostridium difficile* was developed in conjunction with Solihull Care Trust. This was funded through monies provided by the Strategic Health Authority and reflected in the attachment appendix 2. The programme is aimed at both clinical staff and carers and will be launched in the 2008/09 financial year.

Cases of *Clostridium difficile* remained a cause for concern during the year, although the target set for reduction within The Heart of England Foundation Trust was reached. A factor that mitigated against further reduction was an unseasonably high epidemic of Norovirus infection within the Health Economy which is known to predispose and is associated with any increase in the incidence of *Clostridium difficile*.

The Director of Infection Prevention and Control and other Clinical Staff provided information to patients and carers on methods of preventing the spread of the infection both through information to practices, patients, clinical staff and the public media.

MSRA

The number of cases of MSRA bacteraemia identified in the Heart of England Foundation Trust during this year has been a cause for concern. Although the total number of cases reduced year on year by 18% the 92 cases exceeded the target of 54 set for the year, and as a consequence was visited by the Healthcare Commission to the Trust to investigate aspects of Infection Prevention and Control. Although a final report has not yet been received, the outcome of the visit was reported verbally and did not indicate any major cause for concern.

As a consequence of the failure of the Trusts within the West Midlands Strategic Health Authority Region to meet the expected trajectory, weekly reporting of MSRA was instituted during the year. All cases are subject to a root cause analysis to determine what lessons can be learnt and actions implemented to reduce future occurrences. A number of themes have been identified within the Trust, and the following have been specifically targeted and addressed.

1. Ensure redundant devices are removed.
2. Ensure that PVC and CVC policies are followed with relation to care and documentation.
3. Ensure patients that are colonised with MRSA receive the appropriate decolonisation treatment promptly and complete the course of treatment.
4. Infection control team have reviewed standard operating procedure for taking blood cultures to reduce contaminants
5. Ensure all staff receive training and are competent in the taking of blood cultures
6. Implementation of MRSA screening of all emergency patients.
7. Renal directorate to implement use of line locks (TAUROLOCK)

Within the cases reviewed by the PCO's, very few were identified that had not had previous exposure to a healthcare organisation, usually a hospital admission. A particular group of patients were found to have had catheter related infections, and as a consequence a study day for nursing staff is being arranged to address catheter care across the Health Economy.

ANTIBIOTIC PRESCRIBING

As both *Clostridium difficile* and MSRA are associated with the use of broad spectrum antibiotics, the Medicines Management Team have actively supported a programme to reduce the inappropriate use of antibiotics within the community. Specific activities that have been implemented include:

- Medicines Management 'Prescribing News' provides regular advice on antibiotic prescribing
- Pan Birmingham antibiotic formulary reviewed and circulated to all GP practices – also available on the intranet
- Detailed, practice-specific antibiotic prescribing reports are sent to all practices each month. These highlight the issues, demonstrate compliance to formulary and benchmark overall antibiotic prescribing by the practice against performance in their locality, at PCT level and nationally
- Senior Prescribing Advisors have made presentations at Locality Boards and issues are reinforced by the pharmacists working in the GP practices
- Pads of patient leaflets advising why a prescription for antibiotics is not needed have been made available to practices,

RESTRUCTURING OF COMMITTEES

In order to further strengthen the approach to Healthcare Associated Infections within BEN PCT the Board Committee structures were changed during this year.

A Joint Commissioning Infection and Prevention Committee was established in December, with representatives from BEN PCT, Solihull Care Trust, South Staffordshire PCT, Heart of England Foundation Trust, Strategic Health Authority, Health Protection Unit, and Birmingham and Solihull Mental Health Trust meeting on a monthly basis to review the performance of all partners against the Health Economy targets for infection prevention and control. The Committee is comprised of Infection Prevention and Control Teams, Commissioners and Performance Personnel from the organisations. Each organisation then reports into their relevant Board Committee, in the case of BEN PCT, the Integrated Governance and Performance Committee.

The Provider Arm Decontamination, Infection Prevention and Control Committee has been established as a separate Committee to ensure effective infection prevention and control within the Provider Arm of BEN PCT. This will be under the Chair of the Interim Director of The Provider Arm and report to the Provider Arm Board. The Committee will also be responsible for reporting the relevant Healthcare Commission standards to the Integrated Governance and Performance Committee.

The Director of Infection Prevention and Control has been invited to join the Infection Control Executive Committee of Heart of England Foundation Trust, which meets

monthly. This has enabled BEN PCT as lead commissioner, to gain assurance regarding effective infection prevention and control in relation to Healthcare Associated Infections.

PARTNERSHIP WORKING

The Infection Control Teams of BEN PCT, Solihull Care Trust, South Staffordshire PCT, Heart of England Foundation Trust, and the Health Protection Unit continue to meet quarterly as the Health Economy Infection Prevention Collaborative Group (Clinical Reference Group) to discuss aspects of relevance across the whole health economy. Discussions have been held in respect of the implementation of screening of patients admitted to the acute trust for MSRA, outcomes of root cause analysis, antibiotic prescribing and other relevant items. Invitations have been extended to the West Midlands Ambulance Service to join this group, but to date no representatives have attended.

At the request of PCTs the Health Protection Unit has arranged for regular meetings between the three Birmingham PCTs, Health Protection Unit and Birmingham City Council to discuss issues of mutual interest with respect to infection prevention and control. A representative from the Commission for Social Care Inspection has attended to discuss the difference in standards between the Commission for Social Care Inspection and the Healthcare Commission with respect to Care Homes. As a consequence of these meetings, a number of concerns with respect to the newly developed care centres have been addressed. Other aspects that have been discussed include the ongoing training of care home staff in infection prevention and control by the Health Protection Unit and concerns regarding the disposal of clinical waste from patients' homes.

FUNDING (APPENDIX 2)

During the year the Strategic Health Authority made funding available to strengthen the infection prevention and control activities of all PCOs within the West Midlands. Within BEN PCT this funding was used for a number of educational activities including the development of a bespoke e-learning package for doctors and non-medical prescribers, educational programmes for clinical staff, visitors and relatives of patients. Additional deep cleaning equipment was purchased for all the BEN PCT bedded units.

Further funding was made available to the Director of Estates for a programme of deep cleaning of all the bedded units within the Birmingham PCTs. In BEN PCT it was agreed to take the opportunities following the closure of the bedded units as a consequence of the outbreaks described previously, to undertake terminal cleaning. With the expected transfer of services from Sutton Cottage Hospital, Berwood Court and Grange Road it was felt that any further deep cleaning would not provide value for money.

CONCLUSION

The past year has been challenging with some aspects that went well and some that do not go so well. I would like to express my thanks to the Infection Prevention and Control Team who have throughout this challenging year supported the programme

and myself as we have sought to address all aspects of infection prevention and control in order to ensure that patients receive safe high quality health care within Birmingham East and North Primary Care Trust.

Doug Wulff
Director of Infection Prevention and Control
Birmingham East and North Primary Care Trust

Kath Hughes
Infection Control Nurse Specialist
Birmingham East and North Primary Care Trust

Lynn Whitehouse
Infection Control Nurse
Birmingham East and North Primary Care Trust

APPENDIX 1

**Birmingham East and North PCT (BEN PCT)
Infection Prevention and Control**

Annual Audit and Assessment Plan 2007/8

Audit Title	Rationale	Data Collection	Time Scales	Comments
In patient areas: John Taylor Hospice Berwood Care Home Sutton Cottage Hospital Grange Road	Compliance to COI Policies in line with Health Act	ICNA Audit Tool	TBA	Completed. Results on database. Audit report in progress.
GP Practices	To establish baseline data and check compliance to COI Policies	ICNA Audit Tool	By year end.	100% completed. Results on database. Review visits underway
Urgent Care Centres: Warren Farm HC	Establish baseline data	ICNA Audit Tool	TBA	Completed.
Primary Care Health Centres and Partners in Health	Check compliance to COI Policies	ICNA Audit Tool	Ongoing	HC Managers report exceptions to Infection Prevention and Control Committee.
New builds and refurbishments	Check remedial/advice actions against national guidance	ICNA Audit tool in conjunction with Estates In the Built Environment doc	As requested, Estates Project Managers to advise annual programme	New dental surgery assessment completed
Essential Steps Toolkit Audit	Check compliance to COI policies and Clinical Practices as DH National Guidance	DH Audit Toolkit. Random selection of staff.	By end of financial year.	Currently in progress, all documents reviewed and meeting scheduled with all clinical leads.

AGENDA ITEM 3.6

NICE guidance	Requirement of NICE	New NICE Audit tool to be cross referenced with ICNA tool	TBA	New NICE tool not been issued to date.
Optometrists	Self audit	ICNA-based customised audit tool	By end of financial year.	Currently completing a self-assessment and results being collated
Dentists	To establish baseline data and check compliance to COI Policies	ICNA tool	By end of financial year.	The clinical governance toolkit does address some aspects of infection prevention and control and has been used in the absence of a national toolkit. Of the 66 GDPs, 32 have completed this assessment.



APPENDIX 2

Reducing Health Care Associated Infections: Proposal for Funding

PLEASE ENSURE THAT YOUR PROPOSAL COMPLIES WITH THE FOLLOWING PRINCIPLES:

- This is revenue funding which, under normal finance rules, can include non-capitalised equipment purchases, but can be used in other areas such as training and development of staff including infection control teams.
- This is one-off funding, which should be spent promptly to achieve rapid results.
- Proposals will need to be signed off by NHS Chief Executive level, including confirmation that this will be truly additional expenditure (i.e. not moving planned expenditure to the ring-fenced fund and using the money released for something else).
- Organisations must be able to provide accurate data promptly on the HCAI Mandatory data capture system.
- Directors of Nursing within organisations will be responsible for ensuring that the money is spent in accordance with the approved proposal and will be required to provide regular reports to the SHA on spending and impact – performance against trajectory.
- Money must be spent on things which have been shown to help reduce infection and must be justified by reference to established guidance (e.g. *Saving Lives, Essential Steps*, epic, Guidelines for the control and prevention of MRSA in healthcare facilities).
- Priority should be given to areas where an impact on MRSA and *C. difficile* infections can be clearly demonstrated.
- Proposals should set out clearly what the money will be spent on, what reductions in infection are expected and how this will be used to improve public confidence that hospitals are clean and safe.
- Trusts wanting to access the funds will need to get PCT support for their proposals and proposals that work across health economies will be particularly welcome.
- Front line staff must be involved in the decision making, and must be kept informed of where the additional money has been spent.

Name of Trust
Birmingham East and North Primary Care Trust (BEN PCT)
Trust lead person Name and contact details
Val Jones, Executive Nurse
Outline of Proposal:
<ol style="list-style-type: none"> 1. Bespoke e-learning package for doctors and non-medical prescribers (infection control and antimicrobial prescribing). 2. Increase hand hygiene teaching opportunities for all community infection control link practitioners. 3. Increase Infection Control Training for all community practitioners. 4. Provide advanced Infection Control Training for existing ICNs. 5. Increase level of hygiene via access to deep cleaning equipment in all bedded units. 6. Increase infection control awareness to all staff. 7. First contact hand hygiene for all visitors accessing bedded units including clinical staff, visitors, and relatives

Are any other organisations included in this work eg across the health economy etc? if yes please give details.

Independent contractors, i.e. General Practitioners.

Objectives and Scope

Please demonstrate how this proposal will improve your organisation's current performance against MRSA trajectory and locally agreed target for reduction of C.diff. For organisations who did not agree trajectories with their host PCT are now required to do so.

(For acute Trusts only)

Deliverables - please state the level of reduction in infection rates you will achieve if this proposal is funded and within what timescale.

**Pre 48 hour MRSA bacteraemia (avoidable) will be brought to 0 by April, 2008.
There will be no avoidable community acquired Cdiff associated infections from April, 2008.**

Have front line staff been involved in the development of this proposal and if so how? Please provide examples (up to 5).

- 1. Front line Infection Control Link Workers have been consulted.**
- 2. Infection Control Peers in neighbouring PCTs have been consulted.**
- 3. Colleagues sharing the same health economy have been consulted.**
- 4. Infection Control Audit reports have been discussed with the resident frontline staff and with Estates and Facilities staff.**
- 5. Requests for more training sessions, e-learning resources i.e. update on antimicrobial prescribing for medical and non-medical prescribers has been noted.**

How will you demonstrate that the agreed reductions have been achieved?

A monthly progress report will be sent to SHA with targets against milestones to benchmark progress. This will include progress against audit scores, doctors update of bespoke e-learning package etc.

Key Milestones

What are the key steps on the way to completing the project? When will they be achieved?

Milestone	Start Date	Completion date
1. Commissioning bespoke e-learning package for doctors. This is co-ordinated work across the Health Economy with Solihull PCT. This work will be evaluated to ensure that the GPs and other non-medical prescribers have improved knowledge and skills of HCAI, in particular C.diff and antibiotic prescribing.	October 2007	November 2007
2. Commissioning hand washing basins and stations to Improve first contact hand hygiene facilities and compliance. Install and upgrade clinical sinks to comply with HTM 64. Improve hand hygiene information to visiting staff and visitors at all entrance/exits to bedded units.	Oct 07	March 08
3. Commissioning trio packs for all community clinicians who conduct domiciliary visits. This will result in increased	Oct 07	January 08

opportunities for 100% compliance to hand washing policy. This will be audited in line with Essential Steps.		
4. Commissioning Hand Washing Inspection Cabinets. This purchase will facilitate the Infection Control Link Workers and Clinical Leads (Health Visitor, School Nurse, and District Nurse) to deliver local hand washing sessions.	Oct 07	November 07
5. Commissioning Laptop, palmtop and projector. To support the additional capacity and flexibility required to deliver sessions specifically on MRSA & C.diff in a range of clinical locations across the PCT which will be in addition to the existing mandatory infection control updates sessions offered.	Oct 07	March 08

Details of cost breakdown and timetable for spending – Please note that there must be a commitment and ability to progress this work very quickly so that reductions in infection rates can be demonstrated within this financial year.

Hand hygiene stations at all entrance and exits to BEN PCTs 4 bedded units	£12K
Hand washing sinks compliant with HTM 64 in all baby clinics	£10K
Pump prime hand hygiene community trio packs for all community clinicians	£2K
Infection Control Link Worker Resource Packs	£1K
Antimicrobial and Infection Control e-learning package bespoke for Doctors	£10K
MRSA and Cdiff strategy updates for ICNs	2K
10 Hand hygiene Inspection Cabinets for Clinical Leads	£2K
20 Boxes Glitterbug cream	£2K+.
Laptop, palmtop, projector to facilitate new training	£2K.
Rotawashers x 4	£2K
Carpets to be removed in clinical areas and replaced with vinyl welded floors to increase hygiene levels	£12K

How you will promote the work to help increase patient /public confidence (communications/media plan)

- Patient forums,
- Roadshows in bedded units and Health Centres.
- Articles in PCT communications Cascade, Team Brief etc.
- Signage and promotion materials for visitors and non clinical staff.
- Information in admission pack for patient and relative's information.
- Press release to increase public confidence levels.
- Carers unit to promote publicity through carers resource packs and carers networks.

How will you ensure that all front line staff is aware of how this funding is being utilised?

- Monitoring via Infection Control Link Worker (ICLWs) meetings.
- Budget Report on spend and activity to infection control committee
- Regular communication through ICLWs to their staff and units.
- Using other established communication networks through Team Brief, Cascade etc
- Performance reports Clinical Leads, Provider arm Heads of Depts, Clinical Governance Leads, Performance Managers

Key IDENTIFIED Project Risks

Description	Likelihood	Impact	Risk score	Mitigating Actions	Review Date
Lack of knowledge in general practice regarding MRSA and C/Diff prevention	4	5	20	Doctors e-learning package	End of each month
Insufficient hand hygiene facilities within the in-patient units, to efficiently decontaminate staff and visitors hands.	4	5	20	Hand hygiene stations	End of each month
Improvements required in facilities at in patient units fall outside of normal development budgets	5	3	15	Replacement flooring and sink project	End of each month
In-sufficient resources to offer further IC training	5	3	15	Increase IC training	End of each month
Further improvements required to further develop and improve infection control audit outcomes at inpatient units.	4	3	12	Increase hygiene in bedded units	End of each month

Risk Score Matrix

Impact						
Catastrophic	5	LOW	MEDIUM	HIGH	HIGH	HIGH
Major	4	LOW	LOW	HIGH	HIGH	HIGH
Moderate	3	V.LOW	LOW	MEDIUM	HIGH	HIGH
Minor	2	V.LOW	V.LOW	LOW	LOW	MEDIUM
Almost None	1	V.LOW	V.LOW	V.LOW	V.LOW	LOW
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain
		Probability				

We, the undersigned confirm that this is additional expenditure that had not been planned for this year and will be used to meet the brief outlined and within timescales stated as above.

Trust Chief Executive (please print name) Signature Date
PCT Chief Executive (please print name) Signature Date
Trust Executive Director of Nursing (please print name) Signature Date

NHS West Midlands - St Chad's Court, 213 Hagley Road, Edgbaston, Birmingham, B16 9RG.

APPENDIX 3

Checklist for management of *Clostridium difficile* infections

	Checklist for management of <i>Clostridium difficile</i> infections	YES	NO
1	Trust Board and Senior Management involvement		
a	Annual programme of Infection Control	✓	
b	Active engagement and interest of the Trust Board ¹ to ensure adequate resources available for effective prevention and control of HCAI	✓	
c	Infection Control forms part of Clinical Governance framework	✓	
d	Corporate and directorate level responsibility for Infection Control	✓	
e	Management involvement is appropriately escalated when hospital bed occupancy is under pressure, to ensure that infection risks are managed	N/A	
2	Infection Control team		
a	DIPC role is adequately supported (eg personal development, dedicated time, supporting resources)		✓
b	Monthly infection control team meeting (minuted)		✓
c	Quarterly infection control committee meeting	✓	
d	Adequate staffing levels (at least 1Infection Control Nurse per 250 patients) ²	N/A	
e	Appropriate composition and fully resourced infection prevention and control teams		✓
f	Infection control and prevention policies are accessible to ward staff and kept updated	✓	
3	Cleaning		
a	Current contract cleaning service specification meets required standards	✓	
b	Ward steam deep cleaning programme ³ to reduce infections in wards where there is an outbreak of <i>C. difficile</i> is available	✓	
c	Increased frequency of cleaning when there is an outbreak ⁵	✓	
d	Access to rapid response team for undertaking terminal cleans		✓
e	Cleaning of patient areas such as horizontal surfaces and toilet areas including taps	✓	
f	Cleaning of equipment such as dirty bedpans and commodes	✓	
4	Laboratory diagnosis		
a	Toxin tests detect both toxin A and B	N/A	
b	Toxin testing facility is available each day, seven days a week	N/A	
c	Toxin testing is always performed within 18 hours of onset of symptoms or admission of a symptomatic patient	N/A	
5	Surveillance systems		
a	Accurate real time data (daily <i>C. difficile</i> new cases and relapses) available to wards and directorates to manage outbreaks	N/A	
b	All outbreaks due to <i>C. difficile</i> are reported as an SUI to the Strategic Health Authority and local HPA/HPU	✓	
c	All deaths attributable to <i>C. difficile</i> are regarded as an SUI and undergo "root cause analysis" ³	N/A	
d	Healthcare Associated Infection and Death Certification. CMO's guidance. PL/CMO/2007/8	N/A	
6	Rapid isolation and cohorting of patients		
a	Appropriate prioritisation on the use of side rooms for controlling infection	✓	
b	Provision of an isolation ward in the <i>C. difficile</i> control action plan		✓
c	If side room isolation capacity is exceeded by the number of cases, must consider using an isolation ward in all instances		✓
7	Minimising transmission		
a	Trust policy on use of "extra beds" takes adequate account of infection and other patient safety risks, and is adhered to	N/A	
b	Minimum movement of patients and a system for identifying bed location throughout a patient's hospital stay	N/A	
c	Never having a <i>C. difficile</i> positive patient on an open bay/ward	✓	
8	Availability and use of personal protective equipment (aprons and gloves)		
a	Outside all side rooms	?	
b	At entrance to cohort bay/ward	?	
9	Treatment		
a	Trust has an antimicrobial prescribing policy, strategy, formulary and guidance in line with DH-defined best practice ⁴	✓	
b	Antimicrobial pharmacist in post and adequately supported		✓
c	Antibiotics are only prescribed if there is a clear clinical indication		✓
d	Use is of the narrowest spectrum possible for the shortest time possible		✓
e	There is a treatment protocol for patients with <i>C.difficile</i> associated diarrhoea, including relapses	✓	
10	Monitoring of the sick patient		
a	Clinical care pathway		✓
b	Daily monitoring of patient	✓	
c	Regular monitoring of inflammatory markers such as white cell count and C-reactive protein		✓
11	Hand hygiene audit tool		
a	Ensure compliance using National Patient Safety Agency guidelines and monitor improvement	✓	
b	Easy accessibility of sinks in each bay, side rooms and treatment rooms	✓	
c	Easy accessibility of soap dispensers in each bay, side rooms and treatment rooms	✓	

12	Training and education of staff		
a	Trust staff - Infection control training as part of Trust Induction package ⁵	✓	
b	Cleaning staff. Fortnightly meetings may help.	N/A	
c	Compliance of Matrons with A Matron's Charter: An Action Plan for Cleaner Hospitals. October 2004	✓	
13	Clinical Audits		
a	Performance of environmental audits		
	- General environment	✓	
	- Bed spaces	✓	
	- Equipment	✓	
	- Clinical and treatment rooms	✓	
	- Bathrooms and toilets	✓	
	- Utility rooms	✓	
	- Dirty linen	✓	
	- Staff uniform	✓	
	- Hand hygiene	✓	
	- Death		✓
b	Role of Matrons in performing environmental audits	✓	
14	Patient and public information		
a	Availability of information leaflets for patients, relatives and visitors	✓	
b	Community action plan for <i>C. difficile</i>		✓
c	Other measures – please give details		

13 c: Please give details here

2a	Support to DIPC is good but time pressure of other commitments makes attendance at all meetings across the health economy difficult.
2b	Weekly meetings between DIPC and Senior ICN, no regular Team meetings at present.
2e	Currently reviewing the support to the Team, particularly administrative support.
3d	The contract cleaners are not always able to provide same or following day service.
4	Secondary care issues
8	More appropriate to secondary care
9	Appropriate measures to primary care have been instituted
13a	No known deaths have occurred in primary care
14b	Community action plan part of the Infection Prevention and Control Plan

¹ Whether it has been an agenda item at every single Trust Board meeting and the Board has a good understanding of and interest in the issues (training and special responsibility)

² National Audit Office. Improving patient care by reducing the risk of hospital acquired infection. A progress report. July 2004

³ Healthcare Commission report. The management of *Clostridium difficile*. The University Hospitals of Leicester NHS Trust, March 2007

⁴ Saving Lives: reducing infection, delivering clean and safe care. Antimicrobial prescribing. A summary of best practice. Department of Health. August 2007; Healthcare associated infections, in particular infection caused by *Clostridium difficile*. Department of Health. Letter. December 2006

⁵ Eight hourly, including overnight; clean with hypochlorite

⁵ Training resource. National e-learning infection control training package

HCAI = Healthcare Associated Infection

SUI = Serious Untoward Incident

HPA = Health Protection Agency

HPU = Health Protection Unit

CMO = Chief Medical Officer