

Birmingham East and North Primary Care Trust

Director of Infection Prevention and Control Annual Report 2008/09

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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 in the Birmingham East and North Primary Care Trust (BEN PCT).

The continuing national interest in Health Care Associated Infection (HCAI) has dominated the work of the Infection Prevention and Control Team during the year under review. As a consequence there was a review of the way in which infection prevention and control was monitored and the various committees were restructured to ensure that they are fit for purpose.

The requirement for the PCT to register with the Care Quality Commission in respect of infection prevention and control was successfully managed and the PCT was able to achieve unconditional registration.

The completion of the new Care Centres required a high degree of input from the Team in order to ensure that the fabric of the units would provide a safe environment to prevent and control infection. Both Perry Trees and Anne Marie Howes are now fully functional and the Team continues to support the staff with regard to all infection prevention and control matters.

The report seeks to highlight aspects of the work undertaken by the Team this year and identifies areas for further action during 2009/10.

SERVICE PROVISION

The Infection Prevention and Control Service is lead by the Director of Infection Prevention and Control.

During 2008/09 there were changes to the structure of the Team following the resignation of the Infection Control Nurse Specialist in August 2008.

As a consequence of the long-term absence of the remaining member of the Team the Clinical Quality Managers within the Healthcare Governance Team provided valuable interim support to the Director of Infection Prevention and Control.

As a consequence of failure to recruit an Infection Control Nurse Specialist the post was redesigned and broadened to that of Infection Prevention and Control Health Care Professional. Following recruitment two year-long secondments were offered to PCT staff and 1.6 whole time equivalents staff appointed in February 2009.

In addition a full time Administration & Clerical post was created to support the team and a candidate recruited in September 2008.

Further support to the Team is provided by 43 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.

GOVERNANCE STRUCTURES

The Provider Arm governance restructuring resulted in the establishment of a Provider Clinical Quality and Risk Committee which reports to the Provider Arm Board. As a consequence the Operations Directorate Infection Prevention and Control Committee was disbanded in September 2008 and the functions incorporated into the Provider Clinical Quality and Risk Committee.

The Joint Commissioning Infection Prevention and Control Committee continued to function as a forum for assuring that providers were addressing the issues of HCAI. With the introduction of the new contract with Heart of England Foundation Trust a Clinical Quality Review Group was established in December 2008. This Group has taken over the role of the Joint Commissioning Infection Prevention and Control Committee which has now been disbanded.

The Health Economy Clinical Group has continued to meet on a regular basis and is reviewing the terms of reference in the light of the contractual changes with the providers. The intention is that this will become a Clinical Reference Group of the Clinical Quality Review Group.

The Director of Infection Prevention and Control has become a member of the Heart of England Foundation Trust Infection Control Executive Committee which meets monthly. This has enabled the PCT as lead commissioner, to gain further assurance regarding the Trust's activities in respect of all aspects of infection prevention and control.

ESSENTIAL STEPS

As outlined in the Annual Report of 2007/08, the Essential Steps delivery programme aims to reduce avoidable HCAI in Primary Care Trusts, Mental Health Trusts, Independent Healthcare Settings and Care Homes. This 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.

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.

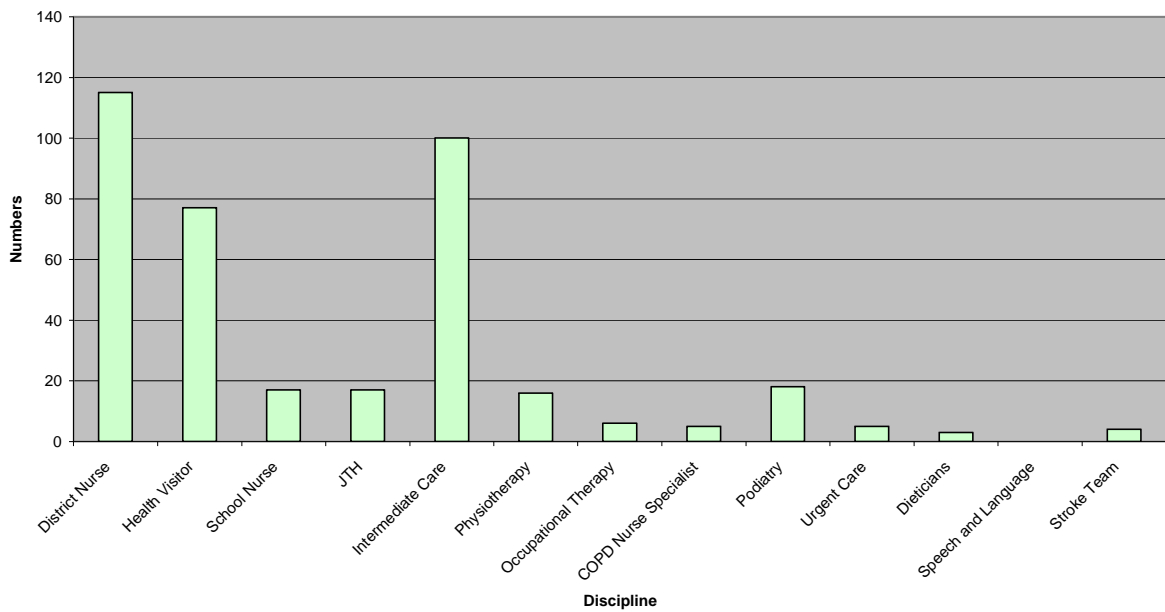
Although it was expected that the programme would be launched within clinical teams during this year, service demands made it impossible to achieve. Now that the staffing constraints have been addressed a re-launch of Essential Steps is planned during 2009/10.

MANDATORY INFECTION PREVENTION AND CONTROL TRAINING

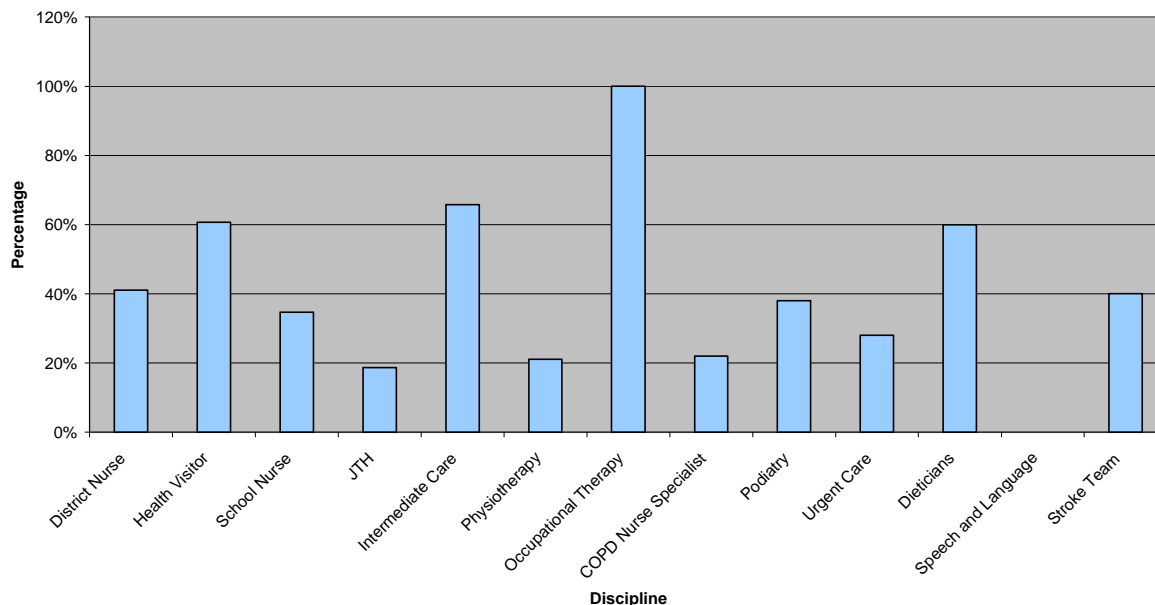
The Team has provided 33 Infection Prevention and Control training sessions between April 2008 and March 2009, 497 staff booked onto a session, 77% (383) attended, 23% (114) cancelled or did not attend .

Breakdown of Attendees by Discipline

2008 - 2009 TRAINING ATTENDANCE
NUMBERS BY DISCIPLINE



**2008 - 2009 TRAINING ATTENDANCE
 PERCENTAGE BY DISCIPLINE**



In light of the fact that infection prevention and control is seen as the responsibility of all staff the following paragraph I was inserted into the Job Descriptions of all new staff.

“NHS Birmingham East and North is committed to reducing Healthcare Associated Infection. All employees are expected to abide by Infection Prevention and Control policies relevant to their area of work, and undertake the necessary level of training. This will be appraised through the KSF review process or other relevant professional review process.”

It is the intension to roll this out to existing staff via a message attached to payslips during 2009.

EDUCATION AND TRAINING

Throughout the year the Team has provided education and training to PCT staff and contractors.

Staff training sessions include:

- ✓ Service induction
- ✓ Core competency training for support staff, 8 sessions between September 08 to March 09
- ✓ A 3 day Infection Prevention and Control Link Worker training held in September 08 resulting in an additional 8 new Link Workers
- ✓ More than 3000 school children, from reception to year 6, were taught how to wash their hands correctly by School Nurses during Hygiene Campaigns.

- ✓ The *Clostridium difficile* e-learning package was launched in July 08. By the end of March 09, 109 staff and contractors had completed the training
- ✓ Ad hoc sessions as requested, i.e. outbreak management, specimen collection.

EVENTS

- ✓ Pan Birmingham and Solihull urinary catheter care study day held for practice nurses in November 08
- ✓ 3 evening SMILE-ON events held for dental staff
- ✓ Evening event held for practice staff on emergency planning in the event of a flu pandemic.
- ✓ Presentations at 2 Learning Time Initiatives for all contractors.
- ✓ Lunch time meeting to General Practitioners on the management of *Clostridium difficile*.

AUDITS

Infection Control audits of Provider and Contracted Services are conducted using the Infection Control Nurses Association Audit Tool (2005) endorsed by The Department of Health..

A total of 9 general practices were audited and a programme of follow-up visits in respect of areas of concern or non-compliance was implemented. However, a total of 43 audits specifically relating to the delivery of the Minor Surgery Local Enhanced Service were carried out where compliance with the required standards is mandatory. Of these 41 achieved the standards required at the time of the audit and the remaining 2 achieved the standards within 3 months of the audit.

Self-assessment audit returns from dental practices have been analysed. These have been in preparation for the SMILE-ON, which provides assurance on Standards for Better Health.

Formal audits of Provider Arm premises were not conducted this year although self-assessment audits were done by the Link Workers.

INCIDENT AND OUTBREAK MANAGEMENT

During the year the Team has responded to numerous incidents within the bedded units relating to diarrhoea and vomiting, *Clostridium.difficile*, MRSA, chicken pox and *Campylobacter*. The Units have been supported in the management and root cause analysis of these incidents.

Two of the bedded units (Sutton Cottage Hospital and John Taylor Hospice) had outbreaks with patients experiencing gastrointestinal symptoms.

Following intensive intervention using telephone instruction and prompt visits from the 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
Sutton Cottage	15.10.08	24.10.08	11	2
John Taylor Hospice	09.03.09	24.03.09	3	0

In addition, the Team were involved in a number of outbreak meetings across the health economy. Attendance at these meetings, though time consuming, have provided assurance that the contractors are meeting the standards expected.

Lessons learned are shared across the health economy. The types of outbreak include:

At Heart of England Foundation Trust - *Acinetobacter baumannia*, norovirus, TB in a member of staff, Very Resistant *Enterococcus* (VRE), *Serratia marcescens*, endophthalmitis and *Legionella*.

Multi-drug resistant pneumococcus at Ashcroft Mental Health Unit.

Group A *Streptococcus* at St Giles Hospice

The Health Protection Agency provides regular reports on outbreaks in schools, nurseries and care homes.

DECONTAMINATION

1 PCT PROVIDER ARM

All services now meet with the national decontamination policy which came into force on 1st April 2008. Local decontamination of equipment has ceased and all services use single use items of equipment. These are disposed of in clinical waste bins as per local policy.

Podiatry services use single use instruments for high risk work such as nail surgery and wound care. The bulk of equipment is reprocessed by an external supplier, B.Braun Sterilog based at Kings Norton as part of a 3 year contract that end in March 2011.

2 CONTRACTED SERVICES

All primary care medical services now meet the requirements of the national decontamination policy.

The publication of the HTM 01-05: Decontamination in Dental Practice in October 2008 highlights the requirements for the decontamination of dental equipment. The Team has been seeking to support practices through the SMILE-ON programme to work towards achieving the required standards.

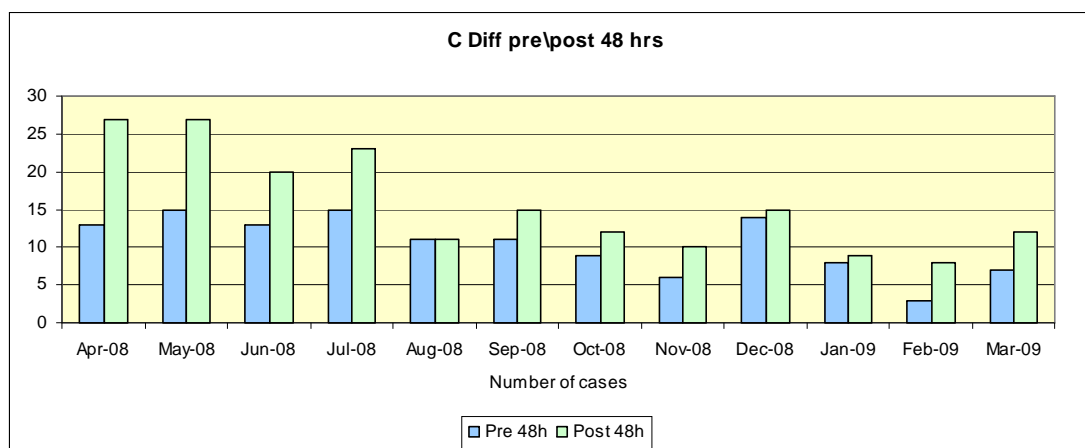
HEALTHCARE ASSOCIATED INFECTIONS

During the year there has been a continued emphasis on reducing the rate of HCAI. Given that patients neither expect nor hope that a HCAI would be added to their existing health concerns the PCT seeks to pursue an attitude of zero tolerance approach to such infections.

The 2 main infective agents that have been a target of attention have been *Clostridium difficile* and MRSA. The targets set for both these organisms were met and exceeded. The achievement for *Clostridium difficile* was 314 against a target of 514 and a 2007/08 outturn of 947.

BEN PCT CLOSTRIDIUM DIFFICILE MONTHLY PERFORMANCE REPORT 2008-09

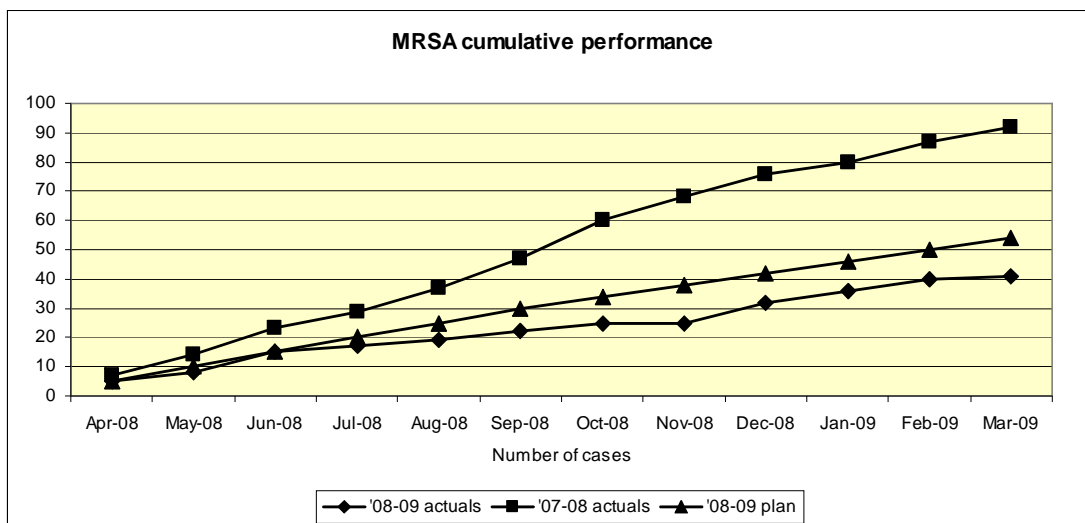
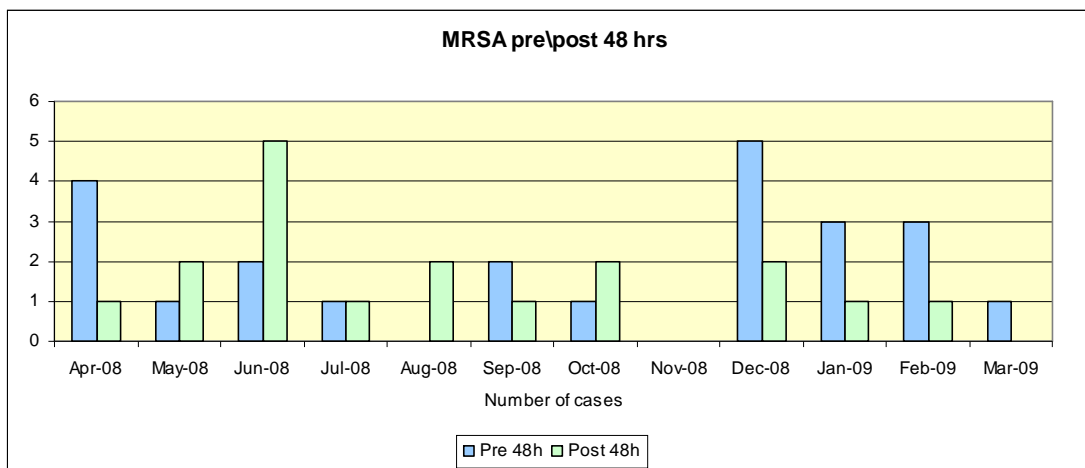
Hospital		Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09
Solihull	Pre 48h	2	1	0	1	0	0	0	0	0	0	0	0
	Post 48h	1	2	1	0	0	0	1	1	1	1	1	0
	Total	3	3	1	1	0	0	1	1	1	1	1	0
	Cumulative	3	6	7	8	8	8	9	10	11	12	13	13
Heartlands	Pre 48h	4	2	3	3	3	4	3	2	2	4	1	2
	Post 48h	12	12	7	8	3	8	4	4	4	1	3	2
	Total	16	14	10	11	6	12	7	6	6	5	4	4
	Cumulative	16	30	40	51	57	69	76	82	88	93	97	101
Good Hope	Pre 48h	2	1	7	3	3	1	2	2	6	1	2	2
	Post 48h	11	9	10	11	4	6	6	5	7	5	3	7
	Total	13	10	17	14	7	7	8	7	13	6	5	9
	Cumulative	13	23	40	54	61	68	76	83	96	102	107	116
UHB	Pre 48h	1	1	0	0	1	1	1	0	2	0	0	0
	Post 48h	1	0	2	3	3	1	0	0	1	1	0	0
	Total	2	1	2	3	4	2	1	0	3	1	0	0
	Cumulative	2	3	5	8	12	14	15	15	18	19	19	19
Sandwell	Pre 48h	0	0	0	1	0	1	1	0	2	0	0	0
	Post 48h	2	4	0	1	1	0	1	0	0	1	1	2
	Total	2	4	0	2	1	1	2	0	2	1	1	2
	Cumulative	2	6	6	8	9	10	12	12	14	15	16	18
Other hospital	Pre 48h	0	0	0	1	0	0	1	0	1	0	0	0
	Post 48h	0	0	0	0	0	0	0	0	1	0	0	1
	Total	0	0	0	1	0	0	1	0	2	0	0	1
	Cumulative	0	0	0	1	1	1	2	2	4	4	4	5
Community	Pre 48h	4	10	3	6	4	4	1	2	1	3	0	3
	Cumulative	4	14	17	23	27	31	32	34	35	38	38	41
Total	Pre 48h	13	15	13	15	11	11	9	6	14	8	3	7
	Post 48h	27	27	20	23	11	15	12	10	15	9	8	12
	All	40	42	33	38	22	26	21	16	29	17	11	19
	Cumulative	40	82	115	153	175	201	222	238	267	284	295	314
07-08 actuals		100	130	91	70	67	63	67	43	54	84	94	84
07-08 cumulative		100	230	321	391	458	521	588	631	685	769	863	947
Planned trajectory		43	43	42	43	43	43	43	43	42	43	43	43
Cumulative trajectory		43	86	128	171	214	257	300	343	385	428	471	514



The MRSA outturn was 41 against a target of 54 and a 2007/08 total of 92.

LOCAL HEALTH ECONOMY MRSA MONTHLY PERFORMANCE REPORT 2008-09

Hospital		Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09
Solihull	Pre 48h	1	0	0	0	0	0	0	0	1	1	1	0
	Post 48h	0	1	0	0	0	0	0	0	0	0	0	0
	Total	1	1	0	0	0	0	0	0	1	1	1	0
	Cumulative	1	2	2	2	2	2	2	2	3	4	5	5
Heartlands	Pre 48h	1	1	1	0	0	0	1	0	2	1	1	1
	Post 48h	0	0	3	0	0	0	2	0	2	1	1	0
	Total	1	1	4	0	0	0	3	0	4	2	2	1
	Cumulative	1	2	6	6	6	6	9	9	13	15	17	18
Good Hope	Pre 48h	2	0	1	0	0	2	0	0	2	1	1	0
	Post 48h	1	1	2	0	2	1	0	0	0	0	0	0
	Total	3	1	3	0	2	3	0	0	2	1	1	0
	Cumulative	3	4	7	7	9	12	12	12	14	15	16	16
Community	Pre 48h	0	0	0	1	0	0	0	0	0	0	0	0
	Post 48h	0	0	0	1	0	0	0	0	0	0	0	0
	Cumulative	0	0	0	1	1	1	1	1	1	1	1	1
Total	Pre 48h	4	1	2	1	0	2	1	0	5	3	3	1
	Post 48h	1	2	5	1	2	1	2	0	2	1	1	0
	All	5	3	7	2	2	3	3	0	7	4	4	1
	Cumulative	5	8	15	17	19	22	25	25	32	36	40	41
07-08 actuals		7	7	9	6	8	10	13	8	8	4	7	5
07-08 cumulative		7	14	23	29	37	47	60	68	76	80	87	92
Planned trajectory		5	5	5	5	5	5	4	4	4	4	4	4
Cumulative trajectory		5	10	15	20	25	30	34	38	42	46	50	54



ANTIBIOTIC PRESCRIBING

One of the aspects of importance in reducing both these HCAs is the reduction in the use of broad spectrum antibiotics. In order to achieve this there has been a concerted effort by the Medicines Management Team to encourage the reduction in prescribing of antibiotics by general medical practitioners.

A year on year comparison of 2008/09 on 2007/08 there has been a reduction of 3.3% (1.83 to 1.144) compared to a reduction for NHS West Midlands of 0.8% (1.121 to 1.112) and for England, which increased by 0.7% (1.075 to 1.082).

The England figure would suggest that the PCT result has been driven by practice effort rather than a light wave of seasonal infections, and represents a 4% improvement over the national average. The PCT has improved from 128th to 101st out of 153.

		Jan 2009 to March 2009		Items /	Rank
				STAR-PU	
KENSINGTON & CHELSEA	KENSINGTON & CHELSEA	17,482	104,472	0.167	1
TELFORD & WREKIN	TELFORD & WREKIN	25,429	99,272	0.256	25
HEREFORDSHIRE	HEREFORDSHIRE	28,272	107,197	0.264	34
HEART OF BIRMINGHAM	HEART OF BIRMINGHAM	48,568	183,396	0.265	35
SOUTH BIRMINGHAM	SOUTH BIRMINGHAM	60,069	226,717	0.265	35
WOLVERHAMPTON CITY	WOLVERHAMPTON CITY	40,997	153,277	0.267	37
WALSALL TEACHING	WALSALL TEACHING	43,044	158,732	0.271	44
SOLIHULL CARE TRUST	SOLIHULL CARE TRUST	36,338	130,722	0.278	53
DUDLEY	DUDLEY	52,007	186,082	0.279	56
SANDWELL	SANDWELL	55,167	197,044	0.28	59
SHROPSHIRE COUNTY	SHROPSHIRE COUNTY	49,391	175,366	0.282	64
WARWICKSHIRE	WARWICKSHIRE	90,949	321,039	0.283	65
BIRMINGHAM EAST & NORTH	BIRMINGHAM EAST & NORTH	74,086	260,532	0.284	66
COVENTRY TEACHING	COVENTRY TEACHING	60,354	208,781	0.289	77
STOKE ON TRENT	STOKE ON TRENT	48,000	164,328	0.292	85
WORCESTERSHIRE	WORCESTERSHIRE	99,436	338,186	0.294	92
SOUTH STAFFORDSHIRE	SOUTH STAFFORDSHIRE	110,409	361,881	0.305	106
NORTH STAFFORDSHIRE	NORTH STAFFORDSHIRE	41,907	124,483	0.337	150
MIDDLESBROUGH	MIDDLESBROUGH	32,326	90,360	0.358	153
	England	9,032,866	32,052,979	0.282	
				-0.2%	
	NHS WEST MIDLANDS	964423	3397035	0.284	
				-2.8%	

An analysis of quarter 4 prescribing against that of 2007/08 would reflect the cumulative effect of the work done during 2008/09 in raising the issue at practice level. The PCT rate has reduced by 6% (0.302 to 0.284), compared to the NHS West Midlands reduction of 2.8% (0.292 to 0.284) and England, which reduced by 0.2% (0.282 to 0.282). The PCT is now at the NHS West Midlands average and marginally above England and have improved from 107th to 66th out of 153 PCTs.

CONCLUSION

The past year has been challenging with respect to the reduction in HCAI. The work of all within the Infection Prevention and Control, Healthcare Governance and Medicines Management Teams has resulted in a truly remarkable achievement in this regard.

The appointment of new members to the Infection Prevention and Control Team and the changing ways of working is seen as a new era in the way in which this important aspect of patient safety is going to be addressed. The next year will be one of challenge and change. The emerging economic challenges will place a high premium on quality of service and the Team has a large contribution to make to ensuring that infections are prevented, patients are safe and costs of unnecessary admissions are avoided.

I would take this opportunity of expressing my thanks to all within the Professional Services Directorate who have risen to the challenge and truly made a difference to patient safety.

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