Infection Prevention and Control Annual Report

2017/2018

Dr Deborah Wildgoose
Executive Director of Nursing and Quality
Director of Infection Prevention and Control

Chris Prewett
Head of Patient Engagement and Experience
Infection Prevention and Control Team

May 2018

“Our vision is that no person is harmed by a preventable infection”
1.0 Foreword

I am delighted to introduce Rotherham Doncaster & South Humber NHS Foundation Trust’s annual Infection Prevention and Control report for the period 2017/18.

Our vision is that no person is harmed by a preventable infection. This report demonstrates that the Trust has continued to make substantial progress towards achieving the key priorities in previous year’s reports. It outlines our continued commitment to promoting best practice in infection prevention and control to maintain our long held low incidents of healthcare associated infections.

As a diverse and complex organisation, our infection prevention and control clinical nurse specialists work together to provide strong leadership ensuring compliance with the Health and Social Care Act (2008)\(^1\). In addition we facilitate learning across the whole Trust through training, education and lessons learnt from incident reports.

This year has presented further challenges with the ever increasing burden of Gram negative blood stream infections and sepsis cases. National guidance and initiatives have been key drivers for some elements of our annual work programme and this evolving work stream will continue throughout.

Infection prevention and control is the responsibility of everyone and is only truly successful when everyone works together. This annual report shows how we are performing, where we do well and where we would like to do better.

Collaborative working across the organisation will continue to benefit our patients, staff and healthcare community in order to achieve our vision.

Dr Deborah Wildgoose
Executive Director of Nursing and Quality
Director of Infection Prevention and Control

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2.0 Executive Summary

This is the Rotherham Doncaster & South Humber NHS Foundation Trust’s Foundation Trusts (RDaSH) Infection Prevention and Control (IPC) report for 2017/18.

The report demonstrates the continued commitment of the Trust and evidences the successes and service improvements achieved through the leadership of a proactive and dedicated IPC team. It is also demonstrates the commitment of Trust wide workforce dedicated to keeping IPC high on everyone’s agenda.

The Infection Prevention and Control Team (IPCT) has continued to provide all 4 Care groups with specialist advice and support through effective communication and fostering good relationships with staff.

This executive summary highlights the main achievements throughout the year and these are explored further in the main body of the report.

The main achievements for 2017/18 include:

- **Low levels of infection:**
  There have been 5 cases of Clostridium difficile Infection (CDI) with no lapses in care identified and 4 cases of Escherichia coli (E.coli) bacteraemia with lessons learnt. 1 case of E.coli bacteraemia is currently being reviewed by the investigation team.

- **Completion of public health commissioned work for a care home:**
  Audit and education were undertaken to prevent further avoidable infections and limit the possibility of future outbreaks following an outbreak of a health care associated infection.

- **Provision of an IPC service in the wider community:**
  This service includes collaborative working with other health and social care providers to provide IPC expertise for residents of nursing and residential homes across Doncaster.

- **Active involvement in the flu campaign:**
  The team engaged with the campaign and were the top vaccinators in the Trust for the second year running.

- **Proactive Link Champions working in their areas:**
  The link champions supported patient safety strategies through the dissemination of knowledge and best practice in their clinical areas. This work included designing displays, quizzes and undertaking practical hand hygiene assessments.

A Link Champion nomination for a national award:
A healthcare assistant was nominated for the 1st national Infection Prevention Society (IPS) Link Practitioner of the Year 2017 award and was highly commended for the work she has undertaken in raising awareness of sepsis on her ward.

A successful Link Champion Conference with high profile guest speakers:
The conference was aimed at IPC link champions and clinical practice educators. Guest speakers included the IPC Lead from NHS Improvement.

Positive patient engagement:
Two patients on Amber Lodge Rehabilitation & Recovery were supported by the IPCT to improve hand hygiene compliance among fellow patients.

Participation in a national catheter study:
Urinary tract infection (UTI) is one of the most common infections acquired as a result of healthcare and a large proportion of UTIs are associated with a urethral catheter. Better use of indwelling catheters, together with improved management of UTIs has been identified as key targets for intervention.

Effectiveness of the IPC audit programme:
The IPCT has completed environmental audits on all 24 inpatient areas and 2 supported living homes. Action plans were developed to address areas where improvement was required.

Participating in Gram Negative Blood Steam Infections (GNBSI) /urosepsis reduction work:
Collaborative work commenced this year between partner organisations led by the Clinical Commissioning Groups in line with current guidance.

Participating in the 100 Day Challenge for Urology:
This work stream will improve the patient’s experience overall but also reduce the risk of patients developing a GNBSI/urosepsis.

Compliance for Level 1 Hand Hygiene training at 93.87%:
Details on page 22.

Development of an audit tool to assess staff clinical practices:
The audit tool will provide assurance that staff are adhering to standard IPC precautions and associated clinical policies.

Development of a Policy Manual:
This year the IPCT has been instrumental in developing a new system for the Trust to make the content of policies and procedures more concise and reduce duplication. This will make it easier for staff to source IPC procedures from one webpage.
Promotion of the 5th May Hand Hygiene awareness campaign and IPC week:
RDaSH continued to promote the hand hygiene day through various activities to raise awareness of the importance of hand hygiene in the fight against infection. The focus for the IPC week this year was blood borne viruses (BBVs) and the team were involved in promoting good practices to reduce the risks of acquiring these infections.

Looking forward to 2018/19, the IPCT will continue to work hard to embed a robust governance approach to IPC across the 4 Care groups and will continue to support staff to implement our IPC priorities based on the code of practice within the Health and Social Care Act 2008.
3.0 Introduction

Reducing healthcare associated infections (HCAIs) continues to be a priority on the government’s safety agenda and in the general public’s expectations of high quality care. Within the Trust robust, effective IPC systems and processes support the delivery of the Trust’s strategic goal to deliver safe, effective, compassionate care.

Since 2008 there has been a legal requirement on the NHS and health and social care organisations to implement the Health and Social Care Act 2008 and to meet the standards of the Code of Practice.

During 2017/18 there have been several national initiatives introduced to further reduce avoidable infections including Gram-negative blood stream infections (GNBSIs), inappropriate antibiotic prescribing and sepsis.

NHS Improvement, led by Ruth May, and Public Health England (PHE), produced an improvement resource in response to the Secretary of State for health’s ambition to reduce GNBSIs and inappropriate antimicrobial prescribing by 50% by 2021. The IPCT have been working collaboratively with partner organisations in Doncaster to review current practice and identify areas for improvement to meet these ambitions.

The GNBSIs improvement work will also assist in the reduction of patients developing life threatening sepsis. Sepsis is not always easy to diagnose. When it is at an advanced stage with multiple abnormal physiological parameters it is relatively straightforward. However by this stage it is associated with a very high mortality, therefore the aim is that healthcare professionals should suspect sepsis at an early stage and initiate treatment promptly. For RDaSH this means prompt transfer to the local Emergency Department for treatment. The IPCT has worked closely with the Learning and Development Team to promote the early detection and prevention of sepsis.

Throughout 2017/18 there has been a considerable amount of work and activity carried out in relation to IPC and this report documents activity undertaken.

4.0 Governance Arrangements

The Chief Executive holds ultimate responsibility for providing effective IPC arrangements across the Trust, however this duty of care is delegated to the Director of Infection Prevention and Control (DIPC), this being the Executive Director of Nursing and Quality.

A dedicated team of highly experienced, knowledgeable and motivated Clinical Nurse Specialists were managed on a day to day basis by the Associate Nurse Director (AND) for Doncaster Care Group and recently by the Head of Patient Engagement and Experience.
Figure 1: Governance Structure
5.0 **Operational Delivery**

5.1 **The Infection Prevention and Control Team**

All members of the team have a strong work ethic and are passionate about preventing infection and protecting patients and staff from avoidable harm. This has been a stable year in terms of service provision with minimal sickness absence within the team.

Responsibility for all services within each Care Group across the organisation is provided by a named Senior Clinical Nurse Specialist which ensures all areas have a designated point of contact and assures continuity of support and advice. The senior nurses are supported by a junior nurse specialist.

The IPCT utilises a proactive approach with the emphasis on being visible, particularly on in-patient areas, resulting in provision of expert advice and support at the point of care delivery.

The team also has a wider quality remit which includes attendance at corporate meetings, participation in the Quality Review programme and in tender processes for services, imparting not only IPC expert knowledge but a wide range of experience gained over many years working in a variety of healthcare settings.
Three nurses are also active members of the IPS and through regular meetings have contributed to national guidelines, research, educational events and product evaluation. Membership of this society provides opportunities for the team to cascade updated information and influence best practice to staff. Changes to hand decontamination products have also been implemented due to a change in legislation and driven by the IPS to maintain staff safety.

Networking opportunities offered through this membership has been invaluable source of professional development and information sharing. Two members of the team are officers. One for the Yorkshire branch and one for the mental health/learning disability special interest group and represent their branches at national meetings and conferences.

Microbiology advice to support the team is provided by secondary care Trusts; The Rotherham Foundation Trust (RFT) and Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTHFT). This contract also provides out of hours microbiology/infection control cover when necessary.

5.2 Link Champions

Recognised by colleagues for their unique function and contribution link champions support patient safety strategies through the dissemination of knowledge and best practice in their clinical areas.

There are approximately 80 IPC link champions across the organisation within all care groups. This includes registered nurses, healthcare assistants, physiotherapists, podiatry staff, school nurses, occupational therapists, and staff from mental health services, physical health services, registered learning disability care homes and drugs and alcohol services. There are some services which do not have a link champion and to address this, the team actively encourage staff to become link champions in areas where gaps are identified.

They have a profile which describes their role and responsibilities which includes creating and maintaining an environment which ensures the safety of patients, visitors and colleagues. They utilise their knowledge and skills to support compliance with national standards and help embed IPC theory into everyday practice.

The IPCT have maintained close contact with the link champions via various forms of communication to maintain close links and to support them with their role responsibilities.

5.3 Work Plan

Progress for the Trust’s IPC work plan for 2017/18 is reflected across this annual report. The plan has 12 objectives:

- Implement Clinical Practice Audit tools within all Care Groups and develop a robust reporting system.
- Implement the community premises audit across all Care Groups within high risk key areas, strengthening the approach to aid sustainability of good outcomes.
Audit all inpatient areas.
To monitor hand hygiene compliance through assessments.
Continue to monitor for alerts and new guidance on IPC and implement changes to policies and guidelines.
Work in collaboration with partners to undertake and implement actions for post infection reviews (PIR).
Promote and support the link champion role and requirements for training/enhancing knowledge and skills.
Share evidence and quality and standards approach across all services.
Deliver IPC training and implement emergent best practice initiatives.
Promote IPC via campaigns, alerts, national, regional and international initiatives.
Scope business opportunities with partner organisations.
To support the Flu Campaign.
To support the Quality Review process.
To provide expert guidance and support to Care Groups during refurbishment and new build projects.

| Work Plan Objective 1 | 1a. Implement Clinical Practice Audit tools within all Care Groups and develop a robust reporting system.  
1b. Implement the community premises audit across all Care Groups within high risk key areas, strengthening the approach to aid sustainability of good outcomes.  
1c. Audit all inpatient areas. |

1a. Clinical Practice Audits

An audit tool assessing staff practices has been developed in order to provide assurance that staff are adhering to standard IPC precautions and associated clinical policies. The purpose of the tool is to review practical/clinical skills in relation to the following:

- basic principles of IPC including hand hygiene, use of personal protective equipment, non-touch technique and sharps management
- insertion of and on-going management of urinary catheters
- care of percutaneous endoscopic gastrostomies (PEGs)

It is anticipated that the audit results will identify potential opportunities for learning and updating of clinical skills/practice.

The tool has been piloted within the community nursing teams in Doncaster Care Group and following an evaluation and further review will be rolled out to other clinical teams over the next 2 years. The pilot highlighted the need for an additional audit tool to assess staff care and management of intravenous devices. The tool has now been developed with input from the community practice educators and will be used in 2018/19. Another finding of the pilot highlighted that not all community clinical staff adhere to the bare below the elbows (BBE) principles. This was addressed with the individual members of staff, by the Clinical Practice Educators at the time of the audit. The IPCT will make this a key priority with support from the DIPC in 2018/19. The IPCT will also work with the Information Technology Team in 2018/19 to develop a robust reporting system for the audit results.
1b. Community Premises Audits

An audit tool for community premises has been developed following a trial in 2017/18. The rationale for developing the tool was to ensure that community premises used for patient services meet the required IPC standards. The audit programme will be undertaken over a 3 year period. The focus of the 1st year (2018/19) will be premises where invasive interventions are being undertaken and in any areas where concerns have been raised.

<table>
<thead>
<tr>
<th>Premises</th>
<th>Good practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundations</td>
<td>• Very pro-active and motivated link champions</td>
</tr>
<tr>
<td></td>
<td>• Evidence of collaborative working between different organisations</td>
</tr>
<tr>
<td>Clozapine clinic, Doncaster</td>
<td>• Robust systems and processes in place</td>
</tr>
<tr>
<td></td>
<td>• Knowledge of safe body fluid spillage management</td>
</tr>
<tr>
<td></td>
<td>• General cleanliness of patient areas was of a satisfactory/good standard</td>
</tr>
</tbody>
</table>

*Table 1: Community Premises Audit: rated GOOD*

<table>
<thead>
<tr>
<th>Premises</th>
<th>Practices needing improvement:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sinclair House</td>
<td>• Environmental cleanliness was sub-standard</td>
</tr>
<tr>
<td></td>
<td>• Needle safety devices required</td>
</tr>
<tr>
<td></td>
<td>• Fixtures and furniture is not fit for purpose</td>
</tr>
<tr>
<td></td>
<td>• Training compliance is low</td>
</tr>
<tr>
<td></td>
<td>• Hand rub is not available at the point of care</td>
</tr>
<tr>
<td></td>
<td>• The cellar storerooms are not fit for purpose due to damp and plaster/paintwork damage</td>
</tr>
<tr>
<td></td>
<td>• Latex gloves in use</td>
</tr>
<tr>
<td></td>
<td>• Management of sharps bins</td>
</tr>
<tr>
<td></td>
<td>• Clinical hand wash basins do not meet standards (Health Building Note 00-02)</td>
</tr>
<tr>
<td></td>
<td>• Inappropriate storage of equipment and consumables</td>
</tr>
</tbody>
</table>

*Table 2: Community Premises Audit: rated REQUIRES IMPROVEMENT/INADEQUATE*

No patients experienced harm in the areas where improvement was required. Intensive support from the IPCT was given in order to raise standards and improve patient safety. One clinical room at Rosslyn house was decommissioned due to not meeting current standards. There was no disruption to care delivery as there was another room available to use. The remedial work was immediately rectified by the Estates Team and the room is now in use again.

Where areas have been identified for improvement action plans have been put in place.
The IPCT continue to monitor the areas regularly to review progress against the action plans and escalate concerns via the Infection Control Committee meetings (ICCM).

1c. **Inpatient Audits**

The IPCT have completed environmental audits on all 24 inpatient areas and 2 supported living homes, to assess environmental cleanliness and ensure safe systems and processes are in place to minimise risks of cross infection. Staff practice and knowledge of IPC is also assessed.

<table>
<thead>
<tr>
<th>Inpatient Areas:</th>
<th>Outstanding/Good practice:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fern Aber Intensive Support Unit (ISU) Laurel</td>
<td>• Very pro-active and enthusiastic link champions.</td>
</tr>
<tr>
<td></td>
<td>• Storage of consumables</td>
</tr>
<tr>
<td></td>
<td>• Environmental cleanliness was of a good standard</td>
</tr>
<tr>
<td>Hawthorne Hospice Inpatient Unit 1 Jubilee Close Mulberry New Beginnings</td>
<td>• Minimal environmental damage</td>
</tr>
<tr>
<td>Amber Rehabilitation and Recovery (R&amp;R) Hazel Windermere Osprey Brambles Coral</td>
<td>• Staff adhering to BBE principles</td>
</tr>
<tr>
<td>Hazel Windermere Osprey Brambles Coral Skelbrooke Sandpiper Kingfisher Goldcrest</td>
<td>• Knowledge of IPC principles</td>
</tr>
<tr>
<td>Oak Close – Learning disability supported living home</td>
<td>• Staff compliance with IPC practices is embedded</td>
</tr>
<tr>
<td></td>
<td>• Patients are encouraged to raise IPC concerns</td>
</tr>
<tr>
<td></td>
<td>• Good documentation relating to the HCAI Risk Assessment</td>
</tr>
<tr>
<td></td>
<td>• Availability of products to safely manage body fluid spillages</td>
</tr>
</tbody>
</table>

*Table 3: Inpatient Audit results: rated OUTSTANDING/GOOD*
Table 4: Inpatient Audit results: rated GOOD/REQUIRES IMPROVEMENT

<table>
<thead>
<tr>
<th>Inpatient Area:</th>
<th>Practices needing improvement:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cusworth</td>
<td>• Environmental damage to paint/plasterwork needs rectifying</td>
</tr>
<tr>
<td>Coniston</td>
<td>• Appropriate skin preparation wipes required</td>
</tr>
<tr>
<td>John Street – Learning</td>
<td>• Non-adherence to BBE principles</td>
</tr>
<tr>
<td>disability supported</td>
<td>• Documentation relating to:</td>
</tr>
<tr>
<td>living home</td>
<td>HCAI risk assessment</td>
</tr>
<tr>
<td>Magnolia</td>
<td>Cleaning checklists</td>
</tr>
<tr>
<td>Emerald</td>
<td>Mattress audits</td>
</tr>
<tr>
<td>Glade</td>
<td>Care plans</td>
</tr>
<tr>
<td>Brodsworth</td>
<td>Water safety checks</td>
</tr>
<tr>
<td></td>
<td>Curtain/blind labelling</td>
</tr>
<tr>
<td></td>
<td>• Staff knowledge of systems and processes</td>
</tr>
<tr>
<td></td>
<td>• Rotation of consumable stock items</td>
</tr>
<tr>
<td></td>
<td>• Environmental clutter</td>
</tr>
<tr>
<td></td>
<td>• Body fluid disposal process</td>
</tr>
<tr>
<td></td>
<td>• The use of communal items</td>
</tr>
<tr>
<td></td>
<td>• Non-adherence to BBE principles</td>
</tr>
<tr>
<td></td>
<td>• Bed pan washer disinfectant not being serviced according to HTM2030</td>
</tr>
<tr>
<td></td>
<td>• Cleanliness of equipment</td>
</tr>
<tr>
<td></td>
<td>• Sharps management</td>
</tr>
<tr>
<td></td>
<td>• The re-use of single use consumables including scissors</td>
</tr>
<tr>
<td></td>
<td>• The unavailability of blunt filter needle/straws</td>
</tr>
<tr>
<td></td>
<td>• Alcohol hand gel not being available at the point of care</td>
</tr>
</tbody>
</table>
| No patients experienced harm in the areas where improvement was required. Intensive support from the IPCT was given in order to raise standards and improve patient safety. Where areas have been identified for improvement action plans have been put in place.

The IPCT continue to monitor the areas regularly to review progress against the action plans and escalate concerns via the ICCM.

Not all clinical staff adhered to BBE principles. This will be a key priority for the IPCT and DIPC in 2018/19.

Patient Led Assessments of the Care Environment (PLACE)

PLACE assessments are an annual appraisal of the non-clinical aspects of NHS and independent/private healthcare settings undertaken by teams of staff and members of the public (known as patient assessors).

PLACE assessments provide a framework for assessing quality against common guidelines and standards in order to quantify the environment’s cleanliness, food and hydration provision, the extent to which the provision of care with privacy and dignity is
supported, and whether the premises are equipped to meet the needs of people with dementia or with a disability.

RDaSH PLACE assessments were led by trained patient assessor and included governors, Health Watch (Doncaster and Scunthorpe), volunteers and patients on the wards.

The IPCT facilitated some of the assessments and supported the patient assessors and any IPC related concerns identified during the inspections were escalated to the relevant ward managers for action.

**Work Plan Objective 2**  
To monitor hand hygiene compliance through assessments.

Hand hygiene compliance is monitored during clinical visits and as part of the audit process. The link champions also undertake annual assessments of clinical staff. Non-clinical staff may also be assessed in the inpatient areas.

This can be challenging as not all clinical staff have been assessed, mainly due to the absence of link champions in some teams. This may increase the risk of cross infection as staff practices are not monitored. This will be a key priority for the IPCT in 2018/19 and the role will be promoted by the IPCT during clinical visits and discussions at care group meetings. Service Managers will be asked to nominate a member of staff with an interest in IPC to carry out the role.

Compliance with the hand hygiene policy is variable with a number of staff not meeting required standards in relation to BBE. Where non-adherence to policy is identified in clinical practice, this is addressed at the time and the rationale for BBE adherence given. An emphasis on the importance of hand hygiene is also provided in mandatory training sessions.

The plan for 2018/19 is to raise the profile and importance of BBE for patients and staff safety. This will be achieved through education sessions including the Nursing and Quality Conference in June 2018/Link Champions IPC Conference in December 2018, ‘Going Viral’ newsletter and social media.

Hand compliance will continue to be monitored and will be assessed through the future use of the clinical practice audits.
World Health Organisation (WHO) Clean Your Hands Campaign

The 5th May is recognised internationally and the WHO campaigns to promote and improve hand hygiene. RDaSH continues to promote the day through various activities to raise awareness of the importance of hand hygiene in the fight against infection. To promote this initiative the team visited all 3 localities to highlight the campaign and discuss the importance of hand decontamination and the techniques employed.

The IPCT travelled to Great Oaks and Swallownest Court on the Health Bus and engaged with staff from all disciplines who took time out to visit the bus. Refreshments and promotional goods were provided as well as opportunities to demonstrate good application techniques of alcohol hand rub. A similar activity took place in the Food and Drink café on Tickhill Road Hospital site with promotional bags being issued to staff taking part in activities. A quiz was launched and the winners won Waterstones vouchers. Link champions also planned activities and promotional work in their areas. Over 80 staff attended this event.

Amber Lodge Rehabilitation and Recovery (R&R)

A member of the IPCT supported two patients on Amber Lodge R&R who wanted to improve hand hygiene compliance among fellow patients. A lot of time was spent with the two patients and supported by an Occupational Therapy Assistant who has been invaluable in carrying on the work. This also supported a Recovery College Commissioning for Quality and Innovation (CQUIN) focus around patient led activity and sustainability. The ward had recently started to grow its own produce for a cooking group so hand hygiene training was important.

The two patients completed the training with all other patients on the ward and plan to revisit the training pack each year. They have been instrumental in improving hand
hygiene on the ward and now have hand wipes in the dining room to increase the opportunities for hand hygiene.

**Amber Intensive Support Unit (ISU)**

Patients and staff from Amber ISU designed a display board about hand hygiene. The idea came from one of the patients after meeting with a member of the team where hand washing on the ward was discussed. Patients and staff had great fun drawing around their hands and doing some interesting art work! Three patients on the ward also completed the hand hygiene course and received a certificate. Patients on the ward now have access to hand wipes to clean their hands.

![Hand Hygiene Display Board – Amber ISU](image)

| **Work Plan Objective 3** | Continue to monitor for alerts and new guidance on infection prevention and control and implement changes to policies and guidelines. |

**IPC Policies**

This year the IPCT has been instrumental in developing a new system for the Trust. IPC policies which were due for updating have been reviewed and have now been reformatted to form part of the “IPC Manual”. This will make the content of policies and procedures more concise, reduce duplication and make it easier for staff to source IPC procedures from one webpage. An overarching policy contains a suite of procedures including Meticillin Resistant Staphylococcus Aureus (MRSA) management, use of personal protective equipment and outbreak of infection management. As the remaining IPC policies are reviewed they will become procedural documents and will sit within the manual. This work will continue throughout 2018/19.
Emergency Preparedness

The IPCT has worked closely with the Emergency Planning Officer, contributing to a variety of Trust plans and procedures under Emergency Preparedness, Resilience and Response.

Work was completed for preparatory pandemic influenza planning. The aim was to ensure that staff have the knowledge and skills to work safely during a seasonal or pandemic flu incident. This included the creation of several flu pandemic emergency boxes for each locality in the Trust. Boxes are located in the following areas to ensure they are accessible at all times:

- The Hospice, Tickhill Road site
- Great Oaks
- Osprey Ward, Swallownest Court
- IPCT office, Chestnut View

Each box includes essential personal protective equipment (PPE) such as surgical face masks, eye protection, FFP3 masks and long sleeved gowns, all necessary items for influenza infection management.

Disposable curtains were purchased for the 3 wards on the Tickhill Road Hospital site that have patient bays to ensure adequate stock was available to meet potential demand.

Three face mask fit test training kits were purchased (one each for Doncaster, Rotherham and North Lincolnshire). Training on the use of the kits was provided in May and 9 members of staff completed the training: 2 from each Care Group and 1 from the Learning and Development Team. These staff will then be able to roll out ‘train the trainer’ fit testing sessions if required.

In the event of a pandemic additional stock will be released from PHE.

| Work Plan Objective 4 | Work in collaboration with partners to undertake and implement actions for post infection reviews (PIR). |

Post Infection Reviews (PIR)

Surveillance has been identified as an important way to provide quality outcome indicators and identify key measures in order to reduce the burden of HCAIs. It also underpins policy development and informs education programmes. The IPCT undertake routine surveillance for Meticillin Sensitive Staphylococcus aureus (MSSA) bacteraemia, MRSA bacteraemia, E. coli bacteraemia in the inpatient areas and CDI.

There is a national requirement for NHS Trusts to undertake PIRs on all MRSA bacteraemia and CDIs. The IPCT have continued to contribute to Doncaster Clinical Commissioning Group (DCCG) PIR meetings where the root cause for all Doncaster district wide MRSA bacteraemia and CDI are reviewed. If infection is identified due to lapses in care an action plan is developed by the provider involved. Panel meetings are attended by one RDaSH Senior Clinical Nurse Specialist and on occasions, an
AND, to ensure decisions relating to cases can be escalated if necessary. An overview of all RDaSH related cases are raised at the ICCM for information sharing.

In 2017/18 there have been 0 cases of MRSA bacteraemia and 0 cases of MSSA bacteraemia.

There have been 5 cases of CDI and all cases have been reviewed by the PIR panel. The PIR process identified that there were no lapses in care for the Trust. Cases are attributed to NHS DCCG and apportioned to RDaSH if the Trust is the lead provider of care.

There have been 4 cases of E. coli bacteraemia within the inpatient areas. At present E.coli bacteraemia PIRs are not required to be undertaken however internal reviews are completed by the IPCT as good practice. It is difficult at times to ascertain if there have been lapses in care as E.coli is an organism which lives in the gut of many individuals as part of their normal flora.

There were no lapses in care and no patients experienced harm. However there were lessons learnt and this was shared with staff involved. These included poor catheter care procedures and lack of attendance at update training. Lessons learnt have also been discussed with the relevant managers and staff will be required to attend catheterisation/catheter management updates.

There has been 1 case of E.coli bacteraemia in a learning disability registered home. The PIR has been completed and is part of a serious investigation currently being undertaken by the investigation team.

There have been no alert organism infections requiring a PIR in Rotherham or North Lincolnshire localities.

<table>
<thead>
<tr>
<th>Work Plan Objective 5</th>
<th>Promote and support the link champion role and requirements for training/enhancing knowledge and skills.</th>
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</table>

**Link Practitioner Award**

There is excellent practice within the organisation and the IPCT are always keen to honour excellence in others. Jo-Louise Martin, a Healthcare Assistant on Hawthorn Ward in Doncaster was nominated by the IPCT for the very 1st National IPS Link Practitioner of the Year 2017 award. Jo-Louise was short listed and was invited to attend the IPS gala dinner in Manchester where she was highly commended for the work she has undertaken in raising awareness of sepsis on her ward. In recognition of her work she was awarded a year’s subscription to the IPS and will be attending the Yorkshire branch meetings.
Infection Prevention and Control Conference

On 20th October RDaSH hosted our second successful IPC conference. The conference was aimed at IPC link champions and clinical practice educators and included exhibitors demonstrating products/equipment used in the Trust. External speakers presented topics including national perspectives of IPC, cleaning principles, antibiotic resistance, hand hygiene, use of fluorescent markers to visualise the spread of infectious materials and how poor piercing techniques resulted in an outbreak of Pseudomonas aeruginosa infection. To finish the day a short film was shown of two patients from Amber Lodge R&R
who discussed how they have influenced IPC practice on the ward, especially in relation to patient hand hygiene.

High profile speakers included the IPC Lead from NHS Improvement, Consultant Microbiologist, Public Health Nurse Specialist, IPC Trainers and a Senior Scientist in Microbiology.

The link champions had the opportunity to obtain information and products from the exhibitors. Subject Matter Experts were also on hand at lunch time for delegates to view display boards, obtain information leaflets and ask questions. These experts were staff from teams including Continence, Clinical Skills/Resuscitation (sepsis), Tuberculosis Nursing, IPC Clinical Nurse Specialist for Doncaster Care Homes and the Environmental Project Manager (waste).

The conference presented an ideal opportunity for staff to get their annual flu vaccination and these were offered during refreshment breaks and over lunch time by the IPCT.

A total of 90 staff attended the conference and the day evaluated very well.

Two members of the IPCT attended a national IPS Consultative Committee meeting in London and the President of the IPS commended them for delivering a successful conference.

As a result of this success a third conference is planned for 2018/19.

<table>
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<tr>
<th>Work Plan Objective 6</th>
<th>Share evidence and quality and standards approach across all services.</th>
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</table>

The IPCT have continued to disseminate information guidance and best practice initiatives across services in RDaSH, details of which are included in other work plan objectives. The delivery of training and education is a key element of promoting high standards of care along with audits and clinical visits where poor quality care and suboptimum IPC standards may be identified. The team are committed to supporting staff to provide a quality service in respect of IPC and other wider concerns that may be identified.

Areas of non-compliance with IPC standards and expectations are raised through audit reports with the area managers, ANDs and Estates and facilities department. The key themes of the audit findings are also raised at the ICCMs and at the individual care group quality meetings as and when concerns are identified. Evidence of good practice is highlighted where excellent standards are being met and link champions are encouraged to share their achievements via the various campaigns and competitions promoted throughout the year.

The team continue to provide practical and experiential support to achieve the standards expected.
The team continue to deliver high quality evidence based training in a number of ways including face to face scenario based sessions, e-learning training modules, information leaflets and bespoke sessions for individual teams. The content of the sessions is based on standard infection prevention and control precautions including:

- **Hand Hygiene:** as at 31st March 2018 Trust compliance with Level 1 Hand Hygiene training was 93.87%.

- **Standard Precautions:** as at 31st March 2018 Level 2 Standard Precautions compliance was 79.13%. This training is role specific and clinical staff meeting the criteria must complete the training every 3 years. Staff can attend face to face sessions or complete an e-learning package.

<table>
<thead>
<tr>
<th></th>
<th>2017-18 Compliance %</th>
<th>2016-17 Compliance %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s Care Group</td>
<td>83.15%</td>
<td>79.02%</td>
</tr>
<tr>
<td>Corporate Division</td>
<td>82.38%</td>
<td>95.39%</td>
</tr>
<tr>
<td>Doncaster Care Group</td>
<td>78.06%</td>
<td>81.06%</td>
</tr>
<tr>
<td>North Lincolnshire Care Group</td>
<td>76.55%</td>
<td>83.23%</td>
</tr>
<tr>
<td>Rotherham Care Group</td>
<td>78.35%</td>
<td>78.81%</td>
</tr>
<tr>
<td><strong>Total Trust Compliance</strong></td>
<td><strong>79.13%</strong></td>
<td><strong>83.5%</strong></td>
</tr>
</tbody>
</table>

*Table 5: Hand Hygiene Training Compliance Comparison 2017-18/21016-17*

Compliance figures have decreased this year and although sufficient training sessions have been provided there has been poor attendance at sessions based in all localities. Where training compliance has been identified as poor during the audit process the team have sign posted staff to the types of training available and have offered ward or department based training in an attempt to improve numbers.

Additional bespoke training was undertaken following the outcome of an internal post outbreak review which identified gaps in staff knowledge. This training was delivered as a number of face to face sessions specifically aimed at Norovirus outbreak management as well as a table top exercise. This half day workshop was designed and delivered by the IPCT for staff on Hawthorn ward and was a scenario based exercise for all disciplines of staff to participate in the assessment, implementation and evaluation of the management of a Norovirus outbreak. Feedback for the session was excellent and as a result the exercise will be repeated in 2018/19.
Work Plan Objective 8

Promote IPC via campaigns, alerts, national, regional and international initiatives.

Gram Negative Blood Steam Infections (GNBSI)

Collaborative work commenced this year between DCCG, DBTHFT, and RDaSH to look at methodologies to reduce urosepsis and gram negative bacteraemias in line with current guidance. DCCG is the lead organisation responsible for reducing GNBSIs. A working group was established including IPC Nurse Specialists, Continence Nurse Specialists and the lead for IPC at DCCG to review potential areas for improvement including:

- Development of a catheter passport
- Standardisation of products and documentation
- Review of training
- Re-establish link champion networks
- Protocols for taking a catheter specimen of urine

Rotherham CCG and North Lincolnshire CCG are responsible for reducing GNBSIs in their respective areas and work closely with secondary care organisations. They also liaise with RDaSH IPCT when required. During 2017/18 there have been no bacteraemias in the RDaSH services in Rotherham or North Lincolnshire localities.

100 day challenge

In October 2017, NHS England confirmed an application for the Doncaster health economy to become a ‘wave three’ site for the Elective Care Development Collaborative (ECDC) Programme.

This project is a partnership effort, with RDaSH working with colleagues from DCCG, DBTHFT, Healthwatch Doncaster and primary care (including pharmacy and general practice). Supported by NHS England the group are looking to implement a number of changes within three specialities, with an overarching ambition to improve the experience patients have when they receive care and treatment from the local NHS. To ensure these changes are delivered, all initiatives are developed, implemented and monitored over a 100 day period, which officially began on 31 January 2018.

The 100 Day Challenge covers the specialities of Ear, Nose and Throat, Cardiology and Urology. The IPCT are involved with the urology speciality work and are supporting the Senior Continence Specialist Sister, who is the nominated lead person for the urology project. The IPCT has contributed to the development and update of a catheter passport which includes information on signs and symptoms of sepsis and the actions patients need to take if they have an infection. This work will improve the patient’s experience overall but also reduce the risk of developing a GNBSI and urosepsis.
Newsletters

During 2017/18, 3 editions of the ‘Going Viral’ newsletter were published, and issued to staff via the daily email system. The newsletter is also available on the intranet.

Going Viral provides updates to staff on current IPC topics including local, national and global issues, forthcoming conferences and training opportunities. This year information included: a community catheter management study, flu, policy update, BBE compliance, Norovirus, Legionella, hand hygiene, audits, NICE guidance and Link Practitioner of the Year.

Other newsletters (Hot Topics and Infection Control bulletins) are available on the intranet and these provide a source of information to keep the link champions updated between annual conferences.
Social Media

Work has been streamlined and updated on the web page. A new Trust website is in the final stages of development. Staff are also informed about local and national IPC initiatives through twitter @RDaSH_IPCTeam

International Infection Control Week 16th – 22nd October 2017

Members of the IPCT visited a number of areas across the localities to promote the annual international awareness campaign.

The focus for the week this year was BBVs and the team were involved in promoting good practices to reduce the risks of acquiring these infections. The campaign launched with the team taking the Health Bus out and about and concluded with the IPC conference on the 20th October.

During the week link champions were encouraged to raise awareness of BBVs in their work places. There was a competition for the best display/promotional activity and staff on Amber R&R, Amber ISU and New Beginnings received a gift voucher in recognition of their work.

Kelley Ward, Staff Nurse and Joe Sheerin, Support Worker for Drug and Alcohol Services, gave an interactive presentation to the clients of New Beginnings in support of International Infection Prevention Week.

Service users and clients of New Beginnings were given an overview of Hepatitis C, MRSA and a chance to use the 'glow and tell' machine to show the germs present on their hands, door handles and switches which cannot normally be seen.
The staff on Amber ISU developed a hand-out and a quiz to raise both staff and patients knowledge and encourage discussions. They also planned to discuss BBVs at the next patients’ community meeting.

**Blood-Borne Viruses**

**Staff Awareness Hand-out**

![National Infection Control Week](image)

Produced by
Amber Lodge ISU IPC Link Champions

**Community Catheter Management Study (CCaMa)**

The IPCT and Doncaster Care Group Community Nursing Team participated in a national IPS Community Catheter Management Study.

HCAIs are among the most common adverse events in healthcare. They increase morbidity, mortality and reduce quality of life, together with increased costs to the NHS through treatment and increased length of stay. The number of people affected by antibiotic-resistant infections continues to increase nationally, particularly blood stream infections (BSI) caused by E. coli and other gram-negative bacteria. These GNBSIs are believed to have contributed to approximately 5,500 NHS patient deaths in England in 2015. Approximately 3/4 of E.coli BSIs occur in the community.

UTIs are one of the most common infections acquired as a result of healthcare and a large proportion of UTIs are associated with a urethral catheter. Better use of indwelling catheters, together with improved management of UTIs has been identified as key targets for intervention. There is a need to understand the problem of overuse of catheters and to
establish the efficacy of catheter passports and other strategies designed to improve catheter management when patients move between healthcare settings and home. The study consisted of two parts:

Part A was focused on determining the proportion of people in the Community Nursing Service case-load who had an indwelling urinary catheter (IUC) at the time of the survey (point prevalence). Part B captured data on the management plan for those people with a newly placed IUC (within the previous 4 weeks).

A report of the findings of the study will be distributed to the participating IPCTs and discussed at the national IPS conference in September 2018. The results will also be presented at other conferences and published in a peer-reviewed journal.

The findings will also be invaluable for the Trust as it will influence future management of urinary catheters and assist in the reduction of patients developing sepsis.

| Work Plan Objective 9 | Scope business opportunities with partner organisations. |

Public Health Doncaster

Public Health Doncaster commissions RDaSH to provide an IPC service in the wider community. One senior Clinical Nurse Specialist is responsible for this work. This service includes collaborative working with other health and social care providers to provide IPC expertise for residents of nursing and residential homes across Doncaster. This included the development of a link champion scheme for these areas and further scoping of wider community IPC requirements.

Public Health Rotherham

In April-June 2017 RDaSH IPCT was commissioned by Public Health Rotherham to support a care home in Rotherham.

The aim was to prevent further avoidable infections and limit the possibility of future outbreaks following an outbreak of a HCAI.
The commissioned service included:

- A thorough IPC baseline audit of the care home ensuring compliance with the Health and Social Care Act 2008 Regulations 2014: Regulation 12. Safe care and treatment
- A written report and action plan which can be shared with all the appropriate partners
- A training package for the caring and domestic staff in response to findings from the audit
- Where possible, opportunities for shadowing and learning facilitated for the IPC Champion (Care Home), the Contracting Compliance Officer and other relevant support staff

A comprehensive report and action plan was developed to support the Care Home Managers.

A training programme was developed and implemented. The training content included standard precautions and the main concerns identified in the audit. To enhance the learning process photographs taken during the audit were also used. Staff attended included managers, care staff, domestics, laundry staff, the maintenance man and gardening/handy man. The receptionist/administrator also attended for a hand hygiene update.

The training sessions evaluated positively and feedback was excellent/good. The information from the training was disseminated to colleagues via the staff who attended the sessions. The Lead Nurse for Care Homes, the Health Reviewing Nurse for Care Homes and the Clinical Quality Advisor who inspect the home and observe practices are now aware of the IPC standards required when they monitoring for safe, high-quality care.

Public Health, Rotherham has evaluated the project and the plan is for Public Health to develop a link champion system to support the care homes.

<table>
<thead>
<tr>
<th>Work Plan Objective 10</th>
<th>To support the Flu Campaign.</th>
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**Flu Campaign**

This year saw the team continue to engage with the flu campaign. Several members attended community team meetings, conferences and manned the Health Bus to vaccinate as many front line staff as possible. This proactive approach helped the team to become the top vaccinators in the Trust for the second year running.
Work Plan Objective 11

To support the Quality Review process.

The IPCT are quality reviewers and participated in 5 quality reviews throughout 2017/18.

Quality Review involves a team of staff from different disciplines reviewing a service using nationally agreed standards. These standards look at whether services are safe, effective, caring, responsive and well led.

The Quality Review team looked at information, talked to people who use the service, talked to people who run the service, looked at records, noticed how care was being delivered and looked around the service. Good ways of working were shared and ways to improve services were agreed so that everyone learns.

IPC issues identified were discussed with the service during the site visit and monitored through the quality review process. The actions were also monitored during IPCT routine clinical visits and spot checks. Issues included the safe transportation of waste, alcohol hand gel availability and the clinic environment. The reviews have identified the services that will become a priority when auditing community premises in 2018/19. No issues were identified that needed escalating to ICCM.

Work Plan Objective 12

To provide expert guidance and support to Care Groups during refurbishment and new build projects.

The IPCT supported teams across the Trust regarding refurbishment and new build projects.

In 2017/18 these included:

East Laithgate House, Skelbrooke seclusion suite, Starling physical well-being clinic at Swallownest Court, Amber Lodge, Danescourt and Trafford Street. Expert advice was given. Some projects will continue in 2018/19. The IPCT will work more closely with care groups and the Estates department by attending relevant care group meetings and Estates meetings to continue this work in to 2018/2019.

6.0 Outbreaks of Infection

An outbreak is defined as the occurrence of 2 or more related cases of the same infection, or where the number of infections is more than would normally be expected.

<table>
<thead>
<tr>
<th>Area</th>
<th>Infectious Agent</th>
<th>Date</th>
<th>Number of patients affected</th>
<th>Number of staff affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hawthorne</td>
<td>Norovirus</td>
<td>November 2017</td>
<td>13</td>
<td>4</td>
</tr>
<tr>
<td>Hawthorne</td>
<td>Norovirus</td>
<td>December 2017</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>The Glade</td>
<td>Influenza A</td>
<td>March 2018</td>
<td>8</td>
<td>1</td>
</tr>
</tbody>
</table>

*Table 6: Number of Outbreaks*

<table>
<thead>
<tr>
<th>Area</th>
<th>Infectious Agent</th>
<th>Date</th>
<th>Number of children affected</th>
<th>Number of staff affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warren Nursery N°2</td>
<td>Hand, Foot and Mouth Disease</td>
<td>July 2017</td>
<td>13</td>
<td>0</td>
</tr>
</tbody>
</table>

*Table 7: Number of Outbreaks*

All of the outbreaks listed above were deemed to be minor as they were dealt with within existing routine arrangements. The outbreaks were managed safely no patients were harmed. The IPCT completed reports and good practices/lessons learnt were shared with key staff.

Hawthorne ward has single rooms and bays. As a result of the outbreaks of infection on Hawthorne ward a review is underway for installing doors on the bays.

7.0 Conclusion

This report outlines the work that has been carried out in order to provide assurance that the Trust is meeting its IPC duties as defined by the Health and Social Care Act (2008) Regulations 2014: Regulation 12: Safe care and treatment and CQC Key Lines of Enquiry.

The IPCT has continued to implement a robust plan of IPC, in collaboration with clinical colleagues. This is evidenced by the small number of HCAIs occurring in 2017/18, including outbreaks.

Plans are in place with identified key priorities for 2018/19. IPC remains a key priority for the Board of Directors and the Trust is committed to providing safe, effective, well led care.

The monitoring and governance arrangements which will provide continued assurance to the Board of Directors.

The annual work plan for 2018/19 has been developed in accordance with the Health and Social Care Action (2010) Code of Practice on the prevention and control of infections and related guidance.
8.0 Glossary

**Bacteraemia**
Bacteria in the bloodstream.

**Bare Below the Elbows (BBE)**
Is an initiative aiming to improve the effectiveness of hand hygiene performed by health care workers. The effectiveness of hand hygiene is improved when: skin is intact, nails are natural, short and unvarnished; hands and forearms are free of jewellery and sleeves are above the elbow.

**Clostridium difficile (C. diff)**
Is an anaerobic bacterium that is present in the gut of up to 3% of healthy adults and 66% of infants. However, Clostridium difficile rarely causes problems in children or healthy adults, as it is kept in check by the normal bacterial population of the intestine.

**Escherichia coli (E-coli)**
Is the name of a bacteria that lives in the intestines.

**Gram Negative Blood Steam Infections (GNBSI)**
Gram-negative bacteria such as Escherichia coli, Klebsiella spp. and Pseudomonas aeruginosa are the leading causes of healthcare associated bloodstream infections. Gram-negative bacteria can be resistant to antibiotics and in some cases will be multi-resistant rendering most available antibiotics useless.

**Healthcare associated infections (HCAIs)** are infections that occur:
As a direct result of treatment in, or contact with, a health or social care setting
As a direct result of healthcare delivery in the community
As a result of an infection originally acquired outside a healthcare setting (for example, in the community) and brought into a healthcare setting by patients, staff or visitors and transmitted to others within that setting (for example, Norovirus).

**IPC link champion**
Ward based or department level staff within the Trust who promote and support best practice in relation to IPC with a common goal of zero tolerance towards avoidable infections under the guidance of the Clinical Nurse Specialists.

**Microbiology**
The branch of science that deals with micro-organisms.

**Micro-organisms**
Any organism, such as a bacterium, protozoan, or virus of microscopic size.

**Meticillin Sensitive Staphylococcus aureus (MSSA)**
Is a common bacterium that lives harmlessly on the skin and nose of about a third of the population.
**Meticillin Resistant Staphylococcus aureus (MRSA)**
Is a common form of staphylococcus aureus that has become resistant to some common antibiotics.

**Post Infection Review (PIR)**
A review process to determine lessons learned.

**Sepsis**
Sepsis is a serious complication of an infection. Without quick treatment, sepsis can lead to multiple organ failure and death.

**Urosepsis**
Is sepsis caused by a urogenital tract infection.