

# Annual Infection Control Report 2010/11

## Provider services

### 1.0 INTRODUCTION

The Infection Prevention and Control Annual Report is produced by the Executive Nurse and Director of Infection Prevention and Control (DIPC) and the Infection Prevention and Control team and is a requirement under the Code of Practice for the Prevention & Control of Health Care Associated Infections (as detailed in the Health Act 2008), and Action Area Six: 'Management and Organisation' of the Department of Health's Policy Document "Winning Ways" (2003). The report provides an overview of NHS Islington's achievements and activity for 2010/11 in relation to Infection Prevention and Control and will be forwarded to the Whittington Health Integrated Care Organisation (ICO) for ratification and publication as part of the agreed handover process.

- 1.1 Infection Prevention and Control and Health Protection are integral to clinical services within the NHS Islington provider services, supporting the delivery of a high quality service for the population of Islington. This report provides assurances for the Core Standards for Better Health C4a, C4c and C21 which link with the Trust's corporate objectives around sustaining and developing patient safety and risk management.
- 1.2 All health organisations registering with the Care Quality Commission are required to be compliant with the Code of Practice for the Prevention & Control of Healthcare Associated Infections (known as the 'the Code' or 'Hygiene Code') (DoH 2008)<sup>1</sup> and from April 2009, have been required to provide robust evidence of compliance. The Infection Control work plan 2010/11 was based on the Code and the Care Quality Commissions Core Standards and an end of year report against this plan is included as appendix 1 of this report.
- 1.3 From 1<sup>st</sup> April 2011 NHS Islington Provider services transfer to the Whittington Health Integrated Care Organisation joining the Whittington Hospital NHS Trust and NHS Haringey Provider Services as a single organisation. The ICO will report as a single body and Infection Control services will work to ensure a consistency across the ICO. All NHS Islington provider services data relating to Infection Control prior to the integration will be transferred and a full handover process has been agreed by key parties. It is anticipated that this Annual Report, the 2010-2011 Workplan (Appx 1) and Infection Control Committee minutes will be presented to the ICO Infection Control Committee as part of the handover process and to inform the ICO workplan for 2011-2012. All accounts of governance and reporting structures within NHS Islington in this report relate to the period April 2010 to March 2011 and will be reviewed from April 2011 by the Whittington Health ICO.

### 2.0 THE INFECTION PREVENTION AND CONTROL SERVICE

Up to April 1<sup>st</sup> 2011 the Chief Executive for NHS Islington (NHSI) and the Trust Board are responsible for ensuring that effective arrangements are in place for the prevention and control of infection in accordance with The Hygiene Code (2008). The Executive Nurse for NHS Islington is the Director of Infection Prevention and Control (DIPC), a role which includes overseeing the infection control service, challenging practice when necessary, and reporting directly to the Trust Board. The DIPC chairs the Infection Control Committee (ICC) which is a sub-committee of the Quality and Workforce Committee (QAW).

- 2.1 The control and prevention of infection and infectious diseases in NHS Islington is facilitated by the Infection Prevention and Control team, the Infection Control Committee (ICC), and the Health Protection Agency (HPA) as appropriate.
- 2.2 Historically NHS Islington's Infection Prevention and Control service was provided via a Service Level Agreement (SLA) with University College London Hospitals NHS Foundation

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<sup>1</sup> The 'Code' originates from the Health Act (2008)

Trust (UCLH). During 2009-2010 a review of the Trust's requirements led to a decision to build IC capacity within the Trust and a full service was in place by mid 2009. Since this time the NHS Islington Infection Control team has consisted of a Band 8 lead infection control nurse (0.5wte), a band 7 infection control nurse (0.8wte) and an Administrative Assistant (0.5wte). UCLH has continued to provide the Trust with 0.2 wte Microbiology Consultant (Infection Control Doctor).

- 2.3 The Infection Control team provide advice and support to NHS Islington provider and commissioner services, including training, audit, reactive support, surveillance, support with outbreaks, out-of-hours on-call response and ongoing strategy and planning. The infection control team provide a 24 hour, 7 day a week service. Monday to Friday from 9am to 5pm the team is contactable via e-mail, landline or mobile phone. Outside of office hours the Infection Control Doctors are contactable for incidents and outbreaks via mobile phone or pager.

### **3.0 THE INFECTION CONTROL COMMITTEE**

NHS Islington's Infection Control Committee (ICC) is chaired by the DIPC and meets bi-monthly to oversee the quality of infection control in services provided to Islington residents that are either commissioned or provided by NHS Islington or by independent practitioners who provide care to Islington residents. The ICC reports to the Quality and Workforce Committee on a 6 monthly basis which in turn reports to the Board. Committee minutes and reports are made available to the Board throughout the year via the Trust intranet.

- 3.1 The Terms of Reference are included in appendix 2 of this report. Minutes of the Infection Control Committee have been used as evidence of compliance with the Care Quality Commission's Core Standards and the Hygiene Code (2008).
- 3.2 The final 2010-2011 Infection Control Committee was attended by the Lead Nurse's for Infection Control from both NHS Haringey and the Whittington Hospital NHS Trust who will be responsible for the service within the ICO and minutes have been forwarded to the ICO's ICC as part of the handover process.

### **4.0 REGISTRATION WITH THE CARE QUALITY COMMISSION**

The profile of Infection Prevention and Control has been raised by the Government through the Health Act (2008) which consolidated previous guidance such as Essential Steps to Safe, Clean Care (2006), Standards for Better Health (DH 2004), Winning Ways: Working Together to Reduce Healthcare Associated Infection in England (DH 2003), and Infection Control Guidelines (NICE 2003).

- 4.1 Since 2006 all NHS provider Trusts have been legally required to observe the Health Act and comply with the provisions of the Code for the Prevention and Control of Health Care Associated Infection (commonly referred to as the 'Hygiene Code' or 'the Code'). The Hygiene code outlines a Trust's duties to establish appropriate systems, assess and manage risks, implement clinical care protocols, ensure healthcare workers' access to occupational health services and provide induction and training. The Code has been adopted by the Care Quality Commission as the registration criteria for all NHS provider Trusts from April 2009 and NHS Islington provider services were able to declare full compliance with the Hygiene Code for 2010 -2011.
- 4.2 A programme for strengthening evidence of compliance against the Hygiene Code for provider services was included in the 2010-2011 Infection Control Work plan and has been used as a record of evidence of compliance with Core Standards for Better Health C4a, C4c and C21 as specified by the Care Quality Commission and as a directory of Infection Control activity within NHSI.
- 4.3 A revised and updated edition of the Hygiene Code was issued by the Department of Health in December 2010, which will come into effect from April 2011 with registered providers

required to ensure an action plan is put in place to meet any new criteria which remain unmet within year. NHS Islington has assessed itself against the updated criteria and the evidence files forwarded to the Whittington Health reflect this. Issues relating to compliance with the Hygiene Code within the ICO from April 2011 have been discussed as part of the handover process and recorded on the NHS Islington risk register, Infection Control workplan report and within the Infection Control Committee minutes. Key concerns relate to Estates and Facilities arrangements that have yet to be agreed in detail and the need to combine named policies within the ICO in order to ensure CQC and NHSLA requirements are met as a single organisation.

## **5.0 ESSENTIAL STEPS TO SAFE CLEAN CARE**

5.1 Essential Steps to Safe Clean Care; Reducing Healthcare-Associated Infections in Primary Care Trusts; Mental Health Trusts; Learning Disability Organisations; Independent Healthcare; GP practices and Ambulance Services, is a framework issued by the Department of Health in June 2006 to support organisational use of best practice to prevent and manage the spread of infections and ultimately improve patient safety. The framework is composed of a number of interlinked tools and products and can be used on an organisation wide basis as well as by individual departments and teams. Participation with the Essential Steps programme will help demonstrate compliance with the Code of Practice for the Prevention and Control of Health Care Acquired Infections as set out in the Health Act (DH 2008) which is assessed by the Care Quality Commission as part of the registration criteria.

## **6.0 THE SELF ASSESSMENT TOOL**

6.1 The self assessment tool allows for an evaluation of current practices against the guidance to which an organisation should conform. This will allow the production of a balanced scorecard that highlights which areas require the greatest focus. Within the self assessment process future actions should be recorded against each criterion with dates for review to allow for monitoring of progress. The self-assessment tool is aimed at strategic leads within organisations. It can also be used as a discussion guide or benchmarking system at Board, task group or Senior Management level. The Lead Nurse for Infection Prevention and Control for NHS Islington has completed the self assessment tool within NHS Islington stating organisational compliance for provider services against each of the seven challenges for the period April 2010 to March 2011 and the results have been presented to the Infection Control Committee.

6.2 NHS Islington scored 76% as a provider organisation. Priorities identified include the need to update key infection control related policies. This has been discussed at NHS Islington's Infection Control Committee and at Board level. As NHS Islington provider services are expected to join with the Whittington Integrated Care Organisation (ICO) from April 2011, a decision was made (ICC January 2011) that as long as policies do not contain outdated or misleading information they should be rolled over for review within the new structure. A covering document has been added to the policy manual on the NHS Islington intranet/internet sites stating that although several policies within the manual were due to be updated in December 2010 the content is based on current best practice and fit for purpose and will be reviewed by the Whittington Health Integrated Care Organisation as a priority during 2011-2012.

6.3 Decontamination governance has also been identified within the Essential Steps self assessment as an area for immediate action. NHS Islington has historically commissioned Estates and Facilities services from NHS Camden who host procurement, cleaning and medical physics contracts. The Lead Nurse for Infection Control is the decontamination lead for NHS Islington and contract content and activity has been reviewed as part of this role. Only managed dental services decontaminate their instruments in-house within NHS Islington and as a result, policy and procedural guidance has sat within this service. It has now been agreed that decontamination within the Whittington ICO will come under a single decontamination committee which is already established within the Whittington Hospital and

governance structures and arrangements for NHS Islington have been forwarded to the Committee Chair for review at its next meeting.

## **7.0 CRITICAL INTERVENTIONS**

- 7.1 Underpinning the organisational-wide action plan are Essential Steps, the critical interventions which, if implemented, increase reliability of key clinical procedures and care processes, thus reducing the risk of infection and increasing safety for both patients and staff, Essential Steps critical interventions have been developed in the following areas;
- Preventing the spread of infection;
  - Urinary catheter care;
  - Enteral feeding.
- 7.2 For the period 2010 -2011 NHS Islington reviewed service provision against the first critical intervention; Preventing the Spread of Infection. This element includes a review of practice against standard precautions guidance. This element was chosen as it is applicable across clinical services and relates to the updated Hygiene Code (December 2010) requirement for an assessment of staff competency and adherence to local Infection Control policies.
- 7.3 These audits took place between January – March 2011 within podiatry and district nursing services and were carried out by senior service leads and the Infection Control team. Each staff observation focused on the five risk elements as detailed within the Essential Steps toolkit:
- Standard Precautions
  - Hand hygiene
  - Use of personal protective equipment
  - Aseptic technique
  - Safe disposal of sharps
- 7.4 21 Podiatry staff (100%) and 37 (62%) of district nursing staff (including twilight and night teams) took part in the Essential Steps audit. 100% compliance was observed within podiatry services and 92% compliance observed within district nursing services. Discussions regarding individual practice were had at the point of assessment and the relevant Infection Control policies have been re-circulated to district nursing teams. Targeted teaching sessions on Aseptic Technique were also held within the month for DN services and an e-learning package on aseptic technique has been purchased and distributed across key services within the Trust.

## **8.0 HEALTH CARE ASSOCIATED INFECTIONS AND OUTBREAKS**

- 8.1 NHS Islington has developed policies and systems to prevent and control outbreaks in accordance with the Health Act (2008) which are available on the Trust intranet site. The Health Protection Agency (HPA) via the Local Health Protection Units (HPU) support non-NHS services regarding Infection Control, Notifiable Diseases, Health Care Associated Infections (HCAI's) and outbreaks and report weekly to NHS Islington regarding local activity. HMP Pentonville healthcare services follow NHS Islington policy but approval has been given for the adoption of the HPA prison outbreak policy as a service specific guide
- 8.2 There were no outbreaks of infectious organisms within NHS Islington provider services during 2010-2011. There were several isolated outbreaks within Islington care homes and provider staff were informed so that they could adjust their work patterns accordingly and provide appropriate individual patient care.
- 8.3 The Infection Control team are represented on the NHS Islington Pandemic Flu Planning group and contributed to the strategic and operational work streams following the 2009 swine flu outbreak. For the period April 2010 to March 2011 national and local flu activity has been monitored by the Trust and the Pandemic Flu Group has reviewed and updated the previous action plans. As of 28.02.2011 following the conclusion of active local flu campaigns NHS Islington had achieved 73% coverage to the over 65 target population, a programme fully supported by the provider service community nursing teams.

## 9.0 MRSA AND CLOSTRIDIUM DIFFICILE

- 9.1 At present as Host Commissioner to the Whittington hospital NHS Trust, NHS Islington receives notification of all pre and post 48hr MRSA Bacteraemia and Clostridium *difficile* acquisitions identified by the Whittington Hospital. Further detail of acquisition within Islington residents as identified by other acute Trusts is reported via the HPA although patient level information is not always made available, particularly for cases of Clostridium *difficile*.
- 9.2 Following DoH guidance Acute Trusts are broadly considered in the first instance as accountable for all post 48 hour acquisitions of MRSA and Clostridium *difficile* and those cases identified as community samples or within 48 hours of admission are considered as community acquired. The RCA process allows for a more comprehensive review of service activity and promotes learning across services for the common aim of reducing health care associated infections.
- 9.3 All reported cases of MRSA bacteraemia and Clostridium *difficile* which relate to either NHS Islington or their commissioned services are reported at the NHS Islington Infection Control Committee. Standing items on the agenda of this committee include HPA recorded data, Whittington hospital updates and Root Cause Analysis carried out by the NHS Islington infection control team.

### 9.4.0 MRSA Bacteraemia

#### 9.4.1 Pre-48 Hour Bacteraemia

#### 9.4.2 Table 1. Pre-48hr MRSA Bacteraemia reported to NHS Islington IC team

Quarter	Pre 48 hr MRSA Bacteraemia from Whittington hospital	Pre 48 hr MRSA Bacteraemia from UCLH hospital
1. April 2010 – June 2010	0	
2. July 2010 – September 2010	1	
3. October 2010 – December 2010	1	1
4. January 2010 – March 2011	1 (Camden PCT)	
<b>Total as of 02.03.11</b>	<b>3</b>	<b>1</b>

- 9.4.3 - The data for both Pre 48 hour and post 48 hour MRSA bacteraemia and Clostridium *difficile* toxin positive infections from the Whittington hospital are sent via weekly Flash reports to the NHS Islington DIPC alert email inbox. The NHSI Infection Control team record and investigate any information sent on the alert notification forms.
- 9.4.4 - A MRSA RCA pathway has been agreed between the Whittington and Moorfields NHS Hospital Trusts which gives clear guidelines on responsibilities and timeframes for completion of the RCA process (Appx 3).
- 9.4.5 - Other local acute Trusts such as UCLH liaise with the IC team directly to report pre 48hr cases.
- 9.4.6 In summary there were three pre-48 hour MRSA bacteraemia identified between April 2010 and March 2011 within the Islington resident population (2 from Whittington, 1 from UCLH). Of these cases two had involvement from both NHS Islington provider services and independent contractors and the third case had no known relevant community based services (patient had been an out-pt at both UCLH and Whittington for some months). The two cases with NHS Islington involvement were admitted from the same Islington Care Home and the Infection Control team have visited several times with Health Protection Unit colleagues and for assurance regarding clinical practice, protocol and governance. Both cases had chronic wounds and there has been significant liaison with the Tissue Viability team regarding individual patient records and broader practice. It was felt that adequate

policy and guidance was in place for both Provider and Commissioned services in relation to both cases and that further learning should include the assessment of staff practice in relation to policy. This reflects recommendations included in the latest update of the Hygiene Code (DoH 2008) which requires organisations to assess staff competency and adherence to local Infection Control policies. This assessment was undertaken by NHS Islington provider services between January and March 2011 (see section 5.0 Essential Steps to Safe Clean Care).

### 9.5.0 CLOSTRIDIUM DIFFICILE

9.5.1 There were 15 pre-48 hour diagnosed cases of *Clostridium difficile* (*C.diff*) reported to the Islington Infection Control team by the Whittington Hospital during 2010-2011 (it is not currently a requirement that all Trusts report their pre-48hr cases to Community Providers). Reviews undertaken by the Infection Control team focused on recent anti-biotic history, patient medical history and environmental issues as key contributory factors in the onset of *C.diff*. There were no concerns regarding local prescribing and trend analysis did not identify any areas of concern, although one patient was counted 3 times following the submission of repeated samples as part of a managed care programme requiring repeated anti-biotic therapy. All NHS Islington prescribers have been included in the circulation of prescribing guidance and updated policy within the last year.

9.5.2A full Root Cause Analysis report is required for cases of *C.difficile* where it has been a contributory cause of patient death or in the case of an outbreak. During April 2010 to March 2011 there were no cases relating to NHS Islington provider services requiring a full Root Cause Analysis investigation.

### 10.0 PREMISES AND FACILITIES

10.1 The Infection Control team carry out a series of infection control environmental audits each year to ensure that safe clean care is provided in line with infection control standards and Hygiene Code (2008) requirements. The audits carried out are based on environmental audit tools issued by the Infection Prevention Society and scoring is recorded using a traffic light system as follows;

- A score of 90% or above will be GREEN/good
- A score of 80% to 89% will be AMBER/action required
- A score of 79% or below will be RED/unacceptable

10.2 The scores for 2010-2011 are provided in table 2. Premises which have undergone significant refurbishment or have been newly built within the last 12 months have been visited by the Infection Control team and premises sign-off sheets have been completed and circulated to the NHS Islington premises team. As of April 2011 the Finsbury Health Centre refurbishment is the only NHS Islington premises project yet to be completed.

#### 10.3 Table 2. NHS Islington Premises Audit Results 2010-2011

Practice Name	Final Score
Simmons House	93%
Hanley Road	92%
Pulse N7	91%
Bingfield Health Centre	90%
Camden Road Partnership Primary Care	89%
Riverplace Health Centre	83%
Hornsey Rise	83%
Holloway Health Centre	82%
Goswell Road	81%
Northern Health Centre	80%
Finsbury Health Centre	78%

10.3.1 During the 2010-11 audits, three sites scored above 90% and only one site fell below 79%;

(Finsbury Health Centre 78%) which is now undergoing extensive refurbishment. All sites have been issued with individual action plans for improvement and an audit report is circulated annually to the Infection Control Committee highlighting Trust wide issues and recommending actions which are reflected in the annual work programme.

10.3.2 For the period 2010 to 2011, the recurrent themes relate to the storage of single use disposable podiatry instruments, management of clinical sharps bins and the 'ownership' of shared facilities. Over the last two years, NHS Islington has carried out extensive refurbishments of its estate in a programme designed to ensure all managed premises will have facilities (new build or re-furbished) less than five years old. The Infection Control team have advised that it may be useful to consider a programme of training and networking among site administrative staff as they are frequently in contact with all service users and are often required to act as the central point for enquiries around cleaning, maintenance, and delivery of vaccines, collection of samples, spillages and incident reporting.

10.3.3 Production kitchen services have been provided to NHS Islington historically via NHS Camden, however in the recently re-furbished Simmons House (2009) we now have our own in-house kitchen. As a newly registered production kitchen Simmons House was assessed by the local environmental health department in January 2010 and received a five star rating. The anticipated re-inspection had not been carried out by the Environmental Health department as of April 2011 but the kitchens have been audited positively by the Infection Control team and visited several times throughout the year (last audit 96% November 2010). As a CAMHS unit there are additional kitchen facilities on Simmons House site which are for service user's and are managed by nursing and therapy staff, these kitchens did not receive positive scores in initial inspections and immediate remedial action has been put in place by staff. As bed capacity within the unit has only increased following the recent re-build Simmons House has not historically been included on the Patient Environment Action Team (PEAT) inspection programme. The site will need to be included during the 2011-2012 PEAT which will be carried out by the Whittington Health ICO.

10.3.4 All service leads across NHS Islington report quarterly on access to cleaning schedules as part of the Infection Control 'survey monkey' electronic questionnaire circulated by the Infection Control team. In the final quarter of 2010-2011 98% of services stated that they had access to schedules. The infection control team have circulated all site specific schedules and have validated a cleaning audit carried out on behalf of NHS Islington by NHS Camden who provide and maintain cleaning services for all NHS Islington managed sites.

## **11.0 DECONTAMINATION**

11.1 The lead nurse for Infection Control collates evidence on decontamination practices within and commissioned by NHS Islington and therefore takes the role as named decontamination lead. The annual decontamination programme is included within the Infection Control work programme which is reported against at each Infection Control Committee.

11.2 Managed dental services are the only NHS Islington service decontaminating instruments on-site, all other NHS Islington provider services use single use disposable instruments. As dentistry are the only service carrying out instrument decontamination policy, guidance and staff training have been lead by this service with Infection Control input. Managed dental staff carry out annual decontamination assessments for each clinical site and from January 2011 the Department of Health and Infection Prevention Society audit tool has been used. During 2010-2011 the provider dental service has worked towards compliance with the HTM 01-05 Decontamination in Primary Care Dental Practice and presented at the January 2011 Infection Control Committee declaring compliance with all essential criteria and significant progress against the best practice recommendations. The physical situation of a minority of

clinical sites presents a difficulty in complying with the full best practice criteria as detailed within HTM 01-05 and the required action plan requires a review of service provision.

- 11.3 The Islington Community Equipment Store which was joint funded by NHS Islington and Islington Council was decommissioned during 2010-11 and external contracts have been awarded for the re-processing and distribution of equipment that is not for single patient use. An SLA is in place with the Whittington Hospital medical physics department for the calibration and decontamination of named equipment as necessary.
- 11.4 Domestic Services for all NHS Islington provider sites are managed by NHS Camden who use both directly managed and contracted domestic services. The Infection Control Team has been consulted historically in the cleaning contract tender process and cleaning of managed sites is reviewed in all Infection Control environmental audits. During 2010-11 the Infection Control team reviewed the cleaning audits undertaken by NHS Camden and carried out a joint audit for validation of results. Service leads state access to cleaning schedules quarterly via the Infection Control e-survey and health centre administrators maintain comments and sign in books for use by domestic staff.
- 11.5 Audiology and HMP Pentonville healthcare services are the only NHS Islington provider services to wear an issued uniform and there are no in-house laundry facilities. Uniform/dress issues are covered in all Infection Control training to provide re-assurance and guidance for frontline staff. The majority of services use disposable examination curtains but those remaining fabric curtains and re-usable mop heads for use by domestic services are laundered by NHS Camden via an Estates and Facilities SLA. All other laundry including bed linen from Simmons House is sent via Sunlight laundry contractors. Sunlight laundry was last audited by the NHS Islington infection control team during 2009-2010 and a review of their internal independent audit and governance documentation was undertaken during 2010-2011.

## **12.0 LEARNING AND DEVELOPMENT**

- 12.1 The Hygiene Code within the Health Act (2008) requires that induction and training programmes for new staff and ongoing education for existing staff should incorporate the principles and practice of prevention and control of infection. The Core standard C11 within Standards for Better Health refers to the participation of healthcare staff in mandatory training and also participation in further professional and occupational development.
- 12.2 All infection control education is designed to ensure staff are able to work to NHS Islington and national policy, guidelines and standards, so as to prevent, control and reduce infections for public, patients and staff. Risk assessment and patient/staff safety are key messages in training delivered by the infection control team.
- 12.3 During the period 2010/11, the infection control team provided training sessions to NHS Islington which were attended by 1013 staff and colleagues, an increase in attendance of 23% since 2009-2010. The Human Resources department within NHS Haringey record all attendance of Infection Control training and report back attendance figures in relation to staff currently in post at the time of report. At the time of transition to the Whittington Health ICO 71% of NHS Islington provider staffs have received infection control training in year. 76% of clinical staff transferring to the ICO in April 2011 have received recent training. A breakdown of infection control training provided during 2010-2011 is shown below in tables 3 and 4.
- 12.4 Reports of infection prevention and control education sessions are presented for review at the Infection Control Committee and annually at the Nurse Education training sub group committee.
- 12.5 198 new NHS Islington staff attended Induction training during the period April 2010-March 2011. These sessions are for both clinical and non clinical staff who are introduced to the



local Infection Control Service and given basic hygiene and infection control awareness with an emphasis on hand hygiene, risk assessment and patient safety. The infection control team also meet with students and individual staff members as part of local induction programmes.

12.6 Hand hygiene has been promoted to all services and is included in all infection control study sessions. An electronic hand hygiene learning tool has been circulated to all services and laminated hand hygiene posters and the hand hygiene 'UV light box' for practical exercises have been made available to all to promote independent learning.

12.7 The Knowledge and Skills Framework, together with the appraisal process is used within NHS Islington to assess the competency of staff in respect to infection control. The Trust's corporate training matrix and learning needs analysis include detail on Infection Control training requirements for all staff.

**12.8 Table 3. Staff attendance at IC training 2010-2011**

Course	Total data entered onto OLM, excluding staff not employed directly by NHS Islington	Total delegates trained within 2010/2011
Corporate Induction	240	240
Hand Hygiene	73	106
Mandatory Training Day	580	580
Infection Control Update	81	87
<b>Grand Total</b>	<b>974</b>	<b>1013</b>

**12.9 Table 4. Provider/Commissioner and Clinical/Non-Clinical attendance at IC training 2010-2011**

Division	Clinical / Non-clinical	Staff in Post	All Infection Control & Hand Hygiene Training	% of Staff compliant end March 2011	Corporate Induction	Mandatory Training Day	Hand Hygiene Update	Infection Control Update
Commissioning	Clinical	10	5	50%		5		
	Non-Clinical	167	86	51%	31	55		1
Provider	Clinical	731	556	76%	141	360	54	55
	Non-Clinical	211	144	68%	26	119	5	7
<b>Grand Total</b>		<b>1119</b>	<b>791</b>	<b>71%</b>	<b>198</b>	<b>539</b>	<b>59</b>	<b>63</b>

12.9.1 In response to requirements within the updated Hygiene Code (December 2010) for an assessment of staff competency and adherence to local Infection Control policies the 'Essential Steps' critical interventions assessments were carried out among district nursing and podiatry staff. This process allowed for a reflection on practice for individual staff members and the broader promotion of aseptic technique among staff. An e-learning aseptic technique package has now been purchased by the Trust which will allow for individual staff members to update themselves with a centrally recorded assessment.

### 13.0 OCCUPATIONAL HEALTH

13.1 Occupational health services are supplied to NHS Islington via an SLA with NHS Camden and report to each Infection Control Committee. Sharps injuries are reported to the infection control and risk teams and for the period April 2010 to March 2011 there were 17 reported sharps injuries reported by provider services. 10 incidents relate to nursing staff including 3 agency staff. There were 4 managed dental staff who reported sharps injuries and 1 each of

medical, psychology and podiatry staff. All staff were found to be immune to Hepatitis B and of the donor samples obtained only one was found to be positive to a blood borne virus and appropriate post exposure prophylactic treatment was administered. Of the 17 reported incidents 12 were thought to have been avoidable, 10 of which by the use of safer needle systems. During 2010 the European Union issued a directive advising that all health care providers switch to safer needle systems where available by May 2013 (EU 2010). The Occupational Health team and NHS Islington Infection Control team have started a scoping exercise to assess which needle systems are in place within the Trust in order to source and review safer needle alternatives. From April 2011 Occupational Health services for provider services will be provided via the Whittington Health ICO and staff and intelligence relating to Islington services will be transferred during the transition.

- 13.2 In response to requirements with the Health Act (2008) the Occupational Health department undertook a review of provider staff immunisation status to Hepatitis B during 2010-2011. NHS Islington staff details were provided to the Occupational Health service by Human Resources and clinical staff were then filtered from this list and grouped into 3 priority groups which were;
- Priority 1 – Clinical staff and Exposure Prone Procedure (EPP) workers (445) that handle blood and body fluids regularly;
  - Priority 2 – Clinical staff (84) who may handle body fluids occasionally regularly and work in clinical areas;
  - Priority 3 – Clinical staff (187) who do not handle body fluids
- The outcome of the project was;
- 93% of NHS Islington staff have been immunised following DoH guidance of which;
  - 94% of Priority group 1 are immune
  - 92% of Priority group 2 are immune and
  - 91% of Priority group 3 are immune.
- 13.3 The staff (7%) that are not immune have been offered vaccination and staff that are not on OH records have been scheduled to be recalled. The recall list will be split into provider and commissioner groups and the provider list will be handed over to the OH department in the ICO from April 2011.

#### **14.0 HMP PENTONVILLE**

- 14.1 NHS Islington has been the host provider of healthcare within HMP Pentonville since April 2009 when it took on employer responsibility for healthcare staff within Pentonville prison including the management of contracts for external providers. Infection Control is included as a standing item on the agenda of Pentonville's Clinical Governance Committee which is chaired by the Governing Governor and minutes are forwarded to the NHS Islington Infection Control Committee where HMP Pentonville prison is represented and included as a standing item on the agenda for reporting and monitoring purposes.
- 14.2 An independent infection control audit was carried out in all Pentonville healthcare areas during 2009 and extensive recommendations were made for improvement. An action plan for improvement was written and agreed between the NHS Islington Infection Control team and the Pentonville Healthcare team and progress against this has been reported at each ICC. During 2010 – 2011 significant progress has been made with resources provided for the refurbishment of clinical and support areas. A new dental suite has been opened and clinical services re-sited to more appropriate accommodation within named wings. Policies and procedures have been put in place relating specifically to the needs of the prison healthcare service and training and resources have been provided to support the environmental cleaning of healthcare facilities.
- 14.3 A formal review of the 2009 audit was undertaken in March 2011 and reported to the last NHS Islington Infection Control Committee and forwarded to the Infection Control leads within the Whittington Health Integrated Care Organisation. It was reported that HMP Pentonville healthcare facilities should now be considered equal to those found within Islington primary care services, however the planned work to ensure consistent

environmental cleaning is carried out by trained staff is yet to be completed and remains a risk recorded on the NHS Islington provider services Risk Register.

## 15.0 SERVICE DEVELOPMENTS AND INITIATIVES

### 15.1 Service Based Infection Control Electronic Questionnaire

15.2 NHS Islington's Governance balance scorecard has historically included a requirement for each service to state compliance with key components of the Hygiene Code. During 2010-2011 these requirements have been transferred to an electronic 'survey monkey' questionnaire which is distributed quarterly by the Infection Control team. This service based Infection Control questionnaire has been in place since quarter 2 of 2010-11 and is designed to assess service compliance with Infection Control standards relating to training, audit and governance. Information provided via the survey is used as evidence of compliance with the Hygiene Code (2008) and Care Quality Commission (CQC) registration criteria.

15.3 The results of each quarters questionnaire are circulated to service leads and the Infection Control Committee. Table 5 provides details of the questions asked within the e-survey.

#### 15.3.1 Table 5. Infection Control e-survey questions.

An Infection Control Lead is in place in your Service
Adequate provision for hand washing and hand rubs are available
Appropriate Service Personal Protective Equipment (PPE) / Clothing is available
Evidence of Infection Control issues in service meetings minuted within quarter
All staff aware of the range of Infection Control training relevant to their roles
Records of Infection Control training undertaken are maintained
All Job Descriptions reflect Infection Control responsibilities relevant to roles
The NHSI Infection Control policy manual is accessible to all the members of staff
An Infection control audit has been completed in the last year
A cleaning schedule is accessible in all service based sites

15.3.2 During quarter 4 of 2010-2011 74% of NHS Islington's provider services were able to demonstrate an improvement in compliance with 68% of services able to declare themselves fully compliant with all criteria. A detailed breakdown of results is available in appendix 4. Non-compliance issues relate largely to service based infection control audits and access to cleaning schedules for services based in sites not managed by NHS Islington. Guidance on achieving full compliance and resource tools have been circulated by the Infection Control team in individual responses to each service.

## 16.0 SERVICE AUDITS

16.1 In addition to the audits carried out each year by the Infection Control team, key NHS Islington provider services undertook their own audits to ensure service provision is in line with National and Trust policy. The Essential Steps clinical audits undertaken by Community nursing and Podiatry services are detailed above (section 5.0 Essential Steps to Safe Clean Care) and provided assurance regarding individual staff competency in regard to standard precautions in clinical care.

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16.2 Managed dental services also undertook a review of their clinics in line with HTM-01-05 Practice Decontamination in Primary Care Dental (DoH 2009) and in response to the comprehensive Infection Control clinical audit undertaken during 2009-2010. All action points have been addressed and the dental service have declared themselves as compliant with all the essential criteria detailed within HTM 01-05. The physical situation of a minority of clinical sites presents a difficulty in complying with the full best practice criteria as detailed within HTM 01-05 and the required action plan requires a review of service provision.

## **17.0 CARE HOMES**

- 17.1 For the period 2010-2011 NHS Islington and the London Borough of Islington joint funded a nurse specialist for care homes to cover the eight Islington homes commissioned to provide local services via the Local Authority. The specialist nurse has facilitated the development of care pathways and engagement with partner services. The Trust chairs quarterly care home forums where issues may be discussed openly and local partners are invited to attend to discuss their services. It is via these routes that information on National developments and Islington clinical policies and guidance are shared with care homes and a greater understanding gained of how NHS Islington provider services may support homes in improving care for shared patients.
- 17.2 The NHS Islington Infection Control team have been involved reactively with several local care homes, largely in response to queries regarding clinical practice e.g. care of gastrostomy feeds and the review of patient care pathways in relation to Root Cause Analysis investigations of MRSA bacteraemia. All Infection Control advice provided to care homes is copied to the local HPU to ensure consistency of advice. During 2010-2011 NHS Islington has provided several information sessions and circulated resources to support homes in preparation for registration with the CQC in October 2010. National resources and tools have been circulated such as cleaning standards and specifications, e-learning resources and policy templates. Local templates of policies and staff and patient information documentation have also been made available to all care homes and a resource pack detailing requirements against each CQC standard, including infection control, has been created and circulated by the specialist nurse for care homes.
- 17.3 All Islington care homes supported by NHS or LB Islington have registered with the CQC. Detail relating to individual homes will not be explored until the CQC have undertaken site inspections. At present the process for inspecting Care homes is under consultation, however it is anticipated that inspections will initially focus on homes that have a nil or one star rating as allocated by the Commission for Social Care Inspection (CSCI) who were responsible for the monitoring of Care Homes up until October 2010. All NHS Islington supported homes at present are rated as two stars or above, of a maximum three star rating.
- 17.4 Provider Compliance Assessment tools have been issued by the CQC for completion by individual homes in preparation for inspection. NHS Islington supported homes have had briefings on this tool at the care home forum and a local resource pack has been issued detailing potential examples of evidence against each criteria.
- 17.5 The current regulations also require care homes to notify the CQC of sufficiently serious infectious diseases. In addition, the CQC expect homes to follow local and national policies and procedures about notification of infectious diseases. The CQC have stated that in general, when a serious infection is reported and the HPU are involved in advising a service of action to take, the local authority would be informed as commissioners of the service. The HPU inform the Trust of all local incidents and outbreaks.

## **18.0 CONCLUSIONS**

- 18.1 During the period of April 2010 to March 2011 NHS Islington has continued to review its Infection Control service provision and compliance with Infection Prevention and Control standards. Compliance against the Hygiene Code, as required by the Care Quality Commission, has been assessed and NHS Islington has again been able to declare full compliance with a body of evidence which in the past year has been strengthened to include assessment of staff competencies and an agreement of formal communication pathways with partner services. NHS Islington has also been able to declare compliance against the Infection Control related Core Standards C4a and C4c, as detailed within Standards for Better Health and NHS Litigation Authority requirements.

18.2 The Infection Prevention and Control Work Plan for 2011-2012 will be developed by the Whittington Health Integrated Care Organisation and this Annual Report along with the NHS Islington 2010-2011 Infection Control work plan report, Hygiene Code Evidence files, Infection Control Committee minutes and Risk Register will provide documentary evidence to support the transition process. It is thought that organisational priorities will include the need to review evidence, policy and process to allow the ICO to report compliance with the Care Quality Commission registration criteria as a single body by April 2012.

## 19.0 References

DoH (2003) Winning Ways: Working Together to Reduce Healthcare Associated Infections in England.

<http://www.dh.gov.uk>

Health Act (2008)

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_110288](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_110288)

Care Quality Commission (2009) Registration.

<http://www.cqc.org.uk/guidanceforprofessionals/nhsTrusts/registration.cfm>

National Patient Safety Agency (2006) Clean Your Hands Campaign.

<http://www.npsa.nhs.uk/cleanyourhands/campaign/toolkit>

DoH (2010) HTM-01-05 Practice Decontamination in Primary Care Dental

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_089245](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_089245)

EU (2010) Directive 2010/32/EU - prevention from sharp injuries in the hospital and healthcare sector

<http://osha.europa.eu/en/legislation/directives/sector-specific-and-worker-related-provisions/osh-directives/council-directive-2010-32-eu-prevention-from-sharp-injuries-in-the-hospital-and-healthcare-sector>

## **20.0 Appendices**

1. End of Year Report Against the Infection Prevention and Control Work Plan 2010 – 2011
2. Infection Control Committee Terms of Reference 2010
3. Whittington Hospital MRSA Bacteraemia pathway
4. Service Based Infection Control e-survey results

## APPENDIX 1

### INFECTION PREVENTION AND CONTROL WORK PLAN 2010-2011 Part 1 Commissioner Services Update 08.04.2011

The NHS Islington Commissioner Infection Prevention and Control work plan 2010/11 has been divided into four sections;

- **A.** Organisational Objectives; detailing broad organisational objectives for the coming year
- **B.** Service Specific; detailing objectives relating to key commissioned services.
- **C.** Decontamination Programme; detailing work in relation to National decontamination guidance
- **D.** Audit programme

The work plan provides a comprehensive tool against which progress may be assessed and reported and individual sections may be circulated separately to provide evidence of progress against their particular criteria. The IC team will maintain the work plan as a live document and report progress to the Infection Control Committee (ICC). The work plan will be formally reviewed on an annual basis by the ICC and will be used as a measure for reporting in the 2010-2011 Infection Prevention and Control Annual Report.

Under the Health Act (2008) all organisations that commission services from providers of regulated activities under the Care Quality Commission (CQC) are required to assure themselves that the providers are able to demonstrate compliance with the Code of Practice for Health and Social Care on the Prevention and Control of Infections and Related Guidance (Hygiene Code 2008). Ensuring all commissioned services are meeting/are prepared for registration requirements will be the key driver for the work plan for Commissioner services during 2010-2011.

Currently NHS Provider Trusts and NHS Blood and Transplant services are registered with the CQC stating compliance against the Hygiene Code. Independent healthcare and adult social care providers of regulated activities will be brought into the system from October 2010, then primary dental care and private ambulance providers from April 2011, and primary medical care providers from April 2012.



Action Completed	Action On Target for Completion	Risk of Action Not Being Completed In Year
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### A. Commissioner Services : Organisational Objectives

Action	Named Person/s Responsible	Date for Completion	Update/Comments	Status
Need to make IC AR available publicly	IC team	August 2010	2009-2010 AR presented to the Audit and Assurance board (commissioner) and Quality and Workforce Committee (provider) October 2010 and posted on intranet.	
Contribute to revised Estates and Facilities SLA to ensure Infection Control standards are included and reported against.	IC team, Tony Hoolaghan	March 2011	Estates and Facilities SLA under review and reported on at ICC.	
Agree a system for reporting of immunisation status of healthcare workers and ensuring the provision of vaccinations to staff in line with Immunisation against Infectious Diseases and other DH guidance.	Occupational Health. Pam Duke	February 2011.	OH provide service to primary care contractors OH have undertaken a review of Islington provider staff and interim report presented to January ICC. Final report expected at March ICC.	
Recruit to Band 6/7 ICN	Infection Control team	January 2010	Funds transferred to ICO.	
Establish a network of IC links/contacts across commissioned services.	Infection Control Team	Ongoing	Pathways in place for Care Homes, the Whittington and Moorfields. Named persons identified within GDS and GMS contractor audits.	
Confirm a schedule of works for premises developments within independent contractor services.	Infection Control Team	Ongoing	Via primary care. Nothing outstanding at present	
Review 2009 Environmental Audits and report actions to contract leads, Infection Control Committee and Governance teams.	Infection Control Team	December 2010	Review of GDS audits completed. GMS contractors have completed a self-audit validated by IC team. Pentonville and Holloway action plans updated at NHSI ICC	
Support the identification of infection control training needs	Infection Control Team	February 2011	Infection Control training provided to all GDS contractors September – November 2010.	

and suitable providers/resources.			Information and support resources provided to Care Home managers.	
Work with OH on initiatives to promote safer sharps management.	Infection Control team	February 2011	Independent dental contractors over represented in sharps injury figures. Sharps injury training and literature circulated to all GDS contractors. OH undertaking a review of safer needles system usage of providers and products and audit of service use.	
Ensure appropriate information available and disseminated to all prescribers re anti-biotic usage	Infection Control Team/ Primary Care/Medicines Management	February 2011	Policy reviewed September 2010 and disseminated to all NHSI contracted prescribers.	
Monitor MRSA and C. Diff acquisitions within commissioned services.	Infection Control Team	Ongoing	Collate data and facilitate RCA's. Nothing outstanding as of March 2011	
Update Risk Register monthly on Infection Control related issues.	DIPC/Clinical Governance team	Ongoing	Reviewed monthly, detail recorded on risk register.	

Action Completed	Action On Target for Completion	Risk of Action Not Being Completed In Year
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### B. Commissioner Services: Service Specific Objectives 2010-2011

Service	Actions	Named Person/s Responsible	Date for Completion	Update/Comments	Status
GP's	Review CIAMS data and 2009 audits. Ensure all practices aware of CQC registration requirements.	Tony Hoolaghan/Sally Kingsland	December 2010	Self audit circulated November 2010 reviewed at ACR visits by Primary Care Team and validated by IC team.	
Dentists	Review 2009 audit and action plans. Ensure practices compliant with HTM 01-05 and CQC registration requirements for April 2011.	Darshna Rughani/Sally Kingsland	December 2010	GDS audit and review of HTM compliance carried out September – November 2010. Reported against at January ICC. Remedial notice to be given to non compliant practices and further report to be presented at March ICC. CQC registration training being provided by dental advisor.	
Pharmacists	Ensure the service specification for enhanced services is compliant with Hygiene Code	Amalin Dutt/Sally Kingsland	January 2011	Training provided and information provided on spillage kits, relevant policies etc.	
Optometrists	Establish Infection Control requirements related to practice	Pat Leaning/Sally Kingsland	February 2011	IC risks and quality review assessments reviewed	
Care Homes	Ensure commissioned care homes are ready for CQC registration in October 2010.	Infection Control team/LBI Islington Contracts team /HPU	October 2010	All Islington Care Homes have registered with CQC and declared compliance against registration criteria. Support resources circulated and discussed at care home forum	
Whittington Hospital	Establish formal monitoring/reporting/escalation systems.	Sally Kingsland/James Gleed	October 2010	Visit hospital quarterly for review. Attend ICC. Engage with local Control of Infection Network. DIPC alert, MRSA pathway and flash reporting established.	
Moorfields	Develop pathway/DIPC alert.	Sally	November	Visit quarterly for review. Attend ICC.	


	Establish formal monitoring/reporting/escalation systems.	Kingsland/James Gleed	2010	Engage with local Control of Infection Network. DIPC alert, MRSA pathway established.	
Mental Health Foundation Trust	Establish formal monitoring/reporting/escalation systems.	Sally Kingsland/James Gleed	February 2011	IC included on quality review meeting agenda. Engage with local Control of Infection Network.	
Prisons	Formal response to 2009 IC audit required with action plan. Establish reporting systems to/from ICC for both prisons. Establish route for escalation of concerns.	HPU/IC team/Pauline Grace/Prison Healthcare leads	December 2010	Action plan against Pentonville 2009 audit in place and reported against at each ICC. Premises development at Holloway signed off by IC team, all satellite clinical areas require action plans against 2009 audit. Pentonville action plan reviewed also via Trust Risk Register.	
Islington Community Equipment Store	Audit premises and practice	Sally Kingsland	February 2011	Service has been outsourced.	

Action Completed	Action On Target for Completion	Risk of Action Not Being Completed In Year
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**DECONTAMINATION PROGRAMME 2010-2011**  
**Part 1 Commissioner Services**

**C. Commissioner Services Decontamination Plan 2010 - 2011**

	Current Position	2009-2010 Action	Person/s Responsible	Comments/Update	Status
<b>Governance</b>	The lead nurse for Infection Control collates evidence on decontamination practices for NHS Islington and therefore takes the role as named decontamination lead. Decontamination practices are reported to the Infection Control Committee and in turn to the Trust Board.	Infection Control team to review this plan with named leads supporting action for improvement. Final report to be presented to ICC by end of March 2011.	Sally Kingsland	Decontamination report to be included in Annual Report.	
<b>Independent Dentists</b>	Independent dental practitioners decontaminate their own instruments in-house. At present Nationally there is no viable alternative available. An audit has been carried out and action plans given to each practice in relation to essential criteria for HTM 01-05.	Repeat audit of all independent dental practitioners to measure compliance with National decontamination guidance.	Primary Care/Darshna Rughani	GDS audit and review of HTM compliance carried out September – November 2010. Reported against at January ICC. All non-compliant practices to be issued with remedial notices, further report to be presented to March ICC.	

<p><b>Cleaning</b></p>	<p>Domestic Services for all NHS I sites are managed by NHS Camden who use both directly managed and contracted domestic services. The Infection Control Team has been consulted in the cleaning contract tender process. The Infection Control Manual contains policies on cleaning clinical equipment. Cleaning specifications are in place with comments books for all individual provider sites. Infection Control environmental audits include review of cleaning facilities.</p>	<p>Estates and Facilities SLA currently being updated. Infection Control team to provide input on specification. Review E&amp;F audits of service.</p>	<p>Tony Hoolaghan/Infection Control Team</p>	<p>Copies of cleaning audits received by IC team. IC team attended a review December 2010 to validate results.</p>	
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**AUDIT PROGRAMME 2010-2011**  
**Part 1 Commissioner Services**

The Infection Control audit programme for the Commissioner service provides a plan for audits to be undertaken or facilitated by NHS Islington staff. It is expected that audits of commissioned services such as acute and community providers and support services such as Estates and Facilities will be reported to the NHS Islington Infection Control Committee for review.

Recent premises developments have meant that most of the NHS Islington estate has been re-furbished or re-located to premises less than five years old. This has had a positive impact on service delivery but has made it difficult to compare previous audit results. The Infection Control team is involved in all service developments and the audit programme for 2010-2011 has been delayed to ensure audits are undertaken in premises where planned works have been completed. For sites where there has been a complete re-furbishment or new build an infection control premises sign off form is completed and audits may not be undertaken until a year after opening to ensure the full function of the building is then assessed. Environmental site audits are included in the Islington Provider Audit Plan also as the tools used are designed to assess room function and usage as well as fitness for purpose. Audit reports are forwarded to the Provider leads for health centres who ensure results and action plans are circulated to all services who use the sites.

During 2009-2010 comprehensive Infection Control audits were carried out within both Pentonville and Holloway prisons and action plans issued. Significant premises improvements have taken place in both prisons and have been signed off by the Infection Control team. Prison action plans are updated and presented to the Infection Control Committee quarterly with progress reports presented to the Quality and Delivery Committee.

Progress against the NHS Islington Commissioner service audits is presented to the Infection Control Committee which in turn reports to the Quality and Delivery Committee, a sub-committee of the Trust Board.

Action Completed	Action On Target for Completion	Risk of Action Not Being Completed In Year
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#### D. Commissioner Audit Programme

Service/Site	Proposed Audit Date	Comments	Status
Simmons House	Nov 2010	New site opened July 2009. Audited Nov 2010	
Highbury Grange	Dec 2010	Full refurb currently being undertaken. For premises sign off Feb 2011	
River Place	Dec 2010	Full re-furb 2009. End of defects due. Audited Nov 2010	
Bingfield	Dec 2010	Decorated 2010.	
Finsbury	Dec 2010	English Heritage works to start on outside of building Jan 2011. Premises improvements planned for quarter 4 201-11.	
Holloway	Dec 2010	New site 2009. End of defects due.	
Goswell Road	Dec 2010	Admin site	
Hornsey Rise	Dec 2010	Improvement works planned for quarter 4 2010-2011	
Goodinge	Dec 2010	Full re-furbishment signed off November 2010.	
Hanley	Dec 2010	Decorated 2010. Audited Nov 2010	
Partnership	Dec 2010	To be decorated 2011	
Northern	Dec 2010	Refurbishment in progress. Sign off for lower ground/1 <sup>st</sup> and 2 <sup>nd</sup> floors March 2011.	
Pulse N7	Dec 2010		
Killick Street		IC comments on current refurbishment reported to Primary Care team for action.	
HMP Pentonville Primary Care	Dec 2010	Refurbs signed off as each room completed/audit action plan presented to each ICC. Action plan reviewed also via Trust Risk Register.	
HMP Holloway Healthcare	Dec 2010	Refurb signed off August 2010/audit action plan in place	
General Medical Contractors	March 2011	Self completion audit validated by Infection Control Team.	
General Dental Contractors	Jan 2011	All practices to be compliant with HTM01-05 by January 2011. Independant review of 2009-2010 action plans carried out Sept-Nov 2010. Results to be presented to Jan 2011 ICC. Completion of any further outstanding items to be assessed by ICN and dental team Feb 2011.	



Action Completed	Action On Target for Completion	Risk of Action Not Being Completed In Year
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**INFECTION PREVENTION AND CONTROL WORKPLAN 2010-2011**  
**Part 2 Provider Services**

The NHS Islington Provider Infection Prevention and Control work plan 2010/11 has been divided into five sections;

- **A.** Action plan to strengthen evidence of compliance against the Hygiene Code (Health and Social Care Act 2009)
- **B.** Local Objectives; detailing organisational objectives for the coming year
- **C.** Service Specific; detailing objectives relating to named provider services.
- **D.** Decontamination Programme
- **E.** Audit Programme

A decontamination programme for Provider services is included at the end of the work plan.

The work plan provides a comprehensive tool against which progress may be assessed and reported and individual sections may be circulated separately to provide evidence of progress against their particular criteria. The IC team will maintain the work plan as a live document and report progress to the Infection Control Committee (ICC). The work plan will be formally reviewed on an annual basis by the ICC and will be used as a measure for reporting compliance against the Hygiene Code as detailed in the Health Act (2009) and to inform the 2010-2011 Infection Prevention and Control Annual Report.

During 2010-2011 Islington provider services will be developing and strengthening their alliance with NHS Haringey and the Whittington Hospital in anticipation of the formation of a unified organisation. The Islington Provider Services work plan will be implemented with consideration to these developments and will serve as a progress report and gap analysis for review at the point of service integration.

**Provider Services Action plan to strengthen evidence of compliance against the Hygiene Code as detailed within the Health and Social Care Act 2008.** Evidence of compliance against the Hygiene Code is maintained by Islington provider services governance team. Criteria detailed in the table below relate to areas where evidence of compliance need to be strengthened/refreshed.

Action Completed	Action On Target for Completion	Risk of Action Not Being Completed In Year
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• A. Action plan to strengthen evidence of compliance against the Hygiene Code (Health and Social Care Act 2009)

Hygiene Code Criteria	Action	Named Person/s Responsible	Date for Completion	Comments/Update	Status
1.	B. Need to make IC AR available publicly	IC team	October 2010	AR ratified by Audit and Assurance Committee and reviewed by the Quality and Workforce Committee in October 2010.	
3.	Maintain IC page on internet site with pt info on hand hygiene, roles and responsibilities of individuals, how to report hygiene breaches, and outbreak management. Include pt info leaflets and A. Report. Policies to be included; hand hygiene, standard precautions, outbreak management.	IC team	August 2010		
4.	Monitor service self assessments and address poor results/non response in relation to Infection Control criteria.	IC team	January 2011	Survey Monkey Questionnaire launched from Q2. All issues re compliance addressed by IC team Feb 2011. Dashboard to be developed for Alliance.	
6.	A&B. Promote service based audits of standard precautions and sharps management i.e. via Essential Steps toolkit.	Clinical Service Leads, IC team	March 2011	DN and Podiatry services audited Feb-March 2011. Report presented to ICC March 2011.	
9.	Agree a system for reporting of immunisation status of healthcare workers and ensuring the provision of	Occupational Health. Pam Duke	February 2011.	OH have undertaken a review of Hep B status of Islington provider staff	

	vaccinations to staff in line with Immunisation against Infectious Diseases and other DH guidance.			and an interim report was presented to Jan ICC. Final report to be presented to March ICC.	
<b>Additional Actions</b>					
1.	Multiple IC policies referenced as evidence of compliance with Hygiene Code. A programme of policy renewal to be established.	IC team	March 2011	Statement relating to current status of policies forwarded to ICO, to be updated in agreement with ICO partners.	

Action Completed	Action On Target for Completion	Risk of Action Not Being Completed In Year
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### B.Provider Services Local Objectives

Action	Named Person/s Responsible	Date of Completion	Update/Comments	Status
Recruit to Band 6/7 ICN	Infection Control team	October 2010	Funding transferred to ICO.	
Ensure all Infection Control policies in line with NHSLA requirements	Infection Control team	January 2011	Advised no change to level 1 requirements. Policies for review following integration with ICO. Document placed with policy manual on inter/intranet sites stating policies fit for purpose and for review within ICO.	
Establish a network of IC links/champions	Infection Control Team	November	As identified by survey monkey.	
Roll out NPSA community CYH Campaign to all provider services.	Infection Control Team	Ongoing	CYH Campaign has been dis-continued. IC team to focus on Essential Steps programme.	
Review 2009 Environmental Audits and report actions to service/contract leads, Infection Control Committee and Clinical Governance.	Infection Control Team	December 2010		
Contribute to premises developments for Trust services.	Infection Control Team	Ongoing	Schedule of works to be presented regularly to ICC. IC team consulted on current programme of re-furbishment of Hornsey Rise and Finsbury H/C's.	
Ensure appropriate information available and disseminated to all prescribers re anti-biotic usage	Infection Control Team/ Pharmacy services	November 2010	Policy reviewed September 2010 and disseminated to prescribers.	
Contribute to NHS Islington's Pandemic Planning	Infection Control team	Ongoing	Nothing outstanding as of March 2011	
Update Risk Register monthly in relation to Infection Control issues.	DIPC	Ongoing	Risk register updated monthly.	
Manage evidence and strengthening evidence action	Infection Control team	January 2011	Hygiene Code Evidence folder updated Feb 2011.	

plan for all criteria within Hygiene Code.				
Contribute to provider services related MRSA bacteraemia and <i>C.diff</i> Root Cause Analysis.	Infection Control team	Ongoing	Nothing outstanding as of March 2011.	
Work with OH on initiatives to reduce sharps injuries.	Infection Control team	December 2010	Sharps awareness covered on IC training and ess' steps audits. OH undertaking a review of providers and products and audit of service use.	
Deliver Infection Control training during Induction and mandatory updates.	Infection Control team	Ongoing	Hand hygiene for all. Updates for clinical staff HR run mandatory training days including IC now in place.	

**C.Provider Services Service Specific Objectives 2010-2011**

<b>Service</b>	<b>Actions</b>	<b>Named Person/s Responsible</b>	<b>Date for Completion</b>	<b>Update/Comments</b>	<b>Status</b>
Pentonville Prison	Formal response to 2009 IC audit required with action plan. Ensure compliance against Hygiene Code. Establish reporting systems to/from ICC.	HPU/IC team/ Pauline Grace/Prison Healthcare leads	February 2011	Updated Action Plan presented to each ICC. IC included on agenda of Pentonville Clinical Governance Committee. Action plan reviewed also via Trust Risk Register.	
Dentists	Ensure dental services compliant with HTM 01-05	Andrew Read/ Infection Control Team	February 2011	CDS service reported against action plan to January ICC. Have commenced self audit using DoH/IPS tool from Jan 2011.	
Bowel and bladder services	Ensure policies/practice in line with National Guidance/Essential Steps	Infection Control Team/ Maxine Hammond	September 2010		
Tissue Viability	Ensure policies/practice in line with National Guidance/Essential Steps	Infection Control Team/ TV team/ Claire Davis	September 2010		

Podiatry	Ensure policies/practice in line with National Guidance/Essential Steps	Infection Control Team/Podiatry team	September 2010	Targeted training provided. Essential Steps audits carried out to be reported against at March 2011.	
Simmons House	Audit premises and practice in line with CQC requirements. Ensure local guidance re outbreak policy in place.	Infection Control team/Sheelagh Holmes	October 2010	Audit carried out November 2010.	
Laundry	Review contract/premises and practice	Infection Control Team	December 2010	IC audit carried out 2009. Review of internal process/audit undertaken February 2011.	

Action Completed	Action On Target for Completion	Risk of Action Not Being Completed In Year
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**DECONTAMINATION PROGRAMME 2010-2011**  
**Part 2 Provider Services**

**D.Provider Services Decontamination Plan 2009 - 2010**

	Current Position	2009-2010 Action	Person/s Responsible	Comments/Update	Status
<b>Governance</b>	The lead nurse for Infection Control collates evidence on decontamination practices for the Trust and therefore takes the role as named decontamination lead. Decontamination practices are reported to the Infection Control Committee and in turn to the Trust Board.	Infection Control team to review this plan with named leads supporting action for improvement. Final report to be presented to ICC by end of March 2011.	Sally Kingsland	Decontamination report to be included with Annual Report.	
<b>Managed Dental Services</b>	Managed dental services decontaminate instruments on-site. Managed dental staff carry out annual decontamination assessments. An audit has been carried out and action plans given to each site in relation to essential criteria for HTM 01-05.	Continue service based environmental and staff competency assessments.	Andrew Reid	Self audit undertaken. Reported to ICC Jan 2011.	
<b>Medical Physics Contract</b>	Medical Physics SLA with Whittington hospital for calibration of named equipment and decontamination as necessary.	Support contract monitoring process and reporting structure.	Phillipa Marszall	Service to be considered as in-house at ICO.	
<b>Cleaning</b>	Domestic Services for all NHS I	Estates and Facilities SLA	Tony	Cleaning reviewed	

	<p>provider sites are managed by NHS Camden who use both directly managed and contracted domestic services. The Infection Control Team has been consulted in the cleaning contract tender process. The Infection Control Manual contains policies on cleaning clinical equipment. Cleaning specifications are in place with comments books for all individual provider sites. Infection Control environmental audits include review of cleaning facilities.</p>	<p>currently being updated. Infection Control team to provide input on specification. IC team to attend cleaning review to validate process.</p>	<p>Hoolaghan/ Infection Control Team</p>	<p>during IC environmental audits and cleaning audit validated November 2010.</p>	
<b>Laundry</b>	<p>Uniform/dress issues covered in all Infection Control training. Trust site curtains and re-usable mops laundered in-house via SLA with NHS Camden facilities dep't. All other laundry sent via Sunlight laundry contractors. NHS Islington dress code policy in place.</p>	<p>Audit sunlight laundry facilities. Contribute to specification in E&amp;F SLA.</p>	<p>Tony Hoolaghan/ Infection Control team</p>	<p>Sunlight laundry audited 2009. Internal audit/IC policies reviewed Feb 2011.</p>	



**AUDIT PROGRAMME 2010-2011**  
**Part 2 Provider Services**

The Infection Control audit programme for Provider services provides a plan for audits to be undertaken or facilitated by NHS Islington staff. It is expected that audits of support services such as Estates and Facilities will be reported to the NHS Islington Infection Control Committee for review.

Recent premises developments have meant that most of the NHS Islington estate has been re-furnished or re-located to premises less than five years old. This has had a positive impact on service delivery but has made it difficult to compare previous audit results. The Infection Control team is involved in all service developments and the audit programme for 2010-2011 has been delayed to ensure audits are undertaken in premises where planned works have been completed. For sites where there has been a complete re-furnishing or new build an infection control premises sign off form is completed and audits may not be undertaken until a year after opening to ensure the full function of the building is then assessed. Although all NHS Islington sites fall under the remit of Commissioner services the tools used are designed to assess room function and usage as well as fitness for purpose. Audit reports are forwarded to the Provider leads for health centres who ensure results and action plans are circulated to all services who use the sites.

During 2009-2010 a comprehensive Infection Control audit was carried out within HMP Pentonville healthcare facilities and an action plan issued. Significant premises improvements have taken place and have been signed off by the Infection Control team. Prison action plans are updated and presented to the Infection Control Committee.

As well as audits facilitated by the Infection Control team it is a requirement of the Care Quality Commission through compliance with the Code of Practice for Infection Control (Health Act 2006) that services are audited against local clinical policy and that assurances are sought regarding staff practice. The balance scorecard used historically by Islington was replaced in quarter two of 2010-2011 by a survey monkey questionnaire which collects service level data regarding engagement with the Infection Control agenda, results of this quarterly survey will be validated by the Infection Control team early in 2011.

Further assurances are sought via a proposed clinical audit day where key services will be asked to carry out observational assessments using audit tools such as those provided in 'Essential Steps' to ensure staff compliance with national guidance on care delivery to reduce the spread of health care acquired infections.

Progress against the NHS Islington Provider service audits is presented to the Infection Control Committee which in turn reports to the Quality and Workforce Committee, a sub-committee of the Trust Board.

Action Completed	Action On Target for Completion	Risk of Action Not Being Completed In Year
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### E.Provider Services Audit Programme

Service/Site	Proposed Audit Date	Comments	Status
Simmons House	Nov 2010	New site opened July 2009. Audited Nov 2010	
Highbury Grange	Dec 2010	Full refurb currently being undertaken. Premises sign off Feb 2011	
River Place	Dec 2010	Full re-furb 2009. End of defects due. Audited Nov 2010	
Bingfield	Dec 2010	Decorated 2010.	
Finsbury	Dec 2010	English Heritage works to start on outside of building Jan 2011	
Holloway	Dec 2010	New site 2009. End of defects due.	
Goswell Road	Dec 2010	Admin site	
Hornsey Rise	Dec 2010		
Goodinge	Dec 2010	Full re-furbishment signed off November 2010.	
Hanley	Dec 2010	Decorated 2010	
Partnership	Dec 2010	To be decorated 2011	
Northern	Dec 2010	Refurb sign off due lower ground/1 <sup>st</sup> and 2 <sup>nd</sup> floors Feb 2011.	
Pulse N7	Dec 2010		
Killick Street	Dec 2010	IC comments on planned refurbishment forwarded to Primary Care team.	
HMP Pentonville Primary Care	Dec 2010	Refurbs signed off as each room completed/audit action plan presented to each ICC. Action plan reviewed also via Trust Risk Register.	
Community Dental Services	Jan 2011	Self assessment against HTM 01-05. Reported to ICC January 2011.	
Survey Monkey	Quarterly	Service self assessment against national criteria	
Essential Steps	Jan 2011	Review of clinical skills/competencies against National tools carried out Feb/March 2011.	

## APPENDIX 2

### NHS Islington Infection Control Committee Terms of Reference

The Infection Control Committee (ICC) is a sub-committee of the Quality, Assurance and Delivery Committee (QAD) and reports for provider services to the Quality and Workforce Committee.

#### Purpose of the Infection Control Committee

The purpose of the ICC is to oversee the quality of infection control in services provided to Islington residents that are either commissioned or provided by NHS Islington or provided by independent practitioners who hold contracts with the PCT.

The committee will ensure compliance with the Health Care Act 2008: The Code of Practice for the Prevention and Control of Health Care Associated Infection (Department of Health, 2008). The committee will also ensure compliance with Standards for Better Health (standard C4a and c).

#### Organisation

The Infection Control team provide a service to both the Commissioner and Provider arms of NHS Islington and work plan's, performance reports and annual reports are prepared in two parts in anticipation of the separation of provider and commissioner functions. The agenda for the Infection Control Committee is separated wherever possible and it is anticipated that the division of focus will become clearer as the Trust approaches the disaggregation of services.

#### The Chair

The ICC will be chaired by the Director of Infection Prevention and Control (DIPC) who will provide a quarterly update to the QAD on progress and compliance with standards. In addition, the DIPC will be responsible for submitting an annual report to Audit and Assurance Committee for Commissioner services and the Quality and Workforce Committee for Provider services in compliance with healthcare commission standards.

#### Membership

The membership of the committee will be made up of the following:

Executive Nurse/DIPC	Jennie Williams
Lead Nurse Infection Control	Sally Kingsland
Infection Control Nurse	Angela O'Shea
Infection Control Dr	Bruce Macrae /Peter Wilson
Representative for Quality and Performance	Ann Whateley/James Gleed
Head of Performance	Frank Coathorpe
Medical Director	Andy Watts
Representative for Primary Care Commissioning	Sarah Soan
Representative for Whittington Hospital	Bronagh Scott/Patricia Folan
Representative for Moorfields Eye Hospital	Catherine Cook
Representative for HMP Pentonville	Pauline Grace
Representative for HMP Holloway	Richard Southern
Representative for NHS Islington Provider Services	Sita Chitambo
Representative for NHS Islington Premises Team	Sarah Soan
Representative for Camden Estates and Facilities	Audrey Mutch

Occupational Health	Pam Duke/Norma Sheehan
Representative for Health Protection Unit	Grainne Nixon
GP representative	TBC
Representative for Pharmacy	Amalin Dutt
Representative for District Nursing	Sita Chitambo

Additional members may be asked to join on an ad hoc basis to discuss or review particular aspects of practice.

### Frequency and content of meetings

The ICC will meet on a bi-monthly basis and will oversee the development and implementation of all infection control strategies and policy for commissioned, provided and independent practitioner provided services. The committee will set an annual workplan which will be reviewed at each meeting.

### Specific responsibilities

The ICC will:

- Set annual objectives for the prevention and control of infection for NHS Islington provider, commissioned and independently contracted services.
- Ensure the development, agreement and implementation of appropriate infection control policies, procedures and guidance.
- Oversee baseline assessment of current compliance with the standards set out in the Health Care Act 2008: The Code of Practice for the Prevention and Control of Health Care Associated Infection (Department of Health, 2008) known as 'The Code' for all registered provider and commissioned services.
- Advise the Trust Board when standards fall below those required for compliance under 'The Code'
- Monitor performance of all commissioned and provided services in relation to infection prevention and control and provide appropriate advice and support to ensure they comply with standards
- Audit and review infection control activity
- Receive updates/reports on outbreaks and incidents at each meeting
- Agree actions to be taken from lessons learnt from Root Cause Analysis of incidents
- Where appropriate, review community and hospital outbreaks for lessons learned, implementing changes in policies, procedures and practice as required
- Ensure appropriate training is being provided
- Develop an annual report
- Ensure compliance with the Healthcare Commission Standards

### Accountability

The ICC will report to the Quality, Assurance and Delivery Committee on a 6 monthly basis. Provider services will report to the Quality and Workforce Committee. All committee minutes and reports will be made available to the Board throughout the year on the PCT intranet.

### Jennie Williams

Executive Nurse/Director of Infection Prevention and Control



**MRSA RCA PATHWAY**

WHITTINGTON NHS TRUST

NHS ISLINGTON PROVIDER ARM

**DAY 1:** Positive blood culture result obtained diagnosing pre/post MRSA Bacteraemia reported to Whittington IC team.

**DAY 1:** Whittington MRSA flow chart followed and RCA initiated using NPSA tool.  
**Action: DIPC and IC team.**

**DAY 3:** MRSA alert form completed and sent to [DIPC-alert@islingtonpct.nhs.uk](mailto:DIPC-alert@islingtonpct.nhs.uk)  
**Action: DIPC**

**DAY 5:** Pre 48 hour RCA document sent to NHS Islington for completion of pre-admission journey  
**Action: Whittington IC team**

**DAY 14:** Copies of all RCAs and action plans (pre and post 48 hours) sent to;  
1. Commissioner via [DIPC-alert@islingtonpct.nhs.uk](mailto:DIPC-alert@islingtonpct.nhs.uk)  
2. NHS London  
3. MESS updated re cause and contributory factors for **all RCAs** by 15<sup>th</sup> of each month.  
**Action: Whittington DIPC**

**MRSA and RCAs standing items on Whittington Infection Control Committee**  
RCA used to learn lessons and drive collaboration in reducing MRSA Bacteraemia (and other HCAIs) across the local health economy  
**Action: DIPC Whittington NHS Trust**

**DAY 10-14:** NHS Islington completes RCA following liaison with relevant clinical manager/ HPU nurse lead (nursing/residential home patients).  
**Action: Lead Nurse IC NHS Islington**

**DAY 14:** Completed pre 48 hour RCA returned to Whittington DIPC  
**Action: Lead Nurse IC NHS Islington**

**DAY 14-21:** Post RCA reflection meeting as necessary for pre 48 Bacteraemias where community involvement  
**Action: Lead Nurse IC NHS**

**Standing item on NHS Islington Infection Control Committee to review:**  
1. Pre 48 hour MRSA RCAs and actions agreed at RCA reflection meetings  
2. Summary of RCA and actions taken by Whittington in response to post 48 hour MRSA including compliance with pathway  
3. MRSA and C difficile data reported on MESS  
**Action: DIPC NHS Islington**

Head of Quality Assurance (commissioning) escalates to SLA review meeting attended by Whittington ACA, NHSI and other NCL sector PCTs.

Unresolved concerns raised at ICC taken by Head of Quality Assurance (commissioning) to the Clinical Quality Group attended by The Whittington ACA and NHSI

DIPC – DIPC Resolution

**APPENDIX 4**

**Service Based Infection Control Compliance - Quarters 2, 3 & 4**

