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Paul Wickenden  
Overview, Scrutiny and Localism Manager  
Democratic Services and Local Leadership  
Legal and Democratic Services  
Kent County Council  
Sessions House  
County Hall  
Maidstone  
Kent ME14 1XQ

Dear Paul

**RE: HEALTH OVERVIEW AND SCRUTINY COMMITTEE [HOSC] MEETING  
ANNUAL HEALTH CHECK PROCESS**

Thank you for your letter of 10 December 2008 regarding the above. I can confirm both myself and Donna Eldridge (Assistant Director of Nursing/Director of Infection Prevention and Control [DIPC]) will be attending the HOSC meeting on 20 March 2009, and I understand we will be expected to attend from 10.45 – 11.30 hours.

As requested, please find listed below our written submission in respect of the area identified in your letter as requiring a response at this time:

**PROGRESS IN REDUCING THE INCIDENCE OF METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS [MRSA], CLOSTRIDIUM DIFFICILE AND OTHER HEALTHCARE ASSOCIATED INFECTIONS [HCAIS]:**

The Department of Health's guidance on MRSA screening for Mental Health Trusts (December 2008) states that people admitted to Mental Health Trusts should not be routinely screened. There is no evidence of any significant risk of MRSA bacteraemia in this patient group.

The guidance states that there have been no reported MRSA bacteraemia in Mental Health Trusts in the past three years. In combined Trusts, where up to 60% of

admissions were mental health patients, there has been ten reported bacteraemia in the past three years, but none were in mental health specialties.

However, the Kent and Medway NHS and Social Care Partnership Trust [KMPT] recognises that service users may have other clinical conditions that may put them at risk of MRSA infection.

The Trust screens the following service users as set out by the guidance:

- Those who are admitted to mental health units following surgical procedures;
- Those that are admitted following admission to an Acute Trust;
- Intravenous drug users;
- Those who self harm;
- People with a possible diagnosis of delirium; or
- People with chronic wounds, e.g. leg ulcers, or with indwelling devices such as catheters.

Progress in other areas is as follows:

- **Staff Screening:** The Trust does not routinely screen staff for MRSA unless there are particular epidemiological features to indicate that a staff member or members may be the source of linked cases of MRSA infection. Staff who had contracted infections would of course be treated the same as any other patient. This is in line with the guidance as set out by the Department of Health.
- **Data Surveillance:** Data surveillance demonstrates a system for the data and risk surveillance; reporting systems for HCAs Trust-wide and an assurance framework for the Trust. This is monitored through monthly Trust Board reports, the Trust-wide Infection Control Group, and the Risk and Governance Committee. The incidence of MRSA and Clostridium Difficile is low and all cases to date have been transferred into the Trust via the Acute Trusts. To this effect the Trust has a Transfer Checklist for patients. This is completed prior to admission from the Acute Trust/nursing home and is evidence of an appropriate checking and communication system to ensure prompt and appropriate treatment of transferred patients.
- **Infection Control Reporting Forms:** The reporting system for all infections Trust-wide is for the purposes of surveillance, advice and action. The Trust has a dedicated infection control email ([infectioncontrol@kmpt.nhs.uk](mailto:infectioncontrol@kmpt.nhs.uk)) which is accessed by all of the Infection Prevention and Control Team [IPCT]; this means infections are dealt with immediately by the Team.
- **Ward Closure Sign:** The Trust has ward closure signage that is used for all inpatient areas for ward closures during an infection outbreak ensuring that infections are not spread to other areas.
- **Antibiotic Prescribing Guidance:** Antibiotic Prescribing Guidance is available and monitored through the Drug and Therapeutics Committee; this demonstrates a system to ensure prompt and appropriate treatment of HCAs and other infections.
- **Flu Pandemic Guidance and Contingency Planning:** This guidance and contingency planning demonstrates preparedness of the Trust in the event of a pandemic. This has recently been tested by the Strategic Health Authority [SHA] and the Trust scored 96% and is rated as Green.

## **CHANGES IN PRACTICE OVER THE LAST YEAR TO IMPROVE INFECTION CONTROL:**

Changes in practice over the last year to improve infection control include:

- **Infection Control Policy:** The Trust has developed a robust Infection Control Policy which is continually updated to reflect national guidance.
- **Unannounced Infection Control Visits/Site Reports:** The Trust has implemented a programme of unannounced visits/site reports; this involves a rolling programme of six monthly spot checks to monitor and ensure compliance with the Hygiene Code and to provide support to services.
- **Monthly Infection Control Reports to the Trust Board:** Monthly Infection Control reports are submitted to the Trust Board; this demonstrates sign up by the Board of Directors.
- **Annual Infection Control Audit Report:** The Annual Infection Control Audit Report demonstrates annual audit of compliance on a site by site basis and includes hand hygiene.
- **DIPC Group:** The DIPC Group demonstrates evidence of the DIPC role within the Trust and wider health economy including sharing information Kent-wide to ensure effective and appropriate management systems within the Trust.
- **Posters and Protocols:** The Trust has considerable evidence of appropriate posters and protocols and guidance, which is available to all wards and other clinical areas.
- **Infection Control Link Group:** The Infection Control Link Group demonstrates a Trust-wide management system for dissemination, imparting and collection of information to clinical staff and provides support from Senior Infection Control staff.
- **Trust-wide Infection Control Group:** The Trust-wide Infection Control Group demonstrates surveillance of HCAs, monitoring of the database, cleanliness standards and collaboration with the Health Protection Agency [HPA], Primary Care Trusts [PCTs] and Acute Trusts.

## **SUCCESSSES, CHALLENGES AND ISSUES IN IMPLEMENTING THE HYGIENE CODE:**

The Trust has experienced the following success, challenges and issues in implementing the Hygiene Code:

**Successes:** There has been a great deal of work undertaken by the IPCT in ensuring a very high standard within the Trust. The Trust Board is fully supportive to all issues in relation to HCAs and has signed up to the Assurance Framework.

The Trust has a comprehensive rolling training programme for Infection Control. In addition the Train-the-Trainers Programme has commenced and a Training DVD Programme will be commencing for non clinical staff shortly. This provides a flexible approach in taking the training to front line staff, and assists the Trust in meeting training targets set by the Trust Board. The achievement with regard to a rolling Training Needs Analysis for 1 December 2007 to 31 December 2008 demonstrates that infection control is achieving an overall performance level of 94% based on a higher than 6% originally forecasted turnover of staff. The turnover is currently running at 14%. Statistics have been modified to take this into consideration. Training

courses continue to be well received by staff with staff booking and attending sessions as required

Staff are now reporting all infections and will over-report, which is supported by the IPCT. The structures have been put in place to fully inform all staff of issues around reporting and an aide memoire was disseminated, which was well received and has also generated interest in the wider health economy.

**Challenges:** The Trust covers 201 sites with 42 inpatient units. This is challenging for the Trust in relation to the vast area it covers. Although this is demanding for the IPCT it is manageable due to the low number of infections that occur.

It is important that all areas are aware of the Trust's Assurance Framework (Hygiene Code 2006) and this is achieved through the Modern Matrons Forums.

There are varying degrees of cleanliness standards within the Trust and this is predominately due to the fabric of some very old buildings, and due to some not having contracts within the Trust for cleaning, although this is currently be addressed.

An Operational Cleaning Plan is currently being developed and will be available shortly, but due to the vast number of sites this has been a challenge.

### **INFORMATION ON THE FRAMEWORK FOR ASSURANCE RELATING TO THESE THREE CORE STANDARDS (C4A, C4C AND C21):**

Assurance Framework monitors compliance to the Hygiene Code 2006. It is monitored through the Trust-wide Infection Control Group. Modern Matrons monitor and update this through the Modern Matrons Forum.

The Trust's Lead Commissioners (Medway PCT) also monitor compliance of the Assurance Framework.

### **STAFF AND PATIENT INVOLVEMENT IN INFECTION CONTROL ISSUES:**

There has been considerable staff and patient involvement in infection control issues, and these include:

- **Information Leaflets and Transfer Form:** This provides evidence of information on HCAI, prevention and management for patients, carers and staff. It also evidences communication of specific infection control information for other service providers at the point of patient transfer. Within all sites in the Trust there are cleaning schedules displayed in public areas on notice boards which highlights the cleaning routine, etc for that area.
- **Infection Control Link Group:** This Group demonstrates coordination of link staff to meet and disseminate information, provide education and support to promote wider cooperation.
- **Modern Matron Forum:** This Forum demonstrates coordination of link staff to meet and disseminate information; it provides education and support to promote wider cooperation and develops local leadership to the same end.
- **Cleanyourhands Campaign Data:** The Cleanyourhands Campaign data demonstrates education and prompting to all staff to promote cooperation with good practice and protocols.

- **Infection Prevention Control and Hand Washing Training Materials:** These demonstrate education and skills based training, which is mandatory for all staff, and promotes good practice and understanding.
- **Train-the-Trainers Course Materials:** These demonstrate action planning to ensure that training targets are met.
- **Infection Prevention and Control Policy:** This policy includes lists of all staff who should complete Infection Control Training as mandatory, including contractors and other non-clinical staff.
- **Control of Legionellae Bacteria Policy:** This policy demonstrates responsibility of the Trust when working with contractors on issues of infections.
- **Infection Control Aide Memoire:** This Aide Memoire is given to all staff and contractors.

**ANY OTHER INFORMATION THAT WILL ASSIST THE COMMITTEE IN JUDGING COMPLIANCE WITH THE THREE CORE STANDARDS METIONED ABOVE:**

Additional supporting information is as follows:

- **Privacy and Dignity Policy and Reports:** This policy and reports demonstrates availability of individual ensuite rooms for isolation purposes. Areas that have mainly bays have access to single rooms.
- **Safe Management of Clinical Medical Devices Policy:** This policy demonstrates compliance with the Hygiene Code 2006 for the decontamination of all equipment.
- **Cleaning Schedules:** These schedules demonstrate standards of cleanliness for each area Trust-wide.
- **Patient Environment Action Team [PEAT] Reports:** These reports provide a PEAT rating for all units with ten or more beds; action plans are produced and reviewed six monthly.
- **Cleanliness Reports:** These reports demonstrate quarterly cleaning audits are undertaken, and Trust-wide monitoring of the same.
- **Posters:** Waste Disposal Protocol posters are displayed in wards and other clinical areas, which offer guidance on correct disposal of waste using a universal colour coding system. This includes disposal of sharps.
- **Decontamination:** The Safe Management of Clinical Medical Devices Policy demonstrates compliance with the Hygiene Code 2006 for the decontamination of all equipment. The DIPC is the Responsible Lead Manager for decontamination within the Trust. This role is in conjunction with the Medical Devices Manager. Within the Trust, the Community and Mental Health Hospitals Infection Control Manual is followed for decontamination methods that apply to clinical medical devices held by the Trust, however there are other issues around decontamination for the Mental Health Trust such as:
  - Baths;
  - Wash Basins;
  - Hoists;
  - Beds;
  - Commodes, etc.

The Trust has a robust Safe Management of Medical Devises Policy and within this policy it highlights all decontamination methods for commonly used items of equipment for the above. The Trust has just undertaken a £47K replacement

programme of all divan beds due to decontamination issues. Training for the use of medical devices and decontamination is via the Ward Managers/Team Leaders at the time of induction and through ongoing supervision. A Decontamination Certificate is also used within the Trust; the Declaration of Contamination Status is taken from the Medicines and Healthcare Products Regulatory Agency [MHRA] Management of Medical Devices prior to repair, services or investigation. The Trust does not contract out decontamination services to other contractors. The Kent HPA Policy is used for decontamination advice and issues throughout the Trust.

I have attached a number of supporting documents, as listed below, and I trust this meets with your satisfaction, however, should you have any further queries please do not hesitate to contact me.

With best wishes

**ERVILLE MILLAR**  
**Chief Executive**

Cc: Pat Campbell, Executive Director of Corporate Services  
Donna Eldridge, Assistant Director of Nursing / DIPC

Appendix 1 Data Surveillance  
Appendix 2 Assurance Framework