IPS Spotlight

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Neil Wigglesworth, IPS President

How did you get started in infection prevention and control?

It was more than 20 years ago, in 1995. My clinical career to that point had been in critical care of one sort or another, culminating in a charge nurse role in a general intensive care unit. I have to give a great deal of the credit for my introduction to the specialty to the Infection Control (as it was then) Nurse in my hospital at that time. I'm sure she won't mind me name dropping, but thanks Denise (Potter) for getting me started. As well as developing my interest in all aspects of IPC, Denise also involved me in the training all Trust staff in HIV/AIDS awareness as this was a significant issue at the time; ignorance and stigma were still rife.

From this start I applied for and got an Infection Control Nurse (ICN) post in Leeds. At that time Leeds was very much ahead of the game in appointing four ICNs at a stroke! None of us were experienced in IPC practice and we were armed with a copy of what was then 'Benenson' (more properly the *Control of Communicable Diseases in Man*, now called *Control of Communicable Diseases Manual* and edited by Heymann) and in common with many of my peers – Professor Graham Ayliffe's book! We had an experienced Infection Control Manager from a laboratory

science background but I remember vividly one day every week, when she was on study leave, the four of us with her bleep in our shared office, willing it to stay silent!

So my career started in a very traditional way, as a 'trainee' ICN, learning on the job and completing what was then the ENB 329 course. In the end I spent about 10 years in Leeds, working as an I(P)CN and also doing some research. As a bit of an academic dropout in my youth, starting nursing with the minimum five 'O' Levels/GCSEs (well, I had six!), Leeds and IPC gave me the opportunity to catch up and I was able to obtain my degree and Ph.D. while working there.

Where did you go from there?

I've worked in a number of roles and IPC has given me some fantastic opportunities. Working in Salford introduced me to quality improvement methods and improvement science and I've been a convert ever since. Again, I was lucky to work with Maxine Power who was, at that time, developing one of the first Trust-based quality improvement services in England. After a brief sojourn into general public health I worked for three years in a national HCAI Nurse Consultant role for Public Health Wales, before moving to 'the smoke' to my current role as Deputy DIPC at Guy's and St Thomas' NHS Foundation Trust. This job is a healthy reminder of just how busy healthcare providers are in all types of organisations; the same is true of social care settings too, of course.

What about working with IPS?

IPS, and ICNA before it, has given me a huge amount of support and development opportunities and I've always believed, and said, that you get much more out of your involvement than you ever put in. From getting involved at Branch level (although I didn't hold formal office), I joined the ICNA's IT group, when it first formed in about 1998, and followed Phil Pugh as coordinator of that group. Those were exciting times as we developed the society's web presence and online discussions as well as supporting electronic versions of IPC audit tools. I served both ICNA and IPS as Honorary Secretary and have the privilege of being

cited on the Memorandum and Articles of Association of IPS as one of the three founding honorary officers. I've worked with so many talented and enthusiastic committee and board members that I couldn't begin to list them individually, but the Society is awash with talent. I've served relatively briefly on both Research and Development and also the Scientific Programme Committee and thoroughly enjoyed my time as a member of the Editorial Management Group; the job of Editor of this journal was perhaps the role I enjoyed the most (so far!), helping novice writers get published. Asking members to vote for you as Vice President and effectively President Elect is perhaps the most nerve-racking thing I've done but I was delighted to be voted in about two years ago and now it's time for the next chapter as President. During all these years I've been a member of four branches: Yorkshire, North West, Wales/Cymru and London South and each has been a great support and peer network and as others in these profiles have reflected, I've made great friends through IPS and ICNA.

Where will the Society and IPC go in the future?

I'm looking forward to developing the great work of my predecessors, we all stand on the shoulders of those who've served the Society before us and I have quite an act to follow with Heather Loveday and the other retiring Board members. I've said before in an editorial for *JIP* that the only constant in IPC is change. The Society and our members are constantly challenged by changes in pathogens and diseases, by changes in society, and by political and economic changes. IPS and our members respond every time, adapting and innovating and moving our specialty forward. The next few years will see some exciting developments in the Society which will be reflected in our next strategic plan from 2017 onwards. For my part, I'm delighted take on the role of President at this time and work with all our members as we continue to look outwards, growing the Society and hopefully its influence, nationally in all the countries in which we operate and internationally. The Society is essentially the sum of its members' activity, so if you are considering that first role or first contribution at any level, go for it! I promise you won't regret it.

Yorkshire Branch of the Year 2015

As a member of the Yorkshire branch of the IPS since 2003 and coordinator for the past 12 months, I was immensely proud when the branch was awarded 'Branch of the Year' at the conference last year.

Our branch has always been innovative, enthusiastic and supportive of its members. Our members are very knowledgeable with a wide range of experience which we have always proactively sought to share good practice, solve

problems and disseminate information, and last year was no different.

The IPS promotional DVD 'One IPS' was inspired by the Yorkshire branch and has been well received by all IPS members and used to promote the work of the charity. Our current project 'Guidance at a Glance' was an idea raised by one of our members with the aim of providing an overview of key points of a variety of IPC policies for acute and community settings. Prioritising and simplifying the main policy points should help staff to determine essential IPC practices and improve understanding and compliance. A task and finish group is in the process of producing a number of policy guides with the aim of enlisting assistance from other interested branches, thus promoting collaborative work with networking opportunities and ultimately sharing best practice to a wide range of providers.

Our annual one-day conference continues to go from strength to strength successfully evaluating from delegates and exhibitors alike. Our organising committee did a fantastic job in arranging the conference, which attracted over 120 delegates and more than 30 exhibitors. The theme of 'Back to Basics' was well received and the speakers delivering the content provided a varied and interesting array of subjects. The income generated from our conference is used to provide training and education to our members including funding for five full delegates and two one-day passes for the conference last year. In addition, we were able to provide our members with our free annual professional study day in November.

Further collaborative work is ongoing. The Yorkshire branch has developed links with the Wales branch and future plans include joint working on IPS projects, invitations to branch meetings, conferences and professional study days as well as regular telephone updates between coordinators.

Other achievements which have contributed to the success of the Yorkshire branch include the award of Practitioner of the Year. Three members of the branch have been awarded this accolade in 2013–2014 and 2015, this year's success being Gary Thirkell. Gary has served the branch as Treasurer and, along with Carole Hallam, is a current member of the Board, the branch roles serving as a springboard to obtaining national officer positions.

The success of the branch is due to the fantastic, dedicated and loyal members who continually support the branch meetings, conferences and educational opportunities that arise as a result of their commitment and support in the specialty that is infection prevention and control. I have no doubt that the Yorkshire branch will continue to contribute to the IPS cause and gain further recognition in the future.

Alison Swift
Yorkshire Branch Coordinator

Dr Jimmy Walker and the work of the Biosafety, Air and Water Microbiology Group

Jimmy Walker currently works for Public Health England (PHE) at Porton Down in Salisbury as a Scientific Leader in water microbiology and decontamination within the Biosafety, Air and Water Microbiology Group. We are very fortunate to have a number of specialists in the Group to ensure that we are able to use our combined and complementary expertise to undertake research often at the request or in collaboration with other Government Agencies. The Group is called upon to assist in microbiological incidents or outbreaks to provide either advice or expertise in sampling to determine the route of transmission of disease.

Examples where we have assisted include the incidents in Northern Ireland where four neonatal babies died as a result of *Pseudomonas aeruginosa* infection. We were able to put together teams to assist in the investigation of biofilms and enumeration of bacteria from the surfaces of water system components and particularly those parts in the last 2 m to the outlets. As a consequence of that work, we were commissioned by the Department of Health (England) to establish a model water distribution system within one of our laboratories at PHE Porton to simulate the formation of biofilms on the plumbing components, and this helped us to improve our understanding of biofilm control and the influence of different types of materials on biofilm accumulation.

As part of our public health response, we are often asked to provide advice during outbreaks of Legionnaires' disease. An issue in our ability to respond in such circumstances was the limitation of the culture test that can take up to 10–14 days to provide a result. With this awareness we developed a rapid test for *Legionella* based on the polymerase chain reaction that would enable PHE to make a diagnosis within 24 h. This test has had major public health implications as it enables PHE to rapidly identify or rule out environmental water sources of *Legionellae* and has led to the identification of sources related to the death of a newborn baby in a birthing pool and sources of transmission associated with a spa pool. This work resulted in research to investigate the release of aerosols containing bacteria from spa pools.

More recently we were involved in a number of cases where patients had undergone heart by-pass operations but had subsequently been identified as having been infected with the bacterium *Mycobacterium chimera*. These infections were sometimes not identified for up to three years after the operations had taken place and were associated with the use of a heater cooler unit that is used to maintain the temperature of the patient during the operation. While a large number of experts were involved in this investigation, our role was to assess the microbiology of the water and

identify any biofilms within the heater cooler units being used by hospitals, as well as determining the potential for aerosols being disseminated from the heater cooler. While the aerosol route had been identified by a number of groups, the Biosafety Group were able to investigate a heater cooler unit and were the first to identify the deficiencies in the heater cooler that resulted in the dispersal of aerosols that led to the transmission of the infection in the operating theatre.

Due to our experience, we work closely with the Department of Health (DH) in England and the Health and Safety Executive in writing and developing national guidance for the control of opportunistic pathogens in buildings and particularly on the safety of water in healthcare settings. In addition, we have worked with the DH to write decontamination guidance for primary care dental practices, endoscopy and for surgical instruments, some of which has recently been published.

One of our roles is to ensure that our work is published and the Group which is led by Mr Allan Bennett has an extensive publication record of peer-reviewed scientific literature, much of which is applicable to the NHS. Jimmy advises NHS Trusts on incidents and outbreaks concerning water-borne pathogens and environmental decontamination and is currently the Secretary of the Central Sterilising Club and is a member of the Rapid Review Panel.

Dr Jimmy Walker
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IPS Hand Hygiene Torch Tour 2016 (part 2)

The key aims of the Hand Hygiene Torch Tour (HHTT) are to raise awareness among the general public of the importance of hand hygiene, support the WHO annual call to action for healthcare workers, and to promote the Society both nationally and internationally. The HHTT was launched on 5 May 2016 and will complete its journey at Infection Prevention 2016 in Harrogate on 26 September 2016. In the last issue of *JIP*, we featured the travels of the torch over the opening months of the tour and momentum has continued to grow.

HHTT West Midlands

#IPSTorchTour16 arrived in the West Midlands on 6 July at the IPS West Midlands branch conference with talks on

influenza, *C. difficile* sepsis, faecal microbiota therapy, Carbapenemase-resistant Enterobacteriaceae and water safety. The following day the Torch Tour hit University Hospitals Birmingham NHS Foundation Trust where the hand hygiene messages were spread across the Trust from the front door staff, to the wards and to our local Infection Prevention and Control Clinical Commissioning Group team. From here, the Torch moved to the University Hospitals Coventry and Warwickshire NHS Trust and

Engaging the community with the HHTT at Cadbury World

made several appearances around the county; from the Lord Mayor (John Jackson) with an Olympic Torch made in Coventry, tweets with Damian Sleep (European and UK cart champion), it also made an appearance at Caldecott park with Trevor Hoyte a former Olympian turned Rugby trainer, the Torch made an appearance in the local Coventry community from sea cadets to children's centres, as well as sporting clubs such as Coventry blaze hockey. Hand hygiene and Infection Prevention messages were spread across University Hospitals Coventry and Warwickshire NHS Trust. The Torch continued to spread the message around the West Midlands community by making appearances around Birmingham such as at Cadburys World and the largest free-standing clock tower in the world at the University of Birmingham. The Torch even managed to spend a day out of the West Midlands and make an appearance at Wimbledon during the Championships, also spreading the message of hand hygiene to ambulance crews and others. The Royal Wolverhampton NHS Trust, New Cross Hospital was involved in the Torch Tour sharing the message of hand hygiene around all the departments. In Wolverhampton, the Torch made a quick appearance at Wolverhampton Wanderers FC, with youth players spreading the message of Infection Prevention and hand hygiene. The Torch also visited the local community hospitals in the Wolverhampton and Birmingham Community Healthcare areas such as

West Midlands make sure the HHTT gets maximum publicity

The IPS Torch meets a London 2012 Olympic Torch in Coventry

West Park, Cannock Chase and Moseley Hall, spreading the message of hand hygiene and local Infection Prevention study days.

HHTT South West England

The South West Branch hosted the Torch Tour during 18–27 July. During this time, the Torch had a great time traversing the glorious South West Peninsula with stops at Glastonbury, the RUH in Bath, Clifton Suspension Bridge, The Coastguard at Exmouth, The Mid Devon Show, Torbay (home of the first Infection Prevention and Control Nurse), Plymouth, Cornwall, including Royal Cornwall Hospital at Treliske, Lands End, Minack Theatre, The Eden Project, The Royal Devon & Exeter Hospital in Exeter (the workplace of Dr Brendan Moore who was the microbiologist who first saw the potential for employing a nurse to focus on preventing the spread of infection and managed to put this into action in Torbay) and, in Exeter, the torch also visited First Steps Nursery, Devon Partnership Trust and Community Hospitals among many other places.

Staff had great fun and fully engaged in the spirit of the Tour, spreading the message of how hand hygiene helps save lives both with colleagues in healthcare but also with members of the public.

Torch Tour at Lands End with Maria Bennallick

The torch visits with one of the rescue teams in the South West

HHTT Wales

The torch arrived in Wales on 25 July, with torches simultaneously in both North and South Wales. It was launched at the IPS South Wales conference in Cardiff, where an audience of 120 delegates supported the campaign. The torch visited various sites across Wales including Primary, Secondary Care and historic land marks including Carmarthen Castle, Cardiff Bay, the Sea Zoo Anglesey (where it was also taken for a swim in the Menai Strait by a brave Infection Prevention Nurse), Aberavon sea front, Velindre Hospital, Newport Transporter Bridge, the Pontsylvlle aquaduct world heritage site and Pen y Fan summit. Mike Peters, rock star with 'The Alarm', also helped promote the torch tour with staff, patients and

visitors across the three acute hospitals in North Wales, and the torch ran a 5 km parkrun in the grounds of Penrhyn Castle, promoting the health benefits of hand hygiene and physical exercise. The torch was support by Infection Prevention, Welsh Ambulance and Public Health Teams across Wales promoting the importance of hand hygiene to varying ages across the community. This including varying activities from litter picking with volunteers, including Kirsty Williams Education Secretary – Welsh Government, local councillors and hand hygiene activities with Brownies.

There has been a real team effort across Wales with every organisation participating to promote the theme of one IPS and hand hygiene; a team spirit and effort to spread such an importance message.

Penrhyn parkrun volunteers raising public awareness of hand hygiene

Wales Air Ambulance support the torch tour

Hospital staff in Wales show support for HHTT

Next steps for the HHTT...

The IPS Torch Tour 2016 continues around England, including Wessex, London, East of England, Trent and Yorkshire having already visited Scotland, Wales, Ireland and Northern Ireland. It will finish in Harrogate at the IPS national conference on 26 September 2016.

Judging by the pictures shared on the IPS website, the torch tour will have achieved its aim to raise awareness of the

importance of hand hygiene among the general public, as well as supporting the ongoing work to ensure healthcare staff hand hygiene remains a high profile patient safety practice. Do take a look at the photos on the IPS website and follow the torch on twitter #IPSTorchTour16. A great impact campaign.

Hand Hygiene Torch Tour page:

<http://www.ips.uk.net/education-events/hand-hygiene-torch-tour-2016/#.V80tKFQrLIU>