

ITEM: 08/120

DOC: 7

**Meeting:** Trust Board Part 1  
**Date:** 16 July 2008

**Title:** Infection Control Update

**Executive Summary:** This report contains a summary of recent performance against the key infection control indicators. Performance against the two national targets for reducing MRSA bacteraemia and *Clostridium difficile* infections is attached. MRSA bacteraemia remain above trajectory; the year to date total remains at 7 against a target of 4 (to June), although there have been no new cases reported since the last Board meeting.

*Clostridium difficile* is significantly below trajectory for 2008/9. There was one new reported case in the hospital during June.

The recommendations from the Healthcare Commission report on the Hygiene Code inspection have been addressed.

The report from the recent visit by a team of nurses from the Department of Health is also attached; it cites a number of areas of good practice, although the hand hygiene scores are lower than those reported through the visible leadership programme.

**Action:** For information

**Report from:** Deborah Wheeler, Director of Nursing & Clinical Development / Acting Director of Infection Prevention & Control

**Financial Validation**

Lead: Director of Finance

Not applicable

**Compliance with statute, directions, policy, guidance**

Lead: All directors

**Reference:**

Saving Lives  
 national MRSA & C. difficile target reduction  
 Health Act 2006 Hygiene Code

**Compliance with Healthcare Commission Core/Developmental Standards**

Lead: Director of Nursing & Clinical Development

**Reference:**

C4a

<b>Compliance with Auditors' Local Evaluation standards (ALE)</b> Lead: Director of Finance	<b>Reference:</b>
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<b>Evidence for self-certification under the Monitor compliance regime</b> Lead: All directors	<b>Compliance framework reference:</b>
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## **1. Infection control performance**

Attached is the summary report data on MRSA bacteraemia and *Clostridium difficile* infections, as at 4 July 2008 (Appendix A). There have been no new cases of MRSA bacteraemia since the one case at the beginning of June, which was reported to last Trust Board

The 2008/9 total therefore remains at 7, against a full year maximum target of 15. The national targets have been reprofiled to a 50% reduction from the 2003/4 baseline, which has increased the Whittington's target from 12 to 15 for this year. The MRSA bacteraemia three month rolling total is reducing from the peak in April, although the 12 month rolling total is currently static. All trusts are still required to report MRSA bacteraemia numbers weekly to NHS London.

*Clostridium difficile* infections are significantly below trajectory for the year so far, with only one new case reported in June. These figures continue to be monitored weekly by the executive team.

## **2. Hand hygiene**

The visible leadership programme continues to focus on infection control. Hand hygiene audits have continued to be done monthly. June hand hygiene compliance was reported last month at 90%; the July audit was undertaken on 7 July, and the collated results are not yet available.

## **3. Environment and cleaning**

Monthly ward environment and cleaning audits were repeated in June using the NHS national cleaning standards (Appendix B). The visible leadership team used new hand-held devices to record the data, which has enabled more timely production of the report. The data showed an improvement on previous months; overall the hospital averaged 90%. There were three areas which were rated red (below 75%); Ifor Ward (paediatrics), and Clinics 3a and 3b. The clinics had not previously been audited, and the infection control team are working with the staff to improve the environment, so that the domestic staff are able to thoroughly clean the area. The audits are next due to be completed on 21 July.

Board members will recall that Neonatal Intensive Care Unit scored red on the April audit. The unit's refurbishment is now completed, and they were assessed at 89% in June.

## **4. Hygiene Code inspection.**

Board members will recall that the Healthcare Commission highlighted two specific recommendations in their inspection against the Hygiene Code:

- Publication of cleaning schedules on wards
- Inconsistency of two policies concerning cleaning of medical devices.

Both of these recommendations have been actioned. Cleaning schedules are now available on the wards. The recommendation about medical devices related to the cleaning of beds, with an inconsistency between the leasing company's bed care policy, and the decontamination policy. This has now been corrected.

## **5. Department of Health observations of care audit**

A team of nurses, working with the DH MRSA improvement support team, visited the Whittington in May, and undertook a series of audits looking at care on the wards. Some of these mirrored the work undertaken by the visible leadership team.

The report from their visit is attached (Appendix C). There is some very positive feedback included, with examples of good practice that were witnessed. The hand hygiene audit results were disappointing to Whittington staff, although the team commented that they were higher than they had seen in other trusts they had visited. The higher internal hand hygiene audit scores are felt to be a reflection of the impact of the senior nurses in uniform.