

ITEM: 08/135

DOC: 6

Meeting: Trust Board
Date: 17 September 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 are significantly above trajectory; the year to date total is now 12 against a target of 8 (to September), 80% of the full year target of 15 cases. Three new cases were reported in August, following which additional urgent actions were put in place.

Colin Ovington, NHS London Turnaround Director for Infection Control, was invited to visit the trust on 18 August and help review the structures that we had in place to manage the risks around bacteraemia. Whilst positive in some areas, he has given us further clear pointers about where our next priorities should be. Pam Coen, MRSA IST programme manager, met with the Director of Nursing on 2 September, and also had a discussion about future priorities. In the light of both of these visits, the focus for reducing MRSA bacteraemia over the next two months will be as follows:

1. mandatory peripheral cannula management refresher training for all ward nurses, commencing 16 September. This will be delivered by the visible leadership team over a three week period.
2. Active programme to reduce the numbers of cannula inserted into patients, with a focus on ED and Mary Seacole Ward. Dr Jennifer Worrall, Clinical Director for Medicine, is leading this work
3. Active work in the Division of Medicine to ensure that all cannulas are removed promptly. Tina Jegede, Matron for Medicine, is leading this work, and has begun daily ward rounds to review all cannulas on the medical wards and ensure they are promptly removed.

Once this initial work is completed, consideration will then be given to further training for clinical staff on aseptic technique for insertion of cannulas. Trust Board will be kept updated on the progress of this plan of work

Clostridium difficile is significantly below trajectory for 2008/9. There have been a total of eight new cases reported in the last four months, with no outbreaks on any wards.

Action: For information

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

<p>Financial Validation</p> <p>Lead: Director of Finance</p>	<p>Not applicable</p>
<p>Compliance with statute, directions, policy, guidance</p> <p>Lead: All directors</p>	<p>Reference: Saving Lives national MRSA & C. difficile target reduction Health Act 2006 Hygiene Code</p>
<p>Compliance with Healthcare Commission Core/Developmental Standards</p> <p>Lead: Director of Nursing & Clinical Development</p>	<p>Reference: C4a</p>
<p>Compliance with Auditors' Local Evaluation standards (ALE)</p> <p>Lead: Director of Finance</p>	<p>Reference:</p>
<p>Evidence for self-certification under the Monitor compliance regime</p> <p>Lead: All directors</p>	<p>Compliance framework reference:</p>

1. Infection control performance

Attached is the summary report data on MRSA bacteraemia and *Clostridium difficile* infections, as at 5 September 2008 (Appendix A). There were three new cases of MRSA bacteraemia in the first part of August.

The 2008/9 total has therefore risen to 12 cases, against an expected year to date position of 8 and a full year maximum target of 15. Of particular concern is the rolling 12 month target which was 24 at the end of August, compared to the 2007/8 outturn of 21. All trusts are still required to report MRSA bacteraemia numbers weekly to NHS London.

In light of the increase of cases in August, Colin Ovington, NHS London Turnaround Director for Infection Control, was invited to visit the trust on 18 August, to review practice and advise on further actions to reduce the incidence of bacteraemia. He has sent a detailed letter following the visit, which has been reviewed by the Executive Committee and will be discussed at Infection Control Committee on 19 September. His key recommendations were:

- Continued reinforcement of the “bare below the elbows” policy for all staff in clinical areas
- Rationalise the types of intravenous cannulae in use (agreement has already been made to change the cannulae used to a type that does not have an openable port)
- Reinforce the ongoing checking and monitoring of intravenous cannula sites (this is being achieved through a mandatory refresher training programme for all ward nurses commencing 16 September, and daily ward rounds by the matron for medicine)
- Greater involvement of clinical directors and general managers, with a consultant champion to drive practice about the use of intravenous cannulae (Dr Jennifer Worrall, Clinical Director for Medicine, is leading work on reducing the numbers of cannulae that are inserted in the Emergency Department and on the medical wards)

Clostridium difficile infections are significantly below trajectory for the year so far, with eight new cases reported between June and September. 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. July hand hygiene compliance was disappointing at 84%, but improved in August to 94%. The latest audit was undertaken on 1 September, and the collated results are not yet available.

3. Environment and cleaning

Monthly ward environment and cleaning audits were repeated in July and August using the NHS national cleaning standards. The new hand-held devices and software to record the data, has enabled more areas to be covered on the day, and outpatient clinics are now being assessed in addition to the main ward areas.

The data showed an improvement on previous months, with the overall average being 93% in August. Of the 17 areas audited, all scored over 90% apart from four areas.

Cloudesley Ward was the only inpatient area below 90%, with a score of 83%. The other three areas were all outpatient clinics: clinic 3A at 76% (an improvement on the previous month when it was audited for the first time); clinic 4A at 70%; and clinic 4B at 28%. Both of the level 4 clinics were being audited for the first time, and the infection control team are working with 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 15 September.