

**Meeting:** Trust Board  
**Date:** 15 October 2008

**Title:** Infection Control update

**Executive Summary:** This report contains a summary of recent performance against the key infection control indicators. Dr Julie Andrews has returned from maternity leave and has now resumed the role of Director of Infection Prevention & Control.

Performance against the two national targets for reducing MRSA bacteraemia and *Clostridium difficile* infections is attached. MRSA bacteraemia remain significantly above trajectory, with one further case in September, giving a total year to date (at 8<sup>th</sup> October) of 13 (87% of the annual target). Of particular concern is that there have been a total of 24 bacteraemia in the last 12 months, against a 2007/8 outturn at March 2008 of 21 cases.

As previously advised, an appeal has been submitted to the Department of Health for the first of the two July bacteraemia to be removed from the trust's trajectory, based on the clinical situation, as this patient was also reported positive in June. The decision is awaited.

Following the significant increase in August, further urgent action has been taken to improve practice in the management of peripheral cannulae.

1. Mandatory peripheral cannula management refresher training for all ward nurses and midwives, commencing 22 September. This is being delivered by the visible leadership team, clinical facilitators and Infection Control Nurses over a three week period.
2. Active programme to reduce the numbers of cannulae inserted into patients, with a focus on ED and Mary Seacole Ward. Dr Jennifer Worrall, Clinical Director for Medicine, will be leading this work.
3. Active work in the Division of Medicine to ensure that all cannulae are removed promptly. Tina Jegede, Matron for Medicine, is leading this work, and has begun daily ward rounds to review all cannulae on the medical wards.

This work already appears to be bearing fruit; on 25.9.08, it was reported that only one patient across the three JKU wards had a cannula in place.

*Clostridium difficile* is 50% below trajectory for 2008/9; to date there have been two new cases of *C difficile* in September.

Hand hygiene compliance improved again to 97% in August, the highest results reported since the audit programme began 12 months ago.

Cleaning audits scores for September are also attached. Only one area,

Ifor Ward, was rated red (below 80%) at 62%; the matron has been charged with putting an urgent action plan in place. All other areas audited scored over 90%.

**Action:** For information and support

**Report from:** Deborah Wheeler, Director of Nursing & Clinical Development

**Financial Validation**

Not applicable

Lead: Director of Finance

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

Lead: All directors

**Reference:**

Saving Lives  
national MRSA & *Clostridium difficile* target reduction  
Health Act 2006 Hygiene Code

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

Lead: Director of Nursing & Clinical Development

**Reference:**

C4a, C21

**Compliance with Auditors' Local Evaluation standards (ALE)**

Lead: Director of Finance

**Reference:**

**Evidence for self-certification under the Monitor compliance regime**

Lead: All directors

**Compliance framework reference:**

Risk rating for quality

## 1. Infection control performance

Attached is the summary report data on MRSA bacteraemia and *Clostridium difficile* infections, as at 19 September 2008 (Appendix A).

There was one further **MRSA bacteraemia** in September 2008, in a surgical patient who was known to be colonised and had not been prescribed suppression therapy. The patient was diabetic and has had several ascending amputations of his foot and leg over the past four months; he was known to have MRSA in his wound.

As previously advised, an appeal has been submitted to the Department of Health for the first of the July cases to be removed from the trust's trajectory. Their decision is awaited.

The year to date MRSA bacteraemia total is now 13, 87% of the annual target of 15 cases. This leaves the trust with a serious challenge, and a clear risk that the target will once again be breached.

An urgent refresher training programme on the management of peripheral cannulae has been put together and will be delivered to all nurses and healthcare assistants by the visible leadership team during September/October, using the same model as the hand hygiene refresher training. It is possible to put all these staff through a one hour refresher seminar, run five times each day, over a three week period. Ward managers have been instructed to ensure that all their staff attend, and this will be closely monitored.

Dr Jennifer Worrall, Clinical Director for Medicine, and Tina Jegede, Matron for Medicine, are leading a focussed piece of work to significantly reduce further the numbers of peripheral cannula that are inserted into medical patients. This involves work with the ED team, to increase their decision threshold for inserting a cannula, and with the medical wards to encourage early removal of cannulae. This work has recently begun; on 25.9.08, it was reported that only one patient across the three JKU wards had a cannula in situ.

Dr Julie Andrews will also be leading further training with the foundation year doctors about cannula insertion and aseptic technique.

***Clostridium difficile*** infections are 45% below trajectory as at 19 September: 30 cases against a target position of 54 by the end of September (the full year target is 124 cases). To date, there have been two new cases in the month. These figures continue to be monitored weekly by the executive team.

## 2. Hand hygiene

The visible leadership programme have continued to undertake hand hygiene audits monthly. The September performance, at 97% on average, was the highest score reported since the audits began in September 2007. (Appendix B)

## 3. Environment and cleaning

Ward environment and cleaning audits were again repeated in September using the NHS national cleaning standards (Appendix C).

15 clinical areas were audited in September; no outpatient clinics were included this month, due to limited availability of matrons to undertake the audits. One area, Ifor Ward, was rated red, with a score of 62%; the matron was required to put an urgent action plan in place to rectify this. Ifor appears to have a problem with consistency of cleaning, as it scored 54% in June and 93% in July. The 14 other wards audited all scored over 90%, giving a hospital average of 96%.