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Professor Graham Ramsay
Medical Director
West Hertfordshire Hospitals NHS Trust

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By Email

Dear Professor Ramsay,

Re: HCAI Improvement Programme review

I would like to thank you and your team for inviting the Department of Health's HCAI Improvement Programme into your trust and for arranging the review that took place recently. Please find enclosed the final draft version of our report on this review.

The key points arising from the report are as follows:

- The review team identified many examples of good practice within the trust, a strong sense of executive engagement and a number of encouraging signs. However, the enhanced data shows that the trust has remained above trajectory for both MRSA and *Clostridium difficile* infections (CDI).

- CDI data demonstrates that the trust's rates are consistently above the national average and that a high proportion of cases occur in the community.

- The trust needs to focus on and implement an immediate recovery plan to demonstrate continuous improvement against targets for both MRSA and CDI. It should carry out immediate root cause analysis (RCA) of CDI cases and work with partners to understand the causes.

- The biggest challenge the trust faces is ensuring that action plans are being implemented following full root cause analysis of MRSA bacteraemias and CDI cases. This requires immediate attention.

- There is a need for the sense of importance and urgency held by the directors to be translated to all levels of the organisation and this requires a cultural shift.

- Achieving the target requires using robust data and information to focus attention and having a robust root cause analysis process is key to delivering improvement. This will require a review of the current approach to root cause analysis and reporting of all MRSA bacteraemias and CDI outbreaks as serious untoward incidents. Only then will the trust be in a position to focus attention on areas for improvement.

- The trust needs to embed throughout the organisation a culture that any avoidable infections are unacceptable.

The trust needs to ask... **"How do we know good practice is really happening at or near the bedside?"**

In order to help answer this question the trust should:

- Review and clarify the roles, responsibilities and accountabilities of key IPC personnel particularly Director of Infection Prevention and Control (DIPC), Chief Nurse and Medical Director.

- Review isolation capacity and consider introducing a cohort ward with dedicated staffing for CDI patients.

- Introduce full multidisciplinary root cause analysis and ensure summaries and action plans are monitored by the board.

- Ensure roll out and compliance across the trust of antibiotic prescribing policy.

- Improve cleanliness and hygiene standards of patient equipment and clinical areas.

This said I should also point out that the review team found a number of encouraging signs at the trust including the following:

- There is strong executive engagement and focus and this is visible internally through the executive walkabouts and externally by open relationships with the PCT. There is recognition across the trust of its responsibility to work with the PCT and community providers to reduce health care associated infections across the local health community.

- The organisation has a strong focus on increasing capability of infection prevention and control at ward level. There is a dedicated nursing leadership team, including modern matrons and infection control nurses who are committed to empowering all staff to take ownership of IPC at ward level.

- There is recognition that the fabric of the estate requires attention and resource has been identified to make improvements that will contribute to overall reduction in infections generally and CDI in particular.

- The antibiotic prescribing policy and the withdrawal of cephalosporins and quinalones from ward stock together with the introduction of flashcards, the green dot system and IV to oral switch are all positive steps towards reducing CDI.

- The organisation has many dedicated clinicians and staff, some working in less than ideal environments, and all are committed to making a difference.

- Basic root cause analysis has been introduced for CDI cases.

- A good start has been made with patient information leaflets and posters, particularly on Hanover ward, and this should be extended to all ward areas

- There is evidence of data collection and monitoring of infections being undertaken across the trust despite the challenges of working on two sites. Local reporting and monitoring of CDI and MRSA incidence is happening but can be improved.

- A very enthusiastic team of modern matrons collect good quality data and are engaged in monitoring all cases and their status for their respective areas of responsibility.

- Overall, there is a positive attitude towards collection and use of infection control data. The information team has offered support and is willing to help and reduce the data collection burden on clinical staff

May I invite you to "fact check" the attached document and send me any final comments by 6th November 2007 I will then send you the final (non-draft) version.

Once again I would like to thank you for a very informative review meeting and wish the trust success with its continued work in reducing all health care associated infections.

Yours sincerely,

Andrea Parsons
Programme Manager