

West Hertfordshire Hospitals

NHS Trust

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GR/gs

29th October 2007

Keith Pearson
Chairman
East of England Strategic Health Authority
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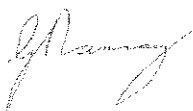
Dear Keith

Further to your letter of 16th October 2007, please find below our actions in respect of MRSA and *C Difficile*. The aim of this letter is to assure you that we are taking adequate action to cover the points expressed in your letter. Specifically we refer to the points numbered in your letter.

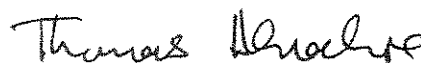
- 1 For the last 10 days two experienced clinicians have been going through all the case notes of possible *C Difficile* related deaths in the last six months. We are following the methodology used by the Healthcare Commission in Maidstone and we have shared our criteria with Paul Cosford. We are quite certain that it will be consistent with the guidance that he issues. Provisional figures will be presented to our Finance & Performance meeting on Monday 29th October 2007.
- 2 The cohort wards are open and running well and have dedicated nursing and medical staff. We have full monitoring of time to isolation for new cases and have set a target of three hours. Any breach of the 3-hour target is reported as an incident. There were only three failures to isolate in the last two months.
- 3 Compliance with hand washing and dress code has improved significantly since we issued the message about our zero tolerance approach. We expect future hand-washing audits to reflect this. It has already been observed anecdotally during Executive walkabouts.
- 4 Our compliance audits of high impact intervention show excellent compliance but nevertheless RCA's show breaches when an MRSA bacteraemia has occurred. Approximately 50% of the avoidable bacteraemias are associated with central lines and we have recently appointed a 'Line Control Nurse' who will visit and monitor all patients with a central line across the Trust on a daily basis. Elsewhere this has been shown to produce significant reductions in 'line' associated infections. Robin Wiggins is also carrying out a review of how we measure compliance. RCA's are now discussed with relevant medical and nursing staff.

- 5 When screening is selective it is difficult to ensure that staff are fully compliant with the policies. We plan to move to screening all admissions including emergencies and this will lead to significantly higher compliance. Patients identified as positive will be cohorted and, in addition, active de-colonisation will be carried out, including after discharge, back into the community. This has been discussed with the PCT and they are fully supportive. The financial implications are currently being analysed.
- 6 We have reviewed the results of the Acute Trusts antibiotic and PPI Prescribing Policy. Cephalosporin and quinolone use is down to approximately 10% of the original volumes used. There has also been a 35-40% reduction in PPI use. Jane Halpin at the PCT acknowledges that they have been less successful in primary care until now. We jointly issued a letter to all General Practitioners indicating the Antibiotic Policy used in the Trust and asking General Practitioners to comply. The volume of prescriptions is monitored by the PCT but the data lags six weeks behind and it is therefore currently not possible to say at this time as to whether our actions have had any impact.

Yours sincerely



Professor Graham Ramsay
Medical Director and Acting Chief Executive



Professor Thom Hanahoe
Chairman

- c.c
- Neil McKay – Chief Executive, East of England SHA
 - Paul Cosford - Regional Director of Public Health, East of England
 - Anne Walker – Chief Executive, West Herts PCT
 - Stuart Bloom – Chairman, West Herts PCT
 - Jane Halpin – Director of Public Health, West Herts PCT

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Our ref: PW/jas

Date: 16 October 2007

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Dear Thomas and Stuart

HCAI in West Hertfordshire

I am writing as follow-up to our meeting on Tuesday to discuss MRSA and *C Difficile* in West Herts. As we discussed, the SHA is extremely concerned at the continuing high levels of both infections and the lack of convincing evidence that infection rates are falling. I would like to re-iterate that the SHA views the reduction in infection rates as your highest priority, higher than financial and other service delivery targets. We discussed a wide range of issues in the meeting and the main points were as follows;

1. We need reliable reporting of *C Difficile*-related deaths. Paul Cosford will issue guidance on recording of deaths later this week. He will also work with the Trust to confirm actual numbers of deaths during 2006/07 and 2007/08 using the HCC-recommended criteria.
2. We note that *C Difficile* isolation wards and monitoring of isolation practice are now in place.
3. Handwashing audits are in place but compliance is currently poor, particularly amongst medical staff. We expect this to be urgently addressed, including disciplinary action should this be required.
4. The use of care bundles was a concern, with RCA analysis suggesting incomplete compliance and issues with ongoing care of lines. There were also areas such as urinary catheters and care of surgical wounds where it was unclear whether care bundles were in place and how this was being audited. We would like you to review your coverage of care bundles and how they will be audited.
5. You have a screening policy in place for MRSA but RCA suggests incomplete implementation and there are no audits of compliance with policy on this issue. We would like you to put this in place.

c/td ...

Chief Executive: Neil McKay

Chairman: Keith S Pearson JP

6. There are antibiotic prescribing policies in place both in the acute hospitals and for GP prescribing. There are also restrictions on access to broad spectrum antibiotics within the acute hospitals. However, there are limited clinically-based audits in place to ensure prescribing reflects policy. We would like both the Trust and the PCT to establish these audits as a matter of urgency.

In summary, West Hertfordshire has the most worrying levels of HCAI in the East of England. Both organisations have clearly carried out a great deal of work to improve the position. However, this is not having the necessary effect in reducing the number of infections. I remain concerned about the pace and coverage of your various initiatives and the patchy nature of implementation. This is compounded by the incomplete coverage of audit and monitoring mechanisms. HCAI reduction will depend on the implementation of control measures consistently and reliably in every case. You have not yet demonstrated that this has been achieved.

In view of this, we would like to arrange a follow up visit from the EoE support team on 30 October. This will involve ensuring the issues identified in earlier visits and the issues raised in this letter are being addressed. We will agree a definitive action plan with you following this visit, including direct monitoring of control measures. We expect your Boards to carry out a detailed review of progress at each and every Board meeting.

I will be looking for evidence that these infections are being brought under control and that both organisations are taking all necessary steps to achieve this.

Yours sincerely



Keith S Pearson JP
Chairman

cc Neil McKay
Paul Watson
Paul Cosford
Alan Bedford