

**Infection Control – Monthly Performance Report
July 2008**

1. Introduction

This report updates the Board on the current performance with respect to both MRSA and *C. Diff* infection rates. It invites the Board to comment on the current levels of infection and to seek assurance that everything that is required in relation to actions to reduce and prevent the opportunities for infection becoming a serious threat to patient safety are being taken.

2. Current Performance

a) Surveillance

MRSA Bacteraemia

There were 3 MRSA bacteraemias reported in medicine at WGH in July against a monthly trajectory of 2. The Trust target for 2008-2009 is 21. The Trust has now recorded a total of 7 for the current financial year. Assuming levels remain the same or, preferably lower, the Trust will not exceed its target for the year.

Root Cause Analyses have been undertaken on all the cases. Two of the three bacteraemias were 'pre 48hr' as both blood samples were taken on admission in the A&E department. RCA investigations have confirmed that in the first case the 'most likely source of the bacteraemia' was due to urinary-sepsis and that the bacteraemia was 'unavoidable'.

In the second case, the 'most likely source of the bacteraemia' is believed to have been a skin contaminant, which was not 'unavoidable'. As a result, actions taken forward to help prevent such occurrences include: additional training for nursing staff who are expected to undertake such clinical procedures; and clinicians to make the decision for such specimens to be taken in the first instance.

Finally the third bacteraemia in July was a 'post 48hr' bacteraemia. The blood culture was taken from a patient in the Acute Stroke Unit. The RCA meeting, planned for the 13th August, will conclude the investigation and confirm the source of the bacteraemia. This will be reported to the Board at its meeting on 21 August.

Clostridium difficile

The total number of *C.difficile* toxin positive isolates, for the health economy, reported in July was 12; the same as in June. The number of Trust cases (which count against our trajectory target) was again 6 in July, the same number being identified in June. Our target for the year is not to exceed 183 cases. The current total is 26 hospital cases for the period ending July.

Letchmore Ward & York Ward are now operating as isolation units for both MRSA and *Clostridium difficile*. An 'Operational Policy for the Management of Patients on Isolation Wards at WGH and HHGH' has been produced.

b) Practice Performance

IV Report

The Trust's IV Study Day Course Assessment Workbook is currently being updated and expected to be in place for the next course in September.

Following a review of peripheral IV dressings available, it has been confirmed that the Trust will continue to use the current 3M IV dressing for securing peripheral line cannulae. Appropriate application of this dressing has been included in the junior doctors' infection control induction session. In addition, further education and training specifically relating to the application and anchorage of IV cannula devices/dressings will be undertaken over a two-day period in August.

The Trust IV related policy on 'Guidelines for Insertion, Care and Management of Short-term Percutaneous Non-Tunnelled Central Venous Catheters (CVC)' is in the final stage of review and expected to be ratified by the Infection Control Committee Meeting at the end of this month. The Trusts 'Policy and Procedures for Adult Venepuncture / Phlebotomy' is also being reviewed.

Hand Hygiene Compliance – Lewisham Audits

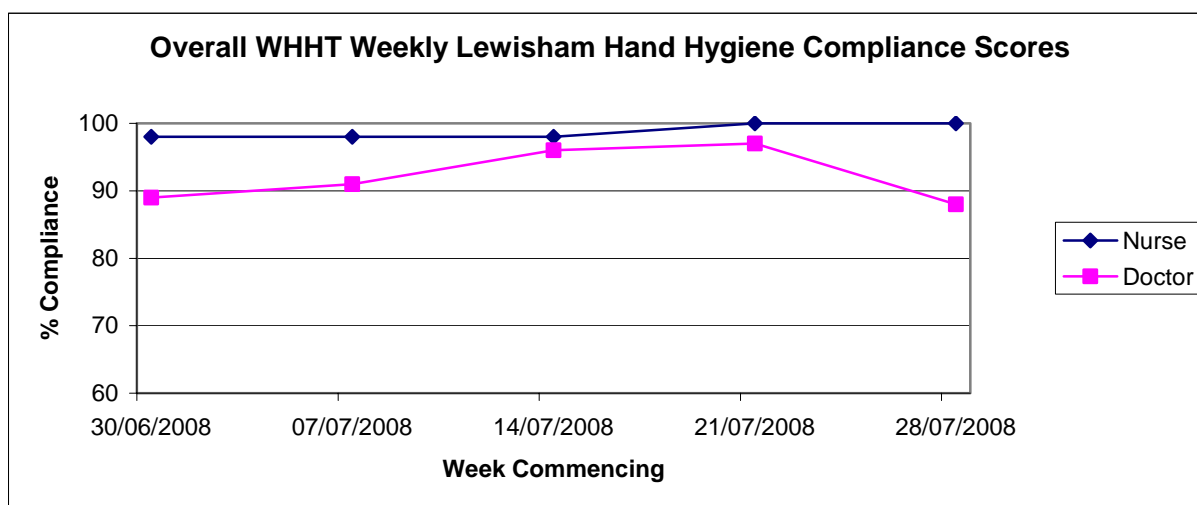
Weekly Lewisham Hand Hygiene observations continue in all clinical areas, with results distributed and displayed on all Wards/Departments Infection Control Notice Boards for all members of staff, patients and visitors to view. The categories captured within the audit for the month of July are:

- 'Nurses' - including Student Nurses and Health Care Support Workers
- 'Doctors' - including Medical Students

Figure 1 shows the percentage compliance score for each category each week for the month of July. It appears that compliance for 'nurses' ranges between 98%-100% with an overall monthly average of 99% (same score as May & June), and 'Doctors' ranging between 88%- 97% with an overall monthly average of 92% (same scores achieved in June). The Trust's overall monthly average hand hygiene compliance score for July is 96%.

Figure 1

Lewisham audits of staff compliance with hand decontamination June 08



The Health Act 2006/Hygiene Code

The Trust has benchmarked itself against the eleven duties of the hygiene code, and a Trust 'Hygiene Code Compliance Report' was produced in June. This is reviewed at least quarterly. This document reports that the Trust is compliant with all duties with the exception of duty 4 - 'Duty to provide and maintain a clean and appropriate environment', and more specifically with part 4f of duty 4 - 'There are effective arrangements for the appropriate decontamination of instruments and other equipment'. In an effort to achieve compliance the following continues to be driven forward:

- In line with the DOH strategy the Trust is a member of the DOH Eastern Region Decontamination Consortium to enable provision of compliance within TSSU services.
- Decontamination Approved Person's report will form the basis for an action plan to ensure risk mitigation and inform investment priorities.
- Business cases have been submitted to ensure Endoscopy services comply with the relevant HTM

Documented evidence to support the Trust's compliance with each of the duties continues to be placed on our 'Datix' system. This system needs to be populated on an ongoing basis, with assurance needed that systems are in place to ensure that each of the Divisions and other key departments are taking responsibility for updating 'Datix'.

'Saving Lives' Action plan/balance scorecard

Following the publication of 'The Health Act' in 2006, 'Saving Lives' was revised and the 'Saving Lives' Action Plan/balance scorecard is now also based on the 11 Duties in the 'Health Act/Code of Practice. Therefore, both action plans reflect each other. The divisions have produced their divisional 'Saving Lives' Action Plans and will continue to update them quarterly. These action plans/balance scorecard reports will help serve as an indicator/method of monitoring compliance & progress within the divisions in relation to 'Saving Lives' and also with the Hygiene code.

In relation to the seven 'Saving Lives' Clinical High Impact Interventions (HII), the divisions continue to provide the Trusts Infection Control Committee with monthly divisional HII audit reports. These are fully discussed and action taken as appropriate.

Education and Training

During the month of July a total of 196 health care workers have received infection control training delivered by the Infection Control Nurses. The sessions provided included 'Corporate Induction' for new staff and 'Mandatory Training Update' for all staff. In addition, there were 18 staff that attended the one-day infection control study day in July.

The number of staff receiving infection control education and training in August is expected to be much greater in view of the new doctor intake. In addition the Infection Control Nurses have planned additional study days during this period.

Infection Control Policies

The Board is asked to note that the following Trust Infection Control Policy which was ratified at the Monthly Infection Control Committee in July 2008.

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| Chapter Q | Operational Policy for the Management of Patients on Isolation Wards at WGH and HHGH |
|-----------|--|

Prescribing

Attached at appendix 1 is the current analysis of antibiotic spend.

3. Matrons' Reports

Following an announcement by the Prime Minister and Secretary of State on a series of measures aimed at improving Hospital cleanliness the Chief Nursing Officer and Director General of NHS Finance, Performance and Operations issued a letter outlining that Hospital Matrons should devote a substantial amount of time to the delivery of a safe and clean environment for patient care, and that their key priorities should be focused on:

- Ensuring best practice in infection control
- Improving clinical care standards
- Providing a clean environment for care
- Treating patients with dignity and respect

These priorities build on the Matrons Charter: An Action Plan for Cleaner Hospitals (DH, 2004) and a detailed action plan has been prepared to ensure that actions are taken in each area. This is attached at appendix 2. The Matron has an important and essential role in the organisation in providing effective management support and leadership development to clinical nursing and midwifery staff. There is an expectation that Matrons report quarterly to Trust Boards on cleanliness and infection control, thereby providing reassurance that they are supporting the delivery of delivering of a safe and clean environment for patient care. Below is a summary of the areas of focus and achievements.

Infection Control

The priority for Matrons in the last quarter has been to focus on challenging poor practice and compliance with the 'Bare Below the Elbow' initiative, hand hygiene and monitoring completion of infection control audits. Matrons are responsible for ensuring clinical areas complete all audits pertinent to infection control, i.e. HII and Lewisham Hand Hygiene audits, and to collate the results Divisionally for presentation and discussion at the monthly Infection Control Committee Meetings. The Matrons, supported by the Trust's Infection Control Team, contribute to the RCA process for MRSA bacteraemia and C Diff toxin positive results.

MRSA

To date the key themes emerging from the RCA processes for MRSA is adherence to best practice for line insertions. Because of this, the Matrons are monitoring the wards daily audits of line insertions to ensure best practice is being carried out.

C Diff

The key themes emerging from the RCA processes for C. Diff toxin positive results have been around inappropriate antibiotic usage. Because of this, the Matrons are ensuring that the wards have close liaison with the Medical Teams and Pharmacists concerning inappropriate antibiotic prescribing.

Privacy & Dignity

Maintaining the privacy and dignity needs of our patients is high priority for Matrons; who believe there are certain standards that every patient should have a right to expect.

Matrons have been instrumental in ensuring that recommendations from the Privacy and Dignity Patient Surveys are implemented. Examples of these include: -

- The completion of the NHS Institute for Innovation & Improvement Baseline Assessment of Mixed Sex Accommodation; 24 clinical areas within the Acute Medical Care and Surgical Divisions were audited during June 2008. The assessment demonstrated all 24 areas were 'Green' and identified as areas of good practice that should be shared across the Trust
- The use of 'Do not Disturb' signs in all clinical areas; to reinforce the message that permission must be sought before entering a closed room or bed space with curtains drawn. The message has been reinforced to the multi-professional team
- Ensuring "quiet times" are adhered to in the clinical areas
- Ensuring there are Dignity Champions (to date the Trust has 60 Dignity Champions) in all clinical areas
- Engaging with the Trust's Patient Involvement & Experience Group to help shape future developments in Privacy and Dignity for patients

Improving Cleanliness

Matrons are responsible for ensuring that every area is providing a clean environment. Matrons ensure that all clinical areas are compliant with local and statutory obligations in the following ways:-

- Hygiene Code Duties - Matrons conduct weekly Hygiene Code Monitoring “spot check audits” and monitor that the clinical areas within their area of responsibility are undertaken daily Hygiene Code monitoring
- Monthly monitoring of domestic duties
- Supporting the continued implementation of the Deep Cleaning Programme

4. Environmental Performance

With the impending visit from the Health Care Commission, the Trust continues to support the national specifications for cleanliness in the NHS and reduce hospital-acquired infections. Some of the measures in place are;

- Decluttering - all sites have regular patrols in place to ensure that the corridors are de-cluttered. Divisions are required to check their areas daily to ensure that clutter is identified and dealt with appropriately. Departmental staff have been reminded to ensure that requests to remove equipment for repair or disposal use relevant paperwork to reduce the possibility of has completed and been attached to ensure it is moved to the appropriate location.
- The 12 weekly Deep Clean Program continues to roll on throughout the Trust and where possible the Sterinis disinfectant dry mist system is used to fight against hospital-acquired infections.
- There are arrangements for Deep Clean Team working Monday to Friday on all sites and at WGH the dedicated team work flexi hours over a seven-day week. For HHGH, the Rapid Response team has a work schedule covering the entire site that operates outside of the Rapid response incidents.
- Cleanliness performance monitoring of ward and departments continues to be done by the relevant managers in co-operation with Medirest. The ward/department monitoring is not pre-booked to ensure that a true reflection of the working environment is observed.
- Work continues with Medirest to ensure that we continue to monitor and perform to the 2007 cleaning standards. Whilst the standards are being achieved or exceeded, the frequency of the cleaning tasks are not yet up to the 2007 standards, however the analysis of the increase resources required will shortly be identified and a case made for the funding.
- Funding for the bed wash facilities at WGH has been approved and work has commenced on this project on 28 August.

In June 2008, 81 Cleaning Audits were completed by Ward/Clinical staff. There were 8 failures recorded giving a 90% pass rate. In July 101 inspections were completed with 8 failures giving a 92% pass rate.

In most cases the audits were completed using the ‘Maximiser’ Audit Tool. There have been occasions where areas to be inspected have not been included on the Maximiser database. Where this is found to be the case the database is updated once the details (Room numbers, types and usage) are recorded.

'Maximiser' is working well, problems encountered to date have been of a minor nature and resolved quickly. Phase 2 (putting the system on the Trust's Intranet) has yet to be achieved and discussions are progressing with the IT Department to agree how this project can be resourced given other competing priorities.

IPEAT (internal Patient Environment Assessment Team) continue to be carried out monthly on all sites, with representation from Facilities, Patients' representation, Infection Control and Estates. The scoring is classified into areas of cleanliness, privacy and dignity, environment and food. Within these categories the scoring is analysed to produce a result of unacceptable, poor, acceptable, good or excellent. The Trust continues to work toward a realistic overall achievement of 'Good', any issues observed during the iPEAT that raise cause for concern are forwarded to the relevant manager for immediate attention and rectification.

The internal scoring for the past two months continues to reflect that of the official monitoring, with WGH achieving acceptable for environment with HHGH and SACH Good.

5.Recommendations

The Trust Board is asked to note the detail in the report.

Professor Graham Ramsey
Medical Director/Director of Infection Prevention & Control
August 2008