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**Public Board Meeting, 18 December 2008**

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

Presented by: **Graham Ramsay**

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## **1. Purpose**

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**

### **2.1 Surveillance**

#### **a)MRSA Bacteraemia**

No MRSA bacteraemias were reported in the month of October, with the Trust remaining at 10 MRSA bacteraemias to-date against the annual trajectory of 21.

#### **b)*Clostridium difficile***

The total number of *C.difficile* toxin positive isolates, reported in October was three, being classified as West Herts acquired. This is in comparison to one West Herts acquired in September. The Trust trajectory for the year is 183 cases (both WHHT acquired and community associated). The total reported from April to October is 54. This is a significant achievement and now puts us amongst the best performing Trusts in the Country.

Letchmore Ward & York Ward continue to operate as isolation units for both MRSA and *Clostridium difficile*. An operational policy for the Management of Patients on Isolation Wards at WGH and HHGH is in place.

The Board will wish to be aware that between .in November a cluster of C diff cases was reported on Hanover Ward at Hemel Hempstead. This was investigated in line with the Trust policy. The Board will be provided with a verbal update on the findings of the investigation at the December meeting. The identification of this cluster is seen as a positive reflection of the current low level of C diff overall. Given the previous levels of C diff, it is unlikely that such a cluster would have been possible to identify 12 months ago.

### **2.2 Practice Performance**

#### **a)IV Report**

Trust-wide training continues on the use of 2% chlorhexidine products for skin and port decontamination prior to insertion of central lines, taking blood cultures and accessing I.V.

devices. I.V. dressing application training is also on-going to ensure that insertion sites of peripheral cannulae can be observed and monitored.

### **b) Hand Hygiene Compliance – Lewisham Audits**

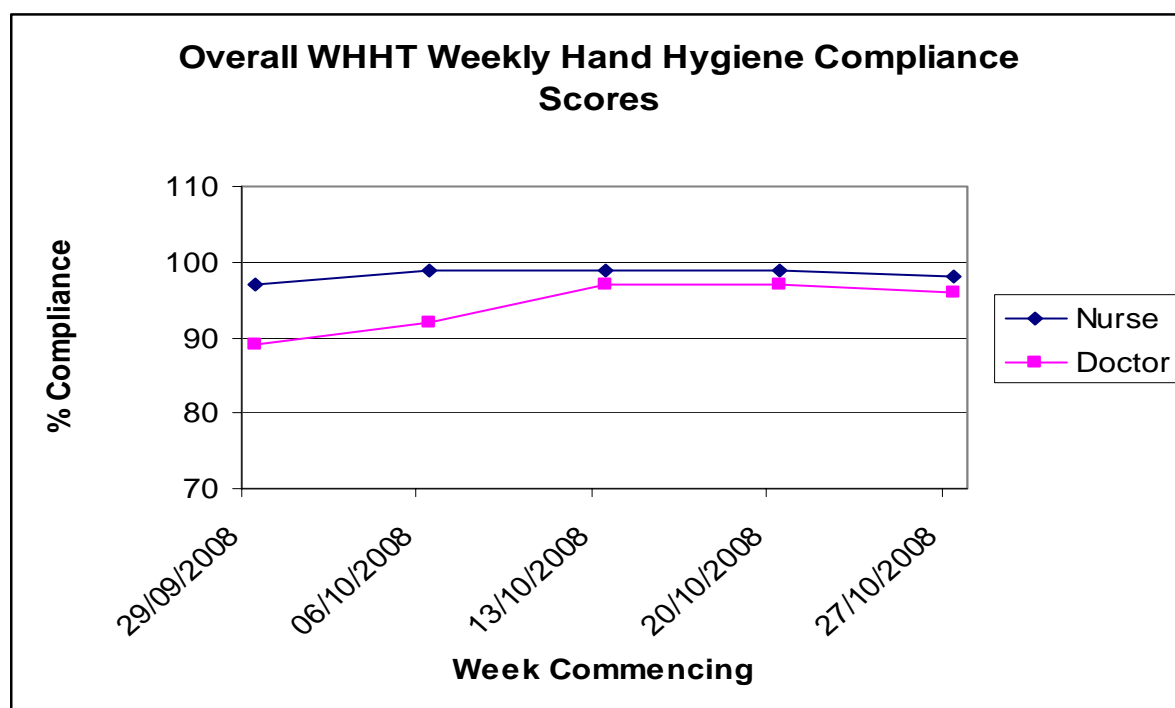
Weekly Hand Hygiene observations continue in all clinical areas, with results distributed and displayed on all Wards/Departments Infection Control Notice Boards for all members of staff, patients and visitors to view. The categories captured within the audit are:

- '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 October. It appears that compliance for 'nurses' ranges between 97%-99% with an overall monthly average of 98% (compared with 94%–99% in September), and 'Doctors' ranging between 89%- 97% with an overall monthly average of 94% (compared with 90%-97% in September). The Trust's overall monthly average hand hygiene compliance score for October is 96%.

**Figure 1**

Lewisham audits of staff compliance with hand decontamination October '08



### **c) Think Clean Week**

Think Clean Week was held from 13-16<sup>th</sup> October, where audits were undertaken and numerous competitions were also held. A variety of stands were displayed at both the Hemel Hempstead and Watford sites with a total of 115 people visiting. A prize giving ceremony was held at the end of the week for all the winners, with Will Hoskins (Watford football player) attending to present the prizes. It was felt to be a successful and enjoyable week with it being both educational and fun.

### **d) The Health Act 2006/Hygiene Code**

The Trust continues to be compliant with all 11 duties in the Hygiene Code with the exception of duty four - '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’. All previous actions noted continue. The Healthcare Commission undertook an inspection of the Trust’s compliance against the Code and this is detailed below.

#### **e) ‘Saving Lives’ Action plan/balance scorecard**

Divisions continue to update their divisional ‘Saving Lives’ Action Plans on a quarterly basis. These action plans/balance scorecard reports 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 Trust’s Infection Control Committee with monthly divisional HII audit reports. These are discussed and action taken as appropriate.

### **2.3 Official Visits**

#### **a) Healthcare Commission**

On 1<sup>st</sup> and 2<sup>nd</sup> October an unannounced visit by the Healthcare Commission took place as part of the national review of the NHS’ compliance with the Hygiene Code. During the visit the following areas were visited by the inspection team:

- Watford: Cassio ward, Endoscopy, Letchmore ward
- Hemel Hempstead: St Peters ward, Endoscopy, Medical equipment library, Boleyn ward and Medirest laundry room.

The purpose of the visit was to assess the Trust’s compliance against the Hygiene Code and ensure high standards of care were being provided. The Trust is awaiting the final report from the visit. However, subsequent to the visit, and taking account of the feedback received on immediately after the conclusion of the Team’s inspection, an action plan was produced to address areas where it could reasonably be anticipated that actions would be necessary. The main areas highlighted were:

- Boxes to be stored off the floors
- Regular cleaning of store rooms required
- Fresh solutions of Chlorclean to be made up daily and containers to be dated
- Cleaning schedules to be standardised
- Commode dismantling/cleaning instructions to be displayed in close proximity to commodes
- Sellotape not to be used on posters
- English tests to be undertaken by all Medirest staff prior to recruitment

The Inspection Team commented positively on the fact that staff were very welcoming, commodes and the general environment were clean, and they felt the daily and weekly hygiene checks were highly beneficial and good practice.

In April 2009 the Care Quality Commission will take over the Healthcare Commission, Commission for Social Care Inspection and the Mental Health Act Commission. This will ensure health and social care is regulated by one independent body, using optimal inspection and regulation methods. From 1<sup>st</sup> April 2009, it will be a legal requirement for all NHS Trusts providing patient services to register with the Care Quality Commission. As such the Trust must apply for registration between 12<sup>th</sup> January and 6<sup>th</sup> February 2009.

## b) Strategic Health Authority

The Strategic Health Authority (SHA) visited the Trust on 13<sup>th</sup> October with the aim of offering support within a performance management framework for any on-going infection control issues. This followed previous visits by the Department of Health and SHA. Feedback received was very positive and it was agreed that no further visits by this team would be planned. The reduction in *Clostridium difficile* rates was described as 'exceptional' with rates possibly being amongst the best in the country. MRSA bacteraemia rates are around trajectory and they also felt satisfied that although patients with both *Clostridium difficile* and MRSA are isolated on the isolation wards, appropriate arrangements are in place to reduce any risk of cross infection.

Areas that they felt still need addressing are improved compliance with documentation of invasive devices and documentation identifying that decontamination of medical equipment has taken place. Appropriate action is in hand to address these points.

### 2.4 Education and Training

During the month of October a total of 173 healthcare workers have received infection control training delivered by the Infection Control Nurses. The sessions provided include corporate induction sessions for new staff and mandatory training updates for all staff.

	Nurses/Midwives	HCA's	Doctors /Medical Students	Other	Total
<b>April</b>					<b>178</b>
<b>May</b>					<b>147</b>
<b>June</b>					<b>189</b>
<b>July</b>					<b>164</b>
<b>August</b>			117		<b>285</b>
<b>September</b>	126	37	1	60	<b>224</b>
<b>October</b>	80	20	9	64	<b>173</b>
<b>Total</b>	<b>493</b>	<b>147</b>	<b>127</b>	<b>425</b>	<b>1360</b>

**Table 1.** Total number of staff trained by ICNs from April – October '08

(N.B. Please note – the monthly monitoring of categories of staff trained commenced in September '08 hence no breakdown of figures is available prior to this date)

Band	Number Trained
1	1
2	21
3	6
4	5
5	49
6	18
7	3
8	1
Unknown	69
<b>Total</b>	<b>173</b>

**Table 2.** Bands of Staff Trained by ICN's in October '08

## 2.5 Environmental Performance

The following actions are continuing:

- **Deep Cleans** of in patient areas continue to be on a 12 week cycle, this has been expanded to Out Patient areas where required. This is monitored by Facilities to ensure that the required standards are being achieved. In addition to this Ward Managers are asked to sign off the cleaning schedule to say they are satisfied that the area has been thoroughly cleaned. The Sterinis disinfectant dry mist system is used to fight against hospital-acquired infections in areas that can be made available for the required time span.
- **Use it or Lose it** ~ once a month the Trust have a day where items of furniture that are no longer required are removed from the ward to ensure that the wards are kept free from clutter.
- Cleanliness **performance monitoring** of ward and departments continues to be done by the relevant managers in co-operation with Medirest. The ward/department are encouraged not to pre-book to ensure that a true reflection of the working environment is observed. Facilities have now put in place ad hoc monitoring of all areas of the Trust irrespective of whether they have been previously monitored to ensure that the standard of cleaning remains to the high standard of the contract.
- The current contract with Medirest will end on the 31 October 2009 with the option for a 1 or 2 year extension. Consultations with Medirest are now taking place to discuss this option and the Trust are also reviewing the best value for money options available to us.
- The bed wash area a WGH has now been secured and work continues on this area, which is part of a larger project to improve the catering facilities and better utilization of space.
- In October there were 101 **Cleaning Audits** in which there were 8 failures giving an 8% failure rate, whilst in November there were 80 with 5 failures, which is a 6% failure rate. When a ward/department fails the inspection for two consecutive months, or if the area is reported to be repeatedly unsatisfactory Facilities request that these areas are then monitored on a weekly basis for a month until the area is back within the accepted range. As a result of the slight increase in the failure level a number of specific areas are now subject to the more intense monitoring regime.
- **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 at WGH has been disappointing with the Environment pulling the scoring down to the lower range of the 'acceptable'. It is expected, however, that this will improve as the work across the Watford site finishes. SACH and HHGH scoring remain 'Good' however scores for cleanliness have also dropped slightly. The PEAT inspection not only covers cleaning by the contact cleaner but also ward staff. These reports once finalised are distributed to all concerned with action points and time lines for improvement.

- A recent **Environmental Health Visit** to the Wards at HHGH found the conditions and environment improved since the last visit a year ago and we have now moved from an acceptable status to 'good'.

### **3. Recommendation**

3.1 The Board are therefore asked to:

- Note the report