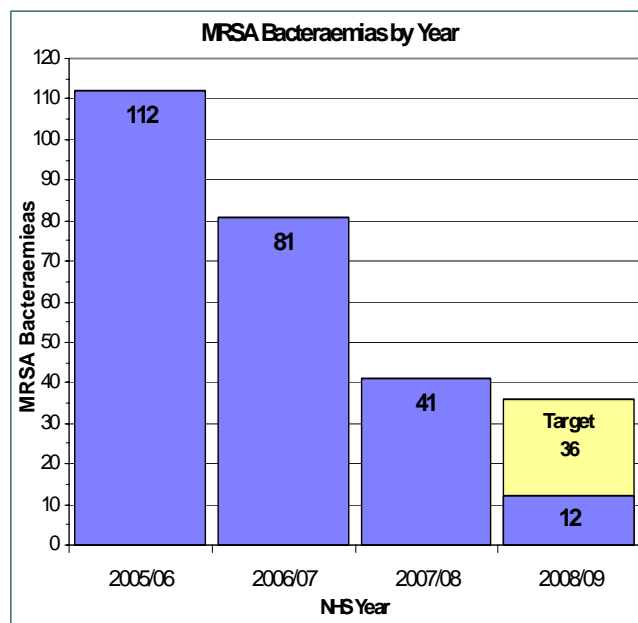
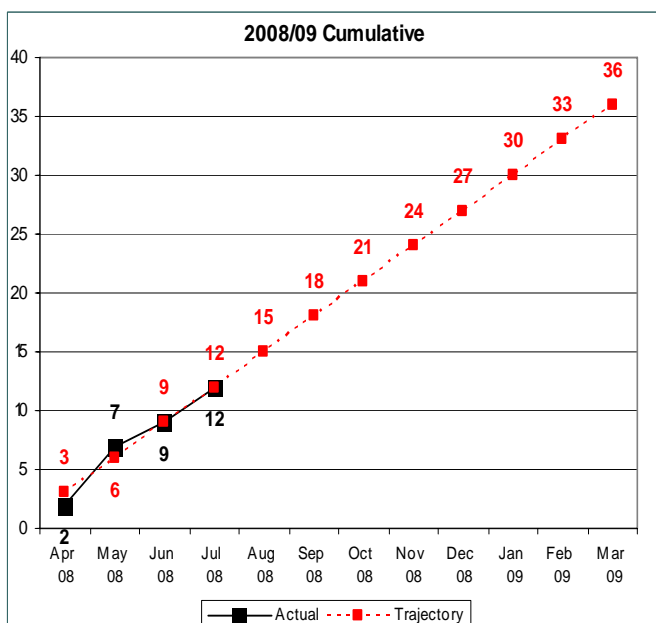


BOARD OF GOVERNORS

INFECTION CONTROL UPDATE

Report of: Dr Jag Ahluwalia, Medical Director, Director for Infection Prevention and Control
 Dr Basil Matta, Associate Medical Director - HCAI
 Dr Nicholas Brown, Infection Control Doctor/Consultant Microbiologist
 Mrs Angela Thompson, Assistant Director of Nursing

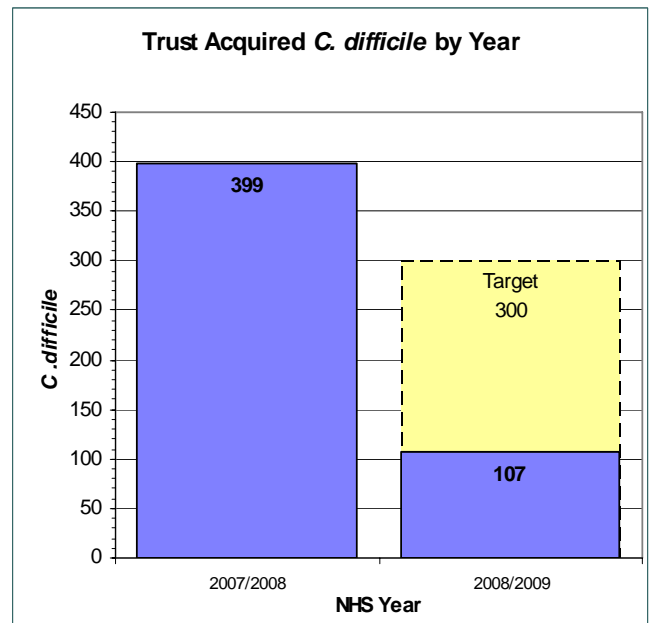
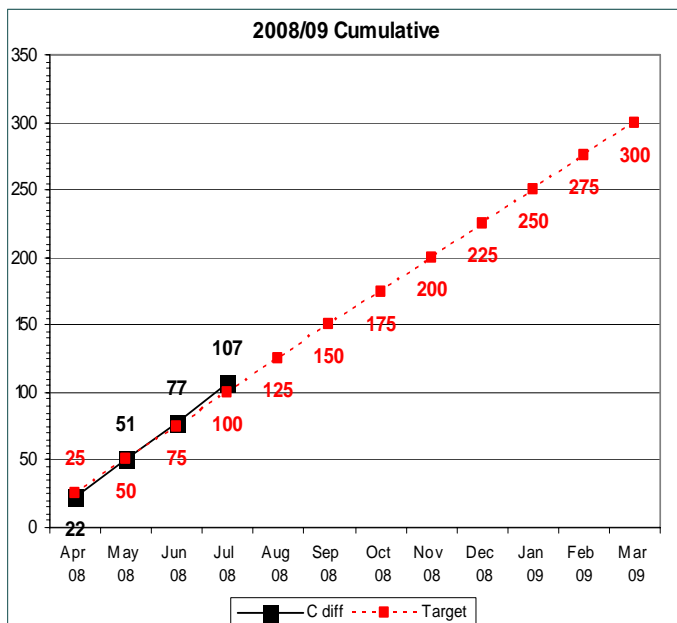
MRSA and Root Cause Analysis



Key Actions/Issues Relating to MRSA

- There is an issue around the agreed MRSA target for the year. The target was originally set as a reduction of 20% on the **predicted** outturn for 2007/08 of 45; the PCT have now requested that the target be renegotiated as a 20% reduction on the **actual** outturn for 2007/08 of 41. This would reduce the target from 36 to 33 for 2008/09 and is currently under discussion.
- The update of the blood culture procedure has now been completed and is available on the Trust intranet. Labels have been included in each blood culture pack. These should be completed and affixed to the patient notes each time this procedure is undertaken. These will then be included inside the blood culture pack. Information to this effect has been disseminated via the intranet and email system.
- Following a change of practice in the Emergency Department an additional audit of compliance with MRSA screening has been conducted for early August. This has shown a rise in compliance to 97%.

Clostridium difficile



Key Actions/Issues Relating to Clostridium difficile

- The Citroxx trial has been suspended. The Trust are now trialing the Sterenis Hydrogen Peroxide Vapour (HPV) system which is already widely used in the NHS.
- The percentage of patients isolated within two hours in whom C. difficile associated diarrhoea was suspected has decreased from 70% to 35%. This is a reflection of increased numbers of admissions which inevitably impact on bed capacity. However, 84% of patients were isolated within four hours of the laboratory diagnosis of C. difficile diarrhoea.
- The infection control nurses have recently undertaken observations of practice on ten wards. These wards were chosen as they had high numbers of patients identified with Clostridium difficile. Aspects observed included barrier nursing practice, decontamination of equipment, use of PPE and hand hygiene. Issues arising were addressed immediately with staff concerned and education given. Written reports of these observations have been sent to Ward Managers/SCNs for action.
- Ciprofloxacin audit: The use of ciprofloxacin across the Trust has reduced considerably in line with the recent changes to the Trust antibiotic policy. A total of 39 patients across 46 wards were prescribed ciprofloxacin (approximately 4% of beds audited), and all patients receiving this during the audit collection period were considered appropriate. Other key issues highlighted were inappropriate dosage and duration of the drug (15% of prescriptions did not adhere fully to departmental or Trust Antibiotic Guidelines); and one patient (3%) who did not receive appropriate additional antibiotics in line with Trust Antibiotic Guidelines.

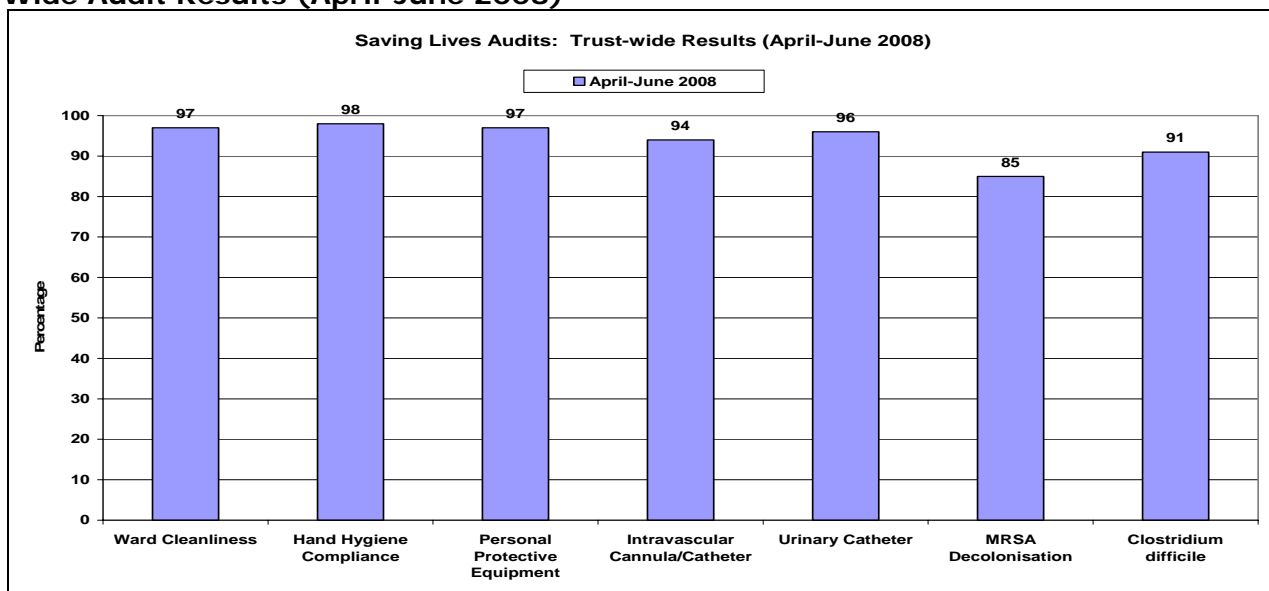
Saving Lives: Reducing infection, delivering safe care – Audit Results to June 2008

The 'Saving Lives' infection control audits replaced the 'Take Five' audits following the evaluation report produced in June 2008. The audit tools were reviewed to reflect the High Impact Interventions contained within the Department of Health 'Saving Lives: reducing infection, delivering clean and safe care (October 2007). The audit programme has been re-launched as '**Saving Lives' reducing infection, delivering safe care**'. An audit tool for MRSA decolonisation has been incorporated within the Saving Lives audit programme for 2008-09.

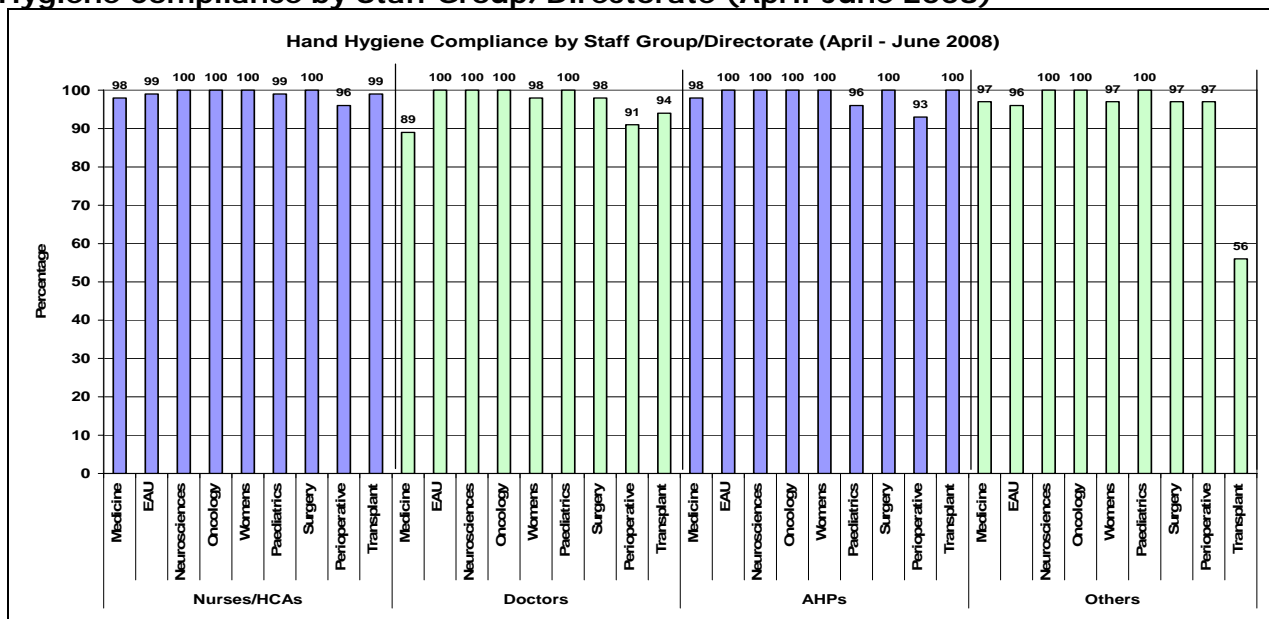
The following Trust-wide audits were undertaken during June 2008:

- Hand hygiene compliance
- Personal protective equipment
- Care of the patient with an intravascular cannula/catheter
- Care of the patient with a urinary catheter
- MRSA decolonisation
- *Clostridium difficile* (reported by Directorate not ward)

Trust-Wide Audit Results (April-June 2008)

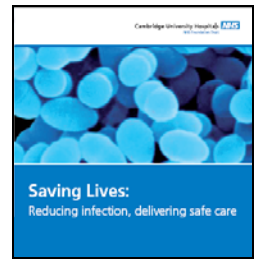


Hand Hygiene Compliance by Staff Group/Directorate (April-June 2008)



Key Issues and Actions Arising

- A leaflet for staff outlining the new Saving Lives audits (replacing Take Five) was distributed in June 2008.
- A '**Saving Lives**' section was set up on the Connect site with links to the audit tools, key infection control policies and procedures, audit timetable, action plan pro-forma and audit reports. This site replaces the Take Five resource folders previously held at ward level.
- The importance of correct completion of documentation has been discussed at nursing and midwifery forums as well as with medical staff via the Medical Director. There have been four documentation update sessions held since June 2007 with a total of 138 members of staff attending.
- The Visual Infusion Phlebitis (VIP) scoring system is currently being reviewed and updated pocket sized cards will be available for clinical staff.
- Ward Managers are responsible for completing the Saving Lives Action Plan template for any audits scoring less than 95%.



General Infection Control Issues

- The Strategic Health Authority HCAI Support Team will be undertaking a review visit to the Trust on the 23 September 2008. This is a follow up to the previous visit which took place on the 30-31 January 2008.
- National Infection Control Week is taking place in the week beginning 13 October 2008. There will be various initiatives taking place across the Trust. On 16 October in the Boardroom there will be a series of interactive displays covering various aspects of infection control practice entitled "Is your practice best practice?". All staff are encouraged to 'drop in' during the day.

Recommendations

The members of the Board are asked to note the contents of the report.