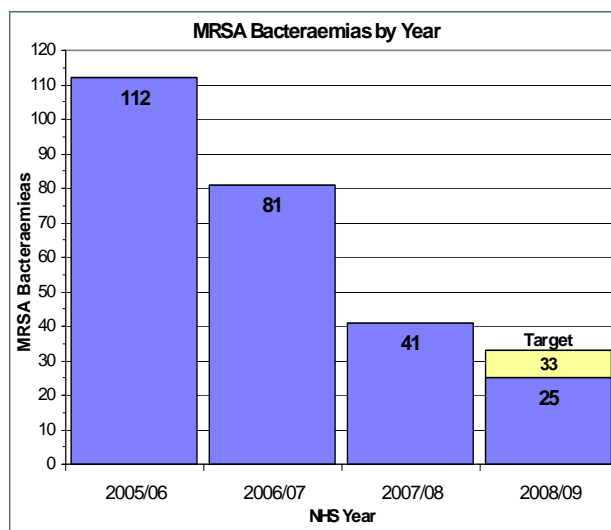
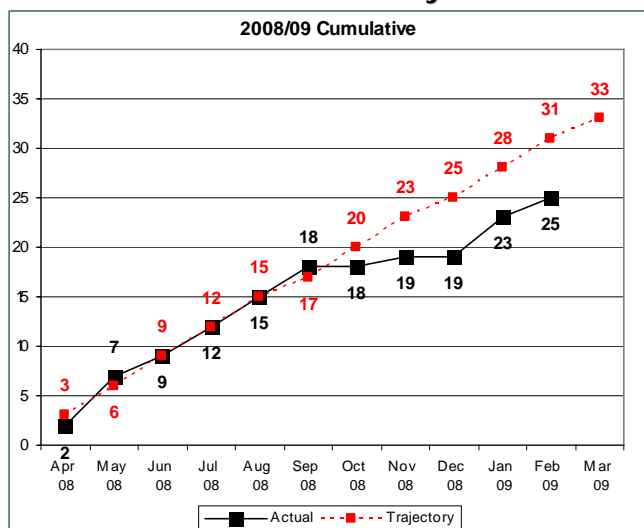


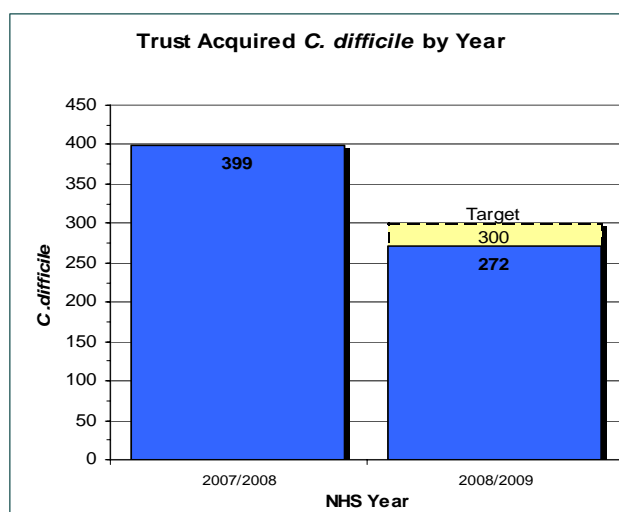
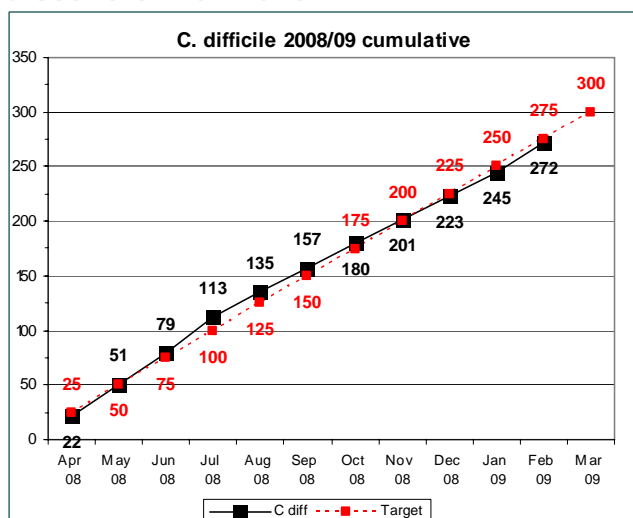
INFECTION CONTROL UPDATE

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



Clostridium difficile



Healthcare Commission

Duty 4(f) Satellite Decontamination Units

Following the HCC inspection in September 2008 the Trust has been awaiting confirmation of the date for the follow-up visit to the decontamination unit. The issues raised were addressed immediately and are being monitored on a daily basis to ensure compliance. A number of actions have been put in place and the Trust is on target to be fully compliant with national guidance on decontamination by the 1 April 2009. The HCC have now requested a written statement and supporting documentation from the Trust in relation to implementation of the recommendations, there is no indication that a follow-up visit will be made to the Trust.

Care Quality Commission

The Care Quality Commission (CQC) was established by the Health and Social Care Act 2008 to regulate the quality of health and social care and look after the interests of people detained under the Mental Health Act. In April 2009 the CQC will take over the work of the Healthcare Commission, the Commission for Social Care Inspection and the Mental Health Act Commission.

From 1 April 2009 it will become a legal requirement for all NHS Trusts who provide services for patients to register with the CQC in relation to Healthcare Associated Infections. A wider registration for all aspects of care across health and adult social care providers will apply from April 2010. The Trust has registered with the CQC and declared full compliance with the nine compliance criteria detailed in the revised draft Code of Practice for the Prevention and Control of Healthcare Associated Infections, as below:

Compliance Criteria	What service provider will need to demonstrate
1	Have in place and operate effective management systems for the prevention and control of HCAI that are informed by risk assessments and analysis of infection incidents.
2	Provide and maintain a clean and appropriate environment that facilitates the prevention and control of HCAI.
3	Provide suitable and sufficient information on HCAI to patients and the public and to other service providers when patients move to the care of another healthcare or social care provider.
4	Ensure that patients presenting with an infection or who acquire an infection during treatment are identified promptly and receive appropriate treatment and care to reduce the risk of transmission.
5	Gain the co-operation of staff, contractors and others involved in the provision of healthcare in preventing and controlling infection.
6	Provide or secure adequate isolation facilities.
7	Secure adequate access to laboratory support.
8	Have and adhere to appropriate policies and protocols for the prevention and control of HCAI.
9	Ensure, so far as is reasonably practicable, that healthcare workers are free of and are protected from exposure to communicable infections during the course of their work and that all staff are suitable educated in the prevention and control of HCAI.

Extract from Changes to arrangements for regulating NHS bodies in relation to healthcare associated infections for 2009/10 – A consultation for the NHS

MRSA Screening Guidance

The Trust is currently implementing the recent DH guidance on MRSA screening. Screening of all elective day cases commenced from the 1 January 2009 with the following exception criteria: - ophthalmology, dental, endoscopy, minor dermatology procedures. The Infection Control Team are working closely with individual departments and clinics which are affected to ensure the process is in place and all relevant day case category patients are included in a screening programme, with appropriate decolonisation processes in place for those found to be MRSA positive. The Trust are required to submit evidence of compliance with elective admission screening to the DH using the UNIFY database and this has been on-going since September 2008. An implementation action plan was agreed with the Trust and PCT CEO and submitted to the SHA on 23 January 2009.

The DH guidance requires that an MRSA screening Board Assurance Framework is presented to the Board of Directors monthly until the Board are assured that all processes are evidenced and in place. The DH guidance details that in February and March 2009 Monitor will be assessing the Foundation Trust Board Assurance frameworks. Monitor have written to request evidence by 20 March 2009 that the Trust is screening relevant elective patients.

The first Board Assurance framework was submitted to the Board of Directors on 24 February. The risk rating for full implementation of screening by the 31 March is green – moderate unlikely risk of not being fully compliant. The process for decolonisation of MRSA positive patients has now been agreed with the PCT and the MRSA Policy, patient information leaflet and staff education updates are being finalised and communicated. The Trust has agreed a commitment to funding the screening which has an estimated cost implication of £430,000 for 2009/10.

***Clostridium difficile* RCA**

Multi-disciplinary meetings are being held monthly with the PCT to discuss *C difficile* RCAs. RCA's are required for *C. difficile* deaths on Part 1 of the death certificate, colectomies, clusters or outbreaks. These are reported as Serious Untoward Incidents to the SHA and an RCA and report has to be submitted for each case. To date the RCAs have failed to reveal any major policy breaches but have identified some process issues such as specimen collecting and handling.

MRSA bacteraemias

There was an increase in the number of MRSA bacteraemias (4) in January, 1 was pre-48 hour and the other 3 cases were all central line related. This follows a 16 month period of no central line related bacteraemias. RCA results show no related findings. It should be noted that none of the lines were silver impregnated lines as they are unavailable for these line types.

Norovirus Outbreaks Update

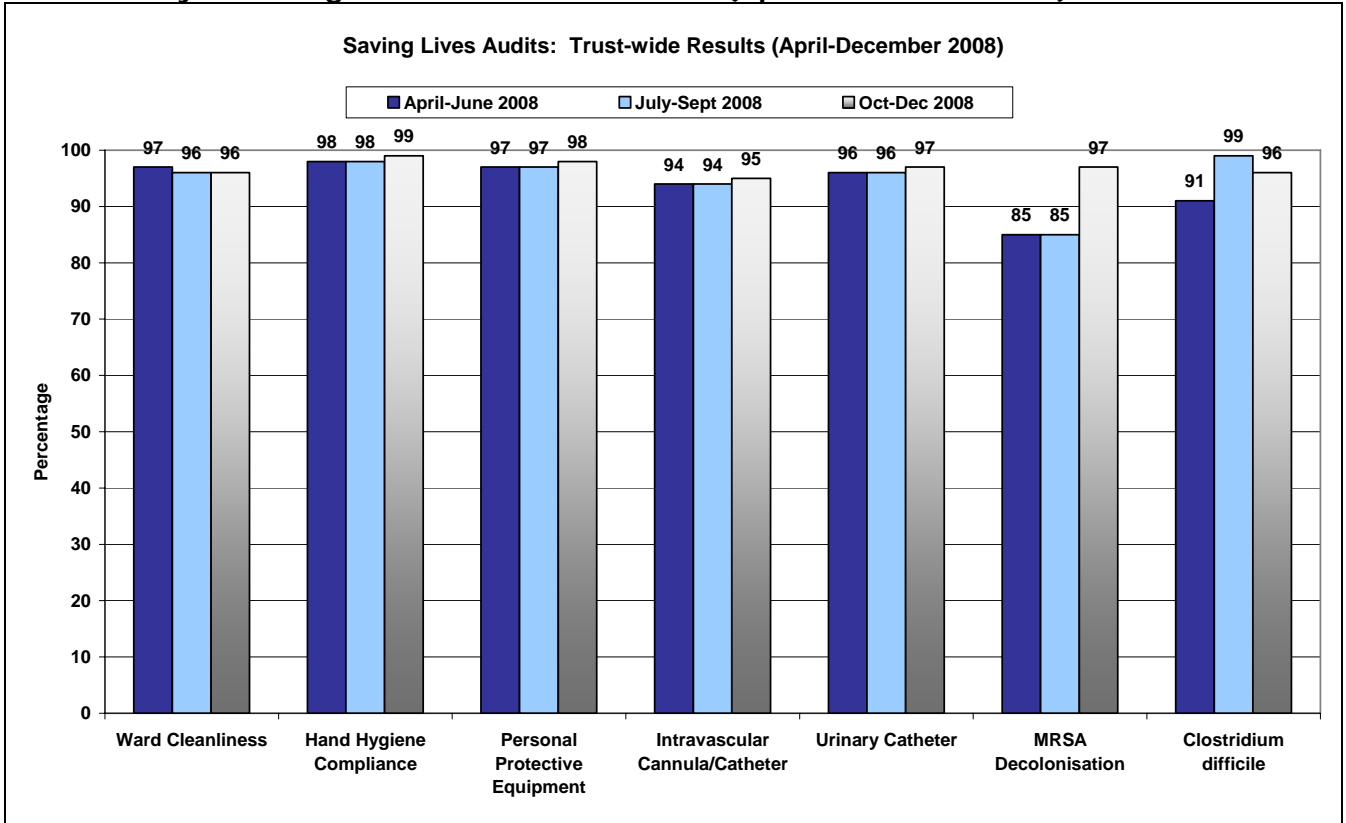
Up to seven wards were closed or partially closed in January with confirmed Norovirus.

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

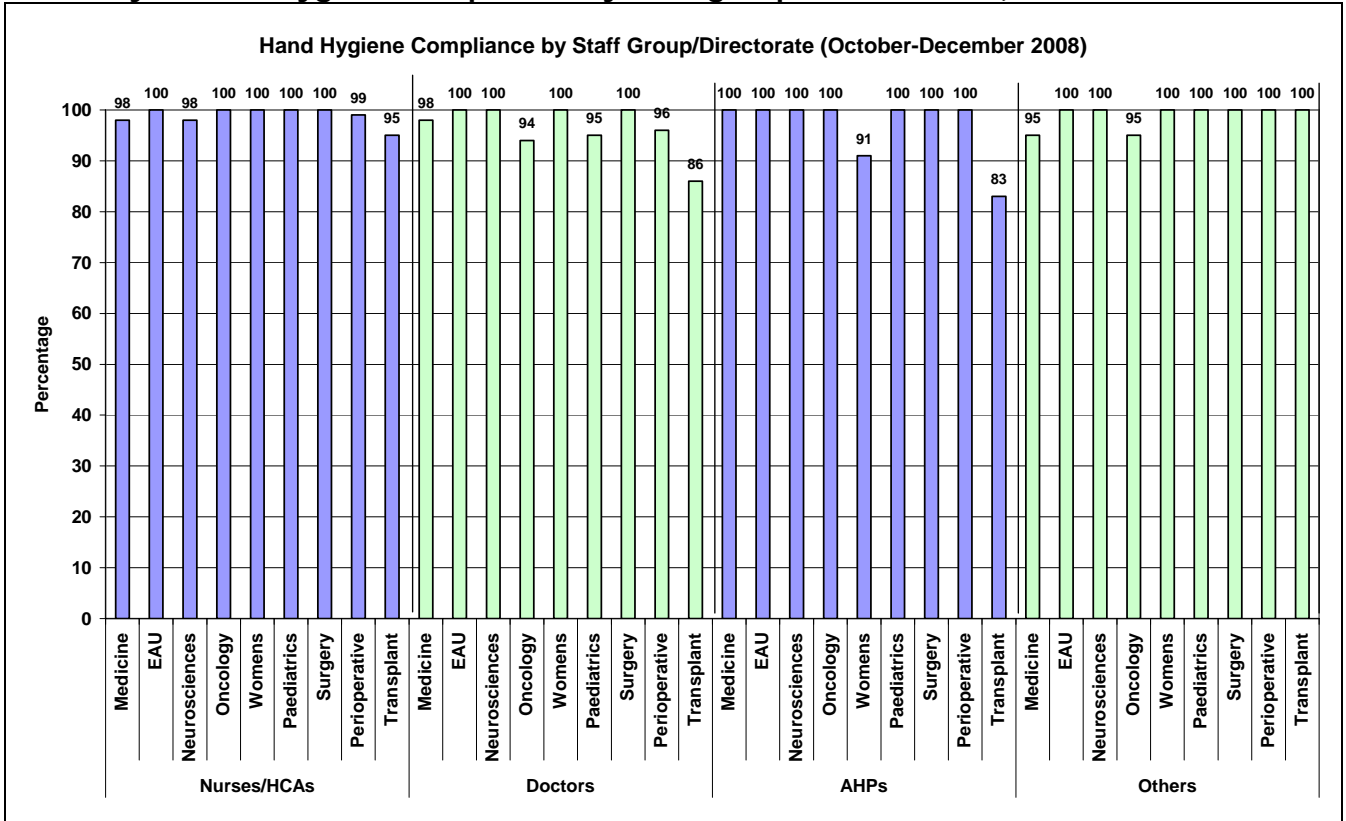
The following Trust-wide audits were undertaken during December 2008:

- 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)

Summary of Saving Lives Trust-wide results (April-December 2008)



Summary of hand hygiene compliance by staff group/Directorate (October-December 2008)



- Action Plans are requested for all Saving Lives audits scoring less than 95%, it is the responsibility of Ward Managers to provide these. Compliance with production of action plans is recorded within the monthly Nursing Key Performance Indicators.
- Undertaking MRSA screening/decolonisation and the documentation of intravascular catheter care records will be a key part of the Care Quality Commission assessment process for Trust's in 2009/10. It is key that the nursing and medical infection control leads continue to work with their teams to ensure 100% compliance with the Saving Lives standards including the provision of evidence, ie completion of documentation.
- Individual ward results are shown within the Trust's Nursing Key Performance Indicators and the full Saving Lives Progress Report to December 2008 is available via the Infection Control/Saving Lives pages on Connect.

Recommendations

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