

Nottingham University Hospitals NHS Trust

Healthcare Associated Infections Action Plan Progress Report

Overview and Scrutiny Committee March 2008

- 1 The Trust has previously reported to the Committee the findings and recommendations of the invited expert Department of Health (DoH) team who visited in August 2007, and the resultant wide-ranging Nottingham University Hospitals Trust (NUH) Action Plan.
- 2 The Trust has been pleased to host two DoH revisits, in December 08 and in February 08. The outcomes are reflected in the summary comments from Sally Brown, Portfolio Manager, Healthcare Associated Infection (HCAI) Improvement Programme, DoH

“We recognise the Trust has implemented a robust delivery plan as a result of the Department of Health Cleaner Hospitals Improvement Review which started with a visit from the team in August 2007. HCAI is now clearly a priority for the Trust with infection prevention and control of health care associated infections being demonstrated at board and clinical level. A zero tolerance approach to HCAI is being instilled across the organisation ... at the review meeting on the 4th December gave us insight into the work in progress against your delivery plan, we were particularly encouraged by the breadth and depth of the plans and the progress to date ... The HII although in early stages of implementation are helping to move the organisation from a state of assumed assurance to evidenced assurance and therefore driving up compliance to policy and practice. ... Board to ward roles responsibilities and accountabilities are clearer, with staff in divisions understanding what is required to bring about the required change to deliver reductions in HCAI”.

December 2007

“Nottingham University Hospitals NHS Trust has made significant progress against their action plan since the initial DH visit in August 2007. MRSA numbers have yet to be consistently on or below monthly trajectory, however there have been improvements in Clostridium Difficile Infection (CDI) numbers and the Trust is currently consistently below their monthly trajectory. There is evidence of good timely Root Cause Analysis (RCA) of MRSA and relevant CDI cases, actions are clearly in place to prevent reoccurrences. Local audit of hand hygiene is evident and compliance is being driven up. The high impact intervention audits are evidencing also improved compliance. The Trust has been advised to continue to embed

the changes, and ensure sufficient detail is evident to drive further reductions in CDI and MRSA particularly in relation to screening, decolonisation and cleaning compliance. The Trust should ensure work continues with the Primary Care Trust (PCT) and partners organisations to help to drive improvements across the whole local health community.”

February 08

- 3 Progress against the Action Plan and performance against the Healthcare Associated Infection targets (MRSA bacteraemia and Clostridium Difficile in patients over 65) is reported at each public Board meeting. Our Matrons gave the first of their quarterly Board reports in December 07.
- 4 Clostridium difficile rates have followed a significant downward trend since mid 2007. The Trust is now achieving its monthly target of fewer than 58 cases, and may indeed achieve its annual target for 07/08. There have been no major outbreaks of CDI in the hospital. The Trust's performance remains in the mid-range of peer hospitals.
- 5 Although the monthly target of 4 cases for MRSA bacteraemia has not been consistently achieved [Nov 07 -Jan 08 : 14 cases vs target of 12], we are confident that the trajectory since early 07/08 is downward. Each case is subject to rigorous RCA and an action plan. The Trust's performance remains in the mid-range of peer hospitals.
- 6 The Action Plan is very largely on target. Audits suggest that staff better understand and discharge their responsibilities, and that there is much improved Ward-to-Board appreciation of HCAI issues and responsibilities.
- 7 We have improved staff training to very near 100%. Weekly audits are demonstrating very much improved compliance with hand hygiene and with best practice around insertion and care of invasive devices such as cannulae, urinary catheters, and central lines.

We have seen an increase in hand dermatitis in staff. We are liaising with Occupational Health, the Health and Safety Executive, the soap supplier and other hospitals re experience across the country. Revised instructions have been issued (emphasising wetting hands first, rinsing, and moisturising regularly).

- 8 We are screening more than twice as many patients for MRSA as last summer, including rapid screening of all patients in intensive care and screening all longer-stay patients. We are decolonising more patients at high risk for MRSA.

There has been recruitment of laboratory staff, which has allowed the significant expansion of the MRSA screening programme, but shortage of suitable applicants (there is a national shortage of appropriately

qualified BMS grade staff) has meant that Action Plan timescales have not been met.

- 9 We continue to expand the number of beds on F22 (isolation ward for CDI on Queens Medical Centre (QMC) campus), and to clarify its operation as an isolation ward (not a mixed use ward). An upgrade of F22 (including more effective separation of the ward from other clinical areas, and better sink and waste disposal facilities) is scheduled to commence March 2008. *We have now identified space for development of a similar facility on City campus through the late summer of 2008.*
- 10 An enhanced audit programme to support best practice in antibiotic prescribing and use has been agreed and is being rolled out (Antibiotic policies and use were commended by the DoH).
- 11 The revised function of the Infection Prevention and Control (IPC) Committee is to be considered by the Risk Management Committee in February. IPC responsibilities are now included in all job descriptions, and have been better described for all staff.
- 12 The Infection Control Operational Group (ICOG) is well-established and meets weekly chaired by the Chief Executive. *The expansion in Infection Control Doctor time is being pursued in partnership with City PCT.*
- 13 We have appointed an Estates and Facilities Matron. This innovative post will interface between clinical and non-clinical staff to ensure that the Trust environment is conducive to the delivery of high quality patient care.
- 14 The concerns raised by the DoH team in relation to Waste storage and removal has been considered. A review of the design and layout of sluice areas at QMC has been carried out, and a series of minor capital schemes is planned for the coming months. Analysis of the portering requirements to increase the frequency of waste collection has also been undertaken; a service development proposal is shortly to be presented.
- 15 The Trust is completing a 'Credits for Cleaning' Audit and Analysis to support a revision of cleaning schedules to meet the enhanced Hygiene Code.
- 16 NUH has commenced its Deep Clean programme. 10 wards (those with the highest risk of C Diff) will complete an extreme deep clean by March 2008. All other wards (medium and low risk) will receive a thorough clean through the rest of the year. The extreme deep clean for high-risk wards requires that wards are empty. Decanting areas are required to preserve (as far as possible) ward capacity and hence to

allow NUH to maintain anticipated activity. Decanting wards have been identified on both campuses.

- 17 We have introduced a patient questionnaire on hygiene and cleanliness within clinical areas. On the whole comments have been complementary and positive, and all the responses are invaluable in identifying areas for further improvement.
- 18 The Trust has achieved a great deal in a short period of time. We are now using a sustainability tool to identify the organisational development work needed to sustain and maintain the improvement, and to deliver even better care for patients.

Stephen Fowlie
Medical Director