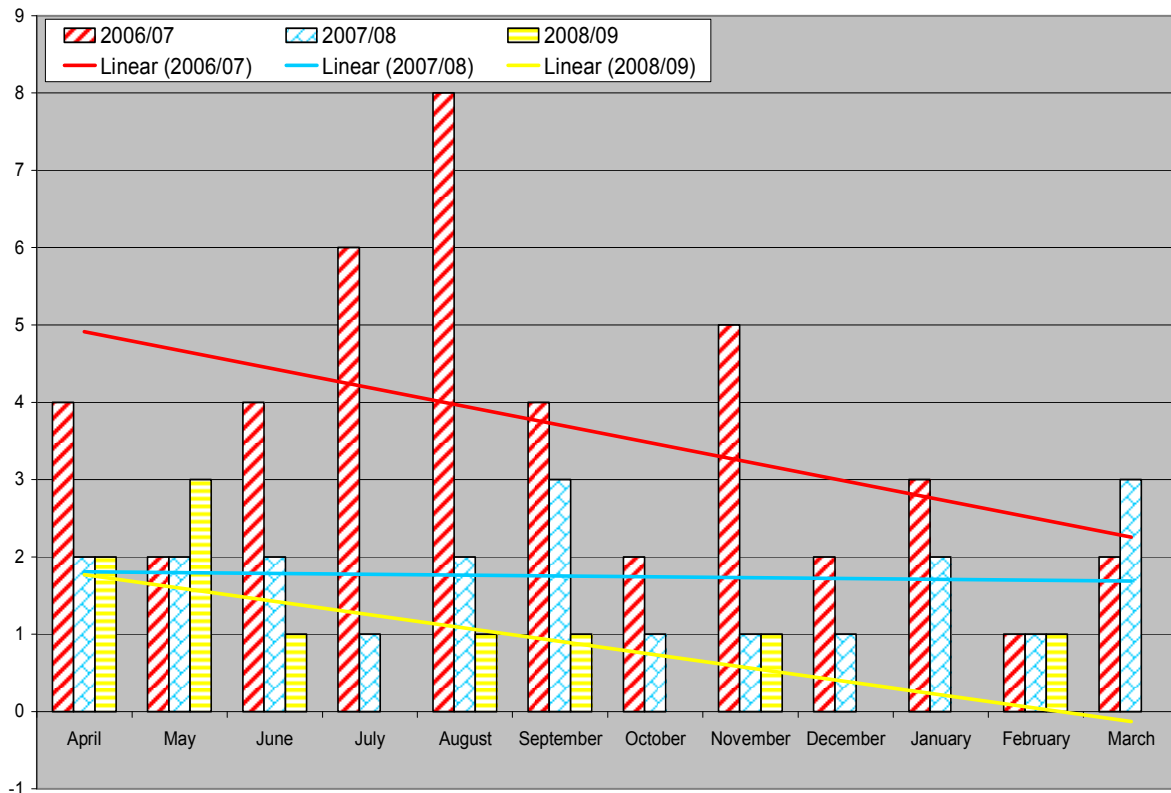


Medway NHS Foundation Trust
Health Overview and Scrutiny Committee
March 2009

1. Medway NHS Foundation Trust is committed to continually improving its performance in reducing healthcare associated infections and hospital cleanliness. Infection Prevention and Control remain amongst of the Board’s key patient safety work streams, and the Trust has maintained a zero tolerance approach to health care associated infections. The Board receives a variety of information providing assurance that the trust’s performance is improving and that patient safety is a top priority. This is essential for “Board to Ward” engagement.

2. There has been a marked improvement in the trust’s performance in respect of the two national targets, Meticillin Resistant Staphylococcus *aureus* (MRSA) bacteraemia (table 1) and Clostridium *difficile* associated diarrhoea (CDAD) (Table 2). During 2007-8 the Trust met both of these targets and the 2008-9 performance has been the best to date. This improvement is due to a wide variety of reasons; the key driver has been getting it right for each patient, every time.

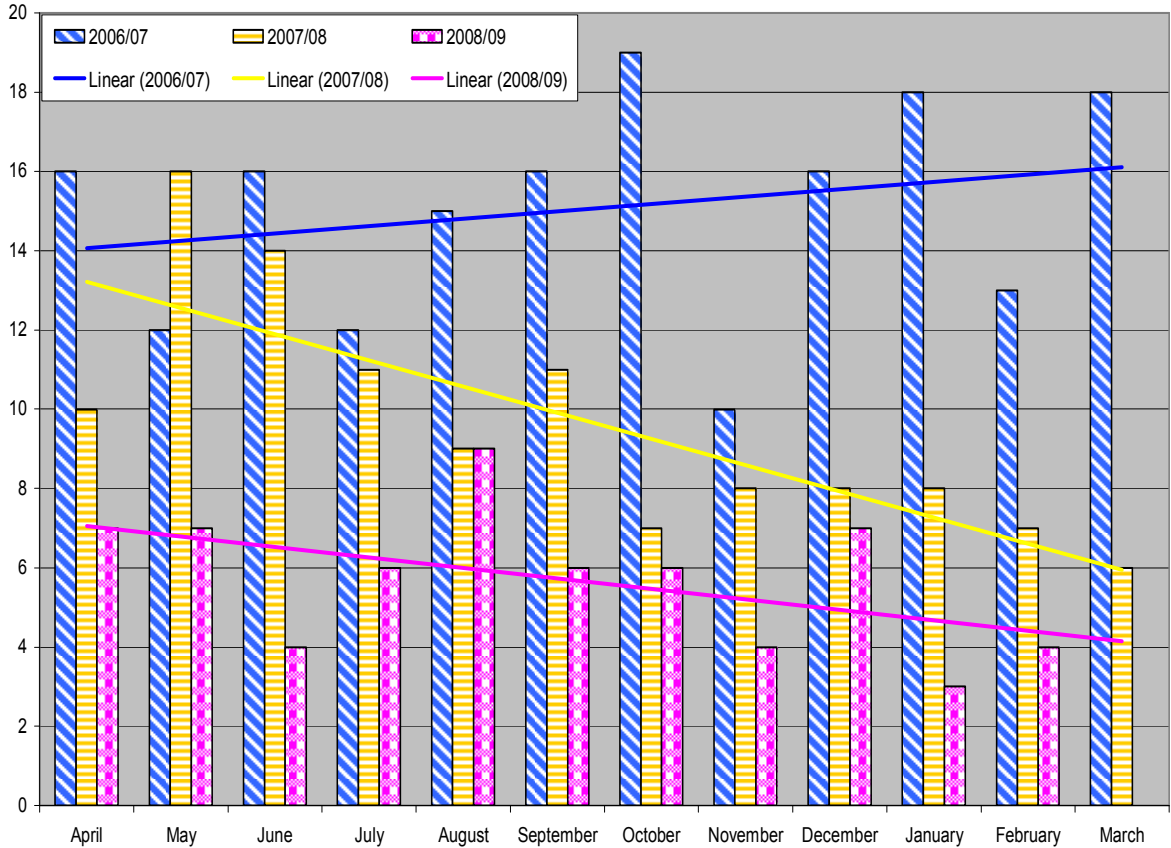
Table 1 MRSA Bacteraemia



3. Cases of MRSA bacteraemia have been reduced from 43 in 2006-7 to 21 2007-8 (51% reduction) and in the year 2008-9 to date, 10 - a 77% reduction from 2006-7. There has been sustained focus to achieve this performance with the clinical directorates taking ownership of the Infection Prevention and Control agenda. The Trust has implemented the screening of all day cases from August 2008, ahead of the March 2009 national target, and the screening of all admissions in May 2008, ahead of the national March 2011 target. This is as a result of the commitment of the Microbiology Team at Medway NHS Foundation Trust which has achieved this

increased work load by modernising its work practices. MRSA screens have increased from 100 a month in 2006 to 17000 screens in December 2008.

Table 2 CDAD (Post 48 Hour Cases)



4. The Trust has also seen a significant reduction in the number of cases of CDAD diarrhoea. Like MRSA this has been driven by directorate ownership of the agenda and learning from all cases. In the year 2008-9 to date, there have been 63 post 48 hour cases, significantly fewer than the SHA target of 106 for the period. The trust has been working in close collaboration with NHS Medway to achieve reductions across the health economy.

Table 3 CDAD Trajectory

Number of <i>Clostridium difficile</i> in period	2008/09 Trajectory												2008/09
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Medway Trust	8	9	8	7	7	8	9	10	10	10	8	6	100
Community/pre 48 hours NHS Medway	4	3	3	3	3	3	3	3	3	3	3	3	37
Community/pre 48 hours NHS Eastern & Coastal Kent	1	2	2	1	1	1	3	4	4	4	2	2	27
Community/pre 48 hours Other PCTs	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	13	14	13	11	11	12	15	17	17	17	13	11	164

Number of <i>Clostridium difficile</i> in period	2008/09 Actual Figures												2008/09
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Medway Trust	7	7	4	6	9	6	6	4	7	3			59
Comparison to trajectory	1	2	4	1	-2	2	3	6	3	7			27
Community/pre 48 hours NHS Medway	6	2	5	11	3	6	4	4	2	1			44
Comparison to trajectory	-2	1	-2	-8	0	-3	-1	-1	1	2			-13
Community/pre 48 hours NHS Eastern & Coastal Kent	0	3	0	1	1	2	3	1	1	0			12
Comparison to trajectory	0	-1	0	0	0	-1	0	3	3	4			11
Community/pre 48 hours Other PCTs	0	1	0	0	1	0	0	0	0	0			2
Comparison to trajectory	0	-1	0	0	0	0	0	0	0	0			-2
Total Infections	13	13	9	18	14	14	13	9	10	4	0	0	117
Comparison to Total trajectory	0	1	4	-7	-3	-2	2	8	7	13			23

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5. The Trust undertakes all mandatory surveillance as required (for example Glycopeptide Resistant Enterococci, Staphylococcus aureus bacteraemia, national surveillance of surgical site infections), and in addition the Trust undertakes surveillance of other conditions/infections, including Group A Streptococcal infections, Extended Spectrum Betalactamases and Tuberculosis.

6. Performance indicators and measures are monitored closely via a range of forums. Wards and departments are held to account by the Director of Nursing and Strategic Planning, and Directorates report quarterly on their Infection Prevention and Control key performance indicators to the Governance and Risk Committee, a sub-Committee of the trust Board chaired by a Non Executive Director, as well as to Directorate “dash board” meetings. The Director of Infection Prevention and Control reports to the Board on a 3- 6 monthly basis and the Governance and Risk Committee on a monthly basis. The Trust's Infection Control Committee meets quarterly.

7. Compliance with infection control policies and procedures is monitored and audited by the Infection Prevention and Control Team.

8. Medway NHS Foundation Trust reports monthly to NHS Medway as the lead commissioner and Infection Prevention and Control performance is scrutinised at the PCT's Infection Control and Decontamination Committee, in addition to at performance review meetings with the Trust.

9. The Trust resolved all the issues identified in the August 2008 report by the Health Care Commission. An unannounced Health Care Commission inspection was undertaken on the 3rd and 4th January 2009 and the report for the Health Care Commission has not yet been received by the Trust.

10. Compliance with antimicrobial prescribing continues to have an important place in the reduction of health care acquired infections. The Trust has an Antimicrobial Policy that restricts high risk antibiotics and gives clear guidance on prescribing issues. Medway NHS Foundation trust employs two Antimicrobial Pharmacists who work in close collaboration with the Infection Prevention and Control Team and the clinical Directorates. Regular audits have demonstrated significant reductions in the prescribing of high risk antibiotics. The work stream is lead by the Antimicrobial Stewardship Group Chaired by the Director of Infection Prevention and Control.

11. Medway NHS Foundation Trust has adopted the National Cleaning Standards and all areas of the Trust are monitored dependant upon the area of risk category, cleaning schedules and cleaning scores are publicly displayed. The Trust as just completed the 2009 Patient Environment Action Team (PEAT) assessment, an external assessor was present for this inspection, scores have yet to be verified by the Department of Health.

12. The Trust has reviewed and changed practice in several areas over the past year including:

- Extending MRSA screening
- Introducing Silver urinary catheters
- Strengthening the uniform policy (including “bare below the elbow”)

- Performance management of attendance at mandatory training for Infection Prevention and Control
- Root cause analysis on all CDAD cases and MRSA bacteraemia
- Adoption of the Care Bundle approach
- Increased staff in the Infection Prevention and Control Team
- Enhanced cleaning services
- Reducing the number of beds in the MRSA surgical cohort ward by decreasing numbers of patients across the directorate.
- Use of 2% chlorhexidine skin preparation

13. Patient and staff involvement remains key to the success of the programme of work. There is a well established Infection Control Link Network across the Trust which meets quarterly and staff are given protected time to attend this meeting. There has been an independent audit of hand hygiene compliance using our volunteers. The organisation continues to be part of the "Cleanyourhands" campaign. Presentations have been given to the Foundation Trust Members' meetings. The Infection Prevention and Control Team produces a wide range of patients' information leaflets and posters which are readily available on the trust' web-site.

14. Training and education of all staff is mandatory and attendance is monitored at the monthly Trust Board. The Trust is on target to achieve 100% attendance this year. There is agreement from April 2009 that staff who do not attend Infection Prevention and Control Updates will be suspended without pay.

15. The Trust will be declaring compliance against standards C4a and C21 and partial compliance against standard C4c. This is subject to approval and sign off by both the Trust Board and the Integrated Audit Committee during March.

16. The partial Compliance with standards C4c is due the fact that the upgraded centralised endoscopy unit was completed during September 2008. This unit is now reprocessing all endoscopes in line with current best practice. The Trust had not been fully compliant for the complete year, however systems were safe and compliant with practice. The 'on site' Sterile Services Department will be relocated to the Kent Cluster at the end of May 2009. This will then meet total compliance with 'clean steam'.

Linda Dempster
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