

Trust Board meeting 20 November 2008

TB2008.87

Subject	Infection prevention and control Annual Report 2007/08			
Purpose of paper	To provide the Board with a summary of activity during 2007/08 in line with the duties within the Hygiene Code			
Board Lead(s)	Dr James Morris, Medical Director and Director of Infection Prevention and Control			
Background papers (if any)	Infection control work programme (approved July 2008) 2006 Health Act and Hygiene Code			
Action/decision required	To receive the report and note the achievements during 2007/08			
Key purpose	Strategy	<u>Assurance</u>	Policy	<u>Performance</u>
Strategic Goal(s)	To be hospitals of choice (SG1)			
Strategic Objective(s)	SO6- To deliver demonstrably excellent clinical outcomes and indicators of patient safety			
Links to Board Assurance Framework/ Trust Key Risks/Annual Health Check element(s)	Yes - infection prevention and control linked to BAF, Trust Key Risks and the Annual Health Check:			
Also considered by	To be considered by Hospital Infection Control Committee			
Resource and financial impact	Not applicable			
Consideration of legal/equality/diversity/engagement issues	Not applicable			
Acronyms and abbreviations used	BAF - Board Assurance Framework; DIPC - Director of Infection prevention and control			

Infection prevention and control Annual Report 2007/08

Executive summary

1. This report provides background for a year where the ORH Trust achieved a 60% reduction in MRSA Bacteraemia. The local target set by Oxfordshire PCT for a reduction in *Clostridium difficile* was also met.
2. This has been especially emphasised in the 2006 Health Act and Hygiene Code, the need to achieve substantial reductions in MRSA bacteraemia and *Clostridium difficile* diarrhoea which are subject to targets and Government delivery programmes such as Saving Lives.
3. The last year has seen the role of the DIPC clearly defined within the organisation. Matrons and the Divisional Associate Directors of Nursing have led the infection control reporting within the divisional reports to the Governance Committee. Infection control as an agenda item has become an integral part of divisional/directorate meetings.
4. The monthly infection control report has continued to include data on MRSA/MSSA bacteraemia and *Clostridium difficile* by ward to each clinical area. Towards of the year compliance with antimicrobial prescribing was added along with antibiotic usage.
5. All MRSA bacteraemia were investigate through root cause analysis and each death relating to MRSA and C. diff under clause one of the death certificates is investigated as a serious untoward incident (SUI).

Trust-wide programme to implement infection control practices

Achievements to date

6. A number of outstanding achievements have been made:
 - 6.1. Collaborative working across the Oxfordshire health economy to reduce Healthcare Associated Infections;
 - 6.2. Investigation of *Clostridium difficile* across Oxfordshire health economy;
 - 6.3. Audit of antimicrobial compliance across the four Oxfordshire NHS Trusts;
 - 6.4. Successful implementation of the antibiotic guidance for specialities.;
 - 6.5. Writing and updating the Infection Control policies;
 - 6.6. A programme for inserting and caring for central vascular devices that is well advanced; and
 - 6.7. An intensive promotion of hand-hygiene, which in audits involving all staff indicate improving compliance to over 80%.

Programme of MRSA Bacteraemia reduction

7. An intensive programme of actions supported by the Trust Board was undertaken as part of a national effort to improve hospital infection control with the aim of

reducing MRSA bacteraemia. The Department of Health team provided substantial support and commended the Trust on the rapid progress achieved in a wide spectrum of preventative measures to control health care associated infection.

8. The rapid progress and substantial achievements in this programme has only been possible through the remarkably cooperative working of both the staff and management of the hospital. This includes Director of Infection Prevention and Control, Matrons, ward teams, directorates/divisional boards, executive board, Trust board and the Chief Executive. The progress made has very much been one by the Trust as a whole supported by the Infection Control team.

Reducing Healthcare associated infection across Oxfordshire Health Economy

9. The previous year saw a new integrated approach across Oxfordshire Health Economy through money released from the SHA to reduce Health Care Associated Infection (HCAI). The four Trusts within Oxfordshire came together to deliver a programme to reduce MRSA bacteraemia and Clostridium difficile. The four trusts are the Nuffield Orthopaedic Centre NHS Trust, Oxford Radcliffe Hospitals NHS Trust, Oxfordshire Primary Care NHS Trust and Oxfordshire and Buckingham Mental Health Trust.

Accountability for Infection, Prevention and Control within the organisation

10. The Medical Director as the DIPC leads on Infection Prevention and Control within the organisation and reports directly to Executive and Trust Board.
11. The Infection Control programme and Annual report is reported to the Trust Board. The Infection control Team will continue to work closely with members of executive board including the Chief executive.
12. The Hospital Infection Control Committee, chaired by the DIPC meets two monthly and its members include representation from the Divisions, Estates and Facilities, patient and public forum members, HPA, PCT, Antimicrobial pharmacist, Tissue viability and Microbiology.
13. Infection Control is a standing item under governance at Directorate and Divisional boards.
14. A statement on infection control responsibilities is now included in all new job descriptions and contracts of employment. It is gradually being added to all existing ones.

Integrated approach to improve the cleanliness of the ORH NHS Trust

15. The Trust has shown progressive improvement in standards of cleanliness from ongoing hospital inspections and externally monitored inspections. Estates and facilities have taken a lead in producing this improvement. The deep cleaning programme was implemented successfully with minimal disruption to patient care.
16. Estates and facilities in conjunction with Infection Control have worked at improving the overall standard of cleaning through walkabouts with matrons, ward sisters and members of the public.

Surveillance and audit

17. The Infection Control nursing staff have established a surveillance programme which will be further developed in the current year. In particular, all line related staphylococcus aureus bacteraemia will be reviewed and investigated. This has helped us in focusing on individual areas for the implementation of a package of measures including skin decontamination, line insertion and the aftercare of lines.

Hand Hygiene

18. The third year of the cleanyourhands campaign was rolled out successfully within the Trust. Matrons are responsible for ensuring that hand hygiene audits are carried out within their clinical areas. The results of which are reported to Directorate board and compliance rates are included within reports to the Governance Committee. Infection control support areas with poor compliance by carrying out extra training sessions for all staff working within those clinical areas. The average hand hygiene compliance rate for March 2008 was 75% across the Trust.

Control of Antibiotic usage

19. The antibiotic stewardship programme involves the review of antimicrobial prescriptions on wards and any suboptimal therapy is discussed with the prescriber. A baseline antimicrobial audit was carried out through out the four Trusts within Oxfordshire.
20. Changes in the antimicrobial use to reduce CDAD involved the switch from IV cefuroxime to IV co-amoxiclav, the reduction in ciprofloxacin use which is limited in gastroenterology patients or where recommended by microbiology/ID and the alteration of guidelines for treatment of UTI with increased use of oral co-amoxiclav.
21. The education and training for junior doctors with continuing education in prescribing takes place every six months following their rotation. The antimicrobial/ pharmacy and infection control team began working in conjunction to enable greater surveillance and education to all staff in the Trust.

Infection Control Education

22. The Infection Control team carry out a weekly Trust Infection Control induction session. Annual updates were carried out monthly along with sessions specifically for individual groups. Infection Control training reaches clinical staff with direct patient contact, those who are not clinical but have contact with patients and finally staff who do not have any patient contact.

Infection Control Research

23. The activities and profile of infection control received a substantial boost from the award by the National Institute of Health and Research, enabling the Oxford Radcliffe Hospitals NHS Trust in partnership with the University of Oxford to become a comprehensive biomedical research centre. The infection theme is starting research projects into major causes of Healthcare Associated Infection as follows:

23.1. Information Technology

One focus of research award will provide for establishing state of the art information technology to supporting infection control reporting, investigations and recording health care associated infection events. This will help the measurement of the burden; costs of hospital acquired infections and determine the effectiveness of interventions aimed at reducing Healthcare Associated Infection.

23.2. Clostridium difficile

Major projects into a better understanding and detection of Clostridium difficile diarrhoea have been continued. The initial focus of the Infection control service was to concentrate on reductions of C. difficile, and will continue to focus on early detection of cases, rapid isolation or cohorting, enhanced cleaning and antimicrobial stewardship.

23.3. Staphylococcus aureus

S. aureus acquired infections including MRSA are being extended through review and investigating of staphylococcus aureus bacteraemia.

These and future projects aim to give us a deeper understanding of how we can intervene to better control hospital acquired infections by these pathogens.

The future

24. The aim is to not only sustain the greatly improved levels of infection control practice that have been achieved over the past year, but to initiate programmes in new areas such as surgical site surveillance.

Lily O'Connor
Infection Control Manager

Figure 1 below shows the actual number of MRSA bacteraemia by month against monthly trajectory.

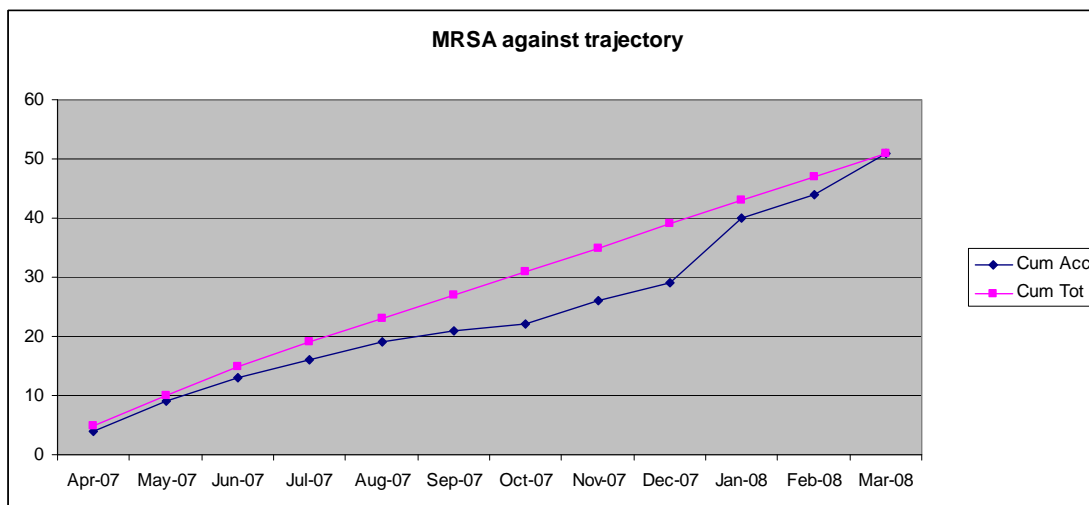


Figure 2 illustrates the actual number of Clostridium difficile cases for patients aged over 65yrs against trajectory.

