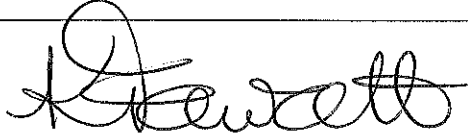


**UNIVERSITY HOSPITAL BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF GOVERNORS
5 DECEMBER 2008**

Title:	REPORT ON INFECTION PREVENTION AND CONTROL FOR OCTOBER 2008
Responsible Director:	Kay Fawcett, Executive Chief Nurse and Executive Director for Infection Prevention and Control.
Contact:	Dr Adam Fraise, Director of Infection Prevention and Control. Ext 3524

Purpose:	To provide the Board of Governors with information relating to infection prevention and control issues (including MRSA bacteraemias and <i>C. difficile</i> episodes) to 31 October 2008
Confidentiality Level & Reason:	None
Medium Term Plan Ref:	Strategic Aim 4 : quality of services
Key Issues Summary:	This paper sets out the current year (08/09) position on MRSA and <i>C.Difficile</i> within the Trust, and provides information on the Health Care Commission's report on their unannounced visit.
Recommendations:	The Board of Governors is asked to accept this report on infection prevention and control progress.

Signed: 	Date: 25 November 2008
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UNIVERSITY HOSPITAL BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF GOVERNORS

FRIDAY 5 DECEMBER 2008

REPORT ON INFECTION PREVENTION AND CONTROL UP TO 31 OCTOBER 2008

PRESENTED BY THE CHIEF NURSE

1. Introduction

Following the paper to the Board of Governors in June 2008 this paper provides an update to October 31 on performance against the national target for MRSA bacteraemia, the locally agreed target for *Clostridium difficile* (*C.difficile*) episodes. It also contains information on the Health Care Commission's report on their unannounced visit and other issues related to infection prevention and control for the Trust.

2. Executive Summary

Both MRSA bacteraemias and episodes of *C.difficile* remain under the 08/09 trajectory. The Healthcare Commission have indicated that the Trust has no breaches against the inspected elements of the hygiene code.

3. MRSA Bacteraemias

3.1 MRSA bacteraemias 2008/09 and Context

There was 1 MRSA bacteraemia in October which means that the Trust remains well below the 08/09 trajectory (target of no more than 48 for the year). Table 1 below, indicates total MRSA bacteraemias within the Trust for April to end of October 2008. One case has been removed from trajectory after a successful review via the HPA and there are two others which will be removed indicated by asterisks in the table. The figures are validated against the Trust's MESS returns to the HPA.

Table 1. Number of MRSA bacteraemias by month up to 31 October 2008

Month	Total no. of bacteraemias	Bacteraemias acquired more than 48 hrs after admission? (likely to be UHB acquired)	
		Yes	No
April 2008	2	1	1
May 2008	4	2	2
June 2008	4*	1	3
July 2008	4*	3	1
August 2008	1	1	0

September 2008	3	1	2
October 2008	1	1	0
Total	19	10	9

3.2 Root Cause Analysis and Follow up Actions

Executive reviews of both MRSA and *C.difficile* continue monthly. Follow up Actions from these meetings are circulated to all Divisional leads in order to ensure compliance with policy and procedures. Follow up of these actions is co-ordinated through Infection Prevention and Control Committee. The most recent RCA reviews raised issues about the compliance to procedures for checking peripheral cannulae, and the need for monthly re-screening of more complex patients. This process is now in place.

3.3 Cleaning Programme and Future Plans

Nursing and Hotel Services are currently reviewing all of the cleaning and environmental audits which occur at ward and departmental level, with a view to rationalising them and eliminating duplication. Cleaning schedules have been agreed and signed off by ward and hotel services managers for all ward areas. These are displayed on public notice boards at ward level. By the end of November these will be in place in all clinical departments.

In conjunction with the Infection Control Lead the team have recently drawn up the cleaning definitions document which will be circulated to all wards and departments within the next week. The deep clean programme continues as per schedule, and we have been able to access several wards at SOH in conjunction with the programme around the multi specialty ward. We are currently reviewing the programme at QEH with a view to deep cleaning the West wards on a 6 monthly programme.

4. ***Clostridium difficile* Episodes**

4.1 Current Figures and Historical Context

There were 329 episodes of *C. difficile* disease for the period 1 April to 31 October 2008 (including pre 48 hour cases). The HPA submission for April to October (UHB post 48 hour cases only) will be 264 cases. It is anticipated that cases will increase in the winter months.

Table 4 Cases of *C.difficile* within the Trust April – October 2008*

Month	Total <i>C.difficile</i> disease	Trajectory (post 48 hour cases only)	Acquired pre 48hours	
			YES	NO
April 2008	76	43.8	18	58
May 2008	65	43.8	17	48
June 2008	45	43.8	1	44

July 2008	35	43.8	5	30
August 2008	39	43.8	9	30
September 2008	28	43.8	5	19
October 2008	43	43.8	8	35
Total	329	306.6	63	264

* Correct at 29th Oct

5. **Other Alert Organisms – Acinetobacter**

There were 6 new isolates of Acinetobacter in October (UHB only). These cases were in several different areas (S4, S6 SOCC, NCCU and burns) and there was no clear evidence of cross infection. The Infection Control Team continue to review any other organisms for trends in order to establish any issues for the future.

6. **Outbreaks of Diarrhoea and Vomiting**

There was an outbreak of diarrhoea and vomiting on S5 during October. Although a microbiological diagnosis was never made, clinically this appeared to be due to norovirus. The ward was closed to new admissions for 8 days after which the episode was brought under control.

7. **Infection Control Week**

Infection Control week was promoted by the Infection Control team during October. Stands were manned on both sites during the week, to enable staff to discuss all aspects of Infection Control with clinical staff, patients and visitors. Dr Adam Fraise (DIPC) delivered lectures to medical staff. There were also various representatives available during the week including those from BBraun and BioMerieux to answer questions about hand hygiene products and blood culture systems in use within the Trust. The IV team were in attendance each day and provided information on best practice.

At this event the team also launched Outbreak Packs which have been issued to every ward area to advise on the actions to be taken in the event of an outbreak of diarrhoea and vomiting. This was also the opportunity to introduce the large posters of the Chief Nurse & Deputy Chief Nurse which are displayed in all entrance areas, encouraging visitors not to visit if they are unwell. The response to the week's events was very positive from clinical staff and visitors

9. **Healthcare Commission report on their Unannounced Visit**

Following the Healthcare Commission visit in August of this year, a final report has now been received. The duties assessed were 2, 4 and 8 and the results are as follows:

Duty 2: The trust must have in place appropriate management systems for infection prevention and control

No breach of hygiene code identified
(the trust is meeting this duty)

Duty 4: The trust must provide and maintain a clean and appropriate environment for healthcare

No breach of hygiene code identified
(the trust is meeting this duty)

Duty 8: The trust must provide adequate isolation facilities

No breach of hygiene code identified
(the trust is meeting this duty)

The Trust is one of only a handful that has been seen to achieve no breaches at inspection. These results have been shared with the staff involved but the Trust will provide a formal feedback event at which we thank everyone and share the learning from the experience.

10. Recommendations

The Board of Governors is asked to accept this report on infection control progress.

Mrs Kay Fawcett
Chief Nurse and Executive Director for
Infection Prevention and Control

Dr. Adam Fraise
Director of Infection Prevention and
Control

25 November 2008