

Report to: **East Sussex Health Overview and Scrutiny Committee (HOSC)**

Date: **6th July 2009**

By: **Director of Law and Personnel**

Title of report: **East Sussex Hospitals NHS Trust – Infection Control**

Purpose of report: **To outline the Trust’s approach to infection control and analyse the causes, action taken and lessons learnt in relation to the outbreak of C Difficile at Eastbourne District General Hospital in early 2009.**

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## **RECOMMENDATIONS**

**HOSC is recommended:**

- 1. To consider and comment on the Trust’s approach to infection control.**
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### **1. Background**

1.1 Healthcare associated infection (HCAI) is a major challenge for healthcare systems around the world. HCAI refers to infections acquired in hospitals or as a result of hospital interventions. They are caused by a wide variety of microorganisms, often by bacteria that normally live harmlessly in or on the body. While people are most likely to acquire HCAs during treatment in acute hospital, they can also occur in GP surgeries, care homes, mental health trusts, ambulances and people’s own homes – in fact anywhere that people are receiving clinical treatment.

1.2 Although the majority of HCAs cause minimal harm and can be treated like any other infection, nationally there are particular challenges from two types of infection – MRSA and C Difficile - which can have severe consequences for patients. National strategies on HCAI have therefore focussed on these infections, but effective infection control measures also help tackle other HCAs.

1.3 MRSA is a strain of the S. aureus bacterium which is resistant to commonly used antibiotics and is present in around 3% of the population. MRSA can infect surgical wounds and ulcers, and can cause more serious infections if it enters the bloodstream. These infections are likely to be more prevalent and more severe in patients with weakened immune systems or other underlying diseases. MRSA is usually spread through skin to skin contact, or by touching materials and surfaces contaminated from someone infected with MRSA.

1.4 C Difficile is a bacterium which lives in the gut of around 3% of healthy adults. It is kept at bay by normal gut bacteria, but if those bacteria are killed by antibiotics, C Difficile can proliferate. Toxins released by C Difficile cause diarrhoea, which can occasionally be very severe and life threatening. In most cases the infection develops after cross-infection from another patient. Over 80% of cases of C Difficile infection are in people aged over 65.

1.5 It should be remembered that for most people, the risk of acquiring an infection is very low, and lower still for those people who spend only one or two days in hospital. Only a very small proportion of people treated by the NHS will be infected by an HCAI.

### **2. National and local policy**

2.1 Control of HCAI is a major priority for the NHS both locally and nationally. The Department of Health has issued a number of policy and guidance documents in this area in recent years, including a ‘Code of Practice on the prevention and control of healthcare associated infections’ (DH, 2009), commonly known as ‘The Hygiene Code’. From April 2009, NHS bodies providing

services are required to register with the Care Quality Commission in relation to their compliance with this code.

2.2 Incidences of certain HCAs, including MRSA and C Difficile, must be reported through a national system, and the number of infections is published on a quarterly basis. There are national targets for each NHS Trust to reduce infections and, locally, 'stretch' targets have been set which go beyond the national targets.

2.3 Levels of HCAI and Trusts' compliance with the Code of Practice is monitored in a number of ways including through local commissioners of services (NHS East Sussex Downs and Weald/NHS Hastings and Rother), the Strategic Health Authority and the Care Quality Commission. Trusts' performance in relation to HCAI is also a factor influencing whether or not they can be granted Foundation Trust status.

2.4 Within Trusts, it is important that there is strong leadership in relation to infection control, from the Board level downwards, and that infection control measures are embedded into everyday practice within hospitals.

2.5 Control of HCAI is often associated with cleanliness of hospitals and hand washing. While these are crucial aspects of infection control, the measures required go much wider than this, and different actions will be important for different types of infection. Factors to consider include:

- Whether there is appropriate prescribing of antibiotics.
- Availability of isolation facilities for patients with infections to prevent spread.
- Screening of patients prior to, or on admission to identify those with MRSA present.
- Effective management of catheters and cannula (tubes for draining fluid or administering medication).
- Ensuring bed occupancy levels allow scope for sufficient cleaning etc between patients.
- Analysing the causes of each incidence of reportable infection and learning lessons.

### **3. East Sussex Hospitals Trust**

3.1 In the early months of 2009 East Sussex Hospitals Trust (ESHT) experienced an outbreak of C Difficile at Eastbourne District General Hospital (DGH). The outbreak was thought to be due the very high number of patients admitted over the winter with severe respiratory infections requiring antibiotic therapy which increases peoples' susceptibility to the infection, particularly in the frail and elderly. On 24<sup>th</sup> March 2009, the Trust confirmed that 62 cases of C Difficile had been identified since 1<sup>st</sup> January 2009 (including some patients who had been admitted with the infection from the community). The outbreak was declared over in April 2009.

3.2 As well as the very serious impact on the patients affected and their families, the outbreak also had a significant impact on the operation of the hospital. New medical admissions were restricted to enable deep cleaning to be undertaken and patients to be isolated in a single ward.

3.3 HOSC monitored the situation closely during the outbreak, receiving weekly updates from the Trust and seeking assurances that all appropriate action was being taken, with the involvement of the Health Protection Agency, NHS East Sussex Downs and Weald/NHS Hastings and Rother and the Strategic Health Authority. HOSC also requested that the Trust present a report to the Committee analysing the causes and action taken in relation to the outbreak, the Trust's ongoing approach to infection to control and any lessons learnt.

3.4 ESHT has supplied a report covering these issues which is attached at appendix 1. Kim Hodgson, Chief Executive, Dr Barry Phillips, Director of Infection Prevention and Control and Beverley Thorp, Deputy Chief Nurse, will attend HOSC to present the report and discuss the issues arising.

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