

DRAFT STATEMENT TO THE ASSEMBLY ON THE PROGRESS OF THE RQIA INDEPENDENT REVIEW OF THE C. DIFFICILE OUTBREAK AT THE NORTHERN TRUST.

Mr Speaker, I would like to give the Assembly an update on the progress on the Independent Review of the outbreak of Clostridium difficile at the Northern Trust.

During the debate on 4 March I said that the situation required an urgent response and immediate action. My first priority was to ensure that the outbreak was contained and that other Health and Social Care Trusts were taking every possible step to minimise the risk of C. difficile outbreaks occurring in their hospitals.

I announced that I had asked the Regulation and Quality Improvement Authority to carry out an independent review, not just into the circumstances of the outbreak in the Northern Trust, but also to examine the measures that all Trusts were taking to reduce healthcare-associated infections.

I set terms of reference which ensured that the review was rigorous and had all the necessary powers and expertise to thoroughly investigate the outbreak, and to examine all five Trusts' management of, and clinical response to C. difficile infections.

It was important that the review should be carried out quickly. I asked the independent review team to report its findings back to me by the end of May. I have now received the review team's interim report. This is of necessity an interim report because the outbreak has not been declared over. I have made it clear from the outset that the review would be conducted in a way that would not hamper the efforts of staff to contain the outbreak.

Over the last 12 weeks the RQIA team has made substantial progress on their independent review. On Friday members of the review team reported to me in person, and I received their written report on Sunday.

To date, the team has completed their investigation into the other four Trusts' actions to reduce C. difficile rates. The review team has also gathered substantial documentary evidence from the Northern Trust and carried out a validation visit on 30 May.

There is further, important work to be done before the RQIA can deliver its final report. I will come back to this.

Mr Speaker, when I met the review team on Friday they commented on the tremendous dedication and efforts of all staff in the Northern Trust in working to contain this outbreak. They acknowledged the immense pressure that staff have been under. I have seen this dedication for myself when I have visited the Trust, and I want to take this opportunity to pay tribute to the staff. They have been working tirelessly under extremely demanding conditions to bring the outbreak to an end.

Members should also be very reassured to hear that the management of the outbreak is being taken very seriously from the Chair and Chief Executive right the way through to the cleaners working on the wards. People at all levels are working hard to make sure that infection control is given the highest priority. The RQIA team has also commented that the Chief Executive and the Medical Director of the Trust, and indeed all the staff, have been very open.

I am pleased to report that there is evidence of progress in containing the outbreak. The month of May saw the lowest number of cases of any month this year, and the severity of the illness has eased. It is still too early, though, to say the outbreak is over. We need to see that improvement sustained.

To this end a team is being set up to ensure that healthcare associated infection policies, procedures and practices are fully embedded across the Trust area.

We will continue to monitor the position until we are sure that the measures taken by the Trust are really working – until we are sure that the outbreak is over.

The independent review team’s report is a wide-ranging and important document. It makes 36 recommendations covering four key areas:

- governance,
- infection control,
- laboratories and
- pharmacy.

Overall, the review team reports that: “All Health and Social Care Trusts have made good progress towards the implementation of effective control measures to reduce the risk of Clostridium difficile infections.”

The review team was reassured that all five health and social care (HSC) trusts:

- recognise the need to give priority to actions to minimise healthcare-associated infections in general, and *Clostridium difficile* in particular;
- are all working to achieve the target which I set last year, for an overall reduction in *Clostridium difficile* of 20% in hospital patients aged 65 and over by March 2009, and
- have a programme of action to ensure that plans and procedures are in place, in line with recommended guidance, to reduce *Clostridium difficile*.

In addition, they point to:

- skilled and committed staff working in infection control teams, in laboratories and in pharmacies;
- many examples of creative local initiatives in relation to infection prevention and control, and
- good working relationships between all those involved in infection control measures across the Trusts and Boards.

There are challenges for the Trusts, as you would expect. In particular the RQIA recognised that the five Trusts were established recently, and as is normal in any merged complex organisation, they are busy managing the details of the mergers, including the harmonisation of policies, procedures and practices.

The review team identified shortfalls in staffing levels in key professional groups such as microbiologists, antibiotic pharmacists and infection control nurses. It also commented on the wide variation in the quality and condition of hospital facilities, reflecting the age of some of our buildings. In addition, it recommended improvements in the IT systems that support infection prevention and control, especially for surveillance and antimicrobial resistance.

The independent review team is made up of leading experts in the fields of C difficile and healthcare-associated infections.

I will now consider their report in more depth and I will take their findings and recommendations very seriously. Some will need to be addressed more urgently than others, and my Department and the HSC organisations will give these priority.

We have not been standing still waiting for this report. The Department has worked with the Northern Trust at every step to support the Trust in its efforts. We agreed recently that there would be value in bringing more external expertise, and to that end we have enlisted the support of the NHS Cleaner Safer Hospital team.

The Cleaner Safer Hospital team visited the Northern Trust on 7 May and set about identifying areas for improvement and making recommendations to help to bring the situation under control. The Trust has established an action plan to address the issues raised and the Cleaner Safer Hospital team will return to the Trust on 4th June to see how well this is working.

In addition to this, a member of the Cleaner Safer Hospital team will be joining my Department's Service Delivery Unit for two days per week for the next few months. Their role will be to further assist the Northern Trust in bringing the outbreak to an end, and to work with other Trusts to improve infection prevention and control.

We need to bear in mind that we will never be able to eradicate healthcare-associated infections. However, we must ensure that there are sufficient controls and systems in place that will minimise the risk to patients. That is why, in January this year, I announced an extensive range of measures aimed at fighting these so-called 'superbugs' in our hospitals. An additional £9 million will be invested over the next three years to improve patient safety and, in particular, to reduce the spread of infections such as MRSA and C. difficile.

Among the new initiatives aimed at tackling healthcare associated infections (HCAIs) are:

- Single rooms for new hospitals to improve hygiene and privacy
- A rolling programme of unannounced hygiene inspections of all hospitals which are underway;
- Restrictions on hospital visiting which I announced this morning;
- A dress code for all health care staff which has been introduced;
- A regional hand hygiene campaign to encourage health care staff and the visitors to wash their hands;
- MRSA screening for high risk patients;
- Additional funding to set up rapid response cleaning teams at all hospitals;
- Funding for a pharmacist in each trust area to work with clinical staff to promote safer prescribing of antibiotics.

Mr Speaker, these initiatives are only part of my Department's drive to reduce the spread of infections.

There are a number of policies already in place to tackle HCAs including the Changing the Culture action plan and the Ward Sisters' Charter which aim to reduce infection and give nurses the power to create a cleanliness culture in their wards. My Department is also in the process of convening a new committee to tackle the problems of antimicrobial resistance.

In addition, last September I announced new targets to reduce MRSA by 10% and C difficile by 20%. New leaflets for the public on hand hygiene have been distributed to hospitals; enhanced staff training on infection reduction is ongoing; and extra funding was provided for the appointment of five new Infection Control Nurses for Trusts.

These measures are to ensure that staff have all the skills, training and equipment they need to reduce the spread of healthcare associated. More importantly, they should also help to restore public confidence in our health and social care service.

I said earlier that this is an interim report, because the review team cannot have full access to the affected wards under we are sure the outbreak is over. I have therefore given the review team an extension for delivering their final report. This extension does not mean that anyone is less committed to ending the outbreak or improving infection control across Northern Ireland. Quite the opposite: we are determined to get to the root causes of the outbreak.

I have asked the review team to produce their final report as soon as possible after the outbreak is over. The review team expect to deliver this by the end of July.

The review team has determined that the best method of discovering the cause of the current outbreak is by undertaking a root cause analysis. Root cause analysis is a retrospective inquiry to identify how and why an incident happened.

The purpose of this approach is not to apportion blame but to identify preventable factors and the lessons that need to be learned.

The review team will undertake a further piece of work: once they have completed this review they will carry out a review of the Changing the Culture action plan. They are aiming to complete that job by the end of October.

I want to acknowledge the work of the review team and the fact that they have delivered such a substantial and important report in such a short space of time.

During the debate into the C Difficile outbreak in December there were calls for a public inquiry. At that time, I said that, while I had not ruled out a public inquiry, that, in fact, I was minded to hold one.

However, my first priority was to ensure that the outbreak was contained and that other health trusts were taking every possible step to prevent C difficile outbreaks occurring in their hospitals.

I did not take this step lightly, nor did I take it without the expert advice of the Chief Medical Officer for Northern Ireland, Dr Michael McBride. It was clear that this situation required an urgent response and immediate action which I did not believe a public inquiry could deliver. Indeed, a public inquiry at that time would only have served to deflect staff from their vital work in trying to reduce and control infections such as C difficile and MRSA. It would have put patients at risk – I cannot and will not do that. Indeed it is also clear that a public inquiry could not have delivered so much in such a compressed period.

Mr Speaker, as I have said before, it is not possible to eliminate healthcare-associated infections completely, but we can, and must, have a zero tolerance approach to them.

This means that no case of infection is regarded as acceptable, and that the response to each new case is immediate and urgent. These infections cause pain and distress to patients and this outbreak has led to a loss of public confidence in our health and social care service. It is clear from the RQIA's interim report that our staff at all levels take this very seriously and are working extremely hard and often under severe pressure to reduce the spread of these infections.

My Department is considering this interim report carefully, in particular the recommendations that require a region-wide response.

Infection prevention and control is everyone's business, and this inquiry is showing the value of cooperation in making healthcare safer and restoring people's confidence in their healthcare.