West Hertfordshire Hospitals NHS
NHS Trust

TRUST BOARD MEETING – 25 July 2013

Title of the Paper:	**Infection Control Performance Report and Action Plan**
Agenda item:	**Part 1** **Item 35/13**
Sponsor:	**Jackie Ardley, Interim Chief Nurse & Director for Infection Prevention & Control**
Trust Objective:	**Achieving continuous improvement in the quality of patient care that we provide and the delivery of service performance across all areas**

Purpose

To update the Board on the current performance with respect to the Hygiene Code 2008 (amended 2010) as required in criteria 1.5 and present the improvement action plan.

Risk Implications for the Trust (*including any clinical and financial consequences):*	**Mitigating Actions** *(Controls):*
Failure to meet high standards of care in relation to infection control leading to breaches in the Code and an increase in incidents of infection	Implementation of the action plan, supported by input from external sources

Links to Board Assurance Framework, CQC Outcomes, Statutory Requirements

BAF risk 2766
CQC Outcome 8 Cleanliness and Infection Prevention and Control
Hygiene Code 2008 (amended 2010)

Legal Implications:
None

Recommendation to the Trust Board:

The Trust Board is asked to:

- Note the report and action plan
- Asked to review the change in format of the report and comment if required
- Agree for the action plan to be published on the Trust Internet website

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Infection Control – Performance Report

Presented by: Jackie Ardley, Interim Chief Nurse & DIPC

Key Performance Targets

Table 1. May 2013

Trust acquired cases	May 13			Divisions			
	Target	Trust		Medicine	Surgery	Women & Children	Other
MRSA (>48 Hrs)	0	0					
MSSA (>48 Hrs)	n/a	1		1			
E-Coli (>48 Hrs)	n/a	1		1			
C.difficile (>72Hrs)	2	4		3		1	

Table 2. June 2013

June 2013(Trust acquired)	June 13			Divisions			
	Target	Trust		Medicine	Surgery	Women & Children	Other
MRSA (>48 Hrs)	0	0					
MSSA (>48 Hrs)	n/a	1		1			
E-Coli (>48 Hrs)	n/a	2			2		
C.difficile (>72 Hrs)	2	2		2			

Table 3. Cumulative Data 2013 (April – June)

Cumulative April- June 13	Year to date				Divisions			
	Target		Cases		Medicine	Surgery	Women & Children	Other (Non-Trust)
	Year	YTD	Trust					
MRSA (>48 Hrs)	0	1	1		1			
MSSA (>48 Hrs)	n/a		3		2	1		
E-Coli (>48 Hrs)	n/a		3		1	2		1
C.difficile (>72 Hrs)	24	6	8		7		1	

1. Meticillin Resistant *Staphylococcus aureus* (MRSA) Bloodstream Infection (BSI)

There were no Trust acquired MRSA BSIs in May / June, bringing the total for the year 2013/2014 to one against the annual ceiling of zero. The root cause analysis (RCA) of the case in April has been completed. An action plan is being reviewed by the Local HCAI group.

Figure 1a): Monthly number of cases of MRSA BSI

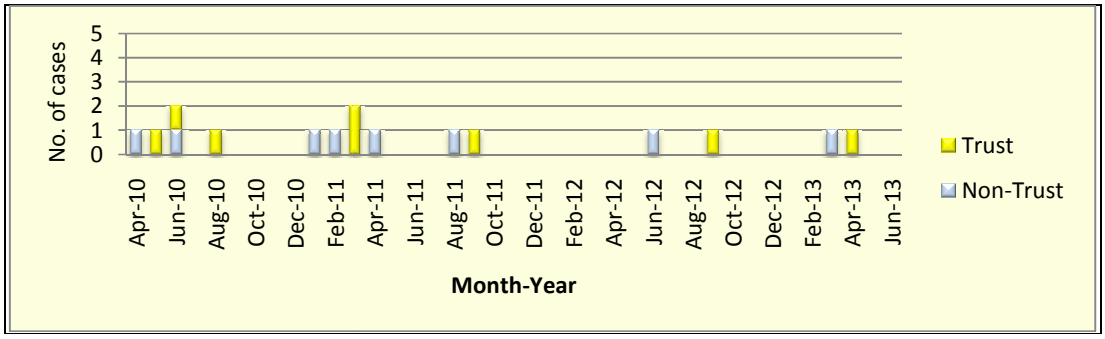
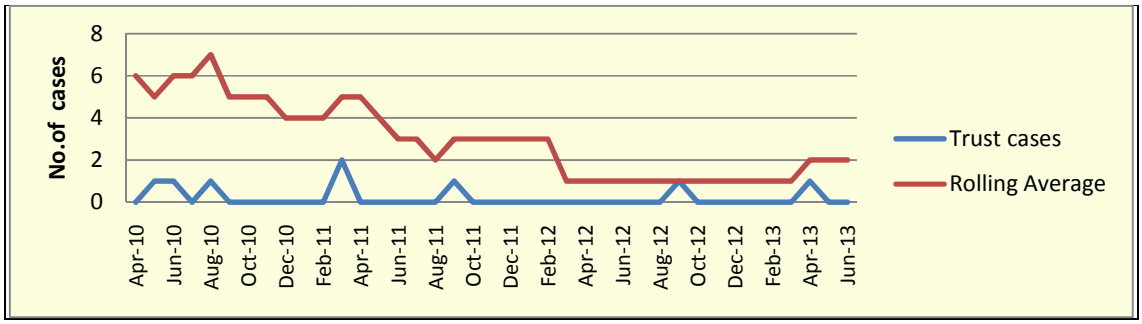


Figure 1b): Number and rolling 12-month average of Trust-attributable MRSA BSI



2. Clostridium difficile

Six Trust-attributable *C.difficile* cases were reported in May/June resulting in a total of eight against the annual ceiling of 24 for the year 2013/2014. This means the Trust is in breach of the trajectory required to meet this performance target.

Figure 2a): Monthly number of cases of Clostridium difficile

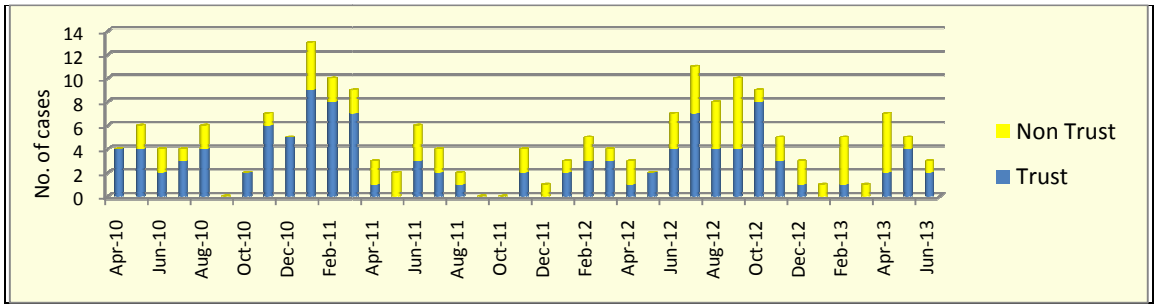
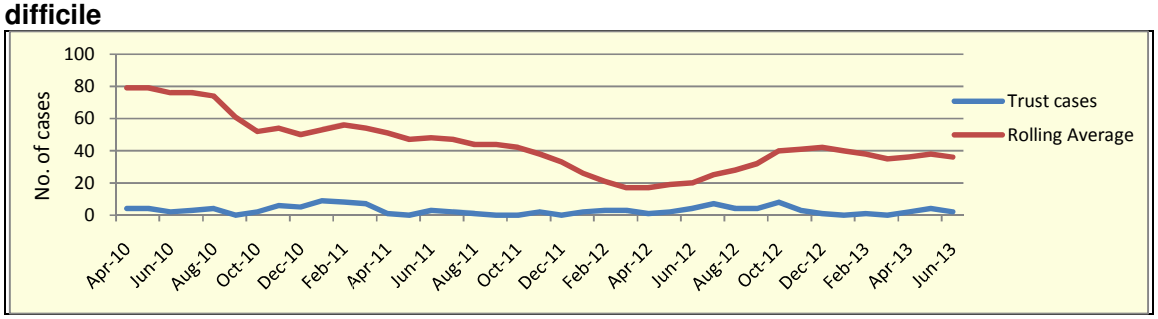


Figure 2b): Number and rolling 12-month average cases of trust attributable C. difficile



Of the eight cases, seven were identified in medicine and one in Women and Children. The Root Cause Analyses (RCA's) and related action plans were reviewed

and monitored by the local HCAI group. Main findings from the RCAs are summarised in Table 4.

Table 4: Summary of recommendations and actions from *C. difficile* RCAs

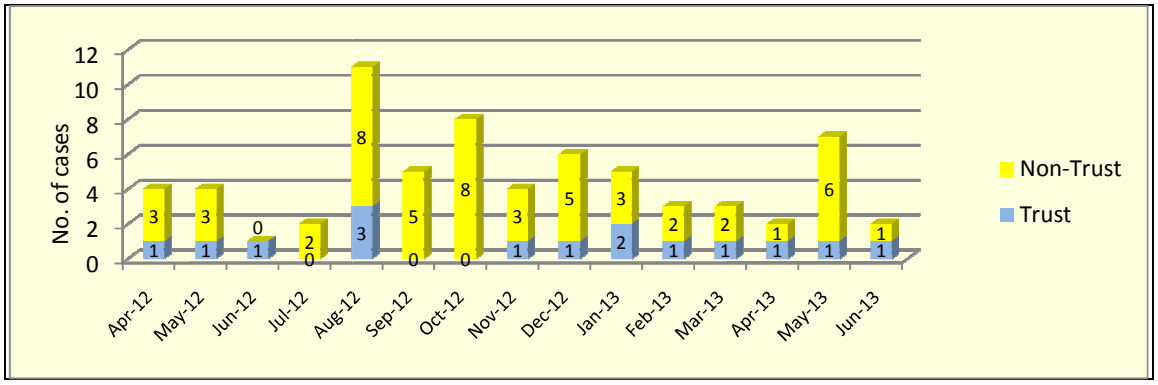
Lessons Learned	Actions
Patients not isolated within 2 hours of diagnosis of possible infection	Review of admission pathway and use of side rooms
Patients need to receive a medical review in a timely manner	Best practice ward round being trialled in AAU for roll-out across medicine
Unnecessary prescribing of broad-spectrum antimicrobial agents and compliance with *C.difficile* treatment guidelines.	Antibiotic guidance to be reviewed, communication supported with mobile app; results of audit to be communicated to medical staff.
Lack of stool chart documentation / medical assessment of patients with diarrhoea.	Updated guidance in *C.difficile* policy
Inappropriate antibiotic use in the community	To be explored by Local HCAI group
Medical staff training issues in relation to *C.difficile*	Medical Director and ICT to identify how further education can take place

***Deaths with C.difficile* documented on certificate:** In May / June 2013 there was one death where *C.difficile* was mentioned in part II, bringing the total for the year to date to two.

3. Meticillin Sensitive *Staphylococcus aureus* (MSSA) Bloodstream Infection

Two Trust-attributable cases were reported in May / June, bringing the total for the year 2013 / 2014 to three. No trajectory has been set for MSSA BSI.

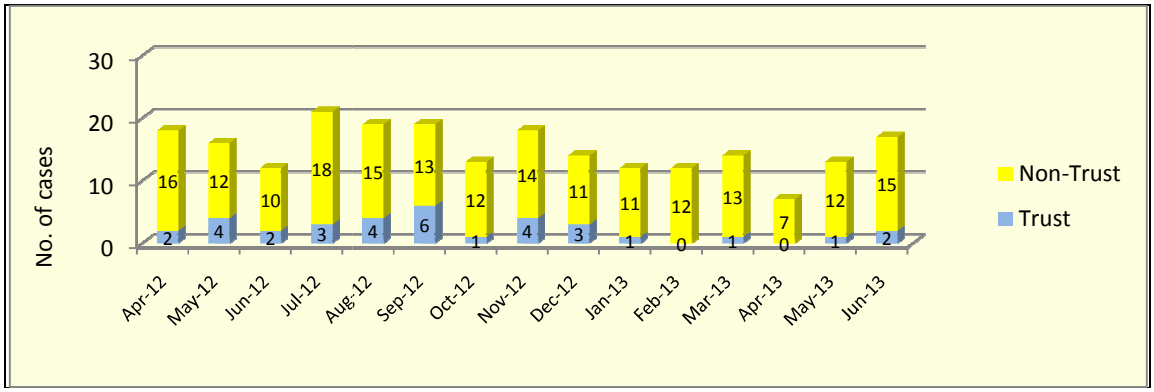
Figure 3: Monthly number of MSSA BSI (Trust and non trust attributable)



4. Escherichia coli (*E.coli*) Bloodstream Infection

Two Trust-attributable (detected post 48hrs) *E.coli* bacteraemia were reported in May / June, bringing the total for the year 2013 / 2014 to three. The majority of cases are related to urinary tract infection in patients admitted from the community. No trajectory has been set for *E.coli* bacteraemias.

Figure 4: *E-Coli* BSI (Trust and Non-Trust Attributable) April 2012-June 2013



5. Other key performance issues

1).Compliance with Code of Practice for the Prevention and Control of HCAI (Health and Social Care Act 2010)

The Trust is not currently achieving hygiene code compliance in the following areas:

i) Isolation of patients with infectious disease: In May / June, 168 patients had stool specimens taken requiring *C.difficile* testing. 32 (19%) of these patients were not isolated within the recommended 2 hour period – some due to medical reasons and others due to breaches in Trust policy. These incidents occurred in AAU1, 2, 3, White suite, Stroke, CCU, Cassio, A&E (side room not requested), and Starfish.

ii) Cleaning Standards: Some aspects of the 2007 National Cleaning Standards have not been implemented across the Trust. This is being addressed by a group led by the Director of Strategy.

iii) Policies: The outbreak policy will be updated by the end of July. The *C.difficile* and MRSA policies have been revised and endorsed by the Infection Control Committee in June 2013. A schedule of policy revision has now been drawn up.

An action plan to address these issues is in place and being monitored by the Local HCAI Group and Infection Control Committee.

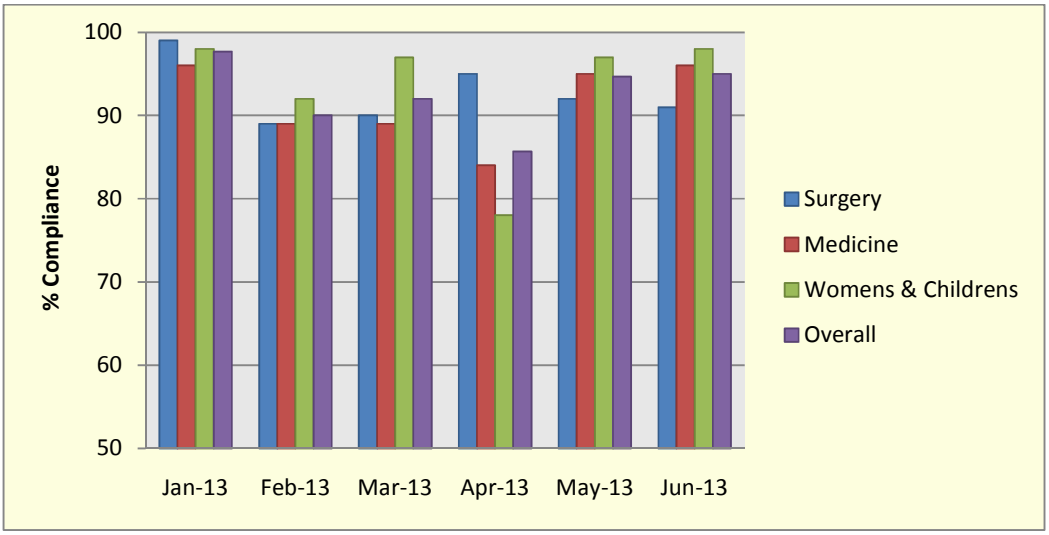
2). MRSA Screening

In May, 98.6% of elective admissions and 93% of emergency admissions were screened for MRSA in compliance with the requirements of Public Health England.

3). Hand Hygiene Compliance

The data for Jan - June 2013 is shown in figure 5. The Trust overall hand hygiene compliance score for both May and June is 95%. In order to improve the reliability of the data, a system for peer audit was introduced on 17th June '13.

Figure 5: Staff Compliance with Hand Decontamination by Division



4). Outbreaks and Incidents

One bay in AAU White suite level 2 was closed to admissions and transfers in June for six days due to three cases of diarrhoea. One case of Norovirus was identified, however no other organisms were identified from the other patients. One bed was empty during this period and remained closed. Symptoms did not spread to the remaining five patients.

5).External Performance Monitoring and Reviews

The Trust is currently under scrutiny by the Clinical Commissioning Group (CCG) and the Head of Infection Prevention & Control at the Trust Development Authority, Midland and East. Their recommendations and actions are being addressed by the Local HCAI Group and Infection Control Committee.

6). Mandatory and induction training in infection control

Overall, 80% of Trust clinical staff have undergone mandatory infection control training. Compliance rates across Divisions are shown in Table 5.

Table 5: Number of staff requiring mandatory infection control training and % compliance by Division.

Competency rates by division and staff group - May 2013			
Division	**Staff Group**	**No. of Staff required IC training**	**% Compliant**
Clinical Support Services	Add Prof Scientific and Technic	73	84.9%
	Additional Clinical Services	62	80.6%
	Allied Health Professionals	74	95.9%
	Medical and Dental	42	85.7%
	Nursing and Midwifery Registered	6	83.3%
Division Total		**257**	**87.2%**
Corporate Services	Additional Clinical Services	1	100.0%
	Medical and Dental	2	0.0%

	Nursing and Midwifery Registered	42	85.7%
Division Total		**45**	**82.2%**
Estates & FM	Add Prof Scientific and Technic	2	100.0%
Division Total		**2**	**100.0%**
Medicine	Add Prof Scientific and Technic	14	100.0%
	Additional Clinical Services	234	77.4%
	Allied Health Professionals	3	100.0%
	Estates and Ancillary	17	64.7%
	Medical and Dental	220	57.3%
	Nursing and Midwifery Registered	500	87.0%
Division Total		**988**	**77.9%**
Surgery & Anaesthetics	Add Prof Scientific and Technic	49	75.5%
	Additional Clinical Services	130	81.5%
	Allied Health Professionals	5	60.0%
	Estates and Ancillary	7	71.4%
	Medical and Dental	184	56.0%
	Nursing and Midwifery Registered	359	91.6%
Division Total		**734**	**79.4%**
Womens Services	Add Prof Scientific and Technic	6	66.7%
	Additional Clinical Services	89	77.5%
	Estates and Ancillary	2	100.0%
	Medical and Dental	76	44.7%
	Nursing and Midwifery Registered	303	90.1%
	Students	9	88.9%
Division Total		**485**	**80.4%**
Trust Total		**2511**	**79.9%**