
Public Board Meeting, 22 January 2009

Infection Control – Monthly Performance Report
January 2009

Presented by: **Graham Ramsay**

1. Purpose

This report updates the Board on the current performance with respect to both MRSA and *C. diff* infection rates. It invites the Board to comment on the current levels of infection and to seek assurance that everything that is required in relation to actions to reduce and prevent the opportunities for infection becoming a serious threat to patient safety are being taken. This report also includes that Matrons' report, that updates the Board on the Matrons' contribution to the cleanliness and infection control agenda.

2. Current Performance

2.1 Surveillance

a)MRSA Bacteraemia

Two MRSA bacteraemias were reported in the month of November. There were none reported in December. The Trust total now stands at 11 MRSA bacteraemias against the annual trajectory of 21.

b)*Clostridium difficile*

The total number of *C.difficile* toxin positive isolates, reported in November being classified as WHHT acquired was 7. In December there were 12 cases. This compares with three West Herts acquired in October. The Trust trajectory for the year is 183 cases (both WHHT acquired and community associated). The total reported from April to December is 75. This is a significant achievement and now puts us amongst the best performing Trusts in the Country.

Letchmore Ward & York Ward continue to operate as isolation units for both MRSA and *Clostridium difficile*. An operational policy for the Management of Patients on Isolation Wards at WGH and HHGH is in place.

2.2 Practice Performance

a)IV Report

Trust-wide training continues on the use of 2% chlorhexidine products for skin and port decontamination prior to insertion of central lines, taking blood cultures and accessing I.V. devices. I.V. dressing application training is also ongoing to ensure that insertion sites of peripheral cannulae can be observed and monitored.

b) Hand Hygiene Compliance – Lewisham Audits

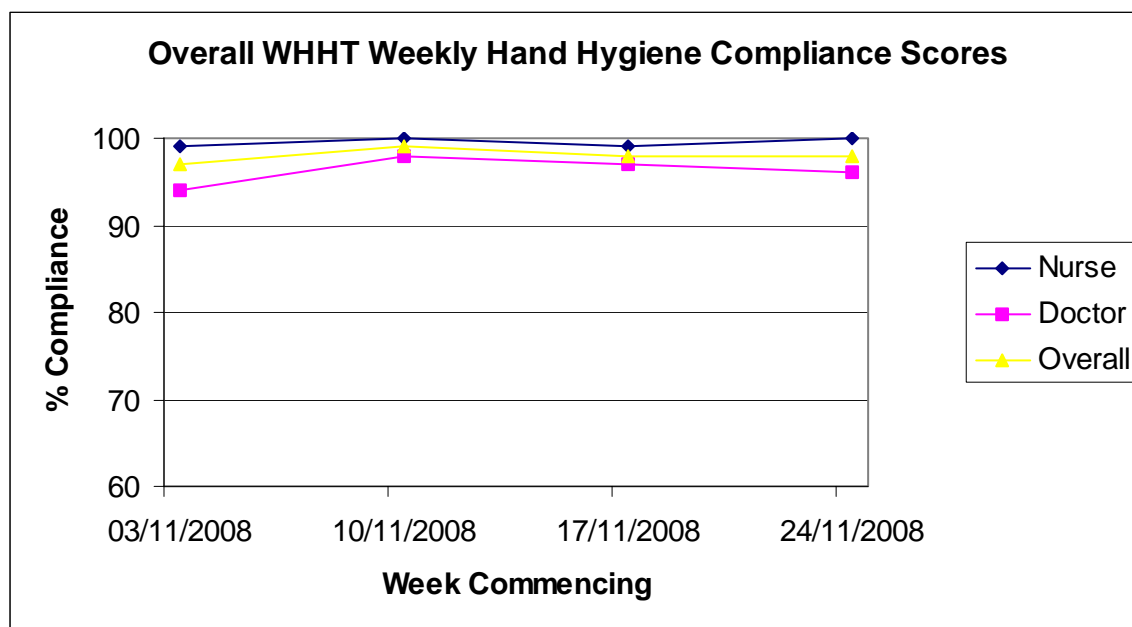
Weekly Hand Hygiene observations continue in all clinical areas, with results distributed and displayed on all Wards/Departments Infection Control Notice Boards for all members of staff, patients and visitors to view. The categories captured within the audit are:

- 'Nurses' - including Student Nurses and Health Care Support Workers
- 'Doctors' - including Medical Students

Figure 1 shows the percentage compliance score for each category each week for the month of November. It appears that compliance for 'nurses' ranges between 99%-100% with an overall monthly average of 100% (compared with 97%–99% in October), and 'Doctors' ranging between 94-98% with an overall monthly average of 96% (compared with 89%- 97% in October). The Trust's overall monthly average hand hygiene compliance score for November is 98%.

Figure 1

Lewisham audits of staff compliance with hand decontamination November '08



c) The Health Act 2006/Hygiene Code

The Trust continues to be compliant with all 11 duties in the Hygiene Code with the exception of duty four - 'Duty to provide and maintain a clean and appropriate environment' and more specifically with part 4f of duty 4 – 'There are effective arrangements for the appropriate decontamination of instruments and other equipment'. All previous actions noted continue. The Healthcare Commission undertook an inspection of the Trust's compliance against the Code and this is detailed below.

d) 'Saving Lives' Action plan/balanced scorecard

Divisions continue to update their divisional 'Saving Lives' Action Plans on a quarterly basis. These action plans/balanced scorecard reports help serve as an indicator/method of monitoring compliance & progress within the divisions in relation to 'Saving Lives' and also with the Hygiene code.

In relation to the seven 'Saving Lives' Clinical High Impact Interventions (HII), the divisions continue to provide the Trust's Infection Control Committee with monthly divisional HII audit reports. These are discussed and action taken as appropriate.

2.3 Education and Training

During the month of November a total of 140 healthcare workers have received infection control training delivered by the Infection Control Nurses. The sessions provided include corporate induction sessions for new staff and mandatory training updates for all staff.

	Nurses/Midwives	HCA's	Doctors /Medical Students	Other	Total
April					178
May					147
June					189
July					164
August			117		285
September	126	37	1	60	224

Band Month	1	2	3	5	5	6	7	8	Unknown	Total
October	1	21	6	5	49	18	3	1	69	173
November	0	26	4	2	51	19	12	4	22	140
October	80			20		9		64		173
November	72			15		1		52		140
Total	493			147		127		425		1360

Table 1. Total number of staff trained by ICNs from April – November '08

(N.B. Please note – the monthly monitoring of categories of staff trained commenced in September '08 hence no breakdown of figures is available prior to this date)

Table 2. Bands of Staff Trained by ICNs from October – November '08

	Medicine	Surgery	Women/ Children's	Clinical Support	Other	Total
November	42	29	8	6	55	140

Table 3. Numbers of Staff Trained by ICNs by Division, November '08

3. Matrons' Report

3.1. Background

Matrons continue to have an important and essential role in the organisation in providing effective management support and leadership development to clinical nursing and midwifery staff. The Matrons continue to report quarterly to the Trust Board on cleanliness and infection control, thereby providing reassurance that they are supporting the delivery of a safe and clean environment for patient care.

3.2 Achievements

Actions taken to embrace the 10 Key Principles of the Matrons Charter

- **To lead by example** by ensuring that the Matron role is highly visible and is a clinically credible role model and Leader.
- **To make sure patients get quality care** by co-ordinating and monitoring care delivery through benchmarking fundamental aspects of care.
- **Ensuring staffing is appropriate to patient needs** by working collaboratively with Divisional Team members to maintain agreed establishments and to continue monitoring staff levels and skill mixes.
- **Empowering Nurses and Midwives to take on a wider range of clinical tasks** by undertaking annual appraisals of Senior Sisters/Core Midwives and Specialist Nurses and supporting nursing and midwifery staff to acquire new skills to meet the needs of a changing service.
- **Improve hospital cleanliness** by continuing to undertake daily walkabouts and be highly visible, undertake weekly Hygiene Code checks, and checking that daily Hygiene Code audits are undertaken by Senior Sisters/designated Deputies.
- **Ensure patients' nutritional needs are met** by promotion of Protected Meal times; Nutrition Now Champions and support Senior Sisters and clinical staff in ensuring that the patient's nutritional needs are met.
- **Improving wards for patients** by utilising ward environmental budgets to make improvements, promote Single Sex accommodation and participating in regular baseline Privacy & Dignity audits.
- **Making sure patients are treated with respect** by supporting and promoting customer care training for staff and monitoring feedback from complaints and compliments. Supporting staff in the implementation of the PET tracker system to monitor patient experience. Continue to promote the role of the Dignity Champion Trust wide.
- **Preventing hospital-acquired infections** by ensuring that each area has a designated Infection Control Link Nurse, undertake monthly high impact intervention audits, monthly hand hygiene audits and promotion of decontamination of equipment.
- **Resolving problems for patients and their relatives by building close relationships** by engaging the services of the PALS department. To act upon feedback from patients and relatives, providing a visible presence of contact. To identify themes and act upon.

3.3 Hygiene Code implementation

Prior to and following the recent unannounced Health Care Commission (Hygiene Code) visit the Matron's role was and is pivotal in:

- Continuing to ensure that daily Hygiene Code Audits are undertaken in all clinical areas.
- Completion of weekly audit of compliance of the Hygiene Code audit and daily environmental checks. Attendance at PEAT inspections.
- Embracing knowledge input around the key principles of the Hygiene Code through Matron meetings, Senior Sister and ward/unit meetings. Attendance at weekly/ monthly infection control meetings and RCA analysis.
- Empowering the ward/unit leaders to develop and update Infection control information through an infection control notice board visible to all staff and general public on successful outcomes on the management of infection control and encouragement of the role of the Housekeeper in maintaining a clean environment.

- Continuing to undertake cross-Divisional and weekly commode audits.
- Continuing to ensure compliance of the Admission Policy to the Trust's Isolation Units.
- Continuing to embrace of 'Bare Below the Elbow' policy and challenge of poor practice.
- The development and regular update of a standardised folder in each ward/unit of evidence based data pertinent to the Hygiene Code available to all staff raising awareness of the principles/Duties of the Hygiene Code.

4. Recommendation

4.1 The Board are therefore asked to:

- Note the current levels of reported MRSA and Cdiff cases and the continued contribution of the Matron to the cleanliness and infection control agenda as reported by them in section 3.

Graham Ramsay
Director of Prevention and Infection Control
January 2009