

TRUST BOARD MEETING – March 2010

Title of the Paper:	Infection Control – Performance Report
Agenda item:	37/10
Author:	Colin Johnston, Medial Director and Director of Patient Safety
Trust Objective:	Objective 1 – Patient Safety

Key issues

Report on

- Current rates of infection
- Practice issues

Purpose

Reports on current performance

Risk Implications for the Trust (including any clinical and financial)	Mitigating Actions (Controls):
Failure to achieve compliance with agreed infection targets will affect the rating for the Trust	A framework exists within the Trust to manage the infection control agenda via the Infection Control Committee and the weekly Infection Control Review Meeting

Level of Assurance that can be given to the Trust Board from the report [significant, sufficient, limited, none]:

Significant

Links to Key Line of Enquiry (KLOE 1 - 5)

N/A

Legal Implications:

None noted at this time

Recommendation to the Trust Board:

The Trust Board members are asked to:

• Note the current levels of reported MRSA and *C.diff* cases

Public Board Meeting,

Infection Control - Performance Report

Presented by: Colin Johnston, Medical Director/Director of Patient Safety

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.

2. Current Performance

2.1 Surveillance

a) MRSA Bacteraemia

No MRSA bacteraemias were reported in January and February. The current total is six, against the trajectory of 12 for 2009/10.

b) Clostridium difficile

The total number of *C.difficile* toxin positive isolates reported in January, being classified as WHHT acquired, was five and in February it was three. Root cause analyses are being conducted on all of these cases and there are currently no themes to report to the Board. The trajectory set for the year 2009-2010 is 160. The aspirational target had been set at 110, however this has recently been reviewed and reduced to 57. The total number of WHHT acquired cases until the end of February is 50 against the trajectory of 57.

Letchmore Ward continues to operate as the isolation unit for patients with both MRSA and/or *Clostridium difficile*.

2.2 Practice Performance

a) IV Report

An IV nurse came into post in December. She has completed her period of induction. A programme of training and audit has been produced and is currently being implemented within the Trust.

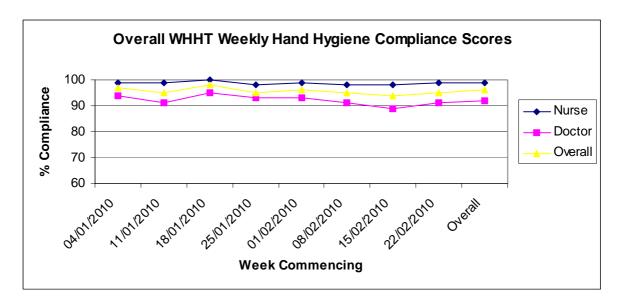
b) Hand Hygiene Compliance – Lewisham Audits

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 January and February. Compliance for 'nurses' ranges between 98%-100% with an overall monthly average of 99% (consistent with previous months), and 'Doctors' ranging between 89-95% with an overall monthly average of 92% (again consistent with previous months data). The Trust's overall monthly average hand hygiene compliance score for January & February is 96%. Where there is non-compliance, this is addressed at the time with the relevant staff, and the assistant DIPC or an infection control nurse will visit those areas achieving less than 90% compliance.

Figure 1
Lewisham audits of staff compliance with hand decontamination during January & February 2010



c) The Health Act 2006/Hygiene Code

A self-assessment of the nine duties within the hygiene code has been undertaken. The Trust is still awaiting the revised self assessment tool for the nine duties, as the tool currently in use is for the 11 duties originally in place.

d) 'Saving Lives' Action plan/balanced scorecard

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. The balanced scorecard based on the 11 duties continues to be used for self-assessment as an up-dated scorecard relevant to nine duties is still not yet available from the Department of Health.

Divisions continue to provide the Trust's Infection Control Committee with monthly divisional High Impact Interventions/'Saving Lives' audit reports. These are discussed and action taken as appropriate.

2.3 Education and Training

During the months January & February, a total of 405 healthcare workers received infection control training from the Infection Control Nurses. The sessions provided include corporate induction sessions for new staff and mandatory updates for all staff.

Table 1. Total number of staff trained by ICNs January & February 2010

Month	Nurses and Midwifes	HCAs	Doctors/Medical Students	Others	Total
Jan- 10	26	18	1	128	173
Feb- 10	61	55	1	115	232
Total	87	73	2	243	405

Table 2. Bands of Staff Trained by ICNs January & February 2010

Bands/Month	2	3	4	5	6	7	8	Unknown	Total
Jan-10	34	9	9	23	8	5	11	74	173
Feb-10	69	12	10	31	29	22	11	48	232
Total	103	21	19	54	37	27	22	122	405

Table 3. Numbers of Staff Trained by ICNs by Division January & February 2010

Month	Medicine/CoE	Surgery	Women/Children	Clinical Support	Other	Total
Jan-10	15	8	18	50	82	173
Feb-10	42	16	17	52	105	232
Total	57	24	35	102	187	405

Table 3. Numbers of Staff Trained by ICNs by Type January & February 2010

Type of Training	Jan	Feb	Total
Mandatory Training	92	125	217
Induction Training for New Staff	52	86	138
Other Infection Control Training Sessions	29	21	50
Total	173	232	405

3. Recommendation

4.1 The Board is asked to:

• Note the current levels of reported MRSA and *C.diff* cases.