

**TRUST BOARD MEETING – 30 September 2010**

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| <b>Title of the Paper:</b>   | <b>Infection Control – Performance Report</b>               |  |  |
| <b>Agenda item:</b>  | 125/10  |  |  |
| <b>Author:</b>   | Colin Johnston, Medical Director/Director of Patient Safety |  |  |
| <b>Trust Objective:</b>  | <i>Objective 1 – Patient Safety</i>                         |  |  |
| <b>Key issues</b><br>Report on <ul style="list-style-type: none"> <li>Current rates of infection</li> <li>Practice issues</li> </ul><br>Purpose<br>Reports on current performance  |   |  |  |
| <b>Risk Implications for the Trust</b><br><i>(including any clinical and financial)</i>  |   | <b>Mitigating Actions (Controls):</b>  |  |
| Failure to achieve compliance with agreed infection targets will affect the rating for the Trust and CQC Outcome 8: Cleanliness and Infection Control.   |   | A framework exists within the Trust to manage the infection control agenda via the Infection Control Committee and the weekly Infection Control Review Meeting |  |
| <b>Level of Assurance that can be given to the Trust Board from the report</b> [significant, sufficient, limited, none]:<br><br>Significant  |   |  |  |
| <b>Links to Key Line of Enquiry (KLOE 1 - 5)</b><br>N/A  |   |  |  |
| <b>Legal Implications:</b><br>The Trust must so far as reasonably practicable ensure that it meets the Care Quality Commission requirements of Outcome 8 (regulation 12) Cleanliness and Infection Control, the requirement of this outcome is that the Trust complies with The Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance. |   |  |  |
| <b>Recommendation to the Trust Board:</b><br>The Trust Board members are asked to: <ul style="list-style-type: none"> <li>Note the current levels of reported MRSA and <i>C.diff</i> cases</li> </ul>  |   |  |  |



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***Public Board Meeting,***

**Infection Control – Performance Report**

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

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## **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.

The report headings have been linked to the relevant 'Code of Practice' criteria

The report meets the requirements of criterion 1.5 of the code of practice, which states that as a minimum there should be quarterly reports to the Trust Board on infection control performance.

## **2. Current Performance**

Criterion 1.5 of the Code of Practice states the Trust must review statistics on the incidence of alert organisms.

### **2.1 Surveillance**

#### **a) MRSA Bacteraemia**

One MRSA bacteraemia was reported in August. A total of three MRSA bacteraemias have been reported to the end of August against the Trust annual trajectory of five. As a result of this an entry has been made on the Trust's Board Assurance Framework as the risk of breaching the trajectory before year end has increased.

RCA again shows areas where practice could be improved.

#### ***b) Clostridium difficile***

The total number of *C.difficile* toxin positive isolates reported being classified as WHHT acquired was three in July and two in August. The total number of hospital acquired cases to the end of August is 17 against the annual trajectory of 56.

Root cause analyses continue to be conducted on all hospital acquired cases.

Letchmore Ward continues to operate as the isolation unit for patients with both MRSA and/or *C. difficile*. Due to the low numbers of patients requiring isolation on

Letchmore ward, one bay is now being used as a 'clean' bay for those patients not requiring isolation.

## **2.2 Practice Performance**

Criterion 1.1 and 1.5 of the Code of Practice states the Trust has a programme of audits in place to ensure that key policies and practices are being implemented appropriately.

### **a) IV Report**

Documentation of care bundles shows good practice, but the MRSA RCA's have indicated that some IV insertions, especially in theatre are not being documented and this has been escalated by the Infection Control Group. Discussions have taken place at the Clinical Policy and Practice group (CPOP) and specific action identified.

### **b) Hand Hygiene Compliance – Lewisham Audits**

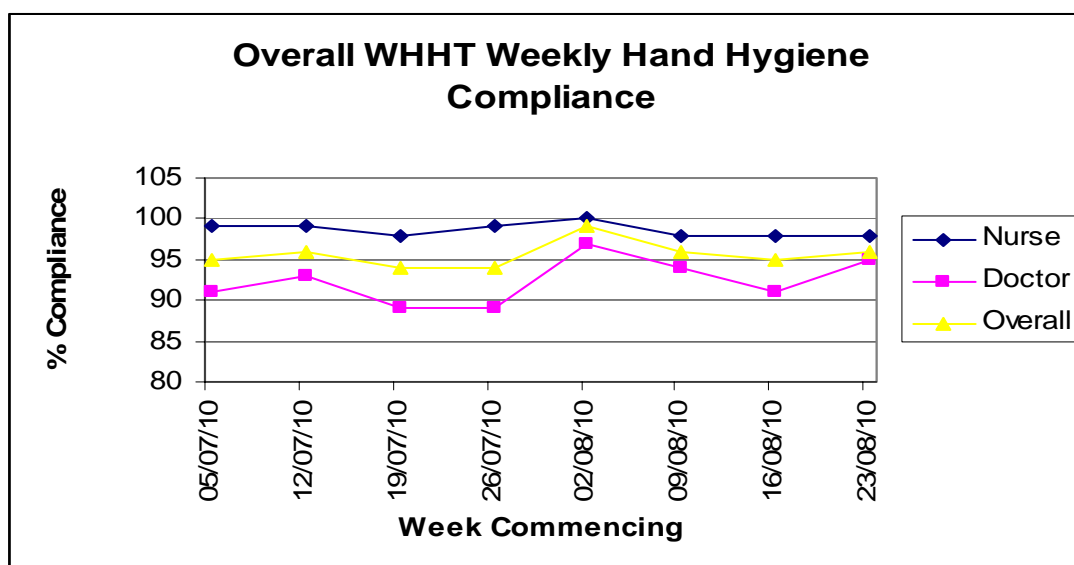
Weekly Hand Hygiene observations continue in all clinical areas, with results distributed and displayed on all Wards/Departments Infection Control Notice Boards for all members of staff, patients and visitors to view. The categories captured within the audit are:

- '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 July and August. Compliance for 'nurses' ranges between 98%-100% with an overall monthly average of 99%, and 'Doctors' ranging between 91%-97% with an overall monthly average of 94%. The Trust's overall monthly average hand hygiene compliance score for July & August is 95% & 97% respectively compared with 97% in June. 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 July & August 2010.



### c) The Health Act 2006/Hygiene Code

The 10 duties of the new hygiene code including evidence of compliance have now been updated.

### d) 'Saving Lives' Action plan/balanced scorecard

The Trust is still awaiting the revised self assessment tool for the ten hygiene code duties, as the tool currently in use is for the original 11 duties. The DoH advised that this will be available in June/July 2010 however this is still not available. Once available the Trust assessment will be updated.

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.

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

Criterion 1.1 of the Code of Practice states the Trust must have suitable and sufficient training in the measures required to prevent and control Infection.

During the months July & August, a total of 490 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 ICN's July & August 2010

| Month        | Nurses and Midwives | HCA's | Doctors/Medical Students | Others | Total |
|--------------|---------------------|-------|--------------------------|--------|-------|
| July- 10     | 73                  | 40    | 59                       | 91     | 263   |
| Aug- 10      | 74                  | 26    | 0                        | 127    | 227   |
| <b>Total</b> | 147                 | 66    | 59                       | 218    | 490   |

**Table 2.** Bands of Staff Trained by ICN's July & August 2010

| <b>Bands/Month</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> | <b>6</b> | <b>7</b> | <b>8</b> | <b>Unknown</b> | <b>Total</b> |
|--------------------|----------|----------|----------|----------|----------|----------|----------|----------------|--------------|
| <b>Jul-10</b>      | 43       | 26       | 13       | 54       | 42       | 13       | 4        | 68             | <b>263</b>   |
| <b>Aug-10</b>      | 59       | 18       | 17       | 60       | 18       | 22       | 4        | 29             | <b>227</b>   |
| <b>Total</b>       | 102      | 44       | 30       | 114      | 60       | 35       | 8        | 97             | <b>490</b>   |

**Table 3.** Numbers of Staff Trained by ICN's by Division July & August 2010

| <b>Month</b>   | <b>Medicine/CoE</b> | <b>Surgery</b> | <b>Women/Children</b> | <b>Clinical Support</b> | <b>Other</b> | <b>Total</b> |
|----------------|---------------------|----------------|-----------------------|-------------------------|--------------|--------------|
| <b>July-10</b> | 52                  | 41             | 15                    | 49                      | 106          | <b>263</b>   |
| <b>Aug-10</b>  | 53                  | 45             | 18                    | 60                      | 51           | <b>227</b>   |
| <b>Total</b>   | 105                 | 86             | 33                    | 109                     | 157          | <b>490</b>   |

**Table 4.** Numbers of Staff Trained by ICN's by Type July & August 2010

| <b>Type of Training</b>                   | <b>July</b> | <b>August</b> | <b>Total</b> |
|---|-------------|---------------|--------------|
| Mandatory Training                        | <b>132</b>  | <b>166</b>    | <b>298</b>   |
| Induction Training for New Staff          | <b>57</b>   | <b>50</b>     | <b>107</b>   |
| Other Infection Control Training Sessions | <b>74</b>   | <b>11</b>     | <b>85</b>    |
| <b>Total</b>                              | <b>263</b>  | <b>227</b>    | <b>490</b>   |

### 3. Recommendation

#### 4.1 The Board is asked to:

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