

TRUST BOARD MEETING – 31 March 2011

Title of the Paper:	Infection Control – Performance Report		
Agenda item:	36/11		
Author:	Colin Johnston, Medical Director		
Trust Objective:	Provide Safe Patient Care		
Key issues Report on <ul style="list-style-type: none"> Current rates of infection Practice issues Purpose Reports on current performance			
Risk Implications for the Trust <i>(including any clinical and financial)</i>		Mitigating Actions (Controls):	
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	
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: 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.			
Recommendation to the Trust Board: The Trust Board members are asked to: <ul style="list-style-type: none"> Note the current levels of reported MRSA and <i>C.diff</i> cases 			

Public Board Meeting – 31 March 2011

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.

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

No MRSA bacteraemias were reported in January or February. A total of three MRSA bacteraemias have been reported to-date against the Trust annual trajectory of five.

b) *Clostridium difficile*

The total number of *C.difficile* toxin positive isolates reported being classified as WHHT acquired was nine in January and eight in February. The total number of hospital acquired cases to the end of February is 47 against the annual trajectory of 56.

A cluster of cases were identified on Croxley throughout January & February. Root cause analysis were carried out and the cases were investigated. An investigation found no obvious cause although it was identified that commode cleaning and doctors hand hygiene had been sub-optimal throughout recent weeks. A deep clean of the ward was carried out promptly. This has been reported as a serious incident.

Root cause analyses continue to be conducted on all hospital acquired cases by both the microbiologist and consultant clinician.

Letchmore ward now has a bay for patients with active *C.diff* diarrhoea and a bay for non-isolated patients.

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.

Hand Hygiene Compliance – Lewisham Audits

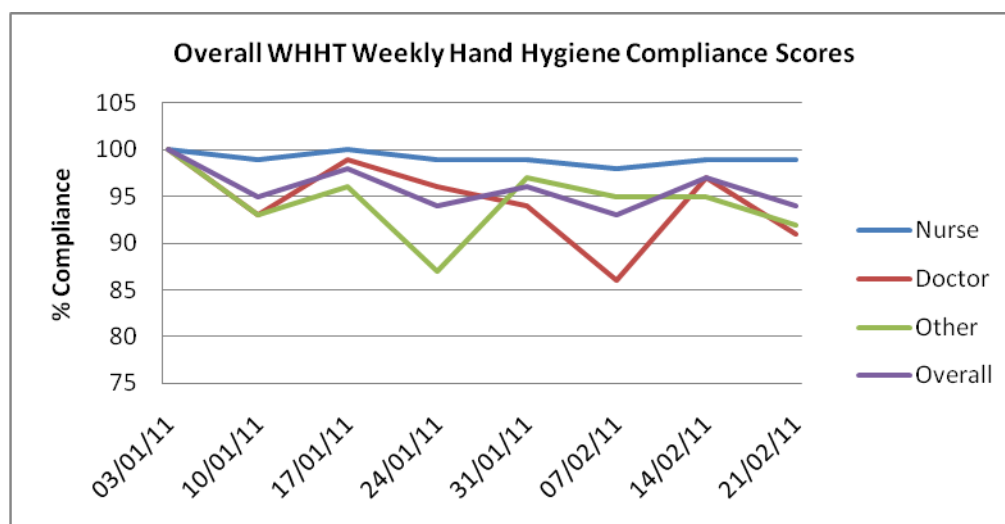
Weekly Hand Hygiene observations continue in all clinical areas, with results distributed and displayed on all Wards/Departments Infection Control Notice Boards for all members of staff, patients and visitors to view. The categories captured within the audit are:

- '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%, and 'Doctors' ranging between 86%-100% with an overall monthly average of 95%. The Trust's overall monthly average hand hygiene compliance score for January & February is 97% & 95% respectively compared with 96% in December. 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 2011.



The Health Act 2006/Hygiene Code

The 10 duties of the hygiene code including evidence of compliance is in place.

'Saving Lives' Action plan

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

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 of January & February, a total of 251 Trust staff 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 January & February 2011

Month	Nurses and Midwives	HCA's	Doctors/Medical Students	Others	Total
Jan-11	38	13	0	76	127
Feb-11	75	8	0	81	164
Total	113	21	0	157	291

Table 2. Bands of Staff Trained by ICN's January & February 2011

Bands/Month	2	3	4	5	6	7	8	Unknown	Total
Jan-11	18	7	5	25	16	11	3	42	127
Feb-11	13	8	3	45	37	13	3	42	164
Total	31	15	8	70	53	24	6	84	291

Table 3. Numbers of Staff Trained by ICN's by Division January & February 2011

Month	Medicine/CoE	Surgery	Women/Children	Clinical Support	Other	Total
Jan-11	20	11	18	35	43	127
Feb-11	27	21	17	50	49	164
Total	47	32	35	85	92	291

Table 4. Numbers of Staff Trained by ICN's by Type January & February 2011

Type of Training	January	February	Total
Mandatory Training	84	124	208
Induction Training for New Staff	43	40	83
Other Infection Control Training Sessions	0	0	0
Total	127	164	291

3. Recommendation

4.1 The Board is asked to:

- Note the current levels of reported MRSA and *C.diff* cases
- Note the mandatory training compliance across the Trust.

Colin Johnston
Medical Director