

TRUST BOARD MEETING 24 November 2011

Title of the Paper:	Infection Control – Performance Report		
Agenda item:	176/11		
Author:	Dr Colin Johnston, Director of Patient Safety, Medical Director		
Trust Objective:	1. 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]: Sufficient			
Links to BAF, CQC outcomes, Statutory Requirements BAF References: 2776, 2767 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 			

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. difficile* 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 September. This was identified as line related and further education and audits have taken place. The total to-date is one against the annual trajectory of four.

b) *Clostridium difficile*

No hospital acquired *C.difficile* toxin positive isolates were reported during the months of September and October. This is the first time that no *C.difficile* toxin positive isolates have been identified for two consecutive months. The total number of hospital acquired cases to the end of October is 7 against the annual trajectory of 33.

Letchmore ward continues to have one side room ring-fenced for patients with symptomatic *C.difficile*.

c) MSSA Bacteraemia

The Trust is required to MESS report and undertake RCA's on all post-48 hour MSSA bacteraemias and all pre-48 hour bacteraemias on patients with risk factors. In September, two bacteraemias were reported and in October five were reported, of which all were community acquired.

D) *E.coli* Bacteraemia

The Trust is also required to MESS report all *E.coli* bacteraemias and undertake RCA's on all post-48 hour bacteraemias and all pre-48 hour bacteraemias for patients with risk factors. In September there were 12 bacteraemias all of which were community acquired and in October, 13 bacteraemias were reported of which 11 were community acquired.

E) VRE (*Vancomycin Resistant Enterococci*)

VRE is an organism found in the gut of many people. This is normally of no clinical concern, however if they are associated with clinical infections it can be problematic. Recently two cases of VRE were isolated on one ward - one bacteraemia and one urine infection. This was unusual therefore a process of screening and typing was undertaken to identify if there was cross infection and fortunately the results gave no indication of hospital transmission and there have been no further clinical concerns.

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) Hand Hygiene Compliance – Lewisham Audits

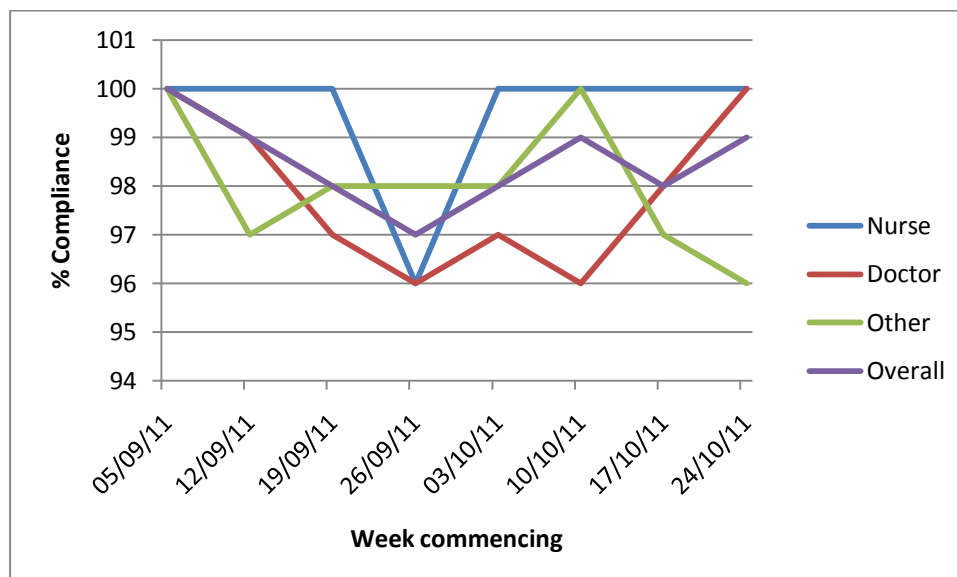
Weekly Hand Hygiene observations continue in all clinical areas, with results distributed and displayed on all wards/departments infection control notice boards for all members of staff, patients and visitors to view. The categories captured within the audit are:

- '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 September and October. Compliance for 'nurses' in ranges between 96% -100% with an overall monthly average of 100%, and 'Doctors' also ranging between 96%-100% with an overall monthly average of 98%. The Trust's overall monthly average hand hygiene compliance score for September & October is 98% & 99% respectively. 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 September & October 2011.



b) The Health Act 2006/Hygiene Code

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

c) '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.

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 of September & October, a total of 558 Trust staff received infection control training from the Infection Control Nurses. The sessions provided include corporate induction sessions for new staff, mandatory updates for all staff, *C.difficile* study days and the six day infection control awareness course.

Table 1. Total number of staff trained by ICN's Sept & Oct 2011

Month	Nurses and Midwives	HCA's	Doctors/Medical Students	Others	Total
Sept-11	66	27	0	140	233
Oct-11	124	41	14	146	325
Total	190	68	14	286	558

Table 2. Bands of Staff Trained by ICN's Sept & Oct 2011

Bands/Month	2	3	4	5	6	7	8	Unknown	Total
Sept-11	8	6	4	18	9	6	3	179	233
Oct-11	38	12	8	65	49	19	4	130	325
Total	46	18	12	83	58	25	7	309	558

Table 3. Numbers of Staff Trained by ICN's by Division Sept & Oct 2011

Month	Medicine/CoE	Surgery	Women/Children	Clinical Support	Other	Total
Sept-11	51	34	20	45	83	233
Oct-11	83	59	25	83	75	325

Total	134	93	45	128	158	558
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Table 4. Numbers of Staff Trained by ICN's by Type Sept & Oct 2011

Type of Training	Sept	Oct	Total
Mandatory Training	178	242	420
Induction Training for New Staff	55	45	100
Other Infection Control Training Sessions	0	38	38
Total	233	325	558

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.