

TRUST BOARD MEETING – 29 September 2011

Title of the Paper:	Infection Control – Performance Report		
Agenda item:	136/11		
Author:	Dr Colin Johnston, Medical Director/ Director of Patient Safety		
Trust Objective:	<i>Objective 1 – Patient Safety</i>		
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 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,

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 July or August hence the annual total remains at nil against the Trust annual trajectory of four.

b) *Clostridium difficile*

The total number of *C.difficile* toxin positive isolates reported being classified as WHHT acquired was two in July and one in August. The total number of hospital acquired cases to the end of August is 7 against the annual trajectory of 33.

Root cause analyses (RCA's) continue to be conducted on all hospital acquired cases by both the microbiologist and consultant clinician. These RCA's are discussed at the bi-weekly HCAI infection control meetings.

Letchmore ward now has four side rooms which were ring-fenced for patients with active *C.diff* diarrhoea. However, due to the low numbers of patients with *C.diff* diarrhoea and bed pressures, only one side room is now ring-fenced. Two bays of non-isolated patients continue.

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 July, four bacteraemias were reported (one community acquired & 3 hospital acquired) and in August, one was reported which was 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 July there were 20 bacteraemias of which 15 were community acquired and in August, 15 bacteraemias were reported of which 12 were community acquired.

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

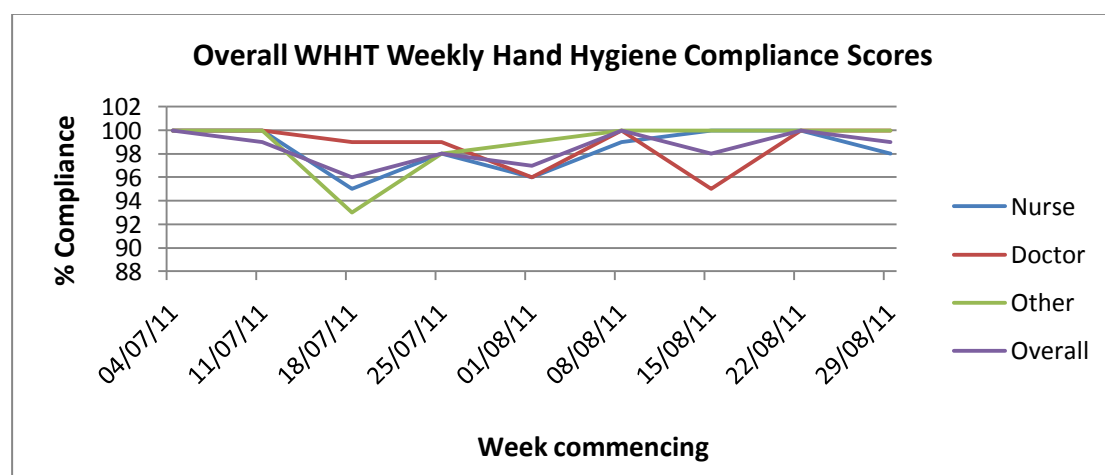
Weekly Hand Hygiene observations continue in all clinical areas, with results distributed and displayed on all Wards/Departments Infection Control Notice Boards for all members of staff, patients and visitors to view. The categories captured within the audit are:

- '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 July and August. Compliance for 'nurses' in ranges between 95% -100% with an overall monthly average of 98%, and 'Doctors' ranging between 95%-100% with an overall monthly average of 99%. The Trust's overall monthly average hand hygiene compliance score for July & August is 98% & 99% respectively compared with 98% 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 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 July & August, a total of 542 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 ICNs July & Aug 2011

Month	Nurses and Midwives	HCA's	Doctors/Medical Students	Others	Total
July-11	84	38	48	84	254
Aug-11	83	53	1	151	288
Total	167	91	49	235	542

Table 2. Bands of Staff Trained by ICNs July & Aug 2011

Bands/Month	2	3	4	5	6	7	8	Unknown	Total
July-11	40	8	2	67	22	3	1	111	254
Aug-11	53	18	27	61	33	13	15	68	288
Total	93	26	29	128	55	16	16	179	542

Table 3. Numbers of Staff Trained by ICNs by Division July & August 2011

Month	Medicine/CoE	Surgery	Women/Children	Clinical Support	Other	Total
July-11	66	26	17	74	71	254
Aug-11	53	43	24	65	103	288
Total	119	69	41	139	174	452

Table 4. Numbers of Staff Trained by ICNs by Type July & August 2011

Type of Training	July	August	Total
Mandatory Training	138	192	330
Induction Training for New Staff	51	52	103
Other Infection Control Training Sessions	65	44	109
Total	254	288	542

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, September 2011