
Public Board Meeting, 29 March 2012

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 have been reported in January or February. The total to-date therefore is one against the annual trajectory of four.

b) *Clostridium difficile*

Two hospital acquired *C.difficile* toxin positive isolates were reported in January and three in February. The total number of hospital acquired cases to the end of February is 14 against the annual trajectory of 33.

Unfortunately the February figures exceed the given monthly trajectory of 2 cases so we have had to report a red rating on our governance report for this criteria for this month

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

c) MSSA Bacteraemia

The Trust is required to MESS report and undertake RCA's on all post-48 hour MSSA bacteraemias and RCAs are only required on pre-48 hour bacteraemias if the patient has risk factors. RCAs are carried out on all these patients however, as risk factors are not identified until an RCA is undertaken. In January, six bacteraemias were reported

of which two were hospital acquired. Three MSSA bacteraemias were reported in February, of which two were considered to be hospital 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. RCAs are only required on pre-48 hour bacteraemias if the patient has risk factors, however RCAs are carried out on all these patients as risk factors are not identified until an RCA is undertaken. In January there were 13 bacteraemias of which two were hospital acquired. In February 14 were reported of which two were hospital acquired.

e) European Prevalence Survey

A provisional report for WHHT has been received for the fourth national point prevalence survey on healthcare associated infections was undertaken last year. Five healthcare associated infections were identified in total. A final report with comparative data from other Trusts should be available in March 2012.

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

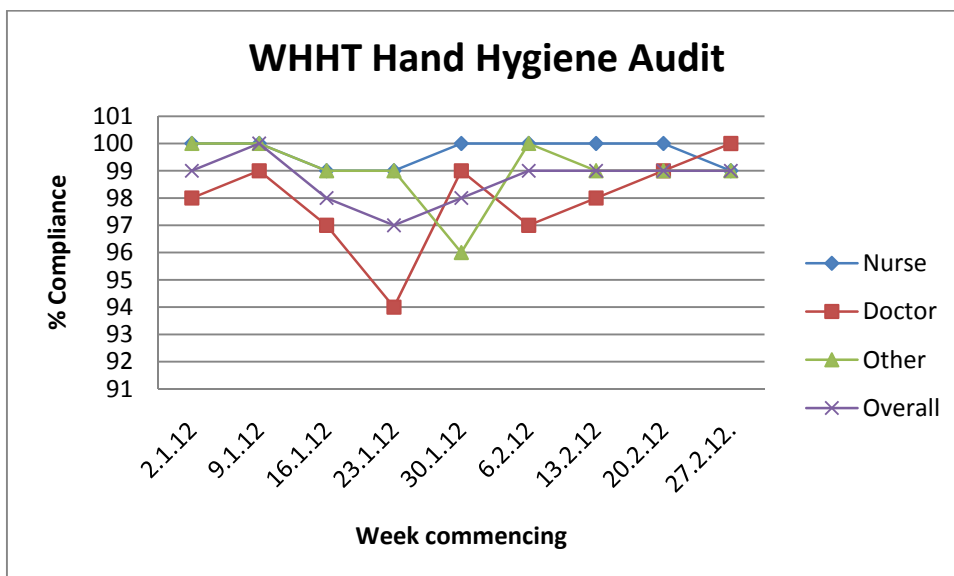
Weekly Hand Hygiene observations continue in all clinical areas, with results distributed and displayed on all wards/departments infection control notice boards for all members of staff, patients and visitors to view. The categories captured within the audit are:

- '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 January and February. Compliance for 'nurses' was 99%-100%, and 'Doctors' ranging between 94%-100%. The Trust's overall monthly average hand hygiene compliance score for January & February is 99% for each months. 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 2012.



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 January & February, a total of 434 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 Jan & Feb 2012

Month	Nurses and Midwives	HCA's	Doctors/Medical Students	Others	Total
Jan -12	85	38	5	100	228
Feb -12	67	17	10	112	206
Total	152	55	15	212	434

Table 2. Bands of Staff Trained by ICN's Jan & Feb 2012

Bands/Month	2	3	4	5	6	7	8	Unknown	Total
Jan-12	43	9	31	55	40	21	7	22	228
Feb -12	32	16	18	38	30	17	7	48	206
Total	75	25	49	93	70	38	14	70	434

Table 3. Numbers of Staff Trained by ICN's by Division Jan & Feb 2012

Month	Medicine/CoE	Surgery	Women/Children	Clinical Support	Other	Total
Jan -12	54	24	39	48	63	228
Feb-12	37	22	30	49	68	206

Total	91	46	69	97	131	434
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Table 4. Numbers of Staff Trained by ICN's by Type Jan & Feb 2012

Type of Training	Jan	Feb	Total
Mandatory Training	162	151	313
Induction Training for New Staff	61	45	106
Other Infection Control Training Sessions	5	10	15
Total	228	206	434

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.