

TRUST BOARD MEETING –2012

Title of the Paper:	Infection Control – Performance Report	
Agenda item:	91/12	
Author:	Frances Stratford, Assistant Director of Infection and Prevention Control	
Trust Objective:	<i>Objective 1 – Patient Safety</i>	
<p>Purpose Reports on current performance</p> <p>Key issues Report on</p> <ul style="list-style-type: none"> • Current rates of infection • Practice issues 		
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
<p>Level of Assurance that can be given to the Trust Board from the report [significant, sufficient, limited, none]:</p> <p>Sufficient</p>		
<p>Links to Key Line of Enquiry (KLOE 1 - 5) N/A</p> <p>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.</p>		
<p>Recommendation to the Trust Board: The Trust Board members are asked to:</p> <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' criterions

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 March therefore the end-of-year total was one, against the annual trajectory of four. The new annual trajectory set for the year 2012 – 2013 is two. No MRSA bacteraemias were reported in April.

b) *Clostridium difficile*

Three hospital acquired *C.difficile* toxin positive isolates were reported in March resulting in a final total of 17 against the annual trajectory of 33. This was higher than the stipulated monthly target of 2 so would have an adverse effect on our governance rating. The new annual trajectory set for the year 2012 – 2013 is 33 and one case was reported in April.

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

c) MSSA Bacteraemia

The Trust continues to report and undertake RCA's on MSSA bacteraemias. In March, three bacteraemias were reported none of which were hospital acquired. The annual total reported was 44. Four MSSA bacteraemias were reported in April of which one was considered to be hospital acquired. No trajectories are set for MSSA bacteraemias.

d) *E.coli* Bacteraemia

The Trust continues to report and undertake RCA's on *E.coli* bacteraemias. In March there were 14 bacteraemias of which three were hospital acquired. The annual total was 169. In April, 18 were reported of which two were hospital acquired.

e) European Prevalence Survey

There has been a delay in the analysis and distribution of the final report on the fourth national point prevalence survey on healthcare associated infections undertaken last year. Hopefully the Trust should now receive the report by June 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. Environmental audits are being undertaken in all clinical areas around the Trust. Action plans are then drawn up for departments to action.

a) Hand Hygiene Compliance – Lewisham Audits

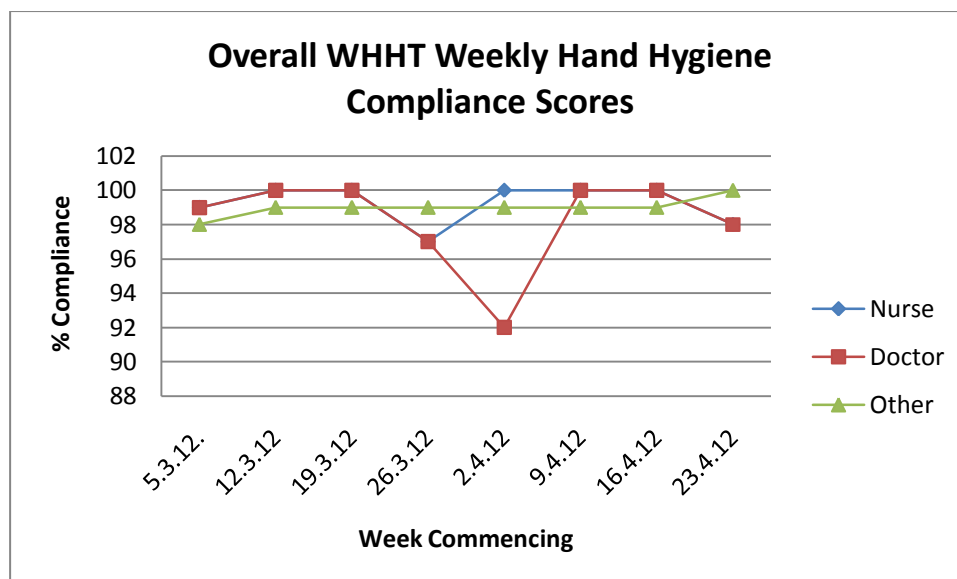
Weekly Hand Hygiene observations continue in all clinical areas, with results distributed and displayed on infection control notice boards for all members of staff, patients and visitors to view. The categories captured within the audit are:

- '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 March and April. Compliance for 'nurses' was 97%-100%, and 'Doctors' ranging between 92%-100%. The Trust's overall average hand hygiene compliance score for March & April is 99%. 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 March and April 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 March & April, a total of 319 Trust staff received infection control training from or arranged by the infection control nurses. The sessions provided include corporate induction sessions for new staff, mandatory updates for all staff and *C.difficile* formal training sessions.

Table 1. Total number of staff trained by ICN's March & April 2012

Month	Nurses and Midwives	HCA's	Doctors/Medical Students	Others	Total
March -12	81	32	1	86	200
April -12	54	18	3	44	119
Total	135	50	4	130	319

Table 2. Bands of Staff Trained by ICN's March & April 2012

Bands/Month	2	3	4	5	6	7	8	Unknown	Total
March-12	23	12	22	36	42	16	2	47	200
April -12	28	1	11	31	24	13	3	8	119
Total	51	13	33	67	66	29	5	55	319

Table 3. Numbers of Staff Trained by ICN's by Division March & April 2012

Month	Medicine/CoE	Surgery	Women/Children	Clinical Support	Other	Total
March -12	81	32	1	86		200
April -12	54	18	3	44		119
Total	135	50	4	130		319

March -12	62	37	27	38	36	200
April-12	33	13	25	15	33	119
Total	95	50	52	53	69	319

Table 4. Numbers of Staff Trained by ICN's by Type March & April 2012

Type of Training	March	April	Total
Mandatory Training	116	61	177
Induction Training for New Staff	58	37	95
Other Infection Control Training Sessions	26	21	47
Total	200	119	319

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.