

TRUST BOARD MEETING – 29 November 2012

Title of the Paper:	Infection Control – Performance Report
Agenda item:	Part 1 21/12
Author:	Frances Stratford, Assistant Director of Infection and Prevention Control
Trust Objective:	1 – Provide Safe Patient Care 2 – Improve outcomes and quality of care 3 – Improve the patient experience
Key issues Purpose – to report on current performance: <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 <i>(Controls):</i>
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 [Sufficient	
Links to CQC/NHSLA/BAF CQC Outcome 8 and BAF risks 2766 and 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 • Take assurance from the work outlined to reduce risk of failing to prevent and control health acquired infections 	

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

One hospital acquired MRSA bacteraemia was reported in September hence the total number of MRSA bacteraemias to-date is one against the trajectory of two. The central venous catheter was felt to be the most likely source of this bacteraemia as there were no other obvious causes.

b) *Clostridium difficile*

Four hospital acquired *C.difficile* toxin positive isolates were reported in September and eight in October bringing the total to 30 against the annual trajectory of 33. The Trust is therefore over trajectory to-date. Root cause analyses continue to be undertaken on each of these patients and discussed at the bi-weekly HCAI meetings. The most common factors being identified are the inappropriate use of antibiotics and delay in isolation. These are addressed with the relevant staff during the RCA meetings.

Although Letchmore ward continues to have one side room ring-fenced for patients with *C.difficile* associated diarrhoea, due to bed pressures and capacity, it is not always possible to keep this bed vacant. As such, not all patients with *C.diff* are able to be transferred to Letchmore ward as per Trust policy. The single sex accommodation policy also causes a delay in isolation at times as although side rooms can be made available, the patients are of different sex hence these side rooms cannot be used.

Two serious incidents were reported to the Strategic Health Authority due to the number of *C.diff* cases. Three cases were identified at HHGH and two in the Stroke

unit, hence classified as an outbreak. All cases were investigated thoroughly and evidence to suggest cross infection was minimal.

c) MSSA Bacteraemia

The Trust continues to report and undertake RCA's on MSSA bacteraemias. In September, five bacteraemias were reported, all of which were community acquired, and in October, eight were reported, all of which were community acquired. The total number of hospital acquired cases reported since April '12 is 14. 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 September there were 19 bacteraemias of which six were hospital acquired and in October, 13 were reported of which one were hospital acquired. No trajectories are set for *E.coli* bacteraemias.

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

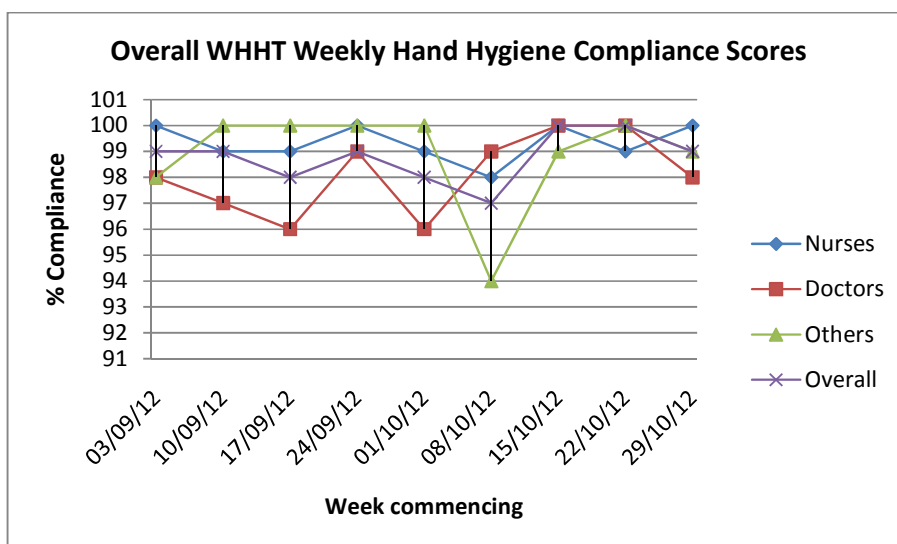
Weekly Hand Hygiene observations continue in all clinical areas, with results distributed and displayed on infection control notice boards for all members of staff, patients and visitors to view. The categories captured within the audit are:

- '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 September and October. Compliance for 'nurses' was 99%-100% and 'Doctors' ranging between 98%-99%. The Trust's overall average hand hygiene compliance score for September and October 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 September and October 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 September and October, a total of 310 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, *C.difficile* formal training sessions and ad-hoc training sessions.

Table 1. Total number of staff trained by ICNs September and October 2012

Month	Nurses and Midwives	HCA's	Doctors/Medical Students	Others	Total
Sept -12	53	28	0	111	192
Oct -12	52	37	0	29	118
Total	105	65	0	140	310

Table 2. Numbers of Staff Trained by ICN's by Division September and October 2012

Month	Medicine/CoE	Surgery	Women/Children	Clinical Support	Other	Total
Sept -12	47	20	19	47	59	192
Oct-12	51	19	17	21	10	118
Total	98	39	36	68	69	310

Table 3. Numbers of Staff Trained by ICNs by Type September and October 2012

Type of Training	Sept	Oct	Total
Mandatory Training	103	66	169
Induction Training for New Staff	56	33	89
Other Infection Control Training Sessions	33	19	52
Total	192	118	310

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.