

**TRUST BOARD MEETING –31<sup>st</sup> January 2013**

Title of the Paper:	Infection Control – Performance Report		
Agenda item:	15/13		
Author:	Colin Johnston, Medical Director & Director of Patient Safety		
Trust Objective:	Objective 1 – Patient Safety		
<b>Key issues</b> Report on <ul style="list-style-type: none"><li>• Current rates of infection</li><li>• Practice issues</li></ul> Purpose Reports on current performance			
<b>Risk Implications for the Trust</b> (including any clinical and financial)		<b>Mitigating Actions (Controls):</b>	
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	
<b>Level of Assurance that can be given to the Trust Board from the report</b> [significant, sufficient, limited, none]:  Sufficient			
<b>Links to Key Line of Enquiry (KLOE 1 - 5)</b> N/A			
<b>Legal Implications:</b> 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.			
<b>Recommendation to the Trust Board:</b> The Trust Board members are asked to: <ul style="list-style-type: none"><li>• Note the current levels of reported MRSA and <i>C.diff</i> cases</li></ul>			



***Public Board Meeting,***

**Infection Control – Performance Report**

Presented by: **Maxine McVey, Interim Director of Nursing, on behalf of Colin Johnston, Medical Director**

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## **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 hospital acquired MRSA bacteraemias were reported in November or December hence the total number of MRSA bacteraemias to-date remains at one against the trajectory of two.

#### **b) *Clostridium difficile***

Three hospital acquired *C.difficile* toxin positive isolates were reported in November and one in December bringing the total to 34 against the annual trajectory of 33. The Trust has therefore breached its annual trajectory. The incidence has however reduced in November and December compared with September and October when a total of 12 hospital acquired *C. difficile* results were reported. Root-cause analyses (RCAs) continue to be undertaken on each of these patients and discussed at the bi-weekly HCAI meetings. Antibiotic use and delays in isolation continue to be factors identified during RCAs and this is addressed with the staff at the HCAI 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. Letchmore ward will become part of the surgical division in January 2013 and six side-rooms have been allocated on AAU level 3 to accommodate infectious patients. *C.difficile* will have priority. This facility will require minor building alterations and the work is due to begin early in the New Year. 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.

#### **c) MSSA Bacteraemia**

The Trust continues to report and undertake RCA's on MSSA bacteraemias. In November, four bacteraemias were reported, one of which was hospital acquired, and in December, six were reported, of which one was community 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 November there were 18 bacteraemias of which four were hospital acquired and in December, 14 were reported of which three 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**

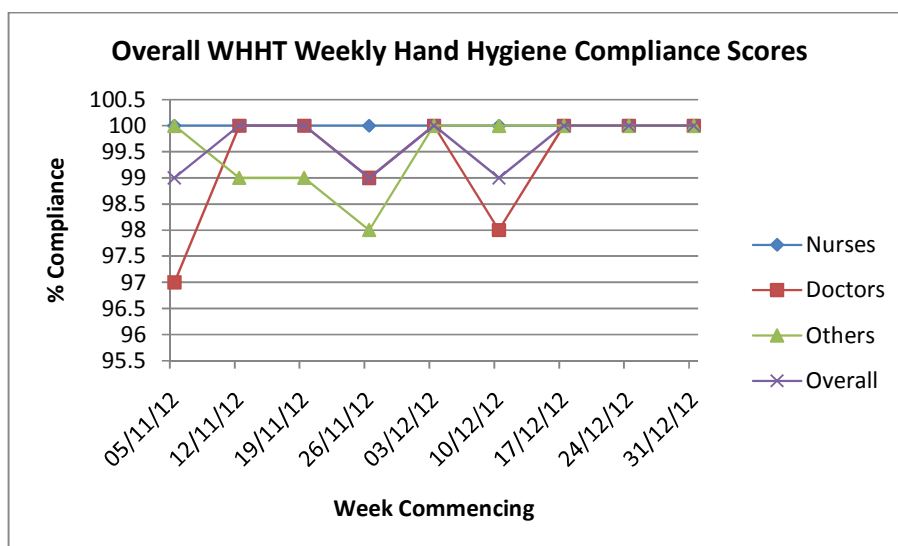
Weekly Hand Hygiene observations continue in all clinical areas, with results distributed and displayed on infection control notice boards for all members of staff, patients and visitors to view. The categories captured within the audit are:

- '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 November and December. Compliance for 'nurses' was 100% and 'Doctors' ranging between 97%-100%. The Trust's overall average hand hygiene compliance score for November and December 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 November and December 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 November and December, a total of 305 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 ICN's November and December 2012

Month	Nurses and Midwives	HCA's	Doctors/Medical Students	Others	Total
Nov -12	73	16	1	116	206
Dec -12	64	7	0	28	99
<b>Total</b>	<b>137</b>	<b>23</b>	<b>1</b>	<b>144</b>	<b>305</b>

**Table 2.** Numbers of Staff Trained by ICN's by Division November and December 2012

Month	Medicine/CoE	Surgery	Women/Children	Clinical Support	Other	Total
Nov-12	72	32	27	40	35	206
Dec-12	31	22	22	13	11	99
<b>Total</b>	<b>103</b>	<b>54</b>	<b>49</b>	<b>53</b>	<b>46</b>	<b>305</b>

**Table 3.** Numbers of Staff Trained by ICN's by Type November and December 2012

Type of Training	Nov	Dec	Total
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Mandatory Training	135	15	<b>150</b>
Induction Training for New Staff	52	64	<b>116</b>
Other Infection Control Training Sessions	19	20	<b>39</b>
<b>Total</b>	<b>206</b>	<b>99</b>	<b>305</b>

### 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.