

ITEM: 10/123
Doc: 08

Meeting: Trust Board
Date: 27 October 2010

Title: **Infection prevention and control report: April – September 2010 (Quarters one and two)**

Executive Summary:

Work has continued throughout the last six months to successfully meet all the external targets and embed safe infection prevention and control practice throughout the trust.

From April 2010 there has been one case of MRSA Bacteraemia attributable to the trust, against a target of no more than four cases throughout the year. There has also been one PCT attributable case (patient admitted with it) that NHS Islington is investigating.

The latest MRSA screening audit showed 89% compliance for emergency patients and 82% for elective.

At the end of September there were 20 cases of c.difficile against a target of no more than 31 cases at that point in time. The annual target is no more than 79 cases.

All other ward based infection indicator audit results are now presented in a dashboard (attached). 73% of the audits show full compliance. The results show the need for an ongoing emphasis on the need for correct hand hygiene.

Work to implement the actions in the overall trust infection prevention and control plan has continued. Of the eleven Saving Lives actions, five are green, four amber and two red rated, the two red being isolation practice and prevention of surgical site infection. All four governance actions are green rated – these areas are discussed in the report.

Action: For information

Report from: Veronica Shaw
 Assistant Director of Nursing and Clinical Development

Sponsor: Bronagh Scott
 Director of Nursing and Clinical Development

Financial Validation	Name of finance officer
Lead: Director of Finance	

Compliance with Care Quality Commission Regulations / Outcomes	Reference:
Lead: Director of Nursing & Clinical Development	Regulation 12 / Outcome 8: Cleanliness and infection control

Infection prevention and control update: April - September 2010

1. Performance against Trust targets

1.1 MRSA Bacteraemia

There has been one MRSA case attributable to the trust since April 2010 against a target of no more than four cases in the year. These were formerly described as post-48 hour cases, meaning the bacteraemia was acquired at the trust. There has also been one PCT attributable MRSA Bacteraemia case, previously described as a pre-48hours case. NHS Islington is investigating this.

1.2 MRSA Screening

The latest MRSA screening audits showed 89% compliance for emergency patients, and 82% for elective against a target that all adult patients should be screened. Non-compliance for emergency patients occurs mainly in the Emergency Department at weekends, or when patients are admitted by another route other than ED, such as directly from clinic, or from another hospital. The compliance score for elective patients is mainly let down by haematology and urology day cases. These patients do not attend for pre-admission assessment where the other elective patients are screened. The Infection Control Team are working with the relevant matrons/senior staff to try and improve processes so that compliance improves.

1.3 Clostridium Difficile (C.diff)

At the end of September there were 20 cases of c.diff against a target of no more than 31 cases at that point in time. The annual target is no more than 79 cases. Whilst meeting the target currently there is no room for complacency as during the winter months it is usual for cases to rise. Staff therefore need to maintain vigilance around hand hygiene, environment cleaning (especially commodes) and good isolation practice, as well as medical staff prescribing antibiotics appropriately.

1.4 Root Cause Analysis (RCA)

Each case of MRSA Bacteraemia and outbreak of c.diff is reported externally to MHS London via STEIS and fully investigated by carrying out an infection control specific RCA. Actions arising from the findings are converted to an RCA action plan and monitored monthly at the Infection Control Committee, until they have all been completed.

1.5 Monitoring

As well as the trust wide action plan and ward-based dashboards which are discussed below, a weekly "flash report" is produced, that sets out progress against the key targets. This is shared with the executive committee and relevant senior managers/clinical staff throughout the trust.

2. Progress against trust-wide infection prevention and control plan

Work has continued to implement the actions in the trust's infection prevention and control plan. Of the eleven Saving Lives actions, five are green, four amber and two red rated, the two red being isolation practice and prevention of surgical site infection. All four governance actions are green rated.

With regards to the red areas work to reach full compliance in isolation practice continues, with emphasis on educating and monitoring staff. However with regards to surgical site infection surveillance, good progress has been achieved in orthopaedics joint replacements, colorectal and vascular specialties. An initial caesarean section surveillance exercise was carried out, but will not be resumed until an electronic system is in place to capture the data. (It is not currently included in COUINs). It is not, however, possible to carry out surveillance on the additional specialities asked for (10 in total) as it is labour intensive and there are insufficient staff to do this. A business case is being developed to ask for an additional post to support this area of work.

3. Ward infection prevention and control indicator dashboard

Individual ward scores against the relevant infection prevention and control indicators are now set out in easy to see dashboard. The dashboard is shared with the ward staff and matrons as soon as it is available, so that corrective actions can be taken as soon as possible where indicated. The dashboard also shows the previous quarter's scores so that progress can be monitored over time.

The dashboards for quarters one and two are attached, with the latest showing that 73% of wards were green and fully compliant. The 8% of reds are of concern, the main area being hand hygiene. The relevant ward managers and matrons are addressing this and daily audits are being carried out until the performance has improved.

4. Training

A critical success factor in preventing and controlling infection is to ensure that our staff have up to date skills and knowledge to enable them to practice safely. An ongoing trust-wide training programme, supported by competency assessment, is therefore essential. This is built into the action plan and focuses on the management of urinary catheters, peripheral cannulae and taking of blood cultures. During the last year training has been provided to junior doctors by the DIPC/infection control team, and to nurses/midwives by the trust's training team. A training needs analysis is being undertaken to show how much more training needs to be provided and the number/type of trainers needed to provide it.