

Board of Directors (Public)

Item 9

Subject: Infection Prevention and Control Quarterly Report
Date of meeting: 27th January 2015
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Presented by: Dr Glenn Russell/Director of Infection Prevention and Control

Board Report

Data Quality Rating	BAF Ref	Impact on BAF Risk Rating?
Silver	2,3	

1. Executive Summary

This paper provides information and an update on infection prevention and control issues for the time period 1st October -30th December 2014. Previous papers have covered the period up to the end of September 2014.

2. Background

High standards of infection prevention and control are essential to ensure that people who use health care services receive safe and effective care. The *Health and Social care Act 2008: Code of Practice on the prevention and control of infections* identifies that good organisational processes and a robust assurance framework are essential to ensure effective infection prevention.

In order to demonstrate that infection prevention is integrated into the assurance framework one recommendation is that the Trust Board receives regular updates from the infection prevention and control team, including information on alert organisms, outbreaks, cleanliness standards and audit information.

3. Issues

3.1 Surveillance and Alert organisms

3.1.2 Mandatory reporting

There is a requirement that bacteraemias (positive blood cultures) caused by certain bacteria and also *Clostridium difficile* infections are monitored and reported to Public Health England on a monthly basis. These cases are also reported to the Clinical Commissioning Group monthly.

	Number of cases October –December 14	Target for 2014/15	Comments
MRSA bacteraemias	1	0	Initial review – not attributable to LHCH
Staphylococcus aureus (MSSA) bacteraemias	4	Mandatory reporting but no targets assigned	1 patients had post-operative wound infection following cardiac surgery. 1 patient had pneumonia and 1 patient the source could not be identified
E. coli bacteraemias	3	Mandatory reporting but no targets assigned	1 not attributable to the Trust. 2 patients the probable cause was urosepsis but they did not have urinary catheters inserted whilst in the Trust.
Clostridium difficile infection	1 case (4 cases to date)	≤ 1case per year	Reviews performed. Although these have been automatically attributed to the Trust because the samples were taken here, there is still an unresolved determination about whether there were any lapses in care identified. Awaiting details of the appeal process from LCCG.

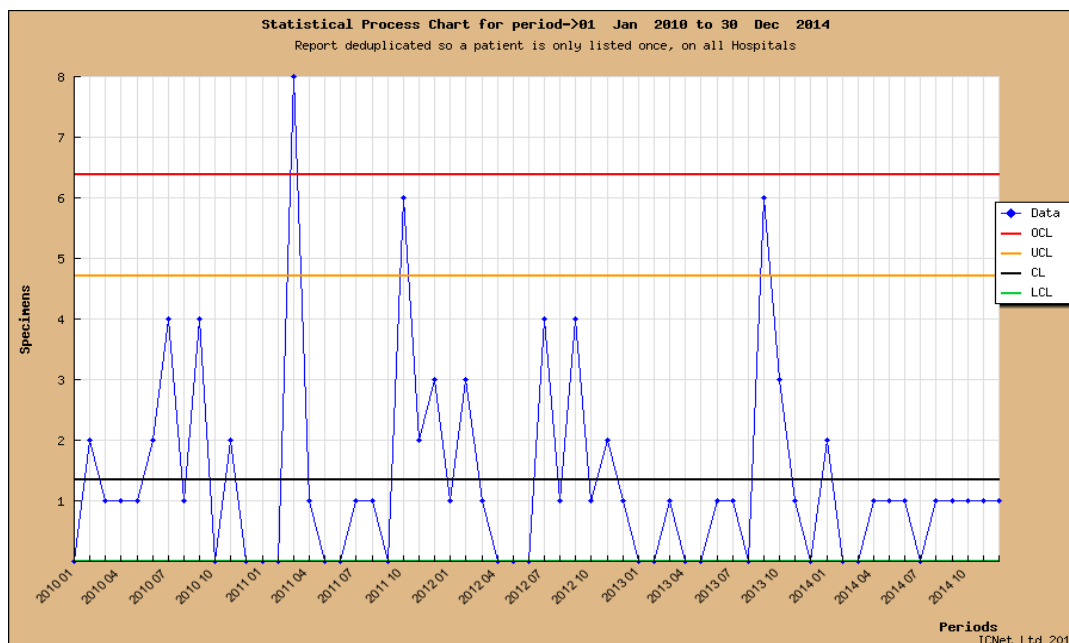
3.1.3 Clostridium difficile Infections

There has been a further patient with C. difficile infection in October. Review carried out, including information from other Trusts and the community. This identified that the patient had already had C difficile infection some months previously. Therefore possible relapse. No antibiotics given at LHCH and no lapses of care identified.

3.1.4 MRSA – all cases

Cases of MRSA in the Trust are closely monitored to identify any increased incidence or outbreaks.

The graph below shows all cases of patients with MRSA in the Trust since 2010 which have been designated as Trust acquired, including both colonised and infected patients.



The number of patients acquiring MRSA whilst an inpatient in the Trust remain very low.

3.1.5 Carbapenemase Producing Enterobacteriaceae (CPE)

2 cases in October.

1 patient (patient A) transferred in from another Trust already known to be positive for CPE. All precautions taken.

Another patient (patient B) became positive whilst an inpatient therefore attributed to the Trust. Although there was no direct overlap there was only a short space of time between the discharge of patient A and the admission of patient B and they were nursed on the same ward. Full review undertaken and liaison with transferring Trust. Screening exercise undertaken of remaining contact patients and also of relevant clinical areas. All screens negative. CPE positive isolate sent to reference laboratory which indicates that this was a KPC strain but different to patient A and to any that had been identified in this Trust before. There had been possible contact with other patients with this strain before admission. Therefore there is probability that patient B had been colonised prior to transfer to this Trust.

The DIPC will produce a CPR strategy for review summer 2015.

3.1.6 Norovirus

Some patients have been symptomatic but they have isolated cases only, no outbreaks or periods of increased incidence identified.

3.2. Hand hygiene

Clinical areas carry out weekly observational audits of hand hygiene in their area, with 1 audit in a peer review ward each month. Some areas have not submitted all the audits but this has been raised with the relevant managers and the results have been forwarded to the ADNs so they can monitor that the audits are performed according to the schedule.

	October	November	December
Results of Compliance Audits	99%	99%	100%
No. of Observations	649	575	703

3.3. Cleanliness

A standard monitoring tool is used by the Hygiene supervisors to assess environmental cleanliness. The target is an overall Trust score of 95%, with an individual score for clinical areas of 95% or above.

The overall monitoring scores for the Trust were:

	October	November	December
Results	96%	93%	99%

3.4. Audits

Audits have been performed monitoring standards related to:

Decontamination of equipment

Waste and sharps management

Linen management

Hand gel availability

Screening for S aureus and MRSA before cardiac surgery

Audit scores and any issues identified were fed back to the wards and department managers and the relevant ADNS.

3.5 Water Safety

Water quality on POCCU and ITU has continues to be monitored there have been high counts of Pseudomonas aeruginosa in some outlets. A tap replacement programme has been undertaken with taps specifically designed and engineered to reduce biofilm. The latest results have shown significant improvements.

4. Conclusion

The surveillance of infections and routine audit data continue to be monitored and indicate no outbreaks and no areas of major concern.

Work is ongoing to ensure the annual programme is fulfilled and a robust audit programme is in place.

5. Recommendations

The Board is asked to note the contents of this report.