**Title:** INFECTION PREVENTION & CONTROL PROGRESS REPORT

**Purpose:** To update the Board of Directors on details of the key issues on infection prevention and control at Poole Hospital

**Summary:**
- The report covers infection prevention and control during the month of March 2010. Performance is ahead of target on the key indicators.
- The Infection Control Committee has discussed a report on the norovirus outbreaks and further action is being taken.
- The Director of Infection Prevention and Control is drafting his annual report for the June meeting of the Board of Directors.

**Recommendation:** For scrutiny

**Prepared by:** MARTIN SMITS
Director of Nursing and Patient Services

**Presented by:** MARTIN SMITS
Director of Nursing and Patient Services

**This report is relevant to:**

<table>
<thead>
<tr>
<th>Assurance Framework</th>
<th>✓ Risk Register I/D No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare Standards: Please specify which standard CORE/DEV'T</td>
<td>✓ Financial implications ✔ / NO</td>
</tr>
<tr>
<td>Monitor compliance</td>
<td>Human Resources implications ✔ / NO</td>
</tr>
<tr>
<td>Internal monitoring</td>
<td>Legal implications ✔ / NO</td>
</tr>
</tbody>
</table>
1. **INTRODUCTION**

1.1 The paper provides an update on infection prevention and control across the Trust for March 2010 and a summary of the year 2009-2010.

2. **ACTION PLAN**

2.1 The Infection Prevention and Control Action Plan for the year 2009-2010 has been reviewed by the Infection Control Committee (April 2010) and signed off. Three incomplete items have been carried forward to the new years action plan the remaining 17 items have been successfully completed. The 2010-2011 action plan will be finalised at the May meeting of the Infection Control Committee. The committee is looking to take action in a number of new areas including antibiotic prescribing, caesarean sections and cleaning.

3. **MRSA ROOT CAUSE ANALYSIS**

3.1 There have been no hospital acquired MRSA Bacteraemias in the period 01/03/10-16/04/10.

4. **HAND HYGEINE**

4.1 The Trust continues to monitor the compliance with hand hygiene guidance on a weekly basis. The details of the January audits are summarised on a Care Group basis:

**Care Group Compliance**

<table>
<thead>
<tr>
<th>Care Group</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Care Group</td>
<td>96%</td>
</tr>
<tr>
<td>MCPOD Care Group</td>
<td>99%</td>
</tr>
<tr>
<td>Surgical Care Group</td>
<td>95%</td>
</tr>
<tr>
<td>Trust Overall</td>
<td>97%</td>
</tr>
</tbody>
</table>

4.2 Hand hygiene compliance at 97% has met the target set by the Infection Control Committee for the eighth month running.

4.3 The hand hygiene observation results have also been analysed against staff groups and show the following level of compliance:

**Staff Group Compliance**

<table>
<thead>
<tr>
<th>Staff Group</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualified Nurse/Midwife</td>
<td>98%</td>
</tr>
<tr>
<td>Health Care Assistants</td>
<td>98%</td>
</tr>
<tr>
<td>Physiotherapists</td>
<td>99%</td>
</tr>
<tr>
<td>Other Staff</td>
<td>95%</td>
</tr>
<tr>
<td>Medical Staff</td>
<td>91%</td>
</tr>
</tbody>
</table>
4.4 The Trust measures overall compliance with bare below the elbows and these figures are reported alongside the hand hygiene data. The Trust was compliant on bare below the elbows in March.

5. PERFORMANCE

5.1 Trust performance on MRSA Bacteraemias and C.Difficile infections continues to be strong. The Trust is over-achieving its targets in both areas.

5.2 Annual figures show a performance of 0 MRSA Bacteraemias against a stretch target of 8 and 45 C.Difficile infections against a stretch target of 76.

5.2 The Trust achieved the target (100% of eligible patients) for MRSA screening of elective patients in January 2010 the figures for February and March are currently being validated as they show that the target may not have been achieved.

6. DOMESTIC CONTRACT

6.1 The Infection Control Committee continues to monitor performance against the Domestic Cleaning Contract and the March 2010 monitoring shows ISS Mediclean has achieved 93% compliance which is still above the contract threshold. This is a reduction in overall performance and for the first time in over six months penalties in line with contract were issued for performance in one area.

7. NOROVIRUS

7.1 At the April meeting of the Infection Control Committee the report on the norovirus outbreaks in December 2009 and subsequently was discussed. The report highlighted the following key contributors to the outbreaks:

i) The prevalence of norovirus in the community and in community institutions;

ii) Bed pressures and occupancy over the winter;

iii) The virulence of this season's organism;

iv) Communications in the Trust and with the public;

v) The lack of isolation facilities in the Emergency Assessment Unit.

7.2 Further discussions are being held to disseminate the report and agree additional action that is necessary. These actions will be reviewed at the May meeting of the Infection Control Committee.

8. REVIEW OF THE YEAR

8.1 2009-2010 was a good year for infection prevention and control with the key performance milestones met. Staff have worked really hard during the year to prevent and control infections and particular thanks are due to the Infection Control Team.

8.2 During the year an outbreak of serratio in the neonatal unit was well managed with no serious harm coming to babies in the unit. Norovirus has presented more of a challenge with a continuing presence of the virus in the local community. Detailed reports on both outbreaks have been produced and action is being taken to address the lessons learned.
8.3 The Director of Infection Prevention and Control is currently drafting his annual report which will be presented in June at the Board of Directors meeting. This report will provide a detailed review of infection prevention and control at Poole Hospital in the last year.

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(Executive Lead Infection Prevention and Control)
16 April 2010