Papworth Hospital NHS
NHS Foundation Trust

Infection Prevention & Control Annual Report 2011/2012

Board of Directors Approval date:	1 November 2012
Infection Prevention & Control Committee Submission date:	1 August 2012

Position at 31 March 2012
WTE = whole time equivalent.

Contents

1. Introduction

All NHS organisations must ensure that they have effective systems in place to control healthcare associated infections (see Table 1). The prevention and control of infection is part of Papworth's overall risk management strategy. Evolving clinical practice presents new challenges in infection prevention and control, which need continuous review.

Table 1: The requirements of the Health and Social Care Act (2008)

Compliance criterion	What the registered provider will need to demonstrate
1	Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that their environment and other users may pose to them.
2	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.
3	Provide suitable accurate information on infections to service users and their visitors.
4	Provide suitable accurate information on infections to any person concerned with providing further support or nursing/ medical care in a timely fashion.
5	Ensure that people who have or develop an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing on the infection to other people.
6	Ensure that all staff and those employed to provide care in all settings are fully involved in the process of preventing and controlling infection.
7	Provide or secure adequate isolation facilities.
8	Secure adequate access to laboratory support as appropriate.
9	Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.
10	Ensure, so far as is reasonably practicable, that care workers are free of and are protected from exposure to infections that can be caught at work and that all staff are suitably educated in the prevention and control of infection associated with the provision of health and social care.

The Trust has registered with the CQC and declared full compliance with the ten compliance criteria as detailed in Table 1 above.

The Trust puts infection control and basic hygiene at the heart of good management and clinical practice, and is committed to ensuring that appropriate resources are allocated for effective protection of patients, their relatives, staff and visiting members of the public. In this regard, emphasis is given to the prevention of healthcare associated infection, the reduction of antibiotic resistance and the sustained improvement of cleanliness in the hospital.

The issues that the Trust must consider include:

- The number and type of procedures carried out across the Trust and the systems in place to support infection control and decontamination.

- The different activities of staff in relation to the prevention and control of infection.
- The policies relating to infection prevention and control and decontamination.
- The staff education and training programmes.
- The accountability arrangements for infection prevention and control.
- The infection control advice received by the Trust.
- The microbiological support for the Trust.
- The integration of infection control into all service delivery and development activity.

This report has been written to provide information about infection prevention and control at Papworth Hospital. This information is primarily aimed at patients and their carers, but may also be of interest to members of the public in general.

The report aims to reassure the public that the minimisation and control of infection is given the highest priority by the Trust.

In publishing this report we recognise that patients and the public are increasingly concerned about infection risks. Access to information about this aspect of hospital care is rightly needed in order to make informed decisions and choices about their health care needs.

2. Executive Summary – Overview of Infection Control Activities within the Trust

The Trust has a pro-active infection prevention and control team that is very clear on the actions necessary to deliver and maintain patient safety. Equally, it is recognised that infection prevention and control is the responsibility of every member of staff and must remain a high priority for all to ensure the best outcome for patients.

The hospital has signed up to the "Saving Lives" programme developed by the Department of Health to reduce Healthcare Associated Infections (HCAIs), including MRSA. Saving Lives version 2 (based on the Health Act – Code of Practice) went live in 2007. The Saving lives documents were updated in July 2010 and are now known as High Impact Interventions. The infection prevention and control programme audit and surveillance programme incorporates the updated guidance and allows constant monitoring of all infection, prevention and control policies and procedures.

Papworth continues to take part in mandatory surveillance of Vancomycin Resistant *Enterococci* (VRE) and *Clostridium difficile* as well as Methicillin Resistant *Staphylococcus aureus* (MRSA). *C.difficile* and MRSA reporting continues via the national Mandatory Enhanced Surveillance System (MESS) that requires sign off by the Chief Executive on a monthly basis. In addition, mandatory reporting of Methicillin-sensitive *Staphylococcus aureus* (MSSA) bacteraemia has been performed since January 2011.

Papworth Hospital NHS Foundation Trust has made year on year reductions in MRSA and C. difficile cases, which have remained below the ceiling set by the Strategic Health Authority. This ceiling is reset at a lower rate on yearly basis.

Incidents and outbreaks were managed as they arose throughout the year. The management of influenza remains high on the Trust's agenda and local policies and procedures are continually updated and reviewed in line with national guidance.

3. Description of Infection Control Arrangements

3.1 Corporate Responsibility

The Director of Nursing has lead responsibility within the Trust for Infection Prevention and Control and reports to the Chief Executive and the Board of Directors. Following publication, by the Department of Health in December 2003, of the Chief Medical Officer's strategy for infection control (*Winning Ways: working together to reduce healthcare associated infection*) the Director of Nursing post has been designated as Director for Infection Prevention and Control for the Trust.

The Medical Director and the Heads of Clinical Governance and Risk Management, through their respective roles, also exert their influence at a corporate level in areas that have direct impact on infection prevention and control.

3.2 Infection Prevention & Control Team

Specialist advice is provided to clinicians throughout the hospital by the infection prevention and control team. A Consultant Microbiologist is the designated Infection Prevention and Control Doctor (IPCD) with the weekly allocation of 3.5 programmed activities (14 hours) of infection control doctor time. A second Consultant Microbiologist provides an additional 1.5 (6 hours) programmed activities of infection control doctor time. When needed, cover for leave of absence is provided by another Consultant Microbiologist at Papworth Hospital.

Additional support to the team is provided by a Specialist Registrar in microbiology and on-call cross cover arrangements are in place for microbiologists from Papworth, Hinchingbrooke and Addenbrooke's hospitals. Specialist advice in virology is provided by the Addenbrooke's Consultant Virologists.

The specialist infection, prevention and control nursing team provide education, support and advice to all Trust staff with regard to infection control matters and liaise regularly with patients and relatives to provide information on alert organisms, offering advice and reassurance when required.

The team liaise with clinicians and directorate managers together with managers who have responsibility for Estates, Hotel Services, Clinical Governance and Risk Management and the decontamination lead. The remit of the team includes:

- To have in place policies, procedures and guidelines for the prevention, management and control of infection across the organisation.
- To communicate information relating to communicable disease to all relevant parties within the Trust.
- To ensure that training in the principles of infection control is accurate and appropriate to the relevant staff groups.
- To work with other clinicians to improve surveillance and to strengthen prevention and control of infection in the Trust.
- To provide appropriate infection control advice, taking into account national guidance, to key Trust committees.
- To share information between relevant parties within the NHS when transferring the care of patients to other healthcare institutions or community settings.

Full details of the infection prevention and control team are provided in the organisation chart shown on page 6 of this report.

3.3 Infection Prevention & Control Committee Structure and Accountability

The Infection Prevention and Control Committee is the main forum for discussion concerning changes to policy or practice relating to infection prevention and control. The membership of the Committee is multi-disciplinary and includes representation from all directorates and senior management. The Committee is chaired by the Director of Infection Prevention and Control (DIPC), and meets 6 weekly. The Committee has a link via the Clinical Governance Management Group and the Director of Nursing (DIPC) into the Quality and Risk Committee of the Board of Directors. The terms of reference remain current and have been drawn up drawn up with due regard to the recommendations for the composition and conduct of infection control committees contained in *Standards in Infection Control in Hospitals* (prepared by the infection control standards working party) 1993.

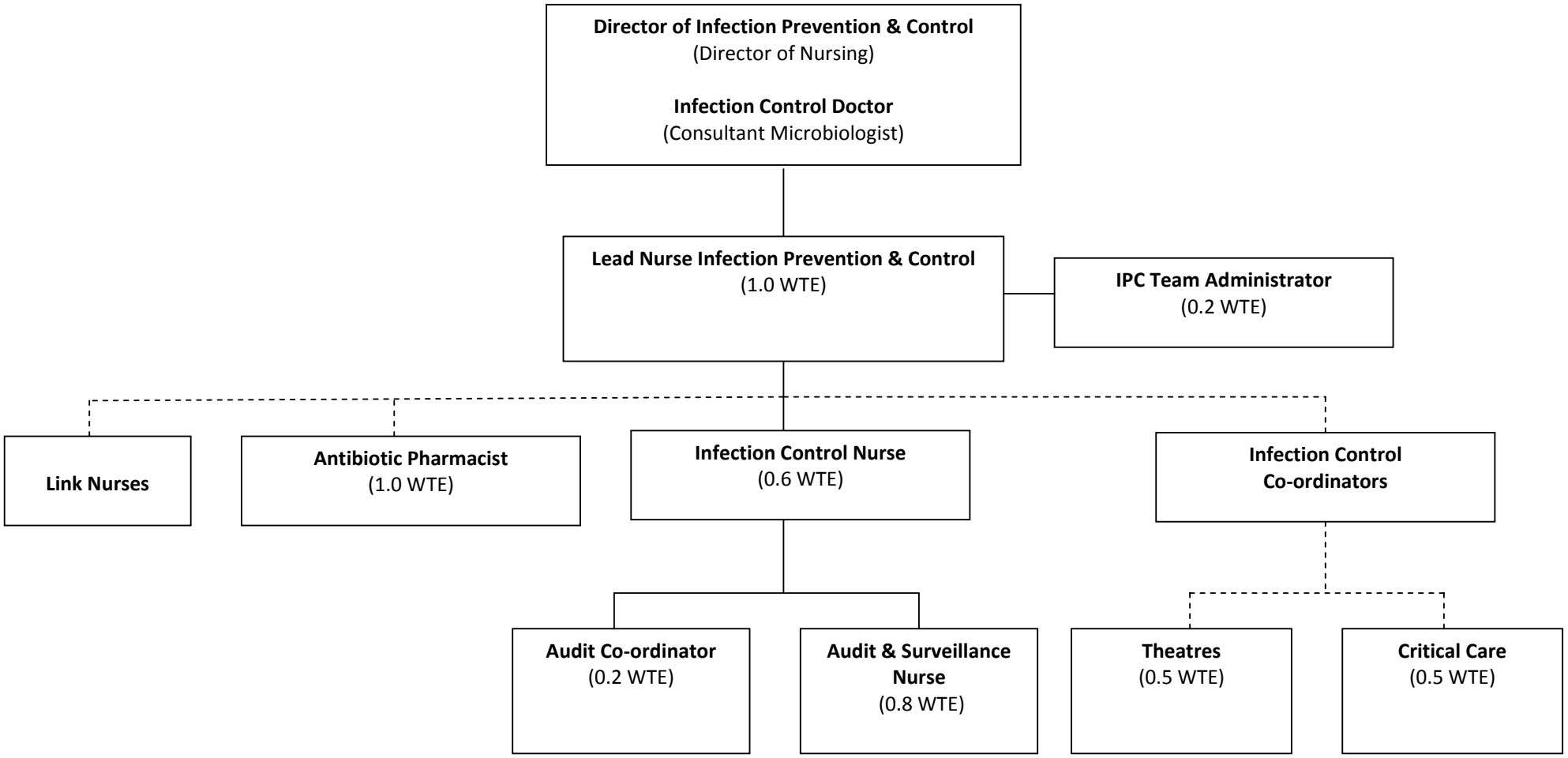
The Terms of Reference have been revised to incorporate Saving Lives: A Delivery Programme to Reduce HCAI, Including MRSA (DoH 2005). Signing up to this programme by the Trust will demonstrate their commitment to patient safety and reduction of HCAI.

The DIPC also provides a monthly report to the Board of Directors.

Additionally, clinical champions have been identified in each area who come together as an “Infection Control Link Group”. This group helps to facilitate best practice and acts as a forum for education and discussion. The relationship and reporting lines between the various committees showing Ward to Board arrangements is shown in the diagram on page 7.

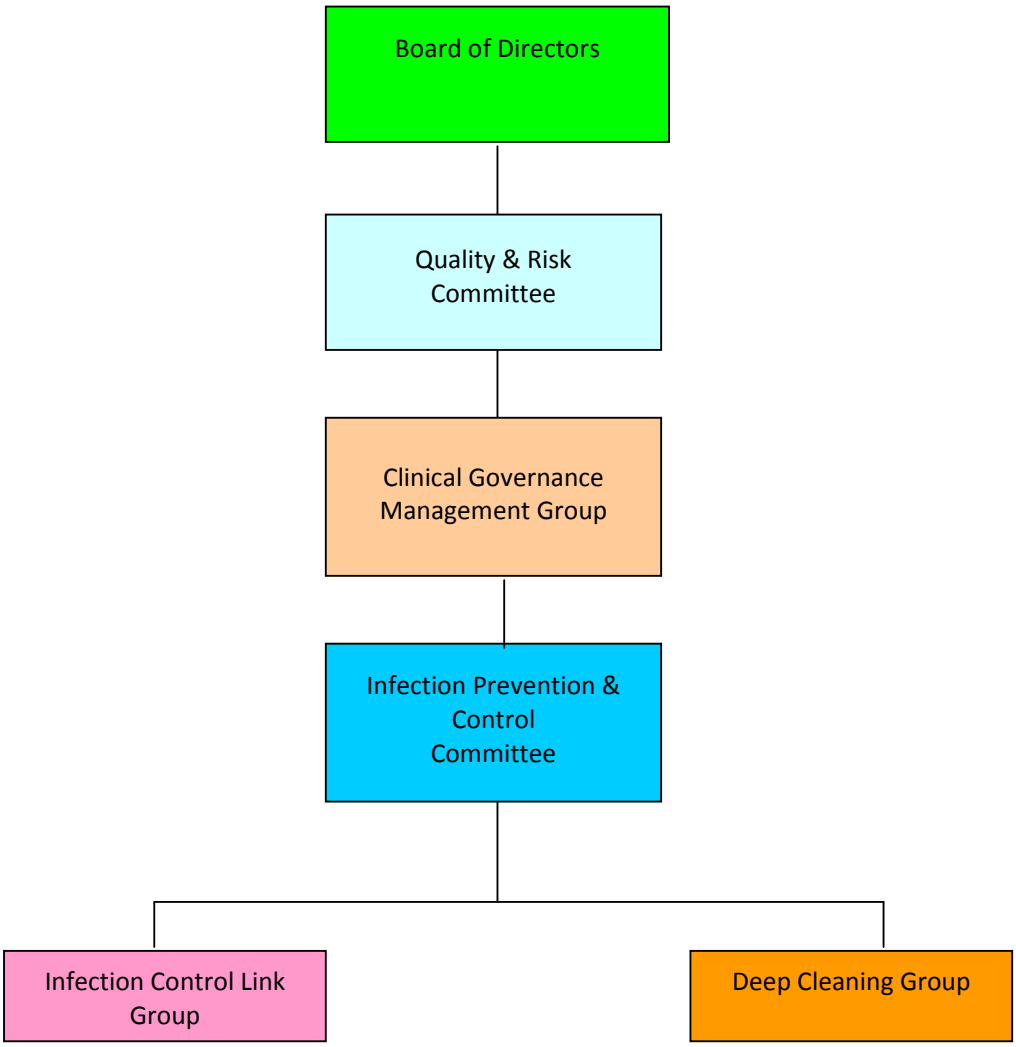
Papworth Hospital NHS
NHS Foundation Trust

Infection Prevention & Control Team



Position at 31 March 2012
WTE = whole time equivalent.

Infection Prevention & Control Committee Structure and Accountability



Committee / Group Membership:

Director of Infection Prevention & Control						
Infection Prevention & Control Doctor						
Infection Prevention & Control Nurse						
Representatives from each Clinical Directorate						
Hotel Services Manager						
Deputy Estates Manager						
Cleaning Contract Services Manager						
Antimicrobial Pharmacist						

3.4.1 **Infection Control Team Representation on Committees at Papworth Hospital:**

- Clinical Audit and Effectiveness Steering Group
- Antimicrobial Stewardship Group
- Band 7 Senior Nurse Meeting
- Critical Care Infection Prevention & Control Committee
- Contract Services Meeting
- Clinical Governance Management Group
- Domestic Services Review Group
- Drugs & Therapeutics Committee
- Enteral Feeding Group
- Health & Safety Committee
- Infection Prevention & Control Committee
- Legionella Steering Group
- Links to Prescribing and Formulary Committee
- Medical Advisory Committee
- Medical Devices Group
- Nursing Advisory Committee
- Pathology Management Group
- Pre and Peri-Operative Care Group
- Radiology Infection, Prevention and Control Group
- Supplies User Group
- Theatres, Critical Care & Anaesthetics Management Group
- Waste Management Committee

3.4.2 **Infection Control Team Representation on External Committees**

- Infection, Prevention and Control Regional Steering Group
- East of England Healthcare Associated Infection (HCAI) Task Group
- East of England Regional Microbiology Development Group
- Public Health Tuberculosis Forum

3.5 **Assurance**

The assurance process includes internal and external measures. Internally, the accountability exercised via the committee structure described above ensures that there is internal scrutiny of compliance with national standards and local policies and guidelines. Furthermore, external assessments are also used. These include the "Controls Assurance" measures for infection control and decontamination standards, ISO, NHSLA standard for Infection Control, Care Quality Commission standards and the Patient Environment Action Teams (PEAT) review. Progress in these areas during 2011/12 is summarised below.

Standards for Decontamination	Sterile Services Department has been audited and meets the requirements of disinfection, assembly, packing, moist heat and gas plasma sterilisation of theatre trays and procedure packs and supplementary instruments in accordance with ISO 13485:2003 and ISO 9001:2008. For moist heat and gas plasma sterilisation of theatre trays, procedure packs and supplementary instruments in accordance with Medical Devices Directive 93/42/EEC Annex V, Article 12 (Sterility Aspects Only).
PEAT	The score for environment and cleaning "good". The score for food "excellent". Privacy and dignity "good".

Care Quality Commission Standards	The Trust reported compliance for 2011/12 reporting on MRSA bacteraemia number of 1 (against a ceiling target of 1) and a C.difficile reported number of 10 (8 attributable to Papworth Hospital NHS Trust against a ceiling target of 10). * There were no unannounced CQC inspections during 2011/12.

***** Papworth attributable cases are those that occur more than two days after admission to Papworth Hospital NHS Foundation Trust.

3.6 DIPC Reports to Board of Directors

The monthly DIPC report forms part of the patient safety agenda and reports on mandatory monitored healthcare associated infections (HCAIs) such as C.difficile and MRSA, as well as other healthcare associated infections. The report also highlights any topical infection prevention and control issues and incidents occurring in clinical practice. The DIPC annual report is submitted to the Board of Directors.

3.7 Budget Allocation

Budget allocation for infection control activities:

- 1.0 WTE Band 7 Lead Nurse in Infection Prevention and Control.
- 0.6 WTE Band 6 Infection Control Nurse
- 0.5 WTE of Consultant Microbiologist time.
- 0.8 WTE Band 6 surgical site surveillance nurse time.
- Scientific support and technical capability is funded within the contract that the Trust has with the Health Protection Agency (HPA).
- Administrative support is provided via a team administrator (9 hours per week) and the PA to the DIPC.
- Training and IT support are funded from corporate IT and Education budgets based on any case of need submitted by the infection control team.

3.8 Infection Control Report & Programme for 2011/2012

Work undertaken by the Infection Prevention and Control Team during 2011/12 covers the following areas:

- The Health and Social Care Act 2008
- Infection Prevention and Control Team
- Infection Prevention and Control Committee
- Policies and Procedures
- Audit and Surveillance
- Education
- Department of Health initiatives – High Impact Interventions / Clean Your Hands Campaign.

4. HCAI Statistics

4.1 Introduction

Papworth Hospital NHS Foundation Trust continues to take part in mandatory surveillance of Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteraemias, Methicillin-Sensitive *Staphylococcus aureus* (MSSA) bacteraemias , Glycopeptide (or Vancomycin)-Resistant *Enterococci* (GRE/VRE) bacteraemias and *Clostridium difficile* cases. MRSA bacteraemias and laboratory detected C. difficile toxin results are reported monthly via the Mandatory Enhanced Surveillance Scheme (MESS) web site and signed off on behalf of the Chief

Executive. From June 2011 mandatory surveillance of E. coli bacteraemia was commenced as required by the Department of Health.

Feedback on the results for mandatory surveillance is given monthly to the Board of Directors, 6 weekly to the Infection Prevention and Control Committee and quarterly to the Clinical Management Groups. Individual monthly results for Critical Care (CCA) are fed back monthly and discussed quarterly at the CCA Infection Prevention and Control Committee.

Additional surveillance data on GRE, and resistant Gram negative isolates expressing Extended Spectrum B-lactamases is also collected and feedback given as that for the mandatory reports.

Central venous catheter related bloodstream infection rates (CVC-BSI) have been monitored through the National Patient Safety Agency's program ("Matching Michigan") since January 2010. The aim is to match the reduction in CVC-BSI achieved in Michigan USA. In order to achieve this, a group was formed to ensure implementation of the Department of Health High Impact Intervention No. 1 (Central Venous Catheter Care Bundle) and other technical interventions relating to CVC care.

4.2 Mandatory Reports

4.2.1 MRSA

MRSA bacteraemia figures for the past 9 complete years are represented in the table below.

Papworth Annual MRSA bacteraemia rates (from 1 April 2002)

01.04.02 to 31.03.03	01.04.03 to 31.03.04	01.04.04 to 31.03.05	01.04.05 to 31.03.06	01.04.06 to 31.03.07	01.04.07 to 31.03.08	01.04.08 to 31.03.09	01.04.09 to 31.03.10	01.04.10 to 31.03.11	01.04.11 To 31.03.12
24	13	7	14	4	5	1	2	1	1

The ceiling for MRSA bacteraemias set for Papworth for 2011/12 by the Strategic Health Authority was one. One bacteraemia was identified in 2011/12. A root cause analysis was carried out into this MRSA bacteraemia. It was reported to the Infection Prevention and Control Committee and via the Mandatory Enhanced Surveillance Scheme (MESS). See Appendix 1 for summary MESS report.

MRSA screening of all elective and emergency admissions continued to be performed in 2011/12 with a target set at 100%. Compliance has improved since mandatory screening was introduced in April 2009. Compliance in 2011/12 was 99% compared to 98% in 2010/11. The monthly screening results are shown in Appendix 1.

4.2.2 C.difficile

C. difficile figures for the last five years are represented in the table below. Cases are attributed to the Trust if the positive sample was taken more than 2 days after admission.

	2006/7	2007/8	2008/9	2009/10	2010/11	2011/12
C. difficile >65 yrs	17	14	9	5	5	4
C. difficile < 65 yrs	15	11	13	8	6	6
Total	32	25	22 (19 attributable)	13 (12 attributable)	11 (9 attributable)	10 (8 attributable)

The ceiling set for Papworth by the Strategic Health Authority for 2011/12 was 10 attributable cases. All C. difficile cases had a root cause analysis carried out, and were reported to the Infection Prevention and Control Committee and via the Mandatory Enhanced Surveillance Scheme (MESS). See Appendix 1 for summary MESS report.

4.2.3 MSSA bacteraemia

Reporting of Methicillin Sensitive Staphylococcus aureus (MSSA) bacteraemia to the Department of Health through the MESS system has been compulsory since January 2011. Root cause analysis is carried out for these infections which are reported to the Infection Prevention and Control Committee. There is no ceiling set by external authorities for these infections.

	2006/7	2007/8	2008/9	2009/10	2010/11	2011/12
Methicillin sensitive Staphylcoccus aureus bacteraemias (MSSA)	21	19	21	18	10	18

4.2.4 E. coli bacteraemia

Reporting of E. coli bacteraemia to the Department of Health through the MESS system has been compulsory since June 2011. These infections are reported to the Infection Prevention and Control Committee. There is no ceiling set by external authorities for these infections.

	2011/12
E. coli bacteraemias	9 (Jun 11– Apr 12)

4.3 Other Surveillance Reports

4.3.1 GRE/VRE and ESBL bacteraemia

	2006/7	2007/8	2008/9	2009/10	2010/11	2011/12
Glycopeptide (or Vancomycin)-Resistant *Enterococcus* (GRE/VRE) bacteraemias	3	5	5	4	0	4
Extended spectrum B-lactamase producers (ESBL) bacteraemias	-	1	1	3	1	0

VRE bacteraemias and ESBL bacteraemias are reported to the Infection Prevention and Control Committee and to the Health Protection Unit quarterly. There are no ceilings set by external authorities for these healthcare associated infections.

4.3.2 Central venous catheter related bloodstream infection (CVC-BSI)

The rate of CVC-BSI during the first full year of surveillance (April 2010 to March 2011) was 3.4 infections per 1000 patient catheter days. A target was set to reduce this by 25% to below 2.7 infections per 1000 patient catheter days. A number of interventions were introduced to improve CVC care. The rate achieved in 2011/12 was 1.9 infections per 1000 patient catheter days, which was a considerable improvement on the previous year's data, and well below the target.

4.4 **Wound Care**

The Trust commenced continuous surgical site infection (SSI) surveillance on 1 April 2009, and this continues to date as a rolling programme. The methodology used is the Health Protection Agency scheme for surgical site infection surveillance on Coronary Artery Bypass Graft (CABG). From March 2011 the surveillance was extended to valve, thoracic and pulmonary thromboendarterectomy (PTE) surgeries. Patients following cardiac surgery are followed up post discharge for any sternotomy wound infections (one year) and for leg/thoracotomy wound infections (30 days) post operatively. Therefore, each one year period of surveillance takes two years to complete.

SSI rates:

SSI figures for 2009-2010 CABG + or - valve patients = 9.69%
SSI figures for 2010-2011 CABG + or - valve patients = 5.93%

The reduction in the SSI rate from 2009/2010 9.69% to the 2010/2011 5.93% is thought to be as a result of continuous surveillance and the actions put in place by the Trust Pre and Peri-Operative Care Group. These actions included a focus on pre-operative skin preparation, continued use of iodised drapes, disseminating results to the hospital wide audit meeting and feedback of individual SSI rates to surgeons. This group continues to meet quarterly, and sets the SSI surveillance agenda.

For robust statistical analysis of the data we have enlisted the assistance of our regional HPA epidemiologist. In addition to collecting the HPA required data on all CABG patients, we will continue to collect other relevant data such as patients' core temperature following surgery and timings of prophylactic antibiotics.

4.5 **Antimicrobial Stewardship**

The antimicrobial stewardship group (ASG) met twice between April 2011 and March 2012. The terms of reference for the group were reviewed and updated. The ASG continues to function as a subgroup of the Drugs and therapeutic committee and also provides input into the IPCC.

Antimicrobial usage and financial reports were produced monthly by the antimicrobial pharmacist and feedback directly to RSSC and the CF Unit. Antifungal medications continue to be a high cost drug for the Trust. The antimicrobial stewardship team are currently reviewing antifungal usage to ensure cost-effective practice.

A rolling programme of antimicrobial stewardship audits were carried out through the year and antimicrobial guidelines reviewed and updated.

The Trust, through the antimicrobial stewardship team, participated in a national missed dose audit in 2011 initiated through the East and South East England Specialist Pharmacy Services, which includes all the hospitals in the East of England, London, South Central and South East Coast. Findings for Papworth were 52.5% of in-patients were on antimicrobials. Of these there were 15 missed doses. This represents 4.1% of the prescribed doses. Many reasons given for the doses being missed include patient away, drug not available and no route available to give the drug. However, 73% of the missed doses had no documented reason given. The results of this audit have been fed back to the ward sisters and the pharmacy team for action. This audit will be repeated in 2012.

The Trust also participated in the European Point Prevalence Survey (EUPPS) of healthcare associated infection and antimicrobial usage in October 2011. The survey was carried out by five members of the infection prevention and control team over a period of seven days. 210 patients were reviewed over this

period of time at Papworth and results submitted in December 2011. This was the first survey of its kind and final results are awaited.

Surgical site infections continue to be monitored through the Pre and Peri-Operative Care Group. Cardiology is also represented on this group to ensure that pacemaker/device related infections are also minimised. The antimicrobial stewardship team have given input into device related infection guidelines, pacemaker prophylaxis audits and a review to the timing of prophylactic antibiotics given to patients presenting for pacemaker insertion.

The antimicrobial stewardship team carried out antimicrobial ward rounds every two weeks on Mallard ward between November 2011 and February 2012 on a trial basis. 52 consultations took place with 52 interventions made. This included 31 no changes to therapy, 20 changes to therapy and one other instance where advice other that antimicrobial advice was given. Educational sessions were delivered by the antimicrobial stewardship team throughout the year to nursing staff, pharmacy staff, other healthcare workers and senior medical staff through a variety of mandatory and non-mandatory training slots.

4.6 **Untoward Incidents and Outbreaks**

Incident and outbreak investigations occurring in 2011/12 were reported to the hospital Infection Prevention and Control Committee throughout the year.

Influenza

Plans for the vaccination of health care workers and the management of patients with influenza were co-ordinated through the Infection Prevention and Control Committee. Leads from all directorates were involved with the planning. The fit testing program for FFP3 masks is on-going. The seasonal flu vaccination programme was implemented from October 2011 and staff were strongly encouraged to have the vaccine. The Trust participated in regular Silver Command teleconferences with the surrounding Acute Trusts and PCTs throughout the influenza season. Daily situation reports were submitted to the Department of Health, reporting on bed closures and surgical operation cancellations as a result of seasonal flu, as well as monthly staff immunisation progress reports.

There were two confirmed cases of Influenza in intensive care in February 2012, which resulted in the closure of a 6 bedded bay for 4 days and one 3 bedded bay for 24 hours.

During this period, Papworth became a registered ECMO (extra corporeal membrane oxygenation) centre. This is treatment offered to patients who have respiratory difficulties related to H1N1. A number of patients were admitted for ECMO during the flu season.

Norovirus

There were seven incidents of confirmed Norovirus between December 2011 and March 2012. These cases were mostly in patients who had been transferred to Papworth from other hospitals, and there was no evidence of on-going transmission to other patients. These incidents were mostly managed by isolating patients in side rooms but one ward was closed for five days in February 2012.

Clostridium difficile

In June 2011 there was a period of increased incidence on a ward during which 2 patients both had confirmed C. difficile. The ward was closed for 72 hours for deep cleaning and there were no further cases on the ward.

There was another period of increased incidence when two patients had diarrhoea on the same ward in January 2012; one was later confirmed as C. difficile. The ward was closed for seven days and deep cleaned and no further cases occurred.

MRSA

An incident where two patients acquired MRSA in their surgical wounds in November 2011 was investigated but no definitive evidence of transmission between the patients was found. Two bays were closed pending screening of contacts and no further cases occurred.

Tuberculosis

There were no incidents during 2011/12.

Creutzfeld Jacob disease (CJD)

There were three occasions when surgical instruments were used for patients who were known or suspected to be in the "at-risk" category for CJD. Advice was taken from the national CJD Incidents Panel regarding subsequent handling of these surgical instruments, and the Trust CJD procedure DN92 was updated accordingly.

5. Health and Social Care Act 2008 – External Inspections 2011/12

There were no Care Quality Commission Inspections related to infection control in 2011/12.

5.1 Cleaning Services

Deep Cleaning Programme

An annual rolling deep cleaning programme is in place to ensure all hospital bedded areas have been deep cleaned. Six weekly deep cleaning meetings with the DIPC and matrons ensure this work can be facilitated.

Management Arrangements

Sodexo's on site General Manager oversees the cleaning contract and the Domestic Services Manager is responsible for the day to day running of the contract. These managers both support the zonal supervisors on a day to day basis.

Monitoring Arrangements

An IT (Innovise) system is used to provide and monitor data with Quality Assurance in line with an agreed joint Trust/Contractor monitoring protocol. It is the duty of the Domestic Services Manager to capture and collate the information and present the information at the regular contract meetings. The implementation of zonal supervisors ensures consistent focus on both quality of service delivery and effective communication on monitoring results

Budget Allocation

Budget allocation for 3 WTE managers and 45 domestic staff (full and part time) supported by a budget allocation for ad hoc cleans which include cleaning of barrier rooms and infection cleans.

Clinical Responsibility

A Modern Matron attends all contractual meetings and has input into service change. Modern matrons, ward sisters and weekend on-call managers will assist the domestic services supervisors on their quality control rounds.

6. Targets & Outcomes

The main infection control targets set by the Strategic Health Authority on behalf of the Department of Health have been met. The number of MRSA bacteraemias was 1 (ceiling 1) and numbers of attributable C. difficile cases 8 (ceiling 10).

Root cause analyses (RCAs) were carried out on all C. difficile cases, MRSA, MSSA and VRE bacteraemias. This was done with involvement from the clinical teams and reported to the Infection, Prevention and Control Committee.

As reported, the overall MRSA screening compliance for 2011/12 was 99%, against the target of 100%.

7. Training Activities

Infection Prevention and Control training mandatory sessions were delivered as out-lined in the table below:

Teaching sessions	Duration	Frequency	Delivered by
Induction session for **all** new starters	30 minutes	Monthly	IPCN
Induction session for **all** new medical starters	30 minutes	Monthly	IPCD, IPCN and tissue viability
Yearly update for qualified nurses in cardiac and thoracic directorate	30 minutes	4 weekly	IPCN
Yearly update for non-qualified nurses in cardiac and thoracic directorate	45 minutes	Monthly	IPCN
Yearly mandatory update for consultant staff	30 minutes	4 times Yearly	IPCD
Yearly update for all other clinical staff	15 minutes	IPC awareness week	IPCN
Training session for HCSW on Clinical Development programme	60 minutes	Twice yearly	IPC team

Infection Control & Hand Hygiene Training April 11 - March 12	
	Compliance
Hand hygiene training	
General training	*Compliance is now linked to incremental progression and this will ensure that full compliance is obtained in 2012/13.*

Compliance will be regularly monitored and feed back to the IPCC meetings on a quarterly basis. Action plans will be instigated if compliance levels are not satisfactory.

8. Annual Programmes

The infection Prevention and Control team continue to work to an annual programme, with all actions progressing to date. A full audit programme runs in parallel with this.

Appendix 1 – Additional Surveillance Reports

MESS Summary Reports (Copied from MESS website)

2011/12 MRSA MESS reported cases

Year	Month	Papworth Hospital NHS Foundation Trust
ODS Code		RGM
2011	April	0
2011	May	0
2011	June	0
2011	July	0
2011	August	0
2011	September	1
2011	October	0
2011	November	0
2011	December	0
2012	January	0
2012	February	0
2012	March	0
Total		1

2011 /12 C. difficile MESS reported cases:

Year	Month	Papworth Hospital NHS Foundation Trust
ODS Code		RGM
2011	April	1
2011	May	1
2011	June	2
2011	July	0
2011	August	0
2011	September	1
2011	October	0
2011	November	2
2011	December	1
2012	January	2
2012	February	0
2012	March	0
Total		10

(Of the 10 reported cases, 2 occurred < 48h after admission so were non-Trust attributed, this meant there were a total of 8 Trust attributable cases

2011/12 MSSA bacteraemia MESS reported cases

Year	Month	Papworth Hospital (EA)
2011	April	3
2011	May	2
2011	June	0
2011	July	1
2011	August	3
2011	September	3
2011	October	3
2011	November	2
2011	December	0
2012	January	1
2012	February	0
2012	March	0
Total		18

2011/12 E. coli bacteraemia MESS reported cases

Year	Month	Papworth Hospital NHS Foundation Trust
ODS Code		RGM
2011	April	0
2011	May	0
2011	June	0
2011	July	0
2011	August	0
2011	September	0
2011	October	1
2011	November	0
2011	December	0
2012	January	3
2012	February	2
2012	March	2
Total		8

Reporting commenced June 2011

MRSA Screening Monthly Report

MRSA Screening Monthly Returns

Month	April 2011	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan 2012	Feb	March
% compliance	97	100	100	99	99	99	99	99	98	99	100	99

From December 2009 compliance has been measured using a point prevalence audit. All patients (emergency, day cases and electives) admitted on the first and third Wednesday of every month are reviewed to ensure that an MRSA screen has been taken within the 6 months before admission to within 72 hours of admission. This gives a more accurate measure of compliance.