Papworth Hospital NHS
NHS Foundation Trust

Director of Infection Prevention & Control

Annual Report 2007/2008

Infection Prevention & Control Committee Submission date:	12 August 2008
Board of Directors Approval date:	

Position at 31 March 2008

Contents

1. Introduction

All NHS Organisations must ensure that they have effective systems in place to control healthcare associated infection. 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.

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 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.
- 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 proactive 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.
Savings Lives version 2 (based on the Health Act – Code of Practice) went live in 2007. The infection prevention and control programme has been largely based on this for 2007/8 and beyond.

The Consultant Microbiologist resource was increased to an additional 0.4 wte to 0.7 wte, 0.2 wte for infection prevention and control doctor role in September 2007. Infection Prevention and Control Nurse time was funded to further assist in achieving compliance in the 9 challenge areas

set in this programme, including ensuring Papworth does not exceed its MRSA bacteraemia target of 12 cases per annum and less than 14 cases of C.diff in the over 65 year age group.

Papworth continues to take part in mandatory surveillance of Vancomycin Resistant *Enterococci* (VRE) and *Clostridium difficile* as well as MRSA. C.diff and MRSA reporting continues via the national Mandatory Enhanced Surveillance System (MESS) that requires sign off by the Chief Executive on a monthly basis.

Papworth has lower than the England average for MRSA bacteraemias and C. difficile infections.

Monthly reporting to the Strategic Health authority of MRSA bacteraemias and C. difficile cases commenced in 2007. This also includes reporting of C. difficile related colectomies and deaths with summaries of the root cause analysis findings.

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 Head 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 Control Team

Specialist advice is provided to clinicians throughout the hospital by the infection prevention and control team. Dr Kappeler, Consultant Microbiologist is the Infection Prevention and Control Doctor (IPCD). Cover for leave of absence is provided by Dr Karas, IPCD for Hinchingbrooke Hospital and Dr Foweraker, Consultant Microbiologist at Papworth Hospital.

Mrs B Connolly is the Specialist Nurse in Infection Prevention and Control for Papworth Hospital, supported by Mrs Sharon Egdell, who was appointed as Infection Prevention and Control Nurse (IPCN). Cross-cover is provided by the IPCN at Hinchingbrooke Hospital.

Additional support to the team is provided by a Specialist Registrar.

Dr Ruth Kappeler Infection Control Doctor/Consultant Microbiologist Papworth Hospital NHS Foundation Trust	MBchB, MSc, MRCPath 0.7 WTE
Mrs Beryl Connolly Specialist Nurse in Infection Control Papworth Hospital NHS Foundation Trust	RGN, Dip Infection Control 0.84 WTE
Mrs Sharon Egdell Infection Control Nurse Papworth Hospital NHS Foundation Trust	RGN 1.0 WTE

There is also collaborative working with:

Ms Fiona Murphy — RGN
Tissue Viability Specialist Nurse — 1.0 WTE
Papworth Hospital NHS Foundation Trust

Cross Cover Arrangements:

Dr Andreas Karas — MB BCh, FCPath (S.A.)
Infection Control Doctor — Consultant Microbiologist
Hinchingbrooke Healthcare NHS Trust

Mrs Marlis Emery — RGN
Infection Control Nurse
Hinchingbrooke Healthcare NHS Trust

Dr Juliet Foweraker — MB BChir, MA, FRCPath, PhD
Consultant Microbiologist
Papworth Hospital NHS Foundation Trust

The infection prevention and control team provides expert knowledge, direction and education in infection prevention and control issues across the Trust. The team will therefore liase 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 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.

3.3 Infection Prevention & Control Committee Structure and Accountability

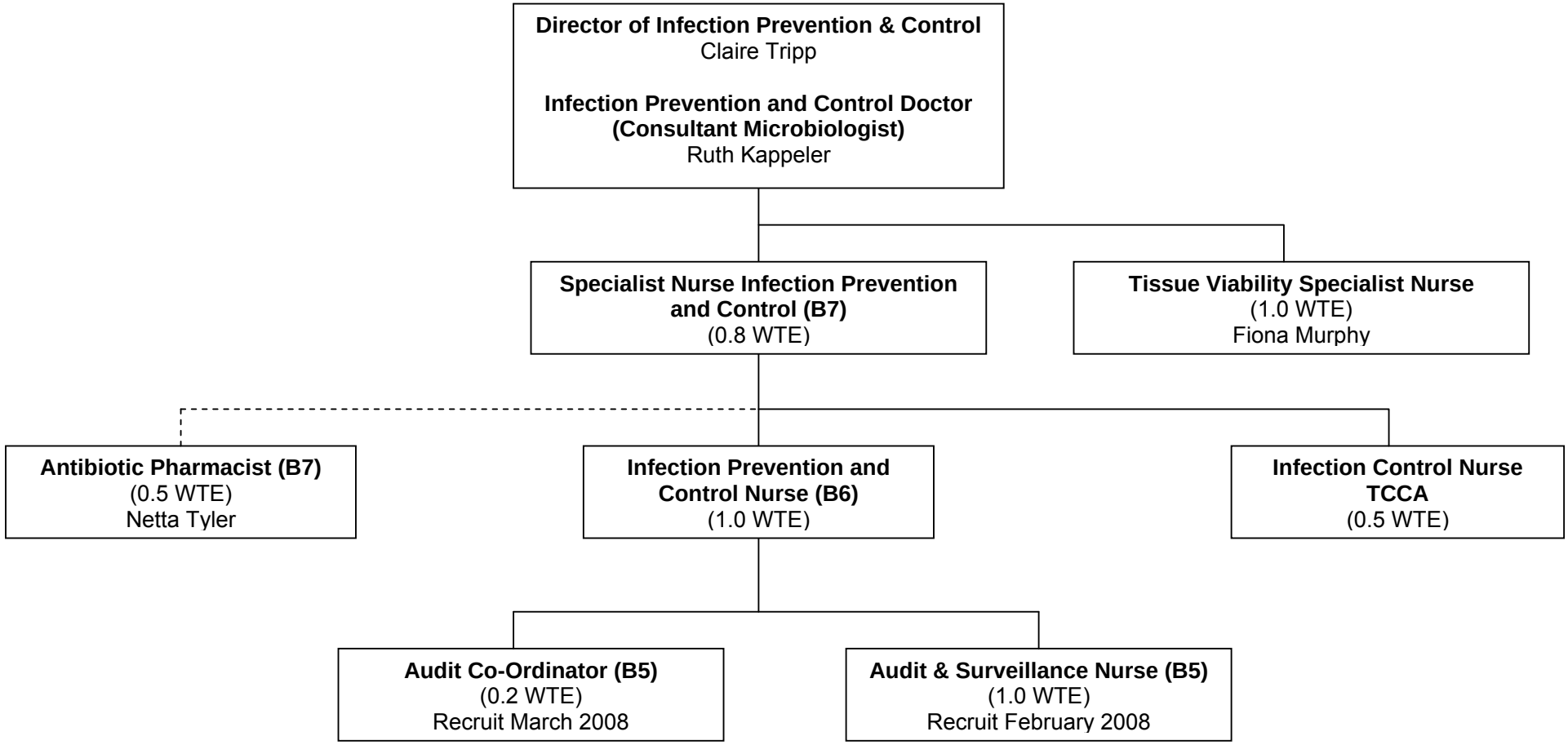
The Infection Prevention and Control Committee is the main forum for discussion concerning changes to policy or practice relating to infection prevention and control. The membership of the Committee is multi-disciplinary and includes representation from all directorates and senior management. The Committee is chaired by Dr Ruth Kappeler, Consultant Microbiologist, and meets 6 weekly. The committee has a link via the clinical governance management group into the Governance Committee of the Board of Directors. The terms of reference and membership are shown in Appendix 1.

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 terms of reference are included in Appendix 2.

The relationship and reporting lines between the various committees showing Ward to Board arrangements is shown in the diagram below.

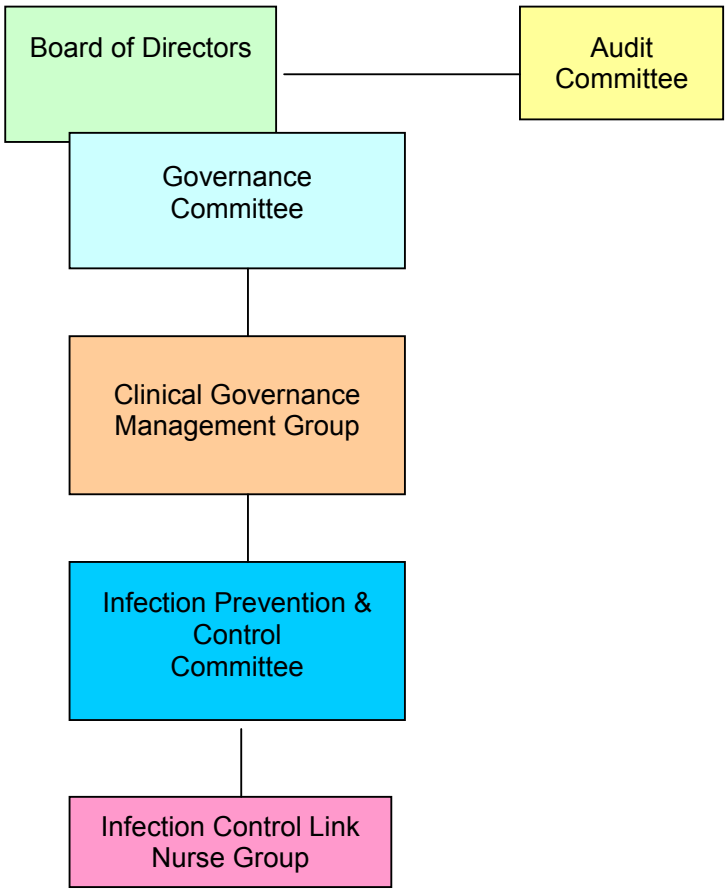
Papworth Hospital NHS
NHS Foundation Trust

Infection Prevention and Control Team



Position at 31 March 2008

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					

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

Audit and Clinical Effectiveness Steering Group	Dr Kappeler (IPCD) Mrs Connolly (IPCN) co-opted if required
CCA Infection Prevention & Control Committee	Dr Kappeler (IPCD) Mrs Connolly (IPCN)
Clinical Governance Management Group	Mrs Tripp (DIPC)
Domestic Services Review Group	Mrs Connolly (IPCN)
Drugs & Therapeutics Committee	Dr Foweraker (Consultant Microbiologist)
Enteral Feeding Group	Mrs Connolly (IPCN)
Health & Safety Committee	Mrs Connolly (IPCN)
Infection Prevention & Control Committee	Dr Kappeler (Chair / IPCD) Mrs Connolly (IPCN) Mrs Egdell (IPCN) Mrs Tripp (DIPC) Ms Tyler (Antibiotic Pharmacist)
Legionella Steering Group	Dr Kappeler (IPCD) Mrs Connolly (IPCN) co-opted if required
Links to Prescribing and Formulary Committee	Ms Tyler (Antibiotic Pharmacist) Ms Bligh (Chief Pharmacist)
Medical Advisory Committee	Dr Kappeler (IPCD)
Medical Devices Group	Mrs Tripp (DIPC) Mrs Connolly (IPCN)
Pathology Management Group	Dr Kappeler (IPCD) Mrs Tripp (DIPC)
Public Health TB Forum	Mrs Connolly (IPCN)
Sisters Meeting	Mrs Connolly (IPCN) Mrs Egdell (IPCN)
Supplies User Group	Mrs Connolly (IPCN)
Theatres, Critical Care & Anaesthetics Management Group	Dr Foweraker (Consultant Microbiologist)
Tissue Viability Group	Mrs Connolly (IPCN) Mrs Murphy (Tissue Viability Specialist Nurse)

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 and the Patient Environment Action Teams (PEAT) review. Progress in these areas during 2007/8 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 9001:2000. 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 (March 2007) was 92%.
Healthcare Commission Standards	The Trust reported compliance for 2007/08 reporting on MRSA bacteraemia rates of 6 (against a ceiling target of 12) and a C.difficile rate in the over 65 year age group of 14 (against a ceiling target of 14). NOTE: The MESS system is reporting 15 – the database values identify that where a C.difficile toxin positive result was detected by another hospital within 28 days of transfer, then this case can be identified as imported, and should not appear in the total count of the receiving hospital. Papworth reported one such case and data can only be adjusted centrally. The time line for data modification is not yet known.

C4 (a)	Health care organisations keep patients, staff and visitors safe by having systems to ensure that the risk of health care acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year-on-year reductions in MRSA.
C4 (b)	Health care organisations keep patients, staff and visitors safe by having systems to ensure that all risks associated with the acquisition and use of medical devices are minimised.
C4 (c)	Health care organisations keep patients, staff and visitors safe by having systems to ensure that all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed.
C4 (d)	Health care organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely.
C4 (e)	Health care organisations keep patients, staff and visitors safe by having systems to ensure that the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to health and safety of staff, patients, the public and the safety of the environment.

3.6 **DIPC Reports to Board of Directors**

Report to:	**Board of Directors**
Date:	**26 April 2007**
Title:	**Infection Control Update**
Report of:	**Director of Nursing**
Action:	**TO NOTE CURRENT POSITION AND ACTIONS PROPOSED**

1.0 Saving Lives – 9 Challenge Update (Balanced Scorecard attached)

The Board has been appraised the progress against the 9 challenges identified within the Department of Health Saving Lives programme in May and October 2006. There is one area that has still to move from red to amber :

- **Challenge 7** *Review the patient journey for emergency and planned patients in order to reduce the risk of transmission of infection by minimising the movement of potentially infected patients.*

There are 15 sub sections to this challenge and, whilst policies are in place, audit to demonstrate compliance has not yet been completed.

The Department of Health plans to modify the saving lives challenges to bring them into alignment with the Code of Practice (Hygiene Code). The time line for this has not yet been identified.

2.0 Code of Practice (Hygiene Code) – Health Bill 2006 (Compliance update attached)

Our annual health check this year requires a statement in relation to our progress towards compliance.

3.0 Current MRSA and *Clostridium difficile (C.diff.)* position (attached)

The Board will recall our 'target' has been set at a maximum of 12 cases per annum. At the end of Q4 the Trust has reported 7 MRSA bacteraemia cases.

Unlike MRSA, there is no national target for the reduction of *C.diff*. The NHS operating framework for 2007/08 set out the requirement for PCT's to agree an appropriate local target within their acute hospital providers for a significant reduction in *C.diff* infections. The Papworth rate between June and September 2006 was 0.19 cases per 1,000 bed days. Making a targeted reduction on low rates is difficult. Therefore, a similar approach has been taken as with MRSA bacteraemia rates in that, as we fall into less than one case per 1,000 bed days, this position should be monitored. Local monitoring will continue with an RCA of all cases being formulated.

Attached is part of the monthly reporting schedule for hospital acquired infections at Papworth. This shows MRSA and *C. diff.* rates. *C. diff.* rates in the hospital are low, however there has been a trend increase each quarter. These cases are being reviewed in detail by the infection control team as part of an internal audit programme.

Recommendation:

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

Papworth Hospital NHS Foundation Trust – Quarterly Report

	2005/6 Q1	Q2	Q3	Q4	2006/7 Q1	Q2	Q3	Q4
MRSA								
Blood Cultures (Bacteraemia)	4	5	2	3	1	4	1	1
Grand Total MRSA bacteraemia (C4a)				**14**				**7**
	Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
Clinical Sites				49	39	28	31	34
Screening				61	50	34	53	78
Total				113	90	66	85	113
No. acquired at Papworth						9	7	9

C. difficile	2005/6 Q1	Q2	Q3	Q4	2006/7 Q1	Q2	Q3	Q4
<65 years	3	2	2	6	3	6	5	1
>65 years	2	3	7	0	0	4	8	5
Grand Total C.difficile Over 65 years				**12**				**17**
Quarter Total	5	7	9	6	3	10	13	6

Controls Assurance National Requirements and Local Reporting

Code of Practice (Hygiene Code) – Health Act 2006

Code Area		**Compliance assessment March 2007**
1.	General duty to protect patients, staff and others from HCAI	**COMPLIANT**
2.	Duty to have in place appropriate management systems for infection prevention and control	**PARTIAL COMPLIANCE**
3.	Duty to assess risks of acquiring HCAI and to take action to reduce or control such risks	**COMPLIANT**
4.	Duty to provide and maintain a clean and appropriate environment for health care	**COMPLIANT**
5.	Duty to provide information on HCAI to patients and the public	**PARTIAL COMPLIANCE**
6.	Duty to provide information when a patient moves from the care of one health care body to another	**PARTIAL COMPLIANCE**
7.	Duty to ensure co-operation	**PARTIAL COMPLIANCE**
8.	Duty to provide adequate isolation facilities	**COMPLIANT**
9.	Duty to ensure adequate laboratory support	**COMPLIANT**
10.	Duty to adhere to policies and protocols applicable to infection prevention and control Policies	**PARTIAL COMPLIANCE**

Code Area		Compliance assessment March 2007
11.	Duty to ensure, so far as reasonably practicable, that health care workers are free of and are protected from exposure to communicable infections during the course of their work, and that all staff are suitably educated in the prevention and control of HCAI	**PARTIAL COMPLIANCE**

Actions, responsibilities and timelines agreed and monitored by the Infection Prevention and Control Committee.

Saving Lives Assessment

Challenge area		Score Sept 2006	Score January 2007	Score March 2007
1.	Senior Management Engagement	Red	Red	Amber
2.	Infection control leads at all levels of the organisation	Amber	Amber	Amber
3.	Surveillance programme and feedback	Red	Amber	Green
4.	Adopting evidence based guidelines	Red	Red	Amber
5.	Auditing of infection control practice **(See Saving Lives Action Plan)**	Red	Red	Amber
6.	Training and education	Amber	Amber	Amber
7.	Patient pathway and bed management	Red	Red	Red
8.	Cleanliness and the built environment	Amber	Amber	Amber
9.	Instrument decontamination	Amber	Amber	Amber

Green = 100%/Full Compliance
Amber = 71-99%/Review Required
Red = <70%/Trust Priority

The action plans for the remaining red challenges are now being reviewed as a priority.

Report to:	**Board of Directors**
Date:	**27 September 2007**
Title:	**Infection Control Update**
Report of:	**Director of Nursing/Director of Infection Prevention and Control (DIPC)**
Action:	**TO NOTE CURRENT POSITION AND ACTIONS PROPOSED**

1.0 Summary

This information is tabled for the Board as regular Infection control update and in the spirit of 'Board to Ward' engagement with infection prevention and control. The Infection Control Committee are revising the reporting format for all topics relating to Infection prevention and Control. This will provide both high level summary and user friendly information at ward/unit level. This will be presented in the Annual DIPC report later this year.

2.0 Infection Prevention and Control Highlights

- MRSA bacteraemia and *C.diff* rates continue to attract media coverage.
- Papworth has reported:

	Number of cases		
	2005 - 2006	2006 - 2007	2007 – 2008 ytd
MRSA	**14**	**7**	**2**
C. diff	**12 (0.2/1,000 bed days)**	**19 (0.3/1,000 bed days)**	**6**

- The ceiling target for MRSA bacteraemia remains at 12 cases for 07/08.
- The Infection Control Team appealed the 06/07 MRSA data, based on 4 separate reports relating to one patient. The appeal has been granted and the 7 has been reduced to 4 cases for 06/07.
- The Secretary of State has identified new funding to help further reduce Hospital Associated Infections (HCAI). This is being cascaded through the SHA's.
- The East of England has the highest rate of C.diff in England. The ceiling target set for Papworth has yet to be finalised. A proposal of 9 cases pa is unworkable and is not accepted!
- Funding will only be granted if agreed HCAI performance targets are achieved. Failure to achieve targets will require repayment of additional funding.

2.0 What is the Trust doing to ensure infection prevention and control remains a priority?

2.1 Monitoring current MRSA (attached) and *Clostridium difficile (C.diff.)* position (Attachment 1a and 1b)

This report includes Papworth's position compared with other acute Trusts in the East of England.

2.2 Code of Practice (Hygiene Code) – Health Bill 2006 (Compliance update Attachment 2)

Our annual health check this year requires a statement in relation to our progress towards

compliance.

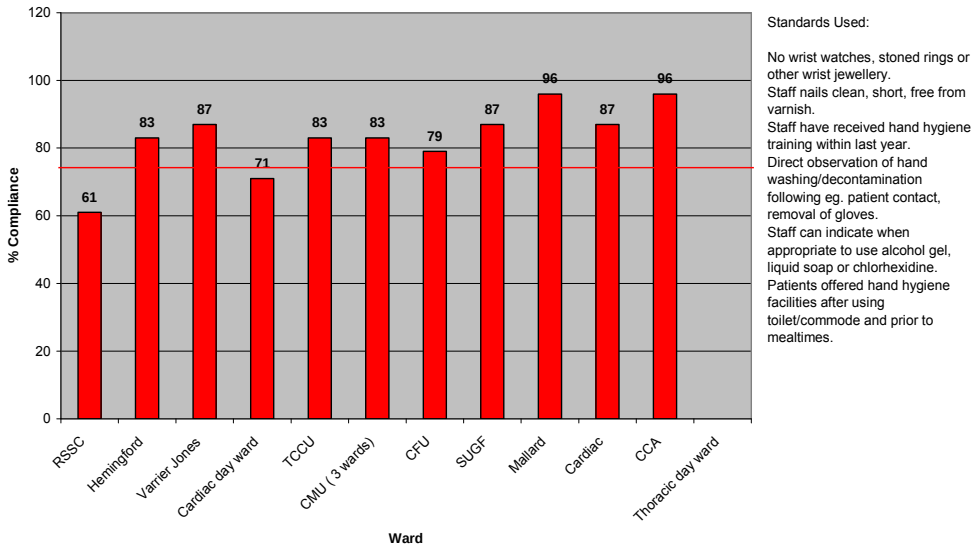
2.3 Monitoring of the Saving Lives Programme – (Balanced Scorecard Attachment 3)

This is a Department of Health work programme that all Trusts are required to progress. There is one area that has still to move from red to amber :

- **Challenge 7** *Review the patient journey for emergency and planned patients in order to reduce the risk of transmission of infection by minimising the movement of potentially infected patients.*
- There are 15 sub sections to this challenge and, whilst policies are in place, audit to demonstrate compliance has not yet been completed.
- The Department of Health plans to modify the saving lives challenges to bring them into alignment with the Code of Practice (Hygiene Code). The time line for this has not yet been identified.

2.4 Audit Feedback

- Hand Hygiene Audits have recently been completed in ward areas. This looked at the practice of all professional groups. This first report is available by ward area and has been made available to ward managers. The next audit aims include analysis of the data by professional group, which is expected to assist action planning further (see Attachment 4).



Recommendation:
The Board is asked to note the content of this report and the actions, particularly where compliance is identified below agreed standards

Papworth Hospital NHS
NHS Foundation Trust

Attachment 1a

MRSA Performance Summary Report - July 2007 Data

Provider	Annual ceiling target	Cumulative ceiling target ytd	Cumulative Actual No. MRSA ytd	Status to annual ceiling	Status to cumulative ceiling ytd	Ceiling target for this month	No. MRSA this month	Status to month ceiling	Cases in Augmented Care (after 48 hours)
Basildon And Thurrock University Hospitals NHS Foundation Trust	12	4	3	Below annual ceiling	Below year to date ceiling	1	0	Below month ceiling	0
Bedford Hospital NHS Trust	12	4	4	Below annual ceiling	Reached year to date ceiling	1	0	Below month ceiling	0
Cambridge University Hospitals NHS Foundation Trust	50	18	19	Below annual ceiling	Breached year to date ceiling	4	4	Reached month ceiling	1
East And North Hertfordshire NHS Trust	22	7	15	Below annual ceiling	Breached year to date ceiling	1	2	Breached month ceiling	1
Essex Rivers Healthcare NHS Trust	12	4	7	Below annual ceiling	Breached year to date ceiling	1	2	Breached month ceiling	0
Hinchingbrooke Health Care NHS Trust	12	4	0	Below annual ceiling	Below year to date ceiling	1	0	Below month ceiling	0
Ipswich Hospital NHS Trust	21	8	7	Below annual ceiling	Below year to date ceiling	2	2	Reached month ceiling	0
James Paget Healthcare NHS Trust	12	4	5	Below annual ceiling	Breached year to date ceiling	1	1	Reached month ceiling	0
Luton And Dunstable Hospital NHS Trust	12	4	7	Below annual ceiling	Breached year to date ceiling	1	2	Breached month ceiling	0
Mid Essex Hospital Services NHS Trust	12	4	1	Below annual ceiling	Below year to date ceiling	1	0	Below month ceiling	0
Norfolk And Norwich University Hospital NHS Trust	26	9	14	Below annual ceiling	Breached year to date ceiling	2	4	Breached month ceiling	0
Papworth Hospital NHS Foundation Trust	12	4	2	Below annual ceiling	Below year to date ceiling	1	1	Reached month ceiling	1
Peterborough And Stamford Hospitals NHS Foundation Trust	10	2	2	Below annual ceiling	Reached year to date ceiling	1	1	Reached month ceiling	0
The Princess Alexandra Hospital NHS Trust	13	4	9	Below annual ceiling	Breached year to date ceiling	1	2	Breached month ceiling	0
Southend University Hospital NHS Foundation Trust	12	4	9	Below annual ceiling	Breached year to date ceiling	1	1	Reached month ceiling	0
The Queen Elizabeth Hospital King's Lynn NHS Trust	12	4	2	Below annual ceiling	Below year to date ceiling	1	1	Reached month ceiling	0
West Hertfordshire Hospitals NHS Trust	18	6	15	Below annual ceiling	Breached year to date ceiling	1	5	Breached month ceiling	2
West Suffolk Hospitals NHS Trust	15	6	7	Below annual ceiling	Breached year to date ceiling	1	2	Breached month ceiling	0
East of England position	295	100	128	Below annual ceiling	Breached year to date ceiling	23	30	Breached month ceiling	5

Source: Health Protection Agency HCAI Data Capture System

Position at 31 March 2008

Attachment 1b

Numbers of first specimens (C-Diff) taken from patients aged 65 and over in July 2007 by Acute trust in the East of England and split between specimens taken from hospital inpatients and those who were not hospital inpatients

Trust	65 and above Hospital inpatient
Basildon And Thurrock University Hospitals NHS Foundation Trust	13
Bedford Hospital NHS Trust	19
Cambridge University Hospitals NHS Foundation Trust	22
East And North Hertfordshire NHS Trust	21
Essex Rivers Healthcare NHS Trust	19
Hinchingbrooke Health Care NHS Trust	7
Ipswich Hospital NHS Trust	33
James Paget Healthcare NHS Trust	1
Luton And Dunstable Hospital NHS Foundation Trust	21
Mid Essex Hospital Services NHS Trust	3
Norfolk And Norwich University Hospital NHS Trust	27
Peterborough And Stamford Hospitals NHS Foundation Trust	13
Southend University Hospital NHS Foundation Trust	22
The Princess Alexandra Hospital NHS Trust	8
The Queen Elizabeth Hospital King's Lynn NHS Trust	15
West Hertfordshire Hospitals NHS Trust	24
West Suffolk Hospitals NHS Trust	21
Papworth Hospital NHS Foundation Trust	**4**

Provisional HPA data

The data presented in this spreadsheet are provisional data provided by the Health Protection Agency (HPA COSURV reports by specimen date).
Only the first Specimen of a record has been counted.
Manual de-duplication of the data has not been carried out.

Paul Bingham August 2007

Attachment 2

Code of Practice (Hygiene Code) – Health Act 2006

Code Area		Compliance assessment March 2007
1.	General duty to protect patients, staff and others from HCAI	**COMPLIANT**
2.	Duty to have in place appropriate management systems for infection prevention and control	**PARTIAL COMPLIANCE**
3.	Duty to assess risks of acquiring HCAI and to take action to reduce or control such risks	**COMPLIANT**
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8.	Duty to provide adequate isolation facilities	**COMPLIANT**
9.	Duty to ensure adequate laboratory support	**COMPLIANT**
10.	Duty to adhere to policies and protocols applicable to infection prevention and control Policies	**PARTIAL COMPLIANCE**
11.	Duty to ensure, so far as reasonably practicable, that health care workers are free of and are protected from exposure to communicable infections during the course of their work, and that all staff are suitably educated in the prevention and control of HCAI	**PARTIAL COMPLIANCE**

Actions, responsibilities and timelines agreed and monitored by the Infection Prevention and Control Committee.

Attachment 3 Saving Lives Assessment

Challenge area		Score Sept 2006	Score January 2007	Score March 2007
1.	Senior Management Engagement	Red	Red	Amber
2.	Infection control leads at all levels of the organisation	Amber	Amber	Amber
3.	Surveillance programme and feedback	Red	Amber	Green
4.	Adopting evidence based guidelines	Red	Red	Amber
5.	Auditing of infection control practice **(See Saving Lives Action Plan)**	Red	Red	Amber
6.	Training and education	Amber	Amber	Amber
7.	Patient pathway and bed management	Red	Red	Red
8.	Cleanliness and the built environment	Amber	Amber	Amber
9.	Instrument decontamination	Amber	Amber	Amber

Green = 100% / Full Compliance
Amber = 71-99% / Review Required
Red = <70% / Trust Priority

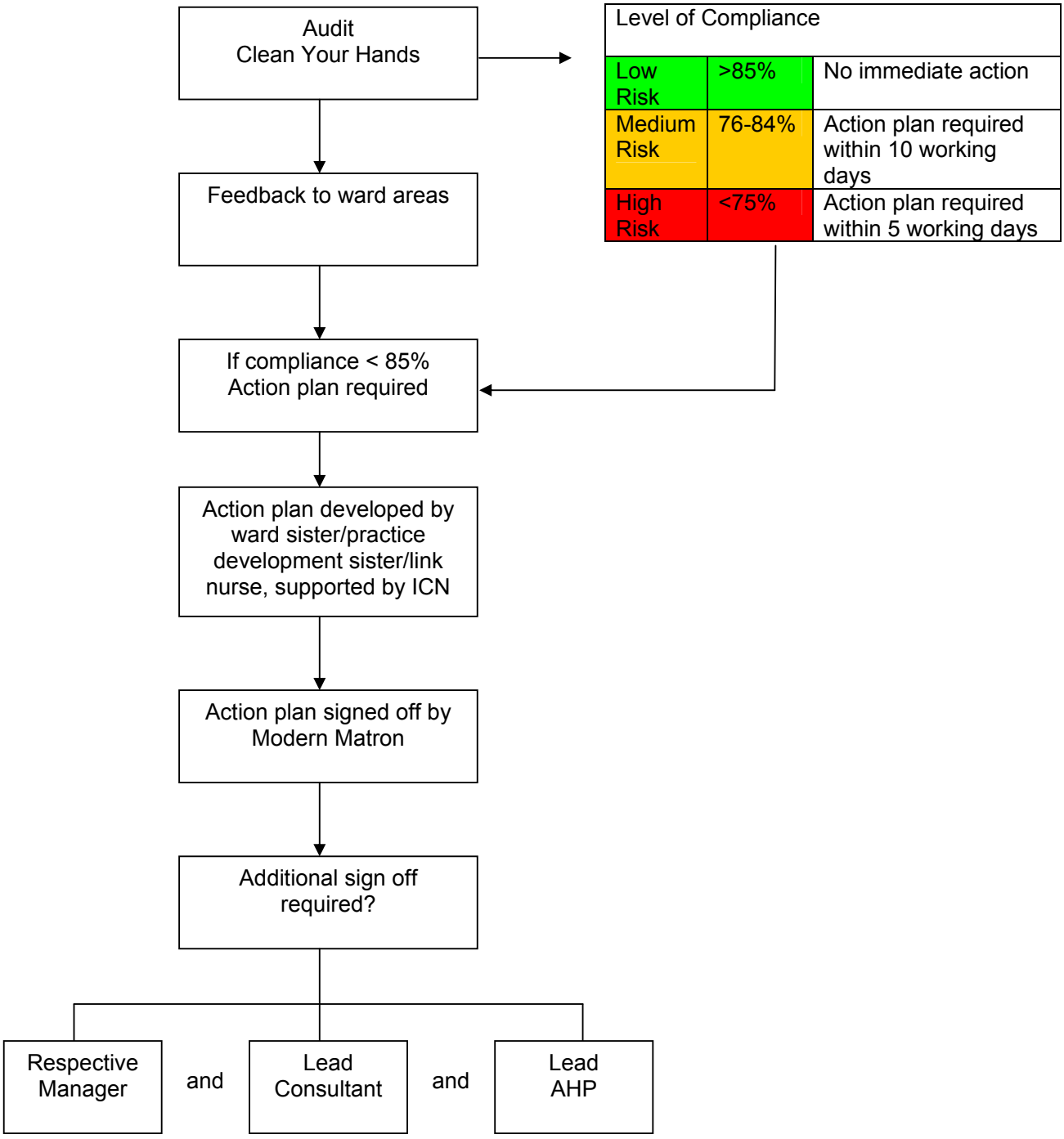
The action plans for the remaining red challenges are now being reviewed as a priority.

As of June 2007 The Red Amber Green (RAG) status tolerance % have been changed by the Department of Health. A Red/Amber level has been introduced, the changes are as follows:

Green = 100% / Full Compliance
Amber = 71-99%/ A ction Required
Red/Amber = 50-70% / Urgent Action Required
Red = <70% / Trust Priority

The Infection Prevention and Control Committee is revising the score card accordingly.

Attachment 4
Feedback Mechanism



3.7 Budget Allocation

Budget allocation for infection control activities:

- 0.84 WTE Band 7 Infection Control Nurse.
- 1.0 WTE Band 6 Infection Control Nurse.
- 0.2 WTE of Consultant Microbiologist 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 from the administrative team within microbiology 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 2007/2008 – What We Have Achieved

The table on the following pages summarises the work undertaken by the Infection Control Team during 2007/2008.

The Report covers the following areas:

- The Health Act 2006 – Code of Practice
- Infection Prevention and Control Team
- Infection Prevention and Control Committee
- Policies and Procedures
- Audit and Surveillance
- Education
- Department of Health initiatives – Saving Lives / Clean Your Hands Campaign.

Infection Control Report for 2007/2008 – What We Have Achieved

	Action	Goal	Timeline (Position at 31.03.08)
1	**Infection Control Team**	Increase Infection Control Doctor time Increase Infection Control Nurse Time	Done Sept 2007 Done Dec 2007
2	**Information**	Designated page on hospital intranet	Done
3	**Policies and Procedures**	Review and update MRSA procedure in line with new guidance Review and update TB procedure in line with NICE guidance Generic outbreak plan Ward closure procedure Line procedure Bare below the elbows ESBL Priority for use of side rooms Acinetobacter procedure Procedure for reducing surgical wound infection C. difficile procedure C. diffcile integrated care pathway C.difficile treatment algorithm MRSA integrated care pathway	Done Done Done Done Done Done Done Done Done Done Done Done Done Done
4	**Audit**	See Appendix 4 for 2007/08 summary	Done
5	**Education**	Annual infection control update for consultants Update on Wound infections to consultant surgeons Update on Wound infections to surgical care practitioners Induction to all hospital staff Wound management training programme for senior SCPs	October 2007 Sept & Oct 2007 September 2007 On-going On-going
6	**The Health Act**	See the Health Act - Section 5	
7	**Deep Clean Programme**	See Deep Clean – Section 5.2	

8	**Surveillance**	Mandatory Enhanced Surveillance Programme (MESS) with sign off by 15th of every month - MRSA and C. difficile MRSA clinical and screening samples MRSA new cases MRSA acquisition Total Staphylococcus aureus bacteraemias GRE bacteraemias GRE clinical and screening samples ESBL bacteraemias ESBL clinical and screening samples Use of isolation rooms	Monthly Monthly Monthly Weekly Monthly Monthly Monthly Monthly Monthly Monthly
9	**Feedback on Surveillance**	Monthly feedback to Board of Directors Monthly feedback to CCA Quarterly feedback to directorates Quarterly feedback to Infection Prevention and Control Committee	On-going
10	**Meet mandatory targets**	MRSA bacteraemias 5 (target 12) C. difficile >65 year olds, 15 (target 14) C. difficile >2 years, 27 (no target set but Department of Health recommendation 58 ie 4 per 1000 admissions)	Continuous monitoring
11	**Carry out Root Cause Analysis on all MRSA bacteraemias and all C. difficile cases since September 2007**	18 completed	
12	**New Papworth**	Infection Control output specification Representation on user groups	Completed Feb 2008 On-going
13	**Antimicrobial Resistance**	Review of current antibiotic policies	CCA completed. General Trust guidelines in progress
14	**Report / external policy review**	Development of antibiotic audit programme Investigation into outbreaks of Clostridium difficile at Maidstone and Tunbridge Wells NHS Trust October 2007 East of England Policy on HCAIs SHA draft policies on Hand Hygiene Policy, Deep Cleaning Policy, MRSA Policy and care pathway, Management of outbreaks of Gastro-enteritis (Diarrhoea and Vomiting) on hospital wards	In progress Completed Completed Completed

15	**Freedom of Information Requests**	6	
16	**NHSLA standards**	Level 1 completed	

4. HCAI Statistics

4.1 Introduction

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

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

Additional surveillance data on *Staphylococcus aureus*, GRE, and resistant Gram negative isolates expressing Extended Spectrum B-lactamase is also collected and feedback given as that for the mandatory reports (see appendix 3).

4.2 Mandatory Reports

4.2.1 MRSA

MRSA bacteraemia figures for the past 5 complete years are represented in the table below.

Papworth Annual Bacteraemia rates (from 1 April 2001)

01.04.01 to 31.03.02	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
12	24	13	7	14	4	5

The target for MRSA bacteraemias set for Papworth by the Department of Health was 12 by March 2008.

4.2.2 C.difficile Summary

- 27 cases
- 24 patients
- 3 patients relapsed
- 1 no toxin result but clinical and histological diagnosis
- 16 over 65yrs
- 11 under 65 yrs
- Length of stay to positive result (range days 0-56), 4 less than 48 hours

- Speciality
  - Transplant 4
  - Thoracic medicine 5
  - Cardiac Surgery 11
  - Cystic Fibrosis 1
  - Cardiology 3
  - Thoracic surgery 3

- Antibiotics last 30 days
  - Yes 26
  - No 1

- Antibiotics
  - 9 antibiotics prior to admission, of the rest:
  - Cephalosporins 7
  - ciprofloxacin 3
  - ceph + cipro 4
  - 2 just prophylactic
  - vanc and meropenem 1
  - 1 nil antibiotics

- 1 colectomy
- Mortality 7, 6 within 30 days
- Death Certificate
  - 4 Clostridium Difficile Associated Disease on death certificate
    - 2, 1a
    - 1, 1b
    - 1, 2
  - 2 other causes

- Treatment
  - Nil 4
  - PO metronidazole 15
  - PO vancomycin
  - 4 combination
- Admitted from another hospital 13
- Admitted from that hospital with history of diarrhoea/C.diff 6
- 1 patient in adjacent bed to subsequent positive patient
- Samples sent for Ribotyping 5
  - 027
  - 106
  - 001
  - 014/20
  - 1 unable to retrieve the C. diff

4.3 Acquisition Rates

	2003/4	2004/5	2005/6	2006/7	2007/8	2008/9 to date
MRSA bacteraemias	13	7	14	7	5	0
Glycopeptide (or Vancomycin)-Resistant *Enterococcus* (GRE/VRE) bacteraemias	Not recorded	Not recorded	Not recorded	3	5	1
Clostridium difficile (Over 65)	Not recorded	Not recorded	13	17	16*(14)	1
Clostridium difficile (Under 65)			15	15	11	1
Total			**28**	**32**	**27(25)**	**2**

* includes one patient who underwent colectomy for C. difficile although never had a toxin result and one patient that was admitted with a confirmed diagnosis which will be removed from the DOH data base centrally.

4.4 Wound Care

Surgical site surveillance for cardiac surgery is not currently mandatory. Surgical site infection surveillance for cardiac surgery was carried out between Oct 2006 to December 2006. Further data has been collected on the deep sternotomy wound infections following periods between September 2007 to December 2007, and February 2008 to April 2008. A working group consisting of consultant surgeons, anaesthetist, theatre manager, microbiologist, infection prevention and control team, tissue viability nurse specialist, surgical care practitioners, TCCA manager and nursing representation from CCA and the surgical wards was formed in Oct 2007 to look into the incidence of surgical wound infections. This is an on-going group that has met four times since December 2007. The group has developed wound prevention guidelines for the Trust in addition to implementing other major actions, detailed within meeting minutes.

4.5 HPA Wound Infection Audit Data: Oct 2006 to December 2006

- 318 total patients (CABG & CABG + valve - this includes every patient having these procedures in the 3 month period).

- 19 confirmed infections:
  14 during admission.
  5 re-admissions
  Total = 5.97%

- Only the during admission infections are recorded by the HPA = 4.4%.

- At the same time, Trust audit data (different because it included the valve only patients - but none of them were infected).
  418 patients (CABG, CABG + valve, valve only), which equals a 100 valve only patients which none were infected.

- 19/418 Confirmed infections:
  14/418 during admission

5/418 re-admissions
Total = 4.54%

- Combined CABG + valve = 68 patients of which 4/68 (5.88%).

4.6 Antimicrobial Resistance

Reports on resistant organisms including MRSA, GRE/VRE and Gram negative organisms expressing extended spectrum B-lactamases are collated and circulated to the Infection Prevention and Control Committee, CCA Infection Prevention and Control Committee and the CMGs as previously indicated. A new treatment algorithm for C. difficile was developed and went live in Jan 2008. A new 0.5 WTE antibiotic pharmacist was appointed in 2008. A review of Papworth's antibiotic guidelines is underway. The revised CCA empirical infection guidelines went live in March 2008.

4.7 Untoward Incidents and Outbreaks

Incidents and outbreak investigations carried out through the year were reported to the Hospital Infection Prevention and Control Committee throughout the year.

4.8 Outbreak update April 2007 to 31 March 2008

Causative organisms	No. Patients affected	No of visitors affected	No. Staff affected	Ward/Dept closed to admissions
Norovirus Oct / Nov 07	16 (2 confirmed by virology testing)	0	32	Cardiac Hemingford RSSC

5. Health Act 2006 – Hygiene Code Action Plan

Code Area		Compliance assessment June 2007	Action plan to achieve full compliance	By Whom	By When
1.	General duty to protect patients, staff and others from HCAI	**COMPLIANT**			
2.	Duty to have in place appropriate management systems for infection prevention and control	**PARTIAL COMPLIANCE**	2d) Demonstrate effective training of all staff contractors and other persons concerned with patient care. Sodexho have a good system in place for induction training. More work required to develop systems for training other groups of staff. 2f) Policy addressing admission, transfer, discharge and movement of patients between wards. More work required- no policy currently	Managers who employ agency staff. IC team and bed managers.	Discuss at IC committee meeting 1/7/7
3.	Duty to assess risks of acquiring HCAI and to take action to reduce or control such risks	**COMPLIANT**	Can we demonstrate effective risk assessment of patients in receipt of healthcare with respect to HCAI?		
4.	Duty to provide and maintain a clean and appropriate environment for health care	**COMPLIANT**	Domestic contract meetings.		
5.	Duty to provide information on HCAI to patients and the public	**PARTIAL COMPLIANCE**	Surgical patients given a risk score when consented. Information planned for handbook. Intranet info to be discussed	 IC team IC team	 June 2007 Sept 2007
6.	Duty to provide information when a patient moves from the care of one health care body to another	**PARTIAL COMPLIANCE**	Currently have letters in place on TOMCAT to GP (sent by the IC nurse if patient discharged prior to result being made available. Clinical staff should inform GP in discharge letter if an in-patient. Patients from the Thoracic Day Ward and other outpatients it is the responsibility of the medical staff to inform the GP. Discharge policy	IC team Audit required to see if this is done.	ongoing
7.	Duty to ensure co-operation	**PARTIAL COMPLIANCE**	Dependant on compliance with 2 and 6		

Code	Area	Compliance assessment June 2007	Action plan to achieve full compliance	By Whom	By When
8.	Duty to provide adequate isolation facilities	**COMPLIANT**			
9.	Duty to ensure adequate laboratory support	**COMPLIANT**			
10.	Duty to adhere to policies and protocols applicable to infection prevention and control Policies	**PARTIAL COMPLIANCE**	Can you confirm all policies 10 a – l are in place and up to date? **Not yet - need B, C, H and K.**	IC Team	
11.	Duty to ensure, so far as reasonably practicable, that health care workers are free of and are protected from exposure to communicable infections during the course of their work, and that all staff are suitably educated in the prevention and control of HCAI	**PARTIAL COMPLIANCE**	Good pre-employment screening and occupational advice available. Provision for contract staff not clear. Education for contract staff may be a stumbling block. (see 2) Annual updates for staff are not mandatory so evidence for this is difficult.	Petra Wigley	

5.1 **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 9001:2000 and Medical Devices Directive 93/42 EEC Annex V, Article 12 (Sterilility Aspects Only).

5.2 **Cleaning Services**

Deep Cleaning Programme
A programme to ensure all hospital bedded areas are been deep cleaned has commenced and completion is scheduled for the end of May 2008. The remainder of clinical areas will be completed by the end of June 2008.

Management Arrangements:
Sodexho have provided an on site General Manager to oversee the contract and a Domestic Services Manger for the day to day running of the contract, who 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 monitoring protocol. It is the duty of the Quality and Training 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 meeting and has input into service change and will assist the domestic services supervisors on their quality control rounds.

6. Infection Control Programme 2008/09

	Action	Goal	Timeline
1	**Infection Control team**	Increase Infection Control Doctor time Appoint audit and surveillance nurse 0.2 wte dedicated clinical audit project co-ordinator	July 2008
2	**Policies and Procedures**	Rolling programme for review	On-going
3	**Audit**	See Appendix 5	
4	**Education**	Annual infection control update for consultants Annual update for all staff Induction to all hospital staff	May 2008 On-going On-going
5	**The Health Act**	Action Plan	See the Health Act
6	**Deep Clean Programme**	Action plan	See Deep Clean
7	**Mandatory Reporting**	Continue	On-going
8	**Root Cause Analyses**	Continue	On-going
9	**NHSLA standards**	Level 2	On-going
10	**Surveillance**	MRSA S. aureus C. difficile GRE Resistant Gram negatives expressing ESBLs Use of isolation rooms NINSS	On-going

7. Targets & Outcomes

The main infection control target set by the Department of Health for Papworth Hospital is to have less than 12 MRSA bacteraemias and 14 C. difficile cases (in the over 65 year olds), From 1 April 2007 to 31 March 2008. The MRSA target was achieved and the number of C. difficile cases was 15. Root cause analyses have been carried out on all MRSA bacteraemias and ALL C. difficile cases since September 2007. Feedback is given to the relevant clinical team at the time, monthly feedback given to the Board of Directors. 6 weekly feedback to the Infection Prevention and Control Committee, quarterly feedback to CCA Infection Prevention and Control Committee and Clinical Management Groups.

8. Training Activities

Teaching sessions	Duration	Frequency	Delivered by
Induction session for **all** new starters	15 minutes	Monthly	IPCN
Induction session for **all** new **clinical** starters	As above plus 30 minutes on key issues	Monthly	IPCN
Induction session for **all** new medical starters	30 minutes	4 monthly	IPCD, IPCN and tissue viability
Update sessions for nurse in cardiac and thoracic directorate	I hour	Twice a month	IPCN
Update for consultant staff	45 minutes	Yearly	IPCD
Sessions for other groups of staff as requested eg. pharmacy, porters, surgical care practitioners	30 minutes		IPCN/IPCD

Papworth Hospital NHS
NHS Foundation Trust

Infection Control Teaching Programme - April 2007 to March 2008

	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08
Induction	02/04/2007		04/06/2007	02/07/2007	06/08/2007	03/09/2007	01/10/2007	05/11/2007	03/12/2007	07/01/2008	04/02/2008	03/03/2008
	30/04/2007											
Thoracic Stat & Tech	23/04/2007		18/06/2007	09/07/2007		17/09/2007	15/10/2007	19/11/2007		21/01/2008	26/02/2008	12/03/2008
Cardiac Stat & Tech	25/04/2007	17/05/2007	07/06/2007	18/07/2007		06/09/2007	18/10/2007	08/11/2007	06/12/2007	21/01/2008	26/02/2008	12/03/2008
			27/06/2007			25/09/2007	31/10/2007	27/11/2007				
HK Stat & Tech			12/06/2007			18/09/2007			11/12/2007			
Theatre Update			29/06/2007									
Requested Teaching		04/05/2007	19/06/2007	03/07/2007								
			22/06/2007									
			26/06/2007									

Appendix 1 – Terms of Reference – Infection Prevention and Control Committee

Membership

Chair:
- Infection Control Doctor / Consultant Medical Microbiologist

Members:
- Antibiotic Pharmacist
- Clinical Governance Manager
- Consultant Microbiologist
- Consultant Surgeon
- Director of Nursing (Director of Infection Prevention and Control)
- Estates Department representative
- Health Protection Agency representative
- Hotel Services Manager (or representative)
- Infection Control Nurse
- Occupational Health Physician or Nurse Advisor
- Radiology Manager (or representative)
- Senior Nurse Cardiac Services (or representative)
- Senior Nurse TCCA Services (or representative)
- Senior Nurse Thoracic Services (or representative)
- Sister Transplant Unit (or representative)
- Sterile Services Manager (or representative)
- Tissue Viability Nurse Specialist
- Modern Matrons

Invited attendees:
- Infection Control Nurse – Hinchingbrooke Hospital
- Specialist Registrar in Microbiology

Secretary:
- DIPC Secretary

Aims

- To provide specialist advice, to formulate and monitor the implementation of policies and procedures, and to determine and monitor the progress of infection prevention and control at Papworth Hospital NHS Foundation Trust.

- To reduce Healthcare Associated Infection (HCAI) and deliver the target to reduce MRSA bacteraemia, utilising the delivery programme Saving Lives (DoH 2005).

Duties

i) To commission, approve (or recommend for approval) and monitor implementation of procedures and policies related to infection control, including policies for the hospital response to major outbreaks of communicable disease in the community.

ii) To develop a comprehensive prioritised action plan that incorporates national guidance and good practice.

ii) To prepare and review the progress of the annual programme of activities for infection prevention and control.

iii) To advise General Managers and the Trust Executive on funding both for the infection control programme and any contingencies.

iv) To advise directorates of problems in the control of infection in any of the clinical areas in the trust (as raised by members of the committee), and monitor the uptake of recommendations.

v) To circulate the minutes of its meetings widely and liase with medical, nursing and other committees as appropriate.

Quorum

The Committee shall be deemed quorate if there is representation of a minimum of five members. This must include at least one member of the infection control team. In the absence of the Infection Control Doctor, the Committee will be chaired by the Director of Nursing.

Frequency of Meetings

The Committee will meet on a 6 weekly basis and may convene additional meetings, as appropriate.

Minutes and Reporting

The agenda and briefing papers will be prepared and circulated in sufficient time for Committee Members to give them due consideration.

Minutes of Committee meetings will be formally recorded and distributed to Committee Members within 10 working days of the meeting. Subject the approval of the Chair, the minutes will be submitted to the Clinical Governance Management Group at its next meeting.

The minutes should also be circulated for information to the following:

- Cardiac Management Group.
- Thoracic Services Management Group.
- Transplant Steering Group.
- TCCA Directorate.

An annual report and programme of activities from the Infection Control Team should be submitted and presented to the Clinical Governance Management Group.

An annual report from the Director of Infection Prevention and Control (DIPC) should be submitted, following approval by the Committee, to the Governance Committee. This should be produced to conform to national reporting expectations.

The Committee should also report to the Chief Executive and the Board of Directors, by exception, to inform of any untoward or serious issues relating to infection prevention and control.

Acknowledgement

These Terms of Reference have been drawn up with due regard to the recommendations for the composition and conduct of infection prevention and 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.

Revised: April 2006

Appendix 2 – Terms of Reference - Infection Control Link Group

INTRODUCTION

These terms of reference facilitate the implementation of the current best practise guidelines for the reduction of risk of infection of staff and patients.

1. GROUP COMPOSITION

The group shall be multi disciplinary in nature and have the following permanent membership.

Representation from each ward/clinical area:
- Infection control
- Physiotherapy

Additionally the following will be co-opted as required:
- Education and Training
- Supplies
- Risk Management
- Pharmacy
- Sterile Services
- Biomedical Engineering

2. MEETINGS

Group meetings shall be on a bi-monthly basis. Ideally they will be set to correspond with meetings of the Infection Prevention and Control Committee meeting.

3. FEEDBACK MECHANISMS

Minutes of group meetings will be made available to all members within two weeks of each meeting.

All group members will be responsible for reporting back to their relevant ward / department managers.

The chair of the Group will meet with the consultant microbiologist with overall responsibility for infection control.

Additional minutes of group meetings will be circulated to the Director of Nursing

4. AREAS OF RESPONSIBILITY:

4.1 To ensure a consistent and standard level of infection control practice throughout the hospital.

4.2 The provision of expert advice on infection control issues relevant to each member's clinical area.

Relevant infection control developments and issues affecting Papworth
Education session

4.3 A forum for discussing infection control practice.

4.4 Continual review of existing hospital policies relating to infection control

4.5 Undertake audits to establish if polices are being followed.

4.6. Formulation of action to be taken in response to:

- National and Trust objectives
- Safety Information Notices from the Medical Devices Agency
- Hazard Notices from the Medical Devices Agency

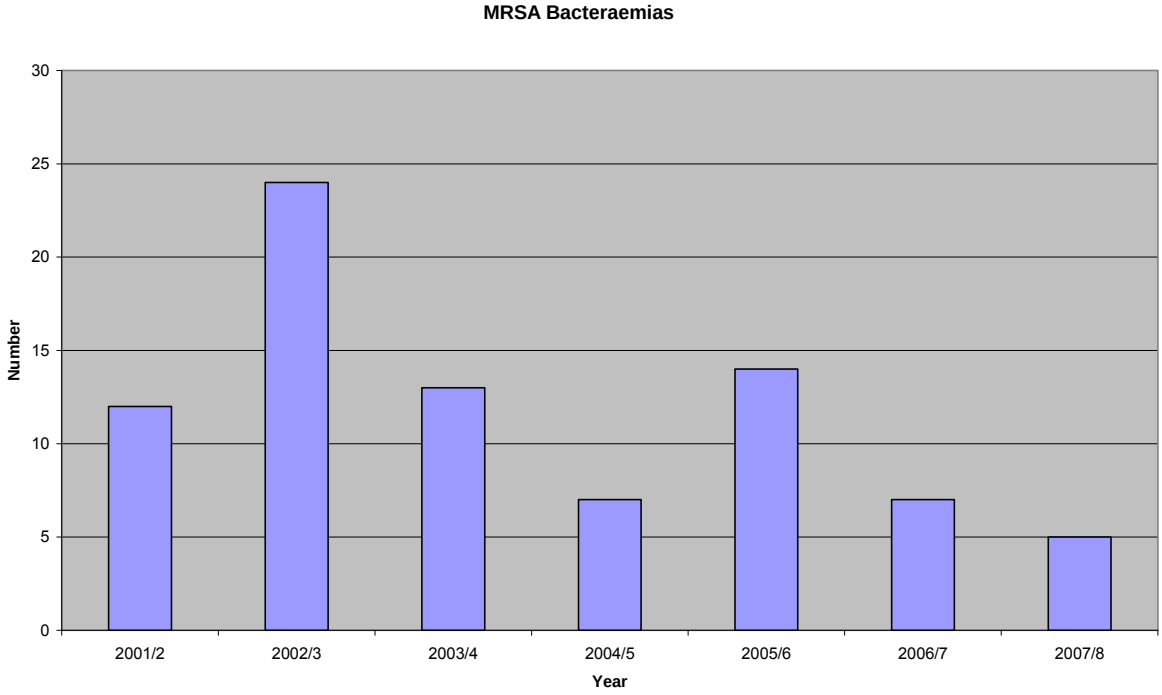
Appendix 3 – Additional Surveillance Reports

Cumulative Yearly Report for Clinical Management Groups
Alert organism surveillance

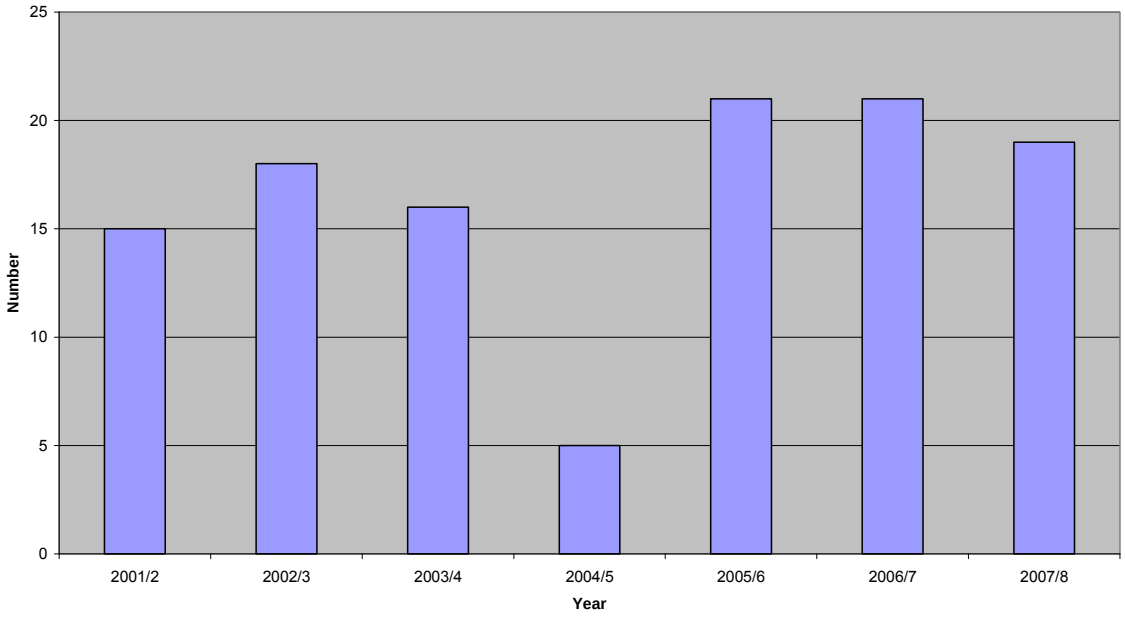
	2001/2	2002/3	2003/4	2004/5	2005/6	2006/7
MRSA (BC)	12	24	13	7	14	7
MSSA (BC)	15	18	16	5	21	21
Total *S. aureus* (BC)	27	42	29	12	25	28
GRE (BC)				5	5	3
ESBL (BC)						3
C. difficile (>65 yrs)				13	12	17

Key
BC - blood cultures
MRSA - Meticillin resistant *Staphylococcus aureus*
MSSA - Meticillin sensitive *Staphylococcus aureus*
VRE - Glycopeptide resistant *Enterococcus*
ESBL - Gram negative organisms producing Extended spectrum B-lactamases

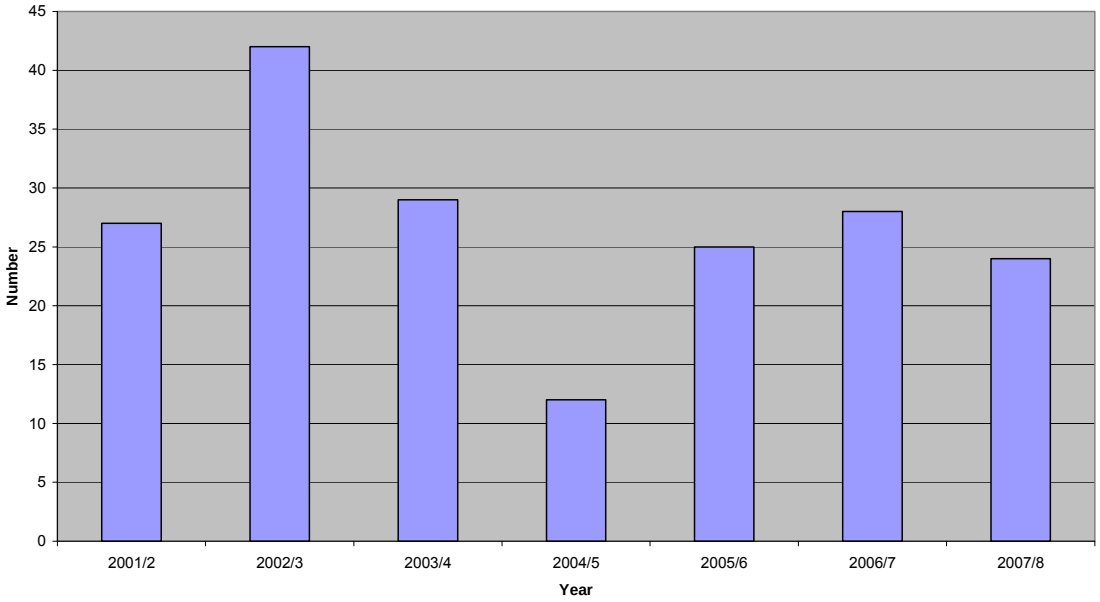
* this includes one patient who had a colectomy for clinical C. difficile but no toxin result.



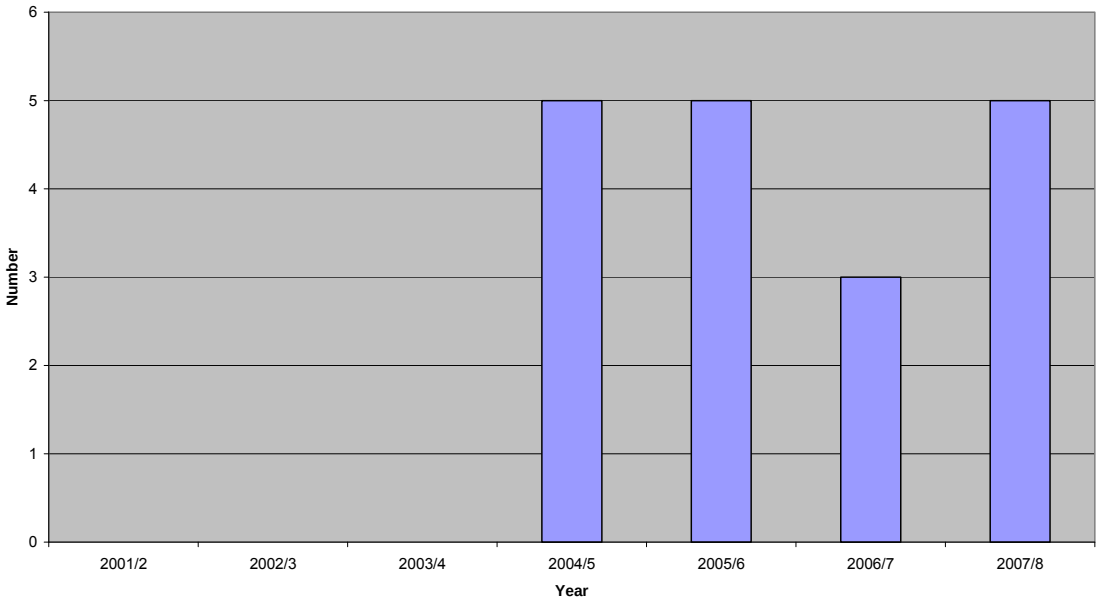
MSSA Bacteraemias



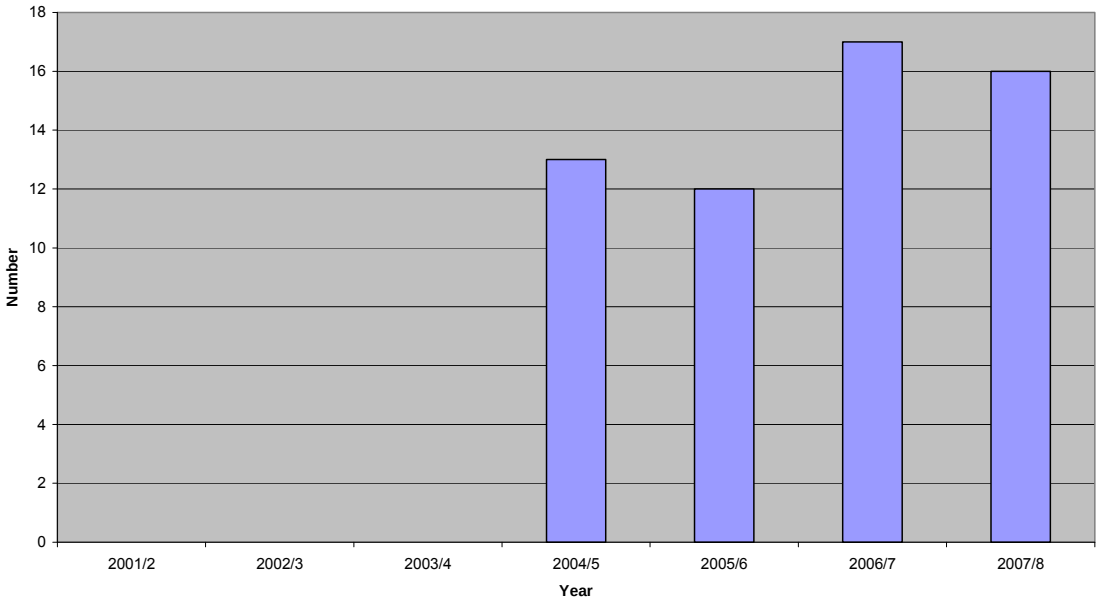
Total S. aureus Bacteraemias



VRE Bacteraemias



C. difficile >65 years



Papworth Hospital NHS
NHS Foundation Trust

Critical Care Cumulative Reports

CCA Surveillance Report

	05/06			06/07													07/08												
	Q4			Q1			Q2			Q3			Q4				Q1			Q2			Q3			Q4			
MRSA	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**July**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**		**Apr**	**May**	**Jun**	**July**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	
Blood Cultures	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0		0	0	0	1	0	0	0	0	0	0	0	0	
Clinical Sites	3	3	6	2	2	5	1	1	3	4	1	2	3	2	0		0	1	1	1	1	2	0	0	2	0	1	1	
Screening	3	1	4	1	1	1	2	0	0	1	2	2	2	1	1		0	0	1	1	2	1	2	0	0	1	1	0	
Total	**6**	**5**	**10**	**3**	**3**	**6**	**3**	**1**	**3**	**6**	**3**	**4**	**5**	**3**	**1**	**41**	**0**	**1**	**2**	**3**	**3**	**3**	**2**	**0**	**2**	**1**	**2**	**1**	**20**
Acquired on CCA	2	1	5	2	1	3	2	0	1	1	2	1	3	2	1	**19**	0	0	0	2	2	1	1	0	1	1	1	1	**10**

MSSA	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**July**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**		**Apr**	**May**	**Jun**	**July**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	
Blood Cultures	3	0	1	0	0	0	0	0	0	0	0	0	1	1	1	**3**	0	0	2	0	0	0	0	0	0	0	0	2	**4**

VRE	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jn**	**July**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**		**Apr**	**May**	**Jun**	**July**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	
Blood Cultures	0	1	1	0	1	1	0	0	1	0	0	0	0	0	0		0	0	0	1	0	0	0	0	0	1	2	0	
Clinical Sites	0	2	1	1	1	0	0	2	1	5	1	0	0	1	2		0	1	0	0	1	2	1	0	0	2	1	0	
Screening	3	0	0	2	7	1	1	2	5	2	5	0	4	4	8		3	0	2	1	3	1	2	2	0	7	8	5	
Total	**3**	**3**	**2**	**3**	**9**	**2**	**1**	**4**	**7**	**7**	**6**	**0**	**4**	**5**	**10**		**3**	**1**	**2**	**2**	**4**	**3**	**3**	**2**	**0**	**10**	**11**	**5**	

ESBL	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**July**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**		**Apr**	**May**	**Jun**	**July**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	
Blood cultures	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0		0	0	0	0	0	0	0	0	0	0	0	0	
Clinical Sites	0	0	0	0	1	0	0	0	0	2	1	1	0	3	4		1	0	0	1	1	0	0	0	1	0	0	0	
Screening	0	0	0	1	1	0	2	3	1	2	1	0	2	1	1		0	0	0	0	0	0	0	0	0	1	1	0	
Total	**0**	**0**	**0**	**1**	**2**	**0**	**2**	**3**	**1**	**4**	**2**	**1**	**4**	**4**	**5**		**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**1**	**1**	**1**	**0**	

C. difficile	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**July**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**		**Apr**	**May**	**Jun**	**July**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	
under 65yrs	0	0	0	0	1	0	0	1	1	0	0	0	0	0	0	3	0	0	0	0	1	0	1	0	0	1	1	0	4
over 65yrs	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	2	0	0	0	1	1	1	0	0	0	1	0	0	4
Total	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**1**	**0**	**0**	**0**	**5**	**0**	**0**	**0**	**1**	**2**	**1**	**1**	**0**	**0**	**2**	**1**	**0**	**8**

Appendix 4 - Summary of Infection Control Audit/Surveillance 2007

	Audit Completed
	Audit Due

	Saving lives	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Weekly "isolation precautions"													
Hand washing (twice a year)	HII 1												
Alcohol gel (twice a year)	HII 1												
Central venous catheter care	HII 2												
Peripheral line audit	HII 2b												
Ventilated patient care bundles RSSC to audit	HII 4												
Urinary catheter care	HII 5												
C. difficile – IC nurse to audit 10 cases as and when identified	HII 6												
PEAT													
Environmental audit													
MRSA integrated care plan													
MRSA screening protocol													
Aseptic technique	HII 1												
Inform GP/ref hosp of MRSA													
Sharps audit													
Commode audit													
Education - induction													
annual update													

Note: NINSS – completed three month collection Oct-Dec 2006 result presented at Audit meeting Sept 07

Papworth Hospital NHS
NHS Foundation Trust

Appendix 5 - Summary of Infection Control Audit/Surveillance 2008

	Audit Completed
	Audit Due

	Saving lives	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Weekly "isolation precautions"													
Hand washing (three times a year)	HII 1												
Alcohol gel (twice a year)	HII 1												
Central venous catheter care	HII 2												
Peripheral line audit	HII 2b												
Ventilated patient care bundles RSSC to audit	HII 4												
Urinary catheter care	HII 5												
C. difficile – IC nurse to audit 10 cases as and when identified	HII 6												
PEAT													
Environmental audit													
MRSA integrated care plan													
MRSA screening protocol													
Aseptic technique	HII 1												
Inform GP/ref hosp of MRSA													
Sharps audit													
Commode audit													
Education - induction													
annual update													