

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

HEALTHCARE ASSOCIATED INFECTIONS

EXECUTIVE SUMMARY

This report provides a summary of the Trust's position in relation to HCAI at the end of the financial year 2010/11. The Trust ended the year having met all its targets in relation to MRSA Bacteraemia, C. Difficile incidence, and emergency and elective screening for MRSA. Progress to reduce MRSA and C.Difficile has also been demonstrated in relation to recorded bed days, and within peer group.

This is most encouraging and a credit to staff throughout the organisation who have, through their hard work and high standards, ensured these targets were achieved.

The paper also provides the regular updates on Ward Accreditation and other initiatives to ensure the Trust's favourable position is maintained.

However, The Trust is now working to achieve the ever more stringent targets set by service Commissioners, and to meet the additional reporting requirements for MSSA and E. coli (from June 2011).

Although some concessions have been agreed with Commissioners in relation to MRSA and C.Difficile Targets for 2011/12, financial penalties will apply for non-achievement.

RECOMMENDATION

To (i) note the content of this report (ii) comment accordingly.

Helen Lamont
Nursing & Patient Services Director

Dr. Alistair Gascoigne
Director of Infection Prevention and Control

8th May 2011

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1. INTRODUCTION

This briefing reports on the Trust's position in relation to HCAI at the end of the financial year 2010/11.

2. INFECTION UPDATES

a) MRSA Bacteraemia

The Trust's MRSA Bacteraemia target for 2010/11 was for no more than 12 post 48 hour cases, and the Trust achieved this, reporting a total of 8 MRSA bacteraemias during the year. This is a significant achievement, particularly when previous performance is considered, e.g. In 2007/08 the Trust reported 59 cases against a target of 37.

In relation to its peers the Trust can report that, at the end of Quarter 3 it was eleventh in a peer group of twenty three (sixth in the same group in Quarter 2).

Appendix 1 illustrates performance against trajectory for 2010/2011, and comparison with previous years' performance.

In the current year the MRSA target is for no more than 6 cases. (This is a reduction based on the actual MRSA rates observed over the period October 2009 – September 2010). Financial penalties will apply if this is exceeded.

This would be in the form of a one-off penalty based upon level of breach at year end outturn ie. 0 - to year end outturns = no penalty. 7 to 9 cases = £2,000 penalty. 10 plus cases = 0.1% of the elective PbR contract value (£139,000).

The Trust can continue to declare compliance with Department of Health requirements for emergency and elective MRSA patient screening.

A national audit of MRSA screening will take place the week 9th -14th May 2011. Infection Control teams for all acute NHS Trusts will be asked to return a questionnaire requesting anonymised, confidential data on patients newly identified as having MRSA following admission or elective screens, as well as data regarding their screening, isolation, suppression & decolonisation practices. Teams will also be asked to report their local prevalence of MRSA on Wednesday 11th May including how many patients were infected and isolated. Data collection systems will comply with Data Protection Act and Information Governance. In addition, we are seeking a further 6 – 10 hospitals to provide more detailed costs. The research is being undertaken on behalf of the Department of Health by UCL and the HPA.

b) Clostridium Difficile

The target for 2010/11 was for no more than 296 cases, and the Trust did not exceed the target, reporting a total of 150 for the financial year 2010/11.

Again this is a significant achievement in relation to previous performance, e.g. in 2007/08 the Trust reported 494 cases against a target of 612.

In relation to its peers the Trust can report that at the end of Quarter 3 it was twelfth in a peer group of twenty three (third in the same group in Quarter 2).

The C. Difficile target for the current year is confirmed at 155. This is based on a national reduction of 29% over the defined baseline period. Financial penalties will apply if this is exceeded.

This will be in the form of an adjustment to the total contract year revenue by a deduction of 0.1% for each 1% by which the Provider has exceeded last year's outturn +2, up to a cap of 2%. The target agreed with the Commissioners, for 2011/12 is 155 cases but the 2010/11 outturn is 150, therefore the Trust cannot exceed 152 cases without incurring a penalty. 0.1% of the Trust's income would represent a fine of £480k for each 1% (or 1.5 cases) breaching 152

Concerns have been raised regarding the potential impact on Trust targets, of the transfer of Community Services, including three elderly care wards at Newcastle General Hospital. The Trust has been assured that this is not an issue of concern as, during the reference period when targets were set, there were no reportable cases of MRSA or C.Difficile.

The eleven cases reported during March were subject to 'Rapid Review' to ensure good compliance with the defined standards including, isolation practice, hand hygiene, and antibiotic usage. Results were generally good but opportunities for improving timelines for isolation and the introduction of a formal care pathway are identified. The Infection Prevention and Control Nursing Team will continue to address this via Nursing Forums and other Directorate meetings. The regular Infection Control Education Forum in March was dedicated to the issue of C.Difficile, 30 members of staff, from a range of disciplines attended. Work is ongoing via the Infection Prevention and Control Committee to improve participation, particularly to extend the involvement of Medical staff.

c) Additional reporting requirements

Methicillin Sensitive Staphylococcus Aureus (MSSA) reporting is now required and the Trust has established the necessary arrangements. Confirmation has now been received from the Department of Health that E.Coli reporting is required by June 2011.

The first set of National MSSA data was published during the first week of April 2011(738 cases in January and 675 in February. Trust figures for the corresponding periods were 6 and 12 respectively).

The Department of Health intends that this greater transparency of information will encourage providers to reduce infections leading to better patient outcomes, and to give patients the facts to help them make meaningful choices about their care.

3. ONGOING ACTIONS WITHIN THE TRUST

(i) Ward Accreditation Scheme

The monthly completion of this scheme continues, and a summary of the March report is attached at (*Appendix 2*). A further 3 areas have been accredited during March, bringing the total number of clinical areas, who have now achieved accreditation, to 55. Work is ongoing to develop the Clinical Assurance Tool (CAT) which will replace this report from April 2011.

(ii) Cleanliness Audit

A comprehensive programme of cleanliness audits is in place, one of which is the quarterly unannounced inspections, carried out by teams of senior nurses from across the organisation. The most recent was undertaken during the week commencing 21st March 2011. The level of scrutiny by reviewers is significant and in order to achieve 'green' a score of $\geq 98\%$ must be achieved. This provides assurance of extremely high standards, achievement of green or amber is therefore positive. It is important to note that whilst this is a valid representation of the picture in the clinical area that day, it is part of a much larger profile of governance measures which include other cleanliness audits.

In any areas where issues are identified, a discussion takes place immediately between the auditors and the Ward Sister/Charge Nurse to address any actions. Results are also reported back to the Matron and Directorate team for action.

The high level summary of results of audits carried out in 2010/11 are shown in the table below by Directorate.

	Jun-10	Aug-10	Nov-10	Mar-11
Cancer Services	90%	96%	90%	91%
Cardiothoracic	89%	97%	95%	97%
CoE	94%	89%	95%	91%
Children's	NA	94%	97%	91%
Dermatology	NA	100%	98%	98%
Dental	NA	95%	79%	88%
ENT	100%	85%	92%	97%
FH Perioperative	NA	92%	96%	94%
Internal Medicine	92%	94%	95%	99%
MSU	89%	93%	98%	92%
Neurosciences	92%	87%	76%	90%
Main OPD	NA	94%	95%	91%
Private Patients	NA	96%	97%	100%
RVI Periop	93%	86%	98%	97%
Surgery	93%	100%	94%	98%
Urology & Renal	90%	99%	92%	97%
Women's	NA	99%	90%	92%

Green	$\geq 98\%$
Amber	= 90 – 97.9%
Red	= <90%

(iii) Mandatory Training

Mandatory Training compliance in relation to Infection Prevention and Control continues to show a satisfactory position, at both level 1 (for all Staff) and level 2 (for all Staff with Clinical Contact). Figures for the end of March demonstrate the current position.

	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Level 1 – all staff	67%	70%	72%	74%	77%	79%	81%	81%
Level 2 – all staff with clinical contact	54%	57%	59%	60%	63%	66%	68%	71%

4. SUMMARY

The Trust ended 2010/11 reporting a favourable position in relation to stated HCAI targets and staff have been thanked for their efforts in supporting this achievement.

The ongoing Estates issues and increasingly challenging targets reinforce the need to build on the current initiatives and to maintain the momentum and priority required to ensure progress, patient safety, and achievement of targets.

Monthly updates will continue to be provided to the Board, to demonstrate the Trust's position, and progress, in this regard.

5. RECOMMENDATION

To (i) note the content of this report (ii) comment accordingly.

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Nursing & Patient Services Director

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Director of Infection Prevention and Control

8th May 2011