

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

HEALTHCARE ASSOCIATED INFECTIONS

EXECUTIVE SUMMARY

This paper provides the regular update to the Council of Governors on reported Healthcare Associated Infections (HCAI) and associated cleanliness and environmental issues. In relation to HCAI targets for the year the Trust continues to report a favourable position.

RECOMMENDATION

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

Helen Lamont
Nursing & Patient Services Director

Dr. Ashley Price
Director of Infection Prevention and Control

10th November 2011

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HEALTHCARE ASSOCIATED INFECTIONS

1. INTRODUCTION

This briefing reports on the Trust's current position in relation to HCAI for the year 2011/12. Appendix 1 illustrates progress in relation to agreed targets.

2. INFECTION UPDATES

a) MRSA Bacteraemia

As previously reported the Trust's MRSA Bacteraemia target for 2011/12 is for no more than 6 post 48 hour cases. Financial penalties will apply if this target is exceeded.

At the time of reporting, two hospital acquired MRSA Bacteraemias have been reported this year. This is good progress and staff have been commended for their efforts.

Early indications, and based on performance to date, suggest the Target for next year will be 4 cases.

100% MRSA Screening for elective cases is still being achieved, although this is increasingly challenging.

b) Clostridium Difficile

At the time of reporting there were 11 reportable cases, bringing the total for the year to date to 50, which is well within the target of 89 for this point in the year. Local Surveillance Data indicates a significant reduction throughout all Directorates which is most encouraging.

Early indications, and based on performance to date, suggest the target for next year will be 92 – 96 cases.

c) Mandatory reporting of E Coli and MSSA continue

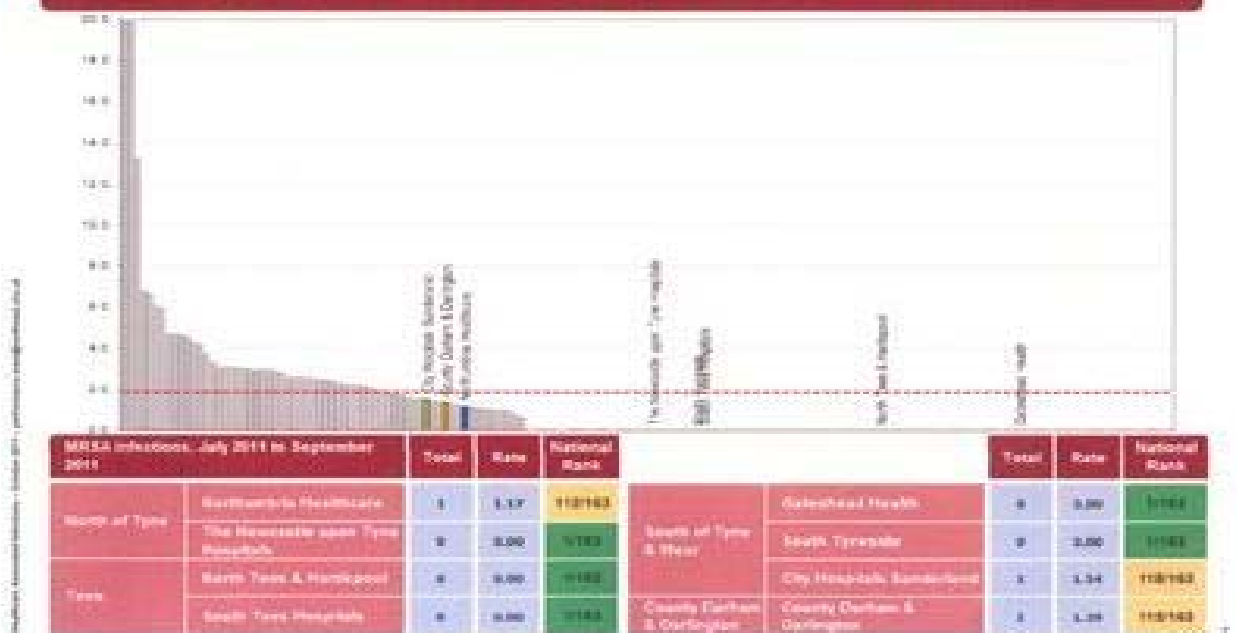
NHS North East HCAI Report (published 9th October 2011) demonstrates the Trust's position in relation to this range of infections, for the period July 2011 – September 2011, and these are illustrated in the following graphs which have been taken from the report.

In general terms these indicate a favourable position, and work continues to improve this further. However, mandatory reporting of MSSA was introduced in January this year, and there is definite room for improvement in relation to this.

MSSA is more common and is associated with line insertions and as a consequence higher rates will be seen in hospitals, like those of the Trust, that provide services requiring multiple lines eg. Renal and Cardiothoracic. The introduction of 'Matching Michigan' in relation to Critical Care areas is being broadened to other high risk areas in order to address this. This issue will be further considered at the next meeting of the Trust's Infection Prevention and Control Committee in November 2011.

Healthcare Associated Infections – MRSA

MRSA Rates per 100,000 annual bed-days – July 2011 to September 2011



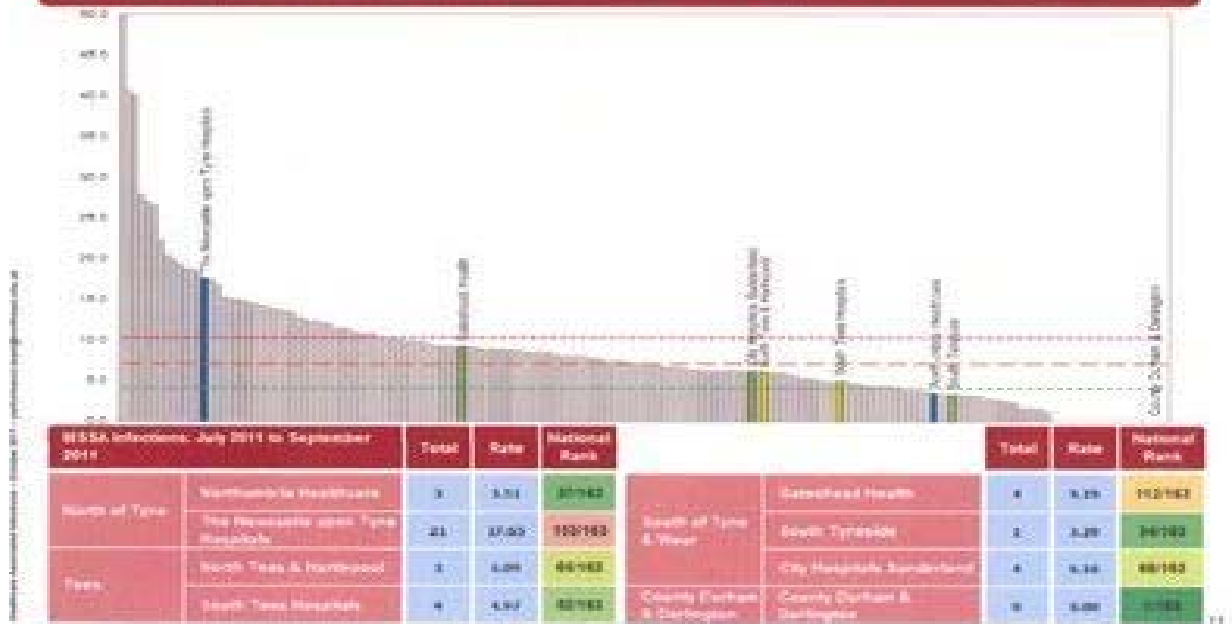
Healthcare Associated Infections – C. difficile

CDI Rates per 10,000 annual bed-days – July 2011 to September 2011



Healthcare Associated Infections – MSSA

MSSA Rates per 100,000 annual bed-days – July 2011 to September 2011



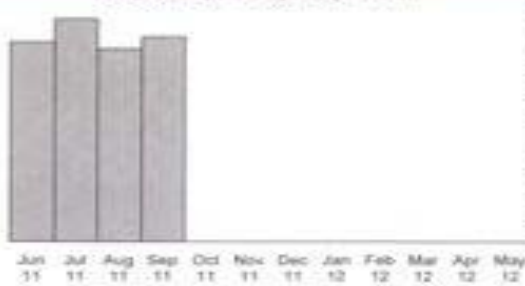
Healthcare Associated Infections – E.coli

From June 2011, hospitals are required to monitor reported E. coli positive blood cultures.

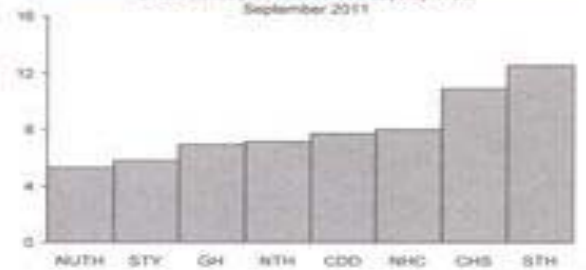
There was a total of 175 E. coli infections reported within providers across the region during September 2011.

Number of E.coli infections in September 2011 (All Cases)		Actual	From June 11
North of Tyne	Northumbria Healthcare	27	111
	The Newcastle upon Tyne Hospitals	25	113
South of Tyne & Wear	Gateshead Health	13	33
	South Tyneside Healthcare	7	29
City Hospitals, Sunderland		36	167
County Durham & Darlington		23	96
Tees	North Tees and Hartlepool	18	65
	South Tees Hospitals	60	131
NHS North East (Providers)		175	702

SHA (Provider) cases reported per month



E. coli cases per 100,000 bed-days by Trust September 2011



3. ONGOING ACTIONS WITHIN THE TRUST

(i) Ward Accreditation Scheme

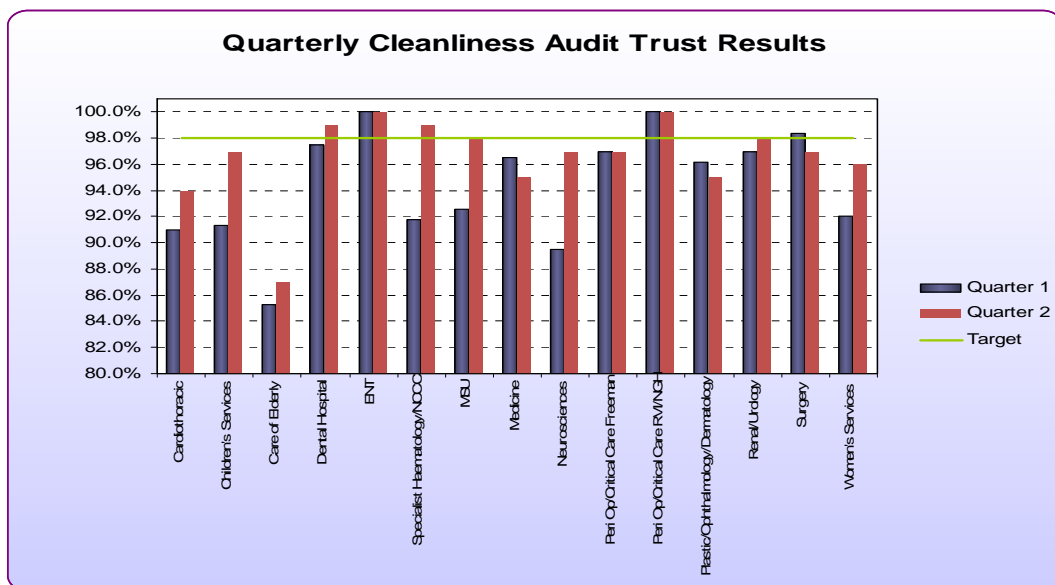
The Clinical Assurance Tool now is providing this level of assurance to the Board and forms the basis for on-going Ward Accreditation. A further 5 areas had been accredited since September, bringing the total number of clinical areas which have now achieved accreditation to 83. Wards will continue to have accreditation inspection visits which reflect the previously defined standards.

(ii) Mandatory Training

The most recent figures as of September indicate 79% and 67% for levels 1 and 2 training respectively.

(iii) Cleanliness Audit

The regular, quarterly, Trustwide Cleanliness audit took place in September 2011. This is undertaken by Senior Nurses from across the organisation who provide additional scrutiny and external validation of the reviews undertaken by Matrons and Ward Staff. This also serves to ensure that this remains 'high profile' and on everyone's agenda.



Whilst the quarter 2 results do demonstrate improvements on quarter 1 the required standard of 98% is not being universally achieved and work is on-going to address this, with the Matrons leading this work.

4. SUMMARY

The Trust is able to report a favourable position for the year to date, and significant efforts must be sustained if this position is to be maintained and targets achieved.

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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10th November 2011