

1. Purpose

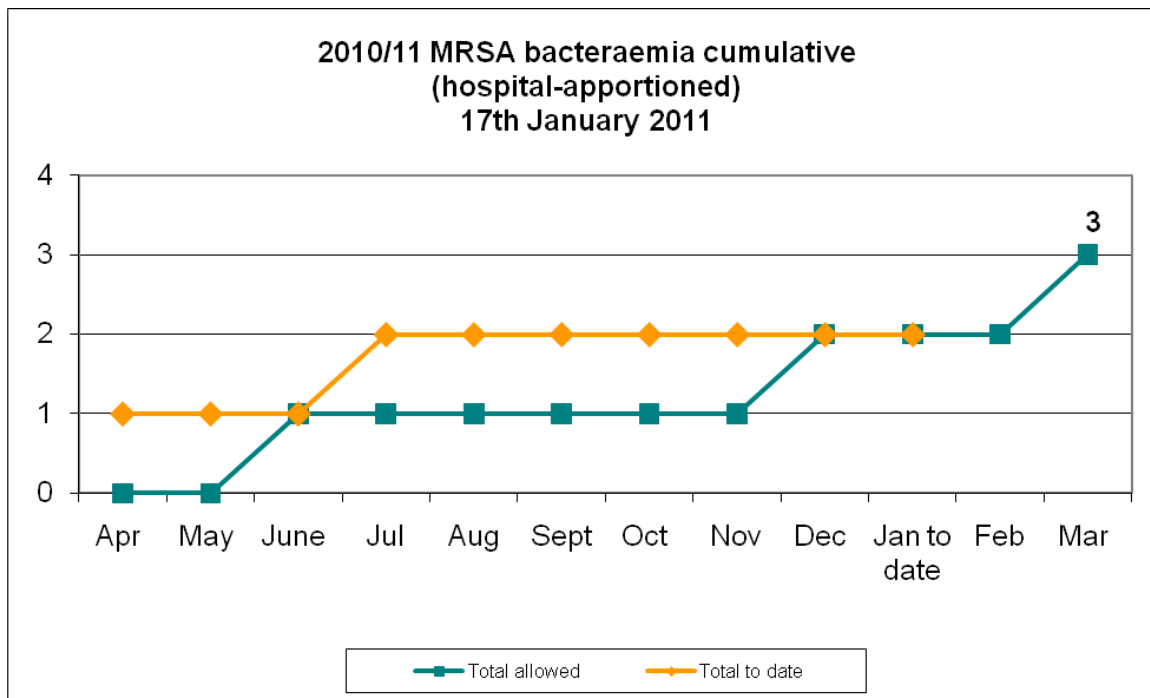
1.1 The purpose of this paper is to inform on the position of the Trust in relation to infection prevention and control during December 2010.

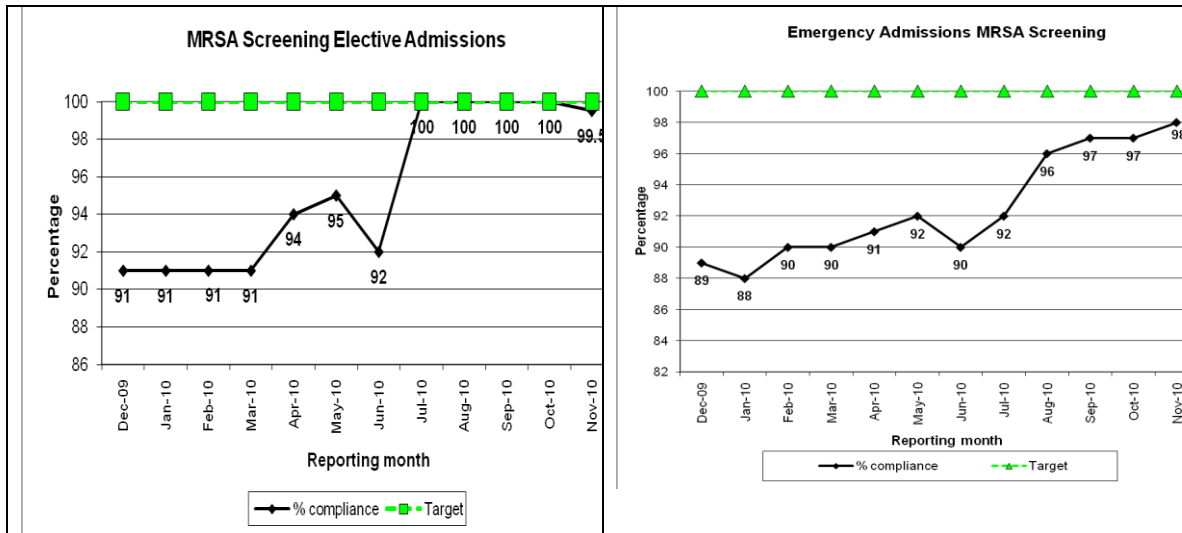
2. New Developments

2.1. Seasonal Influenza. In December and the beginning of January, this hospital, and many others nationally, experienced a rise in admissions of patients with flu-like illness. A proportion of these patients have been shown to have H1N1 virus (swine flu). The critical care unit has experienced most operational pressure from the increased admissions. The hospital reviewed its surge plans to deal with increased activity regarding flu-like illness. This has been updated, and there is good assurance that we have the correct systems in place. Our admissions currently reflect the national picture for flu-like illness; i.e. community-acquired infection with several circulating strains.

3. Performance

3.1 MRSA Bacteraemia



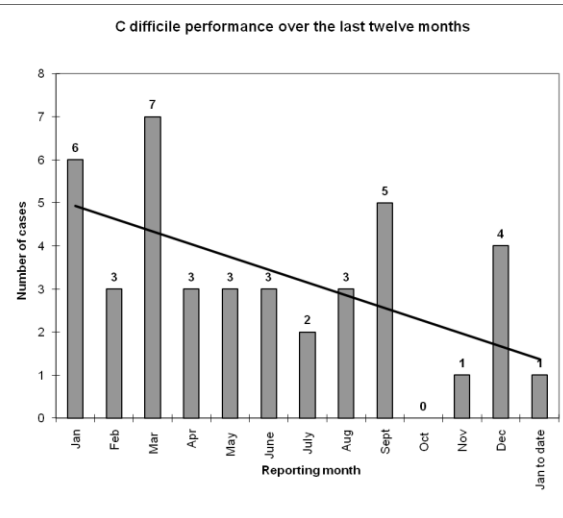
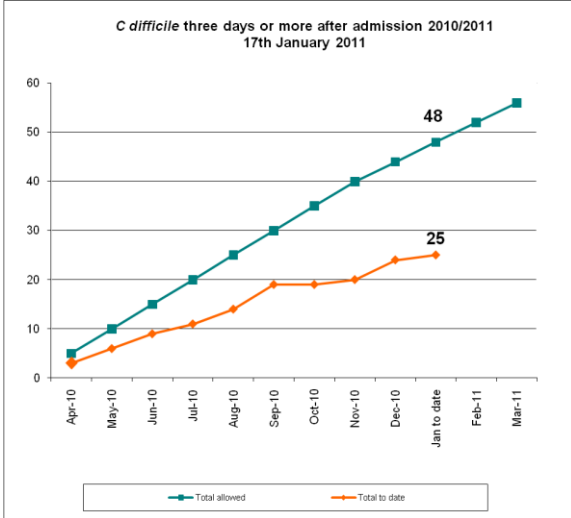


3.3 Clostridium difficile

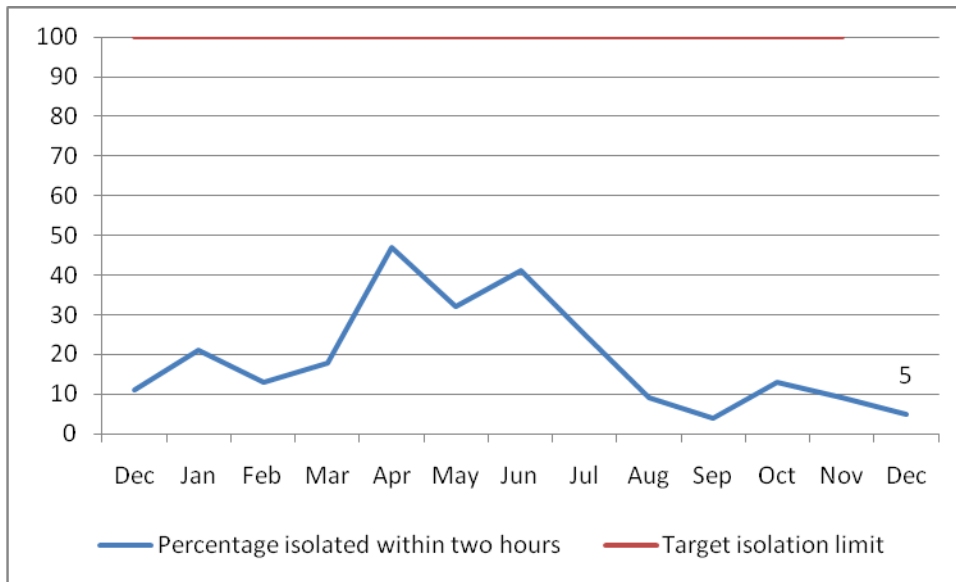
Our incidence of patients developing *Clostridium difficile* associated disease has fallen significantly so far this year. We have a ceiling of **56** cases for 2010/11, and until the end of December, we had recorded **24** cases against a ceiling of 44. Our twelve-month projection, based on the last twelve months, is **40** cases. The ceiling for the next financial year has been stated as **35**.

There does tend to be seasonality with *Clostridium difficile*, with higher numbers during the winter months. This is probably due to a combination of an increase in antibiotic use for treatment of chest infections, overcrowding/high bed occupancy, and the likelihood of outbreaks of viral gastroenteritis, which increases sampling, and will identify a higher proportion of colonised patients. It is prudent to have a high index of suspicion for viral gastroenteritis detection, as the operational consequences of outbreaks are so high.

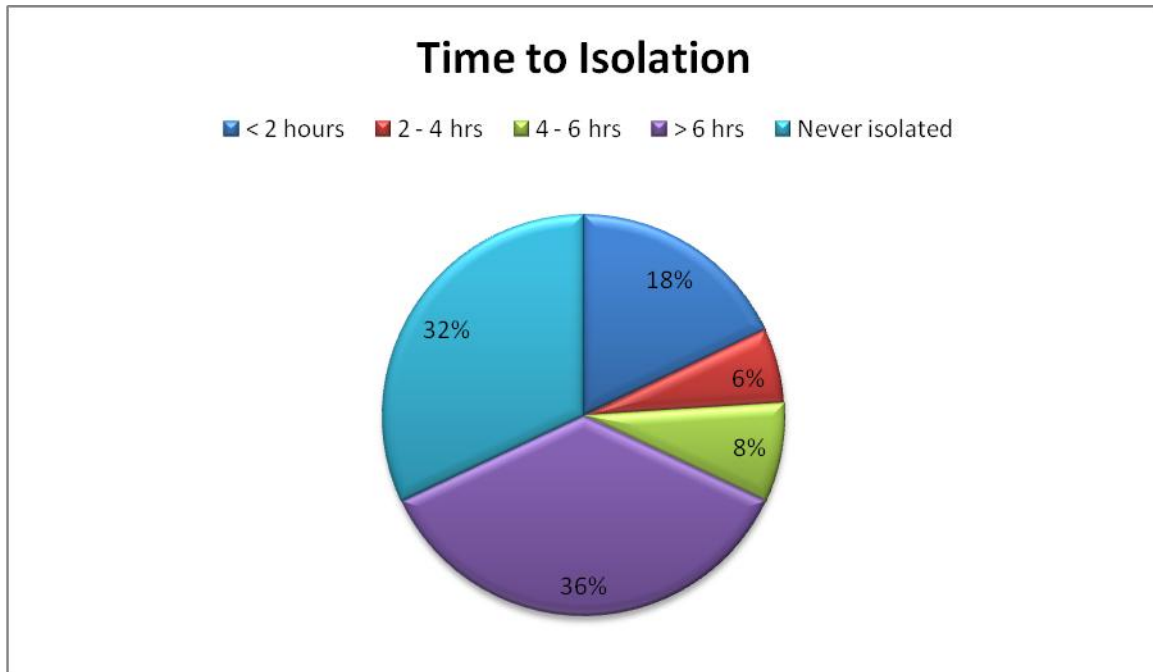
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Time to isolation



The percentage of patients isolated within two hours remains low, despite a remedial plan from the medical division. The chart below shows a breakdown of time to isolation for the last year (January – December 2010).



Eighteen per cent of patients were recorded to have been isolated within two hours of request during the year. A further six per cent were isolated between two and four hours, and eight percent between four and six hours. Thirty-six per cent were isolated between six hours of request and the end of their admission episode. Thirty-two per cent of patients with isolation requests were not isolated during their admission episode.

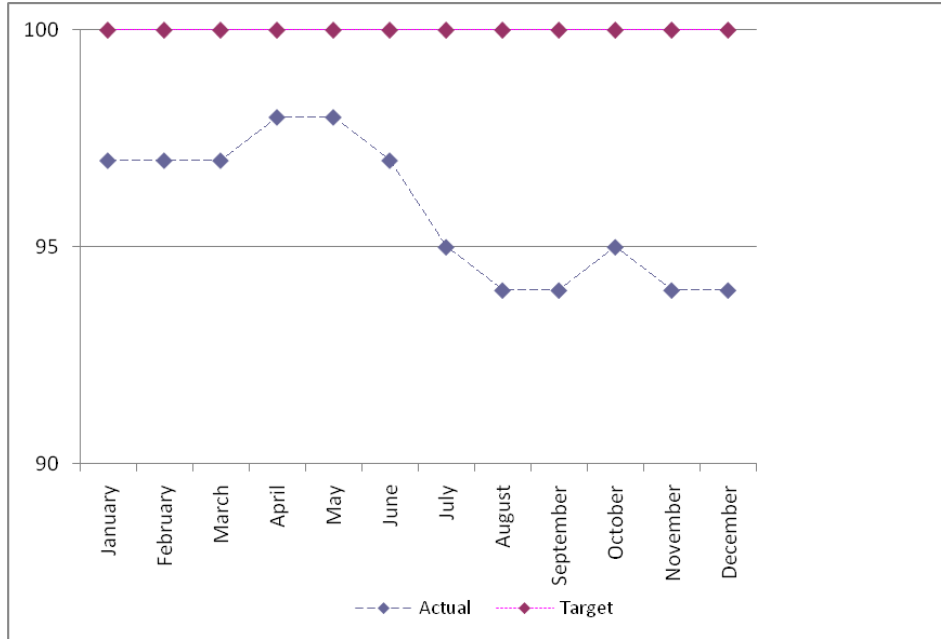
The key barrier to isolating a patient promptly remains:

- high bed occupancy (particularly in the medical division)
- low number of cubicles
- four-hour access target

Plans in place to improve performance include a Trust wide action plan to address all areas of concern identified. We also propose to improve the use of the electronic system to record time to isolation.

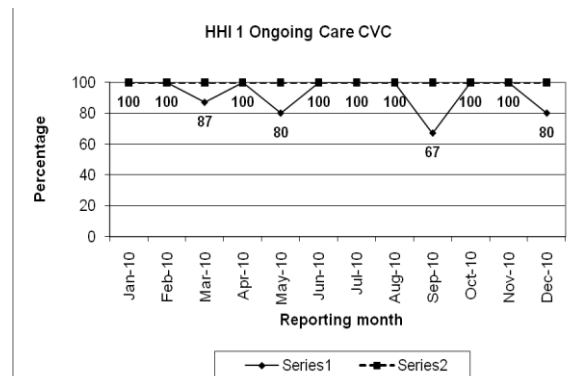
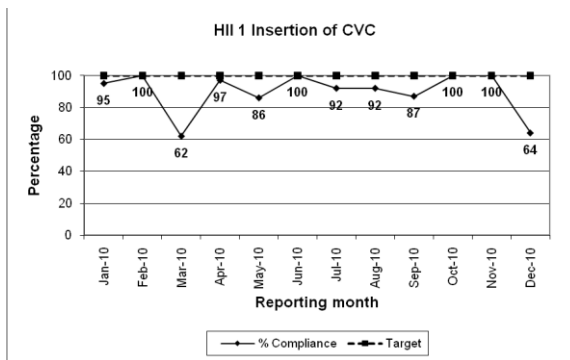
The infection control team recommends that the medical division needs both support and challenge to improve performance in this area.

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 3.4 Hand Hygiene

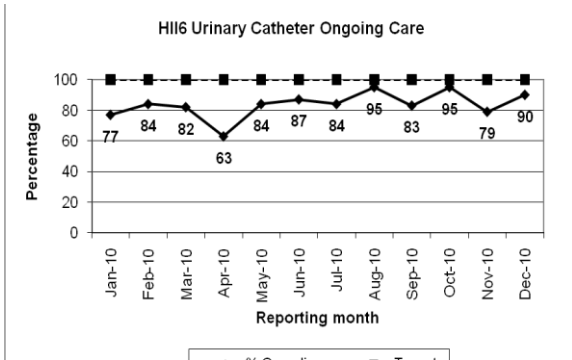
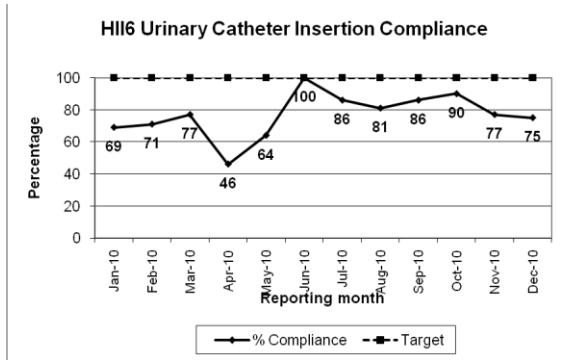
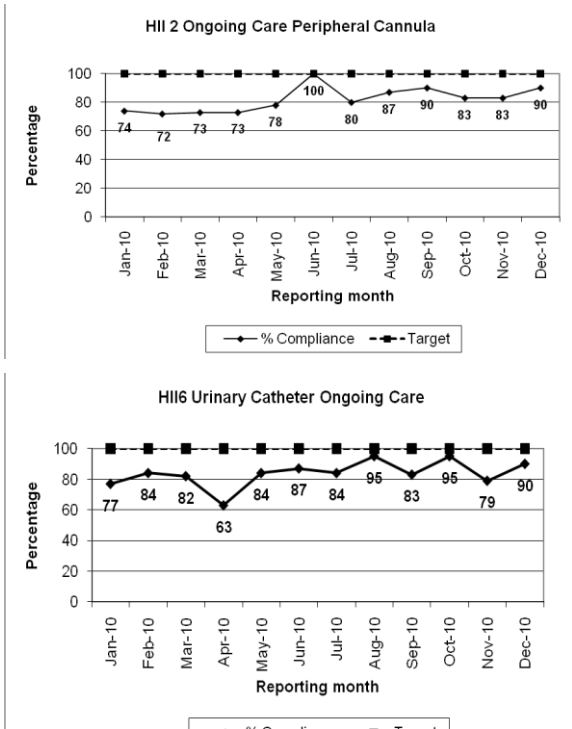
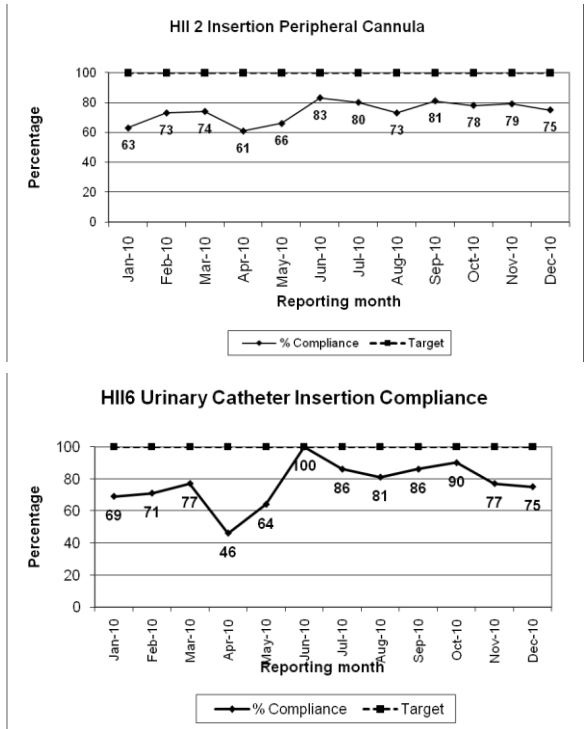


Again the Trust records compliance under the 95% threshold. This is disappointing as the Divisions have targeted this area. Again there are small areas of poor compliance which impact on the overall compliance. These areas are now being targeted with specific interventions.

4. High Impact Interventions



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The infection control team is currently undertaking a further awareness campaign to remind clinical staff of their responsibility to ensure that the monitoring documentation is adequately completed. This includes using the teaching issues identified from the monitoring and supporting audits of practice to focus effort in areas of most need. Areas of best practice, such as Meadowbank, Harpur and Godber wards are also identified to learn from exemplar. A summary of progress will be included in the report next month.