

REPORT TO THE TRUST BOARD

Paper Title:	Annual Infection Control Report for the Period 2013/2014.
Sponsoring Director:	Jennie Hall- Chief Nurse/ Director Infection Prevention and Control
Authors:	Matt Laundry- Infection Control Lead
Purpose:	To inform the Board about Infection Control Performance for the Period April 2013 to March 2014.
Action required by the board:	To note the report
Document previously considered by:	Infection Control Committee

Executive summary

This report summarises the activities of the Infection Control Team at St George's Healthcare Trust during the financial year 2013-14. The report also describes the Infection Control Programme for the forthcoming year 2014-15.

This report considers hospital & community infection prevention and control as integrated functions.

The year 2013/14 was a year of mixed fortunes.

We successfully reduced our rates of *C. difficile* to below the nationally threshold of 45 coming in at 30 cases for the year. This number represents a significant improvement on the 62 cases in 2012/13, a 53% reduction.

MRSA bacteraemia numbers were an improvement on the preceding year but still above what we aspire to. There were 6 cases assigned as bacteraemias to the trust and one assigned as a contaminant, as opposed to 9 bacteraemias the preceding year. 2 of these cases were definitely avoidable, 2 cases were indeterminate and 2 cases were unavoidable.

Legionella once again raised its head at St Georges with another hospital acquired case. A new trust estates team is in place and there is now a comprehensive, structured, proactive plan in place and action underway to reduce and eventually eliminate water risks within the hospital.

The infection prevention and control team has successfully introduced an infection control software package following the allocation of significant funding from the Trust. This allows the team to have real time information on alert organisms and monitoring of patients which leads to more efficient working.

A concerted effort was made this year to improve consultant involvement in infection control and root cause analysis. This has met with mixed success and the Trust will continue to encourage consultant engagement.

The year 2014/15 will again be challenging.

Our *C. difficile* threshold has been reduced to 40 cases a year, an 11% reduction.

The rise of the multi drug resistant gram negative organisms including carbapenemase producing enterobacteriaceae (CPE) present new challenges in both treatment and infection control especially around resource allocation following the introduction of the CPE toolkit by Public Health England.

Surgical site infection surveillance (SSIS) has come to the fore with the publication of NICE guidance. The trust aims to significantly increase SSIS in the forthcoming year.

I would like to thank all the members of the infection prevention and control team, the link nurses, the infection control consultant champions and all those involved in infection control for their hard work.

Key risks identified:

Successful delivery of Infection Control Targets in relation to MRSA and C Difficile

Related Corporate Objective:

Reference to corporate objective that this paper refers to.

Related CQC Standard:

Reference to CQC standard that this paper refers to.

Equality Impact Assessment (EIA): Has an EIA been carried out?

If no, please explain your reasons for not undertaking an EIA. Not applicable