

Annual Report of the Director of Infection Prevention and Control 2010-11

1. Introduction

- 1.1 This is the report of the Director of Infection Prevention and Control for NHS Devon for the period 2010-11.
- 1.2 The purpose of this report is to inform the Trust Board and staff, patients and public of the infection control arrangements and work undertaken in 2010-11.

2. Background

- 2.1 Infection Control is governed by the Health and Social Care Act 2008: Code of practice for the prevention and control of Healthcare Associated Infections. The Hygiene Code that is the monitoring standard forms part of the Act.
- 2.2 The Health and Social Care Act sets out legally enforceable criteria by which managers of NHS organisations are to ensure that patients are cared for in a clean environment and where the risk of healthcare acquired infections is kept as low as possible.
- 2.3 The Act builds on the previous guidance from the Department of Health, for example “Winning Ways” (2003), “Towards Cleaner Hospitals” (2005), “Saving Lives” (2005) and “Essential Steps to Safe Clean Care” (2006).
- 2.4 Failure to meet the requirements of the Health Act will result in the risk of Improvement Notices being served by the Care Quality Commission or may be the source of litigation by patients, including corporate manslaughter.
- 2.5 NHS Devon has a duty to ensure that any independent contractors that are commissioned have the correct procedures in place for patients, staff and visitors to ensure that they are protected from healthcare acquired infection. The governing body is the Care Quality Commission and NHS Devon declares its compliance annually and was awarded unconditional registration on 1st April 2009.
- 2.6 The Trust was awarded a certificate of compliance which can be found on the NHS Devon website, www.devonpct.nhs.uk under the section on the homepage entitled “Infection Prevention and Control”, which is at the following website address: http://www.devonpct.nhs.uk/library/infection_prevention_and_control

- 2.7 The Care Quality Commission undertakes unannounced visits to Trusts to assess against the Hygiene Code. The Care Quality Commission made an unannounced inspection of NHS Devon Provider Services on 26th May 2010 and their report can be found on the NHS Devon website (as above).
- 2.8 It should be noted that this report refers to the Provider Services of NHS Devon, which transferred to other providers (Northern Devon Healthcare NHS Trust and Torbay Care Trust on 1st April 2011).

3. Infection control arrangements

- 3.1 The Director of Infection Prevention and Control is Dr Virginia Pearson, the Joint Executive Director of Public Health for NHS Devon and Devon County Council, who reports directly to the Trust Board on matters pertaining to infection prevention and control.
- 3.2 The Joint Executive Director of Public Health is supported by the Health Protection Team led by the Head of Health Protection and assisted by a Health Protection Manager, Immunisation Co-ordinator and administrative support.
- 3.3 During 2010-11, infection control specialist services were provided via service level agreements to the NHS Devon provider arm, Devon Provider Services, by service level agreements with three specialist infection control teams:
- Royal Devon and Exeter NHS Foundation Trust
 - South Devon Healthcare NHS Foundation Trust
 - Plymouth Hospitals NHS Trust
- 3.4 NHS Devon's provider was an arm's-length body in 2010-11 and has taken on responsibility for:
- appointing a shadow Director of Infection Prevention and Control. This was Angela Edmunds, who is Assistant Director of Professional Practice for Devon Provider Services
 - governance arrangements for Infection Prevention and Control were in place and are detailed in Appendix 1
- 3.5 The line of accountability is through the Quality Committee to the Primary Care Trust Board and the Provider Committee was as detailed in Appendix 1.
- 3.6 The NHS Devon Healthcare Associated Infection Committee met on 21st April 2010, 17th July 2010, 29th September 2010 and 11th February 2011.
- 3.7 NHS Devon works closely with the Devon Health Protection Unit, currently based at Dartington, under the national Memorandum of Understanding developed in 2010 which builds on the Service Level Framework Agreement.
- 3.8 NHS Devon patients receive care from many NHS organisations. The local NHS Trusts which serve Devon patients are:

- Royal Devon and Exeter NHS Foundation Trust
- Northern Devon Healthcare NHS Trust
- South Devon Healthcare NHS Foundation Trust
- Plymouth Hospitals NHS Trust
- Devon Partnership NHS Trust
- South Western Ambulance Services NHS Trust

3.9 Services are also provided by primary care and social care contractors.

3.10 All of the commissioned services are monitored through the organisations' annual submissions to the Healthcare Commission and Care Quality Commission. Regular performance monitoring is achieved through Clinical Quality Review meetings, annual reports, outbreak monitoring, patient advice and liaison service feedback, complaints and commendations, and reports from Patient and Public Involvement fora. Visits are also regularly made to independent contractors and providers by commissioners.

4. Reports made to the Board

4.1 The Director of Infection Prevention and Control is accountable directly to the Trust Chief Executive and reports to the Trust Board.

4.2 The Healthcare Associated Infection Assurance Group is a subcommittee of the NHS Devon Quality Committee, which receives performance reports (final report for 2010-11 is at Appendix 2). The Healthcare Associated Infections Assurance Group also receives regular reports from the Devon Provider Services. The report for 2010-11 is at Appendix 3.

4.3 In addition to the formal committee arrangements, performance against infection control targets are presented at each Trust Board meeting as part of the monthly performance reporting.

5. Healthcare Associated Infection statistics

5.1 There are two types of infection control reporting – statutory and non-statutory.

5.2 Statutory reports are made to the Health Protection Agency. Some reports are made online monthly and others are quarterly.

5.3 In addition to these, the infection control teams conduct surveillance to monitor infections in several areas. These are available at healthcare community level, by acute trust and primary care trust.

Meticillin-Resistant Staphylococcus Aureus (MRSA) Bacteraemia for the trusts for whom NHS Devon is the co-ordinating commissioner

- 5.4 Staphylococcus aureus is a bacterium commonly found colonising humans. Although most people carry this organism harmlessly, it is capable of causing a wide range of infections, particularly skin infections such as boils, pustules and wound infections. In hospitals it can also cause surgical wound infections and bloodstream infections (known as a bacteraemia). MRSA can therefore be defined as colonising (present on the skin without causing infection); causing an infection, or as the cause of a bacteraemia.
- 5.5 Results are expressed by the Health Protection Agency as total episodes of Staphylococcus aureus bacteraemia, and Meticillin-Resistant Staphylococcus aureus (MRSA) bacteraemia. Rates of bacteraemia episodes per 10,000 bed days are also calculated and can be benchmarked against hospitals of similar size. This is important as larger hospitals will tend to have more complex patients, and more likely to admit patients with serious infections.
- 5.6 Table 1 illustrates the performance against national targets for the two local NHS Acute Trusts for which NHS Devon was the co-ordinating commissioner in 2010-11.

Table 1: Cumulative Meticillin-Resistant Staphylococcus Aureus targets, 2010-11

Month	Provider					
	Royal Devon and Exeter NHS Foundation Trust			Northern Devon Healthcare NHS Trust		
	Plan	Actual	Variance	Plan	Actual	Variance
Apr- 10	1	0	-1	1	0	-1
May-10	0	0	-1	0	0	-1
Jun -10	0	0	-1	0	0	-1
Jul - 10	1	1	0	0	1	0
Aug-10	0	0	0	0	0	0
Sep-10	0	0	0	0	0	0
Oct- 10	2	0	-1	0	0	0
Nov-10	2	0	-1	0	0	0
Dec-10	3	0	-2	0	0	0
Jan- 11	3	1	-1	0	1	1
Feb- 11	3	0	-1	0	1	2
Mar-11	3	0	-1	0	0	2
Total	3	2	-1	1	3	2

Plan = Vital Signs Target

- 5.7 The information on MRSA targets performance is illustrated graphically in Figures 1-4. All four providers had detailed action plans in place to tackle MRSA in 2010-11 which were provided to NHS Devon. The following data are for the Trusts for whom NHS Devon is the lead commissioner namely: the Royal Devon and Exeter NHS Foundation Trust, Northern Devon Healthcare NHS Trust, and NHS Devon's Devon Provider Services.
- 5.8 Information for Plymouth Hospitals NHS Trust is available on the trust website: <http://www.plymouthhospitals.nhs.uk>

5.9 Information for South Devon Healthcare NHS Foundation Trust is available on the trust website: <http://www.sdhct.nhs.uk>

5.10 Figures 1 and 2 show performance for the Royal Devon and Exeter NHS Foundation Trust against MRSA bacteraemia targets for 2010-11. This reveals that the Royal Devon and Exeter NHS Foundation Trust target was achieved and the Northern Devon Healthcare NHS Trust target was not achieved.

Figures 1 and 2: MRSA bacteraemia by month against target, 2010-11

Figure 1: Royal Devon and Exeter NHS Foundation Trust

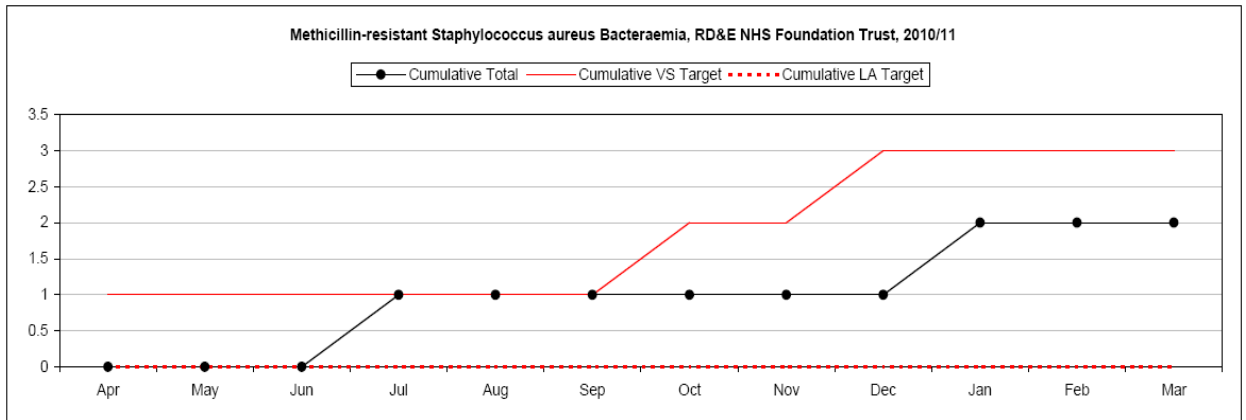
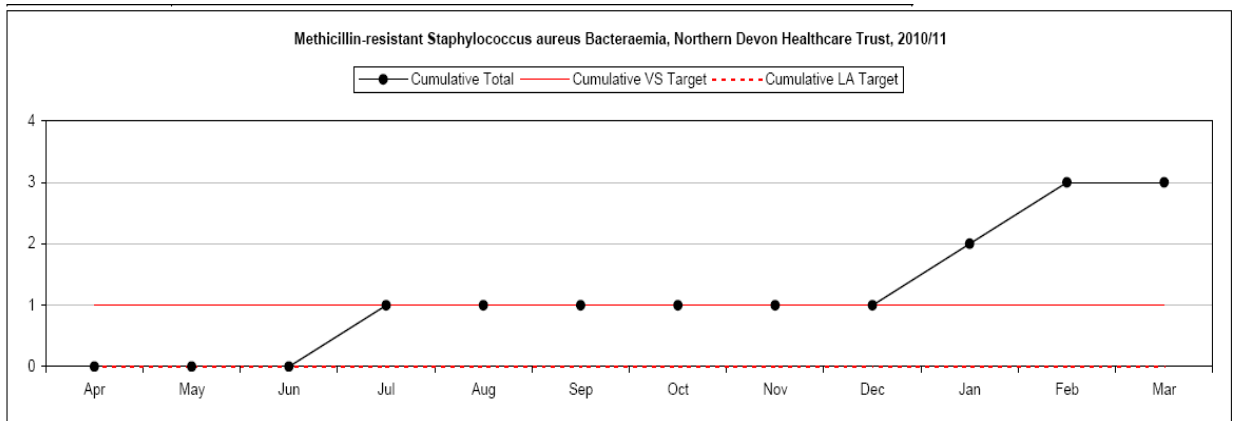


Figure 2: Northern Devon Healthcare NHS Trust



5.11 Figures 3 and 4 show performance benchmarked against similar size acute hospital units across England. Neither of our two local providers was significantly different from the average in 2010-11.

Figure 3: MRSA bacteraemia per 10,000 bed days, Foundation Trusts, 2010-11 (Royal Devon and Exeter NHS Foundation Trust in orange)

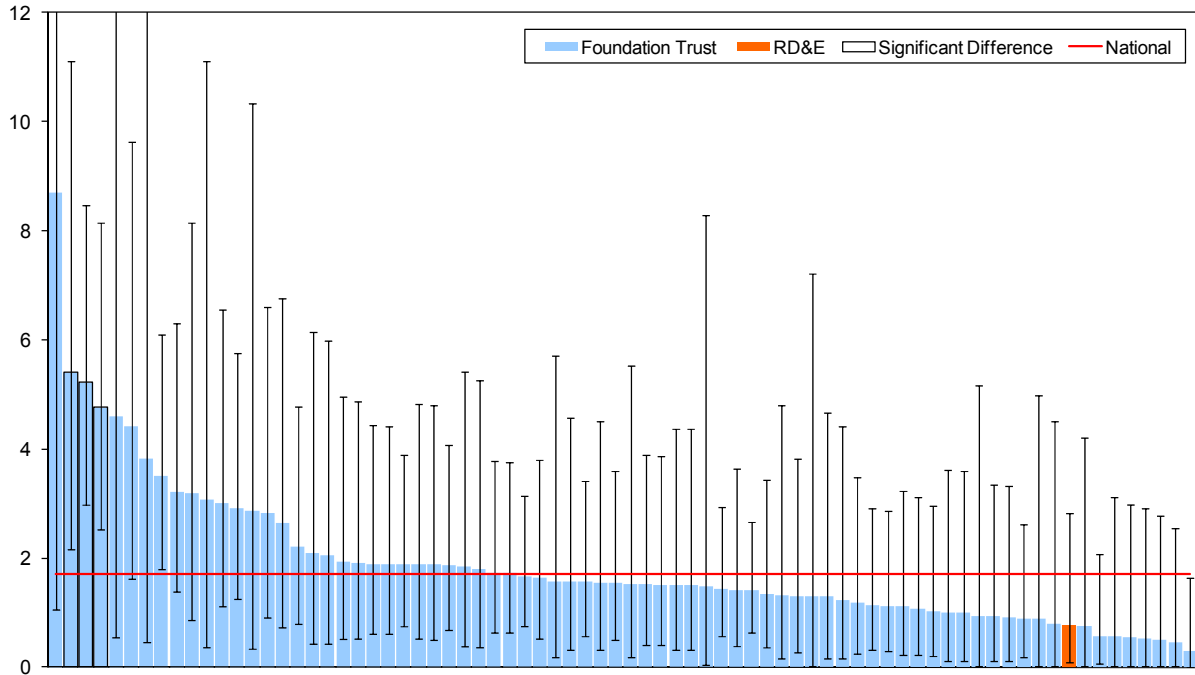
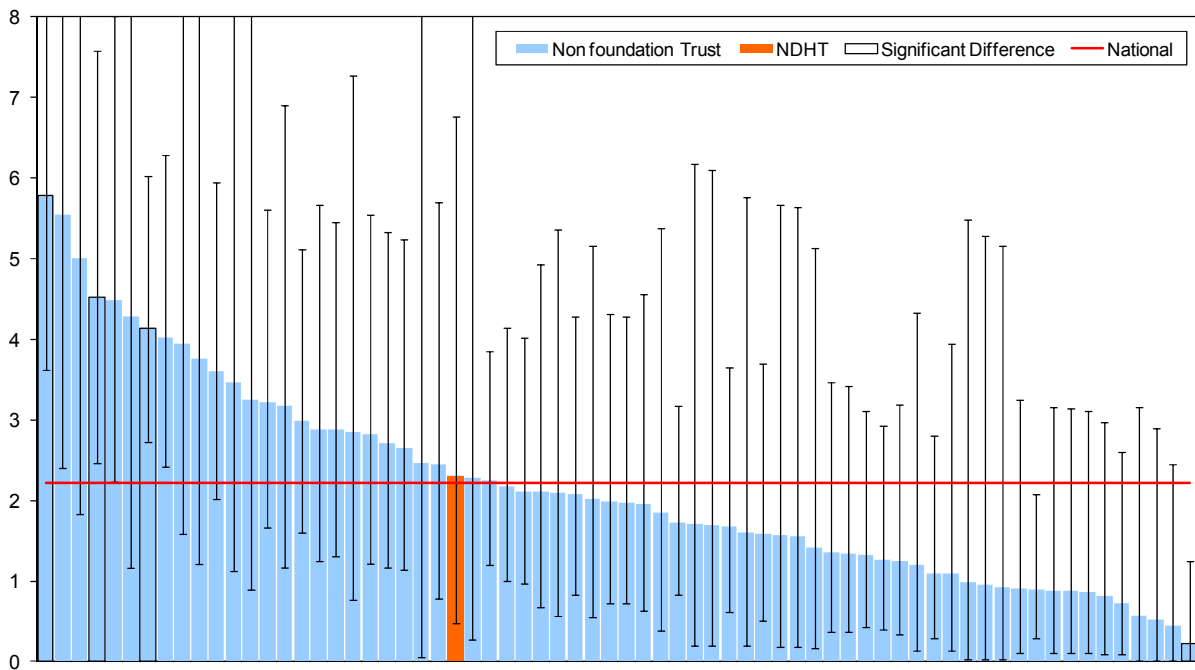


Figure 4: MRSA bacteraemia per 10,000 bed days, Non-Foundation Trusts, 2009-10 (Northern Devon Healthcare NHS Trust in orange)



Clostridium difficile

- 5.12 *Clostridium difficile* is a bacterium that may grow in the bowel and cause diarrhoea and colitis which can be life-threatening in the elderly. It is mainly a complication of antibiotic therapy and particularly affects the frail and elderly who have been prescribed broad-spectrum antibiotics. Prudent antibiotic prescribing both in primary care and in the wider community is an essential component of preventing *Clostridium difficile*.
- 5.13 Mandatory surveillance for infection in people over the age of 65 has been undertaken since 2004. 'Episodes' are reported, which is defined as one or more *Clostridium difficile* toxin positive stools in a 28-day period. These positive cases are reported through the Acute Trusts' laboratory system and include community, pre-48 hour numbers.
- 5.14 Table 2 shows the cumulative *Clostridium difficile* rates for 2010-11 in the two Trusts for whom we were lead commissioner during 2010-11 and Figures 5 and 6 show the individual Trust monthly cases against target trajectory.

Table 2: *Clostridium difficile* against targets for 2010-11 for Royal Devon and Exeter NHS Foundation Trust and Northern Devon Healthcare NHS Trust

Month	Provider					
	Royal Devon & Exeter NHS Foundation Trust			Northern Devon Healthcare NHS Trust		
	Plan	Actual	Variance	Plan	Actual	Variance
Apr- 10	17	5	-12	7	1	-6
May-10	14	11	-15	5	3	-8
Jun -10	12	7	-20	5	2	-11
Jul - 10	14	12	-22	5	5	-11
Aug-10	12	6	-28	4	1	-14
Sep-10	10	5	-33	4	0	-18
Oct- 10	10	11	-32	4	2	-20
Nov-10	10	7	-35	4	7	-17
Dec-10	10	7	-38	4	1	-20
Jan- 11	19	11	-46	8	0	-28
Feb- 11	17	6	-57	7	1	-34
Mar-11	17	5	-69	7	4	-37
Total	162	93	-69	64	27	-37

Figure 5: *Clostridium difficile* cumulative case numbers by month for the Royal Devon and Exeter NHS Foundation Trust, 2010-11

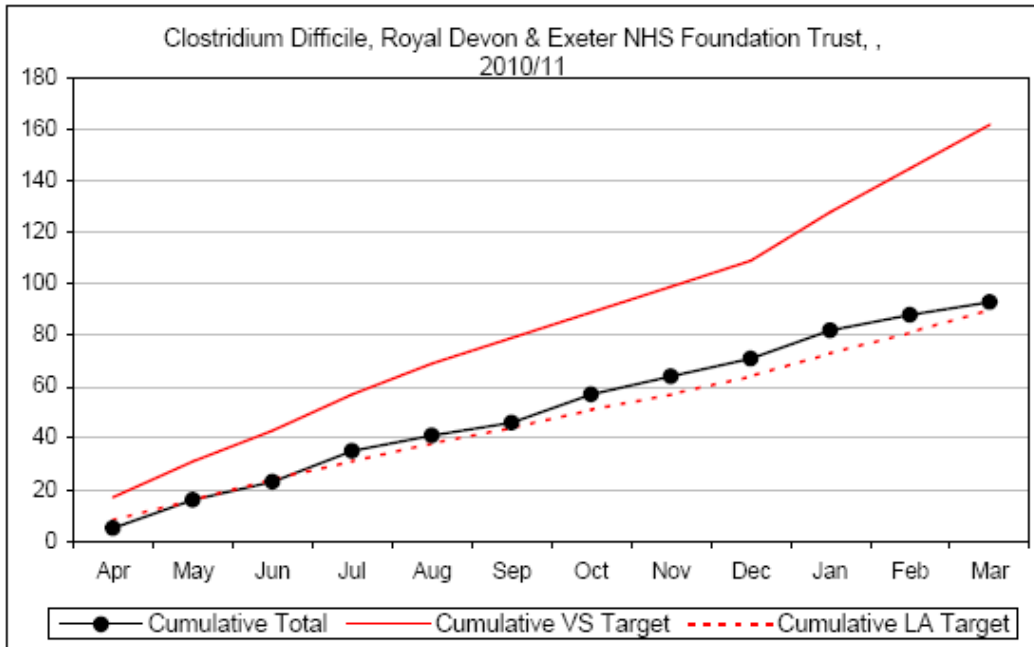
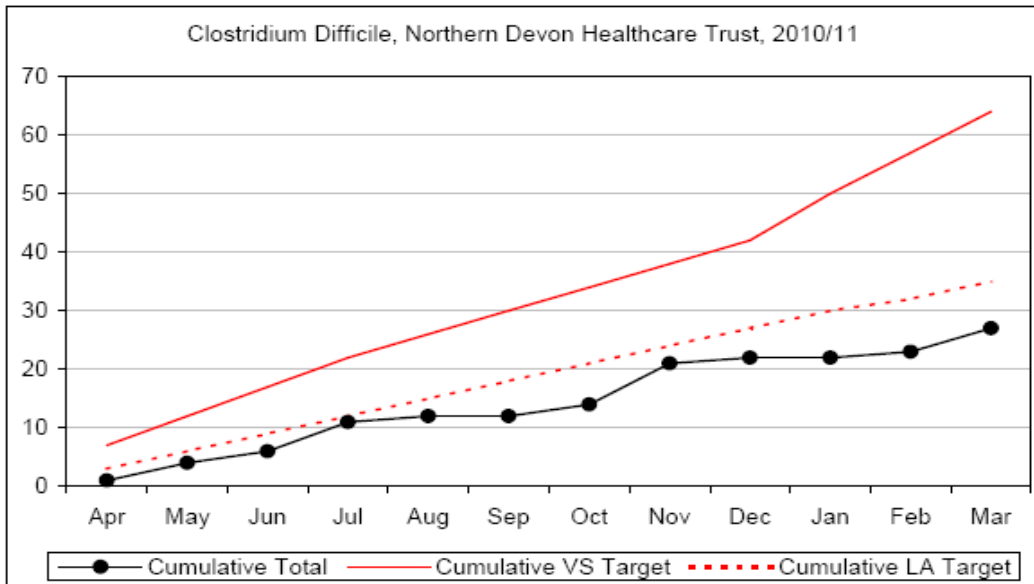


Figure 6: *Clostridium difficile* cumulative case numbers by month for Northern Devon Healthcare NHS Trust, 2010-11



5.15 Devon Provider Services does not have a Vital Signs target for *Clostridium difficile* but is expected to achieve a return of no outbreaks or clusters. Table 3 shows all cases of *Clostridium difficile* for patients registered with NHS Devon.

Table 3: All cases of *Clostridium difficile* for patients registered with NHS Devon

Month	NHS Devon		
	Plan	Actual	Variance
Apr- 10	56	20	-36
May-10	46	32	-50
Jun -10	39	23	-66
Jul - 10	46	43	-69
Aug-10	40	29	-80
Sep-10	35	14	-101
Oct- 10	34	31	-104
Nov-10	35	38	-101
Dec-10	33	36	-98
Jan- 11	67	34	-131
Feb- 11	58	35	-154
Mar-11	56	30	-180
Total	545	365	-180

- 5.16 The cumulative total for 2010-11 was 365 against a cumulative Vital Signs target of 545, demonstrating the continued priority given to the work in tackling Healthcare Associated Infections across the health community.
- 5.17 Figures 7 and 8 illustrate performance benchmarked against similar size acute hospital units across England. Of our two local providers, Northern Devon Healthcare NHS Trust was significantly below average. NHS Devon had a lower rate of infections per 10,000 population than the national average (Figure 9).

Figure 7: Acute Trust-attributable *Clostridium difficile* infections per 10,000 bed days for foundation trusts for people aged two years and above, 2010-11 (Royal Devon and Exeter NHS Foundation Trust in orange)

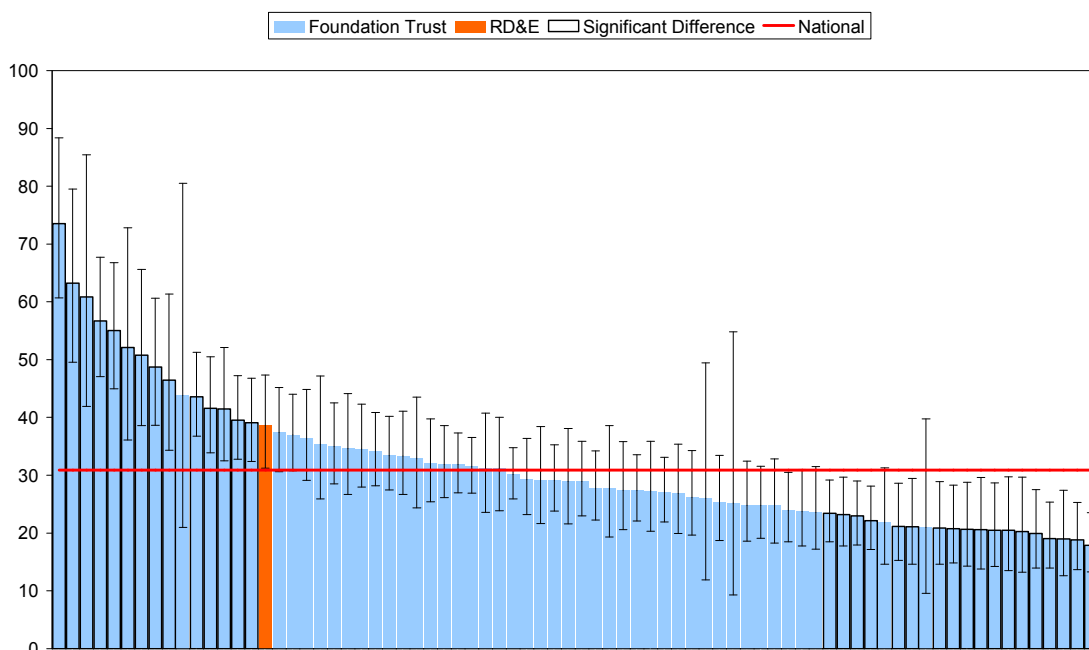
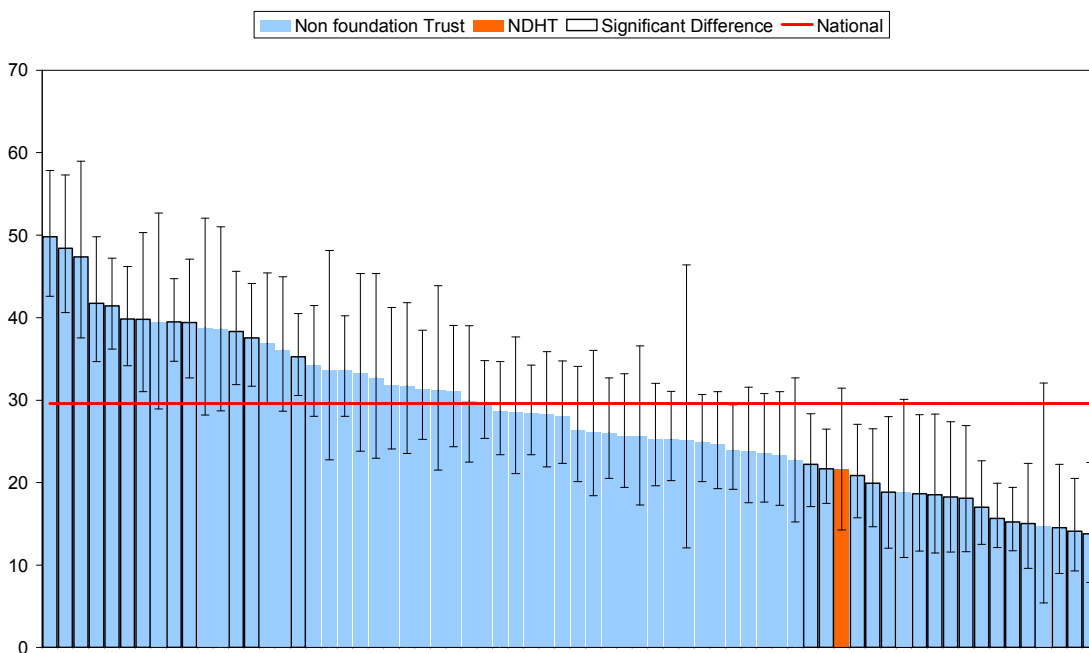


Figure 8: Acute Trust-attributable *Clostridium difficile* infections per 10,000 bed days for Foundation Trusts for people aged two years and above, 2009-10 (Northern Devon Healthcare NHS Trust in orange)



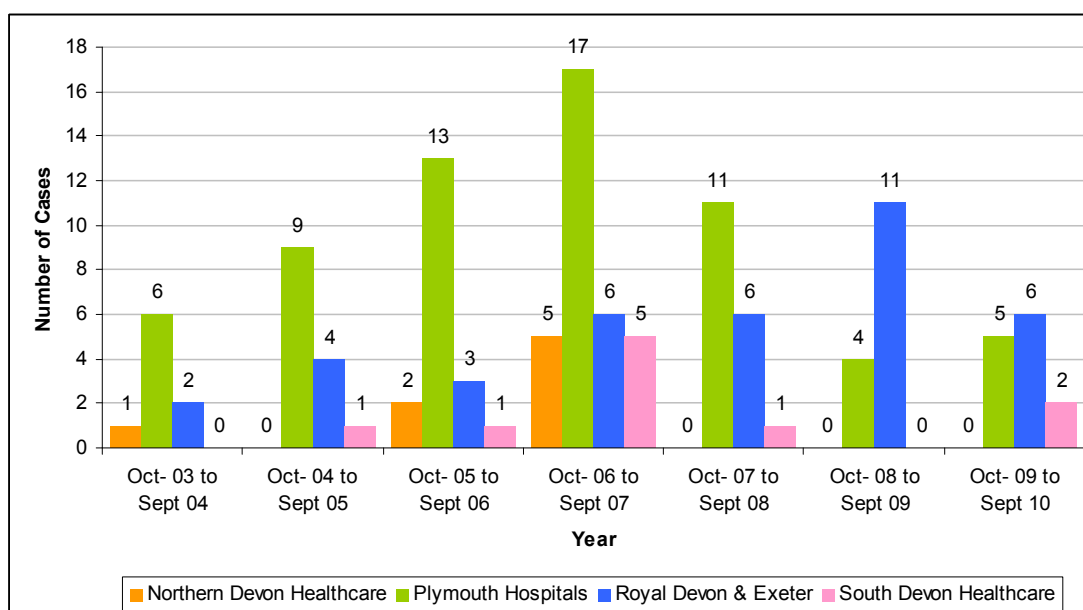
Glycopeptide resistant enterococcal bacteraemia

- 5.18 Enterococci are bacteria that are normally found in the gut. Although enterococci are a common cause of urinary tract infections, they can occasionally cause serious infections such as endocarditis (inflammation of the internal heart muscle). In patients with intravascular lines (to allow frequent injections of medication directly into the bloodstream), enterococci may cause bacteraemia. Glycopeptide-resistant enterococci are resistant to important glycopeptide antibiotics such as vancomycin and teicoplanin. The actual number of cases is usually low. Table 4 shows the number of cases over the last five years for which data are available.

Table 4: Glycopeptide resistant enterococcal bacteraemia, reports by year

Name of NHS Trust	Oct- 03 to Sept 04	Oct- 04 to Sept 05	Oct- 05 to Sept 06	Oct- 06 to Sept 07	Oct- 07 to Sept 08	Oct- 08 to Sept 09	Oct- 09 to Sept 10
Northern Devon Healthcare NHS Trust	1	0	2	5	0	0	0
Plymouth Hospitals NHS Trust	6	9	13	17	11	4	5
Royal Devon & Exeter NHS Foundation Trust	2	4	3	6	6	11	6
South Devon Healthcare Foundation Trust	0	1	1	5	1	0	2

Figure 9: Glycopeptide resistant enterococcal bacteraemia by Acute Trust, for 2010-11



6. Norovirus

- 6.1 Norovirus, historically known as ‘winter vomiting disease’ is extremely infectious and spreads very rapidly from person to person, particularly in an institutional setting such as hospitals, care homes, hotels, schools and playgroups. Outbreaks are very disruptive and can take considerable resources to control. This can create significant business continuity issues for health and social care and commercial organisations. Over the year 2010-11 the South West’s care services were affected by outbreaks of Norovirus particularly during the winter months. NHS Devon’s Annual Public Health report for 2009-10 highlighted the significant increase in Norovirus in Devon.
- 6.2 The symptoms of Norovirus usually start one or two days after becoming infected, but can be as little as 12 hours.
- 6.3 The first symptom is usually a sudden onset of nausea, which is followed by projectile vomiting and watery diarrhoea. Some people may have:
- a raised temperature, over 38C
 - headaches
 - stomach cramps
 - aching limbs
- 6.4 Symptoms usually last from 12 to 60 hours, but most people recover within two or three days. There are no long-lasting effects from having a Norovirus infection, although an individual with compromised health can be severely affected.

- 6.5 Each winter the Acute Trusts in Devon suffer from the effects of Norovirus on their staff, patients and their visitors. In the worst cases these can and do result in closure of bays and wards causing widespread disruption to a system that is often struggling to cope by the pressures brought on by winter.
- 6.6 Control measures usually involve a complete shutdown of operations and deep cleaning as well as limiting access and discharges. Additional control measures include paying particular attention to good hygiene measures. These should be observed during outbreaks. It is very important to wash your hands with soap and water, particularly after contact with someone who is ill and after using the toilet, especially if you are suffering from symptoms.
- 6.7 It has always been assumed that outbreaks in the Acute Trusts are due to high levels of Norovirus circulating in the wider community. During the winter of 2010-11, community outbreaks were reported on twice weekly and the locations mapped in an attempt to anticipate when and where outbreaks in the hospitals might occur (Figure 10).
- 6.8 When outbreaks in the community were compared with those in hospitals, it was found that the outbreaks for the most part were unconnected. Further work is planned for next winter in an attempt to pre-empt future outbreaks and to mitigate the impact.

Figure 10: Winter vomiting map for the week of 25th November 2010



7. Decontamination

- 7.1 Decontamination in primary care remains a high priority for NHS Devon and continues to form part of the Quality Outcomes Framework for General Practice. Registration and declaration of compliance with the Care Quality Commission has been extended to independent providers and this includes appropriate policies and procedures for the decontamination of facilities and equipment.
- 7.2 Where there have been areas of concern highlighted in the regular audits, appropriate action plans have been developed and action taken to resolve these.

8. Training and education

- 8.1 Infection control is included as part of the mandatory training programme for NHS Devon staff through induction and updating processes. Information on a range of topics is delivered to staff, including nurses, health care assistants and housekeeping staff.
- 8.2 The role of independent care providers in reducing the morbidity from Healthcare Associated and other infections has been recognised by NHS Devon and a programme of education, audit and support delivered across the county. This has been extended to Devon County Council Adult and Community Services care home and domiciliary staff. Particular emphasis is given to *Clostridium difficile* and infection control procedures. There are over 450 care establishments registered with the Care Quality Commission in Devon. A total 203 delegates have attended this training over the past year in 13 sessions, many of which are returning participants.
- 8.3 In order to meet the needs of Adult Community Services within Devon County Council, intensive one day-training sessions have been developed and delivered. Adult Community Services staff participated in the training which aimed to give a in- depth knowledge of infection prevention and control and were also provided with a resource pack to assist them. The attendees came from most of the 23 homes run by the local authority. The training covered a wide range of infection control issues, including information on the mandatory requirements and declarations to the Care Quality Commission.

Dr Virginia Pearson
DIRECTOR OF INFECTION PREVENTION AND CONTROL

Jackie Morse
HEAD OF HEALTH PROTECTION

Appendices

Appendix 1: Governance arrangements for infection control, 2010-11 plus Annex A, Terms of Reference and Membership of Healthcare Associated Infections Assurance Group

Appendix 2: NHS Devon Healthcare Associated Infections final report for 2010-11

Appendix 3: Healthcare Associated Infections Community Hospital Summary Report, March 2011

This page has been left intentionally blank

Governance Arrangements for Infection Control 2010-11

1. Introduction

- 1.1 The governance arrangements to bring together the aims and actions NHS Devon has agreed to adopt to ensure its services provided and commissioned are delivering clean, safe care. Reducing infections saves lives, is a national priority and a priority for the NHS Devon Trust Board.

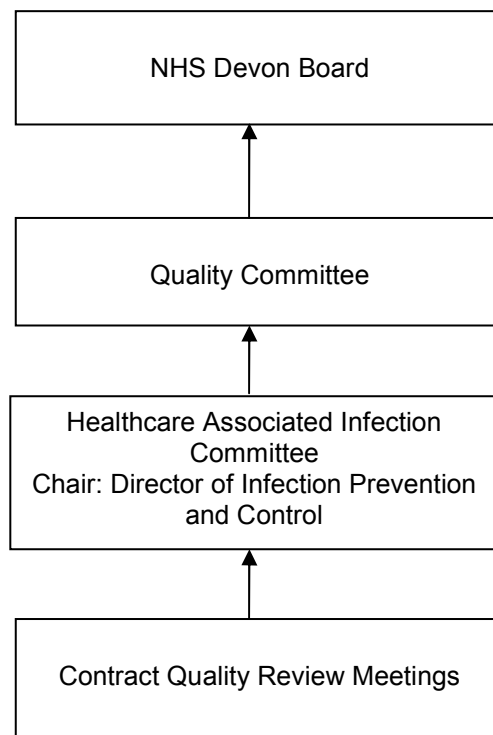
2. The Assurance Framework

- 2.1 The Trust will ensure that reports on Trust-wide performance inform the clinical and corporate governance structures to guarantee accountability. The Trust Board will receive regular data with clear action plans with review and completion dates. The Healthcare Associated Infection Assurance Group reports to the Quality Scrutiny Committee. The reports will include:
- key performance indicators
 - compliance monitoring at Trust Board level and, where appropriate, unit level
 - root cause analysis to be used as a learning and prevention tool
- 2.2 Information on all of these areas will be shared across the Trust as a means of celebrating and promoting good practice and sharing learning.
- 2.3 Clinical areas have infection control scorecards identifying where action is needed and improvements that are made. These scorecards are available for staff, patients and public to provide assurance and demonstrate that the trust places infection prevention and control central to its activity.
- 2.4 The trust will identify risks and mitigating actions will be put in place. Actions will be reviewed at the appropriate meeting and updated to reflect new objectives and additional risks. The governance structure is outlined in Figure 1.
- 2.5 The Terms of Reference and membership of the Healthcare Associated Infection Committee is given at Annex A.

3. Learning from others

- 3.1 NHS Devon is a large and diverse Trust encompassing care and services in many settings with a wide range of partner organisations. The challenge of sharing learning and disseminating good practice will involve many methods.
- 3.2 Key to this will be the Learning and Development Directorate who has the central role in the delivery and monitoring of infection prevention and control training. Individual clinicians and professional leads should also be supported to share actions and achievements within their area across the trust. Information and best practice innovation locally and nationally will help the trust achieve its aims in infection prevention and control.

Figure 1: Governance arrangements for Health Care Associated Infection in NHS Devon



Health Care Associated Infections Assurance Group

1. Terms of Reference

- 1.1 This group is a sub-group of the Patient Safety and Quality Scrutiny Committee.
- 1.2 The meeting will be held quarterly.
- 1.3 The aim of the meeting is to provide assurance to the Trust that the appropriate reporting and investigation has been undertaken and action taken.
- 1.4 The purpose of the meeting is to review infection control issues and root cause analyses across Devon Primary Care Trust area (from a Commissioner perspective) and to monitor agreed action plans.

2. Membership

- Director of Infection Prevention and Control (Commissioner) – Chair
- Director of Infection Prevention and Control (Provider)
- Infection Control Doctor
- Head of Health Protection
- Health Protection Manager
- Specialist Infection Prevention and Control service provider representatives from the four acute trust providers
- Assistant Director Patient Safety and Quality
- Assistant Director Provider Development - Primary Care
- Medicines Management representative
- Head of Health Care HMPS Devon Cluster

6. References:

DH (2003) *Winning ways. Working together to reduce Healthcare Associated Infection in England*. Report from the Chief Medical officer. London. DH. Available at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4064682 Accessed 03/08/11

DH (2004a). *Towards cleaner hospitals and lower rates of infection: A summary of action*. London: DH. Available at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4085649 Accessed on 03/08/011

DH (2004b). *Competencies for Directors of Infection Prevention and Control*. London: DH, Available at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_4083982 Accessed 03/08/11

DH (2005). *Saving lives: a delivery programme for reducing healthcare associated infection (HCAI) including MRSA*. London: DH. Available at:

http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4113889 Accessed on 03/08/11

DH (2006). *Essential Steps to Safe, Clean Care: Reducing health care associated infection*. London: DH, Available at:

http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4136212 Accessed on 03/08/11

DH (2002) *Getting ahead of the curve*. A strategy for combating infectious diseases (including other aspects of health protection). London: DH, Available at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4007697 Accessed 03/08/11

DH (2008) The Health and Social Care Act 2008. *Code of Practice for the Prevention and Control of Health Care Associated Infection*. London DH Available at:

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093762 Accessed on 03/08/11

DH/PHLS(1995) *Hospital infection control: guidance on the control of infection in hospitals*. HSG(95)10. London. Department of Health Available at:

<http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/PublicHealth/Healthprotection/Healthcareassociatedinfection/index.htm> Accessed on 03/08/11

H:\Jackie Crang\infection control\infection control policies\approved policies 08\IC01a Infection Control Policy.doc

APPENDIX 2



HEALTH CARE ASSOCIATED INFECTIONS REPORT 2010-11

March

NHS Devon Public Health Directorate

Notes:

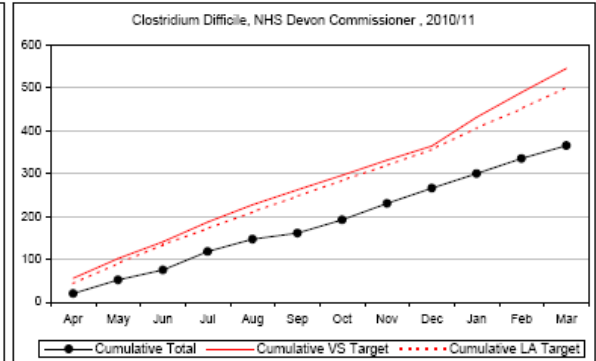
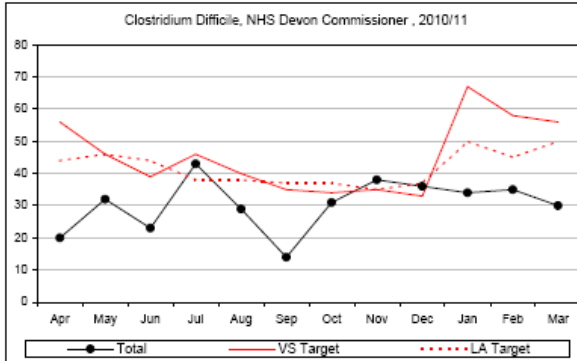
VS Target = Vital Signs Target. The target that PCT performance will be measured against by the Department of Health.

LA Target = Local Ambitions Target. The stretch target set by South West SHA, which sets an even more challenging target, but not directly influencing performance ratings.

CLOSTRIDIUM DIFFICILE PROGRESS AGAINST TARGETS BY TRUST

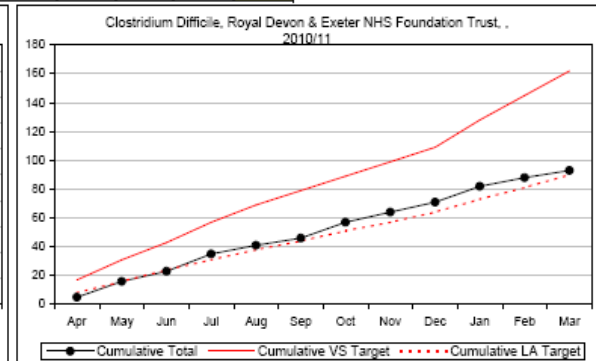
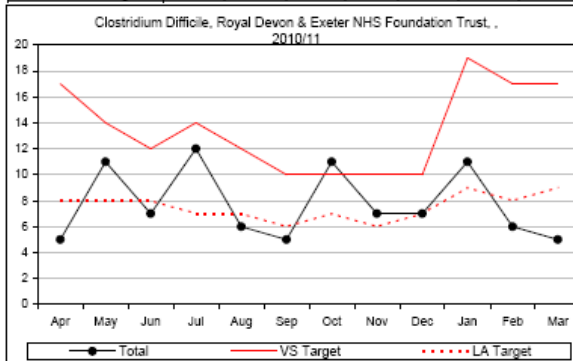
NHS Devon Commissioner (All cases of Clostridium Difficile for patients registered with PCT)

Measure	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
Total	20	32	23	43	29	14	31	38	36	34	35	30
VS Target	56	46	39	46	40	35	34	35	33	67	58	56
LA Target	44	46	44	38	38	37	37	35	37	50	45	50
Cumulative Total	20	52	75	118	147	161	192	230	266	300	335	366
Cumulative VS Target	56	102	141	187	227	262	296	331	364	431	489	546
Cumulative LA Target	44	90	134	172	210	247	284	319	356	408	451	501
Variance VS Target	-36	-50	-88	-86	-90	-101	-104	-101	-98	-131	-154	-180
Variance LA Target	-24	-38	-59	-54	-63	-86	-92	-89	-90	-108	-118	-136



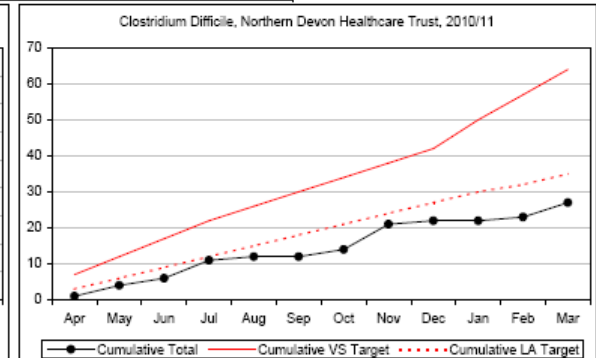
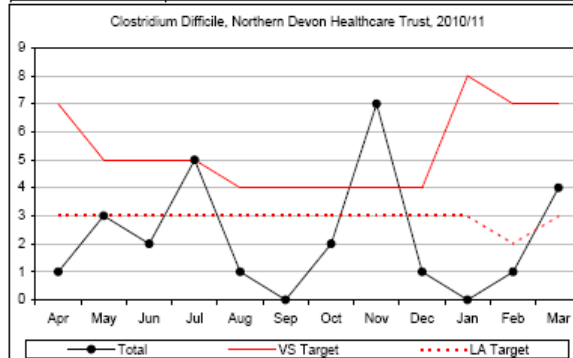
Royal Devon and Exeter NHS Foundation Trust (Acute Trust Attributable Admissions)

Measure	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
Total	6	11	7	12	6	5	11	7	7	11	6	5
VS Target	17	14	12	14	12	10	10	10	10	19	17	17
LA Target	8	8	8	7	7	6	7	6	7	9	8	9
Cumulative Total	6	16	23	35	41	46	57	64	71	82	88	93
Cumulative VS Target	17	31	43	57	69	79	89	99	109	128	145	162
Cumulative LA Target	8	16	24	31	38	44	51	57	64	73	81	90
Variance VS Target	-12	-16	-20	-22	-28	-33	-32	-35	-38	-46	-57	-69
Variance LA Target	-3	0	-1	-4	3	2	6	7	7	9	7	3



Northern Devon Healthcare NHS Trust (Acute Trust Attributable Admissions)

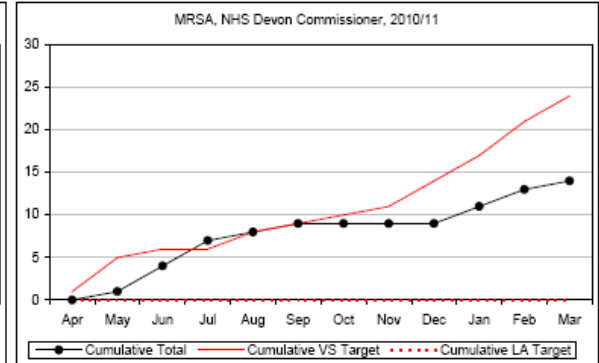
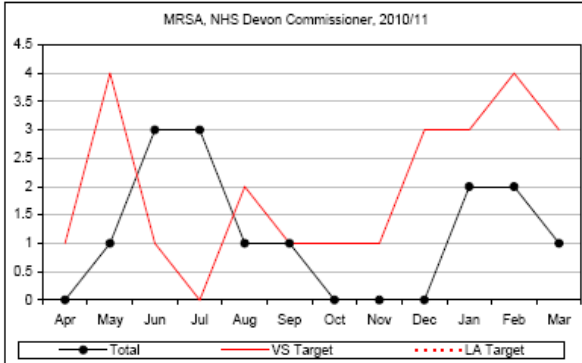
Measure	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
Total	1	3	2	5	1	0	2	7	1	0	1	4
VS Target	7	5	5	5	4	4	4	4	4	8	7	7
LA Target	3	3	3	3	3	3	3	3	3	3	2	3
Cumulative Total	1	4	6	11	12	12	14	21	22	22	23	27
Cumulative VS Target	7	12	17	22	26	30	34	38	42	50	57	64
Cumulative LA Target	3	6	9	12	15	18	21	24	27	30	32	35
Variance VS Target	-6	-8	-11	-11	-14	-18	-20	-17	-20	-28	-34	-37
Variance LA Target	-2	-2	-3	-1	-3	-6	-7	-3	-5	-8	-9	-8



METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS BACTERAEMIA PROGRESS AGAINST TARGETS BY TRUST

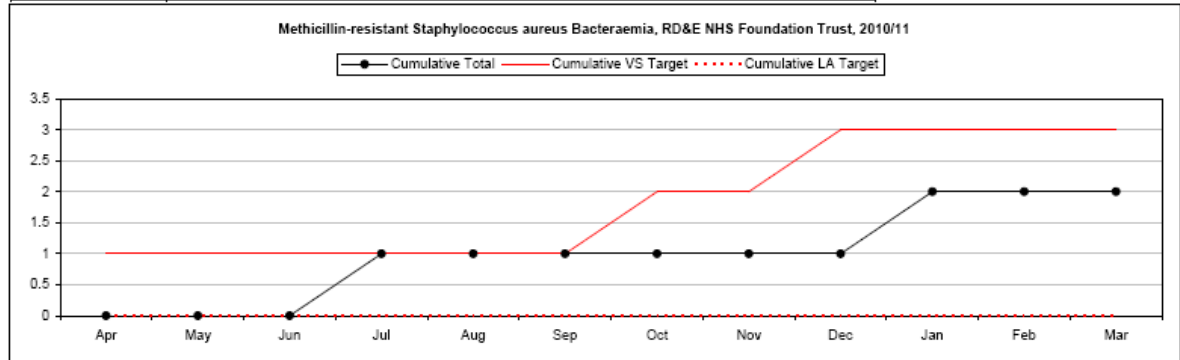
NHS Devon Commissioner (All cases of MRSA Bacteraemia for patients registered with PCT)

Measure	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
Total	0	1	3	3	1	1	0	0	0	2	2	1
VS Target	1	4	1	0	2	1	1	1	3	3	4	3
LA Target												
Cumulative Total	0	1	4	7	8	9	9	9	9	11	13	14
Cumulative VS Target	1	5	6	6	8	9	10	11	14	17	21	24
Cumulative LA Target	0	0	0	0	0	0	0	0	0	0	0	0
Variance VS Target	-1	-4	-2	1	0	0	-1	-2	-5	-8	-8	-10
Variance LA Target	0	1	4	7	8	9	9	9	9	11	13	14



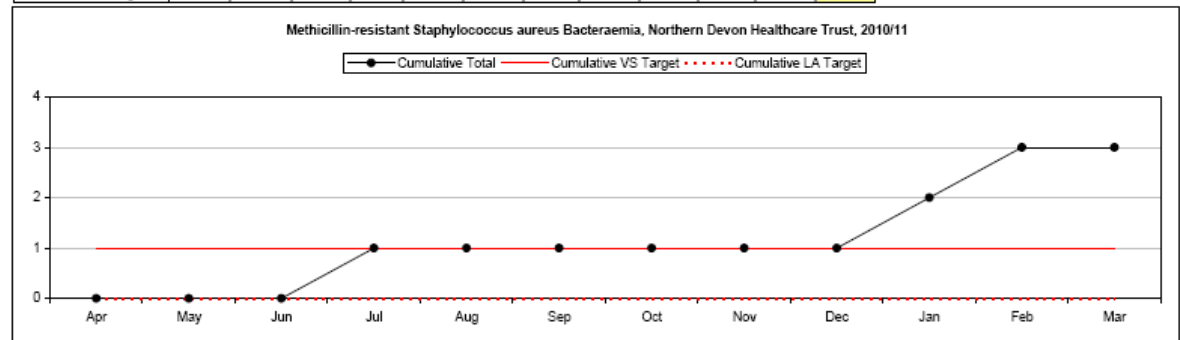
Royal Devon and Exeter NHS Foundation Trust (All cases of MRSA Bacteraemia identified by trust laboratory)

Measure	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
Total	0	0	0	1	0	0	0	0	0	1	0	0
VS Target	1	0	0	0	0	0	1	0	1	0	0	0
LA Target												
Cumulative Total	0	0	0	1	1	1	1	1	1	2	2	2
Cumulative VS Target	1	1	1	1	1	1	2	2	3	3	3	3
Cumulative LA Target	0	0	0	0	0	0	0	0	0	0	0	0
Variance VS Target	-1	-1	-1	0	0	0	-1	-1	-2	-1	-1	-1
Variance LA Target	0	0	0	1	1	1	1	1	1	2	2	2



Northern Devon Healthcare NHS Trust (All cases of MRSA Bacteraemia identified by trust laboratory)

Measure	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
Total	0	0	0	1	0	0	0	0	0	1	1	0
VS Target	1	0	0	0	0	0	0	0	0	0	0	0
LA Target												
Cumulative Total	0	0	0	1	1	1	1	1	1	2	3	3
Cumulative VS Target	1	1	1	1	1	1	1	1	1	1	1	1
Cumulative LA Target	0	0	0	0	0	0	0	0	0	0	0	0
Variance VS Target	-1	-1	-1	0	0	0	0	0	0	1	2	2
Variance LA Target	0	0	0	1	1	1	1	1	1	2	3	3



This page has been left intentionally blank

APPENDIX 3



HCAI Community Hospital Summary Report March 2011

This report provides information on the number of Healthcare Acquired Infections occurring in NHS Devon Community Hospitals. Infections covered in this reports are MRSA Isolates, MRSA Bacteraemia and C-Difficile.

C-Diff Infections, DPS Community Hospitals (Control Charts and Trajectories)

Devon Provider Services Community Hospitals								
Month	Monthly				Cumulative			
	2007/8	2008/9	2009/10	2010/11	2007/8	2008/9	2009/10	2010/11
April	4	7	2	2	4	7	2	2
May	7	5	0	1	11	12	2	3
June	7	4	10	0	18	16	12	3
July	4	7	1	1	22	23	13	4
August	5	3	8	4	27	26	21	8
September	10	7	2	0	37	33	23	8
October	8	4	4	5	45	37	27	13
November	6	4	2	2	51	41	29	15
December	6	1	2	3	57	42	31	18
January	10	3	2	4	67	45	33	22
February	8	2	3	1	75	47	36	23
March	4	1	1	3	79	48	37	26
Annual Total	79	48	37					
Mean (Average)	6.6	4.0	3.1					
Median	6.5	4.0	2.0					

