

Board of Directors Meeting Report – 5 December 2017

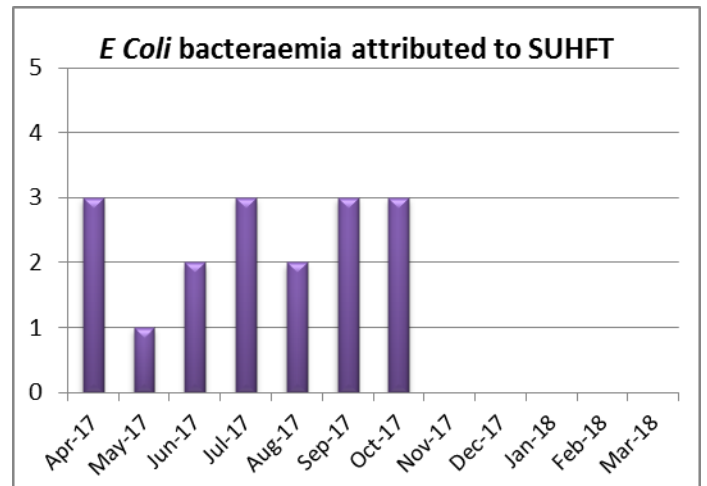
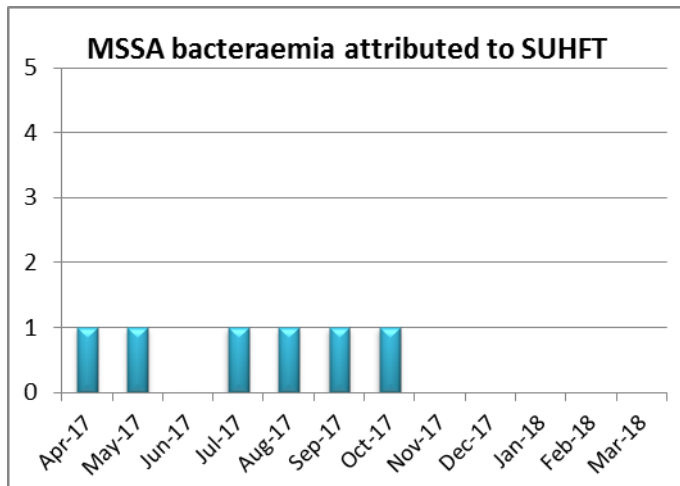
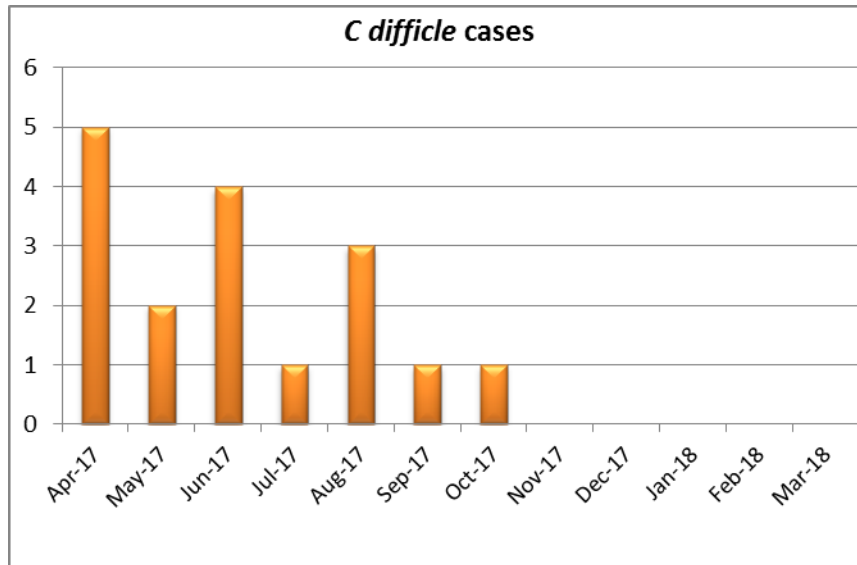
Agenda item 93/17

Title	Director of Infection prevention and control report
Sponsoring Director	Celia Skinner - Chief Medical Officer and DIPC
Author(s)	Denise Townsend – Director of Nursing and Site DIPC Emma Dowling – Deputy Director Infection prevention and control
Purpose	To inform the Trust Board of compliance with mandatory Department of Health targets and other Key Performance Indicators for infection prevention and control To identify key infection risks to the organisation and their mitigation
Executive Summary	
<ul style="list-style-type: none"> • 4 cases MRSA Bacteraemia year to date, none in month. • 17 cases of C diff plus 72 hours of admission year to date, one in month, on trajectory. • MRSA screening compliance currently remains below the 95% internal target but an action plan is in place with significant improvement and a monthly score of 90.11%. • The action plan in place following the NHSi visit in August 2017 is on track to meet the deadlines within the document. It has also been shared with NHSi to ensure that the actions are robust and measurable with their findings. There is a follow up visit planned from NHSi to revisit infection control on the 8th and 9th January 2018. 	
Date Reviewed by Execs	22/11/2017
Related Trust Objective	Excellent Patient Outcomes Excellent Patient Experience Engaged and Valued Staff
Related Risk	Risk 1 - Failure to provide adequate patient safety , quality of care and patient experience due to capacity, demand and external agency stakeholder engagement Risk 2 - Failure to meet constitutional and national performance targets Risk 4 - Inability to recruit and retain staff Risk 5 - Current and future estates, infrastructure and equipment does not comply with national specifications, meet service needs and/or service user needs Risk 7 - Failure to provide effective and reliable clinical support services Risk 8 - Failing to meet CQC Health & Social Care regulations
Essex Success Regime	Re-structuring of the Infection Control teams across the three sites is in progress. Alignment of policies and process, including peer review audit process is also in progress. Effective utilisation of a group model will enable shared learning and good practice and will strengthen governance arrangements.
Legal implications / regulatory requirements	CQC non- compliance

Equality impact assessment	As far as can be ascertained this paper has no detrimental impact for the 9 protected characteristics under the Equality Act 2010.
Recommendations: The Board is asked to receive assurance from the report.	

1. Mandatory Figures

MRSA bacteraemia – 0 tolerance	October	0	Plus 48 hours	2	YTD
<i>Clostridium difficile</i> – ceiling 30	October	1	Plus 72 hours	17	YTD
MSSA bacteraemia	October	1	Plus 48 hours	6	YTD
<i>E Coli</i> bacteraemia	October	3	Plus 48 hours	14	YTD



2. Trend Analysis of SUHFT Infection Prevention Key Performance Indicators 2017/18 – *cases with asterisk are attributed to SUHFT

Number of MRSA bacteraemia cases (April 17- March 18)	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Pre 48 hour cases	0	2	2	1*	1	1*	0					
Post 48 hours cases	1*	0	0	0	1*	0	0					
Total	1	2	2	1	2	1	0					
Main themes from Root Cause Analysis	April	* case not raised as a Serious Incident (SI), case agreed as unavoidable following Post Infection Review (PIR), Patient not complaint with treatment										
	July	* Less 48 hours - case attributed to SUHFT										
	August	* Third party rejected by PHE –attributed to SUHFT										
	September	* Less 48 hours, Basildon Hospital sample, SUHFT attributed										

Number of new cases of MRSA acquired at SUHFT	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Ambulatory Emergency Care Unit												
Balmoral	2	1	1									
Bedwell												
Benfleet												
Blenheim												
Castlepoint						1						
CDS												
Chalkwell												
Critical Care					1							
Eastwood												
Edmund Stone												
Eleanor Hobbs												
Elizabeth Loury					1							
Gordon Hopkins					1	1	1					
Hockley												
Kitty Hubbard												
MB1												
MB2												
Neonatal Unit												
Neptune												
OPAS												
Paglesham				1								
Princess Anne												
Rochford							2					
Shopland												
Southbourne												
Stambridge/HDU	2	2			1							
Westcliff												

Number of new cases of MRSA acquired at SUHFT	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Windsor												
Total	4	3	1	1	4	2	3					
Comments:	All cases have been reviewed by the IPC team, the case on Gordon Hopkins ward was attributed to SUHFT as the patient had a wound dressing in place and the wound was not swabbed on admission, no link was found from the previous colonisations in the previous months. No other issues have been identified during the reviews.											

MRSA screening compliance	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Elective	76.9	77.1	78.0	75.4	80.9	78.49	81.71					
Emergency	91.5	92.6	91.9	88.1	87.4	86.37	92.04					
Average overall score	88.2	87.9	89.2	85.7	86.5	85.04	90.11					
Comments:	Scores remain under 95% internal target. A detailed review revealed a number of excluded categories were included in the elective figures, this is now being corrected. A full action plan and trajectory has been put into place to achieve compliance by the end of March 2018, this is currently on track.											

Number of MSSA bacteraemia cases	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Pre 48 hour cases	1	6	1	4	3	6	5					
Post 48 hours cases	1	1	0	1	1	1	1					
Total	2	7	1	5	4	7	6					

Number of cases of <i>C. difficile</i>	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Pre 72 hour cases	5	6	9	5	6	6	5					
Post 72 hour case	6	2	4	1	3	1	1					
Total	11	8	13	6	9	7	6					
Comments:	No direct lapses in care have been identified to date. A meeting is in place with the CCG to work on the clarification of a clear definition of identifying a case as a Direct Lapses in Care, to enable a robust and standardised recording process, in line with the DoH Guidance. The outcome of this will be reported in the following months report.											

Number of cases of Pseudo Membranous Colitis	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
	0	0	0	0	0	0	0					

Isolation of <i>C. difficile</i>	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Overall average score %	100	100	100	100	100	100	100					
Comments:	All patients were isolated within the KPI of 2 hours of positive result.											

Number of new <i>E coli</i> Bacteraemia	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18

Pre 48 hour cases	16	20	21	23	14	22	29					
Post 48 hours cases	3	1	2	3	2	3	3					
Total	19	21	23	26	16	25	32					
Comments												
April	1 unknown, 1 urinary sepsis, 1 biliary sepsis				October	2 urosepsis , 1 neutropenic sepsis						
May	1 Neutropenic sepsis				November							
June	1 Neutropenic sepsis, 1 Small bowel obstruction				December							
July	2 biliary sepsis, 1 urinary sepsis				January							
August	2 urinary sepsis				February							
September	2 urinary sepsis 1 Infective Endocarditis				March							
Comments:	The local review of case attribution is following NHSI best practice guidance and will result in targeted intervention of the pathways identified. Additional work with CCGs and MSB group is sharing best practice for OOH cases.											

30 day Mortality of Deaths where HCAI is contributory	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
MRSA bacteraemia	0	0	0	0	0	0	0					
Clostridium difficile	0	0	0	0	0	0	0					

Number of Influenza A cases	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
	0	0	0	0	0	0	0					

Number of Acinetobacter bacteraemia cases	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
	2	1	0	0	2	3	2					
Comments:	A Post infection review was undertaken with the involvement of CCG and Public Health into the cases that were reported on Balmoral ward to understand if they were classed as an outbreak. Following the PIR and outbreak was not declared for these cases.											

Hand Hygiene % compliance	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Anaesthetic & Critical Care	100	100	100	100	100	100	100					
Diagnostic & Therapeutic	100	100	100	100	100	100	100					
Medicine	100	100	97	98	98	97	100					
Musculoskeletal	100	100	100	100	100	100	100					
Surgery	99	100	100	100	84	98	100					
Women & children	100	100	100	100	99	99	99					
Overall average score %	99.8	100	99.4	99.6	96	99	99					
Comments:	Peer reviews for hand hygiene compliance is being undertaken monthly to ensure that the data submitted is robust.											