

Board of Directors Meeting Report – 6 March 2018

Agenda item 8/18

Title	Director of Infection Prevention and Control Report - January 2018
Sponsoring Director	Celia Skinner - Chief Medical Officer and DIPC
Author(s)	Emma Dowling – Deputy Director Infection Prevention and Control Laura Search – Office Manager Denise Townsend – Director of Nursing and Site DIPC
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
Previously considered at	Senior Leadership Team Meeting (SLT)
<p>Executive Summary</p> <ul style="list-style-type: none"> • 5 cases MRSA Bacteraemia year to date, 1 case in January which was avoidable delay in removing cannula, known MRSA carrier, previous MRSA bacteraemia (April 2017) • 30 cases of <i>C diff</i> plus 72 hours of admission year to date, 2 in month. The Trust has reached its ceiling of 30 cases. To date nil direct lapses in care reported. • MRSA screening compliance currently remains below the 95% internal target. January provisional screening data 88.35% <p>Following the RED rating from the NHSI IPC Inspection in August 2017 NHSI undertook a re-inspection 9th January 2018 and de-escalated the Trust to AMBER</p>	
Date Reviewed by JEG and SLT	22 February 2018
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 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

Quality impact assessment	Risk assessments have been undertaken, potential harm identified and control measures implemented. Continuous auditing is undertaken to ensure adherence to controls measures is maintained
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	January	1	Attributed to SUHFT	5 YTD
<i>Clostridium difficile</i> – ceiling 30	January	2	Plus 72 hours	30 YTD
MSSA bacteraemia	January	1	Plus 48 hours	8 YTD
<i>E Coli</i> bacteraemia	January	0	Plus 48 hours	29 YTD

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

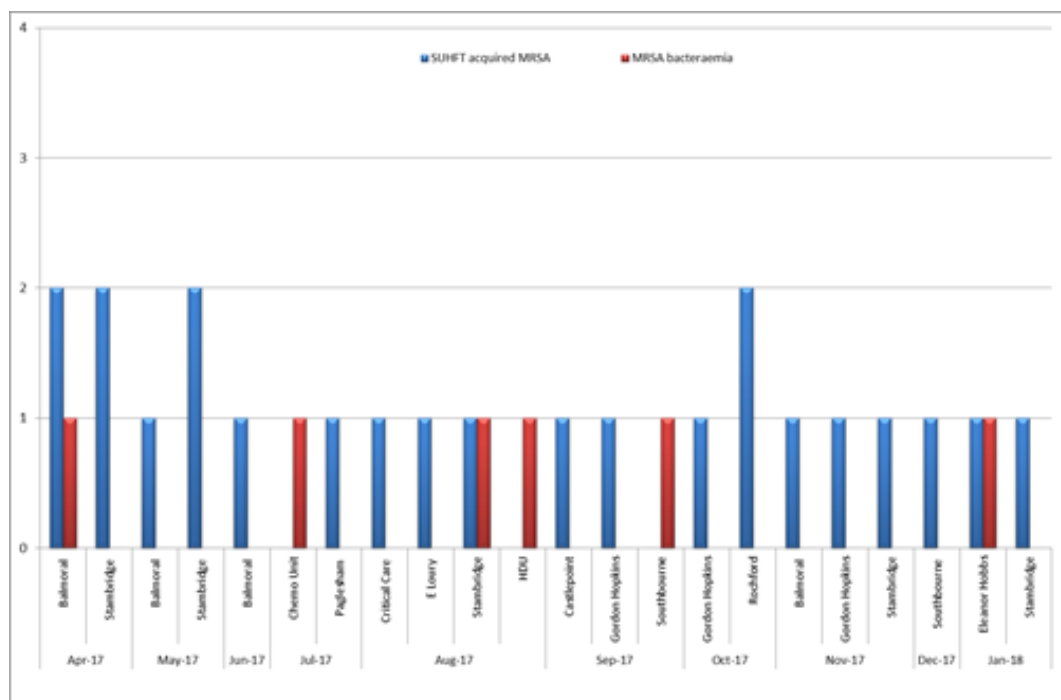
Number of MRSA bacteraemia cases (April 17- March 18)	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Pre 48 hour cases	0	2	2	1*	1	1*	0	0	0	1		
Post 48 hours cases	1*	0	0	0	1*	0	0	0	0	1*		
Total	1	2	2	1	2	1	0	0	0	2		
Main themes from Root Cause Analysis	April 17	* case not raised as a Serious Incident (SI), case agreed as unavoidable following Post Infection Review (PIR), Patient not compliant with treatment										
	July 17	* Less 48 hours - case attributed to SUHFT										
	August 17	* Third party rejected by PHE – attributed to SUHFT										
	September 17	* Less 48 hours, Basildon Hospital sample, SUHFT attributed										
	January 18	* Plus 48 hours – Avoidable case – delay in removing cannula, known MRSA carrier, previous MRSA bacteraemia (April 2017)										

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					1				
Bedwell												
Benfleet												
Blenheim												
Castlepoint						1						
CDS												
Chalkwell												
Chemo Unit												
Critical Care					1							
Eastwood												
Edmund Stone												
Eleanor Hobbs										1		
Elizabeth Lory					1							
Gordon Hopkins					1	1	1	1				
Hockley												
Kitty Hubbard												
MB1												
MB2												
Neonatal Unit												
Neptune												
OPAS												
Paglesham				1								
Princess Anne												
Rochford							2					
Shopland												
Southbourne									1			

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
Stambridge/HDU	2	2			1			1		1		
Westcliff												
Windsor												
Total	4	3	1	1	4	2	3	3	1	2		
Comments:	Stambridge – Drain site, Eleanor Hobbs – leg ulcer wound											

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	82.45	85.35	73.42		
Emergency	91.5	92.6	91.9	88.1	87.4	86.37	92.04	89.94	91.14	90.22		
Average overall score	88.2	87.9	89.2	85.7	86.5	85.04	90.11	88.60	90.36	88.35		

Comments: Scores remain under 95% internal target. A monthly review of categories and screening data continues to be undertaken by the DDIPC. Codes and exclusion criteria- coding for procedures and admissions are scrutinised on a month basis to identify exclusions that do not require being included the screening. The IPCT continue to provide training to embed screening as part of the admission and pre elective procedures. Laminated signage is in place to remind staff of the importance to screen all emergency admissions and patients that are transferred to the Trust. All Clinic areas have the MRSA an elective screening flow chart to follow when patients are referred for a procedure.

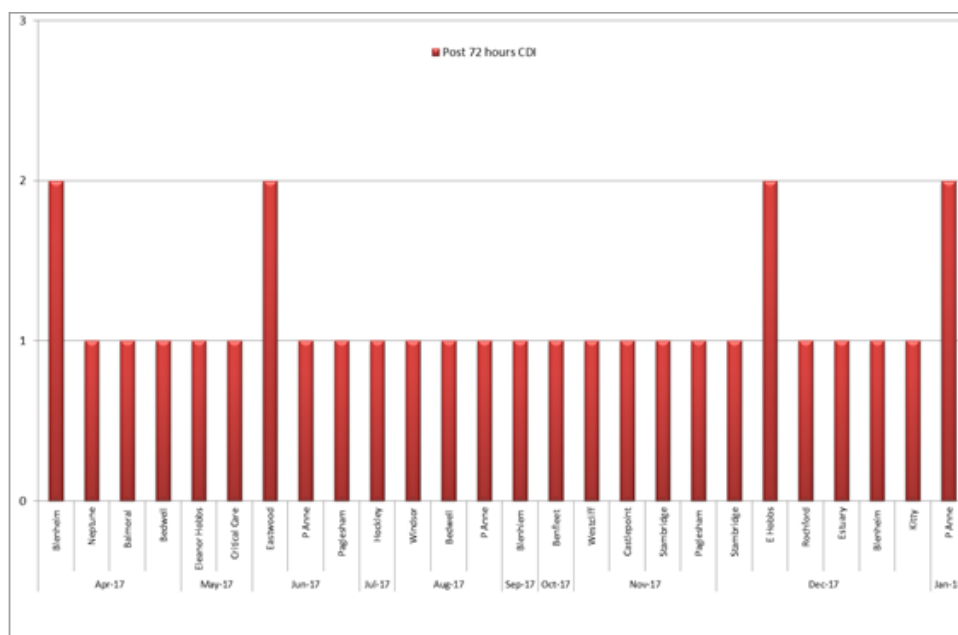


There is no direct correlation between screening noncompliance and MRSA acquisitions and MRSA bacteraemia cases.

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	0	0	0		
<i>Clostridium difficile</i>	0	0	0	0	0	0	0	*1	0	*2		
Comments:	Trust attributed case - 2 elderly patients with multiple co morbidities. CDI not recorded on Death Certificate											

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	6	6	9	5	6	6	5	7	0	4		
Post 72 hour case	5	2	4	1	3	1	1	4	7	2		
Total	11	8	13	6	9	7	6	11	7	6		

Comments:	No direct lapses in care have been identified to date.											
April 17	1x not isolated prior to sample			October 17	Stool chart no completed fully –delay in obtained							
May 17	1x not isolated prior to sample			November 17	1x not isolated prior to sample 1x not isolated prior to sample due to clinical condition- rationale not documented							
June 17	1x not isolated prior to sample due to clinical condition- documented in medical notes			December 17	1x sample taken as part of Noro Virus Outbreak Medical notes in the majority of cases do not record indication for anti-biotic therapy Recording on stool charts – improvement seen							
July 17	Stool chart no completed fully – delay in obtained			January 18	Stool charts not commenced on admission Stool sample on admission not processed by lab as incorrectly labelled							
August 17	1x not isolated prior to sample 1x Stool chart no completed fully – delay in obtained			February 18								
September 17	Patient isolated prior to sample – good practice identified			March 18								
Comments:	Nil direct lapses in care to date. All Ward Managers are cascading learning from RCA's to their teams. The ribotype strains identified are diverse reflecting the distribution and carriage in the community.											



Number of cases of <i>C difficile</i> / Colitis – Reported on Death Certificate	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	1*	0	0		
Comments:	The low mortality rate may be associated with declines in infections caused by <i>C. difficile</i> ribotype 027, which historically predominated in England and has been associated with higher mortality compared to other strains.											
	November 17	* Stambridge Ward case – <i>C diff</i> colitis recorded on Part 1b of death certificate, <i>C difficile</i> was recorded as an underlying condition.										

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	100	100	100		
Comments:	All patients were isolated within the KPI of 2 hours of positive result, this audit is undertaken for each CDI case and the results are included in the RCA process which is scrutinised by the CCG.											

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	7	2	1		
Post 48 hours cases	1	1	0	1	1	1	1	0	1	1		
Total	2	7	1	5	4	7	6	7	3	2		
Comments:	The IPCT continue to report all Meticillin Sensitive Staphylococcus aureus Bacteraemia (MSSA) cases via the MESS system on a monthly basis. It was anticipated that national trajectories would be set for individual Trusts for MSSA bacteraemias; however, to date that has not yet occurred. For each post 48 hours of admission MSSA bacteraemia case, a review is undertaken by the IPCT to identify any key themes which require actions.											

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	19	18	29		
Post 48 hours cases	3	1	2	3	2	3	3	4	3	0		
Total	19	21	23	26	16	25	32	23	21	29		
April 17	1 unknown, 1 urinary tract , 1 biliary sepsis					October 17	2 urinary tract , 1 neutropenic sepsis					
May 17	1 Neutropenic sepsis					November 17	1 diverticulitis, 3 urinary tract					
June 17	1 Neutropenic sepsis, 1 Small bowel obstruction					December 17	2 urinary tract , 1 Pancreatitis					
July 17	2 biliary sepsis, 1 urinary tract					January 18	0 plus 48 hour cases					
August 17	2 urinary tract					February 18						
September 17	2 urinary tract 1 Infective Endocarditis					March 18						
Comments:	<p>Enhanced surveillance of <i>E. coli</i> bacteraemia has been mandatory for NHS acute trusts since June 2011. Patient data of any <i>E. coli</i> bacteraemia are reported monthly to Public Health England (PHE). <i>E. coli</i> is a species of bacteria commonly found in the intestines. There are many different types of <i>E. coli</i>, and while some live in the intestine quite harmlessly, others may cause disease. There is no objective or target associated with this bacteraemia and it is not included in our performance data. However <i>E coli</i> bacteraemia contribute to a high number of blood stream infections and the significant effect on both the patient and burden on the health economy should not be underestimated. The Health Secretary has launched new plans to reduce infections in the NHS. The plan is to halve the number of gram-negative bloodstream infections by 2020.</p> <p>The DDIPC in conjunction with the CCG are currently working to produce an <i>E coli</i> Action Plan which aims provide the Board on the progress of planed actions aimed at reducing the incidence of <i>E.coli</i> bacteraemia across the Trust. As approximately three-quarters of <i>E. coli</i> BSIs occur before people are admitted to hospital, the reduction plan will require a whole health economy approach.</p>											

Number of Influenza cases – (this includes residents admitted from Care Homes)	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	0	1	9		

Flu/Respiratory Virus cases:					
Confirmation date	Ward	Flu organism	Sample date	No longer infectious	Discharged date
15/01/2018	ITU	Flu B	11/01/2018	Y	N
16/01/2018	Castlepoint	Flu B	14/01/2018	Y	05/02/2018
16/01/2018	Princess Anne	Flu B	14/01/2018	Y	03/02/2018
16/01/2018	Westcliff	Parainfluenza	14/01/2018	Y	31/01/2018
19/01/2018	Westcliff	Flu B	16/01/2018	Y	31/01/2018
19/01/2018	Rochford	Flu A H3	17/01/2018	Y	22/01/2018
19/01/2018	Princess Anne	Flu B	16/01/2018	Y	20/01/2018
19/01/2018	Castlepoint	Flu B	17/01/2018	Y	05/02/2018
29/01/2018	Windsor	Flu A	23/01/2018	Y	01/02/2018

Comments: All patients were promptly isolated with infection control precautions which resulted in no cross transmission.

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	0	0	0		

Comments: October 17. 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	100	100	100		
Diagnostic & Therapeutic	100	100	100	100	100	100	100	100	97	100		
Medicine	100	100	97	98	98	97	100	97	98	96		
Musculoskeletal	100	100	100	100	100	100	100	94	No data	No data		
Ophthalmology	-	100	100	100	-	98	96	100	100	98		
Surgery	99	100	100	100	84	98	100	94	100	100		
Women & children	100	100	100	100	99	99	99	100	99	99		
Overall average score %	99.8	100	99.4	99.6	96	99	99	98	99	99		

Comments: IPCN undertake regular spot checks of hand hygiene and BBE compliance
Where compliance falls below expected performance additional training from IPCT is provided
Peer auditing is undertaken
Cross STP Peer Auditing to be established with IPC Leads

Ward closures/incidents:										
Ward Name	Date of onset	Ward / bay closed	Date closed (if applicable)	No of staff	No of patients	No of positive staff samples	No of positive patient samples	No of positive relative samples	Date ward / bay opened	No of bed days lost
Paglesham	01/12/2017	Admissions blocked, ward monitored		14	9	0	0		05/12/2017	n/a
G Hopkins / CCU	14/12/2017	All 3 symptomatic patients isolated		0	3	0	3		n/a	n/a
Blenheim	20/12/2017	Bay 4 closed (full)	21/12/2017	2	19	0	3		27/12/2017	n/a
Shopland	21/01/2018	Ward closed	22/01/2018	13	4	0	3	3	26/01/2018	4