

Board of Directors Meeting Report – 24 May 2018

Agenda item 33/18

Title	Director of Infection Prevention and Control Report - March 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)
Executive Summary:	
<ul style="list-style-type: none"> • MRSA Bacteraemia – 0 for March .We had 5 cases plus 1 contaminant 2017/18. We had previously reported 6 cases .However the Trust were not informed that the September 2017 case had been allocated as Third Party via the external arbitration process and not assigned to the Trust as previously reported • <i>C diff</i> – March 0 cases .We finished 2017/18 with 33 cases against a ceiling of 30 cases. We had nil outbreaks, nil direct lapses in case and nil deaths attributed to CDI reported on a Death Certificate • An outbreak of Norwegian (Crusted Scabies) was reported on Princess Anne Ward during March. One patient (Index case) admitted from Residential Care confirmed Scabies. 10 staff members subsequently affected. Ward not closed • MRSA screening compliance currently remains below the 95% internal target. March provisional screening data 89.4% 	
Date Reviewed by Execs	10 May 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 remains on goings. 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	March	0	Attributed to SUHFT	5
<i>Clostridium difficile</i> – ceiling 30	March	0	Plus 72 hours	33
MSSA bacteraemia	March	2	Plus 48 hours	10
<i>E Coli</i> bacteraemia	March	2	Plus 48 hours	27

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	0	0
Post 48 hours cases	1*	0	0	0	1*	0	0	0	0	1*	1*	0
Total	1	2	2	1	2	1	0	0	0	2	1	0

Main themes from the PIR process	April 17	* case not raised as a Serious Incident (SI), case agreed as unavoidable following Post Infection Review (PIR), Patient not complaint 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)
	February 18	* Plus 48 hours – Attributed to the Trust. Nil lapses in care identified.
	March 18	Nil cases

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	84.19	84.52
Emergency	91.5	92.6	91.9	88.1	87.4	86.37	92.04	89.94	91.14	90.22	90.74	90.18
Average overall score	88.2	87.9	89.2	85.7	86.5	85.04	90.11	88.60	90.36	88.35	89.84	89.60

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, length of stay 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 non-compliance and MRSA acquisitions and MRSA bacteraemia cases.

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	2	7
Post 72 hour case	5	2	4	1	3	1	1	4	7	2	3	0
Total	11	8	13	6	9	7	6	11	7	6	5	7
Comments:	No direct lapses in care have been identified in ALL cases											
Comments:	<p>Nil Clostridium difficile infection cases associated with a direct lapse in care. When breaches in policy identified through the RCA process for example a delay in isolation, failure to complete stool chart, sample incorrectly labelled it is expected that all Ward Managers to cascade learning from RCA's to their teams .RCA themes are an agenda item at the IPCC.</p> <p>The ribotype strains identified are diverse reflecting the distribution and carriage in the population. Provisional Analysis of 2017/ 2018 data has identified average age of cases was 76 years of age 8 cases male 25 cases female</p>											

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	1*	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.											

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	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	6	2
Post 48 hours cases	1	1	0	1	1	1	1	0	1	1	0	0
Total	2	7	1	5	4	7	6	7	3	2	6	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 actioning.											

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	21	2
Post 48 hours cases	3	1	2	3	2	3	3	4	3	0	1	18
Total	19	21	23	26	16	25	32	23	21	29	22	20
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).</p> <p><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 planned 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	0	1	9	14

Flu/Respiratory Virus inpatient cases:												
Comments:	All patients were promptly isolated with infection control precautions which resulted in no cross transmission of influenza. March – 7 residents admitted from a local residential care home which had been closed due to a suspected respiratory outbreak .All patients isolated on admission and viral swabs obtained .4 out of the 7 patients admitted Influenza A positive.											

Number of Acinetobacter baumanii colonisations	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	0	0
Comments:	October 17. A Post infection review was undertaken with the involvement of CCG and Public Health into the colonised 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. The index case was identified (Transfer from MEHT) An action plan was produced in response to the cross transmission issue. A patient hoist was identified as the most probable source. Ward was deep cleaned. Nil patient harm resulted in the colonisations											

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	100	100
Diagnostic & Therapeutic	100	100	100	100	100	100	100	100	97	100	100	100
Medicine	100	100	97	98	98	97	100	97	98	96	94	100
Musculoskeletal	100	100	100	100	100	100	100	94	100	100	100	100
Ophthalmology	-	100	100	100	-	98	96	100	100	98	100	100
Surgery	99	100	100	100	84	98	100	94	100	100	99	97
Women & children	100	100	100	100	99	99	99	100	99	99	99	100
Overall average score %	99.8	100	99.4	99.6	96	99	99	98	99	99	99	99
Comments:	IPCN undertake regular spot checks of hand hygiene and BBE compliance. DDIPC has requested additional Hand hygiene audits to be undertaken by the Practice Development Team to provide assurance of hand hygiene compliance scores (Scores too be included in March DIPC Report) Where compliance falls below expected performance additional training from IPCT will be provided. Peer auditing is being taken forward across the STP.											

Ward closures/incidents:												
Norwegian Crusted Scabies - An outbreak of Norwegian (Crusted Scabies) was reported on Princess Anne Ward during March. One patient (Index case) admitted from Residential Care provisionally diagnosed with eczema by the GP. Following discharge back to Residential Care was confirmed Scabies from a skin biopsy obtained in the community. Outbreak – 10 staff members were affected. In conjunction the Occupational Health Department, Public Health England and IPCT the outbreak was managed and contact tracing undertaken. Coms sent out to all staff in relation to the outbreak sent.												