

## Board of Directors Meeting Report – 4 September 2018

### Agenda item 52/18

<b>Title</b>	Director of Infection Prevention and Control Report - <b>July 2018</b>
<b>Sponsoring Director</b>	Celia Skinner - Chief Medical Officer and DIPC
<b>Author(s)</b>	Emma Dowling – Deputy Director Infection Prevention and Control Laura Search – Office Manager Denise Townsend – Director of Nursing and Site DIPC
<b>Purpose</b>	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
<b>Previously considered at</b>	Senior Leadership Team Meeting (SLT)
<b>Executive Summary:</b>	
<ul style="list-style-type: none"> <li>• 0 cases of MRSA Bacteraemia (MRSAb) year to date. 0 cases of post 48 hours of admission attributed to the Trust in July</li> <li>• 13 cases of <i>C diff</i> plus 72 hours of admission year to date, ceiling of 29 cases 4 cases reported in July</li> <li>• MRSA screening compliance currently remains below the 95% internal target but an improvement seen</li> <li>• Pseudomonas aeruginosa: Sampling is on-going and carried out on 6 monthly regime</li> <li>• The changeover of Hand Sanitiser commenced and is expected to be completed early August</li> <li>• A further look back exercise in relation to the previous scabies outbreak was undertaken</li> </ul>	
<b>Related Trust Objective</b>	Excellent Patient Outcomes Excellent Patient Experience Engaged and Valued Staff
<b>Related Risk</b>	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
<b>Essex Success Regime</b>	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.
<b>Legal implications / regulatory requirements</b>	CQC non-compliance.
<b>Quality impact assessment</b>	Risk assessments have been undertaken, potential harm identified and control measures implemented. Continuous auditing is undertaken to ensure adherence to controls measures is maintained.
<b>Equality impact assessment</b>	As far as can be ascertained this paper has no detrimental impact for the 9 protected characteristics under the Equality Act 2010.
<b>Recommendations:</b>	
The Board is asked to receive assurance from the report.	

## Mandatory Figures

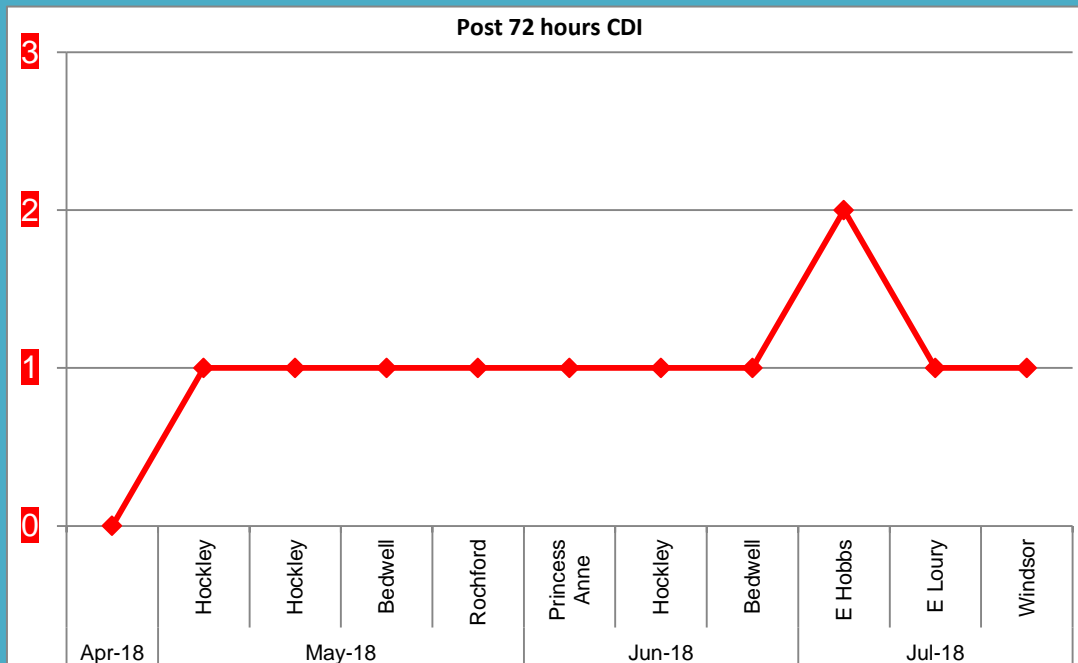
<b>MRSA bacteraemia – 0 tolerance</b>	July	0	Attributed to SUHFT	0 YTD
<b><i>Clostridium difficile</i> – ceiling 29</b>	July	4	Plus 72 hours	13 YTD
<b>MSSA bacteraemia</b>	July	1	Plus 48 hours	2 YTD
<b><i>E Coli</i> bacteraemia</b>	July	4	Plus 48 hours	16 YTD
<b>Klebsiella bacteraemia</b>	July	1	Plus 48 hours	2 YTD
<b>Acinetobacter bacteraemia</b>	July	0	Plus 48 hours	0 YTD
<b>Pseudomonas bacteraemia</b>	July	2	Plus 48 hours	6 YTD

## Trend Analysis of SUHFT Infection Prevention Key Performance Indicators

2018/19 – \*cases with asterisk are attributed to SUHFT

Number of MRSA bacteraemia cases – (0 tolerance)												
(April 18- March 19)	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
Pre 48 hour cases	0	0	0	0								
Post 48 hours cases	0	0	0	0								
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>								
Main themes from Root Cause Analysis	April	Nil RCA 's undertaken, nil plus 48 hour cases										
	May	Nil RCA 's undertaken, nil plus 48 hour cases										
	June	Nil RCA 's undertaken, nil plus 48 hour cases										
	July	Nil RCA 's undertaken, nil plus 48 hour cases										
	August											
	September											
	October											
	November											
	December											
	January											
	February											
	March											
Graph – no data												

Number of cases of <i>C. difficile</i> – (ceiling 29)												
(April 18- March 19)	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
Pre 72 hour cases	7	5	4	4								
Post 72 hours cases	0	6	3	4								
<b>Total</b>	<b>7</b>	<b>11</b>	<b>7</b>	<b>8</b>								
Main themes from Root Cause Analysis	April	Nil plus 72 hour cases										
	May	All 6 RCA's reviewed, nil direct lapses in care identified										
	June	All 3 RCA's reviewed, nil direct lapses in care identified										
	July	All 4 RCA's reviewed, nil direct lapses in care identified										
	August											
	September											
	October											
	November											
	December											
	January											
	February											
	March											



**Number of cases of *C. difficile* / Colitis – Reported on Death Certificate**

(April 18- March 19)	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
	1	1	0	0								
<b>April</b>	Less 72 hours case - <i>Clostridium difficile</i> colitis recorded on part 1b of death certificate.											
<b>May</b>	Post 72 hours case Part 1a Death Cert .SI raised.											
<b>June</b>	n/a											
<b>July</b>	n/a											
<b>August</b>												
<b>September</b>												
<b>October</b>												
<b>November</b>												
<b>December</b>												
<b>January</b>												
<b>February</b>												
<b>March</b>												

**Isolation of *C. difficile* within 2 hours of positive result**

(April 18- March 19)	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
Overall average %	100	100	100	100								

**30 day Mortality of Deaths**

(April 18- March 19)	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
<b>MRSA bacteraemia</b>	0	0	0	0								
<b><i>Clostridium difficile</i></b>	1	1	0	0								
<b>April</b>	Less 72 hours case - <i>Clostridium difficile</i> colitis recorded on part 1b of death certificate											
<b>May</b>	Post 72 hours case											
<b>June</b>	n/a											
<b>July</b>	n/a											
<b>August</b>												
<b>September</b>												
<b>October</b>												
<b>November</b>												



<b>Surgery</b>	99	100	97	99								
<b>Women &amp; Children</b>	100	99	99	100								
<b>Overall average %</b>	<b>99</b>	<b>99</b>	<b>98</b>	<b>99</b>								

IPCN's continue to undertake regular spot checks of hand hygiene and BBE compliance. Where compliance falls below expected performance additional training from IPCT will be provided. Peer auditing will be recommended and cross MSB Peer Auditing to be discussed with IPC Leads when staffing levels allow.

### Surgical Site Infection(s)

Total hip replacement April 2018 – September 2018, 2 SSI's reported to date.

### Ward closures/incidents/Other

A look back exercise was undertaken in April following an outbreak of scabies affecting Princess Anne Ward and Shopland Ward. In conjunction with PHE and Occupational Health, all identified contacts and the GP's of the contacts were informed and the affected patients and staff members were treated accordingly.

PHE contacted SUHFT on the 23/07/18 as they were investigating a community case of scabies and wanted to cross reference the patient details with the lookback exercise. The patient had had an inpatient stay during the timeframe on one of the affected wards, and on checking our information this patient had not been included in the original report. This raised concerns that other patients may have been missed off the original report. The subsequent re-run of the report highlighted 42 patients which we not identified from the original report. As per the previous outbreak protocol the IPCT contacted the patients GP informing them of their patients' possible exposure. These patients have been sent a letter to contact their GP if they had developed symptoms. To date no further cases have been reported regarding this and an additional checking process has been put into place to ensure that patients would be missing from similar reports in the future.