


SUMMARY REPORT		South Tees Hospitals  NHS Foundation Trust
Board of Directors		Date of meeting 26 May 2015
Subject	Healthcare-associated infection report for April 2015	
Prepared by	Ruth Holt, Director of Nursing and DIPC	
Approved by	Ruth Holt	
Presented by	Ruth Holt	
Name of meeting considered/approved by	Operational Management Board	

Purpose: To provide performance information on healthcare-associated infections.	Decision	
	Approval	
	Information	
	Assurance	●

Executive Summary
<p>This report summarises surveillance information on <i>Clostridium difficile</i>-associated diarrhoea, MRSA and MSSA bacteraemia, bacteraemia due to glycopeptide-resistant enterococci, ESBL-producing coliform infections and other important healthcare-associated infections for the month of April 2015.</p> <ul style="list-style-type: none"> The <i>C.difficile</i>-associated diarrhoea target for 2015/16 is to have no more than 50 Trust-apportioned cases of <i>C.difficile</i> among patients aged over 2 years. There were 5 trust-apportioned cases in April 2015. There is no official MRSA bacteraemia target for 2015/16. There was 1 trust-assigned case in April 2015. <p>There is no official MSSA bacteraemia target for 2015/16. There were 2 trust-apportioned cases in April 2015.</p>

Next Steps
The Board are asked to note the current position in respect of HCAI and for their support for the actions being taken.

Supports Trust Strategy Map in the following areas							
quality & patient safety		business sustainability		operational excellence		organisational capability	
deliver integrated care		improved cost control		improved patient flow		improved information	
forefront of clinical innovation		increased productivity		improved innovation processes		continuous service improvement culture	
specialised services development		increased revenue & market share		strong governance & risk management	●	workforce development	
service quality and safety	●	enhanced services				strong partnerships & engagement	

If a key risk(s) has been identified, please describe below

HEALTHCARE ASSOCIATED INFECTION REPORT (DATA TO END OF APRIL 2015)

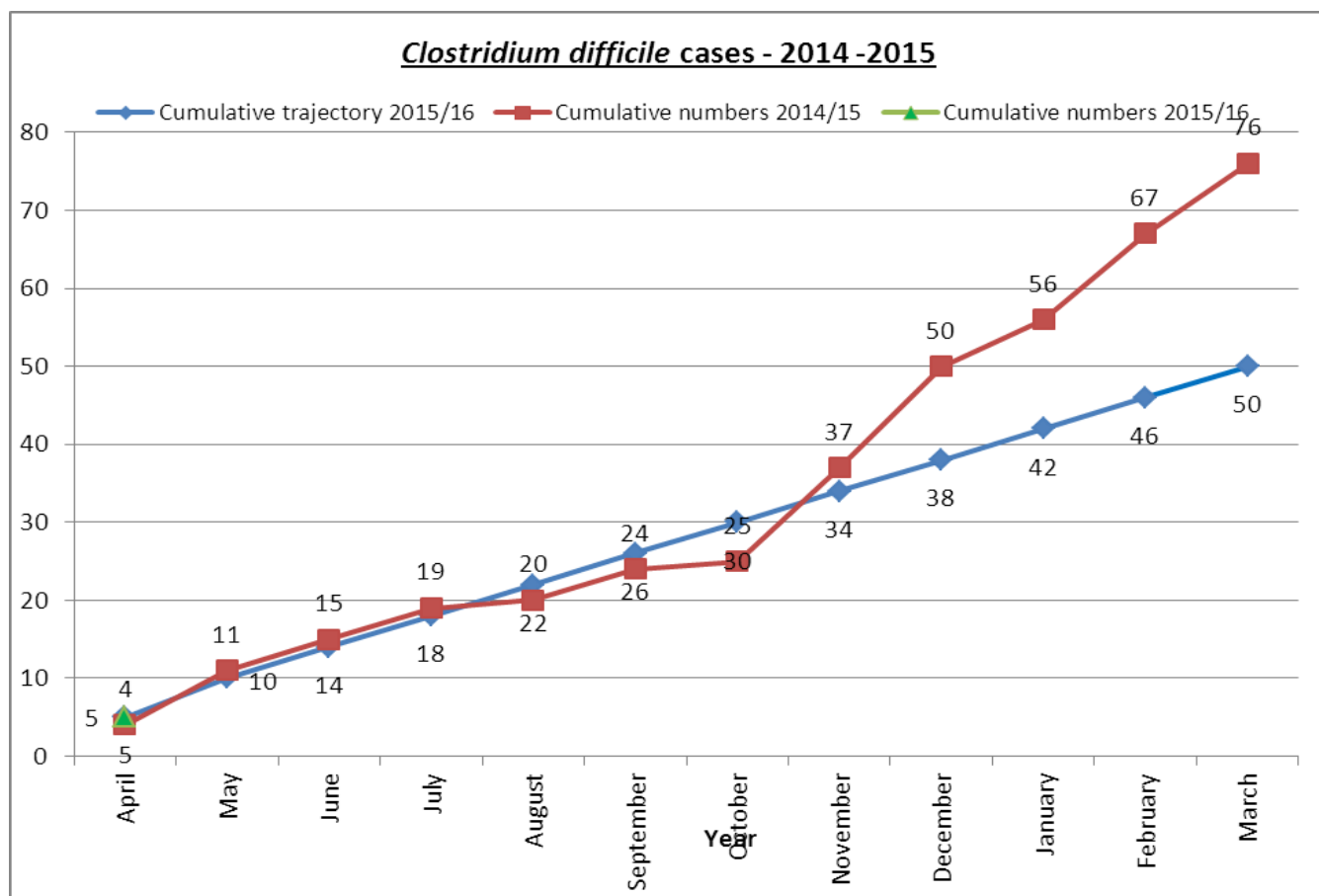
1. SURVEILLANCE DATA

1.1 *Clostridium difficile*

C diff	Total 2014/15	May 14	Jun 14	July 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	Total 2015/16 to date	Target for 2015/16
Total cases	167	15	11	10	9	13	18	14	17	13	16	20	18	18	NA
Not trust apportioned	91	8	7	6	8	9	12	7	4	7	5	11	13	13	NA
Trust apportioned	76	7	4	4	1	4	6	7	13	6	11	9	5	5	50
- JCUH	62	5	4	2	1	3	6	4	13	6	7	9	4	4	
-FHN	10	1	0	2	0	1	0	2	0	0	2	0	1	1	
-Carters	2	1	0	0	0	0	0	1	0	0	0	0	0	0	
-Redcar	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
-East Cl	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
-Guis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
-Rutson	1	0	0	0	0	0	0	0	0	0	1	0	0	0	
-Friary	1	0	0	0	0	0	0	0	0	0	1	0	0	0	
-Lambert	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

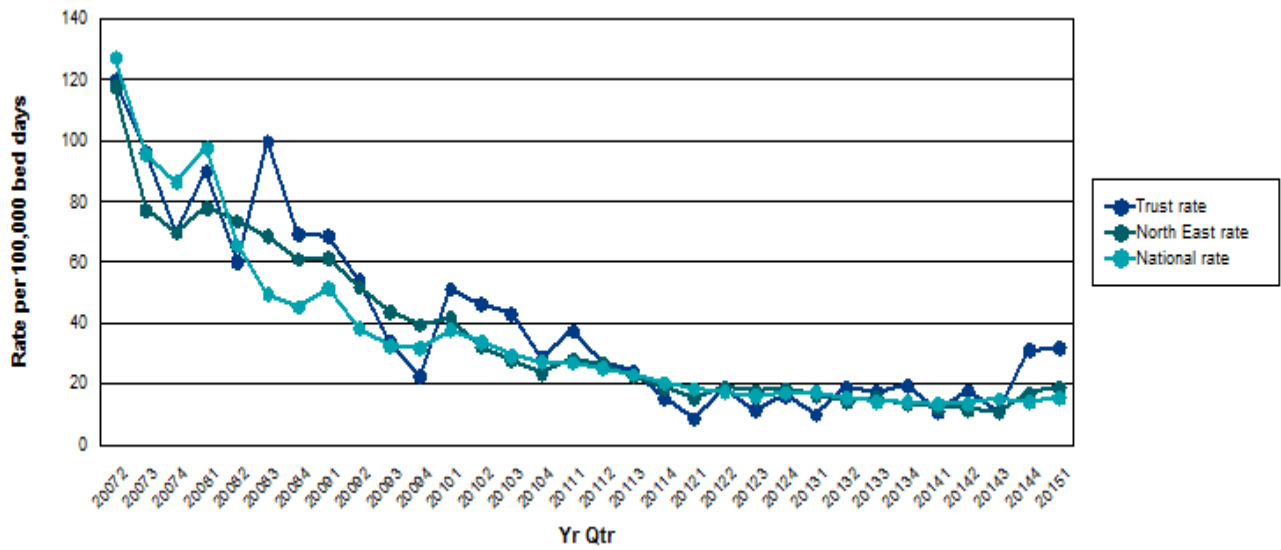
There were 18 cases of *C.difficile* infection in April 2015, 5 of which were classed as Trust-apportioned. The annual target is to have no more than 50 Trust-apportioned cases.

Deaths within 30 days after *C.difficile* diagnosis: for March 2015, 4/20 patients died during this period. Since April 2009, 221/1105 (20%) have died during the 30 day follow-up period.

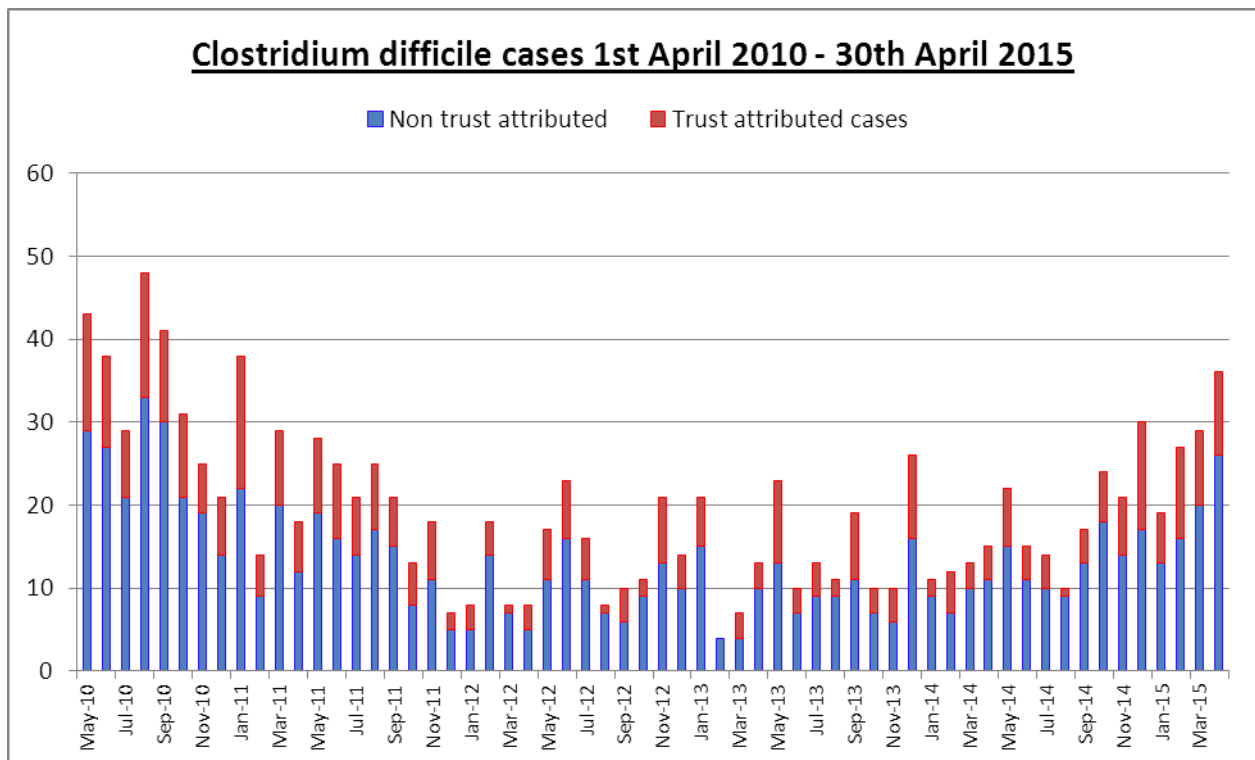


Graph 2: Trust, regional and national comparison data for *C.difficile* cases

The graph below provides the most up-to-date data from Public Health England comparing the incidence of trust-apportioned *C.difficile* cases with the regional and national average incidence to the end of December 2014.



Graph 3: Total number of *C.difficile* cases by month from 1st April 2010 to 30th April 2015.



The current position in respect of *C.difficile* remains a concern causing both a patient safety and reputational risk.

***Clostridium difficile* recovery plan**

Our *Clostridium difficile* recovery plan has been updated and is attached in Appendix 1. The following summarises achievements and action still to be taken, further detail is contained within the recovery plan:

Diarrhoea control

90 “focus on 5” campaign walkabouts took place between the 20th and 24th April 2015. These were used to raise knowledge of the diarrhoea pathway and diarrhoea management. Knowledge was limited in 21 areas and immediate action taken where appropriate. The outcomes of the audits are being used to inform Centre action plans.

Knowing whether patients have diarrhoea or been in contact with people with diarrhoea prior to admission to hospital helps to ensure that we take swift action, including isolation, testing and where appropriate treatment. Audit results are now showing this is the case in 80% of admissions to A&E. We have set a target of 90% by the end of June.

We are not currently meeting our Trust standard of isolation of patients with suspected infectious diarrhoea within 2 hours. Side rooms are at a premium in both the JCUH and FHN sites. When a side room is required a patient has to be moved out of a side room to create the space and the bed, room and if there is one, ensuite need to be cleaned. If the occupant previously had CDI or infectious diarrhoea the room will also need to be HPV fogged. The target is therefore challenging. Further work will be done with Matrons to see if the process can be improved.

Estate Quality

Work is underway, linked to emergency care pathway design, to realign the wards in the Trust and thus reduce risks from CDI to our most vulnerable patients cared for in the tower block. A decision will be made on the 21st May following which a detailed implementation plan will be required.

Antibiotic Prescribing

Dr David Reich has been identified as the medical champion for antibiotic prescribing. Dr Reich has been speaking to colleagues in neighbouring organisations to clarify their approach and will be developing a plan for South Tees which is medically led and pharmacy supported. Initial actions include the trial of an antibiotic review stamp and work to define 5 core expectations of medical staff of which safe prescribing is one.

Dr Kate Gould, Public Health England, will be leading a review of prescribing through two meetings being arranged in conjunction with CCG colleagues. The first of these will take place on the 8th July and will be in conjunction with South Tees CCG. An action plan will be developed following this which will be managed in conjunction with the CCG.

Hand Hygiene

By the end of last financial year 90% of clinical staff (98% excluding medical staff) had been assessed as competent in hand hygiene. In 2015/16 we have set a target of 25% per quarter. To help to ensure that staff continue to practice safe hand hygiene monthly audits will continue. Link practitioners are completing peer audits and further peer audits by Matrons commence in May and will continue on a quarterly basis.

Environmental Cleanliness and Decontamination Strategy

A decant and deep clean programme commenced in April using the opportunity created by the closure of the winter ward (ward 11). This programme has been suspended due to the need to relocate patients from Ward 33. A similar process is being established at the Friarage.

Eight unclean commodes were found during the “focus on 5” week in April. To address this a competency for commode cleaning has been written to supplement the posters showing how to clean a commode. All staff who help patients to use commodes will be assessed using this competency with

an expectation that 50% will be assessed by the end of May and the remaining 50% by the end of June. The Director of Nursing is meeting with the matron and senior sister from all areas where unclean commodes have been found to ensure performance improves.

A trial of chlorine wipes for the cleaning of equipment has been completed and a business case written for the additional funding for the wipes. This will be considered by the Finance and Investment Committee in May. If approved this will provide a more user friendly and less time consuming method of cleaning equipment (once equipment has been cleaned with achlor this has to be rinsed off and equipment then dried) which should help to ensure more appropriate cleaning.

A single cleaning group will be established which will monitor the Carillion cleaning action plan and in particular the establishment of robust assurance via Credits 4 Cleaning audits. The group will focus on all aspects of cleaning. This will include the contractual elements through to problem resolution against areas of identified concern where historically Carillion have not demonstrated the required pace in making improvements.

Ownership and Learning

We have arranged budding with Plymouth Hospitals NHS Trust and Aintree Hospitals NHS FT. This will support the sharing of practice with key lessons being fed back into the organisation to inform the actions we need to take to reduce CDI. Both organisations are considered to be high performing organisations reporting significantly less CDI than at South Tees. Plymouth Hospitals is a similar size to ourselves and last year had 5 trust attributed CDI for each of which a root cause was identified.

The governance structure has been reviewed. Terms of reference for the Infection Prevention Action Group now state that this group will report directly into the Quality Assurance Committee and the group will be chaired by the Chief Executive. This reflects the seriousness of our current position specifically in respect of CDI. The leadership of the IPC agenda and the IPC team will be strengthened with the appointment of a full time Director of Infection Prevention and Control. This post will be advertised in June.

1.2 MRSA bacteraemia

MRSA	Total 2014/15	May 14	Jun 14	July 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	Total 2015/16 to date	Target for 2015/16
Total cases	9	0	1	1	0	2	0	2	1	2	0	0	1	1	NA
Not trust assigned	5	0	0	0	0	1	0	2	1	1	0	0	0	0	NA
Trust assigned	4	0	1	1	0	1	0	0	0	1	0	0	1	1	NA

There was 1 case of MRSA bacteraemia in April 2015. This was a trust-assigned case. No factors were identified which could have prevented this bacteraemia occurring.

1.3 MSSA bacteraemia

MSSA	Total 2014/15	May 14	June 14	July 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	Total 2015/16 to date	Target for 2015/16
Total cases	113	16	11	8	9	14	8	8	9	5	8	11	11	11	NA
Not trust apportioned	86	12	8	7	8	10	7	5	5	4	7	8	9	9	NA
Trust apportioned	27	4	3	1	1	4	1	3	4	1	1	3	2	2	NA

There were 11 cases of MSSA bacteraemia in April 2015; 2 of which were classed as Trust-apportioned. Root cause analyses have been requested from the clinical teams concerned and any lessons learnt will be discussed at directorate and centre meetings.

1.4 Surveillance for other healthcare-associated infections

	Total for 14/15	March 2015	Total 15/16
Bacteraemia due to glycopeptide-resistant enterococci	5	1	1
Bacteraemia due to <i>E. coli</i>	399	36	36
ESBL producing coliform infections	1036	70	70
• sample taken in community	685	40	40
• sample taken in our trust	351	30	30
• bacteraemias	23	3	3
Other alert organisms	0	0	0

2. OUTBREAKS

Diarrhoea & vomiting outbreaks	Annual total 14/15	Apr 14	May 14	Jun 14	July 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	Total 15/15 to date
Total number	3	0	0	0	0	1	1	0	0	0	0	1	0	1	1
Total number of patients affected	22	0	0	0	0	8	5	0	0	0	0	9	0	38	38
Total number of staff affected	18	0	0	0	0	4	3	0	0	0	0	11	0	4	4

There was an outbreak of diarrhoea and vomiting in April affecting wards 2, 3 and 4. This was controlled rapidly by ward closures and standard outbreak precautions.

3. ENDOSCOPE DECONTAMINATION INCIDENT

The investigation in respect of the endoscope decontamination incident will report in April with lessons learnt to be addressed.

As review into decontamination practice was agreed following the decontamination incident. This looked at decontamination across JCUH and FHN and included endoscopy decontamination. The review was commissioned from Wayne Spencer, an independent consultant, and took place on the 8th and 9th April. A report is expected later this month and action will be taken to address any shortfalls in practice or areas of opportunity.

4. OUTBREAK OF MULTI-DRUG-RESISTANT PSEUDOMONAS AERUGINOSA INFECTION IN ICU2/3, GHDU, WARD 4 AND 24HDU

The situation continues to be monitored. A further outbreak meeting will take place on the 28th May. It appears that the outbreak is coming to an end but this is not yet confirmed.

5. LEGIONELLA DETECTED ON WARD 33

The trust regularly samples water outlets for Legionella pneumophila, the cause of Legionnaires' disease. In the most recent round of testing Legionella was detected at two outlets on ward 33. It was found that a defective valve had limited water recirculation leading to failure to maintain the correct water temperature. No patient suffered harm but as a precaution the ward moved to the vacant ward 11 while the valve was replaced, shower filters were installed and the full system was disinfected. Further water sampling has been performed and the results are awaited.

6. RECOMMENDATIONS

The Board is asked to note the current position in respect of HCAI and for their support for the actions being taken.

A further report will be presented in June 2015.

RUTH HOLT
DIRECTOR OF NURSING AND DIPC
May 2015

Appendix 1 – *C.difficile* Recovery Plan – see attached