

**Board of Directors  
Item 2.8**

**Subject:** Director of Infection Prevention and Control (DIPC) Quarterly Report  
**Date of Meeting:** 28<sup>th</sup> November 2022  
**Presented by:** Dr Raphael Perry – Medical Director  
**Reason for Report:** To Note

BAF Ref	Impact on BAF
BAF 1	Assurance regarding IPC measures.

Level of assurance ( <i>please tick one</i> ) <i>To be used when the content of the report provides evidence of assurance</i>					
<input checked="" type="checkbox"/>	<b>Acceptable assurance</b> Controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/>	<b>Partial assurance</b> Controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/>	<b>Low assurance</b> Evidence indicates poor effectiveness of controls

## 1. Executive Summary

This paper provides information and an update on infection prevention and control issues for the 2<sup>nd</sup> quarter of this financial year, 1<sup>st</sup> July until 30<sup>th</sup> September 2022. Previous reports have covered the period up to the end of June 2022.

This paper provides assurances that surveillance systems, audit and governance programmes are in place to monitor and prevent healthcare associated infections. A number of audits have been performed across the Trust which identified some issues which have been fed back to the relevant managers to address.

## 2. Background

High standards of infection prevention and control are essential to ensure that people who use health care services receive safe and effective care. The *Health and Social care Act 2008: Code of Practice on the prevention and control of infections* identifies that good organisational processes and a robust assurance framework are essential to ensure effective infection prevention.

In order to demonstrate that infection prevention is integrated into the assurance framework one recommendation is that the Board of Directors receives regular updates from the infection prevention and control team, including information on alert organisms, outbreaks, cleanliness standards and audit information. This report provides such an update.

### 3. Current position

#### 3.1 Surveillance

There is a requirement that bacteraemias (blood stream infections) caused by certain bacteria and also Clostridium difficile infections are monitored and reported to UKHSA (UK Health and Security Agency) on a monthly basis. In addition, the infection prevention team continuously monitor other resistant organisms or organisms of concern.

#### Mandatory Reporting – Bacteraemias (Blood cultures)

	Attributable cases July – Sept 22 (Year to Date-Trust attributable)	Threshold 22/23
MRSA bacteraemias	0 (0)	0
MSSA bacteraemias	3 (4)	8 (set internally)
E coli	2 (2)	6
Klebsiella sp.	0 (0)	1
Pseudomonas aeruginosa	1 (3)	1

Post infection reviews have been undertaken for all these patients, in conjunction with Cedar, Theatre Critical Care and Birch ward and any issues and actions required have been identified.

#### MSSA bacteraemias

The probable sources were identified as infections related to a surgical site or intravenous lines. The reviews identified learning points related to documentation, wound care and care of IV lines. Issues related to prevention of SSI are being addressed by the SSI working group.

#### E Coli bacteraemias

The probable sources of infection were identified as due to an ischaemic bowel post surgery and soft tissue infection, although learning points were identified, the reviews indicate that the initial infections may not have been avoidable.

#### Pseudomonas bacteraemia

The probable source has not been identified. However additional water sampling has been undertaken in CCA and a meeting held with relevant departments with a separate action plan developed to provide assurances related to the water safety.

All the post infection reviews will be shared and further discussed at the relevant divisional meetings

#### **CPE (Carbapenemase producing Enterobacteriaceae) cases**

There was 1 patient with CPE within this time period, attributable to the Trust. This was a screening sample (rectal swab)

#### **All MRSA cases (non bloodstream)**

A number of patients were identified as MRSA positive in this time period however none were designated as Trust attributable

#### **C. difficile Infection**

	Attributable cases July – September 22 <b>(Year to Date)</b>		Threshold for 22/23
Clostridium difficile infection (C. difficile <b>toxin</b> positive)	1 <b>(1)</b>		9

A post infection patient review was performed in conjunction with Critical care staff but no significant learning points were identified

## SARS CoV-2

A number of patients tested positive for SARS coV2 in this period and the breakdown is given below. Ongoing surveillance and reporting to the national system is performed by the Infection Prevention nurses. Although during this time period the guidelines regarding testing patients was changed and so less patients will have been identified as testing positive if they were asymptomatic.

All actions related to the prevention and control of SARSCoV2 are regularly discussed in the Gold, Silver and Bronze command meetings and are reviewed in line with UKHSA and NHS guidelines, as they are released.

COVID 19 Patients July- September 22	Numbers of Patients
<b>Community-Onset</b> – First positive specimen date <=2 days after admission to trust.	35
<b>Hospital-Onset Indeterminate Healthcare-Associated</b> – First positive specimen date 3-7 days after admission to trust.	4
<b>Hospital-Onset Probable Healthcare-Associated</b> - First positive specimen date 8-14 days after admission to trust.	3
<b>Hospital-Onset Definite Healthcare-Associated</b> – First positive specimen date 15 or more days after admission to trust.	2

One outbreak was reported in this period, which involved 4 patients cared for on Birch ward in the same time period. This was reported to the national surveillance system.

## 3.2 Audits

An annual audit programme has been developed and audits have been performed by the Infection prevention team within this quarter including:

- COVID- 19 screening compliance
- CPE screening compliance
- PPE compliance

Audits have been performed by ward and Critical care and ward staff assessing compliance with hand hygiene, Intravenous line care and care of urinary catheters.

Results and action plans have been fed back to wards and relevant areas and through the Infection Prevention Committee.

### **3.3 Cleanliness**

A new audit tool and programme to monitor cleanliness across the Trust has been developed in line with the National Standards for Cleanliness. A multi-disciplinary group including infection prevention nurses, matrons and Hygiene service supervisors have performed the audits ensuring a collaborative and standardised approach to monitoring cleanliness.

The new Cleaning Policy was written and ratified.

A Cleaning Group has been convened to oversee the audit programme and action plans, this is led by the Infection Prevention lead nurse and the Facilities manager.

Audits of all inpatient areas have been completed, some issues were identified (e.g. dust on equipment) which could be rectified immediately, other issues require additional input and have been highlighted to the Estates team and placed on an action log to be reviewed by the group on an ongoing basis. All areas received a 4 or 5 star rating, according to the policy standards.

### **3.4 Surgical Site Infection (SSI) Group**

The SSI group has been re-established with multi-disciplinary membership. An action plan and audit programme have been developed.

A software module to improve surveillance data collection has been developed and commenced on the 4<sup>th</sup> July. Surveillance and audit data has been shared with the SSI group, the surgical division and the Infection Prevention Committee.

Surveillance information is included in appendix 1

## **4. Summary**

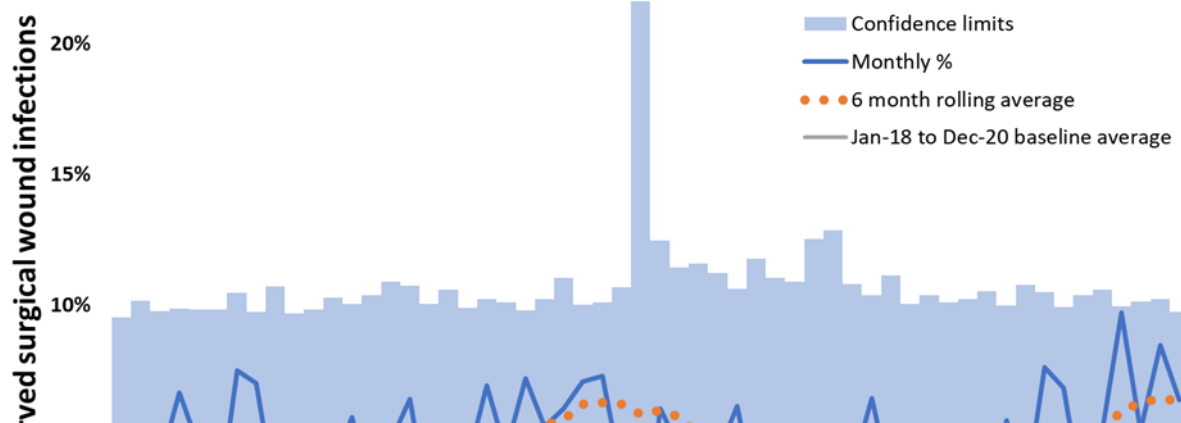
The surveillance of infections and routine audit data continue to be monitored and work is on-going to ensure the infection prevention quality and safety plan is fulfilled and a robust audit programme is in place.

## **5. Recommendations**

The Board is asked to note the contents of this report and request further updates on progress against the annual plan

## Appendix 1 – Surgical Wound Infections

### SWIS: All Infections: Jan-18 to Aug-22



### SWIS: Deep Sternal Wound Infections: Jan-18 to Aug-22

