

Board of Directors (Public)

Item 3.5

Subject: Infection Prevention and Control Quarterly report
Date of meeting: 26th January 2016
Prepared by: Nicola Best (Infection Prevention nurse specialist)
Presented by: Dr Raph Perry (Director of Infection Prevention and Control)

BAF Ref	Impact on BAF Risk Rating?
2,3	Nil

1. Executive Summary

This paper provides information and an update on infection prevention and control issues for the time period 1st October - 31th December 2015. Previous papers have covered the period up to the end of September 2015.

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. Issues

3.1 Surveillance and Alert organisms

3.1.2 Mandatory reporting

There is a requirement that bacteraemias (positive blood cultures) caused by certain bacteria and also *Clostridium difficile* infections are monitored and reported to Public Health England on a monthly basis. These cases are also reported to the Clinical Commissioning Group monthly.

	Number of cases Oct – Dec 15	Target for 2015/16	Comments
MRSA bacteraemias	0 (0 year to date)	0	
Staphylococcus aureus (MSSA)	6 (11 year to date)	Mandatory reporting but no	Reviews indicate that 4 patients had post-op

bacteraemias		targets assigned	infections following cardiac surgery, which were the probable source of the bacteraemia. For 1 patient the probable source was pneumonia. For 1 patient the source was not identified.
E. coli bacteraemias	2 (9 year to date)	Mandatory reporting but no targets assigned	For 1 patient the probable source was a urinary tract infection For 1 patient the probable source was a central line related infection.
Clostridium difficile infection (i.e. C. difficile toxin positive)	1 (4 year to date)	≤ 4	See below

Information on patients who develop infections post cardiac surgery has been collected and will be analysed to identify risk factors and any common themes.

C. difficile

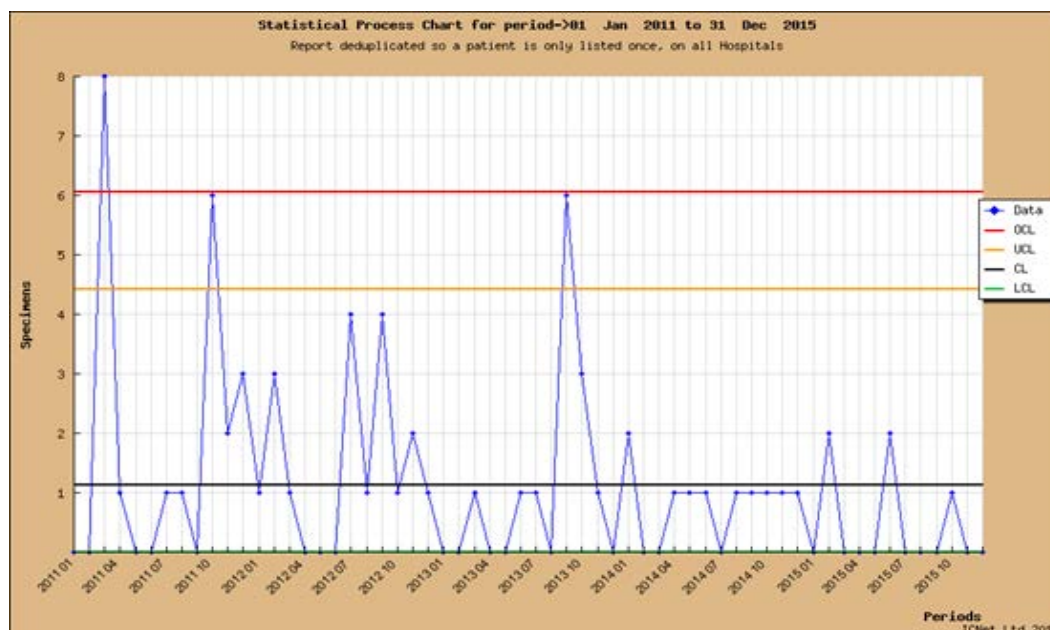
This patient was nursed on Oak ward, she was a cardiac surgery patient and had received antibiotics for a chest infection. Following the positive result a patient review was undertaken and various issues were noted. These issues related to accurate documentation and the fact that the patient was not isolated until the result was received but remained symptomatic in a bay whilst awaiting the outcome of the test. Therefore the policy was not followed. This has been highlighted to staff and to the ward manager, who investigated this and during the relevant time there was a shortage of side rooms and patients could not be moved out of occupied side rooms due to a lack of male beds.

Two other patients on the ward also developed diarrhoea during this time period and were tested and found to be C difficile positive although the actual toxin results were negative. Although these cases are not reportable as part of the mandatory surveillance scheme, it raises the issue that other patients were affected and there may have been transmission of infection within a ward area. Actions were taken including isolating the patients and deep cleaning the relevant bay and bathrooms as well as the shared equipment. No other cases have been identified.

3.1.3 MRSA – all cases

Cases of MRSA in the Trust are closely monitored to identify any increased incidence or outbreaks. The graph below shows all cases of patients with MRSA in the Trust, which have been designated as Trust acquired, including both colonised and infected patients.

Although there have been a significant number of patients in the Trust with MRSA during this time period these were identified before or on admission and only 1 case was identified as Trust acquired.



3.1.4 Carbapenemase Producing Enterobacteriaceae (CPE)

Two patients were newly identified in this time period. One patient was identified when screened on admission following transfer from other Trust. The other patient was identified as part of the weekly screening regime on Critical Care. A number of contact screens were performed and no further positive patients identified and no additional positive patients were identified during further weekly screening of intensive care unit patients.

3.2. Hand hygiene

Clinical areas carry out weekly observational audits of hand hygiene in their area, with 1 audit in a peer review ward each month. Some areas have not submitted all the audits but this has been raised with the relevant managers and the results have been forwarded to the Heads of Nursing so they can monitor that the audits are performed according to the schedule.

	October	November	December
Results of Compliance Audits	100%	100%	100%
No. of Observations	839	734	574

3.3. Cleanliness

A standard monitoring tool is used by the Hygiene supervisors to assess environmental cleanliness. The target is an overall Trust score of 95%, with an individual score for clinical areas of 95% or above.

The overall monitoring scores for the Trust were:

	October	November	December
Results	96%	95.2%	98%

3.4. Audits

Central Intravascular Lines

An audit of practice related to insertion and care of central lines has been carried out by the anaesthetic staff. The results have been feedback to the relevant staff and will inform the actions taken by the Central Line working group.

CPE screening of Transfers into the Trust

An audit of 100 patients who were transferred into the Trust from other healthcare organisations was carried out. Only 40% of these patients had the correct screen performed, which is a reduction on previous levels. A poster with the relevant information has been circulated to all the ward areas and this will be discussed at the ward managers meeting. A further audit is planned in February.

Resistant organism screening on Critical care

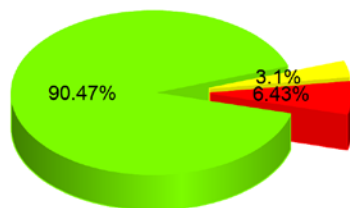
Compliance with the weekly screening for resistant organisms of relevant patients on CCA was 83%. This has been feedback to the staff and the screening protocol will be raised through the safety huddles. a further audit is planned in February.

Cleanliness of equipment/patient environment

This has been assessed using the Clean Trace system. Results are given below:

Measurements: 451. Pass: 408. Caution: 14. Fail: 29

■ Pass ■ Caution ■ Fail



If any failures are identified the equipment is cleaned immediately and an email is sent to the manager for that area to inform them of the results. Monthly reports are sent to the managers and Heads of Nursing so that they can monitor progress and identify any trends.

4.0 Conclusion

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

5.0 Recommendations

The Board is asked to note the contents of this report.