

COVERSHEET	
Meeting	Board of Director's Meeting in PUBLIC
Paper Title	Infection Prevention and Control Update
Date of meeting	8 <sup>th</sup> October 2020
Date paper was written	13 <sup>th</sup> September 2020
Responsible Director	Hayley Flavell, Director of Nursing
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Presenter	Hayley Flavell, Director of Nursing

#### Executive Summary

This report provides an overview of the Infection Prevention and Control key metrics and activities for August 2020.

Key points to note by exception are:

- There was 1 post 48 hour Clostridium Difficile case in August 2020
- In August, 95.2% of cases were screened, which was above the 95% national target for the first time since March 2020.
- There was 1 COVID 19 outbreak in August 2020 involving staff in the Radiology Department, this has now been closed but ongoing monitoring of social distancing in the non-clinical areas continues
- There is ongoing work in relation to preparation for a 2<sup>nd</sup> COVID 19 wave
- The Infection Prevention Control Team are working closely with Human Resources in relation to the delivery of the Flu campaign

The Board are asked to:

- Receive and discuss the Infection Prevention and Control Update Report

Previously considered by	NA
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The Board (Committee) is asked to:			
<input type="checkbox"/> Approve	<input checked="" type="checkbox"/> Receive	<input checked="" type="checkbox"/> Note	<input type="checkbox"/> Take Assurance
To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board or Trust without formally approving it	For the intelligence of the Board without in-depth discussion required	To assure the Board that effective systems of control are in place

Link to CQC domain:				
<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well-led

Link to strategic objective(s)	<p><i>Select the strategic objective which this paper supports</i></p> <p><input type="checkbox"/> PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare</p> <p><input type="checkbox"/> SAFEST AND KINDEST Our patients and staff will tell us they feel safe and received kind care</p> <p><input type="checkbox"/> HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities</p> <p><input checked="" type="checkbox"/> LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions</p> <p><input type="checkbox"/> OUR PEOPLE Creating a great place to work</p>
Link to Board Assurance Framework risk(s)	BAF 561 IF we do not have system-wide effective processes in place THEN we will not achieve national performance standards for key planned activity.

Equality Impact Assessment	<p><input type="radio"/> Stage 1 only (no negative impact identified)</p> <p><input checked="" type="radio"/> Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval)</p>
Freedom of Information Act (2000) status	<p><input checked="" type="radio"/> This document is for full publication</p> <p><input type="radio"/> This document includes FOIA exempt information</p> <p><input type="radio"/> This whole document is exempt under the FOIA</p>
Financial assessment	NA

## 1.0 INTRODUCTION

This paper provides a report on performance against the 2020/21 objectives for Infection Prevention and Control. It provides an update on hospital acquired infections: Meticillin-Resistant *Staphylococcus aureus* (MRSA) Clostridium Difficile (CDI), Meticillin-Sensitive Staphylococcus (MSSA) Escherichia Coli (E.Coli), Klebsiella and Pseudomonas Aeruginosa bacteraemia for August 2020.

It also provides updates on SaTH initiatives and relevant infection prevention incidents.

## 2.0 KEY QUALITY MEASURES PERFORMANCE

### 2.1 MRSA Bacteraemia

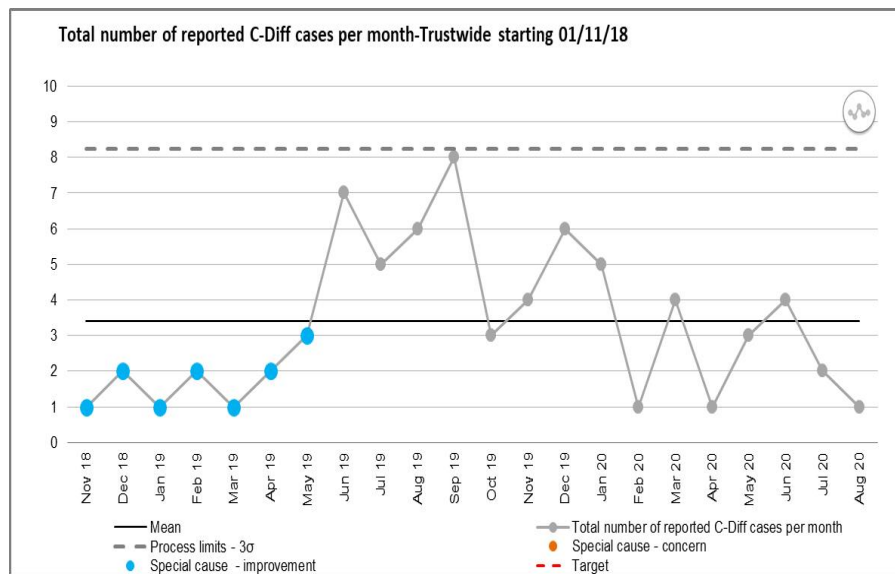
The Target for MRSA bacteraemias remains 0 for 2020/21. There were no MRSA bacteraemia infections reported in August 2020. The last MRSA bacteraemia was in April

2019.

<b>MRSA Bacteraemia</b>	<b>Apr 20</b>	<b>May 20</b>	<b>Jun 20</b>	<b>Jul 20</b>	<b>Aug 20</b>	<b>Annual Target</b>
Number of Cases	0	0	0	0	0	0

## 2.2 Clostridium Difficile

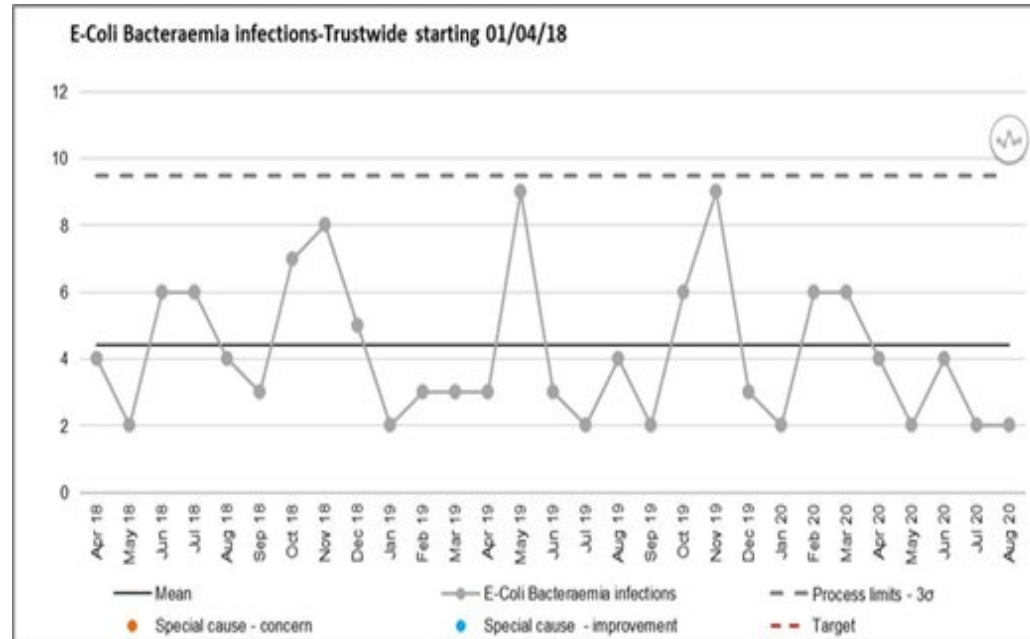
The target agreed with the Clinical Commissioning Group (CCG) for this year is no more than 43 cases (same target as the previous year). Year to date there have been 11 cases of CDI, the Trust remains below the trajectory Year To Date (YTD). Total number of CDI cases reported per month is shown:



There was 1 case of CDI attributed to the Trust in August 2020. This case was a post 48 hour case. The Root Cause Analysis (RCA) is being undertaken to enable any deficits in care and learning to be identified and shared. Themes identified to date from the RCAs undertaken for other CDI cases include: timeliness of obtaining a stool sample and antibiotic prescribing.

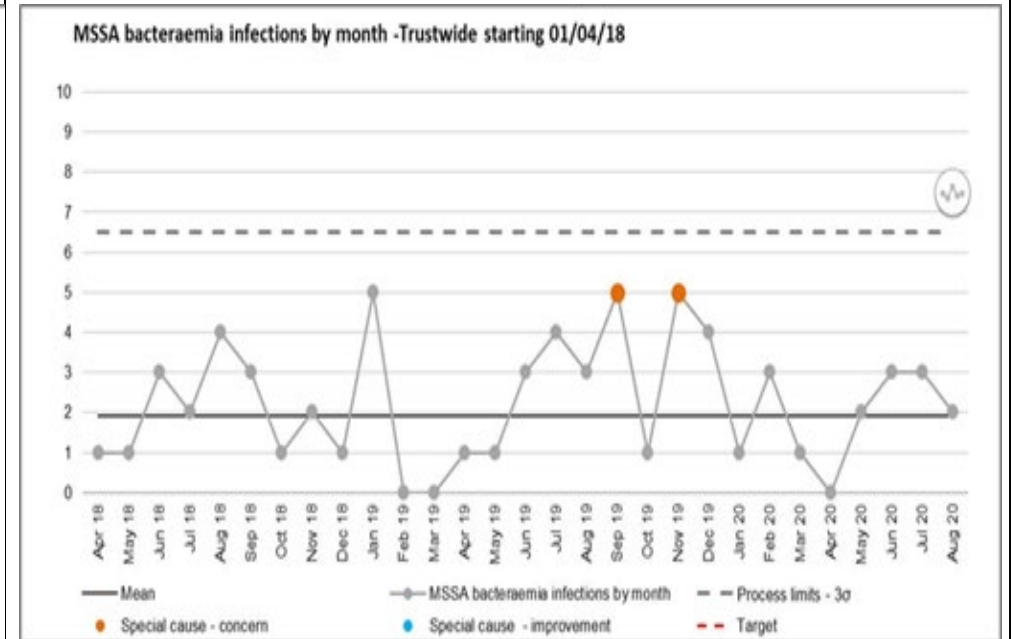
### 2.3 E.Coli Bacteraemia

The Number of E.Coli cases are shown:



There were two cases of post 48 Ecoli Bacteraemia in August 2020. In one of the cases the source was unknown, therefore it cannot be determined if this was device/intervention related. The other cases source was considered to be an abscess of native hip, therefore was not considered to be device/intervention relate

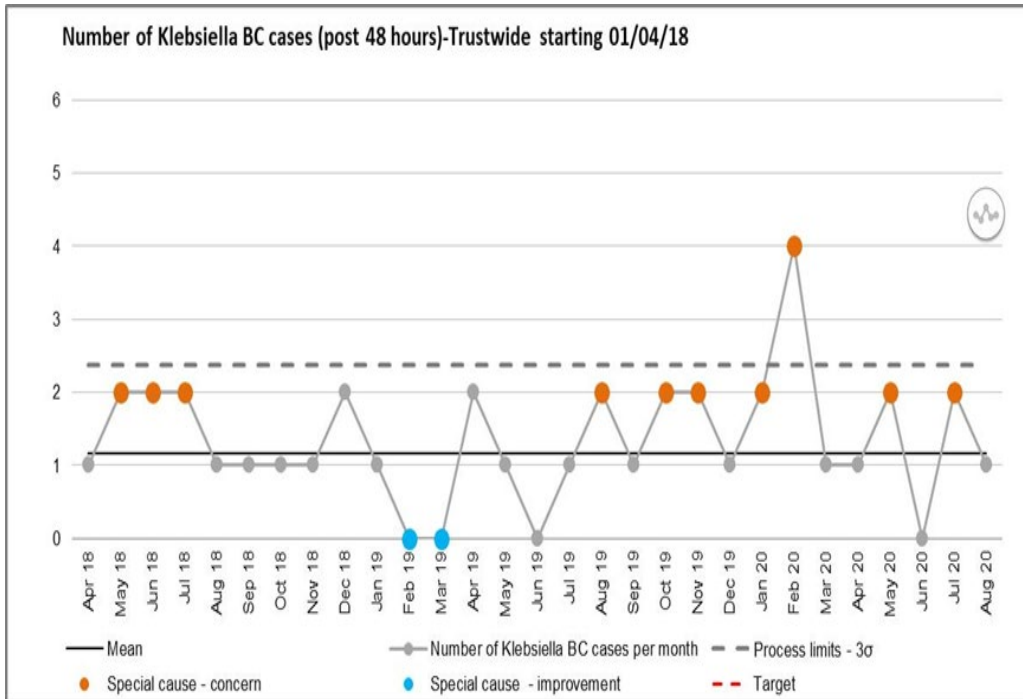
### 2.4 MSSA Bacteraemia



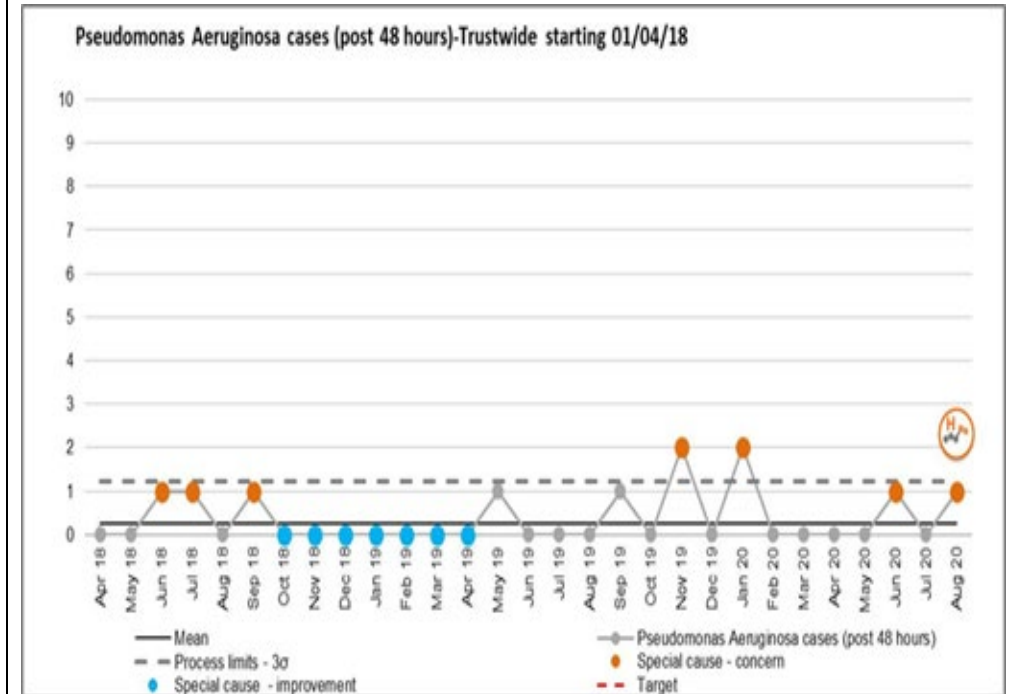
All hospital attributed (> 2 days from admission) are reviewed by the consultant microbiologist.

There were two cases of post 48 hours MSSA Bacteraemia in August 2020. Neither case was considered to be device/ intervention related. The source of one was a spinal abscess and the other skin and soft tissue

## 2.5 Klebsiella Bacteraemia (Post 48 Hours)



## 2.6 Pseudomonas Aeruginosa (Post 48 Hours)

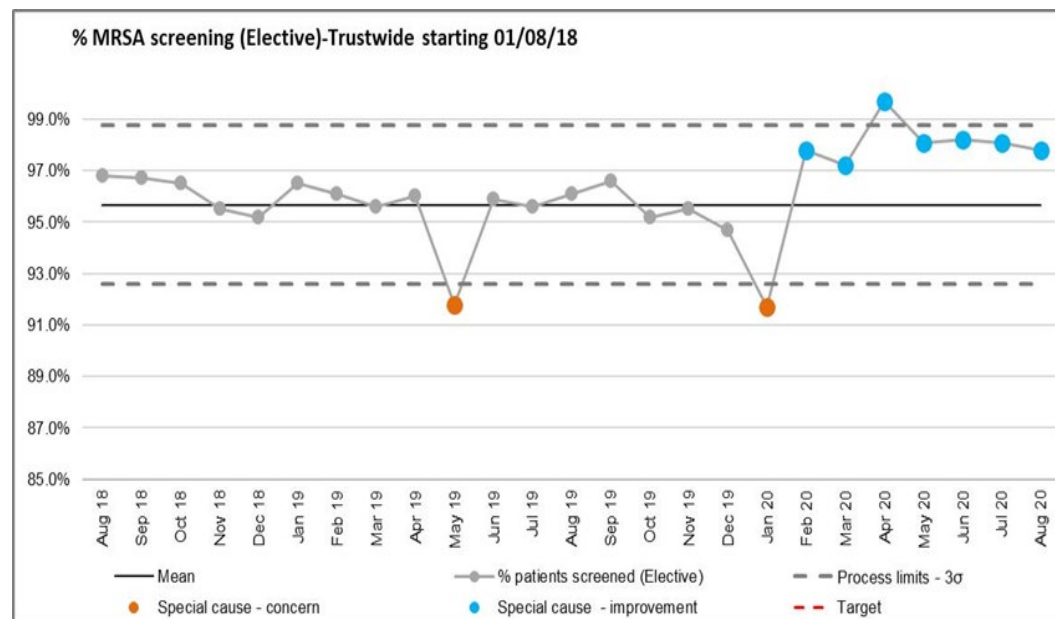


There was one case of post 48 hour Klebsiella Bacteraemia in August 2020. This case was not considered to be device or intervention related as the source was a diabetic foot ulcer.

The reporting of Pseudomonas Aeruginosa was mandated as part of the national contract from April 2020. There was one case of post 48 hour Pseudomonas aeruginosa in August 2020. The source of this infection was unknown and it therefore could not be determined whether this was device or intervention related.

## 2.2 MRSA Screening

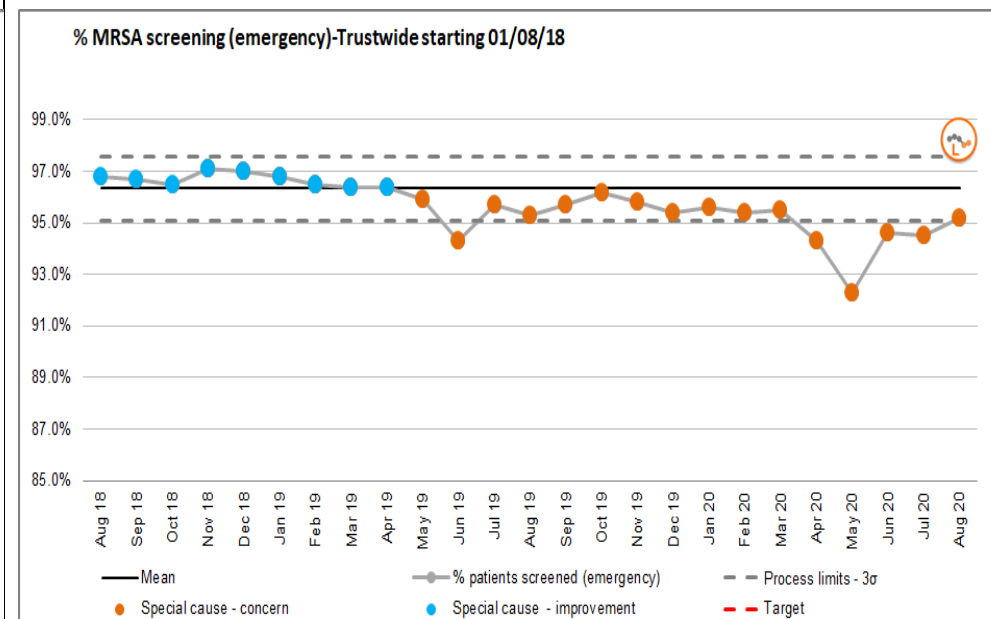
### MRSA Elective Screening



MRSA Elective screening was above the 95% in August 2020 with a compliance of 97.8%.

Elective MRSA screening has been above 97% since February 2020. However this is in the context of the significant reduction in elective activity during the COVID pandemic.

### MRSA Non-Elective Screening



In August 2020, 95.2% of cases were screened, which was above the 95% national target for the first time since March 2020.

Heads of Nursing are continuing to work with Care Groups to ensure actions are monitored

### **2.3 Periods of Increased Incidence**

There was an outbreak of 2 cases of Vancomycin-Resistant Enterococci (VRE) on S22TO in July 2020. There have not been any further cases identified. The key learning identified from this outbreak related to catheter documentation for one patient and completion of cleaning checklists on the ward.

### **2.4 COVID 19**

A third COVID-19 outbreak investigation in the Trust was declared in August 2020 following the earlier two outbreaks which were reported and closed in previous months. This recent outbreak involved staff to staff transmission in one hospital department for a total of 8 staff; this has been fully investigated with the involvement of National Health Service England Improvement (NHSEI) and Public Health England (PHE). An action plan was developed progressed. There was no further cases linked to this outbreak after 28 days 2020 and therefore, now closed.

The key learning from this staff outbreak related to lack of social distancing by staff when in non-clinical areas and staff behaviours outside of work in relation to social interactions. The IPC team have undertaken Quality Walks in Radiology specifically focusing on non-clinical areas/staff rooms to ensure social distancing measures are in place and being adhered to and the Radiology manager is reinforcing this with all staff.

The Trust is now seeing fewer COVID-19 cases and have had very few positive patients admitted. Work is continuing with COVID and planning in case of a second wave.

### **Hospital Onset (HO) COVID-19**

Hospital Onset (HO) COVID-19 is defined as illness onset (or positive first specimen) 15 days or more after admission. Probable Hospital Onset COVID-19 is defined as an illness onset (or first positive specimen date) between 8-14 days after admission.

All cases reported in the Trust in August 2020 were pre 7 days of admission.

### **2.5 Serious Incidents (SI) related to Infection Prevention & Control**

All MRSA and CDI cases that result in death (Part 1 of the death certificate) are reported as Serious Incidents. Those deaths on Part 2 of the death certificate are patients considered to have died *with* MRSA or CDI rather than *of* it. No Infection Control Serious Incidents were reported for the period of August 2020.

### **3.0 Infection Prevention and Control Initiatives**

The majority of the work during August 2020 has continued to be focused on dealing with the COVID-19 pandemic and the next phase of the organisation's response. At present cases in the hospital remain low but these are predicted to increase in line with the trend currently being seen in other acute providers across the region.

In August 2020 the Trust COVID-19 Board Assurance Framework has been subject to scrutiny by the Care Quality Commission (CQC) and a good level of assurance was provided following this meeting. The CQC feedback included that the Trust had undertaken a thorough assessment of infection prevention and control, across all services, since the COVID 19 pandemic was declared. Appropriate systems in place included having prompt identification of people within the

organisation who have or are at risk of developing an infection, appropriate isolation facilities/cohorting areas had been established for patients across the trust. Alongside this staff had received, and continue to receive necessary training, in line with national guidance which was updated accordingly. They commented that the Trust had adopted a supportive and holistic approach which considered both the physical and psychological needs of staff.

A supportive peer review was also undertaken by the Infection Prevention and Control Team from the University Hospital North Midlands on the 14<sup>th</sup> August 2020. This review took place at the request of the interim Chief Nurse and aimed to provide the interim Chief Nurse/Director of Infection Prevention Control (DIPC) with independent assurance and recommendations in relation to the following:

- Cohorting decisions
- 2m distancing and management of all Inpatient and out- patient areas
- Theatre usage and surgical pathways
- Cleanliness schedules
- Environmental /equipment cleanliness
- Estates situation and options
- Personal Protective Equipment use (PPE) use

The findings from this review will be provided in the IPC Update report for September 2020.

The Infection Prevention and Control Team undertake quality assurance audits. These are in depth audit that are undertaken on each ward every quarter, they are undertaken more frequently if an area has a period of increased incidence or outbreak. In the month of August 2020, the IPC team have completed 13 quality ward walks, with scores ranging from 77-97.5% compliance. The team were also part of the exemplar ward assessment team on 6 occasions.

Influenza preparedness has become even more important in light of a potential second wave of COVID-19. All Care Groups have nominated Peer Vaccinators for their clinical areas and the Infection Prevention and Control team is working closely with the Lead in HR to ensure that the Flu vaccination is delivered to all healthcare staff.

#### **4.0 Recommendation**

The Board is asked to receive and discuss this report.