

Report to Trust Board of Directors

<b>Date of Meeting:</b>	2 June 2015
<b>Enclosure Number:</b>	6
<b>Title of Report:</b>	Infection Prevention & Control Service Delivery Work Plan 2015/2016
<b>Author:</b>	Clive Graham
<b>Executive Lead:</b>	Ann Farrar
<b>Responsible Sub-Committee (if appropriate):</b>	Infection Prevention & Control Committee
<b>Executive Summary:</b>	<p>The Key Areas in relation to Healthcare Infection to note are:-</p> <ul style="list-style-type: none"> <li>• Four Clostridium difficile cases in 2015/16 to date</li> <li>• One MSSA bacteraemia in 2015/16</li> <li>• OXA-48 producing Escherichia coli identified in renal dialysis patient requiring screening of both dialysis and in-patient contacts.</li> </ul> <p>Since the last meeting there have been several items completed (see work plan) however the key success areas for the attention of the committee are</p> <ul style="list-style-type: none"> <li>• Cleanliness assurance audits commenced for both sites</li> <li>• First Surgical Site Surveillance (SSI) report received at IPCC in April</li> <li>• CPE improvements and policy promotion (staff updates; admission risk assessment; improved monitoring from IPCT; improved laboratory testing)</li> <li>• Clinical Lead for IP identified for each business unit</li> <li>• IP audits (ward performance) reported via BU reports</li> <li>• Waste options appraisal completed and for approval at IPCC &amp; EMT</li> <li>• Progress with plans to add doors to bays at CIC</li> <li>• Overdue priority 1 policies on May IPCC agenda (Outbreak Policy, Norovirus Policy, Patient Transfer Policy)</li> <li>• Antibiotic ward rounds on admission wards.</li> </ul> <p>The Key Risk Areas:</p> <ul style="list-style-type: none"> <li>• Cleaning strategy describing compliance with BIS 2014 and new standardised methodology across both hospital sites agreed in principle; however</li> </ul>

	<p>timescale for implementation awaited</p> <ul style="list-style-type: none"> <li>• Pink theatre scrubs need dedicated launch and communications in order to succeed</li> <li>• MSSA bacteraemia in April linked to poor cannula management – awareness regarding cannula audits and VIP charts promoted via HCAI weekly meeting and senior nurse board.</li> <li>• Slow progress with work required on bay doors and dirty utilities</li> </ul> <p><b>Please not post IPCC update on page 4 29/05/2015</b></p>	
<b>Risk Rating (high, medium, low risk) and any recommended changes to risk rating:</b>	Medium	
<b>Board Assurance Framework Reference:</b>	7.1	
<b>Compliance, legal and national policy regulatory requirements:</b>	The Health Act 2008 – Hygiene Code. CQC Outcome 8 – Cleanliness & Infection Prevention & Control Control	
<b>Financial Implications:</b>	None	
<b>Actions required by the Board:</b>	<b>To approve:</b>	Discussion and decision
	<b>To note:</b>	Where the Board is made aware of key points but no decision required
	<b>For information:</b>	For reading and consideration and for discussion by exception only
	To approve	
<b>Data quality:</b>	<b>Source:</b>	
	<b>Validated by:</b>	
	<b>Date:</b>	

**Healthcare Associated Infection Service Improvement Report for IPCC – May 2015**

***Clostridium difficile* cases.**

At the time of writing this report we have had 4 apportioned CDI cases, two at WCH and two at CIC. Our trajectory is 25 for the year

### ***Clostridium difficile* outcome data**

During 2014-15 there were 120 patients in total across the Health Economy (all relapses are excluded (130 episodes in total)) of these 19 died within 30 days of diagnosis (15.83 % all-cause mortality rate) which is a lower mortality rate than reported in a recent 4 centre study (16.6%) and lower rate than 2013-14 but a greater number of cases (13 v 19) overall.

### **MRSA cases and MSSA cases**

There has been no MRSA bacteraemia cases in 2015-16.

There has been one MSSA bacteraemia case in April. The likely source of the MSSA bacteraemia was an infected peripheral venous cannula (venflon) site. Root cause analysis of the case identified issues with initial documentation (the cannula was inserted by the Ambulance Trust) and ongoing documentation on the ward.

### **Outbreaks/Incidents**

#### **Pseudomonas**

There are currently no significant *Pseudomonas aeruginosa* issues in augmented care areas, a review of the sampling locations has occurred on the CIC site and these will be discussed with relevant clinical teams once complete.

#### **Carbapenemases**

A patient at the Cumberland Infirmary site has been identified as being infected with a carbapenemase (OXA 48) strain of *Escherichia coli*, the patient is thought to have acquired this micro-organism whilst having dialysis in Egypt in December last year. An initial incident meeting has occurred to ensure that all contacts have been appropriately identified and screened, we have also made PHE aware of the unit the patient was dialysed in abroad. The incident is being investigated as a SI. At the time of writing this report no contacts of this patient have been found to be colonised or infected with CPE

#### **Influenza**

We continue to see a small number of cases of community-acquired influenza infection.

### **Service Improvement Plan**

The IPCC work plan is attached as appendix A.

**29/05/2015 – post IPCC meeting update. TDA and CCG have worked with IP Matron to improve some of the objective and action descriptions specifically in relation to Infection prevention Team working and visibility.**