Board of Directors' Meeting: 16 January 2025

Agenda item		017/25		
Report Title		Infection Prevention and Control Report Q2 2024/25		
Executive Lead		Paula Gardner, Interim Chief Nursing Officer		
Report Author		Jeanette Prichard Lead Nurse IPC		
CQC Domain:		**Link to Strategic Goal:**		**Link to BAF / risk:**
Safe	√	Our patients and community		
Effective	√	Our people		
Caring	√	Our service delivery	√	**Trust Risk Register id:**
Responsive	√	Our governance	√	1040, 1070, 443, 923,444, 772,1018,855, 814
Well Led	√	Our partners		
Consultation Communication		NA		
Executive summary:		1. This report provides the Board of Directors with information and assurance on the position in relation to the performance of the Infection, Prevention and Control (IPC) programme for Quarter 2 (July – September 2024). 2. The Board's attention is drawn to E. coli and MSSA bacteraemia rates highlighted concerns, with higher than average figures, prompting focused reviews on hospital versus community-acquired cases and device-related sources. 3. The Trust reported zero MRSA bacteraemia cases in Q2 2024/25. Since late 2022, CDI cases have risen across most English Trusts, likely due to increased clinical activity post-COVID-19 and a backlog in chronic cases. SATH remains below the national average, despite a recent spike in cases. Improvement areas identified by the IPC team are being addressed through targeted C. diff workstreams.		
Recommendations for the Board:		The Board is asked to: **Note** the issues highlighted, particularly with regard to the increasing rate of C. diff/MSSA Bacteraemia/EColi Bacteraemia.		
Appendices (in Supplementary Information Pack):		Appendix 1 HCAI targets 2024/25 Appendix 2 HCAI graphs Appendix 3 – Health and Social Care Act 2008 self-assessment tool Appendix 4 Ecoli Bacteraemia Deep Dive		

1.0 INTRODUCTION

This paper provides a report for Infection Prevention and Control for Quarter 2 (July – September 2024) against the 2024/25 objectives for Infection Prevention and Control. An update on hospital acquired infections: - Methicillin Resistant *Staphylococcus aureus* (MRSA), Clostridioides Difficile (CDI), Methicillin-Sensitive Staphylococcus (MSSA), Escherichia Coli (E. Coli), Klebsiella and Pseudomonas Aeruginosa bacteraemia for July – September 2024 is provided. An update in relation to Covid-19 is also provided. The report also outlines any recent IPC initiatives and relevant infection prevention incidents. The updated IPC BAF is also included.

2.0 KEY QUALITY MEASURES PERFORMANCE

The HCAI targets (See Appendix 1)

2.1 MRSA Bacteraemia

The target for MRSA bacteraemia remains at zero cases for 2024/25. In Quarter 2, there were 0 MRSA bacteraemia cases.

2.2 Clostridioides Difficile

The IPC Doctor has reviewed CDI Trends & has reported that general trends for reported cases of CDI have risen steadily since the end of 2022 across most trusts within England. Our position relative to other trusts is generally favourable with the exception of a spike in cases in quarter 3/ 2024-24. SATH is positioned mid-table (ranking of England trusts /100,000 bed days), and currently below the national average rate. See UKHSA quarterly data enclosed (Appendix 5). The reasons behind the steady increase are probably to do with the ramping up of clinical activity post Covid restrictions. There is also a possibility that the resulting backlog in chronic conditions has impacted on community related CDI. Nevertheless, we in The IPC team (from RCA investigations and the 'Next Steps' conference) have identified numerous areas of practice and infrastructure that can and should be improved. These are now being implemented through the C diff workstreams. These are monitored is via IPCOG monthly, where the overarching action plan will be presented as well, any escalations will be made to IPCAC.

The Trust trajectory for C diff cases in 2024/25 is no more than 98 cases. There was a total of 28 cases of C diff for Quarter 2 2024/25, table 2 appendix 2. 21 of these cases occurred greater than 48 hours after admission (post 48) and the remaining 7 cases had recent contact in the Trust in the 28 days prior to the positive sample (recent contact). The Trust are unable to provide national submission data therefore we are unable to get 100.000 bed data so cannot compare to Q1.

2.3 E. coli Bacteraemia

The target for 2024/25 is no more than 146 cases. In Quarter 2 there were 36 cases attributed to the Trust, table 3, appendix 2. 12 of these cases were post 48 hours of admission, and the remaining 24 cases had recent contact with the Trust in 28 days prior to the infection. 3 cases in Quarter 2 were considered to be device or intervention related with the source in both being unknown. A review of these cases has been undertaken by the IPC Doctor (See Appendix 4), to review the breakdown between community sources and hospital sources.

- The community acquired E.coli bacteraemia's account for over half (55-70%) of the totals in each quarter.
- Numbers of bacteraemia's are related to the number of beds in the acute trust, but larger trusts also have greater numbers of community related infections.
- SATH appears to have consistently higher numbers of bacteraemia's than some other comparable trusts in terms of bed numbers and patient mix.

2.4 MSSA Bacteraemia

There is no nationally set target for MSSA, however, the Trust's MSSA bacteraemia rate is notably higher than that of other comparable acute trusts in the region (see Table 4, Appendix 2). The reasons for this discrepancy are currently unclear, but evidence suggests that a portion of these

cases originate in patients from the community before they are admitted to the hospital. The IPC doctor is currently conducting a review to analyse the distribution between community and hospital sources, as well as potential underlying factors contributing to the increase.

13 cases identified that were attributed to the Trust in Quarter 2. 6 of these cases were post 48 hours, and the remaining 7 cases had been in hospital in the 28 days prior to the positive sample. All post 48 cases deemed to be device or intervention related have an RCA completed. In Quarter 2 of 2024/25 this concerned 4 of the 6 post 48 cases. In 3 of the cases the source was unknown and 1 of the cases sources was an infected prosthetic valve.

2.5 Klebsiella Bacteraemia

The target for 2024/25 is no more than 36 cases. In Quarter 2 2024/25 there were 11 cases of Klebsiella Bacteraemia attributed to the Trust, cases are shown in appendix 2 table 5. 5 of these cases were post 48, and the remaining 6 cases had been an inpatient in the Trust within 28 days of the infection. None of the post 48 cases were considered to be a HCAI.

2.6 Pseudomonas Aeruginosa

The target for 2024/25 is no more than 19 cases. In Quarter 2 2024/25 there were 5 cases of Pseudomonas Aeruginosa attributed to the Trust, cases are shown in table 6, appendix 3, 3 of these cases were post 48, and the remaining 2 cases had been an inpatient in the Trust within 28 days of the infection. None of the post 48 cases were considered to be a HCAI.

2.7 Root Cause Analysis Infections for MSSA and E. Coli Bacteraemia

In Q2, 13 MSSA were identified, of which 3 cases required RCA and 36 E. coli bacteraemia cases, were also 3 required RCA. Key learning was identified. Improvements focused on sharing lessons in staff meetings, enhanced IPC training, and continuous education on best practices, including hand hygiene and blood culture protocols. This is monitored through divisional reports in IPCOG.

2.8 MRSA Elective and Emergency Screening

Currently we are unable to produce this report as when the new careflow system was introduced the data source was not found as it was previously semahelix. Business intelligence have rebuilt the SQL report and we are waiting for final amendments to ensure that data is accurate.

3.0 PERIODS OF INCREASED INCIDENCE/OUTBREAKS

Quarter 2 saw 7 COVID outbreaks. This was a reduction from 12 outbreaks reported in Q1 of 24/25. The most common issues identified during the outbreak management are patients who are asymptomatic, intentionally unscreened patients creating contacts, who then tested positive and delayed isolation, due to the lack of side room availability.

There were 3 confirmed outbreaks of C. diff on wards 37 and 24 at RSH and ward 17 at PRH. Learning identified included lack of hand hygiene for patients, contaminated sanitary equipment and overuse of gloves. This was supported by focused education on the ward to staff from the IPC nurses.

4.0 INCIDENTS RELATED TO INFECTION PREVENTION & CONTROL

There were 0 MRSA bacteraemia's in Quarter 1 (see section 2.1).

There was a case of Crusted Scabies identified in a patient at PRH, this led to a significant contact tracing exercise for staff to ensure that everyone exposed had the correct prophylaxis. 7 RIDDOR reports of occupational disease were made in relation to this case. Lessons from this case include need for prompt identification and diagnosis which enables timely isolation and appropriate PPE minimising risk of exposure of staff and other patients. Identification and management of staff contacts proved a challenge due to limitations in the current Occupational team's contract which will be addressed when the contract is renewed.

5.0 IPC INITIATIVES

Quality Ward Walks (QWWs): In Q2, Matrons conducted 38 IPC Quality Ward Walks (QWWs), including seven peer reviews. Common issues included insufficient hand gel, incomplete cleaning checklists, and cleanliness concerns with equipment and sanitary facilities. The IPC team conducted additional QWWs due to COVID, CDI outbreaks, and other incidents, identifying issues such as incomplete ventilation and cleaning records, open side room doors without risk assessments, missed hand hygiene, and improper PPE use. These were followed up at the time and actions monitored via IPCOG.

After Action Review (AAR) Form for Clostridium difficile Infection (CDI): The AAR form was introduced to address recurring findings in CDI investigations. However, feedback indicates that this form does not involve medical teams to the same extent as the previous RCA process and meetings. A review is underway to consider an alternative approach, which is expected to be finalized in Q3.

Link nurse meetings: The Link nurse meetings have returned to Face-to-Face meetings with a focus for each meeting and learning activities for staff. The focus for the last meetings was admission screening to complement the roadshow.

Roadshow : An IPC roadshow was conducted around the topic of admission screening

Emergency Department daily in-reach visits
Following the dispatches TV programme daily supportive and educational visits carried by IPC team to ED's on each site. Also, weekly QWWs completed by IPC team on Emergency departments on each site with facilities, estates and ED matron or senior nurse.

6.0 RISKS AND ACTIONS

The IPC Risk Register, overseen by the Director of Nursing, lists 9 active risks: 3 rated "Extreme" (decontamination assurance, isolation facilities, and a deep clean program absence) and 4 rated "High" (increased HCAIs, lack of negative pressure isolation, measles risk, and low IPC staffing). 1 additional risk, "No staff trained in HCID PPE," is pending divisional action, with efforts underway to secure training.

7.0 IPC BOARD ASSURANCE FRAMEWORK

The Infection Prevention and Control Board Assurance Framework had an update published at the end of October 2024. The 10 domains remain, with a total of 54 lines of enquiry. This is reviewed and reported to the Trust Infection Prevention and Control Operational Group and Assurance Committee on a quarterly basis. The BAF has a total of 54 Key Lines of Enquiry. 41 of which are rated as Green, 13 are rated as Amber, and 0 rated as Red.

8.0 HEALTH AND SOCIAL CARE ACT COMPLIANCE UPDATE

The Health and Social Care Act (previously known as Hygiene Code) is reviewed quarterly by the IPC team and presented at the IPC Operational Group. Following the full review, the Trust is currently 97% compliant, being RAG rated 'Green' for 248 elements and 'Amber' for 19 elements.

The Trust self-assessment compliance against each of the 10 domains and the current gaps are shown the self-assessment Tool (see appendix 3).

9.0 CONCLUSION

This IPC report has provided a summary of the performance in relation to the key performance indicators for IPC in Quarter 2 of 2024/25.