

Item: 17

REPORT CLASSIFICATION	✓	CATEGORY OF PAPER	✓
Official	✓	Proposes specific action	
Official: Sensitive Commercial		Provides assurance	
Official: Sensitive Personal		For information only	✓

BOARD	
26 NOVEMBER 2024	
<b>Report Title:</b>	<b>Healthcare Associated Infections (infection control update)</b>
<b>Purpose of report</b>	
<p>This report will update the Integrated Care Board of the current infection control status of our Foundation Trusts with a comparison of performance against agreed trajectories 1<sup>st</sup> Sept 2023 and 31st August 2024. The paper also highlights performance in respect of community acquired infections for the same period.</p>	
<b>Key points</b>	
<ul style="list-style-type: none"> <li>• The Trusts in the NENC ICB footprint have varying degrees of achievement against the NHSE HCAI trajectories these are shown section 2 of the attached report.</li> <li>• Trusts are challenged by the low number of isolation facilities and often struggle to meet the demand.</li> <li>• Despite being state of the art when commissioned some of the estate is now not compliant with current building guidance.</li> <li>• There is feedback from the CPE Quality Summit held on 15<sup>th</sup> October with County Durham and Darlington NHSFT.</li> <li>• NHSE National and Regional teams are aware of the CPE position within CDDFT and have been appraised of the up to date improving position.</li> </ul>	
<b>Risks and issues</b>	
<ul style="list-style-type: none"> <li>• 1 Trust is experiencing specific issues in respect of CPE. A quality summit was held in October and the outcome will be share when available.</li> <li>• Variable IPC support is available to some community facilities such as Care homes and Primary Care.</li> </ul>	
<b>Assurances and supporting documentation</b>	
<ul style="list-style-type: none"> <li>• There is monthly scrutiny in place with the 11 NHSFT's across the NENC.</li> <li>• There are Plans on a page developed and agreed with ICB and the 11 NHSFT's (These are included as appendices)</li> </ul>	
<b>Recommendation/action required</b>	
<p>The Board is asked to;</p> <ul style="list-style-type: none"> <li>• receive this report,</li> <li>• note the assurance where progress is being made and the plans in place to address identified gaps in assurance,</li> <li>• note a future single item IPC scrutiny session is being planned at the Quality and Safety Committee.</li> </ul>	
<b>Acronyms and abbreviations explained</b>	

IPC - Infection Prevention and Control AMR – Antimicrobial Resistance MRSA – Methicillin Resistant Staph Aureus CPE - Carbapenemase Producing Enterobacteriaceae HCAI – Healthcare Associate Infections						
<b>Board Approval</b>	N/A					
<b>Sponsor/approving executive director</b>	Ann Fox, Interim Executive Chief Nurse					
<b>Date approved by executive director</b>	14.11.2024					
<b>Report author</b>	Chris Piercy, Director of Nursing – South SRO AMR/IPC					
<b>Link to ICP strategy priorities (please tick all that apply)</b>						
Longer and Healthier Lives						✓
Fairer Outcomes for All						✓
Better Health and Care Services						✓
Giving Children and Young People the Best Start in Life						
<b>Relevant legal/statutory issues</b>						
Note any relevant Acts, regulations, national guidelines etc						
<b>Any potential/actual conflicts of interest associated with the paper? (please tick)</b>	<b>Yes</b>		<b>No</b>	✓	<b>N/A</b>	
N/A						
<b>Equality analysis completed (please tick)</b>	<b>Yes</b>		<b>No</b>		<b>N/A</b>	✓
<b>If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken? (please tick)</b>	<b>Yes</b>		<b>No</b>		<b>N/A</b>	✓
<b>Key considerations</b>						
<b>Financial implications and considerations</b>	None					
<b>Digital implications</b>	None					
<b>Clinical involvement</b>	Author – Chris Piercy Director of Nursing NENC ICB - South					
<b>Health inequalities</b>	None					
<b>Patient and public involvement</b>	None					
<b>Partner and/or other stakeholder engagement</b>	None					
<b>Other resources</b>	None					

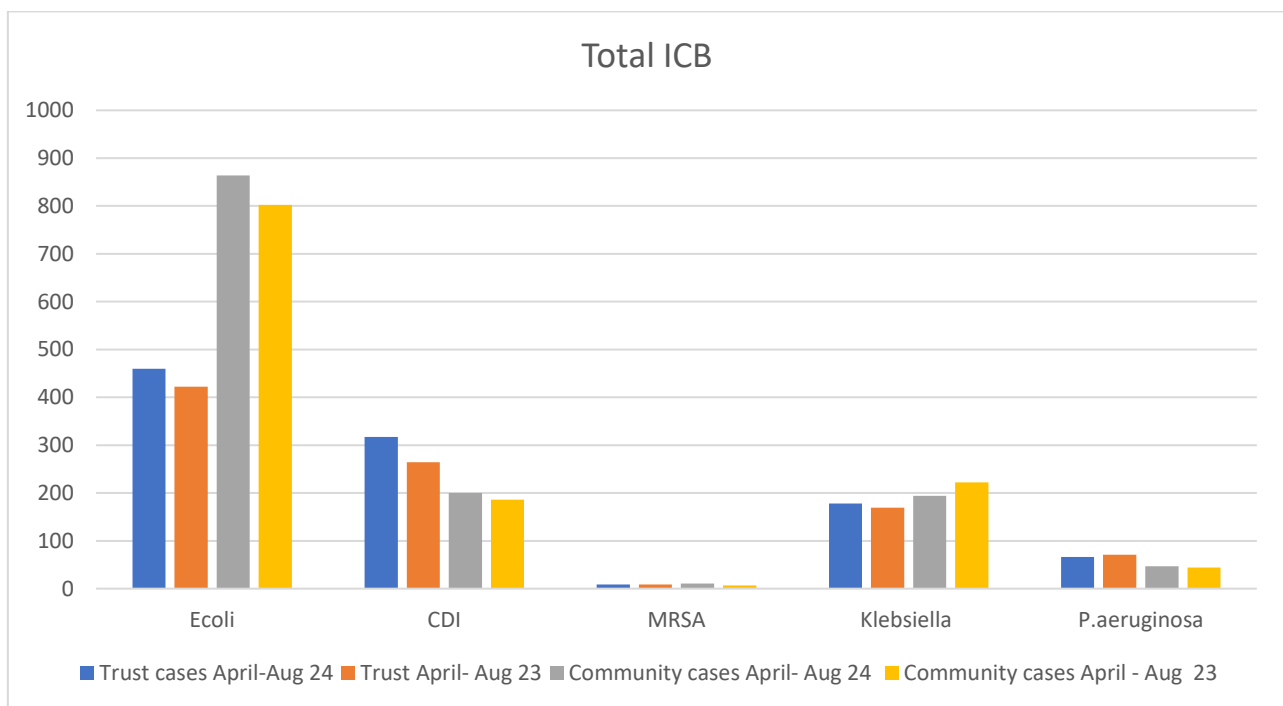
## Infection Control Update

### 1. Introduction

As has been the case in previous years, the NHS Standard Contract 2024/25 includes quality requirements for NHS trusts and NHS foundation trusts to minimise *Clostridioides difficile* (*C. difficile*) and Gram-negative Bloodstream Infections (GNBSIs) rates to threshold levels set by NHS England. Alongside these threshold levels NHR published the revised National Action Plan (NAP) for Antimicrobial Resistance (AMR). As An ICB there a replans on a page developed and agreed with the provider Trusts. (These can be seen at the appendix to this report)

### 2. Background

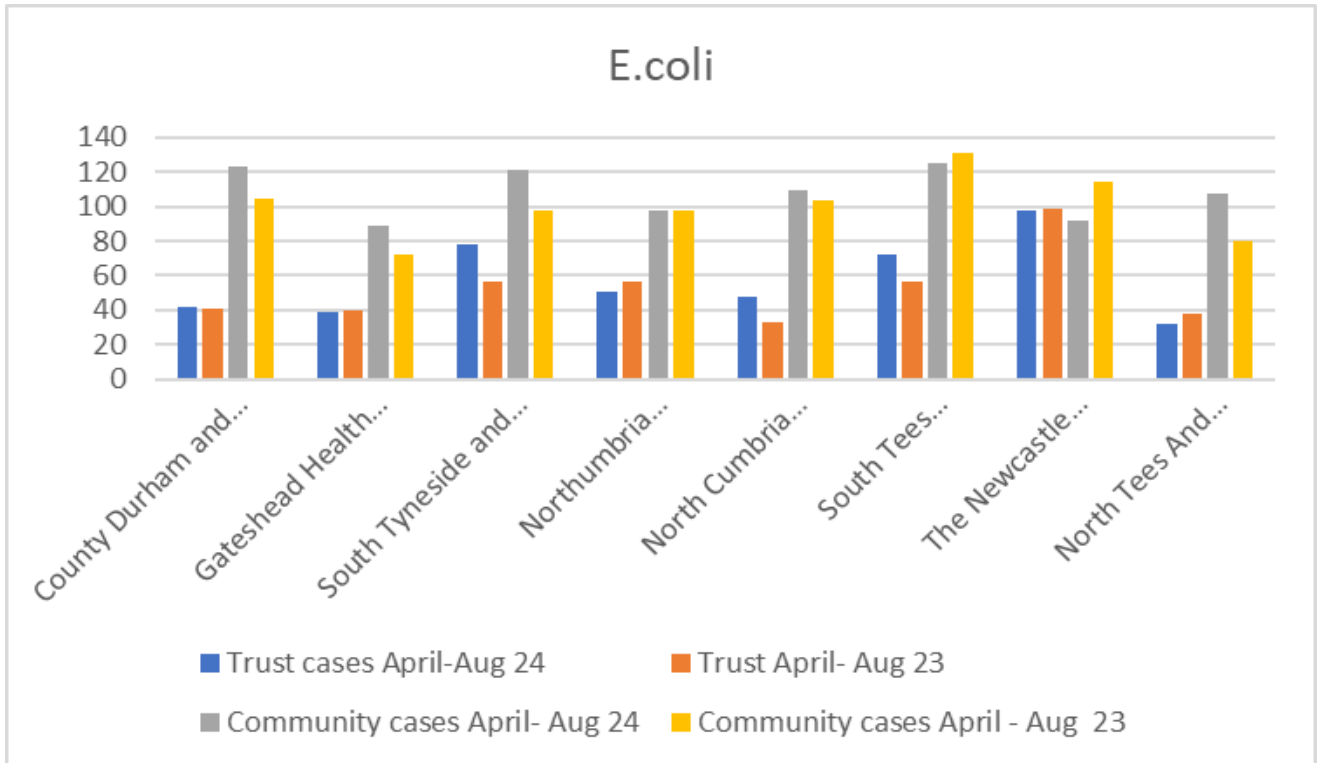
Table below demonstrates performance against set trajectories with comparison between 2023 and 2024.



Please note that MRSA is zero tolerance and there have been 11 cases (April-August 24) compared with 7 in the same period 23. These have included 3 cases of Intravenous Drug Users.

## E-Coli

Table to demonstrate performance split by hospital and community acquired.



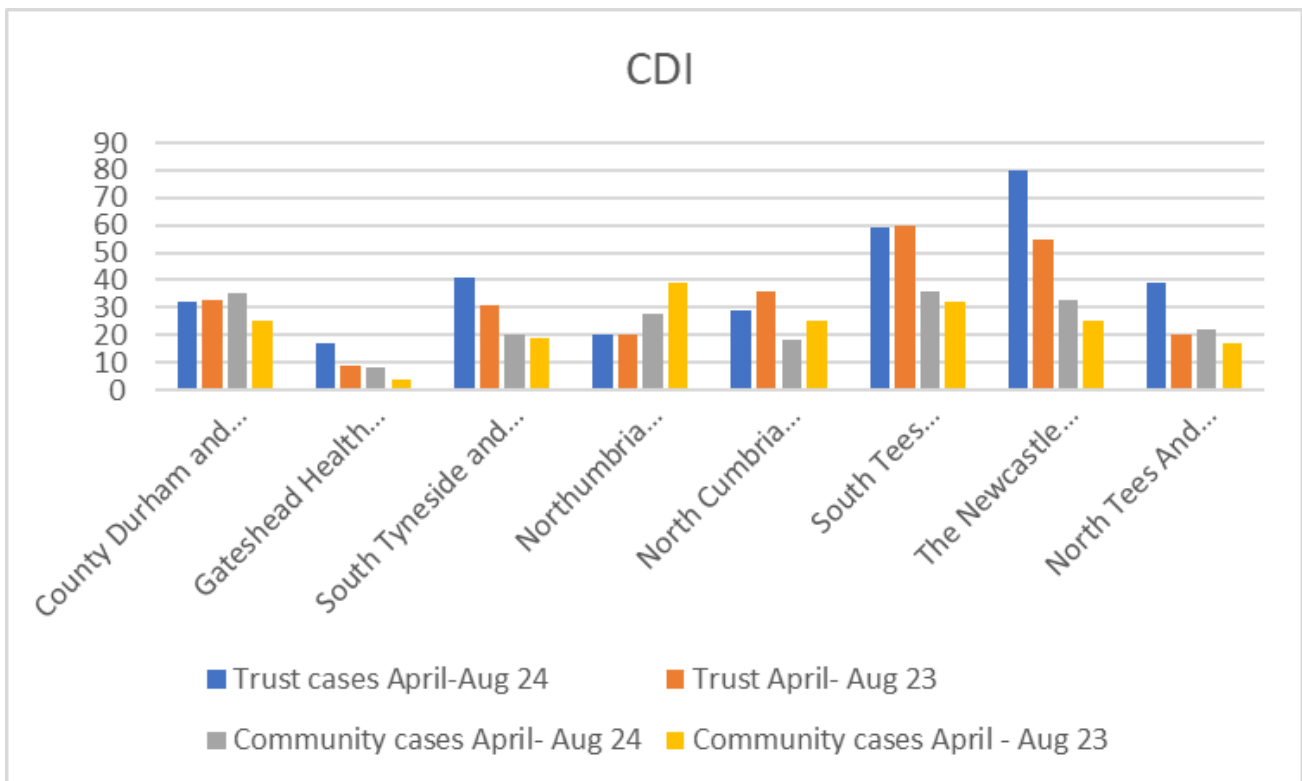
- Total Trust and community cases of E.coli have increased this year from the same period in 2023.
- South Tees NHSFT and South Tyneside Sunderland NHSFT have an increase of hospital E-Coli
- There has been an increase of community cases.in 5 of the 8 areas. 2 Trust area showing a decrease.

## MRSA

There has been an increase in community MRSA cases. There is a zero tolerance for MRSA cases and the ICB has had 11 community cases and 9 acute cases. Learning from MRSA infections was previously undertaken by Post Infection Review (PIR) this is now being undertaken using Patient safety incident response framework (PSIRF)

## Clostridium Difficile

Table to demonstrate performance split by Hospital and community acquired.



- 3 Trusts have seen an increased incidence during the period being considered.
- There has also been an increase in community cases.

### **Carbapenemase Producing Enterobacteriaceae (CPE)**

There are no thresholds for CPE set by NHSE. In the NENC there is a challenging situation in County Durham and Darlington NHSFT in respect of CPE with 7 wards having had hospital acquired outbreaks. Led by the Trust IPC team the Trust have a detailed action plan to manage these outbreaks. To date there remains a challenge to the Trust who have had external review and single item CPE Quality Summit led by the NENC ICB held on 15<sup>th</sup> October the outputs and agreed actions are being finalised and will be shared.

Early messages indicate the need to

- expand the current IPC service from 5 days to 7 days per week
- Improve IPC leadership from Ward to Board with more robust roles for Ward managers and Matrons to ensure compliance with IPC standards and maintenance of the estate through quality review visits to clinical areas.
- An immediate high profile internal campaign aimed at all staff, patients and visitors to improve IPC compliance especially hand hygiene,
- Upgrade 7 identified wards to the same standard as ward 52 DMH which has recently been upgraded.

### **3. Main Issues**

Despite the hard work of the Trust IPC teams who work closely with clinical staff across organisations providing advice, guidance, education and audit there are many challenges facing them.

Trusts struggle to achieve the HCAI trajectories as set out by NHSE. The reasons for this are multifaceted. Visits to most of our Trusts have shown Estate that is now non-compliant with current hospital building regulations, Insufficient isolation facilities too many beds in each bay resulting in insufficient gap between bed spaces, hand wash basins too close to patient beds resulting in splashes and dispersal of hand washing water into the air near to patients.

Trusts are also seeing more complex co-morbidities in patients with higher acuities requiring isolation resulting in patients being move between wards more than once.

During hospital visits it has been noticed staff are not being compliant with hand hygiene practices with few washing their hands for the required 20 seconds in soap and water. Many hand wash only basins in the clinical areas are used for other activities for example staff have been observed dis-guarding other fluids into the hand wash only basins.

Insufficient attention from an IPC perspective for care homes and GP practices.

The ICB does not have a dedicated IPC team the responsibility is incorporated into an Area Director of Nursing role.

#### **4. Recommendations**

The Board is asked to receive this report, note the assurance where progress is being made and the plans in place to address identified gaps in assurance. In addition, a future single item IPC scrutiny session is being planned at the Quality and Safety Committee.

**Name of Author: Chris Piercy, Director of Nursing**

**Date: 14.11.2024**