

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**  
**BOARD OF DIRECTORS**  
**THURSDAY 27 JULY 2017**

<b>Title:</b>	<b>INFECTION PREVENTION AND CONTROL ANNUAL REPORT: APRIL 2016 – MARCH 2017</b>	
<b>Responsible Director:</b>	Philip Norman, Executive Chief Nurse and Executive Director for Infection Prevention and Control	
<b>Contact:</b>	Dr Mark Garvey, Infection Control Clinical Scientist Craig Bradley, Lead Nurse Infection Prevention and Control Dr Elisabeth Holden, Lead Infection Control Doctor	
<b>Purpose:</b>	To provide the Board of Directors with an Annual Report which summarises the Infection Prevention and Control activity from April 2016 – March 2017	
<b>Confidentiality Level &amp; Reason:</b>	None	
<b>Annual Plan Ref:</b>	Strategic Aim 4 : Quality of Services	
<b>Key Issues Summary:</b>	The annual report provides a summary of the Infection Prevention and Control activity from April 2016 – March 2017	
<b>Recommendations:</b>	The Board of Directors is asked to accept the Annual Report on Infection Prevention and Control	
<b>Approved by:</b>	Philip Norman	Date: 17 July 2017

# **UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**

**BOARD OF DIRECTORS  
THURSDAY 27 JULY 2017**

## **INFECTION PREVENTION AND CONTROL ANNUAL REPORT APRIL 2016 – MARCH 2017**

**PRESENTED BY THE EXECUTIVE CHIEF NURSE**

### **1. Introduction and Executive Summary**

The attached report (Appendix 1) provides a detailed overview of the progress made around Infection Prevention and Control (IPC) from April 2016 to March 2017.

Overall 2016/17 was a good year for infection prevention when compared to recent years, primarily due to the decrease in Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemias and other alert organisms seen within the Trust. This can be attributed to the whole organisation, ensuring infection prevention and control practices are maintained at the highest standards to ensure patient safety from healthcare associated infections.

During 2016/17, four Trust apportioned MRSA bacteraemias were reported. Investigations into these cases showed there were some areas where care could have been improved and these lessons have been incorporated into guidance and practice where appropriate, namely around antimicrobial prescribing and sepsis management of patients.

The Trust ended the year with 92 Clostridium Difficile Infection (CDI) cases, giving an overall rate of 22.7 cases per 100,000 bed days against a target of 17.3 cases. This was above our target. Analysis of all the cases and testing algorithm revealed why the rate was higher this year compared to previous years. The increase can, in part, be explained due to a norovirus outbreak at the beginning of the year which identified more clostridium difficile cases as a result of extra testing, retesting of cases within 28 days of admission where an individual patient had recurrent disease, testing cases as part of the faecal microbiota transplant service and finally a testing anomaly where the test used to identify toxigenic producing strains of clostridium difficile had a higher positivity rate compared to previous years increasing from 45% to 57% in 2016/17. All patients with CDI are closely reviewed by the Infection Prevention and Control Team while in hospital with all hospital acquired cases having a Post Infection Review in line with the national guidance to identify whether there were any potential lapses in care. Investigations into these cases showed there were some areas where care could have been improved and these lessons have been incorporated into practice where appropriate, namely around timely specimen collection of patient samples for clostridium difficile testing, timely isolation of patients with diarrhoea and appropriate antimicrobial prescribing.

In relation to other infections, as outlined in the annual report ongoing progress is being made in all aspects of infection prevention and control performance. The Infection prevention and control team works closely with Divisional teams to drive this agenda forward and as outlined in the report a number of positive steps have been made. Audit, teaching and education and writing for publication have also been a strong focus over the last year and this will continue. The Trust has also continued to work in partnership with the local Clinical Commissioning Group and with Public Health England around the infection prevention and control agenda. The infection prevention and control are also working with the Heart of England NHS Foundation Trust to share examples of best practice and share learning etc.

## 2. **Key priorities for 2017/18:**

To deliver the priorities and plans for 2017/18 the key actions will be:

- Hand hygiene programme to reinvigorate compliance across the Trust, reducing the transmission of nosocomial pathogens amongst our patients.
- Healthcare associated infection reduction plan focusing on the following pathogens:
  - To implement an MRSA reduction plan and audit compliance on this.
  - Implement a clostridium difficile action plan to further reduce the rates of clostridium difficile infection and audit compliance on this.
  - Implement a Gram negative bacteraemia reduction plan specifically focused on Escherichia coli (E. coli) related to the quality premium guidance to reduce Gram negative bacteraemias across the whole health economy.
  - Antibiotic stewardship to be further improved through the national Commissioning for Quality and Innovation (CQUIN) on reducing the impact of serious infections ensuring timely review of antimicrobial treatment through 'start smart' then 'focus'.
  - To establish an electronic monitoring system for surgical site infections and undertake snapshots audits on specialities of concern.
- Key to all these strategic aims is engagement with staff, patients and visitors within the Trust. We aim to improve engagement via:
  - An infection prevention educational programme tailored to the needs of the service.
  - Establish an effective Link Nurse Programme.
  - Engage the junior doctor workforce in the infection prevention and control agenda.
- In addition to the key strategic aims we will aim:
  - To implement the revised national Saving Lives tools with a view to reinforce agreed practice and reduce infection.

- Continue to fully participate within the Trust's Infection Prevention and Control Group.
- Strive for the best in patient care and innovation in infection prevention and control practice.

### **3. Recommendation**

The Board of Directors is asked to accept the 2016/17 Annual Report on Infection Prevention and Control.

**Philip Norman**  
**Executive Chief Nurse**  
**July 2017**