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| Report to: | Board of Directors | Agenda item: | 13.0 |
| Date of Meeting: | 2 November 2022 | | |

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| Title of Report: | Infection Prevention and Control Annual Report |
| Status: | For Information |
| Board Sponsor: | Antonia Lynch, Chief Nurse |
| Author: | Lisa Hocking, Deputy Director of Infection, Prevention and Control |
| Appendices | |

1. Executive Summary of the Report

The COVID-19 pandemic remained a key challenge for the Trust. National guidance has informed the Trust's local policies and protocols to support safe working and patient flow. Nosocomial transmission of COVID-19 has increased in correlation with an increase in community rates. It is worth noting that there has been a reduced prevalence of norovirus and influenza outbreaks compared to previous years.

The Infection, Prevention and Control (IPC) Board Assurance Framework was completed and presented to the Board of Directors in January 2021 and May 2022.

Reported infections

There were 55 cases of Trust apportioned *Clostridioides difficile* infections, against a threshold of 43 cases, 3 more than the previous year. This remains a risk to the Trust as numbers continue to steadily increase rather than decline, in the Trust and in other parts of the South West. This is being addressed via a Regional Collaborative. The Trust is benchmarking favourably with antibiotic prescribing and broad spectrum antibiotic use which is improving each quarter, therefore at this time, antibiotic prescribing outside of guidance is not a key contributor to the increase in rates.

There were no Trust apportioned MRSA bloodstream infections reported during 2021/22, this has been a year on year achievement for the organisation.

There were 23 hospital onset cases MSSA bloodstream infections; 7 cases less than reported last year. There is no expected trajectory for these infections. Best practice for cannulation and venepuncture is being championed to improve patient outcomes where infections could be preventable.

Gram negative bloodstream infections

The Trust reported 86 healthcare associated cases of *E coli* bloodstream infections against the threshold of 114 in 2021/22. This was an increase of one case compared to last year.

There were 16 hospital onset cases *Klebsiella spp.* bloodstream infections reported in 2021/22 against a threshold of 46, this was a decrease in 6 cases compared with last year's performance.

There were 19 cases of Pseudomonas aeruginosa bloodstream infections the threshold of 19 cases; 10 cases more than the previous year.

The largest contributor of these infections are associated to Hepatobiliary infection (which is generally unavoidable) and the next largest contributor is urinary tract infections which can be positively influenced by hydration levels. Actions are being taken to enhance patient hydration which requires focus for people in hospital and in the community.

This report provides data from April 2021 to April 2022. In the months following this there has been a deterioration in cleaning standards across the Trust. The Trust has financially invested in cleaning to meet the National Standards for Healthcare Cleanliness (2021), however there is a lag in the recruitment of staff. An accelerated recruitment plan is being implemented and the standards of cleaning are being monitored by the newly formed Cleaning Standards Group chaired by the Deputy Director of Estates and Facilities and the Deputy Director of Infection, Prevention and Control.

2. Recommendations (Note, Approve, Discuss)

The IPC annual report is a mandatory requirement for publication. This report is for approval and onward presentation to Board of Directors.

3. Legal / Regulatory Implications

This report has a regulatory requirement to be written and published in the public domain

4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)

There are no the risks arising or identified in the report

5. Resources Implications (Financial / staffing)

Nil

6. Equality and Diversity

The impact that the issues raised in the report could have on staff, patients and/or other members of the community from an equality, diversity and inclusion perspective should be reflected. Where the report relates to policy, strategy, procedure, function or service delivery/development, an equality analysis needs to be undertaken and included as an appendix to the report.

7. References to previous reports/Next steps

Has this report has been shared and discussed at the September 2022 Infection Prevention and Control Committee.

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| 8. | Freedom of Information |
| The Annual report is a Public report | |

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| 9. | Sustainability |
| This report has no impact on the Trust's approach to environmental sustainability, including its commitment to achieve net zero carbon status by 2030. | |

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| 10. | Digital |
| This report does not contribute to the Trust's Digital Strategy | |