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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



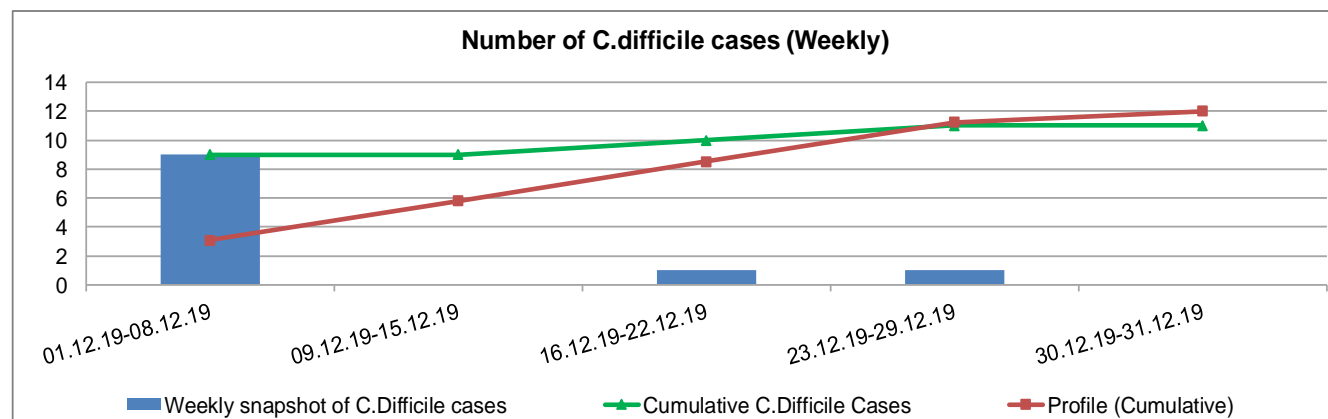
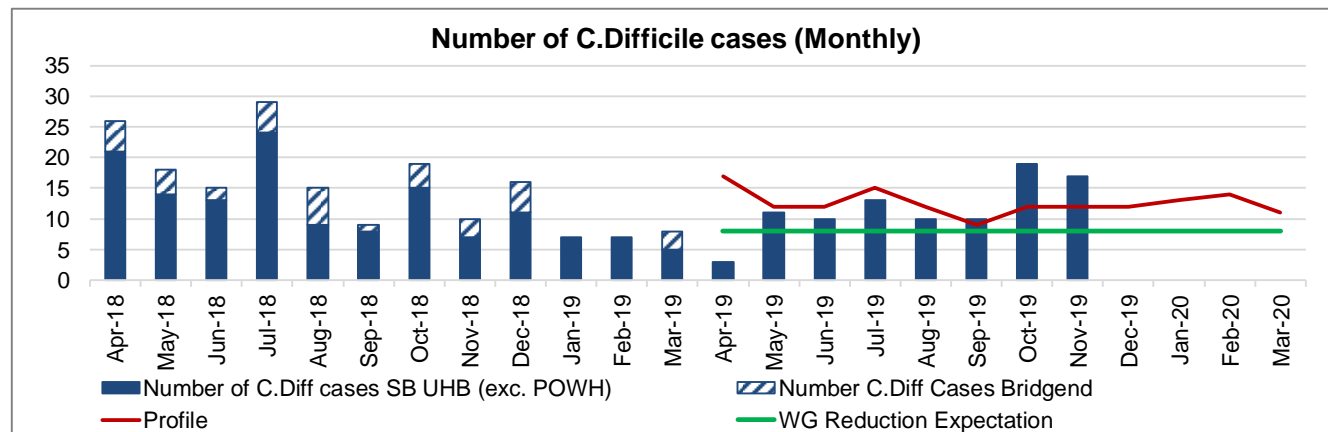
Quality and Safety Committee Performance Update

	Agenda Item	2.2
Freedom of Information Status	Open	
Performance Area	Healthcare Acquired Infections	
Author	Delyth Davies, Head of Nursing Infection Prevention & Control	
Lead Executive Director	Gareth Howells, Director of Nursing & Patient Experience	
Reporting Period	30 December 2019	

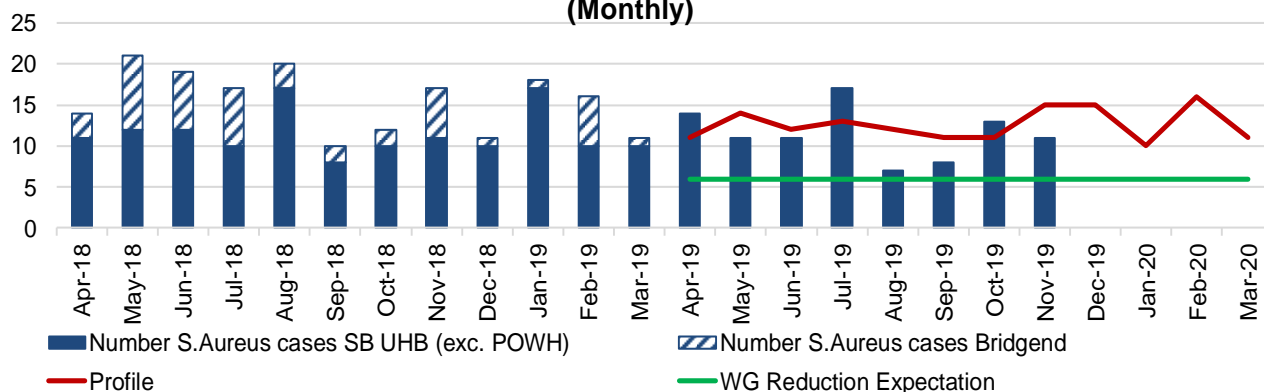
Summary of Current Position

Cumulative infection incidence, comparison with other Welsh major acute Health Boards:

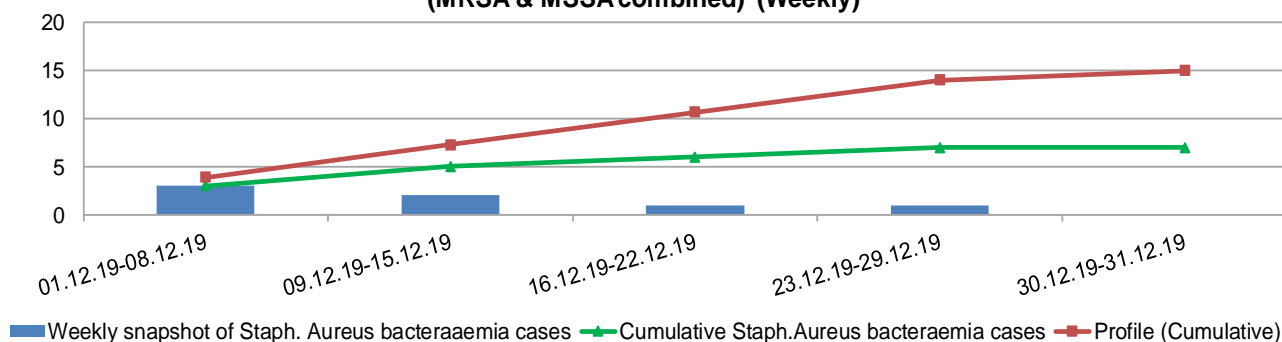
- *C. difficile* – 2nd highest incidence in Wales. Exceeded monthly IMTP profile for the last 3 consecutive months.
- *Staph. aureus* bacteraemia – highest incidence in Wales.
- *E. coli* bacteraemia – 2nd lowest incidence in Wales.
- *Klebsiella spp.* bacteraemia – 3rd highest incidence in Wales.
- *Pseudomonas aeruginosa* bacteraemia – 2nd highest incidence in Wales.



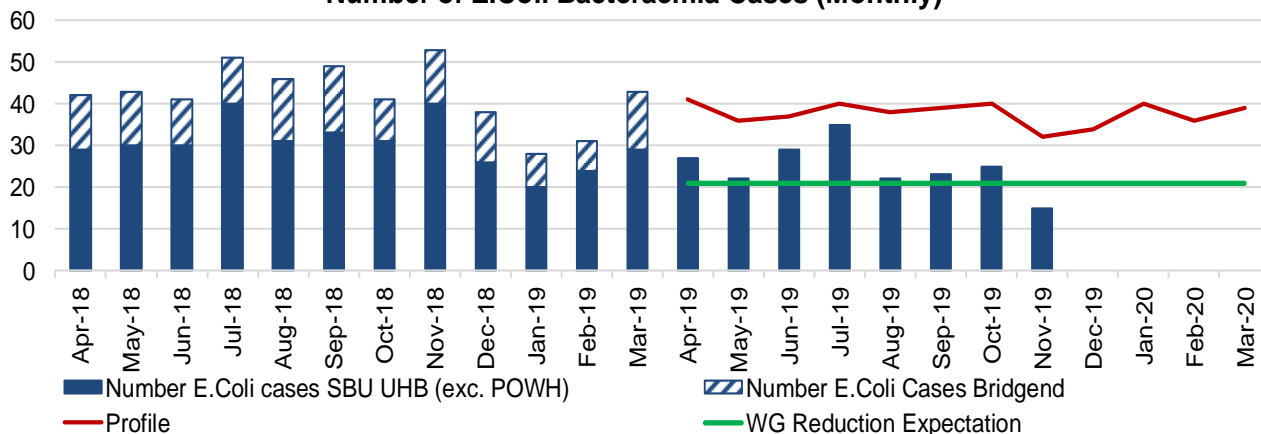
**Number of Staph.Aureus Bacteraemia Cases (MSSA & MRSA combined)
(Monthly)**



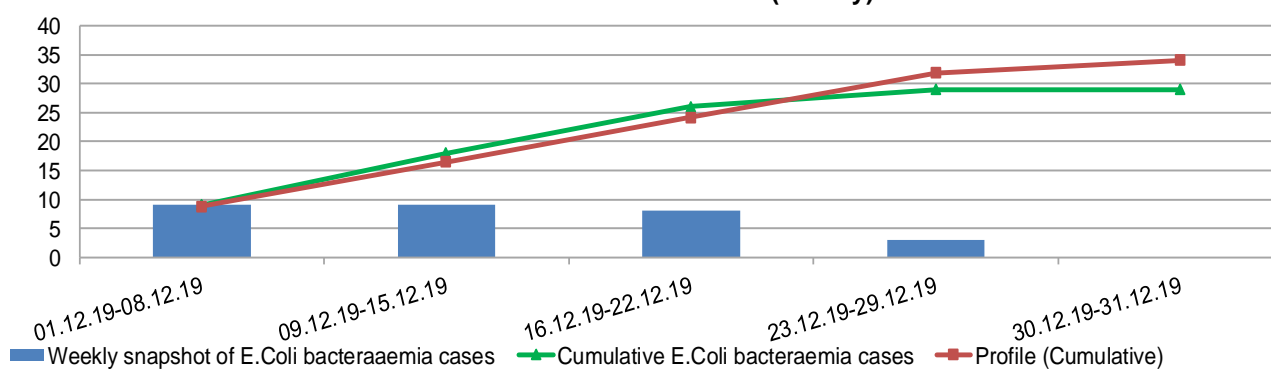
**Number of Staph. aureus bacteraemia
(MRSA & MSSA combined) (Weekly)**



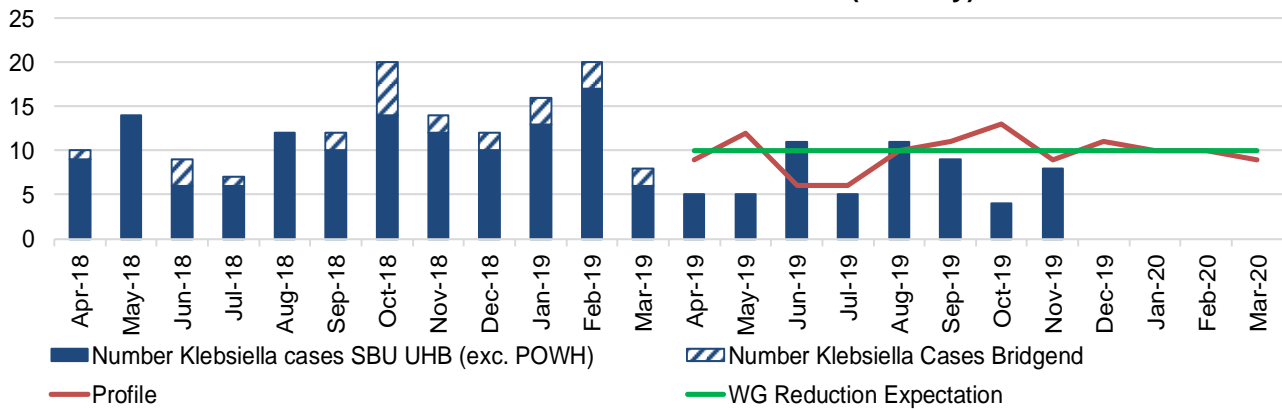
Number of E.Coli Bacteraemia Cases (Monthly)



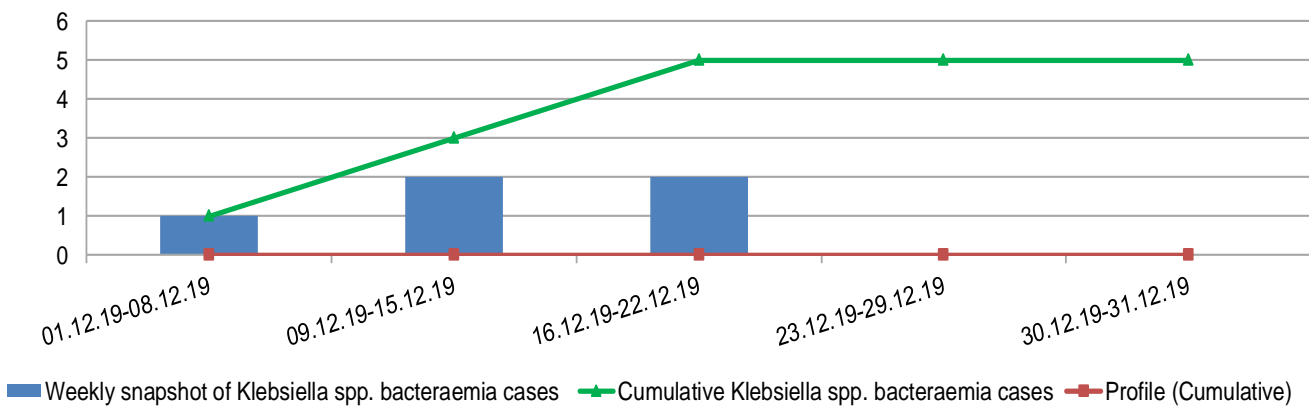
Number of E.coli bacteraemia (Weekly)



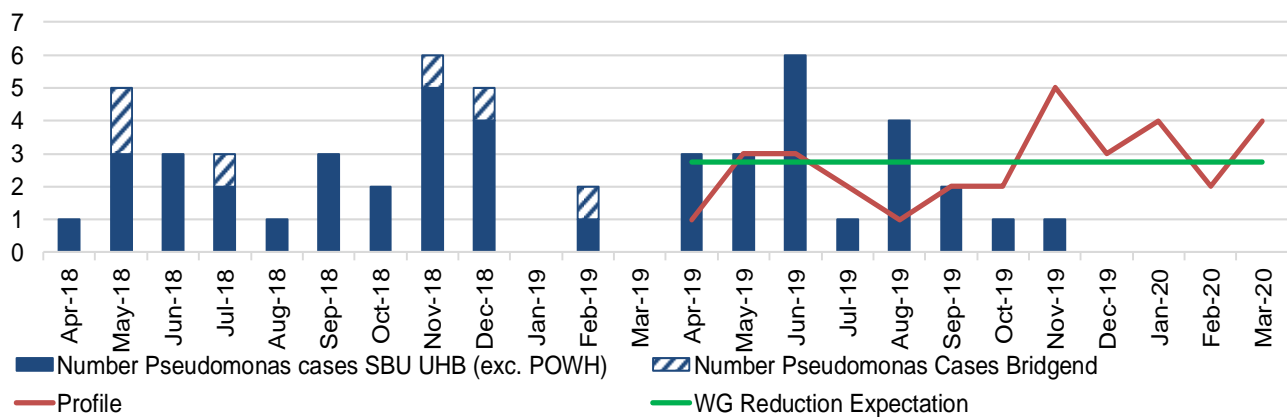
Number of Klebsiella Bacteraemia Cases (Monthly)



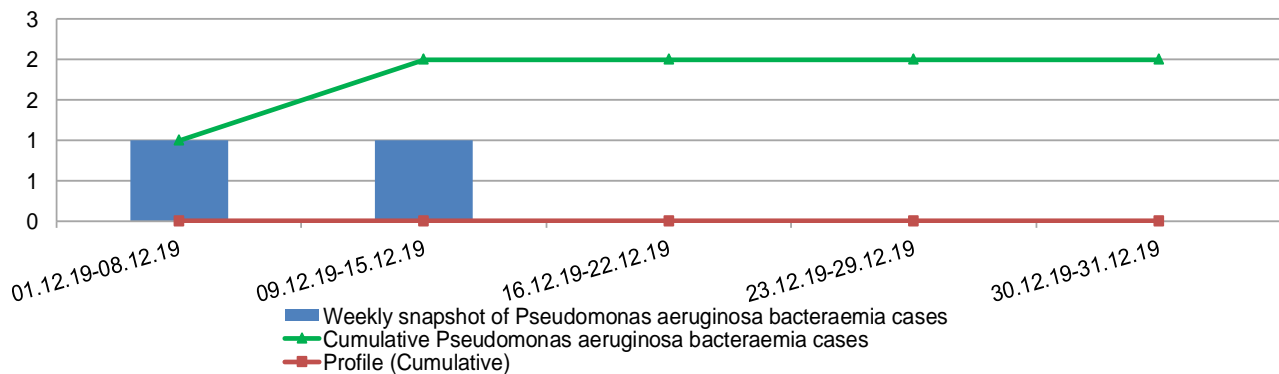
Number of Klebsiella spp. bacteraemia (Weekly)



Number of Pseudomonas Aerginosa Bacteraemia Cases (Monthly)



Number of Pseudomonas aeruginosa bacteraemia (Weekly)



Achievements
<ul style="list-style-type: none"> • To 29th December 2019, year-on-year HCAI reductions in HCAI, with the exception of <i>Staph. aureus</i> bacteraemia and <i>Pseudomonas aeruginosa</i> bacteraemia, for which the number of cases remains close to the number of cases seen in 2018. • ARK (Antibiotic Review Kit) –now being utilised on all wards in Morriston. • Improvement in performance against IMTP profiles for <i>E. coli</i> and <i>Klebsiella spp.</i> bacteraemia cases. • Training has taken place for the use of UV-C in Neath Port Talbot hospital, which will commence in January 2020.
Challenges, Risks and Mitigation
<ul style="list-style-type: none"> • There has been a change in trend in the number of cases of <i>Clostridium difficile</i> infection over the last three months. If the trend continues, the number of cases in 2019/20 may, exceed the IMTP projection. • Increasing incidence of <i>C. difficile</i> in Morriston and Singleton. Reduction initiatives that have been successful previously are compromised when there is over-crowding of wards as a result of increased activity and the use of pre-emptive beds, and where there are staffing vacancies, and reliance on temporary staff, and where activity levels are such that it is not possible to decant bays to effectively clean patient areas where there have been infections. • Lack of decant facilities, when occupancy is at acceptable levels on acute sites, compromises effectiveness of the '4D' cleaning/decontamination programme. • Shortfall in cleaning hour provision on acute sites due to vacancies, sickness. Mitigation - sharing the resource available, reducing the risk in some areas by increasing the risk in others. • Outbreak of extensively antibiotic resistant bacteria related to Ward G continues, with the last case identified on 11/12/19, following deep clean and Bioquell of ward. Ongoing transmission continues to be an issue. Other wards have since been involved with the outbreak as contacts have been readmitted to these wards. Screening of contacts continues. IPC team, Emergency Department and Ambulance Services to meet to discuss the best way to identify contacts pre-readmission.
Action Being Taken (what, by when, by who and expected impact)
<ul style="list-style-type: none"> • Recruitment process for additional cleaning staff progressing. • Support Services, Infection Prevention & Control and clinical staff commenced National Standards of Cleanliness desktop review of acute hospital sites. Second stage of establishing element cleaning frequencies was undertaken by 18/11/2019, and Head of Nursing IPC has met since with site Domestic Services Managers, who were to review the required element frequencies to estimate deficit in hours. Support Services Projects & Performance Manager is to use these calculations to estimate associated costs, which will be incorporated into the cleaning paper to be submitted by Head of Support Services in January 2020. • Board-wide C. difficile Control Group, meets bi-weekly, reviewing wards with increased incidence, undertaking scrutiny of RCA, and agreeing improvement actions, with the aim of recovering the progress that had been made. Review of reporting processes, to enable multi-disciplinary input and allow identification of common factors/themes, to be undertaken by 31.12.2019 has been delayed due to service pressures and response Influenza and Norovirus. Revised date 30.01.2020.

Financial Implications

Estimated HCAI costs: *Clostridium difficile* infection – approx. **£10,000**; MSSA/MRSA bacteraemia approx. **£7,000**; *E. coli* bacteraemia - between **£1,100** and **£1,400** (multi-resistant). Based on the cumulative cases of these HCAI (from 1 April 2019 to 18th November 2019), the estimated financial impact would be approximately **£1,996,200**.

A paper published in 2012 estimated the clinical and economic burden of *Clostridium difficile* infection, and estimated that the additional bed days per case of *C. difficile* infection was 21 days. Using this estimate, the additional bed days as a result of the cumulative cases of *C. difficile* infection that occurred in inpatients (n=79) in SBUHB hospitals is calculated as approximately **1,659 bed days** (estimated cost approx. **£685,167**, based on Welsh Government 2013 estimate of a hospital bed at £413/day).

Recommendations

Members are asked to:

- Note reported progress against healthcare associated infection reduction priorities up to 29 December 2019.