

<b>REPORT TO:</b>	<b>BOARD OF DIRECTORS</b>
<b>DATE:</b>	<b>8 DECEMBER 2017</b>
<b>SUBJECT:</b>	<b>MEDICAL DIRECTOR'S REPORT</b>
<b>BOARD SPONSOR:</b>	<b>MEDICAL DIRECTOR</b>
<b>PAPER AUTHOR:</b>	<b>MEDICAL DIRECTOR</b>
<b>PURPOSE:</b>	<b>DISCUSSION</b>
<b>APPENDICES:</b>	<b>NONE</b>

## BACKGROUND AND EXECUTIVE SUMMARY

This report encompasses the following areas:

1. Infection Prevention and Control  
Performance in terms of Clostridium difficile (C.difficile) and Methicillin-resistant Staphylococcus aureus (MRSA) is similar to that reported in the Integrated Performance Report (IPR) section of the Board. Current numbers of C.difficile are 23 against a trajectory of 31, Trust assigned MRSA bacteraemias are 4. The Legionella infection incident at the Queen Elizabeth the Queen Mother Hospital (QEQMH) site is reviewed in the report below. On a positive note the Trust has achieved its highest rate of influenza vaccination ever.
2. Kent and Medway Medical School  
A joint bid for a Kent and Medway Medical School was submitted by the University of Kent and Christchurch University at Canterbury at the end of November. The outcome of the bid is expected in March 2018.
3. Venous Thromboprophylaxis (VTE) update  
Overall Trust performance has reached the required 95% for the last 2 months. Provided this is sustained for at least 4 months the contract performance notice will be lifted.

<b>IDENTIFIED RISKS AND MANAGEMENT ACTIONS:</b>	<p><b>Risks:</b> Risks to patient safety from poor safety culture evidenced by sub-standard post-operative care, omission of medicines, never events and sub-standard compliance with VTE assessment recording.</p> <p><b>Actions:</b> Recommended actions resulting from the hip fracture mortality review are awaited; actions to address medicines omissions are underway; specific human factors training has been identified to address required actions from root cause analysis of never events; and action to improve VTE assessment recording compliance continue.</p>
<b>LINKS TO STRATEGIC OBJECTIVES:</b>	<p><b>Patients:</b> Help all patients take control of their own health.</p> <p><b>People:</b> Identify, recruit, educate and develop talented staff.</p> <p><b>Provision:</b> Provide the services people need and do it</p>

	well. <b>Partnership:</b> Work with other people and other organisations to give patients the best care.
<b>LINKS TO STRATEGIC OR CORPORATE RISK REGISTER</b>	SRR 2 - Failure to maintain the quality and standards of patient care CRR 4 - Failure to recognise or treat Patients with sepsis in a timely way CRR 18 - Failure to comply with the recommendations in the Mazar's report which include case note review of each and every patient death CRR 22 - Failure to record/carry out timely Venous Thromboprophylaxis (VTE) risk assessments CRR 47 - Inability to prevent deterioration in the number of healthcare associated infection metrics CRR 63 - Failure to sustain services at the Kent & Canterbury Hospital site
<b>RESOURCE IMPLICATIONS:</b>	N/A
<b>COMMITTEES WHO HAVE CONSIDERED THIS REPORT</b>	N/A
<b>PRIVACY IMPACT ASSESSMENT:</b> NO	<b>EQUALITY IMPACT ASSESSMENT:</b> NO

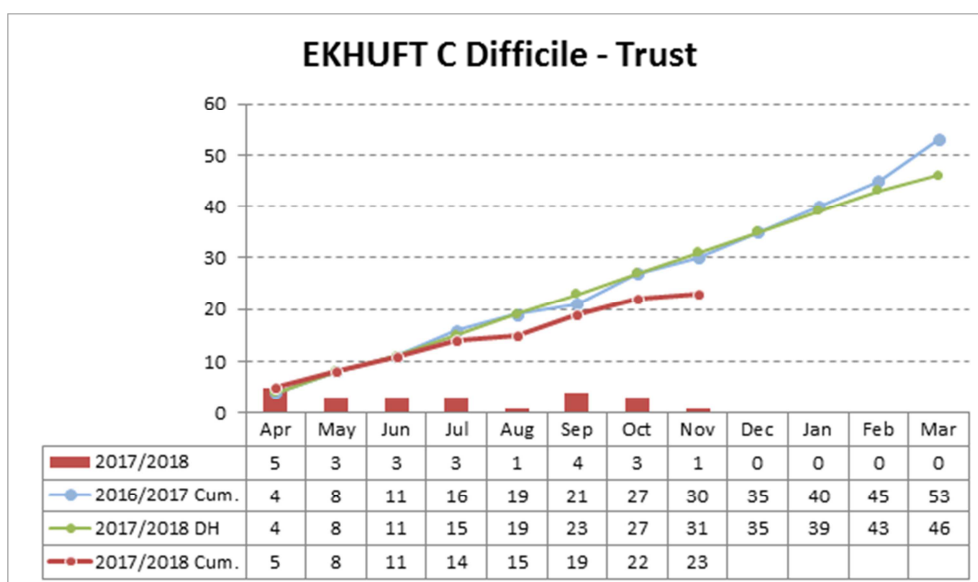
**RECOMMENDATIONS AND ACTION REQUIRED:**

The Board is asked to note, review and discuss the report.

## 1. Infection control updates

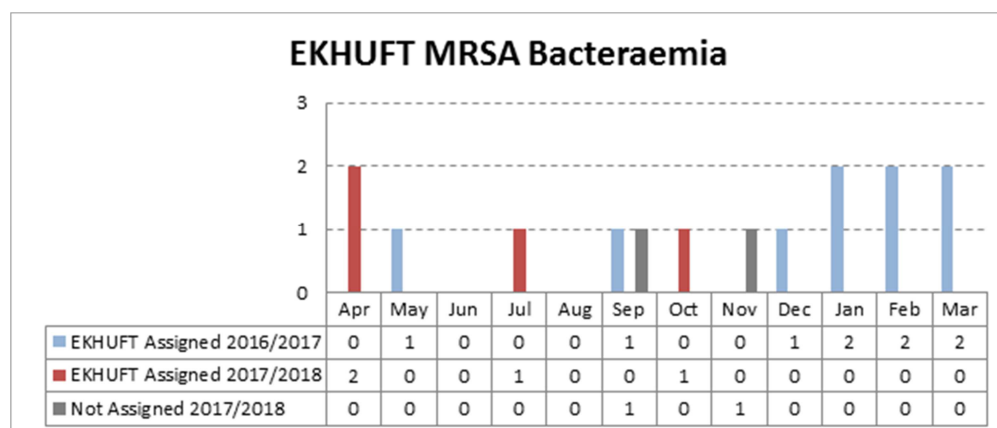
## 1.1 Clostridium difficile

The year-to-date total is 23 cases against an annual objective of 46 cases – please see the graph below (2 cases for Specialist Services, 14 cases for Urgent Care & Long Term Condition (UC&LTC) and 7 cases for Surgical Division):



## 1.2 MRSA

MRSA continues to be an area of concern and frustration, although referred to in the IPR it is worth repeating here. Of the 4 cases of Trust assigned MRSA bacteraemia this current year to date 2 of these are due to contamination, good for the patient but representative of poor technique. In mitigation it should be noted that our monthly rate per 100,000 occupied bed days is 1.98 compared to 4.66 in Medway and 2.7 in Dartford. However, Kent & Medway as a group fare worse than Surrey & Sussex where the highest rate is 2.4 (Guildford).



### 1.3 Influenza

Influenza has arrived in East Kent and last week saw the first 2 cases reported to Public Health England (PHE). In preparation the Trust has attained its best ever performance to date in staff vaccination. Latest figures show a clinical staff uptake of nearly 70%, with porters, Healthcare Assistants (HCAs) and ancillary staff leading the way at 78.4% closely followed by doctors at 74.3%.

### 1.4 Legionella incident

At the beginning of October we were notified that a patient had acquired Legionella pneumonia whilst an inpatient on Minster ward at QEQMh.

Since the organism was first identified in 1976 during an outbreak at an American Legion Convention in Philadelphia, Legionella has been recognised as a relatively common cause of both community-acquired and hospital-acquired pneumonia. The incidence of Legionnaires' disease depends upon the degree of water reservoir contamination, the intensity of patient exposure to that water, and the susceptibility of the host.

The family Legionellaceae consists of 50 species and includes more than 70 serogroups. Legionella pneumophila is the most common species, which causes at least 80 percent of human infections; within this species, there are multiple serogroups, but serogroups 1, 4, and 6 are the ones most frequently implicated in human infection.

Our patient had been transferred to extracorporeal membrane oxygenation unit at St Thomas' Hospital on the 1 October 2017, a subsequent test for Legionella urinary antigen was positive and our microbiologists were notified of diagnosis on 2 October 2017. We subsequently reviewed bronchial washings that had been taken on the 28 September 2017 with the Legionella Reference Lab, Colindale on 3 October 2017. Culture and Polymerase Chain Reaction (PCR) testing confirmed Legionella pneumophila serogroup 1. The first incident meeting was held on 3 October 2017 and all testing was reviewed, control actions were reviewed and a subsequent action plan drawn up in terms of additional testing and control measures. Trust doctors were informed on 3 October 2017, GPs informed on 4 October 2017 and patients identified who were inpatients on Minster ward were contacted by telephone directly (completed by 10 October 2017). 2 patients subsequently had urine tests for Legionella antigen as a precautionary measure (both in the same bay as the incident patient and at the same time) both of which were negative. Nursing staff spoken to directly in a Question & Answer (Q&A) session on 13 October 2017. To date there have been no further patients identified and the incident patient is now recovering back in East Kent.

We have characterised and isolated *Legionella pneumophila* serogroup 1, monoclonal antibody subgroup 'Oxford/OLDA', sequence type ST1 (with a full allelic profile - 1,4,3,1,1,1,1) from the patient and from 2 water samples on Minster ward. Since the beginning of the incident we have also commissioned an independent review of all control measures and testing and also the composition and terms of reference of the water safety group. Further testing together with remedial work has been conducted in the Ramsgate Road wing of QEQMh as follows:

#### Minster Ward & Clinical Decision Unit (CDU)

Hot water systems are compliant, work is continuing on cold water systems. All water outlets have now been tested and where positive results have been obtained (5 on Minster, Leg spp, SG2-14 & SG1, none on CDU) remedial works have been undertaken.

#### Seabathing & Bishopstone

Temperature monitoring is ongoing. Positive results from 4 outlets on Seabathing (SG1 & Leg spp) and 2 outlets on Bishopstone (Leg spp).

#### Additional Control Measures

When all remedial works are complete hyperchlorination will be carried out in the affected areas of the water systems.

## 2. Kent and Medway Medical School (KMMS)

The University of Kent and Canterbury Christ Church University submitted a joint bid at the end of November for a new medical school for Kent and Medway as part of a competitive process with the expectation for delivery in 2019/20. The outcome of the bid is expected in March 2018. The bidding criteria were determined jointly by Higher Education Funding Council for England (HEFCE) and Health Education England (HEE) and were prioritised to address the following:

- widening participation and improving access so that the medical workforce is more representative of the population it serves.
- aligning expansion to local NHS workforce need with an emphasis on priority geographical areas, including rural and coastal areas.
- supporting general practice and other shortage specialties so that the NHS can deliver services required to meet patient need.
- ensuring sufficient provision of high quality training and clinical placements (with funding provided to HEFCE for the additional teaching costs and funding to HEE to support additional high quality placements).

- encouraging innovation and market liberalisation.

To support to support the establishment of the KMMS and its future success provided the bid is successful we have committed to:

- Providing appropriately qualified clinical staff to act as 'practice experts' for the assessment of suitability at point of recruitment, in local Student Fitness to Practice processes, and within the management of student complaints (as appropriate).
- Providing a specified point of contact in relation to the medical student experience within each organisation, who will facilitate and support student experiences in situ, and act as the key link with the KMMS academic, quality and placement team.
- Supporting the development of the medical education community within our organisations to the standard required to support teaching excellence.
- Actively contributing to the implementation of the curricula, within the university, within our organisations and across the Sustainability and Transformation Plan (STP), to assure a high quality equitable experience for students in accordance with the UK Quality Code for Higher Education.
- Identifying, providing, supporting and developing placement capacity for Kent and Medway Medical School students within our organisations.
- Developing placement-learning environments equipped with the appropriate educational resources to support the delivery of agreed elements of the curricula within our organisations.
- Being active participants within the processes of quality monitoring required by the General Medical Council and the UK Quality Code for Higher Education, taking positive action to assure the student experience.
- Developing, releasing and/or assigning the required human capital, facility and educational resource within our organisations to assure the medical school student experience both within our organisations and across the STP.

### 3. VTE Performance

In the last 6 months the Trust has continued to improve its performance and VTE assessment percentage recording has been successively 92.0, 93.4, 93.5, 94.7, 95.0 and 95.0. Provided this level of performance can be sustained the contract performance notice will be lifted in early 2018.