

REPORT TO:	BOARD OF DIRECTORS
DATE:	6 OCTOBER 2017
SUBJECT:	MEDICAL DIRECTOR'S REPORT
BOARD SPONSOR:	MEDICAL DIRECTOR
PAPER AUTHOR:	MEDICAL DIRECTOR
PURPOSE:	DISCUSSION
APPENDICES:	NONE

BACKGROUND AND EXECUTIVE SUMMARY

This report encompasses the following areas:

1. Infection Prevention and Control (IPC)
Performance in terms of 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 19 against a trajectory of 23, Trust assigned MRSA remains at 3. We have emerging evidence of a potential Legionella infection incident at the Queen Elizabeth the Queen Mother Hospital (QEQMH) site.
2. The National Maternity and Perinatal Audit (NMPA)
In mid-September the Trust received an alert from the audit of clinical outcomes for births that took place in the NHS between 1 April 2015 and 31 March 2016 in England, Scotland and Wales. This alert suggested that the QEQMH site was an outlier for 3rd and 4th perineal tears (site adjusted figure 5.6% versus national 3.7%, unadjusted site figure 4.5%). Preliminary analysis from the risk lead suggests that the unadjusted figure from the data submitted to the audit was actually lower (4.1%) and there has been a significant improvement in the following year (unadjusted rate 2.4% overall since April 2016).
3. Venous thromboembolism (VTE) update
The picture continues to slowly improve, overall Trust performance is at 93% (required performance is 95%+) for this month and now at 90% for the last 12 months, Specialist Division continue to achieve the highest performance and continue to average over 95% for the last 12 months. This month both the surgical and Urgent Care & Long Term Condition (UCLTC) divisions reached 92% and both division average 89% for the last 12 months.

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:	<p>Risks: 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>Actions: Recommended actions resulting from the hip fracture mortality review are awaited; actions to address medicines</p>
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	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.	
LINKS TO STRATEGIC OBJECTIVES:	Patients: Help all patients take control of their own health. People: Identify, recruit, educate and develop talented staff. Provision: Provide the services people need and do it well. Partnership: Work with other people and other organisations to give patients the best care.	
LINKS TO STRATEGIC OR CORPORATE RISK REGISTER	SRR 2 - Failure to maintain the quality and standards of patient care 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 48 - Challenges in embedding a mature and developed Patient safety culture across Obstetrics and Maternity	
RESOURCE IMPLICATIONS:	N/A	
COMMITTEES WHO HAVE CONSIDERED THIS REPORT	N/A	
PRIVACY IMPACT ASSESSMENT: NO	EQUALITY IMPACT ASSESSMENT: NO	

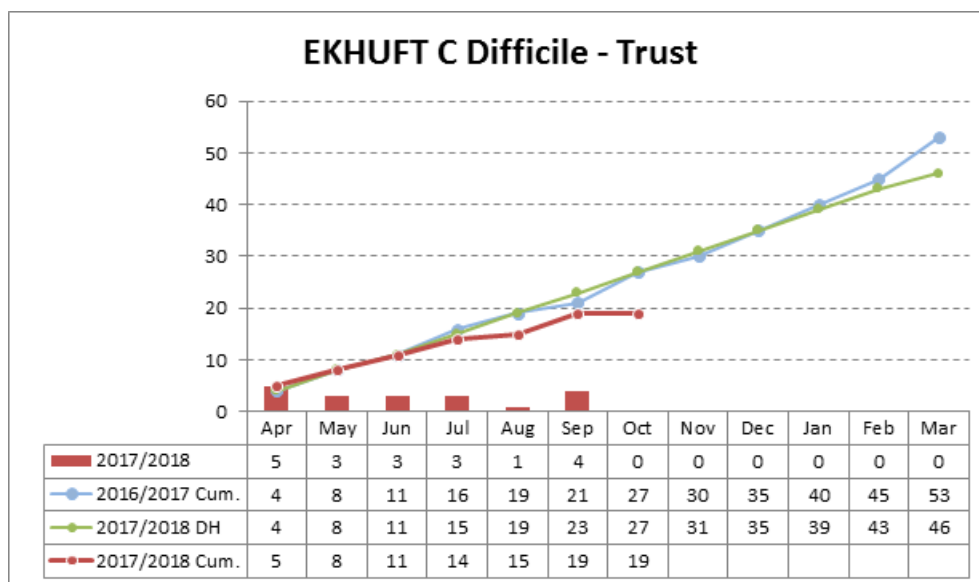
RECOMMENDATIONS AND ACTION REQUIRED:

The Board is asked to note, review and discuss the risks and required actions as necessary.

1. Infection Prevention and Control

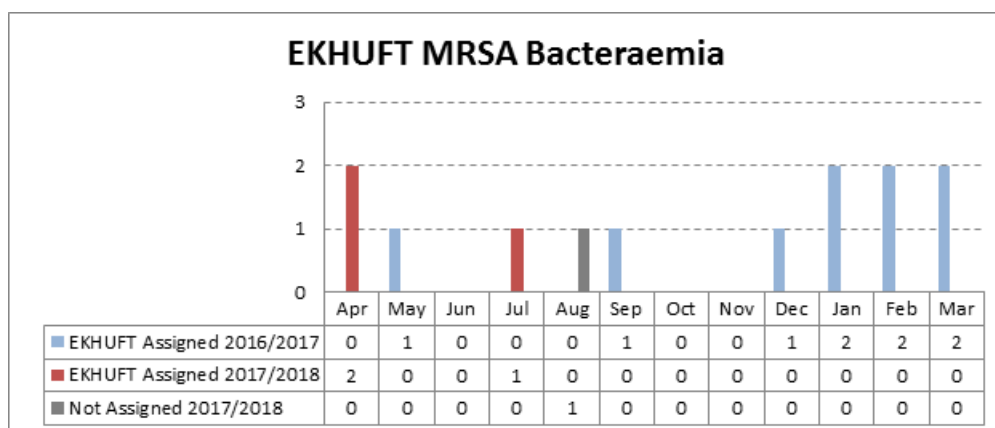
1.1 C.difficile and MRSA

The Infection Prevention & Control (IP&C) team continue to work hard with ward teams to prevent avoidable C.difficile and MRSA within the Trust. The graph below indicates the latest position in comparison to the Department of Health (DH) trajectory for this year.



Our Trust count at the end of September was 19 against a DH trajectory of 23.

The picture with MRSA currently is that there are 3 assigned cases of MRSA bacteraemia shown in the figure below.



1.2 Infection control incident

It appears highly likely that a case of hospital acquired Legionella pneumonia has occurred at the QEQQMH site.

Since the organism was first identified in 1976 during an outbreak at an American Legion Convention in Philadelphia, Legionella has been recognized 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. In this case the patient involved was already being treated for severe colitis and a *Klebsiella* septicaemia with multiple liver abscesses and portal vein thrombosis. As part of his treatment he was also of necessity immunosuppressed. Clinically it appears highly likely that his current respiratory status is a consequence of hospital acquired *Legionella* and he remains seriously ill.

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. The last case of documented hospital acquired *Legionella* in our Trust was in September 2015, also at the QEQUH site. The organism involved in September 2015 was *Legionella pneumophila* serogroup 1, at present we do not yet know the type of organism involved on this occasion.

Hospital-acquired Legionnaires' disease depends upon the presence of the organism in the potable water supply. Due to the age of our hospital estate we are particularly vulnerable to this organism and we routinely monitor the sites as part of an on-going programme. The ward involved is Minster ward (part of the Ramsgate Road wing) and this area was tested very recently (6 September) and the results did not indicate any evidence of *Legionella* in patient adjacent water sources, 1 tap from the corridor area was initially positive (200 colony forming units versus the Public Health England (PHE) standard of <100) but was then negative after running the tap for 2 minutes. All showers on Minster ward already have Pall filters fitted and have had for over 12 months, this is in addition to regular monitoring of temperature of water (the best way to prevent an outbreak of Legionnaires' disease is to keep water either cooled below 20 degC or heated above 60 degC).

Following an incident meeting on the 3 October 2017 the following additional actions have been taken:

- QEQUH doctors have been requested to have heightened awareness and a low threshold of suspicion for *Legionella*.
- As with the previous incident patient who have been in the same clinical area with a risk of exposure within 2 weeks either side of the incident date (this is related to the incubation period of *Legionella*) are being reviewed for any evidence of *Legionella* infection.
- Communications are being reviewed for both consultants in the hospital, primary care and (in the event of confirmation of hospital acquired *Legionella*) the patients and public.
- A review of all *Legionella* testing results on the QEQUH site since 2016.

2. The National Maternity and Perinatal Audit (NMPA)

The NMPA is preparing to publish its first report on clinical outcomes for births that took place in the NHS between 1 April 2015 and 31 March 2016 in England, Scotland and Wales. The report will describe various aspects of maternity care using 15 measures. For this first year, three of these measures have been selected as performance indicators and are subject to 'outlier reporting'. These indicators already take into account the different maternal demographic and clinical characteristics at each site, as far as is currently possible. The three indicators are:

- Proportion of vaginal births with a severe (3rd or 4th degree) perineal tear.
- Proportion of women with an obstetric haemorrhage of 1500 ml or more.
- Proportion of singleton, term, liveborn infants with a 5-minute Apgar score of less than 7.

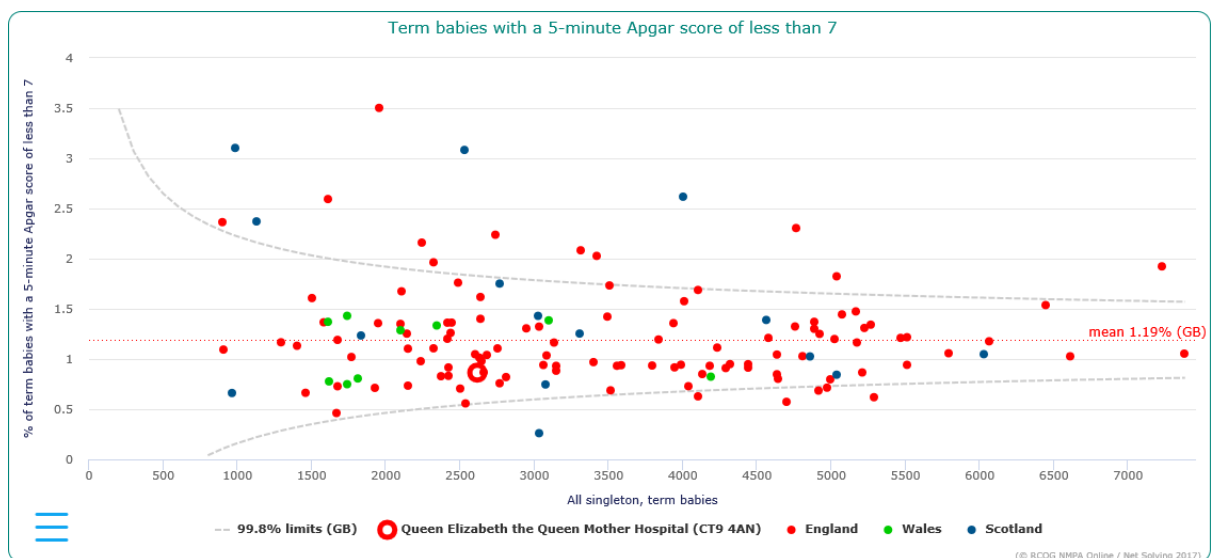
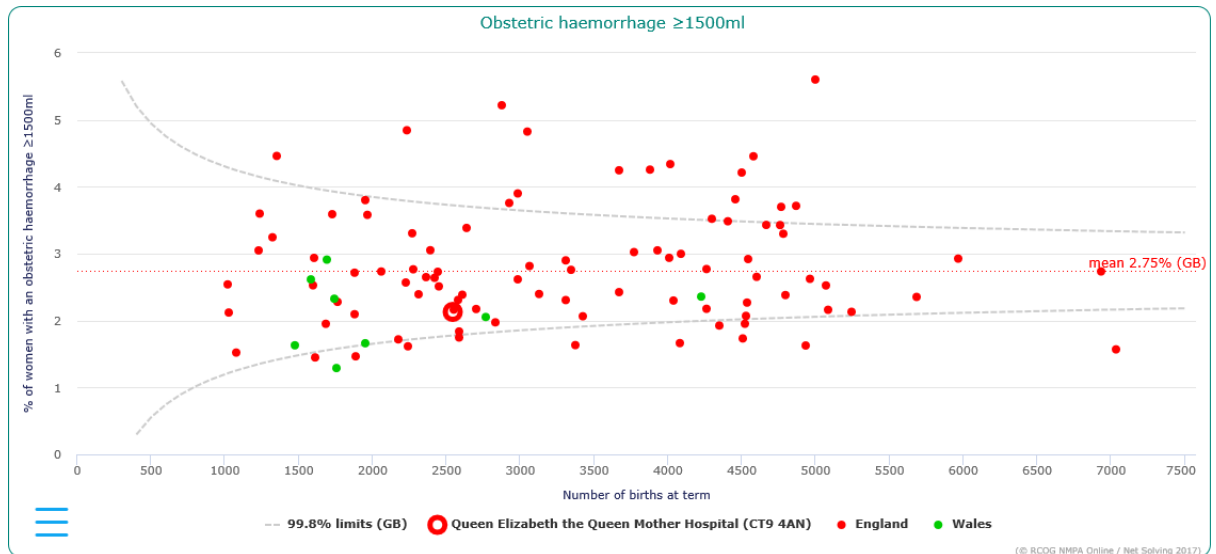
The NMPA wrote to the Trust in mid-September to alert us to the data on 3rd and 4th degree perineal tears at the QEQUH site. Following that alert the risk lead has reviewed the data that we submitted to the audit and also subsequent data. The table below suggests that there is a discrepancy between the data appearing in the report and the data submitted but nevertheless a noticeable difference between sites.

Report	Num	Denom	UnAdj Rate
QEQUH	87	1920	4.53%
WHH	71	2710	2.62%
Total	158	4630	3.41%
Data we sent	Num	Denom	UnAdj Rate
QEQUH	79	1922	4.11%
WHH	62	2717	2.28%
Total	141	4639	3.04%

The Obstetrics team launched initiatives in early 2017 aimed at improving key aspects of maternity care. The initiatives consist of 3 workstreams – reduction in stillbirths, reduction in term neonatal admissions to special care, and reduction in the rate of 3rd and 4th degree tears by December 2018. The initiative has been entitled BESTT (Birthing Excellence, Success Through teamwork). Recent data has shown a marked improvement in the unadjusted QEQUH data:

	14/15	16/17	17/18 to date
Total Deliveries	1,914	1,740	834
Total 3rd degree	66	40	21
Total 4th degree	3	-	-
Total tears	69	40	21
Rate	3.61%	2.30%	2.52%

The Board should note that the QEQUH site performance in the 2 other outcome measures reported (haemorrhage and APGAR score) both compare favourably with others in the NMPA audit (funnel plots shown below).



3. VTE Update

VTE assessment recording continues to be given a high profile in the monthly performance reviews and is also subject to a regular contract performance meeting with the Clinical Commissioning Groups (CCGs). Overall Trust performance is 92% (charted in the figure below). The best divisional performance is from the Specialist division who have now achieved 95.6%, 96.5% and 96.2% in the last 3 successive months, Urgent Care and Long Term Conditions achieved 90.4% in August and Surgical Services 89.5%.

VTE performance data

