

TRUST BOARD IN PUBLIC		Date: 29TH NOVEMBER 2012	
		Agenda Item: 2.5	
REPORT TITLE:	Medical Director's report		
EXECUTIVE SPONSOR:	Des Holden Medical Director		
REPORT AUTHOR:	Des Holden Medical Director		
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)	N/A		
Purpose of the Report and Action Required:			(√)
To provide an update to the Board of progress during the last two months.	Approval		
	Discussion		
The Board is asked to note the report.	Information/Assurance		√
Summary: (Key Issues)			
To note achievement in gaining trauma unit accreditation, progress in relation to job planning project and an update on infection control.			
Relationship to Trust Corporate Objectives & Assurance Framework:			
Objective 1: Deliver safe, High Quality Co-ordinated Care Objective 2: Ensure Patients are cared for and cared about Objective 3: Become a Sustainable, effective organisation.			
Corporate Impact Assessment:			
Legal and regulatory implications	None		
Financial implications	None		
Patient Experience/Engagement	Opportunity for improvement		
Risk & Performance Management	Opportunity for improvement		
NHS Constitution/Equality & Diversity/Communication	None		
Attachments:			
Appendix N/A			

**TRUST BOARD REPORT – 29TH NOVEMBER 2012
MEDICAL DIRECTOR'S REPORT**

1. Healthcare Associated Infections - Collaborative Site Visit to Surrey and Sussex Hospitals NHS Trust October 1st 2012.

On the 1st October 2012 Paul Vinson, General Practitioner /Clinical Director Crawley CCG, Julia Carr, Senior Infection Control Practitioner/Quality Lead SaSH, NHS Sussex, Vicki Dixon, Programme Manager – Healthcare Associated Infections and Adult Safeguarding and Karen Thorburn Head of Quality/Deputy DIPC NHS Sussex Dixon made a visit to the East Surrey Hospital site to discuss and view various initiatives that have been put in place to help reduce HCAI.

This was a follow up visit, the initial one having been in April 2012 to inspect and observe the actions the team had recommended following their initial visit first.

The team visited Abinger, Newdigate, Tandridge and Meadvale wards and impressed to note the improvements that have been made and the further actions planned. Extracts from the team's report following the visit are included below for the Boards information.

1.1 Environment:

It is positive to note that much of the clutter noted during our last visit has been removed from ward and sluice areas, and that problems with accumulation of waste/laundry have been addressed by reviewing the frequency of collection.

It was interesting to hear of the plans for refurbishment of the older estate; the current deep cleaning programme and the continued work of the storage review group. We hope that use of storage/space adjacent to clinical areas will continue to be reviewed so as to allow clinical equipment not in use to be stored appropriately.

1.2 MRSA Screening:

We noted and observed that MRSA screening is now recorded on the handover sheets used throughout the organisation and that this appears to have reduced variation in practice. Rescreening was noted to have taken place appropriately in the review of the notes of two patients who had been in patients for more than one month. Compliance with MRSA screening will continue to be monitored at the Clinical Quality Review Meetings (CQRM).

1.3 Antimicrobial Prescribing:

It is very positive to note that improvements have been, and continue to be, made in antimicrobial prescribing. It is our understanding that additional resource has been provided to allow the antimicrobial pharmacist to focus on this work.

1.4 Compliance Auditing:

We noted that the infection control key performance indicators that have been introduced and that these are routinely reviewed with the ward teams and Divisions. It was extremely positive to see that some of the wards we visited had their compliance with these indicators displayed on notice boards in public areas.

2. Infection Control

2.1 Diarrhoea & Vomiting Outbreak

Small round structured viruses, such as Norovirus, are the most common cause of outbreaks of gastroenteritis in hospitals and also cause outbreaks in other settings such as schools, nursing homes and cruise ships.

Over the last month SaSH like many neighbouring Trusts has experienced problems with Norovirus. From 24th October 2012 to date, a number of wards at East Surrey Hospital have been affected by diarrhoea and vomiting. Norovirus has been confirmed microbiologically from 9 wards. During this period 14 care homes in Surrey & Sussex were also affected by diarrhoea and vomiting outbreaks.

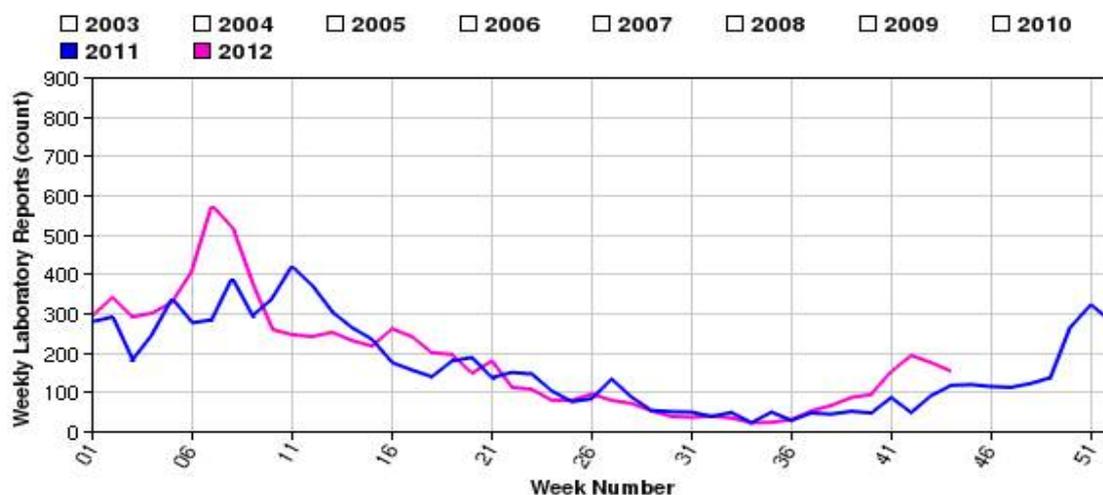
Both the ED and the Medical Wards have engaged fully in measures designed to limit risk including changes in staffing practice, changes in visiting time, changes in cleaning processes and appropriate isolation of patients.

2.2 National data

The IPCAS team manage outbreaks within SASH and monitor cases of suspected and confirmed Norovirus at East Surrey Hospital and report via the Health Protection Agency (HPA) national reporting scheme. This is a voluntary scheme for reporting outbreaks of Norovirus occurring in acute Trusts in England. The purpose of the reporting scheme is to document trends and characterise the risks and impacts associated with reported outbreaks. Outbreaks need not be laboratory confirmed; an outbreak definition based on clinical presentation of disease is used for outbreaks where laboratory confirmation of Norovirus is not available.

Nationally, there has been a rise in Norovirus lab reports compared to this time last year (Figure 1), and a rise in cases in weeks 43 and 44.

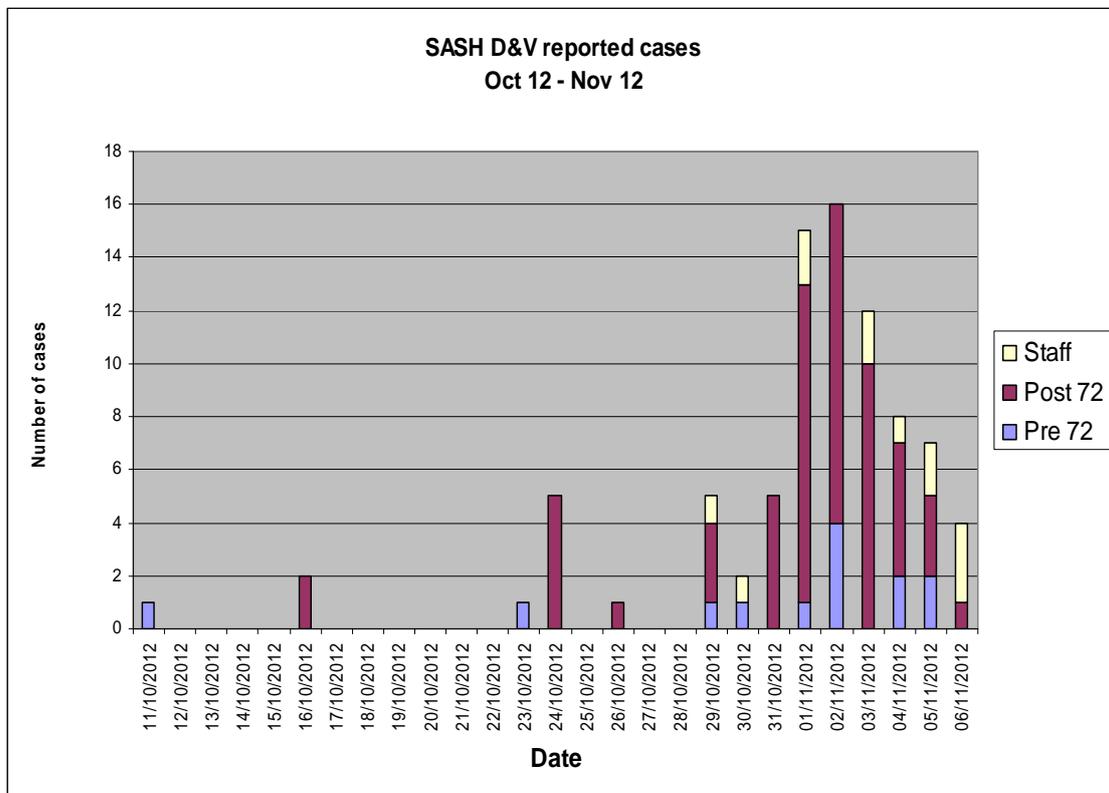
Figure 1 Graph of Norovirus lab reports by Year/Week



Norovirus at SASH 24th October - 14th November 2012

Ward	Number of days of ward closure	Number of days ward was under observation/ part closed	Suspected staff cases (reported to infection control)	Number of suspected/ confirmed patients	Norovirus confirmed?
Copthorne	0	5	0	4	Yes
Tandridge	5	10	7	25	Yes
Abinger	1	5	1	8	Yes
Bletchingley	0	8	3	5	No
Buckland	0	3	0	7	No
Capel	6	3	2	13	Yes
Chaldon	2	12	8	10	Yes
Godstone	2	11	1	15	Yes
Holmwood	0	6	1	7	Yes
Meadvale	10	3	3	16	Yes
Nutfield	0	9	0	12	Yes
Tilgate	0	3	0	3	No
Total	26	78	26	125	

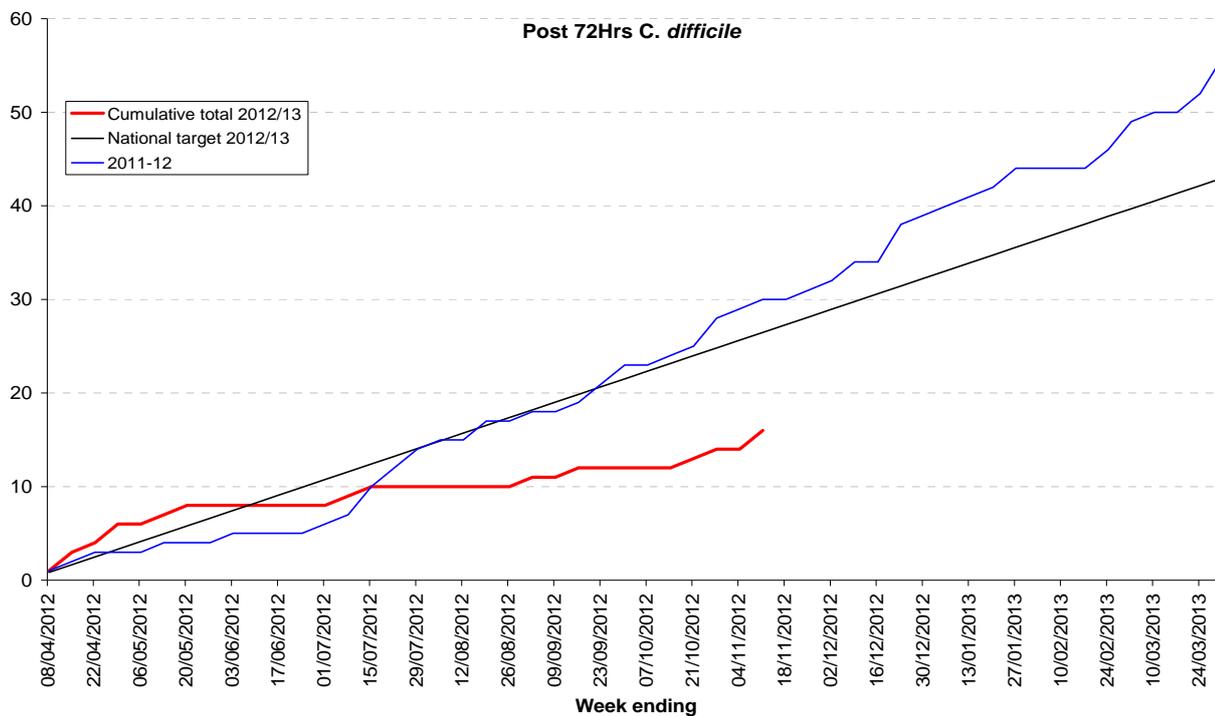
Figure 2 – Reported Cases of D&V at Sash – Oct – Nov 2012



The Trust invited the HPA and also the PCT in to the organisation to look at the actions we were taking, both of which has proved helpful. Both parties were assured that the outbreak had been managed appropriately. The HPA will work with SaSH on a range of projects to help us understand how we and our local health community and other Trusts can better contain outbreaks in the future. The range of work that has been recommended includes genotyping norovirus from all stool samples in order to gain further information on spread both in the community and within the hospital; RAG rating trust performance against HPA recommendations; look explicitly at actions to reduce patient and staff movement within the trust; agree a plan with external partners that facilitates managing patients without hospital referral (CCGs, community care, Nursing home managers, ambulance trust); consider ATP testing of cleaning effectiveness. All of these actions have either commenced or have been agreed.

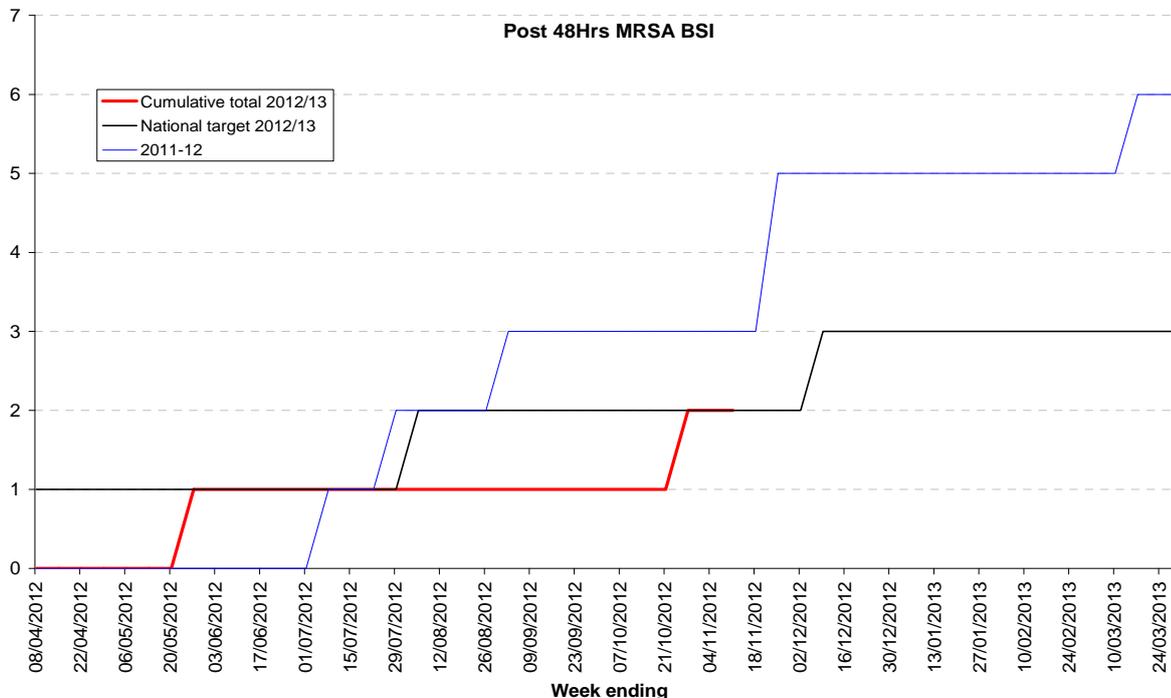
2.3 Clostridium difficile

Since 1st April 2012, the Trust has reported 16 cases of *Clostridium difficile* against a target of 43.



2.4 MRSA bacteraemia

The trust has reported 2 cases of MRSA bacteraemia, against a target of 3.



3. Trauma Unit Status

On the 16th of November the Trust was revisited by the South West London and Surrey, and also Kent and Sussex Trauma Unit accreditation team. This was 10 months after a previous unsuccessful visit. Accreditation as a Trauma Unit was achieved at the end of the visit and whilst many individuals contributed to the success of the assessment it is appropriate to acknowledge the contributions of Bernie Bluhm (Chief Operating Officer), Alan James (who led the programme of work), Julian Webb (Lead for ED), Andrew Ceccherini (Lead for Imaging), Gordon Morton (Lead for Anaesthetics), Jackie Thompson (Matron for ED) and Sally Dando (Lead for Therapies).

4. Job Planning

The project to deliver a job plan senior clinical workforce against the policy developed in 2012 has continued with the vast majority of affected staff now having agreed and signed job plans. A plan is in place for both specialities and individuals where sign off has not been achieved.

5. Academic Health Science Network

The KSS application continues to be progressed and interim Managing Directors and Operating Officers have been appointed. An interim board is in place with representatives from acute providers and Mental Health Trusts across Kent, Surrey and Sussex and also academic institutions and industry. KSS bid was presented at an event which saw presentations from Wessex, Oxford and Kings Partners and the structures and ambitions of the KSS bid were largely in line with those of its neighbours. Feedback from Sir Ian Caruthers and Richard Gleave who are overseeing the process nationally was given on 20th November. They singled out a need for explicit plans to increase patient recruitment into research trials as an area requiring greater focus. The expectation at the time of writing is for authorisation and commencement of the network to run from the 1st quarter of 2013/14.

Des Holden
Medical Director
22 November 2012