

**NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST**

**BOARD OF DIRECTORS MEETING**

**Meeting Date:** 29 April 2015

**Title and Author of Paper:**

Director of Infection Prevention & Control and Emergency Preparedness,  
Resilience and Response Report Jan to March 2015

**Paper for Debate, Decision or Information:**

Information and debate

**Key Points to Note:**

- No cases of MRSA bacteraemia or C difficile infection.
- Flu vaccination programme – final figures
- Cessation of routine screening for MRSA at Walkergate Park
- Cleanliness report
- EPRR update

**Outcome required:** None

## **Director of Infection Prevention & Control and Emergency Preparedness, Resilience and Response Report to the Board**

**April 2015 (covering reporting period January to March 2015)**

### **Reported infections**

Between January and March 2015 there were no reportable cases of MRSA bacteraemia or Clostridium difficile infection. There were no other reportable infections.

### **MRSA Screening at Walkergate Park**

From 1<sup>st</sup> March 2015 the Trust is no longer undertaking routine admission screening for all patients admitted to neuro rehabilitation wards at Walkergate Park. This commenced in 2009 following NHS guidance for the screening of elective admissions to hospital. New guidance published last year (Implementation of modified admission MRSA screening guidance for NHS, 2014) advises that MRSA screening should be limited to patients admitted to high risk units and patients previously identified as colonised with or infected by MRSA. Experience of screening at NTW mirrored wider NHS experience in that very few previously unknown cases of MRSA colonisation were identified (although unlike England and Wales the screening rate was close to 100%). Furthermore, the majority of patients admitted to Walkergate Park were transfers from acute hospitals where they would already have been screened for MRSA if appropriate. Screening will still be applied if a patient has a previous history of infection and/or colonisation, or where other indications apply.

### **Flu Campaign**

The final reported flu vaccine uptake amongst front line staff was 62.4% ( 55.3% in 2013) with 2,790 doses given. The Trust achieved the highest uptake rate amongst qualified nursing staff of any Trust in the North of England. The team was shortlisted for a National Flu Fighters award in recognition of innovative practice.

### **Cleanliness**

Exception reports from Maximiser cleanliness visits are reported to the DIPC and thence to the Trustwide Quality and Performance Group and Trust Board on a quarterly basis. The full Maximiser report is available to each Group Quality and Performance meeting. This process will make available to the Board information on where cleaning standards have fallen below the Trust standard minimum score of 95% for clinical areas and 92% for non clinical area, and actions taken to remedy the problem

The following areas failed to reach their required target score in this reporting period as follows:

Group	Site	Unit	Date	Score	Note
Inpatient	SNH	Willow View	12/1/15	93%	Refresher training given to staff + extra cover being provided to bring cleanliness back up to national standards
Specialist	SNH	Wilton	6/1/15	88%	Refresher training given to staff + extra cover being provided to bring cleanliness back up to national standards
Specialist	Northgate	Bungalow 3	2/2/15	93%	Regular domestic absent sick, area being covered where possible. All the faults have now been rectified.
Inpatient	Hopewood	Rosewood	27/3/15	91%	Rosewood short of 192 cleaning hours due to very high levels of sickness. Now rectified

Clinical nurse managers are contacted prior to production of this paper to ask if they have any concerns about clinical areas they manage. On this occasion no comments have been received.

The Trust is preparing for the next round of PLACE inspections later in the year.

### **EPRR update**

A Business Continuity Assurance Group has been established to review completed business continuity plans from across the Trust. The group has a core membership from Emergency Preparedness, Informatics, Estates and Pharmacy, with relevant service managers invited to discuss plans on a site by site basis. The group has a review schedule to undertake scrutiny of the assumptions made within plans and discuss any areas of concern identified by the plan owner. The group provides assurance to the relevant Locality EPRR Group that plans have been reviewed and actions taken to rectify any areas of concern.

The Incident Coordination Centres have upgraded IT equipment to assist in reducing the time needed to set up an incident response. The room for managing incidents in the south of the Trust has been relocated from Monkwearmouth Hospital to the Barton Centre at Hopewood Park. The Boardroom at St Georges Park remains the location for incidents affecting Trust services in the north of the Trust. Following the industrial action in October and

November 2014, the Conference Suite in St Nicholas House will now be used for incidents which require a strategic Trustwide response. The Boardroom in St Nicholas Hospital will no longer be used for this purpose.

Four Strategic Leadership in a Crisis training sessions have been delivered to 50 directors and senior managers from across the Trust. This training is commended by NHS England and provides the required competencies for managing incidents or emergencies which may affect the Trust.

Dr Damian Robinson  
**Director IPC and EPRR**

**April 2015**