

NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS MEETING

Meeting Date: 27 April 2016

Title and Author of Paper: Six Monthly Infection Prevention & Control Report -
October 2015 to March 2016

Anne Moore, Director Infection Prevention & Control

Paper for Debate, Decision or Information: Information and debate

Key Points to Note:

This report provides an update to the Board on the following:

- Reported Infections
- Flu Campaign
- Cleanliness
- Tissue Viability
- NICE guidance

Outcome required: The Board is asked to note the content of the report.

Board of Directors Meeting

27 April 2016

Director of Infection Prevention & Control Report to the Board

April 2016 (covering reporting period October to March 2016)

Reported infections

Between October and March 2016 there were no reportable cases of MRSA bacteraemia.

During this period there was 1 clostridium difficile toxin positive infection in October in a patient on ward 2 at Walkergate Park Hospital. A root cause analysis (RCA) was undertaken by a multi-disciplinary team and lessons learnt from this shared across the wards. A further recurrence of the infection in the same patient occurred in the same period due to the complexities of the patients physical health, medical staff on ward 2 have input from microbiology at the Freeman Hospital and Gastroenterology at the RVI to effectively manage the patients infection.

Between the same period there were 14 reported enteric outbreaks affecting both patients and staff across the Trust all probably viral. Infection prevention control measures were implemented as appropriate.

There was one confirmed case of H1N1 during the flu season. The patient was from WGP and care and treatment involved a short admission to the RVI for management of respiratory symptoms. The patient has since returned to the ward. Lessons have been learnt following the incident including patient vaccination status being checked.

The Infection Prevention Control Team received 205 calls relating to infection prevention control issues for staff and patients in this period.

| | Oct | Nov | Dec | Jan | Feb | Mar |
|--|-----|-----|-----|-----|-----|-----|
| Ward 2 WGP Staff had saliva splashed into eye from known Hepatitis C patient | 1 | | | | | |
| Greenacres Needlestick (staff) | 1 | | | | | |
| Redburn bite (Staff) | 1 | | | | | |
| Mowbray Bite (staff) | | 1 | | | | |
| Greenacres Bite (staff) | | 1 | | | | |
| Lennox Bite (staff) | | | | 1 | | |
| Woodside Bite (staff) | | | | | 1 | |
| Inoculation injury (staff) Exposed to blood from a known Hepatitis C patient North Tyneside Recovery | | | | | 1 | |
| Alnmouth Bite (staff) | | | | | | 1 |
| Wellington House (staff) | | | | | | 1 |
| Aidan (staff) | | | | | | 1 |

Flu Campaign

The 2015/16 annual seasonal flu vaccination programmed commenced on the 21st September. By the end of March 63.6% of front line clinical staff had received their flu vaccination, this supersedes the 2014/15 campaign of 62.4%. Uptake amongst qualified nursing staff remains high at 67% although slightly decreased from 68.6% in 2014/15. Doctors' uptake of the vaccine for this campaign was 51.9% which resulted in a decrease of 10% from the 2014/15 campaign. A well-attended lesson learnt event was held in March 2016 to review the programme and inform the 2016/17 campaign.

On March 22nd the flu team were presented with the "best flu fighter team" award and were shortlisted in the #flu fighter category in the NHS National Flu awards, hosted by NHS Employers at Leeds. This was in recognition of the innovation and commitment made by the team to ensure both patients and staff are protected against seasonal influenza.

Cleanliness

Exception reports from Servictrak (formally 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 | WARD/ DEPARTMENT | SCORE | NON-CONFORMITIES |
|---------------------------------------|----------|---------------------|-------|--|
| OCTOBER 2015:- | | | | |
| Community | Outlying | Easterfield Crt. | 94% | Score fell below target due to regular domestic on holiday. All failures now rectified. |
| Specialist | Outlying | Plummer Court | 94% | Score fell below target, partly due to patient group being unsettled and only a small area covered; also ongoing building work next door |
| NOVEMBER 2015: | | | | |
| No areas fell below the target of 95% | | | | |
| DECEMBER 2015: | | | | |
| No areas fell below the target of 95% | | | | |
| JANUARY 2016 | | | | |
| No areas fell below the target of 95% | | | | |
| FEBRUARY 2016 | | | | |
| No areas fell below the target of 95% | | | | |
| MARCH 2016 | | | | |
| Cuthbert O/T – 93.33 | | | | |

Tissue Viability

We continue to monitor all electronic IR1's related to pressure ulcers / incidents and where appropriate investigate.

There have been no reported Category 3 or 4 ulcers acquired within NTW.

Training dates x 25 have been organised across all locality sites over the next year on Pressure ulcer awareness / Wound assessment.

Student specific sessions organised with PPF for coming year x 10, covering a range of tissue viability topics. This is to provide more formal foundation training.

International 'Stop Pressure Ulcer Day' was 19th November 2015 information stalls were provided by link staff and TVN's in all main sites.

NICE/Quality Standard Guidance

Quality Standard (QS) 90- Urinary Tract Infection Treatment and Management - baseline assessment has been completed. Following consideration at the Trust Clinical Effectiveness Committee the overall compliance is judged as RED. Local guidance is currently being produced in line with national guidance to assist medical and nursing staff with diagnosing and treating a UTI. The identified risks will be discussed at GBM on 22/04/2016.

NICE Guidance 15 – Antibiotic stewardship – Baseline assessment has been considered by the Trust Clinical Effectiveness Committee the overall compliance is AMBER. Local guidance for practitioners and the revised policy have been developed jointly with IPC and Pharmacy Team. The identified risks will be discussed by GBM on 22/04/2016.

Infection Prevention and Control Committee

The Terms of reference have been reviewed and amended to reflect recent changes in lead officers. In addition the IPC Policy has been reviewed and amended.

The Water Safety Group has met and continues to provide assurance on water quality and reduction in risks from water borne infections

A recent internal audit of IPC compliance has provided assurance with some actions for the DIPC to follow through in ensuring robust reporting into trust committees

**Anne Moore, Director IPC
April 2016**