

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 26th October 2016

Title and Author of Paper: Director of Infection Prevention & Control Report to Board April 2016-September 2016
Anne Moore, Group Nurse Director Specialist Care Group, Director of Infection Prevention and Control

Executive Lead: Gary O'Hare, Executive Director of Nursing and Operations

Paper for Debate, Decision or Information: Information and debate

Key Points to Note:

Under the leadership of the Director of Infection Prevention and Control the Board can be assured that the Trust is operating effective Infection Prevention and Control surveillance and response measures, and learning lessons from incidents. The report contains a summary of :

- Reported Infections and risk assessments – systems are in place to monitor these and actions in place to manage these. There have been no MRSA / Clostridium Difficile incidents since the last report
- Water safety-routine monitoring of water samples and flushing to prevent Legionella has highlighted two areas requiring action, which have subsequently reported normal counts
- Flu Campaign is progressing in line with the agreed Flu Plan
- Cleanliness inspections continue routinely and only a 3 areas reported a fall in standards and all actions are complete
- Tissue Viability and Venous Thrombus Embolism VTE activity highlights continued efforts to monitor the risk of skin integrity and prevent pressure ulcers and manage complex wounds
- IPC/TV NICE guidance Update summarised

Risks Highlighted to Board : None

Does this affect any Board Assurance Framework/Corporate Risks? NO
Please state Yes or No
If Yes please outline

Equal Opportunities, Legal and Other Implications: None

Outcome Required:

Link to Policies and Strategies:

**Director of Infection Prevention & Control Report to the Board
October 2016 (covering reporting period April to September 2016)**

Reported infections

In the reporting period, there have been no reportable cases of MRSA bacteraemia or clostridium difficile infection.

IPC risk assessments were completed in all inpatient areas and community premises where physical health assessments are conducted.

There are no reported outbreaks reported across inpatient areas (i.e. in Specialist and Inpatient Care Groups) for this period and no reportable infections.

Since the last report, following targeted awareness raising in clinical services by the IPC team there has been a significant improvement in reporting of infections and antibiotic prescribing across inpatient areas. The work undertaken across the Trust on Antibiotic Stewardship is a key priority following the NICE baseline assessment

The Infection Prevention and Control Team have received 235 calls relating to infection prevention and control issues for patients and staff in this period, and provided advice and follow up visits to clinical teams

Water Safety

In July routine Legionella sampling identified positive results from an Arjo bath in Rosewood ward. Appropriate actions were initiated, with regard to patient management, further maintenance and replacement of internal parts of the bath. Follow up samples in August were negative for legionella.

In July some high bacterial water counts were reported, in non-patient areas at Northgate i.e. Domestic cupboards. Remedial measures were taken immediately by Estates and IPC / ward staff. ie increased frequency of flushing, and removal of pipework.

The DIPC Anne Moore completed the City and Guilds- Hot and Cold Water Systems / Legionella course in August. The External Auditor Hydrops, has assessed the organisation as now being fully compliant

Inoculation/Mucutaneous/Bite injuries

There have been a number of injuries to staff since the last report as outlined below. All incidents have been managed as per Trust policy and lessons learned regarding inoculation injuries have been shared with clinical teams

	April	May	June	July	Aug	Sept
Bite Cresswell (SGP)	1					
Bite Ingram (Northgate)	1					
Bite Redburn (Ferndene)	1					
Bite Riding (Ferndene)	1					
Bite Woodside (Northgate)	1					
Inoculation Warkworth (SGP)	1					
Inoculation Lamesley (Tranwell)		1				
Bite Marsden (MWM)			1			
Bite Woodhorn (SGP)			1			
Inoculation Redburn (Ferndene)			1			
Inoculation Rosewood (MWM)			1			
Inoculation Fellside (Tranwell)			1			
Bite Ashby (Alnwood)				1		
Bite Beckfield (HWP)				1		
Bite Redburn (Ferndene)				1		
Bite Shoredrift (HWP)				1		
Inoculation GHD RTS team				1		
Mucutaneous Castleside(CAV)				1		
Mucutaneous/Bite Longview (HWP)				1		
Mucutaneous Marsden (MWM)				1		
Bite NLD recovery partnership					1	
Inoculation Marsden (MWM)					2	
Inoculation Willow View (SNH)					1	
Bite Longview (HWP)						1
Inoculation N/Tyneside east Adult CMHT						1
Inoculation MWM Older Peoples community team						1
Mucutaneous Warkworth (SGP)						1
Mucutaneous Marsden (MWM)						1

Flu Campaign 2016/17

The Seasonal flu campaign commenced w/b 19th September 2016 .One hundred and twenty (120) peer vaccinators have been trained to deliver vaccination to all staff offering a flexible approach to ensuring all frontline staff have the opportunity to be vaccinated.

To achieve herd immunity 75% of all front line clinical staff are required to be vaccinated, weekly reporting to NHS England will commence in October and monthly reporting to the Public Health England will commence in November. The Board received and approved the Trust Flu Plan in September

Cleanliness

Cleanliness audits of both inpatient and community premises are undertaken jointly with Facilities staff. Results are summarised below and indicate where actions have been taken. The issues relate to levels of dust

GROUP	SITE	WARD/DEPT	SCORE	NON COMPLIANCE
APRIL 2016:				
No areas fell below the target of 95%				
MAY 2016:				
No areas fell below the target of 95%				
JUNE 2016:				
Inpatient Care	SGP	Embleton	94.7%	Score fell below due to domestic staff shortages, all failures rectified
JULY 2016:				
No areas fell below the target of 95%				
AUGUST 2016:				
Community	CAV	Castleside Day Unit	94%	All failures rectified. IPC in attendance
Inpatient	CAV	Physical Treatment centre	94%	All failures rectified. IPC in attendance
SEPTEMBER 2016:				
No areas fell below 95%				

Tissue Viability

We continue to monitor all web based incident reports related to pressure ulcers / wound and skin integrity incidents and where appropriate investigate.

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

Training dates continue to be offered across the various site on Pressure ulcer awareness / Wound assessment, however attendance over the summer months has not been at the levels expected. Actions have been taken within care groups and directly with Tissue Viability Link nurses to ensure this training is prioritised

Student Nurse, specific sessions organised with Practice Placement Facilitators are planned for the coming year x 4, covering a range of tissue viability topics. This is to provide more formal foundation training in addition to the University training overview.

International 'Stop Pressure Ulcer Day' is pending on 17th November 2015 information stalls will be provided across all main sites by link staff and Tissue Viability Nurses.

Overview April-Sept 2016

- 529 client visits
- 41 wards visited
- 136 individual clients seen
- 27 Types of wounds - significant numbers of Abscesses and a high level of complex wounds associated with self-harm behaviour in particular in Children and Young Peoples inpatient areas

Pressure ulcers:

- 194 visits
- 43 individual clients seen
- 26/43 Pressure ulcers pre-existing before entering NTW. (Category 1 x 5, Category2 x16, Category3 x 4, Category 4 x 1)
- 17/43 Identified within NTW (Cat 1 x 2, Cat 2 x 15) which indicates skin intact / redness or abrasion
- There have been no **episodes of Categories 3 or 4 acquired within NTW.**
- all incidents have been reviewed for learning and communication with services/ agencies where patients may have been resident or receiving care

Venous Thrombus Embolism:

No confirmed Deep Vein Thrombosis / Pulmonary Embolism received via web based reporting– several After Action Reviews have identified VTE incidents for discharged clients that occurred in the community within 90 days of discharge. The Trust Tissue Viability Nurse has participated in these. There have been some lessons learnt shared with teams regarding risk assessment, prescribing and collaboration with GPS. Further work is continuing.

NICE/Quality Standard Guidance

Quality Standard (QS) 89 – Pressure ulcers, baseline assessment presented to GBM along with action plan, on-going monitoring agreed and reporting window agreed to be extended from 6hrs to 24hrs. TVN to review and report compliance monthly, report back to group in December.

NICE guidelines (CG92) Venous thromboembolism [VTE] presented to group, action plan validated along with training matrix. Formal VTE tool built onto RIO went live on 13th October along with internal CAS alert, bulletin (planned for 18th October and all frontline clinical staff to complete e-learning module.

Quality Standard (QS) 113- Healthcare associated infections. Baseline assessment has been undertaken. Following consideration at the Trust clinical effectiveness committee the overall compliance is judged as Amber. Local guidance currently exists, but requires embedding into practice in some areas. The identified risks will be discussed at GBM

Report produced by IPC/Tissue Viability Leads
October 2016