

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 25 October 2017

Title and Author of Paper:

Director of Infection Prevention & Control Report to Board April - September 2017

Anne Moore, Group Nurse Director Safer Care, Director of Infection Prevention and Control

Executive Lead: Gary O'Hare, Executive Director of Nursing and Chief Operating Officer

Paper for Debate, Decision or Information: Information

Key Points to Note:

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

Does this affect any Board Assurance Framework /Corporate Risks

All actions are on track

Equal opportunities, legal and other Implications: None

Outcome required:

Board of Directors are asked to receive this report for information.

Link to Policies and Strategies: Infection Prevention and Control

Director of Infection Prevention & Control Report to the Board October 2017 (covering reporting period April to September 2017)

Reported infections

- Between April and September 2017 there have been no reportable cases of MRSA bacteraemia and one case of clostridium difficile infection.
- A patient admitted to Walkergate Park Hospital Ward 4 from Cherryburn NUTHs presented with diarrhoea on admission, confirmed as clostridium difficile toxin positive. A Root Cause Analysis was undertaken in conjunction with IPC at NUTHs, not attributed to care received at NTW.
- IPC risk assessments were undertaken in all inpatient areas and community premises where physical health assessments are conducted.
- The Urinary Tract Infection (UTI) audit to assess compliance to Urinary Tract Infection, Lower PGN 09 will commence on 1st October for a period of 4 months. All inpatient areas are asked to complete the audit.
- There were five reported outbreaks of diarrhoea and/or vomiting across inpatient services in this period. Presentation in all was typically viral in nature with small numbers of patients and staff affected. All outbreak control measures were implemented appropriately and timely and all patients and staff made an uneventful recovery.
- During May/June there were a number of patients from Bridgewell ward, Hopewood Park with respiratory infections, several requiring hospital admission with one patient requiring ventilation in ITU. This patient was later diagnosed with sepsis but no source of infection identified. All patients recovered and eventually returned to the ward. The infections were attributed to the poor physical health and vulnerability of those patients.
- The Infection Prevention and Control Team received 195 calls relating to infection prevention and control issues for patients and staff in this period. This is a typical representation of calls during this seasonal period.

Water Management

- An audit of the hydrotherapy pool was undertaken in August to give assurance to the Trust Water Safety Group. The report was received in September and the locality water group for Walkergate Park has arranged to discuss the findings with Clugstons the FM provider. There are no immediate concerns requiring urgent action.
- High bacterial water counts following routine sampling have been identified in various areas across the Trust. Appropriate remedial work has occurred on each occasion, including extra flushing and re-sampling.

Inoculation/Mucutaneous/Bite injuries

	Apr	May	Jun	Jul	Aug	Sep
Bite Rose Lodge	2	4				1
Bite Woodhorn (SGP)	2					1
Bite Embleton (SGP)	1					
Bite Ashby (SNH)	1					
Mucutaneous Beckfield (HWP)	1					
Mucutaneous Ward 3 (WGP)	1					
Bite Lowry (Hadrian Clinic)		1				
Bite Stephenson (Ferndene)		1				1
Bite Mitford (Northgate)		1		1		1
Inoculation Castleside (CAV)				1		
Inoculation Collingwood Court (Hadrian clinic)				1		
Bite Marsden (MWH)		3				
Inoculation Akenside (CAV)					1	
Mucutaneous Woodhorn (SGP)						2

Bite injuries at Rose Lodge are all attributed to the same patient. There has been involvement with patient safety and IPC to help reduce risks for staff.

Flu Campaign

The Seasonal flu campaign commenced week beginning 25th September 2017. Two hundred peer vaccinators have attended vaccinator training including all four Group Nurse Directors, a Group Medical Director and Pharmacists, with vaccinators from both community and inpatient areas across the Trust.

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 Department of Health will commence in November.

For 2017/18 influenza vaccination of front line health care workers is a CQUIN target for the Trust to achieve 70% uptake in the first year and 75% uptake in 2018/19.

Cleanliness

APRIL 2017:
St George's Park, Kinnersley scored 91%; domestic staffing shortages. Failures now rectified
MAY 2017:
Plummer Court scored 85% - domestic staffing shortages; additional hours put in place. Standards back up to acceptable level
Castleside Inpatient Unit , (CAV) scored 92% - training required, this now been addressed
Castleside Day Unit (CAV), scored 92% - training required, this has now been addressed
Collingwood Court (CAV), scored 93% - access restricted due to patients' behaviour
Akenside (CAV), scored 92% - training required, this has now been addressed
JUNE 2017:
No areas fell below the target of 95%
JULY 2017:
No areas fell below the target of 95%
AUGUST 2017:
No areas fell below the target of 95%
SEPTEMBER 2017:
Results not available currently

Medical Devices

The Medical Devices Policy and PGNs have been reviewed and updated. The changes made addressed the issues which had previously been identified following an internal audit report in September 2015. New flow charts, forms are included, all available on the intranet. Medical Devices has been removed from the Trust risk register for the first time since 2009.

Following a Serious Incident investigation following a patient collapse and medical emergency it was identified that there was an error as a result of the incorrect assembly of the 7305 DeVilbiss suction unit. Training has been provided to clinical areas in Hopewood Park, St George's Park, and St Nicholas Hospital. A poster has been distributed to all of the areas with this suction unit to provide a visual aid as to correct assembly.

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 during the time period.

Training dates continue to be offered across the various site on Pressure ulcer awareness / Wound assessment however attendance has been poor of late.

Student specific sessions organised with PPF for coming year x 4, covering a range of tissue viability topics. This is to provide more formal foundation training.

International 'Stop Pressure Ulcer Day' is pending on 17th November 2017 information stalls will be provided across all main sites by link staff and Tissue Viability Nurses.

Overview April to September 2017

- 529 client visits
- 41 wards visited
- 136 individual clients seen
- 27 Types of wounds (Abscesses-self-harm)

Pressure ulcers

- 194 visits
- 43 individual clients seen
- 26/43 Pressure ulcers pre-existing before entering NTW. (Category 1 x 5, Category 2 x16, Category 3 x 4, Category 4 x 1)
- 17/43 Identified within NTW (Category 1 x 2, Category 2 x 15) **No Category 3 or 4 acquired within NTW.**

VTE

No confirmed Deep Vein Thrombosis / Pulmonary Embolism received via IR1 and actions are in place to ensure that recording of the incidents is accurate as there have been a number of cases where a DVT/PE has occurred within the community within 90 days of discharge. The Tissue Viability Nurse has participated in the After Action Reviews and the lessons learnt are being compiled.

NICE/Quality Standard Guidance

Quality Standard (QS)89 Pressure ulcers, baseline presented to Business Delivery Group (BDG) along with action plan. Ongoing monitoring agreed and reporting window agreed to be extended from 6hrs to 24hrs. The Tissue Viability Nurse (TVN) is to review and report compliance monthly, reporting back to group in December.

NICE guidelines (CG92) Venous thromboembolism [VTE] presented to BDG. Action plan validated along with training matrix. Formal VTE tool built onto RIO which went live on 13th October along with internal CAS alert, inclusion in Trust Bulletin planned for 18th October. 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 BDG

IPC/Tissue Viability Matrons 2017

Kevin Chapman, Sonia Caudle, Kay Gwynn, Carole Rutter