INFECTION PREVENTION ANNUAL REPORT

WYE VALLEY NHS TRUST

2015 - 16

Introduction.

Wye Valley NHS Trust provides both acute and community healthcare services, including neighbourhood teams, for Herefordshire. Acute services are provided from the Hereford County Hospital Site in Hereford, which has 258 inpatient beds. There are four community hospitals. Ross has two wards and 26 beds, Bromyard has 18 beds, Leominster has 26 beds and Hillside has 22 beds. The Hereford County Hospital site is a Private Finance Initiative (PFI) site and the partners are Mercia Healthcare and Sodexo.

The annual report demonstrates the Trust's compliance with the Health and Social Care Act 2008 Code of Practice for health and adult social care on the prevention and control of infections and related guidance, the criteria for which are summarised below

Compliance Criterion 1. Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that their environment and other users may pose to them.

Compliance Criterion 2: Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.

Compliance Criterion 3: Provide suitable accurate information on infections to service users and their visitors.

Compliance Criterion 4: Provide suitable accurate information on infections to any person concerned with providing further support or nursing/medical care in a timely fashion.

Compliance Criterion 5: Ensure that people who have or develop an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing on the infection to other people.

Compliance Criterion 6: Ensure that all staff and those employed to provide care in all settings are fully involved in the process of preventing and controlling infection.

Compliance Criterion 7: Provide secure adequate isolation facilities.

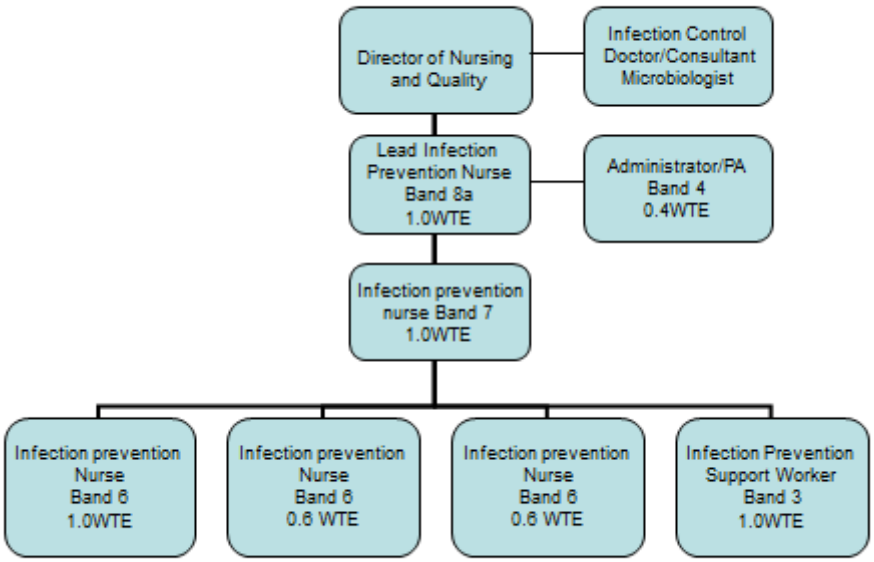
Compliance Criterion 8: Secure adequate laboratory support as appropriate.

Compliance Criterion 9: Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.

Compliance Criterion 10: Ensure, as far as is reasonably practicable, that care workers are free of and are protected from exposure to infections that can be caught at work and that all staff are suitably educated in the prevention and control of infection associated with the provision of health and social care.

Criterion 1.

Infection Prevention Team.



The Infection Prevention team structure was changed this financial year with the creation of a band 7 post. The band 3 support nurse is currently employed on a fixed term contract. There have been fluctuations in staffing this year due to maternity, bereavement and sick leave. The team also have a service level agreement with 2gether NHS Foundation Trust to provide a service for Herefordshire mental health services.

The infection prevention nurses are available five days a week between 8am and 5pm, however outbreak management is provided at weekends. Out of hours cover is provided by the on-call microbiologists from Hereford and Worcester.

Committee Structures and Assurance Processes

Trust Board.

The Direction of Nursing and Quality is also the Director of Infection Prevention and Control and attends board meetings, reporting and giving assurance on infection prevention issues. The infection Prevention Doctor also attends the board meetings as required.

Quality Committee.

The Quality Committee meets monthly and is attended by the Director of Nursing and Quality. This committee provides board assurance. A monthly report is provided by the team for the Director of Nursing and a quarterly infection prevention report is presented to the Quality committee by the lead infection prevention nurse.

Infection Prevention Committee.

The Infection Prevention Committee meets monthly and is chaired by the Director of Infection Prevention & Control or the infection control doctor in their absence. The membership of this committee consist of the Infection Control Doctor, the Lead Infection Prevention Nurse, antibiotic pharmacist, Herefordshire Clinical Commissioning Group member, Sodexo, Mercia Healthcare, NHS Estates, Service Unit Heads of Nursing, a medical representative, and a patient representative. Infection prevention policies are approved here before being ratified by the policy group. The decontamination, cleanliness and water management committees are sub-committees of and report to the infection prevention committee.

Other meetings and committees attended by the Infection Prevention Team are as follows:

Community Estates and Facilities meeting.

Cleanliness committee.

Water management committee.

Nursing and Midwifery Committee.

Senior nursing management meeting.

Quality committee quarterly to present the quarterly infection prevention report.

Decontamination committee.

Medical devices committee.

Period of infection reviews with appropriate clinical staff and colleagues from the Clinical Commissioning Group.

CDI ward rounds.

Antibiotic stewardship meeting.

Capital Planning and Equipment Committee

Estates Strategy Board.

Waste meetings.

Health and Safety Committee.

Estates and Facilities Performance Group.

SPEC Savers (procurement group).

Countywide Healthcare Associated Infection Forum chaired by the CCG.

New build and re-design meetings.

Incident meetings as they arise.

Healthcare Associated Infection Surveillance

Meticillin Resistant Staphylococcus Aureus (MRSA) Bacteraemias.

Wye Valley NHS Trust has continued to achieve its objective of a zero tolerance of MRSA bacteraemias. In November 2015 the Trust celebrated over 1000 days since the last case. There was an article and photo in the Hereford Times and the Trust weekly newsletter – Trust Talk. The Trust is only one of seven in the country to have had a period this long without an MRSA bacteraemia.

MRSA Colonisation/Infection

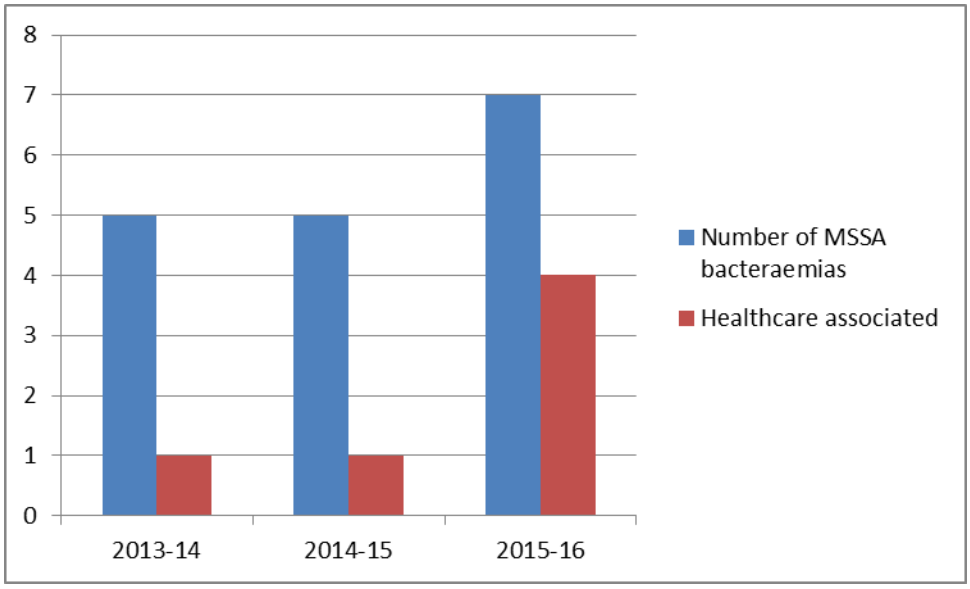
There was a reduction in MRSA colonisation cases identified more than two days after admission during the period 2015-16. There were 10 identified this year compared to 17 last year. These are investigated by the infection prevention team, and if they appear to be related, the area is placed on an extended review period which involves audit of practice by the ward staff and the infection prevention team. There were no extended review periods for MRSA in 2015-16.

MRSA screening

The Trust continues to screen all emergency and elective admissions for MRSA. Acute MRSA screening compliance is down on last year at 89% from 98%. Community compliance with screening is comparable with last year at 98 % compared to 99%. The reduction in MRSA screening compliance at the County Hospital will be investigated as part of the team action plan for 2016/17.

Meticillin Sensitive Staphylococcus Aureus (MSSA) Bacteraemias.

There is no externally set target for MSSA bacteraemias but the Trust reports isolates on the national healthcare associated infection data capture system. These are investigated internally. There have been seven MSSA bacteraemias identified from samples taken 24 hours or more after admission. Four of those were assessed as being healthcare related. Two cases were attributed to urinary catheters, one case the patient had cholecystitis and the fourth there was no cause to be found, the patient had been in hospital for two months. The development of a urinary catheter care pathway and urinary catheter passport are being introduced which should address the urinary catheter associated incidences.



Clostridium difficile Infection (CDI)

Wye Valley Trust was given an externally set trajectory of 18 cases of CDI this year. The reportable cases of CDI are those that have been identified from samples taken two or more days after admission, and are positive by two tests, polymerase chain reaction (PCR) and enzyme-linked immunsorbant assay (EIA). This year the trajectory was set taking into account the community hospital beds for the first time. All cases of CDI are investigated by the Infection Prevention Team. Post infection reviews of all cases were undertaken. The post infection review team includes the nurse in charge on the relative ward, the consultant in charge of the case, the infection control doctor (a consultant medical microbiologist) and an infection prevention nurse. The outcome of the post infection review is shared with the quality team at Herefordshire CCG, and a decision is made as to whether or not there were lapses in care which contributed to the development of CDI in the patient. More than 18 cases with lapses in care would result in a financial penalty for the Trust.

This year the Trust had 20 CDI cases. Five of those had lapses in care identified which could have contributed to the infection. The lapses in care identified were environmental and linked by being the same ribotype, delay in isolation, antibiotics not being prescribed in line with the antibiotic prescribing policy, delay in treatment and delay in sampling. Any learning identified is discussed at the Infection Prevention Committee and within the Service Units.

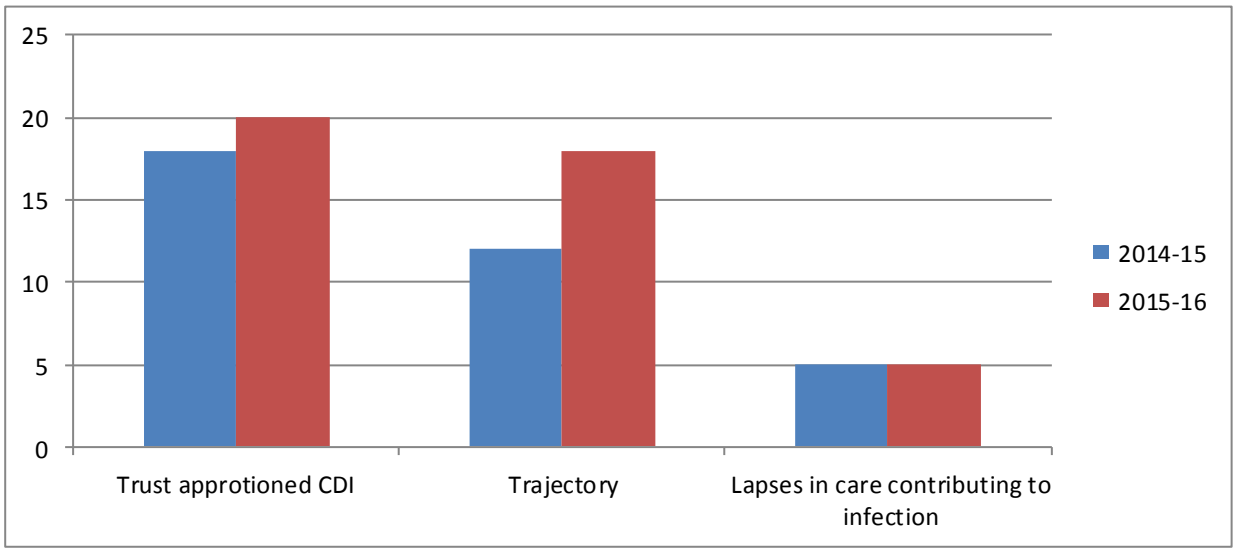
The figure of 20 cases demonstrates a small increase compared with 18 in 2014-15.

In April 2015 Wye ward had a period of increased incidence (PII) of CDI. This occurs when a ward has two or more new cases that become symptomatic more than 48 hours after the day of admission within a 28 day period. Two patients on Wye ward had CDI isolated at the end of March 2015, and a further two cases were identified at the beginning of April. Three of these samples were EIA positive. A period of increased incidence was declared and all of the patients were reviewed. Wye ward is a Stroke ward, and these patients need to be cared for within this clinical are which presents a particular challenge for caring for these CDI patients. One of the index cases was unable to be isolated due to requiring specialist care. One patient did not receive antibiotics in line with the antibiotic prescribing policy. One patient received antibiotics that were high risk for CDI but were clinically justified. As a result of this episode, a protocol for isolation was produced specifically for Wye ward stroke patients.

The infection prevention team re-launched the local initiative, 'Attack Cdiff' as a result of the Wye period of increased incidence. Education sessions delivered at ward level, a quiz, and a visible presence by the team promoting compliance with policy. To add extra interest, the team took agar plates with them to sample staff member's hands – an initiative which was well received.

Lugg ward had been on and extended review period from the 1st June 2015. A period of increased incidence of Clostridium difficile infection commenced on the 28th July which was subsequently declared an outbreak of CDI. The ward was closed to admissions in order to facilitate a terminal deep clean of the side rooms and bays so that these areas could undergo environmental disinfection. The environmental disinfection utilised was hydrogen peroxide vapour (Bioquell) which was carried out by our in-house team and under contract with the Bioquell Company. The ward re-opened to admissions and normal working on the 3rd August. Incident meetings were held and targeted education for all staff working on Lugg ward was put in place. The Trust Development Authority, Health Protection England and the Clinical Commissioning Group were kept informed throughout. Staff were handed letters from the director of infection prevention. Posters explaining what a period of increased incidence was were put up. Senior nurses had to sign that the ward cleaning diary was complete and that patient equipment was clean. The infection prevention team and microbiologist accompanied the CDI ward rounds. Six

faecal samples were sent for ribotyping which demonstrated cross contamination had occurred. There were no further new cases on Lugg following this episode until October 2015. This episode was investigated as a serious incident and presented to the infection prevention committee.

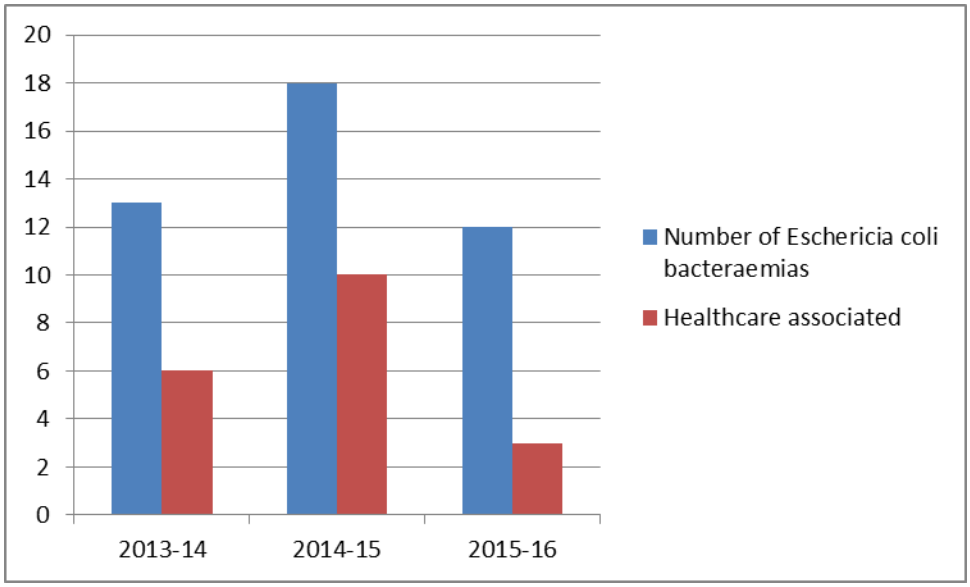


In October and November 2015, thirty-two faecal samples were sent for ribotyping to ascertain if there were any unidentified clusters of CDI identifiable by type, post code, GP, care/nursing home or location. There were no links identified apart from two samples of the same type identified in patients at Hillside community hospital.

The infection prevention team looked at alternative technologies that may enable a more timely environmental disinfection process this year. Nocolyse was a system for delivering a lower dose of hydrogen peroxide fogging dispensed via a small portable unit that was in use in our then buddy Trust. This system had a shorter turn-around time than our in-house hydrogen peroxide fogging system. The other system reviewed was an ultra-violet light technology, which again offered a much shorter turnaround time and used no chemicals so did not require sealing of the area to be treated. The Trust board has approved an extended trial of the ultra-violet light system.

Eschericia coli Bacteraemias

This year there were 12 E. coli bacteraemias identified from samples obtained 24 or more hours after admission. Each case is assessed and investigated. Most of the cases were associated with the underlying disease for which the patient had been admitted and were not due to lapses in care. Three could be attributed to healthcare intervention.



Blood culture contaminants.

Any contaminated blood culture specimens are traced back to the person who obtained the sample and the procedure is discussed with the individual to ensure they reflect on their practice and improvements are made. This reflection then forms part of the individual's revalidation process. This process is undertaken by the Infection Prevention team and reported on the monthly key performance indicators reports presented at the Infection Prevention Committee.

Mandatory Surgical Site Infection Surveillance.

Wye Valley Trust submits regular information on hip and knee replacement surgery to the Surgical Site Infection Surveillance Service. The data gathered is managed by the service unit, supported by the infection prevention team. The infection prevention team gathered surgical site infection data for one quarter for breast surgery. Wye Valley infection rate for this surgery was higher than the national average. Practice was reviewed and as a result, a written protocol was developed for breast surgery antibiotic prophylaxis..

Type of surgery	April-June 2015
Knee replacement	0.9%
National rate	2.1%
Hip replacement	0%
National rate	1.3%
Breast Surgery	10.8%
National rate	4.1%

The orthopaedic team undertake surveillance for infections occurring after hip and knee replacement surgery. In this quarter there were no joint infections identified.

Audit Programme

A programme of audit is undertaken to ensure that key policies and practices are being upheld and implemented required by the Health and Social Care Act 2008. The results of the individual audits are displayed at the end of this report. Scores of above 90% are compliant with infection prevention standards. Those that score 75 – 89% have partial compliance and those that score 74% and below have poor compliance. The audit used is adapted from the Infection Prevention Society quality improvement tools which are utilised nationally. The annual infection prevention audit programme was completed this year. A total of 78 audits were undertaken but only 44% of those areas audited have returned action plans. The team have sent out several reminders for the return of actions following audit. The non-return of action plans needs more robust follow-up which in the coming year will be challenged through the infection prevention committee. The actions for these audits are added to the service unit quality improvement plans. The Infection Prevention Committee is presented with a quarterly update on audits completed. The audit compliance scores are included at the end of this report. Common themes from this year's audits were:

- General environmental damage to walls and doors.
- Sharps bins did not have the semi-closure deployed when not in use.
- Environmental and equipment cleanliness.

Other audits carried out by the infection prevention team are:

- Commode cleanliness.
- Observation and practice audits.
- Quarterly peripheral cannula audits.
- Quarterly indwelling urinary catheter audits.

Ward based audits carried out by ward staff:

- Monthly infection prevention assurance tool.
- Monthly hand hygiene.
- Monthly commode and toileting aid audits.

Time to isolation audit

Patients who develop diarrhoea should be isolated within two hours of onset of symptoms as set out in Trust policy. This year the team undertook an audit of this practice between July and December. The

time to isolation varied from 35 to 80 minutes with an average of 59 minutes. This audit will be repeated next year.

Saving Lives Audits.

Saving lives audits are undertaken by each clinical area and the results are displayed on their clinical dashboard. The infection prevention team are keen to look at alternative ways of getting more robust assurance around clinical practice. The saving lives audit results are presented to the infection prevention committee by the service units. The results of these audits need more robust challenge and this will be included into the annual action plan for 2016-17.

Hand Hygiene Compliance

Hand hygiene remains the most important infection prevention measure that anyone can undertake and is essential in preventing cross infection. Hand hygiene audits are carried out monthly by each clinical area and the results are displayed on their clinical dashboard. The hand hygiene tool used is adapted from the World Health Organisation five opportunities for hand hygiene. Staff group and bare below the elbows compliance is also part of the audit. If a hand hygiene opportunity is missed, the member of staff will be challenged and reminded of the missed opportunity. Over the past year the Trust compliance for hand hygiene is 91% and the Trust target is 95%. Hand hygiene needs to be re-invigorated and this will be included in the annual action plan for 2016-17.

Root Cause Analysis

Route cause analysis is undertaken for a variety of incidents in infection prevention. These are presented to the infection prevention and quality committees. Lessons learned are shared with the area that the incident came from, and also the quarterly infection prevention newsletter. The infection prevention nurses deliver face to face training, and do share lessons learned in these sessions.

Root cause analysis is undertaken for all CDI deaths whether on part one or parts two of the death certificate. Between April 2015 and March 2016 there were five cases where CDI was noted as a contributory cause of death but not the primary cause.

Root cause analysis is also undertaken when wards close due to outbreaks of infection such as Norovirus or Clostridium difficile.

External reviews

A pre-Care Quality Commission inspection was undertaken jointly by the Trust Development Authority and out buddy Trust, University Hospital Birmingham in July 2015 which did not raise any issues of concern for infection prevention.

Care Quality Commission visit.

The Care Quality Commission undertook an inspection of the Trust in September 2015. The Lead Infection Prevention Nurse and the Director of Infection Prevention and Control were interviewed. There were no infection prevention concerns raised as a result of this inspection.

Criterion 2.

Credits for Cleaning

The Trust commenced using credits for cleaning in November 2014. It is an electronic monitoring system for environmental and cleanliness standards. The results are displayed on the infection prevention dashboard and reviewed by the estates team at contract meetings and at the cleanliness committee. The cleanliness monitoring that Sodexo undertake is also reported through the estates department. Over the last year there have been operational difficulties with using credits for cleaning due to Wi-Fi connectivity and hardware problems. In those areas, a paper system for monitoring cleanliness is used. In the coming year monitoring of cleanliness will be more collaborative to give better assurance around standards of cleanliness.

Food hygiene

The Salmonella outbreak report from a Trust in Birmingham was reviewed by the infection control doctor. As a result food safety was added to the terms of reference of the cleanliness committee. There was agreement that the infection control doctor and the estates team would undertake six-monthly kitchen inspections jointly with Sodexo.

Patient Led Assessments of the Care Environment (PLACE)

PLACE visits were undertaken in May 2015. These were co-ordinated by the estates monitoring team who drew up an action plan following the feedback from the visits. The monitoring of the action plan is on the agenda of the cleanliness committee. The common themes with infection prevention elements to them were clutter, environmental damage and, in the community hospitals, no cleaning schedules were available. The areas have been de- cluttered and there are cleaning schedules available in all community hospitals.

Decontamination.

Wye Valley NHS Trust has a decontamination committee that is attended by all service provision partners as well as the Infection Prevention Team. The chair of this committee is the Elective Care Business Manager for theatres who is the Decontamination Lead for the Trust. This committee reports to the Infection Prevention Committee. Re-usable surgical instruments are processed by the on-site Sodexo Sterile Services Department.

Endoscopy

Modifications to the environment in the endoscopy units at the County Hospital and Ross Community Hospital sites were required to improve compliance with current standards. The Hereford County Hospital endoscopy unit now has pass-through hatches and has achieved Joint Advisory Group on Gastrointestinal Endoscopy (JAG) accreditation. This means formal recognition that the endoscopy service has competence to deliver against the measures in the quality improvement global rating system (GRS). The County Hospital unit has also had drying cabinets installed for the storage of

processed scopes. Work has also been undertaken at Ross Community Hospital to install pass-through hatches and a reverse osmosis water processing unit.

Criterion 3.

Patient leaflets.

The Infection Prevention Team has reviewed all of their patient information leaflets this year. These are available in hard copy or through the Trust intranet and public facing web sites.

Communications team.

The Infection Prevention Team has a close working relationship with the Communications Team. They attend incident and outbreak meetings ensuring that appropriate messages are delivered both to Trust staff and to the public. Wider dissemination of current issues is achieved by global emails and Trust Talk – the weekly newsletter. Higher profile issues are included in the Team Brief which is a monthly newsletter from the Chief Executive.

Criterion 4.

Notification of infections in a timely fashion is facilitated by laboratory reports directly to the Infection Prevention Team from the laboratory staff. These are also available electronically via the APEX laboratory system. The ward area is then either telephoned or visited by the Infection Prevention Nurse to ensure that the correct information is available for treatment and care of that patient. The team also has access to ICNet, which is an electronic surveillance system. If patients have been identified as having CDI or MRSA and they have been discharged, a letter is sent to the GP. The infection prevention team have been working alongside colleagues in the clinical commissioning group to address the wider public health messages across the county.

Criterion 5.

The Infection Prevention Nurses advise the clinical site team and ward staff regarding isolation and treatment of specific infections. The patient administration system (PAS) has a flag on it so that patients with a history of alert organisms such as MRSA or CDI can be brought to the attention of nursing and medical staff.

Outbreak and incident management

The Infection Prevention Team and the infection control doctor are involved in outbreak management of diarrhoea and vomiting as well as other increased incidences of infection.

Ward Closures Due to Confirmed or Suspected Norovirus

Ward	Date of closure	Duration	Number of patients affected	Number of staff affected	Bed days lost	Organism identified
Lugg Ward	28/07/2015	10 days	6	0	19	*Clostidium difficile*

Wye Ward	11/12/2015	9 days	16	5	31	Norovirus
Frome ward	14/12/2015	7 days	16	4	30	None identified
Gilwern Assessment Unit	16/03/2016	3 days	6	3	2	Norovirus
Ross	19/03/2016	5 days	15	2	22	Norovirus

A further development this year was the drawing up of a diarrhoea assessment tool for ward staff to utilise to assist in deciding the need to isolate patients who develop diarrhoea which is being trialled.

The infection prevention team also produced an enhanced cleaning schedule which is to be implemented during future outbreaks of Norovirus.

As a result of the protracted outbreaks in the previous year, the infection prevention team met with colleagues from the Public Health England, the Trust Development Authority and the Clinical Commissioning Group to discuss further measures that could be implemented countywide to prevent such operational interruption in the future. Feedback was gathered from all staff involved in the protracted outbreaks. The possibility for the implementation of the commencement of sub-cutaneous fluids in nursing/care homes by the district nursing teams was to be explored. An audit of time to isolation was a recommendation; the result of which is included in this report. A Trust definition for ward closure was developed. There was also a review of the ward outbreak packs, media messaging, the outbreak policy and a procedure for bay closure developed.

Water Management

The Trust has a programme of water monitoring in accordance with national guidance for all augmented care areas. Some modifications to the water pipework and supply have been undertaken in the cardiac catheter laboratory this year, this is managed by a company called InHealth.

Criterion 6.

Each member of Wye Valley NHS Trust staff has their responsibility towards infection prevention within their job description. All clinical staff are required to attend induction training before they work clinically and an annual refresher training session. This process is then monitored via the electronic service record and will be key to pay progression and revalidation. Agency staff have a local induction delivered by the area they are working in. All contractors have infection prevention training that has been prepared by the infection prevention team but is delivered by Sodexo.

Criterion 7.

All wards have side rooms available to them. Throughout the County Hospital site there are 12 specially ventilated rooms. Three of these are positive pressure rooms and nine are negative pressure rooms. The infection prevention team monitor the usage of side rooms for patients with known or suspected

infections and this data is shared with the site management team. Not all of the side rooms have ensuite facilities. After the ward closures last year, the team now provide the site team with a weekend plan every Friday and for bank holiday periods.

Criterion 8.

There is a fully accredited microbiology department on the Hereford County hospital site.

Criterion 9.

Antimicrobial Stewardship (Antibiotic pharmacist)

Two key documents were published in 2015:

1. Nice Guideline 15, Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use
2. Patient Safety Alert 007, Addressing antimicrobial resistance through implementation of an antimicrobial stewardship programme.

Full implementation of the recommendations of both these documents requires electronic prescribing to be in place, but a key objective for 2016 -17 will be to continue to improve stewardship by improving documentation of the indication for the antibiotic, and introducing a formal 72 hour review of intravenous antibiotics incorporated into the inpatient medication chart, and improving feedback to clinicians.

Regular monthly audits of antimicrobial stewardship have continued through 2015-16 and overall trends and performance are in line with previous years (audits give an overall figure of 70-76%, against a target of 90%).

During the previous 12 months we have maintained a downwards trend for quinolone and IV co-amoxiclav use, (in line with our action plan to minimise *C difficile*) but this has been offset by continuing the upwards trend for piperacillin tazobactam and carbapenem use. The carbapenem use is in part due to the use of ertapenem in intravenous outpatient antibiotic treatment.

Antibiotic guideline maintenance and development has continued with new guidelines introduced for:

- Vancomycin continuous infusion for use on Intensive Care
- Meropenem test dosing in patients with penicillin allergy

Following an audit of surgical antimicrobial prophylaxis guidelines for surgical prophylaxis in urology and gastrointestinal procedures have been reviewed and updated.

Looking ahead, the national CQUIN 5 Antimicrobial Resistance and Antimicrobial Stewardship requires Trusts to demonstrate a reduction in total antibiotic usage and the usage of piperacillin/tazobactam and carbapenems.

Policies.

All of the Infection Prevention policies are available on the Trust Intranet. Several have been reviewed and ratified this year as follows:

MC.03 Decontamination Policy.

IC. 05. Isolation Policy.

IC. 16. Muliti-resistsant Gram Negative Infection Prevention Policy.

IC. 26. Meningococcal Disease Policy.

IC. 29. Standard Precautions Policy.

IC. 35. Norovirus Outbreak Policy.

PR. 71. Antibiotic Policy.

The release of all new policies is communicated through the Trust newsletter Trust Talk. They are all ratified through the infection prevention committee. If there are any changes to practice as a result of changes to these policies, the infection prevention team inform the nursing staff through visiting ward areas and discussing changes at the nursing forums that they attend.

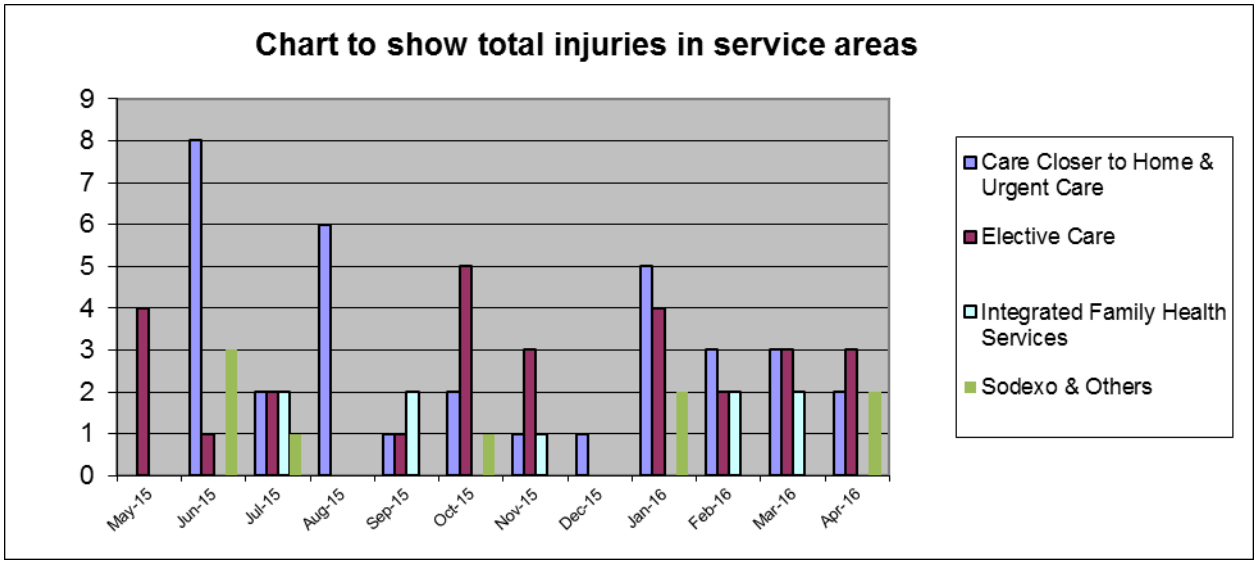
Criterion 10.

All staff must attend Trust induction before commencing work within Wye Valley Trust. Infection Prevention constitutes part of formal teaching on the clinical staff induction and annual refresher sessions. Infection Prevention responsibilities form part of all job descriptions within the Trust. If there are any emerging infection threats or increased incidents of infection, extra targeted training sessions are undertaken. Infection Prevention training is also delivered to contractors working within the Trust.

Health@Work (Occupational health manager)

We had a very successful winter 2015 Flu campaign. On the main launch day the initial vaccination programme was delivered in strategic places at all entrances to the hospital on day one & two, starting from 6.45am to 9.am to target staff coming into work. Each 50th member of staff vaccinated at all vaccination points received a box of chocolates. We had drop in clinics in the Health@Work department for the remainder of day combined with floor walking all day. On day one we vaccinated 450 staff. Every member of staff vaccinated was entered into a prize draw with five chances of winning a £10 Amazon Voucher. At the close of the campaign we had vaccinated 65.6% of staff which was an increase from last year's 62.3%.

Health @Work department continues to provide health screening for Wye Valley staff and offer stress management and counselling opportunities. They have a pro-active MMR vaccination program and carry out screening for hand dermatitis for new and currently employed staff. Exposure incidents are managed by the team and there continue to be a number of incidents within the Trust despite the introduction of needlesafe devices. Insulin syringe needles have been a common theme and review of equipment is undertaken at the procurement group SPEC savers. The graph below shows where incidents have occurred.

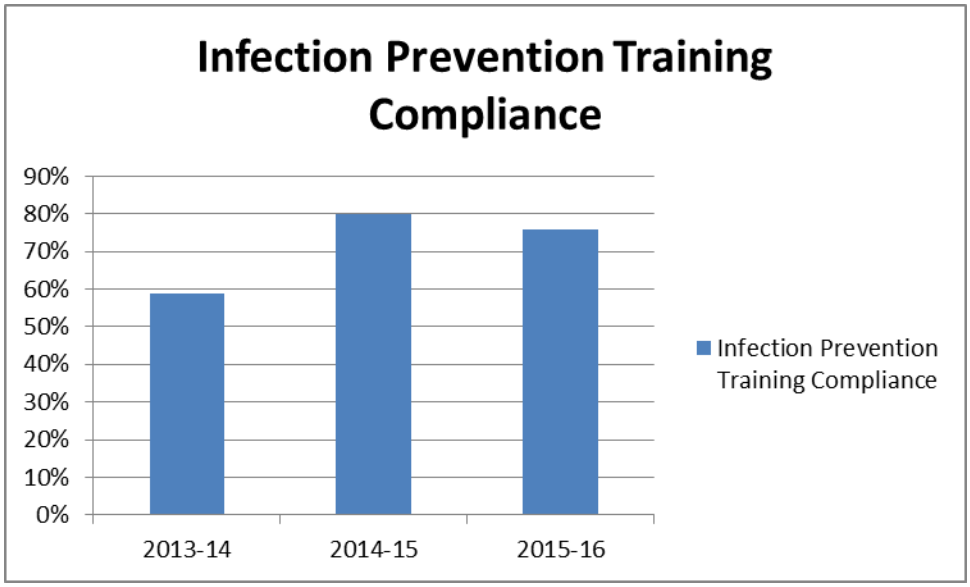


Needlesafe Devices.

The Trust has been using needlesafe devices for the past nine years and is currently reviewing these devices in conjunction with Health@Work, procurement, key clinical staff and the health and safety lead for the Trust.

Staff Training.

During 2015/16 the team have continued to deliver face to face infection prevention training on induction and annual refresher sessions for all Wye Valley staff. Training data continues to be reviewed by the service unit leads, the Trust Board and at the infection prevention committee. Compliance for this year is 76% which is down on last year when compliance was 80%. Extra sessions have been provided for consultants and medical teams this year. The infection prevention team have been working closely with the education development centre staff in improving attendance figures. Sessions for individual staff groups have been delivered in order to facilitate better attendance.



Conclusion.

The Infection Prevention team at Wye Valley NHS Trust are committed to preventing and reducing harm to patients from avoidable healthcare associated infections. This commitment will be reflected in the annual work plan for 2016/17. A reduction in CDI cases will continue to be a challenge as will outbreaks of Norovirus.

There are a number of issues identified during the time frame of this report that have been placed on the team action plan for 2016-17.MRSA screening compliance will be investigated and measures put in place to amend the short fall this coming year. The urinary catheter care pathway and urinary catheter passport will be launched. The return of infection prevention audit action plans needs to be more robust and escalation of non-returns needs to be put in place. The audit of time taken to isolate patients who developed diarrhoea will be repeated in 2016-17. There will be robust challenging of saving lives and hand hygiene audit results at the infection prevention committee and Divisional Quality meetings. Hand hygiene awareness needs re-invigorating and changes to the audit tool have already been made in 2016.

List of Abbreviations

PFI – private finance initiative.

MRSA – Meticillin-resistant Staphylococcus aureus,

MSSA – Meticillin sensitive Staphylococcus aureus

Colonisation – An organism may live without causing an infection.

Infection – there will be clinical signs such as temperature, pain, exudate, redness.

CDI – Clostidium difficile infection.

PCR - polymerase chain reaction.

EIA - enzyme-linked immunsorbant assay.

CCG – clinical commissioning group.

PLACE - Patient Led Assessments of the Care Environment.

TDA – Trust Development Authority.

PHE – Public Health England.

JAG – Joint Advisory Group ON Gastrointestinal Endoscopy.

GRS – Endoscopy global rating scale quality improvement system.

CQUIN – Commissioning for Quality and Innovation payment framework.

IVOPAT – intravenous outpatient antibiotic treatment.

SPEC savers – supplies procurement effectiveness committee.

ANNUAL INFECTION PREVENTIOIN AUDIT RESULTS

Area Audited	Compliance Score
A&E	82%
Arrow	92%
CAU	96%
CCU	98%
FROME	90%
LUGG	91%
WYE	95%
FRED BULMER	92%
HEART & LUNG	95%
MORTUARY	85%
NEUROPHYSIOLOGY	90%

PHOTOTHERAPY	96%
RADIOLOGY	89%
THERAPIES – PHYSIO HCH	93%
LEOMINSTER THERAPY	94%
VASCULAR UNIT	97%
BROMYARD HOSPITAL	92%
HILLSIDE HOSPITAL	96%
LEOMINSTER HOSPITAL	96%
LEOMINSTER MIU	98%
LEOMINSTER XRAY	90%
MERLIN WARD, ROSS COMMUNITY HOSPITAL	95%
PEREGRIN WARD, ROSS COMMUNITY HOSPITAL	94%
ROSS COMMUNITY HOSPITAL XRAY	97%
ROSS COMMUNITY HOSPITAL OCCUPATIONAL THERAPY DEPARTMENT	97%
ROSS COMMUNITY HOSPITAL THERAPY DEPARTMENT	88%
ROSS COMMUNITY HOSPITAL MIU	96%
PODIATRY, DIABETES CENTRE	95%
LEOMINSTER PODIATRY	Included in Leominster outpatient audit.
MATERNITY	80%
PAEDIATRICS	87%
SPECIAL CARE BABY UNIT	90%
WOMENS HEALTH WARD	86%
WOMENS HEALTH OUTPATIENT DEPARTMENT	90%

PAEDIATRICS OUTPATIENT DEPARTMENT	95%
CDC	95%
No1 LEDBURY ROAD	87%
KITE CENTRE	85%
DCU	92%
ITU	98%
LEADON	90%
MONNOW	97%
REDBROOK	92%
TEME	97%
MACMILLAN RENTON UNIT, CHEMOTHERAPY	95%
MACMILLAN RENTON OUTPATIENT DEPARTMENT	92%
OXFORD SUITE PLASTER ROOM	93%
COLORECTAL DEPARTMENT	85%
DIABETES CENTRE	93%
EAR, NOSE & THROAT	99%
AUDIOLOGY	92%
VASCULAR EVALUATION UNIT	94%
MAXILLO-FACIAL OUTPATIENT DEPARTMENT	91%
ENDOSCOPY HCH ENVIRONMENT	95%
ENDOSCOPY HCH DECONTAMINATION	99%
GENERAL THEATRES	91%
GYNAECOLOGY THEATRE	92%
ROSS OUTPATIENT DEPARTMENT	91%
LEOMINSTER OUTPATIENT DEPARTMENT	92%

ROSS ENDOSCOPY ENVIRONMENT	93%
ROSS ENDOSCOPY DECONTAMINATION	99%
ASDA DENTAL ACCESS CENTRE	90%
LEOMINSTER DENTAL ACCESS CENTRE	89%
ROSS DENTAL ACCESS CENTRE	95%
BELMONT PODIATRIC SURGERY	86%