

**AGENDA ITEM 8.4 - APPENDIX A**

<b>Meeting committee:</b>		<b>Report Date</b>	
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<b>Title:</b>	Lead Nurse Infection Prevention & Control Annual nursing team activity report 2012/2013
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<b>Purpose:</b>	The purpose of the annual lead nurse report is to provide activity and service delivery of the infection prevention and control nursing team from April 2012 to March 2013.
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<b>Summary</b>	<p>This is the third annual IP&amp; C activity report and summarises the activity including patient surveillance, teaching/training and project development.</p> <p>The team has reviewed 3998 patient's, provided IP&amp;C training to 3078 members of staff, completed 236 environmental audits and attended 1769 meetings/committees.</p>
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<b>Prepared by:</b>	Julie Barlow Lead Nurse Infection Prevention & Control	<b>Presented by:</b>	Julie Barlow Lead Nurse Infection Prevention & Control
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<b>Recommendation:</b>	Continue to develop data to reflect IPC team activity and to provide detail on training and project summary.
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<b>Implications (please mark an X)</b>	Legal	Financial	Safety & Quality	Strategic	Risk Assurance	&
	X	X	X	X	X	

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## 1. INTRODUCTION

The Infection Prevention and Control Team (IPCT) are responsible for the provision of specialist advice on the prevention, surveillance, investigation and control of infection outbreaks and incidents within the trust, formulation of policy and for the education of health care workers. This supports the overall trust priority of reducing healthcare associated infections (HCAI's)

This is third annual lead nurse IP&CT report which summarises the annual activity and provides progress regarding major HCAI related team and trust projects for 2012/2013. This report incorporates the infection prevention and control team activity for the acute team and the community division/services.

This complements the annual director of infection prevention and control (DIPC) report.

## 2. SUMMARY

1. The team consists of director of infection prevention and control (DIPC), one lead nurse (LN), five assistant Lead nurses (ALN) and six infection prevention and control nurse (IPCN).
2. The team is supported by 3 administration members.
3. The team structure is divided into five zones, three at JCUH, one at FHN and the community zone. South Tees now provides the IP&C service for the Lambert and the Friary PCH's, which also includes GP practices and outlying clinics.
4. The IP&CT conduct patient surveillance and for 2012/2013 the team have reviewed 4016 patients. In August, 2011 the team commenced daily review of patients with *clostridium difficile* this includes these reviews.
5. The team have delivered 138 training sessions, a total of 3078 members of staff have been trained.
6. The IP&C team have completed 233 clinical areas/departments environmental audits.
7. The team participates in team and trust wide groups and committee of which there are currently 64 groups/committees to attend on weekly/monthly/bi-monthly and quarterly basis.
8. The team provides a duty IP&CN on a daily basis to support timely delivery of results and a telephone advice line to support staff within the clinical areas, the telephone calls received was 6261.
9. The team continue to experience difficulties with IT systems and lack of IT support has delayed projects. Timely delivery and access to information is essential in maintaining the service.

## 3. TEAM PROFILE

The team consists of a deputy Director of infection prevention and control (DIPC), one lead Nurse, five assistant lead nurses', five IPCN's and one military nurse..

There are two further Lead nurses' incorporated within the team, wound care and decontamination.

The administration team consists of three members who support the infection prevention and control nursing team and lead nurses for decontamination and wound care.

The administration team hours has decreased through reconfiguration however this has had no effect on service delivery. They have continued to support the following:

- Maintaining the HCAI surveillance databases.

- Monitoring and follow up of the trust wide HCAI action plan repository
- Environmental audit follow up for the HCAI repository
- 9am-5pm cover
- Patient experience data entry for acute and community
- Answering and maintaining the electronic phone log
- Population of the electronic staff record (ESR)
- Commencement and support for community and Care home patient surveillance documentation.
- Continued support provided to the decontamination and wound care lead nurses.

	<b>Job Title</b>	<b>Post Holder</b>	<b>Grade</b>	<b>WTE</b>
<b>Infection prevention &amp; control nursing</b>	Assistant director of nursing (deputy DIPC)	Alison Peevor	8b	1.00
	Lead nurse IPC	Julie Barlow	8a	1.00
	Lead nurse decontamination	Alison Lonsdale	8a	1.00
	Assistant lead nurse IPC	Clare White	7	1.00
	Assistant lead nurse IPC	David McCaffrey	7	1.00
	Assistant lead nurse IPC	Joanne Carter	7	1.00
	Assistant lead nurse IPC	Joanne Dunmore	7	0.67
	Assistant lead nurse IPC	Heather Lyle	7	1.00
	Infection prevention & control nurse	Margaret Randall	6	1.00
	Infection prevention & control nurse	Angela Boyes	6	0.60
	Infection prevention & control nurse	Wendy Large	6	0.85
	Infection prevention & control nurse	Joanne Tait	6	0.67
	Infection prevention & control nurse	Vacancy	6	1.00
	Infection prevention & control nurse – care home	Sharon Lance	6	1.00
	Military IPCN	Thomas Jacques	6	1.00
<b>Wound care</b>	Lead nurse wound care	Sharon Bateman	8a	1.00
<b>Nursing total</b>				<b>14.79</b>
<b>Administration</b>	Office manager/secretary	Claire Phillips	3	0.8
	Surveillance clerk/administration support	Gill Postgate	2	0.73
	Surveillance clerk/administration support	Nosheen Akhtar	2	0.8
<b>Administration total</b>				<b>2.33</b>
<b>Overall team total</b>				<b>17.12</b>

#### 4. TEAM STRUCTURE

To improve links with the clinical area the trust has been divided into zones and support is provided by an ALN and an IPCN. There are currently five zones; three at JCUH, one at Friarage Hospital at Northallerton (FHN) and community zone, however this currently has an IPCN WTE vacancy.

The FHN cover is provided on a rotation basis (6 months – 1 year) by different members of team who have differing work patterns/hours. The aim has to been to provide an on-site 5 day cover, this has been achieved.

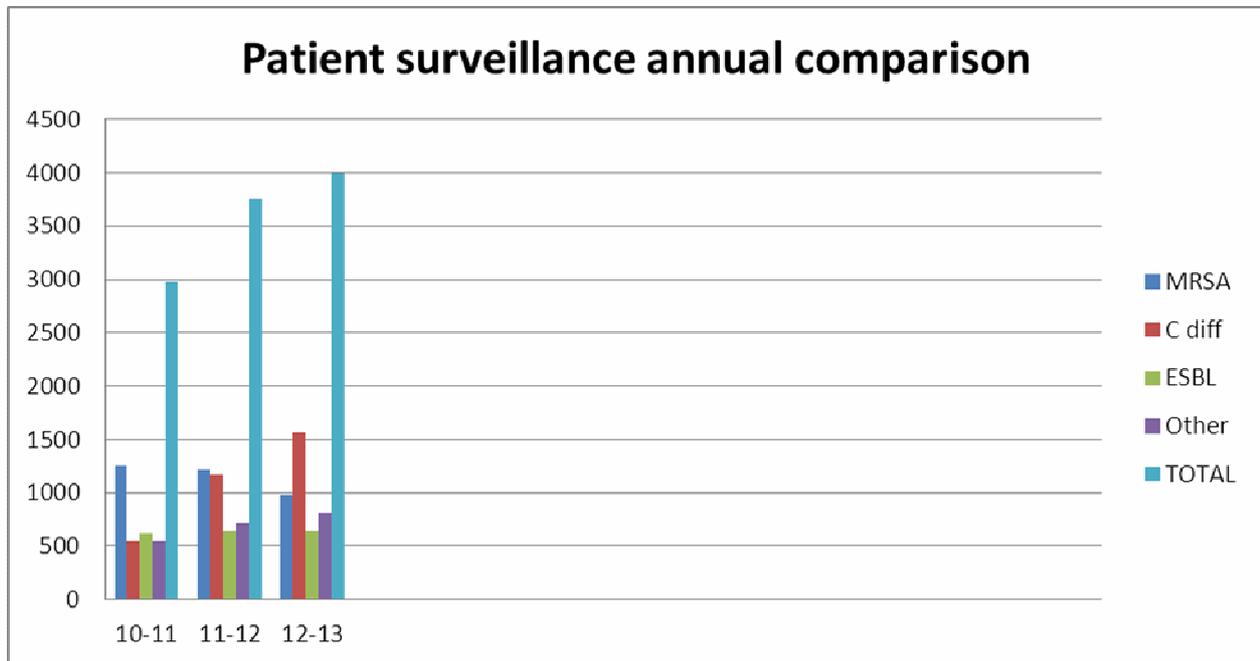
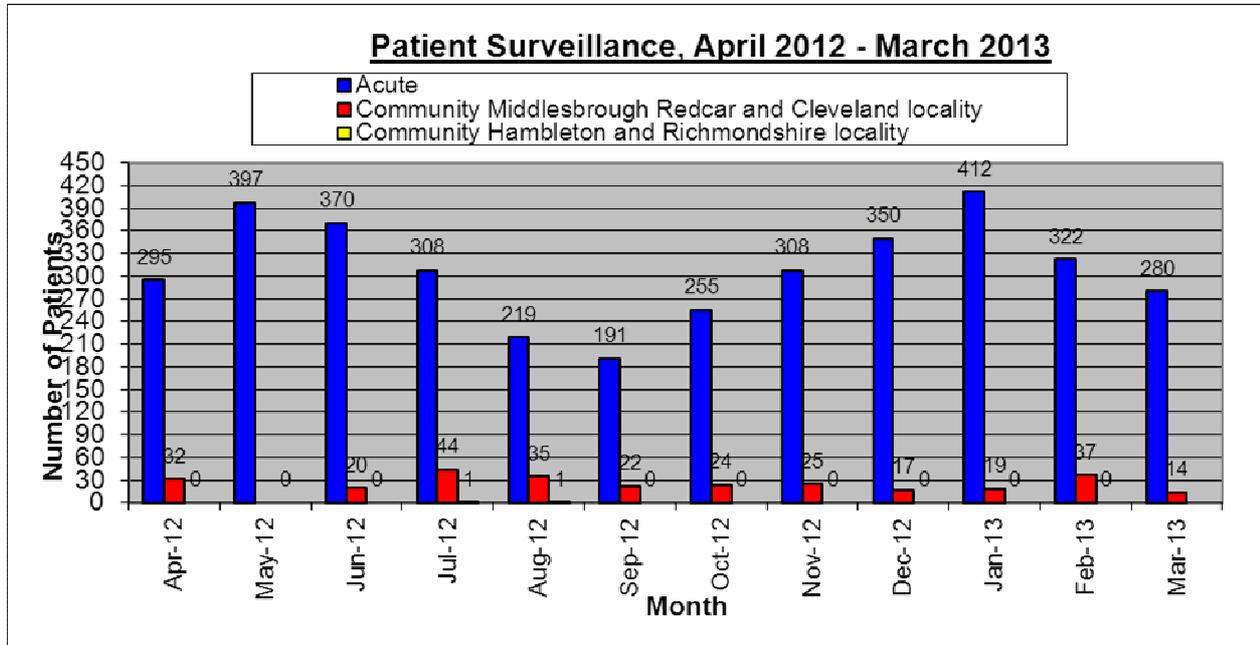
This does not include the provision of advice supplied through the JCUH office or other trust wide projects completed at JCUH.

#### 5. PATIENT SURVEILLANCE

The IPC team now collate all patient surveillance/contact time, which has shown some increase throughout the year, this maybe related to an<sub>4</sub> increase in compliance with monitoring.

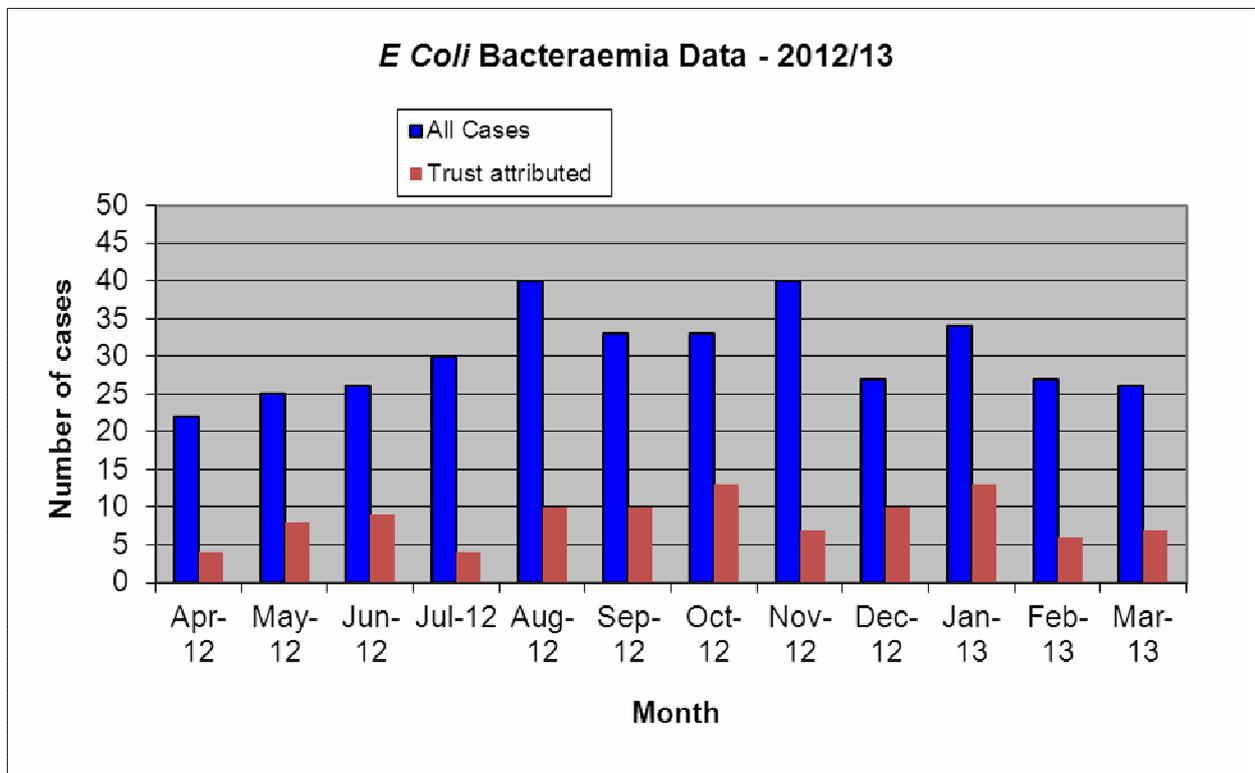
The total number of patients followed during 2012/2013 is **3,998** which is a 6% increase compared to 2011/2012. Details on the patients followed up are:- MRSA 983, *Clostridium difficile* 1,566, ESBL 638 and other 811 (includes Group A strep, VRE, TB), and these figures do not include patient follow up related to outbreaks.

Daily review of the clostridium difficile patients commenced on 25<sup>th</sup> August, 2011 and during 2012/2013 **1,556** visits have been conducted this is a 33% increase on the previous year. On each visit any non-compliance against the IP&C policies is discussed with the clinical team and recorded. These visits increase visibility in the clinical areas and allow the opportunity to discuss other infection prevention and control related issues or concerns.



**Escherichia coli (E, coli) mandatory surveillance**

In June, 2011 mandatory surveillance extended to include *E. coli* bacteraemia. The data is gathered on a data entry form and entered onto MESS on a monthly basis. In total the trust has had 3363 in 2012/2013. Each case is recorded as trust or non trust attributed according to the Department of Health MRSA definition



## 6. TRAINING

One of three key IPC team aims in the annual action plan is increase trust staff IPC skills and knowledge. The team provides a variety of training methods to support this through formal training sessions, intensive training, bespoke training and ward delivered training. Support with training is provided following infection outbreaks or incidents.

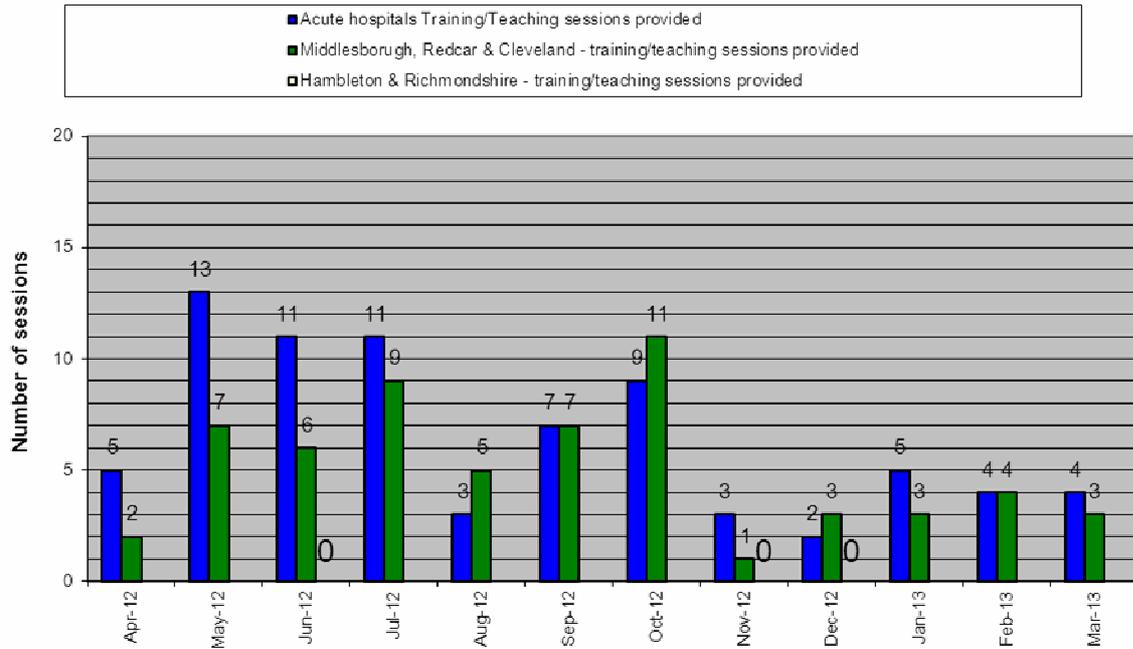
The list of training includes:-

- Corporate mandatory awareness training (CMAT)
- Corporate induction
- Intensive training
- Hand hygiene (HH) training
- My 5 moments for Hand Hygiene
- Towards better infection control (TBIC)
- Local mandatory training
- FFP3 training
- IP&C Link Practitioners
- Fundamentals of Patient care
- RGN induction
- Preceptorship
- *Clostridium difficile* competency
- Student induction
- Teesside Hospice
- Theatre mandatory training
- Nuffield IP&C training on request

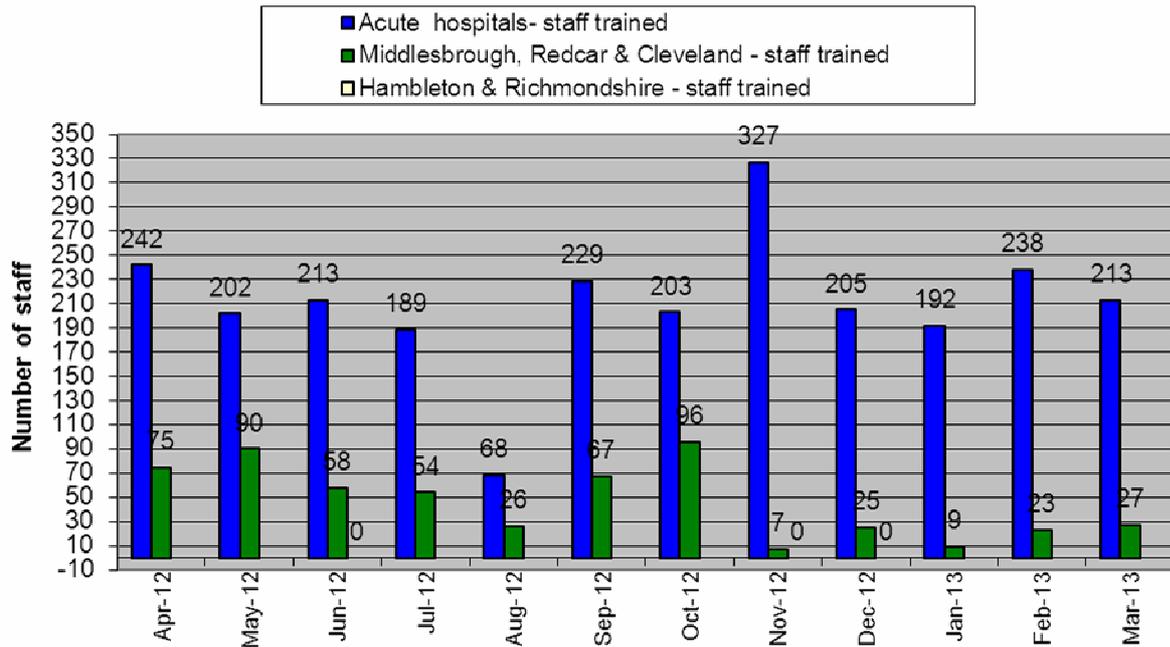
The team have delivered 138 teaching/training sessions to **3078** members of staff sessions during 2012/2013 (38% increase of staff trained from previous year).

As part of the NHSLA requirement it is essential that the electronic staff records (ESR) is populated with training data. This is currently completed by the IP&C administration team.

## TRAINING SESSIONS PROVIDED - APRIL 2012 - MARCH 2013



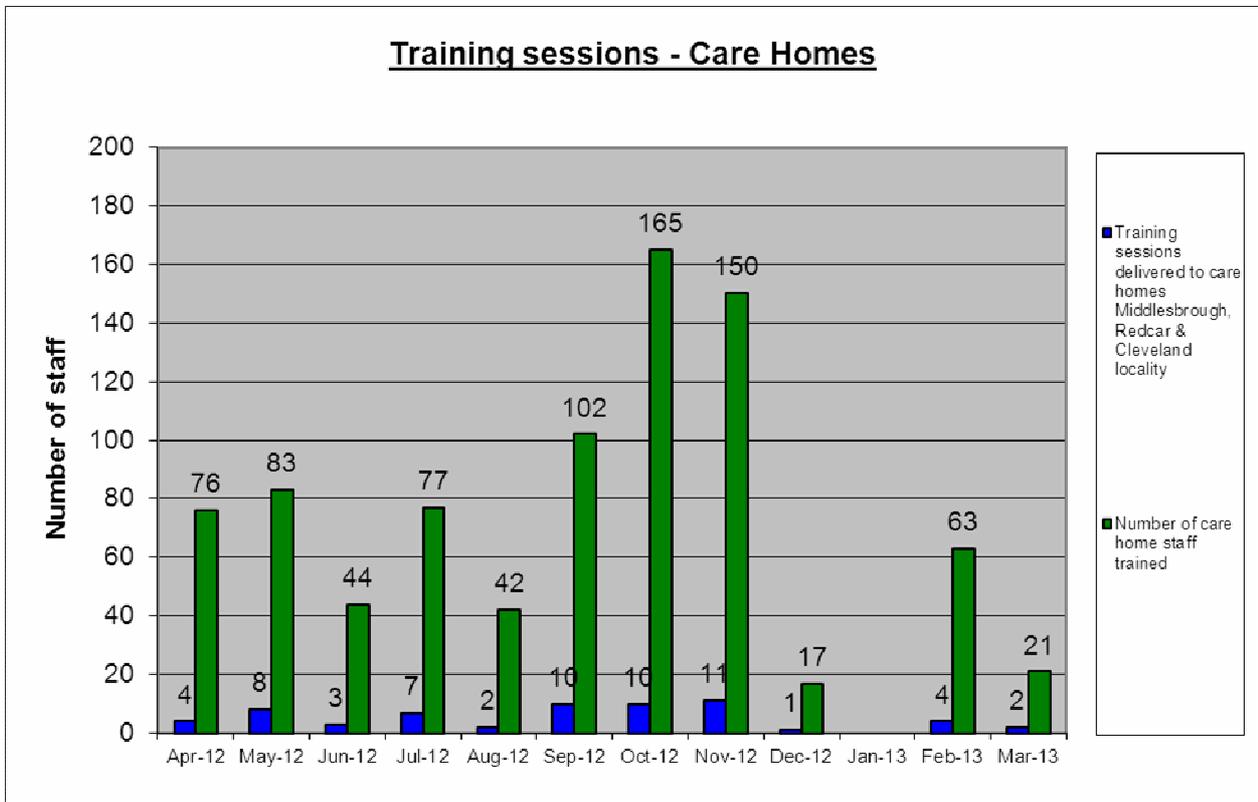
## STAFF TRAINED - APRIL 2012 - MARCH 2013



### Care Homes

An IPCN is currently responsible for providing IP&C advice, training and audit to the nursing homes in the Middlesbrough, Redcar & Cleveland locality. The total of staff trained since April, 12 is 840.

### Training sessions - Care Homes

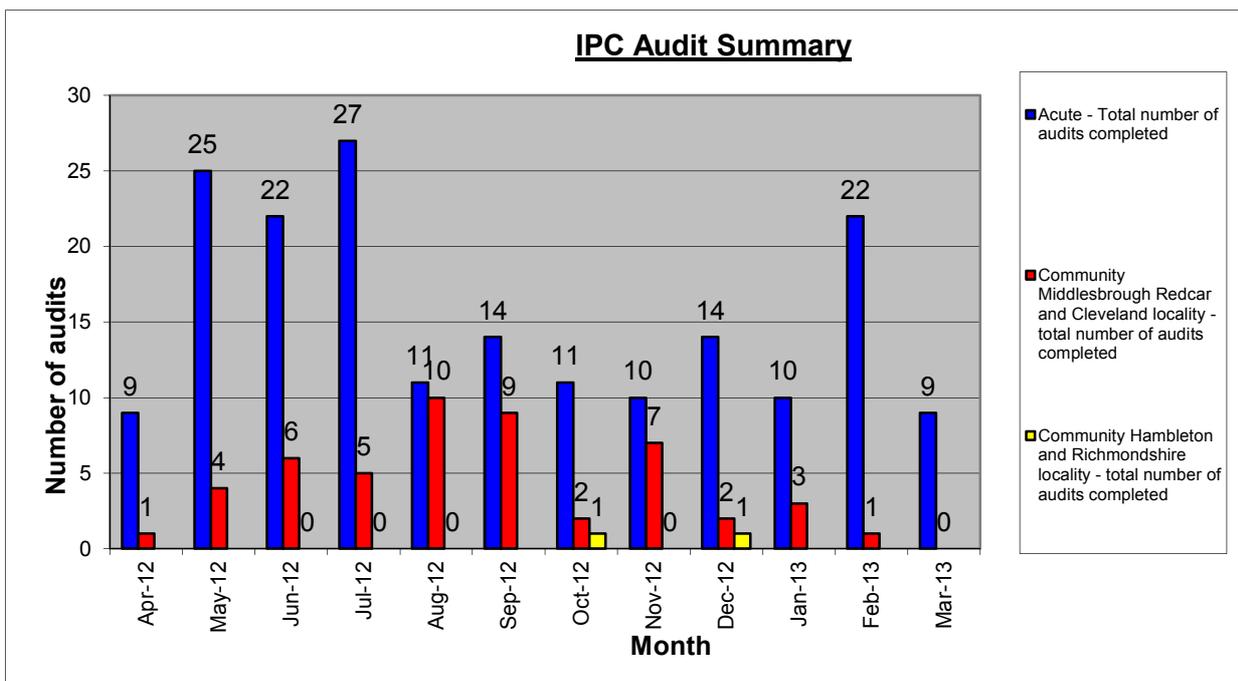


## 7. AUDIT

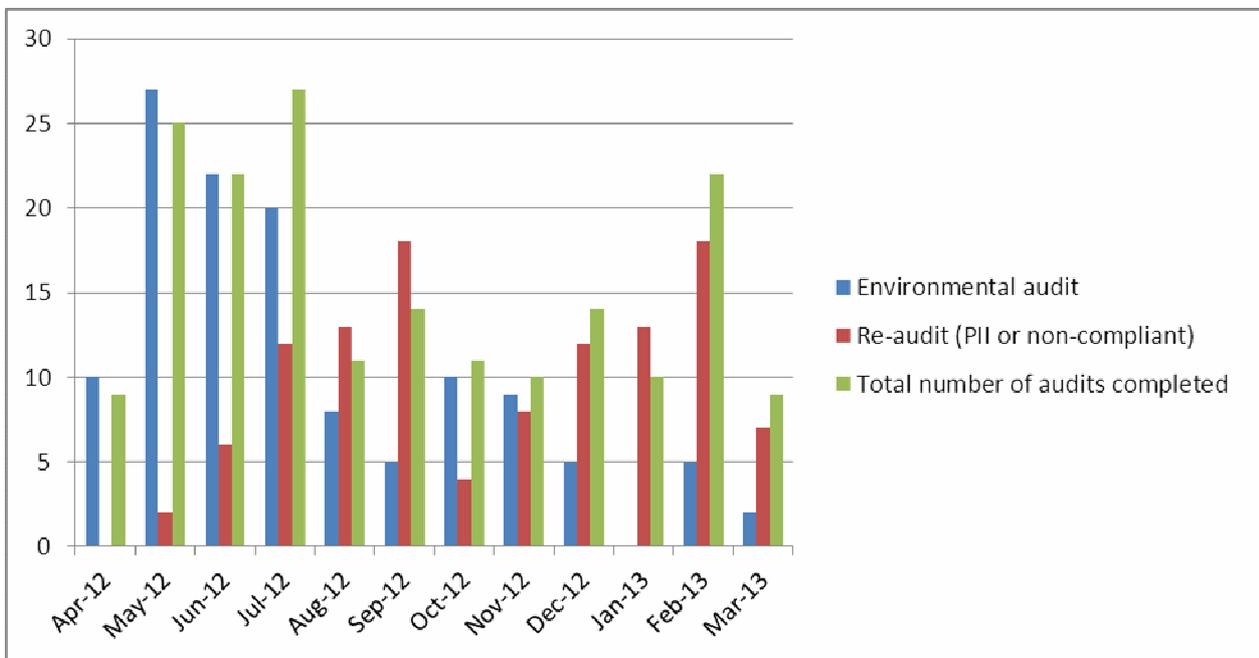
### IP&C environmental audits

There are a total of 129 clinical areas within the trust and the aim is to complete an annual IPC environmental audit in each area in conjunction with ward/departmental manager or link practitioner. There are also a number of outpatient clinics/GP practices that have not been included in this figure. The team currently use the infection prevention society (IPS) audit tool. The amount of audits has changed with ward and department reconfigurations. This year the team has completed 184 audits.

The IP&C team conduct other IP&C audits, these are summarised below for the year ending 2012/2013.

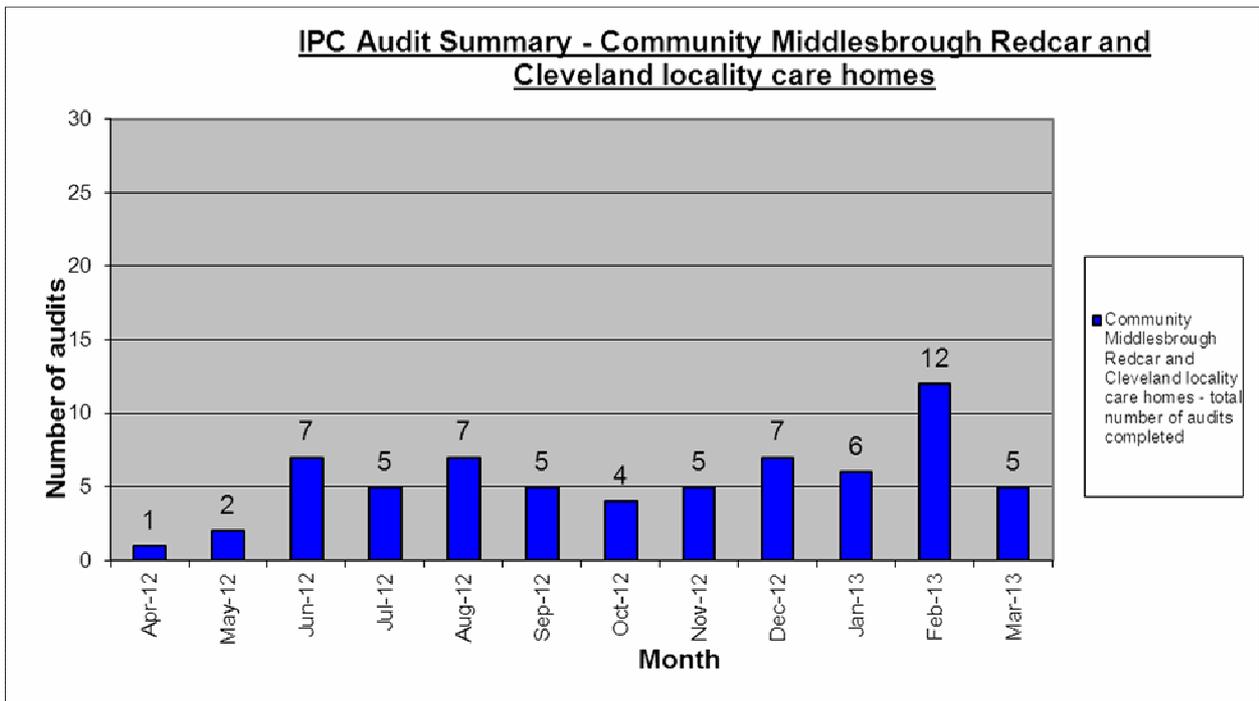


There are additional audits carried out on wards that are non-compliant and areas that have been defined as a period of increased incidence (PII), this equates to an additional 113 audits. The average time to complete an audit is 90 minutes this includes 30 minutes to input electronically.



A report has been produced regarding the inadequacies of the current audit tool please see appendix 1.

The total number of audits carried out in the care homes is 66.



**IP&C Audits completed for 2012 /13**

Audit Number/CATS ID	Project title	Audit Lead	Date of last audit	Date of re-audit	Status
3276	Personal protective equipment audit (PPE)	Angela Boyes	Dec-11	Jun-12	Completed
3554	Re-audit of MRSA and Clostridium compliance audit (CATS 1991, 2167, 2816)	Clare White	Mar-12	Mar-13	Completed
3622	Microbiology Results reporting sheet audit	Wendy Large	Aug-11	Apr-12	Over due

3408	Patient experience survey MRSA	Clare White	Dec-12	Quarterly reporting	Completed
3141	Evaluation of mattress inspection cards	Alison Lonsdale	Aug-11	May-12	Completed
3559	Trustwide audit of MRSA eradication	David McCaffrey	Aug-12	Aug-13	Completed
2911	Trustwide isolation audit	Joanne Tait	Apr-11	Apr-12	Completed
2623	Point Prevalence audit of CAUTI	David McCaffrey	Oct-11	Oct-12	Completed
3891	VIP point prevalence audit	David McCaffrey	Sep-11	Sep-12	Completed (April 13) - report pending

## 8. SUI reporting

The team have reported 34 incidents as serious untoward incidents

Date of Incident	SUI Reference	SUI Description
03.04.2012	2012/8765	Ward 2, 11, 34, 36, 25 outbreak
13/04/2012	2012/9451	Gara Ward
16/04/2012	2012/9754	Ward 3
16/04/2012	2012/9754	Ward 35
23.04.2012	2012/10159	Ward 27
27.04.2012	2012/10579	MRSA Bact case 155
11.05.2012	2012/11693	Ward 34 (Bay) outbreak
21.05.2012	2012/12413	Romanby and Ainderby outbreak
22.05.2012	2012/12526	C diff case 69
25.05.2012	2012/12972	Ward 3 outbreak
06.06.2012	2012/13714	Gara Outbreak
22.06.2012	2012/15014	Ward 18 C difficile cluster
24.07.2012	2012/18093	Ward 2 outbreak
11.09.2012	2012/22437	Ward 14 outbreak
29/09/2012	2012/24686	ICU2 & 3 Pseudomonas
09/11/2012	12/11/2012	MDR Acinetobacter
22/11/2012	22/11/2012	Ainderby outbreak
22/11/2012	22/11/2012	C diff - case 71
23/11/2012	23/11/2012	Ward 29 outbreak
27/11/2012	27/11/2012	C Diff case 72
03/12/2012	2012/30603	Ward 11 outbreak
13/12/2012	2012/31706	NNU pseudomonas aeruginosa
02.01.2012	2013/8	Ward 2 and 29 outbreak

09/01/2013	2013/961	Ward 12 & Ward 9 outbreak
16/01/2013	2013/1621	MRSA Bact - Case 160
17/01/2013	2013/1790	Measles Ward 3 and 15 JCUH
21/01/2013	2013/2089	Outbreak Ward 2, 3 and 4 & 7
23.01.2013	2013/2313	Measles Fracture clinic JCUH
24.01.2013	2013/2420	C Diff case 74
05.02.2013	2013/3662	Outbreak Ainderby & Romanby
22.02.2013	2013/5742	Outbreak Romanby
04.03.2013	2013/6767	Ward 9, 34 and 28 outbreak
22.03.2013	2013/8717	MDR pseudomonas on CITU
28.02.13	2013/8907	Lambert outbreak

## 9. PROJECT DEVELOPMENT

The IP&C team have been involved in trust wide projects and initiatives to support the trust, teams and individuals to focus on reducing healthcare associated infections. A brief summary of these projects/initiatives are summarised below.

**Hand hygiene update** – Work continues on focussing on the importance of effective hand hygiene for all clinical staff and the competency for hand hygiene has been reviewed still waiting for ratification (appendix 2)

***Clostridium difficile*** - The team have been involved with the clinical areas to support the continued improvements in reducing *Clostridium difficile* some of which are listed below:-

- IP&CN input with the *Clostridium difficile* MDT ward round at JCUH and FHN
- *Clostridium difficile* teaching and training, the team have provided awareness sessions and competency training, however it has been necessary to cancel a selection of the sessions due to non-attendance.
- Maintenance of the 'period of increased incidence' (PII) database

Daily review of the *Clostridium difficile* patients continues, patients who are confirmed and unconfirmed are visited daily to ensure that IP&C practices are maintained a total of 1566 visits have been completed.

A quarterly report has been completed see appendix 3

**Patient experience** – The IP&C team have continued to participate in the overall patient experience programme and a quarterly report is produced (appendix 4). However the team are currently in discussion with the patient experience lead regarding combining the IP&C related questions into the in-patient survey.

**Link Practitioners** – We are entering the 4<sup>th</sup> year of the IP&C link practitioner programme. The programme is led by the IPCT and is supplementary to other divisionally focussed link nurse sessions that are currently led by the Clinical Matrons. This year has seen a decrease in attendance and a summary of attendance will be included in the IP&CLP report. A report is currently being completed.

**Outbreak task and finish group** - The group was convened to address the recommendations from the gastroenteritis outbreak review in outbreak management. These recommendations were placed under three key themes:

- Documentation
- Recognition of an outbreak
- Cleaning

A review of the documentation was completed and a poster was developed to support clinical staff during out of hours. A presentation was completed and delivered at forums to discuss

the new poster and outbreak management in general. This available on the IPC intranet site.

**Terminal clean forms** – The discussion around non-compliance was picked up within the outbreak task and finish group. It was agreed that a terminal clean would not commence without a terminal clean form. These are collected by the terminal clean team and collected by the help desk.

**Previously Positive patients (MRSA)**- The team currently telephone clinical areas to update on the MRSA status for all patients admitted on a daily basis. This task has continued to be responsibility of the IP&C team. This information can be obtained by other systems however the team highlighted concerns that clinical areas were unaware of the patients MRSA status. Compliance with monitoring and managing previously positive patients was completed over a 6 month period. The purpose of this report was to outline the advantages and disadvantages of the current method and to provide an alternative. The review incorporated the most suitable, timely and cost effective methods of managing PPP's (appendix 5).

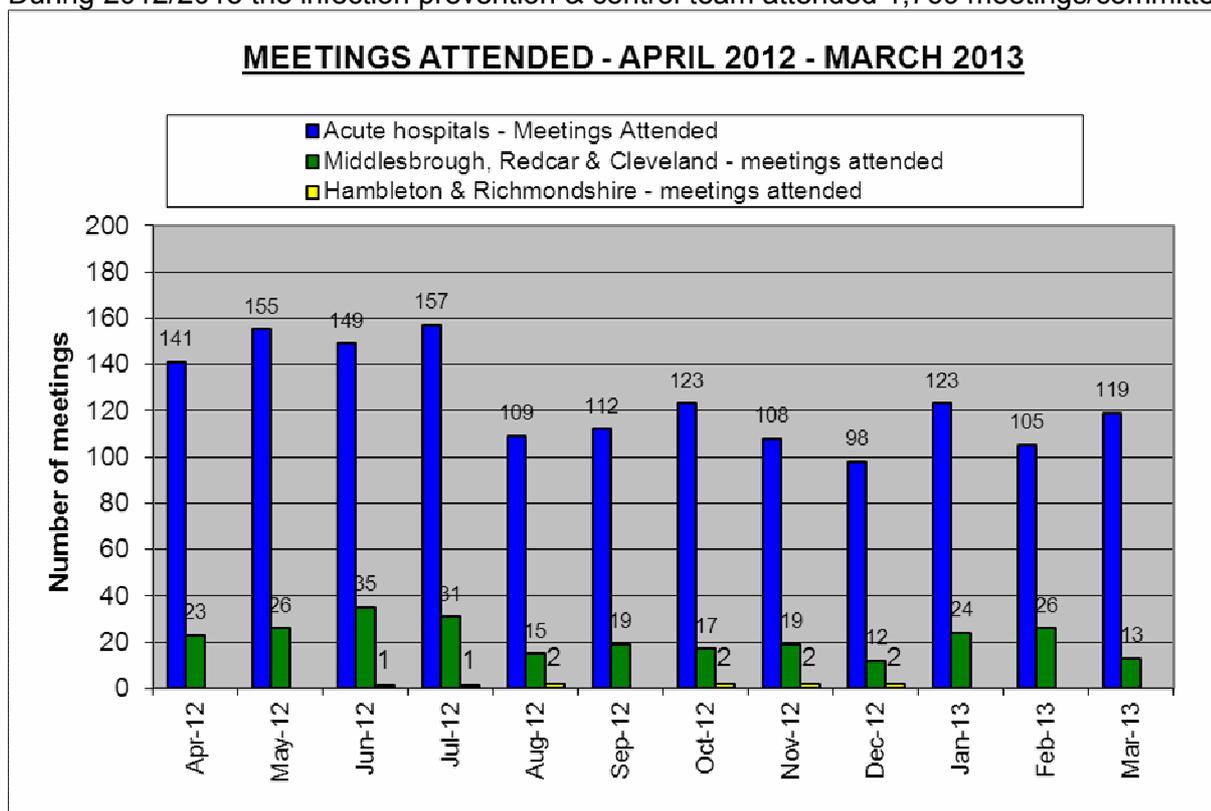
**Capital progress**

The team continue to provide advice on trust refurbishments or new builds.

**10. MEETINGS**

There are 64 meetings that the IP&C team attend on a monthly, bi-monthly or quarterly basis; this excludes adhoc meetings requested by the clinical areas and outbreak meetings.

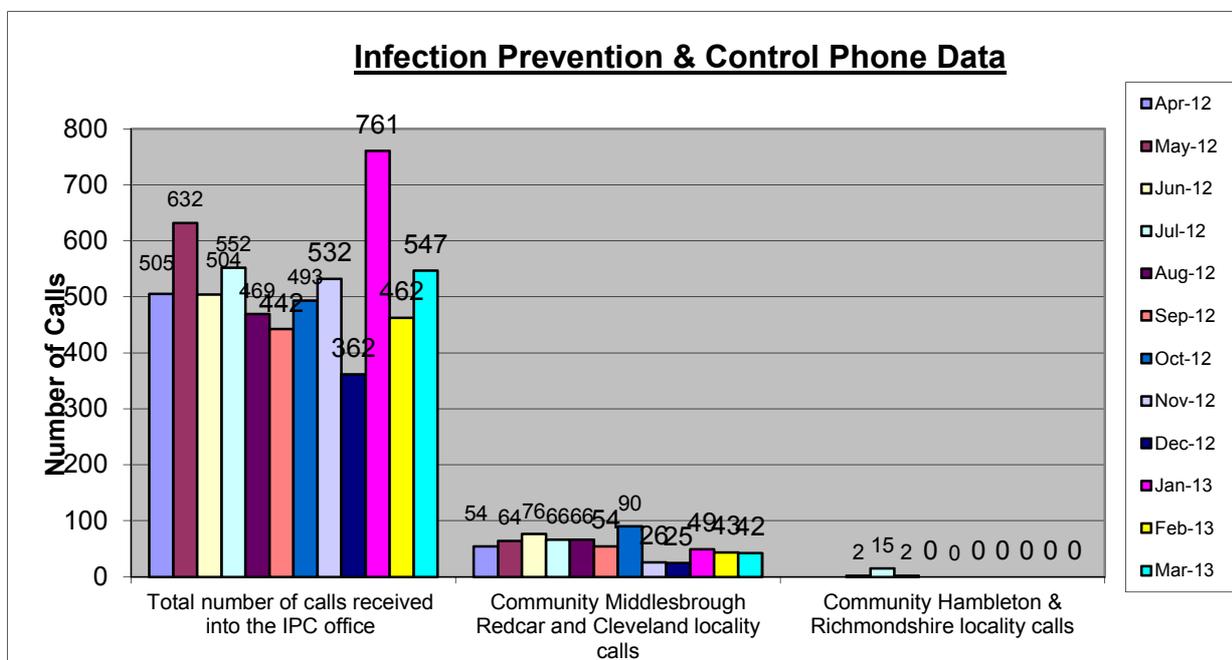
During 2012/2013 the infection prevention & control team attended 1,769 meetings/committees.



**11. ADVISORY SERVICE**

An IPCN is allocated to the duty role each working day based at JCUH with key responsibilities to review all new patient results, complete surveillance forms discuss with the clinical areas and provide an advisory help desk.

There has been an overall increase of telephone calls received during 2012/2013 given a total of 8,518.



## 12. INFORMATION TECHNOLOGY

The table below provides a breakdown of issues related to information technology developments and areas which have been completed.

Development	Action	Progress 2011/2012
Roaming profiles	Roaming profiles do not allow the IP&CN to 'hot' desk	This remains a problem to support hot desking, this requires each member of staff to have a dedicated computer.
Microsoft version 2003 & 2010	Members of the team cannot use other PC's. IPCN and trust staff who have different versions of Microsoft cannot open documents	Continues, no progress Continues, no progress
ICNA updated electronic audit tool	No room on the server.	There was not enough server space last year but now a few servers have been freed up. IT will complete a demonstration of how the software would look and will provide us with it so we can see how it works in action. However no further update required until we have the funding to support the tool.
Electronic bed statement	There is an overseas student seconded to the IT department to carry out an IT project. The project is looking at a revised bed statement in a share point programme.	This was not completed.

## 13. CONCLUSION

The annual report provides key data on the level of activity within the IPC team mainly supported by the monthly Lead nurse report.

The IPC team will continue to focus on key activities to support the trust in reducing healthcare associated infections.

Appendices – are available on request.

Appendix 1	IPS audit tool report
Appendix 2	Hand hygiene competency
Appendix 3	Clostridium difficile quarterly summary report 2012/2013
Appendix 4	Patient experience quarter 3 report
Appendix 5	Review of the management of previously positive MRSA patients 2012