North Cumbria University Hospitals NHS
NHS Trust

**APPENDIX 1**

# TRUST BOARD ANNUAL REPORT FOR INFECTION PREVENTION & CONTROL JULY 2011

## 1. INTRODUCTION

The Trust has continued to ensure high standards of infection prevention and control care fundamental to the care of patients within North Cumbria University Hospitals NHS Trust. This paper presents the annual report for infection prevention and control and highlights compliance with strategic option 1; ensure we provide high quality, safe and effective care for all our patients including meeting essential standards of safety and quality as set out by the CQC.

The report describes the activities undertaken to ensure compliance with the Health and Social Care Act 2008: Code of Practise for the Prevention and Control of Infections and related guidance. These actions have been incorporated into the annual programme and in addition the following activities have also been undertaken:

- High standards of Infection Prevention and Control are fundamental to the care of patients within North Cumbria University Hospitals NHS Trust. The report describes the activities undertaken to ensure compliance with the Health and Social Care Act 2008: Code of Practise for the Prevention and Control of Infections and related guidance. These actions have been incorporated into the annual programme (Appendix 2) and in addition the following activities have also been undertaken.

- Undertake a point prevalence audit of health care associated infections (HCAI) across the Trust (Appendix 5).
- Introduce emergency screening for Meticillin Resistant *Staphylococcus aureaus* (MRSA).
- Improve the diagnosis of *Clostridium difficile* infections through the introduction of a 2-stage test procedure.
- Improve the diagnosis of Norovirus through the use of norovirus PCR testing.
- Update the following Trust policies:

  Laundry Policy
  Decontamination Policy
  CJD Policy
  Deceased Person Policy
  Develop and implement the Norovirus Policy

Review and update policies to ensure we have a robust monitoring process.

- Management significant winter pressures due to increased numbers of critically ill patients infected with H1N1 (Swine) flu.
- Commence surgical site surveillance for patients having Caesarean Section.
- Introduce measures to aid detection of patients who may be carrying carbapenem-resistant micro-organisms.
- Provide support and advice to the ForWard project team to facilitate ForWard developments within the Trust.
- Improve the availability of cleaning staff at West Cumberland Hospital.
- Improved information on HCAI through monthly reports presented to the Governance Committee.

As a consequence we have noted a dramatic improvement in MRSA and *Clostridium difficile* infection rates with:

- A fall in the number of cases of MRSA bacteraemias with two Trust apportioned MRSA bacteraemia cases against the Trust's target of 6.
- A fall in the number of Trust apportioned *Clostridium difficile* infections of 57 apportioned cases against a target of 120.

For 2011-12 there are many remaining challenges which include:

- Improving antibiotic prescribing across the Health Economy.
- Improve surveillance by linking with the IT developments at ward level.
- Commence surveillance of E.coli bacteraemias.
- Continue to embed and develop key performance indicators within the new divisional structure of the Trust.
- Provide support to the new build at West Cumberland Hospital site.
- Implement post discharge surgical site surveillance for Caesarian Section wounds.
- Improve monitoring of cleaning using UV markers.
- Continue to re-enforce the importance of hand hygiene through face to face training.

## 2. INFECTION PREVENTION AND CONTROL ASSURANCE ARRANGEMENTS

The Acting Director of Nursing, Quality & Governance is the Trust's Director of Infection Prevention and Control (DIPC) and continues to Chair the Trusts Infection and Prevention Committee, which meets bi-monthly.

Reports are regularly received by the Governance Committee, RMAC and the Trust Board.

The Governance Committee also receives reports from each division which includes information on Hand Hygiene scores and Health Care Associated Infection.

There have been no spot checks by the CQC in relation to infection control during 2010/11; the last visit was in January 2010 to the Cumberland Infirmary site. Information feedback from infection control leads within the SHA has been very positive with a real appreciation for the work done by the Team in bringing down rates of MRSA and *Clostridium difficile.* The monthly monitoring of the Trusts infection prevention and control performance was transferred to the commissioning arm of Cumbria Primary Care Trust in April 2009. Monitoring of the Trust's sustainability has and continues to be maintained through:

- Inclusion of the DIPC and Lead Nurse for Primary Care in the membership of the monthly Trust Infection Prevention Steering Group meetings that are held to monitor HCAI's.
- Membership and active participation of the Trust Infection Prevention Committee.
- Monthly completion of a Performance Monitoring Framework of the Trust's activities to assure Primary Care of the Trusts continued progress. This data is also submitted to the Strategic Health Authority (SHA).
- Close working relationship between the Consultant Microbiologists, DIPC in Primary Care and nurse teams across the Health Economy.
- Discussion and monitoring of all Root Cause Analysis (RCA) in relation to MRSA bacteraemia which are then "signed off" by the DIPC of both Primary Care and the Acute Trust, when assurance is evident that the investigation is complete and that actions are in place and being monitored.

Hand Hygiene (HH) has continued to be promoted by the IPT throughout 2010/11 since the HH facilitator seconded post expired. Hand Hygiene education and demonstration is included in the Trusts Mandatory Corporate Induction and Annual Health and Safety education for all staff (Appendix 3).

## 3 **MRSA**

The trajectory figure for the Trust was not to exceed six apportioned bacteraemias for 2010/12. This target was achieved with two MRSA bacteraemias during this time period; this is a 71% reduction in comparison to 2009/10 when there was a total of seven apportioned bacteraemias (see Appendix 3)

All bacteraemias are thoroughly investigated using a Root Cause Analysis (RCA); the approach adopted is completion of an RCA tool provided by the National Patient Safety Agency (NPSA). Each incident is thorough investigated and clear actions are agreed, lessons learned identified and cascaded through operational teams. There is the need however to ensure that all levels of organisation are informed and implement actions and lessons learned.

The actions from the incidents of 2010/11 are:

- Improve availability of decolonisation therapy.
- Improve completion of PVC forms.
- Improve documentation in medical notes and communication between medical staff.

- Ensure all staff have PAS training so that patients with Alerts are properly identified.
- Update guidance on the use of long term catheters.
- Update guidance on when and how to take blood cultures.
- Ensure effective implementation of Trust antibiotic policy.

The trajectory for 2011/12 is again based on Trust apportioned cases (4 cases); these are patients who develop MRSA bacteraemia more than 48 hours after admission. The trajectory for North Cumbria University Hospitals Trust in 2011/12 is four or less Trust apportioned cases. The objective for NHS Cumbria is twelve.

## 3 CLOSTRIDIUM DIFFICILE

The trajectory figure (stretch target) for the Trust was not to exceed 120 apportioned *Clostridium difficile* infections in 2010/11. This target was achieved with 57 *Clostridium difficile* infections during this time period; this is a 56% reduction in comparison to 2009/10 when there were a total of 130 apportioned *Clostridium difficile* cases (Appendix 3).

The significant reduction in *Clostridium difficile* cases in 2010/11 has been due to implementations of the actions arising from the two SUIs undertaken in 2009/10 in particular careful surveillance of *Clostridium difficile* cases, early use of typing and better diagnostic algorithms. As anticipated the trajectory has been re-calculated for 2011/12; a trajectory of 69 has been set for Trust apportioned cases in 2011/12. The objective for NHS Cumbria is 243 cases.

## 4 MSSA

Reporting on MSSA bacteraemias to the Governance Committee commenced in 2010/11. This was to provide further assurance to the Committee that we were preventing a wide range of healthcare associated infections. It needs to be acknowledged that only a proportion of MSSA bacteraemias are preventable. This has also become a mandatory infection to report via the MESS system and we have set an internal target to reduce the number of Trust apportioned MSSA bacteraemias to 11 in 2011/12. A summary of the Trust apportioned cases in the last 2 years is given in Appendix 3. The total number of MSSA bacteraemias increased in this time to 50 but this increase was in non Trust apportioned cases.

## 5 SURGICAL SITE INFECTION SURVEILLANCE (SSI)

Both hospital sites have continued to complete SSI surveillance with the orthopaedic category of surgery. This is a mandatory requirement for all Trusts.

A national standardised mechanism of collating and reporting post discharge surveillance information has recently been developed with the Health Protection Agency which will enable both the Trust and Primary Care to collate improved and more accurate data on SSI's in general.

Surveillance has been devolved to the Orthopaedic Team and post-discharge surveillance occurs on both sites, although resource issues have limited surveillance on the West Cumberland Hospital site, recorded as N/A in table below.

A summary of data is given below as post-discharge surveillance has not been carried out previously only this year's data is given in Appendix 6.

## 6 OUTBREAKS/INCREASED INCIDENCE

### 6.1 Diarrhoea and Vomiting

Outbreaks of diarrhoea and/or vomiting have occurred on both hospital sites during 2010/11. A table summarises the incidents is contained within appendix 6:

### 6.2 H1N1 Pandemic Influenza

A summary of laboratory confirmed H1N1 Swine Flu cases taken from Flu spreadsheet (in-patients and outpatients) is given in appendix 8.

## 7 DECONTAMINATION

### 7.1 Sterile Service

North Cumbria University Hospitals Sterile Service Department (CSSD) was audited in February 2011 and successfully recommended for re-accreditation to ISO 9001:2000, ISO 13485 and directive 93/42/EEC commencing in April 2011. The registration from MHRA continues.

The Quality system continues to be upgraded to meet the changes in the standards. The instrument tracking system was upgraded from a unix based system to be a windows version in July 2010. This system is far more user friendly and able to produce better reports.

### 7.2 Endoscopy Unit

Following the retirement of Dr Knowles, Dr Meda has taken over the responsibilities of the Microbiologist role on the Endoscopy Disinfection Group.

Both Endoscopy units have now successfully introduced the assessment of all out patients for the risk of vCJD into their admission procedures.

Updated policy on the disinfection for heat labile endoscopes is currently under consultation and it is hoped this will be ratified in the near future.

### 7.3 Reverse Osmosis (Renal Dialysis Water

Water sampling results at West Cumberland Hospital indicated an increase in counts earlier this year, the cause of this has been identified as contamination during sampling. Although a sampling port had been located on the unit in 2008,

there had not been an agreed procedure for collection of water samples, this has now been provided by ELGA and it is anticipated that training and competency assessments will be completed later this year.

### 7.4 Water Sampling

During routine water sampling Legionella spp. was detected in a water outlet on the West Cumberland Hospital site. As a consequence the tap outlet was removed and separate hot and cold water taps installed. All subsequent testing has been culture negative.

## 8 CLEANING SERVICES

### 8.1 Management Arrangements

The two hospitals are managed differently. The West Cumberland Hospital has traditional cleaning services, carried out in-house. At the Cumberland Infirmary a PFI hospital, the services are contracted out, with a robust Service Level Agreement in place.

### 8.2 Monitoring Arrangements

Cleaning audits have continued to be carried out across both sites to the National Specifications for Cleanliness in the NHS (2007) and the Healthcare Cleaning manual (2009). The risk categories as contained within the National Specifications for Cleanliness and the 49 elements of cleanliness continue to be followed.

The Annual Cleaning Audit Scores were 96% for Cumberland Infirmary and 94% for West Cumberland Hospital for the year.

### 8.3 Clinical Responsibility

During 2010/11 matrons carried on with their responsibility regarding cleanliness in their areas with day-to-day monitoring.

### 8.4 PEAT/Patient Panel Inspection

Internal spot check audits are undertaken across both sites throughout the year, culminating in the external evaluation of the PEAT performance being undertaken by Multi-Disciplinary Teams, including patient representatives, all following the National Patient Safety Agency (NPSA) Guidance. For 2011 the assessment teams included an independent assessor appointed by the NPSA. Site inspections were undertaken in February 2011 for West Cumberland Hospital and the Cumberland Infirmary.

The scores for the cleanliness element for this for both sites should be confirmed as “Good” when the NPSA publishes the results in July 2011.

The patient panels carried out a Hospital Hygiene Inspection at Cumberland Infirmary in August 2010. This produced a favourable report with minor actions required. The patient panel were unable to undertake a similar inspection at West Cumberland Hospital during 2010/11.

## 9 AUDIT

The annual programme focussed on the requirements of the Health Act 2008. Audit of practise has therefore included:

- Saving Lives Healthcare Programme of 7 High Impact Interventions (HII). Each audit took enables clinical staff to measure compliance with practise in the following:

## 10 TRAINING ACTIVITIES

Education and training is vital to inform, increase knowledge and understanding, and give the opportunity for discussion for both Trust staff and the Infection Prevention team.

This is completed for Trust staff through the following routes:

- All staff newly appointed to the Trust attend the Corporate Induction.
- Annual Health & Safety Mandatory Infection Prevention Training either by attendance at a face to face day or through completion of a workbook. This also includes medical staff.

## 11 RECOMMENDATION

The Trust Board is asked to note the report and agree the annual plan 2001/12.

**Clive Graham**
**AMD, Clinical Support Division**

**APPENDIX 2**

**Infection Prevention Annual Programme 2010/11**.

This programme covers actions that are required to meet The Hygiene Code within the Health Act of 2008 and the 9 duties required for registration with the Care Quality Commission. We also anticipate working closely with the Primary Care Infection Prevention and Control Team on a Health Economy approach to Infection Prevention and Control.

= Not achieved = In progress = Completed

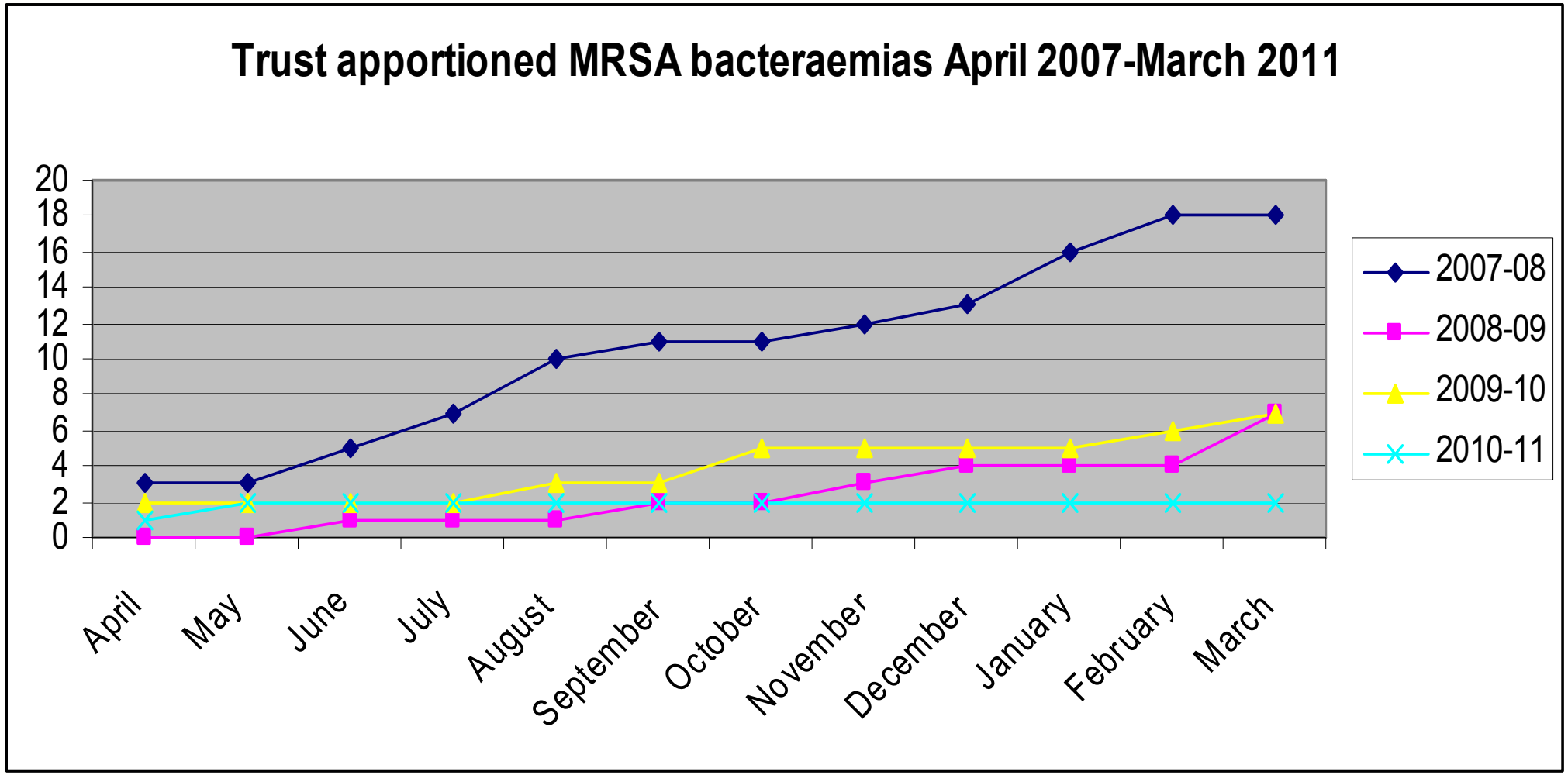
| Section of Hygiene Code | Action | Lead | Target Date | Not achieved | In progress | Completed |
|---|---|---|---|---|---|---|
| Section 1 – Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible users are and any risks that their environment and other users may pose to them | | | | | | |
| 1.1 | Agree, monitor and implement a programme of audit to assess compliance with key policies and procedures | AB | May | | | |
| 1.2 | Carry out a point prevalence audit of healthcare associated infections across the Acute Trust. Use information generated to identify priority targets for the Infection Prevention and Control Team and relevant Division(s). Ensure risks are appropriately documented. | Infection Prevention Team | To commence June | | | |
| 1.8 | Perform SWOT analysis of current Infection Prevention Nurse structure within North Cumbria University Hospitals (including similar analysis of possible alternative team structure(s)) | C Graham/ C Platton | June | | | |
| 1.8 | Following analysis there will be an agreed programme of development for the Infection Prevention and Control Nursing Team. | To be decided | October | | Awaiting nursing restructure | |
| Section 2 – Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infection | | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 2.3 | Continue to provide infection prevention and control advice to the new hospital build at West Cumberland Hospital | Infection Prevention Team | March 2011 | | | |
| 2.3 | Update pest control policy as appropriate | G Pinches | March 2011 | | Need to add to 2011/12 | |
| 2.3 | Update Legionella policy as appropriate | G Pinches | March 2011 | | At IPCC Mar 2011 | |
| 2.3 | Update of Laundry policy | K Borthwick | October | | | |
| 2.4 | Improve availability of cleaning staff at West Cumberland Hospital | A Davidson | July | | | |
| Section 3 – Provide suitable accurate information on infections to service users and their visitors | | | | | | |
| 3.1 | Develop with Patient Advice and Liaison Service (PALS) information for visitors alongside improvement/redevelopment of front entrance at Cumberland Infirmary site | A Davidson | March 2011 | | Plans reviewed by IPT | |
| Section 4 – Provide suitable accurate information on infections to any person concerned with providing further support or nursing/medical care in a timely fashion | | | | | | |
| No actions required | | | | | | |
| Section 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 | | | | | | |
| No actions required | | | | | | |
| Section 6 – Ensure that all staff and those employed to provide care in all settings are fully involved with the process of preventing and controlling infection | | | | | | |
| No actions required | | | | | | |
| Section 7 – Provide or secure adequate isolation facilities | | | | | | |
| No actions required | | | | | | |
| Section 8 – Secure adequate access to laboratory support as appropriate | | | | | | |
| No actions required | | | | | | |
| Section 9 – Have and adhere to policies designed for the individual's care and provider organisations, that will help to prevent and control infection | | | | | | |

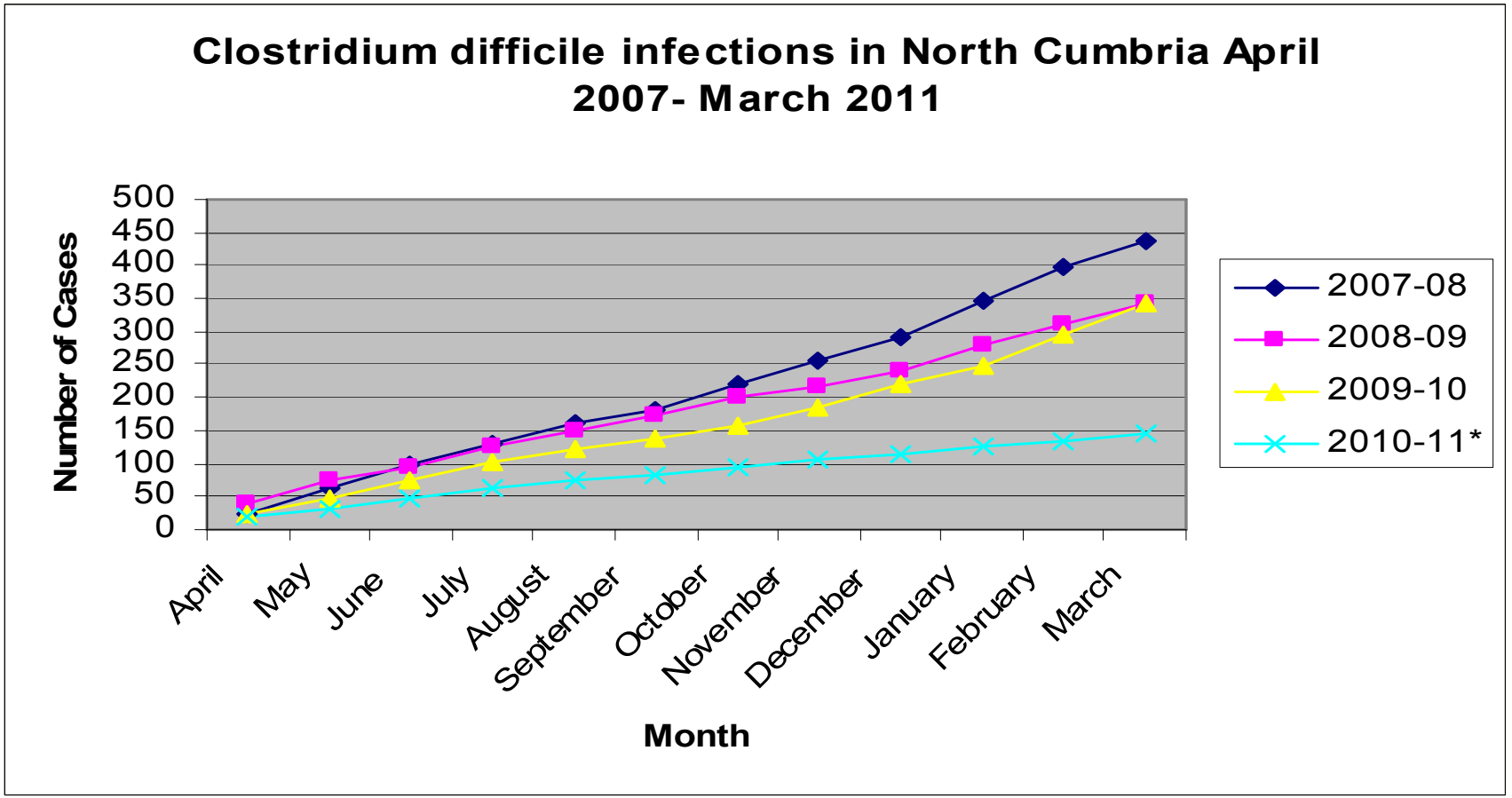
| | | | | | | |
|---|---|---|---|---|---|---|
| 9.3a | Update standard precautions policy | A Bateson | December | | Needs add to 2011/12 | |
| 9.3i,j,k | Review and update as required policy for Cleaning, disinfection and decontamination of medical devices and equipment, including dental equip. | M Knowles | June | | | |
| 9.3l | Continue ongoing programme of audit to improve antibiotic prescribing across the Trust and improve prescribing across health economy | M Meda/ T Slaughter | March 2011 | | | |
| 9.3m | Continue to improve the surveillance of *clostridium difficile* infections so that periods of increased incidence are quickly identified and acted upon | M Meda/ C Graham | Ongoing | | | |
| 9.3o | Review and update Creutzfeldt Jakob Disease policy | N O'Reilly | June | | | |
| 9.3p | Update waste policy as appropriate | G Pinches | June | | | |
| 9.3r | Update deceased person policy | A Tye | October | | | |
| 9.3u | Implement new surveillance software required to replace Sagaxis | A Galdins | October | | | |
| 9.3u | As surveillance system becomes operational, develop information on healthcare associated infections to better inform infection prevention and control practice for example data on all MRSA cases and *Clostridium difficile* Infection cases occurring across the health economy | A Galdins | March 2011 | | | |
| 9.3u | Implement surgical site surveillance for Caesarean Section wounds | T Wilson | October | | | |
| 9.3u | Review data included in Governance Report to ensure broad coverage of relevant Healthcare Associated Infections. | C Graham | June | | | |
| Section 10 – Ensure, so far as is reasonably practicable, that care workers are free of and 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 | | | | | | |
| No actions required | | | | | | |

**APPENDIX 3**

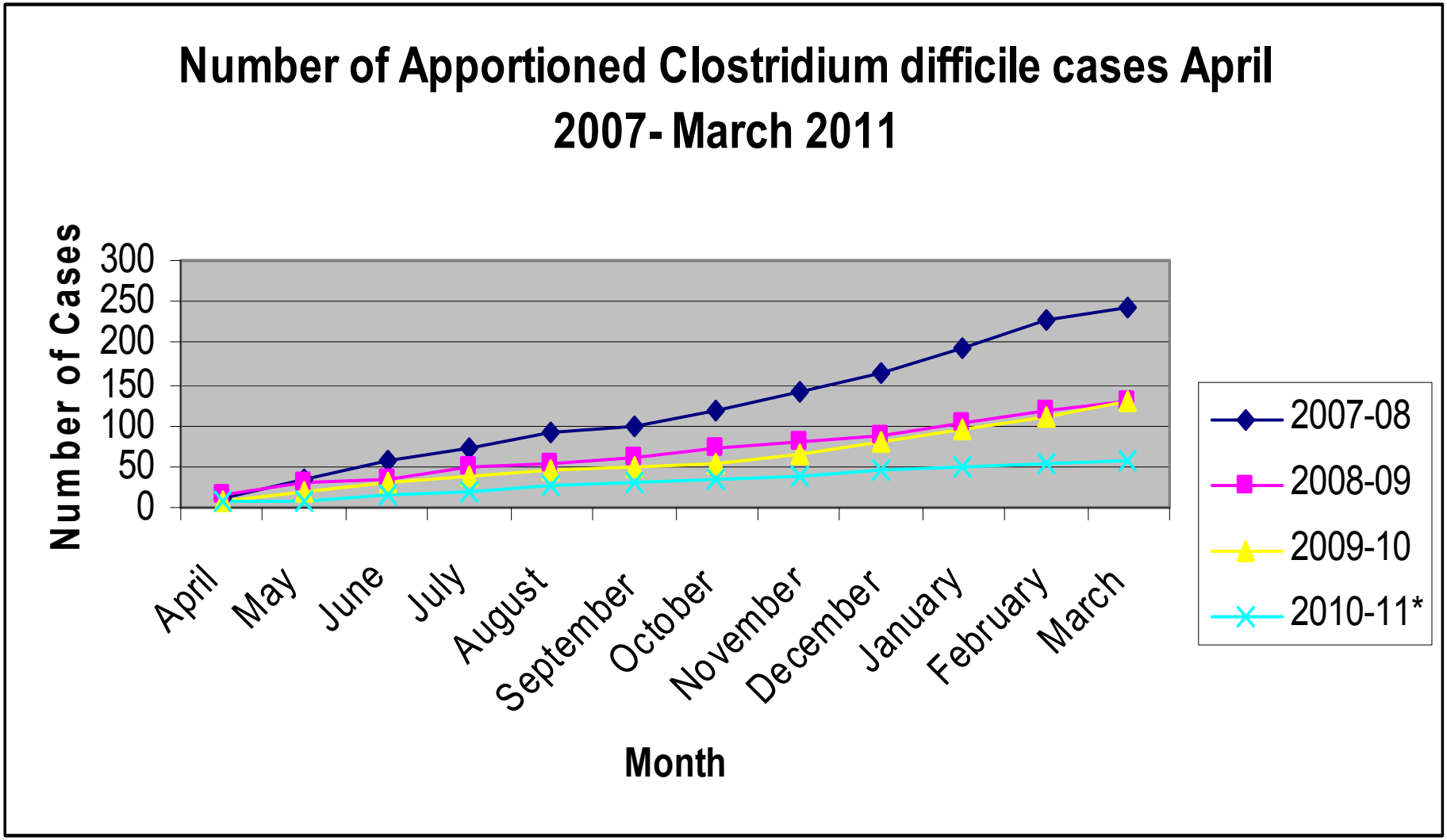
**MRSA Bacteraemias**



***Clostridium difficile* infections**

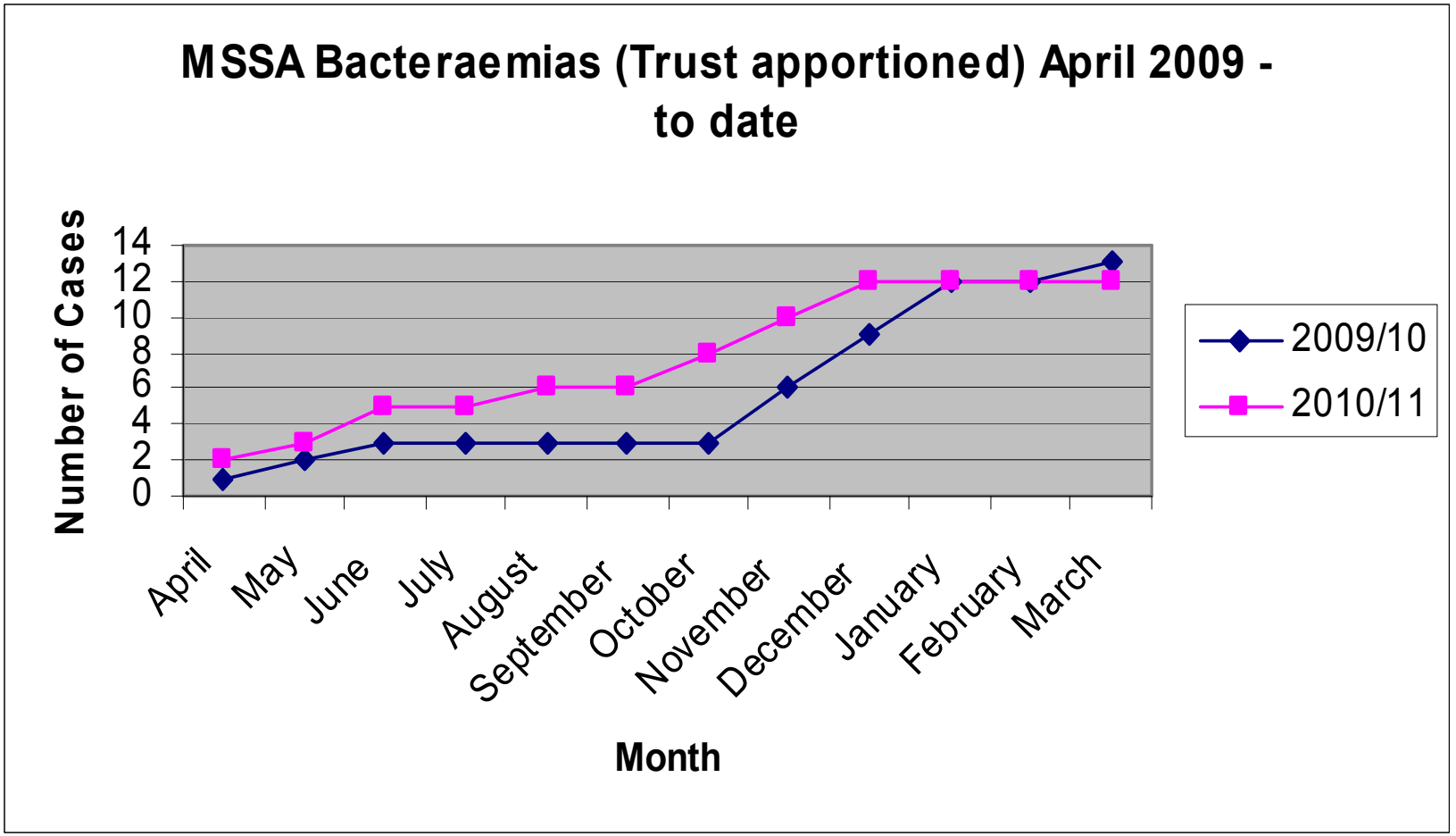



* Test method differed from April 2010 onwards

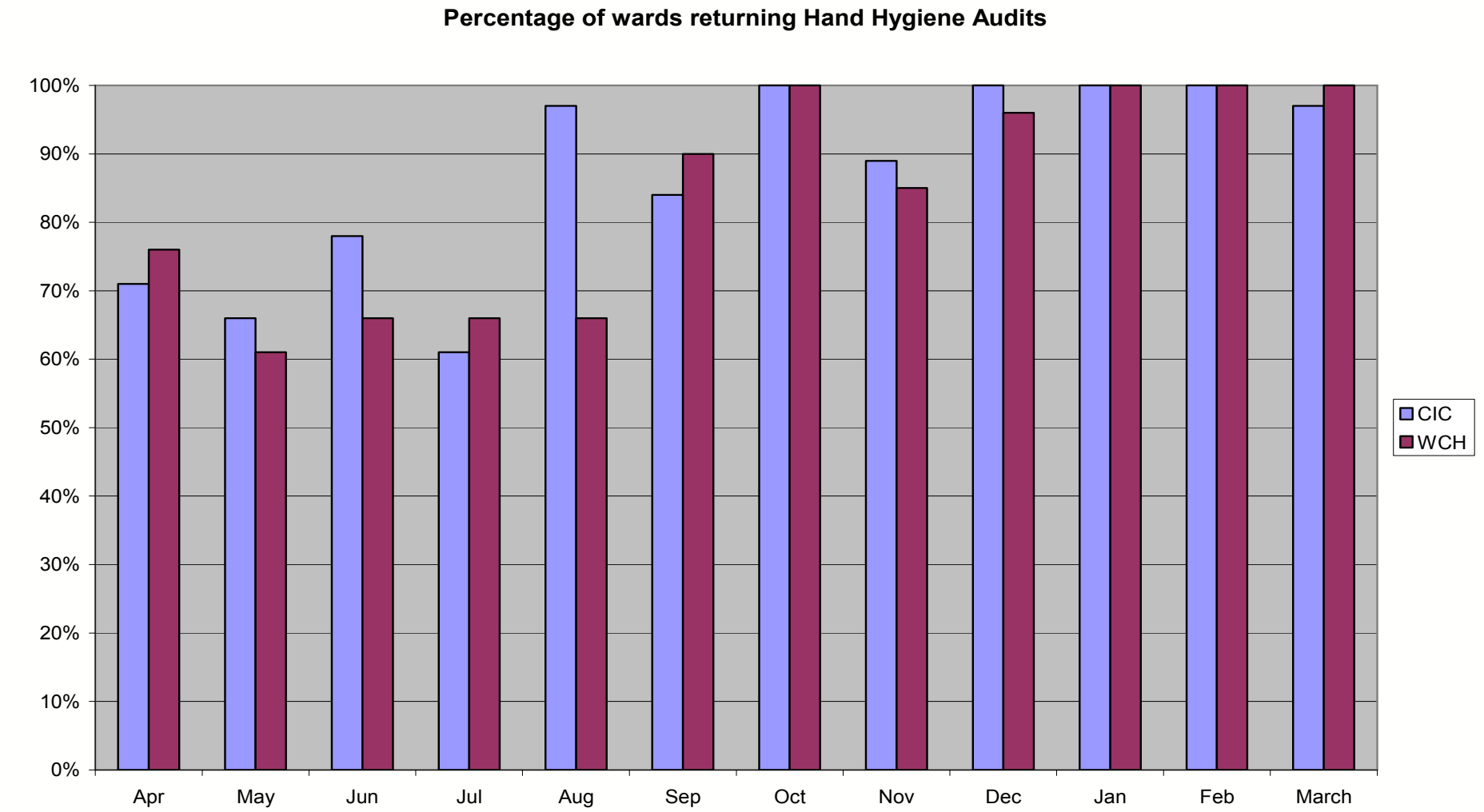



* Test method differed from April 2010 onwards

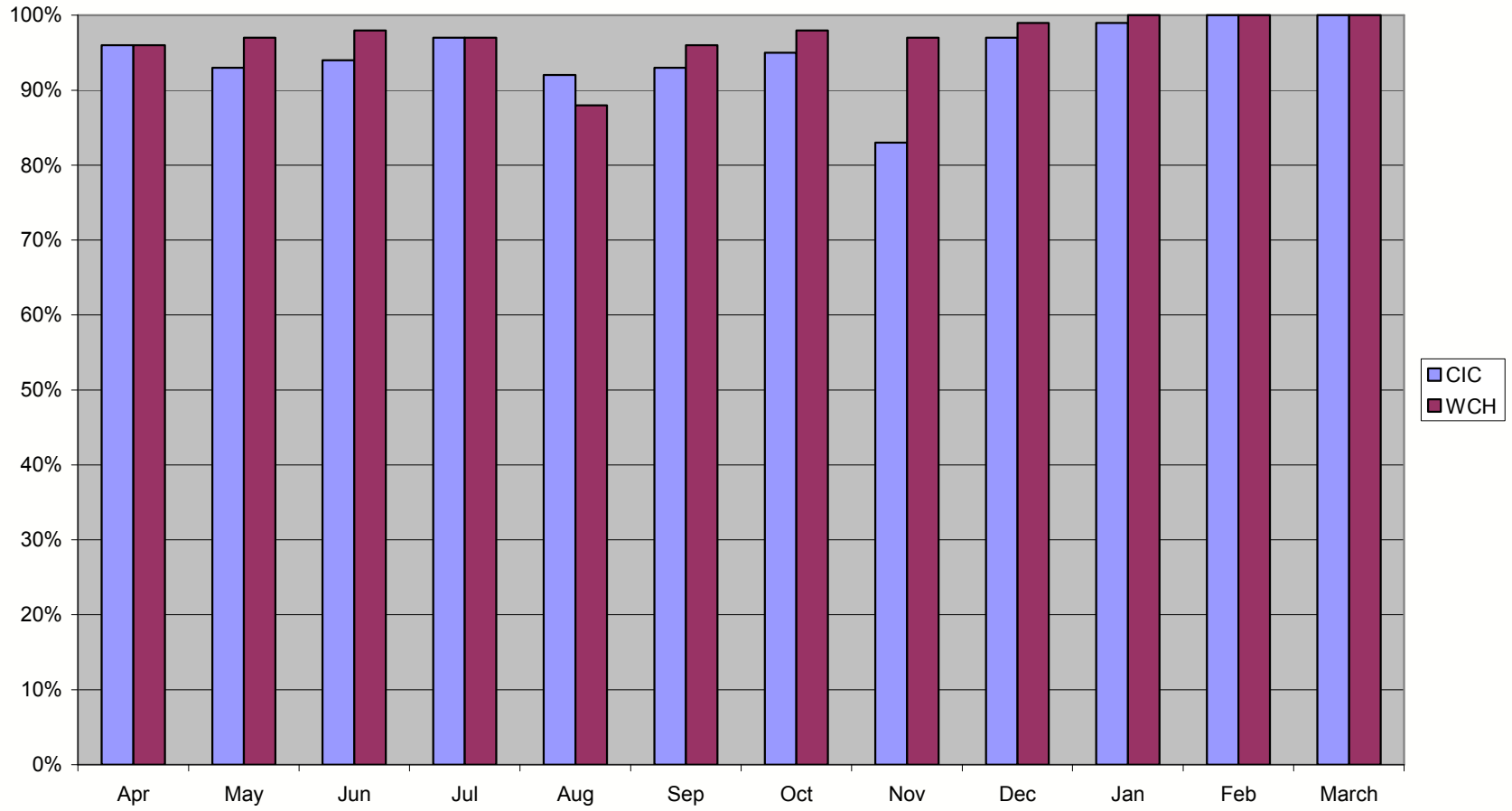
**MSSA bacteraemia data**



## Hand Hygiene Audits



**Percentage compliance CIC Vs WCH**



## APPENDIX 4

### Infection Prevention Annual Programme 2011/12.

This programme covers actions that are required to meet The Health and Social Care Act 2008 (*Code of Practice for the NHS on the prevention and control of healthcare associated infection and related guidance*) and the ten criteria against which the Care Quality Commission (CQC) will judge a registered provider on how it complies with the cleanliness and infection control requirement, which is set out in regulations. We also anticipate working closely with the Cumbria Partnership and the Primary Care Infection Prevention and Control Teams on a Health Economy approach to Infection Prevention and Control.

**= Not achieved** **= In progress** **= Completed**

| Section of Hygiene Code | **Action** | Lead | Target Date | Not achieved | In progress | Completed |
|---|---|---|---|---|---|---|
| **Section 1 – Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible users are and any risks that their environment and other users may pose to them** | | | | | | |
| **1.7** | Audit systems within renal unit to ensure that procedures are in place to regularly monitor for bloodborne viruses in accordance with Renal Association Guidelines | **Dr C Graham** | **Oct 2011** | | | |
| **1.7** | Commence an audit of CVC infections on CIC site, if successful audit to be extended Trustwide | **Dr M Meda** | **May 2011** | | | |
| **Section 2 – Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infection** | | | | | | |
| **2.3** | Continue to provide infection prevention and control advice to the new hospital build at West Cumberland Hospital | **IPT** | March 2012 | | | |
| **2.3** | Update pest control policy as appropriate | **G Pinches** | June 2011 | | **Agreed at IPCC** | |
| **2.3** | Update Legionella Policy | **G Pinches** | UPDATE 2011 | | **Agreed at IPCC** | |
| **Section 3 – Provide suitable accurate information on infections to service users and their visitors** | | | | | | |
| **DoH require--ment** | Commence surveillance of *E.coli* bacteraemias | **IPT** | June 2011 | | | |
| **Section 4 – Provide suitable accurate information on infections to any person concerned with providing further support or nursing/medical care in a timely fashion** | | | | | | |
| **4.2** | Implementation of *C. difficile* passport as proposed by NWSHA | **IPT** | June 2011 | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| **Section 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** | | | | | | |
| **5.1** | Develop expected care pathway for the management of MRSA and MSSA bacteraemias | **IPT** | Oct 2011 | | | |
| **5.1** | Develop Health Economy wide care pathway for the management of skin and soft tissue infection | **IPT** | Dec 2011 | | | |
| **Section 6 – Ensure that all staff and those employed to provide care in all settings are fully involved with the process of preventing and controlling infection** | | | | | | |
| **6.3 & 9.3a** | Deliver face to face training to relevant clinical staff in keeping with Hand Hygiene Policy | **IPT** | Mar 2012 | | | |
| **Section 7 – Provide or secure adequate isolation facilities** | | | | | | |
| No actions required | | | | | | |
| **Section 8 – Secure adequate access to laboratory support as appropriate** | | | | | | |
| No actions required | | | | | | |
| **Section 9 – Have and adhere to policies designed for the individual's care and provider organisations, that will help to prevent and control infection** | | | | | | |
| **9.3 a,d,e** | Infection Control Standard Principles *(Updated policy)* | Dr M Meda | June 2011 | | | |
| **9.3l** | Agree a policy on documentation on drug karedex's regarding antibiotic stop/review dates and indication *(New)* | Dr C Hamson | Mar 2012 | | | |
| **9.3l** | Continue ongoing programme of audit to improve antibiotic prescribing specifically reducing fluoroquinolone use | Dr C Hamson | Mar 2012 | | | |
| **9.3l** | Set up a rolling programme of antibiotic audit in line with High Impact Intervention Antimicrobial Prescribing Bundle | Dr C Hamson | Mar 2012 | | | |
| **9.3m** | Policy for the Prevention, Control and Management of Clostridium difficile *(Update Policy)* | Dr M Meda | Dec 2011 | | | |
| **9.3n** | Agrees a policy on the infection control precautions required to control the spread of tuberculosis within hospitals *(New Policy)* | Dr C Graham | Mar 2012 | | | |
| **9.3u** | Develop in conjunction with IT alert organism list and other requirements for ForWard patient management system | IPT | April 2011 | | | |
| **9.3u** | Implement surveillance capabilities as part of the ForWard patient management system | IPT | Mar 2012 | | | |
| **9.3y** | Agree a policy on the immunisation of service users *(New Policy)* | Occupation Health Team | Dec 2011 | | | |
| **Section 10 – Ensure, so far as is reasonably practicable, that care workers are free of and 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** | | | | | | |
| No actions required | | | | | | |

**APPENDIX 5**

**Point Prevalence Study Results**

These results are feedback to the clinical teams, who then report this to operational and directorate meetings. A summary is also provided to the Infection Prevention Steering Group and Committee, when any specific actions necessary are decided and agreed.

Point prevalence audit of healthcare associated infections was also performed; its findings and conclusions are given below:

- The point prevalence audit was carried out the week beginning Monday, 5 July – Friday, 9 July 2010 using a locally devised audit tool which was based on the national audit tools used in 2006.

  A total of 211 patients were reviewed and information regarding HCAI, invasive devises and antibiotic use was recorded.

  106 patients from the West Cumberland Hospital (WCH)
  95 from the Cumberland Infirmary (CIC)

  There were a total of 13 HCAI cases making the overall prevalence of HCAI, 6% (7.5% WCH, 5.2% CIC). This result is similar to other recently published point prevalence audits.

  There was a range of different infections on both hospital sites but it was noted that three of the eight cases of HCAI at WCH had respiratory tract infection and two cases of urinary tract infection. The 5 cases of HCAI at CIC covered 5 different infections.

  Eleven of the thirteen cases of HCAI were in the over 75 year age group (84%).

  There were 11 patients with diagnosed UTI (not all were included in the HCAI prevalence rate as some were pre 48 hours). Of these 11, 6 had a urinary catheter insitu, 55%.

  A total of 187 patients surveyed had (currently or within previous 7 days) a peripheral cannula insitu. Only 50% had a PIVA form completed correctly.

  In terms of antibiotic use, 43% of patients at WCH were on antibiotics, 35% at CIC (19% of these were on IV antibiotics on both sites). Again these results are similar to other published studies (e.g. 36.8%), the reasons for the higher use at WCH is not clear but may reflect the wards sampled.

In conclusion:

- At the time of the audit HCAIs were no more common at NCUH than at other Hospital Trusts.

- The elderly must be seen as a target group for preventing HCAIs
  Respiratory and Urinary tract infection appear to be the most common and again should be targets for intervention.
- We must continue to promote prudent antibiotic use and promote the use of documentation to identify device insertion and ongoing management.

**APPENDIX 6**

**Results of surveillance of Fracture Neck of Femur - Surgical Site Infections**

| Fracture neck of femur | Number of operations | Inpatient SSI | Post discharge SSI (telephone) | Comments |
|---|---|---|---|---|
| CIC Apr-June | 31 | 0 | 0 | |
| WCH Jul - Sep | 24 | 0 | N/A | |
| CIC Jul-Sep | 30 | 2 | 2 | Investigation occurred - no links found |
| WCH Oct-Dec | 40 | 0 | N/A | |
| CIC Oct-Dec | 21 | 0 | 0 | |
| WCH Jan-Mar | 25 | 0 | 0 | |
| CIC Jan-Mar | 9 | 1 | 0 | |

**Inpatient Caesarean Section Surveillance Data Overview**

**West Cumberland Hospital - November 2010 to March 2011**

| | Total no of OP's | Forms Complete | Anaesthetic Info missing | Surgeon Info missing | Midwife Info missing | IPN commenced form | Infection inpatient WCH | Infection in Community | Total no of infections |
|---|---|---|---|---|---|---|---|---|---|
| November | 30 | 10 | 11 | 7 | 1 | 7 | | | 0 |
| December | 31 | 11 | 12 | 7 | 3 | 7 | | | 0 |
| January | 35 | 6 | 11 | 13 | 2 | 14 | | 1 readmitted | 1 |
| February | 24 | 11 | 4 | 7 | 3 | 3 | 1 | 1 | 2 |
| March | 28 | 8 | 13 | 10 | 2 | 4 | 0 | 0 | 0 |
| April | 24 | 5 | 12 | 7 | 1 | 5 | 0 | | |

**Summary of Findings**

% of information calculated with number of Caesarean Section operations during this period = 3 (infections) x 100 = 2% (148 operations)

% of in-patient infections identified during surveillance period = 1 (infection) x 100 = 0.6% (148 operations)

% of community infections identified during surveillance period: 2 (infections) x 100 = 1.3% (148 operations)

**Cumberland Infirmary - 10 January 2011 to March 2011**

| | Total no of OP's | Forms Complete | Anaesthetic Info missing | Surgeon Info missing | Midwife Info missing | IPN commenced form | Infection inpatient CIC | Infection in Community | Total no of infections |
|---|---|---|---|---|---|---|---|---|---|
| January | 27 | 25 | | | | | | | 1 |
| February | 27 | 13 | | | | | | | |
| March | 38 | 24 | | | | | | | |

**APPENDIX 7**

**Summary of Outbreaks**

6.1.1 **West Cumberland Hospital**

| April 2010 – March 2011 | Ward/ OB number /Numbers affected | Confirmed diagnosis | Disruption to Trust Activity |
|---|---|---|---|
| April 2010 | USU (402) 5 patients. | No | Ward closed 4 days |
| October 2010 | Jenkin Ward 4 patients | No | Ward on watch 2 days |
| | Overwater 2 4 patients | No | Ward on watch 4 days |
| November | Jenkin Ward 5 Patients | No | Ward on watch 24 hours |
| | Fairfield (439) | OB 439 | Ward not closed |
| | 5 staff members | No | Ward closed 3 days |
| | Pillar Ward 4 patients & 3 staff | | |

| | | | |
|---|---|---|---|
| December | Jenkin<br>9 patients & 1 staff | Yes – Norovirus | Ward closed 6 days |
| January 2011 | Jenkin | No | Ward closed 3 days |
| | USU<br>6 Patients | No | Ward closed 9 days |
| | Copeland Unit<br>(450)<br>15 patients & 8 staff | Yes<br>Norovirus | Ward closed 21 days |
| March 2011 | Jenkin<br>12 patients<br>10 staff | Yes<br>Norovirus | Ward closed 12 days |

11 periods of increased diarrhoea and/or vomiting
3 Outbreaks were confirmed Norovirus (Jenkin, USU and Copeland Unit) and reported via Ulyses online incident reporting.
Wards were closed to admissions altogether for 88 days

6.1.2 **Cumberland Infirmary**

| Month / Clinical Area | Confirmed diagnosis | Disruption to Trust Activity |
|---|---|---|
| April 2010<br>5 wards affected | Norovirus | Bays on all wards closed |
| November 2010 | | |
| Beech B | D&V | Bays closed |
| Beech C/D | D&V | Bays then ward closed |

| | | |
|---|---|---|
| December 2010 | | |
| Larch C | Norovirus | Ward closed |
| Maple B | D&V | Bays closed |
| January 2011 | | |
| Nil | | |
| February 2011 | | |
| Willow B | Norovirus | Bays then ward closed |
| | | Ward closed |
| Larch C | Norovirus | Bays then ward closed |
| Larch B | Norovirus | Bays closed |
| | | Bays closed |
| Maple B | D&V | Bays then ward closed |
| Maple D | D&V | Bays then ward closed |
| Elm A | Norovirus | |
| Beech C/D | Norovirus | |
| March 2011 | | |
| Willow C | Norovirus | Bays then ward closed (Twice) |
| | | Bays closed then ward (Twice) |
| Willow B | Norovirus | Bays then ward closed |
| | | Bays closed |
| Willow A | Norovirus | Bays closed |
| | | Bays closed |
| Larch B | D&V | |
| Beech A | Norovirus | |
| Beech B | D&V | |

**APPENDIX 8**

**Summary of Outbreak of H1N1 (swine) Flu**

| | November | December | January | Total |
|---|---|---|---|---|
| WCH | 1 | 36 | 12 | 49 |
| CIC | 0 | 11 | 19 | 30 |
| Total | 1 | 47 | 31 | 79 |

A significant number of these patients required admission to intensive care which required the creation of additional beds at both CIC and WCH for a period of time.

There were also a small number of influenza B cases including two ITU admissions.

During this period the infection prevention and control teams spent considerable time ensuring patients were appropriately isolated, infection control measures were in place.

The Occupational Health Department vaccinated large numbers of staff and these figures are compared to data from the North West SHA in the ~~table below~~ appendix 7

| Staff Group | Number Vaccinated | Total number of staff | % coverage | % coverage N. West SHA |
|---|---|---|---|---|
| Total No. of Doctors | 237 | 359 | 66% | 62% |
| Total No. of Qualified Nurses | 621 | 1459 | 43% | 47% |
| Qualified Professionals | 200 | 382 | 52% | 51% |
| Support to Clinical Staff | 523 | 1070 | 49% | 56% |
| Total | 1581 | 3270 | 48% | 51% |