



**The Mid Yorkshire Hospitals**  
NHS Trust

**ANNUAL REPORT FROM THE INFECTION PREVENTION AND CONTROL  
COMMITTEE TO THE TRUST BOARD FOR THE PERIOD 2018/19**

## Executive summary

The Trust has a statutory responsibility to be compliant with Health and Social Care Act 2008 (Regulated Activities) regulations 2014. A requirement of this Act is for the Board of Directors to receive an annual report from the Director of Infection Prevention and Control. This report details Infection Prevention and Control activity from 1 April 2018 to 31 March 2019, detailing our key achievements and performance against national healthcare associated infection objectives for the year.

The prevention and control of infection has remained a high priority for the Trust. There is a strong commitment to preventing Healthcare Associated Infections.

The Trust was pleased to report an improvement in Trust attributed Meticillin resistant *Staphylococcus Aureus* (MRSA) bloodstream infection cases, reporting one case in 2018/19. This was a 75% reduction on the cases reported in 2017/18.

The national objective for *Clostridium difficile* infection cases was no more than 26 Trust attributed cases; the Trust was disappointed to report 46 cases. However, following post infection review of the cases 42 were deemed not preventable.

There is no national objective for Meticillin Sensitive *Staphylococcus Aureus* (MSSA). The Trust reported 17 Trust attributed cases and a 35% reduction on the outturn in 2017/18.

In addition, the main achievements in the reporting year include:

- Further reduction in Escherichia Coli blood stream infection cases.
- 'Significant Assurance' received on the Internal Audit of Infection Prevention and Control within the Trust.
- Delivery of the Annual Infection Prevention and Control Work Programme 2018/19.
- Infection Prevention and Control Nurse team on call period 1 July 2018- 31 April 2019.
- The work of the antimicrobial stewardship team and the number of presentations at national conferences.
- Two senior infection prevention and control nurses successfully completing the RCN Leadership course.
- Infection prevention and control nurse successfully completing the Infection Prevention and Control distance learning module at the University of Dundee.
- Maintenance of the high visibility of the infection prevention and control team to facilitate effective infection prevention and control across the Trust.
- The work and commitment of our Estates and Facilities Teams in keeping our premises clean and fit for purpose and our water systems safe and wholesome.
- The work of the Occupational Health and Wellbeing team keeping our staff safe which is detailed in this report.

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## **Introduction**

This report details the activities relating to infection prevention and control (IPC) in Mid Yorkshire Hospitals NHS Trust (MYHT) during the reporting period 1 April 2018 to 31 March 2019.

The contents detailed within this report have been discussed at the Trust Infection Prevention and Control Committee. The committee has met monthly, is chaired by the Director of Infection Prevention and Control and has met 10 times in the reporting year, which is compliant with the Committee terms of reference. The Head of IPC has delivered four quarterly reports on activities, issues and the position of infection prevention and control within MYHT to the Trust Quality Committee on behalf of the Director of Infection Prevention and Control.

The Head of IPC is a member of the Trust Patient Safety and Clinical Effectiveness Group and has delivered a monthly exception report on the activities, issues and the position of infection prevention and control.

## **Criterion 1: Systems to manage and monitor the prevention and control of infection**

### **The Infection Prevention and Control Team**

The Director of Infection Prevention and Control (DIPC) role continued to be within the portfolio of the Director of Nursing and Quality. This role is supported by the Head of Infection Prevention and Control (IPC), who has continued to provide leadership on the IPC agenda within the Trust. The Head of IPC has provided leadership and management to the IPC nursing and administration team and reports to the Deputy Director of Nursing for Practice and Professional Development.

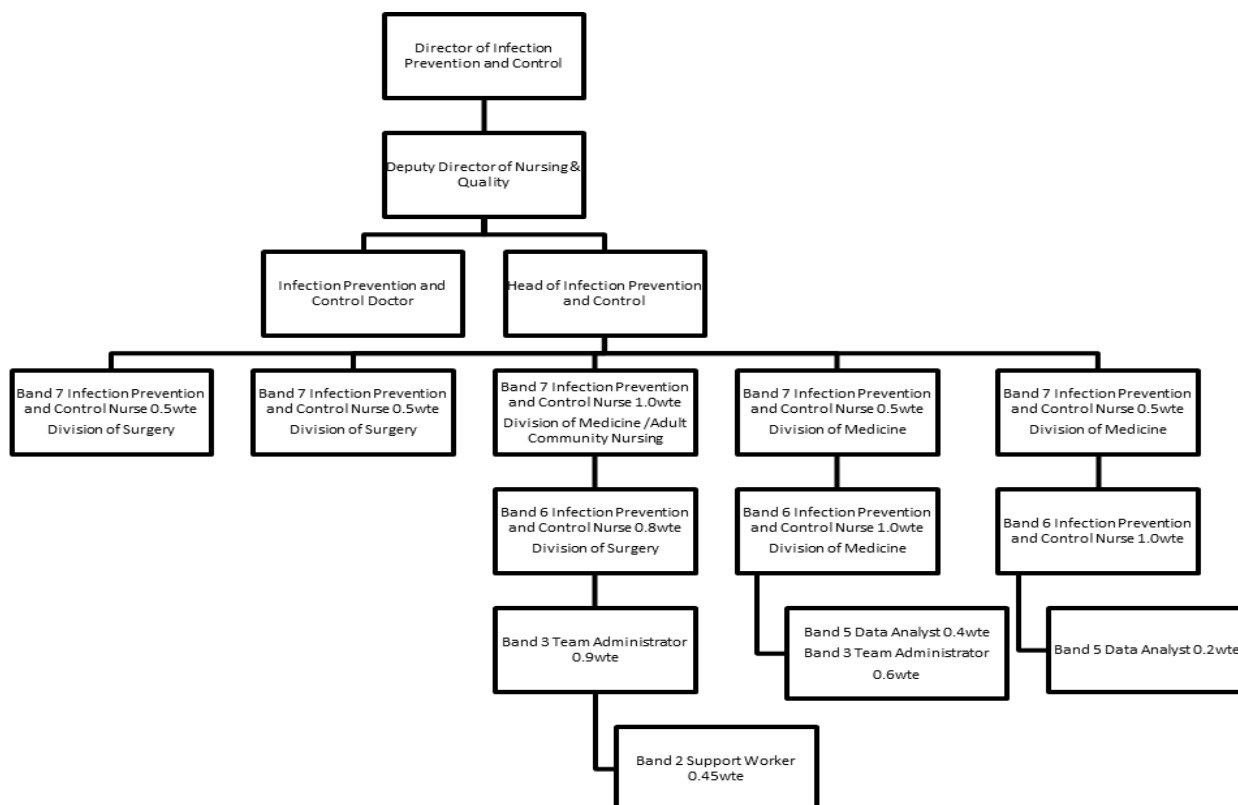
The deputy arrangement for the DIPC has been provided by the Deputy Directors of Nursing for Practice and Professional Development and Quality.

The Head of IPC continued to oversee the day to day delivery of the activities associated with infection prevention practice which is guided by the Health and Social Care Act 2008 (Regulated Activities) regulations 2014, Locum Consultant Microbiologists have provided support to the Infection Control Doctor role in the reporting year as the Trust has yet to recruit to the substantive Consultant Microbiologists posts.

IPC services are commissioned by Wakefield and North Kirklees Clinical Commissioning groups (CCG's) which includes the provision of community services to Wakefield residents.

The IPC nursing team has worked alongside clinical colleagues to enhance IPC knowledge and facilitate compliance with IPC policies and guidelines 'every patient, every time'. The responsibilities and reporting structure are demonstrated in figure 1.

**Figure 1: The Infection Prevention and Control Team reporting structure**



The nursing structure detailed in figure 1 facilitates effective IPC across the Trust and focused infection prevention strategies within our high risk areas by:

- High visibility of the IPC nursing team in clinical areas developing close working relationships with clinical colleagues to facilitate the development of bespoke infection prevention guidance to meet the needs of the service.
- Maintaining working relationships with colleagues at divisional, ward and department level to embed infection prevention practice into every day practice.
- Recognising opportunities to deliver ad hoc training.
- Supporting clinical colleagues in ensuring that patients are cared for in a safe and appropriate environment and where required post infection reviews (PIRs) are undertaken by clinical teams.

The infection prevention and control nurse team commenced a trial on call period 1<sup>st</sup> July 2018-30<sup>th</sup> April 2019. The period of on call being Saturday, Sunday and bank holidays 08.00 hours – 17.00 hours. The on call supported outbreak management and the on call Consultant Microbiologist in infection prevention and control issues that arise over the weekend period. The Executive Directors are considering future requirements of infection prevention and control service at the time of writing this report.

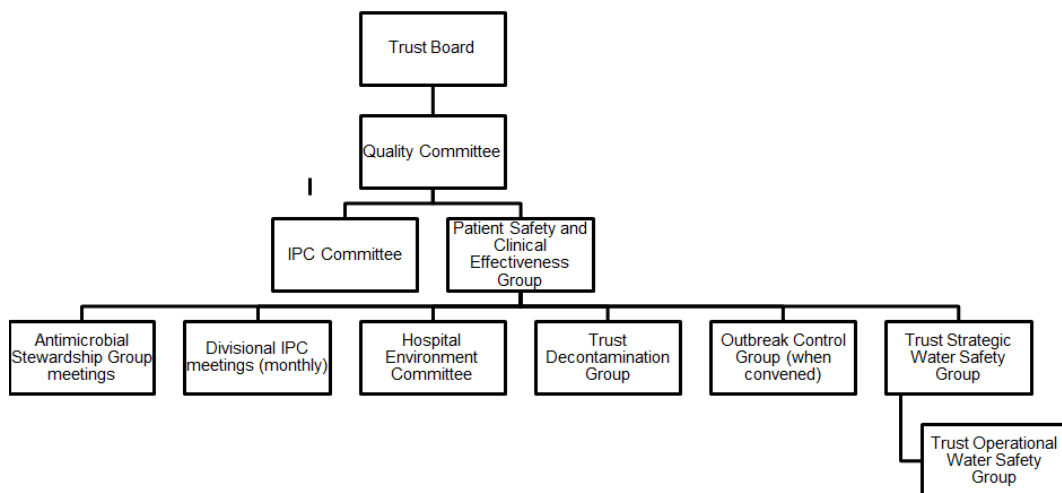
#### Internal Audit Report for Infection Prevention and Control

The internal audit of infection prevention and control took place in quarter four. The audit reviewed assurance on key controls within the service and we are pleased to report concluded: significant assurance was in place, see figure 2.

**Figure 2: Internal Audit report: Infection Prevention and Control Assurance**

<b>Significant</b>	<p>The audit can provide assurance that the Trust's overall controls in ensuring risks arising from infections are minimised are working well in practice. Robust controls were in place when raising Infection Prevention and Control awareness across the Trust which was supported by an up to date Infection Prevention and Control (IPC) Policy. It was evident that the IPC Team has instilled robust measures to ensure IPC levels are complied with. However the Divisions need to take a more proactive approach in ensuring the completion of the Nursing Assessment Tool and ensuring good attendance at the Infection Prevention Control Committee and at the Hospital Environment Group.</p>
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**Figure 3: Infection Prevention and Control (IPC) Committee reporting structure**



The Trust Infection Prevention and Control Committee have met 10 times during the reporting year which is concordant with the terms of reference, which were reviewed May 2018. The committee monitored and discussed the activity and risks associated with infection prevention across the Trust.

The Head of Infection Prevention and Control submitted monthly reports to the Trust Patient Safety and Clinical Effectiveness sub-committee and quarterly reports to the Trust Quality Committee.

**Surveillance of Healthcare Associated Infections**

**Alert Organism Surveillance**

Alert organism surveillance continued in the reporting year, which involves daily review of microbiology results, facilitated by ICNet. This allows prompt recognition of patients with infection/colonisation of alert organisms/drug resistant organisms and subsequent initiation of control measures to reduce the risk of transmission and improve the health outcome for the patient.

A daily report is produced and shared with the Divisional Assistant Directors of Nursing, Divisional Clinical Directors, Heads of Clinical Service, Matrons and the Clinical Site Management Team for information.

## Mandatory Surveillance

The Trust has continued to report specific organisms, identified by the Department of Health (DH) as part of the mandatory surveillance scheme for acute trusts that was established in 2001.

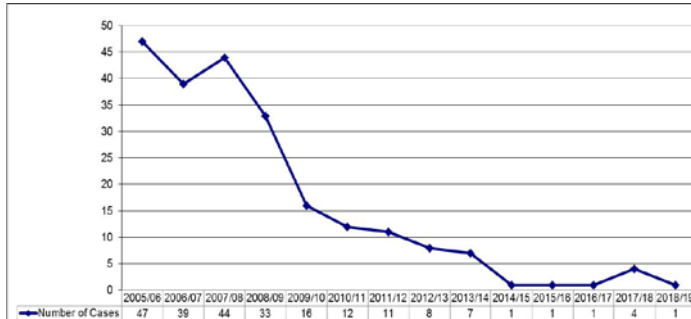
Public Health England (PHE) manages and develops the scheme on behalf of the DH and includes the following organisms:

- Meticillin resistant Staphylococcus aureus (MRSA) blood stream infections.
- Meticillin sensitive Staphylococcus aureus (MSSA) blood stream infections.
- Clostridium difficile toxin positive cases in patients two years old and above.
- Escherichia coli bloodstream infections.
- Klebsiella bloodstream infections
- Pseudomonas bloodstream infections
- Glycopeptide resistant enterococcus (GRE) blood stream infections.
- Surgical site infections following orthopaedic surgery.

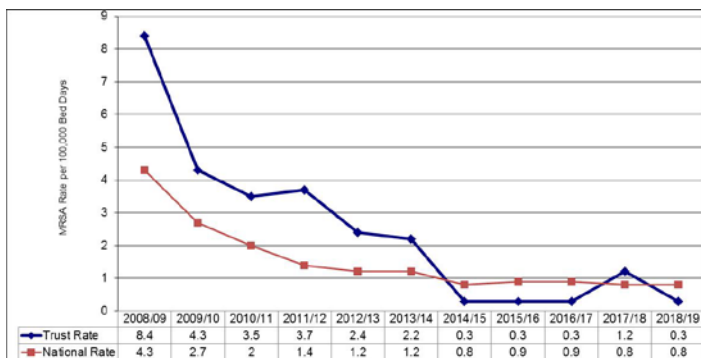
## Meticillin Resistant Staphylococcus Aureus (MRSA) Bloodstream infection

The MRSA blood stream infection objective is divided into two parts; those which are Trust attributed and those which are CCG attributed. The Trust's performance in relation to MRSA bloodstream infection is monitored against the Trust attributed cases. There was 1 Trust apportioned MRSA bloodstream infection case, which is a 75% reduction from the previous year, see figures 4 and 5.

**Figure 4: Total number of Trust apportioned MRSA bloodstream infection (BSI) cases per year 2005/06-2018/19**



**Figure 5: MRSA bloodstream infection rate (Trust apportioned cases) 2008/09-2018/19**

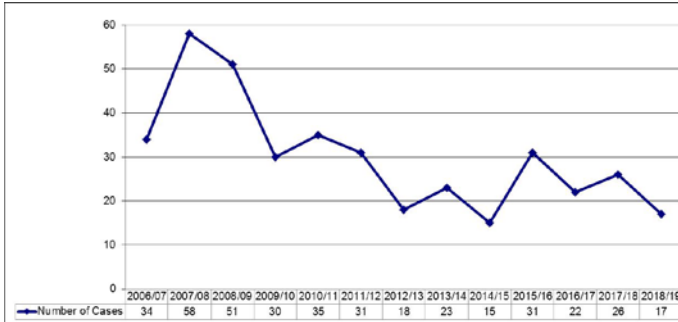




### Meticillin Sensitive Staphylococcus Aureus (MSSA) Blood stream infection

There is no national objective for MSSA bloodstream infection cases. The Trust reported 17 MSSA bloodstream infection cases. This was a 35% reduction from the previous year.

**Figure 6: Total number of post 48 hour MSSA blood stream infection cases per year 2006/7-2018/19**

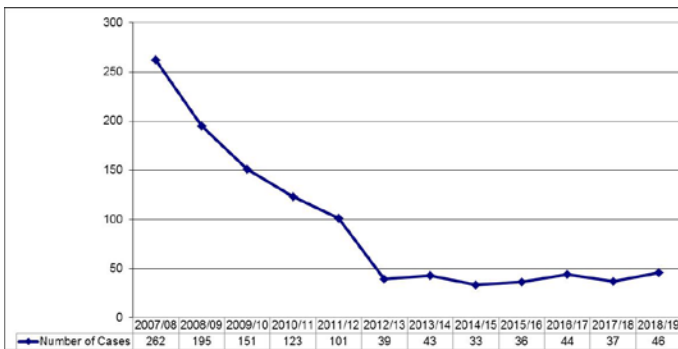


### Clostridium difficile infection (CDI)

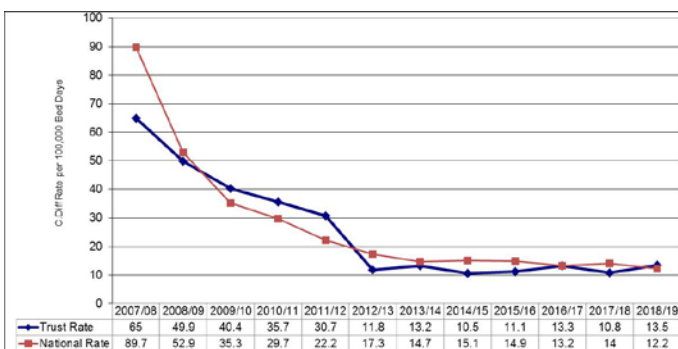
The national objective for CDI for 2018/19 was no more than 26 cases. The number of CDI cases reported in 2018/19 was 46 cases.

The Trust exceeded the national objective for CDI however, the Trust reported 42 not preventable cases, 2 preventable cases and 2 cases remain in the review process at the time of writing this report.

**Figure 7: Total number of Trust apportioned cases of Clostridium difficile infection per year 2007/08-2018/19**



**Figure 8: Clostridium difficile infection rates \*Trust apportioned cases 2007/08-2018/19**



### Escherichia coli (E.coli) blood stream infection

The Trust has been mandated to report E.coli bloodstream infection cases since 2013/14. In the reporting year the Trust reported 70 E.coli Trust attributed cases. Currently there is no national objective for acute trusts in relation to E Coli bloodstream infections however there is a national objective to reduce E Coli bloodstream infections by 50% by 2024.

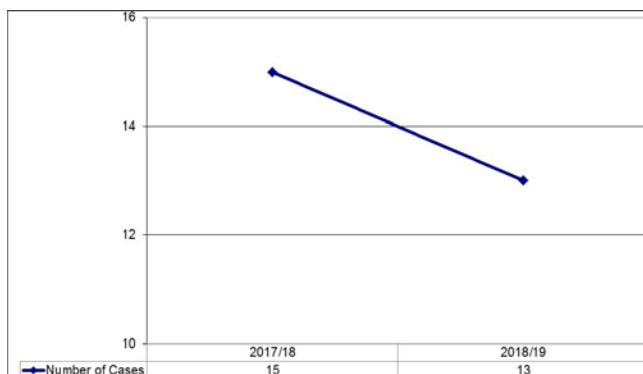
The Trust has continued to work with Health Economy colleagues on a reduction plan and pleased to report a reduction of two cases-see figure 11.

**Figure 9: Escherichia coli (E.coli) blood stream infection cases 2013/14-2018/19**

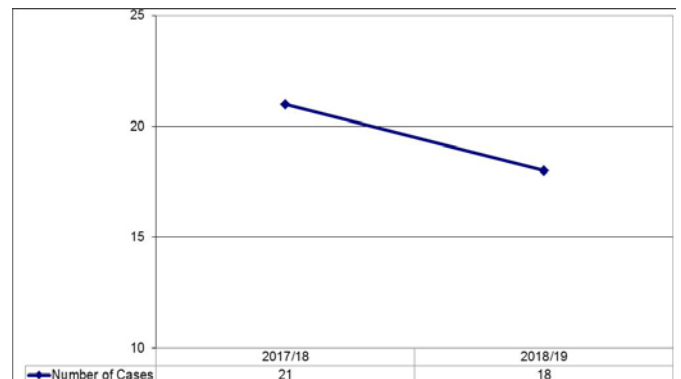


The Trust is required to report Pseudomonas and Klebsiella bloodstream infection cases since 2017/18 –see figures 10 and 11.

**Figure 10: Pseudomonas blood stream Infection cases 2017/18 & 2018/19**



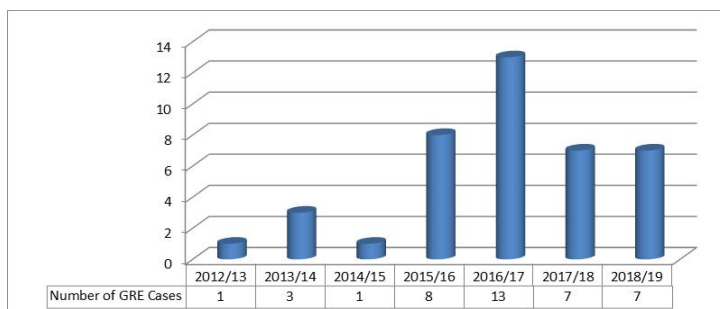
**Figure 11: Klebsiella blood stream infection cases 2017/18 & 2018/19**



### Glycopeptide Resistant Enterococci (GRE)

The Trust is required to report GRE cases and reported 7 cases in 2018/19, which is the same incidence as the previous reporting year.

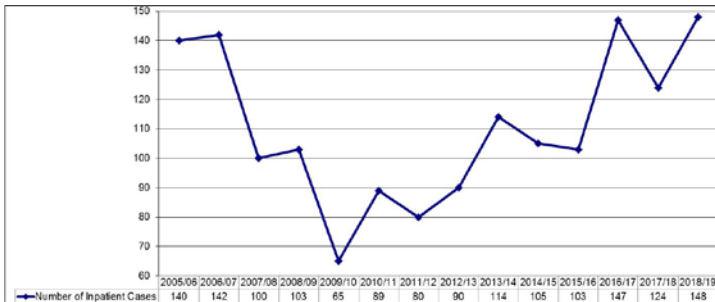
**Figure 12: GRE 2012/13-2018/19**



## Extended Spectrum Beta Lactamase (ESBL)

ESBLs are enzymes that can be produced by bacteria making them resistant to groups of antibiotics. Some of the ESBL producing bacteria are able to resist penicillin's and cephalosporins, which are the most commonly, used antibiotics in hospitals. This can complicate and/or delay appropriate treatment. It is for these reasons that the numbers of ESBL producing bacteria cases are monitored to establish trends.

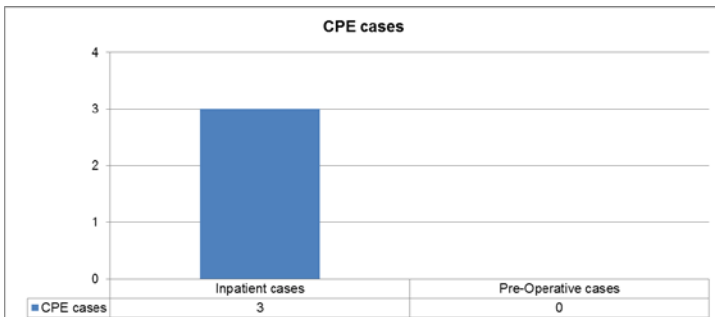
**Figure 13: Number of ESBL producing bacteria 2005/06-2018/19**



## Carbapenemase producing Enterobacteriaceae (CPE)

Enterobacteriaceae are a large family of bacteria that usually live harmlessly in the gut of all humans and animals and are some of the most common causes of opportunistic urinary tract infections, intra-abdominal and bloodstream infections. Carbapenems are a valuable family of antibiotics normally reserved for infections caused by drug-resistant Gram-negative bacteria (including Enterobacteriaceae). Resistance to these antibiotics can complicate and /or delay treatment, hence the need to monitor these cases.

**Figure 14: CPE cases 2018/19**



## Surgical Site Infection Surveillance Scheme (SSISS)

The Trust participated in the three month mandatory orthopaedic surgical site surveillance. The surveillance was carried out on knee replacements and commenced January 2019 until March 2019. There was 1 SSI identified from Dewsbury Hospital which was discovered at re-admission, 4 SSI's identified from Pontefract Hospital, 3 of which were discovered by other post-discharge methods and 1 was patient reported.

**Figure 15: SSISS results from surveillance period, 2018/19 and previous surveillance period 2017/18**

The Mid Yorkshire Hospitals NHS Trust	Hip Replacements			Knee Replacements		
	January - March 2018			January - March 2019		
	Dewsbury	Pinderfields	Pontefract	Dewsbury	Pinderfields	Pontefract
Number of Operations	21	33	40	55	37	72
Total Surgical Site Infections (SSI)	0	1	0	1	0	4
SSI	Inpatient & Re-admissions	0	0	0	1	0
	Other Post Discharge:	0	0	0	0	3
	Patient Reported	0	1	0	0	1
Hospital Site SSI Rate	0%	3%	0%	1.8%	0.0%	5.6%
National SSI Rate	1.0%			1.3%		

The Trust is participating in the national Quality Improvement in Surgical Treatment (QIST) project and commenced November 2018. A robust data collection and patient review pathway for all elective hip and knee patients which entails data entry from the point of the patient being identified for surgery, through 30, 60 and 90 days post operatively.

Three patients have been identified to have a deep tissue infection and undergone a multi-disciplinary post infection review. The service are using this study to further inform the implementation of a full surgical site infection surveillance programme for all surgical sites irrespective of originating surgical specialty.

The Division of Surgery is also participating in the GIRFT Surgical Site Infection Audit for 2019.

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

### **Environment cleanliness**

The NHS National of Cleanliness were placed under review in 2018, it is envisaged that the new standards will be available late 2019, whilst the Trust has maintained a consistently good outcome against the current forty nine current standards facilities management are preparing to take forward the new standards.

The Trust and our PFI partners, ENGIE have continued to provide facilities services throughout the reporting year .Monthly audit inspections are undertaken and have been available for clinical staff via the Facilities intranet page. Clinical colleagues are encouraged to participate in the monthly audit inspections. The Estates and Facilities Matron will be reviewing this in 2019/20.

The previous years 'planned preventive programs' for *chilled beam* cleaning and tap lime scale removal were maintained and enhanced in 2018 with additional equipment and teams.

In order to establish an accurate picture of cleaning support at ward level for discharges and infection cleans, a new information collection system has been introduced to track and record these important environmental cleaning tasks.

An in-depth study and pilot has been undertaken on ward ‘mopping systems’, the focus of the study is on those wards where increased vulnerability of patients has required increased cleaning frequencies and the use of disposable mops. The pilot showed the use of micro-fibre significantly improved cleaning standards and at time of writing is being rolled out Trust wide.

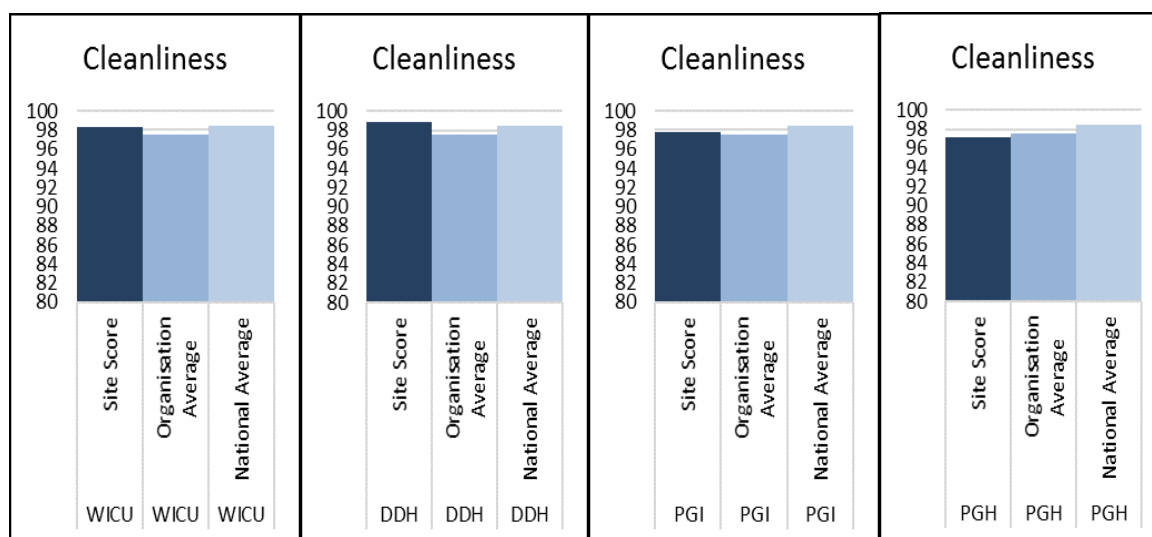
### Patient led Assessment of the Care Environment (PLACE)

April and May 2018 the Trust undertook its annual PLACE review across the four Trust sites.

Over a two month period the patient assessors successfully completed their assessments. The assessments are very comprehensive and cover a number of clinical areas of review: these being a sample of emergency departments, wards, circulation areas and hospital grounds.

The figure 16 details the results achieved for each of our four clinical sites. The results give a picture of both Trust and individual site performance when measured and compared against the organisational average (all four Trust sites) and the PLACE national average. The core ‘cleanliness’ criterion results once again show an ongoing constant good result with the National Average for this area.

**Figure 16: PLACE Cleanliness data 2018**



### Waste Management

In 2018 the national clinical waste contract went through a number of changes, against which the Trust successfully implemented new collection and disposal systems. Security of high grade clinical waste such as theatres and anatomical waste were subject to increased monitoring.

To ensure that staff on wards and departments are supported; the Trust Waste Management Committee updated its staff handbook and posters, the handbook provides full details on waste segregation requirements including packaging. Waste management training remains a key issue for the Trust.

## **FLO and FLO Assurance Audit**

Front Line Ownership (FLO) Audits were introduced in April 2015 and are performed monthly in each clinical area. The FLO audits assess compliance with 10 Key elements of infection prevention and control in all clinical areas. Part two of the audit data is gathered for: Hand Hygiene, Bare below the Elbows, Peripheral Venous Cannula insertion and ongoing care, Central Venous Cannula insertion and ongoing care, Urinary Catheter insertion and ongoing care, Isolation Practice, Surgical Site Infection, Ventilator Associated Pneumonia and ANTT assessment compliance.

Assurance audits are scheduled to be undertaken at six monthly intervals in high risk clinical areas and annually in low risk clinical areas. These are undertaken by matrons and IPC Nurses.

## **Decontamination of the Environment with Hydrogen Peroxide Vapour (HPV)**

Hydrogen peroxide vaporisation (HPV) has been continued to be used throughout the Trust to decontaminate areas where a patient has been colonised with a CPE. The advantage of using HPV is that it kills more micro-organisms, is automated and consistent whereas manual cleaning is operator dependant. Its usage has increased in the reporting year in response to the increased number of CPE cases within the Trust. HPV has also been used to decontaminate areas where we have seen a period of increased incidence of CDI and outbreaks of infection, to ensure adequate environment cleaning. The table below details the areas where HPV has been used.

## **Water Safety Management**

The Trust now operates a Strategic Water Safety Group which meets quarterly, and leads on strategy and an Operational Water Safety Group which meets monthly, which delivers the water safety actions. The membership of these groups includes representatives from IPC, Microbiology, Trust and PFI Provider Estates, Trust and PFI Provider Facilities, PFI Monitoring, Risk management, EFM Matron and the Trust's appointed Authorising Engineer (Water).

The Trust's revised Water Safety plan was issued in March 2018 and continues to be amended and updated as the Water Safety Groups identify any additional enhancements to the document. The Trust continues to undertake 6 monthly independent status audits. In addition to this the Trusts independent Authorised Engineer's Annual Governance Audit has been completed and has indicated the Trust to have a substantial level of assurance in relation to Water Management.

## **Criterion 3: Provide suitable and accurate information on infections to service users and their visitors**

### **Monthly IPC Masterclass**

2018/19's monthly educational masterclass topics included: Hand Hygiene, Equipment Cleaning, Middle Eastern Respiratory Syndrome (MERS), Sharps Safety, Influenza, Norovirus, Gram Negative Organisms, and Clostridium Difficile (CDI). In addition guest speakers attended from our hand hygiene product and sharps container providers who were able to discuss the outcomes of audits performed by these companies. Information from post infection reviews of HCAs including CDI was also discussed.

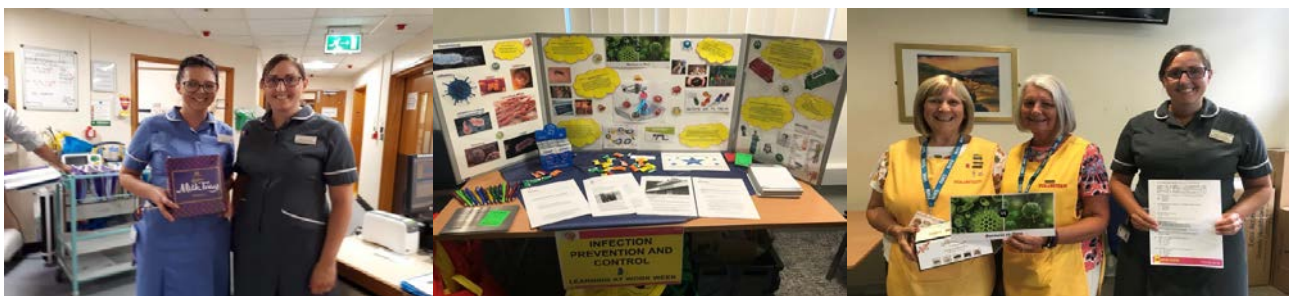
The Masterclass meetings also encompassed the monthly link workers meetings. Link workers are encouraged to share ideas and innovations during these meetings.

### **World Health Organisation (WHO) Hand Hygiene Day**

'World Hand Hygiene Day' is promoted by the World Health Organisation and is on the 5th May every year. The Infection Prevention and Control Team had a promotional stand at Pinderfields and Dewsbury Hospitals and education roadshows were delivered across the Trust in clinical areas and included: skin hydration analysis of staff hands, how staff can protect their hands and when to clean hands.

### **Learning at Work Week (LAWW)**

The Infection Prevention and Control Team had a stand where staff could come and talk to the team about infection prevention and control. There were two competitions that day; one was a Hand Hygiene quiz and the second Bacteria Vs Virus quiz.



### **International Infection Prevention and Control Week (IIPW)**

For one week in October there is an international celebration of infection prevention, which aims to promote and highlight the important role infection prevention and control plays.

As part of this celebration the Infection Prevention and Control Team had a promotional stand in the dining room at Pinderfields, which covered a different topic every day. Topics covered were: Hand hygiene, VIP scores, Cleaning and Decontamination, Catheter Care, and Influenza.

Company representatives from Deb Cutan, Gamma Clinell and CareFusion assisted with the delivery of education and infection prevention promotion. We also had input from our colleagues from Occupational Health with the Influenza day, whereby they offered vaccination for staff.

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

The Trust and divisional infection prevention and control dashboards have been produced monthly in the reporting year and details the infection prevention and control key performance indicators. See figure 17 for the Trust dashboard.

Figure 17: Trust IPC Dashboard

Indicator Description	Month	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Jan 18/19	Feb 18/19	Mar 18/19	Annual target 18/19	Year to date 18/19	End of Year Position
MRSA bacteraemia Trust attributed	Target	0	0	0	0	0	0	0	0	1	1
	Actual	0	0	0	1	0	0	0			
MRSA bacteraemia Non Trust attributed	Target	0	0	0	0	0	0	0	0	4	4
	Actual	2	2	1	1	0	0	0			
Clostridium difficile Trust attributed	Target	9	7	6	4	3	3	3	26	46	46
	Actual	12	15	16	8	1	3	3			
Clostridium difficile Non Trust attributed	Target									69	69
	Total	20	27	18	15	4	2	3			
MSSA bacteraemia Trust attributed	Target	6								17	17
	Total	2	5	3	5	1	2	1			
MSSA bacteraemia Non Trust attributed	Target									68	68
	Total	16	19	13	15	6	10	5			
E Coli bacteraemia Trust attributed	Target		16	16	16	6	5	6	65	70	70
	Total	14	25	14	18	6	2	5			
E Coli bacteraemia Non Trust attributed	Target									391	391
	Total	76	91	102	110	26	25	37			
Pseudomonas Aeruginosa bacteraemia Trust attributed	Target									13	13
	Total	3	1	6	2	2	2	0			
Pseudomonas Aeruginosa bacteraemia Non Trust attributed	Target									18	18
	Total	1	4	7	4	1	0	2			
Klebsiella spp. bacteraemia Trust attributed	Target									18	18
	Total	7	2	11	3	0	0	2			
Klebsiella spp. bacteraemia Non Trust attributed	Target									67	67
	Total	13	18	20	15	8	2	4			
Indicator Description	Month	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Jan 18/19	Feb 18/19	Mar 18/19	Annual target 18/19	Percentage Compliance 18/19	
MRSA Elective Screening	Target	90%	90%	90%	90%	90%	90%	90%	90%	100%	
	Actual	100%	100%	100%	100%	N/A	N/A	N/A			
MRSA Non Elective Screening (Medicine)	Target	90%	90%	90%	90%	90%	90%	90%	90%	93%	
	Actual	93%	92%	88%	94%	97%	95%	90%			
MRSA Non Elective Screening (Surgery)	Target	90%	90%	90%	90%	90%	90%	90%	90%	100%	
	Actual	100%	100%	100%	100%	100%	N/A	N/A			
MRSA rates (Trust Attributable) per 100,000 bed days	Target	0	0	0	0	0	0	0		0.20	
	Actual	0	0	0	1.2	0	0	0			
MRSA (Trust Attributable) Days between cases (Cumulative)	Target										
	Actual		60	152	73	104	132	163			
MRSA & C Difficile Isolation within 2 hours	Target	100%	100%	100%	100%	100%	100%	100%	100%	79%	
	Actual	91%	55%	84%	100%	100%	66%	67%			
Clostridium difficile (Trust Attributable) rates per 100,000 bed days	Target	8.3	8.3	8.3	8.3	7.6	7.6	7.6	7.6	11.98	
	Actual	13.30	17.70	19.40	9.57	3.40	11.20	10.60			
30 Day Mortality (Clostridium Difficile)	Target										
	Actual	0	2	2	2	0	1	0			
Blood Culture Contamination rate	Target	3%	3%	3%	3%	3%	3%	3%	3%	3.45%	
	Actual	2.85%	2.98%	2.78%	3.27%	3.76%	4.12%	3.77%			
CPE (Number of inpatients screened)	In-patients	25	33	33	26	7	9	15			
CPE (Number of new positive cases)	Cases	0	0	1	1	0	0	1			
CPE (Number of pre-op patients screened)	Pre-op patients	9	12	11	5	5	5	3			
CPE (Number of new positive pre-op cases)	Cases	0	0	0	0	0	0	0			
Doctors (all grades) Aseptic Non-Touch Technique (ANTT)	Target	95%	95%	95%	95%	95%	95%	95%	95%	86%	
	Actual	83%	82%	86%	89%	88%	87%	85%			



Indicator Description		Month	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Jan 18/19	Feb 18/19	Mar 18/19	Annual target 18/19	Percentage Compliance 18/19
Cleaning Monit Scores	Dewsbury Wards (Housekeeping)	Actual	97.34%	96.74%	96.55%	96.58%	96.54%	96.13%	96.32%	90%	96.48%
	Dewsbury Nursing	Actual	97.84%	98.50%	99.08%	99.05%	99.38%	99.65%	99.44%		99.18%
	Pinderfields Retained (Housekeeping)	Actual	96.02%	95.49%	93.49%	96.14%	96.38%	96.31%	94.55%		95.39%
	Pinderfields Wards (Housekeeping)	Actual	95.48%	95.13%	96.06%	95.63%	96.50%	96.71%	95.92%		95.99%
	Pinderfields Nursing	Actual	92.10%	92.20%	91.48%	91.59%	94.42%	92.43%	92.15%		92.38%
	Pinderfields Retained Nursing	Actual	97.86%	97.78%	94.39%	97.04%	96.08%	98.73%	90.00%		95.67%
	Pontefract Retained (Housekeeping)	Actual	94.42%	94.01%	97.27%	96.94%	96.69%	97.85%	96.77%		96.59%
	Pontefract Wards (Housekeeping)	Actual	97.90%	98.31%	98.44%	97.80%	97.88%	98.23%	98.44%		98.18%
	Pontefract Nursing	Actual	88.95%	93.94%	96.43%	94.48%	94.29%	92.66%	95.79%		94.60%
	Pontefract Retained Nursing	Actual	91.05%	99%	100.00%	95.83%	92.31%	88.00%	89.80%		94.16%
	Cleaning Monit Score: Pinderfields (ENGIE)	Actual	96.57%	96.82%	96.01%	96.60%	96.93%	96.52%	96.11%		96.50%
	Cleaning Monit Score: Pontefract (ENGIE)	Actual	97.72%	97.59%	97.69%	97.87%	98.05%	98.37%	98.22%		97.97%
Frontline Ownership (10 Key Elements, ANTT, SSI, VAP) - Key: 95 - 100% 85 - 94% 0 - 84%											
Frontline Ownership Audit	1. General Environment	Actual	95%	96%	97%	97%	97%	96%	95%	95%	96%
	Assurance (High Risk)	Actual	92%	90%	87%	87%	N/A	N/A	91%		89%
	Assurance (Low Risk)	Actual	90%	92%	93%	95%	N/A	N/A	92%		93%
	2. Patient's Immediate Area	Actual	98%	98%	99%	98%	99%	99%	98%	95%	99%
	Assurance (High Risk)	Actual	97%	96%	95%	95%	N/A	N/A	96%		96%
	Assurance (Low Risk)	Actual	93%	85%	93%	97%	N/A	N/A	96%		93%
	3. Dirty Utility and Waste Disposal	Actual	97%	97%	97%	98%	98%	98%	97%	95%	98%
	Assurance (High Risk)	Actual	93%	86%	93%	91%	N/A	N/A	92%		91%
	Assurance (Low Risk)	Actual	92%	93%	85%	93%	N/A	N/A	94%		91%
	4. Linen	Actual	97%	94%	92%	99%	100%	99%	99%	95%	97%
	Assurance (High Risk)	Actual	97%	96%	96%	95%	N/A	N/A	94%		95%
	Assurance (Low Risk)	Actual	93%	97%	98%	94%	N/A	N/A	93%		96%
Frontline Ownership Audit	5. Storage Areas & Clean Utility/Treatment	Actual	95%	96%	87%	97%	99%	98%	96%	95%	96%
	Assurance (High Risk)	Actual	94%	74%	85%	87%	N/A	N/A	85%		83%
	Assurance (Low Risk)	Actual	88%	100%	98%	96%	N/A	N/A	94%		97%
	6. Patient Equipment	Actual	98%	99%	98%	99%	99%	98%	98%	95%	99%
	Assurance (High Risk)	Actual	95%	89%	90%	88%	N/A	N/A	91%		90%
	Assurance (Low Risk)	Actual	94%	86%	92%	96%	N/A	N/A	96%		93%
	7. Sharps Safety	Actual	99%	98%	98%	99%	99%	99%	98%	95%	99%
	Assurance (High Risk)	Actual	94%	83%	88%	90%	N/A	N/A	86%		87%
	Assurance (Low Risk)	Actual	94%	100%	96%	97%	N/A	N/A	97%		98%
	8. Hand Hygiene Facilities	Actual	98%	98%	98%	99%	99%	99%	99%	95%	99%
	Assurance (High Risk)	Actual	98%	95%	97%	97%	N/A	N/A	96%		96%
	Assurance (Low Risk)	Actual	94%	92%	94%	95%	N/A	N/A	95%		94%
	9. Aseptic Non-Touch Technique (ANTT)	Actual	92%	92%	92%	92%	90%	91%	94%	95%	92%
	Assurance (High Risk)	Actual	90%	78%	89%	89%	N/A	N/A	86%		86%
	Assurance (Low Risk)	Actual	85%	82%	92%	92%	N/A	N/A	92%		90%
	10. Standard Precautions	Actual	100%	100%	100%	100%	100%	100%	100%	95%	100%
	Assurance (High Risk)	Actual	100%	89%	94%	94%	N/A	N/A	98%		94%
	Assurance (Low Risk)	Actual	83%	100%	100%	100%	N/A	N/A	100%		100%
	11.1. Isolation of Infected Patients	Actual	100%	99%	99%	97%	99%	95%	99%	95%	98%
	Assurance (High Risk)	Actual	100%	N/A	100%	97%	N/A	N/A	100%		99%
	Assurance (Low Risk)	Actual	N/A	N/A	100%	100%	N/A	N/A	100%		100%
	11.2. Isolation of Infected Patients: MRSA	Actual	97%	98%	98%	99%	99%	97%	97%	95%	98%
	Assurance (High Risk)	Actual	99%	N/A	100%	99%	N/A	N/A	100%		100%
	Assurance (Low Risk)	Actual	100%	N/A	N/A	N/A	N/A	N/A	N/A		N/A
11.3. Isolation of Infected Patients: c.Diff	Actual	96%	98%	95%	98%	99%	99%	99%	95%	98%	
Assurance (High Risk)	Actual	100%	N/A	100%	99%	N/A	N/A	100%		100%	
Assurance (Low Risk)	Actual	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	

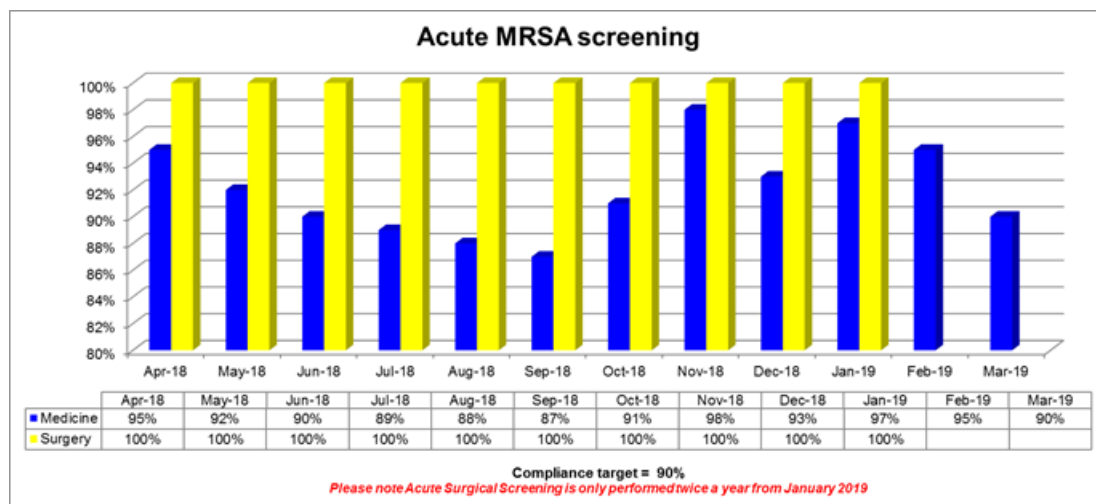
Indicator Description		Month	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Jan 18/19	Feb 18/19	Mar 18/19	Annual target 18/19	Percentage Compliance 18/19		
Frontline Ownership Audit	12.1.1. Peripheral Cannulae (Insertion)	Actual	99%	100%	100%	100%	99%	100%	99%	95%	100%		
	Assurance (High Risk)	Actual	98%	29%	64%	100%	N/A	N/A	98%		73%		
	Assurance (Low Risk)	Actual	100%	N/A	N/A	N/A	N/A	N/A	N/A		N/A		
	12.1.2. Peripheral Cannulae (Ongoing care)	Actual	98%	99%	99%	99%	99%	100%	99%	95%	99%		
	Assurance (High Risk)	Actual	97%	N/A	100%	100%	N/A	N/A	99%		100%		
	Assurance (Low Risk)	Actual	100%	N/A	N/A	100%	N/A	N/A	100%		100%		
	12.2.1. Central Venous Catheter (Insertion)	Actual	100%	100%	100%	100%	93%	100%	93%	95%	98%		
	Assurance (High Risk)	Actual	100%	N/A	N/A	100%	N/A	N/A	100%		100%		
	Assurance (Low Risk)	Actual	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A		
	12.2.2. Central Venous Catheter (Ongoing care)	Actual	100%	100%	100%	100%	98%	99%	98%	95%	99%		
	Assurance (High Risk)	Actual	99%	N/A	N/A	100%	N/A	N/A	97%		99%		
	Assurance (Low Risk)	Actual	N/A	N/A	100%	100%	N/A	N/A	100%		100%		
	12.3.1. Urinary Catheter (Insertion)	Actual	98%	98%	99%	98%	98%	99%	97%	95%	98%		
	Assurance (High Risk)	Actual	94%	N/A	92%	96%	N/A	N/A	97%		95%		
	Assurance (Low Risk)	Actual	N/A	N/A	100%	100%	N/A	N/A	100%		100%		
	12.3.2. Urinary Catheter (Ongoing care)	Actual	99%	99%	99%	99%	97%	99%	100%	95%	99%		
	Assurance (High Risk)	Actual	95%	N/A	98%	99%	N/A	N/A	94%		97%		
	Assurance (Low Risk)	Actual	N/A	N/A	98%	99%	N/A	N/A	99%		99%		
	Surgical Site Infection (SSI) - Pre-operative	Actual	94%	96%	88%	99%	100%	99%	99%	95%	97%		
	Assurance (High Risk)	Actual	100%	N/A	N/A	85%	N/A	N/A	100%		93%		
	Assurance (Low Risk)	Actual	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A		
	Surgical Site Infection (SSI) - Intra-operative	Actual	100%	97%	91%	100%	99%	100%	99%	95%	98%		
	Assurance (High Risk)	Actual	N/A	98%	97%	100%	N/A	N/A	100%		99%		
	Assurance (Low Risk)	Actual	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A		
Surgical Site Infection (SSI) - Post-operative	Actual	100%	95%	97%	100%	99%	99%	99%	95%	98%			
Assurance (High Risk)	Actual	N/A	N/A	N/A	100%	N/A	N/A	100%		100%			
Assurance (Low Risk)	Actual	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A			
Indicator Description		Month	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Jan 18/19	Feb 18/19	Mar 18/19	Annual target 18/19	Percentage Compliance 18/19		
Frontline Ownership Audit	Ventilator Associated Pneumonia (VAP)	Actual	100%	100%	99%	94%	100%	99%	N/A	95%	98%		
	Assurance (High Risk)	Actual	100%	N/A	N/A	100%	N/A	N/A	100%		100%		
	Assurance (Low Risk)	Actual	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A		
	Frontline Ownership (Hand Hygiene & Bare Below Elbow) - Key: 98 - 100%, 90 - 97%, 0 - 89%												
	Hand Hygiene (HH)	Actual	99%	99%	99%	100%	99%	99%	99%	98%	99%		
	Assurance (High Risk)	Actual	100%	82%	96%	98%	N/A	N/A	100%		94%		
	Assurance (Low Risk)	Actual	100%	91%	97%	99%	N/A	N/A	99%		97%		
	Bare Below the Elbows (BBE)	Actual	100%	100%	100%	100%	100%	100%	100%	98%	100%		
	Assurance (High Risk)	Actual	100%	100%	100%	100%	N/A	N/A	100%		100%		
	Assurance (Low Risk)	Actual	100%	99%	100%	100%	N/A	N/A	100%		100%		

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

**MRSA screening**

All non-elective patients in the division of medicine and surgery are screened for MRSA on admission to hospital, figure 18 details screening compliance in the reporting year.

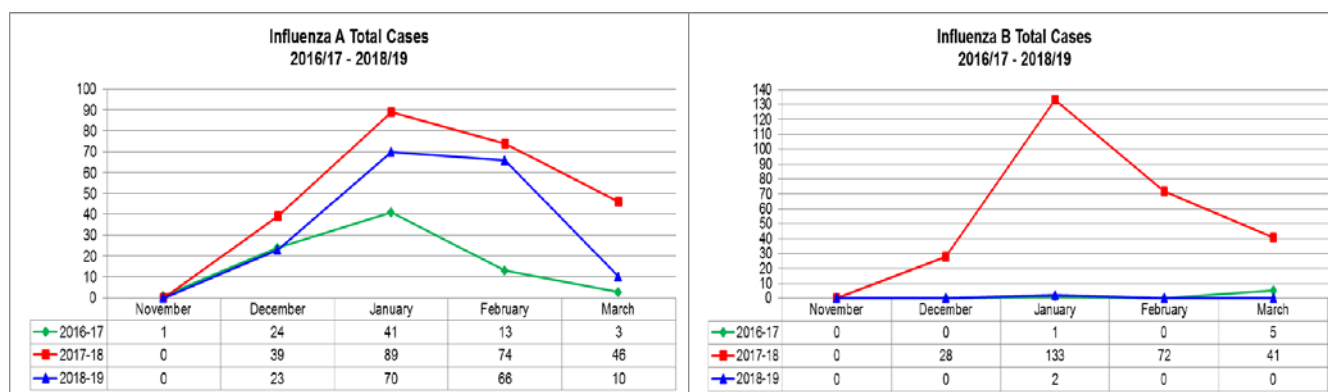
**Figure 18: MRSA acute screening compliance, Division of Medicine & Division of Surgery**



**Influenza Point of Care Test (POCT)**

The Trust evaluated the Standard Q SD Biosensor point of care test for influenza A and B this winter. The point of care test result was available within 15 minutes, which facilitated rapid diagnosis and safe placement of patients with influenza.

**Figure 19: Influenza A and B cases Winter 2018/19**



**Division of Medicine Incidents/Outbreaks of Infection**

**Influenza Outbreaks Winter 2018/19**

There have been three outbreaks of influenza in the Trust in the reporting year. All three outbreaks have been at Pinderfields Hospital, affecting 17 patients. No staff were affected.

## **Clostridium difficile infection (CDI)**

During November 2018, a period of increased incidence of infection was initiated on a medical ward at Pinderfields Hospital due to two cases of CDI within 28 days. The incident was managed as per Trust Policy and the following actions were initiated:

- Changes made to ward domestic services
- Increased communications
- Education and training for ward team

Post infection reviews identified both CDI cases were not preventable.

## **Scabies**

There have been two scabies incidents, one at Dewsbury Hospital and one at Pontefract Hospital. The patients affected were managed as per hospital policy. Staff contacts were managed with the assistance of Occupational Health.

## **Pulmonary Tuberculosis (TB) contact tracing incidents**

There have been five pulmonary TB exposure incidents resulting in contact tracing in the Trust in the reporting year. Two at Dewsbury Hospital affecting 29 patients and 111 staff, two at Pinderfields Hospital affecting 11 patients and 61 staff and one incident at Pontefract Hospital affecting 14 patients and 16 staff. Occupational Health supported staff in the five incidents.

## **Division of Surgery Incidents/Outbreaks of Infection**

### **Aspergillus incident**

Three patients on a surgical ward at Pinderfields Hospital isolated Aspergillus (2 were aspergillus fumigatus and 1 was PCR positive) from bronchial washings following bronchoscopy with the same bronchoscope. The bronchoscope was taken out of use on the advice of the Consultant Microbiologist. Environmental samples obtained from the scope were negative for Aspergillus. The cases were thought to be incidental findings and the bronchoscope underwent intensive cleaning and disinfection and was put back into use.

### **Acinetobacter Baumannii Outbreak**

In October 2018, there was an outbreak of Acinetobacter Baumannii on the Burns Unit at Pinderfields Hospital which involved six patients.

An internal Incident Control Group was convened to manage the outbreak and initiate immediate actions. An external Incident Control Group was convened with support from Public Health England and the CCG. Actions undertaken were as follows:

- Restriction of admissions into the Burns Unit and risk assess patients who required admission on a case by case basis
- Environmental sampling was undertaken – the organism was not identified
- Observations of clinical practice – which has led to a review of dressing practice, PPE and uniforms/use of scrubs and the wearing of washable/protective footwear
- HPV cleaning of the entire unit including both inpatient and outpatient areas were undertaken, including the theatre used for burns patients.

The outbreak was declared over on the 25<sup>th</sup> January 2019.

## **Division of Family Services and Clinical Support Services Incidents/Outbreaks of Infection**

### **Ventilation Issue – Gate 17 Interventional Radiology, Pinderfields Hospital**

During March 2018, intermittent odours were reported in a Cath Lab within Radiology. An incident control group meeting was convened. The ventilation plant was checked, with filters and belts changed. The Trust PFI partners, ENGIE, made a change to the practice of not opening the doors to the plant room when the outside air temperature falls as it was thought this practice was drawing in food odours from the adjacent kitchen ventilation in the plant room. The intermittent odour continued into June 2018 before it was resolved.

### **Shingles Exposure Incident**

A staff member was diagnosed with facial shingles September 2018 and had been working within paediatrics. An incident control group meeting was convened and the following actions taken:

- Exposed and high risk neonates were tested for Varicella Zoster antibody and Varicella Zoster immunoglobulin given to those who were not immune.
- Non-immune staff was treated with Acyclovir.

The unit remained open to admissions.

### **Norovirus Outbreaks**

The Trust experienced severe disruption due to outbreaks of the winter vomiting virus; with 37 outbreaks of diarrhoea and vomiting in the reporting year. 20 at Dewsbury Hospital affecting 143 patients and 15 staff, 15 at Pinderfields Hospital affecting 61 patients and one staff and 2 outbreaks at Pontefract Hospital affecting 14 patients, no staff were affected.

### **Antimicrobial Stewardship**

The Antimicrobial Stewardship Group (AMSG) has met bimonthly in the reporting year. The work co-ordinated through the AMSG is in line with the Start Smart then Focus best practice guidance from DH and NICE Antimicrobial Stewardship Guideline (NG15). The AMSG reports to the Medicines Optimisation Group and the Trust Infection Prevention and Control Committee. Key achievements include:

- Participation in the ARK study (Antibiotic Review Kit) to improve review of antibiotics within 72 hours. The four interventions are: decision aid (new drug chart), audit and feedback, online learning, and patient leaflets. There has been a 10% reduction in antibiotic use on the intervention wards, Gate 41 Acute Care of the Elderly and 45 Respiratory
- Clinical ward rounds to include acute admissions unit, acute care of the elderly, respiratory ward, intensive care and haematology
- Once weekly sepsis ward rounds
- Rolling program of education and audit feedback to specialty governance meetings
- Abstracts accepted to a national conferences:
  - Intravenous to oral switch in general surgery patients – Zahra Shamshudin
  - Pharmacy technician-led intravenous to oral switch – Lauren Sanderson
  - Improving gentamicin prescribing in general surgery and urology patients – Rachael Hinchliffe

- Antimicrobial prescribing in respiratory patients on the acute admissions unit – Mary Bolland
- Oral antibiotic liquids on discharge from hospital – Nicola Walker
- Nurse and pharmacist antimicrobial stewardship rounds – Kathryn Ashton and Della Barker
- Antimicrobial prescribing behaviour in the emergency department – Kathryn Ashton
- Improved treatment of patients on home intravenous antibiotics through creation of a new position – Specialist Pharmacy Technician – Antimicrobials (Nicola Walker)
- Ongoing risk – shortage of substantive microbiologists and consultant clinical scientists

**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**

**Frontline Ownership Audits**

Frontline Ownership (FLO) audit data is collected monthly on 10 key elements of infection prevention assurance. In addition data on ANTT compliance, hand hygiene and bare below the elbow, isolation, peripheral venous cannula insertion and ongoing care, central venous cannula insertion and ongoing care urinary catheter insertion and ongoing care, surgical site infection and ventilator associated pneumonia.

A FLO report has been produced and distributed monthly along with a divisional breakdown report. Results and graphs are also included in the IPC dashboard, see figure 17.

**Criterion 7: Provide or secure isolation facilities**

The Trust aims to isolate patients within the Trust with MRSA, *Clostridium difficile* and diarrhoea to reduce the risk of transmission to other vulnerable patients in the clinical location:

- Within two hours of diagnosis of MRSA colonisation or infection.
- Within two hours of diagnosis of *Clostridium difficile* infection.
- Within two hours of the onset of symptoms of suspected infective diarrhoea.

Adequate isolation facilities are available at Pinderfields and Pontefract Hospital to ensure that the target for isolating patients with the above health care acquired infections can be achieved.

Achieving the target on the Dewsbury site within the two hour time period is challenging. To aid decision making on the Dewsbury site and enhance patient safety the IPC team produce a daily single room report which facilitates a cohesive approach between patient flow, the IPC team and the ward team to achieve the target. The data is included on the IPC dashboard – see figure 17.

**Criterion 8: Secure adequate access to laboratory support as appropriate**

The Microbiology Laboratory for the Trust is based in the Pathology Building at Pinderfields Hospital. The laboratory provides a Consultant/Clinical Scientist led diagnostic and screening service to all the hospitals within the Trust, Primary Care providers and Occupational Health services.

The laboratory is staffed and managed by a team of Health and Care Professions Council (HCPC) registered Biomedical Scientists and Support Workers, and is accredited by United Kingdom Accreditation Service (UKAS).

The laboratory provides a seven day service and offers an on-call service out of normal working hours that is accessed by contacting the hospital switchboard.

The laboratory utilises the CSC iLab IT system for all of its laboratory reports and is linked to the ICNet system used by the IPC Nurses. ICNet is updated regularly with data from the laboratory iLab system.

**Criterion 9: Have and adhere to policies designed for the individual’s care and provide organisations that will help to prevent and control infections**

Infection prevention and control policies are reviewed with key stakeholders and discussed at the Infection prevention and Control Committee before final approval through the Clinical Executive Group. See figure 29 for the policies reviewed in the reporting year.

**Figure 20: Policies reviewed in 2018/19**

<b>Policy</b>	<b>Date of Policy Review</b>
Pulmonary Tuberculosis Policy	April 2018
Prevention, Detection and Control of Multi- Drug Resistant Bacteria, including: Carbapenemase – Producing Enterobacteriaceae (CPE), Extended Spectrum Beta-Lactamase (ESBL), Glycopeptide Resistant Enterococci (GRE) and <i>Pseudomonas sp</i>	June 2018
<i>Clostridium difficile</i> Infection Policy	October 2018
Management of Infection Prevention and Control policy	March 2019

**Criterion 10: Ensure that as far as reasonable 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**

**Occupational Health and Wellbeing**

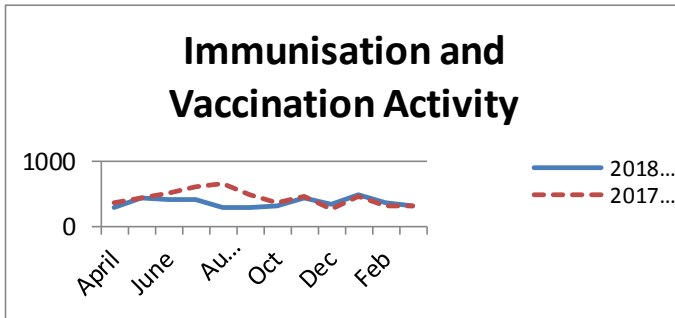
**Immunisation and vaccination activity**

During 2017/2018 OHWBs provided 4365 episodes of care relating to immunisation and vaccination including:

- Provision of vaccine under a PGD
- Taking of blood samples to check immunity to disease
- BCG scar checks

This number does not include seasonal influenza vaccination. This equates to a mean average of 363.75 episodes each month.

**Figure 21: Immunisation and vaccination data 2018/19**



The sharing of immunisation and vaccination records has been under the scrutiny of NHS Improvement (NHSi) as part of the streamlining initiative associated with Doctors in Training (DiT). The Occupational Health and Wellbeing Services at Mid Yorkshire have fully participated with this initiative and have sent representations at local and at national level. Together with our partners within West Yorkshire Association of acute trusts (WYAAT) the OH managers created a vehicle to share immunisation and vaccination details with employees consent. This was implemented in June 2018 and reduced the need for unnecessary repeat immunisation and vaccination consultations, blood tests and associated costs.

Immunisation and vaccination information is now classified as employment information rather than medical information. The national plan is for the vaccination and immunisations details of all DiT will be held on ESR and those records will transfer with the doctor. The longer term plan is that all the immunisation and vaccination records for all HCW's will be managed in this way. NHSi is asking the GMC and NMC to notify and liaise with their registrants about this change and the sharing of this information without prior explicit written consent.

### **Health surveillance activity**

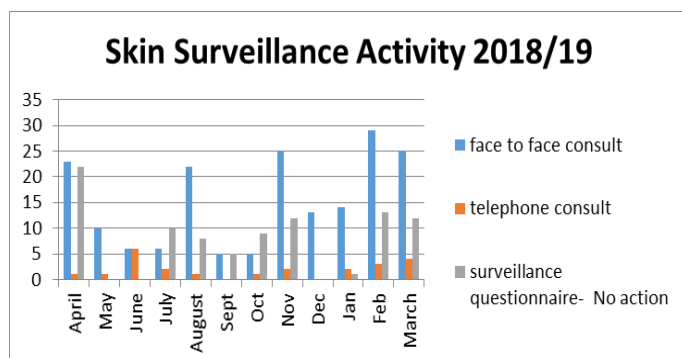
#### **Skin health surveillance**

Skin health surveillance remains an annual requirement under COSHH for all employees who undertake regular handwashing and occlusive glove use. In 2018 Organisational Development agreed to place a question about skin health surveillance on the annual non-medical appraisal paperwork. This acts as a prompt for non-medical staff to complete their surveillance forms.

During 2018/2019 there were 298 episodes of care relating to skin surveillance, this was a drop in the 2017/18 data, this being 433; however the number of face to face appointments increased from 110 to 183. Four employees were temporarily excluded from clinical work due to skin problems. All returned to their substantive posts. There were no medical redeployments. Occupational Health continues to investigate ways to increase skin health surveillance.



**Figure 22: Skin surveillance activity 2018/19**



### **Sharps injury management**

Occupational Health has continued to provide care and support for employees who have sustained a sharps injury. There were a total of 188 reported sharps injuries in the reporting period. Of the 188 reported injuries:

- Four recipients were provided with HIV post exposure prophylaxis (5 day starter pack) after the donor was identified as high risk or HIV positive.
- Three of these employees were advised to discontinue their PEP.
- One employee referred onto the specialist consultant for further medical follow up and surveillance.
- Three employees were followed up by Occupational Health with repeat blood test after the donor was identified as high risk or Hep C positive. There was no seroconversion.
- None of the known donors were identified as being high risk or hepatitis B positive.

Occupational Health continue to monitor all DATIX reports relating to sharps injuries to ensure all employees reporting such injuries are appropriately followed up. Information on the devices being used during such incidents is reported to the Trust Safer Sharps Group where any trends are identified.

### **Staff contact tracing episodes, excluding TB 2018/19**

Staff required contact tracing in 2018/19 for potential exposures to Measles, Varicella, Influenza and Scabies.

### **Seasonal influenza vaccination 2018/19**

The CQUIN target was to vaccinate 75% of identified frontline staff. This target was met at week 10 with the final figure achieved being 77.1%. Weekly update reports were sent to the Director of Infection Prevention and Control and Workforce and Organisational Executive Director, the update included:

- declination information
- position in identified high risk areas
- divisional uptake rates

## Infection Prevention and Control Training and Education

### Mandatory Infection Prevention and Control training

Facilitated by Organisational Development, these sessions are applicable to all levels of clinical and non-clinical staff, regardless of role across the whole organisation. The sessions support the induction of new members of staff or updating staff mandatory training, in relation to infection prevention and control practices. Infection prevention and control mandatory training is completed every two years.

**Figure 23: Infection Prevention and Control mandatory training Trust compliance 1 April 2018-31 March 2019 by month**

	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
<b>Target</b>	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	90%
<b>Compliance</b>	86%	86%	87%	88%	89%	89%	89%	90%	89%	91%	90%	91%

### Aseptic Non Touch technique (ANTT®)

ANTT is a framework for a technique that maintains asepsis based on the best available evidence. The principles can be applied to any procedure where asepsis is required for example: wound care, insertion of intravenous cannula, urinary catheterisation. Clinical colleagues who perform these procedures are required to be ANTT Trained and competent. Figure 24 details the percentage of staff that is trained and competent.

**Figure 24: Aseptic Non Touch technique (ANTT®)**

Indicator Description		Month	Q1 18/19	Q2 18/19	Q3 18/19	Jan 18/19	Feb 18/19	Mar 18/19	Annual target 18/19	Percentage Compliance 18/19
9. Aseptic Non-Touch Technique (ANTT)		Actual	92%	92%	92%	90%	91%	94%		92%
Doctors (all grades) Aseptic Non-Touch Technique (ANTT)	Target	95%	95%	95%	95%	95%	95%	95%	95%	86%
	Actual	83%	82%	86%	89%	88%	87%	85%		

### Band 2 Care Certificate

Facilitated by Organisational Development, these sessions are provided as part of the larger Care Certificate programme which supports Band 2 practitioners, new into role, to develop their key skills, knowledge and confidence for working within the adult nursing environment. This interactive and participatory infection prevention and control session, teaches practitioners the essentials of infection prevention and control principles and how these are applied practically within the workplace.

### Band 5 Skills in Practice Programme

Facilitated by Practice Development and Education Unit (PDEU), these sessions are provided as part of the larger SIPP which supports Band 5 practitioners to develop their key skills and knowledge within the adult nursing environment. The interactive and participatory infection prevention and control session is delivered by senior infection prevention and control nurses and allows practitioners to examine in depth the practical application of infection prevention principles within the workplace; to understand how organisms are transmitted; then work through scenarios related to specific patient care for the most commonly seen organisms in practice.

## **International Nurses Training**

Facilitated by PDEU, these sessions are provided for the international nurses joining Mid Yorkshire Trust. They are a structured, interactive and participatory session, which support the international nurses becoming knowledgeable about the application into practice of UK and local infection prevention control practices and aseptic non-touch technique (ANTT), which has been delivered by the infection prevention and control team in the reporting year. The goal is to assist the international nurses in achieving pass grades in NMC registration for the UK.

## **Clostridium difficile infection (CDI) Summit**

CDI Summit held 9 May 2018 to extract learning and review the Trust CDI cases. The Trust CDI reduction plan was updated at this summit.

## **Infection Prevention and Control Team Development**

### **Royal College Nursing (RCN) Leadership Programme**

Two senior members of the Infection Prevention and Control Team successfully completed the RCN Clinical Leadership Programme in the reporting year.

### **Infection Prevention and Control (IPC) course**

A band 6 member of the team successfully completed a distance learning IPC module at the University of Dundee in the reporting year.

## **Figure 25: External study events**

<b>Date</b>	<b>Study Event</b>	<b>Colleague attended</b>
24 April 2018	IC Net Conference, London	Vicki Parkin
26 June 2018	Quality Improvement in Surgical Treatment (QIST), Leeds	Vicki Parkin
30 September 2018	Infection Prevention Society Conference, Glasgow	Della Barker, Kathryn Ashton
24 October 2018	PHE Epidemiology in Healthcare settings, Leeds	Mark Askham, Brogan Foster, Linda Halliday
27 November 2018	Hospital Infection Society Conference, Liverpool	Chris Cruise, Linda Halliday

## Conclusions

The content of this report details the broad spectrum of activity associated with Infection Prevention and Control across the Trust. The report highlights that preventing and reducing the risk of preventable infections/harm has remained a priority for the Trust in the reporting period.

The Director of Infection Prevention and Control recognises and acknowledges the breadth and depth of work undertaken by all our staff and clinical leaders across the Trust working together to reduce the incidence of preventable healthcare associated infections and enhancing patient safety.

Whist 2018/19 has continued to be a challenge in relation to the national clostridium difficile infection objective, this being no more than 26 Trust attributed cases. The Trust was disappointed to report 46 cases. We are proud to report our key achievements:

- One Trust attributed Meticillin resistant *Staphylococcus Aureus* (MRSA) bloodstream infection case, a 75% reduction on the cases reported in 2017/18.
- 17 Meticillin Sensitive *Staphylococcus Aureus* (MSSA), a 35% reduction on the cases reported in 2017/18.
- Reduction Escherichia Coli blood stream infection cases of two cases.

In addition to the aforementioned achievements, it is important to recognise the continued strive for improvement in relation to reducing healthcare associated infections and keeping our patients and staff safe through:

- 'Significant Assurance' received on the Internal Audit of Infection Prevention and Control within the Trust.
- Delivery of the Annual Infection prevention and Control Work Programme 2018/19.
- Infection Prevention and Control Nurse team on call period 1 July 2018- 31 April 2019.
- The work of the antimicrobial stewardship team and the number of presentations at national conferences.
- Two senior infection prevention and control nurses successfully completing the RCN Leadership course.
- Infection prevention and control nurse successfully completing the Infection Prevention and Control distance learning module at the University of Dundee.
- Maintenance of the high visibility of the infection prevention and control team to facilitate effective infection prevention and control across the Trust.
- The reported work of the Occupational Health and Wellbeing team detailed in this report.

Many challenges remain in the year ahead however our priority will be to continue to improve our performance in relation to the national key performance indicators, be the best we can be and work within our finances to continue with a zero tolerance to preventable healthcare associated infections.

Mrs C Cruise  
Head of Infection Prevention and Control

Mr D Melia (Chair of the IPCC)  
Director of Nursing and Quality and Director of Infection Prevention and Control

23 July 2019

## Glossary

Word/Phrase	Acronym	Definition
Acinetobacter Baumannii		A multi-resistant gram negative bacteria that can be found on skin, or in food, water or soil.
Acute Trusts	N/A	NHS Trust that provides secondary health services within the English National Health Service
Antibiotic Review Kit	ARK	A complex 'review and revise' behavioural intervention targeting healthcare professionals involved in antibiotic prescribing or administration
Antimicrobial Stewardship	AMS	A coordinated program that promotes the appropriate use of antimicrobials
Aseptic Non-Touch Technique	ANTT	Used during clinical procedures to identify and prevent microbial contamination of aseptic parts and sites by ensuring that they are not touched either directly or indirectly
Aspergillus		
Bare Below the Elbow	BBE	A requirement for all staff to be bare below the elbow in all clinical areas.
Bloodstream Infection	BSI	Infections caused by bacterial or fungal microorganisms being present in the bloodstream.
Carbapenamase producing Enterobacteriaceae	CPE	A family of bacteria that usually live in the human gut.
Central Venous Cannula	CVC	A central venous catheter is a thin, flexible tube that is inserted into a vein It is used to give intravenous fluids, blood transfusions, chemotherapy, and other drugs.
Clinical Commissioning Group	CCG	Is a specialised agency of the United Nations that is concerned with international public health.
Clostridium difficile Infection	CDI	Bacteria that may affect the bowel and cause diarrhoea
Commissioning for Quality and Innovation	CQUIN	A system introduced in 2009 to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of care.
Consultant Microbiologist	N/A	Provides services to aid the diagnosis and management of infectious diseases and help ensure the safety of those at risk of acquiring infectious diseases
Control of Substances Hazardous to Health	COSHH	The law that requires employers to control substances that are hazardous to health
DATIX	N/A	Electronic incident reporting system
Department of Health	DH	A department of Her Majesty's Government, responsible for government policy on health and adult social care matters in England.
Dewsbury Hospital	DDH	This hospital is part of the Mid Yorkshire Trust
Doctors in training	DiT	Doctors in Training
Escherichia coli	E. coli	Bacteria found in the environment, foods and the body. E. coli are a large and diverse group of bacteria
Extended Spectrum Beta Lactamase	ESBL	An enzyme found in some strains of bacteria that can't be killed by many antibiotics (e.g. penicillin's and some cephalosporins).

Frontline Ownership Audit	FLO	A monthly environmental and clinical practice audit undertaken by ward/department staff to assess compliance and competence.
General Medical Council	GMC	Public body that maintains the official register of medical practitioners within the United Kingdom. Its chief responsibility is to "protect, promote and maintain the health and safety of the public" by controlling entry to the register, and suspending or removing members when necessary.
Glycopeptide resistant enterococcus	GRE	Enterococci that is resistant to Glycopeptide antibiotics (vancomycin and teicoplanin).
Gram-Negative bacteria		Causes infections including pneumonia, bloodstream infections, wound or surgical site infections, and meningitis in healthcare settings.
Hand Hygiene	HH	The act of cleaning hands for the purpose of removing soil, dirt, and microorganisms.
Health and Care Professions Council	HPC	An organisation which regulates health, psychological and care professionals in the United Kingdom.
Health Economy		A group of Health care providers who come together with the health care commissioners
Healthcare Associated Infection	HCAI	Infections identified within the healthcare sector (i.e. hospital, GP etc.)
Hydrogen Peroxide Vaporisation	HPV	A deep clean used in hospitals that destroys all forms of microbial in the environment
Infection Prevention and Control Nurse	IPCN	A specialised nurse within the Infection Prevention and Control team
Infection Prevention and Control team	IPC	The team who's objective is to control and prevent infection across the Trust
Influenza	Flu	A highly contagious viral infection of the respiratory passages causing fever, severe aching, and catarrh
International Infection Prevention Week	IIPW	An international campaign to raise awareness of the critical role infection prevention plays in improving patient safety
Isolation		Placing patients in a single room
Klebsiella	N/A	A form of Gram-Negative bacteria
Learning at work week	LAWW	An annual campaign which aims to draw attention to the importance and benefits of learning and training in the workplace
Link workers		Ambassadors who aim to raise awareness of the importance of Infection Prevention and Control in the clinical environment
Meticillin resistant staphylococcus Aureus	MRSA	A type of bacteria that's resistant to several widely used antibiotics. This means infections with MRSA can be harder to treat than other bacterial infections
Meticillin Sensitive staphylococcus Aureus	MSSA	A type of bacteria that's sensitive to several widely used antibiotics.
Mid Yorkshire Hospitals Trust	MYHT	Pinderfields, Pontefract and Dewsbury District Hospitals all form the Mid Yorkshire Trust
Middle Eastern Respiratory Syndrome	MERS	A viral respiratory infection caused by the MERS-coronavirus (MERS-CoV)

Micro-organisms		A microscopic organism, i.e. Bacterium, virus, or fungus.
National Health Service Improvement	NHSI	Responsible to overseeing foundation trusts and NHS trusts. It supports providers to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable
National Institute for Health and Care Excellence	NICE	Provides national guidance and advice to improve health and social care
Norovirus		A stomach bug that causes vomiting and diarrhoea.
Nursing and Midwifery Council	NMC	A professional regulator of nurses and midwives in the UK, and nursing associates in England
Outbreak		An isolated incident of two or three cases of infection or communicable disease in an area
Patient Led Assessment of the Care Environment	PLACE	An annual audit involving local people visiting hospitals to assess how the environment supports the provision of clinical care
Peripheral Venous Cannula	PVC	A flexible tube containing a needle device which provides access for the purpose of intravenous hydration, feeding, and administration of medication and blood products.
Personal protective equipment	PPE	Equipment which protects oneself from infection i.e. mask, apron, gloves
Pinderfields Hospital	PGH	This Hospital is part of the Mid Yorkshire Trust
Point of Care Test	POCT	Medical testing at or near the site of patient care
Pontefract Hospital	PGI	This Hospital is part of the Mid Yorkshire Trust
Post Infection Review	PIR	An investigation undertaken after a patient has contracted specific infections i.e. C-diff.
Private Finance Initiative	PFI	Refers to our PFI partners - a way of funding capital projects within the Trust
Pseudomonas	N/A	A form of Gram-Negative bacteria
Public Health England	PHE	Protect and improve the nation's health and wellbeing, and reduce health inequalities
Royal College of Nursing	RCN	The world's largest nursing union and professional body
Sharps Safety		A system used to prevent sharps injuries
Surgical Site Infection	SSI	An infection that may occur post-surgery in a surgical wound
Surgical Site Infection Surveillance Scheme	SSISS	Mandatory monitoring and investigating surgical site infections within the hospital
Trust attributed	N/A	An infection that may have been contracted
United Kingdom Accreditation Service	UKAS	UKAS is the UK's National Accreditation Body, responsible for determining, in the public interest, the technical competence and integrity of organisations such as those offering testing, calibration and certification services.
Urinary Catheter		A device used to drain the bladder.
Varicella Zoster Virus	VZV	A virus that causes chicken pox and herpes zoster (shingles).
Ventilator Associated Pneumonia	VAP	A pneumonia that develops 48 hours or longer after mechanical ventilation is given by means of endotracheal tube or tracheostomy.

Visual Infusion Phlebitis scores	VIP	A scoring tool to assess early signs of phlebitis and prompt removal of peripheral intravenous cannulas.
West Yorkshire Association of Acute Trusts	WYAAT	Acute Trusts based in the West Yorkshire region
World Health Organisation	WHO	A global organisation directing international health within the United Nations' system and to lead partners in global health responses.
Post-exposure Prophylaxis	PEP	A treatment that can stop a HIV infection after a person has potentially been infected.