

Infection Prevention and Control Report

Service	Infection Prevention and Control																					
Meeting	Quality, Performance and Risk Committee																					
Reporting period	1 st – 31 st January 2020																					
Author input	Dr Ivan Muscat, Consultant Microbiologist [REDACTED], Lead Nurse Infection Prevention and Control																					
Statistics	<p>January 2020 blood culture statistics</p> <table border="1"> <thead> <tr> <th></th> <th>Hospital</th> <th>Community</th> </tr> </thead> <tbody> <tr> <td><i>Clostridium difficile</i> toxin</td> <td>1</td> <td>1</td> </tr> <tr> <td>MRSA</td> <td>0</td> <td>0</td> </tr> <tr> <td>MSSA</td> <td>0</td> <td>0</td> </tr> <tr> <td><i>Escherichia coli</i></td> <td>0</td> <td>9</td> </tr> <tr> <td>Pseudomonas</td> <td>0</td> <td>0</td> </tr> <tr> <td>Klebsiella</td> <td>0</td> <td>0</td> </tr> </tbody> </table>		Hospital	Community	<i>Clostridium difficile</i> toxin	1	1	MRSA	0	0	MSSA	0	0	<i>Escherichia coli</i>	0	9	Pseudomonas	0	0	Klebsiella	0	0
	Hospital	Community																				
<i>Clostridium difficile</i> toxin	1	1																				
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<i>Escherichia coli</i>	0	9																				
Pseudomonas	0	0																				
Klebsiella	0	0																				
Influenza	<p>Timeframe: 01.09.2019 – 19.02.20</p> <ul style="list-style-type: none"> • 742 swabs taken • 68 Flu A cases confirmed • 1 Flu B cases confirmed • 128 RSV confirmed <p>5- 9 confirmed flu cases per week since mid December Number of RSV cases is slowing Possible increase in RTI numbers following half term</p>																					
Coronavirus update	<p>Daily monitoring and response meetings – led by Health. Weekly cross government review group meetings – led by Health. Helpline developed and piloted by Infection Prevention and Control. Guidelines and pathways developed and continue to be updated. Awareness posters developed and circulated to GP surgeries, pharmacies, ports and within the hospital. Website page on gov.je developed.</p>																					

Infection Prevention and Control Report

Service	Infection Prevention and Control																						
Meeting	Quality, Performance and Risk Committee																						
Reporting period	1 st January – 31 st March 2020																						
Author input	Dr Ivan Muscat, Consultant Microbiologist [Redacted], Lead Nurse Infection Prevention and Control																						
Statistics	January – March 2020 statistics																						
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	Hospital	Community																					
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Influenza	<table border="1"> <thead> <tr> <th>2019/20 To 30.03.20</th> <th>2018/19 To 30.03.20</th> </tr> </thead> <tbody> <tr> <td>81 Flu A cases confirmed</td> <td>128 Flu A cases confirmed</td> </tr> <tr> <td>8 Flu B cases confirmed</td> <td>1 Flu B cases confirmed</td> </tr> <tr> <td>135 RSV confirmed</td> <td>92 RSV confirmed</td> </tr> </tbody> </table>		2019/20 To 30.03.20	2018/19 To 30.03.20	81 Flu A cases confirmed	128 Flu A cases confirmed	8 Flu B cases confirmed	1 Flu B cases confirmed	135 RSV confirmed	92 RSV confirmed													
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COVID-19 update	<p>As of 29.04.20:</p> <table border="1"> <thead> <tr> <th>Total cases</th> <th>Total fatalities</th> </tr> </thead> <tbody> <tr> <td>286</td> <td>21</td> </tr> </tbody> </table> <p>Three times weekly Bronze, Silver and Gold Command meetings held Scientific Technical and Advisory Cell (STAC)- weekly Guidelines and pathways developed and continue to be updated. Jersey Nightingale Field Hospital development progressing. Helpline developed and operational seven days a week. PPE cell developed Website page on gov.je developed and updated.</p>		Total cases	Total fatalities	286	21																	
Total cases	Total fatalities																						
286	21																						

Infection Prevention and Control Report

Service	Infection Prevention and Control																																								
Meeting	Quality, Performance and Risk Committee																																								
Reporting period	Quarter 2: 1 st April – 30 th June 2020																																								
Author input	Dr Ivan Muscat, Consultant Microbiologist/DIPC [Redacted], Lead Nurse Infection Prevention and Control																																								
Key messages	<ul style="list-style-type: none"> • There has been multiple breaches in the disposal of waste. Please revisit the 'IPAC Hospital Healthcare Waste' policy for guidance. • Wear appropriate PPE as per current guidelines. • No one measure of COVID-19 prevention works in isolation, a bundle approach of measures will help to reduce transmission. • Two hospital onset MRSA Bacteraemia's have been identified (April and June). Increase awareness around aseptic technique and consider patients infectious status when prescribing antibiotics. 																																								
MRSA Bacteraemia summary	[Redacted]																																								
Statistics	<p>Q2 2020 statistics</p> <table border="1"> <thead> <tr> <th></th> <th>Hospital acquired</th> <th>Community acquired</th> </tr> </thead> <tbody> <tr> <td colspan="3"><i>Clostridium difficile</i> toxin</td> </tr> <tr> <td>April</td> <td>[Redacted]</td> <td>[Redacted]</td> </tr> <tr> <td>May</td> <td>[Redacted]</td> <td>[Redacted]</td> </tr> <tr> <td>June</td> <td>[Redacted]</td> <td>[Redacted]</td> </tr> <tr> <td>Q2 Running total</td> <td>[Redacted]</td> <td>6</td> </tr> <tr> <td>YTD Running total</td> <td>8</td> <td>12</td> </tr> <tr> <td colspan="3">MRSA</td> </tr> <tr> <td>April</td> <td>[Redacted]</td> <td>[Redacted]</td> </tr> <tr> <td>May</td> <td>[Redacted]</td> <td>[Redacted]</td> </tr> <tr> <td>June</td> <td>[Redacted]</td> <td>[Redacted]</td> </tr> <tr> <td>Q2 Running total</td> <td>[Redacted]</td> <td>[Redacted]</td> </tr> <tr> <td>YTD Running total</td> <td>[Redacted]</td> <td>[Redacted]</td> </tr> </tbody> </table>			Hospital acquired	Community acquired	<i>Clostridium difficile</i> toxin			April	[Redacted]	[Redacted]	May	[Redacted]	[Redacted]	June	[Redacted]	[Redacted]	Q2 Running total	[Redacted]	6	YTD Running total	8	12	MRSA			April	[Redacted]	[Redacted]	May	[Redacted]	[Redacted]	June	[Redacted]	[Redacted]	Q2 Running total	[Redacted]	[Redacted]	YTD Running total	[Redacted]	[Redacted]
	Hospital acquired	Community acquired																																							
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Q2 Running total	[Redacted]	[Redacted]																																							
YTD Running total	[Redacted]	[Redacted]																																							

	MSSA					
	April	0				
	May	0				
	June	0				
	Q2 Running total	0				
	YTD Running total	0				
	Escherichia coli					
	April	0				
	May	0				
	June	0				
	Q2 Running total	0				
	YTD Running total			19		
	Pseudomonas					
	April	0		0		
	May	0		0		
	June	0		0		
	Q2 Running total	0		0		
	YTD Running total			0		
	Klebsiella					
	April					
	May					
	June					
	Q2 Running total					
	YTD Running total					
	COVID-19 update	As of 20.07.20:				
		Total patients tested	Total positive results	Total registered deaths	Probable deaths	Proven deaths
		19095	331	31	16	15
		COVID-19 activity:				
		Total cases				
Patients						
In-patients		53				
Care Homes		30				
Domiciliary Care						
Health care staff						
HCS staff		50				
Care home staff	39					
Domiciliary care staff						
<p>Clinical and Operational Hub meetings held five times weekly. Scientific Technical and Advisory Cell (STAC) - continue to meet weekly. Guidelines and pathways developed and continue to be updated. Jersey Nightingale Field Hospital built and stress tested. Helpline continues to be operational seven days a week. PPE cell developed and meets five times weekly.</p>						

	<p>Website page on gov.je continues to be updated. Support to the COVID-19 testing stations continues. Audit cycle has commenced. Workforce COVID-19 screening rolling programme developed and implemented.</p>
<p>Audit programme</p>	<p>Waste audits May: compliance 67 – 100% compliance June: compliance 92 – 100% compliance</p> <ul style="list-style-type: none"> • Sharps bins not labelled • Lack of posters • Broken waste bin <p>PPE audits June: 60 – 100% compliance</p> <ul style="list-style-type: none"> • Staff to wear surgical face masks appropriately • All staff to wear gloves and aprons when delivering direct patient care <p>Environmental audits Have been on hold due to COVID19</p>
<p>Risk Register</p>	<p>Risk ID 653 – Hazardous waste disposal Waste policy is readily available, a template risk assessment and safe system of work has been developed and circulated to all at HCS, IPC team completed waste audits and on a daily basis visit the wards/departments and educate around correct waste disposal. Escalated to Chief Nurse Group and the Clinical and Organisational Hub meeting.</p>

Infection Prevention and Control Report

Service	Infection Prevention and Control (IPaC)				
Meeting	Quality, Performance and Risk Committee				
Reporting period	Quarter 3: 1 st July – 30 th September 2020				
Author input	Dr Ivan Muscat, Consultant Microbiologist/DIPC [Redacted], Lead Nurse Infection Prevention and Control				
Key messages	<ul style="list-style-type: none"> • Influenza vaccination delivery commenced 1st October 2020. Please book your vaccination today • Expectation is for all HCS staff to participate in the COVID-19 workforce screening programme • No one measure of COVID-19 prevention works in isolation, a bundle approach of measures will help to reduce transmission. This consists of correct usage and wearing of PPE, strict adherence to hand hygiene, decontamination, social distancing (including social distancing during breaks) and workforce screening 				
Statistics	Q3 2020 statistics				
		Hospital acquired	Community acquired		
	<i>Clostridium difficile</i> toxin				
	July				
	August				
	September				
	Q3 Running total				
	YTD Running total			9	12
	MRSA bacteraemia				
	July				
	August				
	September				
	Q3 Running total				
	YTD Running total				
	MSSA bacteraemia				
	July			5	
	August			1	
	September				
	Q3 Running total			6	
	YTD Running total			9	
	<i>Escherichia coli</i> bacteraemia				
	July				
	August				
September					
Q3 Running total					
YTD Running total	26				
Pseudomonas bacteraemia					
July	0	0			

	August			0	
	September			0	
	Q3 Running total			0	
	YTD Running total			0	
	Klebsiella bacteraemia				
	July				
	August				
	September				
	Q3 Running total				
	YTD Running total			6	
COVID-19 update	As of 16.10.20:				
	Total patients tested	Total positive results	Total registered deaths	Probable deaths	Proven deaths
	135305	490	32	16	16
	COVID-19 activity:				
		Total cases			
	Patients				
	In-patients	56			
	Care Homes	30			
	Domiciliary Care				
	Health care staff				
HCS staff	54				
Care home staff	40				
Domiciliary care staff					
Influenza vaccination update	HCS staff as of 19.10.20				
	Total HCS staff vaccinated		% vaccinated		
	1077		31.43%		
	Occupation	Vaccinated	Nct	%	
		119	0	100%	
	Consultant	27	50	35%	
	Doctors	31	99	24%	
	HcAs	123	701	15%	
	Nurses and Midwives	254	564	31%	
	Occupational Therapists	6	18	25%	
Other	468	836	36%		
Physiotherapists	26	55	32%		
Radiology	23	27	46%		

	Primary schools as of 19.10.20				
	Total number of eligible children in eight primary schools 2020-2021	3216			
	Total Vaccinated	2276			
	Total % age uptake	71%			
	Primary care as of 21.10.20				
				Total	
	Search				
	Primary Care - Influenza Vaccination administered (2020/21)			9731	
	Clinically indicated - 6 months up to 2 years				
	Age indicated - 2,3,4 years old			43	
	Clinically indicated - School Years 12 & 13			6	
	Age indicated - 65 and over (excl. HMA)			6490	
	Clinically indicated - adults under 65 (excl. HMA)			1633	
	Patients claiming HMA - 65 and over			47	
	Patients claiming HMA - clinically indicated adults under 65			19	
	Pregnant women			161	
	Pregnant women (U18)				
	Residential Care Home Staff & Domiciliary Staff			20	
	Residential Care Home Residents			243	
	Home Carers Allowance claimants			29	
	Clinical staff in Pharmacies and GP surgeries			109	
	Private (patient fully funded)			34	
	Schools GP catch-up programme			0	
	Patient vaccinated by pharmacist			1863	
	Patient vaccinated but insufficient information to make claim			897	
Tier 1 - clinical and patient facing			724		
Tier 2 - all others			455		
Total vaccines delivered since 01.10.20: 13,084					
Audit programme	Audit	Department	Date	Compliance score	Comments
	Hand Hygiene	Renal	03.07.20	100%	
		Beauport	22.07.20	83%	Not decontaminating hands when leaving pt surroundings
		Maternity	22.07.20	91%	Not decontaminating hands after removing PPE.
			23.09.20	54%	
			28.09.20	86%	

			14.10.20	73%	Not decontaminating hands when leaving pt surroundings
	Equipment	Maternity	30.07.20	60%	Lack of cleaning schedules. Store room used as staff room. 'Clean' stickers not used regularly.
		Renal	30.07.20	91%	Oxygen cylinders did not have oxygen tubing and masks attached.
	Waste	Harbour	13.09.20	75%	Waste bags must be labelled
		Harbour	10.09.20	100%	
		Airport	10.09.20	100%	
	Environmental	Maternity	22.07.20	91%	Lack of storage, lack of cleaning schedules, lack of alcohol gel at POC, wet room door cannot be closed when shower in use
		Psychology	31.07.20	62%	Extremely worn and rundown. Damage to ceilings, walls and windows. Fabric chairs (ripped), carpets, mould
	PPE	All	July	60 – 100%	Staff to wear surgical face masks appropriately. All staff to wear gloves and aprons when delivering direct patient care. Staff not decontaminating
			August	40 – 100%	
September			60 – 100%		

				their hands following removal of PPE
Risk Register	<p>Risk ID 653 – Hazardous waste disposal (current risk score 12) Waste policy is readily available, a template risk assessment and safe system of work has been developed and circulated to all at HCS, waste audits completed by IPAC team and educated around correct waste disposal. Posters developed to raise awareness of correct waste disposal process and strategically placed.</p>			
	<p>Risk ID 701 - IPaC team staffing levels (current risk score 12) Limited staffing resources, COVID preparedness and winter pressures have caused a temporary halt in delivering education, auditing and some investigations. Potentially, this could lead to outbreaks and other non-covid related infections.</p>			
	<p>Risk ID 702 - Surveillance COVID-19 workforce screening reporting (current risk score 16) Currently unable to monitor COVID-19 workforce screening compliance due to poor IT infrastructure support. Concerns of poor uptake for the PCR tests, particularly as there is an increase in cases, and as COVID is in the community we need to do our utmost to prevent it coming into our care homes and hospital.</p>			

Infection Prevention and Control Report

Service	Infection Prevention and Control (IPaC)				
Meeting	Quality, Performance and Risk Committee				
Reporting period	Quarter 4: 1 st October – 31 st December 2020				
Author input	Dr Ivan Muscat, Consultant Microbiologist/DIPC [Redacted], Lead Nurse Infection Prevention and Control				
Key messages	<ul style="list-style-type: none"> • COVID-19 vaccination programme commenced December 2020 • COVID-19 HCS workforce testing programme frequency: Patient facing staff – weekly Non-patient facing – fortnightly • Staff who have received a confirmed positive SARS-CoV2 test result should return to COVID-19 workforce testing 28 days after recovery from their positive result. • Pause COVID alert app exposure alerts when wearing PPE in the clinical environment. 				
Statistics	Q4 2020 statistics				
		Hospital acquired		Community acquired	
		2020	2019	2020	2019
	<i>Clostridium difficile</i> toxin				
	October	[Redacted]			
	November	[Redacted]			
	December	[Redacted]			
	Total cases for year	13	13	17	13
	MRSA bacteraemia				
	October	[Redacted]			
	November	[Redacted]			
	December	[Redacted]			
	Total cases for year				
	MSSA bacteraemia				
	October	[Redacted]			
	November	[Redacted]			
	December	[Redacted]			
Total cases for year			15	10	
<i>Escherichia coli</i> bacteraemia					
October	[Redacted]				
November	[Redacted]				
December	[Redacted]				
Total cases for year			34	43	
<i>Pseudomonas</i> bacteraemia					
October	[Redacted]				
November	[Redacted]				
December	[Redacted]				

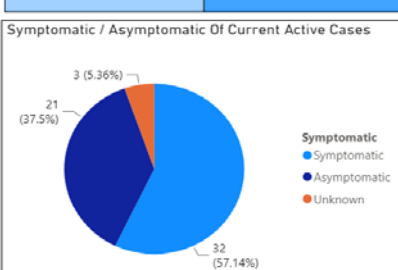
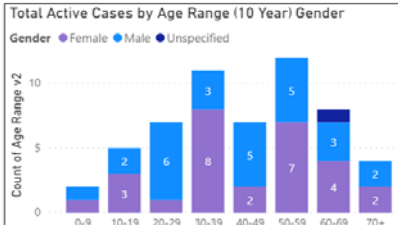
	<i>Total cases for year</i>				6
	Klebsiella bacteraemia				
	October				
	November				
	December				
	<i>Total cases for year</i>		0	7	6
COVID-19 update	As of 04.01.2021:				
	Total individuals tested	Total positive results	Total registered deaths	Probable deaths	Proven deaths
	239,650	2,842	47	17	30
	COVID-19 activity:				
			Total cases		
	Patients				
	In-patients		104		
	Care Homes		117		
	Domiciliary Care		5		
	Health care staff				
HCS staff		219			
Care home staff		143			
Domiciliary care staff		14			
Influenza vaccination update	HCS staff as of 04.01.2021				
	Total HCS staff vaccinated		% vaccinated		
	1841		50.41%		
	Occupation	Vaccinated	Not	%	
		344	0	100%	
	Consultant	49	28	64%	
	Doctor's	59	71	45%	
	HCA's	225	599	27%	
	Nurses and Midwives	455	363	56%	
	Occupational Therapists	10	14	42%	
Other	622	682	48%		
Physiotherapists	47	34	58%		
Radiology	30	20	60%		
Schools as of 29.12.2020					
Total number of eligible children in eight primary schools 2020-2021	7396	Total number of eligible children in eight secondary	3565		

			schools 2020-2021		
Total Vaccinated	5427	Total Vaccinated	2245		
Total % age uptake	73%	Total % age uptake	63%		
Primary care as of 29.12.20					
				Total	
Search					
Primary Care - Influenza Vaccination administered (2020/21)				20362	
Clinically indicated - 6 months up to 2 years				7	
Age indicated - 2,3,4 years old				234	
Clinically indicated - School Years 12 & 13				48	
Age indicated - 65 and over (excl. HMA)				10760	
Patients 50 to 64				25503	
Patients 50 to 64 - flu vacc given or declined				9227	
Patients claiming HMA - 65 and over				58	
Patients claiming HMA - clinically indicated adults under 65				41	
Pregnant women				426	
Pregnant women (U18)					
Residential Care Home Staff & Domiciliary Staff				81	
Residential Care Home Residents				427	
Home Carers Allowance claimants				59	
Clinical staff in Pharmacies and GP surgeries				169	
Private (patient fully funded)				487	
Schools GP catch-up programme				39	
Patient vaccinated by pharmacist				5221	
Patient vaccinated but insufficient information to make claim				144	
Tier 1 - clinical and patient facing				1222	
Tier 2 - all others				593	
Total vaccines delivered since 01.10.20: 29,875					
Audit programme	Audit	Service	Date	Compliance score	Comments
	Hand Hygiene	Bartlett	12.11.20	100%	
			16.11.20	100%	
		Beauport	17.12.20	50%	Dr's not decontaminating hands between pt's
			30.12.20	100%	
	Corbiere	17.12.20	17.12.20	75%	Double gloving and not decontaminating hands between pt's
			22.12.20	66%	
		28.12.20	100%		

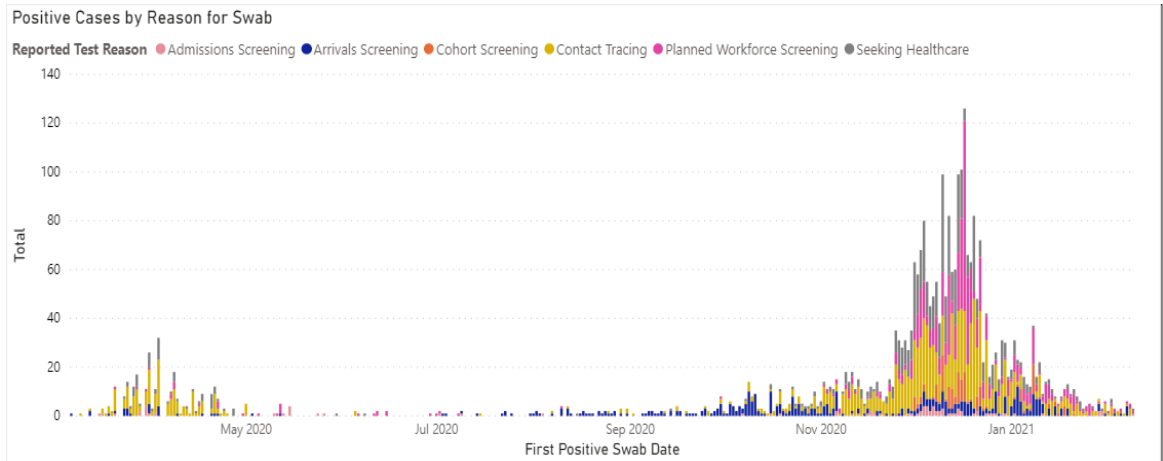
			19.12.20	100%		
			31.12.20	80%	Not changing gloves between pt's	
		Maternity	14.10.20	73%	Not adhering to WHO 5 moments	
			25.10.20	100%		
			7.11.20	77%		
			12.11.20	87%		
			18.11.20	100%		
			23.11.20	100%		
			18.12.20	100%		
			Renal	05.10.20	100%	
		Robin	4.10.20	100%		
			25.11.20	91%		
		Equipment	ED	20.10.20	71%	Dusty and cluttered
				04.11.20	90%	
			Rozel	21.10.20	90%	
	Sorel		02.11.20	93%		
	EAU		04.11.20	82%	Dusty, drip stand worn	
	Bartlett		10.11.20			
	ICU		16.11.20	86%		
	Aubin		18.11.20	90%		
	Portelet		20.11.20	74%	Dusty, not all areas on cleaning schedule	
	Beauport		14.12.20	72%	Cluttered store room, no green clinell stickers seen	
	Robin		14.12.20	90%		
	Rayner		15.12.20	80%		
	HDU		15.12.20	71%	Dusty and cluttered. Requires updating cleaning schedules	
	Corbiere		17.12.20	70%	No clinell stickers. Single use items reused. Dusty and cluttered environment.	
			28.12.20	69%	Cleaning schedule not updated. Store room remains cluttered	

			31.12.20	62%	Out of dates items on resus trolley. Dusty environment.
	Environment	Oak	09.11.20	96%	
		Sandybrook	09.11.20	88%	Worn environment
	PPE	All	October	83 - 100%	Not wearing masks appropriately.
			November	60 – 100%	Not wearing masks appropriately. Not decontaminating hands after removal of PPE.
			December	50 – 100%	Not wearing masks appropriately. Double gloving, not changing gloves between pt's.
	IPAC supported by PPE champions from December				
Risk Register	Risk ID 653 – Hazardous waste disposal (current risk score 12) Waste policy is readily available, a template risk assessment and safe system of work has been developed and circulated to all at HCS, waste audits completed by IPAC team and educated around correct waste disposal. Posters developed to raise awareness of correct waste disposal process and strategically placed.				
	Risk ID 701 - IPaC team staffing levels (current risk score 12) Limited staffing resources, COVID preparedness and winter pressures have caused a temporary halt in delivering education, auditing and some investigations. Potentially, this could lead to outbreaks and other non-covid related infections.				
	Risk ID 702 - Surveillance COVID-19 workforce screening reporting (current risk score 16) Currently unable to monitor COVID-19 workforce screening compliance due to poor IT infrastructure support. Concerns of poor uptake for the PCR tests, particularly as there is an increase in cases, and as COVID is in the community we need to do our utmost to prevent it coming into our care homes and hospital.				
	Risk ID 714 – Poor hand hygiene (current risk score 10) Potential risk of transmission of Healthcare Associated Infections (such as MRSA, Clostridium difficile, COVID-19) between patients.				

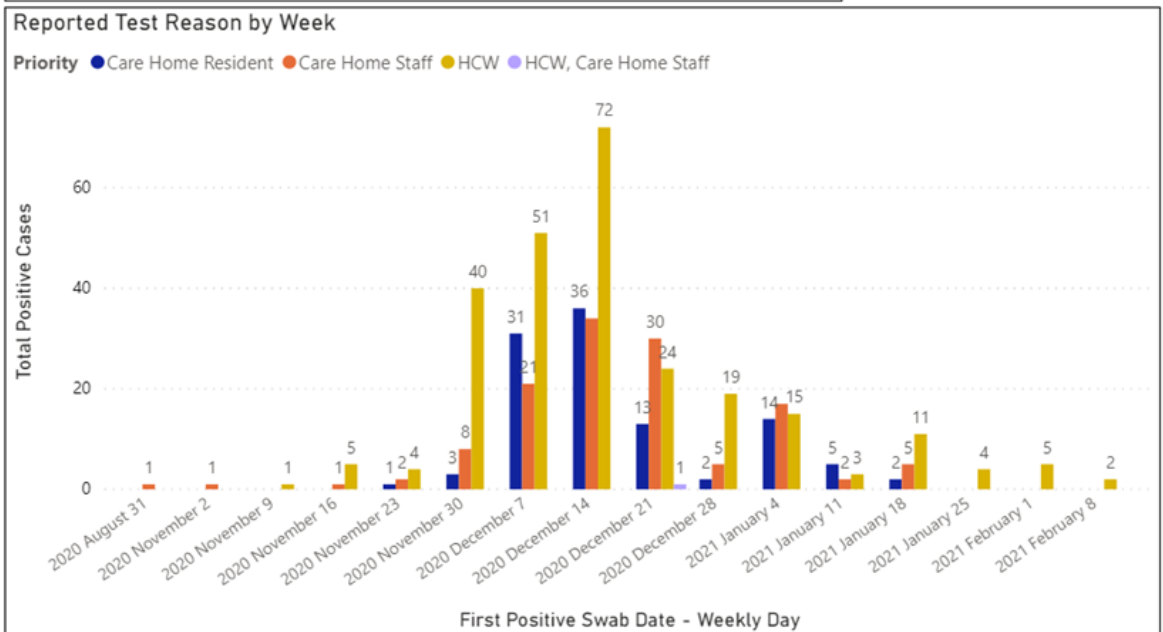
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Service	Infection Prevention and Control (IPaC)																																									
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Reporting period	1 st – 31 st January 2021																																									
Author input	Dr Ivan Muscat, Consultant Microbiologist/DIPC [Redacted], Lead Nurse Infection Prevention and Control																																									
Key messages	<ul style="list-style-type: none"> All staff in high risk areas (Main Theatres, DSU, ITU, renal, surgical wards, dental, Sorel, Robin, SCBU and Maternity) are required to undertake 3 monthly MRSA screens. 																																									
Statistics	January statistics																																									
		Hospital acquired		Community acquired																																						
		2021	2020	2021	2020																																					
	<i>Clostridium difficile</i> toxin																																									
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	MRSA bacteraemia																																									
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	MSSA bacteraemia																																									
	January																																									
	<i>Escherichia coli</i> bacteraemia																																									
January				9																																						
<i>Pseudomonas</i> bacteraemia																																										
January	0	0	0	0																																						
<i>Klebsiella</i> bacteraemia																																										
January	0	0	0	0																																						
COVID-19 update	As of 08.02.2021:																																									
	Total individuals tested	Total positive results	Total registered deaths	Probable deaths	Proven deaths																																					
	284098	3177	67	17	50																																					
	Active Cases Overview 09/02/2021 09:59:15 Data Updated																																									
	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p style="font-size: 24px; font-weight: bold;">56</p> <p>Active Cases</p> </div> <div style="text-align: center;"> <p style="font-size: 24px; font-weight: bold;">3187</p> <p>Total Positive Cases</p> </div> </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Reported Test Reason</th> <th>Total</th> </tr> </thead> <tbody> <tr><td>Contact Tracing</td><td>23</td></tr> <tr><td>Planned Workforce Screening</td><td>13</td></tr> <tr><td>Arrivals Screening</td><td>10</td></tr> <tr><td>Admissions Screening</td><td>5</td></tr> <tr><td>Seeking Healthcare</td><td>4</td></tr> <tr><td>Cohort Screening</td><td>1</td></tr> <tr><td>Total</td><td>56</td></tr> </tbody> </table>		Reported Test Reason	Total	Contact Tracing	23	Planned Workforce Screening	13	Arrivals Screening	10	Admissions Screening	5	Seeking Healthcare	4	Cohort Screening	1	Total	56	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Priority</th> <th>Total</th> </tr> </thead> <tbody> <tr><td>Other</td><td>30</td></tr> <tr><td>HCW</td><td>9</td></tr> <tr><td>Transportation</td><td>4</td></tr> <tr><td>Hospitality</td><td>3</td></tr> <tr><td>Retail</td><td>3</td></tr> <tr><td>School</td><td>3</td></tr> <tr><td>Agriculture</td><td>1</td></tr> <tr><td>Construction</td><td>1</td></tr> <tr><td>Patient</td><td>1</td></tr> <tr><td>Total</td><td>56</td></tr> </tbody> </table>	Priority	Total	Other	30	HCW	9	Transportation	4	Hospitality	3	Retail	3	School	3	Agriculture	1	Construction	1	Patient	1	Total	56
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<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p style="font-size: 24px; font-weight: bold;">23.19</p> <p>7 Day Rate</p> </div> <div style="text-align: center;"> <p style="font-size: 24px; font-weight: bold;">50.09</p> <p>14 Day Rate</p> </div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p style="font-size: 24px; font-weight: bold;">171</p> <p>Direct Contacts</p> </div> </div>		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Gender</th> <th>No. of Cases</th> <th>% of Total</th> </tr> </thead> <tbody> <tr><td>Unspecified</td><td>1</td><td>1.7</td></tr> <tr><td>Male</td><td>27</td><td>48.3</td></tr> <tr><td>Total</td><td>56</td><td>100</td></tr> </tbody> </table>		Gender	No. of Cases	% of Total	Unspecified	1	1.7	Male	27	48.3	Total	56	100																										
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Positive cases by reason as of 09.02.21:



Health care worker and care home data as of 09.02.21:

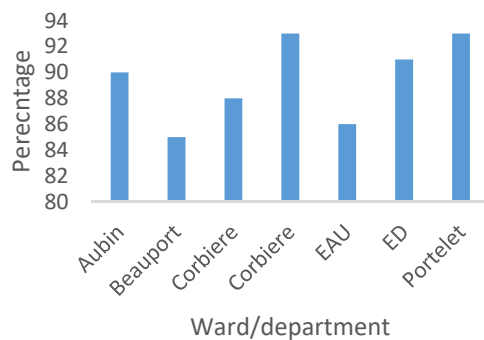
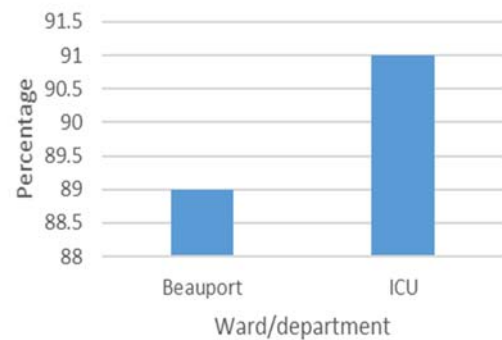


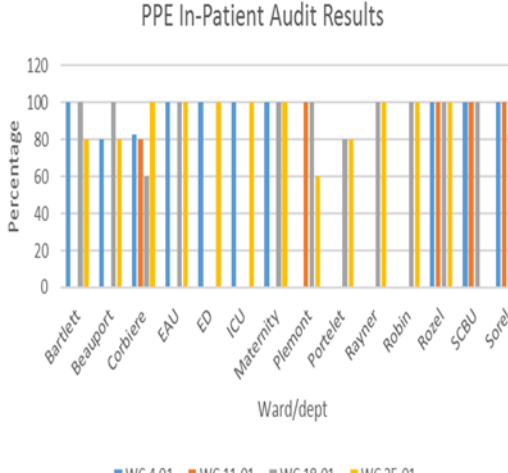
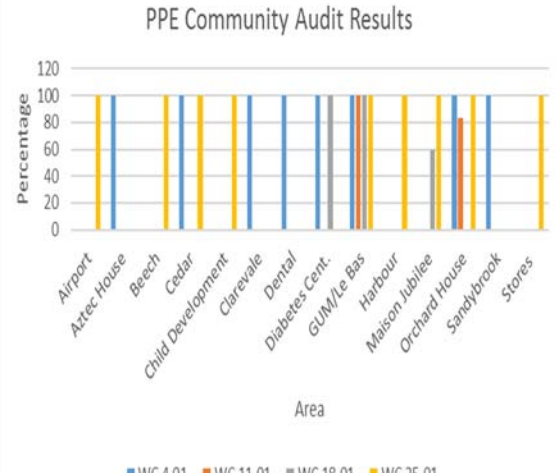
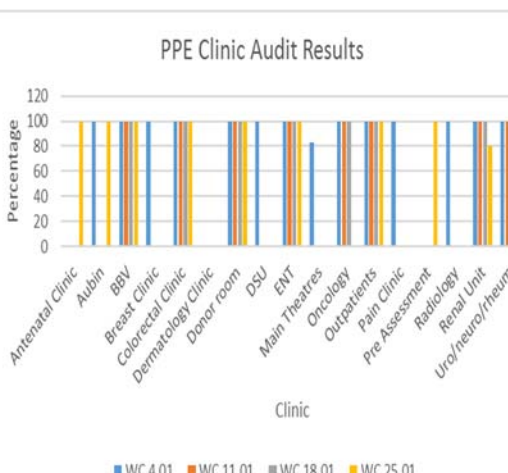
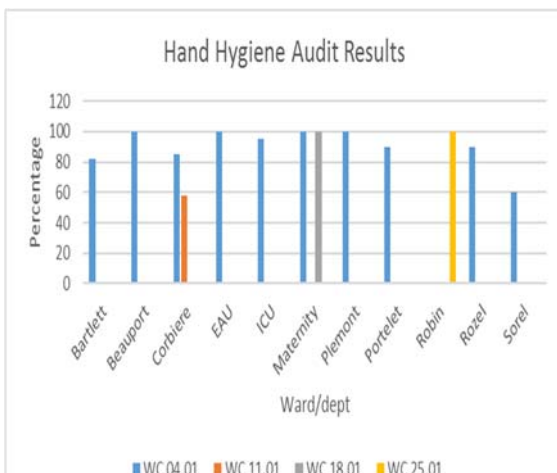
Outbreaks

Outbreak	Ward/department	Date	Outbreak report
COVID-19	Bartlett	16.11.20 – 01.12.20	 Bartlett Infection Control Outbreak re
COVID-19	Corbiere	01.12.20 – 09.01.21	 Corbiere infecion control outbreak rep
COVID-19	Orchard House	16.12.20 – 20.01.21	To be completed at time of report

**Influenza
vaccination
update**

Winter	2019/20	2020/21 (as of 03.01.21)	2020/21 (as of 03.01.21)
Age 80+	-	86%	4,350
Age 65 and over	54%	79%	10,145
Age 50-64 (not clinically indicated)	-	43%	5,340
16-64 (clinically indicated)	34%	48%	Not available at time of report
2-4 years old	68%	70%	1,425
Primary school children	63%	73%	5,435
Secondary school children	51%	61%	3,198
HCS staff	-	51%	1,902

**Audit
programme**
Audits completed during January 2021:
Equipment Audit Results

Environmental Audit Results


	<h3 style="text-align: center;">PPE In-Patient Audit Results</h3> 	<h3 style="text-align: center;">PPE Community Audit Results</h3> 
	<h3 style="text-align: center;">PPE Clinic Audit Results</h3> 	<h3 style="text-align: center;">Hand Hygiene Audit Results</h3> 
<p>Risk Register</p>	<p>Risk ID 653 – Hazardous waste disposal (current risk score 12) Waste policy is readily available, a template risk assessment and safe system of work has been developed and circulated to all at HCS, waste audits completed by IPAC team and educated around correct waste disposal. Posters developed to raise awareness of correct waste disposal process and strategically placed.</p> <p>Risk ID 701 - IPaC team staffing levels (current risk score 12) Limited staffing resources, COVID preparedness and winter pressures have caused a temporary halt in delivering education, auditing and some investigations. Potentially, this could lead to outbreaks and other non-covid related infections.</p> <p>Risk ID 702 - Surveillance COVID-19 workforce screening reporting (current risk score 16) Currently unable to monitor COVID-19 workforce screening compliance due to poor IT infrastructure support. Concerns of poor uptake for the PCR tests, particularly as there is an increase in cases, and as COVID is in the community we need to do our utmost to prevent it coming into our care homes and hospital.</p> <p>Risk ID 714 – Poor hand hygiene (current risk score 10) Potential risk of transmission of Healthcare Associated Infections (such as MRSA, Clostridium difficile, COVID-19) between patients.</p>	

Committee Report

Exemption: **Policy under development**

Guidance on completing this report

- Complete all parts of the report template
- Ensure issues are described succinctly
- Limit the report to no more than 3 pages
- Attach any additional relevant information as appendices
- All reports to be provided 5 working days before the meeting

Report to:	Quality & Risk Committee
Date of meeting:	24 th March 2021
Title of paper:	Infection Prevention and Control (IPaC) Quality and Risk Report
Report author:	Dr Ivan Muscat, Consultant Microbiologist/DIPC [Redacted], Lead Nurse Infection Prevention and Control

1. Purpose

What is the purpose of this report?	To provide IPaC assurance and update on IPaC practice and risks.
What is being asked/recommended to do/decide?	The committee is asked to note this report.

2. Background

Why is this matter being brought?	In line with the Health & Community Services governance structure update reports will be presented to the executive led committees
Which assurance committee ¹ or subordinate committee has this been to and were there comments / recommendations to consider?	The content of this report has been discussed at weekly IPaC team meeting and the monthly IPaC and Lead Nurse Meeting.

3. Key Issues

What are the key issues to be aware of?	Key Message: It is expected that with time the vaccine rollout will lower levels of COVID-19 disease and infection and island restrictions will started to ease. However, we must still be vigilant in our behaviours and continue to follow public health and infection control measures until there is good protective cover. Additionally risk is also dependent on infection and protective vaccination rates outside Jersey.
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February statistics:

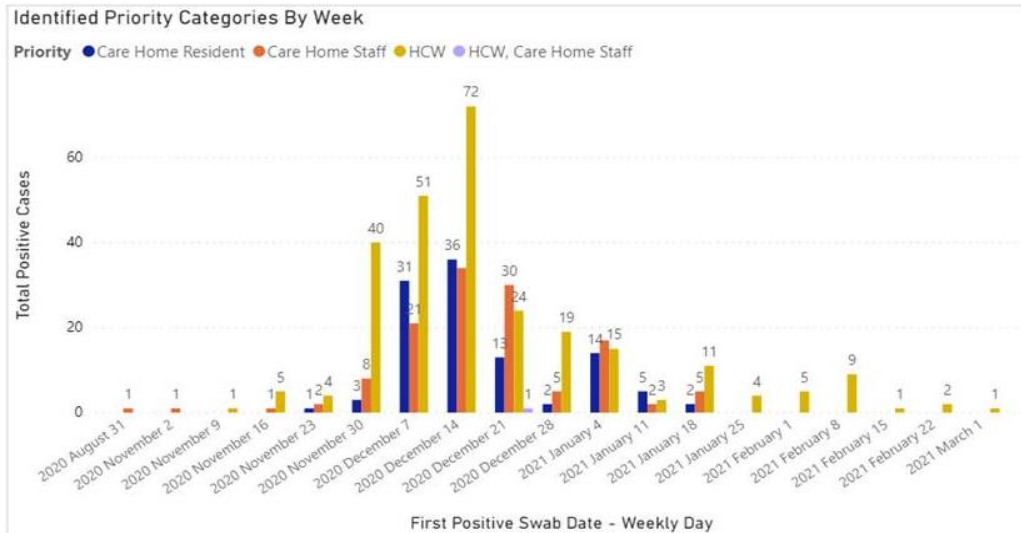
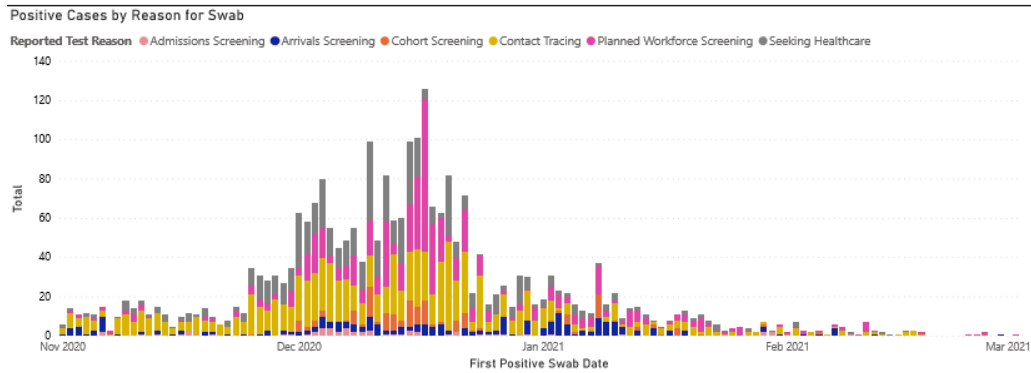
	Hospital acquired		Community acquired	
	2021	2020	2021	2020
<i>Clostridium difficile</i> toxin				
February				
Year to date	5*			
MRSA bacteraemia				
February	0	0	0	0
Year to date	0	0	0	0
MSSA bacteraemia				
February				
Year to date				
<i>Escherichia coli</i> bacteraemia				
February				
Year to date			6	10
<i>Pseudomonas</i> bacteraemia				
February	0	0	0	0
Year to date	0	0	0	0
<i>Klebsiella</i> bacteraemia				
February				
Year to date				

*Change in case numbers identified from January 2021

COVID-19 update as of 03.03.21:

Total individuals tested	Total positive results	Total registered deaths	Probable deaths	Proven deaths
309125	3219	69	17	52





COVID Vaccination update:

The roll-out of the coronavirus vaccine in Jersey began in December 2020 and is aligned to the vaccination programme roll-out in the UK following the advice of the Joint Committee on Vaccination and Immunisation (JCVI).

First and Second dose vaccinations administered by age groups as at 28 February 2021:

Age group	Cohort Size	First dose		Second dose	
		Number	Percentage	Number	Percentage
80+ years	5,050	5,032	~100%	624	12%
75-79 years	3,260	3,062	94%	103	3%
70-74 years	4,720	4,370	93%	88	2%
65-69 years	5,430	4,610	85%	143	3%
60-64 years	6,500	3,428	53%	297	5%
55-59 years	7,820	2,453	31%	419	5%
50-54 years	8,490	1,978	23%	390	5%
17-49 years	46,970	5,258*	11%	1,256	3%
Total	88,240	30,191	35%	3,320	4%



Coverage for priority group as at 28 February 2021:

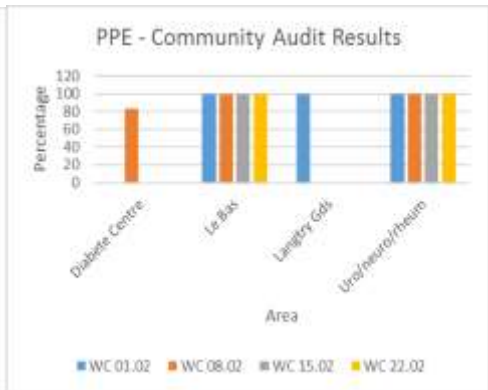
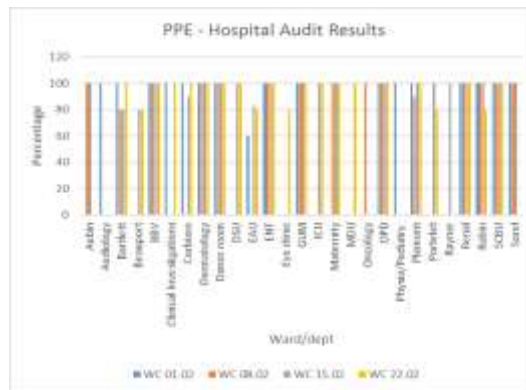
Priority group/tier	Cohort Size	First dose		Second dose	
		Number	Percentage	Number	Percentage
PG1. Care home residents	1,043 ^o	981 [*]	95%	868 [*]	84%
PG1. Carers working in care homes	1,400 ^o	1,158 [*]	83%	925 [*]	66%
PG2. Front line health & social workers	1,475 ^{o,n}	1,330	90%	531	36%
PG2. Aged 80 years or over	5,050 [*]	5,032	~100%	624	12%
PG2. Other health and social workers	3,404 ^{o,n}	2,146	63%	697	20%
PG3. Aged 75 to 79 years	3,260 [*]	3,062	94%	103	3%
PG4. Aged 70 to 74 years	4,720 [*]	4,370	93%	88	2%
PG4. Clinically extremely vulnerable (high risk) 16 to 69 years	2,184 ⁺	1,759	81%	85	4%
PG5. Aged 65 to 69 years	5,430 [*]	4,610	85%	143	3%
PG6. Clinically at risk (moderate risk)	9,146 ^{##}	5,916	65%	432	5%
PG7. Aged 60 to 64 years	6,500 [*]	3,428	53%	296	5%
Priority groups below this line not yet invited for a vaccine					
PG8. Aged 55 to 59 years	7,820 [*]	2,453	31%	420	5%
PG9. Aged 50 to 54 years	8,490 [*]	1,978	23%	390	5%
Aged 17 to 49 years	46,970 [*]	5,258 [*]	11%	1,256	3%

How does this matter relate to HCS objectives?

- Improved health outcomes by reducing health care associated infections
- Promotion of an open culture based on good clinical and corporate governance with a clear emphasis on safety

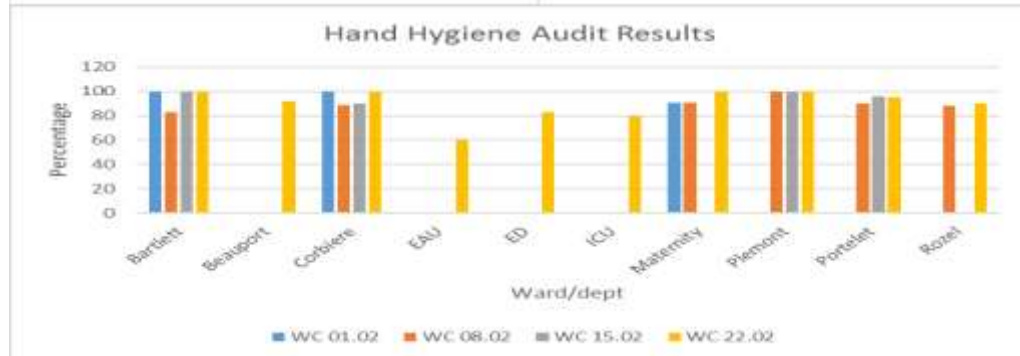
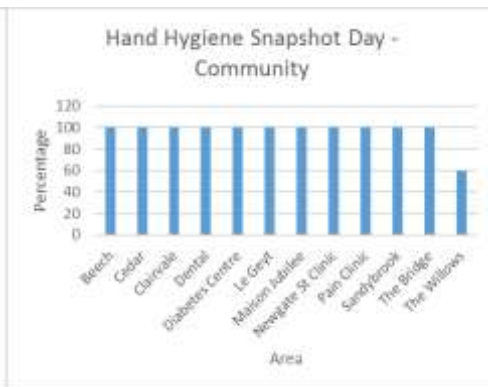
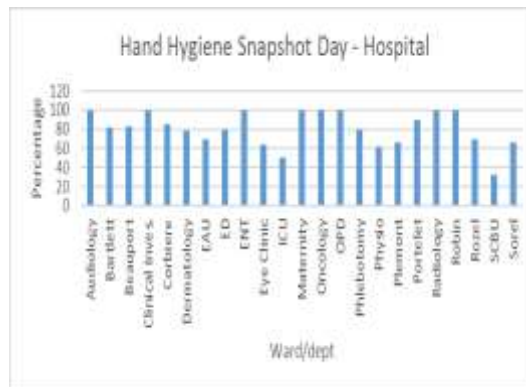
4. Quality and Safety implications

Are there any quality or safety implications?	Outbreaks:			
	Outbreak	Ward/department	Date	Outbreak report
	COVID-19	Orchard House	16.12.20 – 20.01.21	 Orchard House Outbreak Report FI1
COVID-19	Theatre	21.01.21 – 24.02.21	 Theatres DSU Feb 21 Outbreak Report	
	Audit programme Audits completed during February 2021:			



Recurring themes of non-compliance:

- Staff not wearing surgical masks appropriately
- Healthcare workers not wearing gloves and aprons for direct patient contact
- Staff not decontaminating hands after removal of PPE



Recurring themes of non-compliance:

- Healthcare workers not decontaminating hands before touching patient or on leaving patient environment

expenditure been reviewed by Finance?	
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6. Risk implications

Are there any associated risks? What mitigations are being put in place?	Risk register		
	Risk ID	Current risk score	Mitigation
	653 Hazardous waste disposal	12 (↔)	Waste policy is readily available, a template risk assessment and safe system of work has been developed and circulated to all at HCS, waste audits completed by IPAC team and educated around correct waste disposal. Posters developed to raise awareness of correct waste disposal process and strategically placed.
	701 IPaC team staffing levels	8 (↓)	Workload was prioritised due to limited resources. Additional 1.5 FTE nurses to support IPaC service during COVID since November 2020. Audits and investigations have recommenced. Plans to progress recommencing education.
	702 Surveillance COVID-19 workforce screening reporting	9 (↓)	Unable to monitor COVID-19 workforce screening compliance due to poor IT infrastructure support. Swabbing station at general hospital developed for staff who cannot participate in peer to peer testing. Lower local community case numbers.
	714 Poor hand hygiene	12 (↑)	Potential risk of transmission of Healthcare Associated Infections between patients. Hand hygiene drive month March 21. Communications, auditing, education, engagement and support from lead nurses through IPaC and Lead Nurse meetings.
740 Inability to mandate staff surveillance swabbing	16	Regular general communications detailing reasons for surveillance to encourage staff to participate. Personalised communications sent to individuals who are due surveillance swabbing.	

7. Recommendation

The committee is asked to note this report in particular COVID surveillance and care home staff vaccination rates.

Committee Report

Exemption: **Policy under development**

Guidance on completing this report

- Complete all parts of the report template
- Ensure issues are described succinctly
- Limit the report to no more than 3 pages
- Attach any additional relevant information as appendices
- All reports to be provided 10 working days before the meeting

Report to: <i>(delete as appropriate)</i>	Quality and Risk Assurance Committee, Operation, Performance and Finance Assurance Committee, People and Organisational Development Assurance Committee		
Date of meeting:	28 th April 2021		
Title of paper:	Infection Prevention and Control (IPaC) Quality and Risk Report		
Report author:	Dr Ivan Muscat, Consultant Microbiologist/DIPC [redacted], Lead Nurse Infection Prevention and Control	Presented by:	[redacted], Lead Nurse Infection Prevention and Control

1. Purpose

What is the purpose of this report? <i>(brief statement & tick as appropriate)</i>	To provide IPaC assurance and update on IPaC practice and risks.	Information	√
		Approval	
		Assurance	√

2. Background

Which committee or group has this been presented to before (if any)?	Audit data has been presented to the Infection Prevention and Control Safety and Improvements Group (formerly known as the IPaC and Lead Nurse Group)
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3. Key Issues

What are the key issues to be aware of?	March statistics:				
		Hospital acquired		Community acquired	
		2021	2020	2021	2020
	<i>Clostridium difficile</i> toxin				
	March				
	<i>Year to date</i>	6	5		6
	MRSA bacteraemia				
	March	0	0	0	0
	<i>Year to date</i>	0	0	0	0
	MSSA bacteraemia				
March					

Year to date	5	0	
Escherichia coli bacteraemia			
March			5
Year to date		6	15
Pseudomonas bacteraemia			
March			
Year to date			
Klebsiella bacteraemia			
March			
Year to date			

COVID-19 update as of 16.04.21:

Total individuals tested	Total positive results	Total registered deaths	Probable deaths	Proven deaths
352513	3232	69	17	52

Active Cases Overview 16/04/2021 10:00:10
Data Updated

2 Active Cases	3232 Total Positive Cases
1.86 7 Day Rate	2.78 14 Day Rate

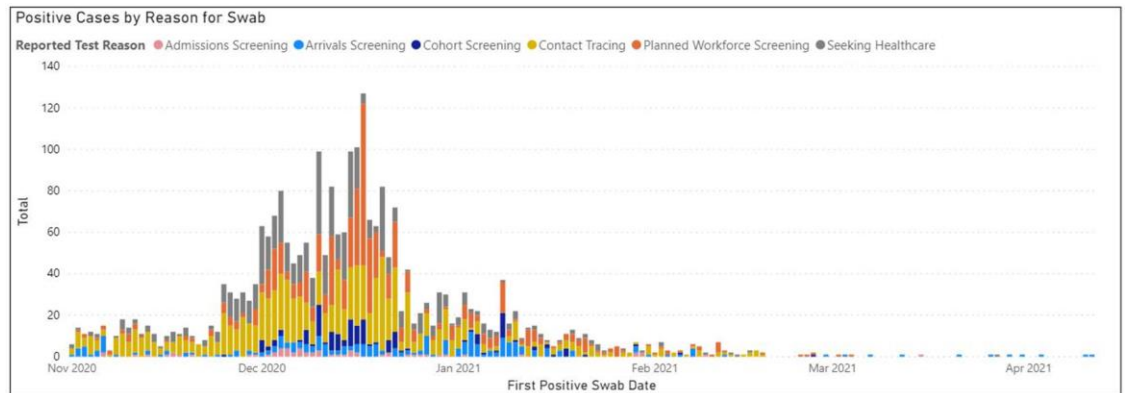
Reported Test Reason	Total
Arrivals Screening	2
Total	2

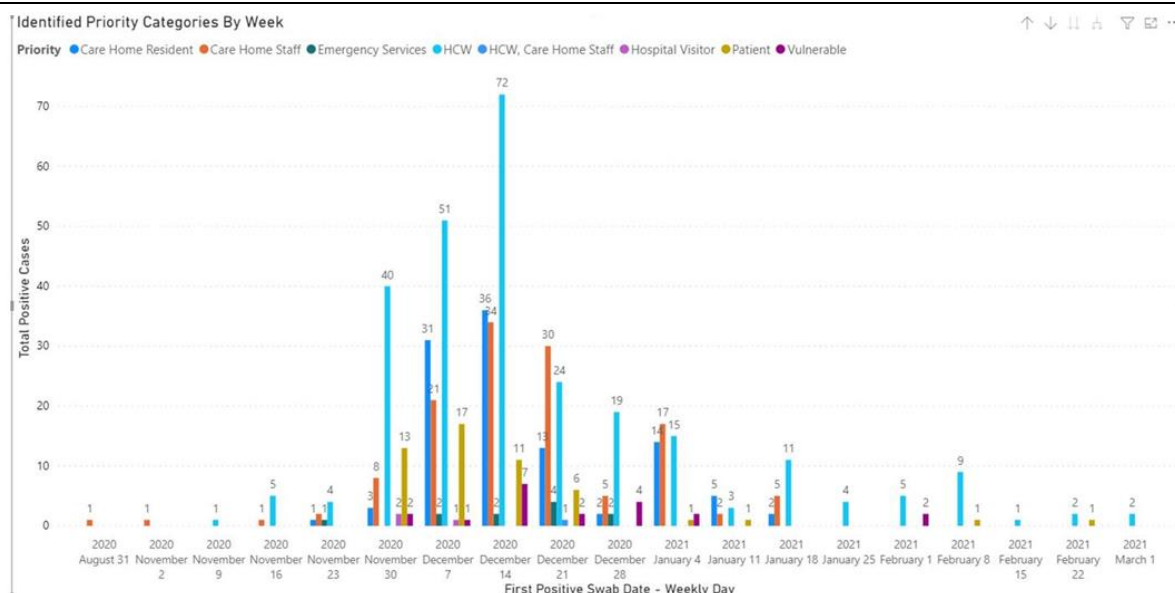
Symptomatic / Asymptomatic Of Current Active Cases

21
Direct Contacts

Gender	No. of Cases	% of Total
Female	1	50.00%
Male	1	50.00%
Total	2	100.00%

Total Active Cases by Age Range (10 Year) Gender






COVID Vaccination update:

The roll-out of the coronavirus vaccine in Jersey began in December 2020 and is aligned to the vaccination programme roll-out in the UK following the advice of the Joint Committee on Vaccination and Immunisation (JCVI).

COVID vaccination data Jersey as of 11.04.21:

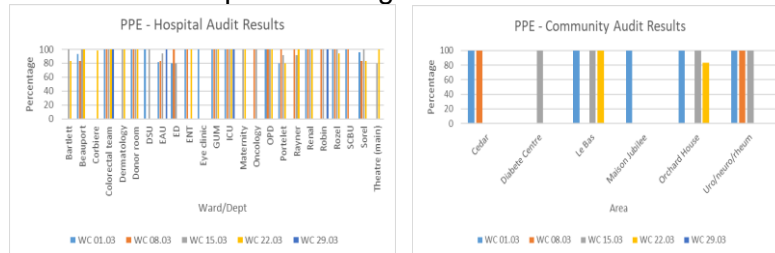
Priority group/tier	Cohort Size	First dose		Second dose	
		Number	Percentage	Number	Percentage
PG1. Care home residents	1,043 ^o	1,022*	98%	936*	90%
PG1. Carers working in care homes	1,400 ^o	1,400*	~100%	1,192*	85%
PG2. Front line health & social workers	1,475 ^{o/n}	1,484	~100%	1,155	78%
PG2. Aged 80 years or over	5,050*	5,250	~100%	4,540	90%
PG2. Other health and social workers	3,404 ^{o/n}	2,926	86%	1,909	56%
PG3. Aged 75 to 79 years	3,260*	3,178	97%	2,644	81%
PG4. Aged 70 to 74 years	4,720*	4,525	96%	3,092	66%
PG4. Clinically extremely vulnerable (high risk) 16 to 69 years	2,184*	1,845	84%	1,063	49%
PG5. Aged 65 to 69 years	5,430*	4,927	91%	3,947	73%
PG6. Clinically at risk (moderate risk)	9,146 ^{*k}	7,100	78%	4,002	44%
PG7. Aged 60 to 64 years	6,500*	6,175	95%	2,610	40%
PG8. Aged 55 to 59 years	7,820*	7,148	91%	3,512	45%
PG9. Aged 50 to 54 years	8,490*	7,012	83%	1,411	17%
Phase 2. Aged 40 to 49 years	15,380*	3,574	23%	1,769	12%
Priority groups below this line not yet invited for a vaccine					
Phase 2. Aged 30 to 39 years	15,080*	2,020	13%	1,026	7%
Phase 2. Aged 18 to 29 years	15,400*	1,514	10%	705	5%

Outbreaks:

Outbreak	Ward/department	Date	Report
COVID-19	Thematic review of COVID-19 outbreaks	16.11.20 – 24.02.21	 IPaC COVID outbreaks thematic

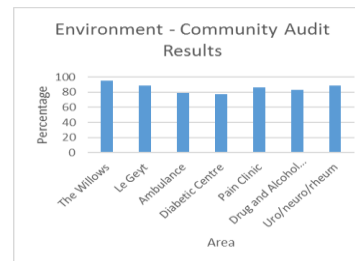
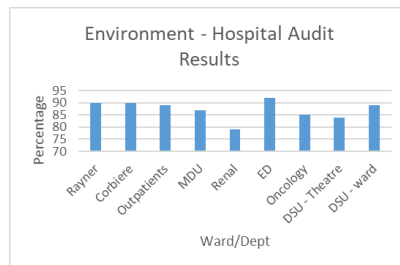
Audit programme

IPaC audits completed during March 2021:



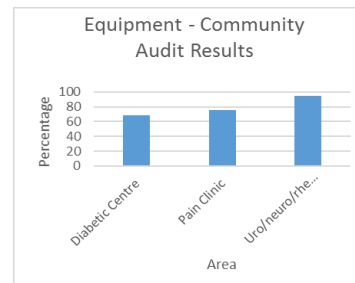
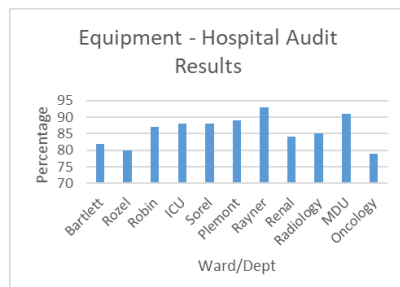
Recurring themes of non-compliance:

- Medical, nursing, and other staff reminded to either wear a surgical mask or reminded to keep their masks properly fitted over their nose.
- Medical and nursing staff not wearing gloves and aprons for direct patient contact.
- Staff not decontaminating their hands following removal of PPE.



Recurring themes of non-compliance:

- Cluttered store rooms
- Worn/tired environment
- Lack of comprehensive cleaning schedules in places

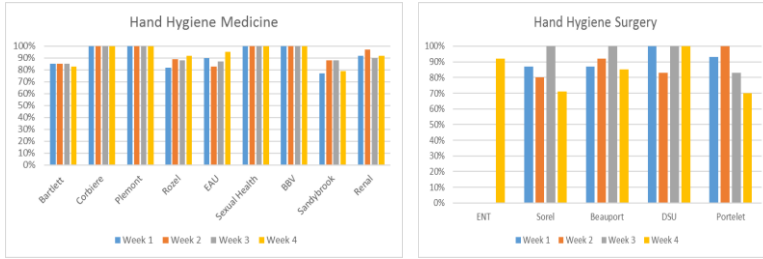


Recurring themes of non-compliance:

- Lack of evidence of cleaning equipment in between patients in areas
- Lack of comprehensive cleaning schedules in places

March was hand hygiene month, where daily hand hygiene and constructive challenge was

encouraged.



	EAU	DSU	ENT
Nurses	94%	100%	95%
Doctors	75%	88%	82%
AHP's	97%	100%	100%

Unfortunately a breakdown of staff groups was not provided for each area, however a sample of

How does this matter relate to HCS objectives? <i>(tick as appropriate)</i>	Improved Islanders' experience of Health & Community Services	
	Improved health outcomes of Islanders	√
	Improved partnership working to deliver person-centred, sustainable & safe health & community services as detailed in the Jersey care Model (JCM).	
	Improved working environment for staff increasing recruitment & retention.	
	Improved resilience of HCS, particularly in relation to any Covid-19 related surge in health cases.	
	High quality safe services with good clinical & corporate functions.	√
	Deliver services within the financial envelope assigned to HCS.	

4. Risk implications

Are there any associated risks? <i>(Please include Risk ID if included within the risk register)</i>	Quality & Safety	√	
	Financial		
	Workforce	√	
	Performance		
	Reputational	√	
What action is being taken to mitigate risk?	Risk register		
	Risk ID	Current risk score	Mitigation
	653 Hazardous waste disposal	12 (◆)	Waste policy is readily available, a template risk assessment and safe system of work has been developed and circulated to all at HCS, waste audits completed by IPAC team and educated around correct waste disposal. Posters developed to raise awareness of correct waste disposal process and strategically placed.
701 IPaC team	8 (▼)	Workload was prioritised due to limited resources. Additional 1.5 FTE nurses to	

	staffing levels		support IPaC service during COVID since November 2020. Audits and investigations have recommenced. Plans to progress recommencing education.
	702 Surveillance COVID-19 workforce screening reporting	9 (▼)	Unable to monitor COVID-19 workforce screening compliance due to poor IT infrastructure support. Swabbing station at general hospital developed for staff who cannot participate in peer to peer testing. Lower local community case numbers.
	714 Poor hand hygiene	12 (▲)	Potential risk of transmission of Healthcare Associated Infections between patients. Hand hygiene drive month March 21. Communications, auditing, education, engagement and support from lead nurses through IPaC and Lead Nurse meetings.
	740 Inability to mandate staff surveillance swabbing	16	Regular general communications detailing reasons for surveillance to encourage staff to participate. Personalised communications sent to individuals who are due surveillance swabbing.

5. Recommendation *(if any)*

The committee is asked to note this report

Committee Report

Exemption: **Policy under development**

Guidance on completing this report

- Complete all parts of the report template
- Ensure issues are described succinctly
- Limit the report to no more than 3 pages
- Attach any additional relevant information as appendices
- All reports to be provided 10 working days before the meeting

Report to: <i>(delete as appropriate)</i>	Quality and Risk Assurance Committee, Operation, Performance and Finance Assurance Committee, People and Organisational Development Assurance Committee		
Date of meeting:	26 th May 2021		
Title of paper:	Infection Prevention and Control (IPaC) Quality and Risk Report		
Report author:	Dr Ivan Muscat, Consultant Microbiologist/DIPC [redacted], Lead Nurse Infection Prevention and Control	Presented by:	[redacted], Lead Nurse Infection Prevention and Control

1. Purpose

What is the purpose of this report? <i>(brief statement & tick as appropriate)</i>	To provide IPaC assurance and update on IPaC practice and risks.	Information	√
		Approval	
		Assurance	√

2. Background

Which committee or group has this been presented to before (if any)?	Audit data has been presented to the Infection Prevention and Control Safety and Improvements Group.
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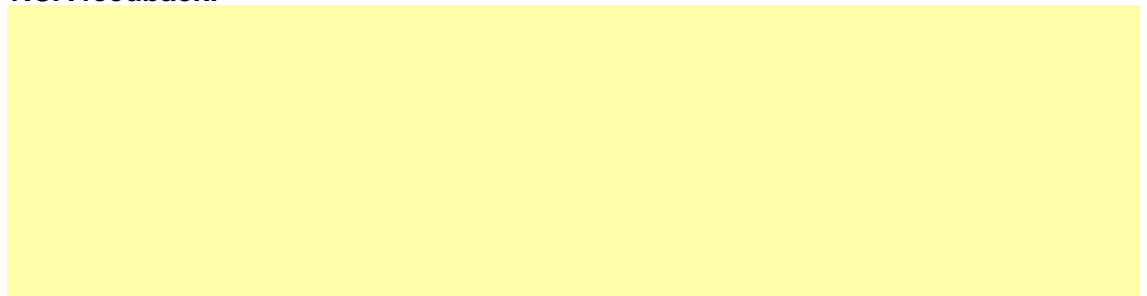
3. Key Issues

What are the key issues to be aware of?	<ul style="list-style-type: none"> • Ineffective standards of aseptic technique are a significant cause of healthcare acquired infection. We must be assured of a standardised approach across the Organisation to ensure patient safety. • Limited IPaC team staffing levels. 0.8 FTE redeployed staff leaving team. This leaves 4.36 FTE covering island wide IPaC service. Workload has increased due to continued COVID activity, and increased community IPaC support in addition to the new hospital project and Overdale – Les Quennevais move. A gap analysis is being developed to review budgeted FTE. Workplan prioritised due to limited resources.
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April statistics:

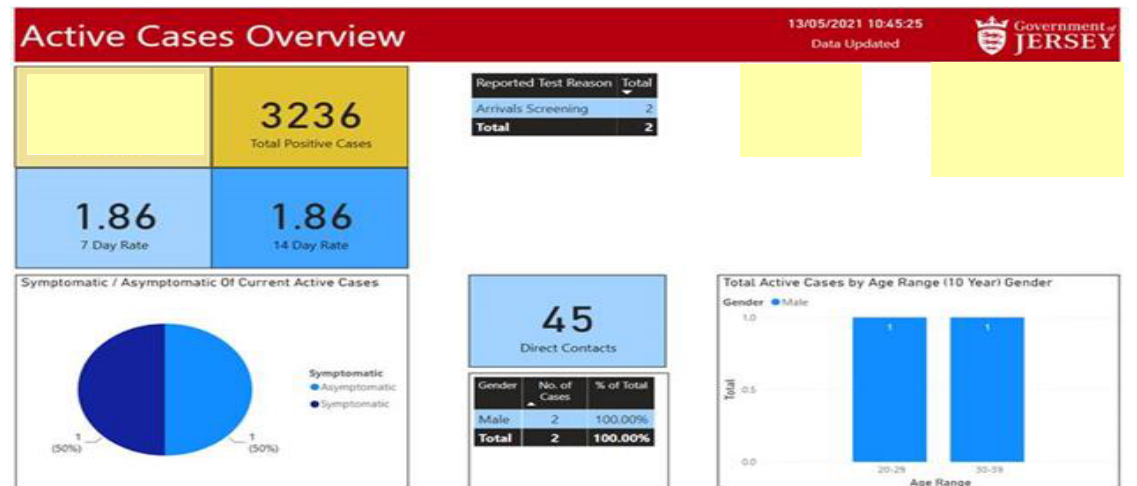
	Hospital acquired		Community acquired	
	2021	2020	2021	2020
<i>Clostridium difficile</i> toxin				
April				
Year to date	7	6		8
MRSA bacteraemia				
April				
Year to date				
MSSA bacteraemia				
March				
Year to date	5			
<i>Escherichia coli</i> bacteraemia				
April				
Year to date			11	19
<i>Pseudomonas</i> bacteraemia				
April				
Year to date				
<i>Klebsiella</i> bacteraemia				
April				
Year to date				

RCA feedback:



COVID-19 update as of 13.05.21:

Total individuals tested	Total positive results	Total registered deaths	Probable deaths	Proven deaths
381,930	3,236	69	17	52



COVID Vaccination update:

The roll-out of the coronavirus vaccine in Jersey began in December 2020 and is aligned to the vaccination programme roll-out in the UK following the advice of the Joint Committee on Vaccination and Immunisation (JCVI).

COVID vaccination data Jersey as of 02.05.21:

Priority group/tier	Cohort Size	First dose		Second dose	
		Number	Percentage	Number	Percentage
PG1. Care home residents	1,043 ^o	1,026 [★]	98%	969 [★]	93%
PG1. Carers working in care homes	1,400 ^o	1,406 [★]	~100%	1,284 [★]	92%
PG2. Front line health & social workers	1,475 ^{o^n}	1,484	~100%	1,274	86%
PG2. Aged 80 years or over	5,050 [*]	5,292	~100%	5,010	99%
PG2. Other health and social workers	3,404 ^{o^n}	3,069	90%	2,452	72%
PG3. Aged 75 to 79 years	3,260 [*]	3,210	99%	3,092	95%
PG4. Aged 70 to 74 years	4,720 [*]	4,555	96%	4,321	91%
PG4. Clinically extremely vulnerable (high risk) 16 to 69 years	2,184 ⁺	1,869	86%	1,699	78%
PG5. Aged 65 to 69 years	5,430 [*]	4,968	92%	4,638	85%
PG6. Clinically at risk (moderate risk)	9,146 ^{+#}	7,226	79%	6,254	68%
PG7. Aged 60 to 64 years	6,500 [*]	6,269	96%	5,374	83%
PG8. Aged 55 to 59 years	7,820 [*]	7,290	93%	4,927	63%
PG9. Aged 50 to 54 years	8,490 [*]	7,240	85%	2,511	30%
Phase 2. Aged 40 to 49 years	15,380 [*]	10,278	67%	2,743	18%
Priority groups below this line not yet invited for a vaccine					
Phase 2. Aged 30 to 39 years	15,080 [*]	2,128	14%	1,663	11%
Phase 2. Aged 18 to 29 years	15,400 [*]	1,578	10%	1,171	8%

^{*} Missing or incorrect information entered for a small number of vaccine recipients. Cross-matching against other sources to fill in gaps where approximately 300 recipients identified as PG1 are still awaiting coding.

^o Unstable population (movements in and out of homes or staff movements)

^{*} Based on 2019 population estimate

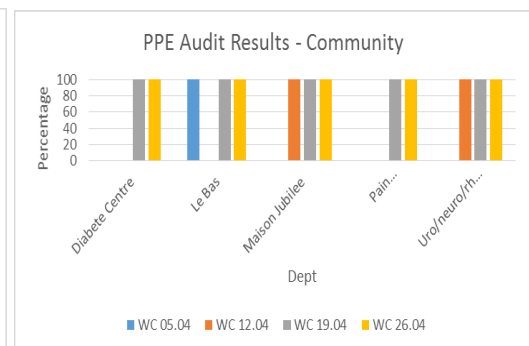
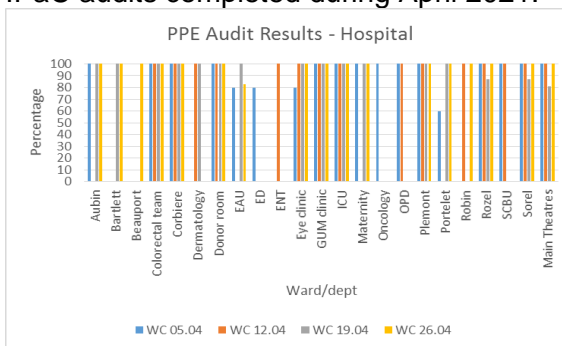
^o Inconsistent population data as reliant on numerous data sources. Extra data sources have been requested

^{*} Number based on GP system (EMIS) report

^{*} Information related to carers held separately to the EMIS data so potential for double counting

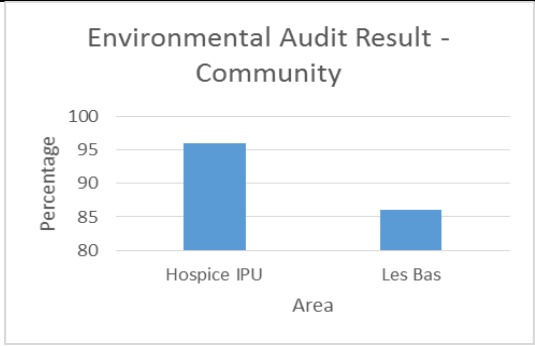
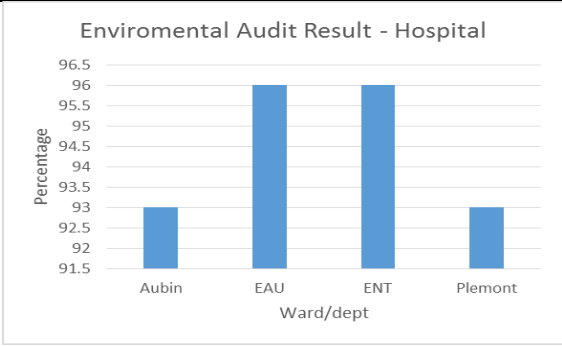
Audit programme

IPaC audits completed during April 2021:



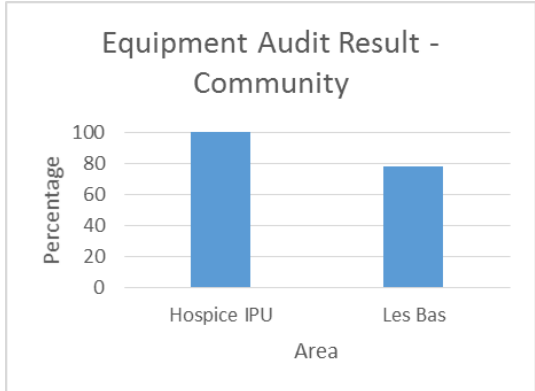
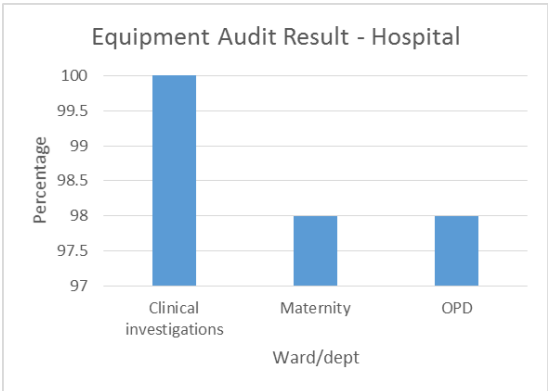
Recurring themes of non-compliance:

- Medical, nursing and allied health professional staff reminded to wear their surgical masks appropriately
- Medical and nursing staff not wearing gloves and aprons for direct patient contact
- Staff not decontaminating hands following removal of PPE



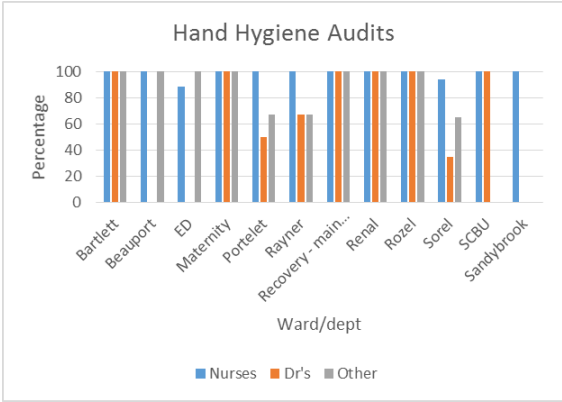
Recurring themes of non-compliance:

- Cluttered store rooms
- Worn/tired environment
- Lack of comprehensive cleaning schedules in places



Recurring themes of non-compliance:

- Lack of comprehensive cleaning schedules in places



World Hand Hygiene Day was celebrated on 5th May. This year's slogan "Seconds save lives – clean your hands" IPaC team raised awareness with quiz's, photo board, promotional hand hygiene stall and communications across one gov.

Hand hygiene facility observations:

- Not all hand wash basins conform to IPaC standards
- Poor condition noted in some areas – erosion of seals and tiles
- Alcohol gel missing at the ends of beds in many areas
- Lack of hand hygiene posters displayed at hand washing facilities

How does this matter relate to HCS objectives?
(tick as appropriate)

Improved Islanders' experience of Health & Community Services	
Improved health outcomes of Islanders	√
Improved partnership working to deliver person-centred, sustainable & safe health & community services as detailed in the Jersey care Model (JCM).	
Improved working environment for staff increasing recruitment & retention.	
Improved resilience of HCS, particularly in relation to any Covid-19 related	

	surge in health cases.	
	High quality safe services with good clinical & corporate functions.	√
	Deliver services within the financial envelope assigned to HCS.	

4. Risk implications

Are there any associated risks? <i>(Please include Risk ID if included within the risk register)</i>	Quality & Safety	√	
	Financial		
	Workforce	√	
	Performance		
	Reputational	√	
What action is being taken to mitigate risk?	Risk register		
	Risk ID	Current risk score	Mitigation
	653 Hazardous waste disposal	12 (↔)	Waste policy is readily available, a template risk assessment and safe system of work has been developed and circulated to all at HCS, waste audits completed by IPAC team and educated around correct waste disposal. Posters developed to raise awareness of correct waste disposal process and strategically placed.
	701 IPaC team staffing levels	16 (↑)	Workplan prioritised due to limited resources. 0.8 FTE redeployed staff leaving team. This leaves 4.36 FTE within team. Workload has increased due to continue COVID activity, increased community IPAC support and new hospital project and Overdale – Les Quennevais move.
	702 Surveillance COVID-19 workforce screening reporting	9 (↔)	Unable to monitor COVID-19 workforce screening compliance due to poor IT infrastructure support. Swabbing station at general hospital developed for staff who cannot participate in peer to peer testing. Lower local community case numbers. However, threat from internal and border reconnection remains high.
	714 Poor hand hygiene	12 (↔)	Potential risk of transmission of Healthcare Associated Infections between patients. Hand hygiene drive month March 21. Communications, auditing, education, engagement and support through IPaC Safety and Improvements Group meetings. World hand hygiene day – 5 th May.
740 Inability to mandate staff surveillance swabbing	16 (↔)	Regular general communications detailing reasons for surveillance to encourage staff to participate. Personalised communications sent to individuals who are due surveillance swabbing. Low local community active COVID case numbers. However, threat from internal and border reconnection remains high.	

5. Recommendation *(if any)*

HCS Assurance Committees – Risk and Oversight Quality and Safety Resources and Performance

The committee is asked to note this report.