Dear Colleague

Welcome to the first edition of what is to be our monthly newsletter, aimed at keeping you up-to-date with current issues, developments and news within South Tyneside NHS Foundation Trust.

We have developed this following our visits to a number of GP practices, where you told us you wanted more accessible information, more regularly.

Each edition of the newsletter will contain features aimed at keeping you up-to-date about clinical appointments, developments and waiting times.

In this first issue, infection control is a key theme because a number of GPs told us they did not realise we had some of the lowest infection rates in the country and that hospital acquired infections were one of the things of concern to patients. I hope this will demonstrate the excellent results we have achieved and allow you to reassure patients about the safety of their local services in this hospital.

We very much want to make sure that we keep you abreast of all the latest developments and provide you with the information you need. If there are things you would like us to include, please let us know. We have provided contact numbers and e-mail addresses on the back page, so please feel free to send us any comments or suggestions for future articles.

Peter Davidson
(Chairman)

Lorraine Lambert
(Chief Executive)
Winning the war against infection

Effectively controlling dangerous hospital associated infections, such as MRSA and Clostridium difficile, has long-since been at the forefront of the agenda at South Tyneside NHS Foundation Trust.

This important work is led by our infection control team and at the heart of our success is the tremendous effort from all our clinical and domestic staff to apply our core principles of infection control. These principles include, as would be expected, rigorous hand-washing, careful patient screening, effective management of antibiotic prescribing and use of appropriate isolation facilities, as and when required.

A combination of careful management, surveillance and training, all contributed to our internal approach to infection control. The nursing and domestic teams play a key and essential role ensuring that we maintain the exceptional standards of cleanliness that patients, carers and visitors expect.

The outcome of all of this work is regularly and rigorously monitored by the infection control team and a team of internal assessors who apply the Patient Environment Assessment Team (PEAT) principles outlined by the Department of Health. These reviews, which cover all clinical areas, are unannounced and help us to ensure that standards are maintained at all times. As a result of action and inspection, we are rightly proud to be able to regularly report to the Board, to the PCT and to the SHA that we have surpassed the national performance targets set for us.

We are all aware that one of the most critical elements of a control policy is the way in which we are able to deal with a patient infection when it is confirmed and how we minimise risk to other patients. At the core of our activities are our isolation policies, our approach to antibiotic treatment and our ‘terminal close regime’ as each room is vacated for use. Isolation is standard practice for at-risk patients and for confirmed cases of infection, while terminal cleaning is carried out on each occasion when a room has been used for isolation purposes. This immediate reaction enables us to cleanse the room thoroughly and as quickly as possible, work that is undertaken by a team of specialist staff using bleach-based products.

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