

QUALITY AND SAFETY COMMITTEE

June 2017

Paper Title: Annual Infection Prevention Report – April 2016 – March 2017

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Agenda Item:

1. Purpose of this Report:

The purpose of this report is to inform the Quality and Safety Committee of systems, processes and activity in place within the Trust to reduce the risks of Healthcare Associated Infection (HCAI) between the 1st April 2016 and 31st March 2017. It provides assurance to the committee that the Trust is meeting its obligations under current legislation.

2. Summary of Key Points

This report details the systems, processes and activity in place within the Trust to reduce the risks of Health Care Associated Infection (HCAI) between 1st April 2016 and 31st March 2017. The infection prevention and control team has completed the majority of the annual programme. The following are key elements of the infection prevention activity and performance during the period of April 2016 to the end of March 2017.

- The Trust has had no MRSA bacteraemia cases during the year.
- This is the six year that there have been no *Clostridium difficile* cases.
- The Trust has had four MRSA screening cases.
- The Trust has achieved 89% of all staff members being up to date with infection prevention training.
- There have been no outbreaks of diarrhoea and vomiting during this reporting period.
- The Trust achieved 80.7% of front line staff vaccinated against influenza.
- There have been 60 contamination injuries, of these 21 were needle stick injuries.
- A rolling programme of infection prevention audits using the Department of Health Quality Improvement tools for community and mental health services has been conducted.
- Standards of environmental cleanliness have remained high throughout the year.
- This year has seen improvements made with the following audits: cleaning and management of equipment, management of the cold chain, dental audits, kitchen audits, and cleanliness.

3. Committee Consideration

The Committee is asked to consider whether the assurance / evidence provided within this report meet the requirements of the ‘Code of Practice for health and adult social care on the prevention and control of infections and related guidance’.

4. Financial Implications; None

5. Legal Implications; None

6. Assurance

	Assurance provided?
Board Assurance Framework	No
CQC Themes (see below)	Yes
Monitor Risk Assessment Framework	No
Other (please specify): Health and Social Care Act (2008) ‘Code of Practice for the Prevention and Control of Health Care Associated Infections’	

This paper provides assurance in relation to the following CQC Themes:

Safe:	People who use our services are protected from abuse and avoidable harm
Effective:	Care, treatment and support achieves good outcomes, helps to maintain quality of life people who use our services and is based on the best available evidence.

7. Risk Issues Identified for Discussion; None

8. Links to Strategic Drivers

Patient Experience	Quality	Value for Money	Relationships
Patients are cared for by staff members that are aware of infection prevention policies and procedures in a clean environment.	Policies and procedures are implemented to reduce avoidable HCAI to both patients and staff.	Our nurses are skilled and competent in disease prevention.	Senior nurses in clinical and managerial roles work together to sustain and monitor performance.

9. Recommendations:

That the Quality and Safety Committee:

- Confirms the assurance / evidence status, including the CQC assurance status in relation to Outcome 8, Compliance with the ‘Code of Practice for health and adult social care on the prevention and control of infections and related guidance’ as outlined in section 2 of this paper.
- Approve the actions taken against completing the annual programme 1st April 2016 – 31st March 2017 (available on [connect](#)) (Annex 1)
- Approve the annual programme for the 1st April 2017 – 31st March 2018 (available on [connect](#)). (Annex 2)

ANNUAL INFECTION PREVENTION REPORT

1. Background

Infection prevention and control is a requirement of all NHS Organisations and the Trust is required to comply with the 'Code of Practice for health and adult social care on the prevention and control of infections and related guidance'. The criteria within the code reflects a need to assure the public that appropriate quality of care is applied in public service settings where people receive care and are not in a position to control the standards of hygiene etc themselves they ultimately rely on the service provider to maintain high standards of care on their behalf.

Minimising the number of HCAI remains a high priority for patients and the Trust. The implementation of appropriate infection prevention practices is a key way to reduce and prevent avoidable HCAI to both patients and staff. In addition ensuring infection prevention and control policies are in place and implemented is an essential component in ensuring a safe environment. The risk of acquiring an infection whilst being cared for by the Trust healthcare workers remains low, with the Trust having no Meticillin Resistant *Staphylococcus aureus* (MRSA) bacteraemia or *clostridium difficile* (Cdiff) cases this year.

The annual infection prevention and control report is a requirement under the 'Code of Practice' of which Criteria 1 states that 'the nominated Director for Infection Prevention and Control (DIPC) is to prepare an annual report on the state of HCAI in the organisation for which he or she is responsible and release it publicly.' This report has been produced by the Infection Prevention Lead Nurse and Manager on behalf of the DIPC. The annual report summaries the initiatives and activities carried out during 2016-2017 within Bradford District Care Foundation Trust (BDCFT). It explains the Trust management arrangements for infection prevention and incidences of infection. The report aims to assure the public that the minimisation and prevention of infection is given the highest priority by the Trust.

2. REPORTING AGAINST THE ANNUAL PROGRAMME FOR 1ST APRIL 2016 – 31ST MARCH 2017

2.1. Infection Prevention and Control Management Arrangements

The Chief Executive and the Trust Board have designated responsibility for the prevention and control of infection, including the control of healthcare associated infections to the Director of Infection Prevention and Control (DIPC). The DIPC has met with the Infection Prevention Lead nurse and Manager (IPLNM) on a monthly basis. The IPLNM has a team of one Senior Infection Prevention Nurse, two Infection Prevention Nurses and an Administrator who assist in delivering the infection prevention programme.

The Infection Prevention and Control Committee (IPCC) have met quarterly this past year. The Quality and Safety Committee and Professional Council have received quarterly dashboard reports on infection prevention and control, and can receive reports at each meeting by exception from the DIPC should issues require escalation.

The Infection Prevention and Control service continues to be provided through a structured annual programme which reflects the Trust priorities.

2.2. Surveillance

The numbers of service users with confirmed positive isolates remains low with screening figures for MRSA four this reporting period. The Trust is set a performance target regarding the reporting of MRSA reportable bacteraemia. There have been no such cases in this reporting period. [See table below]

Confirmed positive isolates	April 2016 – March 2017
<i>Clostridium difficile</i>	0
<i>E coli</i> bacteraemia	1
Extended Spectrum Beta Lactamase (ESBL) bacteraemia	0
ESBL urine	2
MRSA reportable bacteraemia	0
MRSA Colonisation/Infection	2
MRSA Screening positive	4
MSSA bacteraemia	0

There has been one community MRSA bacteraemia case with district nurse involvement – there were no ‘Lessons to be Learnt’ for the district nursing team and there was evidence of good practices.

2.2.1. Prevalence Survey

The prevalence survey of infections has continued throughout the year and is an opportunity to review infections in the inpatient areas, antibiotic usage and whether samples have been taken before treatment. The study reports findings on a quarterly basis which enables the early identification of potential hotspots or trends within an area. The surveillance also enables antibiotic prescribing to be reviewed and provides an increased visibility for the infection prevention team on the wards which is helping to identify issues earlier. The table below shows the results from April 2016 – March 2017.

Trust Wide	April – June 16		July – Sept 16		Oct –Dec 16		Jan – March 17	
Type of Infection	HAI	CAI	HAI	CAI	HAI	CAI	HAI	CAI
Abscess	1		4		3		2	1
Cellulitis	8	1	6	3	8	4	2	4
CAUTI				3	1			
Chest	15	8	13	7	24	1	14	7
Ear	1				1		1	
Eye	1		4	1	2	1	6	1
Fungal	15	4	16	6	12	2	20	4
Mouth	10	1	5		11		7	1
Pneumonia					4			
Skin	1	1	1				7	2
Throat			1					
Urine	19	6	20	9	6	1	16	5
Wound	5	3	6	2	6	3	14	3

2.3. Contamination Injuries

There have been 60 contamination injuries for this reporting period. This is an increase from 51 the previous year. There have been a number of reasons for the injuries including staff members using non safety devices, incorrect disposal of sharps within the

environment by patients and staff members not following Trust policy. Lessons learnt from the sharps injuries are incorporated into mandatory training sessions.

All incidents were reported and the staff member was seen by EHWB as per policy. Lessons learnt have been cascaded to staff through clinical governance systems and mandatory training.

The table below shows the results from April 2016 – March 2017.

April 2016 - March 2017												
Month	A	M	J	J	A	S	O	N	D	J	F	M
Classification							1	1				
During phlebotomy	1	1								1	1	
During cannulation												
During administration of medicine/vaccine	1		1	1	1				1		1	1
During disposal							1	1				
During surgical procedure												
By used instruments e.g. dental burr, accucheck							1	1		1	1	1
Incorrect disposal in environment							1	1	2		1	1
Bite			1	2								1
Scratch	2	3		1	2	1						1
Splash with body fluids to eye, nose, mouth or broken skin							2	1	1	2	1	
Saliva (spitting) to eyes of mouth	1	2	2	4			1	2				1
Miscellaneous												
Total	5	6	4	8	3	1	7	7	4	4	5	6
Cumulative Total	5	11	15	23	26	27	34	41	45	49	54	60

2.4. Outbreaks of Diarrhoea and Vomiting

There have been no outbreaks this reporting period within BDCFT services although community nurses have been made aware of several outbreaks in care homes they visit.

2.5. Infection Prevention Network

The infection prevention network is an extension of the existing link worker system whereby attendance is open to any Trust staff member, clinical or non clinical, who express a general interest in infection prevention. Attendance is flexible and is at the discretion of individual teams. It is an opportunity to learn new, and update and extend existing knowledge and related best practice. There is also the opportunity for members to network, share experiences and contribute to the content of each meeting.

The infection prevention network is divided in to two categories (inpatient services and community services) this is to enhance opportunity around accessibility and attendance for staff within inpatient services. It also achieves more relevant and specific information delivery to the diverse services that are within the organisation.

It is expected that the information gained by attendees will be communicated back to individual teams as a means of raising awareness, sharing and promoting safe effective practice. The meetings are held quarterly and agenda and minutes produced.

A successful study day for the infection prevention network was held in November produced collaboratively with the infection prevention teams within the two acute trusts, Bradford Metropolitan Council and Public Health England. The day updated staff on issues

within infection prevention where several key note speakers attended and delivered the following sessions: Under the microscope, survival times, antimicrobial prescribing in the community, infection prevention risks in mental health, controlling *Legionella* in care settings, vaccines: the myths, *Meningitis*: The changing Epidemiology, lessons learnt from a CPE Outbreak, the secret life of a microbiology sample. The day was evaluated by the delegates and due to positive outcomes in the evaluation there is a study day being planned for 2017.

2.6. Numbers Attending Training

The Health and Social Care Act (2008) identifies the importance of effective education and training for all staff members. One of the key objectives for the infection prevention team this year is for 80% of all staff to be up to date with their infection prevention training by the 31st March 2017. This target has been exceeded, with the overall compliance at the end of March 2017 being 88.9%.

The infection prevention team are continuing to work with the training and development team to improve the flexibility and access to training within the Trust. The infection prevention team have also developed and launched an e learning package.

CG/Directorate	In-date	Total staff	% of Staff completed Infection Prevention Mandatory Training at end of March 2017
Adult Physical Health Community Services	468	520	90%
Estates, Facilities & Finance	201	212	94.8%
Human Resources	57	60	95%
Medical & IM&T	50	52	96.2%
Mental Health – Acute Inpatient and Community Services	593	705	84.1%
Nursing, Children's & Specialist Services	374	420	89%
Quality & Governance	23	23	100%
Research & Development	9	10	90%
Specialist Inpatient Services, Dentistry and Administration	385	432	89.1%
Trust Management	48	50	96%
Trust Total	2208	2484	88.9%

2.7. Audit Programme

2.7.1. Infection Prevention Audits

A rolling programme of infection prevention audits using the Department of Health/Infection Prevention Society Quality Improvement tool has been conducted; this includes mental health, learning disability and community services. The objectives of the audits are to inform services of their level of compliance to the standards, policies and procedures and allow improvements to be made based upon the findings. The Infection Prevention and Control Committee (IPCC) monitor the reports and action plans. The Infection Prevention Team (IPT) has audited thirty five areas this reporting period, with only one of these being amber. There was a number of issues including estates and

cleaning issues, each area has an action plan in place and progress with these is monitored by the infection prevention team.

2.7.2. Quarterly Cleanliness Audits

The Hotel services department complete monthly audits in accordance with the National Specification for Cleanliness: A Framework for setting and measuring performance outcomes (2007) guidelines; the auditing process allows for consistent monitoring of standards. All inpatient areas cleaned by hotel service staff have met the minimum performance pass rate of 90%; the overall score for all in-patient sites audited being 95.39%. Mental health community sites cleaned by hotel services staff have scored 90% and above, the overall score being 95.59%.

The National Specifications for Cleanliness (NSC) in the NHS: Guidance on setting and measuring performance outcomes in primary care medical and dental premises (2010) supports practitioners to meet the registration requirements with regard to cleanliness performance and outcomes. Auditing of dental practices is completed monthly in line with the guidance. Waddiloves dental practice achieved the minimum pass rate of 90% the overall score for all sites audited being 96.63%.

The Trust also delivers clinical services from NHS Properties Services (NHSPS) accommodation. The cleaning service at these sites is provided by NHSPS. The Trust receives assurance of cleanliness standards from NHSPS via their audit programme and attendance at the quarterly Infection prevention and Control Committee meeting.

2.7.3. Observation of Compliance to Hand Hygiene Audit

Hand hygiene is the simplest and most effective measure for preventing healthcare associated infection. Some studies have shown that adherence to recommended hand hygiene practice is unacceptably low among healthcare workers presenting a risk to patients (Pittet et al 2001). As part of the Trusts continuing focus on improving hand hygiene, observation of compliance to hand hygiene audits are undertaken on a quarterly basis. The tool used is based on the WHO '5 moments' and was developed by the Infection Prevention Society. The audit was undertaken by staff working within each individual area. All inpatient wards were green throughout the year. There have been a number of ambers for community services however this does show that the audits are now being undertaken correctly and the issues identified were a lack of compliance to the 'bare below the elbow' policy'. The Sure Wash education system is currently being used to improve knowledge and technique. Staff members are also being reminded of the hand hygiene policy and the infection prevention team are dropping into the teams to check compliance. Hand hygiene posters have also been replaced.

2.7.4. Kitchen Audits

The annual main kitchen audits were conducted in January 2017 with the catering manager and a member of the Infection Prevention Team. An e-audit tool covering food safety and hygiene was used. Generally all kitchens had good scores with minor issues identified including maintenance works which have been logged with the call centre and have now been actioned.

2.7.5. Compliance to the Inoculation Contamination Injury Policy Audit

The National Audit Office report 'A Safer Place to Work' highlights the risk to healthcare workers posed by contamination injuries which include needle-stick injuries, body fluid splashes, bites and scratches. Needle-stick injuries are the second most commonly reported adverse incident within the NHS (17%), and constitute a major hazard for the transmission of hepatitis C (3%), hepatitis B (30%) and HIV (0.3%) from the patient to the healthcare worker depending on the viral load of the patient and the amount of blood that passes from one to the other.

The most frequent type of contamination injury within the Trust during 2015 – 2016 was from needle stick injuries which accounted for 45% of all contamination injuries. The aim of the audit was to review the contamination injuries from the 1st April 2015 – 31st March 2016 to establish the current level of compliance of BDCFT employees to the inoculation contamination injury policy and identify areas for improvement.

Conclusion and Recommendations:

This year's audit has highlighted further areas for improvement in practice. Key work streams are already in place and further recommendations are laid out below:

- Further education and training is required focusing on areas of low compliance identified in the audit. The IPCT will work closely with key stakeholders e.g. clinical managers, service managers and area managers to further enhance the components of existing key work streams.
- Area's without a flow chart on the actions to be taken in the event of a contamination injury to be provided with one.
- A review of audit forms will be undertaken on a quarterly basis.
- The infection prevention and employee health will review the current reporting and follow up processes.
- Infection prevention and employee health will investigate why bloods were not taken and why the tests were not undertaken.
- Lessons learnt from contamination injuries to be shared during mandatory training.

2.7.6. Mattress Audit

An audit of all inpatient bed mattresses has been conducted. This identified a number of damaged mattresses and covers, a number of these were from cigarette damage. Each area has the audit report and replacement mattresses have been ordered centrally to replace the damaged ones.

2.7.7. Dental Audits

An audit was undertaken to assess the compliance of staff in relation to the BDCFT Infection Prevention Policy and the Dental Health Technical Memorandum 0105 (HTM0105). Decontamination of dental instruments was not considered in this audit. The audit was carried out at all eleven sites across the district.

The audit has highlighted the continued excellent infection prevention practices of the staff members within the dental service. The issues that were identified mainly relate to the fabric of the building and general maintenance issues which require addressing with the landlords of the buildings. The refurbishment programme for all sites is now completed which has addressed the issues identified of the previous audits.

Actions:

- Each area with actions now has an action plan in place.
- The IPCT are working with the areas to ensure actions are completed in a timely manner.
- The audit results have been fed back at staff team meetings.

2.7.8. Management of the Vaccine Cold Chain

Maintenance of the vaccine cold chain is crucial to ensuring the safety of patients/staff receiving vaccinations/immunisations. Inadequate temperature control during storage and transport can reduce the efficacy of the vaccine and compromise the attainment of a satisfactory level of immunity.

In 2010 the NPSA issued a rapid response report on the subject of vaccine cold chain storage: <http://www.nrls.npsa.nhs.uk/resources/type/alerts/?entryid45=66111>

The aim of the audit was to audit the level of compliance to the NPSA alert on the management of the cold chain.

Conclusion and Recommendations:

The audit found the majority of the sites fully compliant with the NPSA alert and only one issue was identified at one site which has now been actioned. Cold chain training will continue to be delivered to all staff who immunise.

2.8. Patient- Led Assessments of the Care Environment (PLACE)

NHS England and the Department of Health recommend that all hospitals, hospices and independent treatment centres providing NHS-funded care undertake an annual assessment of the quality of non-clinical services and condition of their buildings. These assessments are referred to as patient-led assessments of the care environment (PLACE). They look at cleanliness, condition of the environment inside and out, how well the building meets the needs of the users, quality of food and drinks, privacy and dignity and how dementia friendly the environments are.

PLACE teams consist of patient and staff assessors; at least 50% of the team being patients and/or members of the public. Patient assessors make recommendations for improvement during their visits and these recommendations are used to develop a local improvement plan which is available on the Trust's website. Recommendations for improvements during the 2016-17 assessments included:

- Heather and Fern ward entrance lighting levels.
- Thornton ward redecoration and floor covering replacement.
- LMHS outpatient refresh of blinds, skirting boards and WC aesthetics.
- Modification to external paving at Bracken ward entrance.
- A review of dementia friendly signage with ward environments.
- Provision of privacy curtains in bathrooms where the bath or shower is visible when the door is opened.

The PLACE assessment recommendations are progressed and monitored throughout the year by the Patient Environment Group.

PLACE information is used by a range of public bodies such as the Care Quality Commission, NHS England, the Department of Health, clinical commissioning groups and

Local Health watch. All the results are published by the Health and Social Care Information Centre and made publicly available.

PLACE audits were undertaken from March to May 2016; the Trust scored above the national average in all areas of the PLACE assessment.

PLACE DOMAIN	NATIONAL AVERAGE %	TRUST RATING %	
Cleanliness Reception; Corridors, lifts & stairwells; Ward areas; Patient equipment; Hand hygiene.	98.06	98.30	✓
Food & Hydration Menu cycle; Choice & availability; Quality & quantity (portion size); Temperature; Presentation; Service & support; Beverages.	88.24	98.09	✓
Privacy, Dignity and Wellbeing Sleeping accommodation; Toilets & bathrooms; Privacy; Confidentiality; Modesty, dignity and respect; Social spaces; Women only day areas; Activity areas (indoor/ outdoor).	84.16	93.26	✓
Condition Appearance and Maintenance Signage; Building maintenance & appearance; Grounds appearance, maintenance & tidiness; Internal decoration; Internal fixtures & fittings; Furniture.	93.37	98.77	✓
Dementia Friendly Facilities Non-patterned, consistent flooring; Contrasting flooring and wall covering; Clear signage; Familiar design of fixtures e.g. taps; Orientation support via display of ward name, day and date, clocks.	75.28	84.02	✓
Disability Space for wheelchairs; Variation in seating types; Hearing loops; Ramps and handrails; Clear signage; Support with dietary needs, menu format.	78.84	90.46	✓

2.9. Water Safety

As per the Department of Health guidance, the Trust has a water safety group which meets quarterly to monitor the Trust legionella and pseudomonas action plan. The action plan is reviewed by the Infection Prevention and Control Committee on a quarterly basis.

2.10. Seasonal Influenza Vaccination Campaign

The 2016/17 seasonal flu campaign for the Trust front line healthcare workers commenced on the 3rd October 2016. The campaign is delivered jointly by the Infection Prevention and Employee Health and Wellbeing Teams.

This year's campaign was developed following a review of the previous campaigns. In addition the team facilitated two focus groups. The analysis led to the following being included as part of the campaign.

- Five launch events offering staff the vaccine followed by a piece of homemade cake
- Drop in sessions at a number of sites, health centres and individuals workplaces
- Staff members offered pre-booked appointments
- Teams being able to book a suitable date and time for the whole team to be vaccinated in the workplace
- Early morning and evening sessions for shift workers
- Sessions at lunchtime
- Attending staff induction to offer the vaccine to all new employees
- Offering the vaccine at staff meetings
- Offering the vaccine at infection prevention training sessions
- Offering the vaccine at all Employee Health appointments
- The NHS flu video is played at all infection prevention training sessions
- A message on pay slips
- Weekly communications in e-update
- Weekly screen savers with influenza myths and update on the campaign
- Use of Social media including Facebook and Twitter

The five launch events were extremely popular with over 300 frontline healthcare workers vaccinated, the following shows the results at the end of the campaign where we were again the highest achieving Mental Health and Community Trust in England:

- Medical staff 83.5%
- Qualified nurses 83%
- Allied health professionals 70.3%
- Support staff 82.8%
- Total 80.7%

2.11. Infection Prevention Annual Programme

The infection prevention annual programme (available on [connect](#)) (Annex 1) has been monitored by the IPCC throughout the year with quarterly dashboard reports to the Quality and Safety Committee and Professional Council. The majority of the actions have been completed, with the four still ongoing added to the 2017-18 programme.

3. Assurances in Place

The content of this report provides assurance against the CQC themes of safe and effective in relation to compliance with the Code of practice for health and social care on the prevention and control of infections and related guidance and includes:

- Surveillance data
- Infection prevention training figures

- A summary of the infection prevention audits undertaken
- A summary of the cleanliness audits undertaken
- An update on the infection prevention annual programme (available on [connect](#)) (Annex 1)

4. Financial Implications None

5. Risk Implications None

6. Monitoring and review

The infection prevention annual programme is reviewed quarterly

7. Timescales/Milestones

A further report will be submitted to the Professional Council in six months

8. Recommendations:

That the Quality and Safety Committee:

- Confirms the assurance / evidence status, including the CQC assurance status in relation to Outcome 8, Compliance with the 'Code of Practice for health and adult social care on the prevention and control of infections and related guidance' as outlined in section 2 of this paper.
- Approve the actions taken against completing the annual programme 1st April 2016 – 31st March 2017 (available on [connect](#)) (Annex 1).
- Approve the annual programme for the 1st April 2017 – 31st March 2018 (available on [connect](#)) (Annex 2).

Annex 1 – Annual Programme 2016/17

Infection Prevention and Control (IPC) Annual Programme 2016/17

This annual programme details the actions to further minimise the risk of healthcare associated infections (HCAIs) and provides compliance with the Health and Social Care Act (2008) ‘Code of Practice for the Prevention and Control of Healthcare Associated Infections’. Not all HCAIs are preventable therefore swift reaction to problems such as cross infection and outbreaks of infection will always be a necessary element of the work of the infection prevention team (IPT), however a proactive approach is vital to help avoid HCAIs. Within the Trust provision of a comprehensive education programme, the development, implementation and review of policies and guidelines in conjunction with infection surveillance are all components of the IPT proactive approach to infection prevention which form the basis of this programme. Progress against the programme will be monitored by the Infection Prevention and Control Committee (IPCC). Significant lapses will be immediately brought to the attention of the Chief Executive and the Board of Directors by the DIPC, as appropriate.

Compliance Criterion Point 1. Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that there environment and other users may pose to them.				
Programme of Work 2016/17	By Whom (lead)	Date to be achieved	Progress	Rag Rating
Attend Infection Prevention Control Committee (IPCC) meetings.	Infection Prevention Lead Nurse and Manager (IPLNM)	Quarterly	Four meetings attended in May, August, November 2016 and February 2017.	
Review IPCC meeting Terms of Reference (TOR).	Infection Prevention Committee Members	August 2016	To be reviewed at the August 2016 IPCC meeting. Reviewed and agreed by the IPCC sent to the Professional Council for ratification.	
Provide HCAI mandatory surveillance and statistics on alert organism and alert condition surveillance e.g. new MRSA isolates and <i>Clostridium Difficile</i> infection.	Infection Prevention Team (IPT)	Quarterly	Update provided to the May, August, November 2016 and February 2017 IPCC meetings.	
Undertake post infection reviews for serious incidents of HCAI e.g. MRSA bacteraemia, <i>Clostridium Difficile</i> infection.	IPT	As required	There have been no cases of MRSA bacteraemia or <i>clostridium difficile</i> infection in the 1 st , 2 nd , 3 rd and 4 th quarters.	
Review all outbreaks of HCAI at the IPCC meeting.	Infection Prevention Committee Members	Quarterly	There have been no outbreaks of infection in the 1 st , 2 nd , 3 rd and 4 th quarters.	
Provide expert advice to all service developments to ensure infection risks are	IPLNM	As required	Currently advising on the EHWP department relocation.	

considered and good infection prevention facilities/ practices are included in the development. In particular, ensure that infection control is considered in the built environment through involvement of infection control expertise to capital projects from concept stages to commissioning, together with minor refurbishment projects.			The EHWB department re-location is progressing as per time scale and the IP team are also advising on the move of the office base on the three acute wards at Lynfield Mount Hospital. The EHWB department has now been relocated and the new office bases are complete on Ashbrook and Oakburn wards.	
Attend Water Safety Meetings.	IPLNM	Quarterly	Meetings attended in June and October 2016.	
Monitor actions against the Water Safety Action Plan.	Infection Prevention Committee Members	Quarterly	Update provided to the August, November 2016 and February 2017 IPCC meetings.	
Strategic Cleaning Plan to be reviewed and reporting Structures updated.	Facilities Manager	December 2016	This has now been updated.	
PAM assessment to be updated for 2016-17	Facilities Business and Governance Manager	August 2016	This has now been updated and circulated.	
Develop and deliver a training programme of education (Induction and mandatory) for all staff as per TNA.	IPT	Ongoing	Training is being delivered at a variety of locations across the Trust. Two e learning packages one for non-clinical and one for clinical staff have also been developed and launched. The training has also been split in to clinical and non-clinical training sessions which enable audience specific training.	
Develop and facilitate a study day on infection prevention for all staff members.	District Wide Infection Prevention Team	November 2016	The draft programme is now completed and speakers are currently being confirmed. The programme is now complete and delegates are booking on to the study day. The study day evaluated well with lots of positive comments received.	
Develop and deliver immunisation and vaccination training as per TNA.	IPT	Ongoing	Sessions are being delivered at a variety of sites. The new immuniser training is now being delivered in house again as the university is now charging for this course.	
Continue to develop the infection prevention link worker network.	IPT	Ongoing	Three meetings have been held in May, August 2016 and February 2017 for community staff	

			members and inpatients. The link worker study day was held in November 2017.	
Inpatients to undertake observation of compliance to hand hygiene audits.	Nominated staff members within the ward.	Quarterly	The 1 st , 2 nd , 3 rd and 4 th quarter audits have been completed.	
Community teams to undertake compliance to the hand hygiene guideline and procedure audits.	Community staff members.	Quarterly	The 1 st , 2 nd , 3 rd and 4 th quarter audits have been completed.	
Launch and commence implementation of the Hand Hygiene Strategy.	IPT	Ongoing	Two launch events have been held and hand hygiene posters are now in place at all hand wash basins. Safety Huddles are being rolled out across the ward which include a check on 'bare below the elbow' for all staff members present and is showing improvements in compliance.	
Undertake audits using the Quality Improvement tools. Audits will include: <ul style="list-style-type: none"> • The environment • Decontamination of patient equipment • Ward kitchens/therapeutic kitchens • Sharps management • Management of body fluids/spillages • Use of personal protective equipment • Management of laundry/linen Feedback and action plans will be provided to managers and re-audit of any area scoring 75% or less will be done within 6 months.	IPT	Ongoing	Audits have been completed at a variety of sites across the Trust.	
Audit compliance to the management of the cold chain policy.	IPT	March 2017	This has commenced and the report will go to the May 2017 IPCC meeting. This is now complete and the report will go to the February 2017 IPCC meeting.	
Audit Dental Practices compliance to HTM	IPT/Dental Staff	March 2017	Audits have now been completed and the report	

01-05	Members		will go to the February IPCC meeting.	
Compliance Criterion Point 2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.				
Programme of Work 2016/17	By Whom (lead)	Date to be achieved	Progress	Rag Rating
Undertake PLACE assessments as per notification schedule.	Facilities manager	August 2016	PLACE assessments have been completed of all inpatient areas. An action plan is now in place.	
Complete cleanliness audits and audit validations at all inpatient and clinical sites in line with the cleanliness audit programme.	Facilities manager	Ongoing	The 1 st , 2 nd , 3 rd and 4 th quarter audits have been completed and reviewed by the Cleanliness Responsibility Group.	
Attend the Patient Environment Action Group (PEAG).	IPLNM	Quarterly	The meetings have been attended in the 1 st , 2 nd , 3 rd 4 th quarter by the IPLNM.	
Attend the Cleanliness responsibility meetings.	IPLNM	Quarterly	The meetings have been attended in the 1 st , 2 nd , 3 rd and 4 th quarter by the IPLNM.	
Review and update the Operations Cleaning Plan	Facilities Manager	December 2016	The cleaning plan has been reviewed and will go to the Feb 2017 IPCC for comment. This is now complete.	
Undertake an audit of mattresses and report compliance via IPCC.	IPT	January 2017	The audit has now been completed and the report will go to the February IPCC meeting.	
Provide expert advice in the reviewing of the following policies <ul style="list-style-type: none"> • Cleaning services • Building and refurbishment, including air-handling systems • Planned preventive maintenance • Management of drinkable and non-drinkable water supplies 	IPT	As required	Advice is provided as required	

Compliance Criterion Point 3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.				
Programme of Work 2016/17	By Whom (lead)	Date to be achieved	Progress	Rag Rating
Undertake an audit of antimicrobial prescribing on inpatient wards and a random sample of non-medical prescribers.	Pharmacist Lead	December 2016	An analysis is currently being undertaken of data from quarter 1. The 1 st quarter audit has been completed and will be reviewed by the IPCC. The 1 st quarter data has now been reviewed by the IPCC. An analysis of the 2 nd quarter data is currently being undertaken. Data has been provided to pharmacy for the 2 nd 3 rd & 4 th quarter, awaiting report.	
Antimicrobial training sessions to be rolled out on the new Bradford antimicrobial formulary for non-medical prescribers.	IPT	March 2017	A number of sessions have been delivered with more planned in the next quarter. A variety of sessions have been delivered to non-medical prescribers and medical prescribers.	
Antimicrobial stewardship to be rolled out to qualified nurses working within inpatient settings.	IPT	March 2017	A training package has been developed and sessions booked with the ward managers. The training is now being rolled out.	
Compliance Criterion Point 4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/medical care in a timely fashion				
Programme of Work 2016/17	By Whom (lead)	Date to be achieved	Progress	Rag Rating
Review and update the specific infection prevention and control information on the Trust Connect Site. Include links to DH patient leaflets that staff members can access for service users and their carers.	IPT	Ongoing	The IP Connect site is currently being re-designed to add a calendar of events/training and make it easier to navigate. The Infection Prevention home page has now been re-designed to improve accessibility and a calendar of events/training has been added.	

Compliance Criterion Point 5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people.				
Programme of Work 2016/17	By Whom (lead)	Date to be achieved	Progress	Rag Rating
Review and update care pathways.	IPT	December 2016	These have now been reviewed and updated as necessary.	
Provide support and advice to staff members on how to manage service users/patients with different infections.	IPT	As required	Advice is provided as required.	
Provide advice and support in the event of outbreaks of infection.	IPT	As required	There have been no outbreaks in the 1 st , 2 nd , 3 rd and 4 th quarter.	
Continue implementation of a criteria based system for sending urine samples for inpatients.	IPT	March 2017	Training sessions continue to be rolled out across inpatient wards. All wards have now received training sessions.	
Compliance Criterion Point 6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibility in the process of preventing and controlling infection.				
Programme of Work 2016/17	By Whom (lead)	Date to be achieved	Progress	Rag Rating
As per criterion 1 develop and deliver a programme of education, audit and monitoring of practice.	IPT	Ongoing	Training sessions are being delivered at a number of sites across the Trust. The training has also been split in to clinical and non clinical training sessions which enable audience specific training.	
All relevant staff to be competency assessed on aseptic/non touch technique.	IPT	March 2017	Staff members are currently being assessed. 75% of inpatient staff has now been assessed and peer assessments are being completed within community services. All staff have now been assessed as competent	

Compliance Criterion Point 7. Provide or secure adequate isolation facilities.				
Programme of Work 2016/17	By Whom (lead)	Date to be achieved	Progress	Rag Rating
Provide specialist infection control advice to new build or refurbishment projects as per criterion 1.	IPT	As required	Currently advising on the EHWB department relocation. The EHWB department re-location is progressing as per time scale and the IP team are also advising on the move of the office base on the three acute wards at Lynfield Mount Hospital. The EHWB department has now been relocated and the new office bases are complete on Ashbrook and Oakburn wards.	
Compliance Criterion Point 8. Secure adequate access to laboratory support as appropriate.				
Programme of Work 2016/17	By Whom (lead)	Date to be achieved	Progress	Rag Rating
Review the Clinical Pathology Accreditation website to ensure that local accreditation remains current for the providers of pathology services.	IPT	October 2016	Both pathology labs the Trust uses are currently accredited.	
Compliance Criterion Point 9. Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.				
Programme of Work 2016/17	By Whom (lead)	Date to be achieved	Progress	Rag Rating
Review and update infection prevention and control guidelines and procedures as per schedule/review dates and/or following the publication of new evidence/guidance.	IPT	Ongoing	Policies and guidance has been reviewed as new guidance has been published.	

Compliance Criterion Point 10. Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection.				
Programme of Work 2016/17	By Whom (lead)	Date to be achieved	Progress	Rag Rating
Provide specialist infection prevention and control input into employee health and wellbeing policies and/or situations as required.	IPT	As required	Advice is provided as required.	
Work with employee health and wellbeing on the annual influenza vaccination programme.	IPT/Employee Health and Wellbeing Manager	March 2017	<p>Planning has commenced on this year's programme and two flu focus groups with infection prevention link workers have been held to inform the development.</p> <p>This year's influenza programme commenced on the 3rd October 2016. The programme includes clinics across the district with drop in sessions and launch events.</p> <p>The CQUIN of 75% of frontline healthcare workers vaccinated by the 31st December 2016 has been achieved.</p> <p>We finished the campaign as the top mental health trust with 80.7% front line healthcare workers vaccinated.</p>	
Infection Prevention Committee Subgroup to review themes and trends of contamination injuries and provide recommendations for further work schemes.	IPLNM	Quarterly	Meetings have been held in May and August 2016.	
Develop a reporting system for staff members who are absent from work due to a contamination injury for over seven days.	Health and Safety Officer	March 2017	The health and safety officer has retired and this has now been passed on to his successor.	

Review uptake of staff members to hepatitis B immunisation	Employee Health and Wellbeing	March 2017	The audit of all staff records is currently being undertaken with 75% completed so far.	
Review and update the Trust's safe management of sharps risk assessment	IPLNM	September 2016	The Infection Prevention Sub group has reviewed and updated the Trust sharps risk assessment. This is to be circulated to the IPCC for comment. This has now been finalised.	
Ensure all Trust healthcare workers have access to mouth and eye protection if required.	IPLNM	September 2016	Order codes have been provided to all areas and areas will be checked as part of the infection prevention audit process.	
Audit compliance to the contamination injury policy.	IPT	November 2016	The audit has commenced and will go to the next IPCC meeting. The audit has now been reviewed and the action plan is being worked through.	
Review themes and trends of contamination injuries.	Infection Prevention Committee Members	Quarterly	Update provided to the August, November 2016 and February 2017 IPCC meetings.	

Annex 2 - Annual Programme 2017/18

Infection Prevention and Control (IPC) Annual Programme 2017/18

This annual programme details the actions to further minimise the risk of healthcare associated infections (HCAIs) and provides compliance with the Health and Social Care Act (2008) 'Code of Practice for the Prevention and Control of Healthcare Associated Infections'. Not all HCAIs are preventable therefore swift reaction to problems such as cross infection and outbreaks of infection will always be a necessary element of the work of the infection prevention team (IPT), however a proactive approach is vital to help avoid HCAIs. Within the Trust provision of a comprehensive education programme, the development, implementation and review of policies and guidelines in conjunction with infection surveillance are all components of the IPT proactive approach to infection prevention which form the basis of this programme. Progress against the programme will be monitored by the Infection Prevention and Control Committee (IPCC). Significant lapses will be immediately brought to the attention of the Chief Executive and the Board of Directors by the DIPC, as appropriate.

Compliance Criterion Point 1. Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that there environment and other users may pose to them.				
Programme of Work 2017/18	By Whom (lead)	Date to be achieved	Progress	Rag Rating
Attend Infection Prevention Control Committee (IPCC) meetings.	Infection Prevention Lead Nurse and Manager (IPLNM)	Quarterly		
Review IPCC meeting Terms of Reference (TOR).	Infection Prevention Committee Members	August 2017		
Provide HCAI mandatory surveillance and statistics on alert organism and alert condition surveillance e.g. new MRSA isolates and <i>Clostridium Difficile</i> infection.	Infection Prevention Team (IPT)	Quarterly		
Undertake post infection reviews for serious incidents of HCAI e.g. MRSA bacteraemia, <i>Clostridium Difficile</i> infection.	IPT	As required		
Review all outbreaks of HCAI at the IPCC meeting.	Infection Prevention Committee Members	Quarterly		
Provide expert advice to all service developments to ensure infection risks are considered and good infection prevention facilities/ practices are included in the development. In particular, ensure that	IPLNM	As required		

infection control is considered in the built environment through involvement of infection control expertise to capital projects from concept stages to commissioning, together with minor refurbishment projects.				
Attend Water Safety Meetings.	IPLNM	Quarterly		
Monitor actions against the Water Safety Action Plan.	Infection Prevention Committee Members	Quarterly		
PAM assessment to be updated for 2017-18	Facilities Business and Governance Manager	August 2017		
Develop and deliver a training programme of education (Induction and mandatory) for all staff as per TNA.	IPT	Ongoing		
Develop and facilitate a study day on infection prevention for all staff members.	District Wide Infection Prevention Team	July 2017		
Develop and deliver immunisation and vaccination training as per TNA.	IPT	Ongoing		
Continue to develop the infection prevention link worker network.	IPT	Ongoing		
Inpatients to undertake observation of compliance to hand hygiene audits.	Nominated staff members within the ward.	Quarterly		
Community teams to undertake compliance to the hand hygiene guideline and procedure audits.	Community staff members.	Quarterly		
Continue implementation of the Hand Hygiene Strategy.	IPT	Ongoing		
Undertake audits using the Quality Improvement tools. Audits will include: <ul style="list-style-type: none"> • The environment • Decontamination of patient equipment • Ward kitchens/therapeutic kitchens • Sharps management 	IPT	Ongoing		

<ul style="list-style-type: none"> • Management of body fluids/spillages • Use of personal protective equipment • Management of laundry/linen <p>Feedback and action plans will be provided to managers and re-audit of any area scoring 75% or less will be done within 6 months.</p>				
Audit compliance to the management of the cold chain policy.	IPT	March 2018		
Audit Dental Practices compliance to HTM 01-05	IPT/Dental Staff Members	December 2017		
Compliance Criterion Point 2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.				
Programme of Work 2017/18	By Whom (lead)	Date to be achieved	Progress	Rag Rating
Undertake PLACE assessments as per notification schedule.	Facilities manager	August 2017		
Complete cleanliness audits and audit validations at all inpatient and clinical sites in line with the cleanliness audit programme.	Facilities manager	Ongoing		
Attend the Patient Environment Action Group (PEAG).	IPLNM	Quarterly		
Attend the Cleanliness responsibility meetings.	IPLNM	Quarterly		
Undertake an audit of mattresses and report compliance via IPCC.	IPT	January 2018		
Provide expert advice in the reviewing of the following policies <ul style="list-style-type: none"> • Cleaning services • Building and refurbishment, including air-handling systems 	IPT	As required		

<ul style="list-style-type: none"> Planned preventive maintenance Management of drinkable and non-drinkable water supplies 				
Compliance Criterion Point 3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.				
Programme of Work 2017/18	By Whom (lead)	Date to be achieved	Progress	Rag Rating
Undertake an audit of antimicrobial prescribing on inpatient wards and a random sample of non-medical prescribers.	Pharmacist Lead	March 2017		
Antimicrobial training sessions to be delivered to medical and non-medical prescribers.	IPT	March 2018		
Antimicrobial stewardship to be rolled out to qualified nurses working within inpatient settings.	IPT	March 2018		
Compliance Criterion Point 4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/medical care in a timely fashion				
Programme of Work 2017/18	By Whom (lead)	Date to be achieved	Progress	Rag Rating
Review and update the specific infection prevention and control information on the Trust Connect Site.	IPT	Ongoing		
Compliance Criterion Point 5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people.				
Programme of Work 2017/18	By Whom (lead)	Date to be achieved	Progress	Rag Rating
Review and update care pathways.	IPT	December 2017		
Provide support and advice to staff members on how to manage service users/patients with different infections.	IPT	As required		
Provide advice and support in the event of outbreaks of infection.	IPT	As required		

Compliance Criterion Point 6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibility in the process of preventing and controlling infection.				
Programme of Work 2017/18	By Whom (lead)	Date to be achieved	Progress	Rag Rating
As per criterion 1 develop and deliver a programme of education, audit and monitoring of practice.	IPT	Ongoing		
All relevant staff to be competency assessed on aseptic/non touch technique.	IPT	March 2018		
Compliance Criterion Point 7. Provide or secure adequate isolation facilities.				
Programme of Work 2017/18	By Whom (lead)	Date to be achieved	Progress	Rag Rating
Provide specialist infection control advice to new build or refurbishment projects as per criterion 1.	IPT	As required		
Compliance Criterion Point 8. Secure adequate access to laboratory support as appropriate.				
Programme of Work 2017/18	By Whom (lead)	Date to be achieved	Progress	Rag Rating
Review the Clinical Pathology Accreditation website to ensure that local accreditation remains current for the providers of pathology services.	IPT	October 2017		
Compliance Criterion Point 9. Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.				
Programme of Work 2017/18	By Whom (lead)	Date to be achieved	Progress	Rag Rating
Review and update infection prevention and control guidelines and procedures as per schedule/review dates and/or following the publication of new evidence/guidance.	IPT	Ongoing		
Compliance Criterion Point 10. Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection.				

Programme of Work 2017/18	By Whom (lead)	Date to be achieved	Progress	Rag Rating
Provide specialist infection prevention and control input into employee health and wellbeing policies and/or situations as required.	IPT	As required		
Work with employee health and wellbeing on the annual influenza vaccination programme.	IPT/Employee Health and Wellbeing Manager	March 2018		
Infection Prevention Committee Subgroup to review themes and trends of contamination injuries and provide recommendations for further work schemes.	IPLNM	Quarterly		
Implement the action plan from the review of uptake of staff members to hepatitis B immunisation.	Employee Health and Wellbeing	March 2018		
Audit compliance to the contamination injury policy.	IPT	November 2017		
Review themes and trends of contamination injuries.	Infection Prevention Committee Members	Quarterly		