

Quality and Safety Committee

June 2018

Paper Title: Annual Infection Prevention Report – April 2017 – March 2018

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Agenda Item:

Presented For: Assurance

Paper Category: Quality

Executive Summary:

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 2017 and 31st March 2018. It provides assurance to the committee that the Trust is meeting its obligations under current legislation.

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 2017 to the end of March 2018.

- The Trust has had no MRSA bacteraemia cases during the year.
- The Trust has had one *Clostridium difficile* cases during the year.
- The Trust has had one E.coli gram negative bacillus bacteraemia case during the year.

- The Trust has had two MRSA screening cases.
- The Trust has achieved 88.2% of all staff members being up to date with infection prevention training.
- There has been one outbreak of diarrhoea and vomiting confirmed as norovirus on Maplebeck ward, which was well managed.
- The Trust achieved 82.9% of front line staff vaccinated against influenza.
- There have been 176 contamination injuries, of these 13 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.
- Improvements continue to be made with the infection prevention audits that have been undertaken during the year.

Recommendations:

- That the 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 2017 – 31st March 2018 (Available on [Connect](#))
 - Approve the annual programme for the 1st April 2018 – 31st March 2019 (available on [Connect](#))

Governance/Audit Trail:

Meetings where this item has previously been discussed (<i>please mark with an X</i>):					
Audit Committee		Quality & Safety Committee		Remuneration Committee	Finance, Business & Investment Committee
Executive Management Team		Directors		Chair of Committee Meetings	Mental Health Legislation Committee
Council of Governors					

This report supports the achievement of the following strategic aims of the Trust: <i>(please mark those that apply with an X):</i>	
Quality and Workforce: to provide high quality, evidence-based services delivered by a diverse, motivated and engaged workforce	x
Integration and Partnerships: to be influential in the development and delivery of new models of care locally and more widely across West Yorkshire and Harrogate STP	
Sustainability and Growth: to maintain our financial viability whilst actively seeking appropriate new business opportunities	

This report supports the achievement of the following Regulatory Requirements: <i>(please mark those that apply with an X):</i>	
Safe: People who use our services are protected from abuse and avoidable harm	x
Caring: Staff involve people who use our services and treat them with compassion, kindness, dignity and respect	
Responsive: Services are organised to meet the needs of people who use our services	
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.	x
Well Led: The leadership, management and governance of the organisation make sure it's providing high-quality care that is based around individual needs, encourages learning and innovation, and promotes an open and fair culture.	
NHSI Single Oversight Framework	

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 cases and only one case of *clostridium difficile* (Cdiff) this past 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 2017-2018 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 2017 – 31ST MARCH 2018

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 two 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 2017 – March 2018
<i>Campylobacter</i>	1
<i>Clostridium difficile</i>	1
<i>E coli</i> bacteraemia	1
Extended Spectrum Beta Lactamase (ESBL) bacteraemia	0
ESBL urine	0
MRSA reportable bacteraemia	0
MRSA Colonisation/Infection	1
MRSA Screening positive	2
MSSA bacteraemia	0

There has been one *Campylobacter* case on a ward at Airedale Centre for Mental Health, no issues were identified with food service provision however, the service user has been seen picking items up from the floor and eating them. There were also a few concerns over documentation by the OT's during baking/cooking sessions and work is being undertaken by food services to improve this.

We have had our first *Clostridium difficile* (C.diff) case in 7 years, a post infection review was undertaken which found the infection was unavoidable. The patient had a number of comorbidities that increased their risk to C.diff and also had received extensive amounts of IV antibiotics in the Acute Trust for a range of infections. The prescribing whilst in our care was as per the microbiologist advice for their current infection. Lessons learnt are staff to inform the infection prevention team when a patient has diarrhoea. This is being stressed in mandatory training and with the infection prevention link workers, the infection prevention team also check as part of their weekly ward visits.

There has also been an E.coli gram negative bacillus bacteraemia case with district nursing care provided to the patient. A root cause analysis (RCA) was undertaken which found the patient had a catheter in which had been bypassing and had been expelled on a number of occasions. Within a few weeks the patient had multiple catheterisations with some of these documented as traumatic.

Recommendations for practice include individualised catheter care plans to be completed, discussion/referral to the continence service when catheter bypassing is not resolved with a change of catheter. The RCA is to be shared at the district nursing safety and quality forum and will be used as a case study for the district nurse training. It was also identified that within systemone tabbed journal, there is a lot of information which made it difficult to see what was happening with this patient particularly when different teams were going in. This will be raised at the systemone IT meeting.

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 2017 – March 2018.

Trust Wide Type of Infection	April – June 17		July – Sept 17		Oct –Dec 17		Jan – March 18	
	HAI	CAI	HAI	CAI	HAI	CAI	HAI	CAI
Abscess	6		2				1	
Cellulitis	3		6		7		8	2
CAUTI	1	1	1					
Chest	11	6	8	2	12		23	5
Ear			2		2		3	
Eye	6		7	1	2		1	
Fungal	14	6	20	5	11	6	17	4
Mouth	3		4	2	2	1	1	
Pneumonia	1		2			1	1	
Skin	4		3		5	2	3	2
Throat			1				1	
Urine	17	5	14	2	8	4	14	6
Wound	7	2	9	2	12	2	13	6

2.3. Contamination Injuries

There have been 176 contamination injuries for this reporting period. There has been a significant increase in contamination injuries this year from 60 the previous year. The majority of these injuries were from scratches (116) with one donor accounting for 51 of these and 13 needlestick injuries.

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 2017 – March 2018.

April 2017 - March 2018												
Month	A	M	J	J	A	S	O	N	D	J	F	M
Classification												
During phlebotomy		1										
During cannulation												
During administration of medicine/vaccine		1								1		
During disposal			1					1	1			2
During surgical procedure				1						2		
By used instruments e.g. dental burr, accucheck		1					1	1		3		
Incorrect disposal in environment	1					1						
Bite					2	3	1	2	4	1		2
Scratch	1	2	4	3	11	12	13	16	15	14	17	8
Splash with body fluids to eye, nose, mouth or broken skin									1			
Saliva (spitting) to eyes of mouth	3	3	3	1	3	7	1		1		1	1
Miscellaneous											1	
Total	5	8	8	5	16	23	16	20	22	21	19	13
Cumulative Total	5	13	21	26	42	65	81	101	123	144	163	176

2.4. Outbreaks of Diarrhoea and Vomiting

Over the past year there has been one outbreak of diarrhoea/vomiting (see table below). An outbreak of diarrhoea or vomiting is categorised when there are two or more cases in the same area who are displaying the same/similar symptoms either at the same time or within a 24-48 hour period and applied to both staff and patients. The outbreak was well managed, with the strict implementation of precautions and disinfection procedures. All outbreaks are reported to the HPA and discussed at the IPCC meeting. Community nurses visit areas that

may be closed due to an outbreak; they are made aware through email communication from the adult service manager or informed directly from the home.

Viral gastroenteritis episodes April 2017 – end March 2018

Health Care Facility	Month	Service Users	Staff	Other	organism
Maplebeck	April	5	0		Norovirus
Total		5	0		

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 expresses 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 July 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: Maternal Sepsis, All That Crawls, Antimicrobial Resistance (A Local Picture), Contamination Injuries, Infection Prevention from a Visitors Perspective and What is the point of Infection Prevention. The day was evaluated by the delegates and due to positive outcomes in the evaluation there is a study day being planned for 2018.

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 2018. This target has been exceeded, with the overall compliance at the end of March 2018 being 88.2%.

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 2018
Adult Physical Health Community Services	446	482	92.5%
Children's Services	271	304	89.1%
Estates, Facilities & Finance	202	211	95.7%
Human Resources	47	48	97.9%
Medical	3	5	60.0%
Mental Health – Acute Inpatient and Community Services	644	762	84.5%
Quality, Governance & Informatics	26	27	96.3%
Research & Development	10	12	83.3%
Specialist Inpatient Services, Dentistry and Administration	383	403	95.0%
Specialist Services & Nursing	39	45	86.7%
Staff Bank	120	191	62.8%
Trust Management	40	47	85.1%
Wakefield Children's Services	157	172	91.3%
Trust Total	2435	2760	88.2%

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 three areas this reporting period, with only two 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 95.66%. Mental health community sites cleaned by hotel services staff have scored 90% and above, the overall score being 94.84%.

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 92.00%.

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. 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 2016 – 2017 was from body fluid splashes with the majority of these being spitting incidents and these accounted for 38% of all contamination injuries. The aim of the audit was to review the contamination injuries from the 1st April 2016 – 31st March 2017 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.
- Lessons learnt from contamination injuries to be shared during mandatory training.

2.7.5. 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.

2.7.6. 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 ten sites across the district.

The audit has highlighted the continued excellent infection prevention practices of the staff members within the dental service at all sites. The environmental score is inclusive of the whole clinic environment and not just the dental service which are part of the NHS Property Services. A number of these sites have now been refurbished which has increased the scores and the other sites have works scheduled.

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.

2.7.7. 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). PLACE visits assess cleanliness standards, 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 2017-18 assessments included:

- Refresh of ACMH décor in areas;
- Improvements to external wayfinding signage for Service Users travelling to LMH by bus;
- Environment improvements to LMH family and multi-faith rooms;
- A review of systems to ensure courtyard spaces at ACMH are maintained;
- New Service User lockers on Ashbrook ward;
- New dining room seating on Oakburn ward; and
- A risk assessment of chair type in the computer room on the ATU ward.

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 Healthwatch. All the results are published by NHS Digital and made publicly available.

PLACE audits were undertaken from March to May 2017; the Trust scored above the national average in all areas of the PLACE assessment.

	National average	BDCFT overall	Lynfield Mount Hospital*	Airedale Centre for Mental Health
Cleanliness				
Reception; Corridors, lifts & stairwells; Ward areas; Patient equipment; Hand hygiene.	98.41%	99.46%	99.66%	98.90%
Food (Overall)				
Menu cycle; Choice & availability; Quality & quantity (portion size); Temperature; Presentation; Service & support; Beverages.	90.05%	97.98%	98.40%	96.85%
Organisation Food	88.54%	93.24%	93.00%	93.88%
Ward Food	91.33%	99.68%	100.00%	98.83%
Privacy, Dignity & Wellbeing	85.41%	97.77%	98.30%	96.36%

<p>Sleeping accommodation;</p> <p>Toilets & bathrooms;</p> <p>Privacy;</p> <p>Confidentiality;</p> <p>Modesty, dignity and respect;</p> <p>Social spaces;</p> <p>Women only day areas;</p> <p>Activity areas (indoor/ outdoor).</p>				
<p>Condition, Appearance and Maintenance</p> <p>Signage;</p> <p>Building maintenance & appearance;</p> <p>Grounds appearance, maintenance & tidiness;</p> <p>Internal decoration;</p> <p>Internal fixtures & fittings;</p> <p>Furniture.</p>	94.01%	99.33%	99.60%	98.62%
<p>Dementia Friendly Facilities</p> <p>Non-patterned, consistent flooring;</p> <p>Contrasting flooring and wall covering;</p> <p>Clear signage;</p> <p>Familiar design of fixtures e.g. taps;</p> <p>Orientation support via display of ward name, day and date, clocks.</p>	76.22%	86.23%	87.82%	81.95%
<p>Disability</p> <p>Space for wheelchairs;</p>	84.06%	93.08%	93.20%	92.78%

Variation in seating types;				
Hearing loops;				
Ramps and handrails;				
Clear signage;				
Support with dietary needs, menu format.				

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 2017/18 seasonal flu campaign for the Trust front line healthcare workers commenced on the 2nd October 2017. 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
- Three Halloween events with staff being offered the vaccine and a Halloween themed cupcake
- 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 updates 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 81%
- Qualified nurses 83.3%
- Allied health professionals 85.5%
- Support staff 81%
- Total 82.93%

The Trust also won the NHS Employers Halloween Twitter competition with a Halloween themed photo of the team. The team have also won the NHS Employers Digital and Social Media award for the work undertaking during the campaign.

2.11. Infection Prevention Annual Programme

The infection prevention annual programme (available on [Connect](#)) 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 three still ongoing added to the 2018-19 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](#))

4. Financial Implications None

5. Risk Implications None

6. Monitoring and review

The infection prevention annual programme is reviewed quarterly

7. Timescales/Milestones

Quarterly dashboard reports will be submitted to the Quality and Safety Committee and Professional Council

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 2017 – 31st March 2018 (available on [Connect](#)).
- Approve the annual programme for the 1st April 2018 – 31st March 2019 (available on [Connect](#) connect).

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.