

Quality and Safety Committee meeting

Date August 2020

| | | |
|----------------------|---|-------------------------------------|
| Paper title: | Annual Infection Prevention Report – April 2019 – March 2020 | Agenda item XX |
| Presented by: | Phillipa Hubbard Director Infection Prevention and Control (DIPC) | |
| Prepared by: | Samantha Moorehouse Infection Prevention Lead Nurse Manager | |

| Purpose of the 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 1 st April 2019 and 31 st March 2020. It provides assurance to the committee that the Trust is meeting its obligations under current legislation. | For approval | |
| | For discussion | |
| | For information | |

| Executive summary |
|---|
| <p>The infection prevention and control team has completed most of the annual programme. The following are key elements of the infection prevention activity and performance during the period of April 2019 to the end of March 2020.</p> <ul style="list-style-type: none"> • The Trust has had no MRSA bacteraemia cases during the year. • The Trust has had no <i>Clostridium difficile</i> case during the year. • The Trust has had no <i>E. coli</i> gram negative bacillus bacteraemia case during the year. • The Trust has had one <i>Extended Spectrum Beta Lactamase</i> (ESBL) bacteraemia • The Trust has had 5 MRSA screening cases. • The Trust has had 1 MRSA colonisation/infection case. • The Trust has achieved 92.6% 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 85.5% of front-line staff vaccinated against influenza and had the highest influenza vaccine uptake of all mental health Trusts in England. • There have been 155 contamination injuries, of these 14 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. | | |
| Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act? | State below 'Yes' or 'No' | If yes please set out what action has been taken to address this in your paper |
| | No | |

| Recommendation |
|---|
| <p>That the Committee:</p> <ul style="list-style-type: none"> ○ 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 2019 – 31st March 2020 (Available on Connect) ● Approve the annual programme for the 1st April 2020 – 31st March 2021 (available on Connect) |

| Strategic vision | | | | |
|--|---------------------------------|--|--|-------------------------|
| Please mark those that apply with an X | | | | |
| Providing excellent quality services and seamless access | Creating the best place to work | Supporting people to live to their fullest potential | Financial sustainability growth and innovation | Governance and well-led |
| | | | | x |

| Car Quality Commission domains | | | | |
|--|-----------|------------|--------|----------|
| Please mark those that apply with an X | | | | |
| Safe | Effective | Responsive | Caring | Well Led |
| x | x | | | |

| | |
|--|---|
| Relationship to the Board Assurance Framework (BAF) | <p>The work contained with this report links to the following strategic risk(s) as identified in the BAF:</p> <ul style="list-style-type: none"> • |
| Links to the Corporate Risk Register (CRR) | <p>The work contained with this report links to the following corporate risk(s) as identified in the CRR:</p> <ul style="list-style-type: none"> • |
| Compliance and regulatory implications | <p>The following compliance and regulatory implications have been identified as a result of the work outlined in this report:</p> <ul style="list-style-type: none"> • |

QUALITY AND SAFETY COMMITTEE MEETING

Annual Infection Prevention report

Date August 2020

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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 able to control the standards of hygiene etc themselves they ultimately rely on the service provider to maintain high standards of care on their behalf.

The implementation of best practice is a key action for the Trust in reducing avoidable healthcare associated infections to both patients and staff members. Ensuring infection prevention policies are in place and implemented is a keyway to reduce and prevent avoidable HCAI to both patients and staff members and 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 or *clostridium difficile* (Cdiff) cases 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 2019-2020 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 2019 – 31ST MARCH 2020

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) monthly. The IPLNM has a team of one Senior Infection Prevention Nurse, two Infection Prevention Nurses, one Associate Practitioner 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 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 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 2019 – March 2020 |
|---|-------------------------|
| AmpC beta-lactamase producing bacteria | 0 |
| <i>Campylobacter</i> | 0 |
| <i>Clostridium difficile</i> | 0 |
| COVID-19 | 7 |
| E coli bacteraemia | 0 |
| Extended Spectrum Beta Lactamase (ESBL) bacteraemia | 1 |
| ESBL urine | 0 |
| MRSA reportable bacteraemia | 0 |
| MRSA Colonisation/Infection | 1 |
| MRSA Screening positive | 5 |
| MSSA bacteraemia | 0 |

The E. coli bacteraemia case was a patient on the Dementia Assessment Unit who had a previous E. coli bacteraemia whilst an inpatient in BRI for pneumonia. The patient had mostly likely not fully recovered from this when they were transferred back to DAU and subsequently deteriorated and tested positive again.

There have been several post infection reviews undertaken on patients with community services input.

E coli bacteraemia patient was in a care home, contributory factor was his foreskin had not been retracted back causing parphymosis. This raised concerns regarding personal cares at the care home. There were no concerns from the district nursing input and this case was passed to BMDC infection prevention team to investigate the care home.

E-coli bacteraemia patient in a care home, contributory factor was constipation which caused his catheter to bypass – improved patient hydration could have prevented the constipation. Education on hydration has now been added to the district nursing infection prevention mandatory training.

MRSA bacteraemia patient being seen by podiatry, contributory factors were the patient regularly removing their dressings to apply turmeric to the wound. The Bri podiatry clinic has also been reviewed and there are several environmental issues which have been raised with estates and and a joint action plan has been agreed.

MRSA bacteraemia patient being seen by community podiatrist, contributory factors the GP had prescribed antibiotics without reviewing the wound. There was also no wound swab or photos taken of the wound. Education provided to podiatrists on the importance of wound swabbing and using photographs to document wounds.

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. Findings from the surveillance are reported 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 2019 – March 2020.

| Trust Wide | April – June 19 | | July – Sept 19 | | Oct –Dec 19 | | Jan – March 20 | |
|-------------------|-----------------|-----|----------------|-----|-------------|-----|----------------|-----|
| Type of Infection | HAI | CAI | HAI | CAI | HAI | CAI | HAI | CAI |
| Abscess | | | 7 | | 5 | | 5 | |
| CAUTI | 2 | 1 | 1 | | | | 2 | |
| Cellulitis | 5 | 1 | 10 | 1 | 7 | 2 | 6 | 2 |
| Chest | 8 | 4 | 12 | 2 | 21 | 1 | 11 | 5 |
| Ear | 2 | 1 | 1 | | 1 | | 1 | |
| Eye | 2 | 1 | 2 | 2 | 2 | 2 | 5 | |
| Fungal | 21 | 4 | 21 | 5 | 8 | 3 | 16 | 1 |
| Mouth | 2 | | | | 3 | 1 | 4 | 1 |
| Pneumonia | | | 2 | | 2 | 1 | 2 | 1 |
| Skin | 5 | 1 | 7 | 2 | 2 | 1 | 3 | 2 |
| Stomach | | | | | | | | |
| Throat | 2 | | 1 | | 1 | | 1 | |
| Urine | 24 | 6 | 19 | 1 | 26 | 2 | 12 | 3 |
| Wound | 16 | 4 | 11 | 4 | 14 | | 5 | 6 |

2.3. Contamination Injuries

There have been 155 contamination injuries for this reporting period which is a slight decrease from 166 the previous year with most of these injuries from scratches (114). One of the sharps injuries was from a known HIV patient, which was reported as a RIDDOR incident. The patient had an undetectable viral load and the staff member declined post exposure prophylaxis. The staff member was followed up as per Trust policy and has not contracted HIV.

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

The table below shows the results from April 2019 – March 2020.

| April 2019 - March 2020 | | | | | | | | | | | | |
|---|----------|----------|----------|-----------|-----------|-----------|----------|-----------|-----------|----------|----------|-----------|
| Month | A | M | J | J | A | S | O | N | D | J | F | M |
| Classification | | | | | | | | | | | | |
| During phlebotomy | | | 1 | | | | | | 2 | | | |
| During cannulation | | | | | | | | | | | | |
| During administration of medicine/vaccine | | | | | | | | | | | | |
| During disposal | | | | | 1 | 1 | | | 1 | | 1 | |
| During surgical procedure | | | | 1 | | 1 | | | 2 | | 1 | |
| By used instruments e.g. dental burr, accucheck | | 1 | | | | | | | | | | |
| Incorrect disposal in environment | 1 | | 1 | | | | | | | | | |
| Bite | | | | | 3 | | | | 1 | 1 | | |
| Scratch | 1 | 6 | 4 | 13 | 22 | 15 | 7 | 18 | 10 | 4 | 5 | 9 |
| Splash with body fluids to eye, nose, mouth or broken skin | 1 | | | | | | | | | | 1 | |
| Saliva (spitting) to eyes of mouth | 2 | | 2 | | 7 | 3 | | | 2 | 1 | | 1 |
| Miscellaneous | | | | | | 1 | | | | | | |
| Total | 5 | 7 | 8 | 14 | 33 | 21 | 7 | 18 | 18 | 6 | 8 | 10 |
| Cumulative Total | 5 | 12 | 20 | 34 | 67 | 88 | 95 | 113 | 131 | 137 | 145 | 155 |

2.4. Outbreaks

An outbreak is categorised when there are two or more cases in the same area that are displaying the same/similar symptoms or microbiological confirmation of the organism. All outbreaks are reported to Public Health England (PHE) and discussed at the IPCC meeting.

2.4.1 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.

2.4.3 Outbreaks of COVID-19

There have been three outbreaks of COVID-19 from April 2019 – end March 2020 (see table below).

| Ward | Month | Dates | Patients | Staff | Visitors | Number of days ward restricted | Organism |
|---------|------------|-------------------------------|----------|-------|----------|--------------------------------|----------|
| Bracken | March 2020 | 27/03/2020 – 20/04/2020 | 3 | 3 | 0 | 29 | Covid-19 |
| DAU | March 2020 | 23/03/2020 – 08/05/2020 | 9 | 11 | 0 | 47 | Covid-19 |
| Fern | March 2020 | 24/03/2020 – 17/04/2020 | 4 | 5 | 0 | 24 | Covid-19 |

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. Network meetings are held quarterly, and 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 is held annually and produced collaboratively with the infection prevention teams from BDCFT, 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 for the 2019 study day: I spy E.coli, All Things Gram Negative, Environmental Decontamination, Prevention and Management of Urinary Tract Infections, Measles Workshop, Improving Hydration Workshop, Overcoming Barriers to Infection and Improving Vaccine rates.

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 2020. This target has been exceeded, with the overall compliance at the end of March 2020 being 92.6%.

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.

| CG/Directorate | In-date | Total staff | % of Staff completed Infection Prevention Mandatory Training at end of March 2020 |
|-------------------------------|-------------|-------------|---|
| Clinical Administration Hubs | 151 | 153 | 98.7% |
| Community Adults Services | 568 | 604 | 94.0% |
| Community Children's Services | 384 | 402 | 95.5% |
| Estates, Facilities & Finance | 190 | 199 | 95.5% |
| Human Resources | 68 | 71 | 95.8% |
| IM & T | 61 | 62 | 98.4% |
| Medical Administration | 31 | 40 | 77.5% |
| Mental Health Care Group | 1007 | 1108 | 90.9% |
| Nursing Quality & Governance | 16 | 18 | 88.9% |
| Operations Management | 12 | 13 | 92.3% |
| Professional Leads | 8 | 8 | 100.0% |
| Specialist Services & Nursing | 13 | 13 | 100.0% |
| Staff Bank | 384 | 432 | 88.9% |
| Trust Exec Office | 14 | 15 | 93.3% |
| Trust Management | 24 | 26 | 92.3% |
| Trust Total | 2931 | 3164 | 92.6% |

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-two areas this reporting period, with only four of these being amber. There were several issues which included 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 cleanliness standards. All inpatient areas cleaned by Hotel Services staff have met the minimum performance pass rate of 90% for the period 1st April 201- to 31st March 2020; the overall score for all in-patient sites audited being 94.10%. Mental health community sites cleaned by Hotel Services staff have scored 90% and above, the overall score being 94.31%.

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 regarding 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 being 94.27%.

The Trust 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. The Trust carries out 6-monthly verification of cleanliness standards at NHSPS sites via one Infection Prevention and Control audit and one cleaning audit per annum. The overall verification score for the NHSPS occupied sites was 93.12%

Office accommodation has met the minimum performance pass rate of 75% scoring 90.93% overall.

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 2018 – 2019 was scratches that broke the skin which accounted for 65% of all contamination injuries.

The aim of the audit was to review the contamination injuries from the 1st April 2018 – 31st March 2019 to establish the current level of compliance of BDCFT employees to the inoculation contamination injury policy and identify areas for improvement.

Conclusion and Recommendations:

The 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 team to 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 several 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 nine 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 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 about vaccine cold chain storage: <http://www.nrls.npsa.nhs.uk/resources/type/alerts/?entryid45=66111>

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

Conclusion and Recommendations:

The audit found three sites requiring actions, each of these area's has an action plan in place with most of these actions now completed. Cold chain training will continue to be delivered to all staff who immunise, and the training provided to Wakefield immunisers will be reviewed, as this is not provided by the infection prevention team.

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 and availability of food and drink, 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 2019-20 assessments included:

- Organisation signage assessment to be completed to assess whether signage is appropriate for the patient population accessing the buildings.
- Environment improvements to Lynfield Mount Hospital male acute wards including redecoration and artwork affixing to walls.
- Reconfiguration of the path by the Library to improve access routes to Lynfield Mount Hospital reception.
- Access audit to be completed at both in-patient sites.
- Décor improvements to the Step Forward Centre entrance vestibule.
- Review of access arrangements by pedestrians to the Airedale Centre for mental Health.

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

PLACE information is used by a range of public bodies such as the Care Quality Commission, NHS England/NHS Improvement, 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 in October 2019; the Trust scored above the national average in all areas of the PLACE assessment except for the cleanliness domain scoring 0.07% below.

| | National average | BDCFT overall | Lynfield Mount Hospital Site | Airedale Centre for Mental Health |
|--|------------------|---------------|------------------------------|-----------------------------------|
| Cleanliness | 98.60% | 98.53% | 98.47% | 98.69% |
| Food (Overall) | 92.19% | 98.22% | 98.78% | 96.73% |
| Organisation Food | 91.92% | 96.20% | 96.20% | 96.20% |
| Ward Food | 92.62% | 99.29% | 100% | 97.37% |
| Privacy, Dignity & Wellbeing | 86.09% | 98.63% | 99.04% | 97.53% |
| Condition, Appearance and Maintenance | 96.44% | 98.08% | 98.42% | 97.17% |
| Dementia Friendly Facilities | 80.70% | 89.78% | 88.78% | 92.46% |
| Disability | 82.52% | 90.40% | 89.97% | 91.56% |

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 2019/20 seasonal flu campaign for the Trust front line healthcare workers commenced on the 14th October 2019. The campaign this year was delivered by the Infection Prevention Team.

This year's campaign was developed following a review of the previous campaigns and information from three facilitated focus groups. Healthcare workers were also invited to complete a questionnaire reviewing the 2018-19 campaign. 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
- Two Halloween events with staff being offered the vaccine and a Halloween themed cupcake
- Drop-in sessions at different 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
- 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 86.02%
- Qualified nurses 89.14%
- Allied health professionals 86.31%
- Support staff 79.45%
- Total 85.5%

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. Most of the actions have been completed, with only one action still ongoing which has been added to the 2020-21 programme.

3. Implications

3.1 Legal and Constitutional

None

3.2 Resource None

3.3 Quality and Compliance

- The report details the systems, processes and activity in place within the Trust to reduce the risks of Healthcare Associated Infection (HCAI) between the 1st April 2019 and 31st March 2020.

4. Risk Issues Identified

None

5. Monitoring and review

The infection prevention annual programme is reviewed quarterly.

6. Timescales/Milestones

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