

Cover page

Meeting	Trust Board
Paper Title	Infection Prevention & Control Annual Report 2018-19
Date of meeting	3 October 2019
Date paper was written	September 2019
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Executive Summary

The annual report details the Trusts achievements and challenges in preventing Health Care Acquired Infection 2018-19.

There is a legal requirement to produce and publish the report following an assessment in relation to The Health and Social Care Act 2008 Code of Practice of the prevention and control of infections and related guidance (updated 2015).

The Code aims to exemplify what providers need to do in order to comply with the regulations.

The report has been presented at the Quality and Safety Committee and there were no challenges to its content. The committee recommended that the report as submitted to Board as part of due governance process.

The content outlines the Trust's achievements and challenges in preventing Health Care Acquired Infection during 2018-19. Some of the key messages are detailed below:

- The target set by NHS England for Trust acquired *Clostridium difficile* cases at SaTH 2018-19 was 24. SaTH reported a total of 18 cases which is a 59.2% reduction on the previous year (2017/18) and well within the target of 24 set for the period covered by this report. Our rate per 100,000 bed days was 7.2 which is our lowest yet and well below the national average
- The Infection Prevention & Control Team successfully worked alongside TWCCG. Carrying out all audits for nursing homes, GP's & Residential homes in the Telford & Wrekin Area, this consisted of compiling data reports, providing education & teaching sessions following audits. Data input for C difficile, E.coli bacteraemia cases
- Increased our Flu vaccine coverage of staff to 75% just falling short of the national average of 77.1%. This was due the hard work of our Occupational Health provider, Team Prevent and other nurse vaccinators employed by the trust. 4706 influenza vaccines have been given to staff at SaTH
- Our compliance with the Health and Social Care Act was at 97.5%. Areas of low compliance include the lack of automated surveillance systems for IPC and the requirement for an information officer. Both of these issues are on the Trust Risk register and it is noted that the surveillance system will be reviewed as part of the

review of digital systems currently being undertaken. There was a gap in reporting Surgical Site Infection Surveillance System (SSISS) data due to elective orthopaedic surgery being stopped earlier in the year from January 19 – March 19, as there were not enough procedures to fit the criteria.

- NHSI reviewed the Trust three times during the data reporting period, and at each visit the Trust received a Red RAG rating due to IPC practice failures, which the Board have been made aware of. A systematic approach to address those findings has been implemented to ensure wider engagement of all teams. A further review will occur on 23rd October 2019.

It is recommended that the Board receive and accept the report to provide assurance and ensure compliance with the Trusts legal requirement to publish this report.

Previously considered by

Quality & Safety committee 24th July 2019 recommended this report was forwarded to the Board

The Board is asked to:

<input type="checkbox"/> Approve	<input type="checkbox"/> Receive	<input type="checkbox"/> Note	<input checked="" type="checkbox"/> Take Assurance
To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board or Trust without formally approving it	For the intelligence of the Board without in-depth discussion required	To assure the Board that effective systems of control are in place

Link to CQC domain:

<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring	<input type="checkbox"/> Responsive	<input type="checkbox"/> Well-led
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Link to strategic objective(s)

Select the strategic objective which this paper supports

- PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare
- SAFEST AND KINDEST Our patients and staff will tell us they feel safe and received kind care
- HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities
- LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions
- OUR PEOPLE Creating a great place to work

Link to Board Assurance Framework risk(s)

We need positive staff engagement to create a culture of continuous improvement (CRR 423)
We need to implement all of the 'integrated improvement plan' which responds to CQC concerns so that we can evidence provision of outstanding care to our patients (CRR 1533)

Equality Impact Assessment

- Stage 1 only (no negative impact identified)
- Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval)

Freedom of Information Act (2000) status

- This document is for full publication
- This document includes FOIA exempt information
- This whole document is exempt under the FOIA

Financial assessment

Is there a financial impact associated with the paper?