

# Infection Prevention and Control

## *“Shaping the Future of Local Healthcare”*

### Annual Report 2017-2018 and IPC Programme for 2018/19

## **Executive Summary**

This document forms the Infection Prevention and Control (IPC) annual report on Healthcare Associated Infections (HCAI) within Leeds Community Healthcare NHS Trust (LCH).

The aim of this report is to provide information and assurance to the Board that the Infection Prevention and Control Team (IPCT) and all staff within the Trust are committed to reducing HCAI and that LCH is compliant with current legislation, best practice and evidenced based care.

The report covers the period 1st April 2017 to March 31st 2018 and provides information on:

- IPC activities undertaken within the organisation.
- Description of the (IPC) arrangements.
- HCAI statistics.
- Forthcoming IPC programme 2018/19.

## **Key Achievements**

- Achieving 76.8% uptake in the staff Flu campaign and awarded second community Trust in England. The IPC Team were shortlisted for a number of awards at the recent NHS Employers Flu Fighter Conference, and Joanne Reynard was awarded 'Flu champion' which was a marvellous achievement.
- LCH has organisationally remained within commissioned targets for CDI and MRSA bacteraemia. No cases of MRSA bacteraemia had been assigned to LCH within the report period. Within the report period there was one case of CDI assigned to an LCH in-patient area. This case was identified in June 2017 and related to a patient admitted to the Community Inpatient Care Unit (J31). A comprehensive multiagency PIR was completed on the case, with conclusion that antibiotics were prescribed as per LHP whilst on CICU. The patient has been hospitalised for a considerable amount of time and received a large number of broad spectrum antibiotics.
- Development of surveillance system to monitor "alert organism" infections and new acquisition MRSA colonisation to create an early warning system identifying periods of increased incidence (PII) within geographical areas of city.
- Ongoing development of a group of IPC Champions from different business units and the facilitation of targeted training held quarterly throughout the year.
- Enhancement of engagement opportunities with the General Public and LCH membership to enable completion of Patient Led Assessments of the Care Environment (PLACE) Inspections.

## Key Risks

- Major infection/outbreak – this is a risk for any service. This risk has been assessed within the Trust and removed from its Corporate Risk Register/Assurance Framework as the risk is felt to be managed with the service provided. There were a number of minor outbreaks of infection this year.
- Ensuring that the environment is maintained in good physical repair and condition is a constant challenge. The PLACE (Patient led assessments of the care environment) inspections, cleanliness validation visits and infection control audits support unit managers and Senior Nurse Managers to progress Estates and refurbishment work required. Maintenance of the environment remains a risk due to financial pressures in 2017/18. Recently a central fund has been agreed to support clinical teams who cannot replace condemned furniture on existing ward environment budgets.
- Ensuring robust documentation for legionella control has been an issue. Although systems are in place for flushing of water outlets, audit has revealed some gaps in documentation which are being addressed. Non-compliance could present a significant risk for the Trust as failing to meet national guidance and could subject the Trust to prosecution if a case of Trust acquired legionella infection should occur.
- Ensuring that the correct systems and processes are in place to reduce where possible the risk of needle stick injuries to staff throughout LCH. To work with neighbourhoods and teams identifying causation behind injuries, and where appropriate deliver training on needle safety devices and potentially evaluate equipment in use.

## Key Plans for 2018/2019

- Co-ordinate the seasonal staff influenza campaign to meet the national target of vaccinating 75% of frontline staff and ensuring that staff are fully briefed on the prevention, detection and management of Influenza. There is also a Commissioning for Quality and Innovation (CQUIN) payment attached to this target for 2018/19 with full payment for 75% uptake this year, a 5% increase on 2017/2018.
- Collaborate with the Leeds Healthcare economy on the implementation of a work plan to reduce the number of Gram-negative E.coli bacteraemia and aim

to reduce by 10% in accordance with Department of Health and NHS Improvement programme.

- Continue to promote knowledge and compliance with hand hygiene practice and other standard infection control precautions through education and audit activity.
- Continue to offer support and guidance to Infection Prevention and Control champions across LCH, providing study days and support.
- Work collaboratively across the Leeds Healthcare Economy to support staff to identify correct detection, reporting and management of sepsis.
- Risk assessment and planned action in relation to environmental or cleanliness issues.
- Continued education on the standards relating to antimicrobial use and re-audit to monitor compliance with national antimicrobial stewardship guidance.
- Continued support and guidance provided to front line staff in the use of sharp safety devices and the prevention of needle related incidents. This requires continued engagement with all business units particularly adults and specialists.

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## **1. Background**

This document provides the annual report on IPC activity within Leeds Community Healthcare NHS Trust. The primary focus throughout this year has been to raise the profile of infection prevention practice, both within LCH teams and also across the wider community health economy. Central to this strategy has been a subtle changing of perceptions about the importance of infection control and the use of an increasing wealth of evidence relating to the rise of antimicrobial resistance and patient vulnerability to change “hearts and minds” and increase compliance with safe practice.

Infection prevention and control is central to all aspects of health care, from concept and planning to implementation. Therefore, those involved in health or social care must be aware of the role and importance of this. The specialist infection prevention and control team (IPCT) is a key resource, providing knowledge and expertise to encourage and enable staff working across the organisation to embrace infection prevention and control. Effective infection prevention and control requires the following elements:

- Surveillance
- Audit
- Education
- Policy development
- Specialist advice
- Commitment from all members of the healthcare community

At the time of the report the Infection Prevention and Control service consisted of the LCH Infection Prevention and Control Team (IPCT), the Communicable Diseases Control Team (CDC) and IPC commissioned service provision to care homes with nursing and GP Surgeries.

This annual report captures some of the developments and achievements made during the last year, with progress being mapped against the 2017/18 work plan (see appendix 1). Performance management information as well the IPC programme for 2018/19, which sets out objectives to meet the needs of the organisation to ensure patient and staff safety (appendix 2) is also included.

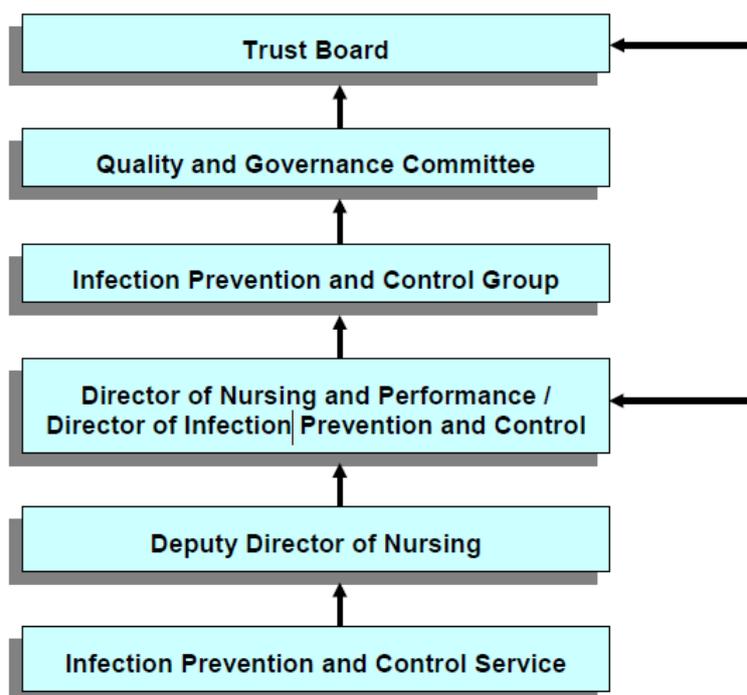
## **2. Provenance**

The information contained within this report has been sourced from the Trust’s IPCT and other Infection Control Committee members and is reflective of actions undertaken throughout 2017/18 as part of the work of the Committee outlined in the 2017/18 annual programme

### 3. Key points for the board to note

- Reporting requirements for the annual report are pre-set by the Department of Health.
- The Trust has registered with the Care Quality Commission as having appropriate arrangements in place for the prevention and control of healthcare associated infections.
- Significant input from the IPCT to support this year’s influenza campaign with improved uptake of vaccine in staff groups.

### 4. Infection Prevention and Control reporting arrangements



### 5. Care Quality Commission Review

All elements of the infection prevention and control annual programme are designed to ensure that LCH fully complies with the Code of Practice on the prevention and control of infections and related guidance (Department of Health 2015). This requirement forms part of the CQC regulation 12 (safe care and treatment) and regulation 15 (premises and equipment).

## 6. Healthcare Associated Infections (HCAs) Statistics

### 6.1. Surveillance of Alert Organisms

Although there are no specific government mandatory targets for individual community care organisations for the incidence of Meticillin Resistant Staphylococcus aureus (MRSA) and Clostridium difficile infection (CDI), locally agreed targets were developed for LCH. These targets included no more than 2 cases of MRSA bacteraemia and 3 cases of CDI being directly attributed to LCH where a multiagency review identifies lapses in care that have directly contributed to the infection episode.

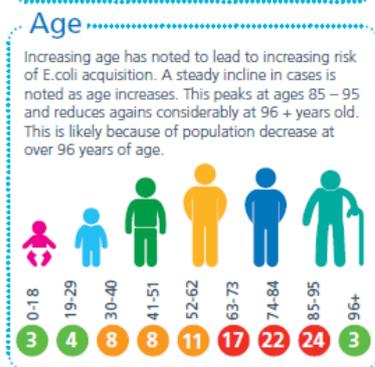
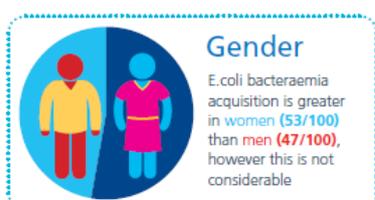
### 6.2. Gram negative bacteraemia programme of work

During Q4 of 2017/18, work began to reduce E. coli bacteraemia burden in Leeds by 10% yearly leading to a 50% reduction in 2020 as set out by the Department of Health.

## Leeds E.coli BSI incidence 2017/18

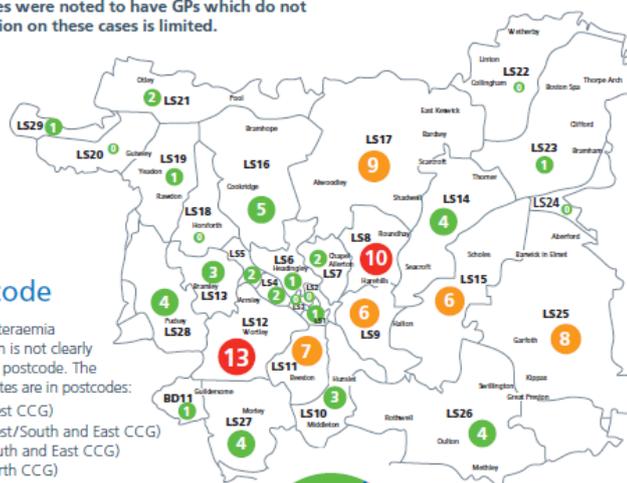
(100 case cohort sample)

100 Leeds E. Coli bacteraemia cases have undergone root cause analysis (RCA) to identify patterns and trends with the Leeds Community setting in relation to E.coli bacteraemia acquisition. The following patterns/trends have been identified. Please note 18/100 cases were noted to have GPs which do not use the SystmOne health data system and therefore information on these cases is limited.

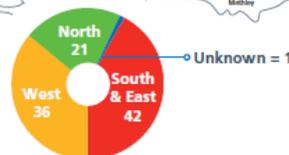


### Postcode

E.coli bacteraemia acquisition is not clearly related to postcode. The highest rates are in postcodes:  
**LS12** (West CCG)  
**LS8** (West/South and East CCG)  
**LS25** (South and East CCG)  
**LS17** (North CCG)

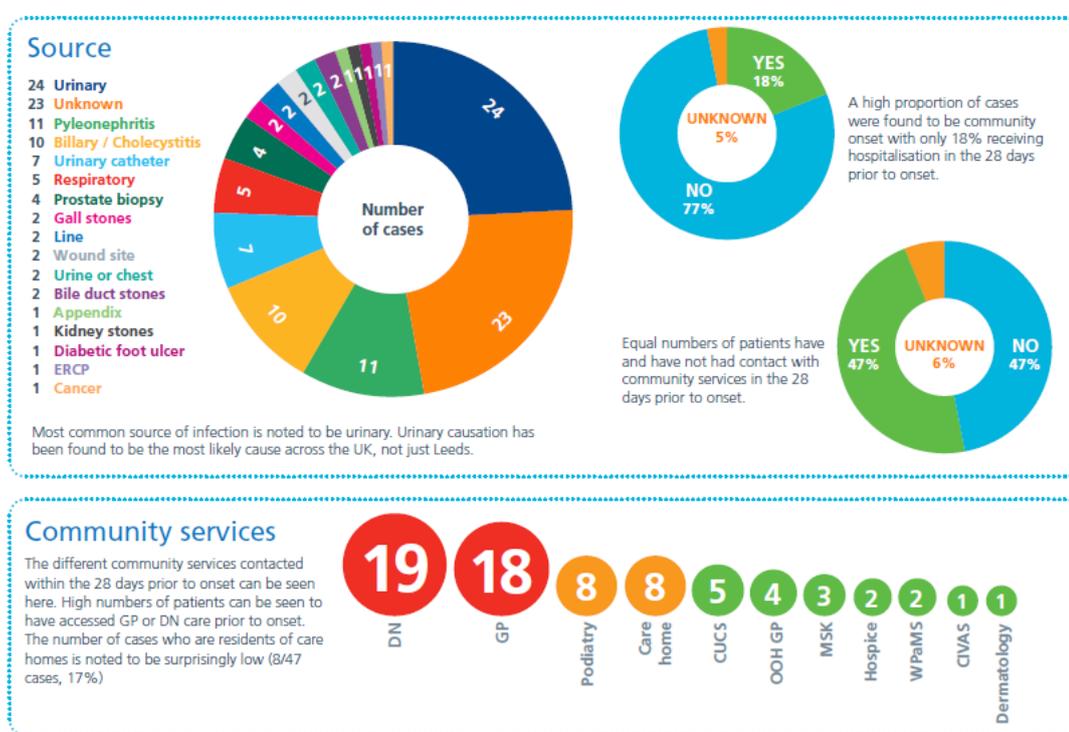


South and East CCG has the highest levels of E.coli bacteraemia, followed by West and then North CCG. This is likely because South and East CCG is considerably bigger than North.



N.B. The three CCGs are merging to form one Leeds CCG as of 1 April '18

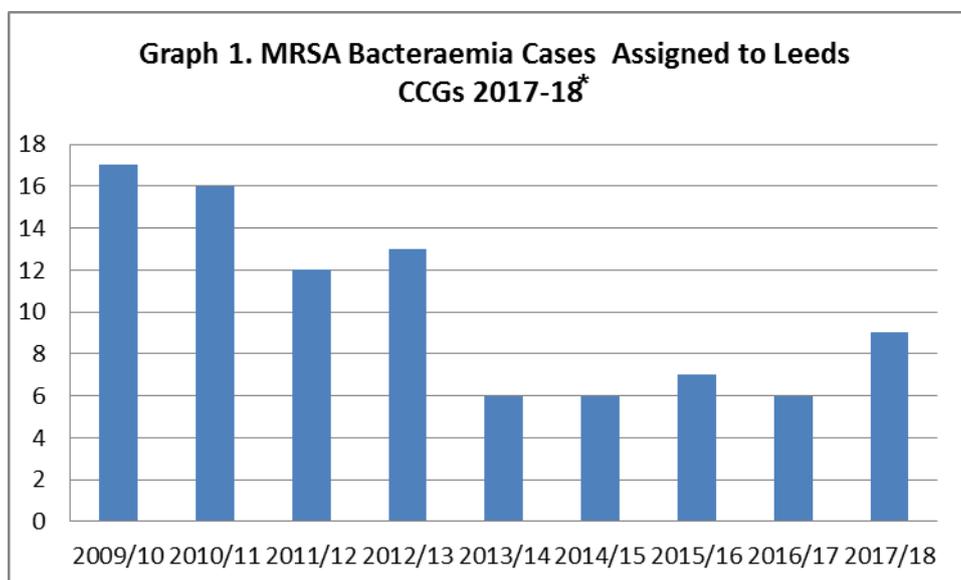
Following discussion in HCAI improvement group and with Pauline Bradshaw, RCA's were conducted on 100 E. coli bacteraemia patients who were attributed to community care. The results are summarised in the infographic below. Further work on E. coli bacteraemia is due to start April 2018 (Q1) which will include adding information to HCAI DCS, commencement of E. coli Collaborative Working Group, release of patient and staff posters on E. coli plus a patient leaflet specific to urinary tract infections. Going forward the IPC Team plan to conduct PDSA project cycles, to aid bacteraemia reduction.



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### 6.3. Meticillin Resistant Staphylococcus aureus (MRSA)

During the report period there have been no cases of MRSA bacteraemia directly assigned to LCH. The last case attributed to LCH was reported in 2014 and so the organisation has consistently demonstrated effective MRSA bacteraemia prevention strategies.



**Figure 1 MRSA Bacteraemia cases identified within 48 hours of admission to Secondary Care**

During the report period a total of 9 cases of MRSA bacteraemia have been reviewed by the Leeds IPC Team. Following a comprehensive Post Infection Review 2 cases were finally assigned to Leeds CCGs. As stated previously no case had been assigned to LCH.

The IPCT have also worked collaboratively with Leeds Teaching Hospital Trust to review a further 3 cases having a provisional Secondary Care assignment.

Within the community cohort 2 bacteraemia cases were related to patients who were noted to be involved in illicit IV drug usage.

Two bacteraemia cases with initial assignment to Leeds CCG's were also noted to be residents of care homes.

#### **6.4. Learning from Post Infection Reviews**

All reported cases of MRSA bacteraemia within the wider community health economy are subject to a full Post Infection Review (PIR), with the contributing factors and root causes of the infection identified. Significant work has been done to improve interagency collaboration with reviews where cases have received care from both Primary and Secondary Care providers.

As stated earlier, no cases of MRSA bacteraemia have been assigned to LCH during the report period. Some elements of learning have, however been identified and integrated into care delivery within LCH. These include:

- Improvements in communication between GP's and LCH services, along with more extensive documentation on SystemOne from both GP and LCH services in relation to treatment rationale and patient needs.

- Further highlight importance of mouth care in the care home setting and implement training
- Improvements in care home documentation of patient risk assessments, care plans and over all note taking.

Within the wider community health economy there have been a variety of predisposing risk factors identified in MRSA bacteraemia acquisition. These have primarily related to soft tissue damage due to Intravenous drug usage or ulcer infection, parotitis and catheter manipulation. Deficiencies in the communication of patient's infection status between healthcare providers have also featured as an issue.

### **6.5. Clostridium difficile Infection (CDI)**

Within the report period there was one case of CDI assigned to an LCH in-patient area. This case was identified in June 2017 and related to a patient admitted to the Community Inpatient Care Unit (J31). A comprehensive multiagency PIR was completed on the case, with conclusion that antibiotics were prescribed as per LHP whilst on CICU. The patient has been hospitalised for a considerable amount of time and received a large number of broad spectrum antibiotics. There were no other known patients on CICU around the time that were CDI positive and patient was in a side room for the duration of her stay due to wound infection and used own commode.

The review did not identify any lapses in care that directly contributed to the infection episode, therefore the infection was considered unavoidable. This learning has been addressed by the care team and appropriate actions taken to prevent future occurrences.

Within the wider community healthcare economy the common themes and risk factors relating to CDI included:

- Patients having had recent secondary care in-patient treatment
- The use of antibiotic treatments
- Elderly patients with multiple pathologies
- Patients receiving Proton Pump Inhibitor treatments.

Multi agency work has been ongoing throughout the report period to address the incidence CDI infection within the Leeds area and a city wide action plan is in place. This work has focussed on:

- The active review of antibiotic prescribing related to each case with follow up remedial action being taken when practice has deviated from guidance
- Ongoing distribution of a CDI patient information leaflet and alert card
- Bringing together key stakeholders to form a collaborative forum which enables cross boundary reviews of cases where secondary/primary care interface issues are identified.

Throughout the report period the team have struggled with issues relating to the quality of CDI data provided from GP's. Investigation is ongoing and work to rectify this issue aims to be completed in 2018-19.

## **7. Outbreaks of Communicable Infection**

- 7.1. Pertussis September 2017** During this period the IPCT worked collaboratively with Leeds Teaching Hospitals Women's Services and Community Midwifery to identify a number of women regarding an outbreak of pertussis. We risk assessed six contacts during this period and provided advice and support to the GP's.
- 7.2. Hepatitis A Outbreak July 2017** There was a Hepatitis A outbreak in July 2017, the IPCT responded to this outbreak working collaboratively alongside LCC Public health and PHE in coordinating a vaccination programme for individuals and contacts affected. There was one isolated sporadic case; however this required a full vaccination programme for the contacts of the isolated individuals and risk assessment of the establishment.
- 7.3. Measles Outbreak December 2017** There was an outbreak of measles in Leeds from November 2017 to January 2018 with a total of **36 confirmed** cases. Control measures to reduce the risk of spread of measles included targeted school vaccination sessions, recall of patients for MMR vaccination at GP practices in Leeds with low vaccine uptake and high numbers of new migrants, community vaccination sessions and a wide ranging communication strategy. IPC worked collaboratively across the city, assisting with vaccine delivery and engaging with members of the public in the areas required and liaising with colleagues through the Outbreak meetings on a weekly basis.
- 7.4. Invasive Group A Streptococcal disease (iGAS)** Two cases of iGAS were notified to the Health Protection Team from a nursing home in May

and June 2017, with onset dates 33 days apart. The first case had an onset date of approximately 8<sup>th</sup> May 2017 and GAS was isolated from an infected hip joint. The second case had an onset date of 15<sup>th</sup> June and GAS was found on blood cultures. Both cases were elderly with co – morbidities and died from causes other than iGAS infection. IPC supported the nursing home and attended collaborative meetings with PHE, an environment audit was completed, which triggered the need for IPC Training to be delivered alongside other concerns raised.

## **8. Management of Panton Valentine Leukociding (PVL) Cases**

PVL is a toxic substance produced by some Staphylococcus aureus strains which has been implicated in severe infection and invasive disease. Throughout the year the IPCT have responded to 18 cases identified within the community economy to provide advice and information to patients and healthcare workers on appropriate management strategies. This represents a significant decrease in numbers in comparison to the 37 cases reported in the previous year.

## **9. Seasonal Staff Influenza Campaign 2017/2018**

The team achieved the target of 76.9% in the 2016 -17 Flu season and the priority was to achieve this once again in 2017 -18. The trust had a CQUIN target of 70% which was reached by the end of November 17 and they ended the season as the second highest uptake for a community trust when benchmarked nationally with 76.8%.

We had great Trust support in 2016-17 and wanted to maintain the momentum from senior leadership and communicate to all levels of the organisation; all the while dispelling myths and keeping staff engagement high, through out.

Data was previously paper based and with ever changing metric requirements the team were aware our process needed to change. The vision to develop an electronic consent form was taken from good national practice, timings were tight but the team had a working tool the first week of the flu campaign. Staff members commented after a couple of weeks that it made the documentation easier, campaign paper light and data management far more accessible. It also helped in making the process of adding new starters and removing leavers and staff on long term sick a lot simpler and aided the monthly change of the denominator in line with the CQUIN guidance.

We are aware this is not the finished tool and learning will improve and assist in further development to a paper free tool by the next flu season.



**Figure 2 Infection Prevention and Control team following BBC Radio Leeds Interview, December 2017**

In the last two years there has been increased awareness of the flu campaign due to the financial incentive of the CQUIN and this was a key driver for the Trust along with the general health and well-being message to protect staff, patients and those around you.

Within the trust, senior management were kept informed weekly by email and fed details into the community newsletter with stats and myths This showed the organisation that the top level was supportive of the campaign which helped boost organisation wide participation. The communications team were also updated so they could update the flu page on the trust intranet. All of this, was enhanced by the ambition to achieve the target by Christmas to run the incentive based flu prize draw. Visibility of senior leadership having immunisations was on the trust home page and Twitter, showing videos and getting them to share messages.

All Staff members were encouraged to have flu jabs and we identified that a small number of staff were needle phobic. It was highlighted that if they had to wait they often would not have the vaccine, so we communicated that these staff could contact us direct and we arranged a visit, pre-sending forms and reducing anxiety of waiting. This was deemed a personal service and resulted in needle phobic staff getting their vaccinations.

The team leads on vaccination to increase uptake in council staff in Leeds. Working closely with Leeds City council there was an increase in vaccination, with 261 more

staff getting vaccinated from 2016-17 to 2017-18. This was done by holding planned sessions in agreed venues, some specific to social care, others in healthcare. Staff who were unable to have immunisations due to previous sickness or returning from maternity leave were offered a specific appointment and this was part of the #dialajab initiative launched in December. #Dialajab was part of our mop up strategy, Though labour intensive, when clinics started slowing down as most teams were vaccinated LCH infection prevention team opted to make flu jabs more accessible and we set up #dialajab. This was so health and social care staff who had missed the planned sessions could call the team and arrange a mutually convenient time and place to vaccinate, this was often done the same day. This was advertised through posters in neighbourhoods and on Twitter, this worked especially well with needle phobic patients.

Increased collaboration is planned for the next season, with more communication and visibility with potentially a joint health and social care launch.

Our Flu lead Joanne Reynard was awarded the 2018 NHS Employers National Flu champion.



**Figure 3 Joanne Reynard awarded with 'NHS Employers Flu Champion of the Year, 2018' with Nicola Meredith from PHE Wales and Danny Mortimer CEO NHS Employers April 2018**

<b>NHS Employers: Top Three Community Trusts:</b>		
<b>Trust</b>	<b>1 Sept 2017 – 28 Feb 2018 (%)</b>	<b>1 Sept 2016 – 28 Feb 2017 (%)</b>
Shropshire Community Health NHS Trust	80.2	72.4
Leeds Community Healthcare NHS Trust	76.8	76.9
Norfolk Community Healthcare NHS Trust	76.3	52

## **10. Learning for Patient Safety**

### **10.1. Systems**

The IPCT continue to work with managers and clinical staff to support learning for patient safety. Systems are in place to ensure incidents are recognised, recorded, analysed and learning shared across services.

### **10.2. Incidents**

Incidents are categorised into four areas;

- Environment
- Exposure to infection
- Sharps
- Other infection control incidents.

### **10.3. Sharps**

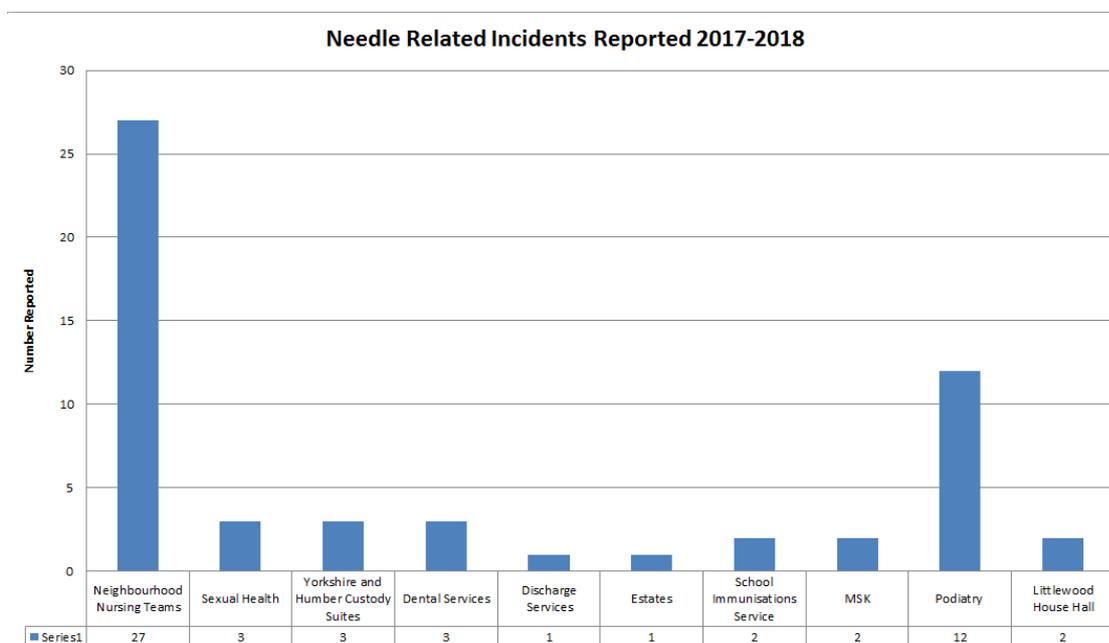
Wherever a medical sharp device is used there will always be risk of sharps injury associated with these devices. The IPCT strive to reduce this risk as far as possible by following LCH risk management strategies and ensuring that all teams are provided with adequate education, safer sharps equipment, adhere to standard infection control precautions and follow relevant LCH policy.

There was a total of **56** Infection Control related incidents reported from April 2017 to March 2018. These were reported from a range of services citywide including neighbourhoods, custody suites, sexual health and podiatry services.

- **38** related to Treatment/procedure
- **30** of which resulted in a sharps injury with minimal harm.

This highlights that sharps related incidents remain the greatest reported infection control related incident.

#### 10.4. Breakdown of reported sharps incidents with harm;



The majority of sharps injuries reported were related to non-safety insulin pen needles and non-safety Blood Glucose Lancets (81%, 22 out of the 27 incidents reported within the neighbourhoods).

Each injury that is reported is followed by an individual specialist review and any learning is disseminated locally and wider if appropriate.

The significant themes that emerge from the review of the injury data indicate that a number of the injury episodes are related to the use of non-safety insulin pen needles.

A comprehensive work stream has been established to address this burden and includes:

- Multiagency working with CCGs to review the availability of safety equipment. The Leeds CCGs have developed a “commissioning statement” which indicated that they will not prescribe safety needles or syringes for administration of insulin by LCH staff. An organisational decision has been made by LCH to provide an appropriate safety device to all staff engaged in the use of insulin delivery pens during patient care. Further work is required with the CCGs and informal carers administering injections
- The production and distribution of posters and leaflets to staff, outlining safe practice requirements

- Joint working with the Diabetes Team to increase awareness of safety system usage within care teams
- Enhanced awareness raising at IPC Mandatory Training sessions
- Effective post injury review and investigation with the dissemination of learning throughout the organisation
- Audit of equipment use within neighbourhood Teams

**If you receive a sharps injury**

1. **Encourage bleeding** immediately
2. **Wash** the puncture site with soap and water. Cover with a waterproof dressing,
3. **Report** it to your line manager promptly so a Risk Assessment can be undertaken. Complete a Datix report form if applicable.
4. **Contact** Occupational Health immediately for further advice. If out of hours contact/attend A&E.

## Sharps Safety

for Healthcare staff and Carers who assist or administer injectable medication



### Contact us

#### Infection Prevention & Control Team

Chapeltown Health Centre  
Spencer Place  
Leeds LS74BB  
Monday to Friday, 9am to 5pm  
Tel: 0113 8434511

infectioncontrolleeds@nhs.net



Leeds Community Healthcare NHS Trust



LCHNHSTrust



LeedsCommunityHealth



Leeds Community Healthcare NHS Trust

[www.leedscommunityhealthcare.nhs.uk](http://www.leedscommunityhealthcare.nhs.uk)

### What are sharps?

Sharps are needles, blades (such as scalpels) and lancets that could cause an injury by cutting or pricking the skin



### What is a sharps injury?

When a sharps accidentally penetrates the skin, known as a **percutaneous injury**. If the sharp is contaminated with blood or body fluid, there is the potential for transmission of infection

### What's the Risk?

If you have a sharps injury from a **contaminated sharp**, there is the potential risk of exposure to the major Blood Borne Viruses (BBV's) such as

- **HIV** (Risk of transmission is **1 in 300**)
- **Hepatitis C** (Risk of transmission is **1 in 30**)
- **Hepatitis B** (Risk of transmission is **1 in 3**)

*Anyone working in Healthcare can be at risk. You may be exposed when sharps are not stored or disposed of correctly.*

### How to reduce the Risk?

- Always use a **Sharp Safety Device**
- **Be prepared!** Organise your work area and ensure the sharps bin is within reach and not overfilled.
- **Be aware!** You're more likely to receive a sharps injury if you are distracted or rushed.
- **Dispose of Sharps with care.** Activate safety device after use and immediately dispose in a sharps bin.



**NEVER RESHEATH OR RECAP THE USED NEEDLE**

### What is a Sharp Safety Device?

A sharp that incorporates a safety feature which either activates automatically following injection or requires manual activation by the user. These include retractable needles, safety shields and blunt needles. They may also be called **Safer Needles** or **Safety Devices**

**You should receive training on the safety device before using but they all should have common features:**

- The safety mechanism must be an integral part of the device and not compromise patient care
- Easy to activate and give a visual or audible indicator when activated
- Single handed activation and not reversible after activation..

**The European Directive (2010) states that all Healthcare workers should be provided with a sharp safety device**

### When should I use a safety device?

If a patient is unable to self administer or requires some assistance but is not able to dispose of the used sharp completely independently, then a safety device should be used .

If the patient is **completely independent** and prefers to use non-safety sharps, then they can do so to **self administer**.



### Be Prepared

**If you visit patients in their own home** you should carry your own supply of safety devices and a sharps bin with you in case the patient does not have them in their home.

## 10.5. Environmental Matters

During the report period there have been a variety of incidents reported in this category. As seen during the previous year, a high proportion of these reports related to environmental conditions within patients own home setting and included infestations, cleaning issues and health promoting to patients about potential risks such as Sepsis.

Other incidents have related to the identification of poor water quality at an LCH managed health centre and deficits in the condition of the environments of facilities used but not managed by LCH. Actions have been put in place to resolve all identified issues.

Hannah House: Following the identification of infection prevention compliance issues at Hannah House, (Children's Respite Centre) a comprehensive environmental and practice improvement programme was implemented. Work was done to improve the general condition of the care environment and specific input was provided to ensure the care team was fully compliant with the requirements of the Health and Social Care Act.

Central to the improvement plan was a re-evaluation of cleaning standards and resources, with a full reassessment of the cleaning schedule enabling a more targeted and effective cleaning process being implemented.

The care team have worked tirelessly to improve practice standards and with the implementation of a Link Worker driven audit process, a robust programme of quality assurance has been established.

#### **10.6. Exposure to infection**

No particular themes or trends have been identified and actions have been implemented following each investigation. Typical examples of incidents within this category are exposure of staff to body fluids from burst abscesses, bleeding following injection etc.

All incidents reported via the DATIX system will continue to be monitored on a daily basis. Quarterly reports and action plans will be fed into the Infection Prevention and Control Group (IPCG).

#### **11. Decontamination**

LCH has a robust decontamination process for the management of reusable surgical equipment used in dentistry, podiatry and offender health. The organisation continues to utilise a central reprocessing system from an external provider with “state of the art” facilities. The Infection Prevention Team continues to monitor decontamination standards with regular meetings and “Duty of Care” visits to the facility. During the reporting period the decontamination site moved premises from Chorley to Ashton-Under-Lyne, and a pre-contract move visit was made for assurance purposes.

Within the report period there have been no reported untoward incidents relating to the provision of sterile medical devices from this source.

#### **12. Estates/ Facilities**

The IPCT have continued to foster integrated working arrangements with the Estates/Facilities teams to reduce the risk of infection in LCH care environments.

The Facilities team are actively linked into the audit activity to enable effective monitoring and response to environmental issues identified during the audit process. A more integrated approach with IPC and Estates has been made, which has ensured that IPC requirements are included at the outset of all refurbishment work.

The IPCT has contributed to the development of environmental policies and also provided advice in the event of water quality issues or other problems relating to the healthcare environment. A Legionella positive sample was found within Morley

health centre which was effectively dealt with by cohesive team working between the estates and IPC teams.

Working collaboratively with the Estates Project Team, the IPCT contributes by ensuring the proposed sites are fit for purpose ergo safe delivery of services continues when teams move to new sites.

## **13. Clinical Governance**

### **13.1. Governance Structure**

Governance is assured through the Infection Prevention and Control Group (IPCG) and its reporting mechanisms via the organisational governance structure. Throughout the year further work has been done to ensure a robust communication pathway is available via the Patient Safety and Experience Group and Quality Committee. The monthly Director of Nursing Briefing also reviews infection prevention and control issues/status.

### **13.2. IPC Policies**

The IPCT are responsible for a suite of policies and have continued to develop and review clinical policy documents and best practice clinical guidelines to support front-line staff. A number of “key note” policies have been updated throughout the year and the team continue to “horizon scan” to ensure that practice in concurrent with current evidence and best practice.

The IPC policies and guidelines are directly related to patient, staff and visitor safety and to the consistency of quality of care a patient receives. They ensure compliance with the standards outlined by the Health and Social Care Act (2008), National Health Service Litigation Authority (NHSLA) and Health and Safety at Work Act. A number of “key note” policies have been updated during the report period.

### **13.3. Audit**

Audit is a requirement of the **Health and Social Care Act 2008, Code of practice for registered providers on the prevention and control of health care associated infections and related guidance**. The code states that registered providers must audit compliance to key policies and procedures for infection prevention.

### **13.4. Process**

Due to a lack of suitable products being available the IPCT has yet to acquire an effective tablet-based tool that will allow paper free auditing and reporting, however work is ongoing with this goal. On the completion of audits, feedback is provided to the relevant team leader(s) via the action plan.

Areas or systems of good practice are highlighted as well as areas / issues of concern that required addressing. Time specific, ameliorative recommendations are included for the highlighted areas of concern. Recommended actions are agreed with the staff identified as being responsible and the progress of any improvements is monitored by subsequent follow up visits.

Simultaneously, the action plan is registered on the organisational data base and sent to relevant departments, for example facilities which include external cleaning agencies.

### **13.5. Audit Results**

To fulfil part of the auditing requirements the IPC team perform annual audits of dedicated areas and premise used by LCH staff. Data gathered from the LCH auditing activity is used to improve LCH environments, services and staff performance. These improvements will reduce the risk of transmission of healthcare associated infections to patients, staff and visitors.

Areas audited for 2017/18 are as below:

- All LCH health centres
- Clinics performed by LCH clinical teams
- The assisted living centre
- Leeds Integrated Sexual Health
- Community Neurological Rehabilitation Centre
- Hannah House
- Little Woodhouse Hall
- Chapel Allerton Hospital Rheumatology MSK Spinal assessment clinic
- St Georges Centre for Musculoskeletal (MSK) and Children's Out patients
- The Custody Suites for East, North, South and West Yorkshire
- 3 Special inclusion learning centre (SILC) schools
- Community Intermediate Care Unit (now closed)
- South Leeds Independent Centre (now closed)

During the report period a total of 47 environmental audits have been completed by the Infection Prevention Team. This represents 100% of the areas identified in the LCH audit programme for the year.

- A number of recurrent themes also become apparent which include: Across the premises were varying standards of cleaning which resulted in the accumulation of dust on high surfaces and dirt and debris to floors. Ongoing liaison with the Locality Support Officers (who audits cleaning standards of the premises and

liaises with the cleaning company of LCH premises) is done by the IPC team to improve and maintain cleaning standards.

- Hannah house had poor standards of cleaning. Since then Hannah House has undergone refurbishment and the cleaning standards have improved.
- One SILK school had suboptimal standards of the health care rooms. Since this was identified by the audit, plans for refurbishment have been made.
- Some concerns around staff compliance to bare below the elbow.
- Staff knowledge and compliance.

Current audit findings are incorporated into the mandatory IPC training sessions to improve staff appreciation of IPC risks as well as their role in prevention of incidents resulting from practice that deviates from policy and safe practice.

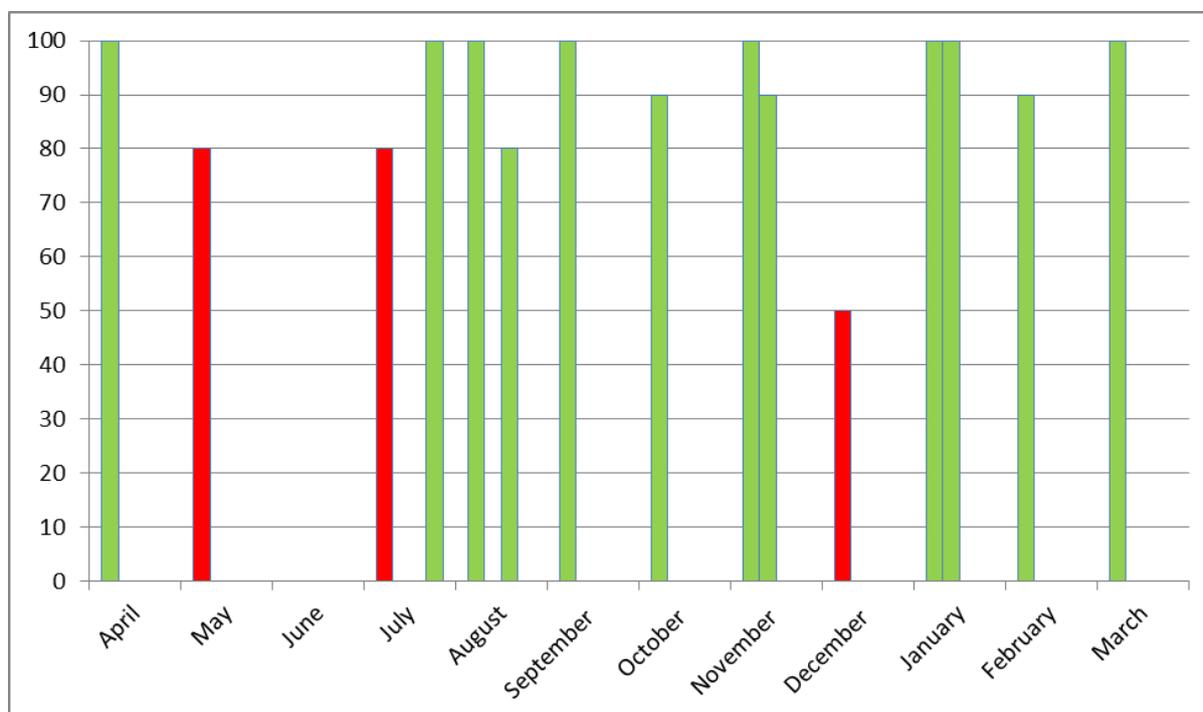
### **13.6. Dental Water Lines (DWL) Audit**

A programme of systematic testing of dental waterlines has continued with 6 monthly reports on water quality results being submitted to the IPCG. On the identification of elevated bacterial levels within lines, specific remedial action is implemented to assure patient safety.

The surveillance and monitoring process identified high bacterial counts within the equipment at Yeadon Dental Suite. Rapid intervention and modification of the disinfection regime prevented any risk to patient safety and enabled resolution of the problem.

### **13.7. Hand Hygiene Compliance Audits**

The process provides an element of assurance that clinical staff members have an appropriate level of competence in relation to hand hygiene and the basic principles of IPC. A process of weekly hand hygiene compliance monitoring has been established at the Community Rehabilitation Unit (CNRC) and Little Woodhouse Hall. Work is ongoing to establish a formalised process for Hannah House. Within the wider community economy peer assessment observations have been ongoing within care delivery teams. Compliance information generated as a result of The Essential Steps observational process is submitted by teams to the Quality Challenge + programme.



**Figure 4: Hand Hygiene Compliance CNRC 2017/2018**  
**14. Quality**

### 14.1. Quality Challenge plus

In order to provide robust quality assurance pathways, IPC features on the organisational Quality Challenge + Framework. This involves all care providing teams giving assurance that they are compliant with important infection prevention criteria such as; having appropriate hand hygiene materials available at all times. That IPC features on job descriptions, is reviewed during appraisal and performance review and that staff have peer led assessments of individual hand hygiene compliance. As stated previously data collection and review has been difficult and measures to improve the process will be integrated into the activity during the 2017-18 year.

## 15. User Engagement

### 15.1. Patient Public Involvement (Safe Clean Care and PLACE projects)

The Infection Prevention Team (IPCT) continues to closely work with a group of Public Members to appraise the standards of infection prevention practice within health centres and in-patient areas. The IPCT reflects the organisational philosophy of putting the patient at the centre of the care delivery process. In order to develop sustainable links with patients and the general public the IPCT have rited a group of

Public members to help with IPC and environmental standards monitoring. A core group of six individuals have now been actively involved for the last three years with their individual experiences/ views used to validate assessments of the quality of the environments in a number of LCH health centres. The team also are closely involved in the mandatory Patient Led Assessment of the Care Environment (PLACE) inspections which were completed on CNRC and at Little Woodhouse Hall.

### **Patient Led Assessment of the Care Environment (PLACE) Inspection Results 2017-18**

The PLACE programme is undertaken annually within LCH and follows the assessment framework published by the Department of Health. During April and May 2017 a group of Patient Members and other stakeholders visited CICU (J31), Little Woodhouse Hall, South Leeds Independence Centre and The Community Neurological Rehabilitation Unit (St Mary's Hospital).

The purpose of PLACE is to provide a non-technical view of the quality of non-clinical services provided to in-patients and other hospital users across all qualifying hospitals. It is based on a visual assessment, not relying on the application of any technical or scientific tools. It is therefore a fundamental component of the process that assessors will need to exercise a degree of judgement, particularly when required to agree the score to allocate for a particular aspect of the assessment.

An Action Plan which sets out how the organisation expects to improve their services before the next assessment is also required and has been undertaken per site.

The results for the "Privacy, Dignity and Wellbeing" assessment criterion demonstrated an organisational compliance which was more than 11% above the national average. All comparable areas recorded significantly improved scores when compared to the previous year's results on this criterion.

The standards of cleanliness in all areas other than South Leeds Independence centre (SLIC) , were noted to be above the national average. Unacceptable dust accumulations and staining to some wash hand basin outlets at SLIC impacted on the local score and also reduced the overall organisational score to just below the national average.

The assessment of the condition, appearance and maintenance of the care environment identified issues at Community Intermediate Care Unit (CICU St James J31) and SLIC. This was balanced by above average results from Little Woodhouse Hall and Community Neurological Rehabilitation Unit (CNRU). The deficits identified at CICU and SLIC have been identified in organisational action plans that have been submitted to the respective Land Lords for the premises. These two areas will not

feature in the 2018 programme as they will no longer be operationally under the management of LCH.

The overall results from this year's PLACE inspection demonstrate a significant improvement in the way in which the patient environment is managed to both physically and psychologically enhance the patient experience. This improvement is testament to the hard work and dedication of the unit managers and their teams.

### **15.2 Information Technology**

The IPCT continues to review its activity in relation to available Information Technology systems.

The Flu campaign continued to see the team using Social Media in a more advanced nature, linking professionally using Twitter and Facebook. The team also used electronic consent forms to allow ease of completion and reduce admin time when collating patient information for flu database.

### **15.3 Patient and Public Information**

A dedicated infection prevention and control information resource page for patients and public is maintained on the Leeds Community Healthcare NHS Trust website. This site provides easily accessible IPC resources and tools suitable for use by the general public or healthcare professionals. Staff can also access these resources via the IPC pages on the LCH intranet system ELSIE.

### **15.4 Collaborative Working**

The IPCT have continued to work hard to improve engagement and collaborative working with other agencies/ stakeholders in the Leeds health economy. Throughout the year, the LCH Team have actively contributed to the city wide promotion of infection prevention, working on such initiatives as pandemic Influenza planning, antibiotic resistance and winter planning.

Throughout the year the IPCT have worked with LTHT on cases of MRSA and C difficile infection where joint involvement has been noted. This joint review process has enabled a more integrated approach to identifying causes and solutions to infection related issues.

The IPCT have actively engaged with the Local Authority Social Care provider Teams and deliver bespoke IPC training to the care providers. Work has been done within a number of schools and children's centres the team provided a number of IPC awareness sessions.

The IPC team have worked collectively with the hospice economy including Wheatfield's and Martin House Hospice, to provide bespoke IPC training and over the phone advice.

Home Life collaborative working with the IPC team providing advice and bespoke given to care workers with hearing deficits

Villa Care IPC bespoke training delivered as part of a NHS collaborative agreement for social care delivered with the Leeds Healthcare Economy.

### **15.5 Student Learning Opportunities**

For several years, the IPCT has been providing placements for 1-3rd year nursing as well as Allied Health Professional Students. The IPCT works closely with the practice learning facilitators to ensure that placements are stimulating and meaningful. A wide range of exposure to IPC is provided, including visits to the acute and mental health trusts, offender health and related teams within LCH.

Students are provided with a current, comprehensive workbook, microbiology work sheets and case studies to complete prior to placement commencement. These are updated as the placement and their insight into IPC priorities and education progresses. Students are allocated a primary and secondary mentor with whom to work as well as support from the wider IPCT members.

Verbal, written and student portal feedback is consistently excellent. Student feedback is woven into workbook and placement honing.

## **16.0 IPC Training**

### **16.1. Programme**

The IPC mandatory training programme has undergone further modification through the year.

### **16.2. Attendance**

The proportion of staff that have attended IPC training as set out in the statutory and mandatory training grid had remained at around 87% (source ESR) throughout the report period. This figure is below the 90% organisational threshold and so the IPCT have implemented a host of local measures to increase uptake. These have included:

- Providing bespoke training within staff bases, including sessions out of hours for night and twilight staff

- Reviewing individual team/neighbourhood performance and providing targeted sessions to areas of low compliance
- Reviewing data quality issues with the Workforce Information Team
- Increasing the availability of generic training sessions

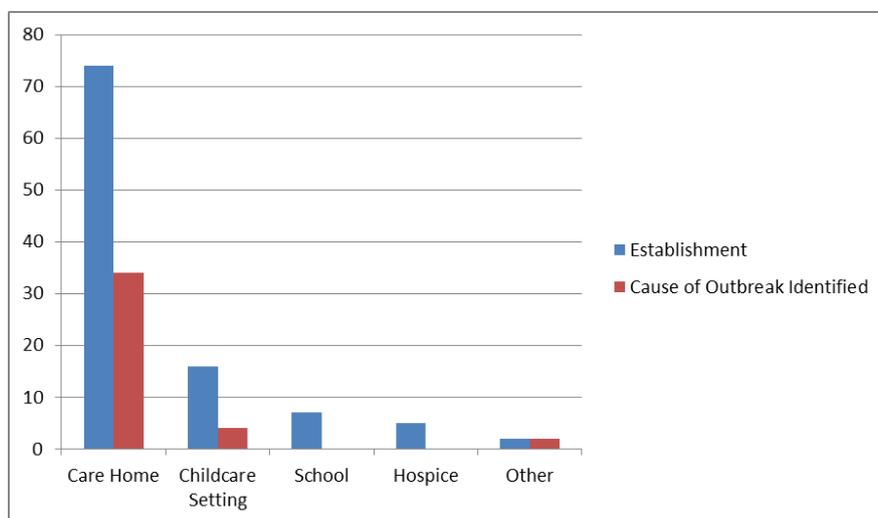
The issue remains on the organisational Risk Register and the issue is identified on the IPC programme for 2018-19, with an expectation that the training target will be achieved by March 2019.

## 17.0 Communicable Disease Control (CDC)

### 17.1. The CDC Team

The CDC Team consists of 1.2 WTE nurses and is based with Leeds City Councils (LCC) Environmental Health Food and Health Team. Their purpose is to investigate, act and report on all individual cases and larger outbreaks of notifiable gastric diseases within the population of Leeds. They investigate confirmed and suspected food poisonings and also manage outbreaks of viral gastroenteritis within any establishment including care homes, child care settings, schools, day centres, etc. They work closely with partner agencies including Leeds City Council and Public Health England (PHE) and have continued to work with PHE and West Yorkshire local authorities to review and standardise key principles of managing Gastro intestinal illnesses across West Yorkshire.

<p>Outbreak management details</p> <p>(Wider Leeds Community Health Economy) 1/4/17 to 31/3/18.</p>	<p><b>Total outbreaks 104</b></p>
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**Figure 5: Overview of Outbreak Settings 2017-18**

The chart provides an overview of the types of facilities that have reported outbreaks of gastro intestinal illness during the report period. Each of the identified outbreaks have been visited, advised and managed by the CDC nursing team. The graph shows that a variety of settings have reported incidents, ranging from Care Homes, Schools, Child Care facilities, and other establishments including food premises. The majority of causative organisms identified have been identified as viral in nature with Norovirus being identified as the main cause of many outbreaks.

### Enteric Illness

Reported cases 1/4/16 to 31/3/17

Suspected food poisoning - **258** individual reports of illness after eating from establishments in Leeds which were all responded to and advised accordingly.

### Organisms identified through notification of infectious disease reporting 1/4/17 to 31/3/18

<b>ORGANISM</b>	<b>NUMBER OF CASES</b>
Campylobacter	933
Cholera	3
Cryptosporidia	71
Cyclospora	7
E.Coli 0157	16
Entamoeba Histolytica	11
Giardia	136
Listeria	7
Salmonella	113
Shigella (including sonnei, boydii, flexneri and disenteriae)	28
Typhoid/Paratyphoid	8
Yersinia	4
<b>TOTAL POSITIVES</b>	<b>1337</b>

## 17.2 Ectoparasitic Management

The IPCT provide a specialist service for the management of head lice (Headstart) infestations within the community. The service offers advice and support in cases of persistent head lice infestation. The main sources of referrals come through school staff, with additional referrals via school nurses, health visitors and social workers.

During the 2017/2018 period the service has seen a further reduction in referrals with a total of 27 cases referred this year. These were assessed and appropriately managed by the team with 24 referrals being accepted. Three referrals were declined as inappropriate – feedback and advice was offered in these cases.

In addition to this many concerns were dealt with through telephone discussion where advice was given on possible reasons for treatment failure, followed up with provision of our head lice resource suite (head lice flowchart, check list, referral form, advice leaflet for health professionals, booklet, posters and flyers) sent via e-mail. This was often effective in aiding schools, health professionals and social workers to support parents in managing their child/children's head lice.

Access to free Hedrin via the Pharmacy First Minor Ailments Scheme has been a positive step in reducing referrals by removing the financial barrier to obtaining treatment, while also directing parents for first-line advice to their local pharmacist rather than attending their GP Practice. There has however been occasional feedback from parents that they have been declined provision of free Hedrin due to some pharmacies saying they do not participate in the scheme. These reports have been fed back to the CCG Pharmacy Lead for investigation.

The service continues to encounter some complex and challenging cases where children have presented with severe head lice infestation in addition to other issues, which have occasionally led to safeguarding concerns. These families are often hard to engage and repeatedly fail to check their children's hair and/or apply a pharmacy-approved head lice product in accordance with the instructions. These cases can be hard to resolve. It can be very difficult to get all family members together and frequently adult members of the family are reluctant to have their hair checked.

Often difficulties with head lice management have arisen due to family breakdown, parental illness or disability. Support and advice has been provided in these circumstances to help the parent acquire the necessary knowledge and skills to take on the responsibility of managing their child/children's head lice.

Headstart visits continue to take place predominantly in the school environment wherever possible. This facilitates better engagement with parents/guardians and closer collaborative working with the school staff, particularly the learning mentors/child protection leads, who are the main source of referrals into the service. Moreover, seeing referred cases in the school environment has eliminated the problem of unattended appointments and minimised the potential risks associated with lone working. Visits are conducted in the home only in special cases when we are specifically requested to do so (as in the example of the migrant family given above), or when this is the only remaining option available.

## **18 CCG Commissioned Services**

Much progress has been made to engage advise and provide quality assurance for the commissioned services within the Leeds healthcare economy. Specific work streams have been implemented to improve IPC compliance in these areas.

### **18.1. Care Homes**

The IPC nurse visits Care homes with nursing (CHWN) to perform periodic IPC audit visits. Currently there are 39 CHWN in the Leeds locality. The purpose of auditing is to appraise the activities of IPC in CHWN against national standards. From this non-compliant areas are identified and advice and an action plan is given to support care homes work towards compliancy.

Each CHWN should receive a primary audit visit minimally every 3 years. Care home visits are followed up again in 3 months to review progress and further advice is given as needed. The audits are scored in line with the Department of Health

scoring system which provides a clear indication of compliance for each audit criterion and of the overall audit score:

Compliance score	Compliance rating	Risk rating
85% or above	Compliant	Minimal Risk
76-84%	Partial Compliance	Medium Risk
75% or less	Minimal Compliance	High Risk

### Results for the year 17/18

For the year 2017-18:

- 20 care homes received a primary audit
- 30 care homes received follow a follow up visit(s)

Out of 20 care homes that had primary audits completed

- 13 had a compliant overall score
- 7 had a partial compliance overall score

Out of the 30 care homes that had a follow up review

- 29 care homes were either already compliant or had improved to Compliant status on follow up.
- 1 care remained partially compliant and a review visit with the new manager will be performed this month

### Additional Support

IPC support to the care home economy has is provided in the form of:

- Telephone/email/face to face advice
- Visits and meetings at care home premises
- 4 monthly IPC champions training
- Biannual IPC newsletter
- Speaking at care home forums and events
- A dedicated care home IPC information web page which includes guidelines and promotional material.
- Sharing IPC new updates via the web page, email and meetings
- Developing supportive material as necessary .i.e. best practice posters and fact sheets
- Invitations to LCH events such the LCH IPC conference (and 21 free places were allocated to CHWN staff)
- IPC visits to areas where outbreaks of communicable disease or untoward infection episodes have been identified.
- Inclusion in shared learning cascades of HCAI's untoward incidents

### **Additional visits to care homes with nursing**

In addition to the support discussed above the audit nurse also visited 3 care homes (with the nurse who was performing the post infection reviews) that had a resident who developed an MRSA bacteraemia. Furthermore the audit nurse visited a CHWN who had an Invasive Group A streptococcus (IGAS) Outbreak.

### **Residential care home support for year 2017/18**

Residential care homes have access to and are included in the list of additional support above. In addition to this support to the residential care homes has included:

- A care home review visit of the operational areas (following initial request for visit by the manger). (Due to poor progress of the operational areas in the care home the audit nurse has liaised with local authority who will continue to monitor the care home)
- A visit to provide support following a potential Clostridium difficile outbreak. Following the visit a full IPC audit was arranged and was completed January 2018.
- A visit to provide support following a resident developing an MRSA bacteraemia. A follow up visit was performed to review progress with the advice given
- A newly built care home was visited (after request from the deputy manager) to give IPC advice on the new environment.
- One Recovery Hub was visited due to several infection outbreaks occurring in the home after soon after opening. The audit nurse has agreed to perform a full IPC audit (after the care home has finished refurbishment works).

### **Link to health and social care agencies and commissioning teams**

Further to the all auditing activity and support provided above, the IPC nurse acts as a link for care homes to the wider health and social care agencies, services and commissioning teams. Consequently this provides a pathway for escalations of concerns and sharing of good practice.

### **18.2 GP Commissioned Audit Programme**

During the financial year of 2017/2018 a total number of 47 GP practices in Leeds received a face-to-face audit by the LCH Infection Prevention and Control Team, commissioned on behalf of the NHS Leeds CCG.

Areas of non-compliance and concern –

- Organisational controls – training, assurance mechanisms
- Overarching risk assessment

- Annual statement – recommendation for practices to highlight and demonstrate their zero tolerance to HCAI's as outlined in the Health and Social Care Act 2008.
- Legionella management and control systems in place: practices that are independently ran out of their own premises often have difficulty in ensuring full compliance with this element inline with the L8 Guidance around Legionella.
- Sanitary assembles – many are compliant throughout general practice. Those that are not are recommended to have an action plan in place outlining a period of refurbishment.
- Needle safety issues and getting hold of the devices and completion of appropriate risk assessments: risk assessment template provided as part of feedback.
- Cleaning in some practices with dust with high areas.
- Assurance mechanisms around aseptic technique and minor surgery.
- Hand hygiene compliance amongst members of staff in line with policy and procedure.

### **19 Infection Control Champion Programme**

The IPCT continues to provide support and training to Infection Control Champions. They act under the supervision of the IPCT as a resource and role model for colleagues. They are a key contact for the IPCT, cascading new information and facilitating change as required. The IPCT provide quarterly training for all champions covering a range of different topics.

### **20 Personal Development of IPCT**

As part of a development opportunity two band 7 nurses have had a period of time as acting 8a, this is to increase skillset and succession plan for the future when a senior member of the team retires in October 2018.

A band 6 in the team has been successful in being appointed as a secondment opportunity filling the role as a band 7 to complete a commissioned piece of work on the Gram negative E.coli programme initially for 12 months.

A Band 5 (already in an existing secondment role to cover maternity leave) in the team has been successful at being appointed as a band 6 secondment to backfill the above post.

National study days or conferences are attended as appropriate for professional development, and all members of the IPCT are members of the Infection Prevention Society (IPS). The Senior IPC Nurse is the chair of the Yorkshire Branch of the IPS. There is regular communication with other members of the Infection Prevention Society IV Forum and Research and Development Forum for networking and sharing of ideas and expertise, and we have linked with

## **21 Conclusion**

Throughout the year, The IPCT have continued to raise the profile of Infection Prevention and Control and to ensure that safe IPC practice is a fundamental element of all care delivery activities. The team have worked hard to foster relationships with internal and external partners, developing collaborative working arrangements to form the foundation of a strong partnership with a multi-faceted approach to the prevention and management of communicable disease.

To ensure continued quality improvements and to support the organisations zero tolerance to HCAs, further work has been identified throughout this report which will form the basis of the IPC programme and priorities for 2018-19 as set out in the 2017-18 Infection Prevention and Control Programme (Appendix 3).

## **23 Recommendations to the Board**

The Board of Directors is asked to note the contents of this report and approve its publication.

Approved by:

Compiled by: Liz Grogan Senior IPC Nurse Specialist

With reports compiled by:

Joanne Reynard Acting IPC Lead Nurse Specialist

Dave Hall Senior IPC Nurse Specialist

Louise Popple IPC Nurse Specialist

Jeanette Wood IPC Nurse Specialist

Trish Keeney IPC Nurse

Dawn Scholes IPC Nurse

Janice Collier CDC Nurse

## Appendix 1

Infection Prevention and Control Policy and Guideline Plan 2016 – 2018									
No	Policy identification Number	Author	2016	2017	2018	2019	2020	2021	2022
1	Overarching Policy <a href="#">PL305</a>	D Hall		July 17			Sep 2020		
2	Management of body fluid exposure incidents (including needle stick injuries) <a href="#">Included in IPC Manual PL322</a>	L Grogan		Oct 17				April 2021	
3	Local Decontamination of Re-useable Equipment <a href="#">PL331</a>	D Hall			Mar 2018			April 2021	
4	Diagnostic and Screening including safe sampling <a href="#">PL332</a>	Louise Popple			Mar 2018			May 2021	
5	Healthcare Waste <a href="#">PL341</a> <a href="#">Included in IPC Manual</a>	D Hall			June 2018				
6	Scabies Policy <a href="#">PL344</a>	L Grogan				June 2019			
7	MRB <a href="#">PL351</a>	Jo Reynard			June 2018				
8	ANNTT <a href="#">PL338</a>	L Grogan			June 2018				
9	Specific Infections <a href="#">PL345</a>	D Dobson				June 2019			
10	Outbreak Policy <a href="#">PL261</a>	D Dobson	01/10/15		Oct 2018				
11	MRSA Policy <a href="#">PL343</a>	L Grogan			June 2018				
12	Standard Precautions (including HH, PPE and spillages) <a href="#">PL227</a>	Louise Popple		31/10/17			Oct 2020		
13	Clostridium Difficile <a href="#">PL288</a>	D Hall	25/06/16			June 2019			
14	Isolation Policy <a href="#">PL306</a>	Liz		June				Jan	

		Grogan		17				2021	
15	*New* CPE Policy	D Hepworth	30/03/16			March 2019			
16	TSE Policy <a href="#">PL319</a>	L Popple				July CCPG 18			
17	Linen and Laundry <a href="#">PL314</a>	J Wood		Nov 2017			Nov 2020		
18	Deceased Patient <a href="#">PL330</a>	D Hall				Mar 2019			
19	Food Safety <a href="#">PL299</a>	D Hall		15/03/17			Mar 2020		
20	Respiratory Virus Policy <a href="#">PL294</a>	D Hep	Aug 2016				Jan 2020		

Guidelines				
1	Guideline for the Management of Head lice in the Community	D Scholes	01/09/17	Due
2	Animals in a Community Health Setting <a href="#">GL022</a>	L Grogan	03/05/16	Due April 2019
3	Toys in the Community <a href="#">GL037</a>	D Hall	Feb 2017	Due Mar 2020

## Appendix 2

### Infection Prevention and Control Programme 2017-18

In addition to existing IPC activities this programme describes activities that meet the needs of the organisation to ensure patient safety

Work plan element	Lead	By	RAG Rating					Comments
			Q1	Q2	Q3	Q4	PEYS*	
<b>Policies</b>								
Update existing LCH policies due for expiry 2017-18 <ul style="list-style-type: none"> <li>Overarching IPC Policy</li> <li>Isolation Policy</li> <li>Standard Precautions Policy</li> </ul>	LG	March 18						
<b>Training</b>								
Ensure compliance levels for IPC Mandatory training reaches 90% target	DH	Interim results to IPCG Quarterly						
Develop organisational algorithm for management of Sepsis in Children and young people	DH	March 18						
Facilitate a one day IPC conference	LG	November 17						
Collaborative working to support AMR Agenda in GP economy	LG	September 17						<i>Facilitated Target working as part of Leeds Economy Approach</i>
Develop and implement IPC Training for GP and Practice based Teams	Team	Nov 17						
Review and refresh IPC mandatory training programme	LG	Dec 17						
<b>IPC Performance and Quality Assurance</b>								
Work collaboratively with CCG partners to develop surveillance and investigation process of Gram negative bacteraemia episodes in line with DH Mandatory requirements	LG/ JR	October 17						

Work plan element	Lead	By	RAG Rating					Comments
			Q1	Q2	Q3	Q4	PEYS*	
Standardise IPC assessment and assurance framework in Custody Suite areas	JR	Nov 17	Yellow	Yellow	Green	Green	Green	
Assist clinical teams through the completion of IPC elements of Quality Challenge Plus and integrate into IPC Assurance Framework	DS	Sept 17	Green	Green	Green	Green	Green	<i>IPC standards integrated into framework</i>
Undertake structured audit activity within GP practices as part of commissioned service	LG and Team	April 17	Green	Green	Green	Green	Green	<i>IPC Audit process under way</i>
Undertake and Coordinate PLACE reviews of : <ul style="list-style-type: none"> <li>Little Woodhouse Hall</li> <li>CICU J31</li> <li>South Leeds Independence Centre</li> </ul>	DH	June 18	Yellow	Yellow	Green	Green	Green	<i>Awaiting PLACE review process 2018</i>
Produce an Annual Report and release it publically	DH	June 2018	Yellow	Yellow	Green	Green	Green	
Modify and refresh LCH Internal Audit Tool	JW/ LG	Jan 18	Yellow	Yellow	Green	Green	Green	
Review IPC Overarching Assurance Framework	DH	August 17	Green	Green	Green	Green	Green	
Review and undertake audits of antimicrobial usage as directed by Medicines Management Team	LG/CN	Jan 18	Green	Green	Green	Green	Green	
<b>User Engagement</b>								
Coordinate staff influenza vaccine campaign 2016-17 achieving CQUINN target of 75% frontline uptake	TBC	Feb 18	Green	Green	Green	Green	Green	
Foster engagement with cohort of membership with PLACE induction training session	DH	Dec 17	Green	Green	Green	Green	Green	

Work plan element	Lead	By	RAG Rating					Comments
			Q1	Q2	Q3	Q4	PEYS*	
Undertake Hand Hygiene awareness Campaign within LCH	TEAM	Nov 17						
Further develop FFP3 Mask Fit Testing programme for LCH in response to potential Pan Flu risks	DH	Jan 18						
<b>Service Improvement</b>								
Facilitate IPC Team Building Event	DH	Dec 17						
Work with CCG partners to review and improve the wider community CDI review process	LC/DH LTHT/LYPFT	Nov 17						
Work with facilities and Estates to support team/service relocation activities	DH	Dec 17						
Work with CCG partners and other stakeholders to review the MRSA decolonisation protocols	DH LC	Feb 18						

## Appendix 3

### Infection Prevention and Control Programme 2018-19

In addition to existing IPC activities this programme describes activities that meet the needs of the organisation to ensure patient safety.

This year's annual programme is mapped to the Health and Social Care Act 2008, Code of Practice for Health and Social Care on the Prevention and Control of Infections and related guidance (2015). Compliance with the Code of Practice is enforceable by the Care Quality Commission and a declaration of compliance with the Code by the Trust, is a statutory requirement for registration under the Health & Social Care Act 2008. The Code comprises of ten compliance criteria against which the Trust will be assessed by the CQC. In addition Infection Prevention and Control cleanliness standards are monitored under regulation 12 and 15 of the Care Quality Commission Regulations.

There are also relevant NICE standards that are referenced in the plan. The NICE quality standard QS113 on Healthcare Associated Infections (2016) and QS61, the overarching quality standard which reflects other NICE guidance are also referenced. In addition the programme reflects recommendations from other relevant NICE standards such as NICE PH36 (2011) Healthcare associated infections: prevention and control and NICE PH43 (2012) Testing for Hepatitis B and C in drug services and NICE NG60 (2016) HIV testing: increasing uptake among people who may have undiagnosed HIV (Joint NICE and Public Health England guideline).

In addition NHS Improvement (2017) has published its ambition to halve healthcare associated Gram-negative bloodstream infection (BSI) rates across the NHS by 2021, which will involve all parts of the healthcare community working together on improved surveillance of *E.coli*, *Klebsiella* and *Pseudomonas* blood stream infections and prevention of these infections.

Work plan element	Lead	By	RAG Rating					Comments
			Q1	Q2	Q3	Q4	PEYS*	
<b>Policies</b>								
Update existing LCH policies due for expiry 2018-19 <ul style="list-style-type: none"> <li>• Healthcare Waste</li> <li>• Aseptic Technique</li> <li>• Outbreak Policy</li> <li>• MRSA Policy</li> </ul>	LG/LP	March 19						
<b>Training</b>								
Ensure compliance levels for IPC Mandatory training reaches 90% target	JR	Interim results to IPCG Quarterly						
Facilitate a one day IPC conference	LG	May 19						
Collaborative working to support AMR Agenda in GP economy	LG	ongoing						
Develop and implement IPC	Team	December						

Work plan element	Lead	By	RAG Rating					Comments
			Q1	Q2	Q3	Q4	PEYS*	
Training for GP and Practice based Teams		18						
Develop champion based training for GP practice staff.	LG	December 18						
Review and refresh IPC mandatory training programme look too develop innovative ways to reduce travel	LG							
Perform IPC training for social care staff at Enterprise House, discuss evaluations and maintain the contract	Team / JR							
<b>IPC Performance and Quality Assurance</b>								
Work collaboratively with CCG partners to facilitate surveillance and investigation process of Gram negative bacteraemia episodes in line with DH Mandatory requirements. Report monthly and input on DCS.	LP							
Standardise IPC assessment and assurance framework in Custody Suite areas and initiate self-assessment tool.	JR	Sept 18						
Assist clinical teams through the completion of IPC elements of Quality Challenge Plus and integrate into IPC Assurance Framework	DH	March 19						
Undertake structured audit activity within GP practices as part of commissioned service	LG and Team	March 19						
Undertake and Coordinate PLACE reviews of : <ul style="list-style-type: none"> <li>• Little Woodhouse Hall</li> <li>• Hannah House</li> <li>• CNRC</li> </ul>	DH	May 19						
Produce an Annual Report and release it publically	Lead	June 2019						
Modify and refresh LCH Internal Audit Tool	JW/ LG	August 18						
Review and refresh Risk assessment process	DH	August 18						
Identify ongoing concerns and audit 50 cases that were telephoned from LTHFT to CDC for accuracy. Explore what can be done to	CDC Nurse	September 18						

Work plan element	Lead	By	RAG Rating					Comments
			Q1	Q2	Q3	Q4	PEYS*	
mitigate the risk as an IT solution is not forth coming.								
The partnership agreement is in development by LCC and will be shared to LCH by July 18. This will need senior review by the board and DIPC.	DIPC	March 19						
IC net will cease to be used by April 19. LTHT are transferring to PPM plus. IPC team need to understand the impact this will have on their processes and ensure their needs are addressed as part of the development led by LTHT.	Lead	March 19						
To review with EH and LCH the role of EH and CDC nurse role	Lead							
To review and continue ongoing contracting arrangements for the Care Home staff IPC training.	Lead/JW							
<b>User Engagement</b>								
Coordinate staff influenza vaccine campaign 2018-19 achieving CQUINN target of 75% frontline uptake	JW	March 19						
Foster engagement with cohort of membership with PLACE induction training session, to look to engage at developing connections with Health Watch with the PLACE process.	DH	March 19						
Undertake Hand Hygiene, Sepsis and AMR awareness Campaigns within LCH	Team	March 19						
Further develop FFP3 Mask Fit Testing programme for LCH in response to potential Pandemic Flu risks. To ensure database is effectively in place to record LCH staff in line with HSE guidance.	DH	Dec 18						

Work plan element	Lead	By	RAG Rating					Comments
			Q1	Q2	Q3	Q4	PEYS*	
Work with LCH colleagues to develop a sepsis forum and look at develop engagement at all levels within the organisation	LG	March 19						
<b>Service Improvement</b>								
Facilitate IPC Team Building Event	Team	March 19						
Work with CCG partners to review IP performance and improve the wider community CDI review process	LC/DH LTHT/LYPFT	Nov 17						
Work with CCG partners and other stakeholders to review the MRSA decolonisation protocols	LG	September 18						

*PEYS = Predicted end of year target*

Joanne Reynard and IPC Team

IPC Team

20<sup>th</sup> June 18