Leeds Community Healthcare NHS Trust

Infection Prevention and Control

"Building the Future, restoring the past"

Annual Report 2018-2019 and IPC Programme for 2019/20

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 2018 to March 31st 2019 and provides information on:

- IPC activities undertaken within the organisation and collaboratively with partners across the healthcare economy.
- Description of the (IPC) arrangements.
- HCAI statistics.
- Forthcoming IPC programme 2019/20.

Key Achievements

During the past year the Trust has maintained and achieved in the following areas:

- Continuing compliance with Care Quality Commission (CQC) regulations relating to Infection Prevention and Control.
- Collaborative working across the healthcare economy and working towards a Partnership Cooperation Agreement with Leeds City Council.
- Remained within commissioned targets for CDI and MRSA bacteraemia.
- Development of the Gram Negative E.coli Programme, working towards a national reduction of 50% by 2024.
- Achieving 76.9% uptake in the Seasonal Staff Influenza Campaign.

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 2018/19. Recently a central fund has been agreed to support clinical teams who cannot replace condemned furniture on existing ward environment budgets.

- 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 in identifying causation behind injuries, and where appropriate deliver training on needle safety devices and potentially evaluate equipment in use.

Key Plans for 2019/2020

The infection control programme aims to continuously review and build on existing activity. This is driven by local needs, whilst incorporating and complying with the latest Department of Health (DH), Public Health England (PHE) and relevant strategy and/or regulation(s).

The key plans/changes were

- Commencement of a Partnership Cooperation Agreement with Leeds City Council.

- Identifying new ways of working in line with the NHS Long Term Plan with particular emphasis on digital technologies.

- Co-ordinating the seasonal staff influenza campaign to meet the increased national target of vaccinating 80% of frontline staff and ensuring that staff are fully briefed on the prevention, detection and management of Influenza. There is a Commissioning for Quality and Innovation (CQUIN) payment attached to this target for 2019/20 with full payment for 80% uptake this year, a 5% increase on 2018/2019.

- 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: with an emphasis on improving awareness of sepsis signs, symptoms and management

- 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 font 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 LCH. 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. An increasing wealth of evidence relating to the rise of antimicrobial resistance and patient vulnerability has been used 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 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 IPCT, the Communicable Diseases Control Team (CDC) and an additional commissioned service 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 2018/19 work plan (see Appendix 1). Performance management information and the IPC programme for 2019/20, which sets out objectives to meet the needs of the organisation to ensure patient and staff safety (Appendix 2), is also included.

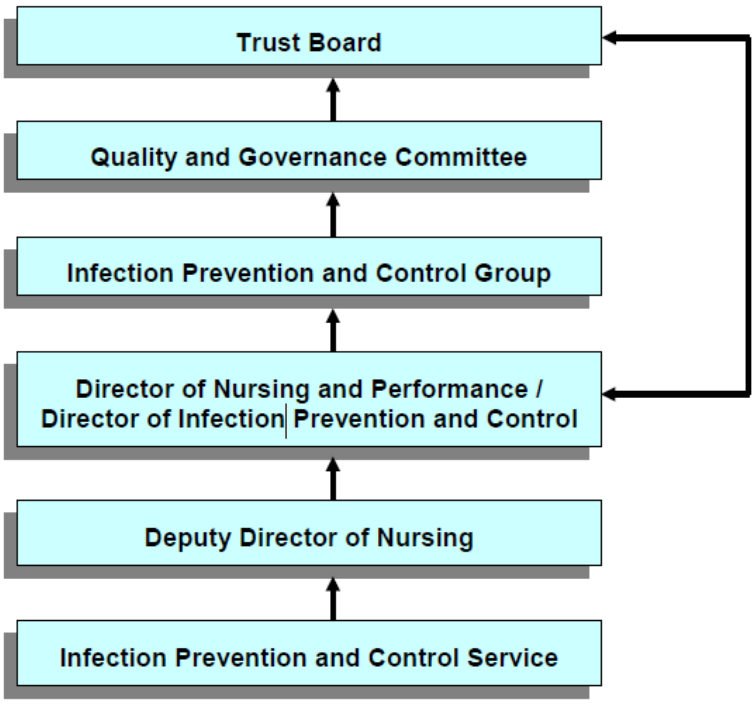
2. Provenance

The information contained within this report has been sourced from the Trust’s IPCT and other Infection Control Committee members. It is reflective of actions undertaken throughout 2018/19 and as part of the work of the Committee outlined in the 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 CQC 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 (DH, 2015). This requirement forms part of the CQC regulation 12 (safe care and treatment) and regulation 15 (premises and equipment).

6. Healthcare Associated Infections (HCAIs) 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), LCH has worked within locally agreed targets for a number of years. 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. The Gram Negative Blood Stream Infection (BSI) ambition will change year on year to reflect the yearly 10% reduction ambition. For 2018/19 the E. coli BSI target was 482 community cases.

6.2. Gram negative bacteraemia programme of work

2018/19 saw LCH beginning work to reduce Gram Negative BSI burden in Leeds by 10% each year, leading to a 50% reduction in 2020, as set out by the Department of Health. This target has altered for the 2019/20 financial year and now recommends a 25% decrease in Gram Negative BSI cases by 2021/22 and a 50% decrease by 2023/24.

A Root Cause Analysis (RCA) is conducted for each community acquired E. coli bacteraemia and additional information is added to HCAI Data Capture System (DCS). The results are summarised into both the quarterly HCAI report and a monthly Gram Negative report which is shared with LCH performance team, CCG, and LCH Executive Director of Nursing and Allied Health Professionals.

Other work conducted this year which focuses on reducing the incidence of E. coli BSI includes:

• Commencement of E. coli Collaborative Working Group,

- Creation of the “I Spy E. coli” branding which is used on all Gram Negative reduction work. This branding is copyrighted to LCH and used only within the wider Leeds Healthcare economy. Shared branding aids the reduction project in its target of being collaborative and seamless.
- Release of patient and staff posters on E. coli and winter hydration plus patient leaflets on E. coli and urinary tract infections for those who are not catheterised.

- Two awareness days in August and December focusing on PHE identified aspects of awareness and hydration as a method of reducing Gram Negative BSI.
- Benchmarking with other local trusts specifically Kirklees.
- Planning presentations for various conferences in 2019/20 including IPS Yorkshire and National conference, Leeds Collaborative Gram Negative reduction conference, LTHT and LYPFT champions events, NHS Improvement Gram Negative Blood Stream Infections – sharing good practice across North Cumbria and the North East,
- Taking part in cohort one of NHS Improvements UTI collaborative and working to continue this project once the collaborative has finished,
- Working with Leeds City Council colleagues to produce a Winter Wellness TV advert which focuses on E. coli and was played across the Leeds TV channel throughout the winter period,
- Attending Chapel FM radio station to share messages around preventing E. coli infection over the winter period,
- Working with lunch clubs within the local area to reduce E. coli BSI in the older adult population which does not have any health or social care input and are therefore difficult to access from a public health perspective.
- Working with EPR to review and amend the nutrition and hydration section of the Neighbourhood Teams new patient assessment and ensure information gathering is conducive to improving patient hydration,
- Working with Leeds HUB's to implement good practice in identifying whether patients and staff have achieved the recommended daily intake of fluid both whilst in the HUB's setting and in their permanent place of residence (care home or personal home setting) following discharge.

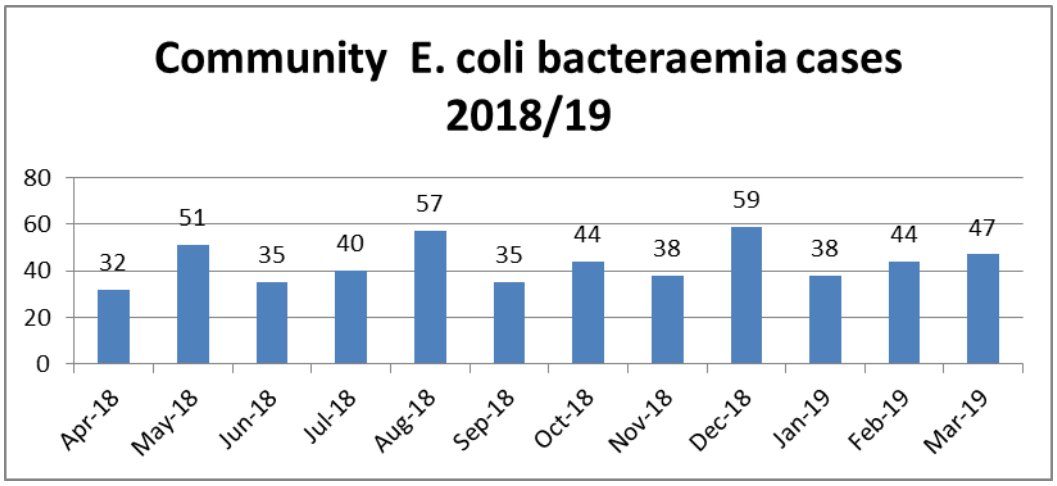


Figure 1. Community onset E. coli bloodstream infections 2018/19

In 2018/19 a 3% reduction was made to the number of E. coli BSI community cases. This is less that the national 10% reduction ambition, however, due to the nature of the reduction ambition and the requirement for a predominantly public health

campaign, the reduction is not surprising as behaviour change can take time to effectively implement.

6.3. Meticillin Resistant Staphylococcus aureus (MRSA)

From April 2018 to March 2019 there have been no cases of MRSA Bloodstream Infection (MRSA BSI) attributed to LCH.

During the reporting period for 2018/19, LCH was notified of 8 MRSA BSI that required joint exploration with stakeholders. LCH was also notified of 4 collaborative cases at Leeds Teaching Hospitals Trust (LTHT).

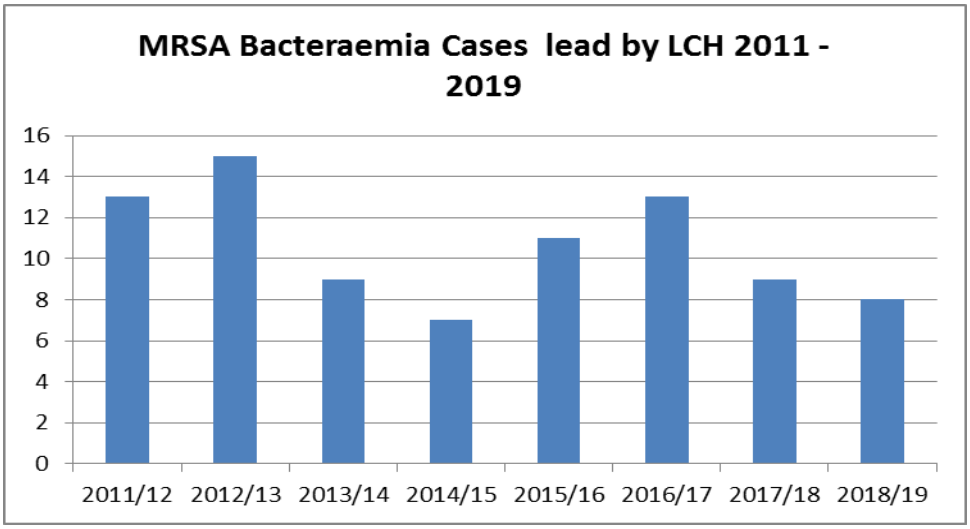


Figure 2. MRSA BSI lead by LCH 2011 – 2019.

All MRSA BSI cases require the Post Infection Review process to be undertaken within 14 working (21 full) days of notification. The principal purpose of the PIR is to deliver zero tolerance on MRSA BSI, to identify how each case of MRSA BSI occurred and to identify actions that will prevent it reoccurring in the future.

GP attendance at PIR meetings has been nurtured and promoted over recent years and all efforts have been made to involve and accommodate GP's within the PIR process. All PIR meetings organised by LCH are now, where appropriate, arranged to be held within GP practices. This increases the likelihood of GP's being able to attend. Where GP's are still unable to attend or it is impractical for the PIR meeting to be held at the surgery, teleconference facilities are made available.

The outcome of the PIR determines clinical learning and relies on strong partnership working with all organisations involved in the patient's care in order to jointly identify and agree the possible causes of, or factors that contributed to, the patient's MRSA BSI. Due to changes in 2018/19 MRSA BSI information no longer requires submission to the HCAI DCS. This also means the process of attributing responsibility is no longer required, as attribution is purely based on the timeframe between acute admission and identification of MRSA BSI. However, the wider Leeds healthcare economy has agreed to continue the attribution process as a means of tracking progress. Using the previous assignment system, during the 2018/19 period 4 cases would have been assigned to third party, 1 case to acute care and 2 cases to wider multiagency. One further case has been identified for 2018/19 Q4, however, due to this being identified late in the financial year (28/03/19) the case is still under investigation and review. It is felt that this case is likely to be assigned to wider multiagency.

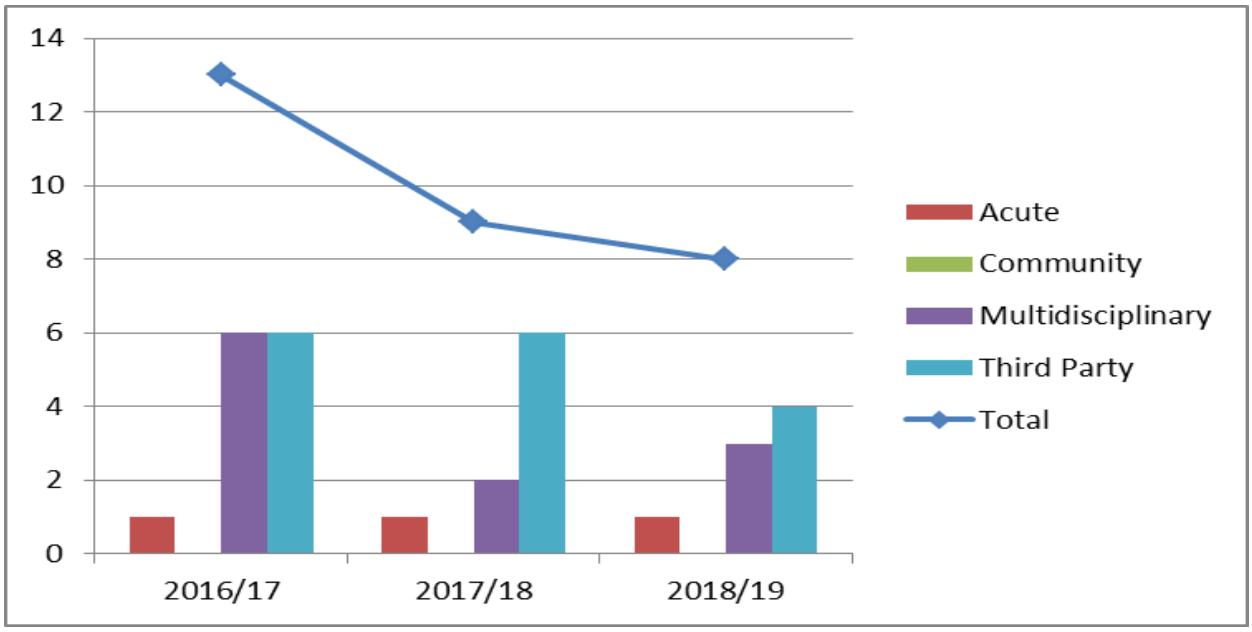


Figure 3. Attribution of cases 2011 – 2019

Within the eight cases investigated by community IPC, 2 were identified as patients who were involved in illicit drug use. Significant numbers of MRSA BSI relating to illicit drug use was noted in previous years, however the two cases identified in 2018/19 had no connections. No MRSA BSI cases from 2018/19 were noted to be care home residents; this is a decrease of 2 cases from the previous year.

Learning from the PIR's throughout 2018/19 have included:

- Ensuring that all cases involving IV drug users are referred to Forward Leeds
- Increasing the quality of communication between trusts and also internally within trusts.

- Ensuring catheter care is effective and appropriate for all who undertake (staff, patients or carers.)

A systematic action plan has been developed and implemented to address the identified deficits throughout the Leeds healthcare economy. The progress of action plans relevant to LCH plan is monitored by the LCH Quality Committee and Senior Management Team (SMT).

6.4. Learning from Post Infection Reviews

All reported cases of MRSA bacteraemia within the wider community health economy are subject to a full (PIR), which aims to identify the root cause of the infection,where possible, and any healthcare contributing factors. Significant work has continued 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 for LCH have, however, been identified.

These include:

- Ensuring all new patients to the Neighbourhood Team are seen by qualified staff at the first visit and “one off” visits are not used as this may lead to future care being missed.

- Ensuring the Neighbourhood Teams electronic records and notes are in-depth and accurate, in order to give a good picture of the patients care.

- Identifying that 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 illicit drug usage, catheterisation, or open wounds/ ulcers.

6.5. Clostridium difficile Infection (CDI)

All community apportioned CDI cases are reviewed by the LCH IPCT. This review process involves the collection and analysis of patient case information and the subsequent identification of potential contributing factors for C diff acquisition.

This information is jointly reviewed by the CCG Medicines Optimisation Team, who directly link to the respective GP practices. A PIR is undertaken in situations where the episode of infection is identified as part of an outbreak, a contributing factor in the death of the patient or when the patient is identified within a LCH in-patient facility. From April 2015 an enhanced process of CDI review is being undertaken. The primary aim of this is to provide insight into the contributing factors for infection in cases where clear causation is not apparent.

A number of concerns had been raised about the accuracy of CDI data provided to LCH from the LTHT Laboratory. On occasions there had been discrepancies between the number of cases reported to LCH for investigation and the number published on the PHE Healthcare Associated Infection Data Capture System (HCAI DCS). The community IPC team now input CDI data to the HCAI DCS where the sample has been taken within the community e.g. by a GP surgery. The review process has also been complicated by delays in the receipt of responses from GP Practices.

6.6 Clostridium difficile community apportioned cases Q1 – 4, 2018/19

The following table outlines the number of community apportioned CDI cases identified and reported to the IPCT during this period

	Quarter 1 2018-19			Quarter 2 2018-19			Quarter 3 2018 - 19			Quarter 4 2018 - 19			Year Total
	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Cases attributed to wider community healthcare economy	16	12	11	11	12	16	15	16	15	9	7	10	150
Cases attributed to LCH	0	0	0	0	0	0	0	0	0	0	0	0	0

Figure 4. Attribution of C.diff cases per month 2018/19

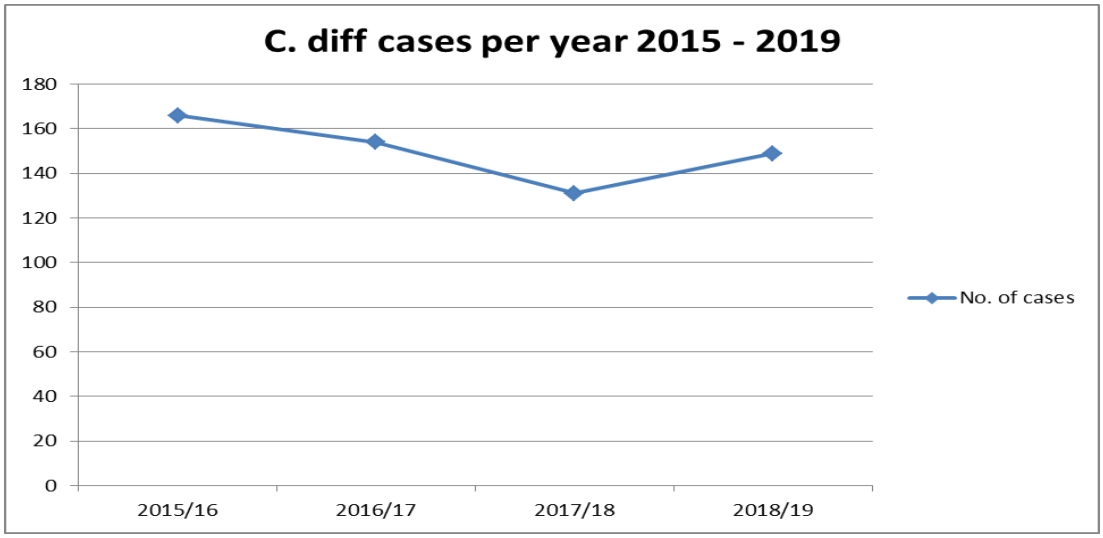


Figure 5. Comparison of C.diff cases per financial year 2015 - 2019

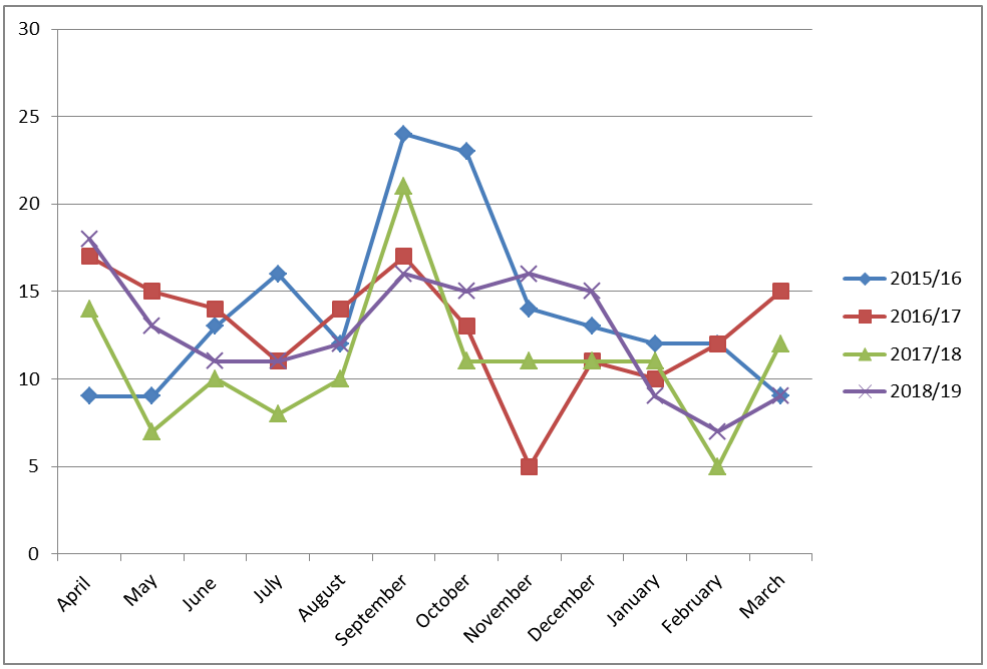


Figure 6. Comparison of CDI cases per month 2015 – 2019

6.7. Clostridium difficile infection (CDI) contributory factors 2018-19

Figure 4 shows there has been an annual increase of 19 cases in comparison to last year in which 131 recorded cases for 2017/2018 and 150 cases for 2018/2019. However for Q4 alone there has been a decrease of 2 cases compared to last year (2018/19 Q4 26 cases reported, 2017/18 Q4 28 cases reported.) Information from the previous four years on the whole shows a downward trajectory however, it is not possible to identify whether the increase identified this year is an anomaly, due to having limited data points to compare and contrast with at present. CDI data is discussed at both the HCAI group and IPCG (Infection Prevention and Control Group) meetings. Concerns regarding this increase have not been expressed within either group.

6.8. CDI going forward 2019/20

Guidance published by NHS Improvement in February 2019 outlined new CDI objectives for 2019/20. This document outlines that although great efforts have been made to reduce the incidence of CDI, the rates of improvement have slowed over recent years. In 2014 the Advisory Committee on Antimicrobial Resistance and Healthcare Associated Infections advised that the definitions used to attribute CDI cases to an organisation should be updated in line with other recognised international definitions such as Centres for Disease Control and European Centres for Disease Control. NHS Improvement also outlined the need for a system-wide

approach for objective delivery and therefore as of April 2019 CCGs will have responsibility for the delivery of reduction of all cases assigned to them.

6.9. IC Net Surveillance

IC Net is the software system currently used by LTHT for the reporting of laboratory specimen results. It is the interface by which MRSA positive and C.*diff* positive samples for patients in the LCH community setting are reported to the IPC team on a daily basis.

Each result is processed by adding a high priority alert/reminder on System One. An IPC information task is sent to any LCH services currently involved with the patient, identified by any services with an open referral. The result is flagged up to the patient's GP by either a task on System One, or a telephone call to those using a different healthcare record system, requesting that the patient is reviewed in light of the result. If the patient resides in a care home or nursing home the facility is contacted to inform of the result and offer appropriate infection control advice.

Current LCH policy recommends that all patients with an MRSA positive sample result are offered decolonisation treatment if not previously given within the last 3 months. GPs are signposted to the MRSA decolonisation guidance, available at Leeds Health Pathways.

In addition to the IC Net daily report, LCH IPC receive a daily report from LTHT listing any patients who have had samples taken during hospital admissions, outpatient appointments and surgical assessments that have returned MRSA positive. These are similarly processed as for the PCT active list.

Particular focus is given to the MRSA positive cases identified with urinary catheters, wounds and/or invasive devices due to the high risk of developing a bloodstream infection. In such cases the GP may be prompted regarding antibiotic prophylaxis prior to catheter change/removal or to review the current antibiotic therapy.

All C.*diff* cases whether 'toxin detected' or 'toxin NOT detected' are reported to the IPCT in the same way as for MRSA – either via the daily PCT Active List or the Community CDI list sent weekly. They are similarly processed with a reminder added on System One. Other services are informed as appropriate and GPs are prompted to review the patient (Proton Pump Inhibitor (PPIs), antibiotic therapy, etc.).

If the patient lives in a care home, the home is contacted to inform them of the result and to reiterate standard infection control precautions.

The above measures are taken as a proactive measure with the aim of reducing the spread of MRSA and C.*diff* within the community and minimising the risk to the affected individuals.

The number of cases notified to the IPCT by LTHT for the 2018-2019 period was: MRSA 1183 (average 99 per month); C.*diff* 225 (average 19 per month); out of area results received was 22 (21 MRSA and 1 C.*diff*).

7. Outbreaks of Communicable Infection

7.1 Norovirus

Throughout the year the LCH Communicable Diseases team have responded to all outbreaks of viral gastroenteritis reported within the Leeds Area.

7.2 Influenza

LCH has again reached flu vaccination targets set out by NHS Flu Fighters. Throughout the flu season sporadic outbreaks have been noted within care home settings and some disruption noted within secondary care. No outbreaks were noted within LCH in-patient areas.

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 8 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 18 cases reported in 2017/18, and 37 reported in 2016/17.

9. Seasonal Staff Influenza Campaign 2017/2018

9.1 The Code of Practice (2012) for the prevention and control of HCAI emphasises the need for NHS organisations to ensure that its frontline health care workers are free of and protected from communicable infections (so far as is reasonably practical). Influenza is a highly contagious illness which can be serious, particularly for older people or those with other health conditions. Health and social care workers care for some of the most vulnerable people in our communities and 50% of staff may carry flu and may unknowingly pass flu onto others.

Health care staff are also at increased risk of transmission of infections. Therefore it is important that staff help protect themselves (and their families) and the patients that they care for by receiving annual flu vaccinations. Staff vaccination also results in lower rates of influenza-like illness and mortality in healthcare settings and helps to ensure vital business continuity in the health and social care sector (by reducing staff flu related illness).

9.2 Results 2018/19

At the end of January 2019, LCH had vaccinated **76.9%** of its clinical staff. In addition to this figure, by the end of March 2019, a total of **3330** vaccines had been administered by LCH for: LCH staff, LCC staff, and local care home and hospice staff. Numbers of vaccinated staff for each of these three areas is broken down further below:

LCH staff

- 1961 total staff were vaccinated (out of 3317 staff)
- 1632 total clinical staff were vaccinated
- 354 total staff had a vaccine elsewhere
- 313 total clinical staff had had a vaccine elsewhere

9.3 Challenges

Despite successfully achieving the 75% LCH clinical staff target, the 2018/19 campaign came with its challenges. This included an increased six week period of vaccinating which involved additional commitment from the team in continued promotion of the vaccine and in organising and delivering vaccination opportunities. The IPC team performed these extra duties whilst also attending to other IPC work streams and responsibilities. In addition to this, and due to demands of other work streams and responsibilities, at the start of the vaccinating period (1st of October) only two staff members were able to deliver the trust vaccine launch day. Due to this the launch event only resembled a typical vaccination clinic.

Furthermore, during all the vaccinating season, the majority of the IPC team were unable to be as involved as in previous years and the bulk of the work and responsibility fell to only a few of the IPC team members. Considering this and also due the increased period of vaccinating in 2018/19, plans for next year include involvement and responsibility for staff vaccines from other staff in LCH services.

The IPC team had difficulties with the inaccurate date on ESR, as a result of this it was difficult to provide accurate monthly mandatory data (which is used for national publication and is also linked to CQUIN monitoring). Data required includes the total number of clinical staff employed, the numbers of clinical staff vaccinated and the number of clinical staff who have declined their vaccine.

This will help to ensure the sustainability and success of future campaigns. For example front of house staff will be requested to be more involved and committed in alerting staff at their premises (on the days when the clinics will be at their premises). Service managers will also be asked to work with the IPC team in being aware of and monitoring which of their staff have not been vaccinated (and should also provide encouragement to their staff to receive the vaccine).

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

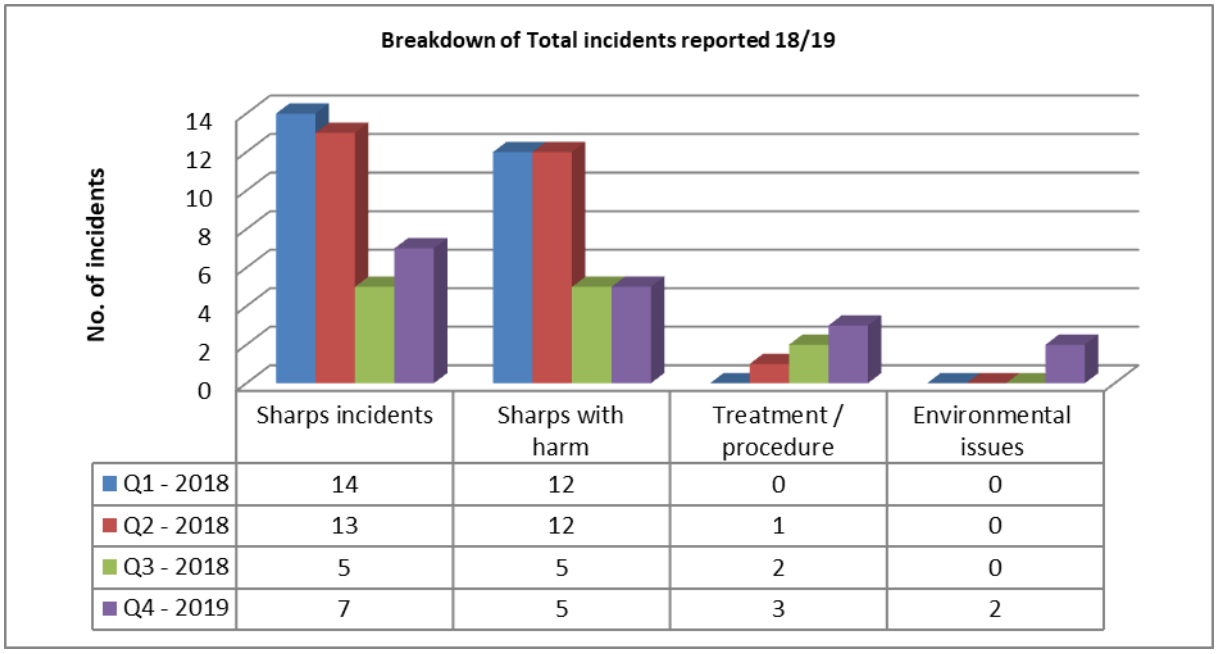
Incidents are categorised into four areas:

- Environment
- Treatment/procedure
- Sharps
- Other Infection control related incidents

There was a total of 81 infection control related incidents reported from April 2018 to end March 2019. These were reported from a number of LCH service including Neighbourhood Teams, Children's services, Podiatry, Dental, Sexual Health and Custody services.

A breakdown of these injuries show that the highest reported infection control incidents continue to be sharps related:

- Sharps incidents – 39
- Sharps with harm – 34
- Treatment/Procedure – 6
- Environmental issues – 2



	Sharps incidents	Sharps with harm	Treatment / procedure	Environmental issues
Q1 - 2018	14	12	0	0
Q2 - 2018	13	12	1	0
Q3 - 2018	5	5	2	0
Q4 - 2019	7	5	3	2

Figure 7. Total incidents reported

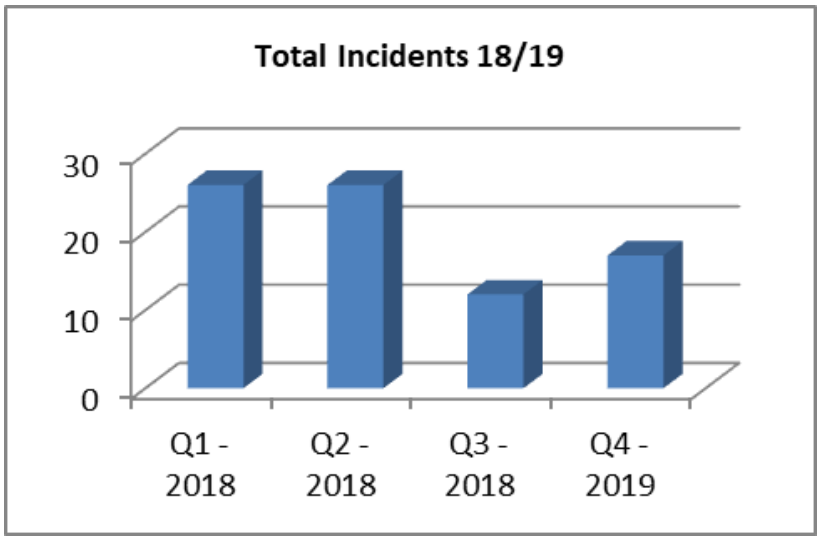


Figure 8: Breakdown of total incidents

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 39 sharps related incidents, 37 of which resulted in harm.

10.4. Breakdown of reported sharps incidents with harm

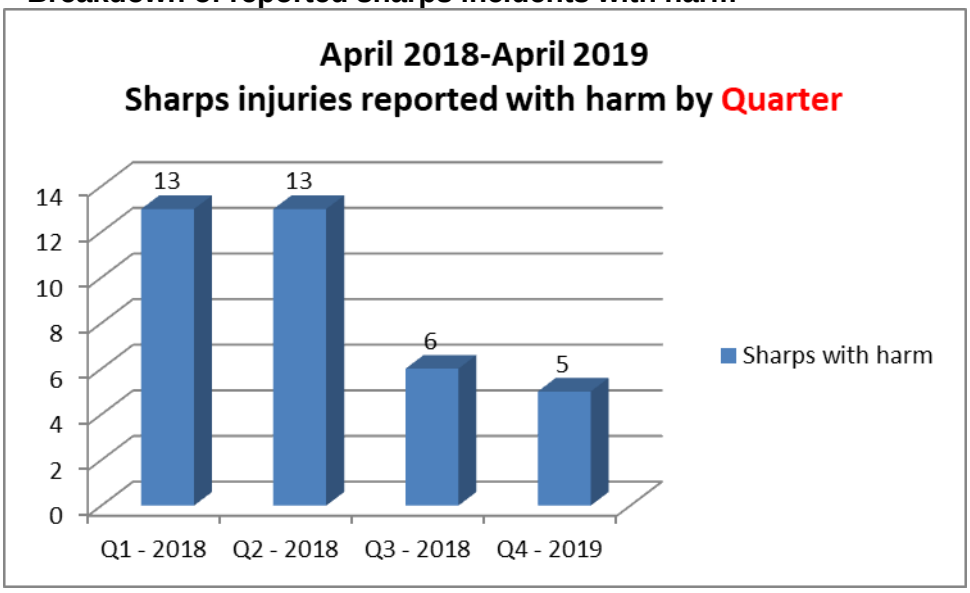


Figure 9.

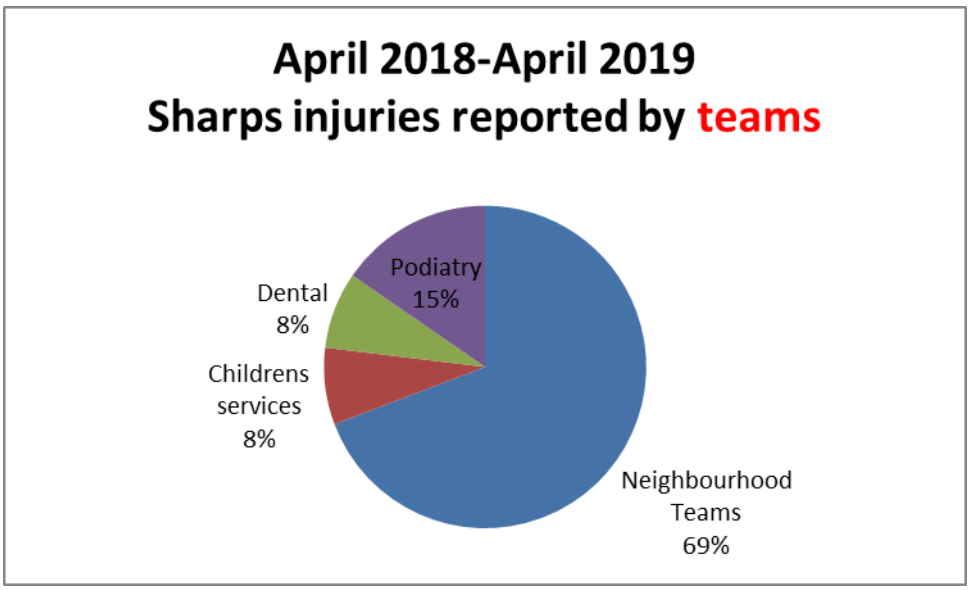


Figure 10.

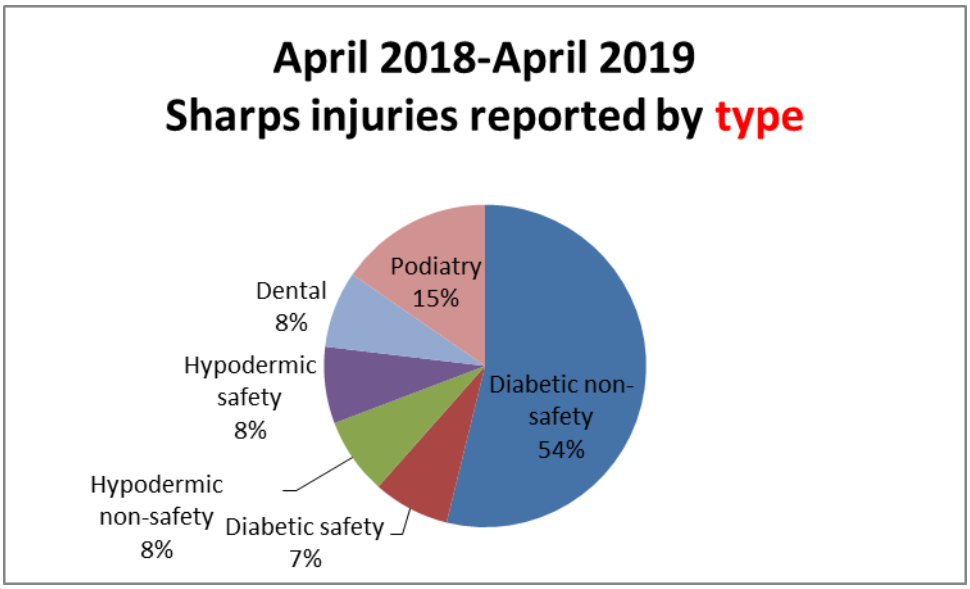


Figure 11.

As shown in the graphs, the majority of sharps injuries were reported by the Neighbourhood Teams (69%), involving a diabetic non-safety device (54%) such as patients own blood glucose lancet and non-safety insulin pen needles.

This continues to be the biggest area of risk in terms of sharps injuries sustained in the community.

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

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.
- During mandatory IPC training and induction, sharps safety is highlighted focussing on how to prevent a sharps injury and what to do in the event of a sharps injury.

10.5. Exposure to infection

There have been no particular themes or trends that have been identified and appropriate 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 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 and external provider with "state of the art" facilities. The IPCT continues to monitor decontamination standards with regular meetings and "Duty of Care" visits to the facility.

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

Throughout the year, the IPCT have continued to work closely with the Estates Department to assure and maintain the safety of clinical environments where LCH care activities are taking place. A fundamental element of this assurance process has involved the periodic auditing of facilities to monitor the condition of the environment and fixtures such as hand wash basins, toilets, cupboards etc. and the structured feedback of identified deficits to the estates team to ensure remedial action is completed.

A number of healthcare facilities have been subject to refurbishment programmes to ensure they continue to comply with current best practice and infection control standards. During 2018 a Six Facet survey was undertaken of all the LCH premises to review environmental standards, compliance with environmental regulations and legislation, effective utilisation of space, etc. As a result of this project significant investment has been made to many of the care environments and alterations made to many treatment rooms. The predominant focus of this work has been Pudsey and Meanwood Health Centres.

The IPCT have continued to work as part of the LCH Water Safety Group, overseeing current operational controls that protect patients and staff from water related infections. Throughout the year emphasis has been placed on the continued implementation and improved recording of water outlet flushing regimens, important for the prevention of water related infections such as Legionella and Pseudomonas. Comprehensive Water Risk Assessments are in place for each of the LCH premises and these provide the underpinning framework for the water safety control measures in place for the areas. In situations where water quality issues have been identified, appropriate actions have been taken to ensure the maintenance of patient and staff safety.

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 including the Management of MRSA in the community setting.

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

The IPC team perform annual audits of its areas and premises used by LCH clinical staff for clinical purposes. Data gathered from the LCH auditing activity is used to applaud good practice, identify concerns and themes which 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.

From April 2018 to March 2019 the IPC team audited 57 premises which were:

- 24 health centres/clinics used by LCH
- 33 areas where clinical activities take place outside of LCH health centres/clinics :

    - Wharfdale Hospital MSK unit
    - Sunfield Medical Centre MSK room
    - Thornton Medical centre
    - St Marys Hospital Community Rehabilitation Unit
    - Rutland Lodge – Continence Urology and Colorectal service suites
    - Merrion Centre Leeds Integrated Sexual Health
    - Hannah House
    - Little Woodhouse Hall
    - St Georges Centre for Musculoskeletal (MSK) and Children's Out patients
    - Leeds Assisted Living Centre
    - Wetherby Young offenders institute (HM prison)
    - 17 Police Custody Suites for East, North, South and West Yorkshire
    - 4 Special inclusion learning centre (SILC) schools
    - North West Recovery Hub

However Reginald Centre and Park Edge have not been audited this year (and will be audited earlier this year) for due to changes to the annual audit programme.

13.5.1 Findings

Findings of the 57 audits varies between premises. Below are examples of compliant, moderately compliant and minimally compliant findings:

Compliant areas – Minimal risk

- Clinical staff bare below the elbows (short sleeves, no rings or wrist jewellery and no false nails/nail polish)
- Hand hygiene facilities such as paper towels, liquid soap and alcohol gel widely available in clinical areas via replenished wall dispensers
- Window blinds clean
- Wide spread use of trust recommended combined trust detergent and disinfectant wipes
- Toilets are clean

Moderately complaint areas – Medium risk

- 4 health centres (as discussed above) delivered from tired and worn environments with issues of chipped paint work, lifting wall paper, damaged plaster and damaged radiators
- Throughout varying premises many hand hygiene sinks are not Department of Health Building Note compliant**.** The IPC team has recommended that these sinks are upgraded to compliant sinks when the sinks are next upgraded
- Evidence of staff eating and drinking in clinical areas and hand hygiene sinks being used to wash staff crockery
- Sharps bins not labelled
- Dust to high surfaces and behind desk top PC's and printers to several premises.
- Areas cluttered (with not needed items). On review many areas had been decluttered and not needed items had been removed (i.e. old out of use ultrasound machine and old wall clock which was not on the wall)
- Build-up of several locked sharps bin to a clinic room

Minimally compliant areas – High risk

- Portable fans not cleaned and clinical staff not aware it is there responsibility to clean fans used in their clinical areas. Clinical teams are alerted to their responsibilities to clean the fans in the action plans.
- Toys not on regular cleaning schedule and one clinical team not aware of their responsibility to clean the toys that they use. Soft non-wipable toys were also seen in several premises. Following identification of these problems, the IPC nurse liaised with the discussed clinical team lead to ensure the staff were aware of their role to clean their toys. The nurse also forwarded a copy of the toy cleaning policy and first choice product list (to assist staff with ordering trust wipes for cleaning the toys) to the clinical lead. Adding to this the IPC recommended in the action plans that all soft toys should be disposed of.

- Out of date box of syringes found. Following the audit the team disposed of the syringes and the team's clinical lead has advised the staff to regularly check expiratory dates (which includes before using sterile equipment) and will also raise the issues at the next team meeting.
- Blood spots/splashes on walls and floors. On IPC nurse investigation this problem was due to phlebotomy staff practice (who were from a different provider). The IPC nurse raised this concern with the providers IPC team and phlebotomy team lead).
- Cleaner's cupboards dirty, untidy and cluttered (to rented premises). This issue has been raised with the LCH team cleaning lead (who has liaise with the landlord) and a follow up visit will be done by the IPC nurse to review progress.
- In the Leeds Equipment Service it was noticeable that the activity levels within the unit have significantly increased since the last audit and that the general standards of environmental cleanliness have reduced, with dust accumulations being noted on many of the horizontal surfaces and stored equipment. The team are attempting to negate the risks associated with dust contamination by applying plastic wrapping to complex items of equipment. Although this has been a long standing issue, the level of dust contamination has increased since the audit undertaken in 2017. As stated in previous audits, the building, by virtue of its industrial nature has inherent design difficulties that make dust control almost impossible. The IPC nurse recommended that a review of the cleaning input and resource provided to the facility is required and specific design controls are required when considering the lay out of the new, proposed facility. Central to this would be the provision of impervious, cleanable shelving and a storage area that would include covered shelving.

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 monthly hand hygiene compliance monitoring has been established at the Community Rehabilitation Unit (CNRU) 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.

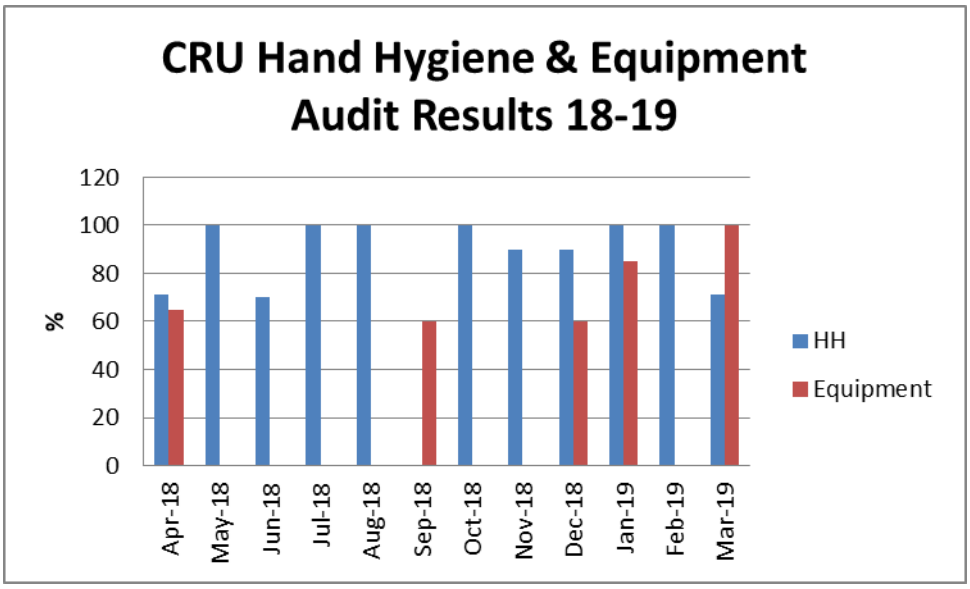


Figure 12: Hand Hygiene and Equipment Compliance CNRU 2018/2019

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)

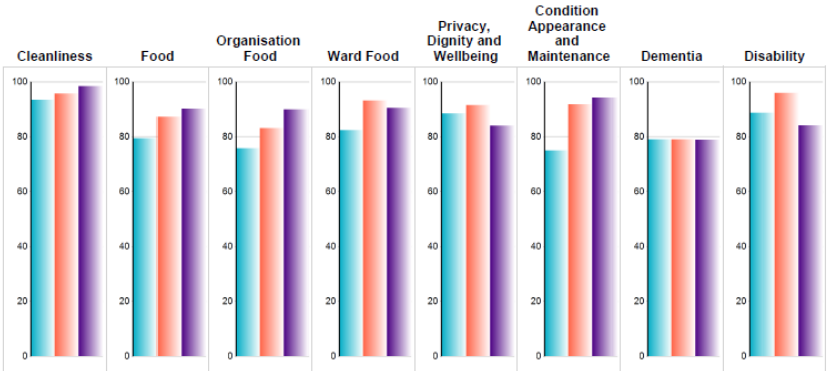
The LCH Infection Prevention Team continues to coordinate the PLACE inspection programme within LCH in-patient areas. The PLACE programme is undertaken annually within LCH and follows the assessment framework published by the Department of Health. During April 2018 a group of Patient Members and other stakeholders visited Little Woodhouse Hall, Hannah House and The Community Neurological Rehabilitation Unit (St Mary's Hospital).

The primary focus of the assessment activity is to review the condition and cleanliness of the care environment as well as elements relating to privacy dignity and wellbeing as well as food quality, disability and dementia care.

Results 2018

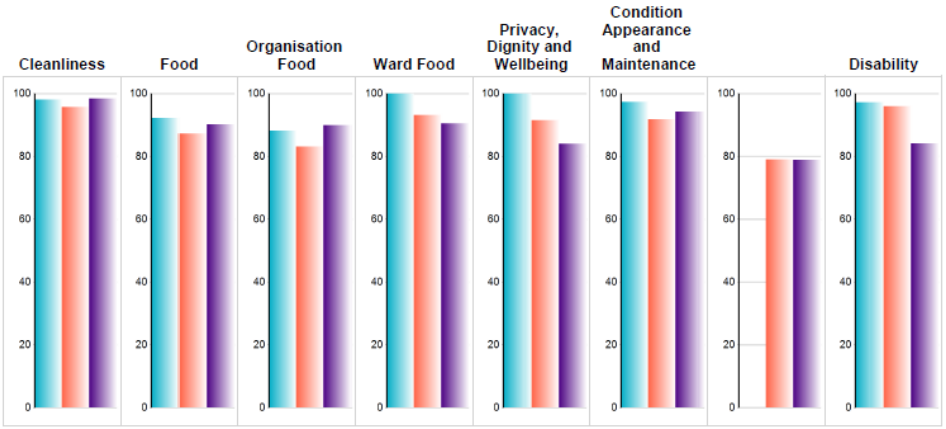
The following graphs provide an overview of the results achieved in each of the three areas appraised and also give a comparison with the national average figures for each of the standards.

PLACE Results 2018 CNRU St. Marys Hospital



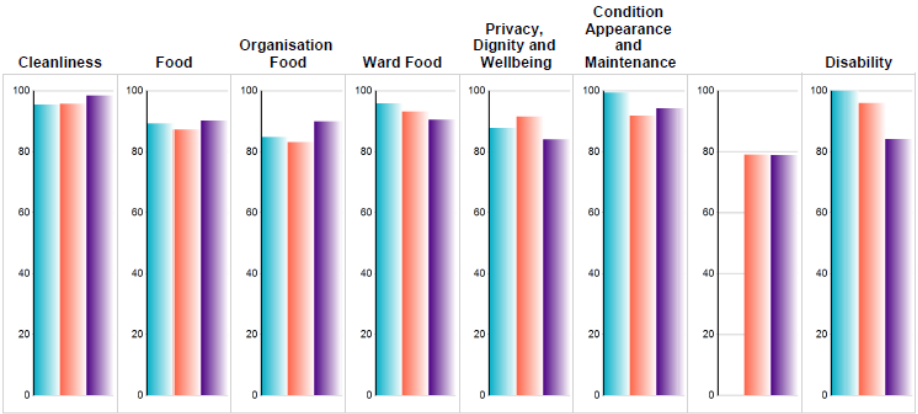
	Cleanliness	Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
Achieved Score (Actual)	286.0000	209.4578	89.9704	119.4874	56.6666	126.0000	82.8571	80.2100
Available Score (Actual)	306.0000	263.5291	118.5880	144.9411	64.0000	168.0000	104.8571	90.3697
Site Score	93.46%	79.48%	75.87%	82.44%	88.54%	75.00%	79.02%	88.76%
Organisation Average	95.69%	87.30%	83.20%	93.21%	91.51%	91.89%	79.02%	96.00%
National Average	98.47%	90.17%	89.97%	90.52%	84.16%	94.33%	78.89%	84.19%

PLACE Results 2018 Hannah House



	Cleanliness	Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance		Disability
Achieved Score (Actual)	263.0000	142.7729	89.4284	53.3445	52.0000	150.0000		53.0756
Available Score (Actual)	268.0000	154.8065	101.4620	53.3445	52.0000	154.0000		54.5882
Site Score	98.13%	92.23%	88.14%	100.00%	100.00%	97.40%		97.23%
Organisation Average	95.69%	87.30%	83.20%	93.21%	91.51%	91.89%		96.00%
National Average	98.47%	90.17%	89.97%	90.52%	84.16%	94.33%		84.19%

PLACE Results 2018 Little Woodhouse Hall



	Cleanliness	Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance		Disability
Achieved Score (Actual)	321.0000	159.5717	90.8057	68.7660	68.5000	187.0000		59.0458
Available Score (Actual)	336.0000	178.8256	107.1008	71.7248	78.0000	188.0000		59.0458
Site Score	95.54%	89.23%	84.79%	95.87%	87.82%	99.47%		100.00%
Organisation Average	95.69%	87.30%	83.20%	93.21%	91.51%	91.89%		96.00%
National Average	98.47%	90.17%	89.97%	90.52%	84.16%	94.33%		84.19%

The results for the "Privacy, Dignity and Wellbeing" assessment criterion demonstrated an organisational compliance which was more than 7% above the national average. This criterion is central to the PLACE process as it appraises the general standards of the environment that directly relates to patients physical and psychological care and also infection prevention and control. Hannah House achieved the highest rating within the LCH assessed buildings

The standard of cleanliness in all areas was noted to be marginally below the national average scores. Action plans have been developed for areas to address the issues identified. The highest compliance rating was achieved by Hannah House with a score of 98.13%. Following the review, further audits of the areas have been undertaken and have demonstrated significant improvements.

The assessment of the condition, appearance and maintenance of the care environment identified issues at CNRU. The results for both Hannah House and Little Woodhouse Hall were well above the national average. The deficits identified at CNRU have been integrated into the organisational action plans that have been submitted to the respective Land Lord.

The quality of food (Ward Food) standard was well above national average for Little Woodhouse Hall and Hannah House, with deficits noted in the quality of food at CNRU. In relation to the dementia care standard, only CNRU was assessed. The results are around the national average and demonstrate a need to review the environment.

The PLACE review process 2018 has highlighted specific environmental issues within the areas reviewed. Comprehensive action plans have been developed for all areas and progress against the identified deficits is being monitored to ensure quality improvements are achieved as a result of the programme.

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.

The team are looking to use an electronic auditing system for the use of environment and hand hygiene, this will allow the service to improve efficiency around the audit process and reduce the timings around audit write up and action planning.

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, winter planning and the gram negative E.coli conference.

This will be further strengthened through the Partnership Cooperation Agreement that the IPC Lead has been working on through 2018/19 to commence in April 2019, which is an enormous achievement for the service.

The team have worked collaboratively with other stakeholders as a part of the Sepsis Citywide Forum which was established by the IPC Lead, working on priorities across the city in line with NICE Guidance, and a work plan which was written to support roll out of NEWS2 and improving education and training around the awareness of Sepsis.

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.

15.5 Student Learning Opportunities

For several years, the IPCT has been providing placements for nursing student and Allied Health Professional Students where applicable. The IPCT works closely with the practice learning facilitators to ensure that placements are stimulating and meaningful; therefore student placements with the IPCT are limited to two weeks – owing to the lack of patient contact and opportunities for skills to be signed off. A wide range of exposure to IPC is provided, including visits to the acute and mental health trusts, offender health and specialist teams within LCH (CIVAS, TB, palliative discharge facilitators etc.).

Students are provided with a comprehensive workbook, microbiology work sheets and case studies to complete prior to placement commencement. The student booklet is currently in the process of being updated. Once completed, this booklet will be appropriate for both undergraduate and apprenticeship students. Students are allocated a primary and secondary mentor with whom to work and will also receive support from the wider IPCT members.

Verbal, written and student portal feedback is good and the student placement audit was completed this year with no major actions identified.

16. 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 84% (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:

- Innovative thinking around the use of Skype with custody suite staff
- 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 2019-20, with an expectation that the training target will be achieved by March 2020.

17. 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.

Outbreak management details (Wider Leeds community health Economy) 1/4/18 to 31/3/19.

Total outbreaks 119.

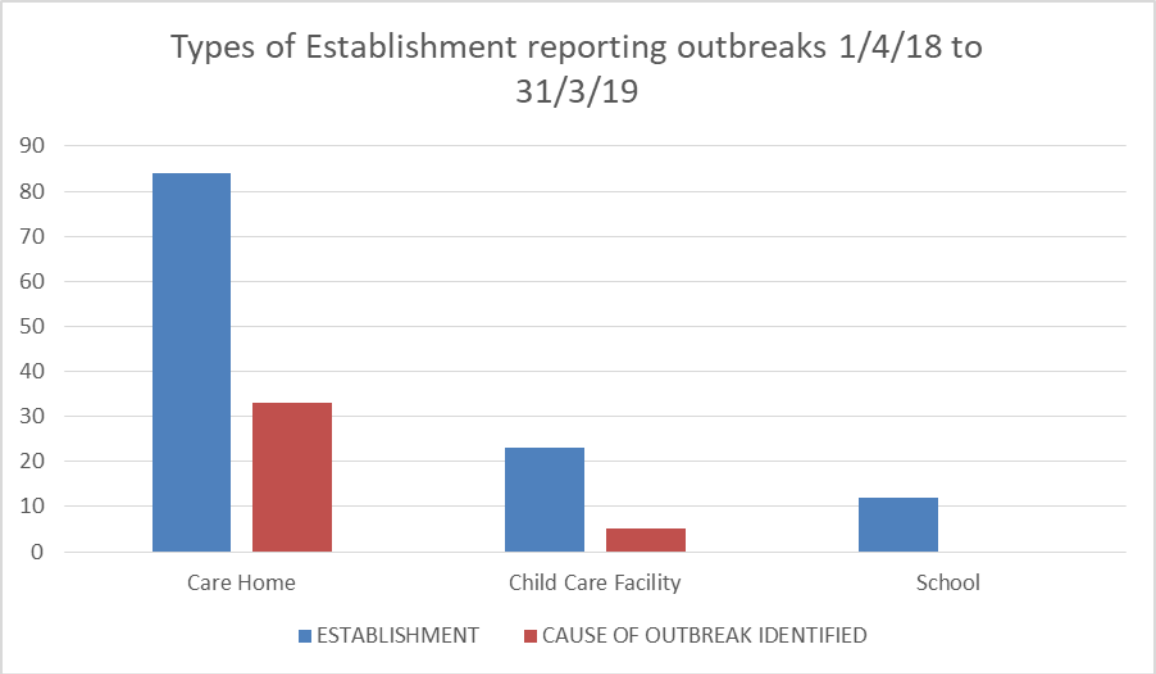


Figure 13. Type of Establishment reporting outbreaks

The chart provides and overview of the types of facilities that have reported outbreaks of gastro intestinal illness during the reported 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 and the majority of causative organisms have been identified as predominantly Norovirus.

In the last 12 months the CDC nursing team have been working closely with the staff in the Food and Health team at Leeds City Council to develop and improve the service.

As a result of a visit and communication with staff in the microbiology department at Leeds General Infirmary, the method of receiving “positive” laboratory results was streamlined. A daily telephone call to obtain laboratory results, which was time consuming and potentially open to inaccuracies, was replaced by secure, password protected emails. After an initial pilot of the system, sending postal copies of the emailed results was also discontinued to avoid duplication, paper/filing and postage. Any urgent results for same day action are telephoned to the CDC nurse by12 midday to ensure response targets are met. This system is now working effectively for the microbiology staff and the CDC team.

A more formalised approach to best practice in the management of outbreaks of gastrointestinal illness in Care Homes has been developed to reinforce decision making regarding any implemented restrictions within the premises. The assessment tool, developed in partnership with LCHT, LTHT and LCC, assists in ratifying actions which enable business continuity where possible whilst there is an ongoing situation

at the premises. This is proving to work well in the Care Home economy, resulting in a shorter duration of the outbreak in most situations, and is reassessed at each point of contact to ensure patient safety remains paramount.

The CDC nursing team continue to work in close partnership with PHE regarding the ongoing review of management of specific enteric illnesses, particularly Shiga toxin producing E coli (STEC). There has been recent training provided by PHE on the actions and management of cases for staff across Yorkshire and the Humber to ensure best practice and continuity of management of cases throughout the region. Review and training is provisionally planned to continue for the management of additional enteric illnesses.

The management of complaints of suspected food poisonings from members of the public has also been redeveloped within LCC Food and Health Team/CDC. This has historically been a large volume of work for several disciplines within the team with very little additional response from the complainant. From 23rd April the redeveloped response will now be initiated by business support, with a daily review of all reports of illness by the CDC nurse to ensure any potential outbreaks of illness associated with a food premises are identified and managed in a timely manner.

The team are currently working towards a paperlite/paperless service and to facilitate this andare working with Leeds City Council's IT department to ensure all necessary GDPR requirements have been addressed and implemented. A risk assessment has been undertaken by senior staff in the Food and Health Team and are currently awaiting further contact from IT staff regarding storage of confidential information. Access rights to the majority of necessary computer programmes have been obtained with 1 area outstanding. It is envisaged that access to this programme will be obtained within the next month.

Planned ongoing training continues with staff in the Food and Health Team at Leeds City Council to ensure business continuity if required by the service.

Organisms identified through notification of infectious disease reporting 1/4/18/ to 31/3/19

ORGANISM	NUMBER OF CASES
Campylobacter	952
Cholera	1
Cryptosporidia	61
Cyclosppora	5
E.Coli 0157	18
Entamoeba Histolytica	1
Giardia	123
Listeria	2
Salmonella	129
Shigella (including Sonnei, Boydii,Flexneri and Disenteriae)	51

Typhoid/Paratyphoid	11
Yersinia	5
Vibrio	2
TOTAL POSITIVES	**1361**

Reported cases of suspected food poisoning 1/4/18 to 31/3/19

248 individual reports of illness after eating from establishments in Leeds which were all responded to and advised accordingly.

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 15 cases referred this year. These were assessed and appropriately managed by the team with 15 referrals being accepted. Three referrals were declined as inappropriate – feedback and advice was offered in these cases.

Access to free Hedrin via the Pharmacy First Minor Ailments Scheme continues to be a positive step in reducing referrals to the service 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.

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

18.2 Results for the year 2018/2019

- 14 care homes received a primary audit (which includes one hub which has nursing staff based at the hub)
- 10 care homes received follow a follow up visit

Areas of non-compliance and concern:

- All the care homes had the availability of an Offensive/Hygiene waste stream but several care homes did not have the availability of a Hazardous/Infectious waste stream. The audit nurse developed a poster which outlines 3 common waste stream used in care homes which was shared widely across all the

care home economy. On follow up the majority of the care homes had a Hazardous/Infectious waste stream.

- Several care homes had not completed a sharps risk assessment. However the majority of the care homes had converted to using safety sharps
- No re-usable clinical equipment cleaning schedules were available. On follow up the majority of car homes had developed schedules.
- No funding provided by care home owner for staff immunisations. This is an ongoing issue for care homes.

18.3 IPC in the Recovery Hub

Due to a high number of diarrhoea and vomiting outbreaks in one of the 3 recovery hubs, the IPC nurse did several visits to this care home. Visits included inspecting premises and practice and providing an action plan of improvement recommendations. Since then the hub has received a full IPC audit where several areas requiring work was identified. However on review visit improvement had been made as recommended. Nevertheless some areas requiring improvement had not been actioned and the audit nurse plans to review the care home in 3 months. During the initial visits it was noted that the hub staff only had IPC training on a 3 yearly basis.

It was recommended by the IPC nurse that the staff increase training (which was implemented in all 3 hubs) annually. To help with the increased training requirement, the IPC nurse provided one complementary IPC training event in each of the Hubs. The IPC nurse also liaised with the contracted cleaning team to give cleaning advice and was asked to review the cleaning team IPC training presentation. From reviewing the presentation the IPC nurse gave further advice such as on the deep cleaning procedure which was incorporated into the training presentation. The lead of the cleaning team also increased IPC training for the cleaners of the hub to be annual. For winter 2018/19 the care home reported only one outbreak of diarrhoea and vomiting which was short lived and deemed as unlikely to be an infectious outbreak of symptoms.

18.4 UTI Collaborative

The IPC nurse continues to attend the Gram Negative Collabarative Group meetings as a representative for care homes. The IPC nurse and project lead nurse for the Gram negative reduction ambition attended 4 national events by NHS Improvement. The aim of the events was to assist teams to undertaking a quality improvement project (using quality improvement methodology) to reduce urinary tract infections (UTI) and improve patient experience. The Leeds project group consisted of members of the acute trust, CCG Pharmacist, LCH Continence Urology and Colorectal Nurse Specialist, LCH IPC team, and two local pilot care homes.

The Leeds project aim was to improve urinary tract infection diagnosis and residents hydration in the 2 pilot care homes (and would also involve meetings with the local GP's regarding UTI diagnosis and prescribing). Combined with the national events,

the local project team met fortnightly and reviewed progress of the project using PDSA cycles and statistical process control tools. The IPC nurse attended the care home on 11 occasions which included providing 4 training sessions on hydration and 2 hydration events.

The CCG pharmacist also visited the care home to collect base line data and did GP visits to raise awareness on correct diagnosis. However obtaining baseline data was not achieved for the project (which was largely due to not having a long enough time to collect the data during the short project duration) Both care homes were also did not have a large quota of UTI's to reduce and had already been given support by a dedicated care home nurse (was employed via the local GP surgeries. Adding this after the project closed the Leeds project group felt 5 months was a short duration to help 2 external organisations make improvements. Nevertheless feedback from the care home of the project was good.

Both care homes said from the project that the staff had an improved understanding of the importance of improving residents hydration. One care home had plans to start structured drinks rounds, had started providing fluid rich snacks and the other care home had inserted a large soft drinks dispenser in the day room. The care home noted that several residents (including those with dementia) began helping themselves to drinks from the dispenser (when usually they would only receive served drinks from the staff) and would help themselves to drinks after seeing other residents do so. The project has made a good foundation for the development of a city wide care home hydration projects in which the IPC nurse and project lead nurse have been meeting to develop. This will involve developing a dedicated web page or resources for care homes.

18.5 Support provided for residential care homes

The local authority contract officers include aspects of IPC during their general auditing programme of residential care homes. However the IPC team has also provided support to this sector by:

- Telephone/email/face to face advice
- Access to the dedicated care home web page
- Sharing of relevant updates and resources such as the biannual newsletter and best practice posters
- Inclusion of 4 monthly residential care home champions updates
- Supportive visits to care homes where outbreaks of communicable disease have been identified, or where untoward infection episodes have been identified
- Premises inspections with action plans and follow up visits after request from care home managers or from stake holders.

18.6 Residential care home support visits 2018/19

During 2018/19 the IPC nurse visited 7 residential care homes and also did 3 follow up visits. Visits to these premises occurred due to concerns raised by stakeholders such as Leeds City Council Contracts managers, CCG quality managers, CQC Inspectors and the IPC team and included issues such as:

- Environmental cleaning issues and general IPC issues
- A care home reporting a potential Clostridium difficile outbreak (which on outcome was not a Clostridium difficile outbreak)
- An incident of 2 recent E. coli blood stream infections (which matched the same strain of E. coli)
- An MRSA blood stream infection (related to catheter care)

18.7 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

Throughout 2018/19 the IPC team completed 42 GP audits. The aim of the audit process is to establish the level of compliance of commissioned GP practices in Leeds against national infection prevention and control standards; providing a baseline position for improvement.

Areas of non-compliance and concern:

- Sinks in clinical rooms being inappropriately used for disposal of water or cleaning of instruments.
- Not all practices are using sharp safety devices
- Portable fans not cleaned and clinical staff not aware it is there responsibility to clean fans used in their clinical areas.
- Toys not on regular cleaning schedule. Soft non-wipable toys were also seen in several premises.
- Out of date box of syringes found. Following the audit the team disposed of the syringes and the team's clinical lead has advised the staff to regularly check expiratory dates (which includes before using sterile equipment) and will also raise the issues at the next team meeting.
- Cleaner's cupboards dirty, untidy and cluttered.
- Sharps bins not labelled, assembled correctly, used inappropriately.

Overall there continues to be a significant improvement around the compliance of the seven elements appraised, and generally many of the practices visited have an overall compliance with infection prevention.

In order to continue maintaining a safe standard of care it is important that annual audits are completed by the Infection Control Lead at each practice. Audit tools and resources can be found on the LCH website, which has been shared with all practices.

During 2018/19 the IPC team set up a quarterly IPC Lead Forum Group – which is a session opened up to all practices and is available on a first come first based and free. The forum brings together a small number of nurses (20 on average) to discuss key topics. Throughout the year three sessions were held, in different locations: Leigh View, Kirkstall Lane and St Martins Practice. Some of the topics covered were: sepsis, E.coli, legionella, auditing and winter precautions. An Eventbrite booking is available to staff, and evaluations show that small groups are beneficial as this enhances learning, and that they find the sessions really valuable and supportive.

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 including; Sepsis, E.coli Gram Negative Work, Winter Preparedness and Legionella.

20 Personal Development of IPCT

In October 2018 a permanent IPC Lead was appointed to the service, the individual was an existing member of the team, and this has now provided a sense of stability to the service, as there has been some changes in role over the last 12 months.

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, following the success of the first year this post has been extended for a further 12 months.

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.

21 Conclusion

Throughout the year, The IPC Team 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 HCAIs, further work has been indentified 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.

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 Lead IPC Nurse Specialist

With reports compiled by:
Joanne Reynard Senior IPC Nurse Specialist
Dave Hall Senior IPC Nurse Specialist
Louise Popple IPC Nurse Specialist
Jeanette Wood IPC Nurse Specialist
Danielle Dobson IPC Nurse Specialist
Dawn Scholes IPC Nurse
Janice Collier CDC Nurse
Kirsty Taylor Surveillance Officer IPC

Appendix 1

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*	
Policies								
Update existing LCH policies due for expiry 2018-19 • Healthcare Waste • Aseptic Technique • Outbreak Policy • MRSA Policy	LG/LP	March 19						*IPC Policies updated and ratified through the CCPG.*
Training								
Ensure compliance levels for IPC Mandatory training reaches 90% target	JR	Interim results to IPCG Quarterly						*Due to difficulties with ESR in the inaccuracy with data 90% of staff have not been trained and it is around 84% compliance*
Facilitate a one day IPC conference	LG	May 19						*A one day E.coli conference was held in May, and*

Work plan element	Lead	By	RAG Rating					Comments
			Q1	Q2	Q3	Q4	PEYS*	
								we plan for a Sepsis Citywide conference in September 2019.
Collaborative working to support AMR Agenda in GP economy	LG	Ongoing						*IPC continue to collaboratively engage with the AMS group, and awareness raising days were held.*
Develop and implement IPC Training for GP and Practice based Teams	Team	December 18						*GP training slides were updated to reflect new information.*
Develop champion based training for GP practice staff.	LG	December 18						*A GP IPC Practice Nurse forum was successfully established, meeting quarterly and rotating around the city with a capped attendance of 20.*
Review and refresh IPC mandatory training programme look too develop innovative ways to reduce travel	LG							*Powerpoint slides updated though out the year as required.*
Perform IPC training for social care staff at Enterprise House, discuss evaluations and maintain the contract	Team / JR							*This was successfully completed and continues to evaluate well.*
IPC Performance and Quality Assurance								
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							*The IPC team continue to work collaboratively with partners across the city in response to national aim to reduce GNBSI's.*
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						*This has been completed.*
Undertake structured audit	LG and	March 19						

Work plan element	Lead	By	RAG Rating					Comments
			Q1	Q2	Q3	Q4	PEYS*	
activity within GP practices as part of commissioned service	Team							
Undertake and Coordinate PLACE reviews of : • Little Woodhouse Hall • Hannah House • CNRC	DH	April 18						
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 mitigate the risk as an IT solution is not forth coming.	CDC Nurse	September 18						
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							
User Engagement								
Coordinate staff influenza vaccine campaign 2018-19 achieving CQUINN target of 75% frontline uptake	JW	March 19						
Foster engagement with								

Work plan element	Lead	By	RAG Rating					Comments
			Q1	Q2	Q3	Q4	PEYS*	
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 with LCH colleagues to develop a sepsis forum and look at develop engagement at all levels within the organisation	LG	March 19						
Service Improvement								
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
20th June 18
Updated May 2018 Liz Grogan

Infection Prevention and Control Annual Plan 2019/2020
Liz Grogan Lead Infection Prevention Nurse Specialist

Reference	Objective in line with the H&SC Act 2008	Lead	Status (RAG) Quarter 1	Status (RAG) Quarter2	Status (RAG) Quarter 3	Status (RAG) Quarter 4
	Policies					
1	Update existing LCH policies due for expiry 2018-19	Louise Popple				
	Training					
2	Ensure compliance levels for IPC Mandatory training reaches 90% target	Liz Grogan				
3	Facilitate a one day IPC conference	Liz Grogam / Team				
4	Collaborative working to support AMR Agenda in GP economy	Liz Grogan / Team				
5	Develop and implement IPC Training for GP and Practice based Teams	Joanne Reynard				
6	Develop champion based training for GP practice staff	Joanne Reynard				
7	Review and refresh IPC mandatory training programme look too develop innovative ways to reduce travel	Liz Grogan				
8	Perform IPC training for social care staff at Enterprise House, discuss evaluations and maintain the contract	Team				
	IPC Performance and Quality Assurance					

9	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.	Liz Grogan / Louise Popple				
10	Standardise IPC assessment and assurance framework in Custody Suite areas and initiate self-assessment tool.	Danielle Dobson				
11	Assist clinical teams through the completion of IPC elements of Quality Challenge Plus and integrate into IPC Assurance Framework					
12	Undertake structured audit activity within GP practices as part of commissioned service	Team				
13	Undertake and Coordinate PLACE reviews of : Littlewood House Hall, Hannah House and CNRC	Dave Hall / Kirsty Taylor				
14	Produce an Annual Report and release it publically	Liz Grogan / Team				
15	Modify and refresh LCH Internal Audit Tool	Jeanette Wood				
16	Review and refresh Risk assessment process	Liz Grogan / Dave Hall				
17	Migration from Icnet to PPM+.	Liz Grogan				
18	Maintain partnership agreement with LCC	Liz Grogan				
19	On going development of EH and LCH the role of EH and CDC nurse role	Liz Grogan				

20	To review and continue ongoing contracting arrangements for the Care Home staff IPC training.	Liz Grogan				
	User engagement					
21	Coordinate staff influenza vaccine campaign 2018-19 achieving CQUINN target of 75% frontline uptake	Kirsty Taylor / Liz Grogan				
22	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.	Dave Hall / Kirsty Taylor				
23	Undertake Hand Hygiene, Sepsis and AMR awareness Campaigns within LCH	Team				
24	Further develop FFP3 Mask Fit Testing programme for LCH in response to potential Pandemic Flu risks.	Dave Hall				
	Service Improvement					
25	Facilitate IPC Team Building Event	Liz Grogan				
26	Work with CCG partners to review IP performance and improve the wider community CDI review process	Liz Grogan				
27	Work with CCG partners and other stakeholders to review the MRSA decolonisation protocols	Liz Grogan				