Leeds Community Healthcare NHS Trust

Title:
Infection Prevention and Control Annual Report 2020-2021

Category of paper: for assurance
History: Quality Committee

Responsible director: Executive Director of Nursing and Allied Health Professionals

Report author: Head of Infection Prevention and Control and Deputy DIPC

Executive summary (Purpose and main points)

To inform the Board of the achievements made by the Infection Prevention and Control Team in 2020-21 and to comply with the Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance.

The report covers the period 1st April 2020 to March 31st, 2021 and provides information on:

- IPC activities undertaken within the organisation and collaboratively with partners across the healthcare economy inclusive of the cooperation partnership agreement and additional commissioned services.
- Description of the (IPC) arrangements.
- Healthcare Associated Infections (HAI) statistics and surveillance.
- Forthcoming IPC programme 2021/22.

The following are key elements of the infection prevention activity and performance during the period of April 2020 to the end of March 2021.

- The Trust has had no MRSA assigned bacteraemia cases during the year.
- The Trust has had no assigned Clostridium difficile case during the year.
- The Trust has had no assigned Escherichia coli (E. Coli) gram negative bacillus bacteraemia case during the year.
- The Trust has achieved 92% of all staff members being up to date with infection Prevention and control training.
- The Trust achieved 75% of front-line staff vaccinated against influenza.

Considerations:

- The continuation of provision in relation to the global pandemic: Covid-19 and the enhanced delivery of IPC throughout the Leeds system.
- Expansion to the cooperation partnership agreement between LCH and LCC for IPC provision and restructuring of the IPC Service.
- The continuation of evolving health inequalities throughout the population we serve that impact on the health promotion in relation to IPC.
- Continuation of the collaborative working that IPC have made with partners across the city and wider, inclusive of the Partnership Cooperation Agreement with Leeds City Council.
- The continuing difficulties that the team face in achieving the 90% target for the seasonal staff influenza programme.
- The burden of needle stick injuries throughout LCH and inappropriate use of needle safety equipment sometimes resulting in harm.
- Work completed around antimicrobial resistance and sepsis prevention.

Recommendations

The Board are recommended to note the contents of this report and approve its publication.

Executive Summary

This document forms the Infection Prevention and Control (IPC) annual report on Healthcare Associated Infections (HAI) 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 inline with Care Quality Commission (CQC) criterion and the Health and Social Care Act (2008).

The report provides information on:

- IPC activities undertaken within the organisation and collaboratively with partners across the healthcare economy during Covid-19.
- Description of the (IPC) arrangements.
- HAI Surveillance.
- Forthcoming IPC programme 2020-21.

However, the biggest challenge for Infection Prevention and Control this year is one that we will continue to face for the next few months at least, the COVID 19 pandemic.

Key Achievements

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

- Increased activity of work in relation to the Covid-19 pandemic, supporting services citywide, including the provision of testing and Covid-19 vaccination.
- Continuing compliance with the CQC criterion relating to Infection Prevention and Control (IPC).
- Successful collaborative working across the healthcare system and working towards the Partnership Cooperation Agreement with Leeds City Council.
- Increased funding capacity and restructuring of IPC service provision.
- Vaccinating 75% of frontline staff in the Seasonal Staff Influenza Campaign as well as a successful vaccination programme for Leeds City Council staff in adult and children's social care and care home settings.

Key Risks

- Major infection/outbreak/pandemic – this is a risk for any service. There were several outbreaks of infection this year throughout the healthcare economy including TB, Hepatitis A and the ongoing heightened activity in response to the Covid-19 pandemic, which focused our attentions on isolated staff outbreaks as well as wider provision of specialist knowledge in relation to workplace outbreaks.
- 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.
- During Covid-19 whilst the IPC have continued the surveillance around the Gram negative Blood Stream Infection (GNBSI) agenda it has been difficult to engage with the public to health promote, whilst many services such as luncheon clubs were closed during lockdown.

Key plans for 2021/22

The IPC 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).

- From July 2020 expansion to the Partnership Cooperation Agreement with Leeds City Council as a result of the increased work in relation to Covid-19, including track and trace, outbreak support, testing provision and vaccination support. This will result in moving to a seven-day service, increased staff and restructuring the skill mix of the service.

- Continued education on the standards relating to antimicrobial stewardship guidance in line with the UK's five-year national action plan – 'Tackling antimicrobial resistance 2019–2024 from the Department of Health'.

- Coordinate the provision of the service in line with the World Health Organisations (WHO) IPC Core Competencies, including leadership, education, leadership, workforce and HAI's.

- Staff development and enhanced knowledge base delivered through appropriate educational courses, which will result in the upskilling of staff members and enable succession planning.

- Support the resetting of services and embracing new ways of working whilst maintaining compliance from an IPC perspective.

- Co-ordinating the seasonal staff influenza campaign to vaccinate 90% of frontline staff and ensuring that staff are fully briefed on the prevention, detection and management of Influenza. Due to the pandemic there will not be a Commissioning for Quality and Innovation (CQUIN) payment attached to this target, however as an organisation we will continue to strive for a high uptake amongst frontline staff.

- 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 incidence by 10% in accordance with Department of Health and NHS England / Improvement programme. We continue to maintain a zero tolerance to preventable healthcare associated infections such as MRSA and Clostridium difficile.

- Continue to promote knowledge and compliance with hand hygiene practice and other standard infection control precautions through education, increased audit activity, risk assessment and planned action in relation to environmental or cleanliness issues.

- 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, with the implementation of RESTORE.

- 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.

Annual Infection Prevention and Control Report

1. Background

This report is a requirement under the 'Code of Practice' of which Criteria 1 states *that 'the nominated Director for Infection Prevention and Control (DIPC) is to prepare an annual report on the state of HCAI in the organisation for which he or she is responsible and release it publicly.*' This report has been produced by the Head of Infection Prevention and Control and Deputy DIPC on behalf of the DIPC.

Leeds Community Healthcare NHS Trust recognises the obligation placed upon it by the Health Act 2006, (updated 2008, 2012, and 2015), that the prevention and control of infection continues to be a high priority for the Trust. There is a strong commitment throughout the organisation to prevent all avoidable healthcare associated infections (HAIs).

- 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.

The Trust supports the principle that infections should be prevented wherever possible or, where this is not possible, minimised to an irreducible level and that effective systematic arrangements for the surveillance, prevention and control of infection are provided within the Trust.

In 2020/2021 the Covid-19 global pandemic was the most significant issue faced in relation to Infection Prevention and Control (IPC) in the Trust and across the NHS. There was a first wave which lasted from April 2020 to August 2020. This was followed by a second wave which impacted across the Trust form the end of September 2020 and continued, though this was abating, at the end of March 2021.

2. Covid-19 Pandemic Response

During 2020/2021 the IPC team have worked tirelessly in response to the Covid-19 pandemic. It was based on reasonable assumption that the transmission characteristics of Covid-19 are similar to those of SARS-CoV another novel respiratory virus. The transmission of Covid-19 is thought to occur mainly through respiratory droplets generated by coughing and sneezing, and through contact with contaminated surfaces.

Health and social care organisations in England are being advised by PHE and the Trust has been applying the principles of their guidance locally. The infection prevention actions to reduce the risk of transmission to patients and staff are multifaceted. Limiting transmission of Covid-19 in the healthcare setting requires a range of IPC measures and hierarchy of controls including;

- Early recognition and triaging of cases
- Effective communication strategies
- The IPC team will continue to provide support, guidance and training to reduce the risk of healthcare transmission of Covid-19 in line with government guidance and the board assurance framework.

Due to the amount of preparation and on-going management required for Covid-19, the IPC team enacted the business continuity plans, actions included;

- Postponing the IPC audit programme
- Postponing formal post infection reviews (all patients with alert organisms still received the necessary IPC input)
- Suspending the planned transition work as part of the cooperation partnership agreement.

3. Performance

3.1 Surveillance of Healthcare Associated Infections (HCAIs)

This section of the annual report provides insight into the current Healthcare Associated Infection (HAI) burden actions taken to improve practice and patient safety linked to:

- Clostridium difficile infection (CDI)
- Meticillin resistant Staphylococcus aureus (MRSA) blood stream infections (BSI)
- Gram Negative Bacteria (GNB) specifically E. coli

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 care 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 Post Infection review (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. Due to the global Covid-19 pandemic it was decided that GP questionnaires would no longer be requested, in this instance patient care information was sourced from SystmOne and Leeds Care Record. Although information was considerably limited for patients whose GP practice use EMIS patient records, the number of EMIS practices identified was minimal.

Clostridium difficile community apportioned cases Q1 – 4, 2020/21
The following table outlines the number of community apportioned CDI cases identified and reported to the IPCT during this period.

	Quarter 1 2020 – 21			Quarter 2 2020 – 21			Quarter 3 2020 – 21			Quarter 4 2020 – 21			Year Total
	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Cases attributed to wider community healthcare economy	5	4	4	13	7	8	8	7	2	3	8	5	74
Community onset community associated	3	3	3	6	4	8	7	5	2	2	7	2	52
Community onset intermediate association	2	1	1	7	3	0	1	2	0	1	1	3	22
Cases attributed to LCH	0	0	0	0	0	0	0	0	0	0	0	0	0

Figure 1 shows there has been an annual decrease of 17 cases in comparison to last year, however, Figure 2 shows July, September, October, November and February 2020/21 saw higher numbers of cases than the same months in 2019/20.

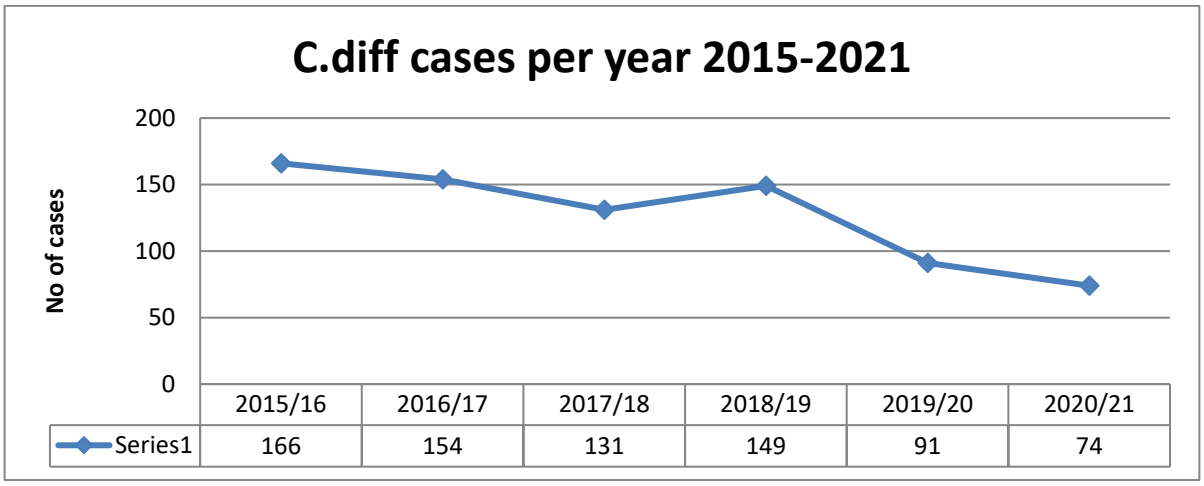


Fig 1. Comparison of C. diff cases per financial year 2015 – 2021

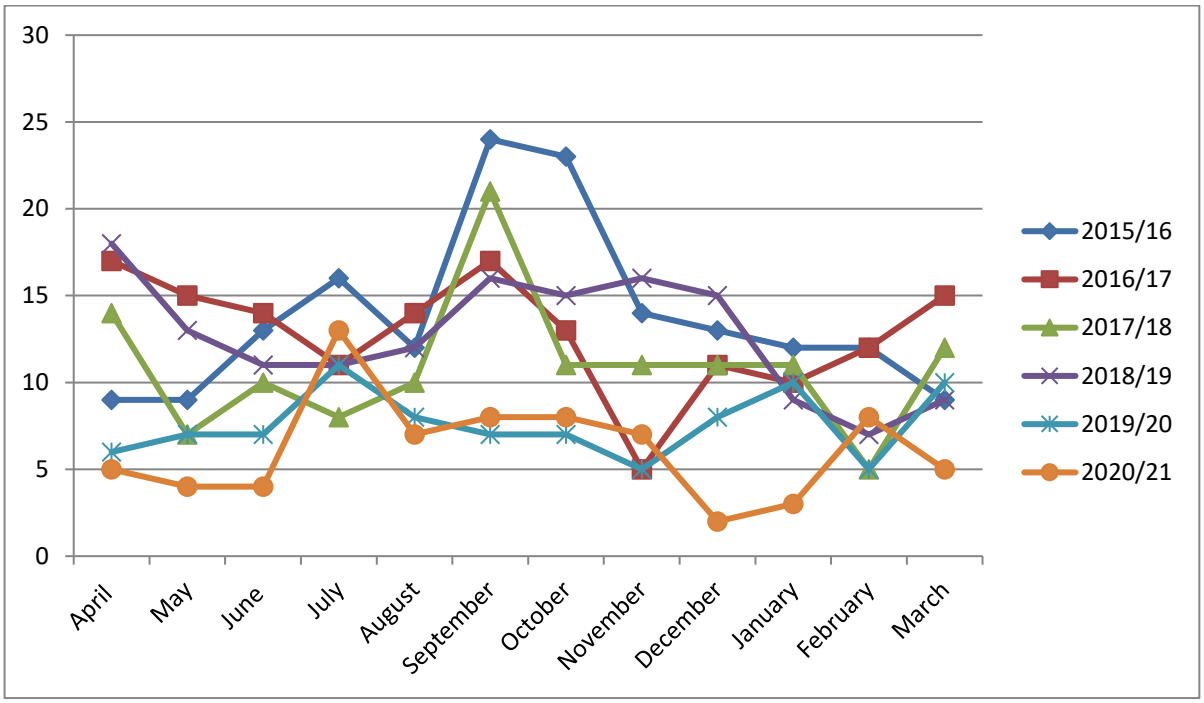


Figure 2. Comparison of C. diff cases per month 2015 – 2021

Key themes Identified

Antibiotic Usage: For cases where prescribing patterns have deviated from guidance, a full review is undertaken by the Primary Care Locality Lead Pharmacist. Learning identified during this review is shared both locally and where appropriate throughout the respective organisation. Prescribing which does not follow the Leeds Health Pathways guidance occurred in only 5 cases this financial year

MRSA Blood stream infections cases (MRSA BSI)

There is local requirement for all Post Infection Review's (PIR) 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. Unfortunately, due to the increased pressures across the health economy and prioritisation of the novel Covid-19 virus pandemic, it has been not been possible to undertake PIR meetings within the 14 day time period, however all LCH investigation timelines have been completed in this time frame.

The outcome of the PIR determines clinical learning and relies on strong partnership working by all organisations involved in the patient's care pathway, to jointly identify and agree the possible causes of, or factors that contributed to, the patient's MRSA BSI.

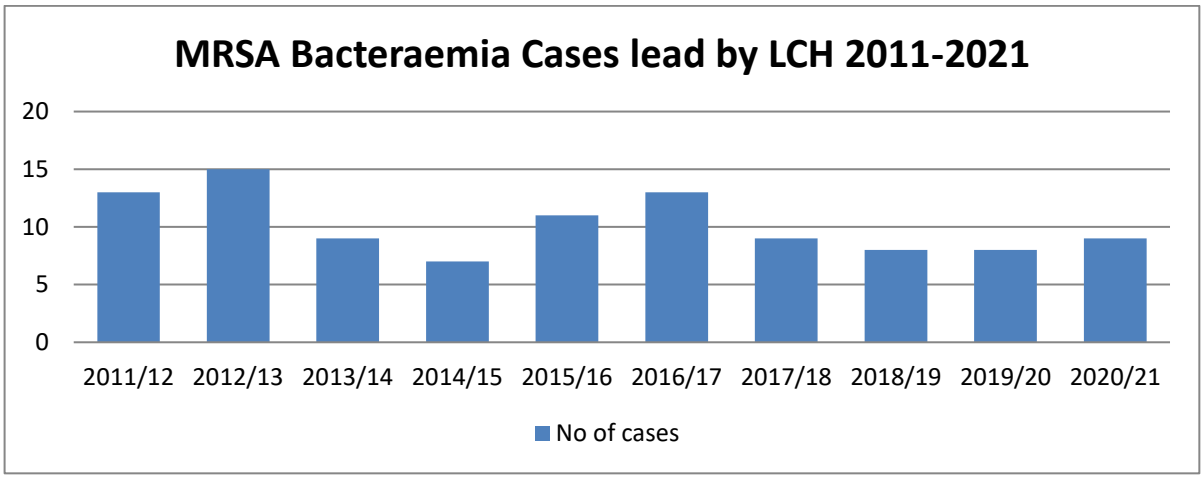
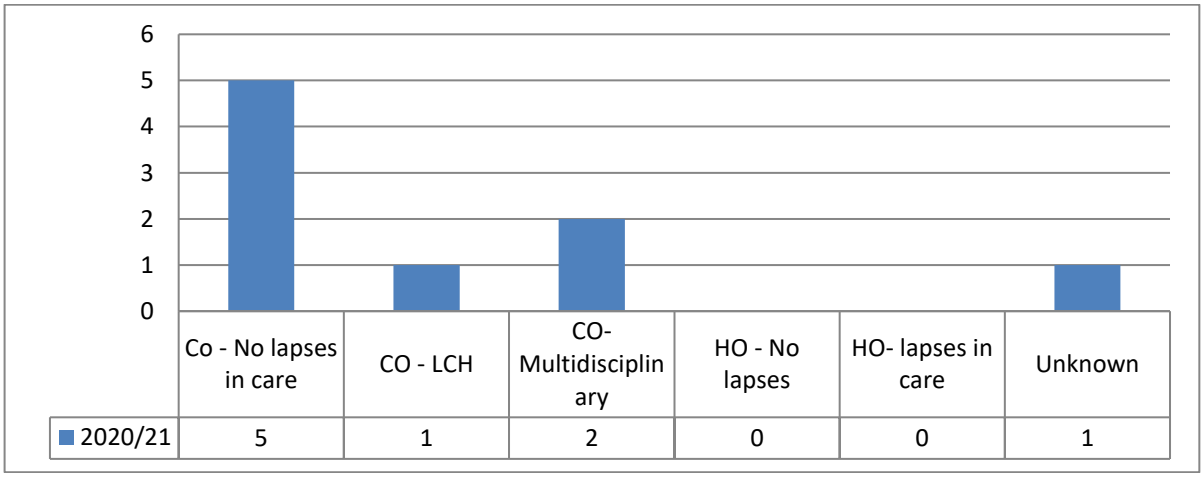


Figure 3. MRSA BSI led by LCH 2011 – 2021.

From April 2020 to March 2021 there has been 1 case of MRSA Bloodstream Infection (MRSA BSI) attributed to LCH, this case was added onto Datix and investigated.

Figure 3 shows during the reporting period for 2020/21, 9 MRSA BSI was notified to LCH that required joint exploration with stakeholders. LCH was also notified of 5 collaborative cases at LTHT.



	Co - No lapses in care	CO - LCH	CO-Multidisciplinary	HO - No lapses	HO- lapses in care	Unknown
2020/21	5	1	2	0	0	1

Figure 4. Attribution of cases 2020- 2021

Figure 4 shows assignment system, during the 2020/21 period. One case would have been assigned to LCH care, 2 cases to wider multiagency and 5 cases to Community onset but no lapses in care. One case involved a child for whom a PIR is not conducted, this case is represented as unknown in the figure.

Gram Negative Blood stream Infections (E. coli BSI)

All community apportioned E. coli BSI cases which are identified within LTHT are reviewed by the LCH IPC team. The LCH IPC Nurses then complete a RCA for 10 cases. This RCA

process involves the collection and analysis of patient care information, using GP questionnaire and healthcare records including SystmOne, and Leeds Care Record, and the subsequent identification of potential contributing factors for E. coli BSI acquisition
For patients who E. coli bacteraemia is listed as a cause of death (either 1a or 1b) and the case is an inpatient in an LCH area, a full multidisciplinary PIR, similar to that for MRSA BSI will be undertaken.

Some community cases which were identified through LTHT laboratories and all cases from other outlying acute trusts such as Bradford, Harrogate, Mid Yorkshire and York are still not being appropriately identified to LCH. Therefore, to ensure accuracy all community cases are cross checked with the Data Capture System routinely. Cases which are identified in acute trusts other than LTHT are not subject to the RCA process but do count towards the monthly and annual total.

	Quarter 1 2020 – 21			Quarter 2 2020–21			Quarter 3 2020–21			Quarter 4 2020 – 21			Year Total
	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Community E. coli cases	24	39	28	48	52	42	33	34	32	38	34	42	446
Community Klebsiella cases*	2	11	10	9	6	12	11	9	11	5	3	8	97
Community Pseudomonas cases*	2	1	1	4	3	2	1	1	3	3	0	1	22

*Community acquired pseudomonas and klebsiella cases are currently not acted on in line with service specification.

The table above outlines the number of community apportioned E. coli BSI cases identified and reported to the IPCT during this period, showing a total of 446 Community E.coli cases for the financial year 2020/21. This is a reduction of 14% on 2019/20.

All patient/ public facing work remains on hold due to the Covid-19 pandemic, the vulnerability of lunch club attendees and the need for social isolation. However, it is hoped discussion can commence in the near future.

Due to the pandemic 'The Gram Negative Collaborative Working Group' were unable to meet throughout the 2020/201 year however; these meetings will be recommenced in the new financial year. This group continues to involve professionals from across all Leeds NHS trusts and other partners including LCC, GP confederation, private, and voluntary care sectors.

3.2 PPE Provision

In April 2020 the PPE team was formed comprising of IPC Nurse for advice alongside specialists from business logistics and procurement. A dedicated email address was opened for staff members to post any question they had in relation to PPE. This proved to be a very popular service offering huge value, as well assurance to the trust board.

As the current Covid-19 pandemic developed, the Trust found itself in a position where unprecedented levels of PPE were being required. As centralised PPE push stock commenced, the IPC team were being relied upon to ensure stores were being distributed throughout the Trust.

The group quickly took control of the issue, initialised a stock reporting tool allowing real time scrutiny of stock levels, minimum requirements and having the ability to effectively plan for any supply issues.

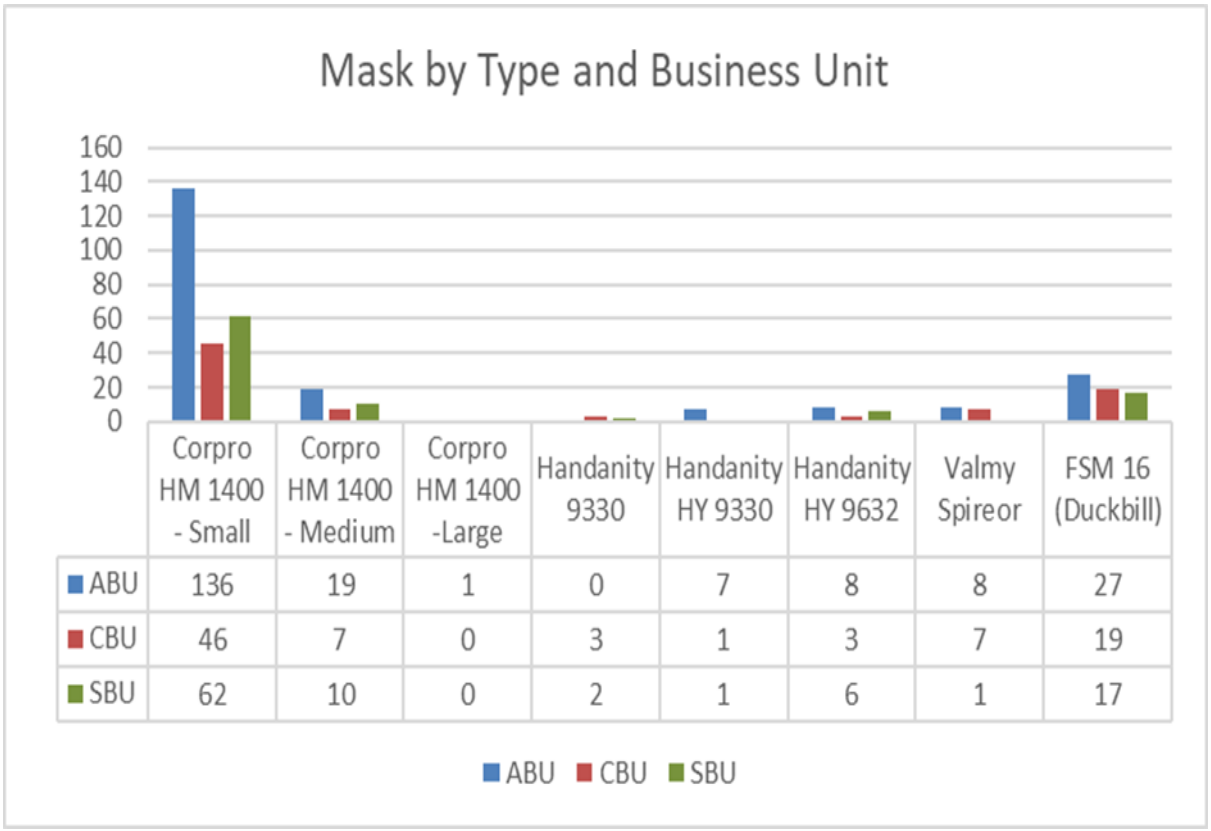
Fit testing

The IPCT have continued supporting the PPE working group in providing specialist clinical advice. Throughout this reporting period, there have been difficulties accessing a single standard FFP3 mask due to the nature of supply. For that reason, the Trust has continued down the route of issuing out reusable Corpro half masks. As can be seen from the table below, the vast amount of respiratory protection is now managed via these reusable options.

At the time of writing, the Trust have 6 FFP3 options (1 reusable and 5 single use) but it is worthy of note that the FSM16 will be the next option to be removed from stock once supplies run out.

Toward the end of this period the PPE working group dissolved their ownership of fit testing, transferring the management back to the IPC team. Since then, the IPC team have delegated the role of qualitative (hood and Bitrex) fit testing to teams within their respective business units. This is supplemented with the IPC team conducting quantitative (computer based) fit testing for those who are unable to pass using the Bitrex method. It was hoped that this distributed method would improve service members gain access to a timelier service.

A large amount of work has been conducted to ensure there are appropriately trained personnel across all business units to undertake this tasking. To meet this demand, external trainers were brought into the Trust who have delivered Fit2Fit accredited training which is recognised as being the industry standard.



	Corpro HM 1400 - Small	Corpro HM 1400 - Medium	Corpro HM 1400 -Large	Handanity 9330	Handanity HY 9330	Handanity HY 9632	Valmy Spireor	FSM 16 (Duckbill)
ABU	136	19	1	0	7	8	8	27
CBU	46	7	0	3	1	3	7	19
SBU	62	10	0	2	1	6	1	17

The vison going forward:

The IPC team will become an independent Fit2Fit accredited centre in its own right and assurance across the whole fit testing piece is improved.

The accreditation will ensure:

- Reduction of the financial burden associated with bringing in external contractors as and when further training is required.
- Quality control is maintained.
- The IPC team can support the business units in a more individualised way.

The assurance will:

- Identify all clinical staff requiring respiratory protection and prompt their compliance.
- Identify which personnel is on which mask.
- Identify which individuals require re-fit testing and prompt them to organise.
- Identify those on a reusable mask and prompt any maintenance.

3.3 Hand Hygiene and PPE Compliance

Part way through the year it was decided to assurance all clinical staff had against hand hygiene, PPE and AGP PPE compliance. A tool comprising 3 sections was introduced and teams were expected to audit all staff quarterly.

There has been a varied response across the Trust to these audits, and it has been difficult to quantify compliance in any meaningful way leaving any assurance less than optimal.
It has been agreed that a more structured approach be investigated with a sample being audited on a quarterly basis with the emphasis on added value.

3.4 Leeds Health Care Record / PPM+

In November 2019 the reporting of laboratory specimen results migrated from the IC Net system to Leeds Care Record (LCR). All MRSA positive and Clostridium difficile (CDI) positive samples for patients in the LCH community setting are reported to the IPC team on a daily basis through this electronic platform.

Each result was processed by adding a high priority alert/reminder on SystemOne. An IPC information task was sent to any LCH services currently involved with the patient, identified by any services with an open referral. The result was flagged up to the patient's GP by either a task on SystemOne, or a telephone call to those using a different healthcare record system, requesting that the patient be reviewed in light of the result. If the patient was a resident in a care home or nursing home the facility was contacted to inform of the result and offered appropriate infection control advice. GPs were signposted to the MRSA decolonisation guidance, available at Leeds Health Pathways.

Leeds Care Record is a joined-up digital care record which enables clinical and care staff to view real-time health and care information across care providers and between different systems. It is a secure computer system that brings together certain important information about patients who have used services provided by their GP, at a local hospital, community healthcare, social services or mental health teams.

All MRSA positive and C.diff positive lab results are reported to the LCH IPC team on a daily basis via a customised IPC nurse tasks list on the LCR system.

Each result was processed by adding a high priority alert/reminder on SystemOne. An IPC information task was sent to any LCH services currently involved with the patient, identified by any services with an open referral. The result was flagged up to the patient's GP by either a task on SystemOne, or a telephone call to those using a different healthcare record system, requesting that the patient be reviewed in light of the result. If the patient was a resident in a care home or nursing home the facility was contacted to inform of the result and offered appropriate infection control advice. GPs were signposted to the MRSA decolonisation guidance, available at Leeds Health Pathways.

In addition to the task generated on LCR, LCH IPC received a weekly 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 were similarly processed as for the LCR IPC nurse task list.

Particular focus was 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 CDI cases whether 'toxin detected' or 'toxin NOT detected' were reported to us in the same way as for MRSA – either via the daily LCR IPC nurse task list or the Community CDI list

sent weekly from LTHT IPC team. They were similarly processed with a reminder added on S1; other services informed as appropriate and GPs prompted to review the patient (PPIs, antibiotic therapy etc).

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

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

An accurate figure for the number of results reported during the 2020-2021 period has been difficult. Furthermore, the numbers on the task list constantly refresh as new results are added on the system. A daily log of numbers suggests an average of 21 cases per day consisting of approximately 60% MRSA and 40% CDI. Out of area results received was 10.

3.5 Incident reporting

Every incident (clinical/ non-clinical) or near miss within LCH should be reported to the Risk Management Team via the online electronic reporting system Datix. IPC act as subject matter experts incident reports, their cause and any identified themes and trends for 2020/21 in respect to infection prevention and control including sharps injuries and other identified related incidents. Any identified learning is shared both locally and organisationally where appropriate.

The information gathered for this report has been obtained from the LCH Datix® system and is further extrapolated from the wider categories. Any data from non LCH incidents has been excluded.

All incidents when reported are investigated by a team leader or line manager within the reporting area and documented in the Datix® system. The incident is further reviewed by a Datix® Specialist Reviewer from the IPCT.

This year the Datix® system has been used to run the quarterly reports therefore the reporting category names have slightly changed from previous years. The category treatment/ procedure is now included under the banner of 'infection control related'.

Findings

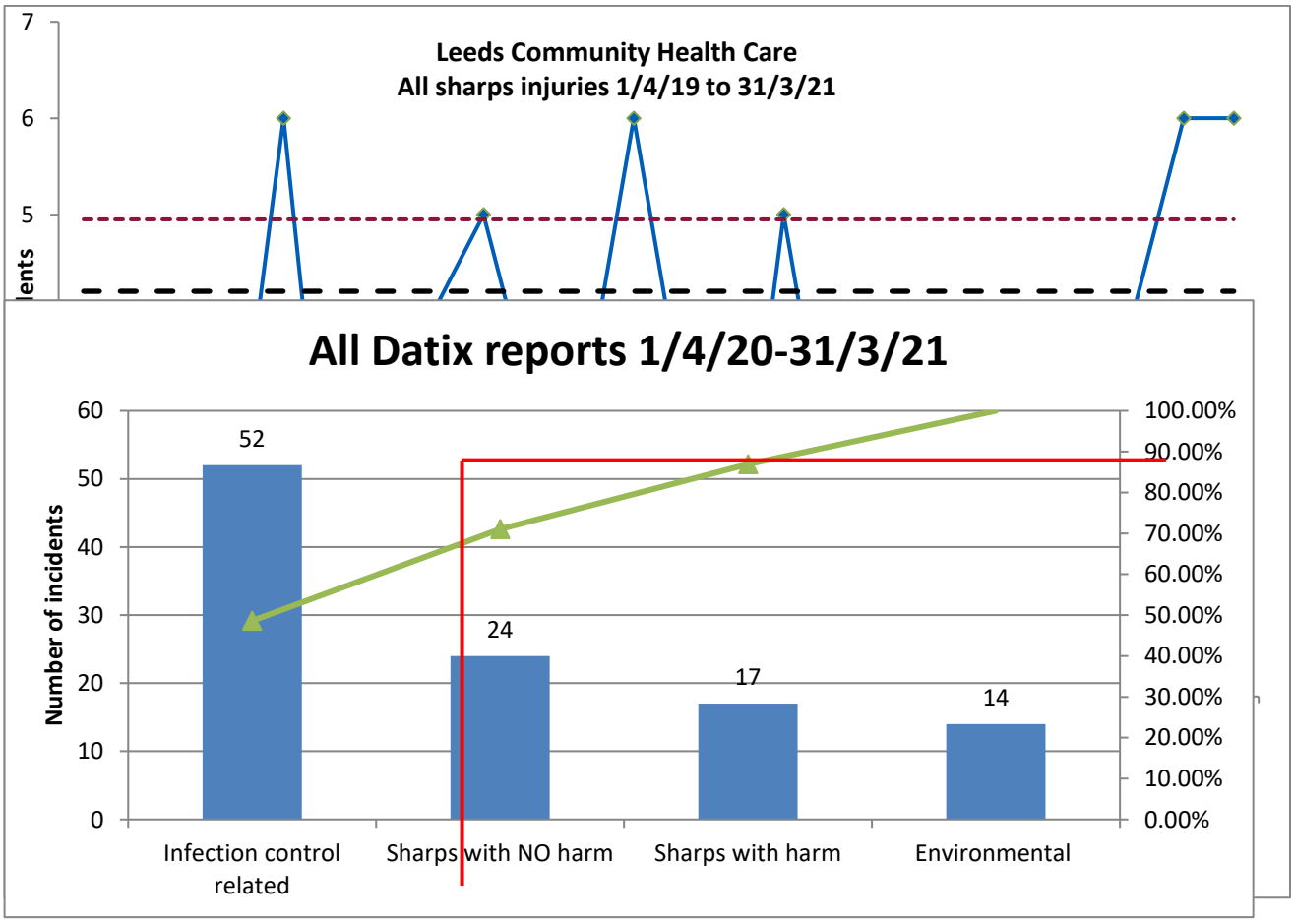
In total, there have been 107 reported incidents. This is an increase of last year's total Datix® incidents reported (68). In previous years, the area with the highest reported incidents were sharps related. This year due to the Covid19 pandemic, the highest area of reported incidents were infection control related.

Please see below a breakdown of incidents by type:

- Sharps incidents Total: 41
  - Sharps with harm: 17
  - Sharps with no harm: 24
- Infection control related: 52
- Environmental issues: 14

As highlighted in the above Pareto Chart, 48% of all incidents reported from 1st April 2020 until 31st March 2021 were IPC related incidents. This includes Covid-19 exposure, PPE related incidents such as incorrect donning/ doffing, incorrect disposal of PPE or breaches/ misunderstanding of ever-changing national guidance.

The SPC Chart below demonstrates the trends in sharps injuries between 2019-2021.

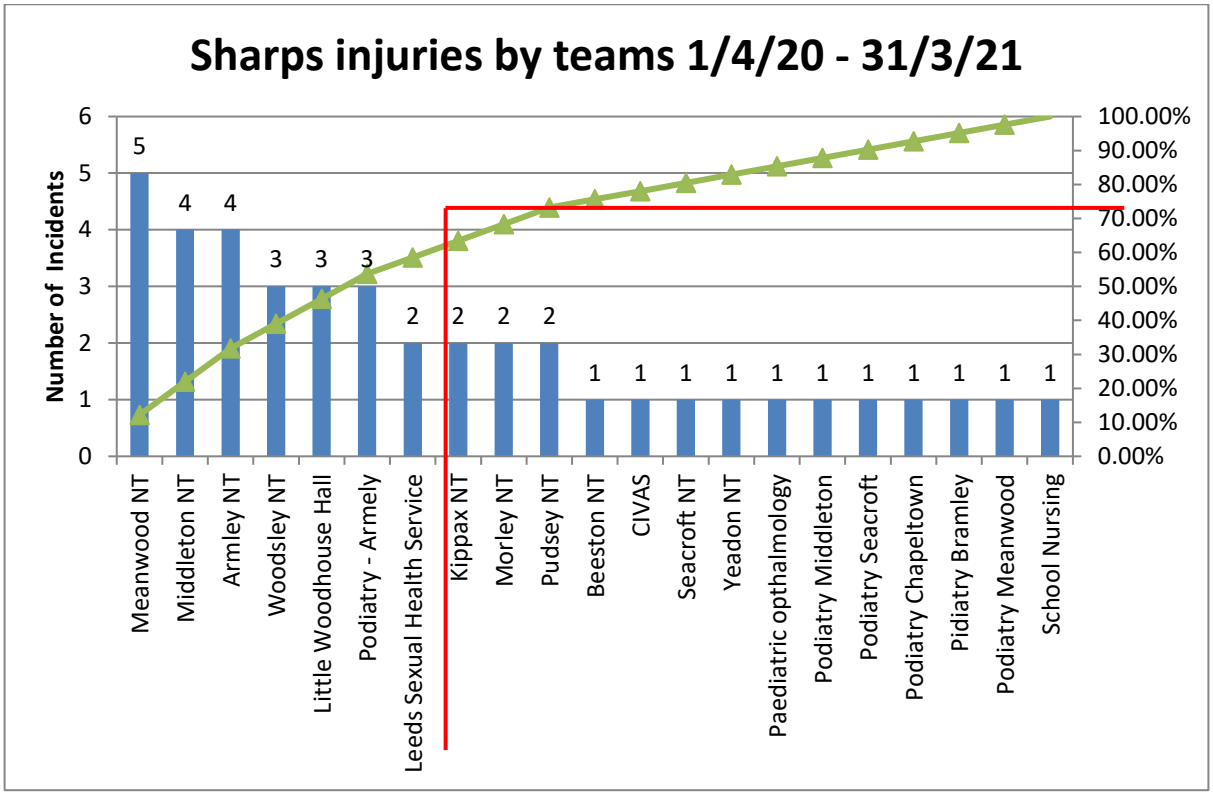


Sharps incidents

There have been 41 sharps related incidents reported via the Datix® reporting system during 2020/2021; (42 sharps related incident in the previous year 2019-2020).

17 of these being sharps with harm, which equates to 41% of all sharps incidents reported. Compared to the previous year's 50%, this shows another substantial decrease from 80% 2018-2019.

The following Pareto chart demonstrates all the reported sharps incidents and the number of incidents within that team. This demonstrates that out of the 21 teams who reported sharps related injuries, 60% were reported within adult business unit, 27% within specialist business unit and 12% within children's business unit.



Discussion and Actions

The incidents reported under each subcategory have been investigated and actioned accordingly as advised by the Datix® team;

- Sharps safety remains a prominent topic within the mandatory IPC training sessions.
- All community staff are advised to carry a 'sharps safety kit' with them when visiting patients in case the stock is not available in the patient home, including a sharps bin.
- The IPC team have worked tirelessly to provide advice, up to date guidance and training to the teams within LCH throughout the pandemic
- The team identified a sharp increase in infection control related incidents and so worked to produce waste posters, donning and doffing training, PPE guidance and regular comms to keep staff up to date with guidance.

4. Outbreaks and other Communicable Disease Control (CDC)

4.1 Significant outbreaks with IPC response

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

Covid-19 Pandemic

In December 2019 an emerging virus was identified in Wuhan, China resulting in a global pandemic which remains ongoing.

This is the first pandemic that LCH has had to manage (since the Swine Flu Pandemic in 2009) and preparedness for the evolving virus commenced in February 2020. Initially, this was lead via Infection Control and Emergency Planning but by March 2020 the international situation dictated a Trust wide response.

The Trust response was led by the Incident Management Team. Patient and staff safety was at the forefront of the pandemic.

We have adapted to suit the needs for this new virus and the complexities that it creates. Personal Protective Equipment (PPE) supplies remained good over the past six months however this has been closely monitored by a dedicated PPE Group chaired by the Executive Finance Director. Staff support remains ongoing and at the time of writing the annual report routine patient services are re-starting.

Challenges that we have encountered have been around;

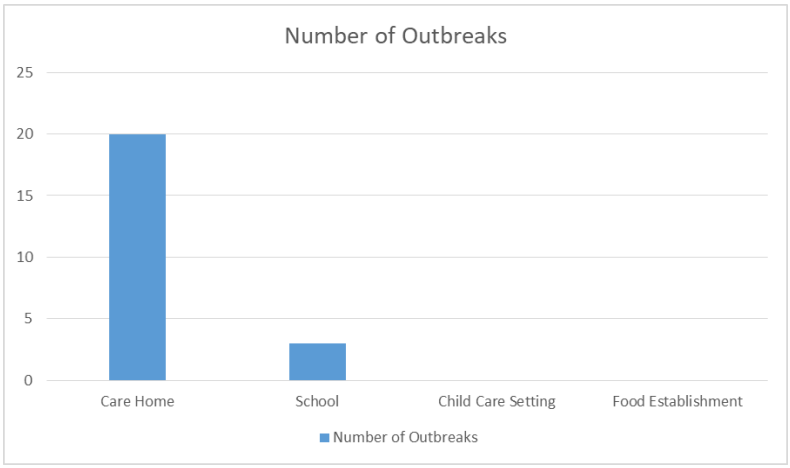
- Capacity within the IPC team in response to the number of care homes that encountered an outbreak.
- Fit testing requirements.
- The frequent changes experienced in national guidance
- Being unable to complete normal service delivery leaving potential gaps in assurance.
- Swabbing requirements to support wider Leeds healthcare economy.
- Increase in reactive advice required citywide.

4.2 Communicable Disease Control (CDC)

The CDC Team is a collaborative approach between Leeds City Council (LCC) Environmental Health Food and Health Team and IPC. The team's purpose is to investigate, act and report on all individual cases and larger outbreaks of notifiable gastric diseases within the population of Leeds. The team investigate confirmed and suspected food poisonings and also manage outbreaks of viral gastroenteritis within any establishment including care homes, childcare settings, schools, day centres, etc.

The team 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 Gastrointestinal illnesses across West Yorkshire.

Establishments reporting outbreaks of gastrointestinal illness 1/4/20 to 31/3/21
Total outbreaks



The graph above provides an overview of the types of facilities that have reported outbreaks of gastrointestinal illness during the reported period. Each of the 23 identified outbreaks have been visited, advised and managed by the CDC nursing team. The graph shows that outbreaks of gastrointestinal illness have only been reported in Care Homes and Schools in the reporting period. Despite faecal samples being submitted there has been no causative organism identified in any of the outbreaks.

The reduction in the number of outbreaks (compared to 75 in the year pre Covid) and no causative organism being identified, is likely to be a result of the Covid pandemic. There has been a reduction in visitors, particularly to Care Homes, increased personal and environmental hygiene and social distancing.

Schools and childcare facilities have had restricted attendance (for key worker children for much of the reporting period) introduced support bubbles and again increased hygiene practices and social distancing which has aided the reduction in outbreaks of gastrointestinal illness.

Suspected food poisoning 01/04/2020 to 31/03/2021

There were 272 reports of suspected food poisoning which were reported either electronically, via the FSA, or LCC self-service reporting systems. All suspected food poisoning reports are reviewed each day by the CDC nurse to detect any potential food poisoning outbreaks, and cases are responded to accordingly. The Covid pandemic there has resulted in a reduction in the number of suspected food poisoning reports from the public (375 in the year pre Covid) and this may be due to the closure of “dine in” restaurants and travel restrictions to and within the city. Business support replied initially via email to all 272 complainants and 12 cases responded which required follow up by the CDC nurses.

Organisms identified through Notification of Infectious Disease Reporting 1/4/20 to 31/3/21

The table below incorporates the confirmed isolates identified via faecal testing at LGI microbiology laboratory and Colindale Central Surveillance Centre.

Organism	Number of Cases
E.Coli (STEC)	**7**
Typhoid/Paratyphoid	**2**
Cryptosporidia	**20**
Shigella	**8**
Salmonella	**46**
Campylobacter	**663**
Listeria	**2**
Giardia	**45**
Clostridium Perfringens	**1**
Yersinia	**3**
TOTAL POSITIVES	**797**

There has been a reduction in the number of positive isolates reported compared to 1293 in year pre Covid, which may be due to several reasons.

- There is generally an increase in confirmed food poisoning isolates over the summer months when people are holidaying. However, the Covid pandemic has seen a restriction in travel both abroad and in the UK.
- People have also been unable to meet in gardens for social activities such as BBQ's and garden parties
- Restaurants have been closed for "dine in" meals
- Reinforced media advice reiterating the importance of personal and environmental hygiene

The Covid-19 pandemic resulted in a temporary change of working for approximately 4 months during which time Environmental Health Officers (EHO's) managed the CDC element of the Food Safety Team. This was manageable due to a reduction in the public's social activities, travel restrictions, the closure of many restaurants, a reduction in face to face working and restricted/reduced work activities carried out by the Environmental Health Officers.

The team continues to work towards a paper lite service but again the Covid pandemic has resulted in difficulty with meetings via "teams". Face to face has always been the preferred option to demonstrate the requirements of the service to colleagues and departments who are not aware of the logistics involved.

4.3 Head Start Service

The IPC Team continues to provide a specialist service for the management of head lice 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, social workers and pharmacists.

The Headstart service has seen very little activity during the 2020/2021 period with few enquiries and only 3 referrals throughout the year. The COVID-19 global pandemic and associated measures implemented to reduce the spread of the virus have resulted in schools being closed for most of the year, with only vulnerable children and those of key workers attending.

The service continues to encounter complex and challenging cases where children can present with severe head lice infestation in addition to other issue and safeguarding concerns. These families are often hard to engage and repeatedly fail to manage their child/children's head lice. 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.

Access to free Hedrin via the Pharmacy First Minor Ailments Scheme continues to be highly significant in reducing the number of 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. Reports of pharmacies saying they do not participate in the provision of Hedrin as part of the Minor Ailments Scheme have ceased following CCG communication with the pharmacies.

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. Visits are conducted in the home only in special cases when we are specifically requested to do or when this is the only remaining option available.

5. Environment

5.1 MEG Auditing Tool

In November 2020, a new electronic auditing system – MEG was introduced. This is a single digital platform that has enabled, timesaving, mobile working for the auditing assurance process. The tool can be used for auditing LCH premises and specialities including: Care homes, specialist schools and prisons/custody suites all of which come under the LCH provision.

Compliance scores can be generated and any areas of concern are easily highlighted and clearly visible. Action plans can be generated and shared with the relevant responsible teams e.g. cleaning lead or Buildings Managers. There is a process for action plans to be returned within the 3-month timeframe. Future plans are that the platform will be shared with the service leads that will have most input into the action plans to provide improved assurances.

The implementation of the system is still in its infancy but going forwards it is anticipated that it will be rolled out to help teams perform and engage with hand hygiene and PPE audits with greater ease.

5.2 Environmental Audits

A rolling programme of IPC audits using a modified version of the Department of Health/Infection Prevention Society Quality Improvement tool has been conducted and embedded into the MEG auditing system.

The objectives of the audits are to inform services of their level of compliance to the standards, policies and procedures and allow improvements to be made based upon the findings. 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. Concerns from the auditing process are escaled via the Infection Prevention and Control Group to the Quality Assurance and Information Governance Group (QAIG).

The code states that registered providers must audit compliance to key policies and procedures for infection prevention. Data 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.

The aim for 20-21 was to audit 61 LCH premises which comprises of:

- 29 health centres/clinics
- The Community Neurological Rehabilitation Unit,
- The Continence Urology and Colorectal service suites at Rutland Lodge
- Leeds Sexual Health Centre
- Hannah House Children's with Complex Health Needs Residential Unit
- St Georges Centre for Musculoskeletal (MSK) and Children's Out patients
- Leeds Assisted Living Centre
- Wetherby Young Offenders Institute and Adel Beck Secure Children's Home (HMP's)
- The 14 Police Custody Suites (which are currently open) for East, North, South and West Yorkshire
- 4 Special inclusion learning centre (SILC) schools
- 3 recovery hubs
- 3 MSK units at Wharfdale Hospital, Chapel Allerton Hospital and Sunfield Medical Centre
- Thornton Medical centre clinical rooms

However due to the Covid-19 pandemic the audit activity was interrupted, and a reduced number of IPC audits was performed for 2021. Nevertheless, the team continued to have a presence in many of the premises. This included Covid-19 outbreak advice and premises inspections/visits in the 3 recovery hubs, Wetherby young offenders Institute and Adel Beck. Hannah House also received visits for donning and donning training, fit testing and visits for other clinical advice and support.

During 20-21 the IPC team audited 50 premises which was:

- 11 Health Centres/clinics
- The Neurological Community Rehab Unit
- MSK at Wharfedale Hospital
- 4 SILC schools
- Hannah House
- 14 Custody suites
- Wetherby Young offenders and Adel Beck Secure Children's home
- Leeds Sexual Health Centre

Findings

Findings in the premises varied across the locality. An example of compliant and non-compliant areas a listed below:

Compliant areas:

- 4 SILC schools had clean clinical environments
- The custody suites showed good practice with PPE and sharps management
- Hand hygiene basins with replenished liquid soap dispensers and paper hand towels and alcohol dispensers widely available in clinical areas
- In the health centres the staff appeared compliant in wearing face masks, the waste bins were foot operated and lidded, there were no waste sacks stored in corridors, couches were of good condition, water coolers were supplied with potable water and curtains and blinds were clean.

Non-compliant areas:

- Non-clinical areas in the SILC schools were dirty (cleaning is the responsibility of the local authority who have since been given advice on cleaning by the IPC team)
- The LCH staff in Wetherby Young offenders and Adel Beck Secure Children's home were confused around PPE (i.e. wearing gloves and aprons when not required and typing with gloves on)
- Cleaning standards for equipment were poor in some custody suits (which was related to lack of clinical staff and cleaning staff awareness of who is responsible for cleaning what equipment
- In the health centres there was evidence of staff drinking beverages in the cleaner's cupboard, staff cups and beverages were stored in clinical room cupboards, some toys were dirty, some work surfaces were dirty and cluttered, some patient chairs were non-wipeable and sharps bins did not have their temporary closure mechanism activated.

Follow up

The IPC team share the MEG audit action plans with the relevant service and department leads who are responsible for improving non-compliant areas (i.e. building managers, the cleaning lead and service clinical leads). Action plans should be completed after 3 months. However, audits with lower compliance scores also receive a 3 month follow up visit by the IPC team**.** Audits with lower compliance scores received a 3 month follow up.

The IPC team plan to audit all 61 areas for 21-22. Due to restructuring the team we anticipate that the pandemic will not disrupt this.

5.3 Patient Led Assessment of Care Environment 2019

The PLACE inspections during 2020-2021 were postponed due to Covid-19.

6. LCH business unit overview

6.1 Children's Service Annual Report

The Infection Prevention and Control Team have continued to foster positive working relationships with the teams working within the Children's Service. Some of the key achievements include:

- Working with the School Inclusion Nursing Service to monitor and improve standards within Specialist Inclusion Learning Centres. The IPC Team have worked with partners to achieve significant upgrades to the care environment at Penny Fields and Broomfield schools.
- Establishment of an Infection Prevention Champions Group within the 0-19 Service.
- Contributed to the planning and development activities related to the proposed new CAMHs unit to replace Little Woodhouse Hall.
- Collaborative work has been undertaken to ensure the ongoing maintenance of high standards of IPC practice at Hannah House. Significant improvements have also been noted within this area over the past year.
- Undertaken Patient Led Assessments of Care Environments (PLACE) inspections of the two Children's in-patient areas, with positive comments being provided by the inspectors.
- Work has been done to increase the awareness of SEPSIS amongst both staff and parents/carers. Information has been distributed to families to both inform and raise awareness of this distressing condition.

The IPCT have worked with the Outpatients Service Team to ensure a smooth transition to their relocation to new facilities at the Reginald Centre.

6.2 Specialist Business Unit Report

The Infection Prevention team continue to work closely with the teams within the specialist business unit, particularly during the Covid pandemic to support them with any outbreaks and general IPC support and advice. The IPC team have also recently increased in size which has allowed more input from the IPC team which has included:

- Yearly audits of all Police Custody suites to ensure compliance with IPC standards and to offer support and guidance on environmental issues. The LCH staff work within a police custody suite building and alongside non healthcare staff which can be a barrier to good IPC practice. This has shown in some areas where the cleaning was found to be inadequate and is under review by the Clinical Lead with support from the IPC team.
- Yearly IPC environmental audits have been undertaken in Adel Beck and WYOI; Adel Beck continues to have a good standard of compliance and cleanliness. It is obvious that LCH clinical staff take ownership of IPC in their environment. WYOI show good compliance with IPC, however there was some cleaning issues that have been picked up on previously which were highlighted. WYOI staff take good responsibility of IPC and complete monthly cleaning audits which are actioned by the clinical lead and supported by the IPC team.
- IPC have worked closely with WYOI and Adel Beck to prevent and control outbreaks alongside wider Leeds Healthcare Economy colleagues. A good relationship has been built with the staff working in these areas and IPC which will promote and ensure good IPC compliance long term.
- Recent outbreak reported at Adel Beck was managed well and spread was limited following good communication and staff working together to make changes to IPC practice.
- Bi-yearly dental water tests are now to be carried out by the Dental team and overseen by the IPC and Water Safety Group. This is to be reviewed in 12 months. However, following installation of the steril straw system to all areas, it was found this does not work in areas which the dental cart is not used as regularly. WYOI had

out of range results on a number of occasions which was resolved by going back to using Milton and this has since resolved.

- CNRU continue to run an outpatient only service and their inpatient unit continues to be closed.
- Podiatry services have recently reported an increase of sharps incidents, relating to removal of blades. No injuries occurred as a result of this and this has been investigated by Podiatry which have linked it to a number of locum staff/students not knowing the correct procedure. IPC continue to monitor and will visit Podiatry if this continues to review current procedure.
- A visit to Steris decontamination unit is planned to follow up four Datix reports originating from podiatry.
- SBU staff continued to have a good completion rate for the PPE& HH auditing tool.
- Collaborative workplace visits between Environmental Health colleagues & the IPC team have taken place across the Leeds Community. A mixture of proactive, supportive visits & outbreak visits have occurred throughout the Covid pandemic, facilitating closer working relationships with the wider community and other public health professionals.

6.3 Adult Business Unit

IPC continue to work closely with the teams within the adult business unit, particularly during the Covid pandemic to support them with maintaining services within the neighbourhood teams. The IPC team has been involved with the following:

- ABU have been supporting fit test trainers/ champions across all of the business units. This has meant we have provided support during preliminary fit test sessions, advice and troubleshooting to enable teams to deliver fit testing to their own staff.

- ABU has always worked closely with IPC and the PPE team to ensure a constant supply of PPE and have kept up to date with constantly changing guidance. The ABU coordinator attended weekly meetings throughout the pandemic with the PPE/ IPC team so that information could be cascaded to the teams in ABU.

- The IPC team have always run quarterly IPC champions events, due to the Covid19 pandemic these were stopped as face to face events but changed into online 'teams' events. The champions requested that these were changed to monthly events which still continue to run and have a good uptake.

- The IPC team encouraged all staff in the adult business unit to have their seasonal flu vaccine. This was supported by the CLASS and IPC nurses visiting each base to ensure the jab was accessible.

- Supporting the HCAI work when colleagues have undertaken a PIR which involved care provided from a neighbourhood team. This has meant improved communication with the neighbourhood team, highlighting good practice and shared learning.

7. Commissioned services – Care Homes

In 2010 the IPC team commenced a face to face audit programme auditing approximately 40 care homes with nursing over a 3-year rolling programme. In April 2019 the IPC team increased their auditing activity to auditing approximately all 152 care homes (which included

residential homes) over a 2-year rolling programme. The programme included 40 face to face audits and 40 care home self-assessment audits per year.

Due to the Covid-19 pandemic the auditing activity in 20/21 was disrupted and only a small number of care homes was audited. Nevertheless, additional support to care homes was provided for 20-21 which included:

- Covid-19 outbreak visits
- Locally produced Covid-19 IPC resources (such as posters and an outbreak check list)
- Free IPC care home Covid-19 training
- Availability of telephone/email advice for IPC and Covid-19 queries

The purpose of the audits is to appraise and gain an insight into the environment and IPC practices which are measured against national standards. This enables the audit programme to:

- Highlight areas of good practice and also identify areas which need more work
- Provides care homes with a structured action plan listing evidenced based recommendations for improvements
- Provides or signposts to IPC resources and national guidance
- Helps care homes keep practice up to date
- Helps link in care homes with other teams and services in the wider health and social care economy

Number of audits completed 2020/21

During the summer months (when there was less COVD19 outbreaks in the care homes) the IPC team audited:

- 9 care homes
- 8 care homes (as a follow up audit visit)

Covid-19 outbreak visits

After the initial national lock down period the IPC team commenced visits to care homes with Covid-19 outbreaks. The aims of the visits were for the IPC team to support care homes during an outbreak, identify areas of good practice and also identify areas that needed development. Each care home received an action plan for areas of development and the action plans were shared with the local authority and CCG contracts managers. The team outbreak visit during year 20/21 included:

- Visiting 62 care homes with an outbreak

(Due to the recovery hubs being at increased risks of outbreaks (from high client turn over), each hub also had an unannounced IPC visit after the national lockdown period was lifted).

Findings of outbreak visits

Compliance with national COVID19 guidance during an outbreak varied across the care homes. There was also common areas of good practice and common areas that need development.

Good practice included:

- awareness of the correct isolation time periods and the need to isolate for longer if symptoms persisted
- touch point cleaning and touch points being cleaned more often than twice daily
- care home cleanliness appeared to a good standard in many of the care homes
- block booking agency/bank staff to work in the care home only and also during the pandemic
- staggered staff breaks to maintain safe spaces for social distancing
- Kitchen staff remained in the kitchen only during the outbreak
- Staff cohorted to work with either positive or non-affected residents (or if not possible, positive residents cared for last when possible)
- Positive rooms cleaned last by the cleaner or by care staff during care episodes
- Visitors to the care home only allowed in exceptional circumstances

Areas for development

- staff seen in close contact with each other (when not required to be in close contact)
- staff not aware of the correct doffing procedure
- staff performing hand hygiene only after doffing all pieces of PPE (and not between doffing each piece of PPE)
- staff doffing gloves and aprons used in isolation rooms after they had left the isolation room
- surgical masks worn incorrectly (i.e. pushed down under chin or not covering nose)
- staff wearing the same pair of gloves continually (i.e. when doing a drinks round)
- shortages of foot operated and lidded clinical waste bins (and scarcity of foot operated and lidded bin supplier availability)
- staff with medical mask exemption not risk assessed and not redeployed (staff continued to work with, or near residents and other staff whilst not wearing a mask)
- not using a 2 step cleaning procedure (and using a disinfectant only for cleaning)
- non wipable sofas and arm chairs being used (and care home not aware to regularly steam clean these)

Additional IPC support provided to care homes

Care home staff flu vaccinating
For the 3rd year running the IPC team has worked with the local authority in delivering free on site flu vaccines clinics for 580 Leeds health and social care providers. This is done to enhance existing opportunities for staff to get vaccinated. For 20-21 the team provided vaccines to:

- 14 care home sites
- 279 care home staff

Care Home Managers Forum
In October 2021 a member of the IPC team attended the Care Home Managers Forum to discuss the national care home PPE guidance

Free IPC care home training
In May 2020 the national care home Super Trainers programme commenced. The IPC team worked with the CCG and played a key role in the programme. This included an IPC nurse becoming a super trainer and also the IPC team co-ordinating the training for the nominated 22 city wide health and social care staff trainers.

At the end of the programme:

- all 151 care homes had been offered training

- 75 care homes had had face to face super training
- 23 care homes had had virtual super training

Through June to early April 2021, the IPC team also provided virtual Covid-19 IPC training for care homes and supported living providers which was:

- Over 15 virtual training sessions
- Attended by 60 different care home or supported living providers
- Attended by 450 staff

From late January 2021 the IPC team re-commenced face to face training for health and social care providers which includes care homes. (The numbers of care home who received face to face IPC training is included in the IPC team 20-21 training report).

Bronze Support to Care Homes/Providers Meeting and provider bulletin
Throughout the pandemic the IPC team attended the city wide Care Home Bronze meetings and were included as a standing agenda item. The team has also periodically produced articles for the health and social care city wide provider bulletin which includes advice on PPE for aerosol generating procedures, and also advice and how to outsource fit testing.

Outbreak spread sheet and local Care Home Covid-19 Incident Management Meetings
Throughout the pandemic the IPC team has maintained a daily spread sheet of Covid-19 outbreaks in Leeds care homes. This allowed the IPC team to be in daily contact with care homes with outbreaks and determine which care homes required outbreak visits.

The spread sheet was also shared to city wide partners and provided valuable monitoring and surveillance to teams such as PHE, CCG and local authority contracts managers. The IPC team also attended City wide incident management meetings for when individual care home outbreaks were of concern.

Local Covid-19 outbreak advice, outbreak resource pack and local resources
When each care home developed an Covid-19 outbreak, the IPC team rang the care home to give support and advice on managing the outbreak. The team also developed a resource pack which included a Covid-19 outbreak check list and local Covid-19 posters (such as advice on correct mask wearing and advice on ventilation). The pack was emailed to the care home after the telephone advice had been given.

IPC care home web page
Throughout the pandemic the IPC team maintained the care home IPC resource web page. A new section has been created to include local COVID19 IPC resources and links to key care home national COVID19 guidance. A snapshot of users of the web page showed that for 3 months (between mid-March 2021 and mid May 2021) showed that 178 unique users had used the web page.

Care home swabbing
Before the care homes had been provided with their own Covid-19 swabs and swabbing procedures the IPC team commenced city wide swabbing of symptomatic/suspected care home residents. Between March and June 2020, the IPC team swabbed 102 residents from 26 care homes.

Future developments
The IPC team are leading a city-wide steering group on the roll out of the RESTORE2 physical deterioration and escalation tool in Leeds care homes. The impact of the tool in other national areas has helped residents get the right care, at the right time and in the right place, and has

reduced care home 999 calls and hospital admissions and has saved resident lives. The IPC team plan a key role in the roll out.

Plans for 2020-21

For 20/21 the IPC team plan to continue supporting the 152 registered care homes in Leeds which includes:

- Annually face to face auditing (with follow up visits as required) each care home
- Attending and contributing to relevant groups and meetings such as the local Care Home Focus Group, the local City-Wide Sepsis group and the national Infection Prevention Society Care Home Special Interest Group,
- Maintaining the Covid-19 care home outbreak spread sheet, outbreak telephone advice and resource pack, and outbreak visits when there are care home outbreaks
- Maintaining the care home IPC resources web page
- Inviting care homes to attend IPC educations programmes and events hosted by the team
- Including care homes in sharing relevant IPC updates and learning cascades.
- Being a key member of the RESTORE2 roll out in Leeds

8. Policies and guidelines

The IPC team continued to review and revise the Trust's IPC policies / clinical guidelines during 2020-21 in line with their review dates. This also takes into account any changes to national publications, however due to the speed in which guidance was updated by PHE and NHS England / Improvement the standard precautions policy was updated in September 2020 to reflect changes in guidance around PPE. The policies are aligned to the Leeds Healthcare Pathways which is accessible through LCH and Primary Care.

Policy Development Overview:

Policy	2020	2021	2022
Infection Prevention and Control Overarching Policy PL305	**Sep-20**		
Management of Blood and Body Fluid Exposure Incidents including Needle Stick Injuries Policy and Procedures PL322		**Mar-21**	
Local Decontamination of Reusable Medical Equipment Policy PL331		**Mar-21**	
Diagnostic and Screening Procedures including Safe Sampling, Handling and Transportation of Specimens Policy PL332		**Oct-21**	
Healthcare Waste PL341 Included in IPC Manual		**May-21**	
Standard Precautions Policy (includes Hand Hygiene, Personal Protective Equipment and Management of Spillages in the Community PL227	**Oct-20**		
Isolation Policy and Procedures for Leeds Community Healthcare NHS trust In-patient Areas PL306	**Dec-20**		
Transmissible Spongiform Encephalopathy: Prevention of Cross Infection Incidents Policy PL319			**Feb-22**

Linen and Laundry Management Policy PL314	**Nov-20**		
Food Safety PL299	**Mar-20**		
Respiratory Virus Policy PL294	**Jan-20**		
Deceased Patient PL330			**Mar-22**
The Management of Communicable Disease Outbreak within the Community Setting Policy PL261			**May-22**
Management of Patients with Meticillin Resistant Staphylococcus aureus (MRSA) in Community Health and Social Care Settings Policy PL343			**May-22**
Aseptic Non-Touch Technique (ANTT) Policy PL338			
Prevention and Management of Multi-Resistant Bacteria (including Carbapenemase Producing Enterobacteriae (CPE), Glycopeptide Resistant Enterococcus (GRE) and Extended Spectrum Betalactamases (ESBL's)) PL351	**Oct-20**		
Prevention and Control Measures for Specific Infections in the Community Policy PL345			**Jul-22**
Clostridium Difficile PL288			**Sep-22**
Guideline for the Management of Toys in the Community GL037	**Mar-20**		
Guidelines for the Management of Animals in Community In-patient Healthcare Premises GL022			**Nov-22**
Guidelines for the Management of Scabies GL086			**Nov-22**
Guidelines for the Management of Headlice			

9. Education and Training

The Health and Social Care Act (2008) identifies the importance of effective education and training for all staff members. The continued development and implementation of an effective mandatory training programme remains central to the LCH infection prevention strategy. As a result of challenges associated with the COVID pandemic, the majority of internal mandatory training was undertaken remotely. In situations where strict social distancing was possible, small group events were facilitated by the team. This included preceptorship training and informal bespoke sessions within care delivery teams.

Training compliance rates were on average 92% at year end and this demonstrates a significant increase from the 70% noted during the previous report period 2019-20.

Towards the latter part of the year, LCH has provided an additional 0.6 WTE Band 7 IPC Nurse Specialist role to enhance education and training within the wider care economy of Leeds. The initial primary focus of this project has been to work with care facilities providing

both nursing and residential care, Working Age Adult Care Teams, Third Sector providers, Mental Health Providers and the local authority Adult Social Care Team.

Collaboration and support has also been provided to the LCC Adults and Health Directorate to develop and facilitate an education programme related to improving understanding and uptake of the COVID Vaccination programme.

Support has also been provided to the LCC Children and Families Team to develop a Keeping Safe and Well virtual training sessions for school age children. This programme is about to be launched after the Easter Break 2021. Further work is planned for the development of a bespoke training programme for schools, nurseries and other childcare providers. The aim of this initiative is to complement and supplement currently existing resources and to have the flexibility to provide specialist education and support to areas potentially struggling with outbreaks of transmissible infection.

10. Campaigns and further achievements

10.1 Seasonal Staff Influenza Campaign 2019/2020

The Code of Practice (2012) for the prevention and control of healthcare associated infections (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).

Results 2020/21

At the end of January 2021, LCH had vaccinated ***75.1% of health care workers involved with direct patient care*** and closed the Immform data reporting tool in total 3797 vaccines have 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 are broken down further below:

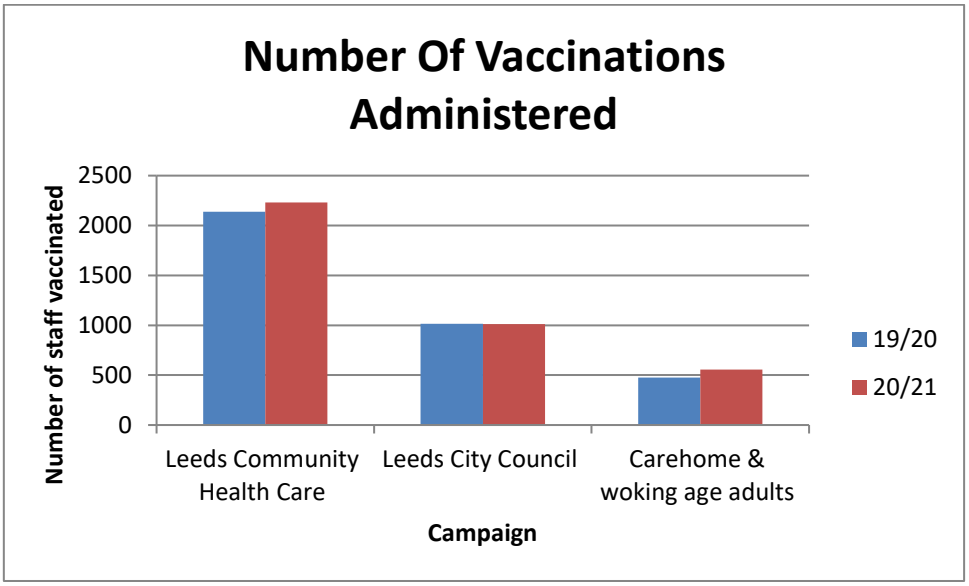
LCH Staff: 2230 staff vaccinated: • 1583 of these staff were clinical staff • 332 received the vaccine elsewhere of this 249 staff are clinical
LCC Staff: 1012 Leeds city council staff were vaccinated during the campaign
Care home & hospice staff: 555 staff from local care homes, hospice staff and working age adults were vaccinated during the 20/21 season

Challenges

Throughout the 20/21 campaign the team faced a number of challenges, the immunisation schedule had to be amended late in the planning stage to support a phased delivery schedule of vaccinations from the supplier and to enable us to comply with government guidance relating to PPE and social distancing. We introduced an electronic appointment booking system to support social distancing guidance. We had to reduce the numbers of venues we were vaccinating in due to the pressures of Covid and therefore only vaccinated in 4 Covid secure buildings, this made accessing the vaccination very difficult for some staff members as they were working from home and didn't live in Leeds.

The bulk of the immunisations were delivered via our ClaSS staff but additional support was needed from IPC team members for the ad hoc sessions and to support with continued myth busting relating both the influenza and COVID vaccinations whilst still attending to other IPC work streams and increased responsibilities due to COVID.

IPC will continue to work closely with stakeholders to ensure the sustainability and success of future campaigns. We will continue to work in conjunction with business intelligence and workforce to ensure we have accurate data.



Future plans

The delivery of future flu campaigns may be very different in light of the Covid-19 pandemic. IPC will continue to work closely with stakeholders to ensure the sustainability and success of future campaigns. We will continue to work in conjunction with business intelligence and workforce to ensure we have accurate data. Due to social distancing guidelines currently in place we will be implementing a booking system for LCH staff and LCC staff. We will also be circulating a survey monkey to the trust to see how we can make accessing the vaccination easier given that staff are not in base as much, this may be that we purchase vouchers for staff that are working from home and do not live in Leeds. We will also ensure we hold several vaccination clinics in all LCH buildings throughout the campaign.

There will be a consideration for an enhanced peer to peer program to support the campaign with myth busing and spreading the positive messages about getting why it is important to be vaccinated. We will also be working with service managers to ensure they are actively encouraging and supporting staff to receive the vaccination.

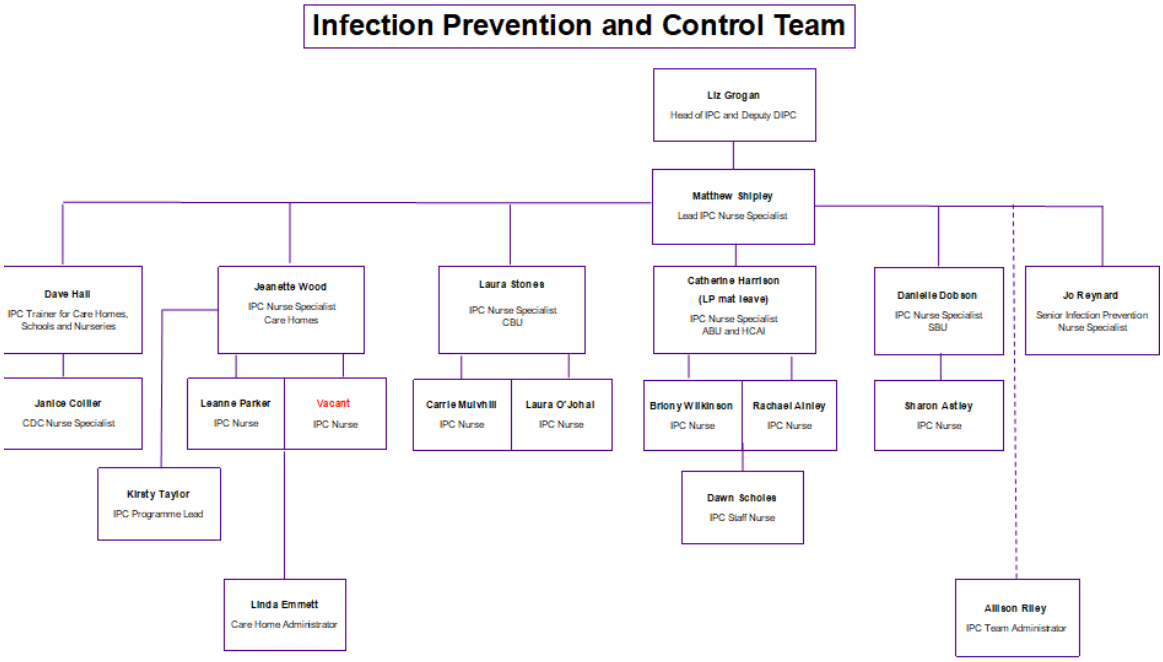
The future of the campaign is lie more centrally to the business unit and whilst initial coordination will be led by IPC, there is to be a stronger emphasis on teams being held to account for overall uptake. This will triangulate with the work completed by business intelligence and workforce with an enhanced way of working across the organization and duty of care held by all.

10.2 Conferences

During 2020-21 all conferences were postponed due to commitments around Covid-19. Plans will be considered to hold a conference early 2022 in relation to healthcare associated infections and learning from the pandemic in relation to Infection Prevention.

11. IPC team structure and celebrations

In 2020 the IPC team went under significant restructuring due to the increase in funding through the cooperation partnership agreement. At the start of the pandemic due to the citywide provision, it was recognised early on that the skill mix we had was insufficient to deal with the demand required.



The 'Lead IPC Nurse' Liz Grogan was promoted to 'Head of IPC' and as part of the restructuring Matt Shipley started as the newly appointed 'Lead IPC Nurse' in January 2020.

In July 2020 Louise Popple was awarded Infection Prevention and Control Nurse of the Year at the British Journal of Nursing Awards for her outstanding work around the 'I-Spy E.coli Campaign'. In December the IPC Team were award 'System Team of the Year' in Leeds for the teams outstanding contributions through the healthcare economy in response to the Covid-19 pandemic and Liz Grogan was awarded 'Highly Commended Leader of the Year' in LCH.

Steph Lawrence, Executive Director of Nursing and Allied Health Professionals who nominated the team said: *"The IPC team at LCH are already an award winning team, but they deserve this award for the exceptional support and expertise they have provided to the Trust during the Pandemic. The team has worked as one to ensure the Trust has the support and*

guidance it has needed at all times during what has been an exceptional and challenging time for them."

"The team has built relationships across the Trust and externally with partners including the local authority, the Clinical Commissioning Group (CCG) and care homes to ensure the whole system got the support it required."

The team were also nominated by Carolyn Nelson, Head of Medicines Management and Controlled Drug Accountable Officer who said: "In 2020, two hundred years since the birth of Florence Nightingale, the work of the IPC Team has never been more important. The role of the small, but mighty IPC Team has been well and truly thrust into the spotlight."

"The work of the Team is so much more than COVID. Despite the pandemic the team has continued to: deliver statutory and mandatory training, investigate health care acquired infections, delivered the annual staff 'flu vaccine campaign, ensured water quality for dental procedures, audited environments where care is delivered, trained Care Home staff and have continued to promote hydration to reduce the impact of E-coli. Team IPC - you are the best - second to none."

12. Challenges and forward plan 2020/2021

Forward Plan 2021 - 2022

- IPC will continue to be a high priority for the Trust and the team have set out an ambitious but flexible programme of work over 2021-22.

- There will be a continued focus on the resetting of services during the Covid-19 pandemic and IPC will start to deliver increased work priorities of the cooperation partnership agreement as we recruit an increased skill mix to deliver the objectives. IPC will start to audit, to monitor compliance with IPC guidelines and policy, and on targeted education programmes to ensure staff knowledge.

- A stronger focus around Quality Improvement to be implemented by IPC and to embed training by NHS Improvement into the team. Focus our attentions around the WHO IPC Core Competencies and provide a bespoke training update the IPC Team on RCA/PIR/SI process.

- Re focus our attentions around the collaborative HCAI Improvement Group and the AMR agenda.

- Implementation of the National Standards of Healthcare Cleanliness (April 2021), with enhanced assurance mechanisms in place and demonstrating the organisation is inline with the Cleaning Charter.

- Build engagement with the ICS for West Yorkshire for IPC.

Challenges for 2021-22 will include:

- Delivering the undulating response to Covid-19 with specific emphasis on track and trace in workplace settings and care homes throughout the Leeds healthcare economy.
- Increased preventative measures in response to Covid-19 in nurseries, schools and universities.
- Achievement of the HAI objectives.

The partnership cooperation agreement and annual IPC plan will be monitored through quarterly cooperation review meetings with a governance structure in place, as well as the Infection Prevention and Control Committee (IPCC) and the Quality Assurance and Improvement Group (QAIG).

13. Conclusion

2020-2021 has proven to be a very successful year for the Infection Prevention and Control team. We have delivered successfully on the first fiscal year of the partnership cooperation agreement with Leeds City Council.

This report demonstrates the continued commitment of the Trust and evidences successes and service improvement through the leadership of a dedicated and proactive IPC team. It is also testimony to the commitment of all LCH staff dedicated in keeping IPC high on everyone's agenda.

The year has been dominated by Covid-19 and the IPC Team workload increased dramatically as a result. Keeping staff and patients safe was priority during this time, as well as the system wide working through the city of Leeds. It is fair to say that the working day of an IPC Nurse and others in the team was unpredictable and often very stressful.

Throughout this time the IPC team has dedicated their time to the management of the pandemic and should be acknowledged for their unwavering hard work. I personally would like to thank my team for their dedication, tenacity and continuation of their positive spirit during a very challenging period of time.

Report compiled by Liz Grogan Deputy DIPC and Head of IPC – September 2021 and contributions were made by members of the Infection Prevention and Control Team.