

Infection Prevention and Control (IPC)

Annual report 2021-2022



Report compiled by Head of IPC and Deputy DIPC with contributions made by members of the IPC Team

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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's and that LCH is compliant with current legislation, best practice and evidenced based care in line 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.
- HCAI Surveillance.
- Forthcoming IPC programme 2022-23.

Key achievements 2021-2022

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).
- Hugely 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 and restructuring of the IPC team.
- Vaccinating 62.14% of frontline staff in the Seasonal Staff Influenza Campaign and being recorded as highest uptake in West Yorkshire.

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, Avian Influenza 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 in collaboration with Environmental Health.
- 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 2022-2023

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), UK Health Security Agency (UKHSA) 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.
- 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'.
- 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 in line with the 2022-2023 CQUIN target set by NHS England.
- 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 Clostridioides 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 front line staff in the use of sharp safety devices and the prevention of needle related incidents. This requires continued engagement with all business units particularly adults and specialists.
- Collaborative work with Estates around Implementation of the National Cleaning Standards throughout LCH and actioning risks identified in the Waste Audit undertaken in July 2021.

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 (HCAIs).

- 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.

The Code of Practice requires that the Trust Board has a collective agreement recognising its responsibilities for Infection Prevention and Control. The DIPC has overall responsibility for the control of infection at the and this role is undertaken by the Executive Director of Nursing and Allied Health Professionals. The DIPC attends Trust Board meetings with detailed updates on infection prevention and control and escalations.

The Trust Infection Prevention and Control Group (IPCG) is held quarterly and is chaired by the head of IPC and Deputy DIPC. IPC performance and concerns are escalated at the quarterly Quality Assurance Information Governance (QAIG) meeting.

The IPC service is provided through a structured annual programme of work which includes expert advice, audit, teaching, education, surveillance, policy development and review as well as advice and support to staff, patients and visitors. The main objective of the annual programme is to maintain the high standard already achieved and enhance or improve on other key areas. The programme addresses national and local priorities and encompasses all aspects of healthcare provided across the Trust. The annual programme is agreed at the IPCG.

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).

Governance meetings

Quarterly meetings

- IPCG (LCH)
- Attendance at HCAI Meeting (Citywide)
- Attendance at Health Protection Board (LCC led) Annual
- Cooperation Review Meeting (LCC/LCH)
- Attendance at Quality Assurance Information Governance (QAIG) LCH
- Attendance at Health and Safety Group (LCH)
- Attendance at Water Safety Group (LCH)
- Antimicrobial resistance (LCC/ICS)

Monthly meetings

- Clinical and Corporate Policy Group (CCPG)

Annual meetings

- IPC Annual Report for approval
- IPC Annual Plan for approval
- Cooperation Agreement Governance Annual Review (LCC/LCH)

2. Performance

2.1 Surveillance of Healthcare Associated Infections (HCAIs)

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

- Meticillin-resistant *Staphylococcus aureus* (MRSA) blood stream infections (BSI).
- Gram Negative Bacteria (GNB) specifically *Escherichia coli* (E. coli).
- *Clostridioides difficile* infection (CDI) previously known of as *Clostridium difficile*.

Although there are no specific government mandatory targets for individual community care organisations for the incidence of meticillin-resistant *Staphylococcus aureus* (MRSA) and *Clostridioides difficile* infection (CDI), LCH has worked with in locally agreed targets for a number of years. These targets included no more than two cases of MRSA bacteraemia and three cases of CDI being directly attributed to LCH where a multiagency review identifies lapses in care that have directly contributed to the infection episode.

Although centralised, national targets for Gram Negative Blood Stream infections (GNBSIs) have not been overly publicised, **Tackling antimicrobial resistance 2019–2024** states the aim to half all-health care associated GNBSI's and LCH continues to work towards this target.

Meticillin-resistant Staphylococcus aureus (MRSA)

During the report period, a total of five cases of MRSA bacteraemia have been reviewed by the Leeds Community IPC Team - this is the lowest levels of MRSA bacteraemia LCH has seen since recording commenced in 2011.

During the report period there has been zero cases of MRSA bacteraemia assigned to LCH in which lapses in LCH care have directly contributed to the infection episode. There have been four cases identified as having no lapses in care from any organisation and one case has lapses identified from the wider organisation. One case is currently identified as lapses unknown as the PIR meeting has not yet been completed.

Following on from the Covid-19 pandemic and in line with returning to normal working, PIR meetings are aimed to be conducted within 14 working days from identification of infection. However, due to pressures throughout the health and social care system at present, this sometimes proves difficult. Meetings continue to be conducted in a virtual format using Microsoft Teams.

The IPCT have also reviewed a further four cases identified as having an acute care assignment at Leeds Teaching Hospital Trust. Since Covid-19, LCH IPC is not routinely invited to attend acute care onset PIR meetings at present but continue to share information and review cases collaboratively when required.

Learning from MRSA post infection reviews

As previously stated, all reported cases of MRSA bacteraemia within the wider community health economy are subject to a full Post Infection Review (PIR), which aims to identify the root cause of the infection – where possible, and any healthcare contributing factors.

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 underlying medical conditions such as chronic wounds or a previous medical history. Learning identified mostly related to improved communication between services and timely screening or swabbing.

Gram Negative Bloodstream Infection programme of work

During 2021-22 LCH began to plan the recommencement of work to half Gram Negative BSI burden in Leeds by 2024 as outlined in [The UK's five-year national action plan \(HM Government, 2019\)](#). Root Cause Analysis (RCAs) are conducted for 10 community acquired E. coli bloodstream infections (BSI) identified with LTHT each month and additional information is added to HCAI Data Capture System. The remaining community acquired E. Coli BSI identified which do not undergo RCA, are subject to some investigation (likely source, geographical location, age, community involvement), this information is not added to the DCS but does contribute locally by identifying areas in which reduction work should be focused.

2021-22 saw a total of 507 cases which is an increase of 67 cases (15%) compared to 2020-21 and an decrease of 11 when compared to 2019-20. However, it is important to acknowledge that the significant decrease in cases for 2020-21 may be directly related to Covid-19 restrictions. Stay at home and hand washing messages were widely and continuously shared within this year; isolation from others and lack of socialisation may have had an impact on reported cases. Within 2021-22 the public messaging was focused around returning to normal and dramatically reducing covid restrictions leading to an increase in socialisation which may have also had an impact on acquisition and reporting.

Due to the ongoing Covid-19 pandemic and the need for social distancing, reduced numbers gathering, and the pressures seen in LCH community services and the care home sector from Covid-19 outbreaks, it has been difficult to undertake any robust patient facing behaviour change work this year. Events for antibiotics awareness and IPC week were conducted both internally for LCH staff and within the community for the general public, but these events were much smaller and more scaled back than in previous years. However, following the relaxation of Covid-19 measures and the commencement of **Living with Covid**, 2022-23 will focus more on reduction work through patient engagement and behaviour change.

Work planned for the upcoming 2022-23 year which focuses on reducing the incidence of E. coli BSI includes:

- A review of the **I Spy E. coli** publications. New, updated publications will aim to be created and shared throughout the Leeds health economy, this will provide a fresh, memorable take on the information staff and patients are already used to seeing.
- Undertaking patient and staff facing awareness campaigns for E. coli, hydration, and personal hygiene over the winter and summer seasons.
- Antibiotic awareness and sepsis awareness events both internally to LCH and public facing. Staff facing awareness will take place in LCH health centres (with a focus on those which have high footfall and may not usually be identified as a place to raise staff awareness), and public facing events will again take place in high footfall areas of the city, in partnership with LCC and CCG colleagues. Local supermarkets were used for awareness campaigns this year with some success. These areas will aim to be used again to attract the attention of those people who do not frequently attend health or social care locations.
- Relaunch of the Care Home Hydration collaborative, the first cohort of which is due to commence 5 April 2022.
- Plan and discuss returning to lunch clubs to promote hydration and E. coli awareness.

A proposal was submitted to the ICS for consideration for the NHSEI hydration pilot funding. This project was to be part of wave two and the IPC team would have received £300,000 funding for a pilot in which we proposed to add to the current I Spy E.coli work by creating a new team within the LCH NHS trust to focus solely on providing hydration support to older adults who have identified hydration needs but do not receive support or care from any other health or social care providers (e.g. NTs, carers, care home staff, domiciliary carers, CUCS, dietitians etc.). People would be referred to the service by anyone in a professional capacity (GPs, lunch clubs, access bus staff etc.). The person would then be assessed by a registered nurse and be provided with a package of care in which they

would receive visits from healthcare staff who would make drinks, assist with drinking if necessary, provide social conversation etc. while focusing on hydration education. Staff would also be looking out for signs that further support is needed (e.g. from dietetics, CUCS, community nursing etc.).

This plan would have allowed us to provide support to more housebound, older adults than we currently do and share information within a cohort of people who have, thus far, had no access to current information or health promotion work. Unfortunately, the LCH proposal was not successful.

Clostridioides difficile infection (CDI)

Within the report period, 87 CDI cases were identified as community onset, again, this number is set to change due to the report being written prior to the end of the financial year. This is an increase of 13 cases so far when compared to 2020-21. The 2021-22 financial year saw no cases of CDI assigned to LCH inpatient areas.

Within the wider community healthcare economy, the common themes and risk factors relating to CDI have not changed dramatically throughout the years. Multi-agency work continues to address the incidence of CDI infection within the Leeds area and a citywide action plan is in place.

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.

2.2 Personal Protective Equipment (PPE) provision

PPE team

- The centralised PPE push stock system continues to work well and has ensured there is always a consistent supply of PPE available for all staff.
- This effective process is now embedded into daily working life and teams receive a delivery of PPE twice weekly to ensure the levels remain at the teams estimated weekly minimum.
- Front of house staff monitor central stores in designated health centres for many of the LCH teams, stock levels are reported by each base as a minimum twice weekly.
- Neighbourhood teams PPE supplies are not included in the central store supplies, these are managed and stock levels are reported by each individual neighbourhood team.
- Push stock will continue to be provided by the government until March 2023.

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. The vast amount of respiratory protection is now managed via these reusable options. At the time of writing, LCH have six FFP3 options (one reusable and five single use).

The IPC team have delegated the role of qualitative (hood and Bitrex) fit testing to several specifically identified team members, who have undergone Fit tester training, within each business unit. 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.

At present there are around 50 staff who have completed the qualitative Fit testing course and are able to competently deliver Fit testing. This is supplemented by the IPC team, which conduct quantitative (computer based) Fit testing for those who are unable to pass using the Bitrex method. This business unit lead method of fit testing should improve service members access to a timely service and reduce the Fit testing burden on the IPC team.

Work is also ongoing at present concerning how Fit testing information is stored and whether ESR can be utilised more effectively to store staff information regarding Fit testing and their reviews. This would aid GDPR regulations as data is currently stored on password protected spreadsheets and staff/IPC team are taking ownership of when Fit testing compliance should be reviewed. It is hoped that ESR would be able to produce an automated reminder when Fit testing is due to expire – similar to that which is already in place for statutory and mandatory training.

2.3 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 three 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.

2.4 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 Clostridioides 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.

2.5 Incident reporting

Every incident or near miss at LCH, whether clinical or non-clinical, must be reported to the Risk Management Team via the online electronic reporting system Datix®.

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 IPC Team.

IPC act as subject matter experts for incident reports, their causes, and any identified themes and trends for 2021-22 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.

In total, there have been 52 reported incidents within the 2021-22 financial year (details shown in the table below). This is a significant reduction when compared to last year's total Datix® incidents reported of 107. Last year the area with the highest reported incidents were infection control related concerns due to the Covid-19 pandemic, this year the highest area reported was sharps, a trend seen before the pandemic.

IPC Datix® report category	Number
Sharps incidents	39
Sharps with harm	24
Sharps with no harm	15
Infection control related incident	13
Environmental issues	0
Total IPC related Datix® reports	52

Sharps incidents, both with and without harm, are identified as the vital few which must be the focus of 2022-23 to reduce IPC related Datix® reporting.

Sharps incidents

There have been 39 sharps related incidents reported via the Datix® reporting system during 2021-2022. This is a decrease of two incidents when compared to 2020-21.

The teams with the biggest sharps injury burden within the 2021-22 financial year are the Neighbourhood Teams (38% or 15 incidents) and Podiatry (31% or 12 incidents). Sexual

Health and Dental – specifically at the Reginald Centre, had two incidents each this year. Estates has also reported two incidents this year.

When broken down further, the Neighbourhood teams with the biggest sharps incident burden are Middleton (five incidents reported) and Armley, Yeadon and Chapeltown (two incidents reported each). However, as sharps safety is a considerably important topic with potentially life changing ramifications to a sharps incident, all work relating to sharps safety within the Neighbourhood Teams is shared with all teams, regardless of their incidence.

Sharps safety remains a prominent topic within the mandatory IPC training sessions and all community staff are advised to carry a **sharps safety kit** with them, including a sharps container, when visiting patients in case the stock is not available within the home. New posters relating to waste segregation have been created, PPE donning and doffing training has been provided and continuous working with the communications team to disseminate the most recent national IPC guidance has been sustained throughout the year.

The IPC team have continued to work tirelessly to provide advice, up to date guidance and training to the teams within LCH throughout the pandemic, however, in response to the number of NT sharps incidents which relate to the use of non-sharps safe devices, and could therefore have been avoided, the IPC team has approached all NCQLs to arrange time for IPC to provide update training for all frontline NT staff members, in an effort to reduce further avoidable injuries.

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.

3. Outbreaks and other Communicable Disease Control (CDC)

3.1 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 UK Health Security Agency (UKHSA). The IPC team have provided specialist knowledge in relation to a TB outbreak, Avian Influenza, Norovirus and Covid-19.

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.

During 2021-2022 the pandemic has continued to demand a substantial amount of support across the Leeds healthcare economy from the IPC team. 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. Following Omicron, an increase to 82 outbreaks throughout care homes in Leeds was identified.
- Fit testing requirements through LCH.
- The frequent changes experienced in national guidance.
- Being unable to complete normal service delivery leaving potential gaps in assurance.
- Increase in reactive advice required citywide.

Over the past 12 months there have been several initiatives to promote a more holistic approach to vaccination of those hard-to-reach areas and the IPC team have been involved in leading specific vaccination pop-up sessions across the city.

Through a multidisciplinary working group, we reviewed the data and local insight to improve access to the Covid-19 vaccine. As a result of this a community-based women's only clinic was established in a culturally diverse area, currently experiencing lower uptake rates to see if a local offer would help support women to access their vaccine who had not yet done so via the GP led or citywide vaccination sites. Collaboratively a weeklong drop-in vaccine clinic in May 2021 was established, which 116 women being vaccinated. The clinic location was specifically chosen in a convenient, familiar, and trusted venue in the heart of North East Leeds, an area with a high representation of culturally diverse communities.

3.2 Communicable Disease Control (CDC)

Outbreaks of gastrointestinal illness (GI)

With the continuing presence of Covid and resulting social restrictions, the number of outbreaks of gastrointestinal illness within care homes/schools and child care facilities continues to be less than pre pandemic levels. However, the incidence of GI outbreaks has increased significantly compared to 2020-21, due to some social restrictions being lifted by the government, with March 2022 in particular having 17 outbreaks reported to the team compared to 23 for the whole of the previous year.

Some of the outbreaks reported as potentially viral in nature may have been incorrectly reported due to diarrhoea/vomiting being a soft sign of Covid and reports of illness occurring at premises who were known to have positive Covid cases.

The number of establishments reporting outbreaks of gastrointestinal illness totalled 86.

The predominant causative organism detected in sample results from the outbreaks was Norovirus, however, Adenovirus, Astrovirus and Sapovirus were also detected and six of the childcare facilities had two viruses causing symptoms concurrently. Clostridioides Perfringens was identified as the cause of symptoms at a food premises in Leeds with the unconfirmed but likely source being complimentary soup.

Suspected food poisoning

There were 380 reports of suspected food poisoning which were reported 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 numbers of reported suspected food poisonings has returned to pre pandemic levels but this has been affected less by the pandemic as many businesses have been allowed to operate as takeaways. Business support replied initially via email to all 380 complainants and 28 cases responded which required follow up by the CDC nurses.

Positive isolates

There have also been fewer confirmed imported gastric illnesses over the last year due to reduced numbers of people travelling abroad. However, this is continuing to rise again now with social activities/holidays returning to pre pandemic levels with the relaxation of social restrictions.

The table below shows the number of cases of confirmed positive isolates identified via faecal testing at LGI microbiology laboratory and Colindale Central Surveillance Centre. Positive isolates are contacted by telephone to offer advice, information and completion of a questionnaire which is disease specific. Significant organisms such as STEC, Typhoid, Paratyphoid and some Shigellas require a same day response and may require exclusion from work/child care and follow up clearance samples if they are in a risk group. Some contacts of significant organisms may also require advice regarding exclusion from work/childcare facility etc, until faecal samples have been arranged by the CDC nurse and confirmed as negative, to try to ensure reduced transmission of illness in community.

Organism	Number of cases 2020/2021	Number of cases 2021/2022
E.coli STEC	7	12
Typhoid/Paratyphoid	2	3
Cryptosporidia	20	41
Shigella	8	6
Salmonella	46	54
Campylobacter	663	800
Listeria	2	1
Giardia	45	45
Clostridioides Perfringens	1	7
Yersinia	3	3
Hepatitis A	-	2
Total cases	797	974

3.3 Headstart service

The IPC Team continues to 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, social workers, and pharmacists.

The Headstart service has seen moderate activity during the 2021-2022 period with approximately 15 referrals throughout the year. The sharp increase in referrals compared to the previous year may be the result of Covid-19 regulations relaxing and schools being able to open as normal.

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.

4. Environment

4.1 Environmental Audits

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.

Auditing 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.

Data from the LCH auditing activity is used to applaud good practice, identify concerns and themes which are 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.

Audit activity 2021-2022 – LCH premises

The aim for 2021-2022 was to audit all 64 LCH premises which comprise of 27 Health Centres and 34 other sites as listed below. Audit activity has largely been able to resume normality this year following interruptions over the previous two years due the Covid-19 pandemic.

- 27 health centres/clinics.
- Community Neurological Rehabilitation Unit.
- Rutland Lodge (Continence Urology and Colorectal/Long COVID).
- Leeds Sexual Health Centre.
- Hannah House Residential Unit for children with complex health needs.
- St George's Centre for Musculoskeletal (MSK) and Children's outpatients.
- Leeds Assisted Living Centre.
- Wetherby Young Offenders Institute and Adel Beck Secure Children's Home (HMPs).
- 15 Police custody suites in North, South, East and West Yorkshire.
- 4 Special inclusion learning centre (SILC) school.
- 3 Recovery hubs.
- 3 MSK units: Wharfedale Hospital; Chapel Allerton Hospital; Sunfield Medical Centre.

Auditing of 56 premises was achieved during the 2021-2021 period as listed below:

- 26 health centres/clinics.
- Community Neurological Rehab Unit.
- Rutland Lodge (Continence Urology and Colorectal/Long COVID).
- Leeds Sexual Health Centre.
- Hannah House.
- St George's Centre for Musculoskeletal (MSK) and Children's outpatients.
- Leeds Assisted Living Centre.
- Wetherby Young Offenders Institute and Adel Beck Secure Children's Home.
- 14 Police custody suites.
- 3 SILC schools.
- 3 Recovery hubs.
- 3 MSK units.

Findings

Thornton Medical Centre, Park Edge Suite and Chapel Allerton Hospital (MSK) were found not to have been used by LCH staff since services were halted at the beginning of the COVID-19 pandemic. Otley Clinic has been closed. Seacroft Clinic is currently undergoing refurbishment.

The audit of Pennyfields SILC School was due to take place recently but had to be postponed due to an outbreak at the school. It will be rescheduled as soon as the outbreak is concluded and should hopefully be completed before the end of April 2022.

Overall compliance across all sites audited was 90.2%. The most common issues identified across the various locations are shown in the table below.

Issue	Count	Percentage
No poster to show first aid procedures - display poster for management of BFE.	20	2.56%
Temporary closure mechanism not activated - activate all temporary closure mechanisms.	18	2.31%
Fabric chair in clinical area - change to wipeable non impervious chair.	18	2.31%
Waste management poster not on display - display waste management poster.	16	2.05%
Consumables are stored on the floor - ensure consumables are stored off the floor or in covered containers.	14	1.79%
Dust on higher surfaces.	13	1.67%
Hand hygiene sink non-compliant with HTM 64.	8	1.03%
Lime scale build up on taps - arrange a chemical clean.	6	0.77%
Sharps container incorrectly assembled - assemble bins correctly and ensure staff are aware of importance of correct assembly.	3	0.38%
Basin is not clean.	3	0.38%

Follow up

Following each audit, a report is generated together with a quality improvement plan (QIP) highlighting any issues identified and how these can be improved. Each issue is assigned to the relevant service/department leads (e.g. building managers; estates; cleaning lead; service clinical leads) to be actioned. The clinical leads are requested to return their completed action plans to the IPC team within three months of the date of the audit report. Unfortunately, there is often poor compliance of clinical leads returning these which creates difficulty in maintaining assurances. Audits which score below 85% receive a follow-up visit by the IPC team after three months. Audits which score below the minimum standard of 75% receive a full re-audit after three months.

Future plans and developments

- The IPC team plan to audit all 64 LCH premises during 2022-2023 with those unable to be audited during 2021-2022 as initial priority.
- Use of the MEG auditing tool is now quite well established within the team. Going forward this enables easier input of identified issues during the audit process, generation of reports, compliance scores and QIPs. In addition, the MEG electronic auditing tool provides quick access to monitor progress and assurances, freeing up time and resources to focus on other important IPC activities.
- A poster on **Safely Managing Sharps** has been produced by a member of the IPC team as a result of issues frequently identified regarding incorrect assembly and use of sharps bins.
- Posters are also being distributed on **How to make up and use Chlor-Clean**. Display of these posters is to be incorporated into the auditing standard.

4.2 Patient Led Assessment of Care Environment (PLACE)

Leeds Community Healthcare NHS Trust had a responsibility to undertake an assessment at Hannah House (pictured opposite), which is a purpose built self-contained 'home from home' style facility which provides planned or emergency short break care for children with complex health needs. During 2021 this was a voluntary completion, and therefore results were not comparable to previous years due to national averages not recorded and that the assessment team did not include external assessors due to Covid-19.



Results

An exceptions report was provided by NHS Digital. IPC have undertaken environmental visits at the establishment, therefore, this was not recorded as part of the inspection. IPC was assessed as compliant by the assessment team and was included within the audit tool in section 5 under **staff appearance and IPC** with comprehensive compliance.

The PLACE review process 2021 has highlighted specific environmental issues within Hannah House and progress against the identified deficits is being monitored.

Although the results from this round of assessments cannot be directly compared with previous years due to no comparative data provided by NHS Digital. The action plan outlines all comments and deficits identified by attendees in line with the assessment tools provided by NHS Digital.

The next programmed PLACE inspections are due to take place in September 2022, with the anticipation of Hannah House and CRNU (if this re-opens with an inpatient provision) being part of this inspection process. The process will be jointly coordinated by LCH estates and IPC with patient representation and a recommendation for Healthwatch and a member from the Youth Board to be part of this.

5. LCH business unit overview

5.1 Children's Business Unit (CBU)

The Infection Prevention and Control (IPC) Team undertakes an annual programme of audits within the Children's Business Unit which look at a selection of key infection prevention standards. Audits with lower compliance scores (either as a total or in certain only domains) also receive a three month follow up visit by the IPC team. We also strive for the development of positive working relationships with the teams that have active roles within the Children's Service.

Key achievements include:

Reauditing of the four Specialist Inclusive Learning Centres (SILC) schools took place in April 2021, three months from the initial environmental audit. Re-auditing revealed:

- 100% compliance was noted in all SILC schools in the correct use and management of Personal Protective Equipment, Prevention of Blood and Body Fluid Exposure Incidents and Management of Waste.
- Compliance with Organisational Controls standards (IPC training for staff, IPC policies in place and accessible to staff, auditing process of IPC compliance and measures to reduce the infection risk of the staff) was particularly high in all schools, with three out of four scoring 100%.
- All schools showed good compliance with hand hygiene standards.
- Significant improvement was noticed in environmental standards in clinical areas of all schools.
- In most schools, better performance could be achieved in the IPC cleaning standards at the cleaning cupboards, mainly by appropriately storing the cleaning equipment and improving the level of cleanliness. As cleaning is the responsibility of the local authority, the IPC team have since given advice to support meaningful change.
- The need to improve equipment management was identified in most schools and actions to boost performance were suggested.

The annual programmed audits have been completed in March 2022 in Farnley Academy, John Jamieson and Broomfields SILC schools. They all showed good compliance with IPC standards, with environmental and cleaning domains being identified as the most common areas of concern. It is reminded that the responsibility for those domains lies outside the Leeds Community Healthcare (LCH).

The scheduled environmental audit at Pennyfields had to be postponed to the end of April 2022 due to a COVID outbreak.

The annual environmental audit at Hannah House took place in January 2022. The overall score was high and can be further improved by focusing on the environmental factors, waste management and the children's equipment management. Collaborative work, including regular IPC visits on site and/or IPC attendance in monthly meetings with Hannah House staff, has been undertaken to ensure the ongoing maintenance of high standards of IPC practice at Hannah House.

Formal Patient Led Assessments of Care Environments (PLACE) inspections of Hannah House were not undertaken due to the COVID-19 pandemic. Our service simulated a PLACE inspection during March 2021 without public presence. The results demonstrated good compliance with Infection Prevention practices. Issues relating to the external environment of the facility are being addressed as part of an ongoing action plan. Further details are outlined within this wider report.

Establishment of collaborative work and effective communication with the local Health Protection Team (HPT) and the Leeds City Council (LCC) colleagues to address COVID outbreaks in schools and colleges, early years and children's vulnerable settings, promptly and effectively. Places of concern were highlighted during those weekly meetings, and an action plan was introduced. We encouraged closer working relationships with the wider community and other public health professionals by a combination of proactive, supportive visits and outbreak visits throughout the Covid pandemic.

Supporting LCC and HPT colleagues in the Winter Wellbeing Events organised in five schools during last winter. The main aim of these events was to provide advice and information to parents about promoting good health and addressing financial, food and fuel poverty during the winter months. Our IPC team provided information and leaflets on the importance of the flu and Covid vaccination in avoiding severe complications as well as the importance of good hand hygiene practise to prevent further transmission of the infections.

5.2 Specialist Business Unit (SBU)

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 has been involved with the following:

- Yearly audits of all Police Custody suites to ensure compliance with IPC standards and to offer support and guidance on environmental issues. 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 cleaning was found to be inadequate and has been addressed by the clinical team Managers 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 were some cleaning issues that have been picked up previously which were again highlighted and escalated to the prison management team with support from the Clinical Lead, this issue is ongoing. WYOI staff take good responsibility for IPC and complete monthly cleaning audits which are actioned by the IPC link practitioner 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.

- Bi-yearly dental water tests continue to be carried out by the Dental team and overseen by the IPC and Water Safety Group following installation of the sterile straw system. A couple of areas had results that were out of range. These were resolved by the Dental and IPC team working together in conjunction with a consultant in microbiology and continue to be monitored.
- CNRU continue to run an outpatient only service, their inpatient unit continues to be closed.
- IPC have worked closely with Podiatry following an increase in sharps incidence reported via the Datix® system. There is a robust action plan and audit system in place to try and reduce the sharps incidences relating to removal of blades. No injuries occurred as a result and there has been a notable reduction in incidences with none being reported for the last quarter and just one this quarter.
- SBU staff continue to report the quarterly PPE and HH auditing results via the new reporting system. There have been some teething issues with the implementation of this but SBU staff continue to have good compliance. This quarter has proved excellent with only one remaining team to submit any results, IPC applaud all teams within the specialist business unit for their compliance and commitment to this ongoing project even under the significant pressure over the last few months.
- Collaborative workplace visits between Environmental Health colleagues and the IPC team have taken place across the Leeds Community.
- A mixture of proactive supportive visits and outbreak visits have taken place with a wide range of services supporting vulnerable groups, facilitating closer working relationships with the wider community and other public health professionals ensuring the continuity of service provision.

5.3 Adult Business Unit (ABU)

Due to the ongoing inability for staff to meet in large numbers, due social distancing requirement, it has been difficult to be as frontline facing as previous years, due to increase pressures throughout the year, staff have also been less available for face-to-face contact. However, IPC continue to work closely with all the teams within the adult business unit, particularly during the Covid pandemic to support them with maintaining services especially within the Neighbourhood Teams.

The IPC team has been involved with the following:

- 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. We have also acquired the use of a porta-count machine meaning that those staff who fail the initial qualitative Fit testing can be assessed quantitatively by the IPC team, increasing the number of staff who are provided with an appropriate FFP3 mask.
- Continuing to work with the PPE team to ensure a constant supply of appropriate PPE and keeping the ABU up to date with constantly changing guidance.
- The IPC team have always run quarterly IPC champions events, due to the Covid-19 pandemic these were stopped as face to face events but changed into online teams events. The IPC team have not recently held any Champion events but instead have

planned IPC drop-in sessions and attended neighbourhood team meetings to provide support.

- Encouraging all staff in the ABU 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.

6. Commissioned services – care homes

From April 2020 the team increased their auditing plan to face to face audit, all registered care homes over a rolling 12-month programme. However due to the Covid-19 pandemic, the auditing activity in 2020-21 and in 2021-22 has been disrupted, and the full target of auditing 146 audits was not achieved.

Additional IPC support has been provided to care homes for the Covid-19 pandemic which included many care homes receiving a Covid-19 outbreak visit. The IPC team also began to support Villa Care units which moved from the acute trust jurisdiction to the CCG in the autumn of 2021. Villa Care has community care beds on four units, and one winter unit based on two inpatient premises of the acute trust.

Number of care home audits and review visits completed

Each care home receives a full audit carried out by the IPC nurse who uses a standardised auditing tool. After the audit has been completed the care home receives an audit report with percentage score, an action plan or recommended developments for non-compliant areas, and a three month follow up visit to review progress with the action plan.

During 2020-2021 there was 146 registered care homes in Leeds. The IPC team face to face audited, and followed up the numbers of homes below:

- 127 audits
- 81 follow up visits

The number of face-to-face audits completed over each quarter was:

- Quarter 1: 37
- Quarter 2: 33
- Quarter 3: 35
- Quarter 4: 24

The audit tool measures care homes against 8 areas of standards. Please see the over all outcome percentage of all the 127 audits completed, and the percentage score of each of the eight standard areas for each individual care home at the end of this report.

Covid-19 outbreak visits

From 2020, the IPC team commenced care home Covid-19 outbreak visits. The aim of the visits were to support care homes during the outbreak, identify areas of good practice and identify areas that needed development. Each care home received an action plan for areas

of non-compliance. The action plans were also shared with the local authority teams who work with care homes (such as the contracts managers and Care Quality Team) and CCG quality managers.

The number of outbreak visits completed for 2021-2022 was:

- 76

The number of outbreak visits over each quarter was:

- Quarter 1: 6
- Quarter 2: 14
- Quarter 3: 11
- Quarter 4: 45

Findings from the visits included staff confusion over PPE which included staff wearing continued pairs of gloves, removing aprons first during the doffing procedure, not removing gloves and aprons before leaving the isolation room. Staff were not aware to use a two step cleaning procedure when the cleaning product was a disinfectant only and the environment was not ventilated enough.

Additional support provided by the IPC team

Staff flu vaccinations

For the fourth year running the IPC team has worked with the local authority in delivering free on-site flu vaccines clinics for Leeds health and social care providers, which includes care homes. This is done to enhance existing opportunities for care home staff to get vaccinated. During 2021-2022, the IPC team provided vaccines to:

- 170 staff in 22 care homes.
- 17 staff in the Villa Care units based at St James's University Teaching Hospital.

City wide meetings and the provider bulletin

Throughout the year the IPC team attended the citywide Care Home Bronze meetings as a standing agenda item. During the meetings the IPC team discuss local intelligence of Leeds care homes and IPC support and development opportunities.

The team also attend other meetings as a link to care homes such as the Leeds Care Home HIUG meetings which discusses which care homes are more reliant on Yorkshire Ambulance Service and what support can be given to care homes to improve this.

The team also periodically produced IPC updates for the health and social care city wide provider bulletin. For example, during a time of higher than usual diarrhoea and/or vomiting outbreaks in care homes and during a time of one Influenza A outbreak in a care home, the team produced an article alerting the care homes to the outbreaks and giving advice what to do if they suspected an outbreak in their home.

Outbreak spread sheet and local care home Covid-19 incident management meeting

Throughout the pandemic the IPC team has maintained a daily spread sheet of Covid-19 outbreaks in Leeds care homes. This allows the IPC team to be in daily contact with care homes with outbreaks and determine which care homes required outbreak visits.

The spread sheet is also shared with city wide partners such as UKSHA, the CCG and local authority for wider monitoring. The IPC team also regularly attended UKSHA incident management meetings which discussed city wide provider outbreaks including care homes.

Covid-19 outbreak advice and outbreak resource pack

For every care home Covid-19 outbreak, the IPC team give telephone advice in line with national guidance and share the IPC team Covid-19 outbreak pack. The outbreak pack includes local IPC information posters and a regularly updated outbreak check list. The check list provides simplified outbreak management advice which is in line with national guidance, and also includes links to relevant national guidance.

Risk assessment for new admissions during a Covid-19 outbreak

To improve city wide patient flow during winter pressures and during times of high Covid-19 infections, the IPC team support care home managers in their risk assessment to consider safely admitting new residents whilst the care home had a Covid-19 outbreak. This involves using the risk assessment tool shared to the IPC team by UKSHA and through discussion with the care home manager on their situation in their individual care home.

The IPC team also attend, ad hoc meetings with Villa Care, the CCG and acute trust, to discuss a risk reduction criterion for new admission from the acute trust, into the Villa Care community care beds during a Covid-19 outbreak. The IPC attendance at the meetings provides vital input from a community perspective and also provides relevant IPC support and advice to Villa Care.

IPC care home web page, IPC audit resource pack, telephone/email advice and invitation to IPC team education events

The IPC team maintain the care home IPC resource web page which provides links to national IPC resources and guidance. The team also provide a comprehensive IPC resource pack to assist care home managers in their IPC audit preparation. The pack includes information posters, audit tools, and risk assessment templates.

Care homes also have access IPC advice seven days a week via the IPC team telephone or email. The IPC team also deliver ad hoc IPC educational events across the city. Care homes are included in the invitation list to attend the events and this includes free allocated places to care homes. In previous years prior to the pandemic, this included the IPC team lead city wide conferences. Once the team conferences recommence, care homes will continue to be allocated free places to attend the conferences.

Implementation of RESTORE2

In late summer 2021, the team commenced a pilot of RESTORE2 tool which is an early deterioration warning tool which helps care home staff, help residents get the right care,

at the right time and in the right place. The tool has already been successfully and widely used in care homes across the country.

The pilot included the Leeds IPC team liaising with three pilot care homes, partners such as the local authority, GP surgeries, community neighbourhood team clinical leads and Yorkshire Ambulance Service. The team delivered the RESTORE2 presentation to the three pilot care homes and to care homes at a CCG care home training event.

Dates for face-to-face training in the pilot sites was planned, but unfortunately, due to the third wave of Covid-19, the programme was paused. However, the IPC team have appointed a 12-month, fixed term, Sepsis and Deterioration nurse for 2022-2023. The nurse will recommence the pilot in spring 2022, and after the pilot has been completed, the nurse will commence rolling out RESTORE2 to all the registered care homes in Leeds. However, it is anticipated that it may take at least three years to roll out the RESTORE2 programme to all the local care homes.

7. Policies and guidelines

The overarching policies are written in line with the Trust Governance policy which outlines requirements for responsibility, audit and monitoring of policies to provide assurance that policies are being adhered to. Both policy and manual are available for staff to view on the Trust intranet as well as the Leeds Healthcare Pathway. The IPC team have a rolling programme of policies which require updating each year.

A National IPC Manual (NIPCM) is to be published by NHS England in April 2022 and it is recommended that a gap analysis is undertaken and an implementation plan is designed.

8. 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-19 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 2021-2022.

IPC Clinical Educator role

From the April 2021, 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 was to work with care facilities providing both nursing and residential care, Working Age Adult Care Teams, Third Sector providers, Domiciliary Care 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-19 Vaccination programme. Significant resource was also dedicated to the promotion of Covid-19 vaccine to care home and domiciliary care providing teams.

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. Further work was undertaken to develop a bespoke training programme for nurseries and other childcare settings. The team provided training to local childminding groups and undertook local workshops for registered childminders. The aim of this initiative was to compliment 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.

Training format

From the start of the project in, face to face training has been delivered to a significant proportion of care settings within the Leeds area. Strict compliance with appropriate Covid-19 control measures, including social distancing has been central to the maintenance of a safe learning environment. The workshop style approach has enabled care staff to address specific areas of concern or explore the issues that might be unique to the care facility. Opportunity to dispel myths and misinformation related to Covid-19 vaccination has also been a valuable part of the programme.

The aim of the delivered session is to focus on the general principles of infection prevention and control and explore how everyone is responsible for safe practice.

Key elements include:

- An update on Covid-19, including reminder on transmission routes, symptomology and control measures.
- Understand how infections impact on individual clients and their families and staff including signposting to available supportive web material.
- Reinforcement of the ongoing need to consider other infectious agents, in addition to Covid-19.
- Identify the key elements included in Standard Infection Control Precautions and transmission-based precautions.
- Demonstrate compliance with basic hand hygiene practice.
- Revisit the appropriate use of PPE and correct donning/doffing procedure.
- Understand best practice in relation to management of waste; single use items; laundry.
- Management and body fluid exposure.
- Development of strategies for staff to positively influence safe practice and become IPC champions within their respective care settings.
- As challenges relating to Covid-19 social distancing requirements became more apparent, a number of virtual training webinars were delivered.

Training evaluation

Where possible, sessions were evaluated using a standard Kirkpatrick style evaluation tool with additional free text response.

A review of available evaluation responses indicated there were no negative comments received and a high proportion of respondents strongly agreed with the positive evaluation statements. The primary beneficial learning that was identified by the attendees related to:

1. Enhanced understanding about the role of indirect mucocutaneous viral transmission in Covid-19 acquisition.
2. Reaffirmation of the correct PPE doffing process, including reemphasis on the correct disposal of items prior to leaving resident's room/environment.
3. The provision of evidenced based information on vaccine action, efficacy and safety.
4. Sign posting to NHS Leeds FAQ and resources provided by LCC, especially in relation to psychological support.
5. Role of ventilation in viral transmission reduction.
6. Reemphasis of soft signs related to Covid-19 symptomology.

The free text comments were overwhelmingly positive, with a number of managers taking the time to thank the team for their input. Below is an anonymised email response from the manager of a team receiving training.

"Please can I take this opportunity to express my gratitude to you and Dave for all your support in arranging and facilitating the IPC training for our service. Myself and staff who attended found today's sessions extremely helpful and informative. Today's sessions were the first face to face training our service has received since the pandemic began, the value of having Dave come meet with us and provide the training face to face was incredibly beneficial."

"Today's sessions were interactive, engaging and really provided the opportunity for us to ask questions and delve further into conversation which we all found very useful and something we do lack from online training sessions."

"We found the training sessions were extremely useful and valuable to us all especially in this current climate."

"Dave arrived on time, was very professional and presented the sessions very well and the information, including all the answered questions were clear to understand. He was incredibly patient, especially with some of the challenging questions one or two of my care workers asked him!"

9. Campaigns and further achievements

9.1 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 2021-22

At the end of February 2022, LCH had vaccinated 62.14% of health care workers involved with direct patient care and closed the Immform data reporting tool in total 3104 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:

LCH staff: 2076 staff vaccinated: 1809 of these staff were clinical staff.

LCC staff: 715 Leeds city council staff were vaccinated during the campaign.

Care home and hospice staff: 313 staff from local care homes, hospice staff and working age adults were vaccinated during the 2021-2022 season.

Challenges

Throughout the 2021-2022 campaign the team faced several challenges, the immunisation schedule had to be amended to support the phased delivery of vaccines from the supplier. The team used the electronic booking system again this year to ensure we supported social distancing within the health centres.

We used all the health centres across the city for this year's campaign to ensure all staff had easy access to the vaccine clinics, we still had many staff working from home and didn't live in the Leeds area and therefore did not take up the offer of the vaccination via LCH. Some staff made alternative arrangements to receive the vaccination via their GPs/local pharmacy. A large number of staff chose not to take up the offer of vaccination this year due to reduced patient contact/vaccine fatigue from the Covid vaccinations.



Most 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-19 vaccinations whilst still attending to other IPC work streams and increased responsibilities due to Covid-19.

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 continues to 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. We anticipate that there will be a joint Covid-19 and Influenza vaccine session for staff members and plans are in place to work collaboratively to delivery this.

9.2 Conferences and awareness campaigns

During 2021-22 all conferences were postponed due to commitments around Covid-19. Plans will be considered to hold a conference 2022 in relation to healthcare associated infections / sepsis and learning from the pandemic in relation to Infection Prevention.

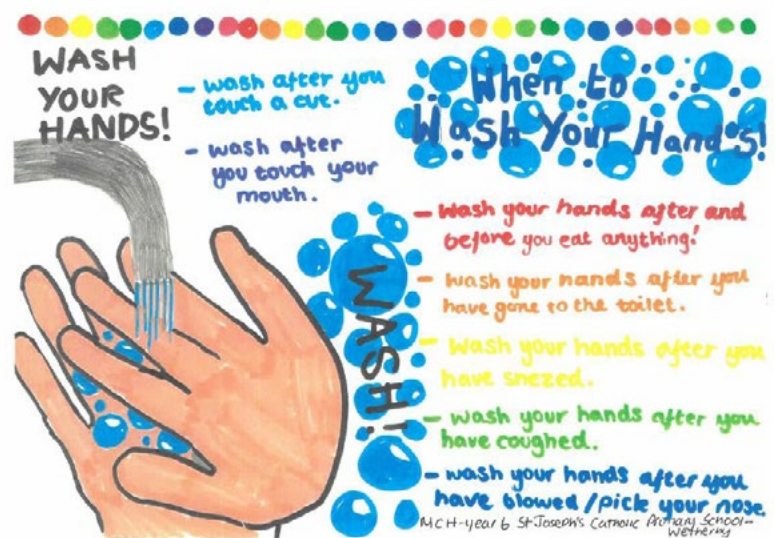
During the past 12 months the IPC team have proactively raised the IPC agenda across LCH and wider health economy.

Hand Hygiene Campaign

An overwhelming successful hand hygiene campaign on 5 May 2021 saw the entire IPC team deploy throughout all locations across LCH estate providing awareness to the importance of hand hygiene. This was a great opportunity to reaffirm standards following the start of COVID pandemic.

The campaign also had a digital footprint where social media was utilised the entire week leading up to 5 May where LCH were introduced to the team who also provided a hand hygiene quote of the day.

The campaign culminated in a prize giving following the children of LCH staff being asked to take part in a hand hygiene drawing competition.



IPC Week October 2021

Due to the nature of working patterns across LCH it was decided to focus on digital promotion during the IPC week:

- **Hello, my name is...** – A full team initiative introducing the team to LCH with a personal bio.
- **IPC hero** – The IPC team welcomed submissions from everyone in LCH and daily IPC heroes were revealed. It was great to see nominations for clinicians, administrators and other non-clinical roles which really shows IPC is championed across LCH. All nominees received a certificate and badge, the chosen daily IPC hero also received a gift and were included in a daily brief on the IPC week page.
- **Theme of the day** – Each day a different area of IPC was covered, themes included AMR, Norovirus, Vaccines, Mouth care and Sepsis. The topics were introduced with a series of face-to-face seminars, online webinars and website pages.
- **Fit testing** – The IPC team put on extra fit testing sessions for LCH staff to attend.
- **Flu vaccine clinics** – The IPC team supported the flu vaccine campaign with extra flu sessions around the city.
- **IPC bags** – The team visited different services around the city to provide them with different IPC health literature and products such as hand rub. It also gave the team an opportunity for the IPC team to discuss the different themes of the day.
- **Health promotion** – The team attended health centres throughout the week to engage with the general public. This was again a chance for the team to discuss IPC topics and provide health literature about key IPC concerns such as AMR.



Antimicrobial Resistance (AMR) Awareness

LCH IPC worked collaboratively with Leeds City Council HPT and other trusts around the city to raise awareness of antibiotics resistance. This included the LCH IPC arranging for midday briefs to be shared with LCH colleagues discussing why AMR is such a concern and what healthcare professionals can do to help. The team also used LCH social media sites including twitter and Facebook to reach out to the wider public and provide guidance as to how to slow AMR. Lastly, the team also attended two main supermarkets in Leeds where they shared IPC literature about AMR to the Leeds population. Due to the higher level of resistance with gram negative organisms the team also discussed how the public could lower their risk of acquiring infections caused by these organisms.



Team development

Education and team building

- The IPC team were delighted to have secured funding for new members of staff to undertake post graduate learning. We now have four Band 6 IPC nurses undertaking the PgCert IPC award through the University of Dundee.
- Four team members also attended and successfully completed the stand-alone module in communicable disease through the University of Huddersfield.
- Engagement with the Infection Prevention Society (IPS) and Institution Membership was purchased, to support education, learning and networking.
- It has been recognised that our IPC team is relatively new team albeit with a core strength of long-standing members. Due to this, an emphasis has been placed on providing some key leadership and team building activities throughout 2021-2022.



10. IPC team structure and celebrations

The team has continued to work at an enhanced capacity with an uplift in funding from Leeds City Council in line with the cooperation partnership agreement. This saw the staffing capacity of the team increase during 2021-2022.

- In March 2021 Joanne Reynard, Senior IPC Nurse, was seconded to the Leeds Covid Vaccine Programme and later started a secondment with the Northwest Regional IPC Team for NHS England and NHS Improvement.
- In July 2021 Liz Grogan, Head of IPC and Deputy DIPC, commenced a secondment with NHS England's National IPC Team as a Clinical Fellow 15 hours per week.
- In March 2022 we said goodbye to Matthew Shipley, Lead IPCN, and we welcomed Kelly Rushworth as his replacement.
- In March 2022 Carrie Mulvihill was appointed as Sepsis and Deterioration Nurse for LCH to deliver a programme of work on a community footprint to reduce sepsis and improve recognition of deteriorating patients.
- In May 2022 we will celebrate the retirement and return of Jeanette Wood. Jeanette has led on the Care Home work for the last five years. She has been an asset to the programme of work and has continued to build strong relationships throughout the care home economy. She has provided unwavering support to care home managers throughout turbulent times and I would like to take this opportunity to thank Jeanette for all her hard work and dedication to care homes and adult social care particularly throughout Covid-19.

In December 2021 the IPC Team were jointly awarded Leeds City Council's Chief Executives Special Award for the work delivered on outbreak management during Covid-19.

11. Challenges and forward plan 2022-2023

Forward Plan 2022-2023

- 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 2022-23.
- Education and development of IPC team and implementation of the core competencies from the Infection Prevention Society (IPS)
- A focus around Quality Improvement to be implemented by IPC in relation to auditing, hand hygiene compliance, fit testing and HCAI Surveillance.
- 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 2022-23 will include:

- Implementation of the National IPC Manual from NHS England and NHS Improvement.
- Achievement of the HCAI objectives with specific emphasis on the gram-negative agenda.
- Secure funding through the Cooperation agreement with LCC to maintain current structure.

12. Conclusion

It is evident that 2021-2022 has proven to be a very successful year for the Infection Prevention and Control team within LCH. We have delivered successfully on the second fiscal year of the enhanced **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 continued to be 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 Head of Infection prevention and Control and Deputy DIPC May with contributions by members of the Infection Prevention and Control Team.

May 2022

