

Quality Committee Meeting:

Agenda item number:

Title: Infection Prevention and Control Annual Report 2022- 2023

**Category of paper: assurance and for information
History:**

**Responsible director: Executive Director of Nursing and Allied Health
Professionals**

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

Executive summary

To inform Quality Committee of the achievements in 2022-23 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 2022 to March 31st 2023 and provides information on:

- Compliance with the outlined criterion of the Health and Social care Act 2008.
- Healthcare Associated Infections (HCAI) statistics and surveillance.
- 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.
- Forthcoming IPC programme 2022/23.

The following are key elements of the infection prevention activity and performance during the period of April 2022 to the end of March 2023.

- The Trust has had zero methicillin-resistant *Staphylococcus aureus* (MRSA) assigned bacteraemia cases during the year.
- The Trust has had zero assigned *Clostridioides difficile* case during the year.
- The Trust has had zero 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 statutory and mandatory Infection Prevention and control training for level 1 and level 2.
- The Trust achieved 62% of front-line staff vaccinated against influenza.

Main issues for consideration

- The continuation of provision in relation to the global pandemic: Covid-19 and the enhanced delivery of IPC throughout the Leeds system.
- The continuation of surveillance of HCAI's throughout Covid-19 including methicillin-resistant *Staphylococcus aureus*, *Clostridioides difficile* and *Escherichia coli*.
- Continued 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.
- Work completed around antimicrobial resistance and sepsis prevention.

Recommendations

Quality Committee is recommended to note the contents of this report and approve its publication.

Infection Prevention and Control (IPC)

Annual Report

2022 – 2023



Figure 1: Images of literature, IPC display board, vaccinations and sepsis stand

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 2023-24.

Key Achievements 2022/2023

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 Covid-19 vaccination.
- Continuing compliance with the CQC criterion relating to Infection Prevention and Control (IPC) and Board Assurance Framework.
- Hugely successful collaborative working across the healthcare system and working towards the Partnership Cooperation Agreement with Leeds City Council.
- Permanent increased funding capacity from Leeds City Council to deliver the Cooperation Partnership Agreement.
- Vaccinating 62.9% 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 IgAS, Mpx, CPE, Serratia and Avian Influenza.

Key plans for 2023-2024

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).

- 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 which aimed to vaccinate 65% of frontline staff and ensuring that staff are fully briefed on the prevention, detection and management of Influenza in line with the 2023 - 2024 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.
- 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.

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 healthcare associated infections 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, 2015 and 2022), 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 HCAs. In addition:

- 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.

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 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 as required.

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). Table 1 outlines several internal and external IPC related meetings.

Quarterly Meetings	Monthly Meetings
IPCG (LCH)	Clinical and Corporate Policy Group (CCPG)
Attendance at HCAI Meeting (Citywide)	
Attendance at Health Protection Board (LCC led)	Annual
Cooperation Review Meeting (LCC/LCH)	IPC Annual Report for approval
Attendance at Quality Assurance Information Governance (QAIG) LCH	IPC Annual Plan for approval
Attendance at Health and Safety Group (LCH)	Cooperation Agreement Governance Annual Review (LCC/LCH)
Attendance at Water Safety Group (LCH)	
Antimicrobial resistance (LCC/ICS)	

figure 1: Governance Meetings

The IPC Board Assurance Framework has been completed by the Head of IPC and shared with Quality Committee and the Board. Gaps in compliance to be highlighted with clear actions in addition to the annual programme of work. A business as usual BAF will be completed during 2022/2023 which is in line with the updated Health and Social care Act 2022.

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 2 cases of MRSA bacteraemia and 3 cases of CDI being directly attributed to LCH where a multiagency review identifies lapses in care that have directly contributed to the infection episode.

Meticillin-resistant *Staphylococcus aureus* (MRSA)

During the report period a total of four MRSA bacteraemia cases described as Community Onset, Community Associated (COCA) have been reviewed by the team, this is the lowest levels of MRSA bacteraemia LCH has seen since recording commenced in 2011.

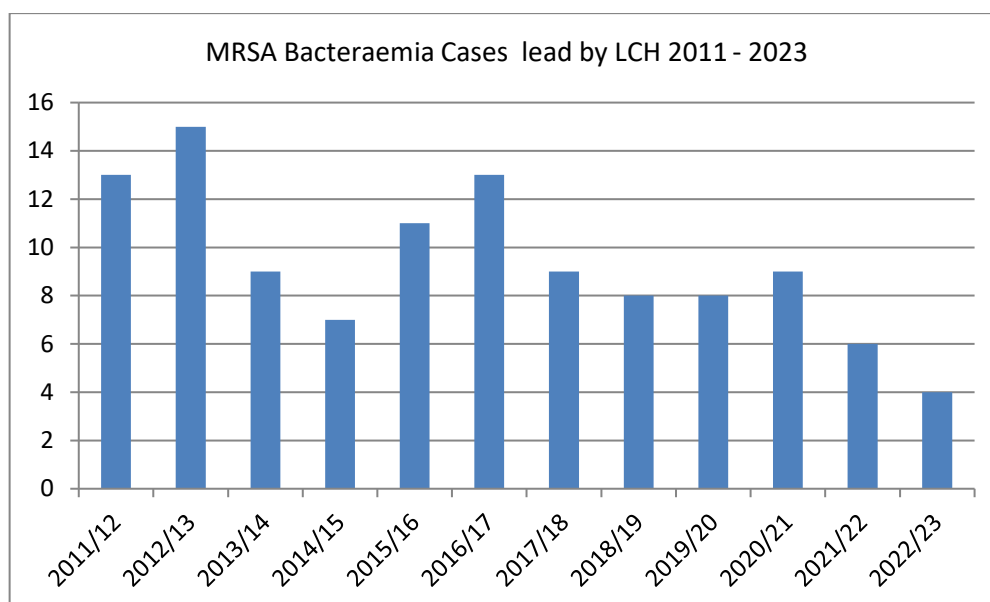


Figure 2: Annual MRSA Bacteraemia cases identified within 48 hours of admission to Secondary Care (2009 – 2023)

During the report period there have been no cases of MRSA bacteraemia (MRSAb) assigned to LCH in which lapses in LCH care have directly contributed to the infection episode. There have been two cases identified as having no lapses in care from any organisation, one cases in which learning was identified but it was not thought to be contributory to the MRSAb acquisition, and one case in which lapses were identified from the wider/ multidisciplinary organisation.

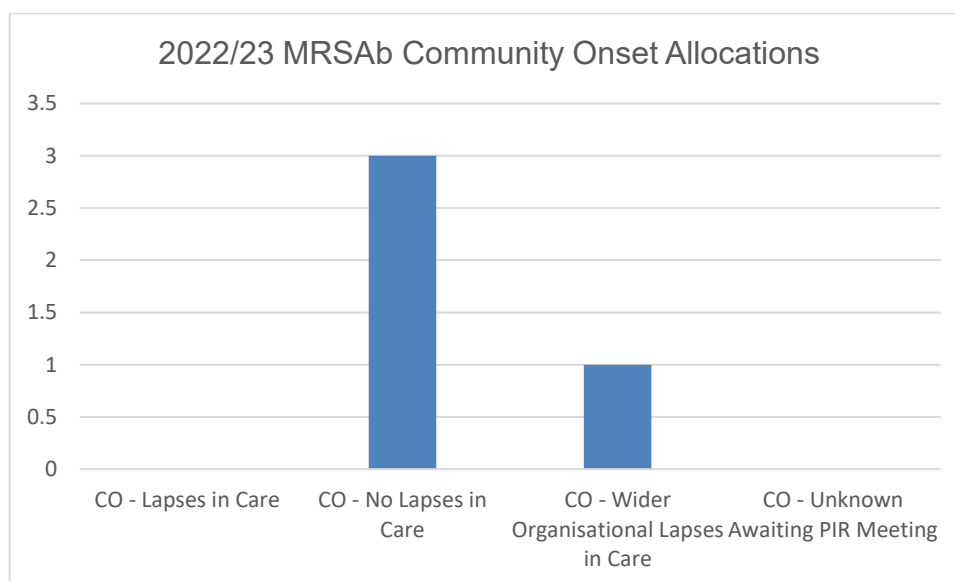


Figure 3: Allocations of community onset MRSA Bacteraemia cases following Post Infection Review (2022/23)

MRSAb continues to be a priority for the HCAI team. Due to pressures throughout the health and social care system at present, it has been difficult to conduct multi-disciplinary PIR meetings within the pre-covid timescale of 14 days, however local ICB and council colleagues are aware of this and happy with the current time scales. It has also been difficult to obtain acute care representation at PIR meetings due to the ongoing pressures in Leeds Teaching Hospital Trust (LTHT) at present. This is being discussed with colleague at LTHT to find a resolution.

The IPCT have also reviewed a further 10 cases identified as having an acute care assignment at LTHT. Since Covid-19, LCH IPC has not been invited to attend acute care

onset PIR meetings, however the community IPC team continues to ask for involvement and share PIR documentation where it is felt necessary.

All COCA MRSAbs have been reported via Datix where completed PIR documents are also uploaded.

Identifiable learning from MRSA BSI's

All learning and subsequent actions are recorded within the PIR documentation and shared with meeting attendees. The PIR document is also uploaded to Datix for future reference if required, and are also held locally by the IPC team on an excel spreadsheet. This enables the IPC team to easily review actions throughout the year, ensuring completion dates are met.

PIR's conducted in 2022/23 have identified a concern in which some primary care physicians appear to be missing soft signs of sepsis and deteriorating patients. This was identified in one of the MRSA BSI PIR's and also an E. coli BSI PIR in which both patients had clear signs of sepsis (high NEWS2 score, soft signs such as patient stating they just don't feel well) but these were not acted on in a timely manner. Unfortunately, one of the patients has passed away. LCH IPC team is therefore working closely with colleagues at the ICB and will hold further discussions in 2023/24 regarding how this knowledge gap can be filled and prevent future delays in treatment for deteriorating patients and those with signs of sepsis.

Two of the four COCA MRSA BSI cases in 2022/23 were identified in the IVDU community. There were no links between the patients and no lapses in care were identified which were contributory to the MRSA BSI acquisition, but these cases have highlighted the possibility for IPC to work more closely with the Homeless and Health Inclusion Team on preventative projects to try and reduce not just MRSA BSI incidence, but incidence of other potential healthcare associated infections as well.

Other learning identified this financial year includes:

- The importance of submitting hand hygiene/ essential steps audits each quarter to ensure compliance.
- The need to accurately assess and document the competency of family members, friends, carers etc. who are involved in medical interventions such as wound care, catheter management etc. This is to ensure that non-healthcare individuals undertaking these procedures are not putting the patient at increased risk of infection.
- The importance of detailed documentation, written at the time of an event. This both ensures the most accurate account of events is documented and enables readers/ investigators to understand the care pathway in detail.
- To document effectively when a patient does not attend an appointment, consider whether this is a true DNA or whether the patient "Was Not Brought", and act accordingly in regard to arranging further appointments or discharging the patient.

***Clostridioides difficile* infection (CDI)**

All community apportioned CDI cases identified as Community Onset, Community Associated (COCA) or Community Onset, Intermediate Associated (COIA) are reviewed by the LCH IPCT.

IPC team provides all patients, who have been sampled by the GP, with a CDI information leaflet and identifying card to share their status with health care professionals.

Where prescribing deviates from Leeds Health Pathways, the Leeds Branch, West Yorkshire ICB Medicines Optimisation Team will also review the case and liaise directly with the respective GP practices.

A Post Infection review (PIR) is undertaken where the episode of infection is identified as part of an outbreak, when the patient is identified within an LCH inpatient area, or when CDI is a contributing factor (1a,b,c) in the death of the patient

	Quarter 1 2022 – 23			Quarter 2 2022 – 23			Quarter 3 2022 – 23			Quarter 4 2022 – 23			Year Total
	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Community onset community associated (COCA)	4	6	5	9	6	9	5	8	3	4	7	3	69
Community onset intermediate association (COIA)	1	3	4	6	3	2	0	0	1	0	2	0	22
Total Community attribution (COCA + COIA)	5	9	9	15	9	11	5	8	4	4	8	3	90
Cases attributed to LCH	0	0	0	0	0	0	0	0	0	0	0	0	0

Figure 4: Number of community apportioned CDI cases identified and reported to the IPCT during this period.

Within the report period, 90 CDI cases were identified as community onset. This shows an increase in cases over the past 3 years with an increase of 4 cases when compared to 2021/22 and an increase of 16 cases when compared to 2020/21. A multidisciplinary meeting was held to discuss the increase in cases however, no clear rationale was identified, and risk factors remain the same.

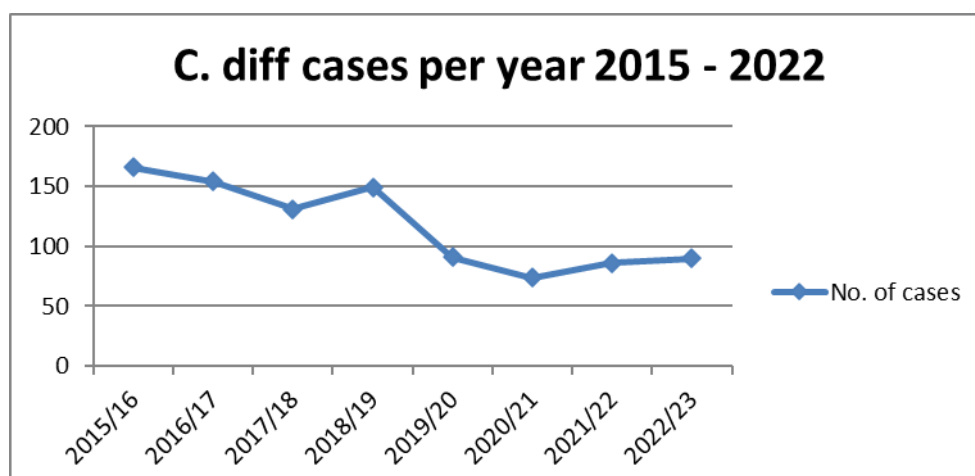


Figure 5: Community onset CDI cases identified each year 2015 – 2023

The 2022/23 financial year saw no cases of CDI assigned to LCH in-patient areas.

Multi agency work continues to address the incidence of CDI infection within the Leeds area, all cases are shared with the ICB medicines management team who review any antimicrobial prescribing and share learning with GP colleagues. The IPC team also continues to conduct RCA's on all community cases, both COCA and Community Onset, Indeterminate Association (COIA), identified with a Leeds GP.

Identified learning from CDI

a. CDI

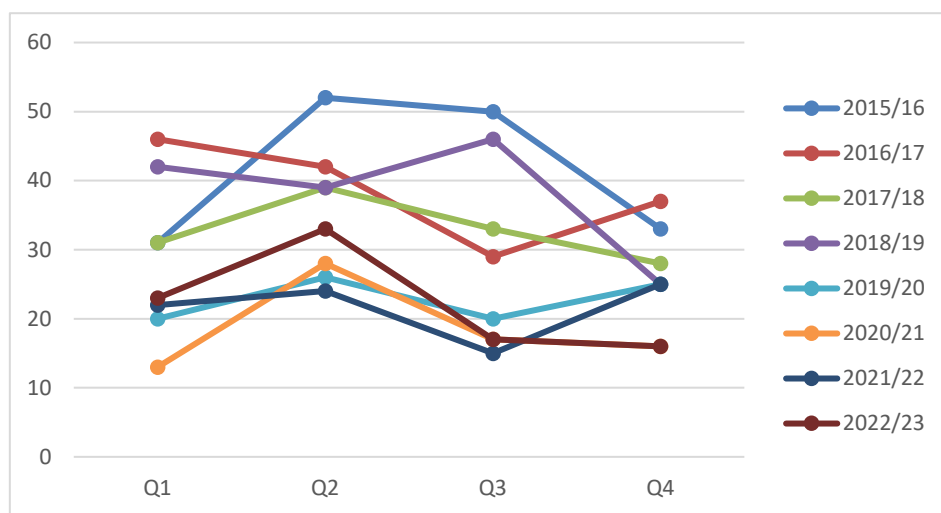


Figure 6: Comparison of C. diff cases per quarter 2015 – 2023

Q4 of 2022/23 has seen a decrease in cases compared to the last four years, Q4 has shown the lowest figures when comparing each Q4 from the last four years. However 2022/23 has seen an increase in overall cases with a return to pre Covid-19 pandemic figures.

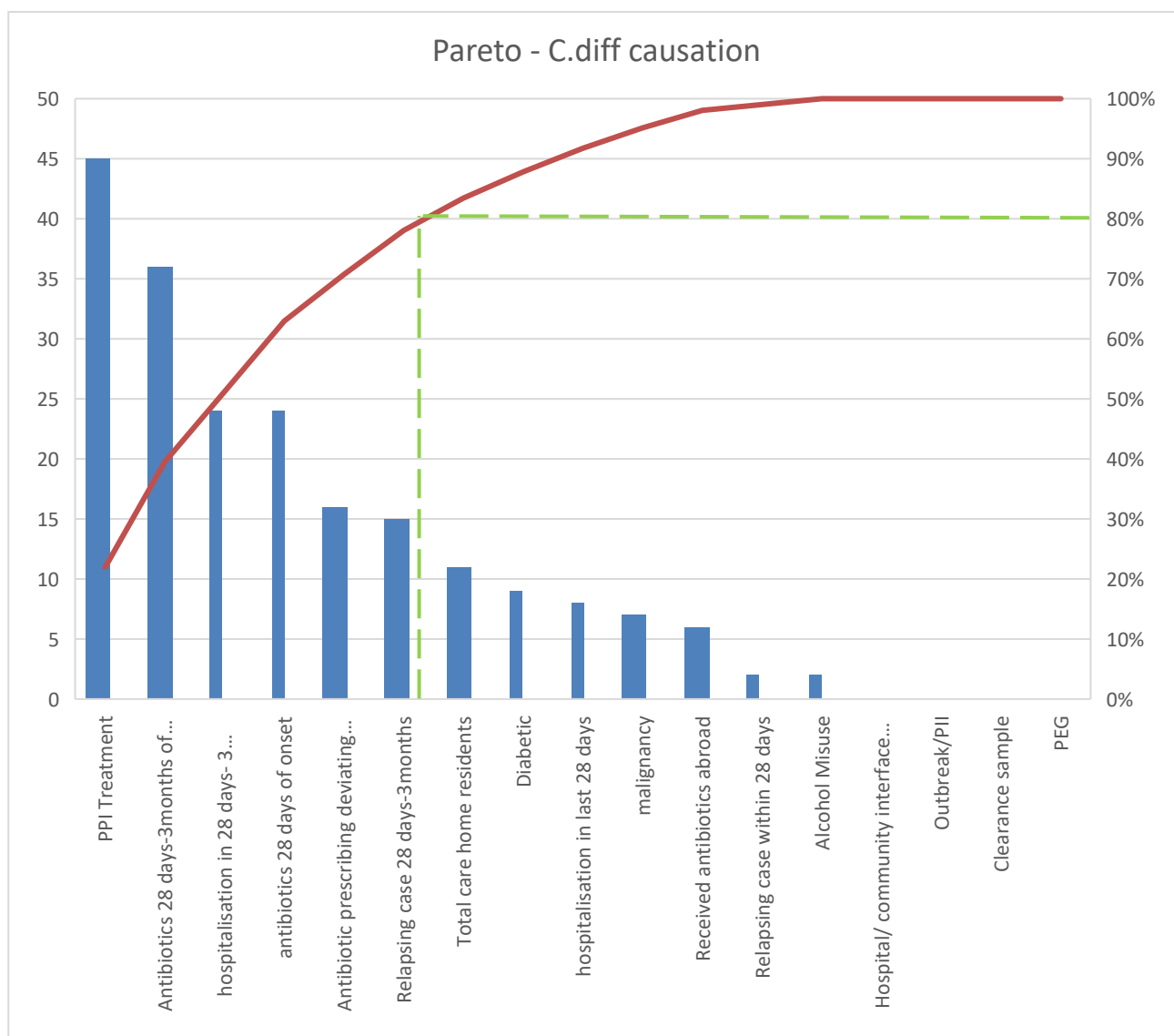


Figure 7: Pareto chart of community CDI likely causation 2022/23

Pareto analysis shows that PPI treatment and antibiotic prescribing within 3 months of infection onset, are present in a large number of CDI cases. Antibiotic prescribing deviating from Leeds Health Pathways (LHP) is also a factor within the “vital few” however, when considering the number of antibiotic prescribing episodes, antibiotic prescribing deviations is in the minority (16/60 cases). Nevertheless, deviations in antibiotic prescribing should not be a factor as all Leeds GP’s should prescribe in line with LHP guidance, therefore, as mentioned previously, these are investigated by the ICB medicines management team and feedback to the GP surgeries.

Hospitalisation within 28 days – three months of infection and relapsing cases within 28 days – 3 months also appear in a significant number of cases in 2022/23, it is believed that since Covid-19, acute care patients are no longer provided with CDI patient leaflets. LCH continues to provide patients with CDI leaflets and discussions will be held within the HCAI group as to recommencing standardised patient information.

Gram Negative Blood Stream Infections (GNBSI’s)

LCH continued to work towards the national ambition of reducing the number of healthcare-associated Gram-Negative BSI by 50% by 2024 as per The UK’s five-year national action plan (HM Government, 2019).

	Quarter 1 2022 – 23			Quarter 2 2022– 23			Quarter 3 2022– 23			Quarter 4 2022– 23			Year Total
	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Community E. coli cases	36	38	33	44	39	39	30	27	33	37	31	29	416
Community Klebsiella cases*	5	7	7	9	11	7	11	8	3	Unable to access DCS data			68
Community Pseudomonas cases**	0	3	0	2	3	2	4	1	1	Unable to access DCS data			16

Figure 8: Outlines the number of community apportioned E. coli BSI cases identified and reported to the IPCT during this period.

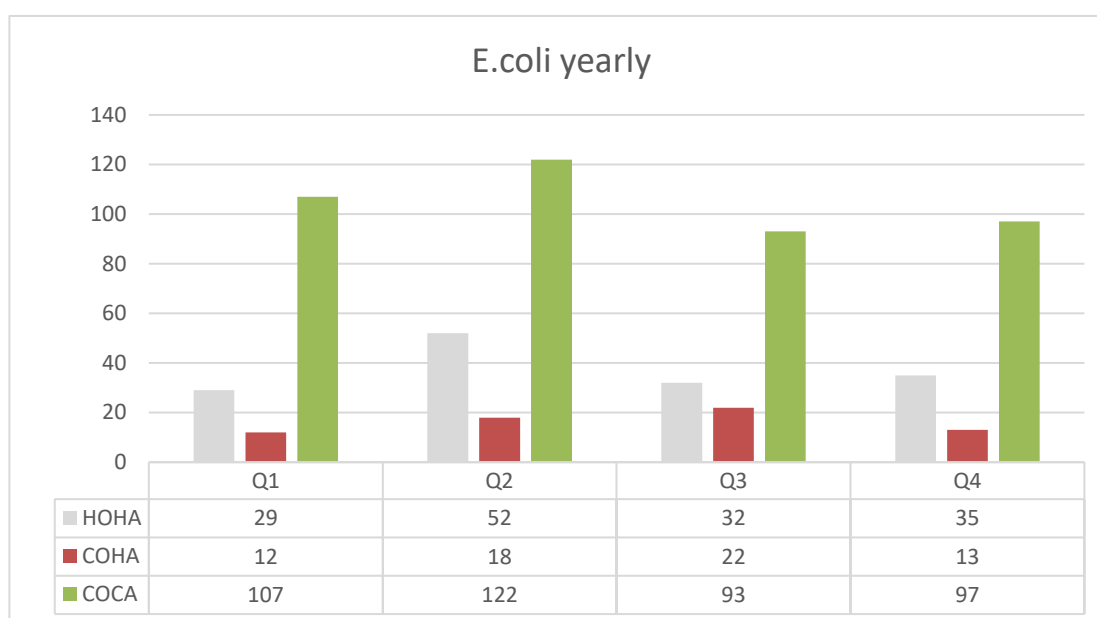


Figure 9: E.coli annual data

All COCA E. coli BSI cases are subject to some information gathering (likely source, geographical location, age, community care involvement), which is used on a local level to identify trends and patterns which can influence reduction work.

However, 10 E. coli BSI's are selected each month for further investigation. These are selected semi-randomly (5 with some form of community care involvement, 5 with no community involvement) and additional information is gathered in line with the national HCAI DCS and shared via this platform. This information helps to create a national picture.

Community cases which have been identified in other local acute trusts such as Mid Yorkshire, Bradford, York etc. not subject to the RCA process and do not undergo any investigation but are included in the recorded yearly total.

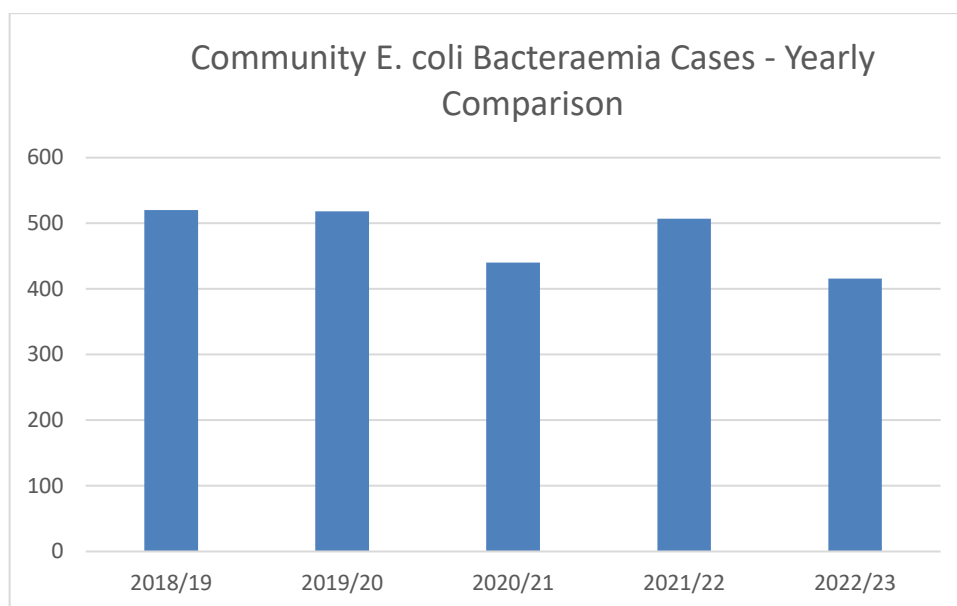


Figure 10: Community onset E. coli bloodstream infections per year 2018/19 - present

2022/23 saw the lowest number of COCA E. coli BSI since reduction work began. A total of 416 cases were recorded, which is a reduction of 91 cases when compared to 2021/22.

Identified learning from GNBSI's

Within 2022/23 all I Spy...E. coli publications have been updated to include the new locally agreed Leeds Health and Care Partnership and generic NHS logo. Like previously, these logos have been used to ensure publications can be used throughout all health and social care providers in Leeds – therefore creating a joined-up reduction programme with other providers in the city

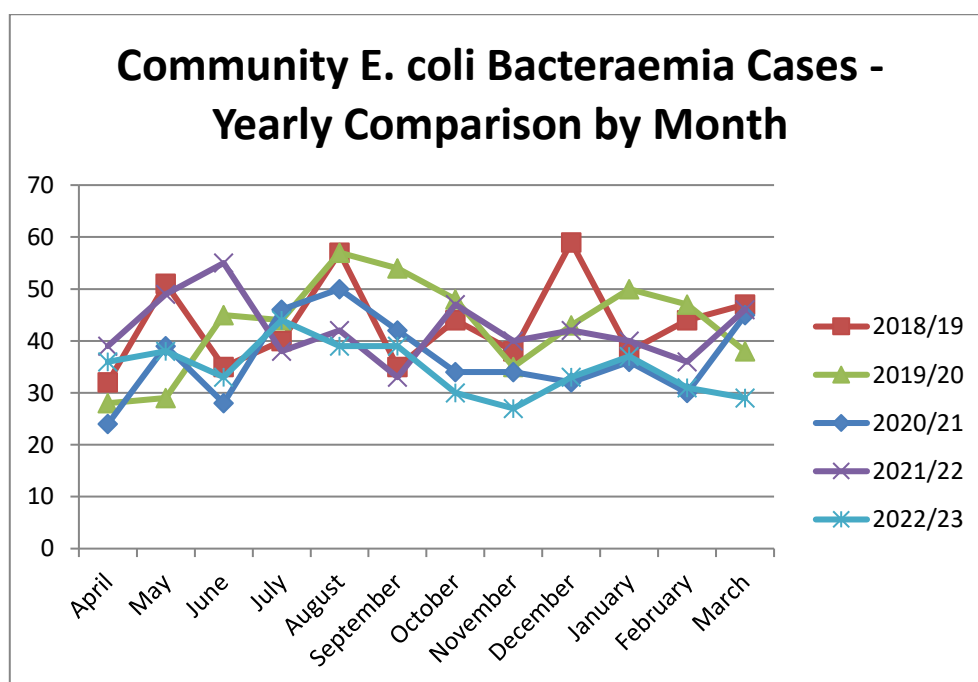


Figure 11: Monthly Community onset E. coli bloodstream infections per year 2018/19 - present

Lunch club work to promote hydration and E. coli bacteraemia concluded in 2022/23 as it was felt that those attending were well informed around the importance of hydration to prevent

infection and a focus was required in the more difficult to reach population who are not supported by other health and social care providers.

Discussions took place regarding conducting public awareness campaigns in “Warm Spaces” and at public events such as freshers and Breeze. The use of warm spaces was felt to be inappropriate as it may undermine the purpose of the warm space and could possibly make users uncomfortable and impact them returning in future.

IPC are working with colleagues in LCC regarding having a presence at Freshers and Breeze events. It is felt that if positive behaviour messaging around hydration and infection prevention is targeted at younger audiences this positive hydration behaviour can be embedded throughout life and continue into older adulthood and the at-risk groups. Messages on hydration can also be relayed to older adults within family groups – especially those who are isolated or not known to health and social care services, increasing and improving their hydration practices.

The Care Home Hydration collaborative continued throughout 2022/23 with two cohorts completing the first three sessions. Unfortunately, due to unforeseen circumstances, session 4 for both cohorts had to be cancelled. Plans were underway to conduct a joint 4th session for both cohorts at the end of 2022/23 but due to service pressures and demands, this was not completed but should be completed within 2023/24.

Work planned for the upcoming 2023/24 year which focuses on reducing the incidence of E. coli BSI includes:

- Continuing to undertake patient and staff facing awareness campaigns for E. coli, hydration, and personal hygiene over the winter and summer seasons.
- Continue to link with LCC public health campaigns.
- To create a “I Spy... Hydration Champion”. This champion role is open to colleagues in LCH, Care Homes, and possibly LYPFT. The champion will have a specialist interest in hydration improvement in their area of work and will be a “link worker” between IPC and front-line staff. They will promote good hydration practices in their working environment and disseminate new information to their colleagues.

A joint proposal between IPC and ICB colleagues was submitted to NHSEI for a small amount of funding to be used for hydration improvement work.

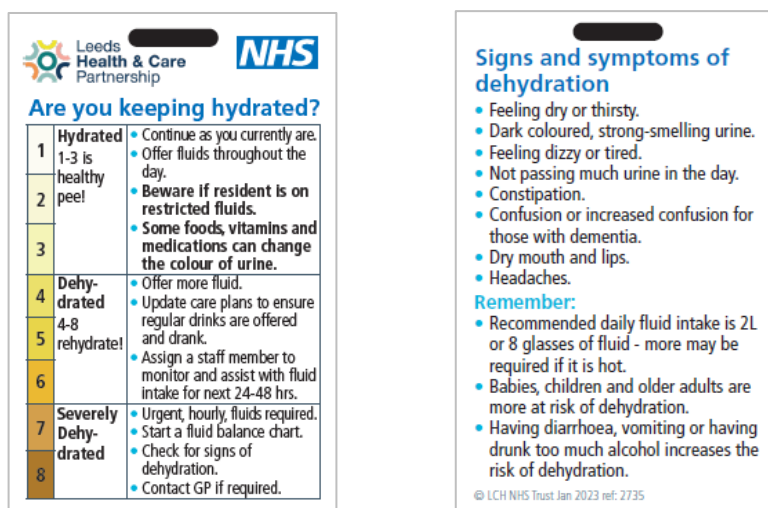


Figure 12: Hydration lanyard for staff.

The proposal was successful and Leeds branch ICB received £1500 to print and disseminate a hydration focused lanyard card, designed by IPC and the ICB, which includes a urine colour chart, to aid health care workers in identifying signs of dehydration, and facts and information about dehydration, to support their decision making.

With £1500, the ICB has managed to obtain 10,000 cards which will be disseminated to health care workers within the Leeds care home community.

LCH IPC team has also paid for a number of cards to be internally shared with neighbourhood team (NT) colleagues.

Feedback from ICB colleagues has so far been positive. The cards will be shared with the care home community in early 2023/24 and further feedback is welcomed.

2.2 Personal Protective Equipment (PPE) Provision

Fit Testing

- Following an update of the IPC guidance in relation to Fit Testing and transmission-based precautions in June 22; The IPCT have reviewed the staff that we have fit tested and will continue to fit test in line with staff who expect to be undertaking AGP's as part of their role.
- Following some benchmarking of other trusts and following HSE guidance, we continue to work on the basis that staff will require re fit testing every 2 years.
- We have done some work with the ESR team to see if we can utilise the ESR platform to manage Fit Testing competency, however this has proved to be difficult and therefore the IPCT will continue to hold and manage Fit Testing records.
- The IPCT have continued supporting the PPE working group in providing specialist clinical advice of PPE and updating the team on PPE requirements as necessary.
- Due to previous issues in obtaining different brands of FFP3 masks, the vast majority of staff are fit tested with the Corpro 1400 half mask.
- A Fit Testing working group is commencing work to arrange a plan going forward to standardise the procedure for Fit Testing within LCH and ongoing monitoring of who is fit tested, following the updated IPC guidance in line with transmission-based precautions.
- There are currently 51 staff across the trust (externally to IPC) who are trained Fit Testers.

- In the period that this report covers, 17 extra staff across LCH have been fit tested, this was predominantly due to the outbreak of Monkeypox (LSH staff were fit tested due to NICE guidance to wear FFP3 initially).
- Please see graph below which demonstrates staff fit tested by Business Unit within LCH currently.

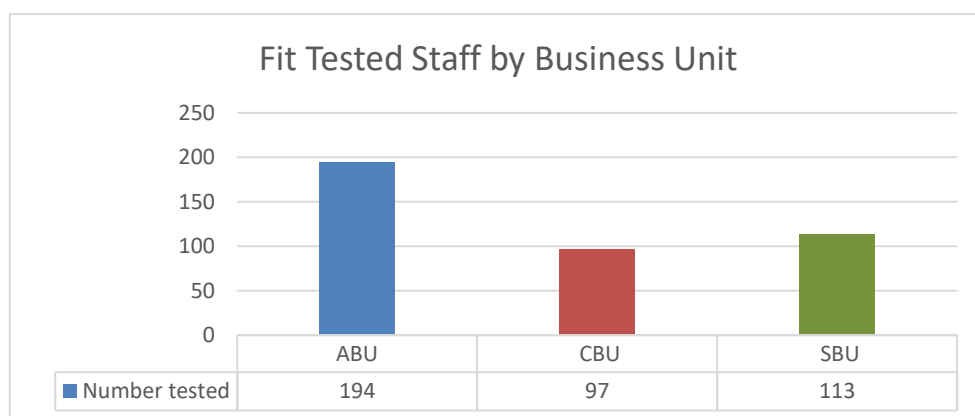


Figure 13: Fit tested staff by business unit

2.3 Hand Hygiene and PPE Compliance

Overall we have seen increased return of hand hygiene and PPE audits throughout 2022/2023 from each of the business units.

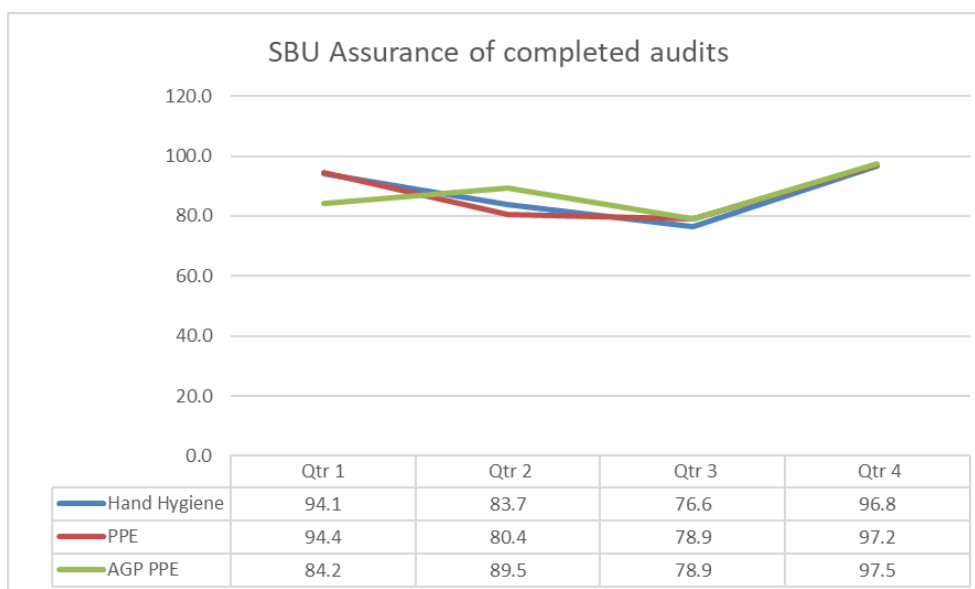


Figure 14: SBU Assurance of completed audits for hand hygiene and PPE.

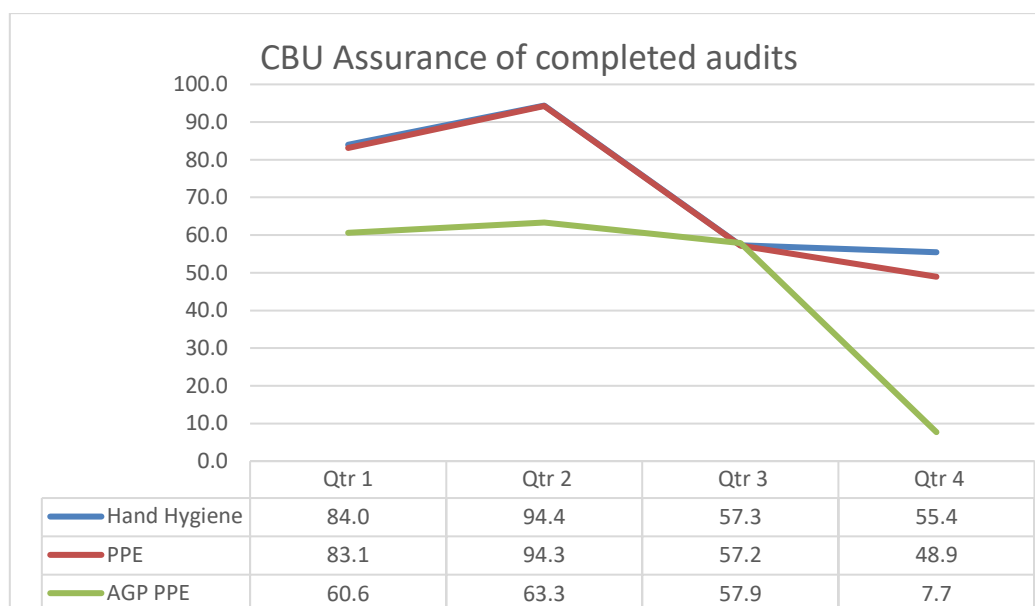


Figure 15: CBU Assurance of completed audits for hand hygiene and PPE.

A reduced number of returns were noted for PPE within CBU for quarter 4.

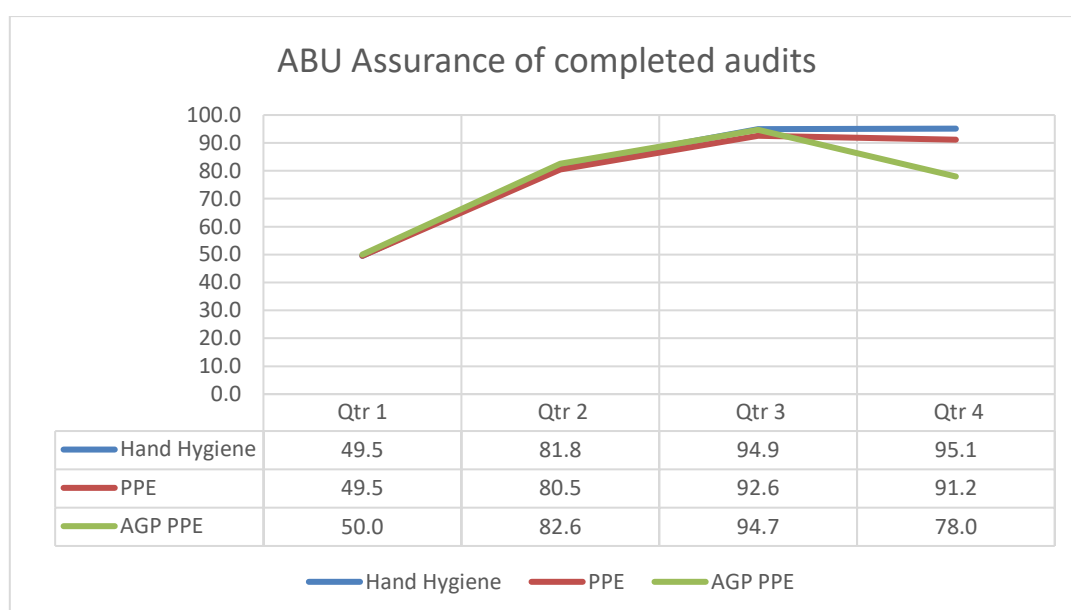


Figure 16: ABU Assurance of completed audits for hand hygiene and PPE.

In 2023/2024 the IPC Team have updated the hand hygiene audit tool to reflect transmission-based precautions and the National IPC Manual, as well as improve useability for staff and to potentially move electronically.

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 Datix®.

The IPC team act as Specialist Reviewers with subject matter expertise for those incidents that are categorised as IPC related. IPC team will also identify any themes or trends within the reported incidents and share this both locally and organisationally where appropriate.

NB: 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 community MRSA bacteraemia (MRSAb) cases are reported on Datix as an Infection Control Related Incident; however, these cases are not included in the numbers for this report as they are reported within the HCAI report and, due to the bacteraemia's not occurring due to lapses in care from LCH, do not show a true reflection of incidents within LCH. If, in future, an MRSAb PIR identified LCH lapses in care that were contributory to infection acquisition, this would be included within the Infection Control Related Incident numbers.

Findings

In total, there have been 41 reported incidents within the 2022/23 financial year. This is a reduction of 11 incidents when compared to last year. This year saw a decrease in the number of sharps incidents without harm and infection control related incidents. Much like 2021/22, 2022/23 saw no environmental incidents reported and 24 incidents of sharps with harm.

Category	Q1	Q2	Q3	Q4	Total
Sharps incidents	10	8	8	8	34
Sharps with harm	7	5	5	7	24
Sharps with no harm	3	3	3	1	10
Infection control related incident	1	2	2	2	7
Environmental issues	0	0	0	0	0
Total IPC related Datix reports	11	10	10	10	41

Figure 17: Breakdown of IPC related Datix reports by category 2022/23

In Q3 four Datix® reports were submitted for one incident, therefore, only one report for this incident has been counted in the totals.

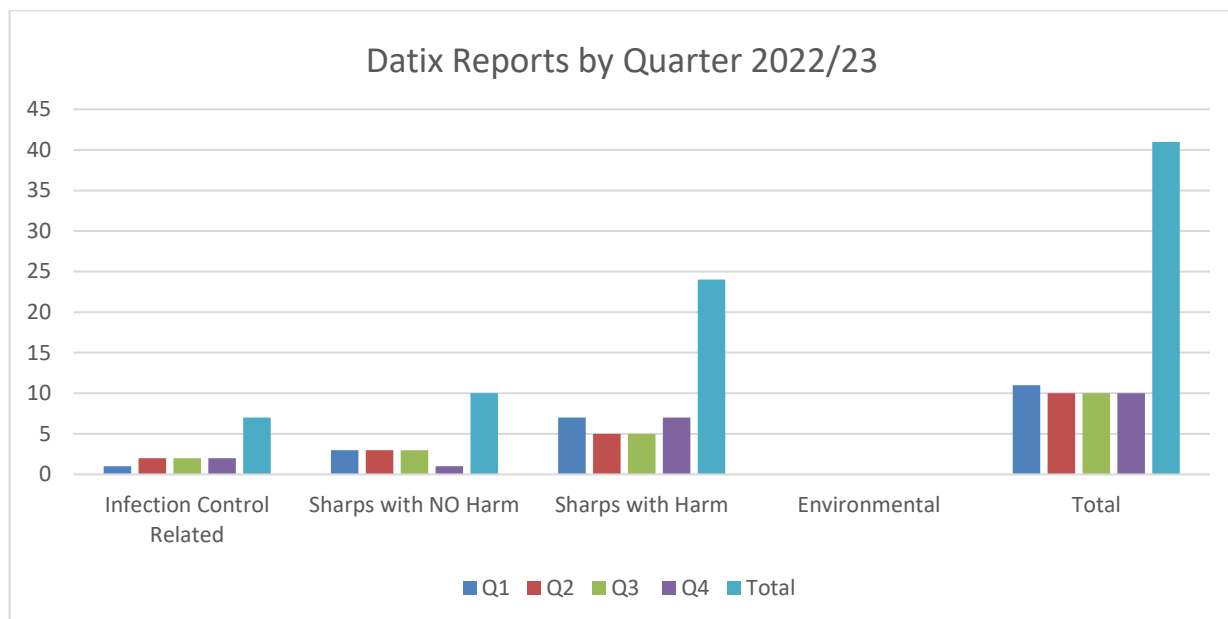


Figure18: Datix report by quarter for 2022/2023

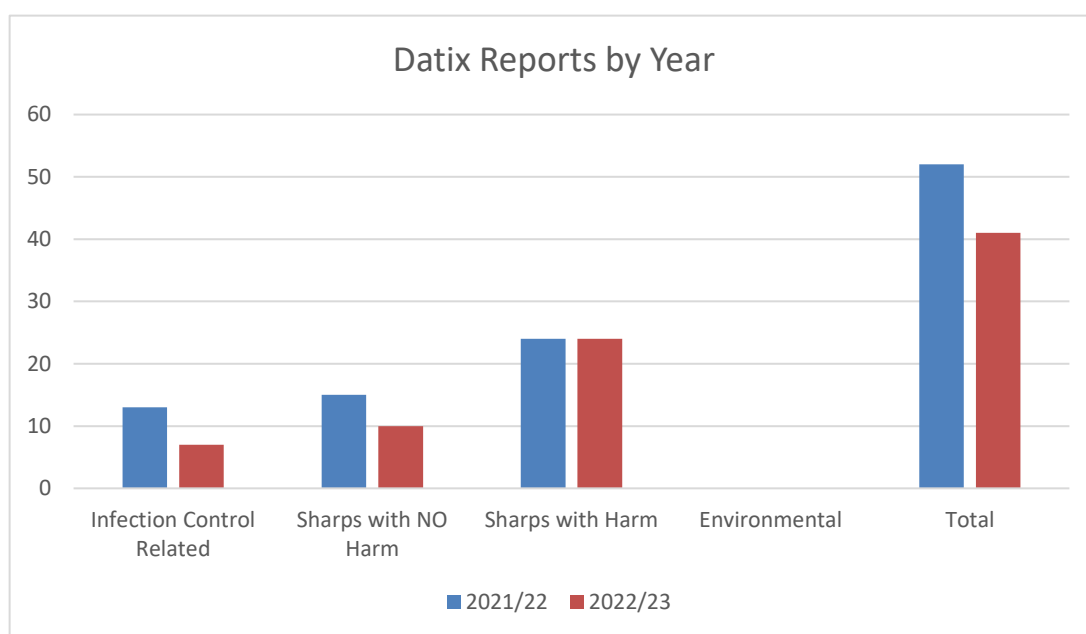


Figure 19: Datix Reports per year 2021/22 and 2022/23

2.6 Comparison - Sharps incidents

As noted in the table above, there have been 34 sharps related incidents reported via the Datix® reporting system during 2022/2023. This is a decrease throughout the year and a decrease of 5 incidents when compared to 2021/22.

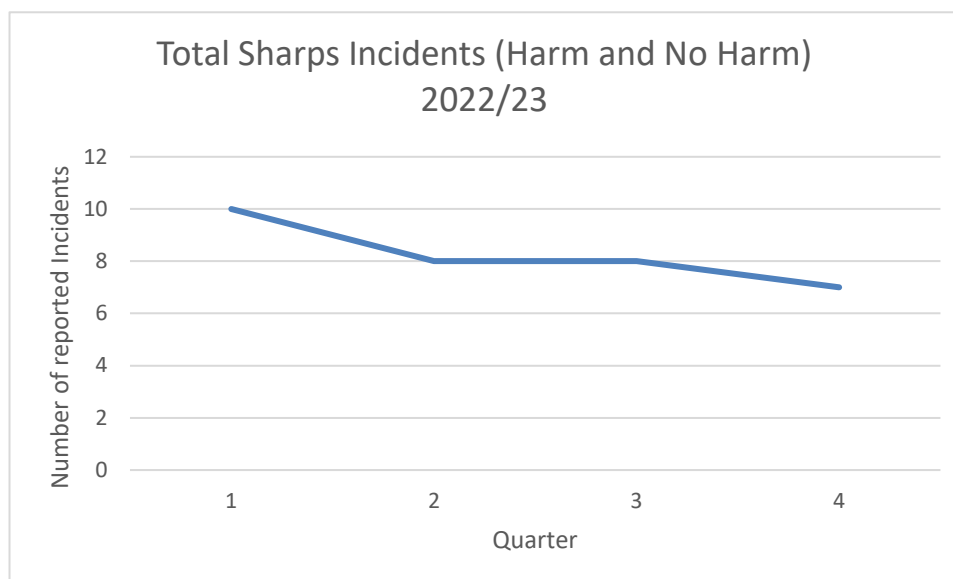


Figure 20: Total sharps 2022/2023

Using pareto analysis, sharps incidents, both with and without harm are identified as the vital few which will continue to be the focus of 2023/24 Datix reporting reduction work.

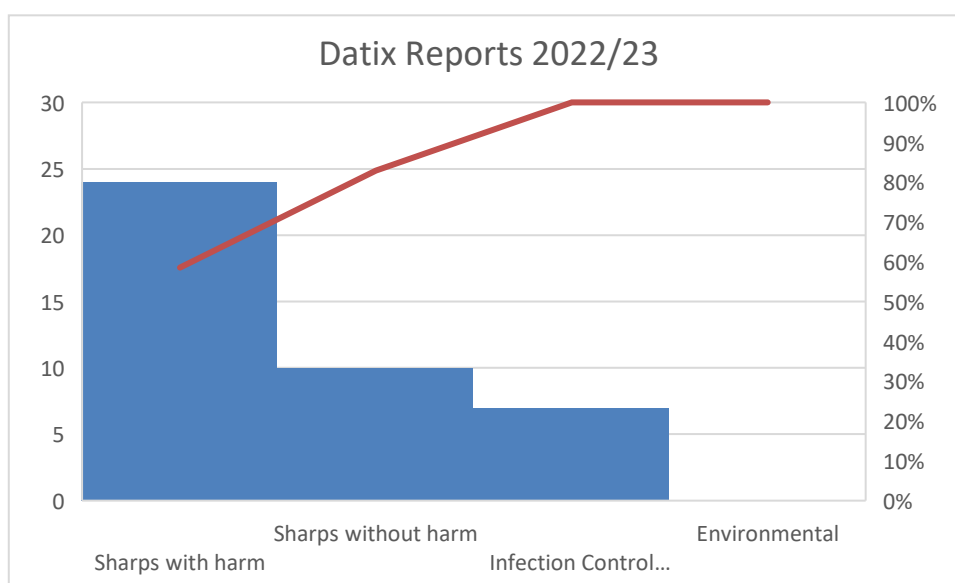


Figure 21: Datix Report with pareto analysis 2022/23

Pareto analysis, of incidence within specific teams identifies that the teams with the biggest sharps injury burden within 2022/23 are the Neighbourhood Teams, podiatry, Sexual Health, CBU, and Custody Suites. An IPC nurse from each business unit contacted the incident reporter to discuss the sharps injury, provide advice and support following the correct procedure and identify any learning.

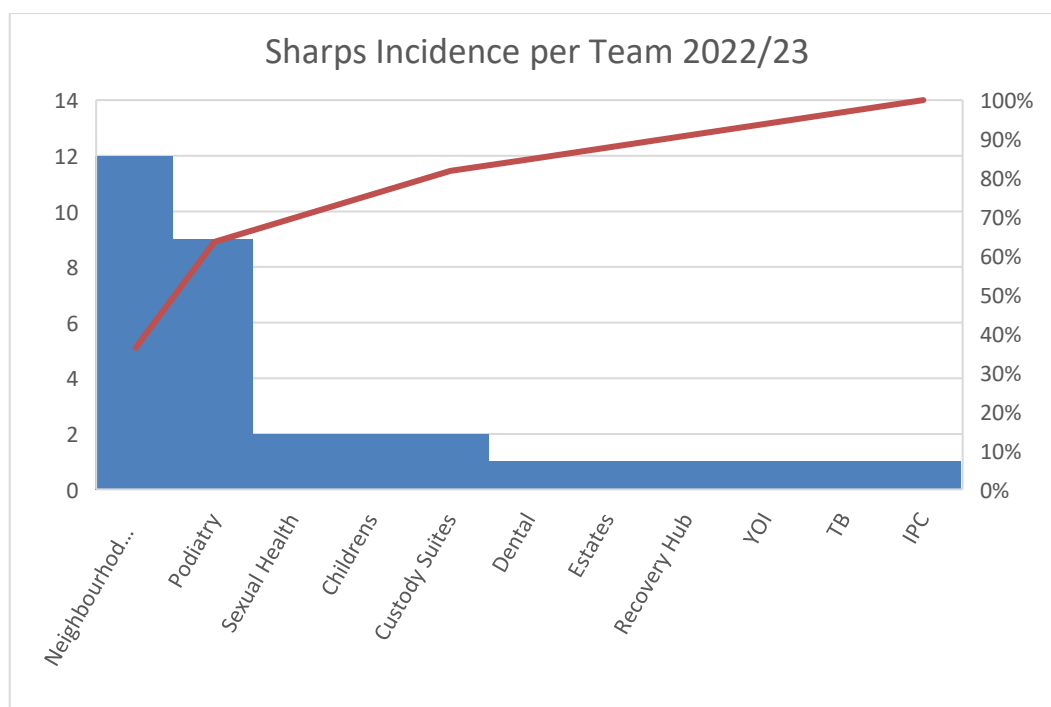


Figure 22: Sharps incidents per team 2022/23

Sharps safety remains a prominent topic when discussing with front line staff and all are advised to carry a 'sharps safety kit' with them, including a sharps container, when conducting home visits. New posters and lanyard cards relating the procedure following a sharps injury have been created and shared throughout the trust. Further information on individual business units' response to sharps injuries can be found the business unit reports.

2.7 Infection Control Related Incidents

There has been a decrease of 6 reported infection control related incidents when compared to 2021/22. Each reported infection control related incident in 2022/23 is different, and no patterns or trends have been identified.

Incidents reported in 2022/23 include:

- Wound care practice
- Missed opportunity to share patient infection status on transfer
- Non-compliance with IPC practices
- Foreign bodies found when removing a dressing
- Sepsis acquisition
- Non-compliance with mask wearing requirements

Each of the above incidents was reviewed by an IPC nurse as a specialist reviewer. The IPC team visited the area in which non-compliance with mask wearing was identified several times and found no non-compliance. Mask wearing requirements have since changed and staff are no longer required to wear face masks in public spaces within health centres.

The IPC team also contacted the NT leads in regard to the incident in which non-compliant IPC practices were identified, explained the importance of IPC practices to safeguard both staff and patients, and offered to attend a team meeting to provide extra training around hand

hygiene and PPE requirements. The importance of IPC compliance has been discussed on a number of occasions throughout the financial year with all NT's and at Champions events and this will also be highlighted at the upcoming Hand Hygiene Awareness Day in May 2023.

All staff reporting sharps incidents have been contacted by the IPC team and offered advice and support.

Throughout the year the IPC team has worked with the podiatry team to reduce both sharps injury incidence and the number of incidents in which scalpel blades are left on when equipment is sent for reprocessing. In Q2 the SBU team conducted a visit to the Steris site for assurance and in Q4 the IPC team delivered a session around sharps safety at the podiatry team day and further work has been undertaken around the use of disposable utensils as a method of reducing sharps incidents.

In Q2 the IPC team created a credit card sized lanyard card and two posters aiding staff and managers in the correct process following a sharps injury. This was in response to feedback which highlighted staff difficulty navigating the sharps policy, for the correct procedure, following an injury. These publications also contain a QR code which directs the user to the internal Oak IPC page.

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

During 2021-2022 the pandemic has continued to demand a substantial amount of support across the Leeds healthcare economy from the IPC team.

3.2 Communicable Disease Control (CDC)

Outbreaks of gastrointestinal illness

The CDC Team consists of 3 nurses fulfilling 1 WTE role and is based with Leeds City Councils (LCC) Environmental Health Food and Health Team. 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 coordinate outbreaks of viral gastroenteritis within any establishment including Care Homes, Child Care settings, Schools, Day Centres, food premises, etc.

As well as visiting premises who report outbreaks of gastrointestinal illness, CDC also visit people's own homes, and hospital wards if necessary to provide information regarding their illness, collect information to try to establish the source of their illness and where necessary, arrange faecal samples for cases and contacts for clearance and screening. The team work closely with partner agencies including Leeds City Council and UK Health Security Agency (UKHSA).

Outbreaks of Gastrointestinal Illness

As we begin to live with Covid and return to pre covid activities, there has been an increase in the number of outbreaks of gastrointestinal illness which are now back to pre Covid levels. Symptoms have generally been confirmed as or have been described as viral in nature. There has been a total of 120 compared to 86 in the previous year.

We are of course, mindful that diarrhoea and vomiting can be a soft sign of covid and therefore continue to remind Care Home staff particularly to use LFT's to try to ensure covid is not discounted in the presence of gastric symptoms.

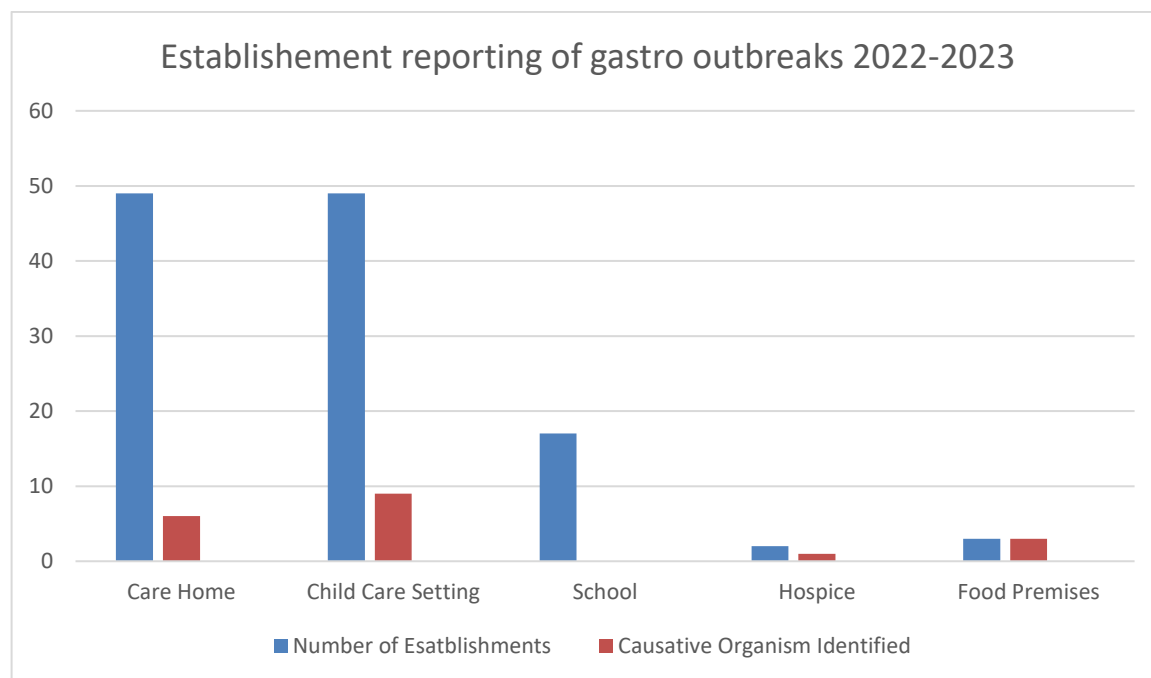


Figure 23: Establishment reporting of gastro outbreaks 2022/23

The predominant causative organism detected in sample results from the outbreaks was Norovirus, however, Adenovirus (non-group F), Astrovirus and Sapovirus and Rotavirus were also detected and 3 of the childcare facilities had more than 1 virus causing symptoms concurrently.

All premises were visited and advised regarding management of outbreaks to try and reduce the spread of illness. Daily telephone contact was made with all the premises, Monday to Friday until the outbreaks concluded once 48 hours symptom free.

Suspected food poisoning

There were 335 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 have reduced slightly since last year (380) however this may be due to a change in electronic reporting where anonymous complaints can no longer be submitted as they cannot be substantiated.

Positive Isolates

The number of positive isolates reported via the laboratories has now returned to pre pandemic levels with an increased number of all organisms except campylobacter which was

slightly lower than last year's figure of 799. Salmonella has almost doubled in comparison to last year's figure of 54, however no link has been established following contact with most cases. The increase may be due to living with Covid and people resuming activities which were previously restricted. Foreign travel restrictions have also been relaxed resulting in people returning to holidays abroad.

Organism	Number of cases 2022/23	Number of cases 2021/22	Number of cases 2020/21
Campylobacter	765	800	663
Salmonella	107	54	46
Shigella	32	6	8
Cryptosporidia	34	41	20
Giardia	68	45	45
Typhoid/Paratyphoid	12	3	2
E.coli STEC	21	12	7
Hepatitis A	3	2	0
Listeria	5	1	2
Yersinia	6	3	3
Total	1053	974	797

Figure 24: Organisms identified through Notification of Infectious Disease 2022-2023

Positives isolates are contacted by telephone to offer advice, information and completion of a questionnaire which is disease specific. Any connection between cases is reported to the Environmental Health response officer for further discussion/investigation.

Significant organisms such as STEC, Typhoid, Paratyphoid and some shigella's 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.

Quarterly review meetings with UKHSA have also recommenced which provides staff from across Yorkshire and the Humber to network, discuss any new and emerging topics/diseases and update staff with any changes to the management of specific organisms.

3.3 Head Start 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, support and treatment in cases of persistent head lice infestation, in particular to families with social services involvement. The main sources of referral come through health visitors and school nurses, with additional referrals via social workers, schools, community paediatricians and GPs.

The Headstart service has seen fluctuations in referrals throughout the year, with 35 of the 61 referrals received in Q3 alone. This unfortunately led to delays in treatment for some families due to staffing capacity and supply issue with the product. 15 referrals were received by the service during 21-22, compared to 61 for 22-23, a 4-fold increase in referral rate.

A total of 45 treatments have been delivered, as a result of those referrals, some were not treated due to being inappropriate referrals, non-engagement of families and aggressive behaviour from family members at attempted visits.

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

The service continues to encounter complex and challenging cases where children can present with severe head lice infestation in addition to other issues 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.

4. Environment

4.1 Environmental Audits

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.

4.2 Audit activity 2022-2023 – LCH premises

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.

The aim for 2022-2023 was to audit all 61 LCH premises which comprise of 27 Health Centres and 34 other sites as listed below:

- 27 Health Centres
- 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 (WYOI) and Adel Beck Secure Children's Home (HMPs)
- 17 Police custody suites in North, South, East and West Yorkshire
- Community Neurological Rehab Unit
- 4 Special inclusion learning centre (SILC) schools.
- 3 Recovery hubs
- 2 MSK units: Wharfedale Hospital; MSK Sunfield Medical Centre

Audits of all these sites were completed except for 1 SILC school (John Jamieson) which is scheduled for 9/5/23.

4.3 Findings

Follow-up audits were required at 3 health centres (Kirkstall, Middleton & Rutland) with initial compliance scores below 85%. None of the health centres scored below 75%.

Rutland Lodge required further follow-up due to below par standards of cleaning identified both during the annual audit and iGAS outbreak visit.

A complete modernisation and refurbishment of Seacroft Clinic has been completed creating a much-improved environment and a compliance score of 94.6% achieved.

The health centre causing the most concern was Burmantofts Clinic. An audit of the whole site on 8 March 2023, prior to the CQC inspection, unearthed a number of issues with the site. The main issues identified included repairs required to the internal fabric of the building (e.g., plasterwork, flooring); standards of cleanliness; waste management. Work is ongoing to address these issues and the progress of this work will be monitored.

MSK Sunfield closed on 31st March 2023.

Overall compliance across all sites audited was 90.2%. The most common issues identified across the various locations are shown in Table 1 below:

Most Common Issues			
Pos.	Issue	Count	Percentage
1	Waste management poster not on display- Display waste management poster	22	3.79%
2	Temporary closure mechanism not activated. Activate all temporary closure mechanisms. See 'safely managing sharps' poster.	21	3.62%
3	Sharps containers are labelled, with date, locality & signed- sharps containers need to be labelled with date & locality upon assembly. They must also be signed and dated, when locked and on disposal. See 'safely managing sharps' poster	18	3.10%
4	Fabric chair in clinical area. Change to wipeable impervious chair	16	2.76%
5	Hand hygiene sink non- compliant with HTM 64 – Consider changing to HTM 64 compliant sink on next programme of planned works	15	2.59%
6	No Poster to show first aid procedures- display poster for management of BFE	14	2.41%
7	Lime scale build up on taps- Arrange a chemical clean	8	1.38%
8	Dusty portable fan- Clean fan or remove from use. Fans are not to be used during clinical procedures.	6	1.03%
9	Sharps container is out of date. Sharps bins are to be disposed of after 3 months. See 'safely managing sharps' poster.	6	1.03%
10	Curtains out of date- Change curtains & ensure they are a regular changing schedule	5	0.86%

Figure 25: Most common issues highlighted as a result of environmental auditing.

4.4 Compliant and Non-compliant areas

Standard compliance across the various sites is highlighted below.

- Health Centres; Overall, there was good compliance across all domains except for cleaning which fell below the required standard.
- Police custody suites; Overall, the police custody suites scored well showing good compliance across all domains with hand hygiene and the environment being the main areas for improvement.
- Prisons; Adel Beck scored highly across all domains. Wetherby YOI showed good compliance with PPE, Prevention of blood and body fluid exposure incidents, waste management and organisational controls while areas needing improvement were hand hygiene and poor compliance in the environment and cleaning standards.
- Recovery hubs; Good compliance demonstrated with PPE, management of waste and urinary catheter care but poor compliance with mouth care. The other remaining domains require improvement.
- SILC Schools; Overall, the 2 schools audited showed good compliance across most domains but scored below the required standard for the environment and scored poorly for cleanliness and children's equipment management. Broomfields audited 26/4/23 – report in progress. John Jamieson audit scheduled for 9/5/2023 due to staff sickness in LCC.

4.5 Future plans and developments

- The IPC team plan to audit all 61 LCH premises during 2023-2024.
- Use of the MEG auditing tool is now well established within the team and the acquisition of iPads has made inputting the data more efficient. Going forward this enables easier input of information during the auditing process.
- Use of Chlor-clean disinfectant has been discontinued and replaced with Peracide which is a more sustainable and environmentally friendly alternative. Peracide posters will be displayed in place of the Chlor-clean posters and will be incorporated into the auditing standard.

4.6 Implementation of the National Cleaning Standards

In November 2021, Leeds Community Healthcare NHS Trust (LCH) were required to implement some of the new NHS national cleaning standards, with full implementation by May 2023. Within LCH this requires us to fully implement the standards within the buildings we own/ clean (including tenant areas) and to ensure that our landlords have implemented the standards in the buildings where LCH are the tenant.

The audit team consisted of members of the Domestic services management team, Ops support manager and IPC staff. The audits consisted of a mixture of FR4 (clinic room) and FR6 (office) areas in line with national guidance. The results were captured on to the spreadsheets provided by NHS England and followed the guidance around blended scores.

Site	FR category	Audit frequency	Target (%)	No of rooms audited	Target calculation	Max score	Actual score	% score	Stars
All sites	FR4	3 monthly	85	70	5950	1149	991	0.86	
	FR6	12 monthly	75	44	3300	543	447	0.82	
	FR Blended		81						
	Total			114	9250	1692	1438	0.85	5 star

Figure 26: National Cleaning Audit frequency and ratings.

The current % average score across all sites is 85%, which for our clinical rooms is a 5-star rating. This obviously also exceeds the target for the blended scores (including FR6 areas). The cleaning standards group has refocused several times in the new year to ensure that improvement plans were in place for the sites that did not achieve 4- or 5-star ratings. The 2 sites identified below standard have been identified as Burmantofts and Morley both have action plans for improvement and will be overseen by the cleaning team. There will also be further work carried out to prepare for the efficacy audits and annual review.

4.7 Patient Led Assessment of Care Environment (PLACE)

Leeds Community Healthcare NHS Trust had a responsibility to undertake an assessment at Hannah House, 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.

Results

- The standard of cleanliness at the facility has increased from 98.5% (2019) to 100% on the recent review
- The overarching food standard result has increased from 91.7% to 97.5%

- The result for privacy and dignity has increased from 84.4% to 95%
- Unfortunately, there has been a reduction in the site score for Condition appearance and maintenance, with the 2019 score of 100% reducing to 94.5% on the recent review
- The disability score has seen an increase from 89.2% to 92% in the recent inspection.

The demonstrable improvement seen in most review areas is testament to the hard work and dedication of the staff at Hannah House. Work is being undertaken to address the environmental deficits, with a major project ongoing to redevelop the external play area of the facility.

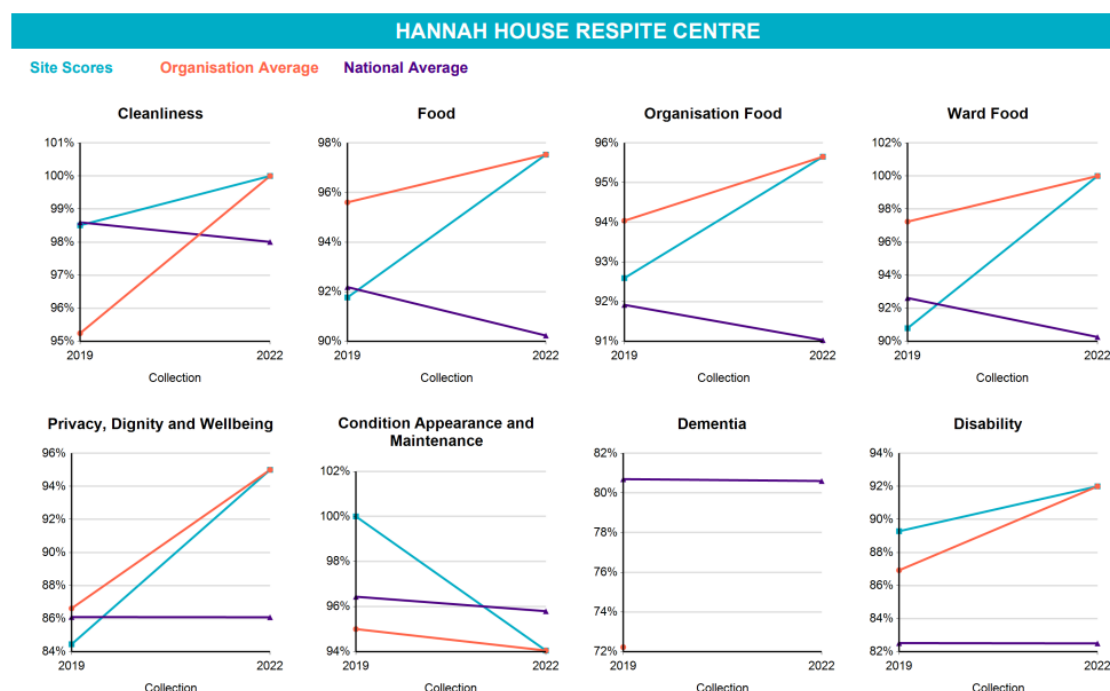


Figure 27: Hannah House PLACE results 2022

5. LCH business unit overview

5.1 Children's Business Unit (CBU)

The Infection Prevention and Control Team have continued to foster positive working relationships with the teams across Children's Business Unit within LCH and the wider economy, supporting teams with management of outbreaks, implementation of guidance, and general advice. The IPC team has been involved with the following:

- The Hannah House IPC environmental audit took place in January 2023 with the overall score increasing to 93.6% compared to 88.8% last year, with the biggest improvement seen in the following 2 domains: the management of waste and children's equipment.
- Following the implementation of the National Cleaning Standards in November 2022, Hannah House have achieved a 5-star rating in both the initial audit in January 2023 and the first reaudit in March 2023, audits completed in collaboration with IPC and Domestic services managers.
- Continued to work with Hannah House staff and Domestic Managers in relation to domestic staff cover, for planned and unplanned absence at the site. Currently 2 staff cover a 7day service – no provision is available for domestic staff to be provided in

their absence – this is escalated to IPCG each quarter through the quarterly report process.

- Hannah House chosen due to being an in-patient site as a trial area for the GoJo hand hygiene products. The feedback with evaluation of the new products provided by the Hannah House staff has been very positive and the roll out of the products across the Trust will follow in the next few months.
- Discussions on a more transparent and inclusive process for SILC (Specialist Inclusive Learning Centre) schools auditing between the IPC team, LCH and LCC Health and Safety representatives and the Team Leader of the Inclusion Nursing Service were finalised towards the end of the second quarter. This resulted in a significant delay in sharing the environmental audit reports produced in March 2022 with the Head-teachers. Thus, the re-auditing of the areas at SILC sites identified with issues for improvement was not undertaken, as this coincided with the annual environmental audits initially planned for March 2023.
- In March 2023, the annual Infection Prevention Audits were completed at 2 Specialist Inclusive Learning sites, namely Farnley Academy and Pennyfields. The visits to the SILC sites were completed in collaboration with Health and Safety colleagues from LCH and LCC, independent health and safety representatives for academy site and school team representatives. Improvements have been seen in both the environment and cleaning domains at Farnley Academy with the overall score being 88.6% compared to 85.1% last year. Pennyfields Academy saw a significant drop in the overall score of approximately 15% with 4 domains, including environment, equipment, children's equipment management and cleaning, being marked as non-compliant in some areas. The score came down mostly due to issues identified in the physio room and cleaning cupboard and an action plan has since been made with proposed changes to ensure compliance with the IPC requirements. The annual IPC audits in the remaining two SILC sites, Broomfields and John Jamieson, were cancelled due to last minute annual leave and illness (LCC Staff) and rearranged towards the end of April- beginning of May 2023.
- Face to face and online "IPC Champions" meetings were reinstated quarterly from September 2022 onwards with the involvement of IPC staff from all business units, with education and discussions on current IPC subjects such Group A Streptococcus infections, flu and hand hygiene.
- Regular IPC presence in the CBU Quality Meetings to offer a general overview from an IPC point of view following change in guidance particularly regarding COVID and highlight each time the importance of undertaking the hand hygiene audits by each CBU team to ensure best clinical practice by all staff and for assurance purposes. A presentation was given to the group on Sepsis during Sepsis month (September).
- Following an out of season increase in scarlet fever cases and group A streptococcus infections during the period between October and December 2022, the IPC team have worked closely with the local Health Protection Team in contacting the settings with outbreaks and providing IPC advice and support. Of particular concern were the settings with co circulation of pathogens including GAS and chicken pox or Flu, and settings with vulnerable children, in which cases an outbreak visit was completed by the IPC team.
- Following the death of a 5-year-old child, support has been provided by the IPC team to the school by way of a question-and-answer session. The objective was to provide support and enhanced knowledge of GAS infections and sepsis to parents, this was well received.

- The IPC team have continued to offer support and guidance on the effective management of COVID outbreaks within the children's service teams with follow up support as required.
- The IPC team encouraged all staff in the Children business unit to have their seasonal flu vaccine and ensured the vaccine was easily accessible in each team, through working with leaders for teams with lower uptake targeted sessions were provided. This resulted in CBU having the highest uptake of front-line staff vaccine uptake of all business units at 62%.
- The IPC team successfully completed a Hand Hygiene poster competition which was offered out to schools in Leeds. Great posters highlighting the need for effective hand hygiene to stop infections were received from our 3 young winners, who have since received their prizes -book vouchers- kindly sponsored by GoJo.
- Supporting LCC and HPT colleagues at a Learning, Health and Wellbeing Support event at a primary school, and a Summer Fayre at Little London Community Centre, providing information on a range of topics including sepsis, vaccination, hand hygiene and head lice.
- Wellbeing Event took place at a local Primary School with IPC staff delivering six 30-minute Hand Hygiene sessions to Reception and Key Stage 1 pupils. The glitter glow gel and UV lamp were used to bring the session to life for the children.

5.2 Specialist Business Unit (SBU)

The Infection Prevention team continue to collaborate closely with the teams within the specialist business unit, supporting them with any outbreaks, general IPC support and advice. Usual activities have been maintained including:

- Annual 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 been highlighted 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.
- Annual 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 and pride of IPC within their environment.
- WYOI has shown a reduction in IPC standards this year as demonstrated within the annual audit scores. These issues have been exacerbated by difficult environmental issues and ongoing staffing constraints. Many of the issues have been identified around the cleaning standards and have been picked up in audits previously. The issues have been continuously highlighted and escalated to the prison management team with continued support from the clinical lead and senior management team. These issues remain ongoing, with the risk escalated and added to the LCH risk register. WYOI staff continue to actively engage with IPC colleagues & are working collaboratively to address these issues, the IPC team are supporting with meetings and regular visits to address the cleaning standards and monthly environmental audits.
- 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 conducted by the Dental team and overseen by the IPC and Water Safety Group following installation of the sterile straw system. Reginald Centre had an out-of-range result. This was resolved by the Dental & 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 compared to last year. From the Datix reports 20-21; there were 8 incidents reported, compared to this past year 21-22 there was a slight increase of 9 incidents reported. A short training session was provided to the team during a team meeting to highlight the increase and common themes and issues discussed. There is already a robust action plan & audit system in place to try & reduce the sharps incidences relating to removal of blades, but further work will continue to monitor the incidents and any common themes.
- SBU staff continue to report the quarterly PPE & HH auditing results via the reporting system. There were some initial teething problems however in Q4 SBU achieved 100% returns. 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.
- Mpox- In May 22, an emerging threat was identified that potentially would have an impact on the wider Leeds public. The IPC team worked closely with our colleagues in the Sexual Health service to ensure staff safety via FIT testing & a vaccination offer. A citywide vaccination programme was introduced to at risk individuals with LCH sexual health service, LTHT Infectious Diseases team & IPC colleagues working collaboratively, to ensure as many vaccinations as possible were provided in a timely manner. The project is now ending with all identified patient groups being offered a first dose of vaccine by the end of June 2023, with a view to all second doses being administered by the end of July 2023.
The Mpox clinics were also offered out to further groups of patients within the city that may find accessing services more difficult, these clinics have now been integrated into Sexual health team service more regularly and have been remarkably successful with the uptake and interest in the vaccination programme.
- A service offering specialist wound care management across Leeds opened to include 24 sites. SBU IPC colleagues performed initial IPC audits giving guidance and advice where required. A good working relationship was established with the Senior team. This service has now been handed over to IPC colleagues in ABU who will now oversee the expansion of the clinics across the city giving IPC advice and support where needed with a robust IPC audit plan in place.
- IPC have worked closely, supporting the CIVAS team ensuring that clinically vulnerable patients that follow the specific pathway can access covid antiviral treatments in community settings, ensuring both staff & patient safety. This project is ongoing IPC will continue to lean into the service to support them.
- An annual assurance visit was undertaken in Q3 to Steris decontamination unit who provide sterile services to LCH. Robust practices and processes were evidenced.
- A mixture of proactive supportive visits & outbreak visits has 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 following change in guidance and the implementation of the new IPC manual.

Projects:

In collaboration with colleagues within SBU and GAMA, the IPC team have been working on a trial for an alternative skin cleansing product which would maintain patient safety, increase sustainability, and potentially have cost savings for LCH. This product was successfully briefly introduced however was withdrawn due to production issues. This will hopefully be revisited this year.

In collaboration with colleagues at Leeds City Council Recovery Hub@South and GAMA, the IPC team worked on a trial to demonstrate the effectiveness of standard terminal cleaning with the addition of UV-C light disinfection. This project was discontinued due to operational pressures.

Trials with the new hand hygiene product in conjunction with the company GOJO have been undertaken in last few months, the CVAS team were happy to take part and to provide feedback with evaluation of the product. The evaluations we have received were positive, we are currently awaiting further feedback and evaluation forms from other teams throughout LCH chosen to undertake the trial. The GOJO Team will then support IPC to roll out the new product within the trust once the evaluations have been provided.

5.3 Adult Business Unit (ABU)

- The IPC team has continued to foster relationships with ABU services in 2022/23. With the introduction of new staff and management within the NT it has been especially important to promote good relationships with staff, dispelling any myths about the purpose of the IPC team, and encouraging new staff to be actively involved in IPC champion roles.
- The IPC ABU nurses have tried to visit as many of the NT's as possible throughout the year, including the nights team. During these visits the IPC nurses have tried to approach all staff on a 1:1 basis for an informal discussion, aiming to identify any IPC issues or corners they have, as well as disseminating and IPC updates.
- Q3 and Q4 saw the IPC team working collaboratively with internal and external partners to control an outbreak of invasive group A strep (iGAS) which was identified within several patients seen by ABU services and within care homes. The IPC team has investigated all cases and undertaken contact tracing which has been shared with the IMT. This information has helped to facilitate outbreak precautions including enhanced PPE requirements, wound swabbing, enhanced environmental cleaning, prophylactic antibiotics etc.
- The IPC team was involved in control measure organisation, through providing an expert opinion on the environmental cleaning standards of a health centre involved and highlighted the requirement for an enhanced clean. The team were also involved in the procurement of long sleeved gowns for staff to wear when conducting lower limb wound care (although it was later decided these were not required), provided frequent face to face support to the teams involved throughout the initial stages of the outbreak, and liaised with colleagues who may have required swabbing and prophylaxis.
- At the end of Q4, two further cases have been identified in Leeds, however, at the request of UKHSA, no investigation or contact tracing has been completed as the IMT are currently awaiting typing results from a number of cases in Leeds to identify whether these are connected through outbreak or whether these are the current circulating strains.
- Within 2022/23, the Wharfedale Recovery Hub has moved from Villa Care to LCH. The ABU IPC team has welcomed colleagues from Wharfedale and spent a number of hours with the team conducting:
 - ✓ Face to face visits with the team to introduce ourselves and how we can be of assistance,
 - ✓ Face to face IPC training due to issues accessing online training packages,
 - ✓ Auditing of the environment to ensure compliance with IPC and cleaning standards,

- ✓ Information sharing on Essential steps/ hand hygiene auditing, mattress auditing, outbreak guidance etc.
- The ABU has reported a total of 36 Covid-19 outbreaks within 2022/23. Each reported outbreak area was provided with guidance around outbreak management, cleaning, hand hygiene and PPE requirements, ventilation, social distancing etc. to try and reduce the outbreak period. All teams were also offered an outbreak visit. The aim of this was to provide IPC advice on environmental factors which may be prolonging the outbreak and offer opportunity for staff to have one to one conversations about any IPC issues they may be experiencing. All outbreak areas were contacted for updates on the outbreak situation three times a week (Monday, Wednesday, Friday) at a minimum however, if the outbreak was deemed more severe (due to length of time or number of staff involved) daily support phone calls were provided.
- The ABU IPC team has also been involved in arranging successful IPC Champion events throughout the year. As previously mentioned, the ABU has undergone some changes throughout the year, new staff have been welcomed and NT base management staff have moved around, therefore the IPC team has been working to ensure all NT's have at least one IPC champion.

6. Additional support provided by the IPC team

6.1 Care Home Environmental Auditing

In April 2019 the team increased their auditing plan, to audit all 150 (now n=148) registered residential and care homes with nursing, over a 2-year rolling programme. This was done either as a face-to-face audit, or as a self-assessment audit submitted by the care home. 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 COVID19 pandemic, the auditing activity in 20/21 and in 21/22 and 22/23 has been disrupted, and the full target of auditing 148 audits was not achieved. All care homes that were not audited by year end are booked in to be audited during quarter 1 of 2022/23.

6.2 External Staff flu vaccinations

During 2022-2023 the IPC team was commissioned by Leeds City Council in delivering free on-site flu vaccines clinics for Leeds health and social care providers, which includes care homes and WAA units. The aim of this is to enhance existing opportunities for staff to obtain a vaccination and to reduce the risk of influenza to the care home residents. Within the 22-23 flu season, the IPC team provided vaccines to 23 care homes and vaccinated 206 staff, which is an increase to last years uptake.

- 778 staff registered using the self-register link sent out via vaccination track, staff vaccinated:
 - Influenza – 601
 - Covid - 532
- Sessions were held at both LCC & LCH bases to ensure the council staff were able to access the vaccinations.
- Weekly communications sent out via the council's managers bulletins
- Targeted myth busting information shared with certain areas

Care homes & Working Age Adults:

- 206 Staff vaccinated (influenza) covid vaccines not offered as part of this campaign.
- Offer to vaccinate all care home and home care providers in Leeds

- Bespoke sessions arranged for all providers that requested a visit (numbers lower than requested for some providers)
- Sessions held for Hospice staff

6.3 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.

6.4 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 7 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.

6.5 Implementation of RESTORE 2

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 3 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 3 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 3rd wave of Covid-19, the programme was paused. However, the IPC team have appointed a 12-month, fixed term, Sepsis and Deterioration nurse for 2022-23. 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 3 years to roll out the RESTORE2 programme to all the local care homes.

6.6 External Training Provision

The IPC Team have provided enhanced 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.

During 2022/23 a total of **110** face to face training sessions were facilitated by the team. In addition to this were several virtual workshops and bespoke training opportunities. This activity was reduced in comparison to the previous year as some resource was diverted to the delivery of a sepsis reduction programme.

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.

8. Education and Training

8.1 Statutory and Mandatory 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 and this has continued during 2022-2023.

Training compliance rates were on average 92% at year end for level 1 and level 2 training via E-Learning for Health..

8.2 Student placements

The Infection Prevention and Control Team supported 19 learners throughout the year, comprising first, second- and third-year nursing students, with the majority spending 2 weeks spoke placement with the team. The following comments have been made by students through the PARE evaluation, completed within 2 weeks of conclusion of the placement experience.

'Every member of staff was so supportive and made me feel part of the team from day 1.'

'I could not have wished for a more welcoming team to work with - the IPC staff are so friendly and kind!'

'During my two weeks, I had the opportunity to work alongside specialist infection prevention and control nurses who taught me in detail about important aspects of microbiology, best practice in infection control, and the importance of team work and collaboration.'

'Before my placement started, the team were extremely welcoming and accommodating via email to introduce themselves and answer my queries. When I arrived, I was shown around and had a full orientation. My practice supervisor had organised a full schedule for my two weeks with each day planned out. The placement area gave me a student booklet outlining the role of the IPC nurse and what was expected from me.'

9. Campaigns and further achievements

9.1 Seasonal Staff Influenza Campaign 2022/2023

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).

Staff were invited via email to the newly commissioned vaccination booking system (Vaccination Track – a citywide system in Leeds used for flu and covid bookings to ensure a streamlined process for staff who are booking and the vaccinators who were administering) to book both vaccinations together, influenza only or covid only. LCH staff received a 7-day reminder email since the launch of the campaign, reminding them to book a vaccination or inform us they have received a vaccination elsewhere or decline the vaccination offer.

The campaign finished in February 2023 and the total number of frontline staff vaccinated for influenza was 62.9%. As a consequence, the CQUIN target of 95% was not achieved.

Business Unit	Frontline % uptake
CBU	62.0
Corporate	58.8
SBU	53.3
ABU	46.5

Figure 28: Frontline staff vaccinated broken down per business unit

9.2 Conferences and awareness campaigns

9.2.1 Hand Hygiene Campaign May 2022

An overwhelming successful hand hygiene campaign on 5th May 2022 saw the entire IPC team deploy throughout all locations across LCH estate providing awareness to the importance of hand hygiene. The campaign also had a digital footprint where social media was utilised the entire week leading up to 5th May.



Figure 29: Images of health care workers throughout LCH on hand hygiene day (permission gained).

9.2.2 IPC Week October 2022

The IPC Team celebrated a different aspect of infection prevention during October 2022, different topics of engagement with staff and the general public included hand hygiene, sepsis, influenza and antimicrobial resistance.

9.2.3 Sepsis Conference March 2023

The IPC Team led a successful and well attended Sepsis Conference in March 2022, the event welcomed a range of speakers from the acute and community setting to share the principles of sepsis impacting on patient safety. The event showcased the work delivered by the Sepsis and Deterioration Nurse and the implementation of the branded approach around I-Spy Sepsis and I-Spy Deterioration.

9.3 Team Development

9.3.1 Education and team building

- Team members attended and successfully completed the stand-alone module in communicable disease through the University of Huddersfield.
- Team members successfully completed the QNI Aspirant Leadership Course and the Mary Seacole programme with NHS England.
- Engagement with the Infection Prevention Society (IPS) and 'Institution Membership' was purchased, to support education, learning and networking.

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.

In March 2023 Carrie Mulvihill's secondment as a Sepsis and Deterioration Nurse was extended by the ICB to deliver a programme of work on a community footprint to reduce sepsis and improve recognition of deteriorating patients.

The IPC Team were shortlisted for the Nursing Times Award and HSJ Award for the Covid-19 Women's Offer in 2021. A poster submitted to HSJ won the Covid-19 Response Category.



11. Challenges and forward plan 2023/2024

11.1 Forward Plan 2023 - 2024

- 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.
- Building on pandemic preparedness for future potential outbreaks of novel viruses.
- Embed work around antimicrobial resistance, building on collaborative work with the West Yorkshire ICB incorporating core principles around data, education and sustainability and the impact on climate change.
- Continue to focus our attentions around the collaborative citywide HCAI Improvement Group.
- Aline fit testing to ESR and promote shared organisational responsibility.
- 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.
- Continue to build engagement with the ICS for West Yorkshire for IPC.
- Development of the branded approach to awareness raising and education by building on the 'I-Spy' series.

11.2 Challenges for 2023-24 will include:

- Achievement of the HCAI objectives with specific emphasis on the gram-negative agenda and CDI.
- The uncertainty around new and emerging infections.

12. Conclusion

It is evident that 2022-2023 has proven to be a very successful year for the Infection Prevention and Control team within LCH. We have delivered successfully on the third fiscal year of the enhanced 'Partnership Cooperation Agreement' with Leeds City Council, which has now seen a permanent uplift in funding.

This report demonstrates the continued commitment of the Trust and evidence 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 undulating world of infection 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. 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, with contributions by members of the Infection Prevention and Control Team.