

Agenda item:					
Title of report:	Infection Prevention and Control (IPC) Annual Report 2023-2024				
Meeting:	Board Meeting				
Date:	3 rd September 2024				
Presented by:	Sheila Sorby: Interim Director of Nursing & Quality				
Prepared by:	Liz Grogan: Deputy DIPC and Head of IPC				
Purpose: (Please tick ONE box only)	Assurance <input checked="" type="checkbox"/>		Discussion		Approval <input checked="" type="checkbox"/>
Executive Summary:	To inform the LCH Board of the achievements within Infection Prevention and Control during 2023-24 and provide assurance of the overall compliance with the Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance, inline with the 10 criterion. The report provides an overview of the collaborative work throughout the Leeds system, as part of the cooperation partnership agreement with Leeds City Council.				
Previously considered by:	Quality Committee: July 2024				
Link to strategic goals: (Please tick any applicable)	Work with communities to deliver personalised care				<input checked="" type="checkbox"/>
	Use our resources wisely and efficiently				<input checked="" type="checkbox"/>
	Enable our workforce to thrive and deliver the best possible care				<input checked="" type="checkbox"/>
	Collaborating with partners to enable people to live better lives				<input checked="" type="checkbox"/>
	Embed equity in all that we do				<input checked="" type="checkbox"/>
Is Health Equity Data included in the report (for patient care and/or workforce)?	Yes	<input checked="" type="checkbox"/>	What does it tell us?	Data around HCAI is provided within the report for example MSSA and some of the activities we undertake within the service around system work and engagement with underrepresented communities, with specific emphasis on our upstream approach to support those living in the most deprived communities, having a greater risk of infection and	

			increased usage of antibiotics.
No	<input type="checkbox"/>	Why not/what future plans are there to include this information?	To develop more on staff equity as part of the IPC Annual Report.

Recommendation(s)	<ul style="list-style-type: none"> Continued expansion to the 'Cooperation Partnership Agreement' between LCH and LCC for IPC provision and restructuring of the IPC Service. The continuation of surveillance of HCAI's including methicillin-resistant <i>Staphylococcus aureus</i>, <i>Clostridioides difficile</i> and <i>Escherichia coli</i>. 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 and the support in relation to adult social care within the system. The continuing difficulties that the team face in achieving the 90% target for the seasonal staff influenza programme. Work completed around antimicrobial resistance, sustainability and sepsis prevention.
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List of Appendices:	<ul style="list-style-type: none"> Appendix 1: Business Unit Overview 2023/24 Appendix 2: External work Cooperation Agreement – Care Home Audits and Education package Appendix 3: I-Spy AMR and other materials Appendix 4: IPC Board Assurance Framework and annual plan
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Executive summary

The report covers the period 1st April 2023 to March 31st 2024 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 2024/25.

The following are key elements of the infection prevention activity and performance during the period of April 2023 to the end of March 2024.

- 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 58% of front-line staff vaccinated against influenza and 48% for Covid-19.

Main issues for consideration

- Continued expansion to the 'Cooperation Partnership Agreement' between LCH and LCC for IPC provision and restructuring of the IPC Service.
- The continuation of surveillance of HCAI's including methicillin-resistant *Staphylococcus aureus*, *Clostridioides difficile* and *Escherichia coli*.
- 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 and the support in relation to adult social care within the system.
- The continuing difficulties that the team face in achieving the 90% target for the seasonal staff influenza programme.
- Work completed around antimicrobial resistance, sustainability 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

2023 – 2024



Figure 1: Images of vaccination, filming IPC e-learning, vaccination work, Healthcare support workers and vaccination of Director of Nursing.

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 publication of the IPC Annual Report is a requirement to demonstrate good governance, adherence to Trust values and public accountability, in line with the Health and Social Care Act 2008: Code of Practice on the Prevention and Control of Infection and related guidance.

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, 2022) and the National Infection Prevention and Control Manual (NIPCM).

Key Achievements 2023/2024

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

- 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.
- Increased activity with the winter vaccination programme of work for influenza and Covid-19. We vaccinated 58% of frontline staff in the Seasonal Staff Influenza Campaign and being recorded as highest uptake in West Yorkshire, and 48% for Covid-19.

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 scabies, measles, and CPE.
- Compliance with fit testing of staff as outlined in the NIPCM and method of recording on the electronic staff record.
- Assurance around effective cleaning in line with the National Cleaning Standards from third party organisation where LCH provide healthcare services (Risk 1066)

Key plans for 2024/25

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 winter vaccination campaign.
- 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 in relation to key risks identified: fit testing, assurance in line with the national cleaning standards and building upon pandemic preparedness with LCH emergency planning.

Cooperation Agreement with Leeds City Council main deliverables 2024/25:

- To deliver a safe, integrated and effective system of IPC in place for the wider community across Leeds
- To ensure LCH is meeting its statutory obligations regarding Infection Prevention control as detailed in the Health and Social Care Act 2008)
- To establish and maintain effective partnerships ensuring a robust, flexible and responsive IPC across LCH and wider community of Leeds
- To deliver a timely and effective response to outbreaks or incidents of infectious disease as directed by the outbreak control team
- To support a year on year reduction in Health Care Associated Infections (HCAI) both within LCH provided services and the wider community healthcare economy, in line with locally / nationally agreed performance targets
- Outcome
- To deliver a continued improvement in IPC standards both within the wider community healthcare economy and LCH managed activities.
- To enable both parties to work with partners across the whole health and social care economy to reduce and manage incidents and outbreaks of infection with the intention of reducing the adverse impacts of HCAI and communicable disease both to the individual and wider community
- To work flexibly and ensure the ability to respond to emerging infections and health care associated infections in line with national policy and guidelines

- Increase capacity and capability of existing LCH Infection Prevention Service to ensure there is sufficient capacity to implement contact tracing alongside partners in the system and provide expert resource and safely manage outbreaks in the Leeds community.
 - Local outbreak management of Covid-19, influenza and other infections in complex settings (for example, care homes/ schools / hostels) in line with system partners.
 - Outcome
 - Collaboratively provide direct infection prevention and wider support to complex groups and households.
 - Preventative proactive training, advice & guidance (e.g., care homes, schools/ workplaces, hostels) regarding infection control.
 - Local engagement & intelligence gathering (e.g., Voluntary Community Sector/ LA front-line e.g., home carers).
 - Participate and play a lead role in system wide discussion around roles and responsibilities in relation to Covid-19 and other outbreaks of infection of concern such as influenza
 - Increased provision of Infection Prevention and Control (IPC) training (increased frequency and additional training requirements including PPE, COVID specific topics, new updated evidence) to care homes using innovative ways of ensuring delivery.
 - Outcome
 - Monitor and report monthly on numbers training and evaluations in addition to the core contract.
 - Increased provision of IPC training to homecare and other community settings such as luncheon clubs using innovative ways of ensuring delivery.
 - Continue the development and deliver an IPC package for schools and early year's settings and engaging with existing work across the city.
 - Provide IPC expertise to the management of covid-19 outbreaks, influenza outbreaks and other infections of concern which are likely to be higher post pandemic.
- (Appendix 3)

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.

1.2 Infection Prevention and Control Board Assurance Framework (BAF)

The adoption and implementation of the National Infection Prevention and Control Board Assurance Framework remains the responsibility of the organisation and all registered care providers must demonstrate compliance with the Health and Social Care Act 2008. This requires demonstration of compliance with the 10 criteria outlined in the Act. The Board Assurance Framework worksheet is ordered by the ten criteria of the Act and allows for evidence of compliance, gaps in compliance, mitigations, and comments to be recorded in a text format (Appendix 4)

The compliance rating column allows for the selection of a RAG rating for each criteria:

Criterion 1	Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks their environment and other users may pose to them
Criterion 2	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections
Criterion 3	Ensure appropriate antimicrobial stewardship to optimise service user outcomes and to reduce the risk of adverse events and antimicrobial resistance
Criterion 4	Provide suitable accurate information on infections to patients/service users, visitors/carers and any person concerned with providing further support, care or treatment nursing/medical in a timely fashion
Criterion 5	Ensure early identification of individuals who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to others.
Criterion 6	Systems are in place to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection
Criterion 7	Provide or secure adequate isolation precautions and facilities
Criterion 8	Provide secure and adequate access to laboratory/diagnostic support as appropriate
Criterion 9	Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections
Criterion 10	Have a system in place to manage the occupational health needs and obligations of staff in relation to infection

2.0 Criterion 1:

Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks their environment and other users may pose to them

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 on a six monthly basis. Gaps in compliance to be highlighted with clear actions in addition to the annual programme of work.

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. The following organisms are subject to NHSE mandatory reporting: Methicillin-resistant

Staphylococcus aureus bacteraemia (MRSA), Methicillin-sensitive *Staphylococcus aureus* bacteraemia (MSSA), *Clostridioides difficile*, and Gram-negative bloodstream infections (*Escherichia coli*, *Klebsiella* species, *Pseudomonas aeruginosa*) linked to:

Although there are no specific government mandatory targets for individual community care organisations for the incidence of methicillin-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.

2.1.1 Meticillin-resistant *Staphylococcus aureus* (MRSA)

The purpose of the PIR is to deliver zero tolerance on MRSA BSI, to identify how each case of MRSA BSI occurred and identify any actions that may prevent infection reoccurring in the future.

During the report period a total of three MRSA bacteraemia cases classed as Community Onset, 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 (Fig. 2).

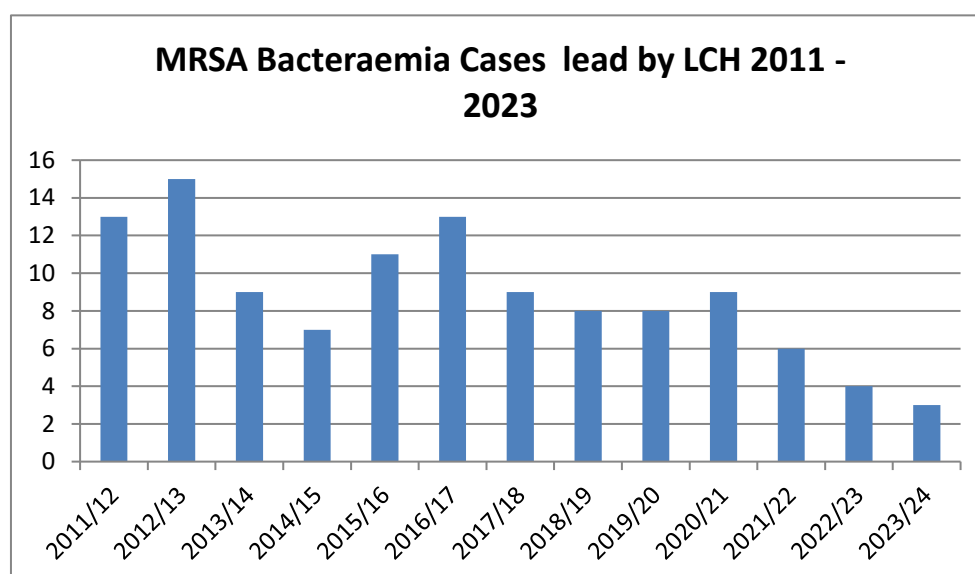


Figure 2: Annual MRSA Bacteraemia cases identified within 48 hours of admission to Secondary Care (2009 – 2024)

Out of the three MRSA bacteraemia cases two were identified to have LCH involvement and identified learning has been shared.

During the report period there have been no cases of MRSA bacteraemia assigned to LCH in which lapses in LCH care have directly contributed to the infection episode.

All learning and subsequent actions are recorded within the PSIRF documentation and shared with meeting attendees. The document is also uploaded to Datix for future reference if required, this enables the IPC team to easily review actions throughout the year, ensuring completion dates are met.

2.1.2 *Clostridioides difficile* (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 professional.

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 rapid review 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.

Within the report period, 60 CDI cases were identified as community onset. This shows a decrease of 30 cases when compared to 2022/23. This is the lowest level of cases for Community CDI since 2015 (Fig. 3).

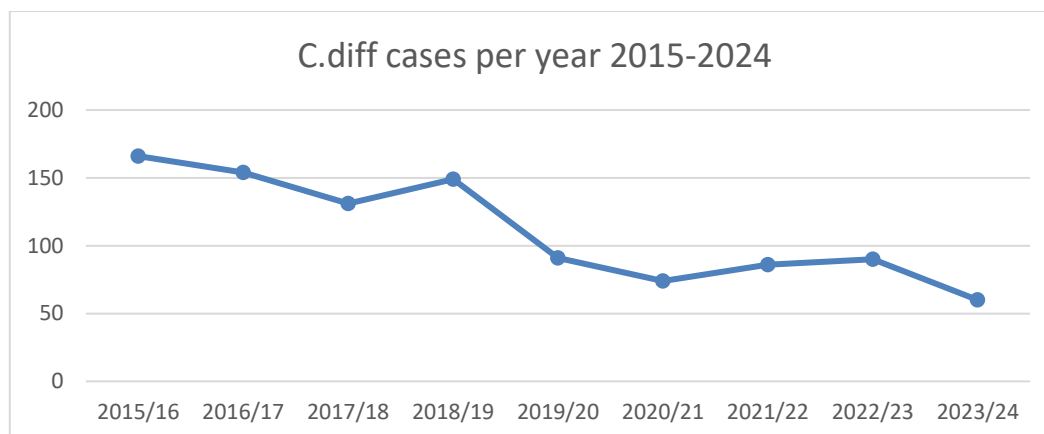


Fig. 3: Community onset CDI cases identified each year 2015 – 24

In 2024/25, LCH IPC are looking to develop a new approach to CDI data gathering. The team will now only conduct RCAs for any community onset cases where the patient has involvement from LCH services or are a care home resident. This change in data gathering will hopefully allow the team more capacity to undertake proactive reduction work. The team will continue to gather information such as geographical location and age, which can be used on a local level to identify trends and patterns which can influence reduction work.

2.1.3 Gram Negative Blood Stream Infections (GNBSI)

LCH continues 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, 2022).

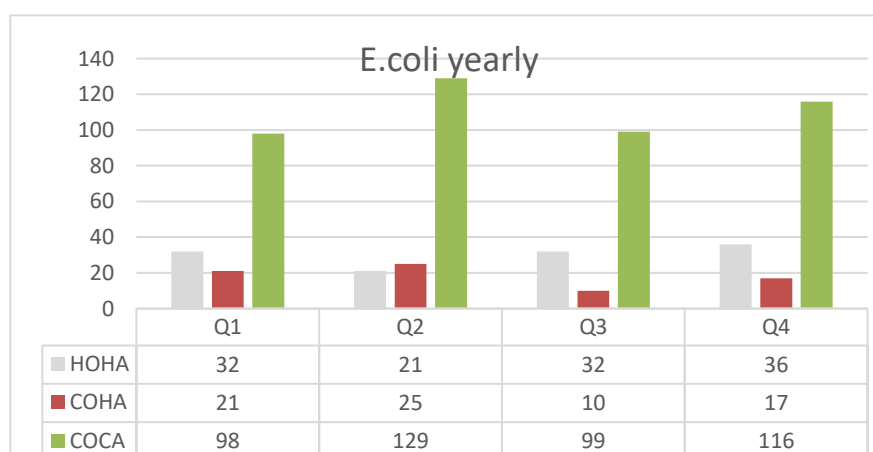


Fig. 4 E.coli combined figures 2023/24.

All community onset community acquired (COCA) E. coli BSI cases are subject to some information gathering (likely source, geographical location, age, community care involvement). Any E.coli BSI cases where a patient has died and E.coli is listed as either 1a or 1b on their death certificate and that patient is known to either LCH services or a resident of a care home undergo further investigation.

In 2023/24 27 cases underwent RCAs of which 6 were progressed to further investigation and identified learning was shared.

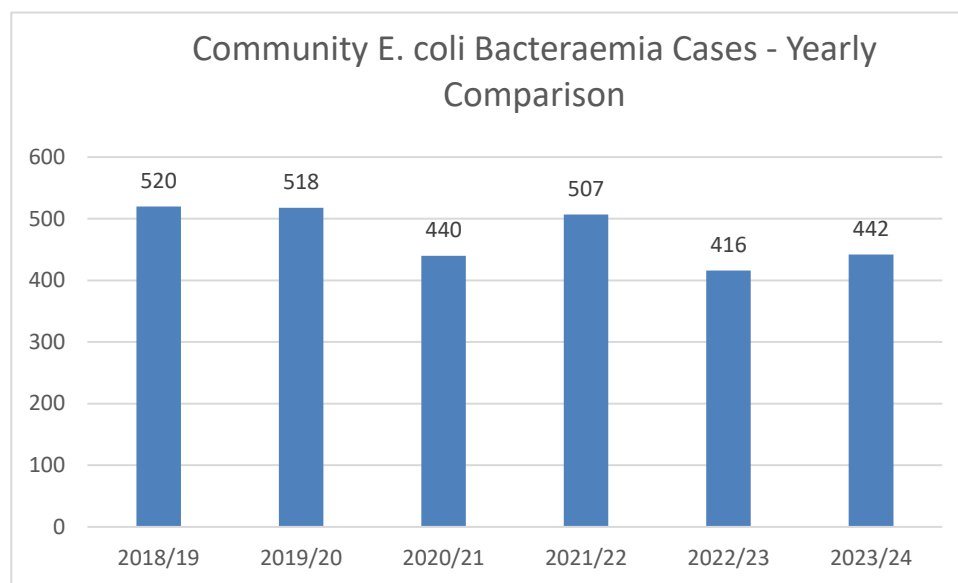


Fig. 5: Community onset E. coli bloodstream infections per year 2018/19 - 2024

During 2023/24 we saw a total of 442 cases recorded, which is an increase of 26 cases when compared to 2022/23.

2.1.4 Discussions and Actions of HCAI activity

PIR's conducted in 2023/24 have continued to identify a concern in which some primary care physicians appear to be missing soft signs of sepsis and deteriorating patients. LCH IPC team have recruited a community sepsis and deterioration nurse who will work with community services to improve recognition of the signs and symptoms of sepsis.

HCAI team have had considerable involvement in the adaptation and application of PSIRF for HCAI investigations throughout Q3. Discussions have been held between IPC colleagues, the Clinical Governance/ Patient Safety Team, and the Deputy Director of Nursing and Quality around how we can implement PSIRF into the HCAI PIR process and make this more streamlined and patient specific but less time consuming. Within Q3 and Q4 two MRSA cases have been undertaken using PSII documentation.

In March, LCH IPC colleagues supported with a community hydration event taking place in Harehills. As part of the event LCH IPC spent time with the Roma community discussing the importance of hydration and also oral health in preventing infections.

Following on from the WY ICB highlighting the region as an outlier for MSSA bacteraemia, data gathering has been taking place to identify any patterns or trends which may be considered a likely causation for this increase. Discussions have started to take place with Leeds City Councils Health protection team as to how we can use this data to create a community reduction plan. Most cases did not have any LCH or community care involvement, however of those who did, the most common team involved was either the Neighbourhood

Teams or Podiatry. This corresponds with high incidence of septic arthritis and wounds as a likely source as Neighbourhood Teams and podiatry would potentially be involved in managing chronic wounds.

2.2 Leeds Health Care Record / PPM+

The reporting of laboratory specimen results from Leeds Teaching Hospitals is informed via the Leeds Care Record (LCR) – PPM+. All MRSA positive, E.coli 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.

2.3 Communicable Disease Control (CDC)

The CDC Team consists of 3 nurses fulfilling 1 WTE role and is based with Leeds City Council's (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 coordinate outbreaks of viral gastroenteritis within any establishment including Care Homes, Childcare settings, Schools, Day Centres, food premises, etc. Following a risk assessment, we might be required to visit premises who report outbreaks of gastrointestinal illness, people's own homes, and hospital wards if necessary. To provide information regarding specific illnesses, collect information and complete questionnaires to try to establish the source of the 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).

Total number of outbreaks during 2023 – 2024 = 99

There has been a slight decrease in the total number of outbreaks of gastrointestinal illness over the last year throughout all premises (120 last year).

The service reviewed the value of visiting each premise, providing them with faecal sample pots and laboratory forms for sample submission to try to identify the cause of symptoms. During an audit in December 2023, we established that 63.60% of Care Homes, 81.20% of Childcare Facilities and 66.60% of schools did NOT submit any faecal samples using the equipment we provided. Also, where samples were submitted, some of the premises had them rejected at the laboratory due to incorrect labelling, despite this being discussed with a senior member of staff at the time of each visit.

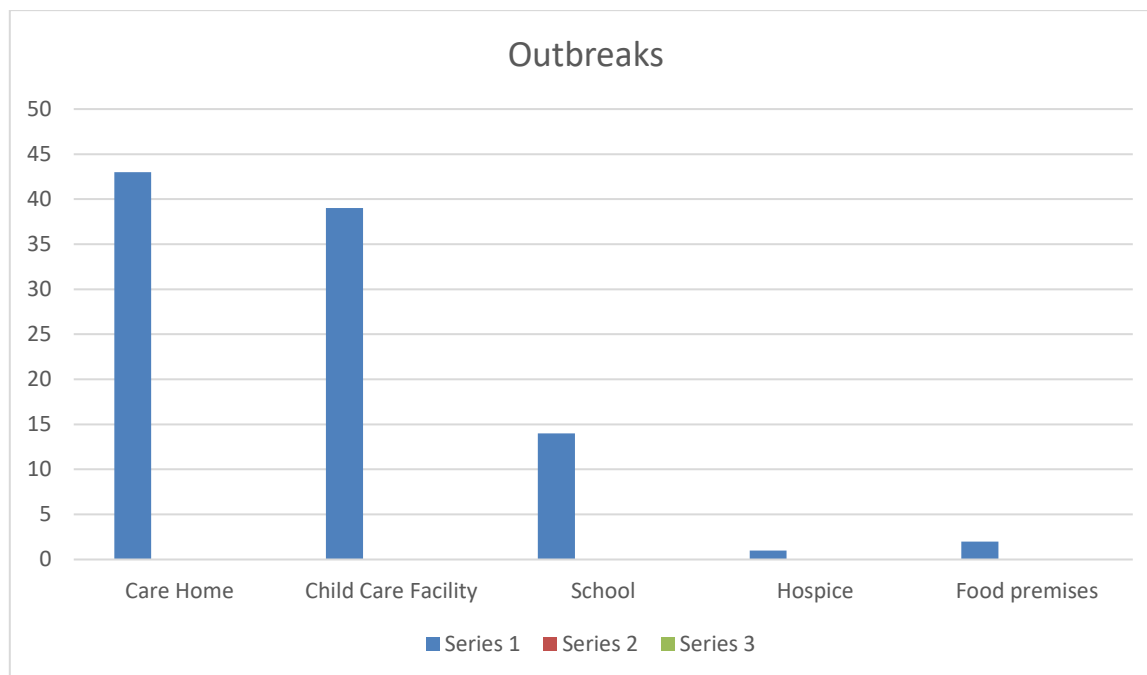


Fig.6: Total number of CDC Gastrointestinal outbreaks per location 2023/24

There were 300 reports of suspected food poisoning which were reported electronically, via the FSA, or LCC self-service reporting systems, slightly less than last year's figure of 335. 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.

There were 2 outbreaks of gastrointestinal illness associated with 2 food establishment using this process. All cases for each outbreak were contacted and faecal samples arranged with Norovirus identified as the causative organism for both outbreaks.

The overall number of positive isolates was slightly higher than last year, 1113 compared to 1053 last year. There was a significant rise in cases of Cryptosporidia from the beginning of September with 43 cases being reported between 1/9/23 and 31/10/23, compared to 13 cases for the same period in the previous year. We were able to make contact with the majority of cases and individual questionnaires were completed. These were all shared with UKHSA's epidemiology team to try to determine a source. There has been no update regarding any potential source for this increase in cases although the majority of Leeds cases were travel related with no particular Country/Resort being prevalent.

The table below incorporates the confirmed positive isolates identified via faecal testing at Local laboratories and Colindale Central Surveillance Centre.

ORGANISM	NUMBER OF CASES
E.coli (STEC)	18
Hepatitis A	5
Cholera	1
Typhoid/Paratyphoid	10
Cryptosporidia	87
Shigella	29
Salmonella	105
Campylobacter	781
Listeria	2
Giardia	73
Yersinia	2
TOTAL	1113

Fig 7: Organisms identified through Notification of Infectious Disease Reporting 2023-24

Positives isolates are all 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 as this may indicate an outbreak or poor food hygiene practices at establishments.

Significant outbreaks with IPC response

External to LCH

During 2023/4 the IPC team has managed and supported with 75 Covid-19 outbreaks within care home settings throughout Leeds. This activity represents a 47% reduction in comparison with the previous year. This decrease could be related to reduced circulating virus burden and the endemic nature and “living with Covid” strategy adopted with Covid infection.

During the report period, a total of 6 outbreaks of Influenza were reported. This was the same as the previous year. Significant issues were identified in relation to the mobilisation of antiviral medication, both for treatment and prophylaxis purposes. Work is being done with LCC and the ICB to ensure a timely and robust response from Primary Care services during outbreak situations.

Six scabies outbreaks were reported during Q3. This mirrored a noted national increase in cases. IPC team provided bespoke advice and site visits.

The elements of learning related to outbreak situations has been integrated into the training programme previously described. This has enabled a “real time” responsiveness, which has added value to the training resource.

2.4 Incident Reporting – Datix

All incidents or near misses occurring in LCH must be reported through Datix® system. Those categorised under Infection Control, Sharps, or Environment (including clinical waste, domestic waste, unsafe environment), are reviewed by both a team leader/manager within the reporting area, and a specialist reviewer from the IPC team.

There were 43 incidents reported during the reporting period. This is a small increase on the total reported in 2022/23.

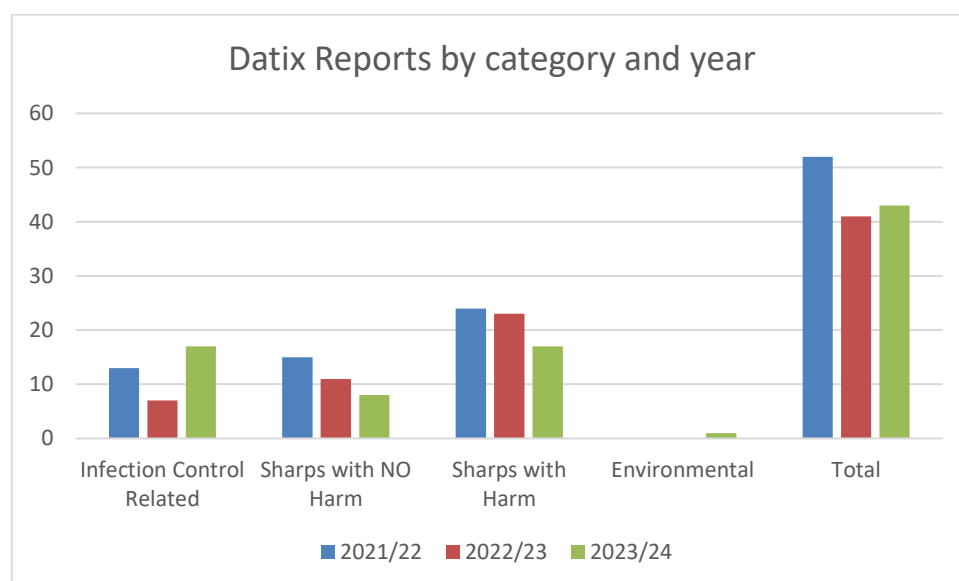


Fig. 8: Incidents in 2023/24 per category

Incident type	Q1	Q2	Q3	Q4	Total
Total Sharps Injuries (breakdown below)	7	5	5	8	25
Sharps with no harm	2	1	1	4	8
Sharps with harm	5	4	4	4	17
Infection control related incident*	3	2	7	5	17
Environmental	0	0	0	1	1
Total IPC related Datix reports	10	7	12	14	43

Fig.9: Distribution of incidents reported in 2023/24 by quarter (table).

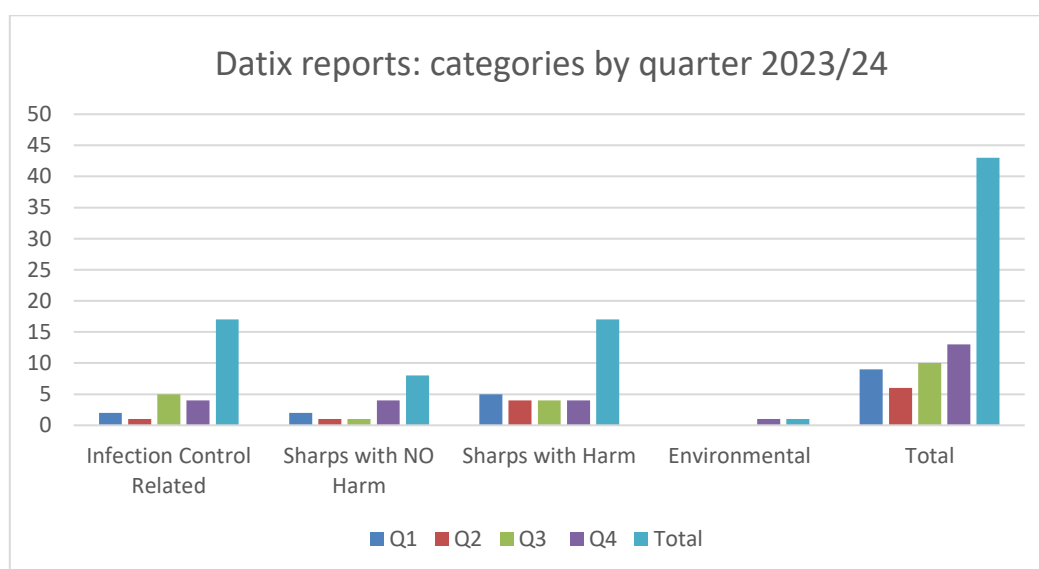


Fig 10. Datix reports categories per quarter 2023/24 (graph)

A total of 17 infection control related incidents were reported. This is a general category and incidents arise from a broad range of clinical issues. The category also includes blood stream infections arising from specific organisms which are deemed to be community onset. 7 such incidents were reported during 2023/24. Analysis of these incidents is outside the scope of this report.

Other incident themes within the category included incorrect use of personal protective equipment, clinical waste, delay or failure to monitor/failure to follow up and catheter related UTI.

2.5 Headstart

The IPC team continues to provide a specialist service for the management of head lice infestations within the community. The service offers advice, support, and treatment in cases of persistent head lice infestation, to families with social services involvement and when the carer of a child is unable to complete treatment due to a disability or condition. 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 20 referrals received during 2023-24 which resulted in 17 treatments. This referral rate is more in line with 2021-22 at 15 referrals, with the 22-23 year seeing a 300% increase at 53 referrals.

2.6 Hand Hygiene Audits

LCH teams complete a quarterly hand hygiene audit for a quarter of their team using the standards for hand hygiene linked to the 5 moments and PPE. In 2023 -2024 overall we saw 95.5% assurance and 81.3% compliance in total across the organisation.

The IPCT have worked on the tool to ensure it is compliant to the health and social care act, but also to understand levels of assurance and how these reflect day to day practice. Challenges ensuring correct practice, procedure and techniques can be influenced by the community environment, however, this is not specific to our Trust and work is underway to provide the best assurance. The IPCT is looking future direction to ensure that assurance is accurate and this may be digital approach using the best technology.

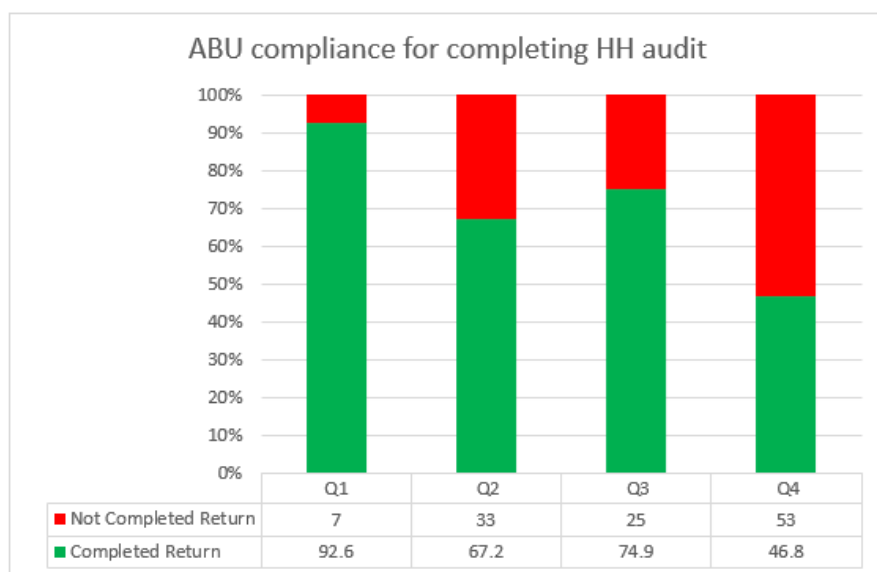


Fig. 11: Adult Business Unit Hand Hygiene Audit Compliance

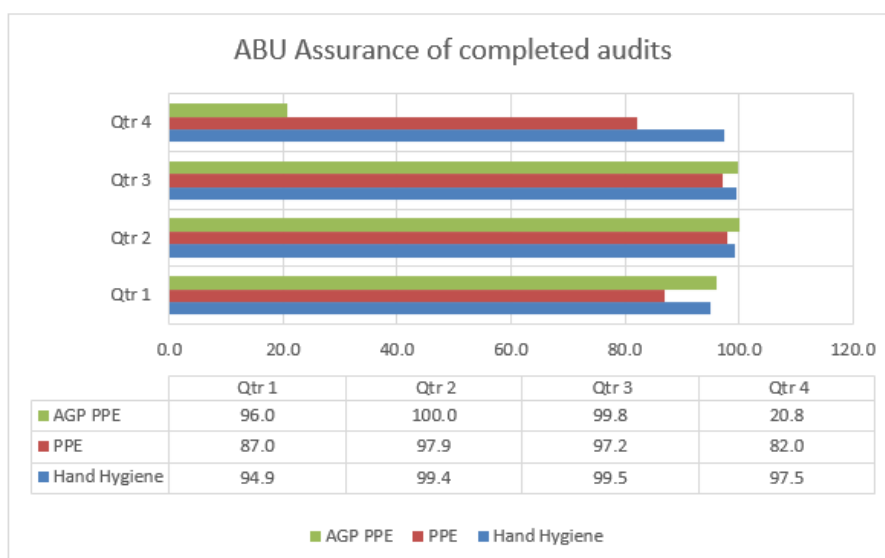


Fig. 12: ABU completed audits per quarter.

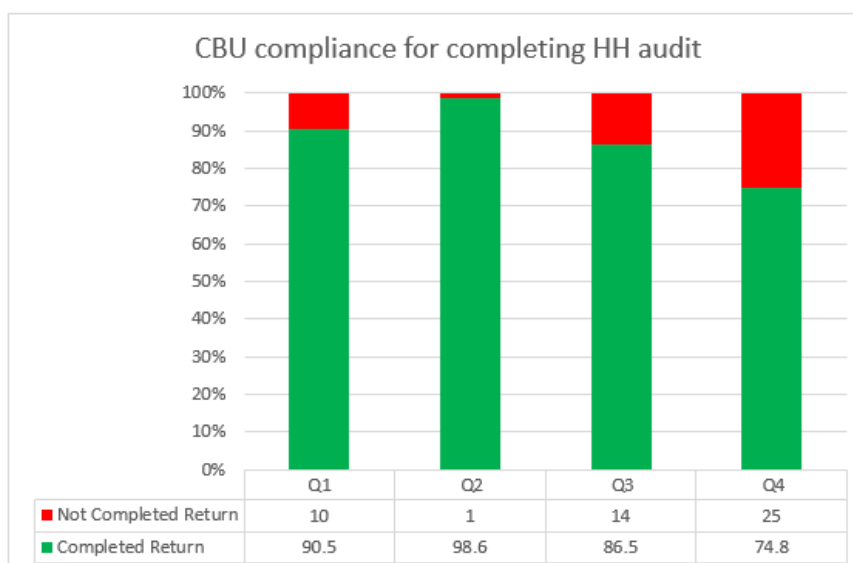


Fig. 13: Children's Business Unit Hand Hygiene Audit Compliance

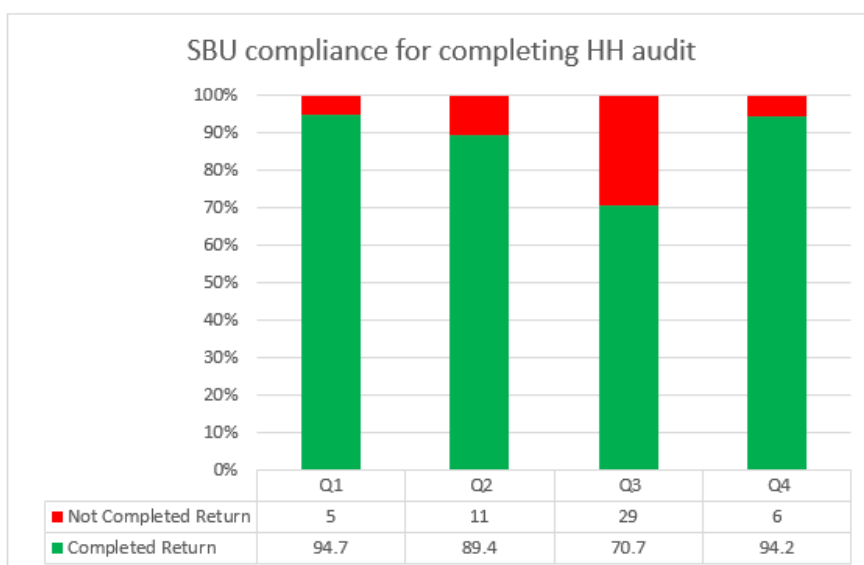


Fig. 14: Specialist Business Unit Hand Hygiene Audit Compliance

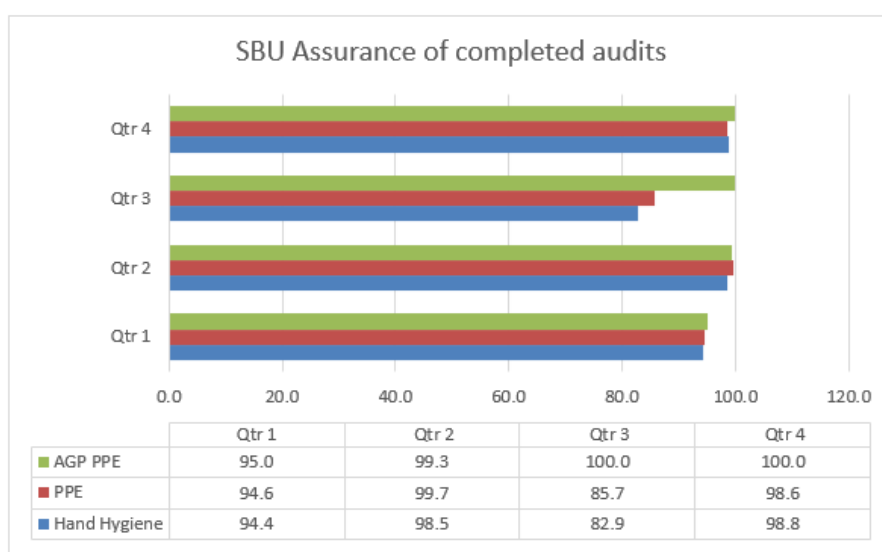


Fig. 15 SBU completed audits per quarter.

2.7 Mattress audits

Mattress audits are completed quarterly in the units, during 2023 – 2024 these have been completed and actions addressed should the mattress have failed this audit.

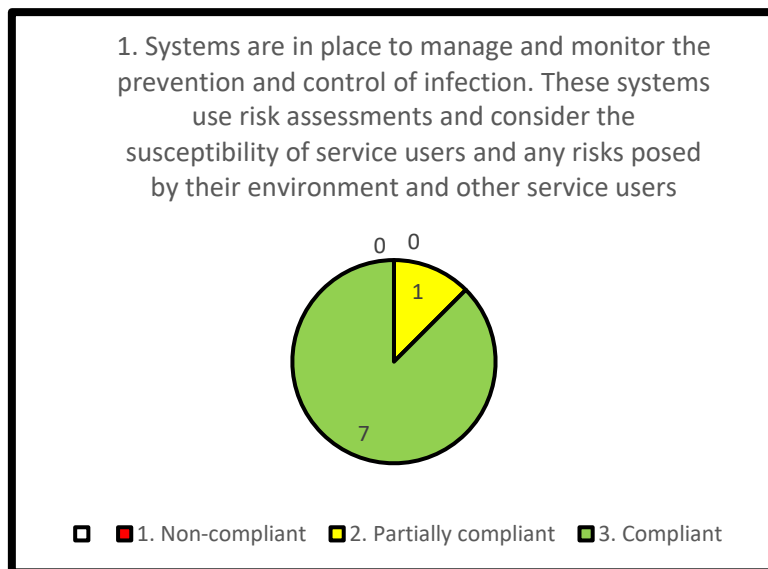


Fig. 16: BAF compliance to Criterion 1

Partial Compliance elements:

They implement, monitor, and report adherence to the NIPCM: The current policy manual for IPC is being updated to reflect the National IPC Manual.

3.0 Criterion 2:

Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.

3.1 Implementation of the National Cleaning Standards

In November 2021, Leeds Community Healthcare NHS Trust (LCH) were required to implement 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.

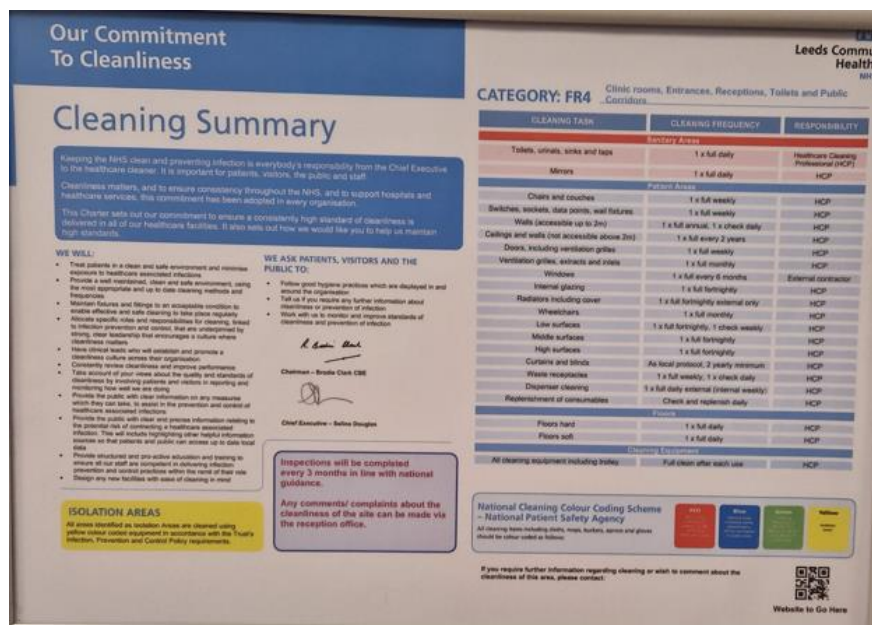


Fig. 17 and 18 example of scores on the doors

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 information for the efficacy audits and annual review.

3.2 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.

3.2.1 Audit activity 2022-2023 – LCH premises

Environmental 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 2023-2024 was to audit all 61 LCH premises which comprise of 27 Health Centres and 33 other sites making 60 in total as listed below:

- 27 Health Centres
- David Beevers Day Unit - Dental Suite
- 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)
- 16 Police custody suites in South, East and West Yorkshire
- Community Neurological Rehab Unit - St Mary's Hospital
- 4 Special inclusion learning centre (SILC) schools.
- 3 Recovery hubs
- 1 MSK unit: Wharfedale Hospital



Most Common Issues			
Pos.	Issue	Count	Percentage
1	Temporary closure mechanism not activated. Activate all temporary closure mechanisms. See 'safely managing sharps' poster.	24	2.73%
2	Waste management poster not on display- Display waste management poster	23	2.62%
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	19	2.16%
4	Hand hygiene sink non- compliant with HTM 64 - Consider changing to HTM 64 compliant sink on next programme of planned works	17	1.94%
5	Fabric chair in clinical area. Change to wipeable impervious chair	16	1.82%
6	No Poster to show first aid procedures- display poster for management of BFE	14	1.59%
7	Sharps container is out of date. Sharps bins are to be disposed of after 3 months. See 'safely managing sharps' poster.	8	0.91%
8	The lighting is clean. The lighting is dirty and requires cleaning and placing on a regular cleaning schedule	7	0.80%
9	Lime scale build up on taps- Arrange a chemical clean	6	0.68%
10	Dust on higher surfaces	4	0.46%

Fig. 19: Overall compliance to the different standards. Fig.20: most common issues identified

3.3 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.

During October and November 2023, a group of patient representatives and members of the Youth Board visited and completed PLACE inspections at Hannah House and the two Leeds Community Healthcare (LCH) rehabilitation units, Billberry and Heather based at Wharfedale Hospital.

For the 2024 PLACE Programme, the LCH Facilities and Estates Team will be taking over coordination of the inspection process. Figures 18 and 19 outline the combined results of the 2023 PLACE Programme.

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

Results

- All standards relating to food provision at Hannah House were significantly above the national average, with the quality and taste of food receiving 100%. The results for the quality and variety of food provided on the Heather Unit was significantly below the national average and work is being done to review and improve meal provision within the area.
- The results for privacy and dignity in all areas were above national average, as was environmental condition, appearance, and maintenance. This is testament to the significant infrastructure investment seen at Hannah House
- Although the dementia standard result was marginally above the national average, some issues relating to ward signage, especially on Heather Unit on the overall result score for the area.

HANNAH HOUSE RESPITE CENTRE- Collection: 2023

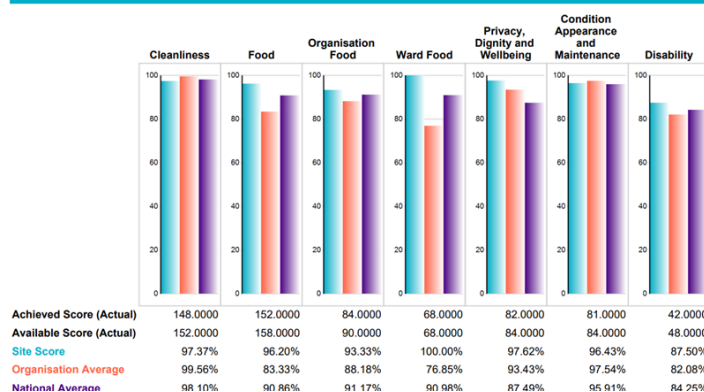


Fig.21: Hannah House PLACE Results

WHARFEDALE HOSPITAL- Collection: 2023

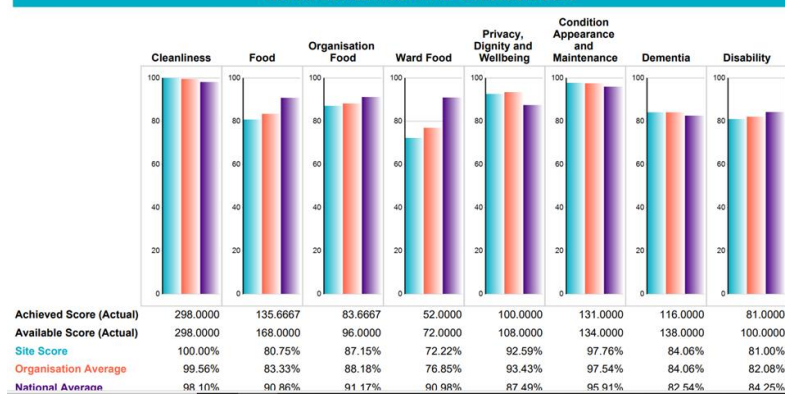


Fig. 22: Wharfedale PLACE Results

Waste, water and ventilation management

There is a waste manager in post for LCH who takes the lead with support from IPC on ensuring that as an organisation we are consistent with HTM:07:01, which contains the regulatory waste management guidance for all health and care settings (NHS and non-NHS) in England and Wales including waste classification, segregation, storage, packaging, transport, treatment, and disposal. A waste and ventilation report comes to the IPCG and escalations can be raised through QAIG and the HSG.

A six monthly Water Safety Group meets which is chaired by the Senior Estates Manager. The aim of the group is to provide the framework to ensure that the Trust complies with current legislation and best practice guidelines for control of water quality and water systems across the Trust. A water engineer/specialist is contracted by LCH to provide subject matter expertise.

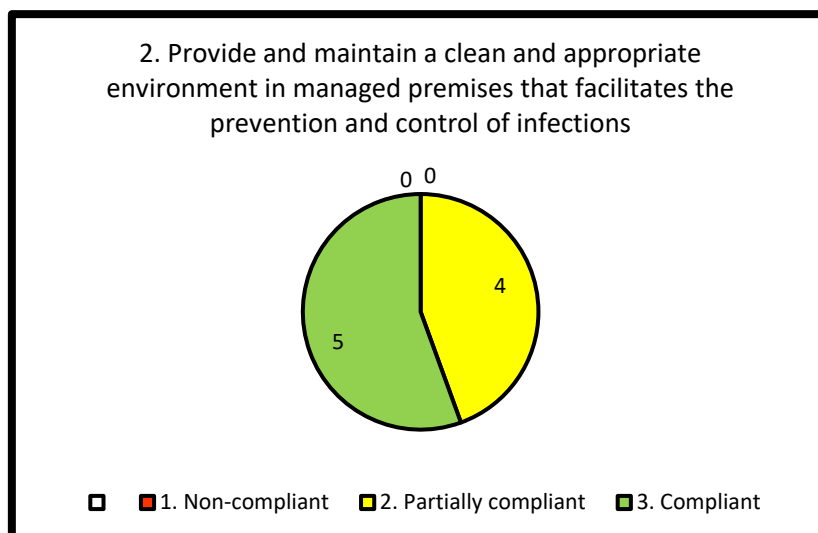


Fig. 23: BAF compliance to Criterion 2.

Partial Compliance elements:

There is evidence of compliance with National cleanliness standards including monitoring and mitigations – there continues to be limited assurance from third party organisations for cleaning efficiency where Leeds Community Healthcare provide services for example: SILC Schools, Adel Beck, St Georges Centre, Wetherby Young Offenders and Custody Suites.

There is monitoring and reporting of water and ventilation safety, this must include a water and ventilation safety group and plan - there continues to be limited assurance from third party organisations for waste and ventilation where Leeds Community Healthcare provide services for example: SILC Schools, Adel Beck, St Georges Centre, Wetherby Young Offenders and Custody Suites.

There is evidence of a programme of planned preventative maintenance for buildings and care environments and IPC involvement in the development new builds or refurbishments to ensure the estate is fit for purpose in compliance with the recommendations set out in HBN:00-09 – a more defined process on how we capture planned maintenance work through IPC environment audit that highlights non-compliance, as well as an action plan that is risk assessed on the changes that are required and timescales.

The classification, segregation, storage etc of healthcare waste is consistent with HTM:07:01 which contains the regulatory waste management guidance for all health and care settings (NHS and non-NHS) in England and Wales including waste classification, segregation, storage, packaging, transport, treatment, and disposal – following an external audit a number of elements have been identified for improvement, for example an updated Waste Management Policy, the appointment of a waste manager for LCH and a new waste provider through a tendered process.

4.0 Criterion 3:

Ensure appropriate antimicrobial stewardship to optimize service user outcomes and to reduce the risk of adverse events and antimicrobial resistance.

Antimicrobial Resistance

Antimicrobial resistance is a global public health threat, and the UK has responded to this global campaign with a series of National Action Plans and national surveillance

of antimicrobial resistance patterns with key aims around reduction of inappropriate antibiotic use, specifically broad-spectrum antibiotics. Leeds Sexual Health generally accounts for the majority of oral antibiotics prescribed within LCH (average 86%) per quarter.

A number of NICE guidelines have been updated during 2023/2024 including:

- NG 237 Suspected acute respiratory infection in over 16s – threshold for treatment or referral amended. Relevant to HMYOI Wetherby.
- CG 191 Pneumonia in adults: diagnosis & management – recommendations on severity assessment outside of hospital updated. Relevant to Home Ward (Frailty) & Wharfedale Recovery Hub.
- NG 191 COVID-19: management – two recommendations on managing acute cough replaced. Relevant to Wharfedale Recovery Hub.
- NG 198 Acne vulgaris: management – recommendation on oral isotretinoin updated. Relevant to HMYOI Wetherby.

LCH IPC work closely with the WY ICB and have attendance at the many different work streams including; AMR and Sustainability, AMR Sepsis and Bacteraemia's etc. LCH IPC are actively involved with the collaborative approaches with LCC AMR group that is a place based meeting to identify AMR actions from all providers, discuss surveillance and share ongoing reactive work.

An AMR Flash report is jointly written between medicines management and the Head of IPC for the IPCG and QAIG meeting that provides a highlight of the antibiotics prescribed and the reactive IPC elements that are implemented. Appendix 1 shows some of the material that has been designed and shared with staff around safe usage of antibiotics as part of the I-Spy AMR branded approach.

AMR features as part of the National IPC Week in October 2023, where the IPC team provide key messaging.

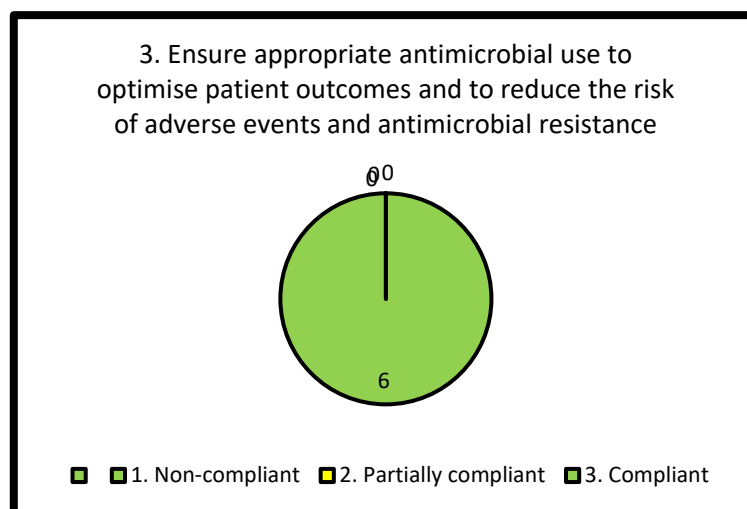


Fig. 24: BAF compliance to Criterion 3.

5.0 Criterion 4:

Provide suitable accurate information on infections to patients/service users, visitors/carers and any person concerned with providing further support, care or treatment nursing/medical in a timely fashion

5.1 Conferences and awareness campaigns

Hand Hygiene Campaign May 2023

An overwhelming successful hand hygiene campaign on 5th May 2023 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.

IPC Week October 2023

The IPC Team celebrated a different aspect of infection prevention during October 2023, different topics of engagement with staff and the general public included hand hygiene, sepsis, influenza and antimicrobial resistance.

I-Spy Campaign

A range of patient and staff material has been published with the branded approach of I-Spy. Topics include Norovirus, Antibiotic Awareness, MRSA, Influenza and Sepsis. See appendix 3 for example of campaign material designed.

National Cleaning Standards

The trust implemented the National Cleaning Standards and all the star ratings on cleanliness and are displayed at the entrance of each premises.

The IPC Team have developed a number of resources for the I-Spy campaign, which is a nationally recognised project. Resources have been shared outside of the trust, to share important messaging on a number of IPC related topics e.g. norovirus, sepsis

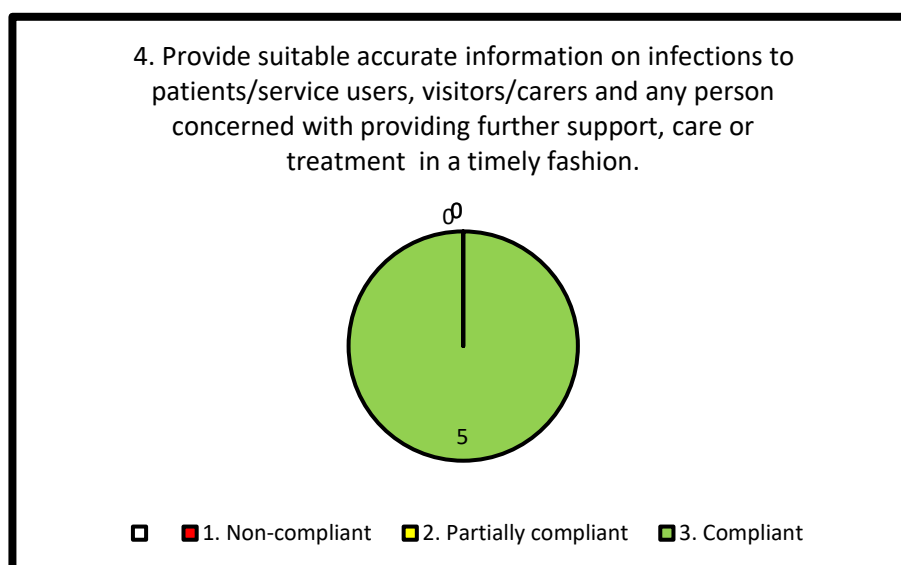


Fig 25: BAF compliance to criterion 4

6.0 Criterion 5:

Ensure early identification of individuals who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to others.

Outbreak management and surveillance software

LCH IPC Team are alerted either from the laboratory on an electronic system (PPM+) or by the UK Health Security agency (UKHSA) agency for specific infections. The list is reviewed daily by a reactive IPC nurse, which allows appropriate management of infections and potentially infectious patients in real time to reduce the risk to others.

LTHT IPC team have moved to an electronic platform called IC-Net which provides an enhanced surveillance system and the Head of IPC is working with LTHT to consider options around whether this can be utilized by community.

IPC have supported with numerous outbreaks during 2023-24 internally and externally to LCH as part of the cooperation agreement. A log of outbreaks is captured by both gastrointestinal outbreaks and respiratory related outbreaks as well specific infections such as Carbapenemase-producing Enterobacterales (CPEs).

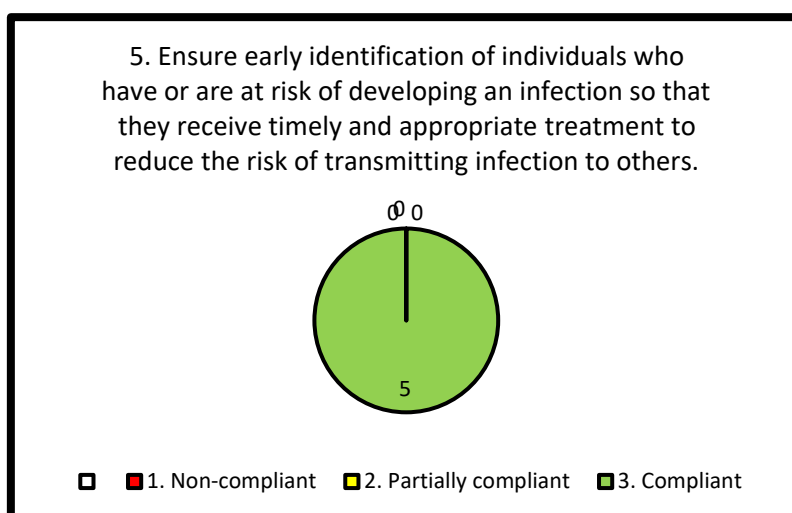


Fig. 26: BAF compliance to Criterion 5.

7.0 Criterion 6:

Systems are in place to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection

7.1 Statutory and Mandatory Training

The Health and Social Care Act (2008) identifies the importance of effective education and training for all staff members. There is an IPC e-learning package that meets the requirements and is mandatory for all staff at levels 2 and 3.

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

The IPC Team offer bitesize training in a variety of ways either face to face or virtual covering a range of topics, including measles, sepsis and Carbapenemase-producing Enterobacterales (CPEs).

The IPC currently are supporting NHS England's National IPC Team to develop a community specific e-learning package that will meet the requirements of the IPC Education Framework.

7.2 Student placements

The Infection Prevention and Control Team had 13 learners allocated to the team throughout the year, unfortunately 3 did not attend placement with 2 of the 3 not giving any prior warning they would not be attending, nursing time was spent preparing their placements regardless of the non attendance which followed. First, second- and third-year nursing students, were supported on placement with the majority spending 2 weeks with the team. The following comments have been made by students through the PARE (Practice Assessment Record and Evaluation) evaluation, completed within 2 weeks of conclusion of the placement experience.

There were times when workload levels were high, and I saw how different members of the team supported one and other to achieve deadlines.

I saw a lot of good teamwork within the team, no one is afraid to ask for help about something which shows a good team.

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.

My mentor went above and beyond to supply learning opportunities for me Although a short placement, if there was areas I required more information and guidance about I was provided with it. All the nurses on this placement were extremely knowledgeable within their area of expertise and were incredibly helpful.

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

IPC Team Development - Education and team building

- Team members attended the Queens Nursing Institute Aspiring Leader Programme.
- Team member completed a Public Health Certificate at Leeds Beckett University.
- A team member returned from a secondment at NHS England Northwest Regional IPC Team.
- Team have had engagement with the Infection Prevention Society (IPS) for continuous professional development and the 'Institution Membership' was purchased, to support education, learning and networking.
- Positions of responsibility: A Senior IPC Nurse is the secretary for the Infection Prevention Society. The Head of IPC is the Coordinator for the Yorkshire Branch Infection Prevention Society. The Head of IPC is a member of the CNO's IPC Shared Decision Making Council representing community care.

Fit Testing

Following the update of the National Infection Prevention & Control Manual (NIPCM) to include Transmission Based Precautions, it recommends filtering face piece (FFP) respirators must be worn when caring for patients with known or suspected airborne infections or when performing aerosol generating procedures.

During the period April 2023-April 2024, we have completed 93 Fit Tests for LCH staff. Fit Testing was provided externally to a GP practice in Leeds in this period and 4 Fit Tests were successfully completed. A further session for the same GP practice is planned out of this time period.

There are currently 96 staff members in LCH with an up-to-date Fit Test (completed within 2 years). Please see graph below which breaks down staff Fit Tested in Business Units:

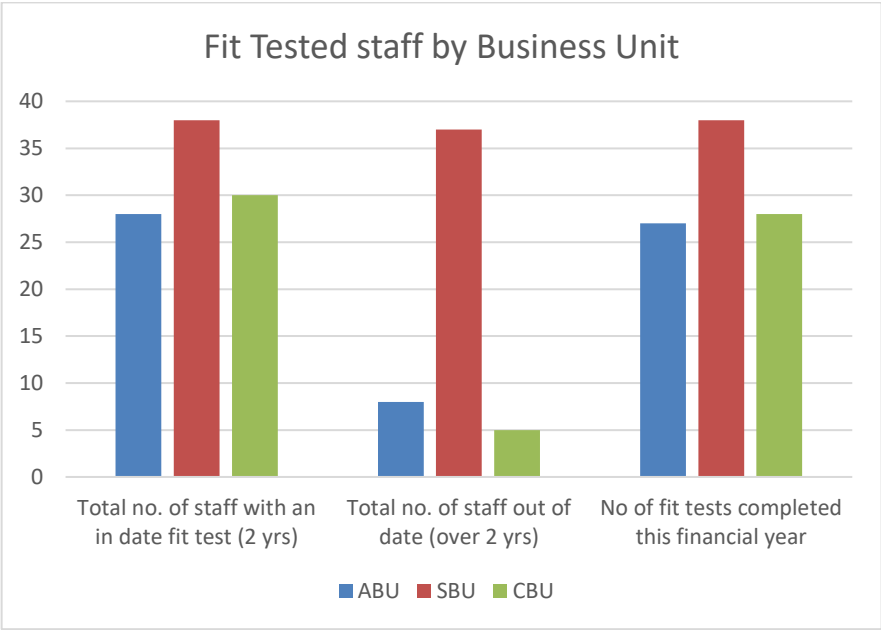


Fig. 27: Staff fit tested per business unit (2023-24)

As outlined in the BAF, LCH have limited assurance on the accuracy of staff fit tested and how this is recorded. A review of the LCH process for Fit Testing going forward is required and how this is recorded to enable clinical team managers to access their level of compliance and to keep a more accurate up to date record, and overall improve assurance in the BAF.

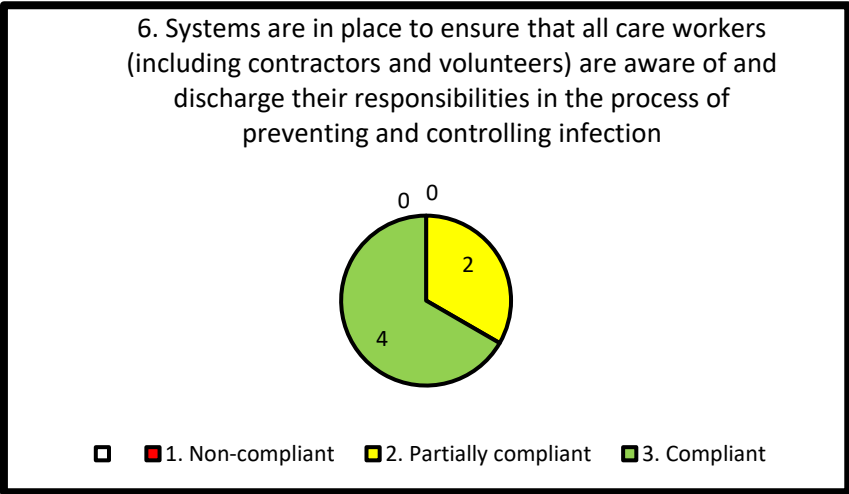


Fig.28: BAF compliance to Criterion 6

Partial Compliance elements:

That all identified staff are fit-tested A record is kept currently however this is not aligned to staff profile as per Health and Safety Executive requirements and that a record is kept: there is a report kept however this is not aligned to staff profile for example on ESR and therefore does provide limited assurance to the board.

If clinical staff undertake procedures that require additional clinical skills, for example, medical device insertion, there is evidence staff are trained to an agreed standard and the staff member has completed a competency assessment which is recorded in their records before being allowed to undertake the procedures independently: there are a number of clinical interventions such as aseptic technique and catheterisation where clinical staff do not currently undertake any form of regular assessment.

8.0 Criterion 7:

Provide or secure adequate isolation precautions and facilities.

Isolation facilities

LCH inpatient areas such as Wharfedale and Hannah House continues to provide isolation facilities (side rooms) should these be required for patients with specific infections that require isolation as per relevant policy. Patient that are known or suspected to be infectious as per criterion 5 are individually clinically risk assessed. The result of this clinical risk assessment should determine patient placement and the required IPC precautions. Clinical care should not be delayed based on infectious status.

Patients can be cohorted together in bays, if there are two or more patients with the same condition for example, a gastrointestinal outbreak or a respiratory infection. All decisions are to be clearly documented in the patients electronic records.

During 2023-24 the IPC Team have supported with numerous outbreaks both internally for LCH and supporting the wider healthcare economy. This included measles, scabies, Mpox, Hepatitis A and Carbapenemase-producing Enterobacterales (CPEs).

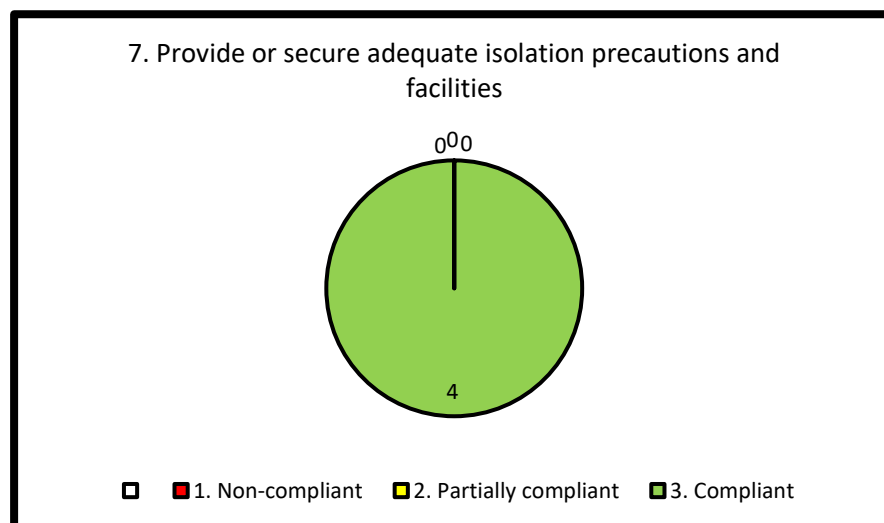


Fig. 29: BAF compliance to Criterion 7.

9.0 Criterion 8:

Provide secure and adequate access to laboratory/diagnostic support as appropriate

LCH has a dedicated contracted microbiology service with Leeds Teaching Hospitals NHS Trust, which provides a 24/7 service with UKAS (United Kingdom Accreditation Service) accreditation. A microbiology consultant is available 7 days a week with specific core contracted hours via Leeds Integrated Care Board (ICB) to provide specific support and advice. The service provides support with IPC Patient Safety Investigations as well as policy and guideline updates. All results for specific organisms such as MRSA, CDI, E.coli, influenza etc are reported via PPM+ which is then accessed by the IPC Team and reiterated to clinicians on measures required on system 1 electronic patient record.

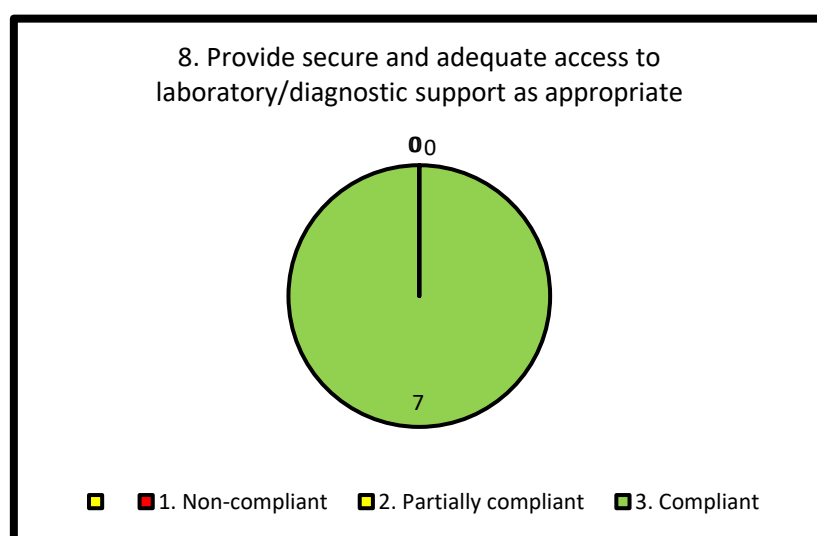


Fig. 30: BAF compliance to Criterion 8.

10.0 Criterion 9:

Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections

10.1 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. All policies updated this year have incorporated the National IPC Manual.

- Aseptic Non touch Technique (ANTT) Policy

- Clostridium Difficile
- Diagnostic & screening Procedures including safe sampling, handling and transportation of specimen's policy
- Food Safety
- Guidelines for the management of Headlice
- Guidelines for the management of Animals in the community in-patient health care premises
- Guidelines for the management of Scabies
- Guidelines for the management of Toys in the community
- Healthcare waste
- Infection Prevention and Control overarching policy
- Isolation policy and procedures for LCH trust in patient areas
- Linen and Laundry Management Policy
- Local Decontamination of reusable medical equipment
- Management of communicable disease outbreak within the community setting
- Management of Patients with Methicillin Resistant staphylococcus Aureus (MRSA) in the community and social care settings
- Prevention and control measures for specific infections in the community
- Prevention and management of multi-resistant bacteria (Including Carbapenemase producing Enterobacteriaceae (CPE) Glycopeptide Resistant & extended spectrum Beta-lactamase
- Respiratory Virus Policy
- Standard Precautions Policy (includes hand hygiene, PPE & management of spills within the community)
- Transmissible Spongiform encephalopathy: Prevention of cross infection incidents policy

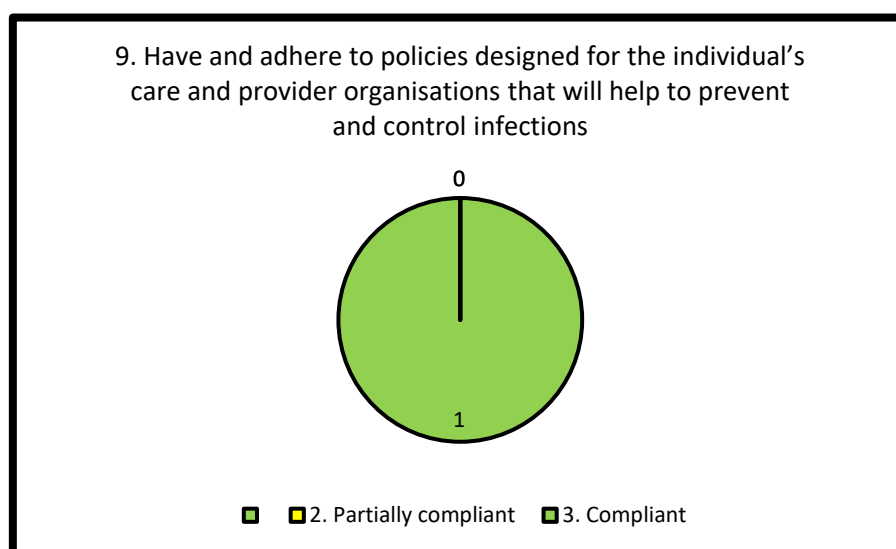


Fig. 31: BAF compliance to Criterion 9.

11.0 Criterion 10:

Have a system in place to manage the occupational health needs and obligations of staff in relation to infection

11.1 Staff health

LCH commissions SWYFT to provide the Occupational Health Service. Staff who have had an occupational exposure are referred promptly to the relevant service for example: GP, occupational health, or accident and emergency. Staff understand immediate actions for example; first aid, following an occupational exposure including reporting the process. A system included in the hand hygiene audits monitors the management around skin health (COSHH Regulations). This includes regular skin checks to identify any occupational dermatitis.

Seasonal Staff Winter Vaccination Campaign – Covid-19 and Influenza 2023/2024

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.

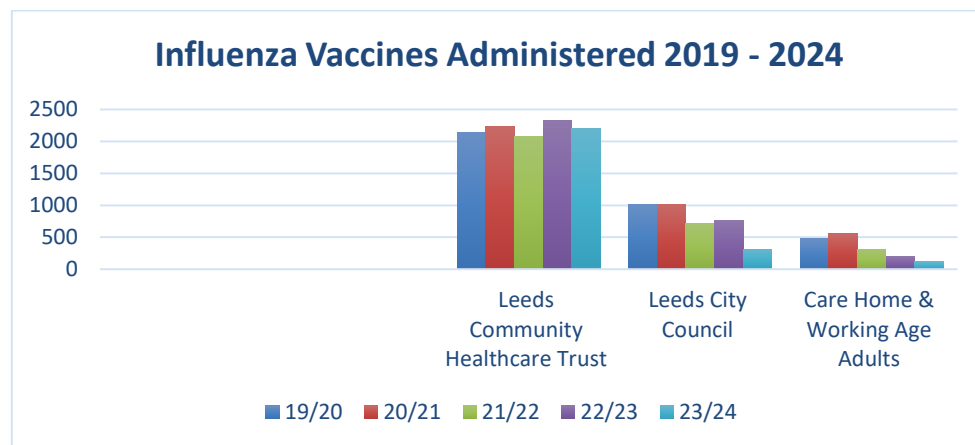


Fig. 32: Influenza Vaccines administered 2019-24.

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 2024 and the total number of frontline staff vaccinated for influenza was 58%. As a consequence, the CQUIN target of 95% was not achieved. The percentage of staff vaccinated for Covid-19 was 48%.

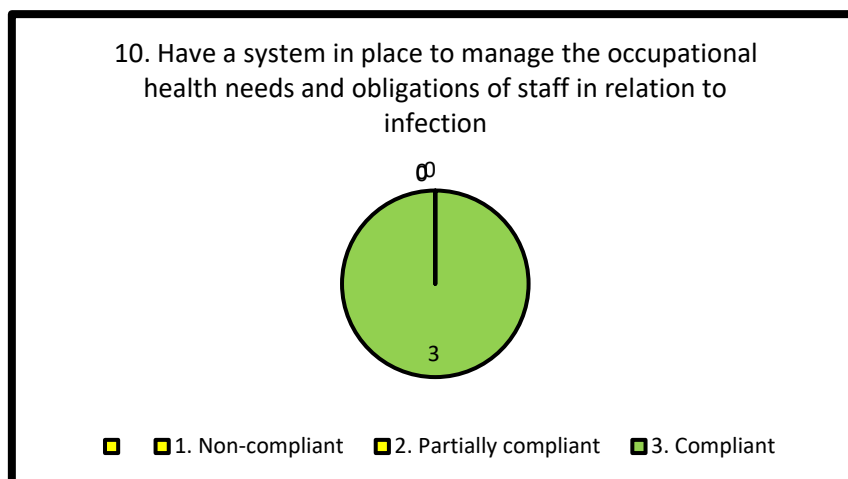


Fig. 33: BAF compliance to Criterion 10.

12.0 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 2024 a staff members secondment came to an end and now they works as a Sepsis and Deterioration Nurse within LCH supporting the key deliverables of the Improvement Group for the Deteriorating patient.
- The IPC Team were shortlisted for the Nursing Times Award for the I-Spy Sepsis programme of work.

13.0 Challenges and forward plan 2024/2025

Forward Plan 2024 - 2025

- Aline fit testing to ESR and promote shared organisational responsibility.
- 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 2023-24.
- Building on pandemic preparedness for future potential outbreaks of novel viruses and update emergency planning resilience.
- 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 including MSSA's and GNBSI's.
- 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 and share within ICB.

Challenges for 2024-25 will include:

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

14.0 Conclusion

It is noted that overall LCH is compliant in the majority of areas of the Health and Social Care Act (2008,22) 10 criterion. Where there are areas of partial compliance there is an action plan in place for 2024/25 and any significant risks have been added to the risk register.

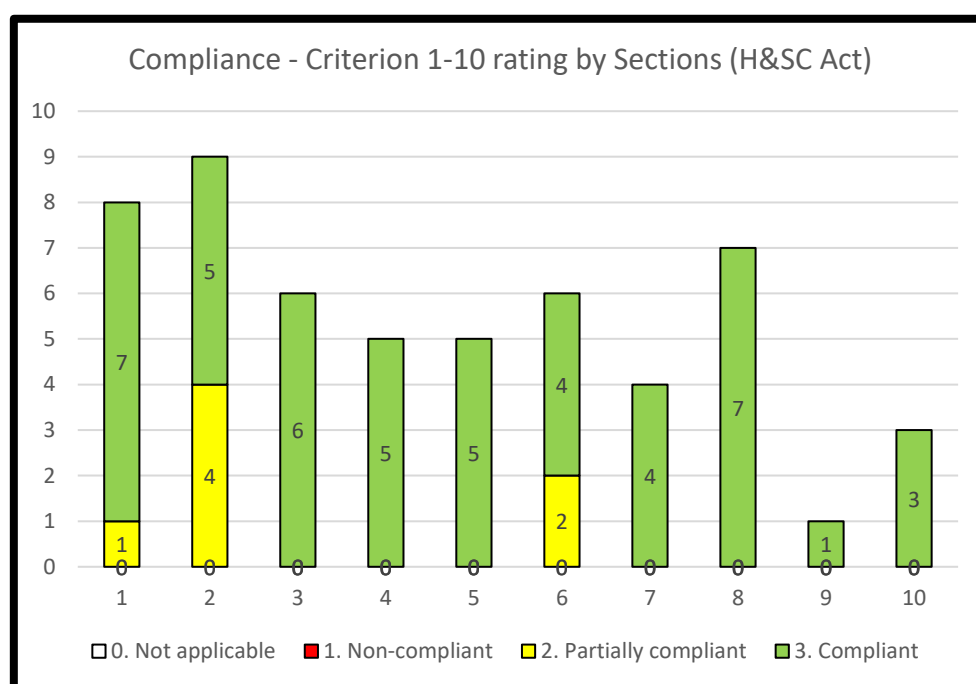


Fig.34 Overall compliance with the Health and Social care Act (2008)

It is evident that 2023-2024 has proven to be a very successful year for the Infection Prevention and Control team within LCH. We have delivered successfully on the fourth 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.

Recommendation

Quality Committee and the trust Board is asked to note the contents of this report including areas of noncompliance for information.

References

- [Health and Social Care Act 2008: code of practice on the prevention and control of infections - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections)
- [NHS England » National infection prevention and control](https://www.nhs.uk/nihpa/)
- [Health Protection Board Report 2023](#)

Appendix 1.0

1. LCH business unit overview

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 2024 with the overall score decreasing from 93.6% to 89.9%, areas of concern involved fabric of the environment, high surface dust, unclean lighting and damaged plaster, paintwork and flooring. Since this audit was completed, the flooring has been repaired in part of the building due to concerns raised by the fire service in relation to the ability to drag a slide mat for evacuation along the floor, however areas of floor which are patched with tape are still in situ.
- The PLACE (Patient-Led Assessments of the Care Environment) Inspection saw improvements in some of the domains, these are detailed in a separate report, this year the inspection involved young people for the first time from the youth board, who made an exceptional contribution to the process.
- Concerns continue at Hannah House 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 has been escalated through Domestic Management, Hannah House Management and into the IPCG. Hannah House have maintained a 5-star rating for the majority of the year, dropping no lower than 4 stars at any point. A calendar of dates has been produced for the audits to be completed monthly with IPC, Hannah House and Domestic services working in collaboration.
- The annual Infection Prevention Audits were completed at all 4 Specialist Inclusive Learning sites, namely Farnley Academy, Pennyfields, Broomfields and John Jamieson. 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. Unfortunately audit outcomes decreased in 2 of the sites, this was mainly seen in terms of fabric of the building. Some improvements have been seen in 2 of the sites. Pennyfields Academy saw an increase in score following a significant decrease the previous year.
- SILC (Specialist Inclusive Learning Centre) schools auditing revealed trends across the city in terms of areas for improvement across the sites. An executive summary is being worked on to pull these issues together for presentation to the council, with invitation to key stakeholders to also raise their concerns.
- Regular IPC presence in the CBU Quality Meetings to offer a general overview from an IPC point of view, work is ongoing to produce a standardised set of feedback to CMT including audit feedback, vaccination uptake (during winter vaccine campaign) Datix, and planned building work to enable discussion of IPC implications to be shared. The positive working relationship with CBU lead through regular meetings has fed into a number of positive pieces of work, e.g. bespoke winter vaccination session for Community Paediatrician colleagues. The new Clinical Lead due to start in post will continue this.
- The IPC team encouraged staff in the Children business unit to uptake the winter vaccine offer of flu and covid vaccination. Sessions were provided to teams on a

bespoke basis face to face and virtually in team meetings, providing information about how to use vaccine track to book onto sessions, location of clinics, myth busting and answering questions.

Projects

- Children's Community Nursing Team trialled the use of prefilled saline syringes, feedback on use has been positive and IPC nurse is leading a task and finish group to implement use across the organisation. Key Stakeholders including Clinical Staff, Medicines Management, NHS Supply Chain, and Procurement have been involved so far, project is ongoing.
- Collaboration with LCC colleagues on hand hygiene resources targeted at a child audience. Input also provided on Healthy Schools packages, with the implementation of an introduction to vaccination for Key Stage 1 children.
- Hand Hygiene sessions were delivered in 2 Specialist Inclusion Schools, these were enjoyed by both the staff and children and provided an interactive learning opportunity for the children, run in collaboration with SLIC school nurses.
- Measles responsiveness was discussed in preparedness for an outbreak across different sectors of the economy in Leeds. Involvement in management of an exposure at LTHT and in an LCH setting has been managed.
- Pertussis has increased across the country at the latter part of the financial year 23-24 and communication to staff through all staff emails has been devised. The IPC Team continue to support with reports of suspected and confirmed cases in staff and students, and our partners in Occupational Health Services are offering vaccination to relevant staff groups as per Green Book.

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 across Yorkshire, ensuring 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 an increase in IPC standards this year as demonstrated via the annual audit scores which improved from 73% to 86%. Issues, previously, were exacerbated by difficult environmental issues and staffing constraints including no cleaning contracts. Cleaning contracts are now in place, which has released the healthcare staff from these duties. The environment will remain an ongoing challenge, however WYOI staff continue to actively engage with IPC colleagues to address any issues identified and escalate any concerns to the senior prison

management team. The concerns previously identified, remain on the LCH risk register.

- 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.
- Annual IPC environmental audits have been completed for Leeds Sexual Health at the Merrion centre.
- 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. Yeadon dental had 1 chair out of range result on testing. This was quickly resolved by the dental team. IPC continue to monitor the results & support the Dental team.
- Annual IPC environmental audit completed for CNRU, which, continue to run an outpatient only service, their inpatient unit remains closed.
- IPC previously worked closely with Podiatry following an increase in sharps incidence reported via Datix relating to the non-removal of blades. The previous 2 years had 8 & 9 incidence respectively of blade non-removal. This year there has been a reduction with 2 blades returned. 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 remain some reporting issues with variable returns in each quarter. Q1 & Q4 saw 2 teams not reporting, whereas Q2, 2 teams didn't report & Q3, 4 teams didn't report. IPC are aware that all teams remain under significant pressure & thank those that did return the reports. The reports are demonstrating a reduction in compliance with bare below the elbow both from the returns and from incidental reporting. These issues continue to be addressed via the IPC team & from the Senior Management teams.
- The Sexual Health management team were supported when issues of non-compliance with BBE were identified within the team. Regular visits were made in support of the senior management team & will continue, to remain a focus of support.
- An annual assurance visit to the Steris decontamination unit was not undertaken this year. A joint visit between IPC, dental & podiatry teams is planned early in 2024.
- 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:

For the annual winter vaccination campaign, multiple specialist teams were offered bespoke vaccination sessions and / or presentations to try & improve staff engagement, access to the vaccinations & to myth bust. Several teams were enthusiastic participants & this appeared to be well received by the teams accepting the offer.

In collaboration with colleagues within SBU and GAMA, the IPC team previously worked 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 & planning has commenced.

Adult Business Unit (ABU)

- From the time period of April 2023-April 2024, there have been 9 outbreaks in total reported by the ABU (Neighbourhood teams/Wharfedale Recovery Hub)- 3 of gastro-related causation and 6 confirmed Covid-19 causation. This shows a vast reduction of Covid outbreaks reported from last year which was 36 in total.
- An E coli BSI was identified on Wharfedale Recovery Hub in Q1 2023; following this some learning was identified around catheter management and bespoke training was provided by CUCS.
- Following identification of a reduction in Hand Hygiene compliance in Q1 2023; a roll out of hand hygiene training was provided by the IPC team and a number of Neighbourhood Teams were supported.
- The areas which have been identified as having the lowest completion rate is the **Recovery Hubs** and **Therapy Supported Discharge Service**. Support will be provided to these teams in consistent completion of this audit to provide assurance.
- The IPC team are currently reviewing the current IPC quarterly audit to make it more digitally accessible for remote staff, which will hopefully increase compliance.

Wharfedale Recovery Hub;

The IPC Team have provided the LCH staff at Wharfedale recovery hub with a lot of support during 2023/2024. In January 2024, the ward reported a D&V outbreak which lasted for a considerable amount of time and learning was identified that staff required some support with assessing patients' bowels and identifying signs of infection. Some work was done with staff around clinical assessments and good communication.

There has also been some education provided in the form of a presentation to support staff in using a risk assessed approach when caring for patients with Multi-drug resistant organisms, which the hub has received several patients diagnosed with. Because of the nature of the environment versus the holistic needs of the patients, it can be a decision that needs to be carefully considered and supported by the IPC team with.

In 2024/2025 the IPC team are commencing an Infection transfer documentation audit to identify if there are any gaps in the communication of infection status from referring services/bed bureau. This is to provide assurance against the Health and Social Care Act (2015) that services are providing sufficient information on a patients infection status in order to minimise the risk of infection to the patient and other patients in the care environment.

Appendix 2.0 External work cooperation agreement

Successes

- Remodel of the IPC staffing taking into consideration priorities and team skill mix
- Health Protection (HP) / IPC framework developed to identify future priorities according to the cooperation agreement
- Provided strategic direction through the leadership of the HP Board
- PH leadership in outbreak management and leading prevention programmes
- Local surveillance systems to identify and address incidents and outbreaks. Working closely with UKHSA, co-ordination of IDRR meetings and development of the HP Star dashboard.
- Parasites – Scabies, Bedbugs and Headlice public facing and workforce facing
- Environmental audits (e.g. all internal LCH settings, care homes, Ministry of Justice, WYOI, Adel Beck, contingency hotels)
- Winter respiratory preparedness work and wider outbreak planning
- Care home log and integration into HP Star dashboard
- RESTORE implementation (Evaluation and Celebration event at Gipton Fire Station for care homes who participated in RESTORE2 training programme)
- Delivery of the Winter vaccination programme LCH and LCC.
- Leeds City Council Adult Social Care provided additional funding for delivery of the winter vaccination programme to care home staff.
- 7-day response supported the management of difficult flu outbreaks within care homes, especially over weekends. IPC provided flu packs and support was given to obtain antivirals.
- Hand hygiene – glove awareness, soap opera packs that went to schools.
- Training and educations: SILC schools, care homes, RESTORE2, bespoke
- National Projects – NHS E Stat Mand Training
- Delivery of Hep A vaccinations in partnership with LCH SAIS, NHSE, Leeds ICB
- Measles preparedness – involved in contact tracing for primary care case.
- Communicable Disease Control Nurse – partnership between LCC EH and IPC
- AMR awareness week – Millenium Square, I Spy leaflet, wider comms
- Presentation to WY ICB - AMR
- LCH IPC shortlisted for a Nursing Times Award for the ISpy Sepsis programme – LG presented reasons to win at the NT HQ, award ceremony in Oct 23.
- UKHSA presentation, Infection Prevention Society conference, Sector Led Improvement conference



Care Home Environmental Auditing – Commissioned through the cooperation agreement with LCC.

Over the report period, the IPC Team have coordinated and delivered a structured audit programme for the Leeds Care Home economy. The purpose of this activity is to appraise care home environmental standards and compliance with the criterion standards outlined in the Health and Social Care Act. The activity also fosters a collaborative working relationship with care settings with an overarching aim to improve whole economy compliance standards.

A total of 153 registered care homes/ working age adult (WAA) units have been identified within the Leeds area and these have been subject to a rolling two yearly “face to face” audit activity. The audit process provides an effective means of appraising and assuring IPC standards within the local economy and through quality improvement strategies, collaboratively working with individual homes, to improve environments and infection control practices in line with legal and best practice requirements.

Within the report period a total of 80 care home audits have been completed with 5 care homes requiring follow up reviews to provide supportive input and collaborative quality improvement activity.

The care homes are audited against 10 compliance standards:

- Environment
- Hand hygiene
- Personal protective equipment
- Prevention of blood and body fluid exposure incidents
- Management of waste
- Organisational controls, (policies, risk assessments etc)
- Urinary catheter Management
- Mouthcare
- COVID 19 Management

The IPC Team are committed to continuing the collaborative working philosophy and to further assure and enhance infection prevention standards within the area. Key priorities will include:

- To continue the IPC audit programme with a total of 73 settings requiring auditing. In addition to ensure follow up audits are completed in areas where medium and high risk compliance was noted
- Facilitate enhanced engagement with the Domiciliary Care sector both for educational and potential assurance purposes
- Continue IPC advice, support and guidance to all social care providers, including working age adult services
- Continue to attend relevant meetings, including Care Home System Meeting and Outbreak control meetings
- Provide expert subject matter advice throughout the city
- Monitor, collate and report data in relation to outbreaks of respiratory illness and other agents such as scabies. Separate arrangements are in place to manage outbreak of enteric illness.
- To develop a social care Champions Group and the proposed organisation and delivery of quarterly sessions.
- Disseminate new guidance and evidence as required and utilisation of the Care Home System Working Group bulletin

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 2023/24 a total of 139 face to face training sessions were facilitated by the team. In addition to this were several virtual workshops and bespoke training opportunities. Bespoke IPC training was also delivered to the LCC care teams at Merrion House. These included mandatory update and induction training.

The primary content of the sessions included:

- An update on COVID 19 and the gravitation towards this being managed as an endemic agent
- 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.
- Sessions were also delivered to address specific issues highlighted in audit activity. These have ranged from PPE usage, cleaning etc.

The sessions were delivered in a variety of formats, including Power Point, Virtual and workshop style. Feedback from sessions was comprehensively positive, with free text comments including.

“ Staff enjoyed the refresher from ----, staff love when he comes here and does training as he is very knowledgeable and nothing is ever too much for him”

“----- delivered training excellently and it was very enjoyable”

“----- is always very well received as his demeanour puts staff at ease and encourages participation. He is ready to give practical solutions to issues staff encounter. Staff trust what he says”



Chris Whitty (Chief Medical Officer for England) visited Leeds on Wednesday 17th January to meet with the Director of Public Health Victoria Eaton and colleagues from Leeds City Council (LCC) in preparation for the Chief Medical Officer Annual Health Report 2024, which will be on the topic of Health in Cities.

Appendix 3.0

Leeds Health & Care Partnership **NHS**

I spy... Antimicrobial Resistance

HANDLE ANTIMICROBIALS WITH CARE

Antimicrobial resistance is a threat to humans, animals, plants, and the environment. Antimicrobial resistance is when a bacteria, fungus, virus or parasite changes overtime and the medication usually used to treat it no longer works.

This is a problem because it means that infections are harder to treat and can sometimes be completely untreatable. This leads to increased disease spread, severe illness, and even death.

REMEMBER, you can reduce antibiotic resistance by:

- Not taking antibiotics unnecessarily.
- Not purchasing antibiotics abroad.
- Not saving or storing antibiotics for future use.
- Not sharing antibiotics with others.
- Give any unused or out of date medication back to your pharmacy. Do NOT throw them in the bin, or down the sink or toilet.
- Getting vaccinated. Vaccination could prevent up to half a million deaths, from antimicrobial resistant illness, each year.

By 2050 there will have been a total of around 10 million global deaths due to antimicrobial resistant infections.

Around 25,000 people die from antimicrobial resistant infections in Europe every year.

Around 1 in 3 people in England have at least one course of antibiotics each year.

If you are prescribed antimicrobials by your GP or other healthcare provider:

- Make sure you take the full dose as prescribed.
- Complete the course, even if you start to feel better. If you don't, your infection may not have gone away and could come back resistant.
- Contact your healthcare provider if your symptoms persist or you are having any side effects.

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Leeds Health & Care Partnership **NHS**

I spy... FLU

Flu is a virus which is highly infectious and can easily spread from person to person via the droplets caused by coughs and sneezes.

Flu can cause a variety of symptoms and some people can become so unwell that they need hospitalisation.

Symptoms of flu include:

- Sudden high temperature.
- Chills and fever.
- Aching, feeling tired or fatigued.
- Headache.
- Dry cough.
- Sore throat.
- Nausea and vomiting.
- Diarrhoea.
- Loss of appetite.

Flu viruses can live on your hands and other surfaces for up to 24 hours.

Flu is considered a seasonal infection and tends to affect people in the winter.

Taking antibiotics will not help you recover from flu. The best medicine is self-care including:

- Resting and sleeping.
- Staying hydrated.
- Keeping warm.
- Taking paracetamol or ibuprofen to reduce a temperature and help ease pain.

You can reduce the risk of spreading flu by:

- Washing hands frequently.
- Covering your mouth and nose when coughing or sneezing.
- Throw used tissues away as soon as possible.

The best way to help prevent flu is to get a flu vaccine. Contact your GP to see if you are eligible.

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Leeds Health & Care Partnership **NHS**

I spy... Norovirus

Norovirus is known by many names including Norwalk, gastroenteritis and winter vomiting bug.

It causes people to feel very sick with vomiting and diarrhoea but usually goes away on its own within 72 hours.

It is spread through close contact with someone who has norovirus or by ingesting norovirus particles from foods or surfaces which have been contaminated.

Symptoms of norovirus include:

- Nausea.
- Vomiting.
- Diarrhoea.
- Stomach cramps.
- Fever/high temperature.
- Headache.
- Body aches.

Taking antibiotics or anti-diarrhoeal medication will not help you recover from norovirus. The best medicine is self-care including:

- Resting.
- Staying hydrated.
- Eating plain foods little and often until you feel better.
- Drinking rehydration solutions.

You can reduce the risk of spreading norovirus by:

- Washing hands frequently, with soap and water, especially after toileting, and before making/ eating food.
- Using your own hand towel whilst unwell.
- Not returning to school, nursery, or work until you are 48 hours clear of any symptoms.
- Not preparing food whilst you are unwell.
- Cleaning all frequently touched surfaces regularly.
- Staying away from vulnerable people (e.g. those in care homes or hospitals) until 48 hours symptom free.

Remember: Alcohol hand sanitiser is ineffective against norovirus.

Contact your GP if you have any concerns or do not feel as though you are getting better.

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Leeds Health & Care Partnership **NHS**

I spy... CDI

Clostridioides difficile (previously clostridium difficile), is also known as C. diff or CDI. It is a bacteria which lives in the gut of around 3% of adults and does not usually cause a problem if you are healthy.

C. diff infection causes severe diarrhoea, blood in your stools, abdominal cramps, loss of appetite, fever, feeling sick.

It is easily spread from person to person through direct contact with an infected person or a surface which is contaminated.

People who are more likely to get CDI include those who are:

- Taking multiple courses of antibiotics.
- Over 65 years old.
- Living in a care home or have a long hospital stay.
- Living with long term conditions such as diabetes, kidney failure.
- Undergoing chemotherapy.
- Taking proton pump inhibitors (PPIs).
- Recovering from recent bowel surgery.

CDI must be treated with antibiotics. It will not go away on its own.

If left untreated, CDI can lead to much serious conditions including sepsis.

Some things you can do to reduce the risk of spreading CDI:

- Safeguard antibiotics – do not take antibiotics unnecessarily or that are not prescribed to you. Always finish the course you have been prescribed even if you feel better.
- Wash your hands frequently with soap and water especially after going to the toilet and before making/eating food.
- Ask visitors and healthcare professionals to wash their hands.
- Clean frequently touched surfaces often.
- Do not take medication like loperamide which will stop your diarrhoea if you have it.
- Wash soiled linen and clothing as soon as possible at a high temperature.
- Always carry your C. diff card with you to help other health professionals when planning your treatment.

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Appendix 4: IPC Board Assurance Framework and annual plan



IPC BAF LCH V2.0
March 2024.xlsx

Key line of enquiry (partial compliance)	Risk of partial compliance	Mitigation
1.4 They implement, monitor, and report adherence to the NIPCM. (National Infection Prevention and Control Manual) .	Minimal risk due to current policies being in place that cover the entirety of the NIPCM.	To be implemented as part of Annual Plan for 2023-24 / 24-25 with gradual rolling plan of adding reference to policies.
2.1 There is evidence of compliance with National cleanliness standards including monitoring and mitigations (excludes some settings e.g. ambulance, primary care/dental unless part of the NHS standard contract these setting will have locally agreed processes in place).	The being that we do not have full assurance from external partners on cleaning activity for example: Leeds City Council for St Georges and Ministry of Justice at Wetherby Young Offenders.	Continuation of short life working group to be in place with Estates to discuss assurance from external partners and areas of concern that are escalated from IPC Environmental and Cleaning Audits.
2.4 There is monitoring and reporting of water and ventilation safety, this must include a water and ventilation safety group and plan. 2.4.1 Ventilation systems are appropriate and evidence of regular ventilation assessments in compliance with the regulations set out in HTM:03-01 . 2.4.2 Water safety plans are in place for addressing all actions highlighted from water safety risk assessments in compliance with the regulations set out in HTM:04-01 .	This is with specific reference to the water coolers within LCH premises. All of our water sytems are now up to date. Some water coolers have been removed from non LCH locations. Working with LYPFT. New Water cooler in place.	This is in reference to the internal mechanics of the device that require flushing through via external contract. Health and Safety Group aware and this is being led on by Estates and Facilities. Mitigation is that the outer of the machine is cleaned and that there is water testing in place.
2.5 There is evidence of a programme of planned preventative maintenance for buildings and care environments and IPC involvement in the development new builds or refurbishments to ensure the estate is fit for purpose in compliance with the recommendations set out in HBN:00-09	The risk being that we are unaware of some of the planned maintenance with external partners, which may impact compliance with HTM in the Built Environment as well as provision of services.	This is now in place for LCH premises and is listed on the agenda for the IPCG. Audits are shared by IPC to Estates and Facilities – non-compliant areas reaudited 3 monthly.
2.7 The classification, segregation, storage etc of healthcare waste is consistent with HTM:07:01 which contains the regulatory waste management guidance for all health and care settings (NHS and non-NHS) in England and Wales including waste classification,	The Waste Policy is in place and LCH are in the process of moving to a new tender for the Waste Contract. We are compliant with the majority of this KLOE apart from the correct	There is a planned timescale on adopting the new waste streams with a Waste Manager in post within LCH.

segregation, storage, packaging, transport, treatment, and disposal.	waste streams being in place. We have a legal responsibility to ensure compliance with this standard.	
6.5 That all identified staff are fit-tested as per Health and Safety Executive requirements and that a record is kept.	A rolling training programme is made available for staff who require fit testing for FFP3. Inaccuracy in the detail of the fit testing record due to it being stored on an excel document, for example if staff leave or are on long term sick. We would meet compliance with HSE, however NHS England recommended during the Covid-19 pandemic for this to be stored on a programme such as ESR.	A locally held excel document is stored within IPC, however it does not provide individuals or teams the ownership.
6.6 If clinical staff undertake procedures that require additional clinical skills, for example, medical device insertion, there is evidence staff are trained to an agreed standard and the staff member has completed a competency assessment which is recorded in their records before being allowed to undertake the procedures independently.	There is a risk about the assumption that staff are not having regular updates or checks to ensure practice is inline with current evident base. There is also a concern that due to limited assurance there is a concern that we are not able to prevent avoidable HCAI's e.g. accurate aseptic technique, insertion and maintenance of catheters.	Staff self-declare competencies and work in an autonomous manner under their relevant codes of practice. Bespoke training can be provided by specific teams such as CUCS, CVAS and IPC.

Report compiled by Head of Infection prevention and Control and Deputy DIPC, with contributions by members of the Infection Prevention and Control Team.