

## Trust Board – 22 December 2020

### Infection Prevention and Control 6-Monthly Report to Trust Board

This six monthly report provides assurance from the Director of Infection Prevention and Control (DIPaC) that the trust has a robust, effective and proactive infection prevention and control strategy and work programme in place, that demonstrates compliance with the Health and Social Care Act 2008 (updated July 2015) also referred to as the Hygiene Code.

- 1.1 The report provides a further update on the actions identified following the NHS England & Improvement (NHSE&I) Infection Prevention Control (IPC) re-visit and actions to meet recommendations.
- 1.2 The report provides an update on actions and compliance to the NHSE&I Infection Prevention and Control board assurance framework published 4 May 2020; applied to all healthcare settings to assess and assure the DIPaC and trust board that all IPC measures taken, are in line with current Public Health England (PHE) COVID-19 guidance.
- 1.3 The report provides information and actions for compliance with the LPT High Level Flu Outbreak Improvement Action Plan.
- 1.4 The Infection Prevention and Control (IPC) team is currently made of 3.4 WTE Infection Prevention and Control Nurses, supported and managed by the Associate Director of Nursing and Professional Practice. Recruitment into the IPC team continues as part of the agreed plan. The role of band 2 0.8 WTE administrator has been appointed with a start date to be determined in line with the HR processes

### Purpose of the report

The aim of this report is to provide the Trust Board with assurance there is a robust, effective and proactive infection prevention and control programme in place, that demonstrates compliance with the Health and Social Care Act 2008 (updated July 2015) and to assure the board that all IPC measures taken are in line with government COVID-19 IPC guidance.

#### **2. *England & Improvement (NHSE& I) IPC visit and action plan***

- 2.1 On 7 January 2020, Dr Debra Adams, Senior Infection Prevention and Control Advisor for NHSE&I re-visited the Trust following an initial visit on 7 August 2019. Dr Adams was accompanied by Kimberley Kingsley; Assistant Director of Nursing and Quality NHSE&I. and Zoe Green; IPC lead, CCG. The follow-up visit scheduled for the 13 May 2020 was postponed. No further visits have been identified to date. The following actions have since taken place:

- IPC Masterclass sessions took place over the month of August and included question and answer sessions as well an IPC overview to meet the standards identified through the NHSEI action plan. Sessions took place as follows:

- 18/08/20 – Allied Health Professionals
  - 20/08/20 – Matrons
  - 20/08/20 – Ward Sister/Charge Nurse
  - 24/09/20 – Medical Staff
  - 24/09/20 – Meet the IPC team
- IPC programme of clinic visits and audits timetable devised to ensure areas were visited and assessed on a minimum of a quarterly basis. Due to the impact of Covid and outbreak situations some of these visits did not take place. Monitoring of the areas does continue to be a significant and frequent action by the IPC team to support the teams and their areas.
  - Audits of cleaners cupboards/rooms and equipment/trolleys continues. Ordering of new cleaning trolleys to support and maintain national standards for cleaning has been undertaken, with the rollout of the equipment on a staggered basis. Cleaners' cupboards, including their internal fixtures or lack of them continue to be monitored through the IPC committee and remains on the trust risk log.
  - Water safety meetings are now held bi-monthly and chaired by the appointed authorised engineer for the trust. Items for escalation include the lack of overview of planned preventative maintenance and a robust action process. Training and education of the members of the water safety group has also been escalated through the IPC committee for review.

## 2.2 Actions that continue to require work;

- Sufficient resources to secure the effective prevention of infection – scoring in reference to (not limited) environmental constraints of the estate.
- Premises from which the organisation provides care are suitable for the purpose, kept clean and maintained in good physical repair and condition – scoring associated with the recent concerns escalated in relation to cleaning, cleaner's rooms and estate repairs and condition.
- To complete a review of procedures that require aseptic technique and identify staff training options and current available training, so that all staff who undertake procedures are adequately trained.
- To develop a policy for immunisation of service users.

## 3. Board Assurance Framework

3.1 The Board Assurance Framework was updated on the 01/12/20 and presented at the IPC committee on the 9<sup>th</sup> December 2020. There remain two active actions within the framework;

- Adherence to PHE national guidance and the use of PPE is regularly audited – The development of an audit tool which encompasses use of PPE, disposal of PPE, Hand Hygiene and social distancing has now been completed and is in use. It is used daily for outbreaks, weekly for Covid wards and monthly for matron walkrounds. The tool is currently in paper format with work currently underway to progress to the AMAT electronic reporting tool.
- Review and ensure good ventilation in admission and waiting areas to minimise opportunistic airborne transmission, with Contractor to review all admission and waiting areas – this action is on track and Survey work now included within the year

one commission for the Ventilation AE. Updates to be provided through the IPC committee.

#### **4. COVID-19 pandemic**

- 4.1 The Covid pandemic continues into its 9<sup>th</sup> month since being declared as a national level 4 incident within the United Kingdom.
- 4.2 COVID-19 is an infectious disease caused by a newly discovered coronavirus. Coronaviruses are a family of viruses that cause diseases in animals. Seven, including COVID-19 have made the jump to humans.
- 4.3 COVID-19 is closely related to Severe Acute Respiratory Syndrome (SARS) which swept around the world in 2002 to 2003.
- 4.4 As understanding of COVID-19 has developed, Public Health England (PHE) guidance on required IPC measures continue to be updated and published to reflect learning, To date the IPC team have reviewed over 60 documents in relation to the pandemic.
- 4.5 Guidelines and communications which are issued continue be logged through the Trust Incident Control Centre and action cards for staff are updated to ensure that as a Trust we have responded in an evidence-based way to maintain the safety of patients, staff, volunteers and contractors. A weekly Covid bulletin is emailed out on a Wednesday afternoon with all recent updated and is sent to all staff within the trust.
- 4.6 NHS England and NHS Improvement developed an Infection Prevention and Control board assurance framework to support all healthcare providers to effectively self-assess their compliance with PHE COVID-19 related IPC guidance and to identify risks as a source of internal assurance and to support and maintain quality standards. Please see Appendix 2 for the Trust IPC board assurance self-assessment.
- 4.7 The rollout of the lateral flow testing for all staff within LPT who have any component of clinical provision or base began at the beginning of November 2020 in line with national requirements.
- 4.8 LPT figures for Covid since the 30<sup>th</sup> March 2020 are:  
Total number of positive cases – 313  
Total number of positive cases on the day of admission – 194  
Total number of cases positive after admission 121  
  
Work to determine those who may have become infected within LPT is ongoing through a root cause analysis (RCA); carried out for all inpatients within LPT that have a positive Covid result 8 days onwards from admission. Currently the trust have undertaken 2 RCA's, with further analysis to understand routes of transmission. This will be formally reported as a quality performance metrics into the performance dashboard and via the IPC Committee, Quality Forum and Quality Assurance Committee.
- 4.9 To support the management and learning across Leicester, Leicestershire and Rutland the Lead IPC nurse for LPT meets (via MS teams) on a weekly basis with the IPC leads from the CCG's, UHL, Local authority and Derbyshire Healthcare.

## 5 Season Flu vaccination programme

- 5.1 LPT is required to deliver an annual seasonal flu campaign, offering all staff the opportunity to have the seasonal flu vaccine. The aim of the campaign which runs from October to February is to protect patients and other staff from seasonal flu.
- 5.2 The LPT 2020/21 seasonal flu vaccination programme for staff was launched on the 28<sup>th</sup> September 2020. Whilst there is no Trust CQUIN target, there is a national target to vaccinate 90% of Frontline Healthcare Workers (FHCWs). The baseline denominator currently is reporting as 6104 for all staff. This data is required to be refreshed/cleansed on a minimum of a monthly basis to reflect new starters and leavers.
- 5.3 The seasonal flu vaccine for staff has been delivered using a multi pronged approach, dictated in the main by the restrictions of Covid -19. Peer vaccinators are a key driver and provider of flu vaccinations for staff which has been supported by bookable clinics based on the covid antibody clinics which were developed and facilitated earlier in the year.
- 5.4 The following figures provide a breakdown of the those clinics and opportunities offered;
- Clinic dates ran from – 29 Sept – 06 Dec 2020
  - Number of clinics – 44 Clinics Static – 17 Roving
  - Number of slots offered – 3696 Static ( 44 x 84 slots per clinic) 900 Roving ( Team deployed with 100 vaccines per day)
  - Areas – Full coverage of LLR - actuals reflected in both programmes
- 5.5 Due to low levels of uptake when compared to similar trusts an extraordinary action plan was developed to address the gaps and shortfalls in attaining the require figures, this was further supported by the development of a refreshed communications plan. These actions continue to be reviewed and supported, however it recognised that a large proportion of this work has now been superseded by the introduction of the Covid-19 vaccination programme.
- 5.6 Further learning from other trusts include the provision of a flu vaccine drive through opportunity. This could potentially be worked up for two of the weekends at the end of January 21 when flu is still very much in circulation and the festive period has passed. A potential barrier to this may be the Covid vaccination programme will be a priority and in progression.
- 5.7 Currently up to and including the 11 December 2020 the trust figures are;

### All staff

Staff Due	Target	Vaccinated	% Vaccinated	Target Remain
6104	6104	3425	56.1 %	2679

Directorate	Staff Due	Target	Vaccinated	% Vaccinated	Target Remain
313 Community Health Services (CHS)	1538	1538	1003	65.2 %	535
313 Enabling Services	571	571	325	56.9 %	246
313 Families, Young People, Children's and Learning Disability Services (FYPC.LD)	1384	1384	912	65.9 %	472
313 Hosted Services	225	225	116	51.6 %	109
313 Mental Health Services (MH)	1535	1535	677	44.1 %	858
Bank	616	616	259	42.0 %	357

### Frontline Healthcare Workers (FHCW)

Staff Due	Target	Vaccinated	% Vaccinated	Target Remain
4559	4559	2528	55.5 %	2031

Directorate	Staff Due	Target	Vaccinated	% Vaccinated	Target Remain
313 Community Health Services (CHS)	1357	1357	878	64.7 %	479
313 Enabling Services	216	216	123	56.9 %	93
313 Families, Young People, Children's and Learning Disability Services (FYPC.LD)	1135	1135	760	67.0 %	375
313 Hosted Services	1	1	1	100.0 %	0
313 Mental Health Services (MH)	1314	1314	563	42.8 %	751
Bank	536	536	203	37.9 %	333

Feedback so far from staff as to why they do not want the vaccine;

- Vegan
- Allergic to eggs
- Needle phobic
- Symptomatic last year or know people who were symptomatic – made them ill so has put them off this year

- Do not think it is effective
- Fit and healthy
- Don't want to have it
- Do not believe it is about safety, feel it is about figures
- Personal choice
- Advised by family it is not worth it
- Stated they had an allergic reaction to it previously

## 6 Reporting and Monitoring of HCAI Infections

6.1 There are four infections that are mandatory for reporting purposes:

- Meticillin Resistant Staphylococcus Aureus (MRSA) bloodstream infections.
- Clostridioides difficile infection (previously known as Clostridium difficile)
- Meticillin Sensitive Staphylococcus Aureus (MSSA) bloodstream infections.
- Gram Negative bloodstream infections (GNBSI)

### 6.2 MRSA Blood stream infection rates

The National trajectory is set at zero. LPT's performance for MRSA bacteraemia from April 2020 to November 2020 is zero.

### 6.3 Clostridium difficile infection rates

The agreed trajectory for 2020/21 was 12 and is set internally by the CCG (identified as EIA toxin positive CDI). LPT has not breached the threshold set by the CCG. The table below outlines current data for this 6 month report.

LPT CDT Data	Apr20	May20	Jun20	Jul20	Aug20	Sept20	Oct20	Nov20	Total to date
	1	0	0	0	0	0	0	0	1

6.4 All episodes of MRSA bacteraemia and CDI are identified and are subject to a Root Cause Analysis investigation. All action plans developed as part of this process are presented through the divisional IPC meetings which support the sign off of the completed actions.

### 6.5 MSSA Blood stream infection rates

There is no identified trajectory for LPT for MSSA, with national requirements focused on acute trust services only. However the monthly data for this infection rate is submitted to the Clinical Quality Reporting Group as part of the quality schedule, this supports the overview of the infection rates and the potential of an increase which may need further review and investigation

### 6.6 Gram Negative Blood Stream Infection (GNBSI) rates

In 2017 the Secretary of State for Health launched an important ambition to reduce healthcare associated Gram-negative bloodstream infections by 50% by 2021 and reduce inappropriate antimicrobial prescribing by 50% by 2021.

From April 2018 the Gram Negative Bloodstream Infection rates include:

- E-Coli

- Klebsiella pneumonia
- Pseudomonas aeruginosa

6.7 There is no LPT trajectory for GNBSI, however monthly data for this infection rate is submitted to the Clinical Quality Report Group (CQRG) as part of the quality schedule reporting (Please note this captures E-Coli infection rates only).

6.8 All partner organisations to review their approach to reducing *E.coli* BSI by carrying out a self-assessment of progress against core standards. LPT is currently mapping position against the core standards (and include actions already addressed above). This information will be shared and best practice discussed at the LLR MADG group, to be resumed as part of IPC recovery across the system. . The Lead IPC nurse for LPT attends this meeting. These meetings have been recommenced via virtual Microsoft teams and occur monthly.

## 7.0 Reducing the Incidences of Catheter Associated Urinary Tract Infections (CAUTI)

7.1 The catheter passport, updated management of urinary catheter patient leaflet and policy launched in May and June 2019 was updated in May 2020 and continues to be used. Further planned work has been delayed due to the impact of Covid, but continues to be monitored

## 8. Sepsis

8.1 Leicester Partnership Trust (LPT) has continued to work closely with wider local health economy to standardise where possible the management of sepsis across Leicester, Leicestershire and Rutland (LLR).

8.2 Following review of the PIR for Sepsis, a Head of Nursing has been identified to lead the Trust work programme for Sepsis linked to the Step Up to Great High Standards Brick. A new working group has been convened to review the processes in place regarding the management of a deteriorating patient and sepsis pathways. An Advanced Nurse Practitioner has been allocated on one day per week to progress this work.

## 9. Hand hygiene

9.1 The total number of audits required per month by all teams equates to 1516 audits per month to ensure more robust representative auditing. The aim in 2020/21 is to improve the total number of audits from 561 (37%) to 909 audits (60%). The quarter 2 average number of audits completed was 862 (57%) just below the required target. In October 2020, 913 audits were completed (60%) an improved position; work continues to sustain the number of audits and representativeness.

9.2 The quality improvement project aims to improve adherence in handwashing as part of infection prevention and control across services in the organisation and for LPT to increase the number of audits whilst maintaining an 85% compliance target. The project is being supported through the Trust Quality Improvement Knowledge hub. The improvement interventions will focus on data cleaning and quality, working with the directorates to improve accuracy of recording and the governance monitoring. It will also refocus mind sets and behaviours and the importance of hand hygiene.

9.3 In terms of practice and results of the audits, there has been sustained performance in quarter 2 at 98%. It is anticipated and expected that as the number of audits increase there may be a decline in the overall performance as it is a more reflective representation of clinical practice.

- 9.4 The Trust Infection Prevention and Control team have commenced in-patient clinical support visits that include a quality assurance review of hand hygiene practice and adherence to PPE.

## **10. Cleaning and Decontamination**

### **10.1 Cleaning**

Cleaning scores are audited bi-monthly and reported through the IPCG. Exceptions are highlighted with mitigation and actions to remedy included in the report. Work is on-going to ensure that clinical leaders are present at the time of audit to confirm and challenge as appropriate.

- 10.2 The NHSE& I action plan reflects actions taken in relation to cleanliness including a specific audit for cleaner's rooms and equipment, postponed due to the COVID-19 pandemic. This will need to be planned back in as part of the IPC recovery work.

- 10.3 The Trust has a twelve month rolling deep clean programme in place and progress is monitored at the IPCG and LPT monthly cleaning meeting, again this has been delayed due to the pandemic. Monitoring continues

- 10.4 PLACE assessments have been delayed nationally due to the Covid pandemic.

### **11. Decontamination**

- 11.1 The Trust medical devices group has continued to meet virtually via MS teams during the Covid pandemic with representation from IPC to ensure that equipment and items purchased for the trust meet the needs of the service and are able to be cleaned and decontaminated as per trust policy.

- 11.2 At the start of Covid, podiatry scaled back their service provision in line with national guidance and focussed on those patients with a foot ulcer or at risk of ulcerating; in addition podiatry supported community nursing by seeing those patients with simple foot and leg wounds. Other patients were managed virtually, mainly by phone due to IT issues. Moving into Phase 2, community nursing work was handed back on a phased basis. Podiatry then started to see more high risk patients and eventually the lower risk patients which is continuing. Some patients are still being managed virtually.

The socially distanced appointments have reduced capacity; access to PPE has been good in line with working closely with procurement. There are concerns about some patients who attend without face masks saying that they are exempt but have no proof of this and this has raised anxieties amongst the staff. There are concerns about the impact of chlorclean on our couches, its leaving a white residue over the couches and there are worries that it is affecting the texture of the couch material.

### **11. Water Management**

- 11.1 The Trust Water Safety Group is a formal sub-group of the IPCG. Meetings have been held since October 2019 facilitated by the appointed Authorised Engineer.

- 11.2 Key actions included review of the current Trust Water Management policy and new terms of reference. Legionella awareness has now been added to the IPC Level 2 e-learning training.
- 11.3 Management of water outlets and PPM has continued throughout the Covid-19 pandemic in order to protect the water management system. With the introduction of surge wards and moving of clinics and services, estates and facilities have continued to provide the high level of service in line with the prevention of water-borne infections and diseases

## **12. Antimicrobial stewardship**

Antimicrobial stewardship is now reported to the Trust IPC group every 6 months, with any associated annual reports and audits including prescribing and consumption.

## **Analysis of the issue**

This six monthly report outlines assurance from the Director of Infection Prevention and Control (DIPaC demonstrating compliance with the Health and Social Care Act 2008 (updated July 2015) also referred to as the Hygiene Code. The report also highlights the impact of the COVID-19 pandemic to the business as usual IPC work programme and quality improvement in response to the NHSE & I visit.

As such the report provides updates on the self-assessment and compliance to the NHSE&I Infection Prevention and Control board assurance framework published 4 May 2020; applied to all healthcare settings to assess and assure the DIPaC and trust board that all IPC measures taken, are in line with current Public Health England (PHE) COVID-19 guidance.

## Governance table

<b>For Board and Board Committees:</b>	Trust Board	
<b>Paper sponsored by:</b>	Anne Scott – Director of Nursing, AHP and Quality	
<b>Paper authored by:</b>	Amanda Hemsley – Lead Infection Prevention and Control Nurse	
<b>Date submitted:</b>	14 <sup>th</sup> December 2020	
<b>State which Board Committee or other forum within the Trust’s governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s):</b>	Direct to Trust Board	
<b>If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:</b>	NA	
<b>State whether this is a ‘one off’ report or, if not, when an update report will be provided for the purposes of corporate Agenda planning</b>	6 monthly report	
<b>STEP up to GREAT strategic alignment*:</b>	High Standards	x
	Transformation	
	Environments	x
	Patient Involvement	
	Well Governed	x
	Single Patient Record	
	Equality, Leadership, Culture	
	Access to Services	
	Trustwide Quality Improvement	x
<b>Organisational Risk Register considerations:</b>	List risk number and title of risk	9
<b>Is the decision required consistent with LPT’s risk appetite:</b>	NA	
<b>False and misleading information (FOMI) considerations:</b>	NA	
<b>Positive confirmation that the content does not risk the safety of patients or the public</b>	Y	
<b>Equality considerations:</b>	NA	