

ANNUAL INFECTION PREVENTION AND CONTROL REPORT

1st April 2019- 31st March 2020

Title	Infection Prevention and Control (IPC)
Author	Bernadette Kinsella – Deputy Director of Infection Prevention & Control/ Physical Health Lead Nurse
Acknowledgements.	<p>The author would like to thank the following individuals and departments, in developing report:</p> <ul style="list-style-type: none"> • Rana Begum –Trust-wide Lead IPC Nurse. • Dr Giovanni Satta- Consultant Microbiologist /Infection Control Doctor • Steven Dolan- Deputy IPC Lead Nurse • Siobhan Fensom – IPC Nurse • Rebecca Clancy –IPC Nurse • Valrie Burgress –IPC Nurse • Jasmin Manjhadria - IPC administrator • Estates and Facilities Department • Occupational health Department - Team Prevent • People and Culture Department • Pharmacy Department • Medical Device Department
Accountable Executive Director	Lorraine Sunduza – Chief Nurse/ Director of Infection Prevention and Control

Purpose of the Report:

The purpose of this report is to:

- Update the Trust Board on actions taken to ensure that high standards of Infection Prevention & Control (IPC) have been maintained during the past year.
- To keep IPC as a priority for everyone all of the time and continuously provide care in environments that are clean and safe provided by staff that are competent and standards are continuously reviewed.
- Regular reporting is a requirement to demonstrate good governance and public accountability. It provides assurance about systems and processes in relation to infection prevention and control.

Summary of Key Issues:

Key Achievements for 2019/20:

- The IPC team continues to maintain a high level of awareness within the Trust and engagement from frontline staff. This has been achieved through a proactive and reactive work including the use of social media and national awareness campaigns.
- The IPC team remains vigilant in closing the loop on the audit programme pursuing assurance until they are provided and audits can be signed off as compliant.

- The Trust shares best practice and findings from audits, Root cause analysis and post infection reviews.
- The IPC policies, procedures and resources have been reviewed, updated and ratified to support staff and offer sources of guidance.
- Good communication with local NHS Trusts and Public Health England continue to reap the benefits through ensuring that timely information, regarding Health Care Associated Infection (HCAI), is passed from one organisation to another.
- The IPC team have also attended the whole health economy meetings across the region and have received positive feedback regarding their engagement
- There were no serious incidents, formal complaints or PALS concerns raised in relation to IPC during 2019/20.
- The Care Quality Commission (CQC) visit identified areas of good practice of infection prevention and control during visits.
- During 2019/20 There has been a successful recruitment of the in-house IPC team Trust wide to include Bedford.
- During 2019/20 the Trust Water Safety Group met quarterly.
- During 2019/20 the Trust Antimicrobial Stewardship Group met quarterly
- During 2019 /20 the Trust IPC, Estates and Facilities Operational Group met on a regular basis.
- During 2019/20 the IPC systems and process was reviewed to ensure compliance and assurance with the Health and Social Care Act (2008) *Code of Practice for the prevention and control of infection and related guidance* (updated 2015).

Coronavirus infectious disease (COVID-19):

- In light of the emerging infection- novel *Coronavirus* the IPC team held weekly Coronavirus preparedness meeting from January 2020.
- In February 2020 the IPC team set up coronavirus community home setting service across Tower Hamlets, Newham and Bedfordshire community services. At the time of writing report this service has been discontinued.
- Due to the COVID-19 pandemic from March the IPC service is operating a 7 day a week service and between the hours of 8am to 10pm to support clinical team and service with IPC support and advice.
- From March, daily COVID-19 IPC meeting are held. Service leads and nominated COVID-19 leads have an opportunity to feedback issues with relation to IPC at this meeting.
- Daily IPC and Estates and Facilities huddles are held to discuss environmental cleaning and other estates/ facilities issues relating to IPC & COVID-19.
- IPC nurses attend daily safety huddles for each borough to support teams on COVID-19
- Daily surveillance data on COVID-19 and dashboard have been maintained in conjunction with ELFT Quality Analytics team.
- Various communications leaflets have been developed by IPC team in conjunction with ELFT Public Health team for COVID-19. The Question & Answer factsheets have proved useful to staff.
- Webinar teaching sessions has been held on Personal Protective Equipment. This has been uploaded to intranet for staff to share learning.
- Outbreak Managements meetings have been held in Forensics, and Sally Sherman to support services/wards with COVID-19 outbreak management.

- Expert IPC advice has been provide to procurement teams about IPC recommended products on cleaning, disinfection, staff uniform, and personal protective equipment.
- Standard operating procedure guidance document has been developed to signpost staff on management of suspected/ confirmed cases of COVID-19
- IPC have created a COVID-19 training presentation slide for ELFT Learning & Development to use
- IPC in conjunction with ELFT Learning & Development team have facilitated fit testing training for high risk teams (Children's services) and inpatient frontline staff, which requires using face filtering particle mask.
- IPC team have conducted joint visits with Borough lead nurses/ COVID-19 Leads to support setting up dedicated COVID-19 wards within inpatient wards.
- IPC have provided training of Senior Duty Nurse in City and Hackney mental health services on COVID-19.

Cleanliness of the Environment

- Cleaning audit scores across the Trust were reported between 95.70% and 98.8%. during 19/20. Improvements have been noted on Bevan and Joshua Ward in City & Hackney Mental Health Services.
- However, some cleaning issues were identified at Shrewsbury Road Health center. This issue has been closely monitored by the ELFT IPC team and ELFT Facilities department with the external contractor. An action plan was put is in place including joint workarounds conducted by ELFT IPC team and ELFT Facilities department, to monitor for improvements.
- In Quarter 3 the cleaning scores we reported at 98.8%. However, there have been some concerns with environmental cleaning at East Ham Care Centre. This issue has been escalated via the ELFT Facilities department with the external contractor and sub-contractor. A meeting has been arranged at the time of writing report to agree an action plan forward.
- The IPC team closely monitoring this issue, with increased visibility and frequent joint workarounds of the site with ELFT Facilities team and staff based at East Ham Care Centre.

Staff Health

Nine inoculation injuries were reported to Team Prevent in **Q1**. Six needle stick injuries were related to insulin. Eighteen inoculation injuries were reported to Team Prevent in **Q3**. Several of the inoculation injuries were due to human bites. There was a serious incident with a used scalpel blade within podiatry services in Bedfordshire. An investigation meeting was held as the staff member involved in this incident had difficulty with receiving post-exposure prophylaxis (PEP) treatment. The investigation meeting highlighted there is an urgent need for a high-risk sharps injury management & pathway for staff based across Luton and Bedfordshire. A service provision is currently now established in Luton and Bedfordshire, for management of high risk sharps incidents requiring post-exposure prophylaxis (PEP) treatment

Water issues:

- Water Safety Group oversees governance related to water safety issues across the Trust. Meetings are held on a quality bases. A water report is produced by the ELFT Estates and Facilities Team.
- During 2019/2020 sites were monitored positive for legionella. Remedial works were undertaken to rectify these water issues
- All water tanks had their annual disinfection programme in January 2019.

Annual Work Programme 2019/2020

The annual work programme for 2020/21 has been completed with some areas requiring on-going action. These areas of activity have been incorporated into the annual work programme for 2020/2021

Risk Register:

During 2019/2020 the following items were reported on IPC risk register:

- Risk of failure to contain an outbreak effectively at Archer Unit (Bedfordshire Community Health Service). This is due to lack of isolation rooms with en-suite facilities available in the inpatient facility. Increased capacity over winter pressures - with a proportionate reduction in isolation beds (at a time of increased risk - i.e. norovirus season).
- Risk of infectious agents, general dust and debris not being effectively removed from curtains in inpatient wards in Bedford & Luton
- Risk that soiled patient clothing that is laundered at local level may not be laundered correctly as ward level washing machines are not on a service contract as per policy. There is a risk of contamination as there is no clear dirty to clean flow. Not all units have hand hygiene facilities in laundry room
- sub-optimal decontamination of re-usable medical devices across Tower Hamlets Community Health services
- Potential risk of inadequate staffing to robustly provide a 7 day a week IPC service, due to COVID-19 pandemic that requires high service demand for IPC support and expert advice.
- Rodent infestation at Fled stead street office and clinic building.

The Risk Register with Mitigating actions and outcomes is documented in the appendix.

Work Plan 2020 /2021:and CQC floor to Board assurance.

- Continue to deliver compliance within ELFT of national standards, in particular The Health and Social Care Act (2015) *Code of Practice on the prevention and control of infections and related guidelines*.
- Continue to further establish and embed Infection Prevention Control within community health services and focus on the national Gram negative Rod Blood Stream infection reduction ambition.

Strategic priorities this paper supports (Please check box including brief statement)

Improving population health outcomes	<input checked="" type="checkbox"/>	The information provided in the Infection Prevention and Control annual report supports the four strategic objectives of improving patient experience, improving population health outcomes, improving staff experience and improving value for money. Information is presented to describe how we are assuring against and improving aspects related to these four objectives across the Trust.
Improving experience of care	<input checked="" type="checkbox"/>	
Improved staff experience	<input checked="" type="checkbox"/>	
Improved value	<input checked="" type="checkbox"/>	

Committees/Meetings where this item has been considered:

Date	Committee/Meeting
January 2020	Infection Prevention and Control Committee meeting
February 2020	Quality Committee Meeting

Implications:

Equality Analysis	Infection control is everybody's business. This work plan has no impact on individual groups. This report has no direct impact on equalities.
Risk and Assurance	Ensuring a safe clean environment for staff and service users is fundamental to good quality care.
Service User/Carer/Staff	The new work plan will support staff to identify areas of concern to staff and service users and empower them to escalate and take action to make improvements.

Financial	There will be financial implications in discharging its duties to keep infections to a minimum in safe clean environments. Some of these costs will be met with Directorate obligations. The Trust has funded a programme to improve staff compliance with hand hygiene by improved access to facilities for hand washing through capital funds.
Quality	Providing quality care and continuously improving the environment

Supporting Documents and Research material

A. Infection Prevention and Control annual work programme 2019/ 20

Infection Prevention and Control Annual Report 2019/20



	Context page	Page
1	Executive summary	8
2	Key Achievements for 2019/20	8
3	Introduction	9
4	Management and Governance Arrangements for Infection Prevention and Control	9
5	Governance Framework for Infection Prevention & Control Committee	10
5.1	Infection Prevention and Control Committee (IPCC)	11
5.2	Infection Prevention and Control Service	11
6	Health Care Associated Infection (HCAI's)	12
6.1	Surveillance of Health care associated infection (HCAI's)	12
6.2	Methicillin Resistant <i>Staphylococcus aureus</i> (MRSA)	12
6.3	<i>Clostridioides difficile</i>	12
6.4	Zero tolerance approach to avoidable HCAI's (MRSA and <i>C.diff</i>)	13
6.5	MRSA Bacteraemia & <i>C. difficile</i> cases across the Trust	13
6.6	Meticillin-sensitive <i>Staphylococcus aureus</i> (MSSA) Bacteraemia cases	14
6.7	Carbapenem Resistant Organisms (CRO's)	14
6.8	Surveillance: Other Alert organism	14
7	Outbreak Management	14
8	Healthcare associated Infection surveillance	15
8.1	Incidents related to infections	15
8.2	Incidents related to infections	16
8.3	Incidents related to infections	17
9.0	Annual Work Plan 2019/20	18
10.0	IPC audits programme	18
11.0	Hand hygiene validation audits for 2019/20	18
12.0	Trustwide quarterly self-monitored IPC audits	19
12.0	IPC Environmental Audits	19
13.0	Decontamination of Medical Devices	19
14.0	IPC Training and compliance	19
15.0 /16	Events /Policy/Guidance documents in 2019-2020	20
17	Cleanliness and the Environment	20
19	Patient Led Assessment of Care Environment (PLACE) inspections	21
20	Management of Water systems	21
22	Capital Projects	22
23	Seasonal Influenza vaccination programme	22
23	Inoculation injuries	23
24	Safer Sharps Devices/audit	23
26	Safer Sharps process map	24
27	Safer Sharps Driver diagram	25
28	Learning from Incidents	26
29	IPC Risk Register	27
30	Antimicrobial Stewardships	27
31	Conclusion	28
32	References	29
	Appendix 1- Structure chart of Infection Prevention and Control Team	31
	Appendix 2- IPC annual work program me 2019/20	

Appendix 3- Hand hygiene validation audits results	
Appendix 4 -Risk Registers 2019/20	
Appendix 5 -Environmental Audits	
Appendix6 - PLACE inspections 2019/20	
Appendix 7- Sharps reported on datix	
Appendix 8 -Inspection numbers reported by service area.	

Glossary:

Abbreviations	
Antimicrobial Stewardship Group	AMS
Blood Borne Virus	BBV
<i>Clostridioides difficile</i> infection	CDI
Care Quality Commission	CQC
Clinical Commissioning Group	CCG
Carbapenem Resistant Organisms	CRO
Data capture system	DCS
Director of Infection Prevention & Control	DIPC
Deputy Director of Infection Prevention & Control	DDIPC
East Ham Care Centre	EHCC
East London Foundation Trust	ELFT
Gram negative Rod Blood Stream Infection	GNR BSI
Health Care Associated Infection	HCAI
Human Resources	HR
Infection Prevention & Control	IPC
Infection Prevention & Control Committee	IPCC
Infection Prevention and Control team	IPCT
Infection Prevention & Control Nurse	IPCN
Methicillin-resistant <i>Staphylococcus aureus</i>	MRSA
Needle stick injury	NIS's
Public Health England	PHE
Patient Led Assessment of Care Environment	PLACE
Quarter 1	Q1
Quarter 2	Q2
Quarter 3	Q3
Quarter 4	Q4
Single Use Devices	SUDS
Service Level Agreement	SLA
Red, Amber, Green (RAG) rating	
Green	85=100% Compliance
Amber	60-84% Partial compliance
Red	0-59% Minimal Compliance

1. Executive summary

This annual report provides an overview of the infection prevention and control (IPC) activities throughout the Trust over the past twelve months. This report provides evidence towards the regulatory requirements of The *Health & Social Care Act (2008) Regulation 12, detailed in the Code of Practice for the Prevention & Control of Infections*. The Director of Infection Prevention and Control (DIPC) reports quarterly to the Trust Board of Directors through the IPC report. The Director of Infection Prevention and Control is the Chief Nurse. Operational delivery of the Infection Prevention and Control service is overseen by the Deputy Director of Infection Prevention and Control/ Physical Health Lead Nurse. The Infection Prevention and Control Team (IPCT) work plan focuses on implementing systems that embed IPC into the everyday practice of all East London NHS Foundation Trust (ELFT) staff.

The annual report provides information and evidence of the Trust's ongoing commitment to IPC, embedding these key principles and practices throughout the organisation. The report identifies the significant improvement the Trust has made within infection prevention and control in all areas of the organisation.

2. Key Achievements for 2019/20

- The IPC team continues to maintain a high level of awareness within the Trust and engagement from frontline staff. This has been achieved through a proactive and reactive work including the use of social media and national awareness campaigns.
- The IPC team remains vigilant in closing the loop on the audit programme pursuing assurance until they are provided and audits can be signed off as compliant.
- The Trust shares best practice and findings from audits, Root cause analysis and post infection reviews.
- The Trust has successfully implemented of the seasonal Influenza vaccination programme, which included vaccination of vulnerable patients on wards. That was 60.76% of front line staff. This is an increase on previous year, despite a national picture of decreased uptake.
- The IPC team have provided bespoke education for cleaners based at East Ham Care Centre, to assure that correct processes are followed and increase standards of cleanliness.
- The IPC policies, procedures and resources have been reviewed, updated and ratified to support staff and offer sources of guidance.
- Good communication with local NHS Trusts and Public Health England continue to reap the benefits through ensuring that timely information, regarding Health Care Associated Infection (HCAI), is passed from one organisation to another.
- The IPC team have also attended the whole health economy meetings across the region and have received positive feedback regarding their engagement
- There were no serious incidents, formal complaints or PALS concerns raised in relation to IPC during 2019/20.
- The Care Quality Commission (CQC) visit identified areas of good practice of infection prevention and control during visits.
- During 2019/20 the Trust Water Safety Group continued to meet quarterly.
- During 2019/20 the Trust Antimicrobial Stewardship Group was established.
- During 2019/20 the Trust IPC, Estates and Facilities Operational Group was established.
- During 2019/20 the IPC systems and process was reviewed to ensure compliance and assurance with the Health and Social Care Act (2008) *Code of Practice for the prevention and control of infection and related guidance* (updated 2015).

3. Introduction

This report is the annual report from the Director of Infection Prevention and Control (DIPC). The report will inform the Trust Board of the infection prevention and control (IPC) standards and risks within the organisation. It will also provide assurance of the progress made against the Health and Social Care Act (2008) *Code of Practice for the prevention and control of infection and related guidance* (July 2015) and the Care Quality Commission standards over the last twelve months. The 2019/20 annual programme is appended to this report to demonstrate compliance against the previous agreed work plan. The overview of the IPC annual programme for 2019/20 is appended to this report; this will provide an overview of the priorities for upcoming year (appendix 7). The DIPC report provides information and evidence of the Trust's ongoing commitment to IPC, embedding these key principles and practices throughout the organisation. The report identifies the significant improvement the Trust has made within infection prevention and control in all areas of the organisation.

At the end of the year 2019/2020, ELFT declared compliance in IPC practices. In the event that IPC non-compliance is demonstrated action plans, recommendation and timeframes are given to service lines to address IPC issues.

Monitoring of IPC practice is undertaken quarterly by audit, surveillance data, and the integration of IPC reporting mechanisms across the organisation. Reports are submitted to the Infection Prevention and Control Committee (IPCC), Quality Committee and to the Quality Assurance Committee/ Board. During the year significant progress has been made to ensure patients are cared for in a safe and clean environment, where the risk of healthcare associated infections are minimised.

4. Management and Governance Arrangements for Infection Prevention and Control

The Trust Board is accountable for ensuring that there are effective IPC arrangements within the Trust. The Chief Executive delegates operational responsibility to the IPC Committee. The IPC Committee oversees and directs IPC throughout the organisation and advises the Trust Board via the Quality Committee in line with statutory requirements.

The Trust Board receives quarterly reports on indicators of compliance with *The Health and Social Care Act Code of Practice for the Prevention and control of infection* and Estates and Facilities cleanliness audit reports.

To ensure compliance with the Health and Social Care Act (2008) Code of Practice for the prevention and control of infections and related guidance (updated 2015) the Trust is required to have a Director of Infection Prevention and Control. This ensures there is a clear governance structure and accountability that identifies a single lead for infection prevention (including cleanliness) accountable directly to the head of the registered provider. In addition to this, the post should report directly to the Trust Board to provide an oversight and assurance on infection prevention and control.

The role of Director of Infection and Control (DIPC) is held by the Chief Nurse. The Chief Nurse is the executive director lead for quality, and is responsible for delivery of the Trust's Quality and Safety strategies and reports directly to the Trust Board.

The DIPC is responsible for the Trust's Infection Prevention and Control team and has the authority to challenge inappropriate practice and inappropriate antibiotic prescribing decisions.

The DIPC provides leadership within the organisation and enables the organisation to continuously improve its performance in relation to Infection Prevention and Control standards.

The DIPC devolves the day to day responsibilities and duties to the Deputy Director of Infection Prevention and Control.

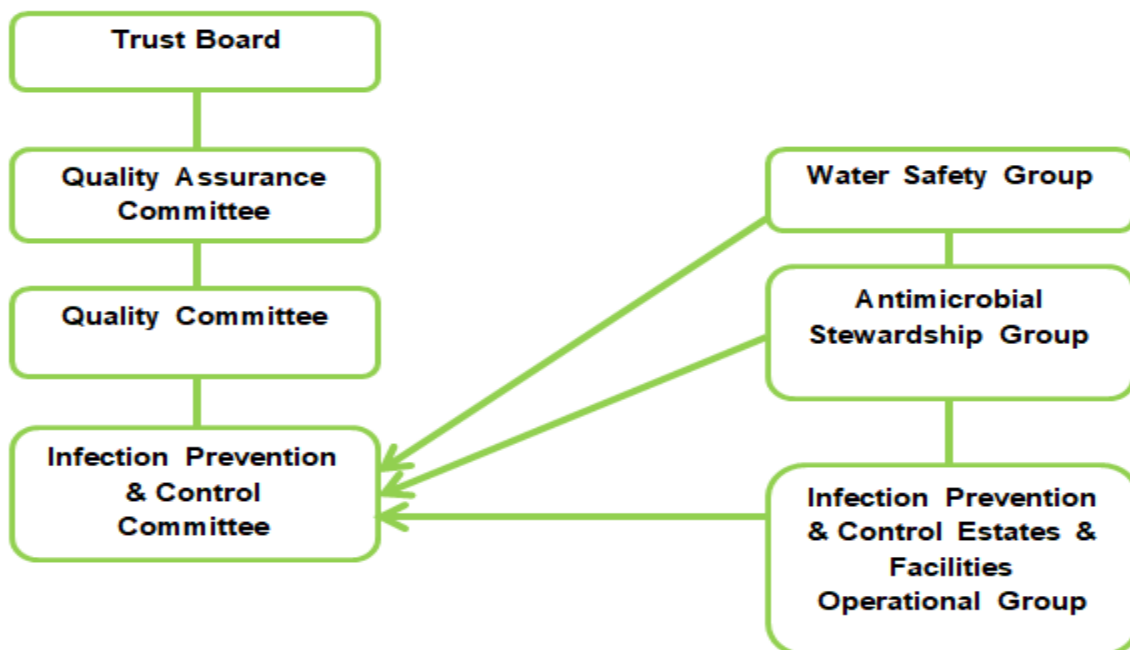
The Deputy Director Infection Prevention and Control (DDIPC) has overall responsibility for:

- The IPC service within the organisation
- The implementation of IPC policies
- Challenging inappropriate IPC practices
- Undertaking the impact assessment of new and revised policies together with recommendations for change
- Integrating IPC together with clinical governance teams
- The production of an Infection Prevention and Control Annual Report
- The Deputy Director of Infection Prevention and Control (DDIPC) ensures that robust arrangements are in place in line with national policy and relevant legislation, and creating an environment of continuous quality improvement and development
- The DDIPC facilitates links and communication with all clinical areas
- The DDIPC is responsible for links with the wider health economy and representing the Trust at NHS London DIPC meetings and health protection forums.

The Trust Board is accountable for ensuring that there are effective infection prevention and control arrangements within the Trust. The Board receives an IPC report as part of the integrated governance report which highlights key work streams and areas of risk. The Board also receives and approves the annual IPC report and strategy.

5. Governance Framework for Infection Prevention & Control Committee

Governance arrangements for the Infection Prevention and Control are shown below:



5.1 Infection Prevention and Control Committee (IPCC)

The IPCC is a key forum for the development and performance management of the IPC agenda across the organisation. The IPCC meets quarterly and is chaired by the DIPC with key stakeholders from across the organisation. An overview of the IPC agenda and progress throughout the year is discussed at this meeting. A quarterly report is submitted to the IPCC. It captures, HCAI's alert organisms, outbreaks, IPC audit programme and scoring therefore comparable data can be analysed.

The membership of the IPCC meets quarterly and is chaired by the Chief Nurse. In the absence of the DIPC, the meeting is chaired by the Deputy DDIPC. The committee is made up of representatives from a wide range of disciplines as follows:

- Chief Nurse /Director of Infection Prevention and Control (Chair)
- Director of Estates and Facilities
- Director of Nursing –Mental Health & Older Adults
- Director of Nursing- Community Health Service
- Chief Pharmacist
- Consultant Microbiologist /Infection Control Doctor
- Deputy Director of Infection Prevention and Control/Physical Health Lead Nurse
- Trust-wide Lead Infection Prevention and Control Nurse
- Deputy Infection Prevention and Control Nurse
- Infection Prevention and Control Nurses
- Infection Prevention and control administrators
- Lead IPC Nurses from Local clinical commissioning group
- Occupational Health (Team Prevent)
- Head of Communications
- Expert attendees: Public Health England Consultant

The Committees within the Trust's governance framework that have responsibilities/roles in relation to IPC are as follows: Quality Committee

- The Quality Committee monitors the work of the Infection Prevention and Control committee.
- The Quality Committee is chaired by the Chief Nurse and is attended by senior corporate staff and all clinical directors.
- *The Quality Committee oversees clinical governance activity across the Trust.*

5.2 Infection Prevention and Control Service

The aim of the Infection Prevention and Control Service is to promote a safe environment for patients, visitors and staff where infection risks are kept to a minimum.

The organisational structure of the Infection Prevention and Control team (IPCT) is shown in appendix 1.

Trust microbiology services are provided by local acute hospitals via Homerton University Hospital NHS Foundation Trust and Barts Health for London based services and Luton and Dunstable Hospital and Bedford Hospital for Luton and Bedford based services.

6. Healthcare Associated Infections (HCAI)

Healthcare Associated Infections (HCAI's) infections are infections that are acquired in hospitals and other healthcare facilities.

6.1 Surveillance of Health care associated infection (HCAI's)

The National Mandatory Data Capture System (DCS) was introduced by Public Health England (PHE) to monitor Health care associated infection (HCAI's) nationally. In the event of a bacteraemia from MRSA a post infection review (PIR) investigation is undertaken and for *Clostridioides difficile* (C.diff) toxin positive, a root cause analysis (RCA) investigation is undertaken. The rationale for undertaking RCA's is to highlight where lessons can be learnt and to demonstrate best practice in clinical fields.

6.2 Methicillin Resistant *Staphylococcus aureus* (MRSA)

Staphylococcus aureus is an organism whereby approximately one third of the population carry without any associated problems. Although *Staphylococcus aureus* is capable of causing infection, most of these are easily treated with antibiotics. However, some strains of *Staphylococcus aureus* have developed resistance to common antibiotics; these are known as Methicillin Resistant *Staphylococcus aureus* (MRSA). Patients in community intermediate care units are routinely screened for MRSA colonization (on the skin). This entails taking swabs on admission. Guidance can be found in the IPC policy. This is not a requirement for mental health services as stipulated by the Department of Health Guidelines.

6.3 *Clostridioides difficile* (C. diff)

C. diff is a bacterium that lives harmlessly in the gut of about 3-5% of healthy adults. It is normally kept in check by the 'good' bacteria in the gut but when these are killed off by some antibiotics, the *C. diff* bacterium can multiply and cause diarrhoea. It especially affects the elderly, the debilitated, and patients who have had broad-spectrum antibiotics. Prevention of *C.Diff* infection relies on ensuring that patients do not become susceptible through disruption of their normal gut flora (e.g. through use of antibiotics), and on preventing as far as possible cross infection. Zero tolerance approach to avoidable HCAI's (MRSA and C.diff).

A ***Clostridioides difficile*** infection was reported on a patient, at **Fothergill ward**, Newham Community Health Services. A root cause analysis investigation meeting was conducted as per Trust policy. The RCA investigation meeting identified this patient had multiple risk factors and may have possibly been colonized with *Clostridioides difficile* prior to her admission to Fothergill ward. However it is impossible to ascertain this, as a stool specimen was not completed to microbiological confirm this, whilst an inpatient at the local acute hospital. This *Clostridioides difficile* infection was unpreventable. There were no lapses in care during the patient's pathway at ELFT, although there was a delay in sending the stool sample.

A zero tolerance approach to MRSA Bacteremia's is the current national target. A national target for *C. Diff* for Community Services and Mental Health Services has not been set nationally. It is accepted that not all HCAI's are avoidable; however, the Trust adopts a zero tolerance approach to all avoidable HCAI's.

6.4 MRSA Bacteraemia & C.difficile cases

Please see below reported cases of MRSA or *Clostridioides difficile* cases across the Trust in 2019/20 see table below:

Attributed to Service Line:	Q1	Q2	Q3	Q4	RAG rating
Tower Hamlets Community Health Services					
MRSA bacteraemia numbers	0	0	0	0	
C.difficile (toxin producing) numbers	0	0	1	0	
Newham Community Health Services					
MRSA bacteraemia numbers	0	0	0	0	
C.difficile (toxin producing) numbers	0	0	0	0	
City & Hackney Mental Health Services					
MRSA bacteraemia numbers	0	0	0	0	
C.difficile (toxin producing) numbers	0	0	0	0	
Tower Hamlets Mental Health Services					
MRSA bacteraemia numbers	0	0	0	0	
C.difficile (toxin producing) numbers	0	0	0	0	
Newham Mental Health Services					
MRSA bacteraemia numbers	0	0	0	0	
C.difficile (toxin producing) numbers	0	0	0	0	
Forensics Services					
MRSA bacteraemia numbers	0	0	0	0	
C.difficile (toxin producing) numbers	0	0	0	0	
Luton Mental Health Services					
MRSA bacteraemia numbers	0	0	0	0	
C.difficile (toxin producing) numbers	0	0	0	0	
Bedford Mental Health Services					
MRSA bacteraemia numbers	0	0	0	0	
C.difficile (toxin producing) numbers	0	0	0	0	
Bedfordshire Community Health Services					
MRSA bacteraemia numbers	1	0	0	0	
C.difficile (toxin producing) numbers	0	0	0	0	

6.5 Meticillin-sensitive Staphylococcus aureus (MSSA) Bacteraemia cases

Meticillin-sensitive *Staphylococcus aureus* (MSSA) is a type of bacteria which lives harmlessly on the skin and in the noses, in about one third of people. People who have MSSA on their bodies or in their noses are said to be colonised. However MSSA colonisation usually causes them no problems, but can cause an infection when it gets the opportunity to enter the bloodstream this can cause septicaemia.

In 2019-20 quarter 1(Q1), one Clostridium difficile healthcare associated infections was reported. A Methicillin Resistant Staphylococcus Aureus (MSSA) bacteraemia was reported on a patient, within podiatry services, in Bedfordshire community health service. A root cause analysis investigation and meeting was conducted as per Trust policy. Root Cause Analysis investigation concluded the MRSA bacteraemia was not preventable and was due to the probability of MRSA colonization and the development of osteomyelitis due to poor vascular supply. The patient was treated with the appropriate antibiotics and has recovered from this infection. This MRSA bacteraemia was not attributable to ELFT but assigned to Bedfordshire Clinical Commissioning Group.

The following learning was highlighted from RCA meeting:

- Fragment care across healthcare providers
- Sepsis management
- Delay of blood results

An action plan was implemented to address the above learning points. A training event was held in, for ELFT staff to raise awareness of managing deteriorating patients/ sepsis. The serious incident Team participated in the Root cause analysis meeting.

6.6 Carbapenem Resistant Organisms (CRO's)

Carbapenem-resistant organisms are groups of bacteria (germs) that produce carbapenemases (chemicals). These chemicals can destroy antibiotics called carbapenems. This makes the bacteria resistant to the antibiotic. Carbapenems are a powerful group of antibiotics that are often relied on for infections where treatment with other antibiotics has failed. CRO can live in the gut of humans and animals and they help us to digest food. In most cases CRO are harmless and cause no ill effects. However, if the bacteria get into the body for example, into the bloodstream or urinary tract it can cause an infection. There have been no cases of CRO recorded across the Trust for this year.

7. Outbreak Management

An outbreak is often defined as two or more cases presenting with similar symptoms associated by time and place. In healthcare settings, the most common cause of gastroenteritis outbreak is Norovirus, a highly contagious virus which causes short-lived, but severe, vomiting and/or diarrhoea. The IPC policy and leaflets are available on Trustnet.

8. Clusters of infections

Clusters of infections are identified as potential groups of people or cases with apparent similar infections (e.g. flu, measles). Many apparent clusters have no specific cause. In rare cases, clusters may be related to common environmental exposures

Out breaks and clusters are discussed below for each quarter below.

Healthcare associated Infection surveillance.

8.1 Quarter 1

There was a cluster and three outbreaks of Diarrhoea and Vomiting.

An **outbreak** of Diarrhoea and Vomiting was reported on Mother & Baby Unit City & Hackney Mental Health Service in February 2020. Microbiological confirmations of stool specimens were positive for Norovirus. This outbreak was managed well by all disciplines of staff.

- **An outbreak** of Norovirus was microbiological confirmed on the Mother and Baby Unit City & Hackney Mental Health Service in March 2020. Four patients were affected. Full outbreak management measures were implemented. No other patients, including babies and staff were affected. The outbreak was declared over after 7 days. This outbreak was well management by all multi-disciplinary team members.
- An **outbreak** of Diarrhoea and Vomiting was reported on Archer unit, Bedfordshire community health service in February 2020. Microbiological confirmations of stool specimens were positive for Norovirus. This outbreak was managed well by all disciplines of staff.
- **A cluster** of Diarrhoea and Vomiting was reported on Ash Ward, Bedford Mental Health Services. Two patients were affected. Microbiological confirmations of stool specimens were negative.

Other reported Infections:

- An incident was reported within Pharmacy department at Tower Hamlets Mental Health Service, whereby a staff member attended work and was later diagnosed with Shingles infection. Contact tracing of four pregnant staff members were conducted to rule out further onward transmission. No further cases were reported.
- A suspected case of Scabies was reported on Poplars ward, Luton Mental Health Services. This patient was treated for scabies. Contact tracing was conducted. No further cases were reported. Microbiological confirmation was negative for scabies infection, based on this; prophylaxis treatment was not given to staff on the ward
- A suspected case of Impetigo was reported in a staff member on Joshua ward, City and Hackney Mental Health Services. This staff member received antibiotics and recovered from the suspected infection. Contact tracing was conducted. No further cases were reported
- A confirmed case of Shingles was reported on staff member at the Mother and Baby unit. This staff member received antiviral treatment. Contract tracing was conducted. No further cases were reported.
- A suspected case of Pulmonary Tuberculosis (TB) was reported on Joshua ward, City and Hackney Mental Health Service. Contract tracing was conducted to rule out further onward transmission. No further cases were reported. This case was microbiological confirmed negative for Pulmonary TB.

8.2

Healthcare associated Infection Surveillance Quarter 2.

There were five separate enquiries on scabies as below.

1. An enquiry was reported regarding a pregnant member of staff attending a ward that allegedly had scabies. The IPCN confirmed that this was not the case and that the patient they had initially suspected has now been discharged.
2. An incident was reported about scabies being present in a patient's home during a home visit. The nurse was advised by her manager to attend the GP for treatment.
3. A suspected case of scabies was reported on Millharbour ward however the patient absconded from the ward. Advice was given by the IPCN.
4. A confirmed case of scabies was reported on Crystal ward. Advice was given by the IPCN. Treatment was given to the patient only. The IPCN followed up with the ward and found there were concerns with patient and staff contact. All patients and staff received treatment.
5. In September 2019, an incident was reported by staff on Lea ward regarding a patient found with scabies on his groin, hands and armpits. Advice was given by the IPCN.

There were eight cases of Diarrhoea as below:

1. A suspected case of diarrhoea and vomiting was reported on the Mother and Baby Unit in July 2019. The baby (patient) was diagnosed with Gastroenteritis. Advice was given by the IPCN.
2. A suspected outbreak of diarrhoea and vomiting (D&V) was reported on Bevan ward in August 2019, for two patients. The IPCN Lead advised the ward on how to proceed in line with IPC advice.
3. A confirmed case of diarrhoea with the suspicion of an infectious cause was reported on Ludgate ward. Advice was given by the IPCN Lead. The IPC Team followed the enquiry up by visiting the ward the next day.
4. A suspected case of diarrhoea was reported on the Mother and Baby Unit in City and Hackney. This involved both the baby (patient) and the mother (patient) who is feeling generally ill but is not showing signs of vomiting or diarrhoea. The IPCN followed up with advice and the ward raised a Datix. No other mothers or babies identified any symptoms.
5. An incident was reported on Ash ward regarding two patients with diarrhoea (Type 7). The IPCN provided advice to isolate the incident.
6. A confirmed incident of diarrhoea (Type 7) was reported on Coral ward.

7. Outbreak: A case of diarrhoea (Type 6) and vomiting (D&V) was reported on Poplars ward. This case was also recorded on Health Care Associated Infections (HCAI) surveillance. An IPCN visited the site and advised directly to the ward.

An outbreak of diarrhoea and vomiting (D&V) was reported on Ivory ward. Four patients and two staff members were affected. The ward was closed over the weekend and no visits on the ward were permitted. A Datix was raised. It was later reported to be a confirmed outbreak of Norovirus. The IPCN confirmed that no further action was required as the outbreak had been resolved.

8. A suspected outbreak of vomiting was reported on the Mother and Baby unit. Three staff and one staff member were affected. The IPCN visited the ward and no further action was taken as symptoms appear coincidental however the IPCN provided advice as a precaution.

Other enquiries:

Other issues

Ash Ward in Bedfordshire reported a patient who was admitted to the unit with diagnosed shingles. This had not been communicated to the ward from the CMHT. Infection Prevention review gave advice and made contact with Team Prevent for staff contact tracing.

A suspected case of latent Tuberculosis (TB) was reported on Millharbour ward. The IPCN advised against further action due to the TB being latent. Potential exposure to Pulmonary Tuberculosis (TB) was reported by a staff member during a home visit. Advice was given by the IPCN and no further action was required.

8.3 There were five enquiries on cases of Bed bugs that were reported in Quarter 3 as below:

- 1) A suspected bedbug outbreak in patient homes were reported in August, the IPCN distributed a leaflet on managing bedbugs. No further action was required.
- 2) A suspected incident of bedbugs was reported in a Newham care home. Advice was given by the IPCN. An outbreak of bedbugs was reported on Ruth Seifert ward in August, 2019. (TBC) An incident was reported by a staff member working on Lea ward who was bitten by a child (patient). The IPCN gave advice and asked them to contact Occupational Health.
- 3) A suspected case of bedbugs was reported to be seen in a patient's room on Topaz ward. The patient was moved to a different room, where again the bedbugs were seen. Pest control was contacted by ward staff. The IPCN advised accordingly and followed up to ask for a different diagnosis due to no bedbugs being seen.
- 4) A suspected case of bedbugs was reported to be found on a sofa in Joshua ward. The IPCN advised the staff to involve pest control or estates and facilities. The IPCN followed up with the ward to ensure pest control had seen the sofa.
- 5) A suspected case of bedbugs was reported on Brett ward in City & Hackney. The ward involved pest control and the IPCN provided advice and followed up with for the patient.

Other enquiries:

- An enquiry was reported at the Foot Health service regarding using fans in hot weather despite the CAS alert. The IPC Doctor gave advice on using the fans as an exception due to extremely high temperatures in excess of 25 degrees Celsius – the health and safety risk would outweigh the infection control risk in this case.
- An enquiry was reported regarding a Datix that was raised about a patient's home being unsanitary. The IPCN advised staff on how to proceed with home visits. In July 2019, an enquiry was made about a pest being found in netting over a garden on Gardner ward. The IPCN Lead contacted the ward manager to provide advice.

8.4 The below **notifiable diseases** were reported during Q4.

- An incident of Mumps was reported at corporate services Alie Street. Staff member attended work and was later diagnosed with Mumps. Contact tracing was conducted of all staff exposed on at the office vicinity floor. No further cases were reported.
- An incident was reported on Millhabour ward, Tower Hamlets Mental Health Services of suspected Pulmonary Tuberculosis (TB). Contract tracing was conducted of patients and staff, to rule out further onward transmission. No further cases were reported.

<i>Types of Incidents related to infections</i>
<i>Shingles</i>
<i>Measles</i>
<i>Suspected Pulmonary Tuberculosis</i>
<i>Suspected Pertussis</i>
<i>Human fleas</i>
<i>Chicken Pox</i>
<i>MRSA</i>
<i>Bedbugs</i>
<i>Influenza A</i>
<i>Scabies</i>
<i>Diahorrea & Vomiting</i>
<i>Norovirus</i>
<i>PVL</i>
<i>Head Lice</i>
<i>Scabies</i>
<i>Latent TB</i>
<i>Group A Strep</i>
<i>Covid-19</i>
<i>Impetigo</i>
<i>Mumps</i>

9. Annual Work Plan 2019/20

The annual work plan for 2019/20 was based on the requirements of the code of practice for infection control and stake holder feedback and infection Prevention & Control nurse visits. Key themes were used to formulate the action plan. The action plan is a standing item on the Infection Prevention Control Committee (IPCC) agenda (appendix 2).

10. IPC audits programme

Hand hygiene validation audits for 2019/20

Electronic hand hygiene validation audits are implemented on monthly bases by the IPC nurse and matron in high risk areas such as the older adult wards where patients are more vulnerable and are exposed to more invasive direct clinical care. The hand hygiene audit captures ten opportunities to decontaminate hands based upon the World Health Organisation (WHO) 5 moments of hand hygiene these are:

- Before touching a patient
- Before clean/aseptic procedures
- After body fluid exposure/risk
- After touching a patient
- After touching patient surroundings



Hand hygiene audits are undertaken by the IPC nurse and matron of the following wards:

- Sally Sherman ward
- Fothergill ward
- Columbia ward
- Leadenhall ward
- Thames House ward
- Populars ward
- Fountains Court

The results of the hand hygiene validation audits are shown in appendix 3.

11. Trustwide quarterly self-monitored IPC audits

Quarterly self-monitored IPC audits focusing on hand hygiene facilities and products, decontamination material, the appropriate use of personal protective equipment (PPE) and management of clinical healthcare waste are submitted by teams. The emphasis is on a quality improvement approach supplemented by robust monitoring. During 2019/20, 552 submissions were reported off the teams participating in the audit.

The results of the hand hygiene validation audits are shown in **appendix 3**

12 .IPC Environmental Audits

There is an on-going annual rolling programme of clinical environmental audits undertaken across the Trust by the IPCN. It is the intention of the IPC team to encourage staff to undertake their own audits in low risk areas with support from IPCN. Recommendations and actions plans are formulated where required with timeframes for actions to be undertaken and sent back to IPCN. Results of environmental audit are shown in **appendix 5**

13. Decontamination of Medical Devices

Inadequate decontamination can result in the transmission of a range of micro-organisms from blood-borne viruses such as human immunodeficiency virus (HIV) or Hepatitis B, to fungal and common bacterial infections. Safe and effective decontamination of all re-usable equipment between uses is imperative as an essential part of routine IPC practice.

Single Use Devices (SUDS) A single-use device is used on an individual patient, during a single procedure, and then discarded. The device is not intended to be reprocessed and used on another patient. The labelling identifies the device as disposable, and is not intended to be reprocessed and used again. All service lines across ELFT conform to European Legislation. SUDS are denoted by this symbol:



The Trust uses single use non-invasive reusable medical devices.

All equipment in the Trust, including items such as beds, sphygmomanometers and commodes, are cleaned in-between use as per the Trust's Decontamination policy and monitored as part of the infection control audit programme.

Compliance with the decontamination policy is monitored as part of the wider IPC policy audit. During 2019/20, teams have been self-reporting 99% compliance with decontamination.

14. IPC Training and compliance

Infection Prevention and Control training forms part of the statutory induction programme which all new staff to the Trust participate in.

Annual updates are provided to staff using a variety of methods depending on clinical activity.

All non-clinical staff complete level 1 training on a 3 yearly basis.

Clinical staff members that carry out clinical procedures complete level 2 training annually. This is completed via e-learning programme. The IPCT have been facilitating ad-hoc/ bespoke face-to-face training sessions during Directives away days, at the request of clinical teams to improve clinical staff IPC training level compliance.

Statutory and mandatory IPC training across the Trust in 2019/20:is reported by Learning and Development

IPC statutory and mandatory training across the Trust is improving, the IPCT have been facilitating ad-hoc training sessions during Directive away days, and at the request of clinical teams to improve IPC training level compliance.

15.Events

As part of international Infection Prevention & Control week in October 2019, hand hygiene roads shows were conducted across Newham Community Health Services, Forensics Services and Tower Hamlets Mental Health services. There was also a Trust wide collaborative event held in Bedford to look at all aspects of IPC which involved presentations on the history of IPC, Health and social care Act, Sepsis, TB and Blood Borne Viruses.

16.IPC Policies and Leaflets

The IPC policy was reviewed and updated in January 2019, to reflect current evidence based national and international practice of IPC. Policies can be found on the IPC web page on Trustnet. All policies are ratified at the IPC committee and Quality Committee.

Communication has been a regular item on the IPCC agenda and is a key priority on the IPC work plan; to engage service users with staff in infection control sharing information and best practice. Leaflets for service users and staff are available on Trustnet.

17.Cleanliness and the Environment

The Trust facilities monitoring team carries out audits relating to cleaning, linen, waste and main kitchens and Meal Service at ward level. The Team reports directly to the Service Provider, Matron, Lead Nurse and Centre Manager (in community sites), and quarterly to the Infection Prevention and Control Committee.

The Trust has cleaning and facilities services that are out-sourced as follows:

Sites	Provider
Newham Centre for Mental Health	Grosvenor Facilities Management
Tower Hamlets Centre for Mental Health	Serco Facilities Services under the Bart’s Healthcare via service level agreement (SLA)
John Howard Centre and Wolfson House	G4S
City and Hackney Mental Health Service	ISS under the Homerton University Hospital SLA
Community Health Newham	Community Health Partnership, Outsource Client Solutions (OCS) and NHS Property Services
Luton and Bedfordshire mental health and wellbeing	G4S
Bedfordshire community Health services	NHS Property Services & Mitie

18 Cleaning audits scores for 2019/20

Summary of cleaning scores suggest that cleanliness standards across were of a good standard. The national average of 95%.

Cleaning audit results 2019/20 *Target is 95%	Q1	Q2	Q3	Q4
NHS Properties Services (Newham)	96.5%	96.7%	93%	96.55%
ISS (Homerton Hospital –East Wing)	98.3%	97.6%	96.5%	98.38%
G4S (Trustwide)	96.5%	96.8%	95%	96.53%
Serco (Mile End Hospital)	97.1%	97.3%	97.15%	97.19%
GFM (Newham Centre for Mental Health)	95.7%	95.0%	94.5%	95.70%

Cleaning issues are closely monitored by the ELFT IPC team and ELFT Facilities department with the external contractor. The IPC team work jointly, with increased visibility and frequent joint workarounds of the site with ELFT Facilities team, where there are concerns, to monitor for improvements.

19. Patient Led Assessment of Care Environment (PLACE) inspections

Patient Led Assessment of Care Environment (PLACE) PLACE is an annual programme. All NHS funded healthcare providers in the UK are required to undertake an in-depth assessment of qualifying inpatient settings as part of a national programme, overseen by the Health & Social Care Information Centre (HSCIC) on behalf of NHS England. The purpose of PLACE is to assess how the healthcare environment supports patient care and looks at areas such as cleanliness, food, maintenance, condition/appearance, privacy and dignity, disability compliance and dementia compliance. PLACE is undertaken from the patient's perspective, is based on practice, not policy, and is intended as a visual audit with no scientific or technical processes. PLACE assessment teams are made up of a combination of staff and patient assessors, with the patient representation having to equate to at least half the scoring team. PLACE patient assessors are local people, who are provided through ELFT Patient Participation Service. These are available from the estates and facilities department. The ELFT PLACE assessment programme took place in April 2019. Results of PLACE inspection are shown in **Appendix 6**.

20. Management of Water systems

All Trust sites are monitored for water quality by the Estates & Facilities Department through external maintenance contractors, and specialist sub-contractors, in accordance with Health Technical Memorandum (HTM) 04-01 and the control of legionella bacteria in water systems Approved Code of Practice and guidance (ACOP L8).

Water Safety Group oversees governance related to water safety issues across the Trust. Meetings are held on a quality bases. A water report is produced by the ELFT Estates and Facilities Team.

The water monitoring services are out-sourced to the following providers:

Sites	Provider
Newham Centre for Mental Health	Clearwater
Tower Hamlets Centre for Mental Health	Bart's Healthcare via service level agreement (SLA)
John Howard Centre and Wolfson House	Clearwater
City and Hackney Mental Health Service	Homerton University Hospital SLA
Community Health Newham	Clearwater
Luton and Bedfordshire mental health and wellbeing	Rydons
Bedfordshire community Health services	NHS Property Services

During 2019/20 the following water issued issues were identified:

Water issues	Q1	Q2	Q3	Q4
Total buildings currently being monitored	28	28	28	28

20. Legionella Testing

Legionella testing takes place at various locations around the Trust. Every case of Legionella is a risk to any organization. However, there are robust proactive and reactive measures in place to manage Legionella. These are submitted each quarter as part of the IPC Committee processes.

22. Capital Projects

Estates and Facilities work in-conjunction with IPC team to ensure ward moves and new projects are compliant with infection control standards and that a clinical sign off takes place prior to all moves.

23.

Seasonal Influenza vaccination programme *Healthcare Workers and Patients*

The Trust's seasonal influenza programme is led by Human Resources (HR) and operations leads. The Influenza campaign was promoted by using material from Department of Health and ELFT bespoke Flu posters. Peer vaccinators delivered vaccination to staff. There was also a service level agreement issued to vaccinate service users in Mental Health inpatients 19/20. This year the scope of those eligible to receive the Flu Vaccine has increased and plans are under way across the directorates. Data is reported to NHSE.ELFT achieved an uptake of 70.% amongst frontline staff reported to immform. The national target is 75%.

24. Inoculation injuries

During 2019-20, 22y-four needle stick injuries (NIS's) were reported via Datix. The IPC Team follow up and provide education and training in order to minimise risk associated with NSI's.

For the period of the 1 April 2019 to 31 March 2020 there were 22 contact with sharp incidents were reported on the ELFT datix system .1 moderate harm, 12 low harm, remainder no harm these can be further broken down into the following sub categories

- 3 incidents contact with clean needle / clinical sharp
- 12 contact with dirty needle / clinical sharp
- 3 contact with non-clinical sharp.

25 Safer Sharps Devices

The IPC team have been raising the profile on the safe disposal of used sharps, the management of NIS's, and the use of safer sharps devices (retractable needles) during IPC training sessions.

Retractable needles for insulin use are not currently prescribed by all GPs; On-going issues persist with GP prescribing of retractable needles in Community Health Services. This has been raised at Quality Committee and Care Quality Review Meetings with local CCGs. ELFT purchase retractable needles for staff to carry in community health services to promote staff safety.

Safer Sharps audits

Safer sharp audit is undertaken as part of the Environmental Audits to ensure that services across the Trust are compliant with the safer sharps directive. The safer sharps directive legislation was effective from 13th May 2013. This legislation states that healthcare services must assess and review sharp devices that healthcare professionals use during clinical activity, and seek a safer alternative with a safety mechanism to reduce and prevent the risk of a sharps injury to the user.

There was a campaign to raise awareness via communication department on the purchasing of retractable needles. IPC promote during teaching sessions. Sharps awareness (face-to-face sessions). Visits were carried out by DDIPC with EHCC (NEWHAM) and Newby Place (Tower Hamlets) (District Nursing Team).

There is a Trust wide plan to reduce injuries from Sharps see below and **appendix 5**. Safer sharps devices are available for insulin pens for Nurses to use as appropriate in community services. A poster has been devised with the Diabetic Specialist Nurse on the inpatient pathway for diabetes. This outlines the use of safer sharps. QI project in process.

A process map was devised to understand the issues related to Insulin related injuries in the home and devised as below from observing and working with the Team as below. Actions involved carrying out home visits with nurses and group workshop to further understand the process and identify areas for improvement.

Appendix 7

26. Safer sharps Process Map

Process Map Flow Chart for Home visits for Insulin injections

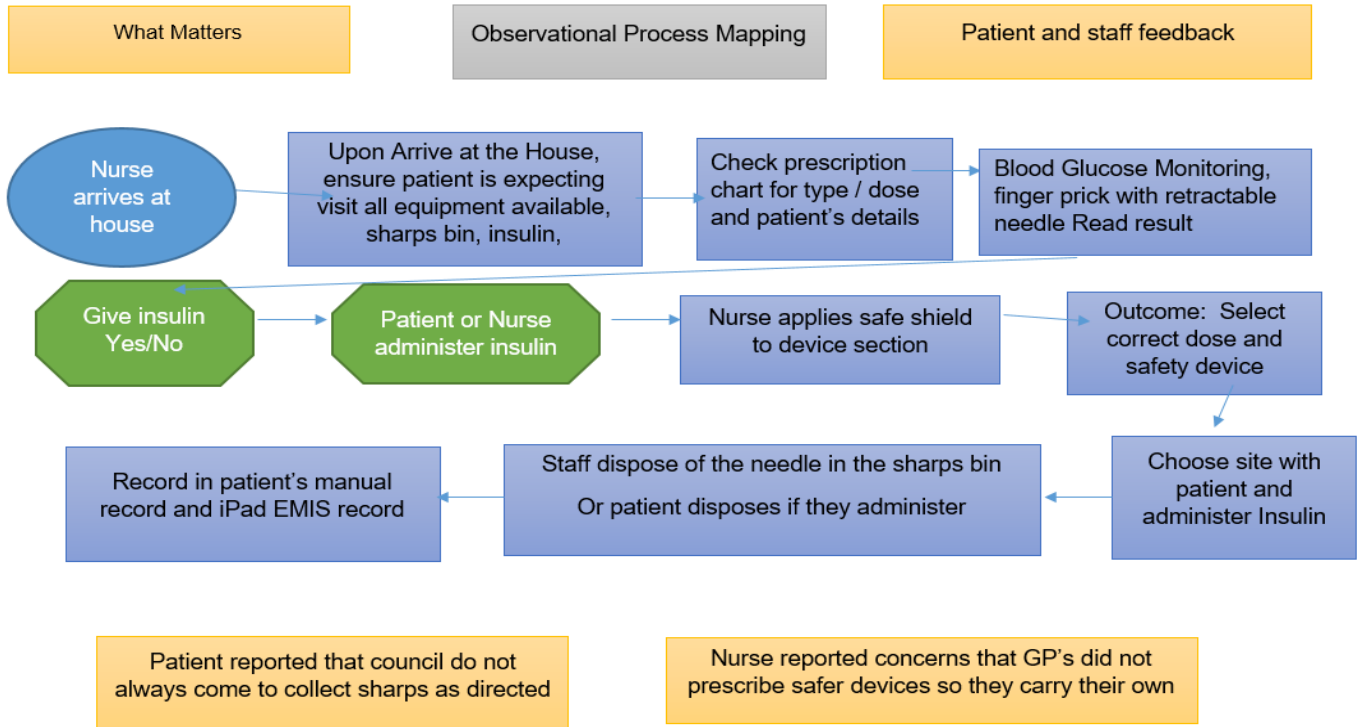


Figure 1 Process map from Home Visits and work with CHS Community Team

Outcomes:

Themes were identified in discussions on the process, however they came to a groups decision on how they view the process 80% of the time (Figure 5). Outcomes themes from discussions included, mobile working, storage, equipment, training and disposal.

Due to mobile working staff did not always meet at base to collect equipment so they had to ensure they carried more in their cars. This included sharps bins and safety devices for Insulin pens.

Other feedback from staff is that face to face training would help on safer sharps and disposal. The work with sharps is ongoing as per the driver diagram below, however the Covid -19 Pandemic has halted some of the proactive work due to the emerging priorities and outbreak management.

27.Driver diagram sharps

Driver diagram

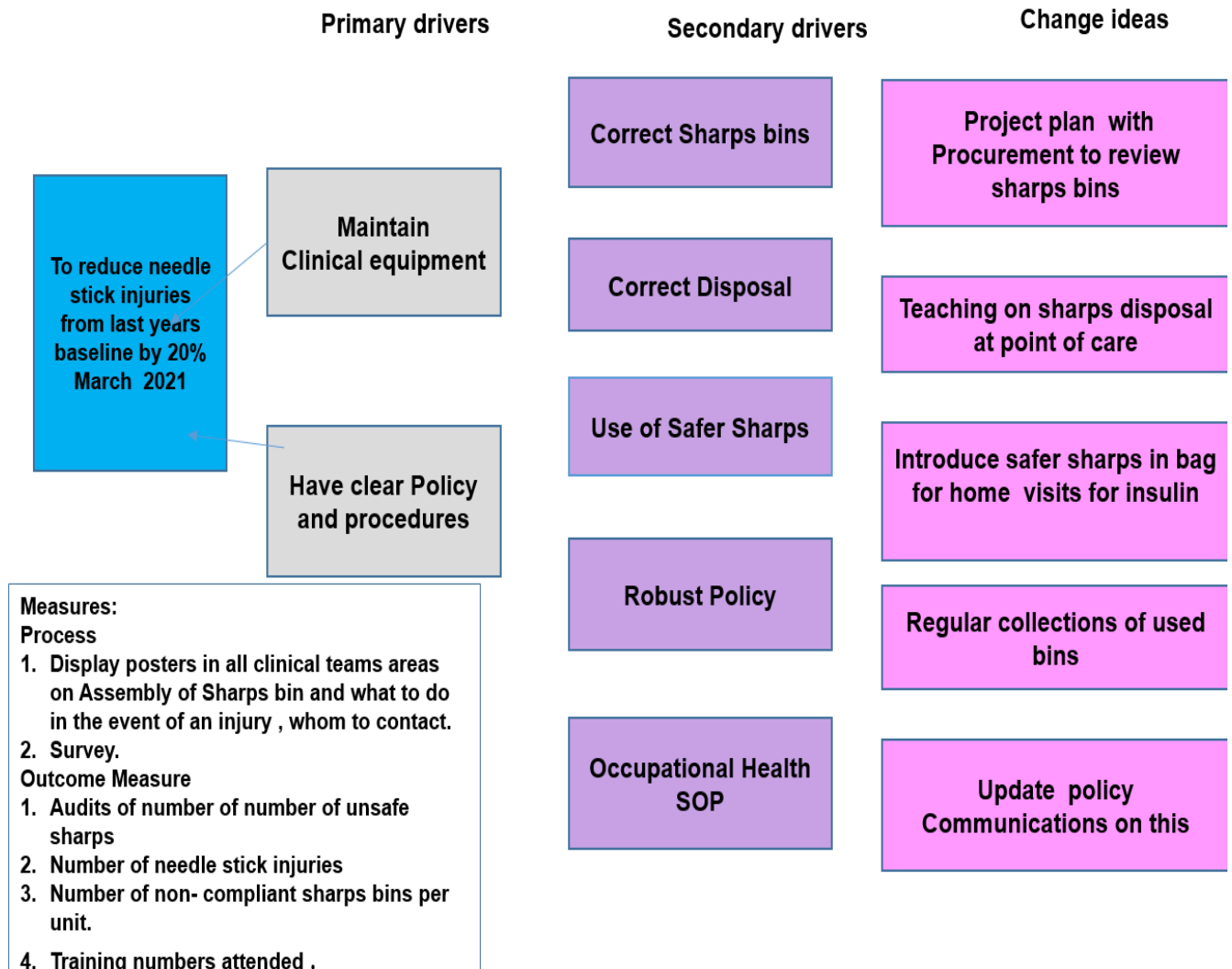


Figure 2 Trust wide Project to review safer sharps.

28. Learning from Incidents:

There was further learning from a Sharps related incident in Foot Health services in Bedford that our pathway was not effective. There was a gap in our assurance for a new pathway for needle stick injuries in Bedford. Meeting were held internally and externally with our contractor Team Prevent to develop a pathway developed and commissioned as below.

Sharps/Needle-stick Injuries Management and Pathway

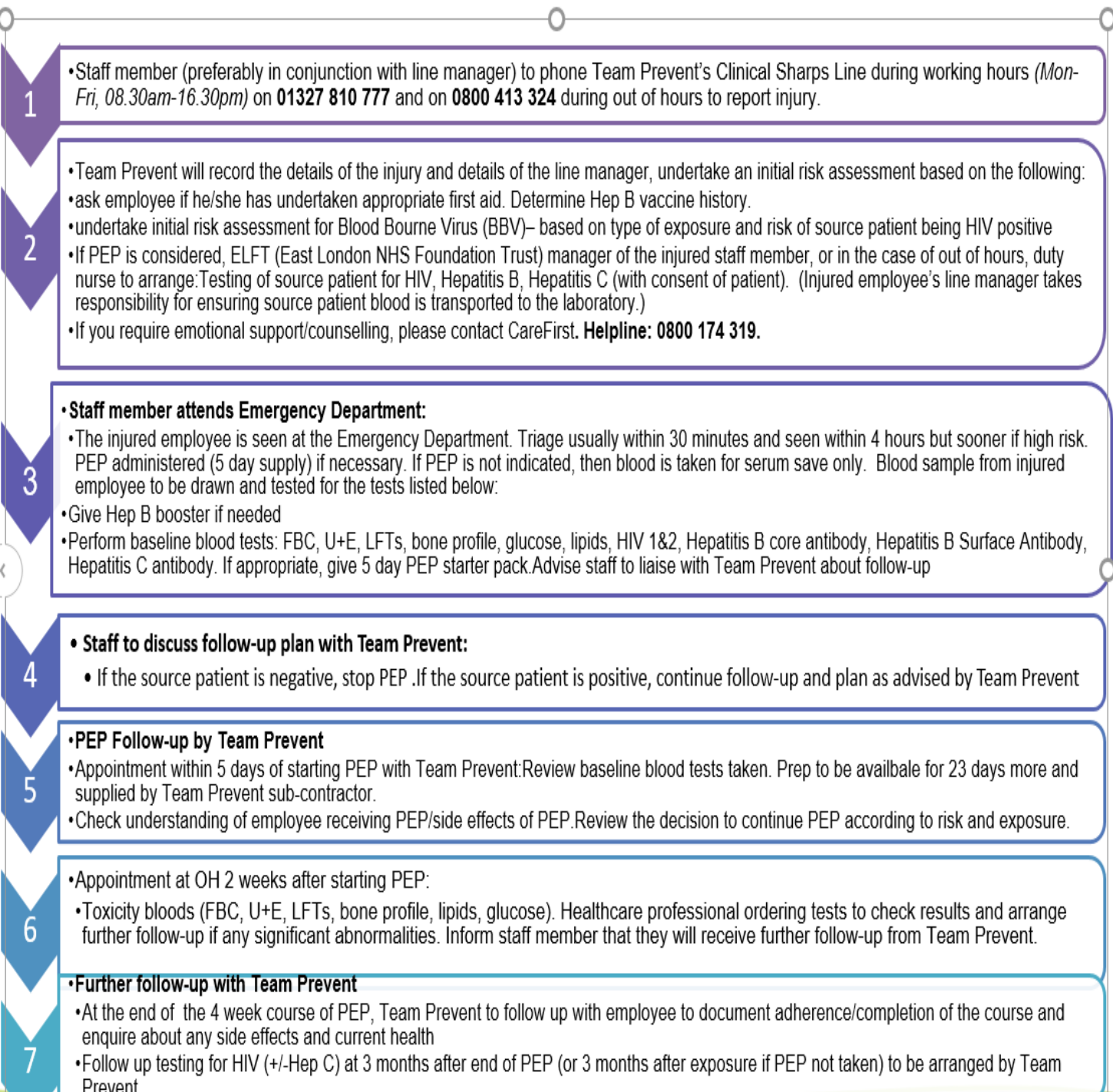


Figure 3 Sharps management Pathway after a potential Blood borne virus incident Bedford example.

29. IPC Risk Register

IPC risks are presented to the IPCC meetings. Prioritisation of tasks and activities are discussed. Throughout the year there has been on-going monitoring and management of risk.

See appendix 4.

- Risk of failure to contain an outbreak effectively at Archer Unit (Bedfordshire Community Health Service). This is due to lack of isolation rooms with en-suite facilities available in the inpatient facility. Increased capacity over winter pressures - with a proportionate reduction in isolation beds (at a time of increased risk - i.e. norovirus season).
- Risk of infectious agents, general dust and debris not being effectively removed from curtains in inpatient wards in Bedford & Luton
- Risk that soiled patient clothing that is laundered at local level may not be laundered correctly as ward level washing machines are not on a service contract as per policy. There is a risk of contamination as there is no clear dirty to clean flow. Not all units have hand hygiene facilities in laundry room
- sub-optimal decontamination of re-usable medical devices across Tower Hamlets Community Health services
- Potential risk of inadequate staffing to robustly provide a 7 day a week IPC service, due to COVID-19 pandemic that requires high service demand for IPC support and expert advice.
- Rodent infestation at Fledstead street office and clinic building.
- The Risk Register with Mitigating actions and outcomes is documented in the appendix.

30. Antimicrobial Stewardships.

During 2019/20 the Antimicrobial Stewardship Group (AMS) met quarterly. The Antimicrobial Stewardship Group determines that there are robust arrangements in place for the provision of effective antimicrobial stewardship strategies in relation to The Health and Social Care Act. The Trust Antimicrobial Stewardships Group meetings are held on quarterly bases. These meetings are chaired by the Infection Control Doctor. During 2019/20 the AMS group completed the following:

- Reviewed practice of antimicrobial use within East London Foundation Trust (ELFT).
- Providing input into the development, implementation and on-going review of the Antimicrobial Stewardship (AMS) policy within ELFT.

Antimicrobial Audits

Quarterly antimicrobial audit is completed across bedded services in Newham Community Health and Bedfordshire Community Health Services. For each antimicrobial prescription found during the audit period, the clinical notes and medication chart are reviewed and compared against antimicrobial guidelines and / or microbiology advice provided. For each prescription compliance is measured against standards which are derived from the '*Start smart and then focus*' national Antimicrobial Stewardship guidance. This guidance defines the processes which ensure that antimicrobial prescribing within ELFT is safe effective and appropriate. The audit results are on the Trust Quality dashboard from pharmacy.

31. Conclusion

This report recognizes the achievements that have been made during the year but acknowledges that HCAI Infection Prevention and Control within mental health and community will continue to present challenges.

Infection Prevention and Control in a mental health and community setting requires a different perspective and provides challenges dissimilar to those in an acute general hospital. East London NHS Foundation Trust staff are ready for this challenge and committed to providing a safe clean environment for patient staff and visitors and careers.

This report provides evidence that all objectives within the Annual Plan 2019/209 were met or remain permanent on-going priorities.

32. Summary of Annual work programme 2020/21

- The national priorities for 20120/21, determined by the Department of Health and Public Health England are: Antimicrobial Stewardship, Gram- negative Rod Blood Stream Infections and Hand Hygiene, with an overall objective of zero tolerance to avoidable HCAI's. The annual work programme for 20120/21 will continue to deliver compliance within ELFT of national standards, in particular.
- The Health and Social Care Act (2015) *Code of Practice on the prevention and control of infections and related guidelines*. The CQC IPC and COVID -19 new assurance frame work will continue to be actioned, and evidence reviewed as the current pandemic unfolds. A Business case has been submitted for extra resources to meet the current demand and plan for the next year ahead. To fulfil our obligations under the Health and Social Care Act (2008) ELFT currently employ the workforce whom oversee and deliver the Infection Prevention and Control service.
- Ensuring compliance with the Health and Social Care Act 2008, involves reducing healthcare associated infections, ensuring that IPC is high on the quality and safety agenda for all and working with colleagues to reduce antimicrobial resistance.
- The work involves being alert and responsive to new and emerging infectious diseases. However, on the 12 January 2020 it was announced that a novel coronavirus had been identified. This virus is referred to as SARS-CoV-2, and the associated disease as Coronavirus infectious disease (COVID-19. This highly infectious disease has resulted in a worldwide pandemic with an associated high mortality and morbidity which is especially prevalent in vulnerable groups and communities. This has led to increased demands on the service and there is a Business case for a year to increase the workforce

to include *Band 7 Flu Lead ,4 Band 6 Nurses and a Data analyst* to meet the demand.

33.References

- DH (2015) The Health and Social Care Act 2015- *Code of Practice on the prevention and control of infections and related guidelines*
- DH (2015) ‘*Start Smart - Then Focus*’ Antimicrobial Stewardship Toolkit for English Hospitals
- DH (2013) UK Five Year Antimicrobial Resistance Strategy 2013 to 2018
- DH (2013) Water Systems. Health Technical memorandum 04-01: Addendum *Pseudomonas aeruginosa* – advice for augmented care units
- DH (2012) Updated guidance on the diagnosis and reporting of *Clostridium difficile*.
- DH (2011) Antimicrobial stewardship: ‘Start smart – then focus’. Guidance for antimicrobial stewardship in hospitals (England).
- Health and Safety Executive (2013) Legionnaires’ Disease. The control of legionella bacteria and guidance on regulations
- NHS Improvement (2017) Preventing healthcare associated Gram-negative bloodstream infections: an improvement resource
- Public Health England (2015) Toolkit for managing carbapenemase-producing *Enterobacteriaceae* in non-acute and community setting
- The National Institute for Health and Care Excellence (NICE) (2015) Healthcare-associated infections: prevention and control in primary and community care
-

Action being requested by Committee

The author should use one of the following statements or variations thereof: “The

Board/Committee is asked to....

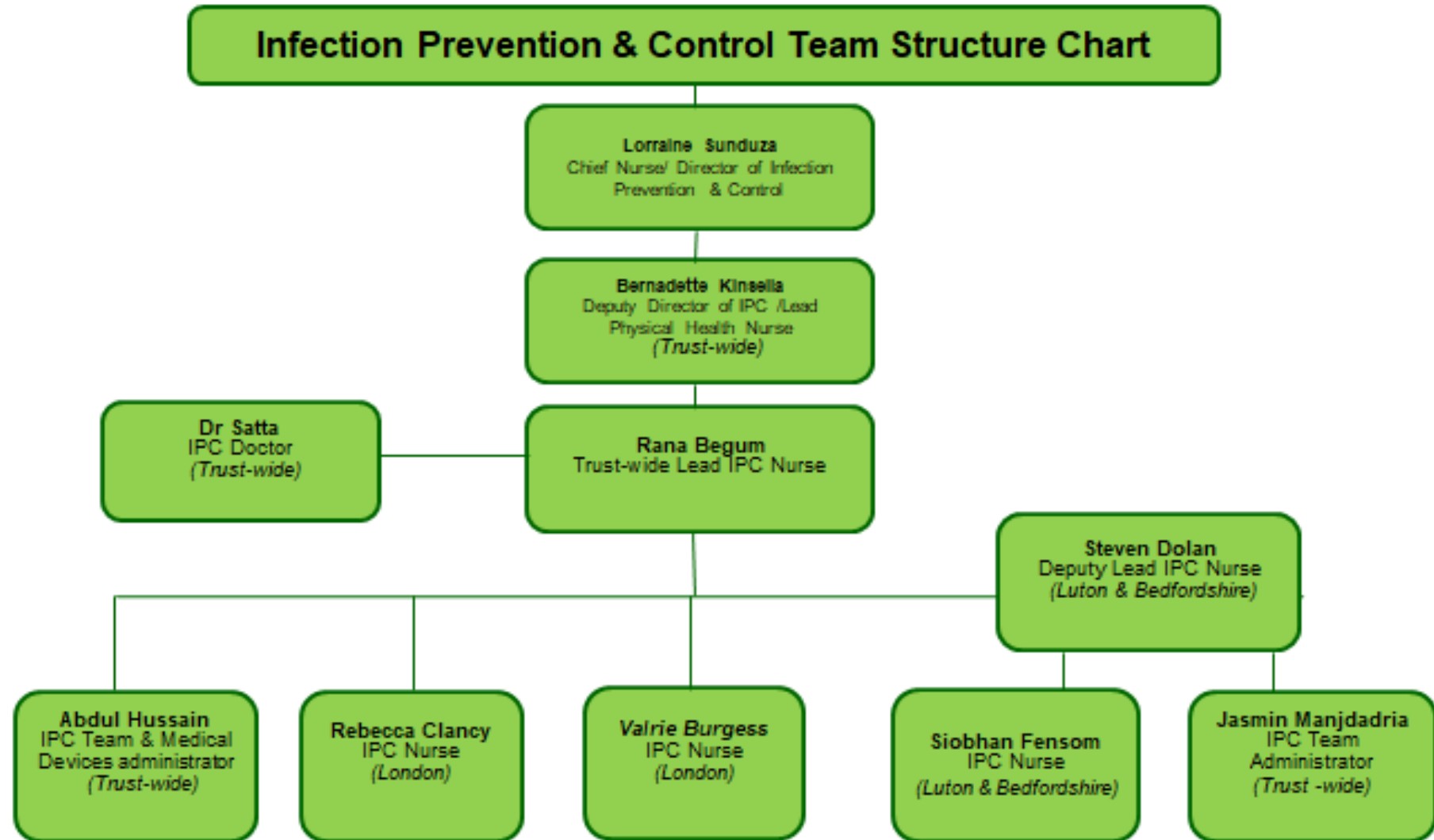
RECEIVE and DISCUSS the findings of the report

NB Definitions are as follows:

To “approve” - accepting recommendations etc. as satisfactory

To “ratify” - to approve an action/policy formally so that it can come into force

APPENDICES



INFECTION PREVENTION & CONTROL ANNUAL WORK PROGRAMME 2019/20

Aim/ Goal	Current Assurance	Action required	Target review date	Lead persons
<p>To have in place management and governance systems to provide assurance of robust infection prevention and control standards across the Trust.</p> <p><i>(Health and Social care act: Health and Social Care Act 1, 3,5,9)</i></p>	<p>A Trust Wide Infection Prevention and Control (IPC) Committee is in place which meets quarterly. Terms of Reference reviewed in April 2019</p>	<p>None</p>	<p>April 2019</p>	<p>DIPC DDIPC Lead IPCN</p>
	<p>Infection Prevention and Control Committee (IPCC) reports to the, Quality Committee and Quarterly to the Board of Directors. An IPC Annual Report also goes to the Board.</p>	<p>An IPC work plan strategy developed across the Trust.</p>	<p>Ongoing</p>	<p>DIPC DDIPC Lead IPCN</p>
	<p>IPC mentioned in all job descriptions</p>	<p>Currently in all job descriptions</p>	<p>Ongoing</p>	<p>Director of Human resources DDIPC</p>
	<p>IPC risk register is in place</p>	<p>For IPC risks to be registered on the Corporate risk register.</p>	<p>Ongoing</p>	<p>DIPC DDIPC Lead IPCN Borough Lead Nurses</p>
	<p>The Trust wide Infection prevention and control team monthly team meetings to be arranged.</p>	<p>Standing items are addressed: risk register, work plan, mandatory training, feedback from Committee meetings, incidences and lessons learnt addressed</p>	<p>Ongoing</p>	<p>DDIPC Lead IPCN</p>

	To ensure that adequate IPC involvement is embedded within all new service developments and business cases.	Ensure that the IPCT are involved with all tendering of contracts in relation to IPC	Ongoing	Business Development team Directors of Nursing DDIPC Lead IPCN
	IPC team contributes to/ advises on all service developments, refurbishments, new builds	To identify any priority building works areas concerning infection control.	Quarterly /Ongoing	DDIPC Lead IPCN Estates & Facilities Finance Department Borough Lead Nurses
		IPC and Estates operational meeting arranged on a quarterly basis. Terms of reference developed and reviewed in Jan 2019.	Quarterly /Ongoing	DDIPC Lead IPCN Estates & Facilities
	IPC takes a lead and investigates and reports outbreaks/incidents.	Root cause analysis is undertaken. In the event of a bacteraemia a post infection review (PIR) investigation is undertaken. Incidences are investigated from DATIX	Ongoing	DIPC DDIPC Lead IPCN IPC Team Borough Lead Nurses
	Legionella monitoring of water systems in place. Including Legionella policy	Water Safety Group established. Terms of reference developed. Water Safety Groups meeting held on a quarterly basis.	Quarterly /Ongoing	Estates & Facilities DDIPC Lead IPCN IPC doctor

2. Policy and Guidance development				
Aim/ Goal	Current Assurance	Action required	Target review date	Lead persons
To have an up to Infection Prevention & Control Manual	The IPC team have developed integrated policy manual. These are available on Trustnet.	IPC policy reviewed	January 2021/ as needed in line with national guidance	DDIPC Lead IPCN IPC Team
	Infection control team contribution to relevant committees, policy review and working groups	None	Ongoing	DDIPC Lead IPCN IPC Team

3. Hand Hygiene				
Aim/ Goal	Current Assurance	Action required	Target review date	Lead persons
To achieve an overall improvement in hand hygiene technique and compliance across all clinical areas <i>(Health and Social Care Act: 1,2,9)</i>	Hand hygiene is a core component of all induction and mandatory training.	E-learning completed on level for Level 1 and Level 2 training. IPC to provide training for at Trust induction via video	March 2020	IPCT Learning & Development
	Service users lead hand hygiene facilities audits completed on a quarterly basis – Service uses to completed peer assessment review this to be trailed across Bedfordshire community health service	None	Quarterly	Patient participant Leads Matrons/Ward managers
	5 moments of hand hygiene validation audits completed by IPCN in high risk areas such East Ham Care Centre and Mental Health Care of Older audits inpatients wards on a monthly basis.		Monthly	IPCNs
To increase staff awareness and satisfaction around hand hygiene resources available to them <i>(Health and Social care Act: 1,2,9)</i>	Glow boxes are available for local teaching in all Borough Directives Awareness campaign during world hand hygiene day.	None	May 2019	DIPC DDIPC Lead IPCN IPC Team Procurement Borough Lead Nurses

		Hand Hygiene posters need to be standardised in line with national NHS improvement poster.	March 2020	DIPC DDIPC Lead IPCN IPC Team Communications department Procurement
		Hand hygiene facilities are monitored through PLACE assessments and through clinical environmental audits	Ongoing/ annually	DIPC DDIPC Lead IPCN Estates & Facilities with support from the IPC Team
4. Training				
Aim/ Goal	Current Assurance	Action required	Target review date	Lead persons
To ensure all staff are suitably educated according to their role in the prevention and control of Health Care Associated Infections (HCAIs). <i>(Health and Social Care Act: 1,3,5,9)</i>	IPC mandatory training is undertaken on induction. Thereafter, clinical staff undertake mandatory training yearly and non-clinical staff undertake training every three years. E –learning is used for level 1 and 2 staff across the Trust. Quarterly mandatory training submitted to the IPCC quarterly report.	Service Lines to monitor training uptake quarterly. To continually contribute to the strategic direction of learning and development	Ongoing	Directive management teams Directors of nursing Borough Leads Nurses Learning & Development Ward Managers with support from the IPC team.
		None	Ongoing	DDIPC

	Bank staff are included in induction and mandatory training programmes	None	Ongoing	Lead IPCN Service Leads Learning & Development Ward Managers with support from the IPC team.
5. Audit programme				
Aim/ Goal	Current Assurance	Action required	Target review date	Lead persons
To have a robust and standardized system of audit and data management <i>(Health and Social Care Act: 1,5)</i>	Ongoing rolling programmes for clinical workarounds conducted across all boroughs by the IPC nurses with support from Estates and Facilities monitoring officers. Ongoing rolling programme of annual environmental audit conducted using new QI methodology audit tool by IPC nurses with service/team leads and ward managers.	The plan is for the IPC Nurses to encourage staff in low risk unit to undertake their own self-assessment audits once IPC link practitioners are embedded within services	Ongoing /annually	DIPC DDIPC Lead IPCN IPC Team Estates and facilities monitoring officers Ward staff/Matron/ Service leads
	An IPC audit is used by the inpatient teams across the Trust. This monitors hand hygiene, personal protective equipment, sharps, and aseptic technique,		Ongoing /Quarterly	IPCT Estates
	Antimicrobial audits submitted quarterly for: East Ham Care Centre inpatient wards	None	Ongoing /Quarterly	Pharmacy team DIPC DDIPC Lead IPCN

	<p>Mental Health Care of Older Adults inpatient wards.</p> <p>Pharmacy team submits Antimicrobial audits reports quarterly to the IPC Committee meetings</p>			
	<p>PLACE takes place annually in inpatient sites</p>	None	Annually	DIPC Estates and Facilities with support from the IPC Team
	<p>High Impact interventions audit completed for community inpatient services within Newham Community Health Service (East Ham Care Centre)</p>	<p>Baseline point prevalence audit to be conducted in all community health services (Newham, Tower Hamlets and Bedfordshire) to review practice and process meets NICE guidance for infection prevention in community & Gram negative Rod Blood Stream infections.–Work rolled over from 2018/19 annual work plan</p>	March 2020	IPC Team with support from Community Service Leads

6. Surveillance

Aim/ Goal	Current Assurance	Action required	Target review date	Lead persons
<p>To maintain compliance with national mandatory surveillance systems</p> <p>To ensure appropriate methods are in place to monitor risks and trends in infection</p>	<p>Data bases are maintained and surveillance data is reported to the IPC Committee meetings and also to the Trust board quarterly and annually</p>	<p>None</p>	<p>Ongoing</p>	<p>DDIPC Lead IPCN</p>
	<p>RCA and SI process for all relevant incidents including cases MRSA bacteraemia, infection, E. Coli bacteraemia surveillance and toxin positive <i>C. Difficile</i> are undertaken.</p>	<p>Undertake RCA's Post Infection Reviews (PIR) where required. Share outcome with teams. Submit report to borough governance meetings and IPC committee and Board.</p>	<p>Ongoing</p>	<p>DIPC DDIPC Lead IPCN IPC Team Support from the IPC Doctor</p>
	<p>Mandatory reporting to the PHE of Health Care Associated Infection (HCAI's) outbreaks and notifiable disease are reported to the PHE. Notification of Infectious disease guidance (NOIDS) is available on trust-net.</p>	<p>Report to PHE where required</p>	<p>Ongoing</p>	<p>Service manager Ward staff with support from the IPC Team</p>
	<p>Patients identified with MRSA are treated appropriately and promptly. MRSA screening leaflets available for printing on Trustnet.</p>	<p>None</p>	<p>Update as per national guidance</p>	<p>IPCT</p>
	<p>MRSA screening currently undertaken in physical health wards (East Ham Care Centre and Archer Unit)</p>	<p>Distribute to patients on admission so that patients are aware the rationale for screening.</p>	<p>On-going</p>	<p>Service manager Ward staff with support from the IPC Team</p>

<p>Clostridium Difficile To reduce incidence To enhance prevention and management of C Diff in order to promote patient safety</p>	<p>Management of C Diff is available on Trustnet in IPC policy manual. Ensure compliance of isolation policy and hand hygiene through audit patients/staff</p>	<p>Ensure compliance of isolation policy and hand hygiene through audit patients/staff</p>	<p>Ongoing review</p>	<p>DIPC DDIPC Lead IPCN IPC Team With support from the IPC Doctor</p>
<p>Norovirus (Health and Social Care Act: 1,3,4,6,)</p>	<p>Staff are competent in the management of an outbreak; PPE policy is known and the Policy available on the internet Outbreak management is always reviewed and relevant education given</p>	<p>Highlight any areas where there may not be adequate isolation and hand washing facilities and put into building programme. Staff to attend IPC mandatory training as required ensuring compliance with policy. Policy to be reviewed on a 3 yearly basis or sooner if there are new national guidelines.</p>	<p>Ongoing</p>	<p>DIPC DDIPC Lead IPCN IPC Team With support from the IPC Doctor and IPC Team Support from PHE where required.</p>

7. Decontamination

Aim/ Goal	Current Assurance	Action required	Target review date	Lead persons
To ensure effective systems are in place across the Trust, that provide safe decontamination of all medical devices and equipment, including furniture, beds and mattresses,	Decontamination Policy available on Trustnet	None	As per national guidance	Medical Devices Lead
	Medical devices meetings held on a monthly basis across the Trust.	None	Quarterly	Medical Devices Lead
	Use of decontamination stickers 'I am clean' audited during environmental audits	Working in conjunction with the medical devices lead develop a cleaning log book for medical devices.	March 2020	Medical devices Lead with support from IPCT
	Advice provided on decontamination products during ad-hoc IPC training sessions	Decontamination of medical devices addressed training sessions	Ongoing	IPCT

8. Cleanliness

Aim/ Goal	Current Assurance	Action required	Target review date	Lead persons
<p>To comply with national cleaning The National Specifications for Cleanliness in the NHS: The NHS Healthcare Cleaning Manual.</p>	<p>Cleaning audits undertaken across the Trust. The scores from these audits are reported to the IPC Committee on a quarterly basis. Across the Trust the figures are averaging around 95% which is the current target.</p>	<p>Escalate deficiencies in service. Infection control to be part of the contract review and monitoring process for external cleaners.</p>	<p>Quarterly</p>	<p>DIPC DDIPC Estates and facilities Decontamination Lead Directors of Nursing Ward Managers Head of Facilities & Procurement with support from the IPC Team. Cleaning contractors (G4S, ISS, Serco)</p>
	<p>Hard FM meetings</p>	<p>IPC to be included in the contract review and monitoring process as and when required.</p>	<p>Monthly/Quarterly</p>	<p>Estates & Facilities DDIPC Lead IPCN</p>
	<p>Soft FM meetings</p>	<p>IPC to be included in the contract review and monitoring process as and when required.</p>	<p>Monthly/Quarterly</p>	<p>Estates & Facilities DDIPC Lead IPCN</p>
	<p>PLACE audits take place in all inpatient units annual</p>	<p>Audits to continue to be conducted and are reported locally, also to the contract review meeting and IPCC meetings</p>	<p>Annually</p>	<p>Estates Patient Participation Lead</p>
	<p>A rolling programme of environmental audits of both inpatient and outpatient sites take place on a 6 month/ yearly basis where practicable.</p>	<p>Environmental audits to continue for inpatient and outpatient services on an annual basis using a standardised red,</p>	<p>Quarterly/ on-going</p>	<p>DDIPC Lead IPCN IPC Team.</p>

		amber, and green rating audit tool. Actions, recommendations are followed up within an agreed time line. Findings are reported to the IPC Committee. Environmental audit tool to use QI methodology		
	Monthly workarounds conducted by IPCN and Estates facilities monitoring officer.	Workarounds to continue on a monthly basis with Estates team.	Monthly	DDIPC IPCT Estates
		Ensure there are robust mechanisms in place for assurance to indicate that domestic staff has been trained in IPC.	Ongoing	Facilities and cleaning contractor.

9. Waste Management

Aim/ Goal	Current Assurance	Action required	Target review	Lead persons
<p>The risks from healthcare waste should be properly controlled. Systems should be put in place to ensure that the risks to patients, public and staff caused by healthcare waste present in the environment are properly managed and that duties under environmental law are discharged.</p>	<p>Waste Management Policy is available on Trustnet IPC policy which covers the safe handling of waste including sharps</p>	<p>None</p>	<p>On—going</p>	<p>Estates & Facilities DIPC DDIPC Directors of nursing Leads Nurses All clinical and staff with support from the IPC Team.</p>
<p><i>(Health and Social Care Act: 1,2,8)</i></p>	<p>IPC policy which covers the safe handling of waste including sharps</p>	<p>None</p>	<p>On-going</p>	<p>DIPC DDIPC Directors of nursing Occupational Health Service Leads All clinical and staff with support from the IPC Team.</p>
	<p>The waste management policy covers the safe handling of clinical waste. It also includes the safe handling and disposal of sharps.</p>	<p>To ensure mechanisms and systems are in place for the implementation, monitoring and the safe disposal of waste, including sharps are also available in the community teams.</p>	<p>Ongoing</p>	<p>DIPC DDIPC Directors of nursing Service Leads Occupational Health All clinical staff with support from the IPC Team.</p>
		<p>Conduct a Trust wide Sharps Audit by external contractor</p>	<p>March 2020</p>	<p>Trust Waste Lead with support from the IPC Team.</p>
		<p>Report any near misses or any needle stick injuries on DATIX. Share lessons learnt.</p>	<p>Ongoing/ quarterly reviews</p>	<p>DIPC DDIPC Directors of nursing Service Leads Occupational Health All clinical staff with support from the IPC Team</p>
	<p>There are robust mechanisms in place for the registration of all sites with the Environment Agency and waste producers</p>	<p>None</p>	<p>Annually</p>	<p>Head of Facilities and procurement</p>

	There is ongoing management and review of waste contracts	None	As required/ ongoing	Head of Facilities and procurement
	Clinical waste training included at IPC training. Waste training available via E-learning.	None	As required/ ongoing	ICPT

10. Management of antimicrobials				
Aim/ Goal	Current Assurance	Action required	Target review	Lead persons
Microbiology Management of antimicrobials	<p>Antimicrobial audits are completed in East Ham Care Centre inpatient wards.</p> <p>Antimicrobial prescribing policy to be developed based on local antimicrobial guidelines (Public Health England). Prescribing harmonised with that in the <i>British National Formulary</i>. However, local guidelines may be required in certain circumstances.</p> <p>Procedures are in place to ensure prudent prescribing and antimicrobial stewardship.</p> <p>Antimicrobial Steward Group developed which meets quarterly.</p> <p>Terms Of Reference for antimicrobial steward group reviewed in April 2019</p>	None	Quarterly/ Ongoing	Pharmacist Department IPC doctor DIPC DDIPC Lead IPCN
	Antimicrobial quarterly audits are undertaken.	Quarterly antimicrobial audits to be conducted for high risk areas	Monthly/on-going	Pharmacy department Infection Control Doctor

		(East Ham Care Centre, Archer Unit and MHCOP).		Medicines Management team
--	--	--	--	---------------------------

10. Management of antimicrobials				
Aim/ Goal	Current Assurance	Action required	Target review	Lead persons
Microbiology Management of antimicrobials	<p>Antimicrobial audits are completed in East Ham Care Centre inpatient wards.</p> <p>Antimicrobial prescribing policy to be developed based on local antimicrobial guidelines (Public Health England). Prescribing harmonised with that in the <i>British National Formulary</i>. However, local guidelines may be required in certain circumstances.</p> <p>Procedures are in place to ensure prudent prescribing and antimicrobial stewardship.</p> <p>Antimicrobial Steward Group developed which meets quarterly.</p> <p>Terms Of Reference for antimicrobial steward group reviewed in April 2019</p>	None	Quarterly/ Ongoing	Pharmacist Department IPC doctor DIPC DDIPC Lead IPCN
	Antimicrobial quarterly audits are undertaken.	Quarterly antimicrobial audits to be conducted for high risk areas (East Ham Care Centre, Archer Unit and MHCOP).	Monthly/on-going	Pharmacy department Infection Control Doctor Medicines Management team

11. Sharing learning and collaboration

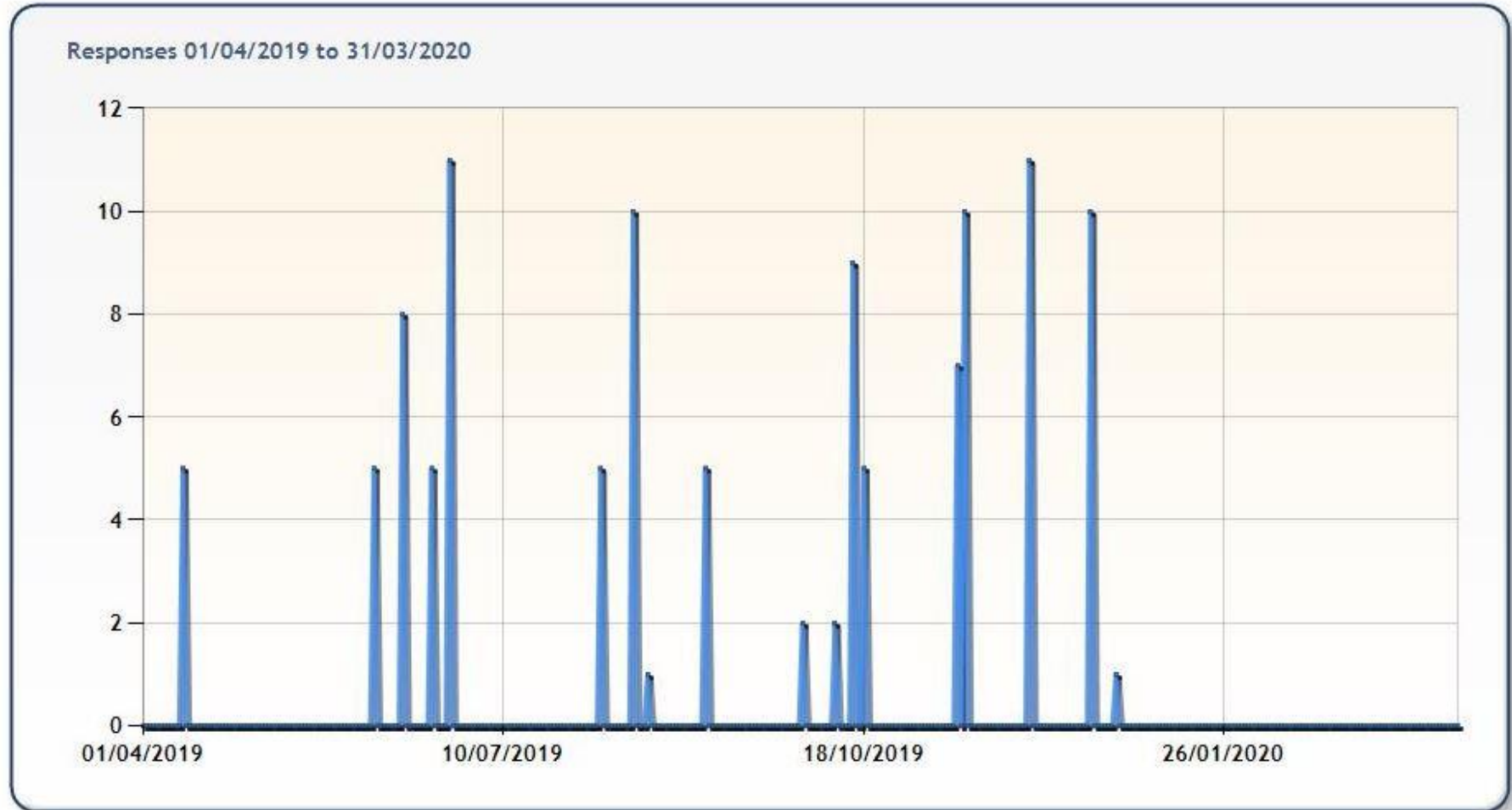
Aim/ Goal	Current Assurance	Action required	Target review date	Lead persons
Sharing learning across the organisation identifying priorities, areas for development, and cross service line collaborations <i>(Health and Social care Act: 1,3,5)</i>	Limited IPC link practitioner network across trust	IPC link practitioners programme to be embedded across all service lines	March 2020	IPC Team
		Encourage link practitioners to attend link practitioner meetings so that they are aware of the IPC agenda which in turn can disseminate to their teams.	Quarterly meetings	Borough Lead Nurses/ Matron/ Ward managers with support from IPCT
		To ensure that Trustnet web and social media accounts- Twitter pages remain dynamic and is reviewed regularly.	Monthly/ Ongoing	ICP Team Communications Department

12. Communication, learning, user involvement

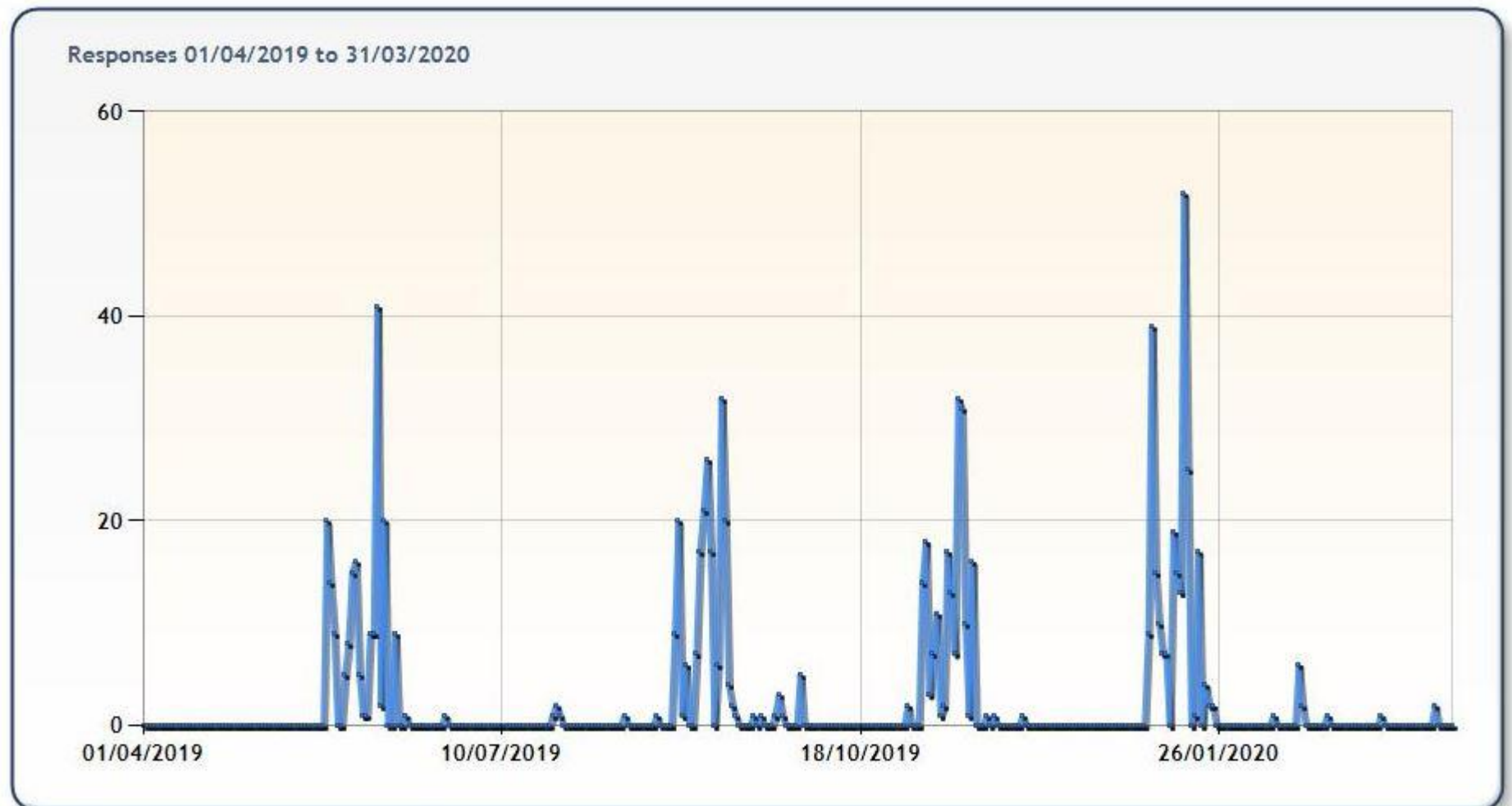
Aim/ Goal	Current Assurance	Action required	Target review date	Lead persons	
Communication, sharing learning and patient and public involvement <i>(Health and social care Act: 1, 3, 5)</i>	Limited patient information available on Trustnet	A comprehensive array of patient information leaflets to be developed. Service user involvement with the development of IPC leaflets	March 2020	ICP Team Communications Department Patient participant Lead	
		User involvement is engaged with some IPCT activities	User involvement to participate with the PLACE audits.	Yearly	Patient Participant Lead Estates with the support from IPC team
		Service user involvement on Hand hygiene audits – Service users in Bedfordshire Community Service to participate in peer patient led assessment with Quality Improvement team.	None	Quarterly	Patient Participant Lead

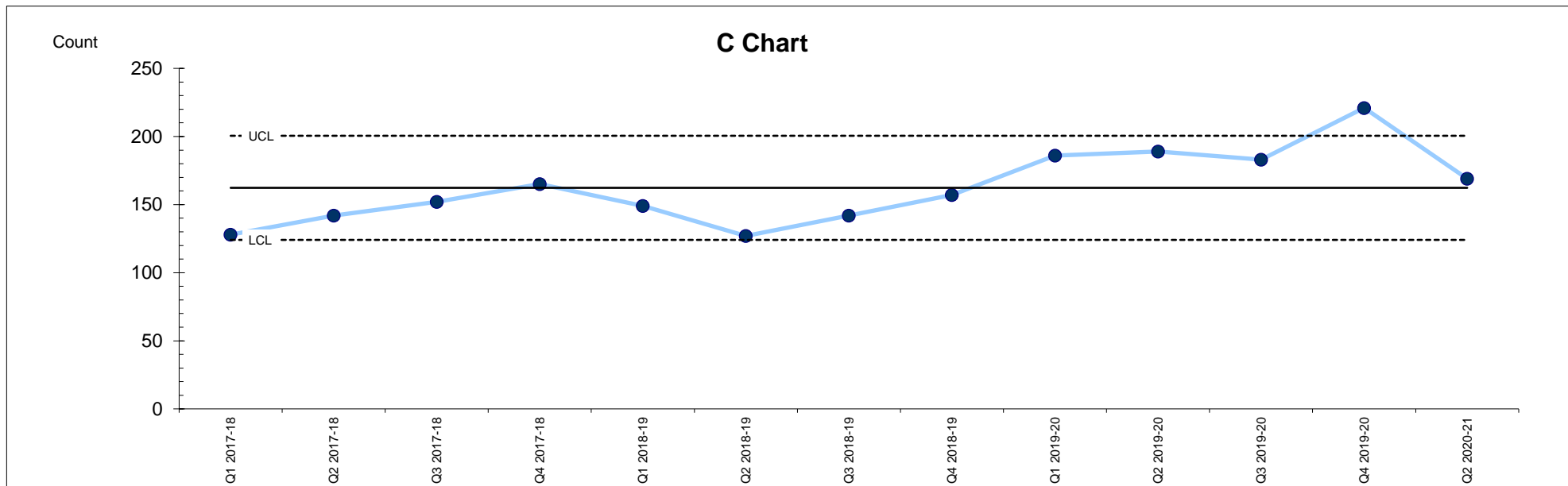
Appendix 3- Hand hygiene validation audits results

Hand hygiene validation audits results



Quality Dashboard - Completion of infection control audit





Quality Dashboard - Completion of infection control audit

Risk Register 19/20

Appendix 4

Risk Description		Controls	Mitigating Action		
1)Risk of failure to contain an outbreak effectively. This is due to lack of isolation rooms/facilities in the inpatient facility at Archer Unit (Bedfordshire Community Health Service). Increased capacity over winter pressures - with a proportionate reduction in isolation beds (at a time of increased risk - i.e. norovirus season)	12	A range of measure are in place to mitigate against the risk of transmitting infection. This includes hand decontamination; the review of isolation room use: bed management; use of appropriate personal protective equipment (PPE); isolation /cohorting of symptomatic patients; MRSA surveillance of all admissions medical treatment of new cases.	Capital bids to be considered during the financial year to improve isolation facilities such as the installation of end- suites if side rooms could accommodate this. 14.10.19: SD staff have completed fire safety training. SD & SF have worked closely with Archer Unit. Dina Car has also been to support the team.	12	Range of measures put in place for this. a lot of the issues in Archer Unit cannot be controlled. staff have done a lot of work around fire safety. Winter - opening more bed in the day room? IPC continue to work with the archer unit team.
2)Risk of increased Needle Stick injuries and non-compliant with the EU safer sharps directive. Trust wide assurance on the use of safer sharps devices (retractable needles)	12	<ul style="list-style-type: none"> • sharps audit to be undertaken of all services lines that use sharps devices by IPC team • Raise awareness via communication department on the purchasing of retractable needles. (Outstanding) • IPC to promote during teaching sessions. Sharps awareness (face-to-face sessions) • Visits carried out by DDIPC with EHCC (NEWHAM) and Newby Place (Tower Hamlets) (District Nursing Team) • Safer sharps devices are available for insulin pens for Nurses to use as appropriate in community services. A poster has been devised with the Diabetic Specialist Nurse on the inpatient pathway for diabetes. This outlines the use of safer sharps. QI project in process. 	DDIPC with support from IPC team. This risk to remain on the risk register and monitored by the IPCC.	4	<ul style="list-style-type: none"> • There are sharps audits across inpatient units. • IPC have visited EHCC and Newby Place to highlight lessons learned. • Team are using correct sharps across sites. DDIPC is working with a diabetes specialist on flowcharts to go up around wards. Doing a QI on this. The number of sharps incidents has decreased.
3)Risk of robust occupational health service support for ELFT staff during outbreak management of communicable diseases.	9	Management of outbreaks coordinated and supported by IPC team. During outbreaks staff are advise to seek medical review via GP or line manager to referral staff to Occupational health - Team Prevent	Trust wide Lead IPC nurse has escalated with HR to discuss with Team prevent at contracts meeting. Occupational health contract to be re-tendered in October 2019	4	Service specification for Team Prevent has currently being written. A local Service level for PEP management for staff based across Bedfordshire is established.

Risk Description		Controls	Mitigating Action		
4)Risk of low compliance with level Infection Prevention & Control training	6	E-learning available via Online Learning system. IPC team facilitate ad-hoc training at away days and local team meetings or at the request of teams	None	2	
5)Risk of infectious agents, general dust and debris not being effectively removed from curtains in inpatient wards in Bedford & Luton	6	External Contractors undertake steam cleaning of curtains when requested by ward staff. IPC team in Bedford and Luton to undertake duty of care visit to Mile on 31st July 2019.	Local Estate and Facilities requested schedule of completed curtain cleaning from contractor. Capital bid may be needed to procure additional curtains.	1	
6)Risk that soiled patient clothing that is laundered at local level may not be laundered correctly as ward level washing machines are not on a service contract as per policy. There is a risk of contamination as there is no clear dirty to clean flow. Not all units have hand hygiene facilities in laundry room	9	Laundry and Linen policy. Where units have no hand hygiene sink located, there are utility sinks for hand hygiene. Staff can use personal hand hygiene products to clean hands and then use appropriate hand hygiene facilities.	IPC team to visit Mile for best practice guidance. A task and finish group to be set up to resolve issues. Ward managers to procure linen baskets for service users. Capital investment required to redesign laundries to include hand hygiene facilities.	2	Washing Machine Steering Group in progress. Action plan in place looking at capital bid work of replacements of ward level washing machines. Group needs to be set up again as meetings not taken place due to Covid-19 Pandemic workload.
7)sub-optimal decontamination of re-usable medical devices across Tower Hamlets Community Health services	9	Lack of assurance on robust decontamination of re-usable medical devices. Currently clonal wipes and green clinell stickers are used for assurance.	None	2	A medical decontamination store is being procured and set up by THCHS lead Nurse/ Lead OT with mediquip. This is been followed up by the directorate.
8)Potential risk of inadequate staffing to robustly provide a 7 day a week IPC service, due to COVID-19 pandemic that requires high service demand for IPC support and expert advice.	12	Current actions taken to mitigate risk: <ul style="list-style-type: none"> • All services line across are aware of how to contact IPC team should IPC input required. • IPC policies, resources available on Trustnet • Ad-hoc training and IPCN visits undertaken in areas of concern/ poor IPC practice • Recruitment of IPC team in progress 	Staff can access IPC support via director on call between 5-10pm	2	3 staff have been seconded to team in April 2020. Due to the Pandemic the staffing situation has changed again and a recent Business case has been submitted to meet the ongoing demand.

Risk Description		Controls	Mitigating Action	
9) Rodent infestation at Fledstead street office and clinic building .	16	Interim measure is in place. Office staff have been relocated to Columbia ward in Mile End Hospital. Pest control have been fumigating the ventailaiton system and new pipe work has been installed.	Interim measure is in place. Office staff have been relocated to Columbia ward in Mile End Hospital. Pest control have been fumigating the ventailaiton system and new pipe work has been installed.	Flea stead has been decanted, fumigated and currently monitored for further rodent activity. January 2020 situation resolved.
10) Staff shortages due to sickness and a vacancy. The risk is that this will have an impact on Environmental Audits for wards in London.	9	To minimise Infection prevention and control risks, however IPC Lead Nurse Bedford is providing cover for all other IPC direct issues and advise by our microbiologist. An extra Bank administrator has also been employed to cover infection.	<ul style="list-style-type: none"> • Walk around visits are taking place for targeted areas as appropriate. • Recruitment of IPC nurse has taken place and a start date is scheduled for November. • The Trust communications has been updated to reflect the current position and whom to contact. • A contingency plan is being compiled by Bernadette and Steven (By 25th October) • Out-of-office shown by absent staff and directed to IPC inbox. • Directors aware of staff absence. 	One staff member remains on long term sick. A band 7 IPC nurse has been appointed. Band 8A has provided support with environmental audits across London. Environmental audits were delayed due to staff shortages across London, however these have now recommenced.

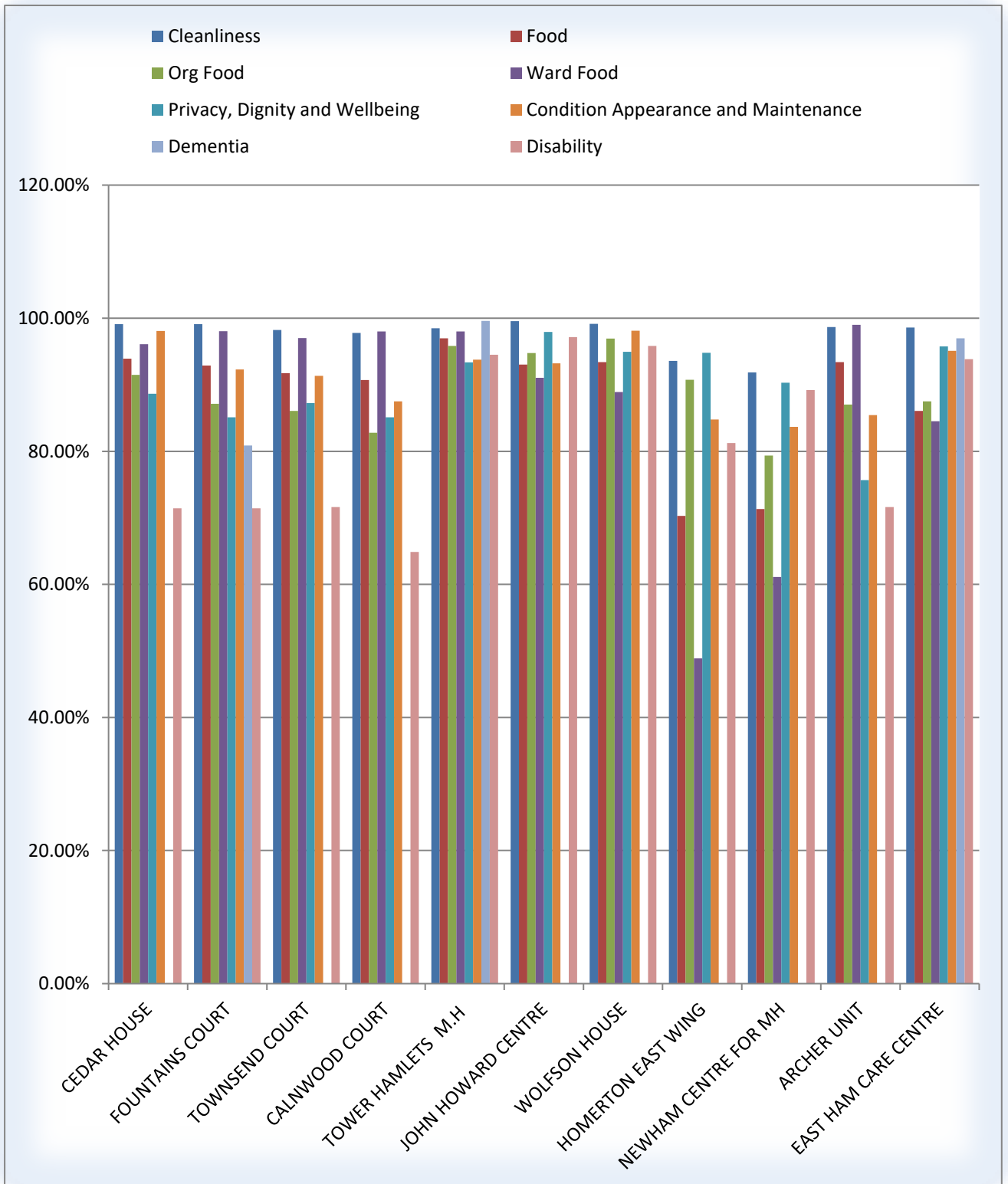
Appendix5 -Environmental Audits

AREA	2019-20 Q2	2019-20 Q3	2019-20 Q4
Coral Ward		97%	
Crystal Adult Ward			92%
Jade PICU Ward	86%		
Poplars Ward		97%	
ECT - Calnwood Court	96%		
Ash Ward			96%
Cedar House			100%
Fountains Court Acute			97%
Townsend Court Adult			86%
Willow Ward			96%
Bevan Ward (Male)		69%	IPC issues easily
Brett Ward (Male)		80%	rectifiable
Conolly Ward (Female)		85%	
Gardner (Female Acute)		91%	
Joshua Ward (Male)		85%	
Mother and Baby Ward		91%	
Ruth Seifert Ward		80%	
Crystal Ward		85%	
Emerald Ward	81%	IPC issues easily	
Ivory Ward	76%	rectifiable	
Opal Ward		70%	
Ruby Triage		85%	
Sapphire Ward		71%	
Topaz Ward		75%	
Globe Ward		80%	
Lea Ward		88%	
Leadenhall Ward		90%	
Roman Ward		85%	

The environmental audits are on a two year rolling programme and were temporarily halted due to Covid-19. The audits are now re-started and in progress and focusing on Forensics services and priority in-patient areas. This is a vital part of IPC Team work in prevention and controlling out breaks. These have action plans for matrons and line managers that require follow up in a timely manner. Please see below results of yearly Place inspections which are another tool for monitoring standards.

**Appendix6 -PLACE inspections
2019/2020**

Site Name	Cleanliness	Food	Org Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
CEDAR HOUSE	99.12%	93.90%	91.49%	96.08%	88.64%	98.08%		71.43%
FOUNTAINS COURT	99.12%	92.87%	87.14%	98.04%	85.11%	92.31%	80.88%	71.43%
TOWNSEND COURT	98.23%	91.75%	86.05%	97.00%	87.23%	91.35%		71.62%
CALNWOOD COURT	97.79%	90.71%	82.79%	98.00%	85.11%	87.50%		64.86%
TOWER HAMLETS M.H	98.50%	96.96%	95.83%	98.00%	93.37%	93.75%	99.59%	94.50%
JOHN HOWARD CENTRE	99.56%	93.04%	94.75%	91.03%	97.95%	93.22%		97.16%
WOLFSON HOUSE	99.16%	93.39%	96.92%	88.89%	94.96%	98.10%		95.83%
HOMERTON EAST WING	93.59%	70.28%	90.76%	48.86%	94.81%	84.76%		81.25%
NEWHAM CENTRE FOR MH	91.86%	71.34%	79.35%	61.11%	90.31%	83.68%		89.19%
ARCHER UNIT	98.67%	93.40%	87.04%	99.02%	75.68%	85.42%		71.62%
EAST HAM CARE CENTRE	98.59%	86.08%	87.50%	84.52%	95.77%	95.10%	96.97%	93.83%



Summary of place inspections 19/20

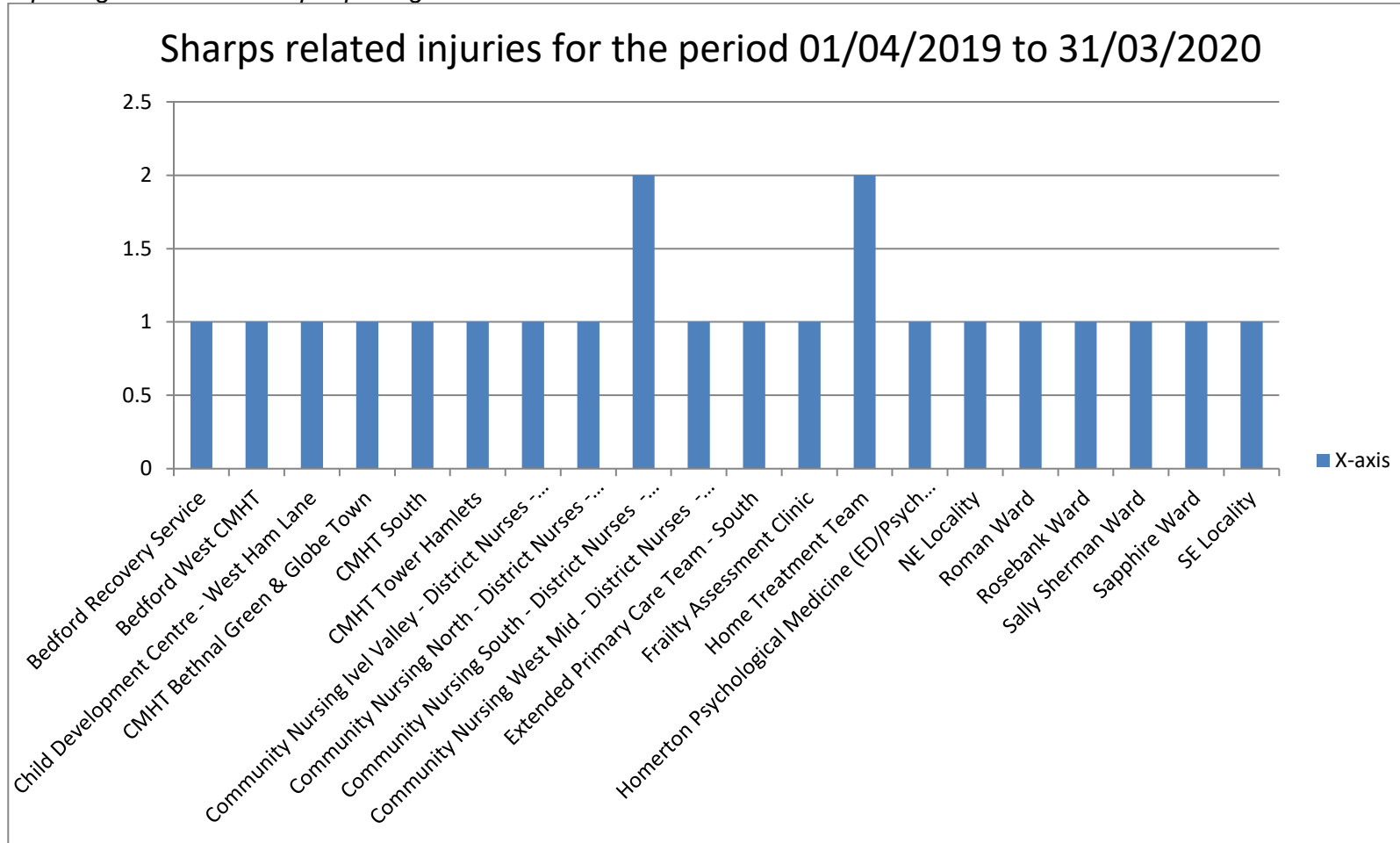
Appendix 7 Sharps Trust wide plan 19/20

Appendix 2 Trust Communication Plan to reduce sharps including Quality Improvement approach with Community Nurses.

Raise awareness of sharps implementation plan within Service leads, key stakeholders across Trust.	Update Trust Infection Prevention & Control Committee meeting <ul style="list-style-type: none"> • Directive Quality Assurance Group meetings • Trust wide Health and Safety Committee Meeting Nursing Development Steering forum meeting • Acute Borough Lead Nurse's meeting 	28 th June 2019	Completed
	Produce communication bulletin via Trust Intranet to raise awareness	April 2019	Completed
	Disseminate local ownership to Directive Service Directors via email on local Needle stick injuries data and raising awareness with in each Directive on good sharps practice. Visits to be scheduled with community nursing teams in two boroughs for process mapping	April 2019 July 2019	Completed
Conduct sharps awareness campaign	Roadshows to be facilitated across Trust services to raise sharps awareness. <ul style="list-style-type: none"> • Sharps awareness week to be conducted week commencing 22nd July 2019 • Visit to sites across the Trust including Sharps posters, 10-minute snap shot back to basic sharps training with teams at handover periods, huddles, meetings and team away days. • Dates of Sharps awareness campaign to be advertised via social media (twitter) and Trust Communication department • Start Quality Improvement project with community nurses. 	Sept 2019	completed

Appendix 8s Source Elft Datix system by service area.

More recently work has been completed to ensure that there are more categories for reporting and to improve reporting in line with sit rep reporting in relation to Covid-19



Infectious Diseases reported on ELFT datix 01/04/2019 to 31/03/2020

