Board of Directors – Public

SUMMARY REPORT	Meeting Date:	22nd September 2021
	Agenda Item:	18

Report Title:	**Infection Prevention & Control Annual Performance Report, 2020- 2021 Infection Prevention and Control Programme for 2021 – 2022**
Author(s):	Katie Grayson, Lead Nurse Infection Prevention & Control
Accountable Director:	Beverley Murphy, Executive Director of Nursing, Professions & Operations
Other Meetings presented to or previously agreed at:	**Committee/Group:** Quality Assurance Committee
	Date: May 2021
Key Points recommendations to or previously agreed at:	The annual report provides assurance that there is an effective system of infection, prevention and control management and governance.

Summary of key points in report

- The Quality Assurance Committee was assured that we meet the Health & Social Care Act 2008 (2015): Code of Practice and recognised the plans to further improve performance.
- Hand hygiene training compliance is recorded at 95%.
- Zero MRSA/MSSA/E-Coli Bacteraemia cases.
- Annual MRSA screening rate is 63%, equating to a 6% improvement upon last years screening statistics.
- Covid Outbreak management activity has strengthened collaborative working with external partners, PHE Yorkshire & Humber and Local Authority Public Health team.
- Two areas (Burbage Ward 74% & Buckwood View Nursing Home 79%) have failed their IPC audit this year.
- The Heads of Nursing and Matrons will be actively engaged in supporting the clinical teams in progressing their action plans. Progress will be monitored by service line governance arrangements and by the Infection Control Committee quarterly. The IPCT have scheduled a supportive announced re-audit to check on progress against the identified issues.

Recommendation for the Board/Committee to consider:

Consider for Action		Approval		Assurance	✔	Information	✔

The Board is asked to receive the report and note the level of assurance that can be taken, that there is an effective system of infection prevention and control management.

Please identify which strategic priorities will be impacted by this report:				
Covid-19 Getting through safely	*Yes*	✓	*No*	
CQC Getting Back to Good	*Yes*	✓	*No*	
Transformation – Changing things that will make a difference	*Yes*		*No*	✓
Partnerships – working together to make a bigger impact	*Yes*		*No*	✓

Is this report relevant to compliance with any key standards ?					State specific standard
Care Quality Commission	*Yes*	✓	*No*		
IG Governance Toolkit	*Yes*		*No*	✓	

Have these areas been considered ? YES/NO					If Yes, what are the implications or the impact? If no, please explain why
Patient Safety and Experience	*Yes*	✓	*No*		A failure to deliver good infection prevention and control standards could place patients at risk.
Financial (revenue &capital)	*Yes*	✓	*No*		Infection prevention and control audits identify a need to improve our in-patient estate.
OD/Workforce	*Yes*	✓	*No*		Delivering standards is dependent on an engaged, well-trained workforce.
Equality, Diversity & Inclusion	*Yes*		*No*	✓	
Legal	*Yes*	✓	*No*		Failure to maintain good infection prevention and control standards could result in a breach of the Health and Social Care Act 2008 (2015).

Title	Infection Prevention & Control Annual Performance Report, 2020-21 Infection Prevention and Control Programme for 2021 – 2022

Section 1: Analysis and supporting detail

Background

1.1 Infection prevention and control (IPC) is a practical, evidence-based approach which prevents service users and health workers from being harmed by avoidable infections. Preventing health care-associated infections (HCAI) avoids unnecessary harm and at times even death, saves money, reduces the spread of antimicrobial resistance (AMR) and supports high quality, integrated, people-centred health services.

The Infection Prevention and Control Team provide a service to all the Clinical and Corporate Services within SHSC and aims to optimise individuals' care; whilst protecting Service users, staff and others from the risk of cross contamination and outbreaks of infection.

The Infection Prevention and Control Team strive to promote and embed current evidenced-based best practice guidance regarding the prevention of infection and control when necessary in accordance with:
- The Health & Social Care Act 2008 (2015): Code of Practice on the Prevention and Control of Infections and related Guidance. (Hereafter referred to as the 'Health Act 2008').
- Board Assurance Framework
- NHS Litigation Authority Standards for Mental Health and Learning Disabilities
- CQC Fundamental Standards

1.2 The core aim of the Infection Prevention and Control Team is to support the organisation at all levels, to deliver clean safe care and provide assurance that the Trust is complying with standards set out in the Health Act 2008 and the Care Quality Commissions' Fundamental Standards.

Section 2: Risks

2.1 The use of Paroseals on G1. There is a protocol in place to manage for safe use and there is to be no use, during outbreaks.

Section 3: Assurance

Benchmarking

3.1 The Health and Social Care Act 2008 (2015) sets standards for NHS organisations to maintain. These standards determine the annual work plan and the measures reported in the annual report.

3.2 PLACE inspections have been a less effective benchmark during the pandemic.

3.3 Surveillance compliance benchmarks wards against each other.

Triangulation
3.4 Infection prevention and control audit outcomes can be triangulated with outbreaks of infection. In this period there is a correlation.

Section 4: Implications

Strategic Aims and Board Assurance Framework
4.1 Create a great place to work
CQC: getting back to good
BAF.0004
There is a risk that the Trust is unable to improve the quality of patient care, resulting in a failure to comply with CQC requirements and achieve necessary improvements.

Equalities, diversity and inclusion
4.2 Nothing of note.

Culture and People
4.3 Consistent delivery of high standards relies on well supported and developed staff. The implementation of matrons will have a positive impact; however vacancies in some areas will create challenges.

Integration and system thinking
4.4 The infection prevention and control team attend a variety of external meetings:
- Health Protection Committee
- IP Annual Conference
- North East and Yorkshire IPC Lead Nurses Forum
- NHSE/I Webinars

Financial
4.5 The infection prevention and control annual audits do identify shortcomings in our in-patient estate which present well-known capital pressures.

Compliance - Legal/Regulatory
4.6 Failure to maintain compliance with infection prevention and control standards could result in a breach of the Health and Social Care Act 2008 (2015).

Section 5: List of Appendices

Infection Prevention & Control Annual Performance Report, 2020- 2021
Infection Prevention and Control Programme for 2021 – 2022

Infection Prevention & Control
Annual Performance Report
2020 – 2021

Infection Prevention & Control Programme
2021 - 2022

Proud to care in Sheffield

Contents

1 Introduction

1.1 Infection prevention and control (IPC) is a practical, evidence-based approach which prevents service users and health workers from being harmed by avoidable infections. Preventing health care-associated infections (HCAI) avoids unnecessary harm and at times even death, saves money, reduces the spread of antimicrobial resistance (AMR) and supports high quality, integrated, people-centred health services.

1.2 The Annual Report of the Infection Prevention and Control Team provides a retrospective overview of the activities carried out to progress the prevention, control and management of infection within Sheffield Health and Social Care NHS Foundation Trust (SHSC) during the last year (April 2020 – March 2021).

1.3 The Infection Prevention and Control Team provide a service to all the Clinical and Corporate Services within SHSC and aims to optimise individuals' care; whilst protecting Service users, staff and others from the risk of cross contamination and outbreaks of infection.

1.4 The Infection Prevention and Control Team strive to promote and embed current evidenced-based best practice guidance regarding the prevention of infection and control when necessary in accordance with:-
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1.5 The core aim of the Infection Prevention and Control Team is to support the organisation at all levels, to deliver clean safe care and provide assurance that the Trust is complying with standards set out in the Health Act 2008 and the Care Quality Commissions' Fundamental Standards.

2. Governance Arrangements

It is noted within the Health Act (2008) that the Board of Directors has a duty to have in place *"Appropriate Management Systems for Infection Prevention and Control".*

The NHSLA Risk Management Standards for Mental Health and Learning Disability Trusts specifies that the Trust must *"Have a Process for Managing the Risks associated with Infection Prevention and Control. Infection Prevention and Control should be an integral part of Clinical and Corporate Governance".*

The overall monitoring of the Infection Control programme is via:-
- Trust Boards Monthly Quality and Safety Dashboard
- Quarterly Infection Prevention & Control Committee.
- Quarterly and Annual Report to the Quality Assurance Committee
- Quarterly performance reporting to the Clinical Care Networks Governance Meeting.

IPC Annual Performance Report 2019-2020 and Programme 2020-2021

2.1   The Role of the Infection Prevention and Control Team (IPCT)

2.1.1 The role of the Infection Prevention and Control Team (IPCT) is to provide expert advice to minimise the risk of infection. Its primary functions are to:

- Minimise the risk of infection to Service Users, staff and visitors.
- Produce and review infection prevention and control policies.
- Provide an infection control annual report, which incorporates the infection control work programme.
- Develop audit tools and facilitate the audit programme.
- Lead on the educational content of the Trust's infection control curriculum.
- Provide expert advice regarding infection control in the built environment and support the appropriate purchase and decontamination of medical devices, supporting the Trust's Medical Device Officer and Decontamination Lead.
- Provide expert advice regarding hygiene standards and cleaning frequencies, cleaning materials and equipment, and input on contracts/specifications for healthcare waste and laundry, in conjunction with Hotel Services Manager
- Advise the Trust regarding government guidance and legislation (in relation to infection prevention and control) and measure compliance and support the development of an improvement plan when required.
- Work with Public Health England and the Sheffield Clinical Commissioning Group regarding surveillance and notification of infections.
- Provide advice to all areas of the Trust and to all people who are involved in providing services or in receipt of our care. The advice given is varied, ranging from estate issues to the management and control of infections.
- Play an active role on a number of Trust-wide groups including the Water Safety Group.
- Provide advice to Estates and clinical teams regarding refurbishments, new builds and issues around water quality, healthcare waste and linen management.
- Have close contact with Procurement and provide advice on any infection control related issue pertaining to equipment and devices to be purchased by the Trust by supporting the Medical Devices Officer.

2.1.2 The IPCT have worked creatively and currently the team consist of one WTE Lead clinical nurse specialist, one WTE registered nurse who joined the trust in December 2020 and via a Service Level Agreement with Sheffield Teaching Hospitals, Consultant Microbiology / Infection Control Medical input from Professor Rob Townsend. The team is supported by an administrator.

2.2   Infection Control Committee (ICC)

2.2.1 The role of the Infection Control Committee is to oversee delivery of an effective framework to promote and provide a safe clean environment for staff, services and visitors in terms of infection prevention and control risk, within the scope of current evidence-based practice and knowledge.

The committee provides assurances to the Board, Quality Assurance Committee, and Director of Infection Prevention & Control (DIPC); whilst supporting Service Lines to demonstrate compliance with the legislative & regulatory standards.

From April 2021the committee will take a new format and become a joint committee with the Physical Health & Resuscitation Group.
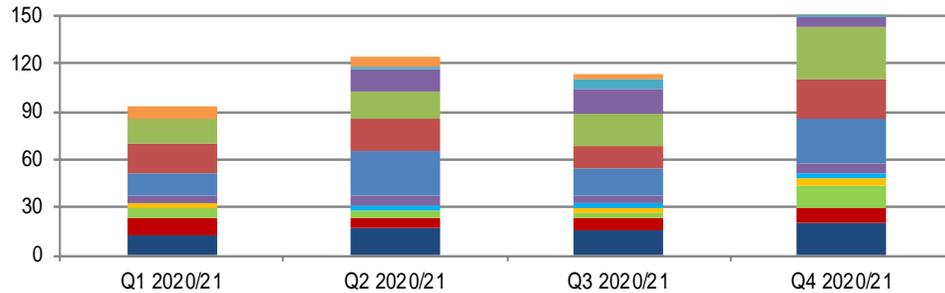
2.2.2 Key objectives:

- To oversee and receive assurance of the implementation and compliance with The Health and Social Care Act (2008) (Code of Practice), Health & Safety Act 1974, Control of Substances Hazardous to Health Regulation (COSHH) 2002, EU Council Directive 2010/32/EU Sharps Instruments in Healthcare Regulations (2013) and other relevant existing legislation pertinent to infection control.
- To oversee and seek assurance on the effective implementation of the Trust-wide infection control annual programme.
- To oversee the implementation and monitoring of the infection prevention and control (IPC) audit process. Promote a culture of clinical team ownership of improvement plans to address gaps in compliance.
- To oversee and seek assurance on reporting of issues/risks for inclusion on the risk register. To oversee and hold to account clinical teams on appropriate action to mitigate and manage risks.
- To ensure cross organisational links and joint working continues with partner organisations both locally & nationally in relation to IPC national initiatives or ambitions
- To ensure the review of IPC national and regional guidance/documents, agree if actions are required by the Trust and oversee their effective implementation.
- To use surveillance data collected to ensure an awareness of our annual case figures regarding mandatory alert organisms.
- To ensure learning through the Post Infection Review (PIR) and Root Cause Analysis (RCA) processes of MRSA Bacteraemia cases, *Clostridium difficile* and outbreak investigations. Seeking assurance that local improvement plans in relation to PIR & RCA investigations are fully implemented.
- To ensure that there is a robust process for the review and implementation of SHSC infection prevention and control policies, guidelines and procedures; ensuring that they are in line with all required standards, including Trust building redesigns/ refurbishments.
- To receive assurance reports from the Water Responsible Person & Water Quality Group that the Trust's statutory obligations and policy is being effectively implemented in the Trust. To ensure Water Quality is monitored and reported.
- To seek assurance that there are systems to manage and monitor the use of antimicrobials across the organisation; ensuring that inappropriate and harmful use is minimised and antimicrobial stewardship activities are monitored and reported on.
- To seek assurance about the suitability of the annual seasonal Influenza vaccination programme.
- To ensure that the Training and Education Programme is developed to address any gaps identified in relation to IPC for all disciplines & grades of staff. To ensure that opportunities for learning/promoting good practice are shared across the organisation including learning from complaints and incidents.
- To seek assurance that action relevant to IPC related Safety Alerts has been taken and to approve products used within SHSC which meet IPC and decontamination standards.
- To seek assurance that contracts and tenders have taken account and acted on relevant IPC standards. Commission pieces of work relevant to closing gaps with IPC standards.

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Infection Control Dashboard: April 2020 - March 2021

Infections / Hand Hygiene

Top 12 Infections by Frequency

Legend:
- Chest inf/pneum/cough >3 weeks
- Diarrhoea (and/or) vomiting
- Cellulitis
- UTI (catheter/suprapubic in situ)
- MRSA Known or suspected
- BBV (HBV, HCV, HIV Known or high risk)
- UTI (no catheter insitu)
- Wounds – include leg ulcers/surgical
- Any other infections
- Influenza like illness
- Ear infections
- Eye infections

2020/21 Trust Hand Hygiene Compliance

- Yes: 95%
- No: 5%
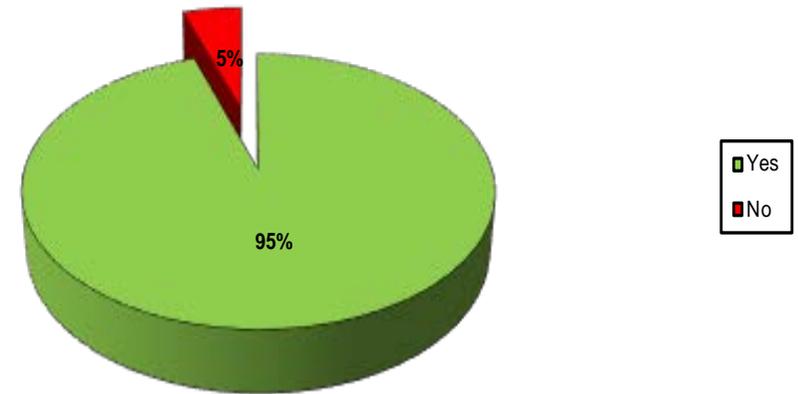
Audit Programme

2020/21 Audit Programme Overall Results

- Pass: 70%
- Caution: 23%
- Fail: 7%
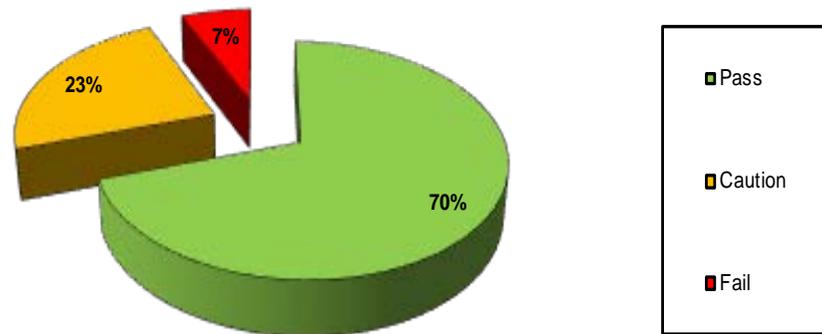
2020/21 Audit Programme Results by Directorate

Directorate	Pass	Caution	Fail
Acute Care Wards	2	3	1
Dementia and Nursing Homes	1	2	
Learning Disabilities	0	0	1
Mental Health/	0	1	0
Adult Social Care			
Rehabilitation Services	1	0	0
Forensic	1	0	0
START (Substance Misuse)	2	0	0
Other Services	14	1	0
	21	7	2

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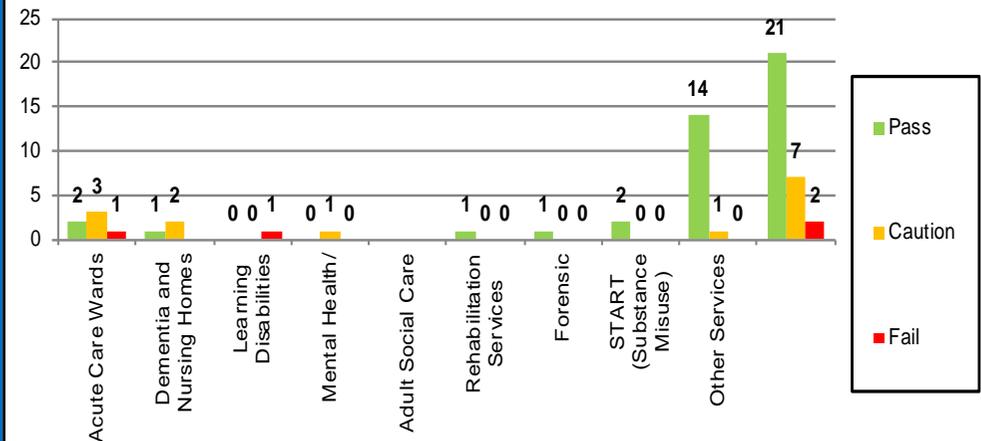
3. Performance Summary - Annual Infection Control Programme for 2020 – 2021: See Dashboard page 4

3.1 Hand Hygiene

3.1.1 It is well evidenced that hand hygiene is the simplest and least expensive intervention that can actively reduce the risks of cross contamination between staff, Service Users and visitors. Body secretions, surfaces of inanimate objects and hands of all human beings can carry bacteria, viruses and fungi that are potentially dangerous to them and others. Therefore, the promotion of effective hand hygiene coupled with "Bare Below the Elbow" (BBTE) within the Trust continues to be high on the agenda.

3.1.2 The Trust is required to have effective systems in place to prevent irreducible infections; this includes the provision of appropriate well-maintained facilities, ample supplies of quality consumables (liquid soap, paper towels, alcohol handrubs and moisturiser); the display of promotional materials and relevant training in hand hygiene techniques and skin care.

3.1.3 To this end the Infection Prevention and Control Team continually work with Procurement and Estates to ensure that products are consistently available. NHS Supply Chain is currently undergoing considerable reorganisation at present, and we continue to receive products via the 'push pallet' system. In addition, the audit of hand hygiene facilities has been performed by the IPCT and where facilities were identified as insufficient, these issues are being escalated to Estates for addressing.

3.2 Education and Training

3.2.1 The Health Act 2008 (2015) requires that all staff require appropriate on-going education which should incorporate the principles and practice of prevention and control of infection. Clinical staff should have an on-going understanding of the risk from existing, new and emerging infectious diseases and take this into account when assessing Service Users.

3.2.2 The Trust's education and training needs matrix contains the infection prevention and control requirements for all staff groups/disciplines. Managers continue to be provided with information on who is compliant with the minimal level of hand hygiene and infection prevention education on a monthly basis via colleagues in the Training Department.

3.2.3 The minimum standards are for all new staff to receive training on corporate induction (known as Core Mandatory training); which covers the basic principles of Standard Infection Control Precautions (SICP). SICP training includes appropriate hand hygiene with soap & water and alcohol handrubs, the use of Personal Protective Equipment (PPE), decontamination of equipment, sharps safety, healthcare waste management, laundry management, spillage management and isolation precautions. All staff with direct care contact receives an IPC refresher session delivered by colleagues in the training department known as 'Mandatory Update' annually. This ensures a robust process to training the workforce regularly regarding IPC practices for assurance purposes and improved recording of training data.

3.2.4 The Quality Account target set by NHS Sheffield Commissioning Group is to have trained 80% of staff in hand hygiene (HH) practices. The Trust has met this target by achieving **95%** at the end of Quarter 4. This is a substantial improvement whereby only 52%-57% compliance has been reported for several years prior to 2015.

3.2.5 IPC training (like many other mandatory subjects) has had to be delivered online virtually this year due to the Coronavirus pandemic. The induction session was moved virtually and consisted of a PowerPoint presentation with a voiceover to accompany the slide deck. Knowledge was tested via passing a written short answer/multiple choice assessment returned to the training department with a pass rating of 80% required, otherwise retaking the test was a requirement. Early in the pandemic the Lead Nurse delivered face to face sessions on IPC, Coronavirus and the Personal Protective Equipment (PPE) needed based upon national guidance issued at the time.

3.2.6 Concomitantly whilst supporting the trust response to Coronavirus, the Lead Nurse was asked to develop and deliver 3x 2-hour virtual sessions to registered nurses who had become peer to peer influenza vaccinators. The sessions were well received and were co-hosted with the Deputy Director of Nursing Operations.

3.2.7 To retain credibility and validity of the infection prevention roles, the Lead Nurse has continued to undertake professional development through a variety of sources. Both staff are members of the Infection Prevention Society (IPS), which provides opportunities for networking at a regional and national level and access to appropriate educational study days and conferences.

The Lead Nurse has now finished her tenure as the Communications Officer for the newly formed national IPS Care Homes Special Interest Group, which since its inception has now over 232 members.

3.2.8 The IPC staff intranet page has been updated considerably over the last year whereby the resources offered to staff on a variety of IPC issues can be located centrally for easy access and reference. In addition to this, the Lead Nurse has been supporting/writing the content on a high proportion of the information located on the Covid19 Knowledge Hub maintained by the Communications Team.

3.3   Surveillance – Mandatory & Voluntary

3.3.1 The Health & Social Care Act 2008 (2015) requires organisations to provide quality information on Health Care Associated Infection (HCAI), antimicrobial resistant organisms and infectious diseases. This information is essential to monitoring the progress, investigating underlying causes and instigating prevention measures. The IPCT have developed a simple monitoring process for collecting voluntary data that involves a monthly surveillance survey, plus ad hoc reporting directly into the team by inpatient areas and care home settings. However, this does not extend to monitoring in the Clover Group GP practices under the Trust as this is undertaken by the Syndromic Surveillance Systems established by Public Health England (PHE).

3.3.2 The IPCT acknowledge that the data provided is not statistically robust, due to areas not complying fully with the requirement to gather the requested surveillance information or submit it in a retrospective timely manner. To try and improve this, the Lead Nurse met with the inpatient Governance Officers. The tables below identify the level of compliance by Clinical teams in providing the relevant information and shows a comparison to last year's data. If the areas provide data more than 75% **(GREEN)** of the time (over the 12-month period April - March); they are deemed as compliant. Returning data 50% - 75% of the time during the year equates to a caution **(AMBER)** and areas providing data less than 50% of the time are recorded as non-compliant with data returns and colour-coded **(RED).** Areas highlighted in **(BLUE)** have consistently submitted their data every month and in the required timeframe.

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These tables clearly show where areas have either improved or fallen below expected standards. The level of compliance has been shared at the Infection Control Committee and reported quarterly in the IPC performance report. Late submission is escalated to the Heads of Nursing and General Managers to address directly in the areas of which they are responsible. Endcliffe, Maple, Stanage and G1 have made a significant improvement however, Burbage Ward needs to improve their submission performance over the next year.

Table 1a and 1b Surveillance Compliance

Surveillance Compliance April 2019 – March 2020	
Area	Compliance %
Acute	
Burbage	92%
Dovedale	75%
Forest Close	89%
Forest Lodge	100%
Endcliffe	67%
Maple	33%
Stanage	50%
Specialist	
Birch Avenue	100%
G1	50%
Woodland View	
Beech	closed
Oak	100%
Willow	100%
Community	
Wainwright Crescent	100%
Learning Disability	
Buckwood View	100%
Firshill Rise	75%

Surveillance Compliance April 2020 – March 2021	
Area	Compliance %
Acute	
Burbage	50%
Dovedale	100%
Forest Close	94%
Forest Lodge	92%
Endcliffe	100%
Maple	75%
Stanage	83%
Specialist	
Birch Avenue	100%
G1	100%
Woodland View	
Beech	Closed
Oak	100%
Willow	100%
Community	
Wainwright Crescent	100%
Learning Disability	
Buckwood View	83%
Firshill Rise	100%

3.3.4 Mandatory surveillance of Alert organisms continues to be collected and the table below shows the number of positive cases we have had for each organism this year.

Table 2 Alert Organism Annual Cumulative Cases

Alert Organism	Annual Cumulative Case Total
MRSA Bacteraemia	0
MSSA Bacteraemia	0
Escherichia Coli **Bacteraemia**	0
Clostridium difficile **Toxin producing diarrhoea**	2

In both these cases, 1 at Buckwood View Nursing Home in August 2020 and the other at Woodland View Nursing Home in December 2020, had Root Cause Analysis Investigations completed. The first RCA at Buckwood View identified relevant risk factors for the acquisition of C-difficile, related to recent inpatient stay at the Acute Trust and the administration of broad-spectrum antibiotics. As such the community acquisition of the C-difficile in this patient's case was unavoidable and no lapse in care was identified.

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The second RCA undertaken at Woodland View identified no relevant risk factors for the acquisition of C-difficile, related to (no inpatient stays or antibiotic exposure). As such the community acquisition of the C-difficile in this patient's case was unavoidable and no lapse in care was identified. 25% of community cases of C-difficile have no known cause.

3.3.5 59 Urinary Tract Infection (UTI) cases (Service User who are not catheterised) and 5 cases in those with a urinary catheter insitu have been reported. Reported chest infections are recorded as 120. 230 Service User's prescribed inhalers or nebulisers this year. 39 Service Users are reported to have an invasive device insitu and 45 Service Users have a history of self-harming by breaking the skin; both of which increases their risk of infection as natural body defences are compromised. Wounds are reported as 65.

3.3.6 The reported numbers of antibiotics prescribed during this period is 295.

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Annual Infection Surveillance Data: April 2020 - March 2021

Number of patients with known or suspected infections / infestations

Directorate	MRSA Known or suspected	Other multi-resistant organisms e.g. ESBL, CPE	Diarrhoea (and/or) vomiting	Clostridium difficile (known or suspected)	Blood borne virus e.g. HBV, HCV, HIV Known or high risk	Known/suspected IV drug user	History of self-harm (breaking the skin only)	Invasive devices e.g. catheters, PEG or other	Number of patients had MRSA screens done this month	Chest infections/pneumonia or cough lasting 3 weeks or more	Influenza like illness	Urinary tract infection (no catheter insitu)	Urinary tract infection (catheter/suprapubic insitu)	Prescribed antibiotic treatment	Transferred from another hospital	Transferred from residential or nursing care homes	Wounds – include leg ulcers/surgical	Infestations(parasitic) e.g. head lice, pubic lice, scabies, thread worms	Cellulitis	Prescribed inhalers or nebulisers	TB – known history or suspected	Ear infections	Eye infections	Any other infections – please provide details
Acute Care Wards	0	0	9	0	7	6	31	9	43	12	1	12	1	50	36	6	25	0	9	39	2	1	2	11
Dementia and Nursing Homes	14	0	11	0	0	0	1	19	73	84	0	40	3	175	46	13	30	0	3	143	0	0	13	7
Forensic Services	0	0	0	0	0	2	10	0	10	0	0	1	0	25	8	2	6	0	0	19	0	8	0	11
Learning Disabilities	0	0	0	0	0	0	1	11	0	22	0	5	0	36	0	0	1	0	1	16	0	0	0	3
Mental Health Adult Social Care	0	0	0	0	2	0	0	0	0	1	0	1	1	2	0	0	0	0	0	0	0	0	0	0
Rehabilitation Services	0	0	4	0	0	0	2	0	11	1	0	0	0	7	12	1	3	0	1	13	0	0	1	1
Overall Annual Totals	**14**	**0**	**24**	**0**	**9**	**8**	**45**	**39**	**137**	**120**	**1**	**59**	**5**	**295**	**102**	**22**	**65**	**0**	**14**	**230**	**2**	**9**	**16**	**33**

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3.4 Coronavirus Pandemic (Covid19)

In late December 2019 a new (novel) coronavirus was identified in China causing severe respiratory disease including pneumonia. The virus causing the infection has been named - severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) this is a new strain of coronavirus causing Covid19. SARS-CoV-2 infections are spreading between people globally, and the situation was declared a pandemic on the 12th March 2020. Since 19 March 2020 Covid19 is no longer categorised as a High Consequence Infectious Disease (HCID) in the UK. The situation was declared a pandemic on 12th March 2020. As a newly identified virus there was no known human immunity to it and no vaccine was available to prevent infection. As a viral infection, antibiotics are not an effective treatment.

Coronaviruses are a common family of viruses and one of the causes of the common cold. In general, most people infected with Covid19 will present with mild to moderate respiratory like symptoms, but those with underlying illness and co-morbidity are more likely to develop serious illness and potentially die.

Other examples of Coronavirus include MERS Co-V and SARS both of which have prompted global collaboration to reduce spread between people and to protect healthcare workers. The evidence from these outbreaks is being used to inform the response to Covid19. As the pandemic progressed, scientists and health care professionals are continuing to learn more about how coronavirus is transmitted and how best to protect health care workers and treat those affected.

It was a fast-paced evolving situation and as with any new strain of virus, the guidance for healthcare workers and health and social care services was rapidly being developed and updated frequently. This reflects the need to take a view of the global situation as well as the situation across the UK. Alongside a growing understanding of the infection risk of this new virus; incubation time, infectiousness, severity of the infection for some individuals alongside specific demographic and ethnicity risk factors, many significant challenges were faced in the early days in supporting the trust's response to the pandemic. It must be acknowledged that for the vast majority of this reporting period (April 20 to December 20), there was only one specialist qualified and experienced infection control nurse resource for the whole trust.

The exact response to the pandemic will reflect the nature, scale and location of infection as the situation developed over the course of last year and now continues, with caution as trepidation of a further wave later this year. Due to the significant spread and infection rates in the local Sheffield population, it was inevitable to see cases of Coronavirus admitted and identified within our inpatient settings, care home facilities and staff.

3.4.1 Covid19 Outbreak Summary

Outbreak - Birch Avenue Care Home
A significant outbreak affecting 33 staff members and 11 residents attributable to Covid19 has been identified over the August Bank Holiday. PHE Yorkshire & Humber and Sheffield Public Health Team at the local authority have had extensive involvement in facilitating outbreak management. Daily Sitreps were instigated and on the 17th September the Lead Nurse carried out an extensive mapping/timeline of the outbreak with the Care Home Managers.

During January 2021, the home had another small outbreak affecting 5 residents and 2 staff. Asymptomatic carriage detected by GP sampling prior to administering Covid vaccination

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programme. PHE Yorkshire & Humber were involved and daily sitrep reporting reintroduced to support the team.

Outbreak - Woodland View Care Home
Another large outbreak affecting both 11 staff and 10 residents has been identified, and attributable to Covid19. All resident cases are on one cottage (Oak). Furthermore, the team at Woodland View have prevented spread to the other cottage. PHE East Midlands have not been as proactive in their approach to facilitating outbreak management, however Public Health Team at the local authority have had input. Daily Sitreps were organised, and the Lead Nurse carried out an extensive mapping/timeline of the outbreak with the management team.

To note: David Charlesworth, Head of IPC NHSE North Yorkshire/Humber carried out a supportive visit to Woodland View on the 24/09/20 to discuss the approach and management of IPC in both SHSC Care Home outbreaks. It is pleasing to report that David Charlesworth could not find any significant lapse in practice and was satisfied that our management of the outbreak situations were in line with national guidance.

Cluster – Edmond Road, CMHT

A small cluster involving a limited number of staff (3) was reported to PHE. Guidance issued by PHE was followed and the Team managed the situation with support from the Deputy Director of Nursing Operations and the Lead Nurse IPC. We both facilitated an MS Teams safe space outbreak meeting involving the whole team which was well received as a supportive approach.

This team experienced another outbreak in January 2021, affecting in total 4 staff, managed as above.

Cluster – Sidney Street, Criminal Justice Team

Another small cluster involving 3 confirmed staff was identified and reported to PHE. Similar approach to the above community team cluster taken and a supportive outbreak safe space MS teams meeting was held with the senior managers for the team to provide advice/support.

Outbreak – Buckwood View Care Home

During October an outbreak affected 12 residents and 23 staff attributable to Covid19 has been identified. PHE and Sheffield Local Authority Public Health Team were informed and provided ad-hoc support as required. Daily Sitreps were established with the team at Buckwood View. CQC undertook an IPC focused inspection during the early stages of the outbreak and found no lapse in practices observed and provided a report to the care home manager stating that they were satisfied with outbreak arrangements and practices relating to IPC.

Cluster – President Park, Estates & Facilities Team

Another small cluster of cases involving 4 confirmed members of staff during October. Senior management were supported daily.

Outbreak – Netherthorpe House SPA Team

During November an outbreak of Covid19 was notified to the Incident Control Centre. In total 13 staff members were affected. The Head of Nursing and the Lead IPC Nurse facilitated a

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safe space outbreak MS Teams meeting for an hour, to help support the team and answer general covid questions and concerns.

Outbreak – Grenoside Grange G1 Ward

During December a second Covid19 outbreak has affected 11 patients and 7 staff. All patients are now out of their isolation period and may staff have returned to work or are about to. Outbreak monitoring is currently in process (28 days) before we can declare the outbreak over. Daily Sitreps were established and recently due to a more stable situation, frequency of meetings has been decreased to 3 days per week. The Head of Nursing and the Lead IPC Nurse carried out a similar approach by facilitating a supportive safe space outbreak meeting via MS Teams which the clinical team at Grenoside appreciated.

G1 experienced an initial outbreak in March 2020; sadly 2 patients died of Covid19.

Outbreak – Dovedale Ward

During December a covid19 outbreak has affected 5 staff and 5 patients. When the outbreak was declared, daily outbreak sitreps were established. The offer to facilitate an outbreak safe space support meeting was declined by the clinical team.

Dovedale had experienced an outbreak at the start of the pandemic back in March 2020 and to their credit and hard work, prevented the infection spreading beyond the ward.

Outbreak – Transport Services / Stores

During December, a small outbreak of Covid19 has affected 3 members of staff. Support to the management team was provided by the Infection Prevention & Control Nurse.

Outbreak – Burbage Ward

During January 2021 a small outbreak affected 1 patient and 4 staff. Daily Sitreps were established and the clinical team were supported throughout.

Outbreak – Firshill Rise, Learning Disabilities

During January, the unit experienced a Covid19 outbreak affecting 13 staff and 5 patients; one of whom has sadly passed away in the acute trust. Daily Sitreps were established to support the clinical team.

Outbreak - Forest Close Site

During January 2021, Forest Close site had an extensive outbreak affecting 26 staff and 16 patients. Daily Sitrep reporting was established to support the clinical team.

3.5 Summary of Meticillin Resistant *Staphylococcus Aureus* (MRSA) screening

3.5.1 MRSA stands for Meticillin Resistant *Staphylococcus Aureus. S.aureus* is a bacterium which is found on the skin and in the nose of up to 30% of healthy individuals; known as colonisation. It can cause a range of infections in susceptible individuals, including wound infection, abscesses and more serious blood stream infection known as bacteraemia. MRSA

is a strain of *S.aureus* which has become resistant to a range of commonly used antibiotics such as Penicillin and Flucloxacillin.

3.5.2 People admitted to Mental Health Trusts do not need to be screened routinely for MRSA as there is no evidence of any significant risk of MRSA bacteraemia in this service user group. However, Service Users may have other clinical conditions that may put them at an increased risk of MRSA (see below) and thus a Bacteraemia; in this instance offering screening will be required.

3.5.3 The following Service User groups are considered to be at high risk of acquiring MRSA and therefore should be offered screening on admission to our services or upon transfer:
- those who are admitted to inpatient areas following surgical procedures.
- those that are admitted following admission to an Acute Trust including A+E
- those who are admitted from prison, nursing or residential care home settings.
- intravenous drug users.
- those who self-harm by breaking the skin.
- people with chronic wounds e.g. leg ulcers, or with indwelling devices such as urinary catheters or PEG feeding tubes.
- those who have previously been identified as positive for MRSA

3.5.4 The automated reporting calculates our screening compliance for Q4 as **58.93%** and 9 patients declined the offer of screening. The overall annual screening compliance is recorded as **63.37**%, which is a significant improvement in performance compared to previous years. This year the system has recorded 45 patients who have refused the offer of MRSA screening.

3.6   Annual Audit Programme

3.6.1 The infection prevention and control audit programme is fundamental in monitoring and measuring standards within the Trust. The different audit tools utilised enable a robust picture to be demonstrated and encompasses the following domains: environment, care practices e.g. sharps practice, hand hygiene facilities, waste & linen management, decontamination of equipment, laundry rooms and personal protective equipment provision.

3.6.2 This year due to the pandemic, our face-to-face supportive audit visits were postponed until February 2021. The IPCT have successfully completed **15** supportive observational site visits during February & March, and this year we have co-ordinated **15** community teams to participate in self-assessment.   The environmental aspects of the audit look at the 'totality' of the healthcare environment i.e. assessing the standard of cleanliness and the 'fabric of the building'. The audits carried out this year have been 'unannounced' attempting to capture a realistic snap-shot of current cleanliness standards and compliance with IPC practices.

3.6.3 Compliance with the IPC audit is set at 90% and above; positively at the time of preparing this report, **21** areas are achieving a pass rating. **7** areas are achieving a caution rating. This means that those areas are reaching an audit score between 80% - 89%. However, **2** areas (Buckwood View and Burbage Ward) have failed their audit and Improvement action plans are in places for these areas; progress formally monitored by the Infection Control Committee and locally by General Managers, Governance Officers and additional support from Heads of Nursing.

3.6.4 The dashboard on page 4 shows a Pie Chart displaying the overall results attained this year and the Bar Chart provides a breakdown of pass/caution/fail results by directorate.

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3.6.5 Where audit deficits have been identified, areas/services are responsible for producing their own improvement plans to address these issues. Should any challenges hindering completion of improvement plans be identified at a local level, they are escalated to the Infection Control Committee by the Heads of Nursing for their respective areas. All improvement plans are formally monitored by the Committee in their quarterly meetings. A further announced supportive follow-up visit is made to the area 3 months after submission of the improvement plan to check on progress.

3.6.6 The audit results have highlighted some examples of common themes Trust-wide which require attention and improvement, these are:

- Poor standard of environmental cleanliness in quite a few inpatient areas
- Low HK/domestic staffing levels
- Dining / arm chair fabric ripped or stained in quite a few areas.
- Acute inpatient services – poor compliance with testing and isolation process of new admissions due to inpatient needs on admission i.e. Maple, Stanage, Burbage
- Fit testing for FFP3 masks outstanding at ECT
- Use of fabric tourniquets – requested they order disposable alternative
- Bare Below the Elbow – compliance is somewhat improved from observations within inpatient settings
- Some areas remain in poor decorative condition and escalated to Estates – various wards awaiting refurb
- Sharps containers found to be unsigned/dated upon assembly and the temporary closure mechanism has not been activated on unattended containers
- Mixed compliance with departmental cleaning schedules for recording cleaning of reusable equipment
- The Wallgate anti-ligature toilets and sinks are stained across the board and the sinks are of particular concern with many of the outlets being heavily stained. This is not due to lack of cleaning, rather the design of the units and the composite material they are manufactured from making them very difficult to clean. This matter has been continually raised by the Lead Nurse and Hotel Services Manager at both the ICC and Water Safety Group.
- A number of fans require cleaning. This can be requested by contacting the Estates helpdesk.
- Carpets – where fitted – most are stained and/or worn.
- Several items of unclean reusable equipment noted.
- Out of date medical consumables – dressings, swab, blood bottles

3.7   Patient-Led Assessment of the Care Environment (PLACE)

Due to the national pandemic, NHSE/I suspended the PLACE programme.

3.8   Mattress/ Commode Audits

3.8.1 Currently both the mattresses and commodes are audited monthly by the individual Wards / Nursing homes and remain their responsibility. To monitor this compliance areas are asked to complete the relevant sections on the Surveillance returns which should be submitted monthly to the IPCT.

3.8.2 Mattresses have always been fundamental medical devices in healthcare; but often very unappreciated and overlooked. Mattresses remain the most consistently utilised service user surface, and without effective cleaning, maintenance protocols, and inspection regimes pose a serious risk to infection control practices and standards in the care environment. To ensure mattresses remain 'fit for purpose' and clinically effective it is recommended that their condition should be checked on a regular basis.

3.8.3 Due to the national pandemic, our mattress provider Herida Healthcare Ltd postponed undertaking the scheduled December 2020 audit. The Lead Nurse will liaise with the company to re-schedule the audit.

3.9   Antimicrobial Stewardship

3.9.1 An antimicrobial is a substance that kills or inhibits the growth of microorganisms (germs) such as bacteria, fungi, and viruses; and covers the effective use of antimicrobials (i.e. antibacterial, antiviral, antifungal and antiparasitic medicines) to reduce the emergence of antimicrobial resistance (loss of effectiveness of antimicrobials) to treat infections.

3.9.2 Antibiotic stewardship refers to a set of coordinated strategies (supported via NICE Guidance and DHSC Tackling antimicrobial resistance 2019–2024 The UK's five-year national action plan); to improve the use of antimicrobial medications with the goal of enhancing patient health outcomes, reducing resistance to antibiotics and decreasing unnecessary costs. The Trust antimicrobial guidelines were updated and approved in November 2019 (scheduled for revision in November 2021). The updated guidelines include the requirement for all Trust prescribers, pharmacists, and pharmacy technicians to complete an E-Learning course titled 'Introduction to antimicrobial resistance package'.

3.9.3 Antimicrobial stewardship is a core responsibility for all Trust and the Pharmacy Department take a lead on this to ensure antibiotic compliance. An overview of the numbers of Service User receiving antibiotics throughout the year is recorded by the pharmacy team on a spreadsheet, this system has replaced the previous one which was highlighted to have sone gaps in collation.

3.9.4 The auditing process on the use of antibiotics is being revised by Pharmacy and this will be in line with resource provision. We are currently exploring an electronic solution for data collation. Pharmacy and IPC will be working together to ensure prescribing and use of antimicrobials is reviewed on a consistent basis and feedback provided to prescribers on inappropriate choices in order to improve appropriate usage and have better antimicrobial stewardship.

3.10   Incident Reporting: Sharps Practice & Audit

3.10.1 A total of **202** incidents have been reported to the IPCT during this reporting period. This is a significant increase from last year (83). However, many of these incidents relate to Covid19, so it is no surprise to see a significant increase in reporting for this reporting period. During Q4, 46 incidents have been reported and 6 have been deemed not to be IPC incidents as they all relate to episodes of self-harm.

3.10.2 Other frequently types of incidents reported summarised below:
- Deliberate biting and spitting of saliva towards staff
- Exposure to bodily fluids including deliberate spillage of bodily fluids by individuals

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3.10.3 There have been **7** contaminated/dirty sharp related incidents reported. These relate to poor sharps practice, for example leaving sharps discarded in clinic rooms after use and staff not adhering to Insulin administration protocol, for those patients who self-administer. These incidents were addressed by ward managers and the Lead Nurse reiterated the correct procedures to be followed when administering Insulin and has raised the issue with Physical Health Team colleagues.

Table 3 Contaminated (Inoculation Injuries)

Date	2017 - 2018	2018 - 2019	2019 - 2020	2020 - 2021
Contaminated Needlestick injuries sustained by staff	4	5	8	7

3.10.4 Daniels Healthcare facilitated an annual Trust-wide sharps container audit in September 2020. The audit report was presented to the Infection Control Committee in October 20. A total of 79 sharps containers audited across 29 areas/departments of the Trust. The main areas of concern which requires action by clinical teams are:
- 4 sharps container had the wrong-coloured lid on the wrong base
- All staff should understand that the label on the sharps bin must be completed at assembly as (6) containers were not signed or dated whilst in use
- 7 sharps containers had significant inappropriate non sharp contents. Staff should be advised not to put packaging or non-sharp items in sharps containers
- 7 sharps containers did not have the temporary closure in place when the container was left unattended or during movement.

3.11   Staff Influenza Vaccination Campaign

3.11.1 Influenza can cause a spectrum of illness ranging from mild to severe, even among people who consider themselves as previously well, fit and healthy. The impact on the general population varies from year to year depending on how many people are susceptible, any changes to the influenza virus and the severity of the illness caused by the strain in circulation. The capacity for the virus to mutate/change and the duration of the protection from the vaccine (about one season), are the reasons that the vaccine is tailored each year to protect against the most commonly circulating strains and why annual vaccination is necessary.

3.11.2 Every year influenza vaccination is offered free to NHS staff as a way to reduce the risk of staff contracting the virus and transmitting it to the Service Users in their care, protecting themselves and their own families. This year a small task and finish group co-ordinated by the Deputy Chief Operating Officer delivered the campaign to our staff. The Trust achieved an uptake rate of **82%** which is a remarkable achievement from the previous year of 52%.

3.11.3 Encouraging more staff to get vaccinated remains a significant challenge to the Trust and as with previous years there continues to be a core cohort of staff that refuses the vaccine due to personal attitudes that they believe that the annual influenza vaccine will not be of benefit to them. Traditionally we are one of the lowest performing Trusts in the country; and have been for a considerable number of years, but this year we have significantly improved our uptake rate.

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3.12 Cleanliness of the Environment

3.12.1 While significant progress has been made in improving cleanliness across the Trust standards must be maintained and improvements sustained. All staff should be aware of their roles and responsibilities regarding cleaning and decontamination. Clinical and support staff undertaking the cleaning of reusable equipment must be trained in the correct cleaning and decontamination procedures.

3.12.2 When new items of equipment are considered for purchase, the manufacturer's advice on cleaning must be sought and training if required must precede use. The IPCT promote that careful consideration should be given to the consequences of the purchase of any item of equipment that is not capable of being cleaned or decontaminated to appropriate IPC standards, unfortunately this is not always the case in the Trust. However, the Medical Devices and Therapeutic Equipment Group has been supporting this coupled with the new Procurement Policy which should help to improve processes regarding standardisation, purchasing and decontamination issues. Additionally, this year the Trust has successfully recruited to the role of Medical Devices Officer who will be responsible for progressing this agenda.

3.12.3 A visibly clean environment will provide reassurance to Service Users that they are receiving safe care in a clean environment. A clutter-free environment and the adoption of local 'clean as you go' attitude will provide the foundation for delivering high-quality care in a clean, safe place. Due to Covid19, all areas were expected to increase the daily frequency of cleaning 'high touch' items to help prevent the spread of infection. This involved all staff taking an active collective responsibility in cleaning the workplace and not just reliant upon the housekeeping workforce to complete this.

3.12.4 The Hotel Services Manager has been proactively supporting staff with the monthly Environmental Cleaning Audit process. The Senior Housekeepers undertake peer review on a quarterly basis and the Lead Nurse and Hotel Services Manager would usually undertake an annual 'management review' to validate/review the consistency of the audit process and monitor the standards of cleanliness. Cleanliness scores are reported quarterly via the IPC Performance reports which are received by the Clinical Care Networks. However due to the Covid19 situation and resource and capacity issues, management audits have not been completed in Q4. However, the peer review process was carried out during Q4 (January). Many housekeeping teams have been affected by sickness absence and extremely & clinically vulnerable 'shielding' episodes, whereby leaving shortfalls in the provision of the domestic workforce. Some gaps have been covered with the use of bank and agency staff.

3.12.5 Inspections of main kitchen environments are now audited as a separate process by the IPCT and Hotel Services Manager on an annual basis. These audits supplement any inspections carried out by the Local Authorities Environmental Health Officers. These audits have been completed during Q4 by the Hotel Services Manager.

3.13   Water Quality & Safety – Mark

3.13.1 Annual Audit by a Trust-Appointed Independent Water Consultant:

- All Trust-owned and leased properties have up-to-date legionella risk assessment, this is to be reviewed determined on Compass ppm completion. Due to the pandemic, limited access to Ward areas, availability of contractors and in house staff, completion of ppm has not been completed to the required level, this will be analysed over the next 6 months to determine is some sites do require a new risk assessment.

- Estate services management and maintenance personnel have completed training and have the expertise to fulfil statutory requirements. There is a requirement to carry out awareness training for Trust staff and this is scheduled to take place later in the year. Later in the year senior Estates staff will have to have their Responsible Person Water revalidated by completing the required course.
- The Trust's appointed Water Quality consultants and Authorising Engineer (AE) reported that the Trust has a robust system in place to prevent the build-up of organisms such as legionella and pseudomonas in its water systems; but does have concerns about the level of completed ppm. Robust efforts are ongoing to streamline the Compass monitoring system so that not as many jobs appear to be uncompleted.
- The Water Quality Steering Group (WQSG) has continued throughout the year in the main virtually via MS Teams, unfortunately clinical attendance has been sporadic but it is hoped that this will change over forthcoming meetings. The group was set up to comply with recent legislation and implement actions to ensure water quality is maintained throughout trust premises. The group also comments and makes recommendations as a result of Audit findings and Risk Assessments. Crucially it provides advice and input into Capital Schemes. It is hoped that the group will be attended by a range of representatives from Trust Directorates. Reports are received at the ICC.
- A Water Safety Plan has been developed and its requirements enforced.
- Sampling for Pseudomonas continues to be carried out on an annual basis as agreed at the ICC.
- Action plans have been drawn up for all remedial work highlighted in Risk Assessments and is on going
- Capital schemes over the year include the refurbishment of Wardsend Road, Dovedale 2, Beech Cottage at Woodland View and dormitories on Maple and Dovedale 1. All schemes were carried out in accordance with the Water Safety Plan. Dovedale 2 sampling after completion of the scheme has recorded the presence of pseudomonas in rooms 526 and 532, the system is currently to be disinfected again and resampled.
- The recording of flushing via the electronic online system (Compass) has been a success story throughout the year, with over 90% compliance completed throughout the year.
- The Water Quality Policy has been ratified and is on the Trust intranet.

3.13.2 Annual Site Summary in Brief

Michael Carlisle Centre
The site overall has had good water quality results from samples taken. Dovedale 2 has been refurbished with new anti-ligature wash hand basins installed. The system has been disinfected and sampled. We have positive pseudomonas samples from rooms 526 and 532, both rooms are to be disinfected again and resampled. All TMV's and Showers are to be disinfected and cleaned on the 27th April 2021.

The SAANS unit is to have a new hot water generator installed as part of a boiler house upgrade. The main water tank booster sets for the MCC site are also going to be replaced next year.

Grenoside Grange
Samples taken from the site show no evidence of bacterial build up; the chlorine dioxide unit continues to disinfect the water system. Work is currently underway to upgrade the main boiler house which will include new hot water generators, N+1 to provide resilience.

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<u>Longley Centre and PICU</u>
The water system appears to be under control with no bacterial counts from recent samples. The water supply to Hawthorn and Pinecroft remains isolated with the exception of the kitchen corridor. One of the Cold-Water Storage Tanks remains isolated. Work on Maple Ward to create single rooms has been undertaken, pipework, wash hand basins and showers disinfected and sampled.

<u>Woodland View Nursing Home</u>
PPM, Chlorination and regular sampling continues to provide an assurance that the water system is at an acceptable level of control. Beech Cottage is undergoing a complete renovation to provide single en-suite room accommodation. Hydrop are the water consultants, who on completion of the works, will ensure the system will be handed back with a full suite of compliance reports.

<u>Forest Lodge</u>
PPM and sampling confirmed that the water quality has been maintained.

<u>Forest Close</u>
Bungalow 3 is currently unoccupied, and all outlets flushed on a daily basis. Water system chlorinated and all outlets cleaned due to covid requirements.

<u>Longley Meadows</u>
The unit is currently unoccupied, Estates colleagues continue to carry out daily flushing of all outlets.

<u>Wardsend Road</u>
The site has undergone a complete renovation, again Hydrop have been the consultants, on handover a complete suite of compliance reports will be supplied.

<u>Sidney Street</u>
Small scheme of works to remove and install wash hand basins, water samples to ensure no bacteria present to be supplied by the contractor.

<u>Cold Water Storage Tanks</u>
All cold-water storage tanks were inspected and cleaned over the past 12 months.

4   Acknowledgements

The Lead Nurse wishes to acknowledge the following colleagues in providing the information & data used to produce this report:

- Gillian Harris - Infection Prevention and Control Nurse
- Tracy Green – Governance Data Management Officer
- Mark Gamble – Head of Estates / Water Responsible Person
- Janet Mason - Hotel Services Manager
- Paul James - Information Assistant, Risk Management Team
- Abiola Allison – Chief Pharmacist
- Louise Colton – IPC Administrator

INFECTION PREVENTION & CONTROL 2020 - 2021 ANNUAL PLAN

	= Work not commenced
	= Work not completed
	= Work in progress
	= Action on-going
	= Complete

Objective Area (38)	Action/Activity – to support CQC Fundamental Standards and Health & Social Care Act, Code of Practice	Timescale	Lead	Quarterly Progress/Assurance – Q4	RAGB
Training & Education ***Providing opportunities for all staff to fulfil mandatory requirements to receive IPC training.(6)***	Continue to facilitate Corporate Induction & Mandatory IPC session along with Education Departmental Trainers	March 21	E&T / GH	Due to Covid pandemic session has been recorded, Sessions delivered by E&T virtually	
	Start to plan, organise & facilitate a full day's IPC & PH conference on behalf of the Trust	Jan 21	KG / KV	Conference at the Crowne Plaza postponed (June 2020) due to Covid19 pandemic & indoor events prohibited.	
	Provide ad-hoc sessions on a variety of IPC related elements/topics as and when approached by services/areas	March 21	KG / GH	KG with the Head of Nursing facilitated 3x 2hr sessions for Influenza vaccinators.	
	Facilitate IPC week or other national campaigns across the Trust promoting evidence-based best practice	March 21	GH	Nil to report this quarter – postponed due to Lockdown	
	Develop & deliver a teaching session to staff on Covid19 (PPE and SICP)	June 20	KG	4x 1hr teaching sessions provided	
	Asses the need for and develop an ANTT training and competency framework for Nursing staff	March 21	GH	Nit to report this quarter	
Audit ***Monitor compliance with IC policies & guidance through a Programme of audit.(7)***	Develop and carry out a unannounced programme of audit, including across Care Networks for example services in: • Single Point & Crisis & Emergency Care • Scheduled & Planned • Acute Bedded Based Services • Care Homes x3 *Areas where suboptimal compliance is identified; areas must produce a remedial improvement plan to address findings.* *Services/areas to take ownership regarding progression of an improvement plans and to report issues hindering completion both at a care network governance level and via the ICC*	Feb 21	GH	GH & KG completed 15 face 2 face supportive site visits and issued 15 self-assessment audits.	

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Objective Area (38)	Action/Activity – to support CQC Fundamental Standards and Health & Social Care Act, Code of Practice	Timescale	Lead	Quarterly Progress/Assurance – Q4	RAGB
	Local Audit Tool to be reviewed	Sept 20	KG	Tool reviewed – covid standards included	
	To receive the audit data collected by Daniels in relation to Sharps Policy & practice. *Daniels Healthcare dependent*	Oct 20	KG	Completed Q2 (September) and report presented to ICC in Oct 2020.	
	To carry out an audit of the hypodermic safety needle practice used within the Trust (EU Safer Sharps Directive)	Feb 21	GH	Nil to report	
	To receive the quarterly audit data collated by pharmacy in relation to antibiotic prescribing findings and make recommendations for improvements in antibiotic stewardship (Antimicrobial Resistance Strategy DH,2013). *To promote prudent antimicrobial prescribing for the management of antibiotic resistance and reducing antibiotic related Clostridium difficile Infection and other Healthcare Associated Infections*	Quarterly Until March 21	Pharmacy Medicines Safety Officer	Pharmacy have progressed antibiotic auditing this year and shared results and findings at ICC. Process to be refined and understand how the JAC system could be better utilised to automate the process. Chief Pharmacist to take antibiotic audit findings to MOC in future.	
	Develop & carry out a programme of audit on mattresses across the Trust to ascertain how mattresses are performing	Dec 21	KG	Mattress audit scheduled for Dec 20 suspended due to national lockdown and pandemic	
	Participate in the multi-disciplinary PLACE Assessments trust wide	Feb 20	Hotel Services	PLACE assessments nationally suspended by NHSE/I	
Surveillance – Mandatory & Voluntary *In line with National/Local requirements and designed to achieve reduction in HCAI (2)*	Continue to collate & monitor the voluntary prevalence data to understand how many individuals are affected by a disease or infection at a particular time, and monitor any trends which develop.	March 21	KG / GH	Data collected & reported	
	Continue to monitor & report against the Mandatory Alert Organisms (MRSA, MSSA, E-coli Bacteraemia's & Clostridium difficile) *Supporting the reduction in Gram Negative infections*	March 21	KG / GH	Data collected & reported	
Policies & Protocols *Ensure compliance with current guidance & legislation to promote quality, evidence based best practice (2)*	To review the Prevention of Sharps Injuries and Prevention of Exposure of Blood and Body Fluids Policy.	Jan 21	KG	Completed – Ratified by QAC and PPG in December	
	To contribute to all policies or protocols that has relevance to infection prevention and control.	March 21	KG	Provided comments to the Water Safety Policy, SOP for clinic rooms, Pest control policy	

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Objective Area (38)	Action/Activity – to support CQC Fundamental Standards and Health & Social Care Act, Code of Practice	Timescale	Lead	Quarterly Progress/Assurance – Q4	RAGB
Preventative & Case work *Activities to demonstrate that effective IPC is central to providing safe, high, quality service user-centred healthcare (11)*	Facilitate *Clostridium difficile* Root Cause Analysis (RCA) Investigations in a timely manner as required. *Lessons Learned to be shared within the service and brought to the attention of the ICC and Care Network via quarterly reporting*	As cases arise	KG / RT KG	2x cases identified over this reporting period during the year	
	Complete MRSA Bacteraemia Post Infection Reviews (PIR) within the timescales specified by the DH. *Lessons Learned to be shared within the service and brought to the attention of the ICC and care Network via quarterly reporting*	As cases arise	KG / RT KG	Nil to report – zero cases this year	
	To support the Deputy Director of Nursing Operations to introduce 'accreditation' in regards to IPC	March 21	AB / KG	Nil to report – AB retired.	
	To work collaboratively with the H&S Lead and wider MDT regarding IPC related Safety Alerts.	As released	KG	Since Covid, the Incident Control Centre has been dealing with all CAS Alerts. IPC issued CAS alerts dealt with as required	
	To review and interpret any new IPC national guidance for its relevance and introduction into the Trust (e.g. NICE)	As released	KG	An abundance of PHE IPC guidance on the management of Covid has been received, interpreted and issued to staff in conjunction with Clinical Reference Group	
	IPC related incidents to be monitored and lessons shared appropriately.	March 21	KG	Incidents as report – see relevant section in the report. In Q4 46 incidents reported.	
	IPC risks being appropriately reported/escalated for inclusion on the Directorate Risk Register.	March 21	KG	Risk registered updated quarterly	
	Continue to support the compliance with the Sharps Directive particularly around safety devices; review the risk assessment following audit	March 21	CS / KG	Nil to report	
	Support all areas whereby facilitating outbreak management and to promote appropriate 'terminal cleaning' prior to re-opening to admissions	On-going	KG / GH	Outbreak areas supported with Hotel Services Manager re: enhanced cleaning and terminal cleaning arrangements	
	All service user results are management as a priority e.g. MRSA Bacteraemia's / C-diff / CPE. Liaise with appropriate services/clinicians/GP's	On-going	KG	All results managed appropriately	
	To ensure that there is IPC involvement into the procurement process to confirm that equipment & therapeutic devices can be appropriately cleaned & decontaminated.	On-going	KG / Procurement	Medical Devices officer now in post who will be responsible for moving this agenda forward.	
Design, Planning	Provide specialist advice and decontamination requirements	March 21	KG / GR / JB	KG attended Woodland View Beech Cottage to see the	

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Objective Area (38)	Action/Activity – to support CQC Fundamental Standards and Health & Social Care Act, Code of Practice	Timescale	Lead	Quarterly Progress/Assurance – Q4	RAGB
refurbishments & New Premises *To ensure that premises are designed & furbished to enable IPC practices to flourish. (1)*	of all proposed capital refurbishments and new developments from design, planning through to final commissioned state. *To ensure that the fabric of the environment facilitates the cleaning process & that IPC is 'designed-in'.*		RT	refurbishment works for 10 bedded step-down unit.	
Estates Functions Water Quality & Safety **Promoting holistic management towards water systems to control waterborne pathogens, the ongoing maintenance of our healthcare premises and waste disposal (3)**	Support Estates with monitoring Water Quality including active participation in the Water Safety Group	March 21	MG / KG / RT	Continue to be an active member of the WQSG	
	Support Estates with quarterly reviewing the Water Quality risk assessments	March 21	MG / KG / RT	Nil to report by the Water Responsible Person	
	Collaborative Estate visits to all areas to identify IPC issues relating to the *'fabric of the building'* before they become problematic	Quarterly as required	DM / KG	Burbage seclusion room to have flooring replaced and concrete screed checked due to ingress of urine.	
Environmental Cleaning & Decontamination *Activities to demonstrate that IPC & cleanliness are an integral element of the quality agenda (6)*	Support Hotel Services with reviewing standards of cleanliness across sites; report monthly environmental audit scores and Senior Housekeeper 'peer review' auditing cycle	March 21	JM	Hotel Services Manager continues to collate and support areas undertaking their monthly audit scored and facilitated peer review process in Jan 21.	
	Continue with annual Management Review Cleanliness Inspections/ walk-rounds.	March 21	KG / JM / JPW	Suspended due to lockdown – to be rescheduled	
	Support Hotel Services with annual Kitchen inspections to all main food producing sites	March 21	JM / GH	Completed in Jan 21.	
	Support Hotel Services in finding an alternative to Virusolve	March 21	JM / KG	Nil to report, it was not appropriate to change cleaning product during a national pandemic.	
	Support clinical staff/teams in devising/renewing their departmental cleaning schedules	March 21	KG / GH	Compliance to be checked during IPC audit due Feb/March 21.	
	Review of the Housekeeping Specification Document *Dependent of release of newly revised NHSE Cleaning Manual expected 2020*	TBC	JM / KG	Awaiting the publication of the newly revised DH Healthcare cleaning manual. The guidance is anticipated for release spring/summer 2020, but unlikely due to Covid pandemic. We are awaiting this revised guidance to inform our review of the Housekeeping Spec, therefore our timescale to complete this piece of work needs revising due to the release of national guidance. Enhanced cleaning is insitu across all	

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Objective Area (38)	Action/Activity – to support CQC Fundamental Standards and Health & Social Care Act, Code of Practice	Timescale	Lead	Quarterly Progress/Assurance – Q4	RAGB
				sites due to Covid19.	

DRAFT FOR APPRVAL: INFECTION PREVENTION & CONTROL 2021 - 2022 ANNUAL PLAN

Appendix 2

	Legend
☐	= Work not commenced
🟥	= Work not completed
🟧	= Work in progress
🟩	= Action on-going
🟦	= Complete

Objective Area (39)	Action/Activity – to support CQC Fundamental Standards and Health & Social Care Act, Code of Practice	Timescale	Lead	Quarterly Progress/Assurance	RAGB
Training & Education ***Providing opportunities for all staff to fulfil mandatory requirements to receive IPC training.(7)***	Continue to facilitate Corporate Induction & Mandatory IPC session along with Education Departmental Trainers	March 22	E&T / GH		
	Start to plan, organise & facilitate a full day's IPC & PH conference on behalf of the Trust - TBC	March 22	IPC & PH Team		
	Provide ad-hoc sessions on a variety of IPC related elements/topics as and when approached by services/areas	March 22	KG / GH		
	Facilitate IPC themed sessions for newly qualified nurse preceptors	Dec 21	GH		
	Facilitate IPC sessions for Matron colleagues when in post	March 22	KG		
	Assess the need for and develop an ANTT training and competency framework for nursing staff	March 21	GH		
	Develop draft IPC competencies for Band 5 Staff Nurses	April 21	KG		
Audit ***Monitor compliance with IC policies & guidance through a Programme of audit.(7)***	Develop and carry out an unannounced programme of audit across Directorates / Service Lines • Single Point & Crisis & Emergency Care • Scheduled & Planned • Acute Bedded Based Services • Care Homes x3 *Areas where suboptimal compliance is identified; areas must produce a remedial action plan to address findings. *Services/areas to take ownership regarding progression of action plans and to report issues hindering completion both at care network performance, operational & governance level and via the ICC	March 22	GH		

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Objective Area (39)	Action/Activity – to support CQC Fundamental Standards and Health & Social Care Act, Code of Practice	Timescale	Lead	Quarterly Progress/Assurance	RAGB
	Local Audit Tool to be reviewed	Oct 22	GH		
	To receive the audit data collected by Daniels in relation to Sharps Policy & practice. *Daniels Healthcare dependent*	July 22	KG Daniels		
	To carry out an audit of practise regarding the hypodermic safety needles used within the Trust	Feb 22	GH		
	To receive the quarterly audit data collated by pharmacy in relation to antibiotic prescribing findings and make recommendations for improvements in antibiotic stewardship (Antimicrobial Resistance Strategy DH,2013). *To promote prudent antimicrobial prescribing for the management of antibiotic resistance and reducing antibiotic related Clostridium difficile Infection and other Healthcare Associated Infections*	Quarterly Until March 22	Pharmacy		
	Annual audit of mattresses across the Trust to ascertain how mattresses are being managed by inpatient facilities	Dec 21	Herida Health Care		
	Participate in the multi-disciplinary PLACE Assessments trust wide	TBC	JM		
Surveillance – Mandatory & Voluntary *In line with National/Local requirements and designed to achieve reduction in HCAI (2)*	Continue to collate & monitor the voluntary prevalence data to understand how many individuals are affected by a disease or infection at a particular time and monitor any trends which develop.	March 22	KG / GH		
	Continue to monitor & report against the Mandatory Alert Organisms (MRSA, MSSA, E-coli Bacteraemia's & Clostridium difficile) *Supporting the reduction in Gram Negative infections*	March 20	KG / GH		
Policies & Protocols *Ensure compliance with current guidance & legislation to promote quality, evidence based best practice (2)*	To review the Infection Control Policy	May 21	KG		
	To contribute to the review/consultation process to all policies or protocols that has relevance to infection prevention and control.	March 22	KG		

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Objective Area (39)	Action/Activity – to support CQC Fundamental Standards and Health & Social Care Act, Code of Practice	Timescale	Lead	Quarterly Progress/Assurance	RAGB
Preventative & Case work *Activities to demonstrate that effective IPC is central to providing safe, high, quality service user-centred healthcare (10)*	Facilitate *Clostridium difficile* Root Cause Analysis (RCA) Investigations in a timely manner as required.	As cases arise	KG / RT		
	Lessons Learned to be shared within the service and brought to the attention of the ICC and Directorates via quarterly reporting		KG		
	Complete MRSA Bacteraemia Post Infection Reviews (PIR) within the timescales specified by the DH.	As cases arise	KG / RT		
	Lessons Learned to be shared within the service and brought to the attention of the ICC and care Network via quarterly reporting	As cases arise	KG		
	To work collaboratively across the Trust in continued efforts to support the response to the Covid19 pandemic	March 22	KG / GH / RT		
	To work collaboratively with H&S, Medical Devices Safety Officer & Procurement Team and wider MDT regarding IPC related Safety Alerts.	As released			
	To review and interpret any new IPC national guidance for its relevance and introduction into the Trust (e.g. NICE)	As released	KG		
	IPC related incidents to be monitored and lessons shared appropriately.	March 22	KG		
	IPC risks being appropriately reported/escalated for inclusion on the Directorate Risk Register.	March 22	KG		
	Support all areas whereby facilitating outbreak management in collaboration with Heads of Nursing	On-going	KG / GH		
	All service user results are managed as a priority e.g. MRSA Bacteraemia's / C-diff / CPE. Liaise with appropriate services/clinicians/GP's	On-going	KG / GH		
	To ensure that there is IPC involvement by supporting the Medical Devices Officer into the procurement process to confirm that equipment & therapeutic devices can be appropriately cleaned & decontaminated.	On-going	KG / Procurement / Medical Devices		
Design, Planning refurbishments & New Premises *To ensure that*	Provide specialist advice and decontamination requirements of all proposed capital refurbishments and new developments from design, planning through to final commissioned state. *To ensure that the fabric of the environment facilitates the cleaning*	March 22	KG / GR / JB RT		

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Objective Area (39)	Action/Activity – to support CQC Fundamental Standards and Health & Social Care Act, Code of Practice	Timescale	Lead	Quarterly Progress/Assurance	RAGB
premises are designed & furbished to enable IPC practices to flourish. (1)	*process & that IPC is 'designed-in'.*				
Estates Functions Water Quality & Safety **Promoting holistic management towards water systems to control waterborne pathogens & the ongoing maintenance of our healthcare premises (4)**	Support Estates with monitoring Water Quality including active participation in the Water Safety Group (WQSG)	March 22	MG / KG / RT		
	Support Estates with quarterly reviewing the Water Quality risk assessments	March 22	MG / KG / RT		
	Collaborative Estate visits to all areas to identify IPC issues relating to the *'fabric of the building'* before they become problematic	Quarterly as required	DM / KG		
	Support the Waste & Sustainability Lead to introduce safe systems of waste management by community staff	TBC	SE / KG		
Environmental Cleaning & Decontamination *Activities to demonstrate that IPC & cleanliness are an integral element of the quality agenda (6)*	Support Hotel Services with reviewing standards of cleanliness across sites; report monthly environmental audit scores and Senior Housekeeper 'peer review' auditing cycle	March 22	JM / KG		
	Continue with annual Management Review Cleanliness Inspections/ walk-rounds.	March 22	KG / JM		
	Support Hotel Services with annual Kitchen inspections to all main food producing sites	March 22	JM / KG		
	Support Hotel Services in exploring the introduction of Chlorine to Housekeeping teams	March 22	JM / KG		
	TBC – facilitate 'Strictly Come Cleaning' 2 study day for the Senior Housekeepers	March 22	KG / GH		
	Review of the Housekeeping Specification Document	TBC	JM / KG		

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