

Meeting title:	Public Trust Board	Public Trust Board paper H
Date of the meeting:	12 October 2023	
Title:	Infection Prevention Annual Report 2022-2023	
Report presented by:	Elizabeth Collins Head of Infection Prevention	
Report written by:	Elizabeth Collins Head of Infection Prevention	

Action – this paper is for:	Decision/Approval		Assurance	x	Update	
Where this report has been discussed previously	UHL Trust Infection Prevention Assurance Committee Quality Committee					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
The report describes the activity of the Infection Prevention Team within UHL. This is a public document and will be published on the UHL website

Impact assessment

Purpose of the Report

The Infection Prevention Annual Report reports on Infection Prevention activities within the University Hospitals of Leicester NHS Trust between April 2022 and March 2023. The publication of the Infection Prevention Annual Report is a requirement to demonstrate good governance, adherence to Trust values and public accountability, in line with the Health and Social Care Act 2008: Code of Practice on the Prevention and Control of Infection and related guidance.

Recommendation

The report is provided for assurance to the board of directors. The board are asked to approve the report for publication on the trust website.

Summary

This Report reviews the 2022/23 Infection Prevention successes and challenges for University Hospitals of Leicester (UHL) NHS Trust.

The Trust continues to be licenced to practise healthcare with the Care Quality Commission (CQC). COVID-19 related work has continued to take up much of the Infection Prevention Team's time. Nonetheless, considerable restorative work has been undertaken as restrictions were lifted.

Of particular note are the inclusion of Infection Prevention work streams within the Harm Free Care Group and the establishment of a programme of Surgical Site Infection Surveillance once again within UHL

COVID-19 Management and containment systems and processes in line with national instructions were instigated and continued throughout 2022/23.

UHL is required to report centrally on the following organisms:

- Methicillin-resistant Staphylococcus aureus (MRSA)

- Methicillin-sensitive *Staphylococcus aureus* (MSSA)
- Gram negative Bloodstream Infections
- *Clostridioides difficile* (*C. difficile*)

In 2022/23 there was 3 Hospital onset Healthcare Associated (HOHA) and 1 Community onset Healthcare Associated (COHA) Methicillin Resistant *Staphylococcus aureus* (MRSA) blood stream infections reported, against a trajectory of zero avoidable cases. For all cases a Post- Infection Review (PIR) on all patients was undertaken. This is in accordance with the standard national process and involves a multiagency review of the patients care to determine if there have been any lapses of care which would have contributed to the infection and where lessons maybe learned to prevent further occurrence

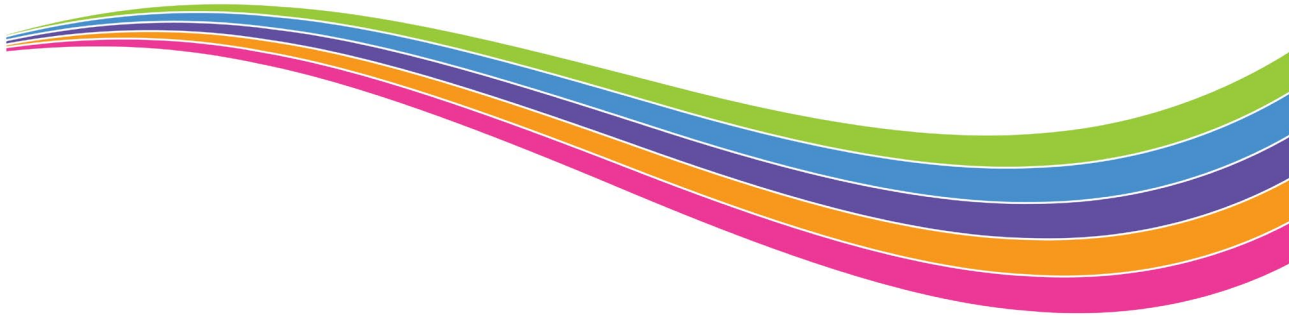
As part of the United Kingdom Health Security Agency (UKHSA) action plan to reduce the number of cases of *Clostridioides difficile* infections (CDI), all hospitals are allocated a 12-month trajectory. UHL was allotted 93 cases from 1 April 2022 to 31 March 2023.

Methicillin-sensitive *Staphylococcus aureus* (MSSA) Bacteraemia: The Trust reported 178 HOHA cases and 17 COHA cases for 2022/23. There is no trajectory set by NHSE for MSSA.

Clostridioides difficile: trajectory of 93 for 2022/23 a total of 134 cases reported in 2022/23, 82 Healthcare Onset Hospital Associated (HOHA), 53 Community Onset Healthcare Associated (COHA)

Gram negative blood stream Infections (GNBSI): From April 2020, reporting trusts were asked to provide information on whether patients with Gram-negative bloodstream infections had been admitted to the reporting trust within one month prior to the onset of the current case. This allows a greater granulation of the healthcare association of cases. The NHSE national target is to minimise healthcare associated Gram-negative blood stream infections by 2023/24. In 2021/22, thresholds related to GNBSIs were introduced to the NHS Standard Contract for the first time.

The Thresholds for UHL for 2022/23	
E.Coli BSI	136
Pseudomonas BSI	38
Actual Gram-negative blood stream infections reported in 2022/23	
E.Coli BSI	180 91 (HOHA), 89 (COHA)
Pseudomonas BSI	42 33 (HOHA), 9 (COHA)
Klebsiella sp. BSI	88 62 (HOHA), 26 (COHA)



Infection Prevention Annual Report 2022/23



Infection Prevention Annual Report

April 2022 - March 2023

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1. Executive Summary

This Report reviews the 2022/23 Infection Prevention successes and challenges for University Hospitals of Leicester (UHL) NHS Trust.

The Trust continues to be licenced to practise healthcare with the Care Quality Commission (CQC).

COVID-19 related work has continued to take up much of the Infection Prevention Team's time. Nonetheless, considerable restorative work has been undertaken as restrictions were lifted.

Of particular note are the inclusion of Infection Prevention work streams within the Harm Free Care Group and the establishment of a programme of Surgical Site Infection Surveillance once again within UHL

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2. Introduction

This report provides the Trust Board with an annual review of the mandatory reporting and activities undertaken by the Infection Prevention Team between April 2022 and March 2023. The publication of the Infection Prevention (IP) Annual Report is a requirement to demonstrate good governance, adherence to Trust values and public accountability in line with the Health and Social Care Act 2008: Code of Practice on the Prevention and Control of Infection and related guidance.

A zero-tolerance approach continues to be taken by the Trust towards all avoidable Healthcare associated infections (HCAIs). We ensure that good IP practices are applied consistently and are part of our everyday practice meaning that people who use UHL services receive safe and effective care.

This report acknowledges the hard work and diligence of all colleagues, clinical and non-clinical, who play a vital role in improving the quality of patient and stakeholders experience as well as helping to reduce the risk of infections

The COVID pandemic has exposed weaknesses across the NHS, including the defects in the structure and function of buildings, staff shortages, incomplete national planning for pandemics and lack of adequate social care facilities in particular. We regret the COVID infections acquired by some patients in hospital despite the best efforts of colleagues across the organisation to keep all of our patients safe. Lack of adequate numbers of social care facilities has led to more patients remaining in acute sector hospitals for much longer than is required, therefore exposing them to the risk of hospital/ healthcare associated infection (HCAI)

The UHL Infection Prevention (IP) team is committed to identifying and highlighting these weaknesses, redoubling efforts begun before the pandemic to work with colleagues at every level to improve the quality of NHS estate, resources and practice locally and nationally. The IP team provides a service that treats all patients equitably, making sure that patients from frequently underserved communities and backgrounds receive high quality care. Working with all colleagues across the organisation has ensured that there has been on-going emphasis given to the implementation of national directives, guidance documents and the prevention of healthcare associated infection. I would like to thank the team for being truly reactive and responsive to challenges presented to them on an almost daily basis and for their unswerving support.

**Elizabeth Collins, Lead Nurse Infection Prevention
University Hospitals of Leicester NHS Trust**

3. SARS-CoV-2 (COVID-19)

Management of SARS-CoV-2 and COVID-19 infection continued throughout 2022-2023 as described in detail in previous reports.

Adherence to national policy and guidelines continued to be implemented through a dedicated Infection Prevention weekly multi-disciplinary meeting. Organisations instituted formal Emergency Planning Resilience and Response management arrangements as directed by NHSE, and within UHL this was identified as the Infection Prevention Cell. As management arrangements changed over the course of the year and restrictions were lifted this group has formally become the Trust Infection Prevention Operational Group and has been formally adopted as a sub group of the Trust Infection Prevention Assurance Committee.

This meeting is used to communicate operational guidance and issues relating to Infection Prevention, including PPE, vaccination, staff and patient testing, and occupational health. It is also useful as a forum for staff to be able to express concerns and provide opinion on local guidance. Information shared is taken forward into staff safety huddles for onward communication.

3.1 COVID-19

- Peak number of COVID-19 patients was 264 (10/04/22)
- Peak number of COVID-19 patients on ITU & ECMO was 7 (10/04/22, 07/05/22, 11/05/22, and 01/08/22)

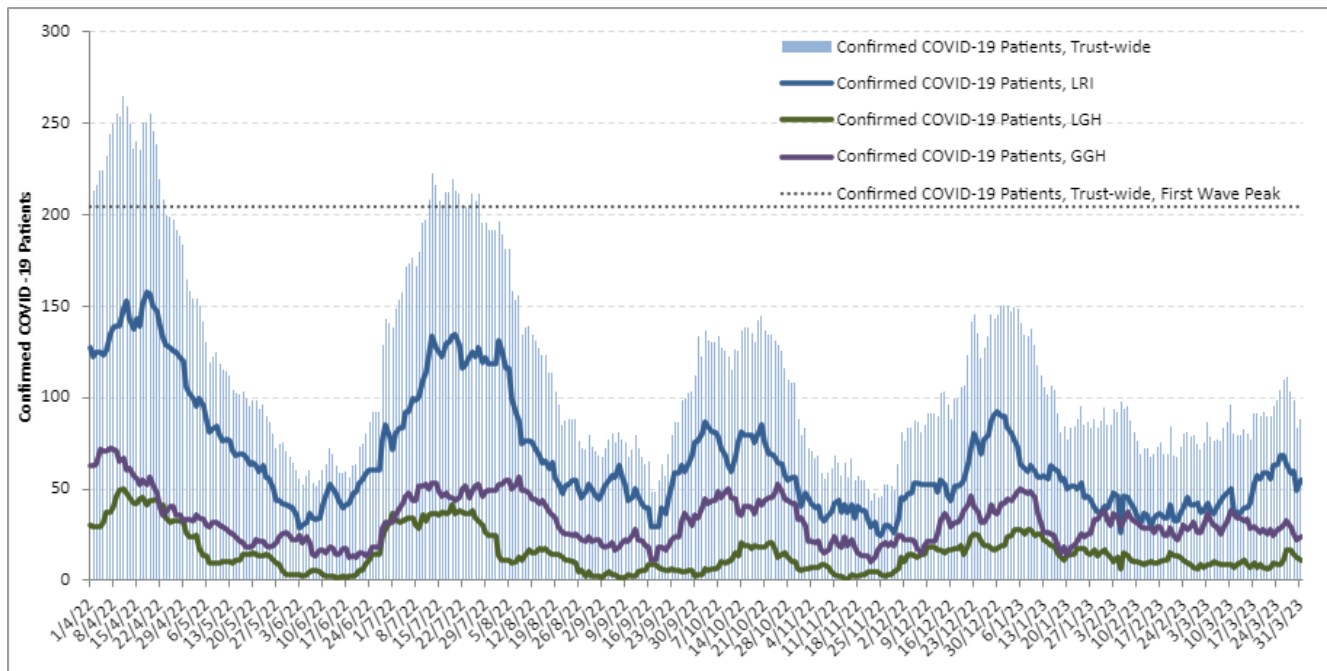


Table 2: Confirmed UHL COVID-19 Patients between April 2022 – March 2023

3.2 COVID-19 Outbreak Management

Guidance issued to all NHS Trusts from NHSEI on the 9 June 2020 required all organisations to instigate formal outbreak management processes where outbreaks of SARS-CoV-2 were identified. This continued during 2022-23

In the event of a COVID-19 outbreak, NHS organisations were to follow existing Public Health England guidance on defining and managing communicable disease outbreaks <https://www.gov.uk/government/publications/communicable-disease-outbreak-management-operational-guidance>

Public Health England (PHE) Guidance defines an outbreak as the following:

The term outbreak applied to COVID-19 is strictly defined in PHE guidance as two or more cases in a single setting (for example, in a single ward or having shared a location) that have become symptomatic or detected on screening on or after day eight of hospital admission.

The process instigated by UHL was as follows:

- A comprehensive 'Toolkit' was developed by the Infection Prevention Team (IPT) which upon identification of an outbreak was sent to the local leadership teams within the Clinical Management Groups (CMGs)
- This Toolkit was kept up to date with the latest Infection Prevention Guidance by the IPT
- Senior Leadership at all outbreak meetings was provided by the Chief Nurse/Deputy Chief Nurse or the Lead Infection Prevention Nurse
- For each outbreak an 'outbreak control team' within each CMG was established and to all meetings colleagues from NHSEI, UKHSA and the CCG were invited. The IIMarch sitrep was completed as per NHSEI guidance.
- Minutes and action logs were kept of all meetings

UHL instigated with the support of the informatics team an automated process by which COVID-19 patient infection numbers could be reviewed and analysed on a daily basis according to the nationally defined criteria;

The definitions of apportionment of COVID-19 in respect of patients diagnosed within hospitals are as follows (NHSEI CNO Letter (Ref No 001559) 19 May 2020):

Community-Onset (CO) - *positive specimen date <=2 days after hospital admission or hospital attendance;*

Hospital-Onset Indeterminate Healthcare-Associated (HO.iHA) - *positive specimen date 3-7 days after hospital admission;*

Hospital-Onset Probable Healthcare-Associated (HO.pHA) - *positive specimen date 8-14 days after hospital admission;*

Hospital-Onset Definite Healthcare-Associated (HO.dHA) - *positive specimen date 15 or more days after hospital admission.*

Where any outbreaks were identified, actions were taken as described above.

All Trusts were also requested to undertake root cause analyses (RCAs) for every 'definite' and 'probable' healthcare associated COVID-19 inpatient infection. UHL instigated a process to ensure these were completed by the IPT and this continues to date. Currently where these enhanced surveillance reports are required by our Medical Examiner's Office for reviews into patient deaths associated with COVID-19 these reports form the starting point for further clinical and patient management investigation.

At a Leicester, Leicestershire and Rutland (LLR) level all organisations providing NHS services meet on a weekly basis to discuss the local infection status.

UHL recorded 168 Covid19 outbreaks for 2022/23 in line with the reporting framework notified to Trusts by NHSE, these included incidents that occurred in non-clinical areas affecting staff only as well as incidents in renal dialysis satellite centres off the main UHL sites.

The number of outbreaks at any one time mirrored the number of patients admitted with a COVID-19 diagnosis, indicating the relationship between the caseload and risk of outbreak. What continues to be of further national investigation is the part asymptomatic carriage of COVID-19 in both patients and staff plays in the potential for cross infection. Where asymptomatic carriage was detected in either staff or patients, immediate action was taken to either isolate patients and screen any contact patients or ensure staff did not come to work and they were required to isolate for the required time period. Where such instances were identified as part of an outbreak situation, this was documented, monitored and managed as part of the outbreak control process.

An aggregated UHL SARS CoV-2 Outbreak report was produced and presented to the Trust Infection Prevention Assurance Committee in 2020, no additional themes or lessons were captured during 2022/23 when this report was revised and presented again

During 2022-23 the IP team reviewed:

- 168 Covid-19 outbreaks
- 100 Covid Post Infection Patient Reviews

4. UHL Governance and Assurance Framework

The Board of Directors has collective responsibility for keeping to a minimum the risk of infection and recognises its responsibility for overseeing Infection Prevention arrangements in the Trust.

The Trust Infection Prevention Assurance Committee (TIPAC) continued during 2022/23 and received reports and updates from the Infection Prevention Team and wider allied groups within UHL.

The TIPAC is chaired by the Chief Nurse, who is also the Director of Infection Prevention and Control (DIPC). UHL TIPAC receives assurance of the Clinical Management Group (CMG) Infection Prevention Programme implementation and monitors compliance with Trust policies.

The Trust CMG's are comprised of different clinical specialities – their management structures are bespoke around these and the IP management arrangements may vary between them. They continue the process of establishing assurance and monitoring processes into their committees and structures for the reporting and monitoring of infection prevention related activities.

A comprehensive assurance reporting framework remained in place.

The Infection Prevention arrangements within the CMGs are reported and confirmed at the CMG Quality and Performance Management Committees and ultimately by exception to the Trust Infection Prevention Assurance Committee and from 2023 into the Quality Committee. Executive meetings have been reviewed across the organisation.

An annual programme (Toolkit) is prepared by the Infection Prevention Team, which is agreed, each year, by the TIPAC and approved by the Executive Team and Trust Board. The annual programme runs from April to March. Progress against the Annual Programme is monitored by the TIPAC.

The programme of work is mapped to the duties of The Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance (2014) and incorporates elements of the Trust Commissioning Quality

Schedule (where applicable) UHL Quality Commitment, National Institute for Clinical Excellence (NICE) guidelines and any relevant recently produced national guidance documents.

The IPT did not have any elements within the Commissioning for Quality and Innovation Initiatives (CQUIN) schedule for 2022/23

Monthly Integrated Performance Reviews on HCAI performance (including MRSA and *C.difficile* rates) are produced and presented to the Quality Committee and quarterly Infection Prevention reports are produced by all CMGs which are presented to TIPAC

The DIPC provided the direct link to the Executive Quality Board (EQB) with issues, by exception. Please note that EQB was re-named Trust Leadership Team in March 2023.

5. Leicester, Leicestershire and Rutland (LLR) Monitoring Framework

NHS Commissioning of services for Leicester, Leicestershire and Rutland is now undertaken through an Integrated Care System (ICS). The ICS is a new, closer form of collaboration. In it all parts of the NHS, as well as other partners such as local authorities and the voluntary and community sector, take on greater responsibility for working together and collectively managing resources. They aim to improve the health of residents by preventing illness, tackling inequalities and unwarranted variation in care, whilst delivering seamless services. The commitment to form ICS' was set out in the NHS Long Term Plan, published in January 2019 when the Government set out plans for a parliamentary Bill to put ICSs on a statutory footing. Infection Prevention will be integrated into the ICS.

Currently Infection Prevention advice to the ICS is provided by 2 IPN.

The ICS IPN participates in the post infection reviews for all patients who develop MRSA bacteraemia in line with the NHS England guidelines for the management of cases. They also receive an overview of the cases of CDI.

Infection Prevention across LLR was strengthened across LLR by the development of an IP and Antimicrobial Multi-Agency Group pre pandemic. The remit of this group is to harmonise the approach to Infection Prevention, working together to ensure the delivery of standardised patient care across the county. Efforts were made to reinstate this group during 22/23.

6. Care Quality Commission Regulation

The Code of Practice: *The Health and Social Care Act 2008 Code of Practice for health and adult social care on the prevention and control of infections and related guidance* applies to NHS bodies and providers of independent healthcare and adult social care in England, including primary dental care, independent sector ambulance providers and primary medical care providers. The code of practice document was updated on 13 December 2022 to reflect changes to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and the role of infection prevention and control (IPC) (including cleanliness) in optimising antimicrobial use and reducing antimicrobial resistance. The new document takes account of changes to the IP landscape and nomenclature that have occurred since the COVID-19 pandemic.

The law states that the Code must be taken into account by the CQC when it makes decisions about registration against the infection prevention requirements. The regulations also say that providers must have regard to the Code when deciding how they will comply with registration requirements. So, by following the Code, registered providers will be able to show that they meet the requirement set out in the regulations.

The Code of Practice sets out criteria for the prevention and control of infections associated with healthcare delivery.

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

In 2022 the Trust declared full compliance with the Care Quality Commission, Section 20 regulation of the Health and Social Care Act (2008) Outcome 8 Cleanliness and Infection Control.

This declaration was made with due regard to regulation 12 of the Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance.

The UHL IP Toolkit provided assurance against the code.

We continued to be asked to share our Toolkit with other organisations as an example of good practice in this regard.

During 2022-23 the CQC carried out 4 inspections of Leicester's Hospitals. These were between 12-13 April, 28-29 June, 1-2 September 2022, 28 February to 1 March 2023. The report for the inspection of maternity services is still awaited. Overall, the Trust received a 'requires improvement' rating. Of particular note from an IP perspective for this report was the CQC comment in both reports received.

Cleanliness, infection control and hygiene; *‘The service controlled infection risk well. Staff used equipment to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean’*

A copy of the CQC compliance reports for Leicester Hospitals is available on the UHL public and CQC websites.

During March 2020 NHSEI launched a COVID-19 Board Assurance Framework (BAF). It was developed to support all healthcare providers to effectively self-assess their compliance with PHE and other COVID-19 related infection prevention and control guidance and to identify risks.

The CQC indicated that this BAF would become the tool which would form the basis of their assessments of the performance of Infection Prevention within NHS acute trusts during the pandemic. Each CMG completed an individual framework in May 2020 and April 2021 and overarching reports were collated and presented to the Executive Quality Board and Quality Outcomes Committee.

Following consideration of arrangements going forward NHSE announced that a revised BAF would be produced to take account of all activities of Infection Prevention and this document would be released in 2023. It was released after the scope of this report.

7. **Infection Prevention Within UHL**

University Hospitals of Leicester has a specialised Infection Prevention Team (IPT) that work across the three main acute hospital city sites and also across the UHL Alliance (Community hospitals and Day Surgical units) 7 Renal Dialysis sites across the East of England and the St Marys Birthing Centre at Melton Mowbray.

7.1 **Infection Prevention Team**

Lead Infection Prevention Nurse (LIPN).	Whole Time Equivalent Posts
Deputy Lead Infection Prevention Nurse (DLIPN)	x1 WTE
Senior IPNs	x 2 WTE
Specialist IPNs	x 5.2 WTE
IPN	x 4
CDI Specialist Nurse	x1
Senior Audit and Surveillance Nurse	x 1
Surveillance Assistants	X3
Senior Information Analyst	x1
Personal Assistant to LIPN	x1

The Chief Nurse holds the role of Director of Infection Prevention and Control (DIPC) and a Consultant Microbiologist is the Lead Infection Prevention Doctor.

IPN qualifications range from Diploma, BSc to MA level and the team work to a set of core competencies developed by the Infection Prevention Society.

One of the Senior IPN works specifically within the Estates and Facilities Team providing specialist IP advice and support. We feel this is particularly important as the Trust embarks on an ambitious reconfiguration and transformation programme.

National standards and guidance with regard to Water Management, Ventilation system provision, aspects of Decontamination, New Build and refurbishment of existing estate both exist and continue to be developed. Providing guidance and working with both estate colleagues and external contractors ensures UHL works towards meeting these important standards designed to provide a safe environment for our patients.

The IPT coordinates and contributes to the Trust's priority to minimise the risk of infection to our patients, visitors and staff by:

- Providing advice on all aspects of Infection Prevention ensuring that UHL meets the requirements of The Health and Social Care Act (2008) Code of Practice for the Prevention of Healthcare Associated Infections
- Closely monitoring Microbiology results via the electronic reporting system to enable robust and timely patient management
- Managing outbreaks of infection
- Managing incidents that relate to Infection Prevention
- Improving Infection Prevention capability and capacity within Clinical Management Groups
- Developing and facilitating programmes of education and training
- Undertaking audit and developing a targeted surveillance programme where possible
- Formulating policies and procedures
- Interpreting and implementing national guidance at a local level
- Involvement with new building and equipment projects

There is an ever diminishing pool of Infection Prevention Specialists nationally, for which all organisations now compete. COVID-19 has seen many organisations invest in and expand their IP teams, with salaries at higher Agenda for Change (AFC) bandings not seen for many years. We were successful in developing a business case for recruitment into the Infection Prevention Team to ensure succession planning and sustainability of the Infection Prevention Agenda within UHL and recruitment commenced from April 2022.

We were delighted to be able to offer an honorary secondment position to a nurse from Greece who was funded via the Greek Military and she has worked with us during 2022/23. The collaborative sharing of learning and working with our International colleagues has been a real success for us

We were able to offer a placement to a young person from the Princes Trust who worked within the team carrying out administrative duties and I am delighted to advise they went on to gain permanent employment within UHL

Infection Prevention is specialism which requires study as described previously at not only a basic level but has the opportunity to follow an extensive educative career pathway in both the practical application of this subject and also research. Specialist Infection Prevention courses

are best taken after staff have 'hands on experience' of at least a year. Education and training of our new infection prevention staff is ongoing as we develop our own Specialist Nurses. Within UHL we then encourage our colleagues to undertake further academic training courses offered by various Universities in England.

One of the Senior Infection Prevention Matrons has developed a program of learning for the differing staff groups amongst the team as well ensuring collective learning for the team as a whole. The IP matron has regular one to one reviews with our new starters to support their integration into the team and into UHL as well as their health and wellbeing. Feedback from our new team members is extremely positive with regard to the support, education and training they have been given by the whole team and we are delighted to welcome them and look forward to supporting their career development

7.2 Education

The IPT provide an extensive multi-modal programme of Infection Prevention education across the trust to support compliance with mandatory training and national guidance

In addition to this IP education is provided in response to data collection, identified need or upon request.

During 2022/23 due to the ongoing effort to manage the Pandemic the team were not able to deliver the full package of training. However, 87 'face to face' taught training sessions were delivered. These included but not limited to UHL Trust Induction sessions to clinical and non-clinical staff. The IPT team have also continued to deliver Infection Prevention training to International students, medical students, Health Care Support Workers, Midwifery Support Workers, Theatre Support Workers, Doctors local inductions, Hand hygiene and PPE audit training and OSCE training. These taught sessions vary in length of delivery from 20 minutes to 4 hours.

These training sessions have been well received and the feedback is positive for content, style and pace of delivery.

The IP team has also delivered approximately 55 CMG based training sessions in the clinical areas which all vary in length of time and topic but included: Viral Haemorrhagic Fever training, link staff training and decontamination training.

We took the opportunity to review 13 patient information leaflets which are now all up to date and are popular downloads, as well as producing a monthly Infection Prevention newsletter for staff on various topics which is disseminated and communicated to every CMG.

During 2022/23 the Infection Prevention intranet pages were also completely reviewed to ensure information and guidance is easier to find and up to date.

These figures do not include locally delivered education by individual IP nurses who have provided a blend of in situ and virtual Infection Prevention training within their own CMG with ongoing support of COVID-19 or outbreak management.

In addition to education within UHL the IP Team liaise closely with Leicester and De Montfort Universities to ensure training delivered to medical and nursing students is in line with current guidance and UHL policies.

7.3 Next step update from 2021/2022

During 2022/23 some of our 'next steps' from the previous year were to further develop our Gram Negative Bacteraemia Reduction Programme within the Harm Free Care agenda and indeed Infection Prevention became an active participant in the newly established Harm Free Care Meetings which has been established and has oversight by one of the Deputy Chief Nurse's.

These were:

- The Development of a Catheter Associated Urinary Tract Infection reduction programme which commenced in the first quarter of 2023
- Supporting the 'Mouth care matters' initiative of which one objective is reduction of fungal mouth infections
- Supporting The Nutrition and Hydration steering group where adequate hydration of patients supports reduction of urinary tract infections
- Completed IP support for the delivery of a centralised Endoscope Decontamination Unit which as described later in this paper is now open and established
- Supporting blood vessel health and reduce bacteraemia through membership of the Vascular Access Committee which was re-established during 2022/23
- Support the development of an Antimicrobial Stewardship Programme within the Trust
- To further develop IP and antimicrobial data collection systems within Nerve Centre, this has been on-going throughout 2022/23
- Throughout 2022/2023 the IPT continued to work with the Whole Health Economy and sought to combine efforts to protect our patients from Gram –negative bacteraemia.
- Supported our Domestic colleagues as UHL seek to adopt and roll out the revised 2021 National Standards for Cleanliness Programme
- During the latter part of 2022 the Infection Prevention Team were asked to manage and oversee the programme of FFP3 (Filtering Face Piece) mask fit testing across UHL going forwards. Previously this mandatory Health and Safety Executive requirement for all clinical staff during the pandemic had been delivered as part of a Department of Health third party contract in support of organisations that did not have Fit Testing Teams in place. Ashfield Healthcare provided this service and this was overseen by the UHL Health and Safety Team. As changes to personnel and service provision within UHL underwent review it was agreed that UHL should establish an in-house testing team and a business case was submitted to fund this important aspect of staff health and this would come under the remit of the Infection Prevention Team. At the time of writing this business case has been approved however recruitment and service provision detail continues to be worked through and this will form part of the 2023/24 Annual Report.

8. Infection Prevention Link Staff (IPLS)

There is a robust IPLS training programme that can be successfully delivered by the IPT, which normally includes quarterly training days as well as individual support and workplace advice. The pandemic and outbreak management has taken precedent over the programme of education in particularly the IP Link Staff Study Days. However despite this the IPT have led and delivered a total of 6 dedicated virtual training days for our Infection Prevention link staff.

9. Healthcare Associated Infection Surveillance

The Infection Prevention Team (IPT) undertakes continuous surveillance of alert organisms and alert conditions using our electronic patient record. This system has been developed within UHL in collaboration with our IT System partners and we continue to work with them to further develop the programme.

9.1 Alert Organisms¹

- MRSA
- Clostridium difficile
- Group A Streptococcus
- Salmonella spp.
- Campylobacter spp.
- Mycobacterium tuberculosis
- Glycopeptide resistant Enterococci
- Multi - resistant Gram-negative bacilli e.g. extended spectrum beta-lactamase (ESBL) producers
- Carbapenemase-producing Enterobacterales (CPE)
- Influenza
- Neisseria meningitidis
- Aspergillus
- Hepatitis A
- Hepatitis B
- Hepatitis C
- HIV

9.2 Alert Conditions

- Scabies
- Chickenpox and shingles
- Two or more possibly related cases of acute infection e.g. gastroenteritis
- Surgical site infections

Since 2001 reporting of the numbers of significant organisms related to Healthcare Associated Infection (HCAI) has been mandatory. These are reported to the United Kingdom Health Security Agency (UKHSA) (previously Public Health England (PHE)) data capture system.

This began with Staphylococcus blood stream infection including resistant strains (MRSA), later extending to Clostridium difficile and subsequently E coli, Klebsiella, Pseudomonas blood stream infections.

During the past year we have continued to implement a root cause analysis process for MRSA, MSSA bacteraemia, *C.difficile* deaths and increased incidence of cases of *C.difficile*. This ensures we comply with the required external reporting arrangements, and provides us with a way of learning lessons from each case, enabling us to develop and change practice, all with the aim of leading to further reduction in infections and bacteraemias within UHL. MRSA bacteraemia and *C.difficile* are two of the performance management indicators used by the DH.

¹ Alert organisms are organisms identified as important due to the potential seriousness of the infection they cause, antibiotic resistance or other public health concerns. This is a nationally recognised term; these organisms may be part of mandatory or voluntary surveillance systems and are used as indicators of general infection prevention and control performance.

9.3 Mandatory Surveillance of Surgical Site Infections (SSI)

UHL participates in the UKHSA mandatory hip and knee surveillance programme. Orthopaedic data is submitted by hospitals following the mandatory surveillance requirement introduced by the Department of Health in April 2004 [1]. This requires all NHS trusts undertaking orthopaedic surgical procedures to carry out a minimum of 3 months' surveillance in each financial year in at least one of four categories (hip prosthesis, knee prosthesis, repair of neck of femur or reduction of long bone fracture). The Orthopaedic Team manage and submit data with support and advice from IPT, when required.

In 2022/23, UHL submitted data for knee replacement surgery for quarters 1, 2, 3 and 4.

9.4 Re-established Surgical Site Infection Surveillance Programme

During 2022/23 we recruited x3 staff to work within the Surgical Site Infection Surveillance (SSI) Programme.

Development of the work plan for this programme began in June 2022 with recruitment and training of staff.

The initial surgical procedures chosen were Coronary Artery Bypass Grafts (CABG) and Hepatobiliary surgery. Data collection for CABG commenced in December 2022 following planning discussions with the CMG to agree data sets and criteria for collection.

Plans are in place for SSI surveillance to be undertaken in Caesarean Sections, Spinal surgery and all identified bacteraemia within the Intensive Care Units as part of the UKHSA Intensive Care Quality Improvement Programme (ICCQIP)

We are particularly excited about this as this re-establishes these important quality and safety Infection Prevention work streams within the organisation.

9.5 MRSA and MSSA Prevention and Reduction Strategies

Staphylococcus aureus is a bacterium commonly found colonising humans. Although most people carry this organism harmlessly, it is capable of causing a wide range of infections from minor boils to serious wound infections and from food poisoning to toxic shock syndrome. In hospitals it can cause surgical wound infections and bloodstream infections. When *Staphylococcus aureus* is found in the bloodstream it is referred to as a *Staphylococcus aureus* bacteraemia.

The implementation of measures, in recent years, has been designed to further reduce the numbers of cases of MRSA bacteraemia within UHL and these have continued during 2022/23

Examples of some of the on-going initiatives include:

- All adult patients being washed in StelliSept (an antiseptic body wash) and the use of nasal mupirocin (also called Bactroban, an antibiotic nasal ointment) where appropriate.
- Continued monitoring of patients with either known infections or patients that are colonised with an organism with the potential to go on to develop infections, by the IP team. This is particularly related to MRSA.

Compliance with MRSA and MSSA prevention using daily antiseptic skin washes continue to be monitored monthly using the ward metrics to maintain its high profile in patients care.

The UHL trajectory for MRSA bloodstream infections for 2022/23 was 0 avoidable cases. The Trust recorded 3 Hospital onset Healthcare Associated (HOHA), 1 Community onset, Healthcare Associated (COHA) case for 2022/23.

The Trust investigates every MRSA bacteraemia as an incident and undertakes a post infection review (PIR). These investigations are fed back to a multi-disciplinary group including

the DIPC and members of the ICS and are accompanied by an action plan where any lessons maybe learned. These are monitored through the CMG IP Groups.

There is absolutely no room for complacency with regard to our drive to prevent acquisition of infection within the hospitals. As these numbers become smaller, there will inevitably be a threshold beyond which a continued reduction will not be possible. Sustained management of systems and processes instigated in previous years will be crucial to our continued success and our teams work hard to maintain these low infection numbers.

9.6 Clostridioides difficile Prevention and Reduction Strategies

Colleagues should note the nomenclature change of *Clostridium difficile* to *Clostridioides difficile*, based on adoption by the Clinical Laboratories and Standard Institute, (CLSI) and the following publication: Lawson P. A., Citron D. M., Tyrrell K. L., Finegold S. M. (2016). Reclassification of *Clostridium difficile* as *Clostridioides difficile* (Hall and O'Toole 1935) *Prevot* 1938. *Anaerobe* 40, 95–99.

We will therefore see this change in subsequent papers and readers should note you may/will see this terminology used going forward

Those dated before January 1, 2019 will retain the former organism name; those dated on or after January 1, 2019 may/will incorporate the new name.

Please note that the abbreviations CDI, CDIFF, and C. difficile remain appropriate abbreviations after the change and will not be modified within UHL.

Mandatory surveillance for CDI in over 65 year olds has been undertaken since 2004. Since 2007 episodes of CDI in patients between the ages of 2 and 65 have also been reported.

For mandatory reporting purposes, all diarrhoeal stools submitted to the microbiology laboratory are examined for the presence of *C.difficile* toxin (it is the toxin released by the *C.difficile* bacterium that causes damage to the bowel).

Episodes are reported via the HPA mandatory enhanced surveillance system.

From 2019/20 cases reported to the healthcare associated infection data capture system will be assigned as follows:

- **Hospital onset healthcare associated (HOHA):** cases that are detected in the hospital two or more days after admission
- **Community onset healthcare associated (COHA):** cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the trust reporting the case in the previous four weeks
- **Community onset indeterminate association (COIA):** cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the trust reporting the case in the previous 12 weeks but not the most recent four weeks
- **Community onset community associated (COCA):** cases that occur in the community (or within two days of admission) when the patient has not been an inpatient in the trust reporting the case in the previous 12 weeks.

Acute provider objectives are set using these two categories:

- Hospital onset healthcare associated: cases that are detected in the hospital two or more days after admission
- Community onset healthcare associated: cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the trust reporting the case in the previous four weeks.

Reference: Clostridium difficile infection objectives for NHS organisations in 2022/23 and guidance on the intention to review financial sanctions and sampling rates from 2022/23.

The agreed trajectory for this infection in 2022/23 applying the new trajectory was 93 cases of *C.difficile* in patients aged 65 and over. The year-end position for UHL was 135.

	Apr-2022	May-2022	Jun-2022	Jul-2022	Aug-2022	Sep-2022	Oct-2022	Nov-2022	Dec-2022	Jan-2023	Feb-2023	Mar-2023	Total
* Actual Infections (HOHA) 22/23	7	4	6	5	12	5	8	9	6	8	4	8	82
* Actual Infections (COHA) 22/23	1	5	4	7	4	6	6	5	2	4	2	7	53

Table 4: The monthly number of Clostridium difficile reportable infections 2022-2023

Isolating each patient with *C.difficile* diarrhoea continues to be a priority, to prevent cross contamination. Patients with *C.difficile* are cared for in single rooms. Where patients were not isolated it was for over-riding clinical reasons in the vast majority of cases (e.g. on an Intensive Care Unit).

It is recognised that it is important to continually monitor and reinforce the messages to staff with regard to HCAI's. The Department of Health published guidance entitled '*Clostridium difficile* - How to deal with the problem' in early 2009. UHL has implemented this guidance across the Trust and a dedicated CD Liaison Nurse works across the three sites and continues to work with the Infection Prevention Team to ensure appropriate management of these patients and to provide specialist support to nursing and medical colleagues.

A weekly Multi-Disciplinary Team meeting takes place where there is a review of patients within UHL that are both positive and symptomatic with this infection.

Any Periods of Increased Incidence (two or more cases of Clostridium difficile infection within 28 days in the same clinical setting) automatically triggers a multi-disciplinary review of the patients and their environment to ensure that there are rigorous processes in place and policy is being adhered to, to prevent cross infection with this organism.

The Infection Prevention Team and the Antimicrobial Pharmacist continued to support trust colleagues with:

- Increasing hand hygiene awareness among staff, patients and visitors: using soap and water where *C.difficile* is present (as alcohol rub used on its own is ineffective against *C.difficile*). The roll out of the World Health Organisation '5 moments of Hand Hygiene'
- Continuing to improve antimicrobial prescribing, notably more regular recording of the reasons for antibiotics and stopping them as soon as the patient has completed the required course
- Worked with Facilities colleagues to develop a deliverable insitu deep cleaning programme which includes the use of hydrogen peroxide decontamination to clean isolation rooms and other clinical areas continued where possible.
- Weekly data reporting to identify problem areas
- Attendance at the Period of Increased Incidence meetings with colleagues supporting these areas with audit, inspections and helping staff to problems solve where necessary.
- Reinforcement of the use of the Care Pathway for *Clostridium difficile*

- Reinforcement of the message of the importance of a clean clutter free environment for patients in order to facilitate effective cleaning.
- Reinforcement of the use of Source Isolation precautions when caring for patients with infections

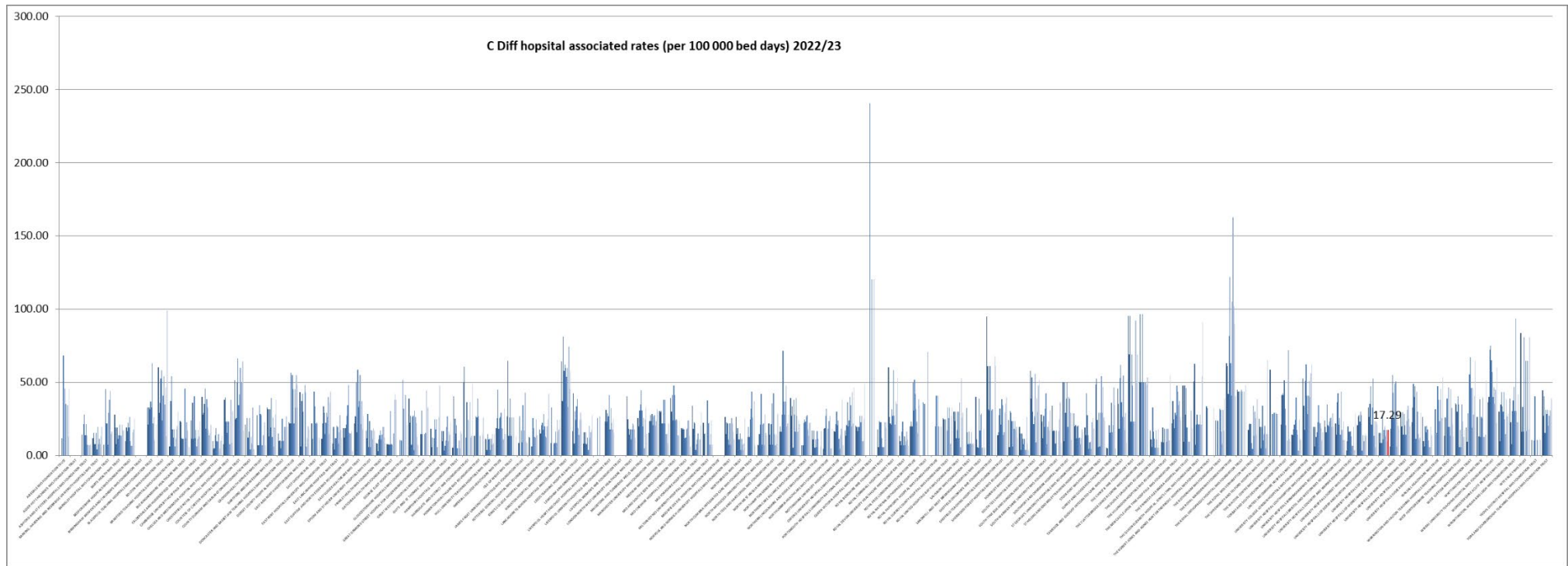


Table 5: Trust apportioned by hospital associated Clostridium difficile infections by financial year per occupied overnight beds (per 100,000). Red line/number on graph indicates UHL (source UKHSA)

9.7 Gram Negative Blood Stream Infections

There was a national ambition to reduce healthcare associated Gram-negative blood stream infections (healthcare associated GNBSIs) by 50% by March 2024. As with other national ambitions proactive work on this this was suspended during 2022/23. As previously indicated we continued to collect the alert organism data and report this to the Data Capture System (DCS) at United Kingdom Health Security Agency (UKHSA).

These can be serious infections and often result in admission to critical care and in some cases mortality. We know GNBSI cases can occur in hospitals however, half of all community onset cases have had some healthcare interventions either from acute, primary or community care. Therefore, we can only achieve the reductions by working together across the whole health and social care sector. The establishment of the Multi-Agency LLR IP group and the work streams from this group are designed to support this national ambition.

9.8 E coli (*Escherichia coli*) Bacteraemia

E coli is the leading cause of Gram Negative Blood Stream Infections (GNBSIs) and in accordance with the Department of Health (DH) Guidelines the IPCT commenced mandatory reporting of *E. coli* bacteraemia in June 2011.

* Trajectory (HOHA / COHA) 22/23	11	11	11	11	11	11	11	11	11	12	12	12	12	136
* Actual Infections (HOHA) 22/23	6	6	9	10	7	6	5	9	7	11	10	5	91	
* Actual Infections (COHA) 22/23	9	9	5	5	4	7	6	9	8	11	5	11	89	
* Actual Infections Total (HOHA & COHA) 22/23	15	15	14	15	11	13	11	18	15	22	15	16	180	

The trajectory for 2022/23 for E.Coli BSI 136, Actual Gram-negative blood stream infections reported in 2022/23 for E.Coli BSI were 180, 91 (HOHA), 89 (COHA)

9.9 Pseudomonas BSI

The trajectory for 2022/23 for Pseudomonas BSI 38, Actual Gram-negative blood stream d in 2022/23 for Pseudomonas BSI were 42, 33 (HOHA), 9 (COHA)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
* Trajectory (HOHA / COHA) 22/23	3	3	3	3	3	3	3	3	3	3	4	4	38
* Actual Infections (HOHA) 22/23	1	7	5	3	3	2	3	1	1	1	1	5	33
* Actual Infections (COHA) 22/23	0	3	2	0	0	1	1	1	0	0	0	1	9
* Actual Infections Total (HOHA & COHA) 22/23	1	10	7	3	3	3	4	2	1	1	1	6	42

9.10 Klebsiella sp. BSI

The trajectory for 2022/23 for Klebsiella sp. BSI 90, Actual Gram-negative blood stream infections reported in 2022/23 were Klebsiella sp. BSI 88, 62 (HOHA), 26 (COHA).

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Klebsiella Trajectory 2022/23	7	7	7	7	7	7	8	8	8	8	8	8	90
* Actual Infections (HOHA) 22/23	3	2	3	5	7	4	4	7	7	7	5	8	62
* Actual Infections (COHA) 22/23	1	3	0	2	0	0	2	3	3	1	8	3	26
* Actual Infections Total (HOHA & COHA) 22/23	4	5	3	7	7	4	6	10	10	8	13	11	88

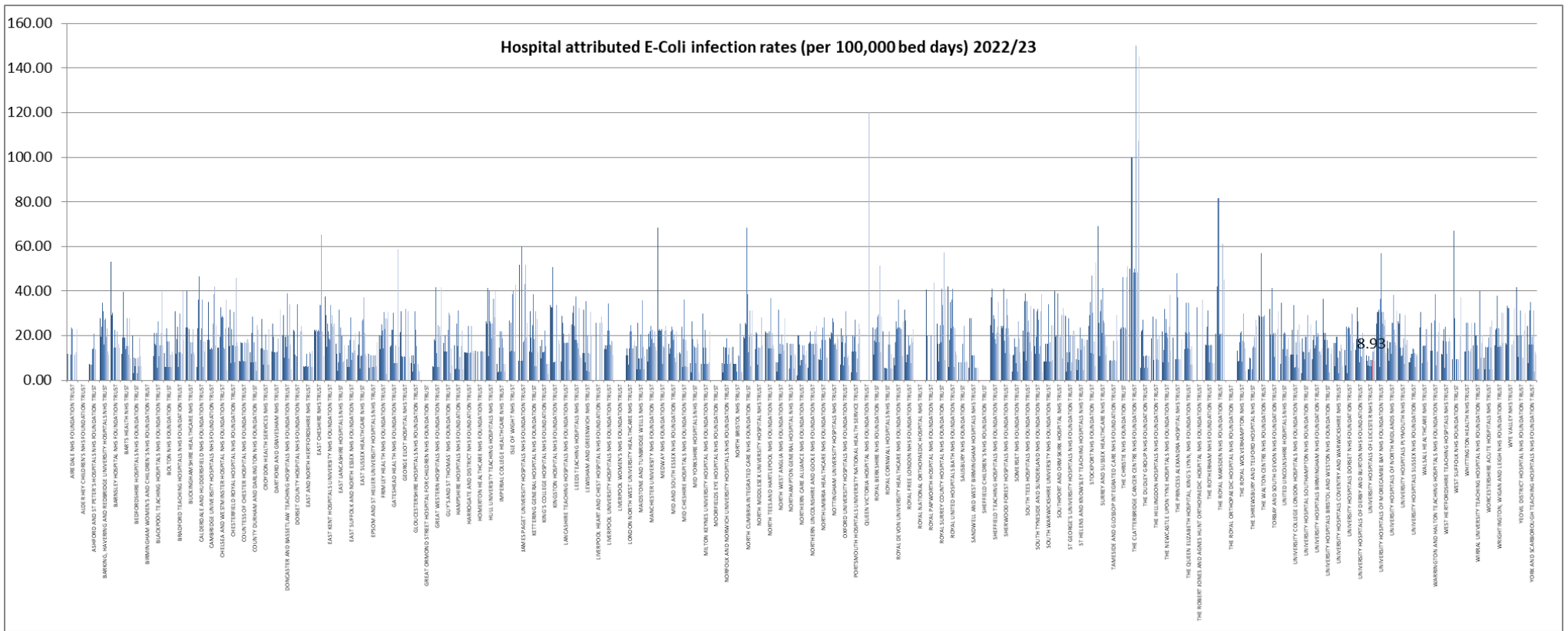


Table 6: Trust apportioned E coli infections by financial year per occupied overnight beds (per 100,000). Red line/number on graph indicates UHL (source UKHSA)

All *E. coli* post 48-hour positive blood cultures within UHL have a limited data set collected and returned to the United Kingdom Health Security Agency (UKHSA) data capture system. In 2016, The Secretary of State for Health set an ambition to reduce all *E. coli* bloodstream infections by 10% and all healthcare associated Gram negative blood stream infections by 50% by April 2021. This ambition was suspended during the COVID-19 pandemic.

UHL anticipate that the DH would at some point introduce trajectory targets. To this end we introduced a surveillance programme to try to identify significant risk factors or interventions which could be potentially reduced the risk. A significant proportion of *E. coli* BSI are secondary to urinary tract infections, and it was assumed nationally that many of these would be related to the use of urinary catheters. Our data however showed the most significant risk was in fact diabetes, information not widely recognised previously. This will be further explored during 2023/24

9.11 Carbapenem Resistant Enterobacterales/Extensive Drug Resistance

Updated guidance was issued on the 27 July 2021 In 2014/15 by Public Health England PHE, now United Kingdom Health Security Agency (UKHSA). This predominantly concentrates on prevention: isolation of high-risk individuals and screening being of particular importance. The UHL focus is to identify, isolate, investigate, inform and initiate (the i5's of Infection Prevention) management of these patients and all patients that fit specific screening criteria are screened for these organisms. This enables identification and management of these patients to prevent further transmission.

10 Outbreaks of Infection and Incident Reports (not including Covid-19)

Outbreaks occur when there are two or more linked infections which may or may not be preventable. These events are recognised through surveillance, reporting or routine IP activities and are by definition unpredictable.

Infection Prevention incidents may not always relate directly to infection but be the consequence, where further investigation is required. If this has an operational impact then this in itself can be enough to trigger an incident response requiring a multi-disciplinary focus.

Every year the Infection Prevention Team recognises and responds to many incidents and potential outbreaks. Some are of significance. However others turn out to be chance clusters not caused by cross infection. The Infection Prevention Team has to be alert to all potential outbreaks.

Outbreaks and Incidents may be recorded in several different ways. UHL use a DATIX incident reporting mechanism and a monthly report is produced from this system to enable the Infection Prevention Nurses to feedback to the Clinical Management Teams at their Infection Prevention Group meetings.

Where an outbreak is considered to be particularly significant because of its size or the lessons learnt, this is managed as a Serious Incident (SI) and reported in line with the NHS Midlands and East Policy for the Reporting and Management of Serious Incidents in the East Midlands.

During an incident/outbreak, the IPT provides a higher than usual level of support, information and training to the area affected, and works in close partnership with the clinical staff to try to prevent further spread of the infection, and to minimise service disruption.

After an incident, the IPT support the development of a report which is presented to the CMG IP groups and TIPAC. During 18/19 a revised outbreak pack was developed which included 'action cards' to support staff with time efficient working within the ward environments.

The table below identifies the incidents which were reported between April 2022 and March 2023.

Serious Incident, Incident Investigations during 2022/23
X2 deaths (where this is indicated for specific infections on the death certificate, a review is undertaken)

11. Norovirus

The winter season of 2022/23 saw very few cases of Norovirus. The hypothesis for this is that continued use of masks also prevented the spread of this virus which can be transmitted via the respiratory route. In previous years index cases for transmission within the healthcare setting have been traced to visitors, who have themselves have been unwell when visiting relatives. This has resulted in ward outbreaks.

Management of Norovirus within UHL follows the national guidance within the 'Guidelines for the Management of Norovirus outbreaks in Acute and Community Health and Social Care settings'

The CMG IP groups, relevant UHL CMG Boards, NHS Midlands and East are all part of the reporting mechanism to ensure due process with regard to the management of Governance and Assurance.

The LLR ICS are copied into a daily increased incidence/outbreak e-mail that is widely circulated across UHL and also sent to external partners to ensure that they are fully sighted to what is happening within the Trust. This e-mail identifies restricted areas and details actions required.

12. Influenza and Respiratory Syncytial Virus (RSV)

During 2022/23 winter season there were smaller numbers of Influenza patients than we have seen in previous years, again we believe due to the increased emphasis on hand hygiene and the wearing of face coverings which is considered to have offered a protective effect and reduced transmission of this organism.

However within the Paediatric Speciality there was a significant increase in RSV virus and Streptococcus group A bacteria and members of the Infection Prevention Team joined daily meetings with the Paediatric clinical and management teams.

13. Policies Procedures and Guidelines

UHL recognises the importance for staff to have ready access to a full range of infection prevention and control policies, procedures and guidelines. Through 2022/23 we have continued to revise Trust policies and guidelines and have included Infection Prevention Pathways to help staff quickly and safely manage patients with COVID-19 in particular. These are available on the Trust's Intranet site.

14. Infection Prevention Clinical Audit Programme

The IP audit programme is compliant with The Health and Social Care Act: Code of Practice on the prevention and control of infections and related guidance. The audits include evidence based interventions to reduce the risk of infection to provide education and feedback to clinical staff.

The audit programme is part of the Annual Infection Prevention Toolkit with results included within the IP scorecard. The scorecard is reviewed as part of the CMG IP groups and within the Trust Infection Prevention Assurance Committee (TIPAC).

15. Sharps Audit

An audit of sharps containers is conducted by Mauser TA/Daniels Healthcare, the provider of our sharps bins. Due to COVID-19 restrictions our partner providers were not able to access the Trust however we were notified that audits will recommence during 2023. A formal audit will recommence as soon as is possible however in the meantime observational audits were undertaken by our ward/dept managers and matrons.

16. Decontamination

Endoscopy decontamination is conducted within a new purpose-built facility, this opened in January 2023. These are operated to HTM 01-06 standards and all staffed are trained to this level. Clinical areas are responsible for the bed side clean (in line with the Endoscopy policy) and the dedicated specially trained decontamination staff are responsible for the pre clean (manual wash) and using the automated decontamination machines. This facility also low stem sterilises all cystoscopes and associated accessories. All staff have specific Decontamination training in Isopharm and are assessed for competence every six months.

Sterilisation of surgical instruments is conducted by our third-party partners (Steris) and a yearly external audit ensures they are compliant to HTM 01-01. As part of the yearly audit the decontamination lead attends the unit and conducts an inspection to give the trust assurance of the external findings. There is also a monthly Joint Business Meeting where new equipment is discussed and any non-compliances are discussed and documented. This has both clinical and managerial representation for UHL.

The cleaning and decontamination audit described within the Infection Prevention UHL policy (**B5/2006**) includes guidelines for all staff in the correct cleaning of medical devices. The decontamination lead works closely with the procurement team to ensure compliance to the cleaning products listed within the policy for the use on medical equipment.

A yearly decontamination of medical devices audit takes place in February every year and the results are shared with the Heads of nursing for each CMG. In December 2022 all CMGs were asked to ensure the audit criteria fitted their areas. The audit was communicated to all heads and deputy heads of nursing with the following instructions

- 1st Feb 2023 Decon audit opened
 - This is to be completed by Matrons / Senior staff member observing staff on the ward completing the decontamination task over the month
 - If not observed the Matron / senior staff member should question the staff
 - There should be an audit for each area of the CMG which uses equipment
 - Matron/ Senior staff member to confirm all are complete
- 28th Feb 2023 Decon audit closes
- 20th March 2023 Results circulated with heads of nursing and IP team
- From 27 March 2023 – 17th April 2023 Confirm and Challenge with all CMG's
- 1st May 2023 Paper for assurance to TIPAC

101 areas sent responses to the audit. Confirm and Challenge meetings have taken place with all areas and an action plan has been compiled. Each CMG has taken the concerns from the audit to their Infection Prevention Operational Group (IPOG) meetings for discussion and escalation.

The trust decontamination lead sits on the Medical Equipment Executive and can give assurance that any medical equipment brought into the trust has been through an assurance process to ensure the equipment can be decontaminated appropriately and all staff are aware of the correct decontamination requirement. When the item is subsequently delivered to the organisation the staff are aware of the requirements.

17. Estates and Facilities Management

The LLR region has been heavily impacted by COVID-19, with infection rates exceeding the national norm throughout the year. The Trust's response to COVID 19 has been a major influence upon Estates and Facilities (E&F) services in all areas.

17.1 Cleaning

The Domestic Services work towards providing a visibly clean and safe environment for patients, staff and visitors.

To support ongoing improvements, we are currently undertaking a formal service review supported by IP, UHL Improvement Team, E&F Managers and the Cleaning Performance Team. This is to ensure high standards of cleanliness and performance can be delivered within the requirements of the National Cleaning Standards in a safe, effective, and efficient manner.

We are focussing on four key areas:

- People

- Equipment
- Governance
- Finance

The objectives of the task and finish group are to

- deliver a root and branch review of the current cleaning standards
- confirm with IP leads the risk category of all areas
- the review of all Standard Operating Procedures, formal audits and efficacy audits, risk assessments
- review of recruitment, staff training, refresher training
- ensure that all governance records and data are up to date and available to evidence in the Board Assurance Framework (BAF) any potential formal review undertaken by the CQC.

The refocus of objectives addresses the key themes of improving cleaning standards, enhancing staff morale and engagement, recruiting and retaining trained staff, strengthening financial control, and ensuring effective governance and compliance. By focusing on these objectives, UHL can work towards delivering the required improvements and maintenance of high-quality cleaning standards while creating a supportive and efficient environment for the domestic workforce team.

17.2 Patient Led Assessment of the Care Environment (PLACE) – 2022

PLACE assessments were reintroduced in 2022 following cancellations in prior years due to the pandemic. The Performance Team in E&F managed the audits in 2022/23 for the first time to ensure independence and impartiality from the Domestic Service. The wider E&F team and IP were also represented for the assessments. The key stakeholders also met with the assessment team and the collaboration was noted as a great success with positive feedback from the team.

The PLACE assessment team highlighted concerns regarding the variations in patient bedspace curtains across the sites and ward areas and the negative effect this has on the patient environment and experience. E&F have collaborated with Deputy Chief Nurse and established a multi-disciplinary working group to standardise the ward curtains throughout the Trust.

PLACE Lite was also introduced in the Trust six months after the formal annual PLACE assessment. This was undertaken with IP and E&F teams and also included Patient Assessors.

The roll out of the new National Cleaning Standards has been a significant piece of work over the last year. Workshops have been provided for the clinical teams to discuss and clarify changes. The revised standard is not yet fully implemented across UHL sites and the formal service review will identify gaps and a process and clear timescale of rectification.

The weekly process of Domestic Team Leader audits and Performance Team Efficacy Audits have continued throughout 2022/23. Externally provided specialist audit training, complying to the National Cleaning Standards is scheduled for Q2, 2023/24.

17.3 Retail Catering

The retail catering services have adapted throughout the year to increase accessibility to outlets across the three sites for patients, staff and visitors.

The Trust has increased the capacity of outdoor seating in a number of locations across the three sites.

During the winter period the Trust has offered free breakfast cereals and porridge to staff. In addition, during school holiday periods the Trust has provided the children of Trust employees a hot meal at a fixed price of £1 per child. Both the free breakfasts and reduced cost child meals have been extremely popular and have been in great demand.

17.4 Ventilation

The UHL Ventilation Safety Group is chaired by the Specialist Services Engineer with representation from Estates, Capital, IP, Microbiology and Specialist contractors who convened monthly to progress the agenda

- Quarterly assurance reporting is via TIPAC.
- The Authorising Engineer (AE) Ventilation has been appointed with a contract in place until May 2025.
- Full detailed system wide review of all ventilation plant completed to assist in prioritising remedial actions in an aging portfolio and to direct available funding to address. This has also refocused the AE to provide a more proactive and technical approach in supporting the Trust's Ventilation management agenda.
- The Ventilation Systems Management Policy B1/2022 due for review January 2024
- A number of long-standing remedial works from previous Annual Critical Ventilation Verification Reports were addressed in 2022/23. However there remains a significant number of issues to resolve including full system replacements across the portfolio.
- A number of key roles have been identified and are in the process of being recruited to support the estates teams specifically on ventilation.
- Training needs analysis conducted for key roles and suitable training rolled out to support the upskilling of the current estates team while offering greater resilience in the coming years.
- All critical ventilation plant verification inspections completed as per schedule.

17.5 Water

Water provided for drinking and bathing naturally contains small amounts of bacteria, including Legionella species and Pseudomonas aeruginosa, that can cause infection if allowed to build up into large numbers. This is a particular concern in hospitals because of the vulnerability of patients. Consequently, the Trust has established strategic and operational arrangements aimed at minimising infection risk from water. Both strategic and operational water groups remained in place and meet regularly

- The annual Authorising Engineer (AE) Water contract has been extended for a further 12 months to allow for a review and redraft of the AE(Water) specification, . The revised specification will enable the AE(Water) to provide a more proactive and technical approach in supporting the Trust's water management agenda.
- The current Water Management UHL Policy A1/2004 will be due for review October 2023 and will fall in line with the review of the Trust's water safety plan.
- Several long-standing actions from previous AE audits were closed off during the May 2023 audit following the completion of works by the Trust's multi-disciplinary teams which highlights the sustained improvements being made by the Trust .
- Estates and Facilities have recently appointed a mechanical engineer specifically to work alongside the team to specifically focus on water management. The appointed person is currently reviewing the Trusts water risk assessments, requirement of remedial works and long standing repeated adverse water results to formulate a proposed programme plan to tackle these issues.
- Responsible Persons Legionella Training was implemented for all members of the water safety group between July and September 2022, this has now been extended to deputy estates managers and mechanical supervisors to add further resilience through the operation estates teams across site.
- The water sampling programme has been reviewed in line with the reconfiguration of services, building works and locations that were not previously programmed for testing in addition this now includes the sampling of water coolers and St Mary's birthing pool.
- Estates and Facilities have appointed third party contractors to progress remedial actions identified through the last set of water risk assessments and external water audits.
- A water management video has been circulated to increase awareness of the importance of water safety across the Trust and to act as a prompt for action.

18. Vascular Access Committee

A Vascular Access Committee within UHL previously reported to the Trust Infection Prevention Committee on any matters that related to Infection Prevention within medical devices that enter the sterile circulatory system. It was agreed with the Medical Director that the governance of this should be managed via The Patient Safety Committee which will be established during 2023. The Chair of the Patient Safety Committee is the Chief Executive.

This is an excellent opportunity to review the terms of reference and clinical representation on this group to ensure it is fit for purpose in the wake of the pandemic and refocus the attention of this important workstream.

19. Occupational Health

Our Occupational Health (OH) service remains an integral part of our organisation and continues to play an important role in supporting our staff and their managers with all matters relating to health and work. We protect the health of the workforce through vaccination against common infectious diseases, as well as those which may be specifically encountered in UHL as a workplace. This encompasses a wide variety of staff groups, from laboratory workers handling specific infectious agents, clinical staff who may be exposed to measles, chickenpox and tuberculosis for example, and staff in all areas of the hospital who may be exposed to influenza. The most well-known occupational vaccination programme continues to be for Hepatitis B and demonstrating non-infectivity for Hepatitis B is mandatory for some occupational groups. We also undertake screening for other blood borne virus infections in clinical staff who undertake specific procedures e.g. surgery, midwifery.

All new staff members are offered vaccinations appropriate to their job role when starting in post, and some require appropriate clearance to start work following testing. Existing staff members are recalled where necessary.

The challenges for the service presented by COVID-19 have continued in the last year.

We have continued to support the process for risk assessment of staff with vulnerabilities, as well as the vaccination campaign and have continued to collaborate with colleagues in the Infection Prevention and Control Team to assist with management of outbreaks in clinical areas. The OH service has supported the approach to staff testing and isolation where required, as well as providing strategic advice in the organisation.

The Occupational Health service again retained its independent accreditation as a Safe, Effective, Quality Occupational Health Service (SEQOHS) following annual review in January 2023, and remains a centre for training in Occupational Medicine, being one of only three units in the UK able to support three medical trainees

As we look forward to the next year, we are planning to have greater alignment of the OH service with the counselling service (Amica) and the Wellbeing initiatives in the organisation, and in so doing improve the user interface of our service for our staff.

20. Next Steps

We will continue to strengthen the previous work streams we identified during 2022/2023 for 2023/24 as we continue to support the Trust with the restoration of services as the COVID-19 pandemic wanes

A review of the outturn of each of the reportable organism data will be undertaken and a reduction work plan produced for 2023/24

We want to further develop our Gram Negative Bacteraemia Reduction Programme within the Harm Free Care agenda, as described key elements of this being

- The Catheter Associated Urinary Tract Infection reduction programme

- Support vessel health and reduce bacteraemia through membership of the Vascular Access Committee
- Support the development of the 'Mouth care matters' initiative of which one objective is reduction of fungal mouth infections
- Continued support of The Nutrition and Hydration steering group where adequate hydration of patients supports reduction of urinary tract infections

Further embed the Antimicrobial Stewardship Programme within the Trust

To further develop IP and antimicrobial data collection systems within our electronic patient record

Fully establish the programme of Surgical Site Infection Surveillance and ICCQIP quality improvement within our Intensive Care Units

Proactively support the adoption and rollout of the revised 2021 National Standards for Cleanliness Programme across the Trust

Host a Midlands Region Surgical Site Infection Surveillance Conference and Infection Prevention Conference

Fully establish a UHL Mask Fit Testing Team

Establish a trustwide deep clean programme to include theatres

Establish as trustwide ward improvement programme