

Infection Prevention Annual Report

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Trust Board paper I

Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	x
Noting	For noting without the need for discussion	

Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)	29.07.21	Trust Infection Prevention Committee
Executive Board		
Trust Board Committee	26.08.21	Quality Committee
Trust Board		

Executive Summary

Context

This summary report reviews the 2020/21 Infection Prevention (IP) successes and challenges for UHL. The full Infection Prevention Annual Report for 2020/21 is published on UHL's external website and can be accessed by clicking on the link below:

[UHL Infection Prevention Annual Report 2020/21](#)

- 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 healthcare guidance* applies to NHS bodies and providers of independent healthcare and adult social care in England. The law states the code must be taken into account by the CQC when it makes decisions about registration of healthcare settings against these infection prevention requirements. The regulations also say that providers must have regard of 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 requirements set out in the regulations.

Within UHL an Annual Infection Prevention Programme (Toolkit) and Health and Social Care Act self-assessment Tool (HASCAT) is compiled which is matched to the requirements of the Code

and other IP national guidance. UHL Clinical Management Groups (CMG) complete the 'Toolkit and HASCAT' on a quarterly basis and their performance is reviewed and monitored by the CMG Operational Infection Prevention Groups (IPOG) the Trust Infection Prevention Assurance Committee (TIPAC) and what was previously the Clinical Commissioning Groups (CCGs) prior to their transition to the newly formed LLR Integrated Care System (ICS)

- SARS (COVID-19) is responsible for the declaration of a global Pandemic by the World Health Organisation and declared a Public Health Emergency of International concern on the 30 January 2020. Management and containment systems and processes were instigated and continued throughout 2020/2021.
- In 20/21 there was 1 Meticillin Resistant *Staphylococcus aureus* (MRSA) blood stream infection reported, against a trajectory of zero avoidable cases. For all cases a Post- Infection Review (PIR) on all patients who have a Trust or non-Trust apportioned MRSA identified 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 Public Health England (PHE) action plan to reduce the number of cases of *Clostridioides difficile* infections (CDI) all hospitals are allocated a 12-month trajectory. UHL has been allotted 108 cases from 1 April 2020 to 31 March 2021. The significant increase, rather than the usual yearly incremental decrease, in allotted cases is a result of the changes that were made to the CDI reporting algorithm (discussed within the CDI section). The year-end position for UHL was 78
- All NHS Trusts are required, by the Department of Health, to report cases of patients with Meticillin Sensitive *Staphylococcus aureus* (MSSA) *Escherichia coli* (E coli), *Klebsiella* and *Pseudomonas* bacteraemia. UHL complies with this directive. No trajectory was applied nationally to these infections for 20/21

Year End Data for PHE HCAI 2020/2021

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Total
MSSA	1	1	1	5	4	3	4	4	2	4	4	6	39
E-Coli	1	5	14	12	4	6	11	12	5	11	11	7	99
Klebsiella	3	4	11	4	8	4	4	13	8	10	8	4	81
Pseudomonas	1	4	1	0	1	3	1	3	1	3	3	3	24

- We continue to undertake admission screening for MRSA and focus our elective screening on an agreed sub sets of patients where there may be a clinical benefit to screening in terms of reducing risk of serious infection for that individual. Admission screening is also implemented where applicable for Carbapenemase Resistant Organisms (CRO).
- Sterilisation of surgical instruments is conducted by our third party providers (Steris) and a yearly external audit is undertaken of their premises and systems and processes. This has continued as have the Bi monthly joint business contract meetings.
The yearly decontamination of medical devices audit took place in February 2020

Endoscopy decontamination is carried out to HTM 01-06 (Health Technical Memorandum) standards and all staff are trained to the level required within this memorandum

- Cleaning services during the pandemic have played an integral part in the Trusts overall management of the risk of infection. Enhanced cleaning regimens have been instigated where required and colleagues from the Estates and Facilities Teams have joined all COVID-19 Outbreak Meetings to ensure implementation of actions where areas have been identified.

Questions

1. UHL is duty bound to discharge its accountability against the hygiene code of the health and social care act. Are the Trust Board assured that the Trust is compliant against this?
2. Are there management and containment systems in place to minimise the risk of SARS Covid-19?

Conclusion

1. In 2020/21 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 Annual IP Toolkit provides assurance against the code. At the last 'face to face' CQC inspection of Leicester's Hospitals (during Sept to Nov 2019) the Trust received a 'Good' rating.
2. The Infection Prevention team in UHL had long standing plans to deal with a pandemic caused by a highly contagious and virulent infection; consequently, UHL implemented its infection prevention pandemic plan well before national instructions to do so. For example, UHL clinical staff began wearing face masks and other personal protective equipment in clinical areas seven days before this was national policy.
However, controlling the spread of SARS-CoV-2, the virus responsible for COVID, was and remains challenging.

Input Sought

Trust Board members are asked to receive and note this assurance report.

For Reference:

This report relates to the following UHL quality and supporting priorities:

1. Quality priorities

Safe, surgery and procedures
Improved Cancer pathways

[Yes /No /Not applicable]
[Yes /No /Not applicable]

Streamlined emergency care [Yes /No /Not applicable]
 Better care pathways [Yes /No /Not applicable]
 Ward accreditation [Yes /No /Not applicable]

2. Supporting priorities:

People strategy implementation [Yes /No /Not applicable]
 Investment in sustainable Estate and reconfiguration [Yes /No /Not applicable]
 e-Hospital [Yes /No /Not applicable]
 Embedded research, training and education [Yes /No /Not applicable]
 Embed innovation in recovery and renewal [Yes /No /Not applicable]
 Sustainable finances [Yes /No /Not applicable]

3. Equality Impact Assessment and Patient and Public Involvement considerations:

- What was the outcome of your Equality Impact Assessment (EIA)?
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required
- How did the outcome of the EIA influence your Patient and Public Involvement ?
- If an EIA was not carried out, what was the rationale for this decision?

4. Risk and Assurance

Risk Reference:

Does this paper reference a risk event?	Select (X)	Risk Description:
Strategic: Does this link to a <i>Principal Risk</i> on the BAF?		
Organisational: Does this link to an <i>Operational/Corporate Risk</i> on Datix Register		
New Risk identified in paper: What <i>type</i> and <i>description</i> ?		
None		

5. Scheduled date for the **next paper** on this topic: [TBC]
 6. Executive Summaries should not exceed **5 sides** [My paper does/does not comply]