Infection Prevention and Control Annual Report 2020/21

Glossary:

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

Green	85=100%	Compliance
Amber	60-84%	Partial compliance
Red	0-59%	Minimal Compliance

Red, Amber, Green (RAG) rating

1. Executive summary

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

2. Key Achievements:

***Coronavirus* infectious disease (COVID-19):**

- In light of the emerging infection- novel *Coronavirus* the IPC team was part of the Bronze, Silver and Gold Command Coronavirus preparedness meetings from April 2020.
- Due to the COVID-19 pandemic from April the IPC service was operating a 7 day a week service and between the hour's o 8am to 10pm changed to 10 am to 6 pm from June 2020 onwards to Support clinical team and service.
- There were regular meetings where service leads and nominated COVID-19 leads have an opportunity to feedback issues with relation to IPC.
- IPC nurses attended regular safety huddles for each borough to support teams
- Daily surveillance data on COVID-19 and dashboard have been maintained in conjunction with ELFT Quality Analytics team.
- Various communications leaflets have been developed by IPC team in conjunction with ELFT
- Public Health team for COVID-19. Questions & Answers factsheets have proved useful to staff.
- Outbreak Managements meetings have been held across the Trust to support services/wards with COVID-19 outbreak management in line with Trust policy and PHE guidelines.
- IPC have created and delivered several COVID-19 training presentation and webinars.
- IPC in conjunction with ELFT Learning & Development (L&D) team have facilitated Fit Testing
- However due to the scale of the task a new Fit Testing service was set up and rolled out.
- Track and Trace work stream set up to ensure systems and processes set up across the Trust
- Staff Lateral Flow Testing service was set up which helped with managing outbreaks.
- People and Culture set up a range of services to support staff working with other departments.
- Resuscitation lead provided written guidance on Resuscitation and Covid-19.
- Medical device Lead procured extra equipment for patient monitoring in the pandemic.
- L&D work stream provided training on Covid-19 issues including the deteriorating patient.
- IPC team have conducted joint visits with Borough lead nurses/ COVID-19 Leads to support setting up dedicated COVID-19 wards within inpatient wards.
- Regular weekly meetings with senior staff and IPC Team microbiologist to discuss Covid-19 advice as the pandemic evidence emerged in relation to ELFT services needs and respond as appropriate and required.
- Team engagement processes set up for virtual working which were crucial as new staff redeployed to support the service. Psychology support was available to the team for regular reflection and support as required.
- This service was flexible and responsive ensuring adaption to the latest evidence and guidance in terms of 'Quality Care'.

  CQC Floor to Board' assurance document evidence was regularly updated

3. Introduction

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

This report is the annual report from the Director of Infection Prevention and Control (DIPC). The report will inform the Trust Board of the infection prevention and control (IPC) standards and risks within the organisation. It will also provide assurance of the progress made against the Health and Social Care Act (2008) *Code of Practice for the prevention and control of infection and related guidance* (July 2015) and the Care Quality Commission standards over the last twelve months. The 2020/21 annual programme is attached to this report to show the previous agreed work plan. The overview of the IPC driver diagram for the annual programme for 2021/22 is appended to this report; this will provide an overview of the priorities for upcoming year (appendix 7). The DIPC report provides information and evidence of the Trust's ongoing commitment to IPC, embedding these key principles and practices throughout the organisation. The report identifies the significant improvement the Trust has made within infection prevention and control in all areas of the organisation.

At the end of the year 2020/2021, ELFT declared compliance in IPC practices. In the event that IPC non-compliance is demonstrated action plans, recommendation and timeframes are given to service lines to address IPC issues. *Summary Report August CQC July 2020 Appendix 11*
This Summary Record outlines what was found during an engagement call to discuss infection prevention and control arrangements, using standard sentences and explanatory paragraphs. We have found that the board is assured that the trust has effective infection prevention and control measures in place.

Monitoring of IPC practice is undertaken by audit, surveillance data, and the integration of IPC reporting mechanisms across the organisation. Reports are submitted to the Infection Prevention and Control Committee (IPCC), Quality Committee and to the Quality Assurance Committee/ Board. During the challenging year of the Covid-19 Pandemic significant progress has been made to ensure patients are cared for in a safe and clean environment, where the risk of healthcare associated infections are minimised.

4. Management and Governance Arrangements for Infection Prevention and Control

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

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

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

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

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

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

The DIPC devolves the day to day responsibilities and duties to the Deputy Director of Infection Prevention and Control. The Director of Nursing and integrated care provides leadership and management for the Infection Prevention and Control service.

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

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

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

5. Governance Framework for Infection Prevention & Control Committee

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

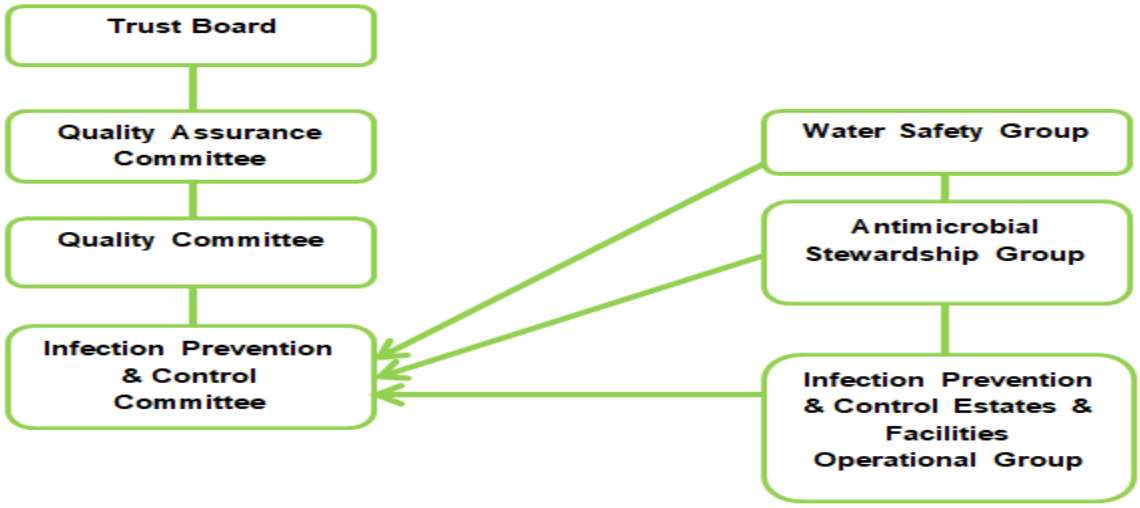


Figure 1 *Governance Framework for Infection Prevention & Control Committee*

5.1 Infection Prevention and Control Committee (IPCC)

The IPCC is a key forum for the development and performance management of the IPC agenda across the organisation. The IPCC met monthly in the pandemic and is chaired by the DIPC with key stakeholders from across the organisation. An overview of the IPC agenda and progress throughout the year is discussed at this meeting. A quarterly report is routinely submitted to the IPCC, however due to the pandemic there were exception meetings which were held monthly. This enabled capturing HCAI's alert organisms, outbreaks, IPC audit programme and scoring therefore comparable data can be analysed. Since April 2021 the membership of the IPCC met monthly and is chaired by the Chief Nurse. In the absence of the DIPC, the meeting is chaired by the Director of Nursing. The committee is made up of representatives from a wide range of disciplines as follows:

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

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

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

5.2 Infection Prevention and Control Service

The aim of the Infection Prevention and Control Service is to promote a safe environment for patients, visitors and staff where infection risks are kept to a minimum. The organisational structure of the Infection Prevention and Control team (IPCT) is shown in appendix 1.
Trust microbiology services are provided by local acute hospitals via Homerton University Hospital NHS Foundation Trust and Bart's Health for London based services and Luton and Dunstable Hospital and Bedford Hospital for Luton and Bedford based services.

6 Healthcare Associated Infections (HCAI)

Healthcare Associated Infections (HCAI's) infections are infections that are acquired in hospitals and other healthcare facilities. These are further reported in the report with individual details of specific organisms. The Definition on this for Covid-19 came from NHSE/1 June 2020.

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

The National Mandatory Data Capture System (DCS) was introduced by Public Health England (PHE) to monitor Health care associated infection (HCAI's) nationally. In the event of a bacteraemia from MRSA a post infection review (PIR) investigation is undertaken and for Clostridioides difficile (C. diff) toxin positive, a root cause analysis (RCA) investigation is undertaken. The rationale for undertaking RCA's is to highlight where lessons can be learnt and to demonstrate best practice in clinical fields. Please see summary of lessons learnt from RCA'S from Covid-19 further in the report.

6.2 Methicillin Resistant Staphylococcus aureus (MRSA)

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

6.3 Clostridioides difficile (C. diff)

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

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

6.5 MRSA Bacteraemia & C.difficile cases

There were no notifiable cases of MRSA or *Clostridioides difficile* cases across the Trust in 2020/21 *There were no cases identified to ELFT for 2020/2021*

6.6 Meticillin-sensitive Staphylococcus aureus (MSSA) Bacteraemia cases

Meticillin-sensitive *Staphylococcus aureus* (MSSA) is a type of bacteria which lives harmlessly on the skin and in the noses, in about one third of people. People who have MSSA on their bodies or in their noses are said to be colonised. However, MSSA colonisation usually causes them no problems, but can cause an infection when it gets the opportunity to enter the bloodstream this can cause septicaemia. In **April 2020** MSSA Bacteraemia infection A Methicillin Sensitive Staphylococcus Aureus (MSSA) bacteraemia was reported on a patient, at Columbia ward, Tower Hamlets Mental Health for Older adult's ward. A Post Infection Review investigation and meeting was conducted as per Trust policy. The PIR investigation concluded the source of the MSSA bacteraemia was a wound and subsequent soft tissue infection; it was difficult to ascertain if this MSSA bacteraemia was preventable or unpreventable. The patent was treated with the appropriate antibiotics Learning was identified highlighted from PIR investigation meeting and actions followed up.

6.7 Carbapenem-resistant organisms

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

In **20 20-21**There were no notifiable Carbapenem Resistant Organisms (CRO's)

7.0 *Outbreak Management*

An outbreak is often defined as two or more cases presenting with similar symptoms associated by time and place. In healthcare settings, the most common cause last year was Covid-19. The IPC policy outlines the processes to be followed and resources and leaflets are available on Trustnet.

8.0 Clusters of infections.

Clusters of infections are identified as potential groups of people or cases with apparent similar infections (e.g. flu, measles). Many apparent clusters have no specific cause. In rare cases, clusters may be related to common environmental exposures. Incidents of infections are listed below by month and Outbreaks for Covid-19 are discussed below for the last ye*ar.* This starts with other infections and then goes on to provide a narrative of the Covid -19 pandemic.

9.0 Healthcare associated Infection surveillance.

This below table shows number of 'Advice and Queries' for *other infections other than Covid -19*. There was a considerable decrease in other reported infectious diseases compared to previous years. This may have been due to several factors i.e. that staff and patients were adhering to infection prevention and control measures and were less exposed to these due to lockdown measures of the pandemic.

The full details of these are presented in the IPC Committee monthly reports .However other infectious diseases are now re- emerging and we are updating our systems and process to surveillance to ensure we are capturing and responding to these in line with the Health and Social Care Act (2015).

As can be seen in the below Table there were advise and *twenty-two* enquiries on Diarrhoea and Vomiting, however no out breaks. *MRSA* screening queries and follow up was *fourteen* times, *C-diff* on three occasions, however no reportable as toxins to PHE. There were 6 queries related to *Tuberculosis,* and two related to Chicken pox. In relation to infestation five related to scabies and five related to body lice. There were 23 advice and queries related to bed bugs and six related to pest control from rodents. The latter was in Tower Hamlets, City and Hackney and Bedford in patient's services. The main referrals below were related to PPE enquiries and Cleaning issues.

9.1 Infection Prevention and Control incidents from 1st April 20 to March 31st 2021

Please see below table outlining Non-Covid surveillance and incidents.

The report then continues to describe the number of notifiable infectious diseases related to Cov-19 Cases of Covd-19 for in-patient compared to London and the UK. This is followed by the numbers of Health care Acquired infections services and numbers by directorate and month.

This is followed by a graph of the number of deaths for in-patient services.

There is then an analysis of the Covid-19 out breaks across the Trust together with the numbers Covid-19 cases staff and patients affected as part of the outbreaks.

This is followed up by an analysis of the Root cause and lessons learnt and being put into practice.

This work to date in not fully completed and further Root Cause analysis is ongoing and more information as it emerges will be reported at a later date for Bedford and London

Non Covid Incidents Infection 20/21	APR	May June	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Advice Enquiries
C-diff	0		1						1	1		3
Pest / Bed bugs	2	3	3	4	3	1		3		1	3	23
Body Lice	0					1	2	1			1	5
Clinical Waste	3	2	2	2	9		5					23
D&V	1	1	2	3	3	3	7	1		2		22
General Enquiries	0					7	49	10	14	12	26	118
MRSA	2	2	1	1	2		2			1	3	14
MSSA	1											1
Pest control - rodents	0	4								1	1	6
PPE/Product Supplies	79		41	21	21	7	33	1	11	5		219
Scabies	2					1		2				5
Sharps	0						3		1		1	5
Staff bitten by patient	0							1				1
Shingles	0	1						1				2
TB	0		1		1		1				3	6
Water Issues	3											3
Cleaning Issues	19	45	27	13	7	3	4					111
Ventilation	0	0	7	3	3							13
Strep A								1				1
Strep B		1										1
Strep Pneumonia							1				1	1
Hep B					1						1	2
Campylobacter (CPE)					1						1	2
Chickenpox						1					1	2
Ringworm							1				1	1
TOTAL	112	58	78	44	46	23	106	20	27	23	38	588

Figure 2 shows the numbers of queries related to infection surveillance and other issues

9.2 The below ***notifiable diseases*** for Covid-19 were reported.

The work of Infection prevention and Control involves being alert and responsive to new and emerging infectious diseases. This work focused on the new virus referred to as SARS-CoV-2, and the associated disease is Coronavirus infectious disease (COVID-19). This highly infectious disease has resulted in numerous infections for ELFT involving staff and patients in line with the worldwide pandemic and its associated high mortality and morbidity which is especially prevalent in vulnerable groups and communities. This has led to increased demands on the service. The tables and graphs and narrative below tell the story of East London Foundation Trust from IPC perspective.
In relation to Covid-19, the report mainly focusses on service users, however many staff were affected and were supported by IPC Team, People and Culture and Team Prevent Occupational Health provider.
The first graph shows ELFT cases in comparison to the rest of London and the England**.**
The overall percentage of beds occupied in the Mental Health in patient services that has patients compared the London and England overall picture. It shows that from December 2020to January 2021 this was higher for London and in particular for ElFT.

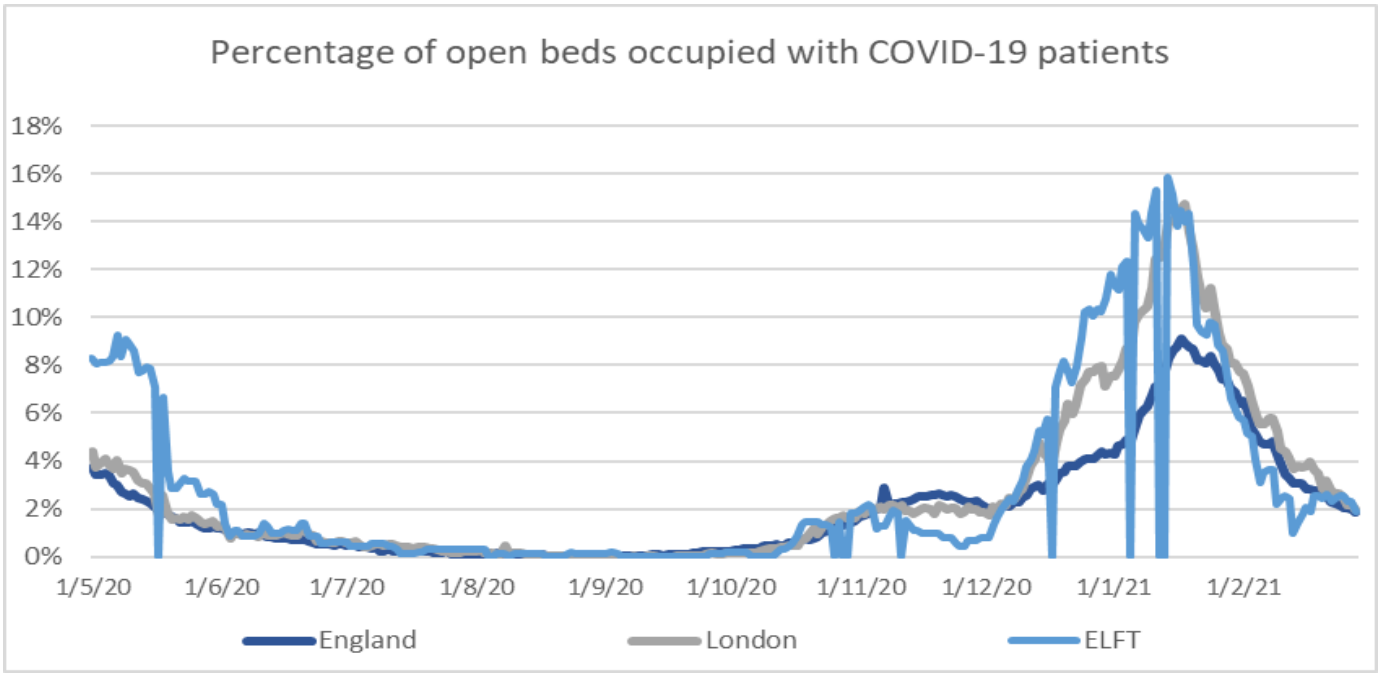


Figure 3 shows picture from May to February 20/21. Source PHE

MONTH	No. COVID-19 cases confirmed per month
Apr-20	81
May-20	31
Jun-20	16
Jul-20	2
Aug-20	4
Sep-20	2
Oct-20	20
Nov-20	23
Dec-20	169
Jan-21	218
Feb-21	57
Mar-21	5
Total	629

Figure 4 report for Covid-19 confirmed cases for in-patient wards at ELFT by laboratory

April 2020	May/June 2020	August 2020	Sept 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	March 2021
462	498	172	324	343	229	336	326	108	44

Figure 5 shows of number of 'advice and queries' received and responded to via the elft.infectioncontrol@nhs.net from April 2020 to March 2021. The periods in the first and second waves of the Pandemic shows an increase in demand for the service and management of outbreaks.

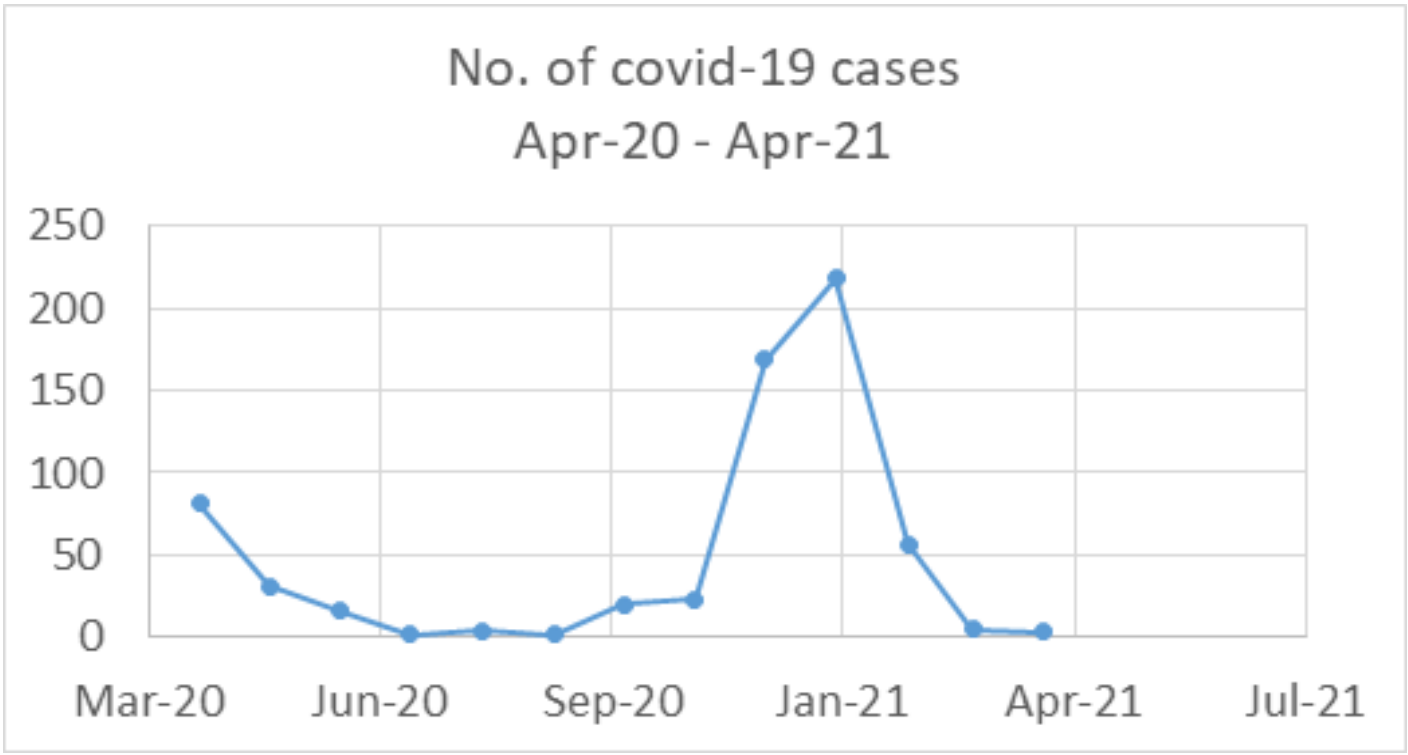


Figure 6; line graph of the laboratory confirmed cases ELFT in patient services showing highest number of cases peaked December and January for COVID-19 .Source: Bart Health Laboratory

9.3 Covid -19 Health Care acquired infections: (HCAI)

Definitions: Hospital-Onset Probable and Definite Healthcare Associated COVID-19 infection:

A Hospital-Onset *Probable* Healthcare-Associated infection is defined as an infection where the first positive specimen was taken **8-14** days after hospital admission.

A Hospital-Onset *Definite* Healthcare-Associated infection is defined as an infection where the first positive specimen was taken **15** or more days after hospital admission. NHSEI CNO Letter (Ref No 001559) 19 May 2020.These HCAI were reported on a daily basis to Public Health England as part of Sit Rep processes. The number of Health Care Acquired Infection (HCAI) Covid -19 March 2020 to March 2021 as reported below for in patients wards across ELFT.

Figure 7 Health Care Acquired Infection (HCAI) for inpatients wards Covid -19 March 2020 to March 2021.

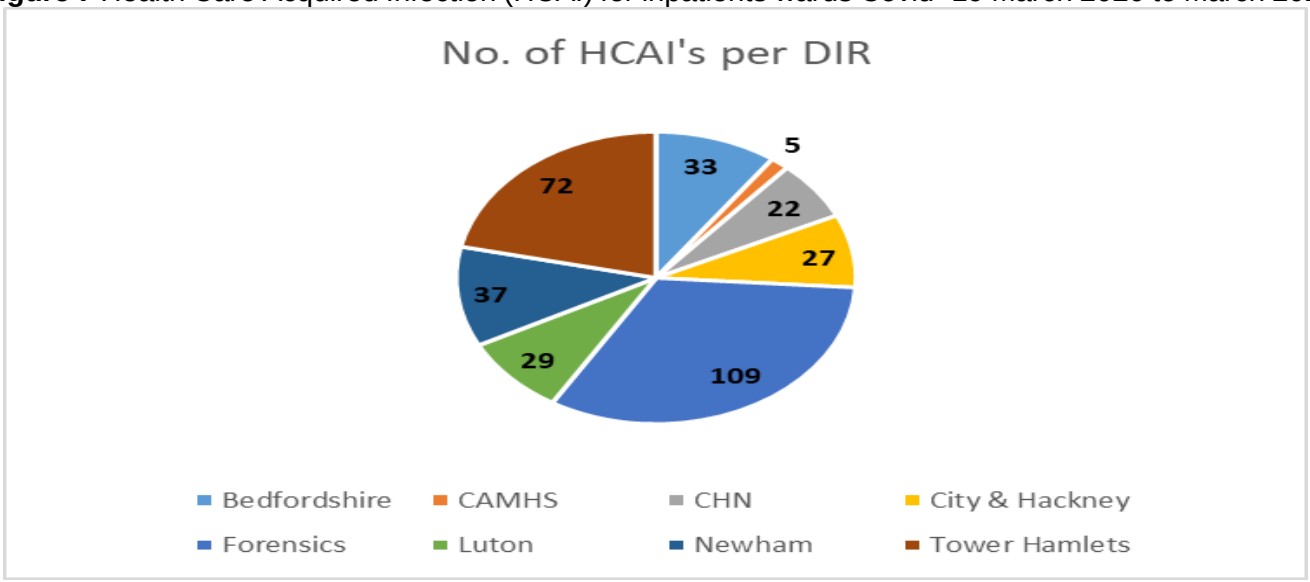


Figure 8 Number of reported infection HCAI by directorate shows highest for Forensics, followed by Tower Hamlets Mental Health inpatients services.

Month	No. of HCAI's
Mar-20	46
Apr-20	58
May-20	4
Jun-20	0
Jul-20	0
Aug-20	0
Sep-20	0
Oct-20	13
Nov-20	2
Dec-20	109
Jan-21	86
Feb-21	16
Mar -21	1
Total	335

Figure 9 number of Health Care Acquired Covid-19 infections March 20 March -21

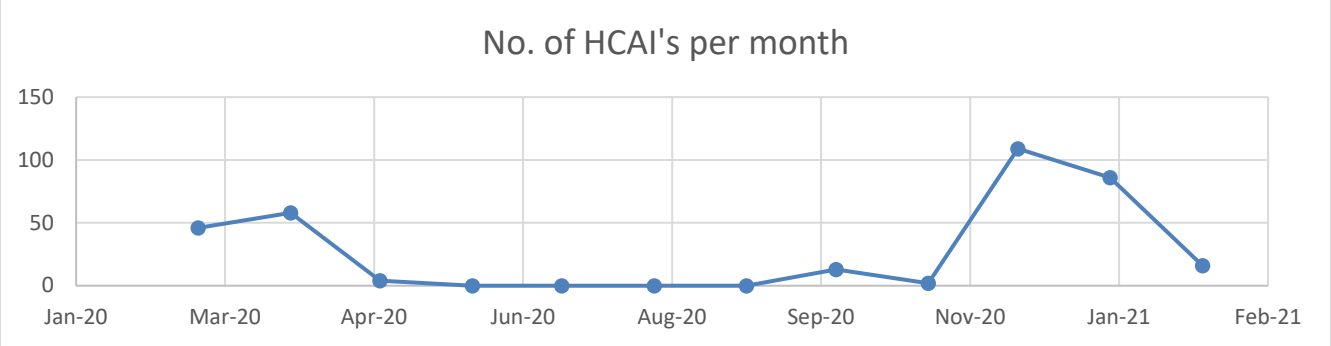
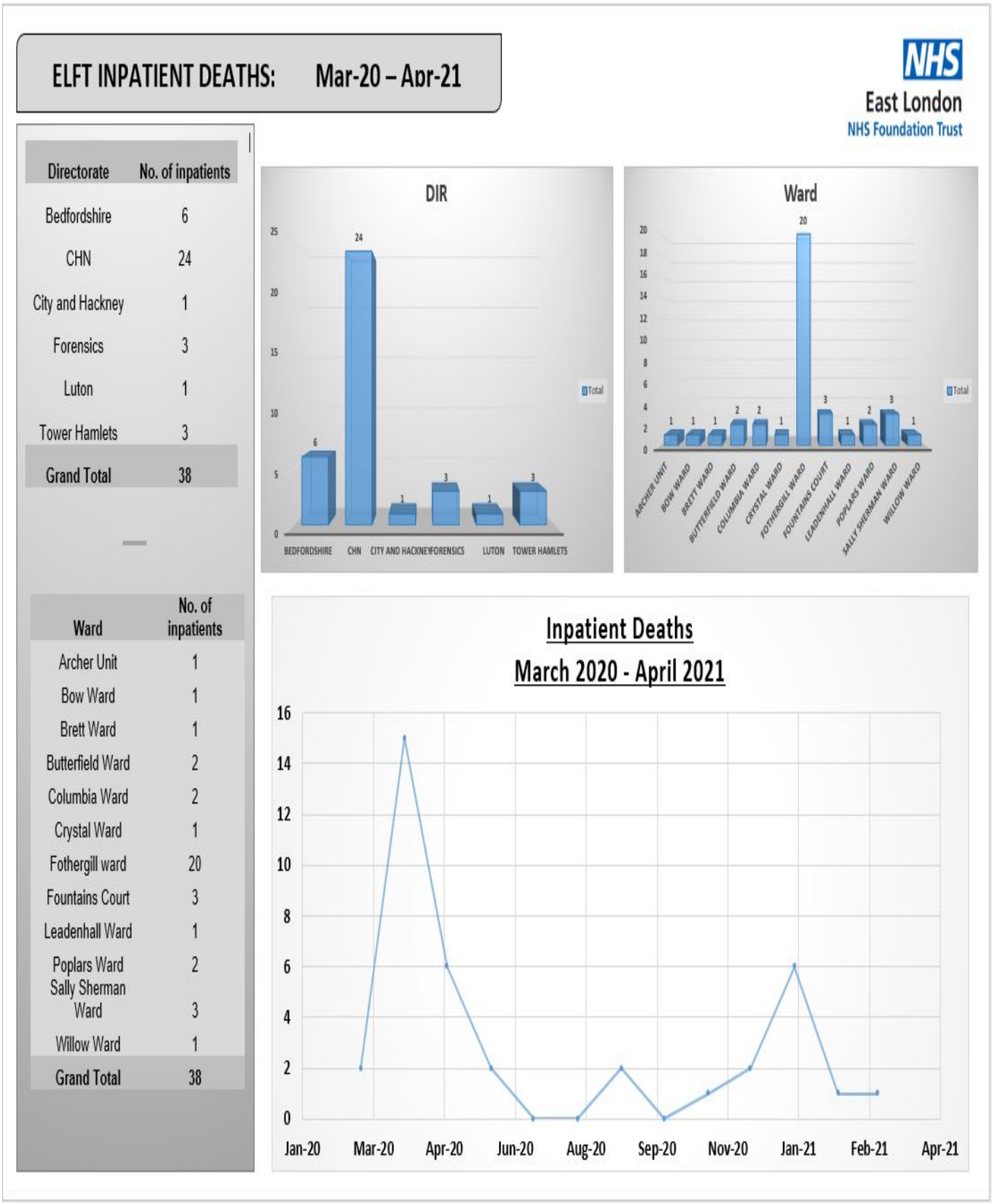


Figure 10, line graph break down by month of the number of Health Care Acquired Covid-19 infections. COVID 19.

The in-patient data is smaller in comparison to the overall figures reported for the Trust in total on Datix Appendix 10. There is further analysis of the number of patient and staff cases related to outbreaks. There is further details of staff reported cases under Staff Health.

10.0 Patient Deaths from Covid-19.

Many of the mental Health service users at ELFT also have underlying physical vulnerabilities and come from ethnic minority groups as out lined in the Five year forward view of Mental Health. East Ham care Centre also has wards that have elderly frail patients. The highest number of in-patient's deaths were on Fothergill elderly ward. These factors contributed to an increase in deaths rates among these groups as per the National data. Please see Figure 11 below.
A total of 281 patients died, during the reporting period, Trust Wide who had tested positive for COVID 19 in the 28 days prior to death, of which 38 were inpatient deaths.
The remaining 243 deaths were in the community and death occurred either in a care home; an acute hospital; or in the patient's own home.
The increase in excess deaths due to Coronavirus occurred over two windows where the virus peaked, between March and April 2020 and January and February 2021.
The column chart below shows the total number of COVID 19 related deaths by in patient directorates.
There is further details in the outbreak analysis below of Patients that died from Covid-19.



Directorate	No. of inpatients
Bedfordshire	6
CHN	24
City and Hackney	1
Forensics	3
Luton	1
Tower Hamlets	3
Grand Total	38

Ward	No. of inpatients
Archer Unit	1
Bow Ward	1
Brett Ward	1
Butterfield Ward	2
Columbia Ward	2
Crystal Ward	1
Fothergill ward	20
Fountains Court	3
Leadenhall Ward	1
Poplars Ward	2
Sally Sherman Ward	3
Willow Ward	1
Grand Total	38

Figure 11. This section above contains information on deaths of patients who have died in hospitals in East London Foundation Trust and had either tested positive for COVID-19 or where COVID-19 is on the Death Certificate. Fothergill ward had the highest number of deaths from Covid, which is a ward for the elderly and includes palliative care patients .

11.0 Infection Prevention and Control Outbreak management

The Health and Social care Act requires us to be alert and responsive to new and emerging infectious diseases, hence it was crucial to be alert and responsive to new cases as they emerged and take appropriate action. Outbreak management was followed in line with IPC Policy manual and gov.uk website. This had to take into account the fast-paced environment everyone was working under as new evidence emerged on corona virus in line with the chain of infection Figure
In addition, a post infection review or root because analysis is completed on patients where a transmission has occurred / is suspected. Staff and patient contacts were identified and managed in line with Trust occupational health and PHE Test and Trace processes (in case of COVID-19).
There is evidence that the Infection Prevention and Control Board Assurance Framework is completed for COVID-19 hospital transmissions ;(appendix)
There is evidence that the Infection Prevention and Control COVID-19 Management Checklist, and updated root cause analysis template as an incident investigation tool in the detailed report to the IPC Committee; Evidence of completed actions are recorded on action plan template, with identified action owners and dates of completion
Lessons learned are collated and disseminated within the organisation and regionally.
Notification of Infectious disease guidance (NOIDS) and PHE are completed on a regular basis.
There follows an analysis of out breaks in London and Root Cause Analysis (RCA) theme Analysis March 2020-March 2021. (With particular focus on 2nd wave outbreaks). This work has also been completed for Bedford and shows separate analysis of themes.

11.1 COVID-19 outbreaks.

The below analysis is broken down in to numbers in London and Bedford.
There were several incidents of COVID-19 affecting both in-patient and community facilities in ELFT during this pandemic. Nationally, the 2nd wave of the COVID-19 pandemic appeared to have started in September 2020 and ELFT facilities started seeing sporadic cases during that same month. However not all incidents met the definition of an outbreak. An outbreak is defined as 2 or more cases linked by time and location. The outbreak situation started in October and reached its peak in December 2020 which was the most challenging time of all, not only for ELFT but all NHS Trusts. This report focuses on the reviews and findings from the outbreaks during the second wave of the pandemic, the lessons learnt and changes made or measures re enforced as a result. Much care and diligence has been taken to present the data in this report as accurate as possible, using all the information available at the time of writing this report.

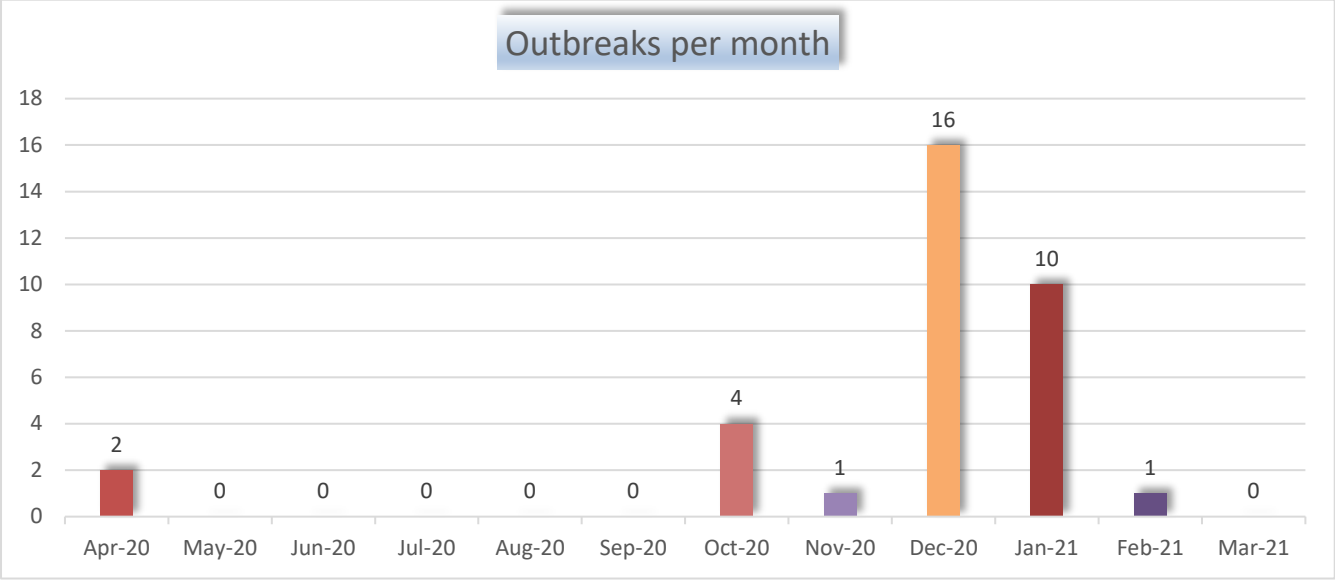


Figure 12 A total of 34 were recorded in London between April 2020 and March 2021.

- There were 2 outbreaks recorded in quarter 1 (Q1),
- Whilst there was none recorded in Q2.
- Q3 saw the highest recorded number of outbreaks;
- 24 in total, representing nearly 60% of all outbreaks.
- This was followed by 11 outbreaks in Q4; 26%

Please see below the number of staff and patients affected by the outbreaks followed by themes and lessons learnt and actions following this..

Number of positive patients and staff involved in the Outbreaks

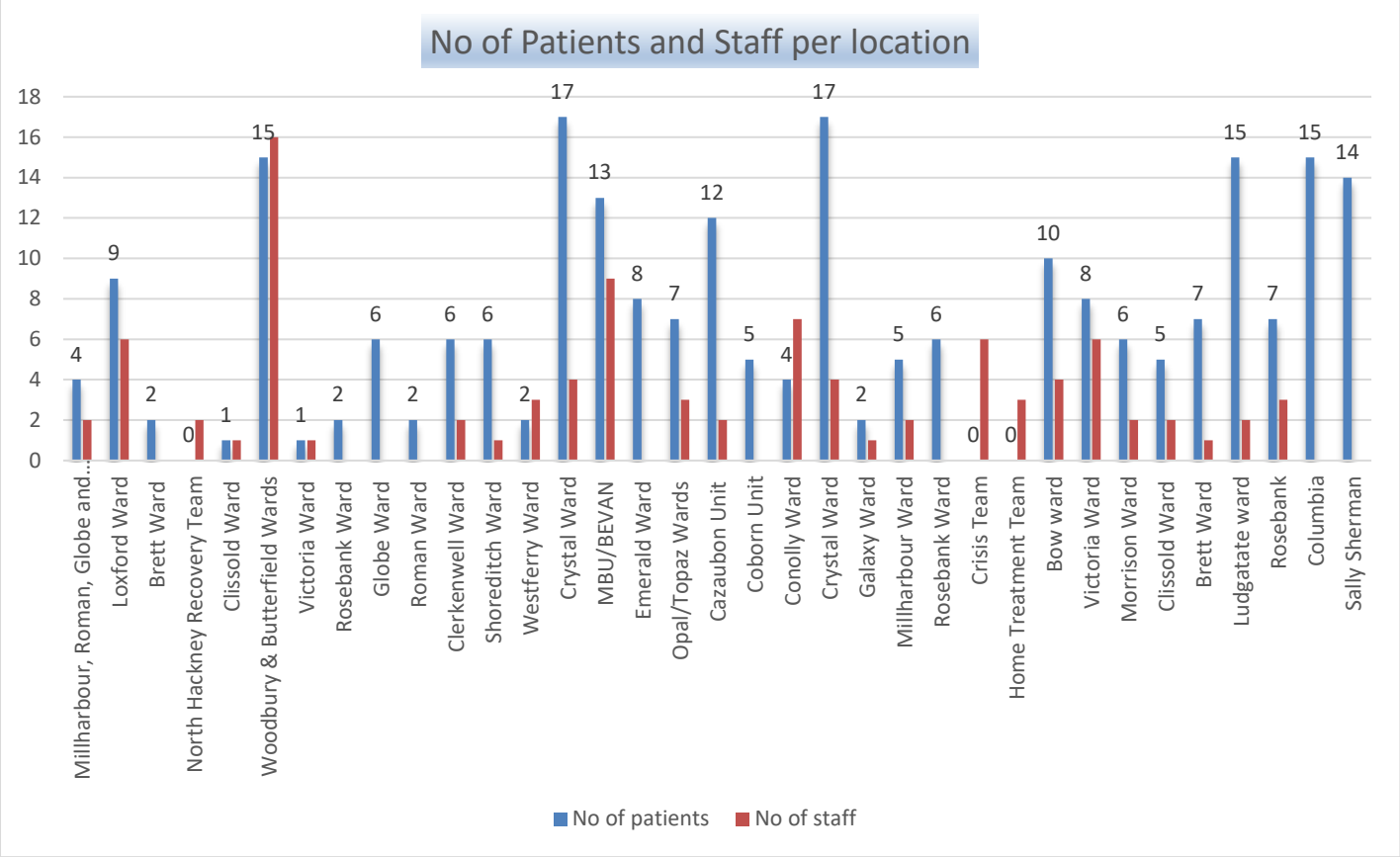


Figure 13 . In relation to the **Patients and staff** above, these outbreaks have had a significant impact on several patients and staff and the service as a whole.

- In all, a total of **239 patients** are known to have tested positive for COVID-19 in the **34 outbreaks** recorded.
- Most of these patients were asymptomatic however a few developed symptoms and were managed as per Trust policy.
- Unfortunately, **4** patients died in London and **2** in Bedford after testing positive for COVID-19 within 28 days, thought to be related to the outbreaks.
- There was another death of a patient was recorded in March 2020 outbreaks.
- There were **95 staff members** were confirmed to have tested positive for COVID-19 thought to be related to the outbreaks.
- Two staff members unfortunately died during this period from the outbreak wards.
- There were no recorded positive staff members in 10 (24%) of the outbreak locations.
- The outbreaks recorded in the community involved positive staff members only

11.2 Outbreaks per London Directorates

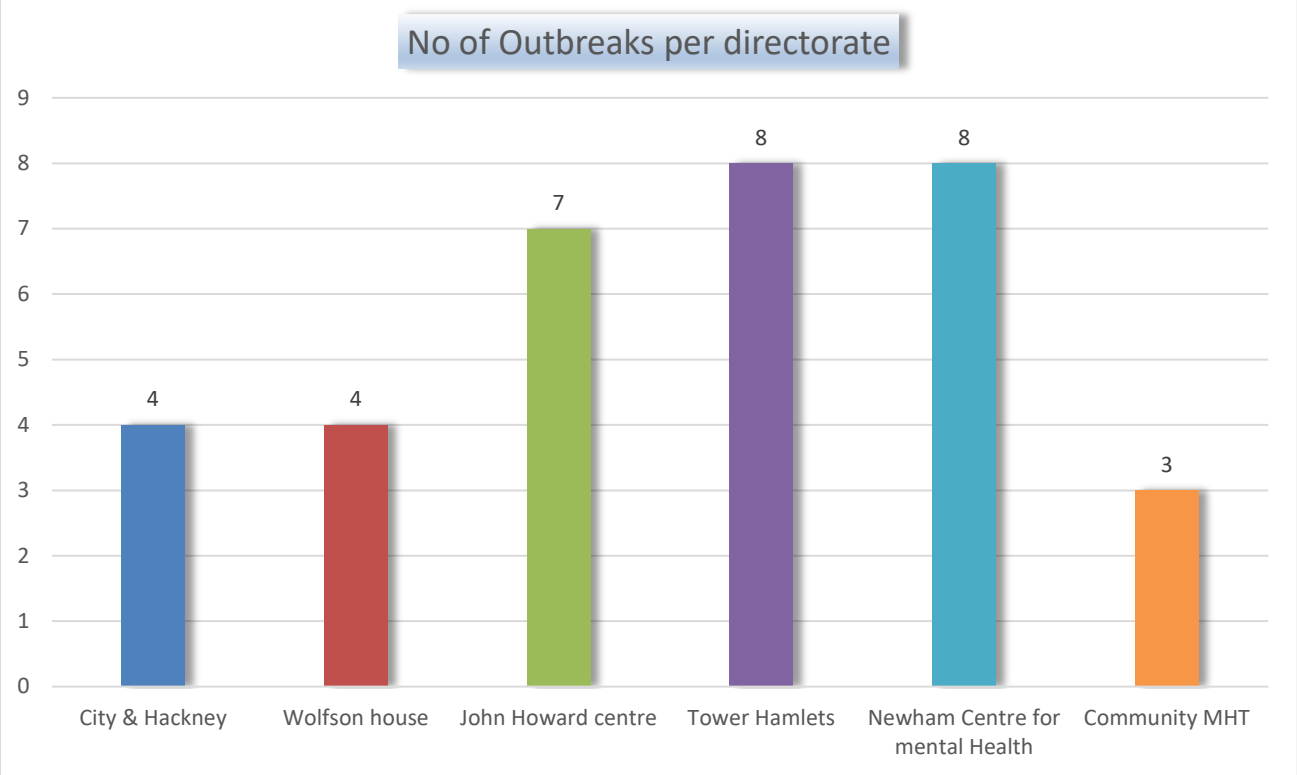
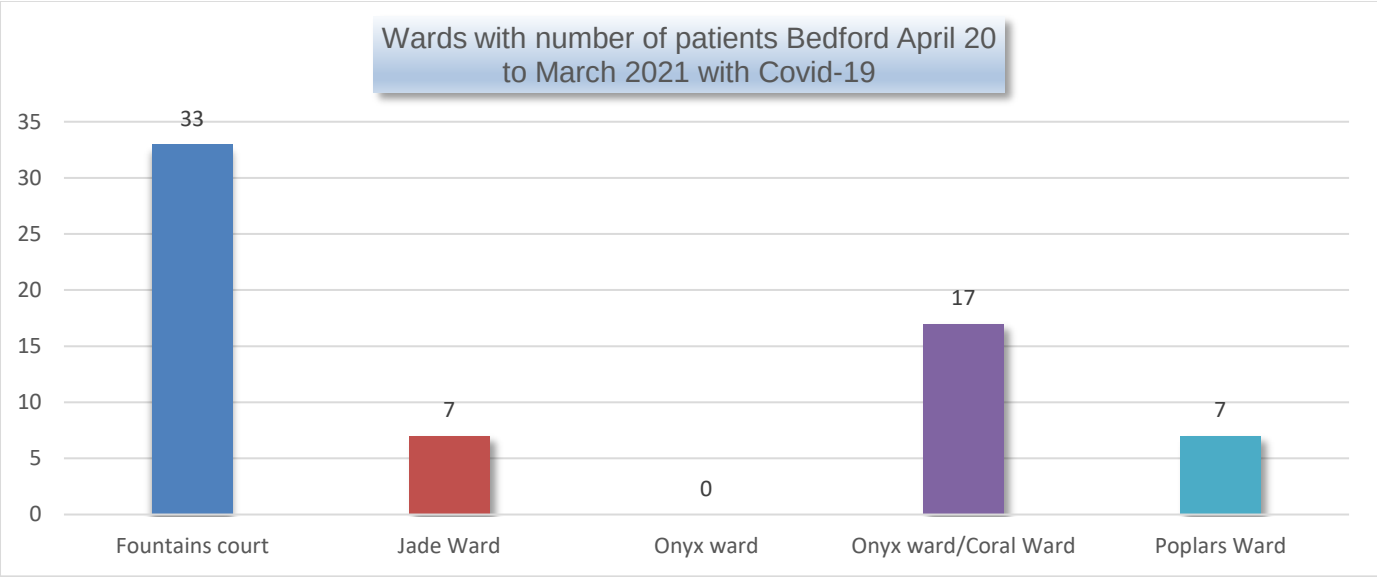


Figure 14 .The JHC which is a high secure forensic service recorded number of outbreaks- **7** in total. Tower Hamlets and Newham CMH directorate both recorded **8** outbreaks each. This was followed by City & Hackney and Wolfson house which recorded 4 each. There were **3** outbreaks recorded from the community team involving staff members. Due to the increased number and the pressure on the services at the time, some of these outbreaks were combined and managed together per directorate.



There was a total of 29 staff and 64 Patients affected in the above outbreaks

12.0 RCA reviews

In a letter to all NHS providers in around summer 2020, NHS England/Improvement require all providers to carry out a review of Hospital onset cases of COVID-19 (positive cases identifies after 7 days of admission) to determine the actual source of acquisition and also to identify any issues that might have contributed particularly if found to be acquired in healthcare. Due to the increase number of cases particularly during the second wave of the pandemic, it has not been possible to conduct a review for all individual healthcare onset cases. However, the Trust has reviewed a number of the cases by carrying out RCA meetings.
During this period, priority for RCA has been given to the cases that resulted in outbreaks though other individual hospital onset cases were also reviewed. So far 77% (26) of the outbreaks have had the source investigated and the root course and/or contributing factors gathered. Most of these have been done by conducting RCA. The review process is carried out using a locally agreed RCA document/tool. This document has been recently revised to help capture more relevant COVID-19 related contributing factors.

12.1 Themes drawn from RCA reviews

Though in most cases the specific root course for the cases were undetermined, a number of contributing factors were identified and addressed. There are 3 main themes emerging from the RCA reviews conducted so far which are classed under patient, staff and environmental factors.

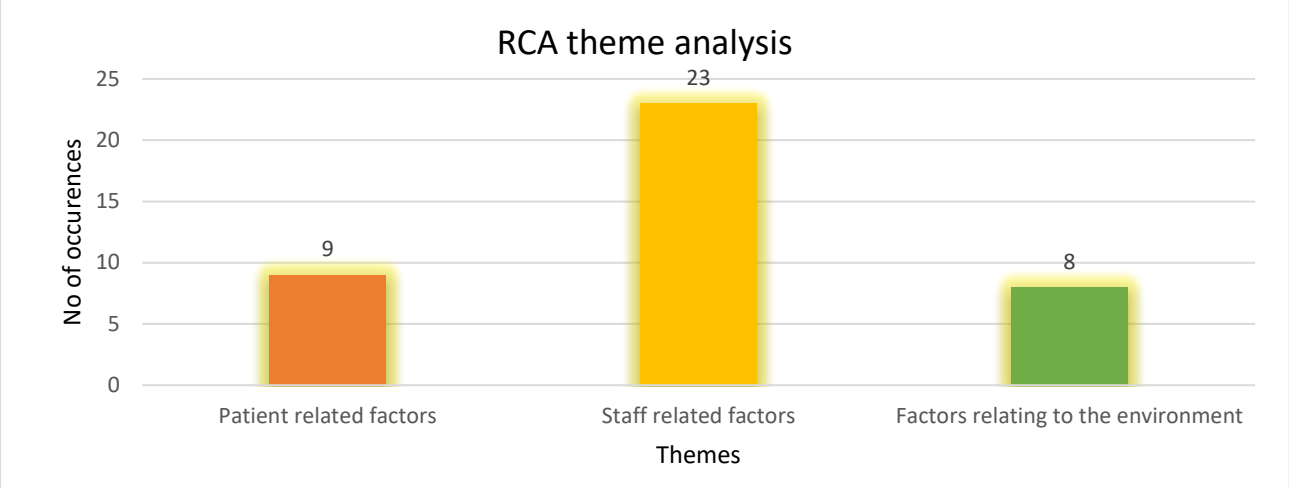


Figure 15. Staff related factors appear to be the most dominant occurring contributing factors- **23 times**.
These factors include Staff related factors includes gaps in patient isolation, patient transfers and management of patient contacts. It also includes laboratory and specimen related issues as listed below.
This is followed by Patient related factors occurred **9 times** followed by environmental factors occurring **8 times.** In some outbreaks, there was a combination of 2 or more contributing factors e.g. staff and patient factors or patient and environmental factors.

12.2 Deaths relating to these outbreaks

During the second wave of the pandemic, the trust unfortunately lost 4 patients and 2 staff members. These deaths occurred during the time of ongoing outbreak on the wards and are thought to be related to the outbreaks. These patients did have some underlining physical health conditions that placed them at risk of worst outcome for COVID-19. Individual RCA reviews were conducted for these 3 patients. The infection prevention and control (IPC) team had worked closely with the Trust serious incident (SI) review team and had shared the lessons learnt (from IPC perspective) from the RCA reviews with them.

12.3 Some Lessons learning and changes following findings from outbreaks:
The Trust wide '*Track and Trace'* form has been updated to include temperature and symptom check in line with national and Trust guidance.
New cleaning definitions/terminologies have been disseminated to clinical as well as domestic staff for clarity when staff are requesting different level of cleaning. Training on cleaning provided. Daily cleaning of patient's bedrooms and maintaining 3 times daily cleaning of communal areas and nurses station now in place as a routine to help reduce the viral load and reduce the risk of outbreak as a preventative measure as advised by IPCT.In relation to cleaning products a more effective dual action Chlorine tablets (SoClean) now procured by cleaning contractor to replace the non-effective (Evan professional Chlor Tabs). Daily cleaning checklist introduced to monitor staff cleaning of nursing equipment. Routine 3 times daily nursing cleaning of nurse's station and shared equipment was introduced and to be sustained. Introduction of *sign-in sheet* for seclusion rooms for both domestic and nursing staff to indicate satisfactory completion of cleaning. There has been *a sharing lessons learnt* from outbreaks at ward away days and reflection events have taken place on of the outbreaks to capture learning in a dynamic way and look at application of learning in and on practice locally and across the organisation as required. A *formal PPE and hand hygiene* **audit** to monitor staff practices has been launched across the service on an electronic platform. Education provided and sessional use of gloves and aprons discouraged across the Trust. Monitoring of staff practices by PPE and hand hygiene audit encouraged.
Introduction of COVID-19 **swab documentation template** on Rio and training for staff on how to use this has been provided. There was also the development of **new protocols** guidance e.g. for OT games developed with IPC/COVID-19 precautions and a Pet therapy policy drafted with IPC precautions.

13.0 Staff Occupational Health:
Please see requirements under the Health and Social Care Act (2015). To meet ELFT'S Duty of Care on the Protection of staff People and Culture contract and Team Prevent as the Occupational Health (OH) provider whom report to the IPC Committee. Extra resources were contracted to respond to COVID-19
Line managers and staff carried out risk assessments and accessed support via helplines and referrals to OH were carried out for ongoing assessment and support. The regular services provide;
• Risk assessment of need for immunisation, in particular hepatitis B immunisation;
•Health screening for communicable disease, including tuberculosis and where appropriate, BBV screening for those undertaking exposure prone procedures;
• Post-exposure management, for example for inoculation injuries; and
• Circumstances under which staff may need to be excluded from work
Use of personal protective equipment (PPE), including staff training in the safe use and disposal of PPE;

Figure 16. Number of Staff off work with COVID-19 infection by month and reason recorded for sickness

Employee Numbers	Sickness	Reason	Reason	Reason	Totals
Month Sickness Started	**COVID 19 Confirmed**	**COVID 19 Suspected**	**COVID 19 - no reason recorded**	**Long COVID**	**Grand Total**
Apr-20	6	116	67		189
May-20	3	30	19		52
Aug-20	1	4	2		7
Sep-20	5	15	11		31
Oct-20	10	16	8		34
Nov-20	15	13	7		35
Dec-20	83	19	40		142
Jan-21	100	37	87	7	231
Feb-21	6	6	13	5	30
Mar-21		6	8	6	20
Apr-21	1	3	14	4	22
May-21	3	2	7	3	15
Jun-21	3	7	10	2	22
Grand Total	**236**	**274**	**293**	**27**	**830**

13.1 Occupational exposure:

The Health and Safety Executive (HSE) accepts that these are not easy criteria to apply in the unusual circumstances presented by the coronavirus (COVID-19) outbreak. When deciding if a report is required, the responsible person must make a judgement, based on the information available, as to whether or not a confirmed diagnosis of COVID-19 is likely to have been caused by an occupational exposure, i.e. whether or not there is reasonable evidence that a work-related exposure is the likely cause of the disease. The judgement should be made on the basis of the information available.

There is no requirement for RIDDOR reports to be submitted on a precautionary basis, where there is no evidence to suggest that occupational exposure was the likely cause of an infection.

Each staff member who was confirmed as COVID positive was cross referenced with Covid-19 positive patients on the ward by People and Culture and Health and Safety Team. Staff deaths are reported by Health and Safety Team in relation to COVID-19. There was a Remberance Event in June for these staff.

13.2 Fit Testing for face filtering particle masks (FFP3)

In line with Public Health England and Health and Safety Executive guidance, the Trust Fit Testing project has been established to deliver Fit Testing service for staff. This is to ensure Trust wide staff are protected from harmful viruses including Covid-19 whilst conducting their roles and responsibilities for aerosol generating procedures. To give priority and steer to the project, meetings with Directors of Nursing (DONs) was established; Learning & Development manager supported the project to provide weekly data on fit testing uptake; this will be added to staff members ESR profile moving forwards.

Please see below the most recent figures with updates on staff numbers trained;

There are remedial actions for increasing compliance across the Trust.

The IPCT in conjunction with ELFT Learning & Development team have facilitated Fit Testing Training for inpatient frontline staff, which requires using face filtering particle mask on the Force 8 and Force 10 mask that were been procured for staff members who fails fit testing on FFP3. An SOP was written to support this roll out from Infection prevention and Control.

There were also specialist hoods procured for those unable to be Fit Tested on FFP3 masks.

Figure 17. Trust Compliance on Fit Testing Programme for FFP3 Masks to 29th March 2021

Fit testing numbers	Staff for Testing	Compliant Staff	Compliance %
Overall Trust	4867	2659	55%
High Risk Areas (Wards)	1436	1296	90%
Community Health	1052	667	63%

13.3 Tests used in ELFT for staff for Covid-19

Lateral Flow Test (LFT)

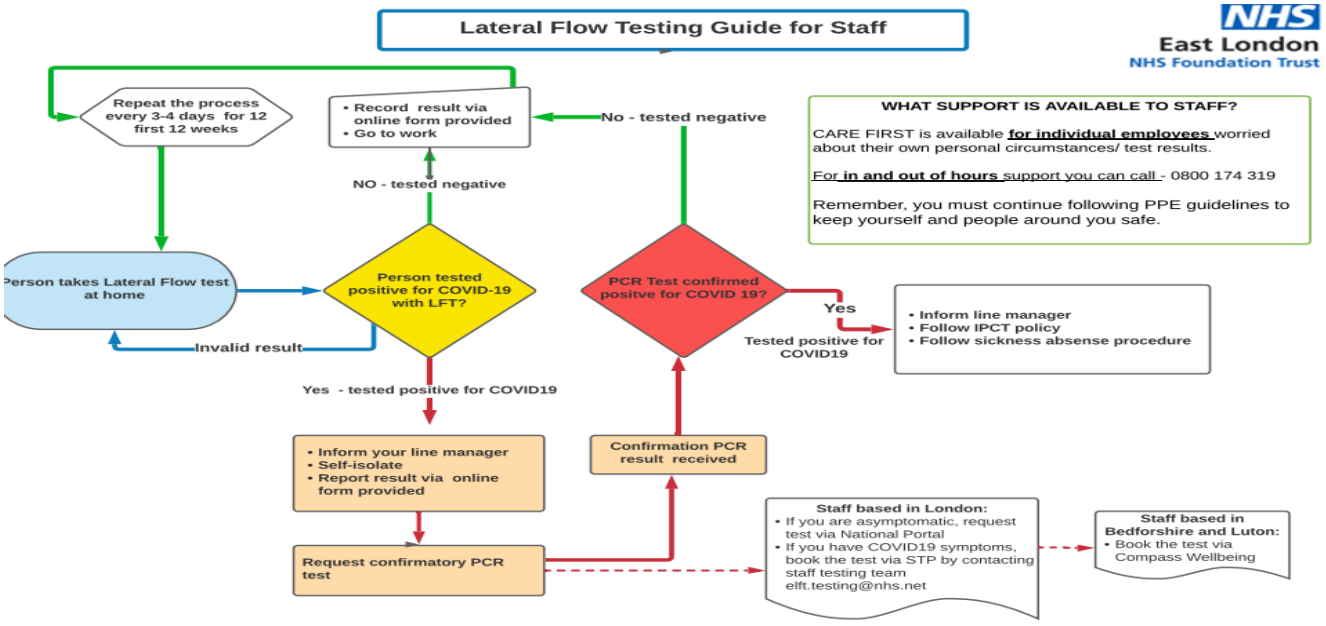
Rapid lateral flow tests were used as part of a screening process to help to find cases in staff and persons who may have Covid-19 but be asymptomatic but are still infectious and transmit the virus to others. This was helpful tool as part of Outbreak management, however staff were also offered Covid -19 PCR for follow up any positive results and for some large out breaks whole servicers has a PCR Test.

Please see below lateral flow testing services flow chart for staff and the response required when an outbreak Occurs as identified with managers using the LFT devices please see the below flow chart for staff guidance.

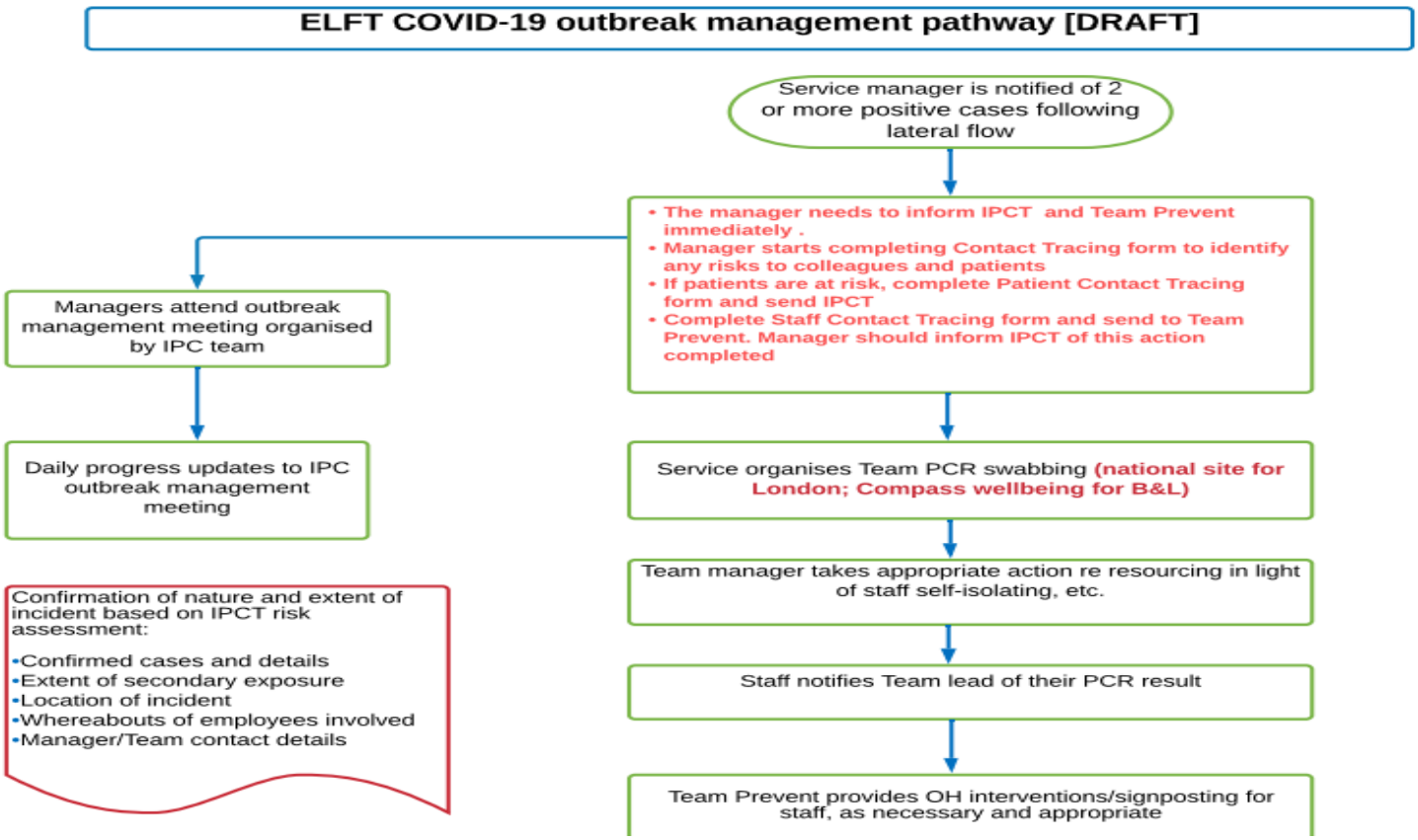
There is also a guide for managers designed by the by the staff testing team and IPC Team Below **Figure** 18.

People and Culture provided a range of services for staff working with other department including psychology.

For Staff that are shielding, there was support for required equipment to work from home where possible or travel to attend work safely in line with the changing 'National PHE Guidance' in line with Health and Safety.



Figures 18. LFT flow charts for staff guidance



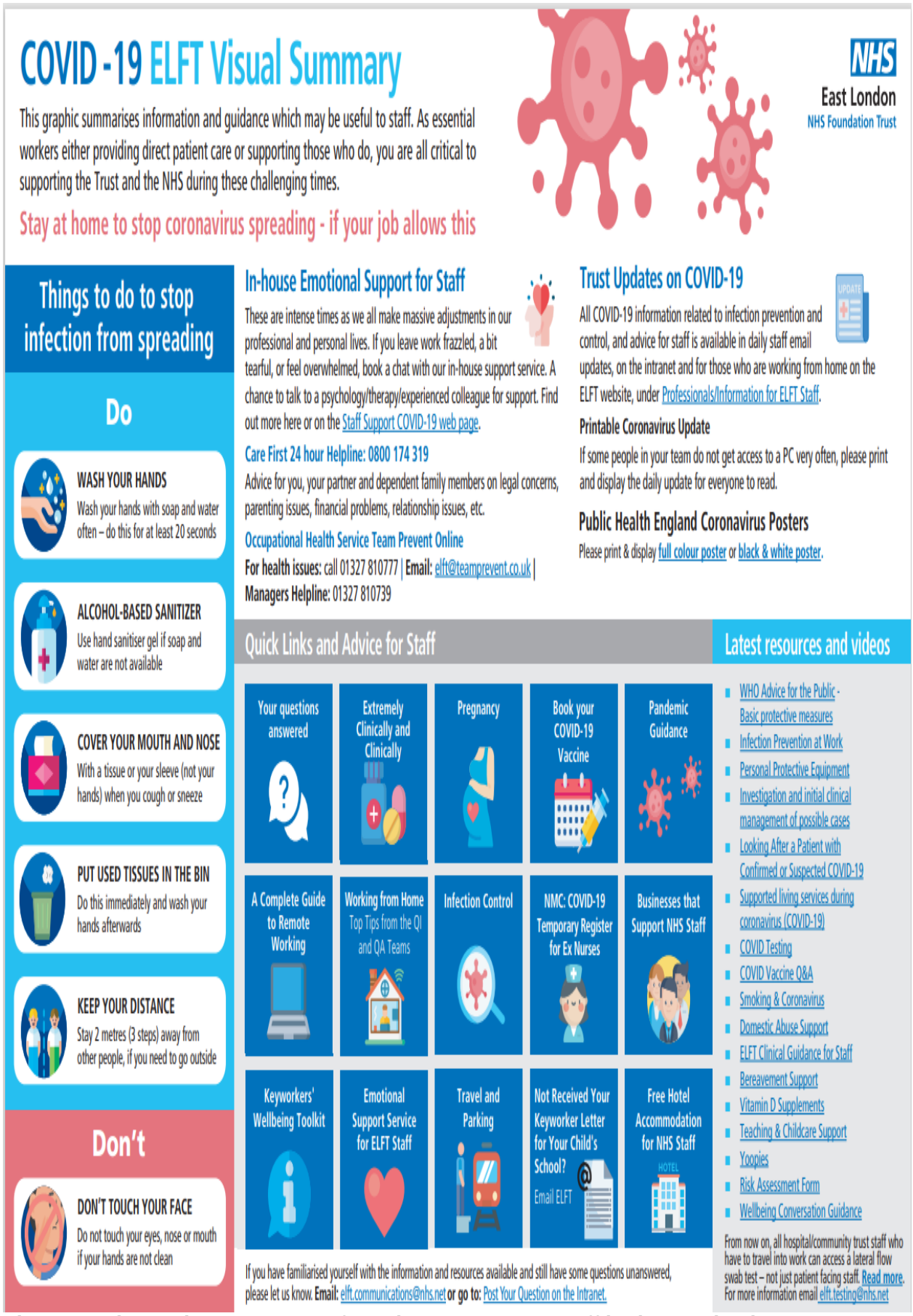


Figure 19 above shows a range of services to support staff in the pandemic

14.0

Seasonal Influenza vaccination programme *Healthcare Workers and Patients*

The Trust's seasonal influenza programme is led Director of Infection Prevention and Control. The Influenza campaign was promoted by using material from Department of Health and ELFT bespoke Flu posters. Peer vaccinators delivered vaccination to staff. This year the scope of those eligible to receive the Flu Vaccine has increased. Data is reported to NHSE.Please find below weekly flu report 18th March2021**.**

ELFT Staff Seasonal Influenza vaccination programme uptake Percentage table					
Directorate	Yes	Declined	Total (Yes & No)	% vaccinated at ELFT	% including declines
Bank	191	31	1614	11.83%	12.07%
Bedford	343	90	598	57.36%	67.52%
Bedfordshire CHS	268	91	471	56.90%	70.53%
City & Hackney	266	128	482	55.19%	75.14%
Tower Hamlets CHS	114	83	197	57.87%	100.00%
Corporate	210	30	622	33.76%	35.47%
Forensic Services	229	172	463	49.46%	78.69%
Honorary Contracts	196	17	1057	18.54%	18.85%
Luton	157	102	312	50.32%	74.76%
Medical Staffing	249	13	393	63.36%	65.53%
Newham	208	102	381	54.59%	74.55%
Newham CHS	204	130	421	48.46%	70.10%
Primary Care	45	18	64	70.31%	97.83%
Specialist CHS	86	23	117	73.50%	91.49%
Specialist Services	433	147	788	54.95%	67.55%
Tower Hamlets	257	167	486	52.88%	80.56%
Grand Total	3456	1344	8466	40.82%	48.53%
Substantive Post Total			5795	59.63%	82.06%

Figure 20 Please note that the overall Trust percentage is at **59.63% based** on **5795** substantive staff (removing Bank & Honorary staff). The Trust has also vaccinated **95** staff that are not directly employed with ELFT. Frontline staff reported to NHS England is currently at **82.06%.**

14.1 The ELFT COVID vaccination programme

As well as the seasonal Flu programme the new Covid-19 Vaccination programme became available nationally in December 20 and was rolled out across the Trust for staff, patient and the public in line with national guidelines. The ELFT COVID vaccination programme is well underway with a large proportion of staff having now received their first dose as below April 2021 A Bespoke service was set up at Stratford West field Centre with site visits re quality and assurance and IPC whom also supported the development of a Standard Operating procedure on Infection prevention and control precautions. See **Figure 12** for staff uptake as per April 2021. There is work under way analysing the data to identify areas of low uptake in terms of staff grade, directorates and ethnicity to understand how best to provide support to improve uptake and protect staff and patients moving

forwards.

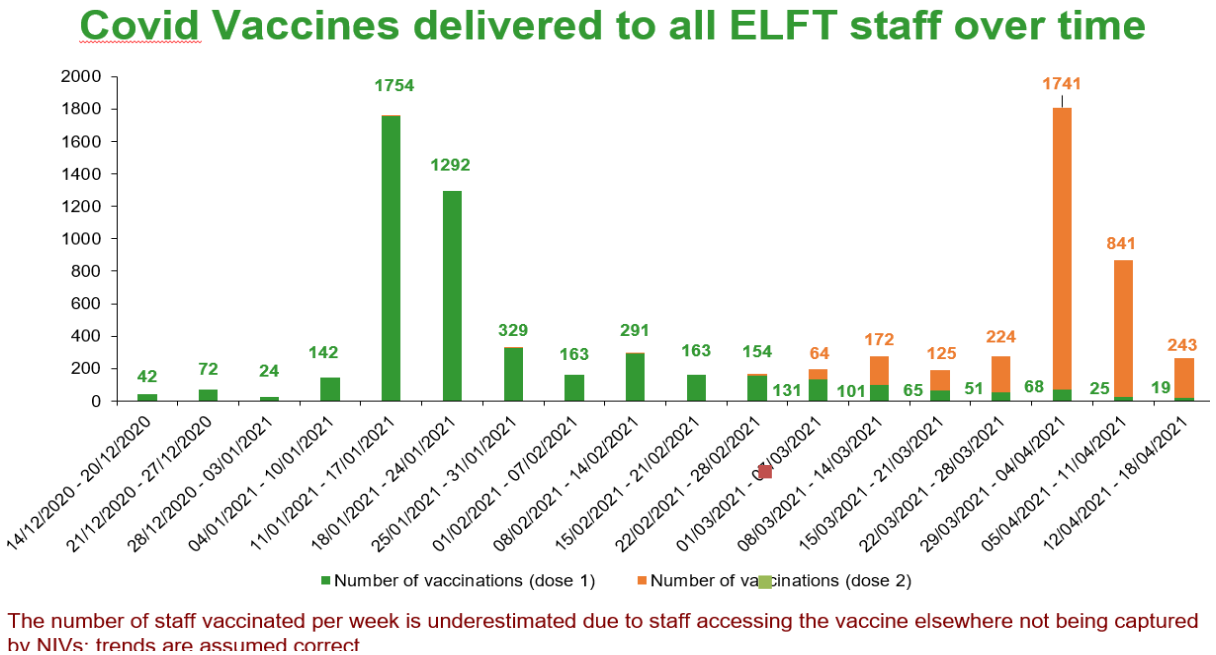


Figure 21. Staff uptake of Covid-19 vaccine as per April 2021, source ELFT vaccine center.

15.0 Inoculation injuries

The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 implements the provisions of Council Directive 2010/32/EU.This legislation places duties on ELFT to prevent injuries from sharp instruments and to work with safety representatives to ensure appropriately tailored information and training for staff who use sharps in practice. This should include;

- Safe use and disposal of sharps used in practice
- What to do in the event of a sharps injury
- Arrangements for health surveillance and other procedures
- Where an injury is reported that has, or might have, exposed the person to blood-borne infection,
- Immediate medical advice and post-exposure treatment and counselling must be available to that member of staff.
- Managers must then record the incident and investigate the circumstances and causes

There is a duty to review procedures, Evaluating sharps injury and incident data regulation.

The Trust incident reporting system is datix for sharps injury shows some information on the below breakdown of these incidents, however there are improvements required for recording on the ELFT incident reporting system as 43 incidents reported were reported to ELFT Occupational Health Provider Team Prevent as per **Figure** 14 below shows.

On the Trust datix system there are 14 incidents recorded from Apr 2020- March 2021.

However, 7 of these incidents are not related to Needle Stick Injuries or near misses they are knives syringes broken glass and drugs.

The remaining 3 are within the community, 2 clean sharp on drawing up, 1 re sheathing an insulin needle 1 scalpel blade (debriding) and 1 disposed incorrectly. The Inpatient setting was incorrect disposal.

The Main theme found is *Do not re sheath, and correctly dispose of sharps.*

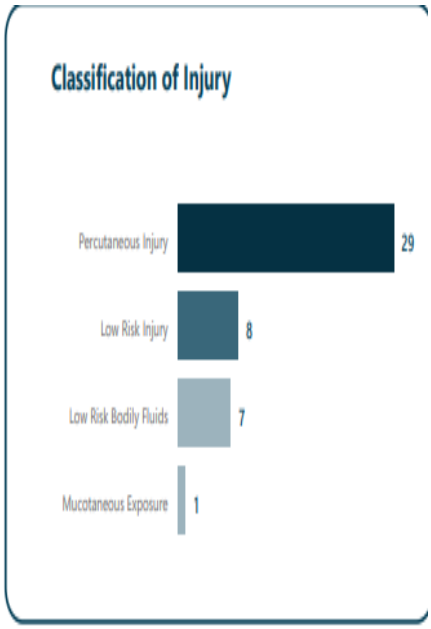
Datix reported sharps report	Count of ID
Bedford Mental Health Services	3
City and Hackney	1
Community Health Services	3
Luton Mental Health Services	2
Newham (Mental Health)	2
Primary Care Services	1
Tower Hamlets (Mental Health)	2
Grand Total	**14**

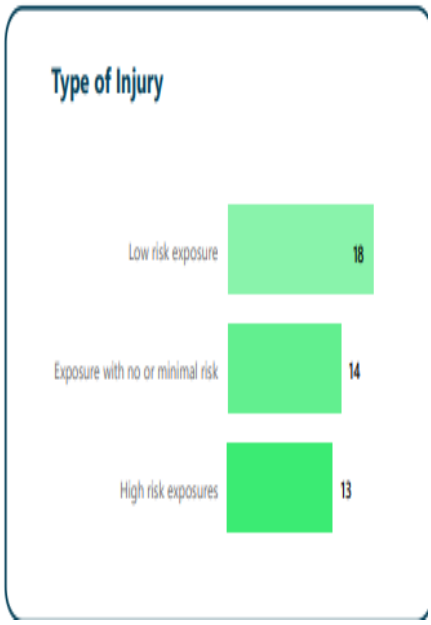
Figure 22 and table shows break down by Month and classification and type of injury. During 2020 / 21 needle stick injuries (NIS's) were reported via ELFT Datix system.

However there were 43 report by Team Prevent, ELFT Occupational Health provider. The IPC Team follow up and provide education and training in order to minimise risk associated with NSI's as below report from Team prevent shows. **Figure 22.**

Number of Needlestick cases recevied by Month and Organisation Level

Org Level	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	Total
East London NHS Foundation Trust	7	4	5	1	3	1	2	2	7	2	6	3	43
Adult Social Care									1				1
363 Tower Hamlets Level 2										1			1
363 Specialist Services Level 2							1						1
363 Specialist - CHN									1				1
363 Newham Level 2									2				2
363 MHCOP - CHN			1	1				1	1			1	5
363 Luton Level 2					1						1		2
363 Forensic Services Level 2	3				1								4
363 East London NHS Foundation Trust			1									1	2
363 Community Services - Tower Hamlets Level 2											1		1
363 City & Hackney Level 2		1			1				1		1	1	5
363 CHB Community Health Bedfordshire Level 2	1	1	2			1					2		7
363 Bank	2							1		1			4
	1	2	1				1		1		1		7
Total	7	4	5	1	3	1	2	2	7	2	6	3	43





15.1 Safer Sharps Devices

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

15.2 Safer Sharps audits
Safer sharp audit is undertaken as part of the Environmental Audit s (Appendix 6) to ensure that services across the Trust are complaint with the safer sharps directive. The safer sharps directive legislation was effective from 13th May 2013. This legislation states that healthcare services must assess and review sharp devices that healthcare professionals use during clinical activity, and seek a safer alternative with a safety mechanism to reduce and prevent the risk of a sharps injury to the user. There is an ongoing monitoring to ensure Compliance with the IPC promote during teaching. Safer sharps devices are available for insulin pens for Nurses to use as appropriate in community services. A poster was devised with the Diabetic Specialist Nurse on the inpatient pathway for diabetes. This outlines the use of safer sharps.

15.4 Outcomes:
The work with sharps is ongoing and includes medical device and physical Health leads working together, however the Covid -19 Pandemic has halted some of the proactive work due to the emerging priorities and outbreak management, this has now restarted at time of writing the report June 2021.In relation to learning from Incidents, all sharps incidents that are reported are followed up on ELFT systems and Team Prevent Occupational Health Provider.

16.0 Annual Work Plan 2021/22

The annual work plan for was based on the requirements of the code of practice for infection control and stake holder feedback and infection Prevention & Control nurse visits. Key themes were used to formulate the action plan.

17.0 IPC audits programme.

Regular self-monitored IPC audits focusing on hand hygiene facilities and products, decontamination material, the appropriate use of personal protective equipment (PPE) and management of clinical healthcare waste are submitted by teams. The emphasis is on a quality improvement approach supplemented by robust monitoring. The results of the hand hygiene validation audits are shown in **appendix 4**

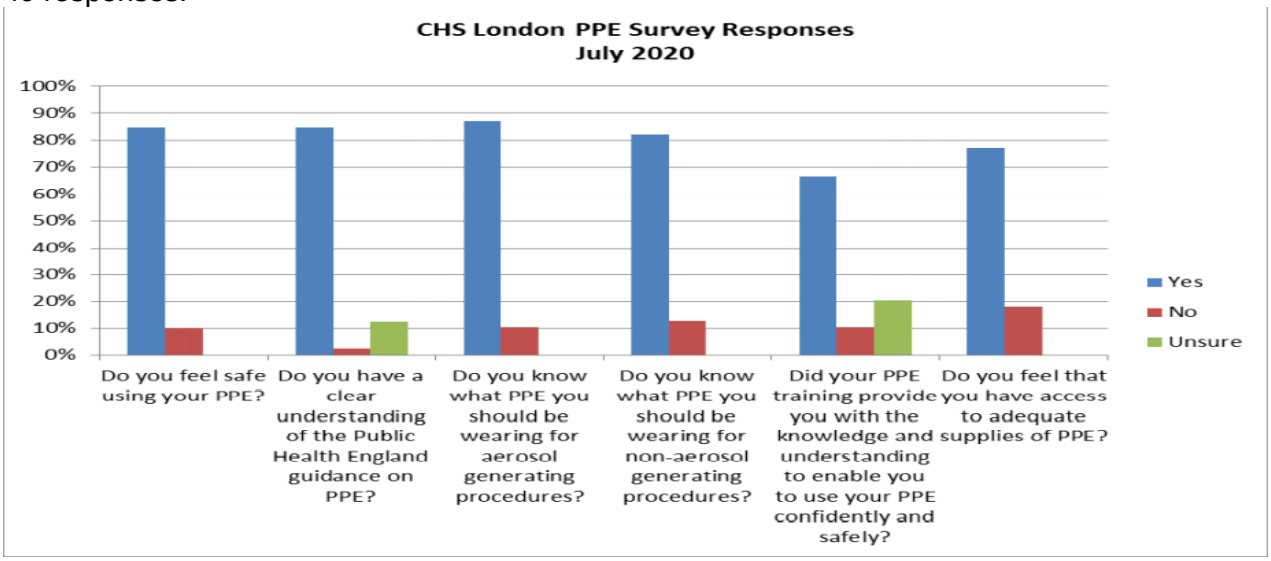
17.1 IPC Environmental Audits

There is an on-going annual rolling programme of clinical environmental audits undertaken across the Trust by the IPCN. It is the intention of the IPC team to encourage staff to undertake their own audits in low risk areas with support from IPCN. Recommendations and actions plans are formulated where required with timeframes for actions to be undertaken and sent back to IPCN. Results of environmental audit are shown in A**ppendix 6**

17.2 Audits in the Pandemic
Bespoke peer review and validation audits took place at various periods during the pandemic by the IPC Team and focused on high risk in-patient areas in high risk areas such as the older adult wards where patients are more vulnerable and are exposed to more invasive direct clinical care. These are reported in as below and in the appendix.
17.3 Community services, as a consequence of the Coronavirus (Covid 19) pandemic the widespread and correct use of Personal Protective Equipment (PPE) became an urgent requirement for Community Health Service (CHS) staff. PPE was available to all staff and training was provided.

Aims/objectives:

The aim of the survey was to gauge the experience of staff across the CHS teams in response to the availability of PPE and the training provided.
The below survey was sent to all CHS staff on 22nd June 2020 and the survey remained open for two weeks. A total of 58 staff responded to the survey. The data below in this report reflects these 40 responses.



Conclusions:

Overall, the responses showed positive experiences of using PPE and the training provided to CHS staff. Areas for possible further work are: Review content of training Schedule further training dates to cover staff who were unable to attend. Stock take of PPE for each team to understand any shortfalls of supplies.

17.4 Audits Personal Protective Equipment (PPE) and Hand Hygiene August 2020.

1. **Background**: As part of the Trust's ongoing commitment to maintaining the highest possible infection prevention and control standards across all areas, it was decided to conduct a 'snapshot analysis' measuring staff compliance with the correct use of personal protective equipment (PPE). This audit looks at the use of three types of PPE (gloves; aprons and goggles; and masks), as well as the frequency of hand hygiene practice.
2. **Aims**: To identify baseline frequency data on the use of PPE and hand hygiene across ELFT.
3. **Methods & Sample** Using an audit checklist tool comprising of nine questions, as shown in Figure 1, we recorded **528** separate observations of PPE usage and hand hygiene practice by staff on the wards in situ. The checklist covered the use of gloves, aprons, goggles and masks.
In all, **53** wards were surveyed in the audit. Please see summary table below **Appendix 7**

17*.5 Audit of Documentation of infectious status Audit Report*
Background
As part of East London Foundation Trust's (ELFT) ongoing commitment to maintaining the Highest possible infection prevention and control standards across all areas, it was decided To conduct a point prevalence audit on documentation of COVID-19 status, upon admission To ward & transfers and discharges from other healthcare providers.
2. Aims
To identify baseline data on documentation of infectious risk COVID-19 status, upon Admission to ward & transfers and discharges from other healthcare providers.
3. Methods & Sample
We sampled a total of 307 inpatients in 53 wards across ELFT: 257 inpatients in 43 wards Across the six London sites; and 57 inpatients across ten Bedfordshire wards
Please see **appendix 9** for results.

17.6 Hand Hygiene Audit. Please see Appendix 4 .
The hand hygiene audit captures ten opportunities to decontaminate hands based upon the World Health Organisation (WHO) 5 moments of hand hygiene these are:

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

There is an Audit plan for next year which includes Hand hygiene and PPE audits on Trust System.

18.0 Decontamination of Medical Devices

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

Single Use Devices (SUDS) A single-use device is used on an individual patient, during a single procedure, and then discarded. The device is not intended to be reprocessed and used on another patient. The labelling identifies the device as disposable, and is not intended to be reprocessed and used again. All service lines across ELFT conform to European Legislation. The Trust uses single use non-invasive reusable medical devices.

All equipment in the Trust, including items such as beds, and commodes, are cleaned in-between use as per the Trust's Decontamination policy and monitored as part of the infection control audit programme. Compliance with the decontamination policy is monitored as part of the wider IPC policy audit. During 20 20/21, teams have been self- reporting 99% compliance with decontamination.

19.0 IPC Training and compliance
Infection Prevention and Control training forms part of the statutory induction programme which all new staff to the Trust participate in.
Annual updates are provided to staff using a variety of methods depending on clinical activity.
All non-clinical staff complete level 1 training on a 3 yearly basis.
Clinical staff members that carry out clinical procedures complete level 2 training annually. This is completed via e-learning programme. The IPCT have been facilitating ad-hoc/ bespoke face- to-face training sessions during Directives away days, at the request of clinical teams to improve clinical staff IPC training level compliance.

Directorate	Infection Control - Level 1 - 3 Years	Infection Control - Level 2 - 1 Year
Bedford	90.54%	83.79%
Bedfordshire CHS	95.80%	88.60%
City & Hackney	86.59%	74.73%
Community Services - Tower Hamlets	97.50%	86.78%
Corporate	84.40%	71.67%
Forensic Services	95.74%	87.47%
Luton	92.68%	87.12%
Newham	91.79%	80.12%
Newham CHS	91.85%	87.36%
Specialist CHS	97.56%	84.21%
Specialist Services	91.02%	77.97%
Tower Hamlets	90.07%	78.77%

19.1 Statutory and mandatory IPC training across the Trust in 2020/21: is reported by Learning and Development. Figure 23

IPC statutory and mandatory training across the Trust is improving, the IPCT have been facilitating ad-hoc training sessions during Directive away days, and at the request of clinical teams to improve IPC training level compliance. There have been extra bespoke training sessions across all services by the IPC Team to respond to the pandemic. There are some examples as below, however there are too many to include in this report and there is an ongoing series of webinars to be more services proactive to future waves of the pandemic and to increase knowledge and skills in IPC across ELFT.

19.2 Other IPC Training

The IPC team have provided the following proactive services across the Trust:

- Pharmacy department – COVID-19 training
- Fountains court – COVID-19 training
- Newham Therapy team – COVID-19 training
- Coburn Unit – COVID-19 training
- Fit test training –Luton and Bedford services
- Fit test training at Newham Centre for Mental Health
- Six Donning and Doffing training sessions across the Trust 8.2 Webinars have been held on:
- Personal Protective Equipment myth busters
- Hand hygiene
- Outbreak management learning lessons from Sally Sherman Outbreak
- Outbreak management learning lessons from Forensics services
- COVID-19 clinical waste management.

19.3 Back to Basics Campaign

The ongoing pandemic was presenting unprecedented challenges and there was a need to adapt and act quickly to manage suppression of Covid -19. The Back to Basics campaign was launched within East London Foundation Trust on the 05th October 2020 before Wave 2 of the Pandemic. This campaign was aimed at all our staff within the organisation. There were messages promoting this on the Trust Communications platform "By Joining us in implementing our back to basics Campaign you will be playing your part to reduce the impact and know how to prevent this highly infectious disease spreading further'. The IPC Team wanted to engage teams, individuals, contractors and our visitors in the Importance of Infection Control and raise an awareness of the importance of 'the basics'. When infection control talks about 'the basics' we are looking hand hygiene, the importance of hand hygiene, our 5 moments of hand hygiene and correct technique. Surrounding this there is the use of our Personal Protective Equipment and the Whys and How's of this. This seemed vitally important in our current climate with the fast spread and the impact COVID19 has had on all of us throughout the trust. Also throughout the month of October is National Infection Control Week, which ran from 18th October to the 24th October.

19.4 Trust wide education programme, to further proactive and upskill staff from learning in the pandemic there is a **Trust wide education programme** on various topic to improve staff understanding of IPC measures have been planned. The following topics are being covered; Outbreak Management, Cleaning of the Environment, Diarrhoea & Vomiting management (Norovirus & C. Diff), Root Causes Analysis investigations, Hand Hygiene & PPE Audits, Environmental Audits, Tuberculosis MRSA Management Bedbugs, Scabies & Head lice followed by IPC questions & answers sessions at each webinar.

20.0 Cleanliness and the Environment

The Trust facilities monitoring team carries out audits relating to cleaning, linen, waste and main kitchens and Meal Service at ward level. The Team reports directly to the Service Provider, Matron, Lead Nurse and Centre Manager (in community sites), and quarterly to the Infection Prevention and Control Committee. Due to the continued COVID-19 situation all cleaning processes have been maintained using the SOP agreed with IPC.

- There have been few cleaning issues reported in HOMERTON, including mice infestations.
- Estates work are in progress on the radiators and advice has been given by IPC Team
- There is renovation work in Tower Hamlets center for mental Health which has led to mice infestation. Estates work are in progress and advice has been given by IPC Team 4
- John Howard Centre and Wolfson House cleaning issues to include cleaning patient's rooms more frequently to maintain the environment. This has been discussed at directorate level to include estates and there are plans is place to review and renew the cleaning contract which is out for Tender at present to address the latter issues. The Trust has cleaning and facilities services that are out-sourced as follows:

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

20.1 Cleaning audits scores for 2020/21

Summary of cleaning scores suggest that cleanliness standards across were of a good standard. The national average of 95%. Cleaning issues are closely monitored by the ELFT IPC team and ELFT Facilities department with the external contractor. The IPC team work jointly, with increased visibility and frequent joint workarounds of the site with ELFT Facilities team, where there are concerns, to monitor for improvements. There were some environmental cleaning issues in dedicated COVID-19 wards; where by domestic staff were refusing to provide cleaning of these environments. A standard operating procedure document was written by the IPC team in conjunction with Estates and Facilities to ensure COVID-19 positive wards would have sufficient cleaning of the environment

The cleaning scores were reported at >95% apart from Newham where there was an action plan as outlined below to improve the standard and make improvements to the environment. (Appendix Figure 7) The cleaning scores for Newham are suboptimal as per Appendix7. However, there is an action plan in place working with facilities and contractors including renovation work to improve the environment in Newham center for Mental Health and Coborn. Over all the data shows that cleanliness standards overall across the Trust are above the national average of 95%.

Please see below data on facilities score for service areas starting with Forensics, City and Hackney, Mile End, Newham, Bedford and Newham. There is an action plan in place to improve the scores for Newham and the Coborn unit (Appendix 9).

20.2 Environmental audits

These are carried out by the IPC Team alongside ward managers and Matrons on a rolling programme and were temporarily halted due to Covid-19 in quarter 1, however they re-started in quarter 2. The scores < 85%, and in progress of actions plans being revisited and will be re-audited for priority in-patient areas. This is a vital part of IPC Team work in prevention and controlling out breaks. These have action plans for matrons and line managers that require follow up in a timely manner in line with quality care.

The conclusion is that East London NHS Foundation trust continues to provide care in safe clean premises where infection risks are kept to a minimum; much work has been implemented during year to achieve good standards of infection prevention and control, through shared working with the wider team (estates, clinical teams and contractors).

21.0 Management of Water systems

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

Water Safety Group oversees governance related to water safety issues across the Trust. Meetings are held on a quality bases. A water report is produced by the ELFT Estates and Facilities Team. The water monitoring services are out-sourced to the following providers:

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

During 2020/21 the following water issued issues were identified:

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

21.1 Legionella Testing

Legionella testing takes place at various locations around the Trust. Every case of Legionella is a risk to any organization. However, there are robust proactive and reactive measures in place to manage Legionella. These are submitted each quarter as part of the IPC Committee processes.
Bedfordshire portfolio of sites = total of 31 sites (Bedford Health Village and Biggleswade Hospital split into blocks). Water systems on these sites are maintained by MITIE as part of the NHSPS national contract.
There was a concern early **January 2021** re Legionella at East Ham care centre. A meeting was help and a risk assessment carried out to explore carrying out works on site which would have meant shutting down the water supply for 12 hours. This was not possible due to the high number of cases of Covid at the time and the vulnerability of patients on site. An action plan was followed up by IPC Committee confirmed the below had taken place and information was feedback to the ELFT Microbiologist as required and appropriate. Director of Estates carried out a risk assessment and liaised with the wards to discuss the work and the wards capacity for Legionella works. A provisional was when developed however this was not required. The contractors followed IPC guidelines and reported regular testing results.
During March 21 a further risk assessment took place G4S have noted that the disinfection is no longer required and therefore can be closed as an action for the ELFT Water Safety Group the 30th March. G4S will be taking further samples on an ongoing basis next week and will continue to keep results under review.

***Bedford*: <u>Water Risk Assessments</u>**

Water Risk Assessments follow our 1, 2, 3 program
Tier 1 (in patient) – Annual
Tier 2 (health centres) – Bi-annual
Tier 3 (admin) – 3 yearly

MITIE have the responsibility to maintain hot and cold water systems, completing monthly water temperature checks including TMV's, Annual Tank and Calorifier inspections, TMV service 6 monthly. All MITIE records are held in site log books and on their online system Direct Audits. PPM planners available on Direct Audits and provide details of works undertaken at each site – please request details if required.

NHSPS domestic teams are tasked with flushing and recording any little used outlets – these are kept within cleaner's cupboards log books; across sites it is the tenant's responsibility to indicate any little used outlets.
There have been some positive legionella samples from ELFT sites in the last two quarters, remedial works was risk assessed and considered, however the numbers have now reduced and the work is no longer required.
Please see water safety meeting report for more information and IPC Committee reports.

- Remedial work completed in Alie Street, 29 Romford road, York House and Wolfson House.
- G4s are weekly flushing all little used outlets at JHC and localities. They are also carrying out a weekly flush at all sites which are currently closed.

22. 0Capital Projects

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

23.0 Improvement and innovation via IPC.

Quality care is care that is safe, effective efficient equitable person centred and timely.

This can be improved by adapting Quality Improvement, Quality assurance to improve quality compliance.

The ELFT IPC Team have been using Institute of Health Improvement and other methods to improve IPC practice and some of these new ways of working have emerged by being flexible to the ongoing pandemic. There are Quality Improvement initiatives across the Trust including 'Taking Care with Covid' across Mental Health in patient's services. Please see dash board created with the QI Team

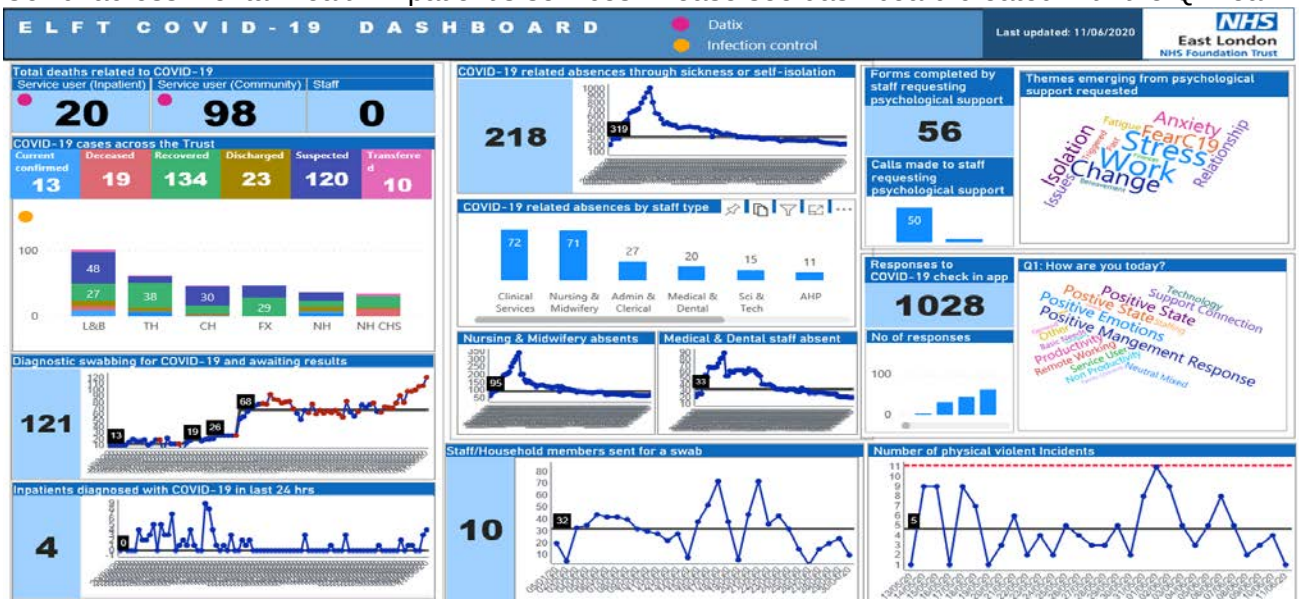
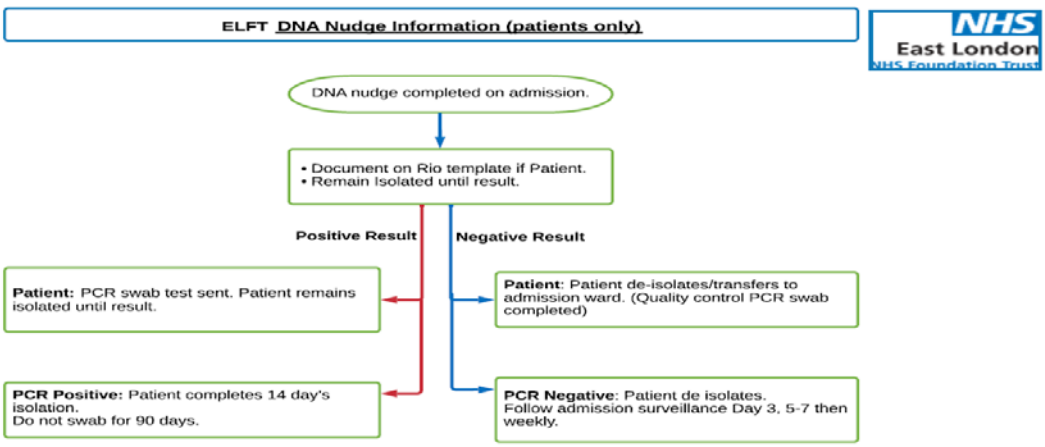


Figure 24 please see dash board created with the QI Team

ELFT has worked with imperial College to test and roll out the DNA Nudge technology with real benefits for patient care at a time when it was difficult to achieve timely turnaround of Covid-19 swabs. Last calendar year, a team of staff in Tower Hamlets have begun using Quality Improvement to try and improve Point-of-Care COVID-19 testing, in order to reduce the amount of time service users are required to spend in isolation, thereby improving service user and staff experience. https://qi.elft.nhs.uk/a-quality-improvement-approach-to-dnanudge-covid-19-point-of-care-testing-in-mental-health/. This project is now adapted by NHSE/I and a contract is being set up for ongoing reliability and validity with Imperial College for Laboratory governance and assurance



24.0 Antimicrobial Stewardship

During 2020/21 the Antimicrobial Stewardship Group (AMS) did not meet quarterly. The Antimicrobial Stewardship Group determines that there are robust arrangements in place for the provision of effective antimicrobial stewardship strategies in relation to The Health and Social Care Act. The Trust Antimicrobial Stewardships Group meetings are held on quarterly bases. These meetings were set up are chaired by the Infection Control Doctor. During 2020/21 the AMS group did not meet due to the priorities of the pandemic, however the Audits continues and are available via the in house prescribing system. These will be reviewed at the next meetings. Completed the following: There has been a reviewed practice of antimicrobial use within East London Foundation Trust (ELFT) and the meetings are scheduled to restart July 2020.
Antimicrobial Audits for the year are available on the Trust dashboard and available via the Trust quality assurance Team for Mental Health in patient's services and via ELFT e prescribing.

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

25.0. Conclusion

This report recognizes the challenging year this has been for all services and achievements that have been made during the year especially in the pandemic and the lessons learnt but acknowledges that HCAI Infection Prevention and Control within mental health and community will continue to present challenges.

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

This report provides evidence that objectives within the Annual Plan 2020/2021 were met apart from the scheduled validation audits and the AMR group did not meet, however the service is now reflecting on lessons learnt in the pandemic and planning and reassessing and developing a new plan for next year as per Driver diagram appendix which outlines ELFT priorities for IPC (Appendix **3** Annual Work plan 21/22). The CQC assurance Board to Floor assurance document continues to be updated as new evidence and guidance emerges.

26.Summary of Annual work programme 2020/21

The national priorities for 2020/21, determined by the Department of Health and Public Health England are: responding to the COVID-19 Pandemic, Gram- negative Rod Blood Stream Infections and Hand Hygiene, with an overall objective of zero tolerance to avoidable HCAI's and Antimicrobial Stewardship, the annual work programme for 2021/22 will continue to deliver compliance within ELFT of national standards, in particular.

- The Health and Social Care Act (2015) Code *of Practice on the prevention and control of infections and related guidelines.* The CQC IPC and COVID -19 new assurance frame work will continue to be actioned, and evidence reviewed as the current pandemic unfolds.

- To fulfil our obligations under the Health and Social Care Act (2008) ELFT currently employ the workforce below appendix whom oversee and deliver the Infection Prevention and Control service.

- Ensuring compliance with the Health and Social Care Act 2008, involves reducing healthcare associated infections, ensuring that IPC is high on the quality and safety agenda for all and working with colleagues to reduce antimicrobial resistance.

- This virus referred to as SARS-CoV-2, and the associated disease as Coronavirus infectious disease (COVID-19 is a highly infectious disease that has resulted in a worldwide pandemic with an associated high mortality and morbidity which is especially prevalent in vulnerable groups and communities. This has led to increased demands on the service and there is a Business case for a year to increase the workforce to include to meet the demand, however this was not approved and there will be ongoing cost pressure this year to continue to deliver the service.

27. References

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

APPENDICES

East London NHS
NHS Foundation Trust

Infection Prevention & Control Team Structure Chart
December 2020

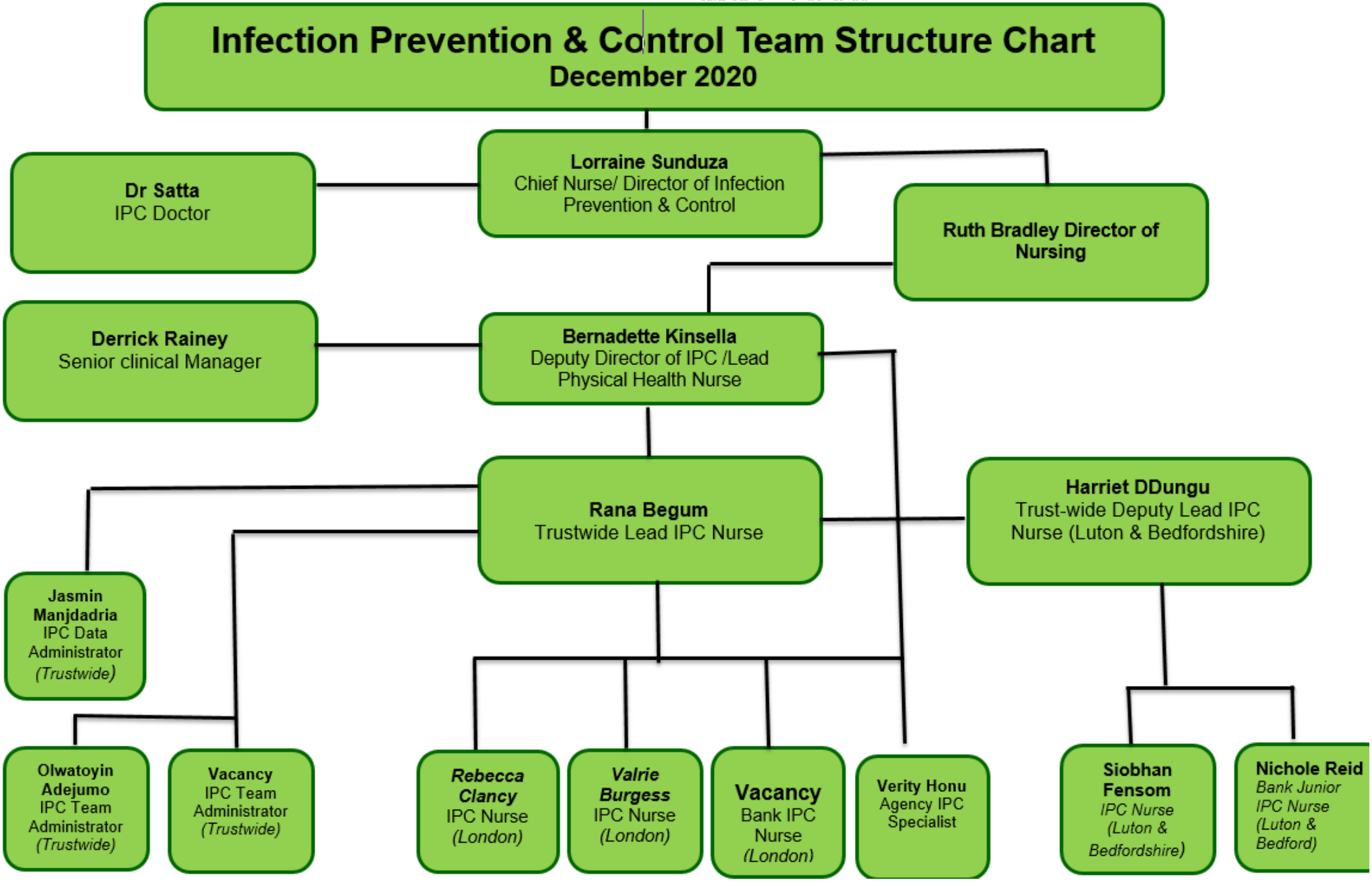
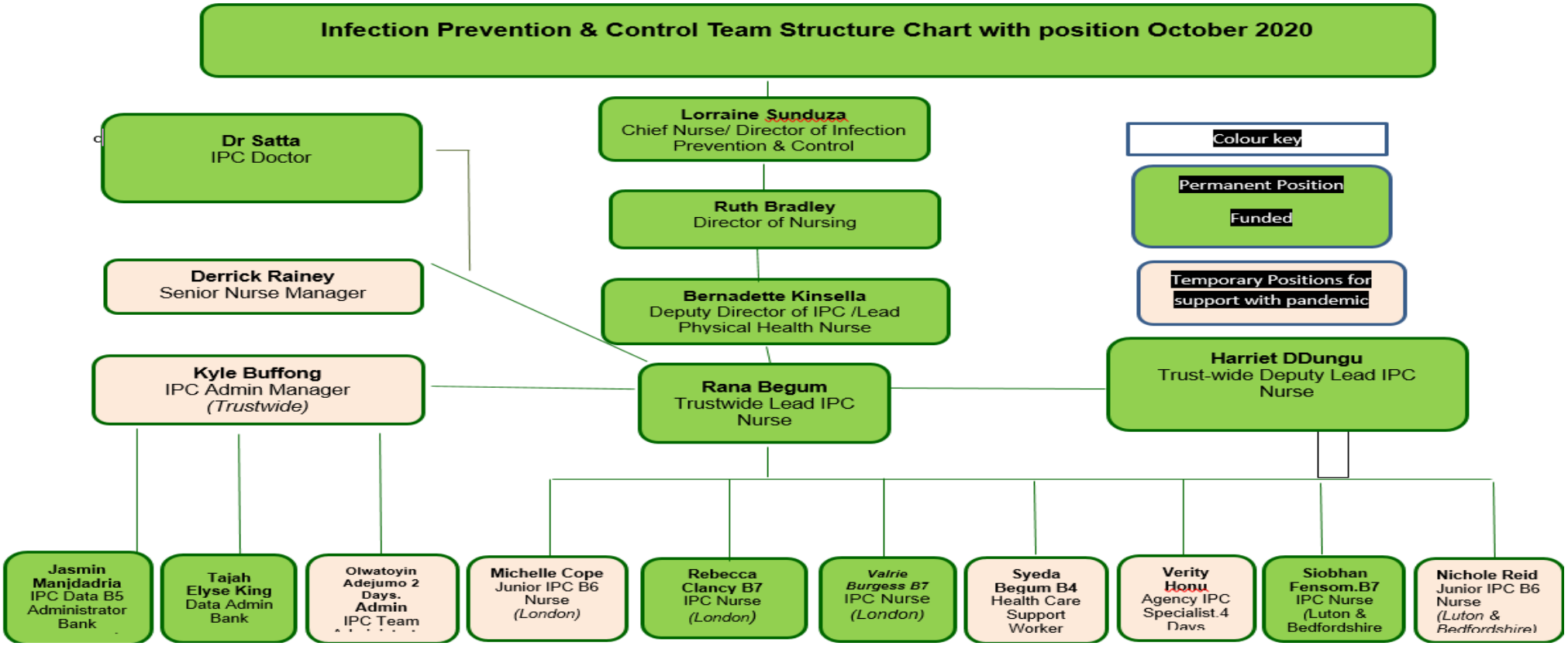
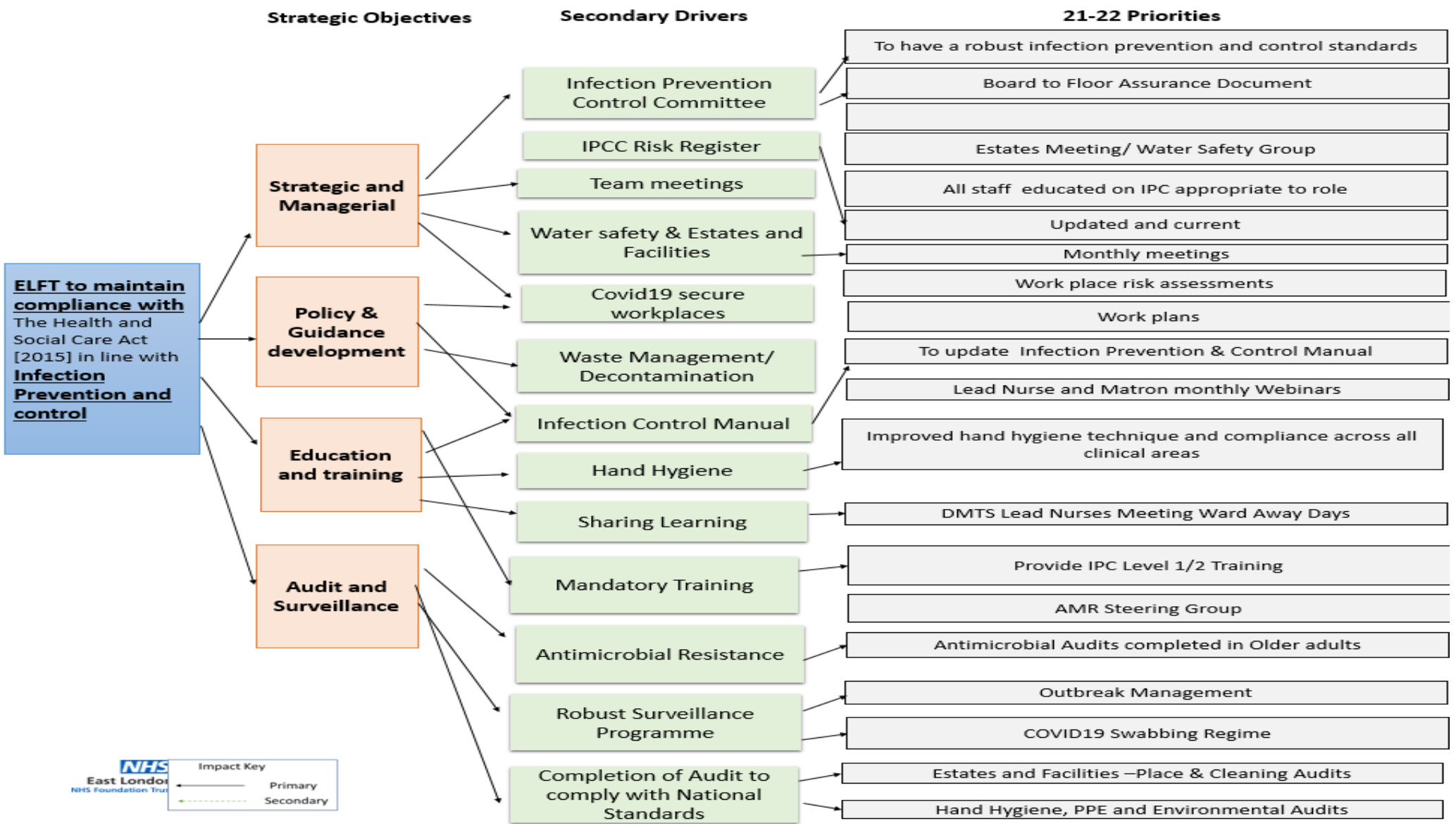


Figure 2: The below shows the current extra temporary positions as well as permanent staff in green **required in the pandemic**



Appendix 3 INFECTION PREVENTION & CONTROL ANNUAL WORK 21/22



1.Strategic and Managerial	Work Plan 20/21			
Aim/ Goal	**Current Assurance**	**Action required**	**Review date**	**Lead persons**
To have in place management and governance systems to provide assurance of robust infection prevention and control standards across the Trust. *(Health and Social care act: Health and Social Care Act 1, 3,5,9)*	A Trust Wide Infection Prevention and Control (IPC) Committee is in place which meets quarterly and Monthly by exception. Terms of Reference to be reviewed in April 2021	None	April 2021	DIPC DDIPC Directors Lead IPCNS Review TOR
	Infection Prevention and Control Committee (IPCC) reports to the, Quality Committee and Quarterly to the Board of Directors. An IPC Annual Report also goes to the Board.	An IPC work plan strategy developed across the Trust.	Quarterly	DIPC DDIPC Lead IPCN
	IPC mentioned in all job descriptions	Currently in all job descriptions	Ongoing	Director of Human resources DDIPC
	IPC risk register is in place	For IPC risks to be registered on the Corporate risk register. Risks are regularly reviewed as a Team and at the IPC Committee	Ongoing	DIPC DDIPC Lead IPCN Borough Lead Nurses/Directors
	The Trust wide Infection prevention and control team monthly team meetings to be arranged.	Standing items are addressed: risk register, work plan, mandatory training, feedback from Committee meetings, incidences and lessons learnt addressed	Ongoing	DDIPC Lead IPCN'S

	To ensure that adequate IPC involvement is embedded within all new service developments and business cases.	Ensure that the IPCT are involved with all tendering of contracts in relation to IPC	Ongoing	Business team Directors of Nursing DDIPC Lead IPCN
	IPC team contributes to/ advises on service developments, refurbishments, new builds	To identify any priority building works areas concerning infection control.	Quarterly /Ongoing	DDIPC Lead IPCNS Estates Finance Lead Nurses
		IPC and Estates operational meeting arranged on a quarterly basis. Terms of reference to be reviewed April 2020	Quarterly /Ongoing	DDIPC Lead IPCNS Estates & Facilities
	IPC takes a lead and investigates and reports outbreaks/incidents.	Root because analysis is undertaken. In the event of a bacteraemia a post infection review (PIR) investigation is undertaken. Incidences are investigated from DATIX	Ongoing	DIPC DDIPC Lead IPCNS IPC Team Borough Lead Nurses
	Legionella monitoring of water systems in place. Including Legionella policy	Water Safety Group established. Terms of reference to be reviewed April 2020. Water Safety Groups meeting held on a quarterly basis.	Quarterly /Ongoing	Estates & Facilities DDIPC Lead IPCNS IPC doctor

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

3. Hand Hygiene				
Aim/ Goal	**Current Assurance**	**Action required**	**Target review date**	**Lead persons**
To achieve an overall improvement in hand hygiene technique and compliance across all clinical areas *(Health and Social Care Act: 1,2,9)*	Hand hygiene is a core component of all induction and mandatory training. The 5 moments of hand hygiene tool are on an electronic platform and IPad/tablets are being supplied to launch this and a PPE Audit for the Trust dash board.	E-learning completed on level for Level 1 and Level 2 training. IPC to provide training for at Trust induction via video	March 2021	IPCT Learning & Development
To increase staff awareness and satisfaction around hand hygiene resources available to them *(Health and Social Care Act: 1,2,9)* *To provide advice on PPE as required and appropriate*	Glow boxes are available for local teaching in all Borough Directives Awareness campaign during world hand hygiene day.	None	March 2021	DIPC DDIPC Lead IPCN, IPC Team Procurement Borough Lead Nurses
		Hand hygiene facilities are monitored through PLACE assessments and though clinical environmental audits	Ongoing/ annually	DIPC DDIPC Lead IPCNs Estates & Facilities with support from the IPC Team Procurement
4. Training				
Aim/ Goal	**Current Assurance**	**Action required**	**Target review date**	**Lead persons**
To ensure all staff are suitably educated according to their role in the prevention and control of Health Care Associated Infections (HCAIs). *(Health and Social Care Act: 1,3,5,9)*	IPC mandatory training is undertaken on induction. Thereafter, clinical staff undertake mandatory training yearly and non-clinical staff undertake training every three years. E –learning is used for level 1 and 2 staff across the Trust. Quarterly mandatory training submitted to the IPCC quarterly report. Bank staff are included in induction and mandatory training programmes	Service Lines to monitor training uptake quarterly. To continually contribute to the strategic direction of learning and development To use QI and every action counts/behaviour materials to encourage engagement in optimal IPC Practice	Ongoing	Directive management teams Directors of nursing Borough Leads Nurses Learning & Development Ward Managers with support from the IPC team. Quality Improvement Corporate

5. Audit programme				
Aim/ Goal	**Current Assurance**	**Action required**	**Target review date**	**Lead persons**
To have a robust and standardized system of audit and data management *(Health and Social Care Act: 1,5)*	The Current regular environmental audits have taken place and the audit tool is now on the envoy Trust platform. There are other visits to the wards e.g. in outbreak management, deep clean sign off and in supporting re IPC Covid risk assessments as services start to resume.	The plan is for the IPC Nurses to encourage staff in low risk unit to undertake their own self-assessment audits for hand hygiene and PPE e.g. IPC link Champions are embedded within services The audit tool needs to be rolled out via the champions to engage ward/service managers and matrons locally.	Ongoing /annually	Quality assurance Team DIPC DDIPC Lead IPCNS IPC Team Estates and facilities monitoring officers Ward staff/Matron/ Service leads
	A new audit tool has been devised to include Hand Hygiene and PPE		Ongoing /	Nursing Directors IPCT Estates Champions
	Antimicrobial audits submitted quarterly for: East Ham Care Centre inpatient wards, Mental Health Care of Older Adults inpatient wards. Pharmacy team submits Antimicrobial audits reports quarterly to the IPC Committee meetings	None	Ongoing	Pharmacy team DIPC DDIPC Lead IPCNs.

6. Surveillance				
Aim/ Goal	**Current Assurance**	**Action required**	**Target review date**	**Lead persons**
To maintain compliance with national mandatory surveillance systems To ensure appropriate methods are in place to monitor risks and trends in infection	Data bases are maintained and surveillance data is reported to the IPC Committee meetings and also to the Trust board quarterly and annually	None	Ongoing	DDIPC Lead IPCN
	RCA and SI process for all relevant incidents including cases MRSA bacteraemia, infection, E. Coli bacteraemia surveillance and toxin positive C. *Difficile* are undertaken. Root cause analysis tool up dated for Covid-19 HCAI cases.	Undertake RCA's Post Infection Reviews (PIR) where required. Share outcome with teams. Submit report to borough governance meetings and IPC committee and Board.	Ongoing	DIPC DDIPC Lead IPCNs IPC Team Support from the IPC Doctor Lead nurses, ward managers and matrons.
	Mandatory reporting to the PHE of Health Care Associated Infection (HCAI's) outbreaks and notifiable disease are reported to the PHE. Notification of Infectious disease guidance (NOIDS) is available on trust-net.	Report to PHE where required	Ongoing	Service manager Ward staff with support from the IP Team IPCT Team
	Patients identified with MRSA are treated appropriately and promptly. MRSA screening leaflets available for printing on Trustnet.	None	Update as per national guidanc e	IPCT
	MRSA screening currently undertaken in physical health wards (East Ham Care Centre and Archer Unit)	Distribute to patients on admission so that patients are aware the rationale for screening.	On-going	Service manager Ward staff with support from the IP Team
Clostridium Difficile To reduce incidence To enhance prevention and management of C Diff in order to promote patient safety	Management of C Diff is available on Trustnet in IPC policy manual. Ensure compliance of isolation policy and hand hygiene through audit patients/staff	Ensure compliance of isolation policy and hand hygiene through audit patients/staff	Ongoing review	DIPC DDIPC Lead IPCNs IPC Team With support from the IPC Doctor

8. Cleanliness

Aim/ Goal	Current Assurance	Action required	Target review date	Lead persons
To comply with national cleaning The National Specifications for Cleanliness in the NHS: The NHS Healthcare Cleaning Manual.	Cleaning audits undertaken across the Trust. The scores from these audits are reported to the IPC Committee on a quarterly basis. Across the Trust the figures are averaging around 95% which is the current target.	Escalate deficiencies in service. Infection control to be part of the contract review and monitoring process for external cleaners.	Quarterly	DIPC DDIPC Estates and facilities Directors of Nursing Ward Managers Head of Facilities & Procurement support from the IPC Team. Cleaning contractors (G4S, ISS, Serco)
	Hard FM meetings	IPC to be included in the contract review and monitoring process as and when required.	Monthly/Quarterly	Estates & Facilities DDIPC Lead IPCN
	Soft FM meetings	IPC to be included in the contract review and monitoring process as and when required.	Monthly/Quarterly	Estates & Facilities DDIPC Lead IPCN
	PLACE audits take place in all inpatient units annual	Audits to continue to be conducted and are reported locally, also to the contract review meeting and IPCC meetings	Annually	Estates Patient Participation Lead
	Monthly workarounds conducted by IPCN and Estates facilities monitoring officer.	Workarounds to continue on a monthly basis with Estates team.	Monthly	DDIPC IPCT Estates
		Ensure there are robust mechanisms in place for assurance to indicate that domestic staff has been trained in IPC.	Ongoing	Facilities and cleaning contractor.

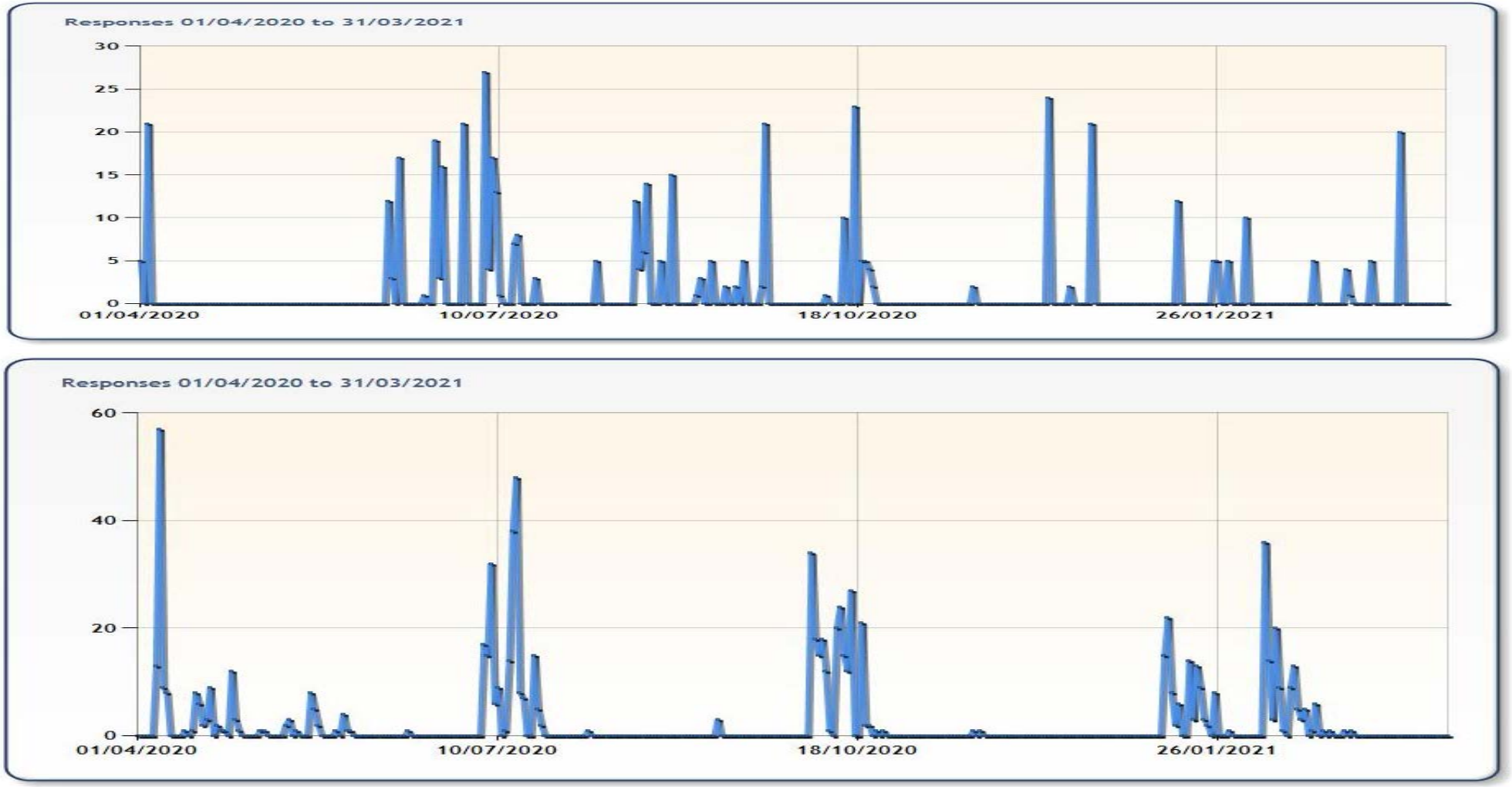
9. Waste Management				
Aim/ Goal	**Current Assurance**	**Action required**	**Target review**	**Lead persons**
The risks from healthcare waste should be properly controlled. Systems should be put in place to ensure that the risks to patients, public and staff caused by healthcare waste present in the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

10. Management of antimicrobials Aim/ Goal	Current Assurance	Action required	Target review	Lead persons
Microbiology Management of antimicrobials	Antimicrobial audits are completed in East Ham Care Centre inpatient wards. Antimicrobial prescribing policy to be developed based on local antimicrobial guidelines (Public Health England). Prescribing harmonised with that in the *British National Formulary*. However, local guidelines may be required in certain circumstances. Procedures are in place to ensure prudent prescribing and antimicrobial stewardship. Antimicrobial Steward Group developed which meets quarterly. Terms Of Reference for antimicrobial steward group reviewed in April 2020	None	Quarterly/ Ongoing	Pharmacist Department IPC doctor DIPC DDIPC Lead IPCNs
	Antimicrobial quarterly audits are undertaken.	Quarterly antimicrobial audits to be conducted for high risk areas (East Ham Care Centre, Archer Unit and MHCOP).	Monthly/on-going	Pharmacy department Infection Control Doctor Medicines Management team

12.Communication, learning, user involvement			
Aim/ Goal	**Current Assurance**	**Action required**	**Target review date**	**Lead persons**
Communication, sharing learning and patient and public involvement *(Health and social care Act: 1, 3, 5)*	Limited patient information available on Trustnet	A comprehensive array of patient information leaflets to be developed. Service user involvement with the development of IPC leaflets	2021	ICP Team Communications Department Patient participant Lead
	User involvement is engaged with some IPCT activities	User involvement to participate with the PLACE audits.	Yearly	Patient Participant Lead Estates with the support from IPC team
	Public facing IPC intranet page	Revamp of public facing IPC intranet page	March 2022	ICP Team Communications Department Patient participant Lead
	IPC team posters	Revamp IPC team posters	April 2021	ICP Team Communications Department

Appendix 4- Hand hygiene validation audits results

Bedford Hand hygiene validation audits results



Quality Dashboard - Completion of infection control audit 20/21

Appendix 5	Infection prevention & Control Risk Register 2020-2021								
Objective	Risk Description	RR	Controls	Assurance	RR	Gaps in Control / Gaps in Assurance	Mitigating Actions		RR	Status
							Action	Lead		
Improving outcomes Improving experience of care Improving value	Risk of failure to contain an outbreak effectively. This is due to lack of isolation rooms/facilities in the inpatient facility at Archer Unit (Bedfordshire Community Health Service). Increased capacity over winter pressures - with a proportionate reduction in isolation beds (at a time of increased risk - i.e. norovirus season)	####	A range of measure are in place to mitigate against the risk of transmitting infection. This includes hand decontamination; the review of isolation room use: bed management; use of appropriate personal protective equipment (PPE); isolation /cohorting of symptomatic patients; MRSA surveillance of all admissions medical treatment of new cases.	IPC committee monitors risk. Risk monitored locally.	20	None	Capital bids to be considered during the financial year to improve isolation facilities such as the installation of en- suites if side rooms could accommodate this. **14.10.19:** SD staff have completed fire safety training. SD & SF have worked closely with Archer Unit. Physical Health Lead has also been to support the team. Range of measures put in place for this. IPC team are conducting weekly visit as supportive mechanism. Archer unit risk assessment is being conducted on a monthly basis	IPC Team and Ward Manager at Archer unit This service was part pf a TUPE process March 2021 to Bedford Hospital	12	Service no longer with ELFT March 2021

Objective	Risk Description	RR	Controls	Assurance	RR	Gaps in Control / Gaps in Assurance	Mitigating Actions	Lead	RR	Status
Improving outcomes Improving experience of care Improving value Improving experience of staff	Risk of increased Needle Stick injuries and non-compliant with the EU safer sharps directive. Trust wide assurance on the use of safer sharps devices (retractable needles)	12	• Sharps audit to be undertaken of all services lines that use sharps devices by IPC team • Raise awareness via communication department on the purchasing of retractable needles. (Outstanding) • IPC to promote during teaching sessions. Sharps awareness (face-to-face sessions) • Visits carried out by DDIPC with EHCC (Newham) and Newby Place (Tower Hamlets) (District Nursing Team) • Safer sharps devices are available for insulin pens for Nurses to use as appropriate in community services. A poster has been devised with the Diabetic Specialist Nurse on the inpatient pathway for diabetes. This outlines the use of safer sharps. QI project in process.	IPC and Health and Safety committee monitors risk.	12	None	DDIPC with support from IPC team. This risk to remain on the risk register and monitored by the IPCC. • There are sharps audits across inpatient units. • IPC have visited EHCC and Newby Place to highlight lessons learned. • Team are using correct sharps across sites. Work with Diabetes Specialist on flowcharts to go up around wards. Doing a QI on this	Medical Devices/ IPC team	4	In progress

Objective	Risk Description	RR	Controls	Assurance	RR	Gaps in Control / Gaps in Assurance	Mitigating Actions		RR	Status
Improving outcomes Improving experience of care Improving value	Risk of infectious agents, general dust and debris not being effectively removed from curtains in inpatient wards in Bedford & Luton	6	External Contractors undertake steam cleaning of curtains when requested by ward staff. IPC team in Bedford and Luton to undertake duty of care visit to Miele on 31st July 2019.	IPC Committee monitors risk and Estate & Facilities	6	No assurance that curtain laundering is happening. Linen policy is not reflective of practice	Local Estate and Facilities requested schedule of completed curtain cleaning from contractor. Capital bid may be needed to procure additional curtains. Linen and launder Group steering group on hold due to COVID-19 pandemic.	Borough lead Nurse, Estate and Facilities with support from IPC team	1	March 2021 Work in progress to procure disposable curtains By directorate

Objective	Risk Description	RR	Controls	Assurance	RR	Gaps in Control / Gaps in Assurance	Mitigating Actions	RR	Status
Improving outcomes Improving experience of care Improving value	Risk that soiled patient clothing that is laundered at local level may not be laundered correctly as ward level washing machines are not on a service contract as per policy. There is a risk of contamination as there is no clear dirty to clean flow. Not all units have hand hygiene facilities in laundry room	9	Laundry and Linen policy. Where units have no hand hygiene sink located, there are utility sinks for hand hygiene. Staff can use personal hand hygiene products to clean hands and then use appropriate hand hygiene facilities.	IPC Committee monitors risk and Estate & Facilities	9	Not all units have hand hygiene sinks within the laundry. Some units are washing flat linen in these machines as no contract in place for washing duvets and duvet covers	IPC team to visit Miele for best practice guidance. A task and finish group to be set up to resolve issues. Ward managers to procure linen baskets for service users. Capital investment required to redesign laundries to include hand hygiene facilities. Borough lead nurse to provide service contract for machines. Washing Machine Steering Group on hold due to COVID-19 pandemic.	Borough lead Nurse, Estate and Facilities, IPC Team	2	Trust wide Project in Progress to procure Whit goods contract In Progress

Objective	Risk Description	RR	Controls	Assurance	RR	Gaps in Control / Gaps in Assurance	Mitigating Actions	RR	Status
Improving outcomes Improving experience of care Improving value improving population health	Sub-optimal decontamination of re-usable medical devices across Tower Hamlets Community Health services	9	Lack of assurance on robust decontamination of re-usable medical devices across Tower Hamlets Community Services. Currently clinell wipes and green clinell stickers are used for assurance.	IPC Committee/ THCHS QAG monitor risk	9	N/A	Deputy Director of THCHS /Clinical Director of THCHS with support from IPC team	2	In Progress
Improving outcomes Improving experience of care Improving value Improving	Risk of cross infection and failure to provide a clean safe environment due to environmental cleaning on dedicated COVID-19 wards	12	Interim measures include clinical staff are cleaning COVID-19 positive wards. Ward orderly's have been recruited for inpatients areas to support with COVID-19 pandemic and environmental cleaning	IPC committee monitors risk. Risk monitored locally at COVID-19 IPC work stream meeting. IPC team are conducting walkabouts of high risk areas/sites	12	None	Deputy Director of Estates, Facilities and Contracts, Facilities department with the support from IPC team. Frequent Joint walk around visits with ELFT Facilities department, Infection Control team and Contractors and Sub-contractors to monitor for improvements.	Covid-19 Lead , Borough Lead Nurses, Facilities, with support from IPC team	2	Completed Cleaning Contract out for Tender 2021

Objective	Risk Description	RR	Controls	Assurance	RR	Gaps in Control / Gaps in Assurance	Mitigating Actions	RR	Status
Improving outcomes Improving experience of care Improving value Improving	Inadequate staffing of specialist IPC nurses, due to high levels of sickness within the team, to provide a robust IPC service. High service demand for IPC support and expert advice required due to COVID-19 pandemic.	12	Current actions taken to mitigate risk: • All services line across are aware of how to contact IPC team should IPC input required. • IPC policies, resources available on Trustnet • Ad-hoc training and IPCN visits undertaken in areas of concern/ poor IPC practice • Recruitment of IPC team in progress •On-call senior manager rota in place to cover weekend periods	IPC committee monitors risk. Risk monitored locally at infection control team meeting.	12	None	Staff can access IPC support via director on call on Saturday and Sunday 10-6pm.	IPC Team	2	This has now resolved, Awaiting outcome of a business case for IPC
Improving outcomes Improving experience of care Improving value	Delay of receiving prompt microbiology results for COVID-19 testing across Luton and Bedford for patients.	16	Current actions to mitigate risk • IPC team call Microbiology labs twice a day to follow up results • Access to microbiology results using electronic system with external organisation.	IPC committee monitors risk	9	None	Deputy Director of IPC to review microbiology contracts.	Deputy Director of IPC & Contracts team	2	This is now resolved
Improving outcomes Improving experience of care Improving value	Lack of robust occupational health service support for ELFT staff during outbreak management of COVID-19/.	12	Management of staff outbreaks co-ordinated and supported by IPC team.	IPC committee monitors risk	12	Further support required from Occupational Health during outbreak/incidents of COVID-19.	People and Culture department to commission additional services from Team Prevent.	People and Culture department		Extra in put provided by Team prevent in progress

Improving outcomes Improving experience of care Improving value	Risk of transmission of COVID-19 infection during transfers /discharged from other healthcare providers as this information in not always communicated during admission to ELFT services.	12	Current actions to mitigate risk • IPC team call wards daily to ensure all admissions/transfer have COVID-19 screen on admission to inpatient ward. Documentation audit conducted by IPC team in August 2020.RIO template developed for documentation of infectious risk.	IPC committee monitors risk	12	None	RIO template developed for documentation infectious risk. Training to be facilitated with RIO template rolled out Trust wide. RIO template developed for documentation infectious risk. Currently piloted in Ruby triage and Fountains Court	Borough Lead Nurses/ with support from IPC team	3	There are processes in place to follow GOV.UK
	Lack of robust data surveillance system	12	To mitigate risk, on daily basis a dedicated data administrator is allocated to manage the manual data surveillance system	IPC committee monitors risk	12	None	Business case for Data admin manager and electronic data surveillance system .Recruitment in process for additional Data administrator	DDIPC/IPCT	2	Work In progress with Microsoft Power BI

Appendix 6 -Environmental Audits
Appendix 1 - Environmental audit calendar

London inpatient ward	2020-21 Q2	2020-21 Q3	2020-21 Q4
Bevan Ward			75%
Brett Ward			87%
Connolly Ward			75%
Gardner Ward			79%
Joshua Ward			71%
Mother and Baby Unit			78%
Ruth Seifert Ward			85%
Bow Ward	89%		
Broadgate Ward	84%		
Shoreditch Ward	91%		
Clerkenwell Ward	89%		
East India Ward	84%		
Lime house Ward	87%		
Ludgate Ward	76%		
Victoria Ward			
Morrison Ward	86%		
West ferry Ward	84%		
Aldgate Ward	89%		
Moorgate Ward	85%		
Loxford Ward		74%	
Woodberry Ward		78%	
Hoxton Ward		83%	
Butterfield Ward		74%	
Clissold Ward		77%	95 %
Crystal Ward	75%		
Emerald Ward	78%		
Ivory Ward	85%		
Opal Ward	77%		
Ruby Triage	79%		
Sapphire Ward	78%		
Topaz Ward	76%		
Coborn PICU		87%	
Coborn Acute Ward		68%	
Galaxy Ward		82%	
Fothergill Ward/ Ward			82%
Sally Sherman			94 %
Cazaubon Ward		74%	
Globe Ward		80%	
Lea Ward		82%	
Leadenhall Ward		85%	
Millharbour PICU Ward		79%	

Roman Ward		76%	
Rosebank Ward		80%	
Brick Lane Ward		83%	
The Greenhouse			85%

Luton &bedford	2020-21 Q3	2020-21 Q4
Luton Mental Health Services - Luton & Dunstable Hospital		
Coral Ward	91%	
Crystal Adult Ward		89%
Jade PICU Ward	92%	
Onyx Ward	91%	
Poplars Ward	95%	
Archer Unit	97%	
Bedfordshire Mental Health Services		
Ash Ward	94%	
Cedar House	97%	
Fountains Court Acute	99%	
Townsend Court Adult	90%	
Willow Ward	88%	

- The above environmental audits were carried out by the IPC Team alongside ward managers and Matrons on a rolling programme and were temporarily halted due to Covid-19 in quarter 1, however they re-started in quarter 2 as above.
- The scores < 85%, and in progress of actions plans being revisited and will be re-audited for priority in-patient areas.
- This is a vital part of IPC Team work in prevention and controlling out breaks. These have action plans for matrons and line managers that require follow up in a timely manner in line with quality care.

Appendix **7**

Chart 8: *All ELFT ward observations*

Appendix

Findings:

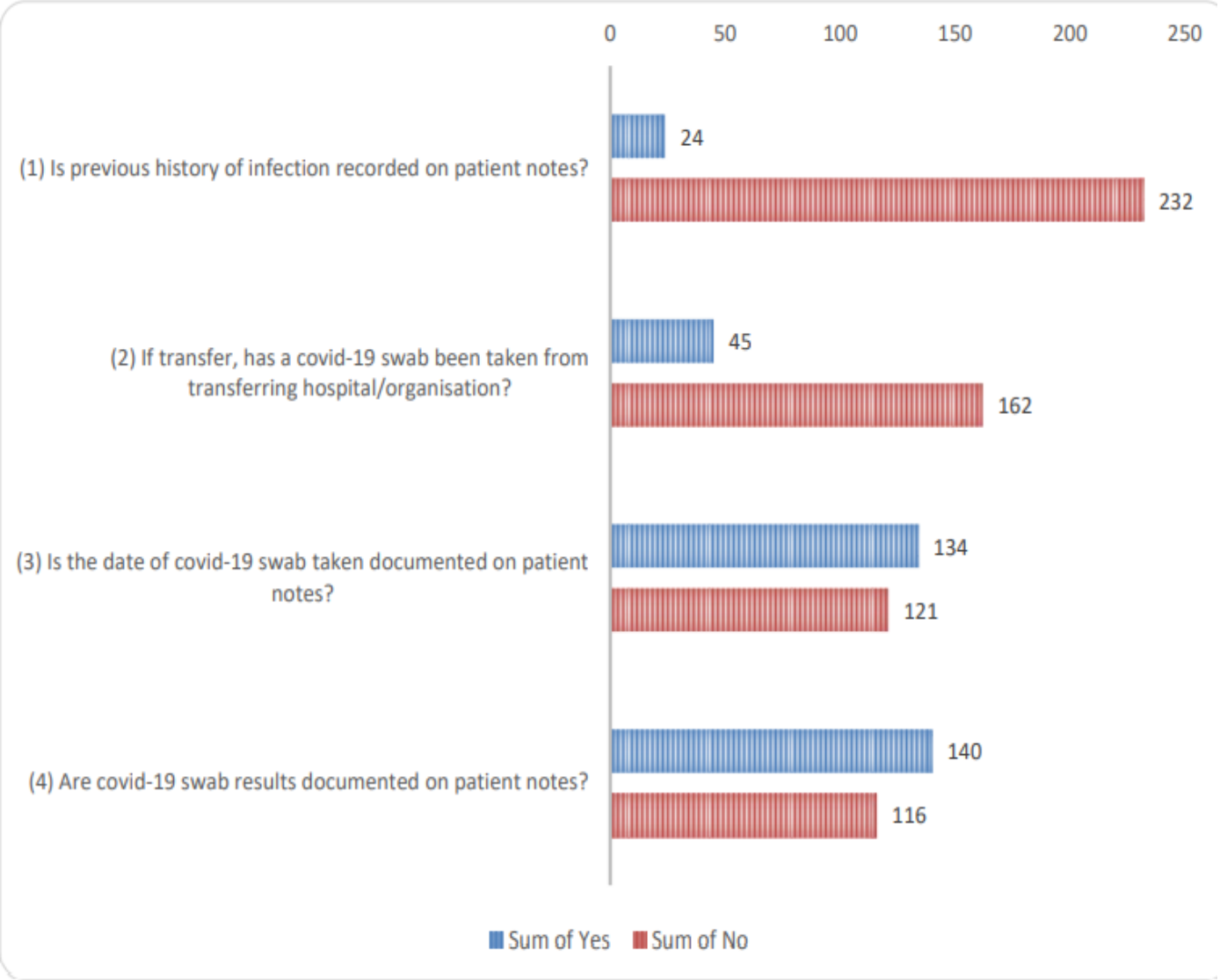
Across the whole of ELFT, 92% of all audits were found to be compliant on our fourth question tracking the easy snapping or unfastening of aprons around the neck without touching the front (however, n=36). Overall, an equally excellent 91% of the audits we conducted were compliant on the first two questions concerning glove removal (n=370) and whether or not gloves were removed correctly to avoid cross-contamination (n=370). The above findings were shared with local Directive management teams, Directors of Nursing and Borough Lead Nurses and at the September 2020 Meeting of the Infection Prevention and Control Committee for information. At the time of writing report the Infection Prevention & Control team have developed an electronic PPE and hand hygiene audit tool.

Appendix 8 Audit of compliance with record keeping for infection status

6. Conclusion

The overall picture truly is a very mixed picture of COVID-19 documentation compliance and is best shown in **Chart 8**, which combines all the data into one graphic.

Chart 8: *All EFLT wards*



Cleaning Scores Appendix 9

A Newham Coborn	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Jan-21	Feb-21	Mar-21	Average %
AVERAGE %	95%	96%	95%	95%	95%	95%	95%	96%	95%	96%	95%	95%

Figure A) Cleaning scores for Newham Centre for Mental Health and Coborn

Please see data on facilities score for service areas starting with Forensics, City and Hackney, Mile End, Newham, Bedford and Newham. There is an action plan in place to improve the scores for Newham and the Coborn unit. This is because the Cleaning scores fell below the acceptable standards.

Figure B) Facilities cleaning scores **John Howard**

B)John Howard	**Nov-20**	**Dec-20**	**Jan-21**	**Feb-21**	**Mar-21**	**Apr-21**
G4S Average Score	97.03%	97.15%	96.75%	96.98%	96.92%	97.30%

C)Wolfson House	**Nov-20**	**Dec-20**	**Jan-21**	**Feb-21**	**Mar-21**	**Apr-21**
G4S Average Score	**97.74%**	**97.26%**	**97.45%**	**97.60%**	**97.73%**	**97.62%**

Figure C) cleaning overall scores for **Wolfson House**

City and Hackney	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	6 average
Overall	**98.78%**	**97.89%**	**97.76%**	**97.16%**	**97.03%**	**96.88%**	**97.58%**

Figure D) cleaning overall scores for **City and Hackney**

MILE END HOSPITAL	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	
AVERAGE %	99%	99%	99%	99%	99%	98%	98%	99%	99%	98%	98%	99%	99

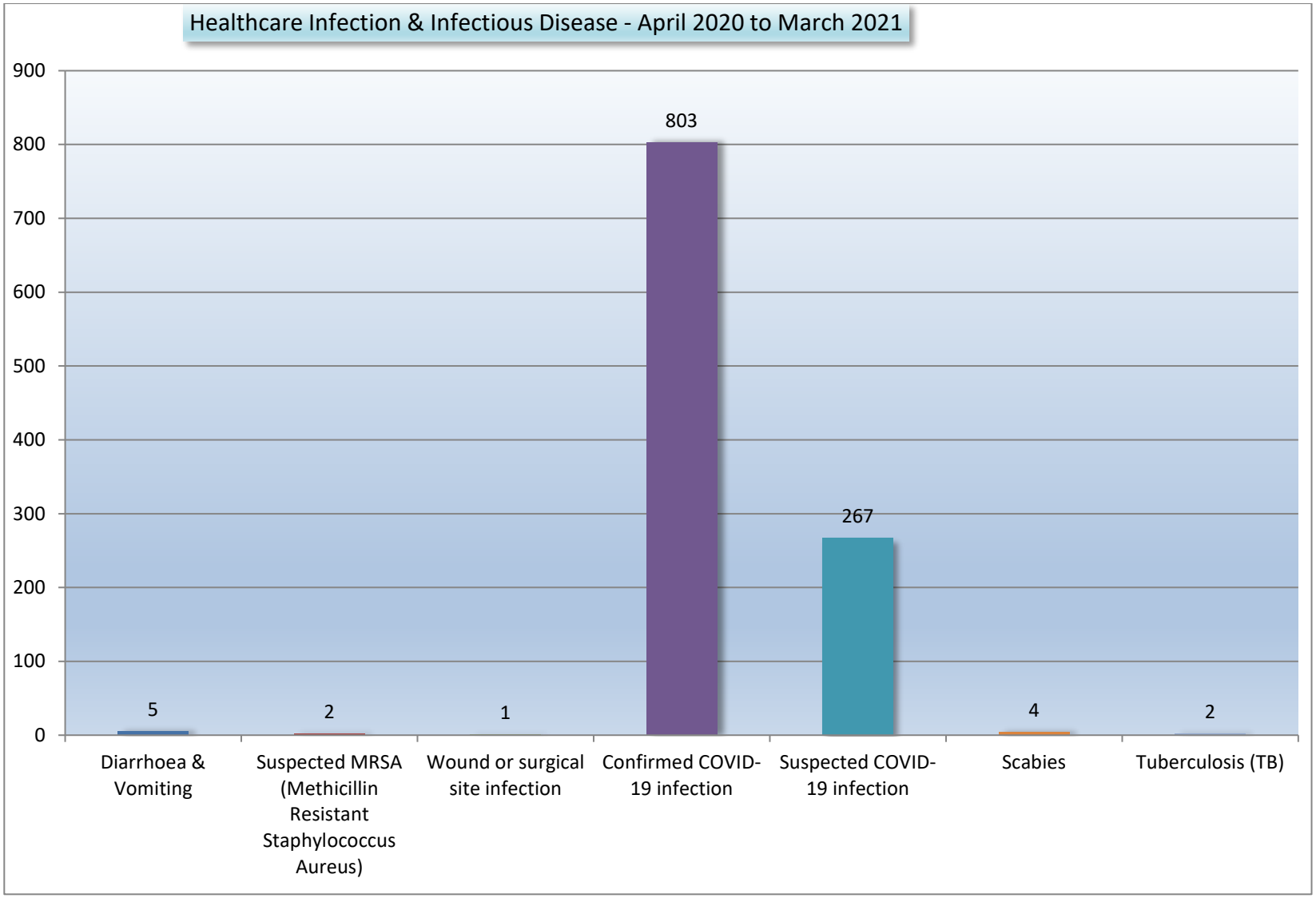
Figure F) Cleaning scores for East Ham Care Centre Community Health partnerships and facilities.

April 2020	May 2020	June 2020	July 2020	August 2020	Sept 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	March 2021
99%	98%	98%	98%	97%	97%	98%	98%	97%	98%	99%	97%

Facilities cleaning improvements Action Newnham and Coburn Centre for Mental Health.

All the Mental Health in Patient Areas Cleaning scores are in line with national cleaning standards, however in late 2020, the facilities and the clinical teams on Newham Mental Health site had identified a fast dip in cleaning and environmental standards across Coburn & Newham action to improve was taken last year. Managerial audits were carried out across site identifying the issues raised and presenting the evidence via the correct forum. There was work by facilities and IPC to support the clinical teams and work with the service provider to achieve significant improvement.

Appendix 10 Covid -19 and other reported infection reported on ELFT Datix system which **includes community and in patient's services.** *More recently work has been completed on datix to ensure that there are more categories for reporting and to improve reporting in line with sit rep reporting in relation to Covid-19.*



Appendix 11

Summary Report August CQC 2020

This Summary Record outlines what was found during an engagement call to discuss infection prevention and control arrangements, using standard sentences and explanatory paragraphs. We have found that the board is assured that the trust has effective infection prevention and control measures in place. The overall summary outlines key findings from our assessment, including any innovative practice or areas for improvement as below.

Overall summary record East London NHS Foundation Trust had taken the appropriate action to assured itself it had processes and procedures in place to manage the associated risks of the Covid-19 pandemic.

We met with the trust on 21/07/2020. During this meetings, different areas of the board assurance framework were discussed in relation to infection prevention and control. The infection prevention and control board assurance framework was presented to quality and safety committee in May 2020 and fed into the board subcommittees and then into the board via the non-executive directors.

Exception reports also went to the board. The trust's Covid-19 gold command and control structure monitored the infection prevention and control board assurance framework on an on-going basis. The trust monitored risks relating to Covid-19 through a specific risk register.

The trust has undertaken a thorough assessment of infection prevention and control, across all services, since the pandemic of Covid 19 was declared. Appropriate systems in place include having prompt identification of people within the organisation who have, or are at risk of developing an infection. Appropriate isolation facilities and cohorting areas have been established for patients across the trust. Staff have received, and continue to receive necessary training, in line with national guidance and are updated accordingly.

The trust continues to provide information for carers and the wider public through their website. The trust continues to ensure that the health needs of staff are met. This is a supportive and holistic approach which considers both the physical and psychological needs of staff. All care workers, volunteers and external contractors are given sufficient information to ensure that they are aware of, and discharge their responsibilities in preventing and controlling infection. The trust has a system of escalation in relation to PPE should difficulties arise, which staff can access throughout the 24-hour period, across seven days a week.