



**Liverpool Women's**  
NHS Foundation Trust

# **Infection Prevention & Control Annual Report 2019-2020**

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## TABLE OF ABBREVIATIONS

<b>CCG</b>	Clinical Commissioning Group
<b>CPE</b>	Carbapenamase-Producing Enterobacteriaceae
<b>CQC</b>	Care Quality Commission
<b>DIPC</b>	Director of Infection Prevention and Control
<b>HCA</b>	Health Care Act
<b>HCAI</b>	Health Care Associated Infection
<b>PHE</b>	Public Health England
<b>IPC</b>	Infection Prevention & Control
<b>IPCC</b>	Infection Prevention and Control Committee
<b>IPCN</b>	Infection Prevention and Control Nurse
<b>IPCT</b>	Infection Prevention & Control Team
<b>IPS</b>	Infection Prevention Society
<b>IQR</b>	Inter-quartile range
<b>LWFT</b>	Liverpool Women's NHS Foundation Trust
<b>MRSA &amp; MSSA</b>	Meticillin Resistant (Sensitive) Staphylococcus Aureus
<b>NLMS</b>	National Learning Management System
<b>NUMIS</b>	Nursing & Midwifery Information System
<b>OLM</b>	Oracle Learning Management System
<b>RLBUHT</b>	Royal Liverpool and Broadgreen University Hospital Trust
<b>SS</b>	Safety Senate
<b>SSI</b>	Surgical Site Infection
<b>TVN</b>	Tissue Viability Nurse

## 1 Summary of Key Achievements and Main Findings

### 1.1 Key Achievements 2019 - 2020

The Trust was compliant with the prescribed *C.difficile* target

Table 1: Trust Attributable Infections

Organism	Target/Trajectory	April 2017 - March 2018	April 2018 - March 2019	April 2019 - March 2020
<i>Clostridium difficile</i> infection (CDI)	0	0	0	0
Meticillin resistant <i>Staphylococcus aureus</i> (MRSA) sepsis	0	0	0	1
Meticillin sensitive <i>Staphylococcus aureus</i> (MSSA) sepsis	Adult = 0 No target for NICU	2	2	5
<i>E.coli</i> sepsis	50% reduction by March 2021 (national not Trust target)	6	7	8

### 1.2 Main Findings

#### 1.2.1 Education

The IPCT has maintained current induction and mandatory training.  
The IPCT has contributed to local training as required and identified.

#### 1.2.2 Guidelines

A Trust wide SOP for cleaning of fans has been reviewed

#### 1.2.3 Infection Prevention and Control Audits and Clinical Practice Audits

42(100%) Infection Prevention and Control Audits 239 (81%) clinical practice ward audits (including 5 moments for hand hygiene) and 74 community midwives' audits have been completed in accordance with the Trust plan.

#### 1.2.4 MRSA

22 adult patients were identified in the Trust with MRSA, 20 were identified by pre-emptive screening. 6 neonates were identified with MRSA colonization.

#### 1.2.5 *C. difficile*

There have been no Trust acquired *C.difficile* infections in 2019-20 (Target = zero)

#### 1.2.6 Bacteraemia

One neonatal MRSA bacteraemia was reported in 2019-20 (increased from last year Target = zero)

There were 5 MSSA bacteraemias in 2019-20 (all Neonates)

9 neonates had significant Gram-negative sepsis (4 congenital) and 12 neonates had significant Gram-positive infections (6 congenital).

There were 13 *E.coli* bacteraemias in 2019-20 (8 Trust attributable).

There were no glycopeptide resistant enterococcal bacteremias in 2019-20

### **1.2.7 Surgical Site Infection Surveillance**

The IPC team reviewed 162 potential surgical site infections from April 2019 – March 2020:-

- Out of 2143 caesarean sections 71 were identified as SSI (3.3%)
- Out of 1476 Gynaecology Abdominal surgery 17 were identified as SSI (1.1%)

## **2 Infection Prevention & Control Team Members**

During 2019 - 2020 the Infection Prevention and Control team (IPCT) has been supported by a seconded Midwife, and a seconded Neonatal Nurse

### **Miss K Boyd**

Infection Prevention & Control Analyst (part time 0.80 WTE - 30 hours/week Infection Prevention and Control Analyst, 0.20 WTE - 7.5 hours/week Policy Officer for the Governance team)

### **Mrs D Fahy**

Infection Prevention & Control Nurse - (0.60 WTE – 22.50 hours/week)

### **Dr T J Neal**

Consultant Microbiologist – Infection Prevention & Control Doctor and Director of Infection Prevention and Control (DIPC) (2 sessions / week worked on LWFT site)

### **Mrs Anne-Marie Roberts**

Seconded Link Midwife (0.40 WTE - 16 hours)

### **Mrs Eleanor Walker**

Seconded Link Neonatal Nurse (0.40 WTE – 15 hours)

### **Mrs Anne Thompson**

Seconded Link Midwife (0.40 WTE – 14.5 hours)

The IPCT is represented at the following Trust Committees:

Safety Senate	Monthly
Effectiveness Senate	Monthly
Infection Prevention & Control	Bi-Monthly
Medicines Management	Bi-Monthly
Water Safety Group	Twice yearly
Multi Trust Water Safety Group	Monthly
PLACE	Ad-hoc
Building Planning	Ad-hoc
Health and Safety Committee	Quarterly
Nursing and Midwifery Forum	Monthly

The Team is managed by the Deputy Director of Nursing and Midwifery.

There are no Trust costs associated with the Infection Prevention and Control doctor and DIPC.

### 3 Role of the Infection Prevention & Control Team

The following roles are undertaken by the IPC team:-

- Education
- Surveillance of hospital infection
  - Surgical Site data collection
  - National bacteraemia data reporting
  - PHE data reporting
- Investigation and control of outbreaks
- Development, implementation and monitoring of Infection Prevention and Control policies
- Audit
- Assessment of new items of equipment
- Assessment and input into service development and buildings / estate works
- Patient care/ incident reviews

Infection Prevention and Control advice is available from the Infection Prevention & Control team and 'on-call' via the DIPC or duty Microbiologist at Liverpool Foundation Trust

### 4 Infection Prevention and Control Committee

The IPC Committee meets quarterly and is chaired by the Director of Nursing and Midwifery. The committee receives regular reports on Infection Prevention and Control activities from clinical and non-clinical divisions/departments.

Reports received include those from:

- Estates and Operational Services
- Health and Safety
- Occupational Health
- Decontamination
- Divisions/departments
- Link Group
- Water Safety group
- Infection Prevention and Control team members

The Terms of Reference of the IPCC are included as **Appendix A**

The IPCT report quarterly to IPCC and the DIPC reports quarterly to Safety Senate (SS) which also receive minutes of the IPCC meetings. The Quality committee (QC) receives minutes from SS. The Trust Board also receives an annual presentation and report from the DIPC.

Trust IPC issues, processes and surveillance data are relayed to the public via Infection Prevention and Control posters, patient information leaflets, the Trust website (copy of this report) a notice board in the main reception which is updated on a monthly basis and departmental notice boards in ward areas.

Throughout the year many changes in practice have been initiated, facilitated, supported or mandated through the work of the IPCT and IPCC. Some of these are on a large scale,

such as input of the IPCT into large capital projects undertaken by the Trust (see section 8.2) however many appear smaller and take place in the clinical areas as a consequence of audit, observations and recommendations. These interventions equally contribute to the provision of clean and safe care in the organisation. The IPCT examined its effectiveness throughout the year. The following detail some of the changes facilitated throughout the year.

- ANTT is now monitored and included within the Divisional Study days
- IPCT more visible within areas

## **5 External Bodies**

### **5.1 Health Care Act & Care Quality Commission**

The Health Care Act (HCA) was published in October 2006 and revised in January 2008 and January 2011 as the Health and Social Care Act. This code of practice sets out the criteria by which managers of NHS organisations are to ensure that patients are cared for in a clean environment where the risk of HCAI is kept as low as possible.

The Health Care Act action plan is a standing item on the IPCC agenda which monitors progress. There is one outstanding standard of the HCA with which the Trust is not fully compliant; (detailed in Appendix B). This relates to surveillance software which is awaiting the implementation of suitable software at the provider laboratory with hope of acquisition by LWFT following this.

### **5.2 Liverpool Clinical Commissioning Group (CCG) Assurance Framework**

Assurance data is reported monthly to the CCG and bi-monthly at IPCC it incorporates performance data, exception reporting audit data and screening compliance.

### **5.3 Mandatory Surveillance**

The Trust submits data on MRSA, MSSA, *E.coli*, *Clostridium difficile*, *Klebsiella* and *Pseudomonas* infections by the 15<sup>th</sup> day of each month to the Public Health England via an online Health Care Associated Infection Data Capture System. HCAI data is also submitted each month for the Trust Quality Report and Corporate Information.

## **6 Education**

### **6.1 Mandatory training and Induction:**

Mandatory training in Infection Prevention and Control is a requirement for all Trust staff including clinical, non-clinical staff and contractors. The IPCT update the training package annually and ensure that it reflects best practice, national recommendations and issues identified as non-compliant in the previous year. All staff receives training in Infection Prevention and Control every three years via electronic learning and a Hand Hygiene Assessment. The electronic package is incorporated into the NLMS and linked to OLM. Three hand hygiene sessions have been delivered on corporate induction throughout 2019-20; six hand hygiene sessions have been delivered on the Maternity study day and seven on the Gynaecology study days.

Training continues to be provided by the IPCT for medical staff which includes consultants, trainees and ad-hoc mandatory training for corporate services. Six formal teaching sessions have been delivered by the DIPC throughout 2019-20

The IPCT has provided 28 general training sessions in 2019-20 (Including, the use of standard precautions, and Audit/NUMIS/ad hoc hand hygiene training)

Although the majority of mandatory training is delivered by the IPC team a number of Link Staff also provide training including hand hygiene within their areas.

## **6.2 Link Staff**

The IP&C link staff meetings have changed to twice yearly and held at the end of the Professional Development days. The programme is organised to reflect current initiatives, implementation of new guidance and reinforcement of any non-compliance relating to IPC. The number of attendees on each development day was 15 (44%) and 11 (32%), Link Staff meetings and Professional Development days are included in the TNA provision for Link Staff.

## **6.3 ANTT Training**

ANTT is included in the training days provided by each division however records are not yet available by OLM. The IPCT have liaised with Training Department and this information should be readily available from June 2019. Fifteen sessions were provided by the IPC team in 2019-20, eight on Maternity study day and seven on Gynaecology study day.

## **6.4 Donning and Doffing of Personal Protective Equipment (PPE) Training**

With the outbreak of COVID-19 in 2020 IP&C staff completed 26 donning and doffing training sessions trust wide. The team also assisted with the Health and Safety Team with Face Fit Test Training.

## **6.5 Guidelines/Policies**

No new IPC policies have been required. The below SOP has been reviewed in line with Trust policy process.

- Cleaning of Fans SOP reviewed
- Reusable Visor COVID-19 SOP Created
- COVID-19 PPE Quick Reference guide

# **7 Audits**

## **7.1 ICNA Trust audit programme**

The IPCT continue to use the IPS audit tools originally devised in 2004. The audit programme for the year is established and agreed by the IPCC. Clinical practice audits (PPE, and Hand Hygiene) are completed with a minimum frequency of twice yearly by ward/clinical staff. 5 moments for hand hygiene audits are completed by ward/clinical staff monthly.

The IPS Clinical Practice audits, Saving Lives audits and monthly '5 moment's' audits are entered onto the NICERS system allowing real-time oversight of results and compliance by local managers. A total of 59 (78%) Clinical Practice audits have been carried out by ward department staff and have been reviewed by the IPCT. Clinical Practice audits scores range from 90 -100%.

Saving Lives audits have been carried out by ward department staff and have been reviewed by IPCT. Saving Lives scores range from 66 – 100%.

A total of 180 (83%) Hand Hygiene audits have been carried out by ward department staff and have been reviewed by the IPCT. Hand Hygiene audit scores range from 67-100%.

A common theme of non-compliance with documentation on the VIAAD chart has been identified within Saving Lives ongoing Cannula care audits. The IPCT have given feedback to relevant departments and local action plans have been implemented.

The IPS Environmental, Ward, Kitchen, Linen and Waste audits have been streamlined into an overarching Infection Prevention and Control Audit. The Infection Prevention and Control audits are carried out twice a year in each clinical area unannounced by the IP&C team. A total of 42 Infection Prevention and Control audits (reviewing the general environment and clinical practice) in 21 clinical areas have been undertaken. Individual department scores, main themes of non-compliance and areas of improvement are recorded and available on NUMIS - and emailed to Matrons and Ward Mangers.

2019-20 IPC audit scores range from 72-100% with a mean score of 91.5%

Community midwives are expected to complete a combined self- assessment of environmental and clinical practice elements twice per year. The Community Team Leaders are responsible for entering the data. From the period April 2019 – Mar 2020 74 self-assessments have been completed.

In 2018-19 there were insufficiencies with the NUMIS system in relation to entering and viewing ward scores. The IPCT were involved in the re-implementation of NUMIS renamed NICERS in July 2019. There remain insufficiencies within NICERS in regard to clinical staff viewing data and the ability to print reports.

#### Mattress audits

Mattress audits are completed in all areas in the Trust. The audit examines cleanliness and mattress integrity. Results are reported through the Divisional report to IPCC. The audits are forwarded to IP&C team but local areas have ownership for replacement and condemning of any mattress not fit for purpose. There is a system in place for the provision and storage of replacement mattresses across the Trust.

## 8 Other Issues

### 8.1 COVID-19 Pandemic

In March 2020 the Trust had to put plans into place to prepare for the current COVID-19 Pandemic. This consisted of:-

- Increasing staff within the IPC team to ensure there is sufficient cover over a 7 day period
- Increasing training across the Trust in regards to PPE (Donning and Doffing)
- Producing IPC local guidance in line with daily changing PHE guidance
- Setting up process for areas to order swabs and packs via Haematology Lab
- Daily communications
- Daily advice and support in relation to procurement, COVID-19 swabs, staff queries
- Creation of SOP's in regards to reusable Visors and PPE quick reference guides

## 8.2 Water Safety

The Water Safety group has met in line with its terms of reference. The Trust has an appointed Authorising Engineer (water) to support the Water Safety group. The Trust Executive Management group has agreed that the Trust participate in a Multi-Trust Water Safety group which includes representatives of 4 neighbouring Trusts and allows standardisation of policies and procedures involving safe water practices. The Multi-Trust Water Safety group is reviewing a common Water Safety plan. Water testing for *Pseudomonas aeruginosa* in augmented care areas has been performed in accordance with national guidance and results have been compliant with expected standards.

The Trust has installed a Hydrop Compass Water system to complete flushing records electronically. All areas have nominated 3 staff members to evaluate and flush the outlets, with an escalation process if not completed

## 8.3 Building Projects & Design Developments

The team remain reliant on the Estates department and the Divisions alerting and involving the team in impending projects via the Infection Prevention and Control committee meetings.

2019-20 projects requiring IPC Team involvement included:

- Neonatal Unit redevelopment / Delivery suite refurbishment of 2 rooms
- GED Storage cupboard
- Physiotherapy refurbishment
- St CHAD's design stage

# 9 Surveillance of Infection

Hospital infection (or possible infection) is monitored in the majority of the hospital by 'Alert Organism Surveillance' this involves scrutiny of laboratory reports for organisms associated with a cross infection risk e.g. MRSA, *Clostridium difficile* etc.

On the Neonatal Unit, which houses most of the long-stay patients, surveillance is undertaken by both 'Alert Organism' and by prospective routine weekly surveillance of designated samples. The IPCT examines results of these samples and action points are in place for the unit based on these results.

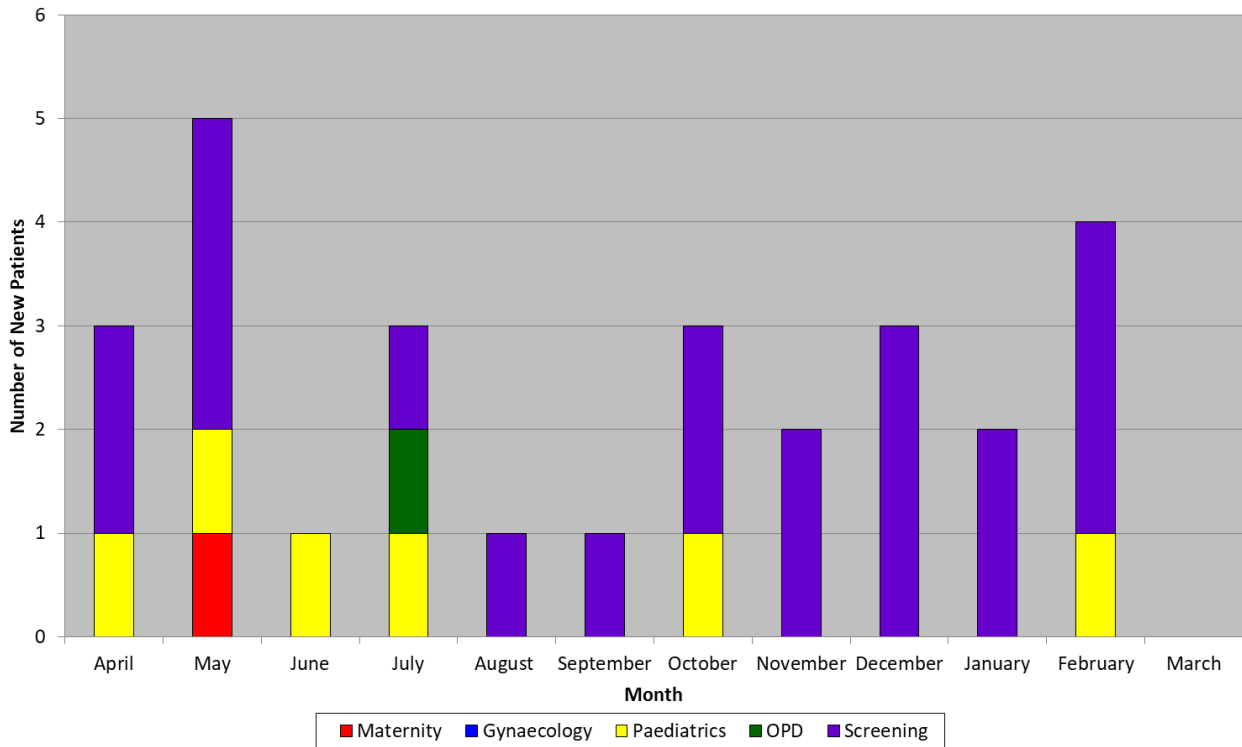
Surveillance of bacteraemias (blood stream infections) for both national mandatory and in house schemes is also undertaken. National mandatory reporting of blood stream infections includes *Klebsiella* and *Pseudomonas* in addition to *E.coli* and *S.aureus*.

## 9.1 Alert Organism Surveillance

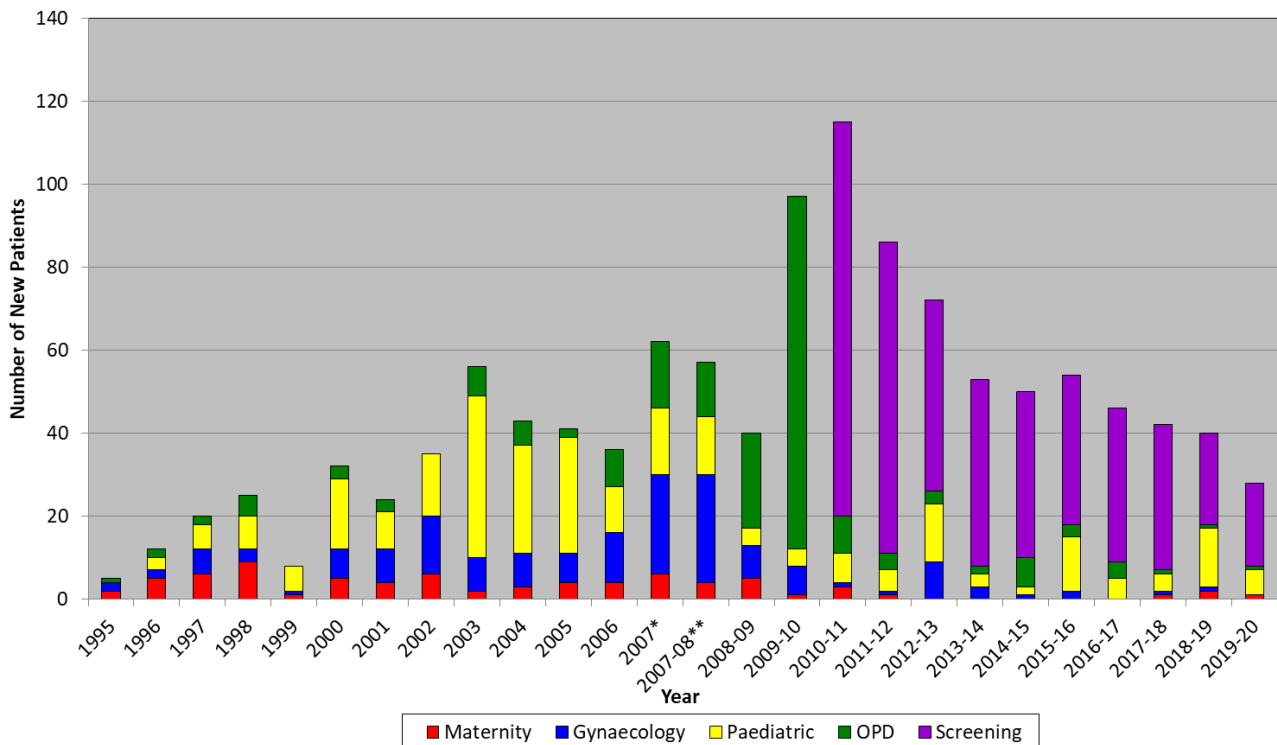
### 9.1.1 MRSA

The total number of patients identified carrying Methicillin Resistant *Staphylococcus aureus* (MRSA) in the Trust during the year 2019-20 was 28. The majority of patients were identified by routine screening either on or prior to admission. The increase in neonatal cases reported last year (14) was not sustained. The charts below show the number of new patients identified with MRSA and the annual totals for the period 1995 – 2020.

### MRSA LWH 2019 - 20



### MRSA LWH 1995-2019



As outlined in previous Annual Reports the Government had established targets for screening such that all elective admissions and all eligible emergency admissions to hospital should be screened for carriage of MRSA.

In the period April 2019 to March 2020, 3698 adult patients were screened for MRSA carriage; 24 (0.6%) were positive.

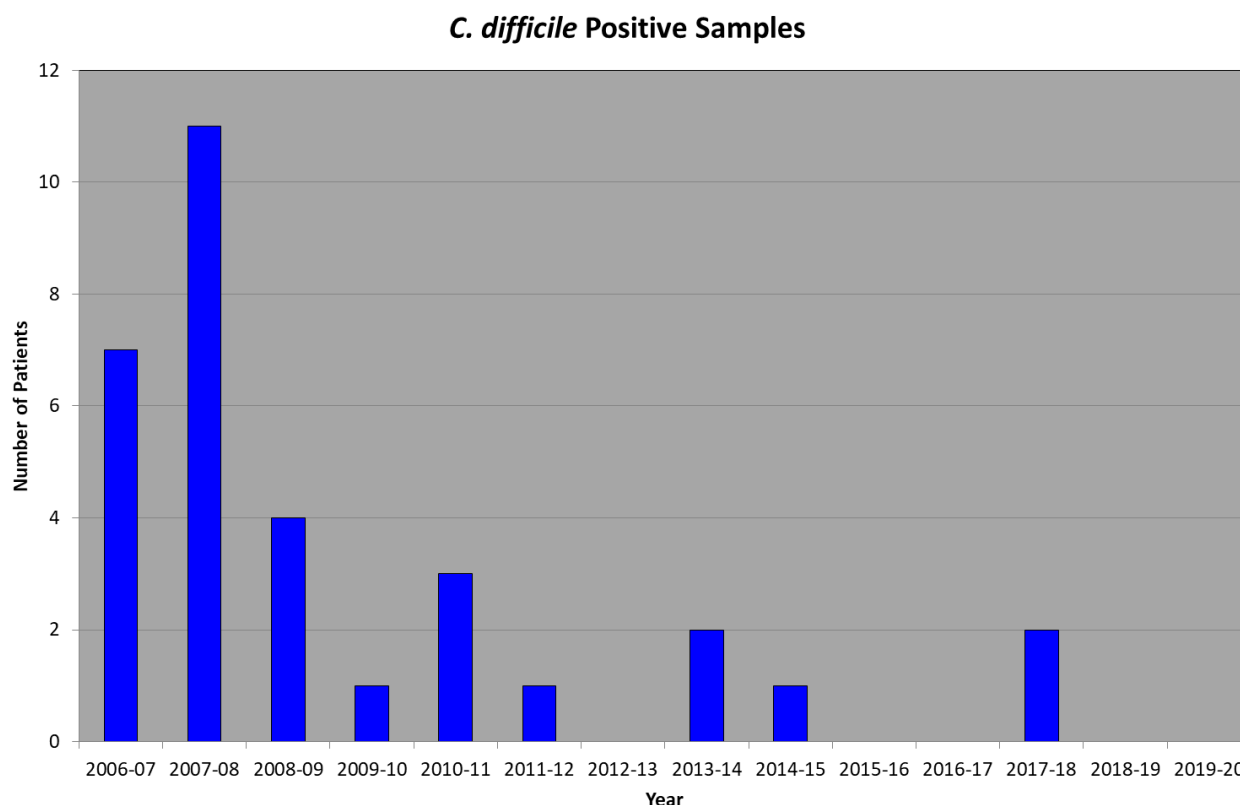
During the period of this report 6 babies were identified with MRSA a decrease from the previous year. Apart from one mother-baby pairing there were no clusters or other epidemiological linking of adult or neonatal patients with MRSA.

There was one MRSA bacteraemia in a neonatal patient in the reported year (See section 9.2.1).

### 9.1.2 *Clostridium difficile*

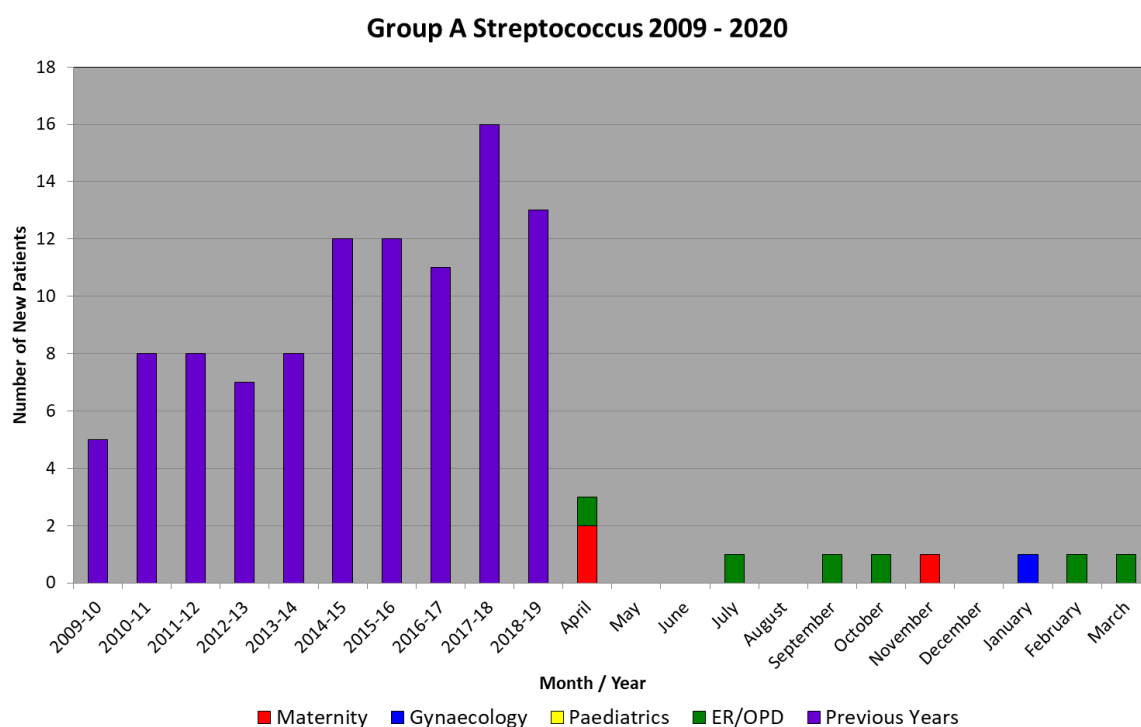
Mandatory reporting of this disease commenced in January 2004 and includes all patients over 2 years old. Historically the number of cases at LWFT has been low (see chart below). The prescribed trajectory for this disease for the Trust in 2019-20 was one.

During the period April 2019 – Mar 2020 there were no patients identified with *C.difficile* infection in the Trust.



### 9.1.3 Group A Streptococcus

In the period April 2019 to March 2020, 10 patients were identified with Group A Streptococcus as detailed below. One patient (post-natal) presented shortly after discharge with invasive Group A Streptococcal infection (iGAS) (See section 9.2). All patients with Group A Streptococcal infection are reviewed. There was no identified transmission of Group A Streptococci in the Trust.



#### 9.1.4 Glycopeptide Resistant Enterococcus (GRE)

There were no GRE bacteraemia's reported.

#### 9.1.5 Carbapenemase Producing Enterobacteriaceae

The screening for multidrug - resistant organisms was incorporated into National guidance and in 2014 LWH commenced screening patients in high risk groups for Carbapenemase producing Enterobacteriaceae (CPE). In June 2016 the screening process was extended. All patients who have been an inpatient in any other hospital within the preceding 12 months require screening. Meditech facilitates the risk assessment. CPE screening compliance is audited weekly by the IPCT Overall compliance – 77%.

Month	Screening Compliance
<b>Apr 19 - June 19</b>	81%
<b>July 19 – Sept 19</b>	78%
<b>Oct 19 – Dec 19</b>	71%
<b>Jan 20 – Mar 20</b>	78%

The main theme of non-compliance identified has been missed screens on patients who are direct transfers from another hospital. This issue has been addressed with Ward Managers, IPCT Link staff and clinical staff in the relevant areas.

#### 9.1.6 Routine Neonatal Surveillance

Nearly all infection on the Neonatal unit is, by definition, hospital acquired although a small proportion is maternally derived. Routine weekly colonization surveillance has continued this year on the Neonatal unit. Results are shown in Appendix C

As colonisation is a precursor to invasive infection the purpose of this form of surveillance is to give an early warning of the presence of resistant or aggressive organisms and to ensure current empirical antimicrobial therapy remains appropriate. Action points are embedded in the Neonatal unit and IPC policies linked to thresholds of colonisation numbers to limit spread of resistant or difficult to treat organisms.

As well as resistant or aggressive organisms focus has remained on both *Pseudomonas* spp. and *Staphylococcus aureus* as potential serious pathogens. The median number of babies colonized with *Pseudomonas* each week was 0 (decreased from 1 last year), and with *S.aureus* was 3 (unchanged from last year).

## **9.2 Bacteraemia Surveillance**

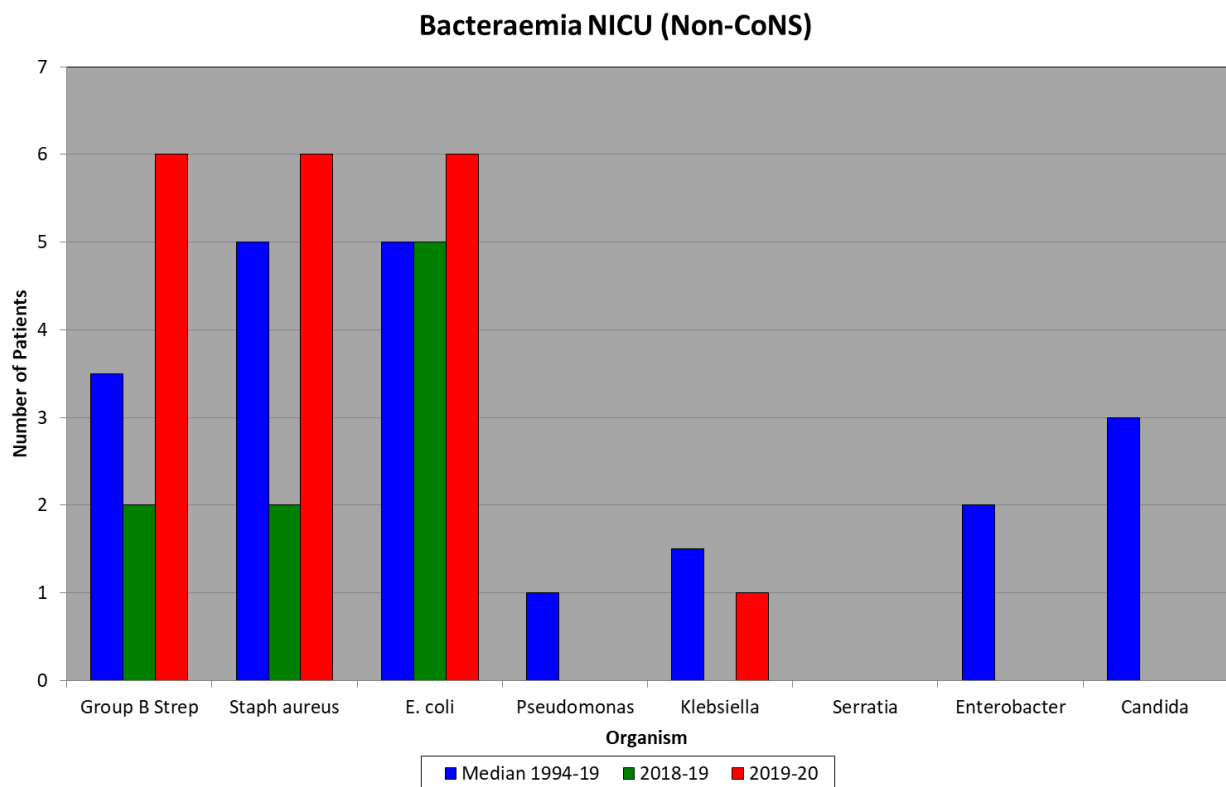
### **9.2.1 Neonatal Bacteraemia**

As always the commonest organism responsible for Neonatal sepsis was the common skin organism, coagulase-negative staphylococcus (CoNS). In the period April 2019 – March 2020 9 babies (5 in 2018-19 and 14 in 2017-18) had infections with Gram-negative organisms, 4 of these infections (3 *E.coli* and 1 *Haemophilus influenza*) occurred in the first 5 days of life and were congenitally acquired. The remaining 3 *E.coli*, 1 *Klebsiella* and 1 *Acinetobacter* infections occurred after 5 days of life.

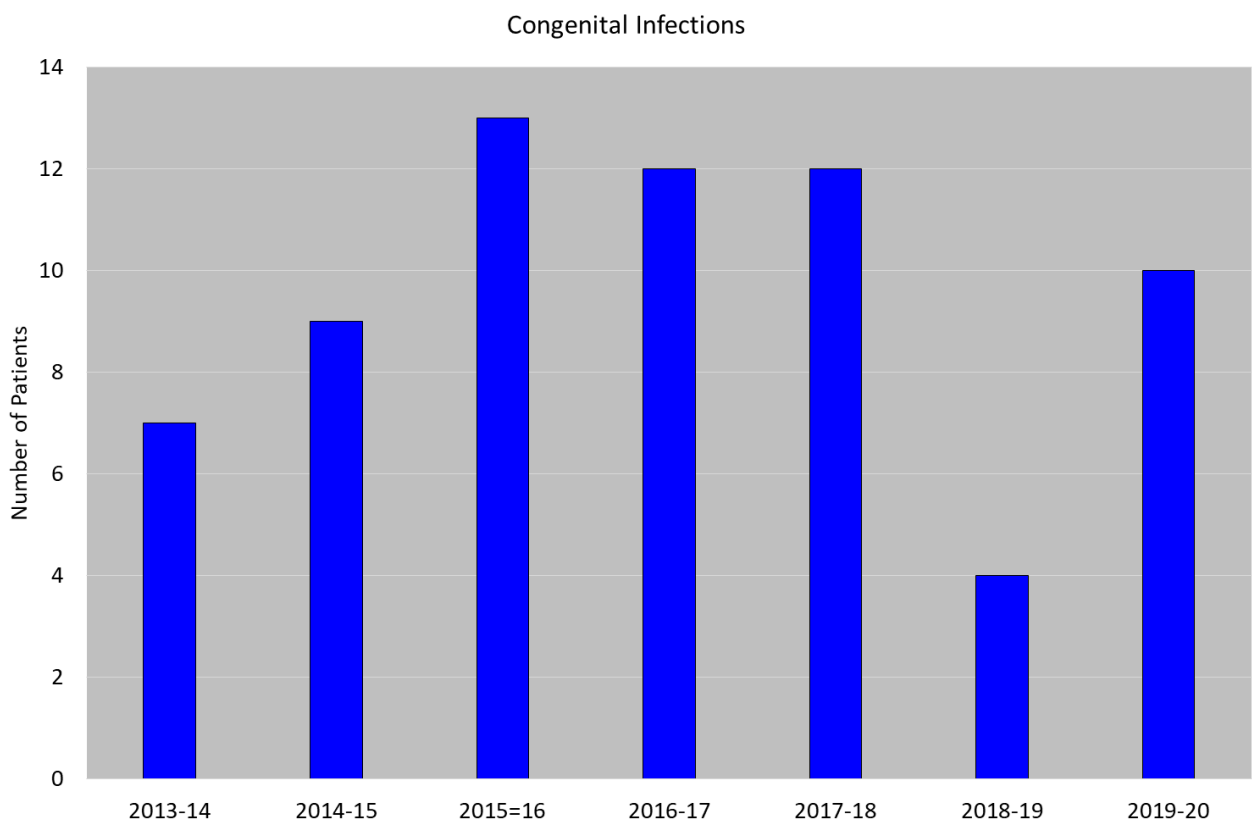
There were 12 episodes of infection with significant Gram-positive pathogens (4 in 2018-19, and 12 in 2017-18); 6 of these infections (5 Group B streptococcus and 1 *S.aureus*) were congenitally acquired and the remainder (1 Group B streptococcus and 4 *S.aureus* and 1 MRSA) were late onset.

All Non-coagulase-negative Staphylococcal sepsis on the unit is subject to a review to determine the focus of infection, precipitating causes and the appropriateness of care. The MRSA bacteraemia was subject to specific review with a multidisciplinary team from the hospital and the CCG, no lapses in the care provided were identified and the neonatal team were congratulated on the level of care provided.

The bar chart below describes the pattern of 'definite-pathogen' Neonatal bacteraemia in the current year in comparison to last year and the median value for each organism for preceding years. There is considerable variability in the figures from year to year (probably reflecting the complex of pathogen host relationship in this group). No *Pseudomonas* sepsis or *Candidaemia* has been reported since 2017-18 although in the current year 1 baby had a contaminated blood culture which included a mixture of organisms including *pseudomonas* (not reported).



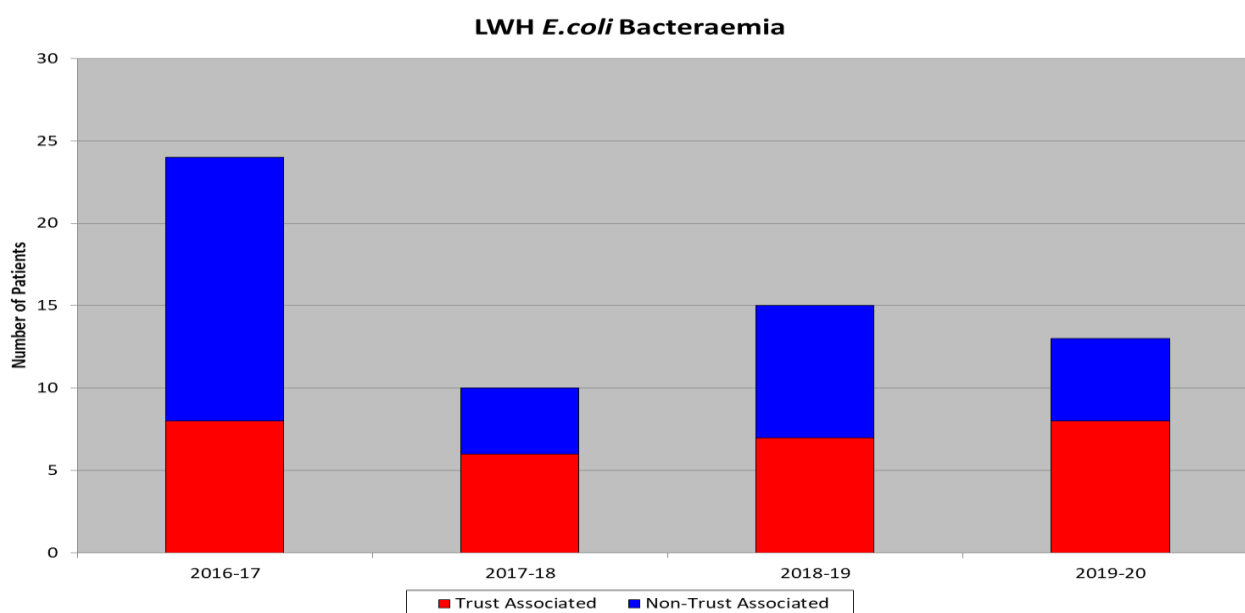
The IPCT have been monitoring the number of Neonatal infections classified as 'congenital' ie presenting in the first 5 days of life. 10 babies this year had congenital infection.



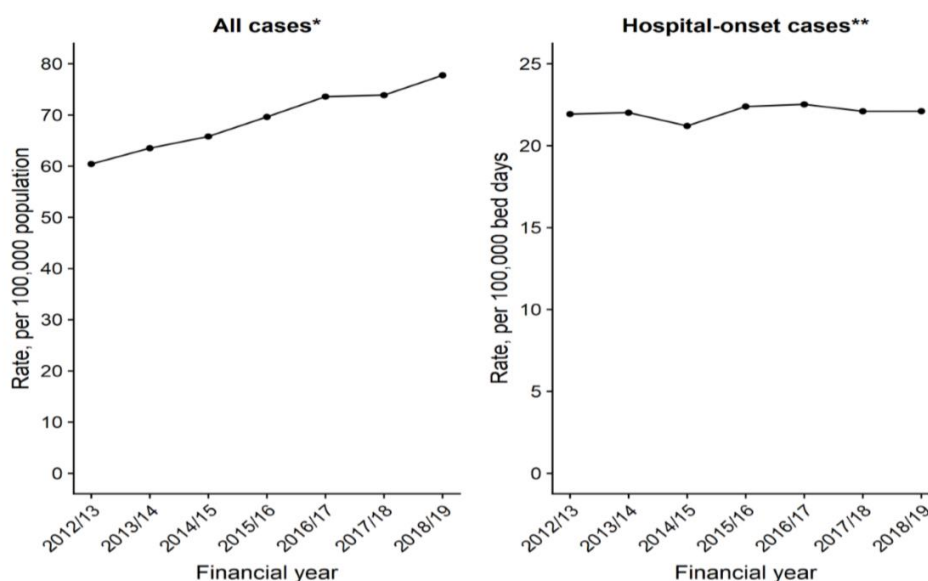
### 9.2.2 Adult Bacteraemia Surveillance

There have been no MRSA or MSSA bacteraemia cases in adult patients in the period April 2019 to March 2020, however there was one neonatal MRSA bacteraemia and 5 neonatal MSSA bacteraemias (see section 9.2.1.).

There is a national ambition to reduce Gram-negative bacteraemia (particularly *E.coli*) by 50% initially by 2020/21. Although this is not a specific Trust target the IPCT have been working with regional groups facilitated by the CCG to reduce *E.coli* sepsis. In 2019-20 the Trust reported 13 *E.coli* bacteraemias (6 Neonates (3 congenital) and 7 adults) compared to 15 in 2018-19. The number of *E.coli* bacteraemias assessed as Trust associated has marginally increased in the last 3 years. Although not compliant with the national reduction target this is in line with regional and national data which is also showing a general increase. One Klebsiella bacteraemia (neonatal) was reported in 2019-20 additionally there was a contaminated blood culture from a neonate which included Pseudomonas (see section 9.2.1)



**Trends in the rate of *E. coli* bacteraemia in England, 2012/13 to 2018/19**



The IPCT expect clinical areas to undertake an RCA of all significant bacteraemias to establish any elements of sub-optimal care. A regular multidisciplinary meeting is held with members of the maternity and gynaecology divisions to review all infective pathology.

In addition to the mandatory surveillance the IPCT has been collecting clinical data on bacteraemic adults in the Trust; 34 patients were identified with positive blood cultures from 318 cultures submitted (11%). 21 (62% of positives, 7% of total) of these were contaminated with skin organisms. Details of the 13 significant bacteraemias are provided in Appendix D

### **9.3 Surgical Site Surveillance**

The Trust signed up to the National Get it Right First Time (GIRFT) survey for Surgical Site Infections during May 2019 – October 2019.

For the period 01.05.2019 – 31.10.2019 the report showed Trust overall SSI rate was 2.2%.

- For caesarean sections, Trust SSI rate was 2.4% (national rate 2.2%) Trust ranked 27 of 40 participating in GIRFT
- Gynaecological abdominal surgery, Trust SSI rate was 0.8% (national rate 2.5%). Trust ranked 13 of 38 participating in GIRFT

The IPC team completed the SSI data for the remaining period of the year:-

Between November 2019 – March 2020 the Trust overall SSI rate was 1.4%:-

- Trust SSI rate for caesarean sections was 1.7%
- Trust SSI rate for Gynaecology abdominal surgery was 1.0%

## **10 Risk Register**

- 1578 - Risk of infectious diseases causing disruption to Trust services including risk to patient and staff safety requiring the implementation of emergency preparedness intervention has now been closed; an annual audit will now be undertaken.

## **11 Health & Wellbeing**

The Trust Health & Wellbeing Department report monthly to the IPCC including vaccination updates. Staff have historically been screened for TB, Hepatitis B and Rubella immunity. Guidance on Measles, Chicken pox, HIV and Hepatitis C have been incorporated for all 'new starters' and a catch up exercise is in place for staff already employed. The IPCC supports the Health & Wellbeing team in ensuring that workers in designated areas have appropriate vaccinations and immunity.

## 12 Infection Control Team Work Plan

### 12.1 Infection Control Team Work Plan 2019 - 20

<u>Work Plan</u>	<u>Completion Date</u>	<u>Comments</u>
<b>Training</b> <ul style="list-style-type: none"> <li>Continue all Trust mandatory &amp; induction training</li> <li>Continue to support link staff personal development</li> </ul>	ongoing	Section 6.1 Section 6.2
<b>Audit</b> <ul style="list-style-type: none"> <li>Continue to audit in line with the IPS Audit programme</li> </ul>	ongoing	Section 7
<b>Surveillance</b> <ul style="list-style-type: none"> <li>Continue 'Alert Organism' surveillance focused on resistant pathogens</li> <li>Continue to monitor cases mandatorily reportable infections</li> <li>Undertake a comprehensive review surgical site infections</li> <li>Implement actions identified through RCA of bacteremia's and <i>C.difficile</i> infections</li> <li>Work with the CCG and Trust Sepsis lead to deliver their target reduction in Gram-negative sepsis.</li> </ul>	ongoing	Section 9.1 Section 9.2 Section 9.3 Section 9.2.2 Section 9.2.2
<b>Health Act &amp; NICE</b> <ul style="list-style-type: none"> <li>Review compliance and evidence</li> <li>Review and ensure Trust maintains its compliance with current NICE guidance relating to infection, infection control, sepsis and antimicrobial stewardship.</li> </ul>	ongoing	

## 12.2 Infection Control Team Work Plan 2020-21

<u>Work Plan</u>	<u>Completion Date</u>	<u>Comments</u>
<b>Covid-19 Planning</b> <ul style="list-style-type: none"> <li>Advise and support management and care of patients with Covid-19</li> <li>Work within Trust structures to support the Trust reset plan</li> <li>Maintain and update the Board assurance framework related to Covid-19</li> </ul>		
<b>Training</b> <ul style="list-style-type: none"> <li>Continue all Trust mandatory &amp; induction training</li> <li>Continue to support link staff personal development</li> <li>Link staff to be given allocated time and working alongside managers across the areas</li> </ul>		
<b>Audit</b> <ul style="list-style-type: none"> <li>Continue to audit in line with the IPS Audit programme</li> <li>Ensure Trust Covid audit is undertaken to provide assurance to Trust</li> <li>Investigate the potential for having a new Audit system and link to Power BI</li> </ul>		
<b>Team</b> <ul style="list-style-type: none"> <li>Business continuity for IPC team in view of a further Pandemic</li> <li>Better IT devices and processes to make the team paperless</li> </ul>		
<b>Engage</b> <ul style="list-style-type: none"> <li>More engagement with the Link Staff</li> <li>Back to basics with Infection Control processes and policies with staff</li> </ul>		
<b>Surveillance</b> <ul style="list-style-type: none"> <li>Continue 'Alert Organism' surveillance focused on resistant pathogens</li> <li>Continue to monitor cases mandatorily reportable infections</li> <li>Undertake a comprehensive review surgical site infections</li> <li>Implement actions identified through RCA of bacteremia's and C.difficile infections</li> <li>Work with the CCG and Trust Sepsis lead to deliver their target reduction in Gram-negative sepsis.</li> <li>Send Business case to Head of Governance for ICNET surveillance system</li> </ul>		
<b>Health Act &amp; NICE</b> <ul style="list-style-type: none"> <li>Review compliance and evidence</li> <li>Review and ensure Trust maintains its compliance with current NICE guidance relating to infection, infection control, sepsis and antimicrobial stewardship.</li> </ul>		

### 13.1 Appendix A – Terms of Reference - Infection Prevention and Control Committee Terms

#### INFECTION PREVENTION AND CONTROL COMMITTEE TERMS OF REFERENCE

<b>Constitution:</b>	The Committee is established by the Trust Board and will be known as the Infection Prevention and Control Committee.
<b>Duties:</b>	<p>The Committee is responsible for providing assurance to the Trust Board in relation to those systems and processes it monitors and ensure compliance with external agency's standards e.g.: CQC etc.</p> <ol style="list-style-type: none"> <li>1. Agree and disseminate the systems and processes for effective Infection Prevention and Control.</li> <li>2. Develop the strategic direction of Infection Prevention and Control, ensuring that the team is resourced sufficiently to achieve improvement in performance.</li> <li>3. Review and approve the work of the Infection Prevention &amp; Control team members in line with Trust objectives through the IPCC team work plan.</li> <li>4. Review and endorse all policies relating to Infection Prevention &amp; Control and evaluate their implementation.</li> <li>5. Receive and review regular reports of infection incidents or outbreaks and ensure that reports are forwarded to appropriate external authorities.</li> <li>6. Ensure that lessons identified from incidents, outbreaks, or reports from external organisations are actioned by relevant Divisions in the organisation.</li> <li>7. Implement a regular reporting timetable including comprehensive Division reports and reports from support services at regular intervals.</li> <li>8. Ensure that effective Infection Prevention and Control is being delivered in Divisions and monitor evidence of prevention and control practice.</li> <li>9. Promote and facilitate the education of staff of all grades in hand hygiene Infection Prevention &amp; Control and related topics</li> </ol> <p>Receive, discuss and endorse the annual Infection Prevention &amp; Control report produced by the Infection Prevention &amp; Control team prior to submission to the Safety Senate Committee and Trust Chief Executive.</p>

<b>Membership:</b>	<p>The Committee membership will consist of:</p> <ul style="list-style-type: none"> <li>• The Chair – Director of Nursing, Midwifery or Representative of CEO</li> <li>• Director of Infection Prevention and Control</li> <li>• Trust Decontamination Lead</li> <li>• Infection Prevention &amp; Control Nurse</li> <li>• Family Health Safety Lead</li> <li>• Gynaecology Safety Lead</li> <li>• Clinical Support Services Safety Lead</li> <li>• Occupational Health Nurse</li> <li>• Matron from Gynaecology</li> <li>• Matron from Family Health (Maternity)</li> <li>• Matron from Family Health (Neonatal)</li> <li>• Matron from Gynaecology (Reproductive Medicine Unit)</li> <li>• Matron from Clinical Support Services</li> <li>• Antibiotic Pharmacist</li> <li>• Estates or Patient Facilities Manager</li> <li>• Health and Safety Advisor</li> <li>• Representative from Clinical Commissioning Group</li> <li>• Representative of Public Health England</li> </ul> <p>Members can participate in meetings by two-way audio link including telephone, video or computer link (excepting email communication). Participation in this way shall be deemed to constitute presence in person at the meeting and count towards the quorum</p> <p>The Committee will appoint a member of the Committee as Chair of the Infection Prevention and Control committee and another member to be Vice Chair from the outset. The Vice Chair will automatically assume the authority of the Chair should the latter be absent.</p>
<b>Quorum:</b>	<p>Chair (or approved Deputy) DIPC or IPCN Representative from each Division (either Safety Lead or Matron) Representative from Facilities Department</p>
<b>Voting:</b>	<p>Each member will have one vote with the Chair having a second and casting vote, if required. Should a vote be necessary a decision will be determined by a simple majority?</p>
<b>Attendance:</b>	<p><b>a. Members</b> Members will be required to attend a minimum of 75% of all meetings. Safety Leads and external representatives will be required to attend a minimum of 50% of all meetings.</p> <p><b>b. Officers</b> The DIPC / Director of Nursing, Midwifery shall normally attend meetings.</p> <p>Other officers and staff of the Trust will be invited to attend the meeting as appropriate when an issue relating to their area of</p>

	<p>operation or responsibility is being discussed.</p> <p>Representatives from partner organisations or other external bodies may be invited to attend as appropriate. Such representatives will not have voting rights.</p>
<b>Frequency:</b>	Meetings shall be held 4 times per year. Additional meetings may be arranged from time to time, if required, to support the effective functioning of the Trust.
<b>Authority:</b>	The Committee is authorised by the Trust to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Committee
<b>Accountability and reporting arrangements:</b>	<p>The Committee will be accountable to the Chief Executive and Trust Board. The minutes of the committee will be formally recorded and submitted to the Quality committee (QC). The Chair of the committee shall draw to the attention of the QC any issues that require disclosure to it, or require executive action.</p> <p>The committee will report to the Board annually on its work and performance in the preceding year.</p> <p>Trust standing orders and standing financial instructions apply to the operation of the Infection Prevention and Control committee.</p>
<b>Monitoring effectiveness:</b>	The Infection Prevention and Control committee / IPC team will undertake an annual review of its performance against its duties in order to evaluate its achievements.
<b>Review:</b>	These terms of reference will be reviewed at least annually by the Infection Prevention and Control committee.
<b>Reviewed by [Committee/ Subcommittee/Group]:</b>	Infection Prevention and Control committee
<b>Approved by [name of establishing Committee]:</b>	Infection Prevention and Control committee
<b>Review date:</b>	April 2019
<b>Document owner:</b>	Caron Lappin, Director of Nursing and Midwifery Caron.lappin@lwh.nhs.uk

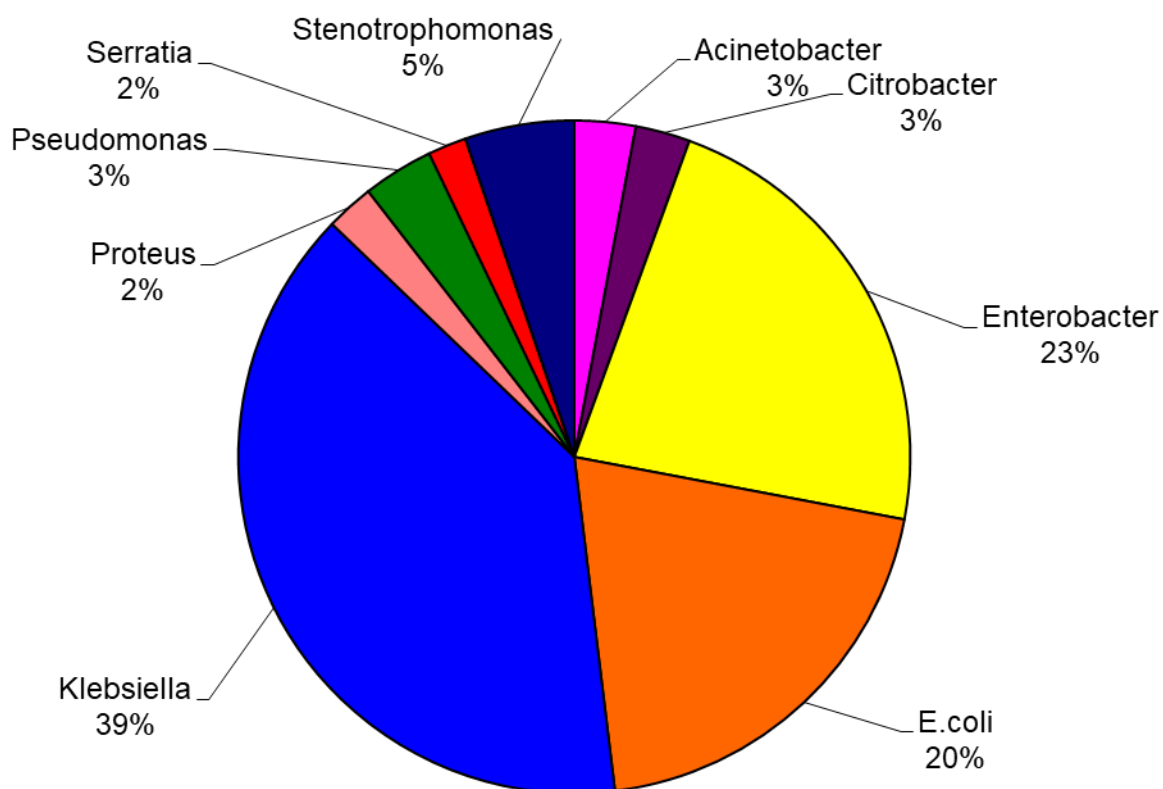
## 13.2 Appendix B – Health Care Act

Criterion	Additional Quality Elements	Baseline Assurance Dec 19	Update Mar 20	Responsibility	RAG
1.8 An infection prevention and control infrastructure should encompass: In acute healthcare settings for example, an ICT consisting of appropriate mix of both nursing and consultant medical expertise (with specialist training in infection control) and appropriate administrative and analytical support, including adequate information technology. The DIPC is a key member of the ICT		Awaiting implementation at Host Laboratory site prior to implementation at LWFT	Awaiting implementation at Host Laboratory site prior to implementation at LWFT	Director of Nursing / Midwifery / Director of Infection Prevention and Control	Amber

### 13.3 Appendix C - Neonatal Colonisation Surveillance

Organism	2009/10	2010/11	2011/12	2012-13	2013/14	2014/15	2015-16	2016-17	2017-18	2018-19	2019-20
Acinetobacter	1	2	1	3	3	6	3	3	3	3	3
Citrobacter	4	2	6	6	4	3	4	7	4	6	3
Enterobacter	16	15	21	21	17	14	17	22	19	18	23
E.coli	30	30	23	20	30	27	21	22	28	23	20
Klebsiella	33	31	38	32	34	39	41	35	31	34	39
Proteus	2	4	0	3	1	1	1	1	1	0	2
Pseudomonas	10	9	6	11	5	4	3	3	4	6	3
Serratia	3	4	2	2	2	1	3	2	5	3	2
Stenotrophomonas	1	3	3	2	4	4	7	5	5	7	5

#### Percentage Colonisation 2019-20



## 13.4 Appendix D - Adult Bacteraemia Surveillance 2019-20

34 Positive blood cultures

21 Coagulase-negative staphylococcus or other contaminant.

13 Pathogens

Directorate	Organism	Potentially Hospital Associated	Likely Source
Gynaecology	<i>E.coli</i>	Y	?UTI ?Bowel
	<i>Streptococcus milleri</i>	N	Pelvic Collection
	<i>E.coli</i>	N	Pelvic Collection
Maternity	<i>E.coli</i>	N	UTI
	<i>E.coli</i> and Grp B Strep	Y	Chorioamnionitis
	<i>E.coli</i>	N	UTI
	<i>Haemophilus influenzae</i>	N	Genital tract
	<i>E.coli</i>	N	Genital tract
	GNB	N	Genital tract
	<i>E.coli</i>	Y	UTI
	<i>Fusobacterium g</i>	Y	Chorioamnionitis
	Grp B Streptococcus	N	Peripartum
	Grp A Streptococcus	N	Genital tract