



Annual Infection Prevention & Control Report

1 January – 31 December 2020

Executive Summary:

Infection prevention and control is the responsibility of everyone within the healthcare community. This has certainly been tested over the last year following the announcement of the worldwide COVID-19 pandemic in March 2019 and has also required the public to play their part in the reduction of transmission of the virus.

Here has been extremely successful in not only limiting the spread of the virus within the workforce, but has also successfully continued to offer clinical services safely for both patients and staff. COVID-19 has been a central focus for the organisation during 2020 and like many other organisations, much has been learnt over the last year at pace. Despite this, Here have continued to demonstrate compliance with our Infection Control Policy and Procedures which were reviewed in 2020.

Purpose:

To provide the Board with:

- An overview of the Infection Prevention and Control arrangements within the organisation and in particular, those put in place in response to the COVID-19 pandemic
- An update on the agreed improvements from the previous annual report 2018-2019
- A summary of the successes and highlights over the last year
- A summary of what we could do better over the next 12 months
- To provide the board with assurance that the infection control arrangements effectively protect patients from Health care acquired infections and staff from workplace infection hazards

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For Board July 2021

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1 Introduction

The following report and action plan for Here has been submitted by the Infection Prevention and Control Lead (Helen Baker)

It is a requirement that all health care organisations provide an annual report to be considered by the board to enable it to discharge its responsibilities to protect patients and staff from the risk of infection.

2 Current Approach to Infection Prevention and Control

Infection Prevention and Control is important in the delivery of all clinical services to ensure patient safety and the protection of staff and is the responsibility of everyone within the organisation. Here uses the following mechanisms to prevent against health care acquired infections, identify and address any issues that may arise:

2.1 Service Level risk assessment and residual risk

Whilst infection prevention and control is important in all healthcare services, the level of potential exposure and risk varies considerably. Each Here service has undertaken an infection control risk assessment and has identified the residual risk relating to its activities. The residual risk is the likelihood of potential harm as a result of infection after all mitigations in the infection control procedures have been put in place.

Service	Residual risk	Rationale
MSK	Low to moderate	<p>Procedures: some minor invasive procedures, mainly injections which could lead to needle stick injuries or injection site infections. Suture removal.</p> <p>High volume of patients.</p> <p>It should be noted that whilst Sussex MSK Partnership is responsible for the MSK programme budget including invasive surgery, Here is not responsible as a health care provider for surgical activity in secondary care. Health care acquired infections associated with surgery are monitored as part of sub contracts with secondary care providers. Sussex MSK Partnership is responsible for podiatric surgery which is carried out in the community but the governance sits with Sussex Community NHS Foundation Trust.</p>
Benfield Valley Healthcare hub*	Moderate	<p>Procedures: minor invasive procedures, suture removal and some dressings of potential infectious wounds.</p>

Wellbeing**	Very low	No invasive procedures
MAS	Very low	No invasive procedures

* Benfield Valley Healthcare Hub will cease to be a Here service from June 2021

** The Wellbeing Service transferred to Sussex Partnership NHS Foundation Trust in September 2019

2.2 Policies and Procedures

The Infection Prevention and Control Policy and Procedure is in place to support staff in adopting best practice to protect patients and staff and ensure the organisation puts in place arrangements to support best practice.

The Policy and Procedure were reviewed in October 2020 and ratified in November 2020 to take into account national measures put in place as a result of the pandemic. A review is scheduled in November 2021.

2.3 Incidents and Complaints

Here has both an Incident Policy which includes major incidents and a Complaints Policy. All infection control incidents and near misses are reported through this route and would normally be reviewed at the relevant Clinical Quality Group, including actions required to reduce likelihood of repeat and sharing of learning. All new incidents and complaints are reviewed in weekly team briefings. Incidents and complaints remain open until all learning has been actioned and shared across teams where appropriate through the Patient Safety Group. These meetings look for themes for broader shared learning and possible system improvements. All risks are closed via the appropriate Clinical Quality Group on a monthly or bi-monthly basis and are outlined in individual service quality reports. The Board receive an annual report from each clinical service which includes a summary of all incidents and complaints, which details volumes, grades and themes.

This report provides an overview of incidents and complaints which relate to infection control.

2.3.1 Audit of Incidents and Complaints

The annual audit of incidents and complaints for the following services identified the following types of infection incidents or complaints for the period January – December 2020.

All clinical services have had an infection control risk assessment and measures taken to reduce the risks as described in the Infection Control Policy and Procedures. The residual risk gives an indication of the likelihood of infection control incidents occurring with these measures in place. The COVID-19 Hub presenting the highest infection control risk for the organisation in 2020 due to the nature of the patients presenting to the hub. The MSK service usually presents the highest infection control risk due to the size of the service and nature of the procedures undertaken and the use of sharps (medical devices which can easily penetrate the skin e.g. needles and scalpels).

Incidents

Service	No. of Infection Incidents for the period 1/1/20-31/12/2020	Risk Rating	Details of incident or complaint
MSK	1	Low	Covid outbreak initially started in Brighton at County Oak resulting in closure of MSK clinics. MSK staff were not affected as were not in contact with infected individual. This was the only incident raised of this nature during the pandemic on account of it being the first to impact services.
Primary Care Redirection	4	Moderate	Fracture clinic being used during day as green zone but not operating the same as Primary Care with total clinical triage. No clear cleaning requirements specified between clinics and not clear what BSUH had in place
		Moderate	No PPE available for go live for PCR
		Moderate	No Aprons available at Fracture Clinic for start of shift
		High	PCR GP reported that when they went to use containment room at Fracture Clinic it had obviously not been cleaned after the last patient was seen
Wellbeing	n/a	Very low	n/a
MAS	n/a	Very low	n/a
BVHH	n/a	Very low	n/a
COVID-19 Hub	1	Low	Laundry company who cleans the scrubs for the Withdean Hot Hub had collected the dirty scrubs and dropped off the clean scrubs in the morning and left the site. At 6pm the site manager was leaving the site and found the two bags of dirty scrubs at the entrance of the car park to the hot hub on the grass. The site manager took them back to office and locked up again. The bag were still tied and unopened.
EHS (Brighton & Hove)	2	Low	Patient made allegation on Facebook that IAS Nurse was not wearing a face mask during blood test appointment.
		Low	PPE aprons discovered to be faulty - ties missing and snapping.

All of the incidents outlined above have been managed and mitigations put in place to ensure that they do not happen again. All incidents identified have low to very low residual risk.

Complaints

During 2020 there were no complaints relating to infection control.

2.4 Training

All clinical staff are required to undertake annual infection control training, which is nationally approved and designed for community based health setting.

Non Clinical staff who regularly work in health care settings are also required to undertake infection control training. This training is on-line and is provided by Skills for Health.

At the start of a clinician's employment or contract a Governance Assurance form is completed by the relevant services Clinical Director and evidence of statutory and mandatory training already undertaken is gathered. The training policy dictates that at the time of new recruitment or contract start, evidence of training having been undertaken must not be more than 12 months old. This applies to all Clinical staff, regardless of their employment/contract status.

Training data is monitored on a monthly (middle management) and quarterly (Board) basis to ensure we maintain our target of 85% of all appropriate staff trained at any one time.

During the course of the last year, all services were required to respond to the pandemic by changing the way in which clinical services were delivered. This affected some services more than others and in some instances face to face services were significantly restricted for a temporary period of time to reduce the risk of COVID-19 transmission. Clinical and admin staff were also redeployed during this time which impacted most services. Adherence to mandatory training levels across the board did reduce during the initial pandemic period but emphasis was placed on completion of infection control for obvious reasons. For the purpose of this report January 2021 was used as the audit month. In this month only 50% of clinical staff were up to date with infection control training. This was acted upon swiftly and we saw a month on month increase in this figure reaching 88% by June 2021.

In this same month 81% of non clinical staff had undertaken infection control training and this had raised to 88% by April 2021.

Recommendation:

Training rates show some natural variation across months, however the current audit demonstrated training rates which were well below our target level. We recorded a similar (albeit a bit better) position last year and whilst we accept that COVID-19 took central focus for the majority of 2020, there are absolutely no excuses for infection control training to lag so far below our agreed target threshold. Actions are underway in all services to ensure all those staff out of date complete their training in a timely way and understand their responsibilities towards achieving compliance. Individuals are reminded via email to complete their training when this is due for renewal and training level data is shared at Patient Safety Group, Middles and Enabling Team meetings, and is included on Quasar reporting. The recommendation is that each monthly Quasar report includes a section on infection

control training rates with each service identifying the recovery plan in place where this falls short of the threshold.

2.5 Audits

Clinical, including any infection control audits are carried out on regular basis (weekly, monthly, bi-monthly, quarterly, 6-monthly and annually depending on the type of audit) by clinicians within the service. Audits include the review of clinical notes and outcomes. Any issues identified are discussed by the Clinical Quality Group (CQG) who meet monthly, who will then agree further actions or process changes.

Here has in place an Audit Matrix which lists all audits that each clinical service is required to undertake on a regular basis. The Audit Matrix is monitored regularly by each service manager to ensure audits are undertaken as required.

During the 2020 period infection control audit was fully incorporated into the site assurance process reported on below.

Surveys

All patients are offered a patient survey and their feedback is used to further develop the particular service they used. Surveys include questions about cleanliness of the environment and patients are encouraged to provide general feedback about the service via the survey.

As with audits, survey results are taken to various meetings including both internal Here and CQG meetings for review and discussion. Over the course of 2020, these surveys were ceased as the majority of services limited the number of patients seen on site. During the course of the year, the MSK service took the time to review the patient survey and have reduced the questions asked to 3 open questions which allow the patient to raise any concern or provide feedback as necessary which may include feedback regarding the environment.

2.6 Consent

Consent is gained for all invasive procedures which include providing patients with the risk of infection due to having the procedure.

Here has Consent for Examination or Treatment Policy which all clinicians are required to read, understand and comply with. This policy is regularly reviewed to ensure its stays compliant with relevant legislation.

Integrated Governance Frameworks and SLAs give clear clinician responsibility about joint informed decision making, risks and benefits of interventions with patients and patient consent for those patients undergoing minor procedures. These are also regularly reviewed. All clinicians are trained on consent as part of their professional codes of practice.

Where appropriate, services have a consent form which clinicians are required to complete, and patients to sign, prior to the procedure being carried out. Further, an electronic note of consent is documented on the patients file and subsequently the consent form, is scanned onto the patients electronic file on SystemOne.

Furthermore, the consent process for invasive procedures such as steroid injections has been amended based on national guidance to include advice in relation to offering steroid injections alongside COVID-19 vaccinations.

2.7 Site Assurance

Annual site assurance visits are undertaken by the relevant ICM or Service Manager at sites delivering our services. Here has a tailored approach which it uses dependent upon the activity the sites are used for. Infection control is a key element of the site assurance and is proportionate to the infection control residual risk of the service(s) that are delivered from any site.

If required, following annual site visits, an action plan is developed and agreed with the site. This is reviewed three months after the annual visit by the appropriate Service Manager or ICM.

Again, Here has in place a Site Assurance Matrix which lists all sites that Here uses for the delivery of its services. The Site Assurance Matrix is monitored regularly through the CQI process to ensure visits and actions plans are actioned. Infection control at each site has been reinforced by the use of posters and visual cues to ensure compliance.

Site risk assessments have been carried out across all clinical and non-clinical sites. The most recent risk assessment is attached to this report.

2.8 Leaflets

Condition-specific patient information leaflets are given to patients during their appointments for different treatments or procedures and minor operations where appropriate. These leaflets detail the advantages and disadvantages to the treatment and make it clear to the patient any risks and benefits regarding the treatment or procedure including any risk of infection. All leaflets are kept up to date and regularly reviewed to ensure they align with national guidance and stay compliant with relevant legislation.

2.9 Medical Devices Matrix

Here has a Medical Devices Matrix which lists all devices used within each service. The matrix clearly details who owns/is responsible for the device and therefore responsible for maintenance and cleaning or decontamination in order to control the risk of infection. The matrix also lists all single use medical devices used by the service so that any relevant alerts related to such equipment can be addressed promptly.

The medical devices policy was reviewed and ratified in 2020.

3 Key Findings and Recommendations

3.1 Review of Objectives for previous period

Objective	Update
Maintain a minimum of 85% compliance of required training at all times.	This is monitored monthly by HR and individual staff are reminded by email when their training is due for renewal. During the course of 2020 the average compliance met 83.5%.

3.2 Findings and Recommendations from this report

The annual infection control review in January 2021 identified that whilst it has been a very challenging year, we did not always meet our infection control training compliance target of 85% despite reminders to the teams and individually. We are aware that all services have been under significant pressure not only to continue to provide much needed, safe services but also to support the response to COVID-19 through reemploying staff. Here wide and specific service weekly communications have focussed on infection control to ensure that the key messages are communicated in a timely way.

There have been no incidents of harm caused to patients or staff as a result of infection control. At this point in time the measures in place were robust in minimising and responding to infection control risks.

Reducing the transmission of COVID-19 remains a key priority for Here and it should be noted also that due to the procedures put in place, Here have not experienced any impact to the delivery of services as a result.

The following recommendations for board agreement are sought:

- The board is asked to approve the annual review and for it to be published on the Here website in conjunction with the up to date Covid secure risk assessment