



**Infection Prevention & Control
Annual Report – 2023-2024**

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Executive Summary

This has been another unprecedented year in healthcare as we move out of the coronavirus pandemic towards business as usual having a huge impact across the Charity.

The Charity commencing the 'Thrive' programme led to the restructure within our divisions, and the restructure of the IPC team and developing new ways of working.

This year the Infection Prevention and Control Annual Report continues to follow the format of the Health & Social Care Act 2008 (updated 2015) to demonstrate our progress with the requirements associated with the criteria of the Act.

The report demonstrates that St Andrew's Healthcare, assisted by the IPC service, continued to make substantial progress throughout the year in providing assurances to the Board.



Ash Roychowdhury, DIPC

Priorities for 2023/2024 were -

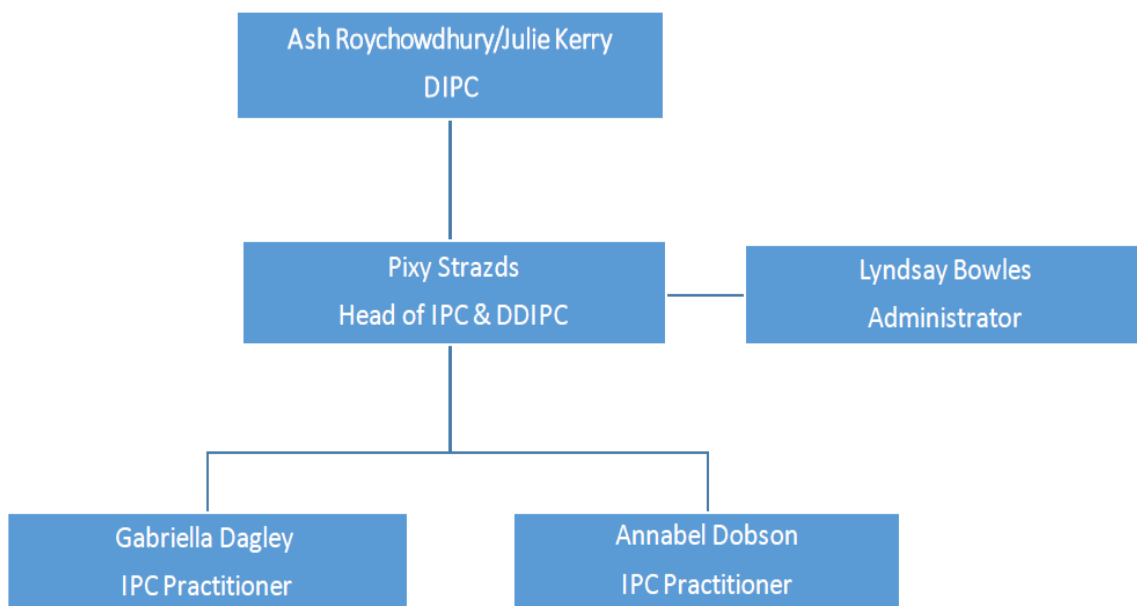
- ❖ Auditing – Developing audits on the Infection Control Audit Technology (ICAT) system for use across the charity
- ❖ Continue working with Quality Matrons and ward-based staff
- ❖ Maintaining relations with external stakeholders - ICB, IMPACT, UKHSA, NHS England.
- ❖ Developing a robust surveillance system – Working with IT department to provide systems in RIO and EPMA

Updates have been given on progress of these priorities throughout this report.

Introduction

St Andrew's Healthcare recognises the obligation placed upon it by the Health & Social Care Act 2008 (updated 2015). The IPC team underwent a restructure within the Thrive program, this is reflected in the organisational structure below.

The IPC team are now supported by the Divisional Quality Matrons.



This annual report seeks to assure the Charity Executive Committee (CEC) and Board of Trustees of the progress made to ensure compliance with the Health & Social Care Act 2008 (updated 2015).

This report will also identify key priorities for 2024/2025 to continue improvements identified in the Annual Work Plan and provide the Charity with a Board Assurance Framework.

This Annual Report fulfils the legal requirements of section 1.1 and 1.3 of the Health & Social Care Act 2008 (updated 2015) and complies with the Care Quality Commission (CQC) Code of Practice.

- 1. Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them**

This year we have continued to work with the IPC Champions on a range of topics pertinent to St Andrew's including; correct clinical waste disposal and the use of the waste stream matrix, hand hygiene including the use of aseptic non-touch technique, and diarrhoea and vomiting including associated infections, infection control precautions and sampling. These sessions are linked to the NHSE Education framework developed to increase the skills of staff on our wards, promoting safe and effective practices within our care environments (NHS England, 2023).



IPC Champions during the diarrhoea & vomiting session June 2023

'The session I attended on diarrhoea was very informative and helpful given the environment which we work. The session was interactive and engaging given the structure of the session with the quiz and the visual aids you had. It brought lots of positive discussions. Particularly helpful in reminding us of the need for specific hand hygiene relating to this topic as it does not follow the norm of hand gel in regard to the effectiveness of irradiating the spread. Also the discussion on clozapine and bowel movement was very important. Thank you again for the positive session that was delivered'

1. Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them

The team introduced the Infection Control Audit Technology (ICAT) system to the charity replacing all previous paper and intranet versions of our audits. The system allows improved accessibility and visibility for more users allowing additional opportunity for ward compliance. The platform is easy to navigate and ensures IPC audit information is collated and available for appropriate action as required. We have worked with the developer to ensure that the audits provided are not only appropriate to the charity's needs but are also compliant with all relevant standards and legislation. Throughout the month of August, the team completed flash training sessions across the charity to teach staff how to use the new system. Training was also completed via teams on request, a step-by-step video was made showing staff how to complete the audits, and the team created a file of tools available on our intranet site to assist staff in using ICAT. Training was also completed in collaboration with the software developer who visited the charity and delivered sessions on ICAT to staff.

Example ICAT audit template – Hand Washing

Hand Washing - Preparation
<input type="checkbox"/> Hands and wrists are free from watches and jewellery
<input type="checkbox"/> Nails are short and without nail extensions or varnish
<input type="checkbox"/> Sleeves are short or rolled up during hand washing
<input type="checkbox"/> Cuts are covered with a waterproof dressing
Hand washing - Technique
<input type="checkbox"/> Hands are wet under continuously running water
<input type="checkbox"/> Warm water is used to wash hands
<input type="checkbox"/> Dispensed liquid soap is used and applied to wet hands
<input type="checkbox"/> Hands are rubbed to create a lather
<input type="checkbox"/> Hands are rinsed thoroughly under running water
<input type="checkbox"/> The lather is rubbed over all surfaces of the hands for at least 15 seconds, including the thumbs, between the fingers, fingertips and the wrist
Hand washing - Drying the hands
<input type="checkbox"/> Taps are turned off using wrist/elbow levers or using a clean paper towel
<input type="checkbox"/> Hands are dried using paper towels :

2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections



AquaTeck

The AquaTeck system produces a powerful, non-toxic and COSHH-free multipurpose cleaner and sanitiser, the in-situ system can produce 4 litres of Hypochlorous acid (HOCl) per minute at £0.02 per litre.

Following collaboration between IPC and Estates a successful initial trial was undertaken at the Essex site and AquaTeck technology was installed to provide HOCl on-tap as an alternative to chlorine based products. The AquaTeck cleaning system is being rolled out across all sites to provide St Andrew's with a safer, economical and more sustainable cleaning solution.

The IPC team continue to work closely with Estates and Facilities (E&F) and Pixy Strazds (DDIPC) sits on E&F Compliance and Priorities meetings.

The IPC team have recently written the Standard Operating Procedures (SOP) for the Built Environment which is awaiting final approval.

2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections



The advertisement for Rediair features a dark blue header with the Rediair logo. Below this is a teal banner with the text "Instant air purification. Clean air where and when you need it". The main body of the ad is white and contains three key features, each with an icon and a brief description. On the right side of the ad is a photograph of the Rediair air purifier unit, which is a tall, white, rectangular device with a blue top and a mesh front panel.

Traps 99.995% of particles
Rediair uses an advanced composite HEPA 14 and carbon filter to trap incredibly small particles.

High clean air delivery rate
Rediair has an exceptionally high clean air delivery rate (CADR) of up to 600m³/h. A single unit provides effective ventilation for rooms up to 120m².

Ultra quiet
Rediair is a powerful air filtration unit with various settings and speeds designed to operate without distraction.

Rediair

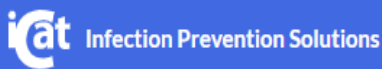
Rediair is an instant air purification device, providing clean air where and when it's needed using dual HEPA 14 and carbon filters to capture particulates, odours and 99.995% of airborne pathogens such as bacterial and viral aerosols.

The IPC team trialled the Rediair devices during the COVID-19 pandemic on several wards which were in outbreak with positive results in providing clean air in poorly ventilated spaces to reduce the risk of spreading infection.

Following the successful trial, 6 Rediair devices were purchased which can be used across all the sites (where risk assessed safe to do so) and have already been used out in practice as an additional measure in containing an outbreak.

3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance

Infection Control Auditing Tool (ICAT) Antimicrobial Stewardship (AMS)



AMS Audit question headings

Section
Drug Allergy
Prompt antimicrobial treatment
Appropriate antimicrobial prescribing
Indication of antimicrobials
Appropriate microbiological testing
Microbiology review
Review of antimicrobials
Antimicrobials prescribed as per local guidance
Intravenous medication reviewed
Duration of antimicrobials



The IPC team have worked with pharmacy colleagues to develop an audit for AMS in our electronic audit platform ICAT. There are 10 categories to audit using the snapshot tool in a co-ordinated effort to promote the optimal use of antimicrobial agents, including drug choice, dosing, route and duration of administration in line with national and local evidence based guidelines and policies.

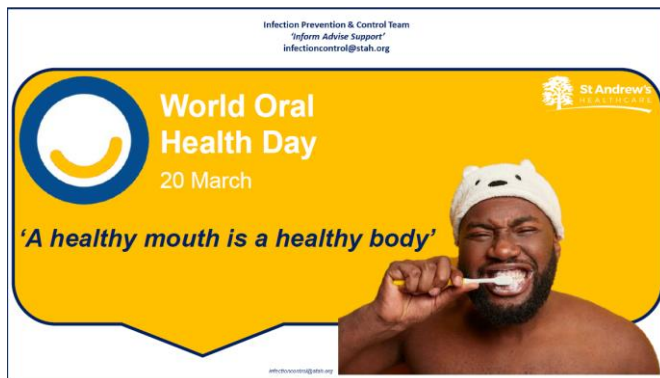
3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance

The IPC team consistently promote AMS and particularly highlight the issue during world antimicrobial awareness week in November with informative posters, leaflets and a quiz Charity wide.



4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/medical care in a timely fashion

A member of the IPC team attends the BENS meetings and discusses IPC issues with patients and service users across the Charity. Throughout 2023/24 the IPC team visited wards to provide health promotion and education to patients and staff. One campaign undertaken supported patients with their oral health to prevent exacerbation of health problems through poor dental care. We have also been focusing on getting the Bare Below Elbow (BBE) message across to frontline staff by providing new posters with clear pictorial messaging which have been placed at the entrance to all wards and in clinical areas.



4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/medical care in a timely fashion

In June, the IPC team introduced the virtual IPC yellow folder, readily available to all staff via the IPC tab on The Hub homepage. The folder includes the latest IPC guidance in easy to understand, clear and practical format.

Whilst collecting the hard copy yellow folders from the wards, the IPC team took the opportunity to replace displayed IPC posters with updated, re-branded versions.



Replacement posters for display on the wards.

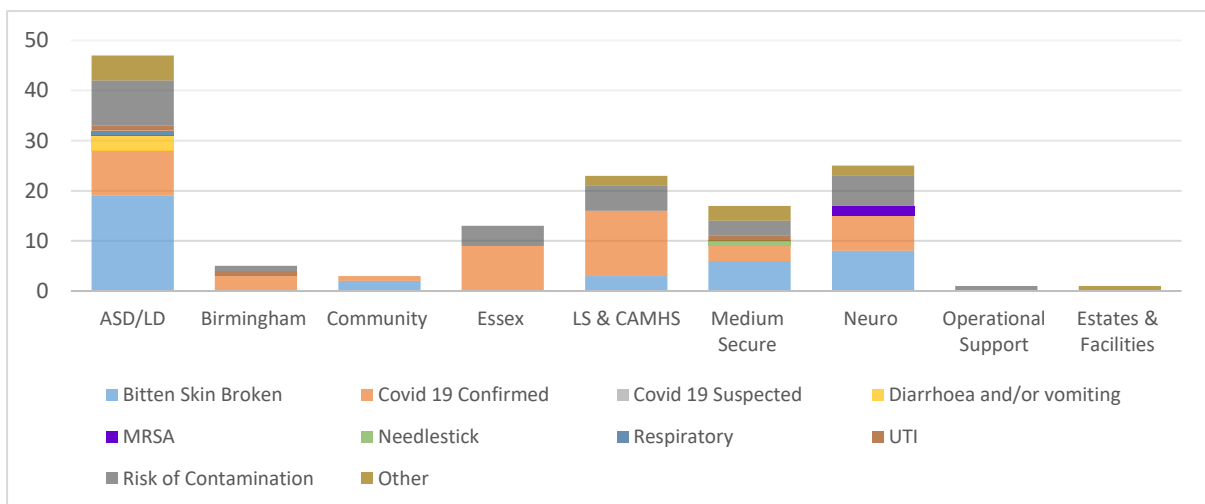
5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people

Overall IPC Datix for St Andrew's April 2023 – March 2024

Type of incident	Number of incidents recorded
Bitten – broken skin	38
COVID-19 confirmed	45
COVID-19 suspected	0
Diarrhoea and/or vomiting	3
Needlestick	1
UTI	3
MRSA	2
Respiratory	1
Risk of contamination	29
Other IPC	14

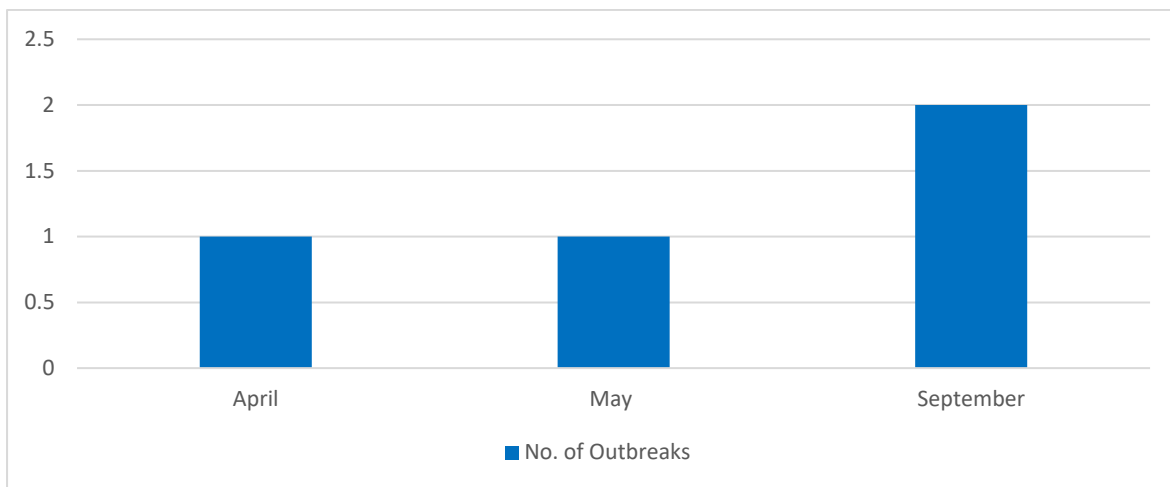
Incidents by Division/Enabling Function April 2023 – March 2024

The chart below shows the incidents recorded by division/enabling function throughout the year.

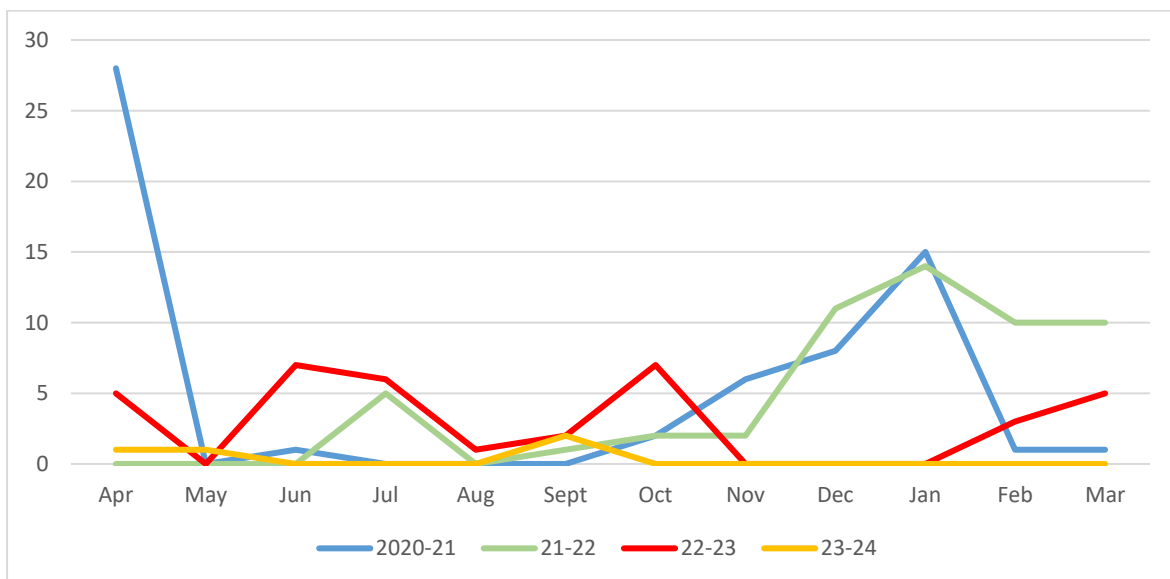


5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people

Number of Covid-19 Outbreaks – April 2023 – March 2024



Number of Covid-19 outbreaks declared by Year



5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people

Moving from Pandemic status to Business as usual

The IPC Team worked with Physical Healthcare colleagues on the procurement of LFTs for flu diagnosis.

Work has been completed within RIO to:

- Update HCAI form for admissions and annual reviews
- IPC referral form
- Forms automated to IPC inbox for notification

- New surveillance reports created within EMIS
- Virtual yellow IPC folder updated on the Hub
- New resources available on the Hub for Quality Matrons

Achievements

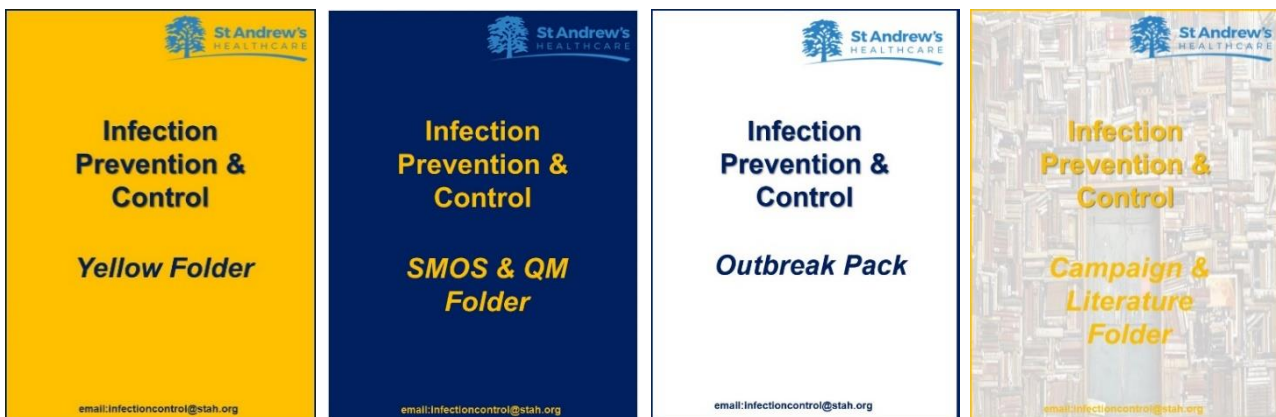
- NHSE support status improved from intense support to enhanced support.

6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection

Training

This year in tandem with continuing the ward champion training programme, Quality matron IPC training was also initiated to ensure that they were aware of IPC legislation in relation not only to their role requirements, but in those supporting their teams across the charity. To better enable the IPC team to deliver the new NHSE IPC Education framework across the charity appropriately one member of the team completed the Level 3 Award in Education and Training (RQF).

This year the team went digital and developed our own intranet site available on The Hub. We established digital resources, removing and updating all previous versions. The digital folders include the 'IPC yellow folder' previously found in hard copy on every ward, which includes a wealth of information from sepsis screening flow charts to mattress cleaning diagrams, as well as an ICAT folder, a folder for Quality Matrons and Senior Managers on Site, a folder designed specifically to be used in the event of an outbreak containing resources created to assist the wards appropriately with the situation, and finally a campaign literature and library folder which contains not only our IPC campaigns but also our new education and training videos.



6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection

The videos were created with the skill and support of our education department and the much appreciated participation of our colleagues. The team recognised that although we were reaching some members of the charity with training sessions, we needed the ability to reach many more, as such we decided to produce 4 'tik-tok' style videos set to music. Each video lasts no longer than 3 minutes, and doesn't involve talking, just brief captions to increase inclusivity. We included the 4 biggest IPC issues within the charity, hand hygiene, waste, PPE, and the mattress audit to ensure we were able to address these issues with a wider audience.

Please click on the link below to watch the hand washing video.



7. Provide or secure adequate isolation facilities

The IPC team continue to advise on isolation requirements for all infections, in addition to the changing requirements of COVID-19. In January we were able to alert our Physical Health and medical teams to the initial resurgence of measles developing in England due to our UKHSA Stakeholder links, which in turn allowed us and our teams to not only be aware of any possible cases but be prepared in terms of isolation and treatment.




Think measles!

Vaccination rates have fallen, and cases of measles are increasing in England.
Any patient with fever and a rash is potentially infectious and should be directed to a side room on arrival.

Isolate anyone presenting with a rash and fever straight away



- measles starts with a 2 to 4 day "prodromal" phase before the rash appears, with coryza, cough, conjunctivitis and a fever
- fever typically increases, to peak around rash onset



- rash generally starts behind the ears, spreads to the face and then expands onto the trunk and can become generalised. The rash is red, blotchy, maculopapular (not itchy) and lasts around 3 to 7 days



- the rash is more difficult to spot on dark skin (see images 3, 4 and 5)
- Koplik spots may appear around the time of the rash and last for 2 to 3 days so can easily be missed. They are small white or bluish/white lesions on the buccal mucosa. They can be confused with other lesions in the mouth and so their suspected presence is an unreliable marker of measles



- the infectious period spans 8 days i.e. cases are infectious from 4 days before rash onset and for 4 full days after



- several other common rash illnesses have similar presentations (especially in young children) e.g. roseola, parvovirus infection and scarlet fever, and so identification on clinical features alone may be unreliable



If you suspect measles call your local UKHSA Health Protection Team (HPT) to notify and conduct a risk assessment

- if the patient is calling, advise them to seek medical advice from their GP over the phone or NHS 111, if this is appropriate
- if an in-person review is needed, reception staff should be alerted. The patient should be directed to a side room on arrival
- report to local HPT urgently by phone to facilitate prompt risk assessment and public health action for vulnerable contacts (**under 1 year olds, pregnant, immunocompromised**). HPT contact details can be found here www.gov.uk/health-protection-team
- check for epidemiological factors that increase likelihood of measles:
 - unimmunised status
 - recent exposure to someone with rash/illness
 - recent travel
 - occupation e.g. healthcare worker, nursery worker
- exclude from nursery/educational setting/work until full 4 days after onset of rash

Check all your staff are fully vaccinated

For patients:

- routinely check vaccination history of patients
- offer vaccine if not fully protected
 - children should receive 2 doses of MMR, the first at 12 months of age and the second at pre-school (3 years and 4 months)
 - there is no upper age limit for receiving MMR vaccines

For staff:

- staff should have documented evidence of two doses of the MMR vaccine or have positive antibody tests for measles and rubella



[Image 1] Conjunctivitis from www.nhs.uk/conditions/conjunctivitis. [Image 2] Koplik spots from www.nhs.uk/conditions/measles. [Image 3] Measles rash from www.nhs.uk/conditions/measles. [Image 4] Measles rash on dark skin from www.nhs.uk/conditions/measles-support-to-government-eligible-measles-subtle-outbreak-notified. [Image 5] Measles rash on dark skin. [Image 6] Measles rash on trunk.
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8. Secure adequate access to laboratory support as appropriate

Laboratory support for St Andrew's is provided by the local acute NHS hospitals in the respective area. The hospitals used are Northampton General Hospital (NGH), Birmingham – Queen Elizabeth (QE), and Essex – Mid & South Essex Hospital. The Infection Control Lead liaises with them to discuss microbiological sample results and antibiotic sensitivities.

The Charity no longer receives support from the Consultant Microbiologist from NGH. This has been escalated via appropriate structures.

9. Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections

This has been another challenging year for us as we move out of pandemic status and move towards business as usual. The IPC team have kept open communications with UKHSA and NHSE to ensure the Charity is working to the latest guidance.

The IPC team have worked with the Communications team to ensure all the latest information is available on The Hub.

The IPC team continued to review all the Policies and Procedures this year, cross referencing against NICE Quality Statements, current Clinical Evidence and Systematic Reviews to ensure these reflect best practice. This has included the first major review and update of Norovirus infection, of which Pixy Strazds our DDIPC, was part of the review national working party.

The IPC team have introduced and reviewed the following policies:

- Infection Prevention and Control Policy
- MRSA Procedure
- Blood Borne Virus Procedure
- Mattress Procedure (live April 2024)
- Built Environment Procedure (due to be live June 2024)

The IPC team await further chapters of the National IPC Manual from NHSE in 2024/25.

10. Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection

From October to December, Occupational Health held drop in clinics across the charity for flu and Covid-19 vaccinations.

The MMR vaccination is available to staff via Occupational Health.

Achievements 2023/2024

Some of the achievements by the IPC team during the year.



Priorities and Future Developments for 2024/2025

Objectives for 2024/25

- ❖ The completion of IPC dashboard in the BI portal
- ❖ Any outstanding objectives from 2023/24 are incorporated into the IPC work plan for 2024/25.
- ❖ Continued work with NHSE and other external stakeholders to continue improving on our journey of providing high quality assurance.