

# **Infection Prevention & Control**

## **Annual Report 2024-2025**

***Inform ~ Advise ~ Support***

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## Executive Summary

2024/25 has been another busy year within Infection Prevention and Control, both nationally, and within the charity. As the world continues to move to business-as-usual monitoring, after the significant impact of the coronavirus pandemic, the charity has continued to work towards our objectives of improved monitoring and surveillance, and an embedded IPC strategy across all our areas of care.

The appointment of a Director of Nursing has seen the IPC responsibility move into the nursing domain, as the team continue to develop new ways of working, and to make substantial progress throughout the year in providing assurances to the Board.

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 and provides a comprehensive overview of IPC activities at St Andrew's Healthcare during the period of April 2024 to March 2025.

Priorities for 2024/25 were:

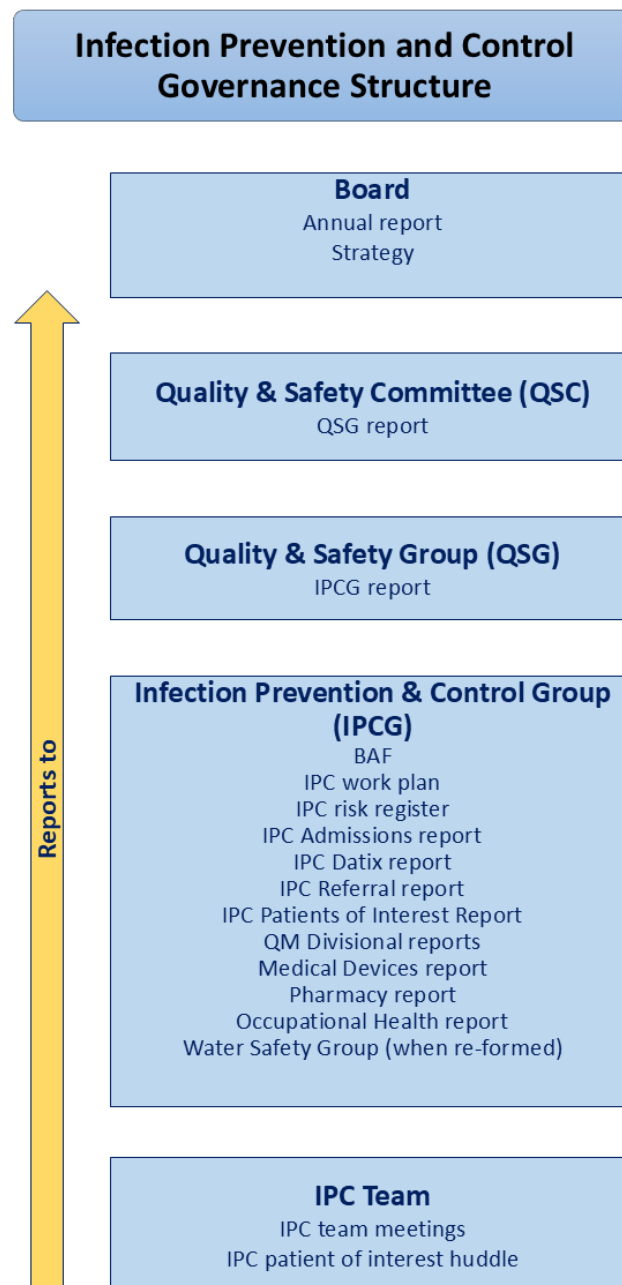
- The completion of IPC dashboard in the BI portal
- Any outstanding objectives from 2023/24 are incorporated into the IPC work plan for 2024/25.
- Continued work with NHSE and other external stakeholders to continue improving on our journey of providing high quality assurance.

Updates on these priorities are provided within the report.

Cat Vichare  
DIPC

## Introduction

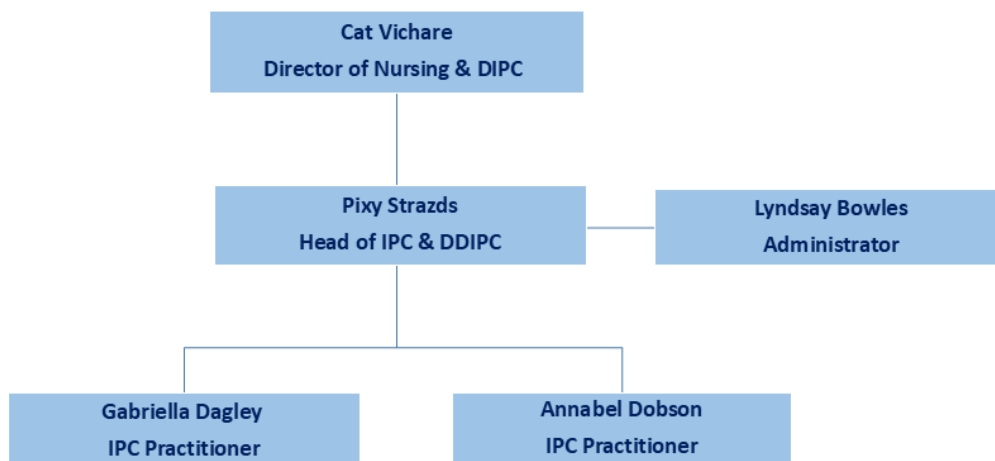
St Andrew's Healthcare recognises the obligation placed upon it by the Health & Social Care Act 2008 (updated 2015).



## Introduction

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 2025/2026 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

## Surveillance

This year, the team have focused their efforts on revitalising and reformatting the multitude of surveillance techniques used to manage and monitor the prevention and control of infection within the charity. This has led to close working partnerships with both IT and our clinical teams to ensure that these systems allow the IPC and the charity, to have better access to supporting information around the susceptibility and risk the environment poses to service users.

## Patients of Interest huddle

The team have re-centred our 'Patients of Interest' list from what was a static IPC central list of patients and their related issues into the 'Patients of Interest Huddle'. The huddle has a prescribed triaging key known as the 'Points Based Score' system. Using this scoring system during the huddle, the team ensures all patients with any IPC concerns are discussed. This allows the team a continual, flexible, and evolving overview of patients' individual requirements and the charity's ongoing needs.

### IPCG Patients of Interest Report To March 2025

The IPC team receives information from various sources, these are triaged and discussed at the weekly IPC Risk Huddle.

All advice is entered in RIO progress notes under the title Infection Prevention and Control. All general enquiries are followed up in an email to the relevant people, including Ward Manager and Quality Matrons and MDT.

The data below shows total number of patients of interest reviewed, reporting source and themes.

Chart 1 – Total closed and open



Chart 2 – Month on month open/closed



Chart 3 – Reporting source

Reporting Source

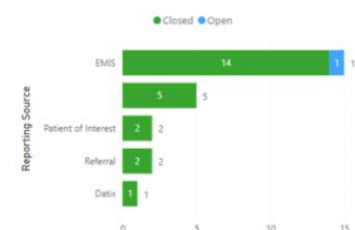


Chart 4 – Themes

Themes





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

### Points Based Score system (PBS) Key

(1=lower risk 3=higher risk)

<b>Antibiotics – A</b>	<b>1-3 Topical/oral/IV</b>
<b>Bacterial Infection - BI</b>	<b>1-3 inflammatory markers – how many systems are involved and severity</b>
<b>Chronic condition - C</b>	<b>1-3 Number of/Severity</b>
<b>Discharged - D</b>	<b>1-3 Status/NEWS2 score</b>
<b>Extrinsic factors - E</b>	<b>1-3 Area/Non-completion</b>
<b>Fungal Infection - FI</b>	<b>1-3 inflammatory markers – how many systems are involved and severity</b>
<b>Gastro Infection - GI</b>	<b>1-3 inflammatory markers – how many systems are involved and severity</b>
<b>Indwelling device - I</b>	<b>1-3 Type/Area</b>
<b>Pressure Ulcer - P</b>	<b>1- 3 Severity/Risk</b>
<b>Viral Infection - VI</b>	<b>1-3 inflammatory markers – how many systems are involved and severity</b>

Risk source uses coding to add a simplified patient score, as an example we have added patient 000000000 in March.

<b>Date</b>	<b>Patient No:</b>	<b>Patient Initials:</b>	<b>Ward</b>	<b>Risk Source</b>	<b>Score</b>	<b>Remark</b>
01/03/2025	000000000	AA	No Ward	A2, B1, C2, D0, E0, F10, G10, I0, P0, V2	7	Pt off legs

A patient scoring 6 and above would be reviewed at the 'IPC Risk Huddle' by 2 or more IPC Practitioners. According to the patients' PBS the team would have discussed them via referral and would have moved on to reviewing and rating the patient for possible MDT involvement, this may include colleagues in the PHCT, Pharmacy, Medics, Speech and Language. The further 'Remark' added of Pt off legs is an extra risk that was not previously an issue for the Pt who was independently mobile and should be discussed.

# 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

## Referral process

The IPC referral process has been streamlined to assist staff in contacting the team. Having recognised that many of our forms were not being utilised we have opted for a single point of contact. The IPC-SBAR form (Situation, Background, Assessment, Recommendation). This form has been designed to prompt staff with some pre-populated questions and has ensured that not only have the IPC team received more patient referrals from all divisions around the charity, but, we have been able to create greater and more robust surveillance systems, with their continued use yielding more changes yet to come.

The screenshot shows a web-based form titled "Physical Care Assessments - IPC SBAR Referral Form". The form is divided into several sections for data entry:

- Client:** A text field for the client's name.
- When did the problem start:** A date and time picker.
- I am contacting you because:** A large text area for the situation.
- Symptoms:** A large text area for background information.
- Referral made to/seen by PHCT:** A radio button selection with options: Yes, No, Other.
- WISQM/Modex informed/assessed:** A radio button selection with options: Yes, No, Other.
- NEWS2 completed (think SEP/SIS):** A radio button selection with options: Yes, No, Other.
- Actions/Interventions so far:** A large text area for assessment and recommendations.
- Recommendation and/or action taken:** A large text area for the final recommendation.
- Date completed:** A date and time picker.

At the bottom of the form, there are three buttons: "Save", "Clear", and "Cancel". A red line separates the user input section from the recommendation section, with the text "DO NOT ENTER BELOW THIS LINE - FOR IPC STAFF ONLY" written below it.

## Process maps for IPC team work

During this period, the team have created process maps for IPC team work. These maps ensure that all aspects of team function and operation have been appropriately planned and organised. This has ensured that different aspects of team roles can be allocated applicably and scheduled in advance. The maps also assist in ensuring that team work remains consistent, and that processes can be reviewed and updated in a timely and objective way.



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

## Infection Prevention & Control 'Assist Me' Series Infection Prevention & Control Campaigns



### The IPC team design, produce & disseminate relevant campaigns across the charity every 4 months

- Within Teams in the IPC team General > go to the folder labelled 'Campaign templates' open the folder
- Within the folder you will find templates for all our current IPC campaigns; AMR, Oral, Hydration & Skin & Respiratory Health



### The campaigns are designed with our unique IPC team template

- The campaigns are designed to be easily altered should information or dates require changing
- The campaigns generally include 3 pieces of work; leaflet, poster & staff handout



### Eight weeks prior to the campaigns commencement ensure that diary commitments have been added for the team

- You will need to allow 22.5 hours approximately to research and design the campaign material
- You will then be required to print, fold leaflets, laminate posters & bag the campaign materials this will take approximately 14 hours



### Alongside the campaign the team provide 'goodies'

- Depending on the campaign, the team will attempt to provide a relevant item to ensure engagement around the charity for staff/patients
- Previously we have provided bamboo toothbrushes, ice poles, hand cream & hand sanitizer, this is also why we ensure we begin preparations for campaigns well in advance as ensuring provision & delivery of items for campaigns can be a lengthy process, liaise with the team administrator for purchasing assistance



### The campaign also includes a staff-handout which relates to learning on SAP

- The IPC team can use this to impress on staff throughout the charity how they can improve their skills through learning on SAP
- These modules have been chosen as they relate to the campaigns in some way, and will support both staff & the patients in their care, it also supports our colleagues in teams such as Physical Health & Dietetics, they should be contacted prior to the campaign beginning and sent the materials for both awareness & to ensure they are in agreement with the information we are using



### During campaign week the whole team visit each ward, unit & house, including areas such as Tompkins

- Explain the campaign, discuss how it can be used in community meetings, stress the positives of the staff handout, give out the 'goodies'
- During a campaign remember we are spreading a positive message, we want staff to engage – if you notice staff are not BBE please take this up with their line manager or QM rather than damage the positive work of the campaign **'we are the fire brigade not the police'**

It takes the entire team approximately 37.5 hours to visit all areas during a campaign

Infection Prevention & Control  
Inform ~ Advise ~ Support  
[infectioncontrol@stah.org](mailto:infectioncontrol@stah.org)  
V1.1 October 2024

**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**

## **ICAT Audits**

### **Monthly snapshot audits**

Snapshot audits are completed monthly by the ward staff, via the ICAT audit platform, available on the ward tablets and laptops. The audits cover -

- ❖ Handwashing
- ❖ Waste Management
- ❖ Sharps
- ❖ Patient Equipment
- ❖ Mattress Inspection

### **Annual audit completions**

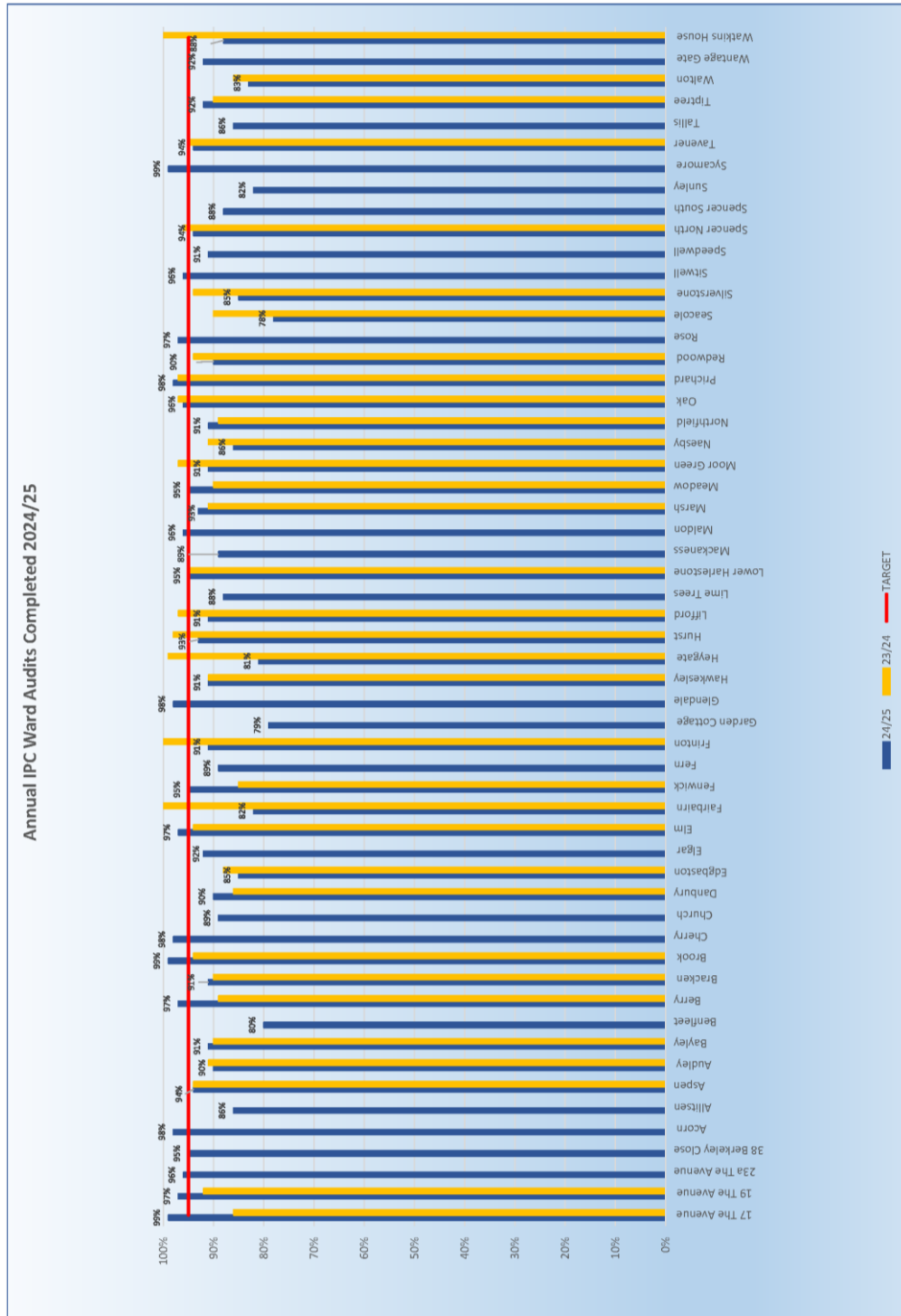
This year, the charity concluded 56 of 63 Annual IPC audits that were due for completion. This marks the first year the charity has fulfilled its programme of Annual audits in this way, with teams other than IPC completing the audits. The IPC team have continued to provide a support and oversight function in relation to the audits.

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

Below is a chart showing the annual IPC ward audits completed for 2024/2025 (56).

All Quality Matrons were allocated audits for completion by 31<sup>st</sup> March 2025.

The minimum score to pass the annual IPC ward audit is 95%.



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

The IPC team continues to work closely with Estates and Facilities (E&F), and Pixy Strazds (DDIPC) sits on the E&F Compliance meeting.

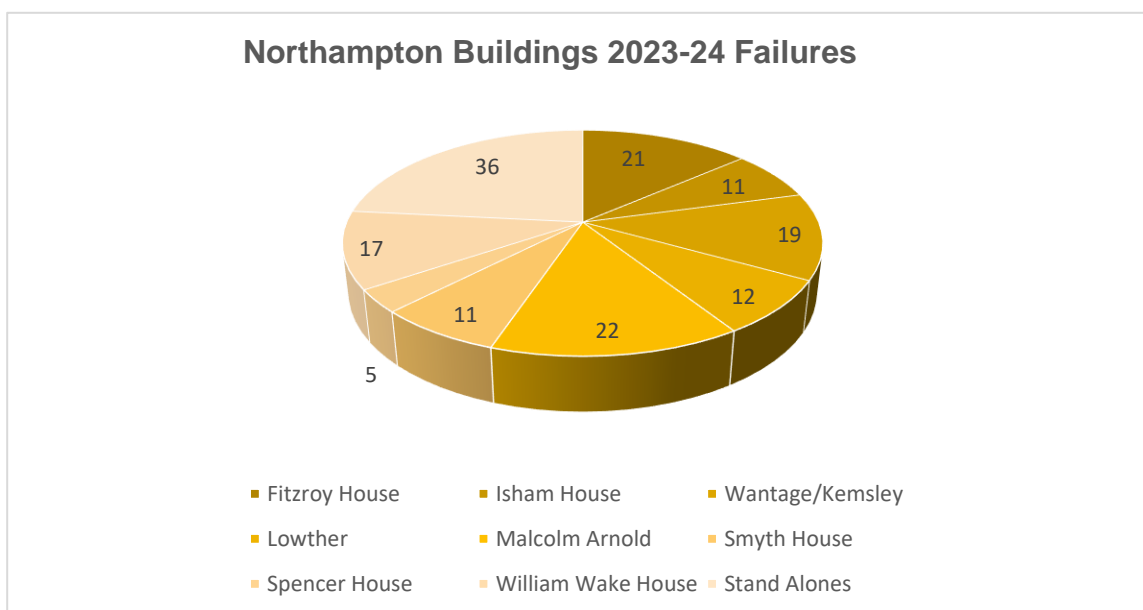
The IPC team have worked with Estates and Facilities team and GreenTeck to introduce AquaTeck SC-100 Hypochlorous Acid (HOCL) for environmental cleaning. This is an innovative safe and sustainable cleaning product, which enables the removal of multiple cleaning chemicals from use within the charity.

Estates and Facilities have introduced a dedicated 'deep clean' team that will work to a programme of deep cleaning the estate and also respond to additional cleaning requirements, including outbreaks. The IPC team has developed a supplemental training package to support the housekeeping and deep clean teams.

The IPC team has access to the Ambinet Auditor system used by the housekeeping team and review all cleaning audits. The team have completed a thematic review of all audit failures, and the report shared at IPCG and QSG.

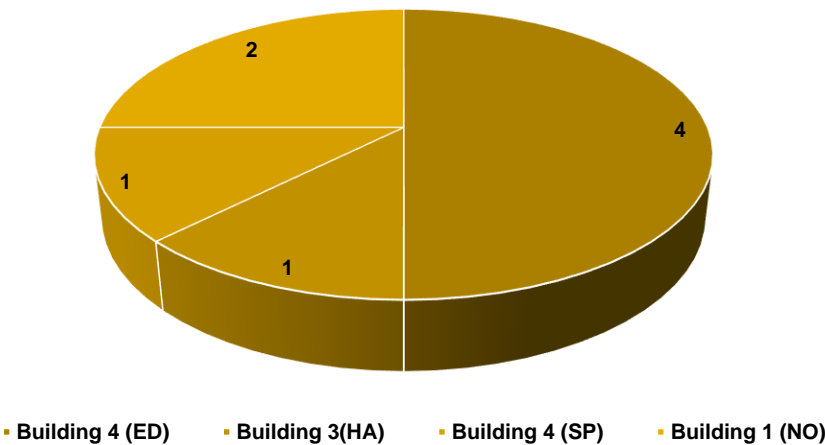
The report compared audit failures with the age of the buildings and seasonal influences. The estate varies in age from buildings built in 1847 to 2016.

The charts below show audit failures per building 2023-24.

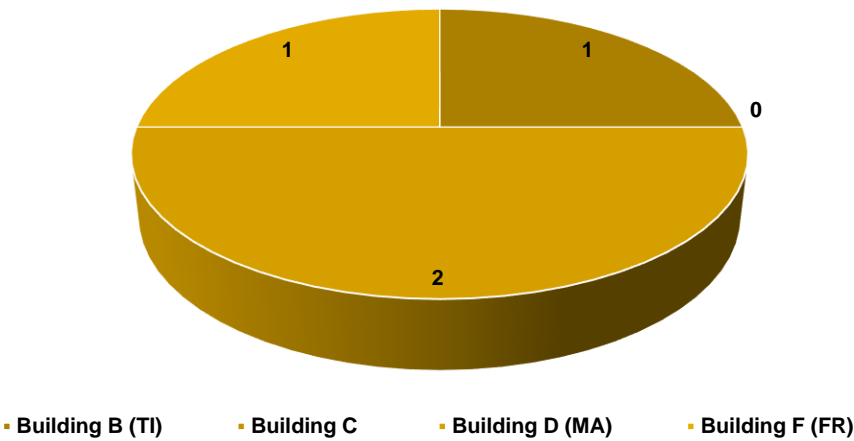


2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections

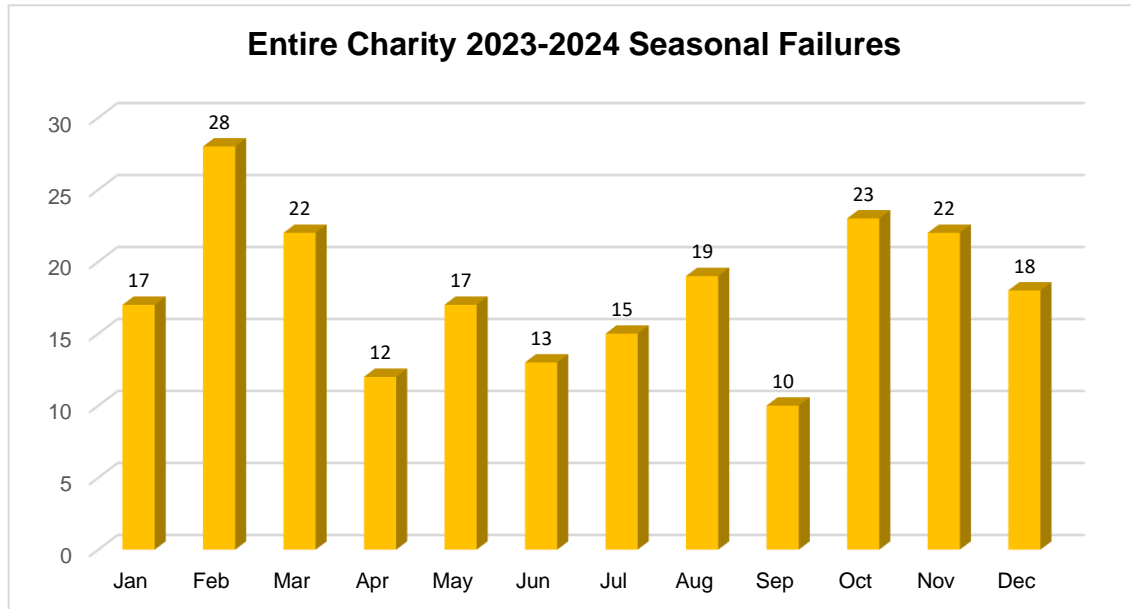
Birmingham Buildings 2023-2024 Failures



Essex Buildings 2023-2024 Failures



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

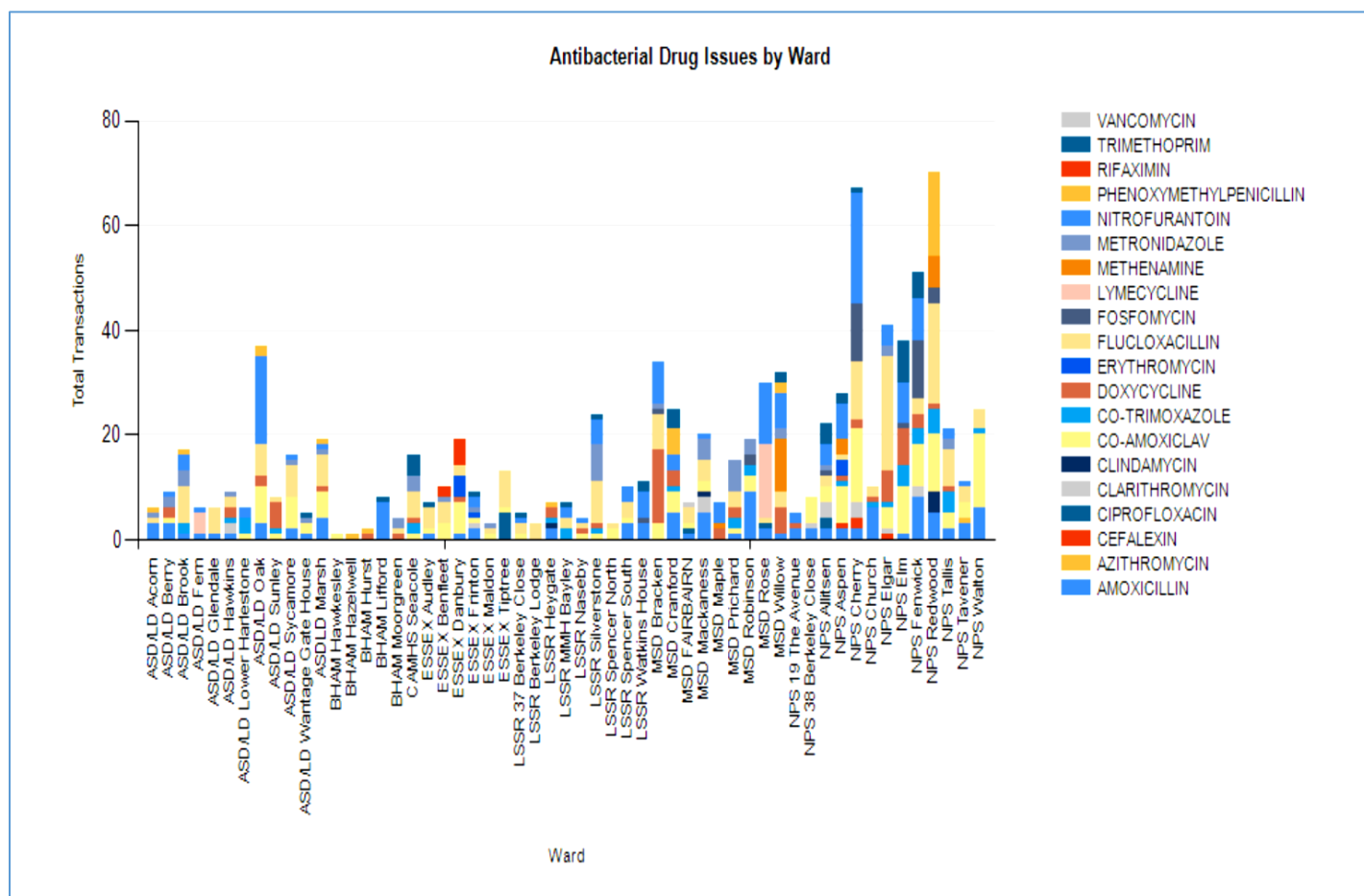




### 3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance

A member of the IPC team attends the Medicines Management Operational Group (MMOG), which provides the strategic leadership and communications function for medicines across the charity. It is responsible for ensuring that the safe, effective and value-based use of medicines are part of routine practice. MMOG also provides a second layer of assurance that there is evidence of adequate design, control, assurance and improvement in relation to medicines. Part of the IPC role is antimicrobial stewardship (AMS) by a coordinated effort to improve the responsible use of antibiotic medicines with the aim of minimising the development of antimicrobial resistance (AMR).

#### Antibiotics Issued April 2024-March 2025

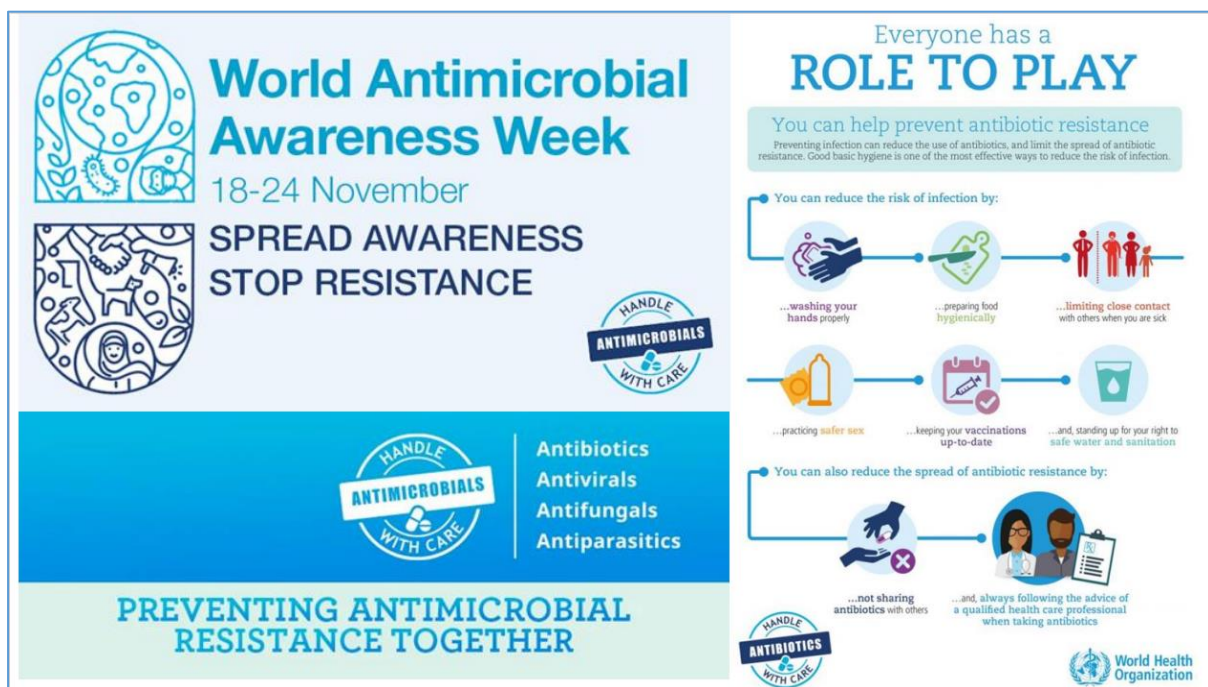


### 3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance

Pharmacy data reports the highest number of antibiotic issues were in Neuro division on Redwood, Cherry and Fenwick wards. The most common antibiotics being used in terms of number of doses are as follows:

- 1. Co Amoxiclav
- 2. Flucloxacillin
- 3. Amoxicillin
- 4. Fosfomycin
- 5. Nitrofurantoin
- 6. Trimethoprim

As part of antimicrobial stewardship to optimise patient outcomes and reduce the risk of adverse events, the IPC team deliver an annual AMR campaign across the charity to coincide with *World Antimicrobial Awareness Week*. The team visit all the wards to engage with patients and staff providing leaflets and posters which highlight the importance of antimicrobials only being used when clinically indicated and for the appropriate duration.



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

To confront AMR the UK Government has produced a new 5-year national action plan 'Confronting antimicrobial resistance 2024 to 2029' with a principle theme being infection prevention and control and infection management. This outcome aims to reduce exposure to antimicrobials through a whole-systems approach to infection prevention and control, improved diagnostics and treatment with strengthened surveillance to track the spread of resistant microorganisms.

As part of antimicrobial stewardship an IPC Antimicrobial Comparison Report (2024) was produced attempting to surveil antibacterial drug use within the charity. However, the results were limited by a lack of available quality data, hampered by software processes preventing duplicating of reports and not all measures being recorded.

The conclusion of the review stated it is paramount that the charity provide the appropriate resources in relation to information technology so that Pharmacy, Physical Health and Infection Prevention teams can receive the appropriate data around antimicrobial prescribing for both our staff and patients, ensuring we can not only advise the charity but continue with our surveillance and campaign work.

#### 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

### Campaigns

Throughout this year the team have undertaken campaigns that not only focus on our patient groups, but on our staff teams, their families, and the communities that we are all part of. The team have done this by ensuring we visit all sites, divisions, areas and wards, meeting with staff, patients and occasionally their families, discussing our campaigns with clear pictorial information on posters and leaflets, backed-up for staff with the option of e-learning, and using colourful and positive extras, such as toothbrushes and ice poles to create a sense of engagement around them.

**Infection Prevention & Control**  
**Oral Health Week**  
**17th-23rd March 2025**

Infection Prevention & Control Team  
*'Inform ~ Advise ~ Support'*  
infectioncontrol@stah.org

PRESENTING TOOTHIE THE BEAVER IN...  
**A HAPPY MOUTH IS...  
a happy mind**

"A HEALTHY MOUTH HELPS YOU FEEL GOOD INSIDE AND OUT! TAKE CARE OF YOUR ORAL HEALTH FOR YOUR MENTAL WELL-BEING."

Teethie  
**20 MARCH**  
LET'S SPREAD HAPPINESS EVERYWHERE!

fdi worldoralhealthday.org

The date of 'World Oral Health Day' was chosen to reflect:

- Older people must have a total of 20 teeth at the end of their life to be considered healthy.
- Children should possess 20 healthy teeth
- Healthy adults must have a total of 32 teeth and 0 dental cavities
- Expressed on a numerical basis this can be translated as 3/20 therefore March 20th

**How to get the most out of your toothbrush**

- Place the brush at a 45° angle to the front tooth surface. Bristles must contact both lines of tooth and gum.
- Move the brush in a small, jiggling, circular motion.
- Clean the inside surfaces of the back teeth by moving the brush in a small back and forth motion.
- Clean the inside surfaces of the front upper teeth by tilting the brush vertically using small up and down strokes.
- Clean the inside surfaces of the front lower teeth by tilting the brush vertically using small up and down strokes.
- Move the brush in a back and forth motion to clean the biting surfaces.

Brushing your teeth correctly is crucial in maintaining good oral hygiene, here are some tips on how to brush your teeth effectively:

- Choose the right toothbrush – Both electric & manual can be effective if used correctly, electric toothbrushes make brushing more efficient or Choose a brush with soft bristles to avoid damaging teeth & gums.
- Use the right toothpaste – Make sure you choose a toothpaste which contains fluoride.
- Brush at the right angle – 45-degree angle to your teeth pointing the bristles towards the gum line, using gentle circular motions to brush the fronts, backs and tops of your teeth.
- Brush for the right amount of time – Brush your teeth for at least two minutes twice a day.
- Don't forget your tongue – Use your toothbrush or a tongue scraper to gently clean your tongue.
- Don't brush too hard – This can cause damage to your teeth and gums causing sensitivity and gum recession.
- Replace your toothbrush regularly – 'Toothbrushes' should be replaced every three to four months or sooner if the bristles are frayed or damaged, or if you have had a recent illness
- Remember! To minimise the amount and frequency of sugary food and drinks especially before you go to bed.

### IPC Hub Page

We continue to ensure our Hub homepage remains updated with all the most relevant and important IPC news, ensuring the charity has all it requires to operate both safely and efficiently.

IP Infection Prevention & Control Home Audits Infectious Diseases IPC Team News World Hand Hygiene Day 2025 Edit

+ New Page details Analytics Published 13/05/2025 Share Edit

### Infections in the news

Latest Mpxv News @ 05.11.24 - <https://www.gov.uk/government/news/ukhsa-detects-first-case-of-clade-ib-mpox#full-publication-update-history>

Mpxv - Latest guidance - For current advice from UKHSA and the latest guidance and links to follow for mpxv from both the UKHSA and NHSE for our clinicians please see below, if you have concerns about a patient in the first instance please isolate the patient and contact the physical healthcare team, please ensure you complete an IPC referral form and follow the guidance in this flowchart [MPOX FLOWCHART V1.2.pdf](#)

- This is the operational case definition to determine a suspected or confirmed case of mpxv from the UKHSA [Operational mpxv HCID \(Clade I\) case definition - GOV.UK \(www.gov.uk\)](#)
- UKHSA Health Protection Teams will provide advice and support in the event of a case mpxv at any of the STAH sites [Contacts: UKHSA health protection teams - GOV.UK \(www.gov.uk\)](#)
- This CDC site provides images alongside staging information for clinical reference [Clinical Recognition | Mpxv | Poxvirus | CDC](#)
- Please follow this link to keep up to date with the latest developments in the emergence of mpxv globally [WHO declares mpxv outbreak a public health emergency of international concern - GOV.UK \(www.gov.uk\)](#)

**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**

**BENS (Birmingham Essex & Northampton Services) meetings**

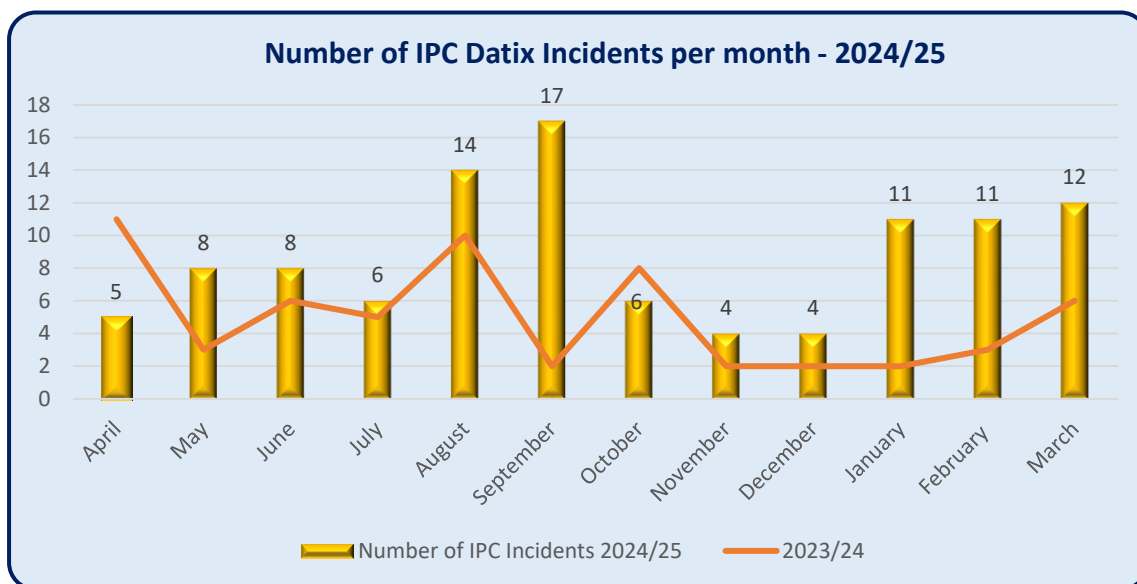
Throughout 2024/25 a member of the team has continued to attend the BENS meetings providing support and discussing IPC issues with patients and service users across the charity.

**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**

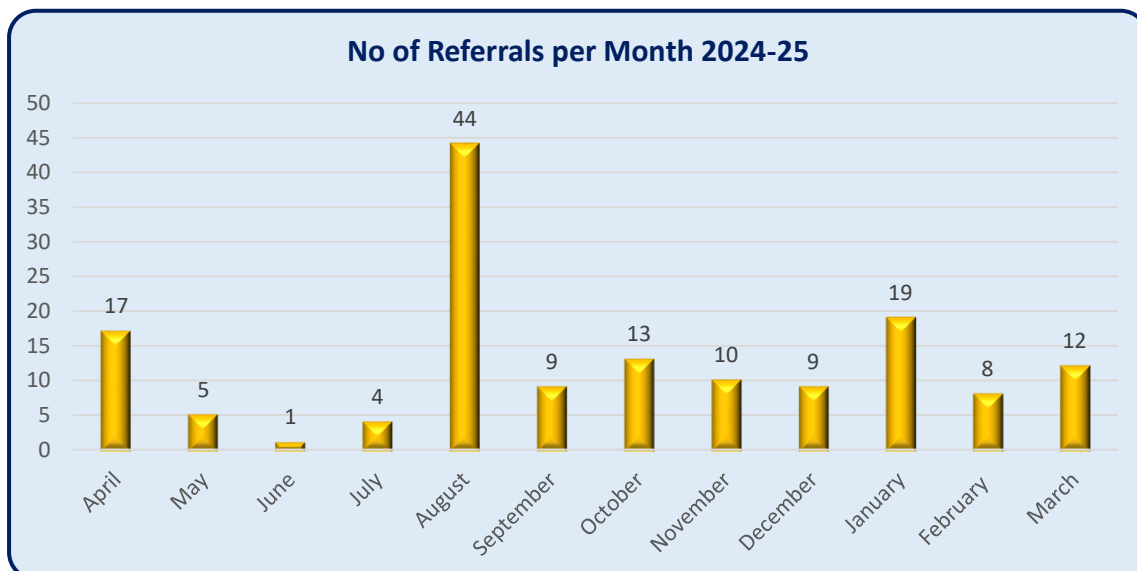
The IPC team are now able to receive data from various systems including RIO, EMIS and Datix. The team collate monthly reports for discussion at IPCG and QSG.

**The charts from these reports show:**

**Data received from Datix**

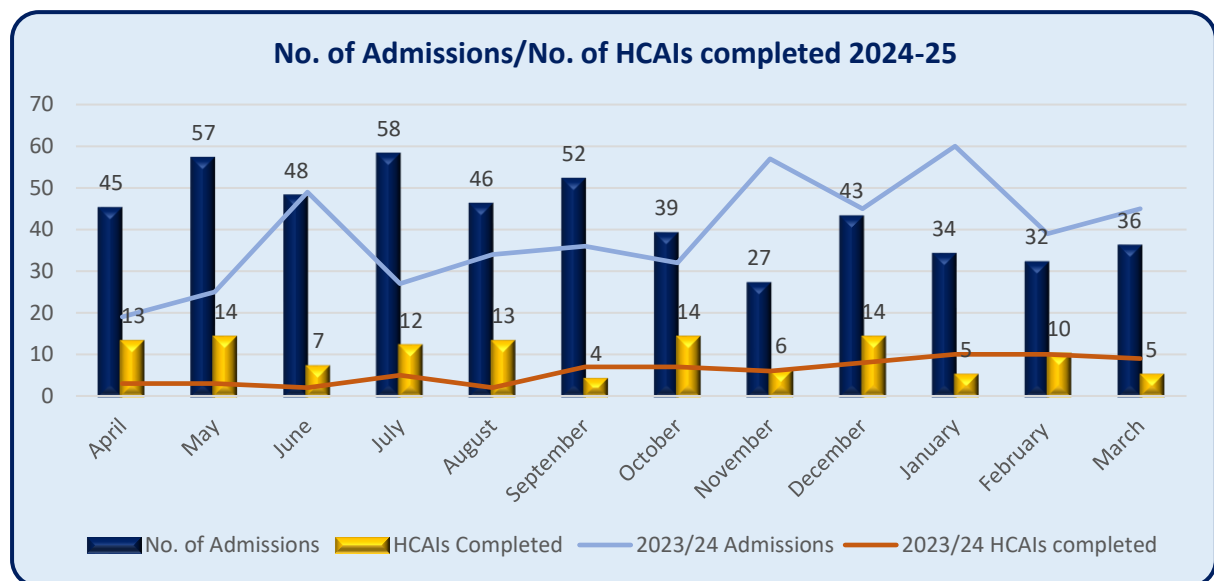


**Data received from RIO**



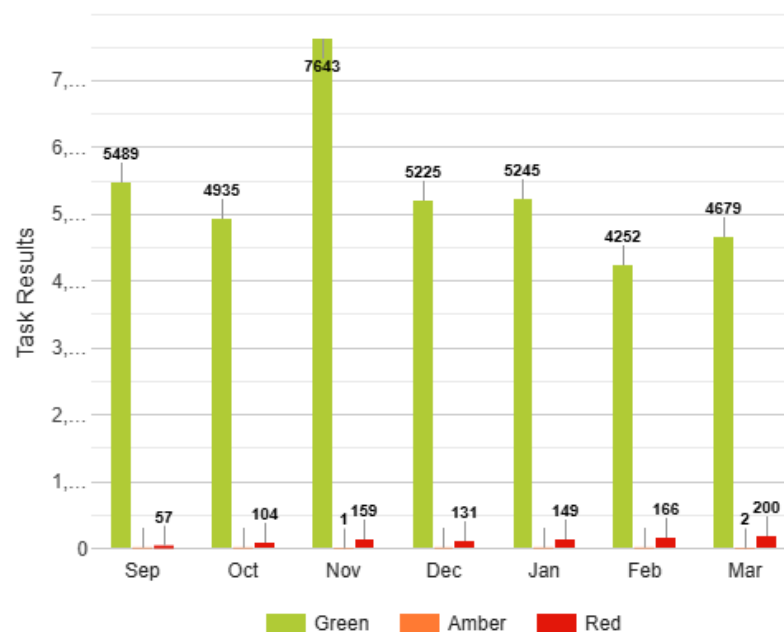


5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people



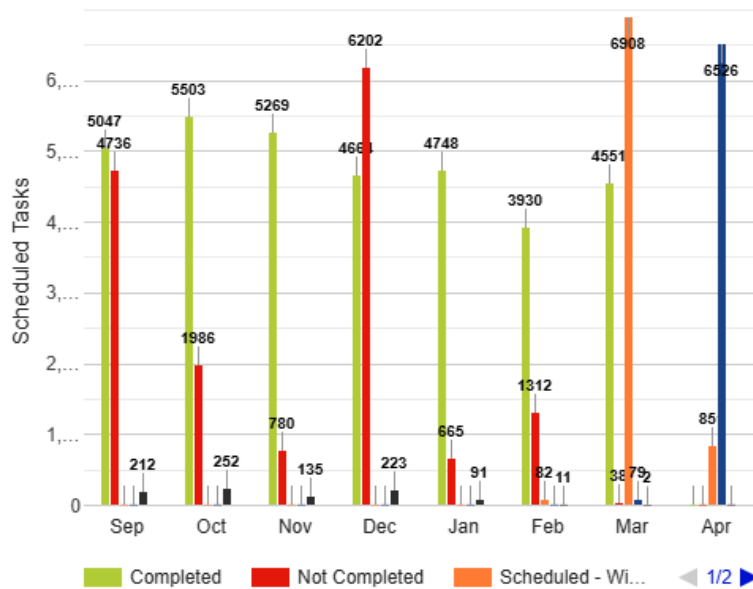
## Water Safety

### Compliance



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

## Work Status



Data collected from Zetasafe

The IPC team is working with estates on their environmental condition assessments and review of planned maintenance.

## 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

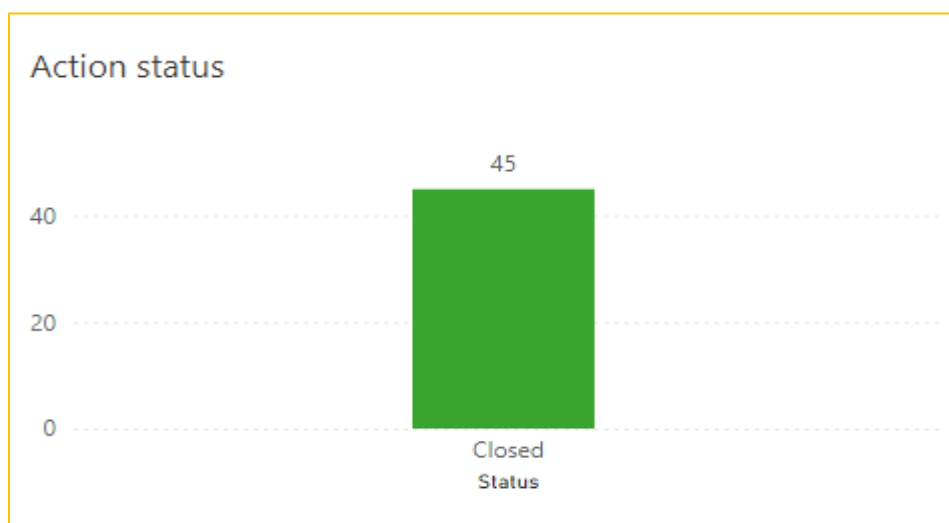
### Achievements

Since the last report, the IPC team have worked with IT and developed:

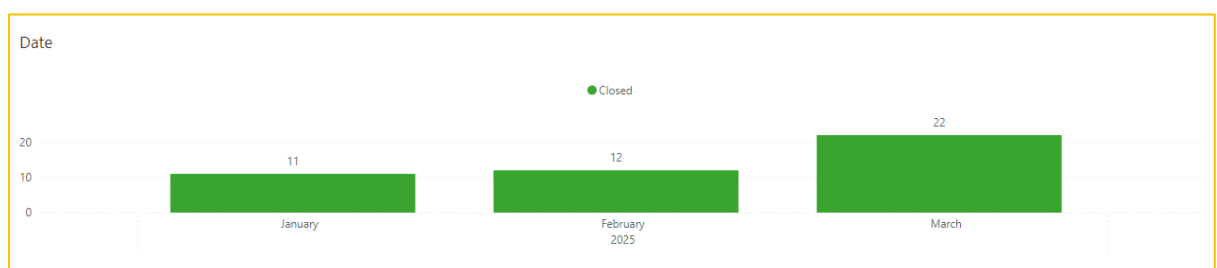
- An Admission form to identify any risk of infection and promote screening
- A referral form to support ward staff contacting the team with patient referrals
- A discharge form to enable information sharing where appropriate

These are due to go live spring 2025.

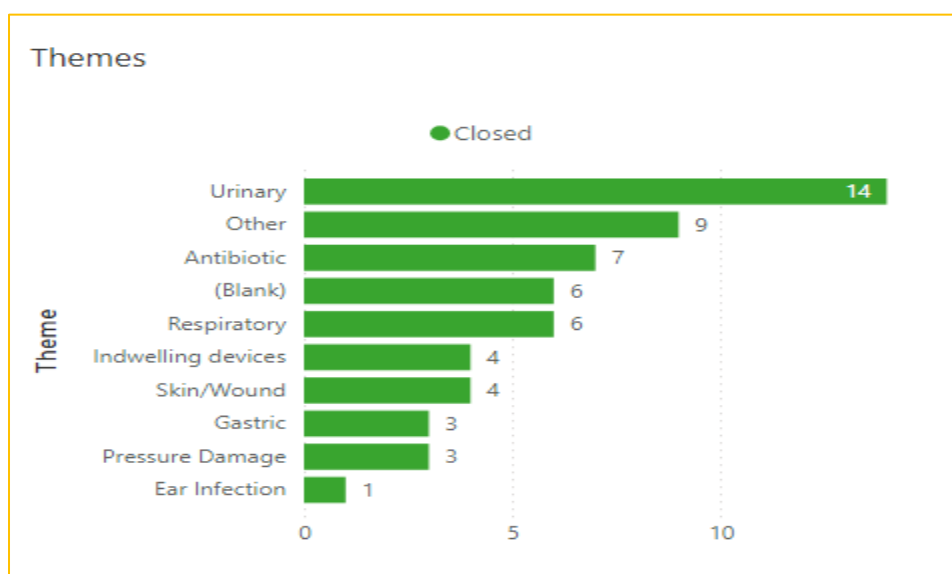
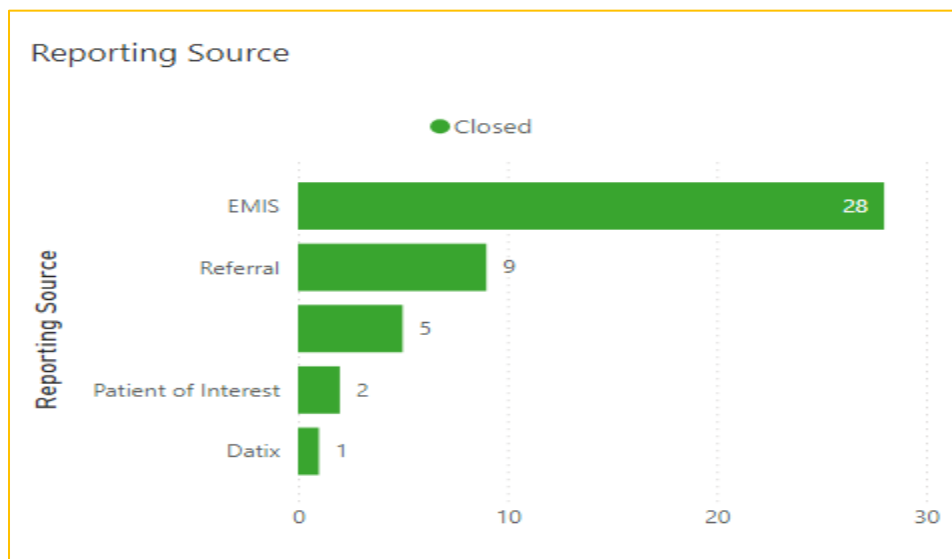
With this data the IPC team are now able to triage and assess admissions and referrals using the weekly IPC huddle to discuss patient of concern and provide advice in the patients RIO notes.



### Month by Month



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



**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**

**Embrace**

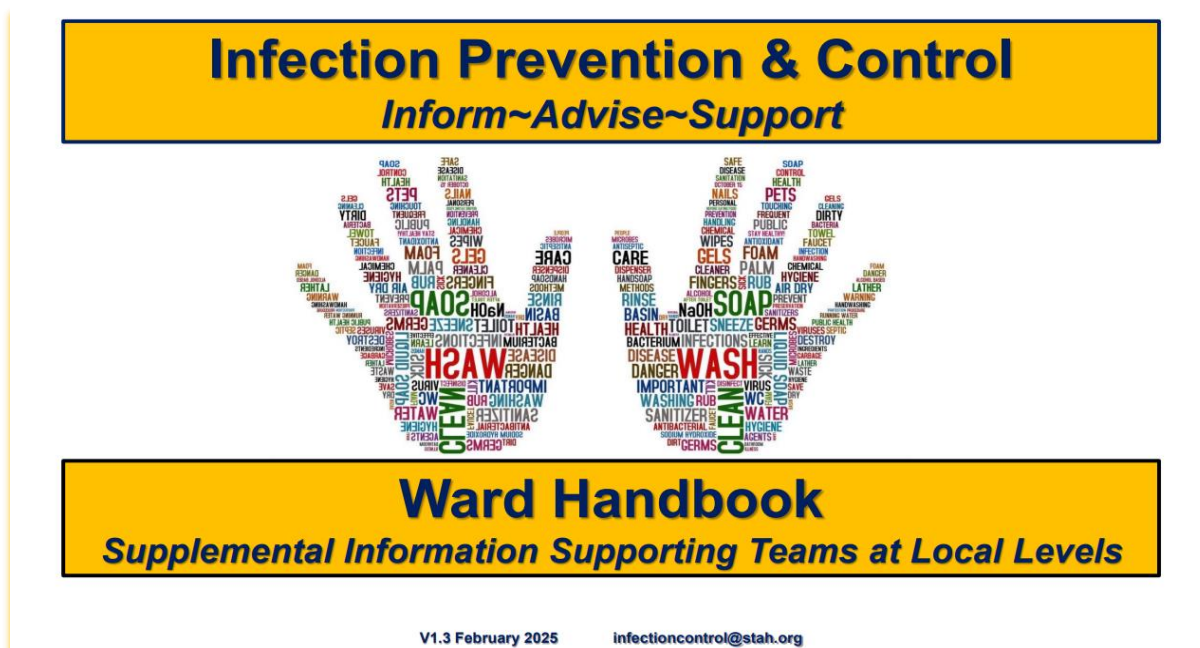
During 2024/2025 the team sought to bring specific elements of IPC practice into closer focus for our patient-facing teams. A programme of face-to-face education was designed incorporating these components, and utilising the skills of the entire team spread across a week, in an individual division. We have named this event 'EMBRACE' and will continue to roll the programme out divisionally over 2025/2026 with the IPC educational requirement of the charity.



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

### Ward Handbook

This year the team have created and published an 'IPC Ward Handbook' which is available on the Hub via the IPC tab to ensure all staff can access a range of IPC information. The handbook can be downloaded and utilised as a hard copy for ward areas. It has been especially created to be user-friendly as the St Andrew's work environment is incredibly diverse and staff must be equipped for a variety of scenarios.

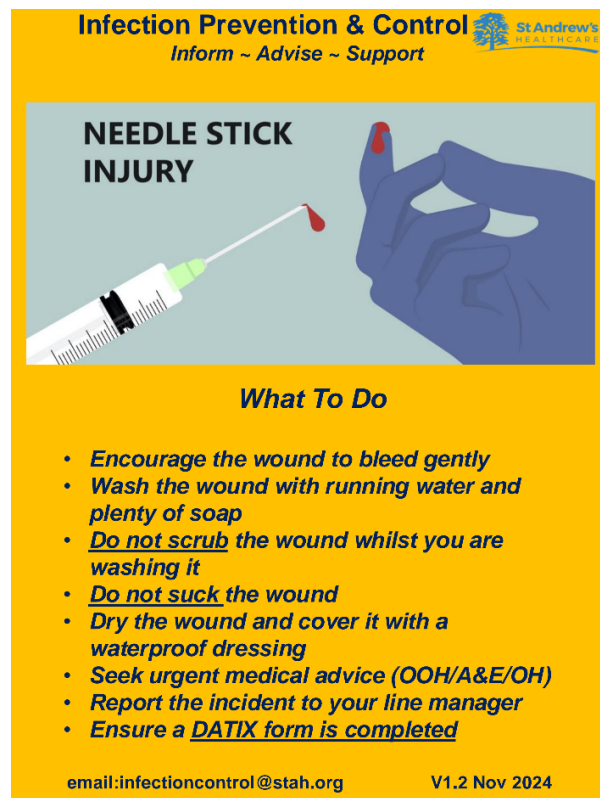




## 6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection

### Updated all IPC posters

The IPC team are required to ensure that all the posters provided around the charity are appropriately evidenced from reputable sources and charity policies ensuring they are relevant and fit for purpose. They provide a layer of assurance and awareness around those who attend our sites in a work capacity. The posters are designed by our team and updated annually to provide a recognisable, themed IPC resource attributable solely to the team here at St Andrew's.



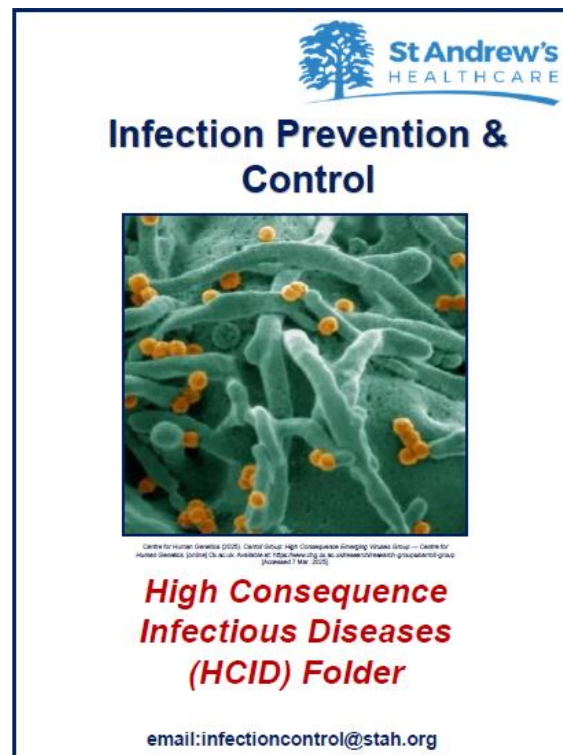
### Ehealth Learning

Awaiting IT links to Ehealth Learning giving access to NHS IPC training.

## 7. Provide or secure adequate isolation facilities

The IPC team have added a folder specifically relating to High Consequence Infectious Diseases (HCID). Although HCIDs are rare in the UK, when cases do occur they need specialist support and management. Examples of HCIDs that have previously been reported in the UK are Mpox, Covid-19, Lassa fever, MERS and avian influenza. Specific infection prevention and control measures are required for suspected and confirmed HCID cases including different personal protective equipment (PPE) and appropriate isolation facilities.

UKHSA and NHS England HCID Networks have developed an 'Addendum on high consequence infectious diseases (HCID) personal protective equipment (PPE)' to the National Infection Prevention and Control Manual (NIPCM) for England and the link is available in the HCIDs folder via the IPC tab on SharePoint. The IPC team are collaborating with NHS England nationally and regionally to access HCID training.



## **8. Secure adequate access to laboratory support as appropriate**

### **Laboratory Support**

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 IPC team liaises with them to discuss microbiological sample results and antibiotic sensitivities.

- The IPC team have access to the EMIS system where electronic results from Microbiology departments are held and produce a weekly report of sampling results for review.
- Although the charity no longer receives direct support from the Consultant Microbiologist from Northampton General Hospital, the microbiology department continue to support with sampling, results and advice. This has been escalated via appropriate internal structures.
- Compliance with water testing is provided by HSW and results are available through the Zetasafe system.

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

### **IPC Policies/Procedures**

The IPC team reviewed the following procedure:

- Clostridioides difficile (C.diff) Procedure

The IPC team await further chapters of the National IPC Manual from NHSE in 2025/26.

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



Occupational health vaccinations are a crucial part of employee safety and well-being, ensuring protection against job-related illnesses and infectious diseases. All new starters should undergo a pre-employment health assessment, which should include a review of immunisation needs.

St Andrew's delivers an in-house Occupational Health (OH) service and currently everyone who works for the charity is offered the following vaccinations Mumps, Measles & Rubella (MMR), Varicella (Chickenpox vaccine) and Hepatitis B which is a blood borne virus (BBV). OH also check for the BCG scar for Tuberculosis (TB) and offer the Quantiferon Gold TB blood test if there is no evidence of a BCG scar. In the last 12 months from 1<sup>st</sup> April 2024 to 31<sup>st</sup> March 2025 there were 578 attendees for a vaccination review.

Hepatitis B vaccination is strongly recommended for all healthcare workers who may be at risk of exposure to blood and bodily fluids or who are at risk of needlestick injuries or being bitten by patients. Blood tests may be used to determine if an employee is already immune to certain diseases, like hepatitis B or varicella (chickenpox).

Flu and Covid vaccinations are offered to all staff across the charity, however, the uptake is variable particularly at the regional sites where vaccination uptake is low.

### Covid and Flu Data 1<sup>st</sup> October 2024 – 31<sup>st</sup> March 2025

Site	Covid / Flu	Tally
Northampton	Covid	264
	Flu	518
Birmingham	Covid	2
	Flu	72
Essex	Covid	12
	Flu	28
Bestwood	Covid	0
	Flu	7
Alfreton	Covid	1
	Flu	0
Winslow	Covid	0
	Flu	2

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

Occupational Health data gathered from the dashboard report shows of the 1238 Datix reported staff injuries only 69 (6%) have also marked the box to say Occupational Health have been informed. Of these 69 incidents, 25 (36%) reported either a scratch, bite or needlestick injury (4). To enable thorough surveillance to be carried out when a staff injury occurs to identify infection transmission risk, it is extremely important that staff notify both the Occupational Health and Infection Prevention and Control Teams, who can provide advice and support on the course of action following an injury.





### Objectives for 2025/26

#### Getting to Good

- ❖ The completion of IPC dashboard in the BI portal.
- ❖ Any outstanding objectives from 2024/25 are incorporated into the IPC work plan for 2025/26.
- ❖ Continued work with NHSE and other external stakeholders to continue improving on our journey of providing high quality assurance.

#### Growth and Innovation

- ❖ Work with Estates and Procurement teams to reduce clinical waste produced by overuse of Personal Protective Equipment.
- ❖ Use data to identify themes to develop 2025/2026 work plan.
- ❖ Continue to work with Data team to develop innovative ways to collect data.