

INFECTION PREVENTION & CONTROL ANNUAL REPORT – 2020-2021



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Executive Summary

This has been an unprecedented year in healthcare with the coronavirus pandemic having a huge impact across the Charity.

It was recognised that we would need to invest in Infection Prevention and Control (IPC) resulting in a major overhaul of the service. The service was considerably enhanced with the recruitment of a Head of IPC, a team of Practitioners and administration support.

Initially we ensured we responded to the fast changing national situation providing guidance and support to clinical areas. The development of an enhanced service enabled the Charity to assess and assure our regulatory compliance and development of the Gap Analysis, which was completed in March 2021. The Gap Analysis will give the Charity Executive Committee (CEC) a full oversight of the IPC service and regulatory position.

Throughout the year NHSE/I have supported the Charity, monitoring our response to the pandemic and providing Continuous Quality Improvement training to a large cohort of staff to build our IPC knowledge and practice.

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 new IPC service, continued to make substantial progress throughout the year in providing assurances to the Board.

The priorities and future developments are –

- Introduce rapid clinical practice audit tools
- Dental and podiatry audit tools
- Hand hygiene awareness campaign for May 2021 in line with the World Health Organisation hand hygiene day
- Review IPC risk register
- Review and develop Infection Prevention and Control Group (IPCG) with reporting templates for divisional updates
- Identify and develop IPC link nurses
- Work towards an award winning service.

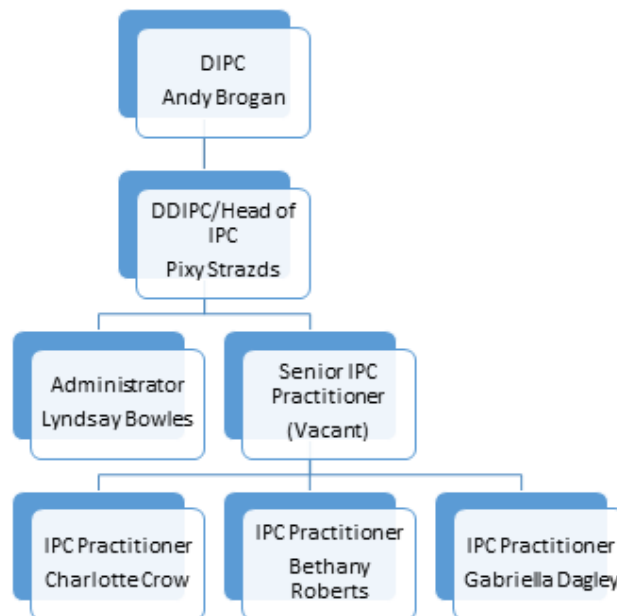
This year has been unprecedented in healthcare, and we can all be justifiably proud of our response. The support from NHSE/I, has been instrumental in assisting with the positive changes seen. None of this could have been achieved without the positive engagement from staff which we are truly thankful and appreciate their continued vigilance.



Andy Brogan DIPC/Chief Nurse

Introduction

St Andrew's Healthcare recognises the obligation placed upon it by the Health & Social Care Act 2008 (updated 2015). During 2020/2021 the Charity committed to majorly invest in the Infection Prevention and Control (IPC) service leading to the new structure below.



The new IPC team began to join the Charity in November 2020. All posts except the Senior IPC Practitioner are now in situ.

This annual report will reflect the changes following the creation of the new IPC service and 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 2021/2022 to continue improvements identified in the Annual Work Plan following a completed Gap Analysis in March 2021.

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.

10 Criterion of the Health and Social Care Act 2008

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

Prior to April 2020, the Infection Prevention and Control (IPC) service was composed of one designated IPC Lead (Nurse) across Northampton, Essex, Birmingham and Nottingham hospital sites, and supported by IPC champions from each site.

The Charity had commissioned an external review of the structure and function of IPC prior to December 2019; however, the execution of the review incurred a series of delays, further impacted by the coronavirus pandemic. The final paper was received and noted by the Charity Executive Committee in August 2020.

In April 2020, James Severs, Director of Physical Healthcare joined the Charity and supported the pandemic response, taking responsibility for IPC as Director of Infection Prevention and Control (DIPC) from the departing Chief Nurse.

The need to invest in IPC practice was recognised, and in May 2020, financial investment was secured to introduce a new senior post, Head of Infection Prevention and Control/Deputy Director of Infection Prevention and Control. The coronavirus pandemic significantly increased demand for IPC qualified and experienced practitioners, which delayed recruitment, however in August 2020, Pixy Strazds was appointed as our new Head of IPC/DDIPC, starting work with the Charity in late November 2020.

In August 2020, additional investment to increase capacity of the IPC function across the Charity by three IPC practitioners and designated administration support was underway. By January 2021, our new IPC practitioner team included Bethany Roberts, Charlotte Crow and Gabriella Dagley, with designated IPC administration support from Lyndsay Bowles who joined us in March 2021.

In December 2020, after over 19 years' service, the Charity said "bon voyage" to Sue Knipes, IPC Lead, who left the Charity for a new role in a neighbouring NHS trust. James Severs, Director of Physical Healthcare and DIPC during Sue's tenure said, "*Sue's passion and dedication to improving infection prevention and control practices within the Charity was evident from our first day working together. She has provided a firm foundation for us to build upon, and many of her colleagues will remember her contribution to the IPC agenda. We would like to acknowledge this within our annual IPC report, and wish her all the very best in her new role*".

During the recruitment to the new IPC service, the Charity was grateful for the support offered by deputy DIPC(s) from NHS England-Improvement, the Chief Nursing and Quality Officer from Northamptonshire Clinical Commissioning Group, representatives from the National IPC team.

In November 2020, Andy Brogan, Chief Nurse joined the Charity and after a review of the executive portfolio, assumed the role of DIPC in January 2021, supported by Pixy Strazds, Head of IPC and Deputy IPC.

A Gap Analysis was completed in March 2021, which will provide direction of the IPC Work Plan for 2021/2022.

			Overall Score %	Total Audits:			566
Date	Sync Time	Audits	Score %	C %	N %	E %	Ref
ST ANDREWS NORTHAMPTON							
31/03/2021	13:05	FITZROY HOUSE - FERN WARD (HR)	95.03	96.34	81.82	85.00	593
31/03/2021	12:57	KEMSLEY SOUTH - WALTON (HR)	96.05	96.86	84.48	83.78	592
31/03/2021	10:55	32A BERKELEY CLOSE - 1F (HR)	97.84	99.05	91.38	85.29	591
31/03/2021	09:33	FITZROY HOUSE - WILLOW WARD (HR)	97.96	99.64	92.86	78.13	590
30/03/2021	12:52	WILLIAM WAKE HOUSE - SUNLEY - 1F (HR)	98.08	98.25	97.14	93.75	589
30/03/2021	09:52	WILLIAM WAKE HOUSE - HAWKINS (HR)	92.41	95.01	85.45	61.36	588
30/03/2021	10:36	BILLING LODGE - GF (HR)	53.33	57.41	57.14	60.00	587
30/03/2021	10:04	BILLING LODGE - 1F (HR)	71.43	72.31	50.00	66.67	586
29/03/2021	14:40	WANTAGE GATE - 184 BILLING ROAD - GF (HR)	98.31	98.15	100.00	100.00	585
29/03/2021	14:34	WANTAGE GATE - 184 BILLING ROAD - 1F (HR)	96.67	96.30	100.00	100.00	584

Introduction of new products



Tristel is the new chlorine dioxide cleaning product to be introduced for use. It has broad spectrum efficacy within short contact times - 30 seconds to five minutes and has sporicidal, mycobactericidal, virucidal, fungicidal and bactericidal efficacy.

There was an initiative in February 2021 for the *GOJO* product range of antiseptic skin treatments, including soap, alcohol gel and hand medic conditioner to be introduced across the Charity.



The dispensers are located at handwashing stations and in receptions where hand gel is frequently used. This being introduced to help maintain the skin's moisture level/integrity after frequent hand washing/gel use to improve skin condition in an effort to alleviate possible infection reservoirs on dry and cracked hands. The skin conditioner is dermatologist tested with low PH and is compatible for use with latex gloves. Installation is due to commence in June 2021.

IPC Induction Training

The IPC team facilitate infection prevention and control training on inductions for new staff starting at the Charity. In the last 12 months there have been 43 new starters for Estates & Facilities, with 24 of them being from Housekeeping across all the sites.

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

An electronic Prescribing and Administration system is in use across all wards. Clinical Pharmacists screen prescriptions to ensure appropriate and safe practice in line with National and local guidance.

Antimicrobial Formulary is in place in line with Local Primary and Secondary Care Formularies.

IM Antimicrobials for urgent use are available at all sites.

Antimicrobial use across the Charity is monitored by the Head of Pharmacy and monthly reports are a regular agenda item of the Medicines Management Operational Group (MMOG) to ensure oversight of use and trends. Information is also provided into Divisional Governance meetings.

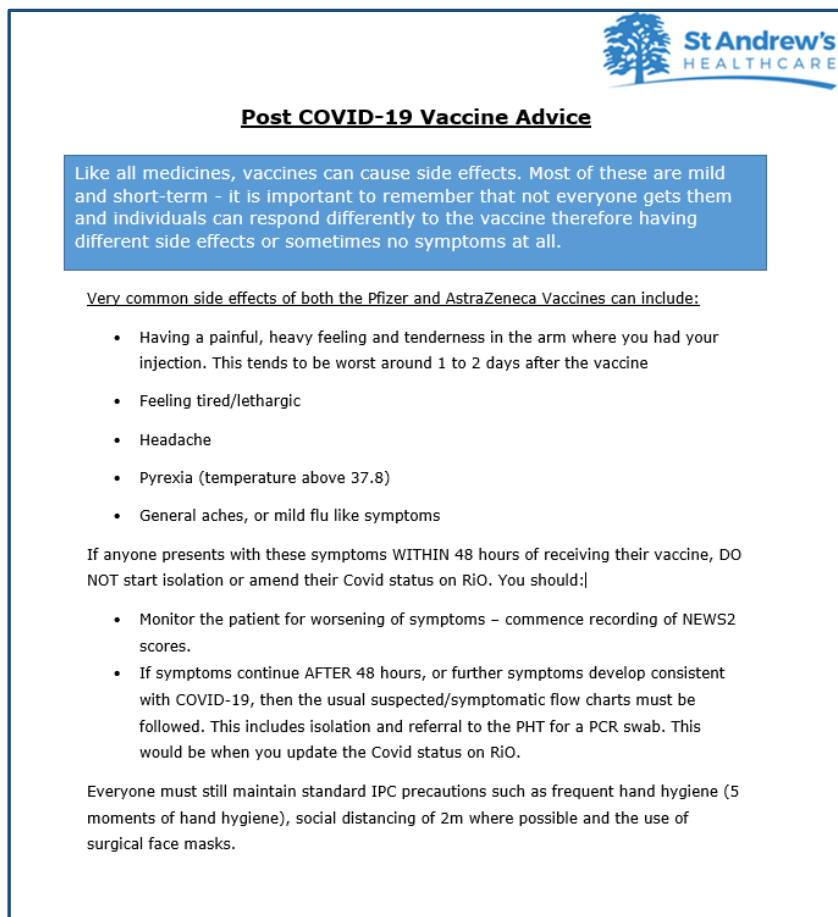
Sepsis treatment is initiated by secondary care as per relevant policies and procedures within the individual organisations.


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

This year has seen the Charity move from an old version of SharePoint to a new SharePoint Online which all staff can access via their desktop through the intranet. This is mainly used by staff but the benefits to service users include that there is up-to-date information constantly refreshed by individual directorates. The content is easier to access through improved search features, allowing prompt access to key information such as vital Infection Prevention and Control policies and guidelines. This in turn supports service users and visitors obtaining further information as quickly as possible from a single source of forum. The IPC Team have worked closely to ensure the information available to staff is relevant, functional and supportive in managing any potential IPC concerns that can be easily communicated to any persons.

Through an increased presence of the IPC Team on wards, therapy areas and non-clinical settings we have provided the opportunity for service users to obtain information by asking on an informal basis face to face. There have been many opportunities for external visitors such as interpreters and external contractors to ask questions of the IPC team whilst on the wards, allowing timely responses to queries and questions they have.

We developed a Post COVID-19 Vaccine Advice poster, its simple and easy to follow format allows the guidance to be communicated amongst nursing/medical staff and also displayed on any information boards that are patient facing.





Post COVID-19 Vaccine Advice

Like all medicines, vaccines can cause side effects. Most of these are mild and short-term - it is important to remember that not everyone gets them and individuals can respond differently to the vaccine therefore having different side effects or sometimes no symptoms at all.

Very common side effects of both the Pfizer and AstraZeneca Vaccines can include:

- Having a painful, heavy feeling and tenderness in the arm where you had your injection. This tends to be worst around 1 to 2 days after the vaccine
- Feeling tired/lethargic
- Headache
- Pyrexia (temperature above 37.8)
- General aches, or mild flu like symptoms

If anyone presents with these symptoms WITHIN 48 hours of receiving their vaccine, DO NOT start isolation or amend their Covid status on RiO. You should:|

- Monitor the patient for worsening of symptoms - commence recording of NEWS2 scores.
- If symptoms continue AFTER 48 hours, or further symptoms develop consistent with COVID-19, then the usual suspected/symptomatic flow charts must be followed. This includes isolation and referral to the PHT for a PCR swab. This would be when you update the Covid status on RiO.

Everyone must still maintain standard IPC precautions such as frequent hand hygiene (5 moments of hand hygiene), social distancing of 2m where possible and the use of surgical face masks.

Ensuring the Charity's awareness of national IPC infection guidance was vital in reducing infection rates. Simple but effective posters were placed at the entrances to the Northampton site, reminding everyone outside at designated smoking areas to maintain social distancing, wear a mask and adhere to good hand hygiene practice. These posters showed an improvement in compliance of these measures around the Charity.



UK Government 



HANDS

Wash your hands before and after touching your face



FACE

Remove your mask completely if needed. DO NOT put your mask under your chin or let it hang from your ear



SPACE

Maintain a social distance of 2 metres

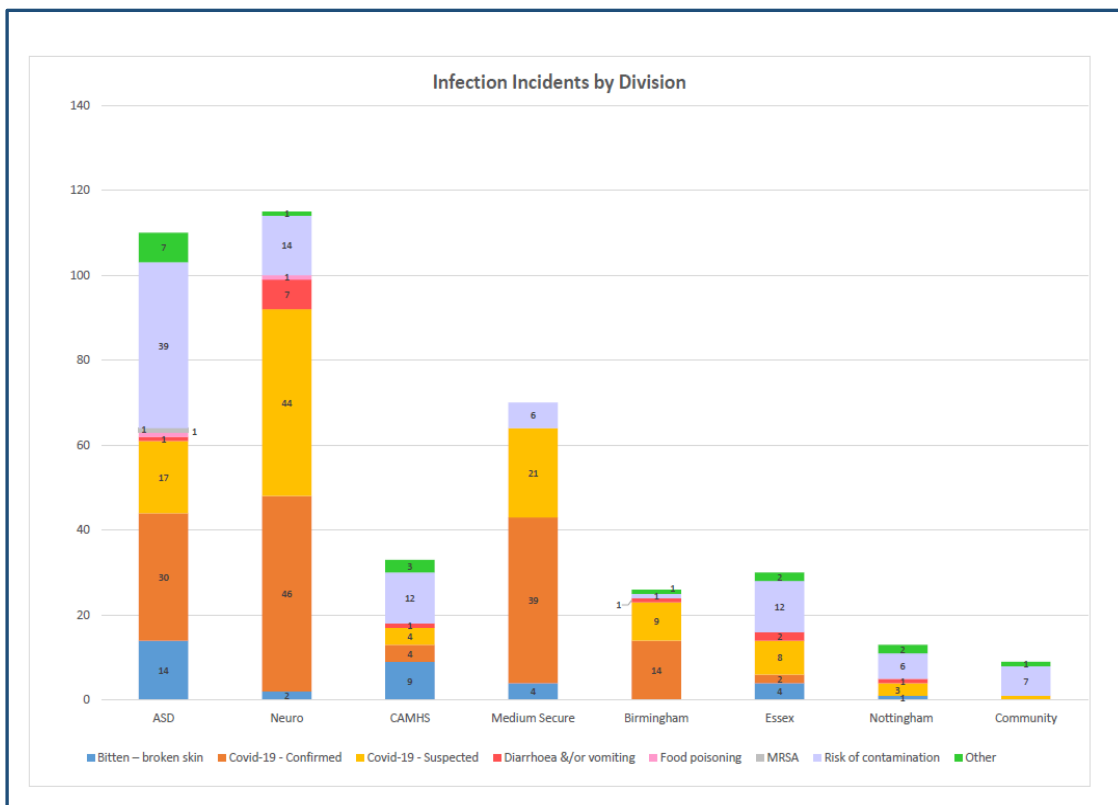
If you do not feel confident enough to challenge others, you can contact a Freedom To Speak Up Guardian.
FreedomToSpeakUp@standrews.co.uk

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

Infections (April 20 – March 21)	Total No.
Bitten – broken skin	42
Covid-19 confirmed	158
Covid-19 suspected	123
Diarrhoea and/or vomiting	13
Food poisoning	2
MRSA	2
Risk of contamination	138

Infection Incidents by division



Number of Covid-19 outbreaks Apr 2020-Mar 2021: 35

Prior to March 2021 all staff testing was conducted using national testing centres. This caused a delay in testing being conducted and a delay in results being reported to the Charity via the Central Absence Team (CAT).

In March 2021 we piloted on site staff testing provided by the IPC and CA teams with microbiological support from Northampton General Hospital (NGH). This greatly improved the ability to test staff and receive results in a timely manner.

CAT team surveillance swabbing

Outbreak closure meetings

Outbreak closure meetings are undertaken on the 28th day of the monitoring phase – the purpose of this is to conclude the outbreak and discuss any recommendations or lessons learned that could be applied to prevent future outbreaks.

Post vaccination advice

The IPC team devised an easy to follow advice sheet (see page 8) containing information to guide ward staff on patients who become symptomatic post COVID-19 vaccine therefore ensuring the ward wasn't put into isolation unnecessarily but also to highlight patients who developed worsening symptoms so that this could be escalated appropriately.

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

Prior to the new IPC team joining, IPC training remained in the form of e-learning and videos sent out via Charity-wide comms. In November the IPC Team began a rapid delivery of tailored IPC training in recognition of the need to support good practice during the pandemic. Clinical staff on ward-based settings were supported in their training by Specialist Nurses with practical donning and doffing competencies. In total since November over 500 staff have received face to face training:

	Clinical Ward Staff	Estates and Facilities	AHP's	Enabling Functions
Northampton	205	152	29	38
Birmingham	14	18	1	15
Essex	21	9	0	19

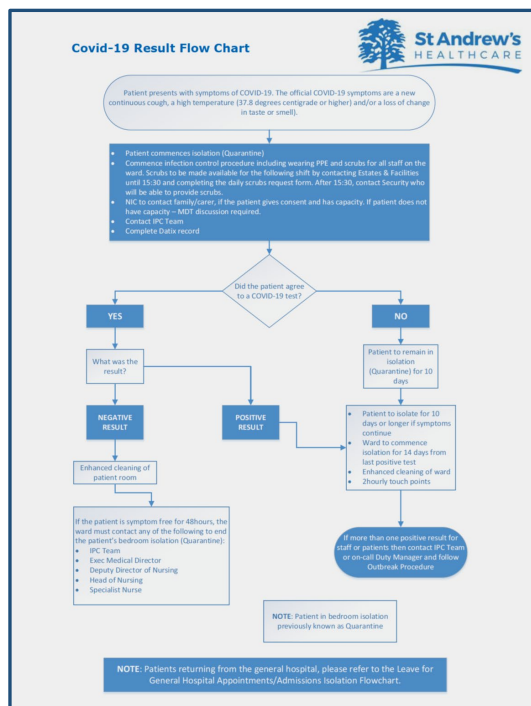
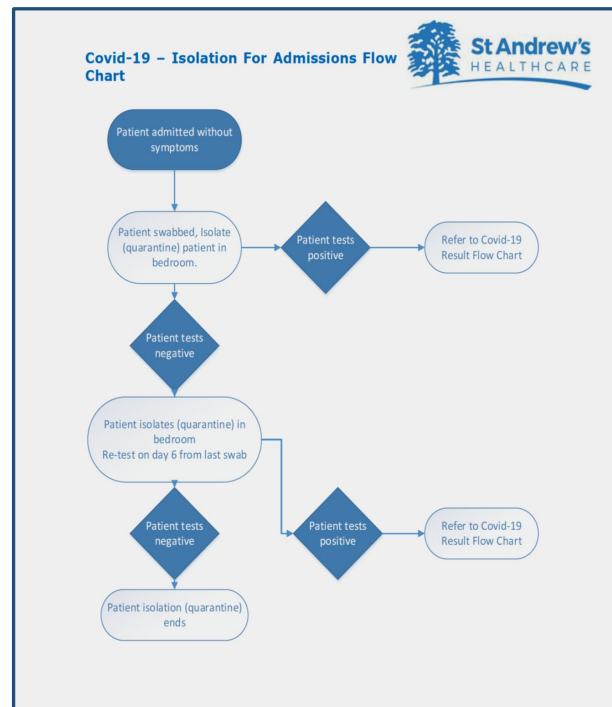
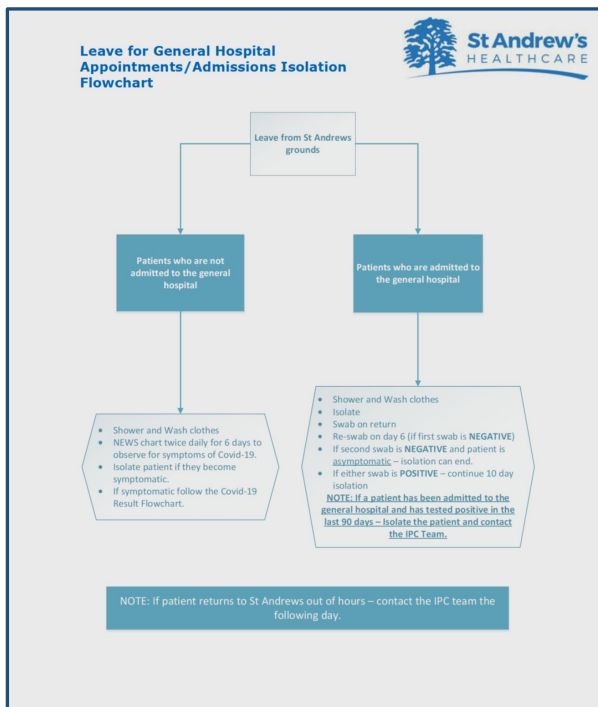
This existing 'supertraining' has been reviewed and amended with support from the Specialist Nurses and renamed IPC Refresher Training, adapting to suit the current issues around IPC in order to best advise all staff on their role managing infections with accurate guidance. Infection Prevention and Control is now a permanent feature on Charity Induction with a more comprehensive introduction to ensure new staff feel supported and are aware of their responsibilities. This year we have introduced a Nurse Manager's checklist, a tool that will help Nurse Managers to identify any hazards on a weekly basis and reinforcing their responsibilities to maintain a clean and safe environment.

The Charity now has a formal process to follow once an outbreak is identified and declared. The outbreak policy clearly identifies the roles and responsibilities of those in senior positions whilst guiding staff working within outbreak areas on who to contact for support/the process they must adhere to.

7. Provide or secure adequate isolation facilities

The Charity predominantly provides en-suite facilities to service users, however where this is not possible the MDT and LSSR Triumvirate recognised the need for alternate isolation facilities. Through a thorough appraisal, empty wards were identified and the environment made safe with IPC isolation measures to ensure correct management of symptomatic/infected service users to safely isolate. This is constantly under review and identified isolation wards are used as appropriate whilst ward moves take place.

The IPC team along with the Clinical and Professional Advisory Committee (CPAC) created and revised Isolation Algorithms to reflect any changes in national guidance. The algorithms are simple and easy to follow providing much needed clarity to ward staff on isolation facilities and the processes to identify and control infections.



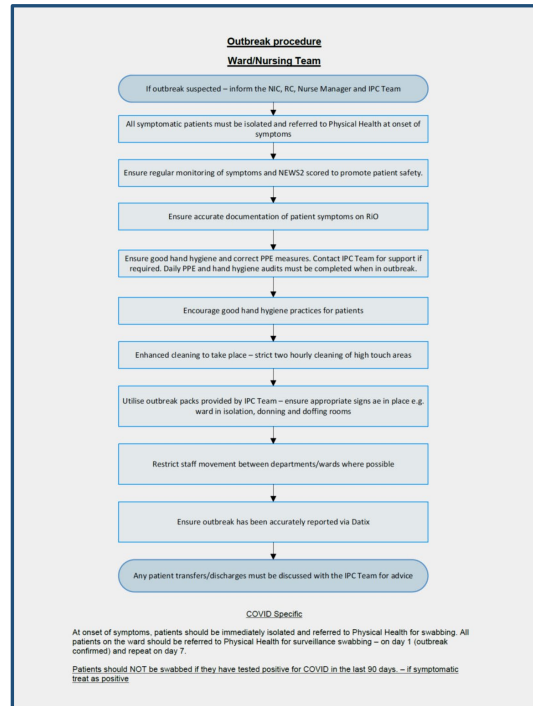
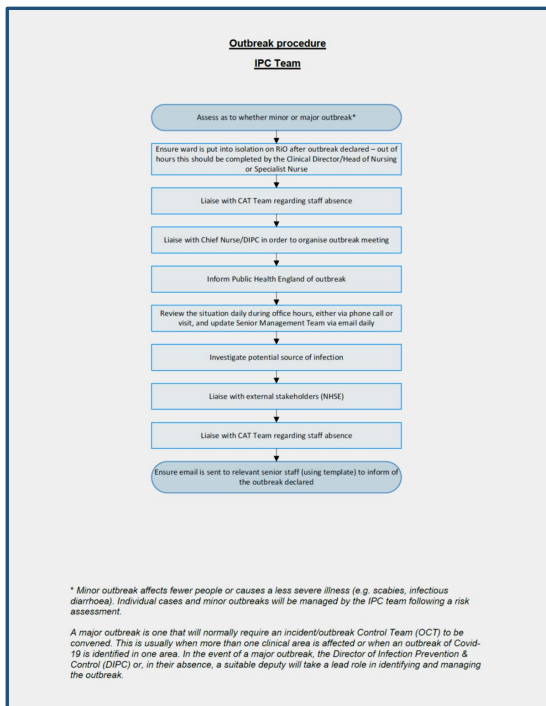
Any isolation facilities are supported and monitored by the IPC team through an increased presence on the wards. We have been able to provide verbal guidance, on shift training and the ability to challenge any poor practice or compliance to ensure effective isolation procedures are being followed.

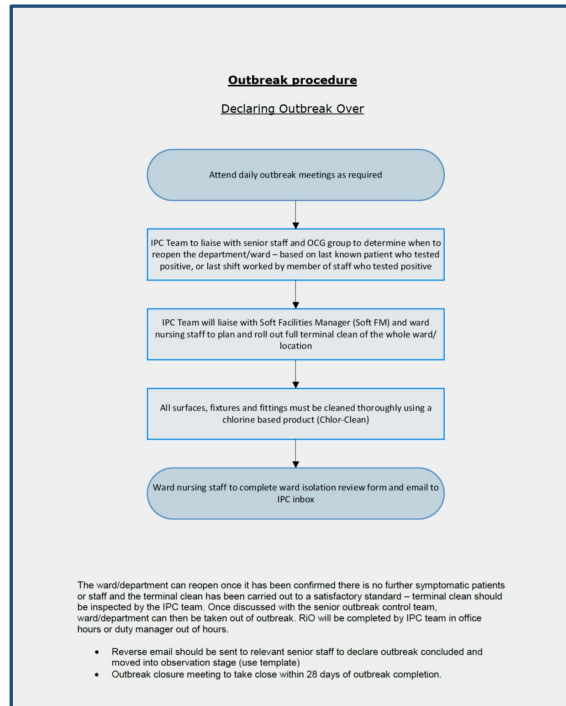
8. Secure adequate access to laboratory support as appropriate

Laboratory support is provided by the local acute NHS hospitals, Northampton General Hospital (NGH), Birmingham – Queen Elizabeth (QE), Nottinghamshire – Kings Mill Hospital (KMH) and Essex – Basildon Hospital (BH). The Infection Control Lead liaises with them to discuss microbiological sample results and antibiotic sensitivities.

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

The Outbreak policy was developed in February 2021 to ensure structure when declaring an outbreak and to ensure each part of the MDT knew what part they played within an outbreak. This was also made into easy to follow flow charts to provide assurance that the ward staff knew what to do, the Charity were aware of the IPC teams role and responsibilities in outbreak and the process of declaring outbreaks over, such as closure meetings.





St Andrew’s has adopted the Scottish Manual chapters 1&2 – currently awaiting the updated Public Health England guidance. This is disseminated to staff via SharePoint and has also been uploaded to every member of staffs desktop to ensure easy access.

The IPC team developed the SBAR communication tool to ensure effective communication between the wards and IPC team, the rationale for this was to make sure nursing staff could effectively communicate concerns or queries to the IPC team, and this provided assurance that the IPC had all the relevant information to provide accurate assistance and support.

St Andrew's HEALTHCARE

Infection Prevention and Control Communication/Reporting Tool
To be used for any IPC queries or concerns

S	Situation: Name: Role: Ward/department: Site: Patient details (if applicable): Date/time:
B	Background: I am contacting you because: (please provide as much information as possible)
A	Assessment: Symptoms: NEWS 2 score (if relevant) Referral to Physical Health Team: Y or N Sepsis screen needed? Actions/interventions so far:
R	Recommendation I need support with/information on:

Please email completed form to Infection Prevention and Control:
infectioncontrol@standrew.co.uk

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

Occupational Health Flu campaign 2020



Occupational health have been running a Flu vaccination programme and promoting how important it is this year, perhaps more than ever, that staff have a flu vaccination. By getting a flu vaccine staff help protect patients, colleagues, families and friends alike.

Flu Vaccination figures as of 26/01/2021 **Total 1407 (31.77% of total workforce)**

Staffing figures

Region	Employees	Work choice	Total	Flu jab Uptake of Total workforce
Northampton	2831	936	3767	31.56%
Birmingham	279	96	375	26.87%
Essex	191	86	277	36.46%
Total	3301	1118	4419	31.77%



Staff Covid 19 Vaccine Figures for the first phase up to the 31/03/21

Site	Staff uptake
Northampton	78%
Essex	84%
Birmingham	42%
Winslow	76%
Broom	100%

Just to note regarding the Birmingham numbers – the uptake of the vaccine in Healthcare workers in the West Midlands is 62% and for Birmingham and Solihull MH Trust, the uptake is 52%. While our Birmingham figures are lower than this, it reflects the lower rates generally in the West Midlands.



Occupational health have not had any reported sharps needlestick injuries during the last 12 months. This is supported by the fact that there have been no Datix reports submitted relating to sharps injury.



The IPC team have been fit testing FFP3 masks for staff that require additional level 3 personal protective equipment.

To date 190 staff across the Charity have been successfully fit tested for a FFP3 mask.

Priorities and Future Developments for 2021/2022

The Gap Analysis completed in March 2021 gives the IPC action plan and project work for 2021/2022, which includes the following –

- Rapid clinical practice audit tools
- Dental and podiatry audit tools
- Hand hygiene awareness campaign for May 2021 in line with the World Health Organisation hand hygiene day
- Review IPC risk register
- Review and develop Infection Prevention and Control Group (IPCG) with reporting templates for divisional updates
- Identify and develop IPC link nurses
- Work towards an award winning service
- IPC team to commence IPC MSc
- Review the outbreak policy
- Learn lessons
- Ensure generic framework for the future.