



**Infection Prevention & Control
Annual Report – 2022-2023**

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Executive Summary

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.

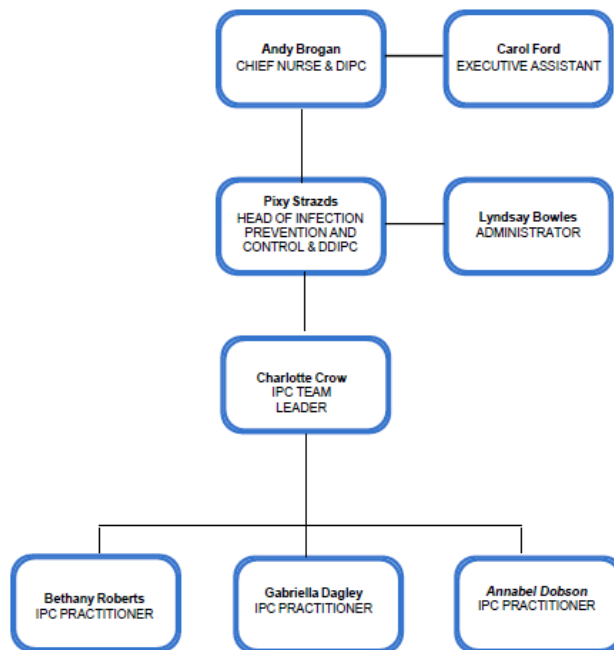
The report demonstrates that St Andrew's Healthcare, assisted by the IPC service, continued to make substantial progress throughout the year in providing assurances to the Board



Andy Brogan – Chief Nurse & DIPC

Introduction

St Andrew's Healthcare recognises the obligation placed upon it by the Health & Social Care Act 2008 (updated 2015). The Charity continued to invest in the Infection Prevention and Control (IPC) service leading to the appointment of an IPC team leader and an additional IPC Practitioner in July 2022.



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 2023/2024 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**

As part of this years' annual work plan, the IPC team adapted the HCAI section of the Physical health check to provide a more succinct and easily accessible tool for use on admission for the medical team. This improved format also allows the IPC team greater scope for future screening and surveillance within the Charity.

The IPC team reinstated the infection control Champion education sessions (previously known as Link Nurse training) where we asked nurse managers to identify a member of staff with an interest in IPC who would like to take on the role for their ward/area. In February and March 2023, we held the first two-hour sessions of IPC & ME, a programme which covers many areas of infection control including the science of IPC, risks associated with in IPC and transmission-based precautions. These sessions utilise guidance from the globally recognised World Health Organisation (WHO), nationally recognised bodies such as the United Kingdom Health & Security Agency (UKHSA) and National Health Service England (NHSE) alongside local agencies such as Northamptonshire Hospitals Foundation Trust (NHFT).

To comply with and disseminate information appropriate to the Infection Control agenda, these sessions have continued monthly with positive feedback;

*I find the IPC sessions really useful. They provide much needed clarity around IPC policy and procedures. They also provide much needed updates with new policy or procedures in the charity. I also found it really helpful to learn about new IPC related products the charity will be using (the hand sanitiser and the clinell spill kits.) Of course, I then disseminate what I've learned throughout the rest of my team. I really hope the sessions continue; I feel much more informed. Thanks,
Champion*

- 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**

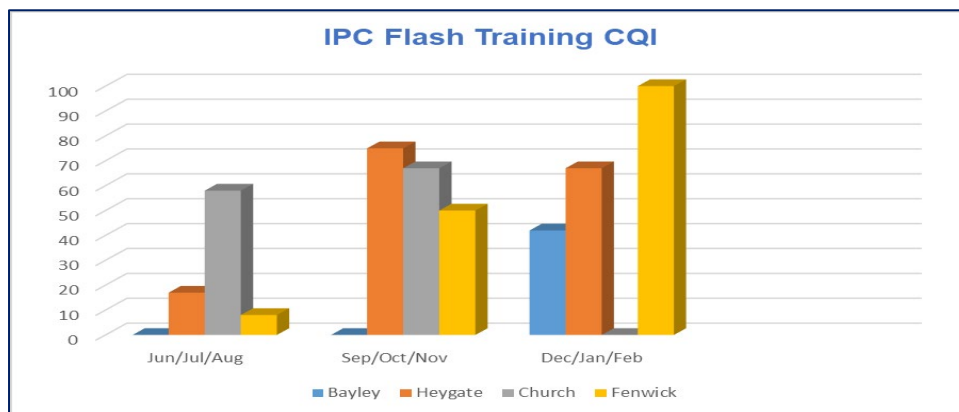
This has enabled us to provide the Champions with information and knowledge on various aspects of IPC to equip them within their role on the wards. Additionally, we have used this as an opportunity to notify the Champions of changes throughout the Charity that appear not to have been reached through comms such as; spill kits and hand sanitiser. The IPC team have been able to engage with ward Champions around subjects that wards and divisions appeared to be struggling with for key messaging and better understanding around audits, waste, hand hygiene and outbreaks. The Champions are, and hopefully will continue to be an asset to their ward areas, Divisions, and the Charity;

I wanted to thank yourself and the IPC team for providing the monthly IPC group. I have found them extremely helpful, allowing me to feedback and support the whole ward in matters relating to IPC. This has resulted in a far greater understanding and compliance with IPC on my ward and enabled staff to actively promote IPC throughout the hospital. Many thanks, Champion

I have attended several IPC and me sessions over the last few months and have been impressed by the knowledgeable nursing staff who provide a vital service in raising awareness of IPC issues and best practice amongst our teams. The roles of these specialist nurses are a vital aspect of ensuring the quality of care, health and safety of our patients and staff and ensure the best standards are maintained across the charity. Such specialist nursing roles are vital to ensure the charity remains at the forefront of innovation and becomes a leading organisation for quality healthcare as described in the Thrive initiative for St Andrews Healthcare. Champion

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

As part of our annual work plan 2022-2023 the IPC team commenced a 'Flash Training' CQI in December in Malcolm Arnold House. The premise was that IPC audits were not being undertaken adequately and as such we needed to train staff in how to do this. As staff were unable to leave the ward to complete training due to staffing issues, we would bring the training to the ward. Not only this but as staff learn in a variety of ways, we needed to ensure we were able to educate staff via several methods, visual, auditory, and kinaesthetic to allow them the greatest chance to understand the process. In total forty-seven staff in a variety of roles from HCA to CNL completed the training available between ten and eleven-thirty in the morning for ten days.



Over the three months that the data was sampled across the four wards of Malcolm Arnold House prior to the CQI in September/October/November (MAH) 23 audits were completed, 48%, of the forty-eight audits that should have been completed, in comparison after the CQI was completed 25 audits were completed, 53%, of the forty-eight audits that should have been completed, an incremental increase of 5.75%. The CQI flash training also improved staff uptake in completion. The value of face-to-face subject learning within the ward building certainly appeared to garner interest with members of staff returning to discuss IPC issues and having a better understanding of Infection Prevention and Control and engaging with the team in a positive and professional manner. The IPC team will complete a second PDSA cycle of this CQI next year when the new IPC audit tool comes into use, a new area will be engaged, and hopefully the results will mean that 'Flash Training' can be used for a variety of subjects throughout the Charity on completion.

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

The National Cleanliness Standards 2021 was introduced across St Andrew's in 2022. Each area was assessed for its functional risk rating and an audit schedule was set up accordingly. Wards are audited monthly with office areas on a six-monthly audit schedule. Additionally, efficacy audits have been introduced which audits compliance and ways of working. Star posters and cleanliness charters have been rolled out to both wards and communal areas. In 2022 we also carried out a full Patient Led Audit of the Care Environment across all three sites.

IPC have worked collaboratively with Estates and Facilities to introduce three new disinfection systems to provide and maintain a clean environment across the Charity. **AquaTeck**, an all-purpose cleaning and sanitising solution, is currently being trialled at our Essex site. **Hydra Disinfection Misting System** has been approved and will be in use for deep cleans shortly. Six **Rediair** air purifiers are being purchased for use in poorly ventilated spaces to reduce airborne pathogens and the risk of infection transmission.

AquaTeck technology uses the naturally powerful sterilisation and odour-destroying properties of Hypochlorous acid (HOCl). Combining ordinary tap water with food-grade salt and vinegar, **AquaTeck** uses a diamond electrode flow-cell to make HOCl; an all-purpose cleaning and sanitising solution. Easy to make, safe to use, and proven to kill 99.99% of viruses and bacteria, this versatile liquid cleans, disinfects, degreases and deodorises. When the cleaning has been completed the solution will naturally revert to its constituent parts, making it safe to tip away.

A wall-mountable unit producing two litres of multipurpose cleaning and sanitising solution on demand.



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

Metis Health - Hydra Disinfection Misting System

This solution enables faster, simpler disinfection at a significantly reduced cost. The Hydra misting system uses stabilised aqueous Hypochlorous acid (HOCl) misting solution. It is a portable all-in-one misting machine. The benefits are:

- Can be used for 'in-house' deep cleans cutting out the need for an external contractor.
- Faster cycle - as little as 15 minutes start to finish.
- Simple to use - all-in-one portable solution, easy for a single user to operate with no need for PPE.
- Reduced waiting times - wards and rooms can be used in minutes rather than hours or days.



RediAir

Aerosols can remain in the air for prolonged periods of time in poorly ventilated areas, increasing the risk of spreading infections.

RediAir is an instant air purification device, providing clean air where and when it's needed. Capturing particulates, odours and 99.995% of airborne pathogens.

RediAir has dual HEPA 14 and carbon filters which capture particles and odours in poorly ventilated spaces. Adaptable to most situations, RediAir has 4 different operating modes that begin to decontaminate the surrounding air, within seconds. RediAir was designed to capture airborne pathogens like bacteria, fungi & viral aerosols.



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

Information on antimicrobial use is supplied in chart form to the Medicines Management Operational Group (MMOG) and is available to be shared with pharmacists in their divisions to highlight any particular concerns such as type of antibiotics in use, areas with high use etc. Antimicrobial use follows a similar pattern each month, but any unusual patterns are discussed and looked into.

The Head of Pharmacy is a member of the Northants Antimicrobial Group so has opportunity to have access to secondary and primary care related antimicrobial initiatives and priorities.

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

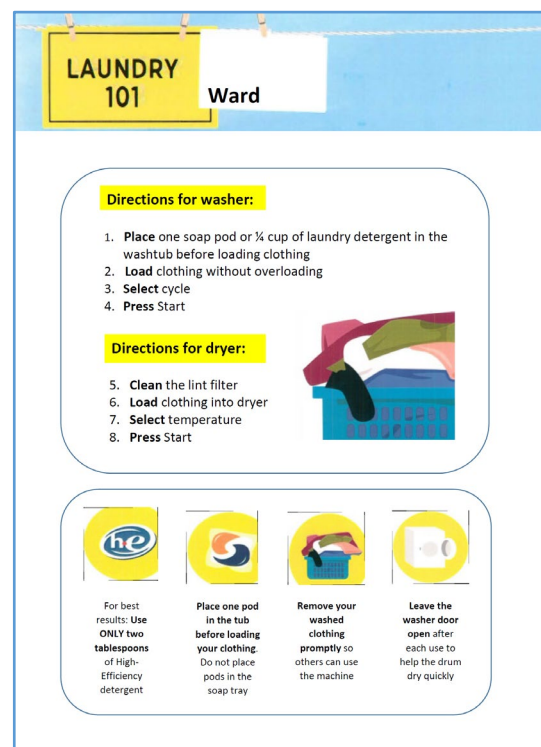
The IPC team have supported Soft FM with the annual PLACE audits with our patients and service users.

The DDIPC attends BENNS meetings and discusses IPC issues with patients and service users across the Charity. The IPC team have requested invites to community forums and are awaiting dates for the upcoming year.

The Carer Engagement Team continue to be supported by the IPC team regarding the Carers Centre and advice for family and friends of patients and service users.

The IPC team worked with the Patient Engagement Team to seek patient and service user feedback on new cleaning products including self-care wipes and with the air purifiers discussed in criterion 2.

The IPC team have worked collaboratively with the Speech and Language team and Soft FM to devise a poster showing how to use the washing machine and dryers on the wards to assist patients.



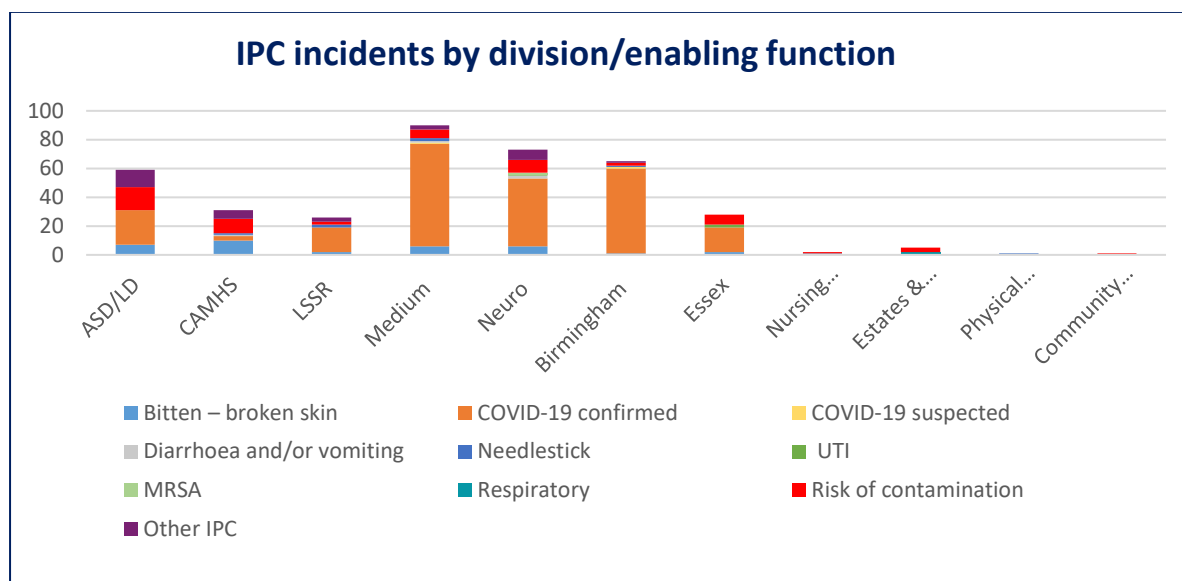
5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people

Overall IPC Datix for St Andrew's April 2022 – March 2023

Type of incident	Number of incidents recorded
Bitten – broken skin	35
COVID-19 confirmed	238
COVID-19 suspected	2
Diarrhoea and/or vomiting	4
Needlestick	8
UTI	3
MRSA	1
Respiratory	1
Risk of contamination	57
Other IPC	32

Incidents by Division/Enabling Function

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

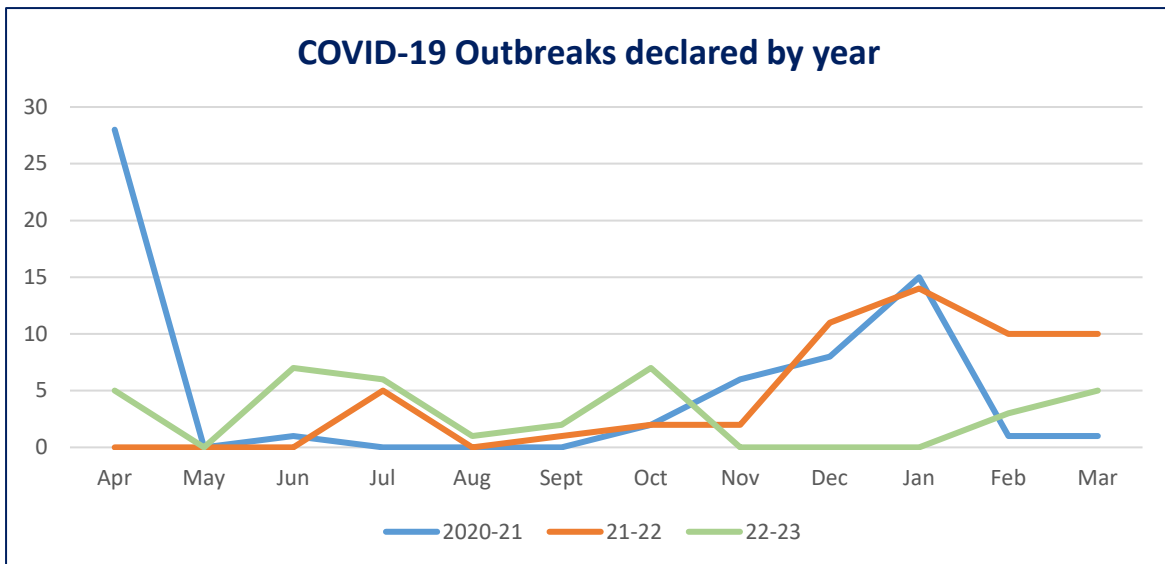


5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people

Number of COVID-19 outbreaks – April 2022 - March 2023: 36

Over the period 1st April 2022 to 31st March 2023 we have managed 36 COVID-19 outbreaks across the charity.

The chart below shows a comparison of COVID-19 outbreaks by year.



The IPC Team are working with Physical Healthcare colleagues on the use of LFTs for flu diagnosis.

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

The IPC team have continued to deliver training within the Charity through blended traditional formats such as face to face and further reaching e-learning platforms. E-learning training on induction of new employees has historically been mandatory, however, this is now mandatory as an update annually for all staff. We have reviewed the mandatory IPC e-Learning this year to ensure it continues to be in line with best practice, stipulating roles and responsibilities throughout the Charity.

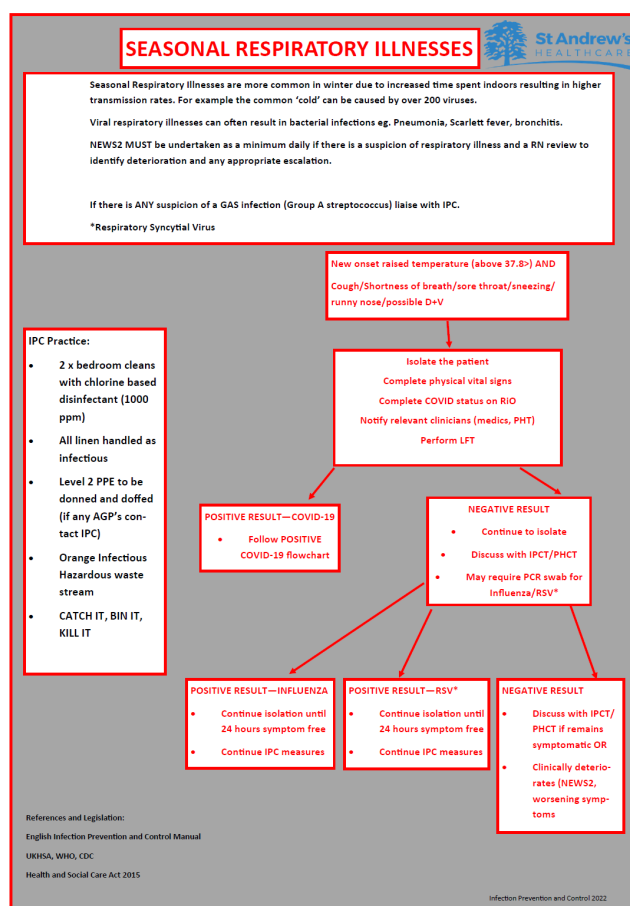
At 31st March 2023 compliance with IPC e-learning is good.

During outbreaks of COVID-19 throughout this period we found that staff have continued to require access to key information on IPC Practice at the point of care. To address this the IPC team have made early contact with the Nurse Manager/CNL/NiC, providing resources such as a printable version of the 'super training', relevant posters and key messaging that can be accessed by all staff including non-permanent staff, especially considering the rapidly changing landscape of COVID-19 and associated guidance from NHSE and UKHSA.

Members of the IPC team are currently exploring the possibilities of undertaking the Level 3 Award in Education & Training (AET) RQF. As we are now entering an era where we are spending a large proportion of our time, not only training and coaching staff face to face, but presenting work electronically and preparing learning packages for the Charity in a range of evidence-based learning formats. This course will hopefully provide the foundation skills required to provide assurance in imparting appropriate IPC information accordingly, mindfully, and, with a greater toolkit to capitalise on, which will allow us to ensure our service education continues to be delivered efficaciously.

7. Provide or secure adequate isolation facilities

The IPC team continue to adapt COVID-19 isolation guidance in line with UKHSA and NHSE recommendations. The team have adapted the previous COVID-19 flowchart into seasonal respiratory illnesses guidance in preparation of post pandemic working practices.



The IPC team continue to advise on isolation requirements for all infections not only COVID-19.

7. Provide or secure adequate isolation facilities

The IPC team have advised with the Clinical and Professional Advisory Committee (CPAC) the reducing of PPE required for staff in line with current guidance. Masks are now worn for caring for positive cases and outbreak management. One division maintains mask wearing for all staff due to local risk assessment and the vulnerability of the patient group.

The IPC team are currently working with hard FM to purchase air purification units for the purpose of assisting the ventilation on wards during outbreaks of infection. Following a trial of several units across the Charity the preferred model is the RediAir. These are due for delivery early 2023. See RediAir information under criterion 2.

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 receive support from all the acute laboratories and the Consultant Microbiologist from NGH is a member of the IPCG.

Physical Healthcare are currently reviewing all SLAs for pathology and microbiology and the DDIPC is part of the review panel.

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 healthcare due to the ongoing COVID-19 pandemic. The IPC team have kept open communications with UKHSA and NHSE to ensure the Charity is working to the latest guidance. The IPC team work with CPAC to ensure all changes to our local policies and procedures are discussed and recorded.

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 the C. diff policy to reflect current guidance.

The Charity has now adopted the NHSE National IPC Manual Chapter 1 and 2 and has ensured this document is available via a desktop link on all computers within the Charity as well as on the Hub.

The IPC team await further chapters of the National IPC Manual from NHSE in 2023/24.

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

Occupational Health Flu & Covid Campaign 2022/23



Throughout the winter, all staff were encouraged to have their flu and COVID booster vaccines with drop-in sessions offered across the St Andrew’s sites. The IPC team assisted as vaccinators at the Northampton site during this period. By getting a flu/COVID vaccine staff can help protect patients, colleagues, families and friends alike.

The table below shows the uptake figure for flu and COVID vaccinations across the Charity. From October to December 24% of staff were vaccinated. This figure does not include those staff that received a vaccination outside of St Andrew’s. However, the overall figure of those staff taking up the opportunity to get vaccinated through the Charity’s vaccination programme is still relatively low. The IPC team will continue to work with Occupational Health, Pharmacy and external stakeholders for the 2023/24 vaccination programme.

October - December							
Site	Total Staff	Covid+Flu Vaccination	Flu Vaccination	Covid 4th Vaccination	Total Staff Vaccinated	% Staff Vac.	% of Covid+Flu Vac.
Northampton	3,375	700	131	97	928	27%	21%
Birmingham	438	24	14	9	47	11%	5%
Essex	302	20	12	3	35	12%	7%
Bestwood	64	-	5	-	5	8%	0%
Alfreton	7	-	-	-	-	0%	0%
	4,186	744	162	109	1,015	24%	18%

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

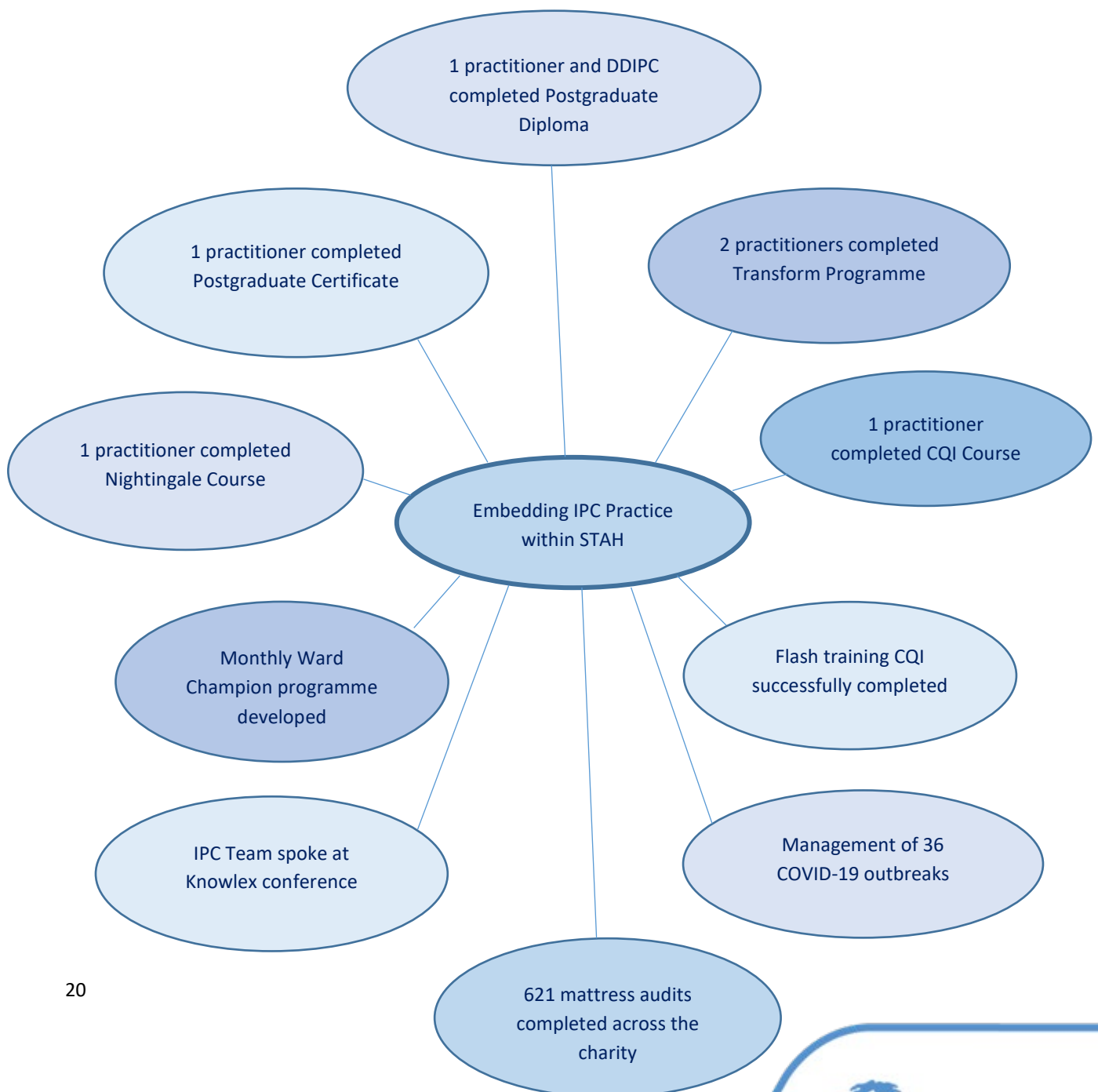


One needle stick injury was reported to Occupational Health in the last year. When a sharps injury occurs the Occupational Health and IPC teams are notified by the Datix. IPC identified through auditing that wall brackets needed to be installed in ward clinic rooms to comply with sharps handling and disposal guidance.

The IPC team continue to work with Occupational Health, Health and Safety and Datix team to address the issues around under reporting through Datix.

Achievements 2022/2023

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



Priorities and Future Developments for 2023/2024

- ❖ **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.

Any outstanding objectives from 2022/23 are incorporated into the IPC work plan for 2023/24.