



Director of Infection Prevention
and Control Annual Report

2022/23

Infection Prevention and Control Annual Report 01 April 2022 – 31 March 2023

EXECUTIVE SUMMARY

1. The Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance (Code of Practice) outlines the regulations relating to the prevention and control of infection. Within this, the Code of Practice sets out the 10 criteria against which a registered provider will be judged on how it complies with the registration requirements related to infection prevention.
2. Reducing the risk of infection through robust infection control practice is a key priority for Wirral Community Health and Care NHS Foundation Trust (WCHC) and supports the provision of high-quality services for patients, good governance, and a safe working environment for staff.
3. In 2022/2023 Wirral Community Health & Care NHS Foundation Trust (WCHC) continued to provide an Infection Prevention and Control Service (IPCS) to the wider health and care community of Wirral. The service includes the provision of advice and support to a variety of health and social care professionals, including care homes and other adult social care providers, general practitioners, and dentists, whilst also to schools, nurseries, general public, commissioners and professional bodies/organisations.
4. This report acknowledges the work undertaken by the IPC Team, who have continued to effectively manage the challenges posed by the ongoing COVID-19 pandemic. Throughout 2022/23, the team have continued to respond flexibly to ensure staff working in community services have felt supported to deliver care in a safe way.
5. Compliance with the IPC Board Assurance Framework standards 2022/23: Version 1.11 was submitted and approved by the Quality and Safety Committee on 11.01.2023.
6. The Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance was updated on 13 December 2022.
7. A review of the changes to this document has been completed, resulting in the development of a quality improvement plan to progress with new aspects of the updated guidance. Action plans have been implemented to mitigate any potential risk.
8. During the pandemic, additional investment was made by the Local Authority to the IPC service to provide enhanced support to Wirral Care Homes. This continued throughout 2022/23 with enhanced support being offered to all providers of 24 hours Adult Social Care services.
9. During 2022/2023 the IPCS continued to support and educate staff to promote safe and effective IPC practices as well as providing support to the wider system in response to the on-going pandemic and associated challenges, including interpretation of new and revised guidance.

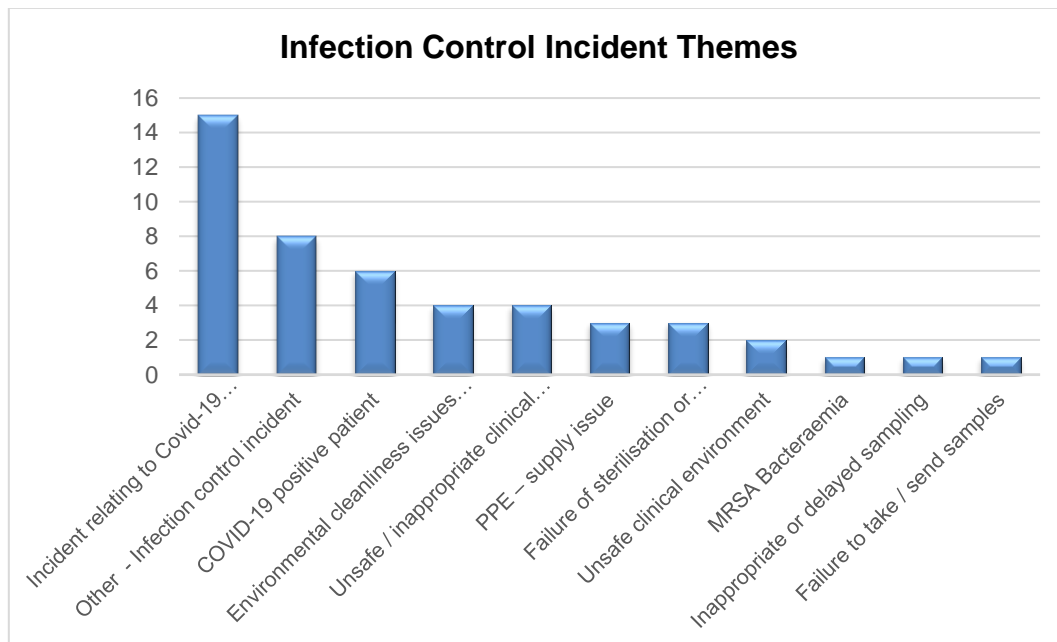
CRITERION 1:

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.

10. The IPC Team have provided advice and support to all trust services, prioritising an urgent response to cases, clusters and outbreaks of COVID-19 and other infectious diseases.

11. An updated version of the IPC Board Assurance Framework was released on 21 September 2022, version 1.11. The purpose of the updated BAF is to support all healthcare providers to effectively self-assess compliance with the National Infection Prevention and Control (NIPCM) manual and to provide an additional level of assurance to the Board.
12. The review highlighted full compliance across eight standards and partial compliance against two standards. Systems of controls are still maturing – evidence shows that further action is required to enhance their effectiveness.
13. An anticipated reduction in IPC staffing during 2023/24 was entered onto the Trust’s risk register in March 2023 – Risk ID: 2902, risk score 12 (L3xC3). This risk has been mitigated by the successful submission and approval of a business case via the Executive Leadership Team. Recruitment will be progressed during Q1 of 2023/24, with business continuity plans in place to ensure continued service delivery.
14. Following a review of the Trusts IPC evidence against The Code of Practice on the prevention and control of infections and nationally updated guidance, key priority areas for development are in progress, to provide assurance of full compliance with the newly released guidance.
15. In accordance with the Trust’s IPC governance assurance framework, all identified risks have been effectively managed via the operational risk register during 2022/23, with monthly monitoring via the Trust’s IPC group, reporting quarterly to the Quality and Safety Committee for assurance.
16. During the reporting period there were 48 infection control incidents, the breakdown of the incidents is outlined below:

Figure 1: Number of infection control incidents and themes reported April 2022 to March 2023



17. IPC incidents are reviewed at the IPC Group following review at service level in accordance with the Trust’s governance framework. There are no incident themes or trends to report to the Board of Directors by exception.
18. To support the Community Intermediate Care Centre (CICC), in addition to IPC environmental audits, the IPC team have undertaken regular ward visits to support a review of IPC standards and have developed an IPC Ward Assurance Checklist for completion by Ward Managers.
19. Audit results are monitored at service and locality level and reported by exception to the IPC group for assurance.

- 20. During the annual reporting period, the Trust has continued to monitor hand hygiene compliance across all frontline clinical services on a quarterly basis.
- 21. Hand hygiene compliance is tracked via the Trust's Standards Assurance for Excellence (SAFE) system and reported by exception to the IPC Group and SAFE Operation Group (SOG).
- 22. During 2022/23, 89.1% of eligible staff completed the hand hygiene audit with 99.9% compliance with the required standards.
- 23. To provide a greater level of assurance, audits are also peer reviewed, to observe standards in clinical practice; 91.5% of completed audits have been peer reviewed.

Figure 2: Hand Hygiene Essential Steps Compliance/Completion Rates

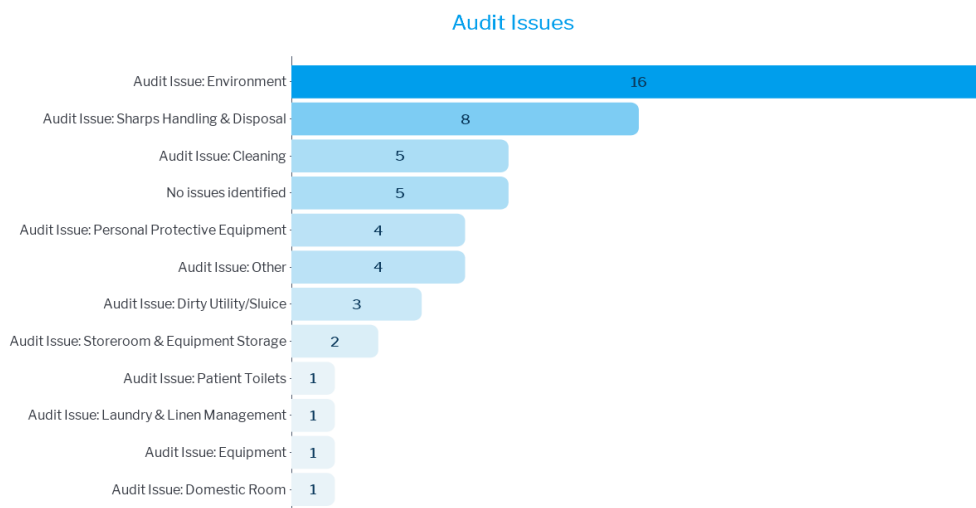


CRITERION 2:

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

- 24. During the reporting period, to ensure effective use of specialist IPC resource, the Trust's environmental audit programme has been completed on a risk-based approach.
- 25. A total of 32 IPC environmental audits were completed by the IPC Team during the annual period, focusing on higher risk areas of the trust.

Figure 3: IPC Environmental Audit Themes and Trends



- 26. In response to the audits undertaken, action plans have been developed and are tracked via Locality Safe with high level assurance provided to the Infection Prevention and Control Group.

27. The IPC Team have continued to provide support to the Head of Estates and Operational Services to ensure IPC is considered as part of any service re-design, including the priority relocation of the Urgent Treatment Centre and the development of the Marine Lake Health and Wellbeing Centre.
28. Following a review of the trusts IPC evidence against The Code of Practice on the prevention and control of infections and related guidance there are a number of areas of development required in order to be fully compliant with this criterion. **This includes fully embedding governance processes to support the full implementation of the National Standards of Healthcare Cleanliness and PLACE assessments. Robust plans are in place which will be monitored through the Infection Prevention and Control Group and Estates Management Group, with reports by exception to the Quality and Safety Committee.**

CRITERION 3:

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

Joint work with Wirral partners

29. The Trust Medicines Management Team engaged fully with the Antimicrobial Stewardship (AMS) Lead Pharmacist for Wirral Place, sharing the Trust's internal antimicrobial audits, ensuring that Patient Group Directions involving antibiotics were approved by the AMS Lead Pharmacist and circulating educational material provided via the stewardship group.
30. Activities to promote World Antimicrobial Awareness week (18 to 24 November 2022) were co-ordinated via Wirral Place.

Audits Completed during 2022/2023

31. During 2022/23 the Medicines Management Team conducted six audits of antibiotics associated with a high risk of *Clostridioides difficile* prescribed within the Urgent Treatment Centre.
32. In each of the audits, 20 patient records were examined by extracting information from the electronic patient record
33. Audit findings are reported back to individual prescribers via their line manager and monitored at service level in addition to the Medicines Governance Group.
34. The percentage compliance with Pan Mersey and NICE guidelines was as follows:

Month	Medication	% Compliance with guidance	Re-audit Month	% Compliance post feedback
April 2022	Cefalexin	70%	June 2022	80%
August 2022	Quinolones	50%	October 2022	89%
December 2022	Co-Amoxiclav	90%	N/A	N/A
February 2023	Cephalosporins	65%	Due to be re-audited in Q1 2023/24	

35. The Cefalexin audit completed in April 2022 was repeated in June 2022 with the findings evidencing improvements in adherence to Pan Mersey and NICE guidelines.
36. The Quinolone audit completed in August 2022 was repeated in October 2022, adherence against prescribing guidelines improved to 89%, following direct feedback to prescribers.
37. In addition, a point prevalence study was undertaken during quarter 4, where all antimicrobial prescribing undertaken by Trust Services for a 24-hour period was examined to establish if the prescribing was in line with guidelines.

38. In addition to audits, the Trust requires all practitioners who prescribe, administer or advise on antibiotics to complete antimicrobial resistance awareness training. At the end of Q4 96.08% of eligible staff had completed the training.
39. Training compliance rates are tracked monthly at service level throughout the organisation, with trajectories for improvement developed where required, reporting by exception to the Trust's SAFE Operational Group.

CRITERION 4:

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

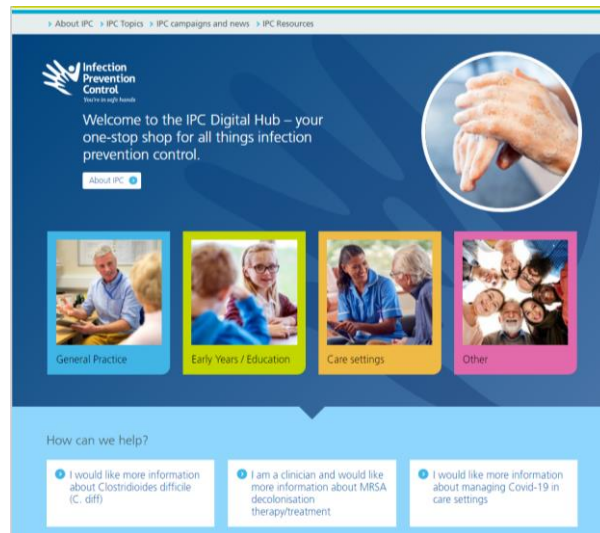
40. The IPC team delivered a programme of activity to recognise the World Health Organisation's Global Hand Hygiene Day in May 2022.
41. The team adopted the World Health Organisation's promotional materials and shared key messages with adult social care providers, primary care, schools and local hospices. Key messages were also shared with the local outbreak hub for wider promotion to providers such as hostels. A series of visits were also undertaken to several care home providers and the Community Intermediate Care Centre to promote hand hygiene using the light box as a visual aid to support learning.



42. The IPC Team delivered a robust communications plan, produced in collaboration with the Communications team, to recognise International Infection Prevention Week.
43. The team, with support from the Trust's internal Communications and Marketing team, highlighted the importance of all aspects of infection prevention during International Infection Prevention Week in October. Messages were shared internally to trust staff and externally to key partners across the community. The IPC Team were available for a chat throughout the week in the atrium at St Catherine's Health Centre.



44. An IPC Digital Hub has been developed and will be launched in April 2023. This will be the home for all IPC information and will become a one stop shop for all providers of community care.



45. As part of the launch of the IPC Digital Hub in April 2023, the IPC Team will be launching a dedicated IPC Twitter account to share key updates and important information.

46. An IPC focused update was issued to trust staff to 'Take action to prevent infection', providing a valuable themed update with an emphasis on key system priorities including the management of Urinary Tract Infections and *Clostridioides difficile*.

CRITERION 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.

47. During the reporting period, five nosocomial outbreaks of COVID-19 were identified within the Community Intermediate Care Centre (CICC).

Outbreak 1 - Bluebell Ward COVID-19

An outbreak of COVID-19 was declared on Bluebell Ward on the 19/04/2022. In total there were 7 patient cases and 11 staff cases associated with this outbreak. The outbreak was effectively managed and concluded on 04/05/22.

Outbreak 2 - Bluebell Ward COVID-19

An outbreak of COVID-19 was declared on Bluebell Ward on the 21/06/2022. In total there were 14 patient cases and 21 staff cases associated with this outbreak. The outbreak was effectively managed and concluded on 22/07/2022.

Outbreak 3 - Aster Ward COVID-19

An outbreak of COVID-19 was identified on the 06/07/22. In total there were 10 patient cases and 9 staff cases associated with this outbreak. The outbreak was effectively managed and concluded on the 22/07/2022.

Outbreak 4 - Iris Ward COVID-19

A cluster of cases were identified on Iris Ward on the 25/08/2022 and on the 26/08/2022 an outbreak of COVID-19 was declared. In total there were 2 patient cases (0 staff cases) associated with this outbreak. The outbreak was effectively managed and concluded on 20/09/2022.

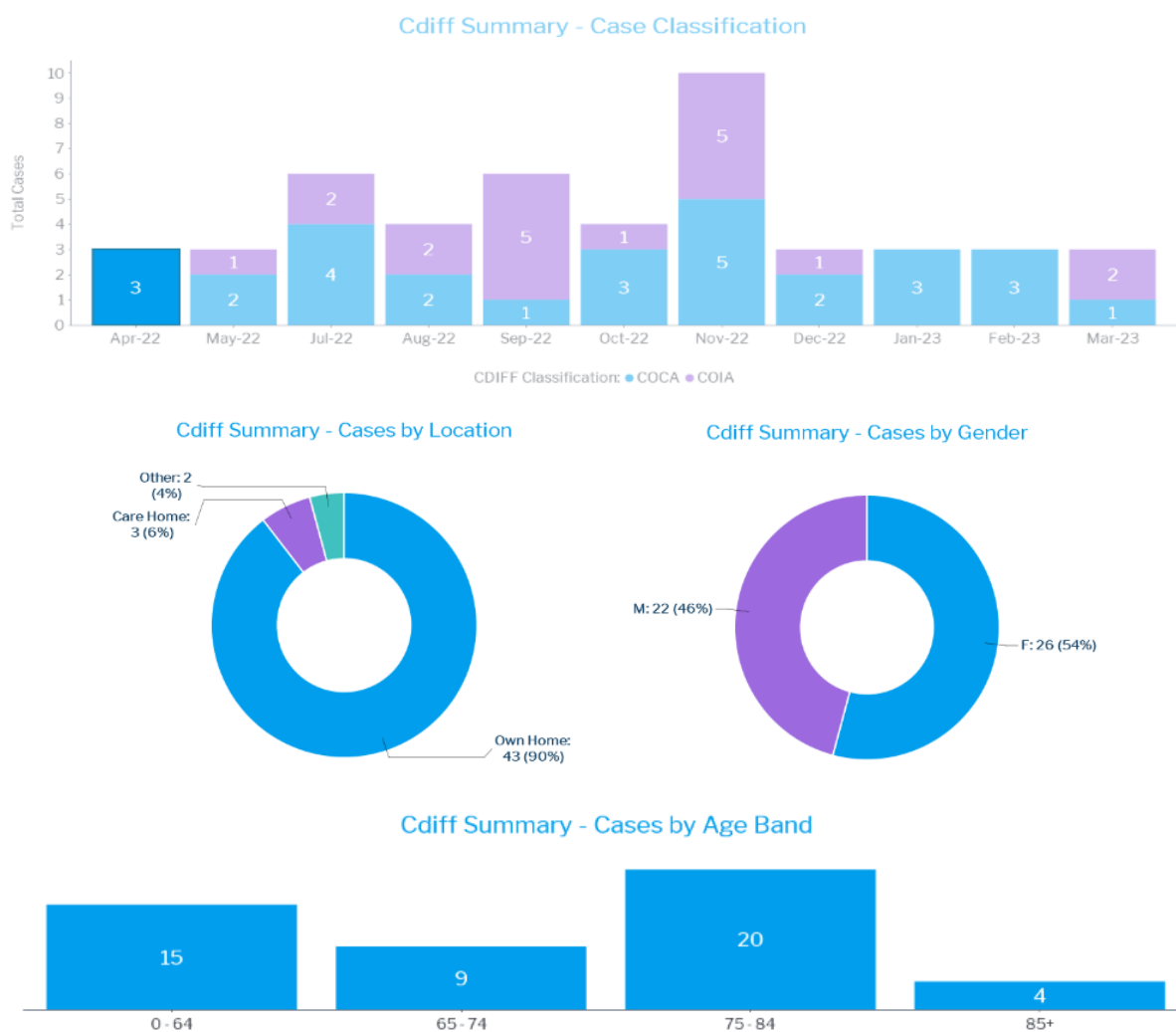
Outbreak 5 - Aster Ward COVID-19

An outbreak of COVID-19 was identified on the 10/10/22. In total there were 5 patient cases and 6 staff cases associated with this outbreak. The outbreak was effectively managed and concluded on the 18/10/2022.

48. To support a cycle of continuous learning and improvement a review of each outbreak is undertaken through Outbreak Control Groups.

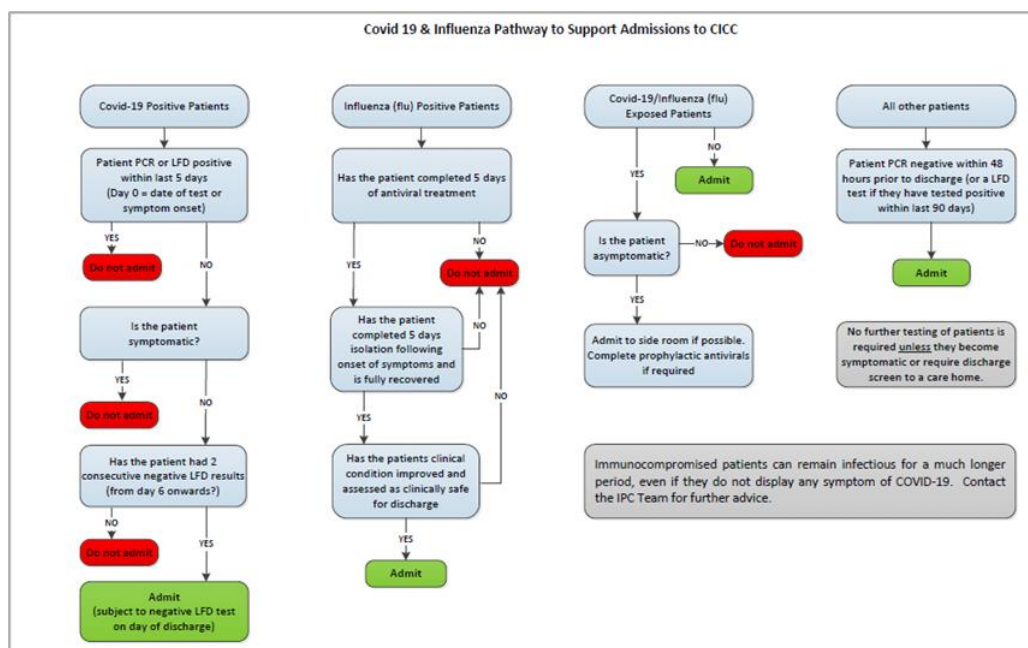
49. There were no other outbreaks of infectious disease in the Community Intermediate Care Centre in 2022/23.
50. During 2022/23, one patient was identified to have a community onset MRSA bacteraemia which was reported via the Strategic Executive Information System (StEIS) as part of the Local Authority contract to support system-wide learning. This case was not attributable to Trust services.
51. A Patient Safety Investigation was completed which did not identify any learning or actions for WCHC services.
52. The NHS Standard Contract 2022/23 includes quality requirements to minimise rates of *Clostridioides difficile* (*C.difficile*). The threshold for Wirral system was set at no more than 132 cases of *Clostridioides difficile* infection (CDI), of which 60 were allocated to non-acute care.
53. The IPCS completed a Post Infection Review (PIR) of 48 community attributed cases of CDI as part of the Local Authority Wirral system IPC contract. Of the 48 PIRs undertaken by the IPCS:
- 29 cases were community onset community associated
 - 19 cases were community onset indeterminate association
54. From a review of each CDI case, 0 were found to be attributable to Trust services.

Figure 5: Community attributed *Clostridioides difficile* toxin positive cases 2022-2023



55. All toxin positive and equivocal cases of community attributed *Clostridioides difficile* continued to be followed up by the IPCS. PIRs were completed in all reported community attributed toxin positive cases to identify key themes and trends, infection control expertise was also offered to GPs as required to support in the management of their patients.

56. System wide working continues to support a reduction in cases of *C.difficile*, this included a monthly review of CDI cases at a Healthcare Associated Infections (HCAI) panel focussing specifically on *C.difficile*.
57. The IPCS is a key member of this panel providing an overview of community cases, capturing themes and trends as well as promoting partnership working and system wide learning from these cases.
58. The IPCS have continued to support a system wide improvement project group to drive improvements in the management of Urinary Tract Infections (UTIs). The IPCS have also supported the delivery of the To Dip or Not to Dip (TDONTD) project in care homes for older people including the delivery of a number of train-the-trainer training sessions.
59. The team have also supported and trained the Bladder and Bowel and Teletriage services to implement TDONTD training to Community Nursing Teams and the Community Intermediate Care Centre (CICC).
60. Throughout 2022/23, the IPCS attended regular Place Monkeypox meetings to review local processes. The team also participated in a local task and finish group where colleagues worked collaboratively to create a local system pathway for the management of Monkeypox.
61. The IPCS provided detailed, tailored support to both Sexual Health Wirral and Urgent Care Services. A walk through of a Wirral Sexual Health clinic was completed to establish a process for the care and management of suspected Monkeypox cases in this setting.
62. The IPC Team worked with colleagues in the Integrated Discharge Team to develop a flow chart that would support a safe admission process to the Community Integrated Care Centre (CICC) from Wirral University Teaching Hospital NHS Foundation Trust.



CRITERION 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.

63. During the reporting period, compliance with mandatory and role essential IPC training was:
- Level 1 98%
 - Level 2 87%
 - Aseptic Technique 86%

64. A trust wide improvement plan is in place to improve compliance with mandatory training requirements which is monitored through SAFE Operational Group.

CRITERION 7:

Provide or secure adequate isolation facilities.

65. All inpatient wards at the Community Intermediate Care Centre provide single room ensuite accommodation that can be used for patients requiring isolation where appropriate.

66. Isolation facilities continue to be provided at Trust Walk in Centre and Urgent Treatment Centre where required.

CRITERION 8:

Secure adequate access to laboratory support as appropriate.

67. Laboratory services for the trust are provided by Chester and Wirral Microbiology Service. The laboratories operate according to the requirements of national accreditation bodies for the investigation and management of disease/infections.

68. There is nothing to report by exception for 2022/23.

CRITERION 9:

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

69. The following policies have been approved at the IPC Group during 2022/23 and ratified via the appropriate governance route:

- National Infection Prevention and Control Manual for England
- IPC05: Management of Healthcare Waste
- IPC13: Management of *Clostridioides difficile*
- IPC10: Meticillin Resistant *Staphylococcus Aureus* (MRSA) Policy

70. All IPC policies are tracked through the IPC group to ensure that review dates are not exceeded.

CRITERION 10:

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

71. Occupational Health Services are provided via People Assessment Management (PAM) who are the contracted occupational health service for Trust staff.

72. The IPC Team signpost Trust staff to PAM where occupational advice is required.

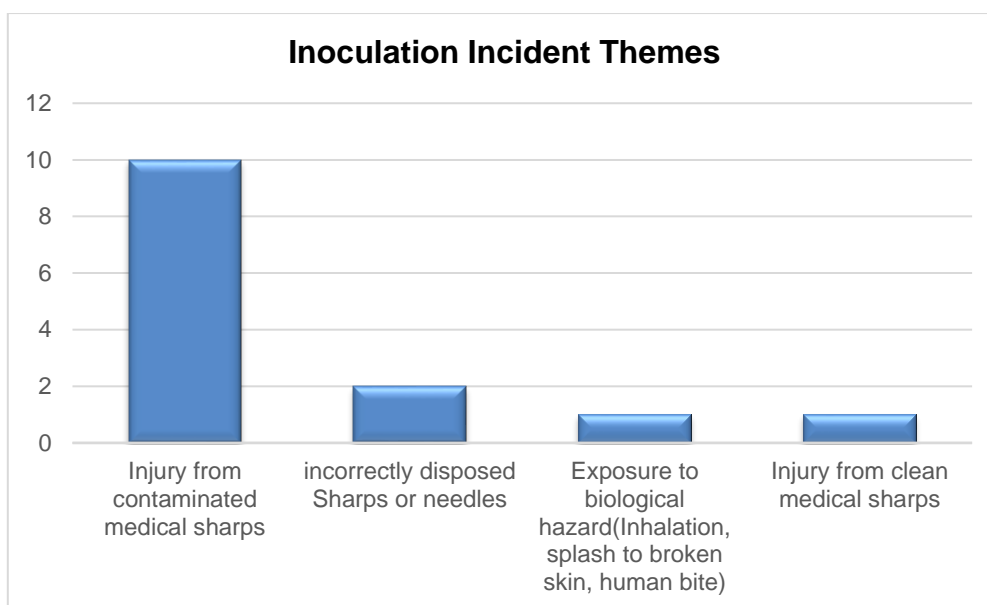
73. The Trust ended its staff seasonal influenza vaccination programme on 28th February 2023. Vaccination levels at the end 2022/23 were **64.1% of healthcare workers had received their seasonal flu vaccination.**

74. Learning from the programme will inform planning for 2023/24, **evaluation of the programme can be seen in appendix 1.**

75. An assessment has been undertaken and there is no significant correlation with sickness levels across services and the low uptake of flu vaccine across the Trust.

76. WCHC staff have been offered the opportunity to receive their COVID-19 vaccination as part of mutual aid from system partners, at the end of 2022/23, 41.6% of healthcare workers have received their booster.
77. During the reporting period there have been 14 inoculation incidents which have all been appropriately managed in accordance with Trust policy.

Figure 6: Number of infection control incidents and themes reported April 2022 to March 2023



Summary

78. The 2022/23 DIPC Annual Report recognises that infection prevention and control within a community setting continues to present challenges. The annual work programme for 2023/24 will continue to deliver against key national standards including The Health and Social Care Act 2008: code of practice on the prevention and control of infections, NHS England IPC Board Assurance Framework and the National IPC Manual.
79. The COVID-19 pandemic remained a challenge throughout 2022/23. As we continue to move toward a status of living with COVID-19, robust and proactive approaches to IPC will be key to ensuring that we are able to respond to further waves of COVID-19, strengthening our IPC response in all areas of the Trust and ensuring staff knowledge around key IPC practices.
80. WCHC is committed to continuous quality improvement to ensure sustainable improvement in infection prevention and control practice whilst supporting a zero tolerance of avoidable infection and harm to our patients and staff.
81. Effective IPC practices require commitment from all staff, including both clinical and non-clinical staff groups.
82. HCAI reduction and improvement of infection prevention and control standards requires a multi-partnership approach within the health economy of Wirral and the Trust remains committed to supporting this agenda.
83. The Infection Prevention Control Group will continue to monitor compliance with all infection prevention and control standards and quality improvements reporting quarterly to the Quality and Safety Committee.

Quality and Safety Committee action

84. The Quality and Safety Committee is asked to be assured that IPC system and processes are in place to ensure compliance with The Code of Practice on the Prevention and Control of Infections, Care Quality Commission Health and Social Care Act 2008, Regulations 12 and 15.

Author:

Helen Wilcox Interim Head of Infection Prevention and Control

Contributors:

Sarah Deveney Interim Lead Nurse Infection Prevention and Control

Laura McGuffie Senior Administrator

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Seasonal Staff Flu Programme Evaluation

Date: September 2022 to March 2023

Staff Flu programme 22/23

- 100% of staff eligible for the vaccination including: contracted staff working for the Trust under a service level agreement, security staff working on WCHC sites, cleaners, volunteers and students with direct patient contact
- Vaccines offered:
 - Seqirus Cell-based Quadrivalent, Egg Free - ALL Staff
 - Sanofi Quadrivalent Influenza Vaccine Recombinant Egg Free 1st line for over 65s
- Blended approach used offering clinic appointments and drop in clinics across the trust as well as 'roving clinics' taking the vaccine to staff.
- Booking for St Catherine's Community centre was via Simply Book but we were unable to use this for other clinics
- Recording of immunisations was on the trust data base which enable live data to be seen on TIG

Data (as of 28 February 2023)

- Total of 1,168 eligible staff vaccinated, of which 915 by vaccinated by WCHC
- Total of 1098 staff were vaccinated by WCHC
- The Trust achieved an overall compliance of **64.1%** when adjusting for eligible Trust staff recorded on ESR
- North West Region recorded **50.6%** uptake for HCW and Nationally **51.8%** uptake
- Regionally, Trust HCW uptake varied from 55.5% to 72.3%



Data

Region / Metric	Current Uptake			Frontline / Non-frontline Uptake						Weekly Uptake Change			Eligible HCW Remaining	
	Total ESR HCW Denominator	HCW Flu Uptake (%)	Total HCW Vaccinated	Frontline HCW Denominator	Frontline HCW Vaccinated	Frontline HCW Flu Uptake %	Non-frontline HCW Denominator	Non-frontline HCW Vaccinated	Non-frontline HCW Flu Uptake %	Uptake % Change Two Week Ago	Uptake % Change Last Week	Difference in Weekly Uptake (Actual / Decal)	Eligible HCW Remaining without Seasonal Booster	Eligible HCW Remaining without Seasonal Booster (%)
NATIONAL	1,518,150	51.8%	786,255	1,326,658	686,027	51.8%	#####	99,130	53.0%	0.24%	-4.54%	(4.78%)	731,095	48.2%
North West	226,962	50.6%	114,871	199,505	100,158	50.2%	27,203	14,459	53.2%	0.28%	0.23%	(0.06%)	112,091	49.4%

Region	ICS Name	Trust Name	Trust Code	Trust Type	Total ESR HCW Denominator	ESR HCW Vaccinated (In any delivery model)	HCW Flu Vaccine Uptake
NORTH WEST	Cheshire and Merseyside	THE WALTON CENTRE NHS FOUNDATION TRUST	RET	ACUTE	1,496	800	53.5%
NORTH WEST	Greater Manchester Health and	NORTH WEST AMBULANCE SERVICE NHS TRUST	RX7	AMBULANCE	6,645	3,558	53.5%
NORTH WEST	Greater Manchester Health and	STOCKPORT NHS FOUNDATION TRUST	RWJ	ACUTE	5,728	3,081	53.8%
NORTH WEST	Cheshire and Merseyside	WARRINGTON AND HALTON TEACHING HOSPITALS NHS FOUNDATION TRUST	RWW	ACUTE	4,336	2,401	55.4%
NORTH WEST	Healthier Lancashire and South	LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	RXN	ACUTE	11,191	6,235	55.7%
NORTH WEST	Cheshire and Merseyside	WIRRAL COMMUNITY HEALTH AND CARE NHS FOUNDATION TRUST	RY7	COMMUNITY	1,823	1,168	64.1%
NORTH WEST	Cheshire and Merseyside	MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST	RBT	ACUTE	5,870	3,383	57.6%
NORTH WEST	Greater Manchester Health and	TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST	RMP	ACUTE	4,421	2,592	58.6%
NORTH WEST	Cheshire and Merseyside	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RVY	ACUTE	3,223	1,946	60.4%
NORTH WEST	Cheshire and Merseyside	THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	REN	ACUTE	1,688	1,024	60.7%
NORTH WEST	Cheshire and Merseyside	BRIDGEWATER COMMUNITY HEALTHCARE NHS FOUNDATION TRUST	RY2	COMMUNITY	1,492	921	61.7%
NORTH WEST	Cheshire and Merseyside	WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	RBL	ACUTE	6,030	3,762	62.4%
NORTH WEST	Cheshire and Merseyside	EAST CHESHIRE NHS TRUST	RJN	ACUTE	2,652	1,708	64.4%
NORTH WEST	Greater Manchester Health and	THE CHRISTIE NHS FOUNDATION TRUST	RBV	ACUTE	3,689	2,666	72.3%

What went well

- Roving clinic approach and attending team meetings – taking the vaccine to staff
- Responsiveness of staff working on the programme
- Regular catchups with the Project Team
- Staff training via NHS E-learning
- Support of Medicines Management Team
- Method of booking - Simply Book was very easy to use
- Daily data extract via TIG enabled targeted approach for roving clinics
- Robust Communications Plan

What could have been improved?

- Earlier start date for planning the programme, SAIS (school) programme is completed and sent to schools in June
- Scheduled earlier delivery date for vaccinations if possible, uptake decreased significantly from December as staff no longer saw the need for the vaccine
- Need to use NIMs to record vaccines at point of delivery as unable to bulk upload from Trust system
- Trust system could be used for a simple YES/NO for vaccine given to ensure immediate/live data for targeting areas/teams
- Earlier communications to teams to promote the vaccines
- Vaccinators to be present at the start/end of face to face training sessions to offer vaccines
- Uptake vaccine fatigue from staff and the general population