



Director of Infection Prevention
and Control Annual Report

2023/24

Director of Infection Prevention and Control Annual Report 01 April 2023 – 31 March 2024

Executive Summary

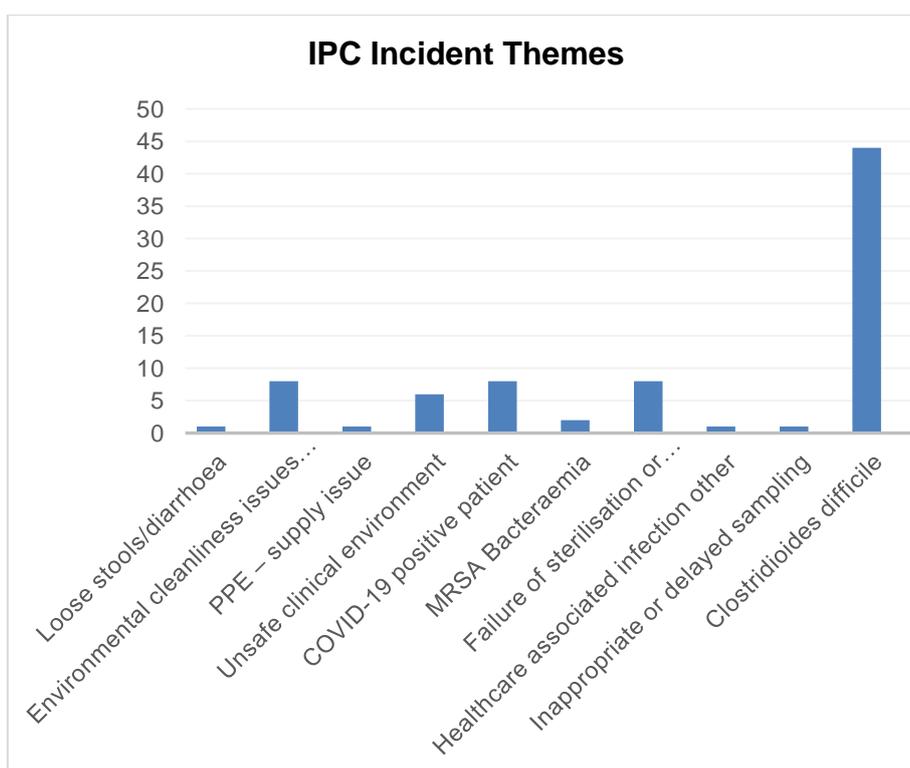
1. The Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance (Code of Practice) outlines the regulations relating to the prevention and control of infection. Within this, the Code of Practice sets out the 10 criteria against which a registered provider will be judged on how it complies with the registration requirements related to infection prevention.
2. This annual report is set out against each criterion of the Code of Practice to support assurance to the Board of Directors of the infection prevention and control (IPC) activity carried out across the Trust throughout 2023/24.
3. The report highlights the work undertaken by the IPC Team during 2023/24, with the team continuing to respond flexibly to ensure staff working in community services have been supported to deliver care in a safe way.
4. Reducing the risk of infection through robust infection prevention and control practice has remained 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.
5. A revised National IPC Board Assurance Framework was published by NHS England on 17 April 2023 and was submitted and approved by the Quality and Safety Committee on 12 July 2023. There are no areas of non-compliance and where there are areas of partial compliance, these elements have been included in the IPC annual workplan for 2024/25.
6. During 2023/2024, the IPCS continued to support and educate staff to promote safe and effective IPC practices as well as providing support to the wider Wirral Place system.
7. In October 2023, the IPC Team alongside colleagues from WCHC's Bladder & Bowel Service, Wirral Council's Health Protection Service, Wirral University Teaching Hospital NHS Foundation Trust and Wirral Place were recognised nationally for the quality improvement work undertaken at a local system level to improve the management of urinary tract infections (UTIs) and hydration in older people and were awarded the Infection Prevention Society Gold Impact Award for Excellence.
8. Following a review of the Trusts evidence against the Code of Practice there are a number of areas of development required in order to be fully compliant. These areas are included in the 2024/25 workplan and progress against these actions is monitored via the IPC Group.
9. In 2023/2024 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.
10. Key priorities for 2024/25 will be to maintain organisational focus on IPC as it remains an integral factor in patient safety.

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.

11. The IPC Team have provided advice and support to all Trust services to ensure continued compliance with IPC practices and to actively contribute to quality improvement and patient safety.
12. An updated version of the IPC Board Assurance Framework was received and the purpose of the updated BAF is to support all healthcare providers to effectively self-assess compliance with the National Infection Prevention and Control manual (NIPCM) and to provide an additional level of assurance to the Board of Directors.
13. The review highlighted full compliance across eight standards and partial compliance against two standards. Areas of partial compliance have been included in the IPC annual workplan for 2024/25.
14. Following a review of the Trusts IPC evidence against the updated Code of Practice, key priority areas for development are in progress, to provide assurance of full compliance with the updated guidance and will be included in the workplan for 2024/25.
15. In accordance with the Trust's IPC governance assurance framework, all identified risks have been effectively managed via the operational risk register during 2023/24, with monitoring via the Trust's IPC group, reporting to the Quality and Safety Committee.
16. During the reporting period there were 80 infection control incidents (44 of which related to *Clostridioides difficile* infections), the breakdown of the incidents is outlined in figure 1:

Figure 1: Number of Infection Prevention and Control Incidents and Themes Reported April 2023 to March 2024



17. Following review at service level, all IPC incidents are reviewed at the IPC Group in accordance with the Trust's governance framework. There are no incident themes or trends to report to the Board of Directors by exception. The 44 incidents relating to *Clostridioides difficile* are reported as part of the IPC Teams wider responsibilities to Wirral Place Integrated Care Board (ICB).
18. During the reporting period, a total of 33 IPC environmental audits of Wirral premises were completed by the IPC Team. In addition to this, 11 IPC focused visits were undertaken in Regional Services to establish a baseline of IPC standards across these settings.

Figure 2: IPC Environmental Audit Themes and Trends



19. In response to the audits undertaken, action plans have been developed and are tracked via Locality Safe Operations Group (OPG), with high level assurance provided to the IPC via Locality reports.
20. In addition to the annual IPC environmental audit programme, and to support the Community Intermediate Care Centre (CICC), the IPC team have undertaken regular ward visits to support and review IPC standards. This also included participation in the annual ward accreditation process.
21. To support IPC Governance and assurance processes, three IPC assurance audits were developed within SAFE for completion by all patient facing services. Compliance is reviewed at Locality SAFE/OPG meetings and assurance provided to the SAFE Operations Group (SOG) and the IPCG.
22. The Trust has continued to monitor hand hygiene compliance across all frontline clinical services on a quarterly basis and compliance is tracked via the Trust's Standards Assurance for Excellence (SAFE) system and reported by exception to the IPC Group and SOG.
23. During 2023/24, 86.3% of eligible staff completed the hand hygiene audit with 99.9% compliance with the required standards. To provide a greater level of assurance, audits are also peer reviewed, to observe standards in clinical practice; 86.2% of completed audits have been peer reviewed. An annual audit of hand hygiene compliance was completed by the clinical audit team.

Figure 3: Hand Hygiene Essential Steps Compliance and Completion Rates

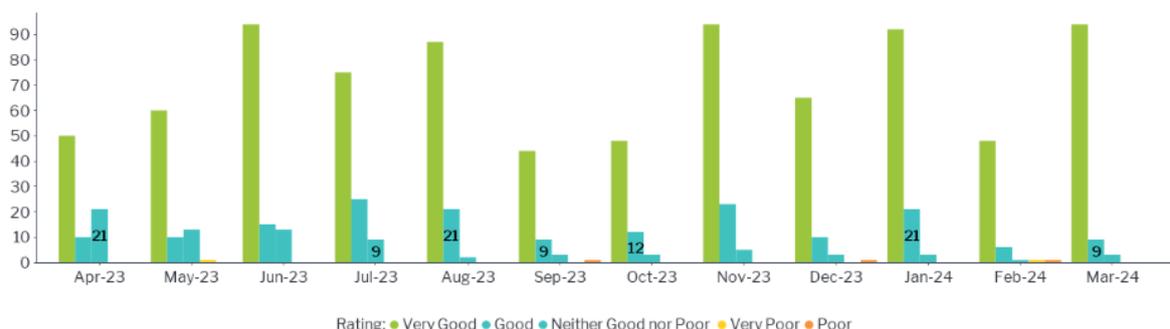


CRITERION 2:

The provision and maintenance of a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.

24. The IPC Team work closely with the Estates team to ensure the IPC in the built environment standards are met and have continued to provide support to the Head of Capital Projects & Estates and Operational Services to ensure IPC is considered as part of any service re-design, was had included the:
 - Relocation of the Urgent Treatment Centre
 - Development of the Marine Lake Health and Wellbeing Centre
 - Refurbishment of Dental Clinic, VCHC
 - Mobilisation of a new Sexual Health Service
25. The Trust’s Health, Safety and Fire Manager established a Water Safety Group (WSG), incorporating relevant areas of ventilation, which reports directly into the Estates management Group (EMG). The IPC Team are core members of this group.
26. During 2023/24, the Estates Team in conjunction with landlords have managed with correct control measures and mitigation processes the following:
 - Legionella and Pseudomonas in outlets within the CICC
 - Legionella in VCH main building
27. The Head of Capital Projects & Estates, with support from the Interim Head of IPC, worked with the Trust provider of domestic services to ensure that National Standards of Healthcare Cleanliness were fully implemented during this period. Patient Led Assessments of the Care Environment (PLACE) were successfully completed in 2023, with the Trust achieving an average of 98% across the 8 assessed areas.
28. As part of the Trusts commitment to collecting service user feedback, data is also collected in response to people’s experience of the cleanliness of the care environment. This is reviewed at the quarterly IPC Group.

Figure 4: Patient Experience - Cleanliness and Tidiness Ratings



29. The IPC Group continue to receive assurance for sites maintained by Cheshire and Wirral Partnership NHS Foundation Trust (CWP) in relation to compliance with the National Standards of Healthcare Cleanliness.
30. The contract term for the provision of Soft Facilities Management (SFM) services ends in June 2024 and The Head of Capital projects & Estates and Head of Procurement are leading the re-tendering process for a new contract to commence on 1 July 2024.

CRITERION 3:

Appropriate antimicrobial use and stewardship to optimise outcomes and to reduce the risk of adverse events and antimicrobial resistance.

31. 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.
32. Activities to promote World Antimicrobial Awareness week (18 to 24 November 2023) were co-ordinated via Wirral Place.
33. During 2023/24 the Medicines Management Team conducted six audits of antibiotics associated with a high risk of *Clostridioides difficile* prescribed within the Urgent Treatment Centre. In each of the audits, 20 patient records were examined by extracting information from the electronic patient record.
34. Audit findings were monitored at service level and at the Medicines Governance Group. The results were also discussed at the quarterly V300 Non-Medical Prescribing Forums. Results of the audits were reported back to individual prescribers via their line manager and when a training need was identified, extra training was provided.
35. Where percentage compliance with guidance fell below 80%, the audit was repeated following feedback and/or training to prescribers.
36. The percentage compliance with Pan Mersey and NICE guidelines was as follows:

Month	Medication	% Compliance with guidance
April 23	Amoxicillin	85%
June 23	Cephalosporins	85%
Aug 23	Quinolones	77%
Oct 23	Quinolones	70%
Dec 23	Cephalosporins	90%
Feb 24	Co-Amoxiclav	75%

37. The Co-Amoxiclav audit completed in February 2024 will be repeated in April 2024.
38. The Quinolones audit completed in August 2023 was repeated in October 2023. Unfortunately, the percentage compliance with guidance had not improved following feedback to prescribers. A Quinolones audit is scheduled to be repeated in June 2024.
39. In addition, a point prevalence study was undertaken in March 2024 where all antimicrobial prescribing undertaken by Trust Services for a 24-hour period was reviewed. The audit results are currently being evaluated to establish if prescribing was in line with guidelines.

40. In addition to the audits, the Trust requires all practitioners who prescribe, administer or advise on antibiotics to complete antimicrobial resistance awareness training. At the end of 2023/24, 96.75% of eligible staff had completed the training.
41. Training compliance rates are tracked monthly at service level throughout the organisation, with trajectories for improvement developed where required, reporting by exception to the SOG.

CRITERION 4:

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

42. Communication is key in promoting effective IPC and the IPC Team have taken a proactive approach in promoting IPC at every opportunity, this has included:
 - Delivery of a programme of activity to recognise the World Health Organization’s Global Hand Hygiene Day which is celebrated each year in May
 - Supporting the promotion of World Sepsis Day which occurs each year in September
 - Delivering a robust communications plan, produced in collaboration with the Trusts Communications and Marketing team, to recognise International Infection Prevention Week in October
 - Working collaboratively with colleagues to share key messages as part of World Antimicrobial Awareness Week (WAAW) in November
 - Participating in the Trusts Quality Improvement celebration event to share the quality improvement work undertaken to improve the management of Urinary Tract Infections (UTIs) and hydration in Wirral residents

Figure 5: Communication and Engagement Examples 2023/24



Infection Prevention and Control Service in W @wchc_j - Oct 12, 2023
 UKHSA NHSE UTI prevention and awareness campaign launches today. See ways to avoid a Urinary Tract Infection here! @UKHSA @wchc_nhs @WirralCouncil @NHSCandM #UTI #KEEPINGWELL





Celebrating...
the fundamentals of
Infection Prevention

- Hand hygiene
- Cleaning and disinfection
- Vaccination
- PPE
- Injection safety



- In April, the IPC Team, working in partnership with the Trusts Communications and Marketing Team, launched a dedicated digital platform for all IPC related information for all providers of community care, including WCHC staff. A stakeholder communications and engagement plan was produced to support the launch of the IPC Digital Hub.
- In addition to the launch of the IPC Digital Hub in April 2023, the IPC Team also launched a dedicated IPC X (formerly known as Twitter) account in May 2023. The aim of this is to share key IPC messages and updates on a wider social media platform. This account has grown throughout 2023/24 and now has nearly 100 followers.

Figure 6: IPC Digital Hub and X landing pages



- The IPC Team promoted key IPC messages with community health and social care colleagues, and trust services at the Global Tea Party as part of Nutrition and Hydration Week in March 2024.

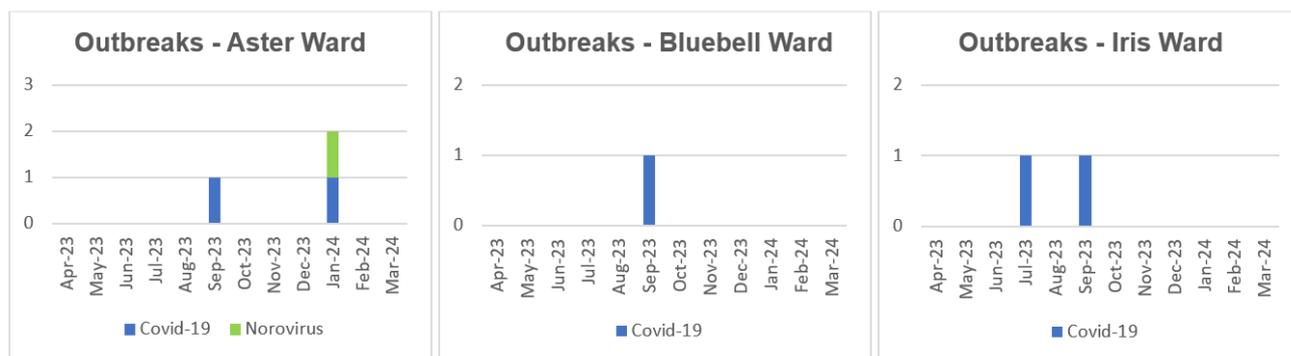


CRITERION 5:

That there is a policy for ensuring that people who have or are at risk of developing an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of transmission of infection to other people.

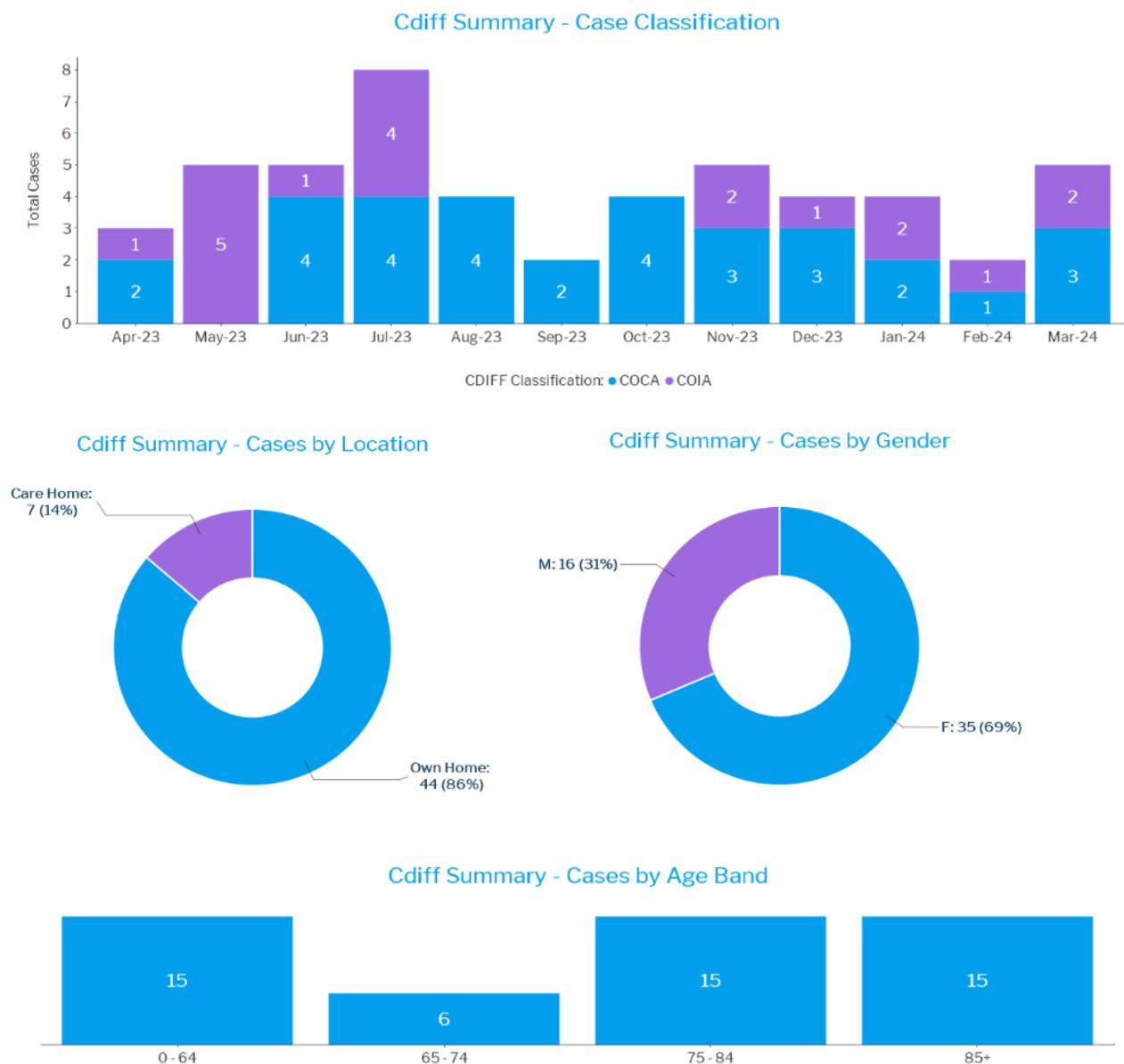
46. During the reporting period, six outbreaks identified within the Community Intermediate Care Centre (CICC), all were managed well and in accordance with IPC guidance.

Figure 7: Outbreaks within CICC



47. To support a cycle of continuous learning and improvement a review of each outbreak is undertaken through Outbreak Control Groups.
48. During 2023/24, two patients were identified to have MRSA bacteraemia which was reported via the Strategic Executive Information System (StEIS) as part of the Local Authority contract to support system-wide learning. These cases were not attributable to Trust services, however as part of the system wide patient safety investigation, learning was identified for WCHC services. An action plan was produced which was monitored via the IPC Group for assurance.
49. The IPCS completed a Post Infection Review (PIR) of 51 community attributed cases of *Clostridioides difficile* infection (CDI) as part of the Local Authority contract for the wider Wirral system. Of the 51 PIRs undertaken by the IPCS:
- 32 cases were community onset community associated (COCA)
 - 19 cases were community onset indeterminate association (COIA)
50. These cases were not found to be attributable to Trust services, however as part of the system wide reviews, learning was identified for WCHC services which has been managed at individual service level.
51. In April 2023, NHS England completed a system wide *Clostridioides difficile* review due to a rise in cases for Wirral Place. The IPC Team were key stakeholders in this review and were able to participate and share experiences. Outcomes of the review have been shared with the Wirral Wide IPC forum and will form part of an action learning plan for the wider system.

Figure 8: Community Attributed *Clostridioides difficile* Toxin Positive Cases 2023-2024



52. The IPCS have continued to support a system wide improvement project group to drive improvements in the management of Urinary Tract Infections (UTIs) and hydration, to reduce Gram Negative Blood Stream Infection (GNBSI).
53. In October 2023, the IPC Team alongside colleagues from WCHC Bladder & Bowel Service, Wirral Council Health Protection Service, Wirral University Teaching Hospital and Wirral Place were recognised nationally for the quality improvement work undertaken at local system level to improve the management of urinary tract infections (UTIs) and hydration and were awarded the Infection Prevention Society Gold Impact Award for Excellence.
54. The IPC team have also supported and trained Bladder and Bowel and Teletriage services to implement UTI improvement training to Community Nursing Teams and the Community Intermediate Care Centre (CICC).
55. The IPC team have presented the UTI work at a variety of regional meetings.
56. Following the launch of the Patient Safety Incident Response Framework (PSIRF) the IPCS have worked with WCHC Patient Safety Lead to align Healthcare Associated Infection (HCAI) reviews with the framework. The IPCS have developed the template, and this will be fully implemented and embedded in 2024/25.

57. In response to national measles outbreaks and the publication of revised NHSE guidance, the IPC Team have completed a risk assessment and developed an action plan to ensure Trust preparedness plans are robust in the event of cases locally. An internal measles preparedness meeting was established with relevant services to progress identified actions.
58. Additionally, the IPC Team carried out walkthroughs within the Urgent Treatment Centre and VCH Walk in Centre to support preparedness plans in relation to measles. This helped to identify learning to improve the patient journey and any associated actions have been implemented by the service.
59. The IPC Team are also key partners in Wirral Place Measles Preparedness meetings.

CRITERION 6:

Systems are in place 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.

60. During the reporting period, compliance with mandatory and role essential IPC training was:
 - Level 1 95.1%
 - Level 2 90.2%
 - Aseptic Technique 89.6%
61. In addition to mandatory and role essential training programmes, the IPC Team have provided informal training to higher risk areas of the Trust including CICC and Urgent Care services.
62. The IPC Team have commenced a quality improvement initiative to improve practice relating to invasive clinical intervention i.e., urinary catheterisation. The audit will also help to identify any training and education requirements for staff in line with the national IPC education framework.

CRITERION 7:

The provision or ability to secure adequate isolation facilities.

63. All inpatient wards at the Community Intermediate Care Centre provide single room ensuite accommodation that can be used for patients requiring isolation where appropriate.
64. Isolation facilities continue to be provided at Trust Walk in Centre and Urgent Treatment Centre where required.
65. There is nothing to report by exception for 2023/24.

CRITERION 8:

The ability to secure adequate access to laboratory support as appropriate.

66. 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. There is nothing to report by exception for 2023/24.

CRITERION 9:

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

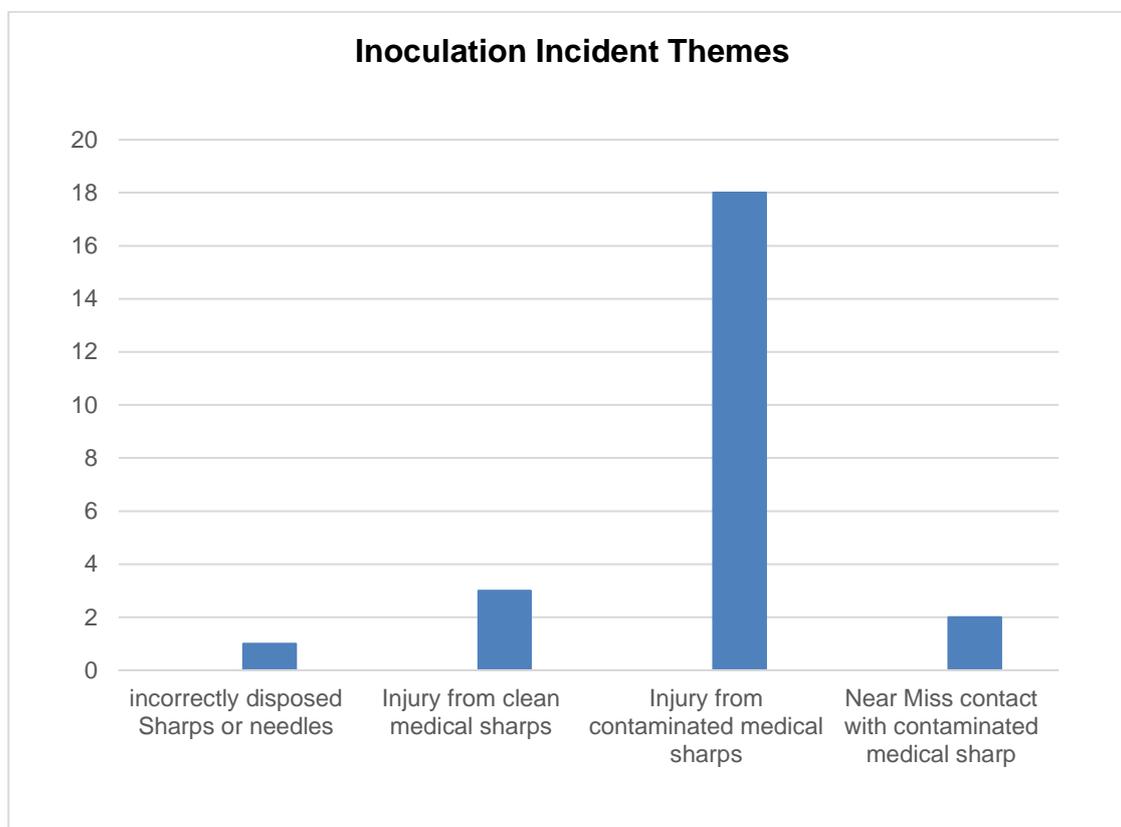
67. All IPC policies are tracked through the IPC Group to ensure that review dates are not exceeded, where extensions have been required this has been granted by the Quality and Safety Committee.
68. The following policies have been approved by the Quality and Safety Committee during 2023/24:
 - IPC24 Management of Meticillin Resistant Staphylococcus Aureus (MRSA)
 - IPC13 Management of Clostridioides difficile
69. A programme of audit is undertaken each year to demonstrate compliance against standards in a number of key policies. During 2023/24 the IPC Team were responsible for undertaking a pilot of audit in Community Nursing IV clinics. This audit programme will support compliance with the Code of Practice by demonstrating that appropriate policies are being followed.
70. During 2024/25 this programme will be extended across clinical services.

CRITERION 10:

That they have a system or process in place to manage staff health and wellbeing, and organisational obligation to manage infection, prevention and control.

71. Occupational Health Services are provided via People Assessment Management (PAM) who are the contracted occupational health service for Trust staff, managed by the Chief People Officer team. To ensure staff are appropriately supported, the IPC Team signpost Trust staff to PAM where occupational advice is required.
72. The Trust ended its staff seasonal influenza vaccination programme on 28th February 2023. Vaccination levels at the end 2023/24 were 50% of healthcare workers had received their seasonal flu vaccination.
73. Learning from the programme will inform planning for 2024/25, evaluation of the programme can be seen in appendix 1.
74. During the reporting period there have been 24 inoculation incidents which have all been appropriately managed in accordance with Trust policy. Following evaluation of inoculation injuries sustained by Trust staff, it is evident that the inoculation injury pathway requires review. This relates specifically to the risk assessment for administration of Post Exposure Prophylaxis and attendance at the local Emergency Department which will be progressed collaboratively with the Trusts Operations Teams.

Figure 9: Number of Inoculation Incidents and Themes Reported April 2023 to March 2024



75. An external audit was completed by the Trusts provider of sharps waste containers to provide an independent assessment of the Trust sharps safety practices. Overall, the Trust performed very well with any identified learning shared with Service Leads for action at service level.

Summary

76. The 2023/24 Director of Infection Prevention and Control Annual Report is presented to Quality and Safety Committee to provide assurance of the IPC activity undertaken.
77. The IPC team have delivered a robust IPC activity programme The annual work programme for 2024/25 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.
78. The IPC Team have continued to strengthen their approach to IPC this year, delivering numerous improvements to prevent Healthcare Associated Infections, to improve the cleanliness of our premises through the implementation of the national Standards of Healthcare Cleanliness and controlling infection to keep our patients, staff and the public safe
79. Effective IPC practices require commitment from all staff, including both clinical and non-clinical staff groups and WCHC remains 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.

Quality and Safety Committee action

80. 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.

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Seasonal Staff Flu Programme Evaluation

September 2023 to March 2024



Staff Flu programme 23/24

- 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 Supemtek Quadrivalent** **Egg Free ALL staff**
- Blended approach used to offer drop in clinics across the trust as well as 'roving clinic' taking the vaccine to the staff.
- Recording of immunisations was this season completed on the National Immunisation & Vaccination System (NIVS)

Data 19th March 2024

- Total 817 WCHC staff vaccinated
- The trust achieved an **overall compliance of 50%** when adjusting for Eligible Trust staff recorded on ESR
- North-West Region recorded **48.6%** uptake for HCW and Nationally **41.9% (28th Feb 2024)** uptake
- Regionally Trust HCW uptake varied from 38% to 61%

What went well

Roving clinic approach and attending Team meetings – Taking the Vaccine to the Staff

- Responsiveness of staff working on the project
- Staff training via NHS E-learning
- Support of Medicines Management Team
- Robust Communication Plan
- Using NIVS to record vaccinations given
- Availability of Bank Nurse support increased opportunity for staff to have vaccine

What could have been improved?

- More vaccination opportunities in place early in campaign, as vaccination rates decrease after December
- Offering an incentive for staff who have the vaccine earlier than December may have increased uptake and built momentum in the campaign
- Trust system unable to show live data from NIVS for vaccines administered making targeting communications to low uptake teams difficult
- Vaccinators to be present at the start/end of face-to-face training sessions to offer vaccines