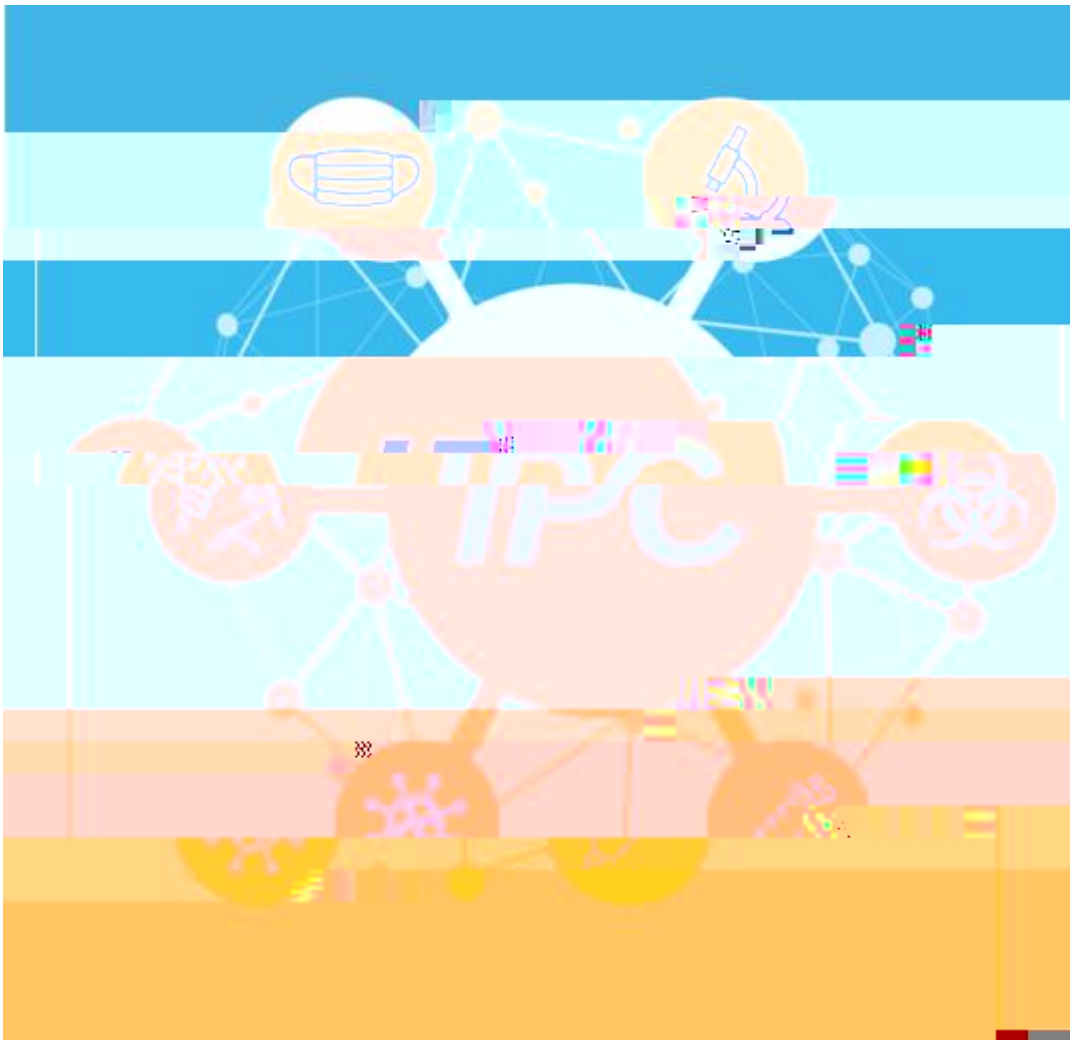
Infection Prevention and Control Annual Report 2022-2023



EXECUTIVE SUMMARY

This is the first annual report of the Directors of Infection Prevention and Control (DIPC) for the Royal Devon University Healthcare NHS Foundation Trust (RDUH) which was established in April 2022, the publication of the DIPC Annual Report is a requirement to demonstrate good governance, adherence to Trust values and public accountability (Dept. of Health, 2004).

The purpose is to provide assurance that the Trust strives to achieve high levels of compliance with the Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance (Department of Health, 2015) and that where gaps exist these are highlighted.

The full report is mapped to the ten criteria associated with the Code and takes the opportunity to celebrate successes and highlight

than the 2016 national

INTRODUCTION

This is the first annual report of the Directors of Infection Prevention and Control (DIPC) for the Royal Devon University Healthcare NHS Foundation Trust. The publication of the DIPC Annual Report is a requirement to demonstrate good governance, adherence to Trust values and public accountability (Dept of Health, 2004). The purpose is to provide assurance that the Trust maintains high levels of compliance with the Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance (Department of Health, 2015) therefore the report is mapped to the ten criteria associated with the Code (refer Table 1).

The establishment of the Royal Devon University Healthcare NHS Foundation Trust in April 2022 brought together the expertise of both the Royal Devon and Exeter NHS Foundation Trust (hereafter referred to as Eastern Services) and Northern Devon Healthcare NHS Trust (hereafter referred to as Northern Services). Both Eastern and Northern Services have separate and experienced Infection Prevention and Control Teams (IPCTs) but they have worked collaboratively, insuring an aligned approach where this has been appropriate. Integration of governance arrangements, training and policies started during 2022-23 and will continue going forward through the 2023-24 Royal Devon IPC programme of work.

1.3 Infection Prevention and Control Teams (IPCTs)

1.3.1 Both Northern and Eastern Services have established Infection Prevention and Control Teams with experienced leadership. Since Trust integration, teams have worked collaboratively and will be fully merged in 2023.

1.3.2 Through commissioned arrangements and service level agreements, the IPCTs also deliver services to Devon Partnership Trust and through the Community Infection Management Service to care homes and primary care services. The IPCTs s, the

1.5. Mandatory Surveillance of Blood stream infections and *Clostridioides difficile*

1.5.1 Mandatory reports on the following are made to the UK Health Security Agency (UKHSA) utilising web-based surveillance data capture systems:

Staphylococcus aureus blood stream infections
- Methicillin Resistant *Staphylococcus aureus* (MRSA)
- Methicillin Sensitive *Staphylococcus aureus* (MSSA)

Escherichia coli, Klebsiella and Pseudomonas blood stream infections (collectively known as Gram negative bloodstream infections (GNBs))
Clostridioides difficile infection

1.5.2 For each type of blood stream infection and

1.5.5 Whilst MSSA surveillance is mandatory, threshold levels are not set by NHS England. Performance and comparison with regional and national rates is shown in Table 3. A zero tolerance approach to MRSA blood stream infections continues and Trust rates are below the regional and national average. However, the MSSA rate is higher than regional and national rates. This requires focused work to achieve improvements and is included in the 2023-24 programme of work.

Table 3: Summary of Trust and South West Staphylococcus aureus data

Total number of HCAIs	23	11 (incl. 2 COVID)
Total percentage of HCAIs		

1.10 Community Hand Hygiene Audit

1.10.1 Engagement of community teams has improved with an improved number of community teams submitting data each month. Compliance data is distributed monthly to designated managers with additional narrative content added to the spreadsheet to support interpretation and response. Compliance with the '5 Moments of Hand Hygiene' remains high, averaging 95.3% across the year from observations collected in home, community clinic settings and of Trust staff supporting patients in residential settings as does compliance with being 'bare below the elbows'.

1.10.2 Compliance data is presented at IPDAG as part of the Community Division Report and is also discussed through Cluster Governance Meetings, which are periodically attended by members of the IPCT to facilitate interpretation and allow questions to be asked.

1.11 Spot check audits

1.11.1 In Northern services a selection of inpatient and out-patient areas across the hospital and in other off-site locations are "spot check audited" each month by the IPCNs.

1.11.2 The audit tool has been developed by the IP&C team drawing on nationally available resources and designed to check key infection prevention practices, cleanliness standards and identify any common themes.

1.11.3 Any specific areas of non–compliance or good practice are challenged or discussed with staff on wards / in departments at the time. The results are sent to ward / department managers, senior and divisional nurses, Sodexo, Facilities and Estates with a covering email highlighting any issues or good practice.

1.11.4 Many areas of IP&C practice are checked within these audits and some examples are detailed below:

Hand hygiene and Bare Below Elbows (BBE) compliance and availability of alcohol hand gel and accessibility of hand washing sinks
On-going care of peripheral IV cannula and urinary catheters,
Communication about patients on the ward with resistant organisms and MRSA suppression treatment.
Isolation of patients for infection control reasons
Storage and management of sharps bins
Cleanliness of patient equipment some examples include hoists, tourniquets, trolleys, pillows, children's toys, bedpan shells, and commodes
Linen and waste management
Food hygiene and management of water coolers for patient use.

The findings were presented to the Infection Prevention and Decontamination Assurance Group, and there is a plan in place for these to be implemented in Eastern services, and both services will present findings to the Infection Prevention and Decontamination Assurance Group in 2023/24.

2. Provision and maintenance of a clean and appropriate environment in managed premises that facilitates the prevention and control of infection

also to support nursing by taking on additional duties. The enhanced touch point cleaning was reduced in September 2022 but the additional support to nursing continues.

2.2.5 At NDDH there is rarely the opportunity to decant wards to facilitate deep cleaning, maintenance or use of HPV decontamination. A deep clean and maintenance function is embedded into Sodexo's routine cleaning schedules (all wards receive this level of service which ensures a deep clean of all areas using a disinfectant over the course of a week)

2.2.6 TJETcatsure4BT/F

standard. BP is now the desired requirement for Acute Trusts and other healthcare providers when purchasing new laundering services.

2.6.5 The LDU first achieved the Best Practice standard in October 2017, after successfully being assessed by an external auditor against the requirements of the British Standard BS:EN:14065:2016 – ‘Laundry Processed Textiles – Biocontamination Control System’. This assures the provision of the required standard of cleaned, decontaminated linen

2.6.13 The RABC system has an overall main emphasis on the pre-requisites in place, to enable the LDU to implement these controls and systems. A pre-requisite programme identifies the physical attributes and measures what we already have in place and include such elements as having the correct type of building, having physical barriers between the used and clean linen areas, adequate ventilation systems, hand washing facilities and cleaning regimes. This, along with the biocontamination Risk Plan, helps us implement the control measures required to maintain the system.

2.6.14 The RABC system operates in tandem with the LDU's quality system currently in place, building upon overall standards and includes quality checks at all stages of the finishing section. The LDU has a detailed set of Standard Operating Procedures (SOP) and all staff

o Removing any blind or dead ends on distribution pipework as far back to the origin of supply as possible
o Ensure all Dead-Legs e.g. low use taps, are either flushed twice weekly or removed including any associated pipework
o Minimising stored water volumes where possible
o Ensuring that both existing and new systems ensure a good turnover of any water stored within them, e.g. appropriate tank sizing

Maintain cleanliness at outlets and follow prescribed cleaning routines to minimise cross contamination from plug holes etc.

Cold water storage tanks are inspected annually and cleaned as required by specialist contractors

2.7.4 A secondary form of bacterial control is provided by the use of a Copper/Silver (Cu/Ag) Ionisation unit. There are currently four units fitted as below, and each is carefully monitored and regular samples taken to prove its efficacy:

1. Centre for Women's Health
2. Modular Wards Ashburn and Yealm
3. Heavitree Hospital
4. North Devon District Hospital

*2.*7.5 Historically *Legionella* bacterium have been found in very low numbers in water samples taken from outlets within the Trust. This is not entirely TfHβb7 aETQq0.00bs9 Tm0 g0 1 100.3(orica)4

2.8

3.2 Stewardship activities were limited during the pandemic, but there has been a gradual re-introduction since April 2021 including:

At Eastern sites; stewardship ward rounds scheduled three times a week with a multi-disciplinary team (MDT) including microbiologists, clinicians, infection prevention and control (IPC) nurses, antimicrobial pharmacists and clinical pharmacists. weekly virtual antimicrobial review round of all vascular speciality patients with MDT including microbiologists, clinician and antimicrobial pharmacists
Trust wide: weekly antimicrobial review round of all paediatric and NNU patients. MDT includes microbiologists, clinicians, antimicrobial pharmacists, clinical pharmacists and Paediatric liaison and transition nurse.
At Eastern and Northern sites; weekly *Clostridium difficile* review MDT meeting including microbiologists, clinicians, IPC nurses and antimicrobial pharmacists.
Trust wide: Provision of educational sessions to junior medical staff and pharmacists.
Antimicrobial usage between Feb 2022 – Jan 2023. Data pulled from Rx info which has not yet merged Northern and Eastern usage data.

Antimicrobial Agent	Eastern site usage	Northern site usage
Carbapenem	-49.1%	-34.6%
Tazocin	-18.7% (only Trust to reduce usage)	45.7%
Carbapenem sparing antibiotics	-37.6%	182%
Overall reduction, compared to 2018 baseline	-26.8%	10.6%

A gap analysis has bee <</MCID 5eTtmple13(t)-4(id)3( )6(f)-4(rr)9(t)-4(E)4(aste)10(r)-3(n u)10(d)

Provision of detailed data analysis of infection management, antimicrobial

oral hygiene, hydration, antimicrobial stewardship and sepsis awareness were taught.

Workbooks funded by the Integrated Care Board were promoted and supplied to Care Homes which support best practice in infection prevention.

Link networks were established through distribution lists of links, leads and champions both from care home and primary care settings. The first Primary Care Infection Control Link Network meeting was held through MS Teams in March with an agreement to meet on a quarterly basis.

4.5 Significant service development occurred within primary care with a number of fruitful visits and joint working exploring potential work streams and support to link professionals. The team engaged with regional partners in collaborations to develop support tools for GP practices to meet cleanliness standards and those required for minor procedures and surgery. A regional hydration project was also supported through NHS England.

4.6 The team has established itself in provider networking events where possible and continues to seek opportunities to support these sectors more effectively.

4.7 The team has continued to review toxigenic cases of *C. difficile* arising in the community with feedback, where necessary, being provided to prescribers by Microbiology colleagues. During the year, 43 patients with *C. difficile* infection who had either had an inpatient stay in the Trust longer than 4 weeks prior but within the 12 week period (Community Ons13(el)6(y)ui7ithin the 12 week period

facilities and are very small; lobbies to negative pressure isolation rooms on Torridge Ward are too small to provide an adequate area for donning and doffing PPE). For this reason, the Trust is partially compliant with this criterion.

7.2 To assist staff, the Trust has an Isolation policy and organism specific policies detailing the need for isolation and the IPCT advise on prioritisation of patients requiring single rooms.

7.3 To mitigate the challenge of the low proportion of single rooms to total beds, when the number of infectious patients exceeds the number of single rooms available, cohorts bays for patients with the same infection are established.

7.4 A small number of portable isolation rooms, known as Redirooms, have also been purchased and are used in clinical settings for patients with infectious conditions where the patient cannot be moved into a cohort e.g. ITU and Respiratory HDU.

7.5 COVID-19 and seasonal viral infections, namely RSV, Norovirus and Influenza have placed tremendous strain on the isolation facilities of all the inpatient services within the Trust. In addition to cohorting patients, other mitigating factors include admission screening of individuals and a low threshold for rapid testing of patients who develop features that could indicate COVID-19 infection (e.g. fever, cough) were implemented.

8. Secure adequate access to laboratory support as appropriate

8.1 Laboratory services are located on both main acute sites and have full UKAS accreditation, which requires the provision of appropriate protocols and standard operating procedures.

8.2 There is provision of seven-day laboratory working and 24 hour access to medical microbiology advice.

8.3 There is a close working relationship with the IPCT; Microbiology Consultants attend weekly meetings between the IPCT, virology and microbiology teams to address on-going and new issues.

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

9.1 A comprehensive range of documents are available, via the Trust's intranet. The IPCT is responsible for the maintenance and updating of the infection control policies, procedures and guidance documents. There are currently a number of infection control documents that are evidence based and reflect national guidance. Approval for such documents arises via IPDAG and ratification

9.4 Following the publication of the National Infection Prevention and Control Manual for England, it became clear that integrating two further key policies was necessary and therefore Standard Infection Prevention and Control Precautions Policy and the Source Isolation, Transmission based precautions and Staff Exclusion Policy were also

TB Screening				46	276	695	-60%
Hep B				446	1008	1192	-15%
MMR				489	799	570	40%
Varicella				38	57	46	24%

10.3.3 Table 4 captures the additional COVID-19 activity logged onto the OH database. The overall total is 66% lower than the previous year with falls in all but one category. The number of positives recorded during the year was 4209 compared to 3227 in the previous year; a 30% increase. The COVID-19 work has largely been carried out by COVID-19 funded staff that are not able to be reallocated to other Occupational Health work.

10.3.4 Occupational Health continued to chair the COVID-19 alert status group. This group comprises Northern and Eastern services, DPT, Devon County Council public health and University of Exeter. This group examines the local COVID-19 situation in the various organisations and the Devon COVID-19 prevalence to recommend the relevant COVID-19 alert level. The alert level was used as a guide for PPE used initially (which was subsequently removed) and is still used to determine where staff of higher vulnerability to severe illness and mortality with COVID-19 are able to work.

10.3.5 A collaborative approach to the provision of COVID boosters and Seasonal Influenza vaccinations continued this year with the Infection Control Nursing Leads assigned as Flu Leads.