

Director of Infection Prevention and Control Annual Report

April 2021 – March 2022

Foreword DIPC Report 2021/22

As we enter the third year of the COVID-19 pandemic, we would again like to acknowledge and thank our staff for their continued professionalism and compassion in what remains unprecedented and challenging times.

The global COVID-19 pandemic has reinforced the importance of working together, listening, learning and caring for each other. It is truly a team effort and we would like to thank each and every member of staff for their contribution to keeping our services safe, wherever they work.

A heartfelt thank you

*Marie Crofts,
Chief Nurse, Director of Infection Prevention and Control and Chief Nurse*

*Dr Helen Bosley,
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Director of Infection Prevention and Control (DIPC) Annual Report

Executive Summary:

Each year the Director of Infection Prevention and Control (DIPC) is responsible for producing an annual report. The purpose of the report is to inform the Trust Board of progress in delivering the Infection Prevention and Control Programme within the Trust. This includes providing assurance to the Trust that appropriate measures are being taken to maintain the safety of patients and staff and to agree the action plan for sustained reduction and improvements in Healthcare Associated Infections (HCAI) in 2021/22. The following report provides assurance on the Infection Prevention & Control Programme and activity for 2021/22. However, the last year has again been dominated by the COVID-19 global pandemic and the Infection Prevention and Control team (IPCT) have continued to be in the forefront in leading the Trust response.

Summary of key achievements:

- Leading Trust wide response and management of COVID-19 global pandemic. The work of the IPC team continues to be significantly impacted by the COVID-19 pandemic.
- The Trust remains compliant with the Health and Social Care Act: Code of Practice for Health and Adult Social Care on the prevention and control of infections and related guidance (The Hygiene Code) and CQC regulation 15.
- Continuation of mandatory surveillance reporting, and investigation for the all organisms that are subject to mandatory reporting. These are MRSA, MSSA, *Clostridioides difficile*, and Gram negative bloodstream infections (*Escherichia coli*, *Klebsiella* species, *Pseudomonas aeruginosa*). All cases of these infections have been investigated, reviewed via root cause analysis (RCA) and learning shared.
- All inpatient areas and other high-risk areas had annual infection prevention and control audits, which measured compliance with standards of infection prevention and control practice. Audit results demonstrated sustained improvement.
- Resources and controls to support the prevention and control of infections are in place and the level of assurance is high. Assurance is provided through implementation of the annual work programme with quarterly reports and exceptions reported to the Infection Prevention Control and Decontamination Committee (IPCDC), Trust Quality and Clinical Governance and Quality Committee.
- Collaborative health economy meetings between partner organisations to discuss and review *Clostridioides difficile* infections (CDI) and MRSA/MSSA bacteraemias to identify joint learning'
- Infection prevention and control education continues to be a priority with mandatory training being provided to all Trust staff as E-learning, workbooks and online training via teams based as per the training matrix'

- Wider teaching involvement including, care certificate, IV therapy and Personal Protection Equipment (PPE) and IPC champions.
- Review and implementation of new Trust audit programme (AMaT).
- Planned implementation of new ANTT (aseptic technique no touch technique) training programmes and resources.
- Redevelopment of the IPC intranet pages to support easy access to information including generic email'
- Recruitment to new role of Lead IPC Nurse (July 2021).

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1. Introduction

The Trust continues to have a comprehensive programme of infection prevention and control (IPC) activities which have supported a declaration of full compliance with the Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance and CQC regulation 15.

The Act requires that the Board of Directors have a Board-level agreement outlining the Boards' collective responsibility for minimising the risks of infection and the general means by which it prevents and controls such risks.

2. Overview of infection prevention and control activities during 2021/22

The Infection Prevention and Control Team (IPCT) are led by the Director of Infection Prevention and Control (DIPC) and the team members are:

- Marie Crofts, Chief Nurse and Director of Infection Prevention and Control
- Helen Bosley, Nurse Consultant Infection Prevention and Control (1.0 WTE)
- Etelvina Ferreira, Lead Nurse Infection Prevention and Control (1.0 WTE) (since July 2021)
- Sue Baldwin, Senior Infection Prevention and Control Nurse (1.0 WTE)
- Sarah Thorpe, Senior Infection Prevention and Control Nurse (0.6 WTE)
- Julia Marren, Infection Prevention and Control Nurse (0.8 WTE)
- Lindsay Powell, Team Administrator (0.6 WTE)
- Consultant Microbiologist, via service level agreement (SLA) Oxford University Hospital Foundation Trust (OUHFT).

The IPCT continues to work hard to strengthen and develop links with all services. This has resulted in raised awareness and improved knowledge of infection prevention and control (IPC). The team supports the infection prevention and control champions, as well as providing advice, formal education, dissemination of best practice, and monitoring of compliance with national standards. Out of hours advice and support is provided via a service level agreement (SLA) with Oxford University Hospitals NHS Foundation Trust. This equates to two sessions from a Consultant Microbiologist every week and 24hr/7day week on call microbiology service.

3. Governance arrangements

3.1 Reporting to the Trust Board

The IPCT provides weekly updates through the Health Acquired Infections meeting (chaired by the Chief Nurse and DIPC) to the Trust and the weekly review meeting, chaired by the Deputy Chief Nurse. The DIPC also reports directly any issues by exception to the Board or through the governance structure. During the pandemic additional reporting structures have been in place including extraordinary COVID-19 assurance meetings, gold command and silver tactical meetings weekly. The frequency of these meetings has been carefully adjusted and flexible to meet Trust

requirements. Additional reports were presented at the Trust Quality and Clinical Governance subcommittee and Quality committee.

3.2 Infection Prevention, Control and Decontamination Committee (IPCDC)

The Trust has an Infection Prevention, Control and Decontamination Committee (IPCDC) which meets every quarter. In 2021/22 it met on 29th April 2021, 29th July 2021, 28th October 2021 and 27th January 2022. The IPCDC is accountable to the Quality and Clinical Governance subcommittee.

IPCDC monitor compliance with infection prevention and control and decontamination requirements. The IPCDC also monitors the infection prevention and control annual work programme, ensures that arising infection control issues are addressed and that compliance with the Health and Social Care Act, the NHS Litigation Authority (NHSLA) standards and CQC regulation 15 are maintained. Included in the committee membership are the DIPC, IPCT, Modern Matrons, Service Managers, Pharmacy, Facilities and Estates managers, Service Leads, a medical representative, Occupational Health and other departments as required according to the agenda. Microbiology expertise is also provided for the IPCDC by a Consultant Microbiologist via an SLA with the Oxford University Hospital Foundation Trust (OUHFT). For terms of reference see appendix 1.

4. Policy and Procedures

The Health and Social Care Act (2008) details which policies and procedures are appropriate for regulated activities and provide a guide to what may be needed to demonstrate compliance. CQC regulation 15 outlines essential standards required to be met.

Procedures reviewed, updated and approved during 2021-22 were: -

- Standard precautions (Jan 2022)
- Management of patient isolation (Jan 2022)
- Management of Multi drug resistance infections (Jan 2022)
- All these procedures and 'At a Glance' guides are available to staff via the Infection Prevention and Control intranet page.

5. Local service improvement

5.1 Infection prevention and control intranet page

The intranet page is continually being reviewed, updated and developed with new and relevant information and data for staff to access. It contains all policies and procedures, relevant patient information leaflets, product information, quarterly IPCT newsletters, contact details and management of outbreaks information. It is promoted in mandatory training as an easily accessible resource for staff.

In response to the COVID-19 pandemic a dedicated PPE and IPC page was created which is reviewed and updated daily as required. The IPCT have continued to work closely with the Trust communications team to ensure all relevant information for staff is collated and held in one easy to find place. Direct links to the dedicated pages are available through the weekly (more frequently if

required) communications bulletin in order that all staff have immediate access to any changes in IPC/ PPE guidance.

5.2 Adenosine triphosphate (ATP) testing

All community hospitals and older adult mental health wards (high risk areas) use the Clean Trace system for monitoring cleanliness of the environment and medical equipment. This system records the level of ATP (adenosine triphosphate) or energy produced by living organisms and provides robust timely data on the efficacy of cleaning taking place. It has been used in conjunction with the cleanliness audits which are conducted by the Matrons and Facilities Managers.

At the beginning of the pandemic, the company changed the IT recording system for the product. This has resulted with staff needing to be retrained in the new system as well as working with our Trust IT systems to ensure access and information can be submitted. This has resulted in long delays and months where ATP data has not been provided. There have been a continuation of intermittent issues during 2021-22 with no submission of data. Ongoing work is in progress to strengthen reporting of data and close monitoring is in place to ensure any issues are being addressed.

5.3 MRSA screening

The Department of Health for England requires all NHS Trusts to screen patients using a focussed screening programme. As a result, the Trust undertakes MRSA screening in community hospitals wards, although robust monitoring of compliance remains difficult. This has been escalated within the community directorate and action is being taken to improve reporting. Weekly screening compliance for the older adult's mental health wards is collated and monitored weekly by the IPCT, and quarterly reports provided to the directorates and IPCDC.

5.4 Health economy partnership

The Trust continues to develop and work collaboratively with other healthcare providers. There has been a disruption in the number of meetings being held across the health economy as the different organisation work to meet the challenges posed by the pandemic.

Although some 'business as usual meetings have not taken place during 2021, due to pressures of work, these partnerships have been vital during the pandemic. The IPCT have been actively engaged in maintaining and expanding networks locally, regionally and nationally.

This has included:

- Regional and national meetings with NHS England and Improvement (NHSE/I).
- National personal protective equipment workstream, and specialist mental health forums.
- National personal protective equipment forums.

COVID-19 has raised the need to work collaboratively and at pace at all times with system partners. Improved communication and patient flow have highlighted the improved outcomes for patients and their families when the system works together.

5.5 Sepsis Pathway

The NEWS2 Steering Group has been re-established and is integrating some of the 'soft' observational skills elements of recognising sepsis and deterioration of acutely ill patients that are inherent in the RESTORE2 tool used in nursing and care homes into the NEWS2 workbook and education resources. This is also features in the physical skills programme in mental health.

The Trust continues to ensure that staff are aware of the risks of sepsis. NEWS2 documentation is embedded within the Trust with explicit reference to the Sepsis Six and its application in both community and inpatient settings. Staff have been undertaking the national eLearning programme on NEWS2 and a workbook supports staff competency. As part of a response to managing the global COVID-19 pandemic the development of a Trust 'Sepsis strategy' aimed at improving awareness and responsiveness in the recognition and management of sepsis was paused. However, the Trust is contributing as part of the Deterioration and Sepsis Stakeholders Group to an Academic Health Science Network Learning Event to be held in June 2022. This will incorporate understanding the existing use of Advanced Care Planning (ACP), Treatment Escalation Plans and Respect, proactive planning approaches and support to sepsis management.

5.6 Aseptic Non Touch Technique (ANTT)

As part of a Quality Improvement project, the IPCT have been leading a Trustwide workstream to support and standardise Aseptic Non Touch Technique (ANTT) practice across the clinical directorates. Initial work involved a detailed scoping exercise of current ANTT practice, and included extensive engagement with community teams, physical health leads (mental health) and learning and development teams.

This project will continue into 2022/23 with completion of the following components:

- Purchase of nationally recognised and accredited ANTT eLearning course (March 2022).
- Study Day for ANTT Leads – Train the trainer day (May 2022).
- Development of standardised training pack.
- New Trust Aseptic Technique procedure.
- New Aseptic Technique guidelines.
- Development of an Aseptic Technique Competencies (form).
- Introduction of a monitoring system. The Aseptic Technique audits are available on AMaT.

6. Healthcare Associated Infections (HCAI's) – surveillance organisms

6.1 MRSA bacteraemia

There have been no cases of MRSA bacteraemia this year, which is the same as 2020-21.

6.2 MSSA bacteraemia

There has been one Trust case of MSSA bacteraemia identified at Abingdon hospital and a full root cause analysis (RCA) was completed. The patient was transferred to the OUH where they passed away. A mortality review and IPC review meeting was held and the likely source was a peripheral cannula. Further work has been undertaken to address the learning points identified. There were three cases in 2020/21- two Trust cases and one community acquired.

6.3 Gram negative organism bacteraemias

The increase in gram negative bacteraemia infections is a national concern. Mandatory surveillance of *E.Coli*, *Pseudomonas* and *Klebsiella* bacteraemia has been introduced by the Department of Health.

6.3.1 E.Coli bacteraemias

Targets have been applied to *E.Coli* bacteraemia cases to reduce the number by 50% by 2023-4. There were 15 cases of *E.Coli* bacteraemia patients identified in the Trust. Four cases were for inpatients, and 11 were community patients seen in EMU. This is a decrease from last year when there were 10 Trust cases. The root cause for this organism is extremely hard to determine. However RCA investigations suggested in 10 cases the likely sources were urinary tract, three cases were unknown and two cases was abdominal in origin. All cases were thoroughly investigated using the Department of Health RCA tool. The number of community cases has decreased from last year (21).

6.3.2 Pseudomonas bacteraemia

There were no cases in 2021/22 (one case in 2020/21).

6.3.3 Klebsiella bacteraemia

There has been one case of *Klebsiella* bacteraemia identified this year. The case was Trust acquired (Didcot) and the likely source was urinary tract. There were two cases (one Trust and one community) in 2020/21. Further work into the root causes of these infections is ongoing within the health economy.

6.4 Clostridioides difficile infection (CDI)

Oxford Health NHS Foundation Trust contributes relatively few cases of *Clostridioides difficile* to the overall Oxfordshire health economy totals.

Since July 2013 there has been joint reviews across the Oxfordshire health economy of all *Clostridioides difficile* Infection (CDI). This meeting includes representations from OHFT, OCCG, Public Health England (PHE) and OUHFT. Full detailed RCA's for all patients identified in the preceding quarter with CDI across the health economy are presented. These meetings are cited as good practice.

Oxford Health NHS Foundation Trust (OHFT) did not have a target number for CDI cases in 2021/22.

The final number of cases by the end of March 2022 was 11 cases. Nine cases were attributed to the Trust and two were community onset (OCCG). This is an increase from the preceding year (four Trust cases) and is likely a reflection of increased antibiotic usage, and patient acuity, during the COVID-19 pandemic.

In every CDI case, a comprehensive review of the care of the patient and the ward environment is undertaken using the Department of Health RCA tool and any learning fed back to the clinicians, wards and areas concerned. Antimicrobial prescribing is reviewed by the pharmacist and OUHFT Consultant Microbiologist to ensure appropriateness and any identified actions are taken. The RCA's

are submitted to the Trust weekly clinical governance meeting for further review and discussion. On detailed investigation there were no issues identified relating to patient care or the cleanliness of the environment for each case/ patient investigated. All cases were deemed unavoidable following external peer review.

7. Outbreaks

7.1 Norovirus Outbreaks

There have been no outbreaks of diarrhoea and vomiting in the Trust during 2021/22.

7.2 Influenza Outbreaks

Cases of influenza A and B have remained low nationally and locally during 2021/22. There have been no outbreaks of influenza in the Trust.

8. COVID-19 Pandemic

We are now entering the third year of the COVID-19 pandemic, which was declared by the World Health Organization (WHO) on March 11th 2020. The Trust has been actively responding to the COVID-19 pandemic, and the IPCT provided increased services (7 days a week) to support staff and patient safety, when required to meet service demands. The Trust response is ongoing at this time.

In response to the COVID-19 global pandemic, multiple actions have been implemented by the Trust. This response has been reviewed and updated regularly and in line with PHE guidance at all times including regional and national imperatives. Both national guidance and local Trust guidance is available on the Trust intranet pages. These include a designated COVID-19 page, and personal protective equipment (PPE) page. Staff can access all Trust IPC procedures via the IPC page, including the Trust outbreak management procedure.

8.1 Reporting and escalation

Oversight and governance of the IPC response to COVID-19 pandemic has been through:

- Executive committee GOLD command.
- COVID-19 Tactical Silver command.
- Quality and Clinical Governance sub Committee.
- Quality Committee.
- IPCD Committee.
- Weekly briefings with Chief Nurse and IPC lead.
- Weekly meetings from May 2020 with Heads of Nursing re Hospital Acquired COVID-19.
- Weekly Review Meeting.
- Trust webinars with content to address changes and updates in IPC and PPE guidance.

The IPC Board Assurance Framework (BAF), produced by NHS England and Improvement (NHSE/I) was first introduced in June 2020. There have been several updated versions by NHSE/I since then, which have been sent to the CQC, HSE, CCG and NHSE/I, who requested copies. The fifth version of the BAF was issued by NHSE/I on 24th December 2021.

8.2 Actions and IPC response to COVID-19

After two years of the pandemic staff are very familiar with the standard IPC practice required to manage an outbreak. The Trust has adhered and followed national UKHSA (formerly PHE) guidelines throughout the pandemic. All actions have been implemented, along with regular updated guidance in response to NHS England and Public health guidance and recommendations. The IPCT review all new and updated national guidance to ensure the Trust is up to date.

A summary of key actions is below, however a significant amount of work has taken place throughout the pandemic and cannot be underestimated. A more detailed account on compliance and assurance with regard to national directives are located in the BAF document (Appendix 2).

A summary of responses by the Infection Prevention and Control Team include:

- Ongoing reviews of all national IPC guidance and implementation within all areas and services across the Trust – ensuring it is fit for purpose for all our settings.
- Management and advice of personal protection equipment (PPE), including product review and evaluation.
- Review of alternative products to meet demands.
- Development of a significant number of educational and guidance documents to support staff in regard to IPC and PPE measures.
- Close, frequent and timely contact with clinical services to support clinical practice and safe patient management, including review of specimen results. This includes additional support for community care services i.e. care home support.
- Regular external collaboration with CCG, NHSE/I, PHE, secondary acute care colleagues and national teams, including attendance at various working groups and meetings.
- Review and completion of IPC Board Assurance Framework, with updates as required.
- Participation in regional and national working groups and forums to review IPC, PPE, testing and develop guidance to align with the output of these groups.
- Support of the Matron- including reviewing and updating of matrons IPC checklist to support local practice, IPC adherence and patient and staff safety.
- Review of governance reporting to ensure appropriate escalation and discussion of IPC issues.
- Ongoing support of PPE champions to ensure support safe IPC management and application of PPE. This included meetings, and continued production of training resources (videos, teaching presentations, information).
- Involvement in COVID-19 Serious Incidents reviews and investigations.
- Involvement in COVID-19 review panels for staff cases providing expert views.
- Oversight and contribution to resuming clinical services, including set up of COVID-19 immunisation centres.

8.2.1 Specific Actions

8.2.1.1 Standard Infection Prevention and Control Guidance

IPCT have produced and issued multiple versions of guidance, in response to and based on national PHE guidance, ensuring this is easily accessible on the intranet. This continues to be reviewed weekly for any updated or new guidance.

8.2.1.2 Patient management / cohorting

- Continuation and support of patient management via red, amber, green pathways. All inpatients are screened on admission (day 1), day 3 and day 5-7 following admission.
- All inpatients are screened weekly, and records kept capturing compliance, including any patient refusals.
- In mental health wards, further screening guidance has been developed to manage patients leave. This consists of admission screen and rescreens at day 3 and 7.
- Triage assessment tool has been developed to identify patients with possible infectious respiratory infections. This enables staff to isolate and manage patients safely.
- Introduction of Lateral Flow Devices (LFD) have been introduced to triage patients and to manage patient leave.

8.2.1.3 Staff cohorting where appropriate

- Where possible designated cohorts of staff have been assigned to care for patients in isolation/cohort rooms/areas.
- Ongoing work with flexible workers/agencies to minimise staff movement and decrease risks of transmission during outbreak situations including screening using LFD prior to start of shift.
- Substantive staff and long lines flexible workers screening via lateral flow testing. Clinical staff are self-testing twice a week, and any positive results followed up by PCR testing.

8.2.1.4 Cleaning of environment

- Routine environmental cleaning, using a hypochlorite-based product, is being used for all wards during outbreaks.
- Increased cleaning (at least twice daily) of 'frequently touched' surfaces such as door/toilet handles, locker tops, over bed tables, bed rails, by domestic staff is in place in clinical areas.
- Additional cleaning of frequent touch points following handovers (x3 times a day) including desk phones computer keyboards, keypads, particularly where these are used by many staff remains in place.
- All areas have been de-cluttered to ensure they are free from non-essential items and equipment.
- Terminal decontamination is undertaken following transfer, discharge, or once the patient(s) is no longer considered infectious- records kept as per normal practice.

8.2.1.5 Decontamination of equipment

- Single-use items are in use where possible.

- Dedicated, reusable, non-invasive care equipment is in use and decontaminated between each use and prior to use on another patient.
- Green clinell wipes are available for easy cleaning in all areas.

8.2.1.6 Personal Protective Equipment (PPE)

- Specific advice and clear guidance provided re the appropriate use of PPE as per national guidance.
- In December 2021 the Trust responded to guidance from the World Health Organisation recommending the use of FFP3 masks for all COVID-19 positive patients and contacts.
- External support for FFP3 mask fit testing remains in place from an external company.
- Additional fit testing machines have been purchased, which use quantitative measurement, to increase fit testing capacity within the Trust.
- A new post has been created for a permanent fit tester, which will be recruited in the near future.
- The Trust continues to fit test all clinical staff who may be involved with aerosol generating procedures or caring for COVID positive patients.
- The Trust PPE team have secured supplies of PPE including several types of FFP3 masks.
- The IPC champion role continues to be strengthened to support PPE competencies.

8.2.1.7 Hand washing

- Hand hygiene posters are on display in all ward, clinical and non-clinical areas to ensure appropriate hand washing.
- Staff undertake hand hygiene as per WHO 5 moments, using either alcohol-based hand rub or soap and water.
- Advice regarding protecting skin whilst wearing PPE and increased hand hygiene.
- Hand hygiene audits in place to monitor compliance.

8.2.1.8 General guidance

Multiple sets of general guidance have been produced over the last 12 months including:

- Specific guidance regarding staff screening and for staff who have had contact to a positive COVID-19 case.
- Guidance on patient management for community hospitals and mental health wards.
- Guidance on visiting.
- Guidance on management of patients taking leave.

8.2.1.9 Collaboration

- IPC attendance at weekly/biweekly meetings hosted by NHSE/I IPC regional lead.
- Attendance at relevant national webinars, and specialist meetings.
- Twice weekly outbreak meetings as required.

8.2.1.10 Specialist and Expert advice

- Ongoing support and advice to clinical services, including estates, clinical services (inpatient and community).

8.2.1.11 Learning, assurance and improvement

- Weekly IPC Hospital Acquired COVID-19 meeting led by the Chief Nurse and DIPC with the Heads of Nursing, Estates and other senior operational colleagues.
- Weekly site reporting for possible HCAI transmission is in place.
- Regional and national DIPC meetings to share learning.
- Monitoring of local PPE and IPC via audits, with the matrons and Heads of Nursing and cascading of any learning.

8.3 Classification and incidents of nosocomial infections

Daily data review is in place with verification provided by the IPCT, prior to any national reporting.

The Trust has followed the National guidance for case classification and onset.

- Community-Onset (CO) - positive specimen date ≤ 2 days after hospital admission or hospital attendance;
- Hospital-Onset Indeterminate Healthcare-Associated (HO.iHA) - positive specimen date 3-7 days after hospital admission;
- Hospital-Onset Probable Healthcare-Associated (HO.pHA) - positive specimen date 8-14 days after hospital admission;
- Hospital-Onset Definite Healthcare-Associated (HO.dHA) - positive specimen date 15 or more days after hospital admission.

Since the beginning of the pandemic (2020) there have been 604 COVID-19 positive patients identified whilst inpatients on our wards. Further cases breakdown is provided in the following section for the third wave.

8.4 Third wave cases and activity

8.4.1 Cases

There were no cases of COVID-19 in the Trust in April, May, and June 2021. There were a few cases identified in July (2) August (2) and September (1).

The third wave was identified from October 2021 -March 2022. In this wave 224 patients were identified via screening as COVID-19 positive. Of these patients, 220 (98%) recovered from COVID-19. Following the national classification there were 152 (68%) patients classified as definite hospital onset (see 8.3). This was an increase in cases and may be due to the emergent COVID-19 omicron variant in the third wave, which was deemed more transmissible. Of the 224 positive patients, 105 patients were in mental health wards (Figure 1) and 119 were patients in community hospitals (Figure 2).

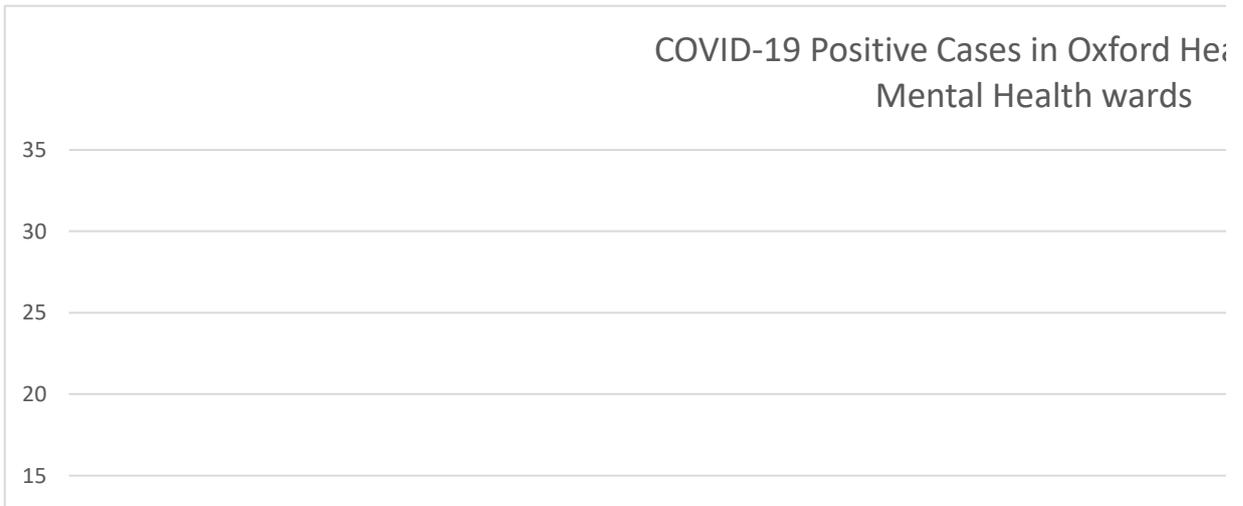


Figure 1: COVID-19 positive cases in mental health inpatient wards

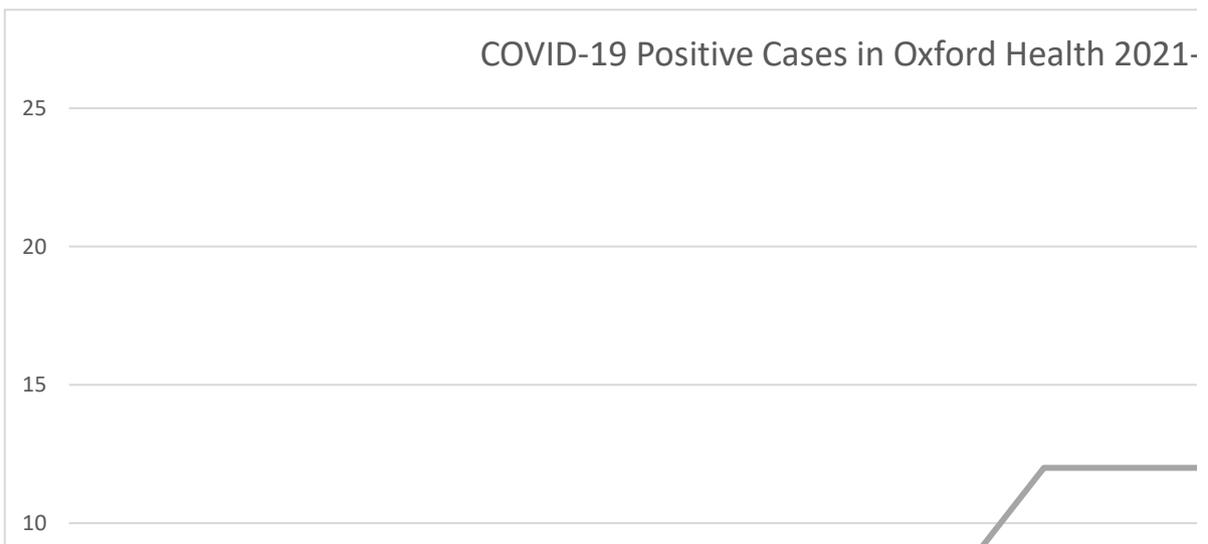


Figure 2: COVID-19 positive cases in community hospital inpatient wards

Further detail of the incidence of COVID-19 cases is provided in Table 1.

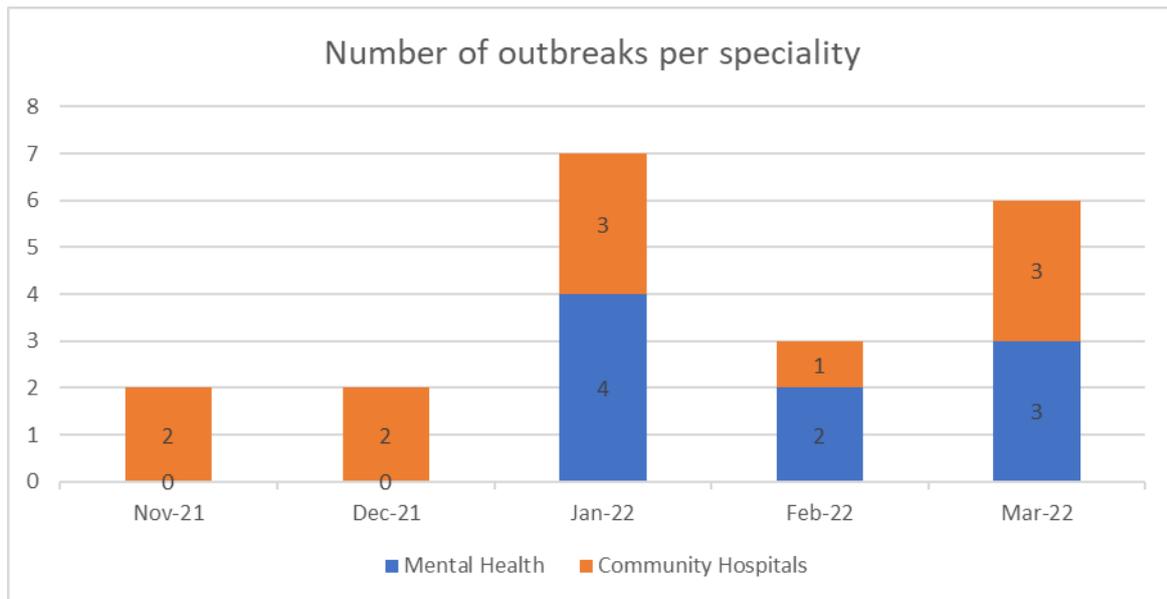
Table 1: Summary of COVID-19 positive cases in the Trust 2021/22

Month/Year	Onset of cases days after admission							
	Mental health/Learning disabilities				Community hospitals			
	CO <=2	HO.iHA Indeterminate 3-7	HO.pHA Probable 8-14	HO.dHA Definite >15	CO <=2	HO.iHA Indeterminate 3-7	HO.pHA Probable 8-14	HO.dHA Definite >15
July 2021	0	0	0	1	0	0	0	1
August 2021	0	0	1	1	0	0	0	0
September 2021	1	0	0	0	0	0	0	0
October 2021	0	0	0	0	0	1	0	2
November 2021	1	0	0	0	0	1	2	12
December 2021	0	1	3	8	1	3	6	12
January 2022	1	0	0	12	3	2	3	12
February 2022	1	0	1	32	3	0	1	6
March 2022	5	3	3	30	10	7	11	23
Total	9	4	8	84	17	11	23	68

There were four (1.8%) inpatient deaths reported by the Trust. Mortality reviews were completed for these patients. All the patients had pre-existing medical conditions and COVID-19 was not identified as the direct cause of death. However as these patients died within 28 days of a positive COVID-19 result they met the national requirements for reporting all COVID-19 related deaths.

8.4.2 Outbreaks

There were 20 official outbreaks reported to PHE, NHSE/I and the CCG during the third wave. Eleven were in community hospitals, and nine in mental health inpatient wards.



8.6 Outbreak Management Actions

- Daily management review by IPCT, with management timelines.
- Enhanced cleaning of wards (cleaning records).
- Outbreak checklists including notifications and communications.
- Twice weekly IPC led outbreak meetings (minuted) with ward staff, matrons, head of nursing, DIPC, estates/facilities.
- Screening of all patients at time of outbreak identification with exposure.
- Lateral flow testing for staff twice weekly. Positive cases confirmed via PCR.
- Restriction of staff movement, including flexible workers. This was identified as a challenge to the high number of staff required to fill shifts. Close liaison with staffing solutions when booking additional staff shifts, to try and provide continuity with staff placement.
- Additional training sessions for PPE champions for whole Trust, but specifically ensuring outbreaks wards had identified champions, who attended.
- PPE champions are completing PPE assessments of staff competencies.
- National online reporting to NHSE/I.

8.7 Outbreak Learning

- Need to ensure clear communication and processes for planning ahead any bank shifts, to reduce staff movement.
- Importance of early identification of staff contacts.
- Importance of maintaining social distancing for patients.
- Importance of staff social distancing within communal areas and providing adequate space for staff to have breaks.
- Importance of ensuring adequate ventilation to improve air quality.
- Unescorted leave should be suspended during an outbreak.
- Importance of reinforcing clear messaging for PPE usage and support from PPE champions.

- Regular outbreak meetings are supportive and helpful for staff, and provide clear oversight, support and actions which staff could work to.

9. Antimicrobial Stewardship

Antimicrobial stewardship is a program of systems and processes that promote prudent use of antimicrobials, improves the safety and quality outcomes of patient care, contributes to reduction of antimicrobial resistance and decreases the spread of multi-resistant bacteria.

The COVID-19 pandemic has presented numerous additional challenges for health professionals managing patients with infections. Continuing to raise awareness of the risks of antimicrobial resistance remains important to prevent serious infections – including COVID-19 as well optimising appropriate antibiotic use.

The OHFT Pharmacy team are leading on work within the Trust to improve antimicrobial stewardship.

This includes:

- Continuing to focus on tackling antimicrobial resistance and promoting prudent and optimal use of antimicrobials during COVID-19 pandemic.
- Providing prompt pharmacy support with the clinical screening of COVID-19 positive patients for eligibility for antiviral or neutralising monoclonal antibody treatments.
- Monitoring the overall antimicrobial consumption for the Trust and taking steps to tackle overuse.
- Implementing the key principles of the WHO Antimicrobial AWaRe recommendations and reviewing the Trust antimicrobial consumption against the AWaRe classification.
- Quarterly audits and reports presented at the IPCDC. Overall, there is generally good compliance with prescribing antibiotics within guidelines. However, areas of improvement have been identified and further work is planned.
- Extending the antimicrobial audits to cover all services within the trust that use or prescribe antimicrobials.
- Supporting the implementation of relevant NICE / PHE antimicrobial guidelines.
- Clinical screening of medication charts, monitoring antimicrobial use and challenging any inappropriate prescribing by pharmacists regularly visiting the inpatient wards.
- Pharmacists ensuring that prescribed antimicrobials are compliant with guidelines with respect to antimicrobial choice, dose, route of administration and duration. They also ensure that timely reviews of antimicrobials are carried out and IV antimicrobials are switched to oral as soon as clinically appropriate.
- Signposting prescribers and staff to current relevant antimicrobial guidelines – OUH guidelines for inpatient settings and SCAN guidelines for out-patient settings both available on the MicroGuide platform as an app or on the website.
- Regular reviews of medication stock lists for the inpatient wards and Urgent Care units by the medicines management team, to ensure that only appropriate antimicrobials are available and that restricted ones are removed from the units.
- Collaborative partnership with regular attendance at the OUH Antimicrobial Steering Group and the regional South Central Antimicrobial Network.
- Posting Antimicrobial guidance updates on Netformulary as well as sending to all prescribers and non-medical prescribers.

- Induction for new doctors including guidance on the appropriateness of antibiotic prescribing as specified in the Start Smart – Then Focus initiative promoted by Department of Health, the use of local antimicrobial guidance, and legal requirements and good practice surrounding prescribing of antimicrobials.
- Reviewing antimicrobial prescribing for all *Clostridioides difficile* cases in the Trust and as required.
- Ensuring up to date Trust Antimicrobial protocol is readily available online.
- Attendance to the Health Economy meetings with the IPC Team.

10. Facilities

The Trust adheres to the national cleaning standards, colour coding and specification. Cleanliness monitoring is completed on a quarterly basis by the modern matrons across the Trust and the generated reports are fed back to Facilities and service managers. The responsibility for environmental cleanliness sits with the ward manager.

The results are monitored by facilities and reports are provided for the commissioners and the IPCDC committee.

IPCT work closely with the facilities team, and the head of facilities attends the IPCDC providing service reports. The IPCT attend, support and participate in the annual PLACE (Patient Led Assessment of the Clinical Environment) assessments, however these have not taken place this year due to the pandemic.

11. Estates

The IPCT continue to advise and support estates with refurbishments and new builds within the Trust. This has required attendance at key design and planning meetings and the review of plans and minimum build standards. There have been few projects this year due to the pandemic.

12. Audits

12.1 Audit Management and Tracking System (AMaT)

The Trust introduced a new clinical audit assurance software to support quality improvement, known as the Audit Management and Tracking System (AMaT). This will be rolled out across the Trust. However as part of the first stage of implementation, the IPCT have been working closely with colleagues to ensure the IPC audits are captured. The system went live on the 1st of April 2022.

12.2 Infection Prevention and Control Audits

There was a comprehensive and robust annual infection prevention and control audit programme for 2021/22, which consisted of infection prevention and control audits based on national standards. High levels of compliance have been maintained.

However due to the pandemic, the service areas have completed self-audits this year, which the IPCT have reviewed. Areas of poor or non-compliance are followed up with the service by the IPCT. The audits which were undertaken included all community hospitals, urgent care and inpatient mental health wards. All audits were completed during the audit year using adapted versions of the Infection Prevention Society (IPS) audit tools for monitoring infection prevention and control

guidelines within the acute and community settings. Action plans were requested following each audit to address any identified areas and monitored.

Infection prevention and control (IPC) audits carried out during 2021-22 include:

- Hand hygiene and compliance with 'bare below the elbows'
- Use of personal protective equipment
- Management of sharps
- Isolation facilities
- Decontamination of equipment
- Infection prevention and control audits, including cleanliness of the patient environment.

Across the Trust the average results for inpatient wards was 96%. Facilities areas which fell below 85% have action plans in place.

Community team audits have not been able to be completed this year.

All audit results were reviewed, and reports provided for each directorate. Learning outcomes were shared with relevant staff directly and via infection prevention and control link practitioners, service/ward managers and the infection prevention and control newsletter. A summary of the audits is presented to the IPCD committee quarterly and via an annual report.

12.3 Hand Hygiene audits

Over the year and during peaks of high service and clinical demand, some audits were temporarily suspended. This included hand hygiene observational audits. However, these audits were restarted as soon as possible, and other monitoring was introduced at this time to ensure standards were being maintained. This included audits for PPE and weekly coordinator checklists. During 2021-22 the compliance average was 99%. Compliance with bare below the elbows was 99%.

Hand hygiene practical assessments in mental health wards assess staff technique for handwashing rather than observational practice. This is due to the challenges of staff being observed in practice as in mental health staff are often working on a one to one basis with patients in single rooms. Community hospitals with single rooms also conduct these practical assessments.

All audits are reviewed and monitored by the modern matrons and the IPCT. During 2021/22 the compliance average was 97%. Compliance with bare below the elbows was 98%. Any areas falling below the acceptable level are followed up by IPCT and action plans developed for improvement. A summary of the audits are presented to the IPCDC quarterly and via an annual report.

Hand hygiene practical assessments in community-based services based have been introduced on a risk assessment basis in:

- Children young peoples' community services
- District nursing

- Speech and language services
- Luther street medical centre.

However, these audits have been suspended for most of 2020/1 and will be restarted as soon as clinical capacity allows.

12.4 Personal Protective Equipment (PPE)

Audits were introduced this year to monitor and support clinical practice and the correct use and management of PPE. Wards complete weekly and results are evaluated and feedback to services by the relevant audit and governance teams. These are also monitored and discussed at the weekly Hospital Acquired COVID-19 meeting led by the DIPC.

12.5 Matrons checklists

The matron's role within IPC has been reviewed and additional work undertaken to ensure this valued role is standardised in the organisation. Matrons are completing IPC checklist audits, which are monitored and reported via the directorate governance meetings, with any issues escalated to the IPCDC if necessary.

13. Decontamination

13.1 Decontamination arrangements

There is a nominated Trust Decontamination lead. The lead attends and provides quarterly update reports to the IPCDC regarding overall Trust compliance with decontamination requirements. The Decontamination lead and DIPC are members of the IPCDC which reports to the Quality and Clinical Governance Sub Committee. The vast majority of products used in the Trust are single use. However, podiatry uses reusable instruments, and these are decontaminated via an SLA with Synergy. Dental services reprocess instruments via local decontamination procedures which are compliant with HTM 01-05.

13.2 Audit of Decontamination

Audits of the decontamination of patient equipment are undertaken annually and are incorporated in the infection prevention and control audit programme. As discussed in Section 5.2 there have been issues with the Adenosine triphosphate (ATP) clean trace system, which has resulted in non-submission and entry of data. Any results obtained are reviewed and monitored by the IPCT monthly and quarterly reports produced and disseminated to the directorates. During 2021-22 the average score for ATP testing was 84%.

Due to the pandemic workload, there have been some omissions in the completion of medical devices and mattress checks. Decontamination records are centralised on the Trust shared computer drive allowing easy access for staff to review. These results are evaluated, and compliance reports developed for the services. Where improvement is required action plans are requested and compliance monitored. Mattress audits are also being completed monthly and the results kept centrally on the shared drive for easy review and access.

Medical devices decontamination records should be completed by 83 wards/areas. This is now managed by the wards and they report to the IPCDC quarterly. Mattress check records should be

completed by 47 wards/areas. This is now managed by the wards and they report to the IPCDC quarterly.

14. Training activities

Training sessions are provided for clinical staff. During the pandemic face to face classroom teaching has been replaced by online teams teaching sessions. There has been a new Learning and Development IT system introduced which has affected the records recording the total percentage of staff trained in 2021/22. The final years training numbers for 2021/22 was 65.8%, against the Trust target of 90%. This data is collated by the department and the training is delivered by the following methods, online virtual classroom via MS teams, workbooks and E-learning. All forms of training and their content are annually reviewed and updated to meet the learning outcomes of the current UK Core Skills Training Framework and training requirements of staff.

In addition to standard training, the IPCT provides:

- Bespoke training on request including specialist IV therapy training sessions and PPE application.
- The annual study days for the IPC link champions were unable to be held, but training sessions were provided on MS teams.

The IPCT provide ongoing advice, guidance and on the spot learning opportunities such as managing outbreaks.

15. Risks and future investments

There will continue to be ongoing support for the Adenosine Triphosphate (ATP) environmental testing system in older adult mental health wards and the community hospitals. This may be extended across the trust to all clinical areas and will therefore require further ongoing funding and investment.

The IPCT will continue to work in partnership with other allied services in the Trust to promote safe practice, in particular Health and Safety, Estates and Facilities and Occupational Health teams.

The team will also continue to develop and work in partnership with external organisations to strengthen and support the patient pathway across the health economy.

More audit capacity is required to develop and expand hand hygiene practice assessments/audits in community services. Additional audit capacity is also required to manage medical devices decontamination compliance across the Trust.

IPC reporting and governance needs to be embedded with clear standardised reporting and monitoring processes within the directorates.

The COVID-19 pandemic has put extreme pressure on the IPCT.

16. Conclusion

This has been another exceptional year for IPC, and the importance of a specialist IPCT recognised. The IPCT has continued to lead the Trust response to a global COVID-19 pandemic as well as maintaining the required ongoing core IPC programme to reduce healthcare associated infections. Work has still continued regarding the monitoring and investigation of mandatory reportable infections including *Clostridioides difficile*. There remains a challenge in achieving further reduction in cases and it is likely the Trust has reached the irreducible level. This has been demonstrated by the review process undertaken in the health economy review meetings.

The COVID-19 pandemic has placed enormous strain on IPC resources. However, the IPCT have met the challenge well and collaborative working, with directorate colleagues, has continued to ensure IPC practices are supported and maintained across all clinical services. The depth and breadth of this working can be seen within the IPC Board Assurance Framework.

Looking ahead, it is also evident that the emergence of resistant organisms and antimicrobial resistance remains a real challenge in modern healthcare. The reduction of gram-negative bacteraemia infections remains a challenge. Most cases develop in the community rather than inpatient services and therefore further work nationally and locally is ongoing to understand the root cause and appropriate strategies to try and reduce the incidence. The focus for the IPCT and the Trust remains on improving and maintaining infection prevention and control practices, supporting patient care pathways across the health economy, and enhancing and improving clinical practice. The IPCT will continue to undertake robust reviews and scrutiny of each case of infection, working with colleagues and clinicians, to identify learning and ensure the continued high standard of patient care.

It is noted that this pandemic highlighted the extreme demand on IPC services and although some additional IPC nurses have been recruited, pressure on existing services remain high. Nationally there is a high demand of specialist IPC nurses and recruitment remains challenging. It is unclear what the future holds post pandemic, with possible increases in antibiotic resistance infections and new national initiatives to address the increase in gram negative infections. However, it is clear IPC specialists will be front and foremost in ensuring our staff and patients safety.

Appendix 1

IPCDC terms of reference



Oxford Health
IPCDC ToR April 202

Appendix 2

Board Assurance Framework



IPC BAF updated
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