



# Infection Prevention and Control Annual Report 2022/23



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## Executive Summary

The purpose of this report is to inform the Board, staff, patients and members of the public of the progress made against the Care Quality Commissions (CQC) standards (Outcome 8, Regulation 12) and the Department of Health 'Health and Social Care Act' 2008 during the last 12 months. The Infection Prevention and Control (IPC) Annual Work Programme for 2023/2024 has been developed and will be reviewed at every Infection Prevention and Control Sub-Group meeting on a quarterly basis. The report provides information and evidence of the ongoing commitment of the Trust to embed IPC principles and practices throughout the organisation.

As a result of learning and improvement, South East Coast Ambulance Service NHS Foundation Trust (SECAmb) has a workforce that has the knowledge, skills and experience to appropriately minimise infection risk for patients and staff, thereby improving patient safety and staff well-being. The organisation can demonstrate compliance with IPC standards and delivery of key strategic objectives including: 'Delivering high quality, patient focused services' and 'Ensuring a highly skilled, motivated, and engaged workforce'.

### Key Achievements

2022/23 has been a challenging year for the NHS as the Covid-19 pandemic continued to be the main issue affecting service delivery. Although guidance and personal protective equipment for staff became more stable, we continued to see waves of transmission across the UK throughout the year.

The Trust has continuously provided their expert advice and support on all Covid-19 related requirements which have included:

- Development and continued review of the latest nationally agreed IPC Guidance for Covid-19.
- Advice and support in the development of guidance for all Personal Protective Equipment (PPE) requirements in both clinical and non-clinical settings.
- Advice and support for all decontamination procedures in both clinical and non-clinical settings.
- Advice and support in the development of workplace risk assessments as well as site visits to ensure safe working practices.
- Quality Assurance Visits.
- Working to provide expert advice for outbreaks across the Trust.
- Regular communications to all staff via the Trust's Organisational Response Briefing Conference Calls, Webinars, Microsoft Teams based meetings and articles in the Weekly Bulletin and on the Trust's intranet 'The ZONE'.
- Continued face to face support across the Trust in both clinical and non-clinical settings.
- Attendance at internal and external meetings has continued via our Microsoft TEAMS virtual platform.



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Along with the Covid-19 related workstreams the IPC Team have continued to provide much of the business-as-usual elements for IPC, including supporting the annual flu vaccination programme and this year's report is shown in Appendix A.

## Introduction

The annual report informs the Board, staff, patients and members of the public of the progress made against the CQC standards (Outcome 8, Regulation 12) and the Department Health 'Health and Social Care Act' 2008 during the last 12 months. An outline of the IPC Annual Work Programme for 2023/24 is appended to the report (Appendix B) to illustrate the priorities for the forthcoming year.

The report provides information and evidence of the ongoing commitment of the Trust to embed IPC principles and practices throughout the organisation and shows the significant improvement the Trust has made in this respect.

## Background

Effective infection prevention and control practice requires ownership at every level – from Board to Frontline. Success depends on creating a managed environment that minimises the risk of infection to patients, staff and the public and ensures compliance with relevant national and local standards, guidance and policies. A sustained approach to IPC can be achieved through personal accountability, skilled and competent staff, transparent and integrated working practices, and clear management processes.

### **The Health and Social Care Act 2008: Code of Practice for Health and Social Care on the Prevention and Control of Infections and related guidance (Department Health).**

Section 21 of the Health and Social Care Act (2008) enables the Secretary of State for Health to issue a revised Code of Practice.

The Code contains statutory guidance about compliance with the registration requirement for cleanliness and infection control. The Act states that the Code must be considered by the CQC when decisions are made regarding the cleanliness and infection control standards required to achieve registration.

The Code, revised in July 2015, focuses on 10 areas. This 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.

Not all criteria will apply to every regulated activity.

The table below shows our compliance with the Code.



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	Criteria Requirement	Compliance	RAG
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.	Compliant – The IPC Team manage risks for this criterion via the IPC Subgroup and associated Trust meetings. Attendance at the monthly contract meeting for Make Ready and the cleaning contract ensure any escalations are managed.	
2	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.	Compliant – Environmental cleanliness audits are now being completed at each site and monitored by the IPC Team monthly.	
3	Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.	The Trusts Medicine Management Team are responsible for the review of all associated antimicrobial PGDs which are signed off at the PGD Group. In line with NICE guidance audits are carried out with learning outcomes actioned by the Consultant Paramedics. There are however gaps in assurance, and these are shown in the IPC Board Assurance Framework (June 23 – Version 0.2).	
4	Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion.	Compliant - As described in the Trusts Scope of Practice and Clinical Standards Policy.	
5	Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people.	Compliant - As described in the Trusts Scope of Practice and Clinical Standards Policy.	
6	Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.	Compliant – As described in the Trusts Scope of Practice and Clinical Standards Policy.	
7	Provide or secure adequate isolation facilities.	Not applicable to ambulance Trusts	
8	Secure adequate access to laboratory support as appropriate.	Not applicable to ambulance Trusts	
9	Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.	Compliant – As described in section 6.4 Policy Review and Development.	
10	Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection.	Compliant – As described in section 6.9.	



## Board Assurance

### Corporate Responsibility

In December 2003 the Department of Health published 'Winning Ways: Working Together to Reduce Healthcare Associated Infections, which highlighted the requirement for a Director of Infection Prevention and Control (DIPC). The Executive Director of Nursing and Quality has been designated as the DIPC with lead responsibility within the Trust for IPC. This post reports directly to the Chief Executive Officer and the Trust Board. The Trust Board holds overall responsibility for ensuring that the Trust is compliant with IPC national guidance. The Head of IPC has been designated as the Deputy DIPC.

## Performance Monitoring

### Oversight

Oversight of Infection Prevention and Control is via the Quality and Patient Safety Committee. The IPC Team have provided responses to Management enquiries throughout the year regarding staff compliance to IPC procedures. The Board receives exception reports and monitors hand hygiene via the Integrated Quality Report (IQR).

### The Infection Prevention and Control Sub-Group (IPCSG)

The aim of the IPCSG is to provide assurance to the Trust Board that all services are provided in a clean and safe environment through the effective performance monitoring of key performance indicators (KPIs). It provides a forum for the co-ordination of any IPC related projects ensuring a consistent approach to IPC throughout the Trust. During 2022 - 2023 the group met four times.

The IPCSG is responsible for providing assurance to the Quality Governance Group (QGG) and upwards to the Quality and Patient Safety Committee (a sub-committee of the Board). It monitors compliance with the Health and Social Care Act 2008 via updates from all areas within SECAmb relating to the IPC audits for vehicles, premises and observed practice, and IPC training compliance is provided at each meeting.

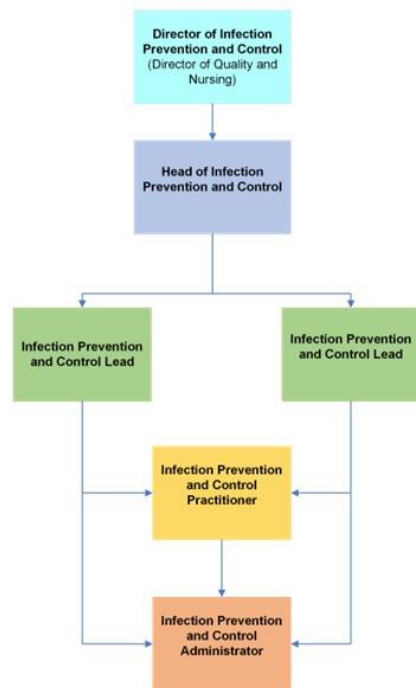
### The Infection Prevention and Control Team (IPC Team)

The Trust has a proactive IPC Team that is very clear on the requirements necessary to support the Trust in maintaining its commitment to patient safety and quality of care. Equally, it is recognised that IPC is the responsibility of every member of staff and must remain a high priority for all to ensure the best outcome for patients.

Due to the absence of one of the IPC Leads to long term sickness, a secondment to the role was in place from April 2022 to October 2022. The team has been impacted since then, with one member down and workstreams have been prioritised to ensure essential work continues.



## The IPC Team Structure



The IPC team are supported in delivering on their aims and objectives by the following roles within the Trust which are aligned with Winning Ways (DoH,2003) and the Health and Social Care Act 2008:

- Director of Infection Prevention and Control (DIPC) and Deputy Director of Infection Prevention and Control (DDIPC)
- Head of Infection Prevention and Control (HIPC) / Deputy DIPC

The team are also supported by Infection Prevention and Control Champions (IPCC) who:

- To liaise between the IPC Team and their local staff and managers.
- To facilitate the introduction & implementation of new & existing IPC practices.
- In conjunction with the IPC Team to act as a resource for staff concerning IPC related problems in the clinical area.





- To assist in the education of staff in their service area in the principles of IPC as it relates to their speciality.
- To participate in IPC activities as appropriate.
- To assist the IPC Team with accurate surveillance/audit as appropriate.

### Infection Prevention and Control Annual Work Programme

The IPC Annual Work Programme for 2022/23 had to be realigned to manage the ongoing Covid-19 pandemic and the changes to guidance throughout the year. The IPC Team have therefore taken the opportunity to review the learning outcomes from the last year and will include these into the plan for 2023/24

### Infection Prevention and Control Learning Outcomes from 2022 / 2023

Throughout the year the IPC Team started to look at some of the lessons learnt from the pandemic along with data analysis from the audits undertaken across the Trust and compared these to infection related sickness absence.

From the data we could see that during the year, when levels of compliance to IPC audits were high, sickness absence dropped and during lockdown relaxations and lower levels of community Covid-19 cases, compliance to audits dropped and sickness absence started to rise. This detail was shared with the Senior Operational Team and during visits to sites across the Trust with local management teams.

The sickness absence figures were taken from GRS for respiratory illness (not Covid-19) and Gastrointestinal illness, and the conclusion reached from the data analysis was that relaxation of IPC procedures led to an increase in levels of infection related sickness amongst staff. Reminders for the need to comply with hand hygiene, cleaning regimes and wearing the correct PPE were provided throughout the year via face-to-face interactions, TEAMs call, Webinars, email, and social media platforms.

During Quarter 1 of the year the team carried out Quality Assurance Visits (QAV's) to each Operating Units and the final report from these visits can be viewed in Appendix H. The Quality and Nursing Directorate are planning further QAV's for next year and the IPC Team will attend these and focus on IPC compliance at each location as part of these visits.

Education for staff was enhanced and the IPC Team have developed a programme of face-to-face training for new starters in the Trust and were regular visitors to both Crawley College and Haywards Heath training facilities. These sessions have been received well by staff and feedback is very positive.

There is still a need to provide staff in service with face-to-face sessions rather than just an annual workbook as part of the mandatory training package. This is something that will be carried forward into next year.

The IPC Team have continued to attend both internal and external meetings and partnership working with IPC Forums across the region and at a national level have been enhanced.



A National NHS IPC Manual is being drafted and is due for publication in Quarter 1 of 2023/2024. The manual itself is hospital-based but will impact on ambulance services guidance with the main change being adherence to a Transmission Based Precautions (TBPs) methodology. TBPs sit alongside Standard Infection Control Precautions (SIPCs). This is something new to ambulance services and the IPC Team will need to review and develop all the IPC procedures so that they are in line with the National Manual, which, while it becomes mandatory for acute Trusts in April 2023, is considered best practice for Ambulance Trusts. The main changes will be to the advice and terminology for the use of PPE using a generic approach to infectious diseases.

The need for continued IPC advice has meant that the Trust continued to have a member of the team on call 24/7 until the end of September 2022, which was something that both staff and managers found useful.

There are some outstanding issues that still need to be resolved so that the Trust can provide assurance that some of the risks that have presented themselves throughout the year do not reoccur and these are:

- Appropriate lead for the procurement and continued supply of PPE that meets the required standards.
- Continued IPC awareness training for all staff in addition to the annual statutory and mandatory IPC training.
- Continued compliance checks across the Trust managed during QAV's.
- Continued partnership working with all departments and teams across the Trust relating to IPC requirements.
- Development of new guidance in line with the new National IPC Manual.

### Policy Review and Development

The IPC Policy and IPC Manual were reviewed during 2022/2023.

Continued review of the Covid-19 SECAMB Guidance along with all other related guidance.

There will be a requirement to review all the Trust's IPC procedures in line with the new national NHS IPC Manual.

### National Ambulance Service IPC Group (NASIPCG)

The role of the group is to provide expert advice and a consensus opinion on IPC in Ambulance Services to the National Ambulance Quality Governance & Risk Directors (QGARD) and throughout the year the group have met on a weekly basis to discuss all Covid-19 related issues.

During 2022 / 2023 some of the key achievements of the group were:

- Peer review meetings for each Trust.
- The Chair of the group continued their secondment to AACE to promote all IPC requirements during the pandemic and continues in that role part time.



- Group consensus to compliance for all IPC procedures and support in the development of specific Covid-19 guidance for both clinical and non-clinical settings within the ambulance sector.
- Reinforced attendance from IPC Leads at all national ambulance groups including, Uniform, Vehicle, and PPE.
- Continued support to all IPC Ambulance Leads throughout the UK.

### South East Regional IPC Forums

As part of the agreed Quality and Information reporting requirements defined in the Trusts contract for 2022/23, frequent update reports pertaining to IPC within the Trust are reported to the Lead Commissioners Clinical Quality Review Group meetings. The IPC Team represents SECAMB at IPC Forums in Kent, Sussex and Surrey where Infection Prevention and Control Leads from various healthcare settings meet to promote standardisation and consistency of practice related to infection prevention and control. The purpose and objectives of these meetings are to:

- Facilitate partnership working between NHS organisations.
- Promote shared learning and expertise within the specialist field of infection prevention and control.
- Standardise the approach to infection prevention and control practice.
- Provide valuable resources to Infection Prevention and Control Teams and associated organisations.
- Implement latest guidelines and initiatives related to Infection Prevention and Control.
- Improve the patient experience.

### IPC Reported Incidents

There is a slight increase in the number of IPC related incidents compared to last year. 126 compared to 119. This is within the normal limits of variation for IPC related incidents. The IPC Team constantly monitor all reported incidents.

Despite a continued effort by the Team to increase knowledge and understating of staff, avoidable incidents are still occurring.

Sharp injuries remain as the most reported type of incident, accounting for just over 1/2 of all incidents, however, we have seen a slight increase on the number reported compared with last year. This was mainly due to more reported incidents in May, June and September. On average, we are seeing 1 sharp's injury a week.

Themes and learning outcomes from incidents are discussed at every IPCSG meeting and added to the Trust Risk Register when deemed a significant risk for the Trust. Any recurring categories of incidents are added to the IPC annual training programme for the following year. (Appendix C provides a full breakdown of the incidents)

### Corporate Risk Register

Risks relating to IPC throughout the year are monitored by the IPC Team and each risk is then reviewed at the quarterly IPCSG meetings.



During the year the risks associated to IPC were reviewed with the Head of Risk, and following approval at the November IPC Sub Group all risks were removed from the risk register as they were all considered to have returned to business as usual.

### Learning and Development

Because of our large geographical spread, the Trust has utilised a mix of delivery mechanisms to educate and train our staff. This has included 'face to face' training, IPC workbooks, information and guidance in the 'Content Locker' on iPads and communication briefings delivered via email, weekly bulletin articles and IPC alert notices. An additional video was produced and added to the face-to-face Key Skills sessions which were going to be undertaken virtually across the Trust and included further guidance to staff on all Covid-19 related procedures to adhere to.

The IPC Team are responsible for ensuring that all IPC educational material is up to date and reflects current best practice and national guidance. Hand hygiene is a core theme throughout all training packages and compliance is monitored through the Observed Practice Audit Tool.

The Trust's IPC Training Presentations have been further developed throughout the year to include Covid-19 guidance and procedures as well as any changes in national guidance. Ensuring the training meets the necessary competencies set by the awarding organisation, which include FutureQuals, for each of the different qualifications.

- Emergency Care Support Workers.
- Associate Ambulance Practitioner.
- Transition to Practice Staff. (Newly Qualified Paramedics and staff converting from other Ambulance Trusts or other healthcare backgrounds).

This year Level 2 IPC training was reviewed and revised for all clinical staff and was delivered on the DISCOVER platform. The completion level was 91.4% for the year.

The continuing themes for this year's training were.

- 1) Hand Hygiene compliance
- 2) Aseptic Non-Touch Technique
- 3) Sharps awareness
- 4) PPE procedures

Additional themes were:

- 1) Risks from common infections.
- 2) Transmission Based Precautions.
- 3) The importance of vaccinations.
- 4) Environmental Cleaning.

### Third Party Contractors

All Third parties used by the Trust are required to provide evidence that they are fully compliant with the CQC's 'Essential Standards related to the quality and safety of care'. These are set out in the Health and Social Care Act 2008. Contract meetings with third party



providers include membership from the IPC team to monitor IPC compliance. During 2022/23 the IPC team have worked closely with third party contractors used to support the Make Ready system, including the vehicle deep clean programme and that their staff have received appropriate training and adhere to IPC standards including all Covid-19 procedures.

The Occupational Health contract monitoring mechanism also includes representation from the IPC team.

### Annual IPC Audit / Review Programme 2022 / 2023

The Infection Prevention and Control (IPC) Team have the task with providing assurances regarding the following areas:

- Hand Hygiene
- Clinically Ready
- Aseptic Non-Touch Technique
- Vehicles Cleanliness
- Environmental Cleanliness
- IPC Environmental Standards
- Post Patient Care IPC Procedures

All the audit / review tools are available via Microsoft forms, so can be accessed on an iPad, a work phone or Trust computer. This makes it possible for any member of staff to complete them, eliminating the use of paper completely and provide even better data for analysis.

This system allows identification of common non-compliance themes and where OUs may need further support with advising and educating staff. This will be managed with support from the local IPC Champions and the IPC Team. One example of this is the audits identified that there were pockets of staff not carrying alcohol hand gel. Work was done to ensure it was available to all staff and that they knew why they should be using it and when.

The HIPC provides regular updates on any non-compliance issues to both the QGG and the Quality Patient Safety Committee. and the Power BI platform provides graphs and dashboards to the OU's showing their previous results for all audits and reviews carried out.

The results of the audits and reviews are shown in Appendix E.

### Vehicle Cleanliness and compliance with IPC standards

Tendering for a new contract for Make Ready has been completed with IPC input all the way through to ensure compliance to vehicle cleanliness requirements.

There is now a set of new Key Performance Indicators which will be monitored by the Contracts Team, and these include compliance to Deep Clean monthly targets being achieved which has been problematic in the past.



Throughout 2022 / 2023 the number of staff provided across the Trust has been an issue which has impacted on the whole system. That said, ATP swabbing shows that the vehicles are not only cleaned well in the Make Ready process, but also by crews during the shift.

Vehicle Cleanliness results are shown in Appendix F.

### **Premises Cleanliness and compliance with IPC standards.**

The IPC Team continue to work with the Estates Team, Operational Management and staff to ensure SECamb buildings are up to standard and during the year an increase in cleaning schedules for high touch areas has been implemented due to the pandemic.

Due to operational pressures the number of audits carried out by the local operations teams has reduced and where possible the IPC Team have supported the completion of these audits for them.

Monthly contract meetings have continued to raise any compliance concerns and any escalations are raised at the monthly contracts meeting.

Audit Results for this can be found in Appendix G

## **Summary and Conclusion**

It has been another year dominated by the pandemic and the return to the national stance for “Living with COVID”, but patient safety has remained the top priority for the Trust and IPC is integral to maintaining this.

The Trust has shown its commitment to IPC throughout the year and has continued to build on the need to involve the IPC Team as early as possible when developing new systems and processes implemented during 2022/2023.

The key achievements over the year have been the partnership working with departments and teams across the Trust and this needs to continue so that improvements with embedding IPC standards from Board to Frontline staff are maintained.

## **Appendix A – Flu Vaccination Programme**

### **Seasonal Flu Programme Report 2022 / 2023**

#### **Introduction and Background**

This year the Trust returned to the Peer Vaccination methodology utilised successfully prior to Covid, and the flu vaccine was available to staff at Trust sites right across the region.

There were challenges this year as Covid has resulted in more agile working for support staff and OTL's are increasingly busy and not always available to vaccinate



staff. Therefore, the need for local teams to use alternative duties staff to support was vital.

This year the target was 90% uptake for all frontline direct patient contact staff, which has been set nationally and forms part of the CQUIN framework.

### Results

#### **Overall Trust Figures for 2022 / 2023 (with the last four years figures):**

	2022 / 2023	2021 / 2022	2020 / 2021	2019 / 2020
Frontline Direct Patient Contact Staff	56.9%	63%	82.3%	76.2%
All Trust Staff	59.5%	63%	74.5%	71.9%

The low uptake for the flu vaccine was replicated across the NHS and the term 'vaccine fatigue' was used to explain one of the main reasons behind such a low uptake. The national uptake is estimated to be as low as 50% for frontline NHS workers this year.

The Head of IPC has been tasked with implementing the vaccination programme for next year and work has already commenced on the delivery of an improved programme with the involvement of all relevant teams across the Trust.

This year's national CQUIN target is 75% to 80% of all frontline staff.

## Appendix B – Annual Work Programme.

### 2023-2024 Annual Work Programme

Key Objective:	Responsible Person	Deadline for completion	Assurance / Progress Report / Evidence
To sustain compliance with the Care Quality Commission (CQC) registration criteria against The Health and Social Care Act 2008 (amended 2010)			

Taking Pride Continuous Improvement Acting with Integrity Demonstrating Competence Assuming Responsibility

Ensure the Trust maintains compliance with the CQC registration criteria (i.e. The Health and Social Care Act 2008 (amended 2010) including evidential assurance) and provider compliance assessments.	HIPC	Review of PCA compliance and associated evidence twice yearly.	Updated PCA self-assessments.  Monitored via self-assessment of the Hygiene Code (within the Infection Prevention and Control Assurance Framework (IPCAF) with resultant action plan.  Infection Prevention and Control Sub-Group (IPCSG).  Six Monthly Internal Quality Assurance Visits.  External reviews and inspections.
Development of the monthly Infection Prevention and Control Dashboards.	IPC Team	Monthly	IPC Dashboard reviewed at every IPCSG and reported to the Clinical Practice Board (CPB).
Management and achievement of HCAI standards.	HIPC	Quarterly	HCAI plan reviewed at every IPCSG and reported to the CPB.
To coordinate the Trusts Infection Prevention and Control Sub-Group.	HIPC	Quarterly	Terms of reference, minutes, action log, HCAI plan, IPC Dashboard and associated reports.





Promote clinical ownership of IPC through the Infection Prevention and Control Champions (IPCC) and staff.	IPC Team	Development of IPCC staff for each Operating Unit, EOC's and 111 by the end of Quarter 3 2023/2024.  Ongoing monitoring with quarterly reviews	IPCC representation across the Trust is monitored via the IPCSG.
Review and refresh the Trusts IPC Level 2 Training for the 2023/24 annual training programme delivered by Clinical Education team and learning and Development.	IPC Leads	Completed by beginning of Q4 2023/2024.	Revised IPC Level 2 for IPC included in training programme for all clinical staff.
Contribute to the Clinical Education training agenda by preparing validated IPC information to use in all training forums and platforms including workbooks and e-learning.	IPC Team	As Required	Annual training programme includes evidence based validated IPC elements which are updated as required and at the request of the Clinical Education team.



Development of and reporting against a suite of KPIs for IPC (to include compliance with clinical best practice issues such as hand hygiene, cannulation, accidental inoculations, exposure to infections, seasonal flu vaccination, IPC incidents and investigations, environmental cleanliness standards and antimicrobial stewardship programme).	IPC Team	Q3 2023/2024	Data monitored at every IPCSG.
Regular attendance at Kent, Sussex and Surrey IPC Committees.	IPC Leads	Quarterly	Reported to the IPCSG.
Outbreaks effectively tracked, monitored and resolved across organisation.	HIPC	As Required	Reported to the IPCSG.
Production of an Annual IPC Report for 2022/2023.	IPC Team	End August 2023	IPC Annual Report published.
Review of the weekly Hand Hygiene / Bare Below the Elbow ANTT, and vehicle audits. Monthly Environmental and quarterly station IPC audit tools.	IPC Team	Monthly	Reports and action plans to IPCSG.
Continued engagement with the National Ambulance IPC Group.	HIPC	Quarterly	Reports to IPCSG.
To develop and deliver a successful Influenza Vaccination programme for 2022/23.	IPC Team	Quarterly	Reports to IPCSG.

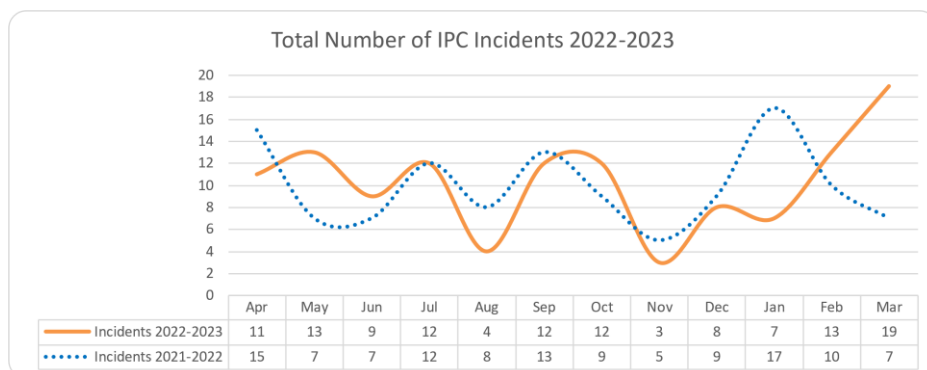


Provides expertise to inform modelling of vehicle cleaning programme and station / environmental cleanliness.	IPC Team	As required	Monitored via IPCSG.
There is a communications strategy in place to deliver IPC information to SECAMB staff throughout 2023/2024.	Comms Team / HIPC	End of Q2 2023/2024	Review quarterly at IPCSG meetings.
Continue to work with health economy partners to develop effective communications when patients are transferred between healthcare providers and where outbreaks of infections occur in healthcare settings.	IPC Leads	As required	Monitored at IPCSG meetings quarterly.
Communication with health economy partners to review any HCAI's that have possibly involved SECAMB staff. Including non-compliance with IPC standard universal precautions	IPC Team	As required	Monitored at IPCSG meetings quarterly.
Work with Clinical Equipment and Consumables Sub-Group to identify new products appropriate to delivery of high-quality evidence-based patient care regarding IPC. (Where possible linked to Cost Improvement Plans).	IPC Team	As required, providing IPC view at each CECSG meeting, review quarterly.	Clinical Equipment and Consumables Sub-Group CECSG minutes.
Provision of specialist advice to SECAMB contract tendering and contract monitoring work, for all third-party providers, specifically Occupational Health and providers of sub-contracted operational work	IPC Team	Quarterly	Minutes ICSG meetings which include the OH Clinical Leads updates.  Details of reports on sub-contractors to be submitted through ICSG.



## Appendix C – Datix IPC Incidents

Breakdown of the types of incidents and the review of the investigation



Incident Type 2022-2023	Total	% of Total
Equipment Contamination	12	10%
Exposure to Disease (informed on scene)	5	4%
Exposure to Disease (informed post incident)	4	3%
Exposure to Disease (not informed by HCP/EOC prior to exposure)	8	7%
Injury From Clean Needlestick	9	54%
Injury From Clean Sharps	7	
Injury From Dirty Needlestick	30	
Injury From Dirty Sharps	8	
Needlestick / Sharps Not Disposed of Correctly	10	
Sharps or needles found	3	
Staff Contaminated by Blood or Body Fluids	21	17%
Vehicle Contamination	6	5%
<b>Total</b>	<b>123</b>	<b>100%</b>

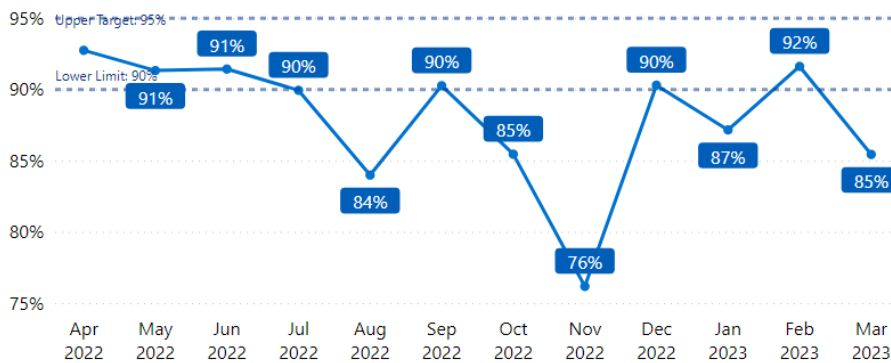


Best placed to care, the best place to work

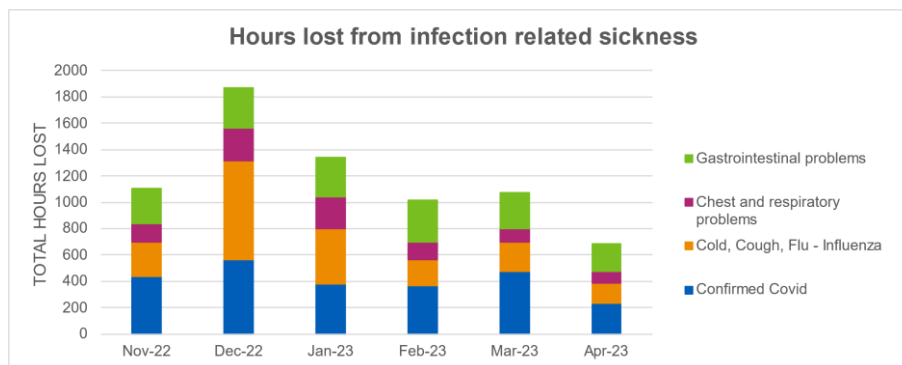
## Appendix D – IPC Audits and Reviews

### Hand Hygiene Compliance 2022-2023

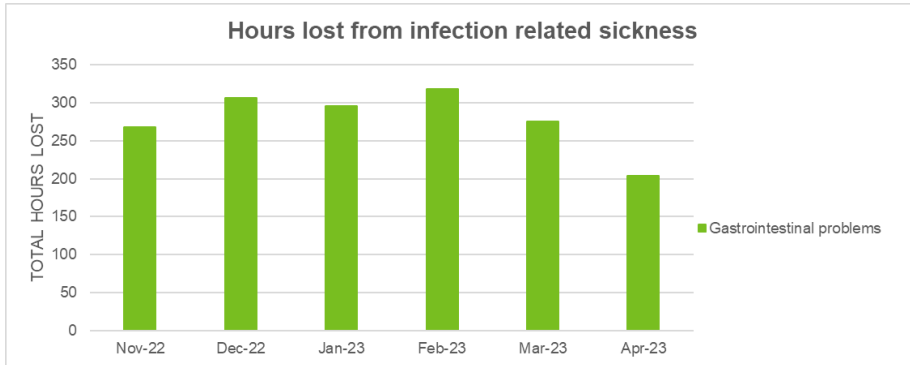
Hand Hygiene Compliant Audits %



### Staff infection related sickness. Hours lost November 2022 - March 2023

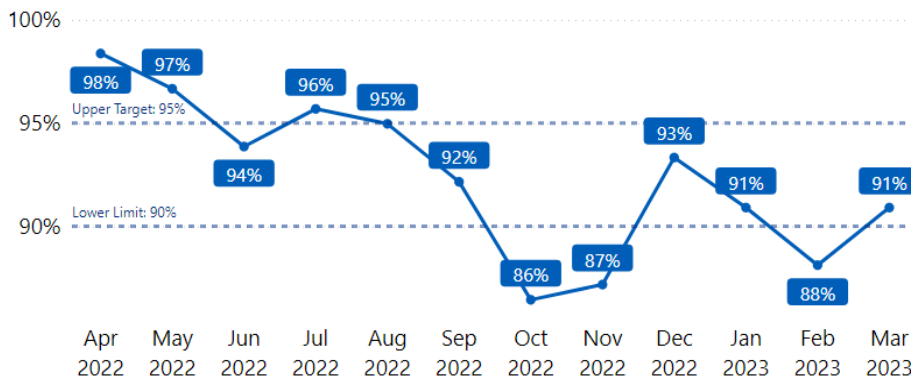


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### Aseptic Non-Touch Technique Compliance 2022-2023

Aseptic Non Touch Technique Compliant Audits %

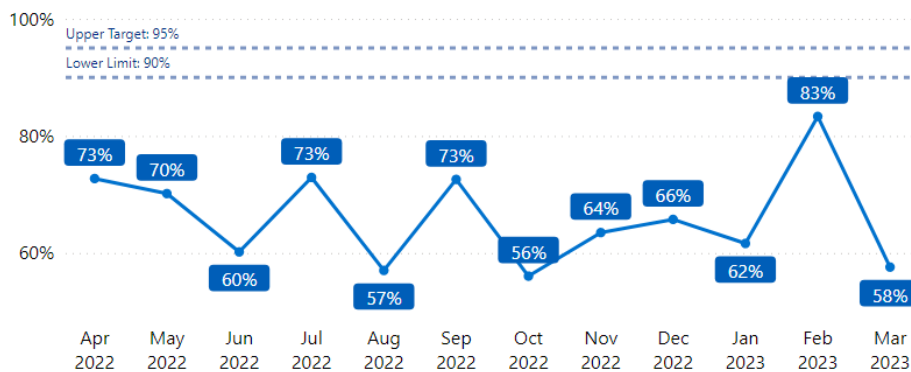


### Post Patient Care IPC Compliance 2022-2023



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### Post Patient Care Review Compliant Audits %



(Please note that due to data analysis issues with the BI platform not being rectified until April 2023, the results were showing higher than was the case. Now the results are correct, the IPC Team are looking on how to improve compliance.)

### Post Patient Care Non-Compliances 2022-2023

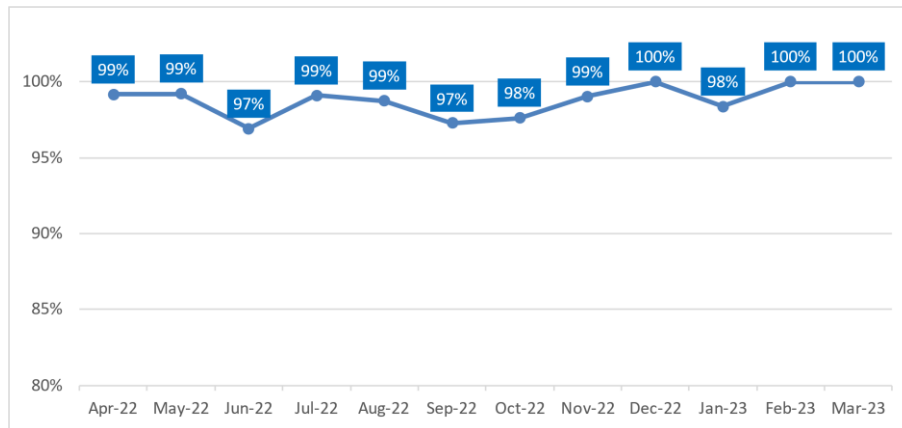
Operating Unit	Number of Audits	Attendant Not Bare Below The Elbow	Driver Not Bare Below The Elbow	Driver Wearing Gloves	Attendant Not Carrying Hand Gel	Driver Not Carrying Hand Gel	Attendant Not wash hands at hospital	Driver Not wash hands at hospital	Equipment Not Cleaned	Touch Points Not Cleaned
Ashford OU	134	2	4	10	10	21	3	8		5
Brighton OU	44	2	1	8	6	5	7	7		
Chertsey OU	142	5	8	10	8	10	3	3		1
Gatwick and Redhill OU	118	5	12	8	16	15	2	4		12
Guildford OU	242	2	5	15	13	11	3	10	1	8
Medway and Dartford OU	132	6	3	21	7	12	10	10	1	6
Paddock Wood OU	218	4	3	15	73	76	8	13		11
Polegate and Hastings OU	157	1	5	8	5	3	4	9	1	2
Tangmere and Worthing OU	163	13	22	7	36	66	7	11	7	11
Thanet OU	172			9	3	3	1	4		3
<b>Totals</b>	<b>1522</b>	<b>40</b>	<b>63</b>	<b>111</b>	<b>177</b>	<b>222</b>	<b>48</b>	<b>79</b>	<b>10</b>	<b>59</b>



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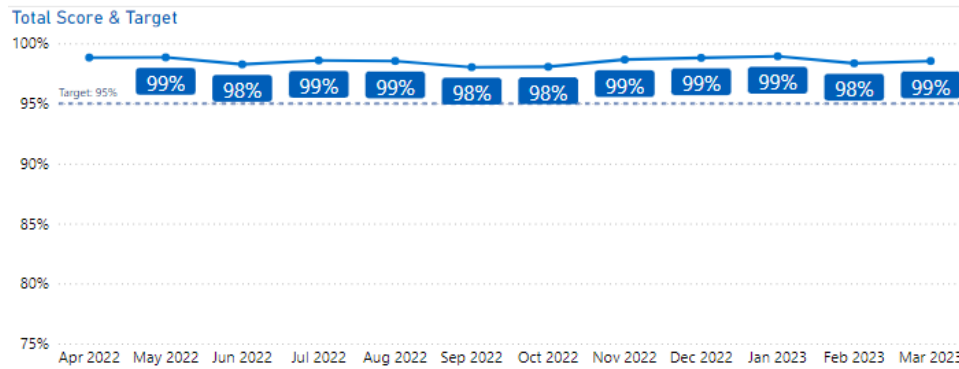
## Appendix E – Vehicle Cleanliness

### Vehicle Cleanliness Audit 2022-2023



## Appendix F – Premises Cleanliness

### Premises Cleanliness Audit 2022 / 2023



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## Appendix H – IPC Quality Assurance Visits

# Infection Prevention & Control

## Quality Assurance Visits 2022 Operating Units Quarter 1 Report

IPC Summary



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The purpose of this report is to analyse the data received from the Infection Prevention & Control (IPC) Quality Assurance Visit (QAV) to each of the operating units across the Trust's footprint. This includes staff engagement at each of the local acute hospitals, as well as leadership within the Operating Unit (OU), IPC knowledge and direction in-line with national and local IPC guidance.

The IPC QAV programme commenced in March 2022 and ran until July 2022 (quarter 1) and ensured that we align to South East Coast Ambulance Service (SECAMB) Improvement Plan.

This report focuses on the 9 Trust OUs the IPC Team were able to visit for phase 1 of this QAV programme. Phase 2 will commence in quarter 4 where a follow up on the actions will be given from phase 1 and QAVs will be conducted at the Trust's East & West Emergency Operation Centres (EOC) and 111 Contact centres.

## Introduction

The IPC team set out an improvement plan to look at multiple IPC elements at each operating unit, these standards are set out below:

- IPC Datix incident reporting
- Sickness abstraction
  - Gastrointestinal
  - Respiratory – to include Covid-19 absences
- Hand hygiene audit compliance
- Post patient care audits
- Aseptic Non-Touch technique
- Vehicle Visual Cleanliness
- IPC Audit Schedule for each Operational Team Leader (OTL) to complete per month compliance
- QAV Staff engagement & Site questionnaire

## Background

Each QAV programme focuses on key elements to ensure the organisation demonstrates effective infection, prevention & control precautions on a day-to-day basis across all directorates.

The IPC team attended each of the operating units and spent a day engaging with all operational staff and leadership teams. All sites were measured on a scoring matrix dependant on the IPC teams findings. Guidance on the scoring can be found in Appendix 1

## Overall rating guidance for the Peer Review Team



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Peer review teams must base their judgements on the available evidence, using their professional judgement.

The table below provides a guide for awarding the overall rating:

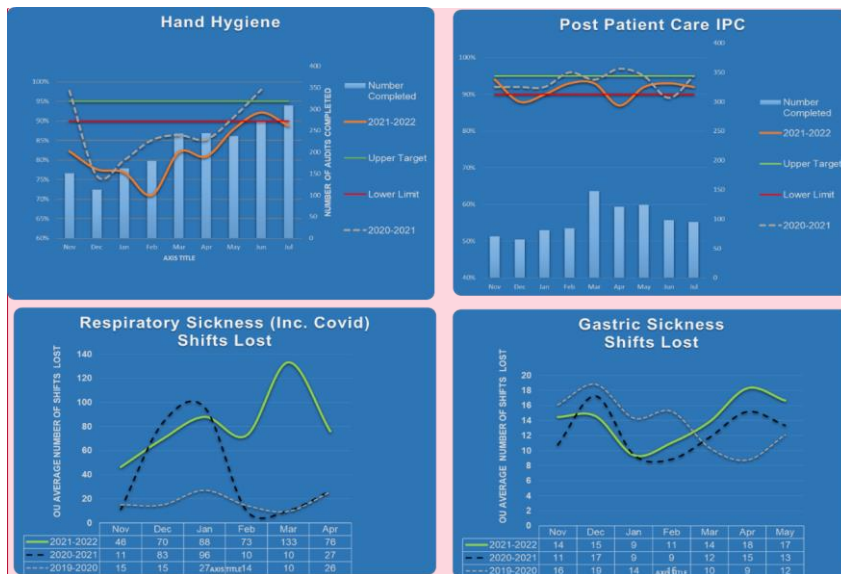
<b>3 or more of the domains rated 'outstanding'</b>	=	<b>Outstanding</b>
<b>3 or more of the domains rated 'good'</b>	=	<b>Good</b>
<b>2 or more of the domains rated 'requires improvement'</b>	=	<b>Requires improvement</b>
<b>1 of the domains rated 'inadequate'</b>	=	<b>Requires improvement</b>
<b>2 or more of the domains rated 'inadequate'</b>	=	<b>Inadequate</b>

If you require support in rating a site, please contact Aide Hogan – Head of Infection Prevention and Control.

### Data Analysis

Infection Prevention & Control exported and analysed the data from Trust platforms, this was obtained from GRS, MS Forms and Datix Cloud.

The following graphs show compliance across the Trust. Each OU was shown their own data sets:



**Commented [JT1]:** These are difficult to read with blue backgrounds.

Hand hygiene, Post Patient Care, Aseptic Non-Touch Technique and vehicle Cleanliness audits are completed by either the Trust's Operational Team Leaders or our local IPC Champions. The expectation and monthly compliance are the follow:

Clinical Hand Hygiene Audit

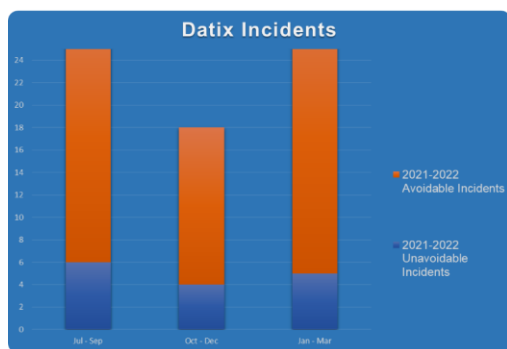
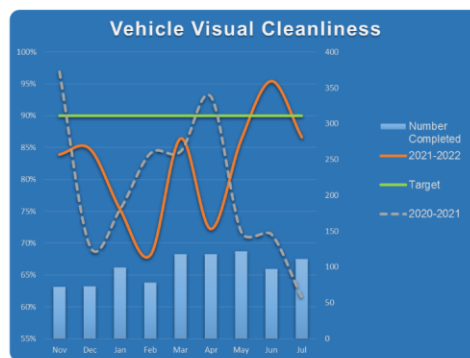
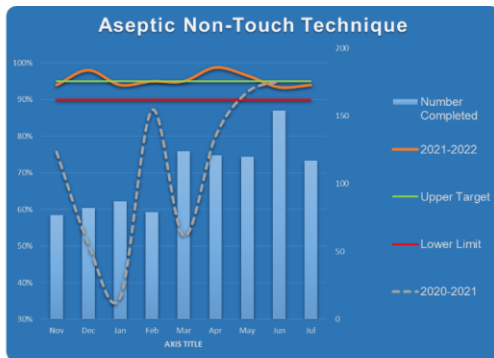
2 Per OTL Team Per Month



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Post Patient Care Review  
 Vehicle Visual Cleanliness Audit  
 Aseptic Non-Touch Technique Audit

2 Per OTL Team Per Month  
 2 Per OTL Team Per Month  
 2 Per OTL Team Per Month



IPC Datix incident reporting is reviewed on a monthly by the Trust's IPC Team. The team look at all IPC Datix's raised to evaluate if the incident was avoidable or non-avoidable. Feedback is then provided to each local leadership team for both each incident raised and support if required to the case.

**Trend Outcomes**

The IPC team completed 9 QAVs. Each of the OUs visited were presented with a full report showing the IPC finding and actions required.



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<b>Actions Raised</b>	<b>Outcome</b>
IPC section on RTW interviews	IPC team to review and purpose an infection prevention & control section to HR
Datix	IPC team will work with and support local management teams to create shared learning from incidents. This will include training packages for staff that have incidents.
PPE not fit for purpose	IPC & Logistics team have a meeting planned to trial/test PPE as the Trust must purchase PPE in March 2023.
Bare below the elbow compliance	BBE Briefing to be signed off by the CEO and cascaded out Trust wide.
Donning & Doffing of PPE Levels	Local leadership teams to cascade info graphic out to operational staff. Increase the learning at all staff training sessions.
Small increase of needle stick injury across Trust footprint	IPC working up a process to support staff and reduce incidents of sharps injury.
Eye protection from splash/bodily fluid injury	IPC to trail different types of eye wear, to include face shields for certain intervention(s).
1 in 4 staff not having hand alcohol gel to hand at the point of patient care	Local leadership teams along with the IPC team to coach staff on the reasons to carry alcohol hand gel.
IPC Audit monthly compliance	All OTLs to complete 2 of each IPC audits per month. IPC Team to continue monitoring and updating each OU.

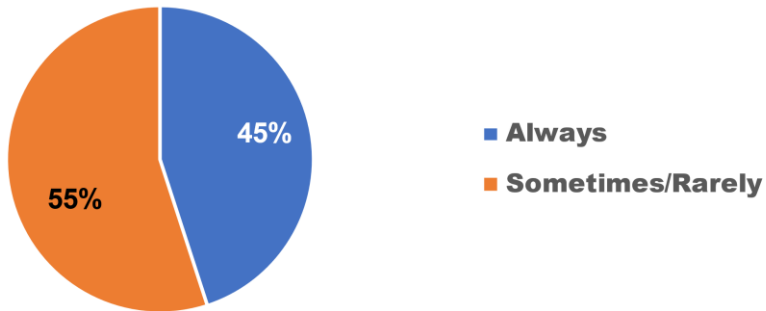
The chart above is not fully exhausted but has highlighted the most important elements raised. Please see all 10 QAV reports for full actions.

### Results from Questionnaires

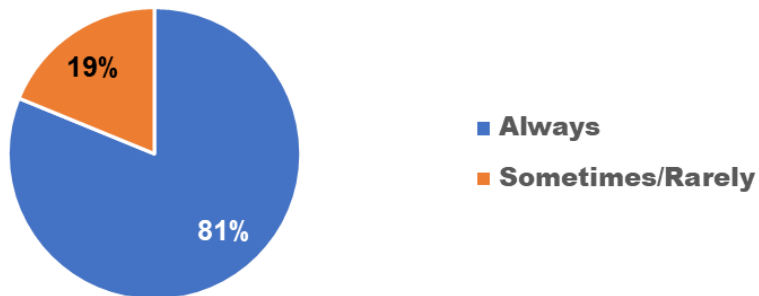


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### Decontaminated hands before wearing gloves

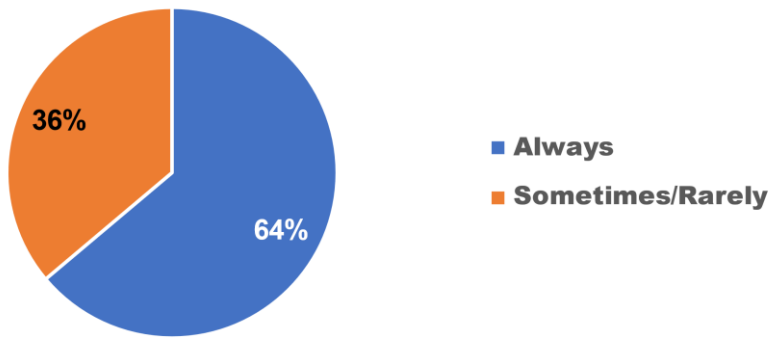


### Decontaminated hands after removing gloves

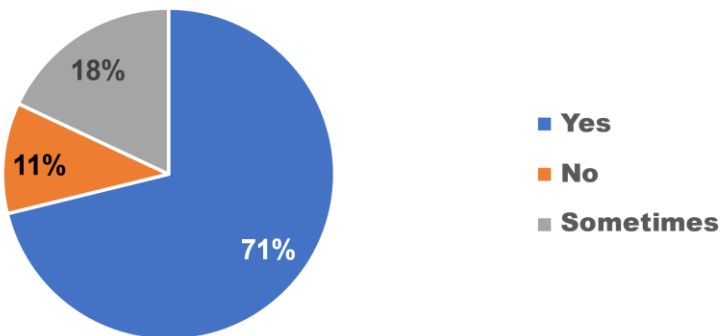


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### Carrying Hand Gel



### Changed Gloves during tasks

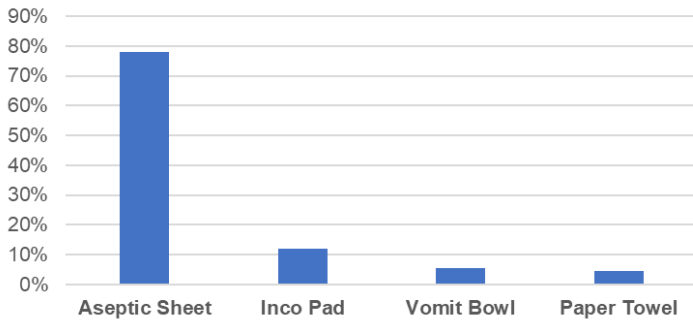


Summary of hand hygiene questions. N=118

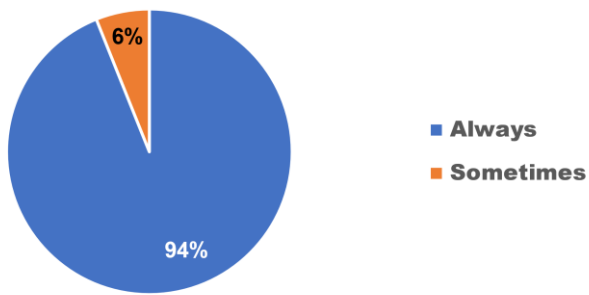
Only ½ of clinicians performed hand hygiene before putting on gloves.  
However, 4 out of 5 performed it after removing them.  
Only ⅔ carried alcohol hand gel.  
Just under ¼ of staff changed gloves between tasks.



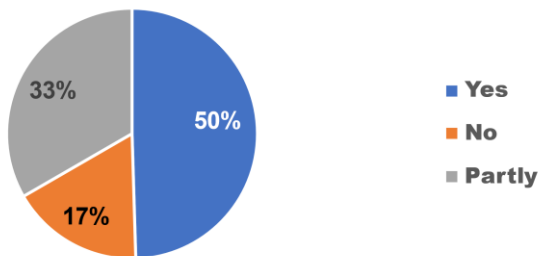
### Where is the cannulation equipment prepared



### Do staff use ChloroPrep®



### Do you know why ChloroPrep® is used

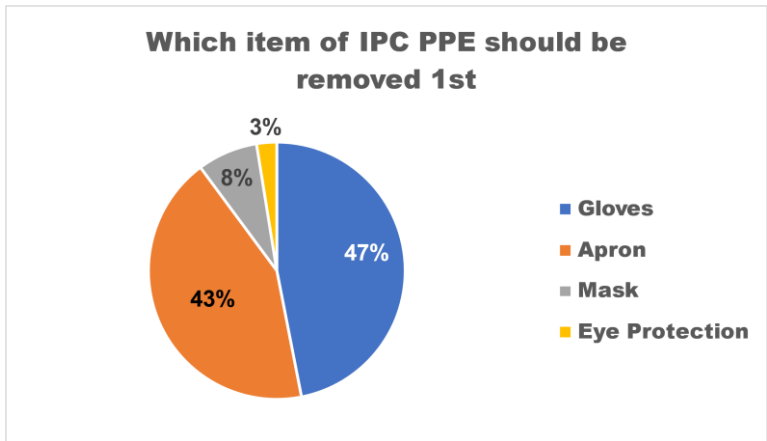
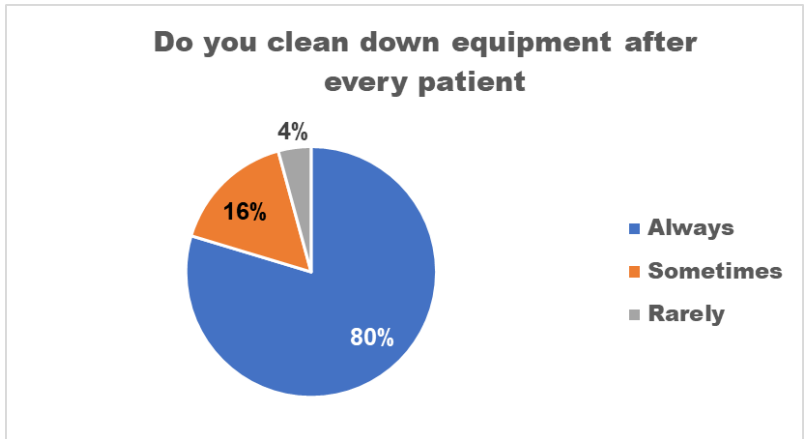


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Summary of aseptic non-touch technique questions. N=121

¾ of staff prepared their cannulation equipment on the aseptic sheet.  
Nearly all of staff use the ChloraPrep® to prepare the skin.  
However, only ½ know what this is used.



Summary of vehicle cleaning and doffing of PPE questions

There is room for improvement for staff cleaning their vehicles and equipment after every patient. 1 in 5 only sometimes or rarely cleans these between patients.

We need to increase the knowledge and compliance with the correct order of doffing IPC PPE. Less than ½ knew to remove their gloves first.



### Discussion on questionnaire responses.

These results show that the carrying of alcohol hand gel is not standard practice by clinicians. This raises a concern if hand hygiene is being performed at the point of patient care.

Not all staff are performing hand hygiene correctly when using gloves. This has been compounded by the requirement to wear gloves for every patient contact during the height of the pandemic.

Most staff follow the aseptic non-touch technique for cannulation, despite not always knowing why they should. There is room for improvement in this area and results show the need to emphasise the 'why' as well as the 'what'.

### **Conclusion**

Quarter 1 QAV's were deemed a successful programme which highlighted a lot of compliance gaps. It also provided essential feedback to the IPC Team which will enable them to make improvements in their strategy and support. This programme will be a continuous journey to improve on the Trust's compliance and implementations of IPC guidance & legislation as it continually changes with new and emerging infectious diseases nationally and internationally.

The IPC plan to revisit each of the Trusts OUs in Quarter 4 2023, to further continue our support and engagement following up on the actions from the Quarter 1 visits. This will allow for local leadership team to implement all the areas of improvement which was outlined in their own reports.

Overall, the IPC were impressed with all sites visited, their knowledge and adherence to IPC standard precautions.

This programme will be a continued journey in line with the Trust's Infection Prevention and Control Improvement Plan.



What makes a service outstanding?	
Good-rated services will need to demonstrate a number of additional characteristics in order to be rated outstanding.	
<b>Safe</b>	<p>Staff must be described as having a 'high level' of understanding of a service user's needs to be kept safe and must demonstrate exceptional skills and ability to recognise when a person feels unsafe.</p> <p>Staff must demonstrate a detailed knowledge of what risks there are to patients of acquiring a Healthcare Associated Infection from:</p> <ul style="list-style-type: none"> <li>• The clinicians treating them. E.g. Not wearing appropriate IPC PPE</li> <li>• The procedures clinicians use. E.g. cannulation</li> <li>• Knowledge of risk factors from patients being a susceptible host. E.g. Taking anti-biotics, conditions that make them immunocompromised, or factors such as age, level of health and living conditions.</li> </ul>
<b>Effective</b>	<p>Services will use innovative and creative ways of training and developing staff, demonstrate excellent links with health services and a strong emphasis on the importance of eating and drinking well.</p> <p>There is evidence on stations and from discussions with staff that IPC is a regular part of feedback from patient care episodes and integrated in the appraisal system.</p> <p>Also that IPC is at the forefront of conversations regarding patient care and safety.</p>
<b>Caring</b>	<p>Services will have a strong, visible person-centred culture, service users will value their relationships with the staff team and feel that they 'often go the extra mile' for them, and staff will be highly motivated and inspired to provide care that is kind and compassionate. There is evidence that staff explain the risks of infection to patients, especially from the procedures clinicians perform. E.g. cannulation and wound dressing.</p>
<b>Responsive</b>	<p>Staff will have outstanding skills and an excellent understanding of a person's social and cultural needs. The service will be flexible and responsive to a person's needs and people's care and support will be planned proactively with them.</p> <p>A patient's care and support plan should include risk factors from infections and what can impact on that. E.G. Hydration, nutrition and skin integrity.</p>
<b>Well-led</b>	<p>The service has a track record of being an excellent role model, has a strong emphasis on continually striving to improve and its vision and values ensure that service users are at the heart of their work.</p> <p>There is evidence on stations and from discussions with staff that IPC is a regular part of feedback from patient care episodes and integrated in the appraisal system.</p> <p>Local management are seen to be not only leading by example but challenging staff when they are not following Policy or best practice.</p>

What makes a good service?
<p>The characteristics of a 'good service' form the basis of the whole rating system and therefore has the most detailed description. Information on the other three ratings builds on this.</p>



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<b>Safe</b>	People are protected from bullying, harassment, avoidable harm and abuse. The service has an open culture on reporting and learning from mistakes, prompt responses to safeguarding concerns and thorough investigations. There is good management of medication and accurate record keeping.
<b>Effective</b>	People's needs are consistently met by staff who have the right skills, qualifications and knowledge. The service keeps up to date with new research, guidance and developments in the sector. People are always asked to give their consent to their care, treatment and support.
<b>Caring</b>	Service users are consistently positive about the caring attitude of staff. People receive care from staff who know and understand their history, likes and goals. End-of-life care is compassionate and supportive, with people being supported to make decisions about their preferences.
<b>Responsive</b>	People receive person-centred care and are involved in identifying their needs and how these should be met. A service protects people from the risk of social isolation and loneliness. People have a choice about who provides their personal care.
<b>Well-led</b>	People, their family and friends are regularly involved with the services in a meaningful way. Staff have the confidence to question practice and report concerns. The service has a clear vision and set of values that include honesty, respect and safety.

#### Why should a service be rated as requiring improvement?

A service that requires improvement may have some features of a good service, but there will be a lack of consistency in the caring approach of staff, the effective of the service, how well it is managed and led, and how well people are involved in relevant decisions about their care and support. Regulations may or may not have been met and there will be an inconsistent approach that means that, at times, people's health, safety or wellbeing is placed at risk.

You may identify, for example, a lack of time for people to be able to participate in creating their own support plans and a delay in referrals to other health and social care professionals. The service may not always provide the right number of staff, with the right skills and competencies, to keep people safe, and people at risk of poor nutrition and dehydration will not always be sufficiently monitored.

#### What makes a service inadequate?

A service that is rated inadequate may have some 'safe' and 'effective' practice but in general people will not be safe and some regulations will not have been met. It will have "widespread and significant shortfalls" across the five domains and the overall standard of care, support and outcomes that people experience.

For example, you are likely to find standardised care records that do not reflect individualised or person-centred care, service users will say that they do feel safe and some will say they have been harmed or abused, and staff will not have been adequately trained to meet the needs of people using the service.

