

ANNUAL REPORT OF INFECTION PREVENTION AND CONTROL

**April 2023 to
March 2024**

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Foreword by Clair Hobbs, Director of Infection Prevention and Control

As Director of Nursing and Director of Infection Prevention and Control (DIPC), this annual report summarises the infection prevention and control work that has been undertaken for the year 2023/24 and once again shows the wonderful achievements over the last 12 months. This report once again highlights the huge amount of work and dedication shown by our small but incredibly skilled Infection and Prevention Team led by Sara Ellis-Anderson as Deputy Director for Infection Prevention & Control.

The Team have continued to robustly support clinical areas with outbreaks, cleanliness standards, staff practices and Estates Improvement work helping to provide clean, safe and effective environments and practices across our services.

In 2023/24 we have seen further growth in the services we provide including an Outpatient Parenteral Antimicrobial Therapy Service (OPAT) giving wider opportunities for clinical staff to extend their skills safely whilst providing even better services to patients requiring additional therapy that is not required in an acute hospital setting. We have also seen the opening of 2 new Rehabilitation & Recovery Wards and in April 2024 welcomed the Dudley 0-19 Teams and the much-awaited re-opening of Bishops Castle inpatient Ward facility is imminent.

We have seen vast improvements in what has been an incredibly busy year for many clinical areas in regard to cleaning and environment, not least that of Oswestry Health Centre and Whitchurch Community Hospital Ward which now have better Estates and cleaning provided to aid keeping staff and visitors safe and well and with further continued work carrying on into 2024.

There have been significant improvements in overall governance, communication and assurance for Infection Prevention and Control across all the Trust. The engagement with clinical teams and leaders this year has improved dramatically, and this excellent engagement has resulted in improvements to training compliance in all areas.

We have as an organisation participated in a National UKHSA Point Prevalence Survey relating to Healthcare Associated Infections and Antimicrobial Prescribing and working closely with Infection Prevention and our Chief Pharmacist Susan Watkins and her teams, we are now able to nationally benchmark ourselves and take further actions with these topic areas to further enhance the care we provide.

Our Infection Prevention & Control Team continue to work hard every day, visiting our sites regularly offering advice and completing audits and in line with the new Patient Safety Incident Response Framework (PSIRF), we are starting to see After Action Reviews undertaken where there is wider learning to share; an example of which is in this document.

It only leaves me to say a huge thank you once again to all of our staff and leaders for their continued support in helping to keep staff and patients safe and to Sara Ellis-Anderson and the IPC Team, Richard Best, Associate Director of Estates, the Hotel Services teams and Susan Watkins, Chief Pharmacist and their teams in what once again has been a very productive and positive year for us on this important topic area.



Clair Hobbs, Director of Nursing, Clinical Delivery and Workforce and Director of Infection Prevention and Control

Introduction

Who We Are and What We Do

Shropshire Community Health NHS Trust (SCHT) provides a range of community and community hospital services for the people of Shropshire, Telford and Wrekin, serving a population of around 506,000 people. Shropshire is a mostly rural, diverse county with over a third of the population living in villages, hamlets and dispersed dwellings, a relatively affluent county masks pockets of deprivation, growing food poverty, and rural isolation. By contrast, Telford & Wrekin is predominantly urban with more than a quarter of its population living in some of the most deprived areas in England. As over a third of our population live rurally, our services are on the main organised geographically to enable us to be as responsive as possible to meet the needs of our service users, their carers and families. SCHT serves its population

throughout life, with a wide range of services including but not limited to; 0-19s Services, Community Therapy and Nursing, Urgent Care such as Minor Injury Units and Virtual Ward, Outpatients and Community Inpatient Wards. As a member of Shropshire, Telford and Wrekin Integrated Care System, we strive to transform the provision of our services by working in partnership with others to meet the needs of those served.

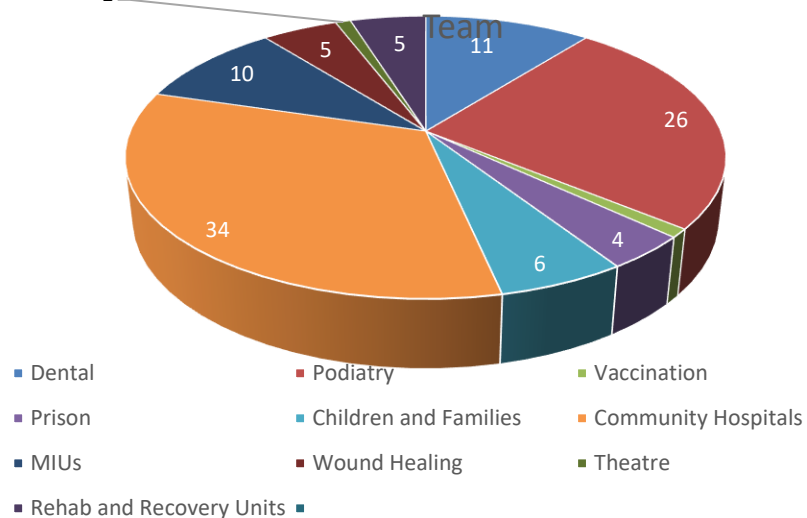


This annual report outlines the activities of SCHT relating to Infection Prevention and Control (IPC) for the year from April 2023 to March 2024 and discusses the arrangements SCHT have in place to reduce the spread of infections. It also reviews governance arrangements, policies and procedures relating to monitoring and surveillance, the environment, cleaning, audit and education. The report fulfils its statutory requirements under the Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance (Revised December 2022), which sets out 10 criteria of which a registered provider must be compliant. This sets the framework on which we base our annual programme that is monitored at SCHT's Quality and Safety Committee and IPC Committee (IPCC). The prevention and management of infection is the responsibility of all staff working in SCHT and is an integral element of patient safety programmes. The aim of the IPC Team is to maintain organisational focus and collaborative working to ensure continued compliance with IPC practices, and to actively contribute to quality improvement and safer patient care.

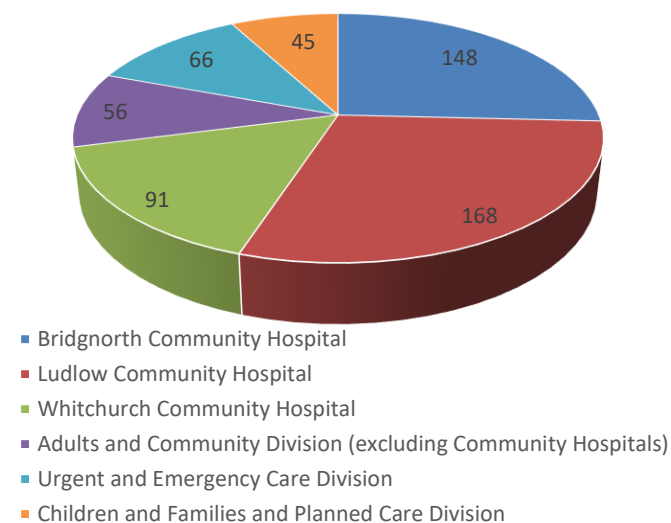
Key Achievements of 2023/24

Our year in numbers

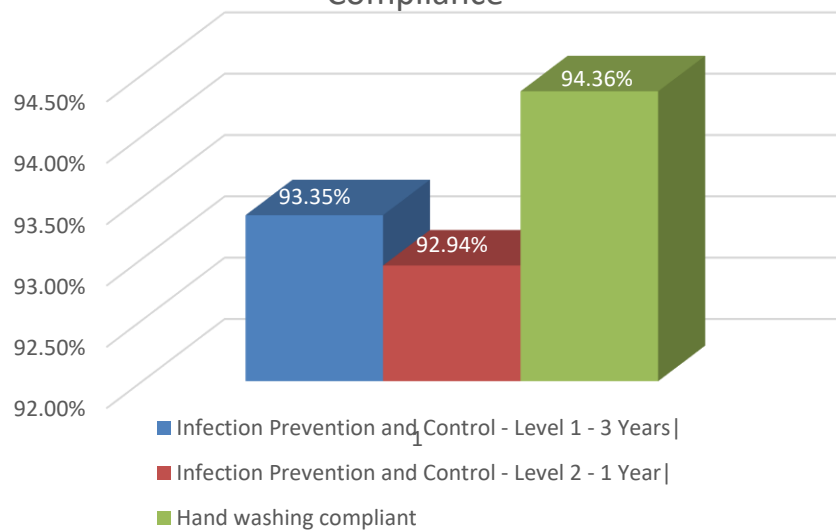
Quality Assurance Audits undertaken by IPC



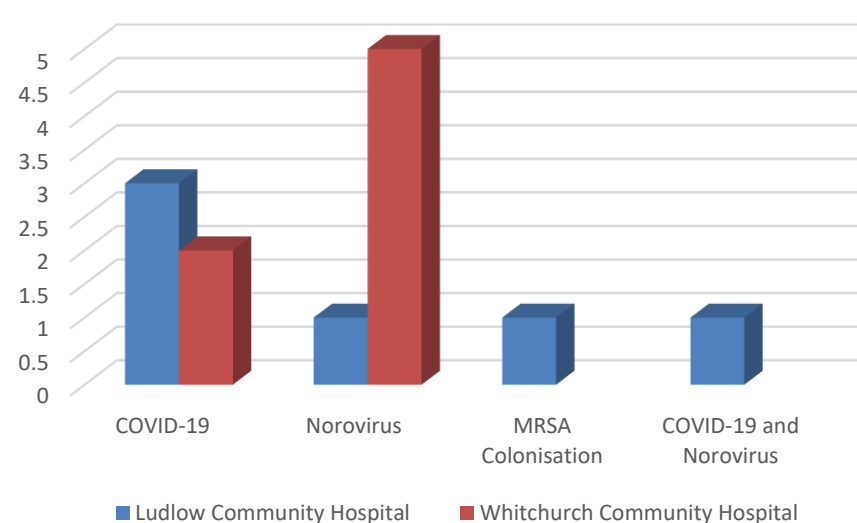
Self-audits undertaken



IPC Mandatory Training and Hand Washing Compliance



Outbreaks by Organism and location



MRSA Bacteraemia and *Clostridioides difficile* cases in SCHAT in 2023/24

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Total to date	Threshold
Healthcare Associated Infections – KEY: Green – below threshold Red – above threshold														
MRSA Bacteraemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<i>Clostridioides difficile</i>	0	0	1	0	1	0	0	0	0	0	1	1	4	1

MRSA Screening on admission to SCHAT inpatient areas 2023/24

Percentage of inpatients screened for MRSA on admission to Community Hospitals – KEY: Green – above 97% Red – below 97%														
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-23	Feb-23	Mar-23	Total to date	Threshold
Average over Trust	96%	97%	100%	98%	98%	98%	98%	97%	94%	96%	97%	97%	97%	97%

Key Achievements

The pressures facing our NHS and the IPC Team continued into 2023-24 following the national pandemic. The Trust launched their first IPC strategy in January 2023 and the IPC team have continued to deliver against the four ambitions set out; integrated working, education and training, digital technology and enhanced engagement.

Our IPC Team key achievements were:

- The IPC Team remained actively involved in managing COVID-19 and Norovirus outbreaks in our inpatient services by providing up to date specialist advice to support our teams and our people in a timely way.
- The IPC Team worked with our operational teams, attending meetings and huddles to increase awareness that IPC is the responsibility of every member of SCHT staff working collaboratively and supporting our colleagues to prevent and manage infection.
- We continued to collaborate with operational areas regarding Estates improvement works all over our Trust, with notable refurbishment works happening at Whitchurch Community Hospital and Oswestry Health Centre.
- We continued to work on the overarching IPC Improvement plan, capturing actions from the Health and Social Care Act, the Board Assurance Framework, the National IPC Manual, our own audits and visits to ensure we can map how we are improving as an organisation and providing assurance that we are a Trust engaged with IPC and safe patient care.
- The IPC Team continued to investigate all infections acquired within our Community Hospitals. The Team provided in depth reports to support investigations and identified areas for improvements. This included improving our screening of CDI and MRSA.
- In relation to IPC training at the end of March 2024, 93.35% of our staff completed IPC Level 1 training, and 92.94% of clinical staff were up to date with IPC Level 2 e-learning.
- The IPC team are now delivering regular face to face IPC training sessions on the Clinical Skills induction programme.
- The IPC team supported the opening of two new Rehabilitation and Recovery wards based at Royal Shrewsbury Hospital and Princess Royal Hospital. After opening the Team made regular visits to advise and support the new teams including delivery of the 'Back to Basics' education campaign.
- SCHT were one of nine Community Trusts that participated in the UKHSA Point Prevalence survey of hospital associated infections and antimicrobial use last September. All three community hospital wards were included. The results will enable us to have a benchmark of our infections nationally and identify those types of infections we need to focus on and prevent.
- The IPC Team developed several campaigns throughout the year to engage staff with IPC. These campaigns included a Spring Clean Campaign to encourage clinical areas to tidy and declutter, a Back to Basics Roadshow and leaflet and Antimicrobial Awareness drop-in sessions provided jointly with Pharmacy which provided education and training on alert organisms, aseptic non touch technique and Anti-Microbial Resistance (AMR).
- The IPC Team developed isolation posters to give staff guidance as to what precautions to take, according to what organism isolated patients are infected by.
- The Associate Director of IPC for NHSE in the Midlands visited the Bridgnorth Community Hospital, Oswestry Health Centre and Whitchurch Community Hospital in April 2023. Recommendations included a long-term review of bed spacing at Whitchurch Hospital, a review of the cleaning provision at Oswestry and identification and replacement of damaged equipment such as foot stools, leg troughs and pressure cushions. These recommendations have been addressed. Areas of good practice included the knowledge of the IPC team and

IPC practices demonstrated by staff, catheter care plans completed and up to date and all commodes checked were clean.

- We have continued to support Local Hospices by providing advice and guidance and sharing policies.
- Engagement and collaboration have improved with the dissemination of the monthly IPC newsletter, the establishment of non ward-based IPC link worker meetings and the IPC team lead WhatsApp group to ensure the delivery of key messages across the organisation.

The Criteria of the Health and Social Care Act (2008: revised 2022)

Compliance criterion	What the registered provider will need to demonstrate
1	Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that their environment and other users may pose to them.
2	The provision and maintenance of a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.
3	Appropriate antimicrobial use and stewardship to optimise outcomes and to reduce the risk of adverse events and antimicrobial resistance.
4	The provision of suitable accurate information on infections to service users, their visitors and any person concerned with providing further social care support or nursing/medical care in a timely fashion.
5	That there is a policy for ensuring that people who have or are at risk of developing an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of transmission of infection to other people.
6	Systems are in place to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.
7	The provision or ability to secure adequate isolation facilities.
8	The ability to secure adequate access to laboratory support as appropriate.
9	That they have and adhere to policies designed for the individual's care, and provider organisations that will help to prevent and control infections.
10	That they have a system or process in place to manage staff health and wellbeing, and organisational obligation to manage infection, prevention and control.

NHSE's Health and Social Care Act (H&SCA) guidance, builds on the previous H&SCA code of practice and contains statutory guidance about compliance with the registration requirement relating to IPC, including cleanliness. The H&SCA and regulations are law and must be complied with. The CQC has enforcement powers that it may use if registered providers do not comply with the law.

Any gaps in compliance and actions to address these are captured on the overarching Trust IPC Improvement Plan.

Criterion 1: Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them

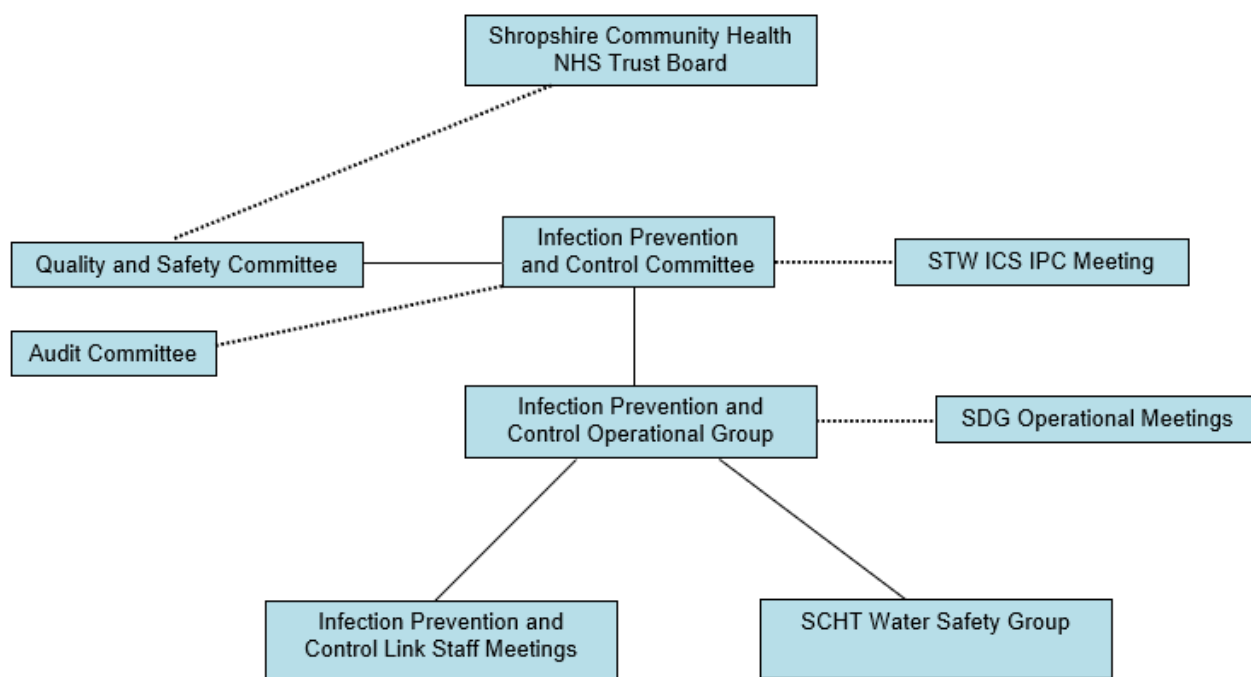
Duties, arrangements and assurance

The SCHAT Board and ultimately the Chief Executive carries responsibility for ensuring that systems and resources are available to implement and monitor compliance with IPC and is a vital component of Quality and Safety. The Director of IPC (DIPC) provides oversight and assesses assurances on IPC (including cleanliness), the built environment and antimicrobial stewardship reported to the Trust Board. The responsibilities of the DIPC are discharged by the Deputy Director for IPC who is responsible and manages IPC for the Trust. All managers and clinicians must ensure that the management of IPC risks is one of their fundamental duties. Every clinical member of staff is expected to demonstrate commitment to reducing the risk of Healthcare Associated Infections (HAI) through the application of standard IPC measures aligned to the National IPC Manual. The IPC Team provide a comprehensive proactive

service, which is responsive to the needs of staff and public alike and is committed to the promotion of excellence within everyday practice of IPC. Reports on all IPC activity are submitted through a series of operational Groups, Committees and to Private and Public Board for oversight and assurance purposes.

Governance and Assurance Arrangements for 2023/24

Shropshire Community Health NHS Trust Infection Prevention and Control Governance Framework



The Infection Prevention and Control Team

The Trust's DIPC is Clair Hobbs, who is also Director of Nursing and Clinical Delivery, and reports directly to the Chief Executive.

Deputising for the DIPC and leading the IPC Team and IPC programme, is Sara Ellis-Anderson, in the role of Deputy Director of IPC. Sharon Toland is the Clinical Lead Nurse for IPC. Ian McCabe and Eve Sampson are IPC Nurses.

SCHT has a committed IPC Team that is very clear on the actions necessary to deliver and maintain patient safety and quality of care. Equally, it is recognised IPC is the responsibility of every member of staff and must remain a high priority for all to ensure the best outcome for patients. The IPC Team utilises a proactive approach to engage with staff to develop systems and processes that lead to sustainable and reliable improvements in applying IPC practices.

Infection Prevention and Control Service

- Director of IPC (also Director of Nursing and Clinical Delivery) (1.0 WTE)
- Deputy Director of IPC (also Deputy Director of Nursing and Quality) (1.0 WTE)
- Clinical Lead Nurse, IPC (1.0 WTE)
- IPC Nurse (0.8 WTE)
- IPC Nurse (0.8 WTE)
- IPC Secretary (1.0 WTE)

SCHT has a Service Level Agreement for specialist support from a Consultant Microbiologist at SaTH to act as SCHAT's IPC Doctor. Medical microbiology support is provided 24 hours a day, 365 days a year through on-call arrangement. SCHAT also seek advice from the UKHSA and NHSE IPC when required.

Trust Board – SCHAT's performance against the MRSA Bacteraemia, Clostridioides Difficile Infection (CDI) national reduction thresholds and the MRSA screening threshold are included in the monthly Integrated Quality Report. The IPC Board Assurance Framework (IPC BAF) is completed and presented at the SCHAT Public Board Meetings bi-annually and this IPC Annual Report is presented annually at the Public Board.

Infection Prevention and Control Committee (IPCC) – This group, together with the IPCOG below, replaced the IPC Governance Meeting. Membership is multi-disciplinary and includes representation from the operational and quality directorates, estates department, medicines management and SCHAT IPC Doctor. The meeting is chaired by the DIPC and meets monthly. The Terms of Reference (TOR) and membership are reviewed annually to ensure responsibility for IPC continues to be embedded across the organisation. This meeting monitors the progress of the annual IPC programme, approves IPC policies and monitors compliance with them.

Quality and Safety Committee (QSC) – IPCC chair reports, the IPC Board Assurance Framework and the IPC Annual report are presented to Quality and Safety Committee meetings.

Infection Prevention and Control Operational Group (IPCOG) Meeting – This group, together with the IPCC (above), replaced the IPC Governance Meeting. Primary membership is from higher risk areas within the Trust, such as Community Hospitals, dental services and podiatry as well as Health and Safety and Estates representatives. Team leaders from other services are invited to join if they have any IPC issues to discuss and/or address. The meeting is chaired by the Deputy DIPC and meets monthly. The Terms of Reference (TOR) and membership are reviewed every year to ensure responsibility for IPC continues to be embedded across the organisation.

Learning from Deaths Meeting – The membership is multi-disciplinary and includes representation from the operations and quality directorates, IPC and medical directorate.

SCHAT Water Safety Group – The membership is multi-disciplinary and has representatives from Midlands Partnership Foundation NHS Trust (MPFT) and an Authorising Engineer. The Terms of Reference and Governance structure is reviewed every two years. The Group continues to monitor water risk assessments especially around Legionella, flushing regimens, Automated Endoscope Reprocessor (AER) and capital developments and reports to the QSC. The annual SCHAT Water Safety audit was undertaken in October 2023. The Deputy Director of IPC is also a member of the MPFT Operational Water Safety Group for Shropshire chaired by MPFT to oversee operational delivery of Water Safety.

Integrated Care System IPC Meeting/IPC and Anti-Microbial Resistance Group – These System groups aim to ensure a strategic overview across the local health economy and SCHAT is represented by the Clinical Lead Nurse for IPC.

In addition to the meetings mentioned above, the IPC Team also attend other regular and ad hoc meetings where specialist IPC knowledge is required.

Infection Prevention and Control Link Staff – All IPC link staff and their line managers are asked to sign a Roles and Responsibilities agreement. Our IPC link staff support the operational delivery of IPC practice ensuring high standards of quality and patient safety in relation to IPC. Our IPC link staff are also responsible for arranging for IPC audits and self-audits to be undertaken where required and for disseminating IPC information to colleagues.

Divisional Clinical Managers, Locality Clinical Managers, Ward Managers, Sisters, Charge Nurses and Team Leaders – Locality Clinical Managers, Ward Managers, Sisters, Charge Nurses and Team Leaders are responsible for ensuring that their work environments are maintained at high levels of

cleanliness. Our leaders are responsible for ensuring the IPC link staff are supported in performing their role and have appropriate time and resources to do this effectively.

Organisational Development Team – Arrangements are in place for staff to attend corporate induction and complete mandatory training programmes which includes IPC. Training compliance is reported monthly to the QSC.

Roles and Responsibilities of all Staff – All staff in both clinical and non-clinical roles within the Trust are responsible for ensuring that they follow standard IPC precautions at all times and are familiar with IPC policies, procedures and guidance relevant to their area of work and this responsibility is included in all SCHAT job descriptions.

Alert Organism Surveillance and Management and Healthcare Associated Infection

All organisms of IPC significance are monitored by the IPC Team and are termed Alert Organisms. The local acute Trust, whose microbiology laboratory process specimens from SCHAT patients, submit data on SCHAT's behalf on MRSA Bacteraemia, MSSA Bacteraemia, Escherichia coli (E.coli) Bacteraemia infections and CDI to UKHSA, as part of the national mandatory surveillance programme for HCAs.

SCHAT does not have nationally set thresholds for reducing HCAs. These thresholds are set for acute Trusts and ICBs. However, SCHAT recognises it does have a responsibility in contributing to the overall reduction thresholds of Shropshire and Telford & Wrekin ICB and therefore agree local infection thresholds.

Healthcare Associated Infections in SCHAT 2023/24

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Total	Threshold
MRSA Bacteraemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<i>Clostridium difficile</i>	0	0	1	0	1	0	0	0	0	0	1	1	4	1
E-coli Bacteraemia	0	0	0	0	0	0	0	0	0	0	0	0	0	1
<i>Pseudomonas Aeruginosa</i>	0	0	0	0	0	0	0	0	0	0	0	0	0	1
<i>Klebsiella spp</i>	0	0	0	0	0	0	0	0	0	0	0	0	0	1
MSSA Bacteraemia	0	0	0	0	0	0	0	0	0	0	0	0	0	N/A
CPE Bacteraemia	0	0	0	0	0	0	0	0	0	0	0	0	0	N/A
VRE Bacteraemia	0	0	0	0	0	0	0	0	0	0	0	0	0	N/A

Green – under or equal to threshold

Red – exceeding threshold

MRSA Bacteraemia Trust Threshold

In the event of a patient contracting an MRSA Bacteraemia whilst under the care of SCHAT, the Trust would review the case through a Patient Safety Investigation to identify any potential lapses in care or any common themes that may have contributed to the infection.

Clostridioides difficile Infection (CDI) Thresholds

The local threshold set for SCHAT was to have no more than one case of CDI diagnosed post 48 hours after admission in the community hospitals attributed to SCHAT.

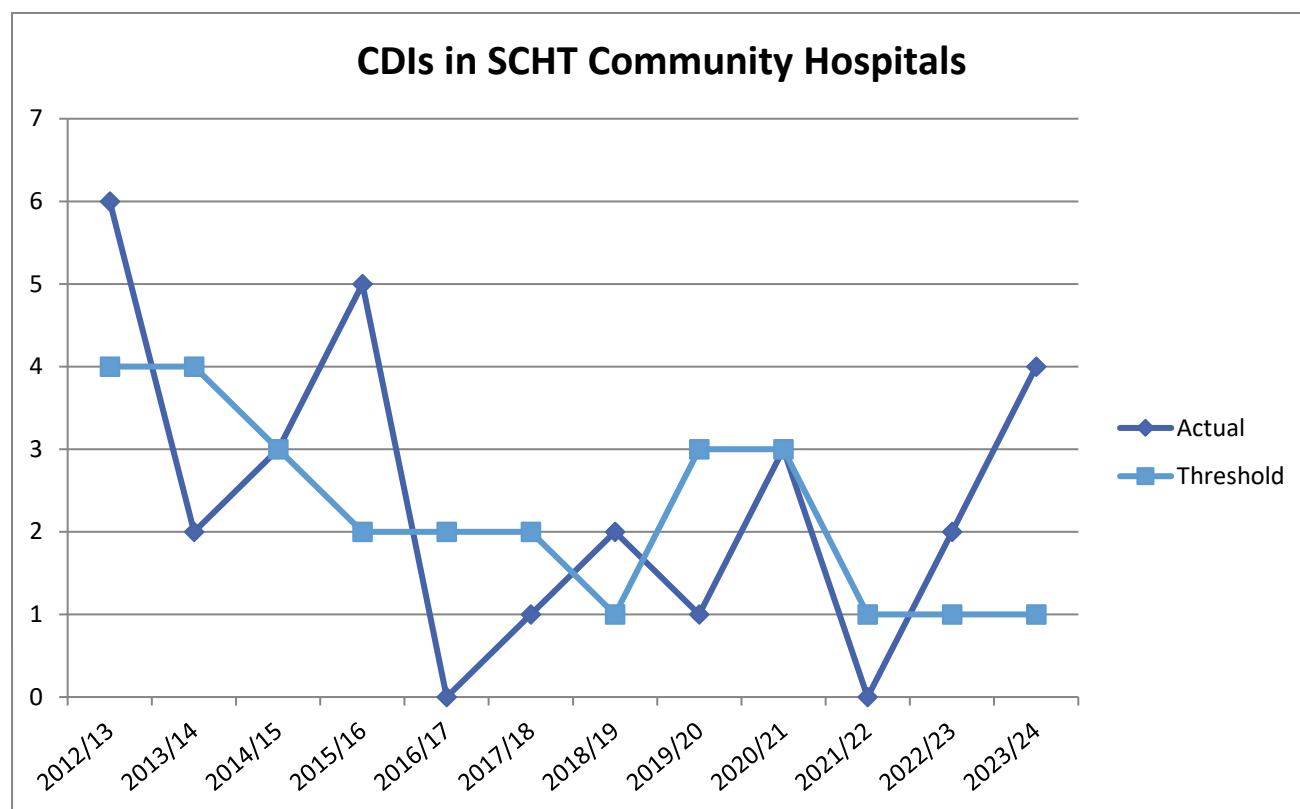
There were four incidences of CDI attributed to SCHAT in 2023/24. Each case is reviewed to identify learning, three out of the four cases demonstrated good practice and the fourth case identified lessons to be learned in terms of timely isolation and sending of sample on identification of symptoms, these were discussed at an infection review meeting and fed back to ward staff.

The IPC Annual Programme continues to focus on key actions to reduce the number of CDI cases which includes appropriate antibiotic prescribing and advice, with the earliest detection of CDI and prompt isolation of all patients with diarrhoea. SCHAT IPC team have contributed to a Shropshire Telford and

Wrekin (STW) collaborative CDI improvement plan to share best practice and learning in response to the increased incidence being seen across all system providers during 2023/24.

The graph shows the cases of CDI diagnosed in SCHAT Community Hospitals since 2012/13 against the threshold set by the commissioners.

Incidences of CDI in SCHAT since 2012/13



CDI 30-day Mortality Rate

The Consultant Microbiologist at SaTH monitors the local health economy CDI mortality data which includes patients in SCHAT. There were no deaths attributed to CDI at our Community Hospitals.

Periods of Increased Incidence (PII)

Since April 2010, all Trusts have been asked to report PII of infections on the Trust's electronic incident reporting system, Datix. SCHAT reported no PII during 2023/24.

Other Alert Organism Surveillance and Management

Meticillin Sensitive *Staphylococcus aureus* (MSSA) Bacteraemia.

Mandatory reporting of all MSSA bacteraemia commenced in January 2011. There is currently no target associated with MSSA bacteraemia incidence. SCHAT continues to fulfil its mandatory requirement and contributes to this enhanced national surveillance scheme.

Carbapenemase-producing Enterobacteriaceae (CPE)

CPE are Gram negative bacteria which are so resistant to antibiotics that even our last line of defence, carbapenem antibiotics, are ineffective. CPE continues to be included in the SCHAT revised Prevention and Control of Multi-Resistant Gram-Negative Bacteria policy and advice is included in the Guide to Multi Resistant Gram-Negative Bacteria information leaflets available to all staff, patients and visitors.

Glycopeptide-Resistant Enterococci (GRE) also known as Vancomycin-Resistant Enterococci (VRE)

In all cases of GRE/VRE, IPC recommend source isolation for all community hospital patients as prevention of transmission is through effective transmission-based precautions.

Extended Spectrum Beta-Lactamase (ESBL) including *Escherichia coli*. and *Klebsiella/AmpC Beta-Lactamase*

Within the community hospitals the most common site for these bacteria is in patients' urine. Upon notification of a positive result, the IPC Team contact the ward to discuss isolation, other precautions and if treatment is required.

Outbreaks

An outbreak of infection is described as two or more people with the same disease or symptoms or the same organism isolated from a diagnostic sample and are linked through a common exposure, personal characteristics, time or location.

The table below summarises the outbreaks declared in SCHT community hospitals during 2023/24.

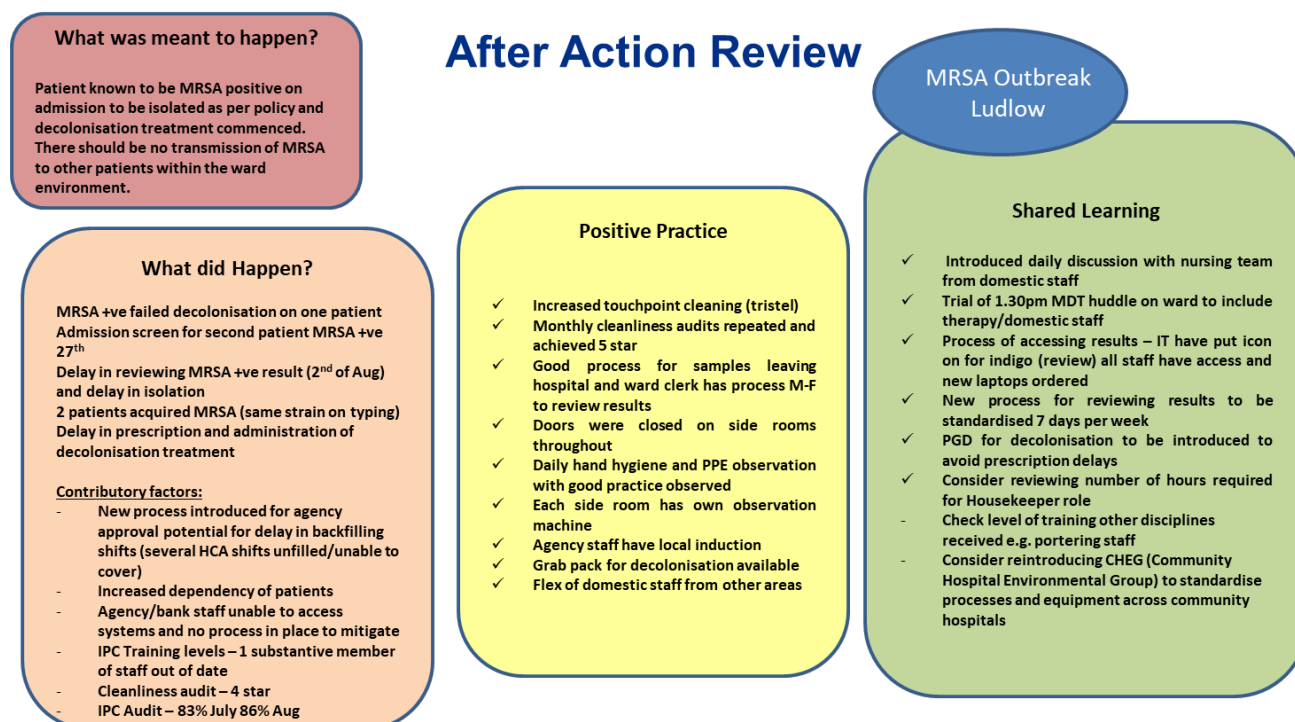
Total outbreaks declared in SCHT in 2023/24

Hospital/Team	Date	Causative Organism
Ludlow	03/08/23	MRSA (colonisation)
Ludlow	15/12/23	Covid-19 and Norovirus
Whitchurch	19/12/23	Norovirus
Ludlow	02/01/24	Covid-19
Whitchurch	04/01/24	Norovirus
Ludlow	15/01/24	Norovirus
Whitchurch	26/01/24	Covid-19
Ludlow	30/01/24	Covid-19
Whitchurch	17/02/24	Covid-19
Whitchurch	25/02/24	Norovirus
Whitchurch	11/03/24	Norovirus
Whitchurch	24/03/24	Norovirus
Ludlow	30/03/24	Covid-19

SCHT has continued to follow and adhere to National Guidance regarding COVID-19. In each of the outbreaks, whether for COVID-19 or Norovirus, the IPC Team conducted Quality Ward Walks to offer guidance on patient management and placement, adherence to control measures and advised the use of a range of tools designed to assist in the care and monitoring of affected patients. Daily discussions were conducted with Operational colleagues and Ward teams. Close monitoring in this way meant that the disruption to patients and SCHT services and teams was kept to a minimum.

Internal and external outbreak meetings were held on declaration of an outbreak with the ICB, UKHSA and NHSE, and the Care Quality Commission were notified of any disruption of services.

An After Action Review process was completed following the MRSA outbreak in Ludlow to identify contributory factors, areas for improvement and shared learning.



Auditing Programme

Auditing is the mainstay of the systems we use to manage and monitor the prevention and control of infection and a summary of our audits is provided below.

Hand Hygiene Assessments

Effective and timely hand decontamination is acknowledged as the most important way of preventing and controlling infections. The IPC Team continued its concerted efforts to ensure that hand hygiene compliance remained a high priority.

Training on the importance of hand hygiene, being “bare below the elbow” and the World Health Organisation (WHO) “5 moments for hand hygiene”, was provided locally to new clinical staff on induction and was reinforced by members of the IPC Team at all IPC training events, during clinical visits and whilst auditing.

Assessments to monitor effective hand washing are undertaken by all new staff within one week of commencement of employment, and annual assessments undertaken for existing staff, including students on placement. Hand washing assessments are included in clinical areas’ reports to the IPCC meeting.

IPC Quality Assurance Audits

In total 112 audits were undertaken by the IPC Team. The objectives of the audits were to inform services of their level of compliance to the NIPCM, local policy and procedures and allow improvements to be made based upon the findings. It also identified target areas for IPC training.

Common themes identified within these audits were Estates remedial works required, missed moments of hand hygiene and inappropriate use of and compliance with PPE.

As well as audits undertaken by the IPC Team, IPC have encouraged the use of the self-audit/checklist by ward staff and community staff to monitor ongoing IPC compliance. Any issues identified are addressed immediately to ensure safety for the individual patient, other patients, and staff, and for assurance as all self-audits are reported through IPC Committee meetings. 407 self-audits were undertaken at the community hospitals by ward staff – 148 at Bridgnorth Community Hospital, 168 at Ludlow Community Hospital and 91 at Whitchurch Community Hospital.

Self-audits were also undertaken in non-inpatient areas. These monitored areas such as the environment, cleaning standards and the condition and cleanliness of equipment, 56 such self-audits were undertaken in the Adults and Community Division, 66 in Urgent and Emergency Care Division and 45 in Children and Families and Planned Care Division.

External Audit

The Associate Director of IPC for NHSE in the Midlands visited the Bridgnorth Community Hospital, Oswestry Health Centre and Whitchurch Community Hospital in April 2023. Recommendations included a long-term review of bed spacing at Whitchurch Hospital, a review of the cleaning provision at Oswestry and identification and replacement of damaged equipment such as foot stools, leg troughs and pressure cushions. Areas of good practice included the knowledge of the IPC team and IPC practices demonstrated by staff, catheter care plans completed and up to date and all commodes checked were clean.

The Trust were assessed as requiring enhanced monitoring and support on the NHSE IPC internal escalation matrix following the audit in April 2023 and key recommendations were made to improve the estate and cleanliness of Oswestry Health Centre.

In response to the external audit a comprehensive improvement plan was developed for Oswestry Health Centre and monitored fortnightly through a multi-agency meeting involving NHS Property Services, the ICB and SHT estates, operational and IPC teams. As of March 2024, 93 actions out of 99 have been completed, this included significant refurbishment works, procurement of a new cleaning provider for the site and implementing the National Standards of Cleanliness to ensure clear roles and responsibilities. The 6 actions remaining continue to be monitored through IPCC.

Criterion 2 – The provision and maintenance of a clean and appropriate environment in managed premises that facilitates the prevention and control of infections

The 2021 cleaning standards encompass all cleaning tasks throughout the NHS regardless of which department is responsible for it. They are based around being easy to use; freedom within a framework; fit for the future; efficacy of the cleaning process; cleanliness which provides assurance; and transparency of results. The 2021 standards reflect modern methods of cleaning, IPC and other changes since the last review and important considerations for cleaning services during a pandemic; and emphasise transparency to assure patients, the public and staff that safe standards of cleanliness have been met.

All hospital wards have a hospital cleaning schedule and charter specific to the ward clearly displayed. Key policies for this criterion are in place.

- Quality reviews and IPC audits are undertaken in all areas that include general cleanliness.
- Monthly cleaning scores for sites maintained by MPFT are reported to the IPCC meeting.
- Formal assessments using Patient Led Assessment of the Care Environment were re-established and were reported through the Patient Experience Group.
- IPC Team continue to advise on refurbishment or redevelopment and new build projects to ensure IPC is adequately considered at all stages in line with Health Technical Memorandum and Health Building Notes.
- All laundry is reprocessed at Elis Laundry Services via a contract agreement with Mid Cheshire Hospitals NHS Foundation Trust. Compliance evidence against the contract

specifics is reviewed by the Trust and auditing of the laundry facilities is shared with colleagues from RJAH.

- The Central Sterilising Services Department (CSSD) in Telford, operated by SaTH, undertakes most of the decontamination of reusable instruments for SCHAT.
- The Trust employs an Authorised Engineer who leads on Decontamination. Visits and audits were undertaken during 2023/24 to ensure compliance with training, process and guidance.
- The SCHAT dental service is compliant with the “essential quality” requirements contained in the Health Technical Memorandum 01-05 – Decontamination in Primary Care Dental Practices and use the NHSE Dental Audit tool to monitor IPC.
- An automated audit reporting system is now used for completion and monitoring of cleaning audits at the community hospitals.

Water Safety

SCHAT Water Safety Group meets quarterly with representatives from MPFT and NHS Property Services (NHS PS) and reports through IPCC. The Trust employs an Authorised Engineer who conducts an annual audit, and an action plan is developed to address any issues arising. The Group monitors and manages water risks, especially around Legionella and Pseudomonas, flushing regimens, annual disinfection and capital developments.

Criterion 3 – Appropriate antimicrobial use and stewardship to optimise outcomes and to reduce the risk of adverse events and antimicrobial resistance

Medicines Management Report

The IPC specific organism policies have guidance contained around appropriate antimicrobial prescribing. The Trust has access to a Consultant Microbiologist to advise on appropriate antimicrobial prescribing.

The Trust follows local prescribing guidelines and a community antibiotic policy. All non-medical prescribers have an induction competency assessment with a pharmacist which includes antimicrobial prescribing. Ward Pharmacy Technicians review all prescription charts daily and advise on antimicrobial stewardship.

There are no dedicated AMS staff within the medicines management team at SCHAT however as the covid vaccination service moves to a business as normal model the Lead Pharmacy Technician is being developed in order for them to take on the role of AMS pharmacy technician. As part of the development plan, we have received funding for this Technician to undertake a Level 4 enhanced program AMS pathway with Buttercups. This will further strengthen oversight of SCHAT prescribing.

There are numerous services in the Community Trust where we would expect to see antibiotic prescribing and administration.

UKHSA Point Prevalence Survey

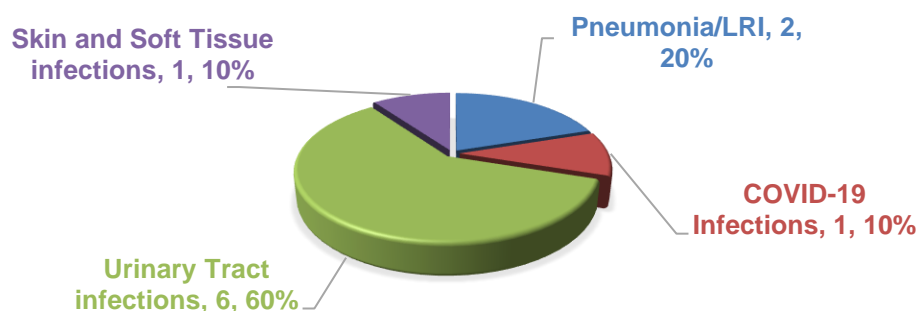
The Trust participated in the point prevalence survey on healthcare associated infections, antimicrobial use, and antimicrobial stewardship in England on the 20th, 25th and 27th of September 2023.

Overall, 124 Trusts / Independent Sector providers contributed to the 2023 PPS with data on more than 56,000 patients. Participation was voluntary, SCHAT was one of only 9 community trusts to participate.

The aims and objectives of the survey were:

- To determine the prevalence of HCAI (Healthcare associated infections) and AMU (Antimicrobial use) within community hospitals and contribute to the national picture.
- Describe patients, invasive procedures, infections, and antimicrobials prescribed by patient demographics, specialities, or healthcare facilities.
- To have information of the above for our local trust in addition to contributing to regional and national data to help identify priorities and targets for quality improvement at local and national level.
- To provide a standardised tool for hospitals to identify targets for quality improvement.

HCAI prevalence, overall and distribution by infection site



9 patients were identified with an HCAI, please note 1 patient had 2 HCAIs.

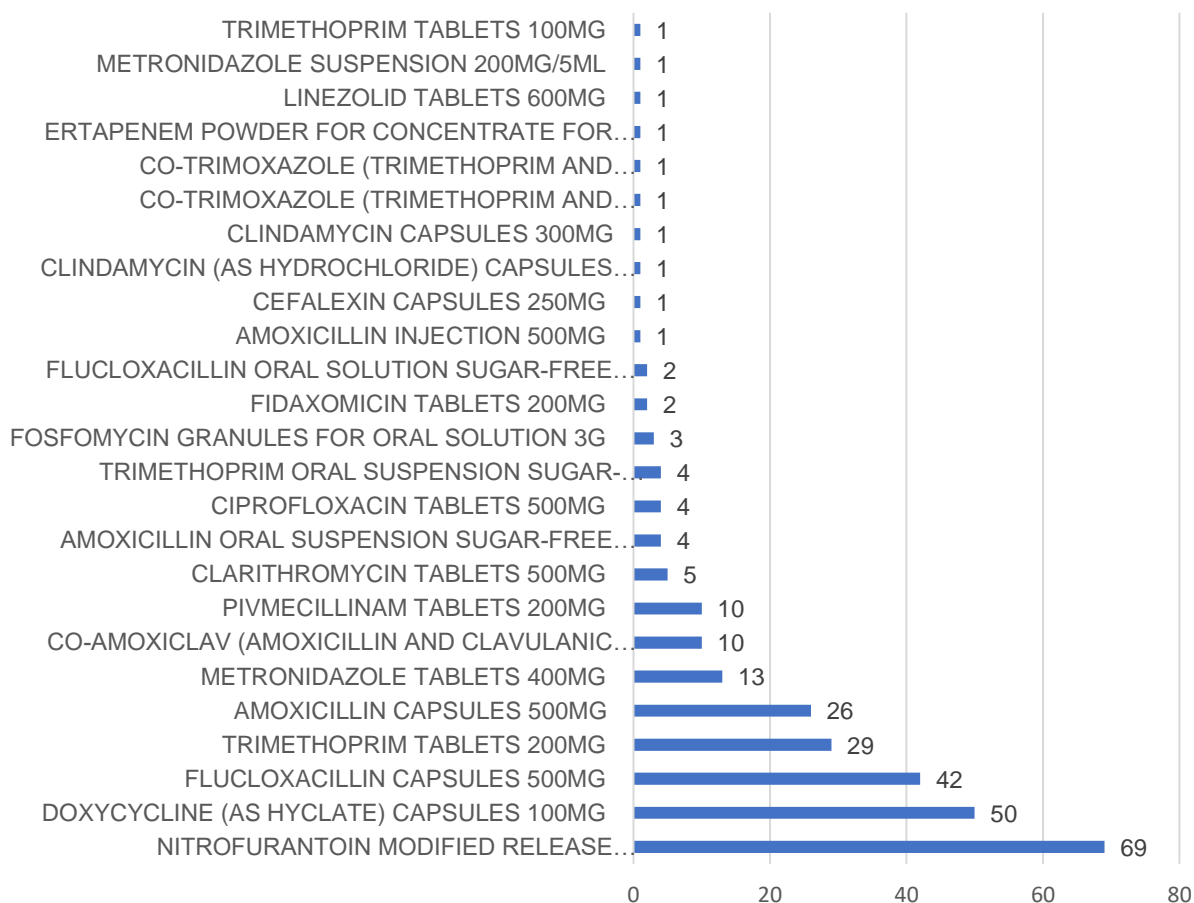
Recommendations because of the Point Prevalence Survey

- **Develop a framework** to prevent UTIs with a focus on maintaining hydration, and prompt removal of catheter when no longer required.
- **Develop a framework** for the prevention of hospital acquired lower respiratory infections / pneumonia with a focus on mobility, sitting out and mouthcare.
- **Repeat** a simplified version of the surveillance every quarter to provide benchmarking data, identify trends and improvements and as a tool to further improve antimicrobial stewardship.

Community Hospitals:

- Antibiotic prescribing is monitored electronically daily by a designated member of the Clinical Medicines Management Team.
- Team huddles take place daily for pharmacy staff within community hospitals - led by the lead pharmacist for community hospitals. Part of this huddle is to reiterate the AMS message and the importance of checking antimicrobial prescribing, technicians are reminded to check every patient's drug chart daily. Antimicrobial prescribing is then highlighted to the pharmacist who will clinically check the prescribing against Micro Guide to ensure it is being prescribed within our local guidelines.
- Any prescribing outside of guidance is challenged by the pharmacist with the prescriber. Where prescribing is outside of guidance and there is no microbiology to support the prescriber's decision, they will be highlighted to the Medical Director within SCHT who will challenge this prescribing. Any prescribing that fails to meet the guidance is questioned and a Datix completed.

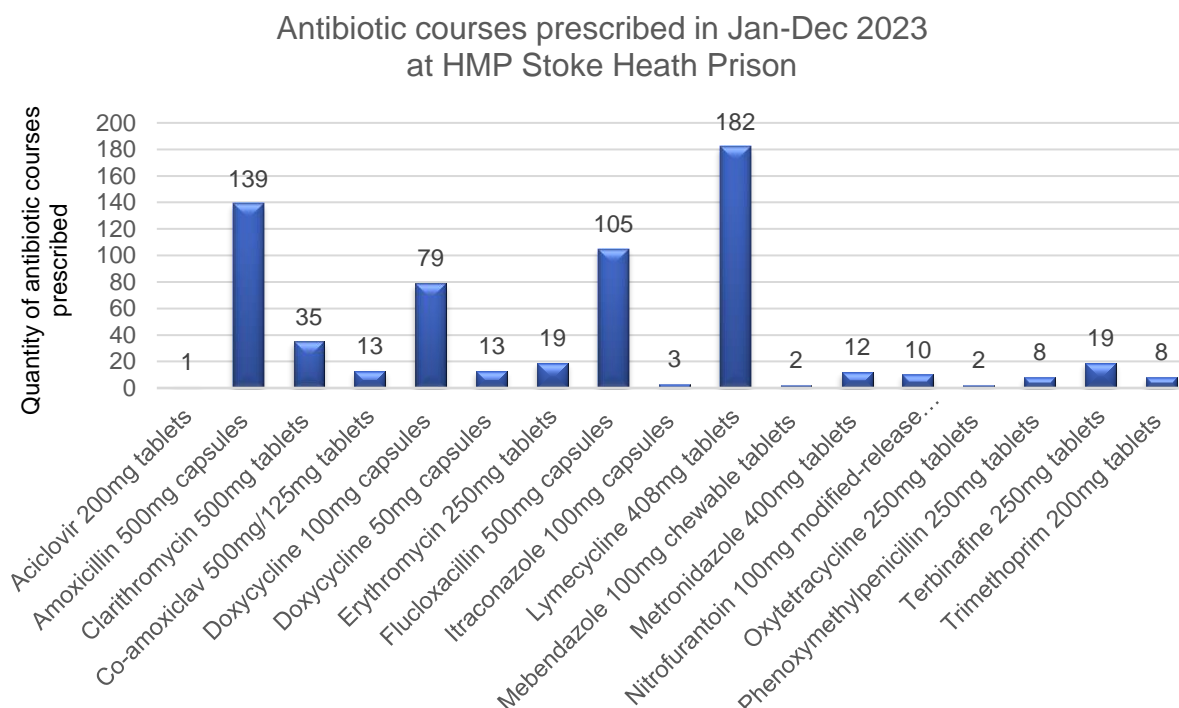
Antibiotic courses prescribed within Community Hospitals SCHT April 2023 to September 2023



- A spreadsheet is also used to monitor antimicrobial use. The spreadsheet is used to record initiation of antibiotics along with the indication, chosen antibiotic, dose and course length as assurance. This is reviewed daily by the Lead Pharmacist for Community Hospitals and MIUs. Any queries are relayed back to the specific hospital team.
- Any antibiotic courses prescribed are added to each patient's RiO record along with the name of the prescriber for auditing purposes.
- The System Microguide is the reference source used to provide the most up to date information on resistance patterns.
- The use of Intravenous (IV) antibiotics occurs in one Community Hospital only (Whitchurch Rehab), however, use is low.

Prison Healthcare:

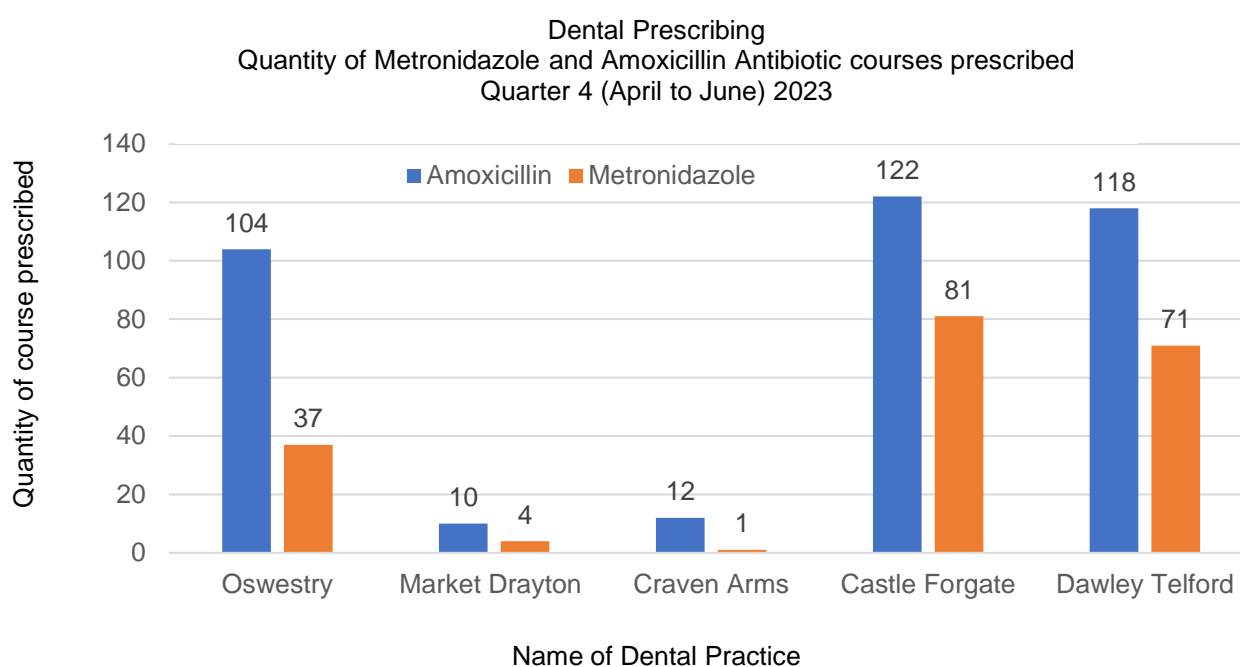
- The electronic patient record in prison (SystmOne) allows reporting on antibiotic use. Antibiotic prescriptions are scrutinised and verified as clinically indicated.
- Antibiotic prescribing within HMP Stoke Heath occurs at an average rate of 34 acute prescriptions per month and 15 prescriptions for lymecycline 408mg- Lymecycline is prescribed on repeat for up to 6 months for the treatment of acne or recurring folliculitis. The reason why this level of prescribing is seen for these conditions is due to the use of plastic mattresses in cells which leads to back acne.
- The prison GP has a good understanding of anti-microbial stewardship. The electronic prescribing system facilitates adherence to formulary as the dose and the number of tablets (course length) are automatically populated from the formulary.
- Antibiotic audits are pulled from the SystmOne software and shared with the Chief Pharmacist.
- A report is produced and shared with the prison team at the prison Medicines Management Meetings which take place bi-monthly.



- The prison also has remote assistance from another Pharmacist from the SCHAT team who clinically screens prescribing on SystmOne to further support the antimicrobial stewardship by challenging any antimicrobial prescribing that doesn't follow Microguide/NICE guidance.

Dental emergencies:

- The Dental service is supported by a member of the Medicines Management Team. They monitor the prescribing of antibiotics at all five dental clinics, these include Oswestry, Market Drayton, Castle Foregate, Craven Arms and Dawley Telford.
- Antibiotic prescribing will generally occur during working hours. Clinics which are specifically set up for emergencies have the highest rate of antibiotic prescribing. In these clinics, antibiotic prescribing can be 50% of all prescribing.
- Most of the prescriptions continue to be metronidazole and amoxicillin which is in line with Micro guide for antibiotics that should be used to treat dental infections.
- Clinics, which predominantly have a special care role, prescribe the least number of antibiotics.
- Antibiotic use has been assessed against the dental formulary along with prescribing guidance and found to be compliant.



Patient Group Directions (PGDs):

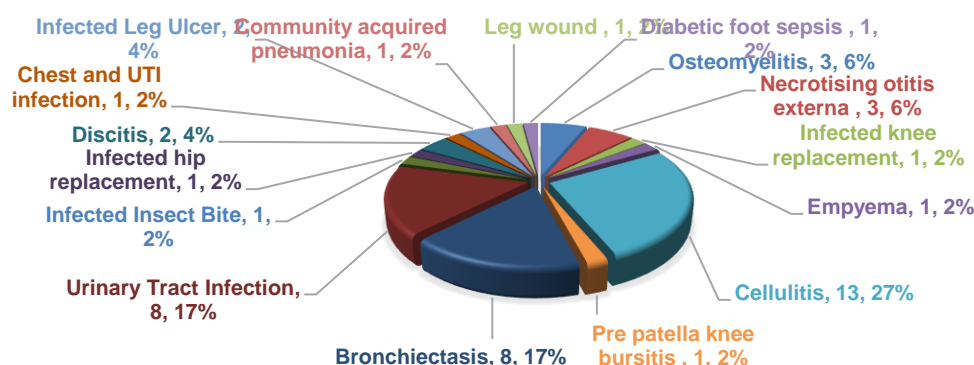
- Patient Group Direction (PGD) are used to provide antibiotics to patients under strict criteria, e.g., in Minor Injury Units.
- PGDs when reviewed are checked against evidence-based references such as NICE guidance and the Shropshire, Telford, and Wrekin Microguide
- All PGD's for supply of an antimicrobial have microbiology approval before publishing.

OPAT

- Outpatient parenteral antimicrobial therapy (OPAT) refers to outpatient or community-based management of an infection via the administration of an intravenous (IV) antimicrobial while residing at home.
- Patients are managed without admission or may transition to OPAT following hospitalisation. By minimising hospital stay, OPAT is increasingly recognised as a cost-efficient management strategy for a variety of patients requiring either short- or medium-to long-term IV antimicrobial therapy, while also reducing pressures on the acute hospitals by reducing the need for hospital admissions

- The main antibiotics prescribed by OPAT are Cefuroxime, Ceftazidime, Ertapenem and Teicoplanin this is mainly due to their OD/BD regimes as these are logistically easier to manage by the team. Antibiotics are prescribed either on a PSD or an authorisation to administer form by the prescribers in the OPAT team.

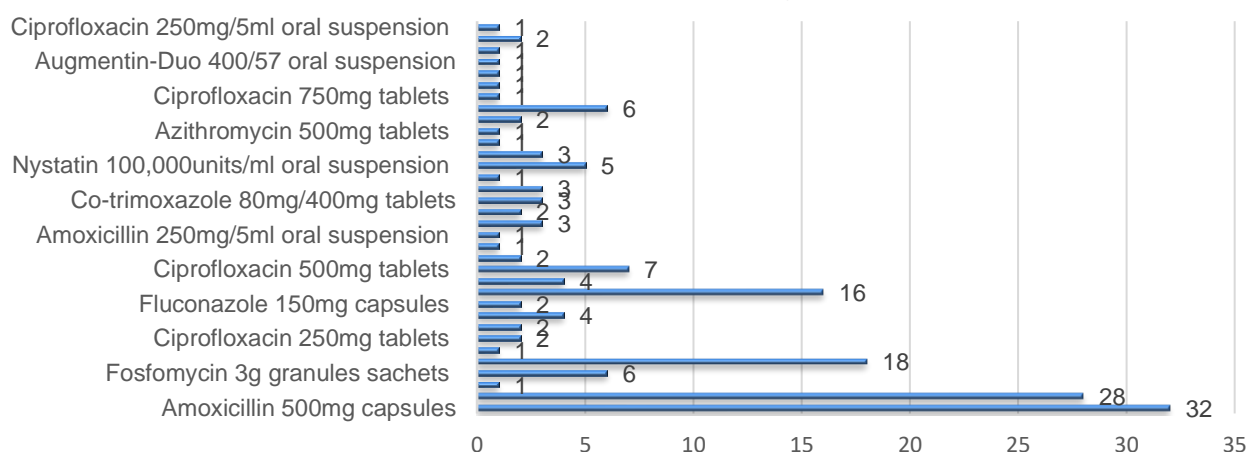
The chart above shows the indications treated by OPAT October 2023 to January 2024



Virtual Ward:

- Virtual ward allows patients to access hospital-level care in familiar surroundings at home, safely to speed up recovery while freeing up hospital beds for patients that are more in need.
- There is a mixture of NMP's and Doctors working within this service. All antibiotics prescribed are either provided by OPAT for IV or on FP10 prescription for oral medicines.
- Antibiotics are prescribed to patients following agreed pathways that mirror guidance in Microguide or via OPAT with medication then being supplied via SaTH pharmacy.
- We have a Principal Pharmacist in virtual ward who has a specialist interest in antimicrobial stewardship, all prescriptions are clinically screened to ensure that they are following local antibiotic guidance.

Virtual Ward Oral FP10 Antimicrobial Prescribing May to November 2024

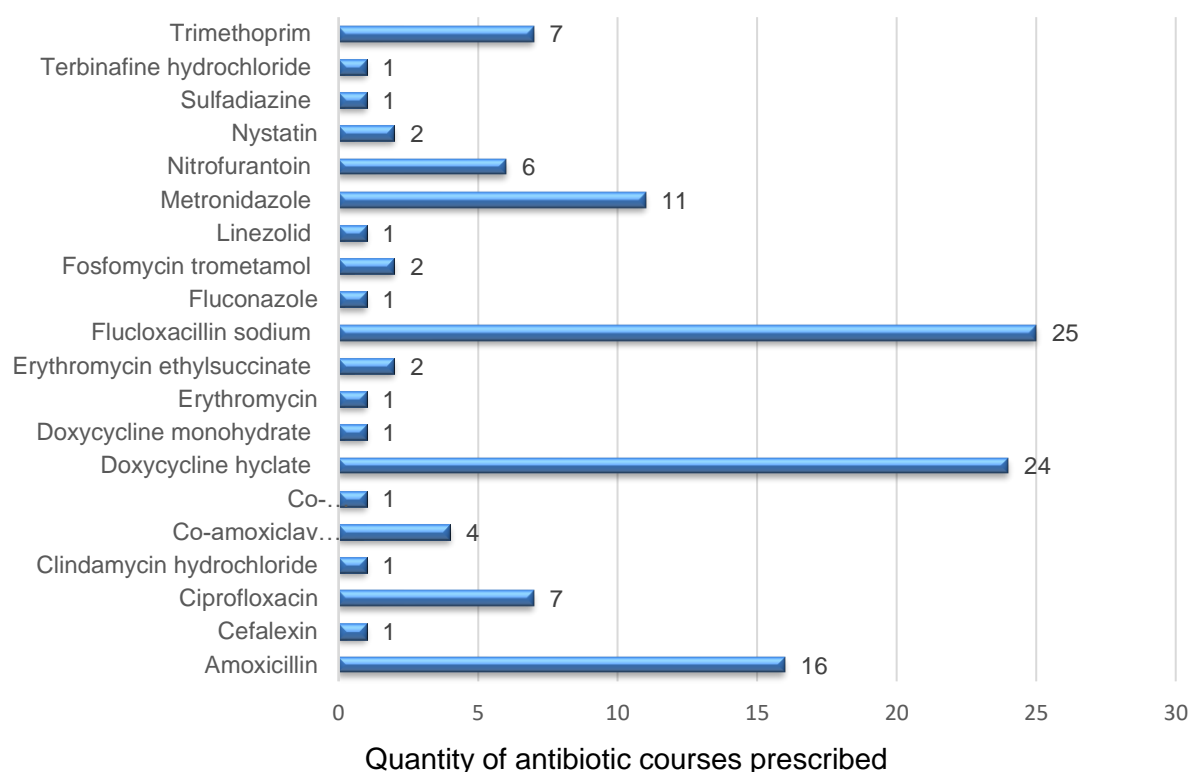


Community Nursing:

- With the introduction of OPAT, the amount of IV antibiotics prescribed by community nurses has been reduced. Non-medical prescribing by appropriately qualified community nurses is monitored via ePACT2 data by the trust medicines management team and the Integrated Care Board.
- Appropriate justification for prescribing is sought where necessary.

Antimicrobial prescribing (in Items) for the April to September 2024 period by non-medical prescribers can be seen in the chart above.

NMP Antibiotic Prescribing Apr-Sept 2023



Recovery and Rehabilitation Units:

In January 2024, SCHAT opened two new wards which are based within the acute hospital (SaTH), with one being on the Royal Shrewsbury Hospital site and the other at the Princess Royal Hospital (PRH) in Telford.

Data is being gathered for the first quarter to review antibiotic use for these sites. It should be noted that intravenous antibiotics are used in these units, with PRH in particular a high user.

The pharmacy department managing the units are employed by SaTH.

Summary:

- Frameworks to reduce HCAI's are being developed to prevent HCA LRTI's and UTI's in collaboration with the IPC team.
- The Medicines Management Team are active in ensuring compliance with the Antimicrobial Stewardship.
- The Medical Director will support the medicines management team by challenging prescribing when identified by SCHAT pharmacy that it is outside of guidance and there is no microbiology to support the request.
- Any issues with the prescribing undertaken by SCHAT are highlighted at the Trusts Infection, Prevention and Control Governance or Committee meetings.
- The opening of RRUs will bring additional data in future reports.

Susan Watkins, Chief Pharmacist, SCHAT

Criterion 4 – The provision of suitable accurate information on infections to service users, their visitors and any person concerned with providing further social care support or nursing/medical care in a timely fashion

Communication regarding appropriate guidelines has continued to be a key requirement in the provision of care, the instigation of IPC initiatives as well as public and visitor safety as we moved to “business as usual” introducing a traffic light system for wearing masks and face coverings in our hospitals, visits and clinics.

The Communications Team are invited to attend IPC outbreak meetings if these may result in media interest because of the nature or impact of the outbreak. The Communications Team also provides the support and guidance and to prepare proactive and reactive media statements where required.

The IPC Team Secretary is responsible for updating the IPC Team intranet site and for the production of staff and visitors’ leaflets. IPC updates are also provided to Team leads and IPC monthly newsletter is designed, sent to all staff and published on the intranet.

As in Criteria One, SCHT report on all Alert Organism monitoring and surveillance through IPCC meetings and Quality and Safety Committees. Our IPC Annual Report is a public document and available to view or download on our Website. Details of Alert Organism cases and MRSA screening compliance are also published on the intranet and the public website.

Criterion 5 – That there is a policy for ensuring that people who have or are at risk of developing an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of transmission of infection to other people

The IPC Team perform a number of activities that minimise the risk of infection to patients, staff and visitors including advice on all aspects of IPC; education and training; audit; formulating policies and procedures; interpreting and implementing national guidance at local level; alert organism surveillance and managing outbreaks of infection.

MRSA Screening

In addition to the local infection thresholds, a compliance threshold of 97% for MRSA screening for in-patients on admission was agreed with the ICB. Compliance results are reported monthly to the Quality and Safety Committee and the Board and IPC Committee bi-monthly with oversight by the DIPC to ensure good practice is shared and action plans are completed and show improvement.

MRSA Screening Compliance for in-patient areas

	Bishops Castle	Bridgnorth	Ludlow Dinham	Whitchurch	Overall
Apr-23	Temporarily Closed	96.00%	97.22%	95.74%	96.24%
May-23		94.74%	97.22%	97.73%	96.61%
Jun-23		100.00%	100.00%	100.00%	100.00%
Jul-23		100.00%	92.59%	98.21%	97.56%
Aug-23		100.00%	100.00%	94.74%	98.10%
Sep-23		100.00%	94.59%	97.73%	97.60%
Oct-23		100.00%	96.88%	98.33%	98.46%
Nov-23		100.00%	89.74%	100.00%	96.83%
Dec-23		95.00%	94.59%	93.33%	94.26%
Jan-24		100.00%	93.94%	94.12%	96.12%
Feb-24		97.62%	100.00%	97.44%	98.26%
Mar-24		97.56%	100.00%	95.45%	97.30%
Overall		98.35%	96.31%	97.06%	97.28%

We aim to screen at least 97% of patients on admission for MRSA each month. For 2023/24, our MRSA screening compliance score was 97.3%, just above the 97% target. Work continues to ensure that this figure is maintained or improved for 2024/25 which includes supporting our clinical teams with digital solutions to form filling and helping reduce the amount of paperwork on admission to our community hospitals.

Criterion 6 – Systems are in place to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection

The Trust has information and processes in place to ensure that its staff, including agency staff, contractors, and volunteers, are able to meet the requirements of this criterion.

All clinical staff receive induction and updated training and education in current IPC practices. IPC mandatory training for clinical staff was delivered via e-learning and out of a possible 992 clinical staff (92.94%) were up to date with mandatory Level 2 IPC training as of March 2024.

The IPC team have been engaging with the Clinical Education team and have a regular 2 hour training session being delivered to SCHAT staff as part of the clinical induction week programme. The IPC team also support the Shropshire Telford and Wrekin (STW) Healthcare Support Worker (HCSW) academy by delivering IPC training to new HCSW staff that have been recruited.

Other systems in place include:

- SCHAT job descriptions include IPC compliance alongside mandatory training to show that responsibility for IPC is delegated to every member of staff.
- "IPC working with patients in community hospitals" information booklet developed with the Feedback Information Group, provides IPC advice and information for all volunteers working with SCHAT.
- An IPC information leaflet for health professional staff is available and is given to all temporary and agency staff as part of their local induction.
- IPC Standard Operating Procedure for Building, Construction, Renovation and Refurbishment Projects is available for all contractors working in the community hospitals.
- Information leaflet for contractors working in community hospitals.
- Monthly hand hygiene observational audits tools include volunteers and students.

It is important that the Trust can demonstrate that responsibility for IPC is effectively devolved to all groups involved with delivering care and that we have the arrangements in place to inform relevant authorities and System partners of outbreaks or incidents relating to infection. Surveillance of Alert Organisms is covered under Criteria 1.

- Our IPC Arrangements and Responsibilities policy reflects the management and reporting structure of SCHAT outlining its collective responsibility for IPC from Board to floor, demonstrating that responsibility is disseminated to all staff in the organisation.
- Responsibilities of groups and of staff are included in all SCHAT IPC policies.
- IPC Link Staff Roles and Responsibilities for both community and community hospitals has been revised and updated. The IPC link staff receive additional training in IPC and act as a resource and role model and liaise between their clinical area and the IPC team.
- The IPC Self-audit programme encourages teams to own IPC practices and compliance as part of their day to day work.
- IPC Team access SaTH Laboratory IT systems to allow enhanced alert organism surveillance and on notification, the IPC team report all outbreaks and incidents of infection to the CQC, ICB, UKHSA and NHSE.

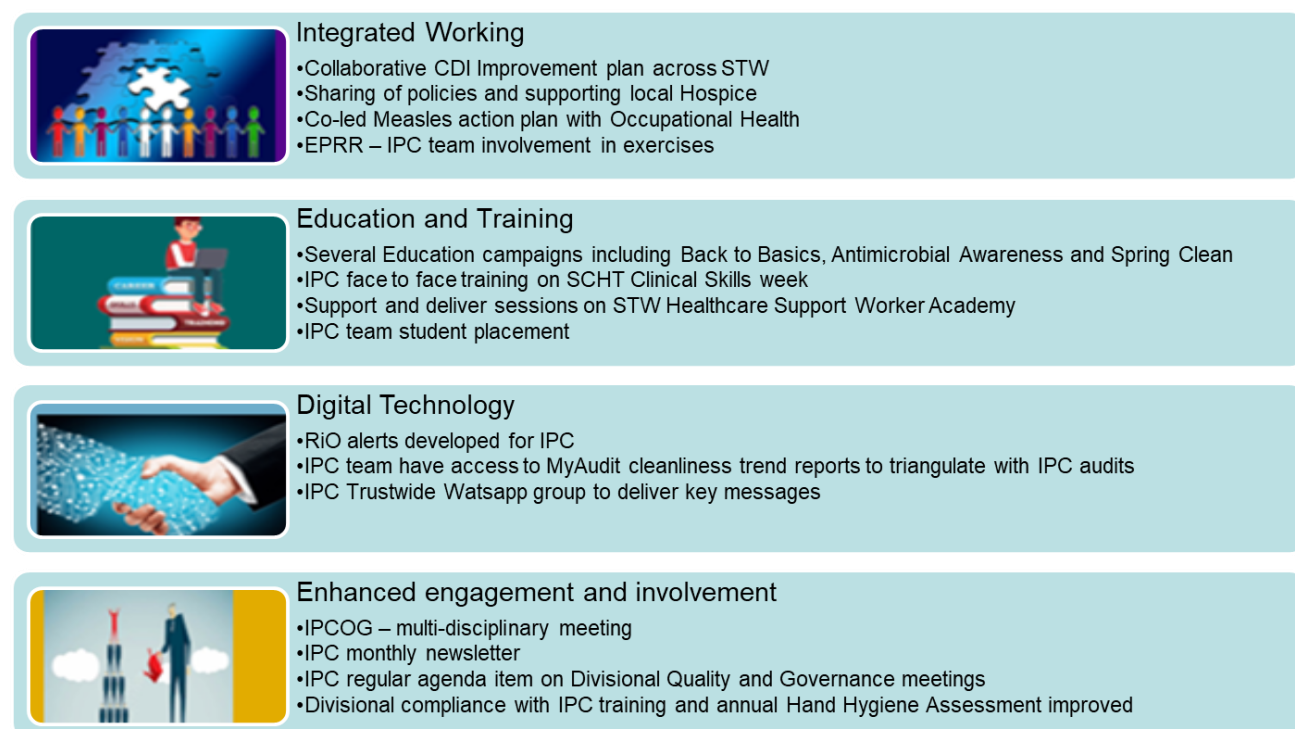
SCHT IPC Ambitions were launched in January 2023 and a report on progress against the milestones has been updated through the IPC report received at IPCC.

Figure: SCHT IPC Ambitions



The IPC Team have maintained 100% compliance with their own mandatory training programme and personal development reviews that support increasing knowledge and skills to assist in the delivery of improved quality of care. IPC Nurses have revalidated with the Nursing and Midwifery Council.

The image below demonstrates significant progress against the 4 ambitions within the first 12 months of the strategy.



Criterion 7 – The provision or ability to secure adequate isolation facilities

The Trust has robust isolation policies in place and has single room accommodation available to isolate patients when this is required. The Trust is also able to implement cohort isolation processes within the current estate and this process has been assured by NHSE Deputy Director of IPC. The Isolation policy includes an Isolation Risk Assessment Tool which allows staff to consider individual requirements for isolation to ensure patients are managed on a case-by-case basis.

Criterion 8 – The ability to secure adequate access to laboratory support as appropriate

The contract for laboratory services is with Shropshire and Telford Hospitals NHS Trust (SaTH) which is fully UKAS (United Kingdom Accreditation Service) compliant under ISO 15189. The IPC Team have a good working relationship with our IPC Doctor who is the Consultant Microbiologist at SaTH. Medical microbiology support is provided by SaTH 24 hours a day, 365 days a year and the Trust is currently fully compliant with this criterion.

Criterion 9 – That they have and adhere to policies designed for the individual's care, and provider organisations that will help to prevent and control infections

The Trust has many policies and Standard Operating Procedures (SOPs) in place to ensure it meets the requirements of this criterion. The IPC Team have a rolling programme to update and review policies and compliance with the programme is monitored through IPCC. In addition, policies are updated prior to review date if national guidance changes to ensure they reflect up to date, evidence based, best practice. All policies are ratified and approved through SHT governance arrangements.

Criterion 10 – That they have a system or process in place to manage staff health and wellbeing, and organisational obligation to manage infection, prevention and control

Occupational Health Report

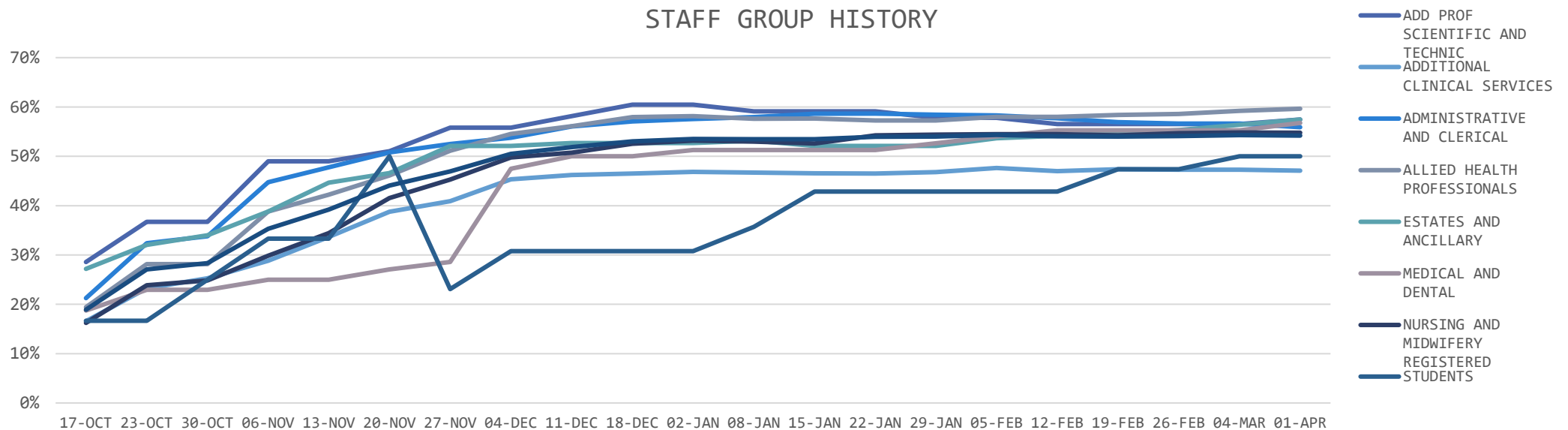
Occupational Health continue to support IPC and the wider trust with project work, advice and support.

Information regarding MRSA in staff is available in the MRSA policy to help support any member of staff and their manager(s) to ensure that they do not put others at risk of acquiring the organism. In addition to the MRSA policy a number of OHS policies, including Staff Immunisation policy, are available. The IPC policies Prevention and Management of Needlestick Injuries: including Inoculation Incidents and Exposures to Blood Borne Viruses (BBV) Policy (includes safe sharps handling) policy (inoculation injury flow charts available to staff and audited by IPC Team during HCAI audits); Standard Infection Control Precautions: Hand Hygiene and Personal Protective Equipment Policy all support staff health.

From April 2023 to March 2024 there were 10 reported sharps/splash or scratch injuries reported through Occupational Health -- 1 was noted to be a student doing a placement within the trust but was supported as any other member of staff would be. The Occupational Health Team also supported a member of staff who joined the trust part way through the policy/process whose form trust did not offer any ongoing help or support.

The Flu campaign for 2023/24 was a huge success and was supported by 6 peer vaccinators and a Bank Nurse. It should be noted that Shropshire Community Health were the top performer in STW ICS and in the top quartile for England (54.3% of staff vaccinated).

Measles



Occupational Health are currently working to assess the Measles status of any staff who have a patient facing role. They are looking at staff needing 2 x MMR Vaccines or Measles Serology as proof of immunity. The Health Protection Agency suggest that having had 2 x MMR Vaccines offers 95% efficacy. Each staff member with neither vaccines or serology recorded are being offered serology testing but we are noting that there is a high percentage who are ignoring their invitation to attend – when they are invited to attend they are being sent information from The UK Health Security Agency as reference.

Looking Forward to 2024/25

An Overview of Infection Prevention and Control Programme

The key aim in 2024/25 will be to continue to prevent HAI and to manage and control infections. This will include meeting thresholds and to evidence compliance with the Health and Social Care Act through completing the IPC BAF. In addition, we will strive to achieve the IPC objectives and four ambitions in our IPC Strategy.

Our focus will be to:

Ambition 1: Integrated Working

- Collaborate with other providers across Shropshire Telford and Wrekin to consolidate our approach to IPC.
- To establish relationships with local higher education establishments
- Participate in the system wide Antimicrobial Group partnership contributing to the worldwide antimicrobial resistance campaign.
- Participate and support in local EPRR exercises

Ambition 2: Education and Training

- Innovate our approach to education, creating a sustainable future for the IPC workforce. This will include implementing the IPC National Education Framework and ensuring that IPC training for our staff is fit for purpose and meets the new guidance set out in the Health and Social Care Act.
- IPC team members to attend Quality Improvement fundamentals course

Ambition 3: Digital Technology

- Harness technology to make IPC accessible and responsive. This includes implementing software platforms to enhance our audit and reporting and surveillance software increasing and maximising our response to risks of infections.

Ambition 4: Enhanced Engagement and Involvement

- Ensure IPC has Board to floor involvement. This includes enhanced communications, introducing IPC campaigns and engaging with all staff on IPC Roadshows.
- Ensure approach is aligned with the organisation Patient Safety Incident Response Framework and promote the use of After Action Reviews following outbreaks or HAIs
- Engage with Quality Improvement team to deliver identified Quality Improvement projects

Conclusion

SCHT IPC Team have had a year of change and innovation. We saw the impact of COVID-19 continue to reduce and we kept our teams and patients safe by ensuring the guidance on screening and prevention on infection met our local healthcare needs. At the same time, we continued to deliver a robust IPC activity programme, this time focussing on our Estate and Community Hospital facilities.

The IPC Team have strengthened their approach to IPC this year, delivering numerous improvements to improve the cleanliness of our premises, prevent HAI and control infection to keep our patients, staff and the public safe. Our Strategy clearly defines our ambitions for 2024/25, and the IPC Team remain dedicated and motivated to deliver our ambitions while continuing to provide a safe and effective IPC service for the Trust.

Glossary of Terms

Bacteraemia	A bloodstream infection
BSI	Bloodstream Infection
CDI	<i>Clostridioides difficile</i> infection. <i>Clostridioides difficile</i> is a bacterium which lives harmlessly in the intestines of many people. <i>Clostridioides difficile</i> infection most commonly occurs in people who have recently had a course of antibiotics. Symptoms can range from mild diarrhoea to a life-threatening inflammation of the bowel.
COVID-19	Coronavirus disease
CPE	Carbapenemase-producing Enterobacteriaceae. Enterobacteriaceae are a large family of bacteria that usually live harmlessly in the gut of all humans and animals. They are also some of the most common causes of opportunistic urinary tract infections, intra-abdominal and bloodstream infections. Carbapenemases are enzymes that destroy carbapenem antibiotics, conferring resistance.
CQC	Care Quality Commission
CSSD	Central Sterile Services Department
DAART	Diagnostics, Assessment and Access to Rehabilitation and Treatment
Datix	Patient safety organisation that produces web-based incident reporting and risk management software for healthcare and social care organisations.
DIPC	Director of Infection Prevention and Control
<i>E.coli</i>	<i>Escherichia coli</i> . <i>E. coli</i> is the name of a type of bacteria that lives in the intestines of humans and animals.
ePACT2	Prescription database for authorised users
ESBL	Extended-Spectrum Beta-Lactamases are enzymes that can be produced by bacteria making them resistant to many of the commonly prescribed antibiotics.
GRE/VRE	Glycopeptide-Resistant Enterococci/Vancomycin Resistant Enterococci. Enterococci are bacteria that are commonly found in the bowels/gut of most humans. There are many different species of enterococci but only a few that have the potential to cause infections in humans and have become resistant to a group of antibiotics known as Glycopeptides; these include Vancomycin.
HAI	Healthcare Associated Infection
ICB	Integrated Care Board. Previously known as the Clinical Commissioning Group.
ICS	Integrated Care System. Integrated care systems (ICSs) are partnerships of organisations that come together to plan and deliver joined up health and care services
IPC	Infection Prevention and Control
IPC BAF	Infection Prevention and Control Board Assurance Framework
IPCOG	Infection Prevention and Operational Group
IPCN	Infection Prevention and Control Nurse
LFD Test	Lateral Flow Device Testing
MPFT	Midlands Partnership NHS Foundation Trust
MRSA	Meticillin Resistant <i>Staphylococcus aureus</i> . Any strain of <i>Staphylococcus aureus</i> that has developed resistance to some antibiotics, thus making it more difficult to treat.

MSSA	Meticillin Sensitive <i>Staphylococcus aureus</i> . <i>Staphylococcus aureus</i> is a bacterium that commonly colonises human skin and mucosa (e.g. inside the nose) without causing any problems. It most commonly causes skin and wound infections.
NHSE/I	NHS England and NHS Improvement
NICE	National Institute for Health and Care Excellence
NHS PS	NHS Property Services
OHD	Occupational Health Department
Outbreak	Two or more persons with the same signs, symptoms in time place and space.
PII	Period of Increased Incidence
PPE	Personal Protective Equipment e.g. gloves, aprons and goggles
SaTH	Shrewsbury and Telford Hospital NHS Trust
SCHT	Shropshire Community Health NHS Trust
SENDS	Safety engineered needleless device systems
SOP	Standard Operating Procedure
TEMS	Telford Musculoskeletal Service
TOR	Terms of Reference
UKHSA	United Kingdom Health Security Agency

Acknowledgements and Further Information

Thank you for reading the IPC Annual Report for 2023/24.

If you require any further information about IPC in SCHT please email the team at Shropcom.IPCTeam@nhs.net or visit our webpage at <https://www.shropscommunityhealth.nhs.uk/safehands>

This report was prepared by SCHT's IPC team:

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References

Department of Health: The Health and Social Care Act 2008

[Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance - GOV.UK \(www.gov.uk\)](#)

NHSE: National Infection Prevention and Control Manual

[NHS England » National infection prevention and control manual \(NIPCM\) for England](#)

National Standards of Healthcare Cleanliness 2021

[B0271-national-standards-of-healthcare-cleanliness-2021.pdf \(england.nhs.uk\)](#)