Annual Infection Prevention & Control Report

1 January – 31 December 2023

Executive Summary:

This annual report collates and summarises information related to infection control incidents and complaints for the period from January 2023 until the end of December 2023. The report also provides an oversight of the management approach we take to prevent and control infection, the policies and procedures we use, and the methodologies employed for assurance.

Incidents in relation to IPC have reduced even further over 2023 as a result of learning from previous incidents which were largely focussed around the vaccination service which is no longer in active service.

Moving forwards into 2024, we will no longer have an organisational IPC lead, but instead the responsibility will sit within the clinical services to ensure that we continue to maintain safe and effective IPC measures.

Purpose: To provide the Board with:

- An overview of the Infection Prevention and Control arrangements within the organisation during 2023
- An update on the agreed improvements from the previous annual report 2022
- A summary of the successes and highlights over the last year
- A summary of what we are looking to improve upon over the next 12 months
- To provide the board with assurance that the infection control arrangements effectively protect patients from Health care acquired infections and staff from workplace infection hazards
- To comply with the Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance

The following recommendations for board agreement are sought:

The board is asked to review and approve the annual review and for it to be published on the Here website.

Authors: Helen Baker, Infection Prevention & Control Lead

For Board May 2024

1 Introduction

The following report and action plan for Here has been submitted by the Infection Prevention and Control Lead for Here.

The aim of this report is to provide information and assurance to the board that the Infection Prevention and Control (IPC) measures and structures in place are compliant with current legislation and align with best practice to protect patients and staff from the risk of infection.

The report covers the period 1st January 2023 – 31st December 2023 and specifically provides IPC activity information in relation to the services delivered by Here.

2 Current Approach to Infection Prevention and Control

IPC guidance has remained unchanged over the course of 2023. This is supported by our IPC Policy which is available to all staff via the My Compliance platform.

All staff are required to have relevant immunisations prior to starting work with Here relevant to their role and in line with the guidance as cited in the Green Book. This is recorded within staff files and is up to date for all staff.

3 Governance Arrangements

The IPC lead for the organisation is held by the Head of Quality and is supported by Lead Nurse for Here. IPC incidents are also supported by Governance Leads/Quality and Improvement Leads within each service and the learning supported by the Development and Improvement Team.

All Service Managers and Clinical Leads within each service have a responsibility to raise IPC concerns and to support others in the teams to raise concerns, log incidents and escalate appropriately. It is important to note that IPC is not just a clinical services concern but is relevant to all services provided by Here and requires us all to take action as needed.

3.1 Infection Prevention and Control Team

The Here IPC team is small and links directly with IPC colleagues in both Sussex Community NHS Foundation Trust (SCFT) and the Sussex Integrated Care Board (ICB) as appropriate. The team provides advice and support across the organisation, taking a proactive approach to communications and shared learning and encouraging all staff to raise concerns as they arise.

Here uses the following mechanisms to prevent against health care acquired infections, and to identify and address any issues that may arise:

- Aligning to an up-to-date infection control policy which is accessible to all staff
- Providing annual training relevant to role
- Digital incident reporting process, supported by an up-to-date policy
- Clinical Quality Meetings to review incidents and take learning to reduce risk
- Operational Management Meetings to review incidents and take learning to reduce risk
- Shared Learning via the Exceptional Care Assurance Group (formerly CQI)

- Providing up-to-date information for service users to reduce risk of infection following invasive procedures carried out as part of an agreed treatment plan
- Completing annual site risk assessments
- Supporting all staff to complete worksite risk assessments where necessary to highlight any gaps/needs
- Completing appropriate audits to ensure compliance

3.2 Policies and Procedures

The Infection Prevention and Control Policy and Procedure have been updated and combined to create a single document for staff to access via My compliance. The purpose of the policy is to support staff in adopting best practice and outlines what arrangements the organisation has in place to support this for the protection of both patients and staff.

4 Service Level risk assessment and residual risk

IPC is important in all healthcare services, and we recognise that the level of potential exposure and risk varies considerably.

Each Here service has reviewed their infection control risk assessment and has identified the residual risk relating to the activities undertaken. The residual risk is the likelihood of potential harm as a result of infection after all mitigations in the infection control procedures have been put in place.

Service	**Residual risk**	**Rationale**
MSK	Low to Moderate	Procedures: some minor invasive procedures, mainly injections which could lead to needle stick injuries or injection site infections. High volume of patients. Whilst the Partnership is responsible for the MSK programme budget including invasive surgery, Here is not responsible as a health care provider for surgical activity in secondary care. Health care acquired infections associated with surgery are monitored as part of subcontracts with secondary care providers. Sussex MSK Partnership is responsible for podiatric surgery, which is carried out in the community, but the governance sits with Sussex Community NHS Foundation Trust.
MAS	Very Low	No invasive procedures
Vaccination Service	*Low to Moderate*	*Procedures: minor invasive procedures involving injections which could lead to needle stick injuries or injection site infections.* *Very high volume of patients with pressure to deliver at pace and outside of usual clinical environments.* ***Please note that the vaccination service was decommissioned at the end of Nov 2023***

APC	Moderate Moderate	Procedures: Physical assessment including rectal and vaginal exams. Pathology investigations including urine samples, faeces samples and swabs. Minor wound care. High volume of patients.

5 Incident and Complaint Management

Here has both an Incident Policy and a Complaints Policy. We are currently transitioning over to the Patient Safety Incident Response Framework (PSIRF) where a separate policy is being finalised which outlines our proposed response to patient safety incidents including those involving IPC.

All IPC incidents and near misses are reported using Datix and follow the procedure as outlined in the current policy. All staff should be aware of the incident process and the need to escalate and log incidents relating to IPC. Internal training has been delivered within both APC and MSK with ongoing annual workshops being run within APC. MSK has seen a significant increase (140%) in incidents being logged within the MSK service as a result of specific staff training.

Following transition to PSIRF, incidents that result in a patient safety incident as defined in our Patient Safety Incident Response Plan (PSIRP) will be reportable to NHS England via our Datix system. This is currently being worked through and once signed off, we will be in a position to officially launch PSIRF.

Incidents are monitored internally by the individual service Governance Leads and reported within the service Clinical Quality Group meetings with escalation to the Exceptional Care Assurance Group as appropriate for shared learning purposes. Non-clinical services are also expected to log IPC incidents onto Datix as they are identified.

IPC incidents requiring further action are overseen by the relevant Clinical Quality Groups to reduce the risk of further incident and can be escalated to the Exceptional Care Learning Group (formerly the Patient Safety Group) where further support is required from the wider organisation. All moderate graded incidents are reviewed currently against the serious incident criteria and, where this is met, the serious incident policy is followed until we fully transition to the PSIRF.

The Exceptional Care Assurance Group maintains oversight of the number of IPC incidents across the organisation through annual reporting. Individual services ensure that learning is shared effectively within the teams and shared as appropriate. All risks are closed via the appropriate Clinical Quality Group on a monthly or bi-monthly basis and are outlined in individual service quality reports.

This report provides an overview of incidents and complaints which relate to infection control.

5.1 2023 IPC Complaints

During 2023 there were no complaints relating to infection control.

5.2 2023 IPC Incidents

The annual audit of incidents and complaints for all Here clinical services identified 7 infection control incidents over this period.

A manual review of incidents was undertaken as it was noted that there were inconsistencies between services in how these incidents were categorised. This action has been highlighted in the recommendations at the end of this report.

A breakdown of all IPC incidents for 2023 are identified in the table below. The residual risk gives as indication of the likelihood of infection control incidents occurring with these measures in place.

Service	No. of Infection Incidents	Residual Risk Rating	Details of incident or complaint
MSK	1	Low	Sharps found in orange bag. Disposed of appropriately. No harm
	1	Moderate	Infection post injection. Patient admitted. Correct procedure followed including risk information regarding risk of infection. Investigation undertaken.
	2	Low	Suspected infection post injection – found to be unrelated to injection Suspect infection post operatively within podiatry surgery unit
MAS	0	N/A	N/A
APC	0	N/A	N/A
Vaccination Service	1	Low	Incident with syringe coming apart during vaccination. Discarded with no harm to patient and no IPC harm
	1	Low	Partially used vial of vaccine found in cool box in storeroom. No harm and discard appropriately Needle stick injury – protocol followed with no resulting harm
People Team	1	Low	Water ingress affecting ceiling and work areas. IPC risk regarding reservoir for infection with stagnant water pooling

All of the incidents outlined above have been managed and fully investigated to ensure mitigations are put in place and identified risks reduced. No harm resulted from any of the incidents raised.

IPC incidents for 2023 have continued to reduce year on year. The majority of incidents occurred within the MSK Service which reported 4 separate incidents and represents the largest service within Here. There were 2 incidents within MSK relating to infections post injections which is unusual but is a known very low risk following this procedure. Thorough investigations were carried out with one of those being found to be directly related to the procedure. Correct clinical procedures were followed and appropriate measures were taken to support the individual concerned including duty of candour.

It is worth noting that the IPC incident rate is very low in terms of the volumes of patients seen by all services.

6 Site Assurance

Annual site assurance visits are undertaken by the relevant Service Manager or a designated person with site management responsibility for those sites where we deliver services. Here has a tailored approach which it uses dependent upon the activity the sites are used for and as guidance has changed.

Here has a centralised Site Assurance Matrix which lists all sites that are used for the delivery of its services. The Site Assurance Matrix is monitored centrally and overseen by the individual services whose responsibility it is to ensure visits and actions plans are actioned. All clinical services have completed an infection control risk assessment for each site and measures taken to reduce the risks as described in the Infection Control Policy.

The matrix has been updated and has been saved centrally to enable wider visibility and to reduce duplication where services use the same site.

Infection control at each site has been reinforced by the use of posters and visual cues to ensure compliance and these have been revised as the guidance has changed.

Individual staff risk assessments are now only carried out as appropriate to the individual situation to support staff health and wellbeing. These risk assessments are used to recommend reasonable adjustments to the work environments and work patterns on a short or long term basis.

All sites are cleaned according to infection control measures.

All sites are compliant with sharps management, waste management and blood and body spillages, hand hygiene and is supported through the site assurance risk assessments.

7 Training

All clinical staff are required to undertake level 1 and level 2 annual infection control training, which is nationally approved and designed for community-based health settings. Non-clinical staff who regularly work in health care settings are required to undertake level 1 infection control training. This training is on-line and is supported by e Learning for Health. The frequency of the level 1 training for non clinicians has been reviewed and is required to be refreshed every 3 years.

All new staff are expected to complete level 1 training as part of their onboarding. Similar infection control training completed in other healthcare settings are accepted by Here and requires the staff member to provide proof of completion which is saved in their staff file. The training policy dictates that at the time of new recruitment or contract start, evidence of training having been undertaken must not be more than 12 months old. This applies to all Clinical staff, regardless of their employment/contract status.

Training data is monitored on a monthly or quarterly basis by individual services and by the People team to ensure we maintain our target of 85% of all appropriate staff trained at any one time. Staff are given protected time to complete this training, but it remains their responsibility to complete and provide certification of completion. This is being reviewed monthly via the Quasar quality performance reporting.

Threshold for compliance is 85%.

	ALL HERE STAFF Level 1			CLINICIANS Level 2		
	2021	2022	2023	2021	2022	2023
Jan	81%	84%		81%	82	
Feb	81%	78%		81%	75	
Mar	90%	79%		90%	64	
Apr	88%	81%		90%	72	
May	85%	85%		85%	77	
Jun	84%	86%	50%	88%	79	84%
Jul	85%	82%	85%	86%	79	85%
Aug	85%	82%	92%	86%	83	82%
Sep	84%	85%	93%	84%	87	83%
Oct	87%	84%	93%	87%	94	83%
Nov	84%	86%	91%	82%	95	84%
Dec	82%	85%	93%	80%	91	90%
	85%	**83%**	**85%**	**85%**	**81.5**	**85%**

Figures between Jan – May were unavailable at the time of writing and coincided with the training matrix review where automatic training reminders were not being sent out to staff.

Current figures for 2024 have demonstrated that maintenance of compliance against the threshold has been achieved with April rates showing the following:

Level 1: 91%
Level 2: 87%

8 Audits

All clinical services are responsible for carrying out annual audits in relation to IPC which are reviewed within each service Clinical Quality Group. IPC risks are captured as part of the annual site risk assessment work and through incident reporting.

In addition, at the end of 2023, APC began monthly notifications to public health regarding cases of notifiable diseases (in particular, measles and scarlet fever where cases have increased across the country).

9 Medical Devices Matrix

Here has a Medical Devices Matrix which lists all devices used within each service. The matrix clearly details who owns/is responsible for the device and therefore responsible for maintenance and cleaning or decontamination in order to control the risk of infection. The matrix also lists all single use medical devices used by the service so that any relevant alerts related to such equipment can be addressed promptly.

The medical devices policy was due for review in May 2023 but this has not yet happened and will be prioritised as part of the actions for 2024. The list of medical devices used by Here clinical services will also be reviewed as part of this work.

10 IPC Compliance Standards Assurance

Standard infection control precautions (SICPs) are used **by all** staff, **in all** care settings, **at all** times, **for all** patients whether infection is known to be present or not, to ensure the safety of those being cared for, including staff and visitors. SICPs represent the basic IPC measures necessary to reduce the risk of transmitting infectious agents from both recognised and unrecognised sources of infection. There are 10 SICPs outlined in the National Infection Prevention and Control Manual that we are required to align to (link:). These are highlighted within the Here IPC Policy.

As a registered provider of healthcare, Here is required to align to the code of practice for the prevention of infection which sets out the 10 criteria against which all providers are monitored. It is accepted that not all criteria will apply to every regulated activity. Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance - GOV.UK (www.gov.uk)

The 10 criteria which organisations such as Here must adhere to are detailed below and has been reviewed for 2023/2024:

1. Systems to manage and monitor IPC. These use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them		
Criteria	**Met?**	**How do we meet this criteria?**
The provider has a clear governance structure and accountability that identifies a lead for IPC	Yes	See above section for the governance structure. The IPC named lead will change to the Lead Nurse following the departure of the Head of Quality in April 2024.
There is an IPC programme in place which should say as a minimum what: • IPC measures are needed • Policies, procedures and guidance are needed and how they will be kept up to date and monitored for compliance • Initial and ongoing training staff will receive, where appropriate	Yes	IPC measures are identified within the organisational policy and is reviewed every 3 tears or where there is a change to national guidance which has been overseen by the IPC Lead. Here has an up-to-date IPC policy. The IPC measures required are identified in the IPC policy. Here disseminates all new policies via the *mycompliance* platform which enables Here to monitor when a new policy has been viewed by individual staff members. Whilst the platform cannot monitor whether a policy has been fully read, the critical information is that staff are aware that it has been updated and know where to find it for reference as needed. All staff are expected to complete level 1 infection control training with clinicians completing level 2 on an annual basis with new

		starters completing training within the first 6 weeks.
An annual report is provided for anyone who wishes to see it, including service users and regulatory authorities which should be prepared by the designated IPC Lead. This should provide a short review of any: • IPC incidents and actions as a result • Audits undertaken, as part of a quality improvement programme, and subsequent actions implemented • Risk assessments undertaken and any actions taken and recorded for prevention and control of infection • Education and training received by staff • Review and update of policies, procedures and guidance • Antimicrobial prescribing and stewardship	Yes	Here produces an annual IPC report which is available publicly and is shared on our organisational website. See section 5 See section 8 See section 4 See section 7 See section 3 See section 8
2. Provide and maintain a clean and appropriate environment in managed premises to facilitate the prevention and control of infections		
Criteria	**Met?**	**How do we meet this criteria?**
That providers have a designated individual responsible for the oversight and management of cleaning on Here sites.	Yes	This is held by the People Team and specifically by the Here Facilities Manager, Tina Livingstone
All parts of the premises from which the organisation provides care are suitable for the purpose, kept clean and maintained in good physical repair and condition.	Yes	All sites that Here operates out of are subject to annual site assurance visits appropriate to the level of infection risk. IPC risk assessments are undertaken for all new sites or where a new service is being delivered from an existing site. Any IPC concerns identified during the site assurance process is escalated to either the service Clinical Quality Group (CQG) and/or IPC Lead. Where risks are considered significant a specific risk assessment in undertaken with an action plan to address the concern. All sites have adequate provision of suitable hand-washing facilities and products.

		Cleaning schedules are in place at all sites and align to Control of Substances Hazardous to Health (COSHH).
3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance		
Criteria	**Met?**	**How do we meet this criteria?**
Providers should be able to demonstrate that prescribing clinicians are able to diagnose and treat effectively common infections and document allergy status, reason for antimicrobial prescription, dose, route and duration of treatment.	Yes	This relates to our primary care services only and is monitored through supervision and documentation audits which are completed annually and recorded in the quarterly Quality Reports.
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		
Criteria	**Met?**	**How do we meet this criteria?**
Providers should make information available about their approach to prevention and control of infection, staff roles and responsibilities, and who people should contact where there are concerns about prevention and control of infection.	Yes	Services users are able to raise concerns via our website or directly via telephone, email or letter. All feedback from services users is managed internally by the individual teams and recorded either as feedback, concerns/complaints or incidents using the Datix system. Staff are able to raise IPC concerns directly through their line management or to any member of the leadership team. Staff raise and log IPC incidents using the Datix system. Feedback regarding IPC concerns are generally completed through staff 1:1s and where shared learning is considered appropriate, via Clinical Quality Meetings, Operational Service Meetings and ECAG. IPC risks are also identified through the annual site risk assessment process.
5. Ensure 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		
Criteria	**Met?**	**How do we meet this criteria?**
The primary medical care practitioner will provide initial advice and treatment when a service user under their care develops an infection, and will	Yes	Assessed through Datix incident/complaint reporting themes and individual cases resulting in harm.

assess any potential communicable disease control issues.		Following national and local IPC guidance and procedures identified within the organisational IPC 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		
Criteria	**Met?**	**How do we meet this criteria?**
The registered provider must ensure that every person working in the practice, including agency staff, locum staff, support staff, external contractors and volunteers, understand and comply with the need to prevent and control infections, including those associated with invasive devices.	Yes	Our revised training matrix identifies the need for all staff to complete level 1 IPC training as part of their onboarding – the guidance specifically refers to contractors and agency staff whose responsibility it is to complete the training ahead of starting in post or soon after starting. Here accepts IPC training completed at other healthcare organisations. Where this is not possible, service managers are asked to complete a risk assessment.
7. Provide or secure adequate isolation facilities. See note.		
Criteria	**Met?**	**How do we meet this criteria?**
Primary medical care facilities do not require dedicated isolation treatment rooms but are expected to implement reasonable precautions when a service user is suspected or known to have a transmissible infection.	Yes	Staff are expected to follow the procedure as outlined in the IPC policy
8. Secure adequate access to laboratory support as appropriate. See note.		
Criteria	**Met?**	**How do we meet this criteria?**
Primary care services should have access to a diagnostic microbiology and virology laboratory service.	N/A	This is provided via the practices/sites directly and is the responsibility of the practices/sites to maintain adequate access.
9. Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections		
Criteria	**Met?**	**How do we meet this criteria?**
See other points in relation to policies, risk assessment and training.		
10. Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection		
Criteria	**Met?**	**How do we meet this criteria?**

Risk assessments of need should be carried out for immunisation as described in 'Immunisation against infectious disease' (the 'Green Book') Access to an occupational health service should be available.	Yes	All new staff are required to provide evidence of sufficient immunisations relevant to their role and in line with the recommendations laid out in the Green Book ahead of starting in post. All new staff undergo an occupational health screen prior to starting.
Providers should hold an up-to-date record of relevant immunisation status.	Yes	Here staff files contain confidential information relating to immunisation status of all staff. Where this has been waivered, a completed risk assessment is also held on file.

11 Key Findings and Recommendations

Objectives set for 2023 have been outlined below with commentary regarding the status of progress in completing each objective. Any objectives not met have been detailed and included as part of the 2024 plan and are highlighted in blue.

11.1 Review of Objectives for previous period

Objective	Status	Update
2022		
Ratification of revised IPC Policy.	Completed	Uploaded and disseminated to all staff via My Compliance platform
Creating visibility of all IPC assurance mechanisms in place within and across all services and ensuring that shared learning is supported through the ECAG. Ensuring that learning is shared to all staff via communications/team meetings where appropriate.	Completed	Centralised site risk assessments visible to service leads and governance leads across the organisation. Annual report shared with all services for shared learning.
Create standardisation within the incident reporting process in terms of use of categories to enable more efficient visibility of IPC incidents across the organisation.	In progress	This has occurred within each service to standardise reporting processes but not across services. Datix is being reviewed to align with the rollout of PSIRF and alongside this, categories will be reviewed and agreed to enable all services to adopt the same approach.

Incident training for all staff to enable everyone to take responsibility to log incidents as they occur and create opportunities for shared learning and quality improvements. This will be part of the new Patient Safety Incident Response Framework rollout plan.	Completed and ongoing	In service training has been undertaken within APC and MSK services and further training will be rolled out as part of the PSIRF rollout expected to be in June/July.
Ensuring IPC compliance rates in line with new training matrix.	Completed	This was variable during the review of the training matrix, average compliance rates from June to Dec met threshold. Compliance rates have been maintained into 2024 and are continuing to be monitored through Quasar reporting.
Reviewing all employed, contracted and agency staff IPC training compliance rates and ensuring that all new starters have evidence of completion of this training ahead of starting in role.	Completed	This is captured in Power BI for all staff including contracted/agency staff.
Review of the medical devices policy and update of medical devices list used by Here clinical services.	Outstanding	The medical devices policy requires an update. The medical devices inventory is intended to be reviewed annual as part of the sites risk assessment process.
Ensure that the newbuild for APC is IPC compliant and any risks mitigated.	Completed	Risk assessment completed.
Create visibility of each service's audit cycle including IPC and the action plans associated with these.	Completed	These are recorded within the service quality reports.
Creating visibility of Quality Improvements as a result of IPC incidents	Completed	Improvements are shared as part of the Quality Reporting process for each service.

11.2 Findings and Recommendations from this report

Overall, infection control incidents have reduced again from the previous year.

The overall data indicates that IPC incidents do not represent an area of concern for Here but staff should be encouraged to continue to raise awareness around IPC issues and to log concerns appropriately so that they may be acted upon.

11.3 Plan for 2023/2024:

- To maintain IPC training compliance levels.
- To review medical devices policy.
- Review the current medical devices list as part of the annual site risk assessment process.
- Continue to encourage proactive incident reporting in order to capture IPC incidents.
- Standardise the Datix recording process across all service as part of PSIRF rollout.
- IPC lead role will be held by the Here Lead Nurse, Pippa Halley as of April 2024.