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Walsall Healthcare  
NHS Trust

# Infection Prevention & Control Annual Report 2022/23

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To deliver exceptional care together to improve  
the health and wellbeing of our communities



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## 1.0. Executive Summary

- The Annual Infection Prevention and Control (IPC) Report reports on infection prevention and control activities within Walsall Healthcare NHS Trust for April 2022 to March 2023. The publication of the IPC Annual Report is a requirement to demonstrate good governance, adherence to Trust values and public accountability.
- The following organisms are subject to mandatory reporting. These are MRSA, MSSA, Clostridioides difficile and Gram-negative bloodstream infections (Escherichia coli, Klebsiella species, Pseudomonas aeruginosa).
- The Trust has achieved the planned infection prevention and control activities outlined in the annual programme 2022/23 including planned audits, education sessions and undertook additional duties to support the Trust in response to the COVID-19 pandemic and other outbreaks.
- The Trust experienced 1 case of MRSA bacteraemia during 2022-23 against a target of zero.
- There were 50 Toxin positive reportable cases of Clostridium Difficile (C. diff) against a trajectory of no more than 27 cases.
- Mandatory surgical site surveillance was completed in elective orthopaedic hip and knee replacements for 1 quarter; no infections were identified.
- During 2022/23 the COVID-19 pandemic continued to challenge the IPC team and Trust wide services, posing additional demand in the prevention and control of infection within healthcare premises.
- Compared to 2021/22 endemic organism rates increased such as Norovirus, Influenza A and B; outbreaks and closures due to these impacted Trust wide services.
- The Trust is currently rated Green by NHS England and Improvement for Infection Prevention and Control. The Trust received very positive feedback for progress in standards of IPC which granted the green score from previous amber in 2021/2022.

## 2.0. Introduction

Healthcare Associated Infections (HAIs) can cause harm to patients, compromising their safety and leading to a suboptimal patient experience and increased length of stay in hospital. Maintaining low rates of HAIs remains a cornerstone of the Trust's approach to providing safe, high-quality care across all the services. The Trust has been working hard to improve infection prevention and to raise the rating by NHSE to green. This report acknowledges the hard work and diligence of all grades of staff, clinical and non-clinical who play a vital role in improving quality of patient experience as well as helping to reduce the risk of acquiring an infection. Additionally, the Trust continues to work collaboratively with a number of external partners as part of its IPC and governance arrangements.

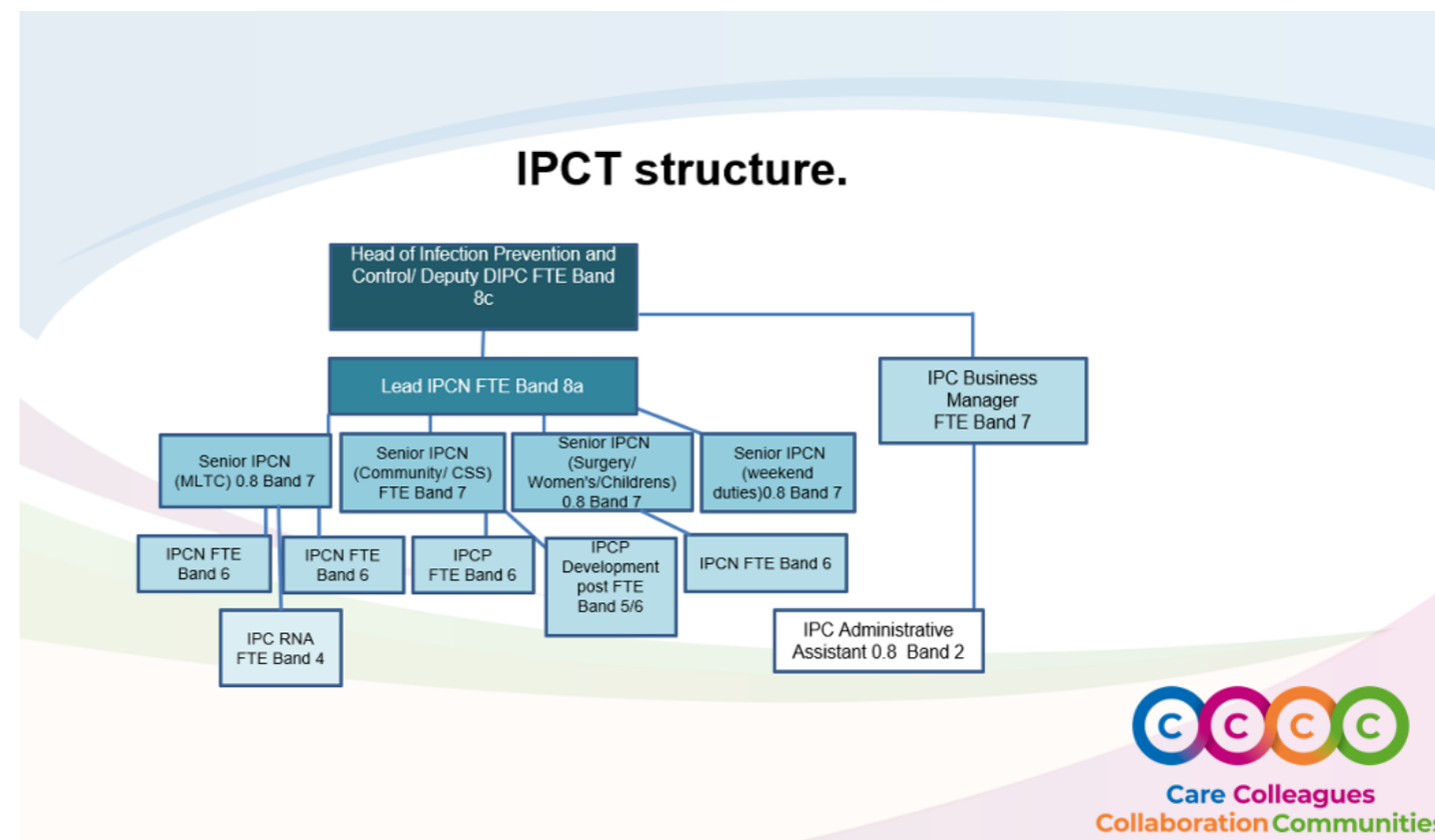
## 3.0. Reporting arrangements

The Infection Prevention & Control Team (IPCT) is based at the Manor Court.

The team works closely with all Trust colleagues and external contractors to support a vision of no person being harmed by a preventable infection. The service provides IPC support to Walsall Healthcare NHS Trust. In addition, they work closely with Walsall Council's Health Protection team and the ICB Health Protection Team to deliver a health economy approach to infection prevention strategies.

The role of Director of Infection Prevention and Control (DIPC) is undertaken by the Trust's Director of Nursing who reports directly to the Deputy Chief Executive and Chief Executive on matters pertaining to infection prevention and control in line with the requirements of the Health and Social Care Act 2008. The role of Deputy DIPC is undertaken by the Head of Infection Prevention and Control.

The Infection Prevention and Control Committee (IPCC) is chaired by the DIPC or Deputy DIPC and met monthly during 2022-2023.



## 4.0. IPC team structure

The IPC team structure for 2023 is detailed below. 2022-23 has focused on introducing a wider range of roles into the team structure to reflect that infection prevention is everyone's responsibility. This has led to expanding recruitment opportunities for Infection Prevention Practitioners (Nursing and Midwifery Council Registrants/ HCPC registration or General Dental Council registration). In 2022, a dental nurse commenced in the IPCT structure, expanding the education portfolio for the team, particularly with a focus on preventing pneumonia. At the end of 2022, a clinical nurse fellow commenced in the team, leading to working closely to champion IPC education for CFNs. In March 2023, a novel role into IPC commenced at Walsall Healthcare; a Nursing Associate, focusing on infection prevention at the front door. As recruitment opportunities arise, the Infection Prevention Practitioner position will continue to be advertised for 2023-24.

2022-23 observed great development for the IPCT and a good example of "growing our own." The newly appointed Lead Nurse in 2022 had initially commenced in the team as a Band 5 Infection Prevention Nurse, developing as a Band 6 IPCN and Senior IPCN during the COVID-19 pandemic. Two IPCNs during the financial year were also successful in appointments to Senior IPCN positions. The team provide a robust development programme for Infection Prevention Practitioners, following the Infection Prevention Society competency framework and contributing to regional development programmes. The team also lead a CPD event for Infection Prevention Practitioners in Walsall and Wolverhampton with a "Thinking Thursdays" programme.

## 5.0. Links to Clinical Governance/Risk Management/Patient Safety

The DIPC is a member of the Quality, Patient Experience and Safety Committee and Infection Prevention and Control specialists attend the Health and Safety Committee and Divisional Quality Boards.

Monthly reports are prepared by the IPCT and presented to the IPCC, the Quality, Patient Experience and Safety Committee and the Board. Ad hoc reports and audit requests are also undertaken to meet service requirements.

## 6.0. Infection Prevention and Control Committee (IPCC)

The role of the IPCC is to provide strategic direction for the prevention and control of Healthcare Associated Infections (HCA

I) in Walsall Healthcare Trust. The committee members ensure a confirm and challenge approach and assurance that the Trust meets the requirements and mandates of the National Infection Prevention and Control Standards and the Trust's own policies and procedures. It ensures that there is a strategic response to new legislation and national guidelines. In addition, the committee seeks assurance from the divisions and ensures compliance with the Health and Social Care Act 2008. Terms of reference (ToR) for the IPCC can be found in Appendix 1.

Compliance with The Health and Social Care Act is measured using the hygiene code. This is routinely assessed at Infection Prevention and Control Committee via the IPC Board Assurance Framework (BAF) updates. The Deputy DIPC at Walsall Healthcare has been working as part of a National IPC group in the development of a new "business as usual" infection prevention BAF. This is being launched in financial year 2023-24.

## 6.1. Decontamination Group

The Hospital Sterilisation Disinfection Unit (HSDU) is a purpose-built building that is situated opposite the main hospital. The HSDU is ISO 13485:2016 accredited and provides a service to Walsall Healthcare and the Community. The HSDU is audited on a yearly basis by our external auditors, who provide an inspection, verification, testing and certification company. In addition, the Trust conducts monthly internal audits undertaken by our own trained internal auditors. This assurance process includes yearly management review meetings to address non-conformances, supplier failures, quality performance, education & training, customer feedback, Medicines Health Products and Regulatory Authority (MHRA) alerts, water safety and any new legislation. Discussions also take place regarding any departmental changes and improvements that can be made to the service. This review is reported to the external auditors and quarterly to IPCC.

The HSDU provides decontamination services (over 7 days) throughout the Trust with the main customers being Theatres.

The HSDU also provides an endoscope decontamination service for Endoscopy, ENT, Urology and Theatres (over 6 days) which was Joint Advisory Group on Gastrointestinal Endoscopy (JAG) accredited in April 2019.

Decontamination group meetings take place quarterly and cover all aspects of decontamination throughout the Trust and reports to IPCC.

## 6.2. Antimicrobial Stewardship

Antimicrobial resistance (AMR) arises when the organisms that cause infection evolve ways to survive treatments. The term antimicrobial includes antibiotic, antiprotozoal, antiviral, and antifungal medicines.

Resistance is a natural biological phenomenon but is increased and accelerated by various factors such as misuse of medicines, poor infection control practices and global trade and travel.

This is a particular concern with antibiotics. Many of the medical advances in recent years, for example, organ transplantation and cancer chemotherapy need antibiotics to prevent and treat the bacterial infections that can be caused by the treatment. Without effective antibiotics, even minor surgery and routine operations could become high risk procedures if serious infections can't be treated.

The UK's 20-year vision and 5-year national action plan on AMR 2019-2024 were co-developed across government, its agencies, the health family and administrations in Scotland, Wales and Northern Ireland with support from a range of stakeholders. The national action plan builds upon the UK 5-year AMR strategy (2013 to 2018) and sets out the first step towards the UK's vision for AMR in 2040. It focuses on three key ways of tackling antimicrobial resistance:

- Reducing need for, and unintentional exposure to, antimicrobials
- Optimising use of antimicrobials; and
- Investing in innovation, supply and access

The plan also sets out key measures of success to ensure progress towards the 20-year vision which include:

- Halve healthcare associated Gram-negative blood stream infections
- Reduce the number of specific drug-resistant infections in people by 10% by 2025
- Reduce UK antimicrobial use in humans by 15% by 2024

Be able to report on the percentage of prescriptions supported by a diagnostic test or decision support tool by 2024

### Antimicrobial Stewardship Team (AMST); governance and reporting

The Antimicrobial Stewardship Team consists of Dr Plant (Antimicrobial Clinical Lead) and 2 x 0.5WTE Lead Antimicrobial Pharmacists.

#### Governance and Reporting:

The AMST meet weekly and report monthly to the Medicines Management Group which is chaired by the Chief Medical Officer. The AMST also provides clinical governance support to the Outpatient Parenteral Antimicrobial Treatment (OPAT) team in the form of virtual ward-rounds and critical review of OPAT referrals from in-patients.

The Antimicrobial Pharmacists participates in a regional antimicrobial pharmacist forum and monthly meetings which feed into a national group.

A written report is provided to the Medicines Management Group, IPCC and to the Medicine and Surgical Divisional Quality Boards.

#### Clinical ward rounds:

There is a daily consultant microbiologist ward round Monday-Friday, and a weekly Clostridioides difficile ward round.

There are 3 antimicrobial stewardship time out ward rounds a week on ward 11, 1 and 4 as well as OPAT MDT described above.

#### Antimicrobial Stewardship Strategy 2023/2024:

The Trust has an Antimicrobial Strategy which provides a framework to support appropriate antimicrobial use across the organisation.

The Trusts Antimicrobial priorities into 2023/2024 include:

- A new Trustwide drug chart will be rolled out Spring 2023, the AMS team have completed a substantial revision that will enable the drug chart to be used as a tool to ensure appropriate antimicrobial review. A key priority of the team will be to ensure effective use of this drug chart
- The 2023/24 CQUIN for IV to PO switch is a key priority for the AMS team and IPC, data collection will be commencing in May 23
- Completing regular review of MicroGuide continues to be a key priority of the AMS team
- The team conduct bi-monthly point prevalence studies to assess the documentation of allergy, nature of allergy, documentation and indication of antibiotics on the drug chart
- The team continue to monitor, feedback and investigate the consumption of watch and reserve antibiotics.

**AMST activity feedback 2022/23**

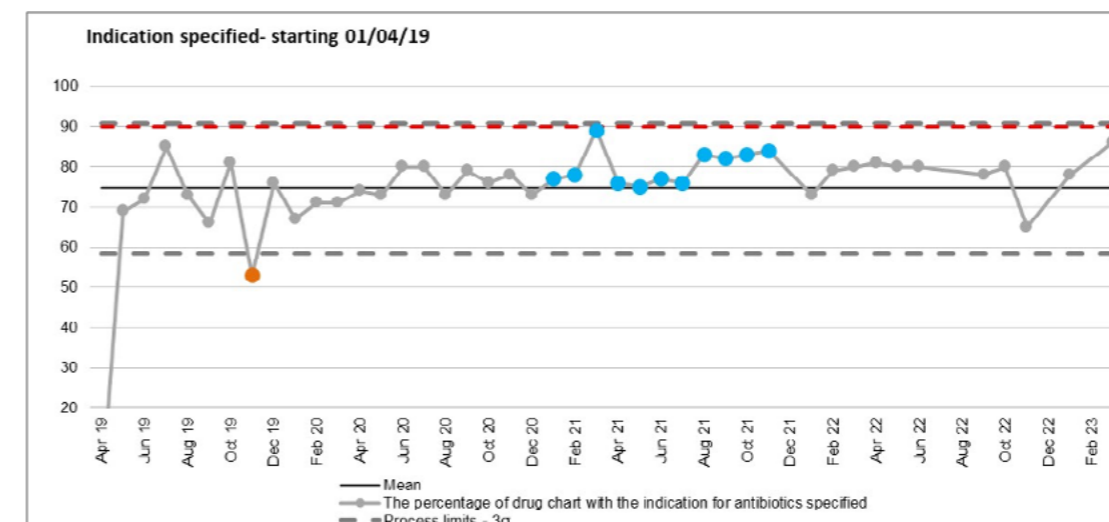
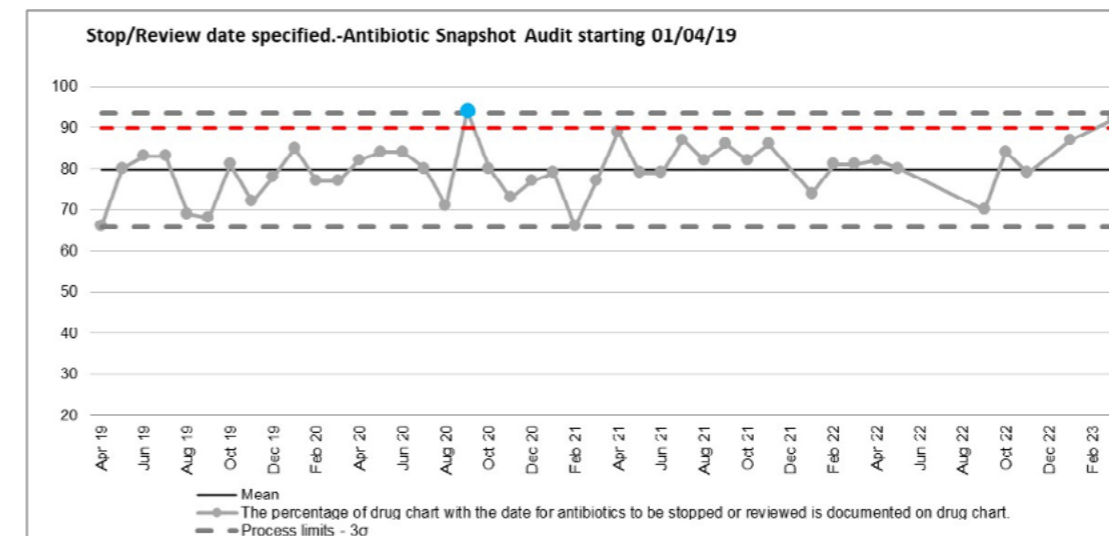
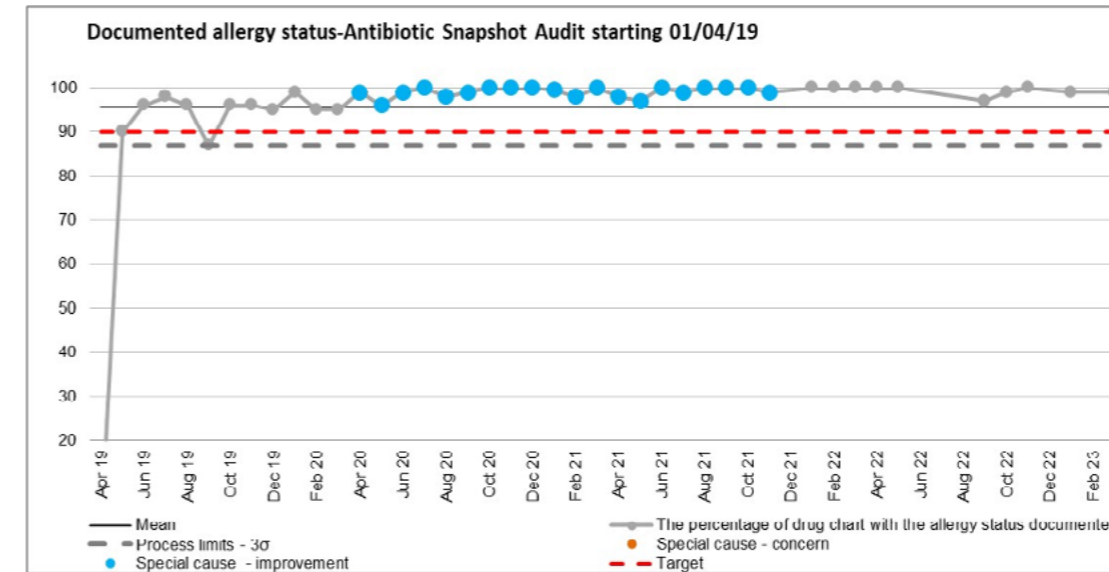
OPAT patients reviewed and associated cost savings 2022:

Month	SPA	CIT sel	Allied	Acute	Acute	GP	Front D	A&E U	Days sa	Money	Total	new re	Curren
January	2	3	2	5	6	2		0	222	99,900	27	20	7
February	4	0	0	2	3	5		0	134	60,300	15	14	1
March	2	2	4	1	2	4		3	212	95,400	21	18	3
April	4	0	0	6	2	1		3	140	63,000	21	16	5
May	5	0	2	3	2	2		0	193	86,850	20	14	6
June	5	0	0	8	0	0		0	96	43,200	15	13	2
July	9	0	1	4	1	1		0	140	63,000	18	16	2
August	1	0	0	7	0	2		0	99	44,550	13	10	3
September	1	1	1	8	6	1		2	131	58,950	22	20	2
October	4	1	0	4	3	4		0	184	82,800	18	16	2
November	4	0	1	4	2	3		0	200	90,000	19	14	5
December	0	1	0	6	1	3	2	1	214	96,300	20	14	6
<b>Total</b>	<b>41</b>	<b>8</b>	<b>11</b>	<b>0</b>	<b>28</b>	<b>28</b>	<b>2</b>	<b>9</b>	<b>1965</b>	<b>884,250</b>	<b>229</b>	<b>185</b>	<b>44</b>

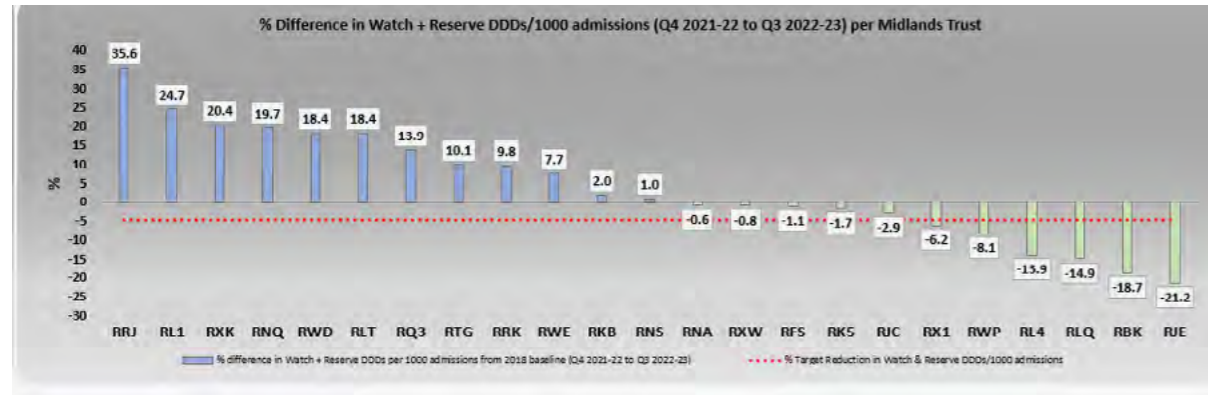
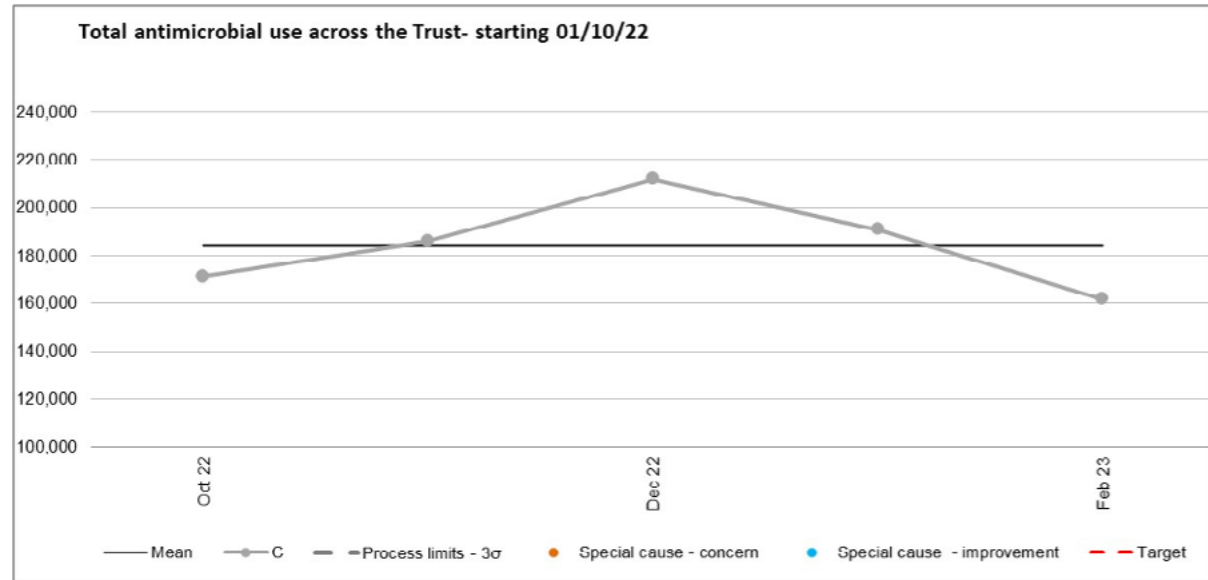
**Results from 2022/23 Point Prevalence Audit**

The AMST have 3 KPI's with regards to appropriate antimicrobial prescribing:

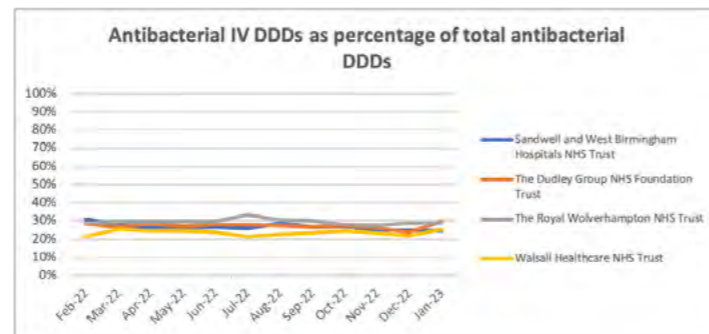
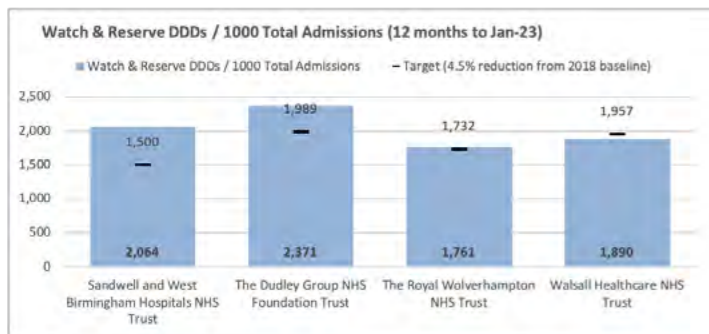
1. 100% of drug charts to have an allergy status
2. 90% of antibiotic prescriptions to have documented indication on the drug chart
3. 90% of antibiotic prescriptions to have a documented duration on the drug chart



Antimicrobial consumption data:



Walsall's target to reduce Watch and Reserve is -4.5% from baseline, we are achieving -18.66%



Regional comparisons of consumption show high performance at Walsall for meeting the Watch and Reserve targets and favourable IV to PO switch ratios.



Quality Improvement Projects

AMST have set up the following QI projects which are ongoing at the Trust:

UTI QI project: Multidisciplinary project involving junior doctors, AMS pharmacists, IPC nurse, consultant microbiologist, IPC nursing associate to improve the diagnosis and management of UTI at the Trust

CAP QI project: Multidisciplinary project involving junior doctors, ward pharmacists, AMS pharmacist, consultant microbiologist, IPC nursing associate to improve diagnosis and management of CAP on acute ward areas

In addition to the above mentioned workstreams a formalised program of teaching is in place for AMS for junior doctors, pharmacists, grand round, NMPs and community nurses, as well as teaching sessions on request for clinical teams.

The Infection Prevention Team and AMS team delivered bespoke education on Antimicrobial Stewardship in November to coincide with the international stewardship campaign. This included a promotional stand at the Trust and delivering direct 1:1 education with 70 members of clinical staff.

## 6.3. Water Safety group

The Water Safety Group provides a forum in which people with a range of competencies can be brought together to share responsibility and take collective ownership for ensuring water related hazards are assessed and monitoring/control measures developed and instigated.

The aim of the Water Safety Group is to ensure the safety of all water used by patients, visitors, relatives and staff, to minimise the risk of infection associated with waterborne pathogens across WHT estate.

The Group meet on a monthly basis and work closely with the Infection Prevention & Control Team. The group's remit is to:

- Ensure the Water Safety Plan is reviewed.
- Review and action risk assessments and other associated documentation.
- Review new builds, refurbishments, modifications and equipment and ensure they are designed, installed, commissioned and maintained to the required standards.
- Ensure maintenance and monitoring procedures are in place.
- Surveillance of environmental monitoring, specifically in respect of determining water sampling requirements and agreeing location of augmented areas.
- Ensure augmented units within the Trust are tested monthly and results are reviewed and actioned as required.

The remit will include all elements as per Section 6.9 of Health Technical Memorandum 04-01 Part B 2016.

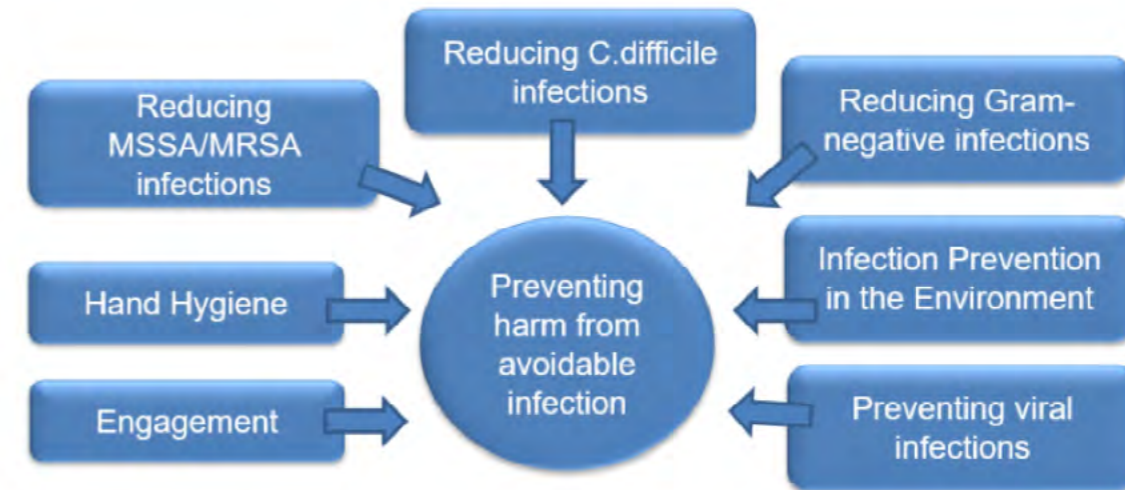
## 6.4. Assurance Framework for Infection Prevention and Control

The framework can be found in Appendix 3 and demonstrates the reporting structure for the IPCC.

## 7.0 Annual work plan 2022-23

An annual work plan runs throughout the financial year; it is prepared by the IPCT, agreed each year by the IPCC and approved by the Board. The programme for 2023-24 can be found in appendix 4.

The annual programme for 2022-23 had a set of strategic objectives which linked to the Hygiene Code:



Each strategic objective and actions have been reviewed to assess progress and objectives for the 2022-23 programme.



## 7.1 2022-23 Strategic Objective: Hand Hygiene

Most health care associated infections are preventable through good hand hygiene practices. The IPCT continues to promote hand hygiene standards throughout their programme of work and delivered an updated hand hygiene campaign during May 2022 to coincide with the World Health Organisation Hand Hygiene Day. This was combined with promotion of personal protective equipment with a particular focus on the Glove Aware campaign. This was delivered in collaboration with the Occupational Health Team to ensure the messages promoting reduction of glove use included the importance of skin health in health care workers in addition to messages of sustainability in preventing transmission of infection.

Hand hygiene audits are completed by the IPC team every quarter and reported to the IPCC. The observations last between 5 and 20 minutes and ward staff are not made aware the observations are being completed.

These observations are a snapshot of practice and may vary depending on workload, staffing levels, staff present in the department and number of staff observed. It can be difficult in some areas to observe whether hand hygiene takes place prior to or during some procedures and therefore observations are based on easily observed practice.

Audits throughout the financial year demonstrated sustained standards of hand hygiene amongst staff groups following educational campaigns from the IPC team and departmental level support provided. March 22 to December 22 showed sustained practice, however March 23 showed a decrease in performance.

The audit is based around the World Health Organisation (WHO) five moments of hand hygiene.

### Comparison of Compliance scores from IPCT audits.

February 2023 released a revitalised campaign in collaboration with NHSE regional "Take your gloves off" strategy, preventing inappropriate use of gloves in clinical settings. The IPCT launched "reasons to fall out with gloves" which has expanded in to a wider supportive piece, where education has been provided during Sustainability Lunch Hour, Trust nursing and AHP forums, Grand Round and CDs meetings.

	Mar 22	June 22	Sept 22	Dec 22	Mar 2023
All Doctors	93%	97%	91%	90%	89%
Registered nurses	91%	97%	97%	95%	86%
Clinical support workers	95%	98%	99%	96%	86%
Students and cadets	93%	98%	96%	93%	85%
Other Staff	97%	99%	96%	96%	84%
Trust score	<b>94%</b>	<b>98%</b>	<b>96%</b>	<b>94%</b>	<b>86%</b>

#### Visual Infusion Phlebitis (VIP) Score

Any dressings/bandages covering the visibility of the cannula site need to be removed to effectively complete a VIP score. When VIP score is complete, if still needed a new secondary dressing will need to be placed.

VIP Score	Signs	Picture
<b>0</b> No signs of phlebitis	IV site appears healthy	
<b>1</b> Possible first signs of phlebitis	One of the following is evident: - Slight pain near IV site - Slight redness near IV site	
<b>2</b> Early stages of phlebitis	Two of the following are evident: - Pain near IV site - Erythema - Swelling	
<b>3</b> Medium stages of phlebitis	All of the following are evident: - Pain along path of cannula - Erythema - Induration - Palpable venous cord	
<b>4/5</b> Medium stages of phlebitis	All of the following are evident and extensive: - Pain along path of cannula - Erythema - Induration - Palpable venous cord, pyrexia	

See MicroGuide for treatment advice un...  
Modified from BO Training Package and Andrew Jackson IPCT Standards 1  
Images supplied by Calderdale and Huddersfield Infection

#### Peripheral Vascular Devices: Ongoing care and monitoring

>80% of patients require therapy through an IV cannula up to 15% of these patients with cannulas get a cannula related infection. Cannula related infections for just 0.6% HCAI but have a much higher mortality rate than other HCAI. There are a number of risks associated with intravenous cannulation which include phlebitis, sepsis due to line infection, infiltration, haematoma, extravasation and embolus.

**For all cannula insertions follow ANTT procedure to prevent infection**

#### Ongoing care

- Hand hygiene prior to patient contact
- Non touch aseptic technique every intervention
- Minimise manipulation
- Ensure cannula semipermeable dressing that allows the site to be observed is clean and intact and dated
- If dressing changed, date with day cannula was inserted
- Avoid use of secondary dressings as this impacts on ability to VIP score
- Do not reconnect giving sets once disconnected from cannula
- Remove as soon as possible (when IV medication or IV fluids stopped)

Correct insertion technique and regular observation of the site minimises the risks associated with PVD

#### Walsall Healthcare NHS Trust Bugbuster Special

August 2022

#### on Touch Technique

The theory and practice framework (NICE 2012). The same and from venepuncture and cannulation to complicated surgical the aim of ANTT is always asepsis. It is used for all invasive art & Key-Site Protection.

**Did you Know.....**

ANTT guides can be found on the Infection control Teams page for both acute and community settings, there's also an ANTT policy on the intranet

#### The ANTT-Approach

- Risk Assessment**  
Select standard or special ANTT according to the infection risk of activity/area
- Manage the Environment**  
Aseptic technique
- Decontaminate & Protect**  
Hand hygiene, personal protective equipment (PPE), disinfecting equipment, surfaces and Key-Sites
- Use Aseptic Fields**  
General, Critical and Micro Critical Aseptic Fields, protect Key-Ports & Key-Sites
- Use Non-Touch Technique**  
Key-Ports must not be in contact with other Key-Ports & Key-Sites
- Prevent Cross Infection**  
Sign movement, physical, geographical barriers & hand hygiene

## 7.2 2021-22 Strategic Objective: MSSA/MRSA Reduction

The IPC team provided education across clinical areas to prevent infections associated with indwelling devices. This included developing newsletters to teach staff on aseptic technique and best practice with indwelling devices and promoting educating with an up-to-date visual resource on visual infusion phlebitis (VIP) scoring. Face to face education on VIP scoring was provided to 202 clinical staff during the year with additional education provided during local audit cycles.

The IPCT incorporated MRSA screening and decolonisation education in the focus of the month theme. Face to face education on this topic was provided to 103 clinical staff during July 2022 with additional ad-hoc educational sessions provided as part of audit cycles.



## 7.3 2021-22 Strategic Objective: Surgical Site Infection (SSI) Surveillance

Members of the IPCT contribute with their expertise to the Trust SSI group, focusing on interventions based on NICE guidance and the One Together Framework. Outcomes of the group are presented to the IPCC. The surgical division also introduced a surgical site infection surveillance nurse to support with their improvement projects, supported by the IPC team.

The Trust Deputy DIPC is the chair of the Clinical Product Evaluation Group (CEPG); this group has commenced a variety of projects including introduction of products to improve elements to prevent the incidence of SSI, including antimicrobial sutures, patient temperature monitoring and patient perioperative warming strategies.

Further details on surgical site infection can be found in section 8 of the report.

Walsall Healthcare NHS Trust

July 2022

### MRSA screening and decolonisation.

Staphylococcus aureus is a bacteria that colonizes human skin, nasal passages, and the mouth. Between 10% and 30% of the population may carry this organism without any ill effects. Methicillin Resistant Staphylococcus aureus (MRSA) is a Staphylococcus aureus that has developed resistance to some antibiotics. More than 60% of all MRSA detected is found at or just before admission.

<p><b>Screening criteria:</b> Screening is completed on all adult emergency and elective admissions. Paediatrics need to screen if child is considered high risk and maternity screen all women who undergo a caesarean section or are considered high risk. <u>Use the WHITE looped swabs for MRSA (two swabs in one tube)</u></p> <ul style="list-style-type: none"> <li>• A nasal swab</li> <li>• Axilla swab</li> <li>• Groin swab</li> </ul> <p>Additional specimens are required only for patients with other risk factors</p> <ul style="list-style-type: none"> <li>• Wounds or ulcers including pressure ulcers</li> <li>• Intravascular device site if a patient admitted or transfers with one in situ</li> <li>• Sputum specimen if productive cough present</li> <li>• Catheter specimen of urine if patient is admitted or transfers with urinary catheter in situ</li> <li>• Swabs of other invasive devices (PEG, Hickman lines etc.)</li> <li>• Axilla swab for breast surgery cases (one swab for both sides)</li> </ul>	<p><b>How to administer decolonisation treatment:</b></p> <p><u>Chlorhexidine surgical scrub (Hibiscrub) or Octenisan if child, fragile skin, or skin conditions</u></p> <ul style="list-style-type: none"> <li>• To be used once a day as a soap and shampoo substitute washing from head to toe for five days. Hair should be washed on day 1 and day 3 of treatment.</li> <li>• The solution should not be diluted but used straight onto a sponge or face cloth.</li> <li>• The solution should be left in contact with the skin for at least 1 minute before rinsing it off.</li> <li>• Dry skin afterwards with a clean towel.</li> </ul> <p><u>Bactroban nasal ointment or Octenisan nasal gel</u></p> <ul style="list-style-type: none"> <li>• To be applied to the inside of both nostrils three times per day for five days. The patient may be able to administer for themselves, if not remember to wear gloves for this procedure.</li> <li>• Wash your hands prior to applying ointment.</li> <li>• Unscrew the cap and squeeze a small amount of ointment (about the size of a match head) on to your little finger (a cotton bud may be used).</li> <li>• Apply ointment to the inside of both nostrils.</li> <li>• Close nostrils by pressing the sides of the nose together it to spread the ointment inside each nostril.</li> <li>• Wash your hands and replace the cap on the tube.</li> </ul>
<p><b>Taking and MRSA screen:</b></p> <p>Use White top swabs (these are for MRSA swab collection only) Do not pre moisten the swabs prior to collecting the sample or remove any fluid from the container</p> <ul style="list-style-type: none"> <li>• using the pink swab, take nasal samples and insert the swab into the tube, please do not try to break off the swab</li> <li>• using the white swab take the axilla and groin samples, insert swab into the tube</li> <li>• remove the pink swab from the tube and discard</li> <li>• break off the white swab at the marked breaking point</li> <li>• replace the cap on the tube and secure tightly.</li> <li>• Label and send to the laboratory</li> </ul>	<p><b>General Infection Prevention measures:</b> MRSA is mainly spread via hands, on equipment and via the environment. Prevention of cross infection to other patients is important:</p> <ul style="list-style-type: none"> <li>• Isolation in a single side- room if available</li> <li>• Contact isolation in open ward is acceptable if no side room available.</li> <li>• Use of aprons when health care workers have direct contact, gloves only if bodily fluid exposure.</li> <li>• Correct disposal of personal protective equipment in clinical waste bin after intervention and on leaving isolation room.</li> <li>• Thorough hand washing before and after contact, before leaving the isolation room or after leaving bed space.</li> <li>• Decontamination of equipment after each use.</li> <li>• All bed linen should be changed at least once per day.</li> </ul>
<p><b>Re screens and repeat decolonisation treatments</b></p> <ul style="list-style-type: none"> <li>• Patients should be re-screened 48 hours after decolonisation treatment has been completed (nasal and groin).</li> <li>• If the screen is still positive a second course of decolonisation should be given.</li> <li>• If after this second course the re screen is still positive the microbiologist should be contacted to discuss alternative treatments.</li> <li>• Wounds that are positive should be assessed and dressed with an appropriate antimicrobial dressing.</li> <li>• Rescreens of wounds are not required unless the wound clinically is not improving.</li> <li>• When patients are transferred to another ward area a full screen must be completed unless a screen has been completed in the previous 7 days or the patient is already on decolonisation treatment.</li> <li>• Where patients remain on the same ward for more than 28 consideration of need for rescreening should be discussed with IPCT.</li> <li>• Patients discharged to Nursing homes should be screened at least 72 hours prior to discharge</li> </ul>	<p><b>NEW: MRSA Decolonisation Sticker QI – IPC team</b> A sticker has been developed to support correct and timely prescribing of decolonisation treatment for MRSA. This is now in full implementation with the support of prescribers across the areas. Findings will be shared around January 2023 at IPCC.</p>

If you are unsure of what you need to do if your patient is found MRSA positive, please contact Infection Prevention & Control Team or refer to the MRSA policy which is available on the intranet.

## 7.4 2021-22 Strategic Objective: C.difficile reduction

Themes from C.difficile post infection reviews are articulated from divisions at IPCC to share learning. Antimicrobial stewardship reports are shared monthly at IPCC, with AMS actions highlighted earlier in the report.

The IPCT deliver focused C.difficile education sessions across the acute hospital and community services on request and in response to C.difficile audit cycle following on from the initial focus campaign in quarter one.

Following a thematic analysis of C.difficile cases in January 2023, a C.diff event was organised and delivered by the IPCT to 63 clinical staff. The sessions focused on themes identified for learning across the organization. Excellent feedback was received and plans made for financial year 23-24 for further events. The thematic analysis also triggered an updated campaign on stool sampling, promoting to test on the first episode of type 5-7, to ensure patients with infectious diarrhoea are clinically managed as soon as possible for the best outcomes.

An MDT review is undertaken on a weekly basis between IPC, ward clinician, consultant microbiologist and antimicrobial pharmacist for current inpatients with C.difficile, to ensure the patient is receiving optimum treatment and correct measures are in place.

Further details of C.difficile cases throughout the financial year can be found in section 8 of the report.

Does your patient have a NEW onset of diarrhoea symptoms? (Type 5-7)

**Type 5**  
Soft blobs with clear-cut edges (passed easily)

**Type 6**  
Fluffy pieces with ragged edges, a mushy stool

**Type 7**  
Watery, no solid pieces, entirely liquid

**Suspect infectious cause if:**

- The patient has not had an enema or laxatives in the last 24 hours
- Symptoms are not clearly attributable to an underlying condition (e.g. inflammatory bowel disease/overflow) and infectious cause has not recently been ruled out from previous sampling

**+**

- Isolate the patient from 1st episode of diarrhoea

**POT IT. SEND IT. REPORT IT.**

Waiting for multiple episodes of diarrhoea before isolating a patient can increase risk of transmission of infectious diarrhoea to other patients. Not sending a sample from the first episode of diarrhoea can lead to delayed diagnosis and poor patient outcomes.  
**DON'T DELAY! SEND THE SAMPLE TODAY**

To deliver exceptional care together to improve the health and wellbeing of our communities



# 7.5 2021-22 Strategic Objective: Gram-negative infection reduction

Different members of the IPCT are project leads focusing on reduction of Gram-negative infections, including urinary tract infections and healthcare acquired pneumonia. A procurement project has commenced on the use of new catheterisation packs, aiming to maintain asepsis and prevent breaches in asepsis through contamination of key parts.

In January 2023, bespoke education on mouth care was provided directly to 52 clinical members of staff, with additional education provided at a local level. A business case has been submitted for a mouth care team at the Trust, with an aim to reduce the incidence of hospital acquired pneumonia through an education delivery plan and dental expertise to support care planning.

**Bugbuster** Walsall Healthcare NHS Trust

### Urinary Tract Infection (UTI) Catheter associated UTI (CAUTI) June 2022

UTIs are the most common healthcare-acquired infection. 43-56% of UTIs are associated with urethral catheters. 12-16% of hospital inpatients will have a urinary catheter at some time during their hospital stay. Approximately 17% of secondary nosocomial bloodstream infections are caused by catheter use, with an associated mortality of 10%. The risk of bacterial colonisation increases with the duration of catheterisation. Up to 30% of catheterised patients develop bacteriuria within 4 days and practically all catheterised patients demonstrate bacteriuria by day 30.

**Stages of UTI:**

- STAGE 1: Acute urinary injury
- STAGE 2: Acute bacterial infection
- STAGE 3: Ascending infection
- STAGE 4: Systemic infection
- STAGE 5: Complications

**Risk factors for UTI/CAUTI:**

- Female sex
- Older age
- Impaired immunity
- Longer catheterisation
- Peer ANTT during catheter insertion and ongoing care
- Position of catheter
- Lack/poor documentation
- Bowel problems
- Dehydration
- Poor personal hygiene

**Ongoing catheter care:**

- All catheterised patients require a CSU to be sent.
- Strict hand hygiene and correct use of PPE.
- Perform perineal care using soap and water.
- Keep the catheter and tubing from kinking and becoming obstructed and ensure to use stabilizer.
- Keep catheter systems closed when using urine collection bags or leg bags. Catheter bag to be below bladder level, empty catheter bag when 3/4 full and keep bag of the floor.
- Escape the implementation date to on their urine collection container.
- Ensure to disinfect the sampling port with alcohol swab before obtaining a sample. Ambulant patients should be encouraged to use leg bags.

**Current diagnosis - Bacteriuria and CAUTI**

Chronically catheterised patients have bacteriuria (bacteria present in the urine) 50% of the time. Bacteriuria is not the same as CAUTI. CAUTI requires presence of symptoms consistent with UTI.

**Signs and symptoms of UTI:**

- Urine smell
- Urine sediment
- Cloudy urine
- Purulent (white blood cells or WBC in the urine)
- Positive dipstick

**CAUTI Signs and symptoms:**

- Fever
- Rigors
- New confusion or functional decline (with NO alternative diagnosis)
- New suprapubic pain or costovertebral angle pain
- Acute pain, swelling, or tenderness of the testes, epididymis or prostate
- Purulent discharge from around the catheter

**Prevention measures:**

- Insert catheters only for appropriate indication.
- Leave catheters in place only as long as needed.
- Only properly trained persons insert & maintain catheter.
- Follow ANTT & use sterile equipment during catheterisation.
- Maintain a closed drainage system.
- Maintain unobstructed urine flow.
- Hand hygiene & standard precautions.
- Educate patients in relation to catheter care and personal hygiene.
- Hydration

**Monitoring and documentation:**

Document insertion information onto vitalpac including LOT number so faulty batch can be traced. Complete catheter passport and document in notes. All catheter care should be documented in vitalpac each shift. Drainage bag should be changed as per manufacturer's guidelines and PPE guidelines. If the nasal heparin catheter and drainage bag not broken then the drainage can be stay for 14 days. Urine specimen should be sent when catheter changed. If the patients undergo a program of decolonization, the catheter and drainage system should be changed.

**Bugbuster Special** Walsall Healthcare NHS Trust

### MOUTH CARE IN HEALTHCARE January 2022

Oral health is an important part of general health and wellbeing. Poor Oral Health has been linked to an increase in hospital-acquired infections such as hospital acquired pneumonia, poor nutritional uptake, longer hospital stays and increased care costs. Good oral health is also important for patient safety, dignity, and ability to communicate and is a key element of compassionate care.

**How to assess a patient's mouth:**

- Lips: Pink & moist
- Tongue: Pink, moist & clean
- Teeth & gums: Clean, teeth are not broken or loose. Gums are not bleeding / inflamed
- Cheeks / palate / under tongue: Clean, saliva present & looks healthy
- Dentures: Clean & comfortable. It is important that both the dentures and the mouth are cleaned daily.

**Remember for patients that are in Hospital for more than 24 hours:**

- Check if the patient has mouth care products with them (toothbrush, toothpaste and denture products).
- Ask if they have any oral health problems and assess yourself using a light source. Record your findings in the Nursing Assessment Document.
- Assess the level of support which is needed for daily mouth care.
- Escalate any mouth care or oral problems.

**How to Clean a Denture:**

- Clean Dentures morning and night.
- Use mild liquid soap and soft toothbrush. **Don't use toothpaste.**
- Brush all surfaces of the denture and rinse with cold water.
- Don't forget to clean the patients' gums and tongue with a soft toothbrush.
- Take dentures out before going to sleep. Store dentures in water overnight.

**How to brush teeth:**

- Use a pea sized amount of toothpaste.
- Aim the toothbrush at an angle towards the gumline.
- Use a gentle circular motion.
- Repeat on the inside surfaces.
- Use a back-and-forth motion on chewing surfaces. Spit and don't rinse!

**Pathogenesis and Prevention of HAP:**

**PATHOGENESIS:**

- Dental plaque provides microhabitat
- Flap-like SOG24 bars
- Genus in mouth
- Aspirated
- Mouth care routine
- 40% of healthy adults micro aspirate in sleep
- Weak host
- Prose cough
- Immune suppression
- Multiple co-infections

**PREVENTION:**

- Comprehensive oral care
- Oral care protocol that includes all patients
- Swallow reflexes
- Tube feeding protocols
- Head of bed elevated
- Long oral care protocol
- Adequate nutrition
- Reduce glucose target range

**Prevent HAP**

# 7.6 2021-22 Strategic Objective: Infection Prevention in the Environment

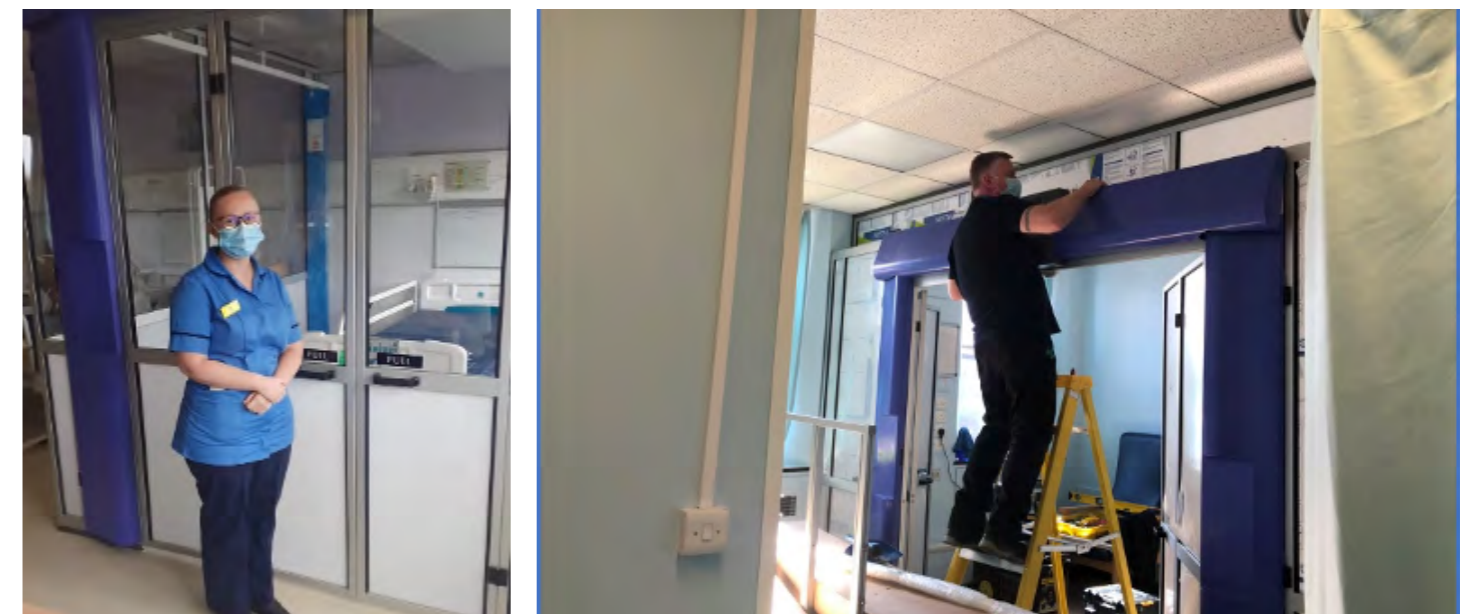


On 14th April 2022, 134 Rediair units were delivered and installed at the Trust.

Rediair is an instant air purification device. Capturing particulates, odours and 99.995% of airborne pathogens. The units have dual HEPA 14 and carbon filters.

Following installation, a qualitative assessment of staff feedback was undertaken with positive results, including staff feeling that the Trust were investing in their safety at work. This encompassed an improvement project led by the Infection Prevention and Control team on "What's your IaQ?- improving indoor air quality". This was a poster presentation at the National Infection Prevention Society conference and with wider invites to present at a National Decontamination conference.

In Quarter 1 of 2022-23, installation of 9 Bioquell segregation pods had taken place across the modular block and acute medical unit. This increased capacity to isolate patients with different infections but continues to enable visibility of patients.





The IPCT have been supporting divisions and estates teams with refurbishment projects across the Trust to improve environmental IPC standards, including for maternity, Wards 16 and 17. IPCT influence for the wards enabled improved spacing between beds to reduce risk associated with droplet/aerosol transmission and bathrooms within bays to reduce risk associated with enteric transmission, in addition to an overall improvement to the fabric of the estate to enhance IPC standards.

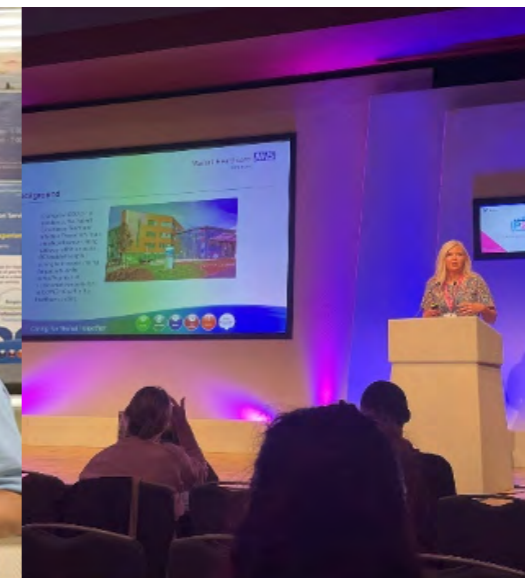
Throughout the financial year, members of the IPCT were involved throughout each stage of project work for the new Urgent Emergency Care Centre (UECC). Benefits of the new building for infection prevention include:

- A decontamination suite and isolation facility in the new ED for patients presenting with high consequence diseases (HCID)
- Ability to isolate multiple patients when they first present to hospital whilst still maintaining high visibility of patients
- Optimal mechanical ventilation systems to support isolation for patients presenting with infections and positive pressure rooms for protective isolation
- HTM compliant hand wash basins with minimal splash and Rada sensor taps, enabling frequent flushing of water outlets
- State of the art sampling hatches between bathrooms and dirty utility facilities
- Improved spacing in open bays with contained en-suite facilities and all single rooms in AMU having en-suite bathrooms, improving isolation precautions



An NHSE visit was undertaken at the Trust in July 2022; the overall rating for the Trust has changed from "Amber" to "Green", recognising the significant environmental improvements as part of the refurbishments and engagement and consistent improvements made throughout clinical areas attended during the review.

In October and November 2022, IPCT and GAMA Healthcare provided face to face education on principles of cleaning equipment to clinical areas, directly training 91 clinical staff members. Education was provided at department level on principles of cleaning by the IPCT as part of audit cycles.



## 7.7 2021-22 Strategic Objective: Engagement

Members of the IPCT fit into the Trust divisional structure to provide support and continuity in improvement cycles, developing key working relationships to support improvement. The IPC nurses were highly praised during the NHSE infection prevention review where the IPC team were spoken highly of for their support and leadership.

The team provided certificates and positive recognition to individual Trust colleagues as "IPC Hero of the Month" for role modelling high infection prevention standards within their local areas.

A "focus of the month" from the team incorporated a campaign to promote what an Infection Prevention and Control Team does, to increase understanding of the diverse role and the value the expertise provides towards patient safety.

In December 2022, the IPCT launched a weekly IPC update, incorporating 5 key messages for dissemination across the Trust. These are shared via email to senior Trust colleagues and key stakeholders to support cascading key IPC messages and promoting everyone's responsibility in infection prevention and control. Messages are based on key National campaigns, local events, or in response to recent learning identified in HCAI investigations.

The team worked closely with Patient Experience colleagues throughout the COVID-19 pandemic to support a safe process of visiting healthcare settings with a holistic balance of meeting patient and loved ones need for their mental health and wellbeing. This work was presented by the Deputy DIPC at the Infection Prevention Society National conference in October 2022.

Members of the IPCT have all contributed to NHSE regional collaborative groups, including C.difficile, SSIs, Gram-negatives, bare below the elbows, and National education strategies.

**Bugbuster** Walsall Healthcare NHS Trust  
October 2022

**What do IPCT do?**

The IPC Team work with many different departments and multidisciplinary teams providing education, support and advice. Although most of the work is with Trust staff (in the hospital and in the community) there is a wider list of the work we do. Working in infection prevention and control is varied and interesting, and every day is different and brings the team into contact with wide and varied staff groups and departments.

**Antimicrobial Stewardship**

- Give specialist advice on HCAI's and transmissible infections
- Monitor standards in an audit cycle
- Surveillance of patients
- Provide education and preventive strategies
- Investigate outbreaks and trends in infection
- Monitor patients results and follow up results
- Create working relationships to improve patients care

**Occupational Health**

- Work with URHGA, Environment Health, Department of Health, Local Commissioners and ICB
- Focus on issues such as: shergas, PPE and COVID issues
- Give advice on when staff should or shouldn't be at work.

**Estates and Facilities and Procurement Teams**

- Advise on building plans (even on building sites)
- Ensure good water quality to prevent legionnaire disease and Pseudomonas etc.
- Ensure good ventilation and indoor air quality
- Work alongside other environmental teams
- Assist with purchasing of equipment/procurement
- Advise and monitor waste segregation and disposal.

**Working with External agencies**

- Walsall Public Health Council Team
- UK Health Security Agency (UKHSA)
- Environmental Health Department of Health
- Local commissioners
- ICB
- Ensure national guidance and legislation
- Joint working to prevent and investigate infections with other IPC teams and agencies
- IFS

**Community**

- Work with district nurses and specialist nurses such as: Thrombolytic and TB nurses
- Look after all other community clinics with the trust.

**Others**

- Work alongside every other staff group including finance and volunteers giving advice and guidance

**Infection control policies**

All the infection control policies are on the intranet you should ensure you are familiar with the following policies:

- Hand hygiene and personal protective clothing
- Safe handling and disposal of sharps
- Safe handling and disposal of linen
- Decontamination of medical devices
- Isolation
- Safe management of blood and body fluid spillages
- Plus many more!

**Useful web sites**

- IFS (Infection Prevention Society)
- URHGA
- Department of health web site - health and social care
- ACL
- IPC manual for England

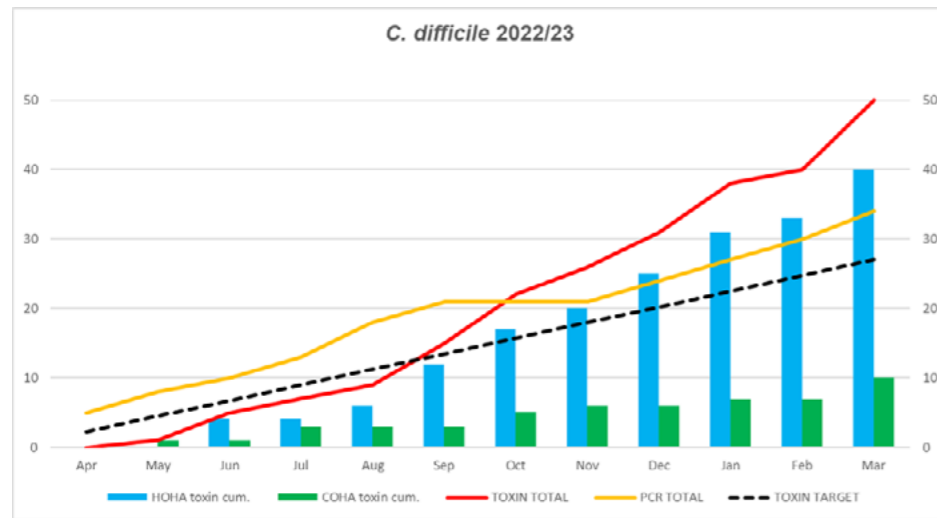
**Want to know more about IPC?**  
Contact the team to find out more  
Email: [ipct@walsallhpa.nhs.uk](mailto:ipct@walsallhpa.nhs.uk)  
Rings: 8079 or 8206

# 8.0 Hospital acquired infections

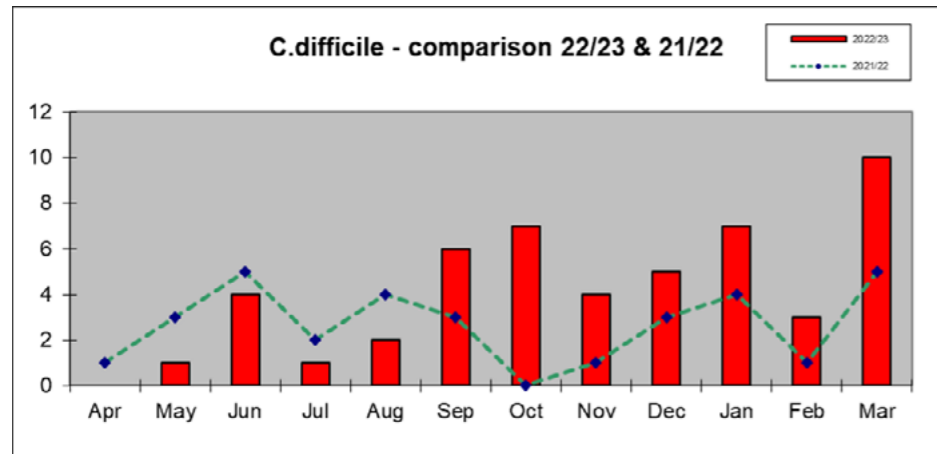
Each year, the Trust is set objectives from NHS England and Improvement for health care associated infections. Below details the Trust performance against the target set and further local surveillance data for HCAs.

## 8.1 Clostridioides difficile

The graphs below identify Clostridioides difficile that are Toxigenic producing with a specimen that falls under the Hospital-onset Healthcare-associated (HOHA) or Community-onset Healthcare-associated (COHA) between April 2022 and March 2023 at Walsall Healthcare NHS Trust.



The Trust carries out reviews of all HOHA and COHA C.difficile cases and a multidisciplinary review is undertaken to investigate cases where new lessons can be learnt. These are reported to the divisional meetings and at IPCC.



The graph shows the differences in cases between financial year 2021/22 to 2022/23.

Between April 2022 and March 2023 there have been 50 cases confirmed of HOHA (40) and COHA (10) C.difficile Toxins against annual trajectory of 27.

Total HOHA/COHA CDI cases	50
Avoidable	19
Unavoidable	31

### Avoidable cases

- 10 deemed inappropriate acute prescribing of antibiotics
- 13 community onsets with delay in obtaining specimens, which led to meeting the acute acquired criteria
- 4 cases with the same ribotype (002); linked with two separate period of increased incidence report

### Common Trends in Risk Factors

- Multiple antibiotics within last 6 weeks
- Over 65
- Proton Pump Inhibitor (PPI)
- Previous history of C. difficile

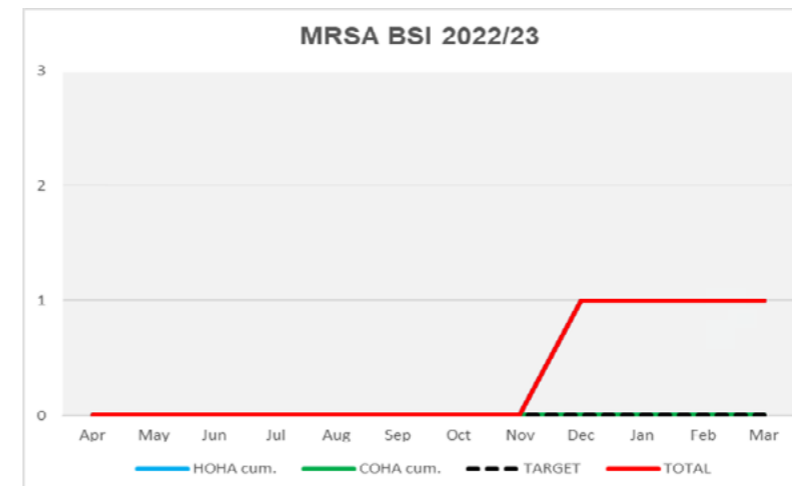
### Trend issues and learning in the Trust from avoidable cases

- Delay in sending specimens for C. difficile testing
- Failure to isolate patients when specimens were obtained (due to unavailable isolation facilities, these are captured in incident reports).
- Failure or delay in sending clinical specimens to confirm correct antibiotic therapy / confirmation of infective organism
- Inconsistent review of antibiotic therapy
- Absence of CURB-65 scoring when prescribing for community acquired pneumonia
- Unable to complete a full decant deep clean programme in areas where C.difficile was more endemic

Actions for preventing C.difficile are previously highlighted in the report. Latest learning from cases is incorporated into actions for the 2023-24 annual programme of work.

## 8.2 Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia

There was one case of MRSA blood stream infection attributed to the Trust during 2022/23 against a National target of 0.



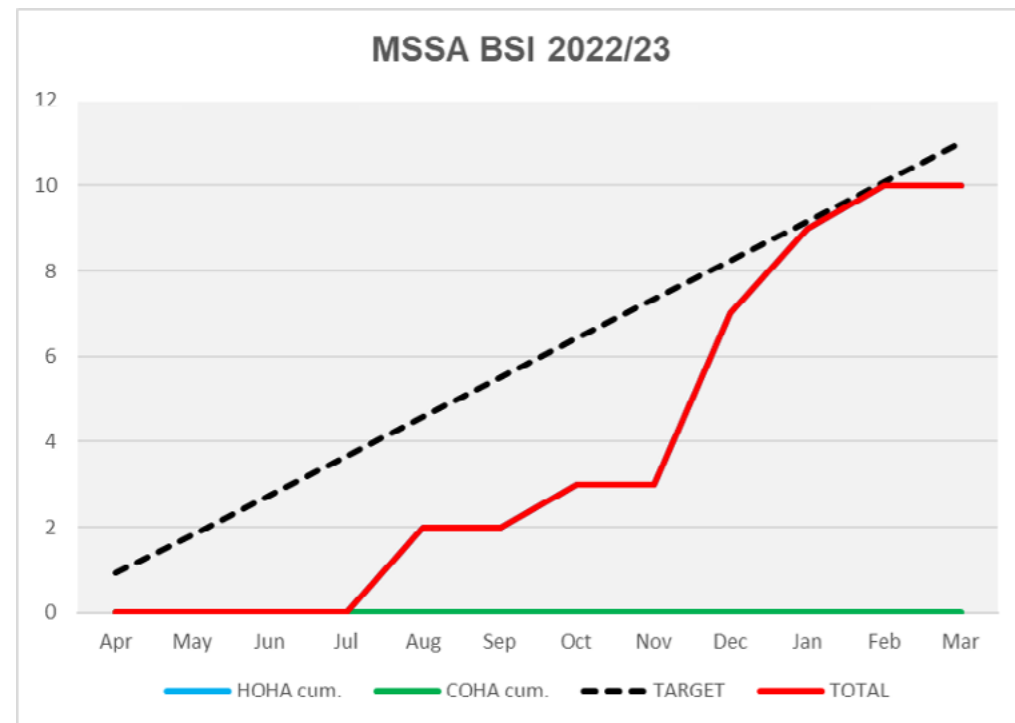
### Root cause

Blood culture contaminate.

There has been 1 MRSA bacteraemia this financial year, confirmed in December 2022. This was attributed to maternity services. The patient had been in hospital for 2 days prior to obtaining blood cultures. The post infection review highlighted blood culture contaminate as source of result. This is incorporated into a business case for the implementation of a 24/7 blood culture phlebotomy service in addition to local actions with aseptic technique competencies to prevent the incidence of blood culture contaminates.

## 8.3 Methicillin Sensitive Staphylococcus Aureus (MSSA) bacteraemia

A total of 10 HOHA and COHA cases were reported in 2022/23 compared to 6 reported 2021/22. There are no set trajectories externally for MSSA bacteraemias.



This represents an increase in cases by 4 in this financial year.

The IPCT aims to maintain low rates of MSSA BSIs and investigate all cases to ascertain if there are further actions that can be taken. Performance of MSSA bacteraemia continues to be monitored at the Infection Prevention and Control Committee.

All cases are reviewed on an individual basis to identify the cause and if there are any lessons to be learnt.

Total HOHA/COHA MSSA	12
Avoidable	1
Unavoidable	11

### Root cause of avoidable case:

Source of infection not established.

- VIP scoring not completed 8 hourly
- Not all indwelling devices recorded on vital-pac
- Delay in MRSA admission screen
- Patient with long term catheter poor documentation, urine sample not completed at time of admission.

## 8.4 E. coli bacteraemia

Reporting of E. coli bacteraemia has been mandatory since June 2011. All cases are reviewed, and a tabletop review completed if the patient dies, and E. coli is indicated as a cause of death or areas of concern are identified during the review.

The national Target for the Trust was 50 for 202/23.

There were a total of 50 cases, 30 HOHA and 23 COHA of E. coli bacteraemia in 2022/23. All cases are reviewed on an individual basis regarding cause. If there are any lessons to be learnt including whether these could have been avoided, these are shared across Walsall Healthcare NHS Trust.

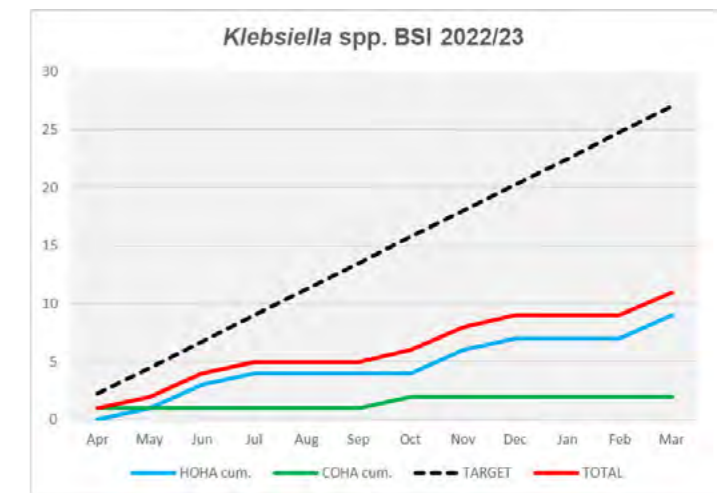


## 8.5 Klebsiella species

Reporting of Klebsiella Species bacteraemia has been mandatory since April 2017 a national target for the Trust in 2022/23 was 27.

During 2022/23 the Trust reported 11 cases, 9 HOHA and 2 COHA.

All cases are reviewed and a table top review completed if the patient dies and this organism is indicated as a cause of death or areas of concern are identified during the review.

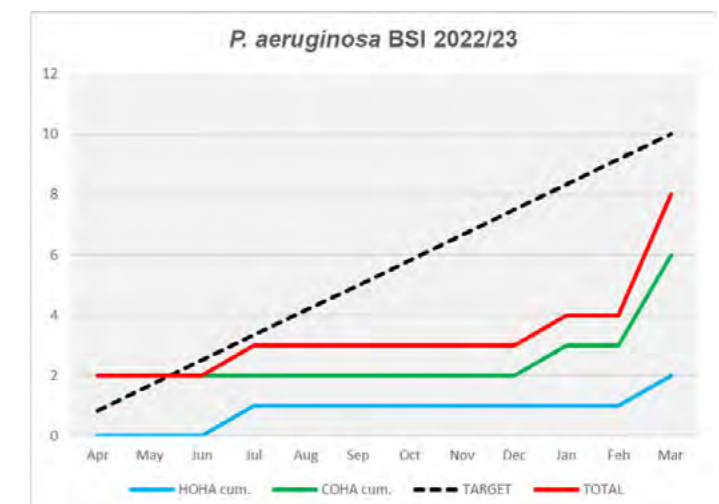


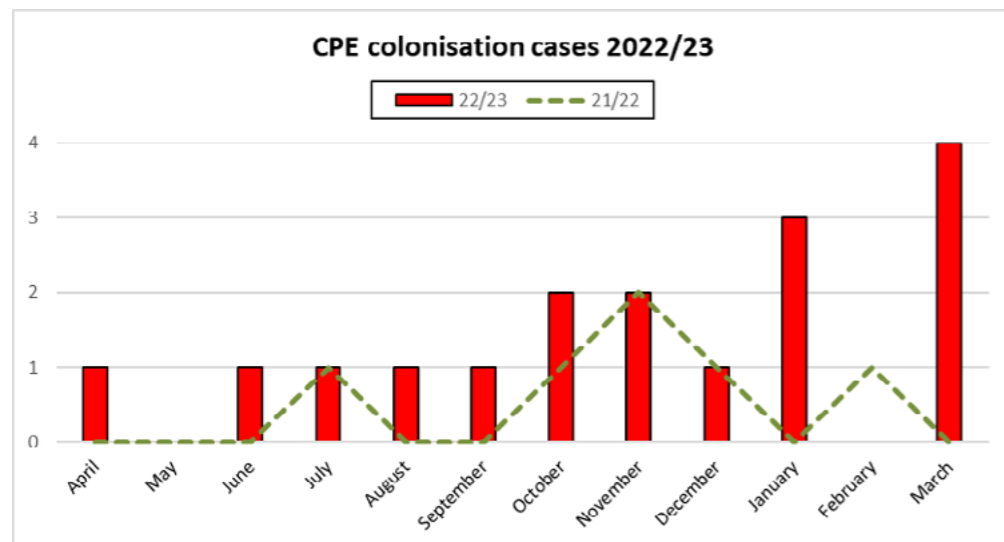
## 8.6 Pseudomonas

Reporting of Pseudomonas aeruginosa bacteraemia has been mandatory since April 2017 and the national target for 2022/23 was 10.

A total of 8 cases were reported, 2 HOHA and 6 COHA.

The proactive work of the Water Safety Group helps to support prevention of Pseudomonas bacteraemias.





## 8.7 Carbapenemase-producing Enterobacterales (CPE)

CPE is considered a high-risk transmission hazard and in healthcare settings can lead to poor clinical outcomes due to limited therapeutic options.

Increased incidence of CPE has significant cost and operational implications for healthcare providers. The Trust closely monitor for CPE by undertaking screening based on risk factors to promptly identify and isolate patients who are colonised with the organism. The current screening process is culture-based method. A total of 17 CPE cases were identified compared to 6 in 2021/2022. 4 cases were deemed HCAI colonisation cases.

Bespoke education on CPE was provided by the IPCT following increased prevalence being observed, focusing on admitting areas of the Trust to ensure patients were being screened with risk factors for CPE colonisation.

## 8.8 Other Infectious Diseases

Following changes to COVID-19 restrictions in the wider community, there has been an increase in notifications from UKHSA of other non-endemic infectious diseases, particularly of note Mpox during summer 2022. The IPCT prepared the organisation for the event of caring for a patient with Mpox when initially classed as a HCID and when this was stepped down by UKHSA. The Trust eventually did not manage a patient with Mpox.

### Mpox Actions

- Action card prepared and distributed across the Trust.
- IPCT provided face to face briefings with front facing staff to advise on management of suspected cases
- Fit testing support provided to sexual health services and community teams in addition to current provisions at the Trust
- Consultant microbiologist provided education at Grand Round in May 2022
- IPCT attended twice weekly NHSE briefings for update and communicate at Trust level of any updates

Other alerts from UKHSA included a rise in diphtheria cases presenting. In the run up to the Commonwealth games in Birmingham and a preparedness piece with the EPRR team, Consultant Microbiologist, Deputy DIPC and Lead Nurse developed an Infectious Disease Manual for Trust staff to use as a quick reference point. This has proven helpful in responsiveness to different alerts and has been shared via the wider regional infection prevention group.

**NHS**  
Walsall Healthcare  
NHS Trust

### High-consequence, non-endemic and highly-transmissible endemic infectious diseases.

Dr Aiden J Plant, Amy Boden, Stefano Oggiano.  
Combined Infection Services: Infection Prevention & Control, Medical Microbiology, Antimicrobial Stewardship & Outpatient Antimicrobial Therapy.  
1st Edition: Summer 2022.

Caring for Walsall together

Safe, high quality care  
Care at home  
Partners  
Value collaboration  
Resources  
Respect communities

### 4 Background

#### Background

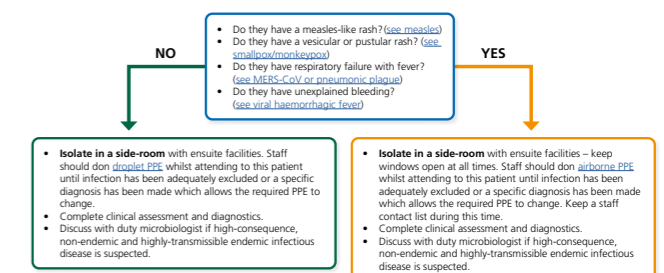
With increasing global travel, fever in the traveller has become a common clinical encounter. The infective differential diagnosis can be vast but can be easily rationalised by thorough clinical assessment.

This guide aims to help clinicians in the assessment of acute illness, which may present to secondary care, where the incubation period is 21d or less from the date of entry into the UK. It also provides guidance on infective agents which may be exploited for malicious release as an act of bioterrorism.

The management of infections listed in this guidance should generally be under the direction of the duty microbiologist, however, where available, treatment advice has been included in the event of a mass casualty situation when it will not be practical to take microbiology advice on each and every case. In the event of bomb blast casualties, which is not discussed further, specific Trust guidance can be found on [MicroGuide > Body Systems > Bone and Joint Infection > Open Fracture and Penetrating Injuries \(e.g. bomb blast\)](#).

#### Triage

All patients with suspected infection, sepsis syndrome or fever, who have entered the UK from abroad in the last 21 days should be rapidly triaged.



Although it is out of the scope of this guidance, remember patients with signs and symptoms suggesting, or a confirmed diagnosis of, tuberculosis should be isolated in a side-room with ensuite facilities, keeping windows always open, and attended to by staff in airborne PPE until the patient's sputum results are known.

All patients without suspected infection, sepsis syndrome or fever, who have entered the UK from abroad, must be isolated in a side-room with ensuite facilities, pending the outcome of carbapenemase-producing Enterobacterales (CPE) screening.

Be aware, all travellers, with or without features of infection may be colonised in resistant micro-organisms which may be more challenging to treat, for example: CPE, methicillin-resistant *Staphylococcus aureus* (MRSA), extended-spectrum beta-lactamases (ESBL) and vancomycin-resistant *Enterococcus* spp. (VRE).

High-consequence, non-endemic and highly-transmissible endemic infectious diseases.

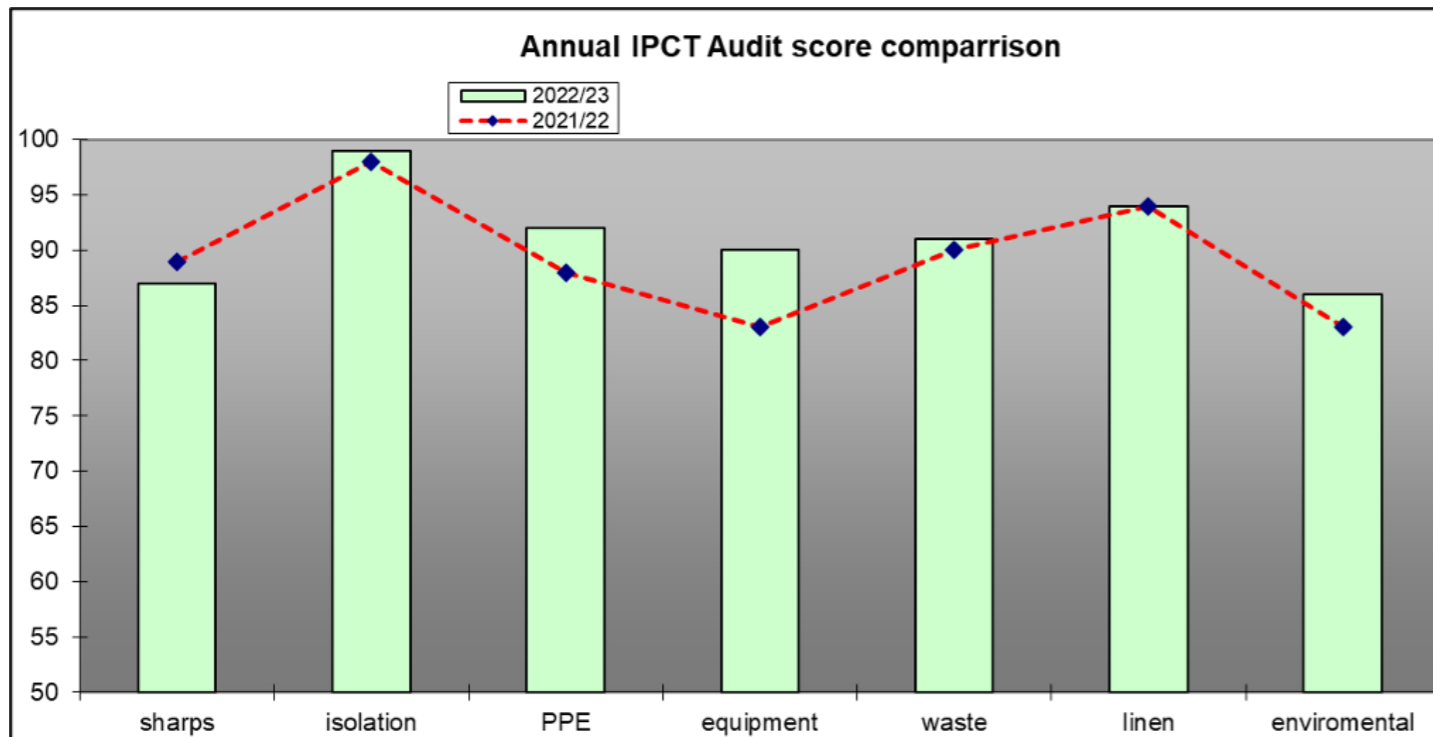
# 9.0 Acute Services Infection Prevention audits

The following IPC audits were undertaken during quarter one of 2022/2023 covering the acute settings. A comparison to similar audits undertaken during the previous year is provided in the table below.

Audit results are shared with Divisional Directors of Nursing and are reported to and discussed at Infection Prevention and Control Committee and Divisional Quality and Safety meetings.

Any non-compliance is fed back to the area at the time of audit. These are the planned audits – areas are monitored daily by the IPC team as well as reactive audits completed to support further escalation and improvement.

Audit	2022/2023	2021/2022	Trajectory
Sharps	87	89	↓
Isolation	99	98	↑
PPE	92	88	↑
Equipment	90	83	↑
Waste	91	90	↑
Linen	94	94	→
Environmental	86	83	↑



Since completion of these audits, escalation occurred through IPCC and captured in reports to the Trust board through the IPC BAF to improve environmental issues identified in the audit. Since this, further ward refurbishments have been completed with a plan for further refurbishment in 2023-24 financial year.

The Trust is currently rated Green by NHS England and Improvement for Infection Prevention and Control. The Trust received very positive feedback for progress in standards of IPC which granted the green score from previous amber in 2021/2022.

# 10 Outbreaks

The IPCT recognises and responds to any significant episode, incident or outbreak of infection. Incidents and outbreaks may be reported in several different ways: by the clinical areas, through microbiology results and IPC visits to the ward. All outbreaks and incidents are included in the IPCT monthly reports and reported via the Infection Prevention and Control Committee.

Outbreaks of Healthcare Associated Infection are reported via the Trust’s incident reporting arrangements as serious incidents. An outbreak report is also prepared for the Infection Prevention and Control Committee for significant outbreaks to ensure any relevant lessons are learnt. An outbreak committee is convened to manage and monitor the situation.

Outbreaks of infection, for example Norovirus, influenza, CPEs or periods of increased incidence of Clostridioides difficile are classified as serious incidents and reported on the serious incident reporting system STEIS. A full investigation and 50-day report is subsequently submitted.

The team delivered a variety of winter preparedness webinars and face to face educational sessions in November 2022, to encompass preparedness for COVID-19 outbreaks, Influenza and Norovirus. These were delivered by the Deputy DIPC and Consultant Microbiologist, with accessibility to the resources after the webinars for any staff members.

## Norovirus

1 ward closure and 27 bay closures due to Norovirus.

Learning from Norovirus outbreaks included:

- Education to clinical staff to reiterate measures required to prevent transmission of Norovirus and to consider Norovirus testing when a patient presents with symptoms.
- Going back to basics with management of enteric risk.

## Influenza

No ward closures and 30 bay closures due to Influenza A/B.

## RSV

No ward closures and 2 bay closures within paediatrics.

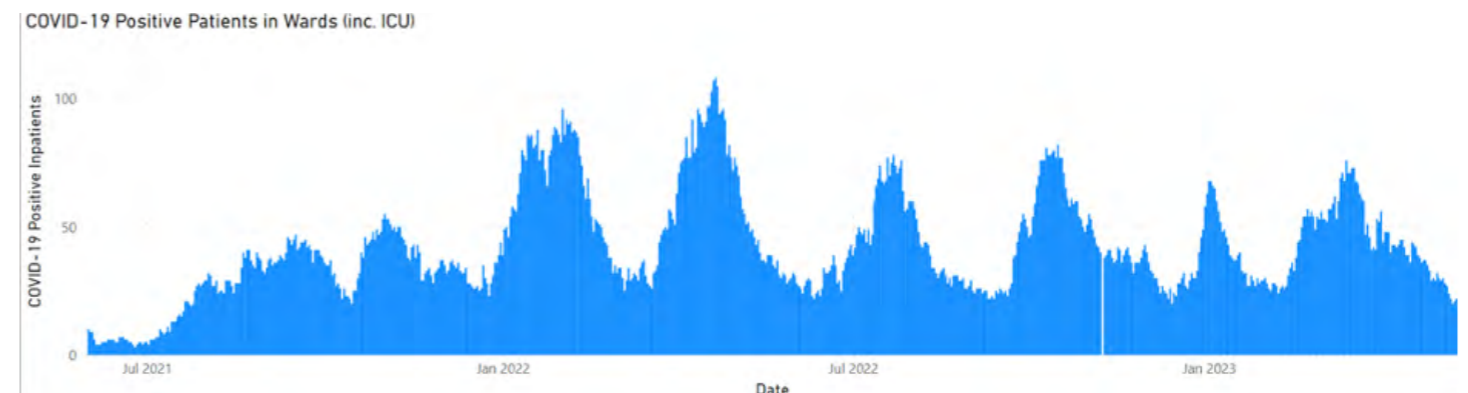
## COVID-19

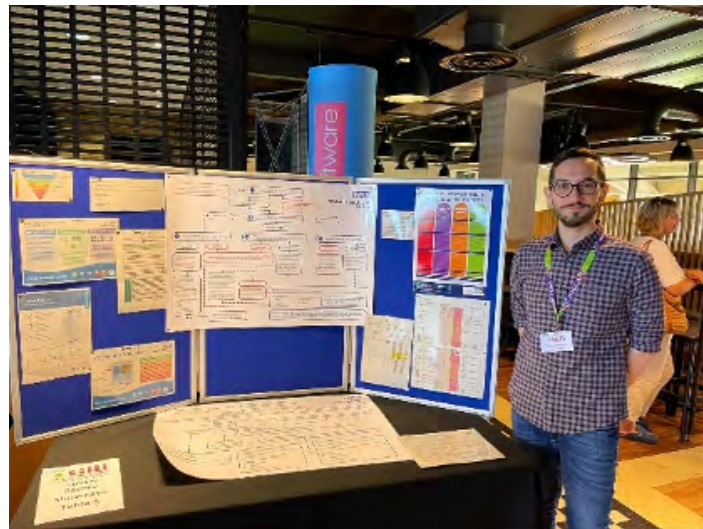
8 ward closures and 305 bay closures due to COVID19 positives in bay and contact monitoring.

The Trust followed National guidance regarding precautions that needed to be taken to prevent the spread of the virus and updated internal risk assessment and guidance accordingly.

The infection prevention and control team increased the service by providing additional cover over weekends and since July 2022 now provides one Senior IPC Nurse on-site during weekends.

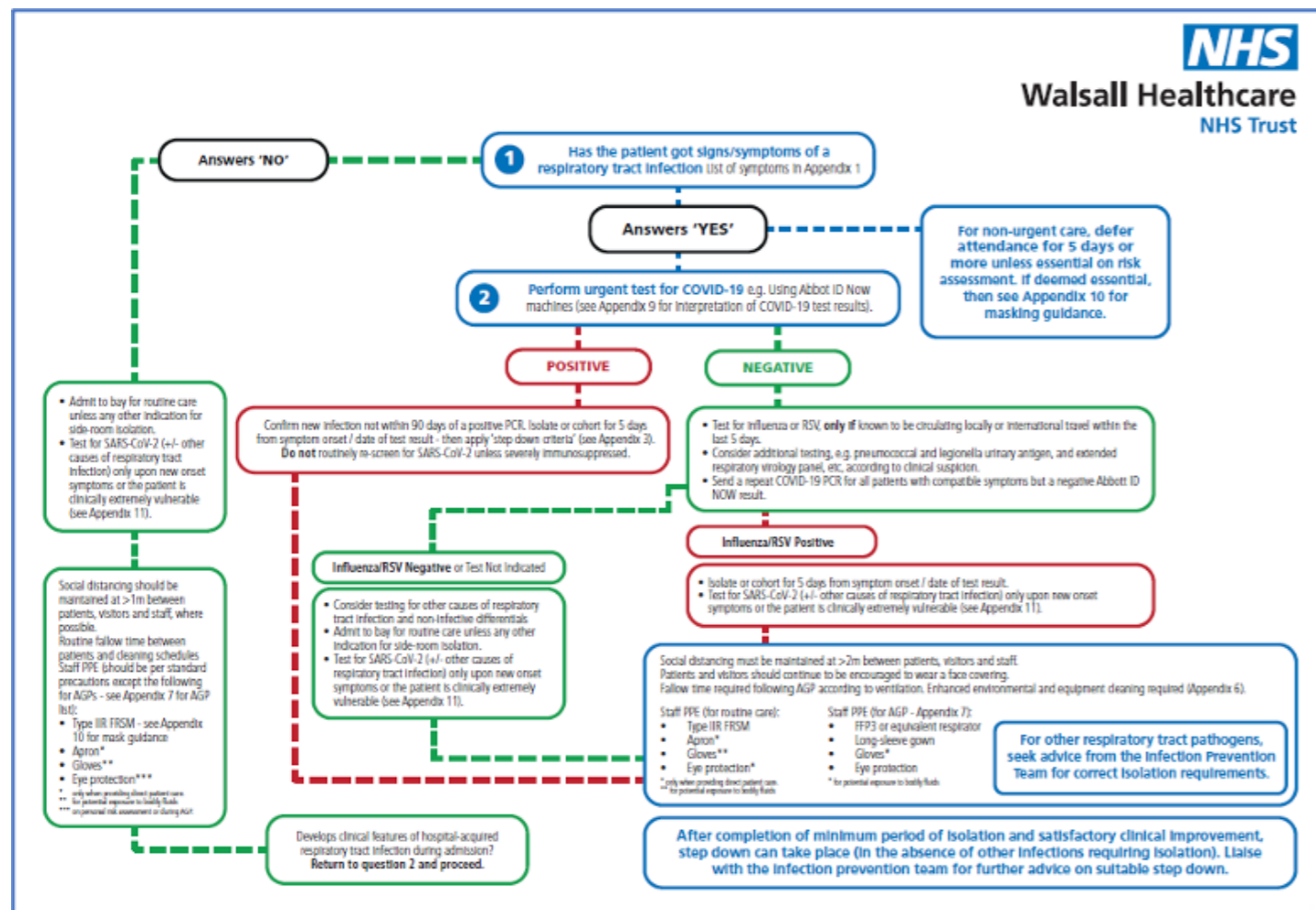
The IPC team supported the Trust and clinical areas with management of patients, providing data required for the National Sitrep and attending tactical meetings (both in the acute and the Community), responding to actions required accordingly.





Compliance with standards to prevent transmission of COVID-19 is monitored by the Infection Prevention and Control Team by undertaking assurance audits of practice in different Walsall Healthcare settings based on the standards set out in updated National guidance. A full review of COVID-19 precautions is undertaken through the IPC BAF and this is presented monthly to IPCC. Items for escalation from the BAF are reported to QPES.

The Infection Prevention Team responded to any updates to guidance with a comprehensive multidisciplinary risk assessment with colleagues at Royal Wolverhampton NHS Trust. Updates were made to respiratory pathways which had been recognised regionally as good practice and showcased at regional and National conferences. Other Trusts in the UK have since adopted this pathway to assist in quick decision making.



## 11.0 Surgical Site Infections (SSI)

In 2004 it became a mandatory requirement for all Trusts undertaking orthopaedic surgery to conduct surveillance of surgical site infections, using the Surgical Site Infection (SSI) Surveillance Service of UKHSA. The data set collected as part of the surveillance is forwarded to UKHSA for analysis and reporting. Surveillance is divided into reporting quarters (Jan-Mar, Apr-Jun, July-Sept and Oct-Dec) and each site is required to participate in at least one surveillance period every 12 Months in at least one orthopaedic category.

In 2022/23 the Trust completed one quarter mandatory surveillance.

**Reporting Period: October 2022 – December 2022**

Modules completed: Total Hip Replacements and Total Knee Replacements

Operation	Total no of cases	Surgical Site infections
Total knee replacement	28	0
Total hip replacement	26	0
<b>Total</b>	<b>27</b>	<b>0</b>

## 12.0 Education

Education remains a core element of the work of the Infection Prevention & Control Team in both hospital and community settings.

The IPCT contribute to the Trust Induction and mandatory updates and a range of planned and bespoke education sessions whenever a specific need arises. These included junior medical staff inductions, sessions for medical and nursing students and intravenous line care.

The IPCT provided bespoke educational sessions through a variety of forums throughout 2022-23, including at Grand Round, Matrons Forums, Ward Managers Forums and at local department level. Sessions focused on contemporary IPC practice and demonstrating current evidence base to rationalise policies and procedures.

The team delivered a "Focus of the month" campaign as part of the annual programme of work which includes educational sessions face to face in clinical departments. The following topics were covered:

- Changes to COVID-19 testing and management
- Glove Awareness
- Hand Hygiene
- Winter preparedness
- Antimicrobial resistance and stewardship
- Sepsis
- MRSA
- Mouthcare
- Urinary Tract Infection prevention
- What the IPCT do
- Aseptic non-touch technique
- Peripheral IV access
- Spring into cleaning





## Appendix 1

## INFECTION PREVENTION AND CONTROL GROUP

TERMS OF REFERENCE: Version 2 – Reviewed June 2022

RATIFIED BY THE QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE ON: July 2022

NEXT REVIEW DUE: June 2023

**1. CONSTITUTION**

- 1.1 The Quality, Patient Experience and Safety Committee hereby resolve to establish a sub group of the Committee to be known as the Infection Prevention and Control Group (The Group). The Group is an executive group of the Committee and has no executive powers, other than those specifically delegated in these Terms of Reference.

**2. PURPOSE**

- 2.1 The purpose of this group is to provide strategic direction for the prevention and control of Healthcare Acquired Infections in Walsall Healthcare Trust. It will performance manage the organisation against the Trust's Infection Prevention and Control Strategy and will ensure that there is a strategic response to new legislation and national guidelines. In addition the committee will seek assurance from the divisions and ensure compliance with the Health and Social Care act.

**3. MEMBERSHIP**

- 3.1 The Group will comprise:
- Medical Director / Director of Infection Prevention and Control (DIPC) (Chair)
  - Director of Nursing or Deputy
  - Head of Infection Prevention (Deputy Director of Infection Prevention)
  - Infection Prevention Team Members
  - Consultant Microbiologists
  - Divisional Directors of Nursing
  - Allied Health Professional Representative
  - CCG Lead for Quality
  - Public Health England representative
  - Director of Public Health or Deputy
  - One representative from Local Authority
    - o Health Protection Nurse
    - o Public Health Consultant
  - Divisional Directors of Nursing & Midwifery (Acute & Community) – Walsall Healthcare NHS Trust
  - Antimicrobial Pharmacist
  - Occupational Health Service Manager
  - Divisional Director Estates & Facilities
  - Health and Safety Officer
  - Decontamination Lead

**4. ATTENDEES**

- 4.1 The Group Chair may extend invitations to attend Group meetings to any individual considered appropriate to progress the work plan of the Group.

**5. ATTENDANCE**

- 5.1 It is expected that each member attends a minimum of 75% of meetings and performance will be reported for each member in terms of attendance at the end of each financial year. A named deputy must be identified for core members of the Group and must attend when a member is unable to be present. A named deputy will count towards quorum and members or their named deputy should ensure 100% attendance.

**6. QUORUM**

- 6.1 A quorum will be a minimum of seven representatives of which one will be an Executive Director from the Trust, one a member of the Infection Prevention and Control Team and a Consultant Microbiologist.

**7. FREQUENCY OF MEETINGS**

- 7.1 The Group will meet formally on monthly basis. Meetings will be expected to last no more than 2 hours routinely. Cancellation of meetings will be at the discretion of the Chair and extraordinary meetings of the Group may be called by any member of the Group, with the consent of the Chair.

**8. CHANGES TO TERMS OF REFERENCE**

- 8.1 Changes to the terms of reference including changes to the Chair or membership of the Group are a matter reserved to the Trust board.

**9. ESTABLISHMENT OF SUB GROUPS**

- 9.1 The Group may establish sub groups made up wholly or partly of members of the Group to support its work. The terms of reference of such sub group will be approved by the Group and reviewed at least annually. The Group may delegate work to the sub group in accordance with the agreed terms of reference. The Chair of each sub group will be expected to provide a Chairs report to the Group and review its effectiveness on an annual basis.

**10. ADMINISTRATIVE ARRANGEMENTS**

- 10.1 The Chair of the Group will agree the agenda for each meeting. The Group shall be supported administratively by the EA to the Director of Nursing who's duties in this respect will include:

- Agreement of agenda with Chair and attendees and collation of papers
- Taking the action notes
- Keeping a record of matters arising and issues to be carried forward
- Advising the Group on pertinent issues / areas
- Enabling the development and training of Group members

All papers presented to the Group should be prefaced by a summary of key issues and clear recommendations setting out what is required of the Group.

**11. ANNUAL CYCLE OF BUSINESS**

- 11.1 The Group will develop an annual cycle of business for approval by the Committee meeting at its first meeting of the financial year. The Group work plans informs the standing agenda items as described within the terms of reference, to ensure that all regulatory and legislative items are adequately reviewed and acted upon.

**12. REPORTING TO THE COMMITTEE**

- 12.1 The Chair of the Group will provide a highlight report monthly to the Committee outlining key actions taken with regard to the patient safety issues, key risks identified and key levels of assurance given.

**13. STATUS OF THE MEETING**

- 13.1 All Groups of the Committee will meet in private. Matters discussed at the meeting should not be communicated outside the meeting without prior approval of the Chair of the Group.

**14. MONITORING**

14.1 The annual report on assurance will provide a statement that enables the Group to monitor the effectiveness of the Group. This will include levels of attendance, delivery against the forward looking work programme and the management of identified risk.

**15. DUTIES**

- To develop an Annual Work Plan in the agreed Trust format, denoting the objectives of the Group for approval by the Committee ensuring these are aligned with the Trust's vision, strategy and values and the relevant risks contained in the Board Assurance Framework.
- To identify any risks and issues that may prevent the achievement of the Work Plan and ensure that they are assessed and placed on the Trust's Risk Register and the action plan is monitored and mitigating actions are undertaken to ensure progress is made.
- Strategic responsibilities include the development of a strategic plan for the reduction of healthcare acquired infections and will performance manage the delivery of that strategic plan.
- Approve, review and monitor the Infection Prevention and Control Team's annual programme of work/Code of Practice for Healthcare Associated Infection Action Plan.
- Receive and approve the Infection Prevention and Control Annual Report in the first quarter of the following year prior to submission to the Committee and Trust Board.
- Receive advice from the Infection Prevention and Control Team on new national policy and guidance and its implementation within the organisation, highlighting potential areas of non-compliance.
- Address outstanding areas of non-compliance with national standards and requirements (e.g. CQC/Hygiene Code) and advise the Committee and Trust Board/Executive Team as appropriate.
- Drive improvements through teaching and education to uphold standards in reducing HCAI, monitor SSIs and will have oversight of mandatory reporting

- Review and ensure adequacy of the Trust's Uniform policy.
- Ratify Infection Prevention and Control and Occupational Health policies prior to submission to the TMB.
- Seek assurance from quarterly and annual reports from each division on progress with the Infection Prevention and Control Annual Programme of Work/Code of Practice for Healthcare Associated Infection Action Plan and will monitor progress in implementing these plans.
- Seek assurance from reports from each division on performance against HCAI Key Performance Indicators (KPIs), and will monitor progress in achieving targets and delivering agreed actions.
- Seek assurance from reports from the Director of Infection Prevention and Control (DIPC) on the outcome of discussions following all HCAI Root Cause Analyses (RCAs) including receipt of the RCA Action Plan(s).
- Receive a monthly report from the Antimicrobial pharmacist, regarding antibiotic prescribing audits and performance.
- Receive exception reports on compliance with the National Specifications for Cleanliness (2004, revised in 2014). The Group will also receive the quarterly reports to QPES from the Matrons.
- Seek assurance reports from the Infection Prevention and Control Team against national and local HCAI targets, use of isolation facilities, trends of infectious diseases reported from CCDC and review the work plan of the IPC.
- Receive a highlight report and minutes of the Decontamination Group and reports by exception from the Chair of that Group in order to ensure that decontamination risks are appropriately escalated and managed.
- Receive the minutes of the Accidental Inoculation/Exposure Group and reports by exception from the Chair of that Group in order to ensure that inoculation / exposure incidents and risks are appropriately escalated and managed.

- Receive the minutes of the Water Safety Group and reports by exception from the Chair of that Group in order to ensure that issues are dealt with or escalated as appropriate.
- Receive and review analysis reports on Infection Prevention and Control incidents and make recommendations for further action as necessary and appropriate.

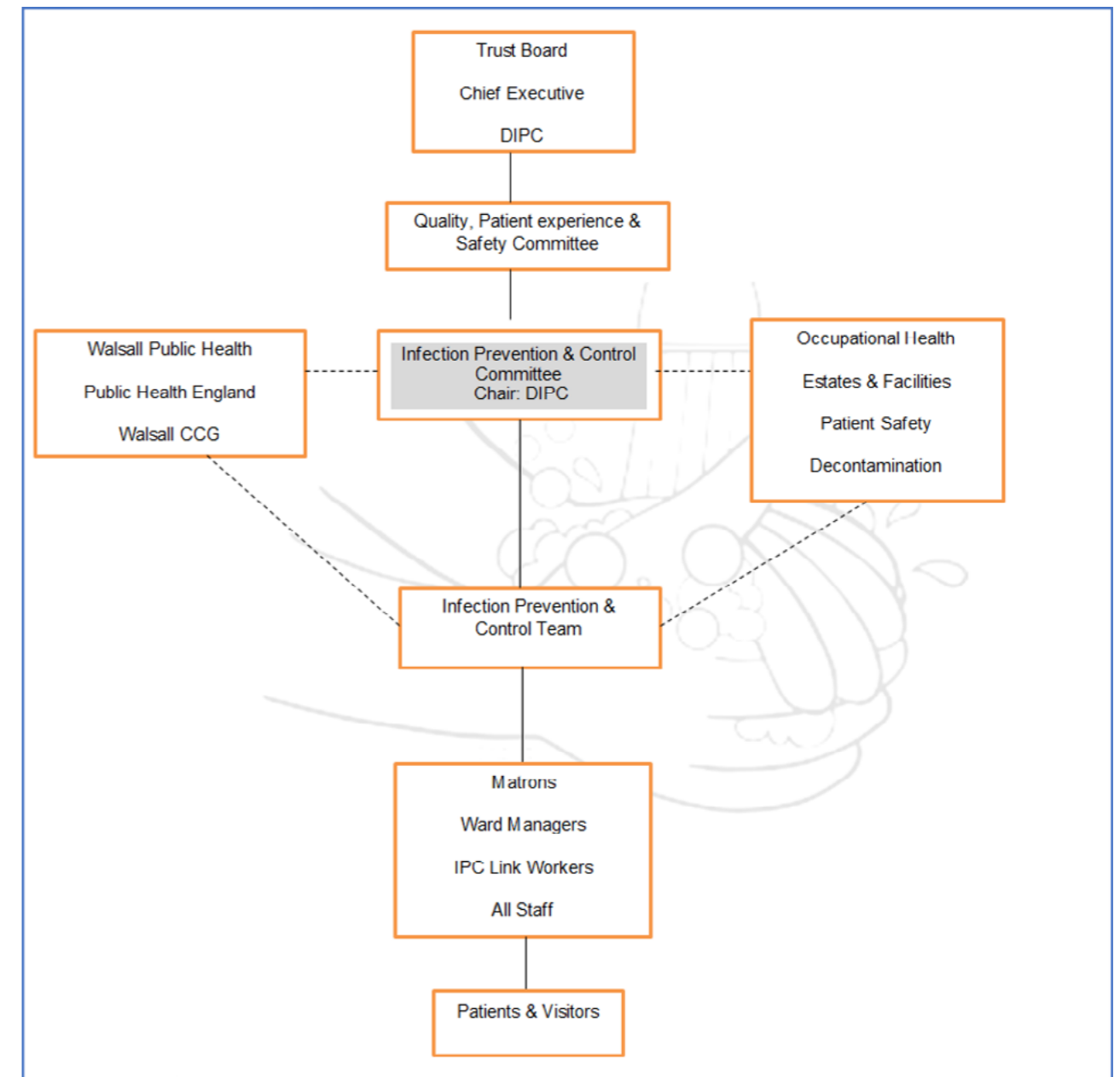
**Version Control: Version 2.0**

**Reviewed by QPES and approved June 2022**

Appendix 2

Antimicrobial Stewardship team 2022-23 strategy work plan	
Strategy	Actions
Recognition of responsible antimicrobial use	<ul style="list-style-type: none"> <li>Certificate of appreciation</li> </ul>
Improved audit, feedback and benchmarking of antimicrobial use to clinical team	<ul style="list-style-type: none"> <li>Monthly point-prevalence audit</li> </ul>
	<ul style="list-style-type: none"> <li>Feedback to clinical teams via monthly Medicines Management Group</li> </ul>
	<ul style="list-style-type: none"> <li>Benchmarking via Antimicrobial Update presented to Infection Control Committee + Medicines Management Group</li> <li>To achieve successful achievement of the UTI CQUIN</li> </ul>
Teaching & training; Public engagement	<ul style="list-style-type: none"> <li>Regular rota of teaching to doctors in training</li> </ul>
	<ul style="list-style-type: none"> <li>Grand Round presentations</li> </ul>
	<ul style="list-style-type: none"> <li>Public campaign during Antibiotic Awareness Week</li> </ul>
User-friendly antimicrobial formulary;	<ul style="list-style-type: none"> <li>New revision to current antimicrobial formulary to be published</li> </ul>
Updated surgical prophylaxis guidance	<ul style="list-style-type: none"> <li>New revision to current surgical antimicrobial prophylaxis guidelines to be published</li> </ul>
New evidence-based dose + duration recommendations	<ul style="list-style-type: none"> <li>Standard meropenem dosage: 500 mg IV q6h</li> </ul>
	<ul style="list-style-type: none"> <li>Weight-based dosing instructions to be incorporated into antimicrobial formulary</li> </ul>
	<ul style="list-style-type: none"> <li>Durations for antimicrobials to be limited to shortest possible duration on antimicrobial formulary</li> </ul>
Better antimicrobial dosing for the sickest patients on ITU	<ul style="list-style-type: none"> <li>Introduce prolonged infusions of Tazocin, meropenem and temocillin for patients with septic shock on ITU</li> </ul>
Quality improvement project: gentamicin use	<ul style="list-style-type: none"> <li>Review use of gentamicin dosing calculator</li> </ul>
Empowered pharmacists, ready to make a change	<ul style="list-style-type: none"> <li>Educational update of pharmacists on improving antimicrobial prescribing, including IV-to-oral switch and avoiding unnecessary dual therapy</li> </ul>
	<ul style="list-style-type: none"> <li>Resumption of Antimicrobial Pharmacist role following completion of secondment, due to maternity leave</li> </ul>
An engaged & visible antimicrobial team	<ul style="list-style-type: none"> <li>Daily-to-weekly antimicrobial team ward-rounds for trouble shooting, audit, spot checks, education, etc.</li> </ul>
A safe + reliable OPAT service	<ul style="list-style-type: none"> <li>Advance the service by launching Complex Outpatient Antibiotic Therapy (COpAT)</li> </ul>
	<ul style="list-style-type: none"> <li>Maintain a safe OPAT service with adequate governance</li> </ul>
New 'discharge enabling' antimicrobials	<ul style="list-style-type: none"> <li>Formulary application and laboratory testing of fosfomycin oral salts</li> </ul>
Spotlight on 'high risk' antimicrobials: cephalosporins, quinolones, carbapenems, clindamycin, Tazocin	<ul style="list-style-type: none"> <li>Audit, feedback and restriction of cephalosporin use</li> </ul>

Appendix 3 - Reporting Structure for IPCC



# Annual Programme of Work April 2023- March 2024

## Introduction

Infection prevention and control is a top priority for Walsall Healthcare NHS Trust. Keeping our patients safe from avoidable harm is everyone’s responsibility. In this summary document we set out our programme for the year to keep our patients, staff and the public informed of our planned activity at Walsall Healthcare.

Each year the Infection Prevention & Control Team undertakes a review of the Trust’s compliance with the Health & Social Care Act 2008 Code of Practice on the Prevention and Control of Infections (2022). The team’s aim is to provide an infection prevention & control service that supports our clinical teams to deliver safe care. This annual plan covers strategic themes we have identified as areas of focus for the financial year 2023/2024. This annual programme of work for the year includes the annual plan, audit plan and our monthly themed focus plan. The programme also takes into consideration flexibility in approach whilst continuing to manage the COVID-19 Pandemic and related local actions required.

## Vision

Our vision is to prevent harm from avoidable infection

## Strategic themes




Our strategic themes in 2022/2023 focus on improving outcomes for our patients and provide a framework for our operational work plan.









## Compliance with the Health and Social Care Act 2008 (updated 2022)

This programme will refer each operational objective to related compliance criterion within the Health and Social Care Act Hygiene Code.

The programme will be reviewed on a monthly basis by the Infection Prevention and Control Team and feedback on progress shared at the monthly Infection Prevention and Control Committee.




 Strategic aim	 Operational Objective	 Action
<b>Infection Prevention Fundamentals</b>	Assurance on compliance with the Infection Prevention BAF	Monthly review of the BAF shared at IPCC, QPES and Trust Board. Gaps in compliance to be highlighted with clear actions in addition to the annual programme of work
		Infection Prevention Policy review schedule to incorporate updates within timeframe/ in response to new evidence/guidance. Objective to standardise materials to the National Infection Prevention and Control Manual
	Implement a multimodal hand hygiene improvement strategy.	Develop a revitalised hand hygiene campaign in line with the World Health Organisation Hand Hygiene day and reduction of glove use in collaboration with the “Take your gloves off” campaign.
		Deliver an educational event on standard precautions with the wider health economy on 5.5.23 to coincide with the WHO Hand Hygiene Day
		Combined audit programme of quarterly hand hygiene and PPE audits undertaken by the IPCT and external audits from the hand hygiene product representative for review at IPCC
		Undertake a review of PPE dispensers across Trust premises to determine appropriate placement, improving ergonomics of the health care environment to influence correct glove use/ hand hygiene prompts
	Provide a comprehensive educational programme on delivering fundamentals of infection prevention.	Involve patients in improving hand hygiene whilst receiving care, utilising patient experience volunteers in encouraging use of hand wipes prior to meal times and encouraging to ask health care workers to clean their hands prior to contact with them.
		Undertake a review of the mandatory training package content with RWT IP Team  Develop a hybrid training package, consisting of face to face classroom based, virtual delivery by IP practitioners and e-learning packages.




 Strategic aim	 Operational Objective	 Action
<b>MSSA/MRSA interventions</b>	Strong governance processes to embed learning from incidents of MRSA/MSSA bacteraemias	IPCT to lead comprehensive post infection reviews for any MRSA bacteraemia and in the event of an MSSA bacteraemia associated with indwelling devices. Lessons learnt articulated through IPCC, divisional quality meetings and as a snap shot learning please for IPCT to educate clinical areas.
	Gain assurance on decolonisation regimes for patients who screen positive for MRSA during a hospital admission	Trial a change in decolonisation product to a wipe based system to standardise approaches to decolonisation.  IPCT to review patients who test MRSA positive and ensure decolonisation is prescribed via a standardised prescribing label.
	Prevent the incidence of blood culture contaminants	IPCT to work with FORCE and clinical teams to provide education on aseptic technique to standardise approaches to obtaining blood cultures  Build a business case for a 24/7 blood culture phlebotomy service as part of the sepsis pathway with an aim to reduce incidence of blood culture contaminants
	Assurance on indwelling device care	Review devices used within the Trust and standardise products based on current evidence base through the Trust's Clinical Product Evaluation Group  IPCT to undertake audit programme of indwelling device care bi-annually and report through divisional quality meetings and IPCC

 Strategic aim	 Operational Objective	 Action
<b>C.difficile interventions</b>	Antimicrobial Stewardship	Undertake a Qi project to combine with updates to Microguide to improve CURB-65 scoring when prescribing for pneumonia.  Consultant Microbiologist and AMS pharmacist to deliver "antibiotic time out" sessions to areas of focus identified in AMS audits.  Monthly reports on antimicrobial stewardship to be reviewed by members of IPCC  Deliver education to nursing and medical teams on IV to Oral Switch  Deliver education on appropriate sampling for urinary tract infections and when to undertake urinalysis.
	Environmental cleanliness	Undertake enteric audits in response to a new C.difficile case in an inpatient area. Additional monitoring to include ATP testing of wards in the event of a PII/through request from senior IPCT  Work with facilities to build a case for a bed decontamination facility, to routinely decontaminate patient beds and bedside equipment  Work with facilities and clinical teams to plan and deliver a deep clean programme of inpatient wards, with prioritisation to ward areas where C.difficile has been more endemic.
	Education	Provide education at ward and department level as part of the enteric audit cycle on key elements of IPC.  Deliver bespoke educational event on C.difficile to Trust staff and students, incorporating key themes from incidents.

 Strategic aim	 Operational Objective	 Action
<b>C.difficile interventions</b>	Clinical Management	Weekly C.difficile ward rounds between IPCN, Microbiologist and antimicrobial pharmacist  Explore options for treatment pathways to incorporate FMT capsules from first episode of C.difficile to prevent relapse  Nursing Associate role in ED and admitting areas to improve clinical management of patients presenting with diarrhoea symptoms and ensuring samples are obtained.  IPC Nurse prescriber to support treatment plans of patients admitted with history of C.difficile and on confirmed results.
	Strong governance processes to embed learning from incidents of C.difficile infections	Undertake thematic analysis to indentify any priorities for education/ new interventions to prevent the incidence of C.difficile  Undertake a data collection for all hospital acquired cases of C.difficile and feedback learning to divisional teams. Follow HCAI governance process as set out in Trust IPC surveillance policy.

 Strategic aim	 Operational Objective	 Action
<b>Preventing Syndromic infections</b>	Preventing Pneumonia	Deliver ward level education on mouth care principles as part of proactive and reactive workstreams.  Participate in workstreams for the Eat, Drink, Dress, Move initiative and associated campaigns (Smile Month)
	Preventing Urinary Tract Infections	Participate in Nutrition and Hydration week and other quality agenda items associated with patient hydration  Undertake point prevalence study six months post implementation of urinary catheter packs
	Preventing Surgical Site Infections	Actively participate and contribute to the surgical site infection group. Link with CPEG for clinical products that demonstrate evidence as an intervention to reduce the incidence of SSIs.  Develop a business case for the implementation of an SSI team at the Trust  Undertake a One Together assessment of Trust theatres to identify areas for improvement in the surgical pathway  Provide support to maternity and surgical divisions in the investigation of surgical site infections and provide expertise to identify learning/divisional actions

 Strategic aim	 Operational Objective	 Action
<b>Infection Prevention in the Environment</b>	Note: some of the elements for this theme are already captured under C.difficile	
	Building Works	Support clinical and estates teams with all stages of planning for ward/department refurbishment programmes utilising infection prevention expertise
	Sustainability	Deliver the "Take your gloves off" campaign in an approach to improve hand hygiene standards and reduce use of single use plastics in healthcare
		Actively participate in Trust projects to improve sustainability with an balance with infection prevention standards
	Cleaning	Actively participate in the Trust Environmental Group, providing infection prevention expertise
		Work with facilities and clinical teams to demonstrate the value of role in preventing nosocomial infections. Incorporate elements of the "Cleaning for Confidence" campaign into promotional materials
	Water	Review clinical areas for risk of splash contamination and work with estates for environmental risk mitigations
		Actively participate in the Trust Water Safety Group, providing infection prevention expertise
Ventilation	Incorporate indoor air quality with CO2 monitoring and risk mitigations (Rediair) into infection prevention reviews of nosocomial respiratory infections and as part of the airborne/droplet audit cycle	

 Strategic aim	 Operational Objective	 Action
<b>Engagement</b>	Patient Voice	Collaborate with the patient experience team to deliver patient education messages in infection prevention
	Promotion	Deliver IP weekly updates with 5 key messages based on campaigns or learning from recent events
		Support delivery of staff vaccination campaigns through education, participation in forums and supporting roving vaccination clinics
		Deliver face to face bespoke sessions based on the focused IP themes with Trust staff
	Infection Prevention Team Development	IP team members to prepare abstracts for submission to upcoming Infection Prevention conferences and contribute as speakers
		Deliver a collaborative educational plan across WHT and RWT to educate infection prevention practitioners and build a strong networking platform
Staff recognition	Celebrate staff demonstrating high standards of IPC through a staff monthly IPC award programme	

Audit	Location	Plan	Related strategic theme
Full Ward Audit	All Inpatient Wards	To be completed by August 2023	Infection Prevention in the Environment, Infection Prevention Fundamentals
Community Audits	Community clinics and units	To be completed by October 2023	Infection Prevention in the Environment, Infection Prevention Fundamentals
Departmental Audits	Acute site departments	To be completed by January 2024	Infection Prevention in the Environment, Infection Prevention Fundamentals
Hand Hygiene and PPE	Acute services and community bed bases, community	Quarterly: June 2023, September 2023, December 2023, March 2024.	Infection Prevention Fundamentals
Hand Hygiene and PPE	Community nursing team	To be completed by October 2023	Infection Prevention Fundamentals
Indwelling device care	All Inpatient Wards	Bi-annually: August 2023 and February 2024	MSSA/MRSA interventions, Infection Prevention Fundamentals, Preventing Syndromic Infections
Enteric Audits	All Inpatient Wards	Reactive audits to new C.difficile cases, Norovirus or acute acquired CPE	C.difficile interventions, Infection Prevention Fundamentals, Infection Prevention in the Environment
Respiratory Audits	All Inpatient Wards	Reactive audits to new HCAI COVID-19 or Influenza cases/ outbreaks	Preventing Syndromic Infections, Infection Prevention Fundamentals, Infection Prevention in the Environment

Month	Theme
<b>April/ May</b>	Fundamentals of Infection Prevention
<b>June/ July</b>	Urinary Tract Infections
	Surgical Site Infections
<b>August/ September</b>	Indwelling device care
	Sepsis
<b>October/ November</b>	Winter Preparedness
	Antimicrobial Stewardship
<b>December/ January</b>	Winter: Reactive IPC work
<b>February/ March</b>	Multi-drug resistant organisms





Care Colleagues  
Collaboration Communities



Walsall Healthcare  
NHS Trust



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To deliver exceptional care together to improve  
the health and wellbeing of our communities

