



EEAST Infection Prevention & Control

Annual report

Report Period: 2023/24
Date of Report: Sep 2024

Our Trust

The East of England Ambulance Service (EEAST) provides emergency and urgent care services throughout Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk and Suffolk.

The east of England is made up of both urban and rural areas with a diverse population.

As well as a resident population of about 6.3 million people, several thousand more tourists enjoy visiting our area in peak seasons each year.

Our area also contains several airports including London-Luton and London-Stansted as well as major transport routes which increase the number of people in our region daily.



Further detail regarding the Trust can be found in the Trust annual report.

Introduction

The Trust puts infection control and basic hygiene at the heart of good management and clinical practice and is committed to ensuring that appropriate resources are allocated for effective protection of patients, their relatives, staff and members of the public. In this regard, emphasis is given to the prevention of healthcare associated infection, and the sustained improvement of staff practice and the cleanliness of our vehicles and stations.

The issues that the Trust must consider and include are:

The number and type of procedures carried out across the Trust and the systems in place to support infection control practice and decontamination.



The different activities of staff in relation to the prevention and control of infection.

The policies relating to infection prevention control and decontamination.

The staff education and training programs.

The accountability arrangements for infection prevention and control.

The infection prevention and control advice received by the Trust.

The integration of infection prevention and control into all service delivery and development activities.

What is the IPC annual report?

The annual Director of Infection, Prevention & Control (DIPC) report is a mandatory report for NHS Healthcare Trusts and is required to be completed in line with the Health and Social Care Act (2012).

It gives an account of infection, prevention and control activities within the East of England Ambulance Service NHS Trust during April 2023 to March 2024.

The IPC annual report covers:

The Infection, Prevention & Control (IPC) team infrastructure

Trust progress against its current objectives

How IPC standards and compliance is monitored

Sets out the goals and objectives for the coming year

Significant Progress in 2023/24

The approach within the Trust is that Infection Prevention and Control is everyone's business and without the efforts of every member of staff the Trust would not have made the significant progress with the IPC agenda that it has.

During 2023/24 there has been progress made in the following key areas:

Standing down of specific COVID guidance such as track and trace, social distancing and other specific national requirements that were ended.

Effective responses were maintained in relation to infection outbreaks. There are imbedded processes for dealing with infection risk in our call centres now due to the fragility of those services. Responses to increased measles cases were swift and ensured increased safety of staff.

The IPC team and estates team, in particular the facilities manager, began close working relationships and combined efforts in relation to IPC matters, such as clinical waste and premises cleanliness.

Training improvements were made with regards to clinical waste management.

Introduction of the correct clinical waste streams.

The National Infection Prevention and Control Manual was introduced.

Compliance audit facilitators were introduced into operational areas and trained by the IPC team.

The IPC team increased academic qualifications with one team member completing Post Graduate qualifications in Infection control.

A change in the approach to IPC and staff compliance was introduced and compliance with bare below the elbows requirement were significantly improved.

Overall audit compliance remained high particularly in relation to patient facing vehicles.

The Trust delivered an effective flu and COVID vaccine programme.

Trust IPC Infrastructure

NHS organisations are required to have in place systems to manage and monitor the prevention and control of infections, which should include all parts of the organisation from the front line to the Board.

Within EEAST everybody plays a part in reducing the risk of infection for patients, staff and the public. The Trust has a dedicated IPC Team which provides specialist IPC advice and guidance.



The main IPC team consists of:

Director of IPC and deputy director

Head of IPC

IPC Practitioner

3 IPC Auditors

The Trusts Chief of Clinical operations performs the duties of the Director of IPC role (DIPC) and is the executive lead for the Clinical Quality and Safety directorate, so has an integral role in developing and guiding the Trusts clinical governance and patient safety strategies. She is responsible for providing oversight and assurance on all aspects of IPC to the Trust Chief Executive and the Board.

The Head of Infection control post remains in as being permanently appointed to. The current head of department has been in post now for 4 years and has over 13 years' experience of infection control within the ambulance service.

The IPC Practitioner post was appointed to on a permanent basis by the candidate who had previously acted in the post as an opportunity to develop. He is an

experienced member of the IPC team and is also a qualified senior emergency medical technician who regularly undertakes bank shifts on DSA's.

1 auditor post became vacant at the end of the reporting period as a long-standing member of the team retired. Two existing auditors remained with the team after previously serving within frontline operations and have previous practical and theoretical IPC skills and knowledge. They have now gained further experience and are competent members of the IPC audit team.

The IPC team has also been working closely with the Trust facilities manager who has managed some projects that relate to this report including the clinical waste management improvements.

The IPC team provide expert knowledge, direction, and education in IPC issues across the Trust. The team liaise with clinicians, service line and directorate managers together with managers who have responsibility for estates, clinical governance, risk management, health and safety, occupational health, medical devices, procurement, and waste management.

IPC Reporting and Assurance groups

The IPC Group is the main forum for discussion concerning changes to policy or practice relating to infection prevention and control. The membership of the group is multi-disciplinary and includes representation from all directorates and senior management. The Group is chaired by the Deputy DIPC and meets bi-monthly. There are multiple groups which feed into the IPC Group and are supported by representation from the IPC Group membership.

The IPC Group reports into the Compliance and Risk Group, which in turn reports to the Quality Governance Committee, which is a subgroup of the Board. The IPC Practitioner and IPC Auditors attend Operational Delivery Group (ODG) meetings for each sector on a regular basis to highlight areas of good practice and to inform on areas of improvement for sector management teams and update on any new practices or processes.

IPC Auditing and Quality Assurance

The Trust has a comprehensive audit schedule which is reviewed annually; this incorporates audits for emergency and non-emergency vehicles, operational stations, staff uniform and IPC procedure compliance audits.

The Trust utilises three levels of audit. These are local managerial audits, quality assurance and external audits. Quality assurance audits are conducted by the IPC team to assess standards and ensure that a comparative audit standard is conducted by local teams.



External audits are conducted by the Community Engagement Group routinely.

The Trust utilises an online audit system for recording and analysing audit data. This system is live and allows for detailed central and local monitoring of the latest data, as well as comparison against previous results to establish trends and progress. It also has the capability to include pictures taken during the audit to help visualise any issues of non-compliance as well as elements of good practice. The system incorporates an alerts/actions and areas for improvement module which assists in the monitoring of the completion of the audit cycle.

The vehicle cleaning schedules include a 12-week service clean, which is a complete deep clean of all vehicle areas, and a 48-hour interim clean focusing on the priority areas of the vehicles at this frequency where possible. This is recorded online and reported monthly but can also be monitored live by the local managers and vehicle make ready teams to assess priorities and adhere to the schedule.

The vehicle audits primarily focus on vehicle cleanliness of the exterior, saloon, and cab, but also include elements relating to

Clinical waste & sharps,

Cleaning standards

PPE availability

Equipment servicing/availability.

The Trust schedule is for operational stations to be audited monthly. As with the vehicle audits the compliance standard is set at 85%, however the Trust has set the aspirational target of 95% compliance. 37 cleanliness audits were completed of our call centres which is nearly double the number of audits conducted the previous year.

Station audits focus on key areas within the station for compliance with cleanliness standards and Trust procedures. It includes:

Medical consumables and equipment stores

IPC notices/ information

Dirty utility, Kitchens, Toilets

Handling Clinical waste and sharps and management of linen

IPC Staff Audits

The Trust audits staff compliance with IPC procedures and practice through three different audit types:

Uniform compliance- primarily relates to compliance with the bare below the elbows policy.

QA10-this is carried out during a clinical ride-out observing compliance with IPC practice and procedures. This includes observation of correct PPE use, waste/sharps/linen disposal, hand hygiene and decontamination.

Hospital Ambulance Liaison Officer audits conducted at the point of care at patient handover. This includes observation of correct PPE use, waste/sharps/linen disposal, hand hygiene and decontamination of the vehicle.

Audit outcomes for 2023-24

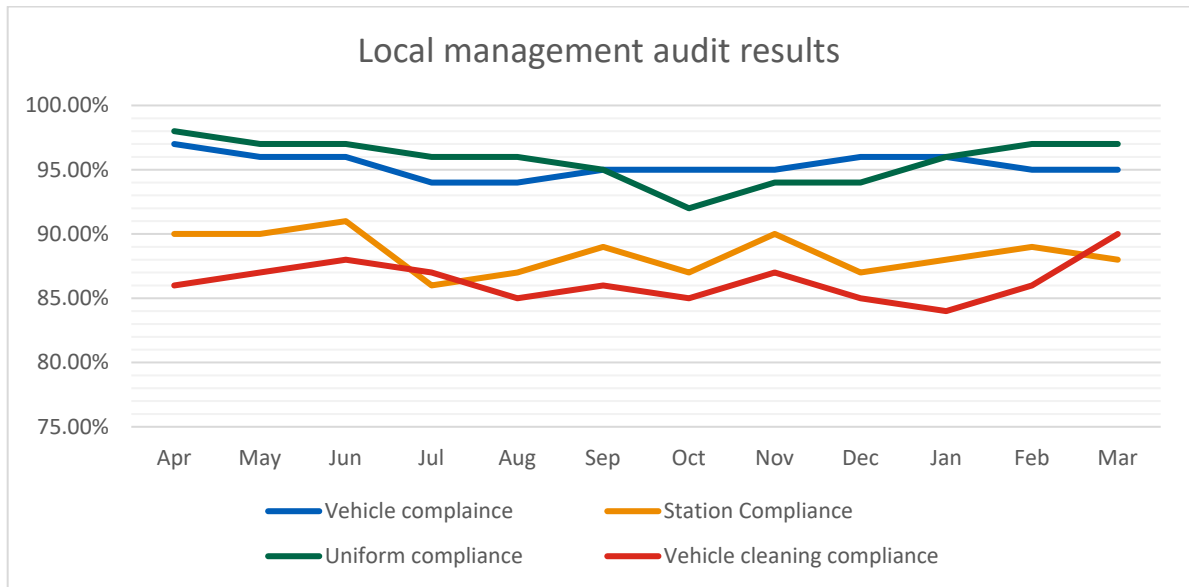
Quantity of audits completed

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Vehicle	355	431	432	458	407	412	420	444	424	477	453	454
Stations	80	76	78	79	72	82	78	80	80	83	82	81
Uniform	373	391	393	358	345	374	333	361	371	381	418	391
QA10	100	143	94	74	83	76	77	70	100	85	78	60
HALO	141	164	195	191	166	193	173	163	146	159	185	179

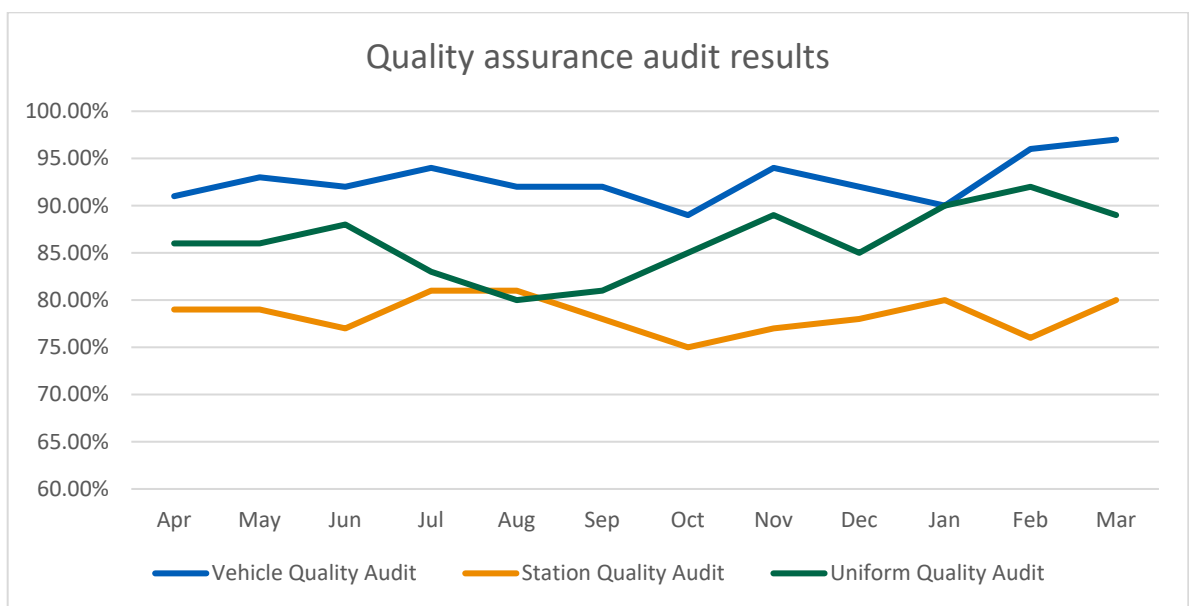
Quality assurance quantity

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Vehicle	22	19	30	12	28	28	19	15	8	4	5	9
Stations	26	25	22	29	31	30	21	29	29	24	31	16
Uniform	40	51	54	37	29	40	47	33	30	37	21	35

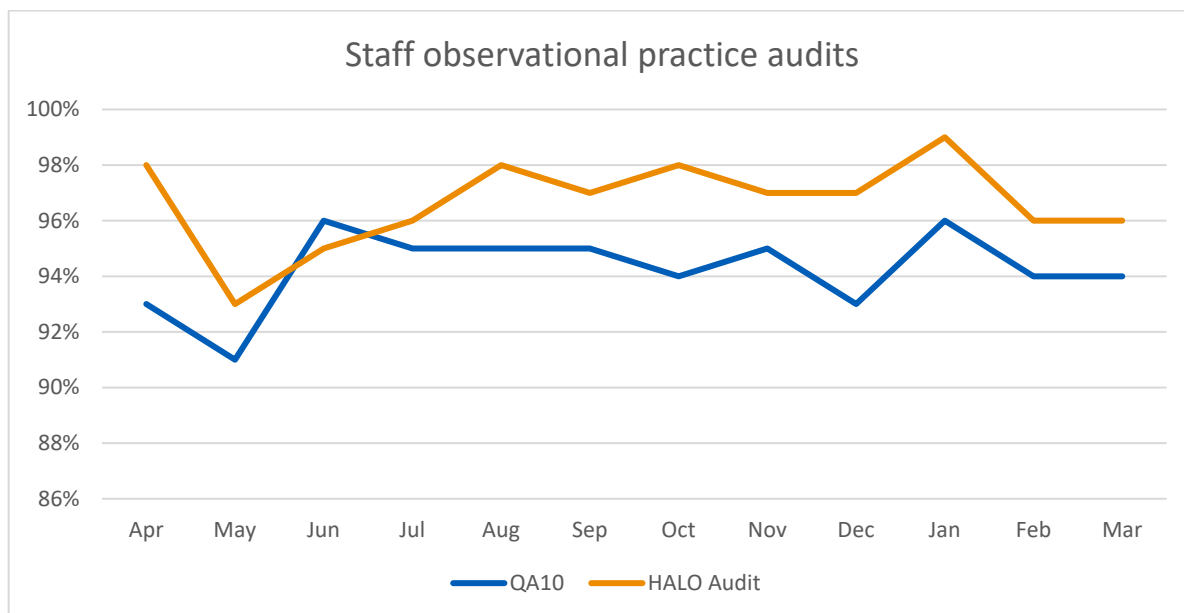
Table 1: Quantity of audits completed



Graph 1: Local management audit results 2023/24



Graph 2: Quality assurance audit results 2023/24



Graph 3: Staff observational audit results 2023/24

Compliance audit summary

The figures show little variance when compared with the quality audits which was a great achievement to gain that continuity and confidence that they are a true representation of the Trust safety standards.

The compliance against standards throughout the year showed that infection prevention control standards were continually met with most audits achieving above target.

The main area for improvement was the premises audits. There were some key actions taken to ensure that aspects such as housekeeping, and waste management were brought up to the aspirational target.

Compliance facilitators for all areas were identified and trained to enable them to be in place from the start of the new financial year. This role was integral to close the small gaps and maintain higher compliance on premises. The make ready teams are taking a more active role with certain areas of the premises following our introduction of make ready infection prevention and control champions. Infection prevention and control and estates colleagues are working closely together to bring the remaining parts of the cleaning standards on stations up to the aspirational level. Overall, the premises standards are good.

Occupational Exposure Incidents 2023/24

The Trust records incidents through the online reporting system, Datix to ensure ease of access staff can submit incident reports either online or via a single point of contact phone number. Where an incident occurs, the protocol is to follow immediate safety actions and then refer to A&E/OH for risk assessment to determine any necessary treatment or prophylaxis. The IPC related incidents are split into 3 main categories and are reported on through the monthly IPC report, they are classed as:

Occupational exposure incidents

Contaminated needle stick injuries

Splashes of blood or bodily fluids to mucous membranes

	Total incidents reported	Contaminated sharps	Splash incidents	Potential exposure
Apr	2	2	0	0
May	5	2	3	0
Jun	7	5	2	0
Jul	11	5	3	3
Aug	3	2	0	1
Sep	2	2	0	0
Oct	2	1	0	1
Nov	12	5	5	2
Dec	8	3	3	2
Jan	4	3	0	1
Feb	10	4	1	5
Mar	10	5	2	3
Total incidents: 76				

Overall, the total number of incidents reported equated to a reduction of 4 since the previous year. Although there was a reduction overall, the quantity of incidents reported was split fairly similar to the previous year. Many of the needle stick injuries are a result of failed cannulation and reminders are sent to staff regarding this risk. The exposures are often attributed to attending a patient and not immediately determining the infectious state of the patient. This is a challenge as we sometimes only have a small amount of information relating to the patient and staff cannot always immediately identify an infection risk. One mitigation we have to reduce the

risk of exposure is regular communication to clinical staff and call centres relating to prevalence of certain infections e.g measles. This has helped to raise awareness of the most prevalent risks and the response to take, e.g protective equipment to wear.

Measles Infection

We saw a national increase in measles cases across the country and in all localised cases EEAST was prepared with communications and staff vaccination. We continued to work closely with occupational health for colleague safety and preparedness. This was primarily relating to vaccination. Clinical instructions are now available to staff via our clinical app that guides staff on how to protect themselves and other patients, for example utilising the correct respiratory protective equipment.

COVID-19

At the beginning of the 2023/24 year the NHS moved away from the mandated COVID-19 guidance elements and EEAST closed our COVID-19 Track & Trace Service.

We implemented the standard IP&C precautions outlined within the NHS manual and removed the need for elements such as distancing and mask wearing on premises. We have not forgotten about COVID-19 and now continue to use vital learning from the pandemic to quickly react to emerging situations.

We utilised an outbreak management protocol as standard across EEAST and this was particularly beneficial in our call centres over the winter period. Those environments have a lot of colleagues working each shift so infectious outbreaks can have a devastating effect on staffing levels. Throughout the year we were able to quickly contain outbreaks of COVID-19, respiratory infections and gastro infections to protect colleagues and EEAST. This step up and down of enhanced IP&C precautions, mask wearing etc, was embedded into our usual business as needed.

Make Ready Service

Our Make Ready Service teams continued to expand during 2023/34 and all areas across EEAST have a team of make ready colleagues that prepare vehicles for operational use. This included ensuring the consumables and the equipment were clean, serviced and ready to use and maintained the daily and deep cleaning of vehicles as per the target.

Throughout the year the cleaning schedule was maintained above the requirement and even during times of extreme pressure over the winter period the compliance

was well maintained. The compliance checks completed by local managers and the IPC consistently showed that our vehicles were clean and safe for our patients.

Head of IPC Summary

The Infection Prevention Control Team provided assurance by conducting quality audits across EEAST and this consistently showed that figures being reported by local areas were accurate.

EEAST introduced a new clinical waste stream to align to waste standards which actually drove down costs and was better for the environment. This will continue to be a key focus for the coming year.

We embedded further observational audits of colleagues and worked closely with local management teams to ensure that infection prevention and control practices are followed perfectly to protect colleagues and patients.

One of our objectives was to increase compliance with the national bare below the elbow requirement. This was very successful, and EEAST went from around 50-60% compliant each month to over 90% compliant toward the end of the 2023/24 period.

2024/25 Objectives

Embed the correct clinical waste practices aligned to the new offensive waste stream.

Measured through roll out of the new requirements and the compliance against the NHS waste segregation target of 60% offensive. This will be measured via the collection process but will also be internally audited for correct disposal methods.

Work collaboratively with estates, in particular the Trust facilities manager on joint projects.

This will include incorporating the facilities manager into the IPC team to jointly oversee the projects that affect IPC compliance.

Incorporate medicines management and occupational health into the IPC group for greater assurance around antimicrobial stewardship and staff vaccination coverage.

This will be measured through the attendance of both leads to IPC group and the provision of key assurance updates. The IPC group can then have greater oversight

into the aspects of those discipline that enable greater infection prevention management.

Uplift academic qualifications of the IPC audit team and recruit to the vacant auditor post.

The primary goal for this will be to ensure the newest two members of the audit team commence the IPC diploma relevant to the role. Other training will be investigated such as leadership training for the practitioner.

Build on the implementation of area compliance auditors to increase accuracy of local auditing and standards on Trust premises.

This will be a key work stream for the audit team and will be assessed through the consistency of audit comparisons and the improvement in key compliance metrics such as the station compliance.

Work with the facilities manager to introduce and develop a new cleaning contract.

This will be implemented during 2024 and will be measured and monitored through the monthly audit data and the contract review meetings. The success of this contract will be measured against the new cleaning standards outlined in the tender document.

Investigate and trial antimicrobial coating products to reduce environmental contamination risk and develop appropriate cleaning solutions.

The products available to date have previously been unable to demonstrate longevity in the effectiveness. The head of IPC will work closely with a company to devise a long term trial and generate data to effectively measure the performance of the product and create a bespoke cleaning solution that is efficient and effective.