



EEAST Annual Director of Infection, Prevention & Control Report

Report Period: 2020/21
Date of Report: September 2021

EEAST: DIPC Annual Report
September 2021, V1.0

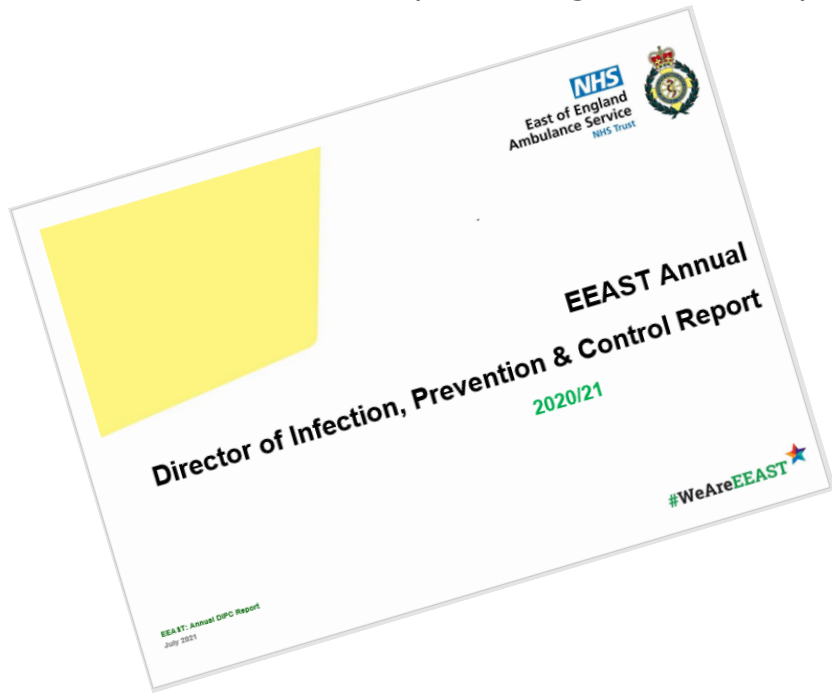
www.eastamb.nhs.uk

#WeAreEEAST 

Contents

Introducing the East of England Ambulance Service NHS Trust.....	4
DIPC statement.....	7
Introduction.....	8
Significant Progress in 2020/21	9
Trust IPC Infrastructure	11
IPC Reporting and Assurance groups.....	12
IPC Auditing and Quality Assurance	14
IPC Vehicle Audit Results	15
IPC Vehicle Decontamination	16
IPC Station Audit Results	19
IPC Management area visits/ COVID-19 Secure Audits	21
Community Engagement Group	21
IPC Staff Audit Results.....	22
Untoward IPC related incidents	23
IPC activities	25
IPC Programme 2020/21	32

Welcome to the East of England Ambulance Service NHS Trust Director of Infection, Prevention & Control Annual Report for 2020/21. This document has been approved by the Trust Board and is an accurate account of the Trust's Infection, Prevention and Control activities. In developing this annual report, we have set out a summary of achievements for 2020/21, and goals for 2021/22.



Where can you get hold of this document?

This Annual Report is available on the East of England Ambulance Service website from www.eastamb.nhs.uk or write to:

East of England Ambulance Service NHS Trust Headquarters, Whiting Way, Melbourn, Cambridgeshire SG8 6EN

Tel: 0845 601 3733



Introducing the East of England Ambulance Service NHS Trust

Our Trust provides emergency and urgent care services throughout Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk, and Suffolk.

During 2020/21 we also provided non-emergency patient transport services for patients needing non-emergency transport to and from hospital, treatment centres and other similar facilities within Cambridgeshire, parts of Essex, Bedfordshire, and Hertfordshire.

We cover an area of approximately 7,500 sq miles with a resident population of around six million people.

We employ more than 4,000 staff operating from 130 sites and are supported by more than 1,500 dedicated volunteers working in a variety of roles including; Community First Responders, Volunteer Car Drivers, BASICS doctors, Chaplains and our community engagement group.

The Trust Headquarters is in Melbourn, Cambridgeshire and there are ambulance operations centres (AOC) at each of the three locality offices in Bedford, Chelmsford and Norwich who receive over 1 million emergency calls from across the region each year as well as calls for patients booking non-emergency transport.

We have four main areas of service provision:



Response to 999 calls as an emergency and urgent care service

In 2020/21, our ambulance operations centre (AOC) received 1,301,888 emergency contacts from the public.

On average, over 3000 plus emergency 999 calls come into the ambulance service every day and are answered and managed in our ambulance operations centres.

The call handler records information about the nature of the patient's illness or injury using sophisticated software to make sure they get the right kind of medical help. This is known as triaging and allows us to ensure that the most seriously ill patients can be prioritised and get the fastest and most appropriate response.

Once this key information is established, the response will be selected from a range of care providers including a single clinician in a fast response car, a double staffed emergency ambulance dispatched on blue lights, or a clinical assessment conducted over the phone by an appropriate clinician for patients with conditions that do not require a face to face response. This response would include advice over the phone from a paramedic/nurse/social worker or a referral to their GP, pharmacist or walk-in centre.



Scheduled Care Service – Patient Transport Service

We provide a non-emergency Scheduled Care Service, more commonly known as the Patient Transport Service (PTS) to and from home to outpatient appointments at hospitals or other care centres around the region to help people who need assistance because of their medical condition or age. In 2020/21 we transported 64,408 individual patients, some of these patients travelled more than once, and in total, we delivered 426,799 journeys.

Special and partnership operations

The Trust operates two hazardous area response teams (HART) and has a resilience and emergency planning department who work closely with critical care charities and community volunteers to respond to a variety of emergency situations.

Commercial services

We operate a number of services which generate income for the Trust. These include first aid training, medical cover for events and festivals, medical repatriation, and the provision of management services to both the public and private sector through our National Performance Advisory Group. We also provide a contact centre which takes around 800,000 calls a year for more than 70 different contracts including the Patient Transport Eligibility and Booking Service for EEAST.

DIPC statement

2020/21 has been another progressive year for IPC in EEAST; good progress has been made in continuing to raise the standards and level of assurance across the Trust.

The routine decontamination of vehicles was highlighted as a previous area for improvement and by the end of the period the cleaning schedule compliance had increased significantly and maintained high compliance. This has been very successful in not only maintaining high cleanliness of vehicles but also in providing a higher level of assurance of the standards achieved.

The local manager audits and quality assurance audits resulted in good compliance most of the time, with some areas for improvement continuing to require attention. The areas for improvement, as highlighted in this report, will be a continued focus in the next 12 months whilst maintaining the high standards seen in other elements of safe patient care.

As a country and an organisation, we have had to work within a COVID-19 environment for the whole of 2020 and are still doing so up to this time in 2021. Changes in staff processes have been adopted in line with new guidance regarding PPE use and social distancing. Our COVID-19 vaccine delivery was a great success, administering two vaccine doses to 96% of staff.



Dr Tom Davis - Medical Director
Director of Infection, Prevention & Control

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 include:

- 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 activity.

What is the DIPC 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 2020 to March 2021.

The DIPC 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 2020/21

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 2020/21 there has been progress made in the following key areas:

The vehicle cleaning schedule compliance peaked the previous year at 81%, which continued an upward trajectory and maintained compliance above 90% throughout 2020/21

- Delivery of an effective flu vaccine programme
- Delivery of the COVID vaccines for both doses of 96% of Trust staff.
- Trust has supported the NHS response to the COVID-19 pandemic and developed ambulance sector specific guidance throughout the evolving incident.
- COVID Marshalls were introduced in 2020 to monitor the compliance against the COVID Working Safely Guidance for Ambulance Trusts and ensure that staff are aware and follow safe practices, including mask wearing, social distancing, hand hygiene and all other aspects that form the hierarchy of controls.
- The Trust has implemented stringent working safely practices across all sites.
- Delivery of COVID working safely training to staff.
- Individual issue respiratory protective equipment was introduced and continued fit testing programmes are ongoing.
- The IPC monthly report was developed into a detailed breakdown of area achievements and areas for improvement to be discussed at local operational meetings.
- The IPC team continues to take a strategic and supportive role, promoting local management ownership and accountability through monthly management meetings and auditor support.



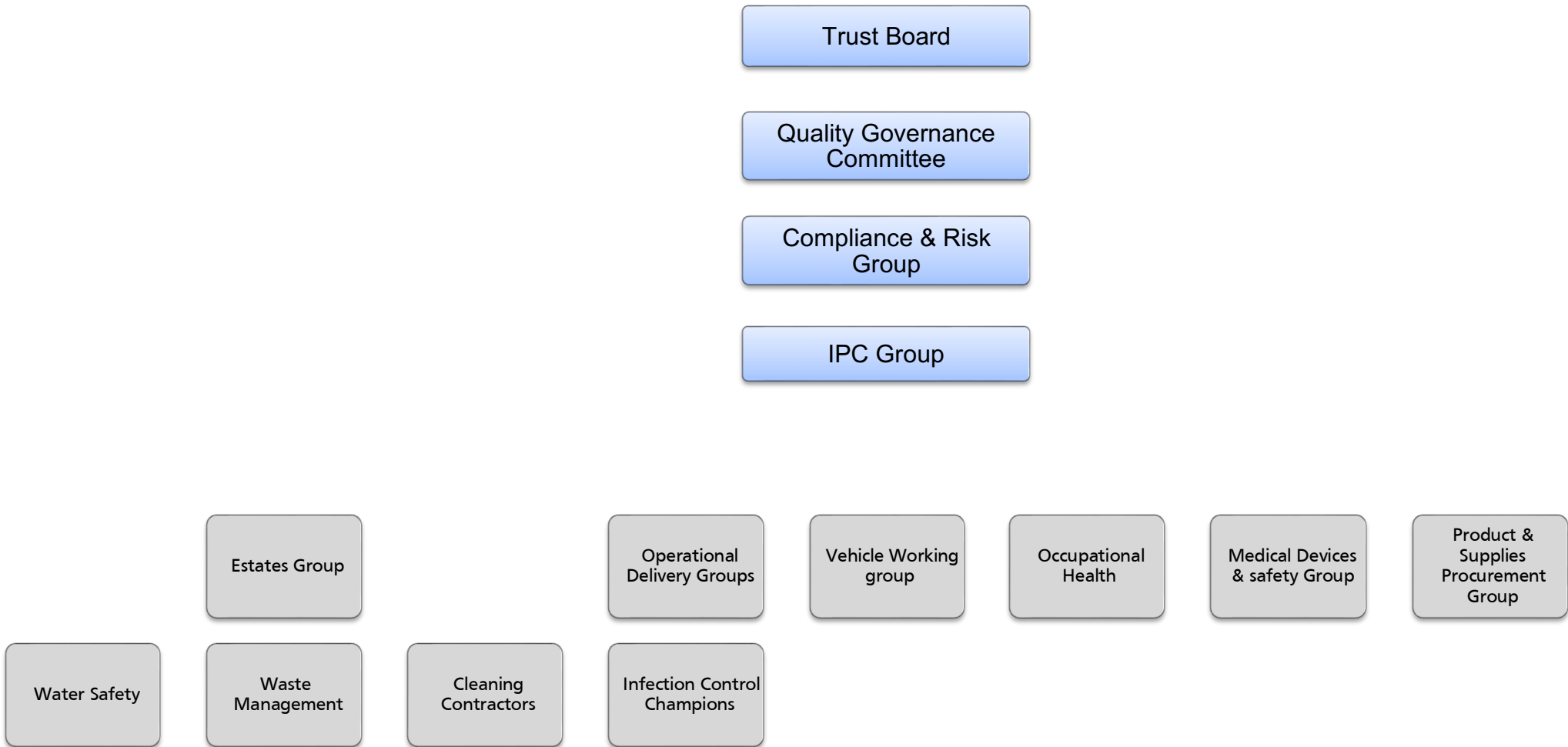
- Working with the National Ambulance Service IPC Group to developed standardised policies and procedure for the ambulance sector, this work is ongoing due to the impact of the COVID-19 Pandemic.

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 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 monthly 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.

- To have in place policies, procedures and guidelines for the prevention, management and control of infection across the organisation.
- To communicate information relating to communicable disease to all relevant parties within the Trust.
- To ensure that training in the principles of infection control is accurate and appropriate to the relevant staff groups.
- To work with other clinicians to improve surveillance and to strengthen prevention and control of infection in the Trust.
- To provide appropriate infection control advice, taking into account national guidance, to key Trust committees.
- To quality assure infection control audits within the Trust



IPC Auditing and Quality Assurance

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

The Trust utilises three levels of audit these are technical, managerial and external audits.

Technical level audits are carried out by operational staff at a local level.

Managerial audits are carried out by members of the local senior management team, IPC team or Clinical Quality Directorate managers. Auditing requirements were reduced during the first 2 months of 2020 due to restrictions in movement and the COVID-19 response. Audit requirements have been adjusted and amended throughout the period.

External audits normally carried out by the Community Engagement Group (CEG) throughout the year this has had to be postponed this year due to travel restrictions such as social distancing due to COVID-19 and working from home where possible instructions. This has reduced COVID transmission risk. All the Trusts clinical commissioning groups are invited to perform unannounced external audits throughout the year. The Trust also receives critical friend support and inspections from NHS Improvement.

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 or 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 IPC team produce a comprehensive Monthly IPC report which includes details of all of the audit activity and results which are discussed at local operational meetings and the infection control group meetings. There have been audit types developed throughout the year including observational audits of staff practice and COVID working safely audits. There have been times during this reporting period that the audit requirements were adjusted due to



instructions to remain at home where possible and also to allow local service delivery to balance monitoring and focus on primary care during the start of the pandemic. The monthly report is available on the Trust website www.eastamb.nhs.uk from the 15th of each month.

IPC Vehicle Audit Results

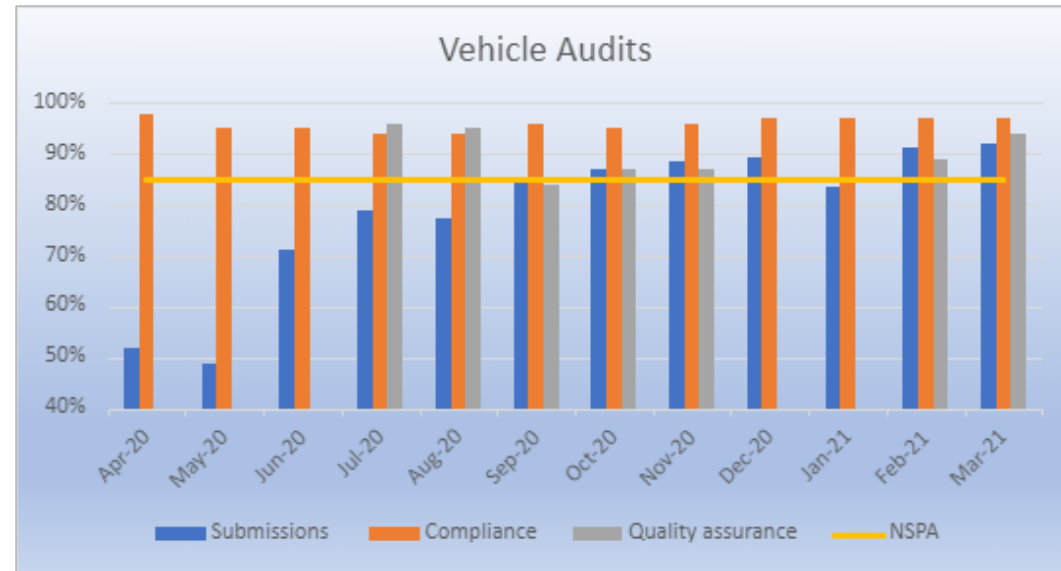
The Trust target is to audit 85% of the operational vehicles. Submission requirements were reduced in the early months of the pandemic, as the graph shows that reduction.

(Emergency and Non-emergency) each month*. During 2020/21 the overall average audit submission level was 79% and was below the 85% target most months. There were 7 months in total that this target was not met.

The audits primarily focus on vehicle cleanliness, but also include elements relating to waste, equipment servicing and availability, and medicines management.

The National recommendations for compliance levels is 85%, however the Trust has set an aspirational target of 95% and managed to achieve this in 12 months during 2020/21, with an overall average of 96%. The results are generally consistent with no major areas of concern highlighted.

The lowest area of compliance highlighted during vehicle audits was relating to waste in the saloon area of the vehicles. This element achieved 88% average for the year on DSA's (dual staffed ambulances). This achieves the recommendations of 85%, however lower than the 95% Trust target. This element for improvement relates to waste



requirements not being met such as removing the waste from the vehicle and correct labelling of sharps boxes.

All outcomes whereby the audit failed to achieve 85% overall, or there was a waste issue, would result in an online action plan listing all elements of non-compliance in an alert to local managers requiring explanation of rectification and closure on the online system.

Another area for improvement was und the service dates of medical equipment, specifically themes around mangar elks, stretcher clamps, oxygen pipelines and oxygen gauges

any areas of concern around equipment servicing dates were referred to Clinical Engineering to improve compliance. All other audit elements scored 94% or above on average for 2020/2021.

Throughout the year there were regular quality assurance audits performed. The quality assurance vehicle audits are conducted by members of the IPC Team and two different methods of audit are used. There is the full replication of the vehicle audit that local managers conduct, but also the Team conduct 'Vehicle Ready to Go' audits. These audits are conducted predominantly at the A&E departments during patient handover to assess the general condition of the vehicle and ensure that the 'Between patient clean' is performed in line with the cleaning requirements. The results of these are variable and generally 4% lower than the local audits. Good assurance is provided by the fact that

many of the same compliance issues were mirrored from the local to the quality assurance audits.

The main areas for improvement highlighted throughout the audits relates to the following:

- Saloon area waste compliance
- Safety with regards to patient stretchers
- Service dates for mangar elk lifting cushions
- No specific areas of saloon cleanliness or equipment serviceability issues, but varying minor issues found during audits with little trend or consistency in most cases.

IPC Vehicle Decontamination

The Trust has a vehicle cleaning program in place which ensures that the vehicle is decontaminated at key points, the key points from the program are:

- Between patient cleans- Between patient clean- this is a clean of the frequently touched surfaces following patient care and includes any equipment used by the clinicians during the patient care episode. It is primarily carried out during the hospital turnaround time utilising Clinell or Sanicloth universal sanitizing wipes by the crew.
- Interim clean- this is a more thorough clean of the vehicle surfaces and floor, this clean does not cover the inside of the cupboards (unless required) and includes the vehicle exterior and cab as required. This clean is primarily carried out on station utilising a detergent and hot water mix with disposable cloths by either the vehicle cleaning teams or crew. The schedule is for all patient carrying vehicles to receive this clean at least every 48hrs.

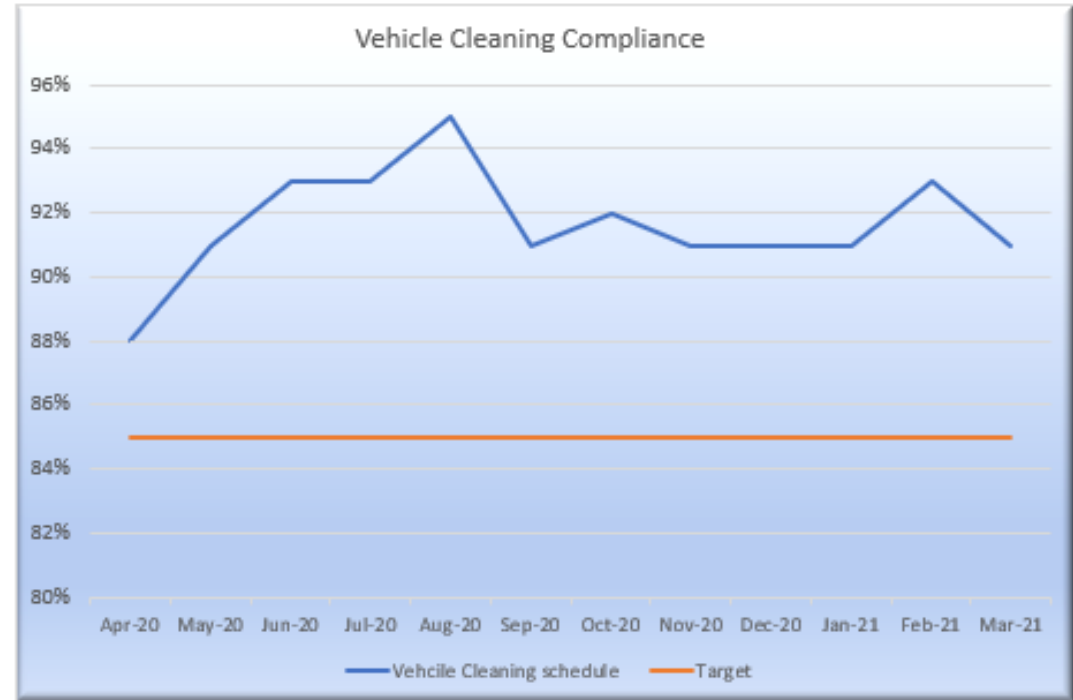
- Service/ Deep clean- this is a full clean of the vehicle whereby all equipment and consumables are removed and cleaned, the vehicle interior and exterior is fully cleaned and disinfected if required prior to all the equipment and consumables being replaced (once checked for expiration date and serviceability). The schedule being for all patient carrying vehicles to be deep cleaned every 12 weeks. Where required in addition to a general-purpose detergent a chlorine-based disinfectant is used.
- Emergency Decontamination clean- this is similar to the deep clean but is performed following incidents where the vehicle is heavily contaminated or has conveyed a highly infectious patient and requires full decontamination. This is performed as a two-stage clean first using a general-purpose detergent followed by a chlorine-based disinfectant.



This 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 be monitored live by the local managers and vehicle make ready teams to assess priorities and adhere to the schedule.

The service clean Trust target is 90% as the and the interim compliance was set at 85% as a target but between 75% and 85% is regarded as acceptable.

The service clean and interim clean schedules work in conjunction and the service cleans must be compliant in order to have a reasonable chance at maintain good interim clean compliance. As shown in the chart the lines for cleaning compliance follow a very similar pattern. During the course of the year the compliance with the vehicle cleaning schedule was always at 88% or above. The level of 88% was due predominantly in better planning of cleans between Make Ready and Operational teams and an increase in capacity of the make ready teams either with permanent or employment of agency staff. Training and consistent monitoring between the IPC team and make ready teams aided a targeted approach to vehicle cleaning. As part of vehicle decontamination, all vehicles are disinfected appropriately between every patient.



IPC Station Audit Results

The Trust schedule is for operational stations to be audited monthly; this does not include response posts or standby points*. As with the vehicle audits the compliance standard is set at 85%, however the Trust has set the aspirational target of 95% compliance. Submission requirements were reduced in the early months of the pandemic, as the graph shows that reduction.

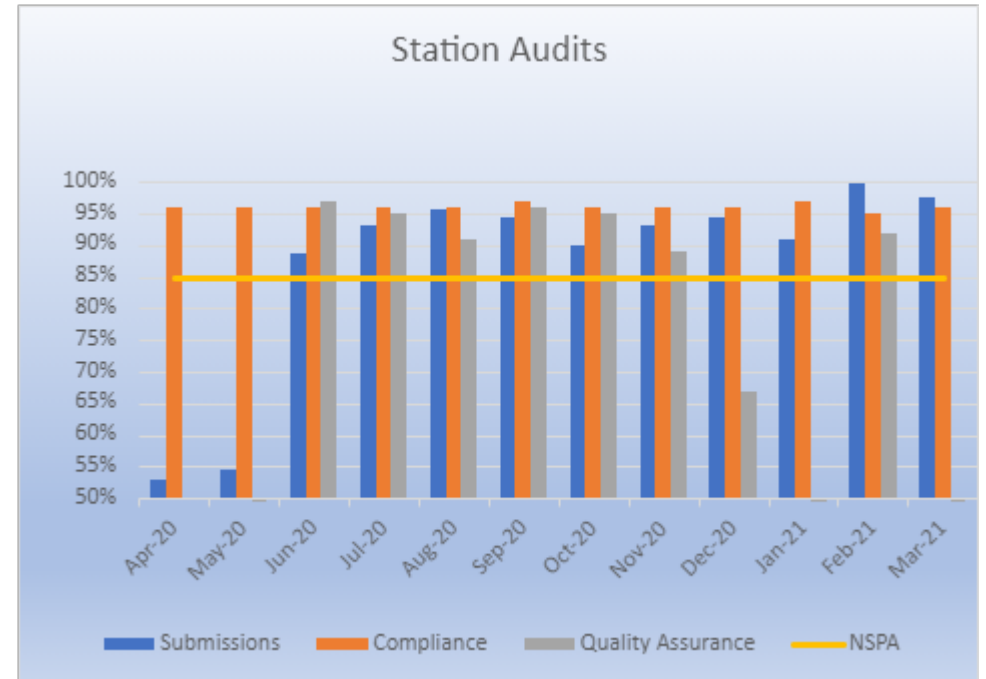
The station audits focus on key areas within the station for compliance with cleanliness standards and Trust procedures. It includes:

- Medical consumables
- Medical equipment stores
- IPC notices/ information
- Dirty utility
- Kitchens
- Toilets
- Handling and management of linen
- Clinical waste and sharps

The result of the audits was found to be, on average, 96% for the year which is above the Trusts aspirational target. The most found areas for improvement were kitchen areas. Cleanliness of dirty utility rooms in particular Hand gel dispensers, clinical waste bins and mop buckets not being

inverted were the main areas of concern. The areas of lowest compliance were still

above the minimum 85% requirement. The next lowest area



of compliance was medical store cleanliness which also achieved 94%. All other elements achieved above 92% on average.

The quality assurance audits results were found to be a true reflection of the local audits in most cases. The quality assurance results were mostly above 85% and there was only one month when the quality assurance results were below the 85% target. End of year average resulted in a

90% station compliance quality assurance score, which is 5% above the trust standard.

The main areas for improvement highlighted during the quality assurance audits are amalgamated with the issues raised above. These audits are a direct comparison and ensure that local auditing is accurate, and it is the intention of the IPC Team to conduct quality audits within a short time period following the local audit. The average time gap between local and quality audits for the year was 8 days. This time gap can be reduced however with a new member

of staff this has begun to happen the station audits were prioritised secondary to the vehicle and staff audits.

All outcomes whereby the audit failed to achieve 85%, or involved non-compliances in relation to waste, would result in an online action plan listing all elements of non-compliance in an email to local managers and requiring explanation of rectification and closure on the online system.

*No patient care is provided on any of the Trusts premises.

IPC Management area visits/ COVID-19 Secure Audits

The IPC Team had implemented a management area visit audit during the early part of 2020 however due to COVID-19 travel restrictions this audit was a pre-scheduled meeting between the local area manager and a member of the IPC Team. This should occur bi-annually for each management area with the requirement for each main HUB station to be audited in the way twice per year and the smaller satellite stations requiring one per year. To cover the inevitable loss of these audits a COVID Secure audit was written and carried out by a team of COVID-19 Marshalls on behalf of the IPC Team.

The COVID-19 Secure audit aims to give the Trust and local management teams assurance that the areas that they work in, and our staff work in are as COVID secure as possible the aim is to audit all trust sites once per week, any issues are highlighted to local managers at the earliest opportunity to enable compliance to be as high as possible. To supplement the COVID Secure audits Band 7 managers and above are required to complete a COVID working safely audit once a day for hub stations and once every four days for outlying sites this is carried out so that managers can be certain that their areas of responsibility are as safe as possible for their staff to work in.

The IPC Team looks forward to further continuing the Management Area visits as it is felt by all team members that these are a valuable addition to the auditing schedule of the IPC team but appreciate this will only happen when the current pandemic issues have resolved. We have introduced a team of COVID-19 Marshalls drawn from staff in each area of the organisation to undertake COVID Secure working safely audits on a weekly basis, this has shown a definite increase in compliance with the COVID-19 Working safely guidance.

Community Engagement Group

As with the Management area visits the CEG visits were temporarily stopped due to CEG members needing to isolate and shield as well as the need to maintain social distancing as required by the Government guidelines. The CEG visits with the members of the IPC team will resume once appropriate to do so, as these were valued by the team as it gave the team another viewpoint as to how compliant our stations were against IPC criteria. This situation will continually be reviewed to return to incorporating audits conducted by the CEG. The safety of patients and staff will continue to be the priority as this situation develops in the future and continuing innovative ways to adopt and monitor best practice will be a key priority.

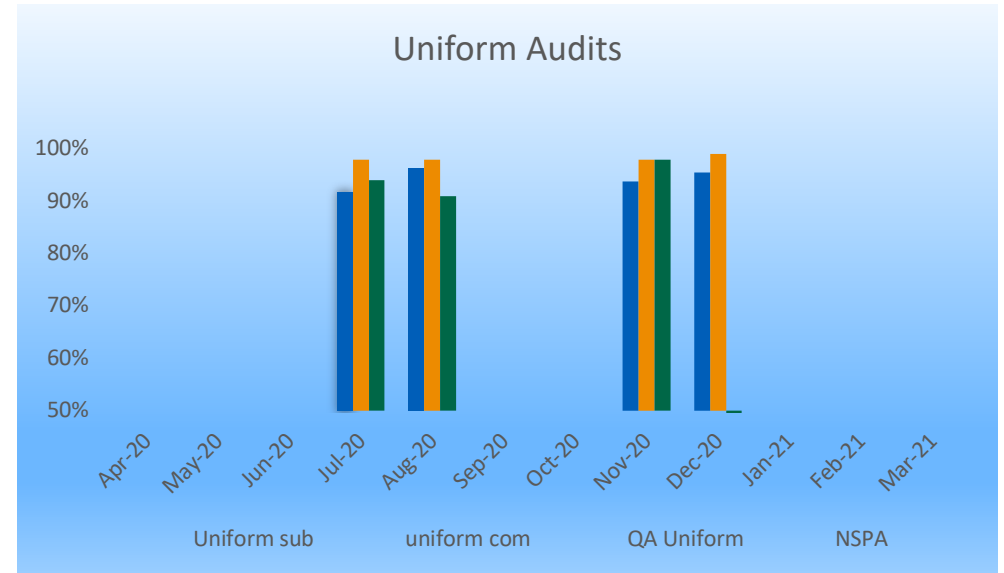
IPC Staff Audit Results

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.
- IPC practice- this is a theory-based audit whereby staff are asked questions relating to IPC practice and procedures.
- QA10-this is carried out during a clinical ride-out observing compliance with IPC practice and procedures

Due to the fact that clinical staff work individually or in pairs and cover a large geographical area it is not realistic or feasible for high numbers of observational audits to be performed. However, to facilitate an increased quantity of audits by the IPC Team we have split the practice audit into smaller sections which can be conducted more quickly and even at A&E in between patient handovers.

Uniform audits are required for 15 staff per management area per month throughout 2020/21. For 2020/21, the submission levels were above 85% for all months except the initial 2 months when audits were paused. The compliance level of local audits achieved above 95% in all cases and the quality assurance achieved above 85% on average. The themes of non-compliance found during the local and quality uniform audits were the wearing of wrist



watches although, this element did achieve 93% compliance through local audits. There were 6 IPC Practice audits conducted by the IPC Team during the year this was due to COVID-19 restrictions and the need for focus on COVID Secure audits. Observational audits carried out predominantly at A&E departments were introduced. These assess PPE use, decontamination quality and adherence to other practices such as waste disposal.

The IPC practice audit is carried out through a discussion with the clinical staff whereby they are asked a series of



questions regarding their understanding and compliance with IPC practices and procedures. This is in element groups including hand hygiene, bare below elbows, occupational exposure, personal protective equipment, and some non-IPC matters such as safeguarding and medicines management observation of the complete patient care episode.

There were 28 IPC Practice audits conducted by the IPC Team during the year and 1066 QA10 audits in total (595 more than the previous year).

There were 205 observational audits conducted at A&E departments. There were several months when these audits were reduced or not completed due to COVID safety.

The elements that were highlighted for improvement were

- Wrist watch wearing was the lowest element of compliance of the QA10 audits, although achieved 90% overall.
- Elements that achieved below 85% are:
- Staff knowledge of waste protocol, and some gaps regarding manual handling, whistle blowing and duty of candour procedure were found in knowledge audits. These are not IPC issues other than waste but are ascertained during these audits for joined up working.
- Staff use of PPE during patient care and in vehicle cabs, predominantly not wearing aprons with patients, and not always wearing masks in vehicle cabs. These were both measures introduced due to sustained community transmission of COVID-19.

Untoward IPC related incidents

The Trust records incidents through the online reporting system, Datix to ensure ease of access staff are able to submit incident reports either online or via a single point of contact phone number. 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
- Exposure to highly infectious patients During 2020/21 there were a total of 256 occupational exposure incidents.
- 57 contaminated needle stick injuries were reported, increase of 7 incidents from last year's total (50).
- 26 splashes of blood or bodily fluids, increase of 13 from last year.
- 133 exposures to potentially highly infectious patients, a increase of 129. The increase in these potential exposures is due to the COVID-19 virus and non-compliance with the correct levels of PPE being worn by staff when attending patients. These were incidents that identified potential exposures, but often the patient received a subsequent negative COVID test to confirm the staff either had or had not been exposed to COVID. If the patients status was unknown or known positive the staff remained in isolation as per guidance. If the patient was confirmed negative, the staff member returned to work but those cases are still included in these results. Sometimes the use of correct PPE was considered difficult by staff when the nature of a patient changes unexpectedly and the crew commence critical care.

order to assess the necessity for further communications to staff and/or changes to local processes.

	Total no. of Incidents Reported	Contaminated Sharps	Splash Incidents	Exposure to infectious substances/patient	Relating to clean sharps
Apr-20	13	6	1	1	5
May-20	11	6	0	1	4
Jun-20	12	5	2	0	5
Jul-20	12	7	3	0	2
Aug-20	11	5	3	0	3
Sep-20	6	2	0	1	3
Oct-20	14	5	2	2	5
Nov-20	24	2	2	18	2
Dec-20	31	4	5	18	4
Jan-21	52	5	2	42	3
Feb-21	24	3	2	17	2
Mar-21	46	7	4	33	2
Total	256	57	26	133	40

Any themes in incidents are assessed through the monthly reporting and raised via the local management meetings in



**flu
fighter®**



Even healthy people can get the flu – even if you feel well, you could still unknowingly spread the flu to patients and others.

IPC activities

Vaccinations: Flu & COVID

As a responsible healthcare provider, the Trust promotes and encourages its entire staff group to get the seasonal flu vaccination. The vaccination, although recommended and acknowledged as the most effective method of reducing the spread of flu, is not mandatory. All NHS Trusts face challenges in delivering the flu vaccinations and this is particularly challenging within ambulance Trusts due to the large geographical areas and logistical issues.

During the 2020/21 flu campaign a total of 75% of EEAST staff were vaccinated which is around the same as the previous year. The Trust also delivered a successful COVID vaccination program throughout the start of 2021. 96% of staff received two doses of the vaccine in line with the recommendations.

Training

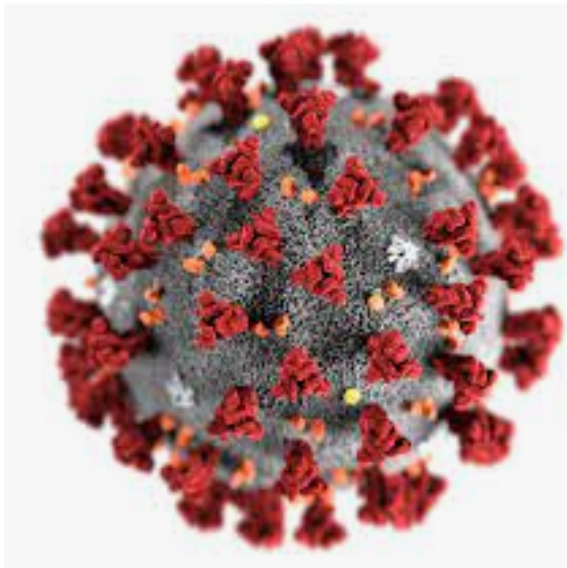
IPC training is covered with all staff in multiple formats. All clinical staff receive specific IPC training relating to their role and clinical level, this is covered through all clinical training courses. Non-clinical staff also receive IPC



awareness training through the Trust induction upon joining the Trust.

Further to this IPC is included within the regular mandatory training for all staff; this is delivered as mixture of classroom sessions and eLearning/ workbooks. A total of 89% of clinical staff completed their mandatory training during 2020/21. The Trust also supports local universities with delivery of IPC training to paramedic science students prior to operational placements. An additional training package for all staff to learn the COVID protection rules and safety guidance was created and was completed by 91% of all staff.

Outbreaks: COVID-19



In December 2019, a new and emerging virus was identified in Wuhan, China. Towards the end of January there was an outbreak of a novel coronavirus identified in China, which resulted in the World Health Organisation declaring a Public Health Emergency of International Concern (PHIC) and the NHS declaring a Level 4 incident on the 30 January 2020. The Outbreak was then declared as a global pandemic on the 12 March, with the UK entering a full national lockdown on the 23 March 2020. Easing of lockdown restrictions occurred in subsequent months but throughout 2020/21 there were several episodes of rises and falls in COVID cases and the government lifting and reintroducing of different restrictions has been occurring throughout the time period and has continued well into 2021.

The COVID-19 pandemic has brought significant challenges to the healthcare system as a whole and through this the various elements have pulled together to work tirelessly to ensure that our patients receive the highest quality care.

Throughout the pandemic the Trust has continued to follow the national guidance and worked to ensure our staff were kept up to date with the frequent changes. Which often required implementation at short notice due the emerging nature of the pandemic, as new evidence was discovered. There was a total of 13 COVID-19 outbreaks across the Trust throughout the period which were managed using a Trust Track and Trace team to determine the contacts of positive cases and to ensure they were removed from the workplace and to isolate. This has been instrumental in ensuring that as soon as staff were identified as symptomatic or positive a stringent testing and tracking process was conducted. The Trust worked alongside PHE and NHSEI through out all of these outbreaks and having regular meetings and reporting mechanisms to ensure appropriate outbreak management.

At each stage of the pandemic the Trust has introduced new processes, including new technologies such as lateral flow testing to ensure timely responses to the evolving pandemic. Testing has been made available to all Trust staff and is another tool in the identification of COVID used to keep the workforce and our patients safe.

The COVID-19 pandemic continues, and it is still very much an evolving situation with the potential for a further waves. The Trust continues to proactively manage its response whilst reviewing the learning from the previous waves of the pandemic in preparation.

COVID Working Safely

In April 2020, the initial requirement for COVID safely working was to install a COVID checkpoint at each Trust site. The checkpoint included posters instructing staff to 'Stop' and 'Check' temperatures and symptoms and sanitise hands prior to entering our Trust premises. These checkpoints were audited by local managers and where possible, the IPC Team, although movement was also limited in line with restrictions.

The guidance used to form the Trusts assurance of COVID-19 Security is based on the Association of Ambulance Chief Executives (AACE) Working safely during COVID-19 in Ambulance Service non-clinical areas and Health and Safety requirements.

In June 2020, a comprehensive set of instructions were issued, with several subsequent versions issued as throughout 2020 the guidance developed. This incorporated many additional requirements for changes in the workplace including elements such as:

- Conducting risk assessments
- Working from home
- Furniture adjustments
- Social distancing
- Decontamination
- Barriers and screening
- One-way systems
- Reducing staff contacts
- Track and Trace
- Ventilation
- Personal Protective equipment (wearing masks in Trust premises)

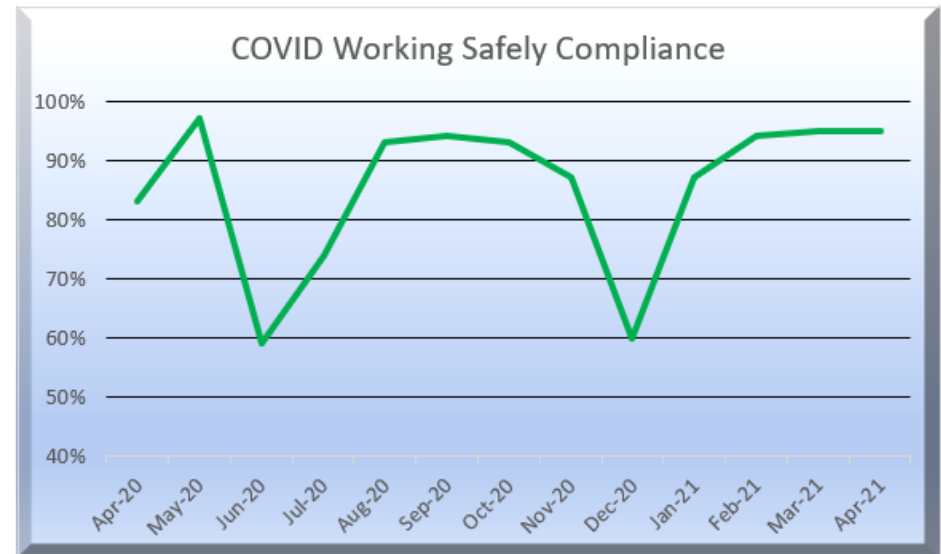


Since April 2020 Trust premises have been inspected as a COVID Secure and 'Checkpoint' audit 2291 times. 1762 of these audits have occurred since the introduction of COVID Marshalls in December 2020

The following chart shows the overall compliance against the COVID Secure audit dictated by the Working safely guidance.

As shown, there are 3 significant peaks and 2 significant troughs in compliance. These rises and dips are explained by key milestones in the development of a safe working environment. Firstly, April and May were assessed against only the checkpoint posters which achieved high compliance during May.

The large decrease in compliance throughout June is explained by the introduction of the comprehensive guidance requiring many more workplace adjustments, screens etc. For several months, the compliance against the criteria improved however there were further changes implemented including the mandatory wearing of masks in buildings. The close working between the IPC Team, the Trust H&S lead and the HSE during October and November aided further development of the inspection criteria and so the COVID Marshalls were introduced to audit more stringently and frequently. This resulted in the second large drop in compliance, which is a positive aspect as the improvements required were being raised in line with new requirements and often. As shown, there was a sustained improvement each subsequent month following the COVID Marshall implementation.



Trends, themes, and areas for improvement

During the period immediately following COVID Marshall auditing there were several key themes identified including:

- Out of date or inadequate/missing risk assessments
- Inappropriately placed furniture.

- Missing screens or physical barriers between staff workstations.
- Lack of adherence to staff room quantities and therefore social distancing.
- Non-adherence to mask wearing (in vehicles and on stations).
- Missing disinfectant wipes, hand sanitiser and thermometers around stations.
- Missing instructional signage.
- Adjustments that were reasonable not being implemented.

Most of those issues improved significantly over the months, as the graph shows, following the weekly Marshall auditing and became less frequent individual issues, rather than widespread themes. Continued high compliance is recorded in most areas of the Trust and continued improvements made where necessary.

IPC Programme 2021/22

The Trusts IPC program and annual plan are maintained within a dynamic governance and assurance framework program. This is utilised to monitor Trust compliance with regulatory requirements and compliance. This system supports the local management teams in having clearer visibility of their requirements and supports local ownership.

The level of IPC related occupational exposure incidents has increased throughout this reporting period. This remains an area for further improvement. A review of the causes and prevention measures for these types of incidents will be a priority for 2021/22.

Priorities for 2021/22 include:

- IPC response to the COVID-19 Pandemic
- Reviewing and learning from the COVID-19 pandemic and Trust response
 - IPC Training review
 - PPE review
 - IPC Policy & Procedure review
- Development of IPC champions and compliance auditors across the sectors.
- Learning from exposure incidents and implementing reduction plans.
- Review of the IPC Team auditing capacity to consider opportunities for increasing audit levels and support to operational teams to further promote local ownership. Filling substantive positions and building resilience within the team.
- Work strategically with all disciplines to promote continuous ongoing infection control development. Ensuring continuity and streamlining of monitoring and workstreams of key contributors to IPC delivery.
- Work in conjunction with the National Ambulance Service IPC group to develop consistency across all UK Ambulance Trusts-carried over from last year due to COVID-19.
- Continue to increase the levels of IPC practice auditing and staff understanding of IPC principles/ procedures.

- Continue to improve networking and communications across all aspects of healthcare economy within the East of England.
- Further develop monitoring and quality assurance of the Trust third party providers e.g. Independent private ambulance services, Air ambulance providers