

SUMMARY OF ACTIVITY 2023/24

1. Introduction

The Infection Prevention and Control work stream within the integrated Health Protection functions of both Lincolnshire County Council (LCC) and NHS Lincolnshire Integrated Care Board (LICB) incorporates strategic assurance and reporting against the 10 criteria of the Hygiene Code, strategic support and advice to commissioners of LCC and LICB funded services and an infection prevention and control (IPC) support provision to both social care and primary care settings.

The LCC and LICB Health Protection Teams assess compliance evidence to ensure providers have the appropriate infection prevention and control systems and processes in place to provide good quality, clean, safe care in accordance with Regulation 12 of the Health and Social Care Act 2012 and other key national and local policies. Triangulation of assurance is achieved by strict scrutiny and oversight of Healthcare Associated Infections (HCAI's), related serious incidents (SI) and by conducting quality assurance visits at provider sites. Other forms of assurance are obtained to add to the 'confirm and challenge' element of the assurance process.

They coordinate and chair their respective quarterly Link Practitioner meetings for Social Care and Primary Care, providing a support function to these areas in terms of IPC. The Health Protection Teams also provide online platforms for sharing policies, guidance and resources as well as a discussion forum for peer support within their respective settings.

The Communicable Disease Control workstream involves joint working of the Health Protection Teams team following notification of an incident or outbreak by UKHSA. This typically involves planning and preparation in mounting an appropriate response to the given situation. This may involve deployment of staff to a site to administer prophylaxis, coordination of mass screening or treatment or ensuring prophylaxis or treatment is available to those affected by other means and providing advice to prevent onward transmission. The success of the response depends on good communication with other stakeholders and specialist knowledge of the diseases involved and responses required.

2. IPC assurance and support to NHS commissioned services.

The LICB Health Protection team leads on both the assurance and support elements for IPC in the 'Health' element of the Lincolnshire system. For assurance, the LICB Health Protection team follows the quality assurance frameworks for both commissioned providers and primary care to ensure consistent approach to the assurance pathways for the wider quality functions of the LICB.

For all commissioned service other than primary care, the IPC assurance schedule is assessed based on the level of clinical risk (specific to IPC related interventions) held by that provider i.e. an acute hospital trust would need more oversight and higher levels of assurance compared to an elective MSK service provider. In terms of IPC support, the larger organisations have their own 'in house' IPC teams so need little in the way of advice and support however for smaller providers, access to the LICB Health Protection Team for advice and support is routinely offered.

For primary care more structured support is offered including online access to IPC resources i.e., Template policies, IPC guidance and forums etc. all hosted by the LICB Health Protection team. The team also provide a quarterly IPC Link Practitioner meeting/training session and offer supportive visits to practices as needed.

3. IPC assurance and support to LCC commissioned services.

Since April 2013, all providers of Health and Adult Social Care are required to register with the Care Quality Commission (CQC) and declare themselves compliant against the Health & Social Care Act 2012, and for Outcome 8 (Regulation 12) of the Essential Standards of Quality and Safety and its supporting document '*The Code of Practice on the prevention and control of infections and related guidance*' (revised July 2015)¹.

Lincolnshire County Council (LCC) as the commissioning organisation for Adult Social Care has a responsibility to monitor and performance manage care providers, to ensure compliance and delivery against the ten IPC, this role is undertaken by the Local Authorities Commercial and Contract Team; supported by the Health Protection Team, who provide specialist support and advice through inspection with supportive reports. Formal assurance processes provide IPC assurance to the Director of Public Health and Health & Wellbeing Boards.

The Local Authority Health Protection IPC programme seeks assurance across H&SC economy and in addition, delivers a functional role through the provision of specialist support to commissioners. Through the programme, there is also the provision of a tailored IPC service which incorporates IPC inspection programme, including a countywide link champion network for Adult Social Care services. The Local Authority Health Protection Team work closely with the CQC and wider Lincolnshire health and care system to ensure that IPC standards in Local Authority commissioned care services are maintained. Where standards fall below that which was expected or where there are professional concerns pertaining to IPC quality and outbreak management, settings are actively followed-up with a reactive IPC inspection.

The tangible positive impact of such intervention for the Lincolnshire health and care system has been highly commended, particularly considering the system pressures felt across acute and community services. In several cases, such interventions have averted regulatory action such as deregistration, improved patient outcomes, avoided hospital admissions, and has supported providers in raising their standards and building resilience amongst staff.

4. Communicable disease incidents and outbreaks

The integrated Health Protection functions are responsible for the response to incidents and outbreaks of infectious disease in Lincolnshire. This may be offering specialist advice and support as part of the Outbreak Control Team (OCT) and Incident Management Team (IMT) meetings which are chaired by UKHSA, issuing prophylactic antivirals or antibiotics, mass vaccination or screening.

¹ [The Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/401222/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance.pdf)

Examples of the work undertaken by the integrated Health Protection teams during 2023/24 include 2 large scale TB screening events. The first, in Boston, screened the homeless population and the second, factory workers in Spalding. Both incidents were coordinated by the integrated Health Protection functions and included partnership working with other stakeholder organisations to ensure each contact was maximised in relation to services most useful to the patient cohorts in line with 'Making every contact count' (MECC) principles.

- **Boston: Tuesday 14th March**

Find and Treat X-Ray service were involved in the screening process. Covid/Flu vaccinations were also offered to those screened. Health Promotion stands included: We Are with You – substance misuse, LPFT – smoking cessation advice, Framework – housing, hostel and employment advice, Lincolnshire Integrated Sexual Health Service (LiSH), Specialist Neighbourhood Practitioners – engagement and GP registration, Positive Health – to work alongside LiSH, UKHSA Field Services – data input.

- **Spalding: 20th and 21st June**

IGRA blood tests undertaken by TB team with support from system partners. Health promotion stands included: We Are with You – substance misuse, LPFT – smoking cessation advice, Positive Health, UKHSA Field Services – data input.

5. System level support and coordination

A system wide IPC group is established which runs quarterly and is jointly chaired by LICB and LCC. This group is represented by all NHS Trusts (including EMAS) and smaller provider organisations including primary care. The LCC representative acts as the liaison for adult social care. The purpose of the group is to share updates or changes to practice, to learn from each other's work and to work on joint projects such as the Gram-negative bloodstream infection reduction plan and the system coordination of the Link Practitioner networks.

The group shares on the leadership of the joint project working and all participants are expected to provide feedback on their respective activities at each meeting.

6. Health Protection activities across health and care

The tables below show the various activities carried out by the LICB and LCC Health Protection teams.

LICB activity Q1-Q3 2023/24

In support of the wider NHS LICB quality programme, the Health Protection team have conducted a number of both quality improvement and quality assurance visits. A number of the assurance visits were intelligence led i.e. following a concern raised either by other supporting teams or through complaints and patient experience information. This allowed the team to assist the providers with both a report and corrective actions to address any potential non-compliant issues.

Other visits were carried out at the request of the provider (especially in primary care) so that they could ensure safe practice was being managed and to prepare for regulatory and contractual compliance visits. This also applied when services were looking to carry out refurbishments to their environments and technical IPC advice was needed to ensure that any works were compliant at the planning stages.

The close working relationships developed by the Health Protection team means that acquiring the necessary assurance evidence for IPC compliance is relatively straight forward. The team can plan and support the provider services on a priority basis whilst still maintaining a working relationship with those areas that have not required a more urgent IPC support offer.

| | Q1 | Q2 | Q3 |
|--|----------------------|-------------------------------------|-----------------------------|
| Primary Care IPC assurance visits | 24 | 16 | 21 |
| Secondary Care IPC assurance visits | LCHS LPFT ULHT | LCHS ULHT LPFT - cancelled | LCHS ULHT LPFT |
| Primary Care Surgery accreditation visits | 3 | 6 | 2 |
| Training delivered (in man hours) | 18 hours | 12 hours | 19.5 hours |
| Link Practitioner sessions delivered | 3 virtual | 2 virtual 1 face to face | 2 virtual 1 face to face |
| Conference attendance | 4 | 0 | 3 |
| Outbreak management (in man hours) | 110.5 hours | 96 hours | 74 hours |

LCC activity Q1-Q3 2023/24

| | Q1 | Q2 | Q3 |
|--|----|----|-----|
| Social Care IPC proactive assurance visits | 76 | 82 | 109 |
| Social Care IPC reactive assurance visits | 0 | 2 | 1 |
| Training delivered (No. settings) | 45 | 56 | 67 |
| Link Practitioner sessions delivered | - | - | - |
| Outbreak Identification & Rapid Response (No. outbreaks reported and managed) | 52 | 30 | 44 |
| Complex Case Reviews | 0 | 1 | 0 |

During 23/24, the Health Protection Team paused the Social Care Link Practitioner programme and entered into formal consultation to develop a new Link Champion Framework, reflecting the [Infection Prevention and Control Education Standards](#).

As an alternative to the Link Champion Programme for 23/24, the following support has been provided:

- Individually tailored education sessions (detailed above)
- Webinars (offered to all 287 providers, 32 homes engaged (11.4%))
- Focus Groups (to date approximately 30 homes have engaged with these focus groups. Further focus groups are scheduled to take place in Jan 2024.)

7. Quality improvement projects

NHS LICB

The team have worked to support primary care with IPC improvements over the past year and their work is based on the quality framework system of prioritising practices with the most urgent need. They have also provided community surgery scheme premises accreditation certification to allow for better access to minor procedures for patients in Lincolnshire.

There has been a programme of IPC quality assurance visits conducted in the LICB commissioned services with a focus on supporting NHS trusts and primary care. This work is planned and coordinated with each provider to ensure an integrated approach to the challenges and successes.

The LICB team have supported the Gram-negative bloodstream infection reduction plan, and a sub-group of the system IPC group has been established to take this programme forward. The sub-group reports into the system IPC group on a quarterly basis.

Other LICB Health Protection chaired groups include the system TB group and the system sepsis group. Each group meets quarterly. The TB group reports in to both OQAG and Health Protection Board and the sepsis group reports into the IPC group.

LCC

Lincolnshire Health Protection Service has a robust framework in place to seek assurance, as outlined above. Central to this framework is a programme of quality improvement, which comprises of the following workstreams:

- **Proactive IPC visits to care homes** – This is a programme of planned inspections to care homes to seek assurance on IPC practices and provide recommendations for improvements in line with the Health Protection Assurance Matrix. Inspection findings are routinely shared both internally to LCC and externally to the CQC. Themes of inspections are monitored and addressed via the Local Authority Service Quality Review Meetings and are incorporated into IPC training and education programmes.
- **Reactive IPC visits to care homes** – Where services fall below required standards, the Health Protection Team undertake reactive visits and work with the Provider and LCC commissioning and contracting team in the development of action plans to support contract officers to achieve the required improvements through contractual performance monitoring. These visits are conducted using an evidence-based Quality Improvement Tool.
- **Guidance for Professionals** – The provision of specialist and technical advice is fundamental to the role of the Health Protection service. This includes the production of guidance and resources for professionals including topic specific comms bulletins, standard operating procedures, risk assessment templates.
- **Education programme** – A range of options are in place to deliver IPC training and education that is accessible to providers of Adult Social Care, including Care Homes, Adult Day Centres and Domically Care Providers. The focus of this programme is not purely driven on delivering content but in ensuring that a two-way dialogue can be maintained between the settings and the Health Protection Team to provide direct support in reach and facilitate wider engagement opportunities.

- **Service Quality Review** – Service Quality Review meetings are held monthly. This meeting brings together professionals from across the system including the LA Health Protection Team to discuss by exception, homes with defaults or suspensions in place, or where there may be poor practice concerns or quality indicators which merit further review. This forum facilitates the sharing of information, triangulating and managing risk. Issues raised in this meeting relating to IPC by other professionals are acted upon promptly, with feedback following previous visits disseminated. Themes identified in this forum are then shared within the Lincolnshire System Quality Group to support broader Quality Improvement activity and initiatives.
- **Enhanced Health in Care Homes** – There are several interdependencies with other programmes of work across Adult Social Care which relate to some aspects of IPC assurance. One of these areas includes the Enhanced Health in Care Homes Framework which relies on multidisciplinary working across the health and care system to improve the health of residents in care homes and support the people who work there. The Local Authority Health Protection Service works collaboratively and co-chairs the Enhanced Health in Care Homes Steering Group, to develop initiatives and programmes of work which seek to improve quality in care homes. Work programmes currently supported through this programme include the **‘Intravenous (IV) in care home pilot’**, **‘To Dip or Not to Dip’** initiative which aims to reduce gram negative infections and **‘Identifying Deterioration’** which focuses on helping care staff to recognise the signs of sepsis within the elderly or those compromised.

8. Current system performance data for health care associated infections (HCAI)

Nationally, ICB’s have been allocated trajectories for certain health care associated infections (referred to as alert organisms). The past 2 years has seen a steady rise in the reported numbers of these infections, and this has presented health systems with significant challenges. From a national reporting and performance perspective, only acute hospital trusts and ICB’s are allocated performance trajectories for alert organisms (the latter as a whole system count including acute trust cases) — **see Appendix 1**. Whilst Lincolnshire system has seen a rise in infections, it is below the national average and is not sitting as an outlier.

The Lincolnshire system has been developing 2 key workstreams to reduce manage the rise in the alert organism infections. The first is a system wide Gram-negative bloodstream infection (namely *E. coli*, *P. aeruginosa* and *Klebsiella spp.*) reduction plan aimed at a whole system health and approach to prevention actions through better IPC practice, personal hygiene and better management of nutrition and hydration.

Workstream 2 focussed on the *Clostridioides difficile* infection rates. Both ULHT and the ICB have been working on thematic reviews of cases (in a similar approach to the new PSIRF model of incident management) so that effective system learning can be embedded.

9. Integrated Health Protection Framework

The 2022 Health and Care Act introduced new legislative measures that aim to make it easier for health and care organisations to deliver joined-up care for people who rely on multiple different services. The introduction of ICPs and ICBs means the health and care system is facing momentous

change, strengthening partnerships between the NHS, local authorities, and other local partners, including groups representing the public and patient perspective, the voluntary sector, and wider public service provision.

In line with the shift towards greater collaboration and integrated working, the Integrated Health Protection Framework sets out the arrangements in place to strengthen strategic, tactical, and operational cooperation between system partners, to optimise delivery and/or assurance on the following key Health Protection areas:

- Infection Prevention & Control (IPC) in health and care settings of healthcare acquired infections (HCAI).
- Communicable Diseases Incident and Outbreak Management, including Tuberculosis & Hepatitis.

The framework sets out the core principles for integrated working across the Health and Care system to deliver against the key Health Protection areas outlined above. The framework demonstrates a common desire of the system Health Protection functions to create a more effective integrated partnership working arrangement through:

- Developing joint priorities for health protection activities across health and care organisations locally
- Agreeing a system Health Protection Strategy with shared strategic objectives.

Each constituent organisation within this Framework remains responsible and accountable for the delivery of their Health Protection functions in accordance with their relevant statutory duties. Formal consultation of the newly developed framework is underway with system partners currently.

Appendix 1. 2023/24 Alert Organism Performance Trajectories.

| Alert Organism | | | | | | | | |
|--------------------------------|-----------|-----------|-----------|-----------|-----------|------------|------------|------------|
| <i>C.difficile</i> | April | May | June | July | August | September | October | November |
| Monthly Total | 7 | 19 | 13 | 18 | 8 | 22 | 13 | 16 |
| Cumulative total - All | 7 | 26 | 39 | 57 | 65 | 87 | 100 | 116 |
| Cumulative trajectory | 12 | 24 | 36 | 48 | 60 | 72 | 84 | 96 |
| Performance against trajectory | -5 | +2 | +3 | +9 | +5 | +15 | +16 | +20 |
| COHA | 0 | 1 | 1 | 1 | 0 | 3 | 3 | 1 |
| COCA | 2 | 5 | 3 | 4 | 0 | 4 | 0 | 2 |
| COIA | 0 | 0 | 0 | 1 | 3 | 2 | 1 | 1 |

| Alert Organism | | | | | | | | |
|--------------------------------|-----------|------------|------------|------------|------------|------------|------------|------------|
| <i>E. coli</i> | April | May | June | July | August | September | October | November |
| Monthly Total | 49 | 50 | 39 | 52 | 45 | 59 | 39 | 43 |
| Cumulative total - All | 49 | 99 | 138 | 190 | 235 | 294 | 333 | 376 |
| Cumulative trajectory | 40 | 80 | 120 | 160 | 200 | 240 | 280 | 320 |
| Performance against trajectory | +9 | +11 | +12 | +30 | +35 | +54 | +53 | +56 |

| | | | | | | | | |
|------|----|----|----|----|----|----|----|----|
| COHA | 6 | 7 | 2 | 5 | 3 | 4 | 4 | 3 |
| COCA | 31 | 32 | 29 | 40 | 31 | 46 | 28 | 31 |
| COIA | | | | | | | | |

| Alert Organism | | | | | | | | |
|--------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|----------|-----------|
| <i>P. aeruginosa</i> | April | May | June | July | August | September | October | November |
| Monthly Total | 8 | 1 | 3 | 5 | 4 | 8 | 6 | 2 |
| Cumulative total All | 8 | 9 | 12 | 17 | 21 | 29 | 35 | 37 |
| Cumulative trajectory | 5 | 10 | 15 | 20 | 25 | 30 | 35 | 40 |
| Performance against trajectory | +3 | -1 | -3 | -3 | +4 | -1 | 0 | -3 |
| COHA | 0 | 1 | 1 | 2 | 1 | 1 | 5 | 1 |
| COCA | 4 | 0 | 1 | 2 | 2 | 3 | 0 | 1 |
| COIA | | | | | | | | |

| Alert Organism | | | | | | | | |
|--------------------------------|-----------|-----------|-----------|------------|------------|------------|------------|------------|
| <i>Klebsiella spp.</i> | April | May | June | July | August | September | October | November |
| Monthly Total | 19 | 12 | 14 | 19 | 8 | 16 | 14 | 9 |
| Cumulative total - All | 19 | 31 | 45 | 64 | 72 | 88 | 102 | 111 |
| Cumulative trajectory | 12 | 24 | 36 | 48 | 60 | 72 | 84 | 96 |
| Performance against trajectory | +7 | +7 | +9 | +16 | +12 | +16 | +18 | +15 |
| COHA | 7 | 3 | 4 | 2 | 0 | 1 | 3 | 1 |
| COCA | 9 | 6 | 7 | 12 | 5 | 8 | 4 | 4 |
| COIA | | | | | | | | |

| Alert Organism | | | | | | | | |
|------------------|-------|-----|------|------|--------|-----------|---------|----------|
| MRSA | April | May | June | July | August | September | October | November |
| Monthly Total | 1 | 0 | 2 | 1 | 0 | 3 | 1 | 0 |
| Cumulative total | 1 | 1 | 3 | 4 | 4 | 7 | 8 | 8 |
| COHA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| COCA | 0 | 0 | 1 | 1 | 0 | 1 | 1 | 0 |

| Alert Organism | | | | | | | | |
|------------------|-------|-----|------|------|--------|-----------|---------|----------|
| MSSA | April | May | June | July | August | September | October | November |
| Monthly Total | 17 | 20 | 16 | 13 | 13 | 16 | 12 | 9 |
| Cumulative total | 17 | 37 | 53 | 66 | 79 | 95 | 107 | 116 |
| COHA | 4 | 2 | 5 | 0 | 1 | 2 | 0 | 0 |
| COCA | 8 | 10 | 8 | 7 | 7 | 8 | 5 | 5 |