

Priory

Infection Prevention & Control
Annual Report

2023/24.

Like many health and social care organisations our work in Infection Prevention and Control (IPC) is absolutely essential to ensuring that we provide a safe environment for those within our care and for our colleagues. Although COVID-19 pandemic led to further understanding on the importance of basic IPC measures, we have and will continue maintaining the highest of standards and acknowledged that we can improve further to embed and sustain excellence.

This annual report sets out our Infection Prevention and Control position and activity over the last year, and can be used by our registered managers in line with their obligations under the various national legislations. The report is outlined against the 10 key standards that are set out within the [Code of Practice on the Prevention and Control of Infections by Health Service Providers](#) and cross referenced with [Infection prevention and control standards – Healthcare Improvement Scotland](#), [Code of Practice for the Prevention of Healthcare Associated Infections](#) and [NI Infection Control Manual](#).



A handwritten signature in dark ink, appearing to read 'Colin Quick', written on a light grey background.

Colin Quick, Chief Quality Officer
Chief Nurse and Director of Infection Prevention and Control

Introduction

Priory provides care and treatment to some of the most vulnerable people in our society and in conjunction with our colleagues across the Europe are striving to become the leading European provider of high-quality mental health and medical rehabilitative services. During this reporting period our services were organised into two operational divisions:

- (a) Healthcare, including Wellbeing Services
- (b) Adult Care

In the UK, all health and social care organisations are subject to laws and regulations and other controls in order to protect service users, residents, pupils and colleagues. Priory is no different and each site is licensed and inspected by a regulatory body. There are seven regulatory bodies in total that cover the Priory, depending on the service and in which country the site is located. There are a number of other legal and regulatory and statutory requirements (such as Health & Safety legislation) with which we also need to comply.

Accordingly, we have a comprehensive set of policies which reflect the relevant requirements and clearly explain the procedures and guidelines that colleagues need to follow in any particular circumstances. Some of these policies directly relate to day-to-day service delivery and some relate to ancillary services such as catering and maintenance. Failure to comply with the Priory policy invariably means our service users do not receive the standard of service to which they are entitled, but can also carry serious legal, professional and regulatory consequences, not just for Priory, but for individuals as well.

The Priory approach has been led by the maxim of Do the Basics Brilliantly, which consequently allows every improvement not only to be introduced, yet sustained as an everyday activity.

As a result, the outlined Infection Prevention and Control (IPC) approach takes into account current legislation from all four UK countries and is set out against.

- The Health and Social care Act 2008: Code of Practice on the prevention and control of infections and related guidance (Department of Health and Social Care, 2022);
- Code of Practice for the Prevention and Control of Healthcare Associated Infections (Welsh Government, 2015);
- Healthcare Improvement Scotland Infection Prevention and Control Standards 2022 (Healthcare Improvement Scotland, 2022)
- The Northern Ireland Infection Prevention and Control Manual (Public Health Agency, 2023)

Compliance with the national standards is monitored at each Cross-Divisional IPC Committee meeting and the annual work programme is based on these criteria (see Appendix 1). Furthermore, all four Infection Prevention and Control Manuals are followed to ensure all Priory policies and standard operating procedures are in line with the best and evidence based practice.

1. Systems to manage and monitor the prevention and control of infection

The IPC framework outlines the collective responsibility of all staff for minimising the risks of infection and how this process is to be achieved. This follows evidence-based practice and prevents service users and colleagues from being harmed by avoidable healthcare-associated infections.

1.1 Arrangements for the management of IPC

The Cross-Divisional IPC Committee is dedicated to reduce the risks of healthcare associated infection through a pro-active action plan and continual development of best practice initiatives. The Committee is accountable and reports to the Quality Assurance Committee, which in turn reports to the UK Board (Appendix 2). The Action plan and the associated tracker are cascaded to each division and monitored via Cross-Divisional IPC Committee meetings.

Training, regular information cascade and suitable supervision are in place to ensure that colleagues, contractors and any persons directly or indirectly concerned with service users' care minimise the risk of infection.

Established IPC audit tools, including cleanliness, hand hygiene and mattress care audits have been in place to ensure IPC principles are observed and any required action taken. The audit calendar is placed on the Annual Schedule to ensure clear communication and expectation and the process is monitored via the Cross- Divisional IPC Committee.

1.2 IPC Team, their roles and responsibilities

Full details of the roles and responsibilities of all colleagues in prevention and control of infections are outlined in the [IPC01 Infection Prevention and Control Arrangements](#) policy.

The Chief Quality Officer is the responsible officer for IPC and chairs the Cross-Divisional IPC Committee.

The Infection Prevention and Control Nurse Adviser continues maintaining structured reporting lines, good communication and IPC standards across all divisions, as well as providing best care to all people we care and are responsible for (service users and colleagues).

Individual sites have the nominated IPC Leads who are responsible for maintaining IPC standards across the service

1.3 Risk assessment

The risk assessments tools are in place and completed prior to, on admission and throughout the service user stay to identify the risk of infections. Further works have been identified, to ensure robust admission process is put in place, to ensure appropriate placement and care is offered according to the IPC risks.

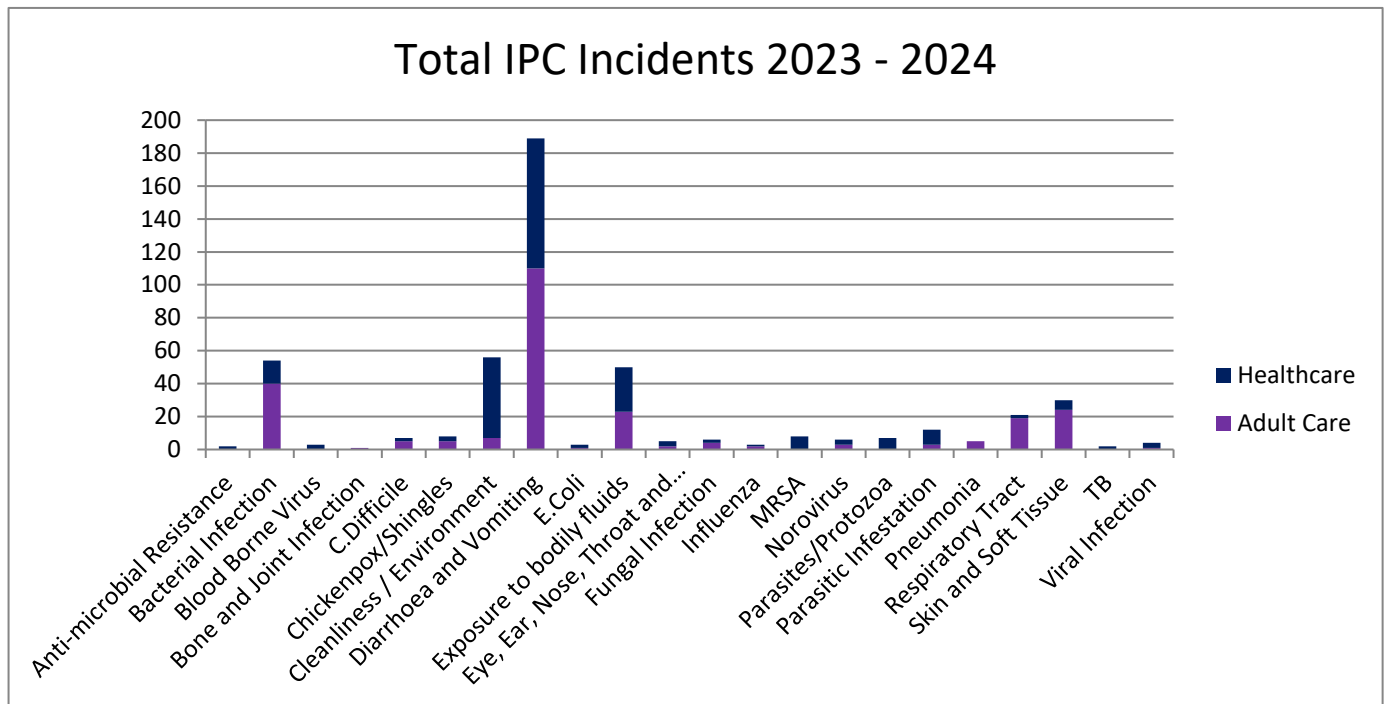
A robust reporting system is in place (Datix) to allow any IPC incidents being captured, reviewed and lessons learnt shared via divisional cascade reports. The overview, common trends and improvement plans are escalated to the IPC Committee and add to the action plan tracker.

To ensure understanding of risks associated with exposure to body fluids or cleanliness additional areas have been identified within the reporting system.

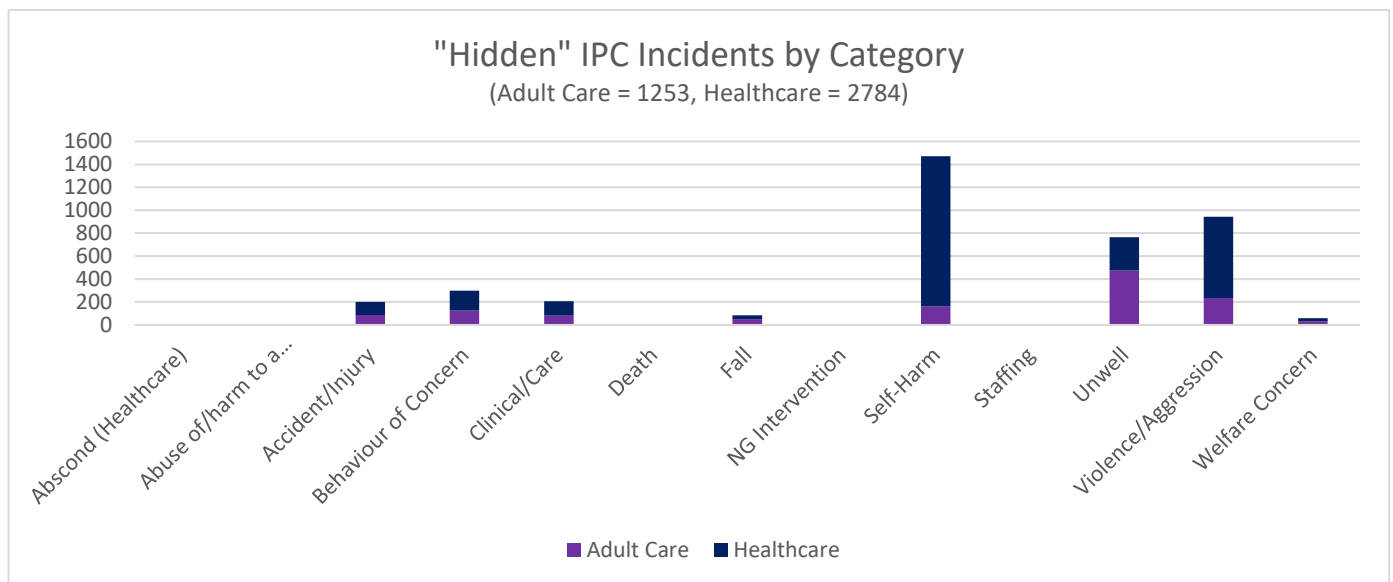
Furthermore, additional finding were gathered by exploring "hidden" IPC incidents. These are incidents where Infection Control was not selected as the primary category for the incident, however the incident may have involved exposure to bodily fluids or physical observations that result in a positive lab result test.

It allowed to understand and ensure correct support (training, education, and webinars) will be appreciated and full review of the IPC learning/teaching materials is scheduled for mid-2024.

The Chart below indicates the number of Non-COVID-19 IPC Incidents (no incidents reported in WBSs)



The Chart below indicates the number of "hidden" IPC Incidents (2 incidents reported in WBSs, included in HC division data)



2 Provide and maintain a clean and appropriate environment

Dedicated colleagues are responsible for maintaining cleanliness and good physical repair and condition of the facilities. Clear responsibilities are set according to their roles and compliance with the agreed standards. The National Standards of Healthcare Cleanliness have been reviewed and any gaps within the policies or procedures amended accordingly. Monitoring tools, such as IPC audit (Adult Care Division) Cleanliness Audits the monthly Quality Walk Rounds are put in place to monitor appropriate standards.

Although there are suitable alcohol hand rub gels within individual sites to accommodate appropriate hand hygiene in line with WHO Five Moments, the hand washing facilities are reviewed and prioritised when deemed necessary and the IPC checklist document have been put in place to support risk assessment when hand washing basin cannot be fitted.

Patient-led assessment of the clinical environment (PLACE) approach has been included in the new Cleanliness Audits.

Waste management policy allows appropriate waste segregation according to the national standards.

Dress code policies, across all divisions, support the requirement of the national standards and compliance to bare below the elbows procedures.

3 Ensure appropriate antimicrobial use and stewardship

Antimicrobial usage is reviewed and audited when required and deemed necessary by the local pharmacist, as usage of antibiotics is minimal within the Priory. Antimicrobial Stewardship audit has been introduced and included as a standard agenda item during Group IPC Committee meetings initial to understand and shape better practice. Recently launched e-prescribing process supports appropriate usage of antimicrobials.

4 Provide suitable and accurate information to service users and visitors.

All notifiable micro-organisms/conditions are reported according to the national guidance from all four countries. The information is also included in the service users' medical records and communicated where and when appropriate.

An outbreak management plan is in place and when declared it is recorded on the reporting system (Datix), escalated to the appropriate teams (regional/central) and to the local IPC Teams. Information is widely available, service users and visitors are informed and appropriate signage displayed. The [IPC-SOP02 Outbreak Management](#) has been embedded and continues to provide support/instruction to services when necessary.

Numerous information leaflets are available on the Priory intranet. The Priory has adopted the skills and knowledge of their colleagues to ensure the information leaflets are available in various formats, to accommodate specific service users' needs (pictograms, large print or face-to-face sessions to educate on hand hygiene)

5 Ensure prompt identification of people who have or are at risk of developing infection.

Risk assessments are undertaken prior admission to the service to ensure prompt treatment and appropriate infection prevention and control precautions are initiated where required to prevent transmission of infections to others.

6 Systems to ensure that all colleagues are aware of and discharge their responsibilities in the process of preventing and controlling infection.

6.1 Roles and responsibilities

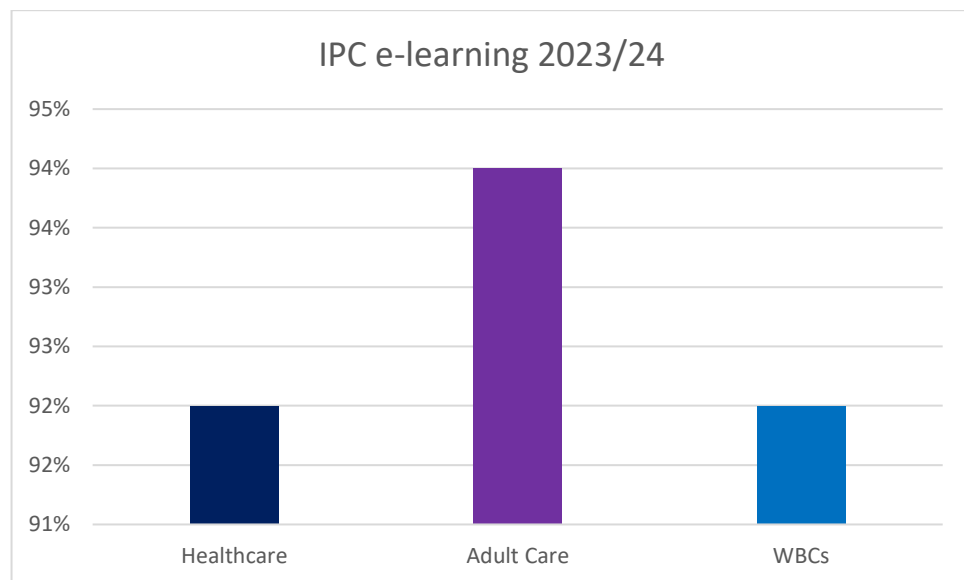
The [IPC01 Infection Prevention & Control Arrangements](#) policy clearly outline the roles and responsibilities of all staff in the prevention and control of healthcare associated infections (Appendix 3)

6.2 Training

The Priory has the IPC programmes in place for all colleagues, including e-learning and face-to-face sessions. Training programmes are identified and assigned according to the role and responsibilities. Compliance with mandatory IPC training are reported through key performance indicators and discussed with line managers at one-to-one meeting at the annual appraisals. Furthermore, the Priory has secured advanced level IPC training for the IPC Leads at individual sites and recent work led to introducing additional training session from HEE eLFH portal.

To ensure compliance with the Infection Prevention and Control Education Framework and Standards, gap analysis was undertaken in March 2023 and additional actions have been taken to ensure all relevant changes are made. Ongoing plan has been scheduled for mid-2024 with aim to be completed by September 2024.

Additionally, resilience programme was established to ensure fit testing is available to colleagues, when and if required.



7. Provision or ability to secure adequate isolation facilities.

The Priory consist of multiple facilities, which provide appropriate isolation accommodations when necessary. Some buildings will have single occupancy en-suite rooms, other are shared accommodation, with communal bathrooms and toilets. Those it requires locally agreed risk assessment in the event of known infectious service users and understanding transmission-based precautions, which are clearly identify in the IPC policies.

During COVID-19 pandemic zoning and partial containment of shared accommodations has been successfully utilised and awareness of the standard and transmission-based precautions greatly appreciated among the colleagues and service users. This process continue being referenced in relevant IPC policies and procedures.

Deep cleaning procedures are in place and allocated to suitably trained personnel.

8. Secure adequate access to laboratory support as appropriate

The Priory has an established relationship with local GPs and laboratories (NHS and private providers) to allow appropriate specimen collection, analysis and treatment plans when and if required.

9. Have and adhere to the policies

All existing policies and operating procedures across the Priory are available on the Priory Intranet. The IPC Committee is responsible for reviews and updates of these documents based on the new evidence. The policies have been aligned with the National IPC Manuals (all four countries).

Any changes, updates to the policies are communicated to the site levels.

Please see appendix 4.

10. Providers have a system in place to manage the occupational health needs and obligations of colleagues in relation to infection

The Priory offers occupational health services via Medigold Health Consultancy. The appropriate screening and immunisation programme is undertaken as part of the enrolment process. The service also provides ongoing screening for communicable diseases where indicated.

The Priory is working towards reducing occupational exposure to the blood borne viruses and therefore appropriate procedures are in place, flow chart widely available to ensure safe and immediate actions are undertaken in the unfortunate event.

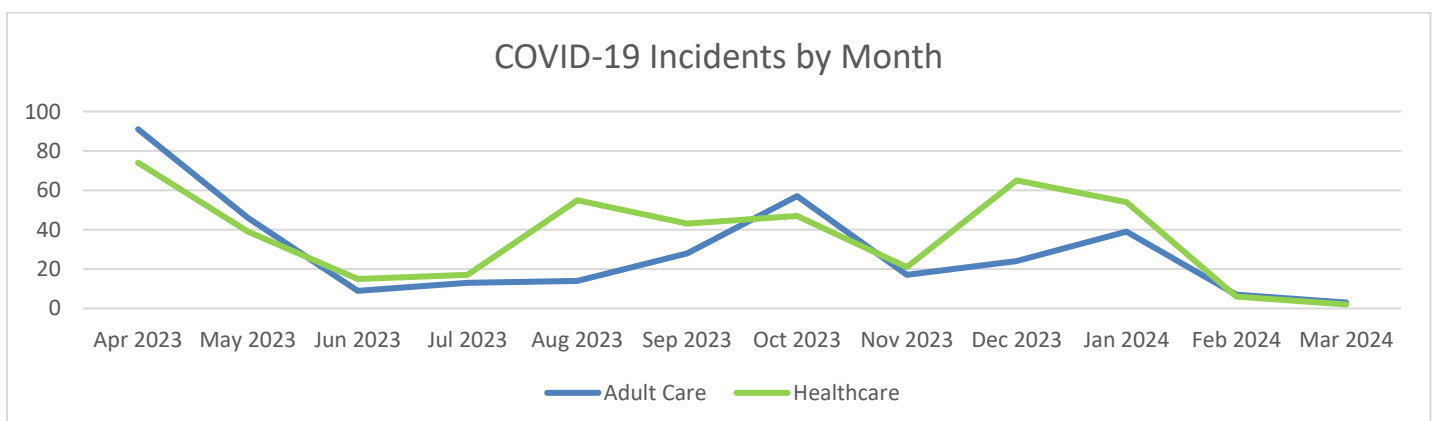
It has been identified that to promote and further support flu immunisation programme peer vaccination clinics were introduced.

11. COVID-19

Further changes across all four nations have been adopted to ensure the Priory recognises risks of COVID-19 and other respiratory infection. Multiple policies and procedures were put in place and are reviewed according to the national guidance. COVID-19 testing arrangements had been updated accordingly and although the below data are still included in a separate paragraph, for 2024/25 these findings will be included in the main IPC incidents section.

No COVID-19 deaths reported in 2023/24

The below figures represent cumulative COVID-19 cases across all Priory services 2023/24.



Future Plans 2024/25

For the reporting year we will be aiming to enhance the IPC work within the organisation by undertaking the following;

- Improved Cleanliness audit schedule and tools to promote clean and safe environment
- Additional training needs to be reviewed and to ensure IPC sessions are aligned with the national frameworks and standards (including findings/lessons learnt from the "hidden" IPC incidents)
- Review of admission screening to ensure appropriate measures, if such are deemed needed, are put in place to prevent transmission of infections
- Review of Occupation Health services to ensure every colleague has an opportunity to engage in a vaccination process if necessary

Conclusion

2023/24 allowed us to undertake full gap analysis of the National IPC Manuals and all policies were aligned accordingly.

Very well established IPC network among central/regional teams and the site IPC Leads supports our service users and all who we care for.

Peer Flu Vaccination Clinics were well received, although overall uptake of seasonal vaccinations was reduced across not only Priory and other independent sectors, yet across NHS organization. It was disappointing, however Priory will continue to promote seasonal vaccinations to reduce morbidity, mortality and hospitalisation associated with 'flu and other respiratory infections.

Antimicrobial Stewardship audit has been introduced and included as a standard agenda item during Group IPC Committee meetings initial to understand and shape better practice. Recently launched e-prescribing process supports appropriate usage of antimicrobials.

Service users involvement in maintaining IPC measures has been very beneficial. The Priory has number of IPC champions nominated among the service user groups, who take an active part in reviewing facilities standards, their cleanliness and safety.

Appendix 1: Infection Prevention and Control Compliance Criteria

Criteria	Scottish Standards	Monitored by
1 Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that their environment and other users may pose to them.	Standard 1: Leadership and governance Standard 4: Assurance and monitoring systems	<ul style="list-style-type: none"> Risk assessments Infection Prevention and Control incidents reported on Datix Audits
2 Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.	Standard 8: The built environment	<ul style="list-style-type: none"> Cleanliness audits IPC audits Patient satisfaction Environmental audits
3 Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.	Standard 5: Optimising antimicrobial use	<ul style="list-style-type: none"> GP, Dentist and District Hospital led prescription services Ashtons audit of antibiotic use Appropriate storage and control measures for use of antibiotics at local levels
4 Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion.	Standard 3: Communication	<ul style="list-style-type: none"> Infection Prevention and Control Committee oversees IPC surveillance reports and makes them available where appropriate Multidisciplinary root cause analysis meetings for outbreaks and notifiable organisms/conditions Patient Information leaflets
5 Ensure prompt identification of people that have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people.	Standard 1: Leadership and governance Standard 3: Communication	<ul style="list-style-type: none"> Surveillance of all alert organisms/conditions
6 Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.	Standard 2: Education and training Standard 7: Clean and safe care equipment	<ul style="list-style-type: none"> IPC mandatory training included in induction and refresher training IPC e-learning package available on the Priory Academy platform IPC Site Leads training
7 Provide or secure adequate isolation facilities.	Standard 1: Leadership and governance Standard 6: Infection prevention and control policies, procedures and guidance	<ul style="list-style-type: none"> IPC involvement in new builds and refurbishments Isolation policy in place with regular audit and feedback
8 Secure adequate access to laboratory support as appropriate.	Standard 1: Leadership and governance Standard 6: Infection prevention and control policies, procedures and guidance	<ul style="list-style-type: none"> Local agreements with laboratory in place and utilised when necessary
9 Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.	Standard 6: Infection prevention and control policies, procedures and guidance Standard 9: Acquisition and provision of equipment	<ul style="list-style-type: none"> Policies and procedures reviewed and updated as required All policies/procedures available via the Collaboration site Compliance monitored through audits
10 Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection.	Standard 1: Leadership and governance	<ul style="list-style-type: none"> Occupational Health monitoring of staff well-being Provision of vaccination to staff as appropriate with feedback of uptake Sharps injuries monitored

Appendix 2

Infection Prevention and Control Committee Terms of Reference

Purpose	
<p>The role of the Infection Prevention and Control Committee is to:</p> <ul style="list-style-type: none"> Ensure that systems and processes are in place to prevent and control the risk of infection to service users, staff and visitors and to support The Priory in demonstrating assurance of compliance with: <ul style="list-style-type: none"> The Health and Social care Act 2008: Code of Practice on the prevention and control of infections and related guidance (Department of Health and Social Care, 2022); Code of Practice for the Prevention and Control of Healthcare Associated Infections (Welsh Government, 2015); Healthcare Improvement Scotland Infection Prevention and Control Standards 2022 (Healthcare Improvement Scotland, 2022) The Northern Ireland Infection Prevention and Control Manual (Public Health Agency, 2023) The Committee plays a key role in terms of influencing the development of cultures which demonstrate best evidence-based practice and ownership of the key message that infection control is everyone's responsibility within The Priory 	
Definitions	
"the Committee"	The Infection Prevention and Control Committee
"the Priory"	All Divisions of the Priory Group
"the Members"	Officers appointed by the Chair of the Committee
Duties	
<p>The Infection Prevention and Control Committee has been established to have effective oversight of infection prevention and control matters for The Priory. The Committee should carry out the duties below as appropriate:</p> <ul style="list-style-type: none"> To share and develop good practices for infection prevention and control across the Priory Group to provide consistency and maintain high standards To ensure systems, processes and behaviours are in place in order to foster a safe culture in relation to infection prevention and control To review each division in relation to key infection control risks including any notifications to the UK Health Security Agency and track themes and trends from infection control incidents and take appropriate mitigating action To scrutinise serious incidents that meet the criteria for incident notification reporting to the Executive Team and ensure due process has been followed To share learning in relation to infection control incidents across the whole Priory Group To have oversight of infection control training across the Priory Group and ensure consistency of training To have overview of compliance issues with external regulators relating to infection control across The Priory. To receive and approve infection control policies and procedures and ensure they are implemented at site level To receive results of infection control audits and ensure that action plans are implemented by Divisions To ensure that Site Infection Prevention and Control Leads are competent to fulfil their role and ensure the list of Infection Prevention and Control Leads is updated quarterly To provide appropriate advice, guidance and support on matters pertaining to infection control and prevention within The Priory. To ensure compliance to the Health & Social Care Act (2008) - Code of Practice for the prevention and control of Infections and related guidance (DH 2014) and any other pertinent national legislation. To agree and monitor the annual infection prevention and control work programme Ensure appropriate links with other relevant organisations such as the UK Health Security Agency are maintained To agree the annual Infection Prevention and Control report 	

Membership	
Chief Quality Officer (Committee Chair and Nominated Director of Infection Prevention and Control) Associate Directors of Nursing and Quality (Healthcare) Associate Directors of Quality (Adult Care) Operational Director of WBCs Director of Procurement and Services Director of Estates and Facilities Management Datix Administrator/Policy Manager Health and Safety Manager IPC Nurse Advisor (Deputy DIPC)	
Quorum	Frequency
The quorum necessary for this meeting shall be four members to include the Committee Chair or nominated deputy.	Under normal circumstances, the committee will meet every three months, with a minimum of 4 meetings per calendar year. Committee meetings will be scheduled at appropriate times in the reporting and audit cycle.
Reporting responsibilities	
The Committee will report to the Quality Assurance Committee on a quarterly basis, promptly submitting relevant minutes, as appropriate. The Committee shall establish task and finish sub groups as necessary who will report to the Committee on a quarterly basis. The Committee shall be responsible for producing an Annual Report to the UK Operating Board.	

Appendix 3

ROLES and RESPONSIBILITIES

The role of the **Site IPC Lead/Home Manager** should include:

1. Undertaking training and updates to the level specified
2. Monitoring training of colleagues on site and ensuring it is of good quality, up to date and meets the requirements of the regulators and Priory policy
3. Supporting new colleagues during the induction period, to ensure basic understanding of IPC procedures is maintained at all times
4. Being involved in the development of local IPC procedures and the implementation of IPC policies
5. Communicating changes to procedures/documentation to colleagues
6. Ensuring that their own knowledge of infection control legislation, regulation and guidance is up to date
7. Ensuring site colleagues are informed on specific and seasonal IPC topics
8. Assisting/advising other colleagues on infection prevention and control issues
9. Ensuring that clear and accurate records of IPC related incidents are kept, follow-up in timely and thorough and sharing learning with local management and colleagues
10. Taking the lead on arranging local IPC audits, analysing the results and sharing with management and colleagues and action plans
11. Advising local management, Regional IPC leads and governance meetings on infection control issues and on the effectiveness of policies and procedures
12. Providing the link for IPC issues with external agencies, Regional/Divisional IPC leads and other Site IPC leads

The role of the **Regional IPC Lead**

1. Attending Regional IPC meetings and sharing information with IPC site leads
2. Supporting site IPC Leads with any training and refresher training challenges
3. Offering evidence and policy based advice and support to site IPC leads and other colleagues
4. Analysing the results of the IPC audits of practice and identifying any actions necessary to be feedback to the Region/Division and monitor their progress. Include an analysis of disincentives to report, sharing of best practice and lessons learnt through regular contact (at least quarterly) during Regional/Divisional IPC and/or Governance meetings, as well as to provide overall report to the Priory IPC Committee
5. Ensuring that there are open avenues of communication between the division and the Chief Quality Officer, either directly or via the Priory IPC Committee Meeting on issues arising.

The role of the **IPC Nurse Adviser** should include:

1. Highly expert advice on infection prevention and control measures across the Priory
2. To provide expert advice on the management of patients with a known or suspected infection and to ensure effective collaboration addressing the specialist aspects of infection prevention and control in relation to complex management issues.
3. To advise and work closely with sites on the provision of a safe environment and maintaining high standards of cleanliness, decontamination and facilities.
4. To ensure compliance with mandatory reporting requirements for HCAI's.
5. To be responsible for the compilation of all Infection Prevention and Control Policies, utilising national evidence based Code of Practice, guidelines or best practice as appropriate.
6. To assist in the implementation and monitoring of Infection Prevention and Control Policies, working closely with Regional IPC Leads and site IPC Leads to ensure that policies are understood and adhered to, in order to improve care.

The role of the **Director of Infection and Prevention**

1. To provide oversight and assurance on infection prevention to the Board
2. To lead and support the Priory IPC Team
3. To oversee the IPC policies and procedures and their implementation. Assess the impact of all existing and new policies on IPC and recommend any changes required
4. To be a full member of multiple Priory's committees to ensure IPC and cleanliness are discussed as an agenda item at every level
5. To produce the Annual IPC Report
6. DIPC has the right to discharge their responsibility to the IPC Nurse Adviser or Regional IPC Leads when deemed necessary

Appendix 4

IPC Policies and SOPs

Policy Number	Policy Title
IPC01	Infection Prevention and Control Arrangements
IPC02	Universal Precautions (incl. Blood Borne Viruses, Prophylaxis and Handling Specimens)
IPC03	Hand Hygiene
IPC04	Management and Notification of Infectious Disease
IPC06	Aseptic Non-touch (ANTT) and Socially Clean Techniques
IPC07	Decontamination of Medical Devices and Other Equipment
IPC08	Laundry
IPC09	Isolation Nursing
IPC10	Infection Control Issues to Consider Following Death
IPC11	Prevention and Management of Needlestick, Sharps, Bite and Splash Injuries
IPC12	Antimicrobial Medications
IPC13	Infection Control Measures for Visitors
IPC14	Hepatitis
IPC15	Tuberculosis
IPC16	Methicillin-Resistant Staphylococcus Aureus (MRSA)
IPC17	Gastrointestinal Infections (Diarrhoea and Vomiting)
IPC18	Vancomycin Resistant Enterococci (VRE)
IPC19	Escherichia Coli 0157 (E Coli)
IPC20	Clostridium Difficile (C Diff)
IPC21	Chickenpox and Shingles
IPC22	Measles, Mumps and Rubella
IPC23	Scabies
IPC24	Head Lice
IPC25	Mattress Care
IPC27	Vaccinations
IPC26	Respiratory Tract Infections (COVID-19, Influenza or Other Respiratory Infections)

IPC-SOP Number	SOP Title
IPC-SOP02	Outbreak Management

Reference

[National Infection Prevention and Control Manual for England](#)
[National Infection Prevention and Control Manual for Scotland](#)
[Care Home Infection Prevention and Control Manual \(CH IPCM\)](#)
[National Infection Prevention and Control Manual for Wales](#)
[The Northern Ireland Regional Infection Prevention and Control Manual](#)
[The Health and Social care Act 2008: Code of Practice on the prevention and control of infections and related guidance](#)
[Code of Practice for the Prevention and Control of Healthcare Associated Infections](#)
[Healthcare Improvement Scotland Infection Prevention and Control Standards](#)