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NHS
Gloucestershire Health and Care
NHS Foundation Trust

Infection Prevention and Control

Annual Report 2022/23



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Contents

Foreword by the Director of Infection Prevention and Control

Welcome to our Trust's Infection Prevention and Control Report for 2022/23. This report reflects the hard work, professionalism and dedication of, not just our dedicated Infection Control Team, but our colleagues in Facilities and Estates who work tirelessly to maintain high standards of cleanliness across our Trust.

This report shares with the reader the scope of infection control work in the Trust over the year and how well we perform across the many areas of required reporting. It shows good levels of compliance, assurance and governance around our infection control standards. It also shows where we need to continually seek improvement.

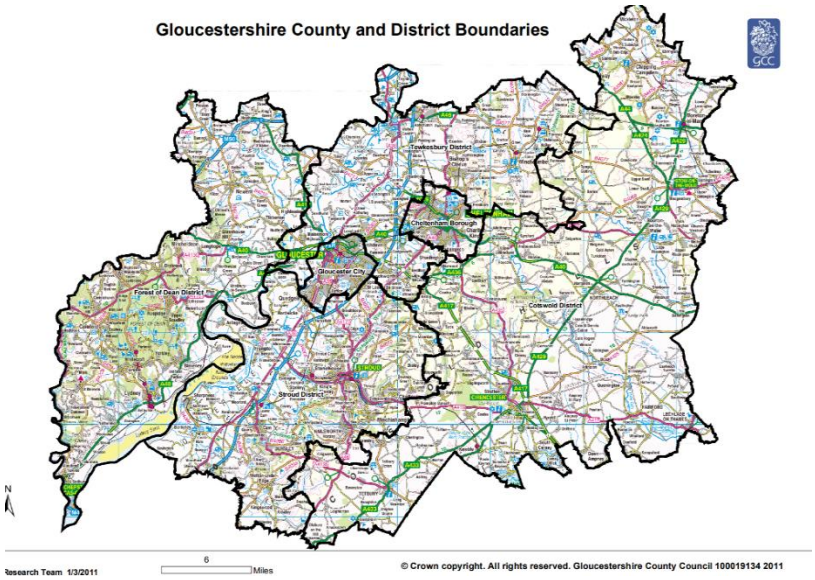
Our good standards of infection control are delivered by medical and nursing staff alongside our fantastic facilities teams of caterers, cleaners and porters, our estates teams who look after our buildings, water, ventilation and waste and also colleagues at the laboratories at Gloucestershire Hospitals NHS Foundation Trust.

I do not underestimate how hard this year has been for all of our teams and so finally I would like to say a huge thank for your hard work, commitment and unwavering support throughout the year.

John Trevains
Director of Infection Prevention and Control

August 2023

1.0 Introduction



Gloucestershire Health and Care NHS Foundation Trust provides a range of community physical health, mental health and learning disability services for adults and children in Gloucestershire, serving a population of around 646,000 people.

These services include:

- 7 community hospitals (The Dilke, Lydney Hospital, Tewkesbury Hospital, North Cotswold Hospital, Cirencester Hospital, Stroud Hospital and The Vale),
- 2 mental health hospitals and recovery in-patient units (Charlton Lane Hospital, Wotton Lawn Hospital, Laurel House and Honeybourne)
- a learning disability in-patient unit (Berkeley House),
- adult community nursing and mental health teams,
- children's community nursing and mental health teams,
- therapy services,
- specialist services (e.g. Heart Failure, Sexual Health)
- dental services
- urgent care services.

All NHS Trusts have a legal obligation under the Health and Social Care Act 2012 to produce an annual report and make this available to the public. This annual report covers the period April 1st 2022 to March 31st 2023 and outlines the infection prevention and control activities undertaken to fulfil the statutory requirements of the Health and Social Care Act 2008: code of practice on the prevention and control of infections.

2.0 Key Achievements and Challenges in 2022/23

2.1 Key Achievements in 2022/23

The Trust had a low incidence of reportable healthcare associated infections during 2022/23. The Trust reported 16 cases of toxin positive Hospital Onset Healthcare Acquired (HOHA) *Clostridioides difficile* which was below the tolerance figure of 20. The zero-tolerance figure for MRSA and MSSA bacteraemia was also maintained.

The Infection Prevention Control (IPC) Team have continued to respond efficiently and effectively to the changing environment following the COVID-19 pandemic and provided clinical teams with advice, support and guidance. Action cards were developed to support clinicals teams and these were a really useful resource.

During 2022/23 the IPC team worked collaboratively with the Single Point of Clinical Access (SPCA) (Bed Management) team. A daily patient flow meeting is attended by an IPC Nurse to facilitate safe and effective patient transfers and reduce any potential infection risk.

Throughout 2022/23, the team worked closely with Mental Health and Learning Disability Matrons and Leads to raise infection prevention and control awareness and improve practice. The IPC team provided additional bespoke education sessions to Charlton Lane Hospital.

The Team also provided bespoke education sessions for physical health community hospitals, focussing on hand hygiene and the correct use of Personal Protective Equipment (PPE) to improve IPC knowledge and practice.

In 2022/23, the Trust adopted the new IPC mandatory e-learning training developed by NHSE. Updates and improvements were also made to the IPC element of the Trust's induction programme for new staff.

The team supported and further developed the IPC link worker programme. Virtual meetings provided an opportunity to disseminate recent guidance updates and additional education sessions to the IPC link workers.

The IPC team received IPC assurance from the Community Hospitals via monthly commode, mattress and hand hygiene audits undertaken by the ward IPC Link workers. A member of the IPC team undertook observational reliability hand hygiene audits to identify wards that required extra support.

IPC Ward Dashboards were developed for 2022/23 to collate IPC ward information that originates from a variety of sources. These Ward Dashboards enabled the IPC nurses to monitor the effectiveness of IPC measures on the wards. The dashboards were incorporated into Matrons Governance Reports and shared at local Governance meetings. They were also available to view on the staff intranet.

The IPC team worked very closely with the facilities team and join the Facilities Team Leads monthly touchpoint meetings. They are an opportunity to interpret adenosine triphosphate (ATP) swabbing results and cleanliness audit data, in order to identify and address any areas of concern.

The Team have continued to promote hand hygiene and education during clinical visits which has resulted in an Overall score of **91.5 %** for 2022/23.

2.2 Key Challenges During 2022/23

Outbreaks of serious infection, including COVID–19 and influenza, remained a potential risk to patients, staff and patient flow throughout the year. Daily meetings between the IPC team and SPCA, and continued enhanced cleaning, helped to mitigate the risk.

Following a Trust risk assessment, the decision was made to add additional escalation beds to side-rooms and bays across Trust Community Hospitals to facilitate patient flow and ease bed pressures across the system. The IPC team worked closely with Matrons and clinical teams to minimise any associated IPC risks.

There are continual challenges to maintaining good infection prevention and control standards in some of the Trust's older properties. Wards at Cirencester hospital and Stroud Hospital were refurbished during 2022/23 and the IPC team supported the clinical teams when the wards were decanted to another ward.

In response to updated HTM 03-01 Specialised ventilation for healthcare buildings (NHSE), a Ventilation Lead and Authorising Engineer (Ventilation) was appointed in 2021/22. The aim was for the Estates team to establish a Ventilation Safety Group to prioritise and monitor ventilation safety but after initial meetings they have not become as well established as they should. This will be one of the IPC teams' priorities for 2023/24. Air purifiers were deployed during the COVID-19 pandemic and have remained in use in outbreak situations to mitigate any risks, however, more evidence is required to support their further use.

3.0 Health and Social Care Act 2008 (Revised 2022)

The Health and Social Care Act 2008: code of practice on the prevention and control of infections sets out the 10 criteria against which the Care Quality Commission (CQC) will judge a healthcare provider on how it complies with infection prevention requirements. The Code of Practice was updated in December 2022. The 10 compliance criteria are listed in the table below.

Table 1: Health and Social Care Act 2008: code of practice on the prevention and control of infections compliance criteria

Compliance Criterion	What the registered provider will need to demonstrate
1	Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them.
2	The provision and maintenance of a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.
3	Appropriate antimicrobial use and stewardship to optimise outcomes and to reduce the risk of adverse events and antimicrobial resistance.
4	The provision of 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.
5	That there is a policy for ensuring that people who have or are at risk of developing an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of transmission of infection to other people.
6	Systems are in place 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.
7	The provision or ability to secure adequate isolation facilities.
8	The ability to secure adequate access to laboratory support as appropriate.
9	That they have and adhere to policies designed for the individual's care, and provider organisations that will help to prevent and control infections.
10	That they have a system or process in place to manage staff health and wellbeing, and organisational obligation to manage infection, prevention and control.

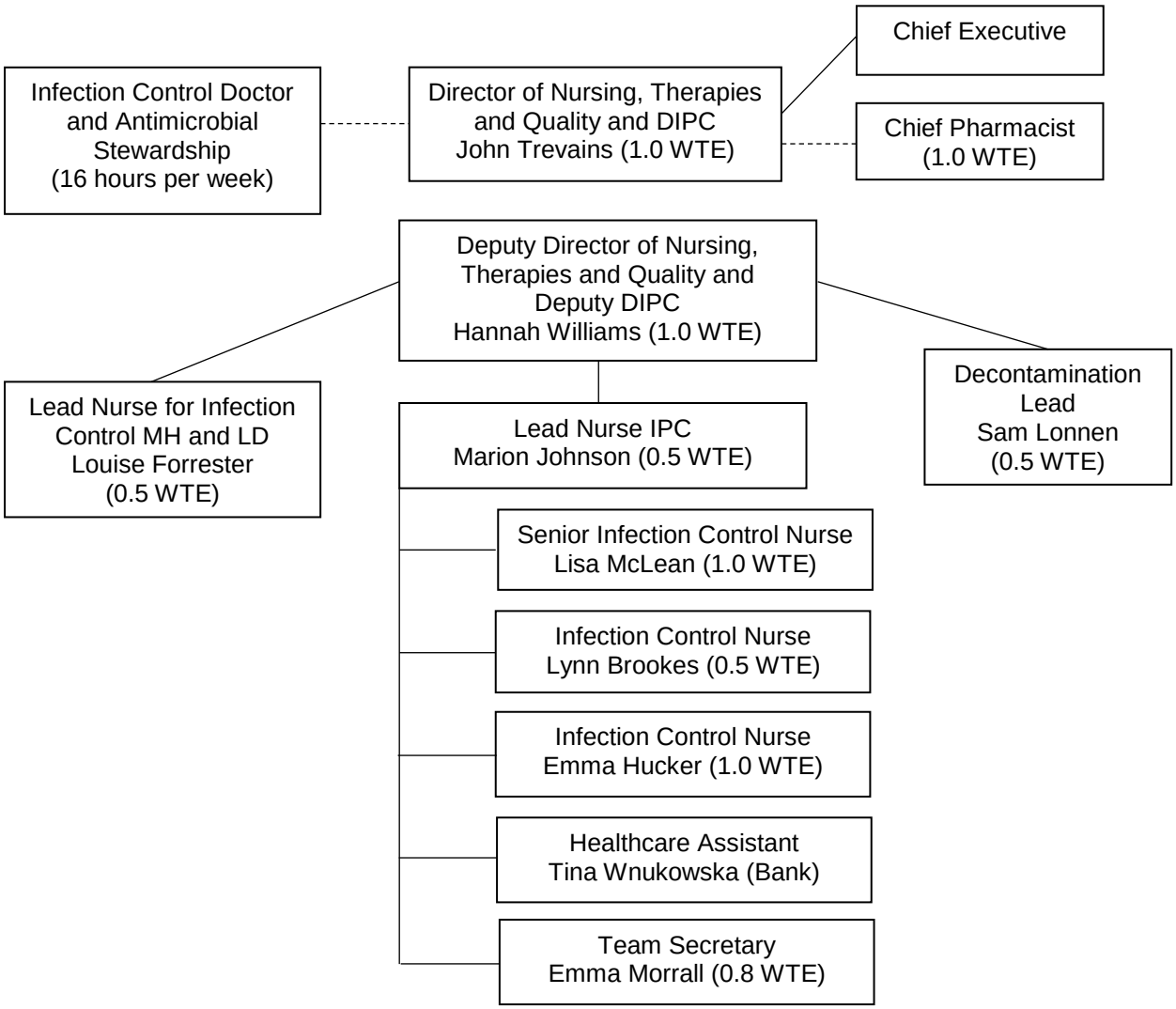
Good Infection Prevention and Control (IPC) is essential to ensure that people who use Trust services receive safe and effective care. This Annual Report shows how the Trust is performing against the Code of Practice criteria, what the Trust has achieved during 2022/23, and where the Trust would like to improve for 2023/24.

4.0 Infection Prevention and Control Team Structure 2022/23 (Criteria 1)

The Chief Executive holds overall responsibility for infection prevention and control within the Trust but the day to day management is delegated to the Director of Infection Prevention and Control (DIPC). The DIPC works closely in partnership with the Infection Control Doctor/Consultant Medical Microbiologist for the Trust.

The specialist IPC Team provides infection prevention and control knowledge and expertise to children's and adult community physical health, mental health and learning disability services across the Trust. The team structure is outlined in the chart below.

Chart 1: Infection Prevention and Control Team Structure as at March 31st 2023



The Team recruited a qualified and experienced band 6 IPC Nurse to cover maternity leave (0.5 WTE) in May 30th 2022 and their contract has been extended for another year. Amy Barnes returned from maternity leave in March 2023. Louise Forrester

retired from her full-time role and returned in September 2022 for 16 hours per week and shares the Lead Nurse role with Marion Johnson.

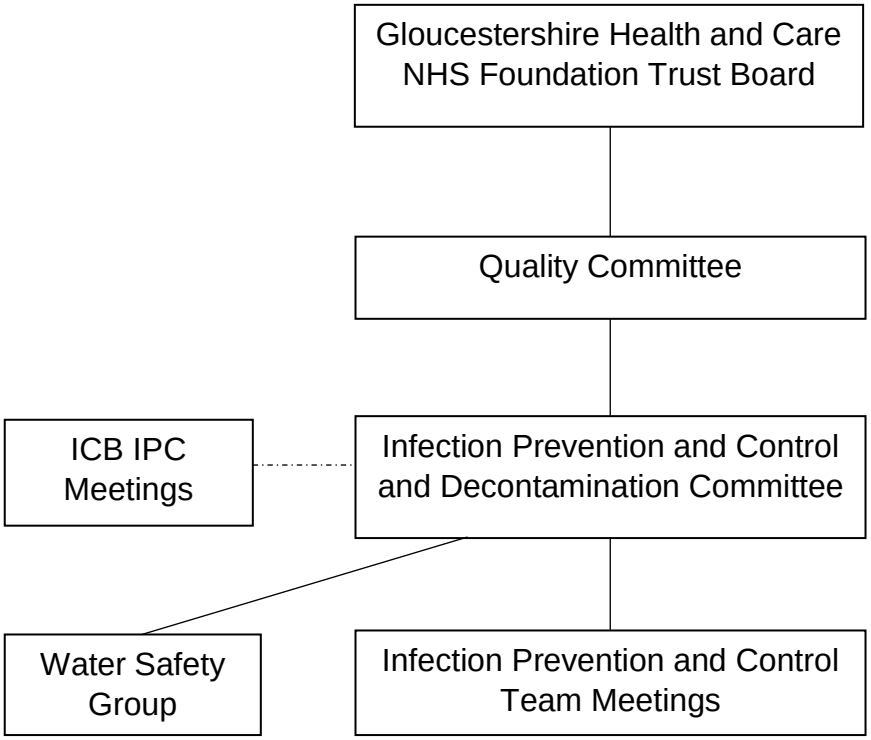
The Trust has a Service Level Agreement (SLA) in place with Gloucestershire Hospitals NHS Foundation Trust for the provision of an Infection Control Doctor (ICD) of four programmed activities a week, equivalent to approximately 16 hours. The ICD provides support, expertise and guidance to the IPC Team on IPC and to the Trust antimicrobial stewardship. The SLA time includes the provision of out-of-hours Consultant Medical Microbiologist cover.

The Team reintroduced weekly clinical meetings with the ICD to support the clinical management of complex *Clostridiodes difficile* (*C.difficlile*) patients.

5.0 Infection Prevention and Control Governance (Criteria 1)

The Chart below outlines the IPC Governance framework within the Trust.

Chart 2: Infection Prevention and Control Governance framework as at March 31st 2023



The DIPC reports directly to the Chief Executive, the Trust Board and Trust Quality Committee on all IPC related matters. The IPC Board Assurance Framework has been regularly reviewed by the DIPC throughout the year and assurance reported at Trust Board meetings.

The DIPC is Chair of a bi-monthly Infection Prevention and Control and Decontamination Committee (IPCDC). Membership of the IPCDC includes the Deputy DIPC, Infection Control Doctor, IPC Team, Estates, Facilities and Working Well Occupational Health. Other representatives may attend as a one-off according to the agenda.

The purpose of the IPCDC is to gain assurance that the Trust is fulfilling national and local infection prevention and control and decontamination requirements. Performance on the number and status of specific reportable and non-reportable Healthcare Associated Infections (HCAI) in the Trust is reported to the IPCDC monthly. The IPC Board Assurance Framework is also presented to IPCDC.

IPCDC agreed the 2022/23 Annual IPC Work Plan and monitors progress against plan. This oversight ensures Trust IPC priorities are agreed, implemented and any IPC issues are identified early. The 2022/23 Annual IPC Work Plan was refreshed to mirror the 10 criteria in the Health and Social Care Code of Practice.

The Water Safety Group reports into the IPCDC via the Estates and Facilities Report. Ventilation and Decontamination Safety Groups will be established in early 2023/24. They will operate in a similar way to the Water Safety Group, reporting into IPCDC.

As the threat and risk from COVID-19 decreased, the decision was taken to continue the monthly Integrated Care Board IPC meetings to promote a countywide approach to managing IPC.

The team daily 'huddle' meetings ensure all staff are aware of IPC priorities and responsibilities for the day. They are especially useful for the part-time staff in the team who are informed of any IPC developments that may have arisen during their non-working days.

The demands, due to COVID-19, on the IPC Team, as with all other NHS Trusts across the country, continued throughout 2022/23. The need to prioritise and focus resource on COVID-19 related work, whilst ensuring the Trust continued to fulfil its statutory reporting responsibilities, remained a challenge.

5.1 Contracts for Infection Prevention and Control

Service level agreements (SLAs) are in place to provide a specialist infection prevention and control service with:

- Longfields Hospice
- Great Oaks Hospice
- Sue Ryder Hospice
- Tetbury Hospital
- Kate's Home Nursing

The IPC Team undertake annual Infection Prevention Society (IPS) Environmental Audits for these organisations and support them to produce an IPC Annual Action Plan. The IPC Team also provide education, advice and support as required and attend governance meetings.

6.0 Facilities and Estates 2022/23 (Criteria 2)

The Trust has dedicated cleaning teams in each locality that are responsible for ensuring Trust sites are cleaned and decontaminated.

The Trust has fully migrated over to the new National Standards of Healthcare Cleanliness 2021 (NSoHC2021) framework. A formal project group ran until November 2022 with an end of project report submitted to IPCDC in March 2023, after a post implementation review.

Facilities performance data is reported to, and monitored by, IPCDC and the Buildings Environment and Medical Equipment Group.

6.1 Cleanliness Audits

Trust cleanliness audits are undertaken in line with NHS England cleanliness standards. The third-party auditing system switched over to the new NSoHC2021 standards in September 2022. Annual cleanliness audit results for 2022/23 are, therefore, split between the old 2007 Cleaning Specifications (April 2022 to August 2022) and the new 2021 Standard (September 2022 to March 2023), see tables below.

Table 2: NHSE National Specifications for Cleanliness in the NHS (2007): frequency of audits and compliance standards by risk category

Risk Category	NHSE Standard	GHC Compliance 2022/23
Very High Risk	98%	99.62%
High Risk	95%	97.66%
Significant Risk	85%	97.39%
Low Risk	75%	95.96%

Table 3: NHSE National Standards of Healthcare Cleanliness 2021: frequency of audits and compliance standards by risk category

Risk Category	NHSE Standard	GHC Compliance 2022/23
FR1	98%	99.73%
FR2	95%	98.26%
FR3	90%	97.71%
FR4	85%	97.21%
FR6	75%	95.64%

All clinical sites are now mapped on the auditing system and form part of a locality auditing plan. Following the rollout of the system on mental health sites the department has worked hard to embed the regime. Between April 2022 and March 2023, 717 technical audits were completed.

The software auditing contract is up for renewal in April 2023 and a procurement process will be undertaken to identify the new supplier.

6.2 Swabbing: Adenosine Triphosphate

Adenosine Triphosphate (ATP) swab testing provides a quick method of on-the-spot assurance of the standard of cleanliness achieved on a particular piece of equipment or surface. It is an additional level of assurance that is recommended to Trusts, but it is not mandatory.

A schedule of swabbing is in place in the Trust and the table below summarises the ATP swabbing results for 2022/23.

Table 4: Trust ATP Swabbing Results 2022/23

Swab Result	Number of Location Points Swabbed
Pass	4,951
Caution	250
Failure	449
Total	**5,650**

6.3 Kitchen Hygiene – Environmental Health Audits

In 2022/23, all registered sites maintained the highest Environmental Health Hygiene rating score of 5 (hygiene standards are very good) during Environmental Health Audits. The Facilities team undertook internal Audits throughout the year to monitor standards.

6.4 Patient-Led Assessment of the Care Environment (PLACE)

The patient-led assessment of the care environment (PLACE) is a national annual assessment of the non-clinical aspects of the patient environment. They are undertaken by local people (known as patient assessors) who go into hospitals as part of teams to assess:

- Privacy, dignity and wellbeing
- Food and Hydration
- Cleanliness
- General building condition, appearance and building maintenance
- The extent to which the environment is able to support the care of those with dementia or with a disability.

The PLACE Assessments for 2022 were completed between September 2022 and the beginning of January 2023. This is the first set of assessments to be published since 2019 and the first set as Gloucestershire Health and Care.

Due to the pandemic the official assessment period for 2020 did not take place. In 2021 Trusts were encouraged to complete assessments without patient assessors using the 'PLACE Lite' module which allows you to carry out ad hoc assessments.

Planning for the assessment period starts in the summer and Facilities colleagues co-ordinate the assessments.

It should be noted that, where points have been lost, this is seen as an opportunity for the Trust to improve. Comparisons by site and by year are not encouraged as the criteria and areas assessed can change year on year and so comparisons may be misleading.

Overall, Trust scores remain high across all domains, 5 out of 8 achieving organisational averages of 90% or more. The two domains scoring lower are disability and dementia. The scoring for these domains often goes hand in hand with specific questions which have scores available for both domains. A negative score will show as a loss of points in the two different sections.

A breakdown of Trust scores per site and domain are in the table below:

Table 5: Trust PLACE Assessment Results 2022

Gloucestershire Health and Care NHS Foundation Trust - 2022 Results								
Site Name	**Cleanliness**	**Food Overall**	**Organisational Food**	**Ward Food**	**Privacy, Dignity and Wellbeing**	**Condition Appearance and Maintenance**	**Dementia**	**Disability**
Berkeley House	97.86%	94.48%	90.45%	100.00%	87.80%	98.33%	N/A	84.72%
Charlton Lane Hospital	100.00%	95.18%	91.67%	100.00%	95.59%	99.18%	88.75%	84.66%
Cirencester Hospital	100.00%	93.02%	89.36%	97.44%	87.06%	99.18%	69.51%	68.60%
Dilke Hospital	100.00%	92.97%	87.59%	100.00%	86.21%	99.30%	93.88%	90.19%
Honeybourne Hospital	100.00%	95.18%	91.67%	100.00%	92.86%	98.33%	N/A	85.53%
Laurel House	100.00%	94.19%	89.58%	100.00%	90.24%	97.50%	N/A	81.43%
Lydney Hospital	99.70%	93.32%	89.18%	97.73%	89.74%	98.88%	87.50%	88.01%
North Cots Hospital	100.00%	91.47%	87.59%	96.15%	90.48%	99.34%	89.26%	87.02%
Stroud Hospital	99.79%	88.54%	89.18%	87.80%	81.82%	100.00%	74.57%	73.39%
Tewkesbury Hospital	99.38%	90.60%	89.18%	92.31%	88.46%	99.18%	71.53%	72.06%
Vale Hospital	98.55%	93.33%	88.65%	97.92%	78.18%	95.49%	75.00%	72.73%
Wotton Lawn Hospital	100.00%	95.24%	91.67%	100.00%	95.54%	98.94%	N/A	85.29%
Organisational Average	**99.81%**	**93.31%**	**90.00%**	**97.47%**	**89.86%**	**98.91%**	**80.63%**	**80.74%**
National Average	**98.00%**	**90.20%**	**91.00%**	**90.30%**	**86.10%**	**95.80%**	**80.10%**	**82.50%**

6.5 Decontamination

The Trust has an identified Decontamination Lead who supports, and is supported by, the IPC team. Decontamination assurances and quality are reported to the bi-monthly Infection Prevention and Control and Decontamination Committee.

Decontamination is the combination of processes (including cleaning, disinfection and sterilisation) used to make a re-usable medical device safe for further use on patients. The effective decontamination of re-usable medical devices is essential in reducing the risk of transmission of infections.

Health Technical Memorandum 01-01 - Management and decontamination of surgical instruments (medical devices) (HTM 01-01) sets out the statutory requirements on health care organisations to manage decontamination of medical devices and the Trust remains compliant with this HTM.

Effective and safe decontamination is a priority for the Trust and a range of policies are available on the intranet that set out the roles and responsibilities of staff and the method and levels of decontamination required for different types of medical devices.

During 2022/23, air decontamination (Clinell Rediair) units continued to be used in patient care areas in older buildings with poorer ventilation. They are designed to improve air flow by providing ‘high efficiency particulate air’ (HEPA) filtered air to care areas and increasing the number of air changes per hour. Through monthly audits it has been established that the manufacturer guidelines for the effective use of these machines has been adhered to.

Medical devices that require sterilisation (except dental units) are sterilised at Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) in their Central Sterile Services Department (CSSD) on behalf of the Trust. CSSD is audited annually by the British Standards Institute against ISO standards for the reprocessing of reusable medical devices and relevant clauses of the Medical Devices Directive 93/42/EEC. CSSD maintained full accreditation in 2022/23.

HTM 01-05 Decontamination in primary care dental practices guidance has been adopted for the Trust’s dental service and practices across the Trust are audited every six months using the Infection Prevention Society (IPS) dental audit tool and then reported to the Infection Prevention and Control and Decontamination Committee.

HTM 01-06 guidance covers the decontamination of flexible endoscopes. Annual Decontamination audits against HTM 01-06 were undertaken by the IPC team in February 2023, Cirencester scored 100% and Stroud 97%.

Each endoscopy unit is also audited on an annual basis by the IPC team and have also achieved Joint Advisory Group (JAG) accreditation. JAG accreditation means that patients can have increased confidence in their endoscopy service and be assured of the same quality of care no matter where their endoscopy takes place. Additional assurance, for evidencing a high standard of scope decontamination, is provided by weekly final rinse water testing undertaken by Getinge and 20/30 laboratories.

Other medical devices, including items such as drip stands, commodes, dressing trolleys, blood pressure cuffs, hoists and hoist slings etc., are decontaminated in line with Trust policy. All staff receive decontamination training during induction and competency-based training is undertaken by staff who use medical devices. If specialist decontamination is required, staff receive annual certificated training provided by the decontamination equipment company, e.g. Tristel.

The Trust has a contract with Premier Healthcare for the decontamination of specialist/dynamic mattresses (e.g. pressure relieving mattresses).

Monitoring of decontamination is routinely undertaken in both in-patient and outpatient and specialist areas during IPC clinical visits and locality decontamination visits.

6.6 Water Safety

The Trust's Water Safety Scheme of Control (WSSC), which provides detail on how the risks from microbiological and scalding hazards associated with the supply and use of water are assessed, managed and controlled, is owned and managed by the Water Safety Group.

The Water Safety Group (WSG) meets every three months and reports into the IPCDC and Buildings, Environment and Medical Equipment Management Group. The Trust's DIPC/Deputy DIPC and Consultant Microbiologist are members of the WSG.

The Trust has a rolling programme of Water Risk Assessments across all Trust sites, with frequencies as follows:

- In-patient sites every two years
- Out-patient sites every four years
- Offices every five years

Water Risk Assessments are monitored by the WSG and, as at 31st March 2023, all Water Risk Assessments were in date, with the exception of Berkeley House (LD in-patient unit), Charlton Lane Hospital (mental health), Honeybourne and Laurel House (recovery in-patient units) and Greyfriars and Montpellier wards at Wotton Lawn Hospital (mental health), all due in March 2023.

On completion of Water Risk Assessments, any actions are added to the Trust's Water Safety Action Plan. Remedial works are prioritised and monitored by the designated Responsible Person in the Estates Team and the WSG.

Water Safety Audits are carried out every 6 months by the Trust's Water Hygiene Authorising Engineer. The latest audit was carried out on 6th March 2023 and audit results are outlined in the chart below.

Chart 3: Summary of Authorising Engineer's Water Safety Audits May and December 2021

Areas Audited	Legislation Compliance 06/03/23	Legislation Compliance 05/09/22	Compliance Level 06/03/23	Movement
Responsible Person Delegation	HIGH	HIGH	100%	⇔
Water Safety Group and Meetings Structure	HIGH	HIGH	100%	⇔
Water Safety Policy	HIGH	HIGH	100%	⇔
Water Safety Procedures and Plan	HIGH	HIGH	100%	⇔
Training Requirements	HIGH	HIGH	100%	⇔
Legionella Risk Assessments	HIGH	HIGH	100%	⇔
Legionella Risk Assessments – Management	HIGH	HIGH	70%	⇔
Scheme of Control / Monitoring	HIGH	HIGH	90%	⇔
Log Book Operation / Management	MEDIUM	HIGH	66%	⇩
Flushing Regimes (Based on August and September Figures)	HIGH	HIGH	90%	⇔

This audit found a high level of water hygiene management at the Trust, that Responsible and Deputy Responsible Persons nomination letters were up-to-date, the training programme was well managed and up-to-date and the Water Safety Policy and Water Safety Scheme of Control were both current and up to date.

The Trust's Water Hygiene contract was not renewed and the Trust took back the responsibility for this in June 2022. This has had a positive change with improved Water Safety Audit scores.

6.6.1 Legionella

There is a rolling programme of Legionella sample testing at the Trust's in-patient sites; samples are taken every six months for testing and results are monitored by the WSG.

The majority of sites returned negative samples during testing but there was an instance of a slightly elevated result (with no risk to patients or colleagues) at Cinderford Health Centre in 2022 which is owned by Cinderford Council and leased to the Trust. The Trust took over water management for an interim period and removed a suspected sink (inclusive of pipework and deadlegs), introduced a flushing regime and re-sampling returned negative results.

6.7 Ventilation Safety

The Trust has an appointed Ventilation Lead and an Authorising Engineer for Ventilation who monitor and manage Trust compliance with HTM 03-01 specialised ventilation for healthcare buildings (NHSE) and the rolling programme of maintenance, refurbishment and replacement works relating to ventilation.

The aim was for the Estates team to establish a Ventilation Safety Group to prioritise and monitor ventilation safety but after initial meetings they have not become as well established as they should. This will be a priority for 2023/24. Air purifiers were deployed during the COVID-19 pandemic and have remained in use in outbreak situations to mitigate any risks, however, more evidence is required to support their further use.

6.8 Building Environment Works

A rolling programme of building environment improvement works is undertaken each year, overseen by the Trust's Estates Team. Some of these will have IPC implications and the IPC team input into plans and are involved in meetings/discussions. During 2022/23, the following buildings' environment works were completed:

- Stroud Hospital – refurbishment of Jubilee Ward and MiIU (August 2022)
- Southgate Moorings – ground floor refurbishment (July 2022)
- Montpellier Unit – en-suite refurbishments (June 2022)
- Stroud King Street – re-fit of building to accommodate Podiatry and Physiotherapy (January 2023)

Environment improvement works that have commenced and are not yet completed:

- Berkeley House – Harrier Flat upgrade

- New Forest of Dean Hospital
- Stroud Hospital – refurbishment of Physiotherapy
- Wotton Lawn Hospital – upgrades to clinics, sluice and laundry

The estates team work collaboratively with IPC and Berkeley House during refurbishments, on-going repairs and bespoke alterations to buildings in order to accommodate the very specific requirements of patients residing at Berkeley House.

Throughout 2022/23, the building industry continued to face challenging times. The supply crisis meant it was difficult to get certain materials and/or there were longer lead times (e.g. 10-14 weeks for the delivery of doors), there was a skills shortage within specialist trades and rising inflation meant fluctuating costs and pricing. These have all had an effect on the progress and cost of several work schemes in 2022/23.

7.0 Antimicrobial Stewardship (Criteria 3)

The Trusts Chief Pharmacist is the designated lead for antimicrobial stewardship for the Trust. The Trust has an SLA with Gloucestershire Hospitals NHSFT for the provision of Consultant Medical Microbiologist support, expertise and guidance.

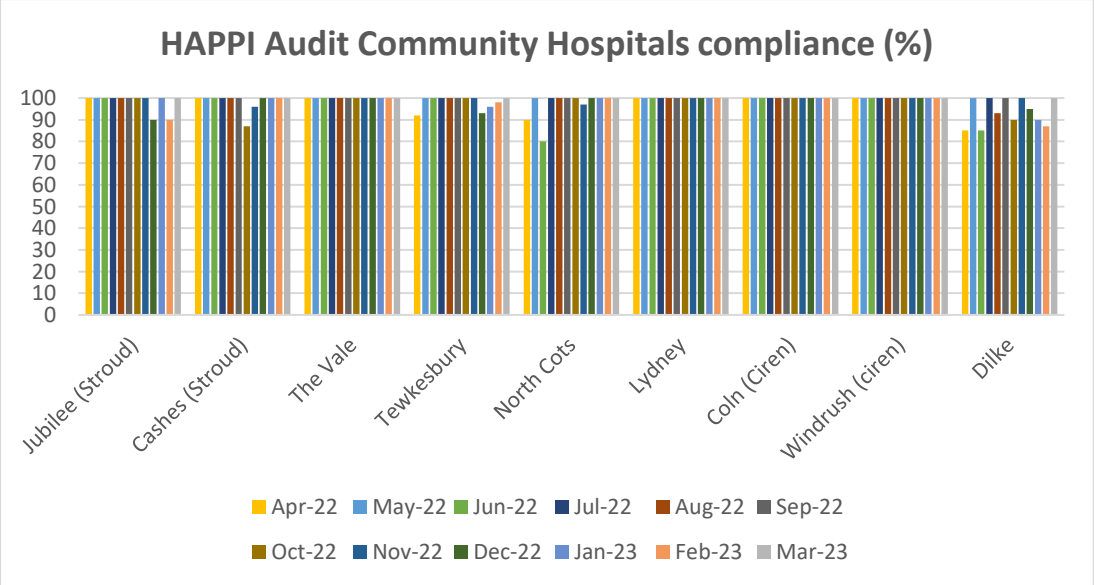
7.1 Audit

A monthly Hospital Antimicrobial Prudent Prescribing Indicator (HAPPI) audit, based on start SMART then Focus principles, is carried out by the pharmacy team in physical health in-patient wards. It covers five key areas of antimicrobial prescribing governance:

- The allergy box on the drug chart is completed correctly
- An indication for the antibiotic prescribed is documented on the drug chart
- A review/stop date is clearly documented on the drug chart
- The route of administration is appropriate. In particular, IV administration has been reviewed after 48 hours.
- The antibiotic, at the dose and duration prescribed, is included in the current Trust antimicrobial guidance or has been prescribed on the advice of a microbiologist

The results are shared with ward managers and ward prescribers to inform areas for improvement and are included in the ward IPC dashboard. The results for 2022/23 are shown in the chart below:

Chart 4: HAPPI audit results for 2022/23 in community hospitals

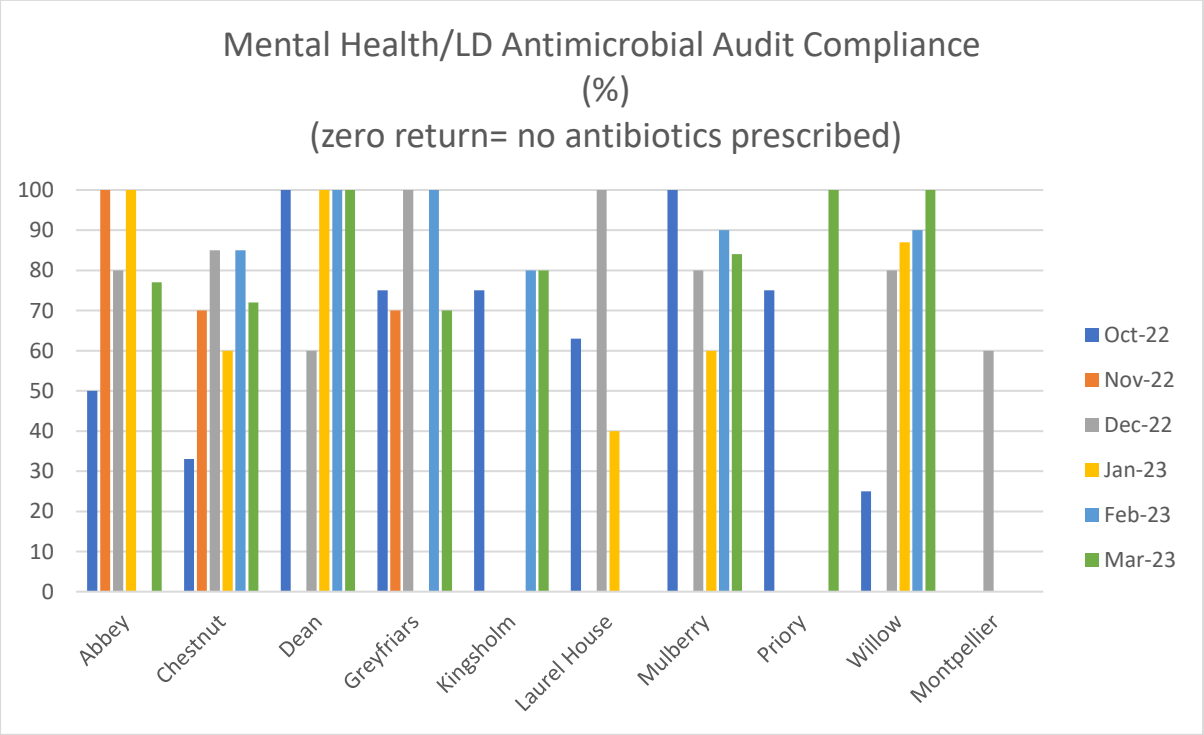


An antimicrobial prescribing audit was introduced in mental health and learning disability in-patient areas in October 2022. Due to the small number of antimicrobials prescribed in these areas a single day snap shot would not produce sufficient data to provide assurance of prudent use of antimicrobials. In these areas all antimicrobials prescribed are reviewed by the pharmacy team and the following criteria reported on

- Allergy status is completed
- Indication for prescribing is recorded on the drug chart
- Review date or stop date is recorded on the drug chart
- The antimicrobial prescribed is on the Trust approved guideline or on the advice of microbiology
- The duration of treatment is as per the guideline

The results are shared with ward managers and ward prescribers to inform of areas of improvement and are included in the IPC monthly ward dashboard. The results for October 2022 to March 2023 are shown in the chart below:

Chart 5: Antimicrobial Audit Mental Health/LD Inpatient compliance 1st October 2022 to 31st March 2023



7.2 Patient Group Directions

Patient Group Directions (PGDs) are in place for a range of antimicrobials to support immediate access when clinically appropriate in urgent care and in-patients when medical or non-medical prescribers may not be available. All PGDs for antimicrobials are reviewed and approved by the Trust's Consultant Medical Microbiologist in addition to the usual approved Trust signatories.

7.3 Antimicrobial Guidelines

Trust Antimicrobial Guidelines for specific body systems are in place. These are based on National Institute for Health and Care Excellence (NICE) guidance with local adaptation by the local microbiologist. Where clinically appropriate, guidelines in the Trust reflect those in the wider Gloucestershire health and care system. A number of the guidelines have been reviewed, updated and published during 2022/23. Guidelines are available on the Gloucestershire Countywide Medicines Formulary.

7.4 Training

A range of tools are in place to support prudent use of antimicrobials by colleagues:

- A powerpoint on antimicrobial resistance and stewardship is shown to new starters at clinical induction
- The Trust Consultant Medical Microbiologist delivers, as required, an update to non–medical prescribers on antimicrobials, stewardship and resistance
- All antimicrobial guidelines contain information in line with NICE guidance on appropriate prescribing, including when not to prescribe, the use of delayed prescriptions and safety netting. This is also reflected in PGDs for antimicrobials

7.5 Committees

Antimicrobial stewardship is a standing agenda item on the Trust's bi-monthly Medicines Optimisation Committee (MOC) and the Consultant Medical Microbiologist is a core member. The minutes of the MOC are shared with the Trust Quality Assurance Group (QAG) through the Medicines Optimisation Quarterly reports.

Antimicrobial stewardship is also a standing agenda item on the bi-monthly IPCDC chaired by the Director of Infection Prevention Control.

The Trust's Chief Pharmacist attends Gloucestershire Hospitals NHSFT monthly antimicrobial stewardship operational meeting, where antimicrobial guidelines are discussed, and chairs the Integrated Care Board (ICB) Antimicrobial Stewardship

Strategy group. This group aims to take an ICB strategic approach to promoting and monitoring judicious use of antimicrobials to preserve their future effectiveness within Gloucestershire.

7.6 Updates to the Health and Social Care Act 2008: code of practice on the prevention and control of infections (December 2022)

There were a few changes relating to antimicrobial stewardship (Criteria 3) in the updated code of practice. A gap analysis is being undertaken and any actions arising will form the basis of the action plan for antimicrobial stewardship within the Trust.

8.0 Patient information (Criteria 4)

The intranet pages have been re-fashioned and the IPC page is now more prominent on the home page of the intranet. Patient information leaflets for Norovirus, influenza, *C.difficile* and MRSA were reviewed in January 2023 and are available to download on the staff intranet.

The IPC page on the staff intranet has the following information available:

- IPC policies
- Posters and other information
- IPC education and training
- Templates for the IPC ward audits
- Decontamination
- A dedicated page for IPC Link Workers
- The members of the IPC team and team contact details

The IPC team have a dedicated telephone support and advice line (in-hours). Out of hours advice and support can be sought from the on-call Microbiologist.

The IPC team have followed national guidance in relation to information relating to visitor information and also signage relating to respiratory symptoms. There is also information for these infections and general IPC information available on the internet. The IPC team have worked with Sexual health team and the minor injury units to offer advice for patients regarding M-Pox.

9.0 Healthcare Associated Infection (HCIA) and Surveillance (Criteria 1 and 5)

Avoidable infections are not only potentially devastating for patients and healthcare staff, they also consume valuable healthcare resources.

9.1 Surveillance and Reporting

A proportion of the IPC Team's workload involves surveillance and identification of people who have, or are at risk of developing, an infection so that they can receive timely and appropriate treatment and to reduce the risk of transmitting the infection to others.

Some organisms are subject to mandatory reporting requirements to the UK Health Security Agency (UKHSA). These are:

- MRSA
- MSSA
- *C. difficile*
- Gram-negative bloodstream infections (*Escherichia coli, Klebsiella spp, Pseudomonas aeruginosa*)

Infections that are reportable to UKSHA are recorded on the national Healthcare Associated Infections (HCAI) data capture system on a monthly basis.

There is a robust reporting system in place. The Gloucestershire Hospitals NHSFT laboratory inform the IPC Team of alert organisms that need to be mandatorily reported, as well as others of infectious significance, such as influenza, COVID-19, Norovirus or Tuberculosis (TB). Positive results are reported to clinical teams via email, so that clinical staff are notified at the earliest opportunity, and via ICNet (IPC specific surveillance software).

Data on all relevant organisms is generated via ICNet and these are reported monthly at IPCDC.

9.2 MRSA bacteraemia

There were no bacteraemia cases during 2022/23, the same as reported in 2021/22.

	Tolerance	2022/23 number reported	Compliance
MRSA bacteraemia	Zero	Zero	Green

9.3 Other Bacteraemia Surveillance (*E. coli*, MSSA)

There were also no cases of *E. coli* and MSSA in GHC during 2022/23, the same as reported in 2021/22.

	Tolerance	2022/23 number reported	Compliance
MSSA bacteraemia	Zero	Zero	Green

	Tolerance	Pre-48 Hour	Post 48 hour	Compliance
E. coli bacteraemia	No set tolerance	Zero	Zero	Green

9.4 Health Care Associated Infections

9.4.1 MRSA Acquisition

There were no cases of post 48-hour MRSA acquisition (colonisation or infection) in 2022/23, 2021/22 or 2020/21, compared to two cases in 2019/20.

9.4.2 *Clostridioides difficile (C.dificile)*

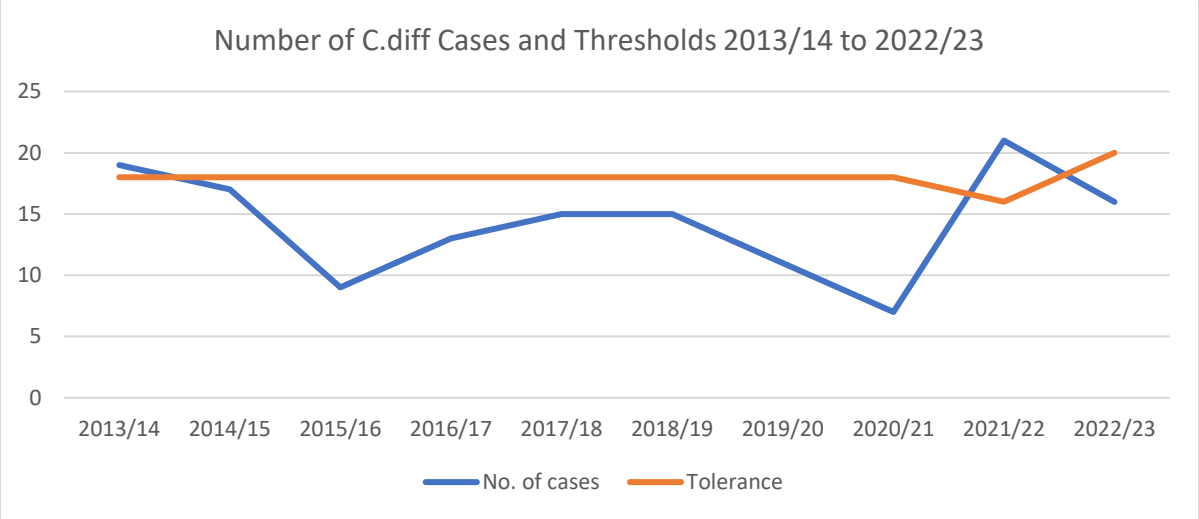
The Trust provides mandatory surveillance to UKHSA for *C.difficile* toxin positive results. National thresholds for HCAI's are set for acute Trusts and ICB's and do not apply to community Trusts. Locally, therefore, the *C.difficile* threshold for the Trust is set by the ICB. The locally set threshold for 2022/23 was for no more than 20 cases of *C.difficile* occurring 48 hours or more following admission into hospital.

In 2022/23, there were 16 Hospital Onset Definite Hospital Acquired infections reported; this is 5 less than in 2021/22 and within the set threshold level. All occurred in community hospitals.

	Tolerance	2020/21 number reported	Compliance
C. difficile	20	16	Green

The chart below shows the number of Trust *C difficile* cases and threshold levels since 2013/14.

Chart 6: Number of *C.difficile* cases and thresholds in the Trust since 2013/14



There has been a decrease in the number of positive cases for 2022/23. A review has been undertaken to identify any causes or links and learning has been undertaken and disseminated to teams.

All *C.difficile* toxin positive and gene detected results are recorded on the patient's clinical record to alert the clinical teams. An IPC nurse will visit the ward within 48 hours of diagnosis, to give specialist advice for patient management, and regularly thereafter to support clinical staff.

A period of increased incidence (PII) is defined as two or more cases of *C.difficile* occurring on the same ward within a 28-day period that are both more than 48 hours post-admission and not classified as relapses (a return of symptoms within the previous 28 days). During 2022/23 there were no PII's.

9.4.3 COVID-19

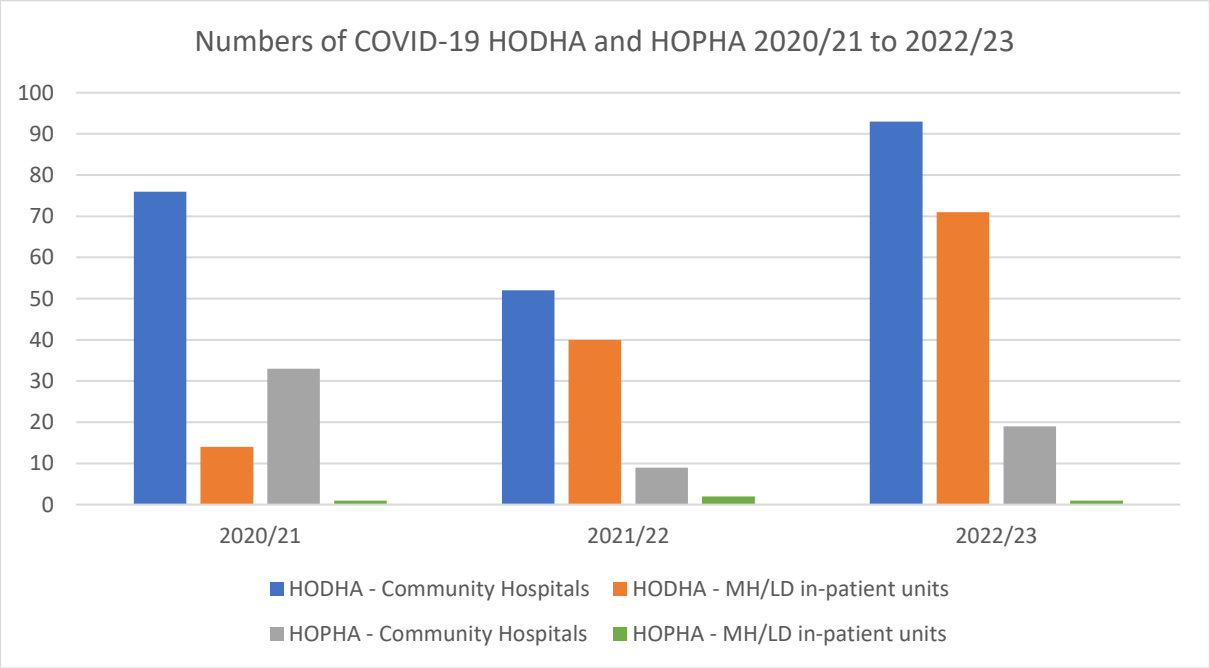
During 2022/23, there were 164 Hospital Onset Definite Hospital Acquired (HODHA) COVID-19 cases and 20 Hospital Onset Probable Hospital Acquired (HOPHA) COVID-19 in the Trust. The definitions for hospital acquired COVID-19 are:

- **HODHA -** Hospital Onset Definite Healthcare Acquired - first positive specimen taken 15 or more days after hospital admission

- **HOPHA -** Hospital Onset Probable Healthcare Acquired - first positive specimen taken 8-14 days after hospital admission.

The chart below shows the number of HODHA and HOPHA COVID-19 cases in the Trust over the last three years.

Chart 7: Number of COVID-19 HODHA and HOPHA Cases 2020/21 to 2022/23



Many mental health patients tested positive for COVID-19 after returning from home leave, which is an element of their recovery plan. It is likely that they acquired COVID-19 when they were not on the hospital ward but the Trust is still required to report these cases as hospital acquired COVID-19, as they were under the care of the Trust at the time.

9.5 Outbreaks

NHSE define an outbreak of infection as:

- Two or more people with the same disease or symptoms or the same organism isolated from a diagnostic sample, who are linked through a common exposure, personal characteristics, time or location
- A greater than expected rate of infection compared with the usual background rate for the particular place and time

During outbreaks ward staff were supported by the IPC team and the Microbiologist through clinical visits to the ward and telephone advice and support.

The table below shows the number of outbreaks by infection in the Trust during 2022/23.

Table 6: Number of outbreaks by infection in the Trust during 2022/23

Month	Number of Outbreaks					
	COVID-19	Flu A	Norovirus	RSV	RSV, COVID-19 and Flu A	COVID-19 and Flu A
April	4	1	0	0	0	0
May	1	0	0	0	0	0
June	0	0	0	0	0	0
July	6	0	0	0	0	0
August	0	0	0	0	0	0
September	6	0	0	0	0	0
October	1	0	0	0	0	0
November	0	0	0	0	0	0
December	5	0	0	0	1	1
January	2	1	0	0	0	0
February	1	0	1	1	0	0
March	2	0	0	0	0	0
Total	**28**	**2**	**1**	**1**	**1**	**1**

9.5.1 COVID-19

COVID-19 was the organism responsible for causing the majority of respiratory outbreaks in 2022/23. The duration of the outbreaks, and the impact for patients, was significantly reduced compared to 2021/22. This was partly due to the COVID-19 vaccination programme and the prompt recognition and management of symptoms by clinical teams. The IPC team supported the clinical teams to manage the respiratory outbreaks effectively.

There were challenges managing outbreaks effectively within Mental Health units; staff found it difficult to encourage patients to isolate due to their mental health needs which increased viral transmission within the unit. Mental Health staff also required greater support to understand the transition from screening for COVID-19 only to screening for all respiratory viruses.

Due to the number of COVID-19 outbreaks the IPC team did not always have capacity to visit all areas affected on a regular basis. If areas did not have a visit, the IPC nurses supported clinical staff with regular phone contact.

9.5.1.1 Patient Screening and Testing for COVID-19

The IPC Team worked closely with the Trust's patient SPCA/Bed Management teams to ensure the safe transfer of patients from GHNHSFT. A robust patient screening programme was in place throughout 2022/23 to identify patient COVID-19 status and ensure patients were placed in wards in a way that minimised any potential COVID-19 outbreaks.

Point of Care Testing (POCT) machines for COVID-19 continued to be used in Community Hospitals throughout 2022/23 to support the management of COVID-19. These machines gave staff immediate results for any COVID-19 swabs taken. POCT testing was used to help wards isolate positive patients at the earliest opportunity in an attempt to prevent outbreaks. This has been instrumental in minimising hospital transmission of COVID-19 in the Trust.

There were several national updates to COVID-19 guidance during 2022/23 that were implemented across the Trust. In April 2022, there were updates relating to the frequency of patient screening and the type of test that Trust staff could use to confirm COVID-19. At the end of March 2023, national guidance was further updated to reflect 'Living with COVID-19' Plan.

9.5.2 Influenza

There were 12 reported cases of influenza in the Trust during 2022/23, compared to no cases for 2020/21. There were 2 Influenza A outbreaks during 2022/23 and 2 respiratory outbreaks that included Influenza A along with other respiratory viruses.

In-patients who were eligible to receive an influenza vaccine were offered a vaccine if they had not already had one from their GP. Additionally, clients known to the Trust who do not usually engage with primary care services (e.g. serious mental illness or learning difficulties, Homeless Health and Violent Patient Health services) were also offered an influenza vaccine.

9.5.3 Viral Gastroenteritis

During 2022/23, there was one outbreak of viral gastroenteritis infection. The outbreak lasted 8 days and a total of 19 patients and 5 staff were affected. Norovirus was confirmed as the causative organism. As the index case had other valid clinical reasons for symptoms this resulted in a delay in identifying the infection and isolating the patient, with subsequent transmission of infection throughout the ward. The ward was closed to non-urgent transfer of patients and visiting was restricted. The IPC nurses supported the clinical team with daily phone contact and an initial visit to the ward.

10.0 Training and Education (Criteria 6)

All clinical staff undertake mandatory IPC training annually via e-learning through Care to Learn. Non-clinical staff undertake training every three years. All new staff (clinical and non-clinical) undertake IPC induction and are asked to complete the e-learning within three months of joining the Trust.

The table below shows Trust IPC training compliance as at 31st March 2023.

Training compliance is recorded on Care to Learn (staff education and training system) which is monitored by IPC, senior management and reported to the Quality Assurance Group.

Table 7: Trust IPC training compliance as at 31st March 2023 with comparison from March 2022

Mandatory Training Name	Percentage of Staff Certified		Percentage of Staff not Certified		Number of Staff Certified	
	2023	2022	2023	2022	2023	2022
Infection Control – Clinical (1 Year)	88.1%	88.9%	11.9%	11.1%	3,521	3,706
Infection Control – non-Clinical (3 years)	95.0 %	96.8%	5%	3.2%	1,280	1,341

There is on-going education for other existing staff (including support staff, volunteers, agency/locum staff and staff employed by contractors), which incorporates the principles and practice of prevention and control of infection.

The IPC team have been unable to facilitate their annual IPC study day for the past three years; however, additional hospital-based training has taken place to staff by members of the IPC team (planned and unplanned) during 2022/23.These have included sessions on PPE, hand hygiene and use of the ‘glow box’, MRSA and standard precautions.

Infection prevention is included in all job descriptions for staff (clinical and non-clinical), including volunteers. Contractors working in servicer user areas must maintain good standards of IPC practice, including hand hygiene, and guidance is included in the Control of Contractors Policy. Clinical staff are responsible for ensuring contractors are aware of IPC expectations within the clinical environment.

Training of Aseptic Non-Touch Technique (ANTT) procedures, e.g. catheter insertion and cannulation, and other clinical procedures, is provided by the clinical skills team,

training sisters within the community hospitals and specialist teams. The IPC team work closely with the clinical skills and training teams and provide IPC advice and input into training. Monitoring of standards is gained during IPC clinical visits and incident monitoring. IPC are working with the Learning and Development Team to ensure there is standardisation across the Trust.

Bi-monthly IPC link worker sessions have continued in 2022/23 via teams, with very positive feedback although attendance at times is limited due to teams' priorities. They provide an opportunity for focused training sessions for the IPC link workers and some discussion around current 'hot' IPC topics especially for changes in COVID-19 management and for M-pox.

The IPC team use clinical visits as an opportunity for educating and informing staff, responding to queries or when informing wards about new infection cases.

NHS England published an Infection Prevention and Control Education Framework in March 2023 NHS England » Infection prevention and control education framework which sets out the vision for the design and delivery of IPC education. The IPC team have reviewed this framework and will be working with colleagues to ensure the Trust is compliant with it. This is a work priority for the IPC team in 2023/24.

11.0 Isolation Facilities (Criteria 7)

The Trust has a commitment to providing safe, effective care and provides isolation facilities in all community hospitals. Some community hospitals consist entirely of single rooms that can be used for isolation, including:

- North Cotswold Hospital
- Tewkesbury
- The Vale
- Charlton Lane Hospital
- Wotton Lawn Hospital

Some of the Trust's older estates are in the process of being refurbished. Increasing the number of isolation facilities is a priority consideration in refurbishment plans and the IPC team are involved in planning discussions.

The IPC team work closely with clinical and operational teams to ensure prompt isolation of potentially infectious patients in line with the Trust's Isolation Policy. Daily bed management meetings have taken place between IPC and Trust operational colleagues to ensure patients are placed in appropriate beds, according to their infection status.

Isolating patients and minimising the risk of transmission of infections, whilst maintaining patient flow and maximising capacity, has continued to be a challenge. On the few occasions where there were insufficient isolation facilities patients were cohort nursed together in bays in in-patient areas.

12.0 Laboratory Support (Criteria 8)

GHC has a contract with Gloucestershire Hospitals NHS Foundation Trust for the provision of Microbiology laboratory support. The laboratory provides support for all GHC screening and testing requirements, e.g. MRSA screening, *C.difficile* and COVID-19 testing.

The department is accredited by UKAS to the standards of ISO 15189:2012 with the certificate being viewable at:

https://www.ukas.com/wp-content/uploads/schedule_uploads/00007/9576-Medical-Single.pdf

During the pandemic, the laboratory supported testing of up to 1,000 COVID-19 PCR samples per day. In addition, COVID-19 antibody testing was also available, via the Clinical Chemistry laboratory, as required. This is also an ISO 15189 accredited laboratory:

https://www.ukas.com/wp-content/uploads/schedule_uploads/00007/9574-Medical-Multiple.pdf

13.0 Infection Prevention and Control Policies (Criteria 1, 5, 6 and 9)

The Trust has a range of IPC Policies in place to support the prevention, reduction and control of risks of infections in line with Health and Social Care Act 2008, national guidance and Infection Prevention Society best practice.

There is a robust process of reviewing IPC Policies every one to three years to ensure they are up-to-date and relevant. They can also be updated in a timely manner as required, for example, if there are changes to national guidance. All IPC Policies are agreed by the Trust's DIPC, medical microbiologist and deputy DIPC with final ratification by the Clinical Policy Group, which meets every month.

During 2022/23 eight IPC Policies were reviewed, updated and ratified by the Clinical Policy Group including:

- Aseptic Non-Touch Technique (CLP125, June 2022)
- Hand Decontamination (CLP087, July 2022)
- Sharps and Splashes Injuries (CLP086, October 2022)
- Management of the Patient Colonised or Infected by a Multi-Drug Resistant Organism (MDRO) (CLP082, October 2022)
- IPC Design, Construction and Renovation (CLP079, October 2022)
- In-patient Mattress (CLP245, November 2022)
- Management of Patients with a Viral Respiratory Illness (CLP080, December 2022)
- Outbreak of Serious Infection (CLP133, January 2023)

The Diagnosis and IPC Management of Patients with COVID-19 Policy (CLP 150) and the Management of patients with Influenza (CLP080) were combined into a more general respiratory policy in response to the Governments Living with COVID-19 guidance.

Staff are supported in understanding and adhering to IPC policies through telephone advice and support, IPC clinical visits and IPC training.

Assurance of compliance with Trust IPC Policies is monitored by the IPC Team through:

- An extensive audit programme
- Monitoring of incidents
- Post-infection reviews and outbreak reports
- Monthly surveillance

- Clinical IPC quality site visits, ward IPC dashboards and Matrons' clinical governance.

The IPC team meet Hospital Matrons on a regular basis to conduct clinical quality site visits to review infection prevention and control practice and cleanliness of premises. These visits provide more robust assurance on IPC measures in in-patient facilities and enable any IPC issues to be identified early.

IPC compliance and assurance are reported bi-monthly to IPCDC.

13.1 Audits

There is an extensive IPC audit programme in the Trust which covers:

- Anti-microbial management (monthly)
- Cleanliness (a programme of audits across all Trust sites)
- Hand Hygiene (monthly, community hospitals, mental health hospitals and LD in-patient unit)
- Mattress (monthly, community hospitals and annually, mental health hospitals)
- Commode, Cushion, Curtain (monthly, community hospitals)
- IPC Environment (monthly, community hospitals 6-monthly, dental sites)

Action plans from these audits are developed by the IPC team and learning and actions are incorporated in Matrons' Clinical Governance reporting.

Priority was given to areas where robust assurance could not be gained from elsewhere. The team undertook 27 IPC annual audits at sites and clinics across the county; all achieved IPC compliance.

13.1.1 Endoscopy Audits

An Infection Prevention Society (IPS) IPC Environment Audit was undertaken in Stroud (8th February 2023) and Cirencester (14th February 2023) Endoscopy sites as part of the Joint Advisory Group (JAG) accreditation process. The results of these audits can be seen in the table below. Both sites achieved JAG re-accreditation.

Table 8: Endoscopy IPC environment audit results 2022/23

	Cirencester		Stroud	
Audit Sections Completed	**%**	**Status**	**%**	**Status**
Standard Precautions	96%	Pass	100%	Pass
Environment	85%	Pass	88%	Pass
Hand Hygiene Technique	100%	Pass	100%	Pass
Hand Hygiene Environment	100%		100%	Pass
Patient Equipment	100%	Pass	100%	Pass
Sharps Handling and Disposal	100%	Pass	100%	Pass
Personal Protective Equipment	96%	Pass	100%	Pass
Waste management	100%	Pass	100%	Pass

13.1.2 Dentist Audits

Extensive IPS audits are undertaken every six months by the Dental Nurse leads. They audit compliance against HTM01-05 guidance (Decontamination and Environment). IPC support the dental service to develop and implement Action Plans. In 2022, the IPC team also undertook annual IPC audits at the Dentist sites, results of those audits are shown in the table below.

Table 9: Dentist IPC Annual Audit Results 2022/23

	Beeches Green	Cirencester	Lydney	Southgate	Springbank	St Pauls
Date of Audit	30/08/22	06/09/22	05/09/22	12/09/22	14/09/22	01/09/22
Prevention of blood-borne virus exposure	100%	100%	100%	100%	100%	100%
Decontamination	100%	100%	100%	100%	85%	85%
Environmental Design and Cleaning	80%	80%	74%	90%	80%	86%
Hand Hygiene	100%	100%	100%	100%	100%	100%
Infection Prevention and Control Management	100%	100%	100%	100%	96%	96%
PPE	100%	100%	100%	100%	100%	100%
Waste Management	100%	100%	100%	100%	100%	80%

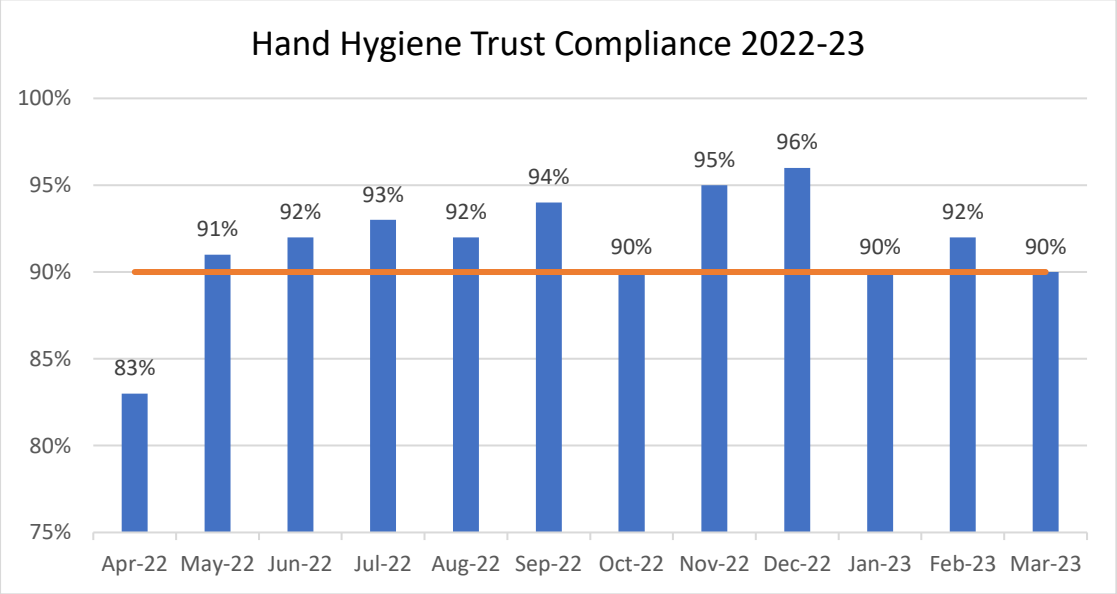
13.1.3 Hand Hygiene

Effective hand decontamination is an essential element in infection prevention and control. Monthly observational hand hygiene audits are undertaken in all Trust in-patient units (mental health, community hospitals and learning disability), Minor Injury and Illness Units (MIIUs), out-patient departments, endoscopy units, theatres and the Electroconvulsive Therapy suite (Wotton Lawn Hospital).

Results are collated, monitored by the IPC team, and reported to the Trust Board and IPCDC. If an individual area reports a score below the minimum expected standard of 85%, additional support and education is provided to the area to improve compliance. The chart below shows the monthly average compliance scores for 2022/23.

The overall Trust compliance (across the Trust), set by the Trust, is 90%. The Trust achieved overall compliance of 91.5% in 2022/23.

Chart 8: Hand Hygiene Audit Results 2022/23



The practice of effective and timely hand hygiene is a high priority for the Trust. The IPC link nurses support staff with hand hygiene guidance and conduct these audits to provide assurance to the Trust.

Observational audits, such as the PPE and Hand Hygiene audits, can suffer from the 'Hawthorne' effect where individuals modify their behaviour in response to being observed. In order to validate the monthly audits conducted by operational staff, the IPC team conduct observational reliability audits for both PPE and Hand Hygiene practice.

The World Health Organisation 'World Hand Hygiene' initiative on 5th May 2022 was supported by the IPC team and the Trust and promoted on Twitter.

There was a Trust wide competition for the best display in a clinical area promoting good hand hygiene. This was won by the team on Abbey View Ward at Tewkesbury Hospital (pictured).

13.1.4 Sharps Audit

The Trust's sharps supplier, Daniels, conducted an annual sharps audit in August 2022 (Community Hospitals and Southgate Dental Centre) and in October 2022 the Lead Nurse for Infection Control for Mental Health and Learning Disabilities undertook an audit of Wotton Lawn and Charlton Lane Hospitals. The aim of this audit was to provide assurance that staff were adhering to the management and disposal of sharps as per Trust policy and in line with legislation and other national guidance.

A total of 179 sharps bins across 49 clinical areas were audited. There was good compliance across all areas audited and the high levels of compliance from the previous year's audit was maintained. Trust-wide results are shown in the table below.

Table 10: Trust Overall Sharps Audit Results 2022

Standards		***Compliance 2022**	**Compliance 2021**
Number	Criterion		
1	Not containing protruding items	99% (177/179)	99% (164/165)
2	Correct assembly of containers	98% (175/179)	97% (160/165)
3	Matching lids and labels	100% (179/179)	100% (165/165)
4	No items above the fill line	99% (178/179)	100% (165/165)

5	Containers on the floor or at an unsuitable height	100% (179/179)	100% (165/165)
6	Containers not in brackets or mobile holders	85% (141/165)	85% (141/165)
7	Containers not labelled whilst in use	98% (175/179)	98% (161/165)
8	Not containing inappropriate contents	99% (178/179)	99% (164/165)
9	Temporary closure in use when left unattended or during movement	93% (166/179)	94% (155/165)
	Overall Compliance	**97% 1548/1597**	**97% 1441/1485**

*Compliance rates in 2022/23 are physical health and mental health sites combined, for 2021/22 compliance rates were for physical health sites only.

An action plan was developed and learning was shared with teams.

13.2 Incident Reporting (Datix)

In 2022/23, there were 275 IPC related recorded incidents on Datix. This is an increase of 17% from 2021/22. The majority of Datix, 235 of the 275 (or 88%) were COVID-19 related. Datix were also raised for other healthcare associated infections, including *C.difficile* and MRSA.

The IPC team continued to work with the Patient Safety team and ward staff in 2022/23 to determine the level of harm to patients as a result of acquiring an infection whilst under the care of the Trust. For 98% of the Datix raised in 2022/23, harm to patients was identified as No or Low Harm. The Patient Safety Team managed the remaining 2% of Datix that were identified as Moderate Harm to the patient or higher through the usual patient safety incident management process.

14.0 Staff Health and Wellbeing (Criteria 10)

14.1 Working Well Occupational Health

Working Well is a Safe, Effective, Quality, Occupational Health Service (SEQOHS) accredited NHS Occupational Health Service. Working Well was awarded a 5-year re-accreditation in October 2022. Working Well monitors activities and services to ensure services provision meets staff need and statutory requirements. Working Well offer a range of services, including:

- A screen of all new employees
- A programme for Immunisation of Healthcare and Laboratory staff, in line with Chapter 12 of the Green Book
- A service for staff subject to a contamination injury, with access to rapid boosters if required
- 'Disease Outbreak' support by providing timely contact tracing. Working Well undertook 201 episodes of staff contact tracing in 2022/23
- Screening programmes for skin surveillance; 16 skin assessments were completed in 2022/23 following a referral to Working Well
- Advice and guidance given to individuals and line managers.

The following Working Well protocols and policies were in place for 2022/23:

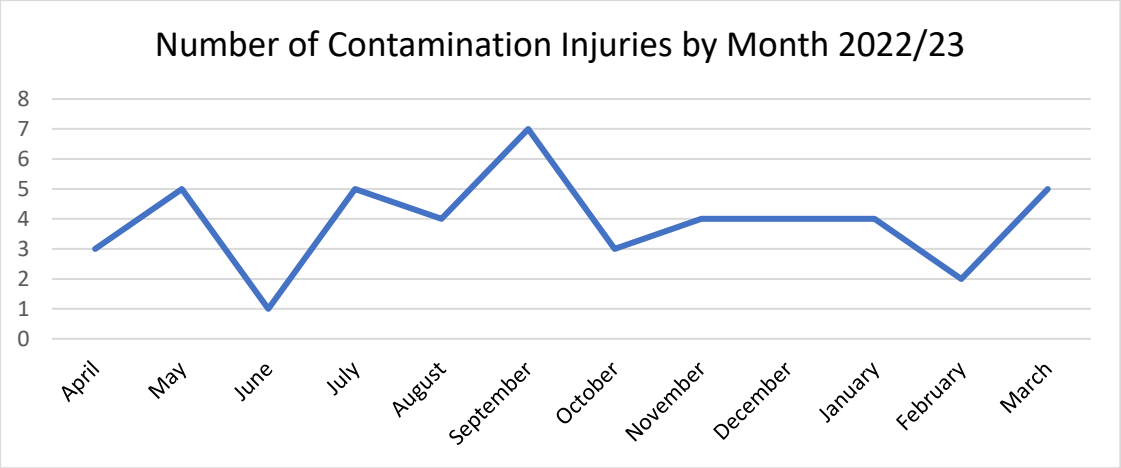
- Glove Use
- Blood Borne Virus contamination injuries
- Dermatitis
- Latex Allergy
- Staff Screening and Immunisation Policy

14.1.1 Sharps and Contamination Injuries

The Trust's Sharps and Splashes Injuries Prevention and Management of Occupational Exposure to Blood Borne Viruses Policy outlines the steps the Trust and staff take in order to minimise the risks to staff of acquiring blood borne viruses through contamination injuries.

In 2022/23, Working Well supported staff for contamination injuries in 47 instances. The number of contamination injuries reported by month are shown in the chart below.

Chart 9: Number of Contamination Injuries by Month 2022/23



Datix are raised and all contamination injuries are investigated by Working Well. No trends were identified in relation to contamination injuries during 2022/23. The Trust had no Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) reportable events during 2022/23. The number of contamination injuries remains very low for the Trust.

14.2 Staff Influenza and COVID-19 Vaccination

The Trust offered influenza and COVID-19 vaccinations for staff during 2022/23 at a variety of bookable and drop-in clinics across Gloucestershire. The uptake of staff vaccination is shown in the table below.

Table 11: Staff Uptake of Influenza and COVID-19 Vaccine 2022/23

	COVID Vaccines up to 31/03/23				Influenza Vaccines up to 31/03/23			
Staff Role	**No**	**Yes**	**Total Staff**	**% Uptake**	**No**	**Yes**	**Total Staff**	**% Uptake**
Doctor/Dentist	111	26	137	19%	60	77	137	56%
NHS Infrastructure	251	121	372	33%	155	217	372	58%
Nurse/Midwife	1,088	258	1,346	19%	627	719	1,346	53%
Other Professionally Qualified	531	177	708	25%	300	408	708	58%
Support to Clinical	1,454	426	1,880	23%	824	1,056	1,880	56%
Grand Total	**3,435**	**1,008**	**4,443**	**23%**	**1,966**	**2,477**	**4,453**	**56%**

The uptake of the influenza vaccination is similar to 2021/22, however, the uptake of COVID-19 was less than the previous year. Staff also have the option of receiving both vaccines from their GP or local pharmacy which may have been more convenient for them. Vaccines received outside of the Trust would not be recorded on staff files.

14.3 Filtering Facepiece Fit-Testing Programme

IPC measures, in line with national guidance, are put in place to protect staff from acquiring suspected or known infections or diseases that are spread, wholly or partly, by the airborne route. These IPC measures include the wearing of Respiratory Protective Equipment (RPE), i.e. a filtering facepieces (FFP). In order to be fully effective, the FFP must fit properly and not leak. Fit-testing is a method for checking that a specific model and size of FFP matches the wearers facial features and seals adequately to the wearers face. Fit-testing also helps to identify unsuitable facepieces that should not be used.

All staff who may need to wear an FFP in carrying out their duties are required to be fit-tested to FFP and the Trust had a fit-testing programme in place throughout 2022/23. From the 1st April 2022, the responsibility for the fit-testing programme was passed to the IPC team and the IPC Decontamination Lead has managed the accredited fit-testers and the fit-testing programme from September 2022.

Staff are divided into three groups:

- Group 1 – Theatre staff, clinical dental staff, respiratory physiotherapists and clinical ECT staff
- Group 2 – All level 3 resuscitation trained staff Trust wide
- Group 3 – All mental health, LD and physical health staff who deliver care, including AHP's Estates and Facilities staff, Outpatient staff

Groups 1 & 2 require fit testing with two different masks every 2 years while Group 3 require fit testing with 1 mask type every 2 years.

In the event that no FFP mask fits a member of staff effectively then they can access a respiratory protective hood (RPH). There are 63 RPH's available across the county with 2 spare hoods available at headquarters in the event any further hoods are required.

15.0 Infection Prevention and Control Team Plan/Aims for 2023/24

The IPC Team have continued to provide a responsive service to Physical Health and Mental Health in patient units to support the staff to transition from the COVID-19 Pandemic. The intention for 2023/24 is to provide a proactive and equitable IPC service across all Trust services.

The main focus and IPC priorities for 2023/24 will be to:

- Develop an equitable workplan that encompasses Trust Community Services, align team Localities with Trust Localities and improve IPC links with community teams
- Prioritise the Ventilation Safety Group to ensure the requirements of HTM 03 - 01 are met and continue to work with Estates and Facilities to review ventilation within Trust premises
- Work closely with the decontamination lead to monitor higher risk areas – Theatres, Endoscopy and Dentistry
- Review the *Clostridioides difficile* pathway and improve patients' experience, review and refine documentation, re-launch the *C. difficile* policy
- Adopt a QI approach to improve hand hygiene in areas where reliability audits identify low compliance
- Review new NHSE IPC Education Framework and implement any changes
- Gain a better understanding of ANTT practice across the Trust and adopt a quality improvement approach as needed
- Review IPC team documentation and processes to improve ways of working
- Monitor emerging threats, including Avian Flu, and collaborate with UKHSA

15.1 Personal Development of the Team

Despite the continued challenges of COVID-19, every member of the IPC team was supported with their personal development through 2022/23. Facilitated Team Away days were supported by the DIPC and Deputy DIPC and have provided the opportunity to review and improve ways of working, with the aim of providing a more equitable and proactive IPC service.

Marion Johnson, Lead Nurse IPC:

- Attended Infection Prevention Society (IPS) Welsh Branch Conference (July 2022, Cardiff)
- Leadership Coaching sessions
- Virtual attendance at South West IPS forums
- Participated in *C.difficile* Countywide collaboration

- Involved in recruiting and interviewing FFP Fit-testing candidates
- Attended Mental Health Breakaway Training
- Practice assessor and supervisor training
- Virtual webinar – M-pox
- Reviewing HTM documents for Ventilation, Water Safety and Dentistry

Louise Forrester, Lead Nurse for IPC MH and LD (Retired and returned):

- Attended at South West IPC for Mental Health forums

Sam Lonnen, Decontamination Lead and FFP3 Fit-test Team Lead

- Attended DECON UK 2022 Conference (April 2022, Wolverhampton)
- Attended IPC Conference (April 2022, Birmingham)
- Attended IPS Annual Conference for IPC Day 1 (October 2022, Bournemouth)

Lisa McLean, Senior Infection Control Nurse:

- Virtual attendance at SW Regional IPS meetings
- Participated in the Gloucestershire Animal Disease Exercise (November 2022)
- Virtual webinar on M-Pox,
- Accufit 900 training
- Provided IPC expertise for Forest Hospital new build programme

Emma Hucker, Infection Control Nurse:

- Completion of Level 7 IPC Course
- Attended South West Region IPC Conference

Lynn Brookes, Infection Control Nurse:

- Attended IPS Annual Conference for IPC Days 1-3 (October 2022, Bournemouth)
- Provided support and IPC training to Kates Home Nursing staff and staff at Charlton Lane Hospital

Amy Barnes, Infection Control Nurse has been on Maternity leave

Emma Morrall (was Bray)

- Practice Assessor and Supervisor Training
- Attended Mental Health Breakaway Training
- Health Roster training
- Trust Silver Quality Improvement course

16.0 Acknowledgements

Thank you for reading the IPC Annual Report for 2022/23.

This report was prepared with input from:

- John Trevains, Director of Nursing, Therapies and Quality and Director of Infection Prevention and Control
- Hannah Williams, Deputy Director of Nursing, Therapies and Quality and Deputy Director of Infection Prevention and Control
- Marion Johnson, Lead Nurse IPC
- Lou Forrester, Lead Nurse for IPC MH and LD
- Lisa McLean, Senior Infection Control Nurse
- Sam Lonnen, IPC Decontamination Lead
- Richard Ashton, Performance and Compliance Manager- Facilities
- Laura Buckley, Chief Pharmacist
- Philippa Moore, Infection Control Doctor
- Amanda Horne, Occupational Health Lead Nurse