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NHS
Gloucestershire Health and Care
NHS Foundation Trust

Infection Prevention and Control

Annual Report 2020/21



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Contents

Introduction and Foreword

I am very proud to present our Trust's Infection Prevention and Control Report for 2020/21. This report reflects the hard work and commitment of not just our brilliant Infection Control Team but the combined efforts of many Trust colleagues across the organisation and their commitment to deliver excellent care across all our service areas. Good standards of infection control are not only delivered by Medical and Nursing staff but also colleagues at the laboratories at Gloucestershire Hospitals Trust, our fantastic facilities teams of cleaners and porters and colleagues in our corporate services that provide the data, communicate the policies and help procure the necessary equipment.

2020/21 has been without doubt and with no need for further explanation an unprecedented year in the domain of infection prevention and control. Colleagues across the Trust have worked tirelessly to support our patients and their families and we remember those who have sadly lost their lives to Covid-19. Despite the many challenges and difficulties that Covid-19 has presented for infection control teams it has also shone a light across the NHS regarding the vital necessity of high quality and well stewarded infection control protocols and practice.

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 and achievement of infection control standards. It also shows where we need to continually seek improvement. I'm pleased to report the broad, safe and effective delivery of infection prevention and control practice in 2020/21 for Gloucestershire Health & Care Trust.

John Trevains
Director of Infection Prevention and Control

1.0 National Guidance and Key legislation

All 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 report covers the period April 1st 2020 to March 31st 2021 and relates to the services that Gloucestershire Health and Care NHS Foundation Trust is registered to provide with the Care Quality Commission (CQC).

The Health and Social Care Act 2008: Code of practice on the prevention and control of infections sets out the 10 criteria against which CQC will judge a healthcare provider on how it complies with infection prevention requirements. The Code of Practice compliance criteria are listed in Table 1 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	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.
3	Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.
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.
5	Ensure prompt identification of people who 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.
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.
7	Provide or secure adequate isolation facilities.
8	Secure adequate access to laboratory support as appropriate.
9	Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.
10	Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection.

Good Infection Prevention and Control is essential to ensure that people who use our services receive safe and effective care. This annual report shows how we are

performing, our compliance against Code of Practice criteria, where we do well and where we would like to do better.

1.1 Key Achievements During 2020/21

The Trust has had a low incidence of mandatory reportable healthcare associated infection during 2020/21 - 7 Hospital Onset Healthcare Acquired cases of toxin positive *Clostridioides difficile* and 0 Trust attributable bacteraemia cases.

The IPC Team was severely impacted by waves 1 and 2 of the COVID pandemic. The team responded quickly and efficiently to rapidly changing Public Health England guidance, adapted usual practise to support clinical teams to effectively manage outbreaks of infection and provided robust surveillance data to the Director of Infection Prevention and Control.

Overall, the Trust achieved its ambition for hand hygiene compliance with the majority of areas regularly achieving scores higher than 90%.

At the beginning of the COVID-19 pandemic, it was recognised there was very little information available relating to the use and performance of Personal Protective Equipment (PPE) during physical restraint within mental health settings. The IPC team were involved in a study to look at this issue and they identified that cleansing procedures whilst doffing PPE were inadequate. As a result, the IPC team worked closely with mental health teams to implement new procedures for face and neck cleansing to minimise the risk of transmission of COVID-19 to staff and patients. The study was subsequently published and members of the team will be presenting a poster of the study at the Infection Prevention Society Annual Conference. The article is available at https://pubmed.ncbi.nlm.nih.gov/33715558/

1.2 Key Potential Risks During 2020/21

- Outbreaks of serious infection, particularly COVID–19.
- There are continual challenges of maintaining good infection prevention and control standards in some of the Trust's older estate.

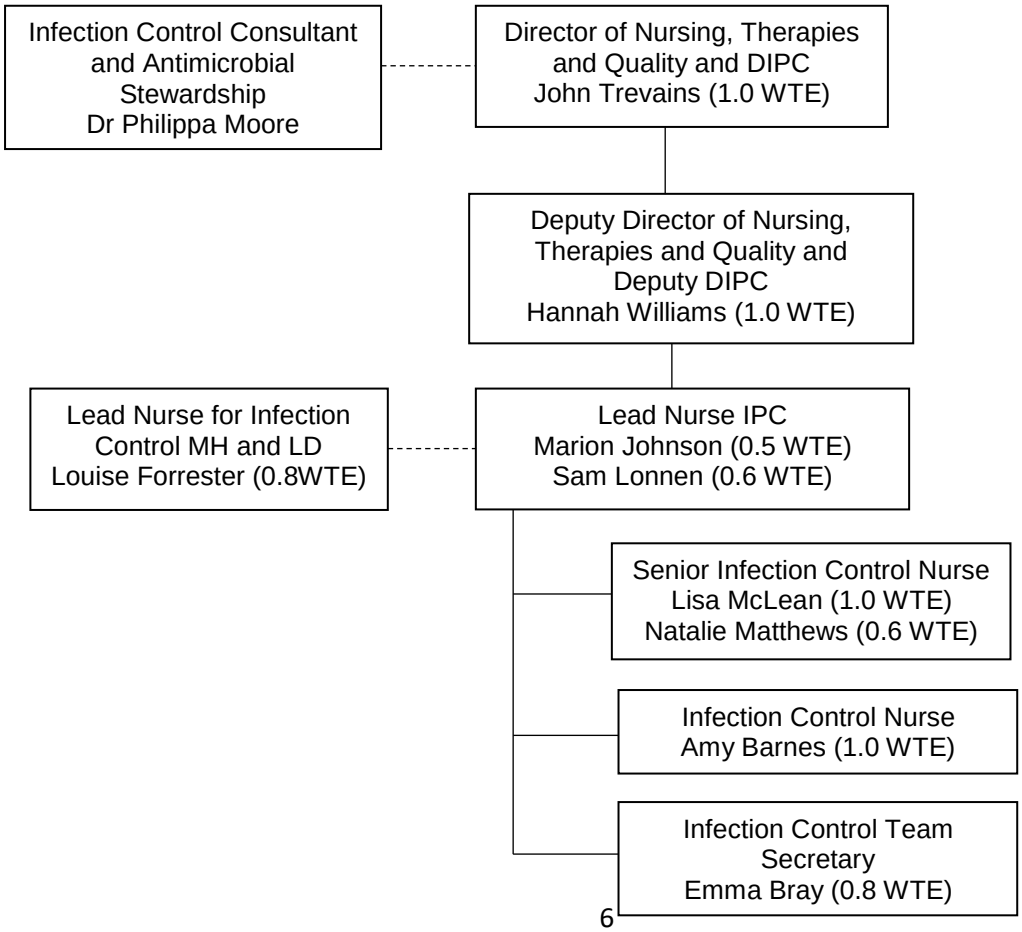
2.0 Infection Prevention and Control Team Structure 2020/21 (Criteria 1)

The Chief Executive holds overall responsibility for Infection Prevention and Control within Gloucestershire Health and Care NHS Foundation Trust (GHC). The Director of Nursing is the designated Executive Lead and Director of Infection Prevention and Control (DIPC) and reports directly to the CEO and the Board. The DIPC works closely in partnership with the Infection Control Doctor/Consultant Medical Microbiologist for the Trust.

There was a change in senior leadership for the Infection Prevention and Control (IPC) Team during 2020/21, with the departure of the Deputy Director of Nursing in the summer of 2020. The new Deputy Director of Nursing was appointed in August 2020, line manages the IPC Team and fulfils the Deputy DIPC role within the Trust.

The specialist IPC Team provides infection prevention and control knowledge and expertise to community physical health, mental health and learning disability services across the Trust. The team structure is outlined in Chart 1 below. It has been an extremely challenging year and the Team have maintained an excellent and dedicated service.

Chart 1: Infection Prevention and Control Team Structure as at March 31st 2021



GHC has a Service Level Agreement (SLA) in place with Gloucestershire Hospitals NHSFT for the provision of an Infection Control Doctor (ICD) of 4 programmed activities a week, equivalent to approximately 16 hours. The ICD provides support, expertise and guidance to the IPC Team on IPC and antimicrobial stewardship. The SLA includes the provision of out of hours Consultant Medical Microbiologists cover.

The IPC Team are also supported in IPC issues by the Lead Nurse for Infection Control for Mental Health & Learning Disability.

In response to the SARS-CoV-2 (COVID-19) pandemic, additional resource was put in place to support infection prevention and control during Wave 1.

A qualified Band 7 (1.0 WTE) IPC nurse from the patient safety team was seconded to the IPC Team to interpret PHE and national guidance and develop COVID-19 Action Cards for Trust staff.

A Band 6 (1.0 WTE) IPC support nurse was recruited as a Personal Protective Equipment (PPE) Champion Lead to co-ordinate the work of PPE Safety Champions. The PPE Safety Champions were trained in the correct selection of PPE (including aerosol generating procedures AGPs), donning and doffing and disposal of PPE. 21 PPE Safety Champions were deployed across the Trust and provided essential PPE training to staff on the front-line as well as answer any PPE related questions. This role was especially useful in mental health and learning disability settings where staff were not as familiar with using PPE as their physical health colleagues.

Project management support was provided by a member of re-deployed staff who also maintained a database of all the PPE Safety Champions and co-ordinated their support sessions.

The Band 6 support nurse was additionally responsible for creating and undertaking COVID-19 assurance framework audits in clinical areas and the PPE Safety Champions were also involved in respirator (FFP3 respirators) fit testing for staff.

The IPC Team were committed to continue to provide an excellent infection prevention and control service during the pandemic, working increased hours and weekends on call when required.

3.0 Infection Prevention and Control Governance (Criteria 1)

The DIPC reports quarterly to the Trust Quality and Performance Committee on all IPC related matters. In April 2020, NHSE/I introduced a COVID-19 IPC Board Assurance Framework (IPCBAF) to support healthcare providers in self-assessing compliance against PHE and other COVID-19 guidance and identify any COVID-19 related risks. This framework has been regularly reviewed by the DIPC and assurance is reported at Trust Board meetings.

The DIPC is the chair of the bi-monthly Infection Prevention and Control and Decontamination Committee (IPCDC). Membership of IPCDC includes the Deputy DIPC, Director of Quality, Infection Control Doctor, IPC Team and representation from Hotel Services and Estates and Facilities. 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. Monthly performance on the number and status of specific reportable and non-reportable infections in the Trust is reported to IPCDC.

The IPCDC agreed the 2020/21 Annual IPC Work Plan and reviewed progress against plan. This oversight ensures Trust IPC priorities are agreed and implemented and any IPC issues are identified early. The 2020/21 Annual IPC Work Plan covered the following areas:

1. Surveillance
2. Audit
3. Education and training
4. Policy development and review
5. Specialist advice, expertise and support for IPC and decontamination to staff
6. Information for patients and visitors
6. Commitment from all members of the healthcare community

The demands on the IPC Team, as with all other Trusts across the country, significantly increased during 2020/21 as the COVID-19 pandemic progressed. The need to prioritise and focus resource on COVID-19 related work, ensure the Trust continued to fulfil its statutory reporting responsibilities along with reduced capacity in the team due to staff sickness with COVID-19 and altered service provision within the Trust, significantly affected the usual provision and delivery of IPC services during 2020/21. This had an impact on the IPC 2020/21 Annual Work Plan.

Two IPC sub-forums that usually report into IPCDC, the Hospital Infection Prevention and Control Forum and the Community Infection Prevention and Control Forum were

temporarily suspended during 2020/21 due to COVID-19. These forums will be re-launched in 2021/22 with refreshed terms of reference.

The team have daily 'huddles' to ensure all staff are aware of IPC priorities and responsibilities for the day, these were essential during the pandemic in a rapidly changing environment and where there are part-time staff in the team. The IPC Team also have weekly meetings with the Infection Control Doctor.

A county-wide Gloucestershire Health Care Acquired Infection (HCAI), attended by health and care partners, ensures the One Gloucestershire Integrated Care System (ICS) takes a consistent system-wide approach to infection prevention and control. This group was temporarily suspended in 2020/21 and replaced with a county-wide Infection Prevention and Control Bronze Cell, to manage COVID-19 across Gloucestershire and ensure there was a co-ordinated county-wide response.

3.1 Contracts for Infection Prevention and Control

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

- Longfield Hospice
- Great Oaks Hospice
- Sue Ryder Hospice
- Tetbury Hospital

There was a request in 2020/21 from Kates Home Nursing (Hospice at Home) for GHC to provide IPC support and the Trusts' Contracts Team is establishing the details of the SLA.

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.

During the COVID-19 pandemic the team ensured that these organisations were informed of updated PHE guidance and had access to up-to-date copies of Trust IPC Action Cards.

4.0 Facilities and Estates 2020/2021 (Criteria 2)

The Trust has dedicated cleaning teams in each Locality that are responsible for ensuring Trust sites are cleaned and decontaminated to NHSE National Specifications for Cleanliness in the NHS (2007), PHE and other national guidance. The cleanliness standards were due to be updated during 2020/21. This has been delayed, due to COVID-19, and they are expected to be published in early 2021/22.

Facilities performance is reported to, and monitored by, the bi-monthly Infection Prevention and Control and Decontamination Committee.

During COVID-19, Locality Facilities Teams experienced a significant increase in demand for their services.

PHE and national guidance was updated to mitigate against the risk of transmission of COVID-19, resulting in an increase in the level and frequency of cleaning required. The Facilities Team developed and implemented an enhanced COVID-19 Cleaning Plan in line with national guidance. This included plans and cleaning schedules for high touch point areas.

All sites have been cleaned using Actichlor Plus, a ‘2 in 1’ Chlorine based detergent and disinfectant, since the start of the pandemic. This is the Trust’s chosen product which provides an additional disinfectant clean, i.e. a 2 step clean.

Temporary buildings were added to Trust sites during Wave 1 to aid good infection prevention and control practice, for example temporary shower blocks, increasing the number of spaces that required cleaning. The number of terminal cleans to decontaminate isolation facilities increased as the numbers of COVID-19 cases rose. In addition, the Facilities Teams also undertook cleans upon request in order to provide a COVID-19 secure environment.

Resources were stretched and Facilities Team Managers relied heavily upon the good will of substantive staff, bank and agency staff to work additional hours.

4.1 Cleanliness Audits

Trust cleanliness audits are undertaken in line with NHSE cleanliness standards, Table 1 shows the frequency and compliance standard required.

Table 1: NHSE National Specifications for Cleanliness in the NHS (2007) frequency of audits and compliance standards by risk category

Risk Category	Frequency	Standard
Very High	Weekly	98%
High	Monthly	95%
Significant	13 Weeks	85%
Low	6 Monthly	75%

During 2020/21, good progress was made rolling out cleanliness auditing software across physical health sites, replacing the previous paper-based auditing system. All Trust sites will be audited in 2021/22 using the FM First auditing software tool. The auditing process identifies areas of non-compliance and enables Facilities Locality Managers to develop action plans, prioritise issues and rectify areas of non-compliance.

Due to the impact of the pandemic on the availability of Facilities staff, the cleanliness audit schedule has, at times, been interrupted and audits were sometimes not undertaken at the frequency required. Also, it was not always appropriate to audit the wards if there was a high risk of transmission of COVID-19.

Facilities Locality Managers, therefore, continually prioritised the teams work-loads to ensure higher risk areas were audited as a priority and the schedule was adhered to as much as possible. They also kept in close contact with their teams on each site and encouraged staff to escalate any concerns they may have had with cleanliness in their buildings. The Facilities Management team worked closely with the COVID-Secure Environment Team which provided further opportunity to identify any areas of cleanliness concern. Despite the challenges that COVID-19 presented, good compliance against NHSE standards has been achieved for 2020/21. Table 2 shows Trust cleanliness compliance levels per risk category.

Table 2: GHC 2020/21 Trust compliance by risk category

Risk Category	NHSE Standard	GHC Compliance 2020/21
Very High	98%	99.5%
High	95%	97.2%
Significant	85%	95.9%
Low	75%	91.6%

4.2 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.

GHC had planned to start a new contract for ATP swabbing in 2020/21, however, the procurement process has been prolonged due to COVID-19 and difficulties communicating with suppliers. Consequently, ATP swabbing has not been undertaken and there are no figures to report for 2020/21.

A new 3-year contract with Hygiena will commence in April 2021.

4.3 Patient Led Assessment of the Care Environment (PLACE)

2020 would have been year 8 of the PLACE assessment programme. The assessments involve patient assessors visiting hospital sites to assess the quality of the patient environment, including cleanliness and general building maintenance.

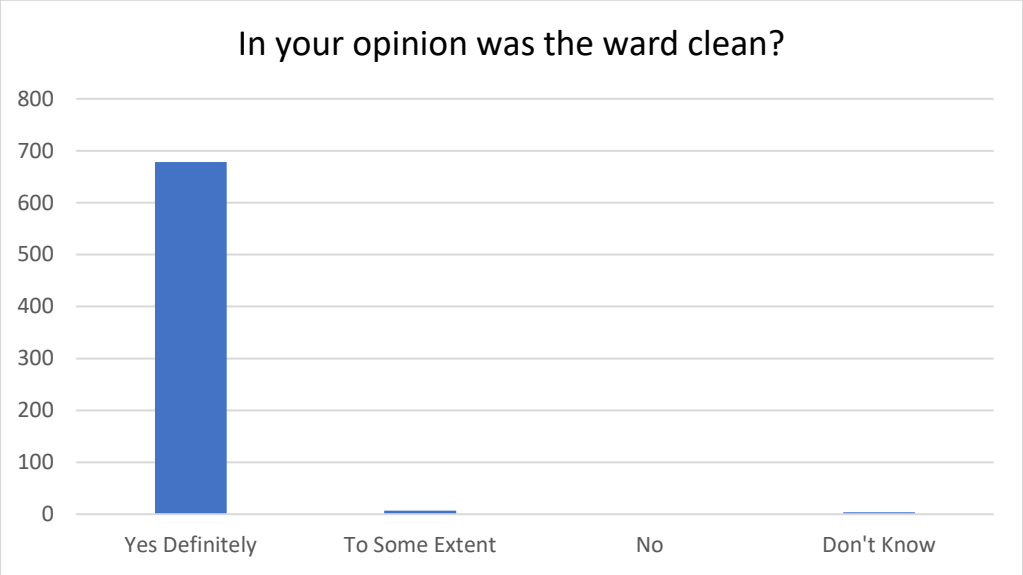
As the year progressed it became increasingly unlikely that the PLACE 2020 programme would be able to go ahead due to the pandemic and the risk to patient assessors, patients and staff. NHS Digital subsequently developed PLACE-Lite to support annual assessments, however, due to visitor restrictions in place during COVID-19 and the uncertainty and pressure on the NHS, GHC did not have an opportunity to complete PLACE-Lite for 2020/21.

Meetings to discuss the patient environment continued throughout 2020/21 and PLACE criteria is always a priority consideration at these meetings. Planning and preparations for 2021 PLACE assessments is in progress and Facilities Locality Managers will continue to improve links with Estates Locality Managers in 2021/22.

4.4 In-Patient Feedback on Community Hospital Cleanliness

Feedback is collected, via the Friends and Family Test (FFT) questionnaire, from patients who were cared for in community hospitals on the cleanliness of wards. The FFT did not take place between April and July due to COVID-19. Chart 2 shows the results of 689 in-patient responses from July 2020 to April 2021.

Chart 2: In-patient feedback on ward cleanliness from July 2020 to April 2021



4.5 Decontamination

The Trust has an identified Authorised Person for Decontamination (Estates) who is supported in this role by the IPC Team. Infection prevention and control decontamination issues and performance 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.

The Trust Decontamination Policy is available on the intranet and sets out the roles and responsibilities of staff and the method and levels of decontamination required for different types of medical devices.

Medical devices that require sterilisation (except Dental units) are carried out at Gloucestershire Hospitals HNHSFT (GHNHSFT) in their Central Sterile Services Department (CSSD) on behalf of GHC. 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 2020/21.

HTM 01-05 guidance covers the decontamination of dental practices and these are audited every 6 months using the Infection Prevention Society (IPS) dental audit tool.

In 2020/21, the Community Dental Service was successful in securing a capital expenditure bid for the purchase of new decontamination and sterilisation equipment (consisting of thermal washer disinfectors, autoclaves and ultrasonic baths) along with a five-year contract for all validation and servicing in line with HTM 01-05 guidance. The equipment will be installed at Southgate Moorings in Gloucester, St Pauls and Springbank in Cheltenham and Redwood House at Beeches Green, Stroud.

HTM 01-06 guidance covers the decontamination of flexible endoscopes. Annual Decontamination audits against HTM 01-06 are undertaken by the Authorised Engineer for the Trust (Mark Walker, DeconCidal Ltd). These were completed on 23rd February 2021 for Stroud Endoscopy and 23rd March 2021 for Cirencester as part of the Joint Advisory Group accreditation, both passed and were rated green. Additional decontamination assurance for endoscopy is gained from weekly final rinse water testing undertaken by Getinge.

During 2020/21, 2 new drying cabinets were delivered to both Stroud and Cirencester Endoscopy units and will be fully commissioned early 2021/22. The first phase of delivery of a replacement air handling unit was completed in 2020/21 with final phases due to complete in 2021/22.

Other medical devices include items such as drip stands, commodes, dressing trolleys, Blood Pressure cuffs, hoists and hoist slings, gym equipment, toys etc. as well as surgical instruments. These should be decontaminated as per Trust policy and all staff receive decontamination training during induction, competency-based training is undertaken by staff who use medical devices.

GHC has a contract with Premier Healthcare for the decontamination of specialist mattresses (e.g. pressure relieving mattresses).

Monitoring of decontamination is routinely undertaken in in-patient areas during IPC clinical/locality visits.

The procurement team liaise with the IPC to obtain decontamination advice in respect to new equipment being procured for the Trust.

4.6 Water Safety

The Water Safety Group was temporarily paused in 2020/21 due to COVID-19, although water safety issues and audits continued to be reported to the bi-monthly Infection Prevention and Control and Decontamination Committee.

As at 31st March 2020/21, all water risk assessments were in date with frequencies of assessments as follows:

- In-patient sites every 2 years
- Out-patient sites every 4 years
- Offices every 5 years

Following assessments, any actions are added to the Trusts Water Safety Action Plan where remedial works are prioritised and monitored by the Estates team.

An external audit on Trust Legionella and Water Compliance Status was undertaken on 15th December 2020. This audit found a high level of water hygiene management, from the Trusts point of view, under the management of Head of Estates Operations.

There remain serious concerns regarding the performance of IWS (the Trusts Water Hygiene supplier), their monitoring programme and their online portal. No significant improvement was noted in the December audit which found the same issues as the previous audit. The aim in 2021/22 is for the Trust to bring water monitoring back into the Trust with a new Water Hygiene Team using the ZetaSafe software portal.

The role of Estates Technical and Operations Delivery Manager has been appointed to and will be responsible for the day-to-day management of the new Water Hygiene Team.

The audit found that the Responsible and Deputy Responsible Persons nomination letters are up to date and that the Water Safety Training programme was well managed. All Trust sites had current Legionella Risk Assessments and all reports had been received by the Estates team. It noted that actions were being collated so costs could be obtained to remedy the actions and sign off the recommendations.

During 2020/21 a new flushing process and record keeping was introduced. The audit noted improvements in flushing returns following implementation of the new process; latest month returns were at 71%.

The Trust Water Safety Policy was reviewed and updated and awaiting ratification at the Clinical Policy Group as at 31st March 2021.

4.7 Building Environment Works

A number of building environment improvement works were undertaken during 2020/21, these include:

- Evergreen - acoustics and office refurbishment
- Stroud General Hospital - Liquid Oxygen upgrade
- Rikenel – work to refurbish the GP surgeries

- Berkeley House – upgrades to Harrier flat

A programme of improvement works commenced between January to March and are not yet completed:

- Weavers Croft - acoustics work
- Acorn House Annexe - accommodation reconfiguration
- Leckhampton Lodge – acoustic upgrades
- Rikenel- reconfiguration for Homeless Healthcare team
- Independent Living Centre - refurbishment
- Montpellier Unit, Wotton Lawn Hospital – en-suite refurbishment
- Bowbridge OPD, Stroud Hospital - acoustic upgrades
- Berkeley House – Kestrel Flat upgrade
- S136 Maxwell Suite, Wotton Lawn Hospital – upgrades

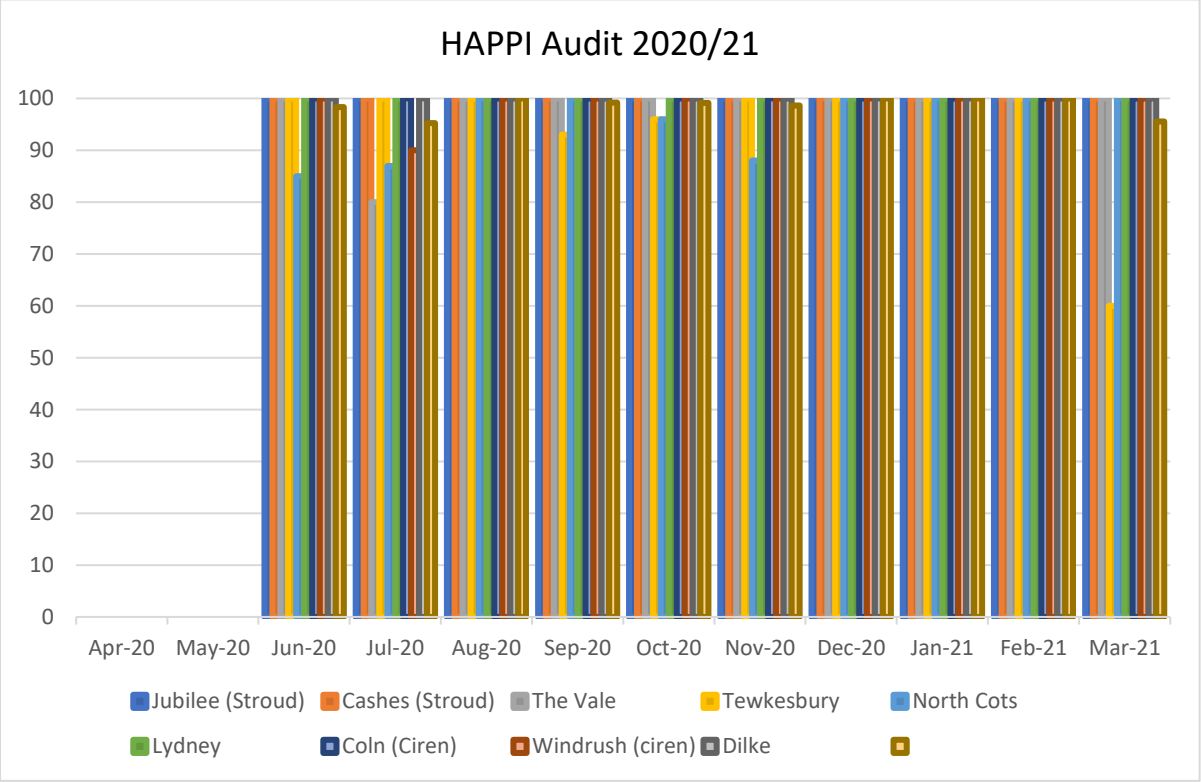
5.0 Antimicrobial Stewardship (Criteria 3)

Antimicrobial stewardship is embedded into practice in GHC. In the physical health inpatient units Hospital Antibiotic Prudent Prescribing Indicators (HAPPI) audits were undertaken monthly during 2020/21 (with the exception of April and May 2020 due to COVID-19). Results for 2020/21 are detailed in Chart 3.

These audits look at documentation of antibiotic prescribing and specifically whether:

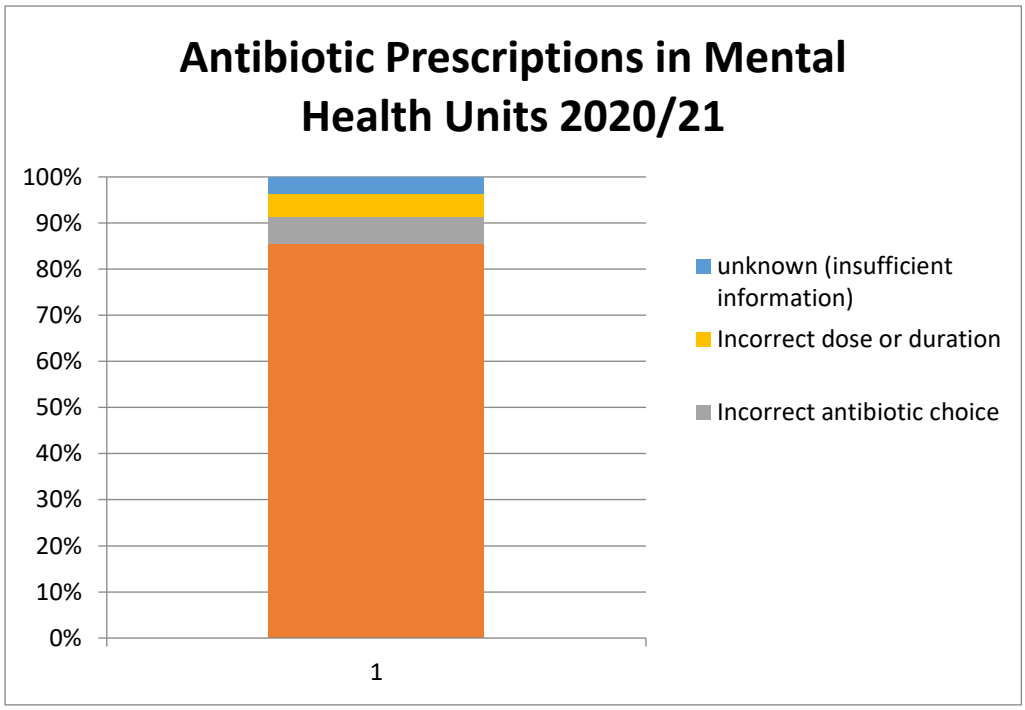
a. The allergy box on the drug chart is completed correctly
b. An indication for the antibiotic prescribed is documented on the drug chart
c. A review/stop date is clearly documented on the drug chart
d. The route of administration is appropriate. In particular IV administration has been reviewed after 48 hours.
e. 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

Chart 3: HAPPI audit results for 2020/21 in community hospitals



In mental health units, all antibiotic prescriptions are monitored for appropriateness of antibiotic choice, dose and duration and 2020/21 results are shown in Chart 4 below.

Chart 4: Antibiotic prescriptions in mental health units 2020/21



86% of antibiotic prescriptions were correct with respect to choice of antibiotic, dose and duration. This is similar to rates achieved in 2019/20.

6.0 Patient information (Criteria 4)

The IPC team provided IPC advice to teams to support a range of patient information leaflets during 2020/21, including leaflets for *Clostridioides difficile,* MRSA, Norovirus and COVID-19.

Through the pandemic patients, visitors and staff have been encouraged to access patient information electronically and leaflets have been removed from the healthcare environment for IPC reasons. The Trust website has information and guidance on COVID-19 and visiting arrangements for patients and visitors. An example of a Patient Information Leaflet can be found in Appendix 1.

The plan for 2021/22 is to review and refresh patient information leaflets with people who have experience of Trust services and the Patient and Carer Experience Team.

7.0 Surveillance (Criteria 1 and 5)

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

Episodes of healthcare associated infections such as *Clostridiodes difficile (C. difficile)* and MRSA (Meticillin Resistant *Staphylococcus aureus*) remained low in the Trust for 2020/21. During the COVID-19 pandemic the Trust reported 78 Hospital Onset Definite Hospital Acquired (HODHA) COVID-19 results in 2020/21.

7.1 Reporting

A large proportion of the IPC Team workload involves surveillance and identification of people who have, or are at risk of developing, an infection so that they 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 PHE, these are: MRSA, MSSA, *C. difficile*, and Gram-negative bloodstream infections (*Escherichia coli, Klebsiella spp, Pseudomonas aeruginosa*). Infections that are reportable to PHE are recorded on the PHE HCAI data capture system on a monthly basis. Outbreaks of COVID-19 were reported to england.sw-incident@nhs.net.

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

It is the responsibility of the clinician requesting the specimen to review the results, however, results are followed up with clinical teams by the IPC Team. This provides assurance that specimens are being followed up appropriately and gives the IPC Team an opportunity to support clinicians to manage the infection. Results are recorded by the IPC Team onto patients' clinical records to ensure clinical teams are aware and can take the appropriate IPC precautions.

Reports on all relevant organisms can be generated via ICNet for Infection Prevention and Control and Decontamination Committee. The plan for 2021/22 is to increase utilisation of the software in line with GHT IPC so that results and actions are consistently documented in both Trusts and to provide better co-ordination across the patient journey.

7.2 MRSA bacteraemia

There were no bacteraemia's cases during 2020/21. This is an improvement on 2019/20 where 1 case was reported.

	Tolerance	2020-2021 number reported	Compliance
MRSA bacteraemia	Zero	Zero	Green

7.3 Other Bacteraemia Surveillance (GRE, *E. coli*, MSSA)

There were also no cases of *E. coli* and MSSA in GHC during 2020/21, the same as reported in 2019/20.

	Tolerance	2020-2021 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

7.4 Health Care Associated Infections

7.4.1 MRSA acquisition

There were no cases of post 48-hour MRSA acquisition (colonisation or infection) in 2020/21 compared to 2 cases in 2019/20.

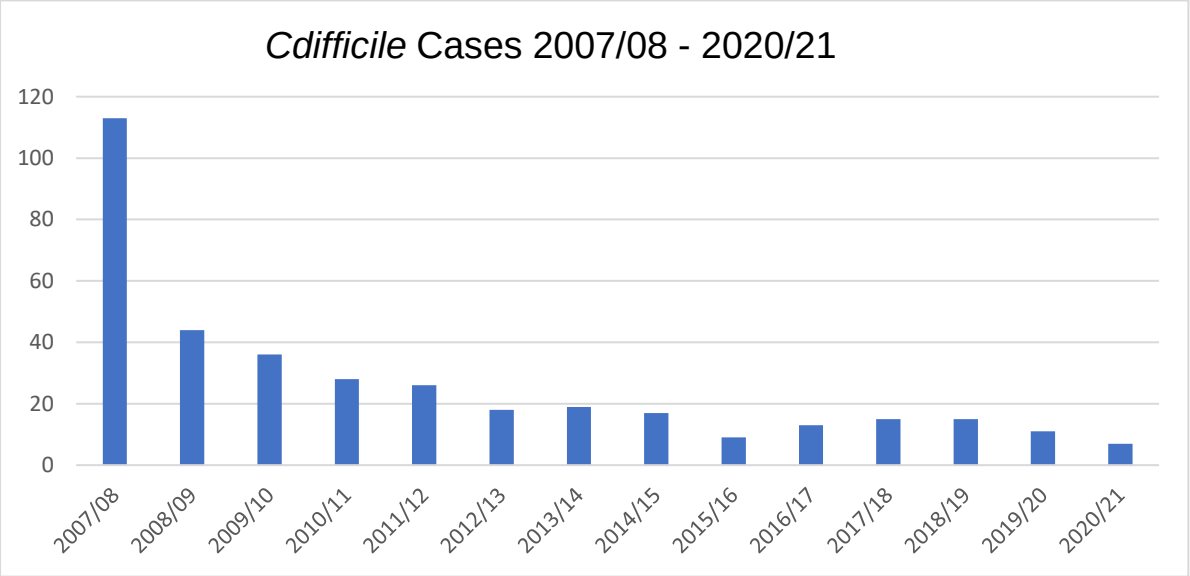
7.4.2 *Clostridioides difficile*

GHC provides mandatory surveillance to PHE for *C. difficile* toxin positive results. In 2020/21, there were 7 Hospital Onset Definite Hospital Acquired infections reported, well within tolerance levels and 4 fewer than for 2019/20. All occurred in community hospitals.

	Tolerance	2020/21 number reported	Compliance
C. difficile	18	7	Green

The chart below shows the number of Trust *Cdifficile* cases since 2007/08.

Chart 5: Number of *Cdifficile* cases in the Trust since 2007/08



Each confirmed *C. difficile* diagnosis is investigated and a Root Cause Analysis completed, with input from the clinical teams, to ensure lessons are learned and actions taken if any has been identified, for example, non-compliance with policy, procedure or prescribing guidelines.

All *C. difficile* toxin positive and gene detected results are recorded on the patients' clinical record to alert the clinical teams. The IPC Team 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 is defined as 2 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).

7.5 Outbreaks

NHS England/Improvement (NHSE/I) 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

7.5.1 Influenza

There were no reported cases of influenza for GHC during 2020/21, compared to 5 confirmed influenza outbreaks in 2019/20.

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 with serious mental illness or learning difficulties, who do not usually engage with primary care services, were also offered an influenza vaccine by Trust vaccinators along with service users from the Homeless and Violent Patient Health Services.

During 2020/21 the Trust offered a free influenza vaccine to all staff and achieved a 90% uptake of vaccination among patient facing colleagues.

7.5.2 Viral Gastroenteritis

During 2020/21 there was 1 outbreak of diarrhoeal illness at Lydney hospital.

In total, 8 patients developed symptoms with 0 staff affected although a proven organism was not identified. The ward was closed for 7 days, deep cleaned and re-opened to admissions and non-urgent transfers once all affected patients were asymptomatic.

7.5.3 COVID-19

During 2020/21, there were 78 Hospital Onset Definite Hospital Acquired (HODHA) COVID-19 results in the Trust, 2 cases were identified in Mental Health wards.

These resulted in ward outbreaks and closures across the Trust which IPC supported by providing a physical presence as well as telephone advice and support.

Definitions and Key to Charts below:

HODHA: Hospital Onset Definite Healthcare Acquired - an infection where the first positive specimen was taken 15 or more days after hospital admission
HOPHA: Hospital Onset Probable Healthcare Acquired - an infection where the first positive specimen was taken 8-14 days after hospital admission.
HOIHA: Hospital Onset Indeterminate Healthcare Acquired - an infection where the first positive specimen was taken 3-7 days after hospital admission
CO/GHT: Community Onset/Gloucestershire Hospitals Trust - an infection where the first positive specimen was less than or equal to 2 days after hospital admission

Chart 6: Number of COVID-19 Patients on Physical Health Wards 2020/21

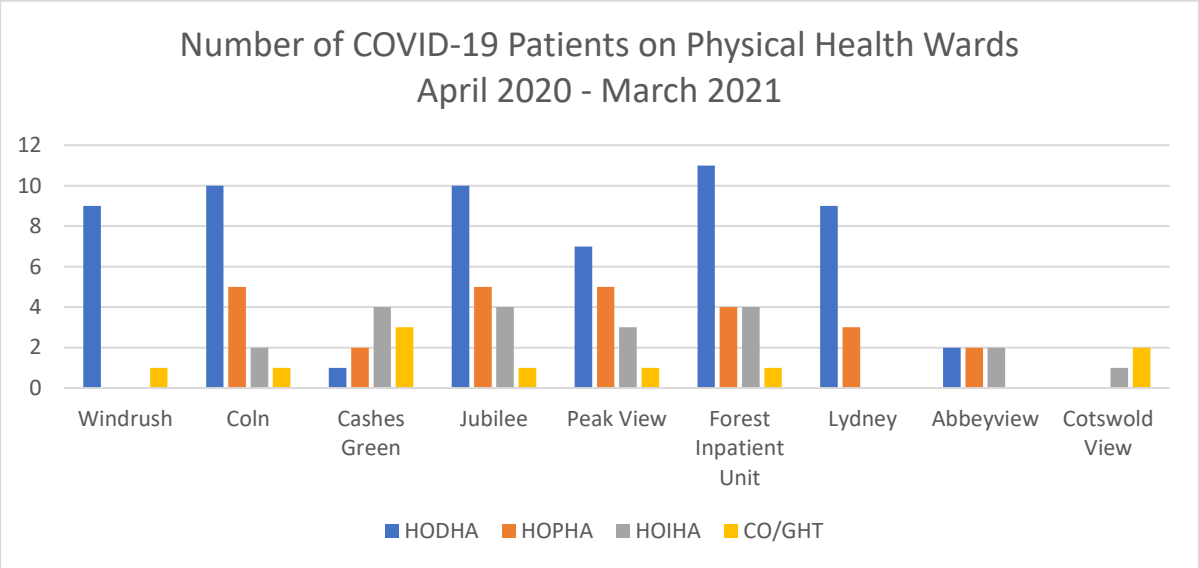
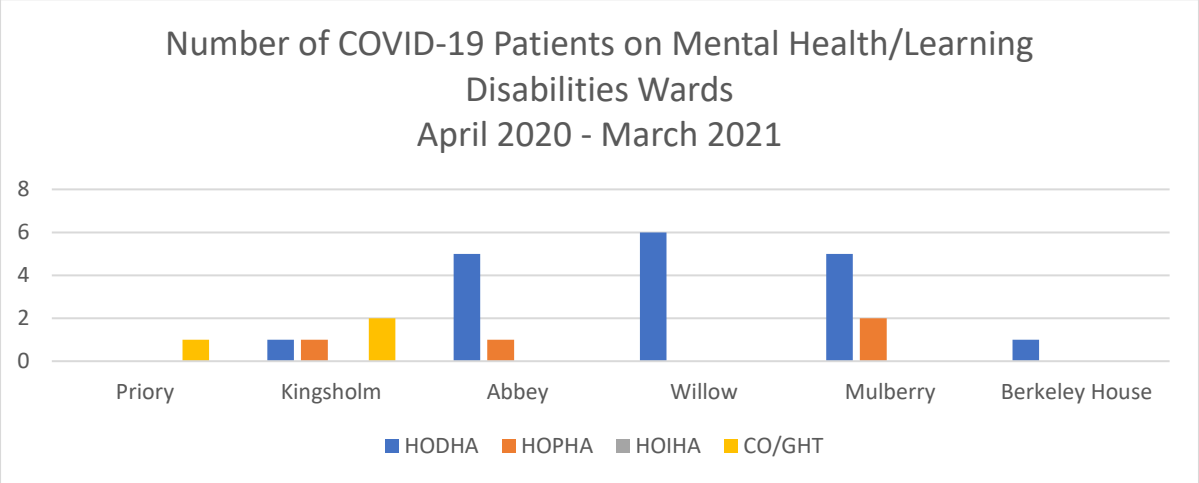


Chart 7: Number of COVID-19 Patients on Mental Health/Learning Disability Wards 2020/21



7.5.3.1 Patient screening for COVID-19

The IPC Team worked closely with the Trust's patient bed management team to ensure the safe transfer of patients from GHNHSFT. A robust patient screening programme was introduced to identify patient COVID-19 status and ensure patients were placed in wards in a way that minimised any potential COVID-19 outbreaks. This has been instrumental in minimising hospital transmission of COVID-19 in the Trust. The Trusts' Infection Prevention and Control policy (CLP243) outlines how the Trust meets the requirements to minimise the risk of infection to patients, staff and visitors. An example of a patient flow chart can be seen in Appendix 2.

7.5.3.2 Staff screening for COVID-19 during outbreaks

As part of the Trusts response to the pandemic, a staff screening programme was established. Staff had quick and easy access to COVID-19 PCR tests if, for example, there was an outbreak in their workplace or they developed COVID-19 symptoms. The IPC Team liaised closely with the COVID-19 testing team to arrange staff testing during ward outbreaks. The table below shows the number of staff who have received a COVID-19 PCR test during 2020/21

Table 3: Staff PCR testing by month for 2020/21

Month	Number of GHC staff PCR tests
Apr-20	290
May-20	148
Jun-20	102
Jul-20	57
Aug-20	51
Sep-20	342
Oct-20	193
Nov-20	516
Dec-20	328
Jan-21	310
Feb-21	150
Mar-21	99
Total	**2,586**

When vaccines became available in 2020/21, the Trust also provided staff and patients with the opportunity of receiving a COVID-19 vaccination, see table 4 below for staff vaccination numbers. The IPC leads for Mental Health were able to support the staff vaccination programme.

Table 4: COVID-19 Staff vaccinations as at 26th March 2021

ROLE	1st vaccine up to 26 Mar 2021	%	2nd vaccine up to 26 Mar 2021	%
All Doctors/ Dentists	106	85	67	54
All Qualified Nurses including students	1,183	83	580	41
All other professionally qualified	642	87	289	40
Support to Clinical Staff	1,511	95	668	42
TOTAL	3,442	89	1,604	41
TOTAL GHC WORKFORCE	3,645	81	1,647	37

7.5.3.3 Learning from COVID-19 Outbreaks

In March 2021, One Gloucestershire ICS partners agreed to declare a county-wide serious incident for hospital acquired (probable and definite) COVID-19 cases in response to NHSE/I guidance. The guidance outlined what is required of NHS Trusts in respect of Duty of Candour, Trust reporting requirements as well as the level of review and scrutiny needed for each hospital acquired (probable and definite) COVID-19 case.

The Executive Sponsors for this piece of work in the Trust are the Medical Director and Director of Nursing. A core project team has been established, hospital acquired (probable and definite) COVID-19 cases have been identified and work will progress during 2021/22 to establish Duty of Candour responsibilities, review the cases and identify any Trust learning from hospital acquired COVID-19.

8.0 Training and Education (Criteria 6)

All clinical staff undertake mandatory IPC training via e-learning annually, non-clinical staff undertake training every 3 years. All new staff (clinical and non-clinical) undertake IPC induction and are asked to complete the e-learning within 3 months of joining the Trust. E-Learning training was reviewed and updated in 2020 by the IPC team.

IPC e-learning is an assessment-based training programme and staff are expected to achieve a 90% pass mark. The module includes a certificate as well as opportunity for staff to feedback any comments, queries or questions to the training team and IPC team. Table 5 shows Trust IPC training compliance as at the end of March 2021.

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

Table 5: Trust IPC training compliance as at 31st March 2021

Mandatory Training Name	Percentage of Staff Certified	Percentage of Staff not Certified	Number of Staff
Infection Control – Clinical (1 Year)	84.2%	15.8%	3,714
Infection Control – non-Clinical (3 years)	94.9%	5.1%	1,318

There is ongoing 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 Trust postponed the majority of face to face training in 2020/21 to allow staff to prioritise clinical workload during the COVID-19 pandemic. Exceptions were on a case by case basis where training was about ensuring the health and well-being of patients or related to COVID-19. Additional training for clinical staff during the COVID-19 pandemic included donning and doffing of personal protective equipment (PPE) and the procedure for obtaining a COVID-19 nose and throat swab. Videos and supportive training for staff about COVID-19 were uploaded to the COVID-19 section of the intranet.

The IPC team were unable to facilitate their annual IPC study day in 2020/21 due to COVID-19. However, additional ad hoc clinical updates were provided by the IPC team to staff on clinical visits during 2020/21.

Infection prevention is included in all job descriptions for staff (clinical and non-clinical) as standard, including volunteers. Contractors working in servicer user areas must maintain good standards of IPC practice which includes 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, for example, catheter insertion and cannulation, is provided by the clinical skills team, training sisters and specialist teams e.g. continence team. Monitoring of standards is gained during IPC clinical visits, incident monitoring and audits. IPC are working with the Education Training team to ensure standardisation of competencies across the Trust.

9.0 Isolation Facilities (Criteria 7)

The Trust has a commitment to providing safe, effective care and provides a number of isolation facilities in community hospitals, including:

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

Some of the Trusts older estates are in the process of being refurbished and consideration of isolation facilities is a priority. The IPC team provides IPC advice to the planning teams involved in the refurbishments and are committed to ensuring the increased provision of isolation facilities in Trust properties.

The IPC team work closely with clinical and operational teams to ensure prompt isolation of potentially infectious patients in line with the Trusts' Isolation Policy. During 2020/21, daily bed management meetings have taken place between IPC and Trust operational colleagues to ensure patients are placed in appropriate beds according to their COVID-19 status.

In facilities where there is a lack of isolation facilities isolating patients and minimising the risk of transmission of COVID-19 during the peaks of the pandemic has been a challenge. Patients were cohort nursed together in bays. The number of beds was reduced and perspex screens provided to reduce the potential spread of the virus.

10.0 Laboratory Support (Criteria 8)

GHC has a contract with Gloucestershire Hospitals NHS Foundation Trust for the provision of Microbiology laboratory support. 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

The laboratory supports up to 1,000 COVID-19 PCR samples per day which has been gradually increased over the course of the pandemic. Accreditation has been gained for most of the major platforms used for testing.

In addition, COVID-19 antibody testing is 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

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

Gloucestershire Health and Care 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 Trusts DIPC, medical microbiologist and deputy DIPC with final ratification by the Clinical Policy Group which meets every month.

During 2020/21 extensions to some IPC policies were granted by the Clinical Policy Group due to the COVID-19 pandemic. The following IPC Policies were reviewed, updated and ratified during 2020/21:

- Standard Precautions of Safe Working Practices Policy (CLP084)
- Laundry and Linen Policy (CLP075)
- Management and Decontamination of Bodily Fluids Policy (CLP081)
- Isolation Policy (CLP073)
- Personal Protective Equipment Policy (CLP083)
- Infection Prevention and Control A-Z Decontamination of Equipment Policy (CLP077)
- Management of the patient with *Clostridioides diffcile* Policy (CLP 078)

A new policy was developed and ratified as a result of COVID-19:

- The Diagnosis and IPC Management of Patients with COVID-19 Policy (CLP 150)

During the COVID-19 pandemic all COVID-19 related national guidance was reviewed by the DIPC, IPC team and One Gloucestershire ICS as it was published. Policies and Action Cards were developed or updated as needed and communicated to staff at team meetings and via the staff intranet, where there is a dedicated page for COVID-19.

The Trust has robust systems and processes in place that ensures staff are supported in understanding and adhering to IPC policies. The IPC team support staff with IPC issues by telephone, clinical visits and training.

11.1 Assurance

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

- An extensive audit programme and ad hoc audits
- Monitoring of incidents
- Post infection reviews and outbreak reports
- Monthly surveillance
- Clinical site visits and Matron's clinical governance.

The IPC team support Hospital Matrons with monthly clinical quality "walkarounds" which includes monitoring of infection prevention and control measures and cleanliness of Trust premises. These visits have been prioritised by IPC during the pandemic and have provided a robust assurance process for IPC to monitor in-patient facilities, provide timely IPC expertise and support with any IPC issues identified.

Compliance and assurance is reported bi-monthly to the Infection Prevention and Control and Decontamination Committee, as outlined in table 6 below:

Table 6: IPC policies and assurance 2020/21

Policy Name	Audit	Datix	Other Assurance
Antimicrobial Stewardship (CLP027)	Yes		
Aseptic Non-Touch Technique (CLP125)	Yes	Yes	
A-Z Decontamination of Equipment (CLP077)	Yes		Observations during clinical visits
Hand Decontamination (CLP087)	Yes		Observations during clinical visits
Infection Prevention and Control (CLP243)	Yes		Observations during clinical visits
Isolation (CLP073)	Yes		Observations during clinical visits
Laundry and Linen (CLP075)	Yes	Yes	Observations during clinical visits
Management and Decontamination of Body Fluids/ Waste Spillage (CLP081)	Yes	Yes	Observations during clinical visits
Management of Influenza (CLP080)			
Management of Patient Colonised/Infected with Multi-Drug Resistant Organism (CLP082)			
Management of Viral Gastroenteritis (CLP076)		Yes	PIR/Outbreak Reports
Mental Health Mattress (CLP245)	Yes		Observations during clinical visits
MRSA (CLP094)	Yes		Monthly Surveillance
Outbreak of Serious Infection (CLP133)		Yes	Outbreak Reports
Personal Protective Equipment (CLP083)	Yes		Observations during clinical visits
Sharps and Splashes (CLP086)	Yes	Yes	Observations during clinical visits
Standard Precautions Safe Working Practice (CLP084))	Yes	Yes	Observations during clinical visits

Tuberculosis (CLP074)	Not assessed		
Viral Haemorrhagic Fever (CLP085)	Not assessed		

Hand Hygiene compliance and results of environmental audits, mattress, commode and cushion audits is also reported to Locality Clinical Governance meetings.

11.1.1 COVID-19 Assurance

In response to COVID-19, additional measures to support assurance in the prevention, reduction and control of COVID-19 were implemented, including:

- IPC Board Assurance Framework to support the Director of Infection Prevention and Control in assessing compliance against PHE and other COVID-19 guidance and identify any COVID-19 related risks
- 21 PPE Safety Champions were in situ in hospital sites and wards to provide training and support for good hand hygiene at point of care and correct donning/doffing of PPE
- COVID-Secure toolkit assessments/audits were undertaken at all Trust sites to ensure they were COVID-Secure
- COVID Assurance Framework assessments were undertaken in clinical in-patient areas
- Enhanced cleaning regime across all Trust sites (COVID-19 and high touch point Cleaning Plan)
- Increased frequency of clinical visits by IPC nurses

11.2 Audits

There is an extensive audit programme in the Trust which includes:

- Anti-microbial management (monthly)
- Cleanliness (monthly, 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), covering:
    - Standard IPC precautions
    - Hand Hygiene and PPE
    - Isolation
    - Linen
    - Cleaning and management of equipment
    - Sharp’s management

- Waste management
- I/V preparation area

Monthly audits were paused temporarily in April 2020, as staff were re-deployed and services re-configured in response to the pandemic. They re-commenced in May 2020.

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

The annual IPC Environment Audit programme undertaken by the IPC team was suspended in 2020/21 to enable the team to prioritise their response to COVID–19. This programme will be reviewed during 2021/22 to establish the most effective way of gaining IPC Environment assurance going forward. IPC team focussed their priorities on the higher risk clinical areas, e.g. hospitals (including MIIU's and Theatres), dentistry and endoscopy.

11.2.1 Endoscopy Audits

An Infection Prevention Society (IPS) IPC Environment Audit was undertaken in Stroud (12/02/21) and Cirencester (17/02/21) Endoscopy sites as part of the Joint Advisory Group accreditation process. The results of these audits are detailed in Table 7.

Table 7: Endoscopy IPC environment audit results 2020/21

	Cirencester				Stroud			
Audit Sections Completed	**Yes**	**No**	**%**	**Status**	**Yes**	**No**	**%**	**Status**
Isolation.	17	0	100%	Pass	5	0	100%	Pass
Environment	192	22	90%	Pass	292	27	92%	Pass
Hand Hygiene Technique	13	0	100%	Pass	12	1	92%	Pass
Patient Equipment	25	0	100%	Pass	24	1	96%	Pass
Sharps Handling and Disposal	13	0	100%	Pass	13	0	100%	Pass
Personal Protective Equipment	11	0	100%	Pass	11	0	100%	Pass
Waste management	6	0	100%	Pass	4	0	100%	Pass
Peripheral Vascular Device management	24	0	100%	Pass	9	0	100%	Pass
Transportation of Specimens	8	0	100%	Pass	7	1	88%	Pass

Operational Management-decontamination	14	0	100%	Pass	10	0	100%	Pass
Decontamination	54	0	100%	Pass	53	0	100%	Pass
Decontamination Room	40	1	98%	Pass	41	1	98%	Pass
Staff Training/ safety	13	1	93%	Pass	15	0	100%	Pass
Overall	430	24	95%	Pass	496	31	94%	Pass

11.2.2 Dentist Audits

In response to COVID-19, the community dental service became the urgent care dental hub for Gloucestershire. This service accepted county-wide referrals and adopted 7 day working throughout the pandemic.

When PHE guidance was updated, the community dental service worked closely with the IPC team to understand and implement guidance, particularly guidance around aerosol generating procedures (AGP) and PPE. IPC fallow times following an AGP and air flows per hours were set in line with PHE and national guidance across the dental sites.

In addition, the dental service has implemented the Standard Operating Procedure: Transition to recovery in 2020, published by the Office of the Chief Dental Officer, and managed any updates.

Extensive IPS audits are undertaken every 6 months by the Dental Nurse leads against HTM01-05 guidance (covering both Decontamination and Environment). IPC undertake an annual reliability audit and support the dental service to develop and implement Action Plans. The results of audits undertaken in 2020/21 are detailed in Table 8. Not all sites were open during 2020/21 and these audit results reflect the sites that were open only.

Table 8: Dentist Audit Results 2020/21

	Jun-20		Dec-20			
Category	**St Pauls**	**Southgate Mooring**	**St Pauls**	**Southgate Mooring**	**Springbank**	**Beeches Green**
Prevention of blood-borne virus exposure	14/14 100%	14/14 100%	14/14 100%	14/14 100%	14/14 100%	14/14 100%
Decontamination	59/59 100%	59/59 100%	59/59 100%	59/59 100%	59/59 100%	59/59 100%
Environmental Design and Cleaning	23/25 92%	23/25 92%	25/25 100%	23/25 92%	22/25 90%	25/25 100%
Hand Hygiene	21/21 100%	21/21 100%	21/21 100%	21/21 100%	21/21 100%	21/21 100%

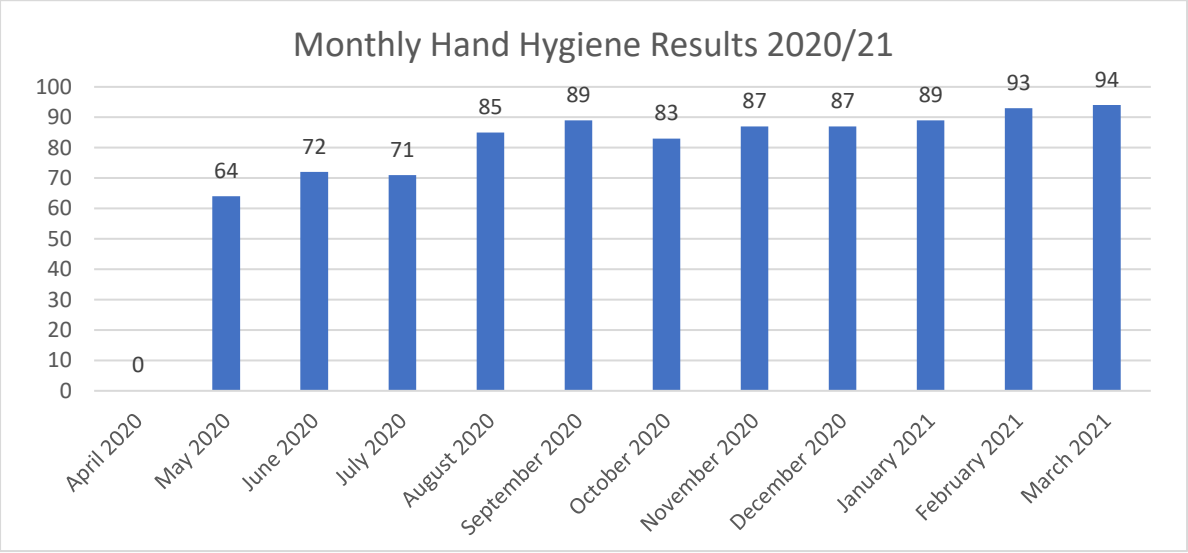
Management of dental medical devices - equipment and dental instruments	28/28 100%	28/28 100%	28/28 100%	28/28 100%	28/28 100%	28/28 100%
PPE	17/17 100%	17/17 100%	17/17 100%	17/17 100%	17/17 100%	17/17 100%
Waste management	17/17 100%	17/17 100%	17/17 100%	17/17 100%	17/17 100%	17/17 100%
Overall	179/181 99%	179/181 99%	181/181 100%	179/181 99%	178/181 98%	181/181 100%

11.2.3 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), MIIU's, out-patient departments, endoscopy units, theatres and the ECT suite.

Results are collated, monitored by the IPC team and reported to the Trust Board and Infection Prevention and Control and Decontamination Committee. If an area reports a score below the minimum standard expected (85%), additional support and education is provided to the area to improve compliance. The chart below shows the monthly average compliance scores for 2020/21.

Chart 8: Hand Hygiene Audit Results 2020/21



Hand Hygiene results from May to July were affected by nil returns from some areas at the beginning of the pandemic. If nil returns are discounted, compliance for areas that returned audits improves to 96% (May), 98% (June) and 92% (July).

The practice of effective and timely hand hygiene is a high priority for the Trust. The IPC link nurses and PPE Safety Champions were instrumental in supporting staff with hand hygiene guidance and conducting audits to provide assurance to the Trust, despite working in an extremely challenging situation, with multiple outbreaks of COVID-19 in some of the physical health in patient units.

Audits of hand hygiene and 'Bare Below the Elbows' showed good compliance.

The World Health Organisation 'World Hand Hygiene' initiative on 5th May 2021 was supported by the IPC team and promoted by the Trust. Although the Team were busy supporting clinical staff to manage the disruption caused by the COVID-19 pandemic they were able to support the World Hand Hygiene day with a COVID-19 secure presentation at the 2 mental health in patients' units.

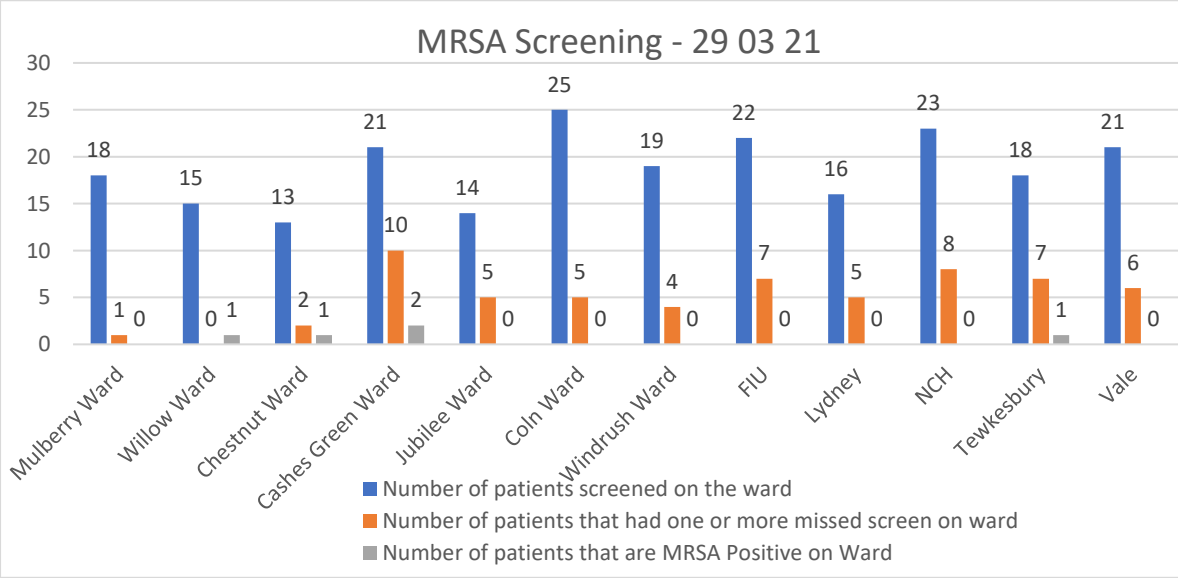
During 2021/22 there is a plan for reliability hand hygiene audits to be undertaken by one of our soap and alcohol providers.

11.2.4 Ad Hoc Audit - MRSA Audit

As per Trust policy, all MRSA positive results should be recorded on the patient's clinical record. These include results from admission screening swabs or from specimens taken for clinical investigation of infection.

An MRSA screening audit for community hospitals and Charlton Lane Hospital was undertaken in March and April 2021. The results of the audit are shown in the chart below.

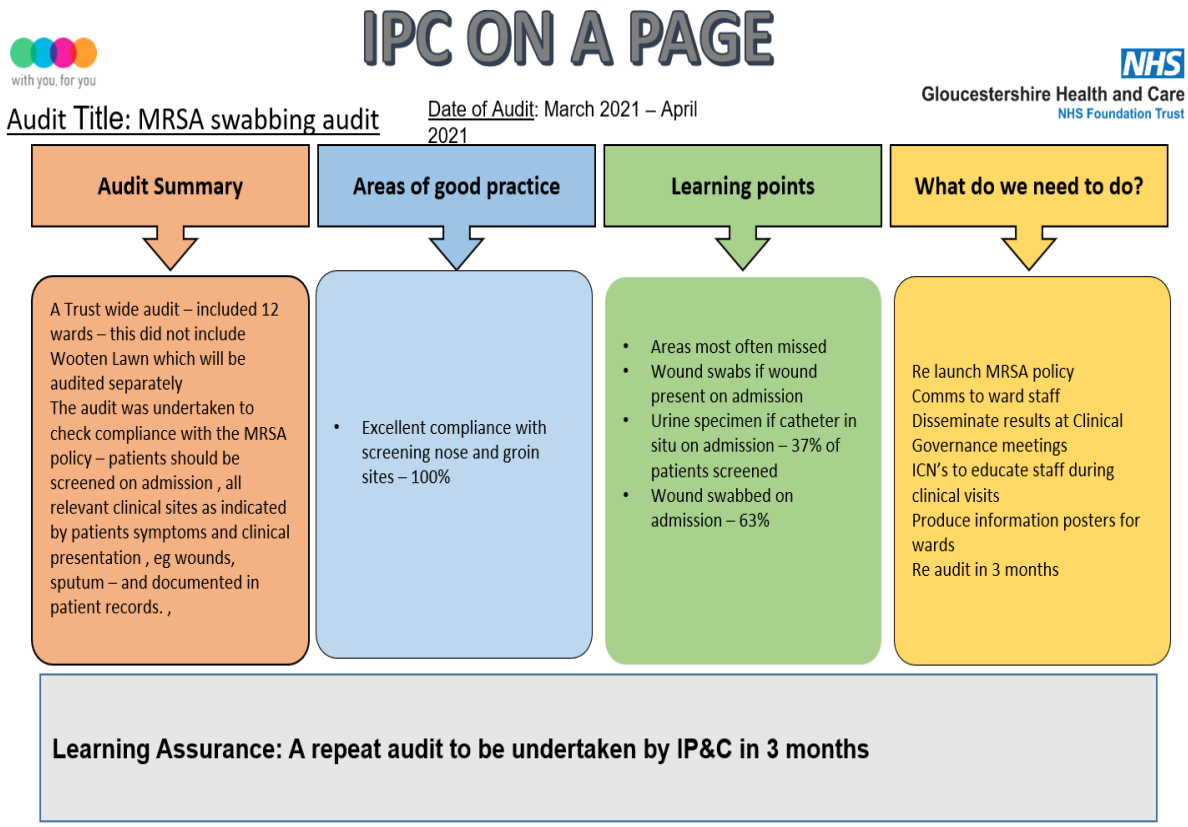
Chart 9: MRSA Screening Audit 29/03/21 Results



Compliance was poor for some screens on admission (urine sample if catheter in situ and wound swabs were the two common missed screens) and excellent for others (nose and groin swabs). There was good compliance in terms of recording the result on the patient's clinical record.

An IPC Learning/Action Plan on a Page (see chart below) was developed to improve the consistency of screening.

Chart 10: IPC Learning/Action Plan on a Page – MRSA audit



The results were presented to the Infection Prevention and Control and Decontamination Committee and shared at Matrons Clinical Governance for dissemination to clinical teams. The plan for 2021/22 is to review and re-launch the MRSA policy to address the findings of the audit.

Wotton Lawn Hospital have different screening criteria and an MRSA screening audit will be undertaken in 2021/22.

11.2.6 COVID-19 Audits

11.2.6.1 COVID-Secure Audits

COVID-Secure toolkit assessments were undertaken across 70 Trust sites between April and September 2020. Their aim was to ensure sites were COVID-Secure in line with PHE, Health and Safety Executive and other national guidance (i.e. 2m social distancing, posters displayed, masks/hand gel available etc.). Follow up unannounced audits were undertaken between September 2020 and January 2021. All Trust sites achieved compliance by February 2021.

11.2.6.2 COVID-19 Assurance Framework

The IPC team undertook COVID-19 Assurance Framework (CAF) assessments from January to March 2021 on all wards. These assessments covered COVID-Secure environment, patient swabbing and isolation, PPE, hand hygiene, cleanliness of equipment and standard infection prevention and control practices. Individual ward action plans were developed to rectify any issues, collated into a Master Action Plan and monitored by the IPC team. Good assurance on COVID-19 infection prevention and control was gained by these assessments.

11.2.6.3 COVID-19 Swabbing Audit

Trust Diagnosis and Management of Patients with COVID-19 Policy states that in-patients should be swabbed for COVID-19 on admission, days 3, 5, 7 and 10 post admission and then every 5 days thereafter for the duration of the in-patient stay.

An audit was undertaken in February and March 2021 across all Trust in-patient units on the COVID-19 swabbing regime up to day 10, the results are shown in the table below.

Table 9: In-Patient COVID-19 Swabbing Audit Results February/March 2021

Hospital	Admission	Day 3	Day 5	Day 7	Day 10
Community	96% (25/26)	77% (20/26)	88% (23/26)	85% (22/26)	77% (20/26)
Mental Health	88% (23/26)	42% (11/26)	50% (13/26)	14% (3/22)	33% (7/21)

The audit returned good compliance for COVID-19 swabs on admission with poorer compliance thereafter, community hospitals were better at taking swabs than mental health hospitals. Poor compliance in mental health was poor recording on the patient's clinical record of their non-consent to the swab being taken. The IPC team supported both community and mental health colleagues and plan to re-audit in 2021/22.

11.3 Incident Reporting (Datix)

In 2020/21, there were 174 IPC related recorded Datix and the majority of these are reported in in-patient units. The highest number of Datix were for patients acquiring COVID-19 after 8 days of admission (i.e. probable or definite cases of hospital acquired COVID-19). Datix's were raised for the *CDiff*icile, MRSA and other healthcare associated infections mentioned in the Surveillance section above. Other key IPC themes arising from Datix included:

- Breaches of COVID-19 secure environments
- Staff having been exposed to infectious disease
- Beds, wards or units being closed due to infectious disease
- Isolation of patients were not possible

12.0 Working Well: Occupational Health (Criteria 10)

Working Well is a Safe, Effective, Quality, Occupational Health Service (SEQOHS) accredited NHS Occupational Health Service, an accreditation scheme run by the Faculty of Occupational Medicine. Activities and services are audited regularly to ensure services are providing appropriate levels of service to clients.

Working Well operates a self-referral system as well as a management referral system and provide a range of services to Trust staff, including:

- A screen all new employees
- A booster 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
- Screening programmes for skin surveillance
- Advice and guidance being required due to a workplace infection.

The following Working Well protocols and policies were in place for 2020/21 in place:

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

During 2020/21, IPC worked very closely with Working Well to produce Action Cards linked with the COVID-19 policy to ensure the safety of staff during the pandemic. Working Well are supported by well-established peer vaccinators throughout the Trust.

13.0 Infection Prevention and Control Team Plan/Aims for 2021/22

The IPC Team have historically provided more IPC support and focus to community hospitals. The intention for 2021/22, following a review of current methods of working, is to provide a more proactive and equitable IPC service across physical and mental health/learning disability services.

The main focus and IPC priorities for 2021/22 will be:

- Supporting Mental Health to embed IPC practices
- Participating in an education research project to explore barriers to effective hand hygiene
- Arranging for a Trust hand hygiene supplier to undertake a reliability hand hygiene audit across the Trust
- Review the annual IPC Environment audit programme for more effective ways to gain IPC environment assurance (from existing audits), allowing the IPC team to focus on quality improvement projects
- Improve links with Community teams
- Develop team leadership skills and empower the team to take on responsibility for individual projects e.g. refurbishment of in-patient areas
- Develop a more integrated Water Safety Group with representation from Estates and facilities and IPC.
- Establish a Ventilation Safety Group to meet requirements of new HTM 03 -01
- Continue to support the Community Dental Service to implement COVID-19 guidance during recovery work in order to provide a safe service for patients and staff
- Re-launch and refresh the Hospital Infection Prevention and Control Forum and the Community Infection Prevention and Control Forum
- Work with Facilities to review and implement the National Standards of Healthcare Cleanliness 2021 when they are published
- Establish a Decontamination Lead for the Trust
- Work with Estates and Facilities to review ventilation within Trust premises and risk assess as per Hierarchy of Controls guidance from PHE
- Review *Clostridioides difficile* pathway and improve patients experience, review and refine documentation, re-launch the *CDifficile* policy
- Refresh the IPC Link Nurse programme
- Produce a bi-monthly IPC newsletter for clinical teams
- Continue to work closely with teams and services to support their recovery plans

The limited capacity within the IPC Team will remain a challenge during 2021/22 and better links with GHNHSFT IPC team will be developed in order to provide a consistent county-wide IPC approach.

13.1 Personal Development of the Team

During 2020/21, Lisa Mclean and Louise Forrester co-authored a research paper ‘COVID-19: A systemic evaluation of personal protective equipment (PPE) performance during restraint’. Following the publication of this paper in the Medicine, Science and the Law Journal, Lisa and Louise were successful in their application to exhibit a poster display of their research at the annual Infection Prevention Society conference. Lisa Mclean and Louise Forrester also wrote an article for the National Association of Psychiatric Intensive Care Unit Journal called ‘COVID-19, infection prevention and control within acute inpatient mental health facilities: a new challenge requiring a new approach’.

Two members of the team are participating in a national MOOC (massive open online course) development by NHS England in reducing inappropriate glove usage.

Amy Barnes completed her Post Graduate IPC Diploma in 2020/21, achieving a distinction, and was subsequently awarded a Band 6 staff grade. Congratulations are extended to Amy as this was a significant achievement during an extremely challenging time.

Appendix 1 – Example COVID-19 Patient Information Leaflet

Can I have visitors?

If you are isolated due to suspected/ positive case of coronavirus visitors will not be allowed during your isolation period.

Once your isolation period is completed you will be allowed 1 visitor at a time, max 2 visitors per day per bed.
We would advise any visitors over the age of 70 not visit.

Children under 12 are not to visit the ward at this time.

Even after your isolation period is complete, if any visitors have any respiratory or flu like symptoms we would advise they do not visit the ward, this is to minimise the risk as individuals over the age of 65 are at a higher risk of complications from flu, colds or Coronavirus.

I have recently been discharged from hospital and advised to self -isolate, what

If there's a chance you could have Coronavirus, you may be asked to stay away from other people (self-isolate)

Self-Isolate means you should:

- Stay at home
- Not go to work, school or public places
- Not use public transport or taxis
- Ask friends, family members or delivery services to do errands for you

Try to avoid visitors to your home – it is OK for friends, family or delivery drivers to drop off food.
You will need to do this for 7 days to help reduce the possible spread of infection.

For further information please speak to the nurse caring for you

with you, for you

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Patient Information on Coronavirus/ COVID-19

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What is Coronavirus?

COVID-19 is a new illness that can affect your lungs and airways. COVID-19 stands for Corona Virus Disease 2019. It is caused by a virus that is a type of coronavirus. Other types of coronaviruses also cause illnesses ranging from the common cold to more severe chest disease. This strain was first discovered in China in 2019.

What are the symptoms of Coronavirus?

The most common symptoms of Coronavirus are:

- A cough
- A high temperature
- Difficult breathing/ shortness of breath

But these symptoms do not necessarily mean you have the illness.
The symptoms are similar to other respiratory illnesses that are usually more common, such as cold and flu.

Most people who catch the virus show symptoms between 2 and 14 days after exposure. This means that if a person remains well 14 days after contact with someone with confirmed coronavirus, it is unlikely that they have been infected

How does it spread?

From what we know about other coronaviruses, the spread of COVID-19 appears to transmit through 2 routes by which people could become infected:

- secretions can be directly transferred into the mouths or noses of people who are nearby (within 2 meters) or could be inhaled into the lungs
- it is also possible that someone may become infected by touching a surface or object that has been contaminated with respiratory secretions and then touching their own mouth, nose, or eyes (such as touching a door knob or shaking hands then touching own face).

people with symptoms rather than those who are well.

How do I protect myself or my family member/friend?
Do:

- ✓ Wash your hands before meals
- ✓ Wash your hands with soap and water before / after meals, toileting, entering/ leaving the ward or after coughing or sneezing – do this for at least 20 seconds
- ✓ If soap and water are not available use hand sanitiser gel
- ✓ Cover your mouth and nose with a tissue or your sleeve (not your hands) when you cough or sneeze
- ✓ Put used tissues in the bin straight way and wash or gel your hands afterwards. Catch it, Bin it, Kill it
- ✓ Try to avoid close contact with people who are unwell
- ✓ Try not to touch your face

Don't:

- ☒ Do not touch your eyes, nose or mouth if your hands are not clean

Appendix 2 – COVID-19 Patient Flow Chart into Community Hospital Bed

Covid Patient Flow into Community Hospital Bed

Version 8 (March 2021)

This patient flow refers to the general patient flow process within GHC community Hospitals, but is subject to change following strict review of inpatients involving Deputy Director of Quality, Infection Prevention and Control Team and Demand & Capacity in order to utilise bed capacity. If you have any queries please do not hesitate to contact the IPC Team on: 0300 421 8508