

Agenda item 7

Enclosure No

Paper B

Report to: 2gether NHS Foundation Trust Board Meeting – 28th July 2014

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Presented by: Philippa Moore, Joint Director of Infection Prevention and Control
John Trevains, Deputy Director of Nursing

SUBJECT: Annual Infection Prevention and Control Report 2013/14

This Report is provided for:

Decision

Endorsement

Assurance

Information

EXECUTIVE SUMMARY

- The Trust remains compliant with the Health and Social Care Act: Code of Practice for Health and Adult Social Care on the prevention and control of infections and related guidance (The Hygiene Code).
- Risks for healthcare associated infection remain low in the Trust.

Assurance

The paper demonstrates to the Board and gives assurance that the Trust is committed to providing high standards of infection control across all its services. This paper provides evidence of infection control related activity, monitoring and governance during 2013/14.

Improvements/Developments

- Finalisation of the 2014/15 Infection Control Work plan
- Complete sign off of new Herefordshire infection control contract with Wye Valley NHS Trust

RECOMMENDATIONS

The Board is asked to :

- Note the Annual Infection Prevention and Control report
- Continue to support the infection prevention and control programme to minimise the risks of healthcare associated infection, as required by the Health and Social Care Act.

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Corporate Considerations	
<i>Resource implications:</i>	External expertise in infection control is purchased from GHNHSFT and Gloucestershire Care Services NHS Trust. Provision of infection control services from Herefordshire CCG was discontinued and replacement provision from Wye Valley Trust to be finalised.
<i>Equalities implications:</i>	None
<i>Risk implications:</i>	Low risk with continued support of the agenda

WHICH TRUST KEY STRATEGIC OBJECTIVES DOES THIS PAPER PROGRESS OR CHALLENGE?			
Supporting clinical care	P	Skilled workforce	P
Getting the basics right	P	Using better information	
Social inclusion		Financial efficiency	
Seeking involvement		Legislation	

WHICH TRUST VALUES DOES THIS PAPER PROGRESS OR CHALLENGE?			
Seeing from a service user perspective			
Excelling and improving	P	Inclusive open and honest	P
Responsive	P	Can do	P
Valuing and respectful		Efficient	

Reviewed by:			
Trish Jay	Date	03/07/2014	

Where in the Trust has this been discussed before?			
Governance Committee	Date	11/07/14	

What consultation has there been?			
Open to discussion with ICC members from	Date	16/06/14, final 03/07/14	

Explanation of acronyms used:	GHNHSFT – Gloucestershire Hospitals NHS Foundation Trust DIPC - Director of Infection Prevention and Control ATP - adenosine triphosphate MRSA – Meticillin Resistant Staphylococcus aureus MSSA – Meticillin Sensitive Staphylococcus aureus GRE – Glycopeptide Resistant Enterococci PLACE – Patient Led Assessments of the Care Environment PEAT – Patient Environment Action Team KPI – Key Performance Indicator CAS – Central Alerting System
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1. Introduction

2gether NHS Foundation Trust (2gether) has a comprehensive programme of infection prevention and control which has supported declaration of full compliance with the Health and Social Care Act 2012: Code of Practice for health and adult social care on the prevention and control of infections and related guidance. This annual report from the joint Directors of Infection Prevention and Control (DIPC) provides documentation of how 2gether has sought to prevent and control infection during 2013/14 and how this work will be taken forward during 2014/15.

2. Overview of infection control activities during 2013/14.

During 2013/14 the work plan of the infection prevention and control team was achieved with a continued focus on improving infection control awareness among community mental health teams. The audit programme was largely completed however changes in the provision of services in Herefordshire meant that some audits have been deferred to 2014/15. The work programme included provision of education, reactive clinical infection control advice including on site visits to all inpatient areas, review of sharps devices in line with the national requirements on Needle Safe Devices, active promotion of hand hygiene, surveillance for healthcare associated infections, and advice on estates, cleaning and decontamination issues. The review of infection control policies continued through the year. Outbreak management advice was required for 4 outbreaks of diarrhoeal illness.

3. Description of infection control arrangements

3.1 The infection prevention and control team

The role of Director of Infection Prevention and Control (DIPC) in 2gether remains shared between Trish Jay, Director of Quality as board lead, and Dr Philippa Moore, Consultant Microbiologist and Infection Prevention and Control Doctor. Dr Moore is contracted for 5 hours per week from GHNHSFT to fulfil her role. Louise Forrester continues as nursing lead within 2gether for infection control. She is supported by specialist infection control nurses contracted from Gloucestershire Care Services and for part of the year from Herefordshire CCG and part from Wye Valley Trust. During 2013/14 two named infection control nurses in Gloucestershire and two in Herefordshire provided the majority of infection control support for the trust. From January 2013, Herefordshire considered that provision of infection control services to 2gether presented a possible conflict of interest to those infection control nurses also working to oversee infection control in the county. Consequently a temporary arrangement was put in place with Wye Valley Trust to provide reactive infection control cover for 2gether Herefordshire. It is anticipated that this arrangement will be formalised in 2014/15 pending confirmation of costs.

The infection control specialist nurses are responsible for supporting the Trust infection control lead in the promotion of infection prevention and control within the Trust and support of link staff, provision of specialist advice, formal infection control education along with the infection control doctor, audit, surveillance, and the provision of regular reports to the infection control committee.

The Trust has link workers established in each clinical inpatient area who help disseminate best practice. Hand hygiene champions have been recruited to audit hand hygiene compliance across the Trust inpatient areas.

3.2 Reporting to the Trust Board

Infection Control has been at a low level of risk for some years and therefore during 2013/14 reporting to the Governance committee was changed to exception reporting rather than regular formal reports. No formal reports were required to be submitted during the year. The annual report for 2012/13 was presented to the Governance Committee and Trust Board during July 2013.

3.3 Infection Prevention and Control and Decontamination Committee

The infection prevention and control and decontamination committee (ICC) meets quarterly. Committee membership includes the Director of Quality, and Directors of Infection Prevention and Control, the Deputy Director of Nursing, the 2^{gether} infection control lead, the infection control teams from both Gloucestershire and Herefordshire. Representatives from Hotel Services and Estates and Facilities are regular attenders and other representatives attend according to the agenda including those from Clinical Audit, Health and Safety, Education, Pharmacy, matron managers, and medical staff representation, with secretarial support. The committee monitors and oversees infection prevention and control and decontamination work in the trust providing assurance for the organisation that standards are being met for compliance with the Health and Social Care Act and Standards for Better Health. The Water, Environment, Equipment and Buildings group (WEEB) reports to the Infection Prevention and Control and Decontamination Committee, as does the Infection Control Focus Group. There are countywide infection prevention and control forums in both Gloucestershire and Herefordshire that provide links with infection prevention and control activities with other trusts in these counties.

3.4 Infection Control Focus Group

The infection control focus group is a subcommittee of the Infection Control Committee and meets monthly during those months when there is no infection control committee. This group is chaired by the 2^{gether} infection control lead. The group is a forum in which staff can discuss any infection control concerns. This group is the main action group for infection control that presents the solutions to issues to the infection control committee or highlights where issues require further input to achieve resolution.

4. Healthcare Associated Infections

4.1 MRSA

2^{gether} participates in the national mandatory surveillance of MRSA bacteraemias (blood stream infections). During 2013/14 there were no MRSA bacteraemias detected from patients in Gloucestershire or Herefordshire.

Selective screening is undertaken to detect MRSA colonisation of the nose or groin in susceptible individuals. During 2013/14 screening in Gloucestershire and Herefordshire was harmonised as it became apparent from data that the additional screening in Herefordshire was not detecting significantly more patients than the Gloucestershire policy of screening only those known to be MRSA positive previously as well as noting those who were MRSA positive from samples sent for diagnostic investigation (e.g. swabs from ulcers). The change in screening policy in Herefordshire is in line with recent Department of Health guidance which

questions the cost effectiveness of extensive MRSA screening and recommends targeted screening of high risk individuals only.

MRSA was detected colonising 2 individuals in Gloucestershire known to be previously colonised with MRSA: one with leg ulcers and one with wounds due to deliberate self injury. Both cases were managed in accordance with the MRSA policy and support and information to ward staff was provided by the infection control nurses. MRSA was also detected in 2 patients in Herefordshire previously known to be MRSA positive and they were managed according to policy.

4.2 Clostridium difficile

2gether participates in the mandatory surveillance scheme for *C. difficile* infections. During 2013/14 there was one case of *C. difficile* in Gloucestershire. This patient had originally suffered from *C. difficile* at the end of the previous financial year and then relapsed with further diarrhoea in April 2013. A further root cause analysis was undertaken and the main contributing factor to the relapse was the patient's underlying illness leading to poor oral intake. No antibiotics had been prescribed to precipitate a relapse and there were no major issues identified with regard to patient care or staff knowledge. A further look at the ward environment on Mulberry ward, Charlton Lane identified minor areas for further improvement, specifically the frequency of waste collection that was subsequently resolved.

No cases of *C. difficile* were detected among Herefordshire patients during 2013/14.

4.3 Other bacteraemia surveillance (GRE, E. coli, MSSA)

In addition to MRSA there is established mandatory reporting of other organisms that cause bacteraemias.

- GRE (glycopeptide-resistant enterococci) bacteraemias are most commonly diagnosed in complex surgical and renal patients and no cases were detected during 2013/14.
- *E. coli* bacteraemia surveillance commenced during 2011/12. One *E coli* related bacteraemia was identified from a patient transferred from the Stonebow Unit to Herefordshire county hospital during February 2014. This patient had a complex medical history with dehydration due to an underlying medical condition and recurrent urinary tract infections. A root cause analysis was undertaken by Wye Valley Trust infection control team and although the bacteraemia was considered to be health care related since the patient had been a long term inpatient, it was not considered to be preventable. No cases were detected in Gloucestershire during 2013/14.
- MSSA (meticillin sensitive Staphylococcus aureus) mandatory surveillance commenced in January 2011. No MSSA bacteraemias were detected in Gloucestershire or Herefordshire during 2013/14.

4. 4 Outbreaks and Incidents

4.4.1 Influenza

There were no Influenza outbreaks in 2gether during 2013/14. Assessments were undertaken on patient admissions and eligible long term inpatients received influenza vaccine if they had not received it from their General Practitioner.

During 2013/14 911 staff were vaccinated across Gloucestershire and Herefordshire compared to 846 staff in 2012/13, 671 in 2011/12 and 474 in 2010/11. 762 staff were

vaccinated in Gloucestershire compared to 726 last year, and 149 Herefordshire staff were vaccinated compared to 120 last year. For 2014/15 planning will start earlier in July with the aim of further improving our vaccination coverage of staff.

2gether NHS Foundation Trust Seasonal Influenza Activity by Month

P_Business_Unit	P_Type_Of_Work	= 2013				= 2014	Grand Total
		Sep	Oct	Nov	Dec	Jan	
2gether NHS Foundation Trust (Gloucestershire)	NHS - Administration & Non Clinic Support Staff	23	81	59	1	0	164
	NHS - Health Care Assistants & other Unqualified Support Staff	5	79	35	3	1	122
	NHS - Medical staff	5	9	20	2	0	36
	(blank)	5	37	62	2	0	106
	NHS - Volunteers	0	0	1	0	0	1
	NHS - Placement Students	0	0	1	0	0	1
	NHS - Qualified Nursing, Midwifery and Health Visiting staff	22	113	83	6	1	225
2gether NHS Foundation Trust (Gloucestershire) Total		61	365	316	16	3	752
2gether NHS Foundation Trust (Herefordshire)	NHS - Administration & Non Clinic Support Staff	0	18	6	4	0	27
	NHS - Health Care Assistants & other Unqualified Support Staff	0	21	6	1	0	28
	NHS - Medical staff	0	3	4	0	0	7
	(blank)	1	14	12	6	0	33
	NHS - Placement Students	0	0	1	0	0	1
	NHS - Qualified Nursing, Midwifery and Health Visiting staff	0	25	12	4	0	41
	NHS - Scientific, therapeutic and technical staff Physio	0	6	5	1	0	12
2gether NHS Foundation Trust (Herefordshire) Total		1	87	45	16	0	149
Grand Total		62	453	361	32	3	911

4.4.2 Other outbreaks

During 2013/14 there were 4 outbreaks of diarrhoeal illness requiring ward closure reported to the Gloucestershire infection prevention and control team. For all of these outbreaks strict infection prevention and control measures were put in place.

HOSPITAL / UNIT	ORGANISM	DATE REPORTED	START DATE (first symptoms)	FINISH DATE (ward open)	DURATION	BED DAYS LOST	PATIENTS AFFECTED	STAFF AFFECTED
Laurel House	Likely Norovirus	20/11/13	19/11/13	22/11/13	2	0	2	1
Willow ward	Norovirus (proven)	09/12/13	08/12/13	19/12/13	12	10	8	13
Priory ward	Likely Norovirus	03/01/14	03/01/14	10/01/14	8	35	7	5
Dean ward	Norovirus (proven)	27/01/14	26/01/14	03/02/14	9	11	7	7
Total 2013/14						56	24	26

Note that an outbreak on Cantilupe ward from 22/3/13 to 5/4/13 was reported in the previous annual report and there were no other outbreaks reported from Herefordshire during 2013/14.

4.4.3. Contamination Exposures

Working Well provide the occupational health service for 2gether staff across both Herefordshire and Gloucestershire.

Contamination exposure: initial assessment	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	May	Total
2009/10	2	1	2	4	1	2	1	3	2	5	1	2	26
2010/11	3	1	2	1	4	5	3	2	1	0	1	1	24
2011/12*	1	0	2	1	2	3	2	2	4	8	4	2	31
2012/13	8	3	3	3	2	3	5	3	1	3	5	2	41
2013/14	2	7	4	2	6	2	2	2	4	4	2	0	37

*- data from 2011/12 onwards includes Herefordshire

More detailed information on the types of contamination incidence:

Question	Answer	Total 2012/13	Total 2013/14
Type of exposure	Human bite	6	5
	Human scratch	13	11
	Mucocutaneous	4	5
	Percutaneous	12	9
	Not stated	6	7
Type of exposure total		41	37
Type of sharp	Blade	2	1
	Hollowbore needle	9	5
	Other	22	19
	Not stated	8	12
Type of sharp total		41	37
Was the healthcare worker wearing gloves	None	24	18
	Single glove	7	3
	Not applicable	2	8
	Not stated	8	8
Was the healthcare worker wearing gloves total		41	37

Compared to 2012/13, there was a reduction in the number of injuries due to hollowbore needles from 9 incidents to 5 in 2013/14 and a reduction in overall percutaneous injuries from 12 to 9.

4.4.4 Other

During 2013/14 the Infection Control teams also gave advice for individual patients and issues on a wide variety of topics including: scabies infections, flea bites, chickenpox and shingles, impetigo, conjunctivitis, suspected measles, hepatitis C infection, viral gastroenteritis, MRSA colonisation, as well as general enquiries related to estates and facilities, cleaning, equipment including the design of new beds, linen and laundry, and waste disposal. An ongoing issue with regard to a cat visiting the wards at Charlton Lane has hopefully been resolved with the cat's owners taking responsibility.

5. Audit

5.1 Inpatient area audits: Gloucestershire (section revised following Board meeting)

The audit programme uses the Infection Prevention Society (IPS) Quality Improvement Tool (QIT) which states that scores of 85% or more are green, 84% or less red, with no intermediate category. Since 2012/13 the audit tool has been changed nationally to include more stringent criteria and therefore direct comparison cannot be made between the 2012/13 and 2013/14 results. Nevertheless, despite a more stringent tool, results for inpatient wards are comparable to last year (89% vs 92%). Additional sites have been included that have not been audited previously and it is anticipated that their scores will improve as they become familiar with the standards required.

Location	2011/12 Audit score	2012/13 Audit score	2013/14 Audit score
Branchlea Cross	83%		
Honeybourne	90%	83%	93%

Location	2011/12 Audit score	2012/13 Audit score	2013/14 Audit score
Laurel House	89%	94%	Deferred due to move
Westridge	89%	96%	92%
Hollybrook	83%	94%	92%
Abbey Ward, Wotton Lawn	86%	93%	86%
Dean Ward, Wotton Lawn	85%	90%	85%
Greyfriars, Wotton Lawn	85%	95%	95%
Kingsholm Ward, Wotton Lawn	94%	93%	91%
Priory Ward, Wotton Lawn	87%	90%	88%
Montpellier Ward, Wotton Lawn	84%	88%	92%
Maxwell 136 Suite	71%	93%	84%
Therapies (inc OT & Physio), Wotton Lawn	91%	95%	OT: 86% Physio: 87%
Waste and Portering, Wotton Lawn			91%
ECT	89%	95%	96%
Chestnut ward, Charlton Lane	88%	93%	81%
Mulberry ward, Charlton Lane	92%	90%	85%
Willow ward, Charlton Lane	85%	90%	82%
Charlton Lane OT			78%
Charlton Lane Physio			91%
Inpatient ward average	87%	92%	89%*

*= inpatient wards only

All areas of non-compliance resulting in low scores are followed up. Action plans to remedy problems are monitored and the areas are rechecked during subsequent clinical visits by the infection prevention and control nurses.

5.2 Outpatient Area Audits: Gloucestershire

Location	2013/14 Audit score
Albion Chambers	63%
Park House	64%
Avon House	80%
Weavers Croft	64%

Note no previous scores are available for these areas.

Formal auditing of outpatient areas by the infection prevention and control team started during 2012/13 of some areas. For the audits completed in 2013/14 each area returned an action plan to remedy areas of non-compliance. The infection control focus group and, where appropriate, WEEB (Water, Environment, Equipment and Buildings) group or infection prevention and control and decontamination committee oversees actions taken to ensure infection control compliance.

5.3 Audits: Herefordshire

The Herefordshire audit tool is also based on the IPS audit tool.

Location	Audit Frequency	Overall Score 2011/12	Overall Score 2012/13	Overall Score 2013/14
Jenny Lind- Ward	Annual	95%	98%	100%
Mortimer- Ward	Annual	95%	97%	
Cantilupe - Ward	Annual	Audit delayed	96%	
Day care	Annual	76%		
ECT	Annual	91%	95%	
Oak House	Annual	93%	Booked 2013/14	93%
27a	2 yearly	91%	94%	
DASH	2 yearly	95%	93%	95%
CAS	2 yearly	62%	Due 2013/14	86%
Rose Cottage	2 yearly	74%	Due 2013/14	78%
Etnam street	2 yearly	84%	86%	
The Knoll	2 yearly	86%	95%	
Churchill House (Learning Disability teams)	2 yearly	79%	Due 2013/14	
CAMHS			73%	87%

Action plans are prepared and followed up for all audits.

During the final part of 2013/14 further audits were not undertaken in Herefordshire during the period of temporary contract with Wye Valley Trust infection control team as from January 2013 the service was reactive only.

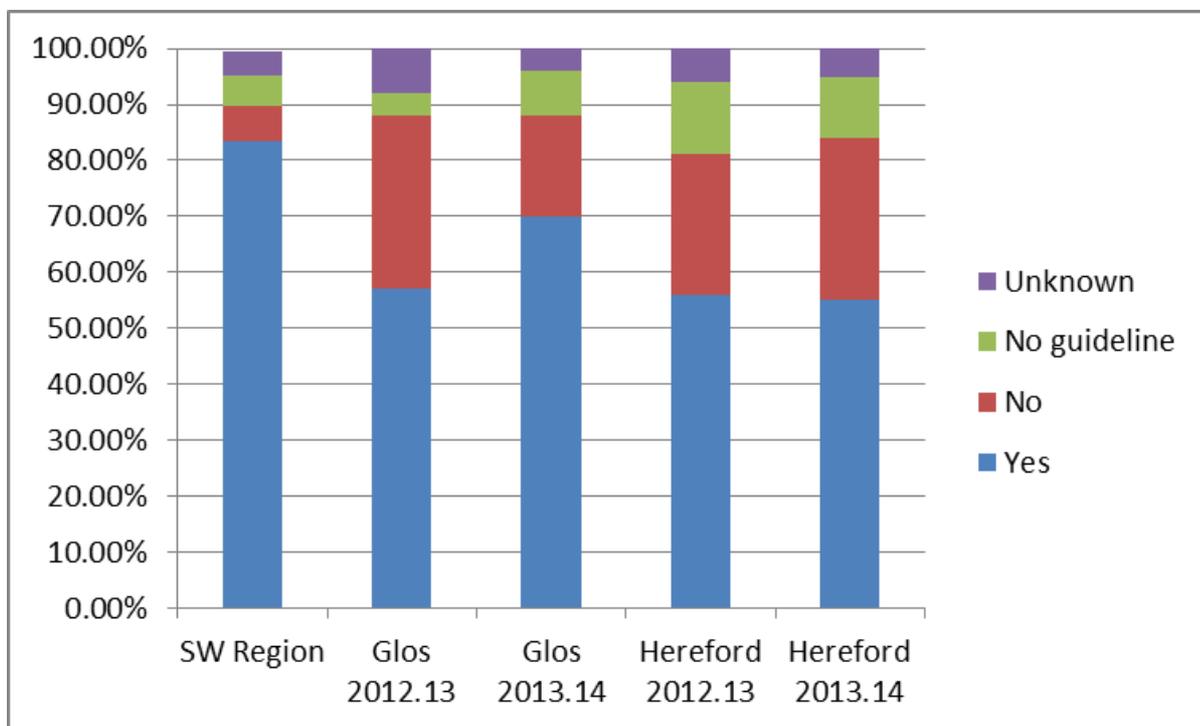
6. Hand hygiene

Hand hygiene is considered the most important part of preventing healthcare associated infections. Mental health organisations are different from acute trust hospitals in that many of the WHO hand hygiene 'moments' (opportunities for hand hygiene) are patient initiated rather than staff initiated. Given this, ²gether aims to ensure compliance with hand hygiene that protects patients and has a compliance target of 90%. During 2013/14 the overall compliance increased from 88% in 2012/13 (a reduction from 90% in 2011/12) to 95%. As a result during 2014/15 the frequency of hand hygiene audits will be reduced to quarterly in order to reduce the overall audit burden. Areas that score poorly will revert to monthly audit until their scores improve.

7. Antibiotic Stewardship

Antimicrobial stewardship is under more scrutiny now than ever before as there is a global realisation that antibiotic resistance may significantly impact on the practise of medicine in future. It is estimated that antibiotics add an average of 20 years to life expectancy and the loss of antibiotics due to increasing resistance may impact on the global population life expectancy. A comprehensive database of all antibiotics prescribed for inpatients was established in July 2010 for Gloucestershire and in October 2011 for Herefordshire.

Since establishment there has been teaching on antibiotic stewardship and there have been guideline booklets available to aid prescribing. Antibiotic prescribing compliance has improved in Gloucestershire within the last year, more so than in Herefordshire. Together remains below the regional average for compliance. Updated guideline booklets have been distributed in 2014/15 with additional guidelines included for those conditions, particularly dental infections, for which there were no guidelines previously. It is anticipated that this will aid improvements in compliance.



Compliance is defined as the correct antibiotic choice for the indication, given via the correct route, at the correct dose for the correct duration. All elements must be correct before considering the prescription to be compliant. Compliance is also considered to be 'yes' if there is documentation of a reasonable rationale for prescribing off guideline, or prescribing on Microbiologist advice that might otherwise be different from the guidelines.

8. Infection Prevention and Control Education

During 2013/14 infection control education was largely moved from face to face sessions to e-learning. E-learning has replaced the annual infection control update sessions for all staff except those with limited computer access such as some hotel services and portering staff. Infection Control induction sessions for new staff were also replaced towards the end of the year and starter packs include information on infection control.

Data for compliance with statutory and mandatory training by the end of 2013/14 was approximately 65% for infection control for clinical staff and 88% for infection control for non clinical staff. Issues being addressed within the next year are the accessibility of e-learning particularly from the Herefordshire sites. Currently Hoople are still providing some face to face infection control training in Herefordshire although the finance for this is unclear and the plan is to move entirely to e-learning.

The infection control teams regularly attend the inpatient units and are able to give advice, support and education to staff dealing with particular issues arising at the time of the visit. Staff can contact the infection control team at any time for additional advice on any problems encountered and this is part of continuous ad hoc education. Additional education is given to infection control link staff and there were link staff educational days on 12/6/13 (covering *C. difficile*) and 11/9/13 (covering viral respiratory tract infections). The annual study day open to all staff was held on 12/11/13 and covered MRSA, *C. difficile*, cleaning issues and blood borne viruses.

9. Infection Prevention and Control and Estates and Facilities

9.1 Departmental Structure

The Estates and Facilities Department has restructured into the following areas, each area under a specialist facilities manager: Hotel Services; Mechanical and Electrical Engineering; Building and Civil Engineering, Estates Project Management (2 x part time); Sustainability (including waste) and Estates Information (including water management). The Department is under the overall leadership of the Director of Finance and Commerce.

The Department reports to: Infection Prevention and Control and Decontamination Committee, Delivery Committee, Health and Safety Committee, Capital Reference Group, and the Water, Environment, Equipment and Buildings (WEEB) Group. The latter is an operational group that covers the business areas of the Department, with strong representation from the Infection Prevention and Control professionals.

In the last 12 months the department has launched a sharepoint site for Estates and Facilities Information. This site is the repository for all plans, risk assessments and servicing, testing and inspection records. It is available to Site Responsible Officers at a local level through a web browser. The quality and extent of the data available is constantly improving, in collaboration with users.

9.2 Performance

To measure the perception of Estates, Catering and Cleaning performance an on-line questionnaire had been developed that will be repeated to all team managers at the end of each quarter. A catering and cleaning questionnaire is also being developed for inpatient service users, in collaboration with Sodexo.

During 2013/14 PEAT inspections were replaced by PLACE (Patient Led Assessments of the Care Environment). The initial data was collected in Autumn 2013 and subsequently published. Food was not assessed at Oak House.

Site Code	PLACE Site Type	Cleanliness	Food	Privacy, Dignity and Wellbeing	Facilities
² gether NHSFT summary scores		98.22%	86.60%	88.80%	90.49%

Site Code	PLACE Site Type	Cleanliness	Food	Privacy, Dignity and Wellbeing	Facilities
WOTTON LAWN	Mental Health Only	98.83%	86.40%	90.93%	95.34%
CHARLTON LANE	Mental Health Only	98.02%	90.77%	90.15%	91.59%
LAUREL HOUSE	Mental Health Only	98.84%	85.47%	88.89%	89.00%
HONEYBOURNE, CHELTENHAM	Mental Health Only	99.44%	82.70%	83.33%	93.00%
STONEBOW UNIT	Mental Health Only	98.49%	84.19%	87.78%	90.18%
OAK HOUSE	Mental Health Only	97.30%	n/a	78.06%	57.14%
HOLLYBROOK	Learning Disabilities Only	93.79%	76.67%	92.80%	89.62%
WESTRIDGE	Learning Disabilities Only	96.07%	91.56%	84.17%	87.04%

PLACE audits were completed in April, May and June 2014, and have been returned to the Health and Social Care Information Centre (HSCIC). The results are anticipated in September, however there have been significant improvement in scores for Environment, Cleaning and Cleanliness, with the exception of Oak House, which continues to score very badly on Environment, which is outside of the management of the Trust.

9.3 Catering and Cleaning

All catering and cleaning in Herefordshire is managed by Sodexo, via Wye Valley NHS Trust under a Zero Priced Services arrangement. At the moment ²gether has no contractual relationship with Sodexo and the contract between Wye Valley remains unsigned. To overcome the operation difficulties of this arrangement very productive partnership meetings are held every 6 weeks, which are able to progress most issues. The Trust has bought washer dryers for use in Stonebow by Sodexo to improve quality and reduce risks.

In Gloucestershire all catering and cleaning, apart from at Honeybourne, Laurel House, Westridge and Hollybrook, is now managed by the Estates and Facilities Department. This has taken place piecemeal over the last 15 months, with new Hotel Services Managers appointed to Charlton Lane and Wotton Lawn in summer 2013, providing the management for the community sites. They are supported by the Assistant Facilities Manager (Hotel Services) who manages some community sites, Contracts, Projects, Standards and the Patient Led Assessment of the Care Environment (PLACE).

Trustwide the cleaning schedules have been reviewed for all sites in line with the National Cleaning Standards and will be available on sharepoint, subject to final Infection Control sign off of the colour scheme. Following the termination of the contract with Gloucestershire Care Services NHS Trust, ATP swabbing has been rolled out internally; and a contractor appointed to undertake food hygiene audits. This data, in combination with other metrics such as cleanliness scores, vacancies and statutory and mandatory training will form the basis of a monthly report to Matrons on Catering and Cleaning starting in July 2014.

In Herefordshire Sodexo reported cleanliness audit scores:

Agreed report following revisions made at the Board meeting 28.7.14

MONTHLY AUDITS 2013/14	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
STONEBOW	96%	98%	99%	97%	99%	99%	96%	99%	98%	95%	98%	99%

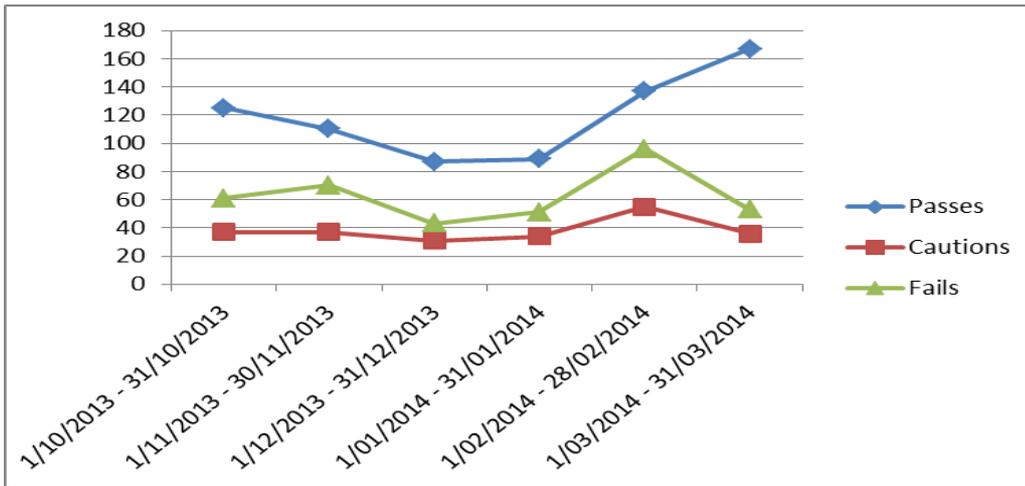
TWO MONTHLY AUDITS*	Apr-13	Jun-13	Aug-13	Oct-13	Dec-13	Feb-14
DASH	79%	95%	100%	97%	99%	97%
ETNAM ST	91%	99%	99%	91%	99%	97%
48 GAOL ST	61%	90%	97%	100%	98%	98%
ST OWEN'S STREET	93%	96%	97%	98%	97%	94%
THE KNOLL	89%	97%	95%	97%	93%	100%
MONKMOOR COURT	61%	97%	97%	97%	97%	100%
ROSE COTTAGE	100%	100%	100%	100%	100%	100%
AUBREY STREET	86%	95%	97%	N/A	95%	100%

N/A = not available

Similar audits have been introduced in Gloucestershire although data collection has not been well established. This will be rectified during 2014/15.

MONTHLY AUDITS 2013/14	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
CHESTNUT							91%		92%	84%		84%	
MULBERRY							92%		89%	87%		84%	
WILLOW							89%		88%	84%		82%	
ABBAY	86%	84%	81%										
DEAN	95%	92%			93%	87%							
ECT	88%	96%			89%								
GREYFRIARS	97%	98%	86%										
KINGSHOLM	94%	92%	88%		88%								
MONTPELLIER	91%		92%										
PRIORY		86%	83%		82%								

ATP swabbing is becoming more embedded as training has been rolled out. As the year has progressed an improvement in the pass rates has been seen. All areas or items that fail are recleaned and retested (data not shown) to ensure feed back to the staff who clean. The data below includes both the environment and patient equipment for all inpatient sites. There are too few data points to consider individual areas or items separately this year but further analysis will be available next year.



The Linen and Laundry Contract expired in April 2014 for Gloucestershire. Herefordshire is on a 1 year rolling contract. Both counties have contracted with Berendsen (formerly Sunlight). An 18 month procurement programme faltered in spring 2014 when GHNHSFT chose to continue their contract with Berendsen without KPI's, leaving 2gether and Gloucestershire Care Services out of contract, but with no choice but to remain on a rolling one month contract with Berendsen despite the fact that some concerns have been raised about the quality of the service received. Although keen not to renew, 2gether currently await the re-engagement of Procurement Shared Services to complete the tendering exercise.

9.4 Estates and Maintenance

In Herefordshire all planned and reactive maintenance is managed by Wye Valley NHS Trust, either directly, or via NHS Property Services Ltd on behalf of Herefordshire Clinical Commissioning Group under a zero priced services arrangement. This includes Waste and Laundry. Wye Valley NHS Trust are now operating under a draft Service Level Agreement, which incorporates a number of Key Performance Indicators (KPI's). The Trust is working with Wye Valley on a joint procurement exercise for Waste Management.

In Gloucestershire all planned and reactive maintenance in inpatient settings is managed by 2gether for specialist contractors, and operationally by Lorne Stewart. The same arrangement is in place for 24 hour sites and buildings in Cheltenham and Tewkesbury. Reactive maintenance until the 30th June 2014, in the remaining sites, has been managed by Gloucestershire Hospitals NHS Trust. From the 1st July this will all be managed by Lorne Stewart.

From the 31st May 2014 Waste management in Gloucestershire has been directly under control of 2gether's Sustainability Manger who is working with Wye Valley NHS Trust for the same waste contractors across both Localities.

9.5 Building Improvements

In June 2013 work was completed at the Stonebow Unit, Hereford, to refurbish the Day Care Unit, Dining Room and Kitchen, addressing a number of infection control issues with infrastructure and furniture. Mortimer Ward, Jenny Lind and ECT were all redecorated in line with the 3 year inpatient redecoration programme. Cantilupe is scheduled for 2014.

In September 2013 refurbishment work completed on Abbey Ward, Wotton Lawn, Gloucester increasing the number of en-suite bathrooms on the ward from 2 to 18. Work is currently

underway on Dean Ward to do the same for all 15 bedrooms, followed by 18 bedrooms on Priors ward. This will ensure the whole of 2gether NHSFT has en-suite bathrooms attached to bedrooms apart from Mortimer Ward, which is work scheduled for the future.

In March 2014 the inpatient recovery service at Laurel House, 29 Alexandra Road, Gloucester, moved to the former Branchlea Cross, Cheltenham. This move, with some refurbishment, created 13 bedrooms with en-suite bathrooms, where there were none at the former Laurel House. The works also addressed the kitchen environment, and split it to provide a separate therapy kitchen from the catering kitchen, and improved the environment in its entirety.

Following on from Infection Control Audits at 18 Denmark Road, Albion Chambers, Weavers Croft and Park House significant redecoration and reorganisation work has been undertaken in these premises to address identified issues and this was financed from year end revenue surplus. Montpellier and Charlton Lane wards have been redecorated in line with the 3 year inpatient redecoration programme.

9.6 Water Management

Water risk assessments have been revisited for Gloucestershire and Herefordshire, with actions undertaken on receipt of each risk assessment. There has been one CAS Alert for water management in the last 12 months for pipes supporting tank lids that had the potential to protect bacterial growth from the effects of moving water flushing systems; this only applied to the Stonebow Unit and has been rectified. Header tanks have been removed from 62 Etnam Street. There have been some issues with water temperature testing, following the move of some sites from NALCO to Lorne Stewart where the contractor was returning 'nil defect' reports, that on audit identified defects. This issue has been rectified with the contractor, but will continue to be monitored. Risks associated with water management are discussed at the Water, Environment, Equipment and Buildings (WEEB) group and reported to the Infection Prevention and Control and Decontamination committee. Both committees are satisfied with the assurance provided by the water management programme.

Conclusions

2gether NHS Foundation Trust continues to work hard on preventing and controlling the risk of healthcare associated infections. Patients, visitors and the Trust can be confident that appropriate work is ongoing to minimise the risk of healthcare associated infection in 2gether and that the risk of acquisition of a healthcare associated infection within the Trust remains low.

Dr Philippa Moore and Trish Jay
Joint Directors of Infection Prevention and Control
3rd July 2014