

DIRECTOR OF INFECTION PREVENTION AND CONTROL GLOUCESTERSHIRE PRIMARY CARE TRUST

ANNUAL REPORT 2007-8

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1 Executive summary - Overview of infection control activities in the Trust

1.1 Organisation

This annual report on infection control, from the Director of Infection Prevention and Control (DIPC) for Gloucestershire Primary Care Trust (GPCT), concentrates on the activities within GPCT Care Services set within a countywide context. Surveillance data is given for Gloucestershire as a county. The report also takes a retrospective look at developments, changes and progress over the year April 2007 to March 2008 and looks forward to the work programme for GPCT for 2008/09. Other infection control work within Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) and the ²gether NHS Foundation Trust (formerly Gloucestershire Partnership Trust) is covered by the DIPC annual report of each organisation respectively.

1.2 National Context

In October 2006 the Department of Health published the Health Act 2006: Code of Practice for the Prevention and Control of Healthcare Associated Infection. This document, revised in January 2008, legislated levels of service to be provided in a more detailed way than previous documents. The Healthcare Commission criteria for assessing core standards provides the framework for assessment for all NHS patient services, which is in addition to the criteria in Standards for Better Health

The core standards include:

- C4a Infection Control
- C4c Decontamination
- C21 Premises – maintenance and cleanliness

Department of Health reports, frameworks and actions for addressing Healthcare Associated Infection (HCAI) have strengthened the role and accountability of NHS organisations in responding to the management of infections. They also enable a higher degree of access and scrutiny to information by the public, patients' forums and NHS staff.

1.3 Local Context

GHNHSFT, PCT Care Services, and ²gether NHS Foundation Trust

Mandatory surveillance has been in place since 2001 for MRSA bacteraemias (blood stream infections), 2003 for bacteraemias due to glycopeptide resistant enterococci (GRE), 2004 for *C. difficile* cases in patients over 65 years, and also for surgical site infections (SSI) in major cardiovascular and orthopaedic surgery. Within Gloucestershire these surveillance programmes largely apply to Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT).

The GHNHSFT rates for these targets in 2007/08 were: MRSA bacteraemia rate per 10,000 bed days 0.89 (national average 1.16); *C. difficile* rate in patients > 65 years per 1000 bed days 1.75 (national average 1.56); *C. difficile* rate in patients > 2 years per 1000 bed days 1.42 (national average 1.18); GRE bacteraemias 5 during October 2006 to September 2007 (national reporting data, no national average given due to low numbers).

Within the community services, high rates of *C. difficile* present a challenge across the community. For 2007/8 there will be enhanced reporting for *C. difficile* as there is for MRSA and GRE bacteraemias, and a trajectory set for the county for the next 3 years. Bacteraemias are not a current issue for community settings and there is no major cardiovascular or orthopaedic surgery performed within PCT Care Services that is part of the national surveillance scheme.

1.4 Activities

The Community Infection Prevention and Control team (CIPCT) has been busy and achieved much during the year. Activities have been concentrated around the education programme (both at induction and mandatory update), the audit programme which this year has included General Practice (GP) and dental surgeries, supporting the **cleanyourhands** campaign in the community hospitals and surveillance. With these activities we have achieved a reduction in both MRSA and *C. difficile* acquisition rates across the county. Within the ²gether Trust, the support of the focus group, in addition to the education and surveillance programme, has embedded infection control as a priority within the organisation.

During the summer of 2007, Gloucestershire was affected by flooding. This major incident required considerable input from the infection control team as we provided advice and guidance to clinical teams on managing infection prevention in this challenging situation as well as advice on water management and remedial structural works. This situation also raised awareness of deficiencies in the controls assurance around water supply management from an infection prevention point of view. NALCO, an independent contractor, was appointed and has started risk assessments of inpatient areas across the PCT for Legionella control. Following their assessment, remedial works are to be carried out as identified and planned preventive maintenance schedule will be strengthened in line with national guidelines.

1.5 Infection Control Annual Work Programme

The proposed work plan for 2008/09 for the infection control team is attached as appendix 1. This plan follows on from previous years and expands activity especially in education. The theme for the 2008/09 audit plan is sharps and waste disposal and the team will be auditing using a tool based on the revised Infection Control Nurses Association tool (Audit tools for monitoring infection control guidelines within the community settings 2005).

Outside the CIPCT work programme a great deal of the focus of work within Care Services supports the Infection Control Agenda, though is not listed within the team programme. The Quality and Services Improvement Group (formerly Matron's Charter Group) will continue to be chaired by Julie Goodenough. This group acts on infection control and cleanliness issues in community hospitals. There is an Essential Steps steering group designed to ensure that best practice and audit is fully embedded in clinical practice with a pilot study being conducted at Berkeley Hospital with a planned roll out across the inpatient facilities across the PCT by the end of 2008.

2 Description of infection control arrangements

2.1 Organisational arrangements

The population of Gloucestershire is served by Gloucestershire PCT (GPCT) with its Care Services directorate responsible for provision of care within the community and community hospitals; and GPCT is the commissioning PCT for Gloucestershire Hospitals NHS Foundation Trust and the 2gether NHS Foundation Trust (formerly Gloucestershire Partnership Trust). Each Trust has its own DIPC.

Gloucestershire PCT has joint Directors of Infection Control: the post being shared by Dr Philippa Moore (PM), Infection Control Doctor (ICD), and Jill Crook, Director of Clinical Development. This arrangement is mirrored within the county in the 2gether Trust with the post being shared between Dr Philippa Moore and Hazel Watson, Director of Nursing. The PCT ICD/DIPC post was contracted for 9 hours per week during 2007/08 increasing to 13 hours per week from 1st April 2008.

2.2 The Community Infection Prevention and Control Team (CIPCT) nurses were led by Kathy Pitt, Modern Matron, seconded to the team until June 2007, and are now led by Sam Lonnen (band 8a), Team Lead from 28th June 2007. There are two senior (band 6) infection control nurses (Sarah Hardy and Natalie Matthews) and one trainee (band 5) infection control nurse (Rebecca Walder). The team has had part time secretarial support from Carolyn Meddings between October 2007 and March 2008. The team are actively involved in recruiting to the new post of surveillance nurse (band 5, 20 hours a week). In addition there is close liaison with the Clinical Development Directorate Practice Development Facilitator for Healthcare Associated Infections (Sarah Warne).

2.3 Infection Control Committee

The Community Infection Control Committee (CICC) meets quarterly and is chaired by Liz Fenton, Associate Director Nurse Leadership, Clinical Development Directorate. Membership includes the joint DIPCs, Community Infection Prevention and Control Nursing team, the Decontamination lead, representatives from the Care Services Directorate, and representation from Hotel Services, Risk Management, Health and Safety, Estates shared services, Procurement shared service, Tetbury Hospital Trust, GHNHSFT Infection Control team, and the Gloucestershire Health Protection Unit.

PM attends the Infection Control Committees of other providers within the county including GHNHSFT, the 2gether Trust, and from May 2008 the Great Western Ambulance Service (GWAS), thus providing a link to ensure integration of infection control strategy across the county.

2.4 Reporting line to the Trust Board

Infection Control matters are reported to the PCT Board monthly within the Care Services report and through Jill Crook for specific issues. Philippa Moore attends the PCT board for updates, specific issues, and presentation of the DIPC annual report.

2.5 Links to Prescribing and Formulary Committee

An antimicrobial management committee (AMC) has been convened for the PCT and operates mostly as a virtual committee. It reports to the ICC and GMMC. There are links with the GHNHSFT Microbiology/Pharmacy committee that oversees antimicrobial prescribing. The AMC has issued guidelines for antimicrobial prescribing in community hospitals and has advised General Practitioners to refer to the Health Protection Agency 'Management of Infection Guidance for Primary Care'. The work of the AMC also includes review of prescribing across General Practice with investigation of discrepancies likely to impact on *C. difficile*.

2.6 Links to Clinical Governance/Risk Management/Patient Safety

There are links with the clinical governance structure with CICC members attending the Integrated Governance Committee, PCT Risk Group, Complaints and Incidents Group, Community Hospitals Clinical Governance Group.

2.7 IT Support

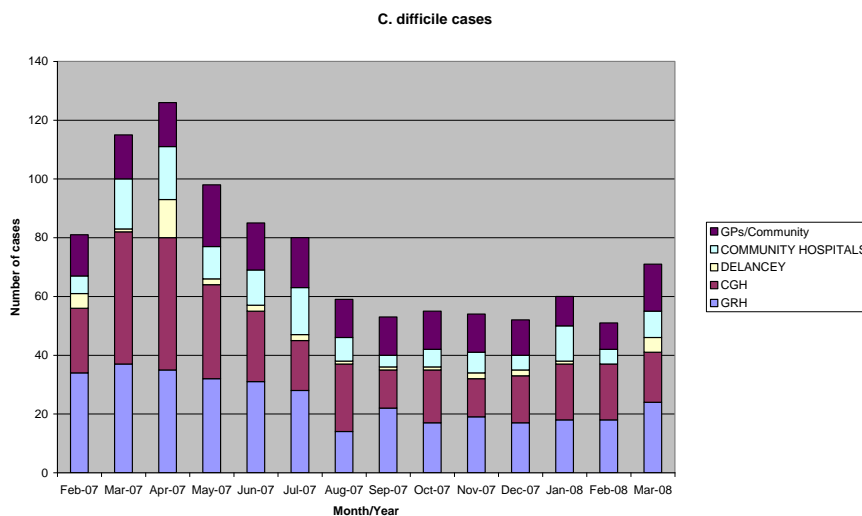
The team is supported by the infection control software, ICNet. The system is purchased together with GHNHSFT with a PCT contribution to the onsite server and licenses. The programme allows analysis of databases used to help generate surveillance reports which are disseminated to clinical staff as quarterly bulletins. In addition, the team have access to PAS (Patient Administration System) and the Encore search facility of the GHNHSFT databases.

3 HCAI statistics

3.1 Results of mandatory reporting - Clostridium difficile

Countywide cases

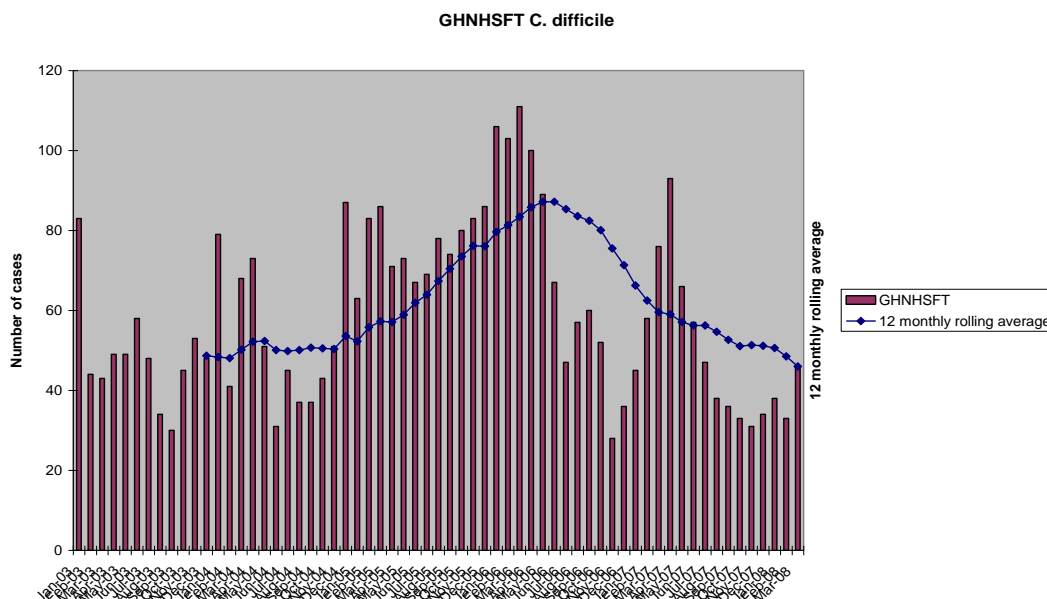
There is seasonal variation in *C. difficile* incidence which is reflected in the incidence within Gloucestershire county. There were a total of 844 cases reported in Gloucestershire during 2007/08.



There is a national target of a 30% reduction in cases of C. difficile from 2008/09 to 2010/11 but the target for NHS South West is a 34.5 % reduction due to the high number of cases in the region. For Gloucestershire the target will be an approximate 40% reduction in cases by 2010/11 to a maximum of 8.6 cases per 10,000 population (487 cases across the county per year by 2010/11).

GHNHSFT

GHNHSFT recorded 563 cases of C. difficile during 2006/07 against a target of 500. This amounted to a 21% reduction on the 715 cases recorded during 2005/06. The ongoing trend within GHNHSFT is downward as shown by the 12 month rolling average:

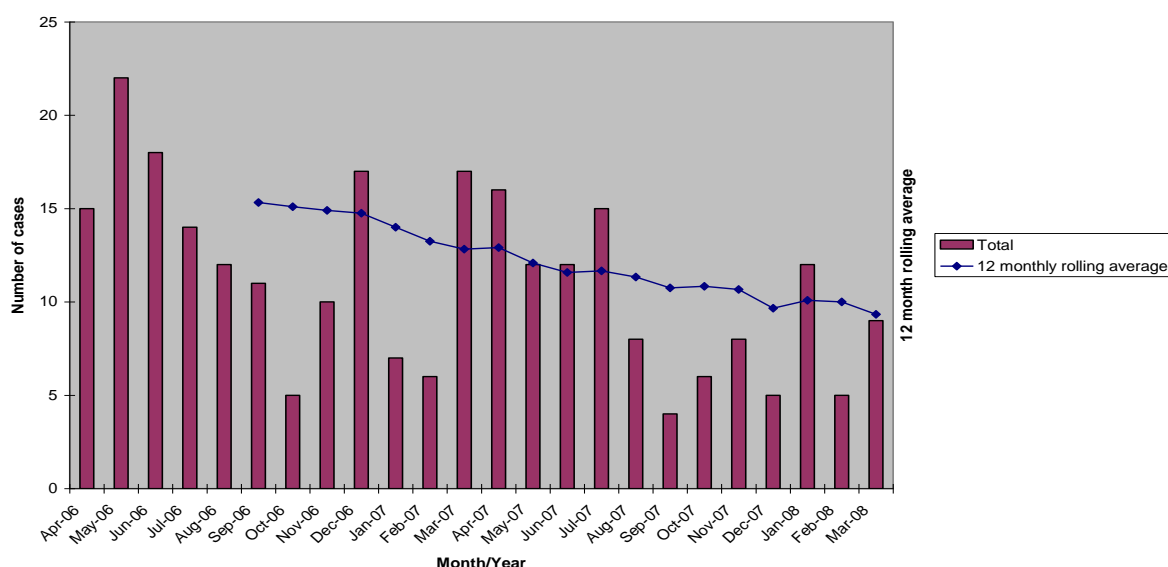


The GHNHSFT target to be achieved for 2010/11 is a maximum of 4.4 cases per 1000 acute trust admissions (274 cases).

GPCT Care Services: Community Hospitals

There were 113 cases of C. difficile in community hospitals during 2007/8 which represents a 30% decrease compared to 2006/07. This decrease is the result of much collaborative hard work including additional environmental cleaning, a commitment to rapid patient isolation if symptomatic, an improvement in hand hygiene compliance and an improvement in antibiotic stewardship as a result of education. The reduction has not achieved the target set for a maximum of 100 cases but it should be noted that approximately 20% of these cases are relapsed cases. These are patients recently diagnosed with C. difficile but not within the last 28 days.

Community hospital C. difficile cases



GPCT Care Services: General Practice

In addition there were 168 cases outside of inpatient facilities, mostly in General Practice, of which approximately 20% were known to be relapses.

Gloucestershire 2gether NHS Foundation Trust (formerly Partnership Trust)

The 2gether trust contributes relatively very few cases to the county totals. During 2007/08 there were 4 episodes of C. difficile among 3 patients (one patient relapsed more than 28 days after his initial diagnosis and therefore is counted as 2 episodes).

3.2 Results of mandatory reporting - MRSA bacteraemia

The target set for the healthcare community for 2007/08 was 18 bacteraemias. There were 36 bacteraemias recorded within Gloucestershire during 2007/08, all diagnosed within GHNHSFT. Despite the higher than target numbers, Gloucestershire remains below average for the South West region for cases of MRSA bacteraemia. Of the 36 cases diagnosed, 11 were pre 48 hours (i.e. diagnosed within 48 hours of patient admission) and 25 were post 48 hours. The post 48 hour bacteraemias are assumed to have been acquired within GHNHSFT. Of the pre 48 hour bacteraemias, 5 were associated with GHNHSFT healthcare recently, 1 was associated with healthcare at another acute trust out of county, 0 were associated with GPCT healthcare and 5 had not accessed healthcare recently.

Summarising the causes of the bacteraemias within the county:

Bacteraemia principal cause	Pre 48 hours	Post 48 hours
Central line associated	2	8
Peripheral line associated	0	1
Urinary catheter	0	3
Surgical wound inc. prostheses	1	3
Other soft tissue infection	4	1
Pneumonia	4	1
Infective endocarditis	0	1
Contaminant	0	2
Not known/not entered	0	5
Totals	11	25

Actions to address these causes and prevent further occurrences include the NPSA cleanyourhands campaign within GHNHSFT and GPCT community hospitals, Saving Lives within GHNHSFT and Essential Steps within GPCT, infection control education, revised policies.

3.3 Results of mandatory reporting - GRE bacteraemia

There have been no community cases of GRE bacteraemia during 2007/8. There were 5 cases within the county, all diagnosed within GHNHSFT.

3.4 Trends in HCAI statistics

In addition to MRSA bacteraemias, the team report on all new cases of MRSA acquisition (colonisation or infection) at any site. During 2007/08 there were 58 new occurrences of MRSA among community hospital inpatients, and 196 among outpatients, mostly General Practice. For comparison, 894 cases were identified within GHNHSFT and 4 from the ²gether trust. Universal screening of elective and emergency admissions starting in April 2008 means that these figures are expected to change over the next year as more patients are detected as inpatients and decolonised. Over time this should lead to fewer patients being diagnosed in General Practice and eventually a reduction in the total burden of MRSA in the county.

Preliminary work towards the roll out of *Essential Steps* within PCT care services was undertaken during 2007/08 with an implementation date in the 2008/09 work year. This Department of Health tool kit will enable Care Services staff to monitor their ability to prevent healthcare associated infections and embed best practice in all applicable procedures, particularly relating to aseptic technique, urinary catheter care, care of enteral feeding tubes, isolation of inpatients with healthcare associated infections and care of peripheral intravenous lines. This is mirrored within GHNHSFT by the use of the *Saving Lives* tool kits

3.5 Outbreaks

HOSPITAL UNIT	WARD	ORGANISM	DATE REPORTED	START DATE	FINISH DATE	DURATION	PATIENTS AFFECTED	STAFF AFFECTED	BED DAYS LOST
Cirencester	Windrush	C. difficile	17/04/07	18/04/07	30/04/07	13 days	13	11	59
Stroud	Jubilee	C. difficile	30/04/07	30/04/07	11/05/07	12 days	6	0	21
Moreton	Dulverton	C. difficile + Norovirus	03/05/07	03/05/07	06/05/07	3 days	3	0	4
Stroud	Jubilee	C. difficile	25/05/07	24/05/07	08/06/07	16 days	19	4	51
Cirencester	Coln	C. difficile	03/07/07	01/07/07	19/07/07	19 days	14	0	12
Cirencester	Coln	C. difficile & Norovirus	10/10/07	09/10/07	16/10/07	6 days	6	7	45
Moore Cottage, Bourton	Erskine	Norovirus	15/10/07	13/10/07	20/10/07	8 days	7	5	47
Cirencester	Stratton	Norovirus	23/10/07	22/10/07	28/10/07	5 days	3	2	37
Cirencester	Coln	C. difficile & Norovirus	22/10/07	21/10/07	01/11/07	11 days	15	3	83
Cirencester	Beeches	Norovirus	24/10/07	23/10/07	27/10/07	3 days	3	3	52
Cirencester	Stratton	Norovirus	23/10/07	22/10/07	28/10/07	5 days	3	2	37
Tewkesbury	Avon	Norovirus	16/11/07	15/11/07	26/11/07	11 days	11	2	84
Winchcombe		Norovirus	20/11/07	20/11/07	26/11/07	7 days	3	1	7
Moreton	Thursby	Norovirus	24/11/07	24/11/07	04/12/07	10 days	11	4	10
Cirencester	Beeches	Norovirus	25/11/07	24/11/07	07/12/07	13 days	8	8	74
The Dilke	Forest Unit	Norovirus	26/11/07	24/11/07	06/12/07	12 days	14	3	47
Tewkesbury	Severn	Norovirus	28/11/07	28/11/07	05/12/07	7 days	7	3	37
Moore Cottage, Bourton	Erskine	Norovirus	30/11/07	30/11/07	03/12/07	3 days	1	0	3
Moreton in Marsh	Thursby & Dulverton	Norovirus	12/12/07	12/12/07	17/12/07	6 days	4	2	16
Stroud	Jubilee	Nil	23/12/07	20/12/07	31/12/07	9 days	12	15	22
Stroud	Cashes Green	Norovirus	28/12/07	27/12/07	07/01/08	11 days	9	5	6
The Dilke	Forest Unit	Norovirus	07/01/08	06/01/08	24/01/08	16 days	17	1	59
Stroud	Jubilee	Norovirus	25/03/08	21/03/08	31/03/08	11 days	14	8	18

Total bed days lost for this period: 878 for Gloucestershire community hospitals.

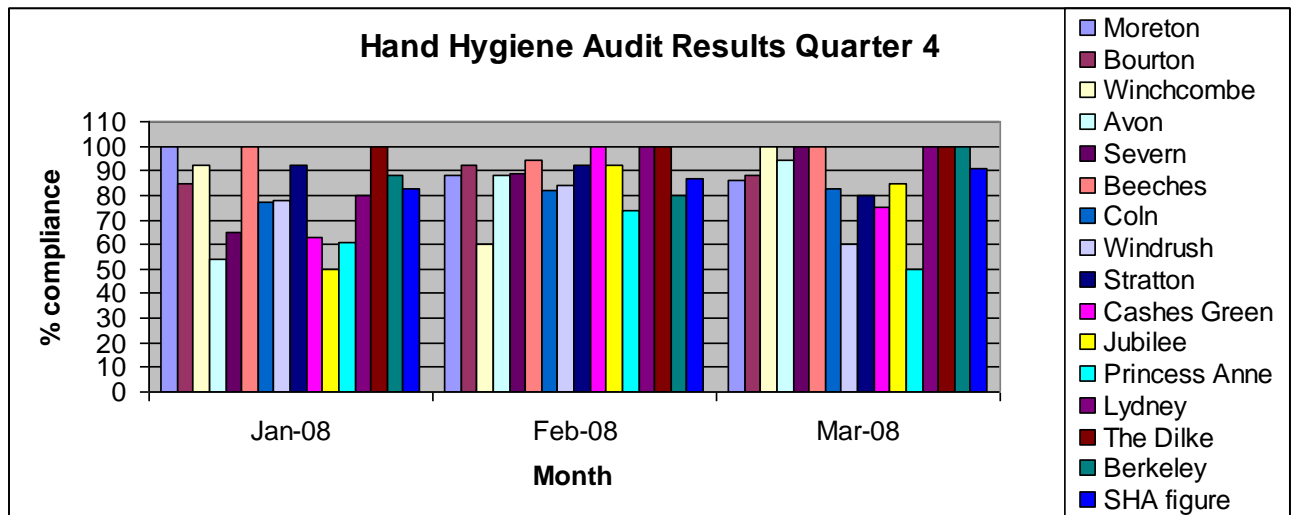
4 Hand hygiene

4.1 The 'cleanyourhands' campaign

The cleanyourhands campaign continues in community hospitals supplemented by local 'Stop' posters encouraging patients and visitors to decontaminate their hands on entry/exit to patient care areas. Year 3 of the campaign will be launched in the community hospitals during 2008. Hand hygiene audits which started in October 2007 continue to be conducted by the CIP&C Team with results fed back centrally to the SHA on a monthly basis. Results shown below demonstrate an improvement in hand hygiene compliance over recent months.

Average % compliance with hand hygiene audits in quarter 4 of 2007-08 for all wards

January 08	83%
February 08	87%
March 08	91%



The National Patient Safety Agency (NPSA) has provided the materials and guidance information enabling the Infection Prevention and Control Team to prepare GP's, health centres, Sexual Health Services etc. to launch the community clean **yourhands** campaign. This will result in the rest of the community being included in the campaign and will start at year 1 in September 2008. The campaign mirrors that of the acute trust which has already been rolled out in the PCT inpatient facilities.

5 Decontamination

5.1 Arrangements

Chris Boden is the PCT Decontamination lead and is supported in this role by the infection control team. The decontamination lead, the DIPC and one of the infection control nurses attend the countywide decontamination committee which has reported back to the CICC.

5.2 Decontamination Action plan 2007/8

The decontamination action plan is a working document. April 2007 was the deadline for compliance with decontamination standards set out in the Health Technical Memoranda (HTM), Health Building Notes (HBN) and reiterated in the Health Act 2006. Much work has been undertaken to move toward centralised decontamination of sterile instruments. It is expected that by the end of 2008, the remaining local autoclaves will have been removed, and that there will be fully compliant decontamination facilities across the PCT or a plan for building refurbishment to achieve compliance. The issue of local decontamination in dental practice has not yet been resolved at a national level.

5.3 Incidents and Enquiries relating to Decontamination

There have been no adverse incidents relating to decontamination during 2007/08. The countywide decontamination group continued to meet sharing learning across GPCT and GHNHSFT in 2007/2008. The infection control team continue to be a point of contact for specific decontamination advice.

6 Cleaning services

6.1 Management arrangements

The GPCT Hotel Services is headed by Anne Hannaford from the Care Services Directorate. The cleaning and catering services are managed centrally and in each locality a Hotel Services Manager is in post to manage the domestic services and catering at ward level. Head housekeepers or Team Leaders lead the cleaning teams in each site. Cleaning schedules are available to the public at all PCT facilities in line with the Healthcare Commission core standards and are available on the PCT website.

6.2 Monitoring arrangements

The Trust uses a computerised monitoring system which complies with the National Standards of Cleanliness and the NHS monitoring forms. It is the Managers within Care Services who have responsibility to ensure that all areas are monitored against National Standards on a monthly basis. Results are forwarded to Matrons or site managers. The data is collated centrally and the programme has the ability to produce quarterly or annual results for any particular area or type of area if the information is available. The Head Housekeepers instruct their teams in order to rectify any issues.

6.3 Budget allocation – hotel services

The original budgets were set following a review of the services. A management tool was used (similar to C4C which the NHS now endorses). Data was produced including measurement of areas, frequency of cleaning, floor type etc. and the hours for cleaning were calculated and budgeted for. The data has been updated as changes occur at the hospitals and the areas are staffed accordingly.

6.4 PEAT/Patient forum inspection results and user satisfaction measures

Each locality holds Patient Environment Action Groups on a two monthly basis. This is attended by Hotel Services Managers, Matron, Ward Managers, Infection Control Lead (for the hospital) and a patient representative.

The patient representatives are encouraged to carry out cleanliness audits, eat a meal with the patients, discuss the environment with patients and report back at the PEAG meeting. Results of PEAT scores are given in 8.2.

6.5. Cleaner hospitals (PEAT scores)

Peat Visits

The infection control team joined the PEAT visits to the community hospitals. The 2007 results show an improvement over previous years across the county. A new category for Privacy & Dignity was added this year 2008 and Cleanliness is now categorised as Environment.

Gloucestershire PCT Hospitals PEAT visit scores

Community Hospital	Year	Cleanliness/ Environment	Food	Privacy & Dignity
Berkeley Hospital	2008	EXCELLENT	EXCELLENT	EXCELLENT
	2007	EXCELLENT	EXCELLENT	
	2006	EXCELLENT	GOOD	
	2005	EXCELLENT	EXCELLENT	
	2004	ACCEPTABLE	GOOD	
Stroud General Hospital	2008	EXCELLENT	EXCELLENT	EXCELLENT
	2007	EXCELLENT	EXCELLENT	
	2006	GOOD	EXCELLENT	
	2005	EXCELLENT	EXCELLENT	
	2004	ACCEPTABLE	GOOD	
Cirencester Hospital	2008	GOOD	EXCELLENT	EXCELLENT
	2007	EXCELLENT	EXCELLENT	
	2006	EXCELLENT	EXCELLENT	
	2005	EXCELLENT	GOOD	
	2004	GOOD	ACCEPTABLE	
Moore Cottage Hospital	2008	EXCELLENT	EXCELLENT	EXCELLENT
	2007	EXCELLENT	EXCELLENT	
	2006	EXCELLENT	GOOD	
	2005	EXCELLENT	EXCELLENT	
	2004	GOOD	GOOD	
Moreton District Hospital	2008	GOOD	EXCELLENT	EXCELLENT
	2007	EXCELLENT	EXCELLENT	
	2006	GOOD	GOOD	
	2005	GOOD	GOOD	
	2004	GOOD	GOOD	
Fairford Hospital (inpatient beds closed 2006)	2006	(Beds closed)	(Beds closed)	
	2005	EXCELLENT	EXCELLENT	
	2004	ACCEPTABLE	GOOD	
Tewkesbury Hospital	2008	EXCELLENT	EXCELLENT	EXCELLENT
	2007	EXCELLENT	EXCELLENT	
	2006	ACCEPTABLE	GOOD	
	2005	ACCEPTABLE	EXCELLENT	
	2004	GOOD	POOR	
Winchcombe Hospital	2007	GOOD	GOOD	
	2006	ACCEPTABLE	EXCELLENT	
	2005	GOOD	EXCELLENT	
	2004	GOOD	GOOD	
Dilke Memorial Hospital	2008	EXCELLENT	EXCELLENT	EXCELLENT
	2007	EXCELLENT	EXCELLENT	
	2006	EXCELLENT	GOOD	
	2005	EXCELLENT	EXCELLENT	
	2004	EXCELLENT	GOOD	
Lydney & District Hospital	2008	EXCELLENT	EXCELLENT	EXCELLENT
	2007	EXCELLENT	EXCELLENT	
	2006	EXCELLENT	GOOD	
	2005	EXCELLENT	GOOD	
	2004	EXCELLENT	GOOD	

7 Audit

7.1 Extent of audit programme

The CIPCT have continued to undertake a rolling programme of infection control audit using the ICNA Audit tools for monitoring infection control guidelines within the community settings, September 2005, focusing on the environment and hand hygiene. In addition to auditing the community hospital and mental health sites, the team audited a selection of dental and general practice surgeries using the West Midlands ICNA audit tool (1985). The areas audited are given a percentile score, and a score of 75% is acceptable. The table below shows the number of audits undertaken in each area of the county and the mean average score for those areas:

7.2 Clinical Infection Control Audits

Region	Area audited	Number of audits	Average Score
Tewkesbury & Cheltenham	Hospital clinical areas	7	74%
	Health Centres/GP Surgeries	6	74%
	Dental surgeries	1	78%
Cotswolds	Hospital clinical areas	24	92%
	Health Centres/GP Surgeries	6	88%
	Dental surgeries	3	91%
Gloucester & Forest of Dean	Hospital clinical areas	11	85%
	Health Centres/GP surgeries	7	79%
	Dental surgeries.	1	83%
Tetbury Charitable Trust	Clinical areas.	5	89%

In addition the team are involved in a countywide podiatry services audit.

7.3 Common themes arising from audits

Listed below are some common themes that have arisen from the audits undertaken. Many issues are able to be addressed immediately by the local teams; where this is not possible or there is wider learning, matters are taken to the Community Infection Control Committee, Matron's Charter Group, and/or Risk Group.

- a) **Hospital clinical areas.** General condition of the care environment that requires remedial work, redecorating etc. High level dusting and a general review of cleaning schedules that has now been undertaken with cleaning schedules now available for visitors to clinical areas to access. Non compliant hand hygiene facilities. This issue resulted in a PCT wide audit of hand hygiene facilities with a representative from Estates involved and a plan of work/costing to update and install hand wash basins.
- b) **Health Centres / GP surgeries.** Waste issues. The availability of soft toys in waiting areas and consulting rooms. Soft furnishings. Carpet in clinical areas. Surgery cleaning issues. Sharps box labels not completed. Non-compliant hand washing facilities. No COSHH data sheets.
- c) **Dental surgeries.** Poor waste segregation. Inappropriate decontamination areas which often took place in the same room as treating patients. No disinfection policy. No hypochlorite for blood spillages. No liquid soap for hand hygiene. No clearly defined clean and dirty areas.

7.4 Audit focus for 2008/9

The themes for audits in the community hospitals for the coming year 2008/2009 will be Sharps and Waste management. The detailed tools to be used have been adapted from the ICNA Audit tool for monitoring infection control within community settings (September 2005). For GP surgeries and dental surgeries, next year's audits will be undertaken using the West Midlands tool as it encompasses all elements of infection prevention and control.

8 Training activities

8.1 Inductions and Mandatory updates for all staff

Groups of staff that have attended these sessions have included trained and untrained Nursing staff, District Nurses, Practice Nurses, Porters, Voluntary Workers, Clerical Staff, Hotel Services Staff, Podiatrists, Community and Acute Mental Health Staff, Physiotherapists, Doctors, Occupational Therapists, Radiographers, Theatre Staff, Podiatrists, Speech and Language Therapists. It should be noted that between July 2007 and March 2008 a 160% increase in the number of mandatory update sessions were provided.

The team continue to input into the curriculum and deliver sessions on community aspects of infection control on the course entitled 'Certificate of Professional Studies Principles of Infection Control' at the University of Gloucestershire. This course was set up in conjunction with the acute infection control team and the University. Over the last three years 18 PCT employees have completed this course.

A total of **87** sessions were delivered with 4 sessions cancelled due to the floods in July 2007. There was a total attendance of **1528** staff.

8.2 Study days.

The CIP&C Team provided a number of specific education days/sessions as follows:
Gloucestershire PCT sites:

- July 2007: Infection control half day study day for Podiatrists
- November 2007: Half day infection control presented to Dental Staff
- February 2008: Infection Control Focus Update Study Day

8.3 Continual Professional Development

- Natalie Matthews completed her Post Graduate Diploma in Infection control in June 2007.
- Sarah Hardy attended the IPS Conference at Brighton in September 2007.
- Sarah Hardy and Sam Lonnen attended a C. difficile workshop in Birmingham in November 2007.
- Sarah Hardy and Rebecca Walder attended the Infection Prevention Society Community Networking and Education Study day in Northampton in February 2008.
- A monthly Continuous Professional Development session has been running this year, attended by the whole team, reviewing articles from the Journal of Hospital Infection.