



Berkshire Healthcare
NHS Foundation Trust

Berkshire Healthcare NHS Foundation Trust

**INFECTION PREVENTION AND CONTROL ANNUAL REPORT
APRIL 2022 - MARCH 2023**

Formal Executive Meeting

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Executive Summary

The Annual Report for Infection and Prevention control (IPC) provides an overview of the infection prevention and control service and the status of healthcare associated infections (HCAI) for Berkshire Healthcare NHS Foundation Trust.

The Director of Nursing and Therapies is the Accountable Board Member responsible for infection prevention and control and undertakes the role of Director of Infection Prevention and Control. The IPC Team are responsible for providing an infection prevention and control service to support staff.

The Infection Prevention and Control Strategic Group undertake its functions in order to fulfil the requirements of the statutory Infection Prevention & Control Committee. It meets four times per year and reports into the Quality Executive Governance group.

All Trusts have a legal obligation to comply with 'The Health & Social Care Act (2008) - part 3 A Code of Practice for the Prevention and Control of Health Care Associated Infections (HCAI)' which was reviewed and updated in December 2022. The act clearly sets criteria to help NHS organisations plan and implement strategies to prevent and control HCAI.

The Infection Prevention and Control Programme articulates the organisation's development needs in relation to the Act; this report acknowledges progress in delivering this.

The Infection Prevention and Control Programme and overarching Infection Prevention and Control Strategy sets clear objectives for the organisation to achieve; this is supported by the IPC Team.

Much of the activity during this year has included the ongoing organisational response to the Covid - 19 pandemic and re-emergence of other infections including respiratory, multi-resistant organisms and notifiable infection/communicable disease such as Monkeypox. The IPCT supported both clinical and non-clinical teams and strategic workstreams, in addition to collaborating with key stakeholders in regional and national health economies in reduction of Healthcare Associated Infection.

The IPC Board assurance framework is a live document and is reviewed by a number of forums within the Trust and presented regularly to the Board.

Our plans and key priorities remain to support staff to deliver the highest infection prevention and control standards to prevent avoidable harm to patients from healthcare associated infection and maintain an outstanding CQC rating.

Debbie Fulton

Director of Nursing and Therapies / Director of Infection Prevention and Control (DIPC)

Introduction

This has been another extremely busy year for Berkshire Healthcare, with ongoing management of the Covid-19 pandemic, increased incidence of Influenza and other infections in addition to existing workstreams including reduction of gram-negative bacteraemia and other mandatory reportable infections. Planning and implementation of guidance for management of Monkeypox was undertaken with key services within the organisation providing testing and ongoing review of patients. All members of staff have worked hard to deliver IPC requirements, maintain an outstanding CQC rating plus ensuring patient safety and a positive patient experience. They have also worked to ensure staff safety; this has included the offer of Influenza and Covid 19 vaccination for all staff and advice on appropriate personal protection and other IPC precautions for the ongoing Covid-19 pandemic.

During 2022-23, there have been several guidance changes in a move to bring Covid 19 into standard management of infection guidelines. This includes a move away from nationally dictated guidance to local organisational risk assessment. Based on national and local infection incidence, changes have been made to mandated use of facemasks, visitor guidelines, patient screening and stepdown from isolation and management of staff with Covid-19.

During quarter 2, there was an increase in Covid-19 cases in the inpatient units and regional acute organisations. The Covid 19 Steering Group was reinstated and stepped down again when cases and operational issues decreased.

During quarter 3, in addition to Covid-19 cases an increase was seen in other infections such as Influenza, Norovirus and RSV. Inpatient wards experienced dual infection outbreaks.

IPC resources and training have been updated to move away from Covid -19 specific guidance to management of covid incorporated with standard and transmission-based precautions and risk assessment. Alignment with the National IPC manual is incorporated into the IPC programme and workstreams.

Berkshire Healthcare has continued to incorporate antimicrobial stewardship into its work plans to address the increasing emergence of resistant organisms. This work has been built upon and developed further this year in order to start to address the burden of these organisms both locally and nationally. This has included Berkshire Healthcare working collaboratively with Frimley Health Care System (FHCS) and the Berkshire, Oxfordshire and Buckinghamshire (BOB) Integrated Care System (ICS) in order to deliver a health-economy wide reduction in the incidence of Gram-negative bacteraemia infection.

The Health and Social Care Act 2008 (updated 2022) sets a duty to ensure that systems to prevent healthcare associated infections and compliance with policies are embedded in practice and a corporate responsibility. The updated Board Assurance Framework highlights areas for compliance. Berkshire Healthcare is responsible for the prevention and control of infection within all its services in order to minimise the risk of healthcare associated infections to patients, staff and visitors.

This report highlights the achievements, the work undertaken, and the progress made in 2022-23 by Berkshire Healthcare in relation to infection prevention and control. The infection prevention and control programme for 2023-24 outlines the priorities and objectives for the coming year.

Infection Prevention and Control Arrangements and Budget Allocation

Berkshire Healthcare provides a range of community and mental health services across Berkshire including inpatient beds on the Upton, St Mark's, Wokingham, Prospect Park and West Berkshire Community Hospital sites.

The team currently consists of:

Diana Thackray	1 WTE	Head of Infection Prevention & Control
Smitha Anil	1 WTE	Infection Prevention & Control Specialist Nurse
Jennifer Ajnesjo	1 WTE	Infection Prevention & Control Nurse
Virginia Williams	1 WTE	Infection Prevention & Control Nurse
Ruksana Coser	0.6 WTE	Infection Prevention & Control Administrator

Support is also provided by a Consultant Microbiologists providing day to day clinical advice in relation to results and a Consultant Microbiologist based at Frimley Health providing strategic support, through attendance at the IPCSG and antimicrobial stewardship group meetings, ad-hoc clinical advice and signing-off relevant PGDs.

The role of Director of Infection Prevention & Control (DIPC) is undertaken by the Director of Nursing & Therapies who has board level responsibility for infection prevention & control.

Risk Management/Clinical Governance

The infection prevention and control governance arrangements are available on Nexus. [Infection prevention and control | Nexus \(berkshirehealthcare.nhs.uk\)](#) These arrangements are essential in working to resolve issues identified and ensure compliance with the Health & Social Care Act (2008) and other risk management legislation.

The Health & Social Care Act 2008/Care Quality Commission Compliance -

Berkshire Healthcare has continued to maintain unconditional registration with the Care Quality Commission for infection prevention & control and other registration requirements across the organisation the overall rating from Care Quality commission remains outstanding.

The Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance, was updated in December 2022. This guidance was updated to reflect the structural changes that took effect in the NHS from 1 July 2022 and the role of IPC (including cleanliness) in optimising antimicrobial use and reducing antimicrobial resistance.

The Covid 19 Board Assurance Framework was updated in March 2023 and replaced with a national Infection Prevention and Control Board Assurance Framework.

A gap analysis has been undertaken and ongoing workstreams form part of the 2023-24 IPC annual programme.

Infection Prevention & Control Strategic Group (IPCSG)

This Group has been chaired by the Deputy Director of Nursing, as delegated by the Director of Nursing and Therapies / DIPC and meets quarterly. The aim of the group has been to ensure that robust systems are in place for managing infection prevention and control across Berkshire Healthcare and ensure compliance with the Health and Social Care Act (2008). The Group provides assurance on infection prevention and control programmes, Board Assurance Framework, decontamination and other related issues to the Safety, Experience & Clinical Effectiveness Group.

Infection Prevention & Control Working Group (IPCWG)

This group continues to act as the operational forum to facilitate the implementation, maintenance and review of effective systems and behaviours to support the prevention and control of infection and ensure compliance with the Health and Social Care Act 2008 and Board Assurance Framework. This

is achieved through the completion of work programmes and delivery of the Infection Prevention & Control Strategy. The Infection Prevention Control Working Group (IPCWG), reports to the Infection Prevention and Control Strategic Group.

Infection Prevention & Control Strategy 2022-2025

The strategy outlines the vision for infection prevention and control practice and identifies objectives for services that are linked to the Berkshire Healthcare True North goals and IPC plan on a page. The IPCT have reviewed and updated the strategy in 2022, in conjunction with the IPC Working Group and IPC link practitioners and continue to work with services in implementing the Strategy.

The Infection Prevention and Control Programme

The infection prevention and control programme for 2022-23 has been completed.

Appendix 1 describes the Infection Prevention and Control Programme planned for the year 2023-24.

Surveillance

There is a national mandatory requirement for trusts to report all cases of *Clostridioides difficile* infection (CDI), Methicillin Resistant *Staphylococcus aureus* (MRSA), Methicillin Sensitive *Staphylococcus aureus* (MSSA), Gram negative (including *Escherichia coli*, *Pseudomonas* and *Klebsiella* species) and Glycopeptide Resistant Enterococci (GRE) bacteraemia to United Kingdom Health Security Agency (UKHSA) These are reported by Berkshire & Surrey Pathology Services as part of the pathology contract.

In 2017-18 NHS improvement launched resources to support the reduction of Gram-negative blood stream infections by 50% by 2021. This was later revised to achieve a 25% reduction by 2021–2022 with the full 50% by 2023-2024. There is a specific focus on reducing healthcare associated *E. coli* bloodstream infections because they represent 55% of all Gram-negative BSIs.

Gram negative bacteraemia reduction is included as a key element in Berkshire Healthcare objectives. For 2022-23, an overall reduction in GNB is noted for Berkshire Healthcare inpatient wards.

A focus on a healthcare economy approach with the aim to reduce healthcare associated Gram-negative bloodstream (GNB) infections continue. Collaborative meetings during 2022-23 continued with both Frimley Health ICS and BOB ICS.

Further information including surveillance data for 2022 - 23 can be found in appendix 2.

***Clostridioides difficile* (formerly *Clostridium difficile*)**

Since 2014-15, organisations have been required to assess each CDI case to determine whether the case was linked with a lapse in the quality of care provided to patients in order to increase understanding of the quality of the care and highlight areas where care could be improved. The Coordinating Commissioner under each commissioning contract considers the results of assessments. Where CDI cases are not linked with identifiable lapses in care, the cases are not considered when contractual sanctions are calculated.

Cases reported to the healthcare associated infection data capture system are assigned as follows:

- Hospital-onset, healthcare associated (HOHA) - Date of onset is ≥ 3 days after admission (where day of admission is day 1)
- Community-onset healthcare-associated (COHA) - Date of onset is ≤ 2 days after admission and the patient was admitted to the trust in the 28 days prior to the current episode days (where day 1 is date of discharge)
- Community-onset, community associated (COCA) - Date of onset is ≤ 2 days after admission

and the patient had not been admitted to the trust in the previous 28 days prior to the current episode.

- Community-onset, indeterminate association (COIA) - Date of onset is ≤ 2 days after admission and the patient was admitted in the previous 84 days, but not the previous 28 days (where day 1 is date of discharge) prior to the current episode

Acute provider objectives were set using these two categories:

- hospital onset healthcare associated: cases that are detected in the hospital three or more days after admission
- community onset healthcare associated: cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the trust reporting the case in the previous four weeks.

The Trust has continued to have separate trajectories applied in the East and West for *Clostridioides difficile* for the year 2022-23. Thresholds are based on a reduction calculation based on previous annual data. Cases of *C. difficile* identified from Berkshire Healthcare inpatient units have decreased from 12 (3 lapse in care) in 2021-22 to 7 (2 lapse in care) in 2022-23 and remained within allocated thresholds.

Seven rapid reviews were undertaken for patients identified to have *C. difficile* identified following transfer from Berkshire Healthcare inpatient wards to the Acute Trust. Input into Community and Acute Trust PIR's were also provided.

Thresholds for 2023-24 are not yet released nationally. The focus will remain for the ICS to work together to share learning and reduce numbers of *Clostridioides difficile* cases.

The separate East/West targets will continue due to there being two separate STPs / accountable care systems.

Meticillin Resistant *Staphylococcus aureus* (MRSA)

Guidance on the reporting and monitoring arrangements and post infection review process for MRSA bloodstream infections was last updated in 2016. This guidance supports commissioners and providers of care to deliver zero tolerance on MRSA bloodstream infections.

The trust trajectory for 2022-23 was no cases of MRSA bacteraemia within the inpatient units, in line with the national target of 'zero tolerance' for MRSA bacteraemia and will remain the same for 2023-24.

No cases of MRSA bacteraemia were identified from an inpatient (one case reported in 2021-22). Input was provided for one community patient was identified to have had recent care provision from Berkshire Healthcare.

Meticillin Sensitive *Staphylococcus aureus* (MSSA)

Two cases of MSSA bacteraemia were identified from patients who were on inpatient units or at time of transfer to an acute trust. This is the same number as identified 2021-22.

Gram negative Bacteraemia

During 2021-22, 14 cases of Gram-negative bacteraemia (GNB) were identified in patients who were inpatients or where identified within 48 hours of transfer to an acute organisation.

For 2022-23, 4 post infection reviews were undertaken for *E. coli* cases identified in inpatient units and 9 reviews were undertaken following *E. coli* bacteraemia and *Pseudomonas* identified following transfer to other organisations.

An overall reduction in GNB is noted for Berkshire Healthcare inpatient wards.

A post infection review (PIR) was undertaken for all cases. A summary is included in Appendix 2.

Glycopeptide Resistant Enterococci (GRE)

No cases of GRE were identified. (One case reported in 2021-22)

Carbapenemase - Producing Organisms (CPO)

These organisms are typically bacteria that live in the gut of humans and animals and include Enterobacteriaceae, *E. coli*, Enterococci etc. These organisms are common causes of opportunistic urinary tract infections, intra-abdominal and bloodstream infections. Carbapenems are antibiotics normally reserved for serious infections caused by drug-resistant Gram-negative bacteria. Carbapenemases are enzymes that destroy carbapenem antibiotics, conferring resistance. They are created by a small but growing number of organisms. No cases were identified on inpatient units during 2022-23. Patient contacts identified from Acute organisations following transfer to Berkshire Healthcare inpatient wards were managed.

Covid-19

The IPCT continue to have had significant involvement in the organisational response to the Covid-19 pandemic supporting clinical and non-clinical teams and strategic workstreams. Work has included producing and updating guidance and operational procedures as well as providing support to teams, marcomms and EFM services alongside linking with regional and national groups and webinars. Daily sit reps have been submitted in line with national guidelines.

Management of Covid -19 is incorporated in Infection Prevention and Control (IPC) guidance which supports management and prevention of infections based on standard and transmission-based precautions.

Education, resources and other initiatives have been implemented and continue to be monitored and updated:

- Patient pathways are in place for placement of patients with respiratory infection. This includes advice on management of isolation, cohorting and stepdown of isolation. Guidance on screening, in line with national guidance, is in place. National guidelines and updates are reviewed and implemented.
- Guidance for community and outpatient settings.
- Resources for staff are available on the trust COVID intranet page and are disseminated to clinical teams and via newsletters. Resources are regularly reviewed and updated. Links to information include:
 - Guidance for staff if symptomatic, positive or a contact of a confirmed case
 - Staying safe at work
 - Staff risk assessments in place for all staff
 - Staff wellbeing programme and support
 - PPE videos for donning and doffing
 - Staff vaccination campaigns
 - Review and overview of stock levels and supply of Personal Protective Equipment (PPE) is undertaken by the Deputy Director of Nursing and by the Estates and Facilities Management team.
 - All-staff briefings. This is a live broadcast which is also published on Teams and includes a live question and answer aspect to support practical application of guidance.
 - Service visits are carried out by the IPC team, Director of Nursing, clinical directors, and divisional managers to support implementation of guidance.
 - Visiting guidelines have been updated.
 - Guidance on the use of face masks is available and updated based on national guidance and surveillance of increase in cases locally.

The Trust is monitoring these measures in several ways:

Trust Wide assessment. At an organisational level, the Trust has completed and updated a Trust-wide Infection Prevention and Control Board Assurance Framework (BAF). This framework has been produced and is regularly updated by NHS England to support all healthcare providers to effectively self-assess their compliance with United Kingdom Health Security Agency (UKHSA) and other infection prevention and control guidance and to identify risks leading to improvement. It is a live document and is reviewed by the trust Board and several forums within the Trust. Risk assessments support review and application of Hierarchy of Controls.

Scoping for the implementation of the national IPC manual (England) has been undertaken and forms part of the IPC annual programme. Mandatory IPC training and resources have been updated and aligned with the manual. As part of our policy review programme, IPC policies will be replaced with the IPC manual where appropriate, with local supporting guidance as required. Once this has been completed, most policies will be linked to the IPC manual as a stand-alone document. The web-based manual is available on our Nexus IPC and policy pages.

Service-level assessment. To help individual services meet the required guidelines, we have developed service specific risk assessments and Infection Prevention and Control COVID-19 compliance tools. These tools are completed on every ward and service, with the frequency of completion increased during outbreaks and in areas of high incidence. The tools cover the areas of hand hygiene, environmental decontamination, decontamination of patient equipment and Personal Protective Equipment (PPE). Action plans are completed and implemented based on the outcome of these assessments which are reviewed by service leads and clinical directors. Learning is shared from incidents and services use handovers and team meetings to update.

Individual Staff PPE Competence Tools are completed for every member of staff that is required to wear PPE. The results of these are held at service level and ensure that all staff can wear PPE correctly to reduce the risk of infection. Staff are undertaking individual sign-off within services.

Cases within the inpatient units are reviewed daily in order to support isolation and cohort management. Patient data is analysed to determine any cross transmission or outbreak situations. Transmission of two or more cases where identified on inpatient units is been reported internally and to UKHSA.

Outbreak Reports

An outbreak is defined as two or more symptomatic cases where an infectious cause is suspected, linked in time and space, without laboratory confirmation.

Four outbreaks of Norovirus were reported from inpatient areas within Berkshire Healthcare during 2022-23. One RSV and Three Influenza A outbreaks were reported, some of which were dual infection on the same ward at the same time.

Following the national case definitions, alongside review at outbreak meetings, 72-hour reports and duty of candour was undertaken for all probable and definite healthcare Covid-19 cases.

Further details of outbreaks are provided in appendix 2.

Shared Learning

When a patient develops a significant infection or an IPC related incident is detected, a level of investigation appropriate to the situation is undertaken. For mandatory reportable infections, a post infection review report is produced. These documents identify risk factors, likely causes for the infection, themes and other learning which may not be a cause of the infection but have been identified as an area for improvement as part of the investigation process. In addition to the IPC monthly report, a quarterly summary of lessons learned, and necessary actions are disseminated across the organisation in order to prevent re-occurrence.

The annual IPC programme reviews processes and procedures aimed at maintaining a safe environment for staff and patients are being adhered to and to identify potential themes. Any learning from audit findings are shared in a number of ways such as monthly reports and newsletters.

Emergency Planning

The IPCT have continued to be involved in activities related to emergency planning. These include:

- Review and updating of the IPC service's Business Continuity Plan
- Preparation and implementation of the pandemic plans as the Covid-19 situation continues to evolve.

Staff Vaccination Campaigns:

Influenza and Covid-19 vaccination

Berkshire Healthcare was chosen as one of the national pilot sites to begin the Covid vaccination campaign for Health and Social Care staff. The campaign launched on 15th December 2020 and has continued during 2022-23.

The campaign was delivered at Wokingham Hospital using a model of peer vaccinators and nurses

from the school immunisation team. Pfizer was a very fragile vaccine and was delivered in a frozen state. It was defrosted on site and then due to its fragility could not be moved to alternative sites, therefore, the majority of the programme was delivered exclusively at Wokingham Hospital until Astra Zeneca was available and as with the flu vaccination programme, was delivered through timed appointments.

One hundred per cent of staff were offered the Influenza vaccine and Covid-19 booster and a number of promotional campaigns were undertaken to reach out to the harder to reach staff using peer vaccinators.

Influenza vaccination	CYPF	Corporate	MH East	MH West	MH inpatients	CHS East	CHS West	Other health services
Overall Actual Percentage	56.29%	54%	32.81%	42.37%	39.63%	43.3%	44.74%	52.38%

COVID-19 Booster	CYPF	Corporate	MH East	MH West	MH inpatients	CHS East	CHS West	Other health services
Overall Actual Percentage	52.49%	51.81%	32.28%	40.87%	25.7%	38.24%	41.12%	50.79%

Hand Hygiene

Hand Hygiene is monitored through the monthly Hand Hygiene Observations for all inpatient units and quarterly in other departments. Non-compliance is dealt with locally at time of data collection through the production of action plans and on-going observational monitoring. Data is included in the monthly reports and discussed / reviewed at Locality Patient Safety and Quality Meetings, the Infection Prevention & Control Working Group and the Infection Prevention & Control Strategic Group.

Monitoring Activity

The 2022-23 monitoring programme was completed.

The following monitoring was undertaken in 2022-23:

- Hand hygiene observational check inpatients (monthly)
- Hand hygiene observational check community services (quarterly)
- Dental (Personal Protective Equipment monitoring)
- Static Mattresses and cushions monitoring
- Standard precautions (PPE) monitoring
- Linen handling and disposal monitoring
- Urinary Catheter Point Prevalence
- Transfer forms monitoring
- Patient Equipment monitoring
- IV therapy Point Prevalence
- Isolation facilities monitoring
- Sharps management monitoring

Non-compliance is dealt with locally at time of data collection through the production of action plans which are monitored at local level. Services are requested to confirm to the IPCT that they are taking

any actions identified forward. If confirmation is not provided within a specified time frame, this is escalated to the Locality Clinical Directors. Reports are discussed / reviewed at Locality Patient Safety and Quality Meetings, the Infection Prevention & Control Working Group and the Infection Prevention & Control Strategic Group. Further details are available on request to the IPCT.

In addition to the monitoring work described above the team aim to visit the inpatient units monthly to spot check against key issues such as cleanliness and compliance with infection prevention and control practices. The IPC compliance tools were updated and continued for services to assess compliance with PPE and other IPC principles. The tools and action plans are reviewed by service and Clinical Directors.

Educational and Promotion Activities

Infection prevention and control mandatory training requirements are outlined within the statutory, mandatory and essential training framework. Infection prevention and control training is included within the Berkshire Healthcare induction and general mandatory update programmes, including the SMART week for Mental Health Inpatient Units.

During 2022– 23, IPC training was revised to reflect updates to national guidance. In addition the annual IPC promotion programme was completed. This included targeted educational campaigns across the trust covering a number of prevention initiatives.

The IPCT has provided input into the national IPC education framework workstream. The framework was published March 2023 and work is in progress to incorporate requirements into IPC mandatory training provision during 2023-24.

End of year training figures:

At the end of March 2023, the organisation compliance with infection control mandatory training stood at 89% against a target of 85%.

Infection, prevention and control training continues to be monitored at board level and bespoke targeted training provided for areas under the 85% target.

IPC Link Practitioner Programme

The IPC Link Practitioner Group has continued, and membership expanded during 2022-23., Members are provided with an education programme including a full day study event led by the Infection Prevention and Control Team.

Antimicrobial Stewardship (AMS)

The Antimicrobial Stewardship Group (AMSG) is a sub-committee of the Drug & Therapeutics Committee and is responsible for delivering the Berkshire Healthcare AMS agenda. The AMSG meets quarterly and is chaired by the Medical Director for the Out of Hours Service (WestCall).

Infection Prevention and Control Policies

In January 2019 HM Government published the 20-year vision for tackling anti-microbial resistance (AMR), which is supported by the 5-year antimicrobial action plan. This sets out actions to be addressed nationally.

IPC policies have continued to be reviewed in line with the organisational policy review programme in alignment with the IPC national manual (England).

The Infection Prevention and Control Team also provide specialist infection control input to other clinical and environmental policies as required.

Decontamination

The contract for processing of podiatry and sexual health instruments remains with Synergy Health (trading as Steris Instrument Management Services) following a re- tender process during 2022-23.

The dental service continues to undertake decontamination in house. Dental staff continue to ensure safe practice within their clinics through agreed procedures.

The contract for specialist seating in the Wheelchair Service remains with Millbrook.

Service Level Agreements (SLA)

The Service Level Agreement with Frimley Health for the provision of professional advice and direction by the Consultant microbiologist continues to be included in the overarching pathology contract to cover the main functions required by Berkshire Healthcare. These functions include, but are not limited to, infection control doctor support, and support for antimicrobial stewardship.

The SLA with Sue Ryder has continued relating to IPC provision to the Duchess of Kent Hospice in Reading.

Committee/Group Membership

Infection Prevention & Control Strategic Group

Infection Prevention & Control Working Group

Operational Facilities Review Group (Non PFI sites)

ISS Liaison Meetings, Prospect Park Site

PLACE Meetings (WBCH site)

Infection Prevention & Control Link Practitioner Group

Policy Scrutiny Group

Waste Working Group

Water Safety Group

Berkshire West Health Economy HCAI meeting

Berkshire Healthcare Antimicrobial Stewardship Group

Berkshire Healthcare Medical Devices meeting

Frimley Health & Social Care System Infection Prevention & Control Group

Reduction of HCAI (BOB and Frimley ICB)

Other Activities

The IPCT have also been involved in:

- Providing advice on building projects and reconfiguration of services

Appendix 1 Infection Prevention and Control Annual Programme 2023-24

criteria	What a service provider will need to demonstrate	Action required	Responsibility	Progress	Deadline for completion
1	Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that their environment and other users may pose to them	a registered provider has an agreement within the organisation that outlines its collective. The registered provider has arrangements in place to minimise the risks of infection; there is a clear governance structure and accountability that identifies a lead for IPC (including cleanliness) accountable directly to the registered provider	CEO	In place	April 2015 and on-going
		IPC Governance structure	DIPC	To be updated	
		Development of Annual IPC programme and monitoring programmes that are approved by the Trust Board	DIPC	Programmes in place approved at April 2023 IPCSG	March 2024
		Review of all existing policies to align to IPC National Manual (England) and production of new policies as required ensuring in date. (See criterion 9)	HIPC	Policy schedule	In line with policy programme Mar 2024
		Compliance with policies to be monitored through the infection prevention and control monitoring programme and IPC compliance tools reviewed by services.	HIPC	In place	Mar 2024 with progress quarterly at IPCSG
		Designation of a lead for cleaning and decontamination	CEO		April 2015 and on-going
		A water safety group and a water safety plan are in place	DIPC/Estates and facilities		April 2016 and on-going

criteria	What a service provider will need to demonstrate	Action required	Responsibility	Progress	Deadline for completion
		A ventilation/air safety group and a ventilation plan is in place,	DIPC/Estates and facilities	Discussed at H&S meeting agenda	March 2023 and ongoing
		Production of a DIPC Infection control annual report for the Board which is released publicly.	DIPC	In progress	
		Quarterly IPC reports presented to the Board	Director of Nursing	Quarterly	Jun 2022 Sep 2022 Dec 2022 Mar 2023
		Production of monthly reports	HIPC	Reporting schedule in place	Monthly
		Temporary and contract staff have infection control included in local induction or commencing first/single shift within the trust.	All Services		Apr 15 and on-going
		Monitoring of external contracts for linen, decontamination	Director of Estates & Facilities		March 2024
		Production of surveillance data to be presented to the Board	HIPC	Reporting schedule in place	Jun 2023 Sep 2023 Dec 2023 Mar 2024

criteria	What a service provider will need to demonstrate	Action required	Responsibility	Progress	Deadline for completion
		Work collaboratively with the ICS/ICB and local healthcare providers including attendance at Local Health Economy meetings	HIPC	Attendance at: BW HCAI meeting East CCG IPC & GNB meetings NHSE SE IPC Network IPC ICS meetings (BOB & FH)	March 2017 and On-going
		Shared learning from infection control incidents and root cause analysis to be disseminated to relevant services within Berkshire Healthcare	HIPC	Reporting schedule in place	July 2023 Oct 2023 Jan 2023 Apr 2024
		Review of IPC incident review to align with PSIRF	HIPC	In progress	March 2024
		Review of new national initiatives prior to adoption by the trust	HIPC	On-going	When released
		Involvement in Public Health Emergency Planning or Response (including Pandemic meetings)	HIPC/DIPC	On-going and part of Covid-19 pandemic Board Assurance Framework Clinical Director meeting	As need arises
		IPC responsibilities for IPC Board Assurance Framework	HIPC	Review at IPCWG & IPCSG	March 2024

criteria	What a service provider will need to demonstrate	Action required	Responsibility	Progress	Deadline for completion
		Support clinical areas to undertake a local dynamic risk assessment based on the hierarchy of controls to prevent/reduce or control infection transmission and provide mitigations	HIPC	Ongoing	
		Update to IPC page on Nexus	HIPC	Ongoing	March 2024
		Process for awareness of patient vaccination status	HIPC/DIPC		March 2024
		Development of IPC dashboard to include: Surveillance data Outbreaks Cleanliness scores (PLACE, EFM, Board/patient walk arounds) Review of trends AMR Audit/monitoring	HIPC	In progress	March 2024
2	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infection	IPCT are consulted when external or internal contracts are being prepared.	Director of Estates & Facilities		When contracts arise
		IPC is considered when expanding clinical services outside the boundaries of Berkshire	Director of Strategy		March 2022 and ongoing

criteria	What a service provider will need to demonstrate	Action required	Responsibility	Progress	Deadline for completion
		IPCT included in plans for service redevelopment/redesign/reconfiguration	Director of Estates & Facilities		When re-development arise
		Dental Staff are trained in cleaning and decontamination processes and hold appropriate competences for their role.	Heads of Service	Dental staff due 3 yearly update of training (May 2024)	May 2024
		Decontamination of reusable medical devices takes place in appropriate facilities designed to minimise the risks that are present. Implementation of best practice requirements as set out in HTM 01-05 when date for implementation is issued.	Head of Service, Dental		Mar 2024 or subject to date being issued
		IPC monthly spot checks inpatient units	IPCT	IPC compliance checklist undertaken by service and reported to Clinical Director IPC compliance tool review included in IPC annual monitoring programme.	Mar 18 and On-going
		Monitoring of cleaning standards by service leads	Service leads	IPC compliance checklists and action plans	March 2024

criteria	What a service provider will need to demonstrate	Action required	Responsibility	Progress	Deadline for completion
		Focussed promotion campaign for management of patient equipment in 2023-24 programme	HIPC	In progress	March 2024
		Monitoring of Implementation of NSoHC	Director of Estates & Facilities	EFM Procedure for Cleanliness Audits	March 2024
3	Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance	Antimicrobial Stewardship Group programme of work that encompasses the requirements of Criterion 3 of the H&SC Act (2008) in order to demonstrate compliance. The programme to be monitored by the AMS Group and progress reported to the IPCSG quarterly	Chief Pharmacist / AMMSG		March 2024
		Review of requirement and provision for antimicrobial stewardship training for designated staff groups – (all health and care workers involved in prescribing, dispensing and administration of antimicrobials receive induction and appropriate training).	Chief Pharmacist / AMMSG	Review of AMS training and requirements for designated staff groups	March 2024
		Process for review of trends and peer comparison of broad-spectrum and total antimicrobial prescribing, use of intravenous route of administration, treatment course length and audits of	Chief Pharmacist / AMMSG	Agree process for peer comparison	March 2024

criteria	What a service provider will need to demonstrate	Action required	Responsibility	Progress	Deadline for completion
		adherence to local/national guidelines for the management of common infections			
		Agreed process and plan for review of Microguide	Chief Pharmacist / AMSG	In progress	March 2024
		Regular monitoring of prescribing standards antimicrobial prescribing guidance and compliance with hospital post-prescribing review at 48 to 72 hours should be monitored and audited on a regular basis	Chief Pharmacist / AMSG		March 2024
		Development of local antimicrobial stewardship policy	Chief Pharmacist / AMSG		March 2024
4	Provide suitable accurate information on infections to service users and their visitors and any person concerned with providing further support or nursing/medical care in a timely fashion	Maintenance of IPC information available on both the intranet and internet for the general public. Review of IPC public, patient & staff resources Align with IPC National Manual (England)	Head of Communication	Review by IPCT & Health-watch Leads Uploaded to Nexus and public website	March 18 and on-going
		Service users and staff to raise concern and receive feedback	HIPC	Liaise with PALS/ Patient feedback/ experience	March 2024

criteria	What a service provider will need to demonstrate	Action required	Responsibility	Progress	Deadline for completion
5	Ensure prompt identification of people who have or who 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	Prompt identification of alert organisms via available surveillance systems and liaison with clinical teams. Flagging of Infection risks (when known) on Rio	IPCT	Via ICNet Weekly reports east and west Monthly report east Datix reporting of deteriorating patient Daily Covid reports received from Laboratory	Apr 15 and on-going
		IPC Care pathways to be available on RiO	HIPCs & RiO transformation Team		Mar 2024
		Ongoing review of PIR process for mandatory reportable infections and outbreak processes to enhance service engagement	HIPC		Mar 2024
		Dissemination and sharing of learning from outbreaks, incidents and investigations	Locality Clinical Directors		on-going
		Delivery of Berkshire Healthcare GNB action plan	HIPC	Berkshire healthcare GNB reduction plan in place	March 2024
		Health economy and organisational collaboration for the prevention of health care associated Gram negative BSIs	HIPC	East & West CCG action plans incorporating 'Every Action Counts'	March 2024

criteria	What a service provider will need to demonstrate	Action required	Responsibility	Progress	Deadline for completion
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	<p>Development of focussed infection prevention promotion campaign aligning national programmes and local experience</p> <p>Including:</p> <ul style="list-style-type: none"> • Glove reduction • Hydration • Mouthcare • Patient equipment cleaning • ANTT • Catheter care <p>National IPC campaign programme</p>	HIPC	Promotion programme in place	March 2024
		Monitoring undertaken as per the IPC monitoring programme and reported to the IPCSG via IPCWG.	HIPC	On-going	March 2024
		Local action plans developed following monitoring, disseminated by ward / team leaders and documented in minutes of team meetings	Ward / dept managers		Within 1 month of receiving the monitoring report / feedback
		Immediate action to be taken to correct deficiencies following feedback from ward spot checks	Ward / dept managers		Within 2 days of feedback

criteria	What a service provider will need to demonstrate	Action required	Responsibility	Progress	Deadline for completion
		Continued involvement and attendance at NHSE SE IPC Network in order to facilitate collaborative working	IPCT		March 2020 and on-going
		Co-ordination of IPC link practitioner programme to include annual IPC study event.	IPCSN/ IPCT	Ongoing	March 2024
		Process for assessing the IPC (including cleanliness) skills and competencies of its directly employed staff and volunteers	Ward / dept managers	PPE competency checklist	March 2024
		Take into account needs of staff and service users and particularly those with learning disabilities, dementia, specific vulnerabilities or protected characteristics to ensure working arrangements are equitable.	Ward / dept managers		March 2024
		Review of IPC and cleanliness element of Job descriptions	HIPC/HR		October 2024
7	Provide or secure adequate isolation facilities	Inpatient isolation monitoring to be performed as per the monitoring programme.	HIPC		March 2024
		Review of isolation arrangements in non-inpatient areas (clinics, outpatients etc)	HIPC	Included in annual monitoring programme	March 2024
8	Secure adequate access to laboratory support as appropriate	Contracting arrangement with BSPS for West and East services	Head of Contracting	Microbiology contract in place	March 16 and On-going

criteria	What a service provider will need to demonstrate	Action required	Responsibility	Progress	Deadline for completion
		Monitoring of laboratory and microbiologist contract	Head of Contracting		March 2019 and on-going
9	Have and adhere to policies, designed for the individuals care and provider organisations, that will help to prevent and control infections	Existing policies reviewed as per 2 yearly programme or when required if sooner	HIPC	Policy review schedule in place	Apr 2015 and on-going
		Adoption of the NHSE IPC manual into policies as required by 2024 and action from AMR 5-year strategy	HIPC	Implementation in progress	Mar 2024
10	Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection	Programme of education for staff.	HIPC	In place	Mar 2017 and on-going
		Review content of face-to-face training and assessment tools	HIPC	Link in with National training programme	March 2024
		Evaluation of training content and delivery Q2	IPCT		October 2023
		All staff attend training as per the requirements of the Statutory, Mandatory & Essential Training Framework.	Locality Directors		April 2015 and on going
		Provision of IPC/Clinical support to OH contract	HIPC		March 2022 and on-going
		Occupational Health Contractor provide assurance that they have an up to date	Director of People	Audit of records to be undertaken	Mar 19 and on-going

criteria	What a service provider will need to demonstrate	Action required	Responsibility	Progress	Deadline for completion
		record of relevant immunisations of all staff			
		Occupational Health Contractor to provide assurance that staff vaccinations are up to date	Director of People	Audit of records to be undertaken and gaps to be filled	Mar 19 and on-going
		Monitoring of process for the assessment and provision of staff prophylaxis when required	HIPC/DDN		March 2024
		Provision of flu and Covid 19 vaccination for all trust staff	DDN		December 2024
		Programme for fit testing including retesting and recording on ESR	Director of Estates and Facilities		Ongoing

Glossary of abbreviation:

CEO	Chief Executive Officer
DIPC	Director of Infection Prevention & Control
HIPC	Head of Infection Prevention & Control
IPCWG	Infection Prevention & Control Working Group
IPCSG	Infection Prevention & Control Strategic Group
IPCT	Infection Prevention & Control Team
SECEG	Safety Experience and Clinical Effectiveness Group
CCDC	Consultant in Communicable Disease Control

Berkshire Healthcare Infection Prevention and Control Annual Audit and Monitoring Programme 2023-24

Month	Description	Location	Undertaken by	Progress
Q1 April	Hand hygiene observational check	All wards	Ward staff	
Q1 April	Management of UTI	All wards & BW cases of GNB BSI	IPCT	
Q1 May	Hand hygiene observational check	All wards	Ward staff	
Q1 May	Patient equipment cleaning	All wards	IPCT	
Q1 June	Hand hygiene observational check	All services	All services	
Q2 July	Hand hygiene observational check	All wards	Ward staff	
Q2 July	Dental – equipment/ instrument cleaning	Dental	Dental Team	
Q2 August	Hand hygiene observational check	All wards	Ward staff	
Q2 September	Hand hygiene observational check	All services	All services	
Q2 September	Management of Sharps	All services	External monitoring	
Q3 October	Hand hygiene observational check	All wards	Ward staff	
Q3 October	Transfer forms monitoring	In-patient units	IPCT	
Q3 November	Mattress monitoring	All Wards	Ward staff	
Q3 November	Hand hygiene observational check	All wards	Ward staff	
Q3 December	Hand hygiene observational check	All services	All services	

Month	Description	Location	Undertaken by	Progress
Q4 January	Hand hygiene observational check	All wards	Ward staff	
Q4 January	Isolation facilities monitoring	Outpatient clinics (Main sites)	IPCT	
Q4 February	Hand hygiene observational check	All wards	Ward staff	
Q4 March	Hand hygiene observational check	All services	All services	
Q4	Aseptic Non-Touch Technique	Podiatry	Podiatry Team	

Appendix 2 – Summary of Surveillance Data 2022-23

Introduction:

Berkshire Healthcare is responsible for the prevention and control of infection within its services to minimise the risk of healthcare associated infections to patients, staff and visitors.

The pathology and laboratory service to Berkshire Healthcare is provided by Berkshire and Surrey Pathology Services.

Surveillance of infection is undertaken using laboratory data, information from wards and departments and liaison with UKHSA, ICBs and local acute Trusts.

A healthcare associated infection (HCAI) can be defined as an infection resulting from medical care or treatment in hospital (in- or out-patient), nursing homes, or even the patient's own home (UKHSA 2013). Previously known as 'Hospital Acquired Infection' or 'Nosocomial Infection', the current term reflects the fact that a great deal of healthcare is now performed outside the hospital setting.

Surveillance is an essential part of the role of the Infection Prevention and Control Team (IPCT) in order to identify, manage and where possible prevent infection in high-risk patients both in inpatient settings and patients receiving care in their own homes.

There is a national mandatory requirement for trusts to report all cases of *Clostridioides difficile* infection, Methicillin Resistant Staphylococcus Aureus (MRSA), Methicillin Sensitive Staphylococcus Aureus (MSSA), Gram negative (including Escherichia coli, Pseudomonas and Klebsiella) and Glycopeptide-resistant Enterococci (GRE) bacteraemia to UKHSA.

From May 2015, all laboratories and NHS trusts were encouraged to take part in the enhanced surveillance of Carbapenemase-producing Gram-negative bacteria (UKHSA 2015).

In 2018, the national ambition to reduce healthcare associated Gram-negative bloodstream infections was revised to achieve a 25% reduction by 2021 – 2022 with the full 50% by 2023 - 2024. Approximately three-quarters of E. coli blood stream infections (BSIs) occur before people are admitted to hospital. Reduction therefore requires a whole health economy approach. There is a focus on reducing healthcare associated E. coli bloodstream infections because they represent 55% of all Gram-negative BSIs.

Mandatory reporting summary Berkshire Healthcare 2022-23:

	West Inpatient wards	East inpatient wards	Mental Health wards
MRSA bacteraemia	0	0	0
MSSA bacteraemia	2	0	0
GRE bacteraemia	0	0	0
E coli bacteraemia	2	2	0
Klebsiella bacteraemia	0	0	0
Pseudomonas bacteraemia	0	0	0
<i>Clostridioides difficile</i> (reportable)	6	1	0
<i>Carbapenemase-producing Enterobacteriaceae</i> (CPE)	0	0	0

Bacteraemia

The IPCT undertake a post infection review (PIR) for mandatory reportable bacteraemia, where identified with the inpatient units. A final report detailing good practice, issues identified or lapse in care (where identified) is disseminated to clinical teams for shared learning.

The Infection Prevention and Control Team (IPCT) review patients who have developed bacteraemia whether identified on admission to acute trusts or in the community and who have had recent input from Berkshire Healthcare inpatient or community teams.

MRSA

No cases of MRSA bacteraemia were identified from an inpatient (One case reported in 2021-22)

Glycopeptide Resistant Enterococci (GRE):

No cases of GRE were identified. (One case reported in 2021-22)

MSSA

Two cases of MSSA bacteraemia were identified from patients who were on inpatient units or at time of transfer to an acute trust. This is the same number as identified 2021-22.

Summary of cases:

Case number	Date of Specimen	Organism	Associated Ward	Risk factors identified / Source
1	May 2022	Meticillin Sensitive Staphylococcus Aureus	Ascot Ward, Wokingham Hospital	Chest Moisture lesion, urinary catheter
2	November 2022	Meticillin Sensitive Staphylococcus Aureus	Ascot Ward, Wokingham Hospital	Poor skin integrity Impaired immune system Metastatic disease

Gram-negative bacteraemia:

During 2021-22, 14 cases of Gram-negative bacteraemia (GNB) were identified in patients who were inpatients or where identified within 48 hours of transfer to an acute organisation.

For 2022-23, 4 post infection reviews were undertaken for cases identified in inpatient units and 9 reviews were undertaken following E coli bacteraemia/ Pseudomonas identified following transfer to other organisations.

An overall reduction in GNB is noted for Berkshire Healthcare inpatient wards.

Summary of cases:

Case No.	Date of Specimen	Organism	Associated Ward	Risk factors identified / Source
1	June 2022	E coli	Oakwood	Urinary catheter Frequent blockage and catheter changes
2	August 2022	E coli	Jubilee	Previous E coli identified. Urinary Tract Infection
3	October 2022	E coli	Henry Tudor	Previous identification of E coli Haemodialysis and fistula
4	November 2022	E coli	Henry Tudor	Previous E coli identified. Urinary Tract Infection

Carbapenemase-producing Enterobacteriaceae:

Carbapenemase-producing Enterobacteriaceae (sometimes abbreviated to CPE) are a type of bacteria which has become resistant to carbapenems, a group of powerful antibiotics. This resistance is helped by enzymes called carbapenemases, which are made by some strains of the bacteria and allows them to destroy carbapenem antibiotics. This means the bacteria can cause infections that are resistant to carbapenem antibiotics and many other antibiotics.

From May 2015, all laboratories and NHS trusts were encouraged to take part in the enhanced surveillance of Carbapenemase-producing Gram-negative bacteria (UKHSA 2015)

No cases of CPE were identified during 2022-23.

Clostridioides difficile (previously Clostridium difficile) trajectories:

From 2019/20 cases reported to the healthcare associated infection data capture system were assigned as follows:

- hospital onset healthcare associated: cases that are detected in the hospital three or more days after admission.
- community onset healthcare associated: cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the trust reporting the case in the previous four weeks.
- community onset indeterminate association: cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the trust reporting the case in the previous 12 weeks but not the most recent four weeks
- community onset community associated: cases that occur in the community (or within two days of admission) when the patient has not been an inpatient in the trust reporting the case in the previous 12 weeks.

Acute provider objectives were set using these two categories:

- hospital onset healthcare associated: cases that are detected in the hospital three or more days after admission.

- community onset healthcare associated: cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the trust reporting the case in the previous four weeks.

Berkshire Healthcare Performance against the *Clostridioides difficile* trajectories in the provider inpatient units (Community Health)

Cases of *C. difficile* identified from Berkshire Healthcare inpatient units have decreased from 12 (3 lapse in care) in 2021-22 to 7 (2 lapse in care) in 2022-23.

Seven rapid reviews were undertaken for patients identified to have *C. difficile* identified following transfer from Berkshire Healthcare inpatient wards to the Acute Trust. Input into Community and Acute Trust PIR's were also provided.

West and East Community 2022-23

	Total West & MH	Total East
Trajectory 2022-23 where contributory lapse identified	10	2
C. difficile cases identified from Berkshire healthcare inpatient units	6	1
C. difficile cases assigned to Berkshire Healthcare due to lapse in care	2	0

Summary of reportable cases Berkshire Healthcare inpatients April 2022-23:

Case no:	Ward / location	Date of Specimen	Risk factors /Assignment details
1	Ascot	April 2022	Medical comorbidities Recent antimicrobial therapy
2	Oakwood	May 2022	Previous history of <i>C difficile</i> . Multiple exposure to antibiotics.
3	Oakwood	June 2022	Multiple antimicrobial therapy for frequent chest infections Recent history of <i>C. difficile</i>
4	Windsor	November 2022	Recent antimicrobial therapy for Hospital Acquired Pneumonia
5	Ascot	January 2022	Enteral nutrition Recent antimicrobial therapy in the community
6	Oakwood	January 2023	Recent history of antibiotics for pyelonephritis
7	Henry Tudor	February 2023	Recent antimicrobial therapy for CAUTI and LRTI

Period of increased incidence of *Clostridioides difficile* (PII) 2022-23:

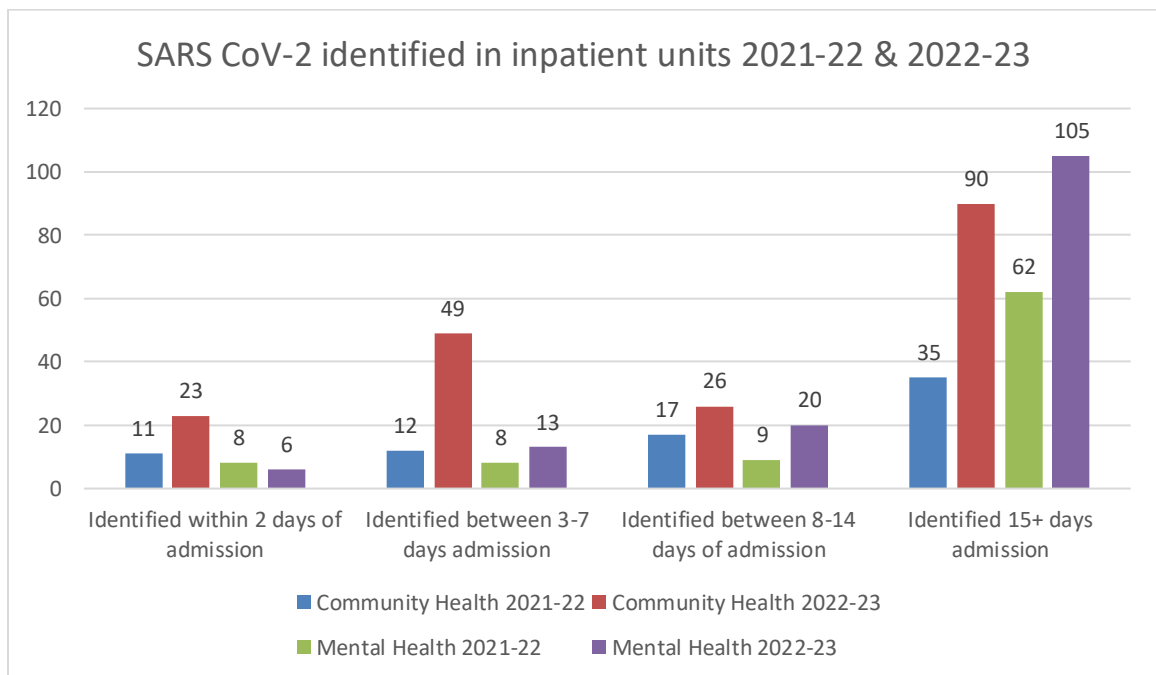
During 2022-23, one period of increased incidence was identified on Ascot Ward during May 2022 due to 2 cases identified within a 28 day period. Following review and receipt of Ribotyping, no link in these cases was identified.

SARS CoV-2

Categorisation for acquisition of SARS CoV -2 is based on time between first positive specimen and admission to trust. The first day of admission counts as day one. In the event of patients testing positive on the day of admission this also counts as day one.

- Community-Onset – First positive specimen date ≤ 2 days after admission to trust
- Hospital-Onset Indeterminate Healthcare-Associated – First positive specimen date 3-7 days after admission to trust.
- Hospital-Onset Probable Healthcare-Associated - First positive specimen date 8-14 days after admission to trust.
- Hospital-Onset Definite Healthcare-Associated – First positive specimen date 15 or more days after admission to trust.

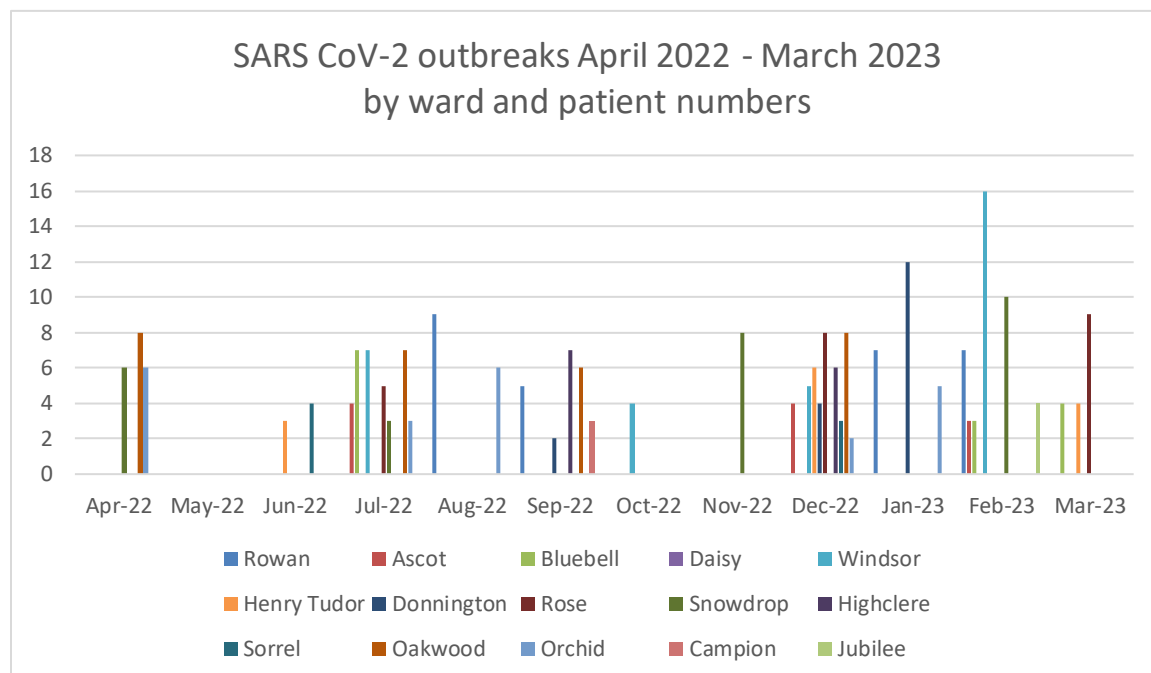
The following data details cases identified on Berkshire Healthcare inpatient units. This does not include total number of cases on the ward (for example those patients admitted known to be positive)



An outbreak is defined in PHE guidance as two or more test-confirmed or clinically suspected cases of COVID-19 among individuals (for example patients, health care workers, other hospital staff and regular visitors, for example volunteers and chaplains) associated with a specific setting (for example bay, ward or shared space), where at least one case (if a patient) has been identified as having illness onset after 8 days of admission to hospital.

Berkshire Healthcare outbreaks were reported in line with NHSE/ PHE guidelines and IIMARCH completed and updated for the duration. Outbreak meetings were held, and shared learning disseminated. 72-hour reports were completed for all probable and definite cases identified.

Summary of SARS CoV -2 outbreaks identified in inpatient wards 2022-23:



Non SARS CoV-2 outbreaks:

Ward	Month	Infection	Patient numbers
Oakwood	May 2022	Norovirus	2
Jubilee	October 2022	RSV	2
Oakwood	December 2022	Influenza A	2
Henry Tudor	December 2022	Norovirus	6
Henry Tudor	December 2022	Influenza A	2
Windsor	December 2022	Influenza A	5
Donnington	February 2023	Norovirus	4
Henry Tudor	February 2023	Norovirus	5

Invasive Group A strep (iGAS)

An inpatient was identified as positive to iGAS. Contact tracing and monitoring of patients was undertaken as per UKHSA guidelines. No further cases were identified.

Tuberculosis

A case of Tuberculosis was identified requiring contact tracing of patients and staff. Review remains ongoing in conjunction with UKHSA and Occupational Health services.

Shared learning from outbreaks:

- Challenges with patient compliance with isolation precautions due to mental health clinical presentation.
- Visitor compliance with use of face mask when visiting patients in line with the visiting guidance.
- Relatives and visitors reporting positive or symptomatic following ward visits.
- A high proportion of patient contacts becoming symptomatic and testing positive.
- Patient contact with symptomatic people during leave.
- Patients becoming positive within 5 days of admission from the acute trust and community.
- Specimens not processed at the laboratory due to incorrect packaging/ labelling leading to a delay in receipt of results.
- Delay identified in processing and reporting swabs from the laboratory.
- Laboratory results on ICE results are to be reviewed regardless of presence of red flags.
- Risk assessment must be undertaken for treatment of Influenza A and prophylaxis for contacts with 48 hours.
- Risk assessment must be undertaken for antiviral therapy for confirmed SARS CoV-2.
- Stool specimens must be promptly obtained when patients are reporting gastric symptoms to identify infectious cause.
- Review of patient's infection status/ previously identified colonisation of multi drug resistant organisms to be assessed on admission and risk assessment of appropriate patient placement and management taken (including potential for contact tracing).
- Challenge in isolation requirements due to patient presentations (requiring high visible beds).

Appendix 3 – Summary of Learning from Datix Incidents 2022-23

The Infection Prevention and Control Team (IPCT) are copied into Datix incidents reported under the following categories:

- Infection
- Ill Health
- Medical Emergencies
- Sharps Incidents
- Exposure to Harmful Substances
- Any other incidents forwarded to the team for IPC input

The IPCT review these incidents, to identify learning, liaise with individual areas to provide advice if required and share the learning widely. Any learning identified during post infection reviews of reportable bacteraemia / C. difficile or during outbreaks of infections not included in this summary is included in a quarterly IPC shared learning document.

During April 2022-March 2023, a total of **369 Datix** incidents were reviewed by the IPCT.

Key messages identified
Sharps bins must be stored safely as per the policy
Staff to ensure to wear eye protection when there is a risk of body fluid spillage.
Staff to ensure to dispose all used sharps into a sharps bin at the point of use.
Temporary closure mechanism must be applied when sharps bins are not at use to prevent risk of accidental spillage.
If sharps are spilled from a container, use a safe technique to retrieve them.
Staff to ensure to be vigilant when undertaking sharps procedures
Staff to ensure to dispose all used sharps into a sharps bin at the point of use.
Potential risk of contamination injury due to one faulty needle.
Staff to ensure to lock the sharps bin when reaches the fill line to prevent needle stick injury.
Patients in community must be made aware of the process for sharps bins disposal.
Staff must assemble sharps bin in line with the policy.
Staff to ensure to keep the door to isolation area closed to prevent patients from other areas entering.
Staff to ensure that the safety mechanism is applied prior disposing sharps in to sharps bins.