

Berkshire Healthcare NHS Foundation Trust

**INFECTION PREVENTION AND CONTROL ANNUAL REPORT
APRIL 2018 - MARCH 2019**

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 Acting Director of Nursing and Governance 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.

For Clostridium difficile, Berkshire Healthcare has continued to have separate trajectories applied in the East and West for the year 2018-19. The Clostridium difficile trajectory for the East was no more than two cases and for the West no more than four cases where a lapse in care had been identified to have caused the Clostridium difficile infection. Two cases were identified for the in-patient units in 2018-19 in the West and one of these cases had a lapse in care identified therefore they were attributed to Berkshire Healthcare. No cases were identified in the East.

For MRSA bacteraemia, the Berkshire Healthcare target for 2018-19 was no cases within the inpatient units. There were no cases of MRSA in the inpatient units. There has been one case in the community, where community nursing services were involved in a patient's care.

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 2015. The act clearly sets criteria to help NHS organisations plan and implement strategies to prevent and control HCAI.

The Infection Prevention and Control Programme articulate 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.

With the increasing incidence of Gram negative blood stream infections nationally, a challenge for the year ahead is to continue to embed infection prevention & control practices, alongside quality initiatives, within services across Berkshire Healthcare. This will involve working closely with our healthcare partners to combat these infections locally. The board have incorporated the reduction of Escherichia coli (E coli) into their 'True North Harm Free Care' goals and the target is for each of the community health wards to have less than two cases of E coli where there is a lapse in care.

In 2018-19, the uptake for the staff influenza vaccination programme target was 75% of all clinical staff. The trust delivered a successful campaign, however, the target was not achieved and the achievement was 66.56%. Feedback was received from those staff that opted out of the vaccination programme. For 2019-20, the uptake target has been increased to 80%.

Our plans and key priorities are to deliver the highest infection prevention and control standards to prevent avoidable harm to patients from healthcare associated infection and work towards maintaining a Good and aspiring to be outstanding in our CQC rating when the trust next undergoes inspection.

Debbie Fulton

Acting Director of Nursing and Governance / Director of Infection Prevention and Control (DIPC)

Introduction

This has been another busy year for Berkshire Healthcare, with the greater emphasis on emerging resistant organisms and the increasing incidence of Gram negative infections nationally. All members of staff have worked hard to deliver IPC requirements to ensure patient safety and a positive patient experience. They have also worked to ensure staff safety; this has included the offer of influenza vaccination for all staff.

Following the inclusion of antimicrobial stewardship in 'The Health and Social Care Act (2008) Code of Practice for the Control of Healthcare Associated Infection' in August 2015. Berkshire Healthcare incorporated antimicrobial stewardship into its work plans in order to start to address the increasing emergence of resistant organisms. Each year this work has been built upon and developed 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 Sustainability and Transformation Partnership (STP) and the Berkshire West Integrated Care System (ICS) in order to deliver health economy wide reduction in the incidence of Gram negative bacteraemia infection.

In addition, the implementation of the Health and Social Care Act 2008 sets a duty to ensure that systems to prevent healthcare associated infections and compliance with policies are embedded in practice and a corporate responsibility. 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 2018-19 by Berkshire Healthcare in relation to infection prevention and control. The infection prevention and control programme for 2019-20 outlines the priorities and objectives for the coming year.

Infection Prevention and Control Arrangements and Budget Allocation

Berkshire Health Care serves a population of approximately 900,000 (2015) people which is anticipated to rise to nearer 1,247,000 people by next year (2020). Berkshire Healthcare provides a range of community and mental health services across the whole of Berkshire as well as inpatient beds on the Upton, St Mark's, Wokingham, Prospect Park and West Berkshire Community Hospital sites.

The team currently consists of:

Catherine Greaves	1 WTE	Head of Infection Prevention & Control (Community Services)
Diana Thackray	1 WTE	Head of Infection Prevention & Control (Inpatient Services)
Smitha Anil	1 WTE	Infection Prevention & Control Specialist Nurse
Vacant (currently being recruited)	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. A Microbiology contract variation has been agreed and signed by Berkshire and Surrey Pathology Services (BSPS) and Berkshire Healthcare NHS Foundation Trust. Agreed Standard Operating Procedures have been disseminated to Clinical Teams. Contractual meetings with the laboratory leads continue quarterly.

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

Risk Management/Clinical Governance

The infection prevention and control governance arrangements are available on Teamnet <http://teamnet.berkshire.nhs.uk/clinical/infectprevcont/Pages/home.aspx>. These arrangements are essential in working to resolve issues identified and ensure compliance with the Health & Social Care Act 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 trust maintained its overall rating of good and achieved a rating of outstanding in the 'well led' element following a re-inspection in the summer of 2018.

Infection Prevention & Control Strategic Group

This Group has been chaired by the Deputy Director of Nursing 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, decontamination and other related issues to the Safety, Experience & Clinical Effectiveness Group.

Infection Prevention & Control Working Group (IPCWG)

The 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. 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 2019-2021

The Berkshire Healthcare IPC strategy was reviewed and updated in liaison with the infection prevention and control link practitioners and the Infection Prevention and Control Working Group members. 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. The Strategy document is available at: <http://teamnet.berkshire.nhs.uk/clinical/infectprevcont/Pages/home.aspx>

The Infection Prevention and Control Programme

The majority of the infection prevention and control programme for 2018-19 has made sufficient progress, outstanding issues are as follows:

- Development of IT system for surveillance in the East of the county – this is reliant on being able to access the surveillance system being at the acute trust and is ongoing. It is hoped that this can be picked up through the expansion of the GNB work.
- IPC Care Pathways available on RiO – this will be progressed in 2019-20
- Review of content of Face to Face training has been deferred to 2019-20 in order to explore a different approach to the delivery of training.
- IV therapy monitoring – this will be progressed in 2019-20

Appendix 1 describes the Infection Prevention and Control Programme planned for the year 2019-20. Outstanding items from the 2018-19 programme have been included within this and 'due dates' have remained unchanged.

Surveillance

There is a national mandatory requirement for trusts to report all cases of Clostridium difficile infection (CDI), Meticillin Resistant Staphylococcus aureus (MRSA), Meticillin Sensitive Staphylococcus aureus (MSSA), Gram negative (including Escherichia coli, Pseudomonas and Klebsiella) and Glycopeptide Resistant Enterococci (GRE) bacteraemia to Public Health England. These are reported by Berkshire & Surrey Partnership 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.

The national ambition to reduce healthcare associated Gram-negative bloodstream infections has been revised to achieve a 25% reduction by 2021 – 2022 with the full 50% by 2023-2024. There is a focus on reducing healthcare associated E. coli bloodstream infections because they represent 55% of all Gram-negative BSIs.

A healthcare economy approach to aim to reduce healthcare associated Gram-negative bloodstream infections continues with action plans both within Berkshire Healthcare and the wider health economy focussing on:

- Review of local and PHE data collection including source of infection to ensure targeted actions.
- System wide review and implementation of a catheter passport.
- Review of Public Health England fingertips data. Berkshire Healthcare providing local data as national data is only provided for acute trusts and CCG's.
- Gram negative bacteraemia reduction to be included in Berkshire Healthcare True North harm free care metric for 2019-20
- Health Economy Urinary Catheter point prevalence data collection (inpatient and community)
- Review of PHE/NHSi GNB self-assessment and implementation tool

A review of the action plans is undertaken quarterly at the Berkshire Healthcare IPCSG and at East and West CCG Health Economy meetings.

The Berkshire Healthcare GNB action plan is reviewed quarterly by the Infection Prevention & Control Strategic Group.

Further information including surveillance data and information can be found in appendix 2.

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 Co-ordinating 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. A monthly Berkshire West Health Economy *C. difficile* meeting exists to discuss and agree whether cases are avoidable or non-avoidable and to share lessons learned.

The Trust has continued to have separate trajectories applied in the East and West for *Clostridium difficile* for the year 2018-19. The *C difficile* trajectory for the East was no more than 2 cases and for the West no more than 4 cases where a lapse in care had been identified to have caused the *C difficile* infection. Two cases were identified for the in-patient units in 2018-19 in the West, one of these cases had a lapse in care identified therefore they was attributed to Berkshire Healthcare. A Post Infection Review (PIR) was undertaken for both cases. No cases were identified in the East. A summary of PIRs is included in Appendix 2.

The trajectories for 2019-20 will remain at no more than 2 cases for the East and 4 cases for the West where a lapse in care has been identified. 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 April 2014. This guidance supports commissioners and providers of care to deliver zero tolerance on MRSA bloodstream infections.

There have been no cases of MRSA in the in-patient units in 2018-19. There has been one case in the community where the patient had had recent input from the community nurses for wound management.

The trust target for 2018-19 was no cases of MRSA bacteraemia within the inpatient units, in line with the national target of 'zero tolerance' to MRSA bacteraemia and will remain the same for 2019-20.

MRSA admission screening has continued to be monitored by the IPCT across all physical health and older adult mental health inpatient units quarterly during 2018-19.

Meticillin Sensitive *Staphylococcus aureus* (MSSA)

There have been 6 cases of Meticillin Sensitive *Staphylococcus aureus* (MSSA) bacteraemia identified in 2018-19 for the in-patient units, two of which were on the same patient.

Gram negative Bacteraemia

A total of 7 cases of *Escherchia coli*, three cases of *Klebsiella pneumoniae* and one case of *Pseudomonas* bacteraemia were reported during 2018-19 related to the in-patient units. A PIR was undertaken for all cases, a summary is included in Appendix 2.

Glycopeptide Resistant Enterococci (GRE)

There was no GRE bacteraemia infections reported for Community Health Services under the mandatory reporting scheme.

Carbapenemase - Producing Organisms (CPO)

These are 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 made by a small but growing number of organisms. It is propose that the Carbapenemase producing enterobacteriaceae is made a notifiable disease.

There have been no patients newly identified with CPE in the in-patient units during 2018-19

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.

There was one outbreak of gastroenteritis reported from inpatient areas within Berkshire Healthcare during 2018-19. The outbreak was managed and investigated by the IPCT. It was not possible to identify the index case of infection however it is acknowledged in the Health & Social Care Act 2008 that outbreaks of viral infections circulating in the wider community will inevitable cause outbreaks in institutional settings e.g. hospital wards.

There have been two outbreaks of influenza reported from the inpatient units. It was not possible to identify the source of infection; both influenza A & B were known to be circulating in the community at this time with an inevitable impact on institutional settings.

Further details are provided in appendix 2

Incidents

In addition to the outbreaks of gastroenteritis, alert organism surveillance and associated post infection reviews (PIRs), the team has been involved in managing and/or supporting a range of other infection related incidents associated with patients, the environment and the deteriorating patient.

Shared Learning

When a patient develops a significant infection, an investigation is undertaken and a post infection review report is produced. These documents identify risk factors, likely causes for the infection 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. A quarterly summary of lessons learned and necessary actions are disseminated across the organisation in order to prevent re-occurrence.

Emergency Planning

The trust has continued to be involved in Thames Valley Local Resilience Forum.

Staff Flu Vaccination

In 2018-19 all NHS trusts received a CQUIN target of 75% for full payment, for vaccination of their clinical staff. The campaign was led again by the Head of Infection Prevention & Control (community services) this year. Delivery of the campaign included peer vaccination, in addition to the Occupational Health clinics and vouchers. The trust achieved 63.1% by 31st December 2018 amongst clinical staff. The Trust was allowed to include third party clinical staff working within Berkshire Healthcare services e.g. students, local authority, and bank and agency staff, in the final data submission. Consequently the final figure at 31st December 2018 was 66.6%. The campaign was closed in terms of reporting to IMMFORM at the end of December; however vaccination was still available to any staff who requested it. The peer vaccination programme again proved very successful with 1418 vaccines administered using this approach. Uptake by locality can be seen below:

	Bracknell - Adult Services	West Berks	Reading	Wokingham	Corporate	Inpatients	Other Health Services	Slough - Mental Health	WAM Children's Services	Berkshire Healthcare
Clinical Percentage	61.85%	67.88%	64.36%	63.03%	84.72%	66.34%	70.47%	62.59%	70.50%	66.56%
Non Clinical Percentage	50.00%	55.88%	45.10%	42.75%	48.54%	45.45%	44.44%	50.00%	45.90%	47.48%
Overall Actual Percentage	60.54%	66.76%	62.55%	58.45%	57.39%	65.26%	65.41%	60.87%	67.84%	62.23%

Locally Campion Ward, PPH and the Respite Unit at Manor Green were identified as high risk services due to potential adverse outcomes to patients in these units. The two units achieved 62% and 93% respectively. Actions taken to achieve this involved a dedicated peer vaccinator for Campion Ward and a visit to a team meeting for Manor Green by a peer vaccinator in addition to the other means of access available to all staff.

This year staff who had not been vaccinated were contacted via email and asked to respond if they still wished to be vaccinated and if not to complete an anonymous survey giving their reason. 114 people responded to the survey confirming that they were aware of the campaign but had chosen not to be vaccinated. Data provided in this survey will be used for planning of future staff influenza vaccination campaigns.

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 audit through the production of action plans and through on-going observational monitoring. Data is included in the monthly reports and discussed / reviewed at Locality Patient Safety and Quality Meetings, Infection Prevention & Control Working Groups and the Infection Prevention & Control Strategic Group. Reports are available on the IPC pages of Team-net.

Audit Activity

For 2018-19 a combined audit and monitoring programme was set. The programme for 2019-20 can be found in appendix 1.

The following audit and monitoring were undertaken:

- Audit of dental services – Medical Devices & PPE

- Urinary catheter point prevalence survey – Inpatient Units & Community Services
- Enteral feeding – Community Patients
- Management of sharps – all services via Datix reporting
- Sepsis Management - Inpatient Units
- Hand hygiene observations – monthly for in-patient units and quarterly for other services
- Linen handling & disposal – Inpatient Units
- Standard precautions – Inpatient Units
- Patient equipment – Podiatry Services
- Inter-healthcare Transfer Forms – inpatient units
- Static mattresses & cushions – Inpatient Units
- Isolation facilities – Inpatient Units
- MRSA admission screening – Inpatient Units

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, Infection Prevention & Control Working Group and the Infection Prevention & Control Strategic Group. Further details, including the full reports are available on the IPC pages of Team-net.

In addition to the audit and monitoring work described above the team aim to visit the in-patient units monthly to spot check against key issues such as cleanliness and compliance with infection prevention and control practices.

Educational Activities

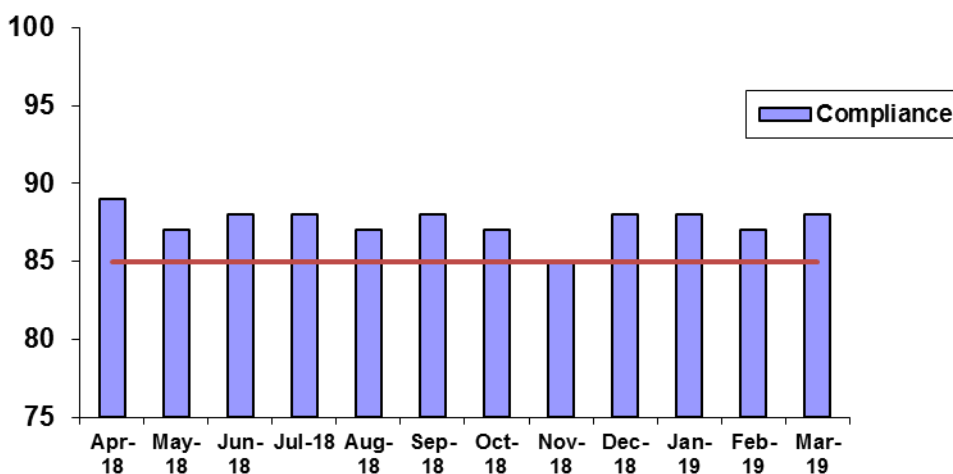
Infection prevention and control mandatory training requirements are outlined within the statutory, mandatory and essential training framework. Infection prevention and control training is included within the Berkshire Healthcare induction and general mandatory update programmes, including the SMART week for Mental Health Inpatient Units. Update sessions are provided by the team across all main sites as per a prearranged programme. In addition bespoke/department training sessions have been arranged with the team. This year the team have also participated in 2 'catch up to be compliant' days run by the Learning & Development Team for staff who need to catch up on a number of their core statutory and mandatory training sessions.

End of year training figures:

At the end of March 2019 the organisation compliance with infection control mandatory training stood at 88%.

Infection, prevention and control training will continue to be monitored at board level in 2019-20 in order to ensure that compliance with attendance improves / is maintained.

Overall Trust Infection Prevention & Control Training Compliance at 31st March 2019



IPC Link Practitioner Programme

The IPC Link Practitioner Group has continued and members are provided with an education programme by the Infection Prevention and Control Team which includes shared learning, a general update including compliance with the infection prevention control annual programme and other topical issues. Following the review of the delivery and support provided to the group in 2017-18, this has included an annual Newsletter (Q1), meeting (Q4) and study day (Q2). The study day provided in September 2018 focused on “Harm Free Care, a joint approach to safety”. The day was extended to all Berkshire Healthcare staff. The day evaluated well and was attended by 58 staff.

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) in Berkshire West.

Sepsis

Support for staff in compliance with the sepsis early recognition tool continues including involvement in ward QMIS projects.

Infection prevention and control post infection reviews are monitored for compliance with the early recognition of sepsis tool and learning disseminated to clinical teams via relevant post infection review reports and quarterly shared learning reports disseminated by the IPCT.

The sepsis tool has been updated and was launched in November 2018 in line with NEWS 2.

Infection Prevention and Control Policies

The following policies have been reviewed:

ICC002	Hand Hygiene
ICC003	Standard Precautions and PPE
ICC005	Management of Needle sticks and Contamination Injuries
ICC005b	Sharps Management (Safe Handling & Disposal)
ICC006	Decontamination of Reusable Medical Devices
ICC010	Safe Collection, Handling and Transportation of Laboratory Specimens
ICC017	Isolation and Movement of Patients
ICC024	Care & Management of Mattresses in inpatient units
ICC025	Varicella Zoster Virus (VZV) - Patient Management Guidelines
ICC026	Environment/Equipment Cleaning and Disinfection Policy
ICC028	Healthcare Workers with Communicable Infections

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 with Synergy Health (trading as Steris Instrument Management Services) has been reported as working well over the year.

A tendering process has been undertaken for the hire and decontamination of dynamic mattresses and cushions (including trust owned equipment). This tender was awarded to Talley Group.

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

Service Level Agreements (SLA)

The Service Level Agreement with Frimley Health for the provision of professional advice and direction by the Consultant microbiologist has been reviewed. Additional requirements have been agreed and included in the overarching pathology contract to cover the main functions required by Berkshire Healthcare to include, but not limited to, infection control doctor support, and support for antimicrobial stewardship.

The SLA with Sue Ryder has continued relating to the Duchess of Kent Hospice.

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
 PLACE Meetings (WBCH Hospitals)
 Link Practitioner Group
 Policy Scrutiny Group
 Waste Working Group
 Water Safety Group
 Medical Devices Group
 Trust Health & Safety Group
 Frimley Health Infection Control Committee

Royal Berkshire NHS Foundation Trust Infection Control Committee
Thames Valley Infection Prevention Group
Prospect Park Health & Safety Group
Berkshire Healthcare Health & Safety Group
Berkshire West Health Economy HCAI meeting
Berkshire Antimicrobial Stewardship Network
Berkshire Healthcare Antimicrobial Stewardship Group
Frimley Health & Social Care System Infection Prevention & Control Group
Reduction of Gram-Negative Bacteraemia (Berkshire East & West CCG's)

Other Activities

The IPCT have also been involved in:

- Providing advice on building projects and reconfiguration of services
- Development of the trust intranet

Appendix 1 Infection Prevention and Control Annual Programme 2019-20

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	Designation of an individual to be the lead for infection prevention and control (DIPC) and antimicrobial stewardship	CEO	In place	April 2015 and on-going
		Development of Annual IPC and audit/monitoring programmes that are approved by the Trust Board	DIPC		April 2019
		Review of all existing policies and production of new policies as required ensuring in date. (see criterion 9)	HIPCs		In line with policy programme Mar 2020
		Compliance with policies to be monitored through the infection prevention and control audit/monitoring programme.	HIPCs		Mar 2020 with progress quarterly monthly at IPCSG
		Review of requirement to undertake MRSA admission screening	HIPCs		Mar 2020
		Designation of a lead for cleaning and decontamination	CEO		April 2015 and on-going
		A water safety group and a water safety	DIPC/Estates		April 2016

criteria	What a service provider will need to demonstrate	Action required	Responsibility	Progress	Deadline for completion
		plan are in place	and facilities		and on-going
		Production of a DIPC Infection control annual report for the Board which is released publically.	DIPC		July 2019
		Quarterly IPC reports presented to the Board	Deputy Director of Nursing		Jun 19 Sep 19 Dec 19 Mar 20
		Production of monthly reports	HIPCs		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 2020
		Production of surveillance data to be presented to the Board	HIPCs		Jun 19 Sep 19 Dec 19 Mar 20
		Work collaboratively with the CCG's HPE and local healthcare providers including attendance at Local Health Economy	HIPCs		March 2017 and On-going

criteria	What a service provider will need to demonstrate	Action required	Responsibility	Progress	Deadline for completion
		meetings			
		Shared learning from infection control incidents and root cause analysis to be disseminated to relevant services within Berkshire Healthcare	HIPCs		July 19 Oct 19 Jan 20 Apr 20
		Review of new national initiatives prior to adoption by the trust	HIPCs		When released
		Monitoring of use of sepsis recognition and management tool recognition through PIRs	HIPCs		March 2020
2	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections	IPCT are consulted when external or internal contracts are being prepared.	Director of Estates & Facilities		When contracts arise
		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		May 2021
		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	Head of Service, Dental		Mar 2020 or subject to date being issued

criteria	What a service provider will need to demonstrate	Action required	Responsibility	Progress	Deadline for completion
		issued.			
		IPC monthly spot checks inpatient units	IPCT		Mar 18 and On-going
		Revisit the programme of review for trust owned Bracknell Health Centres in collaboration with Facilities and Health-watch	HIPC		Mar 2020
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 / AMSG		March 19 and on-going
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.	Head of Communication		March 18 and on-going
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		Apr 15 and on-going

criteria	What a service provider will need to demonstrate	Action required	Responsibility	Progress	Deadline for completion
		IPC Care pathways to be available on RiO	HIPCs & RiO transformation Team		Mar 2020
		Review of PIR for mandatory reportable infections process to enhance service engagement	HIPCs		Mar 2020
		Dissemination and sharing of learning from outbreaks, incidents and investigations	Locality Clinical Directors		on-going
		Development of IT systems to improve the timeliness of identification of alert organisms and subsequent management	HIPCs		Mar 2017 and on-going
		Delivery of Berkshire Healthcare GNB action plan			Mar 2019 and on-going
		Health economy and organisational collaboration for the prevention of health care associated Gram negative BSIs	HIPC		March 2019
		UTI diagnosis in patients over 65 Diagnosis of UTI based on documented clinical signs of infection Diagnosis excludes use of dip stick Antibiotic prescribed as per guidelines Urine sample sent for MC&S	Inpatient units		March 2020
6	Systems to ensure that all care workers (including contractors and	Development of focussed promotions in order to raise awareness amongst staff	HIPCs		March 2020

criteria	What a service provider will need to demonstrate	Action required	Responsibility	Progress	Deadline for completion
	volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection				
		Audits undertaken as per the IPC audit & monitoring programme and reported to the IPCSG via IPCWG.	HIPCs		March 2020
		Local action plans developed following audit/monitoring, disseminated by ward / team leaders and documented in minutes of team meetings	Ward / dept managers		Within 1 month of receiving the audit report / feedback
		Immediate action to be taken to correct deficiencies following feedback from ward spot checks	Ward / dept managers		Within 2 days of feedback
		Continued involvement and attendance at the Thames Valley Infection Prevention Network in order to facilitate collaborative working	HIPCs		March 2017 and on-going
		Co-ordination of IPC link practitioner programme to include annual IPC study event.	IPCSN/ IPCT		March 2020
7	Provide or secure adequate isolation facilities	Isolation monitoring to be performed as per the monitoring programme.	HIPCs		March 2020
8	Secure adequate access to laboratory support as appropriate	Contracting arrangement in West and East Berkshire.	Head of Contracting		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
		Development of IT systems to improve the quality of surveillance information received from the laboratories	HIPCs		March 2017 & on-going (carried over from 2012-13, 2013-14, 2014-15)
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	HIPCs	Policy review schedule in place	Apr 2015 and on-going
		Explore feasibility of adoption of the NHS Scotland IPC manual into policies as part action from AMR 5 year strategy	HIPC		Mar 2020
		Implementation of the Catheter Passport across all relevant services	Continence Team		March 2020
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.	HIPCs		Mar 2017 and on-going
		Review content of face to face training and assessment tools	HIPCs		March 2020
		All staff attend training as per the requirements of the Statutory, Mandatory & Essential Training Framework.	Locality Directors		April 2015 and on going

criteria	What a service provider will need to demonstrate	Action required	Responsibility	Progress	Deadline for completion
		Provision of IPC/Clinical support to OH contract	HIPC		March 2020
		Occupational Health Contractor provide assurance that they have an up to date record of relevant immunisations of all staff	Director of People		Mar 19 and on-going
		Occupational Health Contractor to provide assurance that staff vaccinations are up to date	Director of People		
		Monitoring of process for the assessment and provision of staff prophylaxis when required	HIPC/DDN		March 2020
		Provision of flu vaccination for all trust staff	DDNs		December 2020

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 2019-20

Month	Description	Location	Undertaken by	Progress
Q1 April	Hand hygiene observational check	All wards	Ward staff	
Q1 May	Hand hygiene observational check	All wards	Ward staff	
Q1 May	Linen handling and disposal monitoring	In-patient units	IPCT	
Q1 June	Hand hygiene observational check	All services	All services	
Q1 June	Static Mattresses and cushions monitoring	All inpatient sites	Ward staff	
Q1	Enteral feeding monitoring	Children's community	Dietetics	
Q2 July	Hand hygiene observational check	All wards	Ward staff	
Q2	Standard precautions (PPE) monitoring	All inpatient units	IPCT	
Q2 August	Hand hygiene observational check	All wards	Ward staff	
Q2 September	Hand hygiene observational check	All services	All services	
Q2	MRSA screening monitoring	In patient wards	IPCT	6 monthly
Q2	Dental <ul style="list-style-type: none"> • BBV exposure • Waste 	Dental	Dental Team	
Q2 September	Urinary Catheter Point Prevalence	Inpatient and Community	IPCT, Ward and Community Teams	
Q3 October	Hand hygiene observational check	All wards	Ward staff	

Month	Description	Location	Undertaken by	Progress
Q3	Transfer forms monitoring	In-patient units	IPCT	
Q3	Patient equipment monitoring	Sexual Health	Sexual Health	
Q3	IV therapy	TBC	TBC	*Point prevalence inpatient, community, Hi Tech
Q3 November	Hand hygiene observational check	All wards	Ward staff	
Q3 December	Hand hygiene observational check	All services	All services	
Q4	Hand hygiene observational check	All wards	Ward staff	
Q4	Isolation facilities monitoring	All inpatient wards	IPCT	
Q4 February	Hand hygiene observational check	All wards	Ward staff	
Q4 March	Hand hygiene observational check	All services	All services	
Q4	MRSA screening monitoring	In patient wards	IPCT	6 monthly
Q4	Sharps management monitoring	All Services	Datix/IPCT	
Q4 March	Urinary Catheter Point Prevalence	Inpatient and Community	IPCT, Ward and Community Teams	

Appendix 2 – Summary of Surveillance Data 2018-19

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 laboratories based at Wexham Park Hospital and the Royal Berkshire Hospital previously providing a service to Berkshire Healthcare have now merged to a single microbiology laboratory based at Wexham Park Hospital, managed by Berkshire and Surrey Pathology Services.

Surveillance of infection is undertaken using laboratory data, information from wards and departments and liaison with Health Protection England, CCGs 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. (Public Health England 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 in 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 *Clostridium 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 Public Health England.

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

In 2017-18 NHS improvement launched resources to support the reduction of Gram negative blood stream infections (BSI) by 50% by 2021.

In 2018, the national ambition to reduce healthcare associated Gram-negative bloodstream infections has been revised to achieve a 25% reduction by 2021 – 2022 with the full 50% by 2023 - 2024. 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 2018-19:

	West Inpatient wards	East inpatient wards
MRSA bacteraemia	0	0
MSSA bacteraemia	5	1
GRE bacteraemia	0	0
E coli bacteraemia	3	4
Klebsiella bacteraemia	3	0
Pseudomonas bacteraemia	1	1
<i>Clostridium difficile</i> (reportable)	2	0
<i>Carbapenemase-producing Enterobacteriaceae</i> (CPE)	0	0

Bacteraemia

The Infection Prevention and Control Team (IPCT) review patients who have developed bacteraemia while an inpatient, where identified on admission to Acute Trusts or in the community and who have had recent input from Berkshire Healthcare inpatient or community teams (this is dependent on surveillance data provided by the local Acute Trusts). A post infection review (PIR) is undertaken for mandatory reportable bacteraemia by the IPCT and a final report detailing good practice, issues identified or lapse in care (where identified) is disseminated to clinical teams for shared practice.

MRSA and Glycopeptide Resistant Enterococci (GRE):

No cases of MRSA or GRE were reported from inpatient units.

MSSA

During 2018-19, six cases of MSSA bacteraemia were identified from patients who were on inpatient units or at time of transfer to an acute trust. This is an increase from 2017-18 where zero cases were identified.

Summary of cases:

Case number	Date of Specimen	Organism	Associated Ward	Risk factors identified / Source
1	17/04/2018	MSSA	Highclere*	Previous infection and colonisation
2	17/05/2018	MSSA	Highclere*	Previous MSSA BSI
3	12/06/2018	MSSA	Oakwood	Previous colonisation
4	13/11/2018	MSSA	Donnington	Previous colonisation, urinary catheter
5	24/01/2019	MSSA	Windsor	Previous colonisation and recent surgery
6	16/03/2019	MSSA	Jubilee	Previous colonisation and BSI

*same patient

Gram negative bacteraemia:

A healthcare economy wide approach to aim to reduce healthcare associated Gram-negative bloodstream infections continues with action plans both within Berkshire Healthcare and the wider health economy focussing on:

- Review of local and PHE data collection including source of infection to ensure targeted actions.
- System wide review and implementation of a catheter passport.
- Review of Public Health England fingertips data. Berkshire Healthcare providing local data as national data is only provided for acute trusts and CCG's.
- Gram negative bacteraemia reduction to be included in Berkshire Healthcare True North harm free care metric for 2019-20.

- Health Economy Urinary Catheter point prevalence data collection (inpatient and community).
- Review of PHE/NHSi GNB self-assessment and implementation tool.

A review of the action plans is undertaken quarterly at the Berkshire Healthcare IPCSG and at East and West CCG Health Economy meetings.

In the following cases, blood cultures were taken either on the ward or on admission to the Acute Trust following transfer from Berkshire Healthcare inpatient units. In comparison to 2017-18 data, there has been a decrease in E coli bacteraemia by 2 cases and an increase in both Klebsiella and Pseudomonas by 2 cases.

Summary of cases:

Case number	Date of Specimen	Organism	Associated Ward	Risk factors identified / Source
1	06/04/2018	Pseudomonas	Henry Tudor	Previous colonisation & Urinary catheter
2	24/04/2018	E coli	Oakwood	Previous colonisation in urinary tract
3	14/04/2018	E coli	Jubilee	Previous colonisation in urinary tract and BSI. Urinary catheter
4	07/07/2018	E coli	Henry Tudor	Previous colonisation & Urinary catheter
5	27/07/2018	E coli	Donnington	Previous colonisation, Urinary catheter, Biliary sepsis.
6	29/08/2018	Klebsiella	Oakwood	Multiple comorbidities
7	31/08/2018	E. coli	Ascot	Previous neutropenic sepsis and gastrointestinal disease
8	25/09/2018	Klebsiella	Oakwood	Previous colonisation in urinary tract
9	02/10/2018	E coli	Henry Tudor	Biliary sepsis
10	09/02/2019	Klebsiella	Ascot	Multiple comorbidities
11	14/03/2019	E coli	Henry Tudor	Urinary tract infection

Community bacteraemia cases:

In addition to mandatory surveillance requirements, Berkshire Healthcare also undertake enhanced surveillance of bacteraemia identified at Acute Trusts where patients have been transferred from Berkshire Healthcare inpatient units or where patients have received care from Berkshire Healthcare community services. This is to identify any issues or good practice and promote shared learning between clinical teams and wider organisation.

The following table indicates the number of community cases reviewed by Berkshire Healthcare IPCT during 2018-19:

Organism	Number of cases reviewed 2017-18	Number of cases reviewed 2018-19
E Coli	84	111
MRSA	6	0
MSSA	15	26
Klebsiella	6	20
Pseudomonas	2	8

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 (Public Health England 2015) Berkshire Healthcare have had no cases of CPE in 2018-19.

Clostridium difficile:

Clostridium difficile infection is the most commonly diagnosed bacterial cause of healthcare-associated diarrhoea. *Clostridium difficile* is an anaerobic bacterium that is present in the gut of up to 3% of healthy adults and 66% of infants. However, *Clostridium difficile* rarely causes problems in children or healthy adults, as it is kept under control by the normal bacterial population of the intestine. *Clostridium difficile* Infection (CDI) occurs when certain antibiotics disturb the balance of bacteria in the gut allowing *Clostridium difficile* to multiply rapidly, producing toxins A and B which cause illness which often manifests as diarrhoea and colitis.

The risk for disease increases in patients with the following (DH 2008):

- antibiotic exposure
- gastrointestinal surgery/manipulation
- long length of stay in healthcare settings
- a serious underlying illness
- immuno-compromising conditions
- advanced age

Most patients only develop a mild illness and stopping the antibiotic(s) together with fluid replacement to re-hydrate patients usually results in rapid improvement. However there are some strains that carry a specific hyper-virulent gene (serotype 027, 078). These tend to manifest in greater proportion of severe disease and appear to have a higher mortality.

Definitions

Clostridium difficile Infection is the major cause of antibiotic-associated diarrhoea and colitis; it is a healthcare associated intestinal infection that should be considered a diagnosis in its own right (DH 2008). For management and identifying incidents of CDI the following definitions should be used:

***Clostridium difficile* Infection (CDI):**

One episode of diarrhoea, defined on Bristol Stool Chart 5-7 that is not attributable to any other cause, including medicines, and occurs at the same time as a positive toxin assay (with a positive *C. difficile* culture) and or endoscopic evidence of pseudomembranous colitis (DH/HPA 2012).

A Period of Increased Incidence (PII) of CDI:

Two or more new cases occurring >48 hours post admission, not a relapse in a 28-day period on a ward. (DH 2008).

An outbreak of *Clostridium difficile* Infection (CDI):

Two or more cases caused by the same strain related in time and place over a defined period that is based on the date of onset of the first case. (DH 2008).

***Clostridium difficile* trajectories:**

Organisations are encouraged to assess each CDI case to determine whether it was linked to a lapse in the quality of care provided to patients. The co-ordinating commissioner under each commissioning contract will continue to be able to consider the results of these assessments and exercise discretion in deciding whether any individual case of CDI affecting a patient under its contract should count towards the aggregate number of cases on the basis of which contractual sanctions are calculated.

NHS England published infection objectives for NHS organisations in 2017/18 and guidance on sanction implementation for *Clostridium difficile*. This guidance has been reviewed by the IPCT and further guidance on assessing lapses in care has been incorporated into the Berkshire Healthcare and local health economy post infection review tool.

A Berkshire West Health Economy *C. difficile* Meeting takes place on a monthly basis to review cases, discuss and agree on whether lapses of care occurred and to share lessons learned. The IPCT provide information for CCG and acute trust cases where input has been provided from Berkshire Healthcare services.

Berkshire Healthcare are waiting for a decision by the CCGs in the East to set up a process for review of cases, however, to date no cases have been reported in the East inpatient units.

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

Cases of *C. difficile* identified from Berkshire Healthcare inpatient units have decreased from 7 (3 lapses in care) in 2017-18 to 2 (1 lapse in care) in 2018-19.

West and East Community 2018-19

	Total West	Total East
Trajectory 2018-19	4	2
C. difficile cases identified from Berkshire healthcare inpatient units	2	0
C. difficile cases assigned to Berkshire Healthcare due to lapses in care	1	0
Total C. difficile cases YTD (cumulative) including: cases deemed not to be due to lapse in care and cases under review.	2	0
C. difficile cases under review	0	0

Summary of reportable cases Berkshire Healthcare inpatients April 2017-18:

Case no:	Ward/location	Date of Specimen	Assignment details/comments
1	Ascot Ward	14/09/2018	Lapse in care - delay in obtaining specimen
2	Windsor Ward	05/12/2018	No lapse in care

Period of increased incidence of *Clostridium difficile* (P11) 2018-19:

During 2018-19, no periods of increased incidence were identified within Berkshire Healthcare inpatient units.

Summary of outbreaks identified in inpatient wards 2018-19:

Month / year	Ward	Organism	No. of Patients affected	No. of Staff affected	Total No. of positive results	No. of days admission restricted
April 2018	Ascot	Influenza A	14	0	10	8
August 2018	Windsor	Norovirus	3	7	1	8
February 2019	Henry Tudor	Influenza B	3	0	2	5 (female bay only)

Key messages identified from post infection reviews for shared learning:

- Specialist advice should be acted upon or rationale for not doing so documented in notes
- Specialist recommendations must be incorporated in the care plans and implemented
- All deviations from normal condition should be clearly documented in RiO
- Documentation must be completed fully.
- Bowel habit to be recorded on admission
- Clear documentation of patient's wishes must be recorded and communicated within the team.
- Documentation must be consistent on charts, in medical notes / care plans and admission documents
- Wound review should be documented in RiO and included in the care plan
- Trial without catheter to be planned in order to have adequate medical cover if patient goes into retention or deteriorates

- The need for SALT advice to be reviewed regularly as the patient's condition changes
- Dietetic input should be sought for patients who are having any difficulty with eating/drinking
- Staff should have a minimum of 48 hours after working on an affected ward before working on a non-affected ward
- The IPCT should be informed whenever there are 2 or more patients with symptoms of diarrhoea and or vomiting
- A process for ensuring that specimen results are reviewed and followed up in a timely manner should be implemented
- When blood tests are requested if samples cannot be obtained this should be reported back to requester and request made for additional support
- Stool samples to be obtained and sent to the laboratory promptly
- Correct swabs and specimen pots must be used in order for samples to be processed correctly and a result obtained.
- Urinalysis is not required routinely on admission and are unreliable in patients over 65 therefore should not be used.