



Berkshire Healthcare NHS Foundation Trust

INFECTION PREVENTION AND CONTROL ANNUAL REPORT

APRIL 2019 - MARCH 2020

Formal Executive Meeting

Author: Catherine Greaves Infection Prevention & Control Specialist Nurse (Bank – NHSP)
Diana Thackray Head of Infection Prevention & Control

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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.

For *Clostridioides difficile*, Berkshire Healthcare has continued to have separate trajectories applied in the East and West for the year 2019-2020. The *Clostridioides 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 *Clostridioides difficile* infection. This was achieved.

For MRSA bacteraemia, the Berkshire Healthcare achieved the trajectory for 2019-20 of no cases reported within the inpatient units.

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 are for each of the community health wards to have less than two cases of E coli where there is a lapse in care.

In 2019-20, the uptake for the staff influenza vaccination programme was 70.2%. of all clinical staff against a CQUIN target of 80% for full payment. The trust delivered a successful campaign through communications and resources for staff, use of peer vaccinators in addition to occupational health clinics. Learning following the campaign is reviewed in preparation for the 2020 – 21 campaign.

Much of the activity during quarter 4 has included the organisational response to the COVID-19 pandemic with the IPCT supporting both clinical and non-clinical teams and strategic workstreams.

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. During our latest CQC inspection we achieved outstanding overall, this was published toward end March 2020. In addition, Westcall out of hours service was inspected in September 2019 achieving overall good rating.

Debbie Fulton

Director of Nursing and Therapies / 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, the increasing incidence of Gram-negative infections nationally and latterly the COVID-19 pandemic. All members of staff have worked hard to deliver IPC requirements, 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 vaccination for all staff and advice on appropriate personal protection as Berkshire Healthcare and its staff prepared for and started to provide care to patients affected by COVID-19.

Berkshire Healthcare has continued to incorporate antimicrobial stewardship into its work plans in order 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 Sustainability and Transformation Partnership (STP) and the Berkshire West Integrated Care System (ICS) in order to deliver a health-economy wide reduction in the incidence of Gram-negative bacteraemia infection.

In addition, 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 2019-20 by Berkshire Healthcare in relation to infection prevention and control. The infection prevention and control programme for 2020-21 outlines the priorities and objectives for the coming year. These will be kept under constant review as the on-going COVID-19 pandemic continues to evolve.

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 the end of 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:

Diana Thackray	1 WTE	Head of Infection Prevention & Control
Smitha Anil	1 WTE	Infection Prevention & Control Specialist Nurse
Vacant (new starter commenced 26/05/2020)	1 WTE	Infection Prevention & Control 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 & Therapies who has board level responsibility for infection prevention & control.

Risk Management/Clinical Governance

The infection prevention and control governance arrangements are available on Team- net <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 (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 trust was revisited by the Care Quality Commission in quarter 3 of 2019-20 and was given an overall rating of Outstanding.

Infection Prevention & Control Strategic Group

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, 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 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 IPCT continue to work with services in implementing the Strategy.

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 2019-20 has made progress, outstanding items are as follows:

- IPC Care Pathways available on RiO – this will be progressed in 2020-21
- Review of staff health records by OH in order to provide assurance re: staff immunity status

Appendix 1 describes the Infection Prevention and Control Programme planned for the year 2020-21. Outstanding items from the 2019-20 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 *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 Public Health England. 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 True North harm free care metric for 2019-20.

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

- Monitoring of Berkshire West and Berkshire East CCG GNB reduction health economy action plans at the Berkshire Healthcare IPCSG and at East and West CCG Health Economy meetings
- Consistent data collection including source of infection to ensure targeted actions
- Review of Public Health England fingertips data at least 6-monthly at Antimicrobial Stewardship meetings. Berkshire Healthcare providing trust data because national data is only provided for acute trusts and CCG's
- Review of membership of GNB groups to ensure senior leader engagement
- Joint GNB reduction promotional campaign

A review of all the action plans is undertaken quarterly at the Berkshire Healthcare Infection Prevention & Control Strategic Group and at East and West CCG Health Economy meetings.

Further information including surveillance data 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 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.

The Trust has continued to have separate trajectories applied in the East and West for *Clostridioides difficile* for the year 2019-20. 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 has been identified to have caused the *C. difficile* infection. Five cases were identified for the inpatient units in 2019-20 in the West and one case was identified in the East. One of these cases had a lapse in care identified therefore the case was attributed to Berkshire Healthcare. A Post Infection Review (PIR) was undertaken for all cases. A summary of PIRs is included in Appendix 2.

The trajectories for 2020-21 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 inpatient units in 2019-20 and no cases in the community where the patient had had recent input from Berkshire Healthcare community services.

The trust target for 2019-20 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 2020-21.

MRSA admission screening continued to be monitored by the IPCT across all physical health and older adult mental health inpatient units for the first half of 2019-20. Following a review of the data from the Quarter 2 MRSA screening report, which identified a very low incidence of positive patients, a paper was presented to the IPCSG and agreement made to cease routine MRSA admission screening.

Meticillin Sensitive *Staphylococcus aureus* (MSSA)

There have been 2 cases of Meticillin Sensitive *Staphylococcus aureus* (MSSA) bacteraemia identified in 2019-20 for the inpatient units.

Gram negative Bacteraemia

A total of 16 cases of *Escherchia coli*, one case of *Klebsiella pneumoniae* and four cases of *Pseudomonas* bacteraemia were reported during 2019-20 related to the inpatient units. A post infection review (PIR) was undertaken for all cases. In two cases a lapse in care was identified and shared learning disseminated. A summary is included in Appendix 2.

Glycopeptide Resistant Enterococci (GRE)

There was one case of GRE bacteraemia infections reported for the inpatient units under the mandatory reporting scheme.

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. It has been proposed that Carbapenemase resistant organisms are made a notifiable disease, however, to date this has not happened.

There were two patients newly identified with Carbapenemase producing organisms in the inpatient units during 2019-20.

COVID-19 (previously referred to as Novel coronavirus (2019-nCoV) or Wuhan novel coronavirus)

On 31 December 2019, the World Health Organization (WHO) was informed by the People's Republic of China of cases of pneumonia of unknown microbial aetiology associated with Hubei Province, central China. On 9 January 2020, WHO announced that a novel coronavirus had been detected. On 30 January 2020, the WHO Emergency Committee agreed that the outbreak met the criteria for a Public Health Emergency of International Concern. On 11 March 2020 the WHO declared the COVID-19 outbreak to be a pandemic.

The IPC have had significant involvement in the organisational response to the pandemic including moving the service to 7-day working, 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.

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 were four outbreaks of gastroenteritis reported from inpatient areas within Berkshire Healthcare during 2019-20. The outbreaks were managed and investigated by the IPCT.

There has been one outbreak of influenza B 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. In addition, there were sporadic cases of influenza identified on the inpatient units that did not lead to further cases.

The IPCT were also involved in supporting a health economy wide Measles outbreak which impacted on primary care, the acute trust as well as Berkshire Healthcare services.

The IPCT also provided support to PHE following the identification of a cluster of cases of invasive Group A streptococcus associated with a hostel for the homeless. The hostel receives input from Berkshire Healthcare's Homeless Outreach Liaison Team on an on-going basis.

Further details of outbreaks 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. Further details are provided in appendix 3.

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

- Involvement in the Thames Valley Local Resilience Forum
- Development and implementation of a 'Fit Testing' programme for FFP3 respirator masks in-line with HSE requirements; this was in place prior to the COVID-19 pandemic but has been enhanced during this period
- 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 Influenza Vaccination

In 2019-20 all NHS trusts received a CQUIN target of 80% for full payment, for vaccination of their clinical staff. The campaign was led this year, by the Deputy Director of Nursing. Delivery of the campaign included peer vaccination, in addition to the Occupational Health clinics and vouchers. The trust achieved 68.6% by 31st December 2019 amongst clinical staff. The Trust could 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 2019 was 70.2%.

The campaign was closed in terms of reporting to IMMFORM at the end of December 2019. The peer vaccination programme was expanded further this year and again proved very successful with 1542 vaccines administered using this approach. Uptake by locality can be seen below:

	CHS East	CHS West	MH East	MH West	Corporate	Inpatients	Other Health Services	CYPF
Clinical Percentage	59.10%	61.70%	63.30%	63.00%	74.00%	48.10%	68.40%	63.00%
Non-Clinical Percentage	57.4%	62.40%	49.0%	60.50%	51.50%	66.60%	0.00%	60.70%%
Overall Actual Percentage	58.80%	61.80%	59.50%	62.60%	56.20%	49.60%	67.90%	62.60%

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 2019-20 monitoring programme was implemented as planned. The programme for 2020-21 can be found in appendix 1.

The following monitoring was undertaken in 2019-20:

- Dental Services – BBV exposure & waste
- Urinary catheter point prevalence survey – Inpatient Units & Community Services
- Enteral feeding – Children’s community
- Management of sharps – all services via Datix reporting
- Hand hygiene observations – monthly for inpatient units and quarterly for other services
- Linen handling & disposal – Inpatient Units
- Standard precautions – Inpatient Units
- Patient equipment – Sexual Health
- IV therapy - Community Nursing
- 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, the Infection Prevention & Control Working Group and the Infection Prevention & Control Strategic Group. Further details are available on request to the IPCT.

Following a review of the data from the Quarter 2 MRSA screening report a paper was presented to the IPCSG and agreement made to cease routine MRSA admission screening. MRSA screening going forward should be undertaken based on clinical need.

The urinary catheter point prevalence survey planned for quarter 4 was not undertaken due to the demand on the IPCT and clinical services created by the COVID-19 pandemic.

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. Due to the COVID-19 requirement for minimising contact and maintaining social distancing this was suspended in March 2020.

Educational Activities

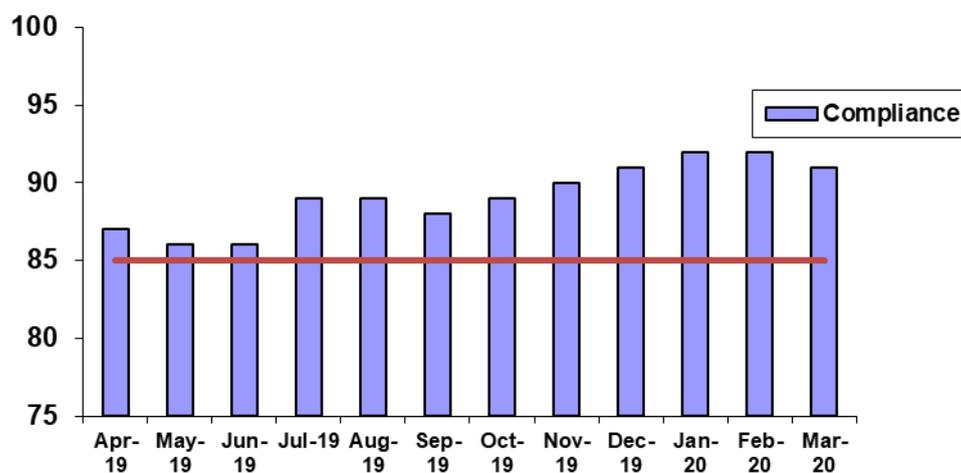
Infection prevention and control mandatory training requirements are outlined within the statutory, mandatory and essential training framework. Infection prevention and control training is included within the Berkshire Healthcare induction and general mandatory update programmes, including the SMART week for Mental Health Inpatient Units. Update sessions are provided by the team across all main sites as per a prearranged programme. Bespoke/department training sessions have also been arranged with the team. In addition to 'face to face' training e-learning is also available. This year a decision was made to move from the Skills for Health training provider to the Health Education England product for infection control e-learning as this training is less acute focused and therefore more suited to the needs of Berkshire Healthcare.

End of year training figures:

At the end of March 2020, the organisation compliance with infection control mandatory training stood at 91% against a target of 85%.

Infection, prevention and control training continues to be monitored at board level

Overall Trust Infection Prevention & Control Training Compliance at 31st March 2020



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. The study day provided in October 2019 focused on “Safety Through Collaboration & Commitment”. The programme included: IPC is everybody’s business, HCAI a local and national picture, Influenza outbreak management, antimicrobial stewardship and the 5-year plan, IPC in practice including a mental health and community focus and minimising the risk of transmission in the built environment. The day was extended to all Berkshire Healthcare staff. The day evaluated well and was attended by 56 staff.

The IPCT also provided the IPC Link Practitioners with a Newsletter that was circulated in December 2019.

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.

The document recognises that in England, each organisation writes its own standards, adhering to the Health and Social Care Act (2008); in Scotland and Northern Ireland there is a national IPC manual and standard care bundles to reduce variation in practice. Wales recently adopted the same approach, officially endorsing the Scottish manual. The 5-year antimicrobial action plan outlines the next step to be that England will adopt the Scottish model IPC manual and care standards.

An options paper was developed to consider the best way to implement the adoption of the Scottish model IPC manual and care standards within Berkshire Healthcare. One of 4 options was agreed upon by the IPCWG, IPCSG and Policy Scrutiny Group members. This will be implemented when the affected policies are updated over the next two years.

In 2019-20 the following policies have been reviewed:

ICC001 Infection Prevention & Control

ICC011 Communicable Disease and Outbreak Management

ICC012 Epidemiological Surveillance

ICC017 Decontamination of Reusable Medical Devices

ICC019 Human Transmissible Spongiform Encephalopathies (TSE)s including
Creutzfeldt Jakob Disease (CJD)

ICC020 Management of Linen and Laundry

ICC030 Multi-drug Resistant Organisms

ICC007 Single Use Medical Devices has been removed and incorporated into CCR050/HS013 Acquisition and Management of Medical Devices Policy. ICC013 Meticillin Resistant Staphylococcus Aureus (MRSA) Screening Policy is also being removed following the decision to cease routine MRSA admission screening.

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.

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 was retendered in 2019. This required IPC input due to the need to decontaminate items prior to reuse. The contract was re-awarded to the current supplier, Millbrook in February 2020.

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 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 Site

PLACE Meetings (WBCH site)

Infection Prevention & Control Link Practitioner Group

Policy Scrutiny Group

Waste Working Group

Water Safety Group

Berkshire Healthcare Health & Safety Group

Thames Valley Infection Prevention Group

Prospect Park Health & Safety Group

Berkshire West Health Economy HCAI meeting

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 new trust intranet, Nexus. This was due to be launched in late 2019-20 but has been delayed.
- Income generation – IPCT undertook some external training which provided a small income.
- System meetings to support the COVID-19 pandemic

Appendix 1 Infection Prevention and Control Annual Programme 2020-21

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 monitoring programmes that are approved by the Trust Board	DIPC		April 2020
		Review of all existing policies and production of new policies as required ensuring in date. (see criterion 9)	HIPC	Policy schedule	In line with policy programme Mar 2021
		Compliance with policies to be monitored through the infection prevention and control monitoring programme.	HIPC	In place	Mar 2021 with progress quarterly monthly 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
		Production of a DIPC Infection control annual report for the Board which is released publicly.	DIPC		July 2020
		Quarterly IPC reports presented to the Board	Deputy Director of Nursing	Quarterly	Jun 2020 Sep 2020 Dec 2020

criteria	What a service provider will need to demonstrate	Action required	Responsibility	Progress	Deadline for completion
					Mar 2021
		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
		IPC is included in the job description of Matrons and those with Matron like role as specified in the Act	Director of People		March 2021
		Monitoring of external contracts for linen, decontamination	Director of Estates & Facilities		March 2021
		Production of surveillance data to be presented to the Board	HIPC	Reporting schedule in place	Jun 2020 Sep 2020 Dec 2020 Mar 2021
		Work collaboratively with the CCG's HPE and local healthcare providers including attendance at Local Health Economy meetings	HIPC	Attendance at: BW HCAI meeting East CCG IPC & GNB meetings	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 2020 Oct 2020 Jan 2021 Apr 2021

criteria	What a service provider will need to demonstrate	Action required	Responsibility	Progress	Deadline for completion
		Review of new national initiatives prior to adoption by the trust	HIPC	On-going	When released
		Monitoring of use of sepsis recognition and management tool recognition through PIRs	HIPC		March 2021
		Involvement in Public Health Emergency Planning or Response (including Pandemic meetings)	HIPC/DIPC		As need arises
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
		IPC is considered when expanding clinical services outside the boundaries of Berkshire	Director of Strategy		March 2021 and ongoing
		IPCT included in plans for service redevelopment/redesign/reconfiguration	Director of Estates & Facilities		When re-development arises
		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 2021)	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 issued.	Head of Service, Dental		Mar 2021 or subject to date being issued
		IPC monthly spot checks inpatient units	IPCT		Mar 18 and On-going

criteria	What a service provider will need to demonstrate	Action required	Responsibility	Progress	Deadline for completion
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	Review by IPCT & Health-watch Leads Uploaded to Team-net and public website	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	Via ICNet Weekly reports east and west Monthly report east Datix reporting of deteriorating patient	Apr 15 and on-going
		IPC Care pathways to be available on RiO	HIPCs & RiO transformation Team		Mar 2021
		Review of PIR for mandatory reportable infections process to enhance service engagement	HIPC		Mar 2021
		Dissemination and sharing of learning from outbreaks, incidents and investigations	Locality Clinical Directors		on-going

criteria	What a service provider will need to demonstrate	Action required	Responsibility	Progress	Deadline for completion
		Delivery of Berkshire Healthcare GNB action plan		Berkshire healthcare GNB reduction plan in place	Mar 2019 and on-going
		Health economy and organisational collaboration for the prevention of health care associated Gram negative BSIs	HIPC	East & West CCG action plans	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 and ongoing
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	Development of focussed promotions in order to raise awareness amongst staff	HIPCs	Promotion programme in place and aligned to GNB Health Economy workstream	March 2021
		Audits undertaken as per the IPC monitoring programme and reported to the IPCSG via IPCWG.	HIPC	On-going	March 2020
		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

criteria	What a service provider will need to demonstrate	Action required	Responsibility	Progress	Deadline for completion
		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	IPCT		March 2017 and on-going
		Co-ordination of IPC link practitioner programme to include annual IPC study event.	IPCSN/ IPCT		March 2021
7	Provide or secure adequate isolation facilities	Isolation monitoring to be performed as per the monitoring programme.	HIPC		March 2021
8	Secure adequate access to laboratory support as appropriate	Contracting arrangement in West and East Berkshire.	Head of Contracting	Microbiology contract variation and SOP in place	March 16 and On-going
		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
		Explore feasibility of adoption of the NHS Scotland IPC manual into policies as part action from AMR 5-year strategy	HIPC	Options paper developed and preferred option agreed	Mar 2020
		Adoption of the NHS Scotland IPC manual into policies as part action from AMR 5-year strategy	HIPC	Plan for implementation over 2 years in progress	Mar 2022

criteria	What a service provider will need to demonstrate	Action required	Responsibility	Progress	Deadline for completion
		Review of compliance with the implementation of the Catheter Passport across all relevant services	Continence Team/HIPC		March 2021
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		March 2020
		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 2020 and on-going
		Occupational Health Contractor provide assurance that they have an up to date record of relevant immunisations of all staff	Director of People	Audit of records to be undertaken	Mar 19 and on-going
		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 2021
		Provision of flu vaccination for all trust staff	DDN		December 2021

Glossary of abbreviation:

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

Berkshire Healthcare Infection Prevention and Control Annual Audit and Monitoring Programme 2020-21

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	Inpatient 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	Community Services	Dietetics	
Q2 July	Hand hygiene observational check	All wards	Ward staff	
Q2	Standard precautions (PPE) monitoring	Urgent Care	Urgent Care Teams/IPCT	
Q2 August	Hand hygiene observational check	All wards	Ward staff	
Q2 September	Hand hygiene observational check	All services	All services	
Q2	Dental	? Environmental Design and Cleaning	Dental Services	
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	Inpatient units	IPCT	
Q3	Patient equipment monitoring	Inpatient units	Ward Staff	
Q3	IV therapy	IV Clinics	Hi-Tech Team	
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	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 2019-20

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 service to Berkshire Healthcare is provided by Berkshire and Surrey Pathology Services, with the microbiology samples being processed on the Wexham Park Hospital site and virology at Ashford and St Peter's Hospital, Chertsey.

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 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, 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.

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 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 2019-20:

	West Inpatient wards	East inpatient wards
MRSA bacteraemia	0	0
MSSA bacteraemia	2	1
GRE bacteraemia	0	1
E coli bacteraemia	8	9
Klebsiella bacteraemia	0	1
Pseudomonas bacteraemia	3*	1
<i>Clostridioides difficile</i> (reportable)	5*	1
<i>Carbapenemase-producing Enterobacteriaceae</i> (CPE)	1	1

*2 cases in the same 2 patients for both Pseudomonas and C difficile

Bacteraemia

The Infection Prevention and Control Team (IPCT) review patients who have developed bacteraemia while an inpatient, whether 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. The IPCT undertake a post infection review (PIR) for mandatory reportable bacteraemia, where the patient has been associated 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.

MRSA and Glycopeptide Resistant Enterococci (GRE):

No cases of MRSA were reported from inpatient units. One case of GRE was reported from the inpatient units.

Case number	Date of Specimen	Organism	Associated Ward	Risk factors identified / Source
1	14/04/2019	Vancomycin Resistant Enterococcus faecalis	Jubilee	Surgical wound, HAP, Cellulitis

MSSA

During 2019-20, 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 a decrease from 2018-19 where six cases were identified.

Summary of cases:

Case number	Date of Specimen	Organism	Associated Ward	Risk factors identified / Source
1	08/01/2020	MSSA	Jubilee	Septic Arthritis
2	03/03/2019	MSSA	Oakwood	Previous MSSA BSI / chest infection / cellulitis

Gram-negative bacteraemia:

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

System wide actions in progress:

- Monitoring of GNB reduction health economy action plans at the Berkshire Healthcare IPCSG and at East and West CCG Health Economy meetings.
- Consistent data collection including source of infection to ensure targeted actions.
- Review of Public Health England fingertips data 6-monthly at Antimicrobial Stewardship Group meetings. Berkshire Healthcare provides local, Berkshire Healthcare data because national data is only provided for acute trusts and CCG's.
- Review of membership of GNB groups to ensure senior leader engagement.
- Joint GNB reduction promotional campaigns for importance of hand hygiene and prevention of UTI undertaken

Berkshire Healthcare actions:

- Microbiology contract variation and SOP approved
- Gram-negative bacteraemia reduction included in Berkshire Healthcare True North harm free care metric for 2019-20
- UTI management guidelines approved and disseminated
- Review of PHE/NHSi GNB self-assessment and implementation tool
- Launch of urinary catheter passport in April 2019

- GNB action plan updates included in AMS meetings and Networks
- Dissemination of post infection reviews for mandatory reportable blood stream infection
- Availability of a linked catheter care plan on RiO for Community Nursing, community inpatient and mental health inpatient wards
- Urinary Catheter point prevalence data collection (inpatients) undertaken September 2019

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 within 48 hours of admission to the Acute Trust following transfer from Berkshire Healthcare inpatient units. In comparison to 2018-19 data, there has been an increase in E coli bacteraemia by 10 cases from 7 to 17, an increase in Pseudomonas by 3 cases from 1 to 4 and a decrease in Klebsiella by 2 cases from 3 to 1.

Summary of cases:

Case No.	Date of Specimen	Organism	Associated Ward	Risk factors identified / Source
1	15/04/2019	E coli	Henry Tudor	Urinary Catheter, unable to TWOC
2	19/04/2019	E coli	Ascot	Previous colonisation in urinary tract/multiple episodes of chest infection
3	20/04/2018	E coli	Donnington	Urinary Tract
4	22/04/2019	E coli	Jubilee	Recurrent colonisation of urinary tract including ESBL
5	03/05/2018	E coli	Henry Tudor	Previous colonisation, Previous E coli bacteraemia.
6	05/05/2019	Pseudomonas	Ascot	Urinary catheter and unplanned TWOC
7	24/05/2019	Pseudomonas	Henry Tudor	Diabetes, painful, swollen right knee, suspected infection
8	29/05/2019	Klebsiella	Jubilee	Colonisation in urinary tract, chest infection
9	06/06/2018	E coli	Henry Tudor	Colonisation in urinary tract, hepatobiliary
10	15/07/2019	E coli	Henry Tudor	Colonisation in urinary tract, supra-pubic catheter

Case No.	Date of Specimen	Organism	Associated Ward	Risk factors identified / Source
11	22/07/2019	E coli	Oakwood	Dehydration, likely source urine
12	09/10/2019	E coli	Henry Tudor	Previous E coli bacteraemia, colonised urinary tract
13	09/11/2019	E coli	Henry Tudor	Previous E coli bacteraemia, colonised urinary tract, failed TWOC
14	28/11/2019	E coli	Donnington	Colonisation in urinary tract, urinary catheter, leg ulcers
15	29/11/2019	E coli	Oakwood	Urinary catheter, category 4 pressure ulcer
16	12/12/2019	Pseudomonas	Highclere*	Otitis media, cellulitis
17	18/12/2019	E coli	Henry Tudor	Urinary tract
18	20/12/2019	E coli	Highclere	Colonised urinary tract, catheter insertion
19	21/01/2020	Pseudomonas	Highclere*	Previous Pseudomonas bacteraemia, possible pacemaker infection, multiple co-morbidities
20	21/01/2020	E coli	Donnington	Colonised urinary tract (ESBL) recent routine catheter change
21	06/03/2020	E coli	Highclere	Previously colonised urinary tract
22	12/03/2020	E coli	Henry Tudor	Hepatobiliary chest

*same patient

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 the wider organisation.

The following table indicates the number of community cases reviewed by Berkshire Healthcare IPCT during 2019-20:

Organism	Number of cases reviewed 2018-19	Number of cases reviewed 2019-20
E Coli	111	94
MRSA	0	0
MSSA	26	45
Klebsiella	20	34
Pseudomonas	8	9

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 had two cases of CPE in 2019-20.

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

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

Clostridioides 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:

***Clostridioides difficile* Infection (CDI):**

One episode of diarrhoea, defined on Bristol Stool Chart type 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 *Clostridioides 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).

***Clostridioides 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.

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.

Where Berkshire Healthcare cases fall under the remit of Berkshire East Health Economy a discussion takes place between the Lead IPCNs for Berkshire East CCG, Frimley Health and Berkshire Healthcare to agree whether a lapse in care has occurred and any shared learning for dissemination.

Changes to the CDI reporting algorithm for financial year 2019/20 are:

- adding a prior healthcare exposure element for community onset cases
- reducing the number of days to apportion hospital-onset healthcare associated cases from three or more (day 4 onwards) to two or more (day 3 onwards) days following admission.

For 2019/20 cases reported to the healthcare associated infection data capture system have been 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 for 2019/20 are 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

Due to the change in definitions for 2019 - 2020, data will not be comparable to previous years and the focus will remain for the health economy to work together to share learning and reduce numbers of *Clostridioides difficile* cases.

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 increased from 2 (1 lapse-in-care) in 2018-19 to 6 (1 lapse in care) in 2019-20

West and East Community 2019-20

	Total West	Total East
Trajectory 2019-20	4	2
C. difficile cases identified from Berkshire healthcare inpatient units	5	1
C. difficile cases assigned to Berkshire Healthcare due to lapses in care	1	0
C. difficile cases under review	0	0

Summary of reportable cases Berkshire Healthcare inpatients April 2019-20:

Case no:	Ward / location	Date of Specimen	Assignment details/comments
1	Donnington	20/05/2019	No lapse in care
2	Oakwood Unit	12/09/2019	Lapse in care – due to delay in escalating the positive CDI result
3	Henry Tudor	31/10/2019	No lapse in care
4	Donnington	18/11/2020	No lapse in care
5*	Highclere	21/01/2020	No lapse in care
6*	Highclere	07/03/2020	No lapse in care

*same patient

Period of increased incidence of *Clostridioides difficile* (P11) 2019-20:

During 2019-20, there were no periods of increased incidence identified within Berkshire Healthcare inpatient units.

Summary of outbreaks identified in inpatient wards 2019-20:

Month / year	Ward	Organism	No. of Patients affected	No. of Staff affected	Total No. of positive results	No. of days admission restricted
November 2019	Windsor	Influenza B	5	1	2	Bay 3 = 3 Bay 4 = 2
November 2019	Daisy	Norovirus	7	0	1	5
December 2019	Highclere	Norovirus	8	16	3	10
December 2019	Jubilee	Norovirus	10	8	3	11
January 2020	Oakwood	Norovirus	11	6	4	2 (Willow end)

Key messages identified from post infection reviews for shared learning:

- Results on ICE to be checked carefully and in a timely fashion
- Correct location of patient to be used when requesting samples to be processed via the laboratory
- Specimens to be taken when clinically indicated and labelled correctly prior to sending to the laboratory
- Patients reported as 'C difficile likely' to be escalated to and reviewed promptly by medical team
- Clinical charts and documentation to be commenced and then completed accurately and fully
- Staff to follow up on catheter care plan or passport following transfer from acute trust if information not provided on transfer
- Catheterisation procedure to be clearly documented in progress notes and include any difficulties experienced

-
- A record of what is recorded on the death certificate included in RiO progress notes is helpful to investigators
 - All relevant paper documents to be uploaded to RiO on discharge, these must be complete and easy to view
 - Staff to ensure that alterations in patient condition are recorded clearly in RiO progress notes
 - For contact tracing and surveillance purposes it is essential that patient bed allocation on RiO should match bed occupied on the ward
 - Staff to know how to contact BHFT IPCT and when notifying IPC team members of clinical issues to copy infection.control@berkshire.nhs.uk
 - Staff to report positive blood cultures via Datix and to the IPCT

Appendix 3 – Summary of Learning from Datix Incidents

Review of Datix incidents April 19 – March 2020

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, in order 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 are not included in this summary because they are included in a separate quarterly IPC shared learning document.

Between April 19 - March 2020, a total of **883** incidents were copied to the IPCT. On review of these incidents, **489** were not directly associated with infection prevention and control. **394** incidents were reviewed.

Key messages identified during April 2019-20	Identified Previously?
Used sharps must be safely disposed of into sharps bin	Yes
Sepsis early recognition checklist to be completed in line with NEWS2 to initiate appropriate escalation of patient's condition	Yes
Prompt activation of safety mechanism of safety needle after completing venepuncture must be undertaken	
Always store sharps containers in a designated, safe, locked area out of the reach of children, patients or visitors	Yes
Staff to ensure to check expiry dates on medical supplies including indwelling urinary catheters and ensure stock is rotated correctly	Yes
Staff to request a replacement of sharps bin in advance in order to ensure that a bin is available for prompt sharps disposal.	
Staff to risk assesses individual situations prior to undertaking sharps related procedures to maximise patients and staff safety.	Yes
Staff to ensure that patients bedrooms are cleaned thoroughly prior to admitting patients to prevent risk of transmission of infection	
All staff must be aware of safe technique to retrieve spilled sharps in line with the policy to prevent sharps injury.	
Staff to follow correct procedure for the disposal of Cytotoxic drugs.	
Managers to ensure that PPE is available in the clinical area for staff to use	
Staff to ensure that appropriate equipment is available prior to undertaking sharps related procedures	
Staff to adhere to ICC005/HS008 Management of needle stick & contamination injury policy following a sharps incident.	



Berkshire Healthcare

NHS Foundation Trust

April 19 – March 20	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Total
Chest Pain										0	2	1	3
Flu or flu like symptoms										0	0	1	1
Hypoglycaemic Event										1	0	2	3
Other issues relating to Infection Control										1	2	2	4
Other problems										13	13	15	41
Reportable Deaths										3	5	2	10
Supply of suitable equipment										0	0	1	1
Documentation										0	1	0	1
Near miss sharps incidents										0	0	1	1
Discharge Issues										4	0	1	5
Referral issues										1	0	0	1
Absent (Patient)	1	1	1										3
Assault	1	1	1	2	0	0	3	0	0	1	0	6	15
Behavioural/ Personal Conduct	0	3	1				0	1	0				5
Delayed Diagnosis	0	0	1										1
Drug Incident	0	2	1	0	1	0							4
Slip, Trip or Fall	1	1	1				1						4
Ill Health	8	13	5	13	17	5	23	16	28	9	8	10	155
Inappropriate Care	0	1	0	1	0	0	1	1	0	1	0	0	5
Infection	1	1	1	1	3	1	1	4	4	2	2	4	25
Other infections										0	1	2	3

Medical Emergency	0	2	0	1	2	0	0	0	3				8
Other incident	2	0	1	2	4	0	2	3	1	1	1	0	17
Moisture Damage	1	1	1										3
Pressure Ulcers	7	5	2										14
Procedures not carried out	0	0	1	2	1	1	1	3	2	0	0	3	14
Security Issues	0	1	0										1
Sharps - Needles or other medical sharp	1	2	1	2	5	2	1	5	0	1	1	0	21
Site Issues	1	0	0							0	0	1	2
Theft involving Trust property										0	0	1	1
Self Harm/Self Harming Behaviour	0	0	4										4
Exposure to harmful substances				0	1	0	0	1	0	0	1	0	3
Equipment Medical (defects and failures)				1	0	0	0	0	1				2
Sharp material or objects (not medical sharps)										1	2	0	3
Laboratory /Processing specimens							1	2	1				4
Communication										4	0	1	5
Needlestick Injury – dirty needle										1	1		2
Skin Damage - Other	1	0	1	0	1	0	0	0	1				4
Total	25	34	23	25	35	9	34	36	41	39	38	55	394