



**Berkshire Healthcare NHS Foundation Trust**

**INFECTION PREVENTION AND CONTROL ANNUAL REPORT  
APRIL 2017 - MARCH 2018**

**Formal Executive Meeting**

**Author:** Catherine Greaves Head of Infection Prevention & Control (Community Services)  
Diana Thackray Head of Infection Prevention & Control (Inpatient Services)

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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 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 function 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 2017-18. 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. Seven cases were identified for the in-patient units in 2017-18 in the West and 3 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 2017-18 was no cases within the inpatient units. There have been six PIR's where patients have received recent community services. In two cases a lapse in care was identified, one lapse related to non-Berkshire Healthcare aspects of the patients care. In the remaining four cases, no lapse in care was identified.

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 articulates the organisations development needs in relation to the act and 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 infection prevention and control programme and overarching infection prevention and control strategy sets clear objectives for Berkshire Healthcare to achieve; delivery of this is supported by the Infection Prevention and Control Team.

Our plans and key priorities are to deliver the highest infection prevention & control standards to prevent avoidable harm to patients from healthcare associated infection and work towards an outstanding CQC rating when the trust next undergoes inspection.

Helen Mackenzie

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. There has also been an increasing emphasis on early recognition of and action against sepsis. 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.

The Health and Social Care Act (2008) Code of Practice for the Control of Healthcare Associated Infection was updated in August 2015 with a greater focus on antimicrobial stewardship. Berkshire Healthcare has incorporated antimicrobial stewardship into its work plans in order to start to address the increasing emergence of resistant organisms which is putting pressure on infection prevention & control locally and nationally.

The implementation of the Health and Social Care Act 2008 has set 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 its services 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 2017-18 by Berkshire Healthcare in relation to infection prevention and control. The infection prevention and control programme for 2018-19 outlines the priorities and objectives for the coming year.

## Infection Prevention and Control Arrangements and Budget Allocation

Berkshire Health Care Foundation Trust serves a population of approximately 900,000 people providing 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
Gaëlle Diallo	1 WTE	Infection Prevention & Control Nurse
Currently being recruited	0.6 WTE	Infection Prevention & Control Administrator

Support is also provided by a Consultant Microbiologist via an SLA with Frimley Health. This support includes, attendance at the IPCSG and antimicrobial stewardship group meetings, ad-hoc clinical advice and signing off relevant PGDs. This is currently being reviewed with a view to an overarching contract being set up. An increasing need for

specialist microbiological advice and support has been identified in other trust services due to the increasing complexity of patients cared for and services provided to them.

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**

The Health & Social Care Act came into force in 2008 and was updated in July 2015. The most recent version includes a section dedicated to antimicrobial stewardship.

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

### **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)**

A review of the arrangements for the Infection Prevention & Control Working Group was undertaken at the end of 2016-17. The previous arrangements of duplicated groups in the East & West localities were replaced by one joint group. Face to face meetings with the joint group have been undertaken every six months, utilising Skype technology to minimise travel, with quarterly virtual meetings in the interim quarters. 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 Trust Infection Prevention & Control Strategy. The Infection Prevention Control Working Group (IPCWG), reports to the Infection Prevention and Control Strategic Group.

### **The Infection Prevention and Control Programme**

The majority of the infection prevention and control programme for 2017-18 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 on-going.
- Mattress tender – at contract evaluation stage will be awarded early in 2018-19.

- Review of laboratory contract arrangements – this is now being taken forward by the contracting department

Appendix 1 describes the Infection Prevention and Control Programme planned for the year 2018-19. Outstanding items from the 2017-18 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), 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. These are reported by Berkshire & Surrey Partnership Pathology Services as part of the Service Level Agreement.

NHS improvement has launched resources to support the reduction of Gram negative blood stream infections by 50% by 2021.

A requirement from the national GNB initiative was for a joint action plan to be produced by September 2017. An overarching Berkshire health economy action plan has been produced and approved which includes specific Berkshire Healthcare actions. Berkshire Healthcare are working closely with the acute trusts and CCG's to agree a consistent approach to surveillance, data collection, implementation of initiatives and to streamline guidelines / patient information. The Berkshire Healthcare GNB action plan is reviewed by the Infection Prevention & Control Strategic Group.

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

## ***Clostridium difficile***

From 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 2017-18. 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. 7 cases were identified for the in-patient units in 2017-18 in the West and 3 of these cases had a lapse in care identified therefore they were attributed to Berkshire Healthcare. No cases were identified in the East. A Post Infection Review (PIR) was undertaken for all cases. A summary of PIRs is included in Appendix 2.

The trajectories for 2018-19 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.

## **Methicillin 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 6 PIRs where patients have received recent community services. In two cases a lapse in care was identified, one lapse related to non-Berkshire Healthcare aspects of the patients care. In the remaining four cases, no lapse was identified. A further case was identified within 24hours of transfer to a Berkshire Healthcare in-patient unit and was attributed to the acute trust.

The trust target for 2017-18 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 2018-19.

MRSA admission screening has continued to be monitored by the IPCT across all physical health and older adult mental health inpatient units quarterly during 2017-18.

### **Meticillin Sensitive *Staphylococcus aureus* (MSSA)**

There have been no Meticillin Sensitive *Staphylococcus aureus* (MSSA) bacteraemia identified in 2017-18 for the in-patient units.

### **Gram negative Bacteraemia**

A total of 9 cases of *Escherchia coli* bacteraemia and one case of *Klebsiella pneumoniae* were reported during 2017-18 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.

### **Other non-reportable bacteraemia**

During 2017-18, one inpatient developed a non-reportable bacteraemia; associated with a *Staphylococcus pettenkoferi*. A PIR was undertaken in order to identify and share learning.

### **Carbapenemase - Producing Enterobacteriaceae (CPE)**

Enterobacteriaceae are bacteria that live in the gut of humans and animals. 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 (including Enterobacteriaceae). Carbapenemases are enzymes that destroy carbapenem antibiotics, conferring resistance. They are made by a small but growing number of Enterobacteriaceae strains. In December 2013 Health Protection England released a toolkit for acute trusts to support them in identification and management of affected patients.

There have been no patients newly identified with CPE in the in-patient units during 2017-18.

### **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 5 outbreaks of gastroenteritis reported from inpatient areas within Berkshire Healthcare during 2017-18. The outbreaks were managed and investigated by the IPCT. It was not always 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 inevitably 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.

There has been one period of increased incidence (PII) of C difficile infection.

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 both patients and the environment.

## **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. A quarterly report of the IPC incidents reported via Datix is also produced and shared across the organisation. These reports along with the full post infection reviews are also available on Team-net. The PIR process has been reviewed with the Patient Safety Team to ensure Duty of Candour requirements are met.

## **Emergency Planning**

The trust has continued to be involved in Thames Valley Local Resilience Forum for pandemic flu planning. Support has also been provided around winter pressures and the impact of seasonal influenza this year.

## **Staff Flu Vaccination**

In 2017-18 all NHS trusts received a CQUIN target of 70% for full payment, for vaccination of their clinical staff. The campaign was led by the Head of Infection Prevention & Control (community services) again this year. Delivery of the campaign included peer vaccination, in addition to the Occupational Health clinics and vouchers. The trust achieved 66.56% by 31<sup>st</sup> December 2016 amongst clinical staff. This year the Trust was allowed to include third party clinical staff working with Berkshire Healthcare staff e.g. students, local authority, and bank and agency staff, in the final data submission. Consequently the final figure at 31<sup>st</sup> December 2017 was 71.4%. 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 1085 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%

## 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 2017-18 a combined audit and monitoring programme was set. The programme for 2018-19 can be found in appendix 1.

The following audit and monitoring were undertaken:

- Audit of dental services – Decontamination
- Antibiotic audit – Inpatient Units
- Urinary catheter bundle audit – Inpatient Units
- Enteral feeding audit – Inpatient Units
- Management of sharps audit – Inpatient and Community Services
- IV Therapy Inpatient Units
- Sepsis Management - Inpatient Units
- Hand hygiene observations – monthly for in-patient units and quarterly for other services
- Hand hygiene facilities – Leg Ulcer Clinics
- Linen handling & disposal – Inpatient Units
- Standard precautions – Inpatient Units
- Patient equipment - Inpatient Units
- Inter-healthcare Transfer Forms – inpatient units
- Static mattresses – Inpatient Units
- Isolation facilities – Inpatient Units
- MRSA 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 wards monthly to spot check against key issues such as cleanliness and compliance with infection prevention and control practices.

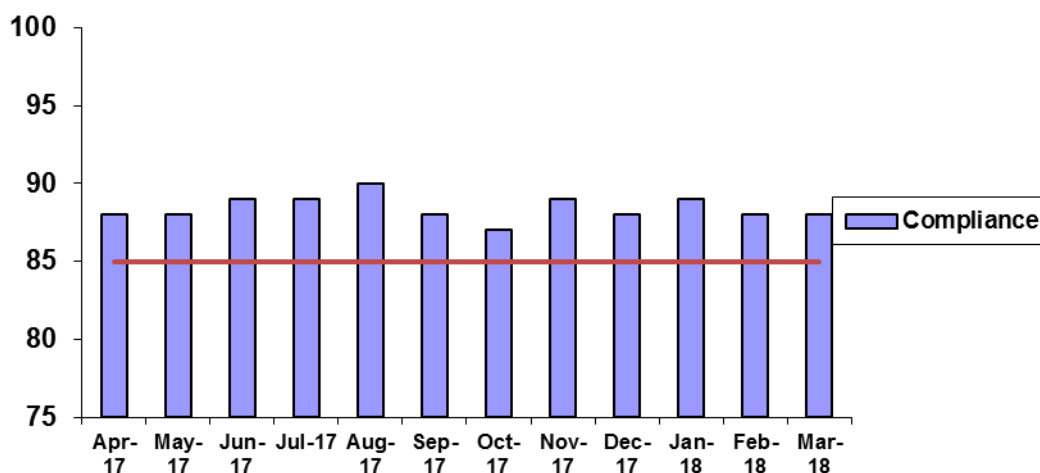
### Educational Activities

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 PPH site. 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.

### End of year training figures:

At the end of March 2018 the organisation compliance with infection control mandatory training stood at 88%.

**Overall Trust Infection Prevention & Control Training Compliance  
at 31<sup>st</sup> March 2018**



Infection, prevention & control training will continue to be monitored at board level in 2018-19 in order to ensure that compliance with attendance improves / is maintained.

### Link Practitioner Programme

The Link Practitioner Group has continued and members are provided with an education programme by the infection prevention and control team which includes audit feedback, general update including compliance with the infection prevention control annual programme and other topical issues. Meetings were planned quarterly however the quarter 3 and quarter 4 meetings were cancelled due to very few members being able to attend. A review of the delivery and support provided to the group is currently being undertaken. In October 2017 the IPCT organised a full day study day at East-Hampstead Conference Centre. The day took focused on Emerging Threats in Infection Control. The day was extended to all Berkshire Healthcare staff and an

invitation was also sent to Care Homes across Berkshire. The day evaluated well and was attended by 59 staff, 4 of which were from Care Homes.

### **Antimicrobial Stewardship**

The trust has an antimicrobial stewardship group that is responsible for delivery the agenda. The group meets quarterly and is chaired by the Lead for Westcall Out of Hours Service.

### **Sepsis**

The early recognition of sepsis work stream (excluding Westcall) continues to be co-ordinated by HIPC for Berkshire Healthcare Services see appendix 2 for further detail.

### **Infection Prevention and Control Policies**

The following policies have been reviewed:

ICC001	Infection Control
ICC006	Decontamination of Reusable Medical Devices
ICC008	Single Use Medical Devices
ICC011	Outbreaks of Infection & Communicable Diseases
ICC012	Epidemiological Surveillance
ICC019	Human Transmissible Spongiform Encephalopathies (TSE) including Creutzfeldt Jakob Disease (CJD)
ICC020	Management of Linen & Laundry

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

### **Decontamination**

During 2017 the decontamination contract for processing of podiatry and sexual health instruments, previously awarded to Nuffield Health in 2014, was retendered. Five tenders were received and the contract was awarded to Synergy Health trading as Steris Instrument Management Services. The contract commenced in March 2018

A tendering process has been undertaken for the hire and decontamination of dynamic mattresses and cushions (including trust owned equipment). This tender is in the final review stages prior to awarding the contract.

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 is currently being reviewed with the intension of putting in place an overarching contract to cover the main functions required by Berkshire Healthcare to include, but not limited to, infection control doctor support, support for antimicrobial stewardship.

The SLA with Sue Ryder has continued to cover any reactive work 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

Medicines Management Group

Frimley Health (north) Infection Control Committee

Royal Berkshire NHS Foundation Trust Infection Control Committee

Thames Valley Infection Prevention Group

Prospect Park Health & Safety Group

Berkshire West Health Economy HCAI meeting

Berkshire Antimicrobial Stewardship Network

Berkshire Healthcare Antimicrobial Stewardship Group

East Berkshire Joint Infection Control Group

Infection Control Group for Reduction of Gram-Negative Bacteraemia

## **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 2018-19

criteria	What a service provider will need to demonstrate	Action required	Responsibility	Progress	Deadline for completion
1	<b>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</b>	Designation of an individual to be the lead for infection prevention and control (DIPC)	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 2018
		Review of all existing policies and production of new policies as required ensuring in date. (see criterion 9)	HIPCs	Policy schedule	In line with policy programme Mar 19
		Compliance with policies to be monitored through the infection prevention and control audit/monitoring programme.	HIPCs		Mar 19 with progress quarterly monthly at IPCSG
		Monitoring of compliance with MRSA admission screening and reporting to IPCWGs	HIPCs		Jun 18 Sep 18 Dec 18 Mar 19

criteria	What a service provider will need to demonstrate	Action required	Responsibility	Progress	Deadline for completion
		Designation of a lead for cleaning and decontamination	CEO	In place	April 2015 and on-going
		A water safety group and a water safety plan are in place	DIPC/Estates and facilities	In place	April 2016 and on-going
		Production of a DIPC Infection control annual report for the Board which is released publically.	DIPC		July 2018
		Quarterly IPC reports presented to the Board	Deputy Director of Nursing	Quarterly	Jun 18 Sep 18 Dec 18 Mar 19
		Production of monthly reports	HIPCs	Reporting schedule in place	Monthly & Quarterly
		Temporary and contract staff have infection control included in local induction or commencing first/single shift within the trust.	All Services		Apr 15 and ongoing
		Monitoring of external linen contract	Director of Estates & Facilities	Contract awarded monitoring being undertaken	March 2019
		Production of surveillance data to be presented to the Board	HIPCs	Reporting schedule in place	Jun 18 Sep 18 Dec 18

criteria	What a service provider will need to demonstrate	Action required	Responsibility	Progress	Deadline for completion
					Mar 19
		Work collaboratively with the CCG's HPE and local healthcare providers including attendance at Local Health Economy meetings	HIPCs	Attendance at: BW HCAI meeting East CCG IPC meeting	March 2017 and On-going
		Shared learning from infection control incidents and root cause analysis to be disseminated to relevant services within Berkshire Healthcare	HIPCs	Reporting schedule in place	July 18 Oct 18 Jan 19 Apr 19
		Review of new national initiatives prior to adoption by the trust	HIPCs	On-going	When released
		Monitoring of sepsis recognition and management	HIPCs	Part of audit programme	March 18 and On-going
		Review of NICE Sepsis Quality Standard	HIPC		March 18 and On-going
2	<b>Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections</b>	IPCT are consulted when external or internal contracts are being prepared.	Director of Estates & Facilities	Dynamic Mattress decontamination review  Clinical waste tender underway	When contracts arise
		IPCT included in plans for service redevelopment/redesign/reconfiguration	Director of Estates & Facilities		When re-development arise

criteria	What a service provider will need to demonstrate	Action required	Responsibility	Progress	Deadline for completion
		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 due (Sept 2019)	Sept 2019
		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 18 or subject to date being 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	Review of GHHC and SHHC undertaken, action plan developed by Facilities	Mar 19
3	<b>Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance</b>	Antimicrobial Stewardship Group to develop 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
4	<b>Provide suitable accurate information on infections to service</b>	Maintenance of IPC information available on both the intranet and internet for the	Head of Communication	On-going, review of patient information	March 18 and on-going



criteria	What a service provider will need to demonstrate	Action required	Responsibility	Progress	Deadline for completion
	<b>users and their visitors and any person concerned with providing further support or nursing/medical care in a timely fashion</b>	general public.		leaflets being undertaken	
<b>5</b>	<b>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</b>	Prompt identification of alert organisms via available surveillance systems and liaison with clinical teams.  Flagging of Infection risks (when known) on RiO	IPCT	Liaison with Frimley Healthcare regarding surveillance systems in the East localities	Apr 15 and on-going
		IPC Care pathways to be available on RiO	HIPCs & RiO transformation Team		Mar 19
		Inter-healthcare Transfer form to be available as an editable document on RiO	HIPCs & RiO transformation Team		Mar 19
		Greater clinician involvement in PIRs and investigation of bacteraemia, C difficile and other significant organisms	HIPCs		Mar 19
		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	Liaison with Frimley Healthcare regarding surveillance systems in the East localities	Mar 17 and on-going
		Review of early recognition of sepsis tools	HIPC/		March 19

criteria	What a service provider will need to demonstrate	Action required	Responsibility	Progress	Deadline for completion
		and appropriate management for community services	Community Service Managers		
		Development of E learning package for recognition of sepsis	HIPC/ Learning and Development Team		March 2019
		Health economy and organisational collaboration for the prevention of health care associated Gram negative BSIs	HIPC	Berkshire healthcare GNB reduction plan	March 2019
6	<b>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</b>	Development of focussed promotions in order to raise awareness amongst staff	HIPCs		March 2019
		Audits undertaken as per the IPC audit & monitoring programme and reported to the IPCSG via IPCWG.	HIPCs	On-going	March 19
		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

criteria	What a service provider will need to demonstrate	Action required	Responsibility	Progress	Deadline for completion
		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 2019
7	<b>Provide or secure adequate isolation facilities</b>	Isolation monitoring to be performed as per the monitoring programme.	HIPCs	Due January 2019	March 2019
8	<b>Secure adequate access to laboratory support as appropriate</b>	Contracting arrangement in West and East Berkshire.	Head of Contracting	In progress following move to Berkshire & Surrey Pathology Services	March 16 and On-going
		Development of IT systems to improve the quality of surveillance information received from the laboratories	HIPCs	Liaison with Frimley Healthcare regarding surveillance systems in the East localities	March 17 & on-going (carried over from 2012-13, 2013-14, 2014-15)
		Development of overarching contract to include all requirements from microbiologist	Head of Contracting		March 2019
9	<b>Have and adhere to policies, designed for the individuals care and provider organisations, that will help to prevent and control infections</b>	Existing policies reviewed as per 2 yearly programme or when required if sooner	HIPCs	Policy review schedule in place	Apr 15 and on-going

criteria	What a service provider will need to demonstrate	Action required	Responsibility	Progress	Deadline for completion
10	<b>Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection</b>	Programme of education for staff.	HIPCs	In place	Mar 17 and on-going
		Review content of face to face training and assessment tools	HIPCs		March 19
		All staff attend training as per the requirements of the Statutory, Mandatory & Essential Training Framework.	Locality Directors		April 2015 and on going
		IPC input to OH tender	HIPC	Current contract extended to October 2018	March 19
		Provider assurance Occupational Health Contractor to keep a record relevant immunisations of all staff	Director of HR		Mar 19 and on-going
		Process for the assessment and provision of staff prophylaxis when required	HIPC/DDN		March 2019
		Provision of flu vaccination for all trust staff to include:	DDNs		December 2018
		Order of vaccine	Pharmacy		April 2018
		Review / update of PGD used by peer vaccinators	Pharmacy		Aug 2018
		Engagement of localities in vaccination campaign	DDN / HIPC / Comms		Dec 2018

criteria	What a service provider will need to demonstrate	Action required	Responsibility	Progress	Deadline for completion
		Delivery of flu vaccination clinics	OH		Nov 2018
		Expansion of peer vaccinator programme	HIPC		Sept 2018
		Weekly reporting of vaccination uptake commencing October 2018	HIPC		Dec 2018

#### 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 2018 – 19

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	MRSA screening monitoring	In patient wards	IPCT	
Q1 June	Static Mattresses and cushions monitoring	All inpatient sites	Ward staff	
Q1	Enteral feeding monitoring	Community services	Community / Dietetics Team	
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 August	Transfer forms monitoring	In-patient units	IPCT	
Q2 September	Hand hygiene observational check	All services	All services	
Q2	MRSA screening monitoring	In patient wards	IPCT	
Q2	Dental Medical devices and PPE	Dental	Dental Team	

Month	Description	Location	Undertaken by	Progress
<b>Q3 October</b>	Hand hygiene observational check	All wards	Ward staff	
<b>Q3</b>	Patient equipment monitoring	Podiatry	Podiatry Team	
<b>Q3 November</b>	Hand hygiene observational check	All wards	Ward staff	
<b>Q3 December</b>	Hand hygiene observational check	All services	All services	
<b>Q3</b>	MRSA screening monitoring	In patient wards	IPCT	
<b>Q3</b>	Urinary catheters monitoring	Community services	Community Nursing Team	
<b>Q3</b>	Sepsis tool monitoring	Community Inpatient Wards	IPCT	
<b>Q4 January</b>	Hand hygiene observational check	All wards	Ward staff	
<b>Q4</b>	Isolation facilities monitoring	All inpatient wards	IPCT	
<b>Q4 February</b>	Hand hygiene observational check	All wards	Ward staff	
<b>Q4 March</b>	Hand hygiene observational check	All services	All services	
<b>Q4</b>	MRSA screening monitoring	In patient wards	IPCT	
<b>Q4</b>	IV Therapy monitoring	Community Nursing	Community Nursing Team	
<b>Q4</b>	Sharps management monitoring	Inpatient and outpatient services	All clinical services	

## Appendix 2 – Summary of Surveillance Data 2017-18

### Introduction:

Berkshire Healthcare NHS Foundation Trust 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.

Previously, due to the geographical area of the Trust, it was served by two laboratories based at Wexham Park Hospital, Frimley Health NHS Foundation Trust and Royal Berkshire NHS Foundation Trust.

The laboratories at these Acute Trusts have now merged to a single microbiology laboratory based at Wexham Park Hospital.

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, MRSA, MSSA, Gram negative (including *Escherichia coli*, *Pseudomonas* and *Klebsiella*) and 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 November 2016 a plan was launched by the Department of Health to reduce healthcare associated Gram-negative bloodstream (GNB) infections by 50% by 2021 and reduce inappropriate antimicrobial prescribing by 50% by 2021. A number of guidelines have since been released by NHS Improvement and Public Health England.

A requirement from the national GNB initiative was for a joint action plan to be produced by September 2017. An overarching Berkshire health economy action plan has been produced and approved which includes specific Berkshire Healthcare actions. Berkshire Healthcare are working closely with the acute trusts and CCG's to agree a consistent approach to surveillance, data collection, implementation of initiatives and to streamline guidelines / patient information. The Berkshire Healthcare GNB action plan is reviewed by the Infection Prevention & Control Strategic Group.

### Mandatory reporting summary Berkshire Healthcare 2017-18:

	West Inpatient wards	East inpatient wards
<b>MRSA bacteraemia</b>	1	0
<b>MSSA bacteraemia</b>	0	0
<b>GRE bacteraemia</b>	0	0
<b>E coli bacteraemia</b>	4	5
<b>Klebsiella bacteraemia</b>	0	1



	West Inpatient wards	East inpatient wards
<b>Pseudomonas bacteraemia</b>	0	0
<b><i>Clostridium difficile</i> (reportable)</b>	7	0
<b><i>Carbapenemase-producing Enterobacteriaceae</i> (CPE)</b>	0	0

### Bacteraemia

Patients identified with positive blood cultures that have recently been discharged from Berkshire Healthcare inpatient services or community patients, who have been identified as part of enhanced surveillance to have had community service input, are also investigated. Where issues are identified, learning is shared with clinical teams.

### MSSA and Glycopeptide Resistant Enterococci (GRE):

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

### MRSA

One case of MRSA bacteraemia was identified from a patient who had been admitted to Oakwood Unit, PPH from the acute trust and transferred back within 48 hours. The case was assigned to the acute trust.

### *Gram negative* bacteraemia:

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.

### Summary of cases:

Case number	Date of Specimen	Organism	Associated Ward	Risk factors identified / Source
1	13/04/2017	E coli	Henry Tudor	Patient transferred from acute trust transferred back same day due to rigors / sepsis
2	07/07/2017	E coli	Henry Tudor	Long term urinary catheter Recent bladder washouts for bypassing catheter
3	01/08/2017	E coli	Oakwood	Multiple co-morbidities Previous history of colonised urinary tract Previous history of E. coli bacteraemia Presence of indwelling urinary catheter
4	05/07/2017	E coli	Jubilee	Patient had a change from normal continence pattern starting on 24/06/2017 and was incontinent on 02/07/2017 E coli present in urine

Case number	Date of Specimen	Organism	Associated Ward	Risk factors identified / Source
				Multiple co-morbidities
5	11/08/2017	E coli	Henry Tudor	Urinary tract
6	20/08/2017	E coli	Oakwood	History of indwelling urinary catheter Loose stools due to ulcerative colitis Colonised urinary tract
7	25/08/2017	E. coli	Henry Tudor	Urinary tract
8	20/12/2017	E. coli	Highclere	Urinary tract
9	15/02/2018	Klebsiella	Jubilee	Recurrent UTI Presence of urinary catheter Colonised urinary tract
10	28/03/2018	E. coli	Donnington	Colonised urinary tract Recent urinary tract infection Infected surgical wound site

#### Miscellaneous/ other bacteraemia:

Case number	Date of Specimen	Organism	Associated Ward	Risk factors identified/ Source
1	24/01/2018	Staphylococcus pettenkoferi	Henry Tudor	Urinary tract

#### 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 2017-18:

Organism	Number of cases reviewed
E Coli	84
MRSA	6
MSSA	15
Klebsiella	6
Pseudomonas	2

## **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 2017-18.

## ***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)**

#### **West and East Community 2017-18**

	<b>Total West</b>	<b>Total East</b>
<b>Trajectory 2017-18</b>	4	2
<b>C. difficile cases identified from Berkshire healthcare inpatient units</b>	7	0
<b>C. difficile cases assigned to Berkshire Healthcare due to lapses in care</b>	3	0
<b>Total C. difficile cases YTD (cumulative) including: cases deemed not to be due to lapse in care and cases under review.</b>	7	0
<b>C. difficile cases under review</b>	0	0

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

<b>Case no:</b>	<b>Ward/location</b>	<b>Date of Specimen</b>	<b>Commissioner meeting date</b>	<b>Assignment details/comments</b>
1	Daisy Ward	11/05/2017	27/06/2017	<b>No lapse in care</b>
2	Ascot Ward	12/05/2017	27/06/2017	<b>No lapse in care</b>
3	Ascot Ward	05/07/2017	29/08/2017	<b>Lapse in care was identified due to:</b>

Case no:	Ward/location	Date of Specimen	Commissioner meeting date	Assignment details/comments
				delay in sending specimen resulting in delay in prompt management of <i>C. difficile</i>
4	Windsor Ward	21/07/2017	29/08/2017	<b>No lapse in care</b>
5	Ascot Ward	17/01/2018	27/02/2018	<b>No lapse in care</b>
6	Windsor Ward	14/02/2018	27/03/2018	<b>Lapse in care was identified due to:</b> Delay in sending stool specimen given recent antibiotic history
7	Ascot Ward	15/03/2018	24/04/2018	<b>Lapse in care was identified due to:</b> delay in sending specimen resulting in delay in prompt management of <i>C. difficile</i>

#### Period of increased incidence of *Clostridium difficile* (PII) 2017-18:

During 2017-18, one period of increased incidence was identified within Berkshire Healthcare inpatient units. PII audits were commenced on a weekly basis which included patient management, adherence to standard precautions, isolation precautions and environmental cleanliness.

Following the receipt of 3 consecutive PPI audits scoring above 90% compliance and no further patients identified with *C. difficile*, the PII was concluded.

No cross infection was identified.

Ward	Period of PII
Ascot	18/07/2017 – 31/07/2017

#### Summary of gastroenteritis outbreaks identified in inpatient wards 2017-18:

Month / year	Ward	Organism	No. of Patients affected	No. of Staff affected	Total No. of positive results	No. of days admission restricted
May 2017	Ascot	Rotavirus	5	0	4	9

Month / year	Ward	Organism	No. of Patients affected	No. of Staff affected	Total No. of positive results	No. of days admission restricted
May 2017	Ascot	Rotavirus	6	4	2	7
November 2017	Windsor	Norovirus	13	7	6	11
December 2017	Windsor	Norovirus	13	3	4	8
December 2017	Donnington	Norovirus	8	4	4	10

### **Influenza:**

#### **Summary of Influenza outbreaks identified in inpatient wards 2017-18:**

Month / year	Ward	Organism	No. of Patients affected	No. of Staff affected	No. of positive results	No of days admission restricted
January 2018	Rowan	Influenza B	5	4	3	N/A
February 2018	Windsor	Influenza A	13	3	8	9

#### **Key messages identified from post infection reviews for shared learning:**

All staff to be aware of correct procedures when referring patients to other services

Antimicrobials to be prescribed on clinical signs of infection not based on urine dipstick result

Staff to challenge / question clinicians when inappropriate antimicrobial treatment is prescribed

Specimen results to be followed up and acted upon promptly

Aperients to be stopped for 48 hours in patients being investigated for C difficile infection, prior to sending stool specimen

Loperamide not to be prescribed/ continued in cases of known CDI without obtaining a stool specimen result to rule out an infectious cause

Sufficient stock of all PPE to be held by services to cover a long weekend

Full documentation of urinary catheter changes including review of reason for catheter

Staff to know how to recognise as outbreak, take prompt action and document accurately to support management of the outbreak

Documentation of patients conditions to be clear concise and not open to interpretation

## **On-going work and evolving work streams:**

### **Surveillance systems**

The IPCT continue to liaise with acute trusts and the wider health economy to ensure robust surveillance systems are in place.

Enhanced surveillance for inpatient and community patients who have recent contact with Berkshire Healthcare services continues.

Following the merger of Wexham Park and Royal Berkshire Hospital laboratories, a number of issues in the timeliness of processing and reporting of microbiology results were identified. Contractual meetings with the laboratory leads including microbiologist cover and advice have moved to quarterly.

### **Clostridium difficile investigations**

A Berkshire West Health Economy Meeting takes place on a monthly basis to discuss and agree on whether cases are avoidable or non-avoidable and to share lessons learned.

Berkshire Healthcare are in liaison with 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.

### **MRSA admission screening**

Compliance with MRSA admission screening in all physical health and older adult mental health inpatient units is monitored on a quarterly basis. Shared learning is disseminated within clinical teams.

### **Open Rio**

During 2017-18, functions added to Rio include IPC alerts and IPC summary tab. This provides staff with a streamlined way of accessing information. The inter-healthcare transfer form has also been added as an editable letter and compliance will be monitored as part of the IPC annual audit and monitoring programme.

During 2018-19 there is a plan for IPC care pathways to be added to open Rio.

### **Sepsis early recognition**

Compliance with the sepsis early recognition tool continues to be reviewed within the inpatient units.

The NICE Sepsis baseline assessment has been completed and following the NICE quality standard (published September 2017) subsequent identified actions required are progressing.