

NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING
ANNUAL REPORT FOR INFECTION CONTROL

Date of the meeting	17/05/2017
Author	C Maddocks Infection Prevention and Control Nurse. J Campbell, Infection Prevention and Control Nurse Specialist
Sponsoring Board member	Dr S Yule, Locality Chair for North Dorset
Purpose of Report	The IPC annual report provides an overview of Infection Control activity of the CCG during 2016/17
Recommendation	The Governing Body is asked to note the report.
Stakeholder Engagement	All health partners sit on the post infection review group and lay members sit on the Quality Group to represent the CCG population.
Previous GB / Committee/s, Dates	N/A

Monitoring and Assurance Summary

This report links to the following Assurance Domains	<ul style="list-style-type: none"> • Services designed around people • Preventing ill health and reducing inequalities • Sustainable healthcare services • Care closer to home 		
I confirm that I have considered the implications of this report on each of the matters below, as indicated:	Yes [e.g. ✓]	Any action required?	
		Yes Detail in report	No
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework / Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal / Regulatory	✓		✓
People / Staff	✓		
Financial / Value for Money / Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓

Initials: JC

1. Introduction

- 1.1 This report provides a summary of infection, prevention and control (IPC) activity for NHS Dorset Clinical Commissioning Group for the 2016/17 financial year.
- 1.2 The report comprises of a short overview report and detailed appendices can be found at the end of the report relating to:
 - 2016/17 work plan found at Appendix 1;
 - Post Infection Reviews (PIRs) overview found at Appendix 2;
 - Healthcare associated infection (HCAI) data 2016/17 found at Appendix 3.
- 1.3 Our role as IPC specialists is primarily to monitor infection rates, both with providers and across the wider community The IPC team is comprised of a part time (15 hours weekly) Lead Infection Control Specialist Nurse who is supported by the full time Infection Prevention and Control Specialist Nurse.
- 1.4 The focus of the team has been on completing root cause analyses for any reported Community Acquired MRSA bacteraemia, monitoring and reviewing cases of community acquired *Clostridium difficile* Infection (CDI) and outbreaks (including Norovirus and Influenza). The CCG works closely with partners including health providers, Local Authorities, Public Health England and Public Health Dorset via the Pan-Dorset Health Protection Network.
- 1.5 Root causes identified and subsequent learning has been shared with partners across the health community to reduce the risk of future occurrence. As from April 2017 new guidance from Public Health England requires further data collation for Gram-negative bacteraemia infections is input to the national data system to support the government initiative to reduce Gram-negative bloodstream infections by 50% by financial year 2020/21. This will carry a significant additional workload for the acute sector IPC teams.
- 1.6 The IPC and Patient Safety teams continue to provide an advice and support service to health and social care providers including:
 - General Practices;
 - Care Homes;
 - Nursing Homes;
 - Local Authorities;
 - Safeguarding Teams;
 - Care Quality Commission.

2. Overview

- 2.1 The health community continues to perform well against infection rate targets, with two trusts exceeding their targets for 2016/17 by a small margin in the acute sector for *Clostridium difficile*, once the no lapse in care (non-trajectory) cases were taken into consideration. Poole Hospital NHS Foundation Trust

(PHT) exceeded the attributed Clostridium difficile target by one case and Royal Bournemouth Hospital NHS Foundation Trust (RBHFT) exceeded their target by four cases; Dorset County Hospital NHS Foundation Trust (DCH) was six below target. All trusts have reported and investigated cases by completing root cause analysis. Each case presented is rigorously reviewed and shared through established health community links.

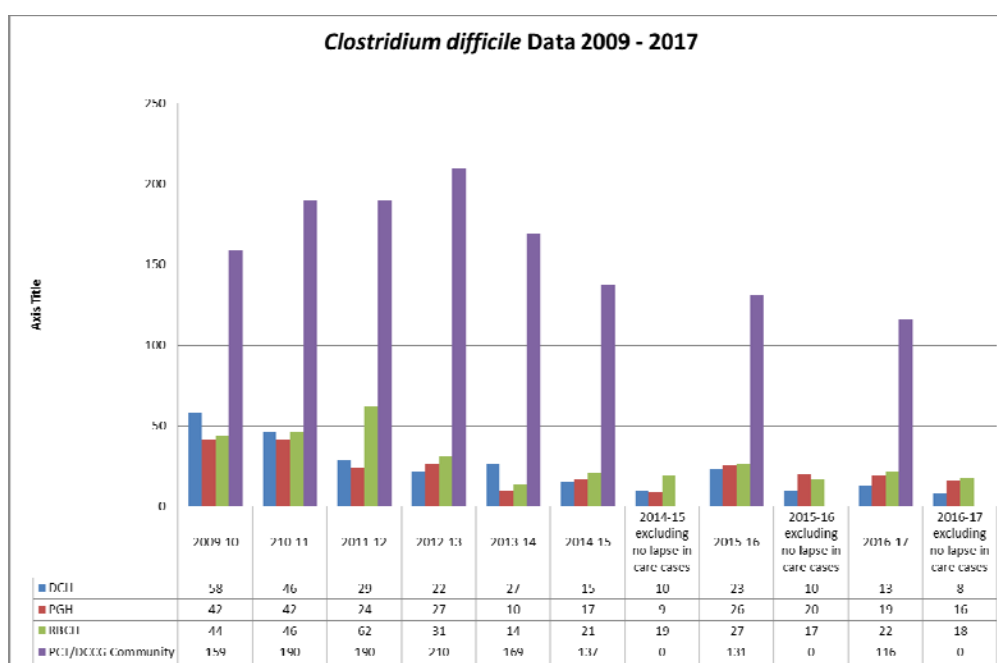
- 2.2 The targets for 2017/18 will remain as this year reflecting the national guidance and acknowledgement that many trajectory cases are unpreventable but are not considered as 'no lapse in care' as some practice aspects not related to the infection acquisition of the case have been identified during the case reviews. Following PHE guidance such cases cannot be presented for consideration for removal from trajectory.
- 2.3 The IPC nurses supported primary care in preparation for Care Quality Commission (CQC) inspections and improvements in compliance with national standards. Following receipt of CQC reports work has taken place to assist those Practices that required improvement. 23 IPC environmental and practice assessments have taken place using an evidence based audit tool which reflects national standards. This provides opportunities for action planning to support any required change in practice or environment.
- 2.4 Quarterly meetings continue to be held for Practice Nurses in the East and the West of the county which provide a forum for progress towards compliance with standards in primary care. These meetings are well attended and are an excellent place for the sharing of good work regarding infection control. The meetings have engaged practice staff in reviewing policies and IPC practices, supporting reviews and changes in practice and methods of audit, sharing lessons learnt and innovations.
- 2.5 Requests for IPC environmental and practice assessments for care homes are received from members of the Care Home Quality Improvement Team, Local Authorities and other healthcare professionals in response to any concerns raised during their visits or following reported incidents. Nine care home planned announced and unannounced assessments have taken place using an evidence based audit tool which reflects national standards. Reports are compiled to provide feedback and opportunities for action planning to ensure that high quality care is provided that meets with national recommended standards. Results from visits and action plans are shared with the providers and commissioners with review visits taking place as necessary, to support any required change in practice or environment and provide assurances for patient safety.

3. Dorset PIR and HCAI Review Group

- 3.1 The Pan-Dorset Post Infection Review (PIR) and HealthCare Associated Infection (HCAI) Group continues to meet monthly, supported by Dorset Clinical Commissioning Group. This provides a framework for sharing information and learning, to inform on improvements and changes in practice to avoid preventable HCAs and outbreaks.

- 3.2 Spanning the health community and utilising root cause analysis processes, reviews take place in relation to Meticillin Resistant Staphylococcus Aureus (MRSA), Clostridium difficile infections (CDI), other specific infections and outbreaks, to ensure that incidence of healthcare associated infections receive robust review and that any learning is widely disseminated.
- 3.3 The group agrees CDI cases for removal against trust trajectory targets, and fosters an open and honest platform for discussion and consideration.

Clostridium difficile (CDI)

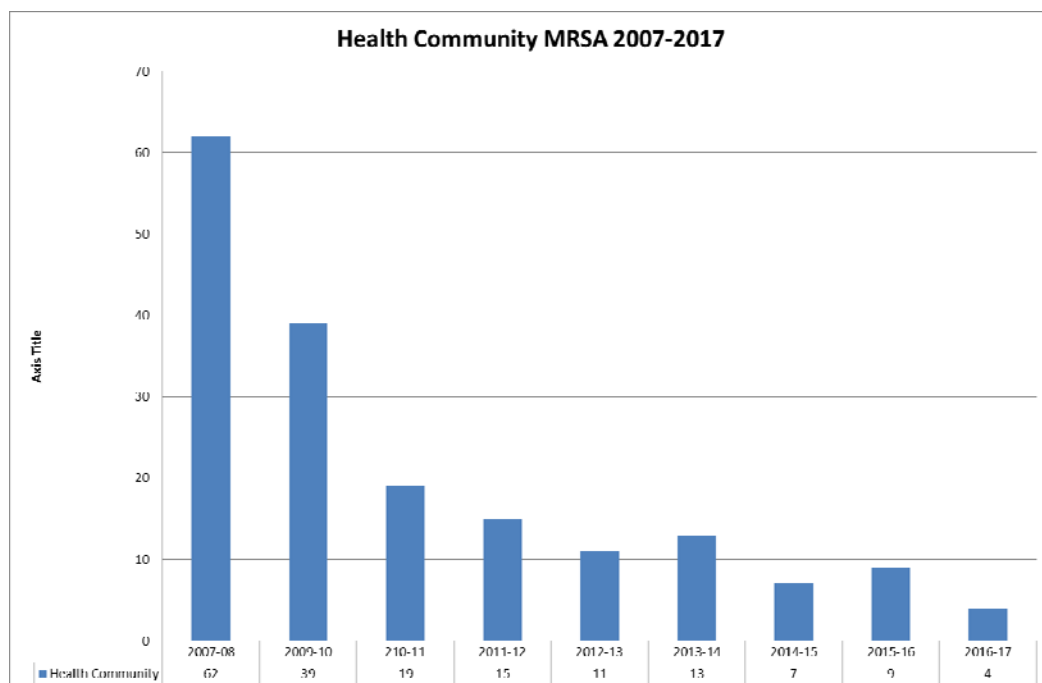


- 3.4 The graph reflects the variance from those reviewed and agreed as having ‘no lapse in care’, where the case was not as a result of Dorset based healthcare, instigated by PHE in 2014. All cases identified as non-trajectory (no lapse in care) have been reviewed by the Dorset PIR and RCA Review Group using the national objectives and guidance from NHS England.
- 3.5 The reported community cases for the year have decreased on previous years, The Dorset Commissioning community remains within its target for cases reported against the CCG. The total include cases recorded anywhere for a Dorset registered patient including those cases identified in specialist commissioned services and out of area providers.
- 3.6 C.diff cases attributed to CCG (i.e. positive specimens from patients without hospital admissions) are examined in liaison with general practitioners and acute trusts to identify any difficulties or issues within primary care. The quality of the information provided has been variable, however there is sufficient being provided to gain some meaningful analysis

Reviewing data collected to date, over 69% of practitioners provide data on request; the remainder are contacted directly by the IPC team. To date there continues to be no significant antibiotic prescribing issues, non-compliance issues or inappropriate management of cases. As found in the previous year's assessment, this data continues to identify that a number of cases appear to be of carriage rather than infection, with symptoms caused by, for example, bowel care. These cases continue to be picked up incidentally during routine investigations and are not due to infections. The continuing support of the GPs is appreciated for this piece of ongoing work, which continues to provide assurance of good management across the healthcare community.

- 3.7 With the priority for antibiotic prescribing over the coming year, confirmation of compliance with guidance is essential, and the IPC team continue to work with the Medicines Management team to support this.

Methicillin Resistant Staphylococcus Aureus (MRSA)



- 3.8 Over the last 10 years MRSA cases have fallen significantly, with the last two years being community acquired cases with no reported acute care acquisitions.
- 3.9 Within the HCAI data capture system there is the opportunity to assign bacteraemia cases to a third party (where cases are not related to healthcare delivered within the reporting organisation). The arbitration process is carried out by a regional NHS England panel. During the year the CCG IPC team referred all four cases for arbitration, three of which were agreed as attributed to a third party and not related to healthcare in Dorset. The fourth case has been submitted for consideration as third party and we are awaiting a final decision by the regional panel. Lessons learnt from the investigations were shared at the PIR meetings, and via primary care communication processes.

- 3.10 New guidance states that as from April 2017 •all Gram- negative bloodstream infections (BSI) must be reported to the HCAI data system. By the introduction of additional Gram-negative bacteraemia surveillance NHS Trusts will be able to report cases of bloodstream infections due to E Coli, Klebsiella spp. and Pseudomonas aeruginosa to the Health Care Associated Infection data system. This is to support the government initiative to reduce Gram-negative bloodstream infections by 50% by the financial year 2020/21. There will be targets associated with these organisms and the data will be used for national review of prevalence.

Serious incidents.

- 3.11 All incidents and outbreaks are reported as serious incidents and reviewed by the Dorset PIR Group.
- 3.12 **Norovirus:** April through until August saw a cessation of reports of outbreaks of D&V related to this virus both within Primary and Secondary care settings. October saw a further outbreak affecting wards in both the community hospitals and acute trusts, reports were made intermittently during the season reflecting national prevalence. In total there have been 13 reported ward closures in acute care of which eight were confirmed as caused by Norovirus, the other five were unidentified despite specimen examination by reference laboratories. There were a further three reported incidents within Care homes which were managed by Public Health England.
- 3.13 **Influenza:** Three outbreaks or increased incident reports were made, related to a cluster of influenza patients in acute care and a community hospital, confirmed as differing ribotypes, type A and B, with confirmed transmission between patients in one outbreak.
- 3.14 **Vancomycin Resistant Enterococci (VRE)** There has been an increase in VRE cases in one of the acute trusts. In December there were four cases of VRE which were investigated by the trust and reported as an incident. Antibiotic usage was reviewed and deep cleaning of the ward took place as per policy. Attention was given to decontamination within the ward which had been found to require improvement as did the hand hygiene of some staff members who were reviewed to improve practice. Of the four cases, three were shown to be the same type of VRE and therefore cross contamination appeared to have taken place. An outbreak meeting was held during which it was planned that over six months there would be an observation and that if further cases occurred within the area they would be typed. The clinical samples from the four cases were all different, one case wound culture, two urine cultures and an isolated blood culture. During the investigation advice had been received from Public health England (PHE).
- 3.15 **Tuberculosis (TB) :** There have been three identified cases of TB in separate incidents in Dorset, requiring contact tracing and screening. The cases were a care home member, a factory worker and a young immigrant within supported accommodation. The incidents were managed by PHE and the screening funded by DCCG as previously arranged. Management of each of the incidents is current and ongoing.

All of these incidents were investigated by the assigned organisation, and the report, lessons learned and action plans were reviewed by the PIR group.

4. Pan-Dorset IPC Network

4.1 The network meets bi-annually to ensure a multiagency approach to IPC, overseeing and supporting the work of the IPC teams. The network attendance includes Directors of Nursing, Infection Prevention and Control leads, Consultant Medical Microbiologists, Senior Infection Prevention Teams from all Dorset trusts, Public Health England, NHS England and Dorset Public Health.

4.2 Discussions have centred upon PIR reviews and outbreaks, IPC standards in healthcare, antibiotic prescribing and published guidance related to IPC.

4.3 **Dorset IPC Forum (DIPCF)** –The DIPCF met quarterly through the year to provide a forum for infection prevention and control specialist practitioners in strategic/leadership positions in Dorset. The forum facilitates the development of communication networks, evidence based practice and the provision of high quality care across healthcare settings. The objectives for the forum are:

- to formulate an annual plan of specific work programmes as determined by the forum.
- To determine the scope and framework of such projects, objectives identified and monitored through forum meetings.
- Examine educational and professional guidance to meet the multi-professional requirements of healthcare organizations.
- To review and provide comments for national consultation documents.
- Provision of peer support and professional development to forum members.

5. Other actions

5.1 NHS Dorset Clinical Commissioning Group continues to support the following tools for use across the county by all health care staff :

- Urinary Catheter Management Patient Held Record to support consistency across healthcare boundaries. Launched in September 2015 and used across the acute trusts and Dorset HealthCare and within some care homes, the record was audited in April 2016 by both Primary and Secondary Care and with Dorset Care Home Association. The audit supported continued use and identified that a continuation sheet would be useful if added to the record. Dorset Healthcare Foundation Trust have now taken the lead for this, providing the continuation sheet as identified;

- The IPC team intranet site of evidence based audit tools for primary care nurses and care homes has been updated through the year. There has been some difficulty recently in accessing the intranet page by primary care staff due to changes in the IT system. This has been reported and work is in progress to identify and ensure staff working outside of the CCG are able to access the site;
- The quarterly General Practitioners Newsletter is circulated to GPs to share best practice and lessons learnt from the case reviews carried out by both providers and commissioners. The newsletter provides an opportunity to update colleagues with current information, published guidance and alerts, and share ideas on how patient safety can be assured;
- Dorset Clinical Commissioning Group hosted an Infection Prevention and Control morning conference for nursing and care professionals entitled 'Making Infection Prevention & Control Easy : To do the right thing in the right way' the event was planned and supported by IPC professionals from the acute and community trust, DIPCF, NHS England and Public Health England. There were 75 attendees at the Conference and feedback was positive and the speakers well received. Workshops enabled the differing care groups to share information and gain understanding of standards and infection prevention measures. The IPC team and trust IPC professionals support consideration for a further event in the autumn.

6. Conclusion

- 6.1 The role of IPC within the CCG prioritises monitoring and surveillance of healthcare associated infections, develops links with partners in Public Health England (PHE), local public health teams and other CCG members within Wessex.
- 6.2 National and local links are being strengthened and roles and responsibilities being discussed. Local specialist forums remain in place to ensure specialist knowledge and skills are maintained and shared.
- 6.3 The Dorset PIR and HCAI group has been reviewed and terms of reference revised in line with national guidance on post infection reviews of MRSA and Clostridium difficile cases. The group has revisited the protocol for deciding if C-Diff cases are to be considered 'no lapse in care' in line with current PHE objectives.

6.4 IPC in Dorset remains focused on ensuring people are cared for in a safe environment and are protected from avoidable harm.

Author's name and Title : Cheryl Maddocks Infection Prevention and Control Specialist Nurse.
Jacqui Campbell Lead Infection Prevention and Control Specialist Nurse

Date : 4 May 2017

Telephone Number : 01305 368902

APPENDICES	
Appendix 1	IPC Work Programme
Appendix 2	HCAI Data
Appendix 3	HCAI RCA overview report available