

## Infection Prevention and Control Work Programme 2016-2017

## APPENDIX 1

Dorset Commissioning Group Infection Prevention and Control Team Objectives 2016 - 2017				
No	Objective	Programme of Work	Monitoring	Progress
1	<b>Surveillance, Monitoring/ Reporting. To provide board assurance on the management systems for Infection Prevention and Control in place in accordance with the constitutional commitment to Quality of Care and Improving Lives</b>	Provide accurate HCAIs Data Reports including MRSA, CDiff, MSSA and EColi. Data reports on Norovirus and any other outbreak within the acute of community trusts and care homes	Monthly	All reports shared at Joint PIR and RCA review meetings; information from reports given to Governors and Quality Committees.
		Lead RCA for any reported incidents, including specifically PIR for MRSA in community, SI for e.g. CDI death. Ensure actions plans and lessons learnt are reported and progressed.	Monthly	RCA's were carried out for 4 MRSA Bacteraemia in the Dorset community, all of which were attributed to 'third party' (not attributed to Dorset Healthcare). All lessons learnt were shared across the IPC healthcare community, and are included within GP newsletter.
		Quality Assurance Visits, unannounced and as required, to provider service including acute, primary care and community hospitals	Monthly	Visits carried out as appropriate and reports completed and shared.
		Provide reports for and attend monthly QSIG meetings to support effective reporting/joint working with colleagues.	Monthly	Reports provided for each meeting and IPC representation at all meetings.
		Annual Report	Apr-17	Completed 2nd May 2017
		Lead for PHE data system reporting; to ensure all data available and promptly input to system.	Monthly	All PIR input to the system, including Reports for arbitration, confirmed data in liaison with DCCG performance analysts.
		Work with colleagues and providers to support timely influenza vaccination programme for care home residents.	Jul-16	Representation at Influenza Steering Group and Immunisation meetings. Information shared with primary care staff, care homes and discussed at PIR meetings.
2	<b>In line with the priority of the Commissioners with regard to prevention and management of Urinary tract infections, Sepsis, Pneumonia, ensure policies and guidance for management of UTI's, sepsis and Pneumonia in Primary care and care homes , raising awareness of and when to seek advice.</b>	Adapt audit tools for primary care and care homes to reflect the national guidance, using the IPC & RCN Commissioners Toolkit	Jun-16	Audit tools were reviewed to reflect current recommendations, and were adapted for primary and carehomes
		Disseminate tool to providers	Jul-16	Completed and maintained on intranet site.
		Raise awareness utilising Practice Nurse Link Groups and Care Home Newsletters and conferences/ study days.	Quarterly	IPC information included in newsletters. Practice Nurse quarterly meetings utilised to support information cascade.
		Review pathways to support root cause analysis of cases as deemed appropriate by trusts and Quality Manager	Dec-16	In place for use if required.
3	<b>To examine incidence of <i>Clostridium difficile</i> (CDI) within the community to identify and take action to address any implicating factors</b>	Data analysis for community cases	Monthly	Continuous and up to date. No identified significant issues.
		Review with General Practitioners the pathway to support root cause analysis of CDI cases	Monthly	Further review planned for 2017-18
		Report findings to DIPC and Quality Managers	Monthly	Finding reported, discussed at Dorset Joint IPC meetings.
4	<b>Representation for Dorset CCG at joint trust meetings for IPC</b>	To attend and support: Dorset PIR and HCAI Review meetings (acting as deputy chair when required) Dorset IPC Network Dorset IC Forum (DICF) RBCH IPCC Wessex Commissioning IP Group	Monthly  Half yearly Monthly Quarterly Monthly	Representation ensured. DCCG IPC Lead is currently chair of both the PIR Meeting, and the Dorset IPC Network.
5	<b>To provide specialist advise on Infection Prevention and Control including the clean environment to health and care providers within Dorset to include : current priority for prevention and management of Urinary tract infections, Sepsis, Pneumonia .</b>	Respond to enquiries and offer advice and support	Monthly	Take place and are recorded.
		Undertake visits and assessments following invitation	Monthly	Assessments have taken place as agreed, restricted to care homes where CHC funding / stays are in place.
		Support Practice Nurse Link Groups	Monthly	Meetings held in East and West and meetings recorded and shared.
		Develop information/ guidance pack to support Practice nurses/GP's in IPC	Ongoing	Available in the IPC intranet site, and available by email on request.

## Infection Prevention and Control Work Programme 2016-2017 Continued

No	Objective	Programme of Work	Monitoring	Progress
6	Care Homes	Assess Care home against IPC standards as required and requested by boroughs and safeguarding leads	Monthly	Care home assessments have taken place and reports shared.
		Review Audit tools to reflect national and local guidelines.	Quarterly	Completed and ongoing
7	Enhanced Community Services: to ensure new commissioned services have IPC practices in place to ensure patient safety in relation to HCAs and in support of the ambition of bringing care closer to home. (Building future health services for our communities)	Assess new services as required to ensure national guidance in followed	Monthly	No requirement this year
		Undertake Assessments as required and report findings to DCCG	Monthly	None required
8	Partnership working with: Local Area Team Local Authority Public Health England Public Health Dorset	Respond to enquiries and offer advice and support	Monthly	Enquires have been responded to and documented.
		Undertake visits and assessments following invitation	Monthly	Assessments carried out as requested and as appropriate
		Undertake assurance visits in response to safeguarding requests	Monthly	Completed as required.
9	To ensure IPC is based on current legislation and best practice guidance	Review legislation and guidance as published and disseminate through organisation via local web systems	Monthly	Carried out and ongoing
		Maintain IPC website page for providers	Monthly	Ongoing. Issues since March with access by primary care. Reported to IT and work taking place to restore access.
		Build up database on reference documents	Monthly	Ongoing.
10	Staff Development	Attend seminars/conferences as determined with manager/s	Quarterly	Study days and conferences attended as agreed.
		Review Band 6 development for 2017/18	Jan-17	Planned further course
		Appraisal and development for 2016/17, mid year and year end review plan.	May-16	Appraisals completed for 2016/17 and objectives agreed with managers.
11	CMM Business Case	Ensure an organisation assessment form is completed prior to service contract.	May-16	Contract reviewed following applicants comments. Following discussions with CMMs involved and Medicines Management Team Manager, the priorities of the post were amended to reflect the antimicrobial management. The MM has taken lead for the post for which a new contract has been recirculated. Response from the interested parties is awaited.
		With Medicines Management plan work priorities	May-16	
		Review progress	Aug-16	

### HCAI data Apr 2016 - Mar 2017

NHS DORSET CLINICAL COMMISSIONING GROUP  
 MRSA & CDIFF - INFECTION CONTROL  
 APRIL 2016 TO MARCH 2017

**MRSA (Provider Based) (Monthly)**

Trust	Cases/Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Performance YTD	HCAI Reported Performance
DCH	Number of cases	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PGH	Number of cases	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RBH	Number of cases	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Salisbury	Number of cases	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Yeovil	Number of cases	0	0	0	0	0	0	0	1	0	0	0	0	1	1

**MRSA (Commissioner Based) (Monthly)**

Trust	Cases/Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Performance YTD	HCAI Reported Performance
Dorset CCG	Number of cases	0	0	1	0	0	0	0	1	0	1	0	1	0	4
	Cases assigned to DCCG	0	0	0	0	0	0	0	0	0	0	0	0		
	Third party arbitration			1					1		1		1		

**C DIFF (Provider Based)**

Trust	Cases/Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Year to Date	
DCH	Number of cases	1	1	0	2	1	0	3	3	2	0	0	0	13	HCAI Reported Performance YTD
	Agreed Non Trajectory Cases:				2			1	2					5	Target 14
	<b>Total cases for Trajectory</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8</b>	Performance YTD against target
PGH	Number of cases	2	3	1	1	1	0	3	3	2	1	1	1	19	HCAI Reported Performance YTD
	Agreed Non Trajectory Cases:			1					1	1				3	Target 15
	<b>Total cases for Trajectory</b>	<b>2</b>	<b>3</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>16</b>	Performance YTD against target
RBH	Number of cases	2	3	1	5	1	3	2	2	0	2	0	1	22	HCAI Reported Performance YTD
	Agreed Non Trajectory Cases:	1			1				2					4	Target 14
	<b>Total cases for Trajectory</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>18</b>	Performance YTD against target
DHUFT	Number of cases	1	2	0	2	1	2	1	4	0	0	0	0	13	HCAI Reported Performance YTD
	Agreed Non Trajectory Cases:	1	1		1									3	Target 12
	<b>Total cases for Trajectory</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>10</b>	Performance YTD against target
Salisbury	Number of cases	2	0	1	0	0	1	3	4	0	2	0	0	13	
Yeovil	Number of cases	0	0	1	0	0	1	3	0	1	2	1	0	9	

**C DIFF (Commissioner Based - Provider and Community)**

Trust	Cases/Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Performance YTD	Target
CLUSTER	Number of cases	19	23	8	21	15	17	20	14	8	13	10	15	183	204
Non acute	Number of cases not apportioned to acute trusts	14	16	6	13	12	14	12	6	4	10	9	13	129	
DCCG	Number of community non trust	13	14	6	11	11	12	11	2	4	10	9	13	116	

NHS DORSET CLINICAL COMMISSIONING GROUP  
MSSA / E COLI - INFECTION CONTROL  
APRIL 2016 TO MARCH 2017

MSSA (Provider Based - All Cases)

Trust	Cases/Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Total
DCH	Number of cases	5	4	1	3	1	5	4	0	4	4	3	5	39
PGH	Number of cases	6	7	8	5	7	7	3	8	8	6	8	4	77
RBCH	Number of cases	10	14	6	6	9	7	5	5	9	9	4	11	95
Salisbury	Number of cases	5	4	6	5	4	0	4	5	1	2	5	2	43
Yeovil	Number of cases	6	2	1	4	4	3	2	4	5	4	1	4	40

MSSA (Provider Based - Trust apportioned)

Trust	Cases/Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Total
DCH	Number of cases	1	0	1	1	0	1	1	0	1	1	0	1	8
PGH	Number of cases	2	0	1	1	1	1	0	2	3	1	2	1	15
RBCH	Number of cases	1	4	2	1	2	0	3	2	1	0	1	4	21
Salisbury	Number of cases	0	1	4	1	0	0	1	2	1	0	1	0	11
Yeovil	Number of cases	1	1	0	1	1	1	0	1	1	1	1	1	10

MSSA (Commissioner Based - Provider and Community)

Trust	Cases/Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Total
CLUSTER	Number of cases	23	24	15	19	18	18	13	13	19	19	15	16	212

E.coli (Provider reports-cases NOT attributed to provider)

Trust	Cases/Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Total
DCH	Number of cases	6	13	15	15	17	9	4	9	9	11	8	13	129
PGH	Number of cases	8	25	21	16	14	21	19	21	20	7	18	17	207
RBCH	Number of cases	43	28	20	45	35	33	30	23	23	23	21	17	341
Salisbury	Number of cases	11	6	8	13	8	12	14	14	11	6	12	7	122
Yeovil	Number of cases	16	20	13	17	16	23	16	18	12	15	6	14	186

E.coli (Commissioner Based - Provider and Community)

Trust	Cases/Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-15
CLUSTER	Number of cases	52	69	62	67	60	64	53	58	52	36	42	58	673