

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

Date of the meeting	16/05/2018
Author	J Campbell, Infection Prevention and Control Nurse Specialist
Sponsoring Clinician	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 2017/18
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"> • Prevention at Scale • Integrated Community and Primary Care Services • One Acute Network • Digitally Enabled Dorset • Leading and Working Differently 		
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	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		

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 2017/18 financial year.
- 1.2 The report comprises of a short overview and detailed appendices can be found at the end of the report relating to:
 - 2017/18 work plan found as Appendix 1;
 - Post Infection Reviews (PIRs) overview for the year found as Appendix 2;
 - Healthcare associated infection (HCAI) data 2017/18 found as Appendix 3.
- 1.3 Our role as IPC specialists is primarily to monitor infection rates, with providers and across the wider community. The IPC team is comprised of a part time (15 hours weekly) Lead Infection Prevention and Control Specialist Nurse who is supported by full time equivalent Infection Prevention and Control Nurses.
- 1.4 The focus of the team has been completion of root cause analyses for any reported Community Acquired MRSA bacteraemia, monitoring and reviewing cases of community acquired *Clostridium difficile* Infection (CDI) and any outbreaks (including Norovirus and Influenza). The CCG works closely with partners including health providers, Local Authorities, Public Health England and Public Health Dorset.
- 1.5 Root causes identified and subsequent learning has been shared with partners across the health community to reduce the risk of future occurrence.
- 1.6 From April 2017 guidance from Public Health England required data collation for Gram-negative bacteraemia infections 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 has been a significant additional workload for the acute sector and commissioning IPC teams.
- 1.7 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.

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 IPC nurses continue to provide support for Primary Care in ensuring compliance with national standards. The team have visited practices to confirm compliance and recommend changes or improvements where necessary.

2.3 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.

2.4 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. 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.

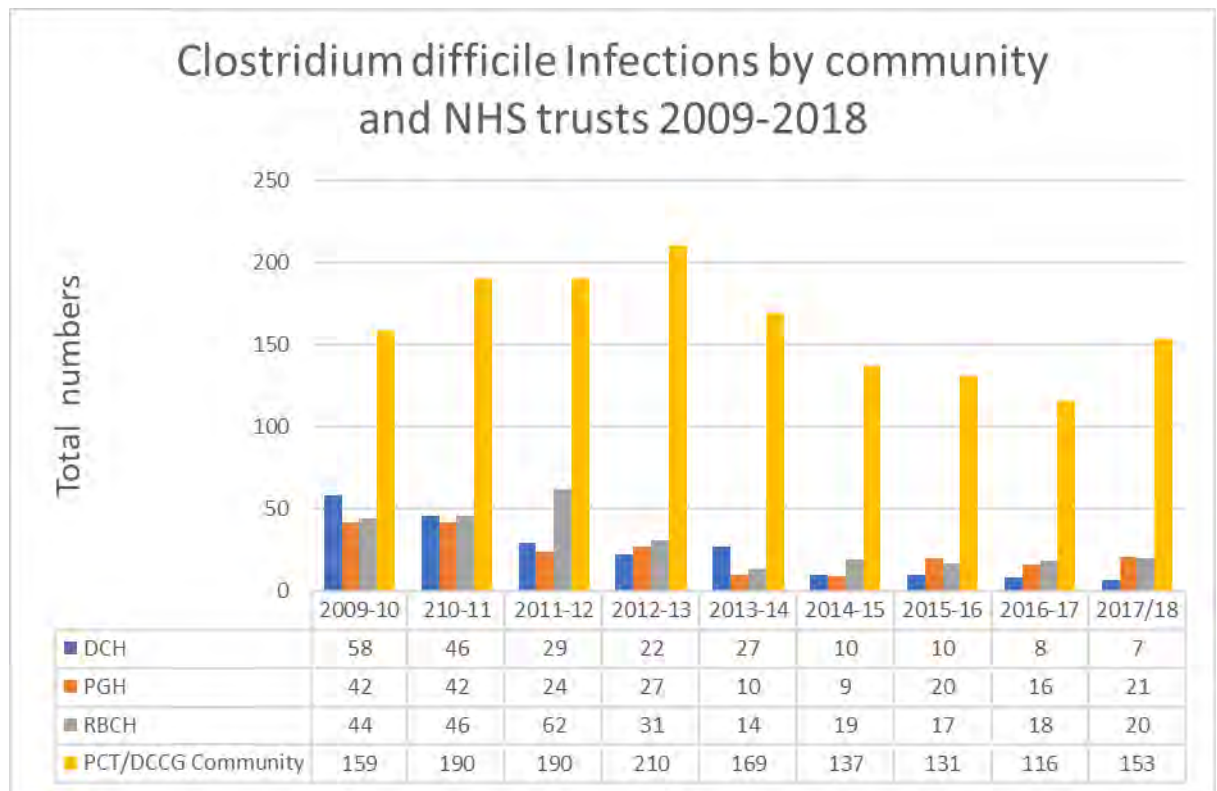
3.2 Spanning the health community and utilising root cause analysis processes, reviews take place in relation to Meticillin Resistant Staphylococcus Aureus (MRSA), Clostridium difficile infections (CDI), Meticillin Staphylococcus Arueus, E.coli bacteraemias and other specific infections and outbreaks, to ensure that incidence of healthcare associated infections receive robust review and that any learning is widely disseminated.

3.3 The group agrees *Clostridium difficile* infection cases for removal against Trust trajectory targets, and fosters an open and honest platform for discussion and consideration.

- 3.4 The graph included under section 4 reflects the total with the exclusion of those reviewed and agreed as having 'no lapse in care', where the case was not as a result of Dorset based healthcare, as 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.

4. Clostridium difficile (CDI)



From 2013-14 trajectory excludes no lapse in care cases for NHS Trusts

- 4.1 Although two Trusts exceeded *Clostridium difficile* targets for 2017/18 despite the no lapse in care (non-trajectory) cases being taken into consideration. Three periods of increased incidence were identified with cross contamination was excluded by ribotyping which identified differing strains. Environmental and practice audits found no areas of non-compliance.
- 4.2 The reported community cases for the year have shown a slight increase this year compared with the preceding two years. The Dorset Commissioning community has exceeded the target for cases reported against the CCG by five cases over the year. The total includes cases recorded anywhere for a Dorset registered patient including those cases identified in specialist commissioned services and out of area providers.

4.3 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.

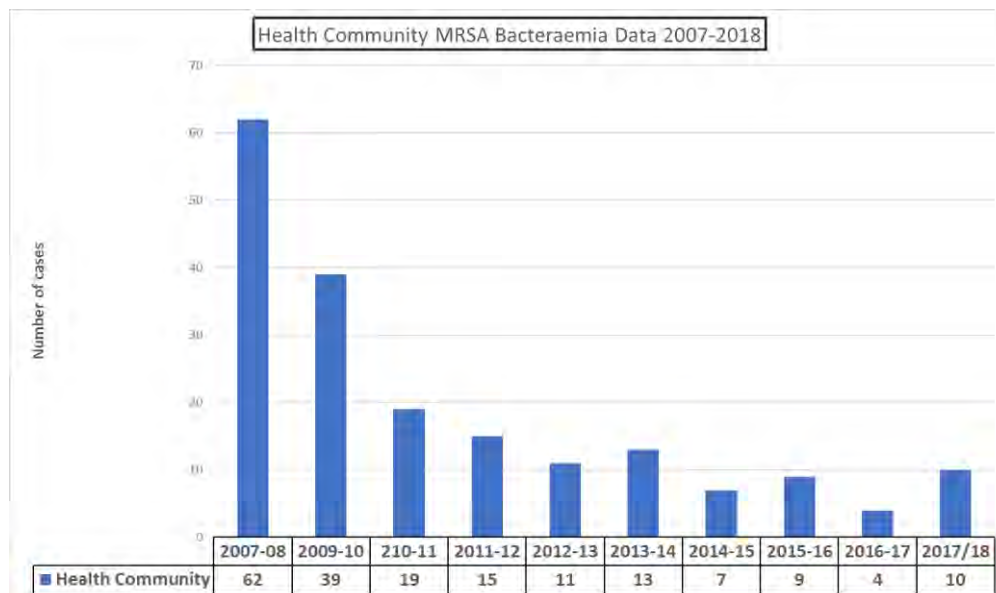
4.4 Reviewing data collected for quarters 1 and 2, over 69% of practitioners provided data on request. To date there have been no identified significant antibiotic prescribing issues, non-compliance issues or inappropriate management of cases identified in the data received.

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 leading to identification. 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.

4.5 Recruitment of IPC staff will enable a full quarter review of cases for 2018/19.

4.6 The recommendation from PHE is that the targets for 2018/19 should be reduced by a single case, and post infection review pathways will remain in place following national guidance. Cases agreed locally as being unpreventable and with no lapses in care during treatment pathways will be removed from trajectory as agreed by the PIR group.

5. Methicillin Resistant Staphylococcus Aureus (MRSA)

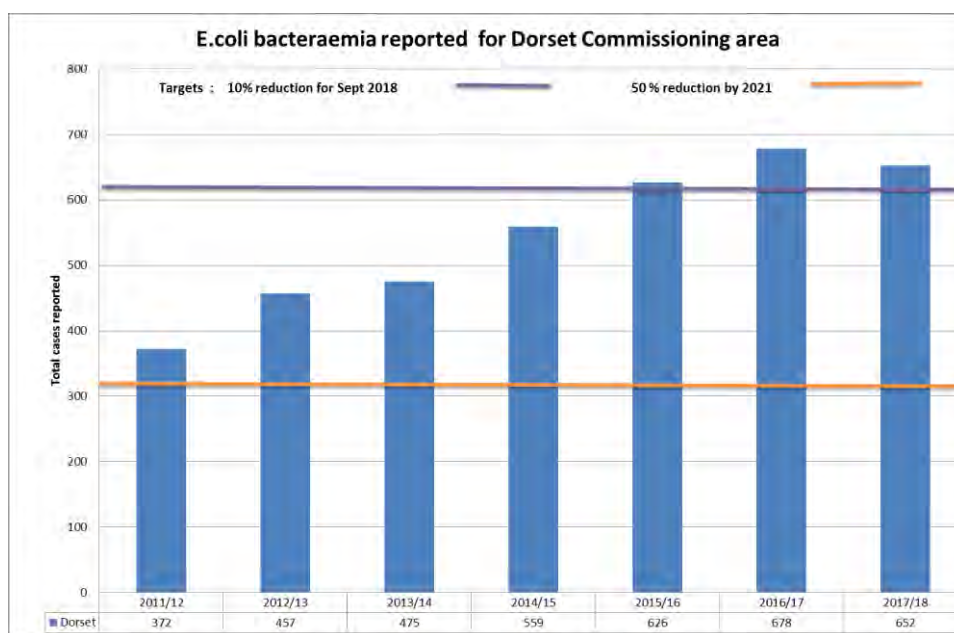


5.1 As with the preceding three years, the majority of reported cases have been community acquired cases with a single acute care case.

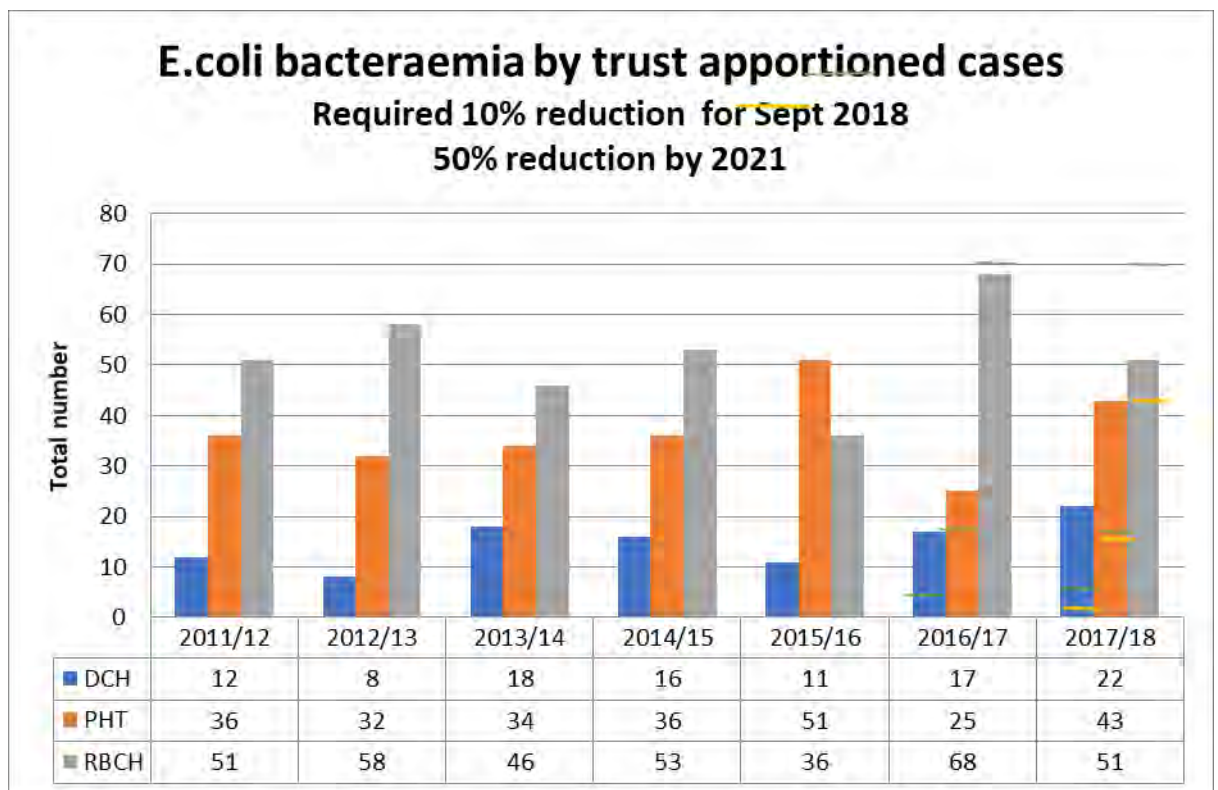
- 5.2 Within the HCAI data capture system there is the opportunity to assign bacteraemia cases to a third party (where cases are not related to healthcare delivered within the reporting organisation). The arbitration process is carried out by a regional NHS England panel. During the year the CCG IPC team referred all ten community cases for arbitration, nine of which were agreed as attributed to a third party and not related to healthcare in Dorset, and the tenth case is currently being investigated.
- 5.3 The acute case was formally examined led by the Trust IPC team, and reported to the PIR group as a contaminated specimen. Although the root cause was not fully established, some opportunities for transmission were established and actions taken to educate staff involved to remove risk.
- 5.4 From 1 April 2018, following recent changes by PHE, none of the local NHS acute Trusts, nor the Dorset Commissioning Group, are required to enter MRSA case reviews onto the national data system, but will follow a local informal pathway using the Post Infection Review Group to support continued assurance.

6. Escherichia coli Bacteraemia (E.coli)

- 6.1 From April 2017 all Gram-negative bloodstream infections (BSI) have been reported on the Health Care Associated Infection Data Collection System (HCAI DCS). NHS Trusts have been required to report cases of bloodstream infections due to E Coli, Klebsiella spp. and Pseudomonas aeruginosa with full case reviews. This is in support of the government initiative to reduce gram-negative bloodstream infections by 10% by September 2017 and by 50% by the financial year 2020/21. Targets will be associated with these organisms and the data will be used for national review of prevalence.
- 6.2 The graph below demonstrates the increasing trend over the last eight years, related to Dorset health community.



- 6.3 Dorset has a higher than national average number of cases which may reflect the age of the population (12.5>75 years with national average 7.5) with case reviews indicating over 80% of the cases occur within the community. Initial local reviews have indicated, in common with national suggestions, that a significant number of these are related to social care, such as urinary infections, dehydration and personal hygiene.
- 6.4 The Dorset PIR Group established a system wide action plan currently in progress, supported by all three acute NHS Trusts, the community NHS Trust and Dorset Clinical Commissioning Group. The action is reviewed quarterly by the Pan Dorset IPC Group who report to the Clinical Reference Group.
- 6.5 The graph below illustrates the acute Trust apportioned cases (<20% of the total) over time, with RBCH exceeded 10% reduction by the end of the last financial year. All three Trusts have carried out significant examination of their attributed cases and are working to examine actions that may reduce numbers.



- 6.6 The examination of the cases occurring in the community was commenced in September, using data supplied by the acute Trusts. Initial assessment of over 30 cases found that the majority were unrelated to healthcare interventions, with a significant number being elderly, independent living in their own homes. Further work to support this was delayed due to information governance challenges and the seasonal increased work load for primary care.

6.7 Case reviews have been ongoing since the new year and data collated will be reported at the PIR meetings and via the Pan Dorset IPC Group structure, which includes PHE presence.

7. **Serious incidents.**

7.1 All incidents and outbreaks in NHS organisations are reported as Serious Incidents and reviewed by the Dorset PIR Group.

7.2 **Norovirus:** Since April 2017 over 70 outbreaks in care homes have been reported and managed by PHE, mostly related to viral illness such as Norovirus, with similar numbers in nurseries and schools. This gives perspective to the numbers reported in healthcare organisations of over 30 closures reported. All managed as guidelines and reported at the PIR Group meetings to share any lessons learned.

7.3 **Influenza:** Influenza has been a significant issue this year, with multiple reports of outbreaks or increased incident reports were made, in acute and community hospitals, and care homes across Dorset. Difficulties were identified in the provision of antivirals required for prophylaxis, which has been well supported by the DCCG Medicines Management team. Public Health England have been fully involved and the outbreak control has taken a considerable time for the IPC teams of all NHS Trusts.

7.4 **Serratia:** There has been an increase in cases in one of the acute Trusts. In quarter three there were five cases which were investigated by the Trust and reported as an increased incidence. Outbreak meetings were held during the period and clinical samples from the four cases were examined, with three cases of differing strains excluding spread. During the investigation advice and support had been received from Public Health England (PHE).

7.5 **Invasive Streptococcus Group A (Igas):** Two linked cases reported in an acute Trust, currently being investigated and progress reported at the PIR group.

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

8. **Pan-Dorset IPC Group**

8.1 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.

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

8.3 The group provides a platform for review across the county and supports action plans in place.

9. Other actions

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

- the IPC team intranet site of evidence based audit tools for primary care nurses and care homes has been updated through the year. The site is used to provide access to national guidance and information to support good and up to date standards of care in the primary healthcare sector;
- 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;
- recent staffing changes has provided a challenge for the IPC Quality Improvement Team to maintain momentum and attain objectives, but with the IPC staffing now established the team are confident of progress in the coming year.

10. Conclusion

10.1 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.

10.2 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.

10.3 The Dorset PIR and HCAI group has been reviewed and terms of reference revised in line with national guidance on post infection reviews of E.coli, MRSA and Clostridium difficile cases.

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

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Date: 12th April 2018

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

Infection Prevention and Control Work Programme 2017-2018

Individual Objectives				
Individual Objective	Success Measure (Include time frame)	National Objective(s)	Local Objective(s)	Current Status
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	Provide accurate HCAs Data Reports including MRSA, C Diff, and Gram-negative infections. Data reports on Norovirus and any other outbreak within the acute of community trusts and care homes	1	L4,5,10	Completed and ongoing
Lead RCA for any reported incidents, including specifically PIR for MRSA in community, to include gram negative bloodstream infections. SI for e.g. CDI death.	All RCAs are completed in timely manner, action plans and lessons learnt are reported and progressed. PIR information is entered onto the PHE data system promptly.	1	L5,10	Partially complete
Quality Assurance Visits, unannounced and as required, to provider service including acute, primary care and community hospitals	Carry out assessments as required in order to provide assurance to board that quality IPC standards are in place.	3	L1,2,4,10	Complete
Support, monitor IPC to make improvements in organisations in special measures, working with providers to achieve improvements in quality to ensure safe, sustainable and productive services	Support, monitor IPC to make improvements in organisations in special measures Work with providers to achieve improvements in quality to ensure safe, sustainable and productive services	3,9	L2,10	Ongoing
Representation for Dorset CCG at joint trust meetings as appropriate and as agreed with Manager including chair for Dorset PIR and Dorset IPC Group meetings.	Meetings take place as organised. Representation at meetings takes place and is documented.	1	L10	Ongoing

Individual Objectives

Individual Objective	Success Measure (Include time frame)	National Objective(s)	Local Objective(s)	Current Status
	Information is shared as appropriate.			
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 .	Lead planning and organisation for IPC conference for local Primary and Secondary care, Local Authorities, and care providers. Support Practice Nurse Link Groups Quarterly General Practioners Newsletter/Bulletins	1,3	L2,5,10	Partially complete
Support Local Authority and Care Home team in the assessment of standards for prevention of infection and provision of a safe environment	Care homes are assessed against IPC standards as required and requested by boroughs and safeguarding lead, and reports of findings shared.	9	L2,10	Completed
Ensure new commissioned community services have IPC practices in place to ensure patient safety in relation to HCAIs and in support of the ambition of bringing care closer to home. (Building future health services for our communities)	New services are assessed as required to ensure national guidance in followed. Findings are collated into reports for DCCG teams	1,3	L2,4	Not started
Partnership working with Local Area Team, Local Authority, Public Health England, Public Health Dorset	Respond to enquiries and offer advice and support Undertake visits and assessments following invitation	3	L2,4,5,10	Ongoing
Ensure IPC is based on current legislation and best	Review legislation and guidance as published and disseminate		L10	Completed and ongoing

Individual Objectives

Individual Objective	Success Measure (Include time frame)	National Objective(s)	Local Objective(s)	Current Status
practice guidance	through organisation as appropriate and via local web systems			
Continue own and staff development	Attend seminars as agreed Review Band 6 development Ensure appraisals take place as policy.		L10	Completed

NHS DORSET CLINICAL COMMISSIONING GROUP
 MRSA & CDIIF - INFECTION CONTROL
 APRIL 2017 TO MARCH 2018

MRSA (Provider Based) (Monthly)

Trust	Cases/Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Performance YTD	HCAI Reported Performance YTD
DCH	Number of cases	0	1	0	0	0	0	0	0	0	0	0	0	0	1 third party
PGH	Number of cases	0	0	1	0	0	0	0	0	0	0	0	0	1	1
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	0	0	0	0	0	0	0

MRSA (Commissioner Based) (Monthly)

Trust	Cases/Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Performance YTD	HCAI Reported Performance YTD
Dorset CCG	Number of cases for county	1	2	2	0	0	1	0	0	0	3	0	1	0	10 cases 1 acute trust out of county 7 third party 1 acute trust 1 under investigation
	Cases assigned to DCCG	0	0	1	0	0	0	0	0	0	0	0	0		
	Third party arbitration		2	1			1				3				

C DIFF (Provider Attributed)

Trust	Cases/Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Year to Date	
DCH	Number of cases	3	0	2	0	0	1	0	2	1	0	0	0	9	HCAI Reported Performance YTD
	Agreed Non Trajectory Cases:			1			1							2	Target 14
	Total cases for Trajectory	3	0	1	0	0	0	0	2	1	0	0	0	7	Performance YTD against target
PGH	Number of cases	0	2	5	5	2	2	3	2	3	0	0	1	25	HCAI Reported Performance YTD
	Agreed Non Trajectory Cases:			1										1	Target 15
	Total cases for Trajectory	0	2	4	5	2	2	3	2	3	0	0	1	24	Performance YTD against target
RBH	Number of cases	2	2	0	5	2	1	6	2	3	2	1	1	27	HCAI Reported Performance YTD
	Agreed Non Trajectory Cases:	1	1		1	1		1						5	Target 14
	Total cases for Trajectory	1	1	0	4	1	1	5	2	3	2	1	1	22	Performance YTD against target
DHUFT	Number of cases	0	0	1	1	0	0	0	1	0	1	0	0	4	HCAI Reported Performance YTD
	Agreed Non Trajectory Cases:			1										1	Target 12
	Total cases for Trajectory	0	0	0	1	0	0	0	1	0	1	0	0	3	Performance YTD against target
Salisbury	Number of cases	1	0	0	0	0	1	1	2	1	0	2	1	9	
Yeovil	Number of cases	0	1	0	1	3	0	0	0	0	0	0	1	6	

C DIFF (Commissioner Based - Provider and Community)

Trust	Cases/Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Performance YTD	Target
CLUSTER	Number of cases	14	16	20	30	13	19	30	20	15	18	3	11	209	204
Non acute	Number of cases not apportioned to acute trusts	9	12	13	20	9	15	21	14	8	16	2	9	148	
DCCG	Number of community non trust	9	12	12	19	9	15	21	13	8	15	2	9	144	

APPENDIX 3

Trust	Cases/Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total
DCH	Number of cases	2	1	2	2	4	3	4	8	7	7	2	0	42
PGH	Number of cases	3	10	11	9	4	9	7	5	6	5	10	4	83
RBCH	Number of cases	13	11	10	6	11	11	12	5	10	9	13	6	117
Salisbury	Number of cases	2	4	1	6	1	1	2	3	2	5	5	3	35
Yeovil	Number of cases	3	1	4	3	3	3	3	5	5	8	3	1	42

MSSA Provider Based - Trust apportioned

Trust	Cases/Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total
DCH	Number of cases	0	1	1	2	2	1	0	1	2	1	1	0	12
PGH	Number of cases	1	2	7	3	1	4	3	2	3	1	1	0	28
RBCH	Number of cases	3	1	1	0	2	0	0	1	3	4	5	2	22
Salisbury	Number of cases	0	0	1	2	1	0	1	2	0	0	3	1	11
Yeovil	Number of cases	0	1	1	0	0	0	0	0	1	0	1	0	4

MSSA(Commissioner Based - Provider and Community)

Trust	Cases/Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total
CLUSTER	Number of cases	21	21	23	19	18	19	27	18	23	23	25	10	247

Escherichia coli

E.coli Provider reported - All Cases

Trust	Cases/Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total
DCH	Number of cases	16	12	8	10	12	6	16	10	12	18	10	3	133
PGH	Number of cases	17	16	16	29	23	25	19	13	18	17	11	11	215
RBCH	Number of cases	21	34	32	24	40	24	25	31	21	25	29	15	321
Salisbury	Number of cases	9	9	10	8	9	9	9	12	8	7	10	7	107
Yeovil	Number of cases	15	13	22	17	17	12	12	17	13	13	13	0	164

E.coli - Trust apportioned

Trust	Cases/Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total
DCH	Number of cases	2	3	3	3	1	1	2	3	0	4	0	0	22
PGH	Number of cases	1	3	2	5	7	6	7	2	4	4	0	2	43
RBCH	Number of cases	3	6	3	7	2	2	4	2	2	7	9	3	50
Salisbury	Number of cases	2	3	0	1	1	1	1	3	1	0	6	0	19
Yeovil	Number of cases	1	3	4	1	2	2	0	1	3	1	1	0	19

E.coli Commissioner Based - Cluster and Primary Care Provider

Trust	Cases/Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	Total
CLUSTER	Number of cases	52	57	56	64	71	50	58	59	51	56	47	25		646
Primary Care	Number of cases	46	45	48	49	61	41	45	52	45	41	38	20		531