

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

Date of the meeting	18/05/2016
Author	J Campbell, Infection Control Nurse Specialist M Wain, Head of Patient Safety and Risk
Sponsoring Clinician	Dr S Yule, Locality Chair North Dorset
Purpose of Report	The IPC annual report provides an overview of Infection Control activity of the CCG during 2015/16.
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 Strategic Principles	<ul style="list-style-type: none"> • Services designed around people • Preventing ill health and reducing inequalities • Sustainable healthcare services • Care closer to home 		
	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 : MW

1. Introduction

- 1.1 This report provides a summary of infection, prevention and control (IPC) activity for NHS Dorset Clinical Commissioning Group for the 2015/16 financial year.
- 1.2 The report comprises a short overview report and detailed appendices can be found at the end of the report relating to:
 - 2015/16 work plan found as Appendix 1;
 - Post Infection Reviews (PIRs) overview found as Appendix 2;.
- 1.3 Monitoring of infection rates, both with providers and across the wider community was conducted by the IPC team. The IPC team is comprised of a part time (15 hours weekly) Infection Control Specialist Nurse supported by the full time band 6 nurse who has achieved an IPC specialist nurse qualification. The focus of the team has been on Community Acquired MRSA bacteraemia, *Clostridium difficile* Infection (CDI) and outbreaks (including Norovirus and Influenza). The CCG works closely with partners including providers, Public Health England and Public Health Dorset via the Pan-Dorset Health Protection Network. Root causes identified and subsequent learning has been shared with partners across the health community to reduce the risk of future occurrence.
- 1.4 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 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 (PHFT) exceeded the attributed *Clostridium difficile* target by five cases, Royal Bournemouth NHS Foundation Trust (RBHFT)) exceeded their target by three cases and Dorset County Hospital NHS Foundation Trust (DCHFT) was three below target. All trust's reporting and investigations were rigorously

reviewed and shared through established health community links. The targets for 2016/17 will remain the same as last year, reflecting the national guidance.

- 2.2 It should also be acknowledged that many trajectory cases are unpreventable but are not considered 'no lapse' in care as some practice aspects not related to 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 have been supporting primary care in preparation for Care Quality Commission (CQC) inspections and improvements in compliance with national standards. Some documentation and compliance with national recommendations require attention and the team are working with the practices to support this. 11 IPC environmental and practice assessments have taken place using an evidence based audit tool which reflects national standards providing opportunities for action planning to support any required change in practice or environment.
- 2.4 Quarterly meetings are held for Practice Nurses in the East and the West of the County which have continued to provide a forum for progress with compliance with standards in primary care. The meetings have engaged practice staff in reviewing policies and IPC practices, supporting reviews of 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 visits. 10 care home planned assessments have taken place using an evidence based audit tool which reflects national standards and reports are compiled to provide feedback and opportunities for action planning. 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.

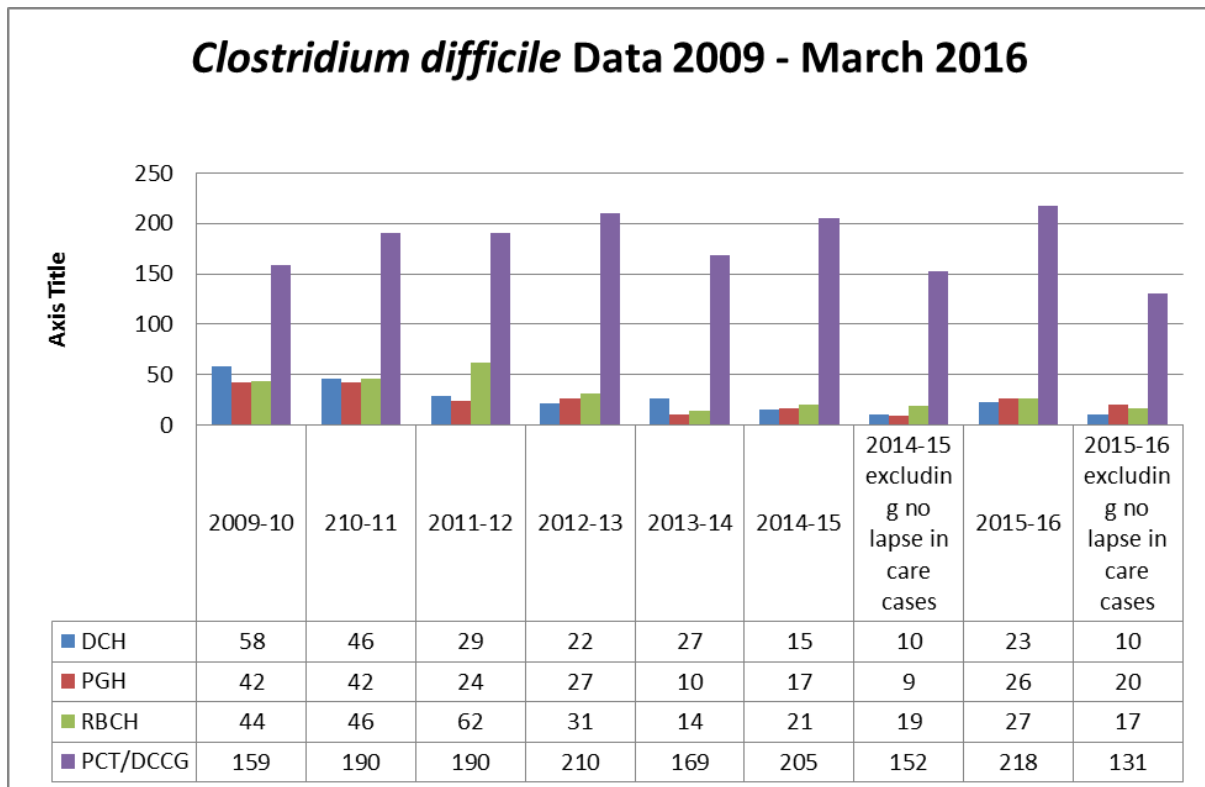
3. Dorset PIR and HCAI Review Group

- 3.1 The Pan-Dorset Post Infection Review (PIR) and HealthCare Associated Infection (HCAI) Group continues to meet, supported by Dorset Clinical Commissioning Group to provide a framework for sharing information and learning to inform on improvements and prevention of 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 (C-Diff), 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 with terms of reference.

Clostridium difficile (CDI)



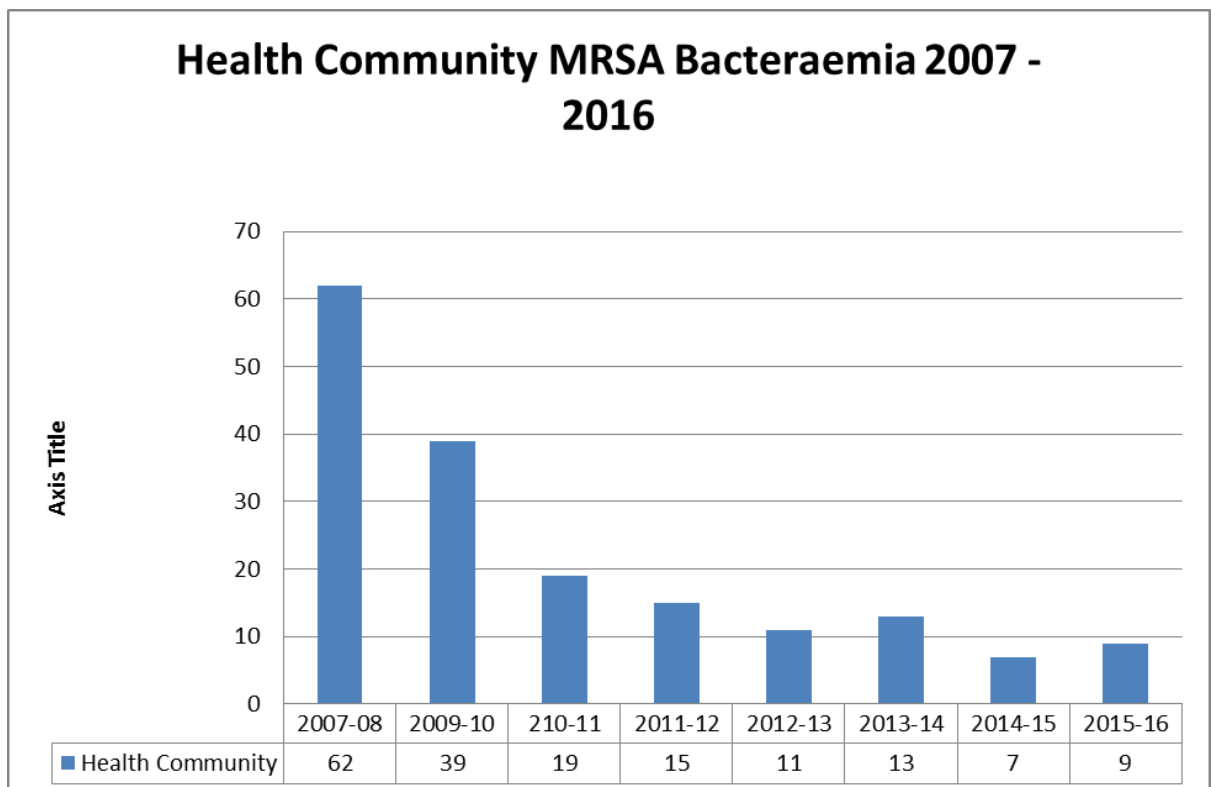
- 3.4 As last year, a second column has been added to reflect the variance from those reviewed and agreed as having ‘no lapse in care’, where the case was not as a result of Dorset based healthcare. All cases identified as non-trajectory (no lapse in care) have been reviewed by the Dorset PIR and RCA Review Group using the national objectives and guidance from NHS England.
- 3.5 The reported community cases for the year continue to increase on previous years, making up the majority, as GPs manage mild cases within patient’s homes. The Dorset Commissioning target has been exceeded (if the non-lapse in care cases are included). If these were removed (as in the case of acute trajectories), the CCG would be below. Cases reported against the CCG 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

9.8

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.

- 3.7 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 have been no significant antibiotic prescribing issues, non-compliance issue or inappropriate management of cases.
- 3.8 As found in the previous year's assessment, a number of cases appear to be of carriage rather than infection, with symptoms caused by, for example, bowel care. These cases are picked up incidentally during routine investigations and are not due to infections. The support of the GPs is appreciated for this piece of work, which will provide some assurance of good management across the healthcare community.
- 3.9 With the priority for antibiotic prescribing over the coming year, confirmation of compliance with guidance is essential, and the IPC team work with the Medicines Management team to support this.

Methicillin Resistant Staphylococcus Aureus (MRSA)



- 3.10 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 9 cases for arbitration, all of which were agreed as attributed to a third party and not related to healthcare in Dorset. Lessons learnt from the investigations were shared at the PIR meetings, and via primary care communication processes.

- 3.11 Other Staphylococcal bacteraemia (MSSA) and E.coli are also reported to the HCAI data system. There are no targets associated with these organisms but the data is used for national review of prevalence. Any local associated clusters are investigated as serious incidents, for which there have been none in Dorset this year related to these organisms.

Serious incidents.

- 3.12 All incidents and outbreaks are reported as serious incidents and reviewed by the Dorset PIR Group.
- 3.13 **Norovirus** Mid-April saw a cessation of reports of outbreaks of D&V related to this virus. Recommencing in November with an outbreak affecting a ward in a community hospital, reports were made intermittently during the season reflecting national prevalence. In total five reported ward closures in acute care of which four were confirmed as caused by Norovirus, the other was unidentified despite specimen examination by reference laboratories. A further three were managed in community hospitals, all reports are within expectations for the season.
- 3.14 Three other outbreaks or increased incident reports were made, one related to a cluster of MRSA colonised patients in acute care, unrelated to spread, all confirmed as differing ribotypes.
- 3.15 A single case of Carbapenemase Producing Enterobacteriaceae (CPE) in acute care resulted in contact testing. There was no evidence of spread or issues regarding acquisition for local healthcare.
- 3.16 With the increase of influenza cases, there was a resultant closure of one ward area in the acute sector when three cases were identified. Isolation policy procedures.
- 3.17 All incidents were investigated by the assigned organisation, and the report, lessons learned and action plans reviewed by the PIR group

4. Pan-Dorset IPC Network

- 4.1 The network meet bi-annually to ensure a multiagency approach to IPC, overseeing and supporting the work of the IPC teams. The network was attended by 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 There have been no appeals taken to the network from the PIR RCA Review group. Discussions have centred upon PIR reviews and outbreaks, IPC standards in healthcare, antibiotic prescribing and published guidance related to IPC.

4.3 The next meeting will be held 21 July 2016.

5. Other actions

5.1 Following some concerns raised regarding influenza vaccinations for care home residents during the previous season, Dorset CCG offered vaccination training for registered nurses working in care homes which resulted in fewer concerns and issues arising during the programme for this year.

5.2 Care Home staff are not mandated to undertake this role and it remains a personal choice of the Registered Nurse. The training ensured compliance with standard practice and competence specifically for flu vaccination and anaphylaxis. 40 staff from 30 nursing care homes attended the training and to date there was only one reported issue where the practice did not fully appreciate the requirements for a Patient Specific Direction.

5.3 NHS Dorset Clinical Commissioning Group have developed or supported the following tools for use across the county by all health care staff:

- development of a Urinary Catheter Management patient held record to support consistency across healthcare boundaries. Launched in September 15, the record is used by three acute trusts, Dorset HealthCare and some care homes, and will be audited in April 2016 by both Primary and Secondary care and with Care homes;
- the IPC team have established an intranet site with audit tools and reports for GPs, primary care nurses and care homes. The site includes links to national agencies to allow easy access to up to date key information and guidance;
- a quarterly General Practitioners Newsletter was launched in January, circulated to GP's 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.

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 reviewed. 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: Jacqui Campbell
Infection Control Nurse Specialist
Matthew Wain
Head of Patient Safety and Risk

Telephone Number: 01305 368944

APPENDICES	
Appendix 1	IPC Work Program
Appendix 2	HCAI Data

Infection Prevention and Control Work Programme 2015-2016

No	Objective	Programme of Work	Monitoring	Progress
1	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 Live	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 of any reported incidents, PIR for e.g. C -Diff/ MRSA in community. Actions plans and lessons learnt reporting.	Monthly	RCAs were carried out for 9 MRSA Bacteraemia in the Dorset community, all of which were attributed to 'third party' (not attributed to Dorset Healthcare). 1 death related to Clostridium difficile (CDI) was investigated 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 and community hospitals	Monthly	Audit tools were reviewed to reflect current recommendations, and were adapted for primary and carehomes.
		Update QSIG monthly figures for acute trusts on data base/ present at monthly QSIG meeting	Ongoing	Reports provided for each meeting.
		Provide reports for and attend monthly QSIG meetings to support effective reporting/joint working with colleagues.	Monthly	Reports provided for each meeting include PIR and SI reports, and environmental audits.
		Annual Report	May 2016	Completed 4th May 2016
		Lead for PHE data system reporting	Ongoing	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.	Ongoing	Training for care home nurses across 30 care homes supported timely vaccination and reduced complaints and reported concerns.

Infection Prevention and Control Work Programme 2015-2016 continued

No	Objective	Programme of Work	Monitoring	Progress
2	Representation for Dorset CCG at joint trust meetings for IPC	To attend and support: Dorset PIR and HCAI Review meetings Dorset IPC Network Dorset IC Forum (DICF) RBCH Infection Prevention Committee Wessex Commissioning IP Group	Monthly Half yearly Monthly Quarterly Monthly	Attended all meetings held 2015/16. Compiled agendas, action plans and supported minutes and notes accuracy. Deputised as Chair for the Review meetings. Supported and obtained funding for DICF projects
3	To examine incidence of <i>Clostridium difficile</i> (CDI) within the community to identify and take action to address any implicating factors	Carry out RCA for community cases	Monthly	RCA completed for CDI related death reported as Serious Incident.
		Link with General Practitioners to establish a pathway to support root cause analysis	Monthly	Data collection continuous. No identified significant issues.
		Report findings to DIPC and Quality Managers	Monthly	Finding reported, discussed at Dorset Joint IPC meetings.
		Develop and agree audit tool to support compliance with standards		Audit tool completed and utilised to carry out new service assessments.
		Undertake Assessments as required and report findings to DCCG		Completed as required.
4	Partnership working with: Local Area Team Local Authority Public Health England Public Health Dorset	Link with key members of each group to establish mutual methods of working	Completed	Contact made with PHE, PHD. Local authority teams in each locality have been visited and information shared.
		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
5	Enhanced Community Services: to ensure new commissioned services have IPC practices in	Assess new services as required to ensure national guidance is followed	Yearly	No requirement this year

Infection Prevention and Control Work Programme 2015-2016 continued

No	Objective	Programme of Work	Monitoring	Progress
	place to ensure patient safety in relation to HCAIS			
6	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	Ongoing	Examine possibility of IC website - for progression April 2015
		Build up database on reference documents	Ongoing	Ongoing and up to date
		Establish IPC website page for providers	Dec 15	In place and maintained for Primary Care and Care Homes.
7	To provide specialist advise on Infection Prevention and Control including the clean environment to health and care providers within Dorset	Respond to enquiries and offer advice and support	Ongoing	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	Quarterly	Meetings held in East and West and meetings recorded and shared.
8	Care Homes	Support delivery of patients safety and IPC Training to Dorset Care Homes	Not started	Presented at Quality Care Team Care Home Event November 2015
		Assess Care home against IPC standards as required and requested by boroughs and safeguarding leads	Ongoing	Care home assessments have taken place and reports shared.
		Ensure Audit tools reflect national and local guidelines.	Yearly	Completed
9	Staff Development	Band 6 to complete IPC degree	Feb 16	Completed February 2016
		Attend seminars for IPC as determined with manager/s	Yearly	List of seminars/conferences attended as agreed
10	Consultant Medical Microbiologist support	Business case for funding	June 2015	Completed and approved

		Recruit and establish role jointly with Medicines management team	Sept 16	Difficulties in filling vacancy, ongoing priority in support of IPC and antimicrobial stewardship.
--	--	---	---------	--

HCAI data Apr 2015 - Mar 2016

MRSA (Commissioner Based) (Monthly)

Trust	Cases/Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Performance YTD	HCAI Reported Performance YTD
	Number of Cases	0	1	1	0	1	2	1	1	0	1	1	0	0	9
	Third party arbitration	0	1	1	0	1	2	1	1	0	1	1	0		
	Cases assigned to DCCG	0	0	0	0	0	0	0	0	0	1	1	0		

C DIFF (Provider Based)

to 29/03/16

Trust	Cases/Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Year to date	
DCH	Number of cases reported	2	2	2	5	0	0	2	6	3	0	1	0	23	HCAI Reported Performance YTD
	Agreed Non Trajectory Cases:	2	2	1	3	0	0	1	2	1	0	1	0	13	Target 14
	Total cases for Trajectory	0	0	1	2	0	0	1	4	2	0	0	0	10	Performance YTD against target
PGH	Number of cases reported	1	1	2	0	2	1	2	2	5	2	4	4	26	HCAI Reported Performance YTD
	Agreed Non Trajectory Cases:	0	1	1	0	1	0	0	1	0	0	1	1	6	Target 15
	Total cases for Trajectory	1	0	1	0	1	1	2	1	5	2	3	3	20	Performance YTD against target
RBH	Number of cases reported	2	1	1	1	7	3	3	4	1	1	1	2	27	HCAI Reported Performance YTD
	Agreed Non Trajectory Cases:	2	1	0	0	3	0	2	1	0	0	0	0	9	Target 14
	Total cases for Trajectory	0	0	1	1	4	3	1	3	1	0	1	2	17	Performance YTD against target
DHC	Number of cases reported	1	1	3	3	1	2	1	0	0	1	0	1	14	
	Agreed Non Trajectory Cases:	1	1	0	1	0	1	1	0	0	0	0	0	5	Target 12
	Total cases for Trajectory	0	0	3	2	1	1	0	0	0	1	0	1	9	Performance YTD against target
Salisbury	Number of cases	0	1	3	1	2	2	1	0	0	0	4	1	15	
Yeovil	Number of cases	1	1	0	2	0	3	0	2	2	1	3	1	16	

C DIFF (Commissioner Based - Provider and Community)

Trust	Cases/Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Performance YTD	Target
CLUSTER	Number of cases reported	17	10	16	28	22	15	20	28	26	13	14	9	218	204
Non acute	Number of cases not apportioned to acute trust	12	6	11	22	13	11	16	16	17	10	8	3	145	
DCCG	Number of community non trust	11	5	8	19	12	9	15	16	17	9	8	2	131	
	Adjustment of Non Trajectory Cases:														

**MSSA/ E COLI - INFECTION CONTROL
APRIL 2015 TO MARCH 2016**

MSSA(Provider Based - All cases)

Trust	Cases/Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Total
DCH	Number of cases	2	7	5	5	3	2	2	1	2	1	2	2	34
PGH	Number of cases	3	8	13	3	2	2	10	6	5	4	3	0	59
RBH	Number of cases	6	3	5	13	6	5	11	2	10	6	11	6	84
Salisbury	Number of cases	3	2	1	2	2	6	5	5	1	5	3	1	36
Yeovil	Number of cases	2	2	5	2	4	4	7	2	2	1	3	0	34

MSSA(Provider Based - attributable to Provider)

Trust	Cases/Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Total
DCH	Number of cases	0	3	0	2	0	0	0	0	1	0	0	1	7
PGH	Number of cases	1	3	5	1	1	0	2	0	3	0	0	0	16
RBH	Number of cases	1	0	2	4	0	1	5	1	0	1	3	3	21
Salisbury	Number of cases	0	0	0	0	0	1	2	0	0	0	1	0	4
Yeovil	Number of cases	0	0	1	0	0	1	0	0	0	1	1	0	4

MSSA(Commissioner Based - Provider and Community)

Trust	Cases/Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Total
CLUSTER	Number of cases	10	19	21	22	12	9	26	9	17	12	16	18	191

E.coli (Provider Based- not attributed to provider)

Trust	Cases/Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Total
DCH	Number of cases	7	15	9	11	8	11	9	6	9	7	13	7	112
PGH	Number of cases	14	20	25	21	23	19	20	14	15	16	18	0	205
RBH	Number of cases	23	22	19	21	28	35	27	21	23	29	22	16	286
Salisbury	Number of cases	6	9	10	11	12	7	8	6	9	9	8	9	104
Yeovil	Number of cases	6	10	9	12	9	5	13	14	13	6	11	0	108

E.coli (Commissioner Based - Provider and Community)

Trust	Cases/Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Total
CLUSTER	Number of cases	43	59	51	53	54	56	57	44	46	44	54	50	611