

NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

INFECTION PREVENTION AND CONTROL ANNUAL REPORT

Date of the meeting	20/05/2015
Author	J Campbell - Infection Control Nurse Specialist M Wain - Head of Patient Safety and Risk
Sponsoring Clinician	Dr P French – Locality Chair for East Bournemouth
Purpose of Report	The IPC annual report provides an overview of Infection Control activity of the CCG during 2014/15.
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 Dorset 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 		
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/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 2014/15 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:
 - 2014/15 work plan found as Appendix 1;
 - Healthcare associated infection (HCAI) data 2014/15 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 a full time band 6 nurse who is currently working towards attaining an IPC specialist degree. The focus of the team has been on Community acquired MRSA bacteraemia, C-Difficile cases and outbreaks (including norovirus). 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 advice and support services to health and social care providers including:
 - General Practices;
 - Care Homes;
 - Nursing Homes;
 - Local Authorities;
 - Safeguarding Teams;
 - Care Quality Commission.

2. Overview

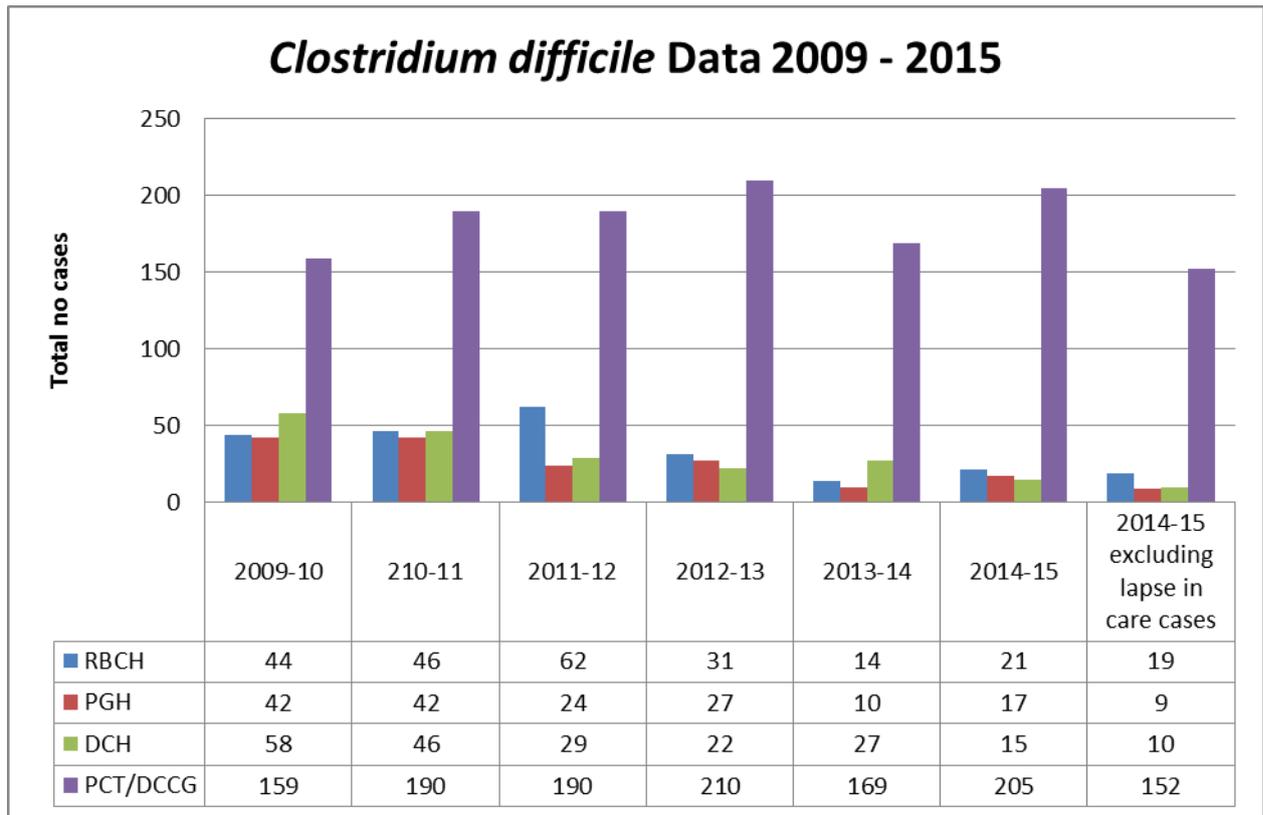
- 2.1 The health community continues to perform well against infection rate targets, achieving below trajectory for *Clostridium difficile*, once the no lapse in care (non-trajectory) cases are taken into consideration. A zero tolerance approach is taken to MRSA bacteraemias and remains low across providers and the wider Dorset Health Community as the graph in section three demonstrates. Poole Hospital NHS Foundation Trust (PHT) exceeded the attributed *Clostridium difficile* target by 2 cases, however 8 were agreed to be non-preventable with no lapse in care. All trust's reporting and investigations have been thorough and shared through established health community links. The targets for 2015/16 have been reduced once again for DCH and RBCH and increased for PHT to reflect cases per bed days over the 2014/15 financial year.

- 2.2 The IPC nurses have been involved in the review of Enhanced Services for Primary Care interventions including caudal epidurals for chronic pain relief. Eight practices were assessed and compliance was assessed with the contractual specifications. Facilities have proved to be well managed, and staff compliant with safe practice standards required. Some documentation and compliance with national recommendations require attention and the team are working with the practices to support this.
- 2.3 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 via visits. 16 care home planned 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 are shared with the providers and commissioners, following which review visits are carried out, as necessary, to support any required change in practice or environment.
- 2.4 Since September 2014 the IPC nurses have supported the re-formed GP Practice Nurses Link Group, to raise awareness of current guidelines. The team have also focussed on sharing good practice and innovation, to ensure safe environments for patients and staff. These events were held in both the east and west of the county to support attendance. There have been 50 attendees to date which has increased contact with medical practices who are striving to achieve or affirm CQC standards.

3. Dorset PIR and RCA Review Group

- 3.1 NHS Dorset CCG leads a group spanning the health community to ensure that incidents of healthcare associated infections receive robust review and that any learning is widely disseminated.
- 3.2 Through the root cause analysis processes, information was reported and shared in relation to Meticillin Resistant Staphylococcus Aureus (MRSA), Clostridium difficile (C-Diff) and other specific infections and out breaks to inform on learning and prevention.
- 3.3 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 HCAIs and outbreaks.

Clostridium difficile HCAI data

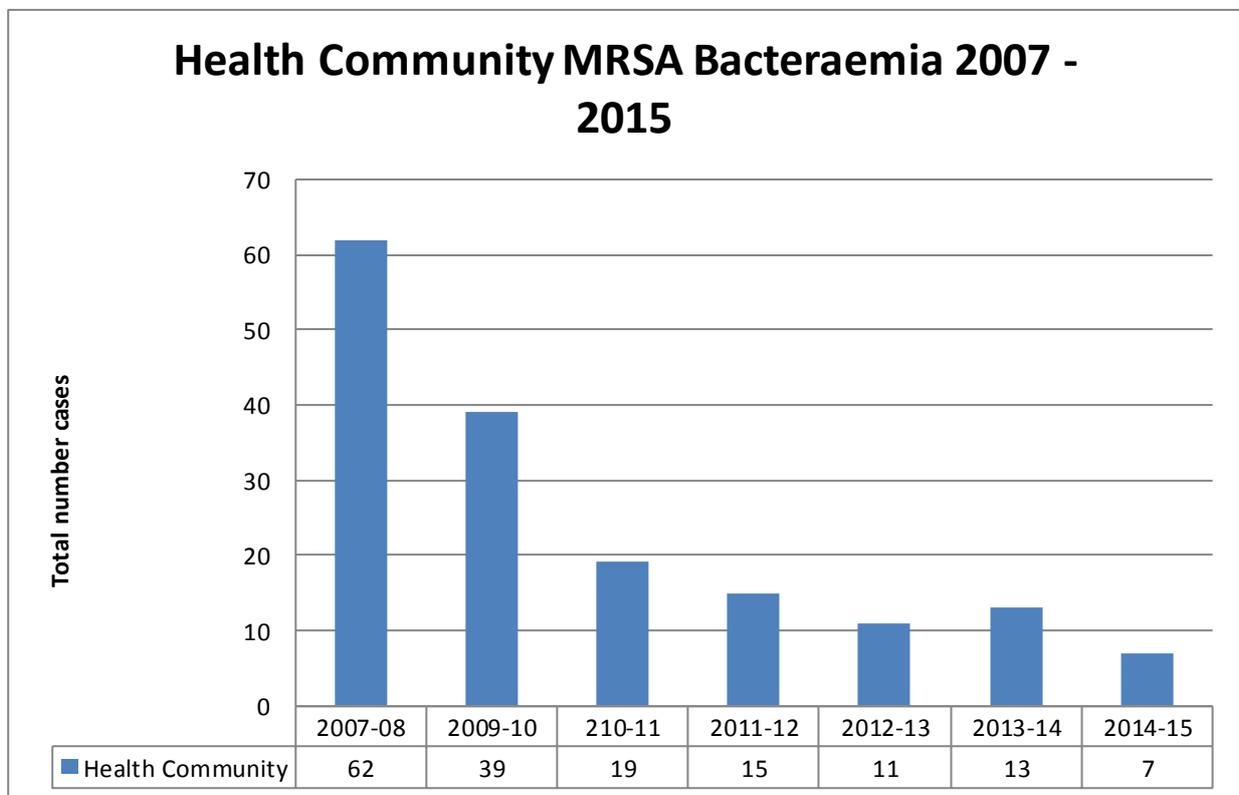


- 3.4 For this year an additional column has been added to reflect the variance from those reviewed and agreed as having ‘no lapse in care’, where the case was not as a result of Dorset based healthcare. All cases identified as non-trajectory (no lapse in care) have been reviewed by the Dorset PIR and RCA Review Group using the national objectives and guidance from NHS England.
- 3.5 The reported community cases for the year are significantly higher than previous years, making up the majority, as GPs manage mild cases within their 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 the target. 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 the CCG (i.e. positive specimens from patients without hospital admissions) are being examined in liaison with general practitioners and acute trusts to gain some understanding of the prevalence and possible preventability in primary care. This work commenced in April 2014 and, following a three month pilot, amendments were made to the data to fully reflect the NHS England guidance and to improve accuracy of data being collected. The quality of the information provided has been variable, however there is sufficient being provided to gain some meaningful analysis.

Reviewing data collected September 2014 to February 2015 there were no significant antibiotic prescribing issues, non-compliance issues or inappropriate management of cases. 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. Ongoing work is taking place to confirm accuracy of information received and the support of the GPs is appreciated for this piece of work. This will provide some 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 will work with the Medicines Management team to support this.

MRSA data



- 3.8 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 four cases were sent for arbitration. Of the seven MRSA bacteraemia cases reported for Dorset residents, 3 have been agreed as belonging to a third party and not related to healthcare in Dorset, one was attributed to Dorset CCG, two further cases were found to be contaminants (One RBCHFT and one Salisbury), and one further case was related to healthcare in an acute trusts outside the County.

- 3.9 To reduce the impact of winter pressures and infection outbreaks the IPC team developed a 'Getting Ready for Winter' programme. This was initially developed by Poole Hospital and adapted for Care Homes and General Practices. Information CDs, training tools and posters were developed and sent to relevant areas including care homes, domiciliary care agencies, general practices, dental practices, schools, libraries and pharmacies to raise awareness amongst the public. During the winter no acute trust reported unnecessary attendance of admission due to Norovirus type illness.
- 3.10 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.

Serious Incidents.

- 3.11 All outbreaks are reported as serious incidents and reviewed by the Dorset Group. This year there have been eight IPC incidents. Five deaths related to infections of *Clostridium difficile*, one related to a contaminated instrument (no-harm), one related to an increased incidence of infection on a ward in an acute unit, and a suspected outbreak of Carbapenemase –producing Enterobacteriaceae (CPE).
- 3.12 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 Ebola preparedness, with some issues for the acute trusts in obtaining equipment supplies and some conflict in the published guidance.

5. Other actions

- 5.1 Following some concerns raised regarding influenza vaccinations for care home residents, a survey is taking place to establish the problems encountered within primary care in carrying out timely immunisations.
- 5.2 The IPC nurses took part in the successful Care Home Event in November, raising awareness for infection prevention measures.

- 5.3 Visits to other providers, including community and hospital trusts, were also undertaken. Where potential risks to patients were identified actions were taken to reduce or remove the risk e.g. compliance with decontamination of reusable devices in accordance with national guidance.
- 5.4 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;
 - IPC handbook to support new healthcare staff in carrying out essential infection prevention practices;
 - Reprint of 'Green Cards' for those diagnosed with *C. difficile* to carry with them to support ease of awareness when entering another healthcare.

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 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.

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APPENDICES	
Appendix 1	IPC Work Program
Appendix 2	HCAI Data

Infection Prevention and Control Work Programme 2014-2015

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	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.
		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 3 MRSA Bacteraemia in the Dorset community, for which 2 were attributed to 'third party' (not attributed to Dorset Healthcare). 2 cases of deaths related to Clostridium difficile (CDI) were investigated. All lessons learnt were shared across the IPC healthcare community, and are to be included within GP bulletins.
		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.
		Attend monthly QSIG meetings to support effective reporting/joint working with colleagues.	Monthly	Reports provided for each meeting to include PIR and SI reports, and environmental audits.
		Annual Report	30/04/2014	Completed 20th April 14
		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.
		Take action to establish clear issues related to difficulties in Influenza vaccinating care home residents.	Ongoing	Survey arranged with accompanying letter from DIPC and GP lead to all GPs. Response slow, reminder published 24/04/2015

Infection Prevention and Control Work Programme 2014-2015 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)	Monthly Half yearly Monthly	Attended all meetings held 2014/1. Compiled agendas, action plans and supported minutes and notes accuracy. Has deputised as Chair for the Review meetings. Supported and obtained funding for DICF projects
3	Care Homes	Deliver a patients safety and IPC Training Programme to Dorset Care Homes	Not started	To be planned - target date to be agreed (not progressed this year) Presented at Quality Care Team Care Home Event November 2014
		Assess Care home against IPC standards as required and requested by boroughs and safeguarding leads	Ongoing care home assessments have taken place, of whichwere unannounced.
		Review and update Environment assessment IPC audit	15th April 14	Completed 20/05/2014
		Arrange education sessions for Nursing Care Homes	Not started	To be planned - target date to be agreed.
4	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	RCAs completed for CDI related deaths reported as Serious Incidents.
		Link with General Practitioners to establish a pathway to support root cause analysis	Monthly	Pilot was completed August 2014 and recommenced September 2014 following amendments to data collection form to support input to Ulysess system. Significant response has provided 6 months data currently being examined. Data collection will be continuous.
		Report findings to DIPC and Quality Managers	Monthly	Finding reported, discussed at Dorset Joint IPC meetings.
6	Enhanced Community Services: to ensure new commissioned services have IPC practices in place to ensure patient	Assess new services as required to ensure national guidance is followed		8 Practices assessed with regard to Spinal Epidural Pain Relief. Report provided.

safety in relation to HCAIS		Infection Prevention and Control Work Programme 2014-2015 continued		
No	Objective	Programme of Work	Monitoring	Progress
		Develop and agree audit tool to support compliance with standards	Ongoing	Audit tool completed and utilised to carry out new service assessments.
		Undertake Assessments as required and report findings to DCCG		Completed as required.
		Current developments include: Caudal epidurals Manipulations of IV lines		Completed as required.
				Not progressed - work taking place within acute trusts and Dorset Healthcare.
7	Staff Development	Band 6 to complete Distance learning		Completed 3/2014
		Attend seminars for IPC as determined with manager/s		List of seminars/conferences attended attached.
		Attend IPS/HIS conference	Sep-14	
		Band 6 to commence IPC degree.	Sep-14	Commenced, first assignment completed.
		IT training courses	In progress	still awaiting IT response 10/09/2014. In progress, 15/10/2014
8	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		ongoing
		Undertake visits and assessments following invitation		Assessments have taken place as agreed, restricted to care homes where CHC funding / stays are in place.
		Undertake assurance visits in response to safeguarding requests		Assessments have taken place as agreed.
9	To provide specialist advise on Infection Prevention and Control	Respond to enquiries and offer advice and support	Ongoing	Take place and are recorded.

	including the clean environment to health and	Undertake visits and assessments		Take place and are recorded.
		Infection Prevention and Control Work Programme 2014-2015 continued		
No	Objective	Programme of Work	Monitoring	Progress
	care providers within Dorset	Review and update Environment IPC audit for Practice staff.	Completed	
		Develop information/ guidance pack to support Practice nurses/GP's in IPC		Held
10	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 and up to date

Appendix 2 – HCAI data Apr 2014 - Mar 2015

NHS DORSET CLINICAL COMMISSIONING GROUP MRSA & CDIFF - INFECTION CONTROL APRIL 2014 TO MARCH 2015

MRSA (Provider Based) (Assigned after Post Infection Review (PIR))

Trust	Cases/Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Performance YTD
RBH	Number of cases	0	0	0	0	1*	0	0	0	0	0	0	0	1
PGH	Number of cases	0	0	0	0	0	0	0	0	0	0	0	0	0
DCH	Number of cases	0	0	0	0	0	0	0	0	0	0	0	0	0
Salisbury	Number of cases	0	0	0	0	0	1*	0	0	0	0	0	0	1
Yeovil	Number of cases	0	0	0	0	0	0	0	0	0	1**	0	1**	2

* this was a contaminated sample

** these both related to Somerset patients

MRSA (Commissioner Based) (Attributable - includes third party where there were no failings in patient care by CCG)

Trust	Cases/Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Performance YTD
Dorset CCG	Number of cases	1	1	1	0	1	1	0	1	1	0	0	0	7

C DIFF (Provider Based)

Trust	Cases/Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Performance YTD
RBH	Number of cases	0	1	0	2	3	1	3	1	1	2	2	5	21
PGH	Number of cases	0	4	0	0	2	2	3	0	2	2	0	2	17
DCH	Number of cases	0	0	2	2	1	1	1	0	4	0	2	2	15
Salisbury	Number of cases	5	2	1	1	4	0	0	0	1	0	4	5	23
Yeovil	Number of cases	0	1	1	1	1	1	1	1	2	2	4	1	16

C DIFF (Commissioner Based - Provider and Community)

Trust	Cases/Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Performance YTD
CLUSTER	Number of cases	12	23	31	15	20	20	18	13	14	13	13	13	205