

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

<b>Date of the meeting</b>	15/07/2020
<b>Author</b>	T Arnold - Infection Prevention and Control Advanced Nurse Specialist
<b>Purpose of Report</b>	To provide assurance that the Dorset CCG Infection Prevention and Control (IPC) remains compliant with the Health and Social Care Act 2008: code of practice on the infection prevention and control of infections and related guidance (Department of Health, 2015).
<b>Recommendation</b>	The Governing Body is asked to <b>note</b> the report.
<b>Stakeholder Engagement</b>	All health partners sit on the Post Infection Review (PIR) group and lay members sit on the ICS IPC group to represent the CCG population
<b>Previous GB / Committee/s, Dates</b>	N/A

**Monitoring and Assurance Summary**

<b>This report links to the following Strategic Objectives</b>	<ul style="list-style-type: none"> <li>• Prevention at Scale</li> <li>• Integrated Community and Primary Care Services</li> <li>• One Acute Network</li> <li>• Digitally Enabled Dorset</li> <li>• Leading and Working Differently</li> </ul>		
	<b>Yes</b> [e.g. ✓]	<b>Any action required?</b>	
		<b>Yes</b> Detail in report	<b>No</b>
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	✓		✓

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<b>I confirm that I have considered the implications of this report on each of the matters above, as indicated</b>	✓
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Initials: TA

## 1. Introduction

- 1.1 This report provides a summary of Infection Prevention and Control (IPC) activity for NHS Dorset Clinical Commissioning Group (CCG) for the 2019/20 financial year.
- 1.2 Delivering safe and best quality of care to people of Dorset and reduction of healthcare associated infections remains a top priority, embedding infection prevention and control in all parts of everyday practice.
- 1.3 To ensure the compliance with national standards and the Code of Practice on the prevention and control of infections, the Quality Improvement Team provided specialist support and advice to all health and social care providers including Primary Care, Secondary Care, Independent Private Care Providers, Local Authorities and Patient Safety Teams. This has taken place as a form of general advice, IPC supportive visits, surveillance data, seminars, presentations, learning hubs and meetings.

## 2. Dorset Integrated Care System Infection Prevention and Control

- 2.1 The Dorset Integrated Care System Infection Prevention and Control (ICS IPC) purpose is to bring closer together collaborative and collective working in the system wide planning and strategic delivery of health and care services, where safety and best quality is paramount in care for people within Dorset. The infection prevention and control assurance performance across all partners is shared and embedded in continuous drive of quality improvement alongside with national recommendations, targets and best evidenced practice.

## 3. Dorset Post Infection Review and Healthcare Associated Infection Group

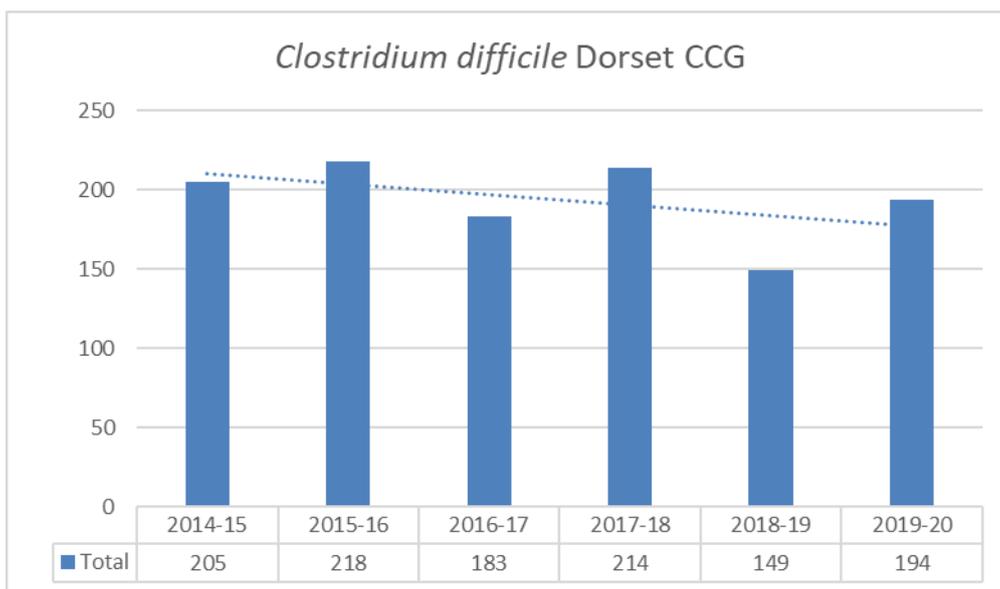
- 3.1 Preventing infection is a key factor therefore a multi-agency approach fostering an open and honest platform of thorough root cause analysis and monitoring of Healthcare Associated Infections (HCAIs) and serious incidents are held at the Post Infection Review (PIR) group that is held monthly. Any learning, changes in practice and improvements has been widely shared with partners across the integrated health community to improve the safety and to prevent any risk of future occurrence of preventable HCAIs and outbreaks.

## 4. *Clostridium difficile* infection (CDI)

- 4.1 A new case assignment definition has been published by NHS Improvement to focus on system wide approach to avoid a culture of apportioning blame through the lapses in care process. This includes a prior healthcare exposure element for community onset cases and reduction of days to apportion hospital-onset healthcare associated cases from three or more to two or more days following admission. New changes to the algorithm have contributed to the significant increase of CDI cases in Dorset. Based on PHE data, current

estimates are that the proportion of healthcare associated cases will increase to around 65% of the total number of cases.

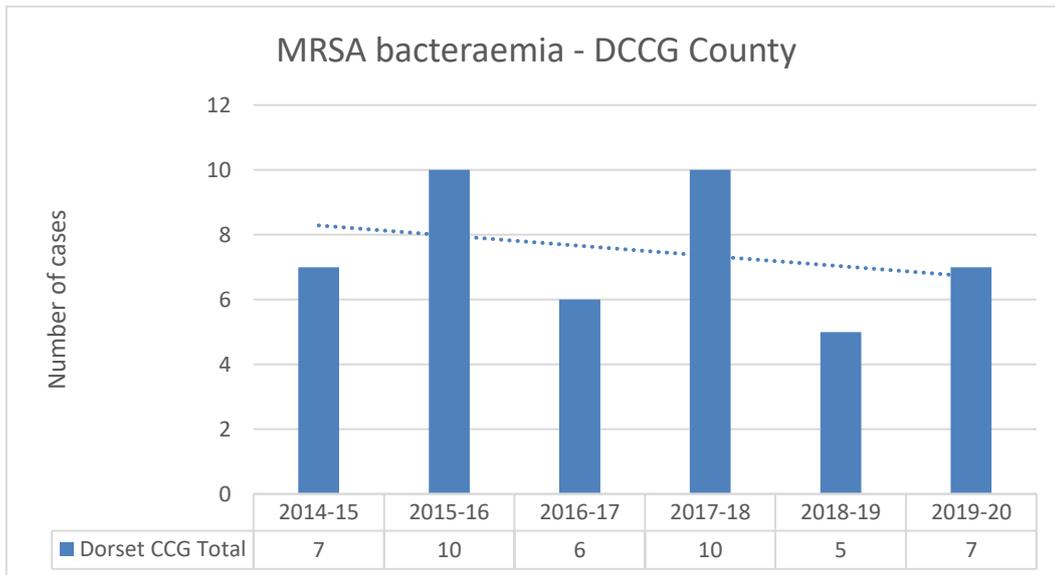
- 4.2 The graph below demonstrates total *Clostridium difficile* cases in Dorset including cases, which were not as a result of any process that led to acquisition or that may have placed other patients at risk of acquisition. Each CDI case is assessed by the reporting provider and relevant coordinating commissioner to see if any aspects of care could have been done differently and to implement any learning identified.
- 4.3 Our CDI objectives has reduced from 203 CDI cases to 160 cases from previous financial year, which had an impact on our overall outcome. The ICS Dorset have made great strides in reducing the number of CDIs, however some infections are a consequence of factors outside the control as many patients are predisposed to factors that can contribute to *Clostridium difficile*, such as antimicrobials and therefore clinical judgement is taken into consideration.



## 5. **Meticillin resistant *Staphylococcus Aureus* (MRSA) bacteraemia**

- 5.1 Zero tolerance approach for the MRSA bacteraemia objective remains a priority for the NHS and for the ICS IPC Dorset.
- 5.2 In total, seven MRSA bacteraemia cases were reported with one case attributed to a trust outside of county, one to acute trust and five community onsets with learning identified across primary and secondary care within and outside of Dorset.

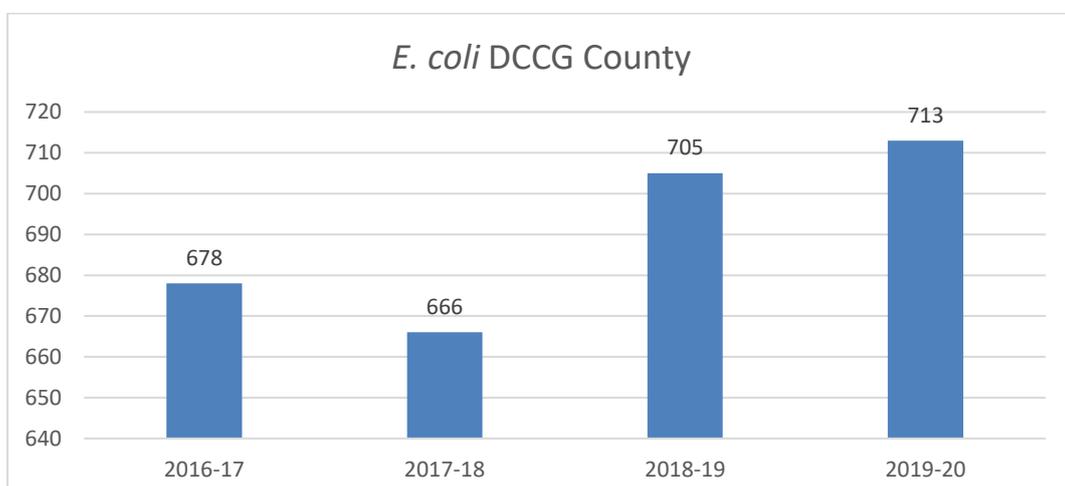
5.3 All cases had a thorough root cause analysis investigation. It was deemed that three cases were unavoidable, one case was attributed to the trust outside of county and three MRSA bacteraemia cases had learning themes identified, which consequently changed practice to minimise overall risk and the recurrence of the incident. An action plans have been implemented to address the prevention of further cases.



Note: The MRSA bacteraemia graph includes all cases including those attributed to a trusts outside of the Dorset County.

## 6. *Escherichia coli* (E. coli) bacteraemia

6.1 In England Gram-negative bloodstream infections (GNBSIs) are increasing therefore in response to this, the government set a goal to reduce healthcare associated GNBSI by 50% by March 2024 with a 25% reduction by March 2021. Strategic oversight and leadership have been implemented across the integrated care system to achieve the ambition in collaboration with health and social care colleagues.



- 6.2 The graph above illustrates the total *E. coli* BSIs in Dorset with the number of cases reported in 2019/20 increased by eight compared to 2018/19, with exception in 2017/18 when we reduced our E coli BSIs by twelve cases from a previous year. Even though the reduction is challenging locally and nationally, as more people are living longer with long-term conditions, the hard work and effort to reduce the number of cases continues.
- 6.3 A system wide action plan has been developed to monitor the progress made to date, identifying new ways and strategies to improve practice and prevent harm to people of Dorset, utilising work already in hand and identifying and taking actions on themes that could lead to improvement. The action plan includes areas of priority to strengthen our work around hydration and nutrition, health promotion, prevention of urinary tract infections and promoting ICS collaboration and engagement with learning shared across the system. A three months proactive surveillance of local data review programme for all GNBSI both hospital and community onset are being undertaken to monitor overall trends and to identify any areas of improvement. The Director of Nursing from Dorset HealthCare University Hospital Foundation Trust has been nominated as a senior responsible officer (SRO) to oversee the implementation and delivery of a system wide AMR strategy to drive improvement in Dorset.

## **7. System wide achievements**

- 7.1 As a system, there were a several great achievements developed.
- 7.2 Working in partnership with colleagues in primary and secondary care to provide standardised and consistent system wide ICS policies for all partners, Dorset Policy Task and Finish Group has been developed.
- 7.3 Developed a Quality Improvement SharePoint for Primary Care to ensure that infection prevention is embedded in day to day practice using existing advice, resource and national guidance.
- 7.4 A planned Dorset Infection Prevention and Control Conference originally scheduled for June 2020 has been unfortunately postponed due to Covid-19 pandemic. However, the event had huge interest and tickets officially sold out within two weeks of going on sale. We look forward to hosting the event in March 2021.

## **8. Conclusion**

- 8.1 High standards of infection prevention and control and antimicrobial stewardship remains pivotal and fundamental in preventing and reducing infections across Dorset. Dorset CCG Integrated Care System is proud of the achievements and successes and continue to reflect and learn from them as a system to continuously maintain and deliver high quality standards of patient care.
- 8.2 A robust system approach will continue to embed, working collaboratively with colleagues and partners across Dorset to focus and improve on the

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prevention of all healthcare associated infections and to ensure that all commissioned and social care services are providing clean, safe and effective care for all people of Dorset.

**Author's name and Title: Tina Arnold, Infection Prevention and Control  
Advanced Nurse Specialist**

**Date: 19<sup>th</sup> June 2020**

**Telephone Number: 07971824010**