



**TRAFFORD
COUNCIL**

**AGENDA PAPERS MARKED 'TO FOLLOW' FOR
HEALTH AND WELLBEING BOARD**

Date: Friday, 14 August 2020

Time: 10.00 am

Place: Virtual Meeting

The meeting will be streamed live at

<https://www.youtube.com/channel/UCjwblOW5x0NSe38sgFU8bKg>

A G E N D A	PART I	Pages
7.	HEALTH PROTECTION BOARD ACTION PLANS To receive a report from the Director of Public Health.	1 - 2
8.	PUBLIC ENGAGEMENT BOARD PLANS To receive a report from the Director of Public Health.	3 - 4
9.	LCA SYSTEM BOARD To receive a presentation.	5 - 22
10.	INFECTION CONTROL ANNUAL REPORT To receive a report from the Director of Public Health.	23 - 48

SARA TODD
Chief Executive

Membership of the Committee

Councillors S. Johnston (Chair), J. E. Brophy, Miss L. Blackburn, J. Harding, C. Hynes, J. Slater, M. Bailey, C. Davidson, D. Eaton, H. Fairfield, Dr. M. Jarvis, M. Noble,

Health and Wellbeing Board - Friday, 14 August 2020

E. Roaf, M. Roe, R. Spearing, A. Worthington, P. Duggan, S. Radcliffe, Rooney, Hemingway, S. Donnellan, D. Evans, M. Hill, Pritchard, A. Seabourne and J. McGregor.

Further Information

For help, advice and information about this meeting please contact:

Alexander Murray, Governance Officer,
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This agenda was issued on **Thursday, 6 August 2020** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall, Talbot Road, Stretford, M32 0TH.

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1.

Date Raised	Agenda Item	Action/ Update	Details	Owner	Status	Due date
22/07/20	Data	Action	Work with neighbourhood & community groups engaging with young people in south Trafford to identify potential/ likely causes, linking in with Josh Fulcher & Helen Grant & colleagues living locally. Comms to go out before the end of this week.	Eleanor Roaf	Open	27/07/20
04/08/20	Schools	Action	Schools returning in Sept - focus on how we protect families and the wider community. Eleanor to prepare paper for RCG on Thurs and make schools an agenda item for next week's HPB.	Eleanor Roaf	Open	11/08/20
04/08/20	Testing	Action	Potential for an additional testing site in Trafford Park to attract employees from higher risk settings that may work in more than one location. Donna to prepare an expression of interest to GM to fund this.	Donna Sager	Open	11/08/20
04/08/20	Neighbourhood Teams	Action	Developing community leads in each neighbourhood to communicate reliable messaging, following successful engagement by the Partnerships team in north Trafford. Eleanor to prepare paper for RCG on Thursday.	Eleanor Roaf	Open	11/08/20
11/08/20	Testing	Action	Proposed testing unit at Moss View School outside Partington to be escalated to RCG	Eleanor Roaf	Open	14/08/20
11/08/20	Testing	Action	Donna, Eleanor & Martin to pick up retrospective payments after September	Donna Sager	Open	14/08/20
11/08/20	HWBB	Action	Action Plan, Outbreak Management Plan & Resourcing Plan to be submitted to HWBB	Eleanor Roaf	Open	14/08/20

Document Pack Page 3
Trafford Covid-19 Public Engagement Board

Tuesday 11th August 2020 – 11:00 a.m. – Virtual meeting

Present:

Councillor Jane Slater (Chair)	Executive Member for Equalities, Health and Wellbeing, Trafford Council
Councillor Michael Welton	Trafford Council
Eleanor Roaf	Director of Public Health, Trafford Council
Andrew Latham	Chief Officer, Healthwatch Trafford
Louise Wright	Partnerships and Communities Team, Trafford Council representing Sarah Grant, Partnerships and Communities Manager
Tracy Clarke	Communications and Engagement Specialist, Trafford Clinical Commissioning Group (CCG)
George Devlin	Lay Member for Patient and Public Participation, Trafford CCG
Dorothy Evans	Voluntary, Community Social Enterprise (VCSE) Representative, African Caribbean Care Group
Laura Hobbs	Programme Leader, Project Management Office, Trafford Council
Khan Moghal	Chair, VoicebeMet
Jamie Oliver	Communications and Engagement Specialist, Trafford CCG
Helen Gollins	Consultant in Public Health, Trafford Council
Debbie Walsh	Interim Director of Integrated Services, Trafford CCG representing Richard Spearing, Trafford Integrated Network Director
Joanne Gibson	Head of All Age Commissioning, Trafford Council
Donna Sager	Consultant in Public Health, Trafford Council
Benjamin Vickers	Manchester University NHS Foundation Trust
Fabiola Fuschi	Governance Officer, Trafford Council
Alex Murray	Governance Officer, Trafford Council

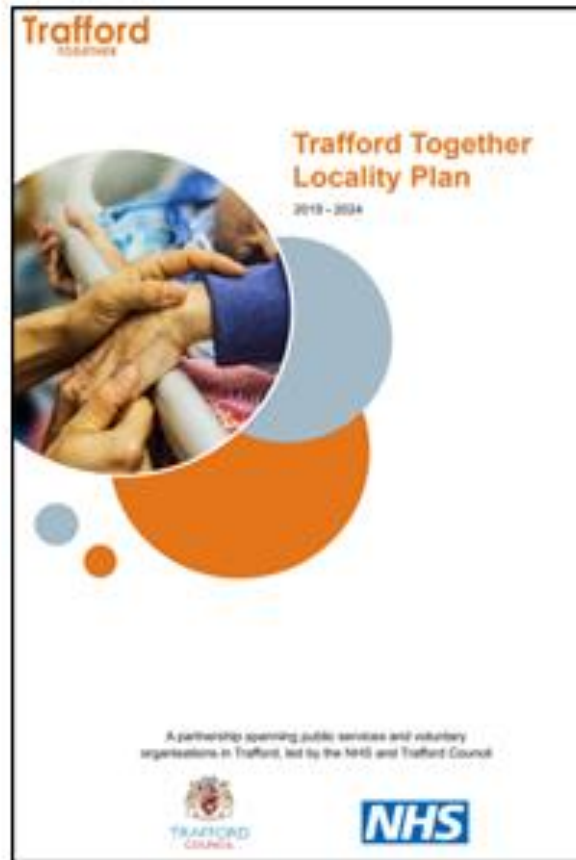
	Item	Decision / Action	Key Person for Action
1.	Welcome and apologies	Apologies for absence were received from Councillor Andrew Western, Diane Eaton, Joanne Gibson, Debbie Walsh, Shaun Donnellan; Eve Mannerings In Councillor Western's absence, Councillor Jane Slater chaired the meeting.	
2.	Minutes	Agreed	
3.	Latest data	The board agreed: 1. That the content of the update on Covid-19 pandemic be noted; 2. That board members engage with testing programme to divulge this message to all	Public Health Trafford

		<p>communities;</p> <ol style="list-style-type: none"> 3. That testing in Trafford be extended to asymptomatic people to join a national study to determine transition rate amongst asymptomatic; 4. That testing options be provided in Hale Barnes; 5. That brewing companies be contacted with the request to produce beer mats to advertise testing and tracing system and other key messages to prevent and contain spread of Covid-10 amongst the population. 	
4.	Health Protection Board 10 point plan	<p>The board agreed:</p> <ol style="list-style-type: none"> 1. That the Health Protection Board 10 point plan be noted; 2. That all members commit to supporting the implementation of the action plan; 3. That an email be sent out to all board members after this meeting with details of the plan; 4. That, at the next meeting, each board member be asked to support specific themes on the plan; 5. That a quality video / film be produced for all social media platforms to divulge key messages to prevent and contain spread of Covid-19 amongst the population 	Public Health Trafford
5.	Priority actions for the board	<p>The board agreed to focus on the following priorities:</p> <ol style="list-style-type: none"> 1. Support schools to reopen; 2. Support contact tracing; 3. Data and its accessibility; 4. Link with Local Care Organisation; 5. Communication strategy 	All board members
6.	Report for the health and wellbeing board	<p>The board agreed:</p> <ol style="list-style-type: none"> 1. That a sub-group of this board be established to monitor progress of actions from the Health Protection Board 10 point plan. 	Public Health
7	Next meeting	25th August 2020 at 10:00 a.m. – virtual meeting	

Health and Social Care Recovery/Locality Plan Update

Trafford Health and Wellbeing Board
14th August 2020

Trafford Together Locality Plan 2019-2024



The outcomes we want to achieve

Better lives for our most vulnerable people

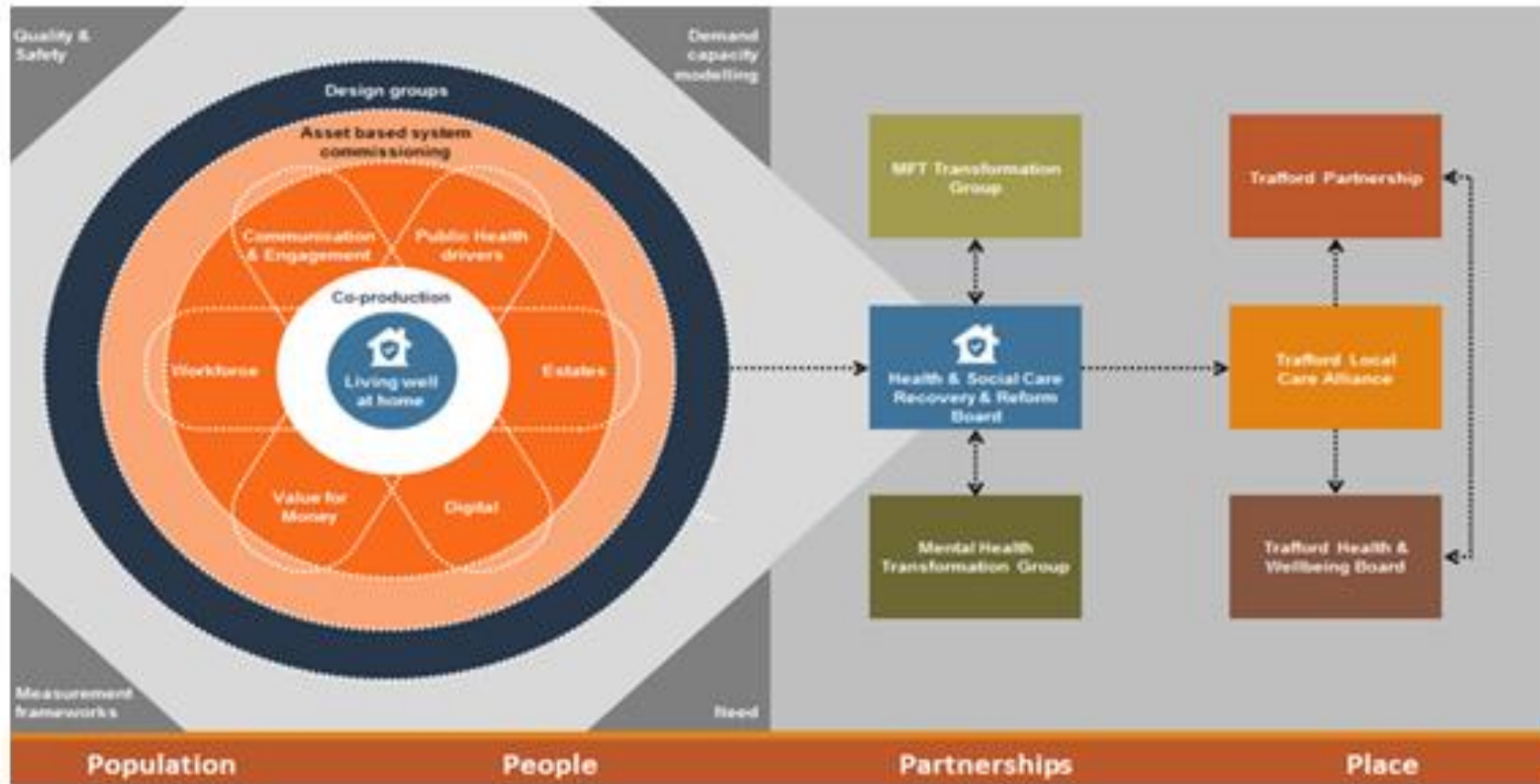
Better wellbeing for our population

Better connections throughout our communities

- My children will have the best start in life
- I will live a long and healthy life
- I have support if I need it
- I am supported to manage my health in a way that makes sense to me
- I have care and support that is coordinated and everyone works well together and with me
- I am treated with respect and dignity
- I can get information and advice that helps me think about and plan my life
- I have people in my life who care about me – family, friends and people in my community
- I feel welcome and safe in my local community and can join in community life and activities that are important to me
- I can live the life I want and do the things that are important to me as independently as possible
- I am supported to plan ahead for important changes in life that I can anticipate
- I will have a peaceful end of life



System Connectivity



Health & Social Care: Recovery & Reform: strategic design groups



- Build from the foundations of our **Trafford Together Locality Plan 2019-24**
- We will mobilise **4 Strategic Design Groups** to drive forward H&SC recovery and reform.
- We will mobilise **where appropriate and meaningful**, 'thematic design groups' which will feed into the Strategic Design Groups – our approach has to be agile and flexible and allow for quick decision making as experienced through our response to Covid-19.
- Membership of our Strategic Design Groups and thematic design groups will be **flexible and dynamic**, allowing for new core members and transient members where required and appropriate. We will co-opt key partners into our groups where it makes sense to do so, this maybe time specific or relating a specific work programme (Manchester commissioners/providers, Trafford Providers, People/Communities, etc)
- Our Strategic Design Groups will be **fully inclusive by nature** and contain the previously labelled 'enablers' as core contributors to H&SC recovery and system re-design.
- The construct of our new approach will enable us as a system to support the core principles & objectives of our health and social care locality recovery plan, placing **living well at home as the epicentre of our**

H&SC Strategic Design Groups

Reflections

- Acknowledgement there is **excellent existing work** which just simply needs to be channelled into the groups accordingly – being pragmatic about where it sits and who has a lead role and there responsibility for driving the change
- **Clarity on governance** – what remains, what’s changed and what’s new
- **Membership:** Define who is a core member and who is an extended member of the H&SC SDG’s
- **Collectively agree ways of working, processes, documentation, support arrangements from PMO** – strive for consistency where appropriate/viable
- **Enabler Leads** to confirm their governance architecture and their vision of how the H&SC Recovery and Reform work dovetails into their existing structure, Strategy and ways of working
- Understanding the **overlap** is key
- Eradicate and mitigate against any **duplication**
- **Financial implications of transformation** will be generated in one SDG but felt in another – how do we manage this? The same could apply for other enablers.
- Agreeing a proportionate **methodology for prioritisation** and phasing (What are we not doing?)
- **A fast changing environment** – priorities will evolve and will be refined in the coming weeks

Programme Team

Programme Director – Tom Maloney

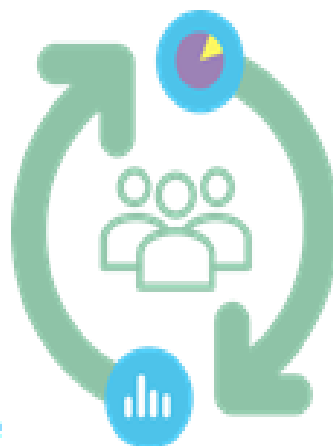
Programme Lead – Helen Boyle

Senior Business Change Analyst –
Maria Aziz

Business Change Analyst – Jen
McErlain

Business Change Analyst – Catherine
O'Connor

PMO Co-ordinator – Niall MacLennan



Remit of Team

1. Agree programme approach – connection, interdependencies, reporting, assurance, etc
2. Develop ways of working with the LCA
3. Engage system partners in the work on recovery
4. Support the system governance
5. Report to LCA on risks, challenges and benefits to the programme
6. Understand the lessons learnt
7. Give assurance to the Board on progress against priorities

Strategic Design Group (SDG)

Living Well In My Community

Strategic Design Group:		Senior Responsible Officer	Senior Lead/Chair:
Living Well In My Community		Diane Eaton	Roger Sutton / George Devlin / Jo Gibson
Priorities		Group Description	
Development of Community Hub Model	Learning from and building on the work completed in response to COVID. Co-producing a network of community hubs across Trafford that will be able to support people to live well in their community.	<p>The Living Well in My Community Strategic Design Group is responsible for helping, supporting and educating Trafford residents, working with them to ensure that they can live a happy healthy life with the access to the services that they need at the right time. It is about developing a place-based community model that can respond to local resident's needs – supporting them to give the right information and advice and guidance, connecting them to their local communities and diverse range of groups and services that exist in their area.</p> <p>The Strategic Design Group will consider:</p> <ul style="list-style-type: none"> • The development of the community hub model • Re-design of information and advice services across Trafford with our partners • The public health agenda and the wider determinants of health such as poverty, environment, public health priorities around prevention. • The sustainability of the voluntary sector 	
Re-design of Information and Advice Services with our partners	A comprehensive strategy for the council and partners to deliver information and advice in a more joined up way. Aiming to have one version of the truth for public and workforce.		
Public Health and Wider Determinants of Health Agenda	Developing scope of the community hubs to include the public health agenda – comms and interventions, tackling issues such as environment, poverty, housing, employment, climate change, air pollution, transport.		
Sustainability of the Voluntary, Community, Faith and Social Enterprise Sector (VCFSE)	Development of the VCFSE Collective and how this works with existing VCFSE infrastructure support across partners. Ensuring that we have a viable and well supported VCFSE sector with the capability to attract funding and social value and to align with strategic priorities for the Trafford Partnership.		

Strategic Design Group (SDG)

Living Well At Home

Strategic Design Group:		Senior Responsible Officer	Senior Lead/Chair:
Living Well At Home		Diane Eaton	Karen Ahmed Jacqueline Coulton
Priorities		Group Description	
Homecare	Technology Enabled Care	<p>The Living Well At Home Strategic Design Group is responsible for developing a range of support to enable people to live fulfilling independent lives in their own homes (and other home-settings) for as long as possible. Building on personal strengths, natural supports (such as support from family and friends), community assets, including support from non-commissioned service, the CCG and Council will commission a range of services which provide specialist services that either cannot be provided in a different way.</p> <p>The LWAH model provides a fundamental shift to asset and strengths based care which not only meets peoples' individual needs, but also keeps them connected to family friends and the wider community.</p> <p>Person-centred support plans reflect all aspects of peoples' lives which enables people to live as independently as possible and specify which services will need to be commissioned or supported for those who fund or chose their own support. Plans are developed on a collaborative basis, involving health and social care community services, the individual and their family and social support circle.</p>	
Meds Management	Community Health Services		
Rehabilitation/Therapy/Reablement	Frailty Pathway		
Primary Care	Asset based solutions / Personalisation Strategy including self-care		
Safeguarding	Adaptations and equipment		
Domestic Abuse	Risk assessment /stratification for people with Long term conditions		
Residential and Nursing homes	Mental Health Strategy and Adult Mental Health Transformation		
Restoration of Children's Community Services and wave response	Learning Disabilities Strategy including Supported Living LD redesign		

Strategic Design Group (SDG)

A Step Closer to Home

Strategic Design Group:	Senior Responsible Officer	Senior Lead/Chair:
A Step Closer to Home	Richard Spearing	Jacqui Coulton, Karen Ahmed, Debbie Walsh
Priorities	Group Description	
Discharge to Assessment Approach – Into a Joint Commissioning Strategy	Intermediate Care	The Step Closer to Home Strategic Design Group will ensure that there a range of services that will wrap round our residents when they need additional support, enabling people to both stay in their normal place of residence when they need additional care, to their normal support system breaks down, and supporting people to leave hospital, where possible returning to their normal place of residence.
Planning before Elective Operations – For Your Return Home	Equipment Services (One Stop Resource Centre/Occupational Therapy)	These services will not be defined by where they are provided, but by their ability to respond in a timely way and provide the right care at the right time until the person no longer requires extra help. This group will have a number of dependences to all other strategic design groups but in particular the LVAH design group and the SSH group. Links to a short stay in hospital will be picked up through programmes such as urgent care which aim to deflect attendance at hospital sites.
Day Services Redesign	Long Term Conditions: Diabetes/MSK Pathway/Risk Stratification/Respiratory Pathway	<ul style="list-style-type: none"> The services will be developed on a locality base to ensure that people maintain community connections and informal support, and will provide the following elements: Person centred health and social care which maximises good health and well-being and independent living Therapeutic support to develop or relearn skills
Medicines Management	Respite Services Redesign	<ul style="list-style-type: none"> Access to TEC, equipment and adaptations to support independence long-term Support to plan ahead to avoid any further crises e.g support for carers, access to falls programmes, support groups to manage anxiety.

Strategic Design Group (SDG)

A Short Stay in Hospital

Strategic Design Group:		Senior Responsible Officer	Senior Lead/Chair:
A Short Stay in Hospital		Martyn Pritchard	Naomi Ledwidth
Priorities		Group Description	
Urgent Care Flow & Redesign	UEC by Appointment Programme Urgent Care Programme	<p>The Short Stay in Hospital design group will facilitate the delivery of programmes that will aim to address a number of challenges which will need to be managed at a locality, system and national level in order to run an efficient and safe service that does not create health inequalities</p>	
Planned Care	Outpatient Recovery Long Term Conditions Reform Diabetes Respiratory Cardiology Gastroenterology Dermatology AGP Audiology		
Cancer	Diagnostic capacity – including increased use of independent sector (create Community Diagnostic hubs. Specifically endoscopy and substitutes e.g. FIT, CT colonoscopy (Expansion of) Surgical hub capacity. Inequality of access – patient support groups. Cancer screening programmes. Performance monitoring (Improved access to CDS & GP data)		

Communication and Engagement

Covid Public Engagement Board

- ❖ Covid Communications and Engagement Strategy and Plan

Communications and Engagement Steering Group: Trafford Recovery/Locality Plan: Communications and Engagement Strategy

- ❖ COVID-19 recovery and outbreak management
- ❖ Longer term strategy for health and social care reform
- ❖ Working together as a system: Trafford Together / Communications and engagement principles
- ❖ Communications and engagement roles and responsibilities
- ❖ Brand management
- ❖ Developing key messages – COVID-19
- ❖ Resources
- ❖ Campaigns
- ❖ Insight

Communications and Engagement Action Plan

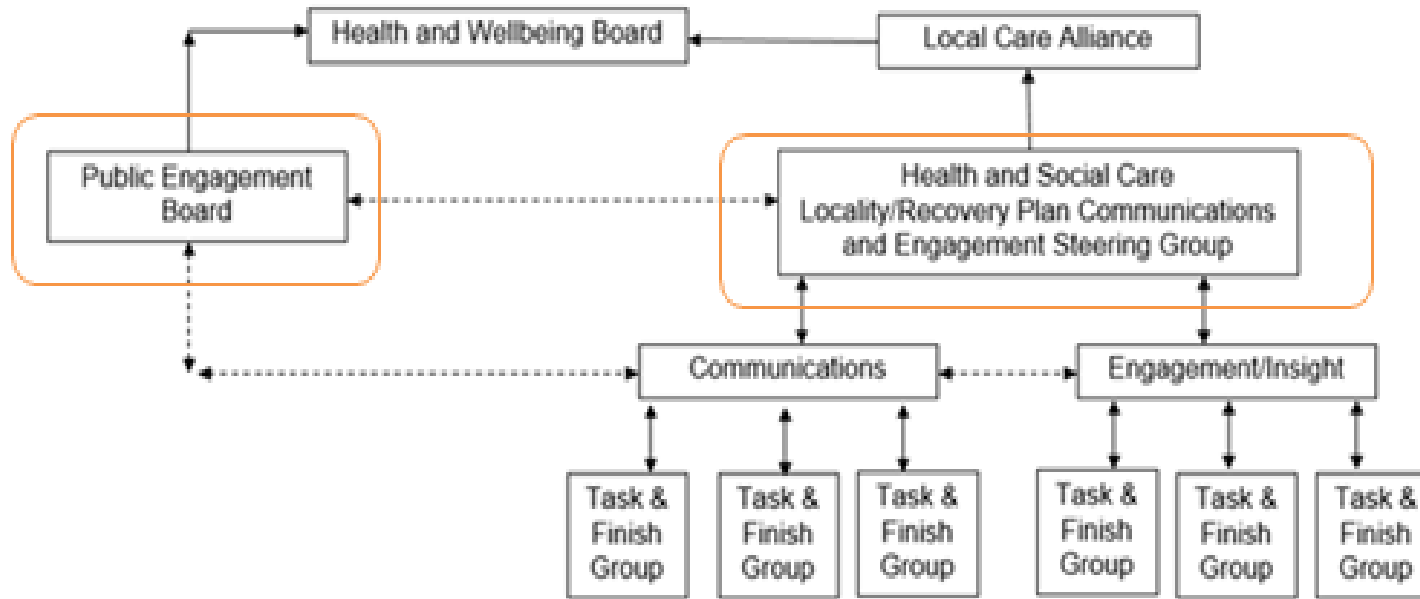
Mobilise Task and Finish Groups (Communications / Engagement / Insight)



Five Principles

1. Actively engage with those most impacted by the change
2. Make everyone matter, leave no-one behind
3. Confront inequality head-on
4. Recognise people, not categories, by strengthening personalised care
5. Value health, care and support equally

Governance and strategic responsibilities



Public Engagement Board

- Responsible for development and delivery of the COVID-19 communications and engagement strategy/plan

H&SC Locality/Recovery Plan Communications and Engagement Steering Group

- Responsible for development of 5 year h&sc locality/reform plan communications and engagement strategy
- Will support the COVID-19 communications and engagement plan

Phase 3 Response and Winter Plan

Phase 3 Letter from NHSE

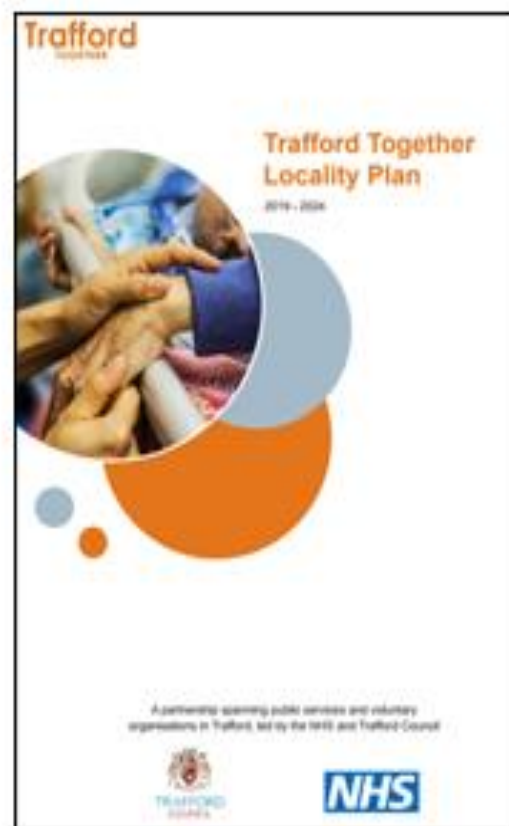
- Systems are required to return a draft summary plan by **1st September 2020** using templates issued and covering the key actions set in the Phase 3 letter / Final plans due by **21st September 2020**
- A set of **priorities and required measurements** have been communicated (Elective, Cancer, Primary Care and Community Services, Mental health and LD, Winter Planning, Workforce, Inequalities)
- These plans are to be the **product of partnership working across STPs/ICSs**, with clear and transparent triangulation between commissioner and provider activity and performance plans – still awaiting on GM approach
- **Implementation Guidance** received 7th August 2020
- **Planning Templates** received 10th August 2020
- **Phase Three – Key Elements and Performance Trajectory Submission** (Presentation to follow)
 - Specified Trajectories required
 - Measurements are in development and will be signed off by Strategic Design Groups

Our Approach

- A commitment to have a 'system response'
- Align winter planning with the H&SC Recovery/Locality Plan, with the intention of removing any duplication, managed through existing executive governance (Manchester and Trafford Community Cell)
- A Trafford Integrated Winter Plan - will be developed with the purpose of assuring that all the winter planning requirements of the Phase Three planning letter are in place
- In line with processes in place for previous winters, progress will be overseen through the monthly Manchester and Trafford Operational Delivery Group.
- How we will work together across Manchester and Trafford:
 - ❖ Joint review of the Phase 3 ask to identify any gaps where work is not currently taking place
 - ❖ Work together on the areas where assurance needs to be sought from providers and do this once with the support of the PQI team
 - ❖ Where delivery is required – we would tailor delivery to our own locality needs- but work to share good practice
 - ❖ We also highlighted the benefit of taking a common approach to the Coms/Engagement, Inequality work and the People Plan

One Plan for Health and Social Care Recovery

All of the above will lead us to deliver **One Plan for Health & Social Care Recovery and Reform**



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Trafford community Infection Prevention & Control Annual report (April 1st 2019- March 31th 2020)



Authors:

Eleanor Roaf, Trafford Director of Public Health
Phil Broad, Modern Matron, Infection Prevention and Control

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Abbreviations

IP&C – infection prevention and control
 TLCO- Trafford local care organisation
 MLCO- Manchester local care organisation

1. EXECUTIVE SUMMARY

High standards of infection prevention and control are essential to ensure people who use health and social care services receive safe and effective care. Effective prevention and control of infection must be part of everyday clinical and social care practice and must be applied consistently by everyone.

Good management and organisational processes are also crucial in ensuring high standards of infection prevention and control. This should result in effective prevention, treatment and containment of infection. Effective action relies on accumulating a body of evidence that also takes account of current guidance and best practices around hygiene and cleanliness.

It is the purpose of this Annual Report to evaluate such evidence and practice for compliance against the Infection Prevention and Control (IPC) work plans that were included as part of the previous 2019-20 Annual Report. Improvements in the delivery of the Infection Prevention and Control service aim to achieve zero tolerance to healthcare associated infections (HCAI's), by building on improvements made during the last 12 months and continuously reviewing priorities for improvement during 2019-20. The Infection Prevention and Control Plan work plan for commissioned services is included in the report and has been embedded in the work program for the community Infection Prevention and Control Team within Trafford Local Care Organization (TLCO), the Operating Plan and Commissioning Corporate Objectives, Public Health Directorate, Health Protection and Resilience plans and objectives.

This report describes Infection Prevention and Control service activity, arrangements and progress with the work plan for the period April 2019 – March 2020, and will highlight the activity and achievements made by the service and challenges from the Emergence of COVID19 in March, which made significant demands on workforce and resources, as it moved from an epidemic to pandemic status. However on a more general level describing how the service helps to reduce the burden of health care associated infections in the community, and to meet the challenges of organizational change and emergence of antimicrobial resistant organisms, such as Carbapenamase producing Enterobacteriaceae (CPEs)

Legal framework for cleanliness and Infection Prevention and Control

The Infection Prevention and Control program and priorities for 2014-2015 was built on the previous Code of Practice 'The Health and Social Care Act 2008: *Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance*'. This Code of Practice applied to NHS organizations was used by the Care Quality Commission (CQC) to assess whether NHS trusts complied with the Health and Social Care Act 2008.

The Health and Social Care Act 2008 '*Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related Guidance*' sets out what registered providers of health and social care services should do to ensure compliance with the registration requirement for cleanliness and infection.

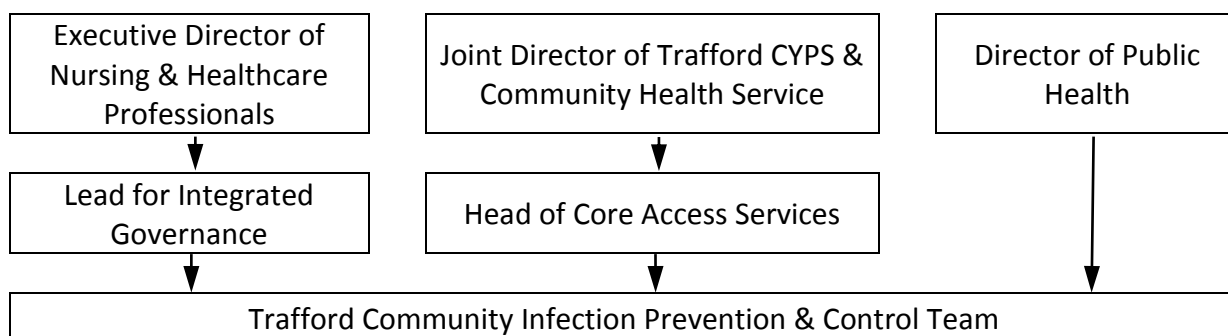
2. INFECTION PREVENTION AND CONTROL ARRANGEMENTS

2.1 Infection Prevention and Control service (IPCS)

The Trafford community IPCS aims to provide a comprehensive proactive service which is responsive to the needs of service within the Trafford public health economy along with key stake holders, including TLCO as part of Manchester foundation trust (MFT) , independent contractors, private providers, early learning years settings, local authority commissioned services and the public, and is committed to the promotion of excellence within the everyday practice of infection prevention and control. Central to this is providing advice, support and education for all staff across all the disciplines within the community provider and commissioned services. This remit extends to the provision of advice and support for schools, nurseries, care homes, general practitioners, dentists local authority commissioned social care and care agency staff and the general public. The IPCS has responsibility for the monitoring, surveillance and investigation of infections and for advising on preventative and control precautions. This is done as a collaborative partnership between TLCO/MFT, Trafford CCG and Trafford local authority.

The IPCS is part of the Nursing Directorate within PCFT, Trafford borough. The Modern Matron (Infection Prevention and Control) is line managed by an operational manager with responsibility for specialist nurses, and the Infection Prevention and Control nurses are line managed by the Modern Matron.

REPORTING AND GOVERNANCE ARRANGEMENTS 2019 -20



2.2 Trafford Director of Public Health (DPH)

The DPH for Trafford with responsibility for health protection including infection prevent and control is Eleanor Roaf. The roles of the DPH transferred to the Local Authority on 1st April 2013 as part of the Health and Social care Act 2012 changes. The DPH has an assurance role for health protection, exercised through the Trafford Health Protection Forum. Health protection is a mandated service for the Local Authority and is included in the Memorandum of Understanding between Public Health, NHS Trafford CCG along with PCFT. The delivery of an infection control service and its place within the local authority health protection team is currently under review.

2.3 Microbiological Support

A Memorandum of Understanding is in place with Trafford Division of Central Manchester FT (CMFT) Microbiology Department to provide specialist microbiological advice to Trafford CCG. Arrangements are in place which ensure CDI and MRSA results are communicated to the team on a daily basis, via telephone call/messages, COVID19 test results are communicated to the service via E-lab system along with the GM/ PHE lab.

2.4 Trafford Health Protection Forum

The Health protection forum Infection Prevention and Control group is chaired by the Director of Public Health. The group meets every 4 months to oversee the development and implementation of the Trafford Community Infection Prevention and Control work plan and strategy, and to monitor the performance of providers. It ensures that Trafford community has in place effective systems and processes to fulfill its responsibilities in the delivery of high standards of care and meet the standards within the Health & Social Care Act (2008), Code of Practice. The Infection Prevention and Control Group's terms of reference are shown in **Appendix A**.

2.5 Working in partnership with other agencies and organisations

Throughout 2019-20 the IP&C service has promoted collaborative working with the local secondary and primary care providers across the full range of infection prevention and control issues. In addition to attending meetings of the Trafford Health Protection Forum as members of the Infection prevention and Control group, team members also attend meetings relating to the investigation of incidents of MRSA bacteraemia and community attributed Clostridium Difficile, providing further opportunities for sharing information, and for building and maintaining good working relationships with hospital IPC teams.

The IP&C service also delivers infection prevention and control services to Local authority employed and commissioned care staff, developing strong collaborative links with key Social Service providers, private nursing and residential care homes, and care agencies. The Infection Prevention and Control service also attends Nursing forum chaired by the CCG personalised care team.

Representatives from IP&C team also attends the CCG performance group (POIG), where matters pertaining to IP&C support to primary care, along with the education sub group which develops training for primary care staff.

Across the wider Greater Manchester (GM) footprint the Infection control team attend IP&C confederation meetings facilitated and chaired by NHS England, along with GM collaborative network meetings which are held across GM.

3 MEETING INFECTION PREVENTION AND CONTROL STANDARDS

3.1 The Health & Social Care Act 2008, code of practice for the prevention and control of infections and related guidance (revised October 2010)

The Health and Social Care Act 2008, establishes the CQC and sets out a legal framework for the regulation of health and social care activities. Regulations made under the Act describe health and social care activities that may only be carried out by registered providers, and also provide details of the requirements for registration. Failure to comply with the statutory requirements set out, is, therefore, a breach of registration, under the Health and Social Care Act 2008. The CQC has a wide range of tough enforcement powers which it can use to respond to such breaches, with information about enforcement activities being made available to commissioners of healthcare and the public.

Assurance Systems at NHS Trafford

Specifically the Trafford health protection system has the following arrangements and assurance systems in place for the management of healthcare associated infections:

- The Director of Public Health for the Trafford
- A Modern Matron Infection Prevention and Control lead Nurse Post, Band 8 A 0.8 WTE
- Infection Prevention and Control Nurses Band 6 X 2 1.4 WTE
- Assistant practitioner x 1 band 4 0.8 WTE
- Trafford Health Protection Forum (chaired by the DPH) meeting every 4 months
- Infection Prevention and Control annual report(s) to Trafford Health Protection Forum and NHS Trafford?
- Monthly infection control/public health updates provided to NHS Trafford CCG Performance officers integrated governance (POIG) meetings
- Updates by the Trafford DPH to the Trafford Health and Well Being Board.

4 ENHANCING SERVICE CAPABILITY OF INFECTION PREVENTION AND CONTROL

4.1 Education and Training

Infection Prevention and Control is a vital component of an effective risk management program which strives to improve the quality of patient care and the health of staff through the prevention and control of infection. “Infection Prevention and Control is everybody’s business” is an adage widely promoted in PCFT, and central to overall strategy is the delivery of quality training and education.

With a rapidly moving agenda, provision of training to a wide range of front line health and social care staff, is deemed a priority for the IPCT. Within TLCO/MFT, clinical staff are able to undertake level 2 IPC training via an eLearning package, non-clinical staff are also able to undertake Level 1 training via an e-learning package. Staff directly employed/commissioned by the local authority and care home employees from throughout the borough are provided with a 2 hour training package, which includes a UV hand hygiene test. Training for care home staff is provided at their place of work, whilst sessions provided for Local Authority employees, are delivered at Trafford Town Hall. GP practices are also offered a 1+1/4 hour face to face presentation at the quarterly GP education forums, or at their place of work on request. Training content for all groups attending, is tailored to meet their particular needs, with sessions throughout the year, which are positively evaluated by the delegates.

With respect to the emergence of COVID19 in March, the service moved quickly, offering face to face training sessions for in PPE donning and doffing, hand hygiene and swab taking, however due to the implementation of social distancing measures, sessions were stopped and delivery moved to e-learning and video displays.

For the 16 nursing homes and 20 residential care homes settings from whom the local authority commission services, annual infection control inspections/audits of the workplace are undertaken followed by a training presentation delivered on the same day, allowing observations to be linked into the core content of the presentation, thus giving the training greater relevance to the needs of staff working there.

See **Appendix B** for the 2019-20 training figures.

4.2 Audits and Inspections

The IP&C service endeavors to ensure that audit forms part of the proactive service, and that feedback action plans and re-inspection, (where necessary) form part of the process of monitoring and quality assurance.

Health centres/clinics and primary care settings

A clean, safe environment, in which clinical services are delivered, is a priority for all providers of health care. All community health Centre's and clinics and treatment settings managed by TLCO are inspected yearly by the infection prevention and control service as part of the cycle of premises inspections. Premises where TLCO deliver services, receive a yearly inspection, Results are reported up to the Harm Free meetings which are hosted by the MLCO.

GP practices which are co-located at the health Centres where Pennine Care FT/MFT deliver their services , along with standalone GP practices are also inspected annually, with reports and action plans with the results listed below. GP inspection reports are forwarded to Practice managers and the CCG primary care performance officer.

GP Practices

Support for GPs includes an inspection of the practice setting, plus an associated RAG rated report and action plan, focusing on compliance with the 'Health and social care act (2008), code of practice on the prevention and control of infections and related guidance' in preparation for CQC registration inspection.

Name of GP practice (Results anonymised)	Date of inspection 2019	(% Score) 2019	Date of inspection 2020	(% Score) 2020
	28.2.19	90%	7.1.20	77%
	07.3.19	94%	17.1.20	87%
	05.2.19	100%	12.2.20	100%
	28.2.19	94%	12.3.20	94%
	26.2.19	97%	13.2.20	94%
	06.2.19	97%	12.2.20	94%
	26.2.19	100%	2.3.20	100%
	07.2.19	94%	12.2.20	90%
	18.1.19	94%	19.2.20	90%
	07.2.19	87%	21.2.20	87%
	12.3.19	87%	8.1.20	74%
	07.2.19	90%	21.2.20	90%
	16.1.19	100%	15.1.20	100%
	05.2.19	97%	31.1.20	90%
	15.1.19	100%	30.1.20	100%
	07.2.19	97%	21.2.20	90%
	05.2.19	97%	31.1.20	87%
	15.1.19	87%	30.1.20	97%
	13.3.19	100%	26.2.20	100%
	18.1.19	94%	10.6.20	TBC
	18.1.19	97%	19.2.20	100%
	07.3.19	no access	19.3.20	Canx
	07.3.19	87%	19.3.20	Canx
	21.3.19	90%	30.1.20	100%
	16.1.19	90%	15.1.20	84%
	28.2.19	94%	12.3.20	94%
	06.2.19	90%	26.2.20	87%
	16.1.19	87%	4.3.20	87%
	15.1.19	87%	30.1.20	97%
	06.3.19	87%	8.1.20	90%
	28.2.19	90%	12.3.20	94%
	27.2.19	100%	closed	closed

Care Homes

Care homes with nursing registration are inspected annually, and progress with action plans monitored through re-inspection the following year. Where inspection results fall below an acceptable level, settings are re-inspected within a 3-6 month period to check progress with an agreed action plan.

Delivery of infection prevention and control training and audit to Trafford registered nursing homes 2019-20

- 1 ½ hour inspection, follow by report and action plan
- 2 hours of infection prevention and control Training.
- Includes an individual UV light hand hygiene assessment
- Request minimum number of delegates 10
- Training to be undertaken by the workforce every two years

Score/results from Infection control inspection of Care homes with nursing registration

Training venue (Results anonymised)	Visit date	2018-19	Visit date	2019-20
	05.7.18	74%	27.6.19	87%
	19.2.19	87%	27.1.20	90%
	08.11.18	80%	10.1.20	93%
	03.1.19	74%	12.1.20	90%
	18.7.18	90%	9.07.19	90%
	24.7.18	74%	2.07.19	90%
	10.1.19	84%	23.1.20	100%
	20.3.19	80%	Postponed	Covid19
	6.3.19	87%	Postponed	Covid19
	02.8.18	74%	30.7.19	80%
	27.2.19	90%	Closure	
	26.7.18	84%	4.7.19	100%
	28.8.18	74%	13.08.19	77%
	17.7.18	87%	24.7.19	84%
	25.10.18	100%	25.9.19	90%
	New	N/A	Postponed	Covid19
	New	N/A	Postponed	Covid19

Copy of Report/action plan forwarded to:

- CCG personalised care team
- Director of public health
- CQC (allocated inspector)
- Local authority Lead commissioner

Delivery of infection prevention & control audit to Trafford's residential care homes 2019-20

- 2 hour inspection, with report/action plan
- 2 hours of infection prevention and control Training.
- Includes an individual UV light hand hygiene assessment
- Request a minimum number of 10 delegates
- Training to be undertaken by the workforce every two years

Residential care home Infection control inspection results

Setting/establishment (Results anonymised)	Date 2018/19	Overall RAG rating	Number of reds out of 8	Date 2019/20	Overall RAG rating	Number of reds out of 8
	5.4.18	Green	0	4.4.19	Green	0
	28.6.18	Yellow	1	20.6.19	Green	0
	3.9.18	Green	0	9.10.19	Green	0
	2.5.18	Yellow	2	17.7.19	Green	0
	24.5.18	Green	0	21.5.19	Green	0
	9.5.18	Yellow	1	16.5.19	Yellow	0
	3.10.18	Green	0	18.11.19	Yellow	0
	14.2.19	Yellow	1	26.2.20	Yellow	1
	20.6.18	Yellow	1	26.6.19	Green	0
	25.4.18	Green	0	16.4.19	Green	0
	8.8.18	Yellow	1	20.9.19	Green	0
	11.7.18	Yellow	1		Closed	
	12.4.18	Green	0	23.5.19	Green	0
	9.10.18	Green	0	24.10.19	Green	0
	14.6.18	Green	0	19.6.19	Green	0
	5.3.19	Yellow	2	13.2.20	Yellow	0
	12.2.19	Yellow	2	28.1.20	Yellow	2
	31.5.18	Yellow	0	4.7.19	Yellow	0
	7.05.19	Green	0	2.01.20	Green	0
				11.9.19	Green	0
				12.2.20	Green	0

Copy of Report/action plan to:

- Director of public health
- CQC (allocated inspector)
- Local authority commissioners

4.3 Infection prevention and control Policies

The Trafford based community IP&C are Part of Corporate services Managed by MFT and as such the Clinical staff employed by the organization followed MFT policies. Other guidance documents for the IP&C standards for care homes, commissioned services and public health are provided by PHE, along with locally supported documents from the CCG such as the antimicrobial formula and cold chain policies are also promoted.

4.4 Decontamination

The Infection Prevention Control Nurse, delegated to lead on decontamination liaises with appropriate stakeholders within PCFT and with external independent contractors and agencies around the decontamination agenda, which includes compliance with the Department of Health, Health Technical Memorandum 01-05 Decontamination in Primary Care Dental Practices (2008).

The infection control service offers advice and support to general dental practices (GDPs), reviewing plans for setting up Local Decontamination Units in practices, undertaking inspections and delivering staff training at the request of individual practices, and on request accompanying Commissioners and CQC on performance visits.

4.5 Hand hygiene

The Hand Hygiene Strategy is embedded within the Trust hand hygiene policy. The strategy describes the arrangements for monitoring hand hygiene practice, audit, and training, and for ensuring senior trust management, individual staff and members of public understand both their individual and collective responsibilities.

Hand Hygiene continues to be very much at the forefront of the local and national agenda for Infection Prevention and Control together with 'bare below the elbows initiative aiming to improve the effectiveness of hand hygiene performed by health care workers.

The hand hygiene standards promoted within the provider service are also used for guidance purposes, to inform stakeholders in the wider health economy.

The IPC team, with the support of the TLCO hand hygiene champions, continues to place a high priority on raising awareness of correct hand hygiene practice amongst all services within PCFT. Hand hygiene is also given high priority in the annual training program of training for independent contractors and care home providers, including use of the UV hand hygiene assessment equipment and challenging non-compliance in the work place.

TLCO Infection control / Hand hygiene champions have hand hygiene champions/links embedded within teams across all the teams, and contribute to undertaking quarterly hand hygiene audits amongst staff with patient contact. In 2019-20 overall pass rate for all four Quarters was between 97-99%, with most none compliance issues related to the wearing of rings with stones, which is main issue also identified in primary care and the care home sector. Any action plans relating to area of none compliance are followed up by the infection control service who contact relevant stakeholders or managers to provide the necessary assurance

The Infection control service works closely with the champions and membership of the group continues to grow, chairing quarterly meetings which provide an opportunity for discussion and support in relation the successes and challenges associated with optimizing hand hygiene compliance and other infection control related matters across the borough.

Hand hygiene practices form a strong component of the training delivered to GP practices and care homes , and annual audits undertaken request evidence of regular hand hygiene audits are conducted to monitor practice, and provide the necessary assurance .

4.6 Infection prevention and control initiatives

In November 2019 the Infection control service delivered a half day training and education event to key stakeholders/providers in the care home sector for the management of Outbreaks of D&V and respiratory illnesses. The training was well attended, and positively evaluated by the delegates.

5. ACHIEVEMENTS DURING 2019 – 20

5.1 MRSA blood stream infections (BSI)

MRSA blood stream infections (BSI): Surveillance of MRSA blood stream infections is mandatory for acute, general and specialist Trusts; with figures made available to the public via the Department of Health and Public Health England web sites. The post infection review (PIR) carried out after each MRSA BSI, seeks to establish its cause and any contributory factors, assigning cases to the CCG, acute Trust or third party as appropriate. MRSA BSI a Key performance indicator and a component of the CCG's quality management systems as commissioners. The Infection control service completes a PRI for all community attributed cases **DH objectives for 2019-20 MRSA blood stream infections (Zero Tolerance)**

1 case assigned to CCG (community attribution) in 2019-20. This case did not input from Either TLCO or Trafford CCG services.

MRSA Positive Results

Laboratory results are reported by telephone, by PHE microbiology laboratory. Results are followed up with care home managers, clinical staff, General Practitioners and Provider services staff, in order to provide advice and support in relation to infection prevention and control precautions and treatments.

5.2 2019-20 Clostridium difficile infection (CDI) figures from HCAI data capture system please note: the tables below are repeated in the appendices

2017-18 DH CDI objectives =68 cases

Organism	Objectives	Actual
CDI (Trafford WHE)	65	68

Trafford has adopted the Clostridium difficile investigation tool for nursing and residential care homes document developed by the Health Protection Agency (now known as Public Health England) in conjunction with an adapted version of the Clostridium difficile data collection tool kit provided with NHS England Guidance Once again in 2019-20 there were no outbreaks of CDI reported from care home settings within Trafford.

The Guidance within the document has been developed to undertake effective management and care of patients with suspected or confirmed Clostridium difficile Infection (CDI), limit the transmission of the infection to other patients/residents and provide advice around the involvement of a medical officer. Its aims are to enable staff delivering care within Community care home settings to understand the multifactor causes of *Clostridium difficile* Infection (CDI), prevent Clostridium Difficile Infection where possible, allow health care staff to appropriately manage and control the infection and minimize discomfort and suffering and maintain dignity and confidentiality.

Trafford CDI cases April 2018 - March 2019

RCAs carried out relate to GP reported cases. Pre-72 hour cases reported to the Trafford team by hospital staff, are followed up and any information which can contribute to the hospital RCA is forwarded. With respect to future arrangements, a member of the Trafford community infection control team is invited to attend monthly case meetings to review secondary care cases to promote a collaborative (whole health economy approach) to following up Pre and Post 72 hour CDI cases.

PHE has applied the new definitions to the 2018/19 data to allow for comparison in 2019/20, [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/791582/Table 2 Monthly CDI 2P February 2019.ods](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/791582/Table_2_Monthly_CDI_2P_February_2019.ods)

Organism							Objectives				Actual		
CDI (Trafford WHE)							65				68		
2019-20	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Hospital onset healthcare associated	0	1	4	4	2	1	0	4	2	5	2	3	28
Community onset healthcare associated	0	0	1	2	0	0	2	0	1	1	1	2	10
Community onset indeterminate association	1	0	0	3	0	2	1	1	1	2	0	0	11
Community onset community associated	2	2	3	1	2	1	1	1	1	1	2	2	19
Antibiotics Prescribed	2	1	2	1	0	1	1	2	0	2	2	1	14
PPIs	0	0	0	0	0	0	1	2	0	1	1	1	6
Resident of care Home	0	0	0	0	0	0	0	0	0	0	0	0	0
High risk &/or co morbidities	2	1	0	1	1	0	2	1	0	0	0	1	9
Relapse cases	1	0	1	0	0	1	2	0	1	1	1	0	8
RCA's completed	3	1	2	3	1	3	2	2	0	3	2	1	21

Comment

There were several occasions when requested information was not returned by GP surgeries preventing an RCA from being completed or the IP&C team were not informed by the Lab of the CDI positive result for specimens taken by the community.

Also on interrogation of the on the National HCAI data capture system, it is noted that while community attributes cases are being reported onto this system, the Trafford IP&C team have not been informed by the Lab, the consequence of which these cases are not followed up in a timely manner

CDI Preventative strategy for 2019-20

Complete an assessment tool on each GP reported CDI toxin positive specimen in collaboration with GP, NHS Trafford CCG's clinical pharmacist, acute trust, and care providers to identify key themes and possible lapses in care.

- Attend the CCG monthly performance officers group meeting where CDI cases are reviewed, possible lapses in care identified, and lessons learned fed back to all relevant stakeholders.
- Continue collaborative working with local acute trusts and participate in the combined Manchester monthly validation meetings where cases are reviewed.
- Deliver GP training at individual practices and attend GP forum events to promote appropriate prescribing including antimicrobial stewardship, tagging of notes, appropriate specimen collection and infection prevention and control precautions.
- Notify Trafford Local Care Organisation staff if patients that they have contact with have a CDI positive laboratory result, and give infection prevention and control advice accordingly.
- Continue to undertake regular audits of care homes within Trafford and give training regarding CDI.
- Notify care home provider of any residents who have a CDI positive laboratory result. Provide infection prevention and control advice. In cases of CDI toxin positive request they implement the Public Health England CDI care pathway for Care Homes.
- Organise and deliver a bespoke diarrhoea and vomiting outbreak event available for all care homes within Trafford to provide education, training and advice in outbreak management (including CDI).
- Write to each GP reported community CDI case providing written advice and guidance including contact details of the team should further advice be required. Provide alert card for patient to show to health care providers they come into contact with to inform of CDI history.
- Attend four monthly Trafford Health Protection Meeting reporting CDI figures and highlighting lapses in care.

RCA Analysis GPs are requested to complete an RCA template for all community onset cases the IP& C team are made aware of.

Total MSSA cases April 2019-March 2020

Apr-2019	May-2019	Jun-2019	Jul-2019	Aug-2019	Sep-2019	Oct-2019	Nov-2019	Dec-2019	Jan-2020	Feb-2020	Mar-2020	Total
2	9	5	6	2	3	1	4	5	4	6	3	60

MSSA cases (Community attributed) April 2019-March 2020

Apr-2019	May-2019	Jun-2019	Jul-2019	Aug-2019	Sep-2019	Oct-2019	Nov-2019	Dec-2019	Jan-2020	Feb-2020	Mar-2020	Total
2	5	3	3	1	1	0	3	5	3	4	3	33

Total Pseudomonas cases April 2019-March 2020

Apr-2019	May-2019	Jun-2019	Jul-2019	Aug-2019	Sep-2019	Oct-2019	Nov-2019	Dec-2019	Jan-2020	Feb-2020	Mar-2020	Total
2	2	0	0	0	1	2	0	1	1	2	0	11

Pseudomonas cases (community attributed) April 2019-March 2020

Apr-2019	May-2019	Jun-2019	Jul-2019	Aug-2019	Sep-2019	Oct-2019	Nov-2019	Dec-2019	Jan-2020	Feb-2020	Mar-2020	Total
1	1	0	0	0	1	2	0	1	1	2	0	9

MRSA cases (Community attributed) April 2019-March 2020

Apr-2019	May-2019	Jun-2019	Jul-2019	Aug-2019	Sep-2019	Oct-2019	Nov-2019	Dec-2019	Jan-2020	Feb-2020	Mar-2020	Total
0	0	0	0	0	1	0	0	0	0	0	0	1

MRSA cases (hospital attributed) April 2019-March 2020

Apr-2019	May-2019	Jun-2019	Jul-2019	Aug-2019	Sep-2019	Oct-2019	Nov-2019	Dec-2019	Jan-2020	Feb-2020	Mar-2020	Total
0	0	0	0	0	0	0	1	0	0	0	0	1

Total Klebsella cases April 2019-March 2020

Apr-2019	May-2019	Jun-2019	Jul-2019	Aug-2019	Sep-2019	Oct-2019	Nov-2019	Dec-2019	Jan-2020	Feb-2020	Mar-2020	Total
4	4	3	7	4	5	5	4	4	4	2	2	48

Klebsella cases (community attributed) April 2019-March 2020

Apr-2019	May-2019	Jun-2019	Jul-2019	Aug-2019	Sep-2019	Oct-2019	Nov-2019	Dec-2019	Jan-2020	Feb-2020	Mar-2020	Total
2	2	2	4	3	2	3	2	4	4	2	2	32

Total Ecoli cases April 2019-March 2020

Apr-2019	May-2019	Jun-2019	Jul-2019	Aug-2019	Sep-2019	Oct-2019	Nov-2019	Dec-2019	Jan-2020	Feb-2020	Mar-2020	Total
10	20	12	8	20	13	17	14	14	11	10	17	166

Total Ecoli cases (community attributed) April 2019-March 2020

Apr-2019	May-2019	Jun-2019	Jul-2019	Aug-2019	Sep-2019	Oct-2019	Nov-2019	Dec-2019	Jan-2020	Feb-2020	Mar-2020	Total
7	13	10	8	17	10	13	10	11	9	7	14	129

April 2019 - March 2020 E-Coli bacteremia reported in Trafford		
n = 126		
	Male	Females
	54	72
Ratio	40	60
Average age	76	73
Number residing in Care Homes	7	9
Patients with urinary catheter care	17	6
Patients receiving wound care	6	10
Receiving bladder and bowel care	5	8
Patients with recurrent or recent UTI	4	9
Residential care home patients	1	3
Nursing home Patients	6	4

Comment

Pre 48 hour (community attributed) E-coli bacteraemia

The results are a crude indicator as reliant on data recorded on EMIS. In 21 cases patients were not located on EMIS, presenting almost 1 in 6 where no data was available .

The number of e-coli Infections for Males with indwelling a urinary Catheter appears to be statistically significant,

5.3 Medicines Management support

Antibiotic resistance poses a significant threat to public health. One of the roles of the Medicines Management Team (MMT) at the Trafford PCT is to reduce antibiotic resistance and unnecessary expenditure associated with inappropriate antibiotic prescribing.

Of particular concern is *Clostridium difficile* infection, which remains a key issue on which NHS organisations have been mandated to implement national guidance that includes restriction of broad spectrum antibiotics, and in particular second and third-generation cephalosporin's and clindamycin.

Broad spectrum antibiotics, such as quinolones and cephalosporin's, need to be reserved to treat resistant disease, and should generally be used only when standard and less expensive antibiotics are ineffective.

The Trafford Medicines Management Team has works closely with the IPCT to reduce the incidence of *Clostridium difficile* infections (CDI) across Trafford. Work is ongoing and includes:

- Review of the Trafford Antibiotic Guidelines to reduce the use of antibiotics highly correlated with CDI. The majority of first line antibiotics are now those with a reduced risk of causing CDI, yet have a good evidence base for being effective for the relevant infection(s).
- Addition of a two page alert in the new Antibiotic Guidelines to highlight medicines associated with CDI risk in susceptible individuals.
- The production and dissemination of prescribing alerts to all Trafford GP's, Dentists and non-medical prescribers on a regular basis to highlight the current trajectory of CDI cases versus the DOH target. In addition, tips to reduce the incidence of CDI are also included.
- Letters sent to the GP of any patient that has tested positive for C.Difficile toxin to highlight the need to be prudent with antibiotic prescribing and the use of other medicines that may increase the risk of relapse.
- Aiding root cause analysis when required information is missing by visiting the GP practice directly.
- Conducting practice based audits on vulnerable patients taking long term proton pump inhibitors (PPIs) to determine if the dose can be reduced or stopped altogether, as PPIs are a risk factor for CDI.
- Revision of the evidence base surrounding the use of probiotics as an alternative measure to reduce antibiotic associated CDI.

5.4 Outbreaks 2018-19

Greater Manchester Health Protection Unit continues to monitor all statutorily notifiable diseases within the borough under the Public Health (Control of Disease Act) 1984 and the Public Health (Infectious Disease) Regulations 1988. Preventing outbreaks largely depends on the prompt recognition of a single case of infection associated with a condition or organism likely to give rise to an outbreak. Specific organisms that pose a risk of transmission to others for example *Clostridium difficile* in a care home, or organisms with unusual antibiotic resistance are reported to the community infection control team. Management of outbreaks/incidents continues to take precedence over other work. The IPCT responds immediately to all reports of suspected outbreaks, providing infection prevention and control support, advice, guidance, education, surveillance, ensuring multi agency reporting procedures are followed. Upon reporting an outbreak, the care home is provided with an outbreak pack, containing guidance on management of affected residents and staff, and the environment, in order to minimize risk of transmission and/or prolonged or deteriorating illness.

Guidance provided emphasizes the importance of 48 hour isolation or exclusion for all affected residents or staff, and deep cleaning prior to lifting of restrictions on admissions and visiting. Good communication between secondary care and community health and social care providers is also strongly emphasized as a prerequisite for limiting transmission and prevention of wider community outbreaks.

D&V outbreaks

1 x Nursing home

6 residential care homes

2019-20 D&V outbreaks

Name of setting (Results anonymised)	Number of residents	Dates setting closed	residents presenting with symptoms
	41	13.6.19-21.6.19	12
	20	15.7.19-16.7.19 (Late reported)	7
	51	23.10.16-28.10.19	19
	25	8.11.19-18.11.19	10
	78	12.11.19-22.11.19	10
	31	6.12.19-10.12.19	5
	78	30.12.19-3.1.20	16

Comment

On all occasions Specimens are requested and ILOG numbers obtained, by the IP&C team however there is evidence that care home are not taking specimens as requested by the service and consequently unable to identify the organism responsible for the D&V outbreak.

Influenza/Respiratory infections**Confirmed Influenza A outbreaks reported to service during 2019-20**

3 residential care homes

Rhinovirus outbreak

2 x Nursing homes

Name of setting (Results anonymised)	Number of residents	Dates setting closed	Number of residents presenting with symptoms	Treated with antiviral medication
	90	27.9.19-1.10.19	3	N/A (Rhinovirus)
	52	27.11.19-4.12.19	7	Yes
	23	31.12.19-6.1.20	4	NO
	32	14.1.20-15.1.20	5	N/A (Rhinovirus)
	15	21.1.20-2.2.20	12	YES

Outbreaks & cases of COVID19 positive residents reported to Trafford IP&C team in March 2020**Summary**

- 12.3.20, First report of a Trafford care home resident testing Positive for COVID19 came from a nursing home on the A symptomatic resident had been admitted to hospital on the 8.3.20, tested positive in the hospital and subsequently died 3 days later in the hospital on the . No further positive cases reported from this setting in March.
- 17.3.20 Report from a nursing home of 2 EOL residents admitted to local hospital on the 13.3.20, both tested positive in hospital for COVID19 , and subsequently died. (Both residents were in a shared room)
- 18.3.20 A cluster of symptomatic patients in Trafford's intermediate care/rehab unit, (some not fitting, the then case definition), however four residents tested, all COVID19 not detected.

- 21.3.20 report of 1 symptomatic resident admitted to Hospital, tested positive , care home reported 2 residents with symptoms, both swabbed , one tested positive the other (not detected)
- 31.3.20 Report of 8 residents with symptoms, 5 fit the case definition for swabbing, 4 tested positive for Covid19

In the absence of COVID19 Guidance until the end of march, beginning of April , advice given to all the care homes where symptomatic residents had been reported to the community infection control service was based on Flu outbreak guidance which had been developed by PHE , which included closure of care home to admissions, visitors restrictions, exclusion of symptomatic staff, isolation of symptomatic residents, instigation of respiratory infection control precautions and measures i.e. Hand hygiene enhanced cleaning and the use of PPE . Pennine care Foundation Trust between 1.4.19-30.8.20 and MFT thereafter.

Definitive COVID19 care home guidance was later provided by PHE in April, which was subsequently reviewed and revised on 6 occasions to reflect increasing knowledge about this emerging organism.

Staff seasonal flu uptake (national objective was 80%)

TLCO 2019 staff flu vaccine uptake as 71%. Overall across the MLCO/MFT uptake was 79%.

The Infection control inspections undertaken between Jan-March 2019 for Trafford primary care practices highlighted that the overall staff uptake of seasonal flu was over 80%. Individual practice uptake range between 100% and the lowest > 15%. 6 practices reported uptake below 80%.

Comment

Care home are requested to provide evidence of promoting Seasonal flu vaccines among their workforces However, data on uptake for each care home has not been gathered during the inspections as these are undertaken throughout the year, and the figures provided by the care homes are unreliable, although some care homes report a high level of uptake, but the majority indicate a low uptake.

All Care home managers report that they promote free Seasonal flu vaccines among their workforce, and some have made local arrangements with Pharmacies to facilitate the vaccination.

5.7 Antimicrobial resistance

The World Health Organization (WHO) announced its 1st list of antibiotic-resistant "priority pathogens" on Mon 27 Feb 2017, detailing 12 families of bacteria that agency experts say pose the greatest threat to human health and kill millions of people every year. The list is divided into 3 categories, prioritized by the urgency of the need for new antibiotics.

The WHO considers the highest priority are responsible for severe infections and high mortality rates, especially among hospitalized patients in intensive care or using ventilators and blood catheters, as well as among transplant recipients and people undergoing chemotherapy. Included in this highest-priority group are Carbapenem-resistant Enterobacteriaceae, along with Acinetobacter baumannii, which the infections associated with it, typically occur in ICUs and settings with very sick patients. The other bacteria tagged as a critical priority is Pseudomonas aeruginosa, which can be spread on the hands of health-care workers or by equipment that gets contaminated and is not properly cleaned. The

list's 2nd and 3rd tiers -- the high and medium priority categories -- cover bacteria that cause more common diseases, such as gonorrhoea, and food poisoning caused by Salmonella.

Antimicrobial resistance: 2019/20 improvement schemes

NHS England/NHS Improvement has written to CCG Directors of Quality, Nursing and Medicines Optimisation about two new schemes to support acute providers to implement the five-year UK AMR national action plan in 2019/20. The NHS Standard Contract now includes a target of reducing total antibiotic consumption by 1%, from the 2018 baseline, by the end of Q4 2019/20. CQUIN indicators now include improving the management of lower UTI in older people, improving appropriate use of antibiotic surgical prophylaxis in elective colorectal surgery, and uptake of staff flu vaccine.

UK National Action Plan on AMR

The government has published a [20-year vision](#) and [5-year national action plan](#) for how the UK will contribute to containing and controlling AMR by 2040.

CPE

An updated CPE toolkit, now called “Framework of actions to contain Carbapenemase-Producing Enterobacterales”

5.8 Sepsis awareness

Sepsis is a life threatening condition resulting in organ dysfunction caused by a dysregulated host response to infection. It remains the primary cause of death from infection despite advances in medical care. It is estimated there are more than 250,000 episodes of sepsis annually, with 35-50% mortality rate.

The IP&C team Has worked collaboratively within the community trust, Trafford CCG and the local care homes, to raise awareness of Sepsis and promoting the use of the NEWS2 Tool. During 2019-20 any health promotion events have also included Sepsis awareness, and it has been the intension of the Trafford community service to support any Future events pertaining to Sepsis awareness.

5.9 Asepsis

An Aseptic technique must be used by staff members who undertake any procedure that breaches the body's natural defences, including wound care, catheterisation and venepuncture.

Part of the face-to-face training offered to the Nursing and residential care homes, along with GP practices, includes an awareness of the principals in respect to asepsis and the Aseptic-no-touch-Technique (ANTT), however stakeholders are reminded that is their responsibility to source a training package which includes a competency assessment for those members of staff within their workforces who perform and Aseptic technique as part of their clinical practice. For Trafford community services/TLCO employed staff, Pennine care Foundation Trust between 1.4.19- 30.8.20 and MFT thereafter, are charged with the responsibility to deliver this necessary training .

Comment

Since the transfer to MFT in September the Trafford infection control service has not had input into the Trust training, and has not been able establish who has received this training

5.10 Enquiries and Advice

The IPCT has also provided advice in response to of enquiries regarding a range of organisms / infectious diseases during 2019-20 has included : CPE's, ESBL's, MRSA, PVL's, E-coli, hand foot and mouth, IGAS, COVID19, and other organisms, which are health care associated

Appendix A

Trafford Health Protection Forum Terms of Reference

1. Background

1.1 Health protection – the control of infectious diseases, including healthcare associated infections and the health effects of non-infectious environmental hazards – presents considerable challenges in Trafford. Although good progress has been made in tackling some of the key problems, major challenges remain.

1.2 Many organisations have a role to play in protecting the public from infections and infectious diseases, and the overlapping roles and responsibilities of the main agencies/departments (particularly the NHS, Public Health in Trafford, Environmental Health and Public Health England), working with many different stakeholder organisations, can be complex.

2. Purpose of the group

2.1 The primary role of the Health Protection Forum is to enhance partnership working on health protection in Trafford and to assist the Director of Public Health, who will chair the group, to discharge their responsibility for ensuring oversight of health protection in Trafford, and in providing a “strategic challenge to health protection plans/arrangements produced by partner organization’s”.¹

2.2 This will be done by receiving reports from partner organization including evidence that such plans are in place.

2.3 The Forum will provide assurance to the Health and Wellbeing Board (HWB) that robust plans and arrangements are in place to protect the population of Trafford. It will draw to the attention of the Health and Well Being Board any matter of concern in this context.

3. Scope

3.1 The Forum will consider health protection issues in, or relevant to Trafford. Topics that are within the scope of the Forum include, but are not restricted to:

- Infectious/communicable diseases in the community.
- Healthcare acquired infections, especially MRSA, Cl. Difficile and including new organism such as Carbapenease producing Enterobacteriaceae (CPE).
- Vaccine preventable diseases and national and all local immunisation programmes.
- Tuberculosis.
- Pandemic influenza.
- Sexually transmitted infections, including HIV.
- Blood borne viruses.
- Environmental hazards.
- Health services emergency planning arrangements and rapid response including CBRN and mass casualty plans.

¹ ‘The new public health role of local authorities’. Department of Health, October 2012.

The forum will also take an overview of national screening programmes.

Issues that are out of scope of the Forum are:

- Business continuity arrangements that are not related to public health emergencies (such as a fuel shortage or extreme weather events).
- Health and social care winter planning, except where there is a health protection element, such as flu vaccination.

4. Key responsibilities of the Health Protection Forum

- To provide assurance to the Health and Wellbeing Board as to the adequacy of local arrangements for the prevention, surveillance, planning for, and response to, health protection issues and problems in Trafford.
- To highlight concerns about significant health protection issues and the appropriateness of health protection arrangements for Trafford, raising any concerns with the relevant commissioners and/or providers or, as necessary, escalating concerns to the Health and Wellbeing Board or relevant Chief Executives.
- To provide an expert view on any health protection concerns on which the Health and Wellbeing Board request advice from the Forum.
- To monitor a 'health protection dashboard' in order to assess local performance in addressing the key health protection issues in Manchester
- To monitor significant areas of poor performance through the HPF dashboard and to seek assurance that recovery plans are in place.
- To identify the need for, and review the content of, local plans relevant to significant health protection issues.
- To make recommendations as to health protection issues that should be included in the local Joint Strategic Needs Assessment.
- To seek assurance that the lessons identified from any serious incidents or outbreaks are embedded in future working practices.
- Health protection intelligence or dashboards to be provided by the relevant lead agencies.
- Through the HBW the Forum will hold Greater Manchester PH England Centre, NHS England and Trafford CCG to account in terms of their health protection responsibility.

5. Meeting arrangements

5.1 The Group will be chaired by the Director of Public Health and will normally meet four times per year on a tri-monthly cycle. Meetings will normally be of no longer than two hours duration.

5.2 The meetings will be convened by Public Health in Trafford who will provide secretarial support.

5.3 Items for inclusion on the agenda will be sought from all members in advance of each meeting. Draft minutes will be sent electronically to members and then approved at the next meeting.

5.4 Meetings will not be open to the public.

5.5 Conflicts of interest must be declared by any member of the group.

6. Reporting arrangements for the Health Protection Forum

The Health Protection Forum will report to the Health and Wellbeing Board on a six monthly basis by submitting formal reports including any concerns or recommendations. An annual report will be produced.

7. Membership and quorum

The quorum for the Trafford Health Protection will be one third of its core membership. Representation within that number must include the Chair or Vice Chair. Membership is to be split into two sections, core members and extended member and is noted in the table below. The Chair and Vice-chair are indicated in the list of group members hereunder.

Role	Representative
Core Membership	
Director of Public Health (Chair)	
Consultant in Public Health and Vice Chair	
Consultant in Communicable Disease Control for Manchester, PHE	
Consultant Microbiologist and Infection Prevention and Control Officer Central Manchester Foundation Trust Hospital	
Head of the Community Infection Control Team - core member and Deputy Vice Chair in the absence of Chair and Vice Chair	
CYPS – Head of Services or representative	
Trafford Clinical Commissioning Group	
Medicines management link at Trafford CCG	
Immunisation/Screening Coordinator link (NHS England)	
Practice nursing	
Health Economy Resilience Group representative	
GM Commissioning Support Unit NHS HERG representative	
CMFT Infection Prevention Control	
UHSM Infection Prevention Control	
LMC (GP) representative	
Extended Membership	
Trafford Council Resilience Forum representative	
Adults Social Services Representative	
Environmental Health – Head of Service or representative	
TB Specialist Nurse	

Frequency of Meetings: In 2018 The Trafford Health protection forum meet Quarterly, moved to 4 monthly meetings .

Appendix B:**Infection prevention and control Training Records – 2019-20**
Delivery of Face to face infection control training:**2019-20**

Month	RH	PCFT	GDP	GP	PRV NH	others L/A CCG social care	Total
Apr-19	8					12	20
May-19	6			14			20
Jun-19	11			11	24	8	54
Jul-19	38				28	8	72
Aug-19					13	24	40
Sep-19	16				10		26
Oct-19	8	4				11	23
Nov-19	31	5			16	2	54
Dec-19						16	16
Jan-20	24				48		72
Feb-20							0
Mar-20						24*	24
Total	110	9	0	25	105	94	398

* members of social care team delivered face-to-face Covid infection control training in PPE donning and doffing & hand hygiene

Work plan for 2020-21

Please see separate document