

Trafford community Infection Prevention & Control Annual report (April 1st 2017- March 31th 2018)



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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 2017-18 Annual Report. Improvements in the delivery of the Infection Prevention and Control service aim to achieve zero tolerance to healthcare associated infections, by building on improvements made during the last 12 months and continuously reviewing priorities for improvement during 2018-19. 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 Pennine Care NHS Foundation Trust, the Operating Plan and Commissioning Corporate Objectives, Public Health Directorate, Health Protection and Resilience plans and objectives.

This report describes Infection Prevention and Control activity, arrangements and progress with the work plan for the period April 2017 – March 2018, and will highlight the achievements made by the service, in helping 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.

HCAI Performance Summary

2016-17 MRSA Bacteraemia & Clostridium difficile infection (CDI)

Organism	Objectives	Actual
MRSA Bacteraemia	Zero tolerance	2
CDI Trafford CCG (Trust & none Trust apportioned cases)	64	76
CDI (Trafford none Trust apportioned)	-----	32
E-coli Bacteraemia	10% reduction over previous year 175	173 1% reduction

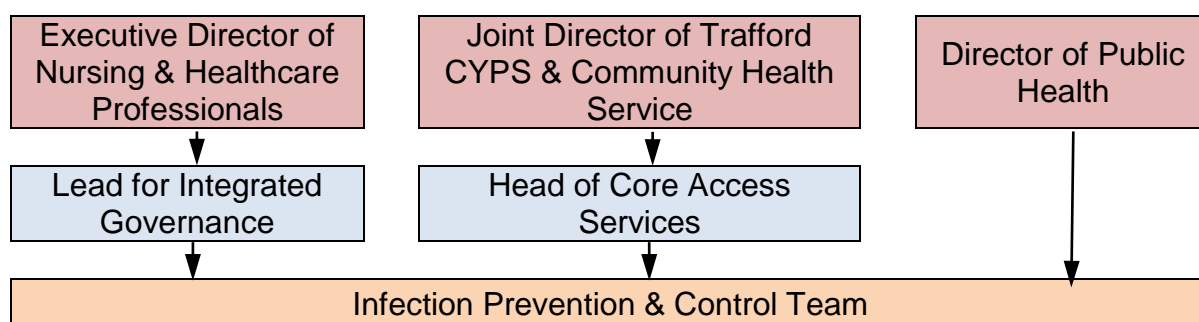
2 INFECTION PREVENTION AND CONTROL ARRANGEMENTS

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 Pennine Care Foundation NHS Trust (PCFT) provider services, independent contractors, private providers, and 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 PCFT, 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 2017 -18



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.

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.

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 bi-monthly 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 2016-17 the IPCS 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 bi-monthly 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 IPCS 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.

The IPCS 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.

Monitoring compliance with the Health and social care act (2008), code of practice for the prevention and control of infection and associated guidance

- Bi monthly review of code of Practice Assurance for Pennine care FT, updated at the infection control committee meeting

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, 1x WTE
- Infection Prevention and Control Nurses X 2 1.4 WTE
- Trafford Health Protection Forum (chaired by the DPH) meeting quarterly
- 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 PCFT, clinical staff are able to undertake level 2 IPC training via an eLearning package or by attending a 45 minute face to face training session delivered by a member of the IPCT, non-clinical staff are also able to undertake 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.

For the 18 nursing homes and 22 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 2017-18 training figures.

4.2 Audits and inspections

The IPCT endeavors to ensure that audit forms part of the proactive service, and that feedback action plans and re-inspection 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 Centres and clinics previously managed and owned by NHS Trafford are inspected yearly by the infection prevention and control service as part of the cycle of premises inspections. Premises where Pennine care FT deliver services receive a yearly inspection, reports are forwarded to the Pennine audit department, and action plans followed up by the community IP&C team. GP practices which are co-located at the health Centres where Pennine care FT 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. Also included in the cycle of planned visits, is the out-of-hours GP walk in Centre, based at Trafford General Hospital, and for PCFT the Physiotherapy outpatient services based at Trafford and Altrincham hospitals are inspected annually as part of the trusts environmental audit program .

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.

We have seen a steady improvement in both the engagement of GPs with this process, and in their performance in the inspection. The average inspection result for GPs in 2016/17 was 90%, and 91% in 2017/18, with a range in 2016/17 of 63 – 100%, and in 17/18 of 84- 100%. This is testament to the hard work of the GPs and other practice staff, and to the IPCS.

Please see Appendix D for the anonymised practice data.

Care Homes

Care homes with nursing registration Infection prevention and control support provided to care homes with nursing registration within the Trafford borough, is afforded a high priority. Settings are inspected on an annual basis, and progress with action plans monitored through re-inspection the following year. Where inspection results have fallen below an acceptable threshold, 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 2017-18

- 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
-

The average scores nursing care home inspections was 79% for both 2016/17 and 2017/18, with a range of 60-95% in 2016/17 and 50 -100% in 2017/18. Again, these are in the main are very good scores and show excellent levels of engagement in the training and implementation of standards.

Please see Appendix D for the anonymised care home data.

Copy of Report/action plan 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 2017-18

- 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

Infection control inspection results

Setting/establishment	Date 2016-17	Overall RAG rating	Number of reds out of 8	Date 2017- 18	Overall RAG rating	Number of reds out of 8
Setting01	27.8.15	Green	0	20.4.17	Green	0
Setting02	21.4.16	Green	0	15.6.17	Green	0
Setting03	16.6.16	Green	0	18.7.17	Green	0
Setting04	17.3.16	Yellow	1	12.4.17	Green	0
Setting05	10.7.13	Yellow	1	07.4.17	Yellow	0
Setting06	12.5.16	Yellow	1	23.5.17	Yellow	1
Setting07	5.4.16	Green	0	1.8.17	Green	0
Setting08	7.3.17	Yellow	0	27.2.18	Yellow	2
Setting09	19.4.16	Yellow	0	21.6.17	Green	0
Setting10	13.1.16	Yellow	1	18.4.17	Yellow	0
Setting11	23.8.16	Yellow	1	15.8.17	Yellow	1
Setting12	6.4.16	Yellow	0	14.6.17	Yellow	0
Setting13	21.1.16	Yellow	1	26.4.17	Yellow	1
Setting14	21.3.17	Red	4	1.11.17	Yellow	1
Setting15	28.7.16	Green	0	24.8.17	Green	0
Setting16	13.4.16	Yellow	0	1.6.17	Yellow	0
Setting17	22.2.17	Yellow	1	6.3.18	Yellow	0
Setting18	23.2.17	Yellow	0	12.2.18	Yellow	1
Setting19	14.4.16	Yellow	0	31.5.17	Green	0
Setting20	22.3.17	Green	0	4.10.17	Green	0

Copy of Report/action plan to :

- Director of public health
- CQC (allocated inspector)

- Local authority commissioners

Delivery of infection prevention and control training and audit to Trafford special schools 2017-18

- 2 hour inspection, follow by report and action plan
- 1 ¼ hours of infection prevention and control Training to staff.
- Includes an individual UV light hand hygiene assessment
- Training to be undertaken by the workforce every two years

This was the first year that these inspections had been carried out in the Special Schools, and a number of issues and themes emerged. These are being taken forward with the schools, and the IPCS will be following up with the schools in order to support them to make any necessary changes. A fuller report on this work will be included next year.

Copy of Report/action plan and training log sent to:

- Stakeholder (e-mail address, in address folder)
- Director of Public Health.
- Children's community nursing service lead
- Head of children's health services

4.3 Infection prevention and control policies

The Trafford based community IPCT work collaboratively with Pennine Care IP&C colleagues to review policies for the trust, which are then submitted to PC FT IGC for approval, All IP&C policies have been reviewed in the current reporting year. For care homes and general medical and dental practice, in addition to resources produce by the DH and PHE (previously HPA), guidance developed locally within the local health economy and guidance policy documents supported by the CCG, such as the antimicrobial formula and cold chain policies is 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. In the reporting, 1 visit were undertaken in support of general dental practices.

With respect to Pennine care FT work stream the Community IP&C team undertake a annual inspection of the One stop resources centre, which includes an inspection of the equipment decontamination unit.

4.5 Hand hygiene

The Hand Hygiene Strategy is embedded within the PCFT 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 and the hand hygiene standards promoted within the provider service are also used for guidance purposes, to inform stakeholders in the wider health economy. With full backing of the Executive and senior management team, the IPC team, with the support of the 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 current 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.

Infection control / Hand hygiene champions

Pennine Care FT (Trafford division) have hand hygiene champions/links embedded within team s across all the teams, and contribute to undertaking quarterly hand hygiene audits amongst staff with patient contact. In 2017-18 overall pass rate was 98%, 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 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 across the borough.

4.6 Infection prevention and control initiatives

Before the winter season the Infection control service delivered training and education to the care home sector for the management of Outbreaks of D&V and respiratory illnesses. The training was very well received and positively evaluated by the delegates.

5 ACHIEVEMENTS DURING 2017 – 18

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.

DH objectives for 2017-18

MRSA blood stream infections (Zero Tolerance) 2 cases assigned to CCG (community attribution) in 2017-18, both cases had a Post infection review (PIR) conducted with the process lead by the CCG.

MRSA Positive Results

Laboratory results are reported by telephone, by microbiology laboratory at CMFT. As appropriate, they 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. In the 2017-18 reporting period 53 cases were followed up by the team .

5.2 2017-18 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 =64 cases

Organism	Objectives	Actual
CDI (Trafford WHE)	64	76
CDI (Trafford none Trust apportioned)	None	32

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 provided with NHS England Guidance on C. difficile objectives for 2017-18. Once again in 2017-18 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 minimise discomfort and suffering and maintain dignity and confidentiality.

Trafford CDI cases April 2017 - March 2018

CDI	Apr-2016	May-2016	Jun-2016	Jul-2016	Aug-2016	Sep-2016	Oct-2016	Nov-2016	Dec-2016	Jan-2017	Feb-2017	Mar-2017	Total
ALL cases Reported on HCAI DCS	3	5	6	4	5	8	3	2	4	6	5	5	56
All cases Inc GP reported cases	3	5	7	7	8	10	4	2	7	8	7	8	76
Pre 72 Hr reported on HCAI DCS	0	1	2	1	3	1	2	0	1	2	1	1	15
GP reported cases not entered onto HCAI DCS	0	0	1	3	3	2	1	0	3	2	2	3	20
Trust (Hosp cases)	3	5	4	3	2	7	1	2	3	4	4	1	38
Trust cases by Hospital													
MRI &TGH	0	0	1	2	0	5	0	0	0	3	3	0	13
Wythenshawe	3	4	3	1	2	2	1	1	1	1	1	1	21
SRFT	0	1	0	0	0	0	0	1	2	0	0	0	4
Christie	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0

Figures indicate that Trafford was 12 cases above its cumulative monthly objective. Previous years have indicated a 50/50 +/- 5% split between hospital and community attributed cases

(Please note: all calculations are based on 2.5 cases per month approx. = 31 pa approx. (65 cases pa for community and acute combined))

Analysis of results

- % of all cases attributed to Secondary care.
- % of all cases attributed to Wythenshawe
- % of all cases attributed to (none Trust) Community
- out of 12 months the number of cases has remained at or below WHE objective of 5 cases
- % out of the community RCAs completed were relapses

Comment

- Community attributed cases within objective
- Hospital attributed cases within objective
- UHSM % of all Secondary care attributed cases
Analysis of completed RCA's for community attributed CDI Toxin positive cases notified to the IP&C Service April 2016 – March 2017 indicates antibiotic use in of RCAs. No lapses in care have been identified from the GP

CDI analysis April 2017 March 2018 Sarah to complete Yellow sections

2017-18	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Antibiotics Prescribed	0	1	1	2	2	1	0	0	2	0	1	2	12
PPIs	0	1	0	0	2	0	0	0	0	0	1	1	5
Patient from care home	0	0	0	1	1	1	0	0	1	0	0	0	4
High risk &/or co morbidities	0	0	0	3	2	2	0	0	2	1	1	1	12
Relapse cases	0	0	1	0	1	1	0	0	1	1	0	0	5
RCA's	0	1	2	4	2	3	1	0	3	1	2	2	21

completed														
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CDI Preventative strategy for 2017-18

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 Pennine Care NHS FT 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 a 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 bi-monthly Trafford Health Protection Meeting reporting CDI figures and highlighting lapses in care.

RCA Analysis RCA undertaken for 100% of community attributed cases, notified to IP&C team by the lab.

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, it is the intension for a member of the Trafford community infection control team 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.

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.

HCAI organism surveillance

2017-18 MRSA/ MSSA/E Coli bacteraemia/Klebseilla/Pseudomonas

Total MRSA cases (Community attributed) April 2017-March 2018

Apr - 2017	May 2017	Jun 2017	Jul-2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Total
0	2	0	0	0	0	0	0	0	0	0	0	2

Total MSSA cases April 2017-March 2018

Apr - 2017	May 2017	Jun 2017	Jul-2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Total
1	6	3	9	4	4	5	1	6	6	1	4	50

MSSA cases (Community attributed) April 2017-March 2018

Apr - 2017	May 2017	Jun 2017	Jul-2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Total
1	4	1	8	1	2	3	0	4	6	1	3	31

Total Ecoli cases April 2017-March 2018

Apr - 2017	May 2017	Jun 2017	Jul-2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Total
12	15	14	16	13	14	14	11	12	15	16	19	173

Total Ecoli cases (community attributed) April 2017-March 2018

Apr - 201 7	May - 201 7	Jun - 201 7	Jul- 201 7	Aug - 201 7	Sep - 201 7	Oct - 201 7	Nov 201 7	Dec - 201 7	Jan - 201 8	Feb - 201 8	Mar - 201 8	Tota l
9	12	10	15	10	10	9	10	10	12	9	18	134

In the current reporting a quality premium attached in respect to reducing the number and rate of E.coli bacteraemia. The community Infection Prevention and Control service have responded by reviewing all the cases reported on the HCAI DCS system with a view to following up any identified cases from care home settings and where possible patients with a urinary catheter in situ.

A consolidated spreadsheet of cases was sent to the medicines management team following up any cases where repeat antibiotics are prescribed for UTI's and any association with anti- microbial resistance. E.coli education and awareness has been included in all face to face training with care homes, GP training events and link worker updates.

Some national studies have indicated that <50 % of cases have a possible health care association, however It must be emphasised that E.coli bacteraemia cases that do have a possible healthcare association, that hand hygiene, continence, hygiene, hydration and anti-microbial prescribing are key factors to consider .

In the reporting year 2017-18 there were 136 E.coli bacteraemia cases highlighted in Trafford on the HCAI DSC showing 76 female and 58 male split along with 2 babies affected. I have found that the age bracket who is more vulnerable is the 66-100. Of this age bracket of the 136 cases there were 101 people affected whilst in the 51-65 age bracket there was 22 people affected and in the 0-50 age bracket there were 12 people affected. Of these 136 cases 20 of these people affected were from care homes. Of the 136 cases 6 cases were receiving wound care, 7 cases had a urinary catheter, 2 with stomas and 1 with a urostomy. The community Infection Prevention and Control Team undertake a monthly review the cases reported through the HCAI Data capture system and undertake a follow up of cases where the patient is a care home resident, and /or is identified with a wound or urinary catheter, to ensure core elements of care are being documented such as adherence to ANTT practices and principles.

It has been acknowledged that whilst there has not been an increase in the amount of E.coli positive results nor has there been a reduction in these figures.

In order to achieve a reduction for the next reporting year the service will look into these cases further and provide appropriate training/advice and support where

required in order to highlight the importance of hydration and good hygiene precautions.

Total Pseudomonas cases April 2017-March 2018

Apr - 2017	May 2017	Jun 2017	Jul-2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Total
1	0	0	0	3	0	0	3	0	3	2	2	14

Pseudomonas cases (community attributed) April 2017-March 2018

Apr - 2017	May 2017	Jun 2017	Jul-2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Total
0	0	0	0	0	0	0	1	0	3	2	2	8

Total Klebseilla cases April 2017-March 2018

Apr - 2017	May 2017	Jun 2017	Jul-2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Total
3	1	3	3	1	1	5	2	8	4	1	7	40

Klebseilla cases (community attributed) April 2017-March 2018

Apr - 2017	May 2017	Jun 2017	Jul-2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Total
2	1	1	3	0	1	1	2	7	3	1	6	28

5.4 Outbreaks in community settings

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 Primary Care Trust Infection prevention and control Nurse.

Management of outbreaks/incidents continues to take precedence over other work.

2017-18 Reported community outbreaks of diarrhoea &/or vomiting across Trafford

Setting	Number of Diarrhoea &/or Vomiting Outbreaks
Residential Homes	3
Registered Nursing Homes	2
Supported Living	1
Primary School	1

Whilst outbreaks of diarrhea and vomiting (D&V) occur throughout the year in hospitals and residential care and other communal settings, they tend to peak during the winter months, however during this reporting year, a low level of outbreaks were reported to the community infection service during the months of January- March 2018.

Other outbreaks of infection :

- Scabies 1 x Nursing home
- Hand foot and mouth 1 x nursery
- Scarlet fever 2 x Schools
- Conjunctivitis 2 x Nurseries'
- D&V 2 x nursery
- Para virus 1x School

Management of D&V outbreaks in care homes The IPCT responds immediately to all reported 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.

2017-18 Reported community outbreaks of influenza in Trafford care homes

Setting	Number of confirmed influenza Outbreaks
Residential Homes	3x Flu A Pos + 2 x Flu B pos (5 in total)
Registered Nursing Homes	1 x Flu A pos

During quarter 4 of 2017-18 there was increased activity regarding influenza in Care Homes with an increased number of outbreaks reported than the previous year. This is in line with figures across Greater Manchester and the North West region. Collaborative working between the Community Infection Control Service, Trafford GP's, Trafford CCG including the medicines management team, Local Authority commissioners, Public Health England (including laboratory) and local Acute Providers ensured a timely response in terms of swabbing, diagnosis and appropriate treatment with anti-virals where appropriate including prophylaxis.

Management of Influenza outbreaks in care homes The IPCT responds immediately to all reported outbreaks, providing infection prevention and control support, advice, guidance, education, surveillance, ensuring multi agency reporting procedures are followed. Upon reporting an outbreak to the infection control team , 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.

Staff Seasonal flu uptake

Pennine care FT uptake for the 2016/17 campaign was 37.18 per cent, in the Current reporting year 2017-18 uptake has risen to >60 % of the PCFT workforce and Over 68 % of Health and co located social care staff, This was the 4th Highest increase in uptake across England and wales .
PCFT flu steering group will begin to plan the 2018/19 campaign in July

The Infection control inspections undertaken in Trafford GP practices highlighted that an average uptake by staff of seasonal flu was approx. 70%, which included an individual practice uptake range between 100% and the lowest 0%.

5.6 Emerging organisms

Scarlet fever the UK is experienced a significant increase in scarlet fever cases compared to previous years. As of 9 March, 11,982 cases of scarlet fever were reported since mid-September 2017, compared to 4,480 during the same period over the last 5 years. The cause is still being investigated. There have a small been a number of outbreak's reported in Trafford schools and nurseries, where the infection

control service have been involved in giving advice and guidance to head teachers and nursery managers

Cholera

Since April 2017, the cholera outbreak in Yemen resulted in a total of 1,086,138 suspected cases,

including 2,271 deaths, A new wave of cholera is expected when the rainy season begins again in April.

Response efforts are ongoing.

Diphtheria

The diphtheria outbreak reported since November 2017 in Cox's Bazar, resulted in 6,460 suspected cases,

including 40 deaths. Although there has been a reduction in reported cases there is a high risk of further

infectious diseases spreading during the upcoming rainy season, exacerbated by overcrowding in the

precarious living conditions along with other impacts .

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*. In February 2017 PHE launched a pilot awareness campaign across the Granada TV region to support national efforts to reduce inappropriate prescribing through reducing patient pressure for antibiotics.

5.8 Sepsis awareness

Sepsis is a common life threatening condition resulting in organ dysfunction caused by a dysregulated host response to infection. Sepsis has been highlighted as being a leading cause of avoidable death with at least 44,000 people dying as a result in the United Kingdom., It is estimated there are more than 250,000 episodes of sepsis annually, with 35-50% mortality rate.

The IP&CT is continues to be a member of the Trust Sepsis Group as part of a Trust response ensuring the Trust is compliant with the NICE guideline NG51, Sepsis: recognition, diagnosis and early management (NICE 2016). The Group is looking at implementing awareness training for clinical staff, sepsis screening and updating the early warning score tools used within the Trust. Throughout 2017-18 the IP & C team promoted World Sepsis Day on 13th September 2017 by creating a poster and distributing it throughout the Trust. The annual 'Sepsis Conference: Exposing Britain's hidden killer' at a local University was attended, sepsis continued to be highlighted in the IP & C quarterly newsletter and was an item on the agenda at the annual IP & C Link Worker study day on 21st September 2017.

5.9 Asepsis

An aseptic technique should be used by staff members who undertake any procedure that breaches the body's natural defences, including wound care, catheterisation and venepuncture. Education on asepsis is delivered to all residential and nursing care homes as part of the their annual infection control training. In Trafford community services Asepsis training is provided for all clinical staff who undertakes procedures that require it. Asepsis training for staff is 3 yearly, with competencies carried out in practice each year. For 2018 to 2019 the IP&C team will continue to support the organisation in the delivery of ANTT sessions and any refresher programmes required within teams.

5.10 Enquiries and advice

The IPCT has also provided advice in response to of enquiries regarding a range of organisms / infectious diseases during 2017-18 has included : CPE's, ESBL's, MRSA, PVL's, E-coli, hand foot and mouth, IGAS,

6 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 organisations”.¹

2.2 This will be done by receiving reports from partner organisation 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, CI. Difficile and including new organism such as Carbapenease producing Enterobacteriaceae (CPE).
- Vaccine preventable diseases and national and all local immunisation programmes.
- Tuberculosis.

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

- 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.

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)	Eleanor Roaf
Consultant in Public Health and Vice Chair	Helen Gollins
Consultant in Communicable Disease Control for Manchester, PHE	Dr Will Welfare
Consultant Microbiologist and Infection Prevention and Control Officer Central Manchester Foundation Trust Hospital	Dr Barzo Faris
Head of the Community Infection Control Team - core member and Deputy Vice Chair in the absence of Chair and Vice Chair	Philip Broad
CYPS – Head of Services or representative	Paula Lee
Trafford Clinical Commissioning Group	Gina Lawrence
Medicines management link at Trafford CCG	Absar Bajwa
Immunisation/Screening Coordinator link (NHS England)	Graham Munslow
Practice nursing	Henrietta Bottomley
Health Economy Resilience Group representative	Kate Green
GM Commissioning Support Unit NHS HERG representative	Brian Dillon
CMFT Infection Prevention Control	Sue Jones
UHSM Infection Prevention Control	Jay Turner Gardner

LMC (GP) representative	Dr Iain Maclean
Extended Membership	
Trafford Council Resilience Forum representative	Nicky Shaw
Adults Social Services Representative	Christine Warner
Environmental Health – Head of Service or representative	I Veitch/Nigel Smith
TB Specialist Nurse	Tracy Magnall

Frequency of Meetings: In 2016 The Trafford Health protection forum meet bi-monthly from 2017 moved to Quarterly meetings .

**7 APPENDIX B: INFECTION PREVENTION AND CONTROL TRAINING RECORDS
– 2017-18**

Delivery of Face to face infection control training:

2017/18 (face to face Training)

Month	RH	PCFT	GDP	GP	PRV NH	others L/A CCG social care	Total
Apr-17	31			11			42
May-17	19				29		48
Jun-17	26			18	36	52	132
Jul-17	8				60		68
Aug-17	20			12	16	17	65
Sep-17					23	46	69
Oct-17	15			24	19	5	63
Nov-17					48	7	55
Dec-17						28	28
Jan-18				10	41		51
Feb-18	10	12		4	40	6	72
Mar-18		12	8		6	10	36
Total	129	24	8	79	328	171	739

2016/17

(face to face training)

Month	RH	PCFT	GDP	GP	PRV NH	others L/A CCG social care	Total
Apr-16	60		7				67
May-16					13	4	17
Jun-16	12			38	11		61
Jul-16	27			30	30	7	94
Aug-16	12	10			21		43
Sep-16		10					10
Oct-16							
Nov-16							
Dec-16		5				8	13
Jan-17		13		30	117		124
Feb-17	16		12		40		68
Mar-17		6			84		84
Total	127	44	19	98	316	19	623

8 APPENDIX C INFECTION PREVENTION AND CONTROL (IP&C) COMMISSIONED SERVICES WORK PLAN APRIL 2018- MARCH 2019

1. Monitor and report (including IP&C annual report) to Trafford Health Protection Forum on behalf of LA and CCG commissioners and provider services on key infection IP&C issues:

A. Infectious organisms

- MRSA bacteraemia (NHS Trafford CCG 2018-19 target = zero tolerance)
- CDI (NHS Trafford CCG 2018-19 target = (63)
- Ecoli-bacteraemia 10% reduction per year for next 5 years
- MSSA bacteraemia
- Emerging antimicrobial resistant organisms e.g. CPE, CRE, KPC

B. IP&C support provided for health & social care providers in relation to assurance framework

- Education/training
- Audit/inspection
- Policy review and development (contribute to Pennine care Foundation Trust policies and input into CCG policies)
- Hand hygiene promotion and monitoring

2. Contribute to monitoring, management and reduction of alert organisms

A] MRSA bacteraemia (2018-19 target = zero tolerance)

- Community attributed MRSA Bacteraemia - Participate in Post infection reviews (PIR) and report to relevant stakeholders
- MRSA positive lab results for community patients - Follow up and provide IP&C advice and support to GPs and other stakeholders

B] Community attributed Clostridium Difficile Infection (CDI) (NHS Trafford CCG 2017-18 target = (64)

Follow up & carry out root cause analysis (RCA), exception reporting and report any 'lapses in care', through the CCG Performance group

- Provide IP&C advice and support to patients (including green card and information leaflets), for GP reported specimens
- Monitor issues relating to prescribing of antibiotics, PPIs and other immune suppressant therapies, arising from CDI RCA s, refer to medicines management team as appropriate
- Identify relapses, refer to GP, medicines management team and liaise with acute providers
- Attend CCG PcqlG group meeting

- Attend/participate in Quarterly Health Protection Forum meetings, to include delivery of an IP&C update.
- Attend Regional HCAI meetings hosted by GM Health and social care partnership

3. Delivery of support and advice to health and social care providers commissioned in Trafford by LA and CCG

Care homes – Nursing (total 18), Residential (total 20) + supported living center's

Plus visit to 4 Special schools : Delamere, Pictor, Brentwood and The Orchards.

- Routine, annual training and inspections for nursing homes, residential homes every 2 years, plus ad hoc inspections, following safeguarding reports, incidents & other issues highlighted by CQC and/or LA commissioners
- Outbreak management – monitoring and follow up of all reported episodes
- Advice service and visits– on request
- Advice and support to Nursery/early learning years settings (visits at request of commissioners and other key stakeholders)

4. Outbreak management support, advice and guidance for

A] Care homes and supported living centres

B] Nurseries & early learning year settings

- ongoing support and advice, monitoring of progress and follow-up of all reported episodes, visits carried out as required
- reporting of outbreaks to key stakeholders including PHE, Local authority, commissioners and community and acute provider services
- Collaborative working with PHE/GM/HPU/laboratory service

5. Delivery of bespoke mandatory IP&C training and education to health and social care providers within the Trafford health economy i

- Pennine care FT community provider services
- Care homes (38)
- General medical practices (34)
- Special schools (4)
- voluntary sector and patient groups (on request)
- Nursery and early learning year settings (on request)

6. Delivery of support and advice to General Medical Practices in Trafford CCG (total 34). Also Master-call Out of hours GP service (on request)

- Training, delivered to Practice staff at quarterly GP Education forum events, and on individual requests from practices.

- Inspection & review of premises/buildings (on request, or frequency dependent upon responsibility for GP premises) Inc. New premises and Improvements

7. Delivery of support and advice to General Dental Practices within Trafford HE, including specialist advice on decontamination and for NHSE (LAT) and CQC, following performance visits

- Training – on request and by arrangement with the practice
- inspection & review of premises/buildings – by arrangement with the practice

8. IP&C service collaborative working across the Trafford health economy

Attendance at stakeholder meetings, including:

- Acute provider IP&C committees (when invited)
- CCG nurses forum. (for registered nursing homes)
- local authority care consortium group
- PcqIG (CCG)
- GM confederation/collaborative partnership (including participation in work-streams)

9. Health and social care act (2008), code of practice for the prevention & control of infections and associated guidance

Provision of support to all community stake holders for building evidence

10. Participation in local health promotion activities applicable to Public Health.

9 APPENDIX D: DATA TABLES

GP inspection scores

Name	Date of inspection 2016-17	inspection result (% Score) 2016-17	Date of inspection 2017-18	inspection result (% Score) 2017-18
GP01	26.1.17	77%	17.1.18	84%
GP02	24.1.17	77%	18.1.18	87%
GP03	7.2.17	84%	1.2.18	90%
GP04	26.1.17	94%	17.1.18	87%
GP05	24.1.17	90%	27.2.18	97%
GP06	15.2.17	97%	8.2.18	94%
GP07	27.2.17	100%	27.2.18	100%
GP08	15.2.17	90%	8.2.18	97%
GP09	8.2.17	80%	16.1.18	90%
GP10	1.3.17	90%	6.2.18	84%
GP11	31.1.17	84%	17.1.18	90%
GP12	31.1.17	94%	6.2.18	84%
GP13	1.2.17	87%	13.2.18	97%
GP14	7.2.17	87%	1.2.18	90%
GP15	1.2.17	94%	7.2.18	94%
GP16	31.1.17	94%	6.2.18	87%
GP17	7.2.17	97%	1.2.18	90%
GP18	1.2.17	90%	7.2.18	87%
GP19	7.2.17	97%	8.2.18	97%
GP20	8.2.17	94%	16.1.18	94%
GP21	8.2.17	100%	16.1.18	94%
GP22			18.1.18	87%
GP23	24.1.17	84%	18.1.18	87%

GP24	14.2.17	97%	13.2.18	97%
GP25	26.1.17	90%	9.1.18	87%
GP26	14.2.17	94%	7.2.18	94%
GP27	26.1.17	94%	17.1.18	94%
GP28	15.2.17	94%	8.2.18	84%
GP29	13.2.18	63%	27.3.18	94%
GP30	1.2.17	97%	7.2.18	87%
GP31	26.1.17	90%	26.2.18	87%
GP32	26.1.17	97%	12.1.18	87%
GP33	7.2.17	97%	1.2.18	94%
GP34	1.2.17	87%	7.2.18	87%

Score/results from infection control inspection of care homes with nursing registration

Training venue	Visit Date	2016-17 score	Visit date	2017-18
H01	01.06.16	65%	12.06.17	60%
H02	01.03.17	90%	28.02.18	95%
H03	04.01.17	70%	08.11.17	70%
H04	15.03.17	95%	10.01.18	85%
H05	25.08.16	95%	02.08.17	90%
H06	16.02.17	65%	Closed	
H07	15.06.16	75%	26.06.17	85%
H08	08.03.17	90%	11.01.18	95%
H09	11.01.17	60%	07.03.18	65%
H10	02.03.17	95%	9.4.18	95%
H11	19.05.16	70%	11.04.17	70%
H12	14.07.16	80%	19.07.17	80%
H13	28.02.17	80%	14.02.18	90%

H14	26.07.16	95%	27.07.17	100%
H15	21.3.17	70%	03.01.18	50%
H16	24.08.16	70%	20.07.17	70%
H17	25.4.17	75%	20.09.17	60%
H18	22.04.16		27.06.17	80%
H19			15.11.17	90%