TRAFFORD COUNCIL

Report to: **Health & Wellbeing Board**
Date: **19th July 2019**
Report for: **Information**
Report of: **Infection Control & Prevention Service**
Eleanor Roaf, interim Director of Public Health

Report Title

Trafford Community Infection Prevention & Control Annual Report 1st April 2018-31st March 2019

Purpose

To provide the Health and Wellbeing Board with a report on the work of the Infection Control & Prevention Service in Trafford

Recommendations

1. **To note the contents of the report**
2. **To commend the efforts of Trafford's Infection Prevention and Control team in reducing the risks from infections in Trafford**
3. **To note the ongoing requirement for support and training for care homes and GPs, in order for standards to be maintained**
4. **To consider the support organisations can give on meeting immunisation standards, especially in relation to flu**

Contact person for access to background papers and further information:

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Trafford community Infection Prevention & Control Annual report (April 1st 2018- March 31th 2019)

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Abbreviations

IPC – infection prevention and control
IPCT – Infection prevention and control team
PCFT – Pennine Care Foundation Trust

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 2018-19 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 2018 – March 2019, 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 Enterobactericeae (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

2018-19 MRSA Bacteraemia & Clostridium difficile infection (CDI)

Organism	Objectives	Actual
MRSA Bacteraemia	Zero tolerance	2
CDI Trafford CCG (Trust & none Trust apportioned cases)	64	72
CDI (Trafford none Trust apportioned)	--------	37
E-coli Bacteraemia	5% reduction over previous year 173	183 6% increase

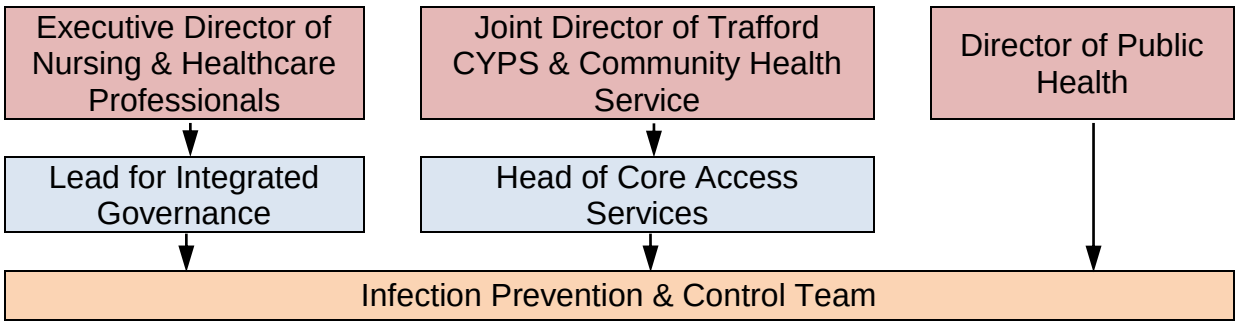
2. INFECTION PREVENTION AND CONTROL ARRANGEMENTS

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 2018 -19



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 2018-19 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 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, Band 8 A 1x 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 NHSTrafford?
- 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 2018-19 training figures.

4.2 Audits and Inspections

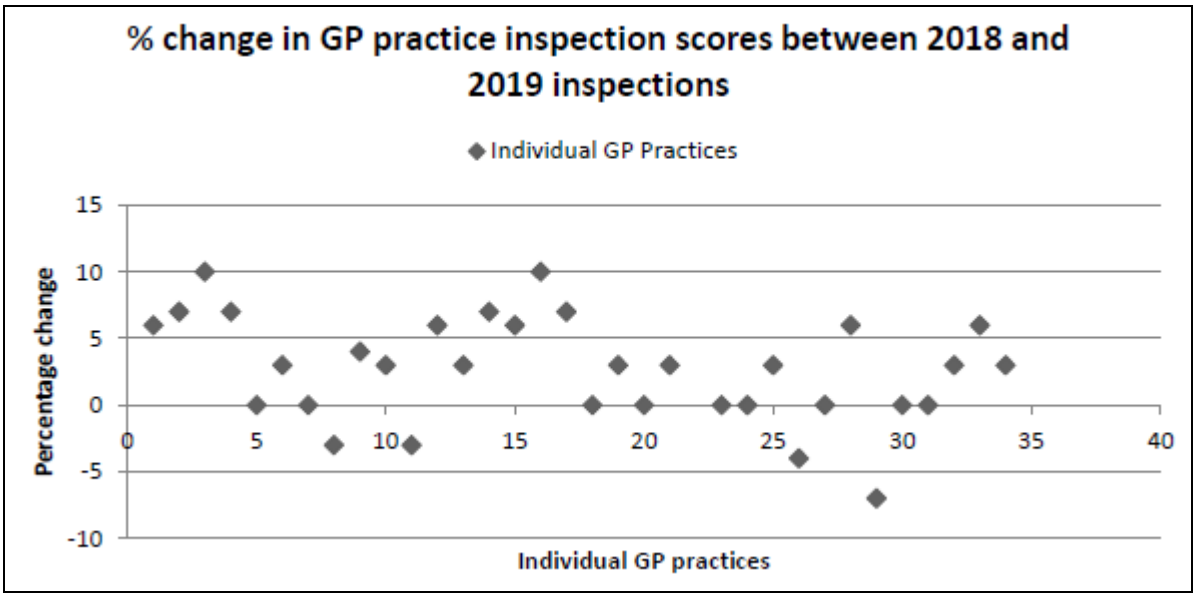
The IPCT endeavors to ensure that audit forms part of the proactive service, and that feedback action plans and re-inspection form part of the process of monitoring and quality assurance.

Health centers/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 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 Centre’s 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. The overall pattern is of improving performance in the Infection Control Team's inspections.



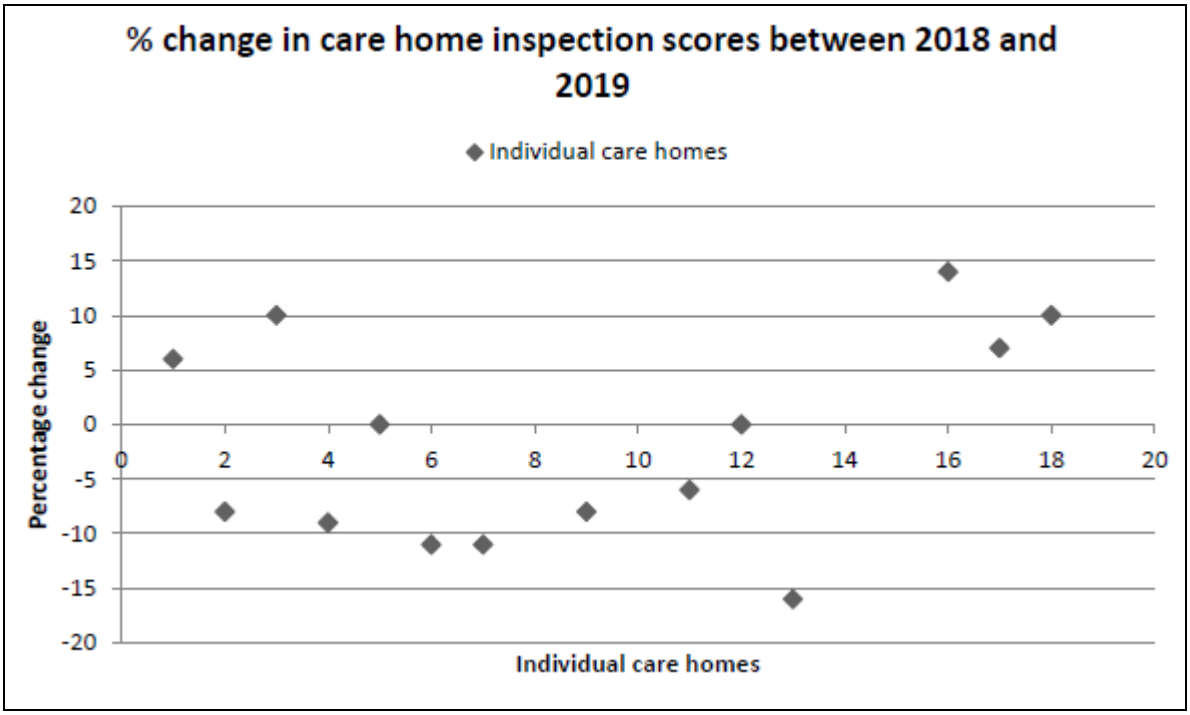
See Appendix D for data

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. This year's data shows a more variable pattern with some homes improving but with standards slipping in a number of cases. We will be looking at the trends and themes within this in order to inform future training.

Delivery of infection prevention and control training and audit to Trafford registered nursing homes 2018-19

- 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



See Appendix E for 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 2018-19

- 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 2017-18	Overall RAG rating	Number of reds out of 8	Date 2018-19	Overall RAG rating	Number of reds out of 8
Data Anonymised	20.4.17		0	**5.4.18**		0
	15.6.17		0	**28.6.18**		1
	18.7.17		0	**3.9.18**		0
	12.4.17		0	**2.5.18**		2
	07.4.17		0	**24.5.18**		0
	23.5.17		1	**9.5.18**		1
	1.8.17		0	**3.10.18**		0
	27.2.18		2	**14.2.19**		1

	21.6.17		0	**20.6.18**		1
	18.4.17		0	**25.4.18**		0
	15.8.17		1	**08.08.18**		1
	14.6.17		0	**11.7.18**		1
	26.4.17		1	**12.4.18**		0
	1.11.17		1		Closed	
	24.8.17		0	**9.10.18**		0
	1.6.17		0	**14.6.18**		0
	6.3.18		0	**5.3.19**		2
	12.2.18		1	**12.2.19**		2
	31.5.17		0	**31.5.18**		0
	4.10.17		0	**7.6.18**		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 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 an annual inspection of the One Stop resources center, 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 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 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.

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 2018-19 overall pass rate was 97-98%, 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.

On world hand hygiene day (5 May), the focus for everyone should be on prevention of sepsis in health care. PCFT infection control teams will be promoting this in our respective areas, engaging with staff and members of the public to emphasize the importance of effective hand hygiene.

4.6 Infection prevention and control initiatives

Before the winter season the training was well attended, and positively evaluated by the delegates.

Infection control service delivered a training and education event to key stakeholders in the care home sector for the management of Outbreaks of D&V and respiratory illnesses. The

5. ACHIEVEMENTS DURING 2018 - 19

5.1 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 2018-19

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. One case indicated lapses in care from the both the care home provider and the hospital in respect the management of a urinary catheter n.

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 2018-19 reporting period 36 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	72
CDI (Trafford none Trust apportioned	None	34

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 2018 - March 2019

Figures indicate that Trafford was 8 cases above its cumulative monthly objective for 2018-19. Previous years have indicated a 50/50 +/- 5% split between hospital and community attributed cases

Analysis of results

- 49% of all cases attributed to Secondary care.
- 51% of all cases attributed to (none Trust) Community

Comment

- Community attributed cases outside objective

CDI	Apr-2018	May-2018	Jun-2018	Jul-2018	Aug-2018	Sep-2018	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Mar-2019	Total
ALL cases on HCAI DCS	5	3	9	5	9	8	4	5	4	12	4	4	72
Community attributed cases on DCS	1	0	3	3	6	4	2	4	4	7	1	2	37
Trust cases	4	3	6	2	3	4	2	1	0	5	3	2	35
Trust cases by Hospital													
MRI & TGH	1	2	4	2	1	3	2	0	0	1	2	1	19
Wythenshawe	3	1	2	0	2	0	0	0	0	3	0	1	12
SRFT	0	0	0	0	0	1	0	0	0	1	0	0	2
Christie	0	0	0	0	0	0	0	1	0	0	1	0	2
Other	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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

Analysis of CDI RCA's April 2018 March 2019

2018-19	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Antibiotics Prescribed	0	1	3	3	3	3	2	2	1	3	1	2	24
PPIs	0	0	3	1	4	2	1	1	1	1	1	0	15
Patient from care home	0	0	0	0	1	0	0	0	0	1	0	0	2
High risk &/or co morbidities	0	1	1	2	4	2	2	2	1	2	1	1	19
Relapse cases	0	0	0	1	0	1	1	1	0	1	0	0	5
RCA's completed	**0**	**1**	**3**	**3**	**7**	**3**	**3**	5	1	3	1	2	32

Please note that the above table includes only cases reported to the IP & C team. There were 3 occassions when requested information was not returned by GP surgeries preventing an RCA from being completed.

CDI Preventative strategy for 2018-19

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

2018-19 MRSA/ MSSA/E Coli bacteraemia/Klebseilla/Pseudomonas

MRSA cases (Community attributed) April 2018-March 2019

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	1	0	0	0	0	0	0	1	0	0	0	2

MRSA cases (hospital attributed) April 2018-March 2019

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*	2*	0	0	0	0	0	0	2*	0	0	1*	7

***All From Wythenshawe hospital**

Total MSSA cases April 2018-March 2019

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	5	5	4	4	4	6	7	4	3	4	4	53

MSSA cases (Community attributed) April 2018-March 2019

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	3	3	4	1	4	4	6	4	2	3	3	38

Total Pseudomonus cases April 2018-March 2019

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	1	1	1	1	1	4	2	4	0	0	17

Pseudomonus cases (community attributed) April 2018-March 2019

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	1	0	0	1	0	1	1	2	1	0	0	7

Total Klebseilla cases April 2018-March 2019

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	4	4	4	2	5	1	1	1	4	3	3	34

Klebseilla cases (community attributed) April 2018-March 2019

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	4	3	4	1	3	0	1	1	2	3	2	26

Total Ecoli cases April 2018-March 2019

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
14	17	17	20	16	14	13	16	15	18	8	16	184

Total Ecoli cases (community attributed) April 2018-March 2019

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
14	16	14	15	14	11	10	14	14	15	6	13	156

The National objective for the reduction in healthcare associated GNBSI by 2023-24 is 25% by 2021-22, based on the 2016/17 year end data.

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 2018-19 there were 152 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 where 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.

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.

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.

2018-19 D&V outbreaks

Name of setting	Number of residents	Dates setting closed	residents presenting with symptoms
Data Anonymised	50	14.6.18 - 21.6.18	9
	23	13.11.18 - 23.11.19	11 (confirmed case Norovirus)
	46	26.1.19 - 28.1.19	4
	42	21.5.18 - 26.5.18	4
	41	23.7.18 – 27.7.18	4
	40	11.3.19 – 25.3.19	9
	33	14.6.18 – 26.6.18	16
	34	28.12.18 – 8.1.19	21
	60	24.9.18 – 3.10.18	8
	36	11.12.18 – 19.12.18	9
	77	20.7.18 – 23.7.18	3
	54	21.2.18 – 27.2.18	4
	79	26.1.19 – 1.2.19	6
	200+	4.2.19	76+
	200+	22.11.18	20+

Specimens were requested and ILOG numbers obtained from all the care home settings however information received from Stakeholders indicates specimens were not being taken

Influenza/Respiratory infections (Data Anomynised)

Name of setting	Number of residents	Dates setting closed	Number of residents presenting with symptoms	Treated with antiviral medication
*	81	24.5.18-14.6.18	10 (4 residents hospitalised) 4 patients tested positive for pneumococcal infection	residents given or offered + prophylactic antibitics for pneumococcal infection
	4	8.2.19-13.2.19	2 (both patients hospitalised)	All residents given or offered
	31	28.1.19-6.2.19	15 (1 resident hospitalised)	All residents given or offered
	21	14.3.19-21.3.19	3	All residents given or offered

* [redacted] **nursing home outbreak**

This was a mixed respiratory outbreak with the largest number of cases found to have pneumococcal infection of a serotype not covered by vaccination. There were 10 cases in total, of which 4 were confirmed *Streptococcus pneumoniae* (*Pneumococcus*), one had *Influenza A* and one had *Rhinovirus*. Nine of the 10 cases were on the ground floor, one was on the first floor and in total six cases were hospitalised. Antiviral and antibiotic prophylaxis was provided and the outbreak was declared closed on 14th June.

The debrief session covered areas of good practice and areas for improvement and resulted in some recommendations, mostly applicable locally but some also for wider application as well.

What went well

The following points were identified through the debrief session:

- All members of the OCT were very keen to work together on the outbreak and all wanted to find solutions.
- Trafford Council having a budget in place for extraordinary events made the response easier as this paid for the Mastercall GP session at the care centre and antibiotic prophylaxis.

The debrief session also highlighted the following areas for improvement:

- The care home GP was unable to prescribe prophylactic antibiotics and an out-of-hours provider was required to conduct a session at the care home, which involved additional planning and funding and led to some delays.
- Stocks of antivirals and antibiotics were not always readily available.
- Pharmacists are unable to prescribe antivirals outside of flu season so arrangements with GPs needed to be made to allow this to happen. For the same reason, prescription of antivirals was also difficult for GPs.
- No patient group directive (PGD) was in place for antibiotics and as pneumococcal outbreaks are rare; a standard PGD may not cover all scenarios.
- There was no plan in place for providing staff and residents with prophylactic antivirals and/or antibiotics in outbreaks out of flu season. Having a pre-arranged clear outline how these should be delivered and by whom would have helped organise this more efficiently.
- There was a query about the swabbing techniques used and whether this was sufficient for pneumococcal disease and influenza. Whilst the technique is unlikely to affect the result of the swab it was agreed that further education on swabbing techniques would be beneficial.
- Many email addresses were not up to date for making contact with key partners and distribution of invitations to/minutes of OCT
- Records for vaccinations need to be kept more accurately by care homes and GPs.
- The care home did not have up to date contact details for all their staff, making distribution of information difficult when not at work.
- There was difficulty getting residents vaccinated and it was felt that patients' own GPs shouldn't be relied upon to provide vaccinations in an outbreak situation. More proactive vaccination could have reduced the need for reactive vaccination, although would not have prevented this specific outbreak.
- Care homes fall into a gap between a health care employer with responsibilities and responsibility lying with employees own GP. Care homes rarely have an occupational health department that can provide vaccinations.
- Isolation was an issue due to many of the patients suffering from dementia, this may be a common occurrence in similar settings.
- A lot of work was done out of hours with little resource and this could have perhaps been better anticipated in normal office hours.

Staff seasonal flu uptake

Pennine care FT (Trafford division) 2017/18 percentage flu uptake as 61%. However, it was not known if this percentage was for frontline staff or for staff overall (we think it was for staff overall). For the current reporting year there was a 61% uptake of patient facing staff in Trafford. A total of 608 vaccines were given across PCFT/Social Care this year compared to 562 last year, with a n increase in uptake from Co-located local authority staff .
Overall uptake across PCFT is 73.46% uptake for all staff groups and that divisions should report their own local data due to tableau inaccuracies.

The Infection control inspections undertaken between Jan-March 2019 for Trafford primary care practices highlighted that an average staff uptake of seasonal flu as over 70%.
Individual practice uptake range between 100% and the lowest > 15%. 4 practices reported uptake as below 70% .

5.6 Emerging organisms

Measles & Mumps

Measles: In the latter half of the reporting year there has been an above average number of cases being reported, with a small numbers becoming lab confirmed. Most cases have been reported from the London area, although across GM, there have been a number of confirmed cases from the Jewish community in Salford, and a small number of cases within the Oldham area. Health protection teams across GM have been updating their local responses to a measles outbreak, and work is on-going by immunisation teams/staff to promote uptake of MMR and identify unvaccinated groups and individuals

Mumps: During the reporting period the number of cases has been above seasonal average on a background of raised notifications across the North West. Cases have been noted from the area in central and south Manchester and the age range is indicative of the student population, Along with measles, health protection teams are promoting uptake of MMR and identifying unvaccinated groups and individuals

UK

Candida Auris

Candida auris (C.auris) is a fungus that, when it enters the bloodstream, can cause dangerous infections that can be life-threatening**.** In April 2015, a hospital patient in London, tested positive for C.auris. Within a week, the patient one bed over contracted it too. A month later, two more people caught it. When hospital workers tested the intensive care unit, they found C. auris growing on the floor, radiators, windowsills, equipment monitors and keypads. Despite thorough cleaning and infection control measures, within 16 months, 50 people were colonized by the fungus, though luckily, none died. In other hospitals, C. auris was transmitted from patient to patient by contaminated temperature probes, blood pressure cuffs and computer keyboards. Worryingly, not only did it stick around in the environment, in many cases, it was hard to treat C. auris is often resistant to antifungal medication. Cases of C.auris have now been reported from other health care settings, and there is a worrying trend that it is becoming established in the UK.

International

Ebola

In the most recent outbreak of Ebola DRC spanning the reporting year, the number of confirmed and probable cases exceeded 1,000 cases . Cases have remained localised to North Kivu and Ituri provinces. As of 31 March, a total of 1,089 confirmed and probable cases have been reported across 21 health zones. Response efforts have been met with strong community resistance and reluctance to participate. An Ebola treatment centre in Butembo was attacked twice, however authorities quickly responded and damage was minimised and a transit centre for suspected cases in Biena health zone was also attacked. In response, WHO requested further support from UN and local police forces for protection. There are growing calls for greater engagement and partnering with communities in order to both respond to their needs and stem the outbreak. Despite the on-going resistance, attitudes towards vaccination and uptake has been good . According to WHO, more than 90% of people eligible for vaccination accepted it and agreed to post-vaccination follow-up visits. Independent analyses

have also shown that the vaccine is protecting at least 95% of those who receive it in a timely manner.

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 Enterobacteriales” is in a late stage of development. From early May 2019, there will be a two week pre-consultation period to a wider network (IPS, HIS, RCN, PHE). A consultation and testing period is planned for May – July.

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 continues to be a core member of the PCFT NEWS and Sepsis Group. This group supports the development, evaluation and implementation for National Early Warning Scores (NEWS)2, NICE (2016) and Sepsis guidelines for children and adult services across PCFT. Throughout 2018-19 the IP&C team promoted World Sepsis Day on 13th September 2018 and sepsis was highlighted and discussed in 2 of our quarterly newsletters. A conference 'Sepsis – A system wide challenge' was attended where implementing NEWS 2 was discussed, along with quality improvement in sepsis awareness and treatment in both the community and inpatient settings was shared. Sepsis continued to be highlighted in 2 of the IP&C quarterly newsletters- particularly sepsis awareness.

The IP & C team supported the World Health Organisation's global SAVE LIVES: Clean Your Hands campaign to improve patient safety and reduce infection with the year's focus on **'Preventing Sepsis in Healthcare'.** Trafford IP&C staff organised a stand at Partington Health Centre on Tuesday 8th May 2018 to highlight the importance of this.

Sepsis awareness continues to be discussed in all presentations to Trafford care homes, domiciliary care agencies and GP surgeries

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 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 2019 to 2020 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 2018-19 has included : CPE's, ESBL's, MRSA, PVL's, E-coli, hand foot and mouth, IGAS,

6. APPENDICES

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.

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

[1] 'The new public health role of local authorities'. Department of Health, October 2012.

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

Deputy Director of 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 2018 The Trafford Health protection forum meet Quarterly, moving to 4 monthly meetings .

Appendix B: Infection prevention and control Training Records – 2018-19

Delivery of Face to face infection control training:

2018-19

Month	RH	PCFT	GDP	GP	PRV NH	others L/A CCG social care	Total
Apr-18	16	20		47		34	117
May-18	67				7		72
Jun-18	44	7					51
Jul-18	8	12		37	73	1	131

Aug-18	10	12	11	18	35	19	105
Sep-18	7						7
Oct-18	41				32	15	88
Nov-18					10		10
Dec-18				13			13
Jan-19		8		13	26	6	53
Feb-19	17			19	35		71
Mar-19				18	29	8	47
Total	210	59	11	165	247	83	783

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	17	31
Total	129	24	8	79	328	178	746

Appendix C: Infection Prevention and Control (IP&C) commissioning Work Plan April 2019- March 2020

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 2019-20 target = (68)
- GNBSI infection reduction over 5 years inc : Ecoli-bacteraemia (CCG quality premium)
- MSSA bacteraemia
- National Antimicrobial Resistance strategy (service to contribute)

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 mandatory reported Health care associated infections

A] MRSA bacteraemia (2019-20 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 2019-20 target = (68)

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 staff & patients 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 in care relating to the management of infections , refer to GP, medicines management team and liaise with acute providers
- Attend post 48 hour CDI validation meeting with Secondary care stakeholders
- Attend Regional HCAI meetings hosted by GM Health and social care partnership

C] Community attributed Gram negative blood stream infections including : E-coli bacteremia, Klebsieilla & Pseudomonas .

- Collect data on community attributed cases reported on the HCAI DCS system
- Follow up community attributed cases from residents of care home settings, requesting completion of a questionnaire/investigation tool.
    - Contribute to Trafford CCG, reduction plan for Gram negatice BSI's
    - Delivery of training & education sessions, raising awareness, opportunities such as health promotion activities, and include as an agenda item at meetings.

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)

- Annual announced inspection and delivery of training for nursing homes, plus ad hoc inspections, following safeguarding reports, incidents & other issues highlighted by : PHE,CQC and/or LA commissioners.
- Advice and support to Nurseries/early learning years settings/ supported living centres (visits at request of commissioners and other key stakeholders)
- Development of IP&C link worker role for care home providers, and newsletter..

4. Outbreak management support, advice and guidance for

A] Care homes and supported living centers

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
- Delivery of annual education session for outbreak management in care home settings

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

- Pennine care FT community provider services
- Care homes (38)
- General medical practices (32)
- Local authority employed health care provider staff
- Local authority commissioned home care providers and voluntary sector
- Nursery and early learning year settings (on request) >100 settings

6. Delivery of support and advice to Primary care medical Practices in Trafford CCG (total 32).

- Training, delivered to Practice staff at quarterly GP Education forum events, and individual requests from practices at their place of work .
- Annual inspection of infection prevention and control standards
- Infection control Support/advice pertaining to new premises upgrades/improvements to existing estates

7. Delivery of support and advice to General Dental Practices within Trafford HE, (32 providing NHS services) 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:

- Community/Acute provider IP&C committees (when invited)
- Care home SIP meetings
- CCG Quality and performance meetings
  - GM confederation/collaborative partnership (including participation in work-streams)
  - Attend/participate in 4 monthly Health Protection Forum meetings and Quarterly HERG meetings , to include the
  - Attend CCG Performance group meetings

9. **Deliver support advice to intermediate care and assessment unit managed by Trafford Council ,** this includes a biannual Audit/inspection

10. Deliver support and advice to special schools n This includes a 2 yearly inspection and delivery of training to staff every two yers

11. Health and social care act (2008), code of practice for the prevention & control of infections and associated guidance
Provision of support and preparation to all community stake holders for CQC visits

11. **Participation in local health promotion activities** applicable to Public Health/infection Control and national and international awareness campaigns :

12. **Provide updates reports for health protection forum meetings and Produce a service annual Report.**

13. **Contribute to the review process of new/updated national guidance including NICE and NHS improvement**

14. **Future service development** including: accession planning (retirement of Lead nurse) and assimilation with MFT, and review of resources.
    - Hand over/ take over during 6 month fixed contract ‘retire and return’
    - Development of service redesign
    - Identify gaps in service provision, resources/knowledge/leadership

Appendix D: GP Practice Inspection results 2018-19

Name	Date of inspection 2018	(% Score) 2018	Date of inspection 2019	(% Score) 2019
Data Anonymised	17.1.18	84%	28.2.19	90%
	18.1.18	87%	7.3.19	94%
	1.2.18	90%	5.2.19	100%
	17.1.18	87%	28.2.19	94%
	27.2.18	97%	26.2.19	97%
	8.2.18	94%	6.2.19	97%
	27.2.18	100%	26.2.19	100%
	8.2.18	97%	7.2.19	94%
	16.1.18	90%	18.1.19	94%
	6.2.18	84%	7.2.19	87%
	17.1.18	90%	12.3.19	87%
	6.2.18	84%	7.2.19	90%
	13.2.18	97%	16.1.19	100%
	1.2.18	90%	5.2.19	97%
	7.2.18	94%	15.1.19	100%
	6.2.18	87%	7.2.19	97%
	1.2.18	90%	5.2.19	97%
	7.2.18	87%	15.1.19	87%
	8.2.18	97%	13.3.19	100%
	16.1.18	94%	18.1.19	94%
	16.1.18	94%	18.1.19	97%
	18.1.18	87%	7.3.19	noaccess
	18.1.18	87%	7.3.19	87%
	13.2.18	97%	15.1.19	97%
	9.1.18	87%	21.3.19	90%
	7.2.18	94%	16.1.19	90%
	17.1.18	94%	28.2.19	94%
	8.2.18	84%	6.2.19	90%
	27.3.18	94%	16.1.19	87%
	7.2.18	87%	15.1.19	87%
	26.2.18	87%	6.3.19	87%
	12.1.18	87%	28.2.19	90%
	1.2.18	94%	27.2.19	100%
	7.2.18	87%	15.1.19	90%

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

Training venue	Visit Date	2017-18	Visit date	2018-19
Data Anonymised	12.06.17	**60%**	05.7.18	**74%**
	28.02.18	**95%**	19.2.19	**87%**
	08.11.17	**70%**	08.11.18	**80%**
	10.01.18	**85%**	03.1.19	**74%**
	02.08.17	**90%**	18.7.18	**90%**
	26.06.17	**85%**	24.7.18	**74%**
	11.01.18	**95%**	10.1.19	**84%**
	06.02.18	**65%**	20.3.19	
	9.4.18	**95%**	6.3.19	**87%**
	11.04.17	**70%**	Closed	
	19.07.17	**80%**	02.8.18	**74%**
	14.02.18	**90%**	27.2.19	**90%**
	27.07.17	**100%**	26.7.18	**84%**
	03.01.18	**50%**	Closed	
	20.07.17	**70%**	Closed	
	20.09.17	**60%**	28.8.18	**74%**
	27.06.17	**80%**	17.7.18	**87%**
	15.11.17	**90%**	25.10.18	**100%**