NHS Hull CCG
&
NHS East Riding of Yorkshire CCG

Infection Prevention & Control

Annual Report

April 2018 – March 2019

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Contents **Page Number**

Appendices

Key to Abbreviations

BSI	Blood Stream Infection
CCG	Clinical Commissioning Group
C *diff*	Clostridium Difficile
CDI	Clostridium Difficile Infection
CHCP	City Health Care Partnership CIC
CQG	Care Quality Commission
CSSD	Central Sterile Services Department
DIPC	Director of Infection Prevention and Control
ERY	East Riding of Yorkshire
E.coli	Escherichia coli
ED	Emergency Department
GP	General Practice
HCAI	Health Care Associated Infections

HEY	Hull and East Yorkshire Hospitals NHS Trust
HUTH	Hull University Teaching Hospitals NHS Trust
HUTH QDG	Hull University Teaching Hospitals Quality Development Group
ICAT	Infection Control Audit Tool
ICC	Infection Control Committee
Igas	Invasive Group A Streptococcal Infections
ICAT	
IPC	Infection Prevention & Control
IPCT	Infection Prevention & Control Team
MRSA BSI	Meticillin-Resistant Staphylococcus Aureus Blood Stream Infection
NLAG	Northern Lincolnshire and Goole NHS Foundation Trust
NHS	National Health Service
NHSI	NHS Improvement
NICE	National Institute for Clinical Excellence
PVL	Panton Valentine Leukocidin
PIR	Post Infection review
PHE	Public Health England
RCA	Root Cause Analysis
SIGN	Scottish Intercollegiate Guidelines Network
SLT	Senior Leadership Team
STP	Sustainability Transformation Partnership
UTI	Urinary Tract Infection
YFT	York Foundation NHS Trust

1. Purpose of the Paper

The purpose of this report is to provide assurance to the Quality and Performance Committee for NHS Hull Clinical Commissioning Group (Hull CCG) and SLT Quality, Risk and Information Governance and The Quality, Performance and Finance Committee NHS East Riding of Yorkshire Clinical Commissioning Group (ERY CCG) that infection prevention and control arrangements are in place and making continued progress in reducing the risk of Health Care Associated Infection (HCAI). The report highlights the main developments in the management of infection prevention and control activity for the period April 2018 to March 2019.

2. Background

The susceptibility of people in hospital along with the use of invasive procedures creates the potential for infection in hospital, but it is important to understand that micro-organisms exist naturally in the community and population as a whole therefore the management of infection is a whole health economy issue. As more invasive procedures and devices are utilised in community settings it is essential that the risks are recognised across the whole health economy and this strategy sets out to address infection prevention in this wider setting.

The Clinical Commissioning Groups (CCGs) as the local healthcare commissioners take the responsibility for working across organisational boundaries and taking a whole health economy view to ensuring that the delivery of infection prevention and control is prioritised. The CCGs ensure that provider organisations of commissioned services have appropriately trained and educated staff in place and that the principles of infection prevention and control are embedded within the organisations. The CCGs also ensure that patient education is available and that individual patient needs are considered.

The CCGs are committed to reducing HCAI and recognise that the prevention of infection is fundamental to the safety and quality of care delivered to patients and remains a key priority for the NHS. As the epidemiology of many HCAI cases becomes more complex and as the threat of antimicrobial resistance increases, it is essential that we build on the progress made to date and work to identify new ways to improve practice and prevent harm to patients.

An action plan is in place to monitor and review progress with reducing incidents of HCAI across the Hull and ERY boundaries. The actions associated with the plans have assigned leads and timescales. Progress against the plan including the position against the objectives is monitored via the Hull and ERY CCGs Infection Prevention & Control Group and the HEY Quality and Delivery Group. Quarterly reports are submitted to the Quality and Performance Committee NHS Hull CCG and SLT Quality, Risk and Information Governance NHS ERY CCG.

The report and action plans are based on and address the requirements identified in the following documents:

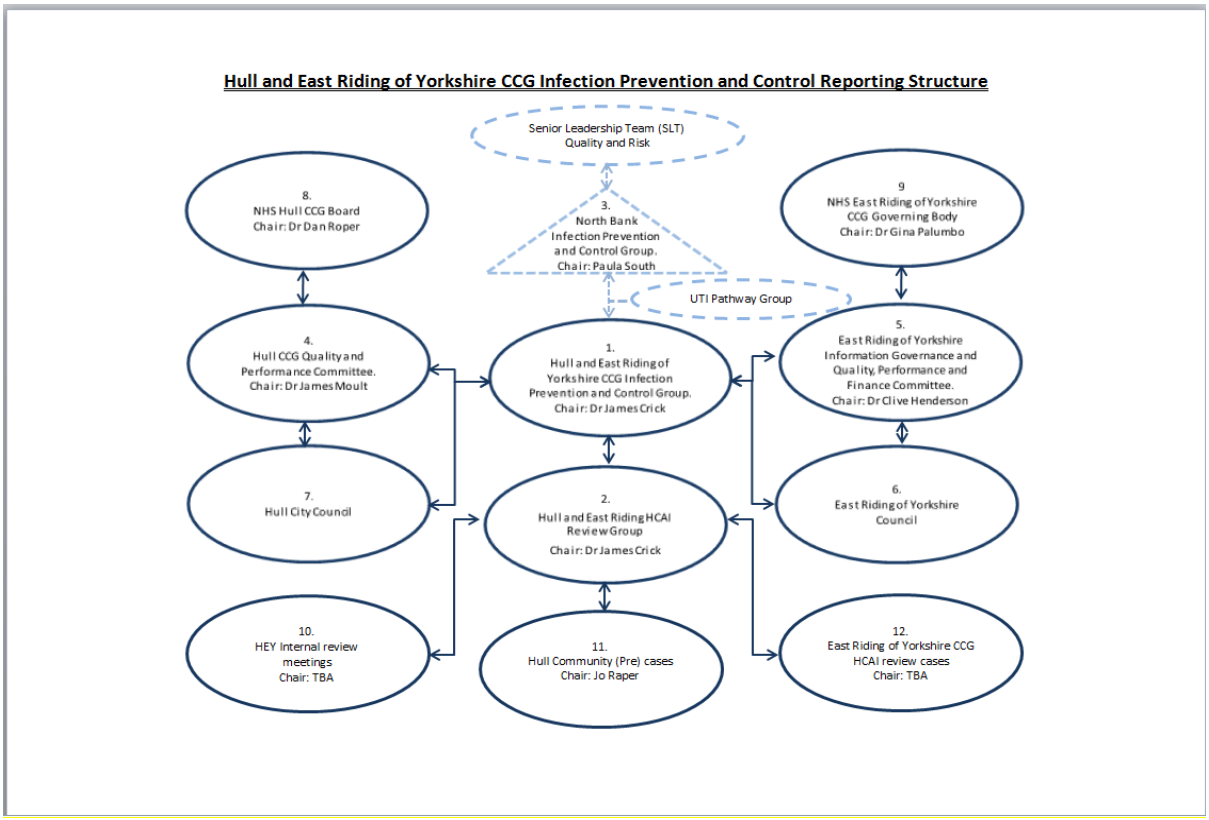
- Reducing Gram Negative Bloodstream Infections (GNBSIs) and inappropriate antibiotic prescribing in at risk groups 2017/19

- Infection Prevention and Control Commissioning Toolkit: Guidance and information for nursing and commissioning staff in England , RCN (January 2016)

- Department of Health (2015) The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance

3. Responsibilities

The diagram below shows the lines of accountability for the reporting and monitoring of infection prevention and control from April 2018 to January 2019. Appendix 1 describes the roles and responsibilities for infection prevention and control.



A review of the meeting structures and roles and responsibilities was undertaken at the end of 2018 and the changes to the lines of accountability for the reporting and monitoring of infection prevention and control was agreed. This decision was made to ensure the CCG's and local authorities across Hull and East Riding have a meeting structure in place which is fit for purpose moving forward. It was recognised that the current structure needed to be strengthened and broadened to develop the current collaborative approach across organisations.

Infection Prevention & Control Team

Infection Prevention & Control Lead Nurse is commissioned by Hull and ERY CCGs to provide strategic leadership and to give assurance to the CCGs of their commissioned providers' current performance against the latest national guidance for the reduction and prevention of HCAI. This post is hosted by NHS ERY CCG and provides support across the four north bank CCGs within the Humber Coast and Vale Health Economy. This post is key to developing IPC strategies and collaborative working across the Humber Coast and Vale Health and Care Partnership.

CHCP Infection Prevention & Control Team is commissioned to provide advice and support to primary care for Hull CCG. The team provide support and advice to patients for disease specific conditions. They undertake RCA's for IPC related incidences and audits to provide assurance of compliance against national standards. The team deliver training across health and social care which supports the development IPC knowledge.

ERY CCG Infection Prevention & Control Team is a directly employed team who provide IPC advice and support to primary care and residential and nursing care homes. The team investigate and undertake RCAs for IPC related incidents and provide patient specific advice.

Advice and support to patients for disease specific conditions is provided by the team. The team undertake audits across health and social care to provide assurance with national standards and best practice.

4 . Summary of Achievements for 2018/2019

The Infection Prevention and Control Team continues to maintain a focus on reducing Health Care Associated Infections (HCAIs) by providing specialist advice and support to all Hull and ERY CCG commissioned services in order to ensure IPC standards are met and the risk of cross infection is reduced. Over the last year the CCGs have successfully undertaken and completed a number of work streams as part of the collaborative initiatives across the whole health economy as follows:

1. Escherichia coli - as part of the E.coli reduction plan HUTH were approached to be part of the first NHSI UTI collaborative work due to them being in the top thirty of NHS Trust in the country based on total number of E.coli BSI cases reported. The IPC team played an integral role to facilitate this work.
2. Urinary Tract Infection (UTI) - as above the CCGs in conjunction with HUTH took part in the NHSI UTI Collaborative during 2018. The purpose of this was to undertake small improvement programme to improve outcomes for patients. This work looked at updating the Catheter Passport used by providers in order to raise the passports profile across the health economy. HUTH undertook a review of their IPC bundle and instigated the catheter daily challenge in a small number of wards.
3. Nutrition and Hydration – the Nutrition and Hydration project has become main stream in 30 Care Homes within Hull CCG. In March 2019 seven care homes went live with the Urinary Tract Infections and Hydration project in NHS ERY CCG. The project will be rolled out to further homes during 2019/20.
4. The Infection Prevention Society Audit Tool (IPSAT) – an audit was undertaken in minor surgeries throughout 2018/19 using the IPSAT which has now been adapted for use within the GP practices. This audit tool reflects best practice and national guidance. This is mirrored by CHCP using a similar audit tool called the Infection Control Audit Tool (ICAT).

5. Surveillance

MRSA Bacteraemia (MRSA BSI)

From April 2018 the mandatory reporting of MRSA BSI has continued as before but the post-infection review (PIR) process has changed. Post-infection reviews will become a local process. Only organisations above a certain MRSA BSI threshold rate will be required to be reported in line with the 14 day turn around. This is to ensure they continue to drive improvement and recognise lessons learnt.

York Foundation Trust meet the threshold for organisations required to continue with the PIR process and will continue to report in line with the 14 day turn around.

Hull CCG and ERY CCG have agreed local reporting arrangements with commissioned services that are below the MRSA BSI threshold to take the PIR process forward to ensure organisations continue to learn and share lessons learnt. A four week turn around has been agreed from notification to agreement on the outcome of cases.

Both NHS Hull CCG and NHS ERY CCG have seen the same number of MRSA BSI cases in 2018/19 to those reported in 2017/18 as demonstrated in table 1.

Hull Teaching University Hospitals NHS Trust (HUTH) and York Teaching Hospital NHS Foundation Trust (YFT) have reported an increase in MRSA BSI cases. Northern Lincolnshire and Goole NHS Foundation Trust (NLAG) have reported no cases of MRSA BSI via the national reporting system as demonstrated in table 1

MRSA BSI															
	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	Position 18-19	Objective 18-19	Position 17-18
Hull CCG Attributable Cases (All)	0	0	0	0	0	0	1	0	0	1	0	0	2	0	2
ERY CCG Attributable Cases (All)	0	0	0	0	0	0	0	1	2	0	1	1	5	0	5
HUTH Attributable Cases (All)	0	0	0	0	0	0	1	1	0	1	0	0	3	0	1
NLAG Attributable Cases (All)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
York Attributable Cases (All)	1	0	1	0	1	0	0	0	1	0	0	0	4	0	3

Table 1

Please note that the ERY CCG attributed March 2019 case is under appeal as this case should have been attributed to York CCG.

NHS Hull CCG Case Details

Case 1 October 18- is a secondary care attributed case please see HUTH case 1 for information

Case 2 January 18- is secondary care attributed case please see HUTH case 3 for information

NHS ERY CCG Case Details

A total of Five MRSA BSI cases have been apportioned to ERY CCG from both primary and secondary care. The case attributed in March 2019 is a York CCG patient. Re-allocation of this case to York CCG is currently being pursued

A brief summary of each of the cases follows

Case 1 November 18- is a secondary care attributed case please see HUTH case 2 for information.

Case 2 December 18- is a primary care case who was previously known to be MRSA positive. The patient attended ED with bruises and wounds which were a number of days old. They were noted to be infected at the time of presentation in ED and the source of the MRSA BSI. The review group determined this was an unavoidable case.

Case 3 December 18- has been attributed to primary care however the patient had a number of interventions undertaken in secondary care one to three days prior to the MRSA BSI episode. The patient was under the care of the urologist. The multidisciplinary PIR meeting agreed that this was a secondary care apportioned case and an unavoidable case.

Case 4 February 19- is a primary care case. The source of the MRSA BSI is likely to be related to the nephrostomy tube/ urinary tract. The case has been reviewed via the PIR process and declared as an avoidable case due to a number of issues in both primary and secondary care. These include incomplete decolonisation prior to and during invasive procedures, failure to follow up screening results, and issues relating to the dressing of the

nephrostomy site. A comprehensive action plan is to be put in place and monitored via the Hull and ERY HCAI review group.

Case 5 March 19- is a primary care attributed case which has been allocated to ERYCCG but is a York CCG registered patient. This allocation is currently being appealed by the CCG.

HUTH Cases

Case 1 October 18- Is a Hull CCG patient who had surgery for the reversal of a colostomy. The surgery was complex due to the patient having a fragile bowel. Following the outcome of the PIR it was determined by the multidisciplinary review group this was an unavoidable case.

Case 2 November 18- Is an ERY CCG patient with a complex medical history. The patient required an aortic aneurysm repair and suffered post-operative complications requiring further surgical intervention. Following the PIR it was determined by the multidisciplinary review group this was an avoidable case.

Case 3 January 19- Is a Hull CCG patient who was admitted with chest pain. The patient had a history of cardiac disease. Following a Transoesophageal Echocardiogram it was identified that the patient had endocarditis. The PIR multi-disciplinary review group agreed this was an unavoidable case.

York Foundation Trust (YFT)

YFT have reported 4 cases of MRSA BSI and these have been investigated following the PIR process. The patients involved were not Hull or ERY CCG patients.

NLAG

NLAG have reported no cases of MRSA BSI during 2018/19.

Summary

The MRSA BSI cases reported via the national reporting system have mainly been patients who have had complex health needs. No themes or trends have been identified across the cases however individual learning has been identified and actions put in place. Updates on these actions will be monitored via the Hull and ERY CCG IPC Group.

Clostridium difficile

Clostridium Difficile Infections															
	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	Position 18-19	Objective 18-19	Position 17-18
Hull CCG Attributable Cases (All)	3	5	6	5	1	8	5	9	1	5	0	3	51		50
Hull CCG Objective (Stretch Target)	5	4	5	6	5	6	6	4	1	4	4	5		55	
ERY CCG Attributable Cases (All)	10	6	7	8	5	4	7	5	3	6	4	6	71		56
ERY CCG Objective (Stretch Target)	6	4	7	8	6	7	5	5	5	5	5	3		66	

Table 2

Both NHS Hull CCG and NHS ERY CCG agreed a stretch target for 2018/19 for C diff. NHS Hull CCG has ended the year 4 cases under their stretch target. NHS ERY CCG have exceeded their stretch target by 5 cases but have ended the year under the objective set by NHS Improvement as demonstrated in table 2 above. Figure one and two below demonstrate the number of C *diff* cases attributable to each CCG over the past three years.

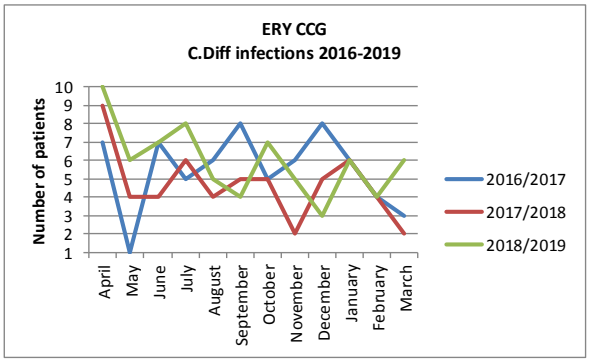


Fig1

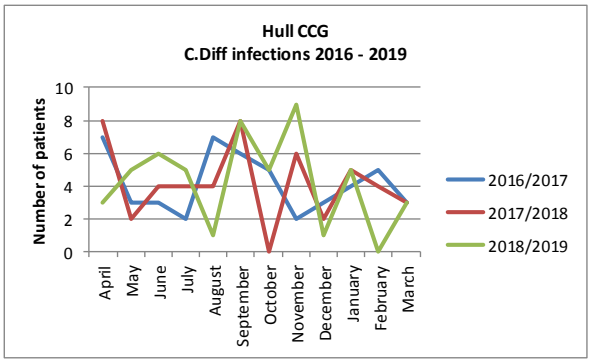


Fig 2

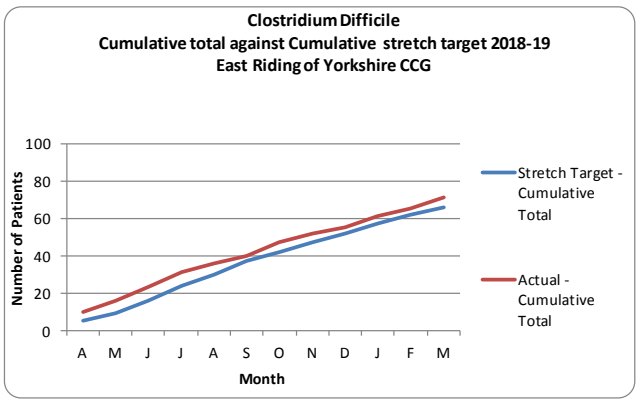


Fig 3

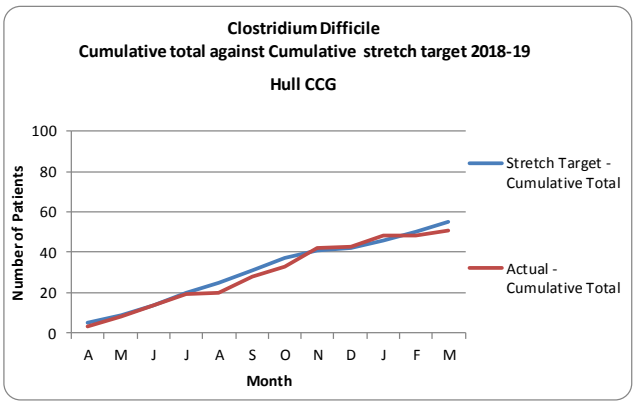


Fig 4

Figures 3 and 4 above demonstrate the CCG cumulative total for 2018/19 against the actual total number of cases attributed to each CCG. This is the 4th consecutive year the CCG's have ended the year under the objective set by NHS Improvement.

Each toxin positive case of C diff has had a root cause analysis undertaken. The information gathered is reviewed by a multidisciplinary team. The information obtained during the RCA process is utilised to formulate a decision using the categorisation from the national guidance. As described below.

Categorisation	Rationale
Lapse in Care contributing to Clostridium *difficile*	Would be indicated where a clear link between the case of C *diff* diagnosis and non-compliance with guidance, policy and protocol has been identified i.e. deemed to be preventable.
Lapse in Care NOT contributing to Clostridium *difficile*	Would be indicated where a lapse in adherence to policy, protocols or guidance has not contributed to the case of C *diff*
No Lapse in Care	Would be indicated where no lapse in care is identified i.e. not deemed to be a preventable case.

NHS Hull CCG

NHS Hull CCG have ended the year under their stretch target of 55 cases. Of these 34 cases were identified as being community attributable (identified within 72 hours of admission to hospital or from a community generated sample). No lapse in care has been identified in 30 of the community attributed cases. 3 cases has been identified as 'lapse in care' due to antibiotic prescribing not being in line with prescribing guidelines. 2 cases are awaiting a decision.

The number of relapses has decreased in 2018/19 to seven patients accounting for 15 cases of C *diff.* One of the seven patients had two relapses. One patient had previous episodes of C *diff* which occurred in the previous year.

NHS ERY CCG

During 2018/19 the number of C *diff* cases attributed to NHS ERY CCG has increased from 56 cases in 2017/18 to 71 cases. 53 of these cases were identified as community attributable. Five patients accounted for 10 cases of C *diff* this is a decrease in the number of relapses based on 2017/18. Seven cases have been identified as "lapse in care" due to antibiotic prescribing not being in line with prescribing guidelines. Three cases are awaiting a decision.

Secondary Care

Clostridium Difficile Infections															
	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	Position 18-19	Objective 18-19	Position 17-18
HUTH Attributable Cases (All)	2	1	3	7	3	3	2	4	1	3	0	3	32		38
HUTH Objective (stretch Target)	5	5	3	4	4	5	5	3	1	4	4	3		45	
NLAG Attributable Cases (All)	2	2	1	2	2	4	1	1	2	0	1	1	19		37
NLaG Objective	2	1	2	2	1	1	2	2	2	2	2	1		20	
YFT Attributable Cases (All)	4	7	6	3	4	1	0	3	2	2	3	6	41		45
YFT Objective	4	4	4	3	4	4	4	4	4	4	4	4		47	

Table 3

HUTH

HUTH agreed a stretch target with NHS Hull CCG and NHS ERY CCG. HUTH's stretch target was agreed as 45 cases. HUTH ended the year 13 cases under their stretch target. Four lapses in care have been identified following the RCA process. In all four cases antibiotic prescribing was not in line with guidance was identified. In one case the organism was resistant to the chosen antibiotic.

YFT

YFT have seen a decrease in the number of cases attributed to the trust in 2018/19 ending the year under objective. Twelve cases have been identified as lapse in care due to antibiotic prescribing not in line with guidance, cleaning and fabric of the ward which related to a potential cluster. Seven cases are awaiting a decision.

NLAG have ended the year one case under objective. This is a significant decrease in cases from 2017/18. Five lapses in care have been identified in the cases reviewed; anti-microbial therapy compliance was identified as the reason for the lapses. One case is awaiting review. Work is ongoing with NLAG to understand the reason for the increase in cases for a second year

Summary

Individual feedback to GP practices relating to cases of C diff involving their patients has continued throughout this reporting period. The aim of which is to close the feedback loop and enable learning points and examples of good practice to be shared more individually with primary care teams.

The C *diff* card continues to be received by all new toxin positive and carriers of C *diff* across the Hull and ERY boundary. As part of the process patients receive a phone call at nine days or post discharge from hospital to ensure they have no further symptoms and to offer advice and support. Table 4 below shows the number of C diff cards issued per CCG broken down by Quarter.

No of C.diff cards issued for Toxin positive patients		
Quarter	Hull CCG	ERY CCG
Q 1	11	20
Q 2	11	12
Q 3	11	10
Q 4	6	12
Total	39	54

Table 4

The reasons for cards not been issued are the patient has been positive in the previous 12 months or has passed away

Antibiotic prescribing continues to be a feature in those cases agreed as a lapse in care however both CCGs have seen a decrease in the number of cases declared as “lapses in care” and this maybe as a result of overall reduction in antibiotic prescribing.

Escherichia coli Blood Stream Infections (E.coli BSI)

E coli BSI															
	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	Position 18-19	Objective 18-19	Position 17-18
Hull CCG Attributable Cases (All)	23	18	23	24	20	25	15	19	22	18	21	28	256		237
Objective	13	20	15	18	23	20	22	21	15	15	16	11		209	
ERY CCG Attributable Cases (All)	19	20	23	40	26	25	22	23	19	28	28	32	305		295
Objective	16	21	18	26	23	19	18	18	20	16	20	20		237	
HUTH Attributable Cases (All)	7	11	11	12	12	5	4	8	10	7	9	16	112		112
NLAG Attributable Cases (All)	8	7	3	4	5	3	5	1	7	2	5	1	51		29
York Attributable Cases (All)	4	1	4	4	8	7	7	9	9	6	5	8	72		81

Table 5

From April 2017 a CCG objective for the reduction of Gram Negative BSI has been in place which required a 10% reduction in cases based on the number of cases from January 2016 to December 2016. Both CCG’s have exceeded their objective. Figures 5 & 6 below show the objective each month against the actual number of cases reported.

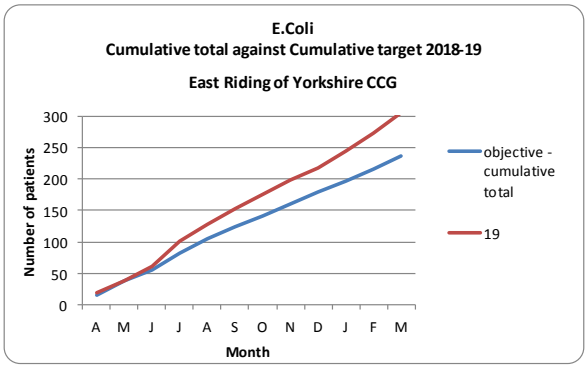


Fig 5

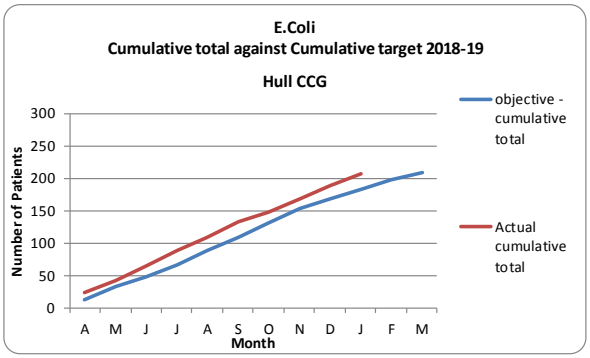


Fig 6

NHS Hull CCG

NHS Hull CCG ended the year 47 cases over objective. 206 pre cases were reported for 2018/19; this is an increase in the number of pre cases by 21. The number of post cases reported decreased by 2.

NHS ERY CCG

NHS ERY CCG ended the year 68 cases over objective. 246 pre cases were reported for 2018/19; this is an increase in the number of pre cases by 16. The number of post cases decreased by 6.

Secondary Care

YFT

YFT have reported a decrease in the number of E.coli BSI cases as those reported for 2017/18.

HUTH

HUTH have reported the same number of cases as those reported in 2017/18

NLAG

NLAG have reported an increase in the number of cases attributed to the trust.

Summary

Each organisation has been undertaking reviews of cases of E.coli BSI. It was agreed in April 2018 that each organisation would undertake a review of cases in line with the requirements of the Quality Premium requirements; 100% of all E *coli* BSI cases in Q2 and 50% of all E *coli* BSI cases in Q3 to be reviewed. This data will be used to identify local healthcare associated risk factors that inform local intervention strategy.

Work continues across the health and social care economy with the aim of delivering the 10% reduction in E.coli BSI cases.

The CCGs in conjunction with HUTH took part in the NHSI UTI Collaborative during 2018. The purpose of this was to undertake small improvement programmes to improve outcomes for patients. This work looked at updating the Catheter Passport used by providers and to raise the passports profile across the health economy. HUTH undertook a review of the IPC bundle and instigated the catheter daily challenge in a small number of wards

Klebsiella BSI

Klebsiella BSI reporting was commenced in April 2017 as per PHE requirements, NHS Hull CCG have reported 54 attributed cases and NHS ERY CCG has reported 74 cases at the end of Quarter 4 2018/19. Both CCGs have seen an increase in cases during 2018/19 from the previous year. Klebsiella BSI forms part of the Gram negative BSI agenda.

Pseudomonas

Pseudomonas aeruginosa BSI reporting commenced in April 2017 as per PHE requirements, NHS Hull CCG have reported 22 attributed cases and NHS ERY CCG have reported 23 cases at the end of Quarter 4 2018/19. Both CCGs have seen a decrease in the number of cases reported during 2018/19. Pseudomonas aeruginosa BSI forms part of the Gram negative BSI agenda.

MSSA BSI

MSSA BSI															
	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	Position 18-19	Objective 18-19	Position 17-18
Hull CCG Attributable Cases (All)	8	10	15	10	7	10	7	10	9	11	11	6	114		69
ERY CCG Attributable Cases (All)	2	8	8	5	7	3	9	6	10	6	10	5	79		78
HEY Attributable Cases (All)	5	6	6	8	4	4	2	5	5	5	6	3	59		36
NLAG Attributable Cases (All)	0	1	0	2	0	2	1	2	0	2	1	1	12		19
York Attributable Cases (All)	2	0	2	8	1	3	1	6	2	3	1	2	31		38

Table 6

CCG

MSSA BSI continues to be reported as per PHE requirements, both CCGs have seen an increase in the number of cases reported as demonstrated in table 5. Hull CCG has seen an increase of 45 cases and ERY CCG has seen an increase of 1 case based on the end of year 2018/19 compared to 2017/18.

Secondary Care

NLAG and YFT

NLAG and YFT have both seen a reduction in the number of MSSA BSI cases attributed to the trusts. NLAG have seen a decrease by 7 cases and YFT has seen a decrease of 7 cases.

HUTH

HUTH have reported an increase of 23 cases in the number of MSSA BSI cases attributed to the trust.

Summary

MSSA Cases continue to be monitored as part of the national reporting system with the aim of identifying any avoidable infections, themes and trends. The increase in cases in NHS Hull CCG and HUTH during the summer of 2018, Commissioners requested HUTH to review the number MSSA cases which had have been related in part to a number of Intravenous

drug users admitted with abscesses and identified as having a dual infection of MSSA and Invasive group A streptococcal disease. HUTH have recognised a potential issue with the management of intravenous device. HUTH have had an indepth line review of device management in high risk areas, for example ED, AAU, ICU and H7.Initial feedback highlighted that more doctors are inserting cannulas. It also observed that the optimum level of time for hub cleaning and skin preparation may not be taken to an optimal level of time.

6. National CQUIN

There has been a national CQUIN that acute hospital trusts having been working to achieve in 2018/19, this is broken down into two parts;

a) The timely identification of patients with sepsis in emergency departments and acute inpatient settings. - This relates to the use of the NEWS2 tool on all patients to screen patients.

b) The timely treatment of sepsis in emergency departments and acute inpatient settings. - This relates to the % of patients who are found to have sepsis and receive IV antibiotics within 1 hour.

The percentage required to completely achieve is 90%, a partial achievement could be made it the trust scored between 50-90%

The following table show how the local acute Trusts have performed over the last year 18/19, data for Q4 has not yet been published.

Trust	CQUIN	Q1	Q2	Q3	Q4
Hull University Hospital Trust	a	Partial	Partial	Partial	Data not available
	b	Partial	Partial	Partial	Data not available
Northern Lincolnshire and Goole Hospital Trust	a	Partial	Partial	Partial	Data not available
	b	Partial	Partial	Fully	Data not available
York Foundation Trust	a	Partial	Partial	Fully	Data not available
	b	Partial	partial	Partial	Data not available

Table 7

Both CCGs have provide SEPSIS and NEWS training to practice staff via protected time for learning events

7. Panton Valentine Leukocidin (PVL)

The Infection Prevention & Control Teams across Hull and East Riding have continued to work closely with GP practices to provide advice and support in relation to PVL cases including the co-ordination of treatment.

Between the 1st April 2018 and 31st March 2019 the Infection Prevention & Control Teams across Hull and ERY CCG's investigated a number of PVL cases.

Hull CCG Cases

No Hull CCG PVL cases have been reported during 2018/19.

ERY CCG Cases

In May 2018 one case of MRSA PVL was identified from a positive nasal swab taken in February 2018 as an emergency pre procedure screen. The patient had been previously MRSA PVL positive in a nasal swab in 2015. The delay was due to the laboratory not sending the

sample for PVL testing in a timely manner. The close contacts of this patient were assessed and did not require screening or treating. The patient received a course of decolonisation treatment.

8. Infection Control Advice and Support

The Infection Prevention and Control Teams across Hull and ERY CCG areas continue to provide advice and support to all staff groups. On behalf of Hull CCG the Team advised and gave information for a total of 24 requests for advice in primary care and 40 requests for specific patient related advice. On behalf of ERY CCG the Team have given general advice for a total of 50 requests and provided specific infection control advice for a total of 30 requests. The Team works closely with other infection control professionals including Public Health England and Microbiology support across the local health economy to ensure advice given is agreed best practice and facilitates the development of local processes to inform practice.

9. Infection Control Audit

Hull CCG

In April 2014 a programme of Infection Control Audits commenced for those General Practices undertaking minor surgery on behalf of other practices within the NHS Hull CCG boundary. After completion of the audit each practice receives a copy of the audit highlighting areas of compliance and non-compliance which is linked to both legislation and best practice guidance. The practice also receives an action plan for areas of non-compliance which incorporates timescales. Ten practices have been audited in 2018/19

The ICAT audit tool assesses ten different elements with a strong focus on the governance and documentary evidence. The compliance level for each of the standards is based on the score achieved. The compliance levels are:

Minimal compliance 75% or less

Partial compliance 76-84%

Compliant 85% +

All practices are expected to achieve 85% on each element. For those practices not achieving 85% a re-audit is undertaken within a three month period to provide assurance that progress is being made against the action plan. Where the practice fails to meet the required standard escalation is via the Deputy Director of Quality and Clinical Governance / Lead Nurse and the contracting team.

Figure 7 below shows the overall score per practice for the minor surgery audits undertaken. All the practices audited achieved overall compliance of 85% or above.

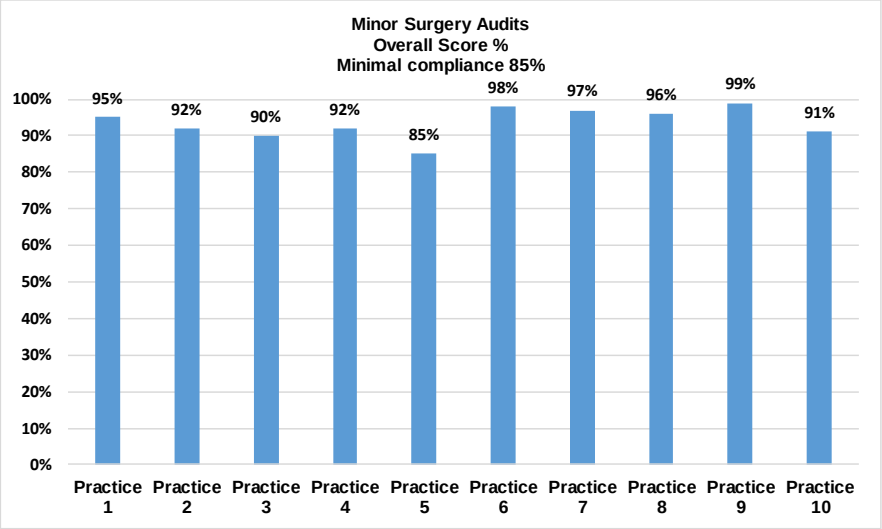
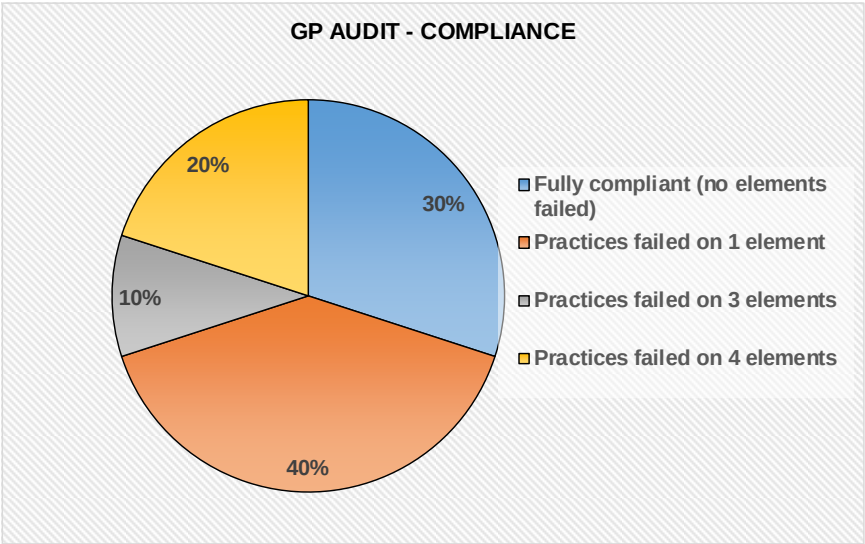


Figure 7

The pie chart below shows the percentage of practices who have failed elements and how many elements they have failed.



30% of practices achieved compliance on all elements of the audit; this is a decrease from 2017/18 and the second year a decrease in overall compliance has been noted. Over a two year period the overall compliance has reduced by 20%.

Five practices scored below 85% in the Governance and Documentary Evidence element scoring 2-13% below the required minimal score. Reasons for the non-compliance in this element included:

- Hazardous waste consignment notes not available
- No evidence of waste risk assessment
- No risk assessments in place for the use on none safer sharps
- Legionella risk assessment not available

Two practices scored below 85% for the Minor Surgery element of the audit Reasons for the non-compliance relate to no compliant Hand Hygiene sink and no surveillance system for monitoring infections.

All practices were compliant with the Clinical Practice element of the audit for a fourth year.

Seven practices demonstrated good compliance with the Hand Hygiene element of the audit. Three practices scored 82% due to the taps and sinks not compliant with the current guidance standards.

All practices demonstrated compliance with the Sharps element for a third year.

Nine practices demonstrated compliance with the Waste Management elements of the audit. One practice was non-compliant by 2% due to no waste consignment notes and the waste hold not been clean.

The waste consignment note issue is recognised as a national issue due to the failure of the Hazardous Waste contract. Since the Audit programme has been completed this issue has been resolved.

ERY CCG

From April 2018 the GP audit programme has continued in practices that carry out minor surgery. The audit reflects best practice and national guidance. There are 15 elements to this audit tool. The required minimum compliance level is 85% or above.

The Infection Prevention Society Audit tool has been adapted for use within the GP practices. This audit tool reflects best practice and national guidance. There are 15 elements to this tool. The required compliance level is 85%.

The figure 8 below shows the overall score per practice for the minor surgery audits undertaken. All the practices audited achieved overall compliance of 85% or above.

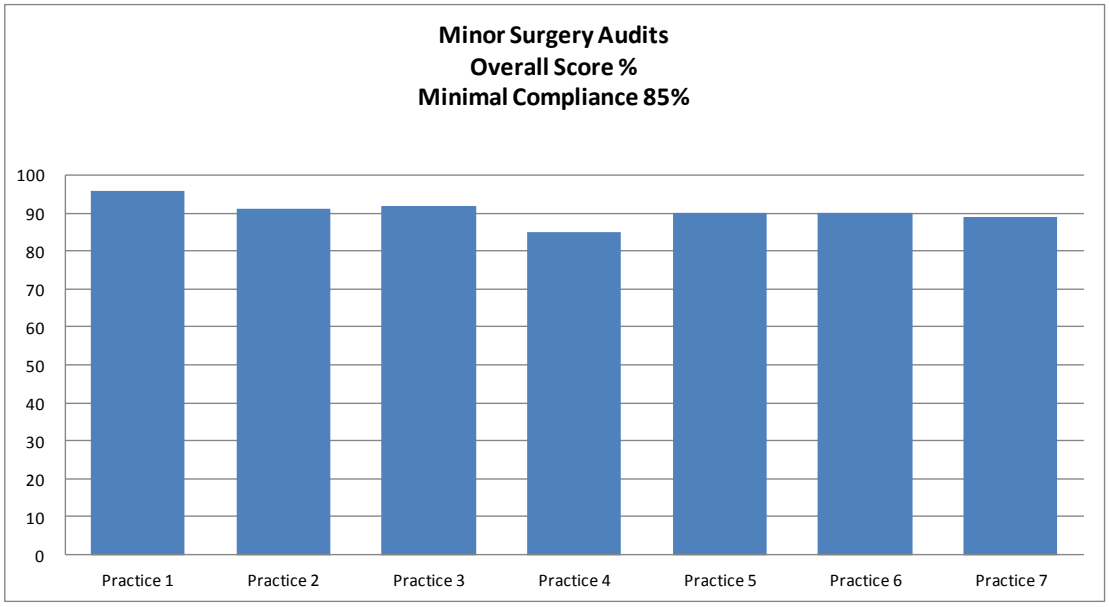


Figure 8

Four practices were non-compliant within the Reception and Training Area of the Audit Tool:

- Three practices having dirty carpets/flooring.
- Two practices had environment issues which required maintenance attention.
- Two practices had issues with toys.
- Two practices had split seats or dirty/marked chairs.

Two practices were non-compliant in the Consulting and Examination Room Section:

- One practice had non wipeable chairs in the clinical environment and marked couch covers.
- In the second practice the paint work on the door was damaged exposing the wood this required sealing to allow adequate cleaning and a rusty chair was present in the room which required replacement as rust prevents adequate cleaning.

Four practices were non-compliant within the Domestic Store Room section of the Audit Tool:

- Three domestic rooms were dirty.
- Four practices had shelves, floors and walls requiring repair.
- Four practices had dirty cleaning equipment.

One practice was non-compliant within the hand hygiene section. The hand hygiene sink had overflows present and freestanding soap present.

Two practices were non-compliant in the equipment section:

- Two practices had no cleaning list.
- Two practices had high use, non wipeable equipment (Tourniquets and service user self-use BP machine).

One practice was non-compliant within the Sluice Area Section of the Audit tool. The spill kit was out of date on the day of the audit.

Three practices were non-compliant in the General Management Section:

- Three practices did not have completed domestic cleaning schedules.
- One practice had no audit action plans.
- One practice had no hand hygiene assessments completed.

In general the outcome of the GP audit was positive with areas of good infection prevention and control practice observed. All GP practices visited during the audit process were welcoming and accommodating. Actions plans were agreed with each practice which included outcomes and timescales. Follow up visits are undertaken to ensure action plans have been completed and the actions fully addressed

10. Improve identification of Urinary Tract Infections and Hydration within the Care Home Population Project

This is a quality improvement project supported by NHS Improvement (NHSI) which aims to improve the quality of diagnosis and management of urinary tract infections (UTI) in older people living in care homes. Designed and implemented in NHS Bath and North-East Somerset in 2013, it successfully reduced antibiotic use for UTI by 67% (relative reduction), whilst also seeing a reduction in emergency admissions for UTIs and dehydration. Over the past two years NHSI have supported vanguard sites in Nottingham West CCG, and Mansfield and Ashford CCG. Currently Oxford CCG are running the initiative with similar results to the initial projects in NHS Bath and North-East Somerset CCG.

This initiative involves the introduction of an evidence-based UTI assessment tool for use by care homes staff, based on Scottish National Guidelines, NICE Quality Standard QS90 and SIGN 88 Guidance.

The project has become main stream in 30 Care Homes in NHS Hull CCG. 13 further homes are to be included. Care homes have seen the number of antibiotics reduced and the number of falls reduced. A full report of the outcomes will be provided once the final data is available.

In March 2019 seven care homes went live with the Urinary Tract Infections and Hydration project in NHS ERY CCG. The project will be rolled out to further home during 2019/20.

11 IPC Incidents

YFT

Have reported one infection control related Serious Incident.

Serious Incident - A system failure occurred in the CSSD which resulted in surgical instruments returning to theatre that had not been through the steriliser. One of the packs of instrument was used on patients before the error was recognised. A number of questions have been raised with the provider, and a response and the final report is awaited.

12 Update for 2019- 2020

Tackling Antimicrobial Resistance 2019-2014- UK's five year national action plan

The Government have released a five year action plan for antimicrobial prescribing which discusses continuing the work to halve healthcare associated Gram-negative BSIs, adopting a systematic approach to preventing infections and delivering a 25% reduction by 2021-2022 with the full 50% by 2023-2024. This is a change in time frame from the Gram negative Quality Premium 2018/19 which requires a 50% reduction by 2020.

Clostridium *difficile*

The objectives for 2019/20 have been set using the data from 1 April 2018 to 31 December 2018. This data has been annualised and a count of cases calculated for each CCG and NHS acute provider using the new case assignment definitions.

The focus will now be on a system-wide approach for delivery of objectives, with CCGs having responsibility or accountability for delivery of reductions in the total number of cases assigned to them.

The changes to the CDI reporting algorithm for financial year 2019/20 are:

- reducing the number of days to identify hospital onset healthcare associated cases from ≥3 to ≥2 days following admission
- adding a prior healthcare exposure element for community onset cases.

For 2019/20 cases reported to the HCAI data capture system will be assigned as follows:

- healthcare onset, healthcare associated: cases detected three or more days after admission
- community onset, healthcare associated: cases detected within two days of admission where the patient has been an inpatient in the trust reporting the case in the previous four weeks

- community onset, indeterminate association: cases detected within two days of admission where the patient has been an inpatient in the trust reporting the case in the previous 12 weeks but not the most recent four weeks
- community onset, community associated: case detected within two days of admission where the patient has not been an inpatient in the trust reporting the case in the previous 12 weeks.

The faecal sampling and CDI testing rates for all NHS providers will be reviewed to determine how they compare, especially for similar institutions. PHE already collects data on such sampling and testing rates on a quarterly basis; providers need to ensure during 2019/20 that the data is accurate.

The option to review financial sanctions and the current lapses in care process will be undertaken ahead of objective setting for 2020/-21.

Hull and ERY CCGs have robust processes in place for the review of C *diff* cases. A multidisciplinary approach is taken, which reviews prescribing information and medical history including admissions to hospital to enable an informed decision to be made.

From May 2019 all community onset and healthcare onset C diff cases will be reviewed via the Hull and ERY HCAI review group. The flow chart for review of cases will be updated to reflect the changes in attribution.

It has been agreed not to have a stretch target for 2019/20 due to the change in attribution of cases and the effect on the number of secondary care cases is unknown.

Quality Premium

To be up dated once released

Klebsiella & Pseudomonas BSI

Both gram negative infections will continue to be monitored throughout 2019/20 but do not form part of the Gram negative reduction objective this continues to focus on reducing E.coli BSI rates as discussed above.

MSSA BSI

MSSA BSI will continue to be monitored and reported on in 2019/20. Following the increase in reported cases attributed to HUTH a stretch target has been proposed of 50 cases. A paper will be presented to the HUTH Quality Delivery Group for consideration and agreement of a stretch target.

13. Priorities for 2019-2020

The main activities undertaken for Infection Prevention and Control are highlighted within this report.

Key priorities for 2019 -2020 will be to focus on:

- Identification of themes and trends for E.coli BSI and meet the 10% reduction plan
- Support the introduction of the new C diff categories
- Support and monitor the stretch target for MSSA BSI cases
- Implement the requirements of the Antimicrobial Resistance five year plan

- To provide support and training to care homes to improve IPC standards

The year ahead will be challenging to meet the required reduction in E.coli BSI infections and ensure the reduction in number of MSSA BSI cases against the stretch target is achieved.

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Appendix 1

Responsibilities

Quality and Performance Committee (NHS Hull CCG)

This Committee is responsible for monitoring all quality and infection control standards. The Quality and Performance Committee reports into the CCG Board. The Committee receives quarterly infection control updates and an annual report. Monthly monitoring against the infection control targets is monitored through the Quality and Performance report.

SLT Quality, Risk and Information Governance (NHS ERY CCG)

SLT Quality, Risk and Information Governance are responsible for monitoring all quality and infection control standards. The meetings receive quarterly infection control updates and an annual report. Bi-monthly monitoring against the infection control targets is monitored through the Quality Provider Assurance Report.

The Quality, Performance and Finance Committee (NHS ERY CCG)

The committee is responsible for the development and implementation of the CCG Quality Improvement programme across all CCG commissioning activities, including IPC. The meetings receive quarterly infection control updates and an annual report. Bi-monthly monitoring against the infection control targets is monitored through the Quality Provider Assurance Report.

Hull CCG & ERY CCG Infection Prevention and Control Collaborative Meeting

The Hull and East Riding of Yorkshire CCGs' Infection Prevention and Control Group membership includes representation from both Hull and East Riding of Yorkshire Councils, with the aim of supporting collaborative working across both health and social care. This meeting provides assurance for a forum or Board that Providers across the health and social care economy have appropriate systems and processes in place to assist and demonstrate good clinical practice. The meeting also provides a platform for professionals to confirm and challenge practice and systems and processes ensuring that learning across the health and social care economy is shared.

NHS Hull CCG Health Care Acquired Infection (HCAI) review Group

The group is responsible for undertaking the reviews of all Root Cause Analysis Investigations relating to pre 72 hour cases of HCAI. The data collected from the RCA's is utilised to formulate lapse in care decisions a decision using the categorisation from the national guidance. A board GP is a core member of this group and attends as the prescribing lead which adds further scrutiny to the process.

NHS ERY CCG Health Care Acquired Infection (HCAI) review Group

The group is responsible for undertaking the reviews of all Root Cause Analysis Investigations relating to pre 72 hour cases of HCAI. The data collected from the RCA's is utilised to formulate lapse in care decisions using the categorisation from the national guidance. The CCG's GP Prescribing Lead is a core member of this group which adds further scrutiny to the process.

Hull & ERY Health Care Acquired Infection (HCAI) review Group

In view of the expanding HCAI agenda it has been agreed to expand the existing C *difficile* review group to incorporate all HCAI in line with Public Health England (PHE) guidance. The

aim of this group will be to agree 'no lapse in care' for cases of HCAI attributable to both primary and secondary care. The group will receive an overview of themes and trends for those cases deemed as 'lapses in care.' Cases presented at this group will have been through the (RCAreview processes within each provider service prior to presentation and agreement. The primary care cases will have been through the CCG review process prior to presentation.

North Bank Infection Prevention & Control Group

The group is chaired by ERY CCG Director of Quality and integrated Governance /Executive Nurse. The purpose of this group is to share good practice and learning, across both health and social care providers. The core members of this group include CCG's, provider organisations, PHE and Local Authority

Appendix 2

Categorisation	Rationale
Lapse in Care contributing to Clostridium *difficile*	Would be indicated where a clear link between the case of C *diff* diagnosis and non-compliance with guidance, policy and protocol has been identified i.e. deemed to be preventable.
Lapse in Care NOT contributing to Clostridium *difficile*	Would be indicated where a lapse in adherence to policy, protocols or guidance has not contributed to the case of C *diff*
No Lapse in Care	Would be indicated where no lapse in care is identified i.e. not deemed to be a preventable case.