

MEETING: Governing Body – Open Meeting

Item Number: 9.5

DATE: 25 February 2014

REPORT TITLE:	Management of Healthcare Associated Infections (HCAI) Position Update: February 2014
REPORT AUTHOR (s):	Julie O'Malley. Infection Prevention Control Surveillance & Audit Lead
PRESENTED BY:	Lynn Mitchell. Assistant Director of Quality
RECOMMENDATIONS/DECISION REQUIRED:	<p>The CCG Clinical Governance Committee is asked to:</p> <ol style="list-style-type: none"> 1. Note and discuss the report. 2. Provide their views and comments.
<p>EXECUTIVE SUMMARY</p> <p>The purpose of this paper is to outline the progress with regard to the Management of Health Care Associated Infections (HCAI) within the Wigan Borough.</p> <p>In line with the HCAI Strategy the following work has been completed:</p> <ul style="list-style-type: none"> • NHS Provider Work Plans - Acute/Community/Mental Health • Primary Care Work Plan - Localities: General Medical Practices • Infection Prevention Control Surveillance and Audit Lead Work Plan <p>Going Forward for 2014 – 2015 work has also commenced and is now continuing in the following areas:</p> <ul style="list-style-type: none"> • Surveillance, Reporting and Monitoring • Wigan Borough CCG Health Economy HCAI Dashboard • Post Infection Review (PIR)/ Root Cause Analysis (RCA) Process • Wigan Borough CCG Infection Prevention and Control Collaborative • Primary Care Work Programme and the GP PIT Programme "<i>General Practice: Preventing Infection Together</i>" • Horizon Scanning – Potential Future Work streams • Strategic Greater Manchester (GM) Perspective <p>The need to adopt a zero tolerance approach to MRSA and significant reduction of <i>C.difficile</i> is recognised by Wigan Borough CCG. The challenge is to enable this through active recognition within all Primary Care Practices and equally be reflected across all commissioned services.</p> <p>The Primary Care and Provider Work Programmes should ensure delivery of the Strategy and it is envisaged that this will compliment and contribute to the quality work streams that are in place to assist to drive the continuous improvements in quality and safety of the health and social care services commissioned on behalf of the residents of the Wigan Borough.</p> <p>Wigan Borough Clinical Governance Committee is asked to note the content of the paper and to approve/support the actions noted within the report.</p>	
FURTHER ACTION REQUIRED:	As documented within the report

MANAGEMENT OF HEALTHCARE ASSOCIATED INFECTIONS (HCAI)
POSITION UPDATE - FEBRUARY 2014

1.0 Introduction and Background

Healthcare Associated Infections (HCAI) is a cause for concern in both the Acute and Primary Care settings. It is nationally recognised that the cost of HCAI in terms of both the direct effect on patients and their carers in terms of increased morbidity and mortality and also the financial costs to the National Health Service (NHS) are significant.

HCAI and antimicrobial resistance pose a significant challenge to health and social care at all levels, nationally, regionally and locally. For Clinical Commissioning Groups (CCG) there is an expectation to continually increase standards of infection control to limit the incidence of HCAI, with the overall aim of eradicating them completely. A zero tolerance approach to Meticillin resistant *Staphylococcus aureus* (MRSA) and a significant reduction of reported *Clostridium difficile* (*C.difficile*) are linked to better patient outcomes within *Domain 5: Treating and caring for people in a safe environment; and protecting them from avoidable harm* (NHS Commissioning Board, 2013). Nationally, all care providers are required to meet *Outcome 8* of the Care Quality Commission (CQC) Registration Requirements (CQC, 2009): *Cleanliness and infection control*. This outcome reflects the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (Department of Health (DH), 2009; DH, 2010).

Locally Wigan Borough CCG has developed a Strategy for the Management of Healthcare Associated Infections 2013 – 2014. One of the actions noted within the strategy was the appointment of an Infection Prevention Control Surveillance and Audit Lead. This role is now in place and will promote collaborative working across the whole health economy, with colleagues and stakeholder both locally and regionally to operationalize the HCAI Strategy and support the delivery of clinically effective, safer healthcare and drive improvements in care delivery across Wigan Borough. It was agreed on approval of the Strategy that this would be reviewed at January 2014 to ensure that it remains effective and in direct alignment with current guidance. This review is currently underway and the revised document will be presented to the Clinical Governance Committee on 19 February 2014.

2.0 Purpose

The purpose of this paper is to outline the progress and development within the remit of the Infection Prevention Control Surveillance and Audit Lead and to affirm the current position in relation to the previously agreed HCAI Strategy.

3.0 Current Position

In line with the strategy the following work has been completed:

- NHS Provider Work Plans - Acute/Community/Mental Health
- Primary Care Work Plan - Localities: General Medical Practices
- Infection Prevention Control Surveillance and Audit Lead Work Plan

4.0 Going Forward: 2014 – 2015

Work has also commenced and is now continuing in the following areas:

4.1 National Perspective: Benchmarking

Public Health England Epidemiology Services are currently reviewing HCAI Surveillance outputs on a National basis. Current information is only available from a regional perspective however, this does not currently reflect, an accurate picture due to a significant range of data anomalies within both testing and reporting. National information will be shared with the Board when it becomes available.

4.2 Best Practice

Best Practice in relation to Infection Prevention and Control will be achieved in accordance with key publications, national and regional guidance, by working towards ensuring the provision of an infrastructure to implement best practice and assurances that Provider services are compliant with contractual requirements relating to quality standards, NICE Guidance and other National Policies.

4.3 Surveillance, Reporting and Monitoring:

An Assurance Framework is currently being developed for the purpose of surveillance, reporting and monitoring alert organisms confirmed within the local population, to include:

- Meticillin resistant *Staphylococcus aureus* (MRSA)
- *Clostridium difficile* (*C.difficile*)
- Meticillin sensitive *Staphylococcus aureus* (MSSA)
- *Escherichia coli* (*E.coli*), Glutamate dehydrogenase (GDH)
- Vancomycin Resistant Enterococci (VRE)
- Carbapenem-resistant Enterobacteriaceae (CRE),
- Carbapenemase-producing Enterobacteriaceae (CPE)
- Panton Valentine Leukocidin (PVL)

The Framework can also summarise quarterly childhood immunisation data, notification of infectious diseases data and the number of probable, possible and confirmed cases of Measles and Mumps infections. Collection of this information

will enable the identification of any required action, common themes or trends from a local perspective and identify any learning that can be shared.

Provider exception reporting will be received through CCG Provider Quality, Safety and Safeguarding Group and escalated as/if required through to the Clinical Governance Committee.

4.4 Wigan Borough CCG Health Economy HCAI Dashboard:

The Dashboard presents the mandatory reportable HCAI data. The data is monitored on a monthly basis and an integral component of the CCG Provider Quality, Safety and Safeguarding Group agendas. The Dashboard is reported through the Clinical Governance Committee and currently confirms cases of confirmed MRSA and *C.difficile* infections have exceeded set trajectories for period 01.04.2013 to 31.03.2014 in respect of the health economy, CCG and Acute Provider data.

4.5 Post Infection Review (PIR)/ Root Cause Analysis (RCA) Process:

All Commissioning organisations are required to investigate all cases of MRSA; there is an expectation that all confirmed cases will involve a Post Infection Review to identify why the infection occurred, and how future cases of infection can be avoided.

For *C.difficile*, the expectation is to support an approach based on significant reductions in incidence. Investigation of all confirmed cases involving a RCA process to identify why the infection occurred, and how future cases of infection can be avoided

It is proposed to develop the current system to encourage active engagement with the RCA/ PIR Process within General Practice and to actively involve Medicine Management colleagues to review prescribing in all cases.

The RCA/ PIR process can identify any common themes and trends from a local perspective identify any required action and the learning that can be shared across the health economy and all provider organisations.

4.6 Wigan Borough CCG Infection Prevention and Control Collaborative:

The inaugural meeting of the Collaborative in December 2013 brought together colleagues from the CCG Quality Team and Medicines Management, Wigan Council Public Health and Provider Services i.e. Acute, Community, Mental Health, Care Home and Intermediate Care providers are all represented. The Collaborative will provide the opportunity to share good practice and learning and actively address future development of IPC agendas and to drive improvement across the local health economy.

4.7 Primary Care Work Programme:

GP PIT Programme “General Practice Preventing Infection Together”

This is a triple approach Infection Prevention Programme aimed at enabling Primary Medical Care Practices to meet the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (DH, 2009b; DH, 2010a), with regard to a specific outcome: “*Outcome 8: Cleanliness and infection control*” (CQC, 2009a). See appendix 1.

The GP PIT Programme will adopt an established model but will be developed in conjunction with Wigan Primary Medical Care Practices to ensure it is specific to local requirements to encourage local engagement, joint working and networking.

The Programme has been presented to the CCG Clinical Governance Committee and Local Medical Council and is currently being introduced to Primary Care Localities and Practices to encourage engagement.

Progress reports will be produced to reflect the Programme activity and local engagement and compliance with current legislation and presented through Wigan Borough CCG Clinical Governance Committee and Primary Care Localities.

4.7.1 Primary Care Scoping Exercise:

As part of the GP PIT Programme, a scoping review will be undertaken to gain an insight into the local General Practices with an aim to benchmark current position with regard to Infection Prevention and *Outcome 8: Cleanliness and infection control* (DH 2010).

4.8 Primary Care Audit Process:

Audit of Primary Care Practices will be enabled through the proposed scoping review and the GP PIT Programme. Engagement from General Practices will be required to achieve a comprehensive review. The audit process will identify any required action and learning that can be shared.

4.9 Information Resource:

To ensure availability of best practice guidance it is proposed to develop an electronic information portal, accessed via Wigan Borough CCG SharePoint and available to Wigan Primary Care Practices. Development of Locality Dashboards and IPC databases for individual Practices is planned to communicate engagement and highlight progress and non-engagement.

4.10 Support and Guidance:

Primary Care Practices will be offered support and guidance to enable the delivery of safe, quality care in line with best practice. This will be achieved through the GP PIT Programme and the Primary Care Programme of Work.

5.0 Horizon Scanning – Potential Future Work streams

- Harm Free Care: Catheter Associated Urinary Tract Infection (CAUTI).

- Minor Surgery within Primary Medical Practice: Surgical Site Infection consideration
- European Sharps Directive 2013: Safety devices
- Intermediate Care: Infection Prevention Programme

6.0 Strategic Greater Manchester (GM) Perspective:

The strategic perspective with regard to Infection Prevention and Control and the HCAI agenda is achieved through active involvement of the Infection Prevention and Control Surveillance and Audit Lead with the GM Infection Control Collaborative and the GM Sub group: Infection Prevention and Control: Primary Care.

7.0 Conclusion:

The need to adopt a zero tolerance approach to MRSA and significant reduction of *C.difficile* is recognised by Wigan Borough CCG, evident through the development of *The Strategy for the management of HCAI 2013 - 2014*. The challenge is to enable this through active recognition within all Primary Care Practices and equally be reflected across all commissioned services.

The Primary Care and Provider Work Programmes should ensure delivery of the Strategy and it is envisaged that this will compliment and contribute to the quality work streams that are in place to assist to drive the continuous improvements in quality and safety of the health and social care services commissioned on behalf of the residents of the Wigan Borough.

8.0 Recommendations

Wigan Borough Clinical Commissioning Group is asked to note the content of the paper and to approve/ support the actions noted below.

- To continue the implementation of the HCAI Strategy.
- The development of the Provider Work Programmes.
- To support the implementation of the GP PIT Programme and engagement from Member Practices.

9.0 References

Care Quality Commission. (2009) *Guidance about compliance. Summary of regulations, outcomes and judgements framework*. London: Care Quality Commission.

Department of Health. (2010) *The Health and Social Care Act 2008. Code of Practice for healthcare, including primary care and adult social care on the prevention and control of infections and related guidance*. London: Department of Health.

Wigan Borough GP PIT Programme

“General Practice: Preventing Infection Together”

