



Wigan Borough
Clinical Commissioning Group

**STRATEGY FOR THE MANAGEMENT
OF HEALTH CARE
ASSOCIATED INFECTIONS
2018 - 2021**

DOCUMENT CONTROL PAGE	
Title	Strategy for the Management of Health Care Associated Infections 2018 – 2021
Supersedes	Strategy for the Management of Health Care Associated Infections 2016 – 2018
Minor Amendments	<p>This Strategy sets out the arrangements, responsibilities and plans for the management of HCAI.</p> <p>This will provide the CCG with a framework that will support and provide assurance on the management of HCAI across the Wigan Borough</p>
Author	Wigan Borough Clinical Commissioning Group Quality Team
Ratification	Wigan Borough Clinical Commissioning Group Governing Body
Application	
Circulation	CCG Staff Wigan Borough Localities General Practice NHS Providers
Review	June 2021
Date Placed on the Intranet/SharePoint: (Following Approval)	December 2018

Executive Summary

Wigan Borough Clinical Commissioning Group (*the CCG*) has a responsibility to ensure that systems and processes are in place to support the management, prevention and control of Health Care Associated Infections (HCAI).

The Legislation: The Health Act has been reviewed in 2010 and 2015, the current version being; *The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance* (Department of Health (DH) 2015). This Code applies to all NHS Bodies and providers of independent healthcare and adult social care in England. The intention being to ensure that consistently high levels of infection prevention (including cleanliness) are developed and maintained to ensure that patients are cared for in a clean environment and as a result the risk of HCAI will be mitigated.

The National Context: Over the past two decades HCAI have been identified as a significant risk to patient safety. It is recognised that HCAI have a physical, social, psychological cost to both patients and relatives and also a financial cost to the NHS.

Awareness of the risk of healthcare interventions and the potential for acquiring an infection, in addition to the primary health care need, has increased both in secondary and primary care. In response to this the Department of Health has produced a range of guidance to support primary and secondary care organisations and social care services to manage and mitigate these risks. The intention being to ensure that prevention of HCAI is embedded across the whole health economy.

Care Quality Commission (CQC): As the regulator the CQC is tasked with monitoring NHS and Social Care organisations in relation to the compliance criteria of the Code of Practice. The CQC undertake announced and unannounced inspections as part of the monitoring process to assess organisations compliance against the criteria.

The Local Context: Patients are discharged from secondary care within shorter timeframes and interventions are increasing in complexity and diversity which as a result increases risk.

Antimicrobial resistance in traditional pathogens and new infectious agents are an ever more increasing challenge. It is therefore vital that all Organisations work together towards ensuring a whole health economy approach to zero tolerance of HCAI.

The Strategy describes how the CCG will enable a collaborative approach across primary / secondary health and social care with a focus on the prevention, recognition and management of key infections.

Wigan Borough Clinical Commissioning Group - Quality Team
June 2018

CONTENTS

Page

Executive Summary		2
1	Introduction	4
2	Strategic Vision	4
3	Definitions and Terms	5
4	Roles and Responsibilities	6
5	Strategic Themes	8
6	The Post Infection Review (PIR) and Root Cause Analysis (RCA)	9
7	What are the Quality Outcomes that are important to the CCG?	9
8	How will the CCG achieve the outcomes?	10
9	HCAI Annual Programmes of Work	11
10	Engagement	12
11	Medicines Management	12
12	Success	14
13	Risks Related to the Implementation of the Strategy	14
14	Measuring Improvement	14
15	Driving Innovation and Developments	15
16	Equality, Diversity and Human Rights	16
17	Implementation, Monitoring, Audit and Review	16
18	Reporting Arrangements	17
19	Conclusion	17
20	References	18

1 Introduction

- 1.1 The prevention of infection is a key priority for the NHS; as set out within the Five Year Forward View (NHS England, 2014). In particular reducing Health Care Associated Infections (HCAI) remains high on the Governments safety agenda and in the general public's expectations for quality of care.
- 1.2 Since 2008 there has been a requirement on all Health and Social Care Organisations to comply with the Health and Social Care Act 2008.
- 1.3 NHS Wigan Borough Clinical Commissioning Group (*the CCG*) recognises the responsibility placed on Commissioners to support Providers, whilst holding them to account for their performance in the reporting and surveillance of:
- *Clostridium difficile* (*C.difficile*)
 - *Escherichia coli* (*E.coli*) bloodstream infection (BSI)
 - *Klebsiella* species (spp) BSI
 - Meticillin resistant *Staphylococcus aureus* (MRSA) BSI
 - Meticillin sensitive *Staphylococcus aureus* (MSSA) BSI
 - *Pseudomonas aeruginosa* BSI
- 1.4 The CCG strategic focus will be to drive improvements in the recognition, management and reduction in reported cases of HCAI.
- 1.5 To this end the CCG is committed to enabling and supporting a collaborative approach across the Wigan Borough Health and Social Care economy with an emphasis on the prevention, recognition and management of key infections including; Pneumonia, Urinary Tract Infection (UTI) and Sepsis.
- 1.6 There is an expectation that Commissioners and Providers of Health and Social Care must not accept that HCAI are an inevitable part of, or an acceptable risk related to, health and social care.

2 Strategic Vision

- 2.1 The purpose of the Strategy is to set out the CCG arrangements and plans for the management and reduction in reported cases of HCAI.
- 2.2 The Strategy aims to:
- Provide leadership and support.
 - Assess current practice in relation to the prevention of HCAI.
 - Identify areas and drivers for quality improvement.
 - Monitor and review progress.
- 2.3 The Strategy will ensure that; in so far as is reasonably practicable incidence of HCAI will be reduced and emerging infections appropriately managed.
- 2.4 The development of a unified approach across the whole health economy will ensure the delivery of high standards of infection prevention and control.
- 2.5 Improved communication channels will remove any boundaries between organisations and encourage a culture of openness and transparency.

2.6 This will require close communication and partnership working with the Local Authority and all providers of health and social care across the Wigan Borough footprint.

3 Definitions and Terms

Infection, Prevention and Control (IPC)	IPC refers to policies, practice and procedures used to minimise the risk of infection, in all health care facilities, by all staff.
Healthcare Associated Infections (HCAI)	The term HCAI covers a wide range of infections. The most well-known include those caused by methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), methicillin-sensitive <i>Staphylococcus aureus</i> (MSSA), <i>Clostridium difficile</i> (<i>C. difficile</i>) and <i>Escherichia coli</i> (<i>E. coli</i>). These are infections that patients contract as a result of care delivered by healthcare staff both within the hospital and community settings.
Methicillin Resistant <i>Staphylococcus Aureus</i> (MRSA)	MRSA is a Gram positive bacteria responsible for several difficult-to-treat infections in humans. It is commonly present on areas of the body such as the skin and nose. It may cause infection of the skin, blood stream, lung etc. It is also called multidrug-resistant <i>Staphylococcus aureus</i> .
Methicillin Sensitive <i>Staphylococcus Aureus</i> (MSSA)	MSSA is a gram positive bacteria commonly present on skin. May cause infection of the skin, blood stream, lung etc. It is sensitive to methicillin and a range of antibiotics
<i>Clostridium difficile</i> (<i>C.diff</i>)	<i>C.difficile</i> is a Gram positive bacteria that can cause symptoms ranging from diarrhoea to life-threatening inflammation of the colon. Illness from <i>C.difficile</i> most commonly affects older adults in hospitals or in long term care facilities and typically occurs after use of antibiotic medications.
<i>Escherichia coli</i> (<i>E. coli</i>)	<i>E.coli</i> is one of several types of Gram negative bacteria that normally inhabit the intestine of humans and animals (commensal organism). Some strains of <i>E.coli</i> are capable of causing disease under certain conditions when the immune system is compromised, or disease may result from an environmental exposure.
Carbapenemase-producing Enterobacteriaceae (CPE)	Enterobacteriaceae are bacteria that usually live harmlessly in the gut of humans: 'colonisation'. However, if the bacteria get into the wrong place, such as the bladder or bloodstream they can cause infection. Carbapenemase-producing Enterobacteriaceae (CPE) are a type of bacteria which has become resistant to carbapenems, a group of powerful antibiotics. This resistance is helped by enzymes called carbapenemases, which are made by some strains of the bacteria and allows them to destroy carbapenem antibiotics. This means the bacteria can cause infections that are resistant to carbapenem antibiotics and many other antibiotics.
<i>Klebsiella</i> species (spp)	<i>Klebsiella</i> species (spp) are a type of Gram negative bacteria that are found everywhere in the environment and also in the human intestinal tract (where they do not cause disease). Two common species are associated with the majority of human infections: <i>Klebsiella pneumoniae</i> and <i>Klebsiella oxytoca</i> . Both species are commonly associated with a range of healthcare-associated infections, including pneumonia, bloodstream infections, biliary or urinary tract infections, wound or surgical site infections, osteomyelitis and meningitis. In healthcare settings, <i>Klebsiella</i> infections are seen in vulnerable, immunocompromised and unwell patients who have other co-morbidities and who are receiving treatment for other conditions. Patients in intensive care units, post- surgical patients and patients with intra-abdominal, pelvic or neurological co-morbidities are most at risk. These patients may also be ventilator dependent, have indwelling vascular or urinary catheters and be subject to prolonged or repeated courses of antibiotics making them even more susceptible to <i>Klebsiella</i> infections. In healthcare settings, <i>Klebsiella</i> infections are acquired endogenously (from the patient's own gut flora) or exogenously from the healthcare environment. Invasive procedures such as intubation, venous cannulation and urinary catheterisation can be the source of entry of the organism into the body resulting in infection: sepsis and septic shock.

	<p>Patient to patient spread can occur via contaminated hands of healthcare workers or less commonly by contamination of the environment. Air- borne spread of <i>Klebsiella</i> does not normally occur.</p> <p>An important feature of <i>Klebsiella</i> species is their ability to become resistant to a wide range of antibiotics. Many <i>Klebsiellae</i> are sensitive to Cephalosporins, Carbapenems and Aminoglycosides. However there is now emerging resistance and if the <i>Klebsiella</i> causing infection is able to produce enzymes called extended spectrum beta lactamases they will be resistant to Cephalosporins. When <i>Klebsiellae</i> produce an enzyme known as a Carbapenemase, this renders them resistant to the Carbapenems.</p> <p>By acquiring a combination of resistant mechanisms <i>Klebsiella</i> species can become multi-drug resistant.</p> <p>The Carbapenem group of antibiotics are, most often the last line of defence against Gram-negative infections that are, resistant to other antibiotics.</p>
<i>Pseudomonas aeruginosa</i>	<p><i>Pseudomonas aeruginosa</i> is a gram negative bacterium often found in soil and ground water. It is an opportunistic pathogen and it rarely affects healthy individuals. It can cause a wide range of infections, particularly in the immunocompromised patients, newborns and people with severe burns, Diabetes mellitus or Cystic fibrosis including skin and ear infections, severe blood stream infections and pneumonia.</p> <p><i>Pseudomonas aeruginosa</i> infections are sometimes associated with contact with contaminated water. In hospitals, the organism can contaminate invasive devices, such as respiratory equipment and catheters.</p> <p><i>Pseudomonas aeruginosa</i> is resistant to many commonly-used antibiotics.</p>
Post Infection Review (PIR)	A Post Infection Review is required after all cases of MRSA bloodstream infection. The purpose of the review is to identify how the infection occurred and to identify actions that will prevent it reoccurring.
Root Cause Analysis (RCA)	A Root Cause Analysis is required after all cases of <i>C.difficile</i> infection. The purpose of the review is to identify how the infection occurred and to identify actions that will prevent it reoccurring.

4 Roles and Responsibilities

- 4.1 All health and social care organisations will ensure that members of staff at all levels are aware of their role in reducing HCAI and that they have a responsibility in their delivery of health and social care to protect patients; service users; colleagues; themselves and the environment in which patients and service users are cared for.

NHS Improvement

- 4.2 A year on year reduction of preventable infections is a reliable indicator of effectiveness. NHS Improvement (NHSI) sets reduction objectives for *C.difficile*, *E.coli* and MRSA as three organisms which can be used as an indicator to demonstrate the efficacy of infection prevention and control measures.
- 4.3 Learning arising from the review of infections will be embedded into practice to reduce the risk of future recurrences. This process is further defined within section 6 of this Strategy.

NHS England

- 4.4 Annual quality improvement measures are set by NHS England to drive appropriate antibiotic prescribing and sepsis care. Targets are set for achievement with the CCG quality premium for evidence of the reduction of Gram-negative bloodstream infections (GNBSI): *E.coli* and appropriate antibiotic prescribing.

- 4.5 Incentives are available for Acute Providers through Commissioning for Quality and Innovation (CQUIN) schemes for appropriate sepsis care and antibiotic prescribing review.

Clinical Commissioning Group

- 4.6 There is a clear expectation that providers of NHS funded care will reduce the incidence of HCAI and that this will be monitored by the CCG.
- 4.7 A systems wide approach must be taken by the CCG in respect of the management of HCAI.
- 4.8 This strategy will link in with other commissioning arrangements as the landscape within the NHS continues to change; in particular the co-commissioning arrangements with Primary Care locally and the further integration of health and social care services through the Care Act 2014 (DH, 2014).
- 4.9 It is vital that the CCG commissions clinically effective, safe care and has robust systems in place to manage HCAI.
- 4.10 Provider assurance on the arrangements in place for the management of IPC and HCAI should be received by the respective CCG Quality Safety and Safeguarding Group (QSSG) and / or the Contract Management Group.
- 4.11 The CCG will work in partnership with key stakeholders across the whole health economy to reduce the incidence and impact of HCAI. Information will be shared so that the whole patient experience can be enhanced and policy, practice and procedures will be standardised.

Local Authority

- 4.12 Under the healthcare arrangements from 1 April 2013, *Protecting the health of the local population: the new health protection duty of local authorities under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013*; Local Authorities have a responsibility to take steps to ensure plans are in place to protect the health of the population.
- 4.13 The CCG will work in partnership with Local Authority/ Health Protection colleagues, to support organisations to make appropriate arrangements on health protection, prevention of HCAI and infection control issues within the Social Care environment.

Providers

- 4.14 Organisations have a statutory duty to ensure that they protect patients; service users; staff and others from the risk of HCAI and must be able to demonstrate and assure compliance with the Health and Social Care Act 2008.
- 4.15 Proactive leadership is vital to the success of infection prevention and promoting a culture of zero tolerance of avoidable infections. Accountability for reducing, preventing and controlling HCAI rests with every Board.
- 4.16 Each organisation must ensure it has adequate governance arrangements to provide assurance that robust, system-wide infection prevention measures are in place that provide for sustainable improvement.

- 4.17 Managers should recognise the impact HCAI have on services; patients and service users and must work together to maximise the effects of good infection prevention and control measures.

Service Users

- 4.18 The NHS website (formerly NHS Choices) enables the general public to compare their local healthcare provider organisation against others <http://www.nhs.uk/pages/home.aspx>
- 4.19 Each organisation must improve on patients and public perception of services; and strive to be amongst the best in the country in the prevention and management of HCAI, to inspire confidence in services.

5 Strategic Themes

Patient Safety

- 5.1 Patient Safety will be delivered through creating a culture of openness and transparency, with clear direction and leadership.
- 5.2 Infections will be reported and root causes identified, actions will be developed to minimise risk and provide learning that will be shared across organisations to create a safe environment for service users.
- 5.3 Strong, leadership and governance arrangements will ensure that all staff within organisations accept their responsibility and accountability for infection prevention and control.

Clinical Effectiveness

- 5.4 The effectiveness of infection prevention and control will be achieved by following best practice recommendations in managing infections promptly and safely.
- 5.5 Implementing evidence based procedures and treatments will reduce the incidence of infections such as *C. difficile*, *E.coli* and MRSA. Early recognition of infections by using surveillance programmes and monitoring trends will inform the identification and management of existing and emerging infections i.e. Carbapenemase Producing Enterobacteriaceae (CPE).
- 5.6 The CCG will foster a culture of HCAI prevention, staff will be bound by a common purpose with everyone wanting the best outcome for patients and service users, recognising that prevention and control of HCAI is essential to achieving this fundamental goal.
- 5.7 Through the Greater Manchester Health and Social Care Partnership (GM H&SCP) the CCG will work collaboratively with other commissioners and providers to review themes and share learning from infections to improve outcomes for the local population.
- 5.8 Relationships will be developed with Primary Care through the service delivery footprints (SDFs) and practice quality visits to make improvements to care delivery.

Patient Experience

- 5.9 Patient experience will be enhanced by driving out inequalities and driving up quality in services. Information about infections will be available to service users and carers so that the same high standard of care is delivered irrespective of location or carer.
- 5.10 Staff will recognise that infection causes needless anxiety and pain. Staff will be knowledgeable and well trained in infection prevention and control procedures in order to deliver healthcare safely, prevent infection and enhance the healthcare experience of service users.

6 The Post Infection Review (PIR) and Root Cause Analysis (RCA)

- 6.1 Assurance of learning will be gained through local application of the current national guidance for the reporting and review all HCAI, as set by NHS Improvement (NHSI) and applicable to the CCG and Provider Organisations.
- 6.2 Respectively *C. difficile* case management will also be driven through the implementation of revised national guidance published in 2018 by NHSI using the 'lapse in care' reviews and application of sanctions if relevant.
- 6.3 The review of Gram negative blood stream infections including *E.coli*, *Klebsiella* and *Pseudomonas* will be driven in line with national, regional and local ambition and agreed local improvement plans.
- 6.4 The review of MRSA will be applied in line with the current national guidance with respect of a local or nationally driven review process dependent upon the annual performance data by the CCG and Acute Provider organisations.
- 6.5 Compliance with the national guidance will be achieved through the local PIR / RCA review process which is led by the CCG IPC Surveillance and Audit Lead.
- 6.6 The PIR / RCA will be conducted by a multi-disciplinary clinical team that will review all infection events and identify the factors that contributed to them.
- 6.7 The outcome of the PIR / RCA will identify clinical learning which will then be shared with all providers across the health and care economy to reduce the risk of future recurrences.
- 6.8 The PIR / RCA process requires strong partnership working by all those involved in the patient's care pathway.

7 What are the Quality Outcomes that are important to the CCG?

- 7.1 Ensuring care that is clinically effective, safe and results in a positive experience of care for the patient; carer and or family.
- 7.2 To maintain within the set objectives for *C.difficile* infections and attain the required reduction in the incidence of *E.coli* GNBSI as set by NHS Improvement, whilst maintaining a zero tolerance approach to all HCAI and as further defined within:

- The NHS Quality and Outcomes Framework: Domain 5 *Treating and caring for people in a safe environment and protecting them from harm* requires a zero tolerance approach to MRSA blood stream infections and a significant reduction in the incidents of *C.difficile*.
- NHSI National ambition to achieve a 50% reduction of *E.coli* GNBSI by 2021 (NHSI 2017) and aim to reduce *Klebsiella* spp and *Pseudomonas aeruginosa* BSI.

8 How will the CCG achieve the outcomes?

- 8.1 The Chief Officer for the CCG has delegated responsibility for the management of IPC and HCAI to the Director for Nursing and Quality.
- 8.2 The Governing Body Clinical Lead for Medicines Management will also ensure the provision of a strong clinical focus as a core member of the CCG PIR / RCA Review Group.
- 8.3 The CCG Director of Nursing and Quality and the Safety and Clinical Leads will be proactive in ensuring that the CCG leads a health economy wide approach to ensuring the effective management of HCAI.
- 8.4 Commissioners will ensure through their provider contracting, procurement and quality assurance processes that Providers are compliant with current legislation; regulation and recognised national guidance.
- 8.5 Providers will be required to supply the Commissioners with their approved Annual Programme of Work detailing how they plan to manage and mitigate against HCAI.
- 8.6 Medicines optimisation will play a crucial role in relation to achieving the desired outcomes as detailed within section 11.
- 8.7 IPC and HCAI will be an integral component of the Provider Quality, Safety and Safeguarding Group (QSSG) Assurance Framework. This will ensure standards and objectives i.e. *C.difficile*, GNBSI: *E.coli*, *Klebsiella* spp, *Pseudomonas* and MRSA BSI cases and key indicators are monitored on a bi-monthly/ quarterly basis.
- 8.8 Any high risk areas will be escalated to the Clinical Governance Committee and any extreme risks reported directly to the CCG Senior Leadership Team and Governing Body as appropriate.
- 8.9 Clinical Governance Committee will also report monthly on the management of HCAI to the Governing Body through the Chairpersons report.
- 8.10 Clinical Governance Committee will also receive the Providers Quality Account on an annual basis.
- 8.11 A Primary Care HCAI annual programme of work has been introduced across the Borough. The CCG IPC Surveillance and Audit Lead will engage with the Practices across the SDFs to support engagement and implementation.
- 8.12 Any high risk areas will be escalated to the CCG Clinical Governance Committee and Primary Care Committee and any extreme risks reported directly to the CCG Senior Leadership Team and Governing Body.

- 8.13 Strong and effective communication and working relationships will be developed at all levels of the organisation and across all Providers within our local health economy, ensuring all staff are aware of their responsibility in relation to IPC.
- 8.14 A CCG led *E.coli* Improvement Group is established and leads on:
- The local application of the National ambition to reduce *E.coli* GNBSI by 50% by 2021.
 - Collaboration across the local health economy with all Health and Social Care Providers to drive improvement.
 - Sharing good practice and learning across all parts of the Borough and all providers;
 - Sharing resources, plans and developments;
 - Taking action, being proactive in implementation of plans and developments.

9 HCAI Annual Programmes of Work

- 9.1 The Provider Annual Programmes of Work should include information on compliance with the Health and Social Care Act 2008 (DH, 2015) and good practice guidance and clearly describe their internal arrangements to support the effective management of HCAI. Programmes of work will vary dependent on the Provider and may include for example:
- The Provision of IPC expert advice and support.
 - Identifying the Link Practitioner role to act as a conduit between the IPC Lead / Team and the clinical staff / teams.
 - Training and Education. Ensuring all staff have an appropriate level of knowledge (in relation to their role and level of responsibility for IPC) to prevent and manage HCAI and ensuring that practical skills are assessed and not assumed.
 - Participation in the PIR and RCA Process.
 - Evidence of assessment of HCAI related risk(s) and risk reduction strategies wherever it is reasonably practicable to do so.
 - Due consideration to appropriate Antibiotic prescribing and Stewardship, Antimicrobial Resistance and the Antibiotic Guardian initiative.
 - Sepsis awareness and clinically effective sepsis management.
 - Reporting mechanism for any related service delivery problems.
 - Identification of a programme of audit (annually as a minimum).
 - Identification of IPC Policies, with evidence of systems to embed into practice, monitoring and review.

- 9.2 Going forward actions plans relating to the CCG will be aligned to the agreed SDF working arrangements.
- 9.3 The CCG IPC Surveillance and Audit Lead will also work with Wigan and Leigh Hospice to ensure the review of plans currently in place.

10 Engagement

- 10.1 As referred to throughout the strategy it is vital that Commissioners and Providers work together towards ensuring a whole health economy approach in ensuring Zero Tolerance of HCAI, to this end Wigan Borough Providers have developed and shared their planned annual programmes of work consistently from 2013. This work includes learning from PIR and RCA.
- 10.2 Going forward continued engagement and partnership working will be required at a Primary Care SDF and Practice level. It is the intention of the CCG to continue engagement on the development of this Strategy and the Primary Care Annual Work Programme to ensure that this work is developed and embedded in partnership with General Practices across the Borough.
- 10.3 Staff, patient and public engagement initiatives will be encouraged within all provider health and social care organisations and the CCG to support awareness of the antibiotic resistance agenda, appropriate antibiotic use, early identification of sepsis and the prevention of HCAI.
- 10.4 The Antibiotic Guardian initiative will be encouraged to support commitment from all health and social care staff and colleagues, patients and the general public to further support the global issue of antibiotic resistance awareness.

11 Medicines Optimisation

- 11.1 The main areas of concern for the NHS and the CCG with regards to antibiotic use are antimicrobial resistance and HCAI.
- 11.2 A delicate balance must be struck between discouraging indiscriminate use of antibiotics and promoting the timely and appropriate treatment of probable bacterial infections.
- 11.3 Appropriate use of antimicrobials will remain a key focus of the CCG Medicines Optimisation Work Plan and is identified as a quality improvement area within the Medicines Optimisation QIPP Plan.
- 11.4 It is widely acknowledged that careful use of antibiotics is essential in reducing the occurrence of *Clostridium difficile* Infection (CDI).
- 11.5 DH guidance (2008) recommended restricting the use of broad-spectrum antibiotics, in particular second and third generation cephalosporins and clindamycin as these are the antibiotics most often associated with CDI.
- 11.6 NICE (2015) published guidance on *CDI: risk with broad-spectrum antibiotics* (ESMPB1). This guidance notes that although the data has limitations that prevent firm conclusions; the evidence shows the importance of; following antibiotic guidelines recommending that all broad-spectrum antibiotics are prescribed appropriately and with careful stewardship.

- 11.7 The CCG will ensure all GP Practices and Community Providers have access to the Greater Manchester Medicines Management Group (GMMM) Antimicrobial Prescribing Guidance which has been developed with the aim of reducing the risk of CDI, taking into account local resistance patterns and following the recommendations contained within DH guidance. The CCG Medicines Management Team takes an active role in the review and update of this guidance.
- 11.8 Antibiotic prescribing will be discussed with all Wigan Borough GP Practices annually at the Medicines Optimisation Peer Review.
- 11.9 The Medicines Optimisation Peer Review programme is an innovative, multi-disciplinary way of influencing prescribing in all GP Practices across the CCG.
- 11.10 The Peer Reviews have been published on the NICE Shared Learning website as an example of good practice in the implementation of the NICE Medicines Optimisation guidance (NG5).
<https://www.nice.org.uk/sharedlearning/medicines-optimisation-peer-review-programme-engaging-gp-practices-to-deliver-medicines-optimisation-and-implement-nice-guidance>
- 11.11 The Peer Reviews will:
- Promote person-centred, evidence-based, safe, cost-effective prescribing in-line with NICE guidance leading to improved quality of prescribing and patient outcomes.
 - Ensure Prescriber engagement with the Medicines Optimisation QIPP Plan and are a crucial part of the overall delivery of the Medicines Optimisation Strategy.
 - Provide an opportunity to discuss prescribing indicators for example; total antibiotic prescribing and per cent co-amoxiclav, cephalosporin and quinolone prescribing.
- 11.12 The areas discussed will reflect a need to reduce overall prescribing of antibiotics and to promote appropriate use of antibiotics, i.e. limiting the use of those antibiotics more frequently associated with HCAI.
- 11.13 Any GP Practices prescribing above the England average in any prescribing indicators used will continue to be encouraged to select the area to work on over the financial year and Practice based support will be provided by the Medicines Management Technicians.
- 11.14 Quarterly prescribing data will continue to be provided to all GP Practices on appropriate antibiotic indicators to enable them to assess their progress made in these areas and compare their prescribing to that of their peers.
- 11.15 Should Practices require additional support the GP Prescribing Clinical Champions will provide individual provision to Practices and Prescribers to support improvement.
- 11.16 In addition to working with the GP Practices the Team will continue to work with each of our main NHS provider organisations to improve medicines optimisation

across all providers and ensure patients receive a consistent message. This will include antimicrobial use.

- 11.17 The Medicines Management Team will produce an Annual Antibiotic Prescribing Report detailing the work carried out with regards to antibiotic prescribing and the outcomes that have been achieved.

12 Success

- 12.1 The success of this strategy relies on the whole health economy taking responsibility for infection prevention and control, with shared ownership across all organisations. We will know that we have been successful when:

- Incidence of avoidable infections has been reduced year on year.
- All environments exceed minimum standards of cleanliness.
- Decontamination facilities comply with best practice evidence.
- There is a unified and standard approach to infection prevention across the health economy.
- Our patients feel confident that they are safe from infection.

13 Risks Related to the Implementation of the Strategy

- 13.1 The CCG recognises and accepts that to deliver this strategy and to monitor and demonstrate an improvement in outcomes, the support of a suitably qualified, professional IPC advisor will be vital. Other areas of potential risk are outlined as follows:

- Commissioner expectations not clearly defined and/or communicated to Providers resulting in a potential failure to secure engagement and subsequent non-compliance.
- Provider non-compliance with legislation, Health and Social Care Act 2008 (DH, 2015) and good practice guidance.
- Potential weaknesses in contracts and contract monitoring processes.
- Provider non-compliance with national and local prescribing guidance
- Quality assurances process not clearly defined and embedded.

14 Measuring Improvement

- 14.1 A year on year reduction of preventable infections is an indicator of effectiveness. NHSI sets reduction objectives for *C. difficile*, *E.coli* and *MRSA* as three organisms which can be used as a marker to demonstrate the efficacy of infection prevention and control measures.

- 14.2 Shared learning from PIR and RCA will be embedded into practice to mitigate risk of repeated recurrences.

- 14.3 There is a requirement to report incidence of BSI caused by Klebsiella spp, Pseudomonas aeruginosa and MSSA and whilst there is no reduction objective there is an opportunity to implement measures to improve care and reduce incidence.
- 14.4 Audit will identify opportunities for and demonstrate improvements in clinical practice. This will be evidenced through compliance with the Code of Practice (DH 2015).
- 14.5 Commissioners of services have a duty to set quality standards and monitor the quality of services providing healthcare through service redesign opportunities and the development of service specifications.
- 14.6 The indicators will be outcome focused and regular monitoring will drive quality improvements that will be reported via the CCG performance dashboard; quality reports and quality assurance framework. This will enable the organisation to gain assurance at Board, executive and operational levels.
- 14.7 The quality assurance framework will also be used to demonstrate regulatory compliance. Compliance with CQC regulatory standards will also ensure continual adherence to high quality, safe care.
- 14.8 Quality improvements will also be reported to NHSI local teams. In addition the CCGs will continue to work closely with the Local Authority Health Protection Team and PHE to monitor wider community infections.
- 14.9 At a local level, commissioners will ensure compliance with the Code of Practice (DH 2015) on the prevention and control of infections and related guidance, provide challenge and monitor the incidence of HCAI and good practice at the provider QSSG meetings.

15 Driving Innovation and Developments

GP PIT Programme “General Practice: Preventing Infection Together”

- 15.1 The GP PIT programme is an innovative, multi approach programme developed to enable the delivery of the Strategy for the Management of HCAI within Wigan Borough Primary Care Medical Practices (General Practices). The GP PIT Programme:
- Provides opportunities for all Practice staff to network and share good practice and learning.
 - Support Practices with the implementation of the Primary Care HCAI Annual Programme of Work.
 - Support Practices with the compliance requirements of the Health and Social Care Act 2008 (DH, 2015) Outcome 8: Cleanliness and infection control with regard to audit and policy development, education.
 - Support the PIR/ RCA process.
 - Provides educational learning opportunities for example: Sepsis Awareness and Infection Prevention updates.

Wigan Borough CCG: *C. difficile* Escalation Plan

15.2 The Plan will be activated if successive lapses in care are noted within the same care environment / practice area following the review of *C.difficile* cases. The intention being to:

- Optimise and support all learning opportunities *and*
- Identify any areas that require additional action.

16 Equality, Diversity and Human Rights

16.1 Promoting equality, valuing diversity and upholding human rights is closely related to the pursuit of quality and actions to address and reduce gaps in health inequalities. The NHS Equality Delivery System (EDS) was launched in November 2011, relaunched “refreshed” in November 2013 and mandated on 1 April 2015 by NHS England for all NHS Provider Services.

16.2 This is a self-assessment process that involves assessing performance for the nine ‘protected’ characteristics in the Equality Act 2010 (Age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation), and other disadvantaged groups (e.g. homeless people, asylum seekers and refugees, carers).

16.3 A quality service is one that:

- Recognises the needs and circumstances of each patient, carer, community and staff member;
- Ensures that services are accessible, appropriate, safe and effective for all;
- Ensures that workplaces are free from discrimination where staff can thrive and deliver.

16.4 A service cannot be described as a quality service if only some patients achieve good outcomes whilst others do not (NHS England 2013).

16.5 The NHS EDS aims to ensure equal quality for patients and staff in the NHS based on the following performance goals:

GOAL	
Better Health Outcomes for All	<i>The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results</i>
Improved Patient Access and Experience	<i>The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience</i>
Empowered, Engaged and Supported Staff	<i>The NHS should increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting staff to better respond to patients’ and communities needs</i>
Inclusive Leadership at all levels	<i>NHS organisations should ensure that equality is everyone’s business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions</i>

16.6 All residents of the Borough are potentially at risk of developing infections, some equality target groups (for example the elderly and disabled) access healthcare more frequently and are therefore at a higher risk than the general population.

17 Implementation, Monitoring, Audit and Review

- 17.1 A fundamental principle of IPC in relation to HCAI is the creation and maintenance of the environment and processes that ensure safety for patients, visitors and staff. The implementation of this Strategy will assist to enhance and promote the commissioning and delivery of quality, safe services.
- 17.2 Once the Strategy has been approved by the CCG Governing Body, the Director of Nursing and Quality will ensure the Strategy is communicated internally and placed on the intranet and the CCG public website for access.
- 17.3 The CCG will monitor and review performance in relation to HCAI and the continuing suitability and effectiveness of the systems and processes in place to manage associated risk through the oversight of the Clinical Governance Committee, Senior Leadership Team and the Governing Body.
- 17.4 HCAI will also be captured within the Quality and Safety reports received and reviewed by the Clinical Governance Committee and CCG Governing Body on a quarterly basis.
- 17.5 The CCG IPC Surveillance and Audit Lead will:
- Ensure the implementation and review of the strategy following approval;
 - Monitor the IPC annual work programmes through the QSSGs,
 - Ensure the update of the strategy 3 yearly or earlier if mandated by any changes to legislation, regulation or codes of practice and in the event of any organisation integration or structure changes.

18 Reporting Arrangements

- 18.1 The CCG will ensure that there are robust governance arrangements in place with delegated responsibility and accountability to ensure that this Strategy is implemented; monitored and reviewed.
- 18.2 NHS Providers will be required to report on HCAI on a bi-monthly/ quarterly basis through the CCG QSSGs as detailed within this Strategy. Any areas of significant risk and or concern will be escalated for the attention of the Governing Body.
- 18.3 The HCAI Dashboard will be received and reviewed on a monthly basis by the CCG Clinical Governance Committee.
- 18.4 Going forward, further engagement and partnership working will be required to ensure that all parties have a clear understanding of how the process will work at a Primary Care level and importantly who will undertake the required data collection, collation, inputting and analysis. This is particularly important with regard to *C.difficile*, MRSA and GNBSI including *E.coli*, *Klebsiella* spp and *Pseudomonas aeruginosa*.

19 Conclusion

- 19.1 The Strategy demonstrates how IPC contributes to the designing and commissioning of quality services for the residents of the Borough to ensure clinical effectiveness and safety.

- 19.2 It is also about continuity and change. Continuity comes from the Strategy's links with the founding principles of the legislation and good practice in relation to IPC and the work that has been undertaken and established previously by the CCG.
- 19.3 In addition to the national drivers change will come from a stronger focus on local priorities as directed by 'Further Faster Towards 2020' the Wigan Borough Locality Plan for Health and Care Reform (April 2016).
- 19.4 Shared ownership which will be vital in respect of the development of a health economy wide approach and the involvement of local people wherever practicable in the commissioning and delivery of health and care services.

20 References

Care Act 2014. London. Department of Health (DH).

http://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga_20140023_en.pdf

Care Quality Commission (2013). *Enforcement Policy*. London. Care Quality Commission. <http://www.cqc.org.uk/content/enforcement-policy>.

Care Quality Commission (2009). *Summary of regulations, outcomes and judgement framework*. London. Care Quality Commission.

http://www.cqc.org.uk/sites/default/files/documents/guidance_about_compliance_summary.pdf

Department of Health (2015). *The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance*. London. DH.

Department of Health (2013). *Annual Report of the Chief Medical Officer, Volume Two, 2011, Infections and the rise of antimicrobial resistance*. London. DH.

<https://www.gov.uk/government/publications/chief-medical-officer-annual-report-volume-2>

Department of Health (2008). *Clostridium difficile infection: how to deal with the problem*. London. DH.

<https://www.gov.uk/government/publications/clostridium-difficile-infection-how-to-deal-with-the-problem>

'Further, Faster Towards 2020' *The Wigan Locality Plan for Health and Care Reform*. Wigan Leaders Group. April 2016.

NHS Improvement (2018). *Clostridium difficile infection objectives for NHS organisations in 2018/19, guidance on sanction implementation and notification of changes to case attribution definitions from 2019*. London. NHSI.

<https://www.england.nhs.uk/patientsafety/associated-infections/clostridium-difficile/>

NHS Improvement (2018). *Update on the reporting and monitoring arrangements and post-infection review process for MRSA bloodstream infections*. London. NHSI.

https://improvement.nhs.uk/documents/2512/MRSA_post_infection_review_2018_changes.pdf

NHS England (NHSE) (2013). *A refreshed Equality Delivery System for the NHS*. London. NHSE.

<https://www.england.nhs.uk/wp-content/uploads/2013/11/eds-nov131.pdf>