Executive Summary

The attached report provides a retrospective review of infection prevention and control for NHS Nottingham North and East, Nottingham West and Rushcliffe Clinical Commissioning Groups (CCGs) during 2014-15.

It includes:
- The means by which the CCGs secured assurances from its commissioned services that appropriate systems were in place to keep patients, staff and visitors safe from healthcare associated infections
- Provider performance - with a particular focus on Meticillin-resistant *Staphylococcus Aureus* bloodstream infections and *Clostridium difficile* infections for which there are nationally set reduction limits for both acute trusts and CCGs
- Actions in place and future plans for reducing healthcare associated infections in 2015-16 and beyond

Despite significant reductions in the numbers of healthcare associated infections reported not all organisations achieved the nationally set reduction targets for Meticillin-resistant *Staphylococcus Aureus* bloodstream infections and *Clostridium difficile* infections as follows:

**Nottingham University Hospitals NHS Trust** breached both nationally set objectives:-
- Four MRSA blood stream infections against a limit of 0
- 113 cases of *Clostridium difficile* against a limit of 98

**NHS Nottingham North and East Clinical Commissioning Group** breached both nationally set objectives:-
- 3 MRSA blood stream infections against a limit of 0, 1 of the 3 cases was community acquired
- 67 cases of *Clostridium difficile* against a limit of 42

**NHS Nottingham West Clinical Commissioning Group** breached the MRSA objective and achieved the *Clostridium difficile* target:-
- 1 MRSA blood stream infections against a limit of 0
- 33 cases of *Clostridium difficile* against a limit of 35

**NHS Rushcliffe Clinical Commissioning Group** breached the MRSA objective and achieved the *Clostridium difficile* target:-
- 2 MRSA blood stream infections against a plan of 0
- 26 cases of *Clostridium difficile* against a limit of 28

The following actions have been identified to ensure that the CCGs continue to fulfil their duty to improve quality and outcomes and to build public confidence and trust in healthcare services:
- Review service provided by CCGs to independent contractors i.e. care homes and GP services in order to find a cost effective and affordable solution for the future.

- Review the provision of IPC services within service lines of provider contracts annually to ensure value for money.

- Support the Whole health Economy HCAI reduction group by committing resources and participation.

- Review roles and responsibilities for Primary Care. The duty to promote quality within primary care is split between the Area Team and CCGs. Currently, the Area Team do not have specialist infection prevention and control resources and this has been identified as a gap. CCGs have mitigated against this by supporting the quality team (using existing specialist resources bought in from NHS Nottingham City CCG and an additional post) to take this forward as part of the quality strategy priorities.

NHS Rushcliffe Clinical Commissioning Governing Body is asked to:

- **SUPPORT** the actions being taken to ensure that the CCG fulfils its commissioning responsibilities in relation to infection prevention and control.

- **PROVIDE** feedback and comments on the presentation of and the information contained within the report.

- **AGREE** to receive quarterly update reports during 2015-16.

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