Infection Prevention and Control and Immunisation Work Plan

2012/13

Outcome/Indicator/ Domain	Target/Aim/Standard	Actions Agreed	Lead Officer	Assurance Process/Data Source	Progress/Update
Public Health Outcomes Framework, Domain 3 (health protection)	Population Vaccination Coverage				
	a) Seasonal Flu Vaccination uptake: • Over 65's • 75% - WHO target • Clinical risk groups Under 65 years of age including pregnant women 70% (as per CMO letter Gateway: 15653 March 2011) • Health Care Workers –Target 70% NB targets maybe amended following receipt of CMO guidance for 2012/13 programme	GP's to review and ensure robust call and recall systems to ensure patients identified according to ImmForm business rules. GP's to arrange vaccination of housebound not on D/N caseload, including care homes Local Media Campaign to be developed and pursued throughout flu season Ensure adequate vaccine supply – complete spread sheet to identify potential shortfall. The RFT to support vaccination programme by assessing patients at admission/outpatient appointments and vaccinate opportunistically.	Richard Potter Kathy Wakefield Practice Manager Ken Clayton/ Fiona Topliss Kathy Wakefield/ Practice Managers Kathy Wakefield Supported	Automated upload to ImmForm – frequency determined by DH Monthly reports from provider organizations including primary care	

		Maternity Services to vaccinate all pregnant opportunistically at all/any antenatal contact/clinics (in primary care and RFT sites) with the exception of domiciliary visits. Maternity Services to work with Practices to ensure pregnant women denominator is accurate Ensure timely sharing of administration between secondary and primary care. District Nursing Teams to vaccinate the housebound already on their case load – aim to complete this process by end of November. Consider training HCA to deliver flu programme For children in clinical risk groups – vaccination status to be checked on attendance/admission to The RFT – staff to vaccinate where necessary Contract variation to be agreed with RFT LES may need to be developed to cover carers and other groups not specifically listed in the guidance but deemed at risk.	by RFT Medical and Nurse Directors as Exec Leads. Theresa Woodward/ Jayne Manderson Ann Douglas Yvonne Weakley/ Dr Hashmi Ian Atkinson Richard Potter		

		Vaccination offered through workplace, health and wellbeing and by individual employers – this includes Social care staff (RMBC) Independent Social Care Providers Requirement to ensure provision of vaccination has been incorporated into the Care Home contract – this includes providing action plans of provision and final uptake data.	Pam Wright and Practice Managers Dave Morgan/ Sarah McCall					
	b) Childhood immunization programme 0-5 years	Uptake data by practice to be issued in form of 'QUILT' monthly Quarterly 'QUILT' to be followed by root cause analysis for practices under achieving and actions identified. Quarterly QUILTs to be reviewed by Health Protection Manager Missing Imms and DNA reports to be issued to practices by Child Health Vaccination COVER data part of annual contract review for practices. MMR media campaign to boost MMR uptake	Marcus Williamson Kim Jones Kathy Wakefield Kim Jones Richard Potter Kathy Wakefield/ Fiona Topliss	HPA COVER data from Child Health Department – monthly and quarterly	Q1	Q2	Q3	Q4/ Annual
	DTaP/IPV/Hib age 1 97%							
	Hib/Men C age 2 96%							
	PCV Booster age 2 95%							
	MMR age 2 95%							
	MMR 2nd dose age 5 92%							
	DTaP Booster age 5 93%							

		Review pilot of birthday card for 3 year olds to increase uptake of Pre school booster – consider how the initiative could be developed.	Kathy Wakefield Ken Clayton		
	MMR Catch up (5-18 year old) – 90%	Annual uptake report to be provided based on academic year	Ian LoveKim Jones	Immform survey annual CHID report annually	
	MMR catch up 19-24 year olds – no target as there is no formal reporting mechanism	Practices encouraged to call/recall patients not having received two doses. LES to be maintained for this age group	Kathy Wakefield Richard Potter	No formal reporting mechanism	
	c) HPV for girls aged 12-13 years – completing all three doses 90% completing programme by the end of August 2011 Cohort (denominator) = 1771	Continue to offer vaccination to girls outside of routine cohort to ensure completion of three doses. Programme for girls in routine cohort (entering Y8 , 12-13 year olds) in September 2010 to be completed by end of July 2011 Non school attenders access via GP (LES in place) or HPV Team. Systems to be established to ensure continuation as per Service Spec from Sept 2012 to August 2013.	Sue Gittins/Jo Marsh Richard Potter Kathy Wakefield	Data via HPV team/Child Health Recorded on ImmForm – monthly monitoring – annual report	Q1 | Q2 | Q3 | Q4 | | | | | | | | | | | |

		Ensure timely reporting of uptake on CHIS HPV vaccination to be recorded on Exeter system minimum of quarterly to facilitate national cancer screening programme for cervical screening	Jo Marsh/ Kim Jones Kim Jones/ Alicia Gray	Monitoring by QARC (Yorks and Humber) and national cancer screening programme	
	d) Td/IPV Booster for 13 -18 year olds Ensure young people are adequately vaccinated prior to leaving school 90%	Programme delivered through school nursing service Need to develop a system for monitoring uptake	Sue Gittins/ Kim Jones Ian Love	Annual Report via CHIS based on academic year.	Q1 Q2 Q3 Q4
	e) Pneumococcal. Over 65's - Based on uptake for 2011/12(74.6) – local target of 76% should the programme be continued Under 65 at risk groups	Programme delivered through General Practice. Practices to call patients in this group. Delivered as per 'green book' by primary care. Practices to identify and call all at risk patients. Pneumococcal programme to be supported by RFT – relevant groups attending for outpatients or admission	Richard Potter Medical and Nurse Directors/ Kathy Wakefield	ImmForm annual survey April/May 2013 for 2011/12 uptake	

	f) Targeted Programmes Neonatal Hepatitis B Neonatal BCG RSV Rotavirus MMR for Rubella Susceptible women	Midwives to be vaccination trained to administer BCG and Hepatitis B prior to discharge. To improve DNA rate for BCG attendance DNA's for 4th dose hep B and BCG to be referred to Health Protection Manager for investigation and follow up. Continue multi-agency work to review and develop care pathway to ensure full course of vaccination given. Dried blood spot testing to be used for children not attending RFT for serology for Hepatitis B, Children identified as per national protocol and decision tool. Activity to be monitored by paediatric pharmacist at RFT. Agreed between DPH and CCG to investigate possibility of local implementation of vaccination programme. Rubella status to be assessed as part of any new entrant health check. 1st dose to be offered by Maternity	Jayne Manderson Kathy Wakefield Kathy Wakefield Kathy Wakefield Kathy Parke/Diana Mowbray Kathy Wakefield Alison Iliff/ Kathy Wakefield Jayne		

		Services prior to discharge – as per IDIP screening standards 2010 (implemented April 2012)	Manderson/ Theresa Woodward		
	g) Immununisation Training All staff involved in immunization to provide evidence of compliance with HPA core standards for training	Providers will be responsible for ensuring training records for their staff are maintained, these may be requested as part of an audit or contract review. National skills for health e-learning package may be used for induction and/or updates Training days are available via Sheffield University for all providers – these are coordinated by the Health Protection Manager	Practice Managers Practice/ Departmental managers. Kathy Wakefield	Providers of immunization services to issue compliance statement/ assurance framework to Performance and Risk Department	
Public Health Outcomes Framework – Domain 3 (health protection)	Communicable Disease and Sexually Transmitted Infections				
	Tx Completion for patients with TB	Ensure compliance with NICE guidelines, and service delivery in line with CMO TB action plan and commissioning toolkit Ensure at risk people are identified, screened and treated to minimize the risk of transmission. Develop patient pathway to ensure	Kathy Wakefield/ Tracey Turton	TB steering group minutes	

		comprehensive service delivery Monitor incidence and trends of TB including treatment outcome and drug resistance patterns. Identify areas for improvement in screening, diagnosis and management e.g. new entrants – develop business cases as necessary – consider T spot Test pilot Evaluate impact of social deprivation and other health inequalities/determinants in relation to the incidence of TB Undertake a Strategic Needs Assessment Ensure provision for targeted vaccination where indicated. Undertake annual audit of TB service	Alison Iliff/ Kathy Wakefield Kathy Wakefield/ Elaine Barnes Kathy Wakefield Michelle Scott/ Jayne Manderson Ian Baker/ Tracey Turton	HPA reports via enhanced surveillance	
	Chlamydia diagnosis for people aged 15-24 year.	Reduce transmission of Chlamydia by identifying positive cases/carriers in a timely manner. Target 2400-3000 positive results	Gill Harrison		

		per 100,000 population = to approx 769-962 actual cases per year Promote testing, safe sex messages and access to testing. Ensure good access to services and appropriate onward referral and management.			
	People presenting with HIV at late stage of infection	**All** pregnant women should be offered HIV screening in each pregnancy as per IDIP screening standards 2010. Promote awareness through sexual health forums and networks Ensure access to GUM services for testing and management Encourage early referral and testing as per national guidelines. Work collaboratively with Clinical Referrals Management Committee. Report late diagnosis/referral as exceptions	Theresa Woodward Gill Harrison Gill Harrison	RFT positive reports HPA data GUM data	
Public Health Outcomes Framework – Domain 4 (Healthcare public health and preventing	Reducing mortality from Communicable Diseases	Implement vaccination programmes in line with national programme Aim to improve uptake of	Kathy Wakefield	Mortality Rates published by HPA.	

premature mortality)		vaccination to levels which achieve herd immunity. Ensure communicable diseases are diagnosed, reported and managed promptly. Through IDIP screening implementation group consider other infections that could be detected in pregnancy which would improve outcome for mother and child Monitor mortality due to HCAI		HPA cover data and immunization uptake data	
Public Health Outcomes Framework – Domain 2 (health improvement)	Access to non cancer screening programmes i.e. infectious diseases in pregnancy screening – Hepatitis B, HIV, Syphilis and Rubella susceptibility	Ensure national standards are implemented and embedded. Audit implementation annually Report to Rotherham antenatal and newborn screening operational governance committee Agreed as a KPI with RFT	Theresa Woodward	RFT data	
Public Health Outcomes Framework – Domain 2 (health improvement), Domain 4 (healthcare public health and preventing premature	Successful completion of drug treatment. Reducing mortality due to liver disease Reducing premature	Ensure timely and appropriate referral and management of people with Hepatitis B or C (all ages) Ensure support mechanisms are in place to increase compliance with	Kathy Wakefield (Viral hepatitis steering group)	Reports to steering group NTA data HPA data	

death). NHS outcomes framework – Domain 1 (preventing people dying prematurely)	mortality from the major causes of death – under 75 mortality rate from liver disease	treatment Monitor referrals for treatment, aim to improve DNA rates and monitor treatment outcome. Promote vaccination where available to at risk groups Ensure compliance with national and NICE guidelines Review and implement new treatments as appropriate Develop work plan to be monitored by steering group to include JSNA.			
NHS Outcomes Framework – Domain 5 (treating and caring for people in a safe environment and protecting them from avoidable harm). Adult Social Care Outcomes Framework – Domain 4 (safeguarding adults – protecting them from avoidable harm)	Reducing the incidence of MRSA and C.diff. People are protected as far as possible from avoidable harm, disease and injury	Assurance report to be submitted to Strategic Infection Prevention and Control Committee by all providers. Monthly quality reports to be submitted to Lead Nurse for NHS Rotherham All HCAI related deaths to be reported to Health Protection Manager within one working day and to be reported as serious	Kathy Wakefield	Number of incidents/ positive reports – HPA MESS data	

		incident. Zero-tolerance culture to be adopted across by commissioners and providers for avoidable infections Performance against plans to be monitored at least monthly. Out of area reports followed up by Health Protection Manager Establish monthly RCA meetings Ensure MRSA screening in line with national policy	Sue Cassin Walid Al-Wali		
	MRSA bacteraemia RFT annual plan = 0 NHSR annual plan = 3	All cases to have RCA within 7 days of notification MDT to follow RCA Action plans to ensure lessons identified are learned and shared	Walid Al-Wali		
	C. diff RFT annual plan = 31 NHSR annual Plan = 73	Ensure prudent antibiotic prescribing across primary and secondary care All cases to have RCA within 7 days of notification MDT to follow RCA where appropriate Action plans to ensure lessons identified are learned and shared	Walid Al-Wali/ Jason Punyer Walid Al-Wali		

		Implement and embed CDT management initiatives	Kathy Wakefield		
	Reduce the incidence of MSSA Bacteraemia	Mandatory surveillance via MESS Lessons learned and shared where identified. Monthly monitoring	Walid Al-Wali	HPA MESS data	
	Reduce the incidence of E. coli bacteraemia	Mandatory reporting via MESS Use surveillance to identify lessons to learn and share. Monthly monitoring	Walid Al-Wali	HPA /MESS data	
	NHS Safety Thermometer	Ensure compliance with CQUIN requirement by all relevant providers. Data collection and reporting to commence in July 2012 – this data will be used to determine quality goals for future years Quarterly reports to be provided by Contracting Team to Strategic Infection Prevention and Control Committee	Caron Smith/Kate Tuffnell	1/4ly Reports to SIPaCC	
Public Health Outcomes Framework – Domain 4 (healthcare public health and preventing premature mortality)	Emergency readmissions within 30 days of discharge	Monitor number of patients readmitted with SSI Monitor number of patients readmitted due to HCAI	Walid Al-Wali/ Kathy Wakefield	Report to SIPaCC	
Work streams not					

directly to an outcomes framework					
Policy Development	a) Mass Vaccination Plan	Review to take account of organizational and service redesign	Kathy Wakefield		
	b) Pandemic Influenza Plan	Review in line with DH pandemic preparedness and response guidelines	Kathy Wakefield		
	c) Infectious Diseases Outbreak Plan	Develop policy in line with SYHPU and SHA Identify roles and responsibilities/accountabilities within the Local Authority and Public Health Department. Policy to be developed using principles of the national decision tool	Kathy Wakefield		
	d) Cold Chain Policy	Ensure policy content compliant with NPSA guidance/alert on maintaining cold chain and integrity of vaccines. Develop policy to ensure all aspects related to the cold chain are adhered to by all providers of immunization services. Audit policy annually.	Kathy Wakefield Rachel Garrison		
	e) Seasonal Flu Plan	Review annual plan to take account of CMO guidance for 2012/13 vaccination programme.	Kathy Wakefield		

Infection Prevention and Control in Dental Practice	Ensure all General Dental Practitioners are fully compliant with the CQC requirements , HTM 01-05 and other relevant legislation	Support Dental Practitioners to achieve the 'best practice' elements of HTM01-05 by including them as a QID marker. Repeat audit of HTM 01-05 compliance across all Dentists in February 2012 - action plans to be produced by practices to demonstrate move to best practice Support practices in relation to the implementation of the EU Directive to prevent sharps injuries	John Heyes	Reports to SIPaCC	
Infection Prevention and Control in Care Homes	Ensure compliance with regulation 12, outcome 8 of the Health and Social Care Act and code of practice	Infection prevention and control to be included in Care Home contracts Work with LA to develop assurance framework/standards for infection prevention and control Support Contract and Assurance Review Officers at LA and CQC – carrying out formal inspections/visits as required, followed by the submission of a report Implement and review the pilot for the management and treatment of MRSA in Care Homes Consider how NHS Safety Thermometer can be incorporated	Kathy Wakefield/ Sarah McCall Kathy Wakefield Walid Al-Wali		

		into care home contract to improve standards. Health Protection Manager to attend Care Home Managers and Domiciliary Forums			
Infection Prevention and Control in General Practice	To ensure high standards of infection prevention and control in primary care. Prepare practices for registration with CQC from April 2013 and other relevant legislation.	Work with practices and GP Commissioning and Quality Teams to provide advice and support as required. Infection prevention and control to be included in contract review processes. Support practices to implement the EU Directive for the prevention of sharps injuries	Richard Potter/ Angie Brunt/ Kathy Wakefield	Primary Care Team	
Audit	Neonatal Hep B immunisation	Audit of babies born to Hepatitis B positive Mums in 2010 To identify the number of babies requiring and receiving Hepatitis B vaccine and assess the dropout rate between dose 1 and dose 4.	Ian Baker		
	TB Services	Audit of services in line with TB toolkit Assess the current level of service and identify gaps and areas of service development	Ian Baker		
	Cold Chain Audit	All providers of immunisation services to complete audit	Rachel Garrison/		

		Comply with NPSA recommendations	KW		
	Hepatitis B to at risk groups	Annual assessment of which groups practices routinely offer hepatitis B vaccination, to identify shortfalls and encourage promotion of vaccination	Kathy Wakefield		
Mandatory Surgical Site Surveillance	Requirement to conduct a minimum of one module of orthopaedic surveillance per year.	RFT to notify NHSR of the category to be surveyed.	Walid Al-Wali	RFT Hospital Statistics. National Report from Nosocomial Surveillance Unit	