Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Surveillance Policy

This procedural document supersedes: PAT/IC 31 v.4 – Surveillance Policy

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Executive Sponsor(s):	David Purdue, Director of Nursing, Midwifery and Allied Health Professionals
Author/reviewer: (this version)	Joanne Lee, Infection Prevention and Control Practitioner
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Target audience:	Trust-wide

Amendment Form

Version	Date	Brief Summary of Changes	Author
Version 5	29 October 2020	• 4.3 word change from IPCT (Infection prevention and control team) to the Nutrition team • 4.4 updated contact details for Health protection teams (HPT) and link to notification form • 4.5 title change and reword of details • 4.7 removal of for Elective Orthopaedic Surgery from title and adding in the National Surveillance Program • The use of Clostridium difficile to Clostridioides difficile throughout the policy • Insertion of data protection and patients lacking capacity statements • Removal of previous 4.8	Joanne Lee Infection Prevention & Control Practitioner
Version 4	5 June 2017	• 4.6 word change from avoidable or unavoidable to a lapse or no lapse in care • 4.7 added Total Hip Replacements • Public Health England Contact details updated • Updated References	Beverley Bacon Infection Prevention & Control Practitioner
Version 3	June 2014	• RCA forms Appendix removed. • Post Infection Review toolkit section 4.6 • Equality Impact Assessment added Appendix 1	Maurice Madeo Deputy DIPC

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1 INTRODUCTION

Surveillance is an essential component of infection prevention and control (Department of Health (DoH)/Public Health Laboratory Service, 1995). High quality information on infectious diseases, healthcare associated infection and antimicrobial resistant organisms is essential for monitoring progress, investigating underlying causes and applying prevention and control measures (DoH, 2003a).

Surveillance will be undertaken as part of a national surveillance scheme or may involve the use of a locally defined protocol. Some national surveillance schemes are mandatory, while others are voluntary.

All surveillance systems have four key components:

- Data collection using standard case definitions
- Collation of data
- Analysis and interpretation
- Timely dissemination of information

The guidance outlined in this policy applies to all individuals employed within the Trust.

2 PURPOSE

The purpose of this policy is to provide a framework to:

- Monitor the incidence of infection.
- Provide early warning and investigation of problems and subsequent planning and intervention to control.
- Monitor trends, including the detection of outbreaks.
- Examine the impact of interventions.
- Ensure compliance with mandatory surveillance systems.

Adherence to this policy will ensure the Trust meets its statutory obligation to report alert organisms, and other Healthcare Associated Infections (HCAI), to the regulatory bodies. It will also provide evidence of local surveillance and the use of comparative data in the monitoring of infection rates. Timely reporting of this data to clinical areas should assist in the reduction of any healthcare associated infection.

It will also ensure compliance with the Health and Social Care Act 2008: Code of Practice for the NHS for the Prevention and Control of Healthcare Associated Infections.

This policy provides guidance on infection prevention and control surveillance issues for Trust staff and includes Agency/Locum/Bank Staff. All staff have a responsibility for ensuring that the principles outlined within this document are universally applied.

3 DUTIES AND RESPONSIBILITIES

Board of Directors
The Board of Directors, through the Chief Executive and the Medical Director, will delegate to the Directors of Infection Prevention and Control the responsibility for ensuring that there is a surveillance system and processes in place for the surveillance of infection that meet local and national requirements:

Chief Executive
The Chief Executive is responsible for:

- Ensuring that the mandatory surveillance data entered on the Public Health England health care associated infection data capture system is 'signed off' by the 15th of each month.

Division Directors, Associate Medical Directors and Assistant Directors of Nursing
Each Divisional management team is responsible for:

- Using the outcome data from surveillance activities to inform actions plans for improvement.
- Ensuring that investigations into cases of Clostridioides difficile infection are undertaken using principles of Post Infection Review (PIR), action plans formulated and learning shared monitoring any action plans through Clinical Governance.

Infection Prevention and Control Team (IPCT)
The IPCT is responsible for:

- Coordinating surveillance activities.
- Producing timely feedback of surveillance data to wards/units.
- Ensuring that patients, with first time isolates of key alert organisms and conditions, have an Infection Prevention Control (IPC) alert placed on the CaMIS IT system.
- Producing surveillance reports to relevant committees and groups and for the Board of Directors.
- Ensuring that data required as part of the mandatory surveillance programme are reported on the Public Health England (PHE) web based health care associated infection data capture system.
- Co-ordinating post infection reviews following Trust apportioned MRSA bacteraemia.
- Supporting the investigation of, and learning from cases of Clostridioides difficile infection (CDI) via PIR.
- Supporting the investigation of, and learning from other types of HCAI as relevant.
- Investigating suspected incidents of cross infection and outbreaks.

Microbiology Department
The microbiology laboratory is responsible for:

- Ensuring that appropriate tests are available to support surveillance activities.

- Ensuring that results are communicated promptly to clinical teams and the infection prevention and control team.

Matrons and Other Registered Nurses
Matrons and other registered nurses are responsible for:

- Ensuring that relevant patients are screened for MRSA on admission or pre admission as per policy (PAT/IC 6)
- Ensuring that other specimens are obtained in a timely manner.
- Ensuring that arrangements are in place to check for an Infection Control alert on CaMIS to identify patients with a history of an alert organism or condition.
- Engaging in the investigation of infection incidents and learning from PIR events.

Consultant and Other Medical Staff
Consultants and other medical staff are responsible for:

- Considering surveillance reports pertinent to their specialty.
- Engaging in improvement work if surveillance data suggests that improvement is appropriate.
- Engaging in the investigation of infection incidents and learning from PIR events.
- Reporting notifiable diseases to the 'Proper Officer' who is the Consultant in Communicable Disease Control (CCDC) for PHE.

Individual Employees
Individual employees are responsible for:

- Ensuring their own practice complies with this policy and for encouraging others to do so.
- Will report any areas of concern using the appropriate reporting /escalation methods.

PATIENTS LACKING CAPACITY
Sometimes it will be necessary to provide care and treatment to patients who lack the capacity to make decisions related to the content of this policy. In these instances staff must treat the patient in accordance with the Mental Capacity Act 2005 (MCA 2005).

- A person lacking capacity should not be treated in a manner which can be seen as discriminatory.
- Any act done for, or any decision made on behalf of a patient who lacks capacity must be done, or made, in the persons Best Interest.
- Further information can be found in the MCA policy, and the Code of Practice, both available on the Extranet.

There is no single definition of Best Interest. Best Interest is determined on an individual basis. All factors relevant to the decision must be taken into account, family and friends should be consulted, and the decision should be in the Best interest of the individual. Please see S5 of the MCA code of practice for further information.

4 PROCEDURE

4.1 Alert Organisms and Condition Surveillance

Alert organisms are identified in the microbiology laboratory and include organisms such as Methicillin-resistant Staphylococcus aureus (MRSA) and other antibiotic resistant organisms e.g. Vancomycin Resistant Enterococci (VRE), Extended Spectrum Beta lactamases (ESBLs), Clostridioides difficile, Streptococcus pyogenes, Norovirus, Covid-19 and Respiratory Syncytial Virus (RSV). The Medical Microbiologist is responsible for informing clinical teams when a new clinical isolate (i.e. not screening specimens) of an alert organism has been identified.

Advice on the control measures, if needed, will usually be provided by the IPCT, who will also investigate clusters of cases. However, it is still the responsibility of the clinical team to access and follow up any microbiology results for their patients.

4.2 Infection Control Flagging System

Some patients will become long term carriers of alert organisms e.g. MRSA and other antibiotic resistant organisms. These patients will have an infection control alert put onto CaMIS by the IPCT. It is the responsibility of the clinical staff to contact the IPCT for details about the type of alert/organism a 'flagged' patient may be carrying where this is not clear. This will be shown as a red triangle on the CaMIS system.

4.3 Voluntary Targeted Surveillance

Venous Access Device Associated Bacteraemia Surveillance
Bacteraemias associated with venous access devices in patients receiving TPN will be investigated and reported in the form of a written report to the CGSC and nutrition steering team to target appropriate prevention and control strategies if indicated.

Other Voluntary Targeted Surveillance
The need for intermittent targeted surveillance of other types of infection or sub groups of patients will be determined in response to local need and will be detailed in the annual infection control programme.

4.4 Notifiable Diseases

Some 'alert' conditions are 'Notifiable diseases' (see list below). This a legal term denoting diseases that must, by law, be reported to the 'proper officer' i.e. the Consultant for Communicable Disease Control (CCDC) for Public Health England, Downloadable notification forms can be found at: https://www.gov.uk/government/publications/notifiable-diseases-form-for-registered-medical-practitioners

It is the responsibility of the physician in charge of each case to make the notification.

Diseases notifiable to local authority proper officers under the Health Protection (Notification) Regulations 2010:

Acute encephalitis
Acute infectious hepatitis
Acute meningitis
Acute poliomyelitis
Anthrax
Botulism
Brucellosis
Cholera
COVID-19
Diphtheria
Enteric fever (typhoid or paratyphoid fever)
Food poisoning
Haemolytic uraemic syndrome (HUS)
Infectious bloody diarrhoea
Invasive group A streptococcal disease
Legionnaires' disease
Leprosy
Malaria
Measles
Meningococcal septicaemia
Mumps
Plague
Rabies
Rubella
Severe Acute Respiratory Syndrome (SARS)
Scarlet fever
Smallpox
Tetanus
Tuberculosis
Typhus
Viral haemorrhagic fever (VHF)
Whooping cough
Yellow fever

Public Health England Contact details: Health protection teams (HPT)

East Midlands HPT (Bassetlaw residents)

Public Health England
Seaton House
City Link
Nottingham
NG2 4LA
Telephone; 0344 2254 524
Out of hours advice; 0344 2254 524 (select option 1)

South Yorkshire HPT (South Yorkshire residents)
Public Health England
Vulcan House Steel
6 Millsands
Sheffield
S3 8NH
Telephone; 0114 321 1177
Out of hours advice; 0114 304 9843 (ask for public health on-call)

4.5 Mandatory Healthcare Associated Infection Data Capture System

PHE maintains an enhanced reporting system for MRSA bacteraemia, Meticillin Susceptible Staphylococcus aureus (MSSA) bacteraemia, Gram-negative (Escherichia coli (E.Coli), Klebsiella spp. and Pseudomonas Aeruginosa) bacteraemia and CDI. These are all are reported via the web based data capture system.

This positive data is used by the DoH and monitored as infection control performance indicators. An enhanced data set for Staphylococcus aureus bacteraemia was introduced in 2005, for Clostridioides difficile infection in 2008 and Gram Negative bacteraemia surveillance commenced in 2011. The IPCT are responsible for collecting and reporting the additional data via a dedicated secure website. The Chief Executive ensures that the data entered on the site are 'signed off' by the 15th of each month.

The Infection Prevention and Control Team will undertake surveillance on all E. coli and MSSA blood culture isolates in accordance with the DoH directives. The details will be entered onto the HCAI data capture system within nationally agreed timescales.

4.6 Formal Investigation using Principles of Post Infection Review (PIR)

All hospital cases of MRSA bacteraemia and CDI will be formally investigated to determine if any lessons are to be learnt by adopting the Department of Health's PIR process and toolkit. These cases will then be formally reviewed by the local Clinical Commissioning Groups (CCG) to determine if the case was potentially a lapse or no lapse in care.

The PIR will be conducted by a multi-disciplinary clinical team that will review the event and identify the factors that contributed to it. This includes, but is not limited to;

- A representative from the medical and nursing team who cared for the patient.
- Any other organisation recently involved, e.g. in the last month, in the care of the patient.
- A representative from the CCG and hospital IPCT.
- Director of Infection Prevention and Control.
- Member of the executive team

Summary information for the outcome of the PIR for MRSA is required to be submitted to Public Health England via their data capture system.

Action plans will be developed at the meeting to determine any learning points. These learning points will be used by the divisions to enhance clinical practice.

A PIR summary report will be presented to the Infection Prevention and Control Committee by the IPCT. Progress against the action plan will be reported to the Infection Control Committee by the division leads to ensure actions are concluded in a timely manner.

4.7 Surgical Site Infections (SSI)

The aim of the national surveillance program is to enhance the quality of patient care by encouraging hospitals to use data obtained from surveillance to compare their rates of SSI over time and against a national benchmark, and to use this information to review and guide clinical practice.

Targeted surveillance of orthopaedic implant surgery is a mandatory requirement from PHE. Data collection must be undertaken in the clinical setting for a minimum of three months every year and reported via the PHE surgical site infection surveillance service.

This trust undertakes continuous surveillance for all primary Total Hip and Knee replacements patients.

Ad hoc surveillance is undertaken by the IPCT in other areas including Breast, vascular, gastric and bowel surgery

4.8 Serious Incident (SI) and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

Serious Incidents in health care are adverse events, where the consequences to patients, families and carers, staff or organisations are so significant or the potential for learning is so great, that a heightened level of response is justified. Serious Incidents include acts or omissions in care that result in; unexpected or avoidable death, unexpected or avoidable injury resulting in serious harm – including those where the injury required treatment to prevent death or serious harm, abuse, Never Events, incidents that prevent (or threaten to prevent) an organisation's ability to continue to deliver an acceptable quality of healthcare services and incidents that cause widespread public concern resulting in a loss of confidence in healthcare services.

A serious incident includes:

- Outbreaks - e.g. 2 or more linked cases of Clostridioides difficile infection within 28 days.
- Infected healthcare worker or patient incidents requiring a look-back exercise e.g. Tuberculosis (TB), variant Creutzfeldt-Jakob disease (vCJD), blood borne viral infections
- Significant breakdown of infection prevention and control procedures, such as the use of invasive instruments released from a failed sterilisation cycle or the use of contaminated blood products.
- Any infection reliably attributable to the performance of the work of an employee within the Trust is reportable to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). Reporting is normally undertaken by the Safety & Risk Department on the advice of the Health and Wellbeing Department

In addition, certain exposures to micro-organisms may also be reportable as dangerous occurrences e.g. exposure to HIV or Hepatitis B/C as a result of an inoculation injury. Once again reporting is undertaken by Risk Management.

4.9 Reporting

The Chief Executive is responsible for ensuring that there are effective services for infection prevention and control within the Trust. The Director of Infection Prevention and Control (DIPC) reports to the Chief Executive on all aspects of surveillance, prevention and infection control through the bi-monthly meetings of the Infection Prevention and Control Committee and produces an annual DIPC report.

The Director of Infection Prevention and Control is also a member of the Trust Clinical Governance & Quality Committee and Patient Safety Review Group.

The Infection Prevention and Control Team feedback surveillance data to the wards and departments, including new cases of MRSA colonisation/infection and Clostridioides difficile infection. This will enable wards and departments to determine the impact of any prevention and control strategies required.

5 TRAINING/ SUPPORT

The training requirements of staff will be identified through a training needs analysis. Role specific education will be delivered by the service lead.

Staff will receive guidance regarding infection prevention and control practice and information from a number of sources:-

- Trust Induction
- Trust clinical updates
- SET training
- Trust Policies and Procedures available on the Extranet
- Ward /department managers

6 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

This policy will be reviewed routinely every three years unless, when new national or international guidance are received and when newly published evidence demonstrates need for change to current practices The policy will be approved and ratified by the Infection_Prevention and Control Committee.

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Surveillance outcome data will be included in the DIPC annual report	DIPC	Yearly	IPCC – written report

Data required as part of the DH mandatory surveillance will be entered onto the Public Health England (PHE) web based HCAI data capture system	Data analyst / DIPC	Monthly	Signed off by PHE
Surveillance outcome data will be reviewed at appropriate groups and committees	DIPC	Bimonthly	Minutes IPCC

7 DEFINITIONS

Alert Organisms or Conditions - Organisms or conditions which have the potential to give rise to hospital outbreaks.

Blood Borne Virus Viruses - that some people carry in their blood and which may cause severe disease in certain people and few or no symptoms in others. The virus can spread to another person, whether the carrier of the virus is ill or not. These viruses can also be found in body fluids other than blood, for example, semen, vaginal secretions and breast milk.

CJD Creutzfeldt-Jakob disease (CJD) is a rare and ultimately fatal degenerative brain disease.

E.coli Bacteraemia - The presence of E.coli bacteria in the blood stream

Tuberculosis (TB)- is an infectious disease caused by bacteria belonging to the Mycobacterium tuberculosis complex. Only the pulmonary form of TB disease is infectious, following prolonged close contact with an infectious case.

MRSA Bacteraemia - The presence of Meticillin resistance Staphylococcus aureus bacteria in the blood stream.

MSSA Bacteraemia - The presence of Meticillin sensitive Staphylococcus aureus bacteria in the blood stream.

Notifiable Disease - A legal term denoting diseases that must by law, be reported to the "proper officer" who is the Consultant in Communicable Disease Control (CCDC) for Public Health England.

Surveillance - The systematic collection of data, its analysis and dissemination to facilitate appropriate action' (DOH 2003b).

Targeted Surveillance - Refers to the collection of data on healthcare associated infections occurring in a defined subgroup, such as those on a particular ward, those undergoing a particular procedure or those acquiring a particular infection.

8 DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) 2016.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:
https://www.dbth.nhs.uk/about-us/our-publications/information-governance/

9 EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified.

A copy of the EIA can been seen in appendix 1

10 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

PAT/IC 4 - Variant Creutzfeldt-Jakob Disease (vCJD) and Transmissible Spongiform Encephalopathy Agents (TSE): Minimising the Risks of Transmission
PAT/IC 6 - MRSA Screening and Management of Patients with MRSA
PAT/IC 17 - Management of Patients with Glycopeptide Resistant Enterococci
PAT/IC 20 - Management and Control of Incident/Outbreak of Infection
PAT/IC 23 - Tuberculosis - Care of the Patient with Pulmonary or Laryngeal Tuberculosis in Hospital
PAT/IC 26 - Clostridioides difficile infection (CDI) Policy
PAT/IC 28 - Multi-Resistant Gram-Negative Bacteria - Prevention and Control Policy
PAT/IC 32 - Hazard Group 4 Viral Haemorrhagic Fevers
CORP/RISK 15 - Serious Incidents (SI) Policy
CORP/EMP 4 – Fair Treatment for All Policy
CORP/EMP 27 – Equality Analysis Policy

11 REFERENCES

Dept of Health (2003a) *Winning ways*. *Working together to reduce Healthcare Associated Infection in England*. Report from the Chief Medical officer. London. DH.

Dept of Health (2008) Changes to the mandatory healthcare associated infection surveillance system for Clostridium difficile infection (CDI) from 1 January 2008 PL CMO(2008)1

NHS Commissioning Board (2013) Guidance on the reporting and monitoring arrangements and post infection review process for MRSA bloodstream infections from April 2013

NHS England, Serious incident framework (2015)

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) (SI 1995/3163). London: Stationary Office.

Public Health England Surgical Site Infection (SSI): guidance, data and analysis.

APPENDIX 1 - EQUALITY IMPACT ASSESSMENT

Policy	Division/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Surveillance Policy - PAT/IC 31 v.5	Corporate Nursing Infection Prevention and Control	Joanne Lee	Existing Policy	29th Aug 2020

1. Who is responsible for this policy? Infection Prevention and Control Team

2. Describe the purpose of the policy? Statutory obligation to report alert organisms

3. Are there any associated objectives? Timely reporting on this data to clinical areas should assist in the reduction of any healthcare associated infection.

4. What factors contribute or detract from achieving intended outcomes? None

5. Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? No

- **If yes, please describe current or planned activities to address the impact** The policy complies with statutory obligation requirements

6. Is there any scope for new measures which would promote equality?

7. Are any of the following groups adversely affected by the policy?

a. Protected Characteristics	Affected?	Impact
b. Age	No	
c. Disability	No	
d. Gender	No	
e. Gender Reassignment	No	
f. Marriage/Civil Partnership	No	
g. Maternity/Pregnancy	No	
h. Race	No	
i. Religion/Belief	No	
j. Sexual Orientation	No	

8. Provide the Equality Rating of the service/ function/policy /project / strategy

Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4

9. Date for next review: July 2023

Checked by: Beverley Bacon **Date: 1st October 2020**