





Infection Prevention and Control 5 Year Plan



2023-2028

Introduction

Humber Teaching NHS Foundation Trust recognises that a consistently high standard of infection prevention and control practice is seen as an essential requirement of assuring high quality patient safety and care within all our services. The public, patients and visitors quite rightly expect to have a safe stay when admitted or entering any of our care settings.

To support the Trust philosophy to not only provide the most effective, safe care possible but also to meet all requirements of the national agenda. we are pleased to present to you our new infection prevention and control plan which outlines the key areas of activity which have been used to inform our priorities in relation to infection prevention and control over the next five years 2023-2028.

As with many other organisations, the pandemic has made us think about how we need to do things differently in the future. It is therefore essential that we continue to learn from both our experiences and that of others both locally and nationally to prepare for any possible future waves of the virus or pandemic, but also to build on our learning to bring about positive change and renewal improving the health and wellbeing for everyone, well beyond this crisis.

How we developed our plan

To develop our plan, staff patients, carers, and visitors were encouraged to provide feedback about the current infection prevention and control services at Humber Teaching NHS Foundation Trust whilst exploring how we can improve engagement and involvement with infection prevention and control and suggestions for development and priority over the next 5 years.

Feedback areas, with examples:

 infection prevention and control information resources currently available within the Trust including accessibility, content, user friendly and opportunity to provide improvement suggestions

'the page was very informative and was easy to use.' 'I use it a lot, the page is user friendly I find, and I normally find what I need quite easily' 'I do not always find the intranet easy/logical to navigate but when found information is useful and easy to understand'

- current and future engagement and involvement with awareness raising events and IPC
 'Global Trust wide events Team engagement' 'Continuing in a link worker role' 'Continued audits, training opportunities, regular IPC meetings'
- infection prevention and control topics individuals would like to know more about 'Preventing CAUTI. Sepsis awareness.' 'Antibiotic awareness' 'all aspects including Sepsis' 'All relevant topics'
- which infection prevention and control issues individuals would like to be prioritised over the next 5 years
 'Improvements on patient/service user buildings...' 'Increased sepsis, anti-microbial and anti-biotic awareness.' 'Hand hygiene'

Our Vision: Working together to prevent and control infections - everyone has a role'

Safe and effective infection prevention and control practice is delivered by all who require it by staff who feel empowered and supported to work in collaboration with our patients and their families to achieve the best outcomes.

An organisational wide approach where infection prevention and control responsibilities are embedded at all levels and across all staff groups in accordance with our statutory and professional responsibilities.

Senior leaders and the Trust Infection Prevention and Control team will be visible to both our patient and staff groups, promoting a positive culture where open conversations about infection prevention are encouraged, patients, carers and families are listened to. The management of healthcare associated infections are reported in a timely manner and ensuring that when mistakes are made, we learn from them.

Trust Values

This infection prevention and control plan is aligned to the Trust Values:

- Caring for people whilst ensuring that they are always at the heart of everything we do.
- Learning and using proven research as a basis for delivering safe, effective, and integrated care.
- Growing our reputation for being a provider of high-quality services and a great place to work.

This plan identifies 6 key priorities that we want to achieve over the next 5 years. The priorities are aligned to the Trust Goals:

- Innovating for quality and patient safety
- Enhancing prevention, wellbeing and recovery
- Fostering integration, partnership and alliances
- Promoting people, community and social values
- Developing an effective and empowered work force
- Optimising an efficient and sustainable organisation



Our Key Priorities

1. We will embed a culture of continuous quality improvement in all infection control related activities undertaken on behalf of the Trust



2. We will enhance patient and carer involvement in all matters relating to infection prevention



3. We will work collaboratively with local and regional partners to drive forward further reductions in the number of healthcare associated infection



4. We will strive for exemplary infection prevention and control principles to be embedded in practice throughout all areas within the Trust



5. We will continue to support improving our healthcare environments to ensure they are clean, safe and facilitate the prevention and control of infection



6. We will avail ourselves of every opportunity to promote the importance of infection prevention and control community wide

Innovating quality and patient safety

We will embed a culture of continuous quality improvement in all infection control related activities undertaken on behalf of the Trust

How we will achieve this	How we will know we have achieved this
 Review and evaluate the current Infection Prevention and Control (IPC) governance structure to ensure it remains in alignment with current national guidance requirements 	 Refreshed and approved IPC Arrangements Policy in place. Evidence of IPC related matters discussed at the Board, Divisional Clinical Network and Governance meetings.
 Utilise the National Infection Prevention and Control (IPC) Board Assurance Framework (BAF) to monitor and evaluate Trust IPC compliance against the Health and Social Care Act 2008 code of practice on the prevention and control of infections and related guidance (updated 13 December 2022).in each inpatient and residential setting. 	 Full compliance demonstrated against all the key criteria outlined within the Health and Social Care Act 2008. The use of the National IPC Board Assurance Framework document is fully embedded as a self-assessment tool in each Trust inpatient/residential setting.
 Enhance the mechanisms in place for monitoring compliance to Infection Prevention and Control (IPC) standards and policies to improve IPC practices and outcomes. 	 A Trust wide IPC audit programme approved and in place. Annual review of the content of the IPC audit programme evidenced. Compliance monitored and rated as 'outstanding' in all clinical areas.
 Maintain the production of IPC guidelines, Standard Operating Procedures (SOPs) to address clinical and operational needs. 	 All new and existing Trust IPC policies developed and reviewed in accordance with the relevant national guidance, and available for our staff on the Trust Intranet.
 Complete timely and accurate reporting of mandatory surveillance of all alert organisms. 	 All mandatory alert organisms are reported promptly and in accordance with national and contractually agreed requirements. National and locally agreed infection prevention and control targets are met or exceeded.
 Review and strengthen the infection control enquiry and investigation processes across the Trust when dealing with an incident and an outbreak of communicable disease. Outcomes 	 Evidence is available that a multidisciplinary approach is adopted in the management and review of all infection control incidents and outbreaks. All serious infection incidents are investigated utilising the Patient Safety Incident Response Framework. We can evidence that any learning is used to promote change across our clinical pathways.

• No patient within our care will be harmed by an avoidable infection.

• Inspection by the CQC will result in a rating of outstanding for patient safety and an overall rating of outstanding at the next inspection.

How we will achieve this	ment in all matters relating to infection prevention How we will know we have achieved this
 Maximise every available opportunity to actively engage with all our patients and patient groups. 	 Able to demonstrate that adjustments have been made to our care delive when required because of patient or carers feedback. All relevant policies, procedures, and guidelines will reflect feedback receive and shared in line with the Trust processes and guidance.
 We will work collaboratively with the Patient and Carer Experience (PACE) Team and the Trust Communication Team to promote, receive, and share information about IPC work with patients, carers, volunteers, and the local communities. 	 Any new members of the IPC team will have completed the Patient and Card Experience Training Programme. Evidence the IPC team Staff Champion attendance at the PACE Forum and events, linking in with external relevant work streams. Ongoing progress is made in respect of the Trust approved IPC PACE Development Plan. Co-produced patient information / leaflets that reflect patient needs and current evidence base are readily accessible to all patients. The Trusts co-production stamp is displayed on all co-produced work.

Enhancing prevention, patient wellbeing and recovery

• An agreed patient experience and engagement action plan is in place each year.

• Shared decision making will be evidenced enabling patients and service users to influence and measure their own recovery and wellbeing following the acquisition of a transmissible infection.

• All new/revised infection control information produced will be co-produced

How we will achieve this	How we will know we have achieved this
The continued commitment of the IPC team to avail themselves of every opportunity to share and learn with colleagues across the local health economy.	 Shared learning with regional partners is demonstrated by the continued regular attendance at regular local and regional meetings. Representation and contribution to regional working parties and groups can be evidenced. Contribute to the consultation process for national and regional IPC guidelines and policy, ensuring learning outcomes shared. A Trust Antimicrobial Strategy will be developed and approved.
Antimicrobial Strategy.	 A trust Antimicrobial Strategy will be developed and approved. Evidence that the Board receives a formal report on antimicrobial stewardsl activities annually which includes the Trust progress against the UK action plan for antimicrobial resistance (AMR). The formalised Trust audit programme of adherence with antimicrobial prescribing demonstrates a high level of compliance and an effective response when areas for improvement are identified.
Working in partnership with members of the North East and Yorkshire Regional Hydration Improvement Network we will support the delivery of a plan to improve hydration in the clinical inpatient settings as means of reducing infection.	 A Trust Hydration Quality Improvement programme will be developed and in place. A reduction in the number of patients transferred to secondary care due to dehydration issues will be reported.

Reductions in the number of healthcare associated infections will be seen both locally and regionally.

Developing an effective and empowered workforce

We will strive for exemplary infection prevention and control principles to be embedded in practice throughout all areas within the Trust

How we will achieve this	How we will know we have achieved this
 Review the current IPC Trust Mandatory Training Programme to ensure it fulfils all the recommendations highlighted within the recently produced NHS England Infection Prevention and Control Education Framework (2023). 	 All Trust staff are trained in accordance with the 2023 National IPC Education Framework recommendations. A full suite of leaning resources will be readily available for all staff which support the application of clinical best practice. An 'excellent' Trust wide mandatory training compliance rate achieved for all staff groups.
 Fully embed the use of the newly designed Hand Hygiene and Personal Protective Equipment (PPE) Clinical Competency assessment tool. 	 Evidence is available via the Electronic Staff Record 'ESR' that the Hand Hygiene and PPE Clinical Competency has been successfully attained by each member of staff who are required to deliver direct clinical care. Hand hygiene practice and the appropriate use of PPE audit compliance results are consistently exceeding the Trust agreed threshold.
 Enhance the IPC Link Practitioner Network membership and skills across all clinical services, ensuring that they are equipped with the knowledge and experience of IPC related matters commensurate to their role. 	 All clinical staff will have access to an infection control link practitioner and a record of these links will be held and updated by the IPC team. Evidence of regular IPC Link Practitioner meetings available to access and attendance monitored. Evidence provided of the IPC Link Practitioner cascading and sharing information available in each clinical area.
 We will support and enhance the professional expertise of all members of the IPC team by ensuing they are armed with the necessary training and skills to undertake the roles successfully. 	 Each IPC team member has a recognised formal IPC qualification or are working towards. A recognised leadership training programme has been successfully attended by senior members of the team. Each member of the IPC team is familiar with and utilises the Trust Quality, Service Improvement and Redesign (QSIR) Practitioner Programme methodology in the undertaking of all quality improvement work.
 We will adopt the National IPC Competency Framework to support and enhance the professional expertise of all members of the IPC team. 	Each member of the IPC team can demonstrate the required level of competency as outlined within the National IPC Competency Framework.
 Provide a learning opportunity to all healthcare learners as a bespoke placement with the infection control team 	Evidence available for Student evaluations completed on the Practice Assessment Record and Evaluation Website.

Maximising an efficient and sustainable organisation

We will continue to support the improvement of our healthcare environments to ensure they are clean, safe and facilitate the prevention and control of infection

How we will achieve this	How we will know we have achieved this
 Work in collaboration with our Facilities colleagues to ensure that IPC is considered specific goals relevant to each construction project are achieved to ensure the provision of a safe and appropriate environment. 	 Evidence is available that all capital schemes and preventative maintenance schemes have involved the IPC team from the initial stage of the project. IPC sign off can be evidenced at all stages of the project. Evidence is available that improvements to the ventilation system are considered and made in all new builds.
 Ensure that the built environment meets all infection control and national specifications (e.g HTM /HBN - Technical standards and guidance (health building notes/health technical memoranda documents) 	 The fabric of the environment is suitable to meet the needs of the patients, staff and visitors whilst meeting all infection control and HTM/HBN requirements
 Work in collaboration to ensure that the National Standards of Healthcare Cleanliness (2021) are fully embedded in all areas. 	 Cleanliness audits independently undertaken by Facilities Services, the Matrons and the IPC team demonstrate a high level of cleanliness in all areas within the Trust Estate. Positive patient feedback can be evidenced

Outcome

All our healthcare environments score highly in the national domain for 'Condition Appearance and Maintenance' against the annual Patient Led
 Assessment of the Care Environment and all other Trust patient satisfaction surveys completed.

• All Trust owned buildings meet the required national technical specifications for a healthcare environment

How we will achieve this	How we will know we have achieved this
 The IPC team will support the Trust participation in local, national and global IPC promotional campaigns raising IPC safety awareness. 	 All IPC activities and promotional events undertaken will be shared organisationally and with our collaborative partners.
 We will enhance the quality and availability of all Trust IPC promotional resources. 	The usage of a variety of key media styles, including the internet, intranet, and social media platforms has been adopted to promote effective IPC practice and IPC team involvement in all.

Promoting people, communities and social values

How our Plan will be led and monitored

The *Chief Executive* accepts, on behalf of the Trust Board, responsibility for all aspects of Infection Prevention and Control activity within the Trust. This responsibility is delegated to the Executive Director of Nursing, Allied Health and Social Care Professionals who has the role of Director of Infection Prevention and Control (DIPC) within her portfolio.

Support will be provided by the Deputy Director of Nursing, Allied Health and Social Care Professionals, the Infection Prevention and Control Team, the Modern Matrons and all other key members of the Healthcare Associated Infection Group (HAIG) who will plan and co-ordinate the delivery of the objectives outlined within this plan.

The plan will be formally monitored through EMT and the Quality Committee. An infection prevention and control report will be produced bi-annually which will provide an update of the progress made against the identified priorities within the plan. The Trust Board will receive the annual report, supplemented by exceptional reports on operational priorities or concerns as required. A Quarterly report will also be produced by the Modern Matrons highlighting areas of good practice and learning required.

Key Forums for the monitoring and review of all infection control activity

All infection prevention and control activity is overseen and monitored internally via:

- The Quality Committee
- The Executive Management Team
- The Quality and Patient Safety Group
- Healthcare Associated Infection Group (HAIG)
- Drugs and Therapeutic Group (Antimicrobial stewardship activity)
- Divisional Clinical Governance Meetings
- Clinical Risk Management Group