

# Infection Prevention and Control Strategy Refresh 2021-2022



**Caring, Learning  
& Growing Together**

## Infection Prevention and Control Strategy 2021-2022

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## **1. Introduction**

The acquisition of any healthcare associated infection (HCAI) remains a major cause of avoidable patient harm and has been shown to pose a serious risk to patients, clients, staff and visitors in a health and social care setting. This has never been more apparent as during the emergence and ongoing effect of the COVID-19 pandemic. The impact has and continues to have a significant effect on both staff and patients and has manifested itself in a variety of ways.

The need to embed infection prevention measure in everyday practice therefore has never been more essential and sustained effort is required to drive improvements in order to keep all our patients, staff and visitors safe.

Our Infection Control Strategy was originally developed in 2018 and since its introduction staff have developed an understanding of the vision, values and goals and how achievement of them applies to the work that is delivered by themselves and their teams.

The Covid-19 pandemic has seen some of the most challenging times that both staff and patients have had to face but, due to the hard work and dedication of all of the teams, we have still managed to progress a significant number of our IPC strategic objectives. Where the objectives have relied on face to face engagement however progress has been much slower than we would have liked and we are also still dealing with uncertainties around what the services and environments will look like post pandemic.

The Infection Prevention and control Team recognise that the pandemic has delayed some aspirational element of the infection control strategy that was developed for 2018 to 2021. It is therefore proposed that this strategy period will be refreshed and extended for a further period to ensure that we are fully able to fulfil all the aspirational goals we set but also us to reflect on our journey though the pandemic, ensuring all relevant lessons are learned.

## **2. The Trust Population and Services**

The Trust is a multi-speciality health and social care teaching provider, committed to Caring, Learning and Growing. The Trust provides community, mental health, primary care and specialist healthcare services to approximately 600,000 residents across the East Riding of Yorkshire and Kingston upon Hull.

## **3. Humber Mission, Vision and Values**

Awarded 'Foundation Trust' status in 2010, Humber Foundation Trust has grown and diversified to provide integrated health and social care. We work hard to ensure we are accountable and deliver the best possible services in a highly competitive market. Our mission, vision and values are outlined below

As part of the five year plan (2017-2022) the Trust identified six strategic goals to support its ambitions and address improvement requirements. They remain linked to government initiatives, regulatory findings and local health needs assessments based on discussions with patients, carers and families, staff, governors and partners. The goals remain in line with national requirements relating to improving quality and access, delivering transformation and financial

stability and are targeted to address challenges stemming from an aging population with people having changing health care needs and life style choices



### **Infection Prevention and Control Strategic Objectives**

Humber Teaching NHS Foundation Trust recognises that the prevention of infection is fundamental to the quality of care delivered and is committed to ensuring 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 of our services. The public, patients and visitors quite rightly expect to have a safe stay and receive a high standard of care when admitted or entering any of our care settings.

In line with all other health and care systems the emergence of Covid-19 in 2020 has resulted in us having to develop alternative means to deliver some of the work that was originally planned due to the major challenges that the infection has presented. It is therefore essential that we continue to learn from both our experience and that of others both locally and nationally to prepare for any possible future waves of the virus, 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.

We intend to remain focused on the 6 strategic goals that we already have in place but aim to capture and implement all the systems learning from COVID-19 to ensure we have resilience to manage any future outbreaks and seasonal pressures.

### **Goal 01 - Innovating quality and patient safety.**

**'We will ensure that exemplary infection prevention and control practice is embedded in practice throughout all areas within the Trust.'**

#### **Where are we now?**

The Trust remains committed to a culture of zero tolerance against the avoidable acquisition of infection and we are proud to report that we have continued to perform well against both national and locally agreed targets.

- The rates of infection for the Trust overall have remained low with no cases of bacteraemia, or hospital onset *Clostridioides difficile* to report.
- High standards of hand hygiene compliance have been maintained throughout the year with an average compliance score of 98%.
- Infection control training compliance has exceeded 90% for both clinical and non-clinical staff.
- No inappropriately placed urinary catheters have been inserted within our community or community inpatient settings.
- We have developed and implemented a robust Infection Prevention and Control (IPC) audit and monitoring programme within each clinical inpatient unit.

We acknowledge however that despite the implementation of extensive IPC measures we have not managed to wholly prevent the transmission of COVID-19 within our clinical settings. We have however minimised the number of patients and staff affected by the prompt detection and effective outbreak control procedures and management initiated.

#### **Over the next year we aim to;**

Remain focused on minimising the risk to of any patient, staff member or visitor acquiring a Health Care associated infection (HCAI) when admitted or entering any of our care settings

#### **To achieve this we will;**

- Identify all learning required from our COVID-19 response, embedding any identified best practice within our ways of working in advance of any resurgence or seasonal pressures in 2021/22.
- Identify any variations in infection prevention and control practice within our clinical teams and address any areas or issues where improvement is needed.
- Utilise the nationally produced IPC COVID-19 Board Assurance Framework document to assess and measure our Trust IPC performance identifying gaps in practice.

- Undertake a post infection review of any outbreaks/ cases of hospital onset communicable disease / HCAI to ensure that we capture and implement the learning required.
- Extend the Infection Prevention and Control Monitoring (IPC) programme to incorporate all of our community and outpatient clinical settings.

### How will we know we have been successful?

- No person within our services will be harmed by an avoidable infection.
- We will achieve full compliance against all the elements outlined in the Health and Social Care Act 2008, code of Practice on the prevention and control of infections
- We will demonstrate full compliance against all the key criteria within the nationally produced COVID-19 Infection Prevention and Control COVID-19 Board Assurance Framework document.
- Care Quality Commission inspection reports will demonstrate evidence that exemplary infection prevention and control practices are in place in both the Trust inpatient and non-inpatient clinical areas.

### Goal 02 - Enhancing prevention, wellbeing and recovery

**“We will ensure all patients are informed about all aspects of their care and ensure they are involved in key decisions”**

Engaging with patients, service users and carers is essential in the planning, designing and delivery of any care. Benefits include a more responsive service, improved patient outcomes, improved patient experience and shared decision making. This has never been more important than during times of significant change and uncertainty such as the pandemic

By ensuring patients are provided with clear, easy to understand information about their health/infection and taking the time to talk them through it and answer questions is an important step taken towards helping the patients make the best choices with regards to their management of health.

### Where are we now?

A review of all patient related infection control information has been undertaken to ensure that it remains current and in line with national guidance and is available on both the Trust Internet and Intranet sites.

We however acknowledge that due to the COVID- 19 restrictions we have not had the opportunity to spend as much time with our patients and patient groups as we would have liked to learn from their experiences during this pandemic.

### Over the next year we will;

- Create additional opportunities to actively engage with our patients and patient groups so that we can identify what we can do to improve their experiences when suffering from a communicable infection such as COVID-19.
- Learn and change our practice where required so we are continuously improving in line with best practice and the patient's needs
- Develop an enhanced IPC communication platform to maximise involvement with our patients, service users and carers

### How will we know we have achieved this?

We will;

- Demonstrate that adjustments have been made to our care delivery when required as a consequence of the patients' or carer's feedback.
- Have developed a suite of patient information leaflets that reflect the patients need and are current, evidence based and readily accessible to all.

### Goal 03 - Fostering Integration, partnership and alliances

**We remain committed to working in partnership to improve the care we provide by being open, transparent and inclusive'.**

### Where are we now?

We acknowledge that working collaboratively across organisational boundaries has been an essential component in the reduction of HCAI and as such the Infection Prevention and Control Team have availed themselves of every opportunity to work in partnership with colleagues across the across the region and the local health and social care economy to support a system wide approach to the COVID-19 pandemic.

Regular collaborative meetings attended during 2020-2021 included;

- The Humber Coast and Vale Healthcare Associated COVID-19 Infections Meeting Group
- The newly formed 'North East and Yorkshire Lead Nurses Forum'. This has provided the opportunity to review and provide feedback on national guidance

The Lead Nurse has maintained regular contact with the members of both the Yorkshire Infection Prevention and Control Society Meeting and the IPC Mental Health Special Interest Group by a monthly virtual meeting and the regular usage of 'WhatsApp' This has been invaluable in the provision of mutual support and sharing of information during such a challenging period. Learning has been shared both locally and nationally but it has also greatly helped to aid in the interpretation of the constantly changing COVID guidance.

### Over the next year we will;

- Sustain the positive engagement with our colleagues across the local and regional patch.
- Avail ourselves of every opportunity to represent the Trust on both local and national IPC working parties and or groups.

### How will we know we have achieved this?

#### We will have;

- Demonstrated shared learning with regional partners by the continued attendance at regular and local and regional meetings
- Demonstrate representation on national working parties and groups
- Contributed to the consultation process of national and regional IPC guidelines and policy.

### Goal 04 - Developing an effective and empowered workforce

**'We are committed to ensuring that exemplary infection prevention and control principles are firmly embedded within every staff members daily practice'**

As a Trust we remain committed to demonstrate excellence in the quality of care we deliver to our patients. We want to ensure that every member of staff delivers care that remains evidence-based.

### Where are we now?

The pandemic has required us to deliver a significant amount of additional of training as services have had to strengthen the staff's skillset. We have reviewed our current training approach and where training was previously undertaken face-to-face we have developed a variety of online /virtual sessions to support staff.

The IPCT have developed/and/ or provided input in to a variety of other policies and Standard Operating Procedures (SOPS) that have, and continue to support staff in the delivery of care including the emergence of COVID -19.

### Over the next year we aim to;

- Enhance further the virtual IPC educational activities and resources available to promote the application of IPC best practice.
- Review and refresh the infection prevention and control mandatory training programme to ensure it remains responsive to both national requirements and staff needs.
- Explore ways to increase further the level of communication and engagement with staff working in community settings.



## How will we know we have achieved this?

We will have;

- Developed a focused, relevant and accessible IPC training programme which takes into account of individual learning needs and local and national requirements.
- Developed e-resources that enhances the IPC agenda and supports the application of clinical best practice.
- Maintained an excellent Trust wide compliance rate.
- Increased the number of infection prevention and control link practitioners within the community settings.

### Goal 05 - Maximising an efficient and sustainable organisation

**'We are committed to providing a health care environment that is clean safe and facilitates the prevention and control of infection'**

The design, planning, construction, refurbishment and ongoing maintenance of the healthcare facility plays a crucial in the prevention and control of infection. The physical environment has to assist, not hinder, the undertaking of good clinical interventions. The failure to assess the IPC risks properly can lead to expensive redesign later and expose the patient and healthcare worker to infection hazards.

### Where we are now?

The Trust has an ongoing programme of capital investment which is approved by the Trust Board annually. The subsequent deployment of approved capital is delegated to the Capital Programme Board which meets monthly and reviews overall programme allocations and delivery. The pandemic has however highlighted challenges within our predominantly aging estate and a massive additional amount of work is still required to improve both staff and patient safety. Multi-disciplinary environmental risk assessments have been undertaken across the trusts sites to ensure that workplaces both clinical and non-clinical are compliant against the national recommendations for making the work place a COVID safe environment. The risk assessments remain under constant review to ensure they remain compliant with IPC standard precautions.

### Over the next 1 year we will;

- Ensure that there are robust measures in place to ensure that Infection Prevention and Control is seen as a priority during any work that is being planned /completed.
- Ensure that infection prevention and control (IPC) is designed-in at the planning and design stages of a new-build or refurbishment project and that input continues up to the final build stage.
- Ensure that there is timely, comprehensive and collaborative partnership between all parties to achieve IPC goals specific to each construction project;

## How will we know we have achieved this?

- We will achieve full compliance against all the elements outlined in the Health and Social Care Act 2008, code of practice on the prevention and control of infections (2015)
- We will demonstrate full compliance against all the key criteria within the nationally produced COVID-19 Infection Prevention and Control COVID-19 Board Assurance Framework document.
- Evidence will be available of IPC involvement and sign off available for all stages of any completed building projects.

### Goal 06 - Promoting people, communities and social values

'We will promote the importance of infection prevention and control community wide'.

We are extremely disappointed to note that our usual high level of IPC engagement and attendance at both national and local events has not been possible during 2020 due to the impact of the pandemic. It is hoped that all promotional events and IPC involvement will be resurrected in the oncoming year.

## What do we now need to do?

A member of the IPCT will continue to represent the team as a "champion" within the Patient Experience Forum and work will continue to explore all potential opportunities to engage with patients and the public to seek their views and to receive feedback about the services we provide.

### We will have;

- Promoted and celebrated all relevant national and local patient infection prevention and control safety initiatives.
- Adopted the usage of a variety of key media styles, including the internet, intranet, and social media to promote effective infection prevention and control practice.

## 6. Strategy implementation, monitoring and review

The DIPC will lead in the implementation of this strategy ensuring the objectives are converted into deliverable actions. The DIPC will be supported by the Health Care Associated Infection Group who will co-ordinate the delivery of the approved action plans.

Delivery against the strategy will be formally monitored through the Quality Committee. A detailed work plan will be produced to support the delivery of these objectives and an update of progress will be provided as part of a Bi-annual Director of Infection Prevention and Control Report and the Annual Infection Control Report.

The Trust Board will receive the annual report, supplemented by exceptional reports on operational priorities as required.

The Trust Annual Report will contain a formal statement of IPC activity during the previous year as part of the Assurance Framework. In order to support further development, the Trust will continue to benchmark performance against national best practice.

A detailed work plan will support the delivery of these objectives and an update will be provided as part of the bi-annual Director of Infection Prevention and Control Report.

The strategy will be delivered through;

- The formulation and delivery of a Trust IPC Annual Healthcare Associated Infection Reduction Quality Improvement Programme.
- The completion and regular updating of the IPC Board assurance Framework Document.
- Clear lines of responsibility and effective performance management of all service leads.
- The formulation of IPC policies and procedures which reflect national policy, statutory requirements, latest guidance and local need.
- The inclusion of IPC issues in all business planning processes as a matter of course.
- A varied Trust IPC educational Programme taking in to account a variety of differing learning styles.
- Local and Trust performance management; performance against HCAI targets are reported through the Trust key performance indicators.
- A programme of IPC assurance reporting, led by the matrons and other clinical leads; including progress with IPC audit action plans, environmental issues and observation of clinical practice.

## 7. Roles and responsibilities

The effective prevention of HCAI requires the commitment and active involvement of all employees. It is therefore vital that the IPC process is communicated and embedded throughout the organisation.

The **Chief Executive** has overall responsibility for IPC, on behalf of the Board of Directors of the Trust. In addition, the Chief Executive is responsible for ensuring that the Trust is in a position to provide overall assurance that the organisation has in place necessary controls to manage infection prevention and control. The Chief Executive will need to provide evidence that the Trust's IPC Strategy is being implemented, with systems and processes being regularly reviewed and that, where deficiencies are identified, developments and improvement mechanisms are being put in place with the overall aim of continuous improvement.

All Board members share in the overall corporate responsibility to support the implementation of the IPC Strategy.

The **Director of Infection Prevention and Control** has specific responsibilities to advise the Board on all issues relating to Infection Control.

The DIPC will;

- Oversee the production and implementation of local IPC policies.
- Oversee the work of the IPCT within the Trust.

- Report directly to the Chief Executive and the Board and not through any other officer.
- Have the authority to challenge inappropriate clinical practice, poor standards of hygiene and antibiotic prescribing decisions.
- Assess the impact of all existing and new policies and plans on IPC and make recommendations for change.
- Be an integral member of the Trust's clinical governance and patient safety teams and structures.
- Produce an annual report on the state of HCAI in the Trust and release it publicly.
- Have overall responsibility for creating a culture of safe and effective practice to reduce HCAI and to ensure that infection prevention and control is accepted as an individual and Trust-wide responsibility.

### **Care Group Leads**

The Care Group Leads will be responsible for ensuring that the IPC Strategy is implemented effectively across all services, which will include;

- The dissemination of the Strategy and allocation of responsibilities for implementation to Service managers and staff.
- Identifying specific IPC issues that might not have been addressed explicitly within the strategy.
- Ensuring that IPC is incorporated into all service planning, performance management, project management, and other related processes.
- Establishing key IPC risk indicators which are monitored, reviewed, and reported as part of the Quality and Patient Safety Committee agenda.
- Ensuring that IPC is included as a core item on all management team briefings / meetings.
- Ensuring that, where necessary, HCAI prevention and control risks are reported on the Risk Register.
- Reporting on performance against agreed IPC objectives, ensuring that any investigations or enquiries into HCAIs or other IPC issues (including root cause analyses) are completed promptly, thoroughly and to agreed timescales.

### **Matrons / Clinical Lead / Service Manager**

Matrons and Clinical Leads / Managers within the Trust have responsibility for;

- Leading and driving a culture of cleanliness in clinical areas.
- Monitoring standards of cleanliness in clinical areas.
- Ensuring implementation of Trust HCAI prevention and control policies and procedures.
- Ensuring that there is promotion of HCAI prevention and control awareness responsibilities amongst employees, services users, contractors, and partners.
- Participation in root cause analysis where required to promote learning and practice improvement.
- Ensuring all IPC aspects of clinical practice are implemented as per IPC policies and procedures, through the use of mandatory hand hygiene assessments, the "Perfect Ward framework and the Trust's clinical competency framework.

## **Infection Prevention and Control Link Practitioners**

The IPC link practitioner's role is to act as a facilitator of good practice in IPC within their own area of work. The link practitioner will;

- Attend IPC link meetings and feedback the information gained to colleagues.
- Act as a resource to staff in their own area of work.
- Participate in standard setting, monitoring and audit.

## **Infection Prevention and Control Nursing Team**

The Infection Prevention and Control Team are responsible for leading the implementation of high standards of IPC practice throughout the Trust. They will work closely with the Infection Control Doctor and the DIPC in promoting good care, training other members of staff, and monitoring performance against IPC targets. They will also support incident and outbreak control procedures, and help to investigate outbreaks of infectious disease.

All Trust staff, in whatever role, have a responsibility to ensure patient safety through the implementation of the best possible IPC practice. As an employee of the Trust, everyone has a responsibility for and a role to play in managing infection prevention and control, which includes:

- Being aware of Trust IPC policies and procedures.
- Adhering to IPC standards as required within their job description/role.
- Alerting managers to any IPC risks or environmental deficits that require urgent attention.
- Participation in mandatory IPC training and hand hygiene assessments (where appropriate).
- Maintaining a clean and safe environment.