



Humber Teaching
NHS Foundation Trust

Infection Prevention and Control Strategy 2018-21



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Author Name / Job Title	<i>Deborah Davies, Lead Nurse Infection Prevention and Control</i>	
Directorate Name		
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Infection Prevention and Control Strategy 2018-2021

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Introduction

Nationally the acquisition of a healthcare associated infection (HCAI) remain 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. They are seen to directly affect the patient and their carers in several ways, such as severe or chronic illness, pain, anxiety, depression, longer stay in hospital, reduced quality of life and loss of earnings.

They also impact on the health service in terms of extended lengths of stay of affected patients, the costs of diagnosis and treatment of the infections and their complications, and the costs of specific infection control measures.

Although nationally and locally significant progress has been made year on year in the number of patients developing serious infections such as Meticillin Resistant *Staphylococcus aureus* (MRSA) and *Clostridium difficile* (C.diff) the reduction of HCAs remains a key priority for the NHS.

The emergence of an increasing trend of antimicrobial resistance is seen as a global priority and one where the prevention of infection is paramount to support reducing the global demand for antibiotics. It is therefore imperative that clinically effective measures are adopted within all health care settings to minimise the risk of transmission of any organism which has the potential to cause harm.

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 the services they deliver. The public, patients and visitors expect to have a safe stay and receive a high standard of care when admitted to the hospital setting.

This document sets out the strategy for infection prevention and control activity for the next three years. It identifies the way the Trust will continue to reduce HCAI, to embed infection prevention in everyday practice, sustain improvements in order to keep patients, staff and visitors safe and in doing so comply with National initiatives such as the Health and Social Care Act 2008: Code of practice on the prevention and control of infections and related guidance (2015).

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.

Trust Strategic Objectives

As part of the five year plan (2017-2022) the Trust has identified six strategic goals to support its ambitions and address improvement requirements. They are 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

The Trust Strategy affirms its commitment to being a leading provider of integrated health services. In order to support the delivery of this vision and to prevent any avoidable harm to any patient due to infection we aim to focus on 5 main areas of improvement as highlighted below. The proposed objectives are intended to focus on the continuing requirement to reduce HCAI and to firmly embed infection prevention in to everyday practice to keep patient, visitors and staff safe.

We recognise that increasingly complex care is now being carried out outside of the hospital setting. Patients who are at high risk of acquiring an infection are increasingly being cared for in primary and community care settings. Infection knows no boundaries and draws no distinction between patient, staff, professional group or care setting.

“It doesn’t matter where you are, it is nowhere compared to where you can go”

Bob Proctor

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 and that staff are confident in recognising and addressing infection prevention and control concerns’

We are proud to report that we have an excellent track record on achieving our locally and contractually agreed trajectories from an infection prevention and control perspective however we now aspire to be an outstanding NHS performer. This means that patient safety and quality are at the heart of everything we do; with our staff being proud to provide safe, clean and personal care to every patient, every time.

Over the next three years we aspire to;

- Comply fully with the requirements of the Health and Social Care Act 2008: Code of practice on the prevention and control of infections and related guidance (2015).
- Exceed all national and locally agreed infection prevention and control targets.

How will we know we have achieved this?

- No patient within our care will be harmed by an avoidable infection.
- All national and locally agreed infection prevention targets and key performance indicators will be exceeded.
- We will achieve full compliance against all the elements outlined in the Health and Social Care Act 2008 Code of Practice.
- Care Quality Commission inspection reports will demonstrate evidence that exemplary infection prevention and control practices are in place throughout all clinical settings.

Goal 02 – Enhancing prevention, wellbeing and recovery

‘We are committed to keeping patients 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.

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.

To increase the level of patient involvement in infection prevention and control matters we need to maximise every opportunity to become more patient focused, improving the overall patient experience.

We will;

- Strengthen the level of patient and carers engagement by enhancing the level of participation in both local and national infection prevention and control campaigns.
- Improve the quality and availability of trust infection prevention and control resources.
- We will continue to work collaboratively with regional partners to develop regionally approved patient information and guidance.

How will we know we have achieved this?

We will;

- Have high quality infection prevention and control resources in place which are easily accessible to all patients and family members who access our services.
- Receive consistently positive patient and carers’ feedback.

Goal 03 – Fostering integration, partnership and alliances

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

Working collaboratively across organisational boundaries is essential in the reduction of healthcare associated infections and achieving infection prevention targets.

We need to sustain and increase our partnership working with all providers and commissioners to drive forward further reductions of healthcare infections across the whole healthcare economy.

We will;

- Continue to share learning with regional partners and learn from others by the continued attendance at regular local and regional meetings.
- Continue to participate in the development of policies and procedures across the whole healthcare economy to guarantee a unified approach to delivering high standards of infection prevention and control.
- Remain committed to supporting regional and national initiatives and innovations in order to improve the patient journey.

How will we know we have achieved this?

We will;

- Provide evidence of regular attendance at regional and local and regional meetings.
- Jointly produce collaborative policies and guidance.
- Demonstrate trust representation on national infection prevention and control groups.

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 member's daily practice'

As a trust we are committed to developing excellence in the quality of care we deliver to our patients. We want to deliver care that is evidence-based and consistently applied across all areas across the Trust. We aim to identify any variations in infection prevention and control practice and address any areas or issues where improvement is needed.

We will;

- Review and refresh the infection prevention and control training programme to ensure it remains responsive to both national and local requirements.
- Explore ways to increase the level of communication and engagement with staff working in community settings.
- Ensure that a robust infection prevention and control audit programme is in place which has the ability to measure infection prevention and control practice in all clinical settings.

How will we know we have achieved this?

- There will be a robust infection prevention and control educational programme in place which takes account of individual learning needs, local and national requirements.
- There will be an increase in the number of staff who have completed infection control training in accordance with their mandatory requirements.
- All clinical areas will have a designated infection prevention and control link practitioner in place.
- All infection prevention and control policies will be current, in line with national best practice and readily available for staff to access.
- A consistently high standard of infection prevention and control practice will be evidenced across all clinical settings.

Goal 5-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.”

High standards of environmental hygiene and clinical practice in healthcare facilities have been identified as being important in minimising the risk of the transmission of infection. It is important that the physical environment has to assist, not hinder, good practice.

We will;

- Ensure all parts of the premises from which it provides care are suitable for the purpose, kept clean and maintained in good physical repair and condition;
- Ensure environmental cleaning is carried out and maintained in accordance with National specifications.
- Ensure that infection prevention and control (IPC) specialist advice is involved from the planning and design stages of a new-build or refurbishment project and that this input continues up to the final build stage.

How will we know we have achieved this?

- All cleanliness monitoring scores achieved will be above the required national threshold.
- An excellent Patient Led Assessments of the Care Environment (PLACE) report received.
- Evidence is provided that an infection prevention and control checklist/review has been signed off for all refurbishment / development schemes.

Goal 06 – Promoting people, communities and social values

‘We will promote the importance of infection prevention and control community wide’

Work commenced during the previous strategy period to increase the level of public involvement in infection prevention and control matters in order to share ideas and become more patient focused, improving the overall patient experience. This include participation in the successful completion of several public campaigns including World Hand Hygiene Day 2016 which involved attending wound clinics and community inpatient areas, The World Antibiotic Awareness Week and European Awareness Day campaign in November 2017.

We will;

- Continue to actively promote all national and local patient infection prevention and control safety initiatives.
- Actively explore the key media styles available to enhance the delivery of key infection prevention and control measures.

How will we know we have achieved this?

- Provide Trust wide coverage of all national and local patient infection prevention and control safety initiatives.
- Demonstrate the use of the internet, intranet, and social media to promote effective infection prevention and control messages.

Strategy Delivery

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

The strategy will be delivered through;

- The formulation and delivery of a Trust Infection Prevention and Control Quality Improvement Plan which is updated annually.
- Clear lines of responsibility and effective performance management of all service leads.
- A varied Trust Infection Prevention and Control (IPC) Educational Programme taking in to account a variety of differing learning styles.
- The formulation of IPC policies and procedures which reflect national policy, statutory requirements, latest guidance and local need. 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.
- The inclusion of IPC issues in all business planning processes as a matter of course.

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.

As an employee of the Trust, everyone has a responsibility for and a role to play in managing infection prevention and control. This 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 at all times.

The **Chief Executive** has overall responsibility for IPC, on behalf of the Trust Board of Directors. 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 the other **Executive Directors** share in the overall corporate responsibility to support the implementation of the IPC Strategy.

The **Director of Infection Prevention and Control (DIPC)** 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 IPC Team 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 HCAs 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 Trust approved infection prevention and control audit programme 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.

Key forums for the Management and Monitoring of Infection Prevention and Control Activities

The Quality Committee

The purpose of the Quality Committee is to assure the Trust Board that appropriate processes are in place to give confidence that all Quality, patient safety performance and associated risks are monitored effectively and that appropriate actions are taken to address any deviation from accepted standards and to manage identified risks.

The Quality and Patient Safety Committee

The Quality and Patient Safety Committee is accountable to the Quality Committee. It has been established to oversee and coordinate all aspects of quality improvement (patient experience/patient safety & clinical effectiveness), assurance and clinical governance activity and delivery. This includes all infection prevention and control activity within its portfolio.

The Matrons Forum

The Matrons Forum provides an interactive forum which receives, reviews and implements national and local policy relating to patient care, including infection control practice. This forum enables the process of communication, debate, sharing of knowledge and opportunity.

The Drugs and Therapeutic Group

The Drugs and Therapeutic Group will promote and monitors appropriate use of antimicrobials to preserve their future effectiveness, in line with NICE Guideline (NG15).

The Group monitor and advise care groups on the optimal and cost effective prescribing of antimicrobial agents and facilitate the development, implementation and audit of policies, guidelines and protocols related to antimicrobial prescribing, with reference to local variations in antimicrobial susceptibility.

Clinical Environmental Risk Group

The Clinical Environmental Risk group is an action focused working group that has developed close working relationships between clinical staff and estates, ensuring that risks within the clinical environments are reviewed and appropriate advisory actions/ scoping takes place to ensure the Trust understands those risks within the context of the care delivery system.

IPC Link Practitioner Group

The IPC Link Practitioner programme continues to be a very successful cascade system and is served by link practitioners from a variety of clinical services/teams. The membership is made up a variety of grades and professions reflecting the diversity of services across the organisation. The group is designed to promote communication, education and shared practice on all activities relating to infection prevention and control. Staff feedback is actively encouraged.

Strategy Implementation, Monitoring and Review

The DIPC will lead the implementation of this strategy ensuring the goals are converted in to deliverable actions. Delivery against the strategy will be formally monitored through the Quality and Patient Safety Committee. The Trust Board will receive an 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.