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INFECTION PREVENTION AND CONTROL STRATEGY 2019-2024

“Our aim is that no patient is harmed by preventable infections”

This strategy is aligned to the trusts vision and values.

Patients: *Our patients will be treated with compassion, dignity and respect. Their experience is our most important measure of achievement*

Our aims:

- To visit all patients in our hospitals with “alert organisms” as a minimum on a weekly basis.
- Support patients and their relatives and carers through providing training, current and accessible information on relevant infection prevention topics.
- Ensure we reduce the number of patients in our care diagnosed with “avoidable” healthcare associated infections through collaborative

People: *Our staff and volunteers are the ones who make a difference. They understand and share our values and this is reflected in their work.*

Our aims:

- To ensure staff engagement with the IP agenda making it “everybody’s business”; through appropriate staff attendance and reporting at IP meetings.
- To support annual infection prevention programmes (i.e. flu) by; promoting vaccination to staff.
- To provide suitable and effective IP training which is responsive to

Partnerships: *Our partnerships make us strong. By investing in them, we will deliver the best possible care to our communities.*

Our aim:

- Collaborate with the multidisciplinary team within UHMB to ensure a consistent IP message is delivered.
- Work with our partner organisations within better care together and the wider health economy to deliver a holistic IP service. Including engaging with ICC’s to support the wider health of the people in Morecambe bay.
- Review national and local surveillance data to understand our performance. Learn from and collaborate

Performance: *Our performance drives our organisation. Providing consistently*

safe high quality care is how we define ourselves and our success.

Our aim:

- To meet the nationally set targets for infection reduction. Investigate and review lapses in care and lessons to learn from HCAI’s in our care.
- Explore alternative testing methodologies which will; support patient flow, improve diagnostics and minimise risks of outbreaks and reduce

Progress: *Our progress will be improved through innovation, education, research and technology to meet the challenges of the future.*

Our aim:

- To support and develop business plans for the use of new and improved diagnostic technology.
- Work with the I3 teams to develop supportive software which improves IP surveillance and performance.

Infection Prevention and Control-strategy 2019-2024



1. Summary

University Hospitals of Morecambe Bay NHS Foundation Trust (MBHT) recognises that the effective prevention and control of healthcare associated infection is essential to patient, staff and visitors safety and to the overall quality of care and performance the organisation delivers.

The strategic approach to healthcare associated infection prevention and control as reflected in this document is fundamental to the delivery of the Trust's organisational objectives in relation to patient safety, clinical governance, quality and performance. Effective prevention and control systems in conjunction with a committed approach to innovation and development will ensure that MBHT delivers clean safe care, supporting the trust vision and values to ensure that MBHT is:

“A great place to be cared for a great place to work”

2. Purpose

The purpose of this Strategy is to ensure that the Trust has suitable and sustainable infection prevention and control arrangements in place which are underpinned by the following principles:

- That infection prevention and control will be embedded in the core processes and systems of the Trust, including development and review of guidelines, policies and other procedural documents, education and training and business case development.
- That infection prevention and control will be integrated and converge with business planning, performance management and governance arrangements.
- Infection prevention and control will be actively managed and positive assurance sought from all relevant organisation teams and departments.
- That infection prevention and control is the responsibility of all staff within their sphere of work and will be included within all staff job descriptions.
- That high-risk infection prevention and control areas and activities will attract greatest focus and attention.
- That there will be organisational learning from post infection reviews, surveillance, audits, incidents, complaints and national reports and explicit roll-out of identified improvements.

3. Strategy

Patients: *Our patients will be treated with compassion, dignity and respect. Their experience is our most important measure of achievement*

Our aims:

To visit all patients in our hospitals with “alert organisms” as a minimum on a weekly basis.

- Patients with some “alert organisms” will also have a post infection review completed to better understand the cause and any “lapses in care” can be identified.
- Care and advice will be documented in the patient records.
- IP advice will be provided to the staff team to ensure they are aware of the correct procedures.
- New patients will be reviewed and where possible patient information will be provided.
- The monitoring of IP requirements is audited weekly by completing an isolation audit.

Support patients and their relatives and carers through providing training, current and accessible information on relevant infection prevention topics.

- We will develop a suite of patient information leaflets and resources which will be made available for printing via the IP intranet site.

Ensure we reduce the number of patients in our care diagnosed with “avoidable” healthcare associated infections through; collaborative infection reviews, staff training and improving information systems.

- Completion of multidisciplinary post infection reviews for HCAI’s to understand any lessons to learn. The findings from these will be shared at the IPOG quarterly and will support the thematic reviews.
- Thematic reviews will be completed periodically for HCAI’s to understand themes and systematic issues with care. The findings of this will be shared at the IPCC quarterly.
- PIR and thematic review findings will support the IP team training agenda to ensure that any gaps in knowledge or skills are identified and filled.

Improve patient experience by supporting the development of improved diagnostics which will prompt effective treatment of infections.

- Develop and support business cases for laboratory testing systems including multiplex PCR testing and point of care testing. This will reduce the turnaround time for microbiology results and will enable the clinical team to

manage patients with infection more effectively and will also impact positively on bed management within the trust.

People: *Our staff and volunteers are the ones who make a difference. They understand and share our values and this is reflected in their work.*

Our aims:

To ensure staff engagement with the IP agenda that it is “everybody’s business”; through attendance and reporting via the IP meetings.

- IPCC and IPOG- review the ToR to ensure the meetings are meaningful and fit for purpose.
- Escalate non-attendance of key staff to ensure appropriate quorum is reached.
- Ensure escalation of non-reporting to ensure appropriate information is available to review trust assurance.
- Explore the use of a standard report template to ensure consistent and measurable assurance reporting from the divisions.

To support annual infection programmes (i.e. flu) by; promoting vaccination to staff.

- The IP team will support the flu vaccine delivery plan.
- The IP team will promote IP campaigns within the organisation and to a wider health economy; such as hand hygiene day and antibiotic awareness day.

To provide suitable and effective IP training which is responsive to the needs of the service.

- Develop and deliver IP training sessions including e-learning content.
- Ensure that the training meets the needs of the service and is supporting lessons learned from PIR and thematic review findings.

Supporting staff and volunteers to adhere to IP policies and procedures through audit, training and awareness raising.

- Monitor adherence to IP policies through the assurance reports provided by the divisions to the IPOG and IPCC meetings.
- Train staff “on the job” when non-compliance to policy is observed.
- Deliver training at the care group training days which is responsive to their specific needs.

Partnerships: *Our partnerships make us strong. By investing in them, we will deliver the best possible care to our communities.*

Our aim:

Collaborate with the multidisciplinary team within UHMB to ensure a consistent IP message is delivered.

- Attend and contribute to MDT meetings such as; water systems management, pre-start meetings, bed meetings, care group specific meetings and antimicrobial subcommittee.

Work with our partner organisations within better care together and the wider health economy to deliver a holistic IP service. Including engaging with ICC's to support the wider health of the people in Morecambe bay.

- The IP team will attend collaborative meetings and forums to share ideas and training across the wider health economy.
- The IP team will designate an IPN for each of the 11 ICC's in the MBHT footprint. To engage with the ICC agenda and offer IP support and training bas required.

Review national and local surveillance data to understand our performance. Learn from and collaborate with “high achieving” teams.

- Use the PHE data capture system data to understand and benchmark performance and highlight any “high achieving” teams to approach.
- Use national and local PHE surveillance reports to understand trends in infection levels and anticipate outbreaks of infections such as influenza and norovirus.

Work with commissioning and monitoring services to review and improve our service provision.

- Meet and collaborate with our commissioning colleagues to ensure we are sharing all relevant information and learning.
- Work with PHE and submit relevant data for surveillance to the HCAI data capture system. Discuss relevant patient and outbreak issues with the PHE infectious diseases team.

Performance: *Our performance drives our organisation. Providing consistently safe high quality care is how we define ourselves and our success.*

Our aim:

To meet the nationally set targets for infection reduction.

- Maintain the IP dashboard to monitor and report our current infection rates.
- Complete training, audit, monitoring and policy updates to support reduction in

avoidable infections.

Explore alternative testing methodologies which will; support patient flow, improve diagnostics and minimise risks of outbreaks and reduce need for bed closures.

- Develop and support business case for biofire multiplex testing system with 6 platforms. This will reduce the turnaround time for microbiology results and will enable the clinical team to “rule out” infection in some cases.
- Support the business case for influenza POC testing and subsequent roll out of this system.

Improve and develop I3 technology to support surveillance, epidemiology and performance.

- Develop the infection prevention intranet site as a resource for staff.
- Work with lorenzo to develop dynamic patient lists, CDC forms and methods to use the system for surveillance.
- Work with my assure to develop clinical audits on an electronic platform.
- Work with TD synergy to explore the potential for electronic collection of patient results by the IP team.
- Work with the electronic whiteboards system to develop ways to support outbreak management using the system remotely.

Progress: *Our progress will be improved through innovation, education, research and technology to meet the challenges of the future.*

Our aim:

To support and develop business plans for the use of new and improved diagnostic technology.

- Develop and support business case for biofire multiplex testing system with 6 platforms. This will reduce the turnaround time for microbiology results and will enable the clinical team to “rule out” infection in some cases.
- Support the business case for influenza POC testing and subsequent roll out of this system.

Work with the I3 teams to develop supportive software which enables improved IP surveillance and performance.

- Work with lorenzo to develop dynamic patient lists, CDC forms and methods to use the system for surveillance.
- Work with my assure to develop clinical audits on an electronic platform.
- Work with TD synergy to explore the potential for electronic collection of patient results by the IP team.

- Work with the electronic whiteboards system to develop ways to support outbreak management using the system remotely.

Develop an intuitive intranet site focusing on infection prevention. The site will be managed by the team and maintained for accuracy and monitored to understand its use.

- Develop the infection prevention intranet site as a resource for staff.

Explore innovative and flexible working methods and patterns to ensure a sustainable IP service fit for purpose.

4. Duties and Responsibilities

4.1 Chief Executive

The Chief Executive accepts on behalf of the Trust Board ultimate responsibility for all aspects of infection prevention and control within the Trust.

4.2 Director of Infection Prevention and Control (DIPC)

The DIPC has lead executive director responsibility for infection prevention and control. The key role of the DIPC are to:

- Oversee local controls of infection prevention and control policies and related policies for their implementation.
- Be responsible for the Infection Prevention and Control Team.
- Report directly to the Chief Executive and the Board.
- Attend and Chair the infection prevention and control committee meetings.
- Ensure that the Trust is registered with the CQC.

4.3 Infection Prevention Team

Provide specialist knowledge and advice on all matters pertaining to infection prevention and control.

The IP matron is responsible for:

- The production, review and implementation of local policies, protocols and guidelines with input from other appropriate clinical and non-clinical staff.
- Developing the infection prevention strategy and annual plan.
- Developing and maintaining partnership working with other Infection prevention specialists, partner organisations and patient groups across the region.

The Infection Prevention Team will carry out audits, surveillance, training and deliver projects as required by the Trust to support the IP Strategy in accordance with CQC requirements and the Hygiene code.

4.6 Care Group Senior Management Teams

Are responsible for ensuring that the Infection Prevention and Control Strategy is implemented effectively across all services, which will include:

- Dissemination of the Strategy details and allocation of responsibilities for implementation to service managers and staff
- Identifying directorate specific infection prevention issues that might not have been addressed explicitly within the Strategy
- Ensuring that infection prevention and control is incorporated into the Locality/Department decision-making, service planning, performance management, project management and other related processes
- Establishing key infection prevention risk indicators which are monitored, reviewed and reported on a regular basis
- Ensuring that infection prevention and control is included as a core item on all divisional quality meetings.
- Reporting via performance and clinical practice and standards reviews on the division infection prevention and control management performance in addition to new and emerging risks, major changes of priority on existing risks and key actions
- Ensuring that, where necessary, healthcare associated infection prevention and control risks are reported on the Risk Register.

4.7 Department/Care Group Managers

In addition to contributing to the responsibilities as outlined above:

- Leading, monitoring and driving a culture of cleanliness in clinical areas
- Identification of infection prevention and control training needs to ensure that staff and volunteers are able to work safely and comply with Trust procedures, including mandatory training requirements
- Ensuring implementation of Trust infection prevention policies and procedures
- Supporting post infection reviews where required to promote learning and practice improvement.
- Ensuring effective ward management which includes implementation of infection prevention policies, the provision of high standards of essential patient care and the maintenance of a safe clean and patient friendly environment.

4.8 Infection Prevention Link Healthcare Professionals

Act as a facilitator of good practice in infection prevention within their area of work. The link professional will:

- ✓ Attend infection prevention link meetings and feedback the information gained to colleagues.
- ✓ Act as a resource to staff in their area of work.
- ✓ Participate in standard setting and audit.

4.10 **All Staff**

All Staff have a responsibility:

- To comply with Trust infection prevention policies and procedures
- To attend mandatory training, including induction training
- To remind and challenge colleagues of their infection prevention responsibilities if there is a potential or actual breach of policy.
- All staff has a responsibility to ensure patient safety through the implementation of the best possible infection prevention and control practice.

4.11 **Infection Prevention and Control Committee**

The Infection Prevention & Control Committee is a subcommittee of the Trust @@@ committee. The Committee is chaired by the DIPC and oversees all infection control issues in the Trust.

5 Strategy Dissemination

Internally – Care Group Managers will be expected to communicate the Strategy to all relevant staff and it should be integral to local induction procedures.

Externally – The DIPC/IP Team is expected to communicate the Strategy to Monitor, Local Trusts, Cumbria Clinical Commissioning Group, Auditors, Public and Patient Involvement Forums, and it will be published on the Trust Intranet.

6 Strategy implementation, monitoring and review

An annual DIPC Report will be provided to the IPCC on the progress with implementation of the Strategy and achievements against the Trust Action Plan supplemented by regular reports on operational priorities and progress.

In order to support further development, the Trust will continue to benchmark performance against national and international best practice. This will include participation in both formal external assessments (including NHSLA and CQC) and informal processes, including those facilitated by Monitor and National Patient Safety Agency.