



Worcestershire Health and Social Care

Infection Prevention Strategy

2018 - 2021

Produced on behalf of:

NHS Redditch and Bromsgrove Clinical Commissioning Group | NHS South Worcestershire Clinical Commissioning Group | NHS Wyre Forest Clinical Commissioning Group | Worcestershire Health and Care NHS Trust | Worcestershire Acute Hospitals NHS Trust | Worcestershire County Council

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Forward

Quality is the organising principle underpinning the current programme of NHS reforms. It is enshrined in the Health and Social Care Act and enables the NHS to:

- Put patients at the heart of all NHS care
- Deliver improved patient outcomes
- Empower local organisations and professionals to improve quality.

The NHS 5 Year Forward View (2014) identified 3 gaps that required action to ensure that people in England receive high quality care.

The three gaps are:

1. Health and wellbeing: Without a greater focus on prevention, health inequalities will widen and our capacity to pay for new treatments will be compromised by the need to spend billions of pounds on avoidable illness.
2. Care and quality: Health needs will go unmet unless we reshape care, harness technology and address variations in quality and safety.
3. Funding and efficiency: Without efficiencies, a shortage of resources will hinder care services and progress. Importantly, this is not just about finances.

This strategy has identified ways of addressing these gaps through:

- Practise which prevent avoidable illness, protect health and promote well-being and resilience.
- Practise which provides safe evidence-based care which maximises choice for patients.
- Practise which manage resources well including time, equipment and referrals.

Effective infection prevention and control programmes and zero tolerance of avoidable infections are integral to patient safety and quality of care. The quality of healthcare in Worcestershire is everybody's business with ownership and understanding of both the challenges and the solutions shared across all organisations, professions and with the public.

Worcestershire's Clinical Commissioning Group are led by local GPs who commission healthcare services in partnership with clinicians and our local population that reflect their healthcare needs and expectations. This partnership with key statutory and voluntary agencies will continue to be crucial in safeguarding Worcestershire's population.

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Reducing healthcare associated infections (HCAI) remains high on the national agenda, alongside improving and sustaining the quality of care provided to patients. There is a legal requirement for organisations to implement and demonstrate compliance with the Health and Social Care Act 2008 (DH, 2015), Code of practice for the NHS on the prevention and control of healthcare associated infections. The Health and Social Care Act sets out the requirements, from an organisational perspective, to promote a safe, well managed environment which minimises the risk of infection. This strategy will build on the work, systems and processes already in place across the health and social care providers in Worcestershire and will provide a system wide vision for infection prevention and control, for the next three years.

The strategy outlines five strategic objectives which will form the basis of the system wide approach. Organisations should have existing Infection Prevention and Control or HCAI reduction plans in place and this strategy should be read in conjunction with these plans. This strategy should enhance and develop systems which are fit for purpose and which will support the delivery of the HCAI agenda.

The strategy development has provided an ability to identify local needs and also aspires to a common vision for Infection Prevention and Control for Worcestershire.

It will ensure that the structures, objective setting and monitoring arrangements, governance arrangements and resources to ensure effective practices for the prevention and reduction of HCAI's across Worcestershire are in place. This will be achieved through the continuing development of a culture of collaboration with providers to promote excellent practice in all aspects of the prevention and control of infection.

For any clarification related to aspects of this strategy please contact the Commissioning Infection Prevention Lead Nurse, Emma Sneed at: emmasneed@nhs.net

The Worcestershire Infection Prevention and Control Approach

Prevention and control of infection is placed at the heart of patient safety. The safety and experience of individuals receiving care will be the first priority in all that we do in relation to Infection prevention. It is important to emphasise that infection prevention and control is “everyone’s responsibility” and is far wider reaching than purely HCAI’s. This includes:

- The expectation that organisations will be open and honest and learn from mistakes.
- Organisations will work proactively in multi-agency collaboration with Public Health England to reduce risk from infection.
- People visiting, or receiving treatment or social care in hospitals or community settings can expect organisations to be working collaboratively to prevent and reduce harm from infection.
- Individuals must be protected from avoidable harm and any deprivation of their basic rights
- Continuous review of national and international evidence related to infection prevention and the implementation of best practice within Worcestershire.

The Trust Boards, owners, managers and staff of health and social care establishments are responsible for establishing, maintaining and supporting a co-ordinated approach to infection prevention and control (IPC) in all areas of their responsibility. This includes incorporating Healthcare Associated Infection (HCAI) prevention and control advice and guidance into local policy development.

IPC will be embedded in the core processes and systems of each organisation, including guidelines and procedures, operational policies, education and training, audit, the business planning cycle, and business case development.

Learning from the Francis Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, which included more than 100 pages of focus on infection control including basic hygiene and cleanliness, Francis highlighted the need to ensure staff are trained in infection prevention and to ensure robust systems and process are in place to monitor standards emphasising the need for organisations to communicate and work with other agencies to reduce the risk of infection. Ensuring enhanced IPC awareness and training is central to our approach in Worcestershire as is the need to work collaboratively across organisational boundaries to deliver improvements.

Our approach in Worcestershire, of collaborative working and collaborative planning has shown productive outcomes for individuals and for partners within the County.

Overall our aim is to continually strive for zero tolerance to all preventable infections and to ensure that health and social care in Worcestershire is provided in safe and clean environments that are fit for purpose and that best practice is acknowledged and adopted by all.

Strategic Objectives

The strategy's five objectives are based on the NICE Guidance Prevention and Control of Infection, 'Quality Improvement Guide' (DH, 2011). The guide aims to improve the quality of care and practice over and above current standards as set out in the Department of Health's Health and Social Care Act 2008: Code of practice for health and adult social care on the prevention of infections and related guidance. (<https://www.nice.org.uk/guidance/ph36>)

1. Culture of continuous improvement

People of Worcestershire receiving treatment or care can expect all staff to take responsibility, and be accountable for, continuous quality improvement in relation to infection prevention and control. They can expect organisations to learn from their own and other healthcare providers' experience, and use this learning to improve the quality of care and practice in infection prevention and control.

This strategy aims to develop and implement a system wide assurance framework to support the following specific outcomes:

- Antibiotic are used responsibly and in accordance with local guidance. Commissioners of healthcare and provider organisations will monitor and feedback data to prescribers relating to local and national trends
- Key performance indicators are used by the board or those managing organisations to monitor the organisations infection prevention and control performance
- A mechanism is in place to report regularly to board or management meetings on important infection risks and the control measures that have been implemented
- The board / owner have agreed an annual improvement programme on infection prevention and control
- The organisation promotes a 'self-governance' culture for infection prevention and control. This includes evidence that all staff are accountable and take ownership and responsibility for continuous quality improvement
- The board /owner are assured that monitoring mechanisms are in place in each area, and that each area is accountable for compliance with relevant aspects of the code of practice.

2. A whole systems approach, with clear structures, roles and responsibilities.

People of Worcestershire receiving treatment or care can expect the organisations to monitor infection levels across all service areas and where indicated use this information to adjust practice. There will be dedicated resource across the health and social care system to lead infection prevention and control and all providers of health and social care will work collaboratively to deliver this strategy using innovative and best practice.

This strategy aims to develop and implement a system wide assurance framework to support the following specific outcomes:

- Organisations will have in place surveillance system with specific, locally defined objectives and priorities for preventing and managing HCAI's. The system should be able to detect organisms and infections and promptly register any abnormal trends
- Organisations will have clearly defined responsibilities for the recording, analysis, interpretation and communication of surveillance data
- Regular review of the surveillance programme to ensure it supports the organisations quality improvement targets for infection prevention and control
- Acute Trusts and Microbiology to have fit-for-purpose IT systems to support surveillance activity
- Evidence that trusts share relevant surveillance outputs and data with other local health and social care organisations to improve their infection prevention and control
- Organisations will report all outbreaks, serious untoward incidents and any other significant HCAI related risk and incident to Public Health England (PHE) in a timely manner
- Surveillance data in key areas is regularly compared with other local and national data and, where appropriate, is available at clinical unit level.
- A process for surveillance outputs to feed into accountability frameworks, inform audit priorities and be used to set objectives for quality improvement programmes in relation to HCAI prevention
- Surveillance outputs will be analysed alongside comparative data to ensure continual improvement (Fingertips)
- Surveillance outputs will be fed back to relevant staff and stakeholders, including patients, in an appropriate format to support preventive action
- Patients and the public have a responsibility to inform staff of potential or known infection risks and to adhere to infection prevention and control directives when visiting or using the services provided by health and social care.

Specific innovations to include

Antimicrobial Stewardship

The formation of a countywide AMR Group to progress development and implementation of a Worcestershire AMR Strategy. This will include the:

- Implementation of the best practice standards in NICE guideline 15: Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use
- Progress the establishment of an antimicrobial stewardship programme in all HSC settings
- Optimising Prescribing practice to drive down inappropriate and indiscriminate use of antimicrobials in order to conserve the use of available antibiotics.
- Improved compliance against Prescribing Guidelines
- Ensure a Countywide approach to European Antibiotic Awareness Day/week on November 18th each year
- Improving professional education, raising wider awareness. Ensure AMR awareness is included in all IPC training with links to further educational resources
- Support the education of patients and the public around AMR, prevention and self-help messages
- Increase appropriate public expectation for antimicrobial prescribing by public engagement and the provision of information
- Improved Infection prevention practices to support the conservation and steward the effectiveness of existing treatments
- Use of the 'Fingertips website to support surveillance and comparison with other similar organisations.
- Support strategies to limit emergence and spread of multi resistant organisms
- Explore point of care diagnostics to support more prudent prescribing
- Developing and implementing effective antimicrobial stewardship quality measures.

Reduction of Gram Negative Bacteraemias

The development of a Countywide Gram Negative Reduction Strategy. This will include the:

- Full implementation of the Urinary catheter Passport across the County
- Improved communication between health professionals regarding urinary catheters
- Analysis of all long term urinary catheters for appropriateness and ensure all persons catheterised have a clear documented rationale for insertion and on-going need for catheter
- Health economy wide/ countywide catheter campaign to reduce incidence of CAUTI and people with blocked catheters attending ED.
- Analysis of all Escherichia coli (E coli) blood stream infections within the county(pre and post 48hr cases)
- Reporting of Klebsiella and Pseudomonas blood stream infections onto the DCS.

- Commence reporting of Gram negative BSI on a Monthly basis to commissioners and provider organisations
- Monitoring of themes and trends to ensure awareness of local risks
- Review of best practice evidence to determine actions required within Worcestershire
- Wider Implementation of “hydration for health” campaign which will focus on the importance of hydration in maintaining health and wellbeing and the prevention of UTI/CAUTI
- Analysis of all chronic wounds to determine best practice in tissue viability, enhancing healing rates using a chronic wound care pathway, to reduce the risk of localised or systemic infections
- Continued system wide focus and support to the prevention of pressure ulcers, to reduce the risk of localised or systemic infections
- 100% compliance with revised High Impact Interventions (2017) or agreed community based assurance programmes related to infection prevention
- Surgical site surveillance will be extended, trusts will explore systems that enable discharge surveillance to be undertaken ensuring accurate data is available for patients and staff.

IV therapy

A Countywide IV group Forum where:

- Collective knowledge on clinical issues can be consolidated and shared to enhance provision of clean, safe care linked to IV therapy
- A clinical overview of IV therapy services can be considered to assist in determining service provision and priorities for IV care within relevant care pathways
- Actions can be considered to continuously improve and enhance IV care
- Individuals can reflect on IV therapy service development and provision
- Educational needs can be assessed and programmes planned to enhance staff knowledge and service provision
- Clinicians can have increased participation and advise on guideline and service development
- Guidelines can be considered to support development of IV services within primary care
- Greater coordination and integration between service providers will be promoted.

Other Innovations

- A comprehensive outbreak management programme focussed on community settings to include daily support to community settings when an outbreak is suspected and root cause analysis of incidence to enable shared learning and improved practices
- Campaign to promote vaccinations to staff in health and social care settings in accordance with occupational health guidance and Department Health directives.
- For all relevant nursing staff to be able to evidence clinical competencies for asepsis and catheter insertion
- A clinical overview of IV therapy services can be considered to assist in determining service provision and priorities for IV care within relevant care pathways

3. Ensure staff compliance with good infection prevention and control practices

Care organisations will prioritise the need for a skilled, knowledgeable and healthy workforce that delivers continuous quality improvement to minimise the risk from infections. To include support staff, volunteers, agency/locum staff, students and those employed by contractors.

Staff will have the necessary skills and knowledge and equipment to undertake infection prevention and control procedures in their area of work.

This strategy aims to develop and implement a system wide assurance framework to support the following specific outcomes:

- Local arrangements to ensure all staff working in clinical areas or who provide social care have an appraisal and development plan that includes discussion of infection prevention and control. This includes evidence that staff working in both clinical and non-clinical areas have clear objectives in relation to infection prevention and control
- Staff working in clinical areas or who provide social care, and nominated infection prevention and control champions or link staff, have sufficient time to fulfil their responsibilities in infection prevention and control
- Staff to be provided with feedback on their performance in relation to infection prevention and control
- Local arrangements to ensure all staff working in clinical areas or who provide social care complete infection prevention and control training within 1 week of commencing work
- Local arrangements to ensure infection prevention and control training and competencies are updated and checked at appropriate intervals.
- Local arrangements for an annual review of training resources to ensure consistency with the national evidence base and professional and occupational standards
- All staff working in clinical areas or who provide social care to be familiar with, and competent in applying, the organisations infection prevention and control policies and procedures
- Local arrangements to train staff in the communication skills needed to discuss HCAs with patients and the public at the level appropriate to their role
- Organisation to have a proactive, accessible occupational health or access to occupational health advice for employees; in addition, evidence is needed that the service puts an emphasis on preventing blood-borne viruses, tuberculosis, vaccine-preventable diseases and acute respiratory and gastrointestinal infections.

4. Provide a clean and appropriate environment that facilitates the prevention and control of infections

High standards of cleanliness will be delivered in all care settings, with each provider monitoring the condition of its premises to ensure levels exceed the minimum required standard.

This strategy aims to develop and implement a system wide assurance framework to support the following specific outcomes:

- The organisation will clearly set out, and adhere to, a standard of cleanliness that is beyond current national guidance (for example, British Standards Institution PAS 5748 and/or National Patient Safety Agency specifications)
- The organisation will have clear and accessible local policies on cleaning and environmental decontamination. This includes evidence that they take into account the needs of different areas and allow for flexibility in the deployment of resources. There should be evidence that individual staff understand their role and responsibilities
- Local arrangements for a risk-based, cleaning responsibility matrix and frequency schedule for all areas within the organisation.
- Organisations will have a local framework for monitoring of environmental cleanliness routinely with agreed actions for areas that fail to meet the agreed standard. This includes evidence of a patient feedback system
- Local arrangements to ensure awareness of health and safety and environmental issues regarding the use of disinfectant preparations for decontamination purposes
- Regular, appropriate training and education of staff with responsibility for cleaning in the use of equipment, disinfection and decontamination
- Evidence that the organisation incorporates patient feedback and involves patients, residents, service user's relatives and carers in its cleanliness monitoring programmes, with evidence that this impacts on standards.

5. Work collaboratively with all agencies to ensure seamless care.

CCGs will work proactively in multi-agency collaborations with local health and social care providers to manage and reduce the risk from infection. Information to be shared between providers when people are admitted, transferred to, or discharged from a hospital or to other care facility to ensure seamless care.

Specific outcomes:

- Evidence of support for, and participation in, joint working initiatives beyond mandatory or contractual requirements, to reduce HCAs locally
- Evidence of an agreed policy for data sharing on HCAs between local organisations
- Timely sharing of information risk assessments and strategic efforts to minimise harm from infection with other agencies
- A defined, shared and agreed governance structure with other local health and social care providers that includes clear lines of accountability
- Evidence of support for, and participation in, the development and implementation of a joint local strategy, policy and pathway on HCAs between local health and social care providers
- Participation in the development of shared targets and joint working with other local health and social care providers to improve outcomes locally relating to HCAs
- Trusts and independent organisations will work collaboratively with PHE and other health partners to investigate and manage HCAI outbreaks and incidents in a timely way.
- Evidence of collaboration with all appropriate agencies to deal with incidents which may impact on the health of the wider community.

Implementation of the strategy

The partners to this strategy will take responsibility for communicating the strategic objectives and specific outcomes within each organisation.

Worcestershire CCG's will be responsible for engaging the views of the public and adjusting the strategy as necessary

Once agreement of all the partner organisations to this strategy is obtained the responsibility for delivery will be delegated to the County Wide HCAI Forum who will support an implementation programme for the three years to deliver the objectives. It is envisioned that all IPC leads and Link Staff will work collaboratively to achieve successful delivery of the objectives.

A communications plan will be developed and implemented to enhance the knowledge of the vision for Infection Prevention for Worcestershire as widely as possible

The individual working groups formed to support the strategy will feed back to the HCAI Forum on a quarterly basis.

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