Infection Prevention and Control Strategy

2015 – 2018
This three year plan has been produced to support the work which has been taken forward in previous years across the organisation to reduce avoidable healthcare-associated infection. The Trust Board of Directors takes an active interest in this and receives regular progress reports on the initiatives that are in place. This process will continue over the next three years and as such we have approved this Strategy.

The key objectives and plans for monitoring improvement are highlighted within this Strategy. We recognise that there will be challenges ahead within the current healthcare system in which the management of patients is more complex with increasing invasive procedures and treatments. Amidst this environment our staff are caring for an increasing number of patients and we must continue to ensure that infection prevention and control is integrated to ensure safe, high quality care within the resources available.

The Trust will continue to support managers and staff as they implement and review the objectives/plans contained within this Strategy and we will continue to embed a culture of shared learning and benchmarking of practice to shape and improve the delivery of care to our patients. From this perspective it is essential that we involve and work with patients, public and users of our services to reduce HCAI within the Trust.

Reporting on the implementation of this Strategy will be integrated within the Trust’s governance and performance management arrangements. Progress will be monitored on a regular basis in order to seek assurance that standards of practice are maintained and improvements made.

We would like to thank all our staff for their continued commitment and support in implementing this Strategy which will contribute to the safety and high quality of care given to our patients.

Colm McKenna
Chairman

Hugh McCaughey
Chief Executive
1.0 Introduction

This Infection Prevention & Control Strategy (2015 - 2018), has been developed to maintain the Trust’s focus on preventing avoidable healthcare-associated infections (HCAIs), and to sustain/achieve compliance with all best practice infection control and cleanliness standards across the organisation.

The objectives set for the next three years, identify the ways in which the Trust will continue to prioritise reducing HCAIs engaging users in this work and how infection prevention practices will be further developed to keep patients, visitors and staff safe.

Existing initiatives will be further enhanced and new projects introduced in order to reduce avoidable infections, to share learning and improve the quality of patient care. We will work with other agencies and key stakeholders to contribute to reducing trends in antimicrobial resistance. As part of our commitment to improving the quality of our services, we will continue to monitor compliance and will enhance surveillance systems within available resources.

2.0 Overall aims

- To ensure that infection prevention and control is embedded at every level of the organisation. All staff, visitors, patients and public will be aware of their responsibility and the part that they need to play in preventing avoidable HCAI

- Trust Board, Executive Management and senior leaders will have assurance that all efforts are being taken to prevent HCAI and that antimicrobial agents are being used prudently.

3.0 Dissemination of the Strategy

The Strategy will be cascaded via line management across the organisation and will be available on the Trust’s intranet. Awareness of the strategy will be raised at education and training sessions and information and through the Safety and Quality newsletters.

4.0 Process for monitoring compliance and effectiveness

4.1 The Infection Prevention and Control Committee (IPCC), (led by the Lead Director for Infection Prevention & Control), will seek assurance from all Directorates to ensure that initiatives which reflect the strategic aims (outlined in this three year strategy), are implemented and monitored.

4.2 IPCC members will act as a conduit for this information and provide detailed progress updates of the key IP&C themes being implemented within Directorates and outlined in Governance plans. This information will be integrated within the IPCC’s Annual Action Plan. Updates will be reported to the Safety and Quality Committee and the Healthcare–Associated Infection Steering Group. This will also be contained and reported on within each Directorate’s Accountability Review Plans.

4.3 The Healthcare-associated infection Steering Group will continue to function, as part of the Trust's Assurance Review framework, in order to monitor progress against corporate priorities and to set and approve resources for IP&C initiatives as necessary.
5.0 Other key Committees/Working Groups which will contribute to the implementation of the Strategy

- Trust Board
- Executive Management Team
- Nursing & Midwifery Executive
- Medical Leaders Group
- Allied Health Professions Managers
- Decontamination Steering Group
- Antimicrobial Stewardship Committee
- Environmental Cleanliness Steering Group
- Patient Safety Forum
- Directorate Governance groups
- Water Safety Group
- Tuberculosis Working Group
- Strategic and Capital Development Working Groups
- Lessons Learned Committee
- Seasonal Influenza Committee and relevant Emergency Planning Groups
- Waste Committee.

6.0 Our Staff

Staff across the organisation will contribute to the implementation of the Strategy and actively support reducing HCAIs through:

- The investigation and learning from key infections and outbreaks
- Seeking specialist Infection Prevention & Microbiology advice when required
- Working with Patient Flow Co-ordinators, Clinical Co-ordinators, Clinicians and Lead Nurses/Managers and the Infection Prevention & Control team to ensure that patients with infections are managed appropriately to meet their care needs and in order to protect patients and staff
- Ensuring they are trained and competent in all aspects of infection control practice including hand hygiene and correct management and care of invasive devices as appropriate
- Working with the Patient Experience, Strategic and Capital Development and Estate Services teams to ensure that the patient environment within our healthcare facilities is clean, fit for purpose and infection control is considered from design to commissioning stages.
7.0 Related Trust Strategies and External best practice guidance

• Corporate Plan
• Capital Development Plan
• Estate Strategy
• Safety Quality & Effectiveness Plan


8.0 Key challenges

• Level of hospital activity and service capacity
• Prioritising resources to deliver the Strategy within the current financial climate
• Emerging infections, resistance patterns and new strains of microorganisms
• Limited isolation facilities
• Ensuring a clean fit for purpose environment
• Meeting Department of Health Social Services and Public Safety HCAI targets
• Educating workforce, patients and public
• Engaging with key stakeholders
• Providing assurance that there is continued compliance with policy and objectives.
9.0 Accountability for Delivery of the Strategy

9.1 The Chief Executive has an overall statutory duty of care to patients/clients, staff and public, to ensure that robust infection prevention & control systems are in place through the Lead Director for Infection Prevention and Control and the Executive Management Team.

9.2 Trust Board will receive regular reports from the Chief Executive and the Lead Director for Infection Prevention and Control. This will provide assurance of compliance with best practice; ensure that practice is continuously evaluated and that relevant steps are taken to make effective changes as appropriate.

9.3 A Non-Executive Director will support the Chairperson of Trust Board and Trust Board members in ensuring that the Infection Prevention and Control Committee and subgroups address relevant issues across the organisation and that key concerns, risks and best practice are highlighted to Trust Board.

9.4 The Lead Director for Infection Prevention and Control is responsible for ensuring that frameworks are monitored. They will work closely with and be supported by the Medical Director, Associate Medical Director, other Executive Directors, Infection Control Doctor/Microbiologists and Infection Prevention and Control Leads to ensure that systems are reviewed regularly as part of this three year plan to reduce HCAI.

9.5 Directors will ensure that an effective infection prevention and control framework is maintained and robustly integrated across their areas of service provision. This will be incorporated into each Directorate Management Plan.

9.6 Assistant/Associate Clinical Directors in conjunction with Directors/Clinical Directors will ensure that the infection prevention and control objectives are contained within the Directorate Management plans and are implemented within their area of responsibility. These will be monitored via a balanced score card as part of their Directorate’s Performance Management Systems. This information will be discussed at the Infection Prevention and Control Committee.

9.7 Clinical Managers/Team Leaders will work with Assistant/Clinical Directors to meet the IP&C objectives set in their Directorate Management plans within their area of responsibility. This will include the Trust’s Corporate Infection Prevention and Control Priorities outlined in Appendix 2. They will ensure that systems are in place which promotes the delivery of evidence-based infection prevention and control practice and have mechanisms for reporting incidents, deficits and complaints. They will also ensure that investigatory action is taken to address such issues and share the lessons learned as a result across the Directorates and with others as appropriate.

9.8 Directorate Governance Facilitators and Clinical Co-ordinators/Leads will work with Assistant/Clinical Directors, Clinical Managers/Team Leaders and the IPCT to establish effective infection prevention and control arrangements within their area. They will support the clinical teams in the investigation of incidents/near misses (Root Cause Analyses) relating to infection prevention, and disseminate the lessons learned across Directorates as necessary.

9.9 Ward/Department Facility Managers/Clinical Leaders/Team Leaders will take forward and promote high quality infection control practices, including High Impact Interventions to maximise the safety of patients, staff and the public and where possible prevent outbreaks occurring. They will escalate any area of concern to their Manager/Assistant Director/IPCT as appropriate.
9.10 Every member of staff will be responsible for ensuring that infection prevention practices are an integrated part of their practice. This will form a part of their continuing professional development. Staff will attend relevant training and update sessions and will undertake competency assessment in IPC practice, as appropriate.

9.11 The Trust will work with its service users, key stakeholders and the public to ensure that they have pertinent information relating to infection prevention and control issues and to strengthen their knowledge in this field.

9.12 The Trust will ensure that the key message, ‘Infection Prevention and Control is everyone’s business’, is embedded and remains an essential element of healthcare throughout the organisation.

10.0 Key Objectives for 2015 - 2018

1. Minimise the risk to patients from healthcare-associated infection and prevent all avoidable healthcare-associated infections (HCAIs)

2. Review and improve internal processes and systems to enhance surveillance of infection to efficiently monitor microbiologically significant bacteria and emerging resistance patterns

3. Review and agree IP&C key performance indicators across the organisation

4. Ensure collaborative working within the Trust to ensure the maintenance of a clean and appropriate environment across Trust managed facilities

5. Work towards achieving and sustaining compliance with all requirements of best practice guidelines as part of the Governance & Improvement Framework

6. Develop a Quality Improvement Research programme to underpin the delivery of high quality infection prevention practices and to contribute to improvements in safety, quality and experience relating patient care

7. Ensure continued involvement from IPCC members in all aspects of Strategic and Capital Development and the renovation of buildings within Trust facilities to focus buildings/fixtures and fittings which are fit for purpose

8. Promote the key message that ‘IPC is everybody’s responsibility’ by:

   a. Ensuring a continued commitment to working with other healthcare providers and stakeholders

   b. A continued delivery of education and training on prevention & control of infection and prudent antimicrobial prescribing so that staff understands their responsibilities

   c. Enhancing patient and public involvement in infection prevention in order to improve the patient experience.
### Appendix One: Trust Strategy for the Prevention & Control of Healthcare-associated Infection; Objectives/Initiatives 2015 - 2018

<table>
<thead>
<tr>
<th>Trust Corporate Themes</th>
<th>No</th>
<th>Key IP&amp;C Objectives for 2015 - 2018</th>
<th>Implementation/Actions Supporting the Key Objectives Over the Next 3 Years. (Areas/Directorates Responsible in Brackets).</th>
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</table>
| Safety, Quality & Experience              | 1  | Focus efforts on meeting DHSSPSNI targets and prevent all avoidable healthcare-associated infections (HCAIs). | • Meet DHSSPSNI targets (adopt zero tolerance to avoidable MRSA infections and contribute to reducing *C. difficile* rates) *(ALL)*  
• Monitor Surgical Site infections in Orthopaedics *(Surgical)*  
• Monitor Caesarean section site infections *(W&ACH)*  
• Continue with Critical Care Infection Surveillance *(Surgical)*  
• Work with PHA and Trusts regionally to agree any additional surveillance initiatives *(Directorates/Patient Safety/IPC Team)*. |
| Access                                    | 2  | Review and improve internal processes and systems to enhance surveillance of infection to efficiently monitor microbiologically significant bacteria and emerging resistance patterns | • Work with PHA in the development of regional Electronic Alert /Surveillance Systems *(ICT/IPCT)*  
• Electronic & timely sharing of Surveillance Data with Clinical Teams *(ICT/IPCT)*  
Short term: - *Enhance IPC related information within N-ECR*  
Long term: - *Contribute to Regional surveillance/alert system to monitor emerging resistance/prescribing patterns*  
• MRSA/ESBL  
• CPE  
• Continue with mandatory reporting of specific micro-organisms *(All Directorates/IPCT)*  
  • *Haemolytic Streptococcus* Group B infections in new-born *(W&ACH)*  
  • *Pseudomonas aeruginosa* in augmented care settings. *(Surgical/Medicine/W&ACH)*  
• Antimicrobial prescribing  
• Continue to audit Antimicrobial prescribing feedback to demonstrate improvement *(Pharmacist/Microbiologist)*  
• Laboratory services will continue to work towards 24/7 service *(W&ACH)*. |
| Health and Wellbeing                      |    | Review and agree IPC key performance indicators across the organisation                              | • Hand Hygiene compliance with standards *(All Directorates/IPCT)*. |
| Efficiency Service & Reform               |    |                                                                                                   |                                                                                                                      |


Review and agree IPC key performance indicators across the organisation

- Hand Hygiene compliance with standards (All Directorates/IPCT)
- Review methods used to monitor Hiils1 for Urinary catheter; Peripheral Venous Cannula; and other vascular devices as relevant (All/IPCT)
- Environmental Cleanliness scores (Acute/IPCT)
- Blood culture contamination rates (Acute/IPCT)
- Anti-microbial prescribing audit (All/Acute/Microbiology/Pt Safety)
- Pediatric Sepsis pathway (W&ACH/Microbiology/Pt Safety)
- Sepsis bundles within medicine (Medicine/Pt Safety/Microbiologists).

Ensure multidisciplinary collaborative working within the Trust to maintain a clean and appropriate environment across Trust managed facilities

- Implement the Trust Cleanliness strategy and continue to enhance cleanliness within the Trust facilities (Pt E/ALL)
- Work with colleagues in the region to standardise and implement cleanliness audit tools (Pt E).

Governance & Continuous Improvement.

Continued commitment to an approach whereby prevention and control of infection is considered as an integral part of service delivery and development taking account of all best practice guidelines.

- Continue to monitor gaps in assurance and work towards achieving and sustaining compliance in the following:
  - Controls Assurance Standards (IPCC/IPCT)
  - Ensure that the Trust NNU escalation plan incorporates the content of the Troop Report
  - Continue compliance with the recommendations within the Troop Report NNU (W&ACH/IPCT)
  - Regional NN Network Escalation plan
  - Tuberculosis Working Group (W&ACH)
  - The Trust will work to ensure compliance against RQIA’s IPC Governance tool for management and hospitals (linked to NICE Standards PH 36 Hospital: Prevention and control of healthcare-associated infections quality improvement guide). RQIA will audit compliance in 2015.
  - The Trust will implement recommendations contained within NICE 139 Community & Primary Care: Infection control: prevention of healthcare-associated infection in primary and community care. (All Directorates/IPCT)
  - Consider how lessons are shared with non-statutory providers and to clarify Trust's role in this.
  - IP&C will continue to be included in job descriptions and appraisal.
| 6 | Practice Development & IPC  
Develop a programme of quality improvement and research to underpin the delivery of high quality infection prevention practice with the potential to make improvements in experience, safety and effectiveness of patient care | • Develop an improvement plan (IPCT/Directorates)  
• Collaborative involvement in research/evaluation of products/equipment to support tendering processes and ensure quality and value for money (Pt. E/Research Dept./IPCT/All Directorates)  
• Continue to undertake IPC trial or new product initiatives and evaluate before tenders are awarded (Directorates/IPC)  
• Continue to review decontamination processes with the vision of centralising all decontamination services across the Trust (ALL/Decontamination Lead/IPCC)  
• Undertake a re-audit/Prevalence survey of vascular access devices used for parenteral nutrition and infection. February – March 2015 across Medical and Surgical Wards in the Ulster Hospital (Medical/Surgical/IPCT)  
• Review methodology and consider participation in a Global peripheral cannula point prevalence survey 2015 (Directorates in Hospital services/IPCT)  
• Share across augmented care areas ideas and methods used to comply with RQIA standards (All Acute Directorates)  
• Improve methods to undertake a timely post infection review of infection associated with invasive devices in a timely way at point of care and learning identified (ALL Directorates)  
• Review MRSA screening guidelines and measure compliance with the guidelines (All/IPCT)  
• MRSA point prevalence survey in NNU (W&ACH). |
|---|---|
| 7 | Ensure active involvement from IPCC members and the IPC team in all aspects of Capital Development and renovation of buildings within Trust facilities to focus on a building/fixtures and fittings fit for purpose. | Continue to implement Estates plans and Capital Development programmes. Including:  
• New building design/commissioning  
• Improving isolation capacity  
• Refurbishments  
• Water Safety  
• Pest Control.  
(Estates/Capital Development/IPCC/IPCT). |
| Our Patients, Clients and outside agencies/Trusts (Stakeholder Engagement) | 8 | Promote the key theme that ‘IPC is everybody’s responsibility’.  

a. Continued commitment to working with other healthcare providers and stakeholders  
b. Enhance patient and public involvement in infection prevention in order to improve the patient experience | Ensure appropriate information relating to infection risks is communicated to relevant parties as follows:  

- Public – internet/media etc  
- GPs – developing liaison ref IPC  
- Other HSC Trust’s  
- PHA/DHSSPS/HSCB  
- Ensure Trust representation on Regional groups which shape IPC initiatives across the region  

(Communications/Directors/Clinical teams/IPCT)  

- Engage/communicate with the public patients  
- Review the HCAI dashboard/Ward Information Boards involve users/Patient Client Council  
- Review patient access to IPC information via technology at bedside  
- Continue to provide updates on HCAI/IPC for the User Forum  

(ALL/IPCC/EMT/IPCT) |
| Our Staff (Stakeholder engagement) | c. Continued delivery of education and training on prevention & control of infection and prudent antimicrobial prescribing so that staff understand their responsibilities | Ensure policies are in place and reviewed when required (Develop guidelines/policies with key elements contained ('one page policy' concept) (IPCT/ALL)  

- Work with key Trust personnel and outside agencies to review and enhance Escalation and Emergency Plans (ALL)  
- Work to develop Education materials, Apps, pocket guides, e-learning materials (IPCT)  
- Review methods of delivering training and education to staff across the organisation (IPCT)  
- The IPC team will continue to provide timely and up to date IPC advice to staff and colleagues across the organisation and other agencies as necessary (All/IPCC/IPCT)  
- Continue with the programme of Leadership walk-rounds (Director/Senior Manager) to collate staff views on infection control and patient safety issues (EMT). |
## Appendix Two: Template of the Annual Action/Improvement Plan for Infection Prevention and Control Sub-Committee 2015 - 2016

<table>
<thead>
<tr>
<th>No</th>
<th>Project/Area(s) for improvement</th>
<th>Baseline position as at 1 January 2015</th>
<th>Action Planned</th>
<th>Action Achieved/Outcome</th>
<th>Target date By whom</th>
<th>Status as at April 2015</th>
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Symbols used to indicate achievability status

- **Achievable** - on course to achieve target
- **Doubtful** - Effort required/behind schedule in achieving target
- **Not Achievable** - Target not achievable or serious concern/major effort required to achieve target
- **Achieved** - Target achieved