

# INFECTION CONTROL STRATEGY

## 1. INTRODUCTION

East and North Hertfordshire NHS Trust (ENHT) considers the reduction of Healthcare Associated infections (HCAI) a key component of patient safety systems and a critical indicator of the quality of services provided by our organisation.

Our goal as an organisation and key objective of this strategy is to eliminate all avoidable infections that occur as a result of care provided by ENHT. This objective reflects the view that infections contribute to patient morbidity and mortality and have a direct impact on the efficiency of services and quality of care provided. Additionally, the Trust recognises the effect that HCAI's can have on the overall patient experience and negative impact on the reputation of the Trust.

## 2. PHILOSOPHY

Our philosophy centres on the ENHT mission statement that aspires "to be Trusted by our community". This philosophy will lead us to drive improvements in Infection Prevention and Control enabling ENHT be the best performing Trust in the East of England Strategic Health Authority (SHA) and to be placed within the top 10 performing Trusts nationally within the next five years for HCAI's.

Reducing the risk of infection through good infection control practice is the key priority for ENHT. We aim to do this by developing a culture whereby patient, staff and visitor safety is ensured through the promotion of excellence in all aspects of Infection Prevention & Control practice, which is embedded throughout the organisation.

The philosophy of this strategy reflects the corporate objectives of ENHT with specific reference to :

Objective 2 - To maintain effective governance arrangements and ensure the organisation is run appropriately and in a way that inspires public confidence

Objective 4 - To deliver required access and waiting targets and ensure that patients receive treatment in accordance with clinical need in line with these targets, and

Objective 8 - To ensure compliance with the statutory requirement for quality and the delivery of safe, high quality patient care within a reporting and learning culture.

These objectives complement the East of England SHA objectives outlined in 'Improving Lives, Saving Lives' (2007) and reflect a desire to work with our partners in the wider community and SHA to reduce the risks of HCAI's.

## STRATEGIC OBJECTIVES

The key objective of this strategy is to reduce HCAI's through enhanced and robust corporate engagement of all staff, the community and wider health economy. This strategy considers a reduction in healthcare associated infections a priority for wards,

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departments and directorates across all hospital sites within ENHT and the wider health community.

In order to achieve a reduction in HCAI's the following Trust priorities have been developed to focus Corporate and Directorate attention and work over the next 3 years. These priorities are underpinned by a number of strategic actions all of which contribute to driving the delivery of achieving our action. The key priorities have been identified as:

1. Enhanced Directorate engagement and ownership of HCAI's. This will include setting local Directorate targets for HCAI's and monthly Directorate reporting to the BAC based on a 'balanced scorecard' in order to monitor risks and progress locally
2. Strengthening the Trusts Patient Safety and Risk Management systems. This will include strengthening Infection Control within a Trust Patient Safety agenda.
3. Implementation of the 'Board to Ward' reporting and presentations by Directorates quarterly to the Board Assurance Committee (BAC).
4. Strengthening roles, responsibilities and accountability arrangements for all staff within the organisation in relation to Infection prevention and Control.

This strategy is underpinned by the annual Infection Control programme of activity which will reflect specific priorities and service objectives for Infection Control activity within the Trust which will be monitored by the Trust Infection Control Committee. This will include ensuring compliance with the Health Act (2006) and meeting the national standards required from organisations such as NHSLA and Healthcare Commission (e.g. Standards for Better Health).

### **3. RESPONSIBILITY AND ACCOUNTABILITY FOR INFECTION PREVENTION AND CONTROL**

Responsibility and accountability for reducing the risk of HCAI's rests with every member of staff within the organisation and is driven through a corporate approach to Infection Prevention and Control. As such, ENHT has clear expectations within the Trust's leadership and accountability framework within each area of service provision in ENHT. Key expectations and responsibilities are outlined as follows:

The Trust Board and ultimately the Chief Executive Officer, carries responsibility for Infection Prevention and Control throughout the Trust. From day to day this is delegated through the Director of Infection Prevention and Control (DIPC) to the Infection Control Team (ICT), Clinical Directors and local Infection Control leads such as service managers, modern matrons and ward sisters.

#### **Accountability arrangements for Infection Control**

##### **Role of Trust Board**

The Board is responsible and accountable with each Director jointly and severally liable and accountable for achieving the Trust's goal in relation to Infection Control. The Board will take advice from the DIPC in relation to any risks or lessons identified from incidents that occur to ensure that these are managed appropriately and in a timely manner. The Board provides support for the DIPC and takes a position on any recommendations and advice that are provided.

Achieving zero avoidable infections will require a standard of 100% compliance with specific cultural and behavioural actions such as hand hygiene, and compliance with IV line care. Such specific behavioural standards need to be set by the Board with compliance reported and reviewed to the Board via the BAC (see section 6, Board Assurance).

### **Role of Chief Executive Officer (CEO)**

The Chief Executive is accountable to the Board for achieving the Trust's goal in relation to Infection Control. The CEO has communication with the DIPC on a day-to-day basis and provides support by ensuring that accountability at Executive level for Infection Prevention and Control is embedded and sustained. The CEO chairs the Trust Infection Control Committee and provides support for the DIPC at Board level.

### **Role of Non-Executive Director lead (NED)**

The NED is accountable to the Board for achieving the Trust's goal in relation to Infection Control. The designated Infection Control NED provides support and advice for the CEO and DIPC. The NED, along with other Non-executive members challenge and support other Board members on matters relating to Infection Control.

### **Role of Director of Infection Prevention and Control (DIPC)**

The DIPC is responsible to the Chief Executive and the Board for the achievement of the Trust's goal for Infection Control and enabling senior management and clinician engagement in order to ensure that a robust infrastructure is in place for Infection Prevention and Control within the organisation.

The DIPC is a member of and is responsible for the ICT and reports directly to the Chief Executive Officer and the Board. Their role includes being an integral member of the Trust's Clinical Governance and Patient Safety systems. Corporate engagement and responsibility for Infection Control is supported by the Medical Director, Director of Nursing and the nominated Professions Allied to Medicine (AHP) lead who are each accountable to the DIPC and CEO for matters relating to Infection Control.

### **Role of Medical Director**

The Medical Director is accountable to the Board for achieving the Trust's goal in relation to Infection Control. The Medical Director supports the DIPC and Clinical Directors on issues relating to Infection Control. The Medical Director is responsible and accountable for compliance with Infection Control by all medical staff.

### **Role of Director of Nursing**

The Director of Nursing is accountable to the Board for achieving the Trust's goal in relation to Infection Control. The Director of Nursing supports the DIPC and Modern Matrons on issues relating to Infection Control. The Director of Nursing is responsible and accountable for compliance with Infection Control by all nursing staff.

### **Role of Allied Health professional (AHP) Infection Control lead**

The AHP lead is accountable to the Board for achieving the Trust's goal in relation to Infection Control. The AHP lead supports the DIPC on all issues relating to Infection Control. The AHP lead is responsible and accountable for compliance with Infection Control by all AHP staff.

### **Role of Infection Control Doctor (ICD)**

The ICD is accountable to the Board for achieving the Trust's goal in relation to Infection Control. The Infection Control Doctor leads the clinical Infection Prevention and Control service and is a key member of the ICT. The ICD is responsible for working with the DIPC (if not the ICD), and supporting them by providing guidance and advice on matters relating to clinically relevant microbiological issues e.g. clinical infection control activity, impact of decontamination arrangements, antibiotic prescribing, laboratory issues, surveillance and epidemiology. The ICD liaises with the DIPC on key operational issues as necessary. The ICD may undertake work delegated by the DIPC as required.

### **Role of Consultant Nurse Infection Control**

The Consultant Nurse is accountable to the Board for achieving the Trust's goal in relation to Infection Control. The Consultant Nurse provides clinical and professional leadership to the nursing members of the ICT. As a senior nurse within the Trust the Consultant Nurse provides visible clinical leadership, working collaboratively with the Director of Nursing, ICD and local Infection Control leads including the local health economy. The Consultant Nurse supports the DIPC by acting as Assistant DIPC.

### **Lead nurse Infection Control**

The Lead Nurse Infection Control is accountable to the Board for achieving the Trust's goal in relation to Infection Control. The Lead nurse manages the Infection Control Nursing Team and works closely with the ICD for clinical matters on a daily basis. The Lead Nurse is accountable to and managed by the DIPC.

### **Role of Infection Control Team (ICT)**

The ICT is accountable to the Board for achieving the Trust's goal in relation to Infection Control. The ICT provides a clinical advisory service for the prevention, surveillance, investigation and control of infection within the acute Trust and other contracted agencies. The ICT work closely together on a day-to-day basis with the ICD leading the overall clinical service.

The role of the ICT is guided by the Department of Health document 'Hospital Infection Control – Guidance on Control of Infection in Hospitals' (1995) which is currently under review.

The ICT consists of all the Trust's Consultant Microbiologists, DIPC and Infection Control Nurses, audit, surveillance nurses with secretarial/data analyst support.

### **Role of Antibiotic Pharmacist**

The Antibiotic pharmacist is accountable to the Board for achieving the Trust's goal in relation to Infection Control. The Antibiotic Pharmacist is responsible for overseeing antibiotic prescribing practices, and undertaking antibiotic audits. This includes the co-ordination, review, writing and updating of antibiotic policies Trust-wide in liaison with the Infection Control Doctor and Consultant Microbiologists.

### **Role of Clinical Directors**

Clinical Directors are accountable to the Board for achieving the Trust's goal in relation to Infection Control. Directorate responsibility for Infection Prevention and Control standards and performance ultimately lies with the Clinical Director (CD) who is responsible to the Medical Director. CD's work closely with the Directorate Infection Control lead and support their role by ensuring that all necessary actions are implemented within the Directorate. The CD is responsible for clarifying and reinforcing the role and local accountability arrangements within their Directorate in relation to Infection Prevention and Control.

### **Role of Directorate Infection Control Leads (IC leads)**

Directorate IC leads are accountable to the Board for achieving the Trust's goal in relation to Infection Control. Each Directorate has a nominated IC lead. This lead may be the CD, or governance lead. The IC lead attends the Trust Infection Control Committee and reports directly to the CD on matters relating to Infection Prevention and Control. The Directorate IC Lead attends and organises presentations to the Board within the Trust's 'Board to Ward' reporting framework.

### **Role of Matrons**

Matrons are accountable to the Board for achieving the Trust's goal in relation to Infection Control. Matrons are accountable to the DIPC via the Directorate IC lead and Director of Nursing on nursing matters relating to Infection Prevention and Control. Matrons are responsible for the implementation of the Infection Control aspects of the Matrons' Charter.

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including the continuing monitoring of their areas of responsibility in order to achieve an acceptable standard of cleanliness in the patient environment.

#### **Role of ward/dept managers**

Ward/dept managers are accountable to the Board for achieving the Trust's goal in relation to Infection Control Ward/dept managers are responsible for standards of care relating to Infection Prevention and Control in their specific area on a day-to-day basis and are supported by the Modern Matrons/ICT. This responsibility is delegated to the nurse in charge of the ward when the manager is not present.

#### **Role of Link Practitioners**

Link Practitioners are accountable to the Board for achieving the Trust's goal in relation to Infection Control Link Practitioners work closely with the ICT and ward/dept managers and are responsible for promoting good infection control practice in their work area with their colleagues, patients and relatives.

#### **Role of Facilities Management (FM) and Estates Staff**

FM and Estates staff are accountable to the Board for achieving the Trust's goal in relation to Infection Control Facilities and Estates staff work closely with the ICT, ward managers, modern matrons and domestic services staff to ensure that the environment is managed effectively.

#### **All Staff (clinical and non-clinical)**

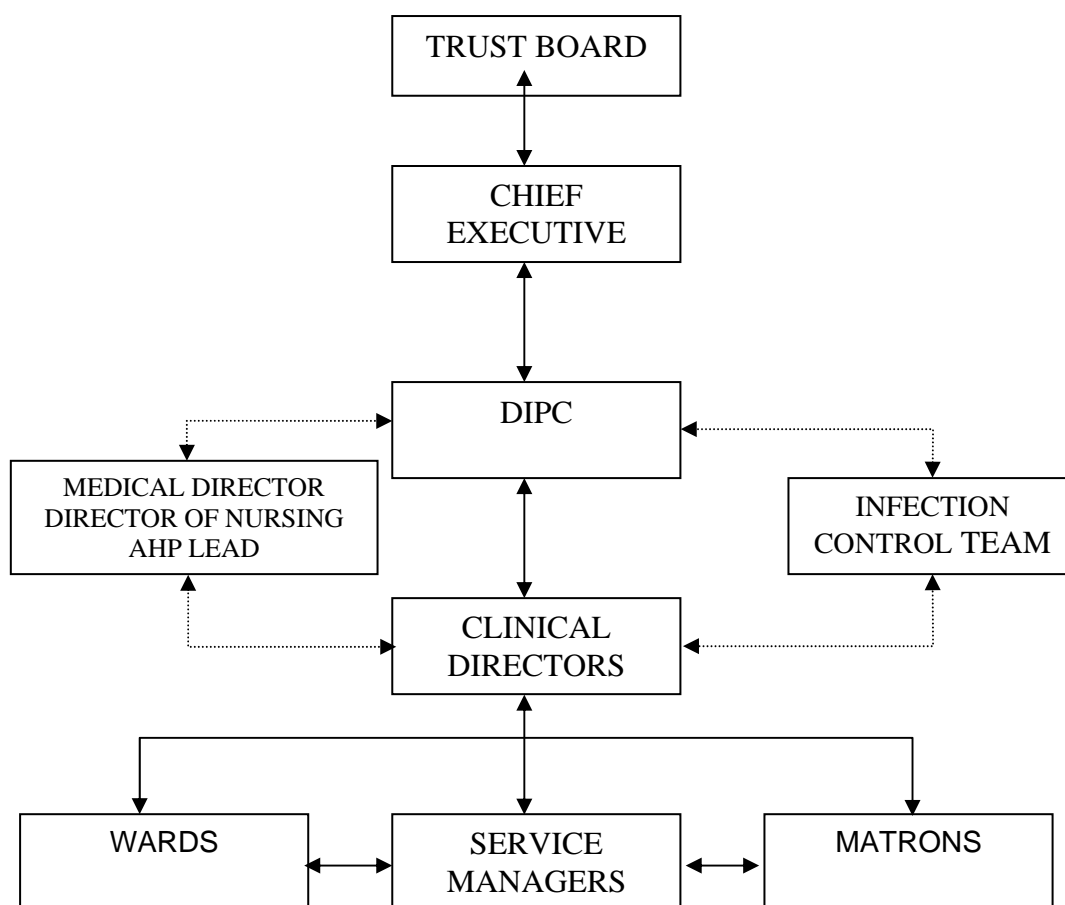
All staff are accountable to the Board for achieving the Trust's goal in relation to Infection Control. All staff are responsible for ensuring that they follow good infection control practice at all times and that they are familiar with Infection Control policies, procedures and guidance relevant to their area of work. Staff have a duty to challenge and report breaches in good practice by others and take corrective action as appropriate. All staff have a responsibility to attend annual mandatory updates.

#### **Patient/Public engagement and support**

ENHT is committed to seeking the support and engagement of patients and general public on matters relating to Infection prevention and Control. The Trust views this as a critical element of the strategy to ensure that views and ideas submitted by patients and members of the community are incorporated into the annual Infection Control programme of activity and wider collaboration across the health economy.

#### **Whole health partnership working**

The Trust recognises that a reduction in HCAI's is also dependent upon collaborative partnership working with partners from the community and health and social care fields of care. Such an approach supports a 'health economy' model of working, which places interventions for reducing infections throughout the patient journey through. Progress of collaborative working will be supported through the Whole Herts Infection Control Group of which the ICT are members.



*Flow chart showing formal lines of communication for Infection Prevention and Control within the Trust*

## 6. BOARD ASSURANCE

The Board will receive regular reports via the BAC. The Trust Infection Control Committee will formerly report to the BAC. Local Directorate governance issues will be managed through the clinical governance rolling half-day meetings, with Infection Control leads reporting to TICC. Governance issues identified from the TICC will be reported to the Clinical Governance Committee through Infection Control representatives on the Committee. The TICC will review the Trusts Infection Control assurance framework and provide guidance to the BAC on assurance issues. The BAC will use the assurance framework to inform the Board of any risks that have been identified.

The Trust Infection Control Committee (TICC) will receive reports on uptake of infection control mandatory training and its evaluation.

The Trust Board will receive assurance on the infection control position within the Trust through the BAC but will also receive reports by the DIPC at every public Board meeting. These will include monthly reports on numbers of *Clostridium difficile*, MRSA bacteraemia cases, GRE, outbreaks of infection cases, delayed or non-isolation of infectious patients, and infection related serious untoward incidents. Additionally, the Infection Control annual report, hand hygiene strategy and progress reports on other issues e.g. compliance with the Health Act will be presented formally to the Board Assurance Committee/Board by the DIPC, supported by a member of the Infection Control Team.

Evidence of compliance with Standards for Better Health core standard C4a will be collected concurrently throughout the year and will be provided as additional evidence to assure the Trust board of compliance with this and the Health Act.

## **7. DISSEMINATION OF THE STRATEGY**

The strategy will be available to all staff via the Trust intranet. Awareness of its development and implementation will be raised through inclusion in induction and Infection control training sessions and will be formerly included at Board and other key Trust meetings such as the Clinical Governance rolling half days, Senior Management Team, Governance meetings etc.

## **8. MONITORING OF THE STRATEGY**

The DIPC is responsible for continually monitoring the appropriate implementation of the Strategy. The Infection Control Committee supports the DIPC with this process using a range of information sources such as meeting minutes, audit, surveillance, outbreak and other relevant reports.

A summary of progress of the strategy is to be included in the Infection Control annual report.

### **Linked Documents**

- Minutes of Trust Infection Control meetings (TICC)
- Trust Infection Control Manual
- Incident Reporting Policy
- SUI Procedure
- Medical Devices Policy
- Infection Control Annual Programme
- Infection Control Annual Report

### **Linked Committees/meetings**

- Board meetings
- Trust Infection Control Committee
- Board Assurance Committee
- Clinical Governance Committee
- SMT meetings
- Health and Safety Committee
- Nursing Executive Committee
- Patient Information Group
- Whole Herts HCAI Systems Group
- Decontamination Committee
- Trust antimicrobial forum

Signed:

Chief Executive officer

On behalf of East and North Hertfordshire NHS Trust

**Appendix 1: Diagrammatic illustration of the strategy and achievement of Trust goal.**

**A STEP CHANGE**

