

Birmingham East and North PCT

Prevention and Control of Infection Plan

2008 - 2009

1. INTRODUCTION

1.1 Background and rationale

Birmingham East and North PCT, in common with all NHS organisations, is required to have in place a plan for the prevention and control of infections that is consistent with national guidance:

- Clean Safe Care: Reducing infections and saving lives (DH 2008)
- The Health Act 2006: Code of Practice for the Prevention and Control of Health Care Associated Infections (DH 2006, revised January 2008) *
- Essential Steps to Clean Safe Care (DH 2006)
- Revised Guidance on Contracting for Cleaning (NHS Estates June 2005)
- Standards for Better Health, Healthcare Commission (revised 2007)
- A Matrons Charter: An Action Plan for Cleaner Hospitals (DH 2004)
- Winning Ways: working together to reduce health care associated infections in England (CMO DH 2003)
- Infection Control: Prevention of health-associated infection in primary and community care, NICE Clinical Guideline (NICE 2003)
- Getting Ahead of the Curve. Chief Medical Officer's Report (DH 2002)

There is a legal requirement to implement the Code of Practice for the Prevention and Control of Health Care Associated Infections (DH 2006). Assurance of compliance with these requirements will be sought through the Annual Health Check and also through the NHSLA review scheduled for Birmingham East and North PCT during February 2009.

This Prevention and Control of Infections plan has been developed, and is being implemented, to ensure that Birmingham East and North PCT has in place the structures, target setting and monitoring arrangements, governance arrangements and resources in order to ensure effective prevention and control of Health Care Associated Infections. This will be achieved through the development of a culture of excellent practice in all aspects of the prevention and control of infection.

1.2 Purpose and scope of the plan

Birmingham East and North PCT is committed to addressing Health Care Associated Infections as its key priority. Within this, the PCT puts the prevention and control of infection at the heart of patient safety, good management and effective clinical practice and is committed to ensuring that appropriate resources are identified and allocated in this regard.

The purpose of this plan is to set out the approach to Prevention and Control of Health Associated Infection for Birmingham East and North PCT for April 2008 –

March 2009. The plan addresses key actions identified in the documents referred to above and is designed to establish ownership of infection prevention and control at all levels throughout the organisation. It supports a co-ordinated approach to the prevention and control of infection across all areas of responsibility. Action plans have been developed to ensure that standards and targets are met according to agreed trajectories. Progress against these action plans will be regularly monitored through agreed formal reporting schedules and mechanisms.

The Healthcare Commission monitor all NHS organisations in relation to both Standards for Better Health and the Hygiene Code. Birmingham East and North PCT will participate in any routine or unannounced inspections involving its provider services and will contribute, monitor and assure any subsequently agreed action plans.

1.3 Directly Provided Services

This plan will enable the assurance of required levels of infections prevention and control standards ensuring that safe practice is embedded in the cultures of all teams and services. This assurance will be underpinned by robust development activity and performance management.

1.4 Commissioned Services

The principles of this plan will be applied to all commissioned services. The performance of commissioned secondary care providers will be specified and monitored via contracting and formal partnership arrangements.

1.5 Contracted Services

The principles of this plan will be applied to all contracted services. The appropriate standards of the Hygiene Code will be expected to be met by all independent contractors. Quality standards will be introduced and monitored through contracting processes as new legislation is introduced to support this. The PCT will continue to determine and implement appropriate programmes to demonstrate assurance with respect to the Prevention and Control of Health Care Associated Infections within its independent contractors.

2.0 STRATEGIC VISION

2.1 Goals and aspiration

Irrespective of performance targets we aspire to zero tolerance of Health Care Associated Infections. We plan to reduce Health Care Associated Infections, along agreed trajectories, by implementing improved infection control

procedures, monitoring and surveillance. This will incorporate national guidance, build on good practice and engage all staff. We do not accept that Health Care Associated Infections are an inevitable part of health care and an acceptable risk as part of patient care.

2.2 Zero tolerance of infection

Given that patients neither expect nor hope that a Health Care Associated Infection (HCAI) would be added to their existing health concerns we will pursue zero tolerance of HCAI across the health economy through systematic review and local target setting.

In pursuit of zero tolerance of Health Care Associated Infection we will thoroughly investigate and learn from all infection related incidents moving quickly to implement and sustain lessons learned. Our aspiration to zero tolerance will be underpinned by the elimination of poor infection prevention and control practices through the systematic adoption of effective strategies, robust audit and performance management, strong leadership and high profile campaigns and programmes.

2.3 Strategic Responsibilities

In respect of the Prevention and Control of Infection Birmingham East and North PCT is required to demonstrate sufficient assurance that all services directly provided, commissioned or contracted are compliant with:

- Requirements of the Health Act (2006)
- Relevant Standards for better Health
- NHSLA risk management standards
- Reduction of Health Care Associated Infections in line with nationally set targets
- Escalation of all deaths where a HCAI is noted on a death certificate as a Serious Untoward Incident (SUI). Ensuring lessons learned from an associated Root Cause Analysis (RCA) are completed in a timely way.

2.4 Objectives

The following objectives will enable delivery of the goals and aspirations set out above :

- To ensure that the prevention and control of infection is integral to all service delivery and development
- To ensure that reduction of Health Care Associated Infections becomes and remains a high priority for all staff
- To assure and maintain compliance with all relevant Standards for Better Health across all provider and commissioner activities

- To work in partnership across the Health Economy to adopt and promote good practice, improve surveillance, share learning and implement a whole systems approach to the implementation of this plan.
- To ensure systems are in place to systematically assess and manage infection risks.

2.5 Health Economy Approach

Birmingham East and North PCT is committed to high profile leadership and active participation in a Health Economy wide plan to prevent and control Health Care Associated Infections as a whole. This includes a focus on social care as well as health providers. In this respect, we recognise the importance of the need for further engagement and the strengthening of partnerships with our Local Authority and West Midlands Ambulance Service colleagues.

As a co-ordinating commissioner, Birmingham East and North PCT takes responsibility for ensuring that local health and social care providers take robust approaches to the prevention and control of infection. Within this we will work with our local partners to address the issues collaboratively. This reflects an approach that collectively addresses and eliminates root causes rather than seeking to apportion blame and that depends on the timely, systematic and transparent sharing of data to effect rapid and sustained reduction of Health Care Associated Infections.

We will ensure that robust plans relating to all providers are in place. Birmingham East and North PCT action plans will be located within a Health Economy wide plan and will be regularly reviewed by the Health Economy Infection Control Collaborative Group (Clinical Reference Group).

3.0 DELIVERING IMPROVEMENT

3.1 Accountabilities

Successful implementation of the plan will require visionary leadership along with clear and effective communication underpinned by clear structures, processes, responsibilities and accountabilities. The role of the PCT Board is essential in actively supporting implementation of the plan seeking regular and robust assurance.

3.11 Committee Structures and Accountability Framework

Birmingham East and North PCT provides leadership and takes overall responsibility for the Prevention and Control of Infection in line with existing NHS guidance across directly provided, commissioned and contracted services. The PCT has established a Provider Arm Decontamination, Infection Prevention and

Control Committee in order to ensure that systems and processes are in place in relation to directly provided services. The Provider Arm Decontamination Infection Prevention and Control Committee, reports to the Provider Arm Committee, chaired by a Non-Executive Director, in respect of operational issues. It also reports to the Joint Commissioning Infection Prevention Committee in respect of performance aspects.

In order to ensure that infection prevention and control activity is integrated with reporting mechanisms for patient safety the PCT Clinical Quality and Safety Group will also receive regular reports in respect of both operational and performance aspects. The Clinical Quality and Safety Group reports to the Integrated Governance and Performance Committee. Additionally, In respect of independent contractors, issues relating to infection prevention and control will be reported, as part of the quality work stream reporting mechanism, to the Primary Care Commissioning Group which is a sub-committee of the PCT Board.

The Joint Commissioning Infection Prevention Committee is supported by a Health Economy Infection Prevention Collaborative Group (Clinical Reference Group) established across the Health Economy in support of a whole systems approach to reducing Health Care Associated Infections. This will be achieved through the systematic review of specified data sets and the implementation of agreed responses across the health economy. Within Birmingham East and North PCT, The Joint Commissioning Infection Prevention Committee reports to the Integrated Governance and Performance Committee, a sub-committee of the PCT Board and chaired by a Non-Executive Director.

3.12 BEN PCT Provider Responsibilities

As set out in the Committee Structure and Accountability Framework, The PCT has established a Provider Decontamination, Infection Prevention and Control Committee, in accordance with the Statutory Responsibilities as enshrined in The Health Act, to ensure that systems and processes are in place to prevent and control the risk of infection to patients, staff and visitors in relation to PCT provided services. The members are responsible for providing expert advice and for co-ordinating or undertaking work at the request of the Committee.

The Committee will report to the Provider Arm Committee in respect of operational issues and to The Joint Commissioning Infection Prevention Committee in respect of performance.

The Birmingham East and North PCT Provider Decontamination, Infection Prevention and Control Committee will provide leadership to:

- Develop a Trust wide approach to decontamination, prevention and control of infection, ensuring that all environments and working practices,

within directly provided services, are safe, effective and comply with national guidance

- Ensure that the lines of accountability for minimising the risk of infection are clear and explicit throughout directly provided services.
- Develop and review related policies/procedures and oversee their implementation.
- Liaise with the PCT Professional Development Unit to ensure that staff receive training in decontamination, prevention and control of infection practices and that there are systems in place to record evidence of training.
- Receive regular and specific reports with regard to decontamination, prevention and control of infection issues from the Provider Arm and other component organisations within the local Health Economy.
- Monitor/co-ordinate responses & submissions to external organisations on behalf of the Provider Arm.
- Monitor progress against the Healthcare Commission and The Health Act documents and report regularly as required.
- Agree, monitor and report progress for annual Provider Arm programme for the management of decontamination.
- Identify and maintain an annual programme of audit for prevention and control of infection practice.
- Ensure that Prevention of Infection is considered when purchasing new equipment.
- Ensure that Prevention of Infection is considered when refurbishing buildings or building new clinical areas and that the existing are suitable and safe and that the environment is monitored. All significant alterations and findings should be reported to the committee.

3.13 Role of the Director of Infection and Control

The DIPC is responsible for overseeing prevention and control of infection policies within the PCT and is accountable to the Chief Executive and the Board for this function. The role includes:

- Overseeing local prevention and control of infection policies and their implementation
- Responsibility for the Prevention and Control of Infection team within the PCT
- Assessing the impact of all existing and new policies and plans relating to the prevention and control of infections and making recommendations for change.
- Exercising authority to challenge sub-optimal infection and prevention control practices.
- Production of an annual report including the incidence of Health Care Associated Infections and releasing it publicly.

- Overseeing prevention and control of infection practices across directly provided, commissioned and contracted services.

3.14 Role of the Infection Prevention and Control Team

The team provides a clinical service for the prevention, surveillance, investigation and control of infection for the PCT. This includes:

- Ensuring timely specialist advice is available to all staff and the relevant PCT committees.
- Investigating and co-ordinating outbreak management.
- Planning and co-ordinating infection prevention and control audits.
- Providing advice regarding medical devices, equipment, building, cleaning, waste management and hotel services.
- Investigating all incidents of Clostridium difficile and MRSA within the PCT.
- Monitoring incidence of Health Care Associated Infections within the PCT and report them to the relevant committees.
- Co-ordinating, monitoring and responding to the activities of the Infection Control Link Practitioners across the PCT.

3.15 Role of Managers of Bedded Units

Managers of bedded units are responsible for ensuring that day to day cleaning is carried out to the highest standard and have the authority to directly challenge any sub-optimal practice. All infection prevention and control related incidents must be reported via the PCT incident reporting processes. Managers are responsible for ensuring that all relevant elements of the Infection Control Policy Manual are fully implemented.

3.16 Role of all Line Managers

All line managers must ensure that infection control policies are fully implemented and audited on a systematic basis and that all staff are aware of their responsibilities in respect of the prevention and control of infections. They must ensure that:

- All staff understand their responsibilities in respect of the prevention and control of infection
- Adequate induction procedures for infection prevention and control are in place.
- All staff are supported to participate in training regarding the prevention and control of infections
- The Infection Control Team is consulted on all infection prevention and control matters and advice given implemented.

3.17 Role of all Staff

All employees are expected to abide by Infection Prevention and Control policies relevant to their area of work, and undertake the necessary level of training. This is incorporated into the job description and will be appraised through the KSF review process or other relevant professional review process.

3.2 Monitoring

BEN PCT Information Team have agreed to support the data monitoring and data presentation requirements of the Joint Commissioning Infection Control Committee in the delivery of this plan. The team will use existing information flows to do this.

An agreed schedule of data will be tracked through BEN PCT Information Team and identified Executives Directors will receive regular updates, to an agreed schedule, with any special cases or more pressing concerns reported more frequently. Information flows will be clearly mapped with accountabilities and responsibilities clearly defined. A matrix system reporting and information exchange will be developed in order to ensure a co-ordinated and consistent approach across all areas of responsibility.

The focus of the Joint Commissioning Infection Prevention Committee will be a regular review of specified data sets. Performance will be monitored through both proactive and reactive mechanisms and systems including key performance and quality indicators, performance reviews, outcomes from incident investigations and complaints.

Relevant data sets will be identified, reported, analysed and appropriate responses actioned. Data sets will include: numbers, rates, locations, causes and root cause analyses commenced and completed with evidence of lessons learned and changes in practice commenced and sustained.

3.3 Governance

BEN PCT will ensure robust governance arrangements are in place reflected in clarity about delegated responsibility and accountability to ensure the implementation of this plan.

3.4 Resource requirements

Sufficient capacity and capability are fundamental to the successful delivery this plan and will be reviewed and recommendations regarding resource requirements made by the end of July 2008.

4.0 BEN PCT ACTION PLANS FOR IMPROVEMENT ACTIVITY

An annual Prevention and Control of Infection Programme will be set each year comprising key actions required to meet the requirements of the health Economy plan. The programme will be reviewed by the Health Economy Infection prevention group, the Joint Commissioning Infection Prevention Committee, Integrated Governance Committee and BEN PCT Board. An annual Infection Prevention and Control report will detail progress against the programme with clear justification for less than optimal progress where that occurs. The programme and the report focuses on seven key areas:

4.1 Policy development and implementation

All relevant policies and procedures will be reviewed according to an agreed schedule as part of an established PCT policy development and review process, and implemented to an agreed time scale taking into account new research. All policies are available via the PCT intranet. This plan for the Prevention and Control of Infection Prevention will be similarly disseminated once agreed with the relevant committees. Implementation of policies is monitored through the annual audit programme for the Prevention of Infection and Control.

4.2 Audit programme

Audit programmes for directly provided and contracted services supported by actions plans to both improve and sustain required levels of activity to prevent and control infection will underpin assurance. Commissioned services will be expected to supply audit programmes, on request, as evidence of their internal organisational assurance activity.

4.3 Surveillance

Surveillance data, from all health and social care providers, will be supplied, reviewed and analysed. Results of the surveillance will be fed back to the relevant committees. Any specific alert organisms will be targeted in line with national and local guidance. Outbreaks and SUIs will be reported to the HPA and to the PCT via the incident reporting process. The management of all outbreaks and SUIs will be reported in the Annual Report.

4.4 Root Cause Analysis

Root cause analysis will be used for all Clostridium difficile and MRSA and other serious outbreaks or HCAI trends. Lessons learned will be reported to the relevant committees and will be disseminated through matrix reporting systems to ensure improved practice and lessons learned are implemented rapidly.

4.5 Education and training

Training relating to the prevention and control of infection is integrated into the BEN PCT mandatory clinical education training programme. This programme is reviewed by the Committee. Information and advice is communicated to patients and the public through a range of mechanisms. We recognise, however, that this is an areas requiring significant further development. Bespoke sessions are devised and delivered as required for specific staff groups. The education and training programme will be informed by results of audits across all provider services and will be modified accordingly. We recognise the mobility of the workforce in the NHS and the subsequent need for continual reinforcement of learning. Any resource or capacity issues relating to this will be reported to the relevant committees.

The Infection Control Nurse Specialist, working in partnership with colleagues at Solihull Care Trust, has developed an e-learning Clostridium difficile package. This will be launched for GPs and independent non-medical prescribers on 23rd July 2008.

4.6 Campaigns

As part of Birmingham East and North PCT quality assurance for the prevention and control of infection the Essential Steps to Safe Clean Care campaign is currently being implemented. The PCT is also signed up to the Clean Your Hands Campaign, that will be implemented during June – September 2008, and to the Catch it, Bin it, Kill it – Respiratory and hand hygiene campaign 2007-08.

4.7 Addressing prescribing of antibiotics

The DIPC has written to all practitioners raising awareness of the issues. This is further supported by bulletins through the PCT Medicines Management Team's 'Prescribing News'. Detailed, practice specific antibiotic reports are sent to all Practices each month benchmarking antibiotic prescribing against locality, PCT and national patterns. Action plans are agreed for high prescribers.

5.0 BEN IMPROVEMENT ACTIVITIES FOR PROVIDER SERVICES

5.1 Heart of England Foundation Trust

Requirements for HoEFT as detailed in the Health Economy plan and BEN PCT incorporate in these the new contract due to be signed of at the end of June 2008. This will include compliance with the new data set agreed and also with the linked provision of evidence, its review and assurance of HoEFTs internal

organisational plan to reduce Health Care Associated Infections. This planned and targeted reduction sits within a Health Economy aspiration to a zero level of HCAs.

5.2 Birmingham and Solihull Mental Health Trust

It is recognised that explicit expectations need to be agreed in respect of specific data sets to be supplied and targets to be achieved. This work will be commenced by the end of July 2008. Requirements of BSMHT as detailed in the Health Economy plan will include compliance with the new data set agreed and also with the linked provision of evidence, review and assurance of BSMHT internal organisational plan to reduce Health Care Associated Infections. This planned and targeted reduction sits within the Health Economy aspiration to a zero level of HCAs.

5.3 Independent Contractors

The assurance of effective Prevention and Infection Control measures is integrated within the Clinical Governance Support Programme for Independent Contractors.

5.31 General Medical Practices

All General Practices are required to participate in an annual Infection Prevention and Control audit and to action any improvements necessary to meet the required standard.

General Practice wishing to deliver the Minor Surgery and IUCD LES's must reach a required standard as specified in a specifically designed audit tool agreed with the ICNS. Contractual agreement will be contingent on meeting the required standard on an annually re-audited basis. Periodic visits to monitor LES implementation including prevention and control of infection. will be introduced into the contract monitoring process in collaboration with the Primary Care Commissioning Team. The Healthcare Governance and Primary Care Commissioning Teams will maintain a comprehensive and up to date database of all those General Practices undertaking LESs deemed as high risk for infection prevention and control along with evidence of assurance that they meet the required standard.

Antibiotic prescribing patterns are discussed by BEN PCT Medicines Management Team Prescribing Advisors through a programme of General Practice visits. This features either as a straight objective for high prescribers or as a discussion point. Given the current strong focus on MRSA/C.diff, objectives are set and agreed to further reduce overall prescribing towards the average through operations and awareness. Recommendations are made regarding:

- prescribing in line with the antibiotic formulary as far as possible.
- ensuring that all practitioners are up to speed with the current therapeutics evidence.
- use of the delayed prescription as a method for reducing antibiotic prescribing.

5.32 General Dental Practices

All Dental practices have been sent Standards for Better Health Dental Toolkit Questionnaires. These have been developed in collaboration with the PCT Dental Advisor and include an 'Infection Prevention' themed section. All returned questionnaires have been analysed and an action plan developed. This will become an annual audit process. The action plan, that will include Practice visits, will be launched to coincide with the publication of the forthcoming DH guidance on Infection Prevention and Control in Dental Practices

5.32 Community Pharmacies

Contract monitoring visits conducted by the Medicines Management Team are underway and due to be completed by the end of June 2008. The assessment processes includes the Standards for Better Health relating to Infection Prevention and Control. Following each monitoring visit an action plan detailing any required improvements in returned to the pharmacy. On completion of the programme a trend analysis will be completed to identify any common learning needs and responsive actions planned.

5.33 Optometrists

As part of the Clinical Governance Support Programme all Optometric practices have been sent a self-assessment questionnaire relating to Infection Prevention and Control. Returned questionnaires have been analysed and learning needs identified. A first session within a planned Continuing Professional Development programme for Optometrists was held in February 2008. This included risk management and hand hygiene and will be followed up with a series of further events and initiatives including Practice Visits.

5.4 Social Care Providers

The PCT DIPC has participated in meetings in relation to Infection Prevention and Control practices in residential settings. A gap has been identified in the provision of training sessions for residential care staff. This will initially be addressed across the Health Economy supported by the Health Protection Unit.

A forward plan of work has been identified and the PCT will contribute to this in partnership with other component organisations within the Health Economy.

The action plan includes:

- Sharing a new infection prevention audit tools for residential settings
- Joining up the PCT and Birmingham City Council infection control audits and inspection processes
- Ensuring that issues of accountability are explicitly addressed in SLAs between the PCT and Birmingham City Council
- Finalise and deliver an inspection programme and training sessions for managers of new care centres.
- Identify and quantify potential volumes of clinical waste for collection from new care centres

5.5 Ambulance Service and Schools

It is recognised that these work streams are in their infancy and require significant development both for the PCT and across the Health Economy. Initial scoping of these will be completed by the end of July 2008 in order to identify the resource requirements, capacity and capability to deliver the required programmes.

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