Infection Prevention & Control and Decontamination Strategy 2021-2024

BCHC Strategy Reference Number	CH 559

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Title:	**Infection Prevention Control and Decontamination Strategy**
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BCHC Policy Reference Number	CH 559
Is this policy new or a replacement for existing policies?	Replacement Version 2 2018
Author/Lead	Lynn Whitehouse, Infection Prevention and Control Matron
Name of Executive Director Lead:	Marcia Perry- Executive Director of Nursing and Therapies and Director of Infection Prevention and Control.
Name of Approving Committee/Group & Date:	Infection Prevention and Control Committee – September 2021(TBC)
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Date & Outcome of assessment for E&HRA	Reviewed 16/09/2021
Target Audience	All Trust Employees
Subject category of document :	Clinical Infection Control
Summary	**Key Points** The aim of this strategy is to ensure that the Trust demonstrates its commitment to patient safety and compliance with the revised Health and Social Care Act 2008 (2015). This strategy will help to ensure that effective infection prevention and control and decontamination are embedded into everyday practice of employees both in commissioned and provided services. It will ensure that effective measures for prevention and control of infection are integrated in Trust core business, planning and delivery. The strategy refers to the agreed Infection Prevention and Control annual programme of work, which is a working document, monitored by the Infection Prevention and Control Committee. This Strategy applies to all Trust employees and staff working for and on behalf of the Trust including contractors, voluntary workers, students, locum and agency staff, voluntary workers and students. Commissioned services will also be encouraged to follow this Strategy. The Trust recognises its responsibilities under the Health and Safety at Work Act (DH 1974), Control of Substances Hazardous to Health Regulations (COSHH 2002), Personal Protective Equipment Regulations (1992a) and is also responsible for the Reporting of

| | Injuries, Disease and Dangerous Occurrences Regulations 1996 (RIDDOR).

This Strategy is required to meets the requirements of the Health and Social Care Act 2008 (amended 2015). This Strategy does not duplicate any other Birmingham Community Healthcare NHS Trust

This Strategy does not duplicate any other Trust policy.

- All employees are responsible for their own actions |
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Consultation History:

The following Committees, groups or individuals will be consulted in the development of this Strategy:

Name:	Date:
Marcia Perry (Director of Infection Prevention and Control)	22nd September 2021
Trust Microbiologist	22nd September 2021
Infection Prevention and Control Team	22nd September 2021
Compliance and Assurance Team	14th October 2021
Facilities and Estates	22nd September 2021
Medicines Management	22nd September 2021
Infection Prevention and Control Committee	22nd September 2021
Quality Safety Executive	14th October 2021

Version History

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Version No.	Lead	Date Change Implemented	Reason for Change
1	Joanna Peasland	16.11.2015	New for BCHC
2	Joanna Peasland	22.10.20218	Review
3	Lynn Whitehouse	TBC	Review

Contents

1.   Introduction

The Health and Social Care Act 2008 (Department of Health, amended 2015) requires NHS organisations to have up to date policies and procedures which minimise the risk of healthcare associated infection (HCAI).

Over recent years there has been an increase in the profile of infection control both clinically and politically. The report by the National Audit office in 2000 entitled "The Management and Control of Hospital Acquired Infection in Acute Trusts" highlighted the incidence, importance and financial burden of health care associated infections (HCAI). As a consequence of this a series of Department of Health (DH) initiatives relating to infection prevention and control followed in the form of reports, strategies, clinical guidelines and performance monitoring for infection control services.

The Health and Social Care Act 2008, Revised 2015, introduced a statutory duty on healthcare providers to observe the provisions of the Code of Practice on Healthcare Associated Infections. The purpose of the Code of Practice is to help NHS bodies plan and implement how they can prevent and control HCAI. The hygiene code framework is now embedded into the Trust. To comply with the Health and Social Care Act 2008 the Trust registered with the Care Quality Commission (CQC), The Trust registered fully compliant with the ten criteria set out in the Code of Practice. The Criteria explains what a healthcare provider will need to demonstrate to ensure that patients are cared for in a clean environment, where the risk of HCAI is kept as low as possible. Failure to comply with the statutory requirement is a breach of the registration under the Health and Social Care Act 2008, the CQC have a wider range of enforcement powers than were available under the 2006 Act. In circumstances of non-compliance the CQC will work closely with partners such as Monitor and area team to encourage improvement and protect patients, staff and visitors from harm.

NHS bodies must also comply with all relevant legislation such as the Health and Safety at Work Act 1974 and Control of Substances Hazardous to Health Regulations.

The Code of Practice together with earlier relevant documents has been considered in the formulation of this strategy.

To protect patients and staff from infection it is important that the risk is eliminated, reduced or managed effectively. The acquisition of infection as a result of hospital or other health care treatment has important implications both for the patients affected and the organisation concerned. HCAI's are seen as an important quality indicator and as such their prevention is key to ensuring that services provided by the NHS are of a high quality.

About 9% of patients accessing healthcare acquire a health care associated infection, at an estimated cost of £1billion a year. There has been an increase in invasive procedures and the use of powerful drugs, which produce better health outcomes but can reduce immunity and allow entrance of micro-organisms into the patient. The growing emergence of antimicrobial resistance in a range of human pathogens and the continual development of infectious disease presents further challenges for infection control

2.   Purpose

The purpose of this Strategy sets out arrangements and responsibilities for infection prevention and control within the Trust. This will also involve close, regular communication and working with partners who include:

- University Hospitals Birmingham NHS Foundation Trust;
- Sandwell and West Birmingham Hospital NHS Trust;
- Royal Orthopaedic Hospital;
- West Midlands Ambulance Trust;
- West Midlands Public Health England;
- District and Local councils;
- Any other independent contractors as necessary;
- NHS Area Teams;
- Birmingham and Solihull Clinical Commissioning Group.

The Infection Prevention and Control Strategy for The Trust provide an over view of key principles and elements and identifies how the Trust will meet current and future demands for quality standards.

The aim of this strategy is to ensure that the Trust demonstrates its commitment to patient safety and compliance with the revised Health and Social Care Act 2008 (2015).

This strategy will help to ensure that effective infection prevention and control and decontamination are embedded into everyday practice of employees both in commissioned and provider services. It will ensure that effective measures for prevention and control of infection are integrated in Trust core business, planning and delivery. The Strategy includes the agreed Infection Prevention and Control annual programme of work, which is a working document, monitored by the Infection Prevention and Control Committee.

The aim of this strategy is to ensure that the Trust demonstrates its commitment to patient safety and compliance with the revised Health and Social Care Act 2008 (2015). This strategy will help to ensure that effective infection prevention and control is embedded into everyday practice of employees both in commissioned and provided services.   It will ensure that effective measures for prevention and control of infection are integrated in trust core business, planning and delivery.

The Trust aims to minimise the risk of Healthcare Associated Infection, throughout the diversity of settings within the trust by ensuring that:

- All staff are knowledgeable and practise sound infection control for their area of work;
- Policies and procedures are available to all commissioned and provider services;
- People are prescribed antibiotics in accordance with local antibiotic formularies as part of antimicrobial stewardship and not offered antibiotics that are not needed;

- There is a managed environment within the Trust owned premises, which minimises the risk of infection, to patients, staff, visitors and carers. Commissioned services have access to advice and training on issues concerning their own environments to minimise the risk of infection to service users, staff, visitors and carers;
- Patients presenting with infections or who acquire an infection during treatment are identified promptly and managed according to good clinical practice for the purposes of treatment and to reduce the risk of transmission;
- There is a system in place that ensures that the Trust employed staff receive training on reusable medical devices and that they are properly decontaminated prior to use. Risks associated with decontamination facilities and processes are adequately managed and reviewed by either the Trust Decontamination group or the Infection Prevention and Control committee. Commissioned services have access to advice and training on reusable medical devices via the Infection Prevention and Control team;
- All eligible admissions to the community hospitals are screened on admission for MRSA detailed in the Trusts MRSA policy and as directed by the Department of Health.

The success of the strategy is reliant on corporate support and operational ownership of responsibility across the whole of The Trust. This will be sought and sustained by the elements in this strategy (see Appendix 1)

3. Scope

This Strategy applies to all Trust employees including prison healthcare staff. It also applies to private contractors working or visiting trust premises and Prison Healthcare facilities which include GPs, dentists, dental nurses, hygienists, locum, agency staff and volunteers. Commissioned services will also be encouraged to follow this Strategy in the absence of their own policy being available.

4. Duties & Responsibilities

4.1. Chief Executive

The Chief Executive has overall responsibility for the strategic and operational management of the Trust, including ensuring that the Trust's procedural documents comply with all legal, statutory and good practice requirements. The Chief Executive is responsible for ensuring that there are safe and effective systems in place to deliver high quality care to the persons who use our services.

4.2 Trust Board

The Trust Board will receive evidence that the organisation is up to date with and has a working knowledge and understanding of, infection prevention and control. The Trust board is responsible for reviewing the effectiveness of systems in place for infection prevention and control and decontamination as demonstrated by the annual report and infection prevention and control programme. The Director of Infection

Prevention and Control report will incorporate progress made against the programme over the previous twelve months, identifying actions and resource requirements for the following year (See Monitoring Arrangements). The Trust Board will ensure that appropriate resources are made available to manage the risks of infection and where necessary resource the cost of outbreaks.

The main responsibilities of the Board are:-
General duty to protect patients, staff and others from HCAI

Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them.

Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.

Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.

Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion.

Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people.

Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.

Provide or secure adequate isolation facilities.

Secure adequate access to laboratory support as appropriate.

Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.

Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection.

These duties are shown in full in the Health and Social Care Act 2008 (Revised 2015).

4.3   Infection Prevention and Control Doctor

The Infection Prevention and Control Doctor provides specialist advice to the Infection Prevention and Control committee and the Trust Infection Prevention and Control team, as required via an SLA/Contract by:

- Providing Microbiology Support and Advice;
- Providing Operational support to the Infection Prevention and Control Team;
- Providing Strategic Support to the Infection Prevention and Control Team;
- Ensuring the Key performance indicators in the contract are maintained.

4.4   Executive Director of Nursing and Therapies/Director of Infection Prevention and Control

The Executive Director of Nursing and Therapies will take the lead responsibility for the development and implementation of this Strategy, with the support of the Nurse Consultant of Infection Prevention and Control and the Infection Prevention and Control Doctor.

The DIPC will –
- Oversee the implementation and impact of this Strategy and make recommendations for change;
- Report on the state of healthcare associated infection within the organisation to the board;
- Report directly to the Chief Executive and the Board and not through any other officer;
- Have the authority to challenge inappropriate clinical hygiene practice;
- Have the authority to challenge inappropriate practice and inappropriate antimicrobial prescribing decisions;
- Work in close collaboration with the Infection Prevention and Control team.
- Be a full member of the infection prevention team, Water safety group and antimicrobial stewardship committee and regularly attend its infection prevention meetings;
- Have the authority to set and challenge standards of cleanliness
- Assess the impact of all existing and new policies on infections and make recommendations for change;
- Be an integral member of the organisation's clinical governance and patient safety teams and structures, water safety group; and
- Produce an annual report and release it publicly as outlined in *Winning ways: working together to reduce healthcare associated infection in England;*
- Ensure that a strategy is in place for continuous improvement in infection prevention and control that includes leadership, multi-agency working and surveillance;
- Support and participate in joint working initiatives beyond mandatory or contractual requirements, to reduce healthcare –associated infections locally;

- Ensure that a strategy is in place for continuous improvement in infection prevention and control that includes leadership, multi-agency working and surveillance;
- Provide assurance to the Board that the systems are in place and the correct policies and procedures are adhered to across the organisation to ensure safe effective healthcare and to comply with the Health and Social Care Act 2008 'hygiene Code' (revised 2015).

4.5   Responsibilities of the Nurse Consultant of Infection Prevention /Deputy Director of Infection Prevention and Control

The Nurse Consultant will support the Executive Director of Nursing and Therapies with the development and implementation of this Strategy. The Nurse Consultant will also:

- Deputies and assist the DIPC, lead in the development of the IP&C Strategy and oversee the local Infection Prevention and Control policies and their implementation;

- Lead the Infection Prevention and Control Team;

- Ensure there is a robust audit programme is in place to provide Board assurance of Infection Prevention and Control Practice;

- Challenge inappropriate clinical hygiene practice and antibiotic prescribing practice;

- Assess the impact of all existing and new policies and plans on infection and make recommendations for change;

- Support the DIPC to produce an annual report for the Board on the state of HCAI in the Trust.

4.6   Responsibilities of the Infection Prevention and Control Team (IPCT)

The IPCT will have a pivotal role in the coordination of ensuring all aspects of this Strategy are effectively implemented, risk managed and evaluated across the Trust. The IPCT will have the responsibility to respond to national initiatives, guidance publications and evidence base relating to management of sharps and exposure to blood and high risk body fluids and to report via the Infection Prevention and Control Committee (IPCC).

The Infection Prevention and Control Team will act as a specialist resource for all health care workers to:

- Provide advice on the prevention and control of infection for all staff including independent contractors;

- Co-ordinate, structure and facilitate the provision of education and training on infection prevention and control/health protection for all trust employed staff. Infection Prevention and Control training and audits are offered to commissioned services;

- Undertake audit programme across the organisation to ensure compliance with national guidance and local policy;

- Monitor infection control and decontamination procedures;

- Develop and implement infection control policies;

- Manage outbreaks of infection within the trusts Clinical services and work collaboratively with the Public Health England team in outbreaks in the wider community which includes Prison settings ;

- Carry out surveillance of infection rates and act of findings;

- Complete Root Cause Analysis (RCA) with the clinical teams as needed to establish development and learning from the event;

- Contribute to The Trust training programmes including Mandatory and Induction Infection Control training programmes;

- Support the delivery of the Staff Influenza vaccination programme.

An important element of the role is to promote responsibility and action among other staff.

4.7   Decontamination Lead

The Decontamination Lead reports directly to the Deputy Director of Infection Prevention and Control.

The Decontamination lead will ensure that:
- Ensuring risk assessments related to decontamination processes and equipment are carried out;

- Advice on the Procurement of new decontamination equipment;

- Investigation of accidents and incidents relating to decontamination equipment;

- Be a member of Infection Control committee providing regular reports

- Chair and co-ordinate Decontamination Committee;

- Ensure that policies exist and that they take account of best practice and national guidance.

4.8   Antimicrobial pharmacist/Medicines Management Lead

The Antimicrobial lead reports to the Lead for Medicines Management. The Antimicrobial lead will ensure that:

- There is an evidence based empirical Antimicrobial formulary and prescribing guidelines for common infections, taking into account local trends in resistance, regional policies and expert guidance;

- They provide training and feedback to clinicians regarding the appropriateness of prescribing antimicrobials;

- Ensure there is a multidisciplinary antimicrobial stewardship committee to develop and implement the organisation's Antimicrobial stewardship programme drawing on Start Smart Then Focus;

- There are regular audits for antimicrobial prescribing in to the Trust and report directly to Infection Prevention and Control Committee. These should include a trend analysis for infections, antimicrobial resistance and antimicrobial prescribing and compliance with audit programmes;

- Be a member of the Infection Prevention and Control Committee;

- Provide expert support to the route cause analysis process.

4.9   Service leads and managers

Departmental Managers/Service leads are responsible for:

All levels of management will understand and implement the Trust infection prevention and control policies and be responsible for following advice given by the infection prevention and control team. In situations where significant risks have been identified and where local control measures are considered to be potentially inadequate, managers are responsible for bringing such risks to the attention of the infection prevention and control team. Individual management teams will be responsible for ensuring that clinical staff attend infection control essential training and adhere to trust Infection Prevention and Control policies and procedures. In addition they will identify individual staff members to act as a local resource for infection control within each area (Link Practitioners).

Ensuring the Trust policies is accessible to staff at all times and that staff are familiar with them.

4.10   Facilities and Estates Department

The risk of infection can be minimised through the application of evidence based design and the provision of facilities which support good infection control practice.

Minimising the risk of infection should be considered at all stages of refurbishment, redevelopment and new build projects. The project lead should ensure that the IPCT are involved at all stages of the process.

Work stream exists across the Trust looking at the operational issues around, medical devices, facilities and estates and decontamination with appropriate representation from clinical engineering; purchasing; health and safety; estates; Trust colleagues from community dental services and podiatry services. The remit of these work streams include providing advice on equipment management, maintenance and decontamination procedures and the review of audit data. The group reports to the Infection prevention and Control committee.

Premises and facilities should be provided in accordance with best practice guidance and assured with NHS PAM or similar model. The development of local policies should take account of infection prevention and cleanliness advice given by relevant expert or advisory bodies or by the infection prevention team and this should include provision for liaison between the members of any infection prevention team and the persons with overall responsibility for the management of the service user's environment.

The Team will ensure Policies are in place to address but not be restricted to:

- cleaning services;

- building and refurbishment, including air-handling systems;

- waste management;

- laundry arrangements for the correct classification and sorting of used and infected linen;

- planned preventative maintenance;

- pest control;

- management of drinkable and non-drinkable water supplies;

- minimising the risk of Legionella and other water supply and building related infections e.g. *Pseudomonas aeruginosa* and aspergillus by adhering to national guidance;

- food services, including food hygiene and food brought into the care setting by service users, staff and visitors.

The team will ensure that the risk of transmission of infection is minimised by:

- Ensuring the provision and monitoring of cleaning services in order to achieve the national standards of healthcare cleanliness (2021);

- Consult and inform Infection Prevention and Control Team of any issues that arise in facilities that could impact on the transmission of infection;

- Producing and presenting a report at Infection Prevention and Control Committee;

- Ensure that waste collection and disposable throughout the Trust is in place and compliant with all recommendations/national guidance.

4.11   Staff

Staff must:

- Co-operate and assist with the implementation of this Strategy, and its associated Procedures;
- Bring to the notice of management, any problems or failings associated with the Strategy;
- Attend training as required;
- Make themselves aware of the Infection Prevention and Control Policies.

5. Strategy Implementation

Strategy, Standards & Advice

Aims: General duty to protect patients, staff and others from HCAI:

- Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that their environment and other users may pose to them;
- Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections;
- Provide suitable accurate information on infections to service users and their visitors;
- Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance;
- Provide suitable accurate information on infections to any person concerned with providing further support or nursing/ medical care in a timely fashion;
- Ensure that people who have or develop an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing on the infection to other people;
- Ensure that all staff and those employed to provide care in all settings are fully involved in the process of preventing and controlling infection.
- Provide or secure adequate isolation facilities;
- Secure adequate access to laboratory support as appropriate;
- Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections;
- Ensure, so far as is reasonably practicable, that care workers are free of and are protected from exposure to infections that can be caught at work and that all staff are suitably educated in the prevention and control of infection associated with the provision of health and social care.

These duties are shown in full in the Health and Social Care Act 2008 (Revised 2015).

The Trust will achieve its aims by ensuring:

- Infection control core policies, procedures are in place, which are continually reviewed and updated to reflect evolving clinical practice, up to date legislation and national guidance relevant to infection control and decontamination. All policies and procedures will be approved via the Infection Prevention and Control Committee and ratified via Quality Safety Executive (QSE) committee;
- The Trust have a comprehensive Infection Prevention and Control audit programme assessing the effectiveness, implementation of, and the extent of compliance with infection control and decontamination policies. Infection Prevention and Control audit programme;
- The provision of timely advice, information and support to all trust employees and Independent contractors, patients and visitors on matters relating to infection control and decontamination. 24hour advice is available via the Infection Prevention Control Team and a Service Level Agreement with a Microbiologist;
- The provision of education and training in infection control on an induction day for all new Trust employees. Annual Infection Control updates are mandatory for all clinical staff that have hands on clinical care and training is also available for admin staff in the Trust. Professional specific training is available to teams within the organisation. Attendance records are managed by the Learning and Development departments, non-attendance is actively followed up by the learning and development department. Ad hoc training is provided to individual teams in the response to outbreaks or where there has been a deficit of knowledge highlighted. Independent contractors training is offered via link workers programmes, cascade training and management meetings;
- The undertaking of surveillance using defined methods with agreed local objectives and priorities, and participating in national programmes when required;
- The development of key indicators which includes vital signs data to demonstrate the performance and effectiveness of infection control and decontamination process;
- The Trust have implemented the Code of Practice, Saving Lives programme and other NHS planned initiatives in relation to infection prevention and decontamination.
- Infection Prevention & Control Team provide advice on multi-resistant bacteria in the community and inpatient areas and how best to prescribe and control spread of infection;
- The Trust seek independent assurance that an appropriate and effective system of managing infection control is in place, via the NHS Litigation Authority Risk Management Standard, the Care Quality Commission Hygiene Code, Health check and the Staff survey;

- The prevention of the indiscriminate and inappropriate use of antibiotics, overseen by the Infection Prevention and Control Health Economy meetings held between The Trust and its partners;
- Clear monitoring and reporting arrangements with all commissioned services;
- Infection prevention is embedded into the culture of the organisation and there is ownership by staff at all levels, which is demonstrated by the involvement of the infection prevention and control team in matron meetings; departmental meetings, management meetings, building works and the introduction of ward/department owned dash boards;
- Infection control incidents are reported as required by the CCG.

The Infection Prevention and Control team will support the implementation of the policy. Appendix one demonstrated the strands that the team will use to embed this strategy within the Trust.

6. Operational

The Trust will achieve its aims by ensuring that:

Root Cause Analysis (RCA) or a Post infection review (PIR) is undertaken by the clinical teams for all cases of MRSA Bacteraemia (including pre 48 hour MRSA Bacteraemia) and Clostridium difficile with support from the Infection Prevention and Control Team and that lessons are learned and follow up actions are taken as a result of the review. RCA will also be carried out on significant alert organisms e.g. MSSA, E Coli, Klebsiella and Pseudomonas Bacteraemias.

The Trust reacts in a timely and appropriate manner to outbreaks of infection.

Support during the management of the outbreak and implementation of prevention methods is provided by the IPCT.

The patient environment is safely managed by ensuring infection control input into:

- The development of policies relating to engineering and building services for the organisation and to the purchase of medical devices/equipment;
- Early stage planning for advice relating to engineering and the purchase of medical devices/equipment;
- All stages in the design and building of new healthcare facilities, or the refurbishment of existing facilities, from initial concept to post project;
- All stages of the contracting process for facilities and other services which have implications for infection control, e.g. cleaning, laundry, clinical waste and decontamination.

7.   Systems to Support the Strategy

In order to implement the strategy there are clear lines of accountability for infection Prevention and control and decontamination of re-usable medical devices, throughout the organisation.

8.   Trust Structure and Accountability

The Trust will ensure that there are robust governance arrangements in place with delegated responsibility and accountability to ensure that the strategy is implemented; DIPC will report directly to the board.

8.1   Committees

The following groups will provide an assurance framework to support and advice on matters relating to infection prevention and control, and decontamination.

8.2   The Infection Prevention and Control Committee

The Committee is directly responsible to the Trust Quality Safety Executive (QSE) Committee and from there to the Quality Safety Committee and Trust Board. It is directly responsible for insuring that the IPC standards are set, delivered, implemented and delivered across the Trust.

The committee will meet six times per year and will require members to attend or have their authorised deputy attend, fully briefed and able to present relevant papers. Attendance will be monitored throughout the year, on a quarterly basis and form part of the Annual Report. The DIPC currently chairs this group.

Infection Prevention and Control is seen as one of the highest priorities for the Trust and an essential part of the Trust's quality and safety agenda. It is fundamental to improving and maintaining the standards of care and clinical outcomes for patients and the Committee has a strategic role in ensuring that these standards and their compliance is consistent across the organisation.

The Committee will have a number of key functions:

- To endorse the Infection control annual programme, all infection control policies, procedures, and guidance.

- To agree and develop the strategic priorities for infection prevention across the Trust, drawing on lessons learnt from the previous year, reflecting changes to national policy or local guidance, while ensuring that the Trust consistently seeks to improve year on year. These priorities directly inform the IPC Annual Programme and Audit programme, informed and developed through its sub groups and Divisions, so that operational and divisional differences are included. Together, these form the IPC Strategy for the Trust.

- By linking the work of the sub-groups and Divisions together, the Committee can identify patterns or themes and take action accordingly to deliver its overarching assurance role on behalf of the Trust Board.

- To agree the reporting schedule and content for each subgroup and Division/sub Divisional Speciality, this ensures the progression of agreed priorities and associated work plan, while providing onward assurance to the QSE and Trust Board.

- It will ensure that the plan maximises the preventative strategies and minimises the risk of infection to patients, staff and visitors, contributing to the safety culture within the Trust.

- Agree the core set of IPC standards, guidelines and IPC documentation used across the Trust that underpins the overall governance, standardisation and delivery of safe care to patients.

The core membership includes:

TITLE	ROLE IN COMMITTEE
Director of Infection Prevention and Control (DIPC) (Chair)	Chair and provide senior clinical and corporate leadership
Nurse Consultant (Deputy DIPC)	Deputy chair and to provide expert infection prevention and control advice to the committee. To provide reports on surveillance and audit data.
Medical Director	Provide senior clinical and corporate leadership
Deputy Chief Nurse	Provide professional leadership to the committee
Associate Director of Clinical Governance	To provide governance and audit expertise and support to the committee
Patient Experience Representative	To bring a patient experience focus to the committee
Adults Communities Divisional representative	Link between clinical teams and the Committee. To report on activity from Divisions on IPC issues and to ensure actions identified by IPCC committee are implemented in Division
Learning Disabilities Divisional	Link between clinical teams and the Committee. To report on activity from

representative	Divisions on IPC issues and to ensure actions identified by IPCC committee are implemented in Division
Children's & Families Divisional representative	Link between clinical teams and the Committee. To report on activity from Divisions on IPC issues and to ensure actions identified by IPCC committee are implemented in Division
Adult and Specialist Services Division (may require membership from the in-patient and HMP Birmingham healthcare and out-patient services)	Link between clinical teams and the Committee. To report on activity from Divisions on IPC issues and to ensure actions identified by IPCC committee are implemented in Division
Dental Division (may require membership from the Dental hospital and community dental services)	Link between clinical teams and the Committee. To report on activity from Divisions on IPC issues and to ensure actions identified by IPCC committee are implemented in Division
Patient Safety Manager	To report on IPC related patient safety issues identified through RCAs, case note reviews etc.
Head of Risk Management and Emergency Planning	To provide risk management and emergency planning expertise and support to the committee
Decontamination sub –group Chair	To provide assurance by giving regular written reports on decontamination to the committee, highlighting risks and mitigation
Antimicrobial sub-group Chair	To provide assurance by giving regular written reports on Antimicrobial issues to the committee, highlighting risks and mitigation
Water Safety sub-group Chair	To provide assurance by giving regular written reports on water quality to the committee, highlighting risks and mitigation
Waste sub-group Chair	To provide assurance by giving regular written reports on water quality to the committee, highlighting risks and mitigation

Estates & Facilities (may require membership from both Estates and Facilities).	To provide assurance by giving regular written reports on estates issues to the committee, highlighting risks and mitigation
Medicines Management	To provide assurance by giving regular written reports on medicine related issues e.g. antibiotic prescribing to the committee, highlighting risks and mitigation
Lead Microbiological Doctor	To provide assurance by giving regular written reports on microbial related issues to the committee, highlighting risks and mitigation
Team Prevent Representative	To provide assurance by giving regular written reports on occupational health issues to the committee, highlighting risks and mitigation
Governor	To bring a public/lay focus to the committee
Commissioning representative	To attend in an observing capacity
Public Health England representative	To attend in an observing capacity

8.3 Health Economy Infection Prevention and Control Group

The purpose of the group is to maintain a strategic oversight, raise the profile and coordinate a joint approach to infection control issues across the health and social care Economy. The group report surveillance data and RCA findings:

- To allow sharing of information and good practice to reduce HCAI;
- To allow discussion from all agencies involved in reducing HCAI;
- To promote effective surveillance of all infectious diseases;
- To identify and support roles and responsibilities of all agencies involved in HCAI;
- To support the validity of infection control interventions;
- To oversee implementation of the national strategy to reduce HCAI;
- To ensure that organisational boundary issues in infection are adequately addressed;
- To oversee learning from RCAs;
- To provide a process of feedback to authorities such as NHS England and Public Health England to influence decision making process;
- Monitor progress against Health Economy Strategy.

Representation is requested from across the health economy.

8.4 Decontamination Group

This group will monitor and oversee all aspects of decontamination within the organisation and ensure compliance with external standards, reporting through the Decontamination Lead to the Infection Prevention and Control Committee.

8.5 Antibiotic stewardship committee

This group is responsible for developing, implementing and monitoring the organisation's stewardship programme. This must be supported by strong leadership across clinical specialties but it could be part of an existing committee such as a drug and therapeutic committee rather than a new body. Membership of this committee will include representation from microbiology, pharmacy and the organisations' director of infection prevention and control or equivalent. The committee reports antimicrobial stewardship activities to the Trust board via the organisation's Director of Infection Prevention and Control.

8.6 Water Safety Group

This group will monitor and oversee all aspects of Water Safety within the organisation and ensure compliance with external standards, reporting through the Head of Estates to the Infection Prevention and Control Committee.

8.7 Waste Group

This group will monitor and oversee all aspects of waste management within the organisation and ensure compliance with external standards, reporting through the Head of Facilities to the Infection Prevention and Control Committee.

9. Strategy Monitoring Arrangements

A Trust has detailed annual infection prevention and control programmes with clearly defined objectives and an annual report will be produced to monitor infection control and decontamination. Progress on the programme will be reported on, at the Trust Infection Control Committee. Commissioned services are encouraged to utilise and adapt the policies for their own use; the policies are available externally on the Trust web site as required.

9.1 Infection Control Programme

The programme is discussed and monitored through the Infection Prevention and control committee, it makes reference to:

Core policies for the prevention and control of HCAI (Hygiene Code 2015) Audit of the implementation of and compliance with the core infection control policies:

- Standard Infection precautions;
- Aseptic technique;
- Isolation of patients;
- Safe handling and disposal of sharps;
- Prevention of occupational exposure to blood-borne viruses and post exposure prophylaxis;
- Decontamination Policy including reusable medical devices;
- Single use medical devices;
- Antimicrobial prescribing;
- Reporting HCAI to the Health Protection Agency as directed by the Department of Health;
- Control of outbreaks and infections associated with specific alert organisms, MRSA, Clostridium difficile;
- Water Safety;
- CJD/vCJD;
- Safe handling and disposal of waste;
- Packaging, handling and delivery of laboratory specimens;
- Care of the cadaver;
- Use and care of invasive devices;
- Purchase, cleaning, decontamination, maintenance and disposal of equipment;
- Isolation facilities;
- Uniform and dress code.

Key indicators capable of showing improvements in infection control and decontamination and/or provide early warning of risk to all levels of the organisation, including the Board will be further developed during the life of this Strategy in conjunction with the Commissioners. The efficacy and usefulness of the indicators are to be reviewed regularly.

Route cause analysis (RCA) will be carried out on outbreaks; MRSA bacteraemias and MSSA, E Coli, Klebsiella, Pseudomonas bacteraemias, Clostridium difficile cases, Covid-19 cases acquired in our care, all clostridium difficile deaths and all other HCAI deaths. The RCA will give an insight into the potential causes of the healthcare acquired infections and will be used to focus action that will prevent reoccurrence.

Patient and public engagement, patient choice gives patients the ability to judge Trusts by their ability to provide high quality reliable safe clean care. Poorly rated providers showing little signs of improvement will give patients less confidence.

The Infection Prevention and control team will continue to work with the communications department, Patient experience department and Strategic leads in raising the profile of infection Control in the wider community. Ensuring that Infection Control Policies, leaflets, annual report, Infection surveillance data, audit data and cleaning schedules are available on the external web sites, intranet and displayed with in wards, departments and Health Centers.

10. Annual Report

The annual report will contain information on the following:

- Progress of the infection Prevention and control programme;
- A review of reported adverse incidents;
- Any recommendations made on measures taken to prevent recurrence of incidents;
- Surveillance data;
- Education and training undertaken;
- Summary of the audit programme;
- A review of the decontamination of reusable medical devices.

The report will be submitted to the Infection Prevention and Control committee for review. The Director of Infection Prevention and Control will present the report to the Board, bringing to the Board's attention to any significant risks or other issues.

11. Training & Resource Implications

Infection Prevention and control training is included in the induction programme for all new employees. Annual mandatory sessions are provided locally for clinical and non-clinical staff as part of an on-going education programme, agreed in the Trust Training needs analysis document. The training programme updates staff on policies on safe working, feedback of audit results and new trends in infectious diseases. The content of the training programmes will be subject to regular review and updated frequently so that best practice, new developments and any legislative changes are incorporated. Records of attendance are managed by the training department non-attendance is actively followed up by the training department and all data reported on, in the Annual Infection Control Report as well as the Infection Prevention and Control Committee.

12. Implementation

Following ratification the procedural document's author/lead will ensure (in discussion with the Committee's Secretary) that the document is forwarded to the Quality and Standards Assurance Team (Q&SAT). The Q&SAT will make final checks, amend the footer and forward to the Library for uploading to the intranet. Once uploaded to the intranet the Library will inform the Communication Team to ensure notification appears in the next Staff E-Newsletter.

Local Implementation of this policy will be the responsibility of Service leads and Team leaders within local teams.

13. Duty of Candour

The Trust recognises it has a duty of candour under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20. Under this duty it has a responsibility to be open and transparent with patients, families and carers in relation

to their care and treatment and has specific requirements when things go wrong. This will include informing people about any clinical incident, providing reasonable support, providing truthful information and an apology when things go wrong. If an incident occurs which involve a breach of the requirements of this policy, staff and managers should consider following the guidance set out in the Being Open incorporating Duty of Candour Policy available on the trust intranet site.

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Element to be monitored	Lead	Tool	Frequency	Reporting arrangements	Acting on recommendations and Lead(s)	Change in practice and lessons to be shared
What key element(s) need(s) monitoring as per local approved Strategy or guidance? Where NHSLA criteria exist, these elements will be the criterion's minimum requirements (those itemised a, b, c etc.)	Name the lead and what is the role of the multidisciplinary team or others if any.	What tool will be used to monitor/check/observe/assess/inspect/ authenticate that everything is working according to this key element from the approved Strategy? This could be an audit, or risk assessment document	How often is the need to monitor each element? How often is the need complete a report? How often is the need to share the report?	Who or what committee will the completed report go to and how will this be monitored. How will each report be interrogated to identify the required actions and how thoroughly should this be documented in e.g. meeting minutes.	Which committee, department or lead will undertake subsequent recommendations and action planning for any or all deficiencies and recommendations within reasonable timeframes?	How will system or practice changes be implemented the lessons learned and how will these be shared?
Strategy document, Infection Prevention annual programme of work	Nurse Consultant IPC/Deputy Director IPC	Infection control audit programme, Annual programme of work is reviewed at every IPCC	Bi -annually	IPCC	Infection Prevention and Control Committee	IPCC will disseminate actions learning through local committees

14.   Monitoring Compliance with the Document

Audits are to be carried out in line with the Infection Prevention and Control team audit programme. Results of the audits will be followed up and monitored by the Trust Infection Control Committee.

This strategy clearly identifies the aims and goals for infection prevention and control, and decontamination within Birmingham Community Healthcare NHS Trust thereby providing a coherent strategic direction. It should be applied rigorously and consistently to be effective in reducing HCAI. This strategy should be reviewed whenever there is a need to adapt to the changing regulatory environment or in response to on-going risk assessment to ensure a safe environment will exist for all.

Implementation of this Strategy will be the responsibility of Service leads and Managers within local teams.
Monitoring the adherence to this Strategy in clinical practice will be achieved through audit of clinical practices

## 15.	References

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16.   Supporting Documents

- Standard Infection Prevention and Control precautions
- Health and Social Care Act 2006 (Revised 2015)
- Uniform and Standard of Dress Policy
- Risk Management Policy
- Health and Safety Policy
- Equality Analysis
- Adverse Incident reporting Policy
- Hand Hygiene
- Water Safety Policy

- Consent Policy
- Waste Policy
- Clinical Personal Protective Equipment Policy
- Aseptic Non Touch Technique ANTT Policy
- Collection Handling and Transportation of Specimens Policy
- Hand Hygiene Policy
- Infection Prevention and Control Policy for Care of Cadaver
- Outbreak Management Policy
- Infection Prevention and Control Decontamination Strategy
- Standard Infection Control Precautions Policy
- Policy for the Screening and Management of Meticillin Resistant Staphylococcus aureus MRSA
- Policy for the Management of Tuberculosis in Prison Setting
- Policy for the Prevention and Control of Tuberculosis
- Combined Community Dental Service in the Dental Surgery
- Management of Clinical Sharps Injuries and Exposure to Blood and High Risk Body Fluids

17.   Strategy Review

This Strategy will be reviewed in three years following ratification or sooner if the necessity arises.

How IPCT will achieve the Strategy

Education	Surveillance	Policy	Advising	Audit	Liaison	Communication
Online	RCA	Consultation	New build design	Regular audit	Clinical Staff	Clinical teams
Face to Face	Incident reporting	Development	Decontamination	In response to incidents	Public Health England/ NHS England	Divisional meetings
Mandatory	Outbreak Management	Review	Patient care	Research	CCG/CSU	Awareness Programmes
Ad-hoc team sessions	Emergency Planning	Monitoring	Procedures/ devices	Supporting teams to make change	Microbiology	Corporate reports
Workbooks	Monitoring of organisms		Staff protection		Regional IPCT teams	

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