The Newcastle upon Tyne Hospitals NHS Foundation Trust

Healthcare Acquired Infections Prevention and Control Strategy

<table>
<thead>
<tr>
<th>Version No.:</th>
<th>5.0</th>
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<tbody>
<tr>
<td>Effective From:</td>
<td>6 June 2016</td>
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<tr>
<td>Expiry Date:</td>
<td>6 June 2019</td>
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<tr>
<td>Date Ratified:</td>
<td>14 April 2016</td>
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<tr>
<td>Ratified By:</td>
<td>Infection Prevention &amp; Control Committee (IPCC)</td>
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1 Introduction

The Newcastle upon Tyne Hospitals NHS Foundation Trust recognises that the effective prevention and control of Healthcare Associated Infections (HCAIs) is essential to patient and staff safety and to the overall performance of the organisation.

The strategic approach to HCAI prevention and control as reflected in this document is fundamental to the delivery of the Trust’s organisational objectives in relation to patient safety, clinical governance and performance and is in accordance with The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance (revised 2015).

Effective infection prevention and control (IPC) systems and the development of a committed approach to learning will ensure that the Newcastle upon Tyne Hospitals NHS Foundation Trust continues to develop and improve the safety and quality of patient care.

The alignment of IPC services has provided the opportunity for a greater understanding of the infection risks to patients across acute and community healthcare. The sharing of knowledge and expertise and the provision of standardised IPC principles and practices will ultimately lead to a more co-ordinated approach in prevention of harm, improving patient outcomes and safety.

This Strategy outlines the roles and responsibilities of key individuals in the Trust for delivering the Strategy. The HCAI Action Plan is the framework by which IPC service provision is facilitated and it sets out the objectives for the year. This strategy should be read in conjunction with the HCAI Action Plan.

2 Scope

The Trust Board, managers and staff are responsible for establishing, maintaining and supporting a co-ordinated approach to IPC in all areas of their responsibility. This includes incorporating HCAI prevention and control advice and guidance into local policy development. It is important to emphasise that infection prevention and control is “everyone’s responsibility”.

The following principles underpin the strategy:
IPC is embedded in the core processes and systems of the Trust, including guidelines and procedures, operational policies, education and training, audit, the business planning cycle, and business case development

IPC is integrated with business planning, performance management and corporate governance

IPC is actively managed and positive assurance sought

IPC is the responsibility of all staff within their own sphere of work

High-risk clinical areas and activities have greatest focus and attention

Trust-wide learning from root cause analysis, serious infection review meetings, audits, data review, incidents, claims complaints, national reports and explicit roll-out of identified improvements

Active promotion and underpinning of the acquisition of relevant accreditations, including the Care Quality Commission (CQC) Fundamental Standards and compliance with the Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance (revised 2015)

IPC personnel work in close liaison with other key departments in Trust including in particular Microbiology, Nursing, Medical and other Clinical Departments, Pharmacy, Estates and Facilities, Hotel Services, Human Resources and Occupational Health.

3 Aims

The aims of the Strategy are to ensure that:

- Robust HCAI prevention and control has a positive effect on the quality of care, safety and well-being of patients, staff, carers, volunteers and visitors, and on the business, performance and reputation of the Trust
- The organisation recognises HCAI prevention and control, and wider infection prevention and control issues, as a key element of clinical and non-clinical governance
- HCAI prevention and control systems and processes are embedded across clinical directorates and in corporate services including business planning, service development, financial planning, facilities planning, project and programme management and education and training
- The organisation has standardised IPC principles and practices across acute and community settings resulting in improvements in patient care pathways
- The organisation has a co-ordinated and multi-disciplinary approach in managing HCAI prevention and control through a systematic process of identification, analysis, learning and management of risk. This approach extends to partnership working with other providers and Commissioners
- The organisation complies with Public Health England (PHE) mandatory surveillance for MRSA, MSSA and E. coli bacteraemia, and C. difficile toxin positive results and other key targets or challenges as identified
- The organisation complies with Public Health England (PHE) mandatory surveillance for Orthopaedic Surgical Site Infection (Hips and Knees)
- The Trust has implemented the PHE toolkit for the early detection, management and control of carbapenemase-producing Enterobacteriaceae (CPE) in the acute setting and this is in progress in the community
• The organisation complies with PHE voluntary surveillance for reporting of Norovirus outbreaks

The principle objective of this Strategy is to set out the **Board Level Agreement** in terms of IPC, and to provide the Board of Directors with sufficient assurance that appropriate structures and processes are in place to minimise the risk of HCAI to patients, staff, visitors.

4 **Duties (Roles and responsibilities)**

**The Chief Executive** has overall responsibility for IPC on behalf of the Board of Directors of the Trust. In addition, the Chief Executive is responsible for ensuring that the Trust is in a position to provide an overall assurance that the organisation has in place the necessary controls to manage IPC (Appendices 2 and 3).

In order to make such a statement, the Chief Executive and Board of Directors will be provided with evidence that the Trust’s IPC Strategy is being implemented with systems and processes being regularly reviewed. Where deficiencies are identified, developments and improvement and monitoring mechanisms are being put in place with the overall aim of continuous improvement and resolution.

**The Executive Team** has specific responsibilities are delegated to members as follows:

a) **The Nursing and Patient Services Director** has delegated responsibility to ensure the implementation and further development of the Trust’s HCAI Strategy and assumes Executive leadership.

b) **The Medical Director** has delegated responsibility to support the implementation and further development of the Trust’s HCAI Strategy.

c) **The Finance Director and other Executive Director roles** share in the overall corporate responsibility to support the implementation and further development of the Trust’s HCAI Strategy.

**The Director of Infection Prevention and Control (DIPC)** has specific responsibilities to lead the IPC agenda and advise the Trust Board on all issues relating to IPC as described in the job description (**Appendix 4**).

**The IPC Site Doctors**, who are Consultant Microbiologists, have a responsibility to support the DIPC in leading the IPC agenda and for ensuring that IPC teams implement uniform practices across the Trust, as appropriate. They have day to day responsibility for IPC on hospital and community sites within the Trust as outlined in the IPC Site Doctor job description (**Appendix 5**). The IPC Site Doctor is supported by the IPC nursing team, key clinical colleagues from the hospital site and by other departments/services as required.

**The Microbiologists** play an important role in antimicrobial stewardship, education, participation in IPCC and recognising nosocomial pathogens and their antimicrobial resistance patterns. They are involved in early recognition and rapid notification of
possible clusters and outbreaks, alerting relevant internal teams and external organisations. The Microbiologists work in collaboration with the IPC team to ensure that microbiology data is delivered and linked to other surveillance data to monitor HCAI.

**Matron IPC** is responsible for developing and maintaining a quality proactive evidence-based Trust wide IPC nursing service. This includes providing strategic leadership to frontline staff in relation to IPC and providing support to reduce HCAIs. The Matron also leads the PHE Surgical Site Infection Surveillance Programme (mandatory and voluntary).

**The Practice Development Lead IPC** coordinates nursing and clinical education and practice developments across the organisation on behalf of the IPC nursing team; this includes specific responsibility for agreed strategic objectives including Ebola preparedness and development of the High-level Isolation Unit (HLIU).

**The IPC Nursing Team** works closely with multidisciplinary clinical teams/staff across acute and community services, providing expert and specialist advice education and support. The IPC team supports staff in ensuring the risks of HCAI are identified in a timely manner and are therefore minimised

**IPC Site Teams** are key individuals who help to ensure ward to Trust Board communication and implementation of the Trust’s HCAI Strategy and Action Plan. They assist with operational issues as required *(Appendix 1[a])*.

**The IPC Healthcare Scientist** works closely with the microbiologists and the IPC Nursing team to provide laboratory based information related to IPC. The Healthcare Scientist is responsible for ensuring that microbiology samples are processed in accordance with national guidance and maintains quality service provision which allows accurate diagnostics for healthcare acquired infections. The individual also oversees environmental and clinical screening programmes which facilitate outbreak management, and provides regular surveillance data to evidence effective implementation of IPC strategies.

**The Information and Development Support Manager Patient Services** is responsible for ensuring the integration of IPC by developing and improving reporting, analysis and learning. The Data Manager also liaises with the Clinical Governance and Risk Department on all aspects of IPC-related clinical governance and risk, including Quality Account, Trust wide Safety Bulletin, health and safety, litigation and claims and complaints to ensure that processes are followed through.

**The Antimicrobial Pharmacist** promotes the appropriate use of antimicrobial agents through education, guidelines. This individual is responsible for leading the antibiotic audit programme in collaboration with the Chair of the Antimicrobial Steering Group (AMSG); also provides expert advice on the agents used in IPC practice at a strategic level and for individual patient care. The antimicrobial pharmacist and chair of the AMSG are responsible for running and reporting on a yearly point prevalence audit of antimicrobial usage.
Clinical Directors, Matrons/Clinical Managers and Directorate/Department/Service Managers and Directorate Management Teams are responsible for ensuring that the HCAI Strategy and Action Plan is implemented effectively across all services, which includes:

- Dissemination of the Strategy details and allocation of responsibilities for implementation to service managers and staff
- Ongoing development, review and monitoring of Directorate HCAI Action Plans, including submission to IPC Operational Group bi-annually
- Ensuring that there are effective HCAI prevention and control processes in place in accordance with the Trust’s IPC Action Plan and that the appropriate level of local management action is initiated and completed
- Identifying Directorate specific IPC issues and risks that may not have been addressed explicitly within the Strategy and documented in Directorate HCAI Action Plans
- Ensuring that all staff are aware of relevant HCAI policies and are up to date with Trust’s Mandatory Training Programme
- Ensuring that IPC is incorporated into the Directorate/Department decision-making, business and service planning, performance management, project management and other related processes
- Ensuring that RCA, and/or Post Infection Reviews (PIRs) are completed by senior medical and nursing staff and attend Serious Infection Review Meetings (SIRM) where necessary. They are responsible for disseminating lessons learned from these processes to all levels of staff in the Directorate
- Ensuring that IPC is a mandatory item on all management/Service team briefings/meetings
- Reporting via performance and clinical practice and standards reviews on the Directorate IPC management performance in addition to new and emerging risks, major changes of priority on existing risks and key actions
- Ensuring where necessary, that HCAI risks are reported on the Trust Risk Register and develop action plans to monitor, regularly review/escalate in order to resolve the identified risk as necessary in a timely matter
- Ensuring each clinical area has a named ‘Antimicrobial Lead’

Matrons/Clinical managers, Service Managers, in addition to contributing to the responsibilities as outlined above, have responsibility for:

- Leading and driving a culture of cleanliness in clinical areas and participating in regular monitoring of standards
- Identification of HCAI prevention and control education and training needs to ensure that staff, contractors and volunteers are able to work safely and comply with Trust procedures, including IPC mandatory education and training requirements as outlined in the Trust’s Mandatory Training Policy
- Ensuring implementation and compliance with Trust IPC policies and procedures
- Ensuring that there is promotion and engagement with HCAI prevention and control awareness responsibilities amongst employees, volunteers, service
users, contractors and partners to ensure that patients and visitors are managed safely

- Promotion of Trust Clinical Assurance Tool (CAT) and Essential Steps within their sphere of responsibility
- Leading Rapid Reviews, RCA, PIR and Serious Infection Review Meetings when required, to promote learning and practice improvement
- Ensuring effective ward/department management by Sisters/Charge Nurses/Department Managers/Service Leads which includes implementation of IPC policies, the provision of high standards of essential patient care and the maintenance of a safe clean and patient friendly environment

**Directorate/Department/Service Clinical Governance Leads** supports the Directorate/Department Management Team in the delivery of effective HCAI prevention and control practice, education, audit and learning.

**Antibiotic Leads** in each Directorate lead ward based antibiotic audits (monthly sample of 5 prescriptions per ward) which are submitted to the Clinical Policy Group every month and the Trust Board every three months. They will also help develop unit policies and disseminate audit results, and are invited to a twice yearly educational Antimicrobial Leads’ Forum and to AMSG.

**IPC Link Staff** in acute and community meetings are advocates and facilitators of good IPC practice within their area of work.

The IPC Link staff:

- Attend IPC link meetings (acute staff attend bi-annually and receive a bi-monthly newsletter; community staff meet bi-monthly) and formally feedback the information gained to colleagues
- Facilitate implementation of IPC policies and processes
- Act as a resource and role model to staff in their area of work
- Participate in standard setting and audit
- Agree and complete IPC Link staff Core Competencies documentation signed off on an annual basis

**The Director of Estates and Facilities** is responsible for ensuring premises are maintained to a standard that enables the provision of clean, safe care.

**All employees, Clinical & Non Clinical (including temporary staff)** have a responsibility to ensure patient safety through the implementation of the best possible IPC practice. As an employee or worker in the Trust, everyone has a responsibility to adopt and support a culture of promoting best practice and challenging poor practice in all grades and disciplines of staff, this includes:

- Being aware of and adhering to Trust IPC policies, practices and procedures
- Adhering to IPC standards as required within their role and ensuring review included as part of their annual appraisal process
- Alerting managers to any IPC risks or environmental deficits within the service area that requires urgent attention
• Participation in mandatory IPC e-Learning education and training programmes as outlined in the Trust’s Mandatory Training Policy
• Maintaining a clean and safe environment
• Challenging IPC poor practice and/or highlighting this to senior members of their team or members of the IPC team where necessary

As the ethos of the Trust Risk Management Strategy is to develop an environment where the focus and culture is on reporting and learning from mistakes and near misses, formal disciplinary action is not usually be taken as a result of an IPC incident. However a serious breach of IPC policy or negligence causing loss or injury will be regarded as gross misconduct and will be considered within the Trust Disciplinary Procedure Policy. Disciplinary action will ensue where it is found that a member of staff has acted maliciously, recklessly or has blatantly disregarded policy.

5 Definitions

Overall decisions on prioritisation of IPC issues and resource allocation are made by the Executive Team, with advice from the DIPC, and where necessary referred to the Trust Board.

6 Key Forums for the Management of Infection Prevention and Control:

The Clinical Governance and Quality Committee manage key risks to clinical quality. As a Standing Committee of the Trust Board its purpose is to ensure that there are in place proper processes for continuously monitoring and improving clinical quality by building upon existing control systems and self-regulation standards.

The Infection Prevention and Control Committee (IPCC) is a sub-committee of the Clinical Governance and Quality Committee. The IPCC is chaired by the DIPC and oversees all IPC issues in the Trust including the IPC Risk Register (Appendix 1[b]).

Infection Prevention and Control Operational Group is a sub-group of the Trust IPCC. This group leads operational work, supports and provides feedback to the IPCC in the development, implementation and evaluation of the IPC Strategy and HCAI Action Plan (Appendix 6).

The Clinical Risk Group reports to the Clinical Governance and Quality Committee. This is a group attended by senior representatives from all Clinical Directorates and is therefore an effective forum for sharing IPC concerns and lessons learnt from serious case reviews.

The Clinical Policy Group advises the Trust on matters of clinical policy and ratifies both clinical and non-clinical policies. In addition it is a route through which matters can be raised for consideration by the Trust Board and Standing Panels.

The IPC Matrons/Clinical Managers Forum, Clinical Leaders Forum provide structural yet interactive forums where Matrons/Clinical Managers and Sisters/Charge Nurses/Cluster Co-ordinators receive, review and implement national
and local policy relating to patient care and nursing practice. These forums enable the process of communication, debate, sharing of knowledge and opportunity to influence the development of nursing and clinical standards across acute and community settings.

**Serious Infections Review Meetings (SIRM)** provide a forum for clinical teams (Clinical Director, Consultant, Matron, Directorate Manager, and Ward Sister/Charge Nurse) to meet with the DIPC, Nursing and Patient Services Director, IPC Site Doctor, Matron IPC and Antimicrobial Pharmacist (C. difficile cases only) for detailed clinical review of any serious infection issue; in particular MRSA and MSSA bacteraemia, C. difficile, including cases where C. difficile has been recorded on the death certificate, spinal surgical site infections and other serious clinical incidents where necessary. This enables discussion and learning to be shared across the Trust. (NB: The classification of an infection issue as “serious” is at the discretion of the DIPC supported by IPC Site Doctors, Consultant Microbiologists and the Executive Lead).

**Rapid Review, RCA and PIR Teams** On notification of a MRSA bacteraemia a Senior Nurse (Deputy Director of Nursing and Patient Services or nominated Deputy) will review the patient with the IPC Nurse and key clinical staff. A more in-depth analysis will also take place involving completion of a PIR tool; this is led by the Consultant responsible for the patient’s care. On notification of a positive C. difficile sample, Directorate nursing staff and the patient’s named clinician with support from an IPC Nurse will review the patient and complete an RCA. The purpose of these reviews is to ensure patient safety and to bring any shortcomings to the attention of the clinical team caring for the patient in order that they can be addressed at once. These reviews inform discussion at the SIRM if requested by the DIPC or IPC Site Doctor.

**Directorate/Department Clinical Governance Committees** All Directorates have local Clinical Governance Committees where HCAI prevention and control systems and local strategies are evaluated and service changes agreed as necessary. This includes development of Directorate HCAI Action Plans.

**The Council of Governors** is responsible for holding the Trust Board to account for ensuring the fulfilment of its strategic objectives, including in relation to IPC. In addition the Council provides external scrutiny of achievement via formal review of progress at each Council Meeting.

**IPC Education Forum** This is a quarterly event for communication, feedback and education relating to IPC for all clinical, nursing and allied health professional staff. Staff feedback is encouraged. Senior medical staff are awarded 1 CME point for attending and the session contributes to the e-portfolio of junior medical staff.

**IPC Link Staff Study Days** are annual events to promote communication, education and shared practice for multidisciplinary staff across acute and community healthcare provision. Additionally social and independent care providers and professionals are invited to participate and attend the community events.
**IPC Nursing Team Meetings** occur on a monthly basis to discuss operational activity regarding the implementation of the HCAI Strategy and action plans, review of HCAI Scorecard, SIRM trends, key clinical issues and new HCAI reduction initiatives.

The **Antimicrobial Steering Group (AMSG)** is a subgroup of both the Medicines Management Committee and IPCC and meets quarterly to discuss issues relating to antimicrobial stewardship and provides feedback to the IPCC on a quarterly basis or as required.

**Microbiology Review Meetings** are forums (FH and RVI) where the Microbiologists, site IPCNs and the Healthcare Scientist discuss new hospital acquired infections in real time; which then forms the basis of many IPC investigations. Each IPC Doctor also chairs a site meeting (FH, RVI and CAV/Community) with the IPCNs from each site to discuss on-going issues; other staff e.g. Estates staff may be invited as required. The minutes of these meetings are submitted to IPCC.

The IPC Team are involved in a range of meetings with Estates and Facilities, some examples of these include the Water Safety Group, Ventilation Group and Decontamination Group.

**Regional HCAI Reduction Partnership** meets on a bi-monthly basis and provides an opportunity for collaborative working for organisations within Gateshead and North of Tyne enabling shared learning and a consistent approach to IPC. This also incorporates the *C. difficile* appeals process.

7 Healthcare Acquired Infections Prevention and Control Strategy

The Trust relies on a number of policies and systems ensuring a standardised and consistent approach to facilitate the management of IPC throughout the whole organisation. These include the policies which underpin compliance with the duties of the Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance (revised 2015).

**Trust policies** are available to all members of staff via the Trust Intranet.

To ensure any risks are managed effectively and to tie in with the Trust’s current assurance measures, regular audits are on-going e.g. CAT, Patient-led Assessments of the Care Environment (PLACE), Matrons’ Cleanliness Reviews. There are also specific community based programmes including The Essential Steps to Safe Clean Care Programme (DH 2006) and Community Environmental Audit Team (CEAT) inspections.

7.1 Organisational Framework

It is recognised that effective HCAI prevention and control requires commitment and active involvement of all employees and contractors. It is therefore vital that IPC processes are comprehensively communicated and embedded throughout the organisation.
In addition to the key corporate responsibilities outlined below, Clinical Directors, Matrons/Clinical managers, Directorate Managers and Department Heads/Service Managers are responsible for ensuring effective IPC practices within their own specialist areas. These include primary responsibility for identification, investigation and timely follow up/management of all IPC issues. Where initial assessment indicates a high level of risk or need for expert advice and/or where the level of risk warrants reporting to an external body, the Matron, Directorate Manager, Clinical Director or Department Head is responsible for bringing the issue to the attention of the DIPC, the IPC Site Doctor, Matron IPC, IPC Nurses, the Clinical Governance and Risk Department and where appropriate a Board Director, in order to agree actions/decisions about subsequent management of the issue.

8 Education and Training

IPC education and training is covered under the Mandatory Training Policy; in addition there are numerous forums, newsletters and educational programmes delivered to a range of staff disciplines.

9 Equality and diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way in which services are provided to the public and the way in which staff are treated reflects their individual needs and does not discriminate against individuals or groups on any grounds. This policy has been appropriately assessed.

10 Monitoring compliance

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<thead>
<tr>
<th>Standard / process / issue</th>
<th>Monitoring and audit</th>
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<tbody>
<tr>
<td>Continuous monitoring of performance and standards</td>
<td>Annual IPC report provided to the Clinical Governance and Quality Committee on progress with implementation of the Strategy.</td>
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<tr>
<td></td>
<td>DIPC</td>
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<td></td>
<td>IPCC</td>
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<td></td>
<td>Annually</td>
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<tr>
<td>The Trust’s HCAI Annual Report contains a formal statement of IPC activity during the previous year as part of the Assurance Framework.</td>
<td>DIPC</td>
</tr>
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<td></td>
<td>IPCC</td>
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<td>Annually</td>
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<tr>
<td>Progress on the objectives set out in the HCAI Action Plan is reviewed by the IPC operational group on a 6-monthly basis and progress monitored by the IPCC.</td>
<td>IPC Ops Group</td>
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<td>IPCC</td>
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<td></td>
<td>Quarterly</td>
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<tr>
<td>Activity</td>
<td>Responsible Person(s)</td>
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<td>Clinical Assurance Tool and Scorecard detail are submitted to the Trust Board and IPCC on a monthly basis by the DIPC.</td>
<td>Information and Development Support Manager Patient Services</td>
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<tr>
<td>Essential Steps and CEAT reports are submitted to the IPCC on a quarterly basis.</td>
<td>Matron IPCC</td>
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<tr>
<td>An outbreak report, including information on bed closures, is reported to IPPC on a monthly basis.</td>
<td>Matron IPCC</td>
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<tr>
<td>There is on-going laboratory surveillance of an expanding range of alert organisms which are notified to the IPCC in cases of increased incidence.</td>
<td>IPC Healthcare Scientist</td>
</tr>
<tr>
<td>Monitoring of RCA / Rapid Review / PIR outcomes</td>
<td>A quarterly report to IPPC includes a review and analysis of MRSA and MSSA bacteraemiae RCA, C. difficile RCA and C. difficile Rapid Review Reports.</td>
</tr>
<tr>
<td>Monitoring of a range of IPC Policies</td>
<td>Examples of audits include – Isolation Audit, Specimen transit Times, Care Pathway Audits; a quarterly progress report on the audit schedule is submitted to IPPC</td>
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<tr>
<td>Monitoring of antimicrobial prescribing</td>
<td>Monthly ward based audit reported to CPG and Board</td>
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<td>Annual point prevalence survey reported to IPPC and Board</td>
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<td>Annual Stop/Review and Indication Policy Audit</td>
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<td>Monthly review of usage data, reported quarterly to AMSG</td>
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11 Consultation and review

This Strategy document is reviewed on an annual basis to ensure that it continues to reflect current priorities. The DIPC is responsible for the review of the Strategy.

12 Implementation of strategy (including raising awareness)

There is a need for robust mechanisms for HCAI prevention and control practice and management performance at every level of the organisation. The performance
management and audit functions play an important role in testing the effectiveness and embedding of IPC throughout the Trust.

Measuring performance on the Trust’s processes incorporates both proactive and reactive monitoring systems, including performance indicators and aggregated analysis of incident and claims investigations and complaints processes to improve standards of clinical care, and patient and staff safety.

IPC policies and information are available via the Trust intranet; additionally, every clinical area (hospital sites) has an information board for staff, patients and visitors which include information related to IPC and cleanliness.

Patient information leaflets are produced by the Patient, Carer and Public Involvement Co-ordinator and are available across the organisation.

13 References


Department of Health (2006) Essential Steps to Safe Clean Care Programme


Clostridium difficile infection: How to deal with the problem, DH, December 2008

Update guidance on the diagnosis and reporting of Clostridium difficile. DH, March 2012


14 Associated documentation

None.

Authors: DIPC, Matron IPC
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

INFECTION PREVENTION AND CONTROL

SITE TEAMS

1. Membership

Each Site Team comprises a core group;

Core group:
- DIPC
- Site IPC Doctor
- Microbiologists
- IPCN
- Clinical staff representation from the relevant clinical area (senior medical and nursing staff and/or other members of multi-disciplinary team)
- Deputy Director of Nursing and Patient Services

Depending on the issue, the following staff may also form part of the Site Team:
- Matron IPC/Practice Development Lead IPC
- Directorate Manager
- Matron Patient Services/Patient Services Co-ordinator
- Hotel Services
- Antimicrobial Pharmacist
- IPC Healthcare Scientist
- Estates
- Occupational Health
- External organisations

2. Leadership

The IPC Doctor for each site will lead the Site Team; this will include:
- Lead Trust initiatives and developments promoting safe IPC practice and support the DIPC by contributing to the future direction of IPC
- Convene and chair site team meetings in response to clinical incidents, outbreaks, Periods of Increased Incidence (PII) or to address specific IPC issues
- Report any significant issues to IPCC
- In addition to the Core Group, invite other relevant staff to participate in the team as required for operational or educational purposes

3. The Role of the Site Team

- To support staff to deliver safe and effective care and treatment through robust IPC practice
- To promote two way communication between staff and IPC
- To support and participate in Trust initiatives and developments promoting safe IPC practice
- To support the DIPC by contributing to the future direction of IPC
- To identify specific site related IPC issues and work with the DIPC to resolve them
- To review and proactively manage site based outbreaks, Periods of Increased Incidence (PII) of *C. difficile*, MRSA/MSSA bacteraemia and other clinical issues or incidents.
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

Infection Prevention & Control Committee

Constitution and Terms of Reference

Core Members
Director of Infection Prevention & Control (DIPC) Chair
Consultant Infection Prevention & Control Site Leads RVI, FH and Community Nursing and Patient Services Director
Deputy Director of Nursing and Patient Services (RVI)
Consultant Microbiologists
Microbiology Trainee
Matron Infection Prevention & Control (or IPCN representative)
Practice Development Lead IPC
Consultant Virologist
Chair of the Antimicrobial Steering Group
Infection Prevention and Control Healthcare Scientist/Laboratory Representative
Director of Estates and Facilities
Occupational Health representative
Director of Pharmacy or Antimicrobial Pharmacist
Risk Management and Safety Manager
Public Health England (Consultant in Health Protection)

(Where members are unable to attend a deputy is welcome)

Additional members to attend as required
Clinical Representatives of Infection Prevention & Control Site Teams RVI, FH and Community
Infectious Diseases Consultant Physician
Infectious Diseases Consultant Paediatrician
Clinical Director for Quality and Patient Safety
Directorate Manager Representative
Clinical Director Representative
Matron Representative

Quorum
Director of Infection Prevention & Control (DIPC) or Executive Lead
1 Consultant Microbiologist
A representative from each site team
Infection Prevention & Control Nurse

Frequency of Meetings
Monthly

Secretary
Information and Development Support Manager Patient Services

Education and Training
Other members of staff are welcome to attend for education and training purposes by prior notification to the Committee Secretary.
Terms of Reference

1. To develop, implement and evaluate the Trust’s IPC policy and strategic direction.

2. To ensure the organisation provides an integrated, Trust-wide infection prevention and control service with consistent high standards, protocols and policies.

3. To provide a focus of expert infection prevention and control advice to liaise within and out with the organisation.

4. To oversee key issues of:
   - Policy development and review
   - Audit
   - Education & Training
   - Communication with staff patients and the public
   - Other matters which may arise

Sub-groups convened as required at the discretion of the Committee.

5. Clinical Assurance Tool and HCAI Scorecard detail will be submitted to the Trust Board and Infection Prevention and Control Committee on a monthly basis by the Nursing and Patients Services Director/Deputy.

6. To support and review IPC activity and quality data collection across the organisation.

7. To oversee compliance with national standards/targets in relation to the prevention and control of healthcare associated infections (HCAI), including Care Quality Commission Fundamental Standards.

8. To influence the development /implementation of both local and national infection prevention and control policies/plans.

14.1 Reporting:

15 The group will report to the Trust Board as a delegated subcommittee and the regular updates will be provided to Clinical Governance and Quality Committee and other forums.

Revised: April 2016
Review: April 2017

The review of this document is the responsibility of the DIPC.
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

INFECTION PREVENTION AND CONTROL – KEY PERSONNEL

CHIEF EXECUTIVE

Board of Governors

DIRECTOR OF NURSING AND PATIENT SERVICES

Deputy Director of Nursing and Patient Services (RVI)

Matron IPC
Practice Development Lead IPC
Infection Prevention & Control Nurses (acute and community)
IPC SN
Surveillance Nurse

Information and Development Support Manager Patient Services

DIRECTOR OF INFECTION PREVENTION AND CONTROL

INFECTION PREVENTION & CONTROL (IPC) TEAM

Microbiology Site Leads
IPC Site Dr – Freeman
IPC Site Dr – RVI/ Centre for Life
IPC Site Dr - CAV/Community/Dental

ALL WARDS / DEPARTMENTS

Appendix 2

IPC Senior Healthcare Scientist
Antimicrobial Pharmacist
Director of Estates and Facilities

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THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

INFECTION PREVENTION AND CONTROL

TRUST BOARD

COUNCIL OF GOVERNORS

CLINICAL GOVERNANCE AND QUALITY COMMITTEE

INFECTION PREVENTION AND CONTROL COMMITTEE

- Infection Prevention and Control Committee Operational Group
- Antimicrobial Steering Group
- Water Safety Group
- Ventilation Group
- Decontamination Group
- CJD Group

Clinical Policy Group
- IPC Matrons Forum
- Clinical Leaders Forum
- Serious Infection Review Meeting
- Rapid Review/RCA/PIR Teams
- IPC Educational Forum
- Directorate/Department Clinical Governance Committees
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

Job Description

POST TITLE: Director of Infection Prevention and Control

JOB PURPOSE: To lead on the development and implementation of an effective trust wide Infection Prevention and Control Service. To provide leadership within the Trust by giving effective support, guidance and information to colleagues in relation to infection prevention and control issues. The post will be of equivalent status to a Clinical Director.

ACCOUNTABLE TO: Chief Executive and the Board

ACCOUNTABLE FOR: On-site Infection Prevention and Control Doctors

PROFESSIONALLY ACCOUNTABLE TO: Medical Director

CHAIRS: Infection Prevention and Control Committee
Infection prevention and Control Operational Group

LIAISES WITH: Executive Team
Clinical Policy Group
Microbiology Department
Nursing and Patient Services Director
Trust Infection Prevention and Control Team
Practice Development Lead Infection Prevention and Control
Matron Infection Prevention and Control
Deputy Director of Nursing and Patient Services
Clinical Directors and Relevant Lead Clinicians
Directorate managers
Matrons
Director of Estates and Facilities
Head of Education & Training
Director of Quality and Effectiveness
Occupational Health
PHE and other local national bodies/Health & Social Care Organisations
Council of Governors
General Practitioners/Primary Care
Director of Public Health
MAIN DUTIES:

- To have corporate responsibility for IPC throughout the Trust.
- To oversee Trust-wide IPC policies and their review, implementation and audit.
- To provide assurance to the Board that Trust policies are fit for purpose and to report to the Board on IPC issues.
- To provide leadership to the infection prevention and control programme, including HCAI and *C. difficile* Action Plans, to ensure a high profile for infection prevention and control across the Trust. By using a range of strategies enhancing effective communication within the Trust, with the community services, with the public and, if required, with the media.
- To implement effective education and training programmes, including mandatory education and training, relating to infection prevention and control policies and practices, for all grades of staff throughout the Trust.
- To ensure that issues of infection prevention and control practice are included in the annual appraisal of all staff.
- To ensure that infection prevention and control is included in all job descriptions and job plans.
- To monitor audit activities in the area of infection prevention and control and their impact on clinical practice.
- To encourage participation in relevant research opportunities which are intended to reduce rates of healthcare associated infection.
- To liaise with national bodies on infection prevention and control to guide on local policies and issues related to infection prevention and control.
- To ensure involvement of patients and the public in infection prevention and control.
- To take strategic responsibility for the Infection Prevention and Control Team within the Trust.
- To work with clinical colleagues to implement strategies to monitor and reduce infection rates to attain nationally set targets including: the Health and Social Care Act 2008, ‘Saving Lives’, *C. difficile*. How to Deal with the Problem, Essential Steps, EPIC3 etc.
- To contribute to the performance management of healthcare associated infections internally and externally with the Commissioners and Monitor
- To act as infection prevention and control operational lead on the Care Quality Commission’s Annual Health Check, Core and Developmental Standards.
- To bring about a cultural change/facilitate compliance with policy/practice to achieve locally and nationally set targets for rates of health care associated infection.
- To chair the Trust’s Infection Prevention and Control Committee. Through it to consult widely on issues related to infection prevention and control.
- To chair the Major Outbreak Control Team.
- To ensure the use of appropriate clinical hygiene procedures, and antibiotics.
- To attend the Trust’s Clinical Governance & Quality Committee.
- To attend the CPG as an *ex officio* member.
• To contribute to the Clinical Governance and Trust annual reports.
• To produce an annual report and forward plan for the Trust on the incidence of healthcare associated infections for public release in conjunction with the Practice Development Lead IPC and Matron Infection Prevention and Control.
• Any other duties broadly consistent with those specified above.
• Act on legislation, national policies and guidance ensuring effective policies are in place and audited.
• Attend Board meetings to report on IPC issues.
• Ensure that the requirements of decontamination guidance are in place and adhered to through implementation of appropriate policies.
• Influence the allocation of resources required to minimize the risk of HCAIs.
• Develop a robust performance management framework for infection, prevention and control that minimizes healthcare associated infections.
• Ensure effective surveillance systems are in place with timely feedback to clinical services. To develop/further contribute to national surveillance programme as necessary.
• Utilise a range of strategies to support effective communication within the organization and across the wider health and social care economy in relation to infection prevention and control.
• Work in collaboration with partner organisations to ensure a consistent approach to HCAI reduction across the region.

Reviewed: April 2016
Review: April 2017
NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

SITE INFECTION CONTROL DOCTOR

ROLES AND RESPONSIBILITIES

Job Purpose

Responsible to Director of Infection Prevention and Control (DIPC)
Take day-to-day responsibility for Infection Prevention and Control (IPC) issues pertaining to Trust hospital and community sites. For example, lead and investigate outbreaks and IPC incidents including Chair outbreak meeting, provide expert advice to Infection Prevention and Control Nurses, etc.

1. They will be responsible for setting quality standards and initiating Infection Prevention Control related audits on their site as and when required.

2. Attend meetings relating to that site, e.g. Estates, Management, Water Safety Group, Decontamination meeting, in their capacity as ICD and representing DIPC.

3. Undertake to personally visit all clinical areas on a regular basis from an Infection Control/cleanliness perspective. Chair monthly site IPC meeting with IPCNs and escalate significant concerns at IPCC.


5. Infection Control Doctor may delegate responsibilities to other clinical colleagues as they feel appropriate.

6. The ICD must ensure that they have a nominated deputy to cover for them when they are away and that arrangements are communicated to the DIPC and Matron IPC in advance of that absence. During this period the other site ICDs would provide cross cover as required.

7. From time to time the ICDs may be approached to provide medical support and advice when the DIPC is absent, and may also, in exceptional circumstances, deputise as DIPC.

8. Advice and support Head of Department of Microbiology/Clinical Director of Laboratory Medicine/Trust Medical Directors with regard to infection control issues. Use laboratory surveillance data to monitor HCAI.

9. Advice and support the Infection Prevention and Control team including IPC nurses, Link staff and healthcare scientists.
10. Be involved in the planning, upgrading and commissioning of Trust facilities

11. Support and contribute to the training of medical students, medical and nursing staff and other healthcare workers of all grades.

12. Provide, in conjunction with microbiology/virology/infectious diseases colleagues, a 24-hour infection control medical on-call service.


14. Liaise with relevant external agencies including PHE, Consultants in Health Protection, HPU as appropriate.

15. Lead Trust initiatives to promote safe IPC practice; lead and/or assist in preparing/updating and implementing Infection Prevention and Control policies.

16. Support compliance with national standards and guidance e.g. CQC.

17. Support compliance with national targets, MSSA RCA, *C. difficile* Appeals process.


**Reviewed April 2016**

**Review April 2017**
IPC Operational Group Terms of Reference

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

INFECTION PREVENTION & CONTROL OPERATIONAL GROUP

TERMS OF REFERENCE

1. Purpose of the Group

The IPC Operational group is a sub group of the Infection Prevention & Control Committee (IPCC). The purpose of the IPC Operational group is to support IPCC by monitoring and responding to urgent/non-urgent IPC operational issues as they arise.

2. Duties and Responsibilities

This includes but is not restricted to the following key terms of reference:

- Monitor ongoing IPC operational issues between IPCC meetings
- Provide an update and respond to urgent site-specific issues that have occurred during the month
- Allows key IPC Leads the opportunity to discuss IPC issues and priorities prior to the main operational group meeting
- Oversee and operationalise on behalf of IPCC the HCAI Strategy and related action plans, and review these on a tri-annual basis to ensure that they are active
- Develop and review plans, audits, guidance and policies
- Make recommendations to IPCC

3. Governance Reporting and Links to other Groups

The minutes of this group are shared and discussed at the IPCC, which in turn is a formal sub-committee of the Trust Board. Regular reports are provided to the Clinical Governance & Quality Committee.

4. Membership

Director of Infection Prevention & Control (DIPC)
Site IPC Doctors (FH/RVI/CAV/Community)
Deputy Director of Nursing and Patient Services (RVI)
Matron IPC
IPC Healthcare Scientist
Practice Development Lead IPC
Information and Development Support Manager Patient Services
Attendance of others will be by request or invitation

5. **Frequency of Meetings**

   Monthly, at RVI site

6. **Quorate**

   For the main meeting to be quorate, at least three members from the core membership should be in attendance (including at least one doctor and one nurse), including the DIPC or Site ICD acting as the Chair. The DIPC and at least one Site ICD must be present for the pre-meeting. The core members are:

   - DIPC (Chair)
   - Site IPCD (may deputise for Chair)
   - Matron IPC
   - Practice Development Lead IPC
   - Deputy Director of Nursing and Patient Services (RVI)

**Reviewed April 2016**
**Review April 2017**
The Newcastle upon Tyne Hospitals NHS Foundation Trust

Equality Analysis  Form A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1. **Assessment Date:** 09.05.2016

2. **Name of policy / strategy / service:**
   
   Healthcare Acquired Infection Strategy

3. **Name and designation of Author:**
   
   Dr A Price, Director of Infection Prevention and Control/ Louise Hall, Matron Infection Prevention and Control

4. **Names & designations of those involved in the impact analysis screening process:**
   
   Dr A Price, Director of Infection Prevention and Control/ Louise Hall, Matron Infection Prevention and Control

5. **Is this a:**
   
   Policy □  Strategy ☒  Service □

   **Is this:**
   
   New □  Revised ☒

   **Who is affected**
   
   Employees ☒  Service Users □  Wider Community □

6. **What are the main aims, objectives of the policy, strategy, or service and the intended outcomes?**
   
   Effective prevention and control of Healthcare Associated Infections (HCAIs) is essential to patient and staff safety and to the overall performance of the organisation. The strategic approach to HCAI prevention and control as reflected in this document is fundamental to the delivery of the Trust’s organisational objectives in relation to patient safety, clinical governance and performance.

   The aims of the Strategy are to ensure that:

   - robust HCAI prevention and control has a positive effect on the quality of care, safety and well-being of patients, staff, carers, volunteers and visitors, and on the business, performance and reputation of the Trust

   - the organisation recognises HCAI prevention and control, and wider infection prevention and control issues, as a key element of clinical and non-clinical governance

   - HCAI prevention and control systems and processes are embedded across clinical directorates and in corporate services including...
business planning, service development, financial planning, facilities planning, project and programme management and education and training

☐ the organisation has standardised IPC principles and practices across acute and community settings resulting in improvements in patient care pathways

☐ the organisation has a co-ordinated and multi-disciplinary approach in managing HCAI prevention and control through a systematic process of identification, analysis, learning and management of risk. This approach extends to partnership working with other providers and Commissioners

☐ the organisation complies with Public Health England (PHE) mandatory surveillance for MRSA, MSSA and E. coli bacteraemia and C. difficile toxin positive results.

☐ the organisation complies with PHE voluntary surveillance for reporting of Norovirus outbreaks

The principle objective of this Strategy is to set out the Board Level Agreement in terms of IPC, and to provide the Board of Directors with sufficient assurance that appropriate structures and processes are in place to minimise the risk of HCAI to patients, staff, visitors.

7. Does this policy, strategy, or service have any equality implications? Yes ☐ No ☐

If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:
8. **Summary of evidence related to protected characteristics**

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Evidence, i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups</th>
<th>Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address (by whom, completion date and review date)</th>
<th>Does the evidence highlight any areas to advance opportunities or foster good relations. If yes what steps will be taken? (by whom, completion date and review date)</th>
</tr>
</thead>
</table>
| Race / Ethnic origin (including gypsies and travellers) | Provision of Interpreting Service  
E&D Training | Studies show that when interpreters were provided, patients had a better understanding of their diagnoses and treatment plan than patients without interpreters.  
Ensure all IPC policies consider communication. | None |
| Sex (male/ female)      | Male and female practitioners are available to promote the dignity of patients when required | None | None |
| Religion and Belief      | Chaplaincy service provided with links to leaders of major faiths | None | None |
| Sexual orientation including lesbian, gay and bisexual people | No relevant good practice | None | None |
| Age                      | Innovations to support people with Dementia | None | None |
| Disability – learning difficulties, physical disability, sensory impairment and mental health.  
Consider the needs of carers in this section | Provision of BSL Signers and Deaf Blind Guides  
LD Liaison Nurse  
Links to Psychological and Mental Health Services  
Involving family is included in the policy | Information in appropriate formats is needed to support effective treatment.  
Ensure all IPC policies consider communication. | None |
| Gender Re-assignment     | No relevant good practice | None | None |
| Marriage and Civil Partnership | No relevant good practice | None | None |
| Maternity / Pregnancy    | Women’s Health and Maternity Services will support patients with HCAI | None | None |

9. **Are there any gaps in the evidence outlined above? If ‘yes’ how will these be rectified?**

No

10. **Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any**
significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement?  
Yes ☐  No ☑

11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)

No

PART 2

Name: Louise Hall

Date of completion: 09.05.16

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)