



Department of
**Health, Social Services
and Public Safety**

An Roinn

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

www.dhsspsni.gov.uk

Changing the Culture

**An Action Plan for the Prevention and Control of
Healthcare Associated Infections in Northern Ireland**

2006/2009

March 2006

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1. INTRODUCTION

In June 2005, the Department of Health, Social Services and Public Safety (DHSSPS) published *Protecting Patients and Staff: A Strategy for Prevention and Control of Healthcare Associated Infections in Northern Ireland 2005/2010*, for consultation. Analysis of the responses received during the consultation confirmed widespread support from healthcare organisations and others for a high level action plan to focus and improve our efforts in the area of preventing and controlling health care associated infections (HCAIs). The key issues highlighted by the consultation process were the need

1. to standardise and implement infection prevention and control training appropriate to job specifications across the Health and Personal Social Services (HPSS);
2. for strong leadership, governance and accountability at the highest level in healthcare organisations in relation to prevention and control of HCAI;
3. for a regional hand hygiene/clean care campaign;
4. to develop a regional infection prevention and control manual with scope for local adaptation where necessary;
5. for an enhanced programme of surveillance across all hospitals in relation to HCAI;
6. for greater investment in infection prevention and control nursing services in Northern Ireland;
7. to ensure access to infection prevention and control advice on a 24-hour basis;
8. to resolve the conflict between targets for bed occupancy and their effect on staff ability to prevent and control HCAI;
9. for an action plan for the primary care, community care and independent/voluntary/health and social care sector;
10. to link prevention and control of HCAI in with current work on antimicrobial resistance; and
11. to work in partnership with patients and the public.



Although *Protecting Patients and Staff* focused primarily on acute hospitals, at that time it was made clear that the principles in relation to infection prevention and control apply across all health organisations including primary care. Although a separate strategy for primary and community care settings has not been developed, DHSSPS would like to emphasise that the principles of infection prevention and control in this action plan, in the earlier strategy document, and in the Prevention and Control of Infection Controls Assurance Standard (see http://www.dhsspsni.gov.uk/infection_04.pdf) are applicable in these settings as well as in acute hospitals. Those working in non-hospital settings will therefore need to review their arrangements and may need to strengthen their approach in this area. A separate piece of work is required on infection prevention and control specifically in primary and community care settings and this will be developed later as part of the general process.

Environmental cleanliness

Cleanliness Matters - a Regional Strategy for Improving the Standard of Environmental Cleanliness in HSS Trusts, 2005-2008 was published in October 2005 by the Health Estates Agency with a supporting toolkit. Attaining and consistently maintaining high standards of environmental cleanliness is important in preventing HCAs and the regional strategy complements the actions required by this action plan. Trusts are expected to take that strategy forward in conjunction with this action plan.

Reference: <http://www.dhsspsni.gov.uk/facilities-environmental-cleanliness>

Organisational change

On 22 November 2005, the Health Minister, Shaun Woodward MP, announced fundamental changes to the configuration of the Health and Personal Social Services in Northern Ireland and specifically the reconfiguration of Trusts to create five Trusts, the establishment of a Strategic Health and Social Services Authority, the dissolution of the four HSS Boards and the establishment of seven Local Commissioning Groups. While the roles and remits of each of the new organisations have yet to be confirmed it is difficult to make specific recommendations for organisations. However it will be very clear within this action plan that work on the implementation of the recommendations can begin immediately in all Trusts and the work will easily transfer across into the new reconfigured organisations in the coming years. Infection prevention and control will need to remain part of the core business of health and social care organisations in Northern Ireland and routine practice among HPSS staff.

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World Health Organisation (WHO) Global Patient Safety Challenge: *Clean Care is Safer Care*

DHSSPS proposes to participate in this Safety Challenge by leading a regional hand hygiene/clean care campaign in Northern Ireland in 2006/2007. The Challenge (see <http://www.who.int/patientsafety/challenge/en/>) is part of WHO initiatives on reducing the burden associated with HCAI and it is very similar to work already proposed under our approach to prevention and control of HCAI. WHO have developed hand hygiene guidelines which propose simple measures to reduce such infections through attention to hand hygiene. DHSSPS will expect Trusts to use the WHO Guidelines on Hand Hygiene in Health Care, *Clean Hands are Safer Hands* (see www.who.int/patientsafety/events/05/HH_en.pdf) to guide implementation of hand hygiene initiatives across all work areas and to engage staff, patients and the public in these initiatives. An evaluation of this will be required and DHSSPS will liaise with the WHO World Alliance for Patient Safety with regard to production of relevant guidance.

Working in partnership

A key issue highlighted in *Protecting Patients and Staff* was the fact that protecting patients and staff from infection is everyone's responsibility. As such, we see the prevention and control of HCAI as a true partnership initiative across DHSSPS, Trusts, primary and community care, commissioning bodies, patients and the public. DHSSPS will be providing some limited new financial resources to support Boards, Trusts and others in their initiatives to improve and sustain infection prevention and control. HPSS organisations will need to show commitment to preventing and controlling infection as part of the core business of their organisation. This may require Trusts to reprioritise and direct funds to infection prevention and control activities.

New action plan: *Changing the Culture*

The action plan presented in this document is of necessity tightly focused on the priority areas that need to be tackled over the next 3 years. DHSSPS will continue to monitor progress on the implementation of the action plan and issue updated actions and guidance as appropriate. Formal monitoring of this action plan will be done through the monitoring arrangements for the updated Controls Assurance Standard on Infection Prevention and Control, which complement this document. Where applicable, actions required in this document are cross-referenced with those in the Controls Assurance Standard and elsewhere.

Timescale

The timescale for implementation of the actions in this plan is now 2006 to 2009. This reflects the need for rapid action in the area of prevention and control of HCAs.

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2. STRATEGIC AIM AND OBJECTIVES

Aim

To minimise the occurrence of HCAI.

Objectives

1. To deliver the key message that ***infection prevention and control is everyone's responsibility.***
2. To make all healthcare settings a safe environment for patients, visitors and staff.
3. To ensure a robust accountability framework for prevention and control of HCAI is firmly embedded in clinical and corporate governance arrangements.
4. To develop and establish targeted surveillance programmes to enable defined action in infection prevention and control activities.
5. To work in partnership with patients and the public to prevent and control HCAI.



3. ORGANISATION AND CULTURE OF HEALTHCARE ORGANISATIONS

ACTIONS 1-8

Health and Social Services Trusts:

1. By 31 May 2006, Trust Chief Executives should have designated a Trust **Infection Prevention and Control Lead**. The Infection Prevention and Control Lead will provide leadership for training, prevention and control activity, and communication. The Infection Prevention and Control Lead will:
 - (i) have the necessary skills and competence required to be a specialist infection prevention and control practitioner,
 - (ii) report directly to the Chief Executive or Trust Board member, and
 - (iii) represent the Trust on a regional Infection Prevention and Control Steering Group.

Reference: Infection Prevention and Control, Controls Assurance Standard, Criterion 1 (http://www.dhsspsni.gov.uk/infection_04.pdf).

2. During 2006/07, and commencing no later than 1 June 2006, each Trust should run a high profile hand hygiene/clean care campaign aimed at healthcare staff, patients, the public, and visitors to the hospital. This campaign must be based on the WHO Global Patient Safety Challenge Hand Hygiene Guidelines.
3. Trusts should demonstrate commitment to improving infection prevention control within their organisation by:
 - a. increasing the complement of infection prevention and control nursing staff within the organisation, and
 - b. ensuring 24-hour access to the advice and services of a specialist Infection Prevention and Control Team. The timescale for completion of this action is **31 December 2006**.

Reference: Infection Prevention and Control, Controls Assurance Standard, Criteria 2 and 12; and, when published, the HPSS Provider/Commissioner Benchmarking Tool in Appendix D of *Infection Control Nursing - A Way Forward*.



4. A key message of this action plan is that **protecting patients and staff from infection is everyone's responsibility**. Trusts should make strong efforts to ensure this basic principle is embedded in the culture of their organisation and seen as routine practice by all staff and demonstrate their efforts in this regard in the Infection Reduction Plan (see action 16d).

Health and Social Services Boards/Commissioning Bodies:

5. Should work with Trusts to ensure the complement of infection prevention and control nursing staff in Trusts is increased, based on assessed need, by 31 December 2006 (see, when published, the HPSS Provider/Commissioner Benchmarking Tool in Appendix D of *Infection Control Nursing - A Way Forward*).
6. Should ensure that infection prevention and control issues are given a high priority in the work of commissioning bodies and at Board level.

DHSSPS/Regional:

7. A regional **Infection Prevention and Control Steering Group** (see action 20 for its proposed functions) with representation from DHSSPS should be convened by September 2006, initially under the auspices of the Hospital Acquired Infection subgroup of the Regional Advisory Committee on Communicable Disease Control (RACCDC). Any reconfiguration of health protection services under the Review of Public Administration must include arrangements for continuation of this forum.
8. During 2006/07 DHSSPS should issue guidance on a standard dress policy for staff and the availability of changing facilities.

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4. EDUCATION, TRAINING AND PRACTICES

ACTIONS 9-15

Health and Social Services Trusts:

9. By 30 September 2006, Trusts should have undertaken a training needs assessment in relation to the infection prevention and control training required by staff, depending on job complexity and level of patient contact. This should be the basis for a **Trust Infection Prevention and Control Training Plan**.

Reference: Infection Prevention and Control, Controls Assurance Standard, Criterion 12.

10. Infection prevention and control training is to be mandatory for all staff and must be linked to appraisal, individual performance review, and job planning process. This should include a mandatory update component. Trusts should aim to achieve 95% coverage for induction training for new staff by 1 April 2007 and for all existing staff by 1 April 2008.

Reference: Infection Prevention and Control, Controls Assurance Standard, Criterion 12.

11. **Infection prevention and control training** programmes for staff must be delivered by appropriately skilled staff and include standardised and up to date training materials. Accurate attendance records must be kept and a record of successful completion of training documented in the personnel record of each member of staff.

Reference: Infection Prevention and Control, Controls Assurance Standard, Criterion 12.

12. Trusts should:

- a. Assess the training needs of their specialist Infection Prevention and Control Team staff and ensure that any outstanding core training needs are addressed by 1 April 2007, and
- b. Ensure that there is a regular programme of continuing professional development for these staff.



DHSSPS/Regional

13. An annual regional Infection Prevention and Control Symposium should be held to bring together relevant healthcare workers and provide a platform for Boards and Trusts to share best practice, lessons learnt from critical incidents, and outcomes of audit. The *Changing the Culture: Infection Prevention and Control* conference on 13 and 14 March 2006 is the first event of this kind. The next symposium shall be held in 2007. This will be the responsibility of the regional Infection Prevention and Control Steering Group.
14. The Hospital Acquired Infection subgroup of RACCDC should take forward the development, maintenance, and updating of a regional **Infection Prevention and Control Manual** for completion by 31 December 2006. This will help achieve standardisation in infection prevention and control practice across all Trusts. Adaptation by Trusts to reflect local needs is encouraged which would be facilitated if the manual was also available in an electronic format.
15. During 2006, DHSSPS should liaise with the relevant training bodies for healthcare professionals with regard to inclusion of an infection prevention and control training module in the undergraduate curricula.

5. GOVERNANCE, ACCOUNTABILITY AND AUDIT

ACTIONS 16-20

Health and Social Services Trusts:

16. Must demonstrate to DHSSPS by 31 May 2007 that they have established a robust governance and accountability structure in respect of infection prevention and control. A key piece of work to inform this is how the Trust complies with its infection prevention and control responsibilities as set out in the Controls Assurance Standard. The accountability framework established by Trusts should be as follows:

- a. The final accountability for infection prevention and control activities within the Trust lies with the Chief Executive;

Reference: Infection Prevention and Control, Controls Assurance Standard, Criterion 1.

- b. The Trust Infection Prevention and Control Lead reports to a Board member or the Chief Executive for all infection prevention and control issues;

Reference: Infection Prevention and Control, Controls Assurance Standard, Criterion 1.

- c. The Trust Infection Prevention and Control Lead should convene and chair the Infection Prevention and Control Committee; and

Reference: Infection Prevention and Control, Controls Assurance Standard, Criterion 2.

- d. Each Trust should produce an annual Infection Reduction Plan which is to be submitted to DHSSPS. The Infection Reduction Plan will include:
 - an Infection Prevention and Control Training Plan;
 - data on infection prevention and control training coverage;



- measurable outcomes reflecting the Trust's priorities for management of prevention and control of HCAs.

Reference: Infection Prevention and Control, Controls Assurance Standard, Criteria 4 and 5.

- e. Each directorate within the Trust should have a senior member of staff, e.g. clinical director, who is directly accountable to the Trust Infection and Control Lead for infection prevention and control. This senior member of staff should submit a directorate annual Infection Reduction Plan to the Lead which will be incorporated, after due prioritisation, within the Trust's overall annual Infection Reduction Plan;

Reference: Infection Prevention and Control, Controls Assurance Standard, Criterion 1.

- f. Each ward or specialty, as appropriate, should designate a link member of staff to work with the Infection Prevention and Control Team. These link persons need to have dedicated protected time for their infection prevention and control activities including regular meetings (monthly) and to receive appropriate training.

Reference: Infection Prevention and Control, Controls Assurance Standard, Criteria 1, 2, 12, 14, and 15.

17. Each Trust should demonstrate that they have a clear **risk management strategy** as part of their overall approach to infection prevention and control, which includes:
 - a. Mandatory infection prevention and control training for all staff which is directly linked to staff appraisal;
 - b. Targeted training and education programmes for specialist staff;
 - c. A regular method of updating staff on infection prevention and control issues;
 - d. A programme of continuing professional development for key staff;
 - e. An active programme of audit in the area of infection prevention and control;

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- f. Clearly delineated reporting arrangements between Chief Executive and the designated Trust Infection Prevention and Control Lead, the Infection Prevention and Control Team, the Infection Prevention and Control Committee, the Risk Management Committee, and the Clinical Governance Committee (or relevant structure); and
- g. Regular review of relevant surveillance data, and outbreak and critical incident reports.

Reference: Infection Prevention and Control, Controls Assurance Standard, Criterion 14.

- 18. The first annual Infection Reduction Plan should be submitted to DHSSPS by May 2007. This will be considered at the same time as the overall review of the Trust's compliance with the Controls Assurance Standard. Any issues of concern will be discussed at the regular progress review meeting between DHSSPS and individual Trusts.

Health and Social Services Boards:

- 19. By 1 April 2006 should designate a senior officer who will be the Board Infection Prevention and Control Lead. This senior officer will be responsible for:
 - a. ensuring due recognition of infection prevention and control in the commissioning process;
 - b. establishing a forum for local stakeholders to meet regularly with Boards to agree local priorities and appropriate action on infection prevention and control;
 - c. agreeing and reviewing the surveillance data, including outbreak and critical incident reports, to be shared between Trusts and Boards; and
 - d. directing input into priority and target setting in the Trust Infection Reduction Plans.

DHSSPS/Regional:

- 20. A regional Infection Prevention and Control Steering Group should be established to:
 - a. provide regional leadership on infection prevention and control in HPSS organisations;

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- b. advise CMO/CNO/DHSSPS on infection prevention and control issues;
- c. organise an annual regional symposium on infection prevention and control;
- d. facilitate sharing of good practice, surveillance methods and outcomes; and
- e. evaluate the implementation of the WHO Guidelines on Hand Hygiene in HSS Trusts.

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6. SURVEILLANCE

ACTIONS 21-32

DHSSPS/Regional:

21. In a new configuration of health protection services in Northern Ireland, the surveillance functions of the Communicable Disease Surveillance Centre (CDSCNI) and Healthcare-Associated Infection Surveillance Centre (HISC) must be more closely aligned particularly with reference to HCAI.
22. DHSSPS, CDSCNI and HISC should establish formal links with UK, European, and other international agencies on surveillance of HCAI, and development and implementation of policy and strategy.
23. The ability of HISC (see www.hisc.n-i.nhs.uk) to roll out and co-ordinate additional surveillance programmes across HPSS organisations should be enhanced by the appointment of an additional nurse surveillance co-ordinator.

Timescale (for actions 21-23): 1 September 2006.

24. The regional Infection Prevention and Control Steering Group will advise on surveillance priorities, and methodologies and review regional surveillance information.
25. It is important that laboratory IT developments over 2006-2009 enable effective surveillance of HCAI.

Health and Social Services Boards:

26. Boards should establish arrangements with Trusts to both receive and discuss the outputs of surveillance activities and their implications for infection prevention and control in Trusts.

Health and Social Services Trusts:

27. All Trusts are required to prioritise the surveillance of HCAs. This will require the active participation of clinical staff to undertake surveillance in line with Trust and regional priorities.



28. Trusts should designate a **Surveillance Co-ordinator** for HCAs who should be a member of the Trust's Infection Prevention and Control Team. The Surveillance Co-ordinator will liaise with divisional leads, named staff, other members of the Infection Prevention and Control Team, and frontline clinical teams and facilitate the Trust's HCAI surveillance programme and should have access to appropriate IT and administrative support.

Timescale (for actions 26-28): 1 September 2006.

29. Specialist training needs for Infection Prevention and Control Teams in relation to surveillance should be identified and addressed by 1 April 2007.

30. By 1 April 2007 Trusts should identify methods for the timely feedback of appropriately analysed surveillance data in a suitable format to all stakeholders including HSS Boards, HSS Councils, patients, clients and the public.

31. Trusts should ensure that there is a process whereby the information obtained from CDSCNI and HISC on regional surveillance initiatives is disseminated to frontline clinical staff and linked to the formation of the Trust's Infection Reduction Plan.

32. Trusts must ensure that outbreak and critical incident reports, and the lessons learnt from the outcome of these investigations of outbreaks of HCAI, and critical incidents relating to HCAI are communicated to HSS Boards and CDSCNI.

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7. PATIENT AND PUBLIC PARTNERSHIP

ACTIONS 33-37

DHSSPS/Regional:

33. DHSSPS should develop a policy on the release of surveillance information, and HCAI-related performance management information alongside compliance with the Controls Assurance Standard on infection prevention and control details (see <http://www.dhsspsni.gov.uk/achieved-levels-compliance04-05.pdf> for 2004/5 details).

Timescale: 1 April 2007.

34. DHSSPS, in conjunction with the Health Promotion Agency and HSS Councils, should develop a generic hospital information leaflet to include clear, concise and comprehensible information regarding HCAs for patients and visitors.

Timescale: 31 December 2006.

35. DHSSPS Information Office should develop a communication strategy on HCAI to include the appropriate use of communication media, including websites.

Timescale: 1 April 2007.

Health and Social Services Trusts:

36. The Infection Prevention and Control Lead at Trust level, in conjunction with the Infection Prevention and Control Team, should ensure appropriate patient and public involvement in their work.

37. Trusts should develop mechanisms to enable patients and visitors to provide feedback regarding their hospital stay and infection prevention and control.

Timescale: 1 September 2006.



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March 2006

Ref: 239/2005