**APPENDIX A: WAHT Infection Prevention Improvement Plan 2019-20**

**WAHT Statement of Intent**

The prevention of infection is a key priority for Worcestershire Acute Hospitals NHS Trust.

**The Trust is committed to achieving excellent infection prevention practices,**

**and aims to be one of the best organizations in the UK for our rates of infection.**

This will be achieved through continuing and determined focus on improving clinical practices, antimicrobial prescribing and the environment of care, and by continually improving the knowledge of our staff so that they can achieve excellent standards of infection prevention practice.

This improvement plan supports delivery of the WAHT Quality Improvement Strategy and plan 2019-20. It sets out the objectives and actions that will be taken across WAHT to achieve our ambition to be one of the best organizations in the UK for our rates of infection, and to ensure compliance with Care Quality Commission Standards and the Hygiene Code (2015).

**WAHT Infection Prevention Priority Aims 2019-20**

In 2019-20 WAHT will;

1. Strengthen governance and assurance in relation to infection prevention across the Trust, to demonstrate compliance with the *Code of Practice on the prevention and control of infection and related guidance* *(2015)* - ‘the Hygiene Code’.
2. Achieve national improvement targets for healthcare-associated infections and antimicrobial prescribing, with the ambition to improve beyond these targets.
3. Benchmark within the best quartile for surgical site infections monitored through the mandatory surveillance programme.
4. Participate in other non-mandatory programmes of surveillance in order to benchmark and improve across a range of areas.

**Key Issues and Elements for Focus**

**Focus: Infections**

* *Clostridium difficile* infection
* *Staphylococcus aureus* bacteraemia, including MRSA
* E coli and other gram-negative bacteraemia
* Tuberculosis, Influenza & other vaccine preventable diseases
* Multi-Drug Resistant Organisms, including Vancomycin Resistant Enterococci and Carbapenemase Producing Enterobacteriaceae
* Surgical site infections
* Urinary Tract infections, including those related to urinary catheters
* *Pseudomonas aeruginosa* in augmented care
* Preparedness for Ebola, MERS, Plague and other novel or emerging infections
* Norovirus

**Drivers:**

**Guidance, Standards, Reports**

* Patient feedback
* Learning from incidents and outbreaks
* CQC Standards, and the Hygiene Code (2015)
* National guidance on MRSA & CPE prevention, TB, Influenza
* National guidance on infection prevention practices: epic3
* NICE Quality Standard 113 (2016), Quality Standard 49 (2013) and Quality Standard 61 (2014)
* UK Five-Year Antimicrobial Resistance Action Plan (2019-2024)
* National Standards for Cleaning (2007) and PAS5748 (2014)
* Safer Sharps legislation, H&SaW Act

**Priority Elements of Improvement Programme**

* Hand hygiene and bare below elbows
* Environmental Cleanliness
* Decontamination of medical devices
* Prescribing of antimicrobial agents and proton pump inhibitors
* Key standards to prevent infection
* Aseptic non-touch technique
* Policy development, staff training and competence to support implementation
* Audit and monitoring of policies, facilities and key practices
* Sharps safety & waste management
* MRSA, CPE and other MDRO screening and MRSA decolonisation
* Implementation of care bundles; specific focus on invasive devices, wounds
* Isolation facilities, including negative pressure facilities, and practices
* Refurbishment of facilities; fabric of the estate
* Emergency preparedness for annual threats, and novel/emerging infections
* Public involvement and information provision for patients, visitors and the public
* Collaborative working across secondary, primary and community care
* Research & development opportunities to improve local practices and knowledge

**WAHT Infection Prevention Aims 2017-18**

**Key Objectives**

|  | **Objective** | **Monitoring** |
| --- | --- | --- |
|  | ***Clostridium difficile* infection**   * The number of new cases of Trust-attributable *Clostridium difficile* infection will meet the national target: no more than 53 | Monthly via TIPCC and Performance reporting |
|  | ***Staphylococcus aureus* bacteraemia**   * There will be no Trust-attributable cases of MRSA bacteraemia. * The number of new cases of Trust-attributable MSSA bacteraemia will meet the national target: no more than 10 cases per annum | Monthly via TIPCC and Performance reporting |
|  | **E coli bacteraemia**   * The number of E coli bacteraemia will reduce, to achieve the national target: no more than 37 cases | Monthly via TIPCC and Performance reporting |
|  | **Carbapenemase-Producing Enterobacteriaceae (CPE) and other multi-drug resistant organisms**   * There will be no detected Trust transmission of CPE or other MDRO during the year * Screening programmes will be in place in key departments with at least 95% compliance with the screening programme | Quarterly via TIPCC |
|  | **Antimicrobial prescribing**   * More than 90% of antibiotic prescriptions are in line with prescribing guidance or specialist advice * More than 80% of antibiotic prescriptions are reviewed within 72 hours of initiation * Reduce Carbapenem consumption to benchmark within the 50th centile in England | Quarterly via Medicines Safety Committee |
|  | **Surgical Site Infections**   * The Trust will achieve a 95% return rate for mandatory surveillance, and will benchmark within the best quartile for mandatory surgical site infections * Surveillance programmes will be implemented, beyond the national mandatory surveillance programme; with evidence of benchmarking and improvement | Quarterly via Surgical Division Governance Group, and to TIPCC |
|  | **Norovirus & Influenza Preparedness**   * The Trust will be appropriately prepared for infection emergencies, including large outbreaks in hospitals, and new or emerging infections with significant public health implications | Bi-Annually via TIPCC |
|  | **Key Standards To Prevent Infection**   * All areas will achieve the minimum compliance set out in our WAHT Key Standards to Prevent Infection. * This includes hand hygiene performed consistently by staff in accordance with the World Health Organisation ‘5 moments for hand hygiene’ at least 95% of the time | Monthly via TIPCC and Divisional Governance Groups |
|  | **Cleanliness & Care Environments**   * All areas across WAHT will consistently meet or be above the national minimum standards for cleanliness, as set out in the Key Standards to Prevent Infection. * Environments will support effective infection prevention, by complying and being maintained in compliance with relevant Health Building Notes, and Health Technical Memoranda. * Water safety and the safety of critical ventilation systems will be maintained. | Monthly via TIPCC, and PEOG |
|  | **Decontamination of Medical Devices**   * Medical devices will not pose a risk of infection to patients; they will be single-use or decontaminated effectively in compliance with HTM 01-01 and 01-06. | Quarterly via TIPCC |
|  | **Staff Training and Competence**   * All staff will possess the knowledge, skills and competence needed to practice safely and minimize risk of infection, and this will be reflected in key standards audits; in particular all relevant staff will be trained and competent in ANTT, and statutory and mandatory training: 90% minimum. | Monthly via TIPCC and Divisional Governance Groups |
|  | **Patient & Public Involvement**   * Patients, visitors and the public will be informed about and involved in infection prevention. Information on the internet will be developed and improved. | Annual review by TIPCC |
|  | **Research & Development**   * New and novel programmes of work will be identified and progressed in support of the ambition of the Trust, to achieve very low rates of infection, and excellent standards of infection prevention practice. | Annual review by TIPCC |

**Governance & Management**

The WAHT Improvement Plan comprises this corporate plan, which underpins, integrates and influences improvement plans in the Divisions and the corporate Infection Prevention Team. Lead responsibility and accountability for local plans rests with Divisional Management Teams. Progress with this programme will be monitored via the Trust Infection Prevention & Control Committee, chaired by the Executive Director of Nursing & Midwifery/DIPC. Updates will be provided to the Trust Management Executive and the Quality Governance Committee, and to the Board as part of regular reporting in place. Progress with local plans and escalated issues will be monitored and managed via Divisional governance meetings, and updates will also be provided to the Trust Infection Prevention & Control Committee.

**Approval: Trust Infection Prevention & Control Committee Date: 29th April 2019**

**Detailed Improvement Action Plan to Achieve Objectives**

|  | **Action** | **Lead** | **Monitoring** | **Summary of Progress** | **Trust Objective** | **Hygiene Code** |
| --- | --- | --- | --- | --- | --- | --- |
| **Governance and Assurance** | | | | | | |
|  | The TIPCC cycle of business will be reviewed for 2019-20, to ensure all elements of the annual programme are incorporated in reporting, and that all elements of the Hygiene Code receive scrutiny from TIPCC. | Deputy DIPC | Quarterly by TIPCC |  | All | Criterion 1 |
|  | The cover paper for TIPCC will be revised to ensure all items are specifically linked to relevant Hygiene Code criteria and to the risk register. |  | All | Criterion 1 |
|  | Divisional and other reports to TIPCC will be revised during the year to ensure they provide increased assurance on actions being taken, and the outcomes of those actions. |  | All | Criterion 1 |
|  | Implement a programme of Challenge and Confirm meetings with Divisions to review key infections, to increase scrutiny on actions being taken to address any lapses in care and poor standards identified. |  | Obj 1 | Criterion 1 |
|  | Review current TIPCC risk register; ensure up-to-date |  | All | Criterion 1 |
|  | Revise Hygiene code self-assessment, and map evidence to provide assurance |  | All | Criterion 1 |
|  | Agree revised process for CDI reviews, so that there is Divisional leadership of reviews and actions required. |  | Obj 1 | Criterion 1 |
| **Infection Prevention Team** | | | | | | |
|  | Revise team structure and senior roles to ensure single, co-ordinated structure in place. | Deputy DIPC | Via regular management meetings with DIPC/CNO |  | All | Criterion 1 |
|  | Key objectives for Infection Prevention Nurses at each band agreed and added to personal objectives, linked to Key Standards, annual programme and IPS competences. |  | All | Criterion 1 |
|  | Individual and team development plan and programme in place; formal and informal opportunities; including networking, shadowing, IPS opportunities, and team masterclass programme, with reflective learning accounts. |  | All | Criterion 1 |
|  | Revise job descriptions to ensure reflect required roles, and align to IPs competences. |  | All | Criterion 1 |
| **Cleanliness and Environment** | | | | | | |
|  | Complete the gap analysis against PAS5748, and implement actions to ensure compliance | Head of Facilities | Monthly via PEOG/TIPCC |  | Obj 8, 9 | Criterion 2 |
|  | Increase scrutiny via challenge and confirm meetings, leadership walkabouts and TIPCC. | Deputy DIPC |  | Obj 8, 9 | Criterion 2 |
|  | Implement continuing bed and trolley deep-clean programme | Head of Facilities |  | Obj 8, 9 | Criterion 2 |
|  | Strengthen assurance on completed actions following cleanliness audits | Divisional Directors of Nursing/Head of Facilities |  | Obj 8, 9 | Criterion 1, 2 |
|  | Deliver ‘Clear the Clutter’ campaigns x 2 per annum | Head of Facilities |  | Obj 8, 9 | Criterion 2 |
|  | Implement use of  Ultra-Violet-C decontamination technology | Deputy DIPC |  | Obj  8, 9, 13 | Criterion 2 |
|  | Review demand vs capacity for isolation rooms, possible solutions to capacity constraints and plans to deal with surges in demand for isolation beds | Deputy DIPC |  | Obj  1, 4, 7, 13 | Criterion  5, 7 |
|  | Refurbishment of various wards and departments will continue as part of a Trust programme. | Deputy COO |  | Obj 9 | Criterion 1, 2 |
| **Hand Hygiene** | | | | | | |
|  | Implement a focused awareness campaign, as part of key standards programme | Deputy DIPC | Monthly via TIPCC |  | Obj 8, 11 | Criterion  6, 9 |
|  | Planned programme of ward-based practice hand hygiene training to be delivered |  | Obj 8, 11 | Criterion  6, 9 |
|  | Improve accessibility of hand hygiene training data, and audit data to be available |  | Obj 8, 11 | Criterion  6, 9 |
|  | Monthly hand hygiene audit on all wards with monthly review of compliance to be achieved |  | Obj 8, 11 | Criterion  6, 9 |
|  | Review additional training aids and other technologies to actively engage staff in hand hygiene |  | Obj  8, 11, 13 | Criterion  6, 9 |
| **Policy Review** | | | | | | |
|  | Summary policy review programme in place to track policies and ensure none go out-of-date; overview via TIPCC. | Deputy DIPC | Bi-monthly via TIPCC |  | All | Criterion  1, 9 |
|  | Lead responsibility for policy development programme and accountability for delivery clearly identified within IPT, and added to personal objectives. |  | All | Criterion  1, 9 |
|  | All policies reviewed against the current evidence-base for practice, with approval of updates via TIPCC; programme prioritised based upon those out of date and issues arising from clinical practice. |  | All | Criterion  1, 9 |
|  | Launch of ‘policy on a page’ for each policy to assist clinical staff understanding |  | Obj 11 | Criterion  6, 9 |
|  | Review uniform and dress code policy and strengthen IP aspects, including bare below elbows. Development of posters and pop-up banners to emphasise restrictions on wearing of theatre scrubs. |  | Obj 11 | Criterion  6, 9 |
| **Audit and Monitoring** | | | | | | |
|  | Rolling audit programme through 2019-20 focussed on monthly audit to achieve Key Standards. | Divisional Directors of Nursing | Monthly via Divisional reports to TIPCC |  | Obj  8, 9, 11 | Criterion  1, 9 |
|  | Key Standards embedded within metrics for ‘Pathway to Platinum’ ward accreditation programme | Deputy CNO |  | Obj  8, 9, 11 | Criterion  1, 9 |
|  | Revision and relaunch of care bundles for key invasive devices and chronic wounds, with monitoring programme. | Deputy DIPC |  | Obj  8, 9, 11 | Criterion  1, 9 |
|  | Review output of results provided. Informatics support to ensure data available on WREN – improve accessibility. | Deputy DIPC |  | Obj  8, 9, 11 | Criterion  1, 9 |
|  | Strengthen scrutiny on post-audit actions, to ensure evidence of actions taken to deliver improvement ‘closing the loop’. Feed into governance process and TIPCC. | Divisional Directors of Nursing |  | Obj  8, 9, 11 | Criterion  1, 9 |
|  | Commence programme of surgical ward round clinical sessions, to feedback to surgical teams on practice. | Deputy DIPC/Divisional Medical Director - Surgery |  | Obj  6, 8, 9, 11 | Criterion  9 |
| **Education & Training** | | | | | | |
|  | Revise induction and statutory & mandatory IP training; ensure all IPT staff delivering sessions are trained to do this and core session plan is in place and followed. | Deputy DIPC | Quarterly via TIPCC |  | All | Criterion  1, 6 |
|  | Develop programme of ward-based microteaching on policies; linked to Key Standards and policy revision programme. |  | Obj  1, 2, 3, 4, 7, 8, 9, 11 | Criterion  1, 6 |
|  | Review link staff programme and strengthen role using evidence-base on delivering effective programmes, align to Key Standards work. |  | Obj  1, 2, 3, 4, 7, 8, 9, 11 | Criterion  1, 6 |
|  | Review all other current IP training; ensure it is relevant, evidence-based and delivered in line with agreed programmes. |  | Obj  1, 2, 3, 4, 7, 8, 9, 11 | Criterion  1, 6 |
| **Asepsis** | | | | | | |
|  | Implement ANTT programme: ED blood culture work as WAHT pathfinder work, then full implementation across Trust. | Deputy DIPC | Quarterly via TIPCC |  | Obj 6, 8, 11, 13 | Criterion 6, 9 |
|  | Agree implementation programme using e-learning plus local competency assessor network, with programme of competency assessor training sessions in place. |  | Obj 8, 11 | Criterion 6, 9 |
|  | ANTT to become part of S&M training for all relevant staff. |  | Obj 6, 8, 11 | Criterion 6, 9 |
|  | Evaluate impact of ANTT implementation |  | Obj 8, 11, 13 | Criterion 6, 9 |
| **Water Safety & Ventilation** | | | | | | |
|  | Review arrangements for water safety and water safety plan with RP(W) and AE(W). | Head of Estates | Monthly via Water Safety Group |  | Obj 9 | Criterion 1, 2 |
|  | Review and strengthen if necessary arrangements for assurance on ventilation standards. | Head of Estates | Quarterly via Critical Ventilation systems Group |  | Obj 9 | Criterion 1, 2 |
| **Decontamination of Medical Devices** | | | | | | |
|  | Confirm and strengthen leadership arrangements for decontamination. | Deputy DIPC | Bi-monthly by Decon- tamination  Committee |  | Obj 6, 10 | Criterion 1, 2, 9 |
|  | Review policies in place, and strengthen current monitoring arrangements for decontamination. |  | Obj 10 | Criterion 1, 2, 9 |
|  | Programme of visits to units performing decontamination of invasive devices, to spot-check standards. |  | Obj 6, 10 | Criterion 1, 2 |
|  | Development and implementation of audit programme for all units performing decontamination of invasive devices. |  | Obj 6, 10 | Criterion 1, 2, 9 |
| **Antimicrobial prescribing** | | | | | | |
|  | Relaunch antimicrobial therapy review forms to encourage timely review of prescribed antibiotic therapy within 72 hours of initiation and documented outcome of review and therapy plan. | Antimicrobial Pharmacist & Lead Consultant Microbiologist for antimicrobial prescribing | Quarterly via Medicines Safety Committee |  | Obj 5 | Criterion 1, 3, 5, 9 |
|  | Re-design inpatient prescription chart to prompt for timely antibiotic therapy review after 72 hours. |  | Obj 5 | Criterion 1, 3, 5, 9 |
|  | Quarterly point prevalence surveys of inpatient antibiotic prescribing to assess quality and quantity antibiotic prescribing. |  | Obj 5 | Criterion 1, 3, 5, 9 |
|  | Quarterly reports of antimicrobial stewardship performance to clinical divisions for action planning, as required. |  | Obj 5 | Criterion 1, 3, 5, 9 |
|  | Review of secondary care antimicrobial prescribing guidelines with the aim to reduce co-amoxiclav use in at risk groups. |  | Obj 5 | Criterion 1, 3, 5, 9 |
|  | Continue junior doctor education in relation to management of infections and antimicrobial stewardship; identify e-learning to support this. |  | Obj 5, 11 | Criterion 1, 3, 6, 9 |
|  | Identify and implement suitable e-learning programme for consultants, other senior doctors and independent prescribers. |  | Obj 5, 11 | Criterion  1, 3, 5 |
|  | Identify suitable e-learning or training for nurses who administer antimicrobials, to increase awareness of their role in antimicrobial stewardship. |  | Obj 5, 11 | Criterion  1, 3, 5 |
|  | Agree and implement package of measures to raise awareness and reduce avoidable PPI use in hospital. |  | Obj 1, 5, 11 | Criterion  1, 3, 5, 9 |
|  | Develop and implement a programme of clinically-led ward-based antimicrobial audit, in line with Start Smart Then Focus principles. |  | Obj 5 | Criterion  1, 3, 9 |
| **Multi-Drug Resistant Organisms** | | | | | | |
|  | Screening for CPE and MRSA will be audited during the year in key departments to ensure high compliance. | Divisional Directors of Nursing | Bi-annually via TIPCC |  | Obj 2, 4 | Criterion 5, 9 |
|  | The CPE policy will be revised in line with new national guidance once it is released during 2019. | Deputy DIPC | Bi-monthly via TIPCC |  | Obj 4 | Criterion 5, 9 |
|  | Policy for Tuberculosis will be reviewed to ensure it is in line with national guidance, including for MDR-TB. |  | Obj 4 | Criterion 5, 9 |
| **E coli Bacteraemia** | | | | | | |
|  | The catheter care training workshop will be delivered to all healthcare support workers across the Trust. | Lead Nurse – Infection Prevention | Quarterly via TIPCC |  | Obj 3, 8, 11 | Criterion  6, 9 |
|  | The Trust will actively participate in the Gram-negative bloodstream infection health economy collaborative. | Deputy DIPC | Quarterly via TIPCC |  | Obj 3, 4, 8 | Criterion  4, 5, 6 |
|  | A programme to improve hydration awareness and prevent urinary tract infection will be delivered. | ?Lead | Quarterly via TIPCC |  | Obj 3, 4, 8, 11 | Criterion  4, 6 |
| **Surveillance of Infection, including Surgical Site Infections (SSI)** | | | | | | |
|  | Alert organism and alert condition infection surveillance will be routinely performed to identify infection risks, and hotspots. | Deputy DIPC | Monthly via TIPCC |  | Obj 1, 2, 3, 4, 6, 7 | Criterion  1, 5 |
|  | The ICNet system will be upgraded to ensure it supports all surveillance requirements. |  | Obj 1, 2, 3, 4, 6, 7 | Criterion  1, 5 |
|  | Mandatory surveillance of SSI will take place, with review of results. | Divisional Management Team –Surgery |  |  | Obj 6 | Criterion  1, 5 |
|  | There will be active participation in the GIRFT surgical site infection surveillance programme. | Divisional Management Team - Surgery |  |  | Obj 6 | Criterion  1, 5 |
| **Emergency Preparedness for Infections** | | | | | | |
|  | Norovirus preparedness arrangements will be reviewed during summer 2019. | Deputy DIPC | Bi-annually via TIPCC |  | Obj 7 | Criterion  5, 9 |
|  | Influenza preparedness arrangements will be reviewed during summer 2019. |  | Obj 7 | Criterion  5, 9 |
|  | Preparedness for new and emerging infections, and high-consequence infections (i.e: Ebola) will be reviewed. |  | Obj 7 | Criterion  5, 9 |
| **Information and Public Involvement** | | | | | | |
|  | All patients will receive a leaflet on admission, providing key information and confirming their bed-space is clean. | Divisional Directors of Nursing | Quarterly via TIPCC |  | Obj 8, 12 | Criterion  4 |
|  | The range of patient information leaflets available will be reviewed. | Deputy DIPC |  | Obj 12 | Criterion  4 |
|  | The involvement and voice of Patient and Public Forum members in infection prevention and cleanliness activities will be strengthened. |  | Obj 8, 9, 12 | Criterion  1, 4 |
| **Research & Development** | | | | | | |
|  | Collaboration with Bangor University to develop and deliver the Infection Prevention MOOC will continue, with participation of WHAT staff encouraged. | Deputy DIPC | Quarterly via TIPCC |  | Obj 11, 13 | Criterion 6 |
|  | Implementation of the ANTT programme across WAHT will be formally evaluated. |  | Obj 8, 13 | Criterion  6, 9 |
|  | A range of locally-led quality improvement projects will be in place across WHAT. |  | Obj 8, 11 | Criterion  6, 9 |
|  | Other opportunities to participate in R&D activities will be taken wherever possible. |  |  |  | Obj 13 | Criterion n/a |

**Approval: Trust Infection Prevention & Control Committee Date: 29th April 2019**