**Infection Prevention and Control Annual Work Programme**

**2023-24**

1. **Executive summary**

The annual programme of the Infection Prevention and Control (IPC) Service for April 2023-March 2024 sets out the proposed activities which will ensure that the programme of work continues to focus on two main areas: raising awareness of IPC through education and training and reducing the incidence of Health Care Associated Infection (HCAI). It also supports the Trusts continuing registration with the Care Quality Commission (CQC).

This programme is based around The Health and Social Care Act 2008: Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance, Care Quality Commission core standards (2014), and the National Standards of Healthcare Cleanliness (NHSE 2021). Learning from incidents, complaints, root cause analysis (RCA) and observation of care audits have also contributed to this programme.

1. **General Objectives**

* To continue to sustain and further develop an enhanced work programme, focussing on promoting the ownership of IPC by all Trust employees.
* To provide assurance that the Trust is committed to a further reduction in the incidence of preventable HCAIs.
* To meet the key performance targets agreed with the commissioners of services and improve and sustain high quality services year on year.
* To give the public and service users, whom the Trust serves, confidence in the Trusts commitment to preventing HCAI’s.
* All efforts will be made to maintain the annual work programme across the Trust but may be subject to change.

1. **Annual Programme of the Infection Prevention and Control**

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| **Objective** | | **Action** | | **Lead** | | **Outcome** | **Evidence** | | | **Date to be achieved/**  **update** | | | | |
| **Management and Organisation**  It is vital that there are clear lines of ownership and accountability for IPC within the organisation. Ownership at a more local level will promote the engagement of clinical teams and therefore increase the commitment to IPC. However, commitment from senior managers and existence of a local infrastructure and system is vital to sustain good clinical service delivery. | | | | | | | | | | | | | |
| Maintain Board level involvement in ensuring HCAIs are reduced to a minimum. | | * Annual IPC work programme for the forthcoming year to be presented to the Trust Board. | | DIPC/IPCT | | * Approval of IPC work programme at Trust Board | * Minutes of Board meeting * Annual work programme | | | August 2023 | | | | |
| * The Board will receive an annual report from the IPCT. | | DIPC/IPCT | | * Approval of DIPC report at Trust Board | * Minutes of Board meeting * Annual DIPC report | | | August 2023 | | | | |
| * The Trust Board will receive IPC reports via sub committees | | IPCT | | * Executive and non-executive awareness of HCAI performance | * Quarterly reports to Quality and Clinical Governance Committee (minutes) with escalations to Quality Committee | | | In place | | | | |
| * The Trust weekly governance meetings will receive updates and where necessary exception reports will be provided. | | IPCT | | * Executive and non-executive awareness of HCAI performance | * Minutes of governance meetings * Minutes from weekly HAI meeting | | | In place | | | | |
| **Surveillance**  Many patients acquire infection when their body’s natural defences are breached. The risks from such breaches must be kept to a minimum. | | | | | | | | | | | | | |
| To continue to reduce **avoidable** HCAIs, meeting mandatory surveillance requirements, monitor trends in infection and identify potential outbreaks promptly. | | * Continue mandatory surveillance including COVID-19, *Clostridioides difficile,* Influenza, Norovirus, MRSA, MSSA, invasive group A *streptococcal* and Gram-negative bacteraemia’s. * Provide advice and support in the event of outbreaks or IPC incidents | | IPCT | | * Meet mandatory requirements and support practice and safe patient management | * Minutes from weekly clinical governance meetings * Quarterly reports to IPCDC and Quality and Clinical Governance Committee (minutes) * Outbreak/ Serious Incident reports * Mandatory reporting to external organisations | | | In place | | | | |
| * Complete and review RCAs as required, identify learning and monitor any identified actions to ensure learning has taken place and lessons learned are shared with the wider Trust teams | | IPCT/Matrons/  Clinical leads | | * Identification and learning from incidents | * Outbreak/ Serious Incident reports * Root cause analysis reports * Quarterly reports to IPCDC and Quality and Clinical Governance Committee | | | In place | | | | |
| To continue to reduce **avoidable** cases of *Clostridioides Difficile* Infection (CDI) and MRSA/MSSA bacteraemia’s | | * To participate in the CDI/ surveillance health economy review meetings for all Oxford Health NHS Foundation Trust CDI cases to establish and identify any learning | | IPCT/pharmacy AMR leads | | * Independent expert review of cases, identifying learning. | * Health economy review meeting minutes * Quarterly reports to IPCDC and Quality and Clinical Governance Committee * Business performance reporting | | | In place | | | | |
| To continue to work collaboratively with external organisations across the health economy to identify shared learning | | * Attend Oxford University Hospitals (OUH) IPC committee (HIPCC) meetings * Attend Berkshire, Oxfordshire and Buckinghamshire (BOB) Integrated Care system meetings * Attend Oxfordshire Joint ICS meetings * Attend regional meetings as required/appropriate | | IPCT | | * Shared learning, strong working relationships and excellent communication with other organisations supporting the patient care pathway. | * OUH HIPCC minutes * Minutes OJICC meetings * Minutes of other relevant meetings including BOB | | | In place | | | | |
| **COVID-19 Pandemic**  To manage the Trust response to the COVID-19 pandemic, to protect patients and staff from transmission | | | | | | | | | | | | | |
| To ensure any national guidance is reviewed and acted on, ensuring clear information is available for staff | | * Timely and prompt review of national guidance/ directives * Development of Trust guidance to ensure up to date and current evidence is reflected in IPC guidance and information | | IPCT/ emergency planning team /  clinical leads/ matrons | | * Guidance uploaded to Trust intranet page, IPC page * Guidance uploaded onto Trusts intranet pages- comms/IPC as applicable | * Visual prompts i.e. posters on site * Directorate meeting minutes * Board assurance Framework * Communications * emails /intranet site * Visual review of intranet * Board assurance Framework * HAI meetings minutes | | | In place | | | | |
| To work with colleagues to ensure appropriate personal protective equipment (PPE) is procured | | * Work collaboratively to ensure product review systems are in place | | Procurement/ PPE team /IPCT | | * Approved product list, system for review of new products | * HAI meetings minutes * Minutes of escalation meetings | | | In place | | | | |
| To collect surveillance data on COVID-19 patients, including possible transmission | | * Review of all COVID-19 positive patients, including possible transmission on inpatient areas | | IPCT | | * Possible transmission of COVID-19 identified, and IPC practices reviewed | * Weekly surveillance data * Weekly review meeting minutes * Transmission RCA reviews * Business performance reporting * Twice weekly outbreak meeting minutes when applicable | | | In place | | | | |
| To ensure good IPC practices is embedded with directorates and practice supported, monitored and reviewed | | * To provide protected time, where possible, for IPC champions with clinical support * Increased focus on monitoring and improving IPC practice and cleanliness standards * Timely IPCT response to clinical queries providing reactionary and proactive advice and services | | Heads of Nursing, Matrons  IPCT | | * Consistent and good IPC practices embedded into every day clinical practice | * Directorate meeting minutes * Matron reports * HAI meetings * Audit reports * IPC champions meeting minutes | | | In place | | | | |
| To provide advice and support to services to respond to COVID-19 pandemic and assist in planning of services | | * Working collaboratively with directorates, estates and areas to ensure safe practice and physical distancing is met, to minimise transmission | | IPCT/Estates/  Directorate leads | | * Safe and effective planning and provision of services | * HAI meetings * IPCDC minutes | | | In place | | | | |
| Support staff uptake of COVID-19 immunisation | | * To support the Trust COVID-19 immunisation leads with increasing staff immunisation uptake | | COVID-19 leads  IPCT training | | * All Trust staff will continue to have access to and be fully immunised for COVID -19 in 2023-24 | * Minutes of COVID-19 immunisation meetings * Board sub committees * Staff records | | | April 2024 | | | | |
| Support IPC champions to fulfil role | | * To support, educate and train IPC champions ensuring dedicated and protected time is provided to undertake role * Monthly IPC Champion meeting lead by the IPC team | | IPCT  Matrons/Ward managers  Heads of Nursing | | * IPC champions will be supported to undertake this role within their service and influence clinical practice | * IPC champions meetings minutes/presentations * PPE training records/competency assessments | | | In place | | | | |
| Support by providing specialist advice for fit testing of FFP3 face masks | | * To support staff fit test training | | Trust fit testing lead | | * Staff will be fit tested and using at least 2 different masks * There will be a system in place to ensure appropriate clinical staff receive refresher fit testing every 2 years. | * Staff training records * HAI meetings | | | In place | | | | |
| **Audit Programme**  High quality information on healthcare associated infection and antimicrobial resistant organisms is vital in reducing the risk of infection. Continual monitoring of infection prevention and control practices and the clinical environment through audit, ensures minimising the risk of infection spread and patient safety. | | | | | | | | | | | | | |
| To provide specialist IPC input into national standards of cleanliness audits. | | * Follow up particular IPC risks identified during such inspections. | | Facilities hub managers  IPCT | | * Standards of cleanliness audits receive expert IPC advice * Issues identified are addressed. | * Cleanliness audit reports * Facilities meetings minutes * Matrons checklists and audits * Directorate reporting * Quarterly reports to IPCDC and Quality and Clinical Governance Committee | | | In place | | | | |
| To monitor and review appropriate antimicrobial prescribing. | | * To receive and review antimicrobial prescribing audits as per pharmacy audit programme | | Pharmacy | | * To identify good and poor practice for antimicrobial prescribing and implement action plans to address any issues identified. | * Prescribing audit reports to IPCDC -minutes * CDI health economy meeting minutes | | | Quarterly | | | | |
| To ensure IPC audits of all clinical areas occur. This will include hand hygiene, environment, personal protective equipment, equipment decontamination, laundry issues, and other clinical practice areas if relevant. | | * Undertake audits and complete reports. | | IPCT  IPC champions and ward managers  Matrons | | * There is a heightened awareness of IPC issues and practice. * Standards are improved | * Audit reports and Action plans * IPCDC -minutes * Summary Audit reports discussed at IPCDC quarterly * Directorate governance meetings | | | Per annual audit programme | | | | |
| **Training**  It is vital that all staff within the organisation will receive appropriate training in infection prevention and control. Staff must have access to up to date knowledge and skills in minimising the risk of infection and safeguarding patients. | | | | | | | | | | | | | |
| To ensure that all staff receive IPC, training as part of essential mandatory training. | | * Input is co-ordinated by the Learning and Development team and additional training provided on request | | IPCT  Learning and development | | * All staff will have an awareness of basic IPC practice and be updated in key changes to practice. * Access to online IPC training at all times | * Training records. * Induction training packs. * Appraisal records * IPCDC and Quality and Clinical Governance Committee minutes | | | Monthly Additional training provided on request | | | | |
| * To continue to support the all IPC champions | | IPCT | | * Training needs will be met. IPC standards will be improved. | * PDR/Appraisals * IPC related audits including   hand hygiene | | | In place | | | | |
| * A 3-monthly newsletter for staff highlighting topical or newsworthy information on IPC will continue to be published and circulated to all Trust staff. | | IPCT | | * Staff will gain evidence-based information on IPC | * Newsletters * Intranet | | | Quarterly | | | | |
| * At a Glance quick reference management guides to infections will continue to be reviewed and updated | | IPCT | | * Staff will gain evidence-based information on management of infections | * Intranet | | | Annually | | | | |
| To ensure that specialist IPC advice is provided to related service providers where IPC input will minimise risks to patients or staff. | | * The IPCT will attend regular and additional meetings as required. | | IPCT | | * IPCT will maintain the high profile of IPC and support the Trusts’ objectives | * Minutes of meetings | | | In place | | | | |
| * IPCT will attend national conferences/study days/ webinars to ensure up to date knowledge | | IPCT | | * IPCT will remain up to date with national guidance and practice | * PDR/Appraisals * NMC Revalidation * Supervision records | | | In place | | | | |
| **Hand hygiene**  Healthcare workers and the environment are a major route through which patients can acquire infection. Micro-organisms may be transferred by staff, from one patient to another, and from the environment to the patient. | | | | | | | | | | | | | |
| To maintain hand hygiene awareness and compliance | | * IPC champions will monitor hand hygiene compliance and carry out audits in patient areas | | IPC champions | | * All staff will have an increased awareness of the importance of hand hygiene and hand hygiene compliance will improve. | * Hand hygiene monitoring forms and audit reports (AMaT) * Minutes of IPCDC and Quality and Clinical Governance Committee | | | Bi monthly | | | | |
| To continue to develop and implement practical hand hygiene audits within community services | | * IPCT, matrons and senior clinicians will monitor hand hygiene compliance | | IPC champions / CDL’s | | * All staff will have an increased awareness of the importance of hand hygiene and hand hygiene compliance will improve | * Hand hygiene monitoring forms and audit reports (AMaT) * Minutes of IPCDC and Quality and Clinical Governance Committee | | | As per audit programme  Bi annually/  Annually | | | | |
| **Policies** **and Procedures**  It is vital that staff can readily access current infection prevention and control policies and procedures across the organisation. | | | | | | | | | | | | | |
| To ensure the provision of evidence based, up to date and relevant IPC policies/procedures | | * Provide input into other Trust policies as required. | | IPCT  Governance lead | | * Trust wide policies and procedures available to all staff. | * Policies and procedures on intranet. * Audit programme * IPCDC meeting minutes | As required | | |
| * Ensure policy and procedures are available on the intranet for staff to access in a timely way and this is effectively communicated to them * Review procedures as part of rolling programme to ensure they remain appropriate and meet the Trust’s needs | | IPCT | | * All relevant Trust policies and procedures reflect current IPC guidance | * Detailed IPC guidance on the IPC intranet page. * Minutes of IPCDC and Quality and Clinical Governance Committee | As required | | |
| **National directives and initiatives**  Infection Prevention and Control will work across Trust to ensure new national directives and guidance is appropriately implemented. | | | | | | | | | | | | |
| To ensure that new national guidance is reviewed and acted on. | | | * Ongoing review of national directives from the Department of Health (DH) and Care Quality Commission etc. | | IPCT | * Trust procedures and IPC practice will comply with national guidance | * Minutes of IPCDC and Quality and Clinical Governance Committee | | As required | | |
| * Ensure on going compliance with CQC registration | | IPCT | * Trust will maintain high standards and compliance | * Minutes of IPCDC and Quality and Clinical Governance Committee * Audit reports | | Quarterly | | |
| Support staff uptake of influenza immunisation | | | * To support the Trust influenza, lead with increasing staff influenza immunisation uptake | | Influenza lead  IPCT training | Staff influenza immunisation will increase in 2023-24 | * Minutes of IPCDC and Quality and Clinical Governance Committee | | April 2024 | | |
| To continue to support and implement standardised ANTT practice throughout the Trust (Quality Improvement project)  To standardise ANTT practice in podiatry services | | | * ANTT champions have attended external training days and will disseminate ANTT within teams * ANTT champions will standardise ANTT practice, with competency assessments and eLearning training | | Clinical practice leads, CDL’s  Clinical practice leads | ANTT will be standardised and integrated into clinical practice | * Minutes of IPCDC and Quality and Clinical Governance Committee * ANTT audits (AMaT) * ANTT Competencies and training record via L&D | | March 2024 | | |
| To support and improve patient hydration | | | * To standardise resources to improve patient hydration and reduce risk of urinary tract infections (UTIs) | | IPCT  Clinical practice leads, CDL’s | Tools to prevent and reduce dehydration in patient will be standardised and available | * Minutes of IPCDC and Quality and Clinical Governance Committee | | May 2024 | | |
| **Environmental Cleanliness monitoring**  The cleanliness of the environment is key in reducing the spread of healthcare associated infections. Collaborative strategic working ensures the environment is built,  maintained and cleaned in an efficient and effective way | | | | | | | | | | | | |
| To monitor and improve the standards of environmental cleanliness | | | * Cleanliness to be monitored monthly by facilities and matrons * Adenosine triphosphate (ATP) monitoring to be completed monthly in community hospitals and older adult mental health wards. | | Matrons and facilities managers | Robust monitoring of cleanliness standards and efficacy of environmental cleaning | * Audit reports (AMaT) * Minutes of IPCDC and Quality and Clinical Governance Committee * ATP reports * Matrons checklists * Facilities audits * PLACE audits | | Ongoing | | |
| The water quality will be monitored in the Trust to ensure it meets national standards and requirements | | | * Water quality testing will be undertaken as per testing regimes and results reported/escalated as required. * Non-compliant results will be reported immediately, and action taken to safeguard patients, staff and visitors | | Facilities/ IPCT/ Microbiologist | Provide Trust assurance of water quality standards  Compliance with national standards minimising risk of infection transmission | * Minutes of IPCDC * Water safety group minutes * Positive water results reports and actions | | Quarterly | | |
| **Decontamination**  Infection prevention and control will work with the nominated Trust decontamination lead to ensure compliance with national requirements and that appropriate policies and procedures for decontamination are in place. | | | | | | | | | | | | |
| To ensure Trust is compliant with national decontamination requirements | * To continue to work with the decontamination lead to develop and support the decontamination strategy and work programme for Trust * To review external Service Level Agreement (SLA) contracts to ensure compliance and assurance with methodologies | | | | IPCT/ decontamination lead | Trust decontamination strategy and policies will comply with national guidance | * Minutes of IPCDC and Quality and Clinical Governance Committee * Minutes of Medical Devices Committee * Audit reports | | Ongoing | | |
| **Patient involvement**  Infection prevention and control will provide suitable and sufficient information on HCAI to the patient, the public and other service providers to promote ownership and engagement with infection prevention and control. | | | | | | | | | | | | |
| Patients and visitors will be encouraged to support IPC within the organisation | * IPC information to be displayed and kept updated on Ward Notice Boards. * Cleaning schedules to be displayed for public viewing | | | | Ward managers and facilities/area managers | The public will have confidence in the efforts of the Trust in preventing the spread of infection  CQC compliance | * Review of comments and complaints and lessons learnt acted upon. | | Ongoing | | |
| To ensure that service users and their carer’s are updated on risks of HCAI and given specific information on infections. | * To revise and update patient information leaflets as necessary and make available for use | | | | IPCT  Ward Managers | Service users will have accurate easy to understand information. | * Leaflets * Website | | Reviewed every 3 years | | |
| **New Builds and refurbishments**  The environment is a major risk to the development of HCAI. Infection prevention and control will work with the estates and facilities teams to ensure compliance with national requirements and that appropriate policies and protocols for infection prevention and control and building requirements are in place. | | | | | | | | | | | | |
| The IPCT will provide expert opinion and advice on all new developments or refurbishments. | * Continue to work with estates to review and examine all new proposals for new buildings | | | | IPCT  Estates project managers  Area/service managers | Compliance with national standards minimising risk of infection transmission | * Project meeting minutes * Minutes of IPCDC | | Ongoing | | |
| * To review and support all refurbishments and building activity ensuring compliance with national standards | | | | Estates/IPCT | Compliance with national standards minimising risk of infection transmission | * Project meeting minutes * Minutes of IPCDC * Risk assessment work planning meeting minutes | | As requested | | |

**The Trust has a sepsis work steam, which is led through the Oxfordshire community health directorate**

**Key**

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| DIPC- Director of Infection Prevention and Control | IPCT- Infection Prevention and Control Team |
| CQC- Care Quality Commission | IPCDC- Infection Prevention, Control and Decontamination Committee |
| HCAI- Healthcare Associated Infections | ICS- Integrated Care System |

1. **References**

* Care Quality Commission (2014) Core Standards <https://www.cqc.org.uk/news/stories/our-fundamental-standards>
* Department of Health (2022) Health and Social Care Act: Code of practice for the NHS on the prevention and control of healthcare associated infections and related guidance (Revised 2022), London.
* NHS England (2021). Every Action Counts <https://www.england.nhs.uk/coronavirus/publication/every-action-counts/>

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