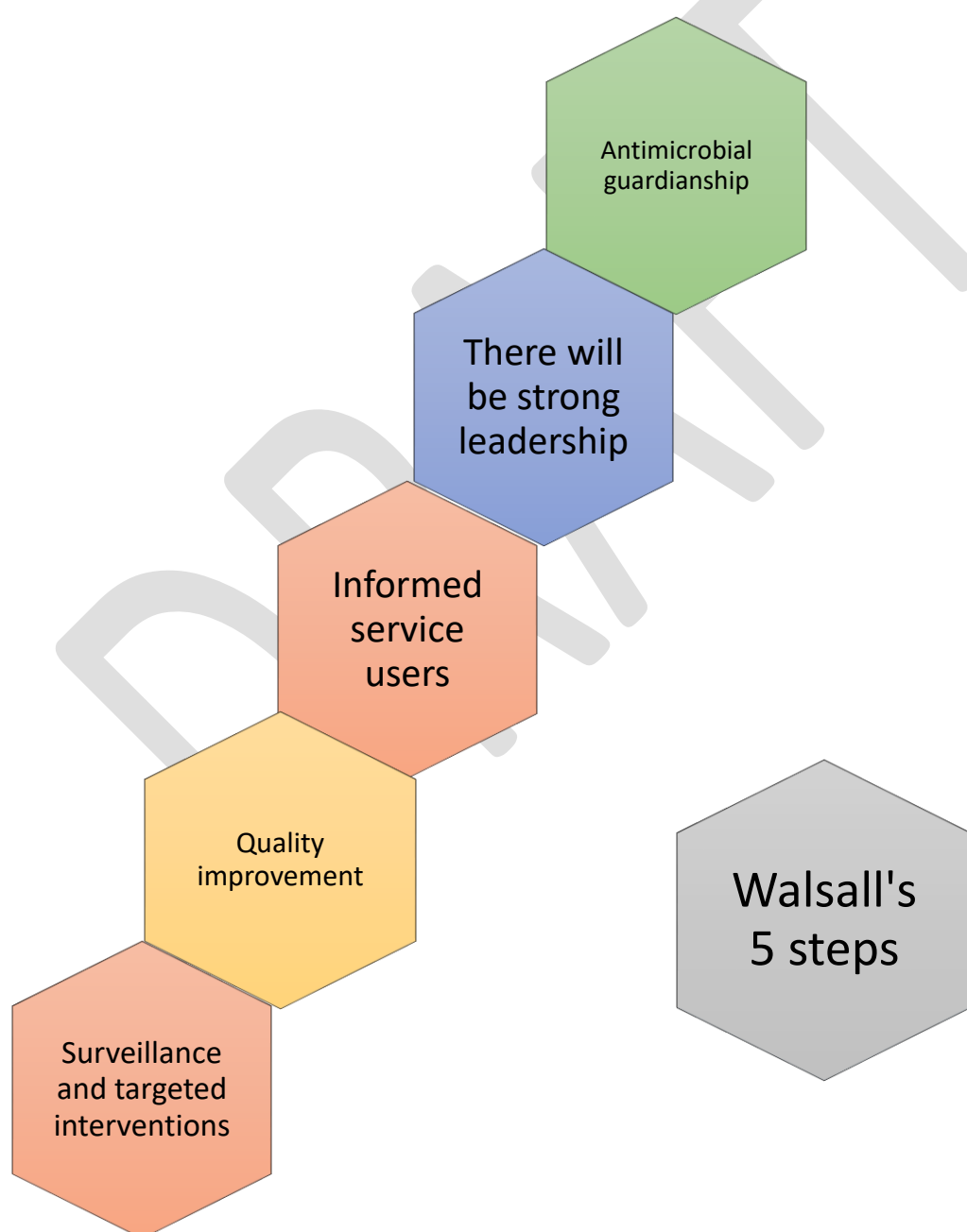

**Walsall Health Economy
Healthcare Associated Infection Strategy
2018 -2023**

5 steps and 5 years



Contents

| | Page |
|--|------|
| Executive summary | 4 |
| Strategic context | 5 |
| Walsall health economy vision | 5 |
| Walsall's 5 steps: | 6 |
| 1. Leadership, Capacity and Capability | |
| 2. National infection prevention objectives, Guidance and Surveillance | 8 |
| 3. Assurance, Governance and Quality improvements | 10 |
| 4. Antimicrobial resistance | 11 |
| 5. Communication and Empowerment | 12 |
| Review date | 14 |
| References | 14 |
| Appendices: Walsall Health Economy Action Plan | 15 |

Who has written and reviewed the plan?

| Date | Action | Name | Comments |
|---------------|-----------------------|---|---------------------------------|
| December 2017 | Work shop | Members of the Health Economy HCAI Steering group | 1 st draft developed |
| April 2018 | 1 st draft | Mandy Beaumont Dr Uma Viswanathan | 2 nd draft developed |
| May 2018 | 2 nd draft | Mandy Beaumont | 3 rd draft developed |
| June 2018 | 3 rd draft | Dr Uma Viswanathan Sue Hughes | 4 th draft developed |
| | | | |
| | | | |
| | | | |
| | | | |

[illegible]

Executive summary

Healthcare associated infections have the ability to affect anyone who requires health or social care input. The elderly and the very young and those with existing illnesses are more at risk of acquiring an avoidable infection. Health and social care providers have a duty to ensure that they are providing the safest care that they can to ensure that where possible no one in their care develops an infection as a result of poor practice.

The progress that has been made in Walsall has been significant and here has been a dramatic reduction in the number of infections caused by organisms such as *Clostridium difficile* (C.diff), Meticillin Resistant *Staphylococcus Aureus* and Meticillin Sensitive *Staphylococcus Aureus*. There are further challenges ahead with the Department of Health requiring a reduction of 10% in the number of blood stream infections caused by gram negative organisms such as *Escherichia Coli* (E.Coli). In addition to known infections we are facing the unknown challenge of more drug resistant organisms and this is a fortuitous time to review and change the HCAI Steering group to combine forces with colleagues who are working to implement the Walsall Antimicrobial Resistance Strategy.

The following strategy highlights the key areas that the HCAI/AMR steering group will focus on in the next three years and includes an action plan that will be implemented during this time. It is the result of the thoughts and ambitions shared at a work shop in December 2017 by dedicated staff who wish to see avoidable infections at the least reduced and at best eradicated.

The strategy has been broken down into the 5 Walsall steps all of which reinforce the need to get back to basics.

The 5 Walsall Steps

1. There will continue to be strong infection prevention leadership within Walsall by working in partnership to maintain and develop the capacity and capability to prevent infections.
2. National infection prevention objectives and guidance will be adhered to and we will undertake surveillance to target our interventions appropriately.
3. We will have collective responsibility for assurance and governance and we will continue to make and maintain quality improvements.
4. We will work to reduce the risk of antimicrobial resistance through the prevention of infections.
5. Our communication with each other and the public will be effective and we will empower our patients, clients, service users and residents to help us to help them.

Walsall Health Economy is well placed to rise to these challenges. We have structures in place, dedicated people and a passion to reduce health and social care associated infections to a minimum. We want users of our services to feel confident that we are doing all we can to protect them from infections and ensure their safety.

Strategic context

What is a healthcare associated infection?

Healthcare-associated infections (HCAIs) can develop either as a direct result of healthcare interventions such as medical or surgical treatment, or from being in contact with a healthcare setting.

The term HCAI covers a wide range of infections. The most well-known causative organisms are MRSA, MSSA, *C.diff* and *E. coli*.

HCAIs cover any infection acquired:

- as a direct result of treatment in, or contact with, a health or social care setting
- as a result of healthcare delivered in the community
- outside a healthcare setting (for example, in the community) and brought in by patients, staff or visitors and transmitted to others (for example, norovirus).

HCAIs pose a serious risk to patients, staff and visitors. They can incur significant costs for the NHS and cause significant morbidity to those infected. As a result, infection prevention and control is a key priority for the NHS.

The Health and Social Care Act 2008 states that good infection prevention (including cleanliness) is essential to ensure that people who use health and social care services receive safe effective care. It goes on to say that effective prevention and control of infection must be part of everyday practice and be applied consistently by everyone. NICE guidance (2016) states “**Service providers** (hospitals) participate in joint working initiatives with other health, public health and social care organisations beyond mandatory requirements to share information on outbreaks and incidents in the community, and assess and minimise the risks. Joint working initiatives can include agreeing a governance structure and lines of accountability between organisations; joint development of strategy, policy, pathway and shared targets; sharing information from risk assessments; and investigating and managing outbreaks and incidents of healthcare-associated infections”. This strategy is evidence that this joint working is alive and well in Walsall; it is something that Walsall Health Economy has undertaken for many years and is justly proud of.

This is our vision for infection prevention and control in Walsall Health Economy

As a Health Economy we want users of our services to feel confident that we are doing everything we can to protect them from avoidable infections.

We will achieve this by following safe practices and learning from incidents where avoidable infection has occurred.

We will provide information to the public on how we are succeeding by being transparent and honest.

How will we get there?

5 themes were identified at the Walsall Health Economy workshop held in December 2017. These themes will help us to provide services that our users feel confident in. Each theme will be discussed in more detail in the strategy and will form the action plan for the strategy for the next 5 years.

The 5 Walsall Steps

1. There will continue to be strong infection prevention leadership which will include maintaining and developing the capacity and capability to prevent infections
2. National infection prevention objectives and guidance will be adhered to and we will undertake surveillance to target our interventions appropriately
3. We will have collective responsibility for assurance and governance and we will continue to make and maintain quality improvements
4. We will work to reduce the risk of antimicrobial resistance through the prevention of infections
5. Our communication with each other and the public will be effective and we will empower our patients, clients, service users and residents to help us to help them

Actions from previous strategies that have led to our successes so far have included the following:

- RCA processes in place to investigate infections of note across the health economy
- Adherence to national guidance for screening of key organisms
- Outbreak plans exercised and in place
- Close links with care homes have been developed
- A decontamination group has been established in the Trust
- There is robust auditing of Trust cleanliness
- Mental health have expert patient member of their infection prevention committee
- Antimicrobial stewardship commenced
- Local Care quality initiatives (CQUINs) introduced to tackle Catheter associated urinary tract infections have been utilised
- 7 day access to the Infection prevention team at our acute Trust during winter months

Step 1: Infection prevention ownership at a strategic level and capacity and capability will be a priority for all health and social care providers

Boards demonstrate leadership in infection prevention and control to ensure a culture of continuous quality improvement and to minimise risk to patients

NICE 2016

Where are we now?

Leadership

There has been a joint health economy infection prevention strategy in place since 2011 and there is strong Infection prevention leadership in both of our Trusts and CCG. There is a commitment from all leaders across the health economy to ensure that infection prevention and control remains high on their agenda when delivering or evaluating care. This is demonstrated by attendance at Infection Prevention Committees and evidence that infection prevention is discussed at provider board level. The CCG has included infection prevention requirements in all their contracts with their providers and, with Public Health support, will evaluate the effectiveness of the provision.

Both Trusts have a dedicated infection prevention service staffed by specialist nurses and consultant microbiologists with an infection prevention remit. An infection prevention service is also available to support GP's, Dentists and Care Homes across Walsall. Each infection prevention service provides a robust audit programme, education, day to day support and outbreak management.

The results of the infection prevention audits are used to inform practice and focus work streams. At present the infection control committees at the Trusts receive audit reports at each meeting. The CCG receive audits from General practice. Nursing home audits are received by the CCG. The CCG also has a monthly health protection report at their Quality and Safety meeting which includes HCAI update and is an arena for sharing successes and concerns. Infection prevention is also a key part of the economy wide CQC liaison group which meets to discuss care home and domiciliary care providers.

Capacity and Capability

Infection prevention staff are enabled to deliver an up to date evidence based service through access to education and training activities which develop their specialist skills and knowledge.

In turn the infection prevention staff provide education to health and social care providers in Walsall to enable them to deliver safe care.

The education and training will be delivered in a number of ways:

- Development and implementation of policies and procedures
- Mandatory updates
- Link worker meetings
- Annual conference

Trusts prioritise the need for a skilled, knowledgeable and healthy workforce that delivers continuous quality improvement to minimise the risk from infections. This includes support staff, volunteers, agency/locum staff and those employed by contractors.

NICE 2016

- Ad hoc training in the work place – wards/homes etc.

What more do we need to do?

GPs, Dentists, Owners and Managers of care homes and domiciliary care provision need to ensure that infection prevention is a standard agenda item on team meetings, staff are released for mandatory and infection prevention link worker training, and that their organisation participates in quarterly self-audit and annual audit from infection prevention teams. Uptake of mandatory infection prevention training should be monitored to ensure staff are skilled to deliver good care.

Further work is needed to encompass information technology potential for sharing knowledge and increasing awareness by use of web page updates, tweets and social media.

Actions

- Review the HCAI Steering group to include Antimicrobial resistance group to ensure it is fit for purpose to deliver the new strategies.
- Review contract for agency staff to ensure that annual refresher training for infection prevention is a requirement for staff to be recruited and retained
- Work will be undertaken to support infection prevention leadership within Care homes and domiciliary care providers to deliver safe services.
- Ensure that the results of infection prevention audits are being used to focus on further work that is required and mitigation is put in place where needed.
- Ensure all policies and procedures are reviewed in a timely way and reflect current guidance
- Review the content of mandatory infection prevention training across the Borough to ensure that it is fit for purpose.
- Continue to deliver quarterly link worker meetings across Walsall

Step 2: National infection prevention objectives, guidance and surveillance will be undertaken

Where are we now?

Surveillance of infections is well established in Walsall.

Surveillance involves collecting data on the following:

- Alert organisms
- Resistant organisms of note
- Vaccine preventable diseases
- Outbreaks and incidents
- Infection prevention audits and identification of themes

The following charts and narrative describe the journey Walsall has been on so far with regards to preventing avoidable infections. We can demonstrate huge success in reducing the numbers of patients becoming infected with *Clostridium difficile* and MRSA blood stream infection.



Gram negative bacteraemia

Our challenge continues to be to reduce blood stream infections caused by gram negative organisms such as *E.coli* and gram positive organisms such as MSSA. The strategy will outline the interventions we believe are needed to reduce the numbers of these infections as well as emerging infections.

National objectives are set each year by the Department of Health for every CCG and Healthcare Trust to continue to apply pressure to reduce HCAI. The *E.coli* bacteraemia objectives require each CCG to see a reduction in the number of *E.coli* bacteraemias by 10%.

<https://www.england.nhs.uk/publication/part-a-reducing-gram-negative-blood-stream-infections-bsi-across-the-whole-health-economy/>

Clostridium difficile infections

WHT objectives for 2018/19 are 17

CCG objectives for 2018/19 are 55

The ambition is to thoroughly analyse the data we already have to help target areas for further work. This may include themes identified across the Borough or individual providers who are struggling to prevent infections as best they could. Use of epidemiology data during outbreaks needs to be better embedded.

Actions from previous strategies that have led to our successes so far include:

- Data sharing agreements are in place across the health economy
- ICnet computer system assisting with surveillance and sharing information with Royal Wolverhampton Trust

- A dedicated analyst for Health Protection and HCAI work who will continue to provide informed data to guide and steer the focus of the infection prevention team's work.

What more do we need to do?

Recommendations:

- Review PPI medication
- The progress of this strategy will be monitored at the HCAI/AMR Steering group to ensure that the planned actions are appropriate and effective.
- Epidemiological data will be presented at each outbreak meeting to guide decisions and evaluate effectiveness of interventions.
- Care homes will be supported to write an annual statement that will be included on their websites and in information packs for prospective clients.

Step 3: We will have collective responsibility for assurance, governance and quality improvement

Where are we now?

Governance

All health and social care providers in Walsall have governance arrangements in place which support early recognition, reporting and investigation of incidents and outbreaks.

At all times the principles of General Data Protection Regulations (GDPR) are adhered to so that the data we have is processed lawfully, fairly and in a transparent manner; collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes; adequate, relevant and limited to what is necessary; accurate and, where necessary, kept up to date; kept in a form which permits identification of data subjects for no longer than is necessary and processed in a manner that ensures appropriate security of the personal data.

Root cause analysis of incidents is undertaken by appropriate personnel in a timely manner. All lessons learned are captured and shared across the healthcare provider organisation and where relevant the health economy. The action plans are monitored by the provider organisation to ensure that all actions are completed and that similar issues do not contribute to further incidents in the future.

Clinical governance is the system through which the NHS works to monitor and improve the quality of the care and services they deliver.

Quality assurance is the maintenance of a desired level of quality in a service or product, especially by means of attention to every stage of the process of delivery or production

Quality improvement

Routine infection prevention audits are undertaken in all healthcare settings across Walsall including acute Trusts, community centres, GP's, Dentists and Care homes. The results of the audits help to identify areas where infection prevention work needs to be targeted. Results also enable teams to measure the continuous improvements they are making to keep their patients and service users free from avoidable harms.

Hospitals (and other healthcare providers) monitor healthcare-associated infections and other infections of local relevance to drive continuous quality improvement.

Good practice will be shared through link worker meetings, conferences, social media, newsletters and educational settings. The focus will be on getting the basics of care right.

What more do we need to do?

Patients at the centre of an incident will be informed of the RCA process and be given the opportunity to contribute to the RCA. The patient (relatives) will be informed of findings. There is a need to strengthen shared learning throughout the borough which can be achieved through the HCAI/AMR Steering Group.

Actions

- Patients (relatives) will have the opportunity to contribute to the RCA process. They will be contacted by the chair of the RCA to inform them of what processes are being undertaken to review what had led to the patient's infection.
- Patients (relatives) will receive feedback from the chair of the RCA following the RCA process
- Thematic analysis of RCAs will be undertaken and shared at the HCAI/AMR steering group.
- RCA action plans will be a standard agenda item at the HCAI/AMR steering group

Step 4: We will work to reduce the risk of antimicrobial resistance through the prevention of infections

Where are we now?

There is a separate strategy to address antibiotic stewardship.

"The right drug at the right time to the right patient"

Tackling drug-resistant infections globally estimated that without action, the global burden of deaths from AMR could reach 10 million by 2050.

This scenario would cost a global economic output of 75 trillion GBP and one person would die due to AMR every three seconds.

The 2016 AMR review



Antimicrobial Stewardship Strategy

What more do we need to do?

Action

To set up and embed a new health economy group that will work to implement the AMR strategy and the HCAI strategy. It will meet 6 weekly and will be chaired by the Medical Director of the CCG.

Step 5: Communication and Empowerment

Where are we now?

Communication

Safe discharge and transfer of care requires good communication between healthcare providers. Most RCAs highlight poor communication as a contributory factor to the incident. Infection prevention teams should take the opportunity to feedback findings of RCAs and provide education to colleagues across their organisations. Lack of communication between health and social care providers causes delays in transfer of patients and a general mistrust between organisations.

Written and verbal information needs to be clear. The use of SBAR enables clear communication, ensure safe handover and ensure continuity of care.

Situation
Background
Assessment
Recommendations

“People admitted to, discharged from, or transferred between or within hospitals, have information about any infections and associated treatments shared with health and social care staff to inform their care. NICE 2011 - Trusts ensure there is clear communication with all staff, patients and carers throughout the care pathway about HCAIs, infection risks and how to prevent HCAIs, to reduce harm from infection.”

NICE 2016

Empowerment

In addition to staff communication, the health care providers have some information that can be easily understood by patients and relatives.

What more do we need to do?

Walsall residents will be provided with education and information to help them protect themselves from acquiring infections or to prevent onward transmission. This will be done through the media, events and other gatherings.

“Trusts use input from local patient and public experience for continuous quality improvement to minimise harm from HCAIs.”

NICE 2016

Patients will be provided with information about how they can reduce the risk of infection whilst they are receiving healthcare, this will include advice on handwashing, hydration, deep breathing etc.

Action

- All healthcare providers to review their communications within and outside their organisation
- Review the standardised transfer form to ensure it is being used and is fit for purpose
- Provide joint infection prevention education sessions to give organisations the opportunity to understand other providers needs and requirements for a safe transfer of a patient.
- Review patient leaflets and other information
- Ensure the infection prevention webpages are up to date and easy to use.
- Use the social media platforms to communicate infection prevention advice to staff and clients
- Educational materials will be produced to promote infection prevention amongst Walsall residents.
- Awareness raising events for the general public will be undertaken using local media, social media and attending events and gatherings.
- Patients receiving care will be provided with information on how they can help themselves to reduce the risk of acquiring infection.

Review date

This strategy will be reviewed annually by the Walsall HCAI/AMR Steering Group.

Next review date June 2019

References

Healthcare-associated infections: prevention and control quality improvement NICE 2016

Health and Social Care Act 2008

Appendices

Appendix 1: The Walsall Health Economy Infection Prevention Action Plan.

Walsall Health Economy Action Plan to reduce HCAI 2018 - 21

| Action | Actions | Timescale | Lead | Comments on progress |
|--|--|-----------|----------------|---|
| STEP 1 : Leadership, Capacity and Capability | | | | |
| Review the HCAI Steering group to include Antimicrobial resistance group to ensure it is fit for purpose to deliver the new strategies. | | June 2018 | Mandy Beaumont | First meeting arranged for June 2018 |
| Review contract for agency staff to ensure that annual refresher training for infection prevention is a requirement for staff to be recruited and retained | | | | |
| Work will be undertaken to support infection prevention leadership within Care homes and domiciliary care providers to deliver safe services. | | | | |
| Review the content of mandatory infection prevention training across the Borough to ensure that it is fit for purpose. | | | | |
| Continue to deliver quarterly link worker meetings across Walsall | | | | |
| Ensure each organisation has an antimicrobial stewardship strategy ratified at a local level | | | | |
| Each organisation provides education and training to health and/or social care practitioners about antimicrobial stewardship and antimicrobial resistance | Map all healthcare professional groups including all those who can prescribe antibiotics Conduct a training needs assessment for each group | | | Primary care: a CCG campaign to all GPs could be the best way of promoting education Ensure reach to those who work in walk-in centres, 111 and community pharmacy |

| Action | Actions | Timescale | Lead | Comments on progress |
|--|--|-----------|------|--|
| Identify learning tools to support delivery of education and training for healthcare professionals | | | | |
| Identify human resources to support delivery of education and training for healthcare professionals | | | | |
| Explore means of ensuring all healthcare professionals receive regular and up-to-date training in antimicrobial stewardship | Map all methods of communication with healthcare professional groups including all those sent by the CCG | | | Primary care: aim for quarterly update with appropriate seasonal information e.g. winter and flu season |
| STEP 2 : National infection prevention objectives, Guidance and Surveillance | | | | |
| A review of PPI medication will be undertaken | | | | |
| The progress of this strategy will be monitored at the revived HCAI Steering group to ensure that the planned actions are appropriate and effective. | | | | |
| Ensure use of epidemiological data at each outbreak meeting to guide decisions and evaluate effectiveness of interventions. | | | | |
| Care homes will be supported to write an annual statement that will be included on their websites and in information packs for prospective clients. | | | | |
| Establish process for reviewing national horizon scanning to plan for the release of new rapid diagnostic tests | | | | Acute Trust: awaiting business case for film-array PCR. Procalcitonin is a more acute and reactive inflammatory marker that could be used. |

| Action | Actions | Timescale | Lead | Comments on progress |
|--|--|-----------|------|--|
| | | | | Primary care: timing of rapid diagnostic test needs to be tailored to GP consultations |
| Evidence of an adequately resourced surveillance system with specific, locally defined objectives and priorities for antimicrobial stewardship | Ensure ownership of dashboard at a strategic level by every organisation | | | |
| Each provider organisation monitors and evaluates of antimicrobial prescribing and how this relates to local resistance patterns | | | | Acute Trust: Both Trusts are paper-based. Needs to be useful and non-threatening data. |
| STEP 3 : Assurance, Governance and Quality improvements | | | | |
| Patients (relatives) will have the opportunity to contribute to the RCA process. They will be contacted by the chair of the RCA to inform them of what processes are being undertaken to review what had led to the patient's infection. | | | | |
| Patients (relatives) will receive feedback from the chair of the RCA following the RCA process | | | | |
| Thematic analysis of RCAs will be undertaken and shared at the HCAI/AMR steering group. | | | | |
| RCA action plans will be a standard agenda item at the HCAI/AMR steering group | | | | |
| Establish process for root cause analysis (RCA) of inappropriate antimicrobial prescribing in all healthcare settings | | | | Public health: RCA is a useful tool to help explore what events have led to inappropriate prescribing. The process should involve all those who have been involved and is used as a way of |

| Action | Actions | Timescale | Lead | Comments on progress |
|--|---------|-----------|------|--|
| | | | | learning and understanding how this can be avoided. |
| Each organisation to conduct local audits of the appropriateness of antibiotic prescribing | | | | Primary care: include incentives for audit or find additional resource to aid with audit |
| Each provider organisation gives regular feedback to individual prescribers in all care settings about their antimicrobial prescribing | | | | |
| STEP 4 : Antimicrobial resistance | | | | |
| To set up and embed a new health economy group that will work to implement the AMR strategy and the HCAI strategy. It will meet 6 weekly and will be chaired by the Medical Director of the CCG. | | | | |
| STEP 5 : Communication and Empowerment | | | | |
| All healthcare providers to review their communications within and outside their organisation | | | | |
| Review the standardised transfer form to ensure it is being used and is fit for purpose | | | | |
| Provide joint infection prevention education sessions to give organisations the opportunity to understand other providers needs and requirements for a safe transfer of a patient. | | | | |
| Each organisation considers implementation of IT or decision support systems for AMR | | | | |
| Review patient leaflets and other information | | | | |
| Ensure the infection prevention webpage is up to date and easy to use. | | | | |

| Action | Actions | Timescale | Lead | Comments on progress |
|---|---|-----------|------|---|
| Use the social media platforms to communicate infection prevention advice to staff and clients | | | | |
| Educational materials will be produced to promote infection prevention amongst Walsall residents. | | | | |
| Awareness raising events for the general public about antimicrobial stewardship, antibiotic resistance and infection prevention will be undertaken using local media, social media and attending events and gatherings. | Identify local champion to support the campaign | | | Could lobby PHE to add antimicrobial stewardship to the school curriculum Primary care: to involve practice patient groups |
| Each organisation to support a Walsall-wide public awareness campaign on | | | | |
| Patients receiving care will be provided with information on how they can help themselves to reduce the risk of acquiring infection. | | | | |
| | | | | |