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**NHS Vale of York & NHS Scarborough Ryedale
Clinical Commissioning Groups**

Infection Prevention

&

Control Strategy

2018 – 2021

1. Introduction

As leaders of healthcare in York and Scarborough, our vision is to ensure that all commissioned services are providing clean, safe, effective care. NHS VoY and SR CCGs are committed to reducing the incidence of healthcare associated infections (HCAI) preventing avoidable harm and minimising adverse impact.

Healthcare associated infections remain a major cause of avoidable patient harm and although nationally there have been significant reductions achieved in the number of patients developing serious infection such as MRSA (Methicillin Resistant Staphylococcus aureus) in healthcare settings the rates of some other HCAI's have risen significantly. It is therefore essential that the reduction of HCAI's remains as a high priority on any NHS organisations safety and quality agenda. This is reflected in the nationally identified ambition to reduce Gram negative bloodstream infection by 2021 and the reduction plan for UTI related antibiotic prescribing rates.

Health Care Associated Infections (HCAI) and antibiotic resistance represents one of the greatest challenges in modern day healthcare and remains a high priority on the governments' safety and quality agenda.

Infections acquired in healthcare can cause serious problems; they can complicate illnesses, cause distress to patients and their family, and can in some cases lead to patient death. There can also be significant economic consequences such as the effect on bed availability and the ability to meet some Government targets.

The NHS Operating Framework 2017/18 stipulates that no health care associated infection is acceptable and all NHS organisations should aim for a zero tolerance approach to assist in the reduction plan.

The Health and Social Care Act 2008 and the Code of Practice on the prevention and control of infections and related guidance (DH 2015) states that: "Good infection prevention and control is essential to ensure that people who use health and social care services receive safe and effective care. Effective prevention and control of infection must be part of the everyday practice and be applied consistently by everyone".

Individuals, irrespective of age, gender or socio-economic background can acquire an infection at any point in their healthcare journey and this strategy builds on the firm foundation of infection prevention already in existence in York and Scarborough.

This activity also supports the sustainability and transformation plan (STP) for Humber Coast and Vale. All CCGs are committed to all aspects of avoidable harm reduction ensuring that IPC is integral to, and not distinct from the wider ongoing quality improvement work.

The overarching Infection Prevention and Control strategy reinforces the CCGs belief that every person deserves a quality and safe experience wherever they are cared for in NHS services, and our ambition is to work with providers of services to continually improve.

2. Aims

The strategy is designed to establish ownership of infection prevention and control at all levels throughout the organisations commissioned by the CCG. It supports a co-ordinated approach to the prevention and control of infection across all areas of responsibility ensuring Infection Prevention and Control is kept high on the agenda.

The Health Act was updated in 2010 to The Health and Social Care Act 2008 Code of Practice for Health and Social Care on the prevention and control of infections and related guidance (DH, 2010). The intention being to ensure that prevention of HCAI is embedded across the whole health economy. This legislation now forms the framework for all standards, assessments, policy and guidance issued to healthcare organisations. The Care Quality Commission (CQC) is responsible for monitoring all NHS and Social Care organisations in relation to the core standards which incorporates the Code of Practice as part of the monitoring process to assess organisations compliance against the standards.

The aims of this strategy are to demonstrate how NHS Vale of York and Scarborough Ryedale Clinical Commissioning Groups intend to manage infection prevention and control over the course of the next three years.

The strategy will ensure that:

- The CCGs will lead, direct and commission services where patient safety is paramount; infection prevention is key.
- There are robust infection prevention and control principles in place throughout the services it commissions which ultimately has a positive effect on the quality of care.
- HCAI prevention and control is recognised by the CCGs as a key element of clinical and non-clinical governance.
- The CCG's systematically review local target setting across the health economy in accordance with any nationally defined requirements. This will include the application of surveillance data to monitor progress towards objectives for specific organisms. Additionally, this data will be utilised to plan future activity to reduce risk of infection and to enhance locally provided services.
- The CCGs adopt a co-ordinated and multi-disciplinary approach in managing HCAI prevention through a systematic process of identification, analysis, learning and management of risk. This includes a greater requirement for collaborative working with partner organisations.
- The CCG's have a scheduled meeting structure to ensure multi agency review of both HCAI cases and strategic oversight of the IPC agenda with acknowledged escalation processes.

2.1 National Context

This 3 year strategy provides a framework for the management of HCAI and establishes NHS VoY and SR CCGs priorities for infection prevention and control. It aligns with the NHS Outcomes Framework to provide a co-ordinated, consistent and effective approach across healthcare organisations within York and Scarborough to support developments in quality, patient safety and patient experience.

The CCGs will collaborate with clinicians and community partners to manage HCAI; promote innovation and improvement in infection prevention; provide leadership to the whole health economy to ensure efficiency and effectiveness and provide best value for money.

The NHS Constitution establishes the principles and values by which the NHS operates; setting out the rights to which patients are entitled, the pledges the NHS aims to achieve and the responsibilities we all have to ensure the NHS operates fairly for all. Infection Prevention and Control is an element of Domain 5 of the NHS Outcomes Framework which details that patients have the right to be treated and cared for in a safe environment and protected from avoidable harm across all care settings.

The NHS Outcomes Framework identified five domains to underpin a high quality approach to care:

Domain 1: Preventing people from dying prematurely

Domain 2: Enhancing quality of life for people with long-term conditions

Domain 3: Helping people to recover from episodes of ill health or following injury

Domain 4: Ensuring that people have a positive experience of care

Domain 5: Treating and caring for people in a safe environment & protecting them from avoidable harm

This strategy will focus on the fifth domain but will reflect the principles of the other four.

2.2 Local Context

NHS VoY and SR CCGs are responsible for commissioning services in the following areas:

- Secondary care
- Community Health Services
- Community Hospitals
- Mental Health Services
- Out of Hours GP services
- Continuing Health Care

NHS VoY and SR CCGs are supported by other CCG's and provider organisations on the management, prevention and control of HCAI including MRSA, C-Difficile, Methicillin-sensitive Staphylococcus aureus (MSSA), and Gram Negative organisms' e.g. E-Coli, Pseudomonas and Klebsiella. The CCG supports the Public Health England agenda in the management of Tuberculosis, immigrant screening, infection control in schools, nurseries, prisons and emerging infectious diseases.

As organisations VoY and SR CCGs recognise that all health care providers need to be engaged to ensure there is a continuing focus on the reduction in HCAI and that this reduction continues to be sustained.

The susceptibility of people in hospital along with the use of invasive procedures increases the potential for infection in hospital, but it is important to understand that micro-organisms exist naturally in the community and population as a whole therefore the management of infection is a whole health economy issue. As more invasive procedures and devices are utilised in community settings it is essential that the risks are recognised across the whole health economy and this strategy aims to address infection prevention in this wider setting.

The CCGs as the local healthcare commissioner understands it's responsibility for working across organisational boundaries and taking a whole health economy view to ensuring that the delivery of infection prevention and control is prioritised. The CCGs ensure that provider organisations of commissioned services have appropriately trained and educated staff in place, that the principles of infection prevention and control are embedded within the organisations with Board level support. The CCGs also ensure that appropriate patient education is available and that individual patient needs are considered.

The CCGs are committed to reducing HCAI and recognises that the prevention of infection is fundamental to the safety and quality of care delivered to patients and remains a key priority for the NHS. As the epidemiology of many HCAI cases becomes more complex and as the threat of antimicrobial resistance increases, it is essential that progress continues and work to identify new ways to improve practice and prevent harm to patients.

3 Strategic Objectives

The CCGs will achieve full compliance with all aspects of the Health and Social Care Act 2008 (Regulated Activities) by:

- Having processes and systems in place to manage and monitor the prevention and control of infection.
- Providing accurate information for the review by key stakeholders on the position against mandatory objectives for the reduction of HCAI including Clostridium difficile, MRSA bacteraemia, Gram Negative bacteraemia's and actions being taken to reduce rates of infections. This includes any additional infections identified as either a national or local priorities
- Ensuring, so far as is reasonably practicable, that staff are free of and are protected from exposure to infections in the workplace and that all staff are suitably educated in the prevention and control of infection associated with the provision of health and social care.
- Having systems in place to refer to PHE alerts of infection such as outbreaks and emerging infection risks so appropriate actions can be taken.

4 Strategy Delivery

The strategy will be delivered through:

- The formulation and delivery of a CCGs Infection Control and Prevention action plan
- Visible and strong Executive level leadership; the strategy is overseen by the VoY Quality and Patient Experience Committee and the SR CCG Quality and Performance Committee and progress reported to the Governing Body
- The inclusion of Infection Prevention and Control issues in all business planning processes as a matter of course
- Investigation of all episodes of HCAI in line with agreed protocols and evidence of sharing and learning from them
- Regular reporting against the actions by the Executive Lead for Infection Prevention and Control to the Governing Body
- Developing an effective communication strategy to ensure maximum public and patient involvement and awareness

5 CCG's Approach

As commissioners of services NHS VoY and SR CCGs need to assure themselves that the organisations they commission services from can provide assurance that they comply with the Health and Social Care Act 2008. This will enable providers to demonstrate that they meet their statutory duty to protect the patients they care for and the staff they employ from the risk of HCAI.

There are four main requirements to effectively commission for Infection Prevention and Control these include:

- Development and leadership of the health and social care economy.
- Contracting (including setting clear expectations of achievement e.g. compliance with the code of practice for infection prevention and control).
- Performance Monitoring against the contract (gaining assurance) and sustained quality improvement.
- Organisational accountability

The CCG will work collaboratively across the STP footprint to develop systems and processes which support the reduction of HCAI's and the safe movement of patients from one health and social care environment to another

Providers are required to

- Demonstrate proactive leadership which is vital to the success of infection prevention and promoting a culture of zero tolerance of avoidable infections. Accountability for reducing, preventing and controlling HCAI rests with every Trust Board with the requirement for robust processes for regular IPC updates and escalation mechanisms. Ensure each organisation has adequate governance arrangements in place to provide assurance that robust, system-wide infection prevention measures are in place that provide for sustainable improvement. All managers and clinical staff recognise the impact HCAI has on services and patients and must work together to maximise the effects of good infection prevention and control measures.

In line with the NHS Operating Framework 2017-18 and the Public Health Outcomes Framework 2013-16, VoY and SR CCGs will ensure that the incidence of serious healthcare associated infections such as MRSA, *C. difficile* and gram negative BSI are reduced, emerging infections are appropriately managed and that cleanliness in our provider healthcare premises meets the highest standards by monitoring outcomes from HCAI reviews and provider Infection Prevention and Control audits.

The development of a unified approach across the whole health and social economy will ensure the delivery of high standards of infection prevention and control. Staff providing healthcare should be highly trained and fully competent to deliver high quality care in the prevention and treatment of infections.

Improved communication channels through robust meeting schedules will remove boundaries between organisations and encourage a culture of openness and willingness to share information pertaining to a person's infection needs plus any learning which will benefit service users and carers in understanding specific requirements for individuals.

The CCG and local authorities will work collaboratively to implement best practice across the Health and Social care economy. The Local Authorities will become a key member of the York and Scarborough IPC collaborative meeting to support the dissemination of lessons learnt and the development of action plans.

Service users will be confident that all premises, vehicles and equipment used in the delivery of healthcare across the spectrum of the whole health economy will meet minimum standards of cleanliness and be appropriate for purpose this will be monitored by exception reporting from outcomes of post infection reviews and root cause analysis.

NHS VoY and SR CCGs will work collaboratively with local authorities and provider organisations to actively seek out opportunities to engage with the public to raise the profile and improve public perception of infection prevention and control and educate the public.

The challenging economic future facing the NHS highlights our need to maintain quality and focus on innovation, productivity and prevention whilst ensuring that all healthcare providers are compliant with regulatory requirements and meeting contractual obligations.

6 Accountabilities, responsibilities and organisational framework

Assurance of infection management, decontamination, cleanliness as well as adherence to policy and guidelines by all providers is provided to the, York and Scarborough IPC Collaborative (please see meeting structure attached appendix 1)

VoY and SR CCGs in partnership with commissioners, Public Health England, City of York Council and North Yorkshire County Council, Providers and other key stakeholders across the

whole health economy to reduce the incidence and impact of HCAI. Information will be shared so that the whole patient experience can be enhanced and policy, practice and procedures will be standardised.

The CCG's Directors of Quality and Governance/Executive Nurse are the Executive Leads for Infection Prevention & Control and have overall responsibility and accountability for the organisations Infection Prevention, Management and Control. The Infection Prevention and Control Leads are responsible for:

- Overseeing local approaches to the infection prevention and control policies and their implementation;
- Confirming inappropriate practice and inappropriate antibiotic prescribing decisions;
- Producing an annual report regarding compliance with good practice on infection prevention and control and make it available.

In addition to the Executive Lead for Infection Prevention and Control the CCG's Infection Prevention & Control Lead Nurse will also contribute to the responsibilities above and will form part of the core membership of the York & Scarborough Infection Prevention and Control Collaborative. The Infection Prevention & Control Lead Nurse is responsible:

- for leading on the development of robust systems for infection prevention and control
- providing specialist expert advice
- strategic support to CCGs in line with national infection control frameworks and guidance
- will work with the Associate Director of Nursing, Quality and Performance Improvement (SRCCG) and Head of Quality Assurance and Maternity (VoYCCG)

Key Infection Prevention and Control Forums

6.2.1 York and Scarborough Infection Prevention and Control Collaborative (Appendix 1)

The joint York and Scarborough CCGs' Infection Prevention and Control Group membership includes representation from both York and Scarborough Councils, with the aim of supporting collaborative working across both health and social care. The meeting provides assurance for a forum or Board that Providers across the health and social care economy have appropriate systems and processes in place to assist and demonstrate good clinical practice. The meeting also provides a platform for professionals to confirm and challenge ensuring that learning across the health economy is shared. The group meets bimonthly and feeds into the VoY Quality and Patient Experience Committee and the SR CCG Quality and Performance Committee

6.2.2 Vale of York & Scarborough & Ryedale Community Health Care Acquired Infection (HCAI) review Group

In view of the expanding HCAI agenda it has been agreed there is a requirement to put in place a more robust process for the review of community attributed HCAI cases. The agreed amended process is one meeting will take to incorporate all HCAI's in line with Public Health England (PHE) guidance. The aim of this group will be to agree 'no lapse in care' for cases of HCAI attributable to primary care.

6.2.3 York Foundation Trust HCAI Reviews

The current process for the review of MRSA Blood Stream Infections and *Clostridium difficile* cases will continue. Each case is reviewed as they occur with commissioner involvement to agree “lapses in care”. This process will need to expand from moving forward to include all cases of HCAI in line with Public Health England (PHE) guidance.

7 Success

The success of this strategy relies on the whole health economy assuming responsibility for infection prevention and control, with shared ownership across all organisations.

The strategy will be monitored through:

- The incidence of avoidable infections is reduced year on year in line with national objectives
- All environments exceed minimum standards of cleanliness.
- There is a unified and standard approach to infection prevention across the health and social care economy.
- We are assured that our patients feel safe

8 Implementation and Measuring Improvement

8.2 Context

There are inherent difficulties in measuring improvements in infection prevention and control due to a lack of good scientific data, therefore much evidence is based on good practice that has proved to be effective.

HCAI infections are a reliable indicator of the effectiveness of infection prevention and control measures. The Department of Health has identified Zero tolerance to MRSA Bloodstream Infections (BSI) and has set objectives for *Clostridium difficile* for both provider and commissioner organisations with a focus on preventable infections. In addition to these infections there is a focus to reduce preventable Gram negative BSI by 50% by 2021.

8.3 CCG Approach

Commissioners of services have a duty to set standards and monitor the quality of services providing healthcare. The standards will be outcome focused and regular monitoring will drive quality improvements that will be reported via the CCGs performance HCAI dashboard, quality reports by exception and the CCGs Corporate Performance Report. Commissioners will work with provider organisations through existing quality routes to gain assurance that providers are demonstrating compliance.

Commissioners will provide challenge and monitor the incidence of infection and good practice through review of quality schedules at the Provider Contract and Quality Meetings and monitoring CQC inspection reports.

9 Priorities

The priority for the next three years is to build upon the existing success to make further reductions in the number of preventable HCAI's and improving patient confidence and experience of our commissioned services. This will be achieved by working in partnership across the health and social care economy to ensure all providers strive to deliver high standards of care.

An annual plan developed in collaboration with commissioned services prioritises key areas of work which will impact on patient outcomes and the reduction of HCAI. This will include work around;

- the national ambition to reduce Gram negative bloodstream infections including reviewing cases of E. coli BSI to identify themes and trends to inform improvements
- reducing the number of inappropriate antibiotic prescribing for Urinary tract infections in primary
- undertake Root Cause Analysis for all cases of *C diff* and MRSA Bacteraemia to identify themes and trends to inform improvements

10 Appendix 1



Vale of York and
Scarbro & Ryedale CC