



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

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AN ROINN

**Sláinte, Seirbhísí Sóisialta  
agus Sábháilteachta Poiblí**

MANNYSTRIE O

**Poustie, Resydènter Heisin  
an Fowk Siccar**

# ***Changing the Culture 2010***

**Strategic regional action plan for the  
prevention and control of  
healthcare-associated infections  
in Northern Ireland**

**January 2010**



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*Infection prevention and control is everyone's responsibility*



## MINISTER'S FOREWORD

Safe healthcare is a right. Just as everyone is entitled to healthcare that is free at the point of delivery, every patient is entitled to be confident that their healthcare will be safe.

That is why in September 2007 I set targets for reducing *Staphylococcus aureus* infections (including MRSA) and *Clostridium difficile*, and in January 2008 announced an additional £9 million for patient safety and tackling healthcare-associated infections (HCAs) in particular.

In 2008 I asked the Regulation and Quality Improvement Authority to review progress in delivering the 2006 *Changing the Culture* strategy. Their report is encouraging: the reviewers concluded that in the main the commitments have been delivered. There have been substantial shifts in both practice and thinking, and more people across Health and Social Care are taking responsibility for infection prevention and control. We are moving in the right direction but in order to achieve significant reductions we need to establish a zero tolerance approach to HCAs throughout Health and Social Care.

This strategic action plan sets out what this means in practice. It is complemented by the HCAI action plans which the six Health and Social Care Trusts, including the NI Ambulance Service, have developed. HCAs including MRSA and *Clostridium difficile* cannot be eradicated but there are many practical steps that we can take to prevent and control them, to reduce the number of cases to the minimum level possible.

Working together and learning will be crucial to our success in this. So will accountability, in particular the new HSC structure and dynamics that are now in place to drive performance improvement, and the updated, more focused, Controls Assurance Standard on infection prevention and control.

This action plan updates the 2006 *Changing the Culture* action plan. The starting point is the two core principles that underpinned the 2006 action plan, namely:

**Infection prevention and control is an integral part of safe healthcare.** It is not an add-on: it is as much a part of healthcare as arranging diagnostic tests, prescribing drugs or dressing a wound.

**Infection prevention and control is everyone's business.** It is not just a matter for doctors, nurses, cleaners and managers, but for everyone involved in the planning and delivery of healthcare. Visitors to hospitals and patients themselves have their part to play in keeping infections at bay.

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These principles are self-evident, and are as true today as they were for Hippocrates when he said “Do no harm”, and for Florence Nightingale when she set new standards for the safe care of patients.

The commitments set out in *Changing the Culture 2010*, along with the actions in each Trust’s HCAI action plan, will build on the progress that has been made to date, and embed the zero tolerance culture that every patient has a right to expect.

A handwritten signature in black ink, appearing to read "Michael McGimpsey".

**Michael McGimpsey**  
**Minister of Health, Social Services and Public Safety**

**January 2010**

## INTRODUCTION

This strategic action plan brings together the main regional actions that DHSSPS and Health and Social Care (HSC) organisations will be taking to reduce the incidence of healthcare-associated infections (HCAIs). The commitments in this document build on the first *Changing the Culture*, which was published in 2006, and complement the actions set out in the infection prevention and control plans which the HSC Trusts, including the NI Ambulance Service, have developed.

The overall purpose and the core principles of the original *Changing the Culture* remain. We need to work collaboratively across the HSC system to tackle the challenges of HCAIs, to change attitudes and to improve practice. This will involve an agreed HSC-wide arrangement for sharing information, joint problem-solving, learning and the sourcing of evidence where it is lacking.

Overall we will promote a culture of zero tolerance of healthcare-associated infections. This does not mean zero infections, because it is not possible to eradicate all infections. Zero tolerance is a mindset that regards every preventable case of infection as unacceptable.

In 2010/11 our focus will be on strengthening and maintaining public confidence and improving communication with the public on HCAIs by:

- continuing to focus on accountability and assurance and embedding infection prevention and control into everyone's responsibilities, and
- addressing HCAI prevention and control in all health and social care settings.

The following standards and targets for HCAIs were set for 2009/10:

**Healthcare-associated infections:** in the year to March 2010, secure an overall reduction of 35% in MRSA, MSSA and *Clostridium difficile* infections compared to 2007-08.

**Trust quality initiatives:** from April 2009 Trusts will ensure that satisfactory progress is made towards the full implementation of approved quality improvement plans and the achievement of Trust-specific targets for ventilator-associated pneumonia, surgical site infections and central line infections.

New targets will be set for 2010/11.



## **Roles and responsibilities of DHSSPS and the HSC organisations**

On 1 April 2009 four new HSC organisations replaced the Health and Social Services Boards, the Health and Social Services Councils, the Central Services Agency, the Health Promotion Agency, the Communicable Disease Surveillance Centre and the Healthcare-associated Infection Surveillance Centre. The new organisations are the Public Health Agency, the Health and Social Care Board, the Patient and Client Council and the HSC Business Services Organisation. Details of the new HSC bodies are at [www.dhsspsni.gov.uk/index/hss/rpa-home.htm](http://www.dhsspsni.gov.uk/index/hss/rpa-home.htm).

Under the new structures the Department will be more focused on its core responsibilities of ministerial business, resource planning and priorities, policy, legislation, capital and HR.

In the context of HCAIs the Public Health Agency and the Health and Social Care Board will jointly ensure that, in commissioning services, a high priority is given to infection prevention and control and delivering a clean environment.

The Agency will have robust arrangements in place for supporting Trusts in their response to clusters and/or outbreaks of HCAIs, will lead a review of the level of regional support needed by the Trusts, and will lead the development of local capacity to help deliver this agenda. The Agency will lead the development of public information on HCAIs for all health and social care settings. The Agency will, through the HSC R&D function, commission research to provide evidence on aspects of the prevention and control of HCAIs that is not already available. The Agency will also scope the utility of emerging and available surveillance systems which may be implemented in Northern Ireland.

The Board will be responsible for the performance management of Trust HCAI action plans, including cleaning, and will report progress on delivery of the Trust HCAI action plans to the Department and the Minister on an ongoing basis, with support from the Agency.

Each Trust now has in place an updated, robust plan to address preventable HCAIs. These plans will be used to drive quality and improvement and will address the risks identified within the organisation. The plans will include the implementation of relevant actions from this document and the recommendations from the RQIA and other external reviews, and will reflect the work undertaken locally and nationally by the NHS HCAI Improvement Team.

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The Patient and Client Council has been established to provide a strong voice for patients, clients and carers. It is a stakeholder in the development of communication approaches and has a monitoring role in respect of patient perceptions and satisfaction with HSC organisations and HCAs.

The Regulation and Quality Improvement Authority will continue to monitor and inspect the quality of services and encourage improvements. In relation to reducing HCAs, the RQIA will carry out a programme of unannounced hygiene inspections of hospitals and other healthcare facilities. The specific purpose of these is to raise standards of hygiene and environmental cleanliness by identifying actions that need to be taken and lessons that need to be learned. The RQIA also carries out a programme of service or thematic reviews relating to clinical and social care governance which can take into account elements of infection prevention and control.

### **Progress in recent years**

Since the 2006 *Changing the Culture* there have been a wide range of interventions to tackle HCAs in Northern Ireland, including:

- launch of the HSC Safety Forum to promote a safety culture in HSC organisations by sharing learning regionally and supporting the implementation of national and international best practice;
- launch of the Regional Dress Code to promote public confidence in health care services;
- commitment to 100% single room provision in new hospitals;
- publication of quarterly HCAI incidence reports by the Trusts;
- establishment of rapid response cleaning teams in hospitals;
- establishment of a rolling programme of unannounced hygiene inspections in hospitals;
- introduction of restrictions on hospital visiting;
- publication of best practice guidance on MRSA screening;
- launch of the clean~~your~~**your**hands campaign, to remind staff and visitors of the importance of good hand hygiene;
- launch of the online Regional Infection Prevention and Control Manual;
- publication of the Northern Ireland Antimicrobial Guidelines for Primary Care to optimise antimicrobial prescribing;

- development of the Guidelines and Audit Implementation Network's regional discharge and patient transfer protocol for patients with *C.difficile* infection;
- production of public information leaflets on HCAs and specifically on MRSA and *C.difficile*; and
- publication of an updated *Ward Sisters' Charter*.

In addition, Controls Assurance Standards for infection prevention & control, environmental cleanliness and decontamination have continued to apply and were updated for 2009-10.

Since 2006, cases of *C. difficile* and MRSA in Northern Ireland have decreased each year. 2008/09 saw the same number of MSSA cases as 2006/07.

	2006/07	2007/08	2008/09	% reduction since 2006/07
<i>C. difficile</i>	1026	1019	896	12.7%
MRSA	248	221	203	18.1%
MSSA	348	328	348	0%

## **Core aim and objectives**

### *Core aim*

**Eliminate the occurrence of preventable healthcare-associated infections in all health and social care settings, and promote, strengthen and maintain public confidence and understanding.**

This core aim will be supported by five inter-related objectives.

#### **1. Ensure that all health and social care settings provide a safe environment.**

The HSC organisations will do this by ensuring that comprehensive regional and local action plans for the prevention and control of HCAs are in place, supported by a robust accountability framework and embedding infection prevention and control into everyone's responsibilities.

#### **2. Ensure that effective HCAI surveillance programmes and systems to investigate clusters and adverse incidents and to share learning are in place.**

These programmes will provide data and intelligence at regional and local level to enable the HSC to take defined action in infection and prevention control activities. They will enable the HSC to promptly identify and investigate appropriately clusters and other adverse incidents of HCAs, especially *C. difficile* and MRSA, and to quickly share any learning from such adverse incidents.

#### **3. Renew the focus on antimicrobial resistance and antibiotic prescribing.**

Tackling antimicrobial resistance and optimising antibiotic prescribing will continue to be critical in ensuring a systemic approach to preventing HCAs.



**4. Promote public knowledge, engagement and feedback; strengthen accountability to the public.**

People are entitled to healthcare provision that is safe, and need to have confidence in their healthcare. Such confidence has to be earned continuously and must be justified on the basis of evidence. To do this, the HSC will develop a communication strategy on HCAs, reflecting these principles.

**5. Use and undertake rigorous research to inform improvements in infection prevention and control.**

Research undertaken locally or elsewhere may highlight aspects of HCAs that require healthcare practice to be updated or changed. Up-to-date research findings will be used to inform actions and developments.

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## **Actions**

### **Objective 1 Ensure that all health and social care settings provide a safe environment.**

The HSC organisations will do this by ensuring that comprehensive regional and local action plans for the prevention and control of HCAs are in place, supported by a robust accountability framework and embedding infection prevention and control into everyone's responsibilities.

- 1.1 By June 2010 the Department will define the minimum requirements and associated reporting arrangements in relation to board-to-ward assurance for the prevention and control of HCAs. These minimum requirements will include the undertaking of root cause analysis for all HCAI deaths and clusters.
- 1.2 By June 2010 Trusts will establish effective board-to-ward assurance structures and processes consistent with Departmental requirements. These arrangements will assess and monitor the quality of care at patient level and give assurances to Trust Boards that policies and strategies are being implemented in a timely and effective manner.
- 1.3 From December 2010 each Trust will assure itself on an ongoing basis that all staff understand their responsibility and accountability for infection prevention and control. This will be included in job descriptions, objectives, competency-based assessment and job plans of all staff within the Trust.
- 1.4 By June 2010 Trusts will develop robust action plans to provide assurance that cleaning and maintenance schedules are effective and risks within clinical environments are managed. Trusts should aim to achieve the principles contained in the Environmental Cleanliness Strategy and other emerging standards.
- 1.5 By June 2010 the Department will develop a regional policy on MRSA screening, taking account of evidence through the experiences of introducing screening for elective admissions elsewhere in the UK.
- 1.6 By June 2010 each Trust with a Trauma and Orthopaedic Unit will implement the agreed MRSA screening protocol.
- 1.7 From January 2010 the Board will report progress on delivery of the Trust HCAI action plans (including, from January 2010, cleaning plans) to the Department and the Minister on quarterly basis, with support from the Agency.

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- 1.8 By January 2010 the Department will complete a regional review of staff training and development needs for infection prevention and control, including Trust domestic supervisors and quality auditors. This review will form the basis for the development of a regional policy on mandatory IPC training including competency-based assessment. Following this review, by April 2010 the Department will issue an action plan to improve infection prevention and control (IPC) training and development.
- 1.9 By April 2010 the Department will complete a workforce review of infection prevention and control nursing. This review will provide the basis to inform the future skill mix of IPC nurses.
- 1.10 By May 2010 the Agency will complete a review of the support required by Trusts to prevent and control HCAs.
- 1.11 By May 2010 the Agency will develop a rolling programme for professional development in respect of HCAs, including an annual regional symposium to facilitate learning.
- 1.12 By February 2010 the Agency will establish a Regional Infection Prevention and Control Implementation Group, which will be chaired by the Agency, and by September 2010 this group will submit a costed HCAI action plan to address the key priorities for primary care and community settings, building on current best practice.
- 1.13 By June 2010 the Agency will extend the clean **your** hands programme to cover community and primary care settings.
- 1.14 By April 2010 the Department will review the effectiveness of the current Environmental Cleanliness Strategy and will refresh the Strategy.

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**Objective 2 Ensure that effective HCAI surveillance programmes and systems to investigate clusters and adverse incidents and to share learning are in place.**

These programmes will provide data and intelligence at regional and local level to enable the HSC to take defined action in infection and prevention control activities. They will enable the HSC to promptly identify and investigate appropriately clusters and other adverse incidents of HCAIs, especially *C. difficile* and MRSA, and to quickly share any learning from such adverse incidents.

The collection and availability of timely, reliable information on HCAI cases is necessary both in order to improve performance in this area and for the purposes of accounting for our work to the Assembly and to the public.

It is important that Trusts, including the NI Ambulance Service, understand the root causes of HCAIs and how to prevent them. To assist in developing this understanding, Trusts will adopt the Root Cause Analysis (RCA) toolkit developed by the NHS HCAI Improvement Team and available on the Clean Safe Care website at [www.clean-safe-care.nhs.uk](http://www.clean-safe-care.nhs.uk). Training on RCA was delivered to 200 Trust staff in December 2008. Trusts are developing agreed RCA pathways. As a minimum in 2009/10, Trusts will carry out RCAs on clusters and other adverse incidents associated with cases of *C. difficile* or MRSA.

- 2.1 By April 2010 the Agency will put in place mandatory systems for surgical site infection surveillance in neurosurgery and cardiac surgery.
- 2.2 By June 2010 the Agency will establish a regional mandatory surveillance programme for HCAIs in intensive care units.
- 2.3 By March 2010 each Trust Chief Executive will sign off their Trust's monthly data return for the web-based HCAI data capture system for regional reporting of MRSA and *C. difficile*, to aid local surveillance and targeted action.
- 2.4 By June 2010 the Agency will issue regional guidance on agreed terminology and definitions for outbreak management and case severity in relation to *C. difficile*. By September 2010 the Agency will have put in place supporting systems and processes for the prevention and control of *C. difficile*.

- 2.5 By November 2010 the Agency will ensure that a formal risk assessment system is in place in Northern Ireland to review emerging threats in relation to specific healthcare-associated infections and to share the results with the Department and all relevant HSC organisations.
- 2.6 By October 2011 the Agency will complete a repeat of the 2006 HCAI Prevalence Survey.
- 2.7 The Department, from January 2010 and on an annual basis in conjunction with the Public Health Agency, will determine priorities for new surveillance programmes, including those that will be mandatory.



### **Objective 3 Renew the focus on antimicrobial resistance and antibiotic prescribing.**

Tackling antimicrobial resistance and optimising antibiotic prescribing will continue to be critical in ensuring a systemic approach to preventing HCAs.

- 3.1 By March 2010 each Trust will have robust reporting systems and assurance that risks of patients being exposed to high-risk antibiotics are being minimised and prudent prescribing is in place.
- 3.2 By March 2010 each Trust will have established a multidisciplinary Antibiotic Management Team.
- 3.3 By September 2010 the Department will issue an up-to-date antimicrobial resistance and prescribing action plan, which will include a region-wide antibiotic prescribing policy for hospitals.
- 3.4 By November 2010 each Trust will have an antimicrobial stewardship programme in place, as described in the Antimicrobial Resistance Action Plan.

**Objective 4 Promote public knowledge, engagement and feedback;  
strengthen accountability to the public.**

People are entitled to expect that their healthcare provision will be safe, and need to have confidence in their healthcare. Such confidence has to be earned continuously and must be justified on the basis of evidence.

- 4.1 In 2010/11 the Patient and Client Council will hold events with users of health and social care that will promote current information around HCAI and get feedback from service users about the efficacy of current infection and control information for the public.
- 4.2 By September 2010 the Agency will commission research to inform the development of a HCAI communications plan for the public and HSC staff.
- 4.3 By June 2010 the Trusts, in collaboration with the Patient and Client Council and the Agency, will have put in place mechanisms to enable patients and visitors to provide feedback on their experience of HSC services regarding HCAI issues.
- 4.4 From April 2010 Trusts will display publicly and prominently key performance information including cleaning standards.
- 4.5 RQIA will continue to carry out a rolling programme of unannounced inspections in Health and Social Care organisations including acute hospitals and acute psychiatric wards, and will continue to monitor follow-up action by Trusts and learning. The reporting of the inspection programme will be on a quarterly basis and on a themed basis.

**Objective 5 Use and undertake rigorous research to inform improvements in infection prevention and control.**

Research undertaken locally or elsewhere may highlight aspects of HCAs that require healthcare practice to be updated or changed. Up-to-date research findings will be used to inform actions and developments.

- 5.1 Following a workshop held in October 2009 to disseminate findings from the Commissioned Research 'AMRAP programme', by June 2010 the HSC R&D Office will issue a call for proposals for research identified at the workshop or through other stakeholder engagement.
- 5.2 By December 2010 a research project, or research projects, will have been commissioned to be carried out by HSC and university researchers. An essential element in each project will be effective Knowledge Transfer activity.



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**Appendix:  
Progress made since publication of Changing the Culture Action Plan  
in March 2006 - timeline**

October 2006	Ward Sisters' Charter
Autumn 2006	The Prevalence Survey of HCAs In Acute Hospitals UK & ROI
22 March 2007	HSS(MD) 7/2007 HCAI Surveillance - Surgical Site Infection (SSI) - Caesarean Section
10 May 2007	Hospital Isolation Facilities - Requirements for Health Social Care in Northern Ireland
Summer 2007	Patient Safety Forum set up to help front-line staff to improve patient safety, drawing from internationally proven good practice.
September 2007	Minister announced targets to reduce the incidence of <i>Staphylococcus aureus</i> (MRSA/MSSA) and <i>C. difficile</i> by 10% and 20% respectively by March 2009.
September 2007	Publication of leaflet 'How you can prevent and control infection in hospitals - Information for patients and visitors'
15 November 2007	Fourth Conference of the Northern Ireland Antimicrobial Resistant Action Plan (AMRAP) and Strategy for the Control of Antimicrobial Resistance in Ireland (SARI)
January 2008	Minister announced £9m over the CSR spending period of 2008/09-2010/11 to fund a package of measures to tackle HCAs
8 February 2008	Guidance For Doctors Certifying Cause of Death Involving Health Care Associated Infections
8 February 2008	HSS(MD) 5/2008 Regional Dress Code Policy and Recommendations on Staff Changing Facilities for Northern Ireland
19 February 2008	Regional Dress Code Policy & Recommendations on Staff Changing Facilities for Northern Ireland
20 February 2008	<i>Clostridium difficile</i> : Microbiology Laboratory Services
12 March 2008	Standards for the Provision of 100% single bed rooms in acute and local hospitals
18 March 2008	Enhanced Monitoring Arrangements for Deaths where <i>C. difficile</i> or MRSA is mentioned on the Death Certificate

March 2008	Introduction of quarterly publication of CDSC HCAI surveillance data for previous quarter.
March 2008	RQIA unannounced hygiene inspections of acute hospitals commenced.
April 2008	Guiding Principles for the Production of Hospital Visiting Policies
4 April 2008	Best Practice on Screening for Meticillin Resistant Staphylococcal Aureus (MRSA) Colonisation
29 April 2008	Letter from CMO re Infection Prevention and Control Mandatory Training
May 2008	NHS Cleaner Hospitals Team (now called HCAI Improvement Team) support provided to one Trust
June 2008	Launch of clean <del>your</del> hands campaign
August 2008	Publication of first 5 RQIA unannounced hygiene inspections of acute hospitals
September 2008	NHS Cleaner Hospitals Team (HCAI Improvement Team) support provided to all Trusts
October 2008	Publication of regional on line infection control manual
October 2008	Hand hygiene '5 moments' card
November 2008	Launch of regional antimicrobial guidelines for primary care
January 2009	Launch of public information media campaign on antimicrobial resistance.
February 2009	GAIN protocol for effective communication about <i>C. difficile</i> cases between hospitals, GPs and care homes.
April 2009	Publication of information leaflet on <i>C. difficile</i> for patients, their families, carers and visitors
June 2009	Launch of Seven Steps to Cleanliness poster
June 2009	Publication of reports of 2nd tranche of RQIA unannounced hygiene inspections of acute hospitals
October 2009	Seminar to disseminate findings of commissioned research 'AMRAP programme' on antimicrobial resistance
November 2009	Publication of reports of 3rd tranche of RQIA unannounced hygiene inspections of acute hospitals

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Produced by:  
Department of Health, Social Services and Public Safety,  
Castle Buildings, Belfast BT4 3SQ

email: [health.protection@dhsspsni.gov.uk](mailto:health.protection@dhsspsni.gov.uk)

Telephone (028) 9052 2059

Textphone: (028) 9052 7668

[www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

January 2010

Ref: 27/2009