



North East &
North Cumbria



Northumbria Healthcare
NHS Foundation Trust

Northumberland & North Tyneside Community Infection Prevention & Control Strategy



Northumberland
County Council



North Tyneside Council

Aims of the strategy

- To minimise preventable incidents/outbreaks of harmful infection in **community** settings in Northumberland and North Tyneside through effective IPC interventions.
- To ensure that both North Tyneside and Northumberland are as well prepared as possible in response to new or developing threats of infection/future pandemics.

Keep on reading



Fears over new 'Pirola' Covid variant as scientists warns UK has 'let guard down'

Jury still out on whether UK is set to face 'a major wave', amid hopes expedited booster will be effective against new variant 'Pirola'

The Independent



BREAKING AEW fire CM Punk after backstage incident at London show

Environment

Suspected bird-flu outbreak decimates breeding season at Northumberland site

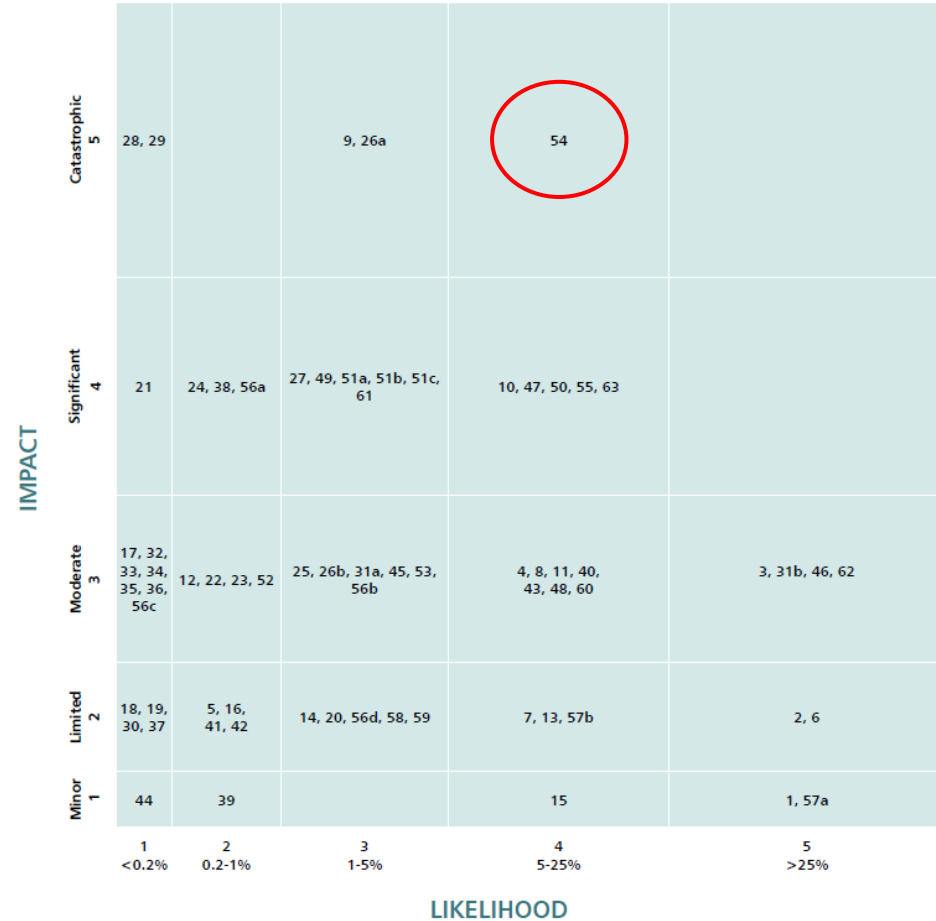
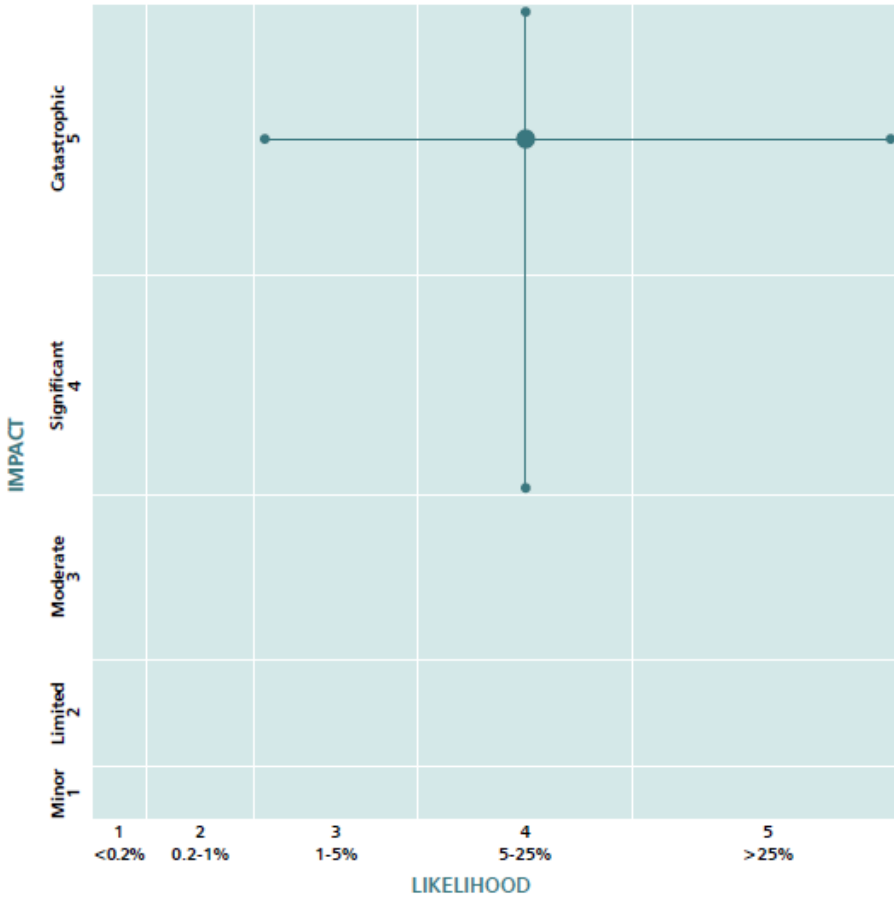
UK NEWS WEBSITE OF THE YEAR



One in four chance of a 'catastrophic' pandemic in five years

'Reasonable worst-case scenario' could mean 50pc of population falling ill and 840,000 deaths

2023 National Risk Register – Pandemic



Objectives of the strategy

- To understand current IPC provision, activities, behaviours, and need within community settings (*Where are we now?*).
- To understand current guidance for community settings and interventions to influence behaviours.
- To agree and prioritise goals to promote IPC measures in community settings, including additional resources and capacity building approaches (*Where do we want to get to?*)
- To agree how we will achieve the goals (*How will we get there?*)
- To define how we will monitor achievement against the goals (*How we will know we have arrived?*)

Scope and scale of *community* IPC strategy

Care sector (adult)

- 71 elderly care residential and nursing homes
- 28 specialist learning disability/mental health care homes
- 58 domiciliary care providers
- 221 independent supported living (ISL) settings

Education

- 174 childminders
- 95 day nurseries
- 130 first and primary schools
- 14 middle schools
- 15 high and secondary schools
- 13 special / alternative provision schools
- One pupil referral unit
- One further education college

General practice

- 36 general practices

Children's residential homes

- 5 children's residential homes

Strategy covers N'land and North Tyneside because they share IPC team.

Data shared here on scale for Northumberland only.

Methods

- Strategy group: 2x Councils (PH, H&S, Education, ASC), Northumbria Healthcare, NENC ICB, CNTW, UKHSA, LMC
- Review of guidance and best practice
- Review of literature on barriers and facilitators to IPC, and interventions to promote
- Surveys of staff in community settings
- Stakeholder focus groups
- Data from previous surveys, audits, and visits
- Prioritisation exercise for community IPC provision

Current provision

- Northumbria IPC team at Northumbria:10.1. WTE nursing staff
 - 5.3 WTE staff work in hospital settings
 - **4.8 WTE staff** working in the community covering Northumberland and North Tyneside
- Since March 2020, the IPC team has supported care homes experiencing around 700 COVID outbreaks, providing telephone or face-to-face support for most if not all of these incidents

Activities of the IPC team in the community

Training

- Care home staff, including face-to-face, webinar and e-learning training that is regularly updated, and IPC champion training and care home forums.
- Home (domiciliary) care staff: charge may apply and no current training programme.
- Community nurse training.
- General practice staff training: charge applies.
- Hand hygiene training in primary schools.

Direct support

- Outbreak management at Intermediate Care Units.
- Care home visits and telephone calls during outbreaks (planning to reduce or cease because of insufficient capacity).
- Outbreak support for other settings, for example nurseries, at the request of the UKHSA Health Protection Team.
- FIT testing where needed.

Collaborative working

- Care Quality Commission (CQC) monthly information sharing meetings about care homes / home care services, including support where there are safeguarding concerns due to inadequate IPC.
- Care home provider forum meetings.
- Link nurse champions meetings.
- Multi-agency meetings and collaborative working with Adult Social Care Commissioning, ICB, Public Health, and UKHSA.
- Care home newsletter.
- Community events

Audit

- Community patient hand hygiene satisfaction survey.
- Hand hygiene audits (validation) of community staff.
- Care home report on the extent to which IPC measures are being met.
- General practices: a charge applies to undertake an IPC audit in general practice.
- Root cause analysis e.g. patients with community-acquired infections (such as *Clostridium difficile*) admitted to hospital.

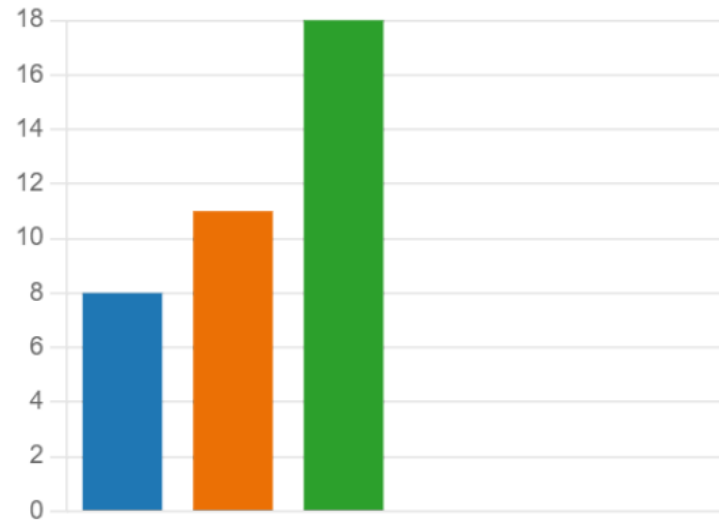
Key findings

- Guidance and best practice seek to ensure that organisations and staff have the knowledge, skills, training, behaviours, values, support, monitoring, culture, and leadership to prevent infections.
- There are opportunities for additional training, increased awareness of guidance, and monitoring of IPC behaviours.
- Many care homes use in-house IPC training but we have no information about its quality.
- Cost and time are barriers in education and general practice.
- IPC champion roles are less common in domiciliary care and general practice.
- Many respondents across all sectors said they feel compelled to come into work even if they are unwell with an infection: 'infectious presenteeism'.
- A high value is placed on the role of the IPC team, the support they gave during the pandemic, and the relationships that have developed during the pandemic
- Relationships between system partners, and with providers, improved during the pandemic because of the good communication, collaboration, and support given.
- There is a need for IPC support and training for staff in early years settings.
- There is a need for sustainable, capacity-building solutions in view of the small size of the IPC team.

Survey of educational settings (n-24)

Are there any barriers to accessing training in infection prevention and control? Please tick all that apply.

- I don't have time to access traini... 8
- The cost of training 11
- I don't know what training is av... 18
- I don't have access to a comput... 0
- I don't need any training 0
- Other 0

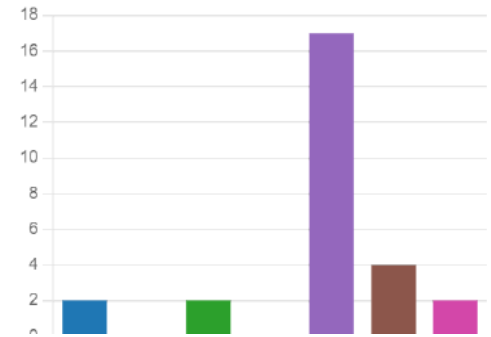
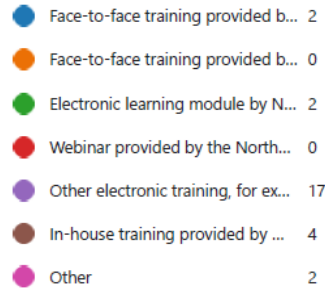


Survey of GP staff (n=34)

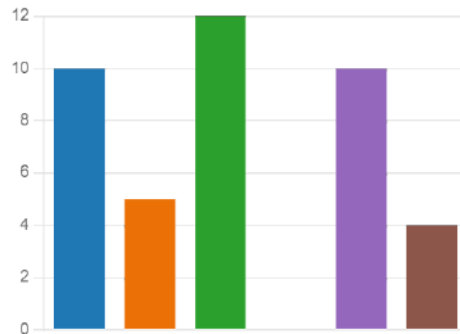
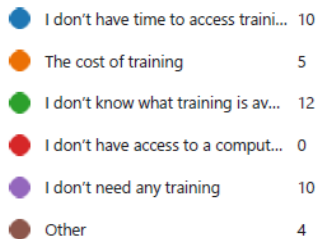
Have you had any training in Infection Prevention and Control in the past 12 months?



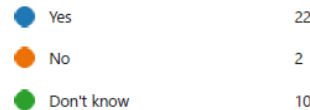
What training in infection prevention and control have you had in the past 12 months? Please tick all that apply.



Are there any barriers to accessing training in infection prevention and control? Please tick all that apply.



Do you have an Infection Prevention and Control Champion or Lead within your practice?



Prioritisation of community IPC


Phase	Name	Days per month of specialist IPC resource (4.8 WTE)			
		Care homes	Education	Domiciliary care	Primary care
1	Prevention	18.9	11.3	7.2	3.6
2	1-2 cases	2.7	2.3	0	0.2
3	Cluster	13.5	3.4	0.5	0.2
4	Outbreak	10.8	4.5	0.5	0.2
5	Frequent incidents	8.1	1.1	0.1	0.2
	Total	54	22.5	9	4.5

Our Vision

“Our vision is for all health, care and education professionals working in the community to have the capability, opportunity, and motivation to implement infection prevention and control measures in their setting to protect those who use their services or live, work, or study in their settings.”

Principles

- We will work together as a whole system to implement IPC measures in community settings
- Recognising that the specialist community IPC nurse team is a finite resource, we will seek to work as partners to maximise impact by prioritising the deployment of the team
- With partners, the specialist IPC team will seek to build resilience and capacity within the community by supporting and training key professionals already working in or with settings.

The background features a light blue sky with two stylized birds in flight. Below the sky is a green landscape with rolling hills. On the left, there is a cluster of stylized green trees. On the right, there are three stylized houses in shades of blue and green. The overall aesthetic is clean and modern.

Goals, how we will achieve them, and monitoring

Funding and prioritisation		
Goal	How will we achieve it?	Indicator
<p>Goal 1: The NHCT IPC team has additional, long-term, sustainable funding to maintain and increase the scope and magnitude of activities of the IPC team to support more settings/providers in the community, including care homes, general practices, domiciliary care, educational establishments, and children’s residential care.</p>	<ul style="list-style-type: none"> We will work with partners across the system to continue to make the case for equitable, sustainable investment in IPC expertise to support community settings in Northumberland and North Tyneside. 	<ul style="list-style-type: none"> Increased number of whole-time equivalent specialist IPC nurses working to support community settings
<p>Goal 2: Where resources are limited, priorities for work within community settings will be agreed with system partners.</p>	<ul style="list-style-type: none"> We will work as system partners to ensure that we are able to maximise impact of limited resources through agreed priorities and principles. 	<ul style="list-style-type: none"> Annual review of priorities

Building IPC capacity in community settings		
• All community settings		
Goal	How will we achieve it?	Indicator
<p>Goal 3: Managers and staff will be aware of training that is available.</p>	<ul style="list-style-type: none"> • Together with and via system partners, the NHCT IPC team will share a list of quality assured training opportunities to care home providers, domiciliary care providers, educational settings, general practices, and children's residential homes. 	<ul style="list-style-type: none"> • Annual survey of community settings / providers
<p>Goal 4: All training, whether external or in-house, is of high quality and updated to reflect current guidance.</p>	<ul style="list-style-type: none"> • Where training is provided in-house, system partners will work with providers to quality assure training. • Where training is provided by the NHCT team or system partners, the content will be regularly reviewed to ensure its accuracy. 	<ul style="list-style-type: none"> • Record of annual review of webinar and module training provided by NHCT • Surveys of staff attending training • Number of care home providers sharing their training package for quality assurance purposes

• Care homes		
Goal	How will we achieve it?	Indicator
<p>Goal 5: All professional staff visiting care homes from all sectors have had training in IPC to identify good practice, recognise when standards of IPC are not being met, provide IPC advice, and link easily to additional specialist support when needed.</p>	<ul style="list-style-type: none"> The IPC team will engage with staff who visit care homes to offer additional IPC training, assess competence if appropriate, and maintain a network to enable sharing of best practice and updated guidance, answer questions, and provide specialist support. 	<ul style="list-style-type: none"> Record of IPC training provided to professional staff visiting care homes Number of professional staff visiting care homes who have had training in past 1 year
<p>Goal 6: All care homes have an IPC champion who receives additional IPC training, is given time for training and linking with other IPC champions via a network, is empowered to support colleagues, and can link easily to additional IPC support when needed.</p>	<ul style="list-style-type: none"> System partners who have existing relationships or contracts with care home providers will promote the need for a named IPC champion in each care home. NHCT will continue to provide training and support to IPC champions in care homes. 	<ul style="list-style-type: none"> Record of IPC champions held by IPC team Annual survey of IPC champions
<p>Goal 7: All agency staff will be trained in IPC.</p>	<ul style="list-style-type: none"> Make contact with larger agencies to understand training requirements and explore with regional partners regional approaches to providing and assuring training. Include a question about training of agency staff in the quality assurance checklist used by the IPC team during care home visits. 	<ul style="list-style-type: none"> Record of number of agency staff trained in IPC by NHCT Annual survey of care home managers to determine number of agency staff trained in IPC

• **Educational settings**

Goal 8: Leaders in educational settings continue to recognise the importance of effective IPC measures to protect the health of their students and staff, minimise student and staff absences, and contribute to preventing wider spread of infections within the community.

- Strategy group members will offer to join headteacher meetings to promote the benefits of IPC measures and the use a 'making every contact count' approach with all educational staff to promote IPC.

- Record of IPC team input to Headteacher meetings

Goal 9: Staff in educational settings have a basic knowledge of common infections and IPC measures.

- Build links between the NHCT IPC team and the local authority Health and Safety (H&S) teams who already work with schools, including opportunities for additional IPC training for H&S teams and access to specialist advice when needed.
- H&S teams in both local authorities will work with the IPC team and system partners to regularly update the IPC policy or guidance within the Health and Safety guidance for use by educational settings.
- The IPC team will offer virtual training to H&S leads within educational settings on an annual basis to update knowledge of IPC.
- Undertake a specific piece of work to understand issues for early years providers, from whom we had no responses in the survey.

- Record of additional IPC training for H&S teams and access to specialist advice.
- Record of IPC team input into Health and Safety guidance for use by educational settings.
- Number of H&S leads within educational settings receiving training in IPC.
- Report on project with early years settings.

Goal 10: Children and young people aged 3-16 years will have age-appropriate knowledge of hygiene, microbes, vaccinations, and antimicrobial resistance and are supported to play their role in prevention outbreaks and using antimicrobials appropriately.

- We will promote and support educators, community leaders, parents, and caregivers to use [E-Bug](#) to educate children and young people and promote positive behaviour change.

- Survey of educational settings on use of [E-Bug](#) to educate children and young people and promote positive behaviour change.

• General practice		
Goal	How will we achieve it?	Indicator
<p>Goal 11: There is an IPC champion in every general practice who receives additional IPC training, is linked to a wider network of IPC champions, is empowered to support colleagues, and can link easily to additional IPC support when needed.</p>	<ul style="list-style-type: none"> • System partners who have existing relationships with general practice will promote the need for a named IPC champion in each practice • NHCT will continue to provide training and support to IPC champions in practices. 	<ul style="list-style-type: none"> • Number of general practices with an IPC champion. • Number of IPC champions trained by IPC team.
<p>Goal 12: All practice staff receive regular quality-assured IPC training and audit.</p>	<ul style="list-style-type: none"> • Work with general practice colleagues to understand demand and willingness to participate in, and promote, regular training. • Work with system partners to secure funding for face-to-face training and audit in general practice. 	<ul style="list-style-type: none"> • Funding secured for face-to-face training and audit in general practice. • Number of general practices who receive face-to-face training.

Preventing infectious presenteeism		
Goal	How will we achieve it?	Indicator
<p>Goal 13: Systems are in place to discourage staff from attending work if they are unwell with an infection ('infectious presenteeism').</p>	<ul style="list-style-type: none"> • We will use existing communications channels with providers and the general public to discourage infectious presenteeism. • All commissioners will ask providers to include in their business continuity plans how they will manage in the event of staff absence due to sickness. • We will include the discouragement of infectious presenteeism in all training provided. • Commissioners will encourage providers to include mitigations within their risk assessment for when infectious presenteeism is unavoidable, for example use of face masks, enhanced ventilation, and cleaning, or avoiding care of people who are immunosuppressed or otherwise at high risk from the infection. 	<ul style="list-style-type: none"> • Record of communications to providers and the general public to discourage infectious presenteeism. • Record of how providers will manage in the event of staff absence due to sickness in their business continuity plans. • Record of discouragement of infectious presenteeism in all training provided e.g. learning modules.

Reporting

- Northumberland and North Tyneside community IPC strategy implementation group will meet quarterly to update on progress against the goals and monitoring framework below
- Report to the Health Protection Assurance Board in each of Northumberland and North Tyneside on an annual basis, or more frequently if needed or requested to do so.

Thank you

Co-authors:

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Strategy group members

Stakeholder focus groups

Survey respondents