

July 2008

*Social Partnership Forum*

**Tackling healthcare associated infections  
through workforce policies and practices:  
a partnership approach**

## Social Partnership Forum

# Tackling healthcare associated infections through workforce policies and practices: a partnership approach

The Social Partnership Forum brings together NHS Employers, trade unions and the Department of Health (DH) to discuss, debate and involve partners in the development and implementation of the workforce implications of policy. It is chaired by health minister Ann Keen MP and aims to promote partnership working at all levels of the NHS.

## Introduction

Tackling healthcare associated infections (HCAI) is a top priority for all NHS organisations. But to do so effectively they will need to look at their workforce policies and practices.

A workshop organised by the Social Partnership Forum looked at how HR policies and practices can be used to work towards lower infection rates and how barriers can be overcome.

Some of the more detailed discussions from the workshop have fed into the DH *Board to Ward* document ([www.clean-safe-care.nhs.uk/ArticleFiles/Events/286948-COI-BoardToWard.pdf](http://www.clean-safe-care.nhs.uk/ArticleFiles/Events/286948-COI-BoardToWard.pdf)). This summary aims to use the feedback from this workshop to give employers and trade unions a platform for discussion at local level about how human resources management and practice can help to reduce the impact of HCAs. It poses a number of questions which may be a helpful starting point for further work and discussion; it is not intended to be exhaustive as there will no doubt be additional areas for discussion locally.

“Tackling HCAs is a big challenge, but we have made real improvement. This is in large part due to the hard work and commitment of our staff across the NHS. This workshop demonstrated to me the huge enthusiasm and commitment to work together in partnership on this important area; but also the fact that from an HR perspective NHS and organisations have the HR tools they need, they need to make sure they are using them consistently and constructively.”

**Rt Hon Alan Johnson MP, Secretary of State for Health**

The top eight areas to consider are:

**Using the HR systems which are already in place, we just need to make sure we are using them to their potential.**

- Have you considered the existing policies you have and the possible inclusion of infection control references?
  - Knowledge and Skills Framework (KSF) core competency
  - Appointment interview questions around commitment to infection control
  - Induction
  - Appraisal and performance management
  - Disciplinary procedures
  - Have you audited your HR policies to assess their impact on key HCAI issues/targets?
  - Have you asked your managers for their input into the relevant HR policies and their implementation?

**Policies and procedures need to be followed across the organisation and will require monitoring and high-level involvement.**

- Does your board receive regular reports on HCAIs?
- Do you monitor different areas for trends on HCAIs and also compliance with infection control measures?
- Do managers feel tackling HCAI is a key part of their role as well as that of clinical staff?
- Is this included in their job descriptions and as part of the performance management processes?

**A consistent approach needs to be adopted across health economies.**

- Do you talk with other organisations within your local health economy about HCAI issues?
- Do you have an agreed consistent standard for implementing policies?
- Are there areas where your policies can be co-ordinated better or jointly developed?
- What are you doing to involve, inform and train your staff?
- What are you doing to involve, inform and train workers who are not employees – such as agency staff or those who are employed by contractors?

“The patient experience shows that healthcare associated infections are a real concern for them when going in to hospital. Reducing the incidence of HCAs must be a high priority to restore confidence in the NHS and the services it provides. Partnership working between employers, staff and trade unions at all levels is key to finding solutions to this problem. The Social Partnership Forum provides a useful model of how partnership working can work.”

**Karen Jennings, Head of Health, UNISON**

**A consistent approach to implementation is needed which ensures that all employees are treated in the same way.**

- Do your policies ensure equal treatment of staff if they fail to follow infection control procedures?
- Are they implemented by managers in a consistent manner across all groups and levels of staff
- Are you involving trade union partners in developing a fair system of implementation?

**Visible markers of change can be an effective way of communicating to the public and staff about how seriously this issue is taken.**

- Have you considered putting up signs showing your trust’s compliance with hand washing on a weekly/monthly basis?
- Do you tell the public and staff when an area has been newly cleaned – and link it to the fight against infections?
- Are your cleaning staff instantly recognisable and visible to the public?

**The board and senior management need to take the lead on HCAs.**

- Do you have regular board reports about HCAs in understandable language?
- Do they cover aspects such as compliance with mandatory training on infection control?
- Have you asked your non-executive directors and senior managers if they need any additional training or information about HCAs to fulfil their role?
- Does the board know what constitutes success and failure in fighting HCAs – and does it set and monitor targets on this?
- Does the board have access to the advice of infection control specialists?

The HCAI delegates heard from **Chief Nursing Officer, Christine Beasley**, who said the NHS has targets to halve the number of MRSA cases from 2003/04 by the first quarter of 2008 and reducing clostridium difficile cases by 30 per cent compared with 2007-08 by 2011.

“This will only be delivered if people across a whole health economy work together,” **said Ms Beasley**. “The real issue is making sure that absolutely everybody is involved. That is the big challenge. Most staff want to do the right thing – we need to make sure we are helping them in every way.”

### **Staff involvement is crucial – tackling HCAs should not be seen as the responsibility of just one group.**

- Do your staff know what their contribution to infection control should be?
- Is this discussed at staff meetings?
- Is it included in role objectives?
- Do you enable and take on board staff suggestions? e.g. improved changing rooms and laundering facilities so they don't wear uniform outside the hospital.
- Do staff feel empowered and supported to make improvements and to challenge bad practice?

### **NHS organisations need to create a learning culture so that lessons from any incident can be taken on board across the organisation.**

- How is learning from any HCAI incident – national or local – disseminated across the organisation?
- Does this reflect the multidisciplinary nature of the issues?
- Do you monitor outcomes and changes from this?
- Do you adopt a culture to encourage staff openness about genuine mistakes or problems and the opportunity to learn from them?

### **Top three suggestions for....**

#### **Board members**

- set an example to staff around how important this issue is – use hand gel when entering or leaving clinical areas and walk the wards to judge cleanliness and compliance
- make infection control a top agenda item for every board meeting, ensure you understand what is being reported and its implications and take action as needed.

- ensure that root cause analysis is used to investigate cases of HCAs and lessons are learnt from them.

## Managers

- translate what national and local targets on infection control mean to staff in your area and what they can do to help achieve it
- ensure staff – including bank and agency staff - are able to attend training on infection control and monitor who has not had training
- encourage an atmosphere where concerns are listened to and staff will be supported in questioning bad practice – even if it is a very junior member of staff tackling a senior member. Take a profession neutral approach – don't let some people get away with poor practices while others are questioned.

## Staff

- be aware of your role in infection control, what is required of you and take personal responsibility – for example, attending training or taking precautions to minimise the risk of transmission. For many, this will be included in job descriptions or the KSF framework. If there is a gap in knowledge or training, request help. The extra resources section lists some online tools you can access
- challenge other people who do not follow the organisations policies, procedures and good practice in HCAI control – the organisation should support you in doing this
- raise issues where you feel procedures could be improved or additional resources or facilities could make a difference to infection control.

“Tackling HCAs is a key issue for NHS organisations. Experience shows that this will be best achieved when employers, staff and trades unions work in partnership to tackle the problem.”

**Alastair Henderson, Acting Director, NHS Employers**

## Human resources

- audit HR processes and policies to ensure infection control is embedded from beginning to end
- adopt a developmental approach to accidental or unknowing breaches of procedures, offering staff extra training or advice – but implement appropriate punitive sanctions for cases of repeated non-compliance
- ensure that infection control is written into job descriptions – the KSF framework includes some aspects of it, but directly observed practice could be used for other members of staff, such as doctors, and for all new starters.

## Good practice

- Trusts which have dramatically reduced rates of HCAs – such as the Royal Wolverhampton – have used multi-faceted approaches including very public commitment from the chief executive and board, writing infection control into job descriptions, stressing that it is everyone's responsibility, and seeking to empower staff.
- Some trusts have used award ceremonies or other reward systems to highlight good examples on infection control and improvement. Infection control days could also raise awareness.
- KSF core competencies and directly observed practice can be used to assess core infection control competencies for all staff.
- Great Ormond Street Hospital for Children NHS Trusts Infection Control Team runs an Infection Control Educational Link Programme. The link programme includes an annual five day course in October each year which includes a one day food hygiene course and sessions on managing change, auditing processes, visits to the laboratory and evidence-based or good practice in infection prevention in the clinical practice. The aim of the programme is to heighten awareness in practical issues in infection prevention and control, review current literature, guidelines and local policies, reflect on outbreaks and incidents, and empower health care workers (HCW) to challenge bad practice and work towards improving surveillance of healthcare associated infection.
- Some trusts have encouraged friendly competition between areas by putting infection control and compliance rates up on public displays.

## Additional resources

[www.clean-safe-care.nhs.uk](http://www.clean-safe-care.nhs.uk) – online assessment and information for organisations

[www.dh.gov.uk/en/Publichealth/Healthprotection/Healthcareacquiredinfection/index.htm](http://www.dh.gov.uk/en/Publichealth/Healthprotection/Healthcareacquiredinfection/index.htm) – main Department of Health site on infection control

[www.infectioncontrol.nhs.uk/lms/nhs\\_splash/nhs\\_splash.asp](http://www.infectioncontrol.nhs.uk/lms/nhs_splash/nhs_splash.asp) – an online learning tool