



Policy Review

Date of Trust Board: 26th February 2009

Agenda Item: 18

Name of Policy:	Infection Prevention and Control	
Author by Title:	Name: Carol Harris	
	Title: Deputy Director of Nursing Tel: 0161 882 1061	
Enquiries to:	Lead Nurse, Infection Prevention and Control	
Date prepared:	February 2009	
Purpose of Policy:	Replaces policy number 7 Infection Prevention and Control Policy, November 2007	
Key Point/s:	<ul style="list-style-type: none"> • Outlines the principles and responsibilities associated with the prevention and control of infection in a health and social care setting shared with other employers. • Supports the Infection Prevention and Control Policies utilised by the 3 acute hospital sites occupied by MMHSCT. • Informs all members of Trust staff about the structure and activities of infection control within MMHSCT and defines roles and responsibilities. • Describe how staff members can access infection control advice. 	
Policy reviewed by:		
<i>Name of Committee:</i>	<i>Date:</i>	<i>Status:</i> <i>Approved/Rejected/Amended</i>
Operational Risk and Governance Committee	10/02/09	Approved
Infection Control Group	11/02/09	Approved
Implementation:		
Communication Plan:	Yes	
Training Plan:	Yes	
Implementation Plan:	Yes	
Equality Impact Assessment:	No	
Date for further review:	February 2011	
Recommendation:	To approve	

Name of Policy: Infection Prevention and Control

Changes for Board Approval as detailed below:

Current paragraph / section	Proposed paragraph / section

Manchester Mental Health and Social Care Trust
Prevention and Control of Healthcare Associated Infections

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Manchester Mental Health and Social Care Trust

Prevention and Control of Healthcare Associated Infections

1 Policy

- 1.1 Manchester Mental Health and Social Care Trust (hereafter referred to as MMHSCT) recognises the obligation placed upon it by The Health Act 2006 – Code of Practice for the Prevention and Control of Health Care associated Infections. MMHSCT supports the principle that infections should be prevented wherever possible or, where this is not possible, minimised to an irreducible level and that effective systematic arrangements for the surveillance, prevention and control of infection are provided within MMHSCT.
- 1.2 It is the policy of MMHSCT to include the individual responsibility of every member of staff to participate in the prevention and control of infection and to comply with their Health and Safety, Control of Substances Hazardous to Health (COSHH) and other legislation and regulations applying to the safe provision of health care.
- 1.3 This policy is designed to outline the principles and responsibilities associated with the prevention and control of infection in a health and social care setting shared with other employers. It has been prepared to support the Infection Prevention and Control Policies utilised by the 3 acute hospital sites occupied by MMHSCT.

2 Aim

- 2.1 The aim of this policy and accompanying procedures and guidelines apply to all members of staff employed by MMHSCT, Trust partners including host acute Trusts and Private Finance Initiative (PFI) partners / service providers, agency and bank staff contracted by MMHSCT.
- 2.2 This document informs all members of Trust staff about the structure and activities of infection control within MMHSCT and defines roles and responsibilities. It will also describe how staff members can access infection control advice.

The Policy is set out below under the 3 sections of:

Section A: Management Arrangements for Prevention and Control of Infection

Section B: Clinical Care Protocol

Section C: Health / Social Care Workers

SECTION A MANAGEMENT ARRANGEMENTS FOR PREVENTION AND CONTROL OF INFECTION

This section details the management arrangements for the Prevention and Control of Infection in Manchester Mental Health and Social Care Trust. A reporting structure is provided in Appendix 1.

1 Management arrangements overview

- 1.1 Management arrangements for MMHSCT structure for infection prevention and control are included in MMHSCT Infection Control Group Terms of reference. They are updated on an annual basis and approved and will be monitored by MMHSCT Board and Infection Control Group.
- 1.2 The annual programme for Infection Control will contain clearly defined objectives and identify priorities for action including an audit programme.
- 1.3 The progress report on the annual Plan will be incorporated within the Infection Control Annual Report.
- 1.4 Infection Control is incorporated within the governance framework of the localities through a Locality Infection Control group. The key functions of these groups are;
 - (a) To act upon surveillance information on alert organisms;
 - (b) To discuss untoward incidents of infection that have occurred within the locality / service area (hereafter 'locality' is used to represent service areas also) including Methicillin Resistant Staphylococcus *aureus* (MRSA) bacteraemias/outbreaks of infection and monitor implementation of lessons learned;
 - (c) To monitor local implementation and progress of the annual plan;
 - (d) To receive and action where necessary reports from the local services;
 - (e) To monitor compliance with training and audit and oversee action plans;
 - (f) To provide representation at MMHSCT Infection Control Group;
 - (g) To provide representation to the host Trust's Infection Control Committee.

2 Roles and responsibilities of named Individuals within MMHSCT.

- 2.1 The roles and responsibilities of named individuals within the organisation, with regard to their duty to protect patients from the risks of acquiring healthcare associated infection, are identified below in accordance with the Code of Practice, 2006 section 2.

3 The Executive Director of Nursing on behalf of the Chief Executive will;

- 3.1 Act as the Director of Infection Prevention and Control (DIPC)
- 3.2 Report directly to MMHSCT Chief Executive and the Trust Board on infection control issues.
- 3.3 Ensure that there is an appropriated constituted and functioning Infection Control Team and that resources and support is provided to support its activities.
- 3.4 Ensure that an annual infection control report is produced and circulated to the Trust Board and all managerial, medical and nursing leads.
- 3.5 Ensure that an annual infection control programme is produced and approved by the ICC.
- 3.6 Review the formal arrangements for infection control as required.

- 3.7 Ensure that there is an appropriate infection control group for MMHSCT.
- 3.8 Ensure that there is appropriate representation to the 3 acute Trust's Infection Control Committees.

4 The Lead Nurse for Infection Prevention and Control will:

- 4.1 Be responsible for the day-to-day co-ordination of infection prevention and control in MMHSCT.
- 4.2 Co-ordinate MMHSCT's work with the infection prevention and control services provided, through service level agreements by the acute Trusts on each hospital site.
- 4.3 Support and provide expert advice to the Executive Director of Nursing
- 4.4 Provide regular reports in line with MMHSCT's integrated governance framework and reporting arrangements.
- 4.5 Support the monitoring and the ongoing development of the service level agreements with all service providers relating to infection prevention and control including cleanliness and maintenance of the patient environment.
- 4.6 Evaluate regularly control of infection measures with a view to constant improvement within clinical practice and policies.
- 4.7 Participates and leads, on clinical trials/audits/surveys or equipment trials.
- 4.8 Advise and help develop action plans that impact outside of own professional sphere in planning for the care of a patient with an Infection Prevention and Control issue. (E.g. advising PFI partners).
- 4.9 Act as a change agent and recognise service needs taking a pro-active role in the development of services.
- 4.10 Maintain and develop the Infection Prevention and Control Liaison Network both internally and externally to the Trust ensuring benchmarking and best practice.

5 The Infection Control Team

- 5.1 MMHSCT's Infection Prevention and Control Team is made up of identified professionals via SLA arrangements and the Lead Nurse from MMHSCT. It is supported by identified roles within MMHSCT.
- 5.2 The Infection Control Team provides an infection control service to MMHSCT and reports to the Infection Control Group, which reports through the Operational Risk and Governance Committee to MMHSCT Board.
- 5.3 Members of MMHSCT Infection Control Team are listed below:
 - (a) MMHSCT's Lead Nurse for Infection Prevention and Control;
 - (b) 3 Acute Trust Infection Control Nurses via SLA arrangements;
 - (c) The Consultant Microbiologists from each acute Trust via SLA arrangements.

5.4 The infection Control Team is also supported by MMHSCT's own:

- (a) Modern Matrons from each service area;
- (b) Infection Control Link Nurses in each clinical area.

5.5 Key Responsibilities of the Infection Control Team:-

- 5.5.1 To make medical and nursing decisions on a 24 hour basis about the prevention and control of infection, providing advice to all grades of staff on the management of infected patients and other infection control problems;
- 5.5.2 To provide education and training on the prevention and control of Health Care Associated Infections (HCAI) to all staff sharing Manchester Mental Health and Social Care Trust workplaces;
- 5.5.3 To liaise with the Occupational Health Services on relevant staff health issues;
- 5.5.4 To liaise with clinical teams on the development of standards, audit and research;
- 5.5.5 To liaise with the PFI providers and trust partners on issues relevant to the prevention and control of infection within the Organisation;
- 5.5.6 To ensure that MMHSCT is updated on new or amended clinical protocols or changes in practice

5.6 MMHSCT Infection Control Team (as defined above) will;

- 5.6.1 Provide information and advice to all Trust staff, service users and carers about the management and prevention of healthcare associated infection (HCAI);
- 5.6.2 Produce and review and share all infection control policies and procedures, involving clinical teams as appropriate;
- 5.6.3 Provide education and training in infection control for Trust staff;
- 5.6.4 Advise upon infection control audits in specific locations or services within the Trust and assist with findings/recommendations;
- 5.6.5 Participate in developing a programme of infection control audits at ward/departmental/service level;
- 5.6.6 Contribute to the review and analysis of adverse incident reports relating to infection control and report these to the Infection Control Group;
- 5.6.7 Contribute to root cause analysis of adverse incidents relating to infection control issues;
- 5.6.8 Work with bed management and services to ensure appropriate placement of patients to minimise the risk of infection.

6 Locality Directors, Clinical Directors and Service Managers will;

- 6.1 Ensure that there are designated infection control leads that represent all areas of clinical practice within the Locality;
- 6.2 Oversee the application of this policy and associated procedures into their service;
- 6.3 Seek to ensure its implementation is undertaken within their management structure to maintain adequate prevention and control of HCAI;
- 6.4 Provide appropriate additional resources during outbreaks of infection within their locality;
- 6.5 Ensure that infection prevention and control is recognised within the locality governance structure;
- 6.6 Provide assurance that infection control surveillance, policies, training and audits are being adhered to within their locality.

7 Modern Matrons will;

- 7.1 Support the Infection Control Team;
- 7.2 Liaise closely with their managers, ward and department managers, host Trust Infection Control Nurses, other ICT members and other advisors to ensure the proactive prevention and control of infection as detailed in the relevant procedures;
- 7.3 Review controls following incidents and day-to-day adherence to safe work systems;
- 7.4 Maintain a regular programme of audit and inspection and oversee the implementation of action plans;
- 7.5 Represent MMHSCT's Infection Control Group at local monitoring meetings with support services.

8 Ward / Team and Departmental Managers will;

- 8.1 Ensure that infection control procedures are made known to all staff including agency and service providers and are implemented within their workplace;
- 8.2 Ensure via day to day supervision, safety inspection or incident investigation, or tasks involving risk of cross infection prevention and control are supervised effectively. Alternatively where the risk is assessed as high, this reported through DATIX and management and control measures are implemented.

9 Pharmacists will:

- 9.1 Monitor the use of and adherence to the host trust antibiotic policies;

- 9.2 Report monitoring or diversion from policies via DATIX incident reporting;
- 9.3 Participate in the audit of policies as agreed with the infection control team;
- 9.4 Report to the Chief Pharmacist for Manchester Mental Health and Social Care Trust on the above.

10 All health care workers including all clinicians and other service providers (including PFI partner staff) who come into contact with the clinical environment

- 10.1 All Trust staff are required to attend mandatory Trust Induction. All clinical staff or staff whose work exposes them to risks of infection must undertake annual update training in infection control;
- 10.2 Comply with the infection control policies and procedures especially in relation to hand hygiene;
- 10.3 Inform the Infection Control Team about any service user requiring isolation;
- 10.4 Inform the Infection Control Team of suspected outbreaks of infection;
- 10.5 Obtain advice from the Occupational Health Department if they have concerns about their risk of transmitting infection;
- 10.6 Participate actively in auditing infection control procedures in their ward/ department including audit of high impact interventions;
- 10.7 Report any adverse incidents relating to infection control via DATIX, MMHSCT's incident reporting System (HIRS) and inform their manager.

11 Policy for the transfer of patients

- 11.1 MMHSCT will use the Care Programme Approach and Standards for Admission and Discharge in relation to the admission, transfer discharge and movement of service users and this is available on MMHSCT Intranet;
- 11.2 When the Standards for Admission and Discharge are reviewed in March 2009, infection prevention and control considerations will be included. Until March 2009, where there is a known risk related to HCAI, MMHSCT will adopt the local host Trust policy for the transfer of patients.

12 Maintaining a Clean and appropriate environment for Health care.

- 12.1 The following actions are in place in order to minimise the risk of HCAI within the environment in accordance with the Code of Practice, 2006 section 4;
- 12.2 Arrangements are in place with each host Trust or the Local Authority to provide cleaning services and maintenance for the environment. The details of the service provider are maintained by Locality Directors / Service Managers;

- 12.3 Where host Trusts use external service providers, formal monitoring of the contracts is carried out by the host Trust, informed by locality monitoring meetings;
- 12.4 There are established cleaning schedules/planned preventative measures in place in each area, which form part of the contract and these, are monitored on an ongoing basis by the PFI partners and the Acute Trust's Monitoring Officers. Compliance to the schedules is monitored and reported on. Joint Monitoring meetings between MMHSCT & the service providers are held on a monthly basis in each Locality. Any operational issues regarding cleaning services are addressed via these forums;
- 12.5 Performance of the contracts are reported to MMHSCT Management Board by the Director of Estates and Facilities;
- 12.6 The manager within MMHSCT Estates and Facilities Department, with lead responsibility for new builds/refurbishment of existing facilities seeks advice on all new projects/schemes from the Infection Control Team;
- 12.7 Output specifications contained within the service level agreements with the host Trusts will include:
- (a) Planned preventative maintenance;
 - (b) Pest Control;
 - (c) Legionella Policy;
 - (d) Food Services;
 - (e) The supply and provision of linen and laundry to comply with current Health service guidance (HSG (95) 18).
- 12.8 The Director of Nursing undertakes the executive lead for decontamination of re-useable medical equipment;
- 12.9 There is a decontamination group that is a sub group of the Infection Control Committee;
- 12.10 The Chairperson of the Decontamination Group is a member of and reports to the host Trusts' Infection Control Committees. (See ICC Terms of reference)
- 12.11 MMHSCT participates in the national "Clean **your** hands" Campaign & "Think Clean" Events. Alcohol hand rub is available at the point of care (personal dispensers are best practise when caring for mental health patients for whom permanently-sited dispensers may pose a risk). Compliance with the NPSA Patient Safety Alert, September, 2008 will be audited in March 2009 and then in line with the audit programme.

13 Provision of information on HCAI to patients and the Public

- 13.1 All leaflets and written information available for the public and service users of Manchester Mental Health and Social Care Trust is located on MMHSCT Website, ward infection control notice boards and service user welcome packs. These are audited in line with the audit programmes;
- 13.2 Each Ward has an Infection Control Notice Board with information for the public including staff training, recent audits, and outbreaks. There is an agreed standard for the information provided and boards are audited every 6 months with recommendations made;

13.3 Information on the complaints procedure is available on MMHSCT's website.

14 Laboratory Support

14.1 Laboratory support is provided by the acute Trusts via the Infection Control Service arrangements. The laboratory is accredited (CPA) which means that it is a quality assured service and meets the satisfactory monitoring arrangements;

14.2 Laboratory policies for each acute Trust will be held with the host Trust's Infection Control Policies (a 'surveillance policy' that cross references this service) and this policy is available to staff within the locality via the infection control policy manual.

SECTION B: CLINICAL CARE PROTOCOLS

MMHSCT uses the clinical care protocols developed by each of the acute Trusts to ensure that the care provided to service users is consistent with that provided by the local infection control services that are provided via SLA arrangements.

In the event of a significant difference in practice across the 3 acute Trusts, the Lead Nurse for Infection Control will alert MMHSCT and recommend further actions.

1 Policies and Procedures

1.1 Infection control policies and procedures are available on the Trust Intranet via a link for each Locality;

1.2 Policies and procedures will reflect relevant current legislation, published professional guidance and best practice;

1.3 The policies and procedures will be produced in consultation with relevant professional groups within the acute trusts and endorsed by the acute Trusts' Infection Control Committees;

1.4 The policies will be authorised by the acute Trusts' own corporate arrangements. The Lead Nurse for Infection Control will then present these to MMHSCT Operational Risk and Governance Committee to recommend they are adopted;

1.5 The acute Trusts will review the policies every two years or sooner if legislation or guidelines change;

1.6 Policies will be audited in accordance with Annex 2 of the Code of Practice, 2006 (see Infection Control Audit Policy);

1.7 Clinical protocols and procedures will be developed by the acute Trusts and adopted for MMHSCT via the Infection Control Group;

1.8 Each Locality will use the host Trust antibiotic policies.

2 A list of the 12 core protocols are listed below;

The location of each protocol for each Locality is provided on the intranet under the Locality Infection Control link.

- 2.1 (1) Standard (Universal) Infection Control precautions
Hand Hygiene
Protective Clothing
Glove Policy
- 2.2 (2) Aseptic Technique: ANTT visual aid programme
- 2.3 (3) Major Outbreaks of Communicable Infection
- 2.4 (4) Isolation of Patients
- 2.5 (5) Safe handling and Disposal of Sharps
- 2.6 (6) Prevention of Occupational Exposure to BBV's and including prevention of sharps injuries
- 2.7 (7) Management of Occupational Exposure to BBV's and Post Exposure Prophylaxis
- 2.8 (8) Closure of wards, departments and premises to new admissions. (Viral Gastroenteritis Policy
- 2.9 (9) Disinfection Policy.
- 2.10 (10) Antimicrobial Prescribing
- 2.11 (11) Reporting HCAI to the health Protection Agency (HPA) as directed by the Department of Health (DH).
- 2.12 (12) Control of infections with specific alert organisms taking account of local epidemiology and risk assessment. (These must include, as a minimum, MRSA, Clostridium difficile Infection and Tuberculosis (including MDR TB).

- 2.13 Additional Clinical care protocols related to Infection Prevention and Control can found under the Locality links on the intranet.

3 Infection Control Audit

- 3.1 Regular monitoring of compliance with infection control policies will be reflected in The Infection control annual audit programme. The annual audit programme will include;
- 3.2 Audit of Infection Control core protocols/ policies (as defined in section 10 of the code of practice 2006);
- 3.3 Audit of infection control policies on the management of patients with MRSA/Clostridium difficile;
- 3.4 Audit of Surveillance programmes for MRSA/C. diff;
- 3.5 Programme of implementation of the High Impact Interventions (Saving Lives) local audits;
- 3.6 Audit of Hand Hygiene;
- 3.7 Audit of Environment;
- 3.8 Audit of Patient Shared Equipment;

- 3.9 Where appropriate Audit of ANTT (Aseptic Non-Touch Technique);
- 3.10 Audit of patient information leaflets;
- 3.11 Patient information leaflets to be audited (Patient IPC admission leaflets);
- 3.12 NPSA: Clean hands saves lives (ALERT September 2008);
- 3.13 Audit of sharp's management: Awareness, Equipment & Practice;
- 3.14 Audit of the evaluation of Infection Control Training given at MMHSCT.
- 3.15 Corporate /Locality action plans. Results and action plans from audit will be reviewed at locality or MMHSCT Infection Control Group as appropriate. A full report will be presented to the Infection Control Committee.

4 Surveillance

- 4.1 National mandatory surveillance and other appropriate monitoring of health care associated (HCAI) will be undertaken by the ICT;
- 4.2 Results of surveillance of alert organisms will be fed back to Clinicians;
- 4.3 The ICT will work with the Localities to interpret and act upon surveillance data.

5 Saving Lives Framework

- 5.1 The Trust will use the 'Saving Lives' framework to help to assess compliance within clinical practice;
- 5.2 Clinical leads/Directors, Matrons and Ward/Departmental Managers are taking local ownership to ensure that the High Impact Interventions (HII's) guidelines are incorporated into clinical practice and the templates will be used to guide clinical practice.

SECTION C: HEALTH / SOCIAL CARE WORKERS

1 Occupational Health Services

- 1.1 The Occupational Health Service will provide the following services to all Trust employees through a service level agreement:
 - (a) Healthcare screening for communicable diseases and relevant immunisations;
 - (b) Emergency treatment for staff exposed to health care infections and follow up treatment/care as appropriate/necessary;
 - (c) Identification and management of staff with hepatitis B, C, and HIV infected health care workers and restricting their practice as necessary in accordance with DoH guidance;

- (d) Participating in the control of outbreaks of infection that involve/have implications for health care workers;
- (e) Monitor and report the incidence of sharps injury to health care workers and be responsible for promoting safe practice including overseeing the use of needle stick prevention devices.

2 Training & Education for Trust Employees

Training Needs Analysis for Trust employees

- 2.1 All Trust employed staff must attend Infection Control training at Trust Corporate Induction. All Clinical / Social Care staff or staff whose work exposes them to risks of infection must undertake annual mandatory infection control training. MMHSCT staff who are required to attend infection control mandatory training are:
- (a) Medical staff (including Consultants);
 - (b) Nursing staff;
 - (c) Allied Healthcare Professionals;
 - (d) Social Care staff working directly with service users;
 - (e) Administrative staff who work directly with service users.
- 2.2 The acute Trusts require the following staff to attend annual infection control mandatory training. These staff provide services to MMHSCT via SLA arrangements with the acute trusts:
- (a) Estates and facilities staff employed through PFI / other providers;
 - (b) Laboratory staff.
- 2.3 The Localities / Services will be responsible for ensuring attendance at infection control training. Records of attendance must be collated by the infection control team and forwarded to MMHSCT Training Department for inclusion on the data base;
- 2.4 Numbers of attendees at infection control mandatory training are monitored and reported to MMHSCT Infection Control Group. Training figures (which include infection control figures) are collected by the Training and Education Services at Chorlton House and reported to the Operational Risk and Governance Committee on a bi monthly basis and to Board quarterly. The Training and Education Services at Chorlton House produce two reports: A compliance report which is run for a year's period as updates are required yearly and a monthly attendance report which is just the total of staff who have attended training for that month. Numbers of staff attending training are collated on a monthly basis;
- 2.5 Non attendance at mandatory infection control training sessions is followed up by the training department and the Locality management teams;
- 2.6 Evidence of completion of infection control mandatory training is checked at appraisal. All inpatient trained nursing and medical staff who have been identified as requiring ANTT skills are also updated and competency tested in Aseptic Non Touch technique;
- 2.7 Members of the Infection Control Team will have their personal and professional development plans agreed through their host Trust;

- 2.8 The Infection Control Team will produce information in the form of posters and leaflets;
- 2.9 The Infection Control Team will undertake infection control training of all Trust staff at induction and on an ongoing basis.

3 Policy Implementation

- 3.1 The Policy will be launched via members of the Infection Control Group and cascaded to multi-professional staff across the organisation;
- 3.2 The Policy will be available on MMHSCT Intranet.

4 Monitoring, evaluation, review and assurance

- 4.1 This policy will be subject to review every two years or more frequently if legislation or authoritative guidance changes;
- 4.2 The Infection Control team will review and evaluate its activities and performance in line with the Code of Practice.

5 Strategy

5.1 The NHS Executive Definition of risk management is as follows:

“Identifying all risks which have potentially adverse effects on the quality of care and the safety of patients, staff and visitors; assessing and evaluating these risks; and taking positive action to eliminate or reduce them.”

- 5.2 Incident Management underpins a basic part of the Risk Management Framework for Manchester Mental Health and Social Care Trust. It is important as part of the incident reporting process that incidents and serious untoward incidents are investigated in a consistent way. Additionally, where untoward events have been managed satisfactorily, lessons need to be shared within the organisation to ensure that the same kinds of errors are not a recurring feature in our services. The Trust (as part of its investigation process for Serious Untoward Incidents) will use Root Cause Analysis (RCA) techniques to identify key areas of learning for the organisation, and will identify systems failures, key events and human error where apparent;
- 5.3 The management of the risk of infection will follow this pattern.
- 5.4 Appendix 1 provides an overview of the strategy for infection prevention and control.

6 Risk Assessment

- 6.1 Manchester Mental Health and Social Care Trust has implemented a comprehensive integrated process of incident and serious incident reporting. The DATIX system is the electronic system that all incidents are reported on, and it is in turn linked to the NPSA. The electronic system is managed through the Governance Team all incidents are recorded and reported on one Trust wide electronic incident reporting form. The

form is used to report all incidents, serious untoward incidents, near misses, major incidents and identified risks to safety.

- 6.2 The Trust has a standard approach to clinical risk assessment and risk management, described in The Policy for Clinical Risk Management and Assessment on the Trust intranet.
- 6.3 Clinical risks associated with HCAI will be identified through this process.

Appendix 1

[meeting map to be inserted]

Appendix 2

Infection Control Strategy

