

Document Details		
Title		Infection Prevention and Control Arrangements and Responsibilities Policy
Trust Ref No		1338-76559
Local Ref (optional)		
Main points the document covers		This policy sets out the arrangements and responsibilities for infection prevention and control (IPC) in the organisational structure and the operational systems and assurances which are in place in order to ensure IPC is facilitated and communicated within the Trust.
Who is the document aimed at?		All staff
Author		Associate Director of Infection Prevention and Control
Approval process		
Who has been consulted in the development of this policy?		This policy has been developed by the IPC team in consultation with appropriate senior Operations and Quality managers, Locality Clinical Managers, Specialist Nurses, Medicine Management and United Kingdom Health Security Agency
Approved by (Committee/Director)		Infection Prevention and Control Committee
Approval Date		2 August 2022
Initial Equality Impact Screening		Yes
Full Equality Impact Assessment		N/A
Lead Director		Director of Nursing and Allied Health Professionals Director for Infection Prevention and Control
Category		Clinical
Sub Category		Infection Prevention and Control
Review date		June 2025
Distribution		
Who the policy will be distributed to		IPC Governance Group Members
Method		Electronically to IPC Governance Group Members and available to all staff via the Trust website
Document Links		
Required by CQC		Yes
Key Words		IPC, IPC Roles, DIPC, Governance
Amendments History		
No	Date	Amendment
1	October 2020	General review and update
2	June 2022	General review and update

1	Introduction.....	1
2	Purpose	1
3	Definitions.....	1
4	Duties	2
4.1	The Chief Executive.....	2
4.2	Director of Infection Prevention and Control	2
4.3	Medical Director.....	2
4.4	Director of Governance.....	2
4.5	Director of Finance	3
4.6	Head of Infection Prevention and Control	3
4.7	Infection Prevention and Control Nurses and Doctor	4
4.8	Deputy Directors/Associate Directors of Nursing and Operations, Heads of Nursing and Operations/Head of Nursing and Professional Practice (Corporate), Service Delivery Group Manager (TeMS and Outpatients)	5
4.9	Locality Clinical Managers/ Clinical Service Managers	5
4.10	Managers and Service Leads	5
4.11	Hotel Services Lead and Domestic Supervisors for Community Hospitals	5
4.12	Infection Prevention and Control Link Staff	5
4.13	All Staff	6
4.13.1	Trust Board.....	6
4.13.2	Quality and Safety Committee	7
4.13.3	Infection Prevention and Control Governance Group.....	7
4.13.4	Shropshire and Telford Health Economy Infection Prevention and Control and Antimicrobial Prescribing Group.....	7
4.13.5	Patient and Public Engagement.....	7
5	Approval and Review of IPC Policies	8
6	Developing the Annual IPC Programme of Work	8
7	Selection Process for the Annual IPC Audit Programme	9
8	Communication of Infection Prevention Information	10
9	Consultation.....	11
10	Approval Process	11
11	Dissemination and Implementation.....	11
12	Advice.....	11
12.1	Training	11
13	Monitoring Compliance.....	12
14	References	12
15	Associated Documents	13
16	Appendices	13
	Appendix 1 – Infection Prevention and Control Governance Structure.....	13
	Appendix 2 – Infection Prevention and Control Team Structure	14

1 Introduction

Infection prevention and control (IPC) is an important component of any programme or initiative that improves the quality of patient care, the occupational health of staff and the safety of visitors to healthcare premises. It is the intention of the Infection Prevention and Control team working within Shropshire Community Health NHS Trust (SCHT) to promote the prevention and control of infection within all healthcare facilities.

2 Purpose

The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance (Revised July 2015) requires Shropshire Community Health NHS Trust to have robust arrangements in place to prevent and manage such incidents.

This policy sets out the arrangements and responsibilities for IPC in the organisational structure and the operational systems and assurances which are in place in order to ensure IPC is facilitated and communicated within the Trust. This is monitored by the adherence to standards set out by the Care Quality Commission (CQC).

3 Definitions

Term / Abbreviation	Explanation / Definition
ADIPC	Associate Director of Infection Prevention and Control
CCDC	Consultant for Communicable Disease Control
CCR	Clinical Case Review
CQC	Care Quality Commission
CSM	Clinical Service Managers
DH	Department of Health
DIPC	Director of Infection Prevention and Control
HCAI	Healthcare-Associated Infection(s)
IPC	Infection Prevention and Control
IPCG	Infection Prevention and Control Governance Group
IPS	Infection Prevention Society
LCM	Locality Clinical Managers
MRSA	Meticillin Resistant <i>Staphylococcus aureus</i>
NHSE/I	NHS England/ NHS Improvement
NICE	National Institute for Health and Care Excellence
PHE	Public Health England
PIR	Post Infection Review
PLACE	Patient-Led Assessments of the Care Environment
Q and S	Quality and Safety
QIT	Quality Improvement Tools
RCA	Root Cause Analysis
SCHT	Shropshire Community Health NHS Trust
SDG	Service Delivery Group
SIP	Service Improvement Plan

4 Duties

4.1 The Chief Executive

The Chief Executive has overall responsibility for ensuring infection prevention and control is a core part of Trust governance and patient safety programmes.

Responsibility for IPC is embedded at all levels of the organisation, led by the Chief Executive delegated through the Director of Nursing and Allied Health Professionals, Director for Infection Prevention and Control.

4.2 Director of Infection Prevention and Control

IPC is in the portfolio of the Director of Nursing and Allied Health Professionals, who is also the Director for Infection Prevention and Control therefore they have the lead executive director responsibility for IPC and will delegate responsibility for IPC to the Associate Director of IPC who will delegate local operational responsibilities to Service Managers and Leads.

Key roles as the Director of Infection Prevention and Control (DIPC) are:

- To be an integral member of the Trust's clinical governance and patient safety teams and structures
- To report directly to the Chief Executive and the Board
- Approve resources that are required to finance IPC activities, staffing and the management and control of outbreaks of infection
- To ensure the organisation is compliant with the Care Quality Commission Standards and the infection prevention and control legislation.
- To ensure adherence is maintained to the Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance (Revised July 2015). This is a priority for the Trust and therefore the IPC Annual Programme is based on the 10 Criterion identified in The Act and will ensure compliance with government guidelines and HCAI targets.
- To chair a multi-professional Executive-led IPC Committee (IPCC) to advise and support the IPC team.

4.3 Medical Director

The Medical Director will:

- Maintain the performance of medical staff in the area of IPC and HCAI and intervene if necessary.
- Ensure that IPC is included in the annual performance review of all medical staff.
- Ensure all medical staff attend IPC induction and training updates.
- Antimicrobial lead

4.4 Director of People

The Director of People will:

- Ensure all staff job descriptions contain explicit reference to IPC responsibilities
- Ensure all Service Delivery Leads and Locality Managers job descriptions contain explicit reference to IPC accountability and responsibilities

- In collaboration with the IPC team, support the Trust meet their mandatory training requirements by including IPC and hand hygiene in core mandatory training and supporting the Trust to use e-learning IPC programmes to update staff.

4.5 Director of Finance

The Director of Finance will:

- Advise on resources that are available centrally to finance IPC activities, staffing and the management and control of outbreaks of infection

4.6 Associate Director of Infection Prevention and Control

The Associate Director of Infection Prevention and Control will:

- Deputise for the DIPC
- Chair the IPC Governance Group
- Lead on decontamination
- Ensure the Trust makes a formal assessment against the criteria in the Code on an annual basis or, if necessary, more often. From this an annual IPC programme of work will be developed.
- To ensure effective arrangements are in place for the provision and management of an appropriate IPC service including policy production, surveillance, outbreak management and facilitation, an audit programme lead by the IPC team, education and training.
- Ensure IPC maintains a high profile in the organisation.
- Be an integral member of the organisation's clinical governance and patient safety teams and structures, providing regular reports and decision briefings to the IPCG Group, IPCC, Quality and Safety Committee and Trust Board.
- Self-assess the Trust's performance and compliance of the IPC elements of CQC Essential Standards of Quality and Safety and on-going monitoring of its implementation.
- Work with the DIPC, the IPC team and other relevant staff to formulate an annual IPC programme. This programme will take account of the requirements to comply with the Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance (Revised July 2015).
- Co-produce an IPC Annual Report and release it publicly.
- Manage the IPC team.
- Inform the Chief Executive and DIPC of any serious problems or issues relating to IPC.

And with assistance from the IPC team will:

- Oversee local control of IPC policies and their implementation.
- Be responsible for the development of and IPC Strategy and Annual IPC Programme and oversee implementation.
- Challenge inappropriate clinical hygiene practice.
- Challenge inappropriate and antibiotic prescribing decisions (assisted by clinical pharmacists and pharmacy technicians).

- Assess the impact of all existing and new policies and plans on IPC and make recommendations for change.
- Produce an Annual Report on the position of Healthcare-Associated Infection (HCAI) prevention in the organisation and release it publicly on the Trust website.
- Ensure that all healthcare personnel working within the scope of this policy are aware of the rationale and responsibility to maintain high standards of IPC at all times.
- Ensure Infection surveillance data and feedback results are collated, analysed and interpreted to relevant parties in order to improve patient safety and quality of care and reduce mortality and morbidity.
- Audit compliance with IPC policies, protocols and findings are disseminated to appropriate groups.
- Ensure IPC Training is accessible to all staff relevant to their role/needs of the Trust.
- Aspire to maintain thresholds of HCAs and therefore harm to patients is minimised with optimum outcomes.
- Improve patient experience by providing the highest possible standards of IPC management within the limitation of available resources

4.7 Infection Prevention and Control Nurses and Doctor

The Infection Prevention and Control Nurses and Doctor are responsible for the facilitation of infection prevention initiatives, policy and guidance, which includes:

- Provision of specialist IPC advice and support, including antimicrobial stewardship.
- Identification, control and management of outbreaks in collaboration with the Consultant for Communicable Disease Control (CCDC) and outbreak control group as appropriate.
- Surveillance of organisms capable of causing disease.
- Developing and revising evidence based IPC policies and guidelines in line with relevant Department of Health (DH) notifications and/or national guidelines.
- Reviewing and monitoring practice through IPC audit and recommend improvements based on current best practice and national guidance.
- Ensuring the provision of education to all grades of staff working within the scope of this policy and in accordance with the Trust's Training Needs Analysis.
- Ensuring link staff meet on a regular basis with each local team and ensuring that the link staff roles and responsibilities are reviewed annually, escalating with their manager if three out of four meetings a year are not attended.
- In liaison with other relevant staff, ensuring appropriate information is available to patients and the public about the Trust's processes and arrangements for preventing and controlling infections. Such information will be made available via a variety of media including the Trust's website, posters, leaflets and IPC notice boards.
- Ensuring liaison with the Occupational Health Department with regard to staff health and transmission of infectious disease.

4.8 Deputy Directors/Associate Directors of Nursing, AHPs, Operations, Heads of Nursing and Operational Service Delivery Group Managers

Are accountable in their areas of responsibility for performance management in relation to IPC and providing assurance that improvements and actions identified are addressed. They will also ensure that IPC is a standing agenda item at Divisional Quality and Safety groups meetings. Locality Clinical Managers/ Clinical Service Managers

Locality Clinical Managers (LCMs) and Clinical Service Managers (CSMs) are responsible for ensuring the implementation of IPC policies within their direct area of responsibility. Where remedial action to minimise risk, following assessment, audits or inspections is required, they will ensure the allocation of appropriate resources for the correction of the hazardous/ineffective procedures within their department. Provide IPC compliance reports to IPCG Group which includes a review of IPC performance indicators, outbreak reports and service improvement plans.

The LCM/CSM's will ensure that all services/areas have designated IPC link staff and provide quarterly reports to IPCG.

LCM / CSMs will ensure that IPC advice is sought at the earliest stages of service change and development and any proposed alterations and upgrades to property or premises.

4.9 Managers and Service Leads

Responsible for ensuring that systems are in place to ensure that IPC policies, practices and guidance are carried out reliably within their area of responsibility; completion and return of service improvement plans (SIP) following IPC audits and IPC self-audits; local investigation of infection and highlighting areas of practice or the environment which presents a risk to patient safety. Service and Team leads also have a responsibility to ensure that all staff attend the relevant and mandatory IPC training and support link staff to attend IPC meetings.

4.10 Hotel Services Lead and Domestic Supervisors for Community Hospitals

Accountable for the implementation of the SCHT Community Hospital Cleaning Policy including monitoring compliance; lead on the annual Patient-Led Assessments of the Care Environment (PLACE) inspections and responsible for the submission of a summary of the report to IPC.

4.11 Head of Estates

Responsible for ensuring and assuring that all Estate and Facility activities are compliant with IPC policies, practices and with local and National guidance, including statutory guidance as part of the NHS Premises Assurance Model (PAM). Highlight and promptly raise to the ADIPC and/or DIPC, areas of Estates, Facilities and the associated environment which presents a risk to patient safety or IPC. Advise and liaise with ADIPC and IPC team at the earliest opportunity regarding Estates and Facilities refurbishment, development or of any proposed alterations and upgrades to property or premises. Following assessment, audits or inspections, they will ensure that any Estates and Facilities actions or improvements are actioned to minimise IPC risk and ensure IPC compliance. Attend and produce reports for IPCG, IPCC and Water Safety Group (WSG) as required for assurance purposes and in accordance with the NHS PAM and IPC Annual Programme. Deputise for the ADIPC at WSG. Ensure the provision of key roles with regard to IPC and Estates complaint with NHS PAM including:

- Ventilation lead
- Ventilation Authorised Engineer
- Water Safety Authorised Engineer

4.12 Infection Prevention and Control Link Staff

Responsibilities include:

- To help create and maintain an environment which will ensure the safety of patient/clients, their relatives and other health care workers using evidence based infection prevention and control knowledge to reduce the risk of infection.
- To act as a resource in their clinical area, and to liaise with the IPC team and line manager on matters relating to IPC.
- Challenge poor IPC practice.
- To act as a role model for colleagues.
- Roll out IPC initiatives locally.
- Attend IPC link staff quarterly meetings and the link staff annual study day.
- Facilitate the undertaking of IPC self-audits in area of work as per the self-audit programme (see appendix 1 in the Trust's IPC annual programme).
- Assist with the development and implementation of service improvement plans (SIPs) within the clinical area.
- Disseminate information from IPC meetings and study days at departmental meetings with IPC as a standing agenda item.
- Oversee Hand Hygiene Assessments for the clinical area.
- Act as promoter and assessor for Check to Protect in the clinical area.
- Review IPC Roles and Responsibilities annually.
- Community Hospital IPC Link Staff are to review admissions weekly to ensure MRSA admission screening has been completed

4.13 All Staff

All employees are personally accountable for their actions and responsible for ensuring that they:

- Comply with IPC policy, understanding their legal duty to take reasonable care of their own health and that of colleagues and service users.
- Are responsible for identifying infectious conditions and circumstances that may lead to outbreaks of infection which require specific controls to protect themselves or their patients or others.
- Are responsible for notifying their line managers and IPC team of such circumstances.
- Ensure that they utilise safe working practices as outlined in IPC policies.
- Are aware that any breach in IPC policies or practice will place staff, patients and visitors at risk and subsequently the completion of a Datix clinical incident form will be required and manage any actions to improve performance to avoid a breach re-occurring.
- Attend mandatory IPC training.
- Challenge poor IPC practices.
- Familiarise themselves with, and as much as possible comply with, the Community Antibiotic Prescribing Policy, reducing unnecessary prescribing.

4.13.1 Trust Board

The Trust Board is responsible for the strategic review and implementation of the Trust's IPC arrangements to comply with The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance (Revised July 2015). This

IPC Arrangements and Responsibilities Policy

includes an IPC Governance Structure (Appendix 1), IPC team structure (Appendix 2) and the annual IPC programme and annual IPC report. This responsibility is delegated to the IPC Committee as a sub-committee of the Board.

4.13.2 Infection Prevention and Control Committee

The IPC Committee (IPCC) is responsible for ensuring the robustness of IPC systems and processes and behaviours that stand up to scrutiny and thus provide assurance to the Trust Board in compliance with The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance (Revised July 2015). The IPCC will approve the IPCG Terms of Reference and the IPC Annual Report. In addition IPCC receive the IPC annual programme and quarterly IPC reports. The IPCC will be notified of all IPC policies approved by the IPCG Group.

4.13.3 Infection Prevention and Control Governance Group

Responsible for ensuring the Trust has effective processes in place for the prevention, identification and management of all infection risks and thus provide assurance to the IPCC. This includes:

- Developing, monitoring and reviewing an assurance framework for the prevention of HCAI and providing reports on progress and concerns through the integrated governance structure.
- Supporting the IPC team in implementing IPC policy and practices
- Approving reports submitted by Operational Leads ensuring compliance with IPC behaviours and practices thus providing assurance to IPCC and Board that the Trust operates and is compliant with the Code, policy and practices.
- Approving and overseeing all IPC policies, protocols and initiatives.
- Approving and recommending implementation of Trust wide protocols.
- Supporting developments and approving the IPC annual programme.
- Promoting education of all healthcare workers relating to IPC.
- Reviewing and sharing lessons learnt from IPC, Post Infection Review (PIR), Root Cause Analysis (RCA), Clinical Case Review (CCR) and related incidents.
- Reviewing and sharing lessons learnt from IPC outbreaks of infection and related incidents.

4.13.4 Shropshire, Telford and Wrekin Integrated Care System Infection Prevention and Control and Antimicrobial Prescribing Group

The purpose of the Shropshire, Telford and Wrekin ICS Infection Prevention and Control and Antimicrobial Prescribing Group is to ensure a system wide approach to understand current IPC and antimicrobial issues; review actions and level of assurance; and work together to ensure a joint approach to the control of infectious diseases and prevention of infection across Shropshire, Telford and Wrekin ICS.

4.13.5 Patient and Public Engagement

Patients, volunteers and visitors play an important part in the control and prevention of HCAI. To enable them to do so the Trust will:

- Ensure that patients and the public are involved where appropriate in decision making relating to IPC.
- Incorporate aspects of IPC including hand hygiene and cleanliness into patient surveys.

- Use national literature to promote hygiene messages and inform patients of the initiatives being taken forward across the organisation in relation to IPC.
- Ensure the PLACE team consists of at least 50% of patient representatives.
- Provide information leaflets.

The IPC team will:

- Develop patient/volunteers/visitor literature as necessary to inform them of risks of infection and actions to mitigate these risks. Printed versions will be made available in service areas or for download from the Trust website.
- Attend patient and public involvement meetings where necessary to update them on the local and national position relating to infections.
- Ensure a patient representative receives minutes and agendas of IPCG Groups.
- Deliver IPC training to members of the patient panel and volunteers as appropriate.

5 Approval and Review of IPC Policies

- The Trust Board delegates a responsibility for the approval of IPC policies to the IPCG Group, their approval will then be notified to the IPCC.
- All IPC policies will be reviewed at least every 3 years or earlier if new national guidance and/or evidence is published.
- IPC policies which require revision, or are new, will follow the route below:
 - Draft or redraft by, or in liaison with, the IPC team
 - Circulation and appraisal/addition of comments by appropriate services managers/leads (e.g. Community Nurse Teams leaders, Ward Managers, clinical leads, advisors/specialists and external agencies as required e.g. UKHSA)
 - Amendments as necessary
 - Final draft to the IPCG Group for approval
 - Amendments as necessary
 - Approval notified to the IPCC
 - Publish on the Trust website
- The IPC team will read and comment on clinical care policies/protocols through representation on the Trust's Clinical Policies Sub Group where all clinical policies are approved.

6 Developing the Annual IPC Programme of Work

- The IPC team will develop an IPC team Annual Programme of Work. The IPC Annual Programme is aligned with the 10 criteria in the Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance (Revised July 2015).
- The content of the Programme will be influenced by the following:
 - Trust priorities
 - Recommendations from audits and inspections performed by the IPC team, clinical teams Internal Audit Department or professional bodies
 - Local, regional or national surveillance
 - Key Performance Indicators

- Recommendations from local, regional or national incidents or outbreaks
- New/revised Department of Health directives/guidance – including National Institute for Health and Care Excellence (NICE)
- New/revised expert advice
- Lessons learnt from IPC related incidents and outbreaks
- Recommendation from Care Quality Commission and External Agencies e.g. NHSE/I, UKHSA
 - Progress of the IPC team's Annual Programme of Work will be monitored at IPCG Groups and reported to the Q and S Committee.
 - The IPC Annual Report which details activities from the annual programme of work and will be produced each year, and presented and approved by IPCC in July each year, followed by presentation by the DIPC to the Trust Public Board Meeting.

7 Selection Process for the Annual IPC Audit Programme

The annual IPC Audit Programme is based on ensuring that all IPC policies are reviewed at least every 3 years. Dependent upon service provision and audit results, individual practices may be audited more frequently, for example in-patient areas are considered to be higher risk for HCAI and therefore a Prevention of HCAI audit or SIP revalidation is undertaken quarterly by an IPC nurse in these areas.

In accordance with recognised best practice and DH guidelines, key policies which represent a higher risk to patient safety if they are not implemented will be audited at increased frequencies, these include:

- Hand hygiene
- Environmental cleanliness
- Equipment cleanliness
- Isolation (includes prevention of *Clostridioides difficile* infections (CDI))
- Invasive medical devices including urinary catheters and intravenous cannulae

The Trust's IPC Annual Programme of Work will be monitored by the IPCG Group by the following mechanism:

- Regular exception reports based on the annual programme of work
- Identification and monitoring IPC key performance indicators to ensure activities of IPC are effective across the Trust
- Production of an IPC Annual Report

The Trust's IPC Annual Programme of Work will be monitored by the IPCG Group by way of:

- Monitoring alert organisms.
- PIR/ RCA and CCR investigations following Meticillin Resistant *Staphylococcus aureus* (MRSA) bacteraemia, *Clostridioides difficile* infections and outbreaks of infection.
- Results of independent reviews.
- Results of key performance in IPC and decontamination and/or providing early warning of risks at all levels of the organisation.

- Results of audits undertaken by the IPC team and services' self-audits including those based on the DH Saving Lives High Impact Interventions and also the DH/Infection Prevention Society Quality Improvement tools (IPS QIT).
- Compliance and improvements with selected IPC policies including MRSA admission screening, hand hygiene, environmental and equipment cleanliness.
- Attendance at IPC training in accordance with the Trust Training Needs Analysis.
- Receipt of an IPC Annual Report.

The IPC Annual Report will contain summary information on the following:

- Surveillance data including compliance with local infection objectives.
- A review of reported serious incidents (SI) including recommendations made on measures taken to prevent recurrence.
- A review of any outbreaks of infection declared.
- Progress of the annual IPC programme of work.
- IPC policy development and review.
- Provision of education and training.
- IPC audit results.
- A review of the IPC Link Staff work.

In addition monitoring will also be evidenced through:

- Audit of sample of new Job Descriptions by Human Resources and Workforce.
- Minutes of meetings including Trust Board, Q and S Committee, IPC Committee and IPCG Group.
- IPC Annual Report available to the public.

Learning will be by sharing the knowledge gained from PIR, CCR and or RCAs, SIs, IPC audits including self and peer assessed audits, with relevant staff groups using a variety of methods such as reports, posters, group sessions and individual feedback.

8 Communication of Infection Prevention Information

- Information will be generated through surveillance data and following reviews of CCRs, PIRs and RCAs.
- Infection prevention information will be communicated through Directors and SDG Managers.
- Communication with Service Leads will occur regularly through membership of the IPCG Group.
- Members of the IPCG Group will develop a robust system of communicating information to the areas they represent.
- Communication with Service Leads will occur regularly through dissemination of information via the IPC Link staff.
- New/revised policies/guidelines requiring dissemination to services will be sent via a Datix alert to managers by the Trust's Risk Manager.

- HCAI Surveillance data will be communicated to Directors thorough the monthly performance report.
- Outbreaks will be communicated as per the IPC Outbreak Policy.
- Patient and public information will be made available on the IPC pages of the Trust website. Information will be reviewed for accuracy by ADIPC and DIPC prior to release.
- Staff IPC information will be made available on the Staff Intranet..
- IPC Team will produce an IPC monthly newsletter distributed to all Trust staff.
- All media inquiries will be referred to the Communications Team.

9 Consultation

This policy has been developed by the IPC team in consultation with appropriate Locality Clinical Managers, advisors/specialists (e.g., Medical Advisor, Specialist Nurses, Medicine Management), UKHSA and IPC Governance Group members.

10 Approval Process

The IPC Governance Group members will approve this policy and its approval will be notified to IPCC.

11 Dissemination and Implementation

This policy will be disseminated by the following methods:

- Managers informed via Datix who then confirm they have disseminated to staff as appropriate
- Staff - via Team Brief and Inform
- Awareness raising by the IPC team
- Published to the Staff Zone of the Trust website

The web version of this policy is the only version that is maintained. Any printed copies should therefore be viewed as 'uncontrolled' and as such, may not necessarily contain the latest updates and amendments. When superseded by another version, it will be archived for evidence in the electronic document library.

12 Advice

Individual Services' IPC Link staff act as a resource, role model and are a link between the IPC team and their own clinical area and should be contacted in the first instance if appropriate.

Further advice is readily available from the IPC team or the Consultant Microbiologist.

12.1 Training

Managers and service leads must ensure that all staff are familiar with this policy through IPC induction and update undertaken in their area of practice.

In accordance with the Trust's mandatory training policy and procedure the IPC team will support/deliver training associated with this policy. IPC training detailed in the core mandatory training programme includes Standard Infection Control Precautions and details regarding key IPC policies. Other staff may require additional role specific essential IPC training, as identified between staff, their managers and / or the IPC team as appropriate. The systems for planning, advertising and ensuring staff undertake training are detailed in the Mandatory Training Policy and procedure. Staff who fail to undertake training will be followed up according to the policy.

Further training needs may be identified through other management routes, including CCR, RCA and PIR, following an incident/infection outbreak or following audit findings. Additional ad hoc targeted training sessions may be provided by the IPC team.

13 **Monitoring Compliance**

Compliance with this policy will be monitored as follows:

- Hand hygiene will be audited in accordance with the Hand Hygiene Policy and via peer Hand Washing Assessments.
- Cleaning standards within community hospitals will be monitored in accordance with the Publicly Available Specification (PAS) 5748 framework.
- Environmental and patient equipment cleaning will be monitored as part of local routine cleanliness audits.
- Audited locally using the HCAI Prevention audits undertaken by the IPC team and by staff as self-audits as part of the IPC audit programme.
- Additional periodic auditing and self-audits by clinical teams.
- The IPC Governance Group will monitor compliance of the cleanliness audit scores and the IPC team audit programme.

Numbers of staff undertaking IPC training, which includes Standard Infection Control Precautions, will be by the Locality Clinical Managers and reported to IPCG Group.

As appropriate the IPC team will support Services' Leads to undertake IPC CCRs/RCA and PIRs. Managers and Services' Leads will monitor subsequent service improvement plans and report to the IPCG Group.

Knowledge gained from CCR/RCA/PIR and IPC audits will be shared with relevant staff groups using a variety of methods such as reports, posters, group sessions and individual feedback.

The IPC team will monitor IPC related incidents reported on the Trust incident reporting system and, liaising with the Risk Manager, advise on appropriate remedial actions to be taken.

14 **References**

Department of Health (2002) Getting ahead of the curve. A strategy for combating infectious diseases (including other aspects of health protection). London

Department of Health (2003) Winning ways. Working together to reduce Healthcare Associated Infection in England. Report from the Chief Medical Officer. London

Department of Health (2004a) Towards cleaner hospitals and lower rates of infection: A summary of action. London

Department of Health (2004b) Competencies for Directors of Infection Prevention and Control. London

Department of Health (2007) Saving Lives: a delivery programme for reducing healthcare associated infection (HCAI) including MRSA. London

Department of Health (2010) Health and Social Care Act 2008: Code of Practice care on the prevention of and control of infections and related guidance. London

Department of Health (2010) Health and Social Care Act 2008: Code of Practice care on the prevention of and control of infections and related guidance (updated 2015). London

Infection Prevention Society and NHS Improvement (2017) High Impact Interventions: care processes to prevent infection. Seafield

NICE (2012) Infection: Prevention and Control of healthcare associated infections in primary and community care. <http://guidance.nice.org.uk/CG139>

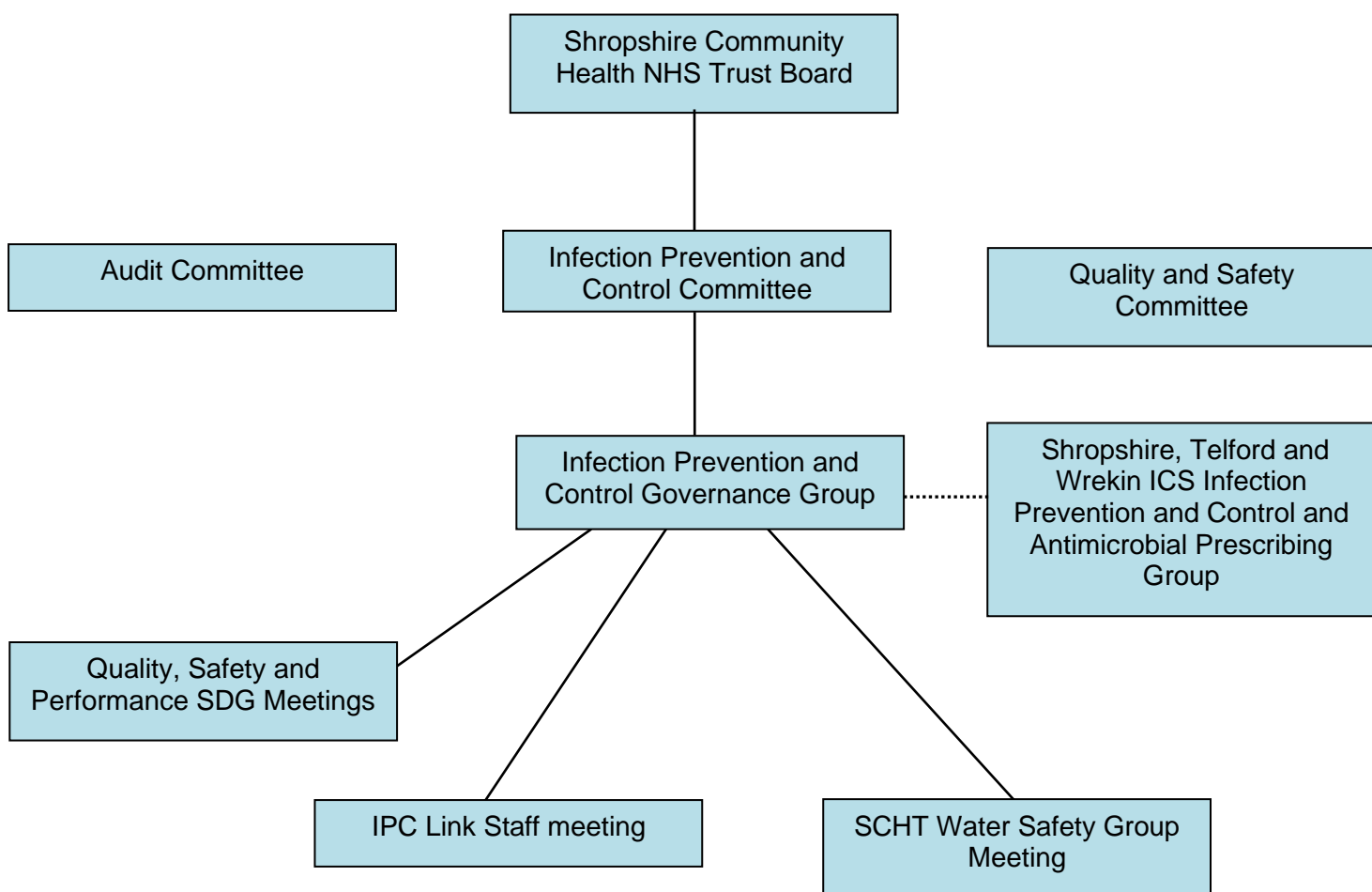
15 Associated Documents

This policy should be read in conjunction with all Trust IPC Policies and Appendices.

16 Appendices

Appendix 1 – Infection Prevention and Control Governance Structure

Shropshire Community Health NHS Trust Infection Prevention and Control Governance Structure



Appendix 2 – Infection Prevention and Control Team Structure

**Shropshire Community Health NHS Trust
Infection Prevention and Control Team Structure**

