

Title:	Infection Prevention & Control Assurance Framework
Purpose:	To ensure that employees of Norfolk & Suffolk NHS Foundation Trust are aware of the framework that gives infection prevention and control assurance, and they understand their responsibility in the prevention and control of healthcare associated infections.
Approved By Date:	Infection Prevention & Control Committee March 3 rd 2017
For Use By (Area/Staff):	Trust wide
Consultation	Infection Prevention & Control Committee
Version	Version 1 (March 2017)
Published Date:	This assurance framework will be publicised to all staff on the Trust intranet and be available to the general public via the NSFT Website.
Review Date:	March 2019
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Review and Amendment Log

Version Number	Reasons for Development/Review	Date	Description of Change(s)
V1	Review	13/02/2017	Amendments to duties

1. Introduction

- 1.1. Norfolk & Suffolk NHS Foundation Trust (NSFT) recognises the importance of protecting service users, staff and visitors from infections, and supports the need for effective arrangements for surveillance, prevention and control. Infection prevention and control is an essential part of an effective risk management and governance for the delivery of high quality care.
- 1.2. The Health and Social Care Act 2008 requires all Trusts to have clear arrangements for the effective prevention, detection and control of healthcare associated infection (HCAI). This document confirms the assurance framework for infection prevention and control in NSFT; setting out the systems by which the Trust routinely checks that it is maintaining full compliance with key documents including The Code of Practice on the prevention and control of infections and related guidance (July 2015).
- 1.3. It will outline the arrangements by which Norfolk and Suffolk NHS Foundation Trust (NSFT) intends to prevent and control infection risks by identifying:
 - 1.3.1 The key collective duties and responsibilities required to ensure that the risks of healthcare associated infection (HCAI) are minimised.
 - 1.3.2 The reporting mechanisms to ensure that the Infection Prevention and Control Committee (IPAC committee), the Quality Governance Committee and the Trust Board of Directors receive relevant reports about infection prevention and control matters, with attached organisational flow chart demonstrating the assurance route. (Appendix 1)
 - 1.3.3 That responsibility for infection prevention and control is embedded at all levels of the organisation.
 - 1.3.4 Effective arrangements are in place for the provision of an infection control service including policy production, surveillance, education and audit led by the Director of Infection Prevention and Control (DIPC) and the Infection Prevention and Control Nurses, in collaboration with Modern Matrons, Operational Managers and supported by the Local Infection Prevention and Control Supporters (LIPACS).
 - 1.3.5 Infection control advice is provided by a suitably qualified and resourced team, which includes the DIPC with administrative support.
 - 1.3.6 Effective arrangements are in place for microbiology laboratory support that facilitates prompt processing and reporting on clinical specimens sent for investigation.
- 1.4. This document also describes the ways in which service users and carers can gain assurance that risks are being properly managed and can scrutinise the ways in which the Trust strives to fulfil its stated corporate objectives, to:-
 - Provide clean, safe care
 - Comply with the Health and Social Care Act 2008; Code of Practice for the prevention and control of infection (DH 2015)
 - Minimise risks to service users
 - Improve the public health of the communities we serve.
- 1.5. All healthcare personnel working within the scope of this assurance framework are aware of the rationale for, and responsibility to, maintain high standards of infection control at all times.

2. Duties

The following paragraphs outline the main accountabilities and duties of post holders.

2.1. Chief Executive

2.1.1 The Chief Executive has ultimate accountability for the provision of high quality, safe and effective services within NSFT. This responsibility includes ensuring that the prevention and control of infection is a core part of the Trust's clinical governance and patient safety programmes, and that there are effective and adequately resourced arrangements for infection prevention and control within the organisation.

2.2. The Director for Infection Prevention and Control (DIPC)

2.2.1 The DIPC reports directly to the Chief Executive and Trust Board of Directors, and is responsible for the quality of the infection prevention and control practices within NSFT. The DIPC ensures that the Board of Directors and the Executive Team receive assurance on processes in place to prevent HCAs and receive prompt notification of any concerns. Acting as chair of the IPAC committee, the DIPC is responsible for ensuring that the Committee discharges its duties in line with the terms of reference. The DIPC has responsibility for ensuring that the Trust has core infection prevention and control policies in place as required under the Health and Social Care Act 2008 Code of Practice, and that their implementation is both monitored and audited. The DIPC is responsible for the strategic co-ordination of infection prevention and control activities; making recommendations on the impact of all existing and new policies and plans on preventing infection.

2.2.2 The DIPC is responsible for producing an annual report collating the outcomes of the IPAC annual work plan and IPAC activities. The purpose of this report is to provide assurance of compliance with the Health and Social Care Act 2008 Code of Practice and is to be presented to the Trust Board of Directors and made available to the public on the Trust internet website.

2.2.3 The DIPC has responsibility for ensuring adequate resources, systems and policies are in place for effective cleaning and disinfection of the environment and safe decontamination of reusable medical devices. The DIPC has responsibility for ensuring a comprehensive plan is in place for the delivery of safe, high quality water in buildings owned or operated by NSFT.

2.3. Infection Prevention and Control Committee

2.3.1 NSFT Infection Prevention and Control Committee will monitor the operational effectiveness of policies and procedures relating to infection prevention and control and ensure national guidance is implemented. The main duties of the Committee are to: advise, support and report to the Quality Governance Committee on matters relating to IPAC that affect the management and provision of services. The IPAC committee receive reports from the IPAC team, advise on and approve infection prevention and control policies, develop the annual work plan, monitor its progress, assisting as relevant in its implementation, and review the annual report.

2.3.2 Provide a high level and operational forum to oversee and monitor the reporting and review of infection incidences, root cause analysis and serious incidents, ensuring that recommendations arising and organisational learning is implemented as required. Ensuring that identified risks are escalated and recorded on the corporate risk register as appropriate.

2.3.3 Approve patient and public information such as leaflets for specific infections or general infection prevention advice. Evaluate and monitor compliance rates with infection prevention and control mandatory training.

2.4. The IPAC Nurse Team

- 2.4.1 These roles provide specialist knowledge and advice on matters pertaining to infection prevention and control. The team has primary responsibility for all aspects of surveillance, prevention, and control of infection. Duties include the provision of clinically led infection prevention and control service for directly provided services across the Organisation and providing advice to independent providers as required.
- 2.4.2 The IPAC nurse team are responsible for the production of an annual work plan, the review and implementation of robust local policies, protocols and guidelines as required under the Code of Practice and in accordance with national evidence based practice. The IPAC nurse team are responsible for devising and reviewing infection prevention and control education resources for Trust staff in conjunction with the Workforce Development team.
- 2.4.3 The IPAC nurse team duties include providing suitable information to patients and the public about the organisation's general processes and arrangements for preventing and controlling healthcare associated infection via patient information leaflets made available on the wards, in the community and via the Trust internet.
- 2.4.4 Reviewing and reporting on audit data produced and submitted by services to ensure compliance with national guidance and local policies. Working in partnership at all levels within the Trust to ensure that all services provided by NSFT can deliver high quality infection prevention and control practices from clean and safe premises and comply with the Health & Social Care Act 2008 requirements. The IPAC nurse team are responsible for identifying and reporting areas of non-compliance and providing support and guidance to assist with compliance. Identifying and alerting the Trust to changing priorities if and where necessary.
- 2.4.5 Reviewing and responding appropriately to adverse incidents or near misses relating infection prevention and control, and working closely with the Occupational Health service
- 2.4.6 IPAC nurse responsibilities include the provision of advice on the contracting and monitoring process for clinical services e.g. laundry, domestic services. Advising on infection prevention in the built environment, advising on the purchase & decontamination of medical devices and all products relating to infection prevention & control related products.
- 2.4.7 The IPAC nurse team are responsible for liaison with other providers in the wider health economy as relevant e.g. Acute & Community Trust, Public Health England, Clinical Commissioning Groups. Attending local, regional and national events as appropriate to influence local and national policy formation in relation to infection prevention & control.
- 2.4.8 The IPAC nurse service operates from 09.00-17.00hrs Monday to Friday from the Trust Headquarters.

2.5. Medical Director

- 2.5.1 The Medical Director is responsible for ensuring that medical staff are aware and understand their responsibility in complying with infection prevention and control policies and procedures. The Medical Director is responsible for ensuring that Clinical Directors work with senior nurses in their area and are aware of their accountability for delivery of the safe, effective care that seeks to prevent infection and supports the Trust annual infection prevention and control programme.
- 2.5.2 The Medical Director is responsible for ensuring medical colleagues support and participate in infection prevention and control incident and case reviews, ensuring Organisational learning occurs to mitigate risks where possible. Clinical Directors are responsible for

acting as role models for junior medical staff, ensuring through the performance and appraisal system their adherence to policies, procedures and guidelines on the prevention and control of infection, including adhering to the Trust Antimicrobial Stewardship guidance and CCG led prescribing formularies for antibiotics.

2.5.3 The Medical Director and Clinical Directors through the medical management structure are responsible for ensuring that annual infection prevention control is complemented and additional training needs are identified as appropriate.

2.6. **Director of Nursing**

2.6.1 Through the nursing management structure the Director of Nursing is responsible for ensuring infection prevention and control policies are followed and that nursing and allied health professionals understand and fulfil their accountabilities for the provision of care in a clean, safe environment, enforcing this framework by developing and fostering a culture that embraces high standards of infection prevention.

2.6.2 The Director of Nursing through the Deputy Directors of Nursing and Matrons is responsible for ensuring that the clinician in charge of a patient care area at any time has direct responsibility for ensuring that cleanliness standards are maintained throughout their shift of duty. Ensuring clinical staff are aware of their individual requirement to communicate infection risks and that these risks are documented, prioritised with action plans formulated and delivered.

2.7. **Director of Strategy and Resource**

2.7.1 The Director of Strategy and Resource is responsible for the ensuring robust systems, processes and adequate resources for the delivery of domestic and maintenance services. Ensuring appropriate resources and adequate arrangements are in place to support outbreak management.

2.7.2 Ensuring high standards of service delivery through robust monitoring arrangements of performance; seeking to achieve high standards of cleanliness in the patient environment. Where maintenance services is under contract the Director of Strategy and Resource is responsible for ensuring safe well maintained buildings through the monitoring of planned preventative maintenance programmes and review of contractors responses to incidences in the clinical environment.

2.8. **Modern Matrons/Head of Clinical Practice**

2.8.1 These are key roles in the delivery of quality improvement for patient care. The matron role is to work in partnership with Clinical Directors and Locality Operational Management to deliver the locality governance agenda. Within the governance agenda there is requirement to ensure that infection prevention and control is embedded in their areas of service; Matrons have a key role in delivery of this requirement.

2.8.2 Matrons are responsible for monitoring compliance with IPAC through daily observation and awareness, promptly reporting defects in environments to relevant domestic and estates personnel and escalating accordingly.

2.8.3 Ensuring that there are adequate arrangements for infection prevention and control in their areas and that risks are appropriately assessed, actions monitored and improvements implemented. Ensure representation at IPAC meetings and the IPAC and Quality Governance Committees.

2.8.4 Ensure IPAC policies and procedures are implemented across their area of responsibility and the prompt reporting of accident, incident, omission or suspected infection or outbreak.

2.9. **Directors of Operations, Locality Operational Management**

- 2.9.1 Ensuring infection prevention is embedded in all areas of their service delivery; this includes ensuring their services support the Local Infection Prevention and Control Supporter programme.
- 2.9.2 Operational managers are responsible for ensuring that infection prevention is incorporated into plans when services are being reviewed or developed. Ensuring through effective line management that staff within their services undertake infection control education as per Trust requirements. Ensuring that infection prevention risks are assessed, actions monitored and improvements implemented.
- 2.9.3 Operational managers are required to ensure that infection prevention and control is incorporated into job descriptions and ensuring Trust staff within their sphere of management has awareness of and ability to access infection prevention and control policies, and that staff are aware of their duties as outlined in this document.
- 2.9.4 Out of hour's operational management has primary responsibility for the management of suspected outbreaks, for example diarrhoea and vomiting using procedural guidance available. Operational management has responsibility to place patients appropriately within the inpatient settings to prevent/minimise the spread of infection.

2.10. **All Trust employees**

- 2.10.1 Have responsibility to abide by this framework. All staff have a responsibility to adhere to policies, procedures and guidance for the delivery of safe, effective, evidence based practice for infection prevention and control.
- 2.10.2 Duties include ensuring the prompt reporting of accident, incident, omission or suspected infection or outbreak. All staff have a duty to act on and report at the earliest opportunity conditions or incidents that may be deemed infectious to others, for example communicable/notifiable diseases and resistant organisms.
- 2.10.3 All Trust staff are required to complete mandatory Infection Prevention and Control training as directed by the Trust mandatory training requirements. Requirements are IPAC education at induction, with annual update for staff with direct patient care, three yearly updates for non-direct patient care staff
- 2.10.4 All staff have a responsibility to protect patients by undertaking procedures correctly every time, for every patient.

2.11. **Occupational Health Provider**

- 2.11.1 The Occupational Health (OH) provider has responsibility to work closely with DIPC and the IPAC nurse team to advise staff on infectious diseases and the impact these may have on the work environment. To provide screening for communicable disease, relevant immunisation and advice, as and when necessary, and at times of infection outbreaks involving staff.
- 2.11.2 The OH provider has responsibility to risk assess, and provide emergency treatment within working hours for staff, contractors and visitors who are exposed to blood and body fluid. The OH provider has a duty to follow up NSFT staff following occupational exposure to blood and body fluid in accordance with agreed protocol and national evidence based practice. The OH provider has a responsibility for reporting to IPAC incidents required to be reported under the RIDDOR framework.
- 2.11.3 The OH provider has responsibility to work with the IPAC nurse team where the control of outbreaks of infection has implications for NSFT employees.

2.12. Local Infection Prevention and Control Supporters (LIPACS)

2.12.1 Following initial training delivered by the IPAC team, which is updated annually, the LIPACS duties include acting as a role model, champion and monitor of best practice.

2.12.2 Responsibilities include being a visible advocate for IPAC in their local team; enabling individuals and teams to learn & develop IPAC practice, and acting as a local communicator for IPAC. Supporting local and organisational audit processes, including actively participating in data collection and dissemination of audit findings.

3. Assurance Reporting Arrangements

3.1 All commissioners of NSFT services require regular reporting in line with contract requirements. These will include hand hygiene, environment, practice and antimicrobial usage audit reports, information on 'alert' organisms and outbreaks and a copy of the Infection Prevention and Control Annual Report and plan. The aim is to provide assurances on improvement and any actions required to drive the reduction of HCAI across the health economy. Information is submitted following approval by the IPAC committee and/or the Board of Directors.

4. Performance Monitoring

4.1 Quality Assurance for Infection Prevention and Control is assured by the compliance with the Health and Social Care Act (2008). Measuring performance on the Trust's processes will incorporate both proactive and reactive monitoring systems, including key performance indicators, risk registers, performance outcome reviews, attendance at Infection Prevention training and/or undertaking e-learning and utilisation of incident investigations and complaints processes to improve clinical care and patient and staff safety.

4.2 The Infection Prevention and Control Committee will produce an annual work plan and annual report for approval by the Board of Directors. The report will incorporate progress made against the plan over the previous twelve months, identifying actions and resource requirements for the following year. The plan will be updated to reflect new government guidance and reviewed on an annual basis. Progress against the plan will be monitored by the IPAC committee with updates to the Quality Governance committee.

4.3 The Trust Board of Directors will evaluate the effectiveness of Infection Prevention and Control systems annually through the annual report and the annual programme and compliance with the Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance (DH 2015). Effective monitoring will support the successful delivery of the Trust's infection control programme and will be open to internal and external scrutiny. Successful delivery of the programme will require clear, strong and effective communication at all levels within the organisation. Executive and non-executive directors are required to support the programme and seek assurance regarding progress at Trust Board of Directors. All senior managers and senior clinical staff must be aware of the programme and ensure that they and their staff are aware of their responsibilities within the programme. The IPAC Committee will co-ordinate the collection of evidence to ensure compliance with all external assessments required for NSFT.

4.4 Activities to demonstrate performance and that infection prevention is an integral part of clinical and corporate governance include the regular reporting from the DIPC and/or the IPAC nurse team to the Quality Governance Committee; incorporating in the report a review of infection incidences of alert organisms such as *Clostridium difficile* and MRSA, conditions, outbreaks of infection and Serious Incidents relating to infection prevention and control.

5. Monitoring Compliance

5.1 Compliance will be monitored by receiving reports of clinical incidents involving breaches of the policy, i.e. needle stick injury. Receiving reports on staff completion of and/or attendance at infection prevention and control and clinical skills training which is relevant to individual's role. Review, analysis and disseminate information acquired via audits as itemised in the annual audit plan, for example hand hygiene, environmental, practice audits antimicrobial prescribing and act upon findings as required and agreed via the infection prevention and control committee.

6. Supporting Information

Department of Health (2015) *Health & Social Care Act 2008 –Code of Practice on the prevention and control of infections and related guidance Revised July 2015*

