

			<p>Indicators (KPI) report</p> <p>Healthcare acquired infections and associated data are included in monthly KPI reports.</p>	Performance reports
		Chief Executive Officer	<p>Accountable Officer for IPC within the Trust</p> <p>Meets with the DIPC & Infection Prevention Sub-committee monthly (IPSC)</p> <p>To deliver a clear communication strategy in which the corporate messages are consistent and public confidence is high.</p>	<p>MRSA, MSSA and Gram-negative bacteraemia and <i>C. difficile</i> objectives are monitored against trajectory through IPCT surveillance data and reporting processes</p> <p>Staff and patient satisfaction surveys</p>
		Medical and Nursing Directors	Visible clinical leadership setting targets for compliance with policy and clinical standards.	Compliance with policies, training rates, competency assessments
			Sets an agreed framework for monitoring standards in clinical practice in partnership with the DIPC	Compliance with Saving Lives care bundles Competency frameworks

			<p>Establish compliance monitoring through performance and governance frameworks</p> <p>Provision and training of Personal Protective Equipment</p>	<p>Organisational frameworks and reporting structures</p> <p>Staff learning profiles</p>
		HR Director	<p>IPC statements are included in all job descriptions</p> <p>Education and training strategy incorporates IPC for mandatory training and role development</p> <p>All staff and contractors have the training in IPC to fulfil their roles and responsibilities.</p> <p>Occupational Health and Wellbeing (OHWB) supports compliance with the IPC agenda.</p>	<p>Training needs analysis</p> <p>Compliance rates with mandatory training incorporated into directorate metrics and corporate KPI's</p> <p>OHWB provides reports to the IPSC and an annual report</p>
		Finance Director	<p>Business case proforma identifies IPC risks and benefits</p> <p>Monitor cost benefits of infection reduction measures</p>	<p>Productivity tool, antibiotic prescribing,</p>

				screening, cohort wards
		Non-Executive	Personal knowledge enables contribution and challenge to debate	

<p>Patient safety and reduction of HCAI's is intrinsic to service development and delivery of care</p>	<p>Provide assurance of compliance with local policies, clinical standards and duties of the hygiene code</p>	<p>Care Group Managers/Directors/ Heads of Nursing/Clinical Professions.</p> <p>Service Line Manager/ Clinical Directors/Matrons</p>	<p>Clear understanding of infection data for each area and specialism within the Care Groups and Service Lines to identify trends and hotspot areas.</p> <p>IP&C to be included in the agenda at Care Group and Service Line meetings</p> <p>Work with the IPCT to interpret data and inform priorities to agree actions and time scales.</p> <p>Undertake Post Infection Reviews (PIR) to establish the root cause all HCAI of concern, blood stream infections and infection associated deaths to identify infection risks. Actions and outcomes are monitored</p>	<p>Infection rates for each specialty</p> <p>Terms of Reference & attendance included in Service Line meetings</p> <p>Reported through Trust Incident Reporting Mechanism</p>
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	<p>Demonstrate that infection risks are identified, prioritised and acted upon</p>		<p>at directorate & governance meetings and reported to the IP&C Board</p> <p>A matrix / dashboard of HCAI and cleaning indicators is reviewed at least monthly at Service line meetings and reported for inclusion within trust board KPI's</p> <p>Compliance with Clinical standards is reported monthly and individuals identified as accountable for delivery of actions.</p> <p>PIR Lead is identified and learning/ actions implemented in accordance with policy and guidelines</p> <p>Staff receives training on IPC and clinical skills appropriate to their role. Complete training needs analysis to support service delivery plans</p> <p>Infection prevention and control is included in service plans and service line meeting agendas</p>	<p>Environmental Audits, Infection rates, Policy audits, compliance with High Impact Interventions and Care Bundles, Isolation compliance, Training attendance</p> <p>Improvements in compliance. Changes to practice. Risks managed and reported on risk register where not resolved.</p> <p>PIR available with evidence of learning from incidents recorded</p> <p>Training Needs Analysis, training records, E-learning data base for IPC</p>
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<p>To provide leadership and promote a zero tolerance culture for infection</p>	<p>Ensure compliance with IPC and antibiotic prescribing policies</p> <p>To exclude avoidable infections</p>	<p>Consultants (Medical and Non-Medical)</p>	<p>Receive and act upon infection control data and take actions to reduce infections</p> <p>Participate in identification of infection risks and lead or be involved in the PIR and investigations following an infection, bacteraemia or infection associated deaths. Report actions and outcomes and root cause to the governance board.</p> <p>Undertake monitoring of clinical practice outcomes and review clinical skill competencies of junior staff.</p>	<p>Specialty and consultant specific data</p> <p>Governance reports</p> <p>Training records</p>
			<p>Ensure IPC policies, procedures and guidance are applied consistently across the clinical team.</p> <p>Ensure junior medical staff receive appropriate training in IPC and aseptic techniques</p> <p>Support and provide education for junior doctors in applying and adhering to antibiotic prescribing policies</p>	<p>Audit data</p> <p>Compliance / attendance records, training logs</p> <p>Antibiotic prescribing audits</p>
<p>Ensure that high standards of IPC and evidence based practice are</p>	<p>Demonstrate high levels of compliance with Hygiene code, IPC policies and</p>	<p>Ward / Department managers</p>	<p>Receive infection rates and data for the clinical area and with the support of the IPCT. Interpret and share this information with the ward team. Plan required actions to implement necessary changes</p>	<p>Ward infection rates</p>

<p>applied to all aspects of care delivery</p>	<p>clinical protocols</p>		<p>Identify hotspots and risks associated with infection and related clinical practice by using PIR's and provide reports for the DIPC & Service Line meetings</p> <p>Implement appropriate Saving Lives Care bundles</p> <p>Monitor compliance with Saving Lives bundles and IPC policies. Report results and actions to Service Line meetings and ward team.</p>	<p>Reports</p> <p>Data available on database and results displayed on ward where patients and visitors can view them</p>
			<p>Undertake environmental audits, implement actions and report to directorate board and ward team</p> <p>Each clinical area has a nominate Infection Prevention and Control Link Practitioner (IPCLP) who has a minimum of 2 hours per week allocated to fulfil this role</p>	<p>Audit data</p> <p>Duty rotas and IPCL portfolio</p>

<p>Ensure that high standards of IPC and evidence based practice are applied to all aspects of care delivery</p>	<p>Consistently apply policy and best practice for care delivery.</p> <p>Understand your role and contribution to reducing infection</p>	<p>All clinical staff</p>	<p>Understand the infection risks within the ward and patient group.</p> <p>Identify and act on individual patient s Clinical Alerts – electronic and clinical records</p> <p>Apply IPC guidelines on every occasion i.e. hand hygiene, aseptic technique, environmental and clinical equipment cleaning, safe management of sharps and correct use of Personal Protective Equipment.</p> <p>Compliance with Dress code when working in any clinical environment, including Bare Below the Elbow.</p> <p>Participate in monitoring of clinical practice against trust guidance, and review of care delivery.</p> <p>Confident of correct practice and able to challenge or intervene to avoid poor practice.</p> <p>Ensure you have received appropriate training for your role and you apply best practice on each episode of patient care.</p> <p>Ensure information is recorded and shared appropriately within clinical teams to enable successful transfers of care</p>	<p>Local infection data</p> <p>Hand hygiene, Saving Lives High Impact Intervention audits</p> <p>Compliance audits</p>
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			<p>Work in a safe environment which is clean, tidy and uncluttered. Decontaminate equipment between patient use and apply the appropriate decontamination label.</p> <p>Antibiotic Stewardship is applied consistently</p>	<p>Environmental and decontamination audits. Cleaning logs</p> <p>Prescribing audit</p>
Responsible for ensuring premises and facilities are fit for purpose - clean and maintained in a good physical state of repair.	Ensure health service guidance relating to cleaning, decontamination, laundry and disposal of waste is implemented within the organisation	Director of Site Services	<p>Work in collaboration with IPCT and clinical teams to deliver effective IPC.</p> <p>Safety groups for the Safe management of Water, Safe management of Ventilation systems and Cleanliness Assurance group, and Decontamination Steering Group to include IPCT and Matron representation and Service Line managers as required</p> <p>Monitor revised guidelines and advise on changes in practice, disseminate information across the trust</p>	<p>Terms of reference, attendance records and meeting notes</p> <p>Notifications and Policy</p>
	Ensure that where physical changes are to be made to clinical areas or development of new builds, - IPC policy and the IPCT are integral to design		IPCT are consulted re any building works or new builds.	All building specifications and contracts include required IPC works
	Compliance with		Hotel Services contracts are monitored for	At least quarterly reports

	the duties of the hygiene code is demonstrated through evidence		compliance to agreed quality standards and reported at infection control and performance committees	
			Estates staff receives appropriate induction and on-going training relevant to the sphere of work.	Training log, performance reports
			Planned preventative maintenance program is monitored through the performance framework and risks identified and reported through Safety & Quality sub-committee.	Performance reports
			Compliance with duties of the hygiene code are reported through the infection control committee	Compliance with the hygiene code

Take individual responsibility to ensure working practice is safe.	For clinical environments to meet the agreed standards	Hotel Services Staff	<p>Use agreed process and protocols at all times</p> <p>To ensure that they use appropriate equipment to undertake cleaning effectively and report any failures through managerial structure</p> <p>Participate in monitoring environmental standards and levels of cleanliness with clinical and domestic teams.</p> <p>Personal protective equipment is used in accordance</p>	<p>Compliance with cleaning standards</p> <p>Ward audits, Annual PLACE inspections</p>
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			<p>with Trust policies</p> <p>To receive training in cleaning techniques and cleaning products appropriate to the role.</p> <p>IPCT will support the content of the training for the Domestic staff via the Serco training provision</p>	Training logs
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To provide assurance that patients are safe from avoidable HCAI's		DIPC via the IPSC chaired by the nominated Executive lead	<p>To personally present HCAI reports and information to the Trust Board.</p> <p>Provide the Trust board, CEO and Lead Executive for HCAI's information on the infection risks and actions required to mitigate risks.</p> <p>Chair Infection Control Committee (ICC)</p> <p>Ensure infection data is available and interpreted across all levels of the organisation</p>	<p>Board reports</p> <p>Action Plans</p> <p>Terms of Reference and attendance at ICC</p>
Provide IPC advice and expertise to inform strategic planning and support operational delivery.	To provide high quality information and interpretation of infection rates and surveillance data appropriate to teams across the	Infection Prevention & Control Team	Provide advice and guidance on corporate policy, prioritisation of risks, actions and resource implications.	Compliance with the hygiene code

	organisation.		<p>Provide advice and support to the DIPC on all aspects of infection control within the organisation</p> <p>Ensure that IPC guidelines are evidence based and easily available within the organisation and is applied consistently</p> <p>Provide support and advice at patient, ward, Service line and corporate level on data interpretation, priorities, and risks and focus action.</p> <p>Provide advice and support and guidance on PIR's, and subsequent actions.</p> <p>Advise and support the planning of care for patients with complex infection control needs</p> <p>Contribute to all service development, planning or new build including isolation or cohorting facilities.</p>	<p>Current evidence based policies</p> <p>Reports to ICC</p>
			<p>Ensure engagement in the development and monitoring of cleaning standards</p>	<p>Environment audit tool</p>

	Deliver regular planned IPC training across all disciplines within the organisation.		<p>Deliver training as part of induction and thereafter as on-going training which is fit for purpose to meet the competency needs of all staff i.e. Clinical, Ancillary, Temporary and substantive</p> <p>Provide specific training and support for Infection Prevention and Control Link Practitioners (IPCLP) and clinical champions in their role in the clinical area</p> <p>Attend IPSC, providing reports and expert contribution</p>	Training Logs
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Provide a robust framework to support the analysis of HCAI's and actions for reduction.	Support Service Line teams in undertaking PIR's of any infection, bacteraemia and infections associated deaths	Risk Team	Ensure all external reporting requirements are met	PIR for Bacteraemias & Reports to Clinical Commissioning Group
			Train and guide clinical teams in undertaking PIR's based on the Root Cause Analysis theory and incorporates the SBAR methodology for infections, bacteraemia and infection associated deaths.	Training log
			Guide Service Line teams to identifying IPC risks, perform risk assessments and maintain risk registers to inform corporate risk registers.	Risk register

To implement tools and re-design delivery process to enhance patient safety and reduce infections	Implement tools and service development to reduce infection	Service Improvement team	To support implementation of relevant IPC tools & measures	
	Review patient pathways with specific emphasis on patient safety		To train staff in audit and observational techniques to enable monitoring of policy and practice compliance	Training logs
			Work with clinical teams to review the patient journey and clinical interventions to reduce patient safety risks and enhance the quality of care delivery.	Implementation of tools to support pathways
			With information lead and clinical teams identify the mechanisms for capturing the effects of system and practice change.	Improvement charts
To provide assurance that patients are safe from avoidable HCAI's	To provide assurance to the Trust Board re compliance with the Hygiene Code	Governance Team	Review compliance against the hygiene code, identify actions to meet compliance, report to the board on compliance and risks.	Compliance submission and sign-off

Take individual responsibility to ensure working practice is safe.	Take personal responsibility to ensure that you are aware of what you can do to prevent and reduce infections and promote cleanliness	All Staff	Understand your responsibility in relation to infection control and preventing and reducing infections Compliance with Dress code when working in any clinical environment, including Bare Below the Elbow.	
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			<p>Ensure hand hygiene is undertaken correctly and you have received training and assessed.</p> <p>Personal protective equipment is used in accordance with Trust policies and you are trained in its correct use</p> <p>Make sure your work environment is kept clean, tidy and uncluttered.</p> <p>Attend mandatory training and updates.</p>	<p>Compliance audits</p> <p>Compliance audits</p> <p>Environmental audits and Annual PLACE assessment</p>
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3 Instructions for Use and Management

This policy should be referenced in all job descriptions and appraisal documents and a copy should be kept with the Hygiene Code on all wards and departments. A second copy should be kept for information in the Orange ward Equipment Folder.

4 References

The Health Act 2006: Code of practice for the prevention and control of healthcare associated infections Department of Health updated 2015

5 Review and Revision

This policy should be reviewed in line with the trusts policy review document or when significant guidance is received from external agencies e.g. Care Quality Commission.

6 Audit & Monitoring

This policy will be monitored through:

Regular sampling of job description to ensure relevant statement is present. If not, recruitment to add during recruitment process **Action: Recruitment team**

At each appraisal, appraiser must ensure documentation of discussion regarding Infection prevention and Control responsibilities **Action: Line Managers**

7 Document Control

This document is published on the Trust Wide Public Folders. The Records Strategy and Archive Manager/Document Controller is responsible for holding and maintaining a master file containing a register and a signed copy of the policy and corresponding Equality Impact Assessment.

The Records Strategy and Archive Manager/Document Controller will ensure that old versions of the policy are archived in the archive master file. Access to archived document will be through the Document Controller.

The Records Strategy and Archive Manager/Document Controller will issue the policy number and maintain an index that will include the document's title, policy number and version, owner, issue date and next review date.

Core Information				
Document Title	Guidelines for Identification of Roles and Responsibilities in relation to Infection Prevention & Control			
Date Finalised	8 th May 2012			
Dissemination Lead	Dr Peter Jenks, Director of Infection Prevention & Control			
Previous Documents				
Previous document in use?	Yes			
Action to retrieve old copies.	Archived electronically by the IPCT. Also held by the Trust Document Controller			
Dissemination Plan				
Recipient(s)	When	How	Responsibility	Progress update

Review		
Title	Is the title clear and unambiguous?	Yes
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Yes
	Does the style & format comply?	Yes
Rationale	Are reasons for development of the document stated?	Yes
Development Process	Is the method described in brief?	Yes
	Are people involved in the development identified?	Yes
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Yes
	Is there evidence of consultation with stakeholders and users?	Yes
Content	Is the objective of the document clear?	Yes
	Is the target population clear and unambiguous?	Yes
	Are the intended outcomes described?	Yes
	Are the statements clear and unambiguous?	Yes
Evidence Base	Is the type of evidence to support the document identified explicitly?	Yes
	Are key references cited and in full?	Yes
	Are supporting documents referenced?	Yes
Approval	Does the document identify which committee/group will review it?	Yes
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Yes
	Does the document identify which Executive Director will ratify it?	Yes
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Yes
	Does the plan include the necessary training/support to ensure compliance?	Yes
Document Control	Does the document identify where it will be held?	Yes
	Have archiving arrangements for superseded documents been addressed?	Yes
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes
	Is there a plan to review or audit compliance with the document?	Yes
Review Date	Is the review date identified?	Yes
	Is the frequency of review identified? If so is it acceptable?	Yes
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes

Core Information	
Manager	Claire Hail
Directorate	Clinical Support Services
Date	May 2012
Title	Guidelines for Identification of Roles & Responsibilities in relation to Infection Prevention & Control – V2
What are the aims, objectives & projected outcomes?	These guidelines have taken into consideration the cultural/religious and gender needs of patients