

Infection Prevention and Control Policy

CATEGORY:	Policy
CLASSIFICATION:	Clinical/Governance
PURPOSE:	To set out the principles and framework for the management of Infection Prevention and Control within the Trust, to ensure that all staff understand their roles and responsibilities.
Controlled Document Number:	67
Version Number:	7.0
Controlled Document Sponsor:	Chief Nurse (Director of Infection Prevention and Control)
Controlled Document Lead:	Deputy Director of Infection Prevention and Control
Approved By:	Board of Directors
On	26/03/2020
Review Date	26/03/2023
Distribution:	
<ul style="list-style-type: none"> • Essential Reading for: • Information for: 	All Trust Staff

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1. Policy Statement

- 1.1 University Hospitals Birmingham Foundation Trust (the 'Trust') is accountable for the delivery of a comprehensive Infection Prevention and Control service. This includes the provision of an Infection Prevention and Control Policy and associated procedural documents, staff training and surveillance programmes.
- 1.2 All Trust staff have a responsibility for infection prevention and control. Specialist advice and support will be provided via the Infection Prevention and Control Team (IPCT), Consultant Microbiologists and where relevant, Consultant Virologists and Consultant Infectious Diseases Physicians.
- 1.3 The aim of the Infection Prevention and Control Policy is to ensure that the Trust provides an environment and system of care which minimises the risk of infection to patients, staff and visitors.
- 1.4 The key objectives of this policy are to:
 - 1.4.1 Set out the principles and framework for the prevention and control of infection within the Trust;
 - 1.4.2 Ensure that all staff understand their roles and responsibilities in connection with the prevention and control of infection within the Trust;
 - 1.4.3 Ensure that all staff understand the importance of correct medical device decontamination and processes in connection with the prevention and control of infection within the Trust; and
 - 1.4.4 Ensure compliance with national policy and guidance related to Infection Prevention and Control.

2. Scope

This policy applies to all individuals employed by the Trust, including staff in wholly owned clinical subsidiaries, Private Finance Initiatives (PFI) and sub-contractors, students, locum agency and bank staff, and staff employed on honorary contracts who are involved in Trust business, on or off Trust premises. In addition, where appropriate, it applies to patients and visitors.

3. Framework

- 3.1 The Trust shall implement procedures for the prevention and control of infection, which will include those items described in section 7. Compliance with such procedures is mandatory. Failure by any member of staff to comply with this policy or any of its associated procedures may result in disciplinary action.
- 3.2 This policy and all associated procedural documents, audit tools and information will be continually reviewed and updated to reflect evolving clinical practice, up to date legislation and guidance relevant to infection control and decontamination. The Deputy DIPC shall approve all procedural documents associated with this policy, and any amendments to such documents, and is responsible for ensuring that such documents are compliant with this policy.

3.3 Prevention

The Infection Prevention and Control Team will:

- 3.3.1 Provide surveillance and rapid feedback on infection rates and alert organisms to clinical areas;
- 3.3.2 Ensure the provision of timely information, advice and support to all Trust employees, patients and visitors on matters relating to Infection Prevention and Control;
- 3.3.3 Support local investigation and management of incidents relating to infectious diseases and alert organisms to enable clinical teams to prevent further incidence through learning and service improvement;
- 3.3.4 Provide advice regarding infection prevention and control aspects of new builds/refurbishments.

3.4 Control

- 3.4.1 When an incident occurs, or when patients are potentially, or confirmed to be, infected/colonised with an infectious agent or diagnosed with an infectious disease, the patient's care will be managed in accordance with the Trust's relevant infection prevention and control procedures.
- 3.4.2 Staff with infections or who are at risk of infection through exposure or inoculation injury, will be managed in accordance with occupational health and safety procedures related to the

prevention of transmission of infection.

3.5 The Trust will use key performance indicators to demonstrate the performance and effectiveness of infection control and the risk management process within each ward or department.

3.6 Trust Infection Prevention and Control Steering Group (IPSG)

3.6.1 The Trust Infection Prevention and Control Steering Group (IPSG) is directly accountable to the Chief Executive and Board of Directors (via the Chief Nurse/Director of Infection Prevention and Control)

3.6.2 IPSG provides the strategic direction of Infection Prevention and Control across the Trust. IPSG also provides the Chief Nurse/Executive Director for Infection Prevention & Control assurances on the Trust's Infection Prevention and Control performance. IPSG ensures compliance against the Health and Social Care Act 2008: Code of Practice for prevention of Healthcare Associated Infections (HCAI); for Care Quality Commission (CQC) and Monitor requirements. This ensures the Trust meets national objectives and is responsive to key Infection Prevention issues.

3.7 Trust Infection Prevention and Control Group (IPCG)

The Trust Infection Prevention and Control Group (IPCG) is directly accountable to the Chief Executive and Board of Directors (via the Chief Nurse/Director of Infection Prevention and Control) and oversees the operational delivery of Infection Prevention and Control across the Trust. IPCG advises on Infection Prevention and Control policy, procedures and guidance, and provides advice and support on the implementation of local and national requirements and best practice; it also monitors the progress of the Infection Prevention and Control annual plan.

3.8 Infection Prevention and Control Team (IPCT)

3.8.1 The Infection Prevention and Control Team (IPCT) consists of:

- a) Deputy Director for Infection Prevention and Control
- b) Lead Doctor for Infection Prevention and Control (QEH)
- c) Lead Doctor for Infection Prevention and Control (Heartlands, Good Hope and Solihull)
- d) Lead Nurses for Infection Prevention and Control

- e) Clinical Nurse Specialists for Infection Prevention and Control
- f) Antimicrobial Pharmacists
- g) Infection Prevention and Control Clinical Scientists
- h) Administrative staff

3.8.2 The IPCT can also seek additional specialist advice from:

- a) Consultant Microbiologists
- b) Consultant Virologists
- c) Consultant Infectious Disease Physicians
- d) Decontamination and Sterile Services Manager

3.8.3 The key role of the IPCT is to:

- a) Provide specialist advice and support to clinical teams and staff, including surveillance and identification and control of outbreaks;
- b) Provide education for staff in relation to Infection Prevention and Control procedures, including hand hygiene;
- c) Produce and progress the Infection Prevention and Control annual plan which will be agreed by the Infection Prevention and Control Steering Group (IPSG) and the Board of Directors. Quarterly updates on progress will be reported via IPSG;
- d) Provide reports to the IPSG, IPCG and Board of Directors relating to alert organisms, outbreaks and issues related to infection prevention and control; and
- e) Produce and/or update this policy and associated procedures.
- f) Link in with external partners, such as the Clinical Commissioning Group and Public Health England to ensure a system wide approach and maintain contractual requirements.

3.9 Duty of Candour (Being Open)

In accordance with the Duty of Candour policy, the Trust applies the principles of being open. Where an infection occurs, patients and their carers will be given information about infection prevention and control, including leaflets. Discussions with patients and/or their carers will be documented in the patient's notes.

4. **Duties**

4.1 **Chief Nurse (DIPC)**

The Trust's Board level Director of Infection Prevention and Control is the Chief Nurse. The Chief Nurse will ensure that effective systems are in place for Infection Prevention and Control and will:

- 4.1.1 Ensure that an Infection Prevention and Steering/Control Group (IPSG/ IPCG) is in place;
- 4.1.2 Approve the Infection Prevention and Control annual plan; and
- 4.1.3 Receive assurance reports relating to Infection Prevention and Control performance from the Deputy Director of Infection Prevention and Control.
- 4.1.4 The Chief Nurse (DIPC) will report directly to the Chief Executive and the Board of Directors.

4.2 **Deputy Chief Nurse**

The Deputy Chief Nurse is responsible for the line management of the Deputy DIPC and Lead Nurses for Infection Prevention and Control and works in partnership with the Lead Doctors, Lead Nurses, Deputy DIPC and DIPC on all aspects of infection prevention and control.

4.3 **Deputy Director of Infection Prevention and Control (DIPC)**

The Deputy Director of Infection Prevention and Control will:

- 4.3.1 Oversee local effectiveness of Infection Prevention and Control procedural documents and their implementation;
- 4.3.2 Be responsible to the Chief Nurse (DIPC) for Infection Prevention and Control within the Trust;
- 4.3.3 Assess the impact of all existing and new Infection Prevention and

Control procedural documents and plans and make recommendations for change;

- 4.3.4 Approve all procedural documents associated with this policy and any amendments to such documents, and ensure that such documents are compliant with this policy.
- 4.3.5 Approve the Annual Plan of work;
- 4.3.6 Approve all risks added onto the Infection Prevention and Control risk register;
- 4.3.7 Seek assurance from the Chair of the Water Management Group that water management arrangements meet legal and Department of Health best practice requirements;
- 4.3.8 Be an active member of the Water Management Group; and
- 4.3.9 Ensure that identified Infection Prevention and Control risks; for example water management, antimicrobial stewardship and decontamination etc., are escalated to the DIPC and Board of Directors.
- 4.3.10 Line manages the Trust's Antimicrobial Pharmacists.
- 4.3.11 Be an active member of the Antimicrobial Steering Group; and
- 4.3.12 Be an active member of the Decontamination Group.

4.4 Lead Doctors for Infection Prevention and Control

- 4.4.1 The Lead Doctors for Infection Prevention and Control are the medical leads for the Infection Prevention and Control Team at the relevant sites (QEH lead and Heartlands, Good Hope and Solihull Lead). The Lead Doctors report managerially to the Chief Nurse/Director for Infection Prevention and Control and are professionally accountable to the Medical Director. The Lead Doctors work in partnership with the Deputy DIPC and Lead Nurses for Infection Prevention and Control on all aspects of Infection Prevention and Control.
- 4.4.2 The Lead Doctors for Infection Prevention and Control at the relevant sites (Lead at QEH and Heartlands, Good Hope and Solihull Lead) support the Deputy Director for Infection Prevention and Control in developing the Infection Prevention and Control

policy, and provide clinical expertise in ensuring that the policy and associated procedural documents are appropriate and updated.

4.4.3 The Lead Doctors for Infection Prevention and Control also support the development of monthly, quarterly and annual reports as required for the Board of Directors.

4.5 Lead Nurses for Infection Prevention and Control

4.5.1 The Lead Nurses for Infection Prevention and Control line manage the Infection Prevention Control Team clinical nurse specialists at the relevant sites and the administrative staff. The Lead Nurses work in partnership with the Deputy DIPC and Lead Doctors for Infection Prevention and Control on all aspects of infection prevention and control.

4.5.2 The Lead Nurses for Infection Prevention and Control also have a specific role in nursing leadership, service improvement and oversee the implementation of the Trust Infection Prevention and Control annual plan. The Lead Nurses provide the clinical nursing expertise to the team to ensure that the policy and associated procedural documents are appropriate and applicable.

4.5.3 The Lead Nurses for Infection Prevention and Control also support the development of monthly, quarterly and annual reports as required for the Board of Directors.

4.6 Clinical Nurse Specialists for Infection Prevention and Control

The Clinical Nurse Specialists for Infection Prevention and Control provide leadership and specialist advice on Infection Prevention and Control to patients, carers and all disciplines and grades of staff, in accordance with the Infection Prevention and Control policy and procedures. They undertake environmental audits, surveillance and teaching as outlined in the Infection Prevention and Control programme. They will provide clinical Infection Prevention and Control advice for patients with specific alert organisms. They will also be responsible for managing of outbreaks caused by Infection Prevention and Control alert organisms. They will work with the Deputy DIPC, Lead Doctors for Infection Prevention and Control, Lead Nurse for Infection Prevention and Control to ensure the Trust is compliant with the Health and Social Care act and all criteria within this.

4.7 Members of the Infection Prevention and Control Group

The Infection Prevention and Control Group is chaired by the Chief Nurse/Director for Infection Prevention and Control or nominated deputy.

Members of this Group will:

4.7.1 Include Divisional representatives from Nursing, Infection Control and Facilities (where relevant), who will provide progress against a range of Infection Prevention and Control performance indicators, including hand hygiene and uptake of mandatory training;

4.7.2 Meet monthly (minimum 9 meetings per year).

4.8 **Director of Estates**

4.8.1 The Director of Estates will:

- a) Ensure that the design of current buildings, new buildings and refurbishment programmes in existing buildings are designed to enable the Trust to comply with its statutory duties and responsibilities for Infection Prevention and Control.
- b) Ensure that the design of current buildings, new buildings and refurbishment programmes in existing buildings are designed to enable the Trust to comply with its statutory duties and responsibilities for water management. This includes:
 - i. That suitably trained competent staff are available to provide technical advice and assistance to enable compliance with the technical procedures for the management of legionellosis and pseudomonas;
 - ii. Appropriate analysis of water samples by UKAS accredited service providers, with timely results reported to Estates and the Infection Prevention and Control Team;
 - iii. Ensure that water flushing is maintained in clinical wards and departments that are closed for general use, or in areas of low usage in Estates locations such as plant rooms;
 - iv. Ensure that appropriate water system management records in compliance with statutory requirements are maintained; and;
 - v. Ensure that buildings that are not owned by the Trust but occupied by Trust services comply with statutory

requirements and operate to a suitable and sufficient water management plan.

4.9 Director of Facilities

The Director of Facilities will ensure the Trust provides and maintains a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.

4.10 Decontamination Sterile Services Manager

4.10.1 The Decontamination Sterile Services Manager supports the Infection Prevention and Control Team and clinical teams by providing expert advice and guidance on all decontamination issues concerning medical device decontamination and decontamination processes throughout the Trust ensuring that national guidance and recommendations for decontamination are implemented.

4.10.2 The Decontamination Sterile Services Manager also oversees the external decontamination contract (Bbraun sterilog) to support IPC.

4.11 Infection Prevention and Control Link practitioners

4.11.1 Infection Prevention and Control Link Staff will act under the supervision of the Clinical Nurse Specialists for Infection Prevention and Control, as a resource and role model for Divisional colleagues.

4.11.2 They provide information to assist in the early detection of outbreaks of infection to the Clinical Nurse Specialists - Infection Prevention and Control.

4.12 Divisional Directors, Divisional Directors of Operations, Associate Directors of Nursing, Clinical Service Leads, General Managers and Matrons

4.12.1 Divisional Directors, Divisional Directors of Operations, Associate Directors of Nursing, Clinical Service Leads, General Managers and Matrons are accountable for implementing and monitoring any identified Infection Prevention and Control measures within their designated areas and scope of responsibility.

4.12.2 In situations where significant risks have been identified and where local control measures are considered to be potentially

inadequate, managers are responsible for bringing these risks to the attention of the Chief Nurse/Director of Infection Prevention and Control/ Deputy DIPC, if local resolution has not been satisfactorily achieved.

4.12.3 Individual Divisional management teams are responsible for ensuring that clinical staff attend Infection Prevention and Control mandatory training and adhere to the Trust Infection Prevention and Control policy and associated procedures. They are also responsible for identifying individual staff members to act as a local resource for Infection Control within the Division.

4.13 Consultant Microbiologists/Virologists

Consultant microbiologists and virologists work with Infection Prevention Control colleagues to provide a 24 hour response to Infection Prevention and Control queries and incidents to minimise the risk to patients, staff and visitors. Other infection specialists, including Infectious Diseases Physicians, may provide specialist advice on an ad-hoc basis where relevant. All infections specialists provide clinical advice on management of infection, including appropriate antimicrobial prescribing.

4.14 Laboratory services

Laboratory services are responsible for ensuring the Trust has secure adequate access to laboratory support as appropriate. The Trust should be compliant with criterion 8 of the health and social care act with microbiology services ensuring there is a microbiology laboratory policy for investigation and surveillance of antimicrobial resistance and healthcare associated infections. There should be standard laboratory operating procedures for the examination of specimens and timely reporting of results.

4.15 Antimicrobial Leads/Antimicrobial Pharmacists

They are responsible for ensuring the Trust has systems in place to manage and monitor the use of antimicrobials to ensure inappropriate and harmful use is minimised. They will also ensure these systems draw on national and local guidelines, monitoring and audit tools as stated in the Health and Social Care act. The Trust has an Antimicrobial Stewardship Steering Group which reports to the board via the IPSG and the Clinical Quality Management Group.

4.16 Managers

4.16.1 Managers of other staff groups are accountable for implementing and monitoring any identified Infection Prevention and Control

measures within their designated areas and scope of responsibility.

4.16.2 In situations where significant risks have been identified and where local control measures are considered to be potentially inadequate, managers are responsible for bringing these risks to the attention of the Infection Prevention and Control Team/Infection Prevention and Control Group if local resolution has not been satisfactorily achieved.

4.16.3 Individual management teams are responsible for ensuring that staff adhere to the Trust Infection Prevention and Control policy and associated procedures. Managers must ensure that appropriate information and training is provided to staff without access to the intranet.

4.16.4 Managers must also participate in the hand hygiene audit programme and carry out recommendations, if any, following the audit.

4.16.5 Managers are responsible for ensuring that hand hygiene is included in local induction.

4.17 **Clinical Staff**

4.17.1 Clinical staff are required to attend mandatory Infection Prevention and Control Training and have up to date knowledge of principles and practices of Infection Prevention and Control and decontamination appropriate to their area of work.

4.17.2 All clinical staff are responsible for ensuring:

- a) Prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people.
- b) They provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/medical care in a timely fashion.
- c) They are aware of and apply their responsibilities in the process of preventing and controlling infection.

4.18 **Estates Staff**

Estates and housekeeping staff are required to attend mandatory Infection Prevention and Control training and have up to date knowledge of principles and practices of Infection Prevention and Control and decontamination appropriate to their area of work. All Estates staff are responsible for:

4.18.1 Conducting daily checks and refilling of liquid soap/paper towel dispensers;

4.18.2 Promptly responding to any request to replenish/refill liquid soap/paper towel/hand gel dispensers;

4.18.3 Attending specialist task related training where appropriate; and

4.18.4 Undertake daily/weekly water flushing on all tap outlets across the Trust.

4.19 **Facilities staff**

Facilities staff are required to attend mandatory Infection Prevention and Control training and have up to date knowledge of principles and practices of Infection Prevention and Control and decontamination appropriate to their area of work. Facilities staff under the guidance of the Director of Facilities will ensure the Trust provides and maintains a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.

4.20 **All Other Staff**

All other staff are required to attend mandatory Infection Prevention and Control training and have up to date knowledge of principles and practices of Infection Prevention and Control and decontamination appropriate to their area of work.

4.21 **Patients, Relatives, Carers and Visitors**

4.21.1 Patients must be advised and encouraged to decontaminate their hands after using the toilet, before consumption of food or drink and before and after contact with susceptible sites (e.g. Hickman lines, wounds or urinary catheters).

4.21.2 Patients must be advised on their role in preventing transmission of infections.

4.21.3 Relatives, carers and visitors are encouraged to decontaminate their hands when entering and leaving a ward or department

4.21.4 Relatives, carers and visitors must be advised of the need to decontaminate their hands before and after contact with patients.

4.21.5 Relatives, carers and visitors must be advised on their role in preventing transmission of infections.

5. Implementation and Monitoring

5.1 Implementation

5.1.1 This policy will be available on the Trust's intranet site. The policy will also be disseminated through the management structure within the Trust.

5.1.2 Training for all staff, including those employed by support services and those with temporary or honorary contracts, will be provided annually and defined elements of this shall be mandatory in accordance with the Policy on Mandatory Training. Mandatory training will be delivered via a range of approaches, including face to face, e-learning and for non-patient facing staff leaflet.

5.1.3 Staff who are involved with cleaning/decontamination and associated tasks will receive specialist task-related training where appropriate.

5.2 Monitoring

Appendix A provides full details on how the policy will be monitored by the Trust.

6. References

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Health and Safety Executive (2012) Control of Legionella in hot and cold water systems in care services/ setting using temperature Available from: http://www.hse.gov.uk/foi/internalops/sims/pub_serv/07-12-07/index.htm

7. Associated Policy and Procedural Documentation

Assistance Dog Procedure

Hand Hygiene Procedure

Infection Control Management of Patients with Tuberculosis

Outbreaks of Infectious Diseases

Procedure for Bordetella pertussis – Whooping Cough

Procedure for Clostridium difficile Infection

Procedure for Decontamination of Reusable Equipment and Medical Devices - Dental

Procedure for Guidance for identification and management of measles cases

Procedure for Group A Streptococcus Infection

Procedure for Head Lice

Procedure for Isolation

Procedure for management of influenza

Procedure for Management of Novel Coronavirus and Middle Eastern Respiratory Syndrome (MERS CoV)

Procedure for management of patients with Suspected or confirmed Aspergillosis.

Procedure for management of patients with suspected Viral Haemorrhagic Fever (VHF – including Ebola)

Procedure for Managing the Death of a Patient with an Infectious Condition

Procedure for Scabies

Procedure for the control of chicken pox and shingles

Procedure for the control of MRSA

Procedure for the management of patients with carbapenemase producing Enterobacteriaceae (CPE)

Procedure for the management of outbreaks of diarrhoea with or without vomiting

Procedure for the Notification of Infectious Diseases

Procedure for the use of fans

Procedure for the use of protective equipment

Surveillance procedure

Appendix A

Monitoring Matrix

MONITORING OF IMPLEMENTATION	MONITORING LEAD	REPORTED TO PERSON/GROUP	MONITORING PROCESS	MONITORING FREQUENCY
<p>Establish the effectiveness, implementation of, and the extent of compliance with this policy.</p> <p>Quality/performance indicators to be reported, e.g.:</p> <ul style="list-style-type: none"> - Gap analysis against the health and social care act criteria to be undertaken every year 	<p>Lead Nurses for Infection Prevention and Control</p>	<p>Chief Nurse/Director for Infection Prevention and Control/ Deputy DIPC</p>	<p>Gap analysis against the Health and Social care act, all 10 criteria.</p>	<p>Yearly</p>
<p>Annual Plan and progress against the same.</p>	<p>Lead Nurses for Infection Prevention and Control</p>	<p>Infection Prevention and Control Group/ Infection Prevention and Control Steering Group</p>	<p>Reports on progress</p>	<p>Quarterly</p>
<p>Audit Programme, including alert organisms, outbreaks and issues related to Infection Prevention and Control.</p> <p>Quality/performance indicators e.g.:</p> <ul style="list-style-type: none"> - Number of Hospital acquired infections (specific alert organisms), outbreaks etc. - National reporting of hospital acquired infections (specific alert 	<p>Lead Nurses for Infection Prevention and Control</p>	<p>Infection Prevention and Control Group/Infection Prevention and Control Steering Group/BoD</p>	<p>Reports on progress to address themes and trends on areas of non-compliance.</p>	<p>Monthly</p>

<p>organisms), outbreaks.</p> <ul style="list-style-type: none"> - Programme of audits including hand hygiene, environmental cleanliness audits, compliance with Infection Prevention and Control mandatory training, etc. - The process of root cause analysis for hospital acquired infections, outbreaks etc. - Monthly Infection Prevention and Control reports to the Board of Directors and to the Chief Executive Advisory Group. This will include performance against specific hospital acquired infections, deaths of patients from specific hospital acquired infections, serious incidents and a monthly update of Infection Prevention and Control activity. - Reporting of serious incidents through the Trust systems and to external partners. - Reporting of Infection Prevention and Control incidents through Datix clinical reporting. 				
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Appendix B

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST INFECTION PREVENTION AND CONTROL STEERING GROUP (IPSG)

TERMS OF REFERENCE

Accountable to: Board of Directors

Reports to: Board of Directors, Chief Executive Advisory Group

Supported by: Personal Assistant (PA) to Chief Nurse

1. Purpose

- Provide the strategic direction of Infection Prevention and Control across the Trust.
- To provide the Executive Chief Nurse/Executive Director for Infection Prevention & Control assurances on the Trusts Infection Prevention and Control performance.
- Ensure compliance against the Health and Social Care Act 2008: Code of Practice for prevention of Healthcare Associated Infections (HCAI); for Care Quality Commission (CQC) and Monitor requirements.
- Ensure the Trust meets national objectives and is responsive to key Infection Prevention issues.

2. Responsibilities/Duties/Key Tasks

- 2.1 To receive and implement both national and regional guidelines on Infection Control.
- 2.2 To ensure Infection Prevention and Control is integrated into the governance agenda and reporting framework of the Trust.
- 2.3 To monitor Infection Prevention and Control incidents at the all the sites.
- 2.4 To escalate serious incidents and risks to the Board of Directors.
- 2.5 To ratify the Trust's Annual Infection Prevention and Control Programme and the Trust's Annual Infection Prevention and Control Report.
- 2.6 To oversee the work of the Infection Prevention and Control Group (IPCG). The Deputy Director of Infection Prevention and Control will provide an update of the work by the IPCG. Risks and concerns from IPCG will be escalated to IPSG.

- 2.7 Receive feedback from all sites on the Infection Prevention and Control agenda.
- 2.8 Receive feedback from the antimicrobial stewardship (AMS) leads as regards the trusts performance towards AMS.
- 2.9 To ensure innovation within Infection Prevention and Control practice across the Trust.
- 2.10 To ensure the Trust collaborates with external partners and agencies in relation to the Infection Prevention and Control agenda.
- 2.11 To ensure the Trust is open and transparent with regards to Infection prevention and Control.

The Group will meet monthly – 12 meetings per year and will require members to attend planned meetings.

3. Membership

- Chief Nurse/ Director for Infection Prevention & Control (Chair)
- Deputy Chief Nurse (Deputy Chair)
- Deputy Director of Infection Prevention and Control/Consultant Clinical Scientist Infection Prevention and Control
- Lead Infection Prevention and Control Doctors
- Lead Nurses Infection Prevention and Control
- Infection Prevention and Control Clinical Scientist
- Antimicrobial Pharmacists
- Director of Facilities

Co-opted members will occasionally attend for a specific function as the agenda requires it.

4. Documentation Control

Development: Infection Prevention and Control Steering Group
Approved by: Lisa-Stalley Green, Chief Nurse
Date: July 2019
Review Date: July 2021
Key Contacts: Chief Nurse