Infection Prevention and Control Assurance Framework Policy

The document describes the roles and responsibilities for the provision and management of Infection Prevention and Control Services for Leicestershire Partnership NHS Trust

Key words: Assurance,

Version: 11

Approved by: Infection Prevention and Control Assurance Group

Ratified By: Quality and Safety Committee

Date this version was ratified: March 2025

Date issued for publication: 12th March 2025

Review date: 1 June 2027

Expiry date: 31 Dec 2027

Type of Policy: clinical and non-clinical.

Please add if this policy is sensitive and cannot be made Public on the website.

Contents

Policy On A Page

SUMMARY & AIM

This document promotes robust infection and prevention control systems to ensure clean environments and good evidence based practices to minimise the risk of health care associated infection (HCAI) to patients, staff and visitors. It aims to assist Leicestershire Partnership Trust (LPT) managers, staff and other healthcare workers to understand LPT infection prevention and control plans and recommended practices so they can implement good practice. It supports the implementation of the Health and Social Care Act 2008 (updated July 2015) in ensuring LPT meets statutory and mandatory requirements as identified by the Care Quality Commission (CQC).

KEY REQUIREMENTS

This policy sets out arrangements for the roles and responsibilities and accountabilities of staff for infection prevention and control within LPT

To ensure policies and guidance for the prevention and control of infection are in place and easily accessible to all staff across LPT

To review and continuously develop infection prevention and control policies and guidelines which reflect national and statutory requirements as laid down in the key documents such as the Health and Social Care Act 2008 (reviewed July 2015).

To ensure that all staff access mandatory infection prevention and control training appropriate to their role. Level 1 eLearning training for non- clinical staff (3 yearly) and Level 2 eLearning training for clinical staff (2 yearly).

To develop systems to ensure that surveillance of HCAIs meet local, regional and national requirements.

To work with other stakeholders to improve surveillance and strengthen prevention and control of infection processes.

To ensure that appropriate resources are made available.

To ensure that LPT meets key targets for the reduction of CAIs as agreed with Leicester, Leicestershire and Rutland Integrated Care Board (ICB).

TARGET AUDIENCE:

This policy is for all staff who are employed by Leicestershire Partnership Trust, and staff who are contracted to work within the organisation.

TRAINING

Training can be accessed via the Trusts u-learn portal and includes Level 1 and Level 2 Infection Prevention and Control modules.

1.0 Quick look summary

Please note that this is designed to act as a quick reference guide only and is not intended to replace the need to read the full policy.

1.1 Version control and summary of changes

Version number	Date	Comments (description change and amendments)
1	February 2008	New Policy
2	November 2008	Reviewed by Infection Control Project Manager (seconded)
2 (2nd draft)	February 2009	Minor amendments following consultation process
3	April 2009	Further amendments following consultation with Assistant Directors and NHS Leicester City Commissioning and Governance Committee
4	December 2010	Revisions to incorporate requirements of NHSLA standards
5	November 2011	Harmonised from three legacy organisation and process reviewed
6	December 2014	Review of document in line with new policy layout and review date
7	July 2015	Review of document in line with LPT policy requirements and due regard process
8	May 2018	Review of document in line with new policy layout and review date
8	October 2019	Review of document as part of NHSI&E recommendations for assurance processes
9	November 2020	Updated in line with requirements and recommendations for Covid-19
10	January 2023	Reviewed in line with policy requirements.
11	July 2024	Reviewed in line with policy date, new template

For Further Information Contact:

1.2 Key individuals involved in developing and consulting on the document

- Accountable Director – James Mullins Interim Director of Nursing, AHPS & Quality, Emma Wallis Deputy Director of Nursing & Quality
- Implementation Lead – Amanda Hemsley Head of Infection Prevention & Control
- Author(s) – Reviewed by Amanda Hemsley Head of Infection Prevention & Control
- Core policy reviewer Group – Infection Prevention & Control Assurance Group
- Wider Consultation – Infection Prevention & Control Assurance Group Members

Trust Policy experts
- Corporate Governance Lead with a responsibility for policies
- Head of Quality Governance and Quality Improvement
- Deputy Head of Nursing
- Equality and Diversity Lead
- Patient Safety Lead
- Patient Experience and Engagement Lead
- HR representative
- Health and Safety Representative
- Clinical Safety Officer
- Infection Control Representative
- Trust Secretary
- Head of Training and Development

1.3 Governance

Level 2 or 3 approving delivery group – Infection Prevention and Control Assurance Group

Level 1 Committee to ratify policy – Quality and Security Committee

1.4 Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

If you would like a copy of this document in any other format, please contact lpt.corporateaffairs@nhs.net

1.5 Due Regard

LPT will ensure that due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 4) of this policy

1.6 Definitions that apply to this policy.

Consent: a patient's agreement for a health professional to provide care. Patients may indicate consent non-verbally (for example by presenting their arm for their pulse to be taken), orally, or in writing. For the consent to be valid, the patient must:

- be competent to take the particular decision;
- have received sufficient information to take it and not be acting under duress.

Due Regard: Having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

CDT/CDI: Clostridium difficile, also known as C. difficile or C. diff, is a bacterium that can infect the bowel and cause diarrhoea. The infection most commonly affects people who have recently been treated with antibiotics, but can spread easily to others.

Clostridoides difficile: New classification for Clostridium difficile

Consultant in Public Health: A consultant who is knowledgeable in infectious diseases.

CRO/CPE/MDR: Carbapenamase Resistant Organism/Enterococci Multidrug resistant organism – a number of organisms that cannot be treated by antibiotics.

Immunocompromised: An immune system that is impaired by disease or treatment, where an individual's ability to fight infection is decreased.

Infection: An organism presents at a site and causes an inflammatory response, or where an organism is present in a normally sterile site.

MRSA: Methicillin Resistant Staphylococcus aureus, a strain of antibiotic resistant bacteria.

Transmission: Transmission is the act of transferring something from one spot to another, like a disease going from one person to another.

Treatment: Care provided to improve a situation (especially medical procedures or applications that are intended to relieve illness or injury).

2.0 Purpose and Introduction/Why we need this policy

This document promotes robust infection and prevention control systems to ensure clean environments and good evidence-based practices to minimise the risk of health care associated infection (HCAI) to patients, staff and visitors. It aims to assist

Leicestershire Partnership Trust (LPT) managers, staff and other healthcare workers to understand LPT infection prevention and control plans and recommended practices so they can implement good practice. It supports the implementation of the Health and Social Care Act 2008 (updated July 2015) in ensuring LPT meets statutory and mandatory requirements as identified by the Care Quality Commission (CQC).

The objectives of this policy are:

- This policy sets out arrangements for the roles and responsibilities and accountabilities of staff for infection prevention and control within LPT

- To ensure policies and guidance for the prevention and control of infection are in place and easily accessible to all staff across LPT

- To review and continuously develop infection prevention and control policies and guidelines which reflect national and statutory requirements as laid down in the key documents such as the Health and Social Care Act 2008 (reviewed July 2015).

- To ensure that all staff access mandatory infection prevention and control training appropriate to their role. Level 1 eLearning training for non- clinical staff (3 yearly) and Level 2 eLearning training for clinical staff (2 yearly).

- To develop systems to ensure that surveillance of HCAIs meet local, regional and national requirements.

- To work with other stakeholders to improve surveillance and strengthen prevention and control of infection processes.

- To ensure that appropriate resources are made available.

- To ensure that LPT meets key targets for the reduction of CAIs as agreed with Leicester Leicestershire, and Rutland Integrated Care Board (ICB).

3.0 Policy Requirements

3.1   Summary and Key points

This policy is intended to outline the Trusts approach to the broad and complex issues relating to IPC, in order to support the assurance processes required. It confirms the Trusts commitment to the prevention and control of infection. It is supported by documents which are available on the trusts intranet and outline key processes and procedures in relation to diseases and care provided to patients and service users by staff working within the remit of LPT. (Listed below).

Infection Prevention and Control Assurance Policy

ANIMALS AND PETS	SCABIES	LINEN AND LAUNDRY	HEADLICE
FOOD HYGIENE	STAFF HEALTH	HAND HYGIENE	MENINGITIS
CHILDHOOD INFECTIONS	TUBERCULOSIS	SHARPS AND EXPOSURE TO BBV	CHICKEN POX/SHINGLES
ASEPTIC NON TOUCH TECHNIQUE (ANTT)	CHILDHOOD INFECTIONS	SOURCE ISOLATION PRECAUTIONS	CLEANING AND DECONTAMINATION
COLLECTION, HANDLING & TRANSPORT OF SPECIMENS	REPORTING KNOWN OR SUSPECTED INFECTIOUS DISEASES	PERSONAL PROTECTIVE EQUIPEMENT (PPE)	CARBAPENEM RESISTANT ORGANISMS (CRO)
	METHICILLIN RESISTANT STAPHYLOCCCOS AUREUS (MRSA)	MANAGEMENT OF PATIENTS WITH DIARRHOEA/VOMITING	

The trust acknowledges its duties under the Health and Social Care Act 2008 (updated 2015) and recognises and demonstrates compliance with the following criterion:

Cleanliness and infection control providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance. Outcome 8	
Compliance criterion	**What the registered provider will need to demonstrate**
1	Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them.
2	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.
3	Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.
4	Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/medical in a timely fashion.
5	Ensure 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.
6	Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.
7	Provide or secure adequate isolation facilities
8	Secure adequate access to laboratory support as appropriate
9	Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.
10	Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection.

3.2   Introduction

Prevention and control of healthcare associated infection is part of the overall clinical governance and risk management strategy within the healthcare setting. LPT is committed to providing high quality patient services and promoting high standards of infection prevention and control practice, which is supported by this policy.

The Health and Social Care Act 2008 (updated 2015) Code of Practice for the Prevention and Control of Health Care Associated Infections sets out key activities that should be undertaken by all NHS organisations with respect to good practice. All staff must possess an appropriate awareness of their role in the prevention and control of infection in their area of work. This forms part of the staff member's professional duty of care as outlined in their professional codes of conduct, to the patients with whom they are involved, but also their responsibility to themselves, to

other patients and members of staff under the Health & Safety at Work Act (1974). The Control of Substances Hazardous to Health (COSHH) Regulations (2002) requires actions to be taken to control the risk of hazardous substances, including biological agents.

LPT has a Service Level Agreement with UHL Microbiology Department. UHL Microbiology Department and Public Health England (PHE) provide expert advice on management of incidents and infection control outbreaks. LPT recognise the need for infection prevention and control to form an integral part of all service planning and development, including induction, on-going training, clinical audit and surveillance.

3.3   Assurance

The Infection Prevention and Control Assurance Group (formally IPC Committee) receives assurance on the progress of the annual programme of work and annual audit programme. The Terms of Reference outline the responsibilities of the directorates to ensure compliance is monitored. Reporting mechanisms regarding governance and assurance to the group from the directorates is identified in Appendix .

3.4   Infection prevention and control incidents

Staff must report all incidents pertaining to IPC in accordance with LPT reporting procedures. This will include non-adherence with infection prevention and control procedures. Habitual non-adherence to the policy may result in disciplinary action being taken. To investigate serious incidents (SI) the Trust policy Serious Incidents (SI) Policy Reporting, Investigating and Learning from Serious Incidents must be followed to determine system failure or care delivery problems.

Criteria for defining an IPC incident include but are not limited to:

- Adverse effect on the activity of Inpatient Beds
- Closure of beds
- Cancellation of procedures
- Failure to comply with infection prevention and control policies and guidelines
- Increased incidence/outbreak of infection
- Death associated with Clostridium difficile
- Death associated with MRSA
- Bowel surgery associated with Clostridium difficile
- MRSA Bacteraemia
- Water management issues
- Legionella
- Sharps injuries
- Clusters/increased incidents/outbreaks of Covid-19
- Nosocomial infection developed during LPT care delivery
- Environmental/Decontamination issues

An incident report form must be completed for each of the above through the e-IRF system. There is no national definitive list of incidents that constitute a SI, however the following list identifies where a Serious Incident report may be required:

- Toxin positive Clostridium difficile
- Death associated with Clostridium difficile
- Death associated with MRSA
- Bowel surgery associated with Clostridium difficile
- MRSA bacteraemia
- Increased incidence/outbreak of infection resulting in closure of a ward
- Death directly related to Covid-19
- Death directly related to a nosocomial infection

3.5   Information available to the public, patients and staff

The trusts processes and arrangements for prevention and controlling infection can be found on the Trust website.

The trust infection prevention and control policies and guidance, Trust Board IPC six monthly report and Infection Prevention and Control Assurance Group minutes can be viewed publicly via the trusts public website.

Patient and visitors/service user information for a number of Infections and support including Hand hygiene and Norovirus are available in the inpatient areas and the trust intranet.

4.0 Duties within the Organisation

Responsibility for ensuring the Infection Prevention and Control Assurance Group identify learning and best practice to inform this Policy and update accordingly.

To ensure the policy is reviewed in accordance with identified timescale and implementation of monitoring and effectiveness has been planned and is reviewed by the Directorates and appropriate governance group.

Chief Executive

The Chief Executive (CE) of Leicestershire Partnership Trust is responsible for ensuring that there are effective arrangements for infection prevention and control within the organisation. The CE devolves responsibility for IPC to the Director of Infection Prevention and Control (DIPaC)

Director of Infection Prevention and Control (Director of Nursing, AHP's and Quality)

The DIPaC is responsible for LPT's IPC strategy, implementation of the annual IPC programme and for providing assurance on IPC to the Trust board and general public. The DIPaC delegates the duties, in so far as they are applicable to the Deputy DIPaC.

Deputy DIPaC (Deputy Director of Nursing and Quality)

The Deputy DIPaC is responsible for the integration of IPC into the organisation Governance Systems and for ensuring the safety of patients from infection is a priority.

Directors, Heads of Service

- Responsible for ensuring all relevant staff are aware of the policy and adhere to the principles and guidelines contained within it.
- Ensuring that effective systems are in place to support appropriate risk assessment and care planning to manage those patients at risk as far as is reasonably practicable

Senior Managers, Matrons and Team Leads

- Are responsible for ensuring implementation within their area, and for ensuring all staff who work within the area adhere to the principles at all times. Any deficits identified will be addressed.
- Act as role models and adhere to policy.
- To manage staff who fail to adhere to this policy and its associated procedures
- Ensuring this policy is followed and understood as appropriate to each staff member's role and function. The information in this policy must be given to all new staff on induction. It is the responsibility of managers and team leaders to have in place a local induction that includes this policy.
- Ensure that staff new to the Trust attends Occupational Health to ensure that they have been screened and their Immunisations are up to date.
- Ensure that their staff know how and where to access current policies and procedures via the intranet.
- Ensuring that a system is in place for their area of responsibility that keeps staff up to date with new polices and policy changes and any recommended training related to policies.

Staff

- Responsibility to minimise the spread of infection by complying with the requirements of this policy
- Each individual member of staff, substantive and temporary worker within the Trust is responsible for complying with this policy.
- Clinical and non-clinical staff will ensure they are familiar with the content of the policy and associated procedural guidelines, and work in accordance with these.
- Undertake training as identified for their role
- Ensure to provide support and education to patients, carer, family where appropriate.
- Be a source of knowledge and skill for colleagues where appropriate.
- Ensure to remain to date with training in line with relevant competencies for job role.
- Inform their manager of any discretionary reasons they may need adjustments to be accommodated to this policy
- Wear any uniform and use protective equipment provided in accordance with the risk Assessment
- Where the adherence to Infection Prevention and Control procedures is comprised and causes or harm or presents a risk of harm to patients, this should be reported on the Trusts incident reporting system and in line with the Incident Reporting Policy.

Infection Prevention and Control Team

The Infection Prevention and Control Teamwork city and county wide across the health care economy of Leicester, Leicestershire and Rutland. The team works in partnership with the ICB, primary care services, acute hospital trusts and statutory and independent care agencies; this supports best practice and serves to prevent and reduce communicable disease, healthcare associated infections and vaccine preventable disease.

The key roles and responsibilities are summarised:

- Support and provide evidence of compliance with the Health and Social Care Act 2008 (reviewed 2015), Care Quality Commission etc.
- Provision of clinical advice to health care professionals in the prevention, reduction and control of healthcare associated infections, communicable diseases, and decontamination.
- Develop, review, and maintain effective infection prevention and control policies and guidelines.
- Advise on the implementation of national infection control initiatives
- Support the provision of an infection control training programme
- Develop, support, and monitor the implementation of the infection prevention and control annual programme of work.
- Develop, support, and monitor the implementation of the infection prevention and control annual audit programme.
- Provide clinical advice on the design/refurbishment of clinical premises
- Advise on the procurement of products
- Advise on the development of new services in line with national directives or local requirements
- Support research programmes
- Investigate incidents and support organisational lessons learnt and provide reports and training as indicated
- Act as role models and adhere to policy.
- Identify any deviation from the policy to the relevant individuals and if necessary, their line manager.
- Support staff where deviation from the policy may be required due to physical or mental health needs.

Head of Facilities

Responsible for providing an effective cleaning service within LPT in line with the service contract agreement. They should be involved in the implementation of a number of IPC policies and provide a bi-monthly report to the IPC group which gives assurance of compliance against national and local contractual requirements.

Medical Devices Service Manager (MDSM)

It is the responsibility of the MDSM to:

- Lead a Medical Devices Group (MDG) that includes representation from Divisions including clinical, management, infection control, risk management, training, procurement and finance staff
- Ensure the MDG monitors medical device related incidents and supports investigations where necessary

Health and Safety Team/Advisors:

- Provide competent advice and guidance on health and safety related issues that relate to infection prevention and control issues.
- Support the IP&C and Health and Safety agenda , by seeking assurance from within LPT to demonstrate that management arrangements are in place and effective in particular relation to waste, water management and sharps incidents
- Review health and safety related incidents, including those involving waste, and may identify individual incidents for further investigation or follow up

Procurement Team

Procurement of products and medical devices is currently carried out by the Leicestershire and Rutland NHS Procurement Partnership. The Procurement Partnership's main responsibilities are:-

- To purchase healthcare products and medical device goods or services on behalf of LPT, ensuring they meet the required quality standards and indemnities
- To comply with the Trusts Standing Financial Instructions (SFI) and Standing Orders (SO) and relevant EU and UK legislation
- Provide value for money
- Add value to non-stock requisitions
- Make savings
- Negotiate contracts for healthcare products and medical device goods and services
- Provide advice and support in obtaining competitive quotations and ensuring items meet IPC requirements prior to purchasing.

Occupational Health

Occupational Health Services are currently provided to staff within LPT by an occupational health physician and a team of nurse advisors. This service is provided to all LPT employees. It is the responsibility of the team to:

- Develop policies and procedures which are consistent across the NHS in Leicester.
- Provide advice on Occupational Health quality standards for both medical and nursing staff.
- Support the delivery immunisation and vaccination services for staff.

- Receive and support referrals of ill-health, sickness management, return to work, fitness to practice and utilise the teams experience of complex health

Patient Safety Team

- Support staff in the logging of incidents on the Trust e-IRF system
- Advise on the escalation of an incident to a Serious Incident
- Advise and support learning through the use of the Patient Safety Incident Review Framework (PSIRF)

Infection Prevention & Control Link Staff

The link staff will:

- Act as a role model for IPC practices
- Act as the channel for new information/educational opportunities/training so that staff are kept informed in their area of work
- Attend the link staff meetings
- Underpin audit practices in line with the assurance folder
- Report any IPC issues to the IPC team

5.0 Consent

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given orally and/ or in writing. Someone could also give non-verbal consent if they understand the treatment or care about to take place. Consent must be voluntary and informed, and the person consenting must have the capacity to make the decision.

In the event that the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following:

- Understand information about the decision
- Remember that information
- Use the information to make the decision
- Communicate the decision

6.0 Monitoring Compliance and Effectiveness

Monitoring tools must be built into all procedural documents in order that compliance and effectiveness can be demonstrated.

Policy Page/Section	Minimum Requirements to monitor	Process for Monitoring	Responsible Individual /Group	Where results and any Associate Action Plan will be reported to, implemented and monitored Frequency of monitoring
Management and Reporting of Covid-19 Increased Incident Cluster or Outbreak LPT	Reporting of patients who test positive for Covid-19 Increased incidences/outbreaks of Covid-19	Covid-19 audit tool via AMAT for outbreaks	Direct areas Directorate IPC leads IPC team	IPC assurance group Daily – Outbreak
Transmissible Spongiform Encephalopathy TSE including Creutzfeldt Jacob Disease CJD Variant CJD vCJD	Reporting of any cases of the identified disease	External process to identify a case as post-mortem	N/a	IPC assurance group As required by clinical cases/incidences
Management of Meningitis Policy	Reporting of any cases of the identified disease	Review of clinical notes	Lead clinician	IPC assurance group As required by clinical cases/incidences
Management of Patients with Meticillin Resistant Staphylococcus Aureus MRSA Policy	Review of all cases of MRSA bacteremia's in line with national standards Adherence to the guidance algorithm and prescribing guidance.	Isolation audit tool PSIRF (as applicable) Hand hygiene audit on AMAT Cleaning and Decontamination audit	Direct areas Clinical staff IPC team Patient Safety Team Estates and Domestic team	IPC assurance group As required by clinical cases/incidences

Policy Page/Section	Minimum Requirements to monitor	Process for Monitoring	Responsible Individual /Group	Where results and any Associate Action Plan will be reported to, implemented and monitored Frequency of monitoring
Increased Incidence or Outbreak of Diarrhoea and Vomiting Policy	Compliance with the isolation, hand hygiene and cleaning and decontamination elements of this policy. Review of testing compliance Adherence to the guidance algorithm and prescribing guidance.	Isolation audit tool Hand hygiene audit on AMAT Cleaning and Decontamination audit	Clinical Staff IPC team Estates and Domestic team	IPC assurance group Annual
Management of the Infection Prevention and Control Risk of Patients with TB	Compliance with the isolation, hand hygiene and cleaning and decontamination elements of this policy. Review of testing compliance	Isolation audit tool Hand hygiene audit on AMAT Cleaning and Decontamination audit	Clinical Staff IPC team Estates and Domestic team	IPC assurance group Annual
Management of Headlice Policy	Reporting of patient cases identified with Headlice	Report to IPC team	Clinical Staff	IPC assurance group As occurs
Management of Patients with Scabies Policy	Reporting of patient cases identified with Scabies	Report to IPC team	Clinical Staff	IPC assurance group As occurs
Management of Chickenpox Shingles including Screening Processes Policy	VZIG issued in accordance with PHE recommendations	VZIG prescribed via pharmacy	Pharmacy Lead/Clinician	IPC assurance group Ad-hoc

Policy Page/Section	Minimum Requirements to monitor	Process for Monitoring	Responsible Individual /Group	Where results and any Associate Action Plan will be reported to, implemented and monitored Frequency of monitoring
Management of Patients with Suspected or Confirmed as Infectious Diarrhoea and Vomiting Policy	Compliance with the isolation, hand hygiene and cleaning and decontamination elements of this policy. Review of testing compliance	Isolation audit tool Hand hygiene audit on AMAT Cleaning and Decontamination audit	Clinical Staff IPC team Estates and Domestic team	IPC assurance group Annual
Management of Carbapenem Resistant Organisms CRO Policy	Compliance with the isolation, hand hygiene and cleaning and decontamination elements of this policy. Review of testing compliance	Isolation audit tool Hand hygiene audit on AMAT Cleaning and Decontamination audit	Clinical Staff IPC team Estates and Domestic team	IPC assurance group Annual
Infectious Events for Childhood Infections Policy	Policy in line with national guidance	Policy review	IPC team	IPC assurance group 3 yearly New updates recieved
Escalation Process for Suspected or Known Increased Incidence or Outbreak of Infection Policy	All patients in Side rooms isolated appropriately Outbreak control meetings	Isolation precautions audit Review of Attendance sheets of meetings, minutes, action points and future meeting dates.	IPC team	IPC assurance group 6 monthly
Management of a Patient requiring Source Isolation Precautions Policy	Compliance with the isolation elements of this policy All patients in single/side rooms isolated appropriately	Isolation precautions audit	IPC team	IPC assurance group 6 monthly

Policy Page/Section	Minimum Requirements to monitor	Process for Monitoring	Responsible Individual /Group	Where results and any Associate Action Plan will be reported to, implemented and monitored Frequency of monitoring
The Reporting of Known or Suspected Infectious Diseases to the UK Health Security Agency Policy	Suspected or Known Infectious diseases	Laboratory data and appendix 1 Notification Certificate	United Kingdom Health Security Agency (UKHSA)	IPC assurance group As required
Animals and Pets in an Inpatient Healthcare Setting Policy	Incidents reported relating to animals within LPT	Via e-irf	All staff	IPC assurance group Yearly
Management of Sharps and Exposure to Blood Borne Viruses Policy	Sharps bin Safety Exposure incidents	Sharp safety audit tool Numbers of staff seen in OH/ED with exposure incidents	Directorate IPC leads/IPC team OH nurse/physician attending H&S committee, IPC assurance group	IPC assurance group Annual Quarterly
Food Hygiene for Ward and Therapy Kitchens Infection Prevention Policy	Policy in line with national guidance	Policy review	IPC team	IPC assurance group
The Collection Handling and Transporting Specimens Policy	Policy in line with national guidance	Policy review	IPC team	IPC assurance group
Personal Protective Equipment for use in Healthcare Policy	Standard precautions including correct use of personal protective equipment and source isolation precautions	PPE audit tool Compliance with donning and doffing training		IPC assurance group 6 monthly audits
Hand Hygiene Policy	Hand Hygiene Compliance at ward/department level	Hand hygiene audit tool via AMAT	Directorate IPC Leads IPC assurance meeting	IPC assurance group Monthly

Policy Page/Section	Minimum Requirements to monitor	Process for Monitoring	Responsible Individual /Group	Where results and any Associate Action Plan will be reported to, implemented and monitored Frequency of monitoring
Work Wear and Uniform Policy		Uniform and workwear audit tool	Ward managers/Matrons IPC team	IPC assurance group Professional directorate meetings Ad hoc Quarterly
The Management of Staff Health Relating to Communicable Disease Policy	Policy in line with local and national guidance	Policy review	Occupational Health IPC team	IPC assurance group
Aseptic Non Touch Technique And Clean Technique Policy	Staff required to carry out ANTT practice to be trained appropriately	Training records for all staff who undertake ANTT as part of their role	Specialist leads Education and learning team	IPC assurance group Annually
Linen and Laundry Management Policy	Policy in line with local and national guidance	Policy review	Estates and facilities team IPC team	IPC assurance group
Cleaning and Decontamination of Equipment Medical Devices and the Environment Policy	Cleanliness of Equipment Compliance with Policy Decontamination of Medical Equipment	Environmental audit tool Monthly Equipment Decontamination Audit	Matrons/Ward managers Estates and facilities Heads of Nursing IPC team Podiatry Leads Audit results fed back to Clinical Management groups and reported to Trust Infection Prevention & Control Assurance Group	Monthly Annually Quarterly

7.0 References and Bibliography

The policy was drafted with reference to the policies listed above and can be located on the LPT trust intranet site. The following associated documents to support the Infection Prevention and Control agenda are available on the LPT trust intranet:

Department of Health (2006). Standards for Better Health. DH: London

Department of Health, (2007). Essential steps to safe, clean care: Reducing healthcare-associated infections. DH: London

Department of Health (2008). The Health Act 2008, updated July 2015 – Code of Practice for the Prevention and Control of Healthcare Associated Infections. DH: London

Health and Safety at Work Act (1974). London: The Stationary Office.

NHS Litigation Authority, 2009/10. Risk management Standards for Acute Trusts, Primary Care Trusts and Independent Sector Providers of NHS Care.

The Control of Substances Hazardous to Health (COSHH) Regulations, (2002). Statutory Instrument No. 2677 (online). London: The Stationary Office.

NICE National Institute for Health and Care Excellence (2014) infection Prevention and Control quality standard 61

NICE National Institute for Health and Care Excellence (2010) Clinical Guideline 2 - Prevention of Healthcare Associated Infection in Primary and Community Care

8.0 Fraud, Bribery and Corruption consideration

The Trust has a zero-tolerance approach to fraud, bribery and corruption in all areas of our work and it is important that this is reflected through all policies and procedures to mitigate these risks.
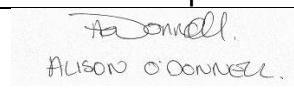
Fraud relates to a dishonest representation, failure to disclose information or abuse of position in order to make a gain or cause a loss. Bribery involves the giving or receiving of gifts or money in return for improper performance. Corruption relates to dishonest or fraudulent conduct by those in power.

Any procedure incurring costs or fees or involving the procurement or provision of goods or service, may be susceptible to fraud, bribery, or corruption so provision should be made within the policy to safeguard against these.

If there is a potential that the policy being written, amended or updated controls a procedure for which there is a potential of fraud, bribery, or corruption to occur you should contact the Trusts Local Counter Fraud Specialist (LCFS) for assistance.

Appendix 1 Training Needs Analysis

Training required to meet the policy requirements must be approved prior to policy approval. Learning and Development manage the approval of training. Send this form to lpt.tel@nhs.net for review.

Training topic/title:	1. Infection Prevention and Control Level 1 2. Infection Prevention and Control Level 2
Type of training: (see Mandatory and Role Essential Training policy for descriptions)	☐ Not required **X Mandatory (must be on mandatory training register)** ☐ Role Essential (must be on the role essential training register) ☐ Desirable or Developmental
Directorate to which the training is applicable:	X Directorate of Mental Health X Community Health Services X Enabling Services X Estates and Facilities X Families, Young People, Children, Learning Disability and Autism X Hosted Services
Staff groups who require the training: (consider bank /agency/volunteers/medical)	1. All staff in all areas 2. Clinical staff
Governance group who has approved this training:	IPC Group	Date approved:	2023
Named lead or team who is responsible for this training:	IPC team
Delivery mode of training: elearning/virtual/classroom/ informal/adhoc	Elearning
Has a training plan been agreed?	Yes
Where will completion of this training be recorded?	X uLearn
How is this training going to be quality assured and completions monitored?	Monthly staff status reports to Directorate Management Team meetings, Manager review via ulearn, IPC Group monitor compliance
Signed by Learning and Development Approval name and date	*Aa Donnell.* ALISON O'DONNELL.	Date: 2nd August 2024

Appendix 2 The NHS Constitution

- The NHS will provide a universal service for all based on clinical need, not ability to pay.
- The NHS will provide a comprehensive range of services.

Shape its services around the needs and preferences of individual patients, their families and their carers   Answer yes/no to all

Respond to different needs of different sectors of the population yes/no

Work continuously to improve quality services and to minimise errors yes/no

Support and value its staff yes/no

Work together with others to ensure a seamless service for patients yes/no

Help keep people healthy and work to reduce health inequalities yes/no

Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance yes/no

Appendix 3 Due Regard Screening Template

Section 1	
Name of activity/proposal	Infection Prevention and Control Overarching Policy
Date Screening commenced	24 July 2024
Directorate / Service carrying out the assessment	Enabling. Infection Prevention and Control Team
Name and role of person undertaking this Due Regard (Equality Analysis)	Amanda Hemsley, Head of Infection Prevention and Control
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: To provide clear guidance to Trust staff on their responsibilities in relation to infection prevention and control.	
OBJECTIVES: This policy clearly identifies the aims and goals for infection prevention and control within Leicestershire Partnership Trust, thereby providing a coherent strategic objective. This policy should be reviewed whenever there is a need to adapt to the changing regulatory environment or in response to ongoing risk assessment to ensure a safe environment exists for all patients, visitors and staff.	

Section 2	
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details
Age	
Disability	
Gender reassignment	
Marriage & Civil Partnership	
Pregnancy & Maternity	
Race	
Religion and Belief	
Sex	
Sexual Orientation	
Other equality groups?	

Section 3	
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.	
Yes	No
High risk: Complete a full EIA starting click here to proceed to Part B	Low risk: Go to Section 4.

Section 4			
If this proposal is low risk please give evidence or justification for how you reached this decision:			
This policy is the overarching policy for all subsequent infection prevention and control policies. It follows government legislation and relevant bodies have been consulted in line with Trust and national requirements.			
Signed by reviewer/assessor		Date	
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed		Date	

Appendix 4 Date Privacy Impact Assessment Screening

<table>
<tr><td colspan="4">Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.
The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.</td></tr>
<tr><td colspan="2">Name of Document:</td><td colspan="2">Infection Prevention and Control Assurance Policy</td></tr>
<tr><td colspan="2">Completed by:</td><td colspan="2">Amanda Hemsley</td></tr>
<tr><td colspan="2">Job title</td><td>Head of IPC</td><td>Date 24/07/24</td></tr>
<tr><td colspan="2">Screening Questions</td><td>Yes / No</td><td>Explanatory Note</td></tr>
<tr><td colspan="2">1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.</td><td>No</td><td></td></tr>
<tr><td colspan="2">2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.</td><td>No</td><td></td></tr>
<tr><td colspan="2">3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?</td><td>No</td><td></td></tr>
<tr><td colspan="2">4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?</td><td>No</td><td></td></tr>
<tr><td colspan="2">5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.</td><td>No</td><td></td></tr>
<tr><td colspan="2">6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?</td><td>No</td><td></td></tr>
<tr><td colspan="2">7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.</td><td>No</td><td></td></tr>
</table>

8. Will the process require you to contact individuals in ways which they may find intrusive?	**No**	
If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via **Lpt-dataprivacy@leicspart.secure.nhs.uk** **In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.**		
Data Privacy approval name:		
Date of approval		

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust

Appendix 4 Infection Prevention and Control Assurance/Operational Group Terms of Reference

References to "the Group" shall mean the Infection Prevention and Control(IPC) Group

1.0   Purpose of the Group

1.1   The purpose of the group is to ensure that Infection Prevention and Control (IPC) performance standards and compliance of the Health and Social CareAct (2008, updated July 2015) are upheld and monitored within the Trust.
The group will receive updates, exception reporting, assurance and any actualor potential risks, actions to mitigate risks from the Directorates / services.
The governance framework will require that the group provide an overview and assurance to the Trust Board through direct reporting to the Quality Forum onall relevant aspects of IPC agenda identified as below.

1.2   The group will:

1.2.1   Identify key performance standards and compliance requirements of IPC aspart of the Trust's Quality Forum strategy and disseminate.

1.2.2   Ensure that the IPC annual work programme is developed and disseminated to the directorates and monitor progression of standards, compliance, and actions.

1.2.3   Ensure that appropriate IPC policies are in place in line with the Health andSocial Care Act 2008 and Care Quality Commission compliance.

1.2.4   Receive and monitor compliance figures for staff mandatory IPC training,development programmes and actions to address exceptions.

1.2.5   Receive assurance of the completion of IPC surveillance, analysis of such andprogress of any required improvements, including risks, actions to mitigate risk and escalation to the Quality Forum and Quality & Safety Committee as appropriate.

1.2.6   Receive the audit programme, monitor for evidence of ongoing learning, and identify the evidence required forassurance needs.

1.2.7   Monitor improvement measures and receives assurance that IPC standardsare being met following increased incidences, outbreaks, and Serious Incidents in relation to IPC.

1.2.8   Receive assurance of compliance with identified antimicrobial stewardship arrangements, which includes monitoring of antimicrobial consumption and addresses gaps in assurance.

1.2.9 Receive and monitor compliance with the Board Assurance Framework for

Infection Prevention and Control

1.2.10 Receive and disseminate the 6 monthly IPC report to Quality and Safety Committee.

2.0   Clinical Focus and Engagement

2.1   The Trust considers clinical engagement and involvement in Board decisionsto be an essential element of its governance arrangements and as such the Trust's integrated governance approach aims to mainstream clinical governance into all planning, decision-making and monitoring activity undertaken by the board.

3.0   Authority

3.1   The group is authorised by the Quality Forum to conduct its activities inaccordance with its terms of reference.

3.2   The group is authorised by the Quality Forum to seek any information itrequires from any employee of the Trust in order to perform its duties.

4.0   Membership

4.1   The Infection Prevention and Control Assurance Group is chaired by the Deputy Director of Nursing and Quality/ Deputy Director of Infection Prevention and Control..

4.2   Deputy Chair will be the Head of Infection Prevention and Control

4.3   The membership of the group is listed in the Annex.

4.4   The membership of the group will comprise of the necessary persons to ensure that operational practices across the trust comply with the Health andSocial Care Act 2008 (updated 2015) and all other pertinent NHS best practice standards e.g., CQC.

4.5   The group will be made up of members who must attend regularly non-members of the group will attend the meeting as requested when they havepapers to present,

4.6   Only members of the group have the right to attend group meetings. However, other individuals and officers of the Trust may be invited to attend all, or part, of any meeting as deemed appropriate.

4.7   Membership of the group will be reviewed and agreed annually with theQuality Forum.

5.0   Secretary

5.1   Secretarial support will be provided from the Infection Prevention and Control Administrator

6.0   Quorum

6.1   The quorum necessary for the transaction of business shall be six members; representation of this group must include Chair/Deputy Chair, Head of Nursing/Deputy Head of Nursing or designated other from each directorate and IPC nurse. A duly convenedmeeting of the group at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the group.

6.2   Any meetings that are not quota and any decisions made will be ratified bythose absent within 10 days of the meeting. A record of these agreements made is to be held by the secretary of the meeting.

7.0   Frequency of Meetings

7.1   The group shall meet bi-monthly for an IPC Assurance Group Meeting and bi-monthly for an Operational IPC Group Meeting (alternative to the official group meeting).

7.2   Members will be expected to attend all meetings. (Attendance will bereported in the annual report).

8.0   Agenda/Notice of Meetings

8.1   Unless otherwise agreed, notice of each meeting confirming the venue, time, and date together with an agenda of items to be discussed, shall be forwarded to each member of the group, and any other person required to attend, no later than 5 working days before the date of the meeting. Supporting papers shall be sent to group members and to other attendees asappropriate, at the same time.

8.2   Members of the group who submit papers for the meeting must do so within the allotted timescales. Delay in the process significantly impacts on papers being sent out for the meeting on time and may result in exclusion of the paper and its associated material from the meeting.

9.0   Record of Meetings

9.1   The administrator shall minute the proceedings, actions for address as part of the action log and resolutions of all Committeemeetings, including the names of those present and in attendance.

9.2   The record of group meetings shall be circulated promptly to all members ofthe group and once agreed, to the secretary of the Quality Forum. The groups' records will be open to scrutiny by the Trust's

auditors. The recordswill be shared for information with other identified groups or committees including the health and safety committee.

10.0   Duties

The group shall:

10.1   Pay Due Regard to Equality in all of its decisions. All reports include a DueRegard question. In order to ensure that the group fulfils its statutory obligations it will use Public Sector Equality Duty checklist attached at Appendix 2 in its decision-making processes for agenda items

10.2   Receive summaries and action points from the Directorates to seek compliance in line with local and nationally agreed priorities and providesupport to these groups where necessary.

10.3   Receive assurance from each directorate regarding the annual workprogramme for infection prevention and control.

10.4   Receive assurance from each directorate regarding the annual auditprogramme for infection prevention and control.

10.5   Communicate the level of assurance, exceptions, and risks to the Quality Forumon a quarterly basis.

10.6   Receive, review, and agree infection prevention and control policies for review.

10.7   Receive, review, and agree with the work plan, surveillance data incidents and riskand identify actions that are timely and focused in achieving the identified outcomes.

11.0   Reporting Responsibilities:

11.1   The group shall produce a triple A report for the Quality Forum after eachmeeting.. It will also include any relevant information or key IPC items that need to be escalated to QSC.

11.2   The group shall make whatever recommendations to the Quality Forum that is deemed appropriate on any area within its remit where action or improvementis needed.

11.3   The group shall produce a 6-month report for the   Quality & Safety Committee which includes a summary of all elements of IPC for the previous 6 months.

12.0   Annual Review

12.1   The group shall, at least once a year, review its own performance, constitution,and terms of reference to ensure it is operating at maximum effectiveness andrecommend any changes it considers necessary to the Quality Forum for approval.

13.0   Risk Responsibility

13.1   Where any risks need escalation, the group will do so through its highlightreport.

Annex – Membership of the Committee
Director of Nursing & AHPs & Quality (DIPaC)

Deputy Director of Nursing and Professional Practice (Chair / Deputy DIPaC)

Head of Infection Prevention and Control (Deputy
Chair)Infection Prevention and Control Nurse(s)
Head of Estates & Facilities shared
service representativeOccupational Health
Practitioner
Directorate Deputy Head of Nursing (or delegated deputy) to represent
inpatient andcommunity services for:
  - o   Community Health Service
  - o   Families, Young People and Children and Learning Disabilities
  - o   Mental Health

Property Manager, LPT estates & facilities
Health and Safety representative
Therapy Lead/s
Medical Lead

Head of infection control – CCG
Antimicrobial Prescribing Lead
Clinical Trainer Practice Development manager/Training Delivery Manager

Ad hoc representation

UK Health Security Agency
Health England East Midlands
Emergency Planning Lead
Continence Service
Tissue Viability
Lead Consultant
Microbiologist
Podiatry Manager

Public Sector Equality Duty Check List

The Committee should assure itself that for relevant agenda items the following checklist questions have been addressed in full (and where appropriate a "Due

Regard" assessment has been carried out:

1. (a) Who will be affected by this decision? What information is there about its likelyeffects on them?

(b) Have you consulted with people who might be affected?

(c) Could this decision affect some groups of people more than others? In particular, is it likely to have a disproportionately bad effect on some groups?

(d) Could the proposal be amended to avoid or reduce this disproportionate effect?

2. Could the decision be seen as favouring a particular group or denying opportunities to another? Might it cause tensions or resentment between people? How could this be addressed?

3. Does this decision offer an opportunity to promote equality? Does it offer an opportunity to promote good relations between different groups of people?

4. Accessible environments

(a) Physical access: will the decision affect how and when different groups of people are able to use a room or building? Has the committee taken advice on improving access for disabled people?

(b) Access to information (E.g., Large Print, Digital/electronic, BSL, Non-English translations etc.): does the decision involve communication or publication of information? Has the committee taken advice on producing accessible formats?

5. Decisions should be reviewed to see what effects they have actually had. Do you need to make arrangements now so that information will be available for this review?

Note: **Groups** refers to those protected under the Equality Act 2010 (age, disability, gender reassignment, Race, religion or belief, maternity or pregnancy, marriage or civil partnership, sexual orientation, or sex).

Appendix 6 Reporting and Governance Structures

Community Health Services

Families, Young people & Children Learning Disabilities

Adult Mental Health & Mental Health Services for Older People

Directorate meetings
- Health and Safety
- IPC

INFECTION PREVENTION AND CONTROL ASSURANCE GROUP

QUALITY AND SAFETY GROUP MEETING

EXECUTIVE MEMBERS BOARD

TRUST BOARD