

# 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

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Which Relevant CQC Fundamental Standards?		

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## 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 (2 <sup>nd</sup> 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.

### For further information contact:

Infection Prevention and Control Team – Leicestershire Partnership Trust

### 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 advances 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.

### 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 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.

### Definitions that apply to this policy

<b>Care Quality Commission (CQC)</b>	Independent health and adult social care regulator
<b>CDT/CDI</b> Clostridium <i>difficile</i> toxin/infection	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.
<b>Clostridioides difficile</b>	New classification for Clostridium difficile
<b>Consultant in Health Protection</b>	A consultant for Public Health England who is knowledgeable in Infectious Diseases
<b>Coronavirus</b>	Coronaviruses are a family of viruses that cause disease in animals. Seven, including the new virus (Covid-19), have made the jump to humans, but most just cause cold like symptoms.
<b>Covid-19</b>	Covid-19 is different to these two other coronaviruses in that the spectrum of disease is broad, with around 80 per cent of cases leading to a mild infection. There may also be many people carrying the disease and displaying no symptoms, making it even harder to control.
<b>CRO/CPE</b> <b>MDR</b>	Carbapenamase Resistant Organism/Enterococci Multidrug resistant organism – a number of organisms that cannot be treated by antibiotics
<b>DIPaC</b>	Director of Infection Prevention and Control
<b>Health care premises</b>	Where care or services are delivered to a person related to their health
<b>MRSA</b> <b>Meticillin Resistant Staphylococcus aureus</b>	A strain of antibiotic resistant bacteria

## **1.0 Purpose of the Policy**

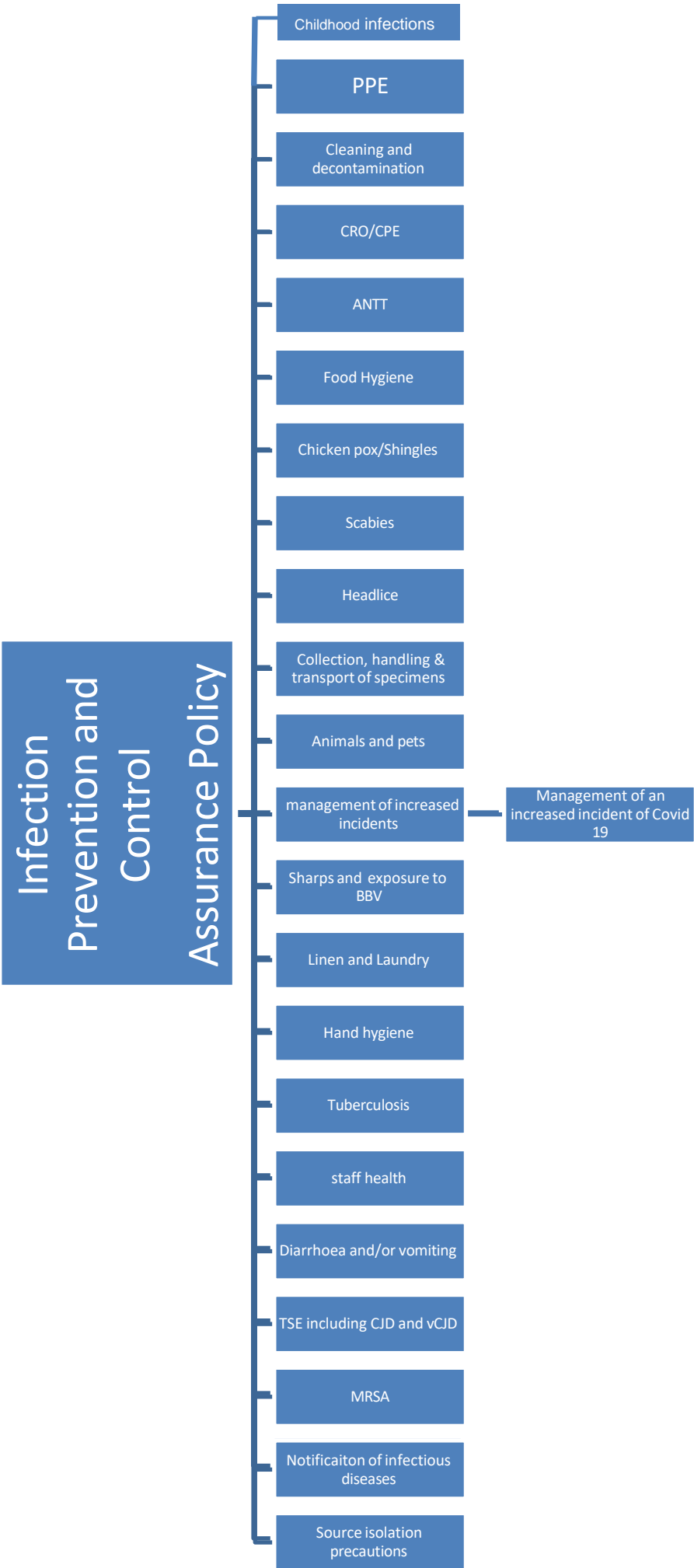
This document promotes robust infection and prevention control systems to ensure clean environments and good evidence based practices to minimise the risk of health care associated infection (HCAI) to patients, staff and visitors. It aims to assist Leicestershire Partnership Trust (LPT) managers, staff 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 HCAs 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 HCAs as agreed with Leicester, Leicestershire and Rutland Integrated Care Board (ICB).

## **2.0 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)



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	
<b>Compliance criterion</b>	<b>What the registered provider will need to demonstrate</b>
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.

### **3.0 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.

## **4.0 Infection Prevention and Control**

### **4.1 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 7.

### **4.2 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 for the management of SI's and Incident reporting 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. Serious Incident report (SI)/Root Cause Analysis (RCA) must be undertaken for the following:

- 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

### **4.3 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.

### **5.0 Duties within the Organisation**

The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.

Trust Board Sub-committees have the responsibility for ratifying policies and protocols.

#### **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 and Heads of Nursing are responsible for:**

Ensuring that comprehensive arrangements are in place regarding adherence to this policy and how policies and procedures are managed within their own Department or Service in line with the this policy.

Ensuring that team managers and other management staff are given clear instructions about policy arrangements so that they in turn can instruct staff under their direction.

Distributing information about this policy and associated procedures in a timely manner throughout the directorate.

Ensure that all staff has access to this policy through the intranet. Hard copies should not be retained in a folder as potentially they may be out of date.

Maintain a system for recording that this policy has been distributed to and received by staff within the directorate and these records are available for inspection upon request for audit purposes.

### **Managers and Team leaders are responsible for:**

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.

### **All staff**

All employees of the Trust have a responsibility to be aware at all times of their responsibility in ensuring Infection Prevention and Control requirements are met. Staff should ensure they are aware of how to access all policies and information pertaining to their role in the remit of Infection Prevention and Control.

It is the responsibility of each individual member of staff to ensure they are appropriately trained and competent in the subject of Infection Prevention and

Control and specific relation to their role. Any member of staff not feeling competent in the subject of Infection Prevention and Control must seek further training/advice from their manager.

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.

### **Responsibility of Clinical Staff**

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 as long as they understand the treatment or care about to take place. Consent must be voluntary and informed and the person consenting must have 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 disturbance in the functioning of the mind or brains 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

### **Infection Prevention and Control Team**

The Infection Prevention and Control Team work 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 staff and provide advice in relation to risk management and root cause analysis processes in the remit of infection prevention and control
- Support research programmes
- Investigate incidents and support organisational lessons learnt and provide reports and training as indicated

### **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

### **Medical Devices Asset Manager (MDAM)**

It is the responsibility of the MDAM 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

## **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

## **Domestic and Cleaning Services Manager**

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.

### **6.0 Training**

There is a need for training identified within this policy. In accordance with the classification of training outlined in the Trust Learning and Development Strategy this training has been identified as mandatory training and role development training

The course directory e-source link below will identify: who the training applies to, delivery method, the update frequency, learning outcomes and a list of available dates to access the training.

<http://www.leicspart.nhs.uk/Library/AcademyCourseDirectory.pdf>

A record of the event will be recorded on Ulearn.

The governance group responsible for monitoring the training is the Quality Forum which reports to the Quality Assurance Committee (QAC)

### **7.0 Monitoring Compliance and Effectiveness**

#### **Mandatory Training**

- New employees must attend induction training which includes infection

- prevention and control prior to commencement of their post
- Staff who have direct patient contact are expected to undertake Level 2 eLearning infection prevention and control update bi-annually
- Staff who do not have direct patient contact are expected to undertake Level 1 eLearning infection prevention and control update 3 yearly

#### Specific Training not covered by Mandatory Training

- Further training needs may be identified through other management routes; including root cause analysis reviews following an incident/infection control outbreak.
- By agreement additional bespoke training sessions will be provided by the Infection Prevention & Control Team.

This policy will be reviewed for compliance/effectiveness by the Infection Prevention and Control Committee each year.

### **8.0 Links to Standards/Performance Indicators**

This policy links to the Care Quality Commission Outcome 8, table outlined in section 2 of this policy.

### **9.0 References and Bibliography**

The policy was drafted with reference to the policies listed above and can be located on the LPT trust intranet sit

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

<https://www.gov.uk/coronavirus>

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

## Training Requirements

<b>Training topic:</b>	Infection Prevention and Control Training Hand Hygiene training
<b>Type of training:</b>	✓ Mandatory (must be on mandatory training register) ✓ Role specific
<b>Division(s) to which the training is applicable:</b>	✓ Adult Learning Disability Services ✓ Adult Mental Health Services ✓ Community Health Services ✓ Enabling Services ✓ Families Young People Children ✓ Hosted Services
<b>Staff groups who require the training:</b>	All staff for Induction and mandatory training Clinical staff will undertake role specific training
<b>Update requirement:</b>	Hand hygiene and clinical mandatory training is required every two years General mandatory training is every 3 years
<b>Who is responsible for delivery of this training?</b>	Clinical mandatory training will be delivered by the IP&C team. The Learning and Development department will provide training for induction and other associated sessions Training for issues picked up in regards to IPC incidents will be provided as required by the IP&C team
<b>Have resources been identified?</b>	All sessions are available either via the learning and development department or via eLearning
<b>Has a training plan been agreed?</b>	The core components of the policy are supported in mandatory training
<b>Where will completion of this training be recorded?</b>	✓Trust learning management system
<b>How is this training going to be monitored?</b>	Learning and Development - Ulearn IPC Committee where required QAC receive training figures



# The NHS Constitution

## NHS Core Principles – Checklist

Please tick below those principles that apply to this policy

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	✓
Respond to different needs of different sectors of the population	✓
Work continuously to improve quality services and to minimise errors	✓
Support and value its staff	✓
Work together with others to ensure a seamless service for patients	✓
Help keep people healthy and work to reduce health inequalities	✓
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	✓

## Appendix 3

### Stakeholders and Consultation

#### Key individuals involved in developing the document

Name	Designation
Amanda Hemsley	Head of Infection Prevention and Control Nurse
Laura Brown Claire King Eden Miller	Infection Prevention and Control Team

#### Circulated to the following individuals for comment

Name	Designation
Anne Scott	Director of Nursing, AHP's and Quality
Emma Wallis	Deputy Director of Nursing and Quality
Sarah Latham	Head of Nursing, CHS Inpatients
Alison O'Donnell	Head of Learning and Development
Michelle Churchard	Interim Deputy Director of Nursing and Quality
Carmella Senogles	Deputy Head of Nursing, FYPC
Kam Palin	Occupational Health Nurse
Simon Guild	Deputy Head of Nursing, MHSOP
Bernadette Cawley Nash	Deputy Head of Nursing
Saskya FALOPE	Deputy Head of Nursing
Tejas Khatau	Lead Pharmacist, FYPC
Jane Martin	Head of Nursing MH
Samantha Roost	Senior Health and Safety Compliance Officer
Helen Walton	Estates and Facilities Manager
Donna Fraser	Matron, CHS Community
Fern Barrell	Risk Manager
Robert Pride	Head of IPC ICB
Policy Group	

## Due Regard Screening Template

<b>Section 1</b>			
<b>Name of activity/proposal</b>	Infection Prevention and Control Overarching Policy		
<b>Date Screening commenced</b>	12 January 2023		
<b>Directorate / Service carrying out the assessment</b>	Enabling. Infection Prevention and Control Team		
<b>Name and role of person undertaking this Due Regard (Equality Analysis)</b>	Amanda Hemsley, Head of Infection Prevention and Control		
<b>Give an overview of the aims, objectives and purpose of the proposal:</b>			
<b>AIMS:</b> To provide clear guidance to Trust staff on their responsibilities in relation to infection prevention and control.			
<b>OBJECTIVES:</b> 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.			
<b>Section 2</b>			
<b>Protected Characteristic</b>	<b>If the proposal/s have a positive or negative impact please give brief details</b>		
Age	This document provides guidance on the roles and responsibilities of all staff working within the trust in relation to the prevention and control of infection. Therefore the correct implementation of this policy will help reduce any adverse effect irrespective of any protected characteristic and is therefore equality neutral		
Disability			
Gender reassignment			
Marriage & Civil Partnership			
Pregnancy & Maternity			
Race			
Religion and Belief			
Sex			
Sexual Orientation			
Other equality groups?			
<b>Section 3</b>			
<b>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.</b>			
Yes		No	
High risk: Complete a full EIA starting click <a href="#">here</a> to proceed to Part B		Low risk: Go to Section 4.	√
<b>Section 4</b>			
<b>If this proposal is low risk please give evidence or justification for how you reached this decision:</b>			
This policy is the overarching policy for all subsequent infection prevention and control policies. The policies take into consideration the needs of patients and staff and the safeguarding of same. It follows government legislation and relevant bodies have been			

consulted prior to the development of any policies prior to having them agreed at trust board level.

<b>Signed by reviewer/assessor</b>	<i>Amanda Hensky</i>	<b>Date</b>	12 January 2023
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
<b>Head of Service Signed</b>	As above	<b>Date</b>	

## Appendix 5

### PRIVACY IMPACT ASSESSMENT SCREENING

Privacy impact assessment (PIAs) 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 first step in the PIA process is identifying the need for an assessment.

The following screening questions will help decide whether a PIA is necessary. Answering 'yes' to any of these questions is an indication that a PIA would be a useful exercise and requires senior management support, at this stage the Head of Data Privacy must be involved.

<b>Name of Document:</b>	<b>Infection Prevention and Control Assurance Policy</b>		
<b>Completed by:</b>	<b>Amanda Hemsley</b>		
<b>Job title:</b>	<b>Head of IPC</b>	<b>Date</b>	<b>12/01/23</b>
			<b>Yes / No</b>
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.			<b>No</b>
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.			<b>No</b>
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?			<b>No</b>
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?			<b>No</b>
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.			<b>No</b>
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?			<b>No</b>
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.			<b>No</b>
8. Will the process require you to contact individuals in ways which they may find intrusive?			<b>No</b>
<p><b>If the answer to any of these questions is 'Yes' please contact the Head of Data Privacy</b>  <b>Tel: 0116 2950997    Mobile: 07825 947786</b>  <a href="mailto:Lpt-dataprivacy@leicspart.secure.nhs.uk">Lpt-dataprivacy@leicspart.secure.nhs.uk</a>  <b>In this case, adoption of a procedural document will not take place until approved by the Head of Data Privacy.</b></p>			
<b>IG Manager approval name:</b>			
<b>Date of approval:</b>			

## Infection Prevention and Control Assurance Group

### Terms of Reference

**References to “the Group” shall mean the Infection Prevention and Control (IPC) Assurance 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 Care Act (2008, updated July 2015) are upheld and monitored within the Trust. The group will receive updates, exception reporting, assurance and any actual or potential risks, actions to mitigate risks from the Directorates / services. The governance framework will require that the group provide an overview and assurance to Trust Board through direct reporting to the Quality Forum on all 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 as part of the Trust’s Quality Forum strategy and disseminate.
  - 1.2.2 Ensure that the IPC annual 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 and Social 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 and progress of any required improvements, including risks, actions to mitigate risk and escalation to the QF and QAC as appropriate.
  - 1.2.6 Receive the audit programme and identify the evidence required for assurance needs.
  - 1.2.7 Monitor improvement measures and receives assurance that IPC standards are being met following increased incidences, outbreaks and Serious Incidents in relation to IPC.
  - 1.2.8 Receive assurance of compliance with antimicrobial stewardship arrangements and monitoring of antimicrobial consumption.
  - 1.2.9 Approve the annual IPC report to Trust board.

## **2.0 Clinical Focus and Engagement**

- 2.1 The Trust considers clinical engagement and involvement in Board decisions to 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 in accordance with its terms of reference.
- 3.2 The group is authorised by the Quality Forum to seek any information it requires from any employee of the Trust in order to perform its duties.

## **4.0 Membership**

- 4.1 The Infection Prevention and Control Group is chaired by the Deputy Director of Nursing and Quality.
- 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 and Social 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 have papers 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 for all or part of any meeting as deemed appropriate.
- 4.7 Membership of the group will be reviewed and agreed annually with the Quality 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, Lead Nurse from each directorate (or designated other), and IPC nurse. A duly convened meeting 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 quorate and any decisions made will be ratified by those absent within 10 days of the meeting. A record of these agreements made to be held by the secretary of the meeting.

## **7.0 Frequency of Meetings**

- 7.1 The group shall normally meet bi-monthly and at such other times as the Chairperson of the group shall require at the exigency of the business.
- 7.2 Members will be expected to attend all meetings. (Attendance will be reported 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 as appropriate, 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.

## **9.0 Record of Meetings**

- 9.1 The secretary shall minute the proceedings and resolutions of all Committee meetings, including the names of those present and in attendance.
- 9.2 The record of group meetings shall be circulated promptly to all members of the 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 records will be shared for information to 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 Due Regard 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 provide support to these groups



where necessary.

- 10.3 Receive assurance from each directorate regarding the annual work programme for infection prevention and control.
- 10.4 Receive assurance from each directorate regarding the annual audit programme for infection prevention and control.
- 10.5 Communicate level of assurance, exceptions and risks to the Quality Forum on a quarterly basis.
- 10.6 Receive and support dissemination of the annual report
- 10.7 Receive and agree infection prevention and control policies for review
- 10.8 Receive, review and agree the work plan, surveillance data incidents and risk and identify actions that are timely and focused in achieving the identified outcomes.

#### **11.0 Reporting Responsibilities:**

- 11.1 The group shall produce a highlight report for the Quality Forum after each meeting will give a level of assurance for key agenda items.
- 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 improvement is needed.
- 11.3 The group shall produce an annual report for the Quality Forum on the work it has undertaken during the course of the year.

#### **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 and recommend 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 highlight report.

### **Annex – Membership of the Committee**

Director of Nursing & AHPs & Quality (DIPaC)  
Deputy Director of Nursing and Quality (Chair / Deputy DIPaC)  
Head of Infection Prevention and Control (Deputy Chair)  
Infection Prevention and Control Nurse(s)  
Estates & Facilities shared service representative

Occupational Health Practitioner

Directorate Deputy Head of Nursing (or delegated deputy) to represent inpatient and community services for:

- Community Health Service (inclusive of MHSOP)
- Families, Young People and Children
- Adult Learning Disabilities/Adult Mental Health

Property Manager, LPT estates & facilities

Head of Health and Safety Compliance

Therapy Lead

Medical Lead

Head of infection control – ICB

Antimicrobial Prescribing Lead

Clinical Trainer Practice Development manager/Training Delivery Manager

### **Ad hoc representation**

Public 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 likely effects 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?

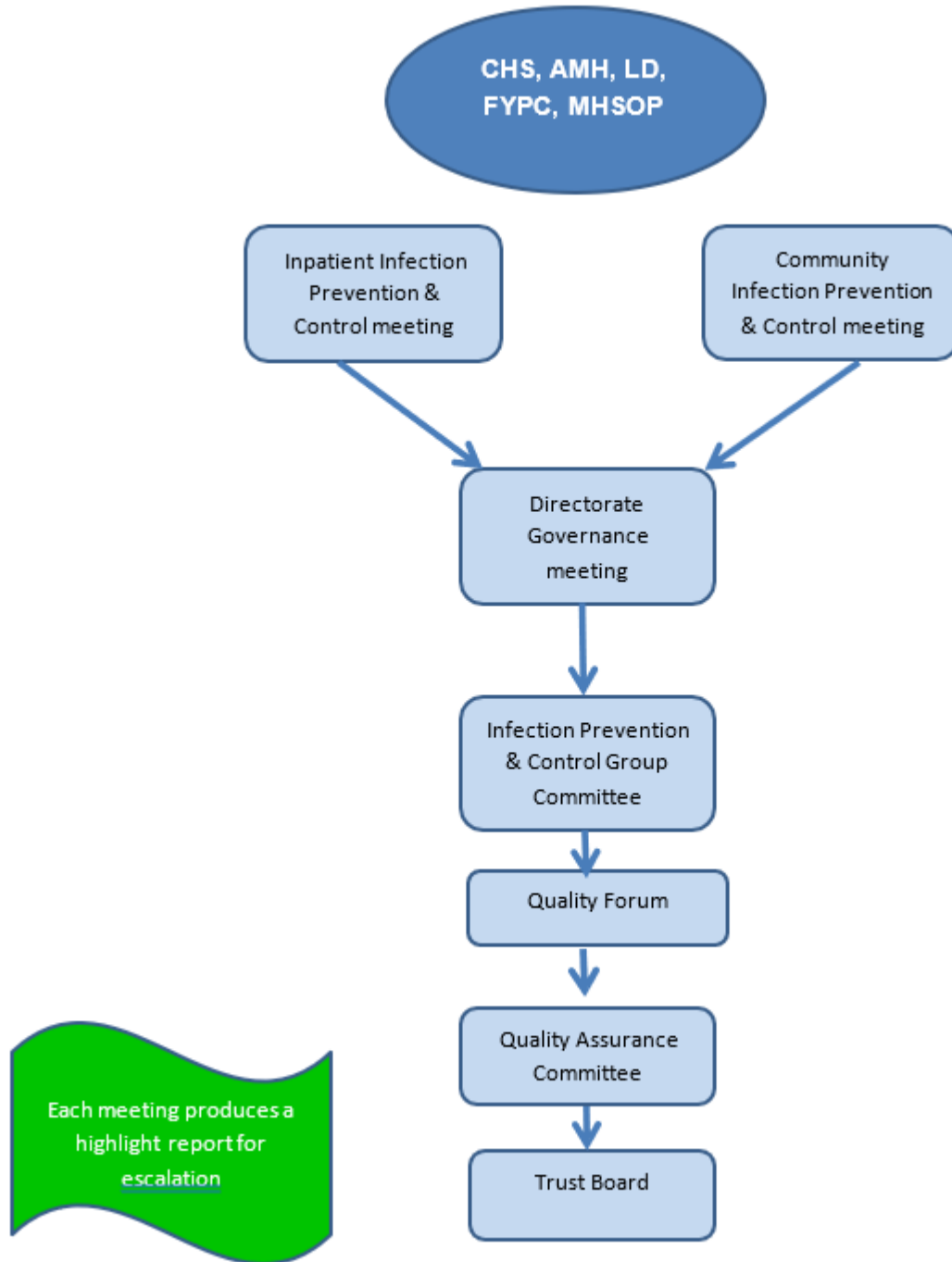
5. Decisions should be reviewed to see what effects they have actually had. Do you need to make arrangements now so that information will be available for this review?

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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).

## Reporting and Governance Structures and Assurance Processes

The Directorates manage their infection prevention and control governance independently. The diagram highlights the reporting structure for Infection Prevention and Control within Leicestershire Partnership Trust,



## Appendix 8

### Monitoring Compliance and Effectiveness

- *Monitoring tools must be built into all procedural documents in order that compliance and effectiveness can be demonstrated.*
- *Be realistic with the amount of monitoring you need to do and time scales*

Policy Page/Section	Minimum Requirements to monitor	Process for Monitoring	Responsible Individual /Group	Frequency of monitoring
<a href="#">Management and Reporting of Covid-19 Increased Incident Cluster or Outbreak LPT</a>	Reporting of patients who test positive for Covid-19 Increased incidences/outbreaks of Covid-19	Covid-19 audit tool via AMAT RCA for outbreaks	Direct areas Directorate IPC leads IPC assurance group IPC team	Daily – Outbreak Weekly – Inpatient Monthly - Community
<a href="#">Transmissible Spongiform Encephalopathy TSE including Creutzfeldt Jacob Disease CJD Variant CJD vCJD</a>	Reporting of any cases of the identified disease	External process to identify a case as post mortem	N/a	As required by clinical cases/incidences
<a href="#">Management of Meningitis Policy</a>	Reporting of any cases of the identified disease	Review of clinical notes	Lead clinician	As required by clinical cases/incidences
<a href="#">Management of Patients with Meticillin Resistant Staphylococcus Aureus MRSA Policy</a>	Review of all cases of MRSA bacteraemia's in line with national standards Adherence to the guidance algorithm and prescribing guidance.	Root Cause analysis tool Isolation audit tool Hand hygiene audit on AMAT Cleaning and Decontamination audit	Direct areas Clinical staff IPC team Estates and Domestic team IPC assurance group	As required by clinical cases/incidences
<a href="#">Increased Incidence or Outbreak of Diarrhoea and Vomiting Policy</a>	Compliance with the isolation, hand hygiene and cleaning and decontamination elements	Isolation audit tool Hand hygiene audit on AMAT Cleaning and	Clinical Staff IPC team Estates and Domestic team	Annual

Policy Page/Section	Minimum Requirements to monitor	Process for Monitoring	Responsible Individual /Group	Frequency of monitoring
	of this policy. Review of testing compliance Adherence to the guidance algorithm and prescribing guidance.	Decontamination audit		
<a href="#">Management of the Infection Prevention and Control Risk of Patients with TB</a>	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	Annual
<a href="#">Management of Headlice Policy</a>	Reporting of patient cases identified with Headlice	Report to IPC team	Clinical Staff	As occurs
<a href="#">Management of Patients with Scabies Policy</a>	Reporting of patient cases identified with Scabies	Report to IPC team	Clinical Staff	As occurs
<a href="#">Management of Chickenpox Shingles including Screening Processes Policy</a>	VZIG issued in accordance with PHE recommendations	VZIG prescribed via pharmacy	Pharmacy Lead/Clinician	Ad-hoc
<a href="#">Management of Patients with Suspected or Confirmed as Infectious Diarrhoea and Vomiting Policy</a>	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	Annual

Policy Page/Section	Minimum Requirements to monitor	Process for Monitoring	Responsible Individual /Group	Frequency of monitoring
<a href="#">Management of Carbapenem Resistant Organisms CRO Policy</a>	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	Annual
<a href="#">Infectious Events for Childhood Infections Policy</a>	Policy in line with national guidance	Policy review	IPC team	3 yearly New updates received
<a href="#">Escalation Process for Suspected or Known Increased Incidence or Outbreak of Infection Policy</a>	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	6 monthly
<a href="#">Management of a Patient requiring Source Isolation Precautions Policy</a>	Compliance with the isolation elements of this policy All patients in Side rooms isolated appropriately	Isolation precautions audit	IPC team	6 monthly
<a href="#">The Reporting of Known or Suspected Infectious Diseases to the UK Health Security Agency Policy</a>	Suspected or Known Infectious diseases	Laboratory data and appendix 1 Notification Certificate	United Kingdom Health Security Agency (UKHSA)	As required
<a href="#">Animals and Pets in an Inpatient Healthcare Setting Policy</a>	Incidents reported relating to animals within LPT	Via e-irf	All staff	Yearly
<a href="#">Management of Sharps and Exposure to Blood Borne Viruses Policy</a>	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	Annual Quarterly

Policy Page/Section	Minimum Requirements to monitor	Process for Monitoring	Responsible Individual /Group	Frequency of monitoring
			assurance group	
<a href="#">Food Hygiene for Ward and Therapy Kitchens Infection Prevention Policy</a>	Policy in line with national guidance	Policy review	IPC team	3 yearly New updates received
<a href="#">The Collection Handling and Transporting Specimens Policy</a>	Policy in line with national guidance	Policy review	IPC team	3 yearly New updates received
<a href="#">Personal Protective Equipment for use in Healthcare Policy</a>	Standard precautions including correct use of personal protective equipment and source isolation precautions	PPE audit tool Compliance with donning and doffing training		
<a href="#">Hand Hygiene Policy</a>	Hand Hygiene Compliance at ward/department level	Hand hygiene audit tool via AMAT	Directorate IPC Leads IPC assurance meeting	Monthly
<a href="#">Work Wear and Uniform Policy</a>		Uniform and workwear audit tool	Ward managers/Matrons IPC team	Ad hoc Quarterly
<a href="#">The Management of Staff Health Relating to Communicable Disease Policy</a>	Policy in line with local and national guidance	Policy review	Occupational Health IPC team	3 yearly New updates received
<a href="#">Aseptic Non Touch Technique And Clean Technique Policy</a>	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	Annually
<a href="#">Linen and Laundry Management Policy</a>	Policy in line with local and national guidance	Policy review	Estates and facilities team IPC team	3 yearly New updates received
<a href="#">Cleaning and Decontamination of Equipment Medical</a>	Cleanliness of Equipment Compliance with Policy Decontamination of	Environmental audit tool Monthly Equipment	Matrons/Ward managers Estates and facilities	Monthly Annually



Policy Page/Section	Minimum Requirements to monitor	Process for Monitoring	Responsible Individual /Group	Frequency of monitoring
<a href="#">Devices and the Environment Policy</a>	Medical Equipment	Decontamination Audit	Heads of Nursing IPC team Podiatry Leads Audit results fed back to Clinical Management groups and reported to Trust Infection Prevention & Control Assurance Group	Quarterly