Trust Policy for the Prevention and Control of Infection

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<tr>
<td>Infection Prevention &amp; Control Committee</td>
<td>2.3</td>
<td>January 2012</td>
<td>January 2015</td>
<td>Jacqui Campbell</td>
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27th January 2012

January 2015

January 2015

Jacqui Campbell
**EQUALITY IMPACT ASSESSMENT – SCREENING FORM**

| 1. Title of document/service for assessment | Management of Norovirus and Infectious Diarrhoea |
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| 3. Date for review | November 2014 |
| 4. Directorate/Service | Infection Control Team |
| 5. Approval Committee | Infection Prevention and Control Committee |

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<th>6. Does the document/service affect one group less or more favourably than another on the basis of:</th>
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| 7. Does this document affect an individual’s human rights? | No |

| 8. If you have identified potential discrimination, are the exceptions valid, legal and/or justified? | No |

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<td>Adjust the policy to remove disadvantage identified or better promote equality</td>
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| 10. Screener(s) | Print name | Jacqui Campbell |

| 11. Date Policy approved by Committee | |

| 12. Upon completion of the screening and approval by Committee, this document should be uploaded to papertrail. | | |
### Version Control

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### Consultation

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<tr>
<td>2.3</td>
<td>January 2012</td>
<td>Mick Martin, Jacqui Campbell</td>
<td>Director Infection Prevention and Control Team, Infection Control Directorate IC Lead Governance Manager, Senior Nurses consulted and comments incorporated</td>
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Executive Summary

The successful management, prevention and control of infection are recognised by the Trust as significant factors in the quality and safety of the care of our patients and of those in the local health community and of the well being of our staff. The Board of Directors have formally declared their commitment to the principles of the Code of Practice for the Prevention and Control of Health Care Associated Infections and acknowledged their duties under the Health and Social Care Act (2008) and Regulations (2010). The Chief Executive and Board are responsible for Infection Control within the Trust. The Trust Committee for the Prevention and Control of Infection is accountable to the Chief Executive and the Board of Directors.

The arrangements are to encourage and support the Clinical Directorates in their assumption of responsibility for infection prevention and control in their patients.

The tenets of the policy are that:

- Infection management and prevention is a Directorate responsibility;
- All Trust staff take responsibility for infection prevention and control;
- Directorates’ audit of infection, its management and prevention, is an integral part of day to day activity;
- Directorates’ own audits increase awareness of difficulties or drift;
- Resource staff have protected time for infection prevention and control activities, particularly audit, and action planning for change management.
- The Infection Control Team liaise with the Directorates’ action planning which is informed by audit;
- The Infection Prevention and Control Committee provides the Trust Board of Directors with the assurance that prevention and control of infection are satisfactory.

This Policy is designed to foster a culture of Directorate responsibility for the prevention and control of infection with the aim of continually improving the quality and safety of patient care. It accords with the aims and objectives of national strategies. This is carried out in an open manner that will ensure the full confidence of the local population in the quality of care the Trust delivers.
## Contents

1. Introduction ..................................................................................................6  
   1.1 Background ............................................................................................6  
   1.2 Department of Health and other perspectives. .......................................7  
   1.3 Limitations ..............................................................................................8  
2. Policy Statement ..........................................................................................9  
   2.1 Responsibilities ......................................................................................9  
   2.2 The Trust Committee for the Prevention and Control of Infection ...........9  
   2.3 The Director of Infection Prevention and Control ..................................10  
   2.4 Infection control infrastructure ............................................................11  
   2.5 The Infection Control Team .................................................................11  
   2.6 The Infection Control Programme ........................................................11  
   2.7 Assurance Framework ..........................................................................12  
   2.8 Directorates ..........................................................................................13  
   2.9 Resource Groups ...................................................................................13  
   2.10 Clinical Governance ............................................................................13  
   2.11 Surveillance ........................................................................................14  
   2.12 Reducing the Infection Risk from Devices ..........................................14  
   2.13 Reservoirs of Infection ........................................................................14  
   2.14 The environment ................................................................................16  
   2.15 High Standards of Hygiene in Clinical Practice ..................................16  
   2.16 Antibiotic prescribing ..........................................................................16  
   2.17 Research and Development ................................................................16  
   2.18 Education ...........................................................................................16  
   2.19 Disciplinary Procedures ......................................................................17  
   2.20 Monitoring Arrangements ...................................................................17  
   2.21 Policies for the Prevention and Control of Infection .........................17  
   2.22 Patient and Public Involvement ..........................................................18  
3. References.................................................................................................19  
4. Appendix ....................................................................................................21  
   4.1 Board statement ...................................................................................21  
   4.2 Terms of Reference ..............................................................................22  
   4.3 Infection Control Committee Quality Indicators ....................................26
1. Introduction

1.1 Background

1.1.1 The prevention and appropriate management of infection is of paramount importance in the quality and safety of the care of patients, and to the safety of visitors and members of staff. Much can be done to limit the risks of infection, and it is the responsibility of staff to be aware of, assess and minimise these risks.

1.1.2 Patients may develop an infection outside hospital and these are referred to as community-acquired infections. The majority of these infections are unpreventable. During their admission these patients may represent the source of spread of infection to other patients or staff.

1.1.3 An Infection acquired after admission (i.e. not present or incubating at admission) is referred to as hospital-acquired or healthcare associated infection. The most recent national prevalence data indicate that at any one time around 9% of patients may have a hospital-acquired infection. The infections are important in terms of morbidity and mortality, increased length of hospital stay, social and financial cost. Such infections are generally the consequence of medical or surgical interventions and it follows that it is the responsibility of those delivering such care to make every effort to reduce the risk of infection.

1.1.4 As arrangements for the delivery of healthcare evolve, the distinction between community- and hospital-acquisition of infection has become less clear. It is more reasonable to refer to “healthcare-associated infection”. Such a classification includes an infection acquired in the community setting as the result of a procedure or treatment delivered there and also to an infection becoming apparent in the community following a procedure or treatment carried out in a hospital. Co-operation between providers is required to prevent and manage both.

1.1.5 Infectious agents may spread between patients and between staff and may contaminate the environment. These organisms may not necessarily result in an infection but efforts must be maintained to minimise spread, mainly by attention to hygiene - both personal and environmental.

1.1.6 There is acknowledged concern about the consequences of inappropriate use of antibiotics, which, paradoxically, predisposes patients to further infection and also promotes the emergence and development of resistant bacteria. Control of antibiotic use is thus important in the prevention of infection and is addressed in this policy.
1.2 Department of Health and other perspectives.

1.2.1 The quality, safety and cost issues surrounding infection in hospital are well recognised by the Department of Health, the National Audit Office, the Committee of Public Accounts, the National Patient Safety Agency and Care Quality Commission (CQC). Pertinent guidance on the prevention and control of infection in hospital has been provided by the Department of Health and clear direction in the action necessary to reduce the relatively high levels of certain healthcare associated infections and to curb proliferation of antibiotic resistant organisms is within the Health and Social Care Act Regulations (2010). This guidance accords with premises of the CQC and NICE Quality Improvement the views of which have been taken into account in the development of the present policy.

1.2.2 The Health and Social Care Act 2008 established the Care Quality Commission to “register, review, investigate and support improvements in the care provided to patients”. The updated Code of Practice for the Prevention and Control of Health Care Associated Infections was revised in December 2010 providing continued legal framework for the prevention and control of healthcare associated infections in the NHS.

1.2.3 Compliance with the statutory requirements in relation to healthcare associated infections is judged against ten criteria (table 1).

Table 1 Compliance Criteria.

<table>
<thead>
<tr>
<th>Compliance criterion</th>
<th>What the Foundation Trust will need to demonstrate</th>
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<tbody>
<tr>
<td>1</td>
<td>Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that their environment and other users may pose to them.</td>
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<td>2</td>
<td>Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of HCAI.</td>
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<td>3</td>
<td>Provide suitable accurate information on infections to service users and their visitors.</td>
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<td>4</td>
<td>Provide suitable and accurate information on infections to any person concerned with providing further support or nursing/medical care in a timely fashion.</td>
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<tr>
<td>5</td>
<td>Ensure that people who have or develop an infection identified promptly and receive appropriate treatment and care to reduce the risk of passing on the infection to other people.</td>
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<td>6</td>
<td>Ensure that all staff and those employed to provide care in all settings are fully involved in the process of preventing and controlling infection.</td>
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<td>7</td>
<td>Provide or secure adequate isolation facilities.</td>
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<tr>
<td>8</td>
<td>Secure adequate access to laboratory support as appropriate</td>
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<tr>
<td>Compliance criterion</td>
<td>What the Foundation Trust will need to demonstrate</td>
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<tr>
<td>9</td>
<td>Have and adhere to policies designed for the individuals’s care and provider organisations, that will help to prevent and control infections.</td>
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<tr>
<td>10</td>
<td>Ensure, so far as is reasonably practicable, that healthcare workers are free of and are protected from exposure to communicable infections during the course of their work, and that all staff are suitably educated in the prevention and control of infection associated with the provision of health and social care.</td>
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Health & Social Care Act Regulations 2010

1.2.4 This Policy takes into account the requirements of the Human Rights Act (1998). It adopts a Plain English style, format and content.

1.2.5 Full compliance is required by all staff as part of day-to-day activities.

1.3 Limitations

1.3.1 This Policy does not include the Infection Control Policies and protocols. These can be found on the Infection Control Section of the Intranet, or by following the link below:

http://rbhintranet/policies/infection_control/index.shtml
Policy Statement

2. Responsibilities

2.1.1 The Chief Executive and Board are responsible for infection prevention and control within the Trust. The Trust Committee for the Prevention and Control of Infection is accountable to the Chief Executive and the Board of Directors. The broad arrangements are to encourage and support the Clinical Directorates in their assumption of responsibility for infection prevention and control in their patients. However, the Trust acknowledges the view of the Chief Medical Officer that tackling healthcare associated infection cannot be left to clinical staff alone and that senior management commitment, local infrastructure and systems are also vital.

2.1.2 The tenets of the policy are that:
- infection management and prevention is a Directorate responsibility;
- All staff take responsibility for infection prevention and control;
- Directorates’ audit of infection, its management and prevention, is an integral part of day to day activity;
- Directorates’ own audits increase awareness of difficulties or drift
- Resource staff have protected time;
- the Infection Control Team liaise with the Directorates’ action planning which is informed by audit;
- The Trust Committee for the Prevention and Control of Infection provide the Trust Board of Directors with the assurance that prevention and control of infection are satisfactory.

2.1.3 It is emphasised that the prevention and control of infection are the responsibility of all members of staff without exception and that the principles must be observed and adhered to at all times.

2.2 The Trust Committee for the Prevention and Control of Infection.

2.2.1 The Committee is established by and responsible to the Board of Directors. It aims to ensure that there are effective systems in place to prevent and control hospital acquired infections, and to provide assurance to the Board in this respect. The Terms of reference are appended at Appendix 1. The Committee provides assurance to the Board of Directors that prevention and control of infection in the Trust is satisfactory, endorsed all infection control policies procedures and guidelines; provides support on the implementation of policies; collaborates with the Infection Control Team to develop the annual infection control programme.

2.2.2 The duties of the Committee are categorised in four areas:
- Internal Control, Risk Management and Assurance
- External Validation and Assessment
- Annual Reports and Plans

Trust Policy for the Prevention and Control of infection
Approved by  Infection Prevention and Control Committee January 2012  Page 9
• National Guidance and Policy

2.2.3 The Committee Reports quarterly to the Board of Directors on
• Mandatory Reporting
• Serious Untoward Incidents
• Progress against the Annual Plan
• Trends in infections
• Items of concern from the Committee
• Other relevant matters

2.2.4 The following Committees / groups are responsible to the Committee for the Prevention and Control of Infection:
• Directorate Leads Group
• Decontamination Group
• Antimicrobial Management Team
• Infection Control Team

2.3 The Director of Infection Prevention and Control discuss with PS

2.3.1 There is a Director of infection Prevention and Control who is appointed by the Chief Executive and who reports to the Board of Directors. The Director of Nursing and Midwifery is the DIPC. The role of the Director is to:

• be responsible for the organisation’s Infection Control Team (ICT);
• oversee local control of infection policies and their implementation;
• be a full member of the ICT and to attend regularly its infection control meetings;
• report directly to the Chief Executive (not through any other officer) and the Board of Directors;
• have the authority to challenge inappropriate clinical hygiene practice and inappropriate antibiotic prescribing decisions;
• assess the impact of all existing and new policies on HCAI and make recommendations for change;
• be an integral member of the organisation’s clinical governance and patient safety teams and structures;
• produce an annual report on the state of HCAI in the Foundation Trust and release it publicly; and to
• bring significant risk issues to the attention of the Governance and Risk Committee, for inclusion in the Foundation Trust’s Risk Register and Assurance Framework as appropriate.

2.3.2 The Director maintains professional contact with colleagues in the discipline in order to foster collaboration and to maintain expert knowledge.
3. Infection control infrastructure

3.1.1 The Trust's infection control infrastructure encompasses an infection control team that includes infection control nurses, consultant medical microbiologists of whom one has responsibility as Infection Control Doctor (ICD) and the DIPC.

3.1.2 The Team has administrative and information technology support and 24 hour access to a consultant in health protection and a consultant microbiologist.

3.2 The Infection Control Team

3.2.1 The Infection Control Team consists of the Infection Control Doctor, the medical microbiologists and the infection control nurses.

3.2.2 It has secretarial and information management and technology support and co-opts the antibiotic pharmacist from time to time.

3.2.3 The Team produces the annual infection control programme in full consultation with the Infection Prevention and Control Committee.

3.2.4 The Team reports on progress on the implementation of Infection Prevention and Control action plans and on relevant national directives and highlights any outstanding issues.

3.2.5 The Team provides educational training and support either directly or indirectly for Trust staff in all aspects of infection prevention and control. The Team supports the Resource Groups. The ICN Educational Lead provides a Training Needs Analysis for the current year.

3.2.6 The Infection Control team maintain professional contact with colleagues in the discipline in order to foster collaboration, to maintain expert knowledge and to promote consistency where possible of guidelines and procedures. They are responsible for ensuring up to date knowledge in the specialist area.

3.3 The Infection Control Programme

3.3.1 The Infection Control Team draws up an Annual Programme in collaboration with the Committee for the Prevention and Control of Infection and in light of the DIPC Annual Report. This programme:

- sets objectives that meet the needs of the Foundation Trust and ensures patient safety;
- identifies priorities for action;
- provides evidence that relevant policies have been implemented to reduce HCAI; and
• reports progress against its objectives.

3.4 Assurance Framework

3.4.1 Activities to demonstrate that infection prevention and control is an integral part of clinical and corporate governance include:

• regular presentations from the DIPC/ICD to the Board of Directors. These include trend analysis for infections and compliance with audit programmes;

• quarterly reporting to the Trust Committee for the Prevention and Control of Infection (and hence to the Board) by the Infection Control Directorate Leads, representing the senior nurses (matrons) and managers who have responsibility for the quality of the patient’s care and the patient’s environment;

• monthly reporting by Directorates to the Board of Directors on HCAI and its prevention (through the Trust Management Board);

• review of and commentary on statistics on the incidence of alert organisms (including meticillin-resistant Staphylococcus aureus [MRSA], and sensitive SA (MSSA), Clostridium difficile, E.coli) and conditions, outbreaks and serious untoward incidents;

• DIPC reporting to the Healthcare Assurance Committee;

• evidence of appropriate action taken to deal with occurrences of infection, including where applicable, root cause analysis;

• Cleanliness monitoring scores

• an audit programme to ensure that policies have been implemented.
3.5 Directorates

3.5.1 The Directorates are responsible for infection prevention and control is essential. To this end, a relevant action plan is created for each forthcoming financial year. The process is supported by the Infection Control Team in order to align Directorates’ planning with the Infection Control programme.

3.5.2 Action plans are incorporated in Directorate governance reports to the Clinical Governance and Risk Committee along with accounts of change that has been brought about.

- There is a Directorates Leads for Infection Prevention and Control.

3.5.3 The tenets of this Policy emphasise the fundamental importance of effective audit. Such audit must be carried out and acted upon by Directorates and should form the basis for education and improvement in the safety and quality of patient care. The Infection Control Team through (amongst others) the Resource Staff promote and support such audit activity.

3.5.4 The results of audit and surveillance are reported as a matter of routine at the ICDL meetings, in Directorate meetings and are used to inform Directorate planning. Audit and surveillance data are used to develop action plans which are reported and monitored by the Infection Prevention and Control Committee via the ICDL group.

3.6 Resource Groups

3.6.1 Resource staff are health care workers selected by their managers and required to receive additional training in Infection Control.

3.6.2 Resource staff are supported by the Infection Control Team in audit, education and management activities, in their particular clinical area.

3.6.3 Managers are required to allocate protected time for these activities. The resource staff are important in developing good Infection Control practice, close to patient care, that is owned and managed by those most directly involved with that care. They also carry out local induction of new or transferred staff.

3.6.4 The lead resource staff meet with the Infection Control Nurse to communicate progress and to receive information to be cascaded back to the groups.

3.7 Clinical Governance

3.7.1 Infection prevention and control is a core part of the Trust’s governance programme and Assurance Framework. The Director of Infection
Prevention and Control is a Member of the Clinical Governance and Risk Committee. The Associate Director Clinical Governance is a member of the Infection Prevention and Control Committee.

3.8 Surveillance

3.8.1 The Trust recognises that high quality information on healthcare associated infection and antimicrobial resistant organisms is essential to tracking progress, investigating underlying causes and instituting prevention and control measures. Surveillance is carried out by the Infection Control Team and Directorates. The results of surveillance are used to inform Directorate and Trust planning.

Responsibilities

3.8.2 The Surgical Directorate participates in the Surgical Site Infection Surveillance Service (with the Health Protection Agency) facilitated by the Infection Control Team. Results are reported to the Directorate and to the Infection Control Committee and are made public.

3.8.3 The Director of Infection Prevention and Control ensures that there is full participation with other mandatory national surveillance schemes as required by the Department of Health. Results are reported to the Infection Prevention and Control Committee and are made public.

3.8.4 Serious Untoward Incidents relating to infection are reported by the Infection Control Team to the Infection Preventon and Control Committee, Governance and Risk Committee, the Health Protection Agency and the Dorset Joint Trusts RCA Group

3.9 Reducing the Infection Risk from Devices

3.9.1 The Trust recognises that many patients become infected because their body’s natural defences are breached when catheters, tubes, drains and feeding lines are inserted as part of the process of care.

3.9.2 The Infection Control Team in conjunction with specialist clinical areas formulate and agree guidelines to minimise the risks and to establish the standards against which audit may take place.

3.10 Reservoirs of Infection

3.10.1 The Trust recognises that the risks of healthcare associated infection are greatly increased by extensive movement of patients within the hospital, by high bed occupancy and by an absence of suitable facilities to isolate infected patients.
3.10.2 The Infection Control Team are consulted in planning and day-to-day management to minimise these risks.

3.10.3 The responsibilities of the Infection Control team and Clinical Site teams are clearly outlined in the Major Outbreak of Communicable Disease Policy No 1; Management of Norovirus and undiagnosed diarrhoea, and in the Trust Escalation Policy:

https://connect.rbch.nhs.uk/policies/bed_management/,DanaInfo=rbhintranet+escalation_policy.pdf
3.11 The Environment

3.11.1 The development of local polices on the environment (meaning the totality of a patient’s surroundings including the fabric of the building and related fixtures, fittings and services such as air and water supplies) take account of advice given by relevant expert or advisory bodies or the by the ICT. These policies make provision for liaison between the ICT, Estates and facilities managers both of whom are members of the ICDL.

3.12 High Standards of Hygiene in Clinical Practice

3.12.1 The Trust recognises that healthcare workers are a major route through which patients become infected; micro-organisms are transmitted by staff from one patient to another or from the environment to the patient. The Infection Control Team work to minimize such transmission through education and supporting Directorates’ audit particularly against Key Standards.

3.13 Antibiotic prescribing

3.13.1 The Trust recognises that indiscriminate and inappropriate use of antibiotics to treat infection within a clinical service promotes the emergence of antibiotic resistant organisms and the ‘super-bug’ strains. As a consequence antibiotic prescribing must be in accordance with the Trust Antibiotic Policy. Certain antibiotics are restricted and may be used only with Consultant Microbiologist approval. The Antibiotic Policy takes account of local antimicrobial resistance patterns of common isolates and is harmonised with that in the British National Formulary.

3.13.2 The antibiotic policy is used as the basis for audit. It is available in miniature format and on the Trust's intranet site. It includes information on the regimen and duration of particular drugs.

3.13.3 Antimicrobial prescribing is the main concern of the Antimicrobial Management Team who lead on implementation, dissemination and monitoring of the Antimicrobial Policy and on education with the aim of ensuring prudent prescribing and antimicrobial stewardship.

3.14 Research and Development

3.14.1 The Trust recognises that high quality research and development are essential to underpin effective action and ensure that breakthroughs in the understanding of healthcare associated infection are rapidly translated into benefits for patients. It is our policy to instigate and participate in such research from time to time and when resources permit.

3.15 Education
3.15.1 The Trust recognises the importance of education and training in aspects of the prevention and control of infection as documented in the Training Needs Analysis. The Infection Control Team provide educational support for new or returning members of staff tailored to their individual needs as well as annual mandatory training and they facilitate and contribute to the development and education of existing staff. Compliance is monitored as outlined in the mandatory training policy and by directorate reports to the IPCC.

3.16 Disciplinary Procedures

3.16.1 This Policy is designed to foster a culture of Directorate responsibility for the prevention and control of infection with the aim of continually improving the quality and safety of patient care in an open manner that will engender the confidence of the local population we serve in the quality of the care the Trust delivers. As one consequence of this, the failure of staff to comply fully with this Policy or in accordance with Infection Control Guidelines may result in disciplinary procedures against that member of staff.

3.17 Monitoring Arrangements

3.17.1 The Infection Prevention and Control Committee reviews Directorate action plans for infection prevention and control and progress against them.

3.17.2 It also monitors the data provided to mandatory reporting schemes including MRSA/MSSA/EColi bacteraemias, Clostridium difficile infections, glycopeptide resistant enterococci and the results of surgical site infection surveillance. Details of the reporting activities are included in the Appendix.

3.17.3 A prioritised Annual Programme for Infection Prevention and Control is established by the ICT, approved by the Infection Prevention and Control Committee and Board of Directors. Progress against the Annual Programme for is monitored by the Infection Prevention and Control Committee and reported to the Boards of Directors quarterly and in the DIPC Annual Report. Monitoring incorporates audit activities and the status and currency of relevant policies.

3.18 Policies for the Prevention and Control of Infection

3.18.1 There is a full range of policies and protocols for the prevention and control of infection. These are available in electronic format (on the Trust intranet). Policies can be accessed by following the link below:

http://rbhintranet/policies/infection_control/index.shtml

3.18.3 Currency and relevance of the policies are reviewed as part of the Annual Programme and this is monitored by the Infection Prevention and Control Committee.

3.19 Patient and Public Involvement

3.19.1 The Infection Control Team and the Director for Infection Prevention and Control will liaise with the public and patients as appropriate for the circumstances. They will:

- provide general information on hospital infections in paper and electronic formats. This information will be reviewed annually as part of the Annual plan which will ensure the available information is appropriate for current infection issues.
- provide specific information on HCAI through the DIPC Annual Report;
- actively participate in Trust Open Days, and
- brief Trust Governors from time to time.
4. References


5. Appendix

5.1 Board statement

Board of Directors’ Statement of commitment to the principles of the Code of Practice for the Prevention and Control of Healthcare Associated Infections

The successful management, prevention and control of infection is recognised by the Trust as a key factor in the quality and safety of the care of our patients and of those in the local health community and in the safety and wellbeing of our staff and visitors. The Board is aware of its duties under the Health and Social Care Act 2008 (revised code of practice 2010).

The Board has collective responsibility for infection, prevention and control including minimising the risks of infection.

The Board receives assurance that the Trust has mechanisms in place for minimising the risks of infection by means of the Infection Control Committee and the Director of Infection Prevention and Control (DIPC). Assurance is provided by reports, audit reports, root cause analysis reports and verbal presentations from the DIPC.

The Infection Control Committee is chaired by the DIPC. It is a sub-committee of the Board of Directors and the Board receives its minutes, annual report and exception reports. It has terms of reference and produces an annual plan, both of which are approved by the Board.

The DIPC is appointed by the Board and reports directly to the Chief Executive and the Board. The post holder is a member of the Trust Management Board and Healthcare Assurance Committees, and produces an annual report. The DIPC role is incorporated in the Director of Nursing’s portfolio and the post holder is assisted in discharging the relevant responsibilities by the Hospital Infection Control Doctor and the Infection Control Team.

The Board is committed to the exemplary application of infection control practice within all areas of the Trust. To this end the Board will ensure that all staff are provided with access to infection control advice with a fully resourced infection control and occupational health service, access to personal protective equipment and training and policies that provide up-to-date infection control knowledge and care practices. Individual and corporate responsibility for infection control will be stipulated as appropriate in all job descriptions with individual compliance monitored annually through the appraisal systems and personal development plans.

The policies in place in the Trust and the arrangements set out above are to encourage, support and foster a culture of trust wide responsibility for the prevention and control of infection in practice, with the aim of continually improving the quality and safety of patient care. This extends to all relevant depar.ts – clinical directorates, clinical support services, estates and ancillary services.

The Trust’s policies and practices in respect of infection prevention and control accord with the aims and objectives in national policy and strategy and, in addition, the Trust participates fully in all national mandatory reporting requirements. This is aimed at ensuring the full confidence of the local population in the quality of care the Trust delivers.

Endorsed and adopted by the Board of Directors June 2011
5.2 Terms of Reference

ROYAL BOURNEMOUTH & CHRISTCHURCH HOSPITALS NHS FOUNDATION TRUST

COMMITTEE FOR THE PREVENTION & CONTROL OF INFECTION

TERMS OF REFERENCE

The Committee for the Prevention & Control of Infection (the “Committee”) is a committee established by and responsible to the Board of Directors. The Committee aims to ensure that there are effective systems in place to prevent and control hospital acquired infections, and to provide assurance to the Board in this respect.

1. Membership
   1.1 The Committee Chairman (the “Chairman”) shall be the Director of Infection Prevention & Control. In the absence of the Chairman the deputy Chair shall be the Infection Control Doctor. In the absence of both the Chair and Deputy Chair the remaining members present shall elect one of themselves to chair the meeting.
   1.2 Standing members of the Committee shall include the Director of Infection Prevention & Control (Director of Nursing & Midwifery), Chief Executive, Medical Director, Director of Operations, Infection Control Doctor, Consultant Microbiologist, Antimicrobial Pharmacist, Decontamination Lead, Facilities Manager, Senior Infection Control Nurse, Risk Management and Governance Associate Director, Directorate Leads for IC, Non-Executive Director, Consultant in Health Protection, Estates representative, Occupational Health Nurse, PCT representative. One Public Governor may be in attendance at the meetings.
   1.3 Only members of the Committee have the right to attend Committee meetings but if a standing member is unable to attend it is expected that he/she will ensure their nominated deputy is invited and can attend in his/her place, notifying the Chairman. Any Board Director may attend a meeting on prior notice to Chairman of the Committee.
   1.4 It is expected that members attend a minimum of 3 meetings per year.
   1.5 Other individuals may be invited to attend for all or part of any meeting, as and when appropriate.

2. Secretary
   The Secretary to the Director of Infection Prevention and Control (the “Secretary) or their nominee shall act as the secretary of the Committee.

3. Quorum
   The quorum necessary for the transaction of business shall be eight members. A duly convened meeting of the Committee 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 Committee.

4. Frequency of Meetings
The Committee shall meet quarterly.

5. Notice of Meetings
5.1 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 Committee
and any other person required to attend prior to the meeting.
Supporting papers shall be sent to Committee members and to
other attendees as appropriate, at the same time.

6. Minutes of Meetings
6.1 The Secretary shall minute the proceedings and resolutions of
all meetings of the Committee, including recording the names of
those present and in attendance.
6.2 Minutes of Committee meetings shall be circulated promptly to
all members of the Committee.

7. Duties
The duties of the Committee can be categorised as follows:

7.1 Internal Control, Risk Management & Assurance
7.1.1 To provide assurance to the Board of Directors that
prevention and control of infection in the Trust is
satisfactory and sufficient in line with the Assurance
Framework and for continued registration with the Care
Quality Commission Outcome 8 Infection Control and
Cleanliness
7.1.2 To approve Trust Infection Prevention and Control
policies and guidelines.
7.1.3 To evaluate reports on infections and infection control
problems drawing attention to the Chief Executive, Board
of Directors and the Healthcare Assurance Committee
any serious consequences or problems, ensuring that
inclusion is made to the Trust Risk Register as
appropriate.
7.1.4 To promote and facilitate the education of all grades of
hospital staff, patients and public in infection control
procedures and encourage communication amongst the
different disciplines involved.
7.1.5 To advise and support the Infection Control Team.

7.2 External Validation & Assessment
7.2.1 To ensure an effective response to infection risks
identified through internal or external audits or
inspections.
7.3 Annual Reports and Plans
7.3.1 To discuss, propose and monitor an Annual Infection Prevention and Control Programme for the approval of the Chief Executive and Board of Directors.
7.3.2 To approve and recommend to the Board of Directors the Annual Report of the State of Healthcare Associated Infection.

7.4 National Guidance and Policy
7.4.1 To facilitate the implementation of legislation, national policies, evidence based practice and recommendations for safer practice (e.g. NPSA alerts / NICE guidelines / CQC reports/ High Level Enquiries / Best Practice Guidance) relevant to the prevention and control of infection.

8. Reporting Responsibilities
8.1 The Committee shall report quarterly to the Board of Directors on the following areas of activity:
   - Mandatory reporting (including progress against targets)
   - Serious Untoward Incidents (SUIs) and root cause analysis
   - Progress against the Annual Plan and audit programme
   - Trends in infections
   - Items of concern from the IPCC
   - Other relevant matters of current local, national or international importance

8.2 The Committee shall make whatever recommendation to the Board of Directors it deems appropriate on any area within its remit where action or improvement is needed.

9. Other
The Committee shall:

9.1 have access to sufficient resources in order to carry out its duties;
9.2 be provided with appropriate and timely training, both in the form of an induction programme for new members and on an ongoing basis for all members;
9.3 give due consideration to laws and regulations and the provisions of the Code of Governance;
9.4 oversee any investigation of activities which are within its terms of reference;
9.5 at least once a year review its own performance and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Board of Directors.
10. **Authority**

The Committee is authorised:

10.1 to seek any information it requires from any employee of the Trust in order to perform its duties;
10.2 to obtain, at the Trust’s expense, outside legal or other professional advice on any matter within its Terms of Reference;
10.3 to call any employee to be questioned at a meeting of the Committee as and when required.

11. **Sub-Committees**

11.1 The following Committees are established by and responsible to the Committee for the Prevention and Control of Infection:

- Directorate Leads Group
- Decontamination Group

12. **Supported Strategic Goals**

The Committee aims to support the Trust fulfil the following strategic objectives;

**Goal 1:** To offer patient centred services through the provision of high quality, responsive, accessible, safe, effective and timely care;

**Goal 2:** Promote and improve the quality of life of our patients.

**Goal 3:** To strive towards excellence in the services and care we provide;

**Goal 4:** To listen to, support, motivate and develop staff
### 5.3 Infection Control Committee Quality Indicators

<table>
<thead>
<tr>
<th>Quality Indicator/Report</th>
<th>Frequency of Report</th>
<th>Reported By</th>
</tr>
</thead>
<tbody>
<tr>
<td>• DIPC Report - Bacteraemias</td>
<td>Quarterly</td>
<td>DIPC</td>
</tr>
<tr>
<td>- <em>C. difficile</em> cases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- HCAI associated mortality</td>
<td></td>
<td></td>
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<tr>
<td>- SUIs + RCA reports</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• External inspection reports and action plan progress (e.g. CQC)</td>
<td>As required (subject to reports being issued by external agencies)</td>
<td>DIPC</td>
</tr>
<tr>
<td>• Annual Plan Progress report (to include IC Assurance Framework/Risk register update)</td>
<td>Quarterly</td>
<td>DIPC</td>
</tr>
<tr>
<td>• Antimicrobial Management Team report (to include audit results and action plans, policy compliance and review)</td>
<td>Quarterly</td>
<td>Consultant Microbiologist / Antibiotic Pharmacist</td>
</tr>
<tr>
<td>• Infection Control team report (to include assurance on processes in place to ensure compliance with hand hygiene, Saving Lives data, IC and Hand Hygiene mandatory training.)</td>
<td>Quarterly</td>
<td>Hand hygiene &amp; Saving Lives and Mandatory Training report summary assurance report to IPCC</td>
</tr>
<tr>
<td>• Directorate Leads Report</td>
<td>Quarterly</td>
<td>Audit and Action Plans Summarised by the ICT for IPCC. Directorates Report to IPCC by exception.</td>
</tr>
<tr>
<td>• Policy report (to include number of out of date policies and action plans to review, new policies for approval, policies reviewed within timescale and in accordance with Trust Document Control Policy).</td>
<td>Quarterly</td>
<td>DIPC</td>
</tr>
<tr>
<td>• Decontamination Group Report (to include risk register report and action plans, Authorised Persons reports and action plans)</td>
<td>Quarterly</td>
<td>Decontamination Lead</td>
</tr>
<tr>
<td>• Audit plan progress (to include hand hygiene, isolation audit, SSI, Saving Lives compliance and action plan progress)</td>
<td>Quarterly</td>
<td>DIPC/ICT/Directorate Leads</td>
</tr>
<tr>
<td>• Environmental cleanliness report – to include audit results, risk issues and action plan progress</td>
<td>Quarterly</td>
<td>Facilities Manager and ICT</td>
</tr>
<tr>
<td>• Safe Water Report</td>
<td>Quarterly</td>
<td>Estates Manager</td>
</tr>
<tr>
<td>• Mandatory Training Compliance (infection control, hand hygiene)</td>
<td>Annual</td>
<td>Clinical Governance (via Annual Report)</td>
</tr>
</tbody>
</table>
### Reports provided outside the Infection Control Committee

<table>
<thead>
<tr>
<th>Quality Indicator/Report</th>
<th>Frequency of Report</th>
<th>Provided By</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIPC Report to HAC</td>
<td>Quarterly</td>
<td>DIPC</td>
</tr>
<tr>
<td>Quarterly report on risk issues and significant gaps in assurance of controls and action plans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIPC Report to Trust Board – MRSA, MSSA, Ecoli + C.difficile data, gaps in assurance, significant risks and progress against action plans</td>
<td>X4Year</td>
<td>DIPC</td>
</tr>
<tr>
<td>Report to PCT – Bacteraemia including MSSA&lt; MRSA Norovirus + C.difficile data</td>
<td>Monthly</td>
<td>Information Dept</td>
</tr>
<tr>
<td>Other external reporting requirements as appropriate.</td>
<td></td>
<td>Senior ICN</td>
</tr>
<tr>
<td>Report to SW SHA Quality and Patient Safety Improvement Programme. MRSA + C.difficile data Saving Lives data</td>
<td>Monthly</td>
<td>Clinical Governance</td>
</tr>
</tbody>
</table>