4. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

4.1 Chief Executive

The Chief Executive is responsible for establishing and maintaining IPC arrangements across the organisation. This responsibility is delegated to the Director of Infection Prevention and Control and the person with the lead responsibility is the Director of Nursing and Quality.

4.2 Board of Directors

The Board of Directors are responsible for having policies and procedures in place to support best practice, effective management, service delivery, management of associated risks and meet national and local legislation and/or requirements in relation to IPC issues.

The Board of Directors also monitor infection episodes, outbreaks and trends as reported by the Infection Prevention and Control Committee (IPCC) and from the Performance Team data.

4.3 Director of Infection Prevention and Control

The Director of Infection Prevention and Control (DIPC) is an Executive Director of the Board, member of the Executive Management Team, Quality Committee and Trust Board. The DIPC reports directly to the Chief Executive. The DIPC has the executive authority and responsibility for ensuring strategies are implemented to prevent avoidable HCAIs and duties include; providing Board assurance and to provide leadership, information and guidance at all levels of the organisation in relation to:

- Any identified cases of infections/alert organisms and conditions.
- All incidents requiring root cause analysis investigation.
- The organisations performance in relation to HCAI, providing regular reports including an annual report and IPC programme.
- Actions taken in response to new and updated legislation, national policies and guidance ensuring effective policies are in place and audited in relation to infections/alert organisms and conditions.

4.4 Infection Prevention and Control Committee

The main duties of the Infection Prevention and Control Committee (IPCC) include:

- Overseeing compliance with national standards/targets in relation to the prevention and control of HCAI, including the Health and Social Care Act 2008, and the Care Quality Commission (CQC).
- Overseeing key IPC issues in relation to:
Policy development and review
Audit
Education & training
Communication with staff, patients and the public
The monitoring of IPC incidents
Post Infection Review (PIR) cases, highlighting lessons learnt and action planning, ensuring that robust plans for the management of outbreaks of infection are in place and to monitor their effectiveness
Agreeing the annual IPC report and work programme prior to its submission to the Quality Assurance Sub-committee
Informing the Quality Assurance Sub-committee of clinical risk issues relating to the Trust
To monitor compliance for IPC training
To oversee the Trust’s compliance with the CQC Fundamental Standards

4.5 Consultant Microbiologists

These are medical microbiologists hosted within DBTHFT and RFT, whose main duties include:

- Being available for 24 hour access, arrangements made through local service level agreements
- Informing the IPC team of any alert organisms, conditions or notifiable diseases that may potentially cause outbreaks of infection and/or are identified as multi drug resistant organisms
- Providing expert microbiology and IPC advice for the management and treatment of micro-organisms including outbreaks of infection
- Advising on antibiotic policy/prescribing and challenge inappropriate practices
- Undertaking mandatory surveillance of HCAIs and reporting as required to PHE via a national HCAI Data Capture System

4.6 Clinical Nurse Specialists Infection Prevention and Control

The role of the Clinical Nurse Specialists Infection Prevention and Control (CNS IPC) includes:

- Providing expert professional advice on control measures, delegating responsibility to Trust staff as appropriate
- Providing education on the prevention and control of infection to other professionals, multi-disciplinary groups, patients and carers
- Leading in the investigation of identified cases of infection/alert organisms and conditions
- Undertaking PIRs for micro-organisms as and when directed by the Department of Health
- Contributing to serious incidents (SIs) reports as required
- Notifying the local PHE Team and Clinical Commissioning Group
4.7 **Consultant Medical Staff/Medical Staff**

Consultant Medical staff are responsible for the supervision of any junior medical staff assigned to work with them, and as part of this supervision they should mentor junior staff members in relation to IPC issues which include:

- Reading and understanding the procedures
- Adhering to the policy
- Being aware of and complying with antibiotic prescribing guidance

4.8 **Chief Pharmacist**

The Chief Pharmacist is responsible for the supervision of pharmacists/pharmacy assistants and their duties include:

- Challenging inappropriate antibiotic prescribing
- Reviewing and update antibiotic guidelines and policy
- Contributing to PIR and other reports as required

4.9 **Service Managers/Modern Matrons**

Duties of all Service Managers and Modern Matrons include:

- Membership at the IPCC where nominated by their care group
- Monitoring and on-going compliance with this policy for areas within their control and reporting non-compliance to the DIPC via the IPC team
- Reporting all matters relating to IPC to the Deputy Director of Nursing
- Facilitating feedback of information related to surveillance data and identified cases of infection/alert organisms and conditions

4.10 **Ward/Department Managers**

Ward/department managers’ duties and responsibilities for areas under their control are that staff:

- Can demonstrate compliance with the manual
- Undertake mandatory IPC training
- Discuss IPC during annual reviews and that it is documented

4.11 **Staff**

All staff who are involved with the care of a patient within the inpatient services and community must comply with this manual and procedures on all identified cases of infection/alert organisms and conditions
It is the responsibility of each individual member of staff to adhere to the requirements set out within this policy.

4.12 Infection Prevention and Control Link Champions

Duties of the IPC Link Champions include:

- Acting as a resource within their working environment, for patients, staff and visitors
- Acting as role models, encouraging good IPC practices at all times
- Liaising closely with the IPC team