

Priory

**Infection Prevention & Control
Annual Report**

2021/22.

Like many health and social care organisations our work in Infection Prevention and Control is absolutely essential to ensuring that we provide a safe environment for those within our care and for our colleagues. There has been some amazing work done over the last 3 years to ensure that we maintain the highest of standards, but there is always more to be done to embed and sustain excellence.

This annual report sets out our Infection Prevention and Control position and activity over the last year, and can be used by our registered managers in line with their obligations under the various national legislations. The report is outlined against the 10 key standards that are set out within the [Code of Practice on the Prevention and Control of Infections](#)



A handwritten signature in grey ink, appearing to read 'Colin Quick', written in a cursive style.

Colin Quick, Chief Quality Officer
Chief Nurse and Director of Infection Prevention and Control

Introduction

Priory provides care and treatment to some of the most vulnerable people in our society and in conjunction with our colleagues in Germany are striving to become the leading European provider of high-quality mental health and medical rehabilitative services. During this reporting period our services were organised into two operational divisions:

- (a) Healthcare
- (b) Adult Care

In the UK, all health and social care organisations are subject to laws and regulations and other controls in order to protect service users, residents, pupils and colleagues. Priory is no different and each site is licensed and inspected by a regulatory body. There are seven regulatory bodies in total that cover the Priory, depending on the service and in which country the site is located. There is a number of other legal and regulatory and statutory requirements (such as Health & Safety legislation) with which we also need to comply.

Accordingly, we have a comprehensive set of policies which reflect the relevant requirements and clearly explain the procedures and guidelines that colleagues need to follow in any particular circumstances. Some of these policies directly relate to day-to-day service delivery and some relate to ancillary services such as catering and maintenance. Failure to comply with the Priory policy invariably means our service users do not receive the standard of service to which they are entitled, but can also carry serious legal, professional and regulatory consequences, not just for Priory, but for individuals as well.

The Priory approach has been led by the maxim of Do the Basics Brilliantly, which consequently allows every improvement not only to be introduced, yet sustained as an everyday activity.

As a result, the outlined Infection Prevention and Control (IPC) approach takes into account current legislation from all four UK countries and is set out against.

- The Health and Social care Act 2008: Code of Practice on the prevention and control of infections and related guidance (Department of Health, 2015);
- Code of Practice for the Prevention and Control of Healthcare Associated Infections (Welsh Government, 2015);
- Healthcare Associated Infection (HAI) Standards (Healthcare Improvement Scotland, 2015)
- The Northern Ireland Infection Prevention and Control Manual (Public Health Agency, 2015)

This annual report is structured around the ten criteria of the Code of Practice relevant to England, Wales and Northern Ireland, and includes cross references to Healthcare Improvement Scotland (February 2015) Healthcare Associated Infection Standards. Compliance with the national code of practice is monitored at each Cross-Divisional IPC Committee meeting and the annual work programme is based on these criteria (see Appendix 1). Furthermore, all four Infection Prevention and Control Manuals are followed to ensure all Priory policies and standard operating procedures are in line with the best practice.

1. Systems to manage and monitor the prevention and control of infection

The IPC framework outlines the collective responsibility of all staff for minimising the risks of infection and how this process is to be achieved. This follows evidence-based practice and prevents service users and colleagues from being harmed by avoidable healthcare-associated infections.

1.1 Arrangements for the management of IPC

The Cross-Divisional IPC Committee is committed to reduce the risks of healthcare associated infection through a pro-active action plan and continual development of best practice initiatives. The Committee is accountable and reports to the Quality Assurance Committee, which in turn reports to the Operating Board (Appendix 2). The Action plan and the associated tracker are cascaded to each division.

The development of the IPC work plan for 2022/23 (Appendix 3) has been agreed and will continue being monitored through the Cross-Divisional IPC Committee.

Training, regular information cascade and suitable supervision are in place to ensure that colleagues, contractors and any persons directly or indirectly concerned with service users' care minimise the risk of infection.

Established IPC audit tools, including cleanliness, hand hygiene and mattress care audits have been in place to ensure IPC principles are monitored and any required action taken. The audit calendar is currently under review and will be published early 2023 and the process will be monitored via the Cross-Divisional IPC Committee.

1.2 IPC Team, their roles and responsibilities

Full details of the roles and responsibilities of all colleagues in prevention and control of infections are outlined in the Priory policies.

The Chief Quality Officer is the responsible officer for IPC and chairs the Cross-Divisional IPC Committee.

Individual sites have the nominated IPC Leads who are responsible for maintaining IPC standards across the service.

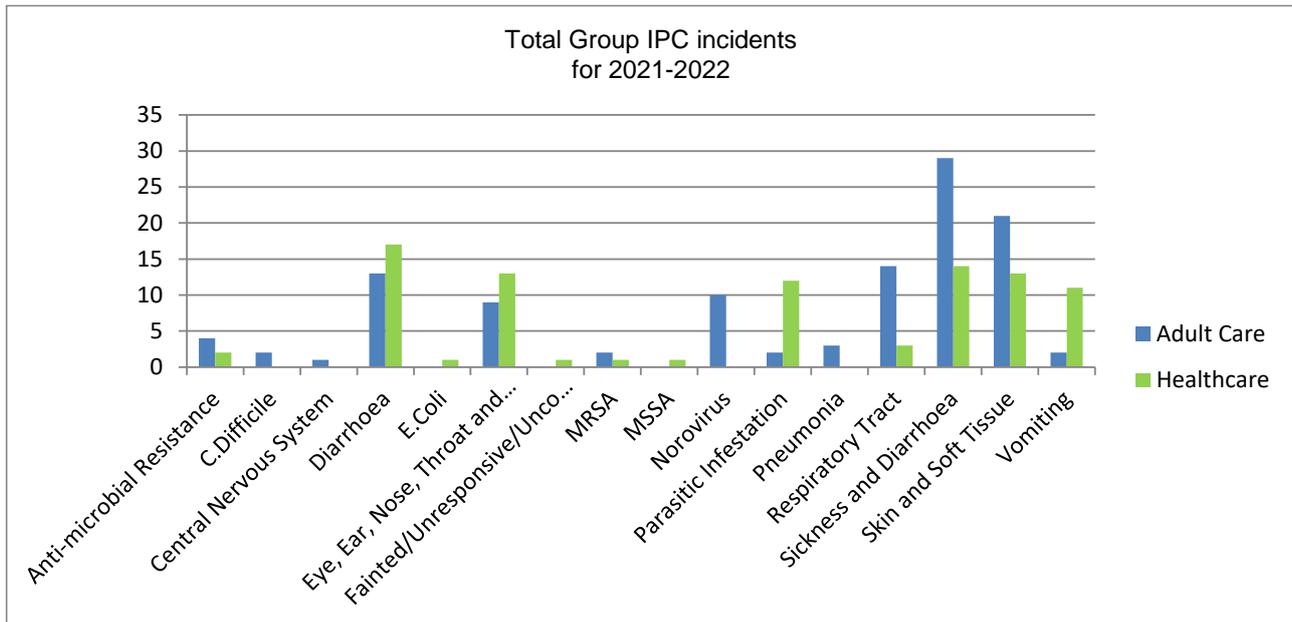
Appointment of the Infection Prevention and Control Nurse Adviser in 2021 led to structured reporting lines and consequently maintaining good communication and IPC standards across both divisions, as well as providing best care to all people we care and are responsible for (service users and colleagues).

1.3 Risk assessment

The risk assessments tools are in place and completed prior to, on admission and throughout the service user stay to identify the risk of infections. Further works have been identified, to ensure robust admission process is put in place, to ensure appropriate placement and care is offered according to IPC risks.

A robust reporting system is in place (Datix) to allow any IPC incidents being captured, reviewed and lessons learnt shared via divisional cascade reports. The overview, common trends and improvement plans are escalated to the IPC Committee and add to the action plan tracker.

The Chart below indicates the number of Non-COVID-19 IPC Incidents



2 Provide and maintain a clean and appropriate environment

Dedicated colleagues are responsible for maintaining cleanliness and good physical repair and condition of the facilities. Clear responsibilities are set according to their roles and compliance with the agreed standards are monitored by Internal Compliance, the Health and Safety or Quality Walk Rounds. New cleaning standards (for England and Scotland) have been introduced and further works continue to ensure the Priory is fully compliant with the newest standards.

Although there are suitable alcohol hand rub gels within individual sites to accommodate appropriate hand hygiene in line with WHO Five Moments, full review of the hand washing facilities across the Priory will be undertaken and replacement schedule put in place early 2023. It will be monitored at Cross-Divisional IPC Committee meetings and prioritised according to assessed risk.

Increased cleaning schedules during outbreaks have been successfully put in place and discussed at the daily safety meetings at the individual sites.

Patient-led assessment of the clinical environment (PLACE) approach has been included in the new cleaning standards and their monitoring/auditing schedules.

Waste management policy allows appropriate waste segregation according to the national standards.

Dress code policies, across both divisions, support the requirement of national standards and compliance to bare below the elbows procedures.

3 Ensure appropriate antimicrobial use

Antimicrobial usage is reviewed and audited when required and deemed necessary by the local pharmacist, as usage of antibiotics is minimal within the Priory. Further work to provide transparent data is scheduled for early 2023, including e-prescribing review.

4 Provide suitable and accurate information to service users and visitors.

All notifiable micro-organisms/conditions are reported according to the national guidance from all four countries. The information is also included in the service users’ medical records and communicated where and when appropriate.

An outbreak management plan is in place and when declared it is reported on the reporting system (Datix), escalated to the appropriate directors and to the local IPC Teams. Information is widely available, service users and visitors are informed and appropriate signage displayed.

Numerous information leaflets are available on the Priory intranet. The Priory has adopted skills and knowledge of their colleagues to ensure the information leaflets are available in various formats, to accommodate specific service users’ needs (pictograms, large print or face-to-face sessions to educate hand hygiene)

5 Ensure prompt identification of people who have or are at risk of developing infection.

Risk assessments are undertaken prior admission to the service to ensure prompt treatment and appropriate infection prevention and control precautions are initiated where required

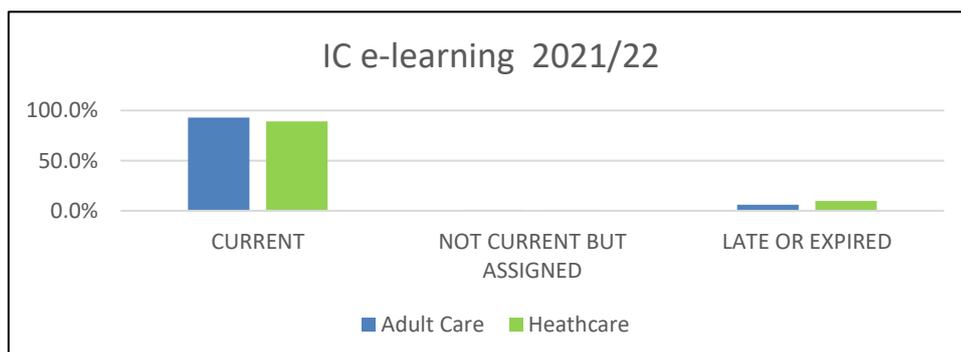
6 Systems to ensure that all colleagues are aware of and discharge their responsibilities in the process of preventing and controlling infection.

6.1 Roles and responsibilities

The IPC01 Infection Prevention & Control Arrangements policy clearly outline the roles and responsibilities of all staff in the prevention and control of healthcare associated infections (Appendix 4)

6.2 Training

The Priory has IPC programmes in place for all colleagues, including e-learning and face-to-face sessions. Training programmes are identified and assigned according to the role and responsibilities. Compliance with mandatory IPC training are reported through key performance indicators and discussed with line managers at one-to-one meeting at the annual appraisals. Furthermore, the Priory has secured advanced level IPC training for the IPC Leads at individual sites and recent work led to introducing additional training session from HEE eLFH portal. Flu immunization Programme was the first session available and further review will be undertaken in 2023. Additional training completion data will be included in future reports.



7. Provide or secure adequate isolation facilities.

The Priory consist of multiple facilities, which often provide appropriate isolation accommodations. Some buildings will have single occupancy en-suite rooms, other are shared accommodation, with communal bathrooms and toilets. Those it requires locally agreed risk assessment in the event of known infectious service users and understanding transmission-based precautions, which are clearly identify in the Cross-Divisional policies.

During COVID-19 pandemic zoning and partial containment of shared accommodations has been successfully utilised and awareness of the transmission-based precautions greatly appreciated among the colleagues and service users.

Deep cleaning procedures are in place and allocated to suitably trained personnel.

8. Secure adequate access to laboratory support as appropriate

The Priory has an established relationship with local GPs and laboratories (NHS and private providers) to allow appropriate specimen collection, analysis and treatment plans when and if required.

9. Have and adhere to the policies

All existing policies across the Priory are available on the Priory Intranet, including COVID-19 specific standard operating procedures. The IPC Committee is responsible for reviews and updates of these documents based on the new evidence. The policies are referring to all four countries' guidance.

Any changes, updates to the policies are communicated to the site levels.

The local standard operating procedures refer to the Cross-Divisional policies and are reviewed regularly at the local committees meetings to ensure they are in date and accurate.

10. Providers have a system in place to manage the occupational health needs and obligations of colleagues in relation to infection

The Priory offers occupational health services via Medigold Health Consultancy. The appropriate screening and immunisation programme is undertaken as part of the enrolment process. The service also provides ongoing screening for communicable diseases where indicated.

The Priory is working towards reducing occupational exposure to the blood borne viruses and therefore appropriate procedures are in place, flow chart widely available to ensure safe and immediate actions are undertaken in the unfortunate event.

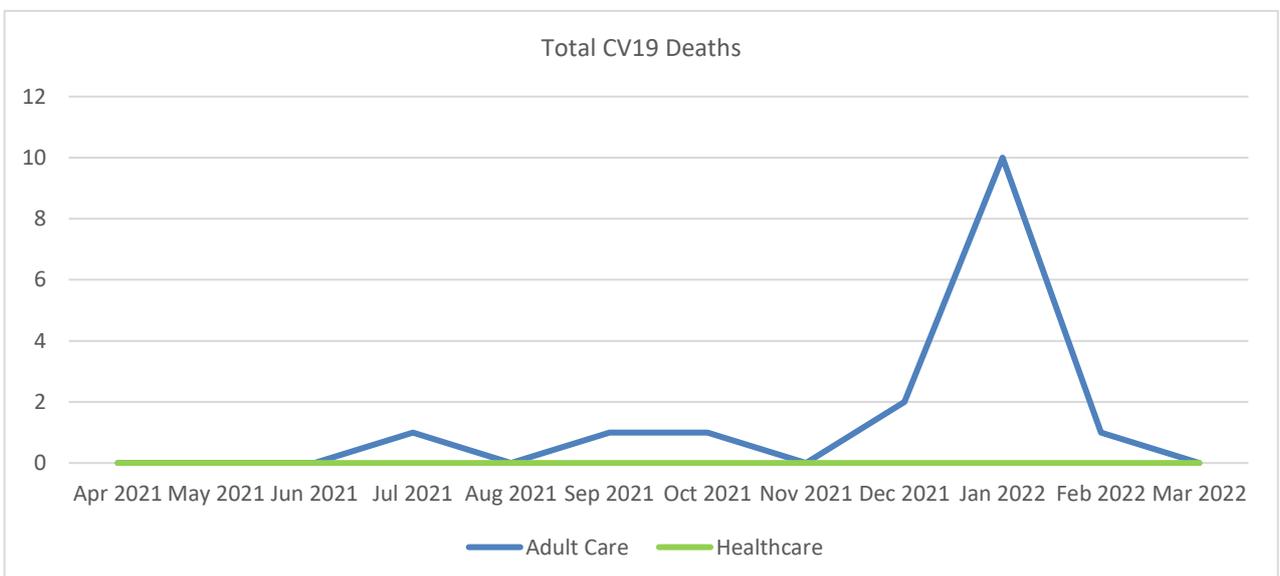
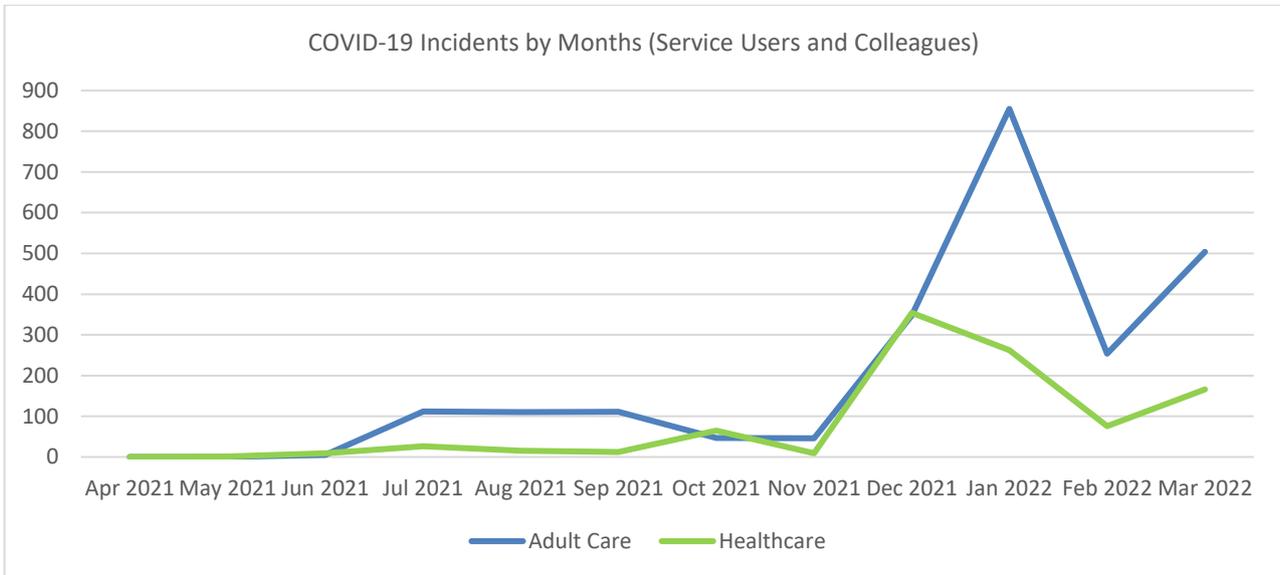
Part of the improvement programme due to the COVID-19 pandemic was the introduction of regular lateral flow testing for all colleagues to maintain their own and service users safety.

The Priory has had good COVID-19 vaccine uptake and continues to support boosters to be undertaken.

11. COVID-19

Further changes across all four nations have been adopted to ensure the Priory recognises risks of COVID-19 and other respiratory infection. Multiple policies and procedures were put in place and are review according to national guidance.

The below figures represent cumulative COVID-19 cases across all Priory services 2021/22.



Outbreak management

The outbreak management policy allows individual sites to escalate possible or confirmed outbreak to the appropriate internet and external groups.

Due to continuing challenges facing during global pandemic, the Priory has had several COVID-19 outbreaks declared. All have been managed according to the national guidance, and in fact, it has led to improved practices and strengthening the relationship with local IPC Teams.

Future Plans 2022/23

For the reporting year we will be aiming to enhance the IPC work within the organisation by undertaking the following;

- Introduction of star rating following new National Cleanliness Standards being reviewed and implemented and clear cleaning roles and responsibilities
- A refined audit calendar to be put in place for 2023, which data will provide assurance to the IPC Committee that policies and procedures are followed
- Robust data collection for antimicrobial usage
- Gap analysis to ensure the Priory policies and procedure meet National IPC Manuals
- Additional training statistics to be included in the quarterly reports to give greater depth to the uptake of site leaders training.

Conclusion

2021/22 had continued to be very challenging year, however, as many Health and Social Care organization, the Priory learnt and improved on IPC measures and how basics can help to provide safe care to all our service users. Relationships with local IPC Teams and local authorities has greatly improved and the Priory is taking all effort to sustain these connections.

The IPC Lead Nurse Adviser supported improved lines of reporting, communication channels, including regional IPC Leads meeting and monthly/quarterly IPC updates messages.

Cleanliness audits have been introduced late March 2022 with the ambition to provide first data and analysis to the Cross-Divisional IPC Committee scheduled for August 2022. Additional works to ensure new standards are met are undertaken and summary of findings will be presented and analysed in the next report

Service users involvement in maintaining IPC measures has been very beneficial. The Priory has number of IPC champions nominated among the service user groups, who take an active part in reviewing facilities standards, their cleanliness and safety.

Appendix 1: Infection Prevention and Control Compliance Criteria

Criteria		Scottish Standards	Monitored by
1	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.	Standard 1: Leadership in the prevention and control of infection Standard 4: HAI surveillance	<ul style="list-style-type: none"> • Risk assessments • Infection Prevention and Control incidents reported on Datix • Audits
2	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.	Standard 8: Decontamination (The environment and equipment are clean, maintained and safe for use).	<ul style="list-style-type: none"> • Local Cleanliness audits • Annual PLACE audits • Patient satisfaction • Environmental audits
3	Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.	Standard 5: Antimicrobial stewardship.	<ul style="list-style-type: none"> • GP, Dentist and District Hospital led prescription services • Ashtons audit of antibiotic use • Appropriate storage and control measures for use of antibiotics at local levels
4	Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion.	Standard 3: Communication between organisations and with the patient or their representative	<ul style="list-style-type: none"> • Infection Prevention and Control Committee oversees IPC surveillance reports and makes them available where appropriate • Multidisciplinary root cause analysis meetings for outbreaks and notifiable organisms/conditions • Patient Information leaflets
5	Ensure prompt identification of people that 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.	Standard 1: Leadership in the prevention and control of infection Standard 3: Communication between organisations and with the patient or their representative	<ul style="list-style-type: none"> • Surveillance of all alert organisms/conditions
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.	Standard 2: Education to support the prevention and control of infection Standard 7: Insertion and maintenance of invasive devices	<ul style="list-style-type: none"> • IPC mandatory training included in induction and refresher training • IPC e-learning package available on the Priory Academy platform • IPC Site Leads training
7	Provide or secure adequate isolation facilities.	Standard 1: Leadership in the prevention and control of infection Standard 6: Infection prevention and control policies, procedures and guidance	<ul style="list-style-type: none"> • IPC involvement in new builds and refurbishments • Isolation policy in place with regular audit and feedback
8	Secure adequate access to laboratory support as appropriate.	Standard 1: Leadership in the prevention and control of infection Standard 6: Infection prevention and control policies, procedures and guidance	<ul style="list-style-type: none"> • Local agreements with laboratory in place and utilised when necessary
9	Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.	Standard 6: Infection prevention and control policies, procedures and guidance Standard 9: Acquisition of equipment	<ul style="list-style-type: none"> • Policies and procedures reviewed and updated as required • All policies/procedures available via the Collaboration site • Compliance monitored through audits
10	Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection.	Standard 1: Leadership in the prevention and control of infection	<ul style="list-style-type: none"> • Occupational Health monitoring of staff well-being • Provision of vaccination to staff as appropriate with feedback of uptake • Sharps injuries monitored

Appendix 2

Infection Prevention and Control Committee Terms of Reference

Purpose	
<p>The role of the Infection Prevention and Control Committee is to:</p> <ul style="list-style-type: none"> • Ensure that systems and processes are in place to prevent and control the risk of infection to service users, staff and visitors and to support The Priory in demonstrating assurance of compliance with the Health and Social Care Act 2008 (Code of Practice for health and adult social care on the prevention and control of infections 2014) • The Committee plays a key role in terms of influencing the development of cultures which demonstrate best evidence-based practice and ownership of the key message that infection control is everyone's responsibility within The Priory 	
Definitions	
<p>"the Committee"</p> <p>"the Priory"</p> <p>"the Members"</p>	<p>The Infection Prevention and Control Committee</p> <p>All Divisions of Priory</p> <p>Officers appointed by the Chair of the Committee</p>
Duties	
<p>The Infection Prevention and Control Committee has been established to have effective oversight of infection prevention and control matters for Priory. The Committee should carry out the duties below as appropriate:</p> <ul style="list-style-type: none"> • To share and develop good practices for infection prevention and control across the Priory to provide consistency and maintain high standards • To ensure systems, processes and behaviours are in place in order to foster a safe culture in relation to infection prevention and control • To review each division in relation to key infection control risks including any notifications to the UK Health Security Agency and track themes and trends from infection control incidents and take appropriate mitigating action • To scrutinise serious incidents that meet the criteria for incident notification reporting to the Executive Team and ensure due process has been followed • To share learning in relation to infection control incidents across the whole Priory • To have oversight of infection control training across the Priory and ensure consistency of training • To have overview of compliance issues with external regulators relating to infection control across Priory. • To receive and approve infection control policies and procedures and ensure they are implemented at site level • To receive results of infection control audits and ensure that action plans are implemented by Divisions • To ensure that Site Infection Prevention and Control Leads are competent to fulfil their role and ensure the list of Infection Prevention and Control Leads is updated quarterly • To provide appropriate advice, guidance and support on matters pertaining to infection control and prevention within Priory. • To ensure compliance to the Health & Social Care Act (2008) - Code of Practice for the prevention and control of Infections and related guidance (DH 2014) and any other pertinent national legislation. • To agree and monitor the annual infection prevention and control work programme 	

- Ensure appropriate links with other relevant organisations such as the UK Health Security Agency are maintained
- To agree the annual Infection Prevention and Control report

Membership

Chief Quality Officer (Committee Chair and Nominated Director of Infection Prevention and Control)
 Director of Quality (Adult Care)
 Director of Risk Management
 Associate Directors of Nursing and Quality (Healthcare)
 Head of Purchasing
 Policy Manager
 Health and Safety Manager
 IPC Nurse Advisor

Quorum

The quorum necessary for this meeting shall be **four members** to include the Committee Chair or nominated deputy.

Frequency

Under normal circumstances, the committee will **meet every three months, with a minimum of 4 meetings per calendar year.**

Committee meetings will be scheduled at appropriate times in the reporting and audit cycle.

Reporting responsibilities

The Committee will report to the Quality Assurance Committee on a quarterly basis, promptly submitting relevant minutes, as appropriate.

The Committee shall establish task and finish sub groups as necessary who will report to the Committee on a quarterly basis.

The Committee shall be responsible for producing an Annual Report to the Priory UK Board.

Appendix 3

Action Plan for the Prevention and Control of Infections 2022/23

Improvement Area	Action	Progress To Date	By Whom	RAG	Timescale for Completion	Date Completed
Establish IPC Team	Review of current policy, roles and responsibilities	Policy under review	IPC NURSE	Green		30.04.22
	Agree terms of reference;					
	Set dates and venues for IPC meetings for this year		IPC NURSE	Green		30.04.22
	National guidelines and legislation to determine the size of the IPC Team at local levels	Documentation reviewed (F/T IPC Lead per 150 beds)	IPC NURSE	Green		30.04.22
Establish Work plan for the IPC Committee	The document to be reviewed and updated to demonstrate IPC requirement	Workplan is updated following each IPC Committee meeting and disseminated to group.	IPC NURSE	Green		31.08.21
Annual IPC report	Review of current documentation	COVID-19 Board Assurance Framework reviewed and changes applied	CQO	Green		09.11.21
		Annual IPC report draft submitted for comments and awaiting approval	CQO IPC NURSE	Green		09.11.21
Establish IPC training needs	Review e-learning compliance	Figures are included in divisional reports and will be reviewed at IPC Committee meetings	All	Green		09.11.21
	Review IPC Leads training requirements; incl. refresher training	Request to create baseline table with all sites and nominated IPC Leads names	IPC NURSE	Amber	30.03.23	
	ANTT (Aseptic Non-touched technique) training requirements	Initial discussion with training provider undertaken and further proposal will be submitted for approval for the next IPC Committee meeting	IPC NURSE	Amber	30.03.23	
	Basic wound management training requirements		IPC NURSE	Amber	30.03.23	
	Escalation pathway to the specialist providers (i.e. TVNs)		IPC NURSE	Amber	30.03.23	

	Additional training data to be included in the reports	Additional training sessions from HEE eLFH portal and IPC Leads training data to be included in quarterly reports	IPC NURSE	NEW	15.02.23	
Establish IPC Audit Calendar	Environmental audit	Audit tool created, taking into account new NHS England, Scottish and alternative standards (star rating) Tool incorporating H&S and IPC walkabouts, standard precautions measures and PLACE requirements (service users involvement) Trials to be scheduled	IPC NURSE H&S Manager	Green		30.04.22
	Review current documentation	Bare-below-elbows initiative. Minor changes to the H115 Standards of Dress, Uniform and Personal Appearance addressed fob watches requirements.	IPC NURSE Group Policy Manager	Green		30.10.21
Facility review	Facility review against national standards and legal requirements <ul style="list-style-type: none"> • Pest control • Clean/dirty utility rooms • Linen storage • Waste management • Water safety • Hand hygiene/washing basins (to priorities treatment rooms, clean utilities and kitchen) 		TBC	Amber	30.04.23	
Equipment review	<ul style="list-style-type: none"> • Universal products for cleaning – meeting standard requirements and minimising damage to the environment • Sharp boxes brackets • Microfiber mops and cloth – review of the process – multiple evidence to support effectiveness • Mechanical aids – I-mop 		TBC	Amber	31.12.22	
Review all existing policies to	Review of current documentation	Robust system in place to identify policy expire date	All	Ongoing	Ongoing	Ongoing

ensure they meet the national standards		Robust system in place to ensure new nation guidelines are incorporated to the Priory Policies				
Review of antimicrobial usage across the Priory	Review of antimicrobial usage	Corporate with pharmacies to ensure data are presented	IPC Nurse	New	10.04.23	

Appendix 4

ROLE DESCRIPTIONS FOR THE NOMINATED SITE, REGIONAL/DIVISIONAL IPC LEADS AND IPC NURSE ADVISER

The role of the **Site IPC Lead/Home Manager** should include:

1. Undertaking training and updates to the level specified
2. Monitoring training of colleagues on site and ensuring it is of good quality, up to date and meets the requirements of the regulators and Priory policy
3. Supporting new colleagues during the induction period, to ensure basic understanding of IPC procedures is maintained at all times
4. Being involved in the development of local IPC procedures and the implementation of IPC policies
5. Communicating changes to procedures/documentation to colleagues
6. Ensuring that their own knowledge of infection control legislation, regulation and guidance is up to date
7. Ensuring site colleagues are informed on specific and seasonal IPC topics
8. Assisting/advising other colleagues on infection prevention and control issues
9. Ensuring that clear and accurate records of IPC related incidents are kept, follow-up in timely and thorough and sharing learning with local management and colleagues
10. Taking the lead on arranging local IPC audits, analysing the results and sharing with management and colleagues and action plans
11. Advising local management, Regional/Divisional IPC leads and governance meetings on infection control issues and on the effectiveness of policies and procedures
12. Providing the link for IPC issues with external agencies, Regional/Divisional IPC leads and other Site IPC leads

The role of the **Regional/Divisional IPC Lead** (Regional Associate Directors of Nursing for Healthcare Division or Director of Quality for Adult Care Division) should include:

1. Attending Regional IPC meetings and sharing information with IPC site leads
2. Supporting site IPC Leads with any training and refresher training challenges
3. Offering evidence and policy based advice and support to site IPC leads and other colleagues
4. Analysing the results of the IPC audits of practice and identifying any actions necessary to be feedback to the Region/Division and monitor their progress. Include an analysis of disincentives to report, sharing of best practice and lessons learnt through regular contact (at least quarterly) during Regional/Divisional IPC and/or Governance meetings, as well as to provide overall report to the Priory IPC Committee
5. Ensuring that there are open avenues of communication between the division and the Chief Quality Officer, either directly or via the Priory IPC Committee Meeting on issues arising.

The role of the **IPC Nurse Adviser** should include:

1. Highly expert advice on infection prevention and control measures across the Priory

2. To provide expert advice on the management of patients with a known or suspected infection and to ensure effective collaboration addressing the specialist aspects of infection prevention and control in relation to complex management issues.
3. To advise and work closely with sites on the provision of a safe environment and maintaining high standards of cleanliness, decontamination and facilities.
4. To ensure compliance with mandatory reporting requirements for HCAI's.
5. To be responsible for the compilation of all Infection Prevention and Control Policies, utilising national evidence based Code of Practice, guidelines or best practice as appropriate.
6. To assist in the implementation and monitoring of Infection Prevention and Control Policies, working closely with Regional/Divisional IPC Leads and site IPC Leads to ensure that policies are understood and adhered to, in order to improve care.

The role of the **Director of Infection and Prevention** (Chief Quality Officer)

1. To provide oversight and assurance on infection prevention to the Board
2. To lead and support the Priory IPC Team
3. To oversee the IPC policies and procedures and their implementation. Assess the impact of all existing and new policies on IPC and recommend any changes required
4. To be a full member of multiple Priory's committees to ensure IPC and cleanliness are discussed as an agenda item at every level
5. To produce the Annual IPC Report
6. DIPC has the right to discharge their responsibility to the IPC Nurse Adviser, Regional or Divisional IPC Leads when deemed necessary

Reference

<https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance>

<https://gov.wales/sites/default/files/publications/2019-06/code-of-practice-for-the-prevention-and-control-of-healthcare-associated-infections.pdf>

<https://www.niinfectioncontrolmanual.net/>

https://www.healthcareimprovementscotland.org/our_work/standards_and_guidelines/stnds/hai_standards_2015.aspx

National IPC standards

National Infection Prevention and Control Manual for England

National Infection Prevention and Control Manual for Scotland

National Infection Prevention and Control Manual for Wales (utilised Scottish NICM)

The Northern Ireland Regional Infection Prevention and Control Manual