Infection Prevention and Control Roles and Responsibilities Policy

V1.0

October 2021
## CFT Governance Information

<table>
<thead>
<tr>
<th>Title:</th>
<th>Infection Prevention and Control Roles and Responsibilities Policy V1.0</th>
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<tbody>
<tr>
<td>Purpose:</td>
<td>To ensure that responsibility for infection prevention and control is embedded at all levels of the organisation.</td>
</tr>
<tr>
<td>Applicable to:</td>
<td>Staff</td>
</tr>
<tr>
<td>Document Definition:</td>
<td>Policy</td>
</tr>
<tr>
<td>Document Author:</td>
<td>Joanne Taylor, Consultant Nurse Deputy DIPC</td>
</tr>
<tr>
<td>Supporting Committee Name and Chair:</td>
<td>Infection Prevention and Control Committee- Louise Dickinson IPAC Steering Group- Joanne Taylor</td>
</tr>
<tr>
<td>Freedom of Information:</td>
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<tr>
<td>Key Words: (to assist search engine)</td>
<td>Infection, Prevention, Control</td>
</tr>
<tr>
<td>Ratified by and Date:</td>
<td>(Name of the Executive Director to be added by the Policy Coordinator)</td>
</tr>
<tr>
<td></td>
<td>(Date to be added by the Policy Coordinator)</td>
</tr>
<tr>
<td>Review Date:</td>
<td>(Date to be added by the Policy Coordinator)</td>
</tr>
<tr>
<td></td>
<td>6 months prior to the expiry date</td>
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<td>Expiry Date:</td>
<td>(Date to be added by the Policy Coordinator)</td>
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<tr>
<td></td>
<td>3 years after ratification unless there are any changes in legislation or changes in NICE Guidance / National Standards</td>
</tr>
<tr>
<td>Document library location:</td>
<td>(To be added by the Policy Coordinator)</td>
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### Related legislation and national guidance:

- **DH (2008)** Director of Infection Prevention and Control profile. London: DH
http://guidance.nice.org.uk/CG139
NICE (2014) Prevention and Control of Healthcare associated infections –
quality improvement guide
http://www.nice.org.uk/guidance/ph36/resources/guidance-prevention-and-
control-of-healthcareassociated-infections.pdf

<table>
<thead>
<tr>
<th>Associated Policies and Documents:</th>
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<tr>
<td>Equality Impact Assessment:</td>
<td>The Equality Impact Assessment Form was completed on 02 June 2021</td>
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<tr>
<td>Training Requirements:</td>
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</tr>
<tr>
<td>Monitoring Arrangements:</td>
<td>Infection Prevention and Control Committee IPAC Steering Group</td>
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| Implementation:                  | Via Care Groups and localities from feedback via the:
|                                  | Infection Prevention and Control Committee IPAC Steering Group |

**Version Control**

<table>
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<th>Author</th>
<th>Page No.</th>
<th>Changes</th>
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<tr>
<td>V1.0</td>
<td>July 2021</td>
<td>Joanne Taylor</td>
<td></td>
<td>Full review and combining to be a joint policy CFT/RCH</td>
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This document Replaces:
Summary

Royal Cornwall Hospitals NHS Trust
Infection Prevention and Control Reporting Structure

Royal Cornwall Hospitals Trust Board
(Monthly)

Director of Infection Prevention and Control
Report as part of the Integrated Performance Report
(Monthly)
Comprehensive Board Report.
(Annually)

Quality Assurance Committee
(Quarterly)

Infection Prevention and Control Committee
(Quarterly)

DIPC
Quarterly Report
Annual Report

Infection Prevention and Control Steering Group
(Monthly)
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Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

Cornwall NHS Foundation Trust  cpn-tr.infogov@nhs.net
Royal Cornwall Hospital Trust  rch-tr.infogov@nhs.net
1. Introduction

1.1. Under the Health and Social Care Act 2008, the Code of Practice health and adult social care on the prevention and control of infections and related guidance requires all Trusts to have clear arrangements for the effective prevention, detection and control of healthcare associated infection, including the procedures to be taken in the event of an outbreak of infection. Previous arrangements outlined in a series of national guidance documents and reports (DH, 2002; DH, 2003; DH, 2004a; DH, 2005; DH, 2006) have formed the basis for ‘the Code’ and are also reflected in this policy document.

2. Purpose of this Policy/Procedure

This Policy will ensure that:

- Responsibility for infection prevention and control is embedded at all levels of the organisation.
- Effective arrangements are in place for the provision of a full infection control service including policy production, surveillance, education and training, and audit led by an Infection Prevention & Control Team (IPAC).
- Infection prevention and control advice is provided by a suitably qualified and resourced team, which includes an Infection Prevention & Control Doctor and Infection Prevention & Control Nurse, with administrative and information technology support.
- The Infection Prevention & Control Team is supported by an adequately resourced and staffed microbiology laboratory capable of promptly processing and reporting results on specimens sent for investigation.
- A multi-professional Infection Prevention & Control Committee is in place to advise and support the IPAC Team.
- All healthcare personnel working within the scope of this policy are aware of the rationale and responsibility to maintain high standards of infection control at all times.

3. Scope

This policy applies to all healthcare personnel within The Royal Cornwall Hospitals NHS Trust and Cornwall Partnership NHS Foundation Trust. It also applies to private contractors working on Trust premises, locum, agency staff and volunteers.

4. Definitions / Glossary

- **Infection Prevention and Control**: processes to prevent and reduce to an acceptable minimum the risk of the acquisition of an infection amongst patients, healthcare workers and any others in the healthcare setting.
- **DIPC**: Director of Infection Prevention and Control.
• **Infection**: when organisms in or on the body have started to multiply and/or invade a part of the body where they are not normally found. The body develops a reaction leading to disease or illness.

• **Surveillance**: the discovery, monitoring and recording of infection.

5. **Ownership and Responsibilities**

5.1. **Role of the Chief Executive**

The Chief Executive (CEO) is ultimately responsible for ensuring that there are effective arrangements in place for infection prevention and control and that appropriate resources are made available to manage the risks of infection. The CEO will designate the prevention and control of healthcare associated infection as a core part of the organisation's clinical governance.

5.2. **Role of the Trust Board**

The Trust Board are responsible for:

- Identifying a board level lead for infection prevention & control.
- Ensuring that the role and functions of the Director/s of Infection Prevention and Control (DIPC) are satisfactorily fulfilled by appropriate and competent persons as defined by DH, (2004b)
- Approving the infection control annual programme and receiving the DIPC’s annual report.
- Ensuring that appropriate systems are in place for:
  - reviewing reports and statistics on the incidence of alert organisms (e.g. MRSA, *Clostridium difficile*) and conditions, outbreaks and Serious Untoward Incidents
  - ensuring that clinical responsibility for infection prevention and control is effectively devolved to:
    - All professional clinical groups in the Trust
    - Clinical specialties and directorates and, where appropriate, support directorates and other similar units.

5.3. **Director of Infection Prevention and Control (DIPC)**

The DIPC will:

- Oversee local control of infection prevention and control policies and their implementation.
- Be responsible for the Infection Prevention and Control Team.
- Report directly to the Chief Executive and the Board and not through any other officer.
- Challenge inappropriate clinical hygiene practice as well as antibiotic prescribing decisions.
- Assess the impact of all existing and new policies and plans on infection 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 healthcare associated infection in the organisation(s) for which he/she is responsible and release it publicly.

5.4. Infection Prevention and Control Doctor (IPCD)

• The IPCD is responsible for working with the DIPC and supporting them by providing guidance and advice on matters relating to clinically relevant microbiological issues e.g. clinical infection prevention and control activity, antibiotic prescribing, laboratory issues, surveillance and epidemiology. The IPCD liaises with the DIPC on key operational issues as necessary.
• The IPCD will attend the Infection Prevention & Control Committee meetings and the Infection Prevention & Control Steering Group meetings.
• The IPCD will advise and support Laboratory Manager/Pathology Manager/Trust Medical Director in regards to infection prevention and control issues.

5.5. Infection Prevention and Control Team

The Infection Prevention and Control Team is multi-disciplinary and will include:
• Consultant Nurse Infection Prevention and Deputy DIPC
• Infection Prevention and Control Doctor
• Medical Microbiologists
• Infection Prevention and Control Lead Nurse
• Infection Prevention and Control Specialist Nurses
• Audit and Surveillance Support worker
• Audit and Surveillance co-ordinator/Administrator

5.6. The IPAC team is responsible for:

• Ensuring advice on infection prevention and control is available on a 24-hour basis.
• Formulating an annual infection prevention and control programme in full consultation with the Infection Prevention & Control Committee (IPCC), health professionals and senior managers. The programme will include surveillance of infection and audit of the implementation of and compliance with selected policies.
• In liaison with other relevant staff preparing, reviewing and updating evidence based policies and guidelines in line with relevant Department of Health notifications and/or national guidelines, when available and applicable.
• Distribute policies to relevant areas and initiate their implementation by means of support, advice and education.
• Ensure that compliance with Infection Prevention and Control policies are monitored by the Infection Prevention and Control Team, Care Group Leads, designated Managers as appropriate.
• Identify, control and investigate outbreaks in collaboration with the Consultant for Communicable Disease Control and outbreak control group as appropriate.
• Ensuring the provision of appropriate education to all grades of staff working within the scope of this policy in line with the current RCHT education strategy
• Participate in the planning and upgrading of hospital facilities.
• Provide an on-going training programme encompassing all healthcare workers within the Trust
• Provide specialist advice to key committees, groups, departments or individual staff members in relation to Infection Prevention and Control practice.
• Carry out alert organism surveillance, liaising with medical and nursing staff as appropriate.
• Inform the Chief Executive, DIPC and IPCC of any serious problems or issues relating to Infection Prevention and Control.
• Ensure liaison with the Occupational Health Department with regard to staff health and transmission of infectious disease.

5.7. Care Group Triumvirate RCH/Area Director CFT

Each Care Group Triumvirate will:
• Identify an Infection Prevention and Control Lead from within the Care Group Triumvirate/locality who will be responsible for attending the Infection Prevention and Control Committee.
• Ensure that infection prevention and control is included in the personal development plan for the designated infection control lead.
• Identify medical and non-medical staff champions for infection prevention and control.
• Ensure that Infection control is a standing agenda item for Board meetings and, that as a minimum, the following are included:
  ▪ Review of infection prevention and control key performance indicators (KPI's)
  ▪ Outbreak reports/action plans
  ▪ Infection Prevention and Control audits where any element of the audit is less than 85%
• Ensure Care Group representation at the Infection Prevention and Control Committee meetings and Infection Prevention and Infection Control Steering Group meetings
• Ensure that every ward/clinical department has a designated infection control link nurse (or other registered practitioner).
• Ensure that RCA’s of Healthcare associated infections are discussed at the relevant Governance meetings and the minutes of these forwarded to the DIPC’s
5.8. **Infection Prevention and Control Steering Group**

The Infection Prevention and Control Steering Group will:

- Develop new strategies to address Infection Prevention and Control issues within the acute setting and the wider health community.
- Review Infection Control Audit Data and monitor actions.
- Develop and review Policies and make minor alterations as appropriate and present to Infection Prevention and Control Committee.
- Facilitate the implementation of ratified policies.
- Monitor progress on actions identified at the RCA Group Meetings.
- Agree, amend and monitor the progress of Healthcare Associated Infection Action Plans.
- Raise issues of concerns to the Executive Management Team via the Director of Infection Prevention and Control.

5.9. **Infection Prevention and Control Committee**

Responsibilities of the IPAC Committee include:

- Advising and supporting the IPAC team;
- Drawing to the attention of the Chief Executive, either through the DIPC or, if necessary, directly, any serious problems or hazards relating to infection prevention and control;
- Considering reports on infections and infection prevention and control problems;
- Discussing and endorsing a plan for the management of outbreaks in the Trust and monitoring its implementation;
- Collaborating with the IPAC team to develop the annual infection prevention and control programme, monitor its progress, assist in its effective implementation and review the annual report;
- Providing advice regarding the most effective use of resources available for implementation of the programme and for contingency requirements
- Advising on and approving all infection prevention and control policies including this one) before their submission to the Executive team for approval, and review of their implementation;
- Promoting and facilitating the education of all grades of staff in infection control procedures.

5.10. **Individual Staff Members**

- All employees will be personally accountable for their action and are responsible for ensuring that they comply with Infection Prevention and Control policies.
- Employees must understand their legal duty to take reasonable care of their health, safety and security and that of other persons who may be affected by their actions and for reporting untoward incidents and areas of concern.
• Healthcare workers are responsible for identifying infectious conditions and circumstances that may lead to outbreaks of infection that require specific controls to protect themselves, their patients or others.

• They are responsible for notifying the Infection Prevention and Control Team of such circumstances and it is the responsibility of healthcare workers to ensure that they utilise safe working practices as outlined in Infection Prevention and Control policies.

• Any breach in Infection Prevention and Control Policies or Practice will place staff, patients and visitors at risk and subsequently the completion of a clinical incident form will be required.

5.11. Infection Prevention and Control Link Practitioner

The role of the Infection Prevention and Control Link Practitioner is:

• To act as a resource in their clinical area, and to liaise with the Infection Prevention and Control (IPAC) Nurses.

• To help create and maintain an environment which will ensure the safety of patient/clients, their relatives and other health care workers using evidence based infection prevention and control knowledge to reduce the risk of infection.

• To act as a role model for colleagues.

5.12. Responsibilities to the Public

One of the key aims of the RCHT Strategy is the promise to maintain a clean and safe environment which includes having staff who understand the need for effective hand hygiene throughout their working day.

Other responsibilities to the public include:

• Provision of appropriate patient information leaflets regarding alert organisms

• Communication of current hospital rates of infection via relevant annual reporting procedures and local notice boards

• Disseminating information regarding any measures to control the spread of infection, including outbreaks, by appropriate signage at key entry points to the hospital and individual clinical areas or by verbal guidance from staff

• Appropriate use of the media/internet/social media to deliver general or more urgent information relevant to the control of infection throughout the Trust

• Promoting a culture which encourages the public to challenge staff who are failing to wash their hands

• Providing positive infection prevention and control information to the public where appropriate e.g. via hand hygiene awareness days and infection control seminars and via a dedicated webpage.

The RCHT requests that the public also play their role in minimising the risk of infection by helping to keep the hospital environment clean.
6. **Standards and Practice**
   
   As outlined in Section 5 Roles and Responsibilities.

7. **Dissemination and Implementation**
   
   This policy will be implemented via the following routes:
   - The policy will be included in the Trust’s Document Library.
   - The policy will be circulated to all IPAC Link Practitioners and Matrons.

8. **Monitoring compliance and effectiveness**

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<thead>
<tr>
<th>Element to be monitored</th>
<th>Compliance with roles and responsibility</th>
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<tbody>
<tr>
<td>Lead</td>
<td>DIPC</td>
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<tr>
<td>Tool</td>
<td>Attendance at meetings</td>
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<td></td>
<td>Minutes of Care Group and Area Meeting</td>
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<tr>
<td></td>
<td>Recorded on an Excel spreadsheet or Word document.</td>
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<td>Frequency</td>
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<td>Reporting arrangements</td>
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<td>Care Group Triumvirate and IPAC team</td>
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<td>Change in practice and lessons to be shared</td>
<td>To be included in the quarterly report to QAC</td>
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9. **Updating and Review**

   This Policy will be reviewed within 3 years.

10. **Equality and Diversity**

    10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ‘**Equality, Inclusion & Human Rights Policy**’ or the **Equality and Diversity website**.

    10.2. Equality Impact Assessment

        The Initial Equality Impact Assessment Screening Form is at Appendix 2.
### Appendix 1. RCHT Governance Information

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<th>Document Title</th>
<th>Infection Prevention and Control Roles and Responsibilities Policy V1.0</th>
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<tr>
<td><strong>This document replaces (exact title of previous version):</strong></td>
<td>Replaces RCHT only document: Infection Prevention and Control Roles and Responsibilities Policy V5.0</td>
</tr>
<tr>
<td><strong>Date Issued/Approved:</strong></td>
<td>August 2021</td>
</tr>
<tr>
<td><strong>Date Valid From:</strong></td>
<td>October 2021</td>
</tr>
<tr>
<td><strong>Date Valid To:</strong></td>
<td>October 2024</td>
</tr>
<tr>
<td><strong>Directorate / Department responsible (author/owner):</strong></td>
<td>Joanne Taylor, Consultant Nurse Deputy DIPC</td>
</tr>
<tr>
<td><strong>Contact details:</strong></td>
<td>01872 254969</td>
</tr>
<tr>
<td><strong>Brief summary of contents</strong></td>
<td>This document provides guidance on the roles and responsibilities of all staff working within The Royal Cornwall Hospitals Trust in relation to the prevention and control of infection</td>
</tr>
<tr>
<td><strong>Suggested Keywords:</strong></td>
<td>Infection, Prevention, Control</td>
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<td><strong>Target Audience</strong></td>
<td>RCHT</td>
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<tr>
<td><strong>Executive Director responsible for Policy:</strong></td>
<td>Chief Nurse</td>
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<td><strong>Approval route for consultation and ratification:</strong></td>
<td>Infection Prevention and Control Steering Group</td>
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<td></td>
<td>Infection Prevention and Control Committee</td>
</tr>
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<td><strong>General Manager confirming approval processes</strong></td>
<td>Joanne Taylor</td>
</tr>
<tr>
<td><strong>Name of Governance Lead confirming approval by specialty and care group management meetings</strong></td>
<td>Louise Dickinson</td>
</tr>
<tr>
<td><strong>Links to key external standards</strong></td>
<td>CQC regulation 12</td>
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DH


Training Need Identified? No

Publication Location (refer to Policy on Policies – Approvals and Ratification): Internet & Intranet ✓ Intranet Only

Document Library Folder/Sub Folder Clinical / Infection Prevention & Control

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<th>Changes Made by (Name and Job Title)</th>
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<td>2.0</td>
<td>Reviewed &amp; updated</td>
<td>Louise Dickinson Consultant Nurse</td>
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<tr>
<td>21.08.12</td>
<td>3.1</td>
<td>Reformatted to comply with new policy template &amp; review</td>
<td>Louise Dickinson Consultant Nurse</td>
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<tr>
<td>01.06.15</td>
<td>4.0</td>
<td>Reformatted to comply with new template. Section 5.6 additions re review of RCA.s. Section 5.7 Infection Prevention and Control Steering Group responsibilities strengthened</td>
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<td>01.05.18</td>
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<td>July 2021</td>
<td>V1.0</td>
<td>Full review. Formatted to joint template.</td>
<td>Joanne Taylor, Consultant Nurse Deputy DIPC</td>
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All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.
## Section 1: Equality Impact Assessment Form

<table>
<thead>
<tr>
<th>Name of the strategy / policy / proposal / service function to be assessed</th>
<th>Infection Prevention and Control Roles and Responsibilities Policy V1.0</th>
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<tr>
<td>Directorate and service area:</td>
<td>Infection Prevention and Control</td>
</tr>
<tr>
<td>Is this a new or existing Policy?</td>
<td>New (joint policy)</td>
</tr>
<tr>
<td>Name of individual/group completing EIA</td>
<td>Joanne Taylor, Consultant Nurse Deputy DIPC</td>
</tr>
<tr>
<td>Contact details:</td>
<td>01872 254969</td>
</tr>
</tbody>
</table>

1. Policy Aim
Who is the strategy / policy / proposal / service function aimed at?
To ensure that responsibility for infection prevention and control is embedded at all levels of the organisation.

2. Policy Objectives
To provide clear guidance to Trust staff on their responsibilities in relation to infection prevention and control.

3. Policy Intended Outcomes
All staff will be aware of their responsibilities regarding infection prevention and control.

4. How will you measure the outcome?
Annual Infection Prevention & Control audits.
Attendance at meetings.
Minutes of meetings

5. Who is intended to benefit from the policy?
All staff and patients

6a). Who did you consult with?

<table>
<thead>
<tr>
<th>Workforce</th>
<th>Patients</th>
<th>Local groups</th>
<th>External organisations</th>
<th>Other</th>
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<tr>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b). Please list any groups who have been consulted about this procedure.

- Infection Prevention and Control Committee
- IPAC Steering Group

Please record specific names of groups:

6c). What was the outcome of the consultation?
Policy approval
7. The Impact
Please complete the following table. If you are unsure/don’t know if there is a negative impact you need to repeat the consultation step.

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>Rationale for Assessment / Existing Evidence</th>
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<td>Age</td>
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<td></td>
<td>Could affect any age</td>
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<td>Sex (male, female non-binary, asexual etc.)</td>
<td>✓</td>
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<td></td>
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<td>Gender reassignment</td>
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<td>Could affect any gender</td>
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<td>Race/ethnic communities /groups</td>
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<td></td>
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<td>Could affect any race/ethnic group</td>
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<tr>
<td>Disability (learning disability, physical disability, sensory impairment, mental health problems and some long term health conditions)</td>
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<td></td>
<td></td>
<td>Could affect anyone regardless of disability</td>
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<tr>
<td>Religion/other beliefs</td>
<td>✓</td>
<td></td>
<td></td>
<td>Could affect any religion</td>
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<tr>
<td>Marriage and civil partnership</td>
<td>✓</td>
<td></td>
<td></td>
<td>Could affect anyone regardless of whether married or not</td>
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<td>Pregnancy and maternity</td>
<td>✓</td>
<td></td>
<td></td>
<td>Could affect anyone regardless of pregnancy or not</td>
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<td>Sexual orientation (bisexual, gay, heterosexual, lesbian)</td>
<td>✓</td>
<td></td>
<td></td>
<td>Could affect anyone regardless of sexual orientation</td>
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</table>

If all characteristics are ticked ‘no’, and this is not a major working or service change, you can end the assessment here as long as you have a robust rationale in place.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Joanne Taylor, Consultant Nurse Deputy DIPC

If you have ticked ‘yes’ to any characteristic above OR this is a major working or service change, you will need to complete section 2 of the EIA form available here: Section 2. Full Equality Analysis

For guidance please refer to the Equality Impact Assessments Policy (available from the document library) or contact the Human Rights, Equality and Inclusion Lead india.bundock@nhs.net
## Appendix 3. CFT Equality Impact Assessment Form

<table>
<thead>
<tr>
<th>Title of Policy / Document for assessment:</th>
<th>Infection Prevention and Control Roles and Responsibilities Policy V1.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Library Section:</td>
<td>Infection Prevention and Control</td>
</tr>
<tr>
<td>Is this a new or existing document?</td>
<td>Existing- new joint</td>
</tr>
<tr>
<td>Date of assessment:</td>
<td>02 June 2021</td>
</tr>
<tr>
<td>What is the main purpose of the document?</td>
<td>To ensure that responsibility for infection prevention and control is embedded at all levels of the organisation.</td>
</tr>
</tbody>
</table>

### Who is affected by the Document?

<table>
<thead>
<tr>
<th>Staff</th>
<th>Patients</th>
<th>Visitors</th>
<th>Carers</th>
<th>Other</th>
<th>All</th>
</tr>
</thead>
</table>

### Who implements the document, and who is responsible?

- All staff

### The document aims to improve access, experience and outcomes for all groups protected by the Equality Act 2010.

<table>
<thead>
<tr>
<th>Are there concerns that the procedural document could have a differential impact on:</th>
<th>YES</th>
<th>NO</th>
<th>What existing evidence (either presumed or otherwise) do you have for this?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Age</td>
<td>✓</td>
<td></td>
<td>Could affect any age</td>
</tr>
<tr>
<td>• Disability</td>
<td>✓</td>
<td></td>
<td>Could affect anyone regardless of disability</td>
</tr>
<tr>
<td>• Sex</td>
<td>✓</td>
<td></td>
<td>Could affect any sex</td>
</tr>
<tr>
<td>• Gender reassignment</td>
<td>✓</td>
<td></td>
<td>Could affect any gender</td>
</tr>
<tr>
<td>• Pregnancy and maternity</td>
<td>✓</td>
<td></td>
<td>Could affect anyone regardless of pregnancy or not</td>
</tr>
<tr>
<td>• Race</td>
<td>✓</td>
<td></td>
<td>Could affect any race/ethnic group</td>
</tr>
<tr>
<td>• Religion and belief</td>
<td>✓</td>
<td></td>
<td>Could affect any religion</td>
</tr>
<tr>
<td>• Sexual orientation</td>
<td>✓</td>
<td></td>
<td>Could affect anyone regardless of sexual orientation</td>
</tr>
<tr>
<td>• Marriage and civil partnership</td>
<td>✓</td>
<td></td>
<td>Could affect anyone regardless of whether married or not</td>
</tr>
<tr>
<td>• Groups at risk of stigma or social exclusion (e.g., offenders / homeless)</td>
<td>✓</td>
<td></td>
<td>Could affect any group</td>
</tr>
<tr>
<td>• Human Rights</td>
<td>✓</td>
<td></td>
<td>Could affect any group</td>
</tr>
<tr>
<td>• Are there any associated objectives of the document?</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Signature of person completing the Equality Impact Assessment:**

Name: Sarah Budden  
Date: 02 June 2021
Appendix 4. Infection Prevention & Control Structure

Chief Executive

Nurse Executive

Deputy Director of Nursing and DIPC

Consultant Nurse Infection Prevention and Control Deputy DIPC

Lead Nurse Infection Prevention and Control 1.0 WTE

Specialist IPC practitioner 2.0 WTE

Infection Prevention and Control Practitioner 5.6 WTE

Audit & Surveillance Support Worker 0.8 WTE

Medical Director

Microbiologist Infection Prevention and Control Doctor

Divisional Director Diagnostic and Therapeutics

Audit and Surveillance Co-ordinator/Administrator 1.8 WTE

Infection Prevention and Control Roles and Responsibilities Policy V1.0
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