

Urgent Care Division Infection Prevention & Control Strategy 2021-2024

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Introduction

The aim of this strategy is to support the Urgent Care Division's (UCD) priority to provide the highest standards of care through safe and effective services for patients accessing services operated by Vocare and Greenbrook Healthcare, and meet the requirements of the national Infection Prevention & Control (IPC) agenda. The strategy seeks to provide the Board of Directors with assurance that appropriate structures and processes are in place to minimise the risks of health care acquired infection (HCAI) to patients, staff, and visitors.

HCAIs remains a priority for the government, having been through the last 18 months of the Covid -19 pandemic and the ongoing issues relating to the increase antimicrobial resistance. Maintaining a safe care environment is reinforced by the Care Quality Commission (CQC) Outcome 8 Cleanliness and Infection Control which requires all providers to comply with the Health and Social Act 2008, Code of Practice for health and adult social care on the Prevention and Control of Infections and related guidance. Additionally, the organisation has a duty under the Health and Safety at Work Act 1974, which places wide-ranging duties on employers, who are required to protect the 'health, safety and welfare' at work of all their employees, as well as others on their premises, including temporary staff, casual workers, the self-employed, clients, visitors, and the general public. The legislation also imposes a duty on staff to take reasonable care of health and safety at work for themselves and for others, and to co-operate with employers to ensure compliance with health and safety requirements. The provision of a robust Infection Prevention Strategy is an essential element in achieving the safety objectives and in ensuring compliance with the Code of Practice and national and local targets.

The development and spread of infections cannot be put down to a single factor but several well-known factors which include:

- ✓ Physical infrastructure e.g. lack of space between desks, chairs in waiting rooms, inappropriate facilities.
- ✓ Peripatetic movement from one house/premises to another in delivering services ie) Home Visiting staff
- ✓ The reliance on antibiotics and their misuse which increases the risk of resistance.
- ✓ Poor compliance with best practice e.g. failure to decontaminate hands before key activities.
- ✓ The cleanliness of the environment is vital when dealing with certain micro-organisms, as such, cleaning schedules play an important role in the environment.
- ✓ The demographics of certain patient populations (e.g. older or comorbidities) increase their susceptibility to infection.
- ✓ Global factors and travel contribute to the rapid nature of spread of infectious agents as seen in novel influenza strains.



- ✓ Cleanliness of the workspace and sharing of equipment
- ✓ Attending work feeling unwell, creating the potential to infect others.

Zero tolerance of avoidable infection

Patients do not expect to acquire an infection when they attend our services and staff do not expect to acquire an infection at work. In the Urgent Care Division, we aspire to a **zero tolerance of preventable infections**.

We have taken a proactive approach, to enable lessons to be quickly learnt from infection related incidents. We work hard to eliminate poor infection prevention and control practices through the systematic adoption evidence-based processes, robust audit programme, performance management, and strong leadership with high profile campaigns and programmes.

This infection control strategy has been developed for the period 2021/24. This strategy will be implemented using an annual infection prevention & control programme to ensure compliance with The Health Act (2008), CQC standards, all standard IPC precautions and enhanced measures implemented during the pandemic.



Roles and Responsibilities

Staff

All staff are responsible to comply with the policy, attend training to ensure competency and report incidents/ issues as they arise.

Heads of Quality & Governance

Appropriate advice on infection control issues to staff when necessary. Support compliance and ensure staff have the correct level of training for all staff in conjunction with the training manager.

In conjunction with the Deputy Director of Nursing, Quality and Projects, will review guidelines, policies, and procedures to reflect current and future guidance. In conjunction with the regional Governance Departments will review all complaints and incidents relating to infection control and report accordingly.

Related UCD Documents for reference

- Quality Improvement Strategy and Plan
- Infection Prevention and Control Policy
- Infection Prevention and Control Walkabout
- Infection Prevention and Control Guidance (Covid-19)
- Infection Prevention and Control guidance for contact centres, offices and communal areas

Director of Nursing and Quality

Accountable to the Managing Director of the Executive Board for delivering appropriate advice and guidance, delegated to the Deputy Director of Nursing, Quality and Projects for operationalising through the Regional Teams.

UCD Managing Director

Overall accountability for ensuring that there are effective arrangements in place to administer IPC legislation.

Related UCD Documents for reference

- Health and Social Act 2008 (updated 2014) – Code Practice
- Care Quality Commission - Standard 8
- Corona Virus IPC - NHS England
- PHE Guidance
- Antimicrobial Stewardship
- Essential Practice for IPC -RCN

Strategy Delivery

The strategy will be delivered through:

- ✓ Infection prevention and control policies; these are based on national best practice guidance and performance against the policies is monitored through an extensive clinical audit programme.
- ✓ Trust business planning processes: infection
- ✓ The Director of Nursing and Quality develops the Infection Prevention and Control Annual Programme with Regional engagement.
- ✓ The UCD Regional Heads of Quality and Governance are responsible for local performance against the prevention and

prevention and control issues must be considered in business plans and advice sought from Director of Nursing and Quality as required.

- ✓ Training and education; via e Learning for Health and additional training through the Clinical Workforce Development Team.
- ✓ Board leadership: the Strategy is approved by the Board and the delivery is supported and overseen by members of the UCD via a IPC Working Group.

control standards

- ✓ Local, area, regional and divisional performance against the divisions key standards is obtained through the monthly quality reporting schedules.
- ✓ All UCD staff have a responsibility to adhere to infection prevention and control policies in order to reduce the occurrence the risk of infection.

Strategic Objectives

Over the next three years, actions will focus on the following objectives:

1. Minimise the risk of infection and aspire to prevent all avoidable infections , through general management of IPC

8. Waste management policies and procedures will be reviewed and re-communicated.

2. Continue to comply with statutory requirements related to the Code of Practice, Department of Health and CQC standards to maintain a safe environment and manage staff health

9. Specimens will be collected and transported safely and in approved containers/packages

3. Capture environmental cleanliness and ensure areas are designed to minimise cross infection.

10. Medical Devices decontamination processes will be reviewed. And recommunicated to ensure a consistent approach.

4. Hand hygiene will be maintained and training in this and other IPC practices will be encouraged and reported.

11. Clinical rooms will be maintained to minimise the risk of infection

5. Personal Protective Equipment monitoring will take place to ensure all elements of donning and doffing and how to safely dispose /decontaminate.

12. Vaccine supply and cold chain processes will be standardised, with access for each service

6. Prevention and management of high-risk body fluid spillages

13. Infectious Disease Reporting will be followed on all reportable cases.

7. Safe handling and disposal of sharps, including the risk of inoculation injury

14. Antimicrobial stewardship will be championed

Implementation

The strategy will be implemented by the Infection Prevention and Control Working Group, led by the Director of Nursing and Quality and her Deputy. The Infection Prevention and Control Working Group will report to the UCD Quality and Safety Committee. The working group will co-ordinate delivery plans in each region to support the implementation of the strategy.

Members of the working group will link to other sub committees (Clinical Audit and Effectiveness, Patient Safety, Patient Experience and Engagement) to ensure that actions to achieve this strategy are fully embedded within all delivery plans.

The Heads of Quality & Governance will support the IPC Champions and Lead Practitioners/Clinical Service Managers and have direct access to the Deputy Director of Nursing, Quality and Projects to support and escalate to the Executive Director of Nursing and Quality if matters require escalation and/or immediate attention.

The following key elements/groups will also support implementation:

- ✓ Medicines Management Committee
- ✓ Quality and Performance Meeting
- ✓ Operational Service Managers/Service Medical Leads
- ✓ Senior Clinical Leadership Group
- ✓ Executive Board

- ✓ Estates and Facilities
- ✓ The Local Public Health Unit
- ✓ Clinical Commissioning Groups

Staff within the UCD will contribute to the implementation of this strategy and reduce IPC related incidents through:

- ✓ The investigation into and learning of key infections
- ✓ Seeking specialist Infection Prevention and Microbiology advice where required
- ✓ Working with Site Management Teams and other clinical leaders to ensure patients with infections are placed appropriately to meet their care needs and in order to protect other patients
- ✓ Ensuring that staff are trained in basic infection prevention and control
- ✓ Working with services/facilities to ensure the clinical environment is clean and safe for patients



Dr Jim Heptinstall
UCD Medical Director

Dissemination of the Strategy

The strategy will be available on the Vocare and Greenbrook intranets. Awareness of the strategy will be circulated via the Heads of Quality & Governance within each region based on the region-specific implementation plan.

The monitoring of the regional implementation plan will be completed via the Regional Clinical Boards, with assurance reporting to the Clinical Governance Committee on a quarterly basis.

The Regional Implementation Plans will be a standing agenda item on the monthly IPC Working group.

Assurance Framework

The UCD Executive Board is responsible for ensuring that the division has appropriate Infection Prevention and Control system and resources in place to enable the organisation to deliver its objectives and statutory requirements. Activities to demonstrate that infection prevention and control is an integral part of clinical and corporate governance include:

- The UCD Board receiving and formally approving the Divisional Infection Prevention and Control Strategy, the Annual Infection Prevention and Control Programme and the IPC Annual Position (for the Quality Account). The Strategy outlines objectives and responsibilities and is a requirement of being a registered provider of NHS care.
- The Annual Programme sets objectives for the year, identifies priorities for action, evidence that policies have been implemented and reports progress against the objectives. The IPC Annual Position provides performance information from the preceding year and highlights any outstanding issues that need to be addressed by the Annual Programme for the next year.
- Quarterly IPC Reports will be presented

to the UCD Quality and Safety Committee.

- Presentation and reports include trend analysis for IPC Datix and HR absence information and compliance with audit programmes. Other infection prevention and control reports are submitted quarterly or when requested by the executive lead.
- Reporting quarterly on UCD infection prevention standards and audit performance indicators to the Patient Safety Sub Committee and onward to the UCD Quality and Safety Committee (onward to the UCD Board). Exception reports are prepared by the Deputy Director of Nursing, Quality and Projects or suitable other as required.

Infection Prevention and Working Group

The Infection Prevention and Control Working Groups purpose is to:

- Consider changes in national/local guidance relating to IPC and the implications for the division
- Review new guidance relating to the use of personal protective equipment (PPE) and the implications for the Division
- Prepare and approve internal guidance

on IPC and PPE for the UCD.

- Review incidents, complaints and staff feedback relating to IPC and PPE and provide guidance to the Division on what changes may be required to address any issues being raised
- Maintain oversight of IPC related stock (including PPE) and advise on action to be taken to address any shortfalls.
- Maintain oversight on IPC Audit practices, to ensure local delivery of IPC requirements.
- Share best practice and up to date information in relation to IPC learning and changes in expectations, guidance, and practice.

- Oversight of Health & Safety requirements relating to IPC, for example Legionnaires testing regime
- Represent each of the Regions and update on regional performance and IPC related concerns.

Monitoring of the standards and annual plan objective will also take place through:

Aspect of strategy to be monitored	Lead	Tool/Method	Frequency	Who will undertake	Where results will be reported
All elements of the strategy	Director of Nursing and Quality	IPC Annual Plan	Quarterly	Deputy Director of Nursing, Quality and Projects	Patient Safety Sub Committee Quality and Safety Committee
Training and Education	Head of Clinical Workforce Development	S&M Training Professional Training Additional Training Skill specific IPC link role training	Monthly	Workforce Training Lead	IPC Working Group
Antimicrobial stewardship	Head of Medicines Management	Optimal Abx px monitoring	Monthly	Pharmacist/ Head of Clinical Governance	Medicines Management Committee IPC Working Group
Environment cleanliness	Heads of Clinical Governance	IPC Report Audits Deep clean schedules	Monthly	Lead Practitioners	IPC Working Group
H&SC Act Code of Practice	Deputy Director of Nursing, Quality and Projects	UCD Report Spot checks Oversight monitoring	Quarterly	Heads of Clinical Governance	Patient Safety Sub Committee
Surveillance	Deputy Director of Nursing, Quality and Projects	Datix	Quarterly	Divisional Quality and Governance Manager	Patient Safety Sub Committee

Key Challenges

The key challenges of this strategy the UCD must overcome are:

- ✓ Level of demand/activity and capacity to manage the actions at a local level
- ✓ Ability to move to ownership for BAU for IPC best practice – it's not just for clinicians
- ✓ Contingency for staffing due to reduced capacity during outbreaks of infection
- ✓ Emerging infections and new strains i.e. pandemics
- ✓ Managing staff expectation in line with government standards, guidelines and advice
- ✓ Ability to source specialist IPC advice and support in determining guidance for staff

Reporting

Area Report monthly to the Regional Board, consisting of - Audit data, Cleaner standard metrics, IPC Complaints, Incidents and learning, Outbreak information.

Regional Report quarterly -will also include the above, plus Handwashing audit, any Serious Incidents, Deep Cleaning, Action Plan, learning from audit/events, Antimicrobial data, Notifications to PHE, HPU regarding IPC concerns

Divisional Report quarterly - will include the above and any deep dives, oversight audits and risk assessments, Notifications, H&S risk assessments, Recommendations for action.

Goal

Reduce healthcare acquired infections to irreducible minimum with aspiration of zero avoidable infections, to keep staff and patients as safe as possible in our care.

Executive Lead

Director of Nursing and Quality (Accountable DIPC)

Divisional Lead

Deputy Director of Nursing, Quality and Projects (Information sharing and reporting for division)

Regional Leads

Heads of Clinical Governance (responsible for implementation and reporting within regions)

IPC Work Programme 2021 - 2024

Action required	Lead	Completion Date	Progress RAG	Progress
1. Minimise the risk of infection and aspire to prevent all avoidable infections, through general management of IPC. The UCD is committed to the implementation of a zero avoidable infection culture. To embed this approach, standards of practice will be monitored through audit and where practice falls below expected levels intervention measures will be instigated. All UTC's, office spaces and clinical contact centres will be expected to participate in the daily and monthly auditing process to embed and sustain safe levels of practice				
Implement a standard audit practice with the infrastructure within regions to manage and escalate risks and reduce poor practice	Deputy Director of Quality, Nursing & Projects	Dec 2021		Implemented in UTC ad GP-OoH To complete for CCC and Offices and Vehicles
Continue to enhance the IPC lead roles to enable identification and support for failing areas.	Clinical Director each Region	Aug 2021		Structure now in place to achieve this
Build on existing systems to provide data in a timely manner to satisfy out IPC standards ie) improve the use of iAuditor and clinical dashboard	Deputy Director of Quality, Nursing & Projects	Mar 2022		
Undertake Post Infection Reviews to investigate any 'lapse in care' associated with any outbreaks or trends in sickness absence due to infection.	Regional Head of Quality & Governance	Mar 2022		
Continue to support cleaning companies to provide the required assurance around each cleaning schedule	Regional Head of Quality & Governance	Mar 2022		
2. Continue to comply with statutory requirements related to the Code of Practice, Department of Health and CQC standards to maintain a safe environment and manage staff health and related bodies to maintain a safe environment. The UCD is committed to ensuring it retains full compliance with CQC Outcome 8. That we monitor gain compliance through the IPC assurance framework, reporting on exceptions to the IPC Working Group, Quality and Safety Committee and Board. We will manage all staff "at risk" in line with the guidance.				

Action required	Lead	Completion Date	Progress RAG	Progress
We will continue to monitor gaps in assurance through exception reporting, striving to consistently achieve full compliance.	Deputy Director of Quality, Nursing & Projects	Dec 2021		Initial reporting available for Aug 2021
Continue to provide service and divisional level data, identifying any gaps in compliance via the Clinical Quality Dashboard	Deputy Director of Quality, Nursing & Projects	Mar 2022		Next steps to link to database
Regions will continue to monitor compliance and address non-compliance through our governance processes	Regional Head of Quality & Governance	Mar 2022		Reportable at monthly Regional Clinical Governance Meetings
Continue to maintain precautions regarding social distance and manage individual staff "at risk" of any infection through individual risk assessments and supportive management plans	Regional Clinical Directors/HRBP	Ongoing		Cycle completed within year, needs to be constantly monitored for new staff
Work closely with Estates and Facilities to ensure the deep clean rolling programme continues with added levels of assurance.	Regional Clinical Directors	Ongoing		Deep Cleaning at each centre has taken place at least once
3. Capture environmental cleanliness and ensure areas are designed to minimise cross infection. The Lead Practitioners will ensure that the areas in which services are delivered from are maintained to the highest possible standards of cleanliness. This includes offices and clinical contact centres.				
Explore opportunities to improve the working environments for our staff, this will sometimes be in partnership with other providers where premises are shared	Regional Clinical Directors	Mar 2022		Great work underway in some areas
Ensure that there are opportunities to manage the flow of patients in a safe manner on entering and leaving the departments/offices, to minimise cross infection	Regional Clinical Directors	Ongoing		Supporting changes in line with national guidance and local arrangements
Maintain appropriate furniture in waiting areas that are easy to clean, kept in a good state of repair and sufficient to meet the needs of the patients waiting for care	Regional Operations Directors	Complete		Previous audit completed
Understand and maintain oversight of cleaning company's schedules of work, good working relationships with cleaners and have the ability to request audit of their work as required	Regional Operations Directors	Mar 2022		Documentation of this completed in some areas

4. Hand hygiene will be maintained and training in this and other IPC practices will be encouraged and reported. The UCD is committed to ensuring that the workforce have the appropriate skillset to enable them to provide assurances in the IPC processes, including maintaining up to date guidance and sharing processes with their teams.

Review and update the available learning resources for staff to ensure meets needs of staff	Regional Clinical Directors	Ongoing		S&M Training position reported. Need to follow up on IPC Lead Practitioner Training and IPC Champion Training.
Inform CCGs of staff training compliance with regards to IPC and seek support for shared resources	Regional Clinical Directors	Ongoing		Some areas have direct close access to IPC Specialist support
Hand Washing Audit to take place quarterly of 20 audits per Area each quarter, reporting to the IPC Working Group	Heads of Clinical Governance	Ongoing		In place some areas
A standard IPC Report will be developed to encompass all metrics required to demonstrate assurance	Deputy Director Nursing, Quality and Projects	Dec 2021		Some data feeds misaligned

5. Personal Protective Equipment monitoring will take place to ensure all elements of donning and doffing and how to safely dispose /decontaminate. The IPC working group monitors all incidents relating to IPC issues and for reviewing learning from these. As a result, the reissue of guidance regarding PPE has been made and will continue to be audited.

Review the current guidance and policies, developing an easier to reference IPC Handbook.	Deputy Director Nursing, Quality and Projects	Dec2021		
Undertake to embed a robust training process in place for all face-to-face environments in the use of PPE	Regional Clinical Directors	Ongoing		
Deliver appropriate recording mechanisms to ensure appropriate levels of PPE are available at each centre	Regional Clinical Directors	Ongoing		
Carry out Post Infection Review processes to help refine current approach.	Deputy Director Nursing, Quality and Projects	Aug 2021		Last outbreak review completed – actions embedded into plan

6. Prevention and management of high-risk body fluid spillages. The UCD is committed to preventing and managing the spillages of blood and high-risk body fluids, ensuring all staff work in line with eh standard and use the correct equipment for managing spillage incidents safely.

Update communications as required and explore new ways of disseminating information to the front line, to ensure staff remain in date. This may include mock spillages, to assess responses.	Regional Clinical Directors	Sept 2021		
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Review equipment availability in each centre and ensure processes for re-stocking are well embedded		Dec 2021		
7. Safe handling and disposal of sharps, including the risk of inoculation injury. The UCD is committed to ensuring the safe management and disposal of sharps in all centres and home visiting services, to minimise the risk of sharps injury				
Review the current guidelines and update if required, ensuring one SOP for the Division	Deputy Director of Quality, Nursing & Projects	July 2022		
Ensure appropriate access to services for any staff subjected to a sharps injury	Regional Clinical Directors/HRBP	ongoing		Each area manages a separate process currently
Ensure each centre is managing the disposal of sharps appropriately and where necessary and following learning, staff are given additional support and training in managing sharps.	Regional Clinical Directors/HRBP	Mar 2022		Each area manages a separate process currently
8. Waste management policies and procedures will be reviewed and re communicated. The UCD is committed to ensuring that there is a policy regarding waste management that is suitable for all areas of the business, ensuring a consistent approach and clarity of expectations and costs associated with waste management.				
Develop and maintain a revised version of the waste management policy for the division	Deputy Director of Quality, Nursing & Projects	Sept 2022		
Work collaboratively where possible to minimise the risk of waste.	Regional Clinical Directors	ongoing		
Ensure all staff are trained in the appropriate procedure for managing waste, to reduce the risk of cross contamination and injury	Regional Clinical Directors	Mar 2022		
9. Specimens will be collected and transported safely and in approved containers/packages The Head of Clinical Governance in each area will ensure that procedures for collecting, labelling and packaging specimens will be completed in accordance with policy, minimizing the risk of cross infection. Arranging for specimens to be collected in line with local collection times to ensure the process is efficient and timely.				
Continue to review the way the local services manage specimens, to ensure most effective processes.	Regional Head of Quality & Governance	ongoing		
Review opportunities where they arise to make the service even more cost effective without compromising the quality of the service	Regional Clinical Directors	ongoing		
10. Medical Devices decontamination processes will be reviewed. And recommunicated to ensure a consistent approach. The UCD will ensure that all Surgical instruments, used are single use, in addition, all medical devices will be stored appropriately and above floor level.				
Understand the requirements for medical devices in each service	Regional Head of Quality & Governance	Jan 2022		

Review procurement opportunities to achieve best value for money and provide consistency in processes to use equipment	Regional Clinical Director/ Procurement	Mar 2022		
Ensure there are clear processes for calibrating, asset recording, cleaning and disposing all medical devices across the UCD	Regional Head of Quality & Governance	Mar 2022		
11. Clinical rooms will be maintained to minimise the risk of infection The UCD will endeavour to provide an environment to minimise the risk of reservoirs for micro-organisms and reduce the risk of cross infection to patients and staff.				
Review each clinical room across the division	Regional Head of Quality & Governance	Dec 2021		
Apply a standard approach to set up, facilities and equipment in each room	Head of Clinical Governance/Lead Practitioner	Dec 2021		
Ensure there is a clear process for cleaning of furniture, storage in units and appropriate disposal of body fluids.	Head of Clinical Governance/Lead Practitioner	Dec 2021		
12. Vaccine supply and cold chain processes will be standardised, with access for each service The UCD will endeavour to supply the appropriate access to vaccinations, with associated cold storage as required and in line with organisational process.				
Plan ahead for each vaccination cycle, utilising a standard approach via the Heads of Clinical Governance	Regional Head of Quality & Governance	Oct 2021		
Provide each service with the appropriate facilities to store vaccinations and with the appropriate levels of staffing to achieve the vaccinations	Regional Head of Quality & Governance	Oct 2021		
Ensure there is a clear process for recording of consent, allergies and medications administered, including safety netting	Regional Head of Quality & Governance	Oct 2021		
13. Infectious Disease Reporting will be followed on all reportable cases. The UCD will ensure all Heads of Clinical Governance follow the appropriate escalation and reporting processes for reportable diseases and contamination.				
Ensure all notifiable diseases and contamination will be reported in line with the Health Protection Regulations	Regional Head of Quality & Governance	ongoing		
Report all episodes of notifiable disease will be managed appropriately and in line with the most up to date guidance and best practice	Regional Head of Quality & Governance	ongoing		
Regular review and reporting of any issues of contamination within the workplace will be reported to the IPC Working Group	Regional Head of Quality & Governance	ongoing		

14. Antimicrobial stewardship				
Ensure antibiotic policies and procedures are up to date and compliance is audited	Head of Medicines Management	Ongoing		
Provide antimicrobial usage data broken down by Service/prescribing clinicians	Head of Medicines Management	Ongoing		

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Antimicrobial Prescribing Guidelines - <https://www.health-ni.gov.uk/articles/nice-antimicrobial-prescribing-guidelines>

NHS Outcomes Framework

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/385749/NHS Outcomes Framework.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/385749/NHS_Outcomes_Framework.pdf)

PHE Guidance

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