

1.9.12 Health and Social Care Act:

Please include an appropriate example infection prevention and control annual plan which will include all infection prevention and control policies, training, audit and suitability of premises and Strategy.

The Bidder has provided an appropriate infection prevention and control annual plan and strategy – Pass

The Bidder has failed to provide an appropriate infection prevention and control annual plan and strategy – Fail
option for a conditions precedent

Good infection prevention (including cleanliness)¹ is essential to ensure that people who use health and social care services receive safe and effective care. Effective prevention and control of infection must be part of everyday practice and be applied consistently by everyone. Good management and organisational processes are crucial to make sure that high standards of infection prevention (including cleanliness) are developed and maintained.

This document sets out the Code of Practice on the prevention and control of infections, under The Health and Social Care Act 2008. It will apply to registered providers of all healthcare and adult social care in England. The Code of Practice sets out the 10 criteria against which the Care Quality Commission (CQC) will judge a registered provider on how it complies with the infection

This Assessment uses the updated Code of Practice: The Health and Social Care Act 2008 Code of Practice (updated 2014).

Available at: <http://www.legislation.gov.uk/ukxi/2014/2936/contents/made>

This assessment was completed as a baseline for the review of the IPC Annual Plan for the Urgent Care Division.

Criterion 1

	Accountable/Responsible	Meeting Structure	Policies/procedures Available
<p><i>Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them.</i></p>	<p>Director of Nursing and Quality is the Executive Lead for Infection Control (delegated in part to the Deputy Director of Nursing, Quality and Projects).</p> <p>The Regional Clinical Directors in partnership with the Regional Medical and Operational Directors are accountable for regional delivery of all IPC processes.</p> <p>Heads of Clinical Governance are responsible for all elements of reporting on IPC</p> <p>Lead Practitioners/Deputy Heads of Service/Clinical Service Managers are responsible for their service level IPC, including oversight of the IPC daily audit. Additional Training is offered via eLearning for Health (eLFH) to support their role.</p> <p>IPC Champions are the conduit to communicate with local staff and promote IPC practices. Additional learning and development on IPC delivered</p> <p>All staff receive training in line with eLFH</p>	<p>Daily IPC Audit (including cleanliness) in line with NHS England's IPC Audit Tool completed by service level staff and reported monthly.</p> <p>Monthly Lead Practitioner audit and review of actions within the service, reporting to the Regional Quality and Performance Meetings.</p> <p>Bi-monthly IPC Working Group for tactical actions, monitoring incidents, risks, metrics and analysing and making recommendation for action. attended by Regional Heads of Clinical Governance, Health and Safety Manager and Clinical Directors.</p> <p>Quarterly Patient Safety Sub Committee for strategic direction and accountability, recommendations for change, IPC Annual Report - Including the reporting from the Medicines Management Sub Committee (includes Antimicrobial reporting) - (reporting to the UCD Quality and Safety Committee)</p> <p>Groupwide Clinical Forum for wider discussion regarding interpretation and action following release of guidance. (stood up to Gold Command during escalation, outbreak or Pandemic).</p>	<p>Infection Control Policy V-CP 145</p> <p>IPC Standards Policy – V-C 985</p> <p>IPC Guidance for PPE C-V 1035</p> <p>IPC Guidance for Home Visiting V-C 1032</p> <p>IPC Walkabout SOP VC 1029</p> <p>IPC Laptop Infection guidance V-C 1030</p> <p>Zoono Surface Cleaner SOP V-C 1069</p> <p>COSH Policy V-HS 650</p> <p>HS 939 Risk Assessment Form</p> <p>Individual Risk Assessment V-C 1063</p> <p>IPC Reporting Template</p> <p>Clinical Waste Management Policy V-C 370</p> <p>EPPR - Covid Outbreak Action Card</p> <p>Management of potential or actual outbreak SOP</p> <p>Medicines Management Policy V-MM 10</p>

Criterion 2

	Cleanliness	Waste Management/laundry	General Environment
<i>Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections</i>	<p>Cleaning is contracted out and there are regular meetings with the companies.</p> <p>There is a cleaning schedule that is overseen by the Clinical Services Manager, who meets with the cleaning company to discuss and agree changes to the schedule.</p> <p>All cleaning activities are visible and recorded once completed.</p> <p>Ad hoc changes to the schedule can be arranged to meet the service need, for example if there is a need for a deep clean due to contamination</p> <p>Home Visiting Vehicles receive a daily check and form part of a cleaning schedule</p> <p>Are seats are cleaned between patients and there is a two hourly cleaning schedule carried out by Reception staff on all hard surfaces and touch points in the face-to-face bases.</p> <p>All equipment is single use or disposable.</p>	<p>Waste Management is completed in line with the current best practice guidance and Policy</p> <p>All bench coverings are disposable and there are no sheets or blankets, so no laundry requirements.</p> <p>All equipment is single use or disposable, with appropriate units in place for the safe disposal (i.e., sharps).</p> <p>All staff responsible for managing waste are given the required support and training to manage waste in accordance with the guidance.</p>	<p>There is a restricted access process in place during high-risk infection situations (e.g. – COVID), patients would only be invited into the waiting room when the previous patient is in the with the Clinician.</p> <p>There are separate entrance and exit routes to avoid cross contamination</p> <p>No food or fluid is offered within the face-to-face premises.</p> <p>Toilet facility touch points are cleaned after each use</p>

Criterion 3

	Accountability/responsibility	System and Process	Training and development
<i>Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance</i>	<p>Head of Medicines Management in place accountable for the Medicines Management within the UCD</p> <p>Pharmacy Technicians for each service monitor and manage the local medicines management queries as delegated responsibility.</p> <p>Medicines Management Committee in place to support the monitoring of guidance and make recommendations for action (Reporting to the Patient Safety Sub Committee, which is chaired by the Director of Nursing and Quality (DIPC))</p>	<p>Clear guidance on the use of antibiotics via the drug formulary</p> <p>Patient Group Directives in place and monitored frequently</p> <p>Policies and procedures reviewed and updated in line with the forward plan</p>	<p>All prescribers receive induction and training in prudent antimicrobial use</p> <p>All prescribers are aware of the antimicrobial resistance and stewardship competencies</p> <p>NICE guidance reviewed and if necessary additional training developed to ensure staff are updated in the guidance.</p>

Criterion 4

	Sharing Information	Care	Escalation
<p><i>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.</i></p>	<p>All patients accessing the face-to-face services are “screened” for infection by the primary assessment (111)</p> <p>Prior to attending an appointment, patients are asked about current symptoms to identify if additional IPC measures are required</p> <p>Social distancing remains a priority within our services, to reduce risk of contamination between patients</p> <p>Patients are asked to attend face to face appointments alone where possible (chaperones are provided if required), and are made aware of the reason why</p> <p>In the case of potential exposure, the duty of candour and NHSE processes will take place to ensure all potential at risk personnel are informed.</p> <p>Staff are aware not to attend duty if they have any signs of illness which could be infectious.</p>	<p>Patients on aerosol generating procedures are asked to finish prior to Home Visiting Clinicians arrival</p> <p>Patients are asked to open the window in the room where the patient is.</p> <p>Home visiting staff are advised of infection position prior to attendance and don the appropriate level of PPE</p> <p>On arrival, only one relative is permitted to be with the patient if required, to minimise risk</p> <p>Each visiting clinical is responsible for completing a dynamic risk assessment on arrival at a patient residence.</p> <p>Any referral on will include a telephone call to the service to inform them of the Infection status of the patient being referred and documented.</p>	<p>In the event of a known exposure of an infectious disease the Outbreak Action Card will be enacted in full,</p> <p>Local Management Teams are aware of decontamination processes</p> <p>Clinical Meeting monthly to review guidance and identify practice changes and impact for staff.</p> <p>On call and Executives are informed of any potential or actual outbreak and all appropriate notifications and considerations completed following the “Serious Case initial Findings” assessment call.</p> <p>All new guidance is shared in an IPC Bulletin or Communication via email and stored on the Intranet.</p>

Criterion 6

	Staff Responsibilities	Treatment
	<p>Pre employment guidance on Infection Control made available to staff</p> <p>Job Descriptions refer to the duties of the role and the general requirements regarding responsibilities for IPC.</p> <p>Induction process covers IPC requirements as part of the onboarding process</p> <p>Staff are advised on Local induction of the processes and procedures they need to follow whilst on duty.</p> <p>Staff are informed of the process they need to follow if they feel unwell at work.</p> <p>All staff that are high risk are required to complete an individual risk assessment and any reasonable adjustments to their work will be arranged.</p>	<p>No wound care takes place within this service</p> <p>No bloodletting takes place within this service</p> <p>Staff will work in partnerships with other providers to enable the best possible care for any patient with a known or suspected infection.</p> <p>Body fluid spillages are dealt with in line with IPC Policy</p>

Criterion 7

<p><i>Provide or secure adequate isolation facilities.</i></p>	<p>In the event of an infected person attending the face-to-face services, the consulting room would be closed to all others until it had been thoroughly deep cleaned.</p> <p>Staff attending the patient would be in full PPE and appropriate ventilation available.</p> <p>All appropriate communications arranged as per IPC Policy</p>
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Criterion 8

<i>Secure adequate access to laboratory support as appropriate</i>	No bloodletting takes place in the OoH Service. Clinicians can access laboratory results to inform treatment regimens for their patients.
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Criterion 9

	IPC Management	General IPC	Medicines and Treatment
<i>Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.</i>	Infection Control Policy V-CP 145 IPC Standards Policy – V-C 985 IPC Guidance for PPE C-V 1035 IPC Guidance for Home Visiting V-C 1032 IPC Walkabout SOP VC 1029 IPC Laptop Infection guidance V-C 1030 Risk Management Policy V-G P135 Waiting Room Management V-OM 460	Zoono Surface Cleaner SOP V-C 1069 COSH Policy V-HS 650 HS 939 Risk Assessment Form Individual Risk Assessment V-C 1063 IPC Reporting Template Clinical Waste Management Policy V-C 370 EPPR - Covid Outbreak Action Card Management of potential or actual outbreak SOP	Medicines Management Policy V-MM10 Needlestick and Sharps Policy V-C 147 Sharps Injury whilst working form Prescribing and Dispensing V-MM SOP 7 Managing Medicines SOP V-MM 9 Adverse Drug Reactions V-MM SOP 7

Criterion 10

<p><i>Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection</i></p>	<p>Vocare use the Sickness Absence management Service to ensure the reporting and management of absence.</p> <p>Occupational Health Assessment is organised through the Human Resource Business Partners and the line Managers</p> <p>Individual Risk Assessments are completed with staff and managed by Line Managers</p> <p>All staff immunisation regimes are collated before appointment and evidence of childhood immunisation and HBV recorded prior to appointment.</p> <p>Vaccination tracker reports the status of staff and is updated as requested ie) recent Covid Immunisation records recorded on files.</p> <p>IPC education and learning via the eLFH medium, supported by shared learning from events and incidents</p> <p>All staff Training Records are maintained on the HR System</p> <p>Any at risk incidents are recorded on the Datix system and following investigation, the actions updated on the HR file.</p>
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