

Regional Infection Prevention and Control Governance Assessment Tool

Organisation Name:

Area Inspected/ Speciality:

Auditors:

Date:

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Governance Assessment Tool - Guidance

This tool is designed to complement and be used in conjunction with the Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool

This Quality Improvement Tool is based on the **National Institute for Health and Clinical Excellence, Quality Improvement Guide, Prevention and Control of Healthcare Associated Infections (2011)**. The tool contains 11 statements and **can be used by the Health and Social Care Trust (HSCT), as well as those working in private, voluntary and community sectors and the wider public.**

The statements aim to help build on previous guidance to improve the quality of care and practice over and above current standards. The quality improvement statements contained the guidance, describe excellence in care and practice to prevent and control Healthcare Associated Infections.

The Quality Improvement Tool will not be subject to a scoring system. It is envisaged that organisations will use this tool as a self-assessment.

Criteria, will on a risk assessed basis, be reviewed be RQIA as part of their inspection process.

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Organisational Systems and Governance Arrangements	
<p>Criteria 1: Board – level leadership to prevent HCAI's (Healthcare Associated Infection) <i>Trust boards demonstrate leadership in infection prevention and control to ensure a culture of continuous quality improvement and to minimise risk to patients.</i></p>	
<p>Rationale</p> <p>People visiting, or receiving treatment in, hospitals can expect all trust staff – from board to ward level – to take responsibility, and be accountable for, continuous quality improvement in relation to infection prevention and control.</p> <p>Boards are proactive in ensuring continuous quality improvement by leading on, and regularly monitoring compliance with, all relevant infection prevention and control objectives, policies and procedures.</p>	
Evidence of achievement	Comments
1. The board is up-to-date with, and has a working knowledge and understanding of infection, prevention and control.	
2. The board has an agreed set of key performance indicators for infection prevention and control which includes compliance with antibiotic prescribing policy.	
3. The agreed key performance indicators are used by the board to monitor the trust's infection prevention and control performance.	
4. The trust's aims and objectives for infection prevention and control are included in the board's strategic planning and management summary report.	
5. A board member has been assigned to lead on infection prevention and control.	
6. There is a board-approved infection prevention and control accountability framework. This includes evidence of specific responsibilities allocated to staff working in, or coming into contact with, clinical areas (this is reflected in their job descriptions and appraisals).	
7. A mechanism is in place to report regularly to board meetings on important infection risks and the control measures that have been implemented.	
8. The board has agreed an annual improvement programme on infection prevention and control which is linked to the business planning cycle and has	

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identified actions and resources.	
9. The trust promotes a 'self-governance' culture for infection prevention and control. This includes evidence, that all staff, from board to ward, are accountable and take ownership and responsibility for continuous quality improvement.	
10.The board is assured that monitoring mechanisms are in place in each clinical area.	
11.There is regular communication from the chief executive on the trust's expectation of patients, visitors and staff in relation to infection prevention and control.	
12.The director of infection prevention and control is involved in contract negotiations with commissioners on the key performance indicators for infection prevention and control.	
13.There is evidence that the board demonstrates to patients, the public, staff and itself that it is making continuous progress towards meeting all relevant statements in this audit tool.	
<p>Examples/Indicators</p> <p>Annual improvement plans include comparative data on progress towards relevant quality improvement statement goals, as well as in areas covered by other relevant guidance. (An example is NICE's clinical guideline on prevention and treatment of surgical site infection www.nice.org.uk/guidance/CG74)</p> <p>Regular audit of board infection prevention and control accountability framework.</p> <p>Infection prevention and control features in the planned board development programme.</p> <p>Audit of infection prevention and control objectives within annual work programme.</p>	

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Criteria 2: Be a learning organisation

Trusts use information from a range of sources to inform and drive continuous quality improvement to minimise risk from infection

Rationale

People visiting, or receiving treatment in, hospitals can expect the trust to learn from its own and other healthcare providers' experience, and to use this learning to improve the quality of care and practice in infection prevention and control.

Boards ensure mechanisms are in place for the trust to use a range of information, in addition to surveillance data, to minimise risk of infection to patients, staff and visitors. This includes information about both good and bad practice.

Evidence of achievement	Comments
1. Processes have been put in place to learn from experiences outside the organisation in relation to infection prevention and control. This includes evidence that learning is occurring on a continual basis.	
2. Evidence of regular, systematic generation and sharing of learning from trust's own experiences of infection prevention and control – including good practice and adverse events. This includes evidence that learning is based on a range of intelligence sources and is used to inform, and feed into, clinical and risk management processes.	
3. Mechanisms are in place to disseminate learning among relevant staff groups.	
4. The trust promotes a culture of learning in relation to infection prevention and control, and ensures staff have time to participate in preventive learning activities e.g. feedback sessions from incidents.	
5. Recommendations and actions identified following an incident, surveillance or learning activities have been implemented.	
6. The continuous quality improvement cycle is informed by conclusions from robust organising learning systems e.g. gap analyses.	
7. The trust works with local health partners to capture and learn lessons from the management of major infection outbreaks and other HCAI-related incidents.	

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8. The trust promotes innovation to minimise harm from infection, for example by promoting research opportunities, practice development initiatives and action learning sets for staff.	
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Examples/Indicators

Local gap analyses performed on official reports and action plan developed to address identified gaps in local practice.

Surveys of patient and staff experiences on infection prevention and control are fed into learning activities.

A range of forums give staff the opportunity to learn from each others' experiences in relation to infection prevention and control.

Audit of infection prevention activities undertaken across the trust as a result of learning from others.

Audit of antimicrobial drug usage to check it complies with trust policy. Feedback given to relevant staff.

Audit of hand-hygiene practices and feedback given to relevant staff.

Feedback given to individual surgeons on wound infection rates.

Audit of appropriate isolation facility usage.

Learning from root cause analysis and serious adverse incident investigations.

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Criteria 3: HCAI surveillance

Trusts have a surveillance system in place to routinely gather data and to carry out mandatory monitoring of HCAI's and other infections of local relevance to inform the local response to HCAI's.

Rationale

People visiting, or receiving treatment in, hospitals can expect the trust to monitor infection levels across all service areas and use this information to adjust practice, where necessary. For example, they can expect the trust to close beds, or a ward to visitors, in response to an outbreak.

Boards ensure there is a fully resourced and flexible surveillance system to monitor infection levels in the trust. Outputs are shared across the organisation and used to drive continuous quality improvement.

Evidence of achievement	Comments
1. There is an adequately resourced trust surveillance system with specific, locally defined objectives and priorities for preventing, detecting and managing HCAI's. The system should be able to detect organisms and infections and promptly register any abnormal trends including antimicrobial resistance trust wide and within clinical units.	
2. There are clearly defined responsibilities for the timely recording, collation, analysis, interpretation and communication of surveillance outputs.	
3. There are arrangements for regular review of the surveillance programme to ensure it supports the trust's quality improvement targets for infection prevention.	
4. Fit-for-purpose IT systems to support surveillance activity are available. This includes evidence of validation processes that ensure data accuracy and resources that can analyse and interpret surveillance data in meaningful ways.	
5. Surveillance systems allow data from multiple sources to be combined in real time (epidemiological, clinical, microbiological, surgical and pharmacy).	
6. Surveillance systems capture surgical-site and post-discharge infections.	
7. Trusts share relevant surveillance outputs and data with other local health and social care organisations to improve their infection prevention and control.	
8. Surveillance systems are in place for timely recognition of incidents in different spaces (for example, wards, clinical teams, clinical areas, the whole trust). This includes evidence of regular time-series analyses of data.	

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9. The trust reports all outbreaks, serious adverse incidents (SAI's) and any other significant HCAI related risk and incident to the HSCB and PHA.	
10. Surveillance data in key areas is regularly compared with other local, regional and national data and, where appropriate, is available at clinical unit level.	
11. There is a process for surveillance outputs to feed into accountability frameworks, inform audit priorities and be used to set objectives for quality improvement programmes in relation to HCAI prevention.	
12. Surveillance outputs are regularly analysed alongside comparative data to ensure continual improvement.	
13. Surveillance outputs are fed back to relevant staff and stakeholders, including patients, in an appropriate format to support preventive action.	
14. The trust has developed, and regularly reviews, a hospital-wide incident plan to investigate and manage major infection outbreaks and HCAI incidents. This includes evidence that high-level managerial and clinical mechanisms are in place for coordinating, communicating (including with other agencies) and deploying adequate resources.	
<p>Examples/Indicators</p> <p>Surveillance data (for example, HCAI) is routinely communicated to the board and to individual clinical units for multidisciplinary discussion/action. This includes comparative data on performance within the trust over time and compared with other local or national data.</p> <p>Plans are developed in line with emerging local and national agreed guidance on the surveillance and reporting systems for antimicrobial resistance</p> <p>Regular publication of outputs from the surveillance system, for example, on post-surgical infection rates and rates, antimicrobial resistance profile, MRSA and <i>C. difficile</i> of compliance with recommendations on surgical prophylaxis.</p> <p>Regionally agreed protocols are used for laboratory testing, for example <i>Clostridium difficile</i></p> <p>Analysis of trends from local and national surveillance data informs practice across the trust or setting. For example, it could be used to initiate a review of how prepared the trust is for an infection outbreak.</p> <p>Surveillance outputs are used to monitor progress against local quality improvement objectives/targets.</p>	

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Criteria 4: Workforce capacity and capability

Trusts prioritise the need for a skilled, knowledgeable and healthy workforce that delivers continuous quality improvement to minimise the risk from infections. This includes support staff, volunteers, agency/locum staff and those employed by contractors.

Rationale

Patients can expect staff to have the necessary skills and knowledge to undertake infection prevention and control procedures in their area of work.

Boards ensure staff have the skills and training required for infection prevention and control.

Evidence of achievement	Comments
1. There are local arrangements to ensure all staff working in clinical areas have an appraisal and development plan that includes discussion of infection prevention and control. This includes evidence that staff working in both clinical and nonclinical areas have clear objectives in relation to infection prevention and control which are linked to the trust's objectives.	
2. All staff working in clinical areas, including specialist 'link practitioners', have sufficient time and resources to fulfil their responsibilities on (and objectives for) infection prevention and control.	
3. Staff are provided with feedback on the ward performance in relation to infection prevention and control and their role and responsibility (for example, on hand hygiene, care bundles or when prescribing antimicrobial drugs). This includes evidence that they are given support to fulfil this role.	
4. Local arrangements are in place to ensure all staff working in clinical areas complete ward level infection prevention and control induction training within one week of commencing work and a trust mandatory programme of infection prevention and control training within three months.	
5. Local arrangements ensure that infection prevention and control training and competencies are updated and checked at appropriate intervals.	
6. Local workforce planning and workforce reviews explicitly consider, and are informed by, the trust's infection prevention and control strategy and local HCAI outcomes.	

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7. Local arrangements are in place for an annual review of training resources to ensure consistency with the national evidence base and professional and occupational standards.	
8. There are local arrangements to ensure consultant medical staff from a range of specialities champion infection prevention control. This includes evidence that they are given protected time to achieve defined objectives in this role.	
9. All staff working in clinical areas are familiar with, and competent in applying, the trust's infection prevention and control policies and procedures relevant to their clinical area.	
10. Local arrangements include training for all staff in the communication skills needed to discuss HCAI's with patients and the public.	
11. The trust has a proactive, accessible and user sensitive occupational health service. This includes evidence of a high level of competence in all areas of healthcare infection prevention and control to ensure the welfare of healthcare workers (including short-term and agency workers). In addition, evidence is needed that the service puts an emphasis on preventing blood-borne viruses, tuberculosis, vaccine-preventable diseases and acute respiratory and gastrointestinal infections.	
<p>Examples/Indicators</p> <p>An agreed performance indicator for the proportion of staff appraisals that include infection prevention and control. Performance against this indicator is checked on a regular basis.</p> <p>Monitoring the proportion of new staff who undergo pre-employment occupational health screening or assessment within a given timeframe. Occupational health can provide a detailed up to date list, per clinical speciality, of the immunisation of staff to assist in outbreaks.</p> <p>Trust programmes are in place to review the immunisation status of staff and to ensure vaccines are offered, when necessary.</p> <p>There is the ability to fast track appointments for staff with potential risk of infection.</p> <p>Trust programme in place to review the skills, competence and capacity of the multi-disciplinary infection prevention and control team to ensure it is fit-for-purpose.</p> <p>A mechanism is in place to ensure the need to reduce HCAI's across the organisation is explicitly considered during workforce planning.</p> <p>Presence of an infection prevention and control 'link practitioner' or member of staff in every clinical and support unit (with protected time).</p>	

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Training needs-analysis is informed by the trust's infection prevention and control strategy and local HCAI outcomes and is reviewed annually.

Staff receive mandatory training in infection prevention and control in line with trust policies for example an educational training framework for staff to include a 'bundle of education' approach e.g. lectures, e-learning, performance and surveillance feedback and practical training at department level.

Staff education on the occupational health aspects of how to prevent and control healthcare infections is provided by occupational health service. (For example, this may include advice on the number of days staff should not work following an episode of sickness and diarrhoea).

Monitoring of the proportion of new staff undertaking mandatory infection prevention and control training within three months of commencing work.

Presence of escalation procedures and processes for individuals who repeatedly do not fulfill their specified infection prevention and control responsibilities.

Patient surveys of their experience of staff skills and knowledge in relation to infection prevention and control.

Provision of post exposure prophylaxis i.e. HIV, HBV, meningitis.

Monitoring of the proportion of staff whose post-exposure prophylaxis (PEP) management to HIV is delayed.

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Criteria 5: Environmental cleanliness <i>Trusts ensure standards of environmental cleanliness are maintained and improved beyond current national guidance.</i>	
Rationale	
People visiting, or receiving treatment in, hospitals can expect secondary care settings to meet high standards of cleanliness, with each trust monitoring the condition of its premises to ensure levels exceed the minimum required standard.	
Boards ensure policies, procedures and resources are in place to maintain and continuously raise the level of cleanliness across the trust.	
Evidence of achievement	Comments
1. The trust clearly sets out, and adheres to, a standard of cleanliness that is based on current national guidance (for example, British Standards Institution PAS 5748 and/or National Patient Safety Agency specifications, DHSSPS, Regional Healthcare Hygiene and Cleanliness standards, Health Estates Cleanliness Matters Toolkit September 2005 NPSA National Specification for Cleanliness in the NHS April 2007 NPSA Healthcare Cleaning Manual June 2009).	
2. There are clear and accessible local policies on cleaning and environmental decontamination. This includes evidence that they take into account the needs of different patient care areas and allow for flexibility in the deployment of resources. There should be evidence, for example, that individual staff understand their role and responsibilities.	
3. Local arrangements are in place for a risk-based, cleaning responsibility matrix and frequency schedule for each patient care area.	
4. A local framework for monitoring of environmental cleanliness routinely and in an 'outbreak' situation is in place. This includes evidence of a patient feedback system.	
5. The results of routine and outbreak monitoring are reviewed and cleaning arrangements updated, where appropriate.	
6. Local arrangements ensure awareness of health and safety and environmental issues regarding the use of disinfectant preparations for decontamination.	
7. There is regular, appropriate training and education of staff, with responsibility for cleaning, in the use of equipment, disinfection and decontamination.	

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8. The trust incorporates patient feedback and involves patients and carers in its cleanliness monitoring programmes, with evidence that this impacts on standards.	
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Examples/Indicators

Mechanism is in place to ensure rapid response cleaning is initiated within appropriate timeframe.

Clearly defined policy for cleaning and environmental decontamination (including roles, responsibilities and accountability).

Trust collects visual and/or objective environmental monitoring data for different clinical areas. Visual and scientific methods are used for both routine and outbreak environmental assessment and the findings are used to inform improvements to the cleanliness programme.

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Criteria 6: Multi-agency working to reduce HCAI's (Healthcare Associated Infection)

Trusts work proactively in multi-agency collaborations with other local health and social care providers to reduce risk from infection.

Rationale

People visiting, or receiving treatment in, hospitals can expect the trust to be working collaboratively with other local health and social care providers to prevent and reduce harm from infection.

Boards are actively involved in local networks. They share governance structures, objectives and learning with other local health and social care providers to promote good practice among them.

Evidence of achievement	Comments
1. A board member has been nominated as the trust's lead and representative for a multi-agency collaboration to prevent and manage HCAI's.	
2. There is evidence of support for, and participation in, joint working initiatives beyond mandatory or contractual requirements, to reduce HCAs locally.	
3. An agreed policy is available for data sharing on HCAI's between local organisations and independent health care providers.	
4. There is evidence of timely sharing of information risk assessments and strategic efforts to minimise harm from infection with other agencies.	
5. A defined, shared and agreed governance structure with other local health and social care providers is available that includes clear lines of accountability.	
6. There is evidence of support for, and participation in, the development and implementation of a joint local strategy, policy and pathway on HCAI's between local health and social care providers.	
7. Evidence is available of participation in the development of shared targets and joint working with other local health and social care providers to improve outcomes locally relating to HCAI's.	
8. The trust works collaboratively with PHA and other health partners to investigate and manage HCAI outbreaks and incidents. Evidence is particularly needed of collaboration to deal with incidents which may impact on the health of the wider community.	

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Examples/Indicators

Documented terms of reference for multi-agency collaboration to reduce HCAI's.

Audit of outputs from collaboration disseminated to relevant trust committees (for example, clinical governance and policy development groups).

Audits of outputs from relevant learning methodologies are shared with other local health and social care providers.

Information sharing protocols with partner organisations on issues related to HCAI's e.g. patient transfers, discharge criteria.

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Criteria 7: Communication

Trusts ensure there is clear communication with all staff, patients and carers throughout the care pathway about HCAIs, infection risks and how to prevent HCAI's, to reduce harm from infection.

Rationale

People visiting, or receiving treatment in, hospitals can expect to be provided with information on how to reduce the risks of an HCAI and to be given the opportunity to discuss HCAI's with staff.

Patients who have an HCAI can expect to be:

- notified of their infection;
- told about the impact it will have on their care;
- given relevant information about minimising the risk to others.

Boards ensure processes are in place to communicate relevant information about minimising the risk of (and from) HCAI's to patients, carers, visitors and staff. They also ensure staff have access to relevant patient information resources and up-to-date local surveillance information so they can communicate about HCAI's effectively.

Evidence of achievement	Comments
1. Mechanisms have been developed to ensure transparent communication of all relevant surveillance outputs to staff and patients.	
2. Health and social care services provide consistent patient and carer information in the appropriate format on infection prevention and control.	
3. Regional and Trust policies on infection prevention and control are available to, and used by, all staff.	
4. Arrangements are in place to ensure providers in different settings can identify and communicate infection risks as the patient moves between services (including hospitals, NIAS, overseas).	
5. Patients, carers and visitors have access to up-to-date, accurate and easy to understand information about their own HCAI (if applicable) or HCAI's generally, in a suitable format. This includes evidence that they have access to information on the potential risk of infection and existing treatment and control measures e.g. hand hygiene.	

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6. Patients with an HCAI are informed of their infection and the implications for their care and their family/visitors.	
7. Staff are trained to (and can) communicate in an appropriate manner with patients and their carers about how to prevent, and reduce harm from, HCAIs.	
8. There is evidence of on-going and timely dialogue with patients and carers throughout the trust's care pathway regarding the risk of HCAI's and how to prevent them.	
9. Patients have access to timely information on HCAIs for the clinical area in which they are receiving care.	
<p>Examples/Indicators</p> <p>Audit of communications between different health and social care providers detailing any infections (for example, an audit of discharge summaries to GP's and admission letters from care homes).</p> <p>Audit of patient records for communication about HCAIs (for example, their MRSA status) throughout their hospital episode.</p> <p>Audit of patient records for communication about how to prevent HCAI's (for example, hand-hygiene procedures) throughout their hospital episode.</p> <p>Patient surveys on the trust's communication about HCAI's, and about their understanding of the risks.</p> <p>Availability of easy to understand, standardised, information on HCAI's for patients, carers and staff.</p> <p>Availability of standardised trust policies on infection prevention and control.</p> <p>Audit central venous catheter and indwelling catheter procedures (care bundles) to check they follow trust policies on infection prevention and control.</p> <p>Audit of antimicrobial stewardship programmes to ensure good prescribing practice (for example, appropriate use of prophylactic antibiotics in surgery).</p> <p>Availability of HCAI trends by clinical area for patients, carers and staff in an appropriate understandable format.</p>	

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<p>Criteria 8: Admission, discharge and transfer Trusts have a multi-agency patient admission, discharge and transfer policy which gives clear, relevant guidance to local health and social care providers on the critical steps to take to minimise harm from infection.</p>	
<p>Rationale</p> <p>Patients with an infection can expect relevant information about it to be shared between providers when they are admitted, transferred to, or discharged from a hospital to ensure seamless care.</p> <p>Boards lead on the development of an agreed multi-agency admission, discharge and transfer policy. They ensure mechanisms are in place to support and monitor adherence to the policy.</p>	
Evidence of achievement	Comments
1. There is an admission, discharge and transfer policy for patients with an infection that has been agreed by all agencies involved in the patient's care pathway, including local community, public health teams, transfer teams Northern Ireland Ambulance Service (NIAS).	
2. The agreed policy includes a risk assessment on admission, and for all transfers, to determine the presence or risk of acquiring or transmitting infection.	
3. A procedure for documenting and sharing information about infections and their treatment is available. This includes evidence of information sharing to manage and support patients with an infection on an on-going basis (including transfer and isolation arrangements for them) during admission, transfer and discharge.	
4. Clear documented advice is given to patients on antimicrobial prescribing for their on-going care.	
5. Clear advice is given to patients on the on going management and cleaning of medical devices.	
<p>Examples/Indicators</p> <p>Audit of adherence to relevant policy on admissions/transfers/discharges of patients with an HCAI, to include NIAS.</p> <p>Reduction in the number of adverse events recorded as a result of discharge and transfer of a patient with an infection.</p>	

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Criteria 9: Patient and public involvement <i>Trusts use input from local patient and public experience for continuous quality improvement to minimise harm from HCAI's.</i>	
Rationale	
Patients and the public can expect the trust to provide opportunities for them to be involved with planning and decision making on quality improvement activities to prevent and control infections.	
Boards ensure the trust has mechanisms in place to seek patient and public views and involve them in decisions related to quality improvement for infection prevention and control.	
Evidence of achievement	Comments
1. A non-executive director or equivalent has been assigned to lead on patient and public involvement in infection prevention and control.	
2. There is a range of mechanisms to involve patients and the public in the trust's decision-making to ensure continuous quality improvement in infection prevention and control.	
3. A variety of information sources and participation methods are used to gain insight into patient experiences of infection prevention and control.	
4. Patient and public involvement in groups/committee for infection prevention and control reflect local demographics.	
5. Mechanisms are in place to ensure patient experiences of HCAI's are used to inform reviews or investigations (such as outbreak investigations and root-cause analysis). This includes evidence that they are used to provide patients and carers with feedback on the outcome.	
6. Patients' and the general public's perspective and priorities on infection prevention and control are taken into account in the trust's quality improvement programme.	
Examples/Indicators	
Patient and public representation on relevant groups and committees. Documentation illustrating work with Patient and Client Council (PCC).	
Audit of HCAI reviews and investigations are feedback to patient and public representatives e.g. at infection prevention and control committee.	

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Meetings between trust lead and patient and public representatives to discuss infection prevention and control.

Number and proportion of items on Complaints Register regarding environmental cleanliness and HCAI.

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Criteria 10: Trust estate management

Trusts consider infection prevention and control when procuring, commissioning, planning, designing and completing new and refurbished hospital services and facilities (and during subsequent routine maintenance).

Rationale

People visiting, or receiving treatment in, hospitals can expect hospitals, and other parts of the trust estate, to be built and maintained in such a way as to minimise the risk of infection.

Boards ensure the whole estate is managed and maintained to minimise risk from infection.

Evidence of achievement	Comments
1. There is evidence of local arrangements for involving infection prevention and control teams and other relevant departments e.g. domestic services in the planning, design, commissioning, completion and maintenance of services and facilities used by the trust.	
2. Local procedures ensure that infection prevention and control is considered during the commissioning and handover of facilities.	
3. Local procedures ensure that infection prevention and control is considered during the selection, commissioning and installation of equipment.	
4. Evidence is available of local arrangements (for example, a standard operating procedure) for involving the infection prevention and control team (or other appropriate expertise) in the development of estates policy.	
5. There is evidence of a planning process that 'designs out' potential infection risks and focuses on effective infection prevention.	
6. Local arrangements ensure that estate management is considered and integrated into routine practice to reduce infection risk. There is evidence that estates and clinical staff, including temporary staff and subcontractors, receive training in infection prevention and control as per local policy. This should include an assessment of their relevant competencies.	
7. Mechanisms are in place for consideration of current national estates policy and whether or not it should be incorporated into regional practice.	

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Examples/Indicators

Record of adherence to the trust estates policy, including the infection prevention and control (IPC) team's involvement. This should include sign-off of documents at relevant stages of the building and maintenance process.

Briefs and specifications outline the need to consider infection prevention and control when procuring, commissioning, planning, designing and completing new and refurbished services and facilities.

Record of completed and due maintenance tasks, including an assessment of whether the infection prevention and control objectives have been achieved.

Record of estates risk assessments that have considered infection prevention and control in areas of high HCAI risk (for example, in patient care areas and for facilities such as water storage tanks).

IPC team-approved written protocols for routine, planned, preventive maintenance (PPM), remedial and interventional maintenance activity.

Record of planned preventive, remedial and interventional maintenance works that adheres to IPC team-approved protocols.

Impact of planned preventive, remedial and interventional maintenance works in minimising the risk of infection to patients is regularly reviewed and considered.

An appropriately competent person regularly reviews, verifies, confirms and signs off work delivered in accordance with infection-control protocols.

IPC staff (or another recognised source of appropriate expertise) have allocated time and availability to review and to advise on IPC issues during the initiation, planning, procurement, design and construction stages of projects.

There is a responsible person for water management.

There is a water management steering group – consisting of estates, IPC, domestic services, senior management, microbiology, and nursing.

Water safety plans are signed off by the IPC Committee.

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Criteria 11: New technology and innovation

Trusts regularly review evidence-based assessments of new technology and other innovations to minimise harm from HCAI's and antimicrobial resistance (AMR).

Rationale

People visiting, or receiving treatment in, hospitals can expect the trust to assess relevant new technologies and innovation to help improve the quality of care and practice to prevent, and reduce the harm from, infection.

Boards routinely identify technology needs relevant to HCAI prevention and control and assess the potential of new technologies and innovation to meet those needs. Where new technologies and methods are identified, they are evaluated and implemented, as appropriate.

Evidence of achievement	Comments
1. A mechanism is in place to undertake a regular gap analysis of technology needs relevant to infection prevention and control.	
2. Information on relevant new technologies and innovation is disseminated to directorates, along with guidance on evaluation and implementation.	
3. A mechanism is in place to assess the evidence base underpinning technology and innovation in reducing HCAI's. This includes evidence that, where relevant, new technology, innovation and practice is incorporated into policies and procedures.	
4. There is evidence of local arrangements to help individuals or clinical teams conduct relevant research (for example, translational research) to prevent or reduce the harm from HCAI's. This could include evidence that arrangements have been made with academic centres, or that trust-based preventive interventions have been assessed internally.	

Examples/Indicators

Programme and mechanism in place to consider current research activity and developments in HCAI innovation and technology.

Mechanism is in place to support people who wish to conduct research into quality improvement methodology, behavioural sciences or other areas to improve the way HCAs are prevented or controlled.

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Regular gap analyses carried out in relation to infection prevention and control.

Relevant gaps in technology identified and communicated to appropriate research and funding bodies.