DATE
30 June 2015

REPORT FOR
Trust Board of Directors – Public

REPORT FROM
Karen Jackson, Chief Executive

CONTACT OFFICER
Wendy Booth, Director of Performance Assurance & Trust Secretary

SUBJECT
The Role of Director of Infection Prevention & Control (DIPC)

BACKGROUND DOCUMENT (IF ANY)
Director of Infection Prevention and Control Role Profile

REPORT PREVIOUSLY CONSIDERED BY & DATE(S)
N/A

EXECUTIVE COMMENT (INCLUDING KEY ISSUES OF NOTE OR, WHERE RELEVANT, CONCERN AND / OR NED CHALLENGE THAT THE BOARD NEED TO BE MADE AWARE OF)
Following the recent appointment of a full time Deputy Chief Executive, with a lead for quality and safety, it is proposed that this postholder also assumes the role of DIPC. The national role summary for the DIPC is attached for reference

HAVE THE STAFF SIDE BEEN CONSULTED ON THE PROPOSALS?
N/A

HAVE THE RELEVANT SERVICE USERS/CARERS BEEN CONSULTED ON THE PROPOSALS?
N/A

ARE THERE ANY FINANCIAL CONSEQUENCES ARISING FROM THE RECOMMENDATIONS?
NO

IF YES, HAVE THESE BEEN AGREED WITH THE RELEVANT BUDGET HOLDER AND DIRECTOR OF FINANCE, AND HAVE ANY FUNDING ISSUES BEEN RESOLVED?
N/A

ARE THERE ANY LEGAL IMPLICATIONS ARISING FROM THIS PAPER THAT THE BOARD NEED TO BE MADE AWARE OF?
NO

WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO THE NHS CONSTITUTION IN ANY DECISIONS OR ACTIONS PROPOSED?
YES

WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO SUSTAINABILITY IMPLICATIONS (QUALITY & FINANCIAL) & CLIMATE CHANGE?
YES

THE PROPOSAL OR ARRANGEMENTS OUTLINED IN THIS PAPER SUPPORT THE ACHIEVEMENT OF THE TRUST OBJECTIVE(S) AND COMPLIANCE WITH THE REGULATORY STANDARDS LISTED
Ensures that statutory requirements are met

ACTION REQUIRED BY THE BOARD
The Board is asked to approve the proposal that the Deputy Chief Executive assumes the role of DIPC
Role Summary

The Director of Infection Prevention and Control (DIPC) is a role (whether by that name or another) required by all registered NHS care providers under current legislation. The DIPC will have the executive authority and responsibility for ensuring strategies are implemented to prevent avoidable healthcare associated infections (HCAIs) at all levels in the organisation. The DIPC will be a highly visible, senior, authoritative individual who provides assurance to the Board that systems are in place and correct policies and procedures are adhered to across the organisation to ensure safe and effective healthcare. The DIPC will be an effective leader who will enable the organisation to continuously improve its performance in relation to HCAIs.

There is no stipulation that DIPCs must have positions on the Board. The individual undertaking the role of DIPC does not necessarily need to bear the title of DIPC (although for the sake of clarity it may be easier to do so). Additionally, DIPCs may choose not to undertake day-to-day IPC duties and responsibilities, but devolve them to members of their IPC team or improvement leaders.

The role of a DIPC within a commissioning or provider organisation may differ in context but the core principles of the leadership role the DIPC holds remains unchanged. Provider organisations would be expected to have their own DIPC to provide assurance to the Board or equivalent management arrangement. Within organisations that primarily commission services from other providers, the DIPC for the commissioning organisation is responsible for providing advice on service specifications and key performance indicators (KPIs) to commissioners in order that they can include adequate assurance elements in relation to HCAIs in provider contracts.

The DIPC will be the public face of infection prevention and control and will be responsible for the organisations annual report, providing details on the organisation’s infection prevention and control programme and publication of HCAI data for the organisation. Although not generally a unique, full-time appointment, the DIPC must have designated time to deliver the requirements of the role. Each NHS organisation should define and agree the time required to fulfil the role of DIPC within their own organisation.

The National Audit Office (NAO) report highlights ‘there is no single ‘best practice’ model for how the (DIPC) role is performed or whether roles are carried out by nurse, consultant or microbiologist. What matters is their commitment to quality and patient safety, good communication and reporting channels and access to people with expert prevention and control advice.’

---

Main Responsibilities of a DIPC

Primary Duties
- Have corporate responsibility for infection, prevention and control throughout the Trust as delegated by the Chief Executive.
- Report directly to the Chief Executive (not through any other officer) and the board or other senior management committee. Assures the Trust Board on organisation’s HCAI performance and provides regular reports, including the Annual Report.
- Responsible for the organisation’s Infection Prevention and Control Team (IPCT).
- A full member of the IPCT and regularly attend the infection prevention and control meetings.
- Responsible for the development and implementation of strategies and policies on infection, prevention and control.
- Act on legislation, national policies and guidance and assess their impact; ensuring effective policies are in place and audited.
- Provide assurance to the Board that policies are fit for purpose.
- Attend Board meetings to report on infection prevention and control issues and to ensure infection prevention and control consideration in other operational and developmental decisions of the Board.
- Provide leadership to the infection, prevention and control programme in order to ensure a high profile for infection prevention and control across the organisation.
- Ensure that the requirements of decontamination guidance are in place and adhered to through implementation of appropriate policies.
- Ensure public and patient involvement in infection, prevention and control.

Management/Leadership
- Challenge professional and organisational barriers where appropriate, in the interest of the public, staff and patients to reduce HCAIs.
- Challenge, where relevant, inappropriate clinical practice and inappropriate antibiotic prescribing decisions.
- Influence the allocation of resources required to minimise the risk of HCAIs.
- Ensure infection prevention and control is included in all job descriptions and job plans, is a mandatory component of Continuing Professional Development and is included in the appraisal of all clinical staff.

Learning & Development
- Influence the development and provision of education and training in relation to infection, prevention and control and oversee the audit of its uptake by staff.
- Encourage and oversee participation in relevant appropriate research opportunities.

Clinical governance/ Audit/Research
- Be a member of Clinical Governance Committee or equivalent.
- Develop a robust performance management framework for infection, prevention and control that minimises healthcare associated infections.
- Ensure effective surveillance systems are in place with timely feedback to clinical services.

Communication
- Utilise a range of strategies to support effective communication within the organisation and across the wider health and social care economy in relation to infection prevention and control.
- Provide effective communication of the Trust’s infection prevention and control activities and HCAI records to the general population and the local press/ media.
Suggested Key Working Relationships*

- Chief Executives
- Trust Board & Non-Exec Infection, Prevention & Control Champion
- Infection Control Team
- Medical Director
- Director of Nursing
- Director of Operations
- Director of Facilities
- Director of Service Improvement (or equivalent)
- Director of Performance
- Director of Finance & IT
- Director of Commissioning
- Clinical Directors
- Directorate and Divisional Managers
- Matrons
- Lead Clinicians
- Consultant Microbiologists
- Antibiotic Pharmacist
- Occupational Health

- Other Health and Social Care Organisations
- Director of Public Health
- Patient/Public Forum
- Communications Network
- Clinical Governance Lead
- Risk Management Team
- HPA (including local HPUs)
- Relevant regulatory bodies
- PECs
- Training & Education Lead
- Human Resources
- Voluntary Organisations
- Local Authority
- Independent contractors (e.g. GP practices, Pharmacists, dentists etc?)
- Strategic Health Authority and ‘Monitor’
- DIPCs of other local NHS organisations
- GP Consortia

*These may vary depending upon the organisation and its structure

Forthcoming

Future working relationships will also need to take account of the new emerging NHS. As part of this vision for the future of the NHS, the Coalition Government is proposing to establish an NHS Commissioning Board and GP commissioning consortia. It is proposed, these will be in shadow form from April 2011 and fully operational from April 2012, when PCTs and SHAs will be abolished. The Department of Health will also manage a new Public Health Service (with the HPA abolished).