

Document Title:	INFECTION PREVENTION AND CONTROL ASSURANCE FRAMEWORK		
Document Reference/Register no:	08039	Version Number:	6.0
Document type: (Policy/ Guideline/ SOP)	Guideline	To be followed by: (Target Staff)	All Staff
Ratification Issue Date: (Date document is uploaded onto the intranet)	2 nd October 2019	Review Date:	1 st October 2022
Developed in response to:	Care Quality Commission NHSLA Risk Management Standard 1.4.9 Health Act 2008, revised January 2008 Best practice		
Contributes to HSC Act 2008 (Regulated Activities) Regulations 2014(Part 3); and CQC Regulations 2009 (Part 4) CQC Fundamental Standards of Quality and Safety:			8
Issuing Division/Directorate:	Infection Prevention		
Author/Contact: (Asset Administrator)	Judith Holdsworth, Infection Control Lead Nurse		
Hospital Sites: (tick appropriate box/es to indicate status of policy review i.e. joint/ independent)	<input checked="" type="checkbox"/> MEHT <input type="checkbox"/> BTUH <input type="checkbox"/> SUH		
Consultation:	(Refer to page 2)		
Approval Group / Committee(s):	Infection Prevention Control Group	Date:	20 th August 2019
Professionally Approved by: (Asset Owner)	Wendy Matthews, Director of Nursing	Date:	30 th September 2019
Ratification Group(s):	DRAG Chairman's Action	Date:	1 st October 2019
Executive and Clinical Directors (Communication of minutes from Document Ratification Group)	Date: October 2019	Distribution Method:	Intranet & Website. Notified on Staff Focus

Consulted With:	Post/ Approval Committee/ Group:	Date:
	Infection Prevention Control Group	20 th August 2019

Related Trust Policies (to be read in conjunction with)	18030 Risk Management Strategy 09100 Incident Policy Managing Risks associated with infection Prevention and Control Policy, and all other Infection Protection Policies, Outbreak Policy and Health & Safety Policy 05105 Blood Borne Virus Policy 08092 Mandatory Training Policy 10004 Safe Handling & Disposal of Sharps Policy 05116 Patient Information Policy 09033 Cleaning Policy 04070 Decontamination Policy 10003 Mattress Policy 09047 Commode and Bedpan Cleaning Policy 09157 Strategic Cleaning Plan
--	---

Document Review History:			
Version No:	Authored/Reviewer:	Summary of amendments/ Record documents superseded by:	Issue Date:
2.0	Dr Louise Teare		October 2008
3.0	Leigh Booth		July 2010
3.1	Leigh Booth		October 2010
4.0	Dr Louise Teare		November 2011
5.0	Dr Louise Teare		April 2014
5.1	John Swanson	Extension agreed to May 2018	28 th November 2017
5.2	Maggie Bayley	6 month extension request due MSB standardisation	6 th November 2018
6.0	Judith Holdsworth	Full Review	2 nd October 2019

INDEX

- 1.0 Purpose**
- 2.0 Introduction**
- 3.0 Policy Statement**
- 4.0 Scope and Aims**
- 5.0 Standards**
- 6.0 Principal Legislation and Guidance**
- 7.0 Accountabilities and Responsibilities**
- 8.0 Process for managing risks associated with Infection prevention and Control**
- 9.0 Service Development**
- 10.0 Adverse Incident Reporting**
- 11.0 Provision of information on HCAI to patients and the Public**
- 12.0 Education and training**
- 13.0 Audit and monitoring**
- 14.0 Review**
- 15.0 Implementation & Communication**
- 16.0 References**
- 17.0 Appendix**

Appendix 1: Preliminary Equality Analysis

1.0 Purpose

- 1.1 The aim of this framework is to promote a proactive infection prevention and control (IPC) culture throughout the Trust and to ensure that the Trust provides an environment and systems of care which minimises the risk of infection to patients, staff and visitors.

2.0 Introduction

- 2.1 Hospital infection prevention and control is an essential part of an effective risk management programme to improve the quality of patient care and the occupational health of staff. The Health Care Associated Infection Prevention and Control Assurance Framework reflects Board level agreement outlining the Board's collective responsibility for minimising the risk of infection and identifies the general means by which it prevents and controls such risk.
- 2.2 At any given time some 8-9% of patients in hospital have a Healthcare Associated Infection (HCAI) which can add to the patient's discomfort and length of stay and may adversely affect the treatment of the patient's original medical condition. It can result in permanent disability and a small proportion of patients die as a result.
- 2.3 HCAI encourages antibiotic resistance. It has been estimated that HCAI currently costs the NHS as much as £1billion per year. Although HCAI cannot be eradicated, it has been estimated that approximately 15-30% could currently be prevented by the application of available infection prevention and control measures. Infection prevention and control encompasses the whole NHS healthcare system and ALL personnel working in the health service are responsible for maintaining the highest standards of infection prevention and control and hospital hygiene.

3.0 Policy Statement

- 3.1 The Trust believes that an excellent organisation is, by definition, a safe and secure organisation. It therefore follows that caring for all individuals and minimising risk associated with infection is inseparable from all other Trust objectives.
- 3.2 In order to achieve this, the Trust accepts that the implementation of an effective and pro-active Infection Prevention and Control Strategy and an associated Work Programme will enable it to work towards reducing infection risks to all persons who are affected by the Trust's activities.
- 3.3 This framework will be applied to all areas within the Trust. All staff are expected to be aware of their role in implementing the policy in their area of work. Monitoring compliance with the policy will be via appraisal, auditing, practice review and carrying out work place inspections.

4.0 Scope and Aims

- 4.1 Infection Prevention and Control impacts on all Trust activity and therefore this policy applies to all staff employed by the Trust (on a permanent or contract basis) and all other persons engaged in business on behalf of the Trust.
- 4.2 Prevention and control of infection is part of the overall risk management strategy within the hospital environment.
- 4.3 This framework should be read in conjunction with the Trust's Risk Management Strategy and Policy; register number 18030.
- 4.4 The Infection Prevention and Control Assurance Framework gives an overview of the Infection Prevention and Control Service (personnel, committees, documentation and mechanism) for Mid-Essex Hospital Services NHS Trust for the purpose of prevention and control of infection within the Trust.

5.0 Standards

- 5.1 To achieve a pro-active Infection Prevention and Control Culture, the Trust will implement the following standards:
- Provision of a managed environment which minimises the risk of infection to patients, staff and visitors;
 - Identification of all infection risks which could have potential adverse effects on the quality of care and the safety of persons. Risks may be identified through audit results, infection and outbreak incidents and via Trust risk reporting systems;
 - Such risks will be reported in the monthly Director of Infection Prevention and Control report. (DIPC);
 - Risks identified in the monthly DIPC report will be formally addressed at Infection Prevention & Control Group meetings (IPCG)
 - Clinical Directors will be responsible for producing action plans to address directorate risks identified each month in the DIPC report;
 - If deemed to place the Trust at serious risk, the risk will be placed on the Trust risk register immediately by the DIPC;
 - Implementation of an Infection Prevention and Control Programme supported and approved by the Site Directors;
 - Development of agreed objectives and priorities for the targeted surveillance of infection;
 - Development and on-going audit of written policies, procedures and guidance for the Prevention and Control of Infection that reflects relevant legislation and published professional guidance;
 - Implementation of an effective educational programme in the prevention and control of infection, for all health care staff. Refer to Mandatory Training Policy and Training Needs Analysis;
 - Continual management, review and assessment of practices and identified risks and control measures, through an annual audit programme;

- Immunisation is the responsibility of primary care teams and the Occupational Health Service. The Trust and its staff will support the delivery of these programmes as they relate to service users.

6.0 Principal Legislation and Guidance

6.1 Legislation:

- The Health and Social Care Act 2008 – and associated Code of Practice on the Prevention and Control of Infections (DH, 2008) (The Code);
- Tackling antimicrobial resistance 2019-2024
- Control of Substances Hazardous to Health Regulations (COSHH) 2002;
- Reporting of Injuries, Diseases and Dangerous Occurrence Regulation (RIDDOR) 1995;
- Management of Health and Safety at Work Regulations 1999;
- Health and Safety at Work Act 1974.

6.2 Guidance:

- The Management and Control of Hospital Acquired Infection in Acute NHS Trusts in England (National Audit Office 2000);
- HSG (95)10 – Hospital Infection Control: Guidance on the Control of Infection in Hospitals (Department of Health 1995);
- EL (13)97 – Public Health Responsibilities of the NHS (Department of Health 1997);
- HSC 1999/049 – Resistance to antibiotics and other Antimicrobial agents: Action for the NHS following Governments response to the House of Lords Select Committee Inquiry (Department of Health 1999);
- Modernising Health and Social Services: National Priorities Guidance for 1999/2000 – 2000/2001 (Department of Health 1998);
- NHS Litigation Authority Risk Management Standard 1.4.9;
- Getting Ahead of the Curve (Department of Health 2003);
- Saving Lives (Department of Health 2005);
- Winning ways: working together to reduce healthcare associated infection in England (Department of Health 2003).

7.0 Accountabilities and Responsibilities

The following paragraphs outline the main accountabilities and responsibilities of post holders, which are reflected in relevant job descriptions, objective setting and appraisal. Accountability and Responsibility will be managed through the Trust's performance framework.

7.1 Chief Executive (CEO)

The Chief Executive has a legal responsibility under the 2008 Health and Social Care Act to put systems in place across the organisation which minimise the risk of infection to patients, staff and visitors.

7.2 Director of Infection Prevention and Control (DIPC)

The DIPC reports directly to the Managing Director and will ensure that agreed programmes of investment are properly accounted for in the Trust's Annual Business Plans. The DIPC will:

- Ensure that there is an appropriately constituted and functioning Infection Prevention and Control Group and Team;
- Ensure that the Trust has an effective policy on Cleaning and Decontamination;
- Ensuring sufficient resources to comply with this policy;
- Ensure that timely and effective microbiological support is provided for the Infection Prevention and Control Service;
- Ensure that HCAI mandatory reporting requirements are met;
- Ensure that appropriate arrangements are in place to meet all costs arising from an infection outbreak;
- Ensure that Directorate Governance Meetings address IPC issues and consider all non-compliant events;
- Ensure that organisational learning occurs from all incidents to ensure future risks are mitigated;
- Be a member of the Patient Safety and Quality Committee and will produce a regular report to the Board of Directors and the Patient Safety and Quality Committee;
- Produce an Annual Report and Infection Prevention and Control work programme for approval by the Board of Directors and subsequent progress reports for each meeting of the Infection Prevention and Control group;
- Present the Infection Prevention Annual Report and Programme to the Patient Safety and Quality Committee for their consideration and approval;
- Bring to the attention of the Chief Executive any infection control matters that cannot be resolved and which require urgent attention;
- Have access to the Board of Directors to bring to the Board's attention any matters of concern around infection, prevention and control.

7.3 **Director of Estates and Facilities**

The Director of Estates and Facilities is responsible for:

- Delivery of a comprehensive Legionella control service and plan;
- Ensuring hospital cleanliness is high on the corporate agenda;
- Ensure robust monitoring arrangements are in place and reported for cleaning services;
- Providing plans for year on year improvements in hospital cleanliness;
- Ensuring robust systems, processes and adequate resources are identified in order to achieve high standards of cleanliness;
- Providing regular cleaning reports to the Chief Executive and to the Trust Board;
- Providing evidence that all theatres comply with relevant HTMs.

7.4 **Medical Officer** is responsible for ensuring that all medical staff understand and fulfil their responsibilities in complying with IPC policies and procedures.

7.4.1 Through the medical management structure the Chief Medical Officer is responsible for ensuring that Clinical Directors work with Lead Nurses and are accountable for delivery of the Hygiene Code in their area of control.

7.5 Director of Human Resources will ensure:

- The requirement to comply with Trust IPC policies and procedures is included in all job descriptions
- Evidence of satisfactory compliance with Trust IPC policies and procedures is produced at each appraisal of all staff
- IPC accountability for bed provision is included in job descriptions and appraisal of all staff involved in bed allocation

7.6 Director of Nursing

- Through the nursing management structure the Director of Nursing is responsible for ensuring Infection Prevention and Control policies are understood and followed;
- The Director of Nursing is responsible for ensuring that all nurses and midwives understand and fulfil their accountabilities for the provision of care in a clean and safe environment;
- Works with the Heads of Nursing to ensure that the nurse in charge of any patient area in the trust, at any time, has direct responsibility for ensuring that cleanliness standards are maintained throughout their shift of duty;
- Provide advice and direction to Heads of Nursing in relation to professional nursing infection prevention and control risks and ensure that appropriate remedial action is taken where nursing risks are identified;
- To ensure that nurses and midwives are trained in key techniques, including the aseptic procedure;
- Through the nursing management structure the Director of Nursing is responsible for ensuring that Lead Nurses work with Clinical Directors and are accountable for delivery of the Hygiene Code in their area of control.

7.7 Heads of Service/Nursing

- The Heads of Service/Nursing, work as a team to deliver safe patient care which minimises the risk of infection;
- The Heads of Service/Nursing are accountable and will be responsible for the management of the nursing staff within the assigned directorates and departments and they will be fully supported by corporate services to achieve this. They will support the Clinical Directors to deliver the integrated directorate governance agenda.

7.8 Lead Nurses/Heads of Department are responsible for:

- Enforcing this framework at ward and department level through developing an infection prevention and control culture and ensuring adequate communication, training and the assessment and monitoring of infection risks;
- Undertaking risk assessments throughout their area of responsibility, and ensuring that infection risks identified are recorded, prioritised and action plans formulated. Plans and assessments must be regularly reviewed;
- Highlighting any emerging trends and unacceptable infection risks to their Clinical Director and the Infection Prevention and Control Team;
- Ensuring that all infection incidents are reported through risk event forms in a timely and appropriate way, in accordance with Trust procedures;

- Ensuring that all appraisals assess infection prevention and control competency with failure to progress to a pay increase if this is not demonstrable;
- Ensuring delivery of a safe and clean care environment for the duration of their shift on duty;
- Ensuring the undertaking of Infection Prevention and Control audits as necessary;
- The requirement to undertake an IPC risk assessment for each patient, documenting their assessment on Lorenzo is included in the job descriptions and appraisal of all staff involved in bed allocation.

7.9 **Infection Prevention and Control Link Nurses** provide expert knowledge, direction and education across the Trust:

- The role of Infection Prevention and Control Link Nurses is to act as a local resource of Infection Prevention knowledge and expertise and as a role model for colleagues;
- Support Senior Sisters with accountabilities for Infection Prevention and Control
- Act as a point of liaison, informing the Heads of Nursing and the IPT of any infection risks or issues arising in their clinical areas;
- Under the supervision of the IPT, Link Nurses are expected to carry out agreed programmes of audit and surveillance (e.g. high impact interventions), feeding back to their colleagues as appropriate;
- Ensure that staff are fully informed and adhere to current policies and procedures in relation to infection prevention and control;
- Liaise with and inform the Infection Prevention and Control Team as appropriate.

7.10 **Clinical Directors** are accountable for the following:

- Delivery of full compliance with the Hygiene Code in their area of responsibility
- Accountable for ensuring that there is a record of Infection Prevention and Control training for all staff included in the quarterly directorate performance reports. This should include both induction and mandatory training;
- Accountable and responsible for effective decontamination processes in their area of responsibility. This includes any item which passes from one patient to another e.g. surgical instruments, endoscopes and frequently used items such as drip stands and commodes;
- Accountable for ensuring that all decontamination processes are in keeping with current national guidance;
- Accountable for ensuring that anyone involved in a decontamination process has been adequately trained, has adequate information and has adequate supervision;
- Ensure that all appraisals assess infection prevention and control competency with failure to progress to a pay increase if this is not demonstrable.

7.11 **Consultants**

Each Trust consultant will be annually appraised on infection prevention and control. Consultants will:

- Work with Clinical Directors to achieve full compliance with the Hygiene Code;
- Adhere to the policies, procedures and guidelines on the prevention and control of infection;

- Adhere to the Trust's antibiotic prescribing policy;
- Act as role models for junior staff, setting a high standard for infection prevention and control;
- Undertake training as required;
- Not practice without adequate supervision agreed by the Medical Officer unless mandated training has been undertaken and evidenced.

7.12 **All Staff**

- All staff must ensure that they have read and understood sufficient detail of this policy and other documents relevant to their job to enable them to carry out effective infection prevention and control practice;
- All staff have a responsibility to ensure infection prevention and control is embedded into their everyday practice and applied consistently at all times.

Key areas to which all staff are expected to adhere:

- Correct usage of preventative protective equipment to prevent transmission of infection;
- Fastidious attention to the aseptic non-touch technique, including skin decontamination;
- Attend appropriate training as required;
- Report failure in protocol on Datix;
- Appropriate hand hygiene after contact with each patient and/or the patient's environment;
- Maintenance of accurate records, including stool and fluid balance charts;
- Ensuring that appropriate information on a patient's infection risk status is communicated on transfer/discharge to anyone providing ongoing care, taking into account Information Governance protocols;
- Challenging the practice of others who are not following Trust policies and procedures.

7.13 **Clinical Operation Managers**

- Clinical operation managers have a responsibility to place patients appropriately within the hospital to prevent/minimise the spread of infection and to ensure minimal transfer of patients;
- IPC provide an on-call weekend and bank holiday service during Noro virus season from October through to March.
- Out of hours bed co-ordinators have primary responsibility for the management of suspected outbreaks of diarrhoea and/or vomiting using guidance provided by the IPC (see Outbreak Policy);
- It is also the responsibility of these managers to ensure actions/decisions taken are handed over to the IPC to ensure consistent on-going management of outbreaks;
- Side rooms are to be monitored daily and recorded on Lorenzo if a decision is made to remove the patient from isolation;
- All patients to have an infection risk assessment on admission, documented in the Lorenzo system.

7.14 **Board of Directors and Patient Safety and Quality Committee (PS&Q)**

The PS&Q is a sub-committee of the Board of Directors whose purpose is to ensure patients receive the highest quality of NHS care possible and oversee the Governance arrangements within the Trust. It reviews the Trust's systems and processes for monitoring and improving infection prevention and control. The DIPC is a member of the PS&Q. The PS&Q and Board of Directors will receive a report at every meeting detailing progress against agreed Infection Control action Plans, and will ensure that the Board is made aware of all significant infection risks.

7.15 **Infection Prevention and Control Group (IPCG)**

The IPCG has overall responsibility for approving and monitoring the implementation of an annual Trust-wide Infection Prevention and Control programme with all key internal (Trust) and external (community) stakeholders:

- The Infection Prevention and Control annual programme will encompass the recommendations from the Health Act 2008: Code of Practice for the Prevention and Control of Healthcare Associated infections and enable the Trust to meet the National Targets (2006) for acute Trusts to achieve year on year reductions in Meticillin Resistant Staphylococcus aureus (MRSA) levels, expanding to cover other health care associated infections (HCAI) as data from mandatory surveillance becomes available;
- and from the Saving Lives: a delivery programme to reduce healthcare associated infection (HCAI) including MRSA (DH, 2005);
- To further increase year on year the proportion of staff successfully sustaining or completing appropriate infection prevention and control training programmes;
- The group will be appointed by the Board of Directors and will be chaired by the DIPC.

7.16 **The Infection Prevention and Control Team (IPC)**

- The IPC consists of the DIPC and Infection Prevention Nurses. Infection Prevention Nurses have day to day primary responsibility for all aspects of surveillance, prevention and control of infection in the Trust;
- The role of the IPC is to implement the annual infection prevention and control work programme, policies (including audit), educational programme and to make medical and nursing decisions about the prevention and control of infection (including outbreaks);
- The IPC will provide advice to all grades of staff on the management of infected patients and other infection prevention problems;
- The IPC will meet once weekly to discuss clinical and strategic issues.

7.17 **Consultant in Communicable Disease Control (CCDC)**

- The CCDC is appointed by the Health Protection Agency to be responsible for the surveillance, prevention and control of all communicable disease and infection in their geographical/administrative area;
- The Trust has a role to play in the control of infection in the community as well as their own premises. Close collaboration between the CCDC and the IPC on a regular basis is essential if both are to contribute fully to the prevention of communicable diseases and infections outside the Trust.

7.18 **Mid-Essex Occupational Health Service (MEOHS)**

- 7.18.1 The MEOHS has responsibility in advising and supporting staff on health including issues relating to infection and ensuring full compliance with the 2008 Health Act;
- 7.18.2 The MEOHS will liaise with the IPC concerning all matters of staff health that impact on or have implications for infection prevention and control within the Trust;
- 7.18.3 A Consultant Occupational Health Manager will be full member of the Infection Prevention and Control Group.

8.0 **Process for managing risks associated with Infection Prevention and Control**

- 8.1 The Trust acknowledges its' duties under the Health and Social Care Act and its associated Hygiene Code 2008 and specifically recognises and demonstrates compliance with these duties through the Infection Prevention and Control Hygiene Code Work Programme.
- 8.2 For each of the ten criterion of the Hygiene code, the Trust has a director lead and operational lead/s.
- 8.3 Each month the DIPC presents hygiene code exceptions in their monthly report, highlighting any risks for the Trust and progress against them.
- 8.4 Included in the requirement of the hygiene code is the management of Infection Prevention and Control Policies including those identified in The Code as required by the Health Act 2008 and identified in the annual work programme.

9.0 **Service Development**

- 9.1 All Executive Directors and Clinical Directors will ensure that prevention and control of infection is considered as part of their service development activity. Advice from the Infection Prevention and Control Team should be sought, particularly in relation to the following:
 - Changes in patient numbers and types;
 - The development of policies relating to engineering and building services within the Trust;
 - The purchase of medical devices and equipment and decontamination requirements;
 - Early stage planning for advice relating to engineering and building works;
 - At all stages of the contracting process for hotel and other services that have implications for infection control, e.g. cleaning, laundry, clinical waste and decontamination.

10.0 Adverse Incident Reporting

- 10.1 All infection incidents must be reported promptly through risk event reporting and in accordance with Trust procedures, including adverse outcomes and near misses, as these may be indicators of potential incidents. (Refer to Trust Incident Policy).
- 10.2 As a result of incidents reported or trends identified, Clinical Managers will review and develop action plans as appropriate

11.0 Provision of Information on HCAI to Patients and the Public

- 11.1 All leaflets and written information available for the public and patients of the Trust are located on the Trust's external website www.meht.nhs.uk. These are approved and reviewed in accordance with the Patient Information Policy and cover the following key points:
- General principles pertaining to prevention and control of HCAI and key aspects of the provider's policy on infection prevention and control;
 - Role and responsibilities of individuals in the prevention and control of HCAI, to support them when visiting patients;
 - Supporting vigilance in patients;
 - Importance of compliance by visitors with hand hygiene and visiting restrictions;
 - Reporting breaches of hygiene and cleanliness;
 - Explanation of incident/outbreak management;
 - Feedback that is focussed on the patient pathway.

12.0 Education and Training

- 12.1 The Trust ensures that relevant staff, contractors and other persons whose normal duties are directly or indirectly concerned with patient care receive suitable and sufficient information on, and training and supervision in, the measures required to prevent and control risks of infection. This is delivered by both induction and mandatory training through an on-going infection prevention and control action plan. Where non-permanent staff are unable to attend induction training, contractual arrangements are in place which insist on evidence of a minimal training standard.

13.0 Audit and Monitoring

- 13.1 The Trust will evaluate the effectiveness of Infection Prevention and Control activity through a programme of audit identified in the Trust Annual Infection Prevention and Control audit programme.
- 13.2 This programme is overseen by the DIPC and updates on progress will be in the monthly DIPC report at IPCG. Formal reports are taken to each Board of Directors meeting and Patient Safety and Quality Committee. An Annual Report is produced.

- 13.3 Directorate Infection Prevention and Control scorecards and organisational learning are reviewed at Directorate Integrated Governance Meetings with dissemination of learning points throughout the organisation as appropriate.
- 13.4 Patient information is developed and reviewed to incorporate local and national guidance and is audited in accordance with the Patient Information Policy.
- 13.5 Infection Prevention and Control training attendance will be monitored in accordance with the Mandatory Training Policy.

14.0 Review

- 14.1 The Infection Prevention and Control Assurance Framework will be reviewed annually by the Director of Infection Prevention and Control, or earlier in response to procedural, legislative or best practice changes.

15.0 Implementation and Communication

- 15.1 The policy will be made available on the Trust's intranet & website. The Infection Prevention and Control Group will be responsible for issuing copies to all Executive Directors, Clinical Directors, Heads of Nursing and Operational and Ward Managers for dissemination within their departments.

16.0 References

Heath and Social Care Act 2008 - Code of Practice on the prevention and control of infections and related guidance – Department of Health

Winning Ways (2003) - Working together to reduce Healthcare Associated Infection in England – Department of Health

Appendix 1: Preliminary Equality Analysis

This assessment relates to: Infection Prevention and Control Assurance Framework / 08039

A change in a service to patients		A change to an existing policy	X	A change to the way staff work	
A new policy		Something else (please give details)			
Questions			Answers		
1. What are you proposing to change?			Full Review		
2. Why are you making this change? (What will the change achieve?)			3 year review		
3. Who benefits from this change and how?			Patients and clinicians		
4. Is anyone likely to suffer any negative impact as a result of this change? If no, please record reasons here and sign and date this assessment. If yes, please complete a full EIA.			No		
5. a) Will you be undertaking any consultation as part of this change? b) If so, with whom?			Refer to pages 1 and 2		

Preliminary analysis completed by:

Name	Judith Holdsworth	Job Title	Infection Prevention Lead	Date	September 2019
-------------	-------------------	------------------	---------------------------	-------------	----------------