



Infection Prevention and Control: Audit Policy

Document Status	Approved
Version:	2.0 – six-month extension

DOCUMENT CHANGE HISTORY		
Initiated by	Date	Author
Code of Practice	September 2010	Dee May (Infection Control Specialist) Natalie Mudge (Clinical Quality Manager)
Version	Date	Comments (i.e. viewed, or reviewed, amended approved by person or committee)
FINAL V1.0	March 2011	Approved at Trust Board
FINAL V2.0	June 2015	Approved at EMB
FINAL V2.0	March 2019	Six-month extension agreed at IPCG and subsequently approved by ELB

Infection Prevention and Control Audit Policy

Document Reference	Relevant Trust objective: Health and Social Care Act 20128 (Regulated Activities) Code of Practice for the Prevention and Control of Healthcare Associated Infections Directorate: Clinical Quality
Recommended at Date	IPC Group March 2019
Approved at Date Approved	Executive Leadership Board March 2019
Review date of approved document:	September 2019
Equality Impact Assessment	Yes
Linked procedural documents	Management of Infection Prevention and Control Policy Safe Practice Guidelines contained within the IPC Manual
Dissemination Requirements	All staff via intranet Public – via Trust website
Checklist completed?	Yes
Part of Trust's publication scheme	Yes

The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups. This policy applies to all individuals working at all levels and grades for the Trust, including senior managers, officers, directors, non-executive directors, employees (whether permanent, fixed-term or temporary), consultants, governors, contractors, trainees, seconded staff, homeworkers, casual workers and agency staff, volunteers, interns, agents, sponsors, or any other person associated with the Trust.

All Trust policies can be provided in alternative formats.

Contents

Paragraph	Page
1. Introduction	5
2. Purpose	5
3. Duties	5
3.1 Trust Board	5
3.2 Chief Executive	5
3.3 Director of Infection Prevention and Control (DIPC)	6
3.4 Patient Safety and Care Standards Committee	6
3.5 Clinical Quality and Safety Group	6
3.6 Infection Prevention and Control Group	6
3.7 IPC Lead Manager	7
3.8 Managers and Supervisors	7
3.9 All Staff	7
4. Definitions	7
4.1 The Trust	7
4.2 The Policy	7
4.3 Staff	7
4.4 Station	7
4.5 Response Post	7
5. Development	8
5.1 Prioritisation of Work	8
5.2 Identification of Stakeholders	8
5.3 Responsibility for documents development	8
6. Infection Prevention and Control Audit Policy	8
6.1 Levels of IPC Audits	8
6.2 Audit Tools	9
6.3 Audit Schedule	9
7. Equality Impact Assessment	10
8. Dissemination and Implementation	10
8.1 Dissemination	10
8.2 Implementation	10
9. Monitoring Compliance	10
10. Standards/ Key Performance indicators	10
11. References	10
12. Associated Documents	11

13.	Policy Review	11
Appendices		
	Appendix A: Audit Programme	12
	Appendix B: Checklist	15
	Appendix C: Monitoring Table	16
	Appendix D: Equality Impact Assessment- Executive Summary	17

1. Introduction

“Good infection prevention and control are 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 and control are set up and maintained”

Code of Practice (2010)

2. Purpose

The purpose of the East of England Ambulance NHS Trust’s (EEAST) Infection Control Audit Policy, is to state the Trust’s audit systems and processes in compliance with criterion 1.5 of the Code of Practice for the Prevention and Control of Healthcare Associated Infections 2010.

This policy sets out the audit schedule including: accountability, timescales, reporting mechanisms, review and feedback processes.

This will be achieved by defining:

- The standards to be achieved
- Clear and measurable outcomes
- Allocation of responsibility
- Audit schedules and frequencies
- Reporting requirements
- Analysis of data
- Identification of lessons learned
- Feedback process to staff and Trust groups, committees and externally as required

3. Duties

3.1 Trust Board

The East of England Ambulance Service NHS Trust is the ‘responsible body’ and must make arrangements for ensuring compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009 and associated Code of Practice (2010).

As part of this process, the Trust Board will receive monthly information in regard to Infection Prevention and Control (IPC) audit outcomes in the form of the monthly quality report.

3.2 Chief Executive

The Chief Executive is the ‘responsible person’ and has overall responsibility for the implementation of the Trust’s Infection Prevention and Control Policy. The functions of the ‘responsible’ person may be performed by any person authorised by the ‘responsible person’ to act on their behalf. This responsibility has been devolved to the Director of Clinical Quality in their role as Director of Infection Prevention and Control (DIPC).

3.3 Director of Infection Prevention and Control (DIPC)

The DIPC is accountable directly to the Chief Executive Officer (CEO) and to the Trust Board for IPC activities.

The DIPC is responsible for: -

- Ensuring compliance with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (Cleanliness and Infection Control) as defined in the Code of Practice for the prevention and control of infections in health and social care and related guidance (2010).
- Ensuring an Annual IPC Programme is in place to address all aspects of the Code for compliance purposes
- Providing reports to the Quality Risk and Assurance Committee on compliance with the Annual IPC Programme
- Chairing the Infection Prevention and Control Group which oversees all activities outlined in the Annual IPC Programme
- Co-ordinating the activities of the IPC Team and associated specialists
- Advising the Trust Board on key risks relating to Infection Prevention and Control and Decontamination
- Presenting an annual report to the Board
- Ensuring that information is available to patients and the public about the organisation's general processes and arrangements for preventing and controlling healthcare acquired infections. Ensuring the IPC Annual Report is publicly available
- Ensuring that the Trust has access to suitably qualified infection prevention and control specialist advisors when needed

3.4 Patient Safety and Care Standards Committee

The Trust's Patient Safety & Care Standards Committee will report to the Trust Board on the operation of the Trust's Infection Prevention Control Audit Policy. The Committee will consider regular reports provided by the Infection Prevention and Control Group (IPCG) and make recommendations to the Trust Board as appropriate. The DIPC is a member of the Patient Safety & Care Standards Committee.

3.5 Clinical Quality and Safety Group (CQSG)

The Trust's CQSG provides appropriate levels of assurance to the Information Governance Group (IGG) that risks relating to IPC have been identified, monitored and mitigated.

3.6 Infection Prevention and Control Group (IPCG)

The Infection Prevention and Control Group (IPCG) provides the DIPC and Executive Management Team with advice and guidance whilst acting as a working group of the Clinical Quality and Safety Group (CQSG). Its membership comprises senior Trust personnel with expertise and knowledge of infection prevention and control relevant to their role and responsibilities. Its Terms of Reference provide it with accountability and responsibility for the implementation of all Trust activity in relation to infection prevention and control and for providing assurance to the Trust Board in relation to compliance with the Code of Practice (2010).

3.7 IPC Lead Manager

The IPC Lead is a member of the IPCG and is responsible for the development and management of the IPC audit programme reporting on audit outcomes to:

- IPCG
- CQSG
- Management – Emergency and Primary Care Operations, Clinical Quality
- Trust Board via the IPC Monthly Reports
- Reviewing the IPC Audit tools and schedule annually (or earlier if required to meet changes in national guidelines)

3.8 Managers and Supervisors – (Operational and Clinical)

Managers in all areas of the Trust are responsible for ensuring implementation of this policy and its associated audit programme by:

- Undertaking audits within their areas of responsibility as per the audit schedule (appendix A).
- Ensuring that all data collected is submitted online via the appropriate tools according to defined timescales, as defined in the audit schedule.
- Ensuring that feedback communication from the Clinical Quality department is disseminated to all staff.
- Taking remedial actions to improve patient and staff safety where areas of concern are highlighted through the audit.

3.9 All staff

All staff are expected to understand their role and responsibilities for IPC audit, familiarise themselves with audit feedback and adopt any changes to practice evolving from learning outcomes.

3.10 Consultation and Communications with Stakeholders

Key Stakeholders are represented on the Trust Infection Prevention and Control Group which will review and approve the policy, and are included within the audit tools and schedule review.

4. Definitions

4.1 The Trust

East of England Ambulance Service NHS Trust

4.2 The Policy

The Trust's Infection Prevention and Control Audit Policy

4.3 Staff

Includes all Trust staff; including volunteers working on behalf of the Trust.

4.4 Station

Any operational base which is equipped with a medical consumables store and / or a dirty utility room

4.5 Response post

Any operational base which does not have a medical consumables store and / or a dirty utility room

5. Development

5.1 Prioritisation of Work

This policy is essential to ensure the monitoring of compliance with the Trust's Infection Prevention and Control systems, procedures and practices as defined by *Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010* and implemented by the *Code of Practice for the prevention and control of infections in health and social care and related guidance (2011)*.

5.2 Identification of Stakeholders

The key stakeholders include the Clinical Commissioning Groups, Health Protection England, Health watch and patients.

5.3 Responsibility for Document's Development

The policy was reviewed by the Infection Prevention and Control Lead in conjunction with the Infection Prevention and Control Group.

6. Infection Prevention and Control Audit Policy

The Infection prevention and Control audit policy sets out the IPC audit requirements, to ensure compliance with the Trusts infection prevention and control procedures and practices as set out in the Trusts Infection Prevention and Control Safe Practice Guidelines.

6.1 Levels of IPC Audits

The audit programme has been devised taking into account:

- National guidance e.g. National Patient Safety Agency (NPSA) Cleaning Standards
- Locally agreed priorities based on identified risks e.g. station spot check

Levels of audit include:

Technical Level: such audit activity will be carried out by a range of staff as part of the day-to-day supervision of service delivery. Staff should have detailed knowledge of the process and should be competent to judge what is acceptable in terms of IPC and cleanliness. Audits at this level will be undertaken frequently and reported regularly in accordance with the Trust's IPC Audit Schedule (Appendix A).

Managerial Level: such activity will be carried out by senior Trust management and IPC specialists. Such managers should have detailed knowledge of the process and should be competent to judge what is acceptable in terms of IPC and cleanliness. Audits at this level will be undertaken throughout the year to provide comparative data and to act as a control measure against Technical Level audits.

External audits and assessments: such activity will be carried out by commissioners of services, patient representatives (Trust User Group), Non-Executive Directors and external bodies e.g. CQC. The Trust also commissions independent audits on an annual basis, to determine adequacy of Trust controls. Audits at this level will be undertaken throughout the year to provide comparative data and to act as a control measure against Technical and Managerial Level audits.

6.2 Audit Tools

6.2.1 Vehicle Cleanliness

This audit tool is based on 'The national specifications for cleanliness in the NHS – ambulance' (NPSA 2009) and has been modified to accommodate all types of patient attending vehicles not just emergency ambulances.

6.2.2 Ambulance Station – (Housekeeping)

This locally devised audit tool enables the Trust to capture data reflecting day to day housekeeping standards in clinical areas of Operational stations.

6.2.3 Hand Hygiene – Spot Check

Based on the concept of 'Saving Lives' contained within the NPSA Clean your hands campaign, this spot check audit tool enables the Trust to capture data reflecting day to day staff compliance with the "Five moments of hand-hygiene" best practice guidelines. These audits will be performed during observation of clinical practice.

6.2.4 Uniform Compliance – Spot Check

Based on the Trust Uniform Policy and incorporating the NHS "Bare below the elbows" best practice guidelines. These audits can be performed at any point during the shift including during observation of clinical practice.

6.2.5 Quality Assurance (QA) 10

This locally devised audit tool has been designed to provide an observational audit of core IPC clinical practice and encompasses;

- vehicle and personal issue equipment,
- decontamination of reusable patient contact equipment (e.g. trolley, stethoscope etc),
- compliance with standard infection control precautions
- insertion of peripheral intravenous devices

Details of all audits including:

- Type
- Frequency
- Responsibilities
- Feedback

Are defined within the audit schedule (Appendix A).

6.2.6 IPC Audit Action Plan

This locally devised tool is used by the local management team to demonstrate the actions that have been taken to rectify issues highlighted during the IPC audits. It is required for all station and vehicle audits which fail to achieve an 85% compliance level.

6.3 Audit Schedule

Details of the level, frequency, responsibilities and feedback can be found in the Audit Schedule in Appendix A.

7. Equality Impact Assessment

The Equality Impact Assessment Executive Summary can be found in Appendix D.

8. Dissemination and Implementation

8.1 Dissemination

The policy will be available electronically on the Trust Intranet site EAST 24. Printed copies will be placed in the Infection Prevention and Control Manual which is available at all stations. Staff will be informed of the revisions to the policy via Trust bulletins and emails.

8.2 Implementation

The Audit policy has been successfully implemented across all areas of the Trust since 2009.

9. Process for Monitoring Compliance and Effectiveness

It is the responsibility of the Infection Prevention and Control Team to monitor compliance with this policy, results of which will be reported locally and externally in line with the duties outlined in Appendix C.

10. Standards/Key Performance Indicators

The key standards against which IPC performance is measured are: The Health and Social Care Act 2008 *Code of Practice for the prevention and control of infections in health and social care and related guidance (2011)*. National patient Safety Agency National Specifications for Cleanliness in the NHS: Ambulance Trusts 2009 and NICE Infection Prevention and Control of health care associated infections in primary and community care (2012)

Key performance indicators for IPC are station and vehicle cleanliness; hand hygiene and uniform compliance. These are monitored via monthly technical audits and regular managerial and external audits plus completion of QA10 assessments for operational staff. The results are reported to the IPCG and CQSG and reported in the quarterly Clinical Quality Report and IPC annual report.

In line with the Trust's Resource Escalation Action Plan (REAP) considerations will be given to reducing the audit submission levels during episodes of sustained increased REAP levels. This will be reviewed by the DIPC, IPC Lead and Locality Directors.

11. References

Health and Social Care Act 2008 Code of practice for the prevention and control of infection in health and social care and related guidance (2010)

NICE Infection Prevention and Control of Health Care Associated Infection in Primary and Community Care (2012)

12. Associated Documents

This policy should be read in conjunction with the below documents:

- Infection Prevention and Control Management policy
- IPC Audit tools
 - Vehicle cleanliness audit form – A&E
 - Vehicle cleanliness audit form – A&E
 - Vehicle cleanliness audit form – A&E
 - Ambulance station cleanliness form
 - Out of hours cleanliness audit form
 - QA10 audit form
 - Hand hygiene audit form
 - Uniform compliance audit form
 - IPC audit action plan
- Good housekeeping guidelines
- Station audit rationale
- Vehicle cleaning manual

13. Policy Review

This policy will be reviewed bi-annually or sooner if prompted by the release of any further guidance from statutory bodies.

Appendices:

- A Audit Schedule
- B Checklist
- C Monitoring Table
- D Equality Impact Assessment- Executive Summary

Appendix A: Audit Schedule

	Audit Criteria	Audit Level	Audit Form	Submission Method	Trust Standard (Per AGM/ management area)	Report
Vehicle Cleanliness	All marked up vehicles (Emergency DSA & RRV)	Technical Managerial External	Vehicle Cleanliness Audit Form – A&E	On-line - EAST24 (IPC Section)	85% of vehicles will be audited each month. Every Operational vehicle must be audited at least once per quarter. Average cleanliness target is 95% which is defined locally and exceeds the national guidance of 85%. Any audit which fails to achieve 85% cleanlines must have an IPC action taken form (on SharePoint) completed and approved by local management.	Monthly IPC Performance Summary (Trust Dashboard) to Board Individual station and locality feedback to AGMs GMs- Monthly Audit Update
	HART- Only USAR, RRV & DSA	Technical Managerial External				Individual station and locality feedback to AGMs GMs- Monthly Audit Update & Posters
	All vehicles- STS (Scheduled Transport)	Technical Managerial External	Vehicle Cleanliness Audit Form – Scheduled Transport	Feedback to DIPC via IPC G and CQSG. Sector feedback to GMs, sector leads at sector meetings by request.		
Estates	Operational ambulance stations, HART facilities and depots (not including response posts / stand by points)	Technical Managerial External	Ambulance Station Cleanliness Form	On-line - EAST24 (IPC Section)	Each station is to be audited bi-monthly on alternate months to Hand hygiene and Uniform compliance. (See table below)	Monthly IPC Performance summary (Trust Dashboard) to Board Individual station and locality feedback to AGMs and GMs- Monthly Audit Update. Sector feedback to GMs, Sector Leads at sector meetings by request.
	Out of Hours premises	Technical Managerial External	OOH Premises Audit form	On-line - EAST24 (IPC Section)	Each premises is to be audited monthly	
Staff	Clinical staff (all staff groups)	Technical Managerial	QA10	On-line - EAST24 (IPC Section)	All clinical staff ECO & HART receive at least one per year	
	OOH Clinical staff measured against hand hygiene compliance	Technical Managerial	Hand Hygiene audit form		15 clinical staff monthly	Monthly IPC Performance summary (Trust Dashboard) to Board Individual station and locality feedback to AGMs and GMs- Monthly Audit Update.
	Clinical staff measured against hand hygiene compliance	Managerial	Hand Hygiene audit form		150 audits across all Trust areas bimonthly	Sector feedback to GMs,
	OOH Clinical staff measured against Uniform compliance	Technical Managerial	Uniform Compliance		15 clinical staff monthly	Sector Leads at sector meetings by request
	ECO & HART Clinical staff measured against the uniform policy	Technical Managerial	Uniform Compliance		30 staff per AGM area audited for uniform compliance bimonthly on alternating with station audits. (See table below)	
	External	Trust User Group members CCG auditors		Observational audits to be undertaken at each receiving unit frequency determined by external bodies	Quarterly within the Monthly Audit update. Results fed back to DIPC and reviewed by IPC Group	

Emergency Care Operations, HART & PTS Monthly Schedule

Month		Audits Required (per AGM/ Management area)	Submission Method	Submission Deadline
Quarter 1	April 2014	85% of Vehicles	On-line - EAST24 (IPC Section)	3rd May
		100% of Stations		
	May 2014	85% of Vehicles	On-line - EAST24 (IPC Section)	3rd June
		30 Uniform Compliance		
	June 2014	85% of Vehicles	On-line - EAST24 (IPC Section)	3rd July
		100% of Stations		
Every operational vehicle must have been audited at least once during the quarter				
Quarter 2	July 2014	85% of Vehicles	On-line - EAST24 (IPC Section)	3rd August
		30 Uniform Compliance		
	August 2014	85% of Vehicles	On-line - EAST24 (IPC Section)	3rd September
		100% of Stations		
	September 2014	85% of Vehicles	On-line - EAST24 (IPC Section)	3rd October
		30 Uniform Compliance		
Every operational vehicle must have been audited at least once during the quarter				
Quarter 3	October 2014	85% of Vehicles	On-line - EAST24 (IPC Section)	3rd November
		100% of Stations		
	November 2014	85% of Vehicles	On-line - EAST24 (IPC Section)	3rd December
		30 Uniform Compliance		
	December 2014	85% of Vehicles	On-line - EAST24 (IPC Section)	5th January
		100% of Stations		
Every operational vehicle must have been audited at least once during the quarter				
Quarter 4	January 2015	85% of Vehicles	On-line - EAST24 (IPC Section)	3rd February
		30 Uniform Compliance		
	February 2015	85% of Vehicles	On-line - EAST24 (IPC Section)	3rd March
		100% of Stations		
	March 2015	85% of Vehicles	On-line - EAST24 (IPC Section)	3rd April
		30 Uniform Compliance		
Every operational vehicle must have been audited at least once during the quarter				

Out of Hours Monthly Schedule

Month		Audits Required	Submission Method	Submission Deadline
Quarter 1	April 2014	100% of Stations	On-line - EAST24 (IPC Section)	3rd May
		15 Clinical staff hand hygiene		
		15 Clinical staff Uniform Compliance		
	May 2014	100% of Stations	On-line - EAST24 (IPC Section)	3rd June
		15 Clinical staff hand hygiene		
		15 Clinical staff Uniform Compliance		
	June 2014	100% of Stations	On-line - EAST24 (IPC Section)	3rd July
		15 Clinical staff hand hygiene		
		15 Clinical staff Uniform Compliance		
Quarter 2	July 2014	100% of Stations	On-line - EAST24 (IPC Section)	3rd August
		15 Clinical staff hand hygiene		
		15 Clinical staff Uniform Compliance		
	August 2014	100% of Stations	On-line - EAST24 (IPC Section)	3rd September
		15 Clinical staff hand hygiene		
		15 Clinical staff Uniform Compliance		
	September 2014	100% of Stations	On-line - EAST24 (IPC Section)	3rd October
		15 Clinical staff hand hygiene		
		15 Clinical staff Uniform Compliance		
Quarter 3	October 2014	100% of Stations	On-line - EAST24 (IPC Section)	3rd November
		15 Clinical staff hand hygiene		
		15 Clinical staff Uniform Compliance		
	November 2014	100% of Stations	On-line - EAST24 (IPC Section)	3rd December
		15 Clinical staff hand hygiene		
		15 Clinical staff Uniform Compliance		
	December 2014	100% of Stations	On-line - EAST24 (IPC Section)	5th January
		15 Clinical staff hand hygiene		
		15 Clinical staff Uniform Compliance		
Quarter 4	January 2015	100% of Stations	On-line - EAST24 (IPC Section)	3rd February
		15 Clinical staff hand hygiene		
		15 Clinical staff Uniform Compliance		
	February 2015	100% of Stations	On-line - EAST24 (IPC Section)	3rd March
		15 Clinical staff hand hygiene		
		15 Clinical staff Uniform Compliance		
	March 2015	100% of Stations	On-line - EAST24 (IPC Section)	3rd April
		15 Clinical staff hand hygiene		
		15 Clinical staff Uniform Compliance		

Appendix B – Template for the Checklist for the Development or Review and Approval of Procedural Document

This should be completed and attached to any procedural document when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes/ No/ N/A	Comments
1.	Purpose		
	Are the reasons for the development of the Document stated?	Yes	
2.	Definitions		
	Have all key terms been clearly defined?	Yes	
3.	Consultation		
	Have relevant stakeholders and/or users been consulted with?	Yes	
4.	Equality Impact Assessment		
	Has the Trust Equality Impact Assessment Screening Form been completed and attached by the author and approved by the responsible Executive Director?	Yes	
5.	Monitoring		
	Has the Monitoring Table been fully completed and attached?	Yes	
6.	References/Associated Documents		
	Are key references cited?	Yes	
	Are linked documents identified where appropriate?	Yes	
6.	Approval		
	Does the Document identify which committee/group will approve it?	Yes	
7.	Dissemination and Implementation		
	Is there an outline/plan to identify how this will be done?	Yes	
	Does the plan include the necessary training/support to ensure compliance?	Yes	
8.	Review Date		
	Is the review date identified?	Yes	

Information Governance Lead (or delegated authority)			
This Procedural Document complies with the Policy for the Development of Procedural Documents			
Name	Gail Butler	Date	01/05/2013
Clinical Quality Team			
The Procedural Documents complies with the relevant NHSLA standards			
Name		Date	
Please attach to the procedural document and forward to the relevant committee for approval			

Appendix C – Monitoring Table

What	Who	How	Frequency	Evidence	Reporting arrangements	Acting recommendations on	Change in practice and lessons to be shared
<p>Compliance with the Health and Social Care Act 2008 and key national guidance (NPSA and NICE)</p>	<p>Infection Prevention and Control Group</p> <p>Clinical Quality and Safety Group</p>	<p>Infection Prevention and Control audit tools.</p>	<p>Technical audits will be carried out monthly for vehicles and bi-monthly for stations, hand hygiene and uniform compliance.</p> <p>Managerial and external audits will be carried out throughout the year.</p> <p>Reports for technical audits will be produced quarterly, with monthly results available via the IPC share-point site.</p> <p>An annual managerial audit report will be produced.</p>	<p>The IPC audit submissions will be held as an audit trail.</p> <p>All IPC audit reports will be stored within the IPC share-point site.</p>	<p>The IPC Group monitor compliance. The IPCG reports to the Trust board and lead commissioners.</p> <p>The IPC Team is expected to read and interrogate audit reports to identify deficiencies in the system and act upon them</p>	<p>The IPCG and IPC team undertake action planning act on recommendation. Other departments such as estates are also required to act on relevant issues.</p> <p>Required actions will be identified and completed in a specified timeframe.</p>	<p>Required changes to practice will be identified and actioned within a specific time frame. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.</p>

Appendix D

Equality Impact Assessment: Executive Summary

Executive Summary Page for Equality Impact Assessment:	
Document Reference:	Document Title: IPC Audit Policy
Assessment Date: 27/02/2015	Document Type: Policy
Responsible Director: Sandy Brown	Lead Manager: Aileen Wilson
Conclusion of Equality Impact Assessment: Consideration has been given to the key characteristics and it is concluded that there is unlikely to be any disproportionate negative impact.	
Recommendations for Action Plan: None	
Risks Identified: None	
Approved by a member of the executive team:	
YES	NO
Name: Sandy Brown	Position: Director of Nursing and Clinical Quality
Signature:	Date: 27/02/2015
This whole document should be stored with the master document and a final approved electronic copy must be sent to the Equality & Diversity Lead at Bedford Office	