



Infection Prevention and Control Nursing





Executive summary and recommendations

Infection prevention and control (IPC) – the practical application of microbiology in clinical practice – puts patient safety firmly at the heart of health and social care delivery. Preventing infection is a central component of antimicrobial resistance (AMR) efforts and national/global action efforts. Understanding how infections occur and spread is crucial to the prevention of infections in all settings at all times.

IPC nurses promote the safety of the patient, the public and the healthcare worker (HCW). The role is multifaceted, but the most familiar functions of an IPC nurse is to provide specialist advice and enable the HCW workforce, through education, to carry out surveillance and the development of policies and guidance.

IPC nursing advice is diverse and reflects opportunities for the development of infection throughout the health and care environment and HCW/patient/client interactions. As 'system' leaders and workers, IPC nurses need to consider a holistic approach to the prevention of infection, acting as a bridge between public health/health protection and science. One day an IPC nurse may focus on increasing awareness of the need for hand hygiene, another day on the provision of advice on laboratory results and patient management, or the investigation of outbreaks affecting healthcare and community settings, and, on occasions such as the COVID-19 pandemic, crisis planning and surveillance.





The first wave of the COVID-19 pandemic demonstrated the value of IPC advice and in particular the role of IPC nursing teams. It is time to reflect upon the lessons learned during the first wave of the COVID-19 pandemic and ensure that going forward as part of the post-COVID-19 learning IPC nursing teams are recognised as an essential contributor to patient protection and safety.

This paper is intended to inform the public, political parties and the health and social care workforce of the importance of IPC.

The Royal College of Nursing (RCN) Wales recommends that the Welsh Government, NHS Wales, Public Health Wales, employers and relevant agencies:

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Value and respect the necessity of IPC nursing advice at a national and local level	Support the expansion of the infection prevention and control workforce	Ensure a whole- system approach to infection prevention and control by reviewing the Code of Practice (Wales)	Look beyond the COVID-19 pandemic to put patient safety first and integrate IPC into the delivery of patient

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Section 1 Value the necessity of IPC nursing advice

IPC nursing advice is essential for ensuring patient and HCW safety as the COVID-19 pandemic has highlighted.

The value and necessity of IPC nursing advice should be reflected in all health and social care structures and delivery in Wales, including, but not limited to: the Welsh Government, Public Health Wales, local health boards and authorities, employers and relevant agencies.

IPC nursing advice is multifaceted, diverse and fundamental to safe systems of work and care delivery. Advice provided by IPC nurses varies ranging from hand hygiene; laboratory analysis and decontamination; the sustainable procurement of personal protective equipment; individual case management and outbreak prevention and control; to crisis planning and surveillance. Additionally, IPC advice extends to the built environment to mitigate risks associated with air, water and engineering systems. This area of specialist nursing practice is unique in its breadth of practice and responsibility, as it encompasses health and care systems and wider delivery of services.

Public Health Wales (PHW), as the national public health agency for Wales, plays a key role in ensuring the practice of infection prevention and control. The role of PHW is explored in Section 3.

This section focuses on the Welsh Government, health boards and employers.





Welsh Government

RCN Wales recognises the varying aspects of the role of the IPC nurse and the importance of this role in strategic decision-making arenas.

At a Welsh Government level, strategic IPC nursing advice is required to ensure national policy and guidance is appropriately designed, based on the most up-to-date evidence, implemented and delivered in regard to the control of infections.

Whilst IPC nursing advice is directly beneficial to planning regarding the COVID-19 pandemic or an outbreak of diarrhoea and vomiting, it is also essential for the designing of new hospitals and buildings and the management of older hospital estates where the control of infections can be more complex.

RCN Wales strongly encourages the Welsh Government to employ an expert IPC nurse to advise the Welsh Government.

The wealth of knowledge an experienced senior IPC nurse holds would ensure that all aspects of infection prevention and control relating to guidance and policy are considered. As skilled communicators and networkers, this would be of great benefit for not only the Welsh Government but the whole health and social care sector, ensuring fit-forpurpose policies and the engagement of the workforce. Furthermore, a senior and experienced IPC nurse within the Welsh Government would be able to advise on the matters that affect the wider workforce and work with Health Education and Improvement Wales (HEIW) to establish an IPC career framework.





A specialist IPC nursing role should further be included as part of multiprofessional strategies for AMR activities and associated stewarding programmes.

Local health boards and employers

Local health boards and employers within the health and social care sector must ensure that the necessity of IPC nursing advice is valued and available at all levels and that IPC is embedded into their organisational governance structures.

Every health board should have a consultant IPC nurse and the advice provided by a consultant IPC nurse should be made available to organisations delivering commissioned care.

RCN Wales recognises that different aspects of IPC nursing advice would be required at the different levels of governance within local health board structures. For example, at a board level, a strategic overview of activity and concerns is required to ensure board members are informed of matters concerning IPC within their health board.

On the other hand, at a hospital ward or community team level a more detailed approach is necessary. For example, an IPC nurse would be able to advise a community team entering various households how to ensure the patient and the nurse are protected from cross-contamination and prevent the spread of infections.





An IPC nurse would also be able to provide educational and training opportunities for the community nursing team. This should be facilitated by local health boards, local authorities and relevant employers and agencies.

It is important that IPC nursing advice is accessible at all levels within local health board structures. Whether in a hospital setting, community, or care home, IPC nurses should be able to communicate the importance of IPC and provide crucial knowledge and expertise.





Section 2 Support and expand the IPC workforce

The prevention and control of infections is fundamental to patient/resident health and health protection; this has been extensively explored within the first section. However, IPC is not a salient matter reserved only to the health and social care sector. Rather, IPC has a key role in reducing the spread of infections within local communities and in protecting the public in general. It should be everyone's responsibility.

A whole-system approach does not mean a redesign of health and social care nor does it mean a redesign of local authorities and relevant bodies. Rather, it enables a change in perceptions of IPC as a hospital-based issue and encourages attention to the prevention of infection across patient care pathways and the interface of hospital-based care with community and public health arrangements. The prevention of infection should be everyone's responsibility and the dedicated IPC workforce is required to enable best practice through education, specialist advice and knowledge to a variety of organisations and stakeholders.

Having discussed the importance of employing an IPC nurse to advise the Welsh Government and valuing IPC nursing advice at various levels of local health boards, this section looks beyond these organisations.

This section will firstly look at IPC within the context of care homes.





Care homes

There are 1,294 care homes in Wales including 217 children's homes, 814 for older people and 263 nursing homes¹. The structural organisation and funding of care homes in Wales are complex, with responsibly shared between private providers, local authorities and local health boards. Local authorities and local health boards are also dually responsible for advising and informing care home managers of new guidance and policy changes, and monitoring standards of care and safeguarding.

During the first wave of the COVID-19 pandemic, infection prevention and control within the care home setting was highlighted as an essential practice to ensure a safe environment for resident. The use of personal protective equipment and how to gain supplies was an element of this.

Throughout the early phases of the pandemic it became evident that the communication of IPC guidance was challenging and ensuring its implementation was ever more so. Care home staff worked tirelessly to ensure residents were protected whilst also trying to interpret numerous guidance changes.

Registered nurses working in care homes are essential for the delivery of safe, high-quality care and in supporting improved health and wellbeing outcomes for residents of care homes throughout Wales, enabling them to be as independent as possible.

¹ John Bolton, 2020. *Rapid Review of Care Homes in Relation to Covid-19 in Wales July -September 2020*, <u>https://gov.wales/sites/default/files/publications/2020-10/rapid-review-for-care-homes-in-relation-to-covid-19-in-wales.pdf</u>, accessed November 2020.





As autonomous practitioners, registered nurses use their clinical skills and experience to inform their clinical judgement to recognise and anticipate problems, take action when a person's condition is deteriorating, and escalate their concerns in an appropriate way to avoid unnecessary hospital admissions. Registered nurses are key to managing acute illness, making decisions around the management of long-term conditions, and delivering complex interventions in emergency or crisis situations. They also help to support the seamless transition from hospital care and return to the care home when required.

However RCN Wales knows from information gathered by Social Care Wales (SCW) that there are only 1,545 registered nurses employed by commissioned care providers in Wales.²

The registered nurse workforce in the care home setting is feeling overworked and undervalued; this perception has been especially true from our member's perspective during the COVID-19 pandemic.

Care homes in Wales should have access to IPC advice and IPC nursing support.

To have structured and consistent support from specialist IPC nurses would greatly aid care home's ability to protect their patients and implement guidance and policy changes. This is true for any future waves of the COVID-19 pandemic, but also going forward in normal practice.

² Social Care Wales, 2018. *Social Care Wales - Workforce profile 2018: Commissioned Care Provider Services*, https://socialcare.wales/research-and-data/workforce-reports, accessed November 2020.





IPC nurses would be able to advise and educate on the interpretation and implementation of Welsh Government and PHW guidance and ensure that care homes have the appropriate equipment to implement the guidance. IPC nurses could advise on what measures to take to ensure residents and visiting staff and health professionals are protected; prevent outbreaks occurring; facilitate the home to care for residents within the home safely; reduce the likelihood of hospital readmission; and, where outbreaks do occur, aid in control the spread of the infection.

Having an IPC nurse to aid the work of care home managers, staff and registered nurses would in itself highlight that care homes are valued enough to merit the expertise.

There needs to be an investment in community IPC with a focus on joined-up working with PHW, local authorities, employers and NHS Wales.

The role of Public Health Wales

IPC cannot and should not be the sole responsibility of the health and care workforce nor of NHS Wales. There is a key role to enable the prevention of infection by PHW, HEIW, local authorities and employers as part of a system.

One of PHW's seven responsibilities is to protect the public from infections and environmental threats.³

³ Public Health Wales. *About Us, Our Priorities*, <u>https://phw.nhs.wales/about-us/our-priorities/</u>, accessed November 2020.





IPC is directly related to this. RCN Wales strongly recommends that PHW values and respects the input of IPC nurses and works in a wholesystem approach to ensure IPC nurses can protect the public and carry out one of PHW's key responsibilities.

Health Education Improvement Wales

HEIW has a role in promoting the necessity of IPC as the central element of patient safety.

HEIW's purpose is to 'integrate and grow expertise and capacity in planning, developing, shaping and supporting the workforce'. HEIW aims to fulfil this purpose through adopting the 'PEOPLE' principles. Within these principles, HEIW seeks to 'plan ahead to predict and embrace change' and 'offer opportunities for development to new and existing staff from all professionals and occupational groups throughout career pathways'.

In October 2020, HEIW and SCW published a 10-year workforce strategy, 'A Healthier Wales: Our Workforce Strategy for Health and Social Care'.⁴ This strategy aims to 'build a culture of compassionate and inclusive leadership ... [to ensure a] workforce who feel valued, and are valued, by an inclusive and modern health and social care system.' The strategy aims to fulfil the principles of prompting inclusivity and wellbeing and to offer roles and opportunities which attract, reward, develop and retain the workforce.

⁴ Health Education Improvement Wales & Social Care Wales. 2020, A Healthier Wales: Our Workforce Strategy for Health and Social Care, <u>https://heiw.nhs.wales/files/workforce-strategy-for-health-and-social-care1/</u>, accessed November 2020





With this in mind, HEIW and SCW should value the importance of IPC nurses and their role as advisers and educators. HEIW should develop a career pathway for IPC nurses in Wales. This would ensure that IPC is given the necessary attention that it needs whilst also fulfilling its purpose and vision. This is further explained in Section 3.

Local authorities and employers

There are 22 local authorities in Wales. Local authorities play a central role in providing services to their communities. The Welsh Local Government Association estimates that local authorities in Wales provide over 700 services. These includes services relating to: education, transport, housing, social services, waste management, environmental health and many more.

Local authorities are central to ensuring a safe environment for their local communities. IPC nurses would greatly benefit local authorities' abilities to plan and implement guidance and policy. An IPC nurse alongside quality management and health protection services would provide the necessary knowledge on how to ensure their communities are protected. For example, if there was an outbreak of COVID-19 associated with a local leisure centre, an IPC nurse with PHW would be able to support a system approach to the management of the incident, working across organisational boundaries to advise on measures to limit the spread of infection and educate the local leisure centre staff on best practice for the future.





Whether a service is directly related to healthcare – such as the provision of social services, and school services – or is perhaps wider in its portfolio – such as waste management and environmental health – an IPC nurse can bring a breadth of knowledge that can and should be utilised to maximise opportunities to promote population health and prevent infection.

All 22 local authorities should seek to employ at least one IPC nurse to work alongside quality assurance teams. This would greatly improve the perception that IPC nurses are solely for matters relating to healthcare and would increase the local authorities' ability to react in a timely manner to crises and ensure the day to day safety of their communities.





Section 3 Ensure a wholesystem approach to infection prevention and control

The IPC nursing workforce is passionate and dedicated to patient and public safety, but it is also tired. The COVID-19 pandemic has placed a huge demand on IPC services and the knowledge of the IPC workforce.

Urgent investment is needed to retain the existing, knowledgeable workforce and to increase the attractiveness of the role to ensure there is a workforce able to meet future demands. Succession planning to counter retirement is urgent and should be central to the post-COVID-19 response.

Nursing retention

There must be a focus on retention. A matter of key importance for the IPC nursing workforce is career progression and the ability to advance within the field. This section will primarily focus on this topic, but before moving on, this section will touch upon mechanisms that would greatly improve retention for the general nursing workforce, namely investing in fair pay and safe staffing.

The RCN's *Fair Pay for Nursing* campaign is calling for a 12.5% pay rise for nursing staff employed on the NHS Agenda for Change terms and conditions of service.





A fair, meaningful and early pay rise would greatly improve retention. To find out more about the RCN *Fair Pay for Nursing* campaign please <u>click</u> <u>here</u>.

Investing in safe and effective care would be extremely beneficial for not only the IPC nursing workforce but the general health and social care workforce. The extension of Section 25B of the Nurse Staffing Levels (Wales) Act 2016 would protect the patient and empower the workforce by ensuring local health boards and trusts calculate and maintain nurse staffing levels according to a specified methodology.

Career progression

It is important for the nursing workforce to have the ability to advance within their careers. Leadership, educational and research opportunities must be available to nurses at all levels.

Within IPC there are few opportunities or structures available for nurses to advance their careers. In order to retain the existing nursing workforce and attract the future generation of IPC nurses, there must be a meaningful way of progressing throughout an IPC career, underpinned by access to appropriate and specialist training and education.

Nurse consultants

Nurse consultants hold extremely senior posts. Their role encompasses clinical practice, education, research and clinical leadership.





Investing in IPC nurse consultants would ensure Wales has the resources available to provide expert knowledge across systems; it would also ensure that Wales has the resources available to educate the next generation of IPC nurses. These posts would also facilitate the sharing of expertise at a senior level across national boundaries. This would elevate the status of IPC nursing and the Welsh contribution to it. Every local health board must employ a consultant IPC nurse and build succession planning into their Integrated Medium Term Plans.

To invest in IPC nurse consultants is to invest in the whole system and to place infection prevention and control rightfully at the centre of health and social care.

Recruitment

The Welsh Government and HEIW should work with health boards, trusts and employers to improve the attractiveness of IPC by developing recruitment plans and a career pathway for registered nurses. This should start with a coherent career pathway into IPC through a standardised, recordable qualification and trainee opportunities such as link nurses (LNs).

A career pathway

There is currently no standardised qualification for an IPC nurse outside the core competencies. Core competencies for IPC were first introduced by the Infection Control Nurses Association in 2000.





In recent years they have been revised by the Education and Professional Development Committee of the Infection Prevention Society. These competencies can be used to design education programmes, assist staff appraisals, and set out the requirements for the IPC workforce.

Whilst the core competencies are important to ensure consistency in the fundamentals of IPC, there is a need to go beyond this. A coherent career pathway starting with a standardised, recordable qualification is needed to ensure IPC is recognised as the highly skillful and knowledgeable career that it is.

An IPC-specific career pathway should be developed by HEIW, NHS Wales, infection prevention and control specialists and key stakeholders. This should be reflective of existing career frameworks and pathways for post-registration nursing education.

Setting out a specific career pathway with a recordable qualification and trainee posts will attract registered nurses into the career, whilst ensuring they can progress to a nurse consultancy level will improve their willingness to remain in the speciality.

Furthermore, trainee posts such as LNs should be encouraged as a way of providing an initial introduction into the field of IPC. Employers should be encouraged by the Welsh Government and HEIW to release registered nurses from their clinical duties to undertake their roles as a LN.





Link nurses (LNs)

LNs are traditionally defined as 'practising nurses with an expressed interest in a specialty and a formal link to specialist team members'⁵.

LNs are important for succession planning and developing potential future IPC nurses, as the role provides the opportunity to engage with specialists and develop skills such as managing change, education and leadership. The role further provides the opportunity to support patient safety strategies through the dissemination of knowledge and best practice in health and care settings.

The role has numerous benefits for LNs and specialist teams. By promoting interaction between the two, it not only provides an insight for LNs into a potential career, it also takes pressure off the specialist and allows them to focus on their primary functions.

Despite a rise in popularity since the 1990s, LNs have not been utilised to their full potential in Wales.

In 2017, the Betsi Cadwaladr University Health Board teamed up with Bangor University to implement and evaluate a community-based LN programme on infection prevention in Wales. The programme specifically looked at nurses working in community hospital settings.

⁵ MacArthur 1998 as cited in Centre for Workforce Intelligence (CFWI), 2015. *Review of the infection prevention and control nurse workforce,*

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment data/file/507608/CfWI Review of IPC nurse workforce.pdf, accessed December 2020.





The programme was designed to support nurses in the role and provide opportunities for learning via a bespoke online course and regular contact with infection prevention specialist nurses.

The programme was evaluated in 2019 and four overarching themes were identified that, collectively, produced a coherent model for the implementation of LNs in infection prevention and control. The themes allude to the importance of communication, changing perceptions, leadership and education.⁶

Despite the evaluation and largely positive feedback from those involved in the project, very little has been done to continue or expand the project. If the reason why the project has not been expanded is a matter of funding concerns, RCN Wales believes the project should consider the use of the health and social services transformation fund.

RCN Wales encourages the role of the LN to be adopted and recognised as a trainee post by every health board and trust in Wales, to ensure that opportunities are provided for nurses to advance in the field of IPC.

⁶ Bangor University, 2019. Infection Prevention Link Nurse Programme, <u>https://research.bangor.ac.uk/portal/files/20547698/2018</u> Infection Prevention Link Nurs <u>e Programme.pdf</u>, accessed November 2020.



COVID-19 pandemic

Section 4 Looking beyond the

and social care sector and areas relating to the safety of the public. However, IPC and the IPC workforce, including IPC nurses, have always been important to patient safety and the safety of the public. Health careassociated infections, newly emerging infections and the increase in AMR infections present serious and ongoing challenges.

Arguably, this whole paper has sought to look beyond the current

COVID-19 pandemic and to ensure the value of IPC and the IPC

A whole-system approach is needed to change perceptions of IPC and ensure that the necessity of IPC advice is recognised in all areas relating to public health and safety. To ensure a whole-system approach there needs to be a workforce available to facilitate this.

The role of an IPC nurse is multifaceted. Whilst they hold knowledge in microbiology, immunology and epidemiology they also seek to educate, research and lead. Their role is crucial to patient safety, workforce education and, more widely, the protection of the public. This is especially true for the nurse consultant. The number of IPC nurse consultants needs to be increased to ensure there is a highly skilled and knowledgeable, evidence-led expert workforce available for the future.









As a senior role in nursing, a nurse consultant has a wealth of knowledge, expertise and experience that can aid in the strategic designing of policies and guidance. Furthermore, they are crucial to ensure the control and prevention of infections within communal areas, such as a 4-bed hospital ward, leisure centre, staffing areas in healthcare settings, school and a care home social room.

The expansion of the IPC nurse consultant role is essential, not only to retain the existing workforce, but also to attract the future generation of nurses into an IPC role. With clear succession planning, the role of an IPC nurse will become more attractive to those within nursing. Furthermore, a clear, recordable qualification and access to trainee roles is required to expand the workforce.

The expansion and support of the IPC workforce will allow for a wholesystem approach to be successful and embed IPC into the fabric of public health and safety.

About the Royal College of Nursing (RCN)

The RCN is the world's largest professional organisation and trade union of nurses, representing around 435,000 nurses, midwives, health visitors, healthcare support workers and nursing students, including over 26,000 members in Wales. RCN members work in both the independent sector and the NHS. Around two-thirds of our members are based in the community.

The RCN is a UK-wide organisation, with its own National Boards for Wales, Scotland and Northern Ireland.