**Patient and Public Voice (PPV) Partners: National Infection Prevention and Control Programme**

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11. **Introduction**

Thank you for your interest in becoming a Patient and Public Voice (PPV) Partner

with NHS England and NHS Improvement.

NHS England and NHS Improvement are committed to ensuring that public and

patient voices are at the centre of shaping our healthcare services. Every level of our commissioning system needs to be informed by insightful methods of listening to those who use and care about our services. Their views should inform service

development and improvement. Our commitment to supporting PPV Partners is set

out in the PPV Partners Policy.

Please read this application information pack before completing the application form for this role, to ensure you fully understand the application process, and to determine whether you have the skills and time to become a PPV Partner.

Please note the closing date for applications is **Monday 28 February 2022**.

Interviews will be held on MS Teams Week Commencing **Monday 14th March 2022.**

NHS England and NHS Improvement will reimburse reasonable out of pocket

expenses in line with the PPV Partners Expenses and Involvement Payments Policy.

**These posts attract an involvement payment**.

Any involvement payments may be classed as earnings or income by Her Majesty’s

Revenue and Customs service (HMRC) or the Department for Work and Pensions

(DWP). PPV Partners are responsible for declaring this income to HMRC, DWP, Job Centre plus or other agencies as appropriate. If you are in receipt of state benefits, you should seek advice from the relevant agency, for example JobCentre Plus, ideally in advance of applying and certainly before accepting an offer of a role which attracts an involvement payment, even if you intend to decline the payment.

For further information see the PPV Partners Expenses and Involvement Payments

Policy and the PPV Partners Policy. [PPV Partners Expenses and Involvement Payments Policy.](https://www.england.nhs.uk/publication/working-with-our-patient-and-public-voice-partners-reimbursing-expenses-and-paying-involvement-payments/)

Please note that correspondence will be primarily via email, unless otherwise

requested. If you do not have access to email and would like to be contacted via

telephone or post, please state this on your application form.

1. **Background, context and aims of the programme**

NHS England and NHS Improvement have committed to deliver the actions in the NHS long term plan and the Five-year Antimicrobial resistance national action plan (AMR NAP) and to “support system-wide improvement, surveillance and infection prevention and control practice”.

The IPC programme through quality improvement promotes a culture of patient safety, focusing on reducing the risk of harm caused by preventable infection and improving health outcomes. This includes supporting improvement and innovation in relation to the prevention of infection with a current focus on urinary tract infections, respiratory tract infections, and surgical site infections.

The [WHO Core Components for Infection Prevention and Control Programmes3](https://apps.who.int/iris/handle/10665/70766)comprises of eight core components six of which are particularly relevant for national level: IPC programmes; evidence-based guidelines; education and training; health care associated infection (HCAI) surveillance; multimodal strategies and monitoring and audit of IPC practices.

The [AMR NAP2](https://www.gov.uk/government/publications/uk-5-year-action-plan-for-antimicrobial-resistance-2019-to-2024) recognises that equipping professionals for effective IPC is not easy. Healthcare in the NHS is provided through a large and disparate system, and the four countries vary in their arrangements for improving quality. The social care sector is also fragmented across many more providers. This makes it difficult to ensure consistency in policy and practice. IPC interventions confined to individual organisations cannot achieve optimum control: there is need for a broader systems approach that spans the full healthcare collective and is connected to local health protection teams to ensure whole communities are engaged. The [AMR NAP2](https://www.gov.uk/government/publications/uk-5-year-action-plan-for-antimicrobial-resistance-2019-to-2024)sets out the ambition that health and care settings in England will adopt the infection prevention and control care standards developed in Scotland (National Infection Prevention and Control Manual) and that these will be measured annually by the regulator

The need to support systems to build local leadership capability and capacity for IPC has been highlighted during the COVID-19 pandemic. Reports from both the [Healthcare Safety Investigation Branch (HSIB)](https://www.hsib.org.uk/investigations-and-reports/covid-19-transmission-in-hospitals-management-of-the-risk/) and the [Health and Safety Executive (HSE)](https://www.hse.gov.uk/coronavirus/regulating-health-and-safety/spot-inspections.htm) have highlighted a lack of IPC staff and the need for robust leadership. Ensuring an effective response to COVID-19 across health and social care has required significant and rapid action to provide the appropriate support, education, guidance, and assurance across the system.

## **Programme Vision**

To be recognised nationally and internationally for a workforce that is knowledgeable and prepared for current and emerging infection threats.

## **Programme Aim**

To Improve patient (individual) safety through the reduction and prevention of Healthcare associated infections (HCAI).

## **Programme Objectives**

1. Halve healthcare associated Gram-negative blood stream infections (GNBSI)
2. Support development and implementation of quality improvement initiatives to reduce HCAI
3. Develop a framework to support the development of a resilient IPC workforce with strong leadership skills and the ability to lead, challenge and implement safe standards of IPC practice.
4. Develop and deliver educational programmes to support systemwide improvements and align practice to the national IPC policy manual and support IPC Practitioner Professional development.
5. The continuous contribution to evidence-based guidelines within a National IPC manual (NIPCM - ‘the manual’) for England.
6. Use behavioural insights to help plan and deliver the IPC programme and nudge behaviours towards better infection prevention and control.

To achieve the above programme objectives, the IPC national programme is comprised of four key workstreams each with an appointed Clinical Lead:

* Policy & Guidance (PG),
* Quality Improvement and Data Intelligence (QIDI) (including Safety Support),
* Workforce & Leadership (WL),
* Education (Ed),

A key part of the improvement work is helping to ensure good patient experience and supporting a reduction in health inequalities.

1. **The Role**

We are seeking two Patient and Public Voice (PPV) Partners to join and sit on the national IPC Programme Board.

We are also recruiting to IPC projects in relation to Education, workforce and leadership

1. **The role of the PPV Partner**

The main purpose of the roles is to ensure that Patient and Public Voice is championed and embedded within the Programme. The PPV Partners will:

* Bring important views, perspective and challenge. The roles are essential in championing patient and public experience, outcomes, viewpoints and voices, ensuring their needs are met through the programme.
* Ensure that the Programme considers and prioritises equalities, health inclusion and patient experience within the national IPC programme.
* Champion the diversity of the views of diverse communities and reflections of their experiences.
* Provide critical friend challenge and contribute specific subject experiences and/or expertise to the programme goals.
* Champion and advocate for increasing public’s awareness of the programme’s outcomes and achievements.
* Review and comment on agreed documentation prepared by and/or for the Programme.
* Prepare well for agreed meetings and other events to be able to provide informed input.
* Comply with the Confidentiality agreement, Declaration of interest, Statement of values and code of conduct, respecting the confidential nature of some discussions through debate and discussions on the outcomes and recommendations of the work.

1. **Skills and experience required**

This is an exciting opportunity which could appeal to a wide range of people from different backgrounds, work and life experience.

This role will suit someone who has a particular interest in IPC and/or IPC education, behavioural change and leadership culture who is committed and can work in partnership across organisational boundaries.

The skills and experience required for this role are:

* Have an awareness of, and commitment to, equality and diversity.
* Ability to work creatively and collaboratively and to offer objective challenge.
* Ability and experience of listening well to the views of people, giving priority to minority groups, and representing their views.
* Experience of working in partnership with user led groups and/or with healthcare organisations is desirable.
* Ability to display sound judgement and objectivity.
* Understand and respect the need for confidentiality.
* A commitment to the ‘seven principles of public life’, known as the ‘Nolan Principles’: selflessness, integrity, objectivity, accountability, openness, honesty, leadership.

1. **Time commitment**

The total time commitment for each PPV Partner role is expected to be 2 half days per month. The programme is currently funded until March 2023. This includes preparation for and attendance at group meetings. Meetings will take place via MS Teams until further notice.

Meetings may resume in person, but it is expected that there will be the continued opportunity to attend online where available/appropriate.

1. **How to apply**

Please complete and return the following accompanying documents:

• Application form

• Equal opportunities monitoring form

These document can be sent to you on request by emailing [shane.friend@nhs.net](mailto:shane.friend@nhs.net)

Return these documents by email to [nhsi.improveipc@nhs.net](mailto:nhsi.improveipc@nhs.net) by **Monday 28th February 2022.**

We will rely on the information you provide in the application form to assess whether you have the skills and experience required for this role.

If you have any queries about the application process, or would like an informal

discussion about the opportunity – please contact [david.cunningham11@nhs.net](mailto:david.cunningham11@nhs.net)

1. **Diversity and equality of opportunity**

NHS England and NHS Improvement values and promotes diversity and is

committed to equality of opportunity for all. To help us understand if we are achieving this, we ask you to fill out an equal opportunity monitoring form as part of the application process.

Please let us know if you have support needs so that we can understand how we can support you to participate fully.

**We particularly welcome applications from:**

* People with a Black, Asian or Mixed ethnic background
* People living in the most deprived areas of England
* People with protected characteristics as listed in the Equality Act (2010).

1. **Once we receive your application**

i) We will acknowledge receipt of your application form via email (unless

otherwise specified).

ii) Applications will be shortlisted by a panel.

iii) Applications will be assessed against the skills and experience required.

Selection will be made based on the content of the application form.

iv) Interviews will take place via MS Teams week commencing **14th March 2022.**

v) Please note that two references will be taken up for successful applicants

before involvement can commence.

vi) All applications will receive a successful or unsuccessful notification. The

successful notifications will include information about next steps.

If you wish to be informed about future involvement opportunities, please sign up to

NHS England and NHS Improvement’s [InTouch](https://www.england.nhs.uk/email-bulletins/in-touch-bulletin/) newsletter, which includes details of current opportunities.

1. **Support for PPV Partners**

NHS England and NHS Improvement provides a range of training and support for PPV partners to help them do their roles. We ask that all new PPV Partners complete an interactive online induction session. This webinar lasts an hour and will

provide some background information to NHS England and NHS Improvement

and the work that we do, as well as wider support available to PPV Partners. Role 4 PPV partners are also required to complete online information governance training which also lasts about an hour. Other relevant training will be offered where this would help you do the role.

You will also receive an induction from the programme team leading this

work.

Meeting documents, and if necessary, pre-meeting briefings will be provided.

There are a range of learning and development opportunities available to PPV

Partners, details can be found on the [Involvement Hub](https://www.england.nhs.uk/get-involved/learning/).