

JOB DESCRIPTION

Job Title:	Infection Prevention and Control Lead
Responsible to:	Director of Clinical Services
Hours:	30 Hours
Department:	Clinical
Base:	National
Appraisal Group:	Deliverer

Job Purpose

The National Infection Prevention & Control (IPC) Lead is responsible for providing strategic, professional and expert leadership for infection prevention and control across the organisation. The role ensures the development, implementation and assurance of effective IPC systems, policies and practices that protect patients, colleagues and visitors from avoidable harm and support the delivery of safe, high-quality care.

The postholder will lead a consistent, evidence-based national IPC approach aligned with UK legislation, national guidance and regulatory requirements, providing assurance to the senior and executive leadership teams and regulators. Ensuring that IPC risks are effectively identified, managed and reduced.

The postholder will work collaboratively across clinical, operational and corporate teams and manage IPC Practitioners/Nurses at regional level. The role promotes a positive culture of infection prevention, learning and continuous improvement across all services.

Key Outputs:

The post holder will be responsible for the following:

1. Consistently high standards of infection prevention and control are achieved across all sites, demonstrated by reduced avoidable infection risk to patients and staff and sustained regulatory compliance.
2. A compassionate, respectful and dignified approach to IPC is embedded across teams, evidenced through positive staff feedback and patient experience measures.
3. The post-holder maintains up-to-date expert IPC competence, evidenced through relevant qualifications, CPD completion and application of current best practice.
4. Clear, timely and effective IPC communication is achieved across all professional groups, supporting safe decision-making and coordinated care delivery.
5. Safeguarding risks related to infection prevention are escalated promptly and appropriately, resulting in timely action to protect patients and staff.
6. Continuous improvement in IPC practice contributes positively to patient experience, evidenced by learning actions implemented following feedback, audits or incidents.
7. Effective IPC governance is maintained at organisational level, with clear leadership, oversight and assurance through the Infection Prevention Committee and main corporate committees.
8. Full compliance with the Health and Social Care Act Code of Practice on HCAI (DH 2008) and devolved equivalents is achieved and evidenced across all jurisdictions of operation.
9. An annual, measurable IPC improvement programme is in place, aligned to national guidance, with clearly defined objectives, milestones and outcomes.
10. A robust national IPC audit, education and competency framework is implemented and maintained, demonstrating improved compliance and practice over time.

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11. Hospital-level IPC leadership capability is strengthened, evidenced through effective IPC link staff networks and improved local assurance reporting.
12. IPC risks are mitigated in all new business developments, new builds and refurbishments, demonstrated by documented IPC input and sign-off.
13. The clinical environment consistently meets IPC safety standards, evidenced through estates and facilities compliance data and audit outcomes.
14. Specialist microbiology advice informs IPC decision-making, resulting in documented learning, targeted actions and service improvements.
15. Infection risks are systematically identified, assessed and controlled across all services, with risk assessments reviewed and updated in line with organisational governance requirements.
16. IPC policies and SOPs are current, compliant and consistently applied in practice, demonstrated through audit, governance review and regulatory feedback.
17. A role-appropriate IPC training programme is delivered with sustained compliance, evidenced by completion rates, competency assessments and reduced practice gaps.
18. Improvement in hand hygiene compliance is sustained year-on-year, evidenced through audit results and reduced hand-transmitted infection risk.
19. Sharps and inoculation injury risks are minimised, evidenced by effective policy implementation, incident monitoring and trend reduction.
20. A comprehensive surveillance system is in place and operational, producing timely, accurate reporting on alert organisms, alert symptoms, surgical site infections and all bacteremias.
21. Learning from IPC incidents and LFPSE reporting is embedded into practice, demonstrated through documented actions, shared learning and measurable improvement.
22. Patient-facing IPC information is accurate, approved and aligned to best practice, supporting informed patients and consistent messaging.
23. Decontamination and sterilisation processes meet national standards, evidenced by accredited service assurance and annual reviews.
24. Environmental infection risks, including water safety, are effectively controlled, supported by appropriate engineering assurance and monitoring.
25. Cleaning of environments and medical equipment is proportionate to risk and consistently effective, demonstrated through audit outcomes and reduced contamination risk.
26. Equipment selection and implementation decisions reflect IPC best practice, reducing infection risk associated with new or existing equipment.
27. Clinical waste management processes meet IPC and regulatory standards, with safe segregation, handling and disposal evidenced across all sites.
28. Regulatory IPC requirements are proactively met and maintained, with no unmitigated compliance risks or enforcement actions.
29. The post-holder remains fully compliant with mandatory and role-specific training, maintaining credibility and professional accountability.
30. Specialist IPC advice and escalation support is accessible organisation-wide, enabling timely resolution of IPC concerns.
31. A comprehensive Annual IPC Report is produced, providing assurance to commissioners, regulators and stakeholders on IPC performance and cleanliness.
32. Organisational IPC practice reflects current national standards and learning, evidenced through participation in regional and national IPC networks and implementation of updated guidance.
33. Operate within SpaMedica's policies, procedures and guidance whilst committed to demonstrating SpaMedica's organisational values and behaviours in work .
34. Safeguarding – Core Responsibilities

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- a. Protect vulnerable individuals from harm, abuse and neglect by maintaining a safe, respectful and supportive environment.
- b. Demonstrate the ability to recognise signs and indicators of abuse or neglect, including physical, emotional and psychological harm, following completion of required training.
- c. Apply safeguarding principles in practice and understand personal roles and responsibilities in line with SpaMedica safeguarding policies.
- d. Act immediately on any suspicion or disclosure of abuse or neglect by raising concerns and following safeguarding procedures without delay.
- e. Appropriately acknowledge, investigate, escalate or manage safeguarding concerns within the scope of role and responsibility.
- f. Establish appropriate professional relationships with those in care, maintaining clear professional boundaries at all times.

Authorisation & Limitations:

The National Infection Prevention and Control (IPC) Lead is authorised to make day-to-day operational and professional decisions relating to infection prevention and control practice across the organisation without routine reference to the Director of Clinical Services. This includes providing expert IPC advice, issuing evidence-based guidance, agreeing local IPC improvements, supporting outbreak management, and requiring immediate risk-mitigating actions where patient, staff or visitor safety may be compromised. The post holder is authorised to escalate concerns, require compliance with agreed IPC standards, and recommend changes to practice, training or assurance arrangements. Decisions that carry significant organisational, financial, legal, reputational, or strategic impact, represent a material change to corporate policy, or require additional resource investment must be referred to the Director of Clinical Services for approval. The post holder works within organisational policies, regulatory requirements and agreed governance frameworks at all times.

Qualifications & Experience:

Qualifications: Post graduate certificate in Infection Prevention and control. Ideally level 6/7 accredited certificate in Infection Prevention and Control.
Professional Registered Practitioner qualification.
Teaching and assessment qualification – ideally.

Experience: Previous senior experience of practising in an IPC role, ideally as a Lead Practitioner.
Experience and confidence in delivering educational sessions at all levels.
Previous experience of working in hospital surgical environments.
Experience in effective team leadership and change management with a positive engaging communication style.

Job Challenges & Problem Solving:

Able to work independently while confidently escalating concerns or issues to Executive and Senior Leaders and Clinicians as appropriate. Demonstrates calm, positive and effective leadership through change within a fast-developing and dynamic organisation, leading by example and confidently challenging poor practice and risk. Maintains a consistent and supportive approach, demonstrating flexibility and resilience to respond effectively to changing demands.

TECHNICAL COMPETENCIES	
Competence	Description
Use of systems and technology	<ul style="list-style-type: none"> • Use of company systems • Microsoft packages – word, excel, PowerPoint

	<ul style="list-style-type: none"> • Car owner/driver
Knowledge of legislation and regulation	<ul style="list-style-type: none"> • Ongoing professional development and training • UK infection prevention and control legislation and statutory requirements, including the Health and Social Care Act 2008, associated Regulations, and the Code of Practice on the prevention and control of healthcare associated infections (and devolved equivalents) • Regulatory frameworks and inspection expectations, including CQC, Healthcare Inspectorate Wales, Health Improvement Scotland and IHPN guidance • Health and safety legislation applicable to infection risks, including the Health and Safety at Work etc. Act 1974. • National IPC standards and guidance, including UKHSA, NICE guidance, NHS England IPC Manual and national alert organism and surveillance requirements • Decontamination, sterilisation and environmental safety standards, including relevant Health Technical Memoranda (HTM 01-01, HTM 01-05), water safety (ACOP L8) and healthcare waste legislation • PSIRF /Learning from Patient Safety Events (LFPSE) • Information governance and data protection legislation (UK GDPR and Data Protection Act 2018) as it applies to surveillance, reporting and patient confidentiality
Brand knowledge	<ul style="list-style-type: none"> • Knowledge of SpaMedica services and treatments
Process knowledge	<ul style="list-style-type: none"> • Knowledge of SpaMedica patient flows

Competency & Performance Expectations

Group	Change	Initiative	Patient/Customer Focus	Teamwork
All Team	Ability to implement new processes under direction of line manager	Takes action that is beyond the required or expected effort	Puts the patient/customer at the heart of everything they do, in keeping with company values Delivers	Has a "one team" ethos Values the contribution of all team members Effectively participates &

	<p>Understands the need for change Has a positive attitude Accepts change positively</p>	<p>Takes ownership of service delivery Overcomes problems & barriers</p>	<p>excellent patient/customer service with dignity & respect Handles patient/customer requests promptly and effectively to a positive resolution escalating where required</p>	<p>contributes as a team member. Enjoys work and has a positive impact on others. Shares experience, knowledge and information with others & seeks to learn from other colleagues</p>
Supporter	<p>As above Supports opportunities to improve things in own area Reacts positively & leads change within their team</p>	<p>As above Takes action independently, planning work & carrying out tasks without detailed instruction Makes decisions & initiates action Monitors & reports on service performance & suggests improvements</p>	<p>As above Takes ownership & is accountable for patient/customer relationships. Effectively balances the needs of the patient/customer with the needs of the business. Supports the team to deliver excellent patient/customer care</p>	<p>As above Has a flexible approach & willingly contributes to the team's work Positively encourages teamwork and shared Learning.</p>
Deliverer	<p>As above Understands the need for change, can see and convince others of the benefits Challenges the status quo Drives change with new ideas Manages resistance to change positively Tries & sustains new ideas and initiatives with enthusiasm</p>	<p>As above Develops & implements business improvements, saving time & money Offers guidance & coaching to staff & acts as a motivator who encourages colleagues to put in extra effort.</p>	<p>As above Uses customer feedback to improve services & integrates this into business plans Proactively addresses the needs of the patient/customer Strives to eliminate any barriers which stand in the way of providing excellent patient/customer service</p>	<p>As above Identifies opportunities for joint working. Builds trust & mutual respect between team Members. Communicates clear & compelling messages to guide & motivate others. Takes positive action to resolve conflicts & disputes within the team</p>
Leader	<p>As above Flexible and adaptable in changing circumstances Can take a broad approach as both a generalist and a specialist Ensures patient and customer focus is at the heart of their function Role models team work with Focused on driving change to improve existing performance Drives team engagement within their function Actively leads their department through change/generating solutions</p>	<p>As above Defines & drives the direction of their business function, taking into account trends & best practice</p>	<p>As above Ensures processes are in place to identify & rectify failing service & performance levels Ensures patient and customer focus is at the heart of their function</p>	<p>As above Creates high-performing teams, capable of & willing to deliver results Role models team work with Drives team engagement within their function</p>

To comply with the Health and Safety at Work Act 1974, all colleagues have a duty to take reasonable care for the health and safety of themselves and of other persons who may be affected by their acts or omissions at work.

Our organisation is committed to safe and fair recruitment, safeguarding and protecting those we care for and serve. We make sure all our staff are vetted, selected, trained and supervised fairly and to a high standard so that they can provide safe, effective and compassionate care.

Safeguarding Children, Young People and Vulnerable Adults

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SpaMedica is committed to safeguarding and promoting the welfare of children, young people and vulnerable adults and expects all employees to share this commitment.

Recruitment checks are undertaken in accordance with the NHS Employment Check Standards and successful applicants will be required to undertake an Enhanced Disclosure via the Disclosure and Barring Service (DBS, Staff are expected to:

1. Have a responsibility to safeguard and protect persons, particularly children and vulnerable adults, ensuring a safe and supportive environment.
2. Demonstrate understanding of safeguarding principles and practice
3. Complete all required safeguard training within expected timeframes
4. Read SpaMedica safeguarding policies.
5. Be knowledgeable about and adhere to the SpaMedica safeguarding procedures, including escalating of concerns and taking appropriate action within a timely manner.
6. Adhere to the NMC/HCPC Code at all times.

Please print name.....(Job Holder)

Agreed by:

Job Holder..... Manager

Date: Date: