

# Annual Plan 2014



*Working to a vision where no person is harmed by a preventable infection*



March 2014

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# Foreword by the President

I am pleased to present to you the  
IPS Annual Plan for 2014

**The year 2013, featuring so many IPS achievements, provides a solid platform on which to build.** This year's annual plan will move the society ever closer to achieving its vision by having a clear focus and an approach that leverages the talents of everyone involved in making it a reality, including the board and its standing committees, our two invaluable patrons, our branches and special interest groups, as well as all of our members who make this society what it is.

Many challenges remain across health and social care and it has perhaps never been more critical that we remain a strong and focused society to ensure the infection prevention and control (IPC) agenda is a top priority and in particular that it is seen as a precondition of patient and service user safety.

This year's plan remains loyal to the aims and objectives described back in 2011 in our five-year strategy. It continues to consolidate all of the achievements to date and to steadily progress important actions on behalf of our members. Under my leadership IPS will continue to be an organisation that makes a difference, focused on providing a valuable service and expanding our influence and relationships for maximum effect. Partnerships and collaborations are very important to IPS and this is reflected in the plan presented here. My passion, energy and commitment to the cause of this admirable society remains steadfast and I welcome the chance to work with many members in the pursuit of safer health and social care.

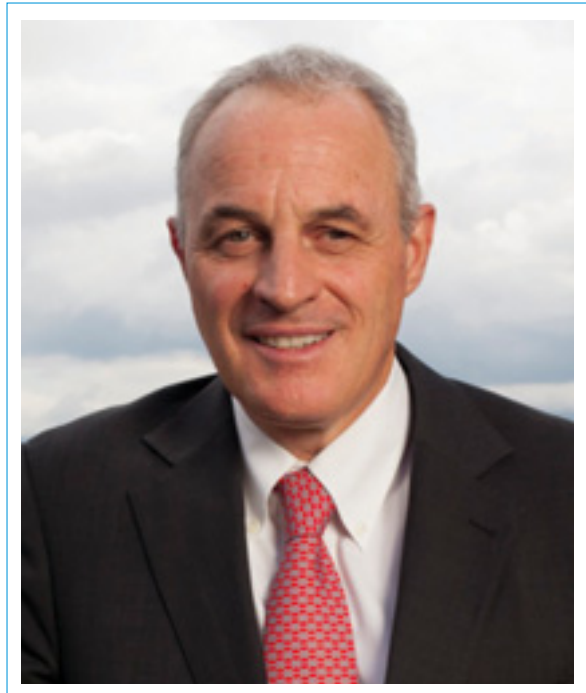


*Julie Storr*

**President, Infection Prevention Society**

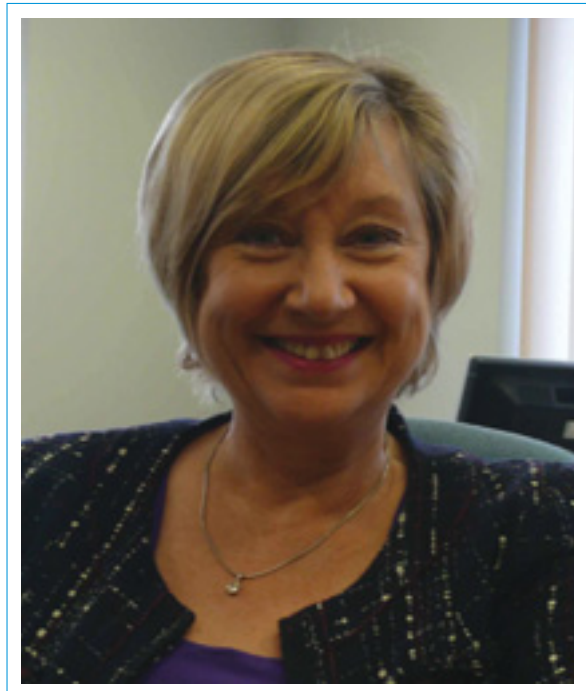
# Message of support from IPS Patrons

“ I welcome the opportunity to play an active role as IPS patron in progressing many of the exciting plans detailed in this report. In particular, I am excited by the activities focused on implementation of evidence-based guidelines for the aim of patient safety. I look forward to seeing everyone at Infection Prevention 2014 in Glasgow! ”



**Professor Didier Pittet**, Director of the Infection Control Programme and WHO Collaborating Centre on Patient Safety, University of Geneva Hospitals, Switzerland.

“ A clear direction, a united membership and strong leadership are important to make the necessary advancements that will impact on practice. I offer my full support to the plans described here and look forward to working as your patron, with colleagues to help stop patient harm from infection ”



**Professor Tricia Hart**, Chief Executive, South Tees NHS Foundation Trust, UK



## Through execution of our strategy IPS will:

Lead, shape and inform the infection prevention agenda locally, nationally and internationally.

Influence and promote the evidence base for infection prevention practice that is adopted universally.

Be the organisation of choice for all those involved in infection prevention to sustain improvements in practice.

## Executive Summary

A summary of the plans and priorities for the society that will take place in 2014 in addition to our routine core business.



### Informing

- IPS Quality Improvement Tools – strengthened, with usability for members being a key focus
- IPS Competency Framework – reviewed, with resulting recommendations
- IPS Corporate Members – supported, with an inaugural Corporate Members Day event
- Regulatory bodies – influenced, to ensure informed, meaningful inspections
- National Antimicrobial Resistance Strategy – supported, to ensure implementation
- Nursing and Midwifery Council and other educational bodies – influenced, to inform curriculum
- Updated MRSA Guidelines – informed, working with fellow societies
- Patient Safety Congress 2014 – influenced, with active participation including an IPC Summit
- One Together Project – informed, using society expertise to enhance surgical site infection practice recommendations
- New relationships – formed, with the Association for Perioperative Practice (AfPP) and the clinical human factors community, and a stakeholder mapping paper outlining potential for future collaborations
- International commitment – strengthened, with a virtual interest group established.



### Promoting

- EPIC 3 guidelines implementation – promoted and supported, by leading on national capacity building for evidence based guideline uptake
- Urinary catheter management – supported, including a society resource pack
- Accreditation for education at events – developed, to advise on how branches secure professional development
- Patrons – presented, capitalising on the invaluable expertise and leadership available to the society during their tenure.



### Sustaining

- IPS communications – strengthened, including website capacity and usability, timely and effective responses to enquiries, social media and greater national influence
- IPS member skills/assets – mapped, demonstrating the society's unique selling points and a process for drawing on society-wide capacity
- Promotion of IPC as a valuable speciality – highlighted, working with branches to develop a promotional film
- JIP, the IPS Journal – strengthened, by exploring new opportunities
- IPS fellowship – initiated, with an outline for a path to Fellowship presented
- IPS conference model – reviewed, with future approaches to delivering educational opportunities presented
- IPS financial stability and governance – progressed, with models for future income generation and society functioning to ensure board and branches can have maximum impact.

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# Vision and Mission

**Our vision is that no person is harmed by a preventable infection**

**Our mission is that IPS will inform, promote and sustain expert infection prevention policy and practice in the pursuit of patient or service user and staff safety wherever care is delivered.**

## Introduction – who we are, what we do

The IPS is the leading charity focused on prevention of health care associated infection in the UK and Ireland. With almost 2000 members across the IPS network our potential influence is huge and the skills and expertise of our members diverse. Everything we do as a society relates to our three central strategic aims laid out in our strategy 2011-2016:

### Strategic Aim 1:

IPS will lead, shape and *inform* the infection prevention agenda locally, nationally and internationally

### Strategic Aim 2:

IPS will influence and *promote* the evidence base for infection prevention practice that is adopted universally

### Strategic Aim 3:

IPS will be the organisation of choice for all those involved in infection prevention to *sustain* improvements in practice

The IPS board leads on strategy implementation supported by a network of 14 branches and Special Interest Groups (SIGs). The IPS Standing Committees, reporting directly to the board, develop their own annual plans and details of the Standing Committees and what they will deliver in 2014 can be found in annex 1.

Our branches and SIGs each develop their own annual plans as well as working to what can be described as core business as usual, such as holding regular meetings and running annual educational events. Annex 2 summarises the branch and SIG work programme for 2014. IPS membership also includes our corporate members and annex 3 lists current corporate members.

We are supported by a secretariat (Fitwise Management Ltd).





## Collaborations:

IPS works with and supports:

- \* a number of other organisations with common goals and vision,
- \* other Societies such as the Healthcare Infection Society (HIS) and the International Federation for Infection Control (IFIC)
- \* those running annual awareness days

## IPS Collaborations

To achieve our vision we collaborate with a number of organisations, societies and groups. In 2013 we started an exciting collaboration with Nursing Times to expand our influence across the wider nursing community. We started collaboration with the UK Sepsis Trust to provide expert input into the infection prevention components of the work. We also worked with the Healthcare Infection Society and the Royal College of Nursing. We will maintain and build on each of these collaborations in 2014. We also continued and will continue to strengthen our collaborative working with our corporate members.

In this year's plan, IPS will build on the foundations established in recent years and will reach out to new partners, reflecting our commitment to the challenges of current and future times. These include being an active participator in the new One Together Programme, working actively with The Association for Perioperative Practice, and other societies and associations, as well as exploring new channels by connecting with those working in the field of clinical human factors.

We will continue to be open to new collaborations in pursuit of common goals that will benefit members and impact on patients and service users' lives.



# A registered charity with a clear focus

- The advancement of education
- The advancement of health and the saving of lives

## The Annual Plan 2014

This year's plan promotes a consistent approach, it channels effort and energy in an efficient and effective way to ensure that IPS's finite resources are used well. The plan for 2014 transforms our strategy into action-focused deliverables. We will work to deliver the plan detailed here while ensuring alignment of and support for day-to-day business. The society continues to learn from its past endeavours and is committed to striving to be better in the future.

The plan has been developed taking into account risk including financial and reputational, it is based on feedback from members, the external landscape, the advice of our patrons, and with an eye on what is realistic for a volunteer-led society. We are confident that we have the right balance.

**What this plan means for members is the building of a stronger society network with increasing capability to communicate effectively, learn and share, access resources, engage in national work, influence external stakeholders and have a stronger leadership and voice. What this means for people who work in health and social care is stronger support for practice improvement. What this means for patients and service users and the public is safer treatment and care.**

The IPS board of directors is committed to driving through this exciting programme of work to help move closer to our vision. The annual plan for 2014 is presented on the next pages. Annex 4 presents this in tabular form with each deliverable described, the deadline for completion and the board lead.



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# Strategic aim 1

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IPS will lead, shape and inform the infection prevention agenda locally, nationally and internationally.

## Quality Improvement Tools (QITs)

- We will develop and begin to implement a plan to strengthen members' ability to use the IPS QITs in the most effective way for local improvement
- We will invest in the development of a group of super-users across the UK and Ireland to showcase the potential of the QITs when used as intended

## Regulation

- We will influence the regulators in England to ensure informed, meaningful inspections
- We will explore the role of IPS in influencing regulation in the devolved nations and Ireland

## Patrons succession planning

- We will actively work with and involve our patrons in the annual plan, capitalising on the invaluable expertise and leadership available to the society during their tenure
- We will start the process of identifying new patrons of the future

## Antimicrobial Resistance

- We will provide expert input into the national implementation strategy for preventing Antimicrobial Resistance

## Nursing and Midwifery Council (NMC)

- We will influence the infection prevention and control components of the NMC curriculum to build future workforce skills and competences

## National Guidelines (MRSA)

- We will work collaboratively with fellow societies as a leading organisation in the development of new MRSA Guidelines

## IPS Competences

- We will review our competency framework to ensure it is fit for purpose

## Influencing the Patient Safety Agenda

- We will participate in Patient Safety Congress 2014 and play an active role in the associated 2nd Infection Prevention Summit

## Stakeholder collaborations

- We will lead on the execution of the first IPS Corporate Members' Day
- We will be an active partner in the new One Together Project
- We will build effective relationships with the Association for Perioperative Practice (AfPP) and those working in the field of clinical human factors
- We will undertake a stakeholder mapping exercise for future collaborations

## Future-proofing our educational events

- We will start to review our conference/education delivery model, building on its current strengths to ensure it is fit for purpose for the next decade

## International work

- We will explore how we can harness member expertise and energy for international work through the development of a new virtual special interest group

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# Strategic aim 2

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IPS will influence and promote the evidence base for infection prevention practice that is adopted universally.

## Implementation

- We will lead on national implementation capacity building for evidence based guidelines (catalysed by the publication of EPIC 3 Guidelines in England) working with other stakeholders to ensure a unified, purposeful approach
- We will explore the role of IPS in supporting implementation of guidance across the devolved nations and Ireland
- We will develop a resource pack for urinary catheter management

## Professional development

- We will produce guidance on how branches can secure CPD or similar for educational and professional development events

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# Strategic aim 3

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IPS will be the organisation of choice for all those involved in infection prevention to sustain improvements in practice.

## Communications

- We will strengthen how we communicate internally and externally by continuing to develop an excellent website that is easy to use, provides useful information, and facilitates member networking and learning
- We will build our ability to respond rapidly and effectively to requests from members and beyond
- We will build on our social media (Twitter) influence and explore the approach for venturing into new forms of social media
- We will influence the national agenda through participation in national fora, social media, work with regulators, our patrons, and our leadership in implementation of national guidelines

## Asset Mapping

- We will map the assets/skills of the society – to build a comprehensive log of member expertise and skills that will demonstrate our unique selling point, enable us to rapidly channel input into national work and respond in a timely and effective way to requests for expert input

## Promoting IPC as a valuable specialty

- We will work with branches and patrons in the development of a film to promote the value of infection prevention and control across health and social care and launch during International Infection Prevention Week (IIPW)

## Financial sustainability and governance

- We will develop a new model for future income generation
- We will review how we function as a board to build a strong team that will deliver for its members
- We will work to strengthen our secretariat to ensure optimum board and branch support

## Journal of Infection Prevention

- We will explore novel ways of strengthening our Journal

## Path to Fellowship

- We will develop a plan for a path towards IPS Fellowship

# Annex 1:

## IPS Standing Committees

Five standing committees support the board in achieving the IPS strategy and a brief outline of their roles is summarised below.

**Scientific Programme Committee (SPC):** SPC has one clear focus – to lead on the annual IPS conference, using their knowledge of the latest developments, best speakers and key topics to develop a successful annual conference with a high quality scientific content.

*Infection Prevention 2014 will take place from 29 September to 1 October at the SECC, Glasgow.*

**Editorial Management Group (EMG):** EMG leads on all work associated with the development and publication of the Journal of Infection Prevention.

*Highlights for 2014 include exploration and presentation of novel ways in which to strengthen the journal and its impact.*

**Education & Professional Development Committee (EPDC):** EPDC advises on and implements the society education strategy to support and provide quality education and professional development opportunities for IPC Practitioners within the IPS.

*Highlights for 2014 include IPS competency framework recommendations, a urinary catheter management resource pack, a patient isolation education resource (in conjunction with Nursing Times, initiative in 2013).*

**Research & Development Committee (R&D):** R&D leads on the society research and development strategy to generate and support implementation of new infection prevention science.

*Highlights for 2014 include results from the WINCL (Where Is Norovirus Control Lost) project, initiated in 2013.*

**Communications Committee:** This committee works to ensure accuracy, timeliness and appropriateness of communications both within IPS and externally. It plays a key role in shaping the society's profile and image and has a specific responsibility to ensure the IPS website is up to date, to support information flow between branches and the IPS board and to ensure IPS has a national and international presence, including through social media activities.

*Highlights for 2014 include leading on the new website function that will allow all members to actively communicate and share (including for enhanced board functioning), a strategic paper outlining a model for the most effective IPS communications going forward, in support of our vision, a media product promoting IPC as a valuable specialty and enhanced information on members' assets and skills to inform an improved IPS enquiries management system.*

# Annex 2:

## IPS Branches and Special Interest Groups (SIGs)

The IPS has 14 branches across the UK and Ireland and five SIGs.

Branches and SIGs develop their own annual plans that take account work that could be described as business as usual and specific annual projects to enhance achievement of IPS strategic aims.

A summary of what's in store for branches in 2014 is presented below:



- **Trent and London South** – working together to promote IIPW
- **Trent and Ireland** – strengthening corporate member involvement in branch meetings
- **London North** – collaborating with IV SIG leads on an IV project
- **North East** – providing full support to members to attend IP 2014
- **North West** – integrating the 6Cs within IPC
- **South West** – acting as a conduit for shared learning in relation to the WINCL research project
- **Wales** – participating in WINCL and national research on E. coli
- **Scotland** – publishing the evaluation of its Leadership Development Programme
- **Wessex** – engaging with public and patient groups
- **Yorkshire** – “buddy” system with Wales and working collaboratively with West Midlands on a social media expansion project
- **Ireland and London South** – working together to progress its twinning project
- **Ireland and Northern Ireland** – working together to build stronger ties for learning, networking and support
- **West Midlands** – delivering a regional “new IPC practitioner” 4-day course
- **Ireland** – producing a position statement on its vision for IPS in Ireland reinforcing the overall IPS vision and strategy
- **East of England** – providing collaborative IPC training to the local wider community

And here are some highlights of the work planned by IPS SIGs for 2014:

- The IV Forum will develop and promote the Vessel Health Preservation Framework and establish working relationships with other IV interested groups, including collaborative work with the National Infusion and Vascular Access Society (NIVAS)
- The Mental Health and Learning Difficulties SIG will promote the aims and value of the SIG across the IPS branch network

Full Business Plans for branches and SIGs are available on the IPS website.

# Annex 3:

## IPS Corporate Members

IPS recognises the value that corporate members bring to the society. In 2014 we will build on our existing strong working relationships. As has been outlined, we will hold an inaugural corporate members day; this meeting will provide a forum for discussion on potential joint activities that will benefit the wider infection prevention community. Recent examples of joint activities are the Social Media IPS member capacity building project with Daniels Healthcare Ltd and the surgical site infection 'One Together' project with 3M – we want to build on how we can best work together for the benefit of members and patients/service users.

The society also recognises the participation of industry in general at all of its national and branch conferences and events, something which adds so much to the value of the experience for delegates.

### Current Corporate Members

- 3M Health Care Ltd
- B Braun
- Bard Ltd
- Becton Dickinson UK Ltd
- Bioquell UK Ltd
- Bunzl Healthcare/Shermond
- Carefusion
- Clinimax Ltd
- CliniSupplies Limited
- Daniels Healthcare Ltd
- DDC Dolphin Ltd
- Deb Limited
- Dental Decontamination Limited
- Diversey
- Ecolab Ltd
- Eusa Pharma Ltd
- Fannin
- Frontier Medical Products
- Gama Healthcare
- Gojo Industries - Europe Ltd
- GV Health Ltd
- Hygiena International Ltd
- ICNet International
- Kimberly-Clark Professional
- Kohler Mira Limited – Rada
- Mölnlycke Health Care Limited
- NHS Supply Chain
- Nice-Pak International Ltd
- Osprey Deepclean Ltd
- Pal International
- PALL Europe
- Parkhouse Healthcare
- Reckitt Benckiser
- Saraya Europe
- SCA Hygiene Products UK Ltd
- Schulke UK Ltd
- Sharpsmart Ltd
- Silentia Screens
- Smith & Nephew Healthcare Ltd
- Synergy Health Plc
- TECcare (Talley Environmental Care Limited)
- Technical Textile Services Limited
- Vernacare Ltd



# Annex 4: IPS Annual Plan

Activity	Deliverable completion	Deadline for	Board lead (s)
<b>STRATEGIC AIM 1:</b>			
IPS will lead, shape and inform the infection prevention agenda locally, nationally and internationally			
QIT strengthening project to improve uptake and usability of the tools to include a review, identification of effective, low cost support mechanisms for users and the establishment of a group of super-users to drive uptake and usability	<ol style="list-style-type: none"> <li>1. Scoping paper to include detailed costing and recommended next steps</li> <li>2. Implementation plan for the establishment of the super-user group.</li> </ol>	<p>Apr 2014 (scoping paper) Apr 2015 (final project report dependent on decisions)</p>	President, EMG Lead
Influencing of regulatory bodies – establish consistent and future-proof processes for ensuring that IPS is proactive in influencing policy and regulatory bodies in Eire, England, Northern Ireland, Scotland and Wales	<ol style="list-style-type: none"> <li>1. Letter and follow-up meeting with Chief Inspectors at CQC to promote role of IPS in England in an expert advisory capacity</li> <li>2. Exploratory exercise with Branch leads in Scotland, Wales, Northern Ireland and Eire to inform future opportunities for influencing</li> </ol>	May 2014	President, Vice President (with patron support)
Execution of the process for identifying future patrons	<ol style="list-style-type: none"> <li>1. Scoping paper to include member feedback exercise through branches.</li> </ol>	Jul 2014	Vice President (working with Consultative Committee)
Contribute to the AMR strategy implementation national programme of work	<ol style="list-style-type: none"> <li>1. Meeting attendance</li> <li>2. Delivery of assigned actions (to be determined)</li> </ol>	Dec 2014	Member without Portfolio and Deputy (IPS Member to be identified through e-digest)
Influence the NMC and other key bodies involved in clinical training e.g. Health Education England re IPC components of curriculum as part of IPS involvement in AMR strategy implementation (Plus other UK countries)	<ol style="list-style-type: none"> <li>1. Three communications to NMC during 2014 outlining IPS offering.</li> <li>2. Summary of response and success of activity.</li> </ol>	Dec 2014	Vice President and Deputy (IPS Member to be identified through e-digest)
Work with fellow societies on review of MRSA Guidelines	<ol style="list-style-type: none"> <li>1. Contribution via meeting attendance and associated actions.</li> <li>2. New MRSA Guidelines.</li> <li>3. Joint publication in JIP/JHI</li> </ol>	Dec 2014	R&D Leads and deputy
IPS competency review exercise to raise profile of competences and including revisiting accreditation	<ol style="list-style-type: none"> <li>1. Report and recommendations on future direction of competences.</li> </ol>	Dec 2014 (review point Aug 2014)	EPDC Lead (working with Ireland Branch)
Participation in Patient Safety Congress IPC Summit and keynotes within main congress	<ol style="list-style-type: none"> <li>1. IPS listed in all PS Congress publicity.</li> <li>2. IPS acknowledged in conference proceedings.</li> </ol>	May 2014	Comms Lead
Plan, develop and execute the first IPS Corporate members day	<ol style="list-style-type: none"> <li>1. Corporate members' day.</li> </ol>	June 2014	President, Secretary, Deputy Secretary, Comms Lead with support from secretariat

Activity	Deliverable completion	Deadline for	Board lead (s)
Expansion of current partner working to include participation in the “One Together” Project, strengthening relationship with AfPP and exploring collaboration with Human Factors-related bodies	<ol style="list-style-type: none"> <li>1. Memorandum of Understanding with One Together;</li> <li>2. Briefing paper summarising SSI One Together outputs</li> <li>3. Project outline of a collaborative project with AfPP</li> <li>4. Scoping paper on future human factors-IPS collaboration including EU grants related to human factors projects</li> </ol>	Dec 2014	Member without Portfolio (One Together)  President, Vice President (AfPP and Human Factors)
Mapping exercise of national and international stakeholders – links to work associated with progressing relations with APIC and how IPS manages International Infection Prevention Week	<ol style="list-style-type: none"> <li>1. Stakeholder analysis paper</li> </ol>	Dec 2014	Secretary, Deputy Secretary
Scoping of the future model of IPS conference/educational events including exploration of IPS hosting FIS	<ol style="list-style-type: none"> <li>1. Strategic scoping paper</li> </ol>	Dec 2014	Member without Portfolio supported by President, SPC Lead and secretariat
Development of a task and finish group to explore establishing a virtual international SIG	<ol style="list-style-type: none"> <li>1. Web based task and finish group established</li> <li>2. Recommendations report for development of a formal international SIG</li> </ol>	Sep 2014	Comms Lead
IPS communications scoping project – to support enhanced voice and influence and inform the future of communications support for the society	<ol style="list-style-type: none"> <li>1. Informed options paper and recommendations, including associated costs.</li> </ol>	July 2014	Comms Lead

## STRATEGIC AIM 2:

IPS will influence and promote the evidence base for infection prevention practice that is adopted universally

Lead on member capacity building for implementation of evidence based guidelines (catalysed by EPIC 3)	<ol style="list-style-type: none"> <li>1. Outline paper, including costs and sponsorship options.</li> <li>2. Series of events and activities to inform members across the UK and Ireland</li> </ol>	Dec 2014 (events may complete in 2015)	President, EPDC Lead supported by secretariat
Development of urinary catheter algorithm (for insertion & removal).	<ol style="list-style-type: none"> <li>1. Draft proposal outlining the project to be presented to ACA and BAUN and corporate members to determine extent of support.</li> <li>2. A decision-making tool to avoid unnecessary urinary catheterisation and promote prompt removal</li> </ol>	Dec 2014	EPDC Lead, R&D Lead
Education strengthening – development of an Aide Memoir to outline how branches can meet members’ CPD or similar accreditation needs more fully	<ol style="list-style-type: none"> <li>1. Aide Memoire</li> </ol>	Dec 2014	EPDC Lead (with communications can team and branch support)

Activity	Deliverable completion	Deadline for	Board lead (s)
<b>STRATEGIC AIM 3:</b>			
IPS will be the organisation of choice for all those involved in infection prevention to sustain improvements in practice			
IPS new website phase 2 project – maintenance and sustainability and enhanced functioning for all members with associated member/branch training	<ol style="list-style-type: none"> <li>1. Functional and informative members' web pages.</li> <li>2. Member/branch usage of (their) pages.</li> </ol>	Apr 2014	Comms Lead/secretariat support
Development of a strategy for responding to all IPS enquiries from IPS members, health care industry, government departments and the general public to raise the profile of IPS as a valuable source of credible expertise	<ol style="list-style-type: none"> <li>1. Enquiries management procedure.</li> <li>2. Outline of plan for testing the process and an evaluation report for future enhancing of the strategy.</li> </ol>	Aug 2014	Comms Lead, President supported by secretariat
Member asset/skills mapping exercise	<ol style="list-style-type: none"> <li>1. Briefing paper/procedure for undertaking the exercise.</li> <li>2. Exercise engaging members and resulting in list of areas of expertise, qualifications, skills.</li> <li>3. Live, modifiable area on members' web pages presenting the society's assets.</li> <li>4. Summary document presenting the society's assets to external stakeholders.</li> </ol>	Dec 2014	President, Comms Lead, Secretary supported by secretariat
Development of a promotional film (or other media) resource for IPC as a career for healthcare professionals	<ol style="list-style-type: none"> <li>1. Project plan (written between the board, Yorkshire, Wales, Ireland, Scotland branches)</li> <li>2. Film (or other media) launched during International Infection Prevention Week 2014.</li> </ol>	October 2014	Comms Lead
Development of a model for future income generation as part of ensuring sustainability of all society activity	<ol style="list-style-type: none"> <li>1. Income generation scoping paper.</li> </ol>	Jun 2014	Deputy Treasurer supported by secretariat
Board Development programme established	<ol style="list-style-type: none"> <li>1. Board development standard operating procedure</li> </ol>	Sep 2014	President
Analysis project of IPS PA function (from secretariat) and extent of support to branches and SIGs	<ol style="list-style-type: none"> <li>1. Options paper to describe the needs of branches/SIGs, cost impact and potential solutions.</li> </ol>	Oct 2014	Secretary, Deputy Secretary
JIP strengthening work including exploration of AJIC (or other) collaboration and major review of JIP format and future – part of ongoing work of EMG	<ol style="list-style-type: none"> <li>1. Initial meeting and associated notes and actions with AJIC.</li> <li>2. Membership consultation.</li> <li>3. Report on future steps.</li> </ol>	Dec 2014	EMG Lead and Deputy
Development of a plan for progressing IPS Fellowship	<ol style="list-style-type: none"> <li>1. Scoping paper on the potential for a path to IPS fellowship.</li> </ol>	Dec 2014	Vice President (working with Standing Committees and Consultative Committee)

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