working with staff on a one to one basis at ward level. They work alongside clinical staff to role model and assess infection control clinical skill competencies.

This role is preferable to a link nurse system within the trust, as the turnover of ward staff nurses can be rapid and it can be difficult for link nurses to find time to attend study sessions. Providing practice educators to work alongside staff enables them to identify issues within clinical areas and give feedback to matrons and the IPT so that local action plans can be established.

Communication
The addition of satellite roles to the IPT results in a significantly different team. A review every six months is necessary in a continuously adapting team, along with regular updates and communication to ensure all team members are aware of planned staffing and role changes.

DISCUSSION
The strategy to develop the satellite roles within the IPT is supported by O'Boyle et al (2002), who suggested that the challenge for the field of infection control would be for practitioners to participate creatively in role expansion. Team members must be aware not only of their own role and its boundaries but also of those of fellow team members. These satellite roles draw on the team’s creativity.

The development of satellite roles enables the ICNs to focus on other aspects of their role including trust wide education and policy planning, as well as supporting those staff who are in these satellite roles. In addition to other infection control initiatives, the implementation of these roles has occurred at a time when the trust’s MRSA bacteraemia rates have reduced by 58% and continue to fall.

The audit and surveillance nurse provides data that is fed back to the IPT on a weekly basis and informs the focus of much of the data that is fed back to the IPT on a weekly basis. Improvements can be addressed through education resources to practise as required. These issues can be addressed through education and additional training and support as they arise in practice.

CONCLUSION
The satellite roles within the IPT support the ICNs’ function in any clinical setting. They have specific responsibilities and may appear very task orientated but are fully integrated into the ethos of infection prevention and control practice. Changes in team dynamics are needed to support the continuation and development of these roles within the IPT.

REFERENCES

This initiative won the Infection Control category of the 2009 Nursing Times Awards.

BACKGROUND
● The role of the clinical nurse specialist in infection control has expanded and changed dramatically since it was developed in the 1990s.
● Developments within the specialty and targets set by the Department of Health have determined the focus and aims of this role.
● New roles are needed to meet changing demands on infection control services.

FIG 1. ESTIMATED TIME BREAKDOWN OF MAJOR INFECTION CONTROL FUNCTIONS

- Education
- Identifying infections
- Surveillance and investigations
- Preventing transmission
- Controlling outbreaks
- Managing infection control programme
- Infection control communications