Sandwell & West Birmingham Hospitals NHS Trust

INFECTION PREVENTION & CONTROL

ANNUAL REPORT 2021-2022

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Foreword

As Chief Nursing Officer I am pleased to introduce our annual infection prevention and control report for 2021-22. The continuing pandemic this year has emphasised the importance of good infection prevention practices as part of everything we do across the organisation and the NHS.

The year has yet again been dominated by the COVID-19 pandemic, and our annual report reflects this. Our focus on hand hygiene, cleanliness and other hygiene measures has continued during the year to ensure that people are receiving safe and effective care from us. Some of our programmes of work had to be paused in order to ensure we focussed all the resources needed to respond to the second wave of the pandemic. Since April 2021 we have re-focussed upon our wider infection prevention work programme.

We remain committed to ensuring that we achieve very high standards of infection prevention practice. The Trust Board views this as a priority for our patients as part of our commitment to our new strategy.

Melanie Roberts Chief Nurse

This annual report follows the format of the Code of Practice (known as the *Hygiene Code 2015*), as required by the Health & Social Care Act (2008)[1], and demonstrates our compliance with the requirements of the Hygiene Code.

During 2021-2022 a COVID-19 Board Assurance Framework (BAF) was issued by NHS England/Improvement. The BAF was amended and updated as the pandemic progressed. The BAF was set out using the Hygiene Code framework, and this annual report also provides assurance of compliance with this framework.

Many of the control measures required to prevent the spread of COVID-19 build upon existing infection prevention practices. Therefore the measures we have taken during 2021-22 to prevent spread of COVID-19 have also been improvements which will help us to prevent the spread of other infections as we move forward next year.

The report also sets out our priorities and plans to achieve further improvement and reductions in infection during 2022-23 as we continue to manage and move beyond the challenge of the COVID-19 pandemic.

Julie Booth Deputy Director Infection Prevention and Control

Executive Summary

Criterion 1: Systems to manage and monitor the prevention and control of infection.

- Leadership and governance arrangements are in place in line with Hygiene Code requirements.
- Our organisational incident command and control arrangements have been in place throughout 2022 to 2023 to co-ordinate our response to the pandemic, this is still ongoing.
- A multi-disciplinary Infection Prevention & Control Team is in place, and additional resources have been deployed during the year to support their work as part of pandemic arrangements.
- We met our annual infection reduction target for *E coli* bacteraemia *Clostridioides difficile*, MSSA bacteraemia and MRSA bacteraemia. We were however at the top of the trajectory for *Clostridioides difficile*.
- A range of actions were taken during the year to identify and implement key improvements needed so that we can achieve the infection reductions needed.

Criterion 2: Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.

- Our deep cleaning teams are now an embedded part of our cleaning programme.
- We have continued monitoring our cleaning standards using the national cleaning standards and ensured results are available for patients and visitors, these are displayed in public areas.
- Ward staff have access to the audit system Ambinet.
- All our sites now achieve over 95% compliance to the cleaning standards, which is an improvement over the past year.
- Our clinical areas consistently meet the required national cleaning standards for their category of risk, following continued focussed work during the year.

Criterion 3: Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.

- The work of the Antimicrobial Stewardship Group (ASG) has resulted in a greater understanding of the issues and actions needed to improve antimicrobial stewardship.
- We are working on stop dates in unity to ensure that antibiotics are only given for the required duration
- A new antimicrobial pharmacist was appointed.

Criterion 4: Provide suitable accurate information on infections to service users, their visitors and person concerned with providing further support or nursing/medical care in a timely fashion.

- Our internet contains key information for our patients and visitors, and we have used social media to share key messages to the public, especially during the pandemic.
- As an additional support we have ensured our public entrances are staffed during the pandemic, so that patients and visitors can be guided in use of facemasks and hand gel to reduce risk of infection spread, and they can also be directed to the department they need to visit.
- This year we also implemented virtual visiting across the Trust, and virtual support meetings with relatives for patients in key departments such as critical care. The aim has been to provide relatives with as much information and support as possible during the pandemic restrictions.
- Part of our pandemic response included sharing of a daily report with capacity, clinicians and the wider teams.

Criterion 5: Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people.

- Assessment tools for infection risks are in use for patients on admission and throughout the in-patient stay. This includes diarrhoea and vomiting as well as COVID-19 infection.
- Our Infection Prevention & Control Team provide a service to advise and support clinical staff on all infection-related queries. During the year the service has provided 8-12 hours per day days a week, nurse service in addition to the consultant microbiologist on-call service out-of-hours. This has been an essential part of our response to the pandemic.
- Point of care testing has been a fundamental safeguard to assess patients at the point of admission.
- A range of non-COVID-19 outbreaks and infection-related incidents have been effectively dealt with in 2020-21. These are listed in Appendix 1.

Criterion 6: Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infections.

- Highly visible senior nursing leadership has been maintained during the pandemic through leadership visits by divisional teams, the DDIPC and the Chief Nursing Officer.
- Statutory and mandatory training and Trust induction continue to include infection prevention & control as core requirements. Additional training on donning and doffing PPE and taking swabs for COVID-19 have been added in 2021-22
- At the end of 2021-22 mandatory level 1 training (non-clinical staff) achieved 91.34% compliance meeting the Trust requirement. Level 2 training (clinical staff) was just below the 97.87% standard.
- A very significant amount of ward-based training, electronic resources and posters have been put into place to support staff knowledge and awareness as the pandemic has continued to evolve.
- We implemented a requirement for all staff, patients and visitors to wear hospital-grade facemasks when on our sites, which we provide at all entrances. This is to reduce the risk of COVID-19 spread, and is supported by social distancing measures. We have a programme of spot-check monitoring in place which confirms compliance with these measures.
- We have implemented LAMP and Lateral Flow Device testing for our staff in line with national guidance. We monitor staff completion of this testing.
- We have been highly proactive in setting up and delivering COVID-19 vaccination and encouraging our staff to have their vaccinations.
- We have taken the learning and improvements from our review process for cases of *Clostridioides difficile* infection, and applied these to MSSA bacteraemia.

Criterion 7: Provide or secure adequate isolation facilities.

- The Trust has 67 single rooms available to support isolation requirements. This is a risk for the organisation and we have to have a robust risk approach to the management of patients with infections that require isolation.
- Trust policy includes use of cohort facilities to nurse patients with the same infections when numbers exceed the number of single rooms.
- This cohort model has been used extensively during the pandemic, with wards progressively being turned into COVID-19 wards as the third wave built up and patient numbers increased. We put into place a robust cleaning process to ensure that all wards were deep-cleaned once they were no longer needed for the care of COVID-19 patients.
- Throughout the year we have amended our processes in response to the changing national guidance for the management of COVID-19 infection.

- We reviewed the distance between beds in our wards to ensure they were supporting 2 metres social distancing. As an additional measure we have installed some fixed partitions between beds in some areas, and use of clear plastic curtains in all other bays, however these caused additional risk and were removed.

Criterion 8: Secure adequate access to laboratory support.

- We had an onsite microbiology laboratory which is accredited by UKAS, until November 2021 when the service was transferred to Wolverhampton as part of the Black Country Pathology Services. This service is UKAS accredited confirming it operates an effective and quality controlled service.
- The laboratory links with regional and national laboratory networks as required to provide a full range of microbiology testing.

Criterion 9: Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.

- We have continued to progress the review of our non-COVID-19 polices in 2021-22, though the pandemic has resulted in the review programme being slowed due to the need to focus on COVID-19 policies and procedures.
- Throughout the year we have implemented a wide range of policies and procedures to manage COVID-19, in line with national guidance.
- Participation in hand hygiene audit has been affected the pandemic, however hand hygiene practice compliance has remained high and has met our target of 98%.

Criterion 10: Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection.

- Our Occupational Health Service along with Human Resources Team (supports the health and wellbeing of our staff. .
- A health monitoring and vaccination programme is in place, including COVID-19 vaccination programme.
- In 2021-22 we met our staff influenza vaccination target, achieving 45%
- During the pandemic the Occupational Health Service and our Human Resources Team have provided a significant amount of support to staff, including counselling and psychological support. There continues to be a focus on staff health and wellbeing.

The COVID-19 Pandemic

The Pandemic continued through the whole of 2021-22 and was unprecedented in scale and impact on the whole of the NHS. We put in place a co-ordinated and effective incident command structure which operated throughout the year. We have performed several self-assessments of our compliance with the requirements in the COVID-19 Board Assurance Framework during 2021-22, and have confirmed we comply with those requirements.

This section of the report focuses on a summary of the actions we have taken to protect staff and patients from infection, as well as reporting information on hospital-acquired infection and outbreaks.

Healthcare Associated Infection - Definitions

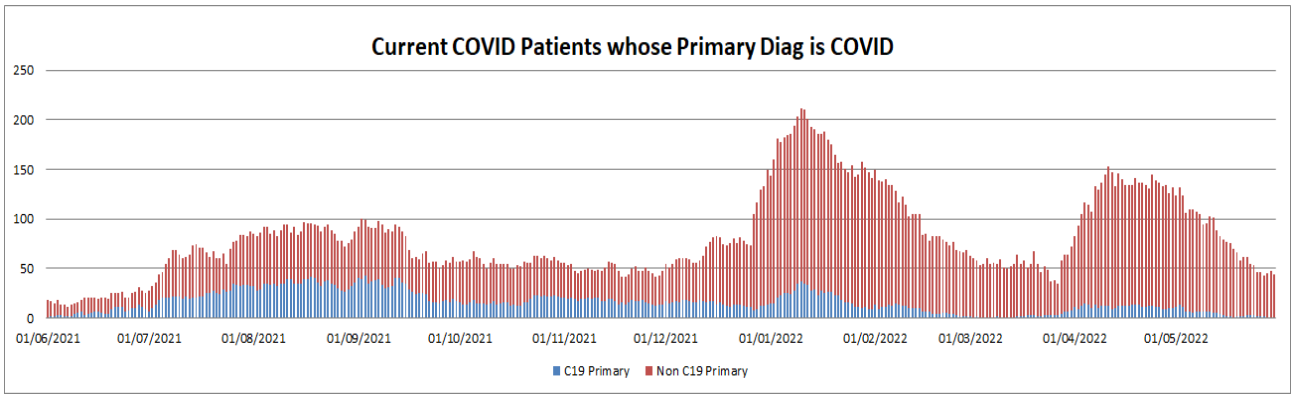
COVID-19 is reported to have an incubation period (the time between catching the infection and showing symptoms) between 1-11 days. This means someone can be admitted to hospital with no symptoms and test negative for COVID-19, despite having already caught the infection. National guidance sets out the following definitions for categorising COVID-19 infections which are detected during admission to hospital:

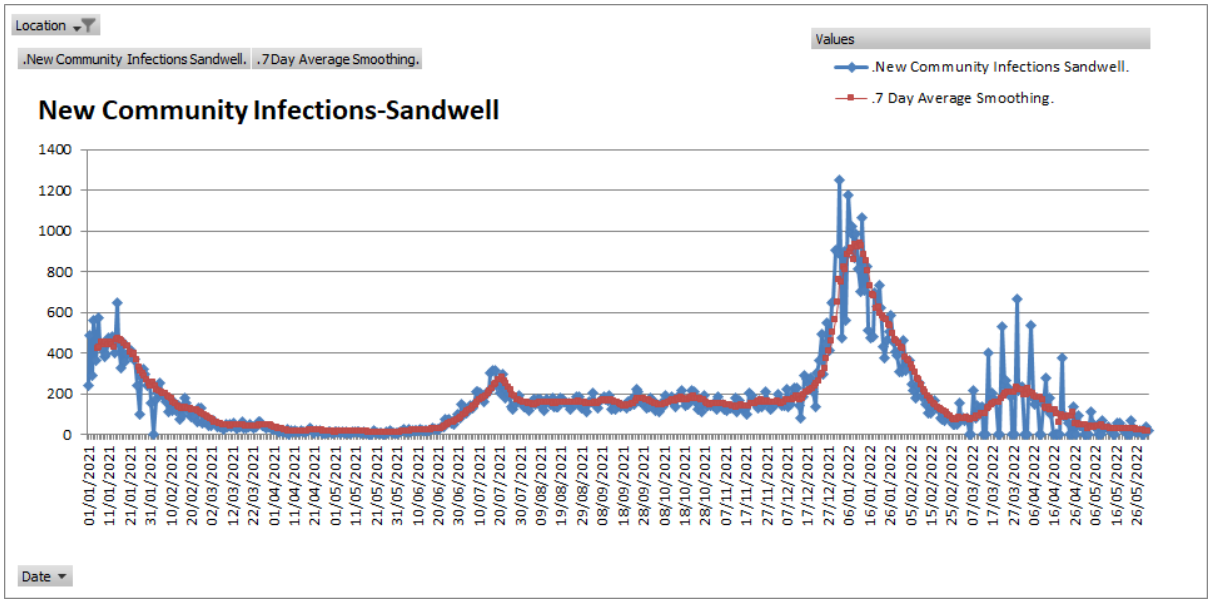
Community acquired	Onset day 0-2
Hospital onset – indeterminate acquisition	Onset Day 3-7
Hospital onset – probable hospital acquired	Onset day 8-14
Hospital onset – definite hospital acquired	Onset day 15 onwards

*The day of admission is Day Zero.

Healthcare Associated Infection – Number of Patients

For the year 21-22, we cared for 4276 patients with COVID-19 infection. Of these, 264 were determined to be probably or definitely acquired in hospital. This is 6.2% of all COVID-19 patients. Detail is set out in the table and graph overleaf:





Measures Taken To Protect Patients from Hospital-Acquired COVID-19 Infection

Throughout the pandemic, we have actively reviewed and responded to the many changes in national guidance, putting in place a very wide range of measures to prevent and control the spread of infection. This includes the following:

- We have regularly reviewed where we place patients with confirmed or suspected COVID-19 infection, to keep them separated as far as possible from those who do not have COVID-19.

- Hand hygiene messages are reinforced regularly to encourage staff and patients to clean their hands more often than normal. Alcohol hand gel is readily available in all areas.

- Our staff are required to wear surgical masks in all settings within the Trust to protect patients and we have trained our staff in the correct use of surgical masks and other protective equipment.

- Patients are requested to wear surgical masks if they move from their beds, and posters have been put up reinforcing this. This is also recorded on the patient electronic record. This has variable compliance due to the fact that not all patients are able to wear a face mask due to underlying medical conditions/treatment.

- We have reinforced the importance of 2m social distancing to all our staff, wherever it is possible.

- The space between beds has been reviewed to ensure we comply with social distancing.

- We are cleaning all of our wards and departments more often than usual, and we use disinfectant products that are effective against the COVID-19 virus.

- Restrictions on visiting were in place making social distancing easier to achieve on our sites, and reducing the likelihood of an infected visitor transmitting COVID-19.

- It can take up to 14 days for someone who has caught COVID-19 to develop symptoms. We routinely swab all patients on or before admission, and at intervals throughout their stay with us to identify anyone who has developed infection during their stay. .

- If a patient is unexpectedly found to be positive for COVID-19, we moved them as quickly as possible to one of our COVID-19 wards and deep clean the bed space they were in.

- Our staff have been issued with LAMP testing kits and subsequently lateral flow tests, which they are asked to complete twice each week. If they are found to be positive, or they develop symptoms of infection they stay away from work and we assess whether there has been any risk to the patients they have cared for, in line with national guidance.

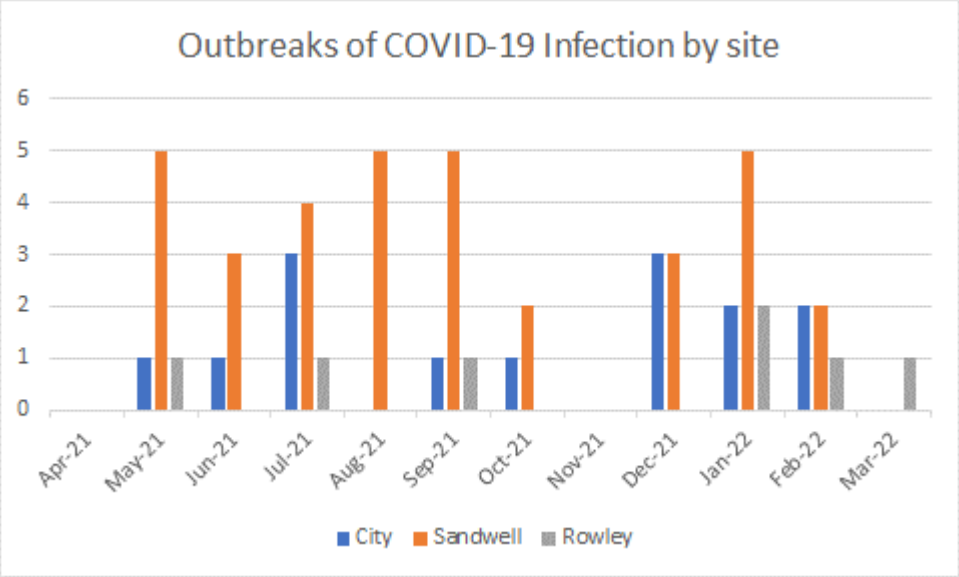
- The Infection Prevention Nurses visit our wards regularly and perform COVID-19 checklists to ensure our standards remain high.

- We take rapid action if an outbreak of COVID-19 is detected to stop further spread of infection. This includes deep cleaning the ward, and swabbing of all staff and patients in the affected area.

Outbreaks of COVID-19 Infection

Despite our efforts, in line with many other trusts, we were unable to fully contain this highly transmissible virus and reported 55 outbreaks. These were mostly during Wave 2 of the pandemic when the number of people requiring admission due to community-acquired COVID-19 was very high. Each outbreak was reported and managed in line with national requirements and accepted practice at the height of the pandemic.

	Number of outbreaks		
Month	**City**	**Sandwell**	**Rowley**
April 2021	0	0	0
May 2021	1	5	1
June 2021	1	3	0
July 2021	3	4	1
August 2021	0	5	0
September 2021	1	5	1
October 2021	1	2	0
November 2021	0	0	0
December 2021	3	3	0
January 2022	2	5	2
February 2022	2	2	1
March 2022	0	0	1



Review and Learning

In 2020 we implemented a robust process of review for all patients with probable or definite hospital-acquired COVID-19 infection, in line with national guidance. We have collated and shared the learning widely on how we can improve from these reviews as well as the learning from outbreaks of COVID-19. This is an ongoing process into 2022-23 as the pandemic continues. A summary of key learning is contained in Appendix 1.

Living with COVID-19

We will continue to focus on the prevention of COVID-19 infection as we move into 22-23. Recommended control measures will continue in place, and we will review these regularly and amend them as required in line with changing national guidance as we move to a position of living with COVID-19.

Statement of compliance

Compliance with the Health & Social Care Act (2008): Code of Practice on the Prevention and Control of Infections and Related Guidance (2015)

The 'Hygiene Code'

Declaration of Compliance

Following self-assessment against the criteria in the Hygiene Code, the Trust is able to declare our partial compliance with the Hygiene Code for the year 2021-22

Further, based upon our self-assessment in 2021-22 we are able to declare our compliance with the COVID-19 Board Assurance Framework.

Criterion 1: Systems to manage and monitor the prevention and control of infection.

Leadership Arrangements

The *Health & Social Care Act (2008) Code of practice on the prevention and control of infections and related guidance (2015)* (known as the Hygiene Code) sets out the arrangements all Trusts should have in place to prevent and manage infections.

A COVID-19 specific Board Assurance Framework was also issued in May 2020, the latest version used in year was v1.8 issued in Dec 2021 and was used to perform self-assessment of compliance which takes account of the exceptional challenges of the pandemic. This has been updated nationally several times during the year and regular self-assessments have been completed, with scrutiny via the Infection Prevention and Control Committee, and then via the governance structure to Board. This has enabled the Trust to report a high level of assurance that we comply with the COVID-19 specific framework, as well as the Hygiene Code.

The Trust Board remains committed to the prevention of infection as a priority, ensuring detailed scrutiny by the Quality and Safety Committee on behalf of the Board. The Chief Nurse is the lead Executive Director for the prevention of infection, and holds the role of Director of Infection Prevention & Control (DIPC). Reporting arrangements are in line with the requirements in the Hygiene Code.

SWB has a multi-disciplinary Infection Prevention Team led by the DDIPC. The team has dedicated resources available to support its work, and received support for implementation of a number of temporary posts during the year to support the response to the pandemic. Despite these additional staff the challenge of supporting the organisational response to COVID-19 has been significant for the team.

The Trust's Clinical Microbiologists support the team in all aspects of infection prevention including outbreak management, surveillance for and management of health-care associated infections and policy development. This support is led by the Infection Control Doctor. In addition, the Trust's clinical microbiology laboratories run by Black Country Pathology Service. The laboratory services were transferred over to the BCPS in November 2021; there have

been challenges and we working towards improvement in services. ICNET has been procured and will be implemented in 2022-23.

The Trust also appointed an Antimicrobial Pharmacist who will work alongside clinical teams, Consultant Microbiologists and the Infection Prevention Team to support improved use of antibiotics as part of our antimicrobial stewardship work.

The responsibility of all staff to ensure they adhere to expected standards of infection prevention practice is set out in Trust job descriptions, and has been reinforced on a weekly basis throughout the pandemic via a range of communications. Awareness of individual and managerial responsibilities has increased significantly as a result of the pandemic.

Governance and Assurance

The DDIPC reports to the Chief Nurse, the Chief Executive and onwards to the Board on all matters relating to infection prevention and control.

The Trust Infection Prevention and Control Committee (IPCC) is chaired by the Chief Nurse and meets bi-monthly, though due to COVID-19 some meetings were stood-down during 2021-22. IPCC has formally established terms of reference and a cycle of business, in line with requirements in the Hygiene Code. It reports to the Quality and Safety Committee, and onwards to the Trust Board.

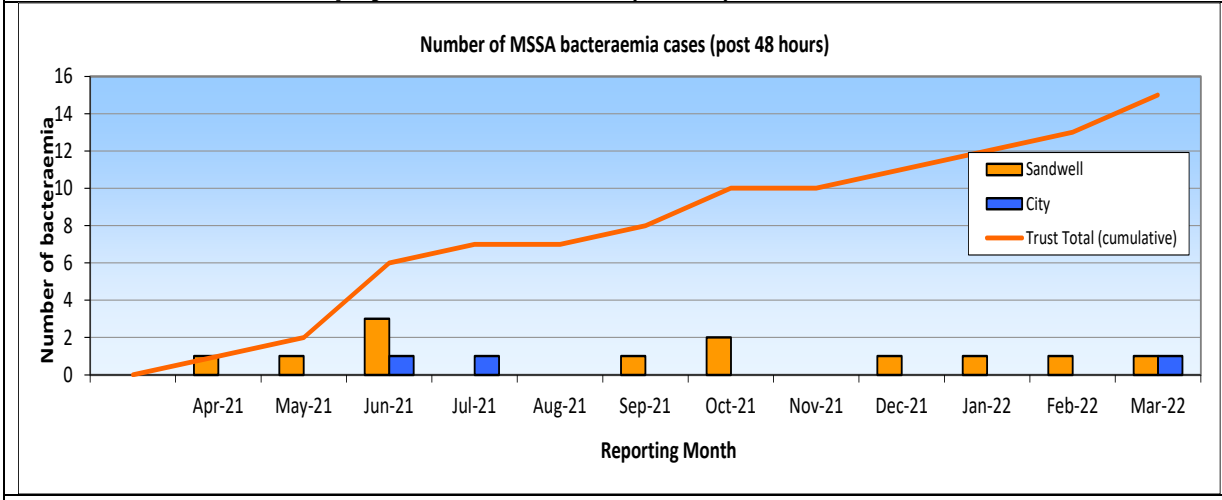
Groups and key services such as Estates and Facilities report to IPCC on the actions they are taking to reduce infections and improve standards. The reporting framework ensures Groups review and understand variations in practice and hotspots requiring focused action.

Infection Performance

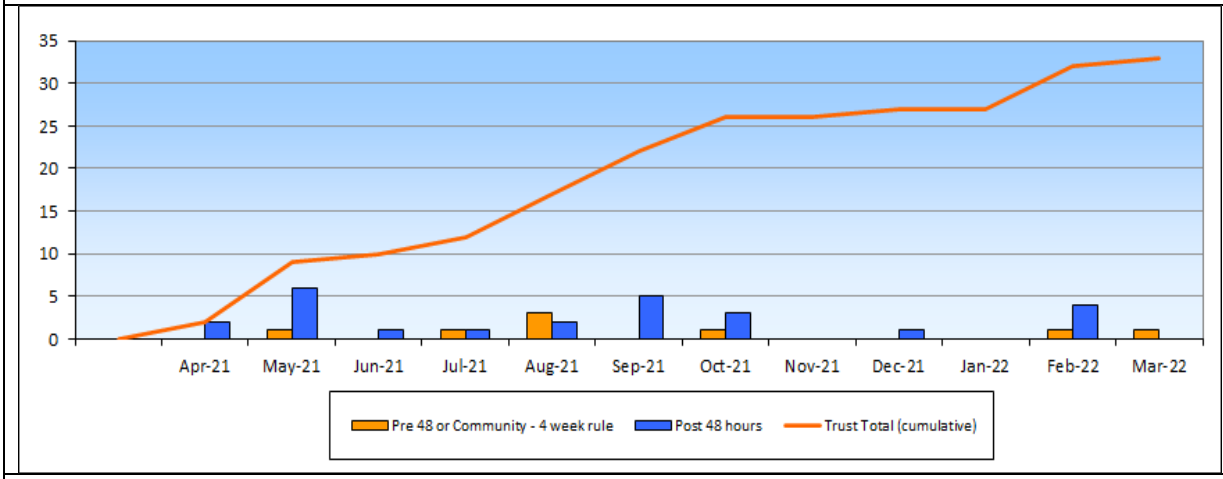
Meticillin-Resistant *Staphylococcus aureus* (MRSA) Bacteraemia

We had 0 Trust-attributable MRSA bacteraemia in 2021-22.

Meticillin-Sensitive *Staphylococcus aureus* (MSSA) Bacteraemia

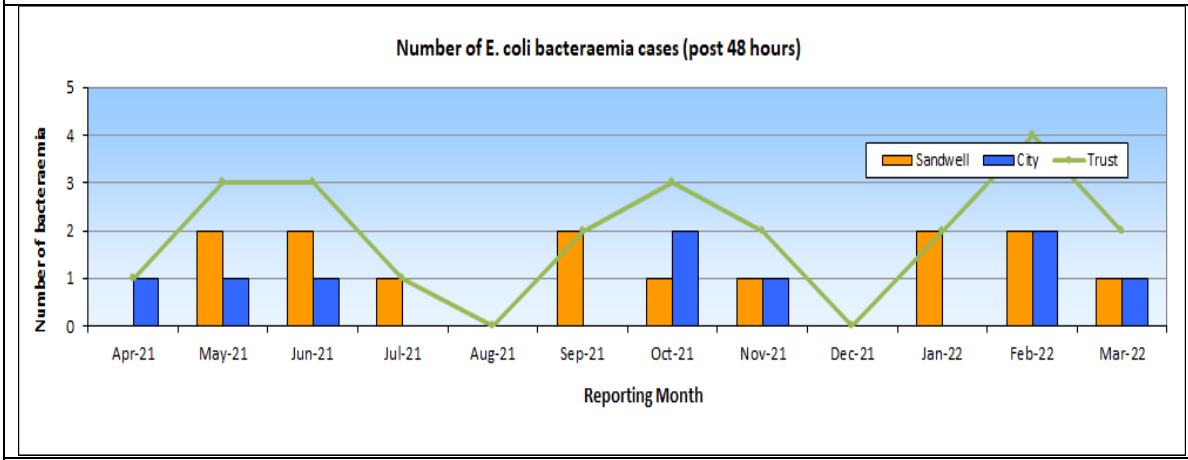


In order to address the learning we have set up a perherial access device working group to look at improvements with line management.

***Clostridioides difficile* Infection (CDI)**	**How Are We Doing?**
	We were at the upper limit of the trajectory at 33

To Reduce These Infections We Have….

- Continue to complete post infection reviews
- Antibiotic reviews
- Will roll out an education program with regards to specimen taking.

***E Coli* Bacteraemia**	**How Are We Doing?**
	We are under trajectory

To Reduce These Infections We Have….

- No themes trends identified
- Project underway that reviews the hydration requirements of patients

Criterion 2: Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.

Cleanliness

Our focus on cleanliness has continued throughout 2021-2022 with our approaches adapting to meet the demands and challenges throughout the Covid-19 Pandemic.

The trend over the last 12 months has seen the scores overall continue to increase for each site as seen in the figure overleaf, exceeding the 95% target. The increase in scores is due to the continued scrutiny, enhanced levels of cleaning including increased touchpoint cleaning, proactive routine Hydrogen Peroxide Vapour (HPV) decontamination of high-risk areas including dirty utility areas, and communal bathrooms.

Cleaning Audits have continued throughout the year, and we have seen a consistent improvement across areas of the Trust. We reinstated the PLACE reviews and these happen on a weekly basis with the areas being identified prior to the visit to increase the engagement of the clinical staff.

Overall Cleaning Scores by Site

We maintain our desire for continuous improvement which has seen the implementation of a UV-c decontamination procedure for the Neonatal Unit which allows decontamination of areas previously difficult to access due to demand or areas which were unsuitable for an HPV process due to the ventilation requirements in this area.

It has been a positive year for cleanliness, with consistent achievement of the required national standards across the organisation. This provides a solid foundation to build on next year, in conjunction with the newly published National Standards of Healthcare Cleanliness 2021.

Very High-Risk 98%				
Hospital	**January**	**February**	**March**	**Average**
City	97.92	97.70	97.11	97.58
BTC	98.44	98.40	98.72	98.52
Sandwell	97.48	97.77	93.82	96.36
Rowley	N/A	N/A	N/A	N/A
Leasowes	N/A	N/A	N/A	N/A
Average				**97.49**

High-Risk 95%				
Hospital	**January**	**February**	**March**	**Average**
City	89.48	98.11	94.19	93.93
BTC	98.26	97.88	97.78	97.97
Sandwell	97.72	95.76	97.05	96.84
Rowley	98.53	99.06	98.40	98.66
Leasowes	NA	NA	NA	NA
Average				**96.85**

Safe Ventilation Systems

The Critical Ventilation Safety Group has been set up and this is in lead by our Estates colleagues. It is principally concerned with ensuring that Trust ventilation systems are inspected, tested, maintained and operated safely across all 3 sites. The group also has a remit of ensuring that clinical staff are aware of any risks these systems may pose to clinical activity.

In line with national guidance, an external Authorising Engineer (AE) Ventilation is in place to audit the management of the Trust's ventilation systems and appoint Authorised Persons (APs). APs are in place at all SWB hospitals to manage the ventilation systems.

All critical ventilation systems are verified in accordance with HTM03-01 and systems are broadly compliant. Where there is a lack of compliance there are additional controls in place which are actively reviewed and managed via the Estates Team or our PFI partners.

Our specialist units such as theatres, endoscopy and your intensive care units have additional ventilation in line with guidance. However one of our continuing challenges during the pandemic is that much of our hospital estate was built to have natural ventilation only. This means we cannot guarantee that the amount of fresh air entering those areas will fully dilute or remove all COVID-19 virus which may be present. As part of our work to improve this following a risk assessment we purchased and have in place HEPA units with UVc on the wards at Sandwell. This site was identified as a having poor ventilation due to the nature of the building, low ceilings and poor natural ventilation with no mechanical ventilation.

Water Safety

Our Water Safety Group continues to meet, overseeing a system which is providing assurance on water quality and governance. An Operational Water Safety meeting has also commenced to review all the required KPI's, this needs further work with Equans to ensure the correct confirm and challenge is in place.

A programme of sampling is in place to detect any Legionella and *Pseudomonas aeruginosa* in the water system. Sampling results have been generally good across all sites, with any adverse samples dealt with promptly in accordance with the water safety plan to ensure patient and staff safety. There have been no infections detected which link to any adverse water results.

The Birmingham Treatment Centre is undergoing a major project to replace the pipework, this is an improvement project and has oversight by the Water Safety Group and the AE is supporting this project.

Criterion 3: Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.

Antimicrobial stewardship is 'an organisational or healthcare-system-wide approach to promoting and monitoring judicious use of antimicrobials to preserve their future effectiveness' (NICE NG15). Slowing the development of antimicrobial resistance is essential as this is one of the leading risks to human health. Without effective antimicrobials many routine practices (chemotherapy, immunosuppression, surgery) could become too dangerous to perform.

The UK Government have a 20-year vision for the containment and control of antimicrobial resistance. They intend to realise this vision by 5-year National Action Plans (NAP) such as

the current 2019-2024 NAP. A key area of focus within the NAP is to optimise antimicrobial prescribing and reduce prescribing. There are targets to reduce antimicrobial consumption by 15% by 2024, including a 15% reduction in primary care antimicrobial prescribing and a 10% reduction in the use of 'watch' and 'reserve' antimicrobials in secondary care. Achievement of these targets was driven by the use of policy levers such as the PresQuipp targets in primary care and the CQUIN targets in secondary care. Following several years of CQUINs the consumption target has now shifted to a standard contract condition mandating an annual 1% decrease compared to a 2018 baseline.

Consumption

The most recent English Surveillance Programme for Antimicrobial Use and Resistance (ESPAUR) report (November 2021) provided an update on progress with the targets of the NAP. Total antibiotic consumption in England has been decreasing since 2014. Consumption reduced by 6.6% between 2016 - 2019 and by a further 10.9% between 2019 - 2020. This is chiefly driven by reduced community consumption as most antibiotics are prescribed outside of hospital.

Care setting	DDD / 1000 inhabitants / day	Percentage of total
GP	11.65 DID	72.7%
Hospital inpatients	2.05 DID	12.8%
Hospital outpatients	1.01 DID	6.3%
Dental practice	0.75 DID	4.7%
Other community	0.57 DID	3.5%

Although nationally absolute hospital consumption dropped there was an increase in DDD by hospital admissions between 2019 and 2020. This is thought to be related to a greater decrease in the hospital admission denominator than in DDDs due to COVID-19 service reconfiguration. Local data (figure 1) shows this increased consumption with annual use 7.1% over target.

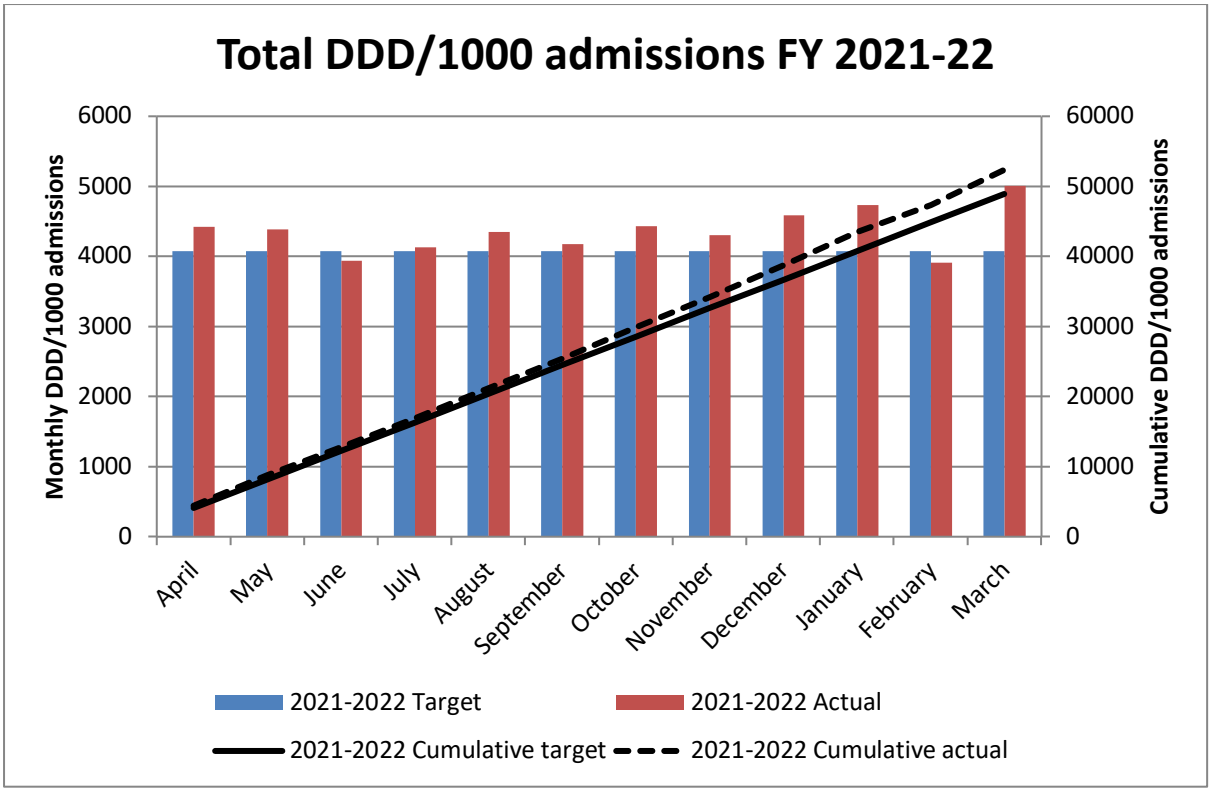


Figure 1 – SWBH systemic Abx consumption / 1000 adm for 2021-22 vs reduction target

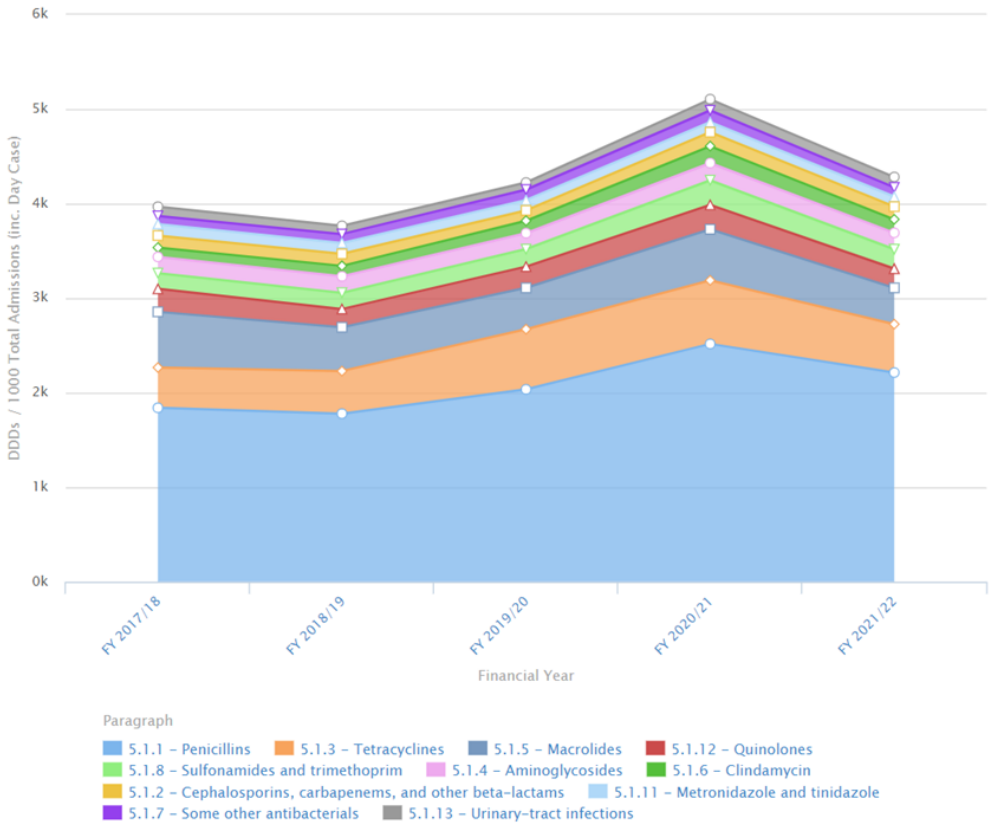


Figure 2 – SWBH systemic Abx consumption / 1000 adm, by BNF paragraph, per financial year

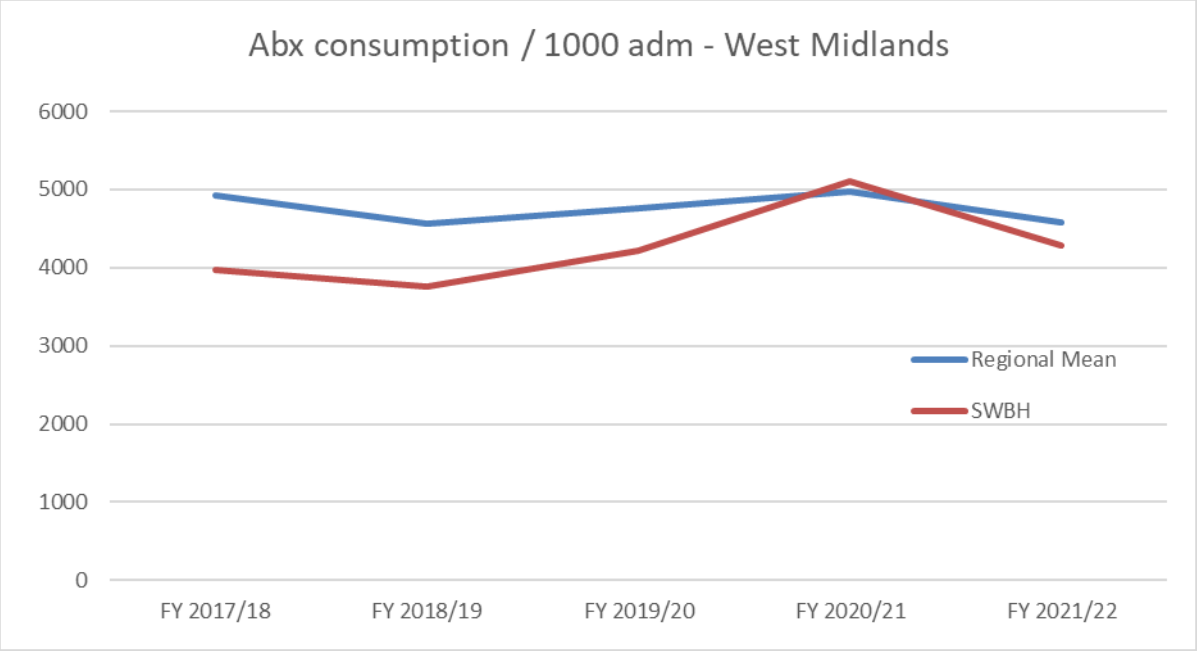


Figure 3 – SWBH systemic Abx consumption / 1000 adm vs mean systemic Abx consumption of similar Trusts across SHA (exc SWBH), per financial year

The SWBH reduction target vs 2018 baseline has not been achieved for 2021-22 nor the two previous financial years. There are a number of reasons for this which are explored below. However, consumption has reduced since 2020/21 (figure 2) and has returned to below average for a Trust of this type within the SHA (figure 3).

Broad-spectrum substitution

SWBH have reduced consumption of broad-spectrum agents such as piperacillin/tazobactam and carbapenems (figure 4) by promoting the use of narrower spectrum "access" agents (figure 5).

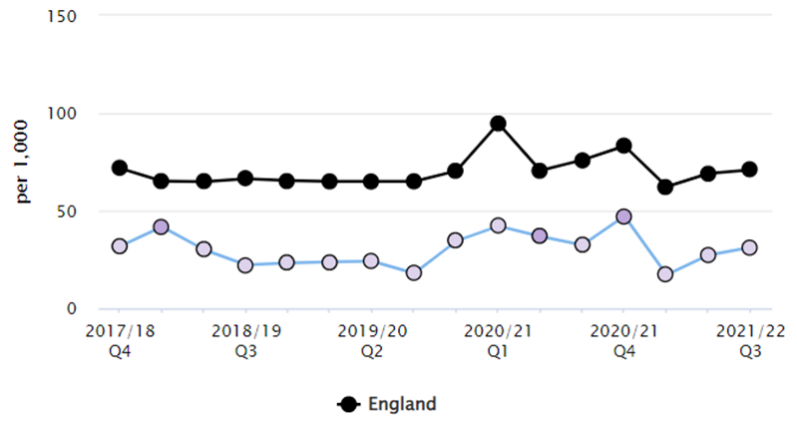


Figure 4 – SWBH carbapenem consumption / 1000 adm per quarter vs English mean

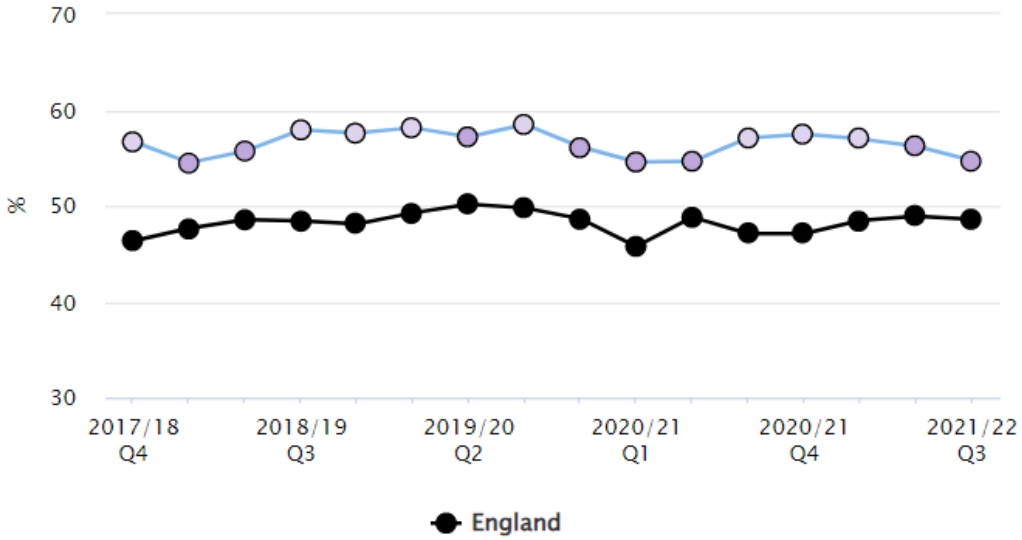


Figure 5 – SWBH proportion of "access" Abx consumption / 1000 adm per quarter vs English mean

The promotion of access agents to limit broad spectrum agents is in line with national and international efforts to slow the development of antibiotic resistance. SWBH have consistently outperformed the national averages in this regard.

However, this comes with a cost. In order to avoid broad-spectrum agents combinations of several narrower spectrum agents are required using substantially more DDDs. Consider for example 3 days treatment for sepsis of unknown origin:

Piperacillin/Tazobactam	4.5g TDS	Gentamicin	480mg OD
		Amoxicillin	1g TDS
		Metronidazole	500mg TDS
	2.89 DDDs		**12 DDDs**

The same issue arises when we consider outpatient parenteral antibiotic therapy (OPAT) use of elastomeric devices (table 2). Furthermore, community patients may also be referred directly into SWBH OPAT contributing to DDD consumption but without generating a corresponding admission.

Drug	DDD	Typical dose	DDDs / week
Benzylpenicillin	3.6g	7.2g daily	14
Flucloxacillin	2g	8g-12g daily	28-42
Ertapenem	1g	1g daily	7

Table 2 – relative DDD consumption for select OPAT regimens

This issue has been recognised by NHS England and the 2022/23 consumption target excludes Access agents (reduce use of Watch/Reserve agents only).

High outpatient antibiotic use

ESPAUR reports that approximately a third of hospital antibiotic prescriptions are from outpatients. However, SWBH see approximately half of antibiotic use in OPD (figure 6) where – as with community OPAT – DDDs are consumed without a corresponding admission.

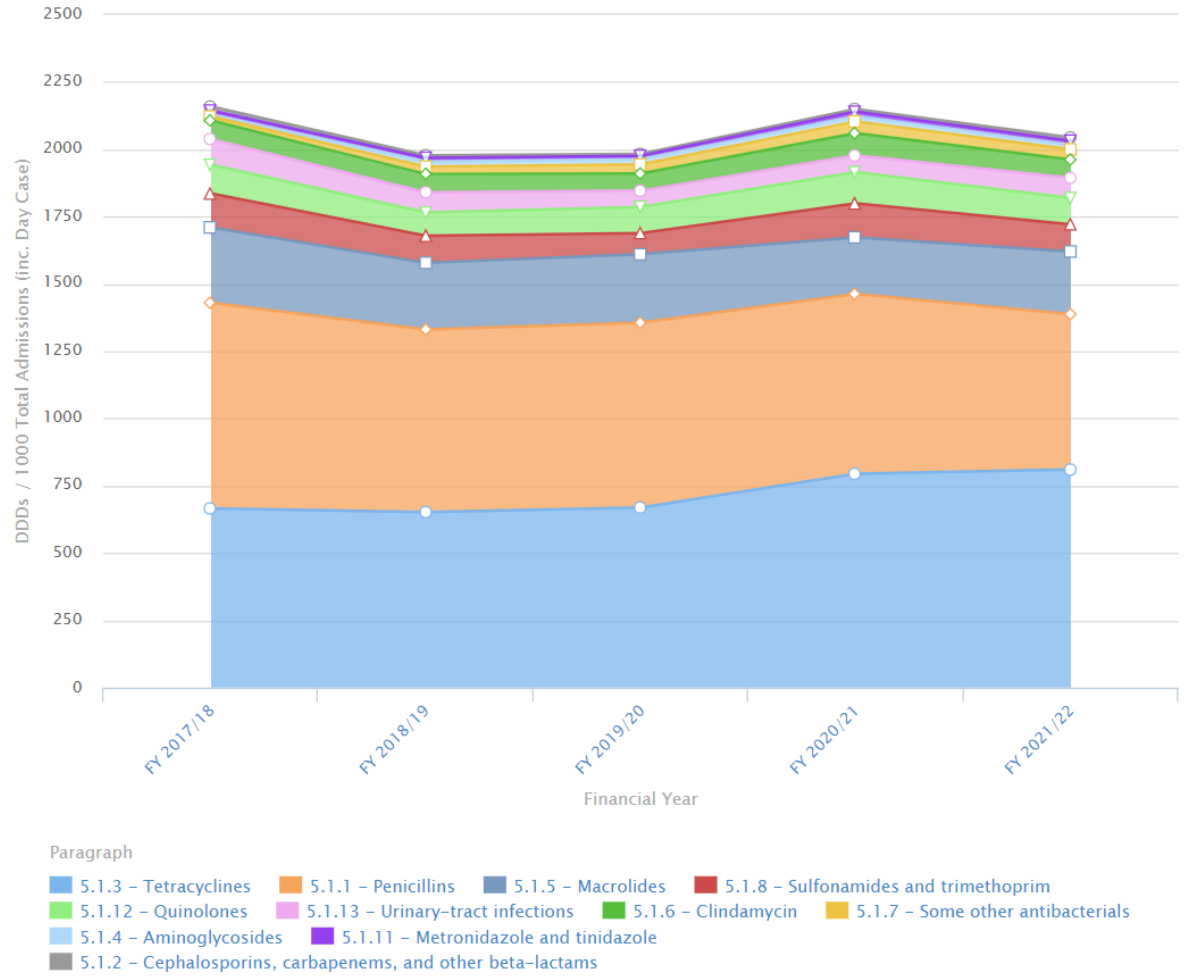


Figure 6 – SWBH OPD systemic Abx consumption / 1000 adm, by BNF paragraph, per financial year

Avoiding admissions and treating as many patients as possible in community is central to the NHS Long Term Plan but increases consumption / 1000 admissions

Electronic prescribing

The Trust replaced paper prescription charts with Cerner Millennium / Unity electronic prescribing and medicines administration (ePMA) system. However, this system has not been fully leveraged for AMS and in fact is a step backwards in the control of course lengths. Where the paper prescription chart had a dedicated antibiotic section with a maximum duration of 3 days Unity does not even mandate documentation of a stop/review date.

Work has been underway for some time to introduce automatic stop dates for antibiotic prescriptions to reduce excess durations and control consumption. Additionally, the capacity to prompt prescribers to review/document reviews must be explored, and reporting access obtained to support antimicrobial surveillance efforts (neither available presently).

Outsourced pathology service

The onsite microbiology laboratory has been closed with services moved to the Black Country Pathology Service. This has resulted in longer turnaround times and fewer microbiological investigations being offered due to capacity issues. Delays in C&S limit scope for early optimisation and prolong courses of broad, empiric therapy.

COVID-19 Pandemic

COVID-19 continues to drive antibiotic use due to concerns around bacterial co-infection. However, rates of bacterial co-infection appear low (table 3). Local guidance has been developed to promote use of appropriate narrow spectrum therapy only when necessary.

St Helens and Knowsley Hospitals	5% of first 100 COVID-19 inpatients
Chelsea and Westminster Hospitals	3.2% of all COVID-19 inpatients within days 0-5, 6.1% throughout admission.
Thaden Meta-analysis	3.5% of all COVID-19 patients, 5.8% of hospitalised patients, 8.1% of ICU cases.
Lansbury Meta-analysis	4% of non-ICU hospitalised patients, 14% of ICU cases

Table 3 – Estimated rates of bacterial co-infection in COVID-19 patients.

CQUINs

CQUINs where suspended due to COVID-19 block contracting for 2021-22.

See “future plans” for information on the 2022-23 CQUIN scheme.

Point Prevalence Survey (PPS)

Limited (frequency and penetration across wards) point prevalence surveys were performed due to:

- Extended Lead Antimicrobial Pharmacist vacancy
- Inability of Unity system/team to provide PPS data
- High number of pharmacist vacancies (they manually record the data)

As mentioned above, there was very low compliance with recording of stop/review dates on Unity antibiotic prescriptions compared with paper prescription charts. Additionally, many patients where on IV antibiotics for more than 48hrs – this is a clear target for future work.

Antimicrobial Resistance Surveillance

Antimicrobial Resistance Surveillance from blood culture and urine culture isolates is regularly conducted utilising local (Telepath, WinPath) and national data sources (SGSS, fingertips). The introduction of ICNet soon will greatly simplify this process.

Ongoing work

Antimicrobial Management Group

The Antimicrobial Management Group had limited meetings and progressed little with its agenda in 2021-22 due to the absence of a Lead Antimicrobial Pharmacist. This will be resolved in 2022-23.

Ward Rounds

The Antibiotic Pharmacists conduct regular ward rounds to optimise prescribing. The use of restricted antimicrobials is closely monitored to ensure prescribing is appropriate and is reported to FTG monthly. In addition, antibiotic ward rounds led by a consultant microbiologist are performed weekly on each site to review patients on prolonged courses of antibiotics or broad-spectrum agents, and ad hoc for patients with complicated infections or in need of review.

Guidelines

Due to the extended Lead Antimicrobial Pharmacist vacancy a number of guidelines are pending review/publication on MicroGuide

Future plans

An amended UTI CQUIN is live for 2022-23 but the Trust has yet to select it's chosen indicators. However, the new CQUIN specification requires that data is reported for all indicators whether or not they have been selected for financial incentivisation. It is extremely unlikely this can be achieved.

The amended standard contract requires that the Trust takes all reasonable efforts to reduce consumption of Watch and Reserve agents by 4.5% from the 2018 baseline. This is unlikely to be achievable given our low baseline consumption due to longstanding good practice. However, we will try to deliver targeted AMS activities to meet this using data from Unity. We will also provide commissioners with audit data to evidence that our "excess" consumption is clinically appropriate. Other priority areas for next year will be promotion of IV to PO switch and optimal course lengths both of which are regional/national priorities.

Alternative electronic options for quarterly point prevalence surveys will be explored (ideally exporting data from Unity to avoid rekeying by limited pharmacy staff). On the subject of Unity, we are continuing to push for automatic stop dates for antibiotic prescriptions and this is progressing.

Criterion 4: Provide suitable accurate information on infections to service users, their visitors and person concerned with providing further support or nursing/medical care in a timely fashion.

Our approach throughout the pandemic has been to ensure open and clear communication with our patients, their carers, family and the wider public. We have used a mixed mode approach for this, all of which has been discussed and processed through our regular Tactical and Strategic command and control meetings.

We have continued to display information about Infection Control Standards, with pop-up banners, posters and website information that includes the use of Social Media.

Social media has been used to promote key messages about preventing infection, especially during the pandemic.

Information on COVID-19 is available on a dedicated site on the Connect page which can be accessed by all staff and a weekly briefing for all staff and Volunteers contains up to date information and key messaging.

Criterion 5: Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people.

As a routine we have a number of assessment tools available to reduce the risk of transmitting infection, and our admission process includes assessment of patients for signs of infection.

Our Infection Prevention Team works closely on a daily basis with wards, our site management teams, and our cleaning teams, to ensure patients with infection are rapidly identified, isolated correctly, and addition cleaning is in place as required. During much of the pandemic our team provided a support service 12 hours per day seven days a week, to ensure there was always expert support available to maintain patient and staff safety.

During 2021-22 we identified and effectively dealt with a number of infection outbreaks and incidents relating to a range of infections. The detail is contained in Appendix 2 of the report.

In addition, during 2021-22 we also a number of ward outbreaks of COVID-19. These were mostly during the second wave of the pandemic and were all reported and managed in line with accepted guidance at the point in the pandemic at which they occurred. The detail and our learning from these is contained in Appendix 1.

Criterion 6: Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infections.

Strong and visible leadership by all senior clinical leaders was evident throughout the pandemic in 2021-22.

The Trust requires all staff to complete the electronic mandatory training rather than face-to-face sessions. Our compliance target in 2021-22 was 90%, and at the end of 2021-22 the achievement was 95% for clinical staff, and 95% for non-clinical staff.

A very significant amount of ward-based training was put in place. This has included FFP3 mask fit-testing, and correct selection, donning and doffing of personal protective equipment. We stopped using an external company for FIT testing and set up a FIT testing hub at City Site. Staff can access the training by booking via ESR or directly by calling the IPC team.

Our Tactical meetings have been held digitally through the whole of 2021-22. These meetings have been used to excellent effect to rapidly communicate information to our teams trust wide.

Many additional information resources have been issued to support our staff discharge their responsibilities via the command meetings, including posters and daily COVID-19 briefings, as well as having a dedicated COVID-19 site on our intranet containing all the key information required.

Criterion 7: Provide or secure adequate isolation facilities.

In general, Isolation for infection prevention reasons means caring for someone in a single room, preferably with ensuite toilet and washing facilities. Side rooms and side rooms with ensuite facilities are at a premium across the Trust. Therefore we have always adopted a risk based approach to allocation of side rooms.

We explored the suitability of alternative provision of isolation facilities but determined that due to the limited beds and the increased demand and the REDIROOMs required two bed spaces it was determined that is was not a suitable solution.

Cohort isolation was used extensively throughout the pandemic in 2021-22. As the number of positive patients escalated through each wave of the pandemic we increased the number of wards designated as COVID-19 wards, where patients were cared for in a cohort. We amended our COVID-19 pathways several times during the year taking account of national guidance and the prevailing situation locally across SWB and the Community prevalence rates.

Wards were variously designated either for COVID-19 positive patients, patients with suspected COVID-19 infection, or patients not suspected to have COVID-19 infection. Staff across the organisation worked diligently to ensure patients not suspected to have COVID-19 were kept as separate as possible from those with suspected or confirmed COVID-19 infection.

At Sandwell Critical Care there were additional side room facilities built, to enable increased bed capacity to enable isolation of patients.

We also have infection assessment tools for patients on admission to detect other infections. If someone develops common symptoms of infection such as diarrhoea during admission, these tools are used by staff to identify the need for isolation.

Criterion 8: Secure adequate access to laboratory support.

Microbiology laboratory, was based at SWB City Site, however as part of the ongoing BCPS developments all the microbiology laboratory services were relocated to the main Wolverhampton hub. . This provides a full range of microbiology services, linking with the national reference laboratory network for specialised testing which cannot be performed locally. The laboratory is UKAS accredited, confirming it operates an effective and quality-controlled system.

GeneXpert urgent COVID lab-based testing and some blood borne virus serology testing remains at SWBH under blood sciences. COVID point of care testing (POCT) remains in AE.

Weekly meetings are held between SWBH microbiology and BCPS regarding various problems that have developed from the transition but especially reporting of results on the various laboratory and clinical IT systems.

The Microbiology department has recognised complaints from several departments across SWBH (gastroenterology, paediatrics, maternity and critical care in particular) regarding increased turnaround times. This has been escalated to BCPS and microbiology will continue to monitor and collate examples of problems with TAT.

A reduction in the repertoire of microbiology testing has been recognised, particularly the lack of C difficile testing during weekends. As laboratory asymptomatic screening of COVID is gradually wound down, microbiology will stress the importance of daily C difficile testing to return ASAP.

Criterion 9: Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.

The programme of policy revision continued throughout the pandemic. There have been some delays in the Policies being uploaded on to the Connect page due to internal Governance changes. All policies are accessible via the IPC webpage, and have been through the agreed ratification processes. .

Audit Program

Completion of these audits has been less consistent during 2021-22 due to the pandemic, but has still provided a measure of compliance, including for our hand hygiene policy.

Hand Hygiene Achievement: 2021-22

In response to the unique challenges and additional practice requirements of the pandemic we implemented a programme of COVID hot spot audits. These are to measure compliance with standards but also act as a prompt to the standards that are required. This programme of monitoring has provided a high degree of assurance on achievement of standards, as well as rapidly identifying any issues that require action to reduce risk of infection spread. This has been particularly helpful in outbreak situations. The programme continues into 2022-23.

Overall Trust Compliance 2021-2022		
Date	**Compliance (%)**	**Total number of observations**
March 2021	87%	15284
April 2021	98%	12459
May 2021	94%	12600
June 2021	98%	8517
July 2021	97%	10245
August 2021	99%	11161
September 2021	93%	12418
October 2021	94%	12180
November 2021	95%	14072
December 2021	98%	10678
January 2022	96%	9577
February 2022	98%	10702
March 2022	97%	9243

Criterion 10: Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection.

Our Occupational Health Service supports the health and wellbeing of our staff across the Trust. The service has a programme of staff health assessment to ensure staff are both protected from infectious disease by vaccination, and are screened as required on employment to ensure they do not pose an infection risk to patients.

Our staff influenza vaccination programme in 2021-22 achieved 45% of staff vaccinated; however, this does not capture staff members that received flu vaccinations from different sources.

The health and well-being of our staff over the past two years has been of paramount importance and our Occupational Health Department in conjunction with HR have been at the fore of this programme.

Our Plan for 2022-23

In the coming year we will hopefully move through and then beyond the COVID-19 pandemic. We will continue to focus on protecting patients and staff from this infection, reacting to national guidance as it is released to ensure we follow recommended good practice.

Our overall aim remains to achieve excellent infection prevention standards and very low rates of infection. We had some successes in 2021-22 but we know there is more work to do so that we achieve all of our non-COVID-19 infection targets this year.

We will continue our focus on hand hygiene, cleanliness, and the care of invasive devices. We will also revise our policies and procedures to ensure they are in line with the best evidence, and further strengthen our audit and monitoring framework in relation to infection prevention practices.

We will use our review process for cases of *Clostridioides difficile* infection, and MSSA bacteraemia to help us achieve greater improvements through this more structured framework to share learning across the Trust.

To deliver these improvements and continue responding to COVID-19 we are implementing a comprehensive annual infection prevention improvement plan for 2022-23. This will be aligned to the Fundamentals of Care scheme. (Appendix 3).

References

1. The Health & Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance (2015). https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/449049/Code_of_practice_280715_acc.pdf

Appendix 1: COVID-19 – Summary of Key Learning Relating to Outbreaks and HCAI Probable and Definite COVID-19 infections

Learning	Our Actions in Response
• Based on a mix of forward planning and learning from situations arising, various electronic reports have been developed by Informatics such as for missed swabs and daily HCAI COVID-19 report, which have all assisted with monitoring and preventing outbreaks.	• These have been amended based on learning through the pandemic to ensure they provide as helpful a resource as possible.
• The need to communicate an update on the outbreak position to a wide range of people on a daily basis was identified early in wave 2.	• The Daily IP /capacity/clinical meeting was developed in response to the need. It is circulated to a wide range of people on a daily basis.
• Certain issues seem to be repeated on ward visits by the IPT, PPE compliance, cleaning of equipment.	• The COVID hotspot audit had helped to rapidly identify these issues and ensure there was regular reinforcement of the correct practices. • The IPT amended their own ward checklist to mirror the key elements in the NHSEI checklist that was issued and adopted a model of regular checking on all outbreak wards, as well as less frequently on other wards. It was agreed that regular checklists had been a useful tool for reinforcing key messages. This had provided strong evidence of good practice and highlighted gaps for rapid action by ward staff.
• It was noted that due to the rapid escalation in the number of HCAI cases as the second wave grew and the need to respond to a very large number of clinical calls, advice and outbreak management the IPT had almost become overwhelmed at one point.	• In order to retain grip and tracking on outbreaks the established IPT methods for tracking individual outbreaks had to be replaced with paper logs similar to major incidents recording. These worked well on a site-basis, and the IPT repeatedly tweaked this system to ensure it provided maximum grip and robust information. This approach means that electronic records then still have to be updated at a later date.
• Where outbreaks occur, the compliance with mandatory infection prevention training was sometimes below the 90% standard.	• Groups have continued to focus on improving compliance with mandatory training. More recent reviews demonstrate overall improved compliance by clinical staff.

• Some delays identified in swabbing patients admitted for non-COVID-19 reasons. Some of these were subsequently confirmed as COVID-19 positive.	• Electronic reports are circulated widely daily including to Matrons, showing any patients with overdue swabs. More recently a report has also been set up for each ward which highlights all patients due a swab on that day. This is downloaded each day by wards for their use.
• Some staff had not been taught how to take COVID-19 swabs correctly.	• A poster was circulated showing clearly how to take a swab, and a simple training package was implemented based upon the poster and a nationally produced training video. Completion of training is recorded on the electronic staff record system.
• Careful assessment of patients is essential on admission to ensure they are admitted to the correct COVID-19 pathway.	• Our admission assessment forms were revised several times during 2020-21 in order to ensure they reflected changing COVID-19 pathways and changing national guidance, in order to keep patients as safe as possible form the risk of infection.

Appendix 2: Outbreaks and Incidents

During 2021-22 we identified the following infection outbreaks and incidents which were not related to COVID-19-19:

Incident date	Summary	Learning and Key Actions
June 2021	IGAS N3 – 2 x patients associated by time and place with the same WGS	Hand gel available at every bed space. Increased education for patients regards hand hygiene
Sep 2021	TB 2 x cases with exact WGS, short contact time	Risk stratification process reviewed and updated. High risk patients are now followed up via TB teams for Sandwell and Birmingham.
October 2021	C. diff outbreak 2 x patients symptomatic and tested positive for C. diff	Improvement in documentation required Seek advice re: management Isolate on symptoms
October 2021	NNU staph capitis 2 x babies from blood cultures	Incubator cleaning area reviewed and required decluttering and removal of medical engineering equipment
December 2021	MRSA – colonisation of babies on the NNU. 5 babies in total. Typing identified 2 distinct strains	Tap cleaning reviewed and updated Improvement in linen storage Education for parents reiterated

Appendix 3: SWB Infection Prevention Improvement Plan 2022-23

SWB Statement of Intent

The Trust is committed to achieving excellent infection prevention practices, and we aim to continually reduce rates of infection.

The prevention of infection remains as a key priority for SWB NHS Trust. In 2021-22 this became even more fundamental to the delivery of all care activities as a result of the COVID-19 pandemic.

This will be achieved through continuing and determined focus on improving clinical practices, antimicrobial prescribing and the environment of care, and by continually improving the knowledge of our staff so that they can achieve excellent standards of infection prevention practice.

It sets out the objectives and actions that will be taken across SWB to achieve our ambition to be one of the best organizations in the UK for our rates of infection, and to ensure compliance with Care Quality Commission Standards and COVID-19 Living with COVID-19, 'the Hygiene Code' (2015), and the Infection Prevention & Control Board Assurance Framework 2020: COVID-19 – 'the COVID-19 BAF' (2021).v1.8.

SWB Infection Prevention Priority Aims 2022-23

1. Focus on the prevention and management of COVID-19, and delivery of the infection prevention principles set out in the revised 2022/23 Priorities and Operational Planning Guidance and other national guidance.
2. Continue to strengthen governance and assurance in relation to infection prevention across the Trust, to demonstrate compliance with the *Code of Practice on the prevention and control of infection and related guidance (2015)* - 'the Hygiene Code', and the '*NHSEI Infection Prevention & Control Board Assurance Framework 2021: COVID-19*'.
3. Achieve national improvement targets for healthcare-associated infections and antimicrobial prescribing, with the ambition to improve beyond these targets.
4. Implementation and embedding of ICNET.
5. MMUH – IPC involvement in the development and ensuring infection control is embedded in the built environment.
6. Appointment of new team members to grow the service and ensure IPC is strengthening across the Groups by new ways of working.

Focus: Infections

COVID-19

Clostridioides difficile infection

Staphylococcus aureus bacteraemia, including MRSA

E coli and other gram-negative bacteraemia

Tuberculosis, Influenza & other vaccine preventable diseases

Surgical site infections

Urinary Tract infections, including those related to urinary catheters

Preparedness for Ebola, MERS, Plague and other novel or emerging infections

Norovirus

Alert organism trajectories NEW 22/23

- Cdiff - 41
- Ecoli - 51
- P.aeruginosa - 9
- Klebsiella - 19

Priority Elements of Improvement Programme

- MMUH
- Hand hygiene and bare below the elbows
- Environmental Cleanliness
- Management of the environment to minimise aerosol and droplet transmission, including improvements in ventilation
- Stewardship of prescribing of antimicrobial agents and proton pump inhibitors
- Decontamination of medical devices
- Aseptic non-touch technique
- Policy development, staff training and compe to support implementation
- Audit and monitoring of policies, facilities and practices
- Sharps safety & waste management
- MRSA, CPE and other MDRO screening and MRSA decolonisation, COVID-19 swabbing
- Implementation of care bundles; specific focus on invasive devices, wounds
- Refurbishment of facilities; fabric of the estate
- Emergency preparedness for annual threats, and novel/emerging infections
- Public involvement and information provision for patients, visitors and the public
- Collaborative working across secondary, primary and community care
- Research & development opportunities to improve local practices and knowledge

Drivers: Guidance, Standards, Reports

- 2021/22 Priorities and Operational Planning Guidance (NHSEI 2021)
- Regional and National COVID-19 Infection Prevention & Control Guidance
- COVID-19 Board Assurance Framework (2021)
- Patient feedback
- Learning from incidents complaints and outbreaks
- CQC Standards, and the Hygiene Code (2015)
- National guidance including on MRSA & CPE prevention, TB, Influenza
- National guidance on infection prevention practices: epic3
- NICE Quality Standard 113 (2016), Quality Standard 49 (2013) and Quality Standard 61 (2014)
- UK Five-Year Antimicrobial Resistance Action Plan (2019-2024)
- National Standards of Healthcare Cleanliness (2021)

Key Objectives

	Objective	Reporting
1.	**COVID-19 Pandemic** • Patients, staff and visitors will be protected as much as possible from nosocomial COVID-19 infection • The number of HCAI COVID-19 infections will be minimised; aiming to benchmark at or better than the Midlands rate	Weekly Tactical Meetings Monthly IPC Ops meeting Bi-monthly IPCC
2.	**MMUH** • MMUH is progressing and there needs to be IPC involvement and decision making from the outset • Site visits to be conducted to ensure HTM/HBNs are compliant, and IPC is embedded in construction	Bi-monthly IPCC
3.	***Clostridioides difficile* infection (C. diff)** • The number of new cases of Trust-attributable *Clostridioides difficile* infection will meet the national target once this is announced: locally agreed target no more than 33 (local target) 41 (national target)	Monthly IPC Ops meeting Bi-monthly IPCC Monthly IQPR
4.	***Staphylococcus aureus* bacteraemia** • There will be zero tolerance of Trust-attributable cases of MRSA bacteraemia.	Monthly Ops meeting Bi-monthly IPCC Monthly IPQR
5.	**Gram negative Infections** • The number of *E. coli* bacteraemia will reduce to no more than 51 cases • The number of *P. aeruginosa* will be no more than 9 cases • The number of *Klebsiella* cases will be no more than 19	Monthly Ops meeting Bi-monthly IPCC Monthly IPQR
6.	**Carbapenemase-Producing Enterobacteriaceae (CPE) and other multi-drug resistant organisms** • Any identified CPE case will be managed in accordance with national guidance • CPE screening programmes will be in place in key departments	Monthly Ops meeting Bi-monthly IPCC Monthly IPQR
7.	**Surgical Site Infections** • Surveillance nurse to be appointed within IPCT to lead on mandatory and other modules • ICNET to be implemented with surginet	Surgical Division governance meetings Monthly Ops meeting Bi-monthly IPCC
8.	**Norovirus & Influenza Preparedness** • The Trust will be appropriately prepared for infection emergencies, including large outbreaks in hospitals, and new or emerging infections with significant public health implications	Monthly Ops meeting Bi-monthly IPCC Executive Quality Committee

	Objective	Reporting
9.	**Key Standards To Prevent Infection** • Hand hygiene performed consistently by staff in accordance with the World Health Organisation '5 moments for hand hygiene' at least 98% of the time	Monthly Ops meeting Bi-monthly IPCC
10.	**Cleanliness & Care Environments** • All areas across SWB will consistently meet or be above the national minimum standards for cleanliness • Environments will support effective infection prevention, by complying and being maintained in compliance with relevant Health Building Notes, and Health Technical Memoranda • Water safety and the safety of critical ventilation systems will be maintained • Improvements will be made in ventilation in clinical areas to reduce risk of spread of airborne infections	Monthly Ops meeting Bi-monthly IPCC
11.	**Decontamination of Medical Devices** • Medical devices will not pose a risk of infection to patients; they will be single-use or decontaminated effectively in compliance with HTM 01-01 and 01-06	Monthly Ops meeting Bi-monthly IPCC
12.	**Staff Training and Competence** • All staff will possess the knowledge, skills and competence needed to practice safely and minimize risk of infection, mandatory training: 90% minimum. • All staff will complete donning/doffing training, and relevant staff will be FFP3 mask fit-tested	ESR reporting Group Governance meetings
13.	**Patient & Public Involvement** • Patients, visitors and the public will be informed about and involved in infection prevention. Information on the internet will be developed and improved	Annual review IPC team

Governance & Management

This corporate plan underpins, integrates and influences improvement plans in the Groups and the corporate Infection Prevention Team. Lead responsibility and accountability for local plans rests with Group Management Teams.

Progress with this programme will be monitored via the Infection Control Committee, chaired by the Chief Nurse and supported by the DDIPC. Updates will be provided to the Quality and Safety Committee, and to the Board as part of regular reporting in place.

Progress with local plans and escalated issues will be monitored and managed via Group Governance Meetings, and updates will also be provided to the Infection Control Committee.