Annual Infection Prevention & Control Report

1 January – 31 December 2022

Executive Summary:

This annual report collates and summarises information related to infection control incidents and complaints for the period from January 2022 until the end of December 2022. The report also provides an oversight of the management approach we take to prevent and control infection, the policies and procedures we use, and the methodologies employed for assurance.

Infection Prevention and Control measures remained in a state of flux over 2022 as Covid-19 infection rates varied. It was noted that whilst the usual seasonal respiratory viruses had been virtually absent during the pandemic, this returned with gusto as IPC measures were withdrawn. Staff sickness as a result was impacted and services had to respond to continue to deliver services safely whilst balancing the wellbeing needs of staff. 2023 has seen this stabilise as we start to live alongside Covid-19 - considered now as just another seasonal respiratory virus.

Incidents in relation to IPC have reduced over 2022 and whilst we are assured that our processes are being followed in terms of recognising and logging incidents as they happen, we currently don't share learning well between our services.

Our plans for 2023 are already underway to address this gap and are detailed in this report. As we move on from the pandemic, it is critical that we are not complacent around IPC measures and that we continue to support staff in all services to uphold good IPC practice.

Purpose: To provide the Board with:

- An overview of the Infection Prevention and Control arrangements within the organisation during 2022
- An update on the agreed improvements from the previous annual report 2021
- A summary of the successes and highlights over the last year
- A summary of what we are looking to improve upon over the next 12 months
- To provide the board with assurance that the infection control arrangements effectively protect patients from Health care acquired infections and staff from workplace infection hazards
- To comply with the Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance

The following recommendations for board agreement are sought:

The board is asked to review and approve the annual review and for it to be published on the Here website.

Authors: Helen Baker, Infection Prevention & Control Lead

For Board May 2022

Contents

1 Introduction

The following report and action plan for Here has been submitted by the Infection Prevention and Control Lead for Here (Helen Baker).

The aim of this report is to provide information and assurance to the board that the Infection Prevention and Control (IPC) measures and structures in place are compliant with current legislation and align with best practice to protect patients and staff from the risk of infection.

The report covers the period 1st January 2022 – 31st December 2022 and specifically provides IPC activity information in relation to the services delivered by Here.

2 Current Approach to Infection Prevention and Control

IPC guidance changed significantly over the course of 2022 as measures were relaxed and then re-introduced in response to Covid-19 infection rates. New national guidance released in April 2023 effectively marks an end to all restrictions and essentially heralds a return to pre-covid ways of working. Whilst the last few years have been difficult, Here staff have continued to step up to the challenge of delivering new services at pace and delivering existing services differently, yet safely and always in line with IPC national guidance. The pandemic forced us all to think differently, to be responsive (often outside of known comfort zones) and the new world of health care requires us to maintain this mindset in order to deliver truly ***exceptional care, for everyone***.

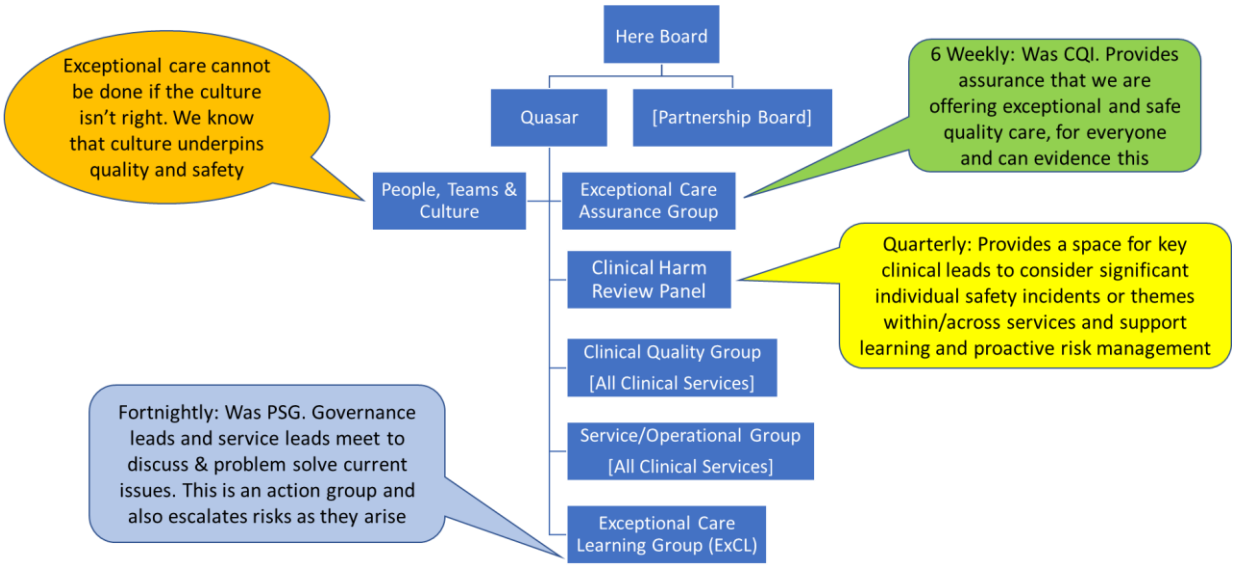
As we continue to stretch the boundaries of how community healthcare is delivered, IPC remains a focus and the responsibility of every single member of staff within Here who perhaps now have a different perspective on IPC procedures and a new found respect for the impact they have.

3 Governance Arrangements

The IPC lead for the organisation is Helen Baker (Head of Quality) and is supported by Pippa Halley (Lead Nurse). IPC incidents are also supported by Governance Leads/Quality and Improvement Leads within each service and the learning supported by the Development and Improvement Team.

All Service Managers and Clinical Leads within each service has a responsibility to raise IPC concerns and to support others in the teams to raise concerns, log incidents and escalate appropriately. It is important to note that IPC is not just a clinical services concern but is relevant to all services provided by Here and requires us all to take action as needed.

See below for an illustration of the current governance structure.



3.1 Infection Prevention and Control Team

The Here IPC team is small and links directly with IPC colleagues in both Sussex Community NHS Foundation Trust (SCFT) and the Sussex Integrated Care Board (ICB) as appropriate. The team provides advice and support across the organisation, taking a proactive approach to communications and shared learning and encouraging all staff to raise concerns as they arise.

Here uses the following mechanisms to prevent against health care acquired infections, and to identify and address any issues that may arise:

- Aligning to an up-to-date infection control policy which is accessible to all staff
- Providing annual training relevant to role
- Digital incident reporting process, supported by an up-to-date policy
- Clinical Quality Meetings to review incidents and take learning to reduce risk
- Operational Management Meetings to review incidents and take learning to reduce risk
- Shared Learning via the Exceptional Care Assurance Group (formerly CQI)
- Providing up-to-date information for service users to reduce risk of infection following invasive procedures carried out as part of an agreed treatment plan
- Completing annual site risk assessments
- Supporting all staff to complete worksite risk assessments where necessary to highlight any gaps/needs
- Completing appropriate audits to ensure compliance

3.2 Policies and Procedures

The Infection Prevention and Control Policy and Procedure has been recently updated in line with the National IPC Manual guidance and is currently awaiting ratification. A policy review was delayed from July 2022 owing to other work commitments as a result of changing priorities. It was also noted at the time that national IPC guidance remained in a state of flux and therefore it made sense to delay reviewing the policy to avoid

duplication of work. In lieu of this and as guidance changed over the course of 2022, regular updates were sent to all staff to help support safe working practices when working with patients and each other. Communications to all staff will continue quarterly in line with the clinical services Quality Reporting schedule where incidents learning themes including those relating to IPC will be shared.

The policy and procedure documents have been combined to create a single document for staff to access. The purpose of the policy is to support staff in adopting best practice and outlines what arrangements the organisation has in place to support this for the protection of both patients and staff.

4 Service Level risk assessment and residual risk

We recognise that IPC is important in all healthcare services, the level of potential exposure and risk varies considerably. Each Here service has reviewed their infection control risk assessment and has identified the residual risk relating to the activities undertaken. The residual risk is the likelihood of potential harm as a result of infection after all mitigations in the infection control procedures have been put in place.

Service	Residual risk	Rationale
MSK	Low to Moderate	Procedures: some minor invasive procedures, mainly injections which could lead to needle stick injuries or injection site infections. High volume of patients. Whilst the Partnership is responsible for the MSK programme budget including invasive surgery, Here is not responsible as a health care provider for surgical activity in secondary care. Health care acquired infections associated with surgery are monitored as part of subcontracts with secondary care providers. Sussex MSK Partnership is responsible for podiatric surgery, which is carried out in the community, but the governance sits with Sussex Community NHS Foundation Trust.
MAS	Very Low	No invasive procedures
Vaccination Service	Low to Moderate	Procedures: minor invasive procedures involving injections which could lead to needle stick injuries or injection site infections. Very high volume of patients with pressure to deliver at pace and outside of usual clinical environments.
APC (NB. IAS no longer a Here managed service)	Moderate	Procedures: Physical assessment including rectal and vaginal exams. Some blood tests and swabs. Minor wound care. High volume of patients.

NHS HEALTH CHECKS	Moderate	Point of care capillary blood sampling.

5 Incident and Complaint Management

Here has both an Incident Policy (which includes major incidents) and a Complaints Policy.

All IPC incidents and near misses are reported using Datix and follow the procedure as outlined in the policy. All staff should be aware of the incident process and the need to escalate and log incidents relating to IPC.

Incidents are monitored internally by the individual service Governance Leads and reported within the service Clinical Quality Group meetings with escalation to the Exceptional Care Assurance Group as appropriate for shared learning purposes. Non-clinical services are also expected to log IPC incidents onto Datix as they are identified, although no incidents relating to non-clinical services have been logged in the previous 2 years.

IPC incidents requiring further action are overseen by the relevant Clinical Quality Groups to reduce the risk of further incident and can be escalated to the Exceptional Care Learning Group (formerly the Patient Safety Group) where further support is required from the wider organisation. All moderate graded incidents are reviewed currently against the serious incident criteria and, where this is met, the serious incident policy is followed. Please note that this will be superceded by the Patient Safety Incident Response Framework which is being implemented later this year.

The Exceptional Care Assurance Group maintains oversight of the number of IPC incidents across the organisation and ensures learning is shared effectively. These meetings look for themes for broader shared learning and potential system improvements. All risks are closed via the appropriate Clinical Quality Group on a monthly or bi-monthly basis and are outlined in individual service quality reports. Further detailed information on incidents relating to infection control are available in the monthly service Quasar Performance reports. The IPC lead receives quarterly quality reports from the clinical services identifying any relevant audits or risk assessments completed for that quarter in relation to IPC.

This report provides an overview of incidents and complaints which relate to infection control.

5.1 2022 IPC Complaints

During 2022 there were no complaints relating to infection control.

5.2 2022 IPC Incidents

The annual audit of incidents and complaints for all Here clinical services identified 8 infection control incidents over this period. It should be noted that the MSK incident was not strictly a Here incident but was logged for our records and to support oversight of performance relating to a subcontractor.

A manual review of incidents was undertaken as it was noted that there were inconsistencies between services in how these incidents were categorised. This action has been highlighted in the recommendations at the end of this rerport.

A breakdown of all IPC incidents for 2022 are identified in the table below. The residual risk gives as indication of the likelihood of infection control incidents occurring with these measures in place.

Service	No. of Infection Incidents	Residual Risk Rating	Details of incident or complaint
MSK	1	Low	**Sharps incidents** Radiology partner incorrectly disposed of a full sharps bin from the CT scanner operating at the same site. The bin had been disposed of in the clinical waste bin and the lid was not closed correctly, meaning that contaminated sharps could have fallen out and injured one of our staff members or the waste collection staff. Imaging provider informed to raise incident. Raised as a Here incident as a record only.
MAS	0	N/A	N/A
IAS	0	N/A	N/A
Vaccination Service [7 in total]	1	Low	**Sharps incidents** Temporarily closed Sharp Bins stored under pharmacy drawing up tables at end of clinic. Practice has been happening since new venue set up.
	1	Low	Staff member arrived at office and found a full (sealed) sharps bin in a Housebound/Care Home supply box. This should have been disposed of following the sharp disposal procedure.
	2	Low	Needle Stick Injury
	1	Low	**PPE related** Staff reminding patients that whilst it is no longer mandatory for them to wear a mask, it was still recommended when vaccinated in ambulance.
	1	Low	Member of MVU team (site coordinator)standing outside MVU with mask below chin, eating a burger
	1	Low	**Environment Cleanliness** Dirty sinks, bar areas, floor handrails and pods walls. The service arranged own cleaning arrangements after this incident.

All of the incidents outlined above have been managed and fully investigated to ensure mitigations are put in place and identified risks reduced. No harm resulted from any of the incidents raised.

It should be noted that IPC incidents for 2022 are significantly lower than 2021. The majority of incidents occurred within the Vaccination Service which reported 5 separate incidents and represents an improvement on last year where 18 were reported. It is worth noting again this incident rate is very low in terms of the volumes of patients seen by the service.

6 Site Assurance

Annual site assurance visits are undertaken by the relevant Service Manager or a designated person with site management responsibility for those sites where we deliver services. Here has a tailored approach which it uses dependent upon the activity the sites are used for and as guidance has changed.

Despite the removal of the vast majority of additional infection control measures put in place to restrict the transmission of Covid-19, infection control remains a key element of the site assurance process and is proportionate to the infection control residual risk of the service(s) that are delivered from any site.

If required, following annual site assurance visits, an action plan is developed and agreed with the site. This should be reviewed three months after the annual visit by the appropriate Service Manager.

Here has a centralised Site Assurance Matrix which lists all sites that are used for the delivery of its services. The Site Assurance Matrix is monitored centrally and overseen by the individual services whose responsibility it is to ensure visits and actions plans are actioned. The matrix has been recently updated and has been saved centrally to enable wider visibility and to reduce duplication where services use the same site.

Infection control at each site has been reinforced by the use of posters and visual cues to ensure compliance and these have been revised as the guidance has changed and supported by regular email communication with staff.

All clinical services have completed an infection control risk assessment for each site and measures taken to reduce the risks as described in the Infection Control Policy.

Individual staff risk assessments are now only carried out as appropriate to the individual situation to support staff health and wellbeing. These risk assessments are used to recommend reasonable adjustments to the work environments and work patterns on a short or long term basis.

All sites are cleaned according to infection control measures.

All sites are compliant with sharps management, waste management and blood and body spillages, hand hygiene and is supported through the site assurance risk assessments.

7 Training

All clinical staff are required to undertake level 1 and level 2 annual infection control training, which is nationally approved and designed for community-based health settings. Non-clinical staff who regularly work in health care settings are required to undertake level 1 infection control training. This training is on-line and is supported by e Learning for Health. The frequency of the level 1 training will be reviewed in the future for consideration of this moving to every 2 years.

All new staff are expected to complete level 1 training as part of their onboarding. Similar infection control training completed in other healthcare settings are accepted by Here and requires the staff member to provide proof of completion which is saved in their staff file. The training policy dictates that at the time of new recruitment or contract start, evidence of training having been undertaken must not be more than 12 months old. This applies to all Clinical staff, regardless of their employment/contract status.

Training data is monitored on a monthly or quarterly basis by individual services and by the Fusion team to ensure we maintain our target of 85% of all appropriate staff trained at any one time. Staff are given protected time to complete this training, but it remains their responsibility to complete and provide certification of completion. This is being reviewed monthly via the Quasar quality performance reporting.

Statutory and Mandatory Training has been recently reviewed across all staff groups and disseminated to teams via focussed emails. Following this review, the data dashboard has been revised and is currently not able to provide a monthly breakdown to compare with 2021 rates. A comparison of 2021 compliance rates with the current compliance rate as of May 2023 is shown below.

Threshold for compliance is 85%.

	ALL HERE STAFF Level 1		CLINICIANS ONLY	
	2021	2022	2021	2022
Jan	81%	84%	81%	82
Feb	81%	78%	81%	75
Mar	90%	79%	90%	64
Apr	88%	81%	90%	72
May	85%	85%	85%	77
Jun	84%	86%	88%	79
Jul	85%	82%	86%	79
Aug	85%	82%	86%	83
Sep	84%	85%	84%	87
Oct	87%	84%	87%	94
Nov	84%	86%	82%	95
Dec	82%	85%	80%	91
	85%	**83%**	**85%**	**81.5**

Whilst the figures for 2022 are disappointing it is likely that these are reflective of the challenges in the workforce during 2022, particularly at the start of the year. Current training rates reflect **87%** for clinical and **88%** for non-clinicians.

All staff, including those not in direct contact with service users are required to complete infection control level 1 training to ensure a level of knowledge around transmission of infection to support staff wellbeing and indirectly, service user wellbeing.

A review of the compliance rates for level 1 will continue to be reviewed as part of the service level performance reporting and will be overseen by the Exceptional Care Assurance Group.

Work continues with the data team to provide retrospective compliance rates by month and this report will be updated as soon as this information is available.

8 Audits

Here has in place an Audit Matrix which lists all audits that each clinical service is required to undertake on a regular basis. The Audit Matrix is monitored regularly by each Service Manager/Clinical Lead to ensure audits are undertaken as required.

Infection control audits are fully incorporated into the site assurance which has been described above.

9 Medical Devices Matrix

Here has a Medical Devices Matrix which lists all devices used within each service. The matrix clearly details who owns/is responsible for the device and therefore responsible for maintenance and cleaning or decontamination in order to control the risk of infection. The matrix also lists all single use medical devices used by the service so that any relevant alerts related to such equipment can be addressed promptly.

The medical devices policy was last reviewed and ratified in 2020 and is due for review in May 2023. The list of medical devices used by Here clinical services will be reviewed as part of this work.

10 IPC Compliance Standards Assurance

Standard infection control precautions (SICPs) are used **by all** staff, **in all** care settings, **at all** times, **for all** patients whether infection is known to be present or not, to ensure the safety of those being cared for, including staff and visitors. SICPs represent the basic IPC measures necessary to reduce the risk of transmitting infectious agents from both recognised and unrecognised sources of infection. There are 10 SICPs outlined in the National Infection Prevention and Control Manual that we are required to align to (link: NHS England » National infection prevention and control manual (NIPCM) for England). These are highlighted within the Here IPC Policy.

As a registered provider of healthcare, Here is required to align to the code of practice for the prevention of infection which sets out the 10 criteria against which all providers are monitored. It is accepted that not all criteria will apply to every regulated activity. Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance - GOV.UK (www.gov.uk)

The 10 criteria which organisations such as Here must adhere to are detailed below:

1. Systems to manage and monitor IPC. These use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them		
Criteria	**Met?**	**How do we meet this criteria?**
The provider has a clear governance structure and accountability that identifies a lead for IPC	Yes	See above section for the governance structure including the IPC named lead.
There is an IPC programme in place which should say as a minimum what: • IPC measures are needed • Policies, procedures and guidance are needed and how they will be kept up to date and monitored for compliance	Yes	IPC measures are identified within the organisational policy and is reviewed bi-annually or where there is a change to national guidance which has been overseen by the IPC Lead. Here has an up-to-date IPC policy which combines the policy and procedure into one document. The IPC measures required are identified in the IPC policy. The policy is owned by the IPC Lead and

• Initial and ongoing training staff will receive, where appropriate		approved by the Director for Infection Control and is reviewed every 2 years. Here disseminates all new policies via the *mycompliance* platform which enables Here to monitor when a new policy has been viewed by individual staff members. Whilst the platform cannot monitor whether a policy has been fully read, the critical information is that staff are aware that it has been updated and know where to find it for reference as needed. All staff are expected to complete level 1 infection control training with clinicians completing level 2 on an annual basis with new starters completing training within the first 6 weeks.
An annual report is provided for anyone who wishes to see it, including service users and regulatory authorities which should be prepared by the designated IPC Lead. This should provide a short review of any: • IPC incidents and actions as a result • Audits undertaken, as part of a quality improvement programme, and subsequent actions implemented • Risk assessments undertaken and any actions taken and recorded for prevention and control of infection • Education and training received by staff • Review and update of policies, procedures and guidance • Antimicrobial prescribing and stewardship	Yes	Here produces an annual IPC report which is available publicly and is shared on our organisational website. See section 5 See section 8 See section 4 See section 7 See section 3 See section 8
2. Provide and maintain a clean and appropriate environment in managed premises to facilitate the prevention and control of infections		
Criteria	**Met?**	**How do we meet this criteria?**
That providers have a designated individual responsible for the oversight and management of cleaning on Here sites.	Yes	This is held by the Fusion Team and specifically by the Here Facilities Manager, Tina Livingstone

All parts of the premises from which the organisation provides care are suitable for the purpose, kept clean and maintained in good physical repair and condition.	Yes	All sites that Here operates out of are subject to annual site assurance visits appropriate to the level of infection risk. IPC risk assessments are undertaken for all new sites or where a new service is being delivered from an existing site. Any IPC concerns identified during the site assurance process is escalated to either the service Clinical Quality Group (CQG) and/or IPC Lead. Where risks are considered significant a specific risk assessment in undertaken with an action plan to address the concern. All sites have adequate provision of suitable hand-washing facilities and products. Cleaning schedules are in place at all sites and align to Control of Substances Hazardous to Health (COSHH).
3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance		
Criteria	**Met?**	**How do we meet this criteria?**
Providers should be able to demonstrate that prescribing clinicians are able to diagnose and treat effectively common infections and document allergy status, reason for antimicrobial prescription, dose, route and duration of treatment.	Yes	This relates to our primary care services only and is monitored through supervision and documentation audits which are completed annually and recorded in the quarterly Quality Reports.
4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion		
Criteria	**Met?**	**How do we meet this criteria?**
Providers should make information available about their approach to prevention and control of infection, staff roles and responsibilities, and who people should contact where there are concerns about prevention and control of infection.	Yes	Where sites are managed by Here, appropriate information has been disseminated to service users in pre-appointment letters, website resources and on site using relevant posters. Services users are able to raise concerns via our website or directly via telephone, email or letter. All feedback from services users is managed internally by the individual teams and

		recorded either as feedback, concerns/complaints or incidents using the Datix system. Staff are able to raise IPC concerns directly through their line management or to any member of the leadership team. Staff raise and log IPC incidents using the Datix system. Feedback regarding IPC concerns are generally completed through staff 1:1s and where shared learning is considered appropriate, via Clinical Quality Meetings, Operational Service Meetings and ECAG.
5. Ensure that people who have or are at risk of developing an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of transmission of infection to other people		
Criteria	**Met?**	**How do we meet this criteria?**
The primary medical care practitioner will provide initial advice and treatment when a service user under their care develops an infection, and will assess any potential communicable disease control issues.	Yes	Assessed through Datix incident/complaint reporting themes and individual cases resulting in harm. Following national and local IPC guidance and procedures identified within the organisational IPC policy.
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 infection		
Criteria	**Met?**	**How do we meet this criteria?**
The registered provider must ensure that every person working in the practice, including agency staff, locum staff, support staff, external contractors and volunteers, understand and comply with the need to prevent and control infections, including those associated with invasive devices.	Partially	Our revised training matrix identifies the need for all staff to complete level 1 IPC training as part of their onboarding – the guidance specifically refers to contractors and agency staff whose responsibility it is to complete the training ahead of starting in post or soon after starting. Here accepts IPC training completed at other healthcare organisations. Where this is not possible, service managers are asked to complete a risk assessment. Identified as only partially met on the basis that we are currently undergoing a

		review of compliance for all non-employed members of staff.
7. Provide or secure adequate isolation facilities. See note.		
Criteria	**Met?**	**How do we meet this criteria?**
Primary medical care facilities do not require dedicated isolation treatment rooms but are expected to implement reasonable precautions when a service user is suspected or known to have a transmissible infection.		
8. Secure adequate access to laboratory support as appropriate. See note.		
Criteria	**Met?**	**How do we meet this criteria?**
Primary care services should have access to a diagnostic microbiology and virology laboratory service.	N/A	This is provided via the practices/sites directly and is the responsibility of the practices/sites to maintain adequate access.
9. Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections		
Criteria	**Met?**	**How do we meet this criteria?**
See other points in relation to policies, risk assessment and training.		
10. Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection		
Criteria	**Met?**	**How do we meet this criteria?**
Risk assessments of need should be carried out for immunisation as described in 'Immunisation against infectious disease' (the 'Green Book') Access to an occupational health service should be available.	Yes	All new staff are required to provide evidence of sufficient immunisations relevant to their role and in line with the recommendations laid out in the Green Book ahead of starting in post. All new staff undergo an occupational health screen prior to starting. Staff are offered Covid-19 vaccinations as part of the Here Vaccination Service offering. As there is no longer a mandated requirement for staff to be immunised against Covid-19, the numbers of staff immunised is not known. Here encourages all staff to take up their vaccination offer to reduce the impact on individuals, patients and the wider teams.

Providers should hold an up-to-date record of relevant immunisation status.	Yes	Here staff files contain confidential information relating to immunisation status of all staff. Where this has been waivered, a completed risk assessment is also held on file.

11 Key Findings and Recommendations

Objectives set for 2022 have been outlined below with commentary regarding the status of progress in completing each objective. Any objectives not met have been detailed and included as part of the 2023 plan.

11.1 Review of Objectives for previous period

Objective	Status	Update
Review of new National Standards for Infection prevention and control.	Complete	Completed and IPC policy updated in line with this.
Review internal process notes for all services in accordance with new guidance.	Complete	Completed and IPC communications shared with all staff. Policy updated and awaiting ratification before being shared via mycompliance.
Update infection prevention and control policies.	Complete	Completed. Awaiting ratification and dissemination.
Ensure maintenance of training compliance rates.	In progress	Current compliance rates for 2022 are unavailable. Current 2023 rates suggest that level 1 training has dropped below threshold although this is likely as a result of the training matrix being reviewed where some staff are now required to complete this training.
Review of the quality assurance mechanisms in place within and across all services to improve reporting, investigating and learning from IPC incidents	In progress	Whilst there are assurance mechanisms on place across all services, we have not achieved the shared learning objective which is a focus for 2023.
Annual site assurance visits in accordance with new guidance.	Complete	These have been completed. Further action from this is to ensure that all site assurance documents are available centrally with links to the completed documents.

11.2 Findings and Recommendations from this report

Overall, infection control incidents were significantly reduced from the previous year which suggests that learning from incidents within services has been successful. We are keen to do things differently over 2023 by moving away from silo working and creating more shared spaces for learning from incidents.

The Exceptional Care Assurance Group (ECAG) is a new forum which replaces the CQI (Continuous Quality Improvement) group and creates the space for shared learning across services and is supported by the Exceptional Care Learning Group whose purpose it is to deliver on the agreed actions. The ECAG is also the forum where progress against the IPC Compliance Standards will be reviewed so that Here can take a proactive approach to IPC in the future.

Some of the objectives planned for 2022 were not completed and these have been included in the plan below.

11.3 Plan for 2023/2024:

- Ratification of revised IPC Policy.
- To ensure that all site assurance documents are available centrally with links to the completed documents for wider visibility.
- Creating visibility of all IPC assurance mechanisms in place within and across all services and ensuring that shared learning is supported through the ECAG. Ensuring that learning is shared to all staff via communications/team meetings where appropriate.
- Create standardisation within the incident reporting process in terms of use of categories to enable more efficient visibility of IPC incidents across the organisation.
- Incident training for all staff to enable everyone to take responsibility to log incidents as they occur and create opportunities for shared learning and quality improvements. This will be part of the new Patient Safety Incident Response Framework rollout plan.
- Ensuring IPC compliance rates in line with new training matrix.
- Reviewing all employed, contracted and agency staff IPC training compliance rates and ensuring that all new starters have evidence of completion of this training ahead of starting in role.
- Review of the medical devices policy and update of medical devices list used by Here clinical services.
- Ensure that the newbuild for APC is IPC compliant and any risks mitigated.
- Create visibility of each service's audit cycle including IPC and the action plans associated with these.
- Creating visibility of Quality Improvements as a result of IPC incidents.

Alongside the above plans, we remain committed to progressing beyond the pandemic and living with Covid-19 as part of the seasonal respiratory virus plans and supporting staff to continue to uphold good IPC practice and ensure it becomes embedded in everyday activities.