

	Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
<b>Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections</b>				
2.7	The responsibility of staff groups for cleaning/decontamination are clearly defined and all staff are aware of these as outlined in the National Standards of Healthcare Cleanliness	Posters and pledge signed off by CEO.	National template poster has been amended to reflect the Trust. The distribution of the revised posters will be disseminated by the Trust's Quality Team. The revised posters will be distributed by the end of November. Distribution of the posters will be monitored by the IPaC team.	Posters sent out to IPaC Link Champions electronically prior to the distribution of hard copies.
2.11	Ventilation systems, should comply with HBN 03:01 and meet national recommendations for minimum air changes.	Note evidence is specifically in relation to air changes. HTM03-01 was revised in Jun 2021, systems that were designed and the installed after this date have been designed (with derogations).	Any systems prior to this date will have been designed, commissioned, installed, and maintained to the pre HTM03-01 version. And may simply be the prevailing building regulations or we may not be able to install ventilations systems because of planning regulations e.g., listed buildings.	New designs will incorporate current standards e.g. NCH refurbishment, PoW, CDC (diagnostic).  Portable air scrubbers are used in clinical areas where additional mechanical ventilation is required.  Development of a ventilation strategy

2.12	Ventilation assessment is carried out in conjunction with organisational estates teams and or specialist advice from the ventilation group and/or the organisations, authorised engineer and plans are in place to improve/mitigate inadequate ventilation systems wherever possible.	Trust ventilation lead in discussion with Estates and IPaC. Lead reports to IPaC Committee.  Volumetric analysis and works requests and ensuing reports for specialist ventilation assessment – available on request by team. Assessments are carried out / reviewed by the Trust’s ventilation lead and actions taken where required. Assessments are presented and discussed at the Trust’s IPaCC. The ventilation group is now incorporated within the IPaCC ToR.	The initial ventilation strategy, policy and procedures have been reviewed at the IPaC huddle. Feedback given to the team, Update to be given at the next IPaC huddle on 14.11.22.	The Trust purchased portable air scrubbers available which are being used in clinical settings.
<b>Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance</b>				
3.1	Arrangements for antimicrobial stewardship (AMS) are maintained and a formal lead for AMS is nominated.	Anti-microbial usage is currently audited and reported every 6 months. Data is presented to the MSGG and IPaC Committee.	A formal lead has been identified.  Lead to review the ‘ask’ and identify next steps.	Arrangements for antimicrobial reporting and governance are already in place.
3.4	Contractual reporting requirements are adhered to, and boards continue to maintain oversight of key performance indicators for prescribing including: – total antimicrobial prescribing – broad-spectrum prescribing – intravenous route prescribing.	Prescribing of antibiotics known to be associated with the emergence of other pathogens (e.g., C diff) is queried and addressed with the prescriber as part of the	As above	As above

		<p>electronic prescribing and cost (epact) review.                  Anti-microbial usage is monitored via the Epact data by the Pharmacy Team.                  Antibiotic audits are in place currently every 6 months.                  Antimicrobial data is discussed and presented at the Trust's Medicine Management Group and IPaCC.                  The Trust publishes its own Dental and iCaSH formularies based on national and local microbial advice from the Trust's IPaC Consultant.</p>		
<b>Secure adequate access to laboratory support as appropriate</b>				
8.1	Laboratory testing for infectious illnesses is undertaken by competent and trained individuals.	All UKHSA Laboratories in the region are currently working towards re-accreditation by UKAS.	Assessments were initially put on hold due to the Covid pandemic. UKHSA (located at CUHFT) laboratory services review was postponed by UKAS due to unprecedented work demands. Initial assessments complete, additional supporting evidence submitted to UKAS in September. Awaiting follow up visit.	If there were concerns raised with any laboratories, this would be communicated to the Trust with the relevant alternative pathway in place.

			Awaiting assurance from other laboratories.	
<b>Have a system in place to manage the occupational health needs and obligations of staff in relation to infection</b>				
10.10	Staff who carry out fit test training are trained and competent to do so.	Fit testing of staff was undertaken by IPaC Lead at the beginning of the Covid pandemic as the only trained member of staff identified to train other staff, who subsequently supported a fit testing of staff. An additional 2 members of staff (dental) completed a fit test programme to become competent assessors and trainers. The rest of the IPaC nursing team was also trained previously.	No national guidance produced to ensure trained fit testers receive regular refresher training as best practice.	Discussed at the IPaCC in October 2022 and it was agreed to pursue an external organisation to facilitate refresher training.