

**Primary Care, Community and Therapies Service Group**  
**HCAI Service Level Improvement Plan 2022/23**

**\*\*This is a working document. Please check for updated versions. All am**

	Goal	Method
1	Service Group level compliance with IPC governance and structures to ensure robust reporting mechanisms	<b>Structured reporting</b> at service, service group and Health Board level to ensure IPC priorities, risks, challenges and achievements are acknowledged and actioned
		<b>PCTG HCAI/AMS subgroup</b> to drive innovation, change and improvement. Provide a
		<b>Responsibility</b> and accountability

2	<p>Reduce incidences of the following tier 1 targets for Community associated/ acquired infections;</p> <p><b>e.Coli bacteraemia</b>  <b>Clostridioides difficile</b>  <b>Staph Aureus bacteraemia</b></p>	<p><b>Targeted campaigns, education and training</b> to achieve a reduction in Community acquired/ associated e.Coli bacteraemia cases. Specific areas to target:</p> <p><b>UTI campaign</b> to promote appropriate prevention, management and treatment.</p> <p><b>Prescribing compliance</b></p> <hr/> <p><b>Targeted campaigns, education and training</b> to achieve a reduction in Community acquired/ associated Clostridioides difficile cases. Specific areas to target:</p> <p>Promotion of new c.difficile prescribing guidelines</p> <p><b>Specific PCTSG c.difficile improvement plan</b> to tackle high rates of community associated c.difficile</p> <p><b>Specific PCTSG AMS improvement plan</b> to tackle antibiotic prescribing in Primary Care</p> <p><b>Revised SEA reporting process</b> to promote collaboration between Primary Care, PCTSG and IPC to identify lessons learned from each reported community c.diff case</p> <hr/> <p><b>Targeted campaigns, education and training</b> to achieve a reduction in Community acquired/ associated Staphylococcus Aureus bacteraemia cases. Specific areas to target:</p> <p><b>Staph. Aureus prevention campaign</b> through collaboration between IPC, PCTSG and community wound clinics</p>
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3	Increase in compliance of Standard Infection Prevention and Control Precautions and training within Primary Care, Community and Therapies clinical services	Increased IPC audit programme to ensure consistency, quality and compliance of standard IPC precautions in all PCTSG clinical services. Introduction of more robust reporting tools to seek assurance of compliance of SIPC precautions in independent contractor services.
		<b>Improved IPC Level 2 compliance</b> (Mandatory training) for all PCTSG clinicians
		<b>Increased standard IPC precautions training</b>
		<b>Increased ANTT training</b> and assessment compliance for clinicians performing aseptic non-touch procedures as part of their core role

		<p><b>Targeted Care Home IPC Programme:</b></p> <p>Continuation of the dedicated IPC nursing role as joint LA/IPC resource to drive education, audit, innovation and best practice</p> <p><b>Improved communication</b> between IPC/PCTSG/LA/Independent Care Homes to promote IPC training, resources and improved environmental standards</p> <p><b>Increased accountability and assurance</b> in Care Home IPC audit, reporting, improvement and innovation</p> <p>Increased IPC support and empowerment of staff</p>
		<p>Prudent use of the two-session/week resource of the <b>Clinical Lead for AMS/HCAI</b> to drive prescribing improvements within Primary Care</p>
		<p>Improved <b>collaboration and engagement</b> between PCTSG, Antimicrobial Pharmacy Team and General Practice</p>
	Improved Antimicrobial Stewardship	

4	<p>within General Practice.</p> <p><b>Improved compliance with Antibiotic prescribing guidelines and SBUHB formulary within General Practice.</b></p> <p><b>Reduction in antibiotic prescribing in General Practice</b></p>	<p>Continuation of the <b>4C prescribing reduction campaign</b> with the main focus on the top 3 highest prescribing practices within SBUHB which remain outliers in Wales. Improvement is needed through reduction of 4C broad spectrum antibiotic prescribing in each of the top 3 practices over the next 12 months</p> <p>Target top 3 outlier practices in SBUHB for <b>overall poor/high antibiotic prescribing</b></p>
	<p><b>Improved communication and engagement within Primary Care,</b></p>	<p><b>Dedicated IPC Champions</b> in every PCTSG service.</p> <p>Introduction of IPC Champions in independent contractor practices</p>

5	Community and Therapies services to promote IPC as a whole system priority	Improved service level communication to wider staff and teams regarding IPC successes, challenges and risks
		Improved GMD and GND communications relevant to IPC to promote whole system buy in

endments to be discussed and agreed within PCTSG HCAI/AMS sub group

Baseline Position	Qtr 1
Service Group level reporting to Health Board Infection Control Committee. Service group level reporting into HCAI/AMS subgroup	Establish a flowchart to outline the reporting structure for ICC, Subgroups, Quality and Safety and forum assurance
PCTG HCAI/AMS subgroup in place every quarter. Key membership from PCTG, IPC, Antimicrobial Pharmacy teams.	Expand the membership of the PCTG HCAI/AMS subgroup to include independent contractor representatives, HMP Prison, Care Homes sector, digital and business intelligence teams. Increase the frequency of the meeting to bi-monthly. Meetings arranged up to March 2023
Shared accountability between the Group Nurse Director and Group Medical Director to ensure PCTG IPC Lead established to steer progression, reporting and actions	Maintain senior level input to drive IPC as a priority for all PCTSG. High level scrutiny of PCTSG IPC performance

<p>WG Improvement Goal: &lt;21 cases/month (HB)  <b>Current average: 16 CAI cases/month</b></p> <p>Current position: year on year data comparison shows an 18% rise in community associated e.coli bacteraemia cases in 2021/22. Of these case, over 50% were associated with Urinary Tract Infections.</p>	<p>WG Improvement Goal: &lt;21 cases/month (HB)  <b>Target: &lt;15 CAI cases/month</b></p> <p>UTI Campaign task and finish Group  Engagement with GP, Care Homes and OOH</p>
<p>WG Improvement Goal: &lt;8 cases/month (HB)  <b>Current average: 5 CAI cases/month</b></p> <p>Current position: year on year data comparison shows 6.3% rise in community associated c.difficile cases. No current SEA reporting tool in us for primary care and community.</p>	<p>WG Improvement Goal: &lt;8 cases/month (HB)  <b>Target: &lt;2 CAI cases/month</b></p> <p>Collaboration between IPC and PCTSG to establish a new c.difficile SEA reporting pathway</p>
<p>WG Improvement Goal: &lt;6 cases/month (HB)  <b>Current average: 5 CAI cases/month</b></p> <p>Current position: static figures for year on year data comparison. Alignment needed to HB overarching improvement plan to reduce HB wide incidence of staph aureus bacteraemia.</p>	<p>WG Improvement Goal: &lt;6 cases/month (HB)  <b>Target: &lt;3 CAI cases/month</b></p> <p>Scrutiny of staph aureus community cases for 2021/22 - IPC and PCTSG  Identify themes/trends/correlations of data</p>



Current IPC audit programme in place for core PCTG clinical services. Lack of reporting structure for all audits completed at service level. Lack of evidence and assurance from independent contractor services to determine overall compliance of standard IPC precautions to improve patient care	Scoping and scrutiny of current audit programmes relating to IPC within PCT services. Audit reporting system re-design.
Current PCTSG compliance for IPC level 2 is 22.70%. This is above the overall Health Board compliance of 18.92% but improvement is needed in all clinical teams, specifically Medical and Dental and Nursing.	Dissemination of the 'how to' guides for IPC level 2 mandatory training Promote the use of PADRs to discuss compliance with clinicians Wider distribution of training requirements via GMD communications, Service Group Q&S meetings
Deficit in structured training pathways for SIPC precautions specific to each clinical service	Collaboration between IPC and PCTSG to commence service level SIPC training specific to the clinical area. Complete 1 service area in quarter 1.
Current ANTT compliance is poor across PCTSG clinical services.  There is no data currently available regarding compliance of Independent Contractor clinicians  Increased community acquired infection rates highlight the need for ANTT training and promotion of train the trainer courses to enable service level assessment.	Establish current compliance of ANTT training and assessment for PCTSG Liaise with IPC to formulate a training plan

<p>Initial scoping exercise complete of general Care Home compliance and Standard IPC precautions.</p> <p>Results of behavioural change survey shows need for focus on key IPC processes including PPE use, decontamination, hand washing.</p> <p>Targeted education needed in hydration, UTI diagnosis and management - training and resources.</p>	<p>Secure continuation of funding for further fixed term 12 month contract.</p> <p>Recruit nursing resource for IPC support.</p> <p>Scrutinise data from recent behavioural change surveys to help target priorities for quarter 2, 3 and 4.</p> <p>Scrutinise data from all 45 completed Care Home audits to date to identify themes and trends.</p>
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<p>Current 24-month fixed term contract commenced in February 2022. Current responsibilities include leading the PCTSG UTI Campaign in three priority areas; General Practice, Care Homes and GP Out of Hours.</p>	<p>Initial engagement with PCTSG, attendance at HCAI/AMS subgroup. Commence initial communication with GP Practices regarding AMS.</p> <p>Commence the initial scoping exercise for the UTI Campaign.</p> <p>Scrutiny of baseline prescribing data</p>
<p>Effective collaboration between the Antimicrobial Pharmacy team and PCTSG is already in place. Further targeted resource will allow greater collaboration and support to drive change and improvement at pace.</p> <p>General communication platform in place between PCTSG and General Practice across SBUHB. Targeted input and collaboration needed to strengthen prescribing action plans for the next 12 months.</p>	<p>Improvement through engagement</p> <p>Dissemination of information to all practices regarding targeted prescribing improvements</p> <p>Promotion of the SBUHB formulary App - increased engagement and campaigning to place the app onto each desktop within general practice</p>

<p>Significant improvement seen in prescribing of 4C broad spectrum antibiotics in the last 24 months within SBUHB Primary Care. Data from 2020 shows SBUHB as the highest 4C prescribers in Wales, current data shows SBUHB as the lowest 4C prescribers.</p> <p>Further work needed to target the outliers of this campaign, with 10 practices still above the UK prescribing average and 3 practices continuing to sit within the top quarter of 4C prescribers in Wales: Cymmer/Cwmavon (Afan), Harbourside (City), Estuary Group Practice (Llwchwr). <b>10% minimum reduction needed</b> in 4C prescribing data for each of these practices in accordance with national prescribing indicators</p>	<p>Engagement with all 3 top prescribing practices for 4C antibiotics.</p> <p>Agreed collaboration between the identified practices, PCTSG and antimicrobial Pharmacy team</p> <p>Action plan devised between PCTSG and Antimicrobial Pharmacy team to determine the level of support to be offered to each practice to devise bespoke practice improvement plans.</p>
<p>38 out of 49 GP Practices in SBUHB are currently sat above the English average for antibiotic prescribing. 25 out of 49 practices in SBUHB are sat above the Welsh average for antibiotic prescribing.</p> <p>The top 3 outlier practices in SBUHB are Cymmer/Cwmavon (Afan), Kings Surgery (Afan) and Mountain View practice (City). A <b>minimum 10% reduction</b> is needed in antibiotic prescribing data for each of these practices in accordance with the national prescribing indicators.</p>	<p>Engagement with all 3 top prescribing practices for all antibiotic groups.</p> <p>Agreed collaboration between the identified practices, PCTSG and antimicrobial Pharmacy team</p> <p>Action plan devised between PCTSG and Antimicrobial Pharmacy team to determine the level of support to be offered to each practice to devise bespoke practice improvement plans.</p>
<p>Some IPC champions remain within PCTSG services due to historic adoption of this role.</p> <p>No current role definition for PCTSG IPC Champions</p> <p>No current IPC Champions listed for independent contractor services on formal notification basis</p> <p>Need for role definition and empowerment</p>	<p>No progression in quarter 1. Await commencement of UTI campaign prior to establishing champions.</p>

<p>Limited and sporadic communication to wider PCTSG via GMD bi-monthly emails.</p> <p>No specific IPC communication relating to PCTSG achievements, challenges and risks.</p> <p>Information disseminated via forums and Board , wider context to comms to al clinical and non-clinical staff</p>	<p>Initial discussions and ideas between Head of Nursing, GMD and GND to establish a relasitic, informative IPC communications programme</p>
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Qtr 2	Qtr 3
Improved communication and reporting between service level and service group level through digital reporting platforms	Improved efficiency in communication and reporting between service level, service group level and Health Board level through use of digital platforms and improved responsibility
Review priorities and updates on targeted campaigns associated with tier 1 target improvement.	Ensure progress achieved on specific reduction campaigns associated with c.difficile and e.Coli bacteraemia. Ensure outcomes are measured and early improvement is achieved. Commencement of targeted reduction measure for Staph Aureus associated with wound care.
Maintain senior level input to drive IPC as a priority for PCTSG. High level scrutiny of PCTSG IPC performance	Maintain senior level input to drive IPC as a priority for PCTSG. High level scrutiny of PCTSG IPC performance

<p>WG Improvement Goal: &lt;21 cases/month (HB)  <b>Target: &lt;15 CAI cases/month</b></p> <p>Resource, literature, training to be devised and disseminated  Dedicated Care Homes support via IPC role  Targeted prescribing initiatives to reduce UTI associated prescribing in GP</p>	<p>WG Improvement Goal: &lt;21 cases/month (HB)  <b>Target: &lt;15 CAI cases/month</b></p> <p>Analysis of progress to date  Initial feedback and evaluation  Targeted support to Care Homes and GP to continue</p>
<p>WG Improvement Goal: &lt;8 cases/month (HB)  <b>Target: &lt;2 CAI cases/month</b></p> <p>Implementation of SEA pathway  Collaboration with Antimicrobial Team to promote c.difficile prescribing guidelines  Engagement with PCTSG services and Independent Contractors</p>	<p>WG Improvement Goal: &lt;8 cases/month (HB)  <b>Target: &lt;2 CAI cases/month</b></p> <p>Scrutiny of qtr 1 and 2 monthly reporting data  Continued engagement and collaboration with independent contractors and wider PCTSG service regarding c.difficile prevention and reporting  Scrutiny of prescribing data and patient PMH for associated c.difficile toxin positive cases</p>
<p>WG Improvement Goal: &lt;6 cases/month (HB)  <b>Target: &lt;3 CAI cases/month</b></p> <p>Target area - Skin. Initial engagement between IPC, PCTSG and wound care team</p>	<p>WG Improvement Goal: &lt;6 cases/month (HB)  <b>Target: &lt;3 CAI cases/month</b></p> <p>Establish pilot project to promote prevention of staph aureus in skin conditions. Wound care clinic based pilot.</p>

Engagement at service level for all PCTSG teams and independent contractors. Introduction of new pathway of reporting for audit compliance	Monitoring of audit compliance and reporting
Review of compliance. Expected increase of <b>5%</b> for PCTSG Ongoing promotion of 'how to guide' and message to managers regarding annual mandatory completion	Review of compliance. Expected increase of a further <b>5%</b> for PCTSG Ongoing promotion of 'how to guide' and message to managers regarding annual mandatory completion
Continued collaboration between IPC and PCTSG to commence service level SIPC training specific to the clinical area. Complete a further <b>2</b> service areas in quarter 2.	Continued collaboration between IPC and PCTSG to commence service level SIPC training specific to the clinical area. Complete a further <b>3</b> service areas in quarter 3.
Continuation of training plan. Minimum of two trainers per service. Target services for quarter 1 & 2: <b>HMP Swansea, ISH, Dental.</b>	Engagement between independent contractors and IPC/PCTSG to establish a compliance and training plan for General Practice and Care Homes.  Target services for quarter 3: <b>Healthy Bladder &amp; Bowel, Wound Care, Gorseinon West Ward.</b>

<p>Complete recruitment of new nursing resource for Care Home IPC.</p> <p>Development of support package based on themes and trends of 2021/22 audits.</p> <p>Continuation of individual care home audits and implementation of quality improvement plans based on identified areas of development</p>	<p>Continued targeted IPC support to individual Care Homes</p> <p>Improved communication and collaboration</p> <p>Development of online webinar type resources based on identified themes and trends</p> <p>Gradual introduction of Care Home specific IPC champions - per care home.</p>
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<p>Set up and chair the UTI campaign task and finish group. Agree key priorities associated with General Practice, Care Homes and GP OOH.</p> <p>Seek approval and collaboration with independent contractor services and GP OOH.</p> <p>Devise resources to support the UTI Campaign to include Hydration, 'Know your Urine', diagnosis, management and prescribing.</p> <p>Collaboration with iwder PCTSG services to gain 'buy-in' for campaign success</p>	<p>Monitor outcomes of the task and finish group</p> <p>Target high prescribing practices for associated UTI treatment.</p> <p>Collaboration with the Care Homes IPC Nursing resource</p>
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<p>Improvements to practice prescribing resources and guidelines through digital improvements</p>	<p>Improvements to practice prescribing resources and guidelines through digital improvements</p> <p>More effective, safe prescribing habits aligned to national prescribing indicators</p>
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<p>Audit of practice prescribing processes associated with broad spectrum antibiotics</p> <p>Targeted education to whole practice teams and individual prescribers</p>	<p>Targeted education to whole practice teams and individual prescribers</p> <p>Script switch processes, introduction of the SBUHB prescribing formulary on all desktops</p> <p>Identification of any specific training development needed for prescribers</p>
<p>Audit of practice prescribing processes associated with all antibiotic groups</p> <p>Targeted education to whole practice teams and individual prescribers</p>	<p>Targeted education to whole practice teams and individual prescribers</p> <p>Script switch processes, introduction of the SBUHB prescribing formulary on all desktops</p> <p>Identification of any specific training development needed for prescribers</p>
<p>Role definement</p> <p>Engagement with services and independent contractors to promote the concept and positive outcomes associated with this role</p>	<p>Continued engagement with independent contractors</p> <p>IPC champions to be identified in each service and names added to central spreadsheet.</p>

Engagement with service leads to ensure timely and appropriate reporting of IPC achievements and challenges. Reporting to be via dedicated live Teams channel for continuous update.	Continued promotion of IPC challenges, risks, achievements to all service leads for dissemination to teams.
Template format for joint GND/GMD IPC updates to be devised for wider service group distribution	Commencement of ad hoc IPC updates at service group level utilising the devised GND/GMD template.

Qtr 4	Outcome
Efficient and effective reporting between all levels of responsibility. Improved communication, understanding and compliance.	Improved IPC outcomes aligned to WG reduction expectation targets
	Improved understanding of PCTG IPC priorities
	Improved patient and staff safety
	Reduction in HCAs associated with the community linked with WG tier 1 targets
Subgroup to evaluate improvement outcomes in areas linked to c.difficile, e.coli, staph Aureus. Business intelligence/digital support to interpret the HCAI data associated with community acquired/associated infection and comparison with WG reduction expectations	
Maintain senior level input to drive IPC as a priority for PCTSG. High level scrutiny of PCTSG IPC performance	

<p>WG Improvement Goal: &lt;21 cases/month (HB)  <b>Target: &lt;15 CAI cases/month</b></p> <p>Evaluation of outcomes and initial data  Improvements, challenges, risks to date  Sustainability plan to be implemented</p>	<p>Direct reduction in E.coli, C. difficile, Staph aureus in accordance with Health Board priorities and WG reduction expectation rates</p> <p>Expected reduction rates:  <b>E.Coli = minimum of 10%</b>  <b>C.Difficile = minimum of 10%</b>  <b>Staph Aureus = 5 - 10%</b></p> <p>Overall improvement in CAI rates</p>
<p>WG Improvement Goal: &lt;8 cases/month (HB)  <b>Target: &lt;2 CAI cases/month</b></p> <p>Scrutiny of qtr 1, 2 and 3 monthly reporting data  identify themes and trends.  Continued engagement and collaboration with independent contractors and wider PCTSG service regarding c.difficile prevention and reporting  Scrutiny of prescribing data and patient PMH for associated c.difficile toxin positive cases</p>	<p>Improved patient safety</p> <p>Reduced risk of harm</p> <p>Improved care</p> <p>Cost improvement</p>
<p>WG Improvement Goal: &lt;6 cases/month (HB)  <b>Target: &lt;3 CAI cases/month</b></p> <p>Initial analysis, scrutiny and adaptation of pilot project for wound care.  Initial qualitative and quantitative evidence to be identified.  Agreed actions and outcomes between IPC, PCTSG, Wound care team  Continuation of pilot project.</p>	

<p>Evaluation of audit and reporting processes to ensure increased compliance, quality and frequency.</p>	<p>Reduction in CAIs</p> <p>Improved knowledge and skills</p> <p>Improved patient outcomes</p> <p>Improved quality care</p> <p>Improved patient and staff safety</p>
<p>Review of compliance. Expected increase of a further <b>10%</b> for PCTSG. Overall compliance to be <b>&gt; 42%</b></p> <p>Ongoing promotion of 'how to guide' and message to managers regarding annual mandatory completion</p>	
<p>Continued collaboration between IPC and PCTSG to commence service level SIPC training specific to the clinical area. Complete a further <b>3</b> service areas in quarter 4.</p>	
<p>Continued engagement with independent contractors. Advancement of data gathering for compliance.</p> <p>Offer of Independent Contractor specific train the trainer ANTT sessions.</p> <p>Taret services for quarter 4: <b>Virtual Ward, ACT, DN, Home First</b></p>	

<p>Analysis of 12 month engagement with Care Home sector. Deep dive into audit data to highlight areas of improvement and those requiring further priority and support.</p>	
<p>Scrutiny of prescribing data based on 6 month lag. Note any initial improvement Evaluate the campaigns outcomes to date and adapt as necessary. Continue the focus on Care Home training, education and resources</p>	<p>Note continued scrutiny of prescribing data needed to establish improvements due to 6 month data lag</p> <p>Improved patient experience and care</p> <p>Reduction of harm</p> <p>Improved patient outcomes</p> <p>Reduction in inappropriate abx prescribing</p>
<p>Improvements to practice prescribing resources and guidelines through digital improvements</p> <p>More effective, safe prescribing habits aligned to national prescribing indicators</p>	<p>Reduction community infection rates</p>

<p>Initial audit of data for quarter 2 - note 6 month lag of prescribing data.</p> <p>Continue targeted education and support</p> <p>Promote empowerment and sustainability of prescribing choices</p> <p>Ensure digital resources are in place to support enhancement of prescribing practices</p>	
<p>Initial audit of data for quarter 2 - note 6 month lag of prescribing data.</p> <p>Continue targeted education and support</p> <p>Promote empowerment and sustainability of prescribing choices</p> <p>Ensure digital resources are in place to support enhancement of prescribing practices</p>	
<p>Commence utilisation of IPC champion roles to disseminate IPC indformation their service/ practcie areas, promote good effective IPC processes and act as link person between service areas and PCTSG/IPC</p>	<p>Improved communication</p> <p>Promotion of IPC as every persons responsibility</p> <p>Improved staff and patient outcomes</p> <p>Improved knowledge and skills</p> <p>Reduction of potential harm through awareness of IPC risks and challenges</p>

Continued promotion of IPC challenges, risks, achievements to all service leads for dissemination to teams. Analysis of service level feedback.	Celebrating good practice
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Financial Implications	Digital Implications	Responsibility
PCTSG workforce support to achieve the necessary outcomes associated with this improvement plan - Business Support Manager, admin support, dedicated IPC nursing, Pharmacy Technician, Business intelligence and Digital resource.	Increased support needed in quarter 2 and 4 from business intelligence/digital teams to enable deep dive and scrutiny of PCTG HCAI data to establish areas of improvement and ongoing challenge.	Group Medical Director Group Nurse Director Head of Nursing (PC)
Cost of increased business intelligence and digital support.		
Resource associated with Director level input to drive innovation and change in IPC		

<p>PCTSG workforce support to achieve the necessary outcomes associated with this improvement plan - Business Support Manager, admin support, dedicated IPC nursing, Pharmacy Technician, Business intelligence and Digital resource.</p> <p>Cost of campaign resources - variable</p>	<p>Increased support needed in quarter 2 and 4 from business intelligence/digital teams to enable deep dive and scrutiny of PCTG HCAI data to establish areas of improvement and ongoing challenge.</p>	<p>Group Medical Director</p> <p>Group Nurse Director</p> <p>Head of Nursing (PC)</p> <p>Antimicrobial Pharmacy team</p> <p>Independent contractor leads</p> <p>Clinical Lead for HCAI/AMS</p> <p>Heads of Service</p>

<p>Associated IPC, PCTSG, business support and Digital workforce to extract, interpret and action data.</p> <p>IPC and PCTSG workforce to promote, monitor and report data</p>	<p>Digital support to extract, interpret and action IPC data achievements and deficits.</p> <p>Support with overall PCTSG position and service level attainment.</p>	<p>Group Medical Director</p> <p>Group Nurse Director</p> <p>Head of Nursing for PC</p> <p>Heads of Service</p> <p>All PCTSG Clinicians</p> <p>IPC</p>
<p>Workforce commitment associated with training. Approximately 3 sessions per month of IPC Nursing time. 1 session per month of administration to co-ordinate training, ongoing actions and reporting.</p>		
<p>PCTSG workforce support to achieve the necessary outcomes associated with this improvement plan - Business Support Manager, admin support, dedicated IPC nursing, Pharmacy Technician, Business intelligence and Digital resource.</p>		

PCTSG workforce support to achieve the necessary outcomes associated with this improvement plan - Business Support Manager, admin support, dedicated IPC nursing, Pharmacy Technician, Business intelligence and Digital resource.	<p>Digital support to extract, interpret and action IPC data achievements and deficits.</p> <p>Support with overall PCTSG position and service level attainment.</p>	<p>Group Medical Director</p> <p>Group Nurse Director</p> <p>Head of Nursing for PC</p> <p>Heads of Service</p> <p>All PCTSG Clinicians</p> <p>IPC</p>

PCTSG workforce support to achieve the necessary outcomes associated with this improvement plan - Business Support Manager, admin support, dedicated IPC nursing, Pharmacy Technician, Business intelligence and Digital resource.	Digital support to extract, interpret and action IPC data achievements and deficits.  Support with overall PCTSG position and service level attainment.	Group Medical Director  Group Nurse Director  Head of Nursing for PC  Heads of Service  All PCTSG Clinicians  IPC

