



The IPC Workforce post COVID Pandemic

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Context of IPC, impact on people and policy



Current NHS Workforce climate



Situation in IPC



Looking ahead – what do we need to focus on



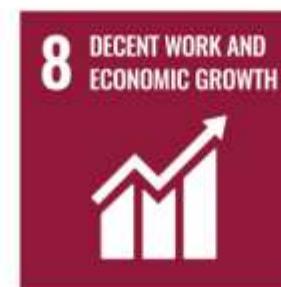
Workforce planning



Infection prevention and control is a global health priority: is it a workforce emergency?



Infection prevention and control is key



Impact of COVID-19 in the UK

The same pandemic, unequal impacts: How people are experiencing the pandemic differently

It's been clear from the early stages of the COVID-19 pandemic that some groups are more affected than others.



People living in the poorest areas are at higher risk from COVID-19

People in the most affluent areas are **50% less likely** to die of COVID-19 than those in the poorest areas.



Black and minority ethnic communities are more affected by COVID-19

People of black ethnicity are **4 times as likely** to die from COVID-19 compared to people of white ethnicity.



Disabled people have been hit particularly hard

Disabled people have experienced death rates **2 to 3 times higher** than non-disabled people.



Young people are most likely to lose employment

One in three of 18-24-year-olds have been furloughed or lost their job – **twice the rate** of working-age adults.



Health and social care workers have an increased risk of adverse mental health outcomes

4 in 5 social care workers in Scotland reported their work during COVID-19 negatively impacted their mental health.

The COVID-19 impact inquiry is exploring the different ways the pandemic, and the national response to it, are affecting health and health inequalities in the UK.

Find out more at health.org.uk/covid-19-impact-inquiry



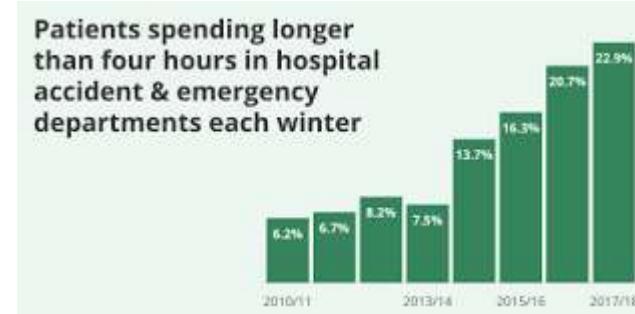
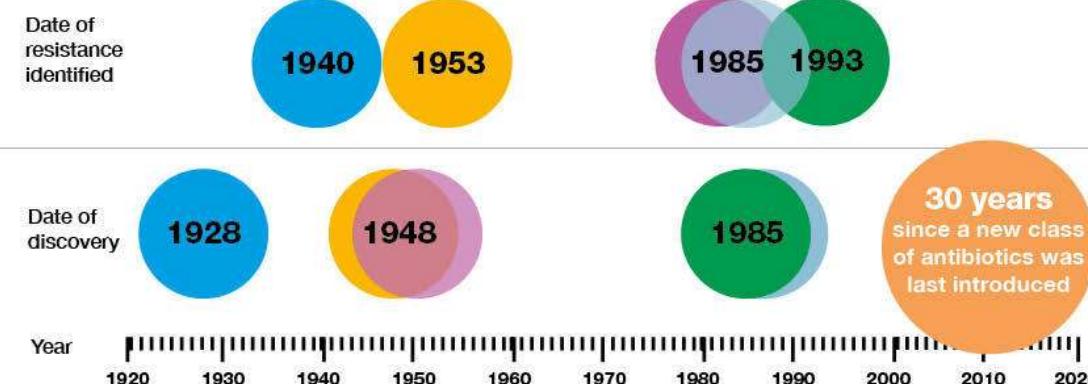
Context of IPC

Mail Online

C. diff superbug kills one patient in British hospitals every hour

By LAURA COLLING
Last updated at 10:18 27 April 2008

Antibiotic discovery and resistance timeline





What does an IPC Team do now?

Infection Control



NHS Workforce Context

“analogue to digital”

“hospital to community”

Change in population health needs

Aging population, chronic conditions

Train – Retain – Reform

Increase adult training nurses to 38,000 by 2031/32 (92% increase), increase in nurses qualifying through apprenticeship route

Retain by improving culture, leadership and wellbeing

Reform – new ways of working with new roles – enhanced, advanced and associate roles. Focus on generalist and core skills to care for patients

Shift to prevention of ill health

Moving care from hospitals to local communities

Realising the potential of digital technology

10 year plan every 2 years

Focus on technology as a solution

King's Fund (202%) The 10 Year Health Plan: What Is It And What Happens Next? | The King's Fund

NHS England (2023) NHS England » NHS Long Term Workforce Plan



IPC Workforce

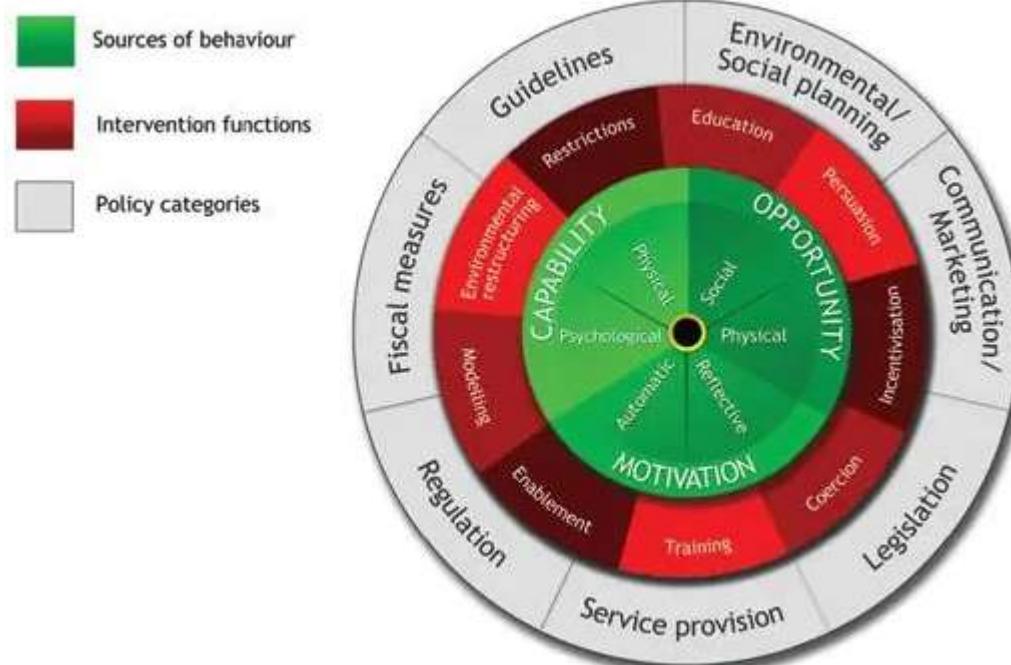
-  Lack of data specific to speciality, from a reflection
-  Retiring workforce
-  Upheaval of organisational reconfigurations – organisation mergers, reorganisation of NHSE, ICB and UKHSA
-  Young workforce, introduction to careers or IPC in the pandemic
-  International nursing workforce
-  No safe staffing in IPC
-  Who is in an IPC Team?
-  Who should be in an IPC team?



The workload done vs aspirational

Work Done	Aspirational?
<p>HCAI Surveillance</p> <p>Governance structure</p> <p>Compliance with the IPC Board Assurance Framework</p> <p>Incident and outbreak management</p> <p>Audit program</p> <p>Implement National Manual</p> <p>Mandatory IPC training</p> <p>Implement National Cleaning Standards & Soft FM input</p> <p>Ventilation, Water Safety, Decon</p>	<p>IPC study days</p> <p>Education to support audit process e.g. HAP prevention</p> <p>International IPC Week</p> <p>World Antimicrobial Awareness Week</p> <p>Hand Hygiene Day</p> <p>QI projects</p> <p>Sharing learning inside and outside organisation</p>

Teamwork and behaviour change



- **Collaborative leadership**
- **Divisional relationships**
- **Clinical credibility**
- **Engagement locally e.g. debriefs and huddles**



Challenges

Lack of Digital,
AI

IPC Workforce
not worked
clinically for a
long time

Limitations of
EPR

Time

Not enough staff

Not enough
experience

Gaps in data

Finance input

Engagement of
stakeholders

Funding

Access to
education for
IPCT

Support with
business
planning



What does an IPC Team need to do in the future?



Future (or current roles) in the IPCT

Data scientist	Surveillance coordinator	Behaviour scientist	Education lead	OPAT	Vascular Access
Surgical Site Infection Practitioner	AI	Built Environment specialist	AMS Practitioner	Sepsis Practitioner	Continence specialist
Researcher embedded	Clinical scientist	Midwife	AHP	ODP	Engineer
Epidemiologist					



Final thoughts

- Infection prevention and control is a global health priority – how do we as leaders ensure we can deliver our services?
- Are we a workforce in crisis?
- What do we do to adapt, train, retain and reform?
- Who do we look to, to reflect with?
- How can we bring our experiences together to create the next generation of IPC Practitioners and make IPC fit for the future health service?





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