NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

Infection Prevention and Control

Annual Report 2025/26



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EXECUTIVE SUMMARY

This report summarises infection prevention and control performance for the reporting period. Overall infection rates remained low and compliance with key infection prevention practices remained above Trust targets.

Seasonal respiratory outbreaks were managed effectively, and no Trust-apportioned MRSA bacteremia cases were reported.

The 2025/26 annual report outlines the Trust's continued commitment to minimising the risks of Healthcare Associated Infection (HCAI) on our services and to promote best practice in infection prevention and control.

It details the activities undertaken by the Infection Prevention Partnership Committee (IPPC) and the Infection Prevention and Control team (IPCt) to lessen the risk of avoidable harm to service users and promote safe working practices for Trust staff.

It demonstrates collaborative work to ensure that national initiatives are incorporated into trust policies, procedures, and guidance to inform best practice and to improve health outcomes for our service users and the wider community.

The Trust has continued to monitor compliance with regulatory requirements and is assured through the IPPC that services are safely and effectively managed through receipt of quarterly reports on audit, training, and surveillance of incidents and outbreaks of infection.

The report follows the format of the Health and Social Care Act (2008) Code of Practice of the prevention and control of infections and related Guidance (Department of Health 2015) to demonstrate our compliance with the criteria and recommendations for 2025-2026 work plan to strengthen assurance

DIRECTOR OF INFECTION PREVENTION & CONTROL STATEMENT

As Director of Infection Prevention and Control, I am satisfied that appropriate systems are in place to minimise the risk of infection across Trust services.

This report summarises the activities, performance, and outcomes of the Infection Prevention and Control (IPC) service for the period April 2025 to March 2026.

The Trust remains committed to maintaining high standards of infection prevention and control across inpatient, community, and specialist mental health services. Throughout the reporting period, the Infection Prevention and Control Team continued to support clinical services through surveillance, audit, training, and quality improvement initiatives.

Key achievements during the year included maintaining low rates of healthcare-associated infections, strengthening outbreak management processes, improving compliance with hand hygiene and environmental cleaning standards, and enhancing infection prevention training delivery across clinical and non-clinical staff groups.

The Trust reported no Trust-apportioned MRSA bacteraemia during the reporting period. There was one case of Clostridioides difficile infection and one case of MSSA bacteraemia identified among patients receiving care within Trust services. Each case was reviewed through a structured post-infection review process.

IPC audit compliance remained high across key indicators, including hand hygiene 98.29% and environmental cleanliness 97.26%. Staff compliance with mandatory infection prevention and control training reached 92.4%.

The Trust managed 9 respiratory outbreaks across inpatient wards during the winter period. These were primarily associated with seasonal respiratory viruses. All outbreaks were managed promptly with appropriate infection control measures.

Priorities for the coming year include strengthening antimicrobial stewardship, improving vaccination uptake among staff and patients, expanding surveillance across community services, and continuing to reduce the risk of healthcare-associated infections across all Trust settings.

1. Introduction

The Trust provides a wide range of inpatient, community, and specialist mental health services, supporting people with diverse and often complex mental health needs. Care is delivered across a variety of settings, including hospital wards, outpatient services, and community-based teams, with a continued focus on providing compassionate, safe, and person-centred care.

Preventing and controlling infection remains an important part of ensuring the safety and wellbeing of our patients, staff, carers, and visitors. The Trust is committed to maintaining high standards of infection prevention and control across all services and to promoting a culture where patient safety and quality of care are at the centre of everything we do.

This report provides assurance that the Trust continues to meet the requirements of the Health and Social Care Act 2008 Code of Practice for the prevention and control of infections and related guidance. It outlines the arrangements in place to support compliance, including clear governance processes, staff training, monitoring and audit programmes, environmental cleanliness, and the management of infection risks across all service areas.

Throughout the reporting period, the Trust has continued to strengthen its approach to infection prevention and control through ongoing improvement work, learning from incidents and inspections, and working closely with clinical teams and partner organisations. These efforts help to ensure that services remain safe, effective, and responsive to the needs of the communities we serve.

2. Governance and Accountability

Infection prevention governance is provided through the Infection Prevention and Control Committee, chaired by the Director of Infection Prevention and Control. The committee reports to the Clinical Governance Committee and Trust Board.

The Trust maintains a robust governance framework to support infection prevention and control.

Director of Infection Prevention & Control (DIPC)

The Director of Infection Prevention and Control provide executive leadership for infection prevention and reports directly to the Chief Executive and the Trust Board.

Responsibilities include:

- Oversight of infection prevention strategy
- Ensuring compliance with national standards
- Providing regular reports to the Trust Board
- Supporting outbreak management

Committees

IPC governance is supported through the following committees:

Committee	**Function**
Infection Prevention Partnership Committee	Oversight of IPC strategy, surveillance, audit monitoring, and antimicrobial prescribing.
Local/ Strategic Clinical Governance Committee	Oversight, monitoring & Assurance of IPC compliance,
Water Safety Group	Oversight of water safety management

The Infection Prevention and Control Committee met four times during the reporting period, with representation from clinical services, pharmacy, estates, facilities, and senior management, Occupational Health and the Integrated Care Board IPC colleagues.

3. Infection Prevention & Control Team

The Infection Prevention and Control Team (IPCT) provides specialist advice and support across the Trust.

Role	WTE
Lead Infection Prevention Control Nurse	1.0
Deputy Lead Nurse	1.0
Infection Prevention & Control Nurses	2.0
Associate Infection Prevention & Control Practitioner	1.0
Administrative Support	1.0

The team provides:

- Infection surveillance
- Outbreak management
- Policy development
- Education and training
- Audit programmes
- Advice to clinical services

2025/26 seen the new role of an Associate infection Prevention & Control Practitioner introduced into the team. The Infection Prevention & Control Associate Practitioner supported teams across the Trust to promote safe and effective infection prevention practices through audits, staff support, education, and quality improvement work. The role also involved working closely with service users and carers to ensure infection prevention approaches remained person-centered, inclusive, and appropriate within mental health settings. By building positive relationships with clinical teams and people with lived experience, the role helped encourage greater awareness, engagement, and shared responsibility for maintaining safe care environments across the Trust.

The IPCT also works closely with local acute hospitals, UK Health Security Agency, and local authority public health teams.

4.Compliance with The Health Act 2008 Code of Practice on the prevention and control of infections and related guidance

The table below sets out the actions taken by the Trust to evidence compliance with the code of practice and actions for 2024-2025 work plans to be monitored by IPPC

Compliance Criterion	What the Registered provider will need to demonstrate	Evidence of Trust compliance	Recommendation/action for 2026-2027 work plan
1	Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them.	• Director for Infection Prevention and Control • Infection Prevention Partnership Committee (IPPC). • Annual Programme of Work. • Annual Audit Programme • Annual Report to Trust Board. • Quarterly report to Clinical Governance Committee. • Risk Register review ongoing and presented quarterly at IPPC. • Monthly environmental and hand hygiene audits are undertaken by the clinical teams and submitted monthly to the IPC team via AMaT. A monthly report is produced, and areas of concerns are discussed with matrons and heads of Nursing for actioning. • IPC champions programme which includes three study days/year delivered by the IPC team.	1. Consider acquiring an electronic system for management and record keeping purposes for IPC (e.g., ICNet®), including recording and management of outbreaks – Single point of access for IPC information. 2. The IPC team to attend the new monthly quality assurance group meetings with heads of nursing to escalate IPC concerns.

		• Policies, procedures, SOP's development and review programme • Water Safety Group (WSG) (monthly and when needed) and Water strategic meeting quarterly. • Trust Infection Prevention and Control Team. • Access to expert advice by a Consultant Microbiologist. • Access to microbiological testing	
2	Provide and maintain a clean and appropriate environment in managed premises that facilitate the prevention and control of infections.	• Quarterly reports on cleanliness standards to IPPC • Joint IPC and facilities efficacy audits • Annual PLACE inspections (by estates and facilities) – Reported through IPPC • Monitoring of contractors cleaning performance though reporting to the IPPC by contractors and indirectly through IPC environmental audits. • Cleaning Policy • Decontamination Policy. • Quarterly Dental Suite audits • Waste Management Policy • Food Safety Expert has been recruited by the Trust • Water Safety Group • Control of Legionella Policy • IPC input to the built environment new build and refurbishment projects.	3. Cleaning Quarterly Group meeting to be reinstated. 4. Recruit decontamination officer for the Trust. 5. Create ventilation safety group. 6. IPC to be added to the due diligence process for new builds/ refurbishments.

3	Ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	• Electronic prescribing. • Bi-annual Antimicrobial Audit Report to be presented at IPPC. • Trust antimicrobial guidance document. • Access to microbiological advice.	7. Further promotion of antibiotic awareness/ stewardship through training sessions with clinical staff; audit of cases where antibiotics are indicated, scrutiny of prescribing practice (Chief Pharmacist); 8. Include SEPSIS awareness training for IPC champions; 9. Ensure Trust Pharmacist antimicrobial audit report is presented 6 monthly to IPPC.
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.	• IPC notice boards (IPC support bundle in place to support this) • Hand washing notices. • BBV (Blood borne Virus) Screening secure care • Internal/ external IPC pages with information on infections available for staff, service users & visitors.	10. Provide a yearly IPC calendar of events and hot topics related to infections. Display on IPC board, internal & external trust pages. 11. Review internal and external web pages and discuss with Comms processes to ensure the pages are accurate and timely updated. 12. IPC associate practitioner to co-produce infection prevention & control information for service users & visitors.

5	Ensure prompt identification of people who have or are at risk of developing infection so that they receive timely and appropriate treatment to reduce the risk of transmitting the infection to other people	• Electronic notification forms to the IPC team from RiO patient record. • Electronic pathology reports via email from the lab. • Expert infection Control advice from the Trust IPCN's and contracted service of a Consultant Microbiologist. • A manual surveillance system is in place and operated by the IPC team (Excel spread sheet) for reported microorganisms/ infections. • Access to specialist TB service at Birmingham Chest Clinic. • BBV screening • Sepsis awareness of risk associated conditions such as pneumonia, urinary tract, and wound infections. • Training/ educational sessions provided for staff on infections • IPC nurse daily duty Rota to support clinical teams.	13. Ensure that the information provided to the IPC champions is cascaded to their teams – Discuss processes to make this feasible. 14. Consider acquiring ICNet or similar system to monitor infections across the Trust and enable traceable advice and monitoring of actions. 15. Consider acquiring ticket system to monitor and record information/advice given to areas when IPC is contacted to ensure traceability and quality evaluation of the advice provided and also allow a smarter allocation of resources.
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.	• IPC fundamental care e-learning for all staff on induction and updates commensurate to their role. • Link worker training/study day x3 per annum. • Infection Control responsibilities included in job descriptions. • Infection control training of contractors included in estates and facilities	• Discuss update of local risk assessments to ensure staff are aware of national guidance and enable to make informed risk assessments in the workplace (with support from Health and safety). • Ensure FFP3 mask fitting program is continued within the directorates and compliance is improved to ensure adequate coverage is achieved.

		report to IPPC (report in appendix). • Core Hand Hygiene Trainers Training delivered by IPC team alongside IPC champions training and ad hoc as needed.	• Consider expanding link workers program to create weekly protected time for IPC and agree a support structure for IPC team reference member to support the link worker.
7	Provide or secure adequate isolation facilities.	• Ensuite bedrooms to most inpatient services. Dedicated toilet facilities made available in non-ensuite areas. • Management of Isolation Procedure in place and reviewed.	16. IT development of a solution to capture and monitor isolation information/checklists (within the integrated solution proposed in point 1) – Explore AMaT solution
8	Secure adequate access to laboratory support as appropriate.	• Pathology services provided by Sandwell & West Birmingham Hospitals NHS Trust. IPC and out-of-hour microbiology support provided by PHE lab.	17. Review contract for microbiology support with the PHE lab.
9	Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections.	• Procedures and policies aligned to the Trust Overarching Infection Prevention and Control Policy. • Annual plan of policy/procedure review in line with the National IPC Manual for England (NIPCME), other national/regional standards and guidance and monitored through IPPC.	18. Policies/Procedures are reviewed according to annual plan of work.

10	Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection	• Occupational Health provides vaccination at employment screening. • Flu Vaccination plan for employees driven by the Trust and supported by Occupational Health. • Liaison with Birmingham Chest Clinic in response to staff exposure to TB. • Occupational Health activity reported to IPPC quarterly.	19. Occupational Health to provide input to Seasonal Flu Planning. 20. Occupational Health to support staff in vaccination as well as sharp injuries and any further support regarding infectious diseases. 21. Ensure the accuracy of the records regarding new starters and all other members of staff is monitored and information can be rapidly accessed in case of need (e.g. measles case).

5.Compliance with Key Performance Indicators

Standard	Progress
Compliance with national mandatory surveillance for bloodstream infection MSSA and E.coli.	E. Coli Bacteraemia (0) – NIL Clostrifium diffcille (0) - NIL MSSA (1) Case unavoidable.
Zero tolerance of MRSA bloodstream infection, minimise rates of Clostridium difficile (C. diff)	Nil to report
Completion of Root Cause Analysis (RCA)/Post Infection Review (PIR) and other significant HCAI's within set time scales.	Clinical reviews were undertaken in line with trust risk management policy – PSIRF to be deployed with Governance support
Compliance with Hand Hygiene Audit. 95% threshold	The Trust has met its overall compliance of 95% when excluding non-submissions, If included the non-submissions (scored 0%), the average annual score for community settings lowers to 84.08% due to an average uncertainty of 13.46%
Compliance with Antibiotic Audit. 80% Threshold	Biannual reports on usage and recommendations/actions presented to IPPC by Chief Pharmacist. There have been gaps on this in the first quarter of the year where pharmacy did not attend and did not present the report to IPPC.
Compliance with national cleaning standards/British Standards 90% threshold.	The Trust has consistently met its overall compliance of 90% or above.

6.INFECTION SURVEILLANCE

Surveillance systems remain in place across the Trust to monitor healthcare-associated infections (HCAIs), including MRSA, MSSA, *Clostridioides difficile*, and Gram-negative bacteraemia. Monitoring these infections continues to be an important part of the Trust's Infection Prevention and Control (IPC) programme, helping to identify trends, support early intervention, and ensure that learning is captured to improve patient care and safety.

During the reporting period, the IPC Team received 266 notifications relating to alert organisms and provided advice and support in the management of both suspected and confirmed infectious cases. Each case, including those linked to outbreaks, was reviewed to identify any learning opportunities and to ensure that appropriate actions were taken where required. The IPC Team worked closely with clinical areas across the Trust, offering specialist guidance, undertaking reviews when IPC input was needed, and signposting staff to relevant Trust policies and best practice guidance to support safe and effective care.

MRSA Bacteraemia

No Trust-apportioned cases of MRSA bacteraemia were reported during the year, reflecting the continued focus on effective infection prevention and control measures across the organisation.

MSSA Bacteraemia

One case of MSSA bacteraemia was identified during the reporting period. A post-infection review was completed and concluded that the infection was unavoidable, with appropriate care and infection prevention measures having been followed throughout the patient's treatment.

Clostridioides difficile Infection

No cases of *Clostridioides difficile* infection were reported during the year, demonstrating the Trust's continued commitment to maintaining high standards of infection prevention, environmental cleanliness, and antimicrobial stewardship.

6.1 Summary of Infection Data

Microorganism/Condition 2025/26	Q1	Q2	Q3	Q4
Escherichia coli (2x ESBL)	11	14	11	6
D&V	19	22	12	19
Staphylococcus aureus (not bacteraemia)	5	5	1	6
Citrobacter koseri	1	2	0	0
Hep C	1	2	0	0
Candida parapsilosis	1	2	0	1
Enterococcus Faecalis	1	0	3	3
Klebsiella pneumoniae	2	7	4	0
Pseudomonas aeruginosa	2	0	1	0
Scabies/Lice	2	3	3	4
Proteus Mirabilis	1	3	1	1

Enterobacter Cloacae	1	0	0	1
Enterobacter hormaechei (ESBL)	1	2	1	0
Syphillis	1	1	1	0
Covid -19	9	5	3	0
HIV	1	2	2	0
Flu	0	0	20	3
Acinetobactor B	0	1	0	0
MRSA (Not blood stream infection)	0	2	2	0
Streptococcus Dysgalactiae	0	0	1	0
RSV	0	0	0	9
Respiratory type illness (other)	0	5	0	5
Ringworm	0	0	0	3
C.Diff	0	0	0	0
Streptococcus agalactiae	0	0	0	1
candida not auris	0	0	0	1
Total	**59**	**78**	**66**	**63**

The infection surveillance data for 2025/26 showed that D&V (diarrhoea and vomiting) remained the most commonly reported condition throughout the year, with 72 cases recorded across all four quarters. *Escherichia coli* infections, including two ESBL-producing strains, were also frequently identified, with a total of 42 cases reported consistently across the year.

Seasonal respiratory infections continued to have an impact, with Influenza cases increasing significantly during Q3 and accounting for 23 cases overall, while Covid-19 cases were mainly seen during the first half of the year, with 17 cases reported in total. *Staphylococcus aureus* (non-bacteraemia) remained relatively stable throughout the year with 17 reported cases.

Other commonly identified organisms included *Klebsiella pneumoniae* (13 cases), Scabies/Lice (12 cases), and other respiratory-type illnesses (10 cases), while RSV emerged during Q4 with 9 reported cases. Whilst Quarter 2 received the highest number of notifications relating to alert organisms, there were no outbreaks of infection reported across the Trust during this period.

Overall, the data highlights that gastrointestinal and respiratory infections continued to be the main causes of infection activity during 2025/26, with clear seasonal increases seen in viral respiratory illnesses such as Flu and RSV.

7. OUTBREAKS AND INCIDENTS

Outbreak Management

Outbreaks are managed using established procedures including isolation, touch base precautions, enhanced cleaning, increased environmental/ hand hygiene auditing and ventilation checks, staff exclusion when symptomatic, and close monitoring by the Infection Prevention and Control Team.

During the reporting period, **9 outbreaks** were declared across inpatient wards.

Type of Outbreak	**Number**
Respiratory Syncytial Virus (RSV)	1
Influenza	1
COVID-19	5
Diarrhoea & Vomiting	2

Respiratory outbreaks were primarily associated with seasonal viruses including Covid-19, Diarrhoea/ Vomiting, influenza and RSV.

Control measures included:

- Patient isolation
- enhanced environmental cleaning
- restriction of admissions where required
- staff testing and exclusion when symptomatic

Outbreak durations ranged from **5 to10 days**, with no serious patient harm reported.

The was a significant reduction in infection outbreaks from 38 in 2024/25 to 9 in 2025/26, representing a **76.3%** decrease, demonstrates the positive impact of the improvements made within the Infection Prevention and Control (IPC) service.

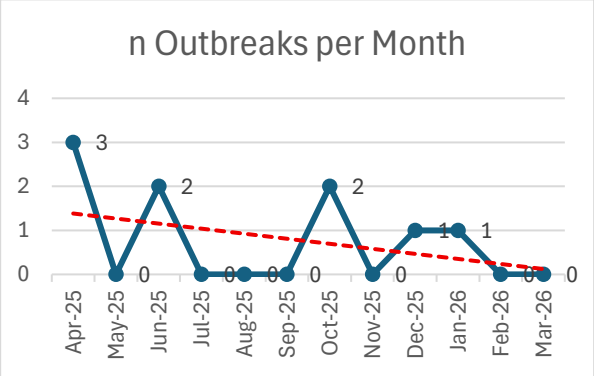
In contrast to the staffing reductions experienced during 2024/25, the IPC team from quarter two 2025/26 operated with a full complement of staff, which has strengthened the team's ability to effectively monitor infection surveillance, identify risks promptly, and provide timely support and guidance to clinical teams.

The increased visibility of IPC staff within clinical areas has also enhanced engagement with frontline teams, enabling more proactive support, earlier identification of concerns, and improved adherence to infection prevention practices. In addition, the increased staffing capacity has enabled the delivery of regular education and training sessions for staff, helping to reinforce best practice in infection prevention and improve compliance across services.

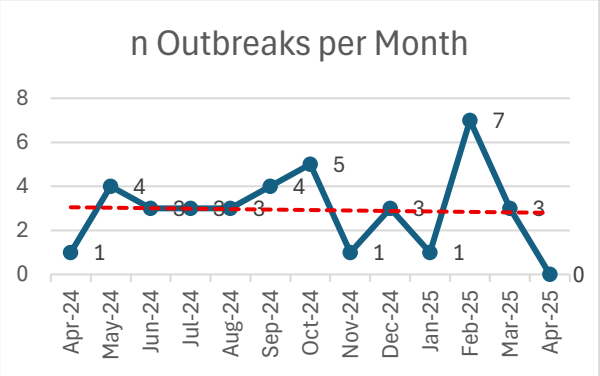
Collectively, these measures have contributed to improved infection control outcomes and a substantial reduction in outbreaks across the organisation.

The diagram below shows a breakdown in outbreaks of infections by month, with comparisons of 2024/25 and 2025/26 data.

Outbreaks in 2025/26



Outbreaks in the previous year 2024/25



8.INFECTIOUS REPORTED INCIDENTS

Infectious Incident	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Total
Blood Stream Infection (E-Coli, MMSA, MRSA...)	0	0	0	0	0	0	1	0	0	0	0	0	1
Clinical Waste Management	1	1	2	2	6	1	1	1	2	1	1	1	20
MRSA Management	0	0	0	0	0	0	0	1	1	0	0	1	3
Possible Transmission Risk	4	4	4	2	0	1	3	1	2	3	6	2	32
Tests - Failure / Delay To Undertake	0	0	0	0	1	0	0	0	0	0	2	3	6
Ward Closure Due To Infection Outbreak	1	0	1	0	0	0	0	0	0	0	1	0	3
Total	6	5	7	4	7	2	5	3	5	4	10	7	65

Food Safety	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Total
Foreign Body Identified In Food	1	0	0	0	1	0	0	1	1	0	0	0	4
Inappropriate Storage Of Food	0	1	0	0	1	0	1	0	0	0	0	0	3
Other Catering Issues	3	10	4	4	4	5	4	2	4	6	2	3	51
Other Food Safety Issue	1	0	1	2	2	1	0	1	1	0	0	0	9
Out Of Date Food	0	0	0	0	0	0	1	1	0	0	0	2	4
Total	5	11	5	6	8	6	6	5	6	6	2	5	71

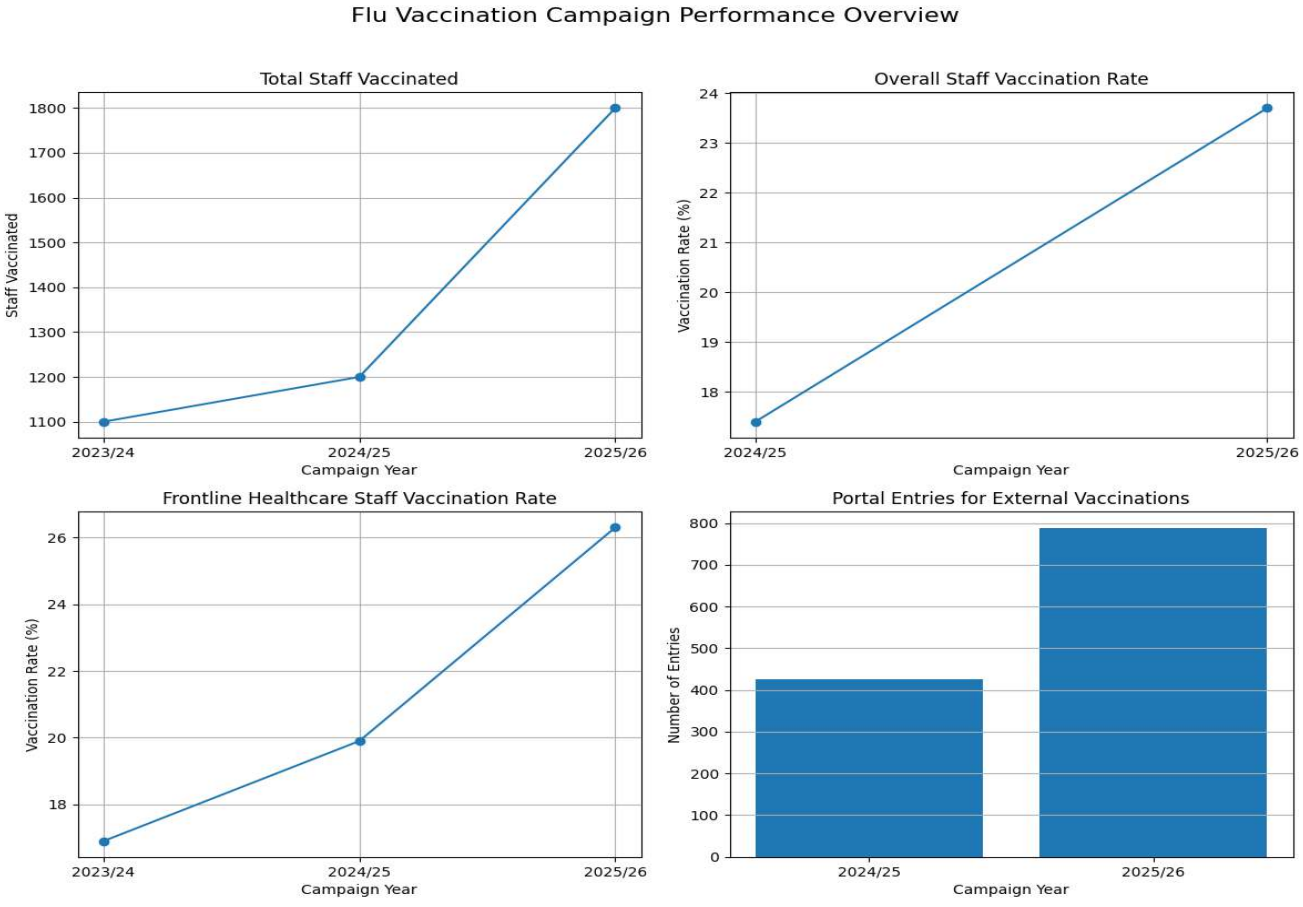
During the year, the Trust recorded 65 infectious incident reports and 71 food safety incidents across services. Most infection-related incidents were linked to possible transmission risks and clinical waste management, reflecting the day-to-day challenges of maintaining safe environments across a wide range of inpatient and community settings. Encouragingly, there were very few serious infection-related incidents reported, with only one bloodstream infection identified during the reporting period and a small number of ward closures linked to infection outbreaks. However, it was identified that staff were not completing an incident form for all ward closures. Out of 9 outbreaks in 2025/26 only 3 wards closures were reported as an incident.

Food safety incidents were mainly associated with general catering issues, which made up the majority of reports during the year. Other incidents, such as foreign bodies found in food, out-of-date food, and inappropriate food storage, remained low in number overall. Reporting levels varied throughout the year, with some increases seen during busier periods, particularly in May and August.

The Trust continues to encourage a positive reporting culture, recognising that incident reporting plays an important role in identifying risks, learning lessons, and improving practice. Trends identified through incident data are reviewed regularly to support targeted actions, staff awareness, and ongoing improvements in both infection prevention and food safety standards across the organisation.

9. FLU CAMPAIGN

Performance Update Just over 1,800 staff members have received a flu vaccination this winter period, nearly 600 more than last year and over 700 more than two years ago. While total figures have been boosted by CYP division joining us this year, the overall percentage of staff vaccinated has still increased significantly, from 17.4% last year to 23.7% this year. We have also seen a big increase in colleagues using the staff portal to record vaccinations received outside of the Trust, with portal entries increasing from 426 last year to 788 this year. This provides us with valuable knowledge of vaccinations we wouldn't otherwise have been aware of. For frontline healthcare staff, 1,326 staff have received a vaccination (26.3%) this campaign. This continues the upward trend over recent years (19.9% last year and 16.9% the year before). It also surpasses the stretch target set for the Trust by NHS England. Summary: o Campaign commenced August 2025 with Optima. Fortnightly meetings ensued with Divisions and other representatives as listed above. Directive issued from Chief Nurse to mandate mask-wearing in all areas, both clinical and non-clinical at the height of the influenza season which had a positive uptake of vaccination. Penultimate meeting 04 February 2026 with final meeting planned for 18 February 2026. Final meeting scheduled to be 18 February for reviewing of the campaign and reflection, key learning points and identification of opportunities for improvement; items for consideration & discussion to be: 1) Optima clinics – uptake and cost 2) Vaccinators including deployment closer to teams 3) A multi-professional approach to the campaign 4) Incentives 5) Mask-wearing and impact 6) Vaccination wastage Clinical Governance Committee has been appraised of the learning identified which will inform the 2026/2027 Campaign .



10. AUDIT AND COMPLIANCE

Regular infection prevention and control audits continue to play an important role in supporting patient safety, maintaining high standards of care, and ensuring compliance with Trust policies and national guidance. A programme of routine audits is undertaken across clinical areas by ward and department teams, including monthly hand hygiene audits and IPC environmental audits. These audits support local ownership of infection prevention practices and provide assurance that standards relating to cleanliness, hand hygiene compliance, and the clinical environment are being consistently maintained.

In addition to locally completed audits, the IPC Team undertakes a programme of quality assurance audits across the organisation. These audits are measured using a Red, Amber, Green (RAG) rating system, enabling areas of good practice and areas requiring improvement to be clearly identified and monitored. Audit findings are reviewed and displayed on the IPC dashboard, providing visibility of compliance levels across the Trust and supporting ongoing performance monitoring.

Where areas of non-compliance or improvement are identified, action plans are developed collaboratively with clinical teams to support sustainable improvement. The audit process also provides opportunities to share learning, highlight examples of good practice, and reinforce the importance of maintaining effective infection prevention and control standards across all services.

Key Audit Results for 2025/26

Audit	Compliance
Hand hygiene	98.29%
Environmental cleanliness	97.11
Mattresses	83.0%
Sharps	94.3%

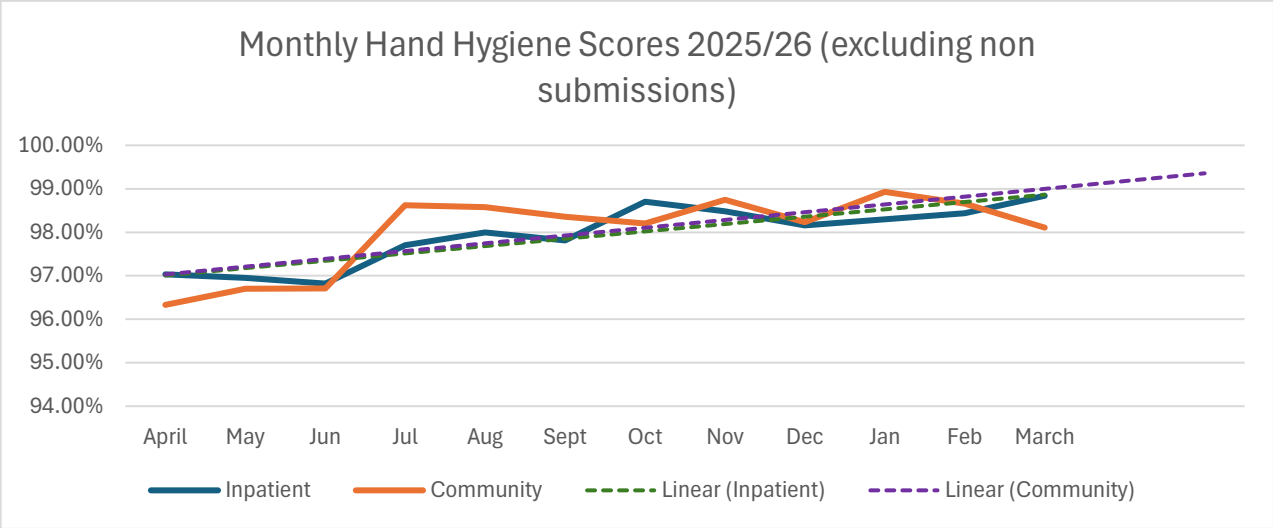
10.1 Clinical Teams led audits

Hand hygiene compliance across both inpatient and community services remained consistently high throughout 2025/26 for the areas that submitted an audit, demonstrating continued staff commitment to infection prevention and control practices.

In inpatient services, compliance rates remained above 96% each month, improving from 97.03% in April to 98.84% in March, with consistently strong performance maintained throughout the year.

Community services also demonstrated sustained high compliance, increasing from 96.33% in April to a peak of 98.93% in January, and maintaining rates above 98% for the majority of the year. These audits are led and completed monthly by clinical areas using

the AMaT system, with compliance monitored monthly by the Infection Prevention and Control team. The consistently high compliance rates across all services reflect continued adherence to hand hygiene standards and contribute to reducing the risk of healthcare-associated infections and improving patient safety.

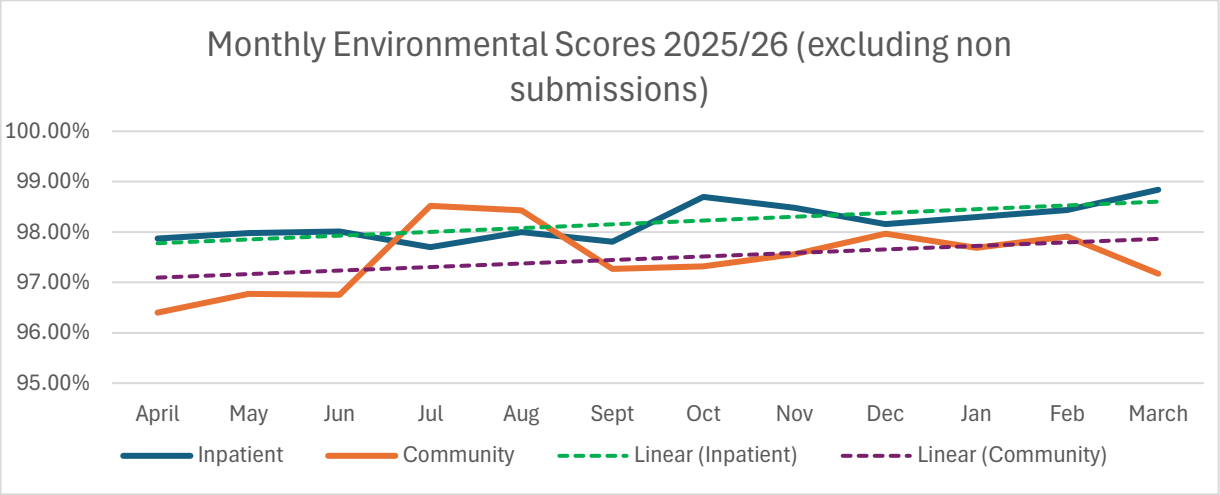


Infection control environmental audits, completed monthly by clinical areas, demonstrated consistently high compliance across both inpatient and community services throughout 2025/26. These scores reflect the results from areas that submitted audits during the reporting period.

In inpatient areas, performance remained stable and consistently high, ranging from 97.70% to 98.84%, with an overall upward trend in the latter part of the year and a peak in March at 98.84%.

Community services also maintained strong compliance levels, with results ranging from 96.40% to 98.52%. Although there was some month-to-month variation, performance generally remained close to or above 97%, with notable improvements during the mid-year months.

Overall, both inpatient and community services sustained high standards of environmental cleanliness and infection prevention practice, reflecting consistent compliance with required audit standards and supporting the ongoing reduction of infection risk across services.



Data including non-submission

Infection control environmental audit compliance, including all clinical areas regardless of audit submission status, demonstrated variable performance across 2025/26 and highlighted the impact of non-submissions on overall compliance scores.

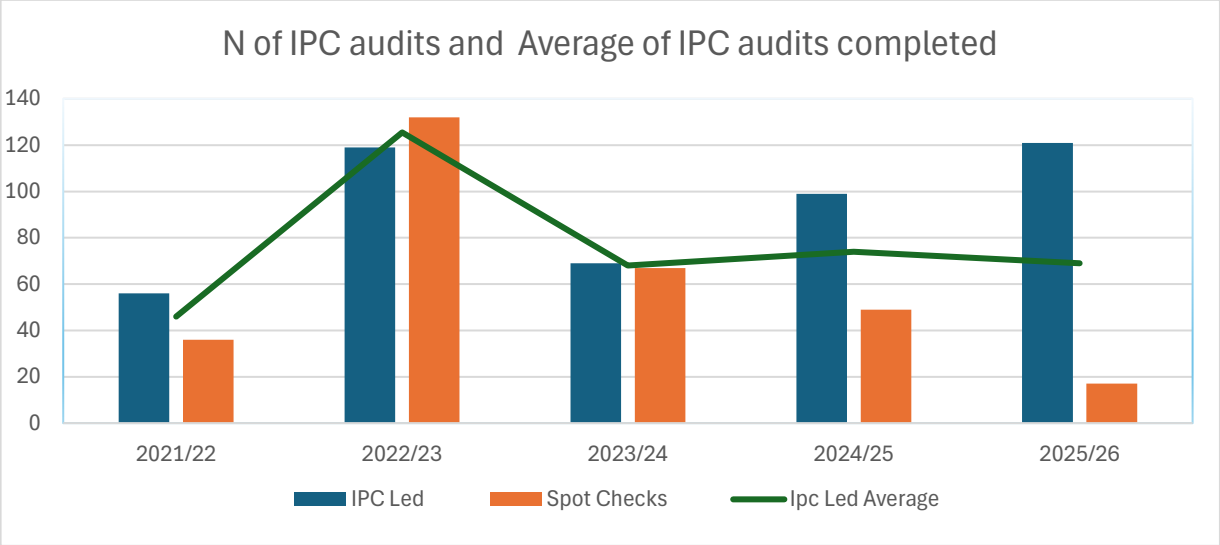
In inpatient services, compliance remained consistently stronger than community services throughout the year, with scores ranging from 88.64% to 98.84%, achieving the highest performance in January and March 2026.

Community compliance scores were lower overall, ranging from 79.99% to 90.71%, with reduced performance particularly evident during Q3 and Q4.

Overall organisational compliance fluctuated between 86.21% and 93.21% across the reporting period. The inclusion of non-submitting areas within the data provides a more accurate reflection of overall compliance and demonstrates the importance of timely audit completion by all clinical areas.

Despite some variability, the results continue to support ongoing monitoring of environmental standards and identify areas requiring additional focus to ensure consistent compliance with infection prevention and control requirements across all services.

10.2 IPC team led audits

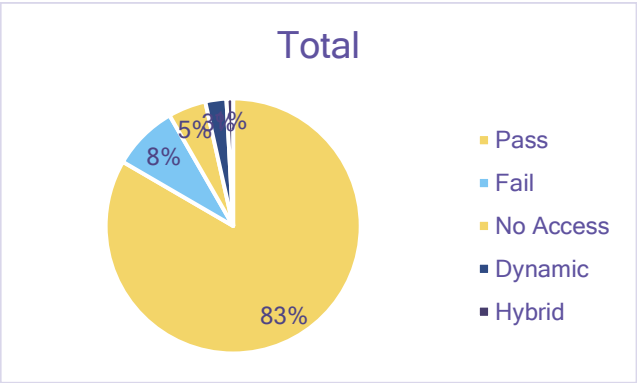


The number of Infection Prevention and Control (IPC) audits completed across services has demonstrated variation over the past five years, with a notable increase in IPC-led audits during 2025/26. IPC-led audits increased from 98 in 2024/25 to 121 in 2025/26, representing the highest level of IPC-led audit activity recorded within the reporting period. In contrast, spot checks reduced significantly from 49 in 2024/25 to 17 in 2025/26. This reduction is reflective of the significant decrease in infection outbreaks during 2025/26, resulting in less requirement for reactive spot-check activity.

The average IPC audit scores remained consistently positive throughout the reporting years, with 2025/26 maintaining strong levels of compliance despite increased audit activity. Overall, these results demonstrate strengthened oversight of infection prevention standards across clinical areas and continued monitoring to support quality improvement and compliance with infection prevention and control requirements.

External Inspections and Audits

The mattress annual audit was conducted in September.



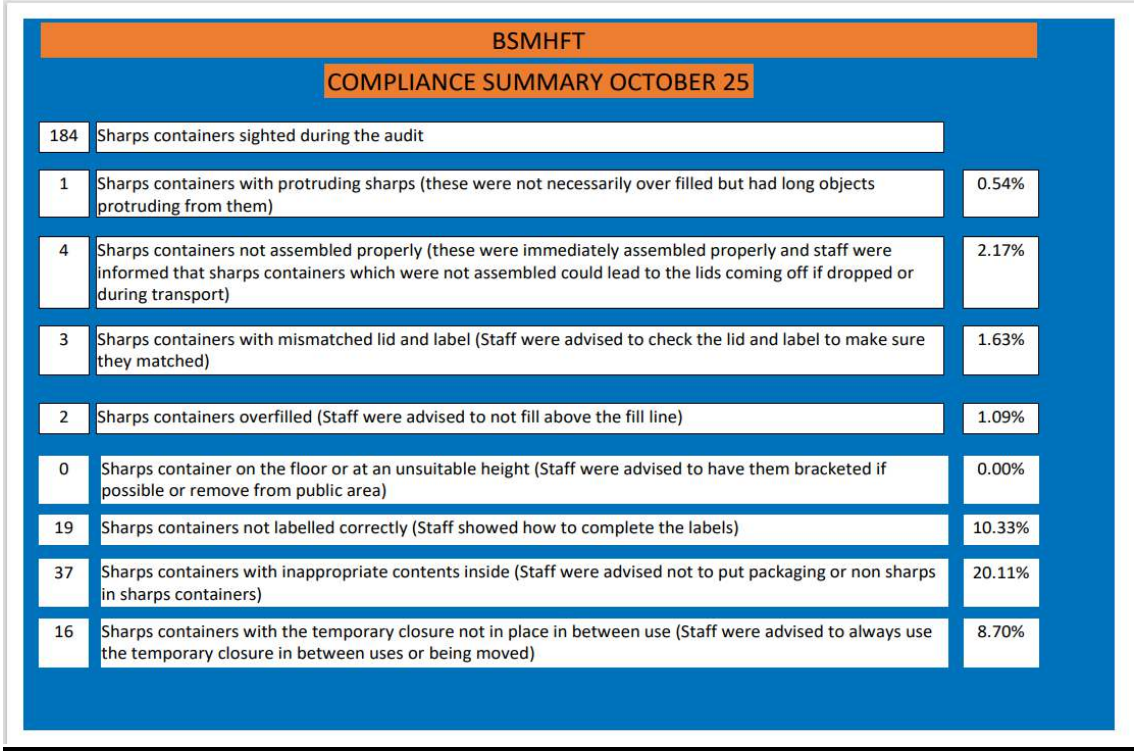
Field1	Count of Field1
Pass	592
Fail	59
No Access	34
Dynamic	19
Hybrid	6
Grand Total	**710**

Findings from the mattresses audit 2025

The auditors located 711 mattresses across the trust over the 3 days (683 checked) including Safety 7, Dynamic, Statics and Hybrid Mattresses. This included a variety of different manufacturers used within the trust also (DHG, Invacare, Reposa, Renray, Pineapple and Knightsbridge) Dynamic Mattresses were not checked as part of this audit, just noted of their location and Hybrids were visually checked but not included within the data.
Several of the mattresses across the trust were too long for the bed bases that they are on. This does not impact the effectiveness of the mattress however not ideal for the SU.
3 of the 683 mattresses checked across the estate have mattresses that have zips to separate top cover and bottom cover. All mattresses within the mental health trust are to be sealed so all zipped mattresses will require replacing. These were the same as in 2024 audit. This shows areas providing action plans stating mattresses have been replaced are not carrying out the action.

Sharps Trust audit

The annual trust sharps audit was carried out in October 2025, with a total of 184 sharps containers being audited across trust sites. The total trust average score was 94.3% for compliance this is a decrease from the 2024 sharps audit. Non-compliance with the use of sharps containers data is continued to be captured in the monthly environmental audits/IPC audits, in order to address noncompliance.



BSMHFT

COMPLIANCE SUMMARY OCTOBER 25

184	Sharps containers sighted during the audit	
1	Sharps containers with protruding sharps (these were not necessarily over filled but had long objects protruding from them)	0.54%
4	Sharps containers not assembled properly (these were immediately assembled properly and staff were informed that sharps containers which were not assembled could lead to the lids coming off if dropped or during transport)	2.17%
3	Sharps containers with mismatched lid and label (Staff were advised to check the lid and label to make sure they matched)	1.63%
2	Sharps containers overfilled (Staff were advised to not fill above the fill line)	1.09%
0	Sharps container on the floor or at an unsuitable height (Staff were advised to have them bracketed if possible or remove from public area)	0.00%
19	Sharps containers not labelled correctly (Staff showed how to complete the labels)	10.33%
37	Sharps containers with inappropriate contents inside (Staff were advised not to put packaging or non sharps in sharps containers)	20.11%
16	Sharps containers with the temporary closure not in place in between use (Staff were advised to always use the temporary closure in between uses or being moved)	8.70%

11. EDUCATION AND TRAINING

Education and training continue to play an important role in supporting good infection prevention and control practices across the Trust. Providing staff with the knowledge and confidence to follow safe working practices helps to reduce the risk of healthcare-associated infections and ensures that high standards of patient care are maintained. IPC training is delivered through a combination of online e-learning, face-to-face sessions, and virtual training via Microsoft Teams, allowing staff to access training in a way that is flexible, accessible, and relevant to their role. During the reporting period, compliance with mandatory IPC training improved, demonstrating the ongoing commitment from staff and managers to maintaining safe practice and keeping infection prevention at the forefront of patient care. Training sessions also provide valuable opportunities to reinforce key IPC messages, share learning from audits and incidents, and encourage a culture of continuous improvement across the organization.

11.1 Training delivered

Q1	Q2	Q3	Q4
• Core Hand Hygiene Training on 02/04/2025, 07/05/2025, 04/06/2025 - via MS Teams • IPC Champions Study Day on 10/06/2025 – face to face at the Uffculme Centre.	• Core Hand Hygiene Training on 02/07/25, 06/08/25, 03/09/25 - via MS Teams.	• Core Hand Hygiene Training on 08/10/25, 05/11/25, 26/11/25, 03/12/25 - via MS Teams • IPC Champions Study Day on 13/11/25 – face to face at the Uffculme Centre.	• Core Hand Hygiene Training on 07/01/26, 04/02/26, 04/03/26 - via MS Teams • IPC Champions Study Day on 12/02/26 – face to face at the Uffculme Centre.

Core Hand Hygiene	
Date	No of staff
02/04/25	2
07/05/25	2
04/06/25	5
02/07/25	No data
06/08/25	5
03/09/25	8
08/10/25	5
05/11/25	5
26/11/25	8
03/12/25	9
07/01/26	12
04/02/26	6
04/03/26	4

11.2 Training Compliance

Staff Group	Compliance
Non-Clinical staff level 1	98%
Clinical staff level 2	93.1%
Overall, Trust compliance	94.2%

Training compliance across the Trust remained strong during the reporting period, demonstrating staff commitment to maintaining safe, high-quality care and effective infection prevention practices. Compliance for non-clinical staff completing Level 1 training reached 98%, while clinical staff achieved 93.1% compliance for Level 2 training. Overall, Trust-wide compliance was 94.2%.

These figures reflect the continued efforts of teams across the organisation to ensure staff have the knowledge and confidence to manage infection risks safely within their roles. The Trust continues to promote a positive learning culture by supporting staff to complete mandatory training, monitoring compliance regularly, and working with services to maintain high standards of practice across all care settings.

The IPC team also supported a Link Practitioner Programme, with 32 staff members acting as infection prevention champions within clinical teams.

Hand hygiene training with service users

In quarter 4, 15 wards across multiple service areas within the trust were visited to engage service users and gather feedback on hand hygiene awareness and confidence. Demonstrations were done using a glow gel and torch. Overall, service users demonstrated a strong understanding of the importance of hand hygiene, with most reporting confidence in reminding staff when needed and expressing satisfaction with current practice. Engagement was not possible in a small number of wards (2) due to pre-planned activities.

Key feedback themes included:

- Requests for clearer, more patient-friendly hand hygiene posters
- Improved access to hand hygiene facilities (e.g. additional sanitiser and soap provision)
- Increased visibility of environmental cues such as communal posters and touch-point cleaning
- Concerns regarding staff practices (e.g. acrylic nails, watches etc)
- Comments on cleanliness of shared environments, including communal facilities
- Some concerns were escalated appropriately to ward teams at the time of visit, with contextual explanations provided to the service users where changes were not feasible for safety reasons.

- Some areas were revisited for service users to provide feedback on the poster developed.

In response:

- Two co-designed hand hygiene posters were developed with service users input
- Service users' knowledge on good hand hygiene practices.





11.3 Training attended:

The IPC team continue to be an expert service in the Trust and have kept updated in their professional development as follows:

Q1	Q2	Q3	Q4
	• 02/07/2025 – IPC Journal Club in partnership with Infection Prevention Society: Making infection prevention live for frontline healthcare workers (Webinar). • 03/09/2025 – IPC Journal Club in partnership with Infection Prevention Society: Optimizing prevention and treatment of gastrointestinal and urinary tract infections (Webinar).	• 22/10/15 - West Midlands Quarterly Surveillance Report & Hot Topic: Candiozyma auris (Webinar) • 11th/11/25 – 13/11/25 - High Consequences Infectious Disease Training.	• Risk register training BSMHFT 29/01/202 • Senior managers training BSMHFT/ Health & Safety team 04/02/2026 • First line manager's programme: Health and Safety BSMHFT/ Health & Safety team 11/02/2026 • Management and Essential Skills training Module 1: Cultivating Self-Awareness for Effective Management. Aligning with BSMHFT Values 17/02/2026

	• 10/09/2025 – IPC Journal Clun in partnership with Infection Prevention Society: 20 years of Candida BSI: mortality, recurrence, and resistance (Webinar). • 24/09/2025 – NHS England: Clinical advice and response to supply issues affecting anti-tuberculosis medicines (Webinar).		• Midlands IPC Water Safety Series – UHB NHSE/UHB 04/03/202 • Investigative Interviewing Health Services Safety Investigations Body 05/03/2026 • Midlands IPC Water Safety Series – CRH NHSE/CRH 11/03/2026 • Management Essential Skills Training Module 2: Managing Relationships and Conversations at BSMHFT 24/03/2026. • Midlands IPC Water Safety Series – NUH NHSE/NUH 24/03/2026 • Measles Webinar – the IPC response for NHS Trusts UKHSA /NHSE 25/03/2026 • An Introduction to after action Review Health Services Safety Investigations Body 27/03/2026 • Prevent, Protect, Provide – Trojan Horse in Plain Sight: the Nasal Microbiome and HCAIs Lexington Communications 31/03/2026

			• HCID Trainer's Update Meeting HCID Network 31/03/2026

12.CLEANING STANDARDS

The Estates and Facilities report on details of activities undertaken to promote and maintain standards required to meet the Code of Practice and other regulatory standards.

Of note were the consistently high cleaning scores reported to IPPC. Cleaning scores can be seen on estates report attached.

13.CAPITAL DEVELOPMENTS

The IPC team has worked with Estates and clinical staff to ensure that standards to meet the requirements of the document Health Building Note 00-09: Infection control in the built environment have been incorporated into refurbishments and works undertaken. However, throughout the reporting period the IPC team have raised concerns where IPC team were not included at the initial stages in the due diligence process for new/ refurbishing of buildings.

14.ANNUAL PROGRAMME OF WORK

The Annual Programme of Work and the IPC key priorities for 2026/27 document will be attached to this report.

After analysing the past year's activity, the IPC team advises on the following:

- All policies, guidelines, and SOP's to be reviewed and have included auditing criteria/ KPI.
- IPC audits planning to include monitor implementation/adherence to IPC policies (according to policies KPI).
- Full review of compliance with the Health and Social Care Act 2008: code of practice on the prevention and control of infections (commonly known as the "Hygiene code") to be continued and discuss plan of action to overcome any identified gaps with the DIPC.

Appendix 1

ESTATES & FACILITIES INFECTION PREVENTION & CONTROL ANNUAL REPORT 2025-26

DOMESTIC & HOUSEKEEPING MANAGEMENT

Estates & Facilities

All domestic services continue to be provided by SSL with the North PFI sites services being provided by a third-party outsourced provision. This means that all Estates and Facilities domestic service provision across the Trust is outsourced for 2025/2026 reporting period.

NHS England –National Standards for Healthcare Cleanliness

NHS England National Standards for Healthcare Cleanliness were implemented in April 2022. The Trusts Cleaning Policy was updated and ratified to align with the National Standards. The Trust Cleaning Policy was ratified in

SSL Domestic and Housekeeping Operational Manual

SSL Domestic and Housekeeping Operational Manual contains Domestic and Housekeeping COSSH safety data documentation (in line with the Trust COSHH Policy), task-based risk assessments and method statements, task-based standard operating procedures, cleaning method statements, Trust Infection Prevention & Control policies and procedures, and operating instructions for departmental electrical equipment.

SSL Facilities Rapid Response Team

During 2025/2026 SSL Facilities Rapid Response Team continued to undertake a programme of deep cleaning across the Trust.

CLEANLINESS

Cleanliness Audit & Inspection Programme

During 2025/26 the programme of cleanliness inspections and audits was undertaken. Cleanliness scores and reports were provided to the Trust Infection Prevention & Control Team each month and the Trust Infection Prevention Partnership Committee each quarter.

The programme comprises 2 levels with additional spot checks.

Level 1 Monitoring by Domestic Supervisors and Amey (3rd Party Contractor)
Level 2 Trust-wide Management Audits

Cleanliness scores were reported against the thresholds in the National Standards for Healthcare Cleanliness, Dementia wards – 95%, Inpatient building's - 85% and Outpatient and Offices 85%.

During 2025/26 the cleanliness scores throughout the Trust (BSMHFT, SSL and Amey Community Limited) can be seen below and were consistently above the thresholds set in the National Standards for Healthcare Cleanliness.

All special cleaning activity (including Isolation Cleaning, Post-Infection Cleaning and scheduled Deep Cleaning) was undertaken in compliance with the Trust Infection Prevention & Control Policy and was reported monthly to the Infection Prevention & Control Team and to the Infection Prevention Partnership Committee each quarter. The Trust's Deep Cleaning Programme is an integral element of the Trust Cleaning Policy and responds to the National Standards for Healthcare Cleanliness.

Key Cleaning Performance Data for 2025/26

Technical Audits

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	1 April – 30 June 2025	1 July – 30 Sept 2025	1 Oct – 31 Dec 2025	1 Jan – 31 Mar 2026
	Trust Cleanliness Targets & Scores			
	Trust Overall Cleanliness Target = 95% Dementia Units, 90% inpatient Units, 85% Outpatient Units			
Trust Average	97.33%	97.37%	97.25%	97.08%
North PFI	94.45%	94.36 %	94.97%	95.52%
BNHP	97.68%	97.95%	97.80%	97.59%
Community	99.02%	99.14 %	98.70%	98.43%
Secure	98.17%	98.01%	97.51%	96.76%

Management Audits

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	1 April – 30 June 2025	1 July – 30 Sept 2025	1 Oct – 31 Dec 2025	1 Jan – 31 Mar 2026
	Trust Cleanliness Targets & Scores			
	Trust Overall Cleanliness Target = 95% Dementia Units, 90% inpatient Units, 85% Outpatient Units			
Trust Average	94.59%	93.17%	94.23%	96.61%
North PFI	94.59%	93.17%	94.23%	95.13%
BNHP	No Data	No Data	No Data	No Data
Community	No Data	No Data	No Data	No Data
Secure	No Data	No Data	No Data	98.09%

PLACE (Patient Led Assessments of the Care Environment)

The 2025 PLACE assessment programme took place during September – November 2025. The results have been published and scores are;

BSMHFT's PLACE Scores - Nationally

Cleanliness		Combined Food		Organisational Food		Ward Food		Privacy, dignity & Wellbeing		Condition, Appearance & Maintenance		Dementia		Disability	
BSMHFT	National Average	BSMHFT	National Average	BSMHFT	National Average	BSMHFT	National Average	BSMHFT	National Average	BSMHFT	National Average	BSMHFT	National Average	BSMHFT	National Average
99.50%	98.55%	91.97%	92.13%	85.93%	92.79%	97.40%	92.30%	94.94%	89.37%	98.14%	97.00%	91.05%	85.68%	86.11%	87.12%

BSMHFT's PLACE Scores - Mental Health and Learning Disabilities

Cleanliness		Combined Food		Organisational Food		Ward Food		Privacy, dignity & Wellbeing		Condition, Appearance & Maintenance		Dementia		Disability	
BSMHFT	MH & LD Average	BSMHFT	National Average	BSMHFT	MH & LD Average	BSMHFT	MH & LD Average	BSMHFT	MH & LD Average	BSMHFT	MH & LD Average	BSMHFT	MH & LD Average	BSMHFT	MH & LD Average
99.50%	98.82%	91.97%	93.15%	85.93%	90.60%	97.40%	95.34%	94.94%	96.36%	98.14%	97.37%	91.05%	93.29%	86.11%	91.97%

BSMHFT's overall PLACE scores exceeded the National Average scores in 5 out of 8 domains (Cleanliness, Ward Food, Privacy, Dignity & Wellbeing, Condition, Appearance and Maintenance and Dementia).

Where we are reviewed against Mental Health & Learning Disabilities we are above the National Average with, cleanliness, ward food and condition, appearance and maintenance.

Cleaning Quality Operational Group

The Cleaning Quality Operational Group has not been held since 06th March 2024. This forum plays a vital role in sharing best practices and addressing issues or updates relating to processes and policies. Meetings to be set up

Cleaning Policy

The aim of the Trust Cleaning Policy is to demonstrate compliance with the assessment criteria detailed in "The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance (DOH, July 2015) on the standards of cleanliness that facilitate the prevention and control of infections and improve the quality of health service provision by ensuring that all cleaning related risks are identified and managed.

The policy requires delivery of consistent and compliant cleaning practices and cleanliness standards Trust-wide (whether delivered through SSL or PFI providers).

Compliance with the policy is monitored through the following.

- Estates & Facilities Cleanliness Audit & Inspection Programme
- Cleaning Quality Operational Group
- Estates & Facilities monthly reports to the Infection Prevention & Control Team and quarterly reports to the Infection Prevention Partnership Committee.

Computerised Cleanliness Monitoring System

SSL Estates & Facilities Department and PFI teams operate a computerised cleanliness monitoring system "FM First" (based on the National Standards for Healthcare Cleanliness). The system generates cleaning scores and real time reports. This system works in line with the Cleaning Standards.

WASTE MANAGEMENT

Waste Contracts

The contract with Veolia for Domestic waste commenced 1st April 2020 and the Clinical Waste contract with Tradebe commenced 01 July 2020. These contracts for Domestic and Clinical Waste have been extended and have continued to deliver an effective and compliant service during 2025/26 whilst at the same time keeping costs to a minimum.
BSOL Procurement Collaborative recognised that BSMHFT is now out of contract. This is agreed as their 'system' plan being to complete tendering all such waste services in 26/27 for 27/28 in an attempt to gain best environmental and financial value across the ICS.

Waste support and compliance visits

SSL have been supporting the Trust in visiting all Trust sites to help promote correct segregation of clinical waste, reduce risks and to try to encourage clinical / nursing teams to adopt the offensive waste streams at sites. This is proving challenging with some sites / teams reluctant to change. IPC as policy leads are asked to consider re-enforcing the need to segregate waste as per policy / HTM07-01.
In addition, the same visits have also tried to ensure that the need for sites to meet the recent 'simpler recycling' regulations is being actioned. This includes the introduction of Dry Mixed Recycling (mixed recycling) at all Trust Group sites as well as rolling out food waste recycling to every site. It is anticipated that the process will be completed during Q1 / Q2 2026/27

Duty of Care Audits

Duty of Care Audits by external experts of the Trust's various waste contractors continue to be carried out as they are deemed necessary to ensure that the Trust's waste is managed effectively and compliantly from point of consignment to final disposal. In addition, SSL has checked with the clinical waste contractor Tradebe to ensure all pre-acceptance audits are current. Where issues have been identified the findings have been shared accordingly. In addition, Duty of Care visits to the Trusts Clinical and Confidential waste contractors have been undertaken during 2025/26 to test the safe and compliant management of the Trusts waste. These visits being jointly undertaken with Amey and Trust Information Governance representative (for Confidential waste)

Waste Management Policy

The Trust's Waste Management Policy was ratified in February 2025. This Policy places a clear responsibility on the producer of the waste (the ward / the team / the individual) to manage that waste compliantly and furthermore places a control responsibility on team / ward managers and equivalent who are custodians of healthcare within their sphere of influence to ensure that their staff manage waste safely and compliantly. In line with NHS Waste Strategy the Policy communicates a responsibility on BSMHFT Clinical and Nursing to decrease waste incorrectly classified as being hazardous (orange bagged) and instead treat as Offensive non-hazardous (yellow and black strip bags). At this time no significant change is apparent. SSL can support re external contract provision, but it is the Trust staff that dispose of the waste that need to make this change. SSL are also attempting to visit each site annually to help provide support / direction re waste management – This generally being via invite.

NHS E Waste Management Strategy 24/25

Infection Control Committee need to consider its Clinical waste disposal as per the NHS E Waste Strategy. This determines that NHS Trusts should aim for 20% of its waste treated by incineration, 20% by alternative treatment and 60% managed as non-infectious (offensive) healthcare waste. At the current time BSMHFT 'orange' bags the majority of its clinical waste as being infectious healthcare waste – whereas much of the this (where there are no BBV for example) including that of even PPE should be classified as non-infectious offensive waste.

Waste Management Training

SSL's Estates and Facilities Department has supported clinical / healthcare colleagues by offering refresher training at their request and has also attended the Infection Prevention Champions day to promote compliant waste management and continuous improvements at sites again with a focus on correct segregation and the need to move where applicable to diverting waste currently incorrectly disposed of as hazardous orange bagged into the non-hazardous offensive waste streams.

LAUNDRY & LINEN MANAGEMENT

Laundry & Linen Contract

In January 2025 we moved across to a new laundry supplier, Oxwash. Oxwash was bought out by Elis, and we moved back to Elis in March 2026. SSL and Amey continue to monitor quality.

Duty of Care Audits

A Duty of Care (DOC) Audit was undertaken for Oxwash and is due to take place for Elis in May/June 2026.

PEST CONTROL

The Pest Control Policy was ratified on 01/07/2025.

Appendix 2

Summerhill Services

Annual Water Management Report 25/26

April 26

Authorising Engineer:

LRA services have been appointed as our Authorising Engineers for the upcoming financial year, Antony Paskin will remain as our AE.

M: 07917 641154
E: antony@lraservices.co.uk
Address: LRA Services Ltd, 37 High Street, Princes Risborough. HP27 0AE

Water Safety Plan

The WSP has been developed in order to comply with the requirements of HTM 04-01: Safe Water in Healthcare Premises.

The purpose of the WSP is to assist with understanding and mitigating risks associated with waterborne hazards in distribution and supply systems, together with associated equipment. The WSP also provides a risk management approach to the safety of domestic hot and cold water and establishes good practice in local water usage, distribution and supply systems. The WSP will also identify potential water-related hazards, consider practical aspects and detail appropriate control measures.

A full re write of the WSP has been completed which has now been fully ratified by the SWSG – latest version below:

WSP Part 4.3 - Permits and Processes

WSP Part 4.2.2.1 - Positive Water Sampl

WSP Part 4.2.2 - Exemplar Forms.docx

WSP Part 4.2.1.4 - SOP - Support Practic

WSP Part 4.2.1.3 - SOP - Portable Hand

WSP Part 4.2.1.2 - SOP - Void Residentia

WSP Part 4.2.1.1 - SOP - Validation and

WSP Part 4.1.4 Control Measures - Sa

WSP Part 4.1.3 Control Measures - O

WSP Part 4.1.2 Control Measures - H

WSP Part 4.1.1 Risk Assessment Remedial

WSP Part 3.1 Risk Assessments & Schen

WSP Part 2.1 Design Control.docx

WSP Part 1.1 Governance Policy.do

WSP Part 5.1 Support Schemes.docx

Legionellosis Management and control Policy

Legionellosis Management and control Policy has been fully reviewed and updated to align with the ratified WSP, this was presented to PDMG on Wednesday 11th November 2024 and was approved and has been fully ratified as below:

Annex Q - Legionellosis manage

Training (Estates):

A detailed list of training requirements has been compiled (see below) – dates currently being booked in April / May 2026

Water Safety Training Requirements 2025.xl

Appraisals:

Appraisals and Certificate of Appointments issues as below by AE:

Lee Gough:

BSMAE38952C22_RP _Certificate of Appoin

Simon Epstein:

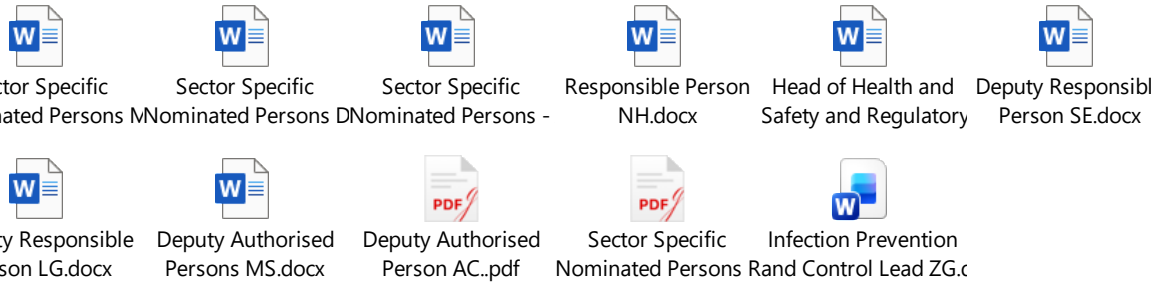


Further appraisals to be scheduled for RP / AP's who have not yet had one completed.

Formal Appointments:

As per the waster safety plan and legionellosis management and control policy formal appointments need to be made for those managing / attending water safety group meetings.

Al appointment letters have been issues to the relevant individuals with the below acceptance letters received:



NOTE! We still awaiting acceptance letters from the consultant microbiologist and Designated person (DIPC).

Risk Assessments:

Retained Estate:

See below:

Ref	Property	Postal Address	Date of Last Survey	Next Due
1	Adams Hill	190 Adams Hill, Bartley Green, B32 3PJ	29/06/2023	29/06/2026
2	Ardenleigh		28/10/2024	28/10/2026
3	Dan Mooney House	1 Woodside Crescent, Downing Close, Knowle, Solihull, B93 0QA	26/06/2023	26/062026
4	David Bromley House	2-4 Woodside Crescent, Downing Close, Knowle, Solihull, B93 0QA	26/06/2023	26/062026
5	Grove Avenue	32 Grove Avenue, Moseley, Birmingham, B13 9RY	27/06/2023	27/062026
6	Hertford House	29 Old Warwick Road, Olton, Solihull, B92 7JQ	26/06/2023	Commissioned
7	Hillis Lodge	Hollymoor Way, Northfield, B31 5HE	29/06/2023	29/06/2026
8	Juniper Centre	Moseley Hall Hospital site, Alcester Road, Moseley, B13 8JL	28/06/2023	28/06/2026
9	Longbridge Health & Community Centre	10 Park Way, Birmingham Great Park, Rubery, B45 9PL	29/06/2023	29/06/2026
10	Lyndon Resource Centre	Hobs Meadow, Solihull, B92 8PW	29/06/2023	29/06/2026
11	Maple Leaf Centre	2 Maple Leaf Drive, Marston Green B37 7JB	29/06/2023	29/06/2026
12	Newington Resource Centre	Newington Road, Hamar Way, Marston Green, B37 7RW	18/07/2023	18/07/2026
13	Orsborn House	55 Terrace Road, Handsworth, Birmingham, B19 1BP	28/06/2023	28/06/2026
14	Reaside Clinic & Community Building	Birmingham Great Park, Bristol Road South, Rubery, B45 9BE	04/11/2024	04/11/2026
15	Shenley Fields	15 Shenley Fields Drive, Northfield, B31 1XH	29/06/2023	29/06/2026
16	Tamarind Centre		14/01/2025	14/01/2027
17	Uffculme Centre inc (Main Building, Tall Trees / Estates, Staff Support, Gate House	52 Queensbridge Road, Moseley, B13 8QY	27/06/2023	27/062025
18	Uffculme site (Tall Trees)	52 Queensbridge Road, Moseley, B13 8QY	27/06/2023	27/062025
19	Warstock Lane	Warstock Lane, Billesley, B14 4AP	28/06/2023	28/062025
21	Warehouse 1			08/08/2025
22	SSL Hub			08/08/2025

A risk assessment has been completed for the new Freehold CYP site Oaklands Clinic and we are reviewing the actions.

North PFI:

All WRA's have been completed and remedial works are in progress, with capital funding being made available for FY 26/27.

South PFI:

WRA's have taken place recently for all three buildings. The feedback from which was received in early December with remedial works planned for completion.

Authorising Engineer Audits:

Audits have recently been carried out by water AE across the following areas – audits being finalised before distribution.

South PFI – Awaiting confirmed date for March / April 2026.
Community Sites – Audit completed in April 26 awaiting publication of draft report.
Secure Sites – Audit completed in May 26 awaiting publication of draft report.
North PFI – Audit completed in April 26 awaiting publication of draft report.

Water Sampling Results and General Overview

Combined Sampling results are now collated into a single spreadsheet including actions taken (see below):

Combined Results.xlsx

Secure / Community Sites (positive results throughout the year)

Reaside:

Routine monthly sampling on 06/02/2025 detected a low legionella count on kitchen tap as below:

- 22/10/2025 - Dental Large Spout Chair Cold Pre – 5200 CFU Count

Actions: regular flushing instigated along with local disinfection and cleaning of outlet with resampling, the next sample results were all clear, the dental chair has also been disconnected from the mains.

North PFI:

Over the past year we have seen a significant improvement to the sampling results across the North PFI sites with Eden unit securing ND's across all outlets, which has led to the water treatment system being turned off, Forward House now achieving ND's across all sampled outlets.

The only positive results across the North PFI have been:

Small Heath Sample Results:
Positive on WHB in Female Visitor WC: 1st sample carried out 04/09/2025 (400CFU's) – we have had multiple positives throughout the year on this outlet – latest samples are all clear.
Positive sample result on kitchen first floor (F46) – samples taken 11/02/2026 (40 CFU) – latest results are all clear.

Endeavour House (bedroom 12):

Asset Barcode	Room Description	Type	Water	Type	Lab Ref (Report & Lab Sample No.)	Temp Celsius	Leg Spp	Leg SG 1	Leg SG 2-15

154830	Bedroom 12	WHB	Hot	Post	*PS-EK5K / 25812919*	*40.20*		*80*	

NOTE! Latest results are all clear.

South PFI

The South PFI sites have continued to show clear results over the past quarter, below are the quarterly reports / sampling results formulated / taken by Equans.

Quarterly Sampling Results / reports below:


South PFI Samping Results (Jun to Aug 25


Bar Ole Zin Water Samples - Sep - Nov 2


Bar Ole Zin Samples - Dec 25 to Feb 26.xlsx

Capital projects:

A capital water management group has been established which meets bi monthly to discuss all capital projects, agenda below:


120126 CWM Agenda.docx

The below is a list of the major capital schemes which impacted water supplies across BSMHFT.

Location:	Description of works:
Main House	Renovation / refurbishment of building for FIRST team
Reaside	Various Bathroom / Shower room / toilet works
Ardenleigh	Ensuite upgrade works
Forward House	Conversion of tank fed to direct fed system
Highcroft	New Hospital project
24/7 pilot scheme	New site
Various acute / urgent care sites	Conversion of assisted bathrooms
Mary Seacole	Anti ligature WC's and Trovex Panels.

Newbridge	Anti ligature WC's and Trovex Panels.
Barberry	Anti ligature WC's
Hillis Lodge	WC upgrades
Warstock Lane	Toilet upgrades

LEE GOUGH

Head Of Facilities Management

Appendix 3

Food Safety Annual Report 2025-2026

Staff

In November 2025, Bethany Bannigan joined SSL as the new Food and Hygiene Quality Assurance Lead, working under Gemma Harvey, the Senior Food Safety and Quality Assurance Manager. Beth joined us from Birmingham City Council's Environmental Health Department where she was an operations manager where she managed the food safety service. As a qualified EHO she has worked in the enforcement of food safety and health and safety legislation for 11 years. With both the new post and this post being filled, 2026/27 should see even more activity with regards to food safety, and indeed, food generally.

Registration with Birmingham City Council and Solihull MBC

Not all sites were registered with the corresponding Local Food Authority. As of September 1st 2025, all sites were appropriately registered, any address or other anomalies were rectified.

Food Safety Audit Tool

A new food safety audit tool has been developed with FM First to create an audit that is better reflects the type of inspection and resulting score that the Enforcement Officers will use during their statutory inspections. It has been tested and will be live to use for the 2026-2027 year.

Primary Authority Partnership with Birmingham City Council

SSL have entered into a Primary Authority Partnership with Birmingham City Council in order to create a closer working relationship between the two organisations. Regular meetings are held and documents and policies are reviewed.

Food Hygiene Inspections

Dan Mooney House: 25/11/2025: rating 5

David Bromley House: 25/11/2025: rating 5

Tamarind: 17/03/2026: rating 4

Reaside: 24/03/2026: rating 4.

The Food Standards Agency considers a rating of 3 or above as broadly compliant. Any inspection that resulted in less than a rating of 5 have corrected any identified issues and are scheduled for a re-score visit. Re-score visits should be undertaken by 24/05/2026. The new scores will be reported in 2026/27 Q1 report to IPPC.

Allergen Management

The updated food safety policy strengthens the procedures relating to allergen management. There
are Standard Operating Procedures to be followed in the event that one of our inpatients has a food allergy. Whilst there is still work to be done with regards to allergen management, the progress made this year is substantial and provides an excellent foundation for the work that is to come in 2026/27. The forms are on the BSMHFT Connect page, under the Food and Drink Tile. The completion of the Food Allergy Form on RiO is monitored and reported to QAG on a quarterly basis. Compliance is growing and as of April 2025 was approximately 85%.

HACCP Review

The HACCP review is ongoing and should be completed early in 2026/7. New monitoring forms will be developed to be used with the new system.

Food Safety Policy Update

The Food Safety Policy underwent significant changes and was ratified in February 2026. It was bought to the Q3 IPPC for assurance.

Synbiotix Roll-out

The Synbiotix (electronic meal ordering system) roll out continues and all sites due to use the system will be live in early 2026/7. Synbiotix and RiO are also now integrated and in 2026/27 the ‘allergen filter’ should be available, ensuring patients with a food allergy are only able to order food that is safe and suitable for their needs.

Food Safety Training Updates

Gemma Harvey has worked with the L&D team in an initial review of the statutory training module in food hygiene. Work to fully upgrade the module to include allergen management will continue into 2026/7. In the meantime, clinical and SSL staff have been completing the free online FSA food allergy training module.

SSL underwent an accreditation process for their training materials and trainers to allow bespoke and Trust specific training courses to be developed and delivered. The first course will be ready for delivery early 2026/27.

Gemma Harvey
Senior Food Safety & Quality Assurance Manager



Birmingham and Solihull Mental Health
NHS Foundation Trust

Uffculme Centre

Main switchboard: 0121 301 0000
Website: www.bsmhft.nhs.uk

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