

## TRUST BOARD

Date of meeting	25 March 2021						
Title	Consultant Appointments						
Report of	Andy Welch, Medical Director						
Prepared by	Colin Sakhe, HR Advisor (Medical & Dental)						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		
Summary	The content of this report outlines recent Consultant Appointments.						
Recommendation	The Board of Directors is asked to review the decisions of the Appointments Committee.						
Links to Strategic Objectives	<p>Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality.</p> <p>People – Supported by Flourish, our cornerstone programme, we will ensure that each member of staff is able to liberate their potential.</p>						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	Ensuring the Trust is sufficiently staffed to meet the demands of the organisation.						
Reports previously considered by	Consultant Appointments are submitted for information in the month following the Appointments Panel						

## CONSULTANT APPOINTMENTS

### EXECUTIVE SUMMARY

The content of this report outlines recent Consultant Appointments since the last meeting of the Board of Directors in January 2021.

## CONSULTANT APPOINTMENTS

### 1. APPOINTMENTS COMMITTEE – CONSULTANT APPOINTMENTS

- 1.1 An Appointments Committee was held on 21 January 2021 and interviewed 1 candidate for 1 Consultant Endocrine and General Surgeon post.

By unanimous resolution, the Committee was in favour of appointing Mr Jason Ramsingh.

Mr Ramsingh holds MBBS (Trinidad and Tobago) 2009 and FRCS (UK) 2018 Mr Ramsingh is currently employed as a Locum Consultant Endocrine and General Surgeon based at the Royal Victoria Infirmary.

Mr Ramsingh is expected to take up the post of Consultant Endocrine and General Surgeon in July 2021.

- 1.2 An Appointments Committee was held on 27 January 2021 and interviewed 2 candidates for 1 Consultant Clinical Geneticist post.

By unanimous resolution, the Committee was in favour of appointing Dr Elizabeth Ann Harris.

Dr Harris holds MBBS (University of Newcastle) 2007 and MRCP (UK) 2011. Dr Harris is currently employed as a Specialty Trainee by the Northumbria Healthcare NHS Foundation Trust.

Dr Harris is expected to take up the post of Consultant Clinical Geneticist in March 2021.

- 1.3 An Appointments Committee was held on 26 February 2021 and interviewed 3 candidates for 1 Consultant Paediatric Surgeon post.

By unanimous resolution, the Committee was in favour of appointing Miss Elizabeth O'Connor.

Miss O'Connor holds MBBS (University of Nottingham) 2010 and FRCS (UK) 2019. Miss O'Connor is currently employed as a Post CCT Fellow in Paediatric Surgery by the Northumbria Healthcare NHS Foundation Trust.

Miss O'Connor is expected to take up the post of Consultant Paediatric Surgeon in May 2021.

- 1.4 An Appointments Committee was held on 4 March 2021 and interviewed 1 candidate for 1 Consultant in Paediatric Rheumatology post.

By unanimous resolution, the Committee was in favour of appointing Dr Sunil Kumar Sampath.

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Dr Sampath holds MBBS (Rajiv Gandhi University of Health Sciences, India) 2003, MRCPCH (UK) 2010 and PhD (UK) 2018. Dr Sampath is currently employed as a Locum Consultant in Paediatric Rheumatology and General Paediatrics based at the Royal Victoria Infirmary, Great North Children's Hospital.

Dr Sampath is expected to take up the post of Consultant in Paediatric Rheumatology in March 2021.

- 1.5 An Appointments Committee was held on 4 March 2021 and interviewed 2 candidates for 1 Consultant Community Paediatrician post.

By unanimous resolution, the Committee was in favour of appointing Dr Morag Jane Andrew.

Dr Andrew holds MBChB (University of Glasgow) 2001, MRCPCH (UK) 2005 and DPhil (University of Oxford) 2017. Dr Andrew is currently employed as a Locum Consultant Paediatrician based at the Royal Victoria Infirmary, Great North Children's Hospital.

Dr Andrew is expected to take up the post of Consultant Community Paediatrician in April 2021.

- 1.6 An Appointments Committee was held on 5 March 2021 and interviewed 1 candidate for 1 Consultant Cardiologist post.

By unanimous resolution, the Committee was in favour of appointing Dr Jennifer Peal.

Dr Peal holds MBBS (University of Newcastle) 2010, MRCP (UK) 2013 and MMedEd (University of Newcastle) 2018. Dr Peal is currently employed as a Consultant Cardiologist by the South Tyneside and Sunderland NHS Trust.

Dr Peal is expected to take up the post of Consultant Cardiologist in June 2021.

- 1.7 An Appointments Committee was held on 11 March 2021 and interviewed 1 candidate for 1 Consultant Anaesthetist with a special interest in Intensive Care Medicine post.

By unanimous resolution, the Committee was in favour of appointing Dr Joseph Oliver Nevin.

Dr Nevin holds MBBS (University of Newcastle) 2010, FRCA (London) 2017 and FFICM (London) 2019. Dr Nevin is currently employed as a Specialty Trainee in Anaesthesia based at the Royal Victoria Infirmary.

Dr Nevin is expected to take up the post of Consultant Anaesthetist with a special interest in Intensive Care Medicine in June 2021.

- 1.8 An Appointments Committee was held on 11 March and interviewed 4 candidates for 3 Consultant Anaesthetist posts.

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By unanimous resolution, the Committee was in favour of appointing Dr Abhik Guha, Dr Edward Charles Ireland and Dr Sneha Prasad.

Dr Guha holds MBBCh (Cardiff University) 2011 and FRCA (London) 2016. Dr Guha is currently employed as a Locum Consultant Anaesthetist based at the Freeman Hospital.

Dr Ireland holds MBBS (University of Newcastle) 2011 and FRCA (London) 2017. Dr Ireland is currently employed as a Specialty Trainee in Anaesthetics based at the Freeman Hospital.

Dr Prasad holds MBBS (University of Newcastle) 2010 and FRCA (London) 2016. Dr Prasad is currently employed as a Specialty Trainee based at the Freeman Hospital.

Dr Guha is expected to take up the post of Consultant Anaesthetist as soon as possible.

Dr Ireland is expected to take up the post of Consultant Anaesthetist in August 2021.

Dr Prasad is expected to take up the post of Consultant Anaesthetist in 2021.

## **2. RECOMMENDATION**

1.1 – 1.8 – For the Board to receive the above report.

**Report of Andy Welch**

**Medical Director**

16 March 2021

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The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

## TRUST BOARD

Date of meeting	25 March 2021						
Title	Guardian of Safe Working Quarterly Report (Q3 2020)						
Report of	Dr Henrietta Dawson, Trust Guardian of Safe Working Hours						
Prepared by	Dr Henrietta Dawson, Trust Guardian of Safe Working Hours						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision		For Assurance		For Information		
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Summary	<p>The terms and conditions of service of the new junior doctor contract (2016) require the Guardian of Safe Working Hours to provide a quarterly report to the Trust Board to give assurance to the Board that the junior doctors' hours are safe and compliant.</p> <p>The content of this report outlines the number and main causes of exception reports for the period 27 September 2020 to 26 December 2020 for consideration by the Trust People Committee, prior to submission to the Trust Board.</p>						
Recommendation	The Board of Directors is asked to note the contents of this report.						
Links to Strategic Objectives	Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
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Impact detail	In order to maintain quality and safety, we must have a junior doctor workforce who can work within safe hours and receive excellent training.						
Reports previously considered by	Quarterly report of the Guardian of Safe Working Hours. Report previously received by the People Committee on 16 February 2021.						

## GUARDIAN OF SAFE WORKING QUARTERLY REPORT

### EXECUTIVE SUMMARY

This quarterly report covers the period 27 September 2020 to 26 December 2020.

There are now 872 trainees on the New Junior Doctor Contract and a total of 1,130 junior doctors in the Trust.

There were 85 exception reports in this period. This compares to 26 exception reports in the previous quarter and 81 exception reports in the same quarter of 2019. The previous quarter saw an unusually low number of exception reports due to reduced clinical activity early on, with increasing numbers in the latter 6 weeks as clinical activity returned to closer to pre-pandemic levels and COVID related activity increased. Despite the high workload in certain specialties due to COVID, the number of exception reports are similar to those seen in the same quarter of 2019.

The main area of exception reports is general medicine, haematology/oncology and general surgery.

The main cause of exception reports is when there is excessive workload which was not appropriate to hand over to on call teams. The workforce workload imbalance has been exacerbated by large levels of short term absence due to sickness and isolation due to COVID.



## GUARDIAN OF SAFE WORKING QUARTERLY REPORT

### 1. INTRODUCTION / BACKGROUND

The 2016 New Junior Doctor Contract came into effect on 3 August 2016 and was reviewed in August 2019, with changes implemented in a staggered approach from August 2019 to October 2020.

The TCS on the new 2016 contract allows for exception reporting to raise reports on breaches of working hours and educational opportunities. These are ratified or rejected as appropriate by clinical supervisors and the process is overseen by the Guardian of Safe Working Hours.

The TCS require the Guardian of Safe Working Hours to provide a quarterly report to the Trust Board to give assurance to the Board that the junior doctors' hours are safe and compliant.

### 2. HIGH LEVEL DATA

		(previous quarter data for comparison)
Number of Junior Doctors on New Contract	872	(816)
Number of Exception reports	85	(26)
Number of Exception reports for Hours Breaches	83	(25)
Number of Exception reports for Educational Breaches	13	(6)
Fines		(1)
Admin Support for Role	Good	
Job Planned time for supervisors	Variable	

### 3. EXCEPTION REPORTS

#### 3.1 Exception Report by Speciality (Top 3)

General Medicine	31
Haematology Oncology	19
General Surgery	18

#### 3.2 Exception Report by Rota

General Medicine RVI F1	14
Haematology/Oncology F2	11
General Surgery FH F1	9
General Surgery RVI F1	9

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Haematology/Oncology CMT	8
General Medicine FH F1	6
General Medicine FH SHO	6

### **3.3 Exception Report by Grade**

Foundation Year 1	43
F2	16
SHO	15
SpR	11

### **3.4 Example Themes from Exception Reports**

#### **General Medicine RVI/FH**

Short-term absence from sickness and self-isolation has resulted in more frequent minimum staffing levels on the ward. This, combined with a high workload, results in trainees staying late to complete the work. Trainees were sometimes unable to take time back for scheduled teaching or mandatory training taking place outside routine hours. Compensation has been awarded via the exception reporting system.

#### **Haematology/Oncology**

Trainees stayed late as minimum staffing due to sickness resulted in high workloads that could not be completed in scheduled hours.

#### **General Surgery FH F1**

This is a busy job with large numbers of complex patients. Any increase in workload can require doctors to stay late.

#### **General Surgery RVI F1**

Trainees often stay beyond their scheduled hours at weekends to complete routine tasks as other members of the team are busy. This has been investigated twice before and trainees have opted not to change the length of this shift.

## **4. EXCEPTION REPORT OUTCOMES**

### **4.1 Work Schedule Reviews**

There have been no work schedule reviews carried out due to exception reports.

### **4.2 Fines**

No fines have been issued

## 5. ISSUES ARISING

### 5.1 Workforce and workload

The high workloads on the wards combined with high levels of short-term absence due to sickness and self-isolation has led to trainees staying late to ensure safe delivery of patient care. This has also resulted in trainees missing educational opportunities, although the impact of this has been minimised as far as possible with the use of increased Locally Employed Doctors and locums. The rise in Covid cases seen in November resulted in short term redeployment of trainees from other specialties to cover medical wards. This was done with local agreement from the trainees and HENE. Work schedules were altered to reflect the trainee's working pattern and to ensure no breaches to the TCS.

### 5.2 Supervisor Engagement

Supervisor engagement is variable, with some supervisors requiring multiple prompts to complete exception reports.

### 5.3 Administrative Support

Administrative support is currently excellent.

## 6. ROTA GAPS

Specialties and rotas with gaps as of December 2020 are outlined below. A full breakdown of gaps has been circulated privately.

Site	Specialty/Sub Specialty	Grade	No required on rota (at full complement)	December 2020
<b><u>Cancer Services</u></b>				
FH	Oncology	ST3+	14	0.2
FH	Palliative Medicine	F2/ST1+	13	2.8
FH	Haematology / Oncology	F2/ST1/ST2	10	1
FH	Haematology	ST3+	11	2.2
<b><u>Cardiothoracic Services</u></b>				
FH	Cardiology	F2/ST1-2	4	1
FH	Cardiothoracic Anaesthesia	ST3+	9	3
FH	Cardiothoracic Transplant	ST3+	3	1
FH	Paediatric Cardiology 1st	F2/ST1/ST2	7	0.4
FH	Respiratory Medicine	CMT/ST1-2	4	0
FH	Respiratory Medicine	ST3+	11 (rotate with RVI)	1
<b><u>Children's Services</u></b>				
RVI	Paediatrics 1st - ST1/ST2 (now inc Paeds Surgery)	F2/ST1/ST2	26	1.4

Site	Specialty/Sub Specialty	Grade	No required on rota (at full complement)	December 2020
RVI	General Paediatrics	ST3+	20	2
RVI	Paediatric ICU (PICU)	ST3+	9	1.6
<b><u>Dental</u></b>				
RVI	OMFS	ST3+	2	1
<b><u>EPOD</u></b>				
FH	ENT	ST3+	9	1
RVI	Plastic Surgery	F2/ST1/ST2	10	0.39
RVI	Ophthalmology	ST3+	23	7
RVI	Dermatology	ST3+	9	1.4
RVI	Dermatology	CMT	1	0.2
<b><u>Integrated Lab Medicine</u></b>				
RVI	Histopathology	ST3+	12	2
RVI	Histopathology	ST1/2	8	3
C4L	Genetics	ST3+	4	1.7
RVI	MM rota integrated with ID and MV and GIM	ST3+	15	1.4
<b><u>Medicine</u></b>				
RVI	Acute Medicine	Trust Doctors	9	4
RVI	General Internal Medicine	ST3+	23	2.6
RVI	Accident & Emergency 1st	ACCS/ST1-2/CT1-2	21	1.4
RVI	Accident & Emergency 2nd	ST3+	15 (14 from Nov 20)	3
<b><u>Musculoskeletal</u></b>				
FH	Rheumatology	CMT1-2	4	0.2
FH	Orthopaedics	F2/ST1/ST2	6	2
RVI/FRH	Orthopaedics	ST3+	19	3
RVI	Spinal Surgery	ST3+	2	1
<b><u>Neurosciences</u></b>				
RVI	Neurosurgery	F2/ST1/ST2	7	2
RVI	Neurosurgery	ST3+	14	2
RVI	Neurology	ST3+	13	1.2
RVI	Neurophysiology	All grades	2	1.4
<b><u>Peri-operative FH</u></b>				
FH	Anaesthetics General	ST1-7 CT1-2	30	1.4
<b><u>Peri-operative RVI</u></b>				
RVI	Critical Care	ST3+	19	1
RVI	Anaesthetics	ST1-2 / ST3 +	44	3.8
<b><u>Radiology</u></b>				
RVI / FH	Radiology On Call	ST2 / ST3+	33	0.6
<b><u>Surgical Services</u></b>				
FH	Vascular	ST3+	10.5	0.76
FH	Hpb / Transplant	ST3+	11	2
RVI	General Surgery	ST3+	13	0.6
FH	IoT - NSR & Teaching Fellows	ST1-2 NSR TFs	4	1

Site	Specialty/Sub Specialty	Grade	No required on rota (at full complement)	December 2020
<b><u>Urology &amp; Renal</u></b>				
FH	Renal Medicine	F2/ST1/ST2	6	0.4
FH	Renal Medicine	ST3+	9	0.2
FH	Urology	F2/ST1/ST2	8	0.4
FH	Urology	ST3+	11	1
<b><u>Womens' Services</u></b>				
RVI	Obstetrics & Gynaecology	F2/ST1/ST2	14	0.6
RVI	Obstetrics & Gynaecology	ST3+	22	2.2
RVI	Neonates	ST3+	13	1

### 6.1 Locum Spend

The total amount of internal locum spend was £511,120.46. There was no external agency locum spend during this period. The locum spend this quarter is similar to previous. The locum spend for the previous quarter was £603,447.

## 7. REVISION TO 2016 JUNIOR DOCTOR CONTRACT

The 2016 Junior Doctor Contract has been revised. All work schedules are now compliant, although there remain 5 rotas where the weekend frequency exceeds 1 in 3. It is a recommendation of the contract that no rotas have a frequency of more than 1 in 3 weekends.

## 8. RISKS AND MITIGATION

The main risk remains medical workforce coverage across a number of rotas. This is currently exacerbated due to the Coronavirus pandemic. Proactive recruitment of Locally Employed Doctors to areas of high clinical need has partly mitigated the impact of this in these areas.

Solutions will also need to be sought for rotas where weekend frequency exceeds 1 in 3. Discussions around this are currently on hold due to the Coronavirus pandemic.

## 9. JUNIOR DOCTOR FORUM

No new issues were raised. How to maintain teaching and training during the current pandemic were discussed. Plans for the new staff rest area were shared and the Medical Director gave an update to junior doctors on the current COVID situation, as well as an opportunity to ask questions directly to him.

## 10. RECOMMENDATIONS

I recommend that we continue to be proactive at assessing the workforce/workload balance, and continue to find local solutions to ensure that patient safety and excellent training are maintained.

**Report of Henrietta Dawson  
Consultant Anaesthetist  
Trust Guardian of Safe Working Hours  
16 January 2021**

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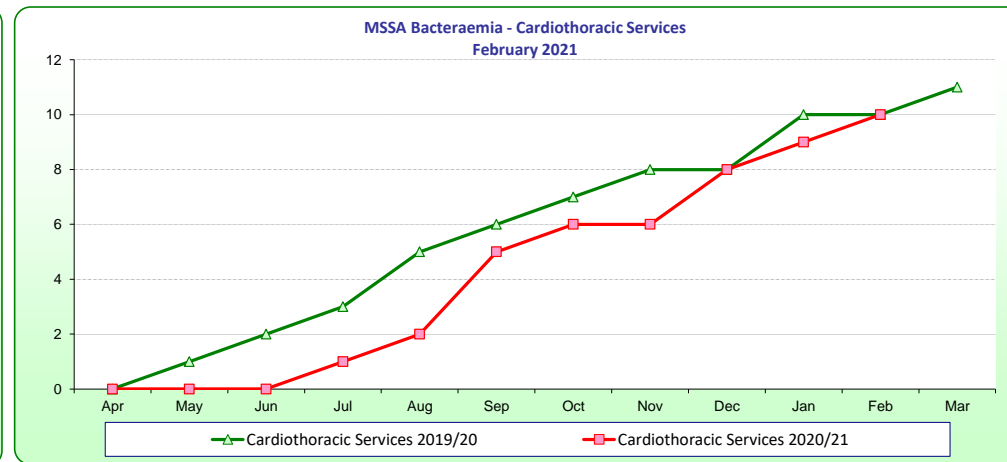
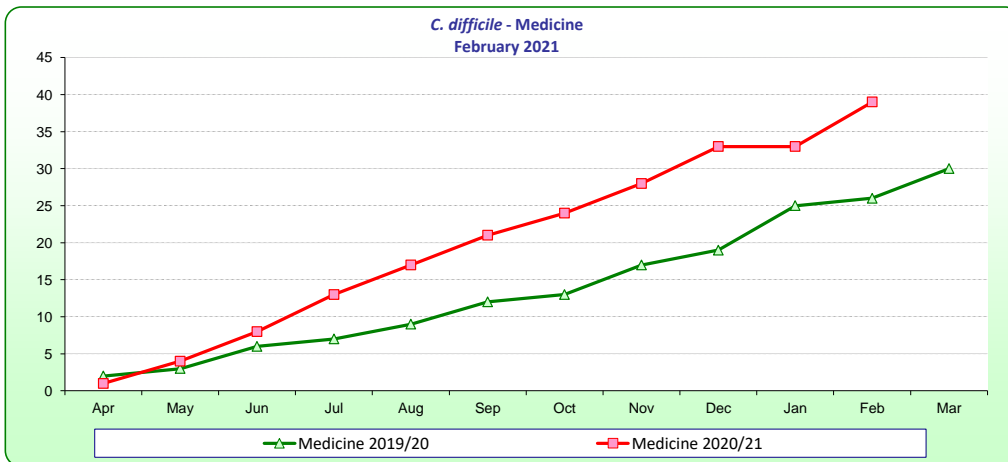
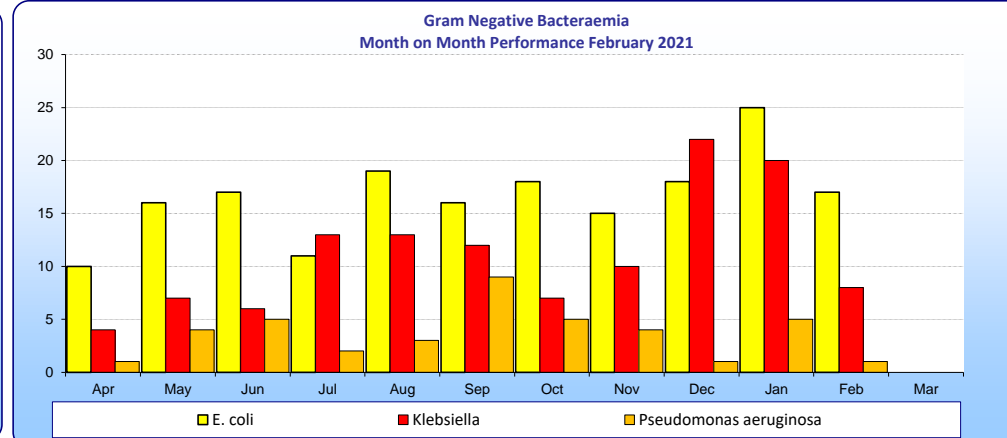
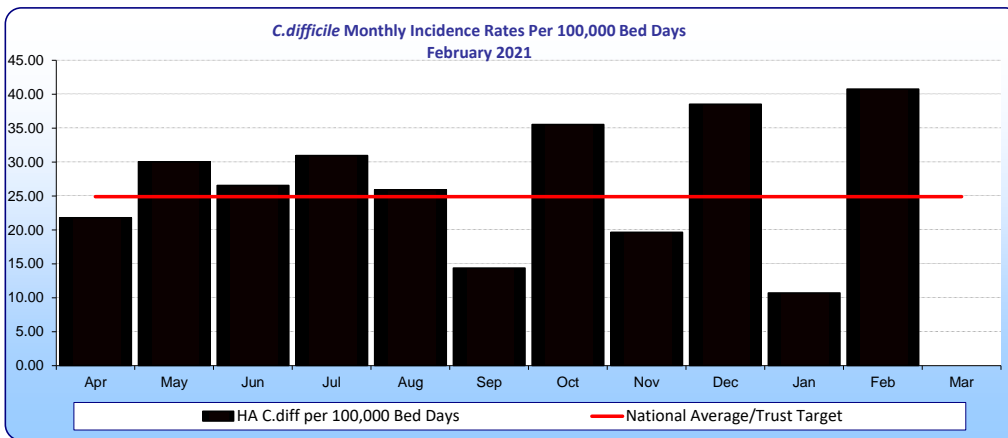
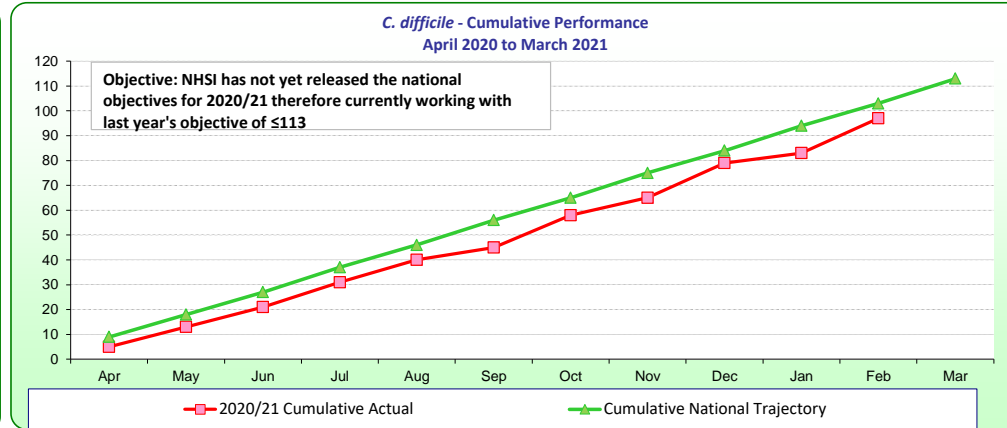
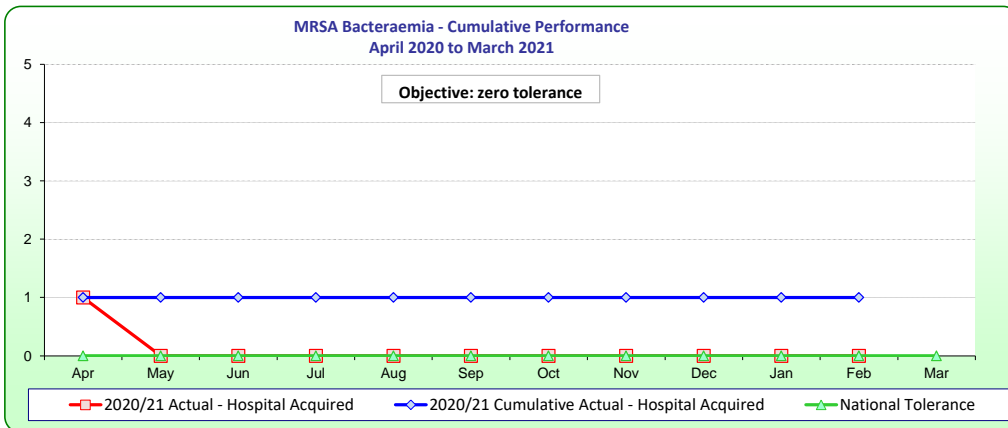
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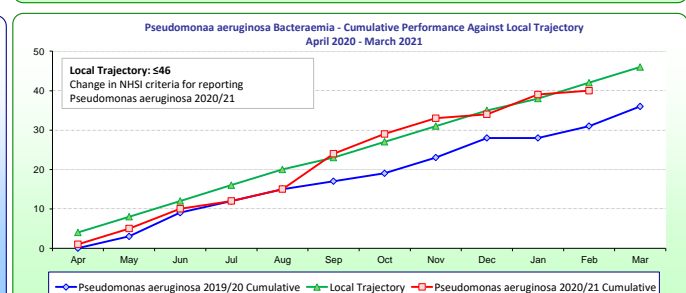
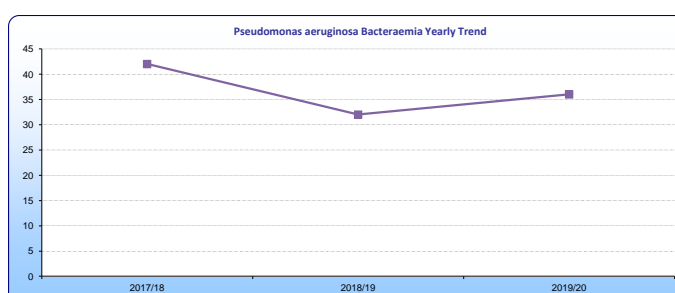
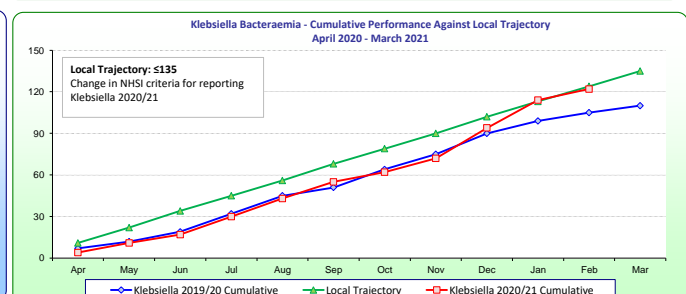
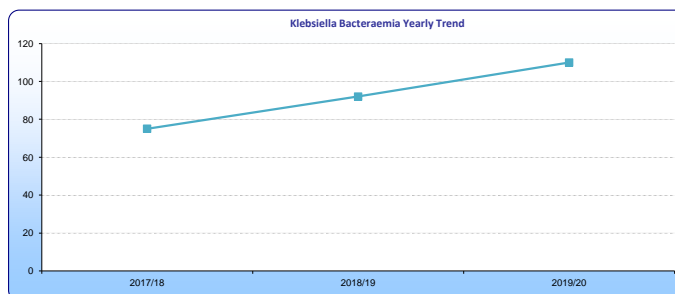
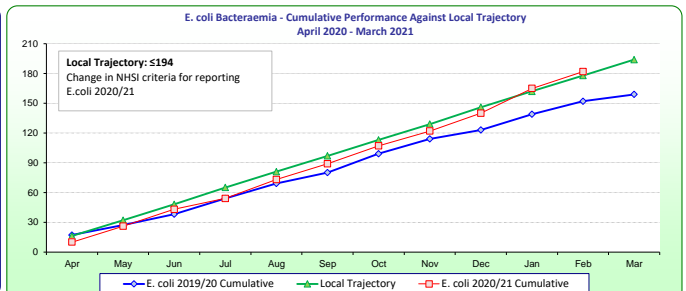
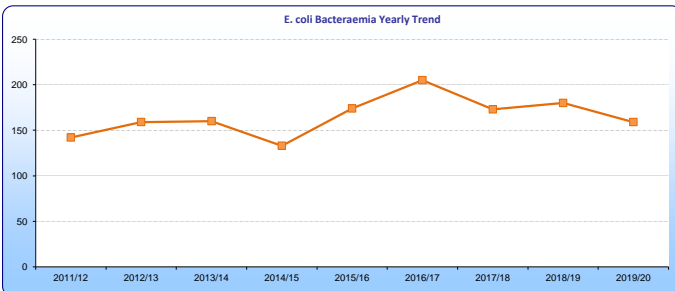
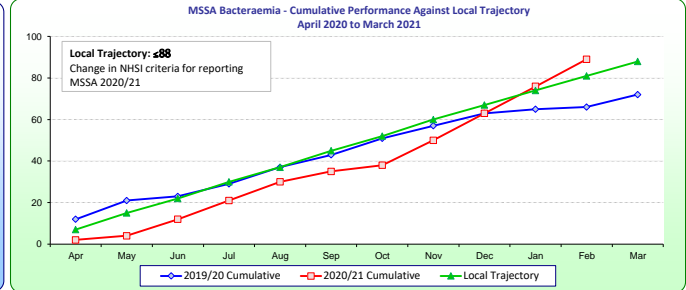
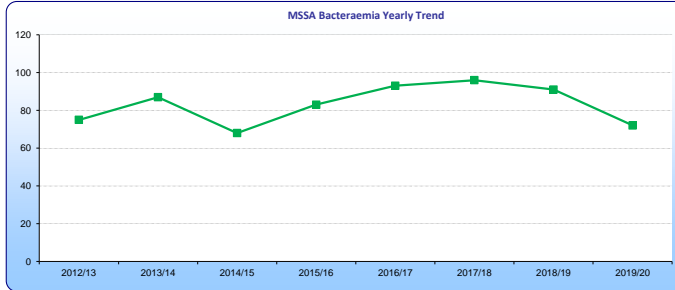
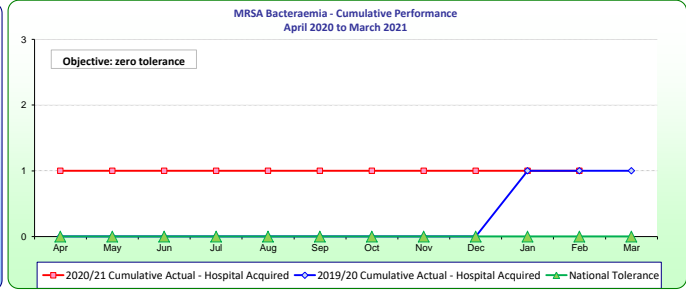
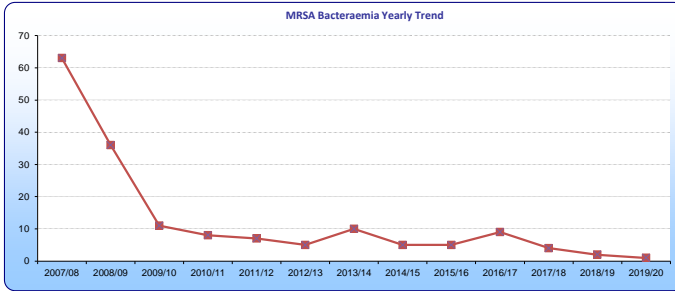
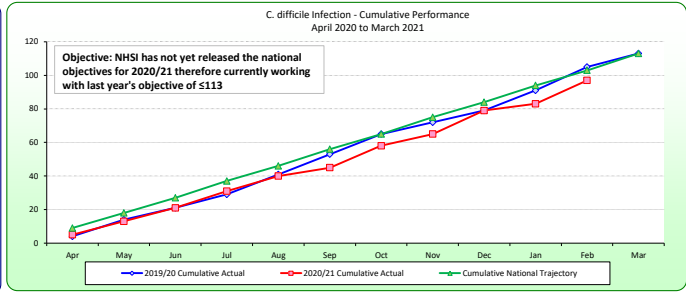
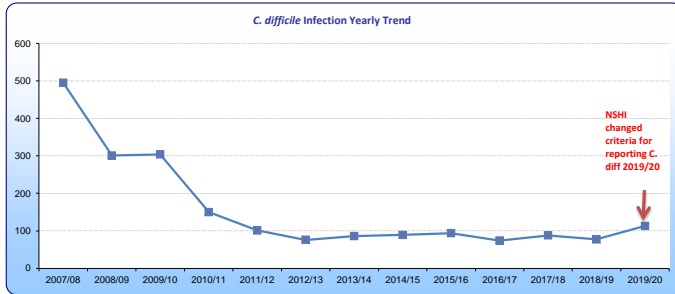


**The Newcastle upon Tyne Hospitals**  
NHS Foundation Trust

**Healthcare-Associated Infections Report**  
**February 2021**







IPC indicators (reported to DH)	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
MRSA Bacteraemia - non-Trust	-	-	-	-	-	-	-	-	-	-	-	-	0
MRSA Bacteraemia - Trust-assigned (objective 0)	1 ●	0 ●	0 ●	0 ●	0 ●	0 ●	0 ●	0 ●	0 ●	0 ●	0 ●		1 ●
MRSA HA acquisitions	1	1	4	1	1	5	1	2	2	1	3		22

MSSA Bacteraemia - post-48 Hours Admission (local objective ≤88)	2 ●	2 ●	8 ●	9 ●	9 ●	5 ●	3 ●	12 ●	13 ●	13 ●	13 ●		89 ●
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<i>E. coli</i> Bacteraemia - post-48 Hours Admission (local objective ≤194)	10	16	17	11	19	16	18	15	18	25	17		182 ●
Klebsiella Bacteraemia - post-48 Hours Admission (local objective ≤135)	4	7	6	13	13	12	7	10	22	20	8		122 ●
Pseudomonas aeruginosa Bacteraemia - post-48 Hours Admission (local objective ≤46)	1	4	5	2	3	9	5	4	1	5	1		40 ●

<i>C.diff</i> - Hospital Acquired (objective ≤113)	5 ●	8 ●	8 ●	10 ●	9 ●	5 ●	13 ●	7 ●	14 ●	4 ●	14 ●		97 ●
<i>C.diff</i> related death certificates	-	-	-	2	1	0	0	0	0	1	0		4
Part 1	-	-	-	-	1	0	0	0	0	1	0		2
Part 2	-	-	-	2	0	0	0	0	0	0	0		2

Periods of Increased Incidence (PIIs)	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
MRSA HA acquisitions	-	-	-	-	-	-	-	-	-	-	-	-	0
Patients affected	-	-	-	-	-	-	-	-	-	-	-	-	0
<i>C.diff</i> - Hospital Acquired	-	-	-	1	0	1	2	0	2	0	1		7
Patients affected	-	-	-	2	0	2	4	0	5	0	2		15

Healthcare Associated COVID-19 cases (reported to DH)	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Hospital onset Probable HC associated (8-14 days post admission)	5	1	1	0	0	2	12	15	6	11	11		64
Hospital onset Definite HC associated (≥15 days post admission)	12	2	1	0	0	2	8	23	4	13	6		71

Outbreaks	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Norovirus Outbreaks	-	-	-	-	-	-	-	-	-	-	-	-	0
Patients affected (total)	-	-	-	-	-	-	-	-	-	-	-	-	0
Staff affected (total)	-	-	-	-	-	-	-	-	-	-	-	-	0
Bed days losts (total)	-	-	-	-	-	-	-	-	-	-	-	-	0
Other Outbreaks	-	-	-	-	2	2	0	0	1	0	0		5
Patients affected (total)	-	-	-	-	7	17	0	0	12	0	0		36
Staff affected (total)	-	-	-	-	16	0	0	0	1	0	0		17
Bed days losts (total)	-	-	-	-	59	23	0	0	31	0	0		113
COVID Outbreaks	-	-	-	-	-	3	8	10	5	8	5		39
Patients affected (total)	-	-	-	-	-	2	28	37	6	26	17		116
Staff affected (total)	-	-	-	-	-	11	69	76	49	24	19		248
Bed days losts (total)	-	-	-	-	-	119	521	376	24	0	0		1,040

<i>C.diff</i> Transit and Testing Times Target <18hrs	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Average
Trust Specimen Transit Time	10:30	11:13	12:01	12:23	10:32	13:34	10:50	11:23	11:59	11:31	10:58		11:32
Laboratory Turnaround Time	02:27	02:08	03:18	03:25	03:00	03:18	03:00	02:42	03:26	02:27	03:20		02:57
Total to Result Availability	12:57 ●	13:21 ●	15:19 ●	15:48 ●	13:32 ●	16:52 ●	13:50 ●	14:05 ●	15:25 ●	13:58 ●	14:18 ●		14:29 ●

Hygiene Indicators/Audits (%)	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Average
CAT Trust Total	CAT currently suspended due to COVID-19 pandemic												
Hand Hygiene Opportunity													
Hand Hygiene Technique													
Environmental Cleanliness													

Infection Control Mandatory Training (%)	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Average
Infection Control	85% ●	85% ●	85% ●	86% ●	86% ●	87% ●	87% ●	88% ●	88% ●	88% ●	89% ●		87% ●

Aseptic Non Touch Technique Training (%)	April	May	June	July	Aug	Sept	Oct	Nov	Nov	Jan	Feb	Mar	Average
ANTT (M&D staff only)	61% ●	61% ●	61% ●	61% ●	60% ●	59% ●	58% ●	58% ●	58% ●	57% ●	57% ●		59% ●