

Agenda item:	10
Date of meeting:	20 May 2026
Report to the:	Trust Board
Title of report:	Antimicrobial Resistance (AMR) Call to Action
Report author:	Nicola Walker, Group Chief Pharmacist
Executive sponsor:	Kate Howard, Chief Nurse and AHP Officer Caroline Kavanagh, Chief Medical Officer
Recommendation:	Note

Assurance level:	<b>Substantial</b> <input type="checkbox"/> <b>Reasonable</b> <input checked="" type="checkbox"/> <b>Partial</b> <input type="checkbox"/> <b>Minimal</b> <input type="checkbox"/>
Rationale:	Reasonable assurance is provided. The Trust demonstrates strong antimicrobial stewardship performance and governance arrangements, supported by high audit compliance. However, gaps remain in digital prescribing infrastructure, consistency of workforce training, and system-wide data visibility, which limit full assurance and require targeted improvement.

## 1.0 Executive Summary

- 1.1 Antimicrobial stewardship (AMS) remains a key strategic priority and aligns with the UK Antimicrobial Resistance (AMR) National Action Plan.
- 1.2 We demonstrate high compliance with antimicrobial prescribing standards, supported by structured audit processes. There is established governance through Medicines Safety and Optimisation Group (MSOG), Infection Prevention and Control (IPaC) Committee, and Quality Committee (QC) reporting.
- 1.3 Key system challenges include a lack of electronic prescribing across inpatient wards, a reliance on retrospective audits for oversight and variations in workforce capability and training.

- 1.4 This paper responds to the national AMR Call to Action, setting out our current performance and benchmarking, key risks and assurance gaps and a plan of priorities with clear timelines. The Trust has identified three priority clinical areas:
- Fluoroquinolone antibiotic usage and safety
  - Intravenous antimicrobial use in virtual wards
  - Prescriber training

This is supported by improving data visibility, digital prescribing capability and other initiatives to taken outside of the call to action.

## **2.0 How the report supports tackling Health Inequalities**

2.1 AMR disproportionately impacts vulnerable populations. We continue to:

- Promote equitable prescribing practice adhering to national guidance
- Ensure inclusive audit across different service settings and population groups
- Support accessible education and patient-facing communication tailored to different population groups and health literacy levels

Future actions will include development of patient-facing AMR information to support equitable understanding and engagement.

## **3.0 Links to Board Assurance Framework / Trust(s) Risk and Issue Registers**

3.1 This report aligns with the National IPAC Board Assurance Framework (BAF). Key risks identified:

- Limited electronic prescribing capability, affecting data completeness and oversight (on the risk register)
- Partial compliance in training and reporting standards

Risks and mitigating actions will continue to be monitored through the BAF and escalated via governance structures.

## **4.0 Legal and Regulatory requirements**

4.1 The Trust's antimicrobial stewardship programme complies with:

- UK AMR National Action Plan
- NICE antimicrobial stewardship guidance
- Start Smart – Then Focus principles
- Health and Social Care Act (2008) IPC Code of Practice

## **5.0 Previous consideration by Committee or Executive**

5.1 Medicines Safety and Optimisation Group (MSOG) April 2026  
Infection Prevention and Control (IPAC) Committee May 2026  
Quality Committee (QC) May 2026

## **6.0 Report**

### **6.1 Board-Level Oversight**

This report establishes formal Board oversight in line with national expectations. Progress will be reported through IPaC Committee, MSOG, QC, and Trust Board.

### **6.2 National Expectations**

Organisations must:

- Undertake a risk and capability assessment
- Identify gaps (leadership, workforce, data, resource)
- Agree and publish 3 priority areas with measurable actions
- Report progress to Board and regionally

### **6.3 Current Performance - Audit and Benchmarking**

The Trust has sustained strong AMS performance monitored through audit:

- Mandated, regular audit programmes
- 99% compliance with prescribing standards- all services green RAG rating
- High compliance in Indication documentation, Review/stop dates, and Formulary adherence
- Participation in national Point Prevalence Survey

Audit is the primary assurance method, reflecting system-wide digital limitations.

### **6.4 Workforce Capability**

Executive leadership identified:

- AMR Executive Lead: Kate Howard, Chief Nurse and AHP officer
- AMR Operational Lead: Nicola Walker, Chief Pharmacist
- Named Pharmacist AMR responsibilities: Kayleigh Schembri, Medicines Optimisation Pharmacist

Training is in place but was identified as partially compliant in the national framework and is not mandated across all staff groups with variation in uptake and consistency.

External Regional Changes impacting:

- Reduced AMS capacity within ICB structures
- Redundancies within NHSE AMS regional resources
- These external support risks have been identified on the trust risk register

### **6.5 Electronic Prescribing and Data Visibility**

The lack of electronic prescribing within inpatient hospital wards limits real-time antimicrobial monitoring, data analysis and benchmarking, creating a recognised compliance gap and risk for the Trust. This requires a longer-term digital oversight programme beyond the AMR Call to Action to support safe prescribing, audit, and regulatory assurance.

## 6.6 Areas of Priority

### 6.6.1 Priority 1: Fluoroquinolones (Appropriate Use and Safety)

This was chosen due to reports of patients being prescribed fluoroquinolones such as ciprofloxacin without appropriate counselling or understanding of potential serious adverse effects. Regional published data shows East of England to be disproportionately high prescribers of ciprofloxacin.

Fluoroquinolone Actions	Target Date	Output / Measure
Baseline audit of fluoroquinolone use	Q1 2026	Baseline data
Co-produce patient information leaflet for explaining risks and side effects	Q2 2026	Produce, approve and print leaflet
Introduce detailed documentation for all fluoroquinolone prescribing. Deliver targeted education to prescribers with defined clinical indications.	Q3 2026	Evidence of dissemination Improved documentation compliance.
Re-audit to demonstrate reduction in inappropriate use	Q4 2027	Reduction in inappropriate prescribing

This work will reduce unnecessary exposure to high-risk antimicrobials, improve patient safety, and support compliance with national AMR targets.

### 6.6.2 Priority 2: Intravenous (IV) Antibiotic Choices for Virtual Wards or Care at Home services

This was chosen to ensure safe, consistent IV antibiotic prescribing in virtual wards and services delivered in patients' homes. It will ensure AMS principles are upheld in community-based care. It supports appropriate antimicrobial selection, monitoring and timely review within remote and home-based pathways.

Current data shows frequent use of broad-spectrum antimicrobials in virtual ward settings with no agreed ICB pathway governing IV antimicrobial use outside secondary care.

Action	Target Date	Output / Measure
Baseline audit of IV antibiotic use in virtual wards	Q2 2026	Baseline data
Develop detailed standardised IV antibiotic guidance for virtual wards/OPAT	Q3 2026	Guidance / SOP approved and implemented.
Deliver targeted AMS training for virtual ward practitioners including documentation processes and escalation pathways	Q3 2026	Education and training of virtual ward practitioners
Engage with system partners to align approach to IV antimicrobial use in community settings	Q3-Q4	Evidence of engagement with ICB and system partners

Implement full audit cycle to demonstrate improved compliance with guidance	Q4 2027	Improved compliance and reduced variation
---	---------	---

This focus will ensure safe, consistent antimicrobial prescribing as care shifts into community settings.

#### 6.6.3 Priority 3: AMR Training for all Prescribers

This has been identified as a priority due to variation in prescribing practice and incomplete uptake of antimicrobial stewardship training across clinical staff groups.

Action	Target Date	Output / Measure
Develop or adopt a standardised AMR training programme for all prescribers (aligned to national guidance)	Q2 2026	Training programme defined
Introduce requirement for completion of AMS training for prescribers	Q3 2026	% compliance defined and achieved
Utilise Non-Medical-Prescribers forum for competency-based training elements	Q3 2026	Training content implemented
Monitor impact through audit	Q4 2027	Improvement in audit results

This will reduce variation in prescribing decisions and improve compliance with national guidance.

#### 6.6.4 Priority 4 (Antimicrobial Allergies – Management and De-labelling)

This has been identified as an important area for improvement but sits outside the immediate scope of the national AMR Call to Action priorities. It will be progressed as part of the Trust's broader AMS programme, recognising its importance in improving prescribing quality, reducing inappropriate broad-spectrum antibiotic use, and supporting patient safety.

There will be a phased programme of work with alignment to national best practice and emerging regional priorities. This work will support improved first-line antibiotic prescribing and reduce reliance on broad-spectrum antimicrobials.

## 7.0 Assurance and Monitoring

Progress will be monitored through IPaC Committee, MSOG and Quality governance structures, with quarterly Board updates, and reporting to the regional AMR programme.

## 8.0 Recommendations

The Board is asked to:

1. **Note** the current antimicrobial stewardship performance and assurance position
2. **Acknowledge** the key risks, particularly digital and data limitations
3. **Approve** the identified priorities and improvement plan
4. **Support** the strategic actions required to strengthen antimicrobial stewardship