

## 12 Month Plan

Goal	Method	Baseline position	Outcome	Responsibility	Digital & Finance Implications	IP&C Methodology Support Lead	Progress @ end Q4
<b>Service Groups to review IPC governance arrangements &amp; structures and submit to Health Board Infection Control Committee.</b>	Service Delivery Groups to establish a <b>Service Group Infection Control Committee</b> (with appropriate MDT clinical representation), with HCAI Quality Priority a focus, that reports into the Health Board's Infection Control Committee.	Previously established within most Service Groups, but frequency of meetings has slipped during Pandemic.	Strengthened local ownership, governance arrangements for IPC at Service Group level.	Service Group Directors		Support for each Service Group ICC.	Achieved. Currently chaired by Medical Directors.
	Service Groups to establish a process for <b>high level scrutiny and learning</b> for Staph. aureus bacteraemia and C. difficile infection, with local clinical teams presenting to the Group Medical and Nursing Directors.	High level scrutiny of nosocomial (NI) cases of key infections not well established	Improved scrutiny and shared learning from these key harm events.	Service Group Directors		Support provided as required for scrutiny of cases. Matron for IPC chairs Quality Priority C. diff Group.	Established in Service Groups, with Medical and Nurse Director leading
	Service Group Medical & Nursing Directors to present findings from this scrutiny process, and lessons learned, monthly to Executive Medical and Nursing Directors.	Meetings being held with each Service Group Triumvirate to confirm process expectations.	Clear expectation that Service Groups have improved compliance, assurance of earlier identification of infection, improved assessment of severity of disease and management of cases. Identification from lessons learned which inform improvement actions.	Executive & Service Group Medical & Nursing Directors.		Support for process and attendance at Exec review meetings.	Established and ongoing
<b>Reduce incidence of the following key infections: Staph. aureus and Gram negative bacteraemias, and C. difficile infection.</b>	Using strategies outlined below: <b>Need to rotate nurse / medical management responsibilities to understand key areas of work. Need to ensure staff at all levels are clear that IPC is everyone's responsibilities. What does good practice look like by being clear on our clinical pathways and evidence based practice.</b>	<b>C. difficile infection</b>  <b>WG Improvement Goal: &lt;8 cases/month (NI &amp; CAI)</b>  HB average 11 NI cases/month; 5 Community acquired (CAI)/month  Average 7 NI cases/month Morriston Average 3 NI cases/month Singleton 5 NI cases in 11 month PCTG	<b>Annual percentage reduction to achieve adopted HB reduction goal - 50%</b>	Service Group Directors	Band 6 WTE Digital Intelligence resource for dashboard.	Head of Nursing IPC leading with Digital Intelligence on development of digital solution and dashboard.	Annual total: 201 cases. 3% increase in episodes of harm since 2021/22. To achieve WG goal, average monthly cases should not exceed 8 cases. The 2022/23 monthly average was 17 cases. With the exception of MH&LD, no Service Group achieve expected reduction.
		<b>Staph. aureus bacteraemia</b>  <b>WG Improvement Goal: &lt;6 cases/month (NI &amp; CAI)</b>  HB average 6 NI cases/month; 5 Community acquired (CAI)/month  Average 4 NI cases/month Morriston Average 2 NI cases/month Singleton 1 NI case in 11 months NPfH 0 NI cases/month PCTG	<b>Annual percentage reduction to achieve adopted HB reduction goal - 45%</b>				Annual total: 147 cases. 5% increase in episodes of harm since 2021/22. To achieve WG goal, average monthly cases should not exceed 6 cases. The 2022/23 monthly average was 12 cases. PCTG achieved a reduction in cases.

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		<b>E.coli bacteraemia</b>  <b>WG Improvement Goal: &lt;21 cases/month (NI &amp; CAI)</b>  HB average 8 NI cases/month; 16 Community acquired (CAI)/month  Average 4 NI cases/month Morriston Average 2 NI cases/month Singleton 1 NI case in 11 months NPTH 0 NI cases/month PCCT	Annual percentage reduction to achieve adopted HB reduction goal - 15%	<table><caption>Table 3. E. coli bacteraemia 2022/23 FY 06 to April 22 - Mar 23, by health board</caption><thead><tr><th>HB</th><th>2022/23 FY 06 to April 22 - Mar 23</th><th>2022/23 FY 06 to April 22 - Mar 23</th><th>2022/23 FY 06 to April 22 - Mar 23</th><th>2022/23 FY 06 to April 22 - Mar 23</th><th>2022/23 FY 06 to April 22 - Mar 23</th><th>2022/23 FY 06 to April 22 - Mar 23</th></tr></thead><tbody><tr><td>Annular Bacteraemia</td><td>47</td><td>33</td><td>400</td><td>113</td><td>33</td><td>26</td></tr><tr><td>Septic bacteraemia</td><td>47</td><td>33</td><td>400</td><td>113</td><td>33</td><td>26</td></tr><tr><td>Septic and toxic bacteraemia</td><td>47</td><td>33</td><td>400</td><td>113</td><td>33</td><td>26</td></tr><tr><td>Septic and toxic bacteraemia</td><td>47</td><td>33</td><td>400</td><td>113</td><td>33</td><td>26</td></tr><tr><td>Septic and toxic bacteraemia</td><td>47</td><td>33</td><td>400</td><td>113</td><td>33</td><td>26</td></tr><tr><td>Septic and toxic bacteraemia</td><td>47</td><td>33</td><td>400</td><td>113</td><td>33</td><td>26</td></tr><tr><td>Septic and toxic bacteraemia</td><td>47</td><td>33</td><td>400</td><td>113</td><td>33</td><td>26</td></tr><tr><td>Septic and toxic bacteraemia</td><td>47</td><td>33</td><td>400</td><td>113</td><td>33</td><td>26</td></tr><tr><td>Septic and toxic bacteraemia</td><td>47</td><td>33</td><td>400</td><td>113</td><td>33</td><td>26</td></tr><tr><td>Septic and toxic bacteraemia</td><td>47</td><td>33</td><td>400</td><td>113</td><td>33</td><td>26</td></tr></tbody></table> <p>Average monthly incidence in selected HB (all patients) - Community Acquired Bacteraemia (CAI) by health board</p> <p>Current incidence (number of months from Apr 22 to Mar 23)</p>			HB	2022/23 FY 06 to April 22 - Mar 23	2022/23 FY 06 to April 22 - Mar 23	2022/23 FY 06 to April 22 - Mar 23	2022/23 FY 06 to April 22 - Mar 23	2022/23 FY 06 to April 22 - Mar 23	2022/23 FY 06 to April 22 - Mar 23	Annular Bacteraemia	47	33	400	113	33	26	Septic bacteraemia	47	33	400	113	33	26	Septic and toxic bacteraemia	47	33	400	113	33	26	Septic and toxic bacteraemia	47	33	400	113	33	26	Septic and toxic bacteraemia	47	33	400	113	33	26	Septic and toxic bacteraemia	47	33	400	113	33	26	Septic and toxic bacteraemia	47	33	400	113	33	26	Septic and toxic bacteraemia	47	33	400	113	33	26	Septic and toxic bacteraemia	47	33	400	113	33	26	Septic and toxic bacteraemia	47	33	400	113	33	26	Annual total: 260 cases. 10% reduction in episodes of harm since 2021/22. The national reduction expectation goal of an incidence of 67 cases/100,000 population was achieved by 31 March 2023.
HB	2022/23 FY 06 to April 22 - Mar 23	2022/23 FY 06 to April 22 - Mar 23	2022/23 FY 06 to April 22 - Mar 23	2022/23 FY 06 to April 22 - Mar 23	2022/23 FY 06 to April 22 - Mar 23	2022/23 FY 06 to April 22 - Mar 23																																																																														
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		<b>Klebsiella spp. bacteraemia</b>  <b>WG Improvement Goal: &lt;6 cases/month (NI &amp; CAI)</b>  HB average 5 NI cases/month; 3 Community acquired (CAI)/month  Average 3 NI cases/month Morriston Average 1 NI cases/month Singleton 2 NI cases in 11 months NPTH 0 NI cases/month PCCT	Annual percentage reduction to achieve adopted HB reduction goal - 25%				Annual total: 107 cases. 15% increase in episodes of harm since 2021/22. To achieve WG goal, average monthly cases should not exceed 6 cases. The 2022/23 monthly average was 9 cases. No Service Groups achieved a reduction in cases.																																																																													
Service Groups will ensure a process of <b>Multi-disciplinary team (MDT) rapid review of cases</b> , to ensure appropriate management, and identification of improvement actions.	The current process of Root Cause Analysis is protracted and not timely.	MDT Rapid Review process results in optimal treatment of cases and in quality improvement leading to the reductions identified above.	Service Group Nursing & Medical Directors		IP&C will participate in the MDT Rapid Review process.	All Service Groups have achieved goal during Qtr 3.																																																																														
Reduce <b>unnecessary use of peripheral vascular cannulae (PVC)</b> , and <b>urinary catheters</b> , utilising <b>STOP</b> protocol or from the point of assessment and admission	Currently incidence of use of PVC and urinary catheters unknown. Currently, scoping with Digital Intelligence feasibility of identifying incidence from existing DI systems (e.g. SIGNAL or WNCP).	Minimum 10% reduction in incidence of PVC and urinary catheters.	Service Group Nursing & Medical Directors	Band 6 WTE Digital Intelligence resource for dashboard.	IP&C Head of Nursing and IPC Quality Improvement Matron will develop methodology for reporting, using national processes where these exist.	Invasive devices continue to be in use. Staff have reported reduction in the prevalence of unnecessary devices. STOP protocols continue.																																																																														
<b>For every patient</b> with a PVC or urinary catheter there will be a <b>completed insertion bundle</b> and <b>completed maintenance bundle</b> for every day that the device is in situ.	Recorded on Ward Metrics in January 2022: compliance with completion of PVC insertion bundle - 69%; compliance with completion of PVC maintenance bundle - 75%; compliance with completion of urinary catheter insertion bundle - 87%; compliance with completion of urinary catheter maintenance bundle - 87%. WNCR Quarter 3 planned development & implementation of PVC Care Bundles. Ward Manager / Matron to review and maintain	Continuous improvement on compliance with PVC & urinary catheter insertion and maintenance bundles, with goal of 100% compliance.	Service Group Nursing & Medical Directors	Band 6 WTE Digital Intelligence resource for all service groups / IPC.	IPC Quality Improvement Matron continues to work with WNCR Project Leads to inform current and future developments which can provide digital solutions to surveillance and monitoring	Improvement in compliance over the last 14 months: PVC insertion bundle - 69% Jan 2022 - 84% March 2023; PVC maintenance bundle - 75% Jan 2022 - 85% March 2023; Urinary catheter insertion bundle - 87% Jan 2022 - 100% March 2023; Urinary catheter maintenance bundle - 87% Jan 2022 - 100% March 2023.																																																																														

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	Clinical staff will be <b>compliant with mandatory ANTT training</b> and will be <b>ANTT competence assessed</b> (3-yearly) (applicable for PVC and urinary catheters)  Compliance with mandatory <b>Level 1 Infection Prevention training</b> for all staff will achieve national target of 85%; and 85% compliance with <b>Level 2 Infection prevention training</b> for clinical staff.	ANNT training compliance @ 31/01/22: Nursing Morrison Service Group: 23% NPTH & SH Service Group: 21% PCCT Service Group: 16% Medical & Dental: 3.37% Nursing & Midwifery Registered: 36.86%	All Service Group staff who undertake aseptic procedures will be compliant with ANTT training (3-yearly) and will have been competence assessed in the 3-year period.	Service Group Nursing & Medical Directors	Obtained through ESR.	IPC Quality Improvement Matron on national working groups to promote better recording of compliance with ANTT training and competence. Support will be provided to Service Groups to develop internal processes for monitoring compliance. IPC team will provide support in delivering training as an adjunct to eLearning.	Reported ANNT training compliance @ 31/03/23: 8.2% Morrison Service Group: 16.55% ↓ NPTH & SH Service Group: 8.05% ↓ PCCT Service Group: 3.13% ↓ Medical & Dental: 3.64% Nursing & Midwifery Registered: 16.38% ↓  Level 1 IPC training: 86.56% (compliant) Level 2 IPC training: 22.33% (non-compliant).  ESR remains unreliable for accurate recording - requires ESR work on standardising position numbers. Improvements reported are not shown in ESR.
	Review the pathway and interactions to aid reduction of incidence of <b>catheter associated urinary tract infection (CAUTI)</b> .	Baseline data unreliable (total number of cases reported via DATIX since December 2019 = 6) Surveillance programme not available currently.	20% reduction in CAUTI.	Service Group Nursing & Medical Directors	Band 6 WTE Digital Intelligence resource	IP&C Head of Nursing and IPC Quality Improvement Matron will support Service Groups in developing surveillance criteria and processes and work with Digital Intelligence on providing a digital solution to surveillance.	Using Nursing Metrics for reportable catheter associated urinary tract infection (CAUTI): 15 cases reported in 6 months April - September in 6 months of 2022; 6 cases reported October 2022 to March 2023.
	Reduce <b>hepatobiliary-related E.coli and Klebsiella spp. bacteraemia</b> cases.	Hepatobiliary disease an associated underlying cause for 21% of E. coli bacteraemia and 20% Klebsiella spp. bacteraemia.	Reduction in waiting lists for hepatobiliary related surgery or interventions, and a reduction in associated E. coli and Klebsiella bacteraemia.	Service Group Directors		IPC will continue to undertake analysis of bacteraemia data and provide data on proportion of bacteraemia with hepatobiliary source.	Proportion of E. coli and Klebsiella associated with hepatobiliary diseases 22% and 28% respectively for 2022/23. E. coli bacteraemia reduced, Klebsiella bacteraemia increased. Requires review by Hepatobiliary specialty service to determine implications.
	Improve compliance with <b>'Start Smart Then Focus' (SSTF)</b> antimicrobial stewardship programme, with timely feedback of results to Service Groups	Quarterly audits undertaken by Pharmacy, with feedback to Service Groups and Infection Control Committee. Currently scoping with Digital Intelligence the development of a ward dashboard, utilising HEPMA as the source of data.	Continuous improvement in SSTF compliance. Improved antimicrobial stewardship	Service Group Medical Directors	Band 6 WTE Digital Intelligence resource	Lead for this is Consultant Antimicrobial Pharmacist.	Quarterly audit & feedback continues. Digital dashboard draft on-track with the testing stage.
	Reduce incidence of <b>hospital acquired pneumonia (HAP)</b>	Currently incidence of HAP unknown. Currently, scoping with Digital Intelligence feasibility of identifying baseline through Clinical Coding	Reduction in cases of HAP.	Service Group Medical Directors	Band 6 WTE Digital Intelligence resource	IP&C Head of Nursing and IPC Quality Improvement Matron will support clinicians to develop surveillance criteria and processes and work with Digital Intelligence on providing a digital solution to surveillance.	Not achievable/viable with current digital systems and resources.
	Reduce the incidence of <b>surgical site infection (SSI)</b> .	Currently incidence of SSI unknown. Currently, scoping with Digital Intelligence feasibility of identifying incidence from existing DI systems (e.g. TOMS and LIMS, & WNCIP).	Reduction in cases of high consequence SSI. Reduction in investigation, treatment and theatre costs, and reduction in increased length of stay. Reduction in readmissions. Improved patient outcomes.	Service Group Medical Directors	Band 6 WTE Digital Intelligence resource	IP&C Head of Nursing and IPC Quality Improvement Matron will support Surgical Services to develop surveillance criteria and processes and work with Digital Intelligence on providing a digital solution to surveillance.	Not achievable/viable with current digital systems and resources.

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	Prioritise in Capital Funding Programme <b>Decant Facilities</b> to allow for refurbishment, repair, improvements to compliance with required mechanical ventilation standards, increasing single room capacity, maintenance.	Currently, there are no dedicated decant facilities available on acute hospital sites. Singleton is currently using empty sections in wards to facilitate the decant of patients for cladding replacement work to take place.	Provision of dedicated decant facility at Morriston (long-term plan).	Assistant Director Capital Planning and Morriston Service Directors.	Capital funding requirements in long-term	IPC Team will be involved at planning and delivery stages to ensure specifications meet requirements of Infection Control in the Built Environment.	Capital Planning progressing plans for decant facilities at Morriston. Included within project plans for delivery 2024/25 (initial projection).
Improve safety of patient care environment	Robust programme of <b>Planned Preventive (PPM)</b> and monitoring to maintain the integrity and functioning of engineering aspects of infection prevention, e.g. water safety, mechanical ventilation, etc.	Funding challenges and limited access to clinical areas for PPM	Safe patient care environment	Assistant Director of Estates	Additional revenue funding requirement to be provided by Assistant Director of Estates	IPC Team support Water Safety, and Ventilation Safety Groups, and provide input to ensure IPC standards are met.	Limited capital funding received by Health Board for Estates across the Heath Board. Governance processes improved. IP&C Team works with Estates colleagues to prioritise work on basis of potential infection risk.
	<b>Improve quality of ventilation</b> in existing inpatient areas.	Majority of inpatient bed areas have inadequate air supply to meet existing WHTM and WHO standards for mitigating against airborne infections.	Safe patient care environment	Assistant Director of Estates	Capital funding requirements in long-term and short-term (free-standing air purification equipment)	IPC Team support Ventilation Safety Groups, and provide input to ensure IPC standards are met.	Scoping assessment undertaken by Assistant Director of Estates and Head of Health & Safety. To achieve improved ventilation would require significant national investment to upgrade the NHS Wales estate. If funding were available across Wales to upgrade ventilation, this would necessitate closure of wards to enable the work to commence. This is not an option currently. The Health Board, in collaboration with Swansea university and commercial partnership, is participating in a trial of an air purification system on two wards in Morriston. The trial commenced in Quarter 3 but results have not indicated measurable improvement.
	<b>Quarterly cleaning of ceiling-mounted ventilation grilles</b>	Recommendation previously made and supported by Infection Control Committee but not progressed.	Safe patient care environment	Assistant Director of Estates	Additional revenue funding requirement Assistant Director of Estates	IPC Team support Ventilation Safety Groups, and provide input to ensure IPC standards are met.	Paper to return to Infection Control Committee in June 2023
	Attain and sustain <b>minimum standards of cleanliness</b>	Cleaning monitoring audits are insufficient to provide assurance.	Safe patient care environment, and compliance with agreed standards.	Head of Support Services	No additional funding requirements	IPC support provided to Support Services to support risk assessments.	Resource in place. MyAudit national standards of cleanliness audit tool established. Audit scores in Q4: 97.4% Jan-23; 97.9% Feb-23; 98.7% Mar-23.
	Establish funding a <b>Discharge/Transfer Response Team</b> in Morriston Hospital, to undertake all patient care equipment and environment cleaning & disinfection.	Currently, cleaning of patient beds, lockers, and all patient care equipment is undertaken by nursing staff prior to Domestic Services staff being able to undertake environmental cleaning. Particularly when there has been transfer or discharge of a patient with an infection, there can be a significant delay in the environmental cleaning process due to nursing staff correctly prioritising patient care activities. This can result in delays for available beds for emergency admissions.	Safe patient care environment and equipment, and compliance with agreed standards. Reduction in waiting times for beds.	Head of Support Services	Additional revenue funding requirement	IPC team will participate in training and monitoring service	Pilot undertaken in Ward B Morriston. Improved outcomes in relation to clutter and cleanliness. Released time of nurses for patient care.
	Develop an <b>electronic system of requesting '4D' Cleaning</b> , with the ability to audit compliance with meeting recommended level of cleaning.	Currently, requesting '4D' Cleaning is a manual process. It is not possible to demonstrated whether the level of cleaning requested has been delivered.	Improved compliance with undertaking the correct level of cleaning for the relevant infectious agent.	Head of Support Services.	Band 6 WTE Digital Intelligence resource	IPC Quality Improvement Matron will support Digital Intelligence and Support Services in developing specifications for digital solution	Achieved with version 3 update of Signal in March 2023.
	Patient equipment decontamination is undertaken in a <b>dedicated patient equipment decontamination unit</b> .	Currently, there are no dedicated decontamination facilities available on acute hospital sites for effective and efficient decontamination of patient care equipment and devices, e.g. bed frames, hoists, infusion & feeding pumps and drivers, etc. This is currently undertaken on the ward by nursing staff, with a variable standard of decontamination undertaken.	Patient care equipment and devices will be effectively and efficiently cleaned, ensuring that these devices are not a vector of infection transmission.	Assistant Director Capital Planning and Service Directors.	Additional Capital funding requirement to be scoped and costed by Assistant Director Capital Planning and Service Directors.	IPC Operational Decontamination Lead will support at planning and development stages to ensure appropriate standards are included within plans.	Not agreed within capital programme and not progressed.
	<b>Each patient will have a single patient use patient medical devices</b> , e.g. BP cuffs, oxygen saturation probes, glide sheets, hoist slings, cardiac monitoring leads, pressure bags, for the duration of the inpatient episode.	Shared patient equipment, such as BP cuffs, oxygen saturation probes, etc. are difficult to decontaminate effectively. Oxygen saturation probes have been identified as being contaminated with HGISA (highly resistant Staph. aureus) and with GRE in recent outbreaks of these infections.	Patient observation equipment will not be a potential source of infection transmission.	Procurement Head EBME Nominated Service Group Clinical Lead	Additional revenue funding requirement to be worked through by Procurement.	Support as required provided by IPC team.	Items available via Procurement. Sustainability review of using single use devices being undertaken by NWSSP.

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<b>Review strategic and operational Corporate IP&amp;C workforce, ensuring sustainability</b>	Establish a Health Board role for a <b>Medical Director of Infection Control (DIPC)</b> with a background in microbiology/IPC to provide senior strategic and clinical leadership for IPC.	No position for DIPC currently.	Provide senior clinical leadership , with clinical credibility, to drive through infection reduction strategies.	Executive Medical and Nursing Directors.	Additional revenue funding requirement	Support with development of business cases and Job Descriptions.	Lack of response to three advertisements . Executive agreement to establish a Consultant Nurse post.
	Establish a Health Board role for a <b>Consultant Practitioner in Infection Prevention</b> leading on the establishment of the Health Board as a centre for excellence and research in the field of IPC .	No position for Consultant Practitioner currently.	Lead on infection improvement and prevention research, and work collaboratively with partner universities and Public Health Wales Microbiology and Infectious Disease clinicians . Publication of research/study findings, sharing learning on the national and international stage, establishing the Health Board as a centre of excellence and a leader in the field of infection prevention.	Executive Director of Nursing, Assistant Director of Nursing (IPC lead), Head of Nursing IP&C.	Additional revenue funding requirement	Support with development of business cases and Job Descriptions.	Additional specific funding not approved in Management Board March 2022. IPC service review to be undertaken in Q2. No scope within current financial envelope to progress.
	Increase <b>IPC work-based training</b> and audit Healthcare Support staff to extend scope and frequency of this resource and to provide backfill and cross-cover.	The current 2.6 WTE Healthcare IPC Support staff provide service within the three acute sites. No available resource to provide cover for MH&LD or PCTG or to provide backfill or cross-cover. Currently, IPC Healthcare IPC Support deliver hand hygiene, PPE Donning & Doffing, and bed & commode decontamination training in workplace. Also undertake C. diff and IPC assurance checks, audit of clinical practice, with feedback of findings to departmental staff.	Extend activities undertaken by IPC Support staff to all Service Groups. Extended workplace training and audit programme to include: • Delivery of Standard Infection Prevention & Control, and ANTT training work-based training to support Service Groups in achieving improved compliance with mandatory training. • Delivery of work-based training to support Service Groups with HCAI Quality Priority focussed initiatives, e.g. training on correct microbiological sampling techniques to improve quality of sample and reliability of result, and avoid having to resample due to poor initial sample (getting it right first time). • Undertake point prevalence surveys of presence of invasive devices, and validation prevalence of key infections as quality assurance process of existing digital processes.	Executive Director of Nursing, Assistant Director of Nursing (IPC lead), Head of Nursing IP&C.	Funding for 3.8 WTE IPC Healthcare Support team.	Development and delivery of a work-based training programme to support Service Groups in delivery of improvement actions. Priority to be given to development and delivery of training programme for correct specimen taking and ANTT training and competence assessments.	Additional specific funding not approved in Management Board March 2022. IPC service review to be undertaken in Q2. No scope within current financial envelope to progress.

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	Review and strengthen <b>IP&amp;C Business Hub</b> arrangements	<p>Currently 0.79 WTE substantive Business/administration Manager for IPC. Duties include administering Health Board's Infection Control Committee, Decontamination Quality Priority Group, C. difficile Quality Priority Group, administers IPC team meetings, plans all IPC training sessions, undertakes preparatory work for initial drafts of HCAI update reports for Quality &amp; Safety Committee, Quality &amp; Safety Governance Group, and Infection Control Committee; development and administration of IP&amp;C SharePoint; E-Roster administration; Trac administration and line management of current seconded admin support staff.</p> <p>Additionally, 1 WTE temporary contract Admin Support (until October 2022) for COVID surveillance and preparation of internal and WVO reporting. Also, provides administrative support for the Health Board COVID Nosocomial Death &amp; Harm Scrutiny Panel, updates C. difficile database with results of Whole Genome Sequencing; input onto Datix nosocomial C. difficile, Staph. aureus, E. coli, Klebsiella and Pseudomonas bacteraemia cases, and periods of increased incidents. Administers generic IPC training booking emails and books staff onto IPC delivered training. <b>Service risk when the funding for this post ceases.</b></p> <p>Additional 1 WTE administration support staff on long-term deployment from the Director of Public Health's PHW team for the duration of the pandemic (until 31st March 2022). Duties have included administrative support for the Health Board-based PHW Healthcare Epidemiologist with review of incidents and outbreaks; inputting training records for IPC training onto ESR for the whole Health Board. <b>Service risk when this resource is no longer delegated to support IPC business activities.</b></p>	<p>Sustainable IPC Business Hub, with ongoing service support as outlined in baseline.</p> <p>Maintain input of training records for Service Groups to demonstrate improved compliance with IPC-related training.</p> <p>Maintain input of nosocomial Tier 1 infections onto Datix to support Service Group assurance processes.</p>	Executive Director of Nursing, Assistant Director of Nursing (IPC lead), Head of Nursing IP&C.	Funding for 1.8 WTE IPC Administration Support team.	Development of work plan, with emphasis on input of training data to support Service Groups in reporting training compliance.	<p>Additional funding identified to extend temporary administrative post to March 2024.</p> <p>Agreement to March-2023 for 1 wte contracted agency staff. Appointed but withdrawn.</p>
Digital Intelligence resource to support the delivery of key improvement actions	Appointment of 1 WTE Band 6 Digital Intelligence officer to work on HCAI priorities.	Currently, support available but not dedicated to delivery of HCAI improvement goals.	Timely and reliable data available for surveillance, performance and improvement measures.	Head of Digital Intelligence	Funding for 1 WTE Band 6 Digital Intelligence officer.	IP&C Head of Nursing and IPC Quality Improvement Matron will working with Digital Intelligence to scope the projects, agree on criteria and the vision for the final products. Validation of data at each stage of development.	Dashboard work completed and presented to Infection Control Committee in 28/03/23.
Strengthen IPC resources within Service Groups.	Review potential investment to save opportunity within Service Groups to support infection prevention resources and agree respective governance and management structures.	Service Groups currently do not have a dedicated infection prevention resource to drive infection reduction-related quality improvements.		Service Group Directors		Support as required provided by IPC team.	<p>Matron SG appointed interim Programme Lead who commenced post at end of June 2023.</p> <p>Funding unavailable for Care Home dedicated lead.</p> <p>IP&amp;C Team has reconfigured existing resource to provide improved WTE support for PCTs although this has meant a reduction in the resource available to secondary care.</p>
		The central IP&C Service has identified IPC staff specific to each Service Group. Due to vacancies and maternity leave, there is cross-cover in place currently to ensure each Service Group has an identified IPC lead.	There will be clarity for Service Groups in relation to central IPC support, with named IPC Leads.	Service Group Directors		Head of Nursing IP&C to recruit/reassign Service Group IP&C Support Structure.	See above. Redistribution of resource to provide improved support across primary care.
Effective communication strategy making IPC everyone's business	Multiple approaches including formal letters to senior leaders and clinicians, regular review at management board and key COMMS strategy to in reach all staff within the HB	No current COMMS strategy in place to support the HB IPC overarching IPC Plan	Informed and engaged staff of all disciplines and grades	Director of COMMS / DIPC		Support and provide information as required.	<p>Leadership Touch Point IPC event on 28.06.22.</p> <p>IPC Improvement to be included within first HB Newspaper.</p> <p>Plan for regular updates via Newspaper and intranet.</p>
	Key information on infection reduction performance will be published and available at the entrances to wards and units.	Currently, the publication of performance in relation to infection at ward entrances is variable.	Timely and reliable information on infection performance is available, ensuring confidence in the transparency of the Health Board and its commitment to quality improvement.	Service Group Directors/Director of Nursing & Medical Director and DIPC/Head of Digital Intelligence	Funding for 1 WTE Band 6 Digital Intelligence officer.	IP&C Head of Nursing and IPC Quality Improvement Matron will support Digital Intelligence in the provision of reliable and timely information on infections.	Wards are displaying "How we're doing" boards at entrances.
	Excellence will be recognised within Service Groups and through executive team walkabouts. Support processes will be established to address areas of poor performance to provide support in the journey to excellence.	No current strategy for recognising excellence in relation to infections, nor a standardised process for supporting areas of poor performance on the journey to excellence.	Provision of safe, quality care to our patients, with recognised reductions in infection.	Service Group Directors & Executive Nurse & Medical Director and DIPC		Central IP&C Service will support the processes for recognition and for quality improvements.	Wards achieving improvement are identified in reports to Infection Control Committee and Quality & Safety.