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Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>24 October 2019</b>	<b>Agenda Item</b>	<b>2.2</b>
<b>Report Title</b>	<b>Infection control update 1 August -30 September 2019</b>		
<b>Report Author</b>	Lisa Hinton, Assistant Director of Nursing Infection Prevention and Control (ADN IPC)		
<b>Report Sponsor</b>	Gareth Howells. Director of Nursing and Patient Experience		
<b>Presented by</b>	Gareth Howells. Director of Nursing and Patient Experience		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	This report is presented to the Health Board's Infection Prevention & Control Committee, which is a sub-group of the Quality & Safety Committee on 18 October 2019. This is an assurance report provides an update on prevalence, progress and actions for healthcare associated infections (HCAIs) within Swansea Bay University Health Board for the period 1 August – 30 September 2019.		
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>• SBUHB remain under targeted intervention for HCAIs.</li> <li>• Practice in relation to environmental decontamination is inconsistent across the Health Board however work is underway to address this. There was an agreement at SLT for standardisation.</li> <li>• Outbreak of extensively antibiotic resistant bacteria in Ward G.</li> <li>• Singleton Hospital does not meet the National Minimum Hours for cleaning. Morriston are carrying significant domestic hour vacancies. A scoping exercise has commenced to identify the current requirements across the Health Board.</li> <li>• The incident and RCA process for HCAIs is challenging to navigate and does not lend itself to effective investigation, improvements and learning. Steps have been taken and improvements have been made to the Datix system.</li> <li>• Improvements are required in relation to information provided to delivery units. Recruitment of a field based epidemiologist is underway which will assist this. The start date for this post is mid December 2019.</li> <li>• A review of the IPC workforce is required to shift the focus from control to prevention and control for all clinical services across the Health Board. Approval at IBG for additional posts was agreed. VCP process now underway.</li> <li>• There are shortfalls in the number of hoods available to staff unable to use the FFP3 masks. <b>Delivery units are asked to send require numbers to ADN IPC by 1 November for a bulk order to be raised.</b></li> <li>• Over occupancy and staffing in clinical areas with a lack of decant facilities having an impact on the ability to further reduce rates of infection.</li> <li>• Compliance with training requirements remains low and increases in training for level one infection control training are required across all staff groups. A review of what constitutes training is underway.</li> </ul> <p><b>Escalation from ICC:</b></p>		

Specific Action Required	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> reported progress against healthcare associated infection reduction priorities up to 30 September 2019.</li> <li>• <b>NOTE</b> the key issues and support initiatives for improvement.</li> </ul>			

# INFECTION CONTROL UPDATE REPORT

## 1 AUGUST 2019-30 SEPTEMBER 2019

### 1. SITUATION

#### 1.1 Purpose

This report aims to provide an update on prevalence, progress and actions for HCAs within ABMU for the period 1 August – 30 September 19 in relation to the following healthcare associated infections (HCAI):

- a) *Clostridium difficile* infection
- b) *Staph. aureus* bacteraemia
- c) Gram negative bacteraemia (*E. coli*, *Klebsiella* spp., *Pseudomonas aeruginosa*)

It provides a retrospective overview of the activities carried out to progress the prevention, control and management of infection within SBUHB; during this reporting.

It also aims to identify key risks, making recommendations to address any areas requiring action or improvement.

#### 1.2 Key issues

- Shortfall in cleaning hour provision on acute sites due to vacancies, sickness. Mitigation - sharing the resource available, reducing the risk in some areas by increasing the risk in others.
- Outbreak of extensively antibiotic resistant bacteria in Ward G, involving 10 patients (7 of whom are confirmed cases). Mitigation – closure of ward, establishment of a HB Outbreak Control Group, extended case-finding screening on linked wards/units, ward-based Infection Prevention & Control (IPC) training sessions; increased daily IPC clinical presence on ward.
- IPC resource – no resource to provide 7 day service or to provide service to Primary Care however this was agreed to increase resource at IBG.
- SBUHB remain under targeted intervention for HCAs.
- Practice in relation to environmental decontamination is inconsistent across the Health Board.
- The incident and RCA process for HCAs is challenging to navigate and does not lend itself to effective investigation, improvements and learning.
- Improvements are required in relation to information provided to delivery units.
- There are shortfalls in the number of hoods available to staff unable to use the FFP3 masks. **Delivery units are asked to send require numbers to AND IPC by 1 November for a bulk order to be raised.**
- Over occupancy and staffing in clinical areas with a lack of decant facilities having an impact on the ability to further reduce rates of infection and compromises effectiveness of the '4D' cleaning/decontamination programme.
- Compliance with training requirements remains low and increases in training for level one infection control training are required across all staff groups.

## 2. BACKGROUND

In 2018/19, the ABMU Health Board 2018/19 cumulative incidence of the infections detailed below was the highest in Wales, and higher than the Welsh Government infection reduction goals for NHS Wales.

However, given the position that the Health Board had been in in 2017/18, within the IMTP for 2018/19 the Health Board agreed with Welsh Government a three-year commitment to achieving the following infection reduction:

- *Clostridium difficile* infection: 15% reduction against the 2017/18 position;
- *Staph. aureus* bacteraemia: 10% reduction against the 2017/18 position;
- *E. coli* bacteraemia: 5% reduction against the 2017/18 position.

The agreed three-year reduction targets for Swansea Bay University Health Board have been recalculated to take into consideration the disaggregation that occurred as a result of the Bridgend Boundary Change. The overall Swansea Bay UHB Health Board progress against the 2019/20 IMTP HCAI Reduction Improvement Goals, up to 30 September 2019, is detailed in **Appendix 1**. In addition to Health Board progress against the IMTP monthly profiles, the charts also show the maximum number of cases (by monthly average) for Swansea Bay UHB to achieve the National Infection Reduction Goals for the NHS in Wales, in line with the recently published Welsh Government circular, WHC/2019/019 - 8 July 2019, *AMR & HCAI IMPROVEMENT GOALS FOR 2019-20*.

Considerable improvements have been made to reduce the rates of HCAs, however reductions in infection rates as a result of improvement interventions will be shown over a period of months and not immediately.

Achieving a sustained improvement will be compromised as the Health Board continues to face significant challenges due to current demands on services and capacity. The design of the estate, disinvestment in planned and preventative maintenance, and lack of isolation facilities make managing patients with known or suspected infections a challenge. Additionally, Singleton Hospital is not funded to meet the National Minimum Standards of Cleanliness hours. Compounding the above is the lack of dedicated decant facilities on hospital sites, which compromises effective decontamination of patient care areas, and impacts on the provision of clean and safe patient care environments.

### 3. ASSESSMENT

#### 3.1 HCAIs

Measures	WG National Target for NHS Wales ( WHC/2019/019 - 8 July 2019 )	IMTP Profile September 2019	September 2019 (to 30/09/19)	Total number of cases YTD (to 30/09/19)	Number of cases above or below cumulative IMTP trajectory
<i>Clostridium difficile</i>	< 9 cases/month 25/100,000 pop.	9	10	57	↓ 20
<i>Staph. aureus</i> bacteraemia	<7 cases/month 20/100,000 pop.	11	8	68	↓ 5
<i>E. coli</i> bacteraemia	< 22 cases/month 67/100,000 pop.	39	23	158	↓73
<i>Klebsiella</i> <i>spp.</i> bacteraemia	<8 cases/month	11	9	46	↓ 8
<i>Pseudomonas</i> <i>aeruginosa</i> bacteraemia	<2 cases/month	2	2	19	↑ 5

#### ***C.difficile* toxin positive cases**

The Health Board is under trajectory in this area, currently achieving the reductions in line with the Tier 1 targets.

Management following a CC.Diff toxin positive case remains a responsibility of the Delivery Unit with the support of the infection control team. Alongside the review of the incident reporting system, an integrated action plan will be generated within the Datix system for each infection.

Appendix 1 shows a breakdown of *C.difficile* infections by month and these have been broken down by Delivery unit.

#### **Staph Aureus bacteraemia**

The Health Board is under trajectory in this area, currently achieving the reductions in line with the Tier 1 targets however this needs to be an area of focus as the aim is for a zero tolerance for MRSA bacteraemias.

Appendix 1 shows a breakdown of MRSA bacteraemias by month and these have been broken down by Delivery Unit.

### ***E.coli, Pseudomonas aeruginosa and Klebsiella spp.***

In 2018 Public Health Wales introduced mandatory surveillance of *E.coli*, *Pseudomonas aeruginosa* and *Klebsiella* spp. The Health Board is maintaining performance in this area, currently achieving the reductions in line with the Tier 1 targets.

Work is underway to look at how we can review the learning and share good practice.

Appendix 1 shows a breakdown of *E.coli*, *P.aeruginosa* and *Klebsiella* cases by month and these have been broken down by Delivery Unit.

## **3.2 Key achievements**

Within the last 12 months the following key achievements have been instrumental in reducing rates of HCAs:

- Year-on-year HCAI reductions in HCAI, with the exception of *Pseudomonas aeruginosa* bacteraemia (Ps.ABSI).
- ARK (Antibiotic Review Kit) – results to date: review of antibiotic prescriptions within 72 hours has improved from the baseline of 73% to 100% from week 4 of the pilot. ARK now being utilised on all wards in Morriston.
- Continued effort to implement the '4D' programme: **D**eclutter, **D**ecant, **D**eep-clean and **D**isinfect, although the lack of dedicated decant facilities impacts on the effectiveness of this programme.
- Commenced a trial of ultraviolet C (UV-C) decontamination of ward environments in Singleton Hospital, however, this relies on patients being relocated during the process.
- The Health Board is in an improved position in relation to a number of the targeted key infections over the first four months of 2019/20 compared with the same period in 2018/19. However, the Health Board must achieve higher levels of reduction if it is to compete with its Welsh and English peer organisations.
- A revised process where the infection control team will alert via Datix for certain HCAs has been agreed for pilot by the All Wales Datix User Group, and approved at the Board's Infection Control Committee on 28 June 2019. Local amendments are being made to HCAI related Datix codes in the Health Board Datix system to facilitate improved reporting.

## **3.3 Actions**

### **3.31 Progress Summary of the Annual Work Plan**

The Infection Prevention Control Team and other key individuals continuously undertake work on the annual work plan for the areas of which they are responsible.

The plan is divided into 5 key work streams which incorporate 21 separate actions. The RABC rating system used in the annual work plan provides a visual aid regarding progress made against a particular stream (red, amber, blue and green); refers to the different stages of each objective's action points.

See **appendix 2** for the up to date work plan. The IPCT are on target to deliver the majority of the 5 objectives.

The table below provides an indicator of the progress made in this reporting period:

Objective	Number of actions	B – On plan	A – Slippage in plan	R – Objectives at risk/not achieved	C – Objective complete
1. Support Delivery Units in reducing HCAs	9	1	4		4
2. Improve the quality of information on HCAI	6		4		2
3. Review the Infection Prevention & Control (IPC) workforce	4		1		3
4. Support primary care to improve uptake rates of the MenACWY vaccine	1		1		
5. Establish whether children across the HB receive their primary immunisations at the recommended ages.	1	1			
<b>Total</b>	<b>21</b>	<b>2</b>	<b>10</b>		<b>9</b>

### 3.4 Decontamination

- The Health board's action plan in response to the All Wales Endoscopy Decontamination Survey (AWDS), has been correlated.

Notable progress in the following areas has been made:

- Meetings have taken place to discuss the move to an automated process for Nasendoscope decontamination for Ward T and SDMU in Morriston hospital.
- The transfer of the UV unit from HSDU in Morriston, to the ENT department in Neath Port Talbot Hospital (NPTH) has been agreed.
- Work on a new designated decontamination room within the ENT department in NPTH has commenced. This should be complete by the end of this month.
- The drying cabinets have been removed from the Theatre departments in Morriston Hospital. The new drying cabinet in HSDU is now being used to store the theatre scopes.

- A meeting has been scheduled to discuss suitable alternative storage options to replace the need for a new drying cabinet within Singleton theatres.
- The unused decontamination sink within Singleton theatres has now been removed.
- As part of the Health Board's commitment to move decontamination to automated processes wherever possible; The women's infertility unit and Urology unit in Neath Port Talbot hospital, have now moved to the use of Hydrogen Peroxide gas disinfectors (Trophons) for the decontamination of Ultra-sound probes. This follows best practice guidance and ensures validated technologies are being used.
- During the AWDS, it was highlighted that variations in practices in personal protective equipment (PPE) use, by staff during the decontamination of Endoscopes, were evident. A report has been submitted to the Decontamination sub group (DSG), which highlights the standard of PPE which needs to be worn. This report can be found in appendix 3.
- A Tracking and traceability quick reference guide (QRG) has been produced. This will ensure all areas who currently use a manual traceability system, are using a standardised approach. This QRG was sent to DSG for comment and can be found in appendix 4.
- The All Wales dental decontamination survey took place throughout clinics in SBUHB in July. A 'Gold command' was established by the Dental director and community dental team to oversee the findings and formulate an action plan.
- A business case to move the decontamination of community dental instruments into Singleton HSDU has been approved. This service will hopefully commence in January 2020, following successful appointment of an additional band 2 technician. This move will eradicate a vast majority of risks associated with onsite decontamination in the community dental surgeries.
- The new decontamination structure for SBUHB was taken to the NMB this month. Each delivery unit needs to ensure they are aware of their responsibilities regarding decontamination.
- *Actions*
- Each delivery unit should be aware of the new decontamination structure and ensure leads for each area are highlighted.
- Once the delivery units have their decontamination structure is in place, delivery unit decontamination meetings, which will feed into the Health Board's decontamination meeting, should take place. This will ensure good practice is shared and any areas of non-compliance are identified locally and improvement options highlighted.

### **3.5 Outbreaks, untoward incidents, Piis and ward/bay closures from diarrhoea and vomiting**

During this reporting period a confirmed outbreak of Influenza A was identified on Morriston Ward C. Index patient may have been exposed to influenza by symptomatic staff.



2 unrelated incidences of suspected whooping cough were clinically diagnosed in Morriston, contact tracing involved over 30 contacts. Further results did not confirm the clinical diagnosis.

Unexplained gastrointestinal symptoms were identified on Morriston Coronary Care Unit (CCU) & Ward J resulting in two Bay being closed overnight. Further results did not confirm viral gastroenteritis.

Potential exposure of varicella zoster virus (VZV) from a case disseminated shingles resulted in an extensive risk assessment and contact tracing of several surgical areas within Morriston Hospital. No further related incidences have been reported.

Periods of increased incidences (Pii) have been identified in 7 locations across the health board (HB) where 2 or more *C difficile* PCR positive cases were identified within a 28 day period. The Anaerobic Reference Unit in Cardiff (ARU) provide information on individual Ribotypes for each case. Singleton have identified a Pii on ward 2 & 6 have distinct ribotyping. Morriston Outbreak Control Group continue to meet to discuss management of the increased incidence, hotspots and outbreaks of 014.

Ward G has been closed for 22 days due to a confirmed outbreak of Carbapenemase Producing Organism (CPO) *Klebsiella sp.* and concurrent Vancomycin Resistant Enterococcus (VRE) outbreak. The ward was closed to admissions on the 05/09/2019. Affected patients are now isolated. Contact screening continues on exposed inpatients. Vacant bays were decluttered and deep cleaned in preparation for high level decontamination (4D clean) of the environment with Bioquell. Ward G re-opened to admissions on the 29/09/2019 once all remaining positive patient were able to be isolated on the same ward.

The infection prevention and control team (IPCT) continue to visit wards/departments affected daily to review patients and support clinical teams as well as sending out HB wide communications.

Delivery unit/speciality	Reason for closure/ organism	Date of Pii/ incident	Patients affected	Outcome	Pii ended
Morriston DU Ward C Cardiology	Influenza A	04/08/19	4 patients & 2 staff	Ward closed 09/08/2019	Opened 12/08/2019
Morriston DU Ward G	Kleb. CPO & VRE	05/09/2019	7 OXA's & 3 VRE	Open to admissions 29/09/2019	Not finalised. Weekly screening continues.

Morrison DU Oakwood Ward	Suspected Whooping cough CAI x2	13/09/2019 & 23/09/2019	2(separate incidents)	2 Suspected unrelated cases >20 persons followed up	N/A
Morrison DU Ward J	Diarrhoea	17/09/2019	2	Bay Closed	Opened 18/09/2019 Negative NORO virus
Morrison DU CCU	Diarrhoea and Vomiting (D&V)	17/09/2019	2	Bay closed	18/09/2019 Negative Noro Virus
Morrison DU Surgical Wards	Disseminated Shingles N/A	20/09/2019	1 case >20 contacts	No further cases	N/A
Morrison DU <i>Clostridium difficile</i> Outbreak control group	014 outbreak Ward D&S	May-Ongoing	4&5+1 outstanding	Ongoing Outbreak Management	Ongoing
Morrison DU Ward A	Pii not closed	01/08/2019	2	Distinct (1x014)	01/09/19
Morrison DU Ward T	Pii not closed	14/08/2019	2	Distinct (1x014)	14/09/2019
Morrison DU Ward C	Pii not closed	09/09/2019	3	Distinct x2 (1x014)	17/10/2019
Morrison DU ITU	Pii not closed	09/09/2019	4	4xOutstanding	26/10/2019
Singleton DU Ward 6	Pii not closed	02/08/2019	2	Unable to process ribotypes both cases	02/09/2019
Singleton DU Ward 2	Pii not closed	07/08/19	2	Distinct 1x014	07/09/19

The ICPT visit wards/departments affected daily to review patients and support clinical teams as well as sending out Trust wide communications. A separate paper outlining the lessons learned from the closures due to outbreaks is submitted to ICC should these occur.

### Risks

There are 6 accepted Risks on RLDatix that are logged against the Specialty of Infection Control (no new Risks awaiting to be accepted).

There are also 25 accepted Risks on RLDatix where the Risk Subtype is Infection Control with a further 4 New Risks awaiting to be accepted (29 Risks with subtype on Infection Control)

## Incidents

There are 94 overdue incidents relating to IPC on Datix. These can be broken down as follows:

Delivery unit	Year incident opened (no. incidents)		
	2017	2018	2019
<b>Mental health and learning disabilities</b>	<b>0</b>	<b>0</b>	<b>1</b>
<b>Primary and Community services</b>	<b>0</b>	<b>0</b>	<b>1</b>
<b>Morriston Hospital</b>	<b>0</b>	<b>6</b>	<b>48</b>
<b>Singleton Hospital</b>	<b>1</b>	<b>3</b>	<b>31</b>

## 3.6 Education & Training

### *Training compliance*

Infection Prevention and Control - Level 1 - 3 Yearly to 30 September 19

Staff Group	Compliance %
Add Prof Scientific and Technic	88.28%
Additional Clinical Services	85.83%
Administrative and Clerical	79.71%
Allied Health Professionals	90.15%
Estates and Ancillary	61.22%
Healthcare Scientists	83.13%
Medical and Dental	35.12%
Nursing and Midwifery Registered	86.19%
Students	66.67%

The IPCT along with colleagues from the Education and Training department, local training practice leads and other continue to provide and deliver IPC training and updates alongside the online training to both clinical and non-clinical staff employed by the Trust. The IPCT continue to deliver many face-to-face teaching and ad-hoc/bespoke session requests made by services directly.

The IPCT are planning to hold an IPC conference in April 2020 for SBUHB.

On 14 October 2019 an education session was delivered to matrons with speakers presenting on a variety of topics. Further sessions will be scheduled in.

### *Community and primary care*

Within this timeframe the IPC team and immunisation coordinator have delivered flu training focused around the resource pack and the importance of vaccination to vulnerable groups to care homes within the Swansea Bay area.

There has also been agreement to increase the resource within the IPC Team to provide a dedicated IPC resource for community. Recruitment will commence within the next reporting period.

## **3.7 Assurance**

### **3.71 Reporting**

The Assistant Director of Nursing Infection Prevention and Control submits assurance reports to the Quality and Safety Committee and monthly submissions directly to the Health Board on the Tier 1 targets.

Each Infection Control Nurse leads within a delivery units and liaises closely with clinical staff from each ward/department which includes attending regular delivery unit infection control meetings.

### **3.72 Audit**

#### *Audit of time for faecal specimen to lab*

A retrospective audit was undertaken going back to January 2019 looking at the time take for faecal specimens to arrive at the lab. The findings are as below:

Specimen receipt by lab	0 - 1 days
Jan-19	84%
Feb-19	78%
Mar-19	75%
Apr-19	71%
May-19	93%
Jun-19	84%
Jul-19	84%
Aug-19	81%
Sep-19	94%

This will be further broken down per delivery unit and a report will be disseminated within the next reporting period. Actions identified will be brought to ICC in December 2019.

#### *Hand hygiene*

Monthly hand hygiene audits are undertaken and are monitored by the Delivery Units. Work is underway to include this information on the ward to Board dashboards.

#### *Commodes and sluices*

A Health Board wide audit of commodes and sluices was undertaken in May and June 2019. The audit was undertaken across Morriston, Singleton and Neath Port Talbot Hospitals, mental health and learning disabilities. Overall the early indicators were positive with the majority being clean and in a good state of repair. The results of the audit were disseminated to delivery units and actions plans are to be presented by units in their IPC papers to ICC.

#### *Domestic cleaning cupboards*

The Infection control team completed audits of domestic cleaning cupboards at both Morriston and Singleton hospitals in May and June 2019. Individual reports were provided to the relevant delivery unit how have been asked to compile an action plan where appropriate and provide assurance within the reports to ICC that areas for improvement have been addressed.

### *Patient experience*

Patient experience surveys of cleaning and hand washing is undertaken within the Health Board wide patient surveys conducted on an ad hoc basis.

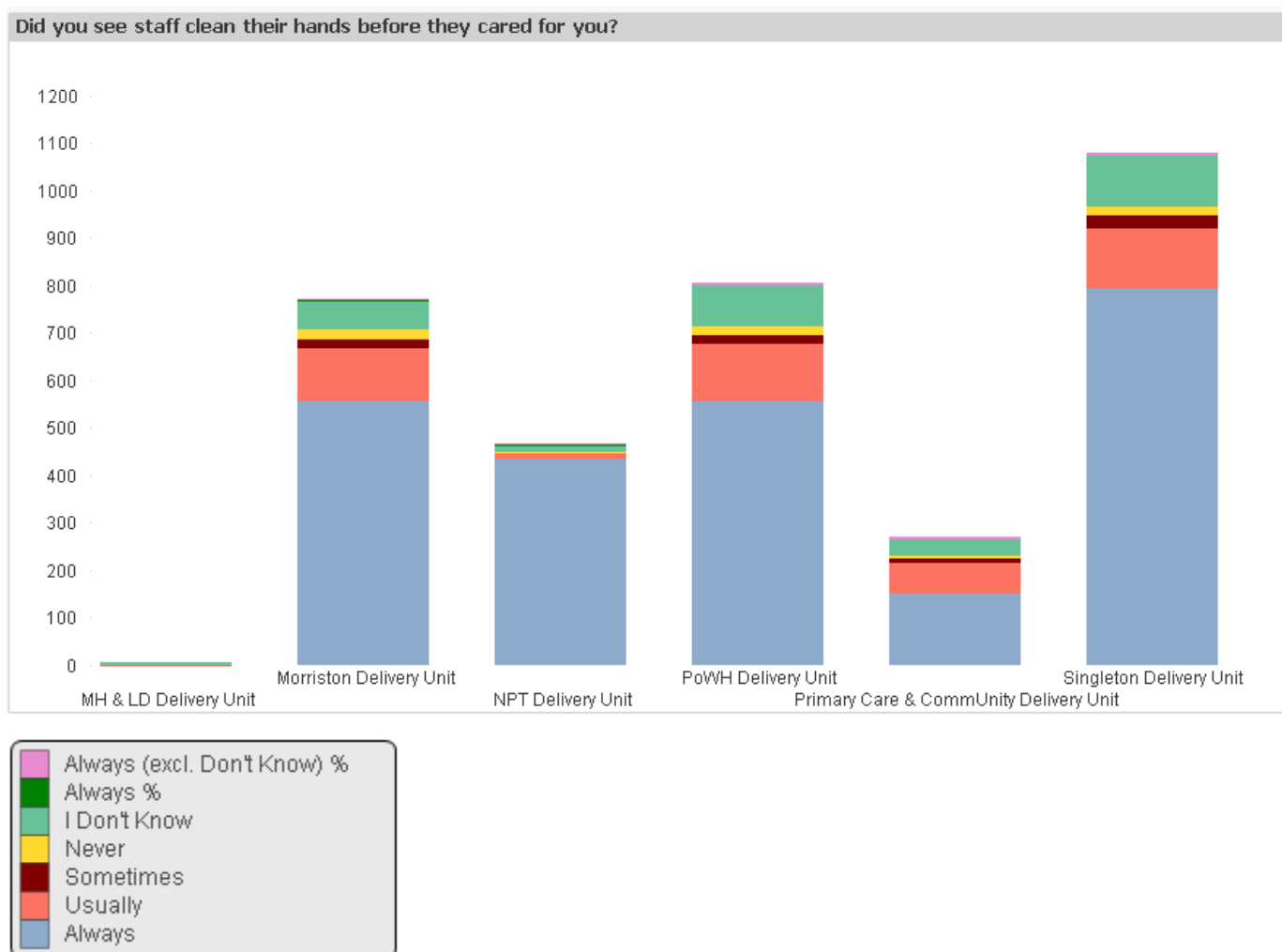
Data from cleanliness section in qlikview, combined date range 1<sup>st</sup> August to 30th September 2019 shows the following per delivery unit:

Question on the All Wales Survey: How clean is it?

How Clean Is It?					
Delivery_Unit	Very Clean	Fairly Clean	Not Very Clean	Not Clean At All	Very Clean %
MH & LD Delivery Unit	1	2	0	0	33%
Morriston Delivery Unit	691	77	3	3	89%
NPT Delivery Unit	453	8	1	0	98%
PoWH Delivery Unit	729	80	1	0	90%
Primary Care & CommUnity...	234	38	1	0	86%
Singleton Delivery Unit	990	93	3	2	91%

Question on the All Wales Survey: Did you see staff clean their hands before they cared for you?

Chart of data:



The infection control team are working with the patient experience team to develop a bespoke patient experience survey around infection control to be piloted within one of the delivery units in 2019 to better assist in the development of infection control services within the Health Board.

### 3.73 Service improvement

#### *Policies and SOPs*

The IPCT are undertaking some work to move over to the Public Health Wales Policies for IPC, removing previous policies and developing SOPs as required for SBUHB. All will be available via the Intranet and clear signposting to the appropriate document will be in place. This work will be complete and showcased at ICC October 2019.

#### *Datix, incident reporting and investigations*

The IPCT are working with the Datix team to review Datix and improve the reporting and investigating within the system. The revised codes for this were approved at the Datix user group on 24 June 2019. The pilot of these new codes commenced 1 August 2019.

#### *ICNet*

The Infection Prevention and Control Team are working with ICNet to improve information about patients with infections provided.

### *Winter planning*

The infection control team are working with the occupational health department to develop plans for the forthcoming winter season. An update on the current vaccination position will be provided by occupational health.

### **3.74 High Consequence Infectious Disease Response**

The Health Board are awaiting confirmation from PHW regarding train the trainer programme and further guidance on kit.

There is a plan in SBUHB to deliver a train the trainer contaminated casualties day on 29 November 2019 in order that up to date information and training can be delivered to address the response for a chemical, biological and radiation incident.

The 2018 National Pandemic Flu Service testing report had not been received but SBUHB did participate and provided feedback. Revised pandemic flu guidance has not been released by Government to date.

### *FFP3 fit testing*

There are current shortfalls in the number of hoods available to staff for those staff unable to use the FFP3 masks. Delivery units are asked to identify required numbers to ADN IPC and a bulk order to be arranged.

SBUHB Respiratory Protection Stock Management Coordinator is accredited to deliver fit testing to staff who can become fit testers. Fit testers are trained and cascade fit testing is underway.

Current compliance figures for FFP3 of trainers can be seen below:

<b>September Audit</b>	<b>Total</b>	<b>%</b>
<b>Total Number of Trainers</b>	<b>354</b>	
<b>Trainers in compliance</b>	<b>96</b>	<b>28%</b>
<b>Trainers not in compliance</b>	<b>179</b>	<b>51%</b>
<b>Trainers actively cascading training</b>	<b>89</b>	<b>25%</b>
<b>Trainers not actively cascading training</b>	<b>125</b>	<b>35%</b>
<b>Does not want to be a trainer</b>	<b>79</b>	<b>22%</b>
<b>Trainers Assessed</b>	<b>209</b>	<b>59%</b>
<b>Trainers Not Assessed</b>	<b>74</b>	<b>21%</b>

## **4 GOVERNANCE AND RISK ISSUES**

Healthcare associated infections are associated with poor patient outcomes, and are significant quality and safety issues. Continuing failure to achieve the infection reduction improvements is an unacceptable position for our patients, for the Health Board and Welsh Government and is likely to be a consideration in a decision to escalate to Special Measures.

## 5 FINANCIAL IMPLICATIONS

A Department of Health impact assessment report (IA No. 5014, 20/12/2010) stated that the best estimate of costs to the NHS associated with a case of *Clostridium difficile* infection is approximately **£10,000**. The estimated cost to the NHS of treating an individual cost of MRSA bacteraemia is **£7,000** (the cost of MSSA bacteraemia could be less due to the availability of a wider choice of antibiotics). In an NHS Improvement indicative tool, the estimated cost of an *E. coli* bacteraemia is between **£1,100** and **£1,400**, depending on whether the *E. coli* is antimicrobial resistant. (*Trust and CCG level impact of E.coli BSIs* accessed online at:

<https://improvement.nhs.uk/resources/preventing-gram-negative-bloodstream-infections/>).

Using these estimates, and the number of cases of these infections within the Health Board in 2019/20 (from 1 April 2019 to 30 September 2019), the estimated financial impact of these healthcare associated infections is shown below.

## 6 RECOMMENDATION

Members are asked to:

- **NOTE** reported progress against healthcare associated infection reduction priorities up to 30 September 2019.
- **NOTE** the key issues and support initiatives for improvement.



Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>
Quality, Safety and Patient Experience		
Effective infection prevention and control needs to be everybody's business and must be part of everyday healthcare practice and be based on the best available evidence so that people are protected from preventable healthcare associated infections.		
Financial Implications		
<p>Cost per case of:</p> <p><i>Clostridium difficile</i> infection - approximately £10,000; (YTD £570, 000)</p> <p><i>Staph. aureus</i> bacteraemia - up to 7,000; (YTD £476, 000)</p> <p><i>E. coli</i> bacteraemia – between £1,100 (antibiotic sensitive strains) and £1,400 (antibiotic resistant strains) (YTD £182, 200)</p> <p>Cumulative costs from 1 April to 30 September 2019 for all three organism is <b>approximately £1, 228, 200.</b></p> <p>Ongoing costs associated with contracted HPV services (e.g. Bioquell) for high-level environmental decontamination (£9, 000 pcm at Morriston Hospital).</p>		
Legal Implications (including equality and diversity assessment)		
Potential litigation in relation to avoidable healthcare associated infection.		
Staffing Implications		
None identified.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
A healthier Wales: preventing infections		

<b>Report History</b>	Previous meeting 23 August 2019
<b>Appendices</b>	Appendix 1: Health Board and Service Delivery Unit Monthly Performance. Appendix 2: IPC Annual work plan Appendix 3: Decontamination standards of PPE Appendix 4: Tracking and traceability quick reference guide (QRG)