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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

Quality & Safety Committee Health Care Acquired Infections Update

Neath Port Talbot & Singleton Service Group
September 2022

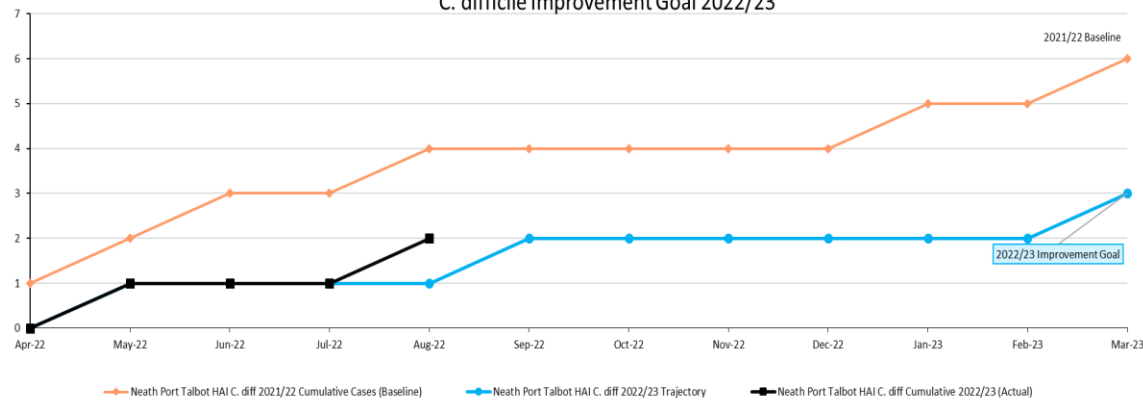


July / Aug 2022

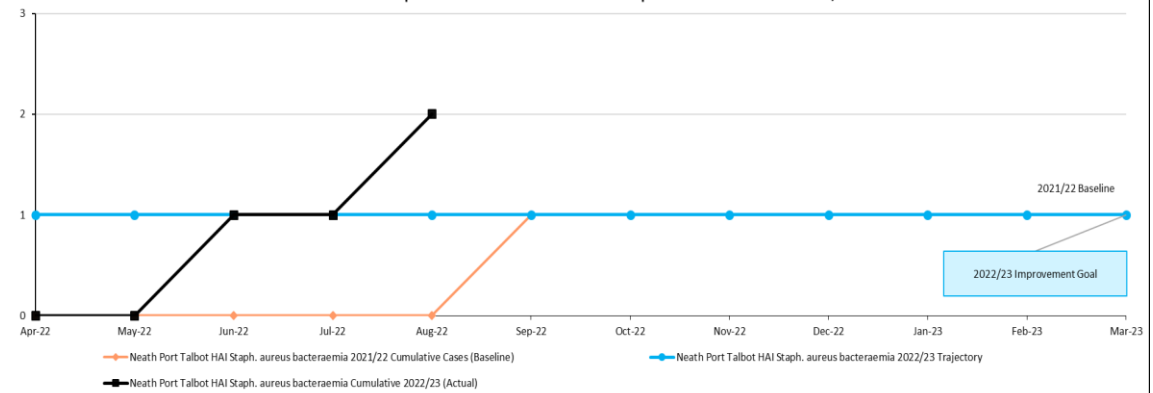
Infection Prevention and Control – Current Position - NPTH

	July 21	Aug 21	Acc Total 21/22	July 22	Aug 22	Acc Total 2022	Against 21 position	Improvement Goal	Performance against goal
C-Diff	0	1	4	0	1	3	↓	1	-2 ↓
Staph Aureus	0	0	0	0	1	1	↑	1	→
E-Coli	4	2	11	0	1	1	↓	5	-4 ↓
Klebsiella	0	0	1	0	0	1	→	1	+1 ↑
Pseudomonas	0	0	0	0	0	0	→	0	→

NPTH & SH Service Group - Neath Port Talbot Hospital,
C. difficile Improvement Goal 2022/23



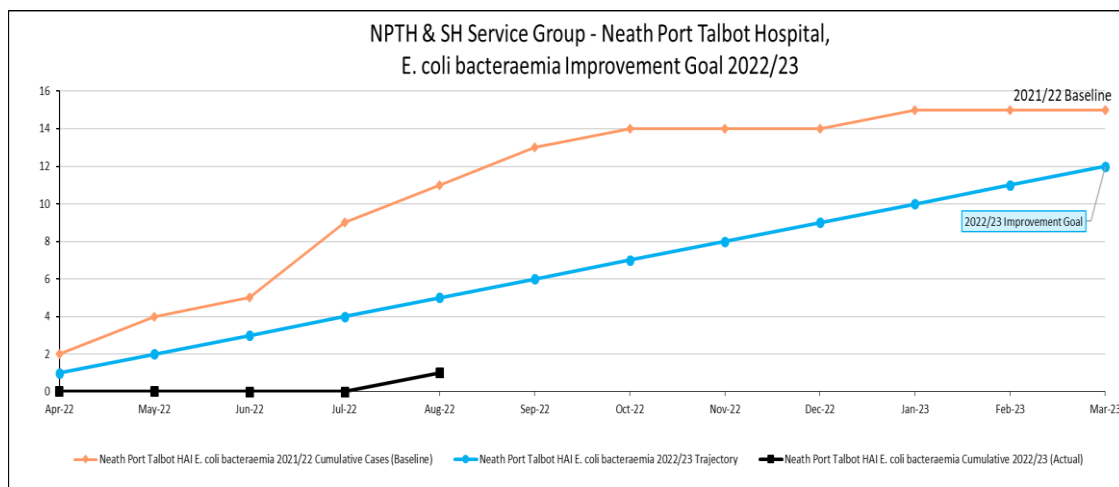
NPTH & SH Service Group - Neath Port Talbot Hospital,
Staph. aureus bacteraemia Improvement Goal 2022/23



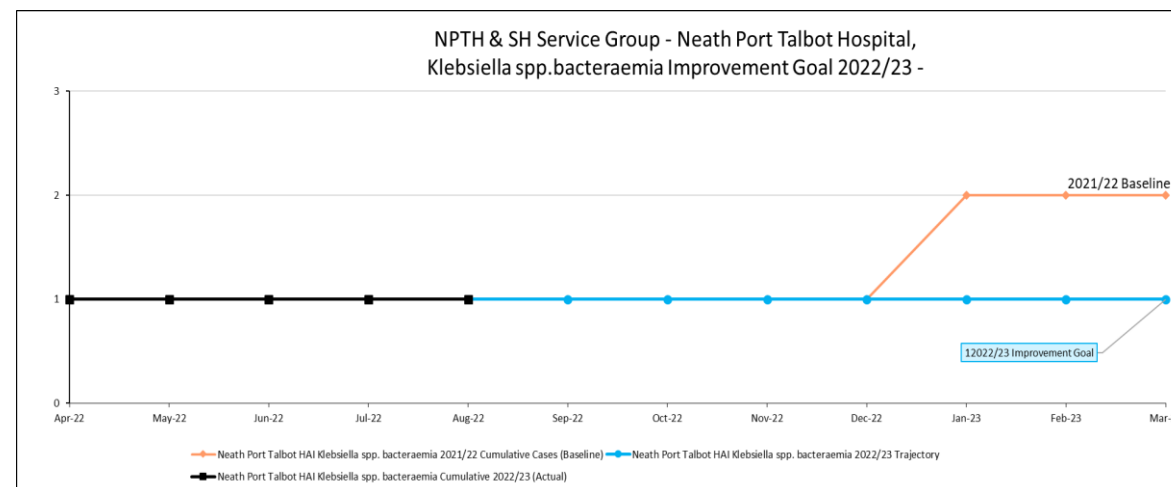
July / Aug 2022

Infection Prevention and Control – Current Position - NPTH

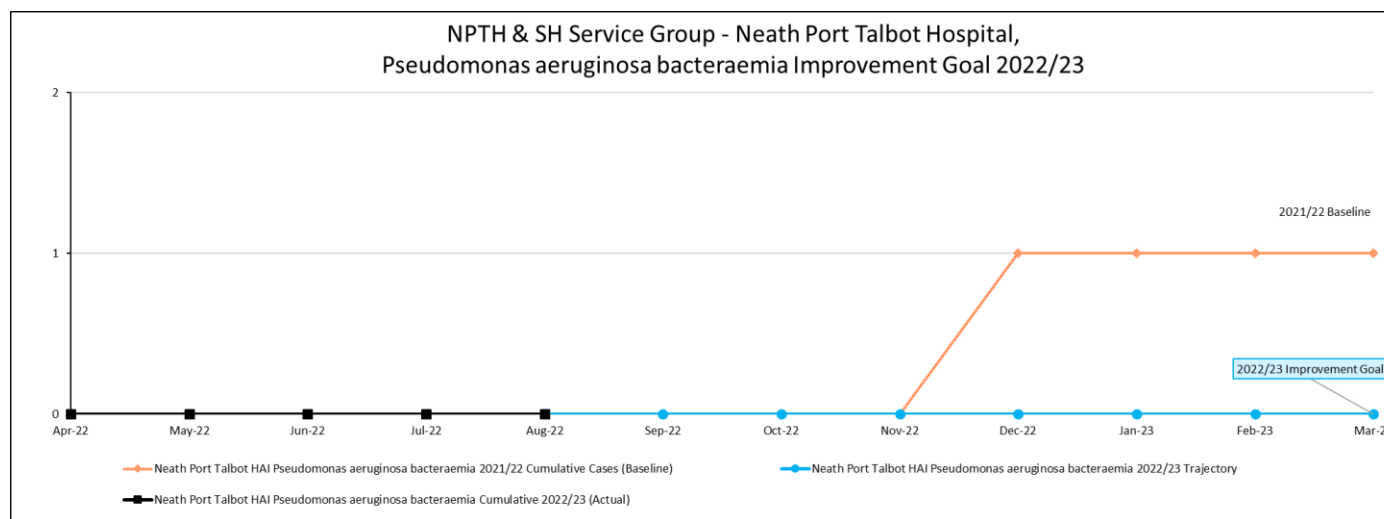
NPTH & SH Service Group - Neath Port Talbot Hospital,
E. coli bacteraemia Improvement Goal 2022/23



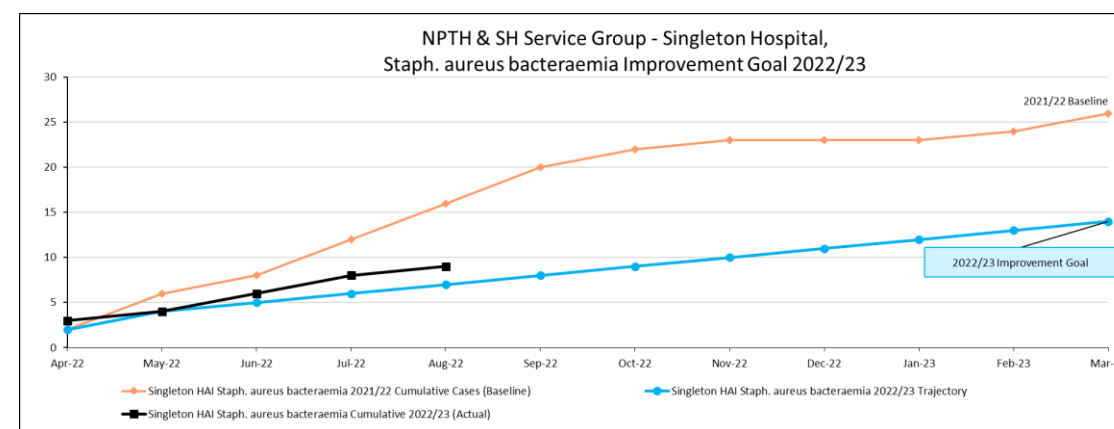
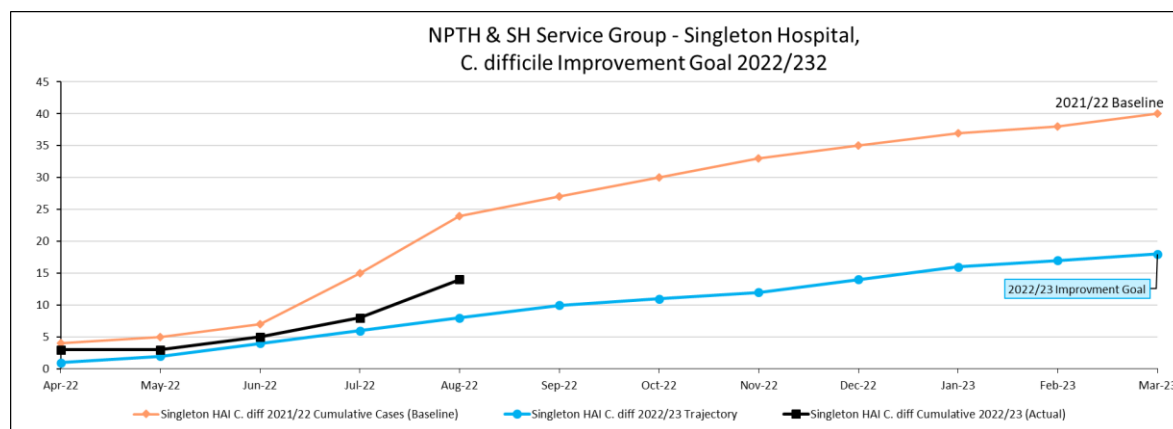
NPTH & SH Service Group - Neath Port Talbot Hospital,
Klebsiella spp. bacteraemia Improvement Goal 2022/23 -



NPTH & SH Service Group - Neath Port Talbot Hospital,
Pseudomonas aeruginosa bacteraemia Improvement Goal 2022/23

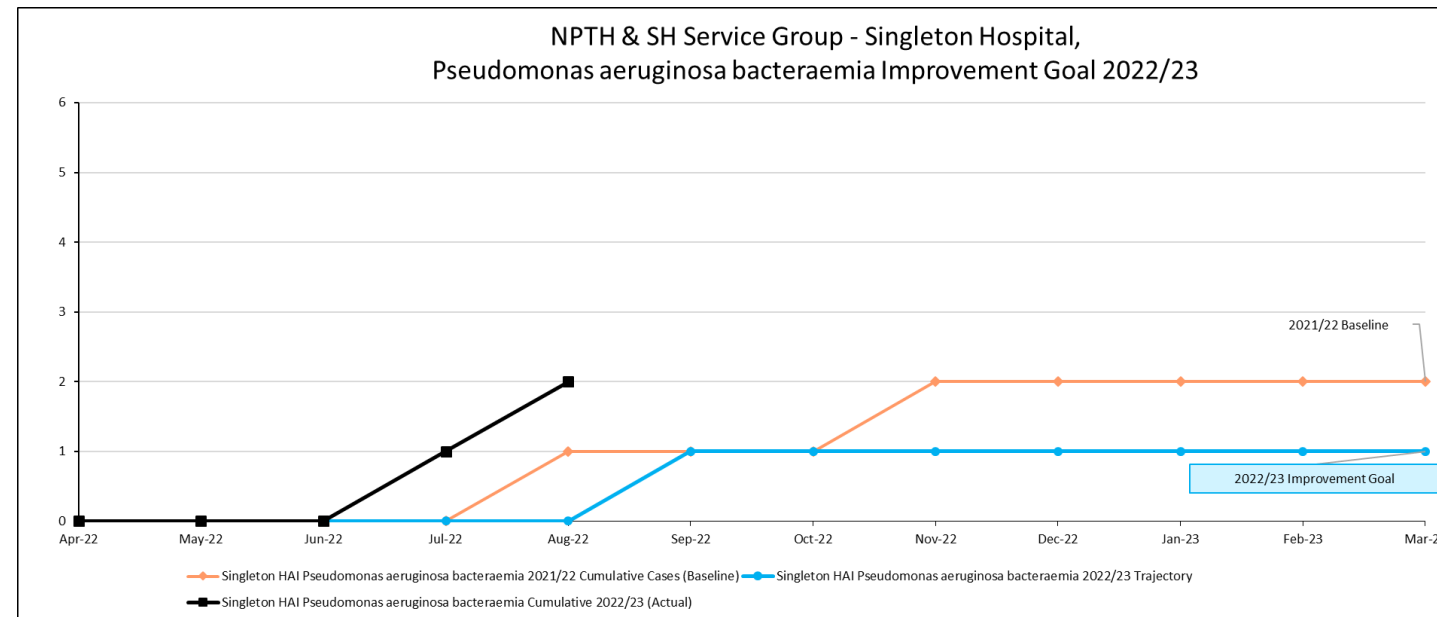
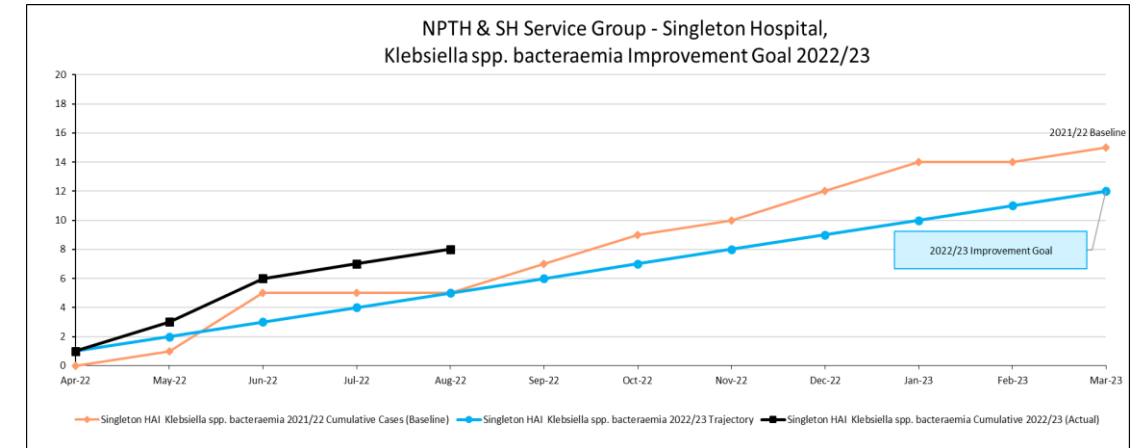
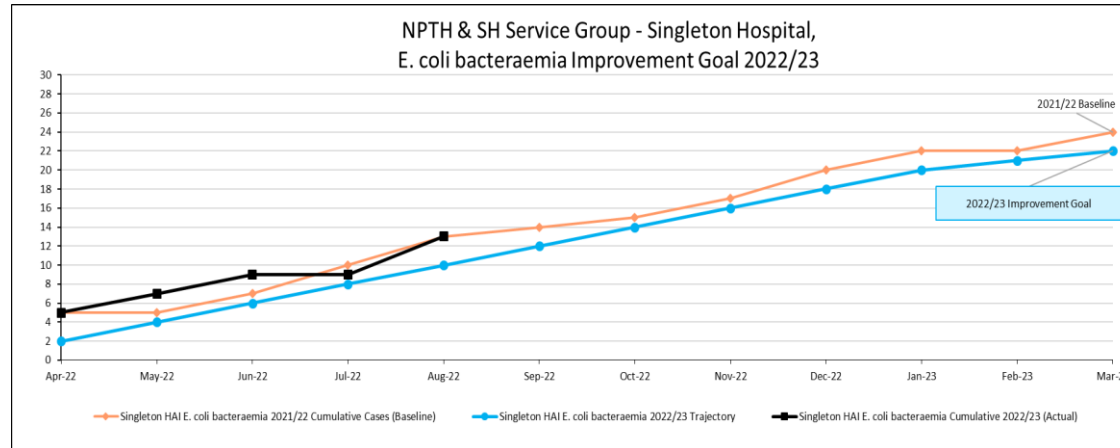


	July 21	Aug 21	Acc Total 21/22	July 22	Aug 22	Acc Total 2022	Against 21 position	Improvement Goal	Performance against goal
C-Diff	8	9	24	3	6	14	↓	8	↑ +6
Staph Aureus	4	4	16	2	1	9	↓	7	↑ +2
E-Coli	3	3	13	0	4	13	→	10	↑ +3
Klebsiella	0	0	5	1	1	8	↑	5	↑ +3
Pseudomonas	0	1	1	1	1	2	→	0	↑ +2



July / Aug 2022

Infection Prevention and Control – Current Position – Singleton Hospital



Progress against Infection Control Plan

Goal - To provide divisional assurance of IPC governance structures and arrangements

Method - Launch of Service Group Infection Improvement Plan

Plan launched on 24th May 2022

Scheduled to attend NPT & Singleton Physicians meeting (10th June 2022) to ensure maximum medical engagement

Method - Establish a process for high level scrutiny and learning for Staph. Aureus bacteraemia and C. Difficile infection.

Director-led scrutiny meetings scheduled bi-weekly from 21st June 2022 for DHoN and Clinical Lead to present findings

Method - HCAI objectives are visible and understood by the ward MDT and teams are aware of patient outcomes at ward level

Division of Medicine tackling MDT engagement by the introduction of monthly 'Appraise Support and Guidance' meetings at ward level led by Lead Consultant and Ward Manager

Progress against Infection Control Plan

Goal - Reduce incidence of key infections

Method - Clinical staff will be compliant with mandatory ANTT training and will be ANTT competence assessed, All staff to be compliant with appropriate levels of IPC training, Clinical staff to be compliant with Level 2, Hand Hygiene

Org L5	Performance March 2022	Performance May 2022	% increase / decrease
NHS CSTF Infection Prevention and Control - Level 1 - 3 Years	86.17%	84.16%	↓
NHS CSTF Infection Prevention and Control - Level 2 - 1 Year	37.18%	28.25%	↓
NHS MAND Aseptic Non Touch Technique - 3 Years	20.57%	22.58%	↓
NHS MAND Hand Hygiene - 1 Year	9.36%	15.29%	↑

Performance with mandatory training has dropped in all areas since the last reporting period.

Level 1 training across most ward areas is in excess of 90%, there have been some reduction in performance on Ward 4, 8 and 3 at Singleton Hospital.

However, this data is for all staff groups, further work to be completed to establish true baseline of relevant staff compliance for each training module.





Thank you

