

Infection Prevention Improvement Plan 2024/25

Strategic aim:

Development of a One Bay Infection Prevention Way to support the board's 10 Year Vision of being a High Quality Organisation with a focus on improvement and performance to deliver high quality care and patient experience

- Deliver the best outcomes for our population, preventing illness and harm caused by communicable infections and healthcare associated infections;
- Become a centre of excellence for research and innovation in infection prevention & control, with staff receiving excellent teaching and training on how to prevent avoidable infection and to care for those with unavoidable infections to ensure optimal outcomes;
- Develop leadership and empowerment to drive improvement in reducing harm for themselves and the population of Swansea Bay;
- Strengthen an integrated, equitable service to reduce harm caused by infections, patient service user at the centre

Goal	Key Metrics	Outcome	Responsibility	Q1 Progress	Q2 Progress
Improving the Culture					
All staff are trained, educated and competent in IPC as appropriate for their role	Achieve compliance with national training target for infection prevention & control-related mandatory training (all available staff). Working toward IP&C Training, Level 1 and Level 2 – ≥85% (available staff) by staff groups	≥85% compliance with mandatory training	Service Group Directors	Level 1 - 91.28% Level 2 - 77.90% (on track to achieve within timeframe)	Level 1 - 91.10% Level 2 - 82.16% (on track to achieve within timeframe)
	Staff who undertake aseptic technique are trained and can demonstrate competency	≥85% compliance with ANTT training in staff who undertake aseptic technique and these staff have been assessed as competent	Service Group Directors	27.68% ESR unreliable measure	29.02% ESR unreliable measure
	IPC Team will provide bespoke ward-based and online training on C. difficile, with supplementary materials, which will be targeted to areas of high incidence	IPC Team have provided training to local Hand Hygiene Competence Assessors	Corporate IPC Lead	Delivered and completed	Available as online presentation and delivered as required
Staff have access to evidence-based Infection Prevention and Control policies	Evidence-based Infection Prevention and Control policies are in place, are accessible and are reviewed regularly	All IPC Policies will be reviewed, will be up-to-date and will be accessible to staff	Corporate IPC Lead	All policies current	All policies current
There is an organisational culture that promotes reporting of infection-related and decontamination-related incidents	Infection-related, and decontamination-related incidents within the Service Group are reported, monitored and investigated in a timely way	Infection-related, and decontamination-related incidents are reported, monitored and investigated appropriately, with learning shared across the organisation	Service Group Directors	Monitored in Service Group level meetings and at Decontamination Sub-Group	Monitored in Service Group level meetings and at Decontamination Sub-Group
	Service Groups feedback lessons learned from the investigation of incidents through their Quality & Safety Groups	Service Group Quality & Safety meeting minutes	Service Group Directors	Governance structures and processes in place	Governance structures and processes in place
	Multi-disciplinary reviews of healthcare associated infections (HCAI) are undertaken in a timely way, with engagement of relevant clinical leads, that demonstrate an understanding of avoidability, with key lessons learned shared across Service Groups and the Health Board	MDT reviews of HCAI is undertaken and lessons learned shared	Service Group Directors	Regular Director-led scrutiny meetings	Regular Director-led scrutiny meetings
	Acute Service Group Directors have oversight of Service Group performance against Tier 1 reduction goals and progress against their Infection Reduction Improvement Plans	There is a process of high level assurance relating to HCAI	Service Group Directors & Corporate IPC Leads	Executive-led HCAI Scrutiny meetings held with Service Group Directors	Executive-led HCAI Scrutiny meetings held with Service Group Directors
The Health Board will review the anticipated Code of Practice for the Prevention and Control of Healthcare Associated Infections when published	A gap analysis will be undertaken in relation to the Health Board's position against the anticipated updated Code of Practice and this will be reported to Management Board	Health Board will understand its position against the updated Code of Practice for the Prevention and Control of Healthcare Associated Infections and will work towards meeting the relevant standards	Corporate IPC Lead	Assessment completed	Reviewing actions
Leadership					
Service Groups have a governance structure and processes for Infection Prevention & Control and Decontamination of re-usable medical devices	Service Group confirmation of Infection Prevention & Control Groups, co-chaired by Medical Director and Nurse Director, with multi-disciplinary engagement, meeting quarterly as a minimum	Established Service Group governance structures and management systems for IPC are in place	Service Group Directors	Service Group IPC Meetings established	
	There are designated Service Group Leads for Infection Prevention & Control and Decontamination	There is a clearly identified Service Group lead for Decontamination and there are appropriate governance structures in place	Service Group Directors	Progressing within Service Groups within timeframe	Established within all Service Groups
There is a programme of regular IPC-related audit	Infection Prevention & Control-related audits (Hand Hygiene, Standard Infection Prevention & Control Environment) are undertaken and reported locally, and there is a system in place to monitor associated recommendations and actions	The IPC audit programme is established on AMaT and Service Groups review, monitor and track progress	Corporate IPC Lead and Service Group Directors	Progressing within Service Groups within timeframe	Audits upload to AMaT and available AMaT training rolling out across Service Groups.
Service Groups develop leadership and empowerment to drive improvement in reducing episodes of harm	Review specific areas for the training, learning and development of the IPC specialist workforce in line with All Wales Education, Learning and Development Framework for Specialist Infection Prevention and Control Workforce.	The Health Board will understand the requirements to meet the All Wales Education, Learning and Development Framework	Service Group Directors supported by IPC lead	In progress	Review actions and move to workforce planning by Q4
	Service Groups identify Link Champions for IPC and Decontamination	As a minimum, Link Champions are identified for areas of high risk	Service Group Directors & Corporate IPC Leads	IPC Leads identified in each Service Group	Link Champions identified for Decontamination and in number of high areas for IPC
	Redesign of Corporate IPC Service to strengthen leadership in IPC across the organisation by establishing a senior IPC Quality Improvement Partner for Service Groups	Equitable, resilient and sustainable IPC Service, working in partnership with Service Groups, to strengthen leadership and empowerment and support improvement in infection reduction	Corporate IPC Lead & Associate Nurse Director	Outcome of IMTP bid under review	IMTP bid not fully funded and Service Group IPC Partner not feasible within current financial envelope

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Goal	Key Metrics	Outcome	Responsibility	Q1 Progress	Q2 Progress
Clean & Safe Healthcare Environment					
The physical environment is maintained and cleaned to a standard that facilitates effective IPC and minimises the risk of infection	Review the new National Standards of Cleanliness and identify any gaps	Management Board will be presented with a briefing paper outlining the Health Board's position in relation to the updated national standards of cleanliness	Head of Support Services & Corporate IPC Lead	Updated National Standard of Cleanliness - publication delayed Outside HB control	Updated National Standard of Cleanliness - publication delayed Outside HB control
	Cleanliness compliance scoring matrix >95%	Maintain >95% compliance with cleaning scores	Head of Support Services	97.50%	98% compliance
	Service Groups to review options for workforce redesign to strengthen standards of cleanliness within wards	Improvement in Standard Infection Control Precautions compliance scores	Service Group Directors	HB current financial position impacts on this goal	HB current financial position impacts on this goal
	Establish a collaborative review of cleaning and surface disinfection products that are available within National Procurement Frameworks, with a particular focus on solutions that are safe and effective against <i>C. difficile</i> .	Optimum product selection for safe and effective to ensure the effective cleaning and disinfection	Head of Support Services, Service Groups, Procurement & Corporate IPC Lead	Products under review	Extending scope of review to include cleaning items and materials
	Ensure safe systems exist for providing safe storage, distribution, monitoring and decontamination of foam mattresses and bed frames	There is a certificate of decontamination for every bed and mattress that provides assurance for Service Groups that every patient will be assured of having a clean mattress	Service Group Directors	Processes being reviewed within service groups	Area identified in Morriston for conversion to mattress storage
Infection prevention and control is considered as a core element at the planning and design stages of a new builds, refurbishments, repurposing and redesign schemes	The IPC team is involved at every stage of new builds, refurbishments, repurposing and redesign schemes to facilitate IPC being "designed-in"	IPC and related risks are considered at all stages of new builds, refurbishments, repurposing and redesign schemes	Service Group Directors, Assistant Director of Capital Planning, Corporate IPC Lead	IPC team involvement in capital programmes	IPC team involvement in capital programmes
	Service Groups ensure that increasing ensuite single room accommodation is considered in new build, refurbishments, redesign and repurposing schemes.	Appropriate single room capacity has been identified in capital planning schemes for inpatient accommodation.	Service Group Directors & Assistant Director of Capital Planning	Consideration given within planning stages	Consideration given within planning stages.
There is an annual programme of decant and deep clean within Service Groups	Service Groups will develop an annual programme of decant and deep clean.	A programme of decant and deep clean is established	Service Group Directors, Estates and Support Services	Underway in Morriston and included within ward moves at Singleton. Occupancy at NPT has not provided opportunity for decant and deep clean to date.	Nearing completion in Morriston and included within ward moves at Singleton
Antimicrobial Stewardship					
Reduce volume of antibiotics prescribed to reduce risks associated with antimicrobial resistance and <i>C. difficile</i>	Reduce the volume of antibiotics prescribed across the health board, but particularly within Primary Care	Minimum 5% year-on-year reduction	Group Medical Directors	Audits in development and Service Groups working towards reduction in timeframe	Audits in development and Service Groups working towards reduction in timeframe
Improve clinical understanding of the role of antibiotic prescribing in development of <i>C. difficile</i> infection	Where there are Periods of Increased Incidence of <i>C. difficile</i> , associated medical teams undertake an audit of antibiotic prescribing within the ward / speciality using the audit tool in AMaT (Antibiotic audit_QIP package.docx (sharepoint.com)).	Improved compliance with Start Smart Then Focus standards	Group Medical Directors	Audit available in AMaT. Minimal uptake of voluntary audit	Audit available in AMaT. Minimal uptake of voluntary audit
Reduce risks of <i>C. difficile</i> and antimicrobial resistance	Improve compliance with the 72-hour switch from intravenous to oral antibiotics to equal the Welsh average as a minimum.	Equal the Welsh average as a minimum	Group Medical Directors	Pilot Board Round Tool for 72-hour IV-to-Oral switch in development	Pilot commenced in Acute Medical Unit in Morriston

Infection Prevention Improvement Plan Swansea Bay University Health Board 2024/25

Goal	Method	Baseline position	3 month	6 month	9 month	12 month	Outcome	Responsibility	Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress
Infection Prevention & Control Infection Prevention and Control (IPC) and reduction of HCAs as per the Health Board refreshed IPC Improvement plan 2024/25	Achieve reduction in 5 key healthcare associated infections through application of evidence-based practice and best practice guidance	Baseline for 23/24: C. difficile: 258 cases	Cumulative total to Q1: C. difficile: 29 cases	Cumulative total to Q2: C. difficile: 53 cases	Cumulative total to Q3: C. difficile: 74 cases	Cumulative annual total: C. difficile: 95 cases	Cumulative annual total: C. difficile: 95 cases	All Service Groups, reporting via Infection Prevention & Control Groups	61 cases (+32)	132 cases (+79)		
		Baseline for 23/24: Staph. aureus bacteraemia: 154 cases	Cumulative total to Q1: Staph. aureus bacteraemia: 20 cases	Cumulative total to Q2: Staph. aureus bacteraemia: 38 cases	Cumulative total to Q3: Staph. aureus bacteraemia: 56 cases	Cumulative annual total: Staph. aureus bacteraemia: 71 cases	Cumulative annual total: Staph. aureus bacteraemia: 71 cases		27 cases (+7)	60 cases (+22)		
		Baseline for 23/24: E. coli bacteraemia: 265 cases	Cumulative total to Q1: E. coli bacteraemia: 65 cases	Cumulative total to Q2: E. coli bacteraemia: 123 cases	Cumulative total to Q3: E. coli bacteraemia: 178 cases	Cumulative annual total: E. coli bacteraemia: 234 cases	Cumulative annual total: E. coli bacteraemia: 234 cases		52 cases (-13)	117 cases (-6)		
		Baseline for 23/24: Klebsiella bacteraemia: 93 cases	Cumulative total to Q1: Klebsiella bacteraemia: 23 cases	Cumulative total to Q2: Klebsiella bacteraemia: 43 cases	Cumulative total to Q3: Klebsiella bacteraemia: 57 cases	Cumulative annual total: Klebsiella bacteraemia: 71 cases	Cumulative annual total: Klebsiella bacteraemia: 71 cases		34 cases (+9)	60 cases (+17)		
		Baseline for 23/24: Pseudomonas aeruginosa bacteraemia: 26 cases	Cumulative total to Q1: Pseudomonas aeruginosa bacteraemia: 5 cases	Cumulative total to Q2: Pseudomonas aeruginosa bacteraemia: 10 cases	Cumulative total to Q3: Pseudomonas aeruginosa bacteraemia: 15 cases	Cumulative annual total to Q4: Pseudomonas aeruginosa bacteraemia: 21 cases	Cumulative annual total to Q4: Pseudomonas aeruginosa bacteraemia: 21 cases		1 case (-4)	7 cases (-3)		