



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>22 August 2019</b>		<b>Agenda Item</b>	<b>3.1</b>
<b>Report Title</b>	<b>Infection control update 1 April - 31 May 2019</b>			
<b>Report Author</b>	Lisa Hinton, Assistant Director of Nursing Infection Prevention and Control			
<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 Quality & Safety Committee on 22 August June 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 April – 31 May 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.</li> <li>• Singleton Hospital does not meet the National Minimum Hours for cleaning.</li> <li>• The incident and RCA process for HCAIs is challenging to navigate and does not lend itself to effective investigation, improvements and learning.</li> <li>• Improvements are required in relation to information provided to delivery units.</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</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.</li> </ul>			
<b>Specific Action Required (please choose one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	<p>The Health Board is asked to:</p> <ul style="list-style-type: none"> <li>• Note reported progress against healthcare associated infection reduction priorities up to 31 May 2019.</li> <li>• Note the key issues and support initiatives for improvement.</li> <li>• Note the external influences on rate of HCAIs including insufficient cleaning hours, inconsistencies in environmental decontamination, lack of isolation facilities, lack of decant facilities and over occupancy in bays.</li> </ul>			

## Infection Control Update Report 1 April 2019-31 May 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 April – 31 May 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

- SBUHB remain under targeted intervention for HCAs.
- Practice in relation to environmental decontamination is inconsistent across the Health Board.
- Singleton Hospital does not meet the National Minimum Hours for cleaning.
- 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.
- 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
- 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.
- 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 HCAI Reduction Improvement Goals, up to 31 May 2019, together with individual site Delivery Unit reduction improvement, is detailed in **Appendix 1**.

### 3. ASSESSMENT

#### 3.1 HCAIs

Measures	WG National Target for NHS Wales	IMTP Profile May	May 2019 Position	Total number of cases YTD (to 31/05/19)	Number of cases above or below trajectory
<b><i>Clostridium difficile</i></b>	136 cases (max.) 26/100,000 pop.	12	11	14	≤ 15 
<b><i>Staph. aureus</i> bacteraemia</b>	105 cases (max.) 20/100,000 pop.	14	11	25	
<b><i>E. coli</i> bacteraemia</b>	352 cases (max.) 67/100,000 pop.	36	22	49	≤ 28 

#### 3.2

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

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

Management following a *C. difficile* 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.

##### **MRSA bacteraemia**

The Health Board is maintaining performance in this area, currently achieving the reductions in line with the Tier 1 targets for *Staphylococcus aureus*, however this needs to be an area of focus as the aim is for a zero tolerance for MRSA bacteraemia. Within this reporting period there have been 5 MRSA bacteraemia. The learning from the MRSA bacteraemia cases will be presented by the appropriate IPC Lead within the assigned delivery unit at ICC in August 2019. To date in 2019/20, all of the MRSA blood stream infections identified are considered to Health Board apportioned cases. Appendix 1 shows a breakdown of all MRSA bacteraemia by month, broken down by Delivery Unit and ward of possible acquisition.

### **MSSA**

The Health Board is maintaining performance in this area, currently achieving the reductions in line with the Tier 1 targets however this needs to be an area of focus.

Appendix 1 shows a breakdown of MSSA apportioned cases 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.

## **3.3 Key achievements**

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

- Successful sustained restriction of Co-amoxiclav within secondary care. The restriction of this antibiotic, which is associated with a high risk of *Clostridium difficile* infection, continues as a significant factor in achieving a  $\leq 70\%$  reduction in the cumulative number of cases between April and May 2019 compared to the same period in 2018.
- Morriston Delivery Unit has instigated a weekly meeting to scrutinise the *Clostridium difficile* case reviews supported by the IPC Team. This meeting is attended by a Consultant Microbiologist, who undertakes also weekly ward rounds to review the *Clostridium difficile* cases in Morriston.
- Continued effort to implement the '4D' programme: Declutter, Decant, Deep-clean and Disinfect is ongoing.
- The Health Board is in an improved position in relation to the key infections over the first two months of 2019/20 compared with the same period in 2018/19. However, the Health Board continues to compare unfavourably with other major Welsh Health Boards.
- The re-introduction of Ultra-violet C (UV-C) environmental decontamination technology in Morriston, in February 2019 following a 2 year period of non-use.

### 3.4 Actions

#### 3.41 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 BRAG rating system used in the annual work plan provides a visual aid regarding progress made against a particular stream (blue, red, amber, 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 HCAIs	9	4			5
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>10</b>	<b>1</b>		<b>10</b>

#### 3.42 Actions external to IPC annual work plan

Action	BRAG	Lead	Timeframe for completion	Date Completed
Ensure consultant attendance at RCA reviews of cases of <i>Clostridium difficile</i> infection, monitor and escalate non concordance through appropriate structures		Unit nurse directors	August 2019	
Delivery unit IPC leads to identify PDSA style quality improvement activities with a focus on invasive devices and include identified actions within report to ICC		Unit nurse directors	August 2019	
Develop and present a paper for IBG to increase the cleaning hours at Singleton		Jo Jones, support services manager and	August 2019	

Hospital to meet the National Minimum Standards		Lisa Hinton, ADN IPC		
Complete actions within the IPC annual work plan		Lisa Hinton, ADN IPC	March 2020	
Learning from MRSA bacteraemia cases within this reporting period to be presented to ICC August 2019		IPC Lead at ICC for delivery unit	August 2019	
Each delivery unit will compile an action plan where appropriate and provide assurance within the reports to ICC that areas for improvement have been addressed following the commode and sluice audit.		IPC Lead at ICC for delivery unit	October 2019	
The delivery unit will compile an action plan where appropriate and provide assurance within the reports to ICC that areas for improvement have been addressed following the domestic cleaning cupboard audit.		IPC Lead at ICC for delivery unit	October 2019	
Disseminate mattress cleaning and decontamination posters to all clinical areas utilising this equipment.		IPC Lead at ICC for delivery unit	July 2019	
<b>Completed actions</b>				
<b>Action</b>	<b>BRAG</b>	<b>Person responsible</b>	<b>Timeframe for completion</b>	<b>Date Completed</b>
Set up of an Environmental Decontamination Task & Finish Group to review effective and standardised processes for ensuring clean and safe patient care environments.		Lisa Hinton, ADN IPC	June 2019	June 2019

BRAG Key			
Blue – On target	Red – Will not achieve	Amber – Some slippage but will be achieved	Green - Achieved

### 3.5 Decontamination

- The All Wales Endoscopy Decontamination Survey report was received. Each Delivery Unit has commenced progress against their respective action plans. 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 and the ENT department in Neath Port Talbot Hospital.
  - A new drying cabinet has been received by HSDU in Morriston Hospital. This will be up and running shortly and replace the current storage in the theatre department.
  - The remaining washer disinfectors in Morriston theatres will be decommissioned at the end of the month. All scope decontamination will then take place in HSDU.

- Singleton Radiology Department have recommenced use of Hydrogen Peroxide gas disinfectors (Trophons) for the decontamination of Ultra-sound probes.
- A capital bid has been put forward to purchase a SureStore® vacuum pack system for Singleton HSDU. If successful, this will replace the requirement for a new drying cabinet to be installed within Singleton theatres.
- Singleton Delivery Unit held its inaugural, site-based decontamination meeting. This was productive and many actions were progressed. This meeting will report into the Health Board's Decontamination Sub Group.
- In July 2019 and all Wales dental decontamination survey is scheduled within SBUHB at Neath, Cymmer, Gorseinon, Port Talbot, Swansea Central and Morriston.

#### Actions

- Morriston Delivery Unit to nominate an Operational Decontamination Lead, responsible for establishing the Morriston Decontamination meetings. This group would monitor progress against Morriston's Decontamination Action Plan. This group also would report into the Health Board's Decontamination Sub Group.

### 3.6 Outbreaks, untoward incidents, Pii's and ward/bay closures from diarrhoea and vomiting

There were 3 ward closures, 6 bay closures and 8 *Clostridium difficile* associated Pii's in the reporting period. There were 7 laboratory confirmed outbreaks caused by viral disease, which were of a minor extent. Each one promptly identified and well controlled to prevent transmission.

#### Closures

Delivery unit/speciality	Reason for closure	Date Bay (b) or ward (w) closed	Date Bay or Ward opened	Patients affected	Staff affected
MH DU/ Ward V/Surgery	Norovirus	05/04/19 b	16/04/19	4	0
PCCS Gorseinon West	Influenza A	09/04/19 w	01/05/19	7	2
MH DU/Anglesey Ward /Resp med	Norovirus	08/04/19 b	11/04/19	3	0
MH DU/Ward V/ Surgery	Norovirus	24/04/19 b	19/04/19	5	0
MH DU/ Anglesey Ward/Resp med	Norovirus	07/05/19 w	09/05/19	1	0
SH DU Ward 12/oncology	Viral D&V	26/04/19 w	01/05/19	7	3
MH DU/ Cyril evans ward /Cardiac Surgery	Norovirus	14/05/19 b	20/05/19	3	0

#### Pii's

During this reporting period, there were 8 locations across the HB where 2 or more *C difficile* PCR positive cases were identified in a 28 day period and managed in line SBUHB Cdi PII policy. Of these, only one location was a Toxin Positive PII. The Anaerobic Reference Unit in Cardiff (ARU) provide information on individual Ribotype for each case. Overall the results available for each case indicate that transmission events did not occur in 5 of the Pii locations. In three wards, the Ribotype are the same strain so it is not possible to conclude that a transmission event has not occurred between these cases.

Delivery unit/speciality	Reason for closure	Date of Pii	Patients affected	Staff affected	Outcome	Pii ended
SHDU/ward 12/ Oncology	<i>C difficile</i> PCR positive PII (tox)	April 19	7	0	Distinct ribotype	07/06/19
MH DU Ward A Trauma	<i>C difficile</i> PCR positive PII	April 19	3	0	081 x2 possible outbreak	19/06/19
MH DU SD MU Surgery	<i>C difficile</i> PCR positive PII	April 19	4	0	3 distinct ribotype	Ongoing
MH DU/ Gowers Ward/Medicine	<i>C difficile</i> PCR positive PII (x1 tox)	May 19	2	0	Distinct ribotype	19/06/19
MH DU Ward S / Cardiology	<i>C difficile</i> PCR positive PII	May 19	3	0	014 x 2; possible outbreak	ongoing
MH DU ward V/Surgery	<i>C difficile</i> PCR positive PII	May 19	3	0	Distinct ribotype	13/06/19
MH DU Ward R Vascular Surgery	<i>C difficile</i> PCR positive PII (x1 tox)	May 19	3	0	001 x2 possible outbreak	Ongoing
PCCS Gorseinon Hospital West	<i>C difficile</i> PCR positive PII	May 19	2	0	Distinct ribotype	22/06/19

The ICPT visit wards/departments affected daily to review patients and support clinical teams as well as sending out Health Board 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 currently 23 accepted risks relating to infection control on the risk register. There are no new risks for approval at this committee although there are 5 relating to infection control for other committees to review. Risks will be reviewed at ICC on a rotational basis. All new and very high risks reviewed at each ICC, high risks three times a year and low risks twice a year. All current risks to be reviewed at ICC in June are contained within **appendix 3**.

### Incidents

There are 63 overdue incidents relating to IPC on Datix. These can be broken down as follows:

Delivery unit	Year incident opened (no. incidents)		
	2017	2018	2019
Mental health and learning disabilities			1
Primary and Community services			1
Morriston Hospital	1	13	30
Singleton Hospital	1	7	9



### 3.7 Education & Training

#### *Training compliance*

Infection Prevention and Control - Level 1 - 3 Yearly to 31 March 19

Org L5	Compliance %
130 D3 Medical Director - Div	86.49%
130 D3 Nurse Director - Div	78.13%
130 SDU - Mental Health & Learning Disabilities - Div	79.60%
130 SDU - Morriston Hospital - Div	69.81%
130 SDU - Neath Port Talbot Hospital - Div	83.54%
130 SDU - Primary Care & Community - Div	84.01%
130 SDU - Princess of Wales Hospital - Div	57.14%
130 SDU - Singleton Hospital - Div	74.62%

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 on supporting learning opportunities within International Infection Prevention week in 2019 and plans are underway to holding IPC conference in April 2020 for SBUHB.

### 3.8 Assurance

#### 3.81 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 Prevention and Control Nurse (IPCN) leads within a delivery unit and liaises closely with clinical staff from each ward/department which includes attending regular delivery unit infection control meetings.

#### 3.82 Audit

##### *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. The IPCN also undertake audits of staff compliance with Bare Below the Elbows and WHO My 5 Moments for hand hygiene at the point of care.

##### *Commodes and sluices*

A Health Board wide audit of commodes and sluices was commissioned for 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 will be available within the next report for ICC. Each delivery unit will be asked to compile an action plan where appropriate and provide assurance within the reports to ICC that areas for improvement have been addressed.

### *Single Room Utilisation*

The IPCT have completed audits across all inpatient wards on the acute sites, collecting data around the current utilisation of single rooms and compliance with isolating patients with infectious symptoms or known to be colonised with significant organisms. The results of the audit will be presented at the next ICC, and each delivery unit will receive an individual feedback report.

### *Domestic cleaning cupboards*

The Infection control team have completed audits of domestic cleaning cupboards at both Morriston and Singleton hospitals in May/June 2019. Individual reports will be provided to the relevant delivery unit. The delivery unit will be 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 is undertaken within the Health Board wide patient surveys conducted on an ad hoc basis. Within this reporting period, the all wales patient survey feedback for how clean is the hospital can be seen below:

Delivery_Unit	Very Clean	Fairly Clean	Not Very Clean	Not Clean At All	Very Clean %
MH & LD Delivery Unit	7	0	0	0	100%
Morriston Delivery Unit	676	91	7	0	87%
NPT Delivery Unit	389	20	1	0	95%
PoWH Delivery Unit	656	78	3	0	89%
Primary Care & CommUnity...	398	46	1	0	89%
Singleton Delivery Unit	847	125	6	0	87%

The patient feedback for if patients observed staff wash their hands before they cared for them can be seen below:

Delivery_Unit	Always	Usually	Sometimes	Never	I Don't Know	Always %	Always (excl. Don't Know) %
	2295	347	74	51	306	75%	83%
MH & LD Delivery Unit	6	0	0	1	0	86%	86%
Morriston Delivery Unit	544	109	26	14	72	71%	78%
NPT Delivery Unit	374	17	3	5	12	91%	94%
PoWH Delivery Unit	505	100	20	11	91	69%	79%
Primary Care & CommUnity...	273	53	8	13	94	62%	79%
Singleton Delivery Unit	727	104	28	16	94	75%	83%

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 August 2019 to better assist in the development of infection control services within the Health Board.

## **3.83 Service improvement**

### *Policies and SOPs*

10 Infection control update – Thursday 22<sup>nd</sup> August 2019

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 by September 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 plan is for pilot of these new codes from 1 August 2019. See **appendix 4** for the presentation relating to the revised codes.

#### *ICNet*

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

#### *Mattresses*

A review of the cleaning and decontamination of mattresses has taken place and some staff were unclear about the correct process. **Appendix 5** contains a poster detailing the process for staff in order to clarify this process.

#### *Winter planning*

The infection control team are working with the occupational health department to develop plans for the forthcoming winter season.

### **3.84 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 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.

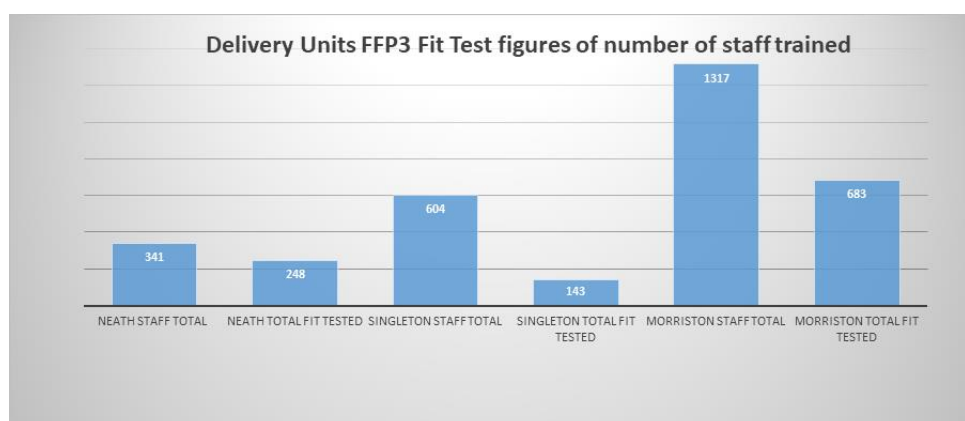
#### *FFP3 fit testing*

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

The chart below shows the number of FFP3 Fit Testers, compliance with training and assessment compliance.



The chart below shows the number of staff currently FFP3 Fit Tested per Delivery Unit



#### 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 31<sup>st</sup> March 2019), the estimated financial impact of these healthcare associated infections is shown below.

### Combined HCAI Infections - Financial Impact to 31st May 2019

	Total Number of cases	Cost per case (approx.)	Total cost
<i>Clostridium difficile</i>	14	£10,000	£140,000
<i>Staph. aureus</i> bacteraemia	25	£7,000	£175,000
<i>E. coli</i> bacteraemia (antibiotic sensitive)	39	£1,100	£39,600
<i>E. coli</i> bacteraemia (multi-resistant)	10	£1,400	£14,000
<b>Total impact HCAI</b>			<b>£368,600</b>



23

## 6 RECOMMENDATION

The Quality & Safety Committee is asked to note the contents of this assurance report.

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 checked="" 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.	
<b>Financial Implications</b>	
<p>Cost per case of:</p> <p><i>Clostridium difficile</i> infection - approximately £10,000;</p> <p><i>Staph. aureus</i> bacteraemia - up to 7,000;</p> <p><i>E. coli</i> bacteraemia – between £1,100 (antibiotic sensitive strains) and £1,400 (antibiotic resistant strains).</p> <p>Cumulative costs from 1 April to 31 May 2019 for all three organism is approximately £368,600</p> <p>Ongoing costs associated with contracted HPV services (e.g. Bioquell) for high-level environmental decontamination.</p>	
<b>Legal Implications (including equality and diversity assessment)</b>	
Potential litigation in relation to avoidable healthcare associated infection.	
<b>Staffing Implications</b>	
None identified.	
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>	
A healthier Wales: preventing infections	
<b>Report History</b>	Previous meeting 18 <sup>th</sup> April 2019
<b>Appendices</b>	<p>Appendix 1: Health Board and Service Delivery Unit Monthly Performance.</p> <p>Appendix 2: IPC Annual work plan</p> <p>Appendix 3: Very high and high risks</p> <p>Appendix 4: Presentation on Datix and new codes</p> <p>Appendix 5: Mattress cleaning poster</p>