Primary Care, Community and Therapies Service Group
HCAI Service Level Improvement Plan 2027/23

This is a working document. Please check for updated versions. All amendments to be discussed and agreed within PCTSG HCAI/AMS sub group

March Marc	**This is a working document. P	riease crieck for appared versions. All all	lenuments to be discussed and agreed v	vithin PCTSG HCAI/AMS sub group	,						
The content of the	Goal	Structured reporting at service, service group and feath Boath of sevice means of Portions, risks, statistings and achievements are achievements are achievement and achievements are achievements.	Service Group level reporting to	Establish a flowchart to outline the reporting structure for ICC. Subgroups.			Oper 4 Theoret and effective reporting between citizents and effective reporting between citizents of engineers are communication, understanding and compilarors.	Improved IPC outcomes aligned to WG reduction expectation tangets Improved understanding of PCTG IPC priorities Improved patient and staff safety Reduction in HCAIs associated with the		Increased support needed in quarter 2 and 4 from business intelligence/digital teams to enable deep dive and scruttiny of DCTG NCAL date to establish	Group Medical Director
	Service Group level congliance with PC governance and structures to ensure robust reporting mechanisms	change and improvement. Provide a	hears.	representatives, IMMP Prison, Care Homes sector, digital and business inhelligence teams: increase the frequency of the meeting to bi- monthly. Meetings arranged up to March 2023	improvement.	bacterzenia. Ensure outcomes are measured and early improvement is achieved. Commencement of targeted reduction measure for Staph Aureus associated with wound care.	Business Intelligence/figital support to Interpret the HCAL data saxociated with community acquired/associated infection and companison with WG reduction expectations				
Part		Responsibility and accountability	Shared accountability between the Group Nurse Director and Group Medical Director to ensure PCTG IPC Lead established to steer progression, reporting and actions	Maintain serior level input to drive IPC as a priority for all PCTSG. High level scruttiny of PCTSG IPC performance	Maintain senior level input to drive IPE a princity for PCTSG. High level scruitiny of PCTSG IPC performance	Maintain serior level lipput to drive IPC as a priority for PCTSG. High level scrulbiny of PCTSG IPC performance	Maintain serior level input to drive IPC as a priority for PCTSG. High level scruitiny of PCTSG IPC performance		level input to drive innovation and change		
The content of the		e.Coli bacteraemia cases. Specific areas to target: UTI campaign to promote appropriate prevention, management and treatment.	Current average: 36 CAI cases/month Current position: year on year data companion shows an 18% rise in community associated e.coil bacteraemia cases in 2021/22. Of these case, over 50% were	Target: <15 CAI cases/month UTI Campaign task and finish Group	Target: <15 CAI cases/month Resource, literature, training to be devised and disseminated Declicated Care Homes support via IPC role Targeted proscribins initiatives to reduce UTI	Target: <15 CAI cases/month Analysis of progress to date Initial feedback and evaluation	Target: <15 CAI cases/month Evaluation of outcomes and initial data Improvements, challeness, risks to date	Staph sureus in accordance with Health Board priorities and WG reduction expectation rates: Expected reduction rates: E.Coll eminimum of 10% CDWINGLE eminimum of 10% Staph Aureus = 5 - 10%	the necessary outcomes associated with this improvement plan - Business Support Manager, admin support, dedicated IPC nursing, Pharmacy Technician, Business intelligence and Digital resource.	in quarter 2 and 4 from business intelligence/digital teams to enable deep dive and scruitiny of PCTG HCAI data to establish areas of improvement and	Group Medical Director Group Nurse Director Head of Nursing (PC) Antimicrobial Pharmacy team Independent contractor leads
The content of the		achieva i raduction i Community aquival di association controllection efficiere. Specific areas to subspect transaction of new cellificial personabing palediese. Specific PCTSG cellificial improvement plans to tackle high rates of community associated cellificial Specific PCTSG AMS improvement plan to tackle architects prescribing in Primary Chem Revisided SAT reporting process to promote celliforation between Primary Chem. PCTSG and ICS substitution between PCTSG and ICS substitution between PCTSG and ICS substitution between PCTSG substitution between PCTSG and ICS substitution between PCTSG substitution between PCTSG sub	Current average: S CAI cases/month Current position: year on year data companison shows	Target: <2 CAI cases/month Collaboration between IPC and PCTSG to	Target: <2 CAI cases/month Implementation of SEA pathway Collaboration with Antimicrobial Team to oromote	Target: <2 CAI cases/month	Target: <2 CAI cases/month Scrutiny of qtr 1, 2 and 3 monthly reporting data Bentily themes and trends. Continued engagement and collaboration with	Reduced risk of harm Improved care			Chinical Lead for IVCAL/AAAS Heads of Service
Part		reduction in Community acquired/ associated Staphylococcus Aureus bacteraemia cases. Specific areas to target: Staph. Aureus prevention campaign through	Current average: S CAI cases/month Current position: static figures for year on year data companison. Alignment needed to HB overanching improvement plan to reduce HB wide incidence of staph	Target: <3 CAI cases/month Scrutiny of staph sureus community cases for 2021/22 - IPC and PCTSG	Target <3 CAI cases/month Target area - Skin. Initial engagement boween IPC,	Target: <3 CAI cases/month Establish pilot project to promote prevention of staph aureus in skin conditions. Wound care clinic	Target: <3 CAI cases/month Initial analysis, scrutiny and adaptation of pilot project for wound care. Initial qualitative and quantative evidence to be identified. Agreed actions and outcomes between IPC, PCTSG. Wound care team.				
Part		Introduction of more robust reporting tools to seek assurance of compliance of SIPC precautions in independent contractor services.	audits completed at service level. Lack of evidence and assilurance from independent contractor services to determine overall compliance of standard IPC precautions to improve patient care	Audit reporting system re-design.	pathway of reporting for audit compliance		frequency.	Improved patient outcomes Improved quality care	and action data. IPC and PCTSG workforce to promote,	achievements and deficits. Support with overall PCTSG position and service level	Heads of Service
March Marc		training) for all PCTSG clinicians	is above the overall Health Boardcompliance of 18,92% but improvement in needed in all folicial faram, specifically Medical and Dental and Nursing.	2 mandatory training Promote the use of PADRs to discuss compliance with clinicians Wilder distribution of training requirements via GMD communications, Service Group QAS meetings	PCTSG Chaping promotion of 'how to guide' and message to managers regarding annual mandatory completion	further SX for PCTSG Ongoing promotion of how to guidel and message to managers regarding annual mandatory completion	> 42% Ongoing promotion of 'how to guide' and message to managers regarding annual mandatory completion Continued collaboration between IPC and PCTSC		Worldone commitment associated		irc
Part	Increase in compliance of Standard			quarter 1.	quarter 2.	commence service level SIPC training specific to the coincial area. Complete a further 3 service areas in quarter 3.	areas in quarter 4.	-	maning, original account and reporting.		
A companied and the companie	a Case, Community and Therapies clinical services	for clinicians performing assptic non-touch procedures as part of their core role	of independent Contractor clinicians increased community acquired infection rates highlight the need for Antir Stanking and persention of trails the trainer courses to ensable service level assessment.	Lasise with IPC to formulate a training plan		training plan for General Practice and Cure Homes. Target services for quarter 2: Healthy Bladder & Bowel, Wound Care, Gorselmon West Ward.	compliance. Offer of Independent Contractor specific train the trainer ANTT sessions. Tarest services for quarter 4: Virtual Ward, ACT, ON, Mome First		the necessary outcomes associated with this improvement plan - Basiness Support Manager, edinin support, dedicated IPC norsing, Pharmacy Technician, Basiness inheligence and Digital resource.		
Secretary of the control of the cont		Continuation of the dedicated IPC curving role as joint LAJON resources to three desication, audit, throasesten and best practice. Improved communication between IPC/PCTGG/LA/ Improved communication between IPC/PCTGG/LA/ resources and improved envisoremental standards. Increased accountability and assurance in Clare Normal IPC audit, reporting, improvemental and increasing	compliance and Standard IPC precautions. Results of behavioural change survey shows need for focus on key IPC processes including PPE use, decontamination, hand washing. Tangeted education needed in hydration, UTI diagnosis	term 12 month contract. Recruit nursing resource for IPC support. Scrutinise data from recert behavioural change surveys to help target priorities for quarter 2, 3 and 4. Scrutinise data from all 45 completed Care Home	Care Home IPC. Development of support package based on themes and trends of 2021/22 audits. Continuation of individual care home audits and	Homes Improved communication and collaboration Development of colline webinar type resources based on identified themes and tends Gradual introduction of Care Home specific IPC	highlight areas of improvement and those				
In Marcia (an included in particular plants against a continued and particular plants against a continued plants against against a continued plants against against a continued plants against a continued plants		Clinical Lead for AMS/HCA1 to drive prescribing improvements within Primary Care	in February 2022. Current responsibilities include leading the PCTLCUIT Congreging in three professing means, General Practice, Curre Homes, and GP Cut of Hours.	Scrutiny of baseline prescribing data	group. Agree law grinorities associated with General Facilities, care information and GP DOIL. Seek approval and collaboration with independent contracted reviews and GP DOIL. Devise resources to support the UTI Campaign to previous resources to support the UTI Campaign to previous and CP DOIL. Collaboration with leader PCTSG services to gain 'buy air for campaign success.'	Target high prescribing practices for associated UTI treatment. Collaboration with the Care Homes IPC Nursing resource	leg. Note any initial improvement. Unabate the company outcomes to date and adopts a memorary. Continue the focus on Cure Home training, education and resources.	Improved patient experience and care Reduction of harm Improved patient outcomes Reduction in inappropriate abox	PCTSG workforce support to achieve the nacessary outcomes associated with this improvement join - Basiness Support Manager, admis support, decidated [10" narsing, Pharmacy Technician, Bushess intelligence and Olgisal resource.	Interpret and action IPC data achievements and deficits. Support with overall PCTSG	Group Nurse Director Head of Nursing for PC Heads of Service
and equipment and coloration and equipment and coloration and equipment and coloration and color		Improved diskboration and engagement trinsven PCDG, detensionable Pharmacy Team and General Practice	Pharmacy team and PCTSG is already in place. Further targeted resource will allow greater collaboration and support to drive change and improvement at pace.	Dissemination of information to all practices regarding targeted prescribing improvements	Improvements to practice presching resources and guidelines through digital improvements.	and guidelines through digital improvements		Reduction community infection rates			
Segretaria formation for the Segretaria for the Segretaria formation for t		campaign with the main focus on the top 3 highest prescribing practices within 58UHB which remain outliers in Wales. Improvement is needed through reduction of 4C broad spectrum antibiotic prescribing in each of the top 3	highest 64 prescribers in Wilse, current data shows SUMIR as the beard 64 prescriber. Further work needed to target the outliers of this campaign, with 10 practices still above the UE prescribing waverage and 2 practice continuing to its within the top quarter of 64 prescribers in Wilse: Cymmer (Varmano (Adm.) I set bousine (Orly, Shausy Creup Practice (IJacchor), 105 minimum reduction needed in 4C prescribing data for each of these practice in accordination.	Agreed collaboration between the identified practices, PCTSG and artimicrobial Pharmacy team Action plan devised between PCTSG and Artimicrobial Pharmacy beam to to determine the level of support to be offered to each practice to level of support to be offered to each practice to the properties of the post of the properties of the properties of the properties of the properties of the properties of the properties the	Targeted education to whole practice teams and	and individual prescribers Script switch processes, introduction of the SBUHB prescribing formulary on all desktops Idetification of any specific training development	Continue targeted education and support Promote empowerment and sustainability of prescribing choices Ensure digital resources are in place to support				
According to the process of the contract of the following the process of the contract of the process of the pro		Torpretory a miles precious as SERNIE for overall poor/high antibiotic prescribing	above the English average for antibiotic prescribing. 25 out of 49 practies in SSUHB are sat above the Welsh average for antibiotic prescribing.	Agreed collaboration between the identified practices, PCTSG and antimicrobial Pharmacy team	Targeted education to whole gractice teams	Script switch processes, introduction of the SBUHB prescribing formulary on all desktops (detification of any specific training development)	month lag of prescribing data. Continue targeted education and support Promote empowerment and sustainability of prescribing choices				
Interpretation from Circus, Community and Fresh venicus Interpretation in Circus, Community and Fresh venicus Interpretation in Circus And Community and Com		Dedicated IPC Champions in very PCTIG service. Introduction of IPC Champions in Independent contractor practices	historic adoption of this role. No current role definement for PCTSG IPC Champions. No current IPC Champions listed for independent contractor services on formal notification basis.	No progression in quarter 1. Await convenencement of UT campaign prior to establishing champions.	Bale definement Engagement with services and independent contraction to promote the concept and positive outcomes associated with this role	Continued engagement with independent contractors IPC, champions to be identified in each service and names added to central spreadsheet.	Commence willhasten of IPC champion roles to Glaseninate IPC indirectation their service/practice areas, prenche good effective IPC processes and act an Iric person between service areas and PCTSG/IPC	responsibility Improved staff and patient outcomes Improved knowledge and skills	PCTIG worldore support to achieve the necessary outcomes associated with this improvement plan - Basiness Support Manager, delinic support, deficiately Contriling, Pharmacy Technician, Basiness to beligence and Digital resource.	Support with overall PCTSG	Heads of Service
lumrists .	engagement within Primary Case, community and Therapies services to promote IPC as a whole system priority	and teams regarding IPC successes, challenges and risks	Limited and sponedic communication to wider PCTMG via GMO bi-morethy email: with the communication of the communication of the communication of the achievement, challenges and risk: literaretatic disassementative for	Initial discussions and ideas between Head of Number, CAVD and CAVD to establish a relastic, informative IPC communications programme	Committee of Committee opposite.	to teams.	Continued promotion of IPC challenges, risks, achievements to all service leads for dissemination to treams. Analysis of service level feedback.	awareness of IPC risks and challenges			IPC