Infection Prevention Improvement Plan
2023/24

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Bae Abertawe | Swansea Bay University Health Board

Goal	Method	Baseline position	3 month	6 month	9 month	12 month	Outcome	Responsibility	Q1 Progress
Infection Prevention & Control Infection Prevention and Control(IPC):Reduction of HCAIs to achieve national expectations and improvement in training, audit, cleaning and decontamination standards.	Achieve reduction in 5 key healthcare associated infections through application of evidence-based practice and best practice guidance	Baseline for 22/23: C. difficile: 202 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	
		Baseline for 22/23: Staph. aureus bacteraemia: 147 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		
		Baseline for 22/23: E. coli bacteraemia: 260 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		
		Baseline for 22/23: Klebsiella bacteraemia: 107 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		
		Baseline for 22/23: Pseudomonas aeruginosa bacteraemia: 44 cases	Cumulative total to Q1: Pseudomonas aeruginosa bacteraemia: 7 cases	Cumulative total to Q2: Pseudomonas aeruginosa bacteraemia: 13 cases	Cumulative total to Q3: Pseudomonas aeruginosa bacteraemia: 19 cases	Cumulative annual total to Q4: Pseudomonas aeruginosa bacteraemia: 24 cases	Cumulative annual total to Q4: Pseudomonas aeruginosa bacteraemia: 24 cases		
	Develop a proactive schedule of antimicrobial-related audit, using the Audit Management and Tracking (AMaT) clinical audit assurance software	N/A	Programme established and launched	Review of progress in priority areas	Evaluations of audits, identify potential interventions and implement	Re-audit	Improved compliance with Start Smart Then Focus antimicrobial stewardship key indicators.	All Service Groups, reporting via Antimicrobial Advisory Group and Infection Prevention & Control Groups	
	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)	Baseline @ February 2023 Level 1: 87%; Level 2: 21%	Draft of Management Board Paper to propose Level 2 IPC training as mandatory for all Health Board staff, to be presented to Management Board in July.	ESR Team updated mandatory training requirements dashboard in ESR. Evidence of improved compliance against Q1.	Improved compliance against Q2	≥85% compliance	Improved compliance with Level 1 and Level 2 IPC and other IPC-related training, progressing to national target level	All Service Groups, reporting via Infection Prevention & Control Groups	
	Develop a proactive schedule of IPC-related audit for Service Groups, and IPC team, using the Audit Management and Tracking (AMaT) clinical audit assurance software	Reactive IPC audit system in existence, but this does not have an effective system for tracking results, actions and improvement	Development of the audit programme outline, and minimum data sets.	Pilot tools and system in 20 trial areas; amend as necessary	Roll-out to other Wards across Health Board	Improvement in audit compliance, monitoring and tracking and establishment of a baseline for future improvement	Improvement in audit compliance, monitoring and tracking and establishment of a baseline for future improvement	All Service Groups, reporting via Infection Prevention & Control Groups	
	Environment – Cleaning Compliance scoring matrix >95%	Baseline February 2023: 97.94%	>95%	>95%	>95%	>95%	Maintain compliance with National Standards of Cleanliness	Support Services and Service Groups reported via Infection Prevention & Control Group	
	Develop a Quality Improvement programme to work towards compliance with the National Decontamination Agenda and relevant Welsh Health Technical Memorandum documents.	Partial compliance	Key Decontamination Quality Priorities agreed at Decontamination Quality Priority Group and Infection Control Committee.	Evidence that Service Groups report on progress against the relevant key decontamination Quality Priorities	Evidence that Service Groups report on progress against the relevant key decontamination Quality Priorities	Evidence that Service Groups report on progress against the relevant key decontamination Quality Priorities	Evidence that Service Groups report on progress against the relevant key decontamination Quality Priorities	Support Services and Service Groups reported via Decontamination Quality Priorities Group and Infection Prevention & Control Group	