

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
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
	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
	IPC Team will provide bespoke ward-based and online training on <i>C. difficile</i> , 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
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
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
	Service Groups feedback lessons learned from the investigation of incidents through their Quality & Safety Groups	Service Group Quality & Safety meeting minutes	Service Group Directors
	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
	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
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
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
	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

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
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
	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
	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
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
	Cleanliness compliance scoring matrix >95%	Maintain >95% compliance with cleaning scores	Head of Support Services
	Service Groups to review options for workforce redesign to strengthen standards of cleanliness within wards/g	Improvement in Standard Infection Control Precautions compliance scores	Service Group Directors
	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
	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
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
	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
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
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

<p>Improve clinical understanding of the role of antibiotic prescribing in development of <i>C. difficile</i> infection</p>	<p>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)).</p>	<p>Improved compliance with Start Smart Then Focus standards</p>	<p>Group Medical Directors</p>
<p>Reduce risks of <i>C. difficile</i> and antimicrobial resistance</p>	<p>Improve compliance with the 72-hour switch from intravenous to oral antibiotics to equal the Welsh average as a minimum.</p>	<p>Equal the Welsh average as a minimum</p>	<p>Group Medical Directors</p>

Infection Prevention Improvement Plan Morrison Hospital Service Group 2024/25

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Goal	Method	Baseline position	3 month	6 month	9 month	12 month	Outcome	Responsibility	Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress
HCAI reduction												
Infection Prevention & Control Infection Prevention and Control (IPC) and reduction of HCAIs 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: 130 cases	Cumulative total to Q1: C. difficile: 15 cases. Encourage appropriate, timely stool sampling. Explore a cohort area for patients with C. difficile.	Cumulative total to Q2: C. difficile: 27 cases	Cumulative total to Q3: C. difficile: 39 cases	Cumulative annual total: C. difficile: 51 cases	Cumulative annual total: C. difficile: 51 cases	Service Group Directors, reporting via Infection Prevention & Control Groups				
		Baseline for 23/24: Staph. aureus bacteraemia: 45 cases	Cumulative total to Q1: Staph. aureus bacteraemia: 10 cases Review and drive use of Chlorhexidine washclothes. Monitor screening of patients on admission with high risk history.	Cumulative total to Q2: Staph. aureus bacteraemia: 19 cases Review of	Cumulative total to Q3: Staph. aureus bacteraemia: 28 cases	Cumulative annual total: Staph. aureus bacteraemia: 37 cases	Cumulative annual total: Staph. aureus bacteraemia: 37 cases					
		Baseline for 23/24: E. coli bacteraemia: 90 cases	Cumulative total to Q1: E. coli bacteraemia: 21 cases Explore with primary care treatment for recurrent UTIs	Cumulative total to Q2: E. coli bacteraemia: 40 cases	Cumulative total to Q3: E. coli bacteraemia: 58 cases	Cumulative annual total: E. coli bacteraemia: 76 cases	Cumulative annual total: E. coli bacteraemia: 76 cases					
		Baseline for 23/24: Klebsiella bacteraemia: 35 cases	Cumulative total to Q1: Klebsiella bacteraemia: 9 cases	Cumulative total to Q2: Klebsiella bacteraemia: 18 cases	Cumulative total to Q3: Klebsiella bacteraemia: 24 cases	Cumulative annual total: Klebsiella bacteraemia: 30 cases	Cumulative annual total: Klebsiella bacteraemia: 30 cases					
		Baseline for 23/24: Pseudomonas aeruginosa bacteraemia: 12 cases	Cumulative total to Q1: Pseudomonas aeruginosa bacteraemia: 2 cases. Continue with water testing regime. Monitor use of nebuliser sets and sputum associated equipment.	Cumulative total to Q2: Pseudomonas aeruginosa bacteraemia: 5 cases	Cumulative total to Q3: Pseudomonas aeruginosa bacteraemia: 8 cases	Cumulative annual total to Q4: Pseudomonas aeruginosa bacteraemia: 11 cases	Cumulative annual total to Q4: Pseudomonas aeruginosa bacteraemia: 11 cases					
Improving the Culture												
Infection Prevention & Control 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. Staff who undertake aseptic technique are trained and can demonstrate competency	IP&C level 1 85.47 % IP&C level 2 61.73%	Regular declaration of training figures from all member of the MDT and not just nurses. Review local monitoring/compliance levels, focus from Clinical educators.	Review local monitoring/compliance levels, focus from Clinical educators.	Review local monitoring/compliance levels, focus from Clinical educators.	Review local monitoring/compliance levels, focus from Clinical educators.	IP&C level 1&2 >85% ANTT >85% Hand Hygiene >95%	Service Group Directors, reporting via Infection Prevention & Control Groups				
Infection Prevention & Control There is an organisational culture that promotes reporting of infection-related and decontamination-related incidents	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. Service Group Directors have oversight of Service Group performance against Tier 1 reduction goals and progress against their Infection Reduction Improvement Plans	Established weekly reviews are carried out with an MDT panel present, including medical and nurse service group directors, or deputies. Meetings carried out within an 11-18 day window on the case being reported	Establish links with primary care with attendance at the meetings. Report on Quarter 3&4 of 2023/24 themes and findings. Devise and review action plans in line with themes and findings. Feed back findings through service group and divisions.	Regular attendance from pharmacy at weekly meetings. Review Quarter 1 data create targeted action plan. Feedback findings through service group and divisions.	Review collaborative themes from quarter 1&2 with Primary care. Feedback findings through service group and divisions. A whole year's of complete data to be reported on and disseminated.	Review collaborative themes from quarter 3 Feedback findings through service group and divisions.	All reviews to be completed with no backlog. All learning to be shared within the service group with all members of MDT. Monthly reports to feedback progress.					
Leadership												
Infection Prevention & Control Service Groups develop leadership and empowerment to drive improvement in reducing episodes of harm	Identify Link Champions for IPC and Decontamination 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	Senior Project Nurse leading on IP&C improvement and tier 1 target reduction programme. Assurance tool created in response to C.Difficile outbreak.	Matron level link nurses to be established in each division. Review the first 6 weeks data of the assurance tool. Create action plan based on findings	Establish Ward based link nurses/champions with a monthly meeting Review local monitoring/compliance levels, focus from Clinical educators.	Presentation of work carried out by IP&C group at October Q&S meeting Review local monitoring/compliance levels, focus from Clinical educators.	Audit efficacy of link champion roles. Review local monitoring/compliance levels, focus from Clinical educators.	Heads of Nursing along with triumvirate Clinical leads to have oversight of all IP&C cases/issues within their division. Reporting of audits up through divisions from ward level.	Service Group Directors, reporting via Infection Prevention & Control Groups				
Clean & Safe Healthcare Environment												
Infection Prevention & Control The physical environment is maintained and cleaned to a standard that facilitates effective IPC and minimises the risk of infection	Repair estate to a standard expected in order to decontaminate effectively. All Inpatient areas to be cleaned in line with national cleaning standards	Inpatient areas are in poor state of repair Wards have barriers to the expected requirements for cleaning due to the estate. Backlog in repair work being completed. Currently 2 wards empty with remedial repairs being carried out in order to start high level decontamination using HPV. Mattresses are being stored on top of each other in a container when removed from the wards.	Action plan to be drawn up for estates work to be carried out in conjunction with HPV work. Review national cleaning standards for each inpatient area.	Estates work and HPV programme to be completed by Oct 2024. Establish a central RAG rated log of outstanding repair works. Explore the feasibility to roll out the 'Ward B' regime in other areas.	Maintain timely repair of estate. Reporting all jobs, with estates keeping a central log of repairs. Review progress against environmental audits.	Audit environment with estates to review outstanding work. Review progress against environmental audits.	All inpatient areas to have been HPV cleaned and in an acceptable state of repair for cleaning to take place. Cleaning hours on ward areas to be displayed. Cleaning rolls and responsibilities clearly defined and embedded.	Service Group Directors, reporting via Infection Prevention & Control Groups				
Infection Prevention & Control There is an annual programme of decant and deep clean within Service Groups	Decant area to be set up. Appropriate decontamination and storage for foam mattresses.	Running order of decant wards to be drawn up using the 2 empty wards as decant facilities Wards H & K	Explore option of coloured bags to store individual cleaned foam mattresses. Ensure all condemned mattresses are in Orange bags.	Review decant areas H&K, terminal clean and establish permanent area going forward.	Establish an area to house mattresses appropriately and not stacked horizontally.	Designated decant area Designated storage area for foam mattresses, stored appropriately.						
Antimicrobial Stewardship												

<p>Infection Prevention & Control Reduce volume of antibiotics prescribed to reduce risks associated with antimicrobial resistance and <i>C. difficile</i></p> <p>Improve clinical understanding of the role of antibiotic prescribing in development of <i>C. difficile</i> infection</p> <p>Reduce risks of <i>C. difficile</i> and antimicrobial resistance</p>	<p>Reduce the volume of antibiotics prescribed across the service group.</p> <p>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)).</p> <p>Improve compliance with the 72-hour switch from intravenous to oral antibiotics to equal the Welsh average as a minimum.</p>	<p>Recent antimicrobial stewardship data shows high compliance to the guidelines, antibiotic choice, documentation of indication. Areas to improve include review of antibiotics in 72 hours, documentation of stop review dates and very high rates of antibiotics continuing unchanged at 72 hours, with low rates of IV to oral switch.</p>	<p>Review differential diagnosis V's what the antimicrobials are prescribed for. Focus review to two areas of greatest prevalence e.g. UTI</p>	<p>Run a campaign to promote early IV to oral switch for in-patients. Resources will be provided by the antimicrobial pharmacy team. Morrison will need to identify medical and nursing champions to promote on site.</p>	<p>Introduce a hospital-acquired pneumonia priority audit programme and implement via audit leads. Audit tool will be produced by the antimicrobial pharmacy team and made available via AMAT. Progress will be monitored by COEG / ASG / IP&C committee as key stakeholders.</p>	<p>Review of HEPMA disseminate findings and create action plan.</p>	<p>Improvement in KPI's produced by ASG Number of audits completed on AMAT Improvements in results captured on AMAT</p>	<p>Service Group Directors, reporting via Infection Prevention & Control Groups</p>				
Decontamination												
<p>Infection Prevention & Control The Ultrasound Decontamination Procedure sets the standards services should be working to. A review of processes is required to ensure areas are aware of these required standards. If it is highlighted that standards are not currently being met, an action plan, which includes timescales, should be developed.</p>	<p>Specialities/ directorates to highlight where ultrasound procedures take place. Review of the processes to be undertaken to ascertain if practice meets HB requirements.</p>	<p>Currently only aware of the larger departments such as radiology</p>	<p>Track and trace all ultrasound devices on site and understand their use.</p>	<p>Identify a training needs analysis for staff responsible for the decontamination of the US equipment</p>	<p>Staff to receive training on specified decontamination process to provide assurance that the decontamination process is performed effectively.</p>	<p>Review processes in place</p>	<p>All ultrasound equipment withing MSG to be RFID tagged, traced and decontaminated as per the All Wales decontamination process.</p>	<p>Service Group Directors, reporting via Infection Prevention & Control Groups</p>				