

Primary Community and Therapy Group 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	PROGRESS			
				Q1	Q2	Q3	Q4
Improving the Culture							
All staff are trained, educated and competent in IP&C 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 2 – >85%	>85% compliance with mandatory training	PC&TG Service Leads & IPC Group lead				
Improve ANTT training information and access to assessors for PC&TG to achieve > 85% compliance	Scope number of services who undertake aseptic technique across PC&TG and number of assessors, demonstrate competency and maintain training to improve compliance and achieve >85% for all relevant staffing group	>85% compliance with mandatory training	PC&TG Service Leads & IPC Group lead				
Reduce the prevalence of E. coli and Klebsiella bacteraemia linked to a Urinary Tract Source for care home and community patients through preventative training, improvements in sampling, AMS and best practice	Undertake a review of catheter caseloads across the group to provide a bench mark. Undertake a % RCAs. The number of inappropriate samples with themes will be provided by Microbiology Targetted training including the care home sector and district nursing services will be delivered with feedback	Improve standardisation and promotion of best practice in catheter management, prevention of UTIs and sampling across PC&TG delivered. Review impact of HCAs in E coli and Klebsiella linked to UTI in the pt cohorts.	PC&TG IPC Collaborative leads & IPC Group lead				
Promoting best practice for preventing infections via wound and intravenous access sites for community patients	A number of Staph aureus bacteraemia sources in 2023-24 were attributed to wounds and intravenous line access. Review of services delivering Wound care and IV/line access to deliver training and assurances which support best practice and standardisation across DN, Cancer and ACT services. This will be in collaboration with primary and secondary care	Improve standardisation and promote best practice in wound and line management, swabbing and sampling across PC&TG. Impact on HCAs in Staph aureus	PC&TG IPC Collaborative leads, IPC Group lead & Secondary care IPC leads				
Improve knowledge of C. difficile prevention treatment and management across PC&TG	Deliver training and education on C difficile HB performance, prevention, sampling and treatment pathways across relevant community and primary care services. Improve collaboration and learning with opportunites across primary and secondary care	Shared knowledge and accountability of C Diff prevalence, management and prevention across PC&TG via presentations, webinars and newsletters	PC&TG IPC Collaborative leads, IPC Group lead & Secondary care IPC leads				
Staff have access to evidence-based Infection Prevention and Control policies	Evidence-based Infection Prevention and Control policies are in place, are accessible, reviewed regularly and will be promoted via the IP&C PC&TG Newsletter	All IP&C Policies will be reviewed, will be up-to-date and will be accessible to staff	PC&TG Service Leads & IPC Cooperate team				
There is an organisational culture that promotes reporting of infection-related and decontamination-related incidents	Infection-related, and decontamination-related incidents within PC&TG are reported, monitored and investigated in a timely way and reported qurly to the Docom assurance group.	Infection-related, and decontamination-related incidents are reported, monitored and investigated appropriately, with learning shared across the organisation	PC&TG Group Decom lead & IPC Cooperate leads				
Maintain robust reporting and governance processes	Service Group to feedback lessons learned from the investigation of incidents through their Quality & Safety, HCAI and Patient stakeholder Groups	Assurance, Governance and collaboration with senior escalation in PC&TG Service group with all IPC risks and datix reported	PC&TG IPC Collaborative, Service Leads & Service Group Directors				
Maintain robust reporting and monthly scrutiny of HCAs	Multi-disciplinary reviews of healthcare associated infections (HCAI) are undertaken monthly for C.diff only with support of AMS Clinical lead and PC&TG IPC leads, lessons learned of avoidability, with key lessons are shared in a written reponse to Generall practitioners. Opportunites for RCA of wider bacteraemias to be undertaken. Thematic analysis to be reported monthly.	MDT reviews C. diff is undertaken and lessons learned with opportunites to share. Thematic analysis and % of cases through scrutiny to be reproted monthly	PC&TG IPC Collaborative, Service Leads & Service Group Directors				
Report performance in reduction goals in Tier 1 target monthly for PC&TG with mitigations and updates from targetted improvement projects	PC&TG Service Group performance against Tier 1 reduction goals and progress against their Infection Reduction Improvement Plans reported monthly via IP&C assurance groups	HCAI Performance reported against the reduction goals set in the annual improvement plan via reporting process via PCT/HCAI, QSAG and performance group.	Service Group Directors & Group IPC Leads				
Provide assurances that community and primary care services are engaging with their patient population to promote knowledge and education in IP&C	Services to promote and empower patients in IP&C principles making every contact count, using all available resources developed for patient education and inclusion	Informed patient cohorts and coproduction	PC&TG IPC Collaborative & Service Leads Service				
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 & Group IPC Leads				
Leadership							
PC&TG 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 PC&TG governance structures and management systems for IPC are in place	Group IPC Lead & PC&TG Group Directors				
PC&TG leads to support reporting and assurances for Decontamination processes	There are designated Service Group Leads for Infection Prevention & Control and Decontamination identified in structure for PC&TG	Pc&TG has a lead for Decontamination and there are appropriate governance structures in place	Corporate, Group IPC Lead & PC&TG Group Directors				
Deliver a programme of regular IPC-related audits across PC&TG	Enviroment and practice audits will be undertaken across Q1 in all PC&TG inpatient and clinical areas with the new IPC Audits aligned to AMaT which will provide a bench mark for monthly/weekly audits programme .	The IPC audit programme is established on AMaT and PC&TG review, monitor and track progress. Areas without access will be supported for reporting. Aim for relevant areas of audit compliance >95%	PC&TG IPC Collaborative, Service Leads & Service Group Directors				
PC&TG to develop and improve leadership and empowerment to drive improvement in reducing episodes of harm	PC&TG IPC leads to review specific areas for the training, learning and development 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, PC&TG Service group & IPC leads				
PC&TG to develop an IPC a network of champions across the group and IPC practice improvement collaborative	PC&TG to identify Link Champions for IP&C and strengthen leadership though collaboratives	As a minimum, link champions are identified for areas of high risk	PC&TG IPC Collaborative, Service Leads & Service Group Directors				
	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							
Deliver assurances that all clinical and inpatient environments are 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				
Inpatient and clinical areas across PC&TG, to complete monthly cleanliness compliance matrix scoring >95%	Cleanliness compliance scoring matrix >95%	Maintain >95% compliance with cleaning scores	PC&TG IPC Collaborative, Service Leads & Service Group Directors				
Provide assurance all clinical areas are practicing safe storage and decontamination of mattresses (GH and Ty olwen)	Ensure safe systems exist for providing safe storage, distribution, monitoring and decontamination of foam mattresses and bed frames are reportable via monthly auditing	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 with >95% Audit compliance	PC&TG IPC Collaborative, Service Leads Service & Group Directors				
New or Existing Estates issues which impact on IPC practice and procedures across the Group are logged and escalated through the necessary governance group with a clear action plan	The IPC team is involved at every stage, Risk register and Datix system used to document.	IPC and related risks are considered at all stages of Estates escalation or redesign.	Service Group Directors, Assistant Director of Capital Planning, Corporate IPC Lead				
PC&TG to ensure where portable scanners are in use there are standardised decontamination processes aligned to best practice and process	Review services and develop a process of reporting for assurance	Promoting and providing best practice and providing assurances	Corporate IPC Decom Lead & PC&TG Decom lead				
Decontamination policy and procedures are featured and audited across all relevant services in the group	Decontamination lead to report all audits and risks via quality improvement group and PC&TG HCAI governance	Promoting and providing best practice and providing assurances to achieve > 95% audit compliance	Corporate IPC Decom Lead & PC&TG Decom lead				
Antimicrobial Stewardship							
The Top 5 prescribing GP practices of 4C antibiotics will be supported to reduce the volume of antibiotics prescribed to reduce risks associated with antimicrobial resistance and <i>C. difficile</i> .	Reduce the volume of antibiotics prescribed across the primary care in the top 5 prescribers. Minimum 5% year-on-year reduction	Minimum 5% year-on-year reduction	PC&TG IPC & AMS leads				
Improve clinical understanding of the role of antibiotic prescribing in development of <i>C. difficile</i> infection	Promote best practice and learning opportunities across Primary care forums and develop a newsletter for IPC and community services	Improved compliance with Start Smart Then Focus standards	PC&TG IPC & AMS leads				
Demonstrate effectiveness of CRP project across 11 practices in improving diagnostic and prescribing	Monitor and report outputs from CRP project against prescribing data for each practice in the project	Improved diagnostics and treatment pathway in 11 practices for infected exacerbation of COPD and lower respiratory tract infections	ACD project & AMS leads				
Promote and communicate local and national AMS projects, share learning and outcomes via PC&TG collaborative/forums	AMS reports for Acne reviews and longterm antibiotics and Lymphedema pathway, which support overall reduction targets for antibiotic prescribing. Report updates from from PHW National AMS groups/projects	Promoting and providing best practice	PC&TG IPC & AMS leads				
Use National AMS performance indicators to inform practice and continuous quality improvement	AMS to be a thread of communication and good practice across PC&TG	Promoting and providing best practice via a monthly newsletter and increased engagement through clusters and PCT forums	PC&TG IPC & AMS leads				

Goal	Method	Baseline position	3 month	6 month	9 month	12 month	Outcome	Reduction Target
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: 83 cases	Cumulative total to Q1: C. difficile: 15 cases	Cumulative total to Q2: C. difficile: 29 cases	Cumulative total to Q3: C. difficile: 43 cases	Cumulative annual total: C. difficile: 58 cases	Cumulative annual total: C. difficile: 58 cases	>30%
		Baseline for 23/24: Staph. aureus bacteraemia: 63 cases	Cumulative total to Q1: Staph. aureus bacteraemia: 11 cases	Cumulative total to Q2: Staph. aureus bacteraemia: 22 cases	Cumulative total to Q3: Staph. aureus bacteraemia: 33 cases	Cumulative annual total: Staph. aureus bacteraemia: 44 cases	Cumulative annual total: Staph. aureus bacteraemia: 44 cases	>30%
		Baseline for 23/24: E. coli bacteraemia: 126 cases	Cumulative total to Q1: 25 E. coli bacteraemia: cases	Cumulative total to Q2: E. coli bacteraemia: 50 cases	Cumulative total to Q3: E. coli bacteraemia: 75 cases	Cumulative annual total: E. coli bacteraemia: 100 cases	Cumulative annual total: E. coli bacteraemia: 100 cases	>20%
		Baseline for 23/24: Klebsiella bacteraemia: 50 cases	Cumulative total to Q1: Klebsiella bacteraemia: 10 cases	Cumulative total to Q2: Klebsiella bacteraemia: 20 cases	Cumulative total to Q3: Klebsiella bacteraemia: 30 cases	Cumulative annual total: Klebsiella bacteraemia: 40 cases	Cumulative annual total: Klebsiella bacteraemia: 40 cases	>20%
		Baseline for 23/24: Pseudomonas aeruginosa bacteraemia: 4 cases	Cumulative total to Q1: Pseudomonas aeruginosa bacteraemia: 1 case	Cumulative total to Q2: Pseudomonas aeruginosa bacteraemia: 2 cases	Cumulative total to Q3: Pseudomonas aeruginosa bacteraemia: 3 cases	Cumulative annual total to Q4: Pseudomonas aeruginosa bacteraemia: 4 cases	Cumulative annual total to Q4: Pseudomonas aeruginosa bacteraemia: 4 cases	> 0%