

Infection Prevention Improvement Plan 2023/24

Goal	Method	Baseline position	3 month	6 month	9 month	12 month	Outcome	Responsibility	Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress
Infection Prevention & Control Infection Prevention and Control(IPC) and reduction of HCAIs as per the Health Board refreshed IPC Improvement plan 2023/24	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: 76 cases	Cumulative total to Q3: C. difficile: 95 cases	Cumulative annual total: C. difficile: 95 cases	Cumulative annual total: C. difficile: 95 cases	All Service Groups, reporting via Infection Prevention & Control Groups	Cumulative total to Q1: C. difficile: 52 cases (12 > baseline)	Cumulative total to Q2: C. difficile: 114 cases (exceeding annual maximum)	Cumulative total to Q3: C. difficile: 186 cases (exceeding annual maximum)	Cumulative total to Q4: C. difficile: 250 cases (exceeded annual maximum)
		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: 57cases	Cumulative total to Q3: Staph. aureus bacteraemia: 60 cases	Cumulative annual total: Staph. aureus bacteraemia: 71 cases	Cumulative annual total: Staph. aureus bacteraemia: 71 cases		Cumulative total to Q1: Staph. aureus bacteraemia: 39 cases (= baseline)	Cumulative total to Q2: Staph. aureus bacteraemia: 73 cases (exceeding annual maximum)	Cumulative total to Q3: Staph. aureus bacteraemia: 114 cases (exceeding annual maximum)	Cumulative total to Q4: Staph. aureus bacteraemia: 142 cases (exceeded annual maximum)
		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		Cumulative total to Q1: E. coli bacteraemia: 73 cases (4 > baseline)	Cumulative total to Q2: E. coli bacteraemia: 148 cases (11 > baseline)	Cumulative total to Q3: E. coli bacteraemia: 203 cases (1 case < baseline)	Cumulative total to Q4: E. coli bacteraemia: 248 cases (exceeded annual maximum)
		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		Cumulative total to Q1: Klebsiella bacteraemia: 24 cases (2 > baseline)	Cumulative total to Q2: Klebsiella bacteraemia: 49 cases (2< baseline)	Cumulative total to Q3: Klebsiella bacteraemia: 69 cases (8 cases < baseline)	Cumulative total to Q4: Klebsiella bacteraemia: 94 cases (exceeded annual maximum)
		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		Cumulative total to Q1: Pseudomonas aeruginosa bacteraemia: 7 cases (1 < baseline)	Cumulative total to Q2: Pseudomonas aeruginosa bacteraemia: 12 cases (8< baseline)	Cumulative total to Q3: Pseudomonas aeruginosa bacteraemia: 15 cases (15 cases < baseline)	Cumulative total to Q4: Pseudomonas aeruginosa bacteraemia: 21 cases (3 cases below annual maximum of 24)
	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	Programme established and launched	An audit tool has been developed in the AMaT system and is being piloted by Junior Doctors.	A number of audits have been undertaken using AMaT system.	A number of audits have been undertaken using AMaT. A more focused audit tool for hospital acquired pneumonia (HAP) is being promoted via the priority audit programme / audit leads to see if this approach will improve uptake.	
	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	Management Board Paper proposing Level 2 IPC training as mandatory for all Health Board staff, presented to Management Board in July and supported. ESR lead making necessary changes.	Compliance against IPC Level 1 has increased from 86.30% in Q1 to 88.23% in Q2. Compliance against IPC Level 2 has increased from 22.74% in Q1 to 26.28% in Q2. Contact made with ESR to update dashboard to show Level 2 as a requirement for all staff. Communications supporting with bulletins for staff to cascade the change.	Compliance against IPC Level 1 has increased from 88.23% in Q2 to 89.27% in Q3. Compliance against IPC Level 2 has increased from 26.28% in Q2 to 32.748% in Q3. ESR updated from 01/01/24 to reflect that Level 2 IPC training is mandatory for all Health Board staff.	Compliance against IPC Level 1 has increased from 89.27% in Q3 to 90.16% in Q4. Compliance against IPC Level 2 has increased from 32.75% in Q3 to 68.13% in Q4. ESR updated from 02/01/24 to reflect that Level 2 IPC training is mandatory for all Health Board staff.
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	Development of the audit programme outline, and minimum data sets.	An audit tool has been developed and piloted.	200 audits (using a manual audit process) have been undertaken by the IPC team since April 2023 across Morriston, Singleton, Neath Port Talbot, Cefn Coed and Gorseion hospitals. A number of wards have piloted the manual tool also in preparation for when AMaT is fully functional for IPC audits. Roll-out of audits using AMaT was delayed whilst awaiting the AMaT Nurse lead to take up post.	>340 audits have been undertaken manually by the IPC team since April 2023 across Morriston, Singleton, Neath Port Talbot, Cefn Coed and Gorseion hospitals. IPC audits will now be piloted using the AMaT system in April 2024. Nursing Lead for AMaT confirmed training on IPC audits to commence August 2024.	
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	HB MyAudit compliance = 98.2%	HB MyAudit compliance = 97.7%	HB MyAudit compliance = 98.4%	HB MyAudit compliance = 98.6%	
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	Key Decontamination Quality Priorities agreed at Decontamination Quality Priority Group and Infection Control Committee.	Progress with updates is variable across service groups.	Service Groups have agreed their governance processes for Decontamination Quality Priorities, which will provide improved oversight on progress.	Service Groups have agreed their governance processes for Decontamination Quality Priorities, which will provide improved oversight on progress.	