

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 | | |
|---|---|--|--|--|-----------|-----------|
| | | | | Quarter 1 | Quarter 3 | Quarter 4 |
| 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 | 03/07/24 IPC Level 1 compliance - 91.28%; IPC Level 2 compliance - 77.90% | | |
| | 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 | 03/07/24 ANTT Training compliance ESR - 27.68% | | |
| | IPC Team will provide bespoke ward-based and online training on <i>C. difficile</i> , with supplementary materials, which will be targeted to Ares of high incidence | IPC Team have provided training to local Hand Hygiene Competence Assessors | Corporate IPC Lead | Ward-based training provided and presentation also accessible on intranet. Narration being arranged. | | |
| 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 | All protocols up-to-date and accessible on SharePoint | | |
| 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 | IPCT generate Datix for HCAI tier one infection cases. SG review cases at the HCAI review panels meetings. | | |
| | Service Groups feedback lessons learned from the investigation of incidents through their Quality & Safety Groups | Service Group Quality & Safety meeting minutes | Service Group Directors | Q&S group meetings are established within the SG's. Thematic analysis is presented | | |
| | 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 | Refer to SG Improvement plans | | |
| | 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 | Service Group HCAI review meetings established, Executive Lead scrutiny meeting have commenced. | | |
| 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 | Self assessment using pilot tool is a live working document | | |
| 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 | Service groups have their IPC Governance structures established. | | |
| | 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 | Refer to the SG HCAI Improvement plans | | |
| 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 | AMaT rolled out across all inpatient locations in Neath & Singleton, Morriston will be rolled out by July/August. Manual audits & feedback/ action plans being undertaken by IPCT. | | |
| 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 | Refer to the SG HCAI Improvement plans | | |
| | 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 | Refer to the SG HCAI Improvement plans | | |
| | 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 | Awaiting a decision on funding. | | |

| Clean & Safe Healthcare Environment | | | | | |
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| 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 | Guidance has not been shared, remains with the All wales T&F group and will be presented to the HCAI delivery Board next month. | |
| | Cleanliness compliance scoring matrix >95% | Maintain >95% compliance with cleaning scores | Head of Support Services | April: 96.0% May: 95.8% Jun: 97.5% | |
| | Service Groups to review options for workforce redesign to strengthen standards of cleanliness within wards | Improvement in Standard Infection Control Precautions compliance scores | Service Group Directors | Refer to the SG HCAI Improvement plans | |
| | 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 | Domestic Operational Group meeting re-established. Trial of DIFX was taking place on Cardigan, ITU, Ward B MH. | |
| | 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 | Monitoring & assurance of standards is undertaken by SG Matrons as part of their audit programme. I am clean indicator tape is used to show date of last inspection, there are no dedicated storage, decontamination facilities for used mattresses currently. | |
| 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 | Capital planning team invite IPC team to attend design scheme meetings. | |
| | Service Groups ensure that increasing en suite 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 | Refer to the SG HCAI Improvement plans | |
| 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 | Refer to the SG HCAI Improvement plans | |
| 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 | Refer to the SG HCAI Improvement plans | |
| Improve clinical understanding of the role of antibiotic prescribing in development of <i>C. difficile</i> infection | 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)). | Improved compliance with Start Smart Then Focus standards | Group Medical Directors | Refer to the SG HCAI Improvement plans | |
| Reduce risks of <i>C. difficile</i> and antimicrobial resistance | Improve compliance with the 72-hour switch from intravenous to oral antibiotics to equal the Welsh average as a minimum. | Equal the Welsh average as a minimum | Group Medical Directors | Refer to the SG HCAI Improvement plans | |