

Reference Number: UHB 190
Version Number: 2

Date of Next Review: 06/08/2023
Previous Trust/LHB Reference Number:
378

USE OF ANTIMICROBIAL AGENTS POLICY

Policy Statement

Antimicrobials have a central role in the effective treatment of, and prophylaxis against infection; their appropriate use is essential to patient safety. Antimicrobial resistance is an increasing problem that can result in difficulty in treating infections, leading to failed therapy and potential complications. Antimicrobial resistance for some of the major pathogens and antimicrobial usage has been increasing progressively in Wales since 2004.

Appropriate antibiotic stewardship demonstrably supports reductions in rates of antimicrobial resistance and healthcare-associated infections.

The policy aims to standardise practices and processes of designing, implementation and auditing of antimicrobial guidelines. It also aims to provide guidance to staff responsible for prescribing antimicrobials.

To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently, we will provide a structure and appropriate advice to staff to ensure that robust arrangements are in place for the use of antimicrobials in all Health board locations.

The Department of Health advises that “procedures should be in place to ensure prudent prescribing and antimicrobial stewardship”, reinforced with an ongoing programme of audit, revision, update and education.

In addition, we will fully support the antimicrobial delivery plan for NHS Wales and its partners launched in April 2016: “[Together for Health: Tackling antimicrobial resistance and improving antibiotic prescribing](#)”; and the UK 5 year action plan and UK 20 year policy papers both released in January 2019: “Tackling antimicrobial resistance 2019-2024: the UK’s 5 year national action plan” and “Contained and controlled: the UK’s 20 year vision for antimicrobial resistance”.

An effective antimicrobial stewardship program, with appropriate drug product selection, dosing, route of administration, and duration of antimicrobial therapy, in conjunction with a comprehensive infection control program has been shown to limit the emergence and transmission of antimicrobial-resistant microorganisms and to reduce HCAs.

Policy Commitment

We will be committed:

- to provide advice on the appropriate use of antimicrobials.
- to provide guidance on the effective and safe use of antimicrobials.
- to ensure that arrangements are in place for the monitoring and optimisation of

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antimicrobial use in the UHB.

This programme will form part of the quality improvement strategy for patient safety, to help reducing inappropriate prescribing and optimise use.

We will ensure that information on antimicrobial guidelines and audit will be accessible on the MicroGuide App which can be accessed via any device and is available also on our intranet and internet site.

Distribution of this policy will be through the Health Board intranet and internet sites and clinical portal.

In primary care, the policy will also be distributed by the CAVUHB Prescribing Advisory Team.

Clinical boards and Directorates will be responsible for the implementation of the policy document in all clinical areas.

The Antimicrobial Management Group and the Antimicrobial Management Team (when instituted) will be responsible for:

- The guidance within MicroGuide App for Adult and Children Secondary care Antimicrobial Guidelines and Primary Care Antimicrobial Guidelines.
- The regular review of all antimicrobial guidance
- Ensuring that antimicrobial guidance is consistent across the UHB
- Providing advice on formulary content and restrictions
- A system of communication regarding the approval of use of restricted antimicrobials
- The setting of a proper and recognized Antimicrobial Stewardship program
- Education of healthcare staff on antimicrobial stewardship and resistance and Public engagement

Whilst this policy will provide a structure and appropriate advice to staff, Cardiff and Vale UHB prescribers will be directly responsible for their own antimicrobial prescribing.

Guidelines will exist at three broad levels which include Formulary (for secondary and primary care), MicroGuide App for smart phone devices and computer desktops and Unit specific guidelines. The latter ones we will aim to insert in the specialty section of MicroGuide in future (Already a specialist subsection exists and some of the specialist guidelines have already been embedded).

Guidance at all levels will be formulated by multi-disciplinary teams, usually to include representatives from microbiology, pharmacy, nursing, clinical services (including dental services) and general practitioners. They will take account of published evidence, published guidelines, local antimicrobial resistance levels and patterns, local epidemiology of HCAI, local patient factors and local financial factors.

Some guidance will be agreed by the All Wales Antimicrobial Guidance Group (AWAGG)

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at a national level. CAVUHB Antimicrobial Management Group is represented in AWAGG. All guidance will be approved within the University Health Board structure, by the AMT (Antimicrobial Management Team, when formally instituted) or by the AMG (Antimicrobial Management Group). They will have a specific format that will be standardized and replicated to ensure consistency and clarity.

MicroGuide App available for smart phones and all health-board computers' desktops will be the exclusive reference for Antimicrobial Guidelines for CAV UHB and services should refer to it. Please see above for plans for Antimicrobial Unit Specific Guidelines.

The Health Board Antimicrobial formulary will be kept updated as expected by the AWSMG. The Antimicrobial Management Group will provide advice that is consistent with the principles of good Antimicrobial Stewardship to optimise implementation of new technology appraisal recommendations. Financial and service impact of new medicines will remain the responsibility of individual Clinical Boards.

Formulary restrictions will be used to control the use of "reserve" (broad-spectrum) or expensive agents. These typically would place drugs in categories as below:

- A freely available across the Health Board
- B freely available within specific units / for specific indications
- C available only with consent of Consultant Microbiologist (or nominee)

Adherence to formulary restrictions will be responsibility of every Clinical Board and should be audited regularly.

Antimicrobial prescribing in Cardiff and Vale UHB hospitals should follow the recommendations for safe prescribing as described in the "Start Smart then Focus"(SSTF), document, produced by the Department of Health in November 2011 and updated in March 2015.

In the initial antimicrobial prescribing section of the drug chart, the prescriber will need to specify indication, route and duration or review date. Empirical regimes started using the clinical local guidance available will need review at 48-72 hours or when microbiological evidence is available. Intravenous antimicrobials will need daily review to determine the possibility of changing route (switch to oral/use Outpatient Parenteral Antimicrobial Therapy (OPAT)). See Appendix 1.

Clinicians will need to complete the mandatory SSTF audit once a month and report their findings in the quality and safety meetings.

Antimicrobial surgical prophylaxis should be used for the time determined in the local guidance (generally one dose, maximum 24 hrs or as per recommendations in the local guidance). See Appendix 2.

When therapeutic drug monitoring will be needed this should be specified in the drug chart

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and carefully managed.

Primary care prescribers will adhere, when possible, with the Primary Care Guidance.

Supporting Procedures and Written Control Documents

MicroGuide: <https://viewer.microguide.global/CAVUHB/ADULT>
<https://viewer.microguide.global/CAVUHB/PAED>
<https://viewer.microguide.global/CAVUHB/PRIMARYCARE>

CAVUHB Formulary :<https://cavformulary.wales.nhs.uk/>

Scope

This policy applies to all of our staff in all locations including those with honorary contracts. Cardiff and Vale University Health Board accepts its responsibility under the Health and Safety at Work Act etc. 1974 and the Control of Substances Hazardous to Health Regulations 2002, to take all reasonable precautions to ensure that effective guidance is in place for the appropriate, effective and safe use of antimicrobials.

In order to make sure that antimicrobials are used appropriately it is recognised that the UHB requires a policy document to provide the necessary direction to UHB staff.

Equality and Health Impact Assessment	An Equality and Health Impact Assessment (EHIA) has been completed and this found there to be a positive impact because antimicrobials will be prescribed appropriately.
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Policy Approved by	Quality and Safety Committee
Group with authority to approve procedures written to explain how this policy will be implemented	CAVUHB Medicines Management Group
Accountable Executive or Clinical Board Director	CAVUHB Medical Director

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).

Summary of reviews/amendments

Version Number	Date Review Approved	Date Published	Summary of Amendments
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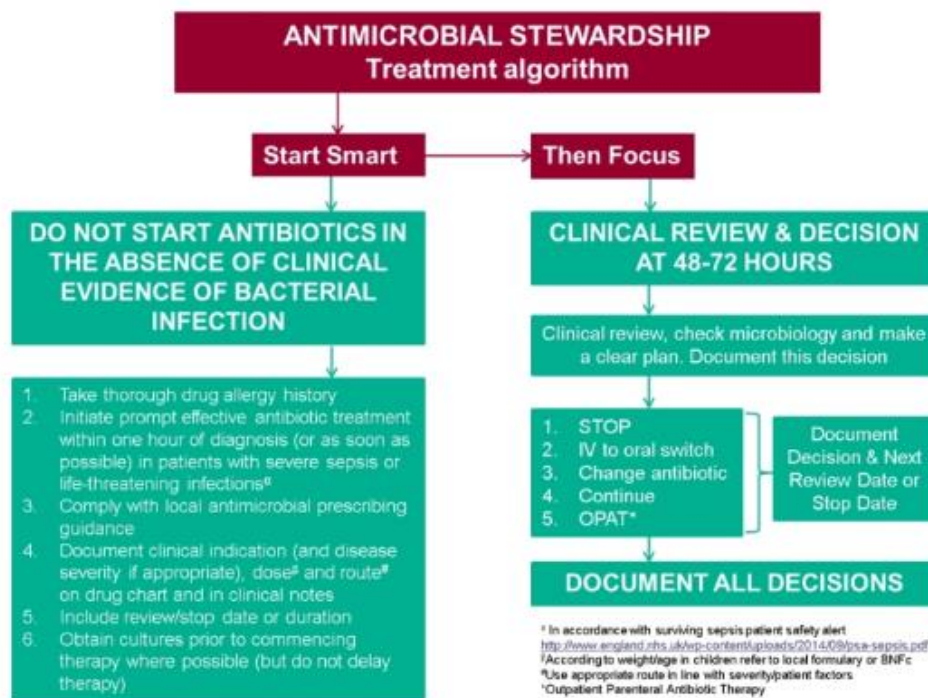
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1	Date approved by Quality and Safety Committee 14/06/2013	05/07/2013	<i>New document, to replace and update previous Trust Version Reference no: 378</i>
2	Approved at Medicines Management Group 06/08/2020	03/02/2021	Updated document

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APPENDIXES

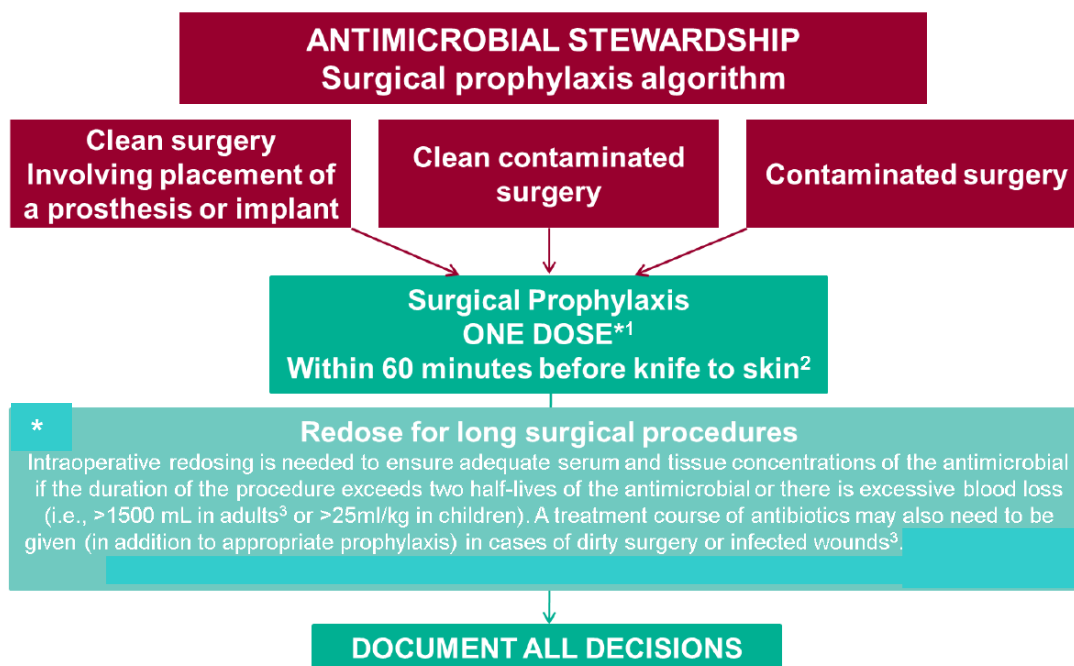
Appendix 1. Antimicrobial Stewardship (AMS) – treatment algorithm in secondary care



Start Smart - Then Focus: Antimicrobial Stewardship Toolkit for English Hospitals. Published March 2015 PHE publications gateway number: 2014828, Page 7

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Appendix 2: Antimicrobial Stewardship (AMS) – surgical prophylaxis in secondary care algorithm**



References:

1. NICE clinical guideline 74: Surgical site infection – Prevention and treatment of surgical site infection
<http://www.nice.org.uk/Guidance/CG74>
2. World alliance for Patient Safety. WHO surgical safety checklist June 2008
http://www.who.int/patientsafety/safesurgery/tools_resources/SSSL_Checklist_finalJun08.pdf?ua=1
3. Bratzler DW, Dellinger EP, Olsen KM et al. (2013). Clinical practice guidelines for antimicrobial prophylaxis in surgery. Am J Health Syst Pharm 2013; 70(3): 195-283

****Always consult your local guidance for specific surgical procedures in which longer courses of prophylaxis might have been agreed.**

Equality & Health Impact Assessment for

USE OF ANTIMICROBIAL AGENTS POLICY UHB 190 version 2

Please read the Guidance Notes in Appendix 1 prior to commencing this Assessment

Please note:

- The completed Equality & Health Impact Assessment (EHIA) must be
 - Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval
 - Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.
- Formal consultation must be undertaken, as required¹
- Appendices 1-3 must be deleted prior to submission for approval

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Use of Antimicrobial Agents Policy UHB 190 version 2
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Dr Federica Faggian Chair of CAVUHB Antimicrobial Management Group Microbiology Consultant Microbiology Cardiff Public Health Wales University Hospital of Wales Heath Park, Cardiff CF14AXW
3.	Objectives of strategy/ policy/ plan/ procedure/ service	To provide a structure and appropriate advice to staff to ensure that robust

¹http://www.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,73860407,253_73860411&_dad=portal&_schema=PORTAL

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	<p>arrangements are in place for the optimal use and management of antimicrobial agents at all Cardiff and Vale UHB locations while minimizing damage associated with inappropriate antimicrobial prescribing.</p> <p>The Policy describes how antimicrobial guidance will exist and will be created at different levels; the policy advises on how to correctly prescribe/review antimicrobials and highlight roles and responsibilities for update and implementation of the guidance.</p>
<p>4. Evidence and background information considered. For example</p> <ul style="list-style-type: none"> • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages <p>Population pyramids are available from Public Health Wales Observatory² and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need³.</p>	<p>Related information:</p> <p>Welsh Government (2016-WG28508) <i>Together for Health: Tackling antimicrobial resistance and improving antibiotic prescribing. A delivery Plan for NHS Wales and its partners.</i> Wales, Welsh Government. http://www.wales.nhs.uk/sitesplus/documents/888/Antimicrobial%20Resistance%20Delivery%20Plan.pdf</p> <p>Department of Health and Social Care, 24.01.2019 Policy Paper: <i>Tackling antimicrobial resistance 2019 to 2024: the UK's 5-year national action plan. Ambitions and actions for the next 5 years, supporting the 20-year vision for antimicrobial resistance (AMR).</i> HM Government. https://www.gov.uk/government/publications/uk-5-year-action-plan-for-antimicrobial-resistance-2019-to-2024</p> <p>Department of Health and Social Care, 24.01.2019 Policy Paper: <i>Contained and controlled: the UK's 20-year vision for antimicrobial resistance.</i> HM Government. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/773065/uk-20-year-vision-for-antimicrobial-</p>

² <http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf>

³ <http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face>

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		<p>resistance.pdf</p> <p>Public Health England, March 2015 Guidance: <i>Start Smart - Then Focus: Antimicrobial Stewardship Toolkit for English Hospitals</i>. HM Government. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/417032/Start_Smart_Then_Focus_FINAL.PDF</p> <p>Stakeholders: All Services users if prescribed an antimicrobial, all prescribers of antimicrobials, all suppliers of antimicrobials and all administrators of antimicrobials. Antimicrobial resistance and antimicrobial stewardship was discussed with CAVUHB Stakeholders Reference Group on the 29th of January 2020.</p>
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	Everyone supplying, prescribing, administering and receiving antimicrobials in CAVUHB.

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6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	No impact – everyone will be treated equitably according to their clinical need.		
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	No impact – everyone will be treated equitably according to their clinical need.		
6.3 People of different genders: Consider men, women, people undergoing gender reassignment NB Gender-reassignment is anyone	No impact – everyone will be treated equitably according to their clinical		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	need.		
6.4 People who are married or who have a civil partner.	No impact – everyone will be treated equitably according to their clinical need.		
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	No impact – everyone will be treated equitably according to their clinical need.		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	No impact - everyone will be treated equitably according to their clinical need.		
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	No impact - everyone will be treated equitably according to their clinical need.		
6.8 People who are attracted to other people of: <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) 	No impact - everyone will be treated equitably according to their clinical need.		
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design Well-being Goal – A Wales of vibrant	No impact - this policy is aimed at healthcare workers who have been assessed on minimum English language standards.		This policy has not been translated into the Welsh language. Welsh translation could be provided on request.

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
culture and thriving Welsh language			
6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	No impact - everyone will be treated equitably according to their clinical need.		
6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	No impact - everyone will be treated equitably according to their clinical need.		
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	No impact - everyone will be treated equitably according to their clinical need.		

7. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

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Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities</p> <p>Well-being Goal - A more equal Wales</p>	No impact		
<p>7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and</p>	Potential Positive impact for the general population of Cardiff and the Vale.	The application of this policy will ensure that antimicrobials are managed appropriately, in CAV UHB. This will allow a likely reduction on antimicrobial resistance and healthcare associated infections, which will benefit the population. Better auditing of antimicrobial use, as recommended by this policy,	

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc</p> <p>Well-being Goal – A healthier Wales</p>		<p>will ensure that practices will be analysed and scrutinized. Errors will be picked up and improvements would be put in place.</p> <p>The recognition of a funded antimicrobial management team will ensure that adequate education and feedback is provided to antimicrobial prescribers, suppliers and administrators. Engagement with the public will ensure empowerment and better knowledge of minor alignments not requiring antimicrobials.</p>	
<p>7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions</p>	<p>No impact</p>		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A prosperous Wales			
<p>7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>	No impact		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p> <p>Well-being Goal – A Wales of cohesive communities</p>	No impact		
<p>7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p> <p>Well-being Goal – A globally responsible Wales</p>	No impact		

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Please answer question 8.1 following the completion of the EHIA and complete the action plan

<p>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</p>	<p>This policy will have a positive impact by ensuring that antimicrobials are managed appropriately, in CAVUHB. This will allow a likely reduction on antimicrobial resistance and healthcare associated infections, which will benefit the population.</p> <p>A better management of antimicrobials through full implementation of the Start Smart Then Focus algorithm will improve patient pathways.</p> <p>Better auditing of antimicrobial use, as recommended by this policy, will ensure that practices will be analysed and scrutinized. Errors will be picked up and improvements will be put in place.</p> <p>The recognition of a funded antimicrobial management team will ensure that adequate education and feedback will be provided to antimicrobial prescribers, suppliers and administrators.</p> <p>With an appropriate antimicrobial management team, better engagement with the public will ensure empowerment and deeper knowledge of minor alignments not requiring antimicrobials.</p>
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Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
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	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	This policy has not been translated into the Welsh language. Welsh translation could be provided on request		On request	
8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required? This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?	No			

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	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.4 What are the next steps?</p> <p>Some suggestions:-</p> <ul style="list-style-type: none"> • Decide whether the strategy, policy, plan, procedure and/or service proposal: <ul style="list-style-type: none"> ○ continues unchanged as there are no significant negative impacts ○ adjusts to account for the negative impacts ○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) ○ stops. • Have your strategy, policy, plan, procedure and/or service proposal approved • Publish your report of this impact assessment • Monitor and review 	<ol style="list-style-type: none"> 1. After EQIA done, the policy continues unchanged as there are no significant negative impacts. 2. AMG to approve reviewed policy 3. Policy to be sent to public consultation for comments 4. Comments to be addressed and suggestions be evaluated for rectification or dismissal if considered not pertinent and appropriate 5. Policy to be presented to the MMG for final approval 6. Policy to be presented to the IPCG for final approval 7. Finalised policy to be published in CAVUHB Intranet and internet pages. 	<p>FF</p> <p>FF</p> <p>FF</p> <p>DB/SG</p> <p>FF</p> <p>FF</p>	<p>Feb 2020</p> <p>March 2020</p> <p>March 2020</p> <p>April 2020</p> <p>August 2020</p> <p>November 2020</p> <p>November 2020</p>	<p>FF/AMG</p> <p>AMG</p> <p>FF/AMG</p> <p>MMG</p> <p>IPCG</p>

Appendix 1

Equality & Health Impact Assessment

Developing strategies, policies, plans and services that reflect our Mission of 'Caring for People, Keeping People Well'

Guidance

The University Health Board's (the UHB's) Strategy 'Shaping Our Future Wellbeing' (2015-2025) outlines how we will meet the health and care needs of our population, working with key partner organisations to deliver services that reflect the UHB's values. Our population has varied and diverse needs with some of our communities and population groups requiring additional consideration and support. With this in mind, when developing or reviewing any strategies, policies, plans, procedures or services it will be required that the following issues are explicitly included and addressed from the outset:-

- Equitable access to services
- Service delivery that addresses health inequalities
- Sustainability and how the UHB is meeting the requirements of the Well-being of Future Generations (Wales) Act (2015)⁴

This explicit consideration of the above will apply to strategies (e.g. Shaping Our Future Strategy, Estates Strategy), policies (e.g. catering policies, procurement policies), plans (e.g. Clinical Board operational plans, Diabetes Delivery Plan), procedures (for example Varicella Zoster - chickenpox/shingles - Infection Control Procedure) and services /activity (e.g. developing new clinical services, setting up a weight management service).

Considering and completing the Equality & Health Impact Assessment (EHIA) in parallel with development stages will ensure that all UHB strategies, policies, plans, procedures or services comply with relevant statutory obligations and responsibilities and at the same time takes forward the UHB's Vision, 'a person's chance of leading a healthy life is the same wherever they live and whoever they are'. This process should be proportionate but still provide helpful and robust information to support decision making. Where a more detailed consideration of an issue is required, the EHIA will identify if there is a need for a full impact assessment.

Some key statutory/mandatory requirements that strategies, policies, plans, procedures and services must reflect include:

⁴ <http://thewaleswewant.co.uk/about/well-being-future-generations-wales-act-2015>

- All Wales Standards for Communication and Information for People with Sensory Loss (2014)⁵
- Equality Act 2010⁶
- Well-being of Future Generations (Wales) Act 2015⁷
- Social Services and Well-being (Wales) Act 2015⁸
- Health Impact Assessment (non statutory but good practice)⁹
- The Human Rights Act 1998¹⁰
- United Nations Convention on the Rights of the Child 1989¹¹
- United Nations Convention on Rights of Persons with Disabilities 2009¹²
- United Nations Principles for Older Persons 1991¹³
- Welsh Health Circular (2015) NHS Wales Infrastructure Investment Guidance¹⁴
- Welsh Government Health & Care Standards 2015¹⁵
- Welsh Language (Wales) Measure 2011¹⁶

This EHIA allows us to meet the requirements of the above as part of an integrated impact assessment method that brings together Equality Impact Assessment (EQIA) and Health Impact Assessment (HIA). A number of statutory /mandatory requirements will need to be included and failure to comply with these requirements, or demonstrate due regard, can expose the UHB to legal challenge or other forms of reproach. This means showing due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups.

EQIAs assess whether a proposed policy, procedure, service change or plan will affect people differently on the basis of their 'protected characteristics' (i.e. their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion, sex or sexual orientation) and if it will affect their human rights. It also takes account of caring responsibilities and Welsh Language issues.

⁵ <http://gov.wales/topics/health/publications/health/guidance/standards/?lang=en>

⁶ <https://www.gov.uk/guidance/equality-act-2010-guidance>

⁷ <http://gov.wales/topics/people-and-communities/people/future-generations-act/?lang=en>

⁸ <http://gov.wales/topics/health/socialcare/act/?lang=en>

⁹ <http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782>

¹⁰ <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

¹¹ <http://www.unicef.org/UNICEFs-Work/UN-Convention>

¹² <http://www.un.org/disabilities/convention/conventionfull.shtml>

¹³ <http://www.ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx>

¹⁴ <http://www.wales.nhs.uk/sites3/Documents/254/WHC-2015-012%20-%20English%20Version.pdf>

¹⁵ <http://gov.wales/topics/health/publications/health/guidance/care-standards/?lang=en>

¹⁶ <http://www.legislation.gov.uk/mwa/2011/1/contents/enacted>

They provide a systematic way of ensuring that legal obligations are met and are a practical means of examining new and existing policies and practices to determine what impact they may have on equality for those affected by the outcomes.

HIAs assess the potential impact of any change or amendment to a policy, service, plan, procedure or programme on the health of the population and on the distribution of those effects within the population, particularly within vulnerable groups. HIAs help identify how people may be affected differently on the basis of where they live and potential impacts on health inequalities and health equity. HIA increases understanding of potential health impacts on those living in the most deprived communities, improves service delivery to ensure that those with the greatest health needs receive a larger proportion of attention and highlights gaps and barriers in services.

The **EHIA** brings together both impact assessments in to a single tool and helps to assess the impact of the strategy, policy, plan, procedure and/or service. Using the EHIA from the outset and during development stages will help identify those most affected by the proposed revisions or changes and inform plans for engagement and co-production. Engaging with those most affected and co-producing any changes or revisions will result in a set of recommendations to mitigate negative, and enhance positive impacts. Throughout the assessment, 'health' is not restricted to medical conditions but includes the wide range of influences on people's well-being including, but not limited to, experience of discrimination, access to transport, education, housing quality and employment.

Throughout the development of the strategy, policy, plan, procedure or service, in addition to the questions in the EHIA, you are required to remember our values of *care, trust, respect, personal responsibility, integrity and kindness* and to take the Human Rights Act 1998 into account. All NHS organisations have a duty to act compatibly with and to respect, protect and fulfil the rights set out in the Human Rights Act. Further detail on the Act is available in Appendix 2.

Completion of the EHIA should be an iterative process and commenced as soon as you begin to develop a strategy, policy, plan, procedure and/or service proposal and used again as the work progresses to keep informing you of those most affected and to inform mitigating actions. It should be led by the individual responsible for the strategy, policy, plan, procedure and/or service and be completed with relevant others or as part of a facilitated session. Some useful tips are included in Appendix 3.

For further information or if you require support to facilitate a session, please contact Susan Toner, Principal Health Promotion Specialist (susan.toner@wales.nh.uk) or Keithley Wilkinson, Equality Manager (Keithley.wilkinson@wales.nhs.uk)

Based on

- Cardiff Council (2013) Statutory Screening Tool Guidance
- NHS Scotland (2011) Health Inequalities Impact Assessment: An approach to fair and effective policy making. Guidance, tools and templates¹⁷
- Wales Health Impact Assessment Support Unit (2012) Health Impact Assessment: A Practical Guide¹⁸

¹⁷ <http://www.healthscotland.com/uploads/documents/5563-HIIA%20-%20An%20approach%20to%20fair%20and%20effective%20policy%20making.pdf> (accessed 4 January 2016)

¹⁸ <http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782> (accessed on 4 January 2016)

Appendix 2 – The Human Rights Act 1998¹⁹

The Act sets out our human rights in a series of 'Articles'. Each Article deals with a different right. These are all taken from the European Convention on Human Rights and are commonly known as 'the Convention Rights':

1. Article 2 Right to life. NHS examples: the protection and promotion of the safety and welfare of patients and staff
2. Article 3 Freedom from torture and inhuman or degrading treatment. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers, issues of patient restraint and control
3. Article 4 Freedom from slavery and forced labour
4. Article 5 Right to liberty and security. NHS examples: issues of patient choice, control, empowerment and independence, issues of patient restraint and control
5. Article 6 Right to a fair trial
6. Article 7 No punishment without law
7. Article 8 Respect for your private and family life, home and correspondence. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers, the right of a patient or employee to enjoy their family and/or private life
8. Article 9 Freedom of thought, belief and religion. NHS examples: the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers
9. Article 10 Freedom of expression. NHS examples: the right to hold and express opinions and to receive and impart information and ideas to others, procedures around whistle-blowing when informing on improper practices of employers where it is a protected disclosure
10. Article 11 Freedom of assembly and association
11. Article 12 Right to marry and start a family
12. Article 14 Protection from discrimination in respect of these rights and freedoms. NHS examples: refusal of medical treatment to an older person
13. solely because of their age, patients presented with health options without the use of an interpreter to meet need, discrimination against UHB staff on the basis of their caring responsibilities at home
14. Protocol 1, Article 1 Right to peaceful enjoyment of your property
15. Protocol 1, Article 2 Right to education
16. Protocol 1, Article 3 Right to participate in free elections
17. Protocol 13, Article 1 Abolition of the death penalty

¹⁹ <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

Appendix 3

Tips

- Be clear about the policy or decision's rationale, objectives, delivery method and stakeholders.
- Work through the Toolkit early in the design and development stages and make use of it as the work progresses to inform you of those most affected and inform mitigating actions
- Allow adequate time to complete the Equality Health Impact Assessment
- Identify what data you already have and what are the gaps.
- Engage with stakeholders and those most affected early. View them as active partners rather than passive recipients of your services.
- Remember to consider the impact of your decisions on your staff as well as the public.
- Record which organisations and protected characteristic groups you engaged with, when you engaged with them and how you did so (for example, workshop, public meeting, written submission).
- Produce a summary table describing the issues affecting each protected group and what the potential mitigations are.
- Report on positive impacts as well as negative ones.
- Remember what the Equality Act says – how can this policy or decision help foster good relations between different groups?
- Do it with other people! Talk to colleagues, bounce ideas, seeks views and opinions.

