

**ANNUAL SELF ASSESSMENT  
HEALTH AND CARE STANDARDS**

<p><b>S</b> Situation</p>	<p><b>Corporate Assessment of Standard 2.4 Infection Prevention and Control</b></p>
<p><b>B</b> Background</p>	<p><u>Getting There</u></p> <p>The IP&amp;C team provides support to the clinical boards and is structured to provide specific named IP&amp;C nurse support to each clinical board.</p> <p>Currently: Medicine, Surgery, Women &amp; Children, Specialist services and Mental Health each have a designated IP&amp;C Clinical Nurse Specialist lead from the team. Dental CB have their own IP&amp;C nurse arrangement which links in with the IP&amp;C team. CD&amp;T and PCIC are supported by the Senior Nurse for IP&amp;C. All areas are also supported as required by 1.8 wte band 6 Associate Clinical Nurse Specialists.</p> <p>The IP&amp;C team are responsible for providing training in IP&amp;C, developing IP+C policies and procedures for the organisation and managing outbreaks of infections and much more.</p> <p>All these aspects of work have been delivered</p>
<p><b>A</b> Assessment</p>	<p><b>HCAI</b></p> <p>Across the UHB improvements and achievements have been made to reduce preventable healthcare associated infections.</p> <p>Cardiff and Vale UHB were one of only two Health Boards in Wales to achieve the reduction expectation for <i>C. difficile</i> for 2017/18.</p> <p>Disappointingly for SAUR as a whole C&amp;V UHB exceeded the reduction expectation by 59 cases. Having previously seen an improvement in numbers of MSSA cases C&amp;V UHB has seen an increase; however, this year a reduction in MRSA by 2 cases was achieved for 2017/18.</p> <p>The new reduction expectation for 2017/18 to reduce <i>E.coli</i> bacteraemia rate to no more than 60 per 100,000 population was not achieved by any Health Board or Trust in Wales however there was a reduction in the overall number of cases.</p> <p>There are new challenges for us for 2018/19 in the Welsh Health Circular (WHC/2018//020) issued on 4<sup>th</sup> May 2018. In addition to a further 10% reduction goal for <i>C. difficile</i>, <i>Staph.aureus</i> no more than 20 per 100,000 population and <i>E.coli</i> no more than 60 poer 100,000 population, new reduction goals have been included. <i>Klebsiella</i> sp. and <i>Pseudomonas aeruginosa</i> bacteraemia will be added to the reporting dashboards, and a reduction of 10% in numbers of cases in 2018-19 compared to 2017/ 2018 cases is expected</p> <p>Clinical boards are developing better systems for managing infection risks and learning from incidents, but practice remains variable. A</p>

SBAR to present Standards for organisational level sign off by Execs/IMs

	<p>challenge for next year is to ensure that Root Cause Analysis is consistently undertaken for Healthcare associated bacteraemias and that 'lessons learned' and best practice is rapidly shared between clinical boards to facilitate standardisation of practice, equipment used and reduce variation.</p> <p>Implementation of interventions to reduce community onset healthcare associated Gram negative bacteraemia will be key. More detailed figures will be sent out by the HCAI &amp; AMR Programme team in Public Health Wales; these are still awaited.</p> <p><b>AMR</b></p> <p>Improvement goals for antimicrobial prescribing have not previously been set in Wales, although national prescribing indicators have been in place for many years. Health Boards and Trusts are expected to use the prescribing indicators relevant to antimicrobial prescribing to support improvement in prescribing practices. Compared to the baseline year of April 2015 to March 2016, the improvement goals for antimicrobial prescribing for the 2018-19 financial year are as follows:</p> <p>Primary Care and Secondary Care 5% reduction:</p> <ul style="list-style-type: none"> <li>• Primary care reduction in total volume measured as Items / 1000 STAR-PU.</li> <li>• Secondary care reduction in total volume measured as items DDD/1000adm</li> </ul> <p>Secondary Care:</p> <ul style="list-style-type: none"> <li>• Increase the proportion of antibiotic usage within the WHO Access category to <math>\geq 55\%</math> of total antibiotic consumption (as DDD/1000adm) OR increase by 3% from baseline 2016 calendar year</li> </ul> <p>The corporate IP&amp;C team is small and it continues to be challenging to continue pro-active preventative work when managing major outbreaks such as Carbapenem Resistant Organisms in Critical Care, VRE on Cardiac ITU and in the Winter months, widespread flu and norovirus outbreaks particularly in the unscheduled care units and medical wards. The structuring of the team to specifically support clinical boards and improvements in review and consultation on IP&amp;C procedures is resulting in continued improvement in communication /engagement between the IP&amp;C team and Clinical Boards.</p> <p><b>Cleaning</b></p> <p>Environment and equipment decontamination continues to be a challenge at times however the IP+C team aim to work collaboratively with Housekeeping and Estates with monthly joint audits arranged in both UHW and UHL. Attendance by estates staff is variable and needs further discussion with the managers.</p> <p>The IPCT receive monthly reports of the C4C audit results and follow up with the housekeeping managers any areas that have not achieved the minimal compliance score.</p> <p>The age of our estate in many areas prevents effective cleaning and few of the IP+C environmental audits achieve a pass. This has been identified as a contributing factor in serious outbreaks/incidents of Infection including: PcP in Renal transplant and a resistant <i>Acinetobacter baumannii</i> in Orthopaedics resulting in refurbishment of</p>
--	---

Comment [YH(aVU-IP1):

SBAR to present Standards for organisational level sign off by Execs/IMs

	<p>the clinical areas</p> <p><b>Isolation/single room availability</b></p> <p>The availability of side rooms continues to be a challenge, particularly for patients being admitted with or suspected to have an infection and during the Winter months when the incidence of respiratory and gastroenteritis illness is higher. Staff have to risk assess daily to prioritise patients for the single rooms.</p> <p>Following the refurbishment of the isolation rooms on A7 IDU, there are now 2 fully functional negative pressure isolation rooms on the ward. All negative pressure isolation rooms in the Health Board are compliant to the HTM standard.</p> <p>The organisation is currently looking at options to facilitate an IP&amp;C clinical area to improve this position through Winter 2018.</p> <p><b>Audit</b></p> <p>There is a plan for audit to be undertaken by the IP+C nurses for 2018/19, it includes:</p> <ul style="list-style-type: none"> <li>• Monthly pre-arranged joint audits of the environment in clinical areas in conjunction with Housekeeping, Estates and the Ward Sister/Charge Nurse.</li> <li>• Six monthly validation audits of all acute inpatient area which will include: core audits of the environment, equipment, linen, commodes and beds/mattresses in clinical areas. Other non-acute inpatient areas will be audited yearly and prioritised according to risk and incidence of infection.</li> <li>• Additional audits will be conducted in the event of an outbreak or period of increased incidence (PII).</li> <li>• Audit results will be discussed initially with the Ward Sister/Charge Nurse and support will be provided re: resolving any issues highlighted during the audit(s).</li> <li>• Audit results will be fed back formally to the teams including lead and senior nurses in the form of an Action Plan. It is agreed that Ward Sisters/Charge Nurses will complete and return the Action Plan within 3 weeks to the IP&amp;C team and the Senior Nurse team. Clinical areas failing specific audits will be re-audited once the Audit Action Plan has been completed by Ward Sisters / Charge Nurses.</li> <li>• Compliance with UHB policies and procedures (e.g. MRSA Admission Screening) will be conducted alongside core audits and fed back to the clinical teams. Additional audits may be conducted according to identified needs within the UHB as a whole.</li> <li>• IP&amp;C Audits results will be fed back to the Clinical Boards in QSPE and the IP+C Meetings.</li> </ul> <p><b>Education</b></p> <p>The IPC team provide education and training on IP&amp;C and support the implementation of the policies and procedures and best practice in</p>
--	--

SBAR to present Standards for organisational level sign off by Execs/IMs

	<p>IP&amp;C. Education provided by the team includes:</p> <ul style="list-style-type: none"> <li>• The UHB programme for Induction Training, including Consultant and senior medical staff, and as a supplement to Mandatory Training (e-learning).</li> <li>• Education in response to audit findings, outbreaks, periods of increased incidence (PII) and emerging infections.</li> <li>• Clinical Board education programmes in collaboration with the Clinical Board Practice Educators/Ward Sisters/Charge Nurses/Senior nurses.</li> <li>• Collaborate with Clinical Board Practice Educators to support continuing IP&amp;C improvements introduction of new IP&amp;C practices and products (e.g. ANTT).</li> <li>• Limited support for mandatory mask fit testing in Clinical Boards in conjunction with Practice Educators and designated fit testers.</li> <li>• Work with the Higher Education Institutes to provide learning placements for students and develop education tool to support a good foundation in IP+C practice.</li> <li>• Ad-hoc training is delivered in relation to outbreak management, Personal Protective Equipment and Periods of Increased Incidence of infection. Specific training is also be delivered in support of new IP&amp;C procedures. IPCT engage with local Universities and provide education support for IP+C related topics.</li> </ul> <p><b>Other areas of work</b></p> <p>The IP+C team work collaboratively with many other groups both within and out with the Health board, these include:</p> <ul style="list-style-type: none"> <li>• Water Safety Group</li> <li>• Decontamination Group/All Wales Decontamination Group</li> <li>• Procurement - local and national</li> <li>• Antimicrobial Resistance Group – local and national</li> <li>• Medical Gas Group</li> <li>• ANTT – local and national</li> <li>• Clinical Standards and Innovation Group</li> <li>• Clinical Board Q+S meetings</li> <li>• Big Room</li> <li>• C section surveillance steering group – national</li> <li>• IP+C Neonatal Advisory Group – national</li> <li>• Mandatory Training Steering Group - local</li> </ul>
E	<p><b>The following improvement actions have been identified as key deliverables for 2018/19</b></p> <p><b>Clinical Boards</b></p> <ul style="list-style-type: none"> <li>• Continue to work to deliver the standard</li> <li>• Develop an Annual Programme for IP+C</li> <li>• Continue to roll out ANTT to all relevant staff including Doctors and ensuring time allocated for staff to attend training, time and IT access to undertake the e-learning module and</li> </ul>

SBAR to present Standards for organisational level sign off by Execs/IMs

	<p>purchase of appropriate equipment etc</p> <ul style="list-style-type: none"> <li>• Continue with the RCA process to ensure 'lessons are learned' from incidents/outbreaks of Healthcare Associated Infection.</li> <li>• Ensure there is a rolling programme for maintenance/replacement of equipment.</li> <li>• Work with Capital/Estates to develop a rolling programme for ward/department refurbishment and to ensure the IPCT are involved at the start of new Capital projects related to new builds</li> </ul> <p><b>IP&amp;C team</b></p> <ul style="list-style-type: none"> <li>• Support the CB's to deliver the standard</li> <li>• Continue to support the antimicrobial resistance delivery plan</li> <li>• Work closely with the C&amp;V and NHSSS procurement departments to standardise products/equipment in use and to eliminate unnecessary costs to the Health Board</li> <li>• Work with relevant CB's to develop further robust Winter plans to deal with outbreaks of infections e.g. Norovirus, influenza to avoid disruption to patient flow</li> <li>• Continue to work with companies/suppliers to ensure support with audit and education and promotional opportunities e.g. WHO Hand Hygiene Awareness week</li> <li>• Continue to develop the IP+C Link Practitioner programme to ensure engaged and knowledgeable staff out in the clinical arena to support the IP+C agenda</li> <li>• Continue to support the AMR Patient Safety walkabout programme with the Medical Director</li> </ul>
--	--

SBAR to present Standards for organisational level sign off by Execs/IMs