



INFECTION PREVENTION STRATEGIC STEERING GROUP (IPSSG)

Situation

The IPSSG has continued to meet bi-monthly monthly during Quarter 3 of 2022/23. Core agenda items & discussion topics include:

- Measuring Success: Health Care Associated Infection (HCAI) Performance Report, Alert Organisms Surveillance and *Clostridioides difficile* infection(CDI) mortality review
- Quality & Safety: Cleaning Standards baseline assessment, Antimicrobial Resistance, Community UTI/Oral Care Quality Improvement project
- Leadership: Outbreak management & Water safety report
- Public Health/Transparency: Tuberculosis (TB), Ukrainian Refugee & Vaccination Updates, Infection Prevention Week.
- Culture: Infection Prevention Week and Face to face training

Risks and Mitigation

- Measuring Success: The IPSSG received a detailed summary of the outcome of Root Cause Analysis and improvement work aimed at improving the CDI position in September 2022. Work is progressing around antimicrobial stewardship, equipment cleaning, hand hygiene and environmental decontamination.
 - The Healthcare Associated Infection Performance Dashboard and the Improvement Plan have been developed and refined in the last quarter to respond, in part, to the conditions set out in the Enhanced Monitoring arrangements letter from Welsh Government in relation to CDI performance and other HCAs detailed within the [amr-hcai-improvement-goals-for-2021-2023.pdf \(gov.wales\)](#).
 - The Chair requested that the CDI Mortality data be benchmarked against the All Wales position

Risks and Mitigation

- Quality & Safety

- Cleaning Standards: baseline assessment undertaken. To be presented to the Executive Team in December 2022.
- Antimicrobial Stewardship: The 'Start Smart Then Focus' antimicrobial audits were mandated and relaunched in September 2022 and compliance is being reported to future IPSSG meetings.
- Primary Care antibiotic prescribing has reduced by 27% since 2018 (over achieving against the target reduction expectation of 25% over 10 years). Work is underway to reduce the prescribing of Cephalosporins with community pharmacies.
- Quality Improvement Projects aligned to hydration, oral health and urinary tract infection identification and management are running between September 2022 and January 2023. These aim to demonstrate a decrease in infection rates and decrease in inappropriate antibiotic prescribing

Risks and Mitigation (cont'd)

- Leadership:

- Outbreak Management:

- The *Pseudomonas aeruginosa* outbreak in Critical Care Services, detailed in the previous QSEC report, was closed and signed off on the 5th October 2022.
 - An outbreak of *Stenotrophomonas maltophilia* was identified in Critical Care at Glangwili Hospital in September 2022. A closure report is to be presented to IPSSG in February 2023.

Both outbreaks were reported via the Water Safety Group.

- Public Health/Transparency:

- Ukrainian Refugees: The IPSSG noted that the requirements for health screening have changed and that Ukrainian children can now also attend secondary schools without a formal TB check as long as they are asymptomatic
 - Tuberculosis: The IPSSG is awaiting publication of the Llwynhendy TB Review paper.
 - Avian Influenza: Increasing prevalence reported across West Wales.

Risks and Mitigation (cont'd)

- Culture:

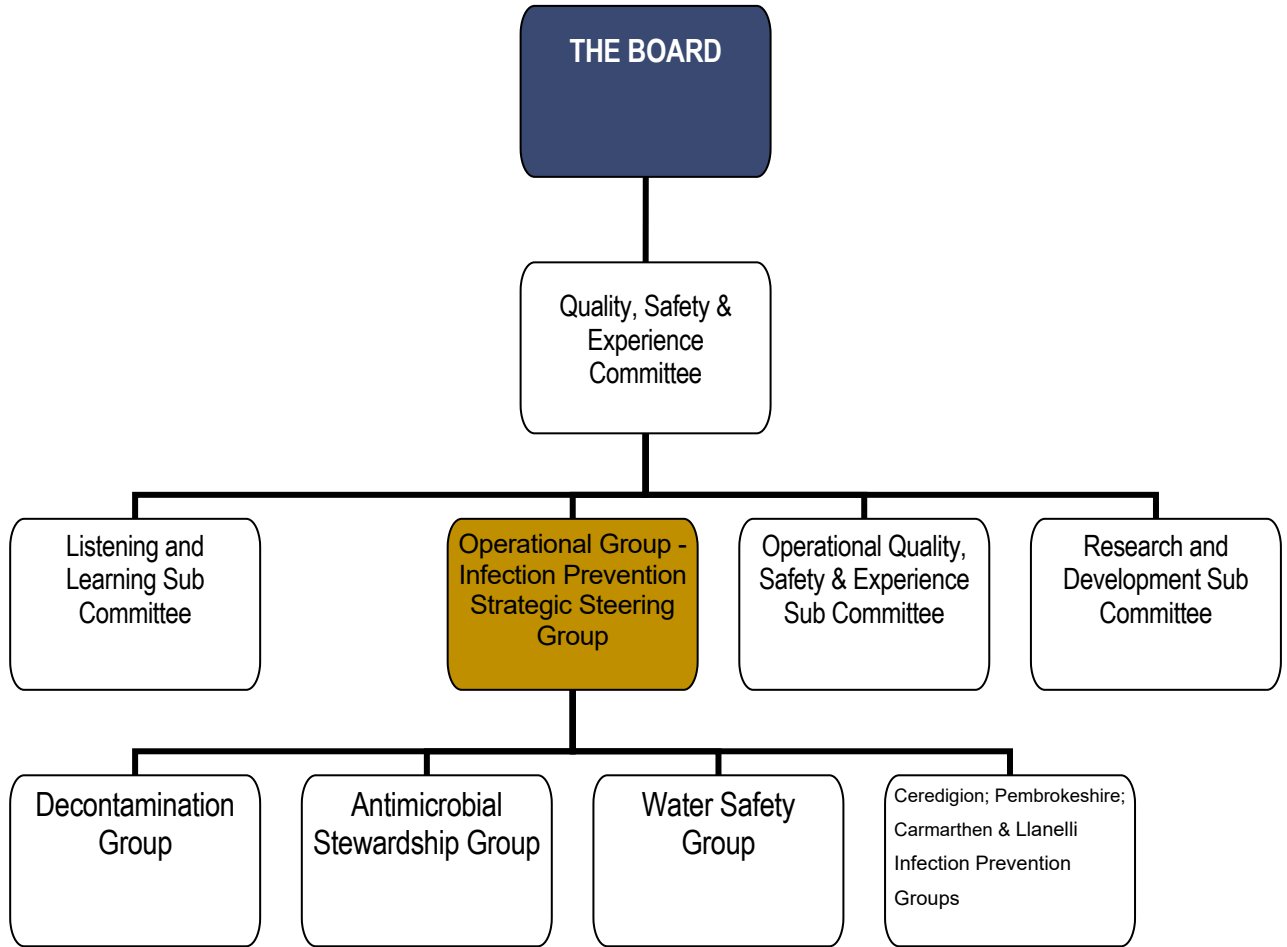
- Face to Face Infection Prevention & Control Training has recommenced in the last quarter aligned to the decreasing prevalence of COVID-19. This has been very well received by staff.
- Infection Prevention Week was held during 17th and 21st October 2022. The Infection Prevention Teams visited all hospital sites and went out into the community promoting hand hygiene, glove use, Personal Protective Equipment (PPE) and professionalism. The team also took the opportunity to highlight the new Methicillin resistant Staphylococcus (MRSA) Policy.

Terms of Reference:

A new Chair of the IPSSG was appointed at the meeting held in September 2022 and the Terms of Reference of the Group (Appendix 1) were updated accordingly. The Consultant Practitioner for Infection Prevention now chairs the group. Other membership remains unchanged.

Recommendation

For QSEC to take an assurance from the presentation provided.



TERMS OF REFERENCE

INFECTION PREVENTION STRATEGIC STEERING GROUP

Version	Issued to:	Date	Comments
V1	Infection Prevention Strategic Steering Group	11 th June 2020	
V2	Infection Prevention Strategic Steering Group	4 th August 2020	
V3	Infection Prevention Strategic Steering Group	31 st May 2022	Approved with minor changes
V4	Infection Prevention Strategic Steering Group	1 st December 2022	

INFECTION PREVENTION STRATEGIC STEERING GROUP

1. Constitution

- 1.1 The Infection Prevention Strategic Steering Group (the Strategic Steering Group) has been established as an Operational Group of the Quality, Safety & Experience Committee and constituted from 11th June 2020.

2. Membership

- 2.1 The membership of the Strategic Steering Group shall comprise:

Title
Consultant Practitioner Infection Prevention (Chair)
Senior Nurse Infection Prevention (Vice-Chair)
Director of Nursing, Quality & Patient Experience
Director of Public Health (or representative)
Consultant Microbiologists
Assistant Director of Nursing
Advanced Nurse Practitioner for Infection Prevention
Deputy Medical Director
Assistant Director Operational Nursing & Quality, Acute Services
County Director Community Services
Mental Health & Learning Disabilities Representative
Clinical Director of Therapies
Directorate Nurse, Family & Child Health
Head of Operations
Decontamination Lead
Health & Safety Officer
Consultant in Communicable Disease Control
Public Health Nurse
Lead for Occupational Health
Clinical Pharmacy Lead for Patient Services Community
Senior Lead for Primary Care and Community Pharmacy Service
Head of Midwifery
Head of Dental and Optometry
Healthcare Epidemiologist
Antimicrobial Pharmacist

3. Quorum and Attendance

- 3.1 A quorum shall consist of no less than a third of the membership and must include as a minimum the Chair or Vice Chair of the Group.
- 3.2 Any officer of the Hywel Dda University Health Board (H DUHB) or from a partner organisation may, where appropriate, be invited to attend.

- 3.3 The Group may also co-opt additional independent 'external' experts from outside the organisation to provide specialist knowledge.
- 3.4 Should any member be unavailable to attend, they may nominate a deputy, with full voting rights, to attend in their place subject to the agreement of the Chair.
- 3.5 The Group may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

4. Principal Duties

- 4.1 The purpose of the Infection Prevention Strategic Steering Group is to provide assurance to the Quality, Safety & Experience Committee around all matters relating to the prevention of infection.
- 4.2 The Strategic Steering Group will:
 - 4.2.1 Ensure that all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in infection prevention and control.
 - 4.2.2 Oversee plans for the management of outbreaks within the Health Board or the community and monitor implementation.
 - 4.2.3 Ensure that measures are in place to promote sound clinical outcomes and consistent care across the health board, with staff and patient protection being a fundamental principle of its business

5. Operational Responsibilities

- 5.1 The Strategic Steering Group will, in respect of its provision of assurance/advice to the Quality, Safety & Experience Committee, ensure it:
 - 5.1.1 has an appropriate system for the development and monitoring of infection prevention and control in place across the Health Board
 - 5.1.2 has clear and established lines of responsibility and accountability for infection prevention
 - 5.1.3 has processes for continuously monitoring progress against national strategy and the NHS Delivery Framework
 - 5.1.4 has reporting arrangements in place which ensure that the Board, and the Quality Safety & Experience Committee are fully informed on the developments and risks related to infection prevention and control within the Health Board

- 5.1.5 takes all reasonable steps to prevent, detect and rectify irregularities or deficiencies in infection prevention and control
- 5.1.6 is implementing the infection prevention and control elements of the Health & Care Standards in Wales and the Code of Practice for the Prevention and Control of Healthcare Associated Infections
- 5.1.7 confirms the strategic direction for infection prevention across the Health Board
- 5.1.8 critically reviews external inspection reports, internal and external audits, national guidelines, etc, within the scope of the Strategic Steering Group, and considers action as required.
- 5.1.9 agrees actions which require escalation to other Quality, Safety & Experience Sub-Committees (as appropriate)
- 5.1.10 develops meaningful measures to report in to the Quality Dashboard.
- 5.1.11 develops policies, guidelines and Standard Operating Procedures within the scope of the Strategic Steering Group to recommend for approval to the Clinical Written Control Document Review Group
- 5.1.12 develops an annual Infection Prevention work plan addressing operational priorities, consistent with the strategic direction of the organisation, with input from the Operational & MHLD Quality, Safety and Experience Sub-Committees, and monitors delivery, agreeing mitigating actions where required
- 5.1.13 reviews the aggregated analysis of adverse events, infection related safety incidents, complaints, claims and litigation within the scope of the Strategic Steering Group, to identify common themes or trends to address
- 5.1.14 reviews and monitors items pertaining to infection prevention on the Risk Register
- 5.1.15 discusses and endorses a plan for the management of outbreaks in the Health Board and monitors its implementation
- 5.1.16 discusses and endorses a plan for the Health Board's response to major outbreaks in the community and monitors its implementation
- 5.1.17 ensures a system is in place to receive and monitor bi-monthly reports relating to compliance with the appropriate standards of healthcare ventilation, decontamination standards, and water safety standards
- 5.1.18 receives and considers bi-monthly reports on compliance to the National Standards of Cleanliness, Environmental Audits, Hospital Patient

Environment and Healthcare Inspectorate Wales Cleanliness Spot Check programme

- 5.1.19 receives and considers annual reports on compliance with food hygiene regulations
- 5.1.20 encourages communication between the different disciplines involved in infection prevention
- 5.1.21 ensures that all relevant infection prevention standards for Health Services in Wales are achieved/being worked towards
- 5.1.22 ensures that infection prevention recommendations made by national organisations such as Public Health Wales, Public Services Ombudsman (Wales), Independent Review Panel and Healthcare Inspectorate Wales, are fully implemented, and monitor implementation of relevant action plans
- 5.1.23 advises on and reviews the implementation of infection prevention policies, procedures and management strategies
- 5.1.24 advises on the most effective use of resources available for implementation of the Infection Prevention annual work programme and for contingency requirements
- 5.1.25 provides advice and support to the Acute, Community, Primary Care and Mental Health & Learning Disabilities Infection Prevention and Control function
- 5.1.26 Monitor the Strategic Steering Groups Table of Actions
- 5.1.27 monitors and reports on infection prevention issues relating to all staff groups via the Lead for Occupational Health
- 5.1.28 monitors the acute hospitals performance in meeting the key infection prevention quality performance indicators and compliance with national guidance including Health & Care Standards and the requirements of the Health Board's Quality Improvement Strategy
- 5.1.29 monitors risks within the scope of the Strategic Steering Group groups, ensuring that all identified risks are appropriately captured, and that risks above agreed tolerance levels are being regularly updated and sufficiently mitigated, agreeing mitigating actions where necessary
- 5.1.30 sets the standard and monitors compliance with the standards of education and training of all grades of hospital staff in infection prevention and control

6. Agenda and Papers

- 6.1 The Strategic Steering Group Secretary is to hold an agenda setting meeting with the Chair and/or the Vice-Chair, and the Lead Director (Director of Nursing, Quality & Patient Experience) at least **six/three** weeks before the meeting date.
- 6.2 The agenda will be based around the Strategic Steering Group work plan, identified risks matters arising from previous meetings, issues emerging throughout the year and requests from Strategic Steering Group members. Following approval, the agenda and timetable for papers will be circulated to all Strategic Steering Group members.
- 6.3 All papers should have relevant sign off before being submitted to the Strategic Steering Group Secretary.
- 6.4 The agenda and papers for meetings will be distributed **seven** days in advance of the meeting.
- 6.5 The draft minutes and table of actions will be circulated to members within **ten** days to check the accuracy.
- 6.6 Members must forward amendments to the Strategic Steering Group Secretary within the next **seven** days. The Strategic Steering Group Secretary will then forward the final version to the Strategic Steering Group Chair for approval.

7. Frequency of Meetings

- 7.1 The Strategic Steering Group will meet monthly/bi-monthly and shall agree an annual schedule of meetings. Additional meetings will be arranged as determined by the Chair of the Strategic Steering Group.
- 7.2 The Chair of the Strategic Steering Group, in discussion with the Strategic Steering Group Secretary, shall determine the time and the place of meetings of the Strategic Steering Group and procedures of such meetings.

8. Accountability, Responsibility and Authority

- 8.1 The Strategic Steering Group will be accountable to the Quality, Safety & Experience Committee for its performance in exercising the functions set out in these terms of reference.
- 8.2 The Strategic Steering Group shall embed the University Health Board's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.
- 8.3 The requirements for the conduct of business as set out in the University Health Board's Standing Orders are equally applicable to the operation of the Strategic Steering Group.

9. Reporting

- 9.1 The Strategic Steering Group, through its Chair and members, shall work closely with the Board's other Committees, including Joint/Sub-Committees and Groups too provide advice and assurance to the Board through:
 - 9.1.1 Joint planning and co-ordination of Board and Committee business; and the
 - 9.1.2 Sharing of information
- 9.2 In doing so, the Strategic Steering Group shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.
- 9.3 The Strategic Steering Group may, subject to the approval of the Quality, Safety & Experience Committee, establish groups or task and finish groups to carry out on its behalf specific aspects of Strategic Steering Group business. The Strategic Steering Group will receive written update reports following each meeting, detailing the business undertaken on its behalf. Groups reporting to this Strategic Steering Group are:
 - 9.3.1 Decontamination Group
 - 9.3.2 Antimicrobial Stewardship Group
 - 9.3.3 Water Safety Group
 - 9.3.4 Carmarthen; Llanelli; Pembrokeshire & Ceredigion Infection Prevention Groups
- 9.4 The Strategic Steering Group Chair, supported by the Strategic Steering Group Secretary, shall:
 - 9.4.1 Report formally, regularly and on a timely basis to the Quality, Safety & Experience Committee on the Strategic Steering Group activities. This includes the submission of a Strategic Steering Group update, as well as the presentation of an Annual Report within 6 weeks of the end of the financial year.
 - 9.4.2 Bring to the Quality, Safety & Experience Committee's specific attention any significant matter under consideration by the Strategic Steering Group.
 - 9.4.3 Ensure appropriate escalation arrangements are in place to alert the University Health Board Chair, Chief Executive or Chairs of other relevant Committees/Sub Committees of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the University Health Board.

10. Secretarial Support

- 10.1 The Strategic Steering Group Secretary shall be determined by the Lead Director (Director of Nursing, Quality & Patient Experience).

11. Review Date

- 11.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Strategic Steering Group for approval by the Quality, Safety & Experience Committee.