

Enw'r Pwyllgor: Name of Sub-Committee:	Exception Report from the Infection Prevention Strategic Steering Group (IPSSG)
Cadeirydd y Pwyllgor: Chair of Sub-Committee:	Chair: Ms Tracey Gauci, Consultant Practitioner – Infection Prevention
Cyfnod Adrodd: Reporting Period:	12 March 2024

Materion Ansawdd, Diogelwch a Phrofiad:
Quality, Safety & Experience Matters:

Safe and effective care

- Recent hand hygiene audits have demonstrated improvement in areas where the Infection Prevention and Control (IPC) team have been able to provide additional support. Variation in adherence to policy is still noted.
The IPSSG noted that the Health Board (HB) is working with Swansea Bay University Health Board (SBUHB) and national sourcing to commence a change of hand hygiene (HH) products/supplier: including procurement of a spocidical hand sanitiser (superior to alcohol hand rub in efficacy) following a successful pilot of such a product when a significant increase in staff compliance was observed.
- The IPSSG noted that the HB is actively engaged with the Chief Nursing Officer (CNO) /Bevan Commission/RCN on their forthcoming 'gloves off' campaign. Small local initiatives have demonstrated in principle that a reduction 10-30% reduction in glove usage is possible (H DUHB currently spends in excess of £450,000 on non-sterile procedure gloves per annum) -aimed at reducing waste, harm and variation. Need to spread and scale local activity and engage in forthcoming national campaign.
- Recently established 'Environmental Hygiene Group' – representation from all 4 acute/community hotel service leads / facilities / senior nursing / IPC. Work programme includes standardising best practice across HB; rationalising and standardising product and tools; supporting roll out of safer, more effective environmental cleaning disinfectant product (DiffX – about 90% rolled out); more consistent / efficient use of micro-fibre cross Health Board; developed a colour coded matrix to clarify requirements of post discharge of patients with infections/post outbreak cleaning. Risks identified include variation in training provided to cleaning staff (scoping exercise and development of a minimum standard in progress); variation in practice (use of appropriate disinfectant and microfibre approximately 90% compliant - agreement to support full roll out by end of April 2024); failure to utilise Hydrogen Peroxide Vapour (HPV). Issues associated with audit processes and tool for environmental audit highlighted (Synbiotix) which need to be addressed.
- Synbiotix: national reset of scoring system being undertaken (scores generated were giving false assurance / overly inflated scores); local retraining of supervisors in use of audit tools underway. Gaps in system: not all areas have been included in Synbiotix; only 'very high' and 'high risk' areas included in the dashboard (significant and low risk areas not included in audit schedule or reporting dashboard); compliance with audit schedules/frequencies poor. Agreed at IPSSG that there should be nursing/IPC input into Estates/Facilities Synbiotix scrutiny meetings.
- Six-week pilot (Dec 2023) in Glangwili Hospital (GGH) involving disaggregation of catering and cleaning tasks within same role (piloted in 5 areas) evaluated well. Positive feedback from ward staff/management; patients/visitors; IPC/Synbiotix audits confirmed visible improvement in standards – awaiting feedback from Facilities Directorate re intention to

undertake organisational change process (OCP) to facilitate longer term change (all 4 sites in favour of change)> This will form part of the 'cleaning paper' being presented to the Executive Team; date to be confirmed. IPSSG wholly supportive of reviewing current system of delivery of cleaning.

- Hydrogen Peroxide Vapour (HPV) – the Ventilation Safety Group has convened a sup-group to escalate the safe introduction of HPV to PPH initially (before end of April'24). However, there is a risk that even if assurance is given around the ability to safely introduce the technology there will be insufficient estates and facilities staff to support it's use in a timely manner.
- Laundry: Organisational Change Policy underway at GGH laundry by NWSSP. Service moves to Llansamlet laundry (end of March/beginning of April). IPSSG raised the risk associated with laundering microfibre used at GGH off site. NWSSP have injected additional stock of microfibre mop heads into system as initial mitigation but the situation will need to be monitored closely. Senior IPC team members to arrange visit to Llansamlet to seek assurance around process and IPSSG asked that the changes to service be communicated to staff as soon as possible. Potential risk of disruption to service.
- Agreement at recent Ventilation Safety Group to amend current SOP to allow for training and competency of ward based staff to form a group of 'air purifier champions' who will change the HEPA filters in a timely fashion to optimize utility and performance of the equipment.
- Anti-microbial pharmacists unable to attend March meeting due to clash with all Wales Antimicrobial Pharmacy Forum, brief report submitted to IPSSG outlining significant improvement in compliance with 'Start Smart Then Focus' audits at WGH; poor compliance and medical engagement with SSTF noted on other sites – escalated to Medical Director; report on use/potential over use of meropenem being drafted following audit of practice; work ongoing to reduce threshold for greater use /safe use of gentamicin instead of Meropenem and Tazocin (as per guidelines)
- AMP/microbiology meeting with surgeons in April to address long courses of surgical prophylaxis (outside of prescribing guidelines) and what appears to be excessive use of IV co-trimoxazole where oral appropriate. AMPs reported spend of £120k in 2023 on IV co-trimoxazole – IV costs £20 / day, compared to 60p orally)

Risgiau:

Risks (include Reference to Risk Register reference):

Risk 1640: Risk of harm to patients due to a lack of recommended Negative Pressure Isolation Suites at GGH and WGH – Risk score 15

- In March 2024, the Assurance and Risk Team were advised that a request was submitted to the Health Board's Discretionary Capital Team for approval of a feasibility study to support the development of the first suite in Clinical Decisions Unit (CDU) Glangwili Hospital as soon as possible. This has been agreed and signed off by the GGH triumvirate team (as per Health Board policy).
- The annual all Wales survey of HB facilities and compliance with the Welsh Health Circular WHC has recently been undertaken by NWSSP – Specialist Engineering Services and their feedback/report is awaited. The CDU/GGH proposal now features in the Capital Planning 'top 20 priorities'. An accurate estimation of cost cannot be determined until the feasibility study has been completed but is likely to be in excess of £400,000. The infectious disease / isolation unit mooted in the WHC for development at SBUHB will not

go ahead. This could have formed part of a regional response to the need for negative pressure isolation. This unit has been developed in UHW (currently not open due to lack of staffing; verbal update by Consultant in Infectious Disease , SBUHB)

Risk 1490: Risk of increased harm to patients due to escalating rates of Clostridioides difficile Infection (CDI) – Risk score 12

- CDI plan continues to be implemented across all sites with scrutiny meetings taking place for hospital acquired CDIs. Ambition to reduce CDI numbers by 20% during 2023-24 missed. However, a 10% reduction achieved. This is contrary to the all Wales position which continues to rise against last years numbers, and which is reflects of the UK and global position. Improved engagement from medical teams on all sites though irregular attendance of medical staff at CDI scrutiny meetings, and variation and sporadic engagement with SSTF audits continues. Poor standards of environmental cleanliness below the national minimum required standards (2009) continue to undermine efforts to reduce CDI.
- Whole genome sequencing (WGS) used more frequently to identify potential transmission and target environmental issues. PHW unable to supply ribotyping information as well as WGS so need to be alert to introduction of more virulent strains being observed in England.
- **Risk 1734: Risk of patient harm due to increase of nosocomial transmission of healthcare associated infection (HCAI) due to reduced bed spacing – Risk score 12**
- The impact of RAAC works on bed capacity and bed spacing is easing, however the need for 'boarding out' of patients to support the need for increased bed capacity bed and pressures on A&E inevitably reduce the space between patients increasing the risk transmission of infection. Mitigation in place to reduce this risk include risk assessment of patients, staff education to ensure understanding of potential risks, adequate point of care hand hygiene facilities, increased ventilation/portable supplementary ventilation when available and improved cleaning products/equipment.

Gwella Ansawdd:

Quality Improvement:

- A gap analysis has been undertaken by the Facilities Directorate to identify environmental cleaning requirements across the HB and a paper is in draft for presentation to the Executive Board (IPSSG not sited on final draft/no date shared on when the paper is the be presented/discussed).
- Quality Improvement initiative remains ongoing to improve hand hygiene across the HB along with appropriate glove usage. Results to date show marked improvement in focused area – need to spread and scale and agree metrics for monitoring improvement
- Reviewing structure of IPC nurse team (including review of skills, knowledge, qualifications, expertise within extant team) to address succession planning, team development and optimise current staff resource.
- Reviewing audit programme – tools/frequency/audit cycle to rationalise the number of IPC audits undertaken but ensure the audit cycle is being completed effectively.
- The IPC team is working with the Public Health Team on a number of primary care and community focused quality improvement initiatives to address the increase in community acquired gram negative infections(E coli and Klebsiella in particular) notably urinary and catheter associated urinary tract infections

Argymhelliad:

Recommendation:

- The Committee is asked to note the 10% reduction in CDI and to support further investment in hand hygiene improvement; antimicrobial stewardship; development of isolation facilities and in particular to escalate the presentation of the 'cleaning paper' to Board to support improvements in environmental cleaning and disinfection.

Dyddiad y Cyfarfod Pwyllgor Nesaf:**Date of Next Sub- Committee Meeting:**

11 June 2024