



Infection Prevention & Control Report

Situation

While as a Health Board we continue to remain under Enhanced Monitoring for our increased numbers of Clostridioides *difficile* infection (CDI), the Infection Prevention & Control Steering Group (IPSSG) maintains close monitoring of the progress of the actions detailed within the Healthcare Associated Infection (HAI) Improvement Plan.

Though early days we have noted an improvement and greater multi-disciplinary engagement, plans now focus on sustaining improvement.

Current Situation

HDUHB Current Performance Against ALL HCAI Expectation Goals 1 April 2022 – 28 Feb 2023 (CDI numbers presented represent samples submitted via Primary, Secondary & Community Services)

Organism	FY 2022/23	FY 2021/22	Percent difference in year	Case number difference
<i>C. difficile</i>	190	141	+ 35%	+ 49
<i>E.coli</i>	305	333	- 8%	- 28
<i>S. aureus</i>	101	114	- 12%	- 13
<i>Klebsiella</i> sp	107	74	+ 44%	+ 33
<i>Pseudomonas aeruginosa</i>	26	29	- 10%	- 3

[amr-hcai-improvement-goals-for-2021-2023.pdf \(gov.wales\)](#)

Table 1. 2022/23 FY RE at Apr 22 - Feb 23, by HCAI

GREEN: On trajectory to achieve 2022/23 FY RE.

RED: Not on trajectory to achieve 2022/23 FY RE.

HB	C. difficile current rate ¹	S. aureus bacteraemia current rate ¹	E. coli bacteraemia current rate ¹	Klebsiella sp. bacteraemia current number ²	P. aeruginosa bacteraemia current number ²
Aneurin Bevan UHB	32	23	53	111	16
Betsi Cadwaladr UHB	42	27	71	134	35
Cardiff and Vale UHB	29	28	61	113	24
Cwm Taf Morgannwg UHB	24	34	86	77	36
Hywel Dda UHB	53	28	86	107	26
Swansea Bay UHB	51	39	68	96	40
Wales	37	28	67	640	178

¹ Current rate per 100,000 population (using 2020 mid year population estimate) for Apr 22 to last month.

² Current number for Apr 22 to last month.

Risks and Mitigation

Utilising the HCAI Dashboard and implementing the elements highlighted within the HCAI Improvement Plan, the Infection Prevention Team have targeted areas identified as being of concern with increased cases of CDI. This action has begun to show an improvement in both reduced numbers and engagement of medical teams

Each theme of the HCAI Improvement Plan aligns with the Core Commitments of the Strategic Framework 'Commitment to Purpose' and is focused on managing and mitigating the risks presented. The Improvement Plan is a dynamic document which is reviewed and updated monthly

1. Changing the Culture - Focus on CDI education and training for all nursing and medical staff while mandating antimicrobial audits by medical teams
2. Leadership – An internal review of CDI commissioned, with strategic quality panel reviews and local scrutiny meetings held to identify cause and effect
3. Improving Quality & Safety – Deep dive into environmental cleaning and utilisation of Ultraviolet Radiation (UVC) and Hydrogen Peroxide Vapor (HPV) for alternative cleaning processes. Expanding on the Faecal Microbiota Transplant (FMT) service across the HB
4. Measuring success - Trajectories of 20% reduction across all sites accepted by WG through the Enhanced Monitoring meetings. Reduction expectation taken to County IP&C Group meetings for local agreement
5. Public Health/Transparency – The Internal Review of CDI management with report due mid-April 2023.

In alignment with Duty of Candour, HCAI dashboard to be made available for public viewing

Risks and Mitigation (cont'd)

- Trajectories for a 20% reduction of CDI cases have been agreed by Welsh Government (WG)
- The Infection Prevention Team has a detailed workplan to include reduction of all HCAI's
- An executive quality panel for CDI review is held monthly to maintain focus
- Collaborative working with our Local Authority partners and a reconfiguration of the Team's structure allows education and support to be delivered in both Primary and Secondary care with a greater focus on prevention
- Engagement with medical teams and GP partners is crucial to effectively sustain reduction in CDI cases, improvement in this aspect must be maintained
- Trial revival of the Rapid Response Cleaning team will be utilised in areas that are considered higher risk and to have the maximum impact in infection reduction

Welsh Health Circular (WHC) 2018-033

Airborne Isolation Room Requirements

Situation: WHC 2018-033 sets out recommendations for Airborne Isolation Room Requirements.

Actions taken since 2018:

- Short life working group established to consider clinical pathways
- Existing negative pressure suites (NPS) on HDUHB estates upgraded to conform to NPS compliance on two sites, Bronglais Hospital (BGH) Clinical Decision Unit (CDU) and Glangwili Hospital (GGH) Intensive Therapy Unit (ITU)
- Installation of Bioquell pods (semi-permanent isolation pods) into ITU's across all sites. Increasing single room capacity in Critical Care to 50%.
- Rediroom availability for emergency isolation offering a degree of negative pressure
- Procurement of approximately 100 air purifiers across all sites to mitigate airborne risk, as part of the COVID-19 response.

Whilst actions have been taken locally to mitigate the risk relating to this WHC, this requires significant Capital investment. Our proposal to move further towards achieving compliance with the WHC:

- Arrange strategic discussion with Clinical Leaders to determine current & future clinical pathways aligned to strategic direction to inform future planning.
- WHC (2018) 33 to be standing agenda item of the Ventilation Group reporting progress to Infection Prevention Strategic Steering Group (IPSSG). A progression update shall be presented in through QSEC.

Recommendation

- It is asked of the Quality and Safety Committee to accept the assurance detailed within the Improvement Plan, with a further progression update to be provided in July 2023
- To note that detailed progression of the Isolation requirement aligned to WHC (2018) 033 will be delivered in July 2023