

**Date:** Wednesday, 14<sup>th</sup> July 2004

**Venue:** Committee Room , National Assembly for Wales

**Title:** Healthcare Associated Infection – A Strategy for Hospitals in Wales

## **Purpose**

1. The Health and Social Services Committee are being asked to note the recent publication of "Healthcare Associated Infections – A Strategy for Hospitals in Wales
2. The Strategy document went before the National Assembly of Chief Executives, (NACE) on Wednesday 7<sup>th</sup> July. The document will also be going to the Nurse Executive Board, although a date has yet to be confirmed by the Chair.

## **Summary**

3. The Strategy aims to support the achievement of a reduction of healthcare associated infections in Wales and emphasises the responsibilities of health care workers in this endeavour. The proposed changes utilise a clinical governance and risk management approach that expects clinical teams to confront their own problems guided and supported by specialist infection control practitioners.

## **Background**

4. Healthcare Associated Infections are infections associated with healthcare premises, but however, could also be associated with a patient's own home. Examples of these are, novo virus, gastroenteritis, urinary catheter associated infection, Surgical site infections, Central Vascular line infections,
5. The Wales Committee for the Control of Communicable Disease (CCCD), under the Chairmanship of Dr Ruth Hall identified healthcare associated infections as a priority and subsequently established the

Welsh Healthcare Associated Infections Sub-Group (WHAISG). WHAISG developed this Strategy to support the achievement of a reduction in healthcare associated infection and to emphasise the responsibilities of all health care workers as a whole. A consultation exercise, limited to professional stakeholders, of the document was undertaken, between the period of 19<sup>th</sup> November 2003 to January 16<sup>th</sup>, 2004.

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### Summary of key recommendations in the Report

6. Some of the key recommendations of the report are as follows:-

**i) All staff will understand the impact of infection and infection control practices to enable them to discharge their personal responsibilities to patients, other staff, visitors and themselves.**

A training sub-group has been established to develop a training programme for specialist and non-specialist healthcare workers. This group brought recommendations forward in June/July 04

**ii) Patients will be treated in physical environments that minimise the risk of infection.**

Work in this area will complement and support the "Clean hospitals initiatives" and will be monitored via the National Standards of Cleanliness for NHS trusts in Wales performance assessment toolkit

**iii) Infection Control programmes must be supported by adequately resourced specialist infection control staff with sufficient skill mix to meet the needs of the trust's infection control plan**

The strategy sets out management accountability arrangements and calls for each directorate to work with the trust infection control specialist to determine the priorities for action in their area of activity and the directorate's contribution to the trust-wide infection control programme

**(iv) Trusts will adopt comprehensive surveillance and audit programmes to monitor and direct their infection control programmes. Programmes will be based upon local need as directed by the trust infection control plan and programme but will adopt national programmes as they are developed and agreed by the NHS Wales Management Board.**

The change process began with the issue of WHC (43/2003) Healthcare-Associated Infection Surveillance Surgical Site Infection (SSI) Orthopaedics. The WHC asked that trusts not currently participating in the NPHS orthopaedic SSI scheme should have a compatible scheme up and running by 01/09/03.

### Monitoring Arrangements

7. The monitoring arrangements for the Strategy will include:-

(i) **Realigned Infection Control Infrastructure**, whereby all trusts adopt the approach suggested by the strategy. The WHAISG will work with the Welsh Risk Pool, HIUW and CHAI (the Commission for Health Audit and Improvement) to ensure new structures are developed.

(ii) Further development of infection reduction activities **leading to evidence of local reduction in HAI though activities based around:**

- Mandatory surveillance of Surgical Site Infections
- Mandatory Infection Reduction Programmes
- Mandatory Hospital Outbreak Reporting

(iii) Within each trust **a rounded balanced scorecard approach to infection control** that incorporates strategic vision, standards, benchmarking, scrutiny and action plans will be developed across the NHS in Wales.

## **Financial Implications**

8. The aim of the Strategy is to re-adjust infection control infection structures and management within current resources. The change process was begun by the issue of WHC (43/2003): Healthcare Associated Infection Surveillance Surgical Site infection (SSI) Orthopaedics. WHAISG are currently working with trusts and infection control staff to identify the detail of what has to be done and how costs can be met within current resources.

## **Conclusion**

9. Members are invited to note that the Strategy will be launched during the summer months. Hard copies of the Strategy document are being made available for Committee members.

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