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IN THE MATTER OF THE UK COVID-19 PUBLIC INQUIRY

WITNESS STATEMENT OF ANNA-LOUISE MARSH-REES

“ALMR 3”

Healthcare Associated Infections – A Strategy for Hospitals in Wales



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Foreword

Healthcare Associated Infection will always be an issue, since some patients will become infected as a consequence of another illness. Nevertheless, there is good evidence that a proportion of this infection may be prevented through careful attention to infection control procedures. It is incumbent upon all healthcare staff to be aware of their personal responsibilities towards the prevention and control of healthcare associated infection.

This strategy has been developed by the Welsh Healthcare Associated Infection sub-group (WHAISG) of the Committee for the Control of Communicable disease, and we are grateful to them for providing their time and expertise. The strategy focuses on the personal responsibility outlined above and proposes the development of Trusts' infection control infrastructure to emphasise these responsibilities at directorate level. We expect trusts to develop local action plans to implement this strategy and we will seek regular updates of progress. A detailed summary of the actions required by Trusts can be found in part two of this document. A Welsh Health Circular highlighting these actions will also be issued to support the strategy.

The strategy continues to build on our partnership working. Local action plans will be published and we will look towards developing a national action plan in those areas where this is appropriate.

This strategy is primarily aimed at reducing healthcare associated infections in acute hospitals. However, healthcare associated infection is an issue throughout the healthcare sector and the next step will be to develop a strategy for reducing healthcare acquired infections in community settings. This will be followed by work on broader infection control issues. The full suite of documents will include:

- The strategy for the control of healthcare associated infection in hospitals;
- The strategy for the control of healthcare associated infection in community settings;
- Core guidance on infection control;
- Strategy and management of infectious disease emergencies.

Trust chief executives will need to work closely with Local Health Boards and Local Authorities, as these strategies develop to ensure seamless care and management of healthcare associated and other infections.

As the strategy makes clear, we will use national standards to measure performance in this area and will work with the Welsh Risk Pool and Healthcare Inspectorate Wales to ensure that individuals are aware of their personal responsibilities in this area. However, corporate responsibility resides with chief executives and their boards and we will look to them to deliver this strategy for Wales.



The image shows two handwritten signatures in black ink. The signature on the left is 'Ruth Hall' and the signature on the right is 'Iwan Llywelyn'. Below the signatures is a long, thin horizontal line.

Introduction

Healthcare associated infections continue to cause substantial patient morbidity and cost to the health service. This strategy aims to support the reduction of these infections in Wales. The development of an infection control infrastructure emphasising the responsibilities of all healthcare workers is the main focus. The proposed changes use a clinical governance and risk management approach that expects clinical teams to confront their own problems, guided and supported by specialist infection control practitioners.

This approach was introduced in *Improving Health in Wales – A Plan for the NHS and its partners* and the National Audit Office document *The Management and Control of Hospital Acquired Infection in Acute NHS Trusts in England* published in 2000. This strategy recommends a package of tools to support clinical teams in identifying problem areas and targeting remedial action. It considers requirements for specialist support, highlights the need for safe physical environments, confirms the review of both specialist and non-specialist training in infection control practices, and emphasises the value of Information and Communication systems that underpin these processes.

Structure of the document:

This document is aimed at all health care staff. Part one presents the strategic objectives and outlines the structure of the strategy. Part two is a summary of the key action points. Part 3 is divided into seven chapters and gives supporting information upon which the strategy and actions are based. The document will be available via the HOWIS website, on the micro site of the National Public Health Service (<http://www.nphs.wales.nhs.uk>).

The impact of healthcare associated infections and their potential control

1.3 Effects of HAIs vary from discomfort to prolonged or permanent disability. In a small proportion of patients, death may result. The costs of hospital associated infection, including extended length of stay, are difficult to measure. It is also uncertain how many of these infections are preventable in the context of current medical practice and available technology. However, in 1995 the Hospital Infection Working Group of the Department of Health and Public Health Laboratory Service suggested that 30 per cent of hospital acquired infections could be avoided by better application of existing knowledge and realistic infection control practices (Department of Health, 1995). The National Audit Office report published in 2000 (National Audit Office, 2000) recorded a professional consensus that at least a 15 per cent reduction should be achievable. Continued progress in this area was highlighted in the *NHS in Wales strategy, Improving Health in Wales – A Plan for the NHS and Its Partners* (National Assembly for Wales, 2001). Hygiene is identified as a high priority for hospitals, and hospital associated infections should be reduced to ensure that patients are cared for in a safe environment.

1.4 Hospital and clinical management are key to limiting hospital associated infections and include:

- Identifying risk factors and minimising their impact;
- Improving patients' resistance to infection;
- Early identification and effective treatment of infections;
- Preventing transmission of micro-organisms from person to person;
- Maintaining a clean environment with low levels of microbial contamination.

These processes have been built into routine clinical activities. Data from the national *Staphylococcus aureus* bacteraemia surveillance scheme indicate that, to some degree, equilibrium has been achieved. Therefore, initiatives that result in significant change to practice will be required if progress is to be achieved.

Some lessons from the Severe Acute Respiratory Syndrome (SARS) outbreak

1.5 The SARS outbreak highlighted some important principles in the prevention of transmission of micro-organisms in hospitals. The coronavirus responsible for this condition readily spread from patient to patient or from patients to staff. Infections associated with a high mortality resulted and required urgent reassessment of the infection control procedures in operation in affected hospitals (MMWR, 2003). It is probable that some of the agents commonly associated with cross-infection in UK hospitals, such as Norovirus, have a similar capacity for transmission. The SARS outbreak has thus provided us with a timely reminder that not only should sound and evidence-based infection control policies be in place but considerable attention must be paid to ensuring that they are rigorously and consistently applied. This requires a sound understanding and commitment to effective infection prevention and control practice among staff throughout the healthcare system. This strategy focuses on the development of systems designed to achieve this objective.