



**AGENDA ITEM**

3.2.3

**QUALITY AND SAFETY COMMITTEE**

**HIGHLIGHT REPORT FROM THE INFECTION PREVENTION  
AND CONTROL COMMITTEE**

**DATE OF MEETING**

18 January 2022

**PUBLIC OR PRIVATE REPORT**

Public

**IF PRIVATE PLEASE  
INDICATE REASON**

Not Applicable - Public Report

**PREPARED BY**

Julie Donovan, IPC Co-Ordinator

**PRESENTED BY**

Greg Dix, Director of Nursing

**EXECUTIVE SPONSOR  
APPROVED**

Director of Nursing

**REPORT PURPOSE**

FOR NOTING

**ACRONYMS**

ITU Intensive Treatment Unit

PCH Prince Charles Hospital

CDI C. difficile

ILG Integrated Locality Group

IPC Infection, Prevention & Control

MC Merthyr Cynon

OCT Outbreak Control Team

PHW	Public Health Wales
PII	Period of Increased Incidence
POW	Princess of Wales
RCA	Root Cause Analysis
RTE	Rhondda Taf Ely

## 1. PURPOSE

- 1.1 This report had been prepared to provide the Quality & Safety Committee with details of the key issues considered by the Infection Prevention and Control Meeting at its meeting on 10 November 2021.
- 1.2 Key highlights from the meeting are reported in section 2.

## 2. HIGHLIGHT REPORT

### **ALERT / ESCALATE**

There has been an increase of alert organisms in ITU, PCH. PII meetings have been held where environmental factors and potential cross contamination were identified due to the lack of isolation facilities on the non-COVID area on ITU, shared staff facilities and a lack of consistent staff due to sickness. Estates are looking to see how quickly they can move patients back to the old ITU due to the increasing infection risk at their current location.

Concerns were raised regarding no Antimicrobial Pharmacists for RTE and MC. No ward rounds are undertaken. The Antimicrobial Stewardship Group has been disbanded as it was agreed that Pharmacy would report into the local ILG IPC meetings, who would then report to IPC Committee. It was noted this only takes place in Bridgend ILG (includes community and secondary care). The Nurse Directors agreed to contact Pharmacy to ask what support can be provided.

<b>ADVISE</b>	<p>Concerns were raised by a number of Committee members with regard to COVID fatigue and how IPC practices are slipping across CTMUHB. It was agreed the Deputy Executive Nurse Director will work with the ILG Nurse Directors and the IPC Team to bring together a refreshed reinvigorated plan to agree what interventions are required.</p> <p>There has been an increase of CDI at POW. PII meetings have taken place.</p> <p>Local healthcare associated infection improvement goals have been developed for each ILG in line with national reduction expectations set by Welsh Government.</p>
<b>ASSURE</b>	<p>The Committee received and noted for assurance the contents of the following IPC Exception reports:-</p> <ul style="list-style-type: none"> <li>• IPC Report including Decontamination April – September 2021</li> <li>• IPC / Decontamination Risk Register</li> <li>• COVID19 Update – 08.11.21</li> </ul> <p>The Committee received and noted for assurance the following Exception reports:-</p> <ul style="list-style-type: none"> <li>• RTE ILG</li> <li>• MC ILG</li> <li>• Bridgend ILG</li> <li>• Primary Care</li> <li>• Facilities (Housekeeping, Waste &amp; Food Safety)</li> <li>• Occupational Health</li> <li>• Patient Safety</li> </ul>
<b>INFORM</b>	<p>The Committee received and noted the decontamination internal strategic review report. A Management response to the review will be completed within the next couple of weeks and then presented at Management Board.</p> <p>IPC review undertaken in Theatres in May 2021 where a significant number of high risks were noted. An action plan is in place and forms part of the Theatres Improvement Plan.</p>



	<p>At the end of October 2021, it was noted there had been hot water temperature issues at RGH. Discussions will be taking place how to mitigate the risk and moving forward to ensure all valves isolated as part of capital works are turned back on following works or schemes. An action plan is now in place.</p> <p>The Needlestick Management Policy was signed off by IPCC members. To be presented at the Health Safety and Fire Committee for approval.</p>
<b>APPENDICES</b>	<b>NOT APPLICABLE</b>

### 3. RECOMMENDATION

3.1 The Quality & Safety Committee is asked to **NOTE** the report.