



**AGENDA ITEM**

6.7

**Quality and Safety Committee**

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

**DATE OF MEETING**

22 March 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, Executive Director of Nursing

**EXECUTIVE SPONSOR APPROVED**

EXECUTIVE DIRECTOR OF NURSING

**REPORT PURPOSE**

For Noting

**ACRONYMS**

None Identified.

**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 (IPC) Committee at its meeting on 8<sup>th</sup> February 2022.
- 1.2 Key highlights from the meeting are reported in section 2.
- 1.3 The committee is requested to **NOTE** the report.

## 2. HIGHLIGHT REPORT

<b>ALERT / ESCALATE</b>	<p>There has been an increased incidence of isolates in the Intensive Care Unit (ICU) in Prince Charles hospital (PCH) where a number of patients have the same Variable Number of Tandem Repeats (VNTR) profile. The period of increased incidence has identified a number of environmental factors and potential cross contamination possibly linked to the layout of the unit and the lack of isolation facilities. Plans are in place to transfer the unit from the current area on Ward 4 PCH to the old ICU on the first floor within the next 2 months.</p>
<b>ADVISE</b>	<p>It was noted that Cwm Taf Morgannwg University Health Board (CTMUHB) infection rates are higher than the previous year and currently CTMUHB are only on trajectory to meet the Klebsiella bacteraemia reduction expectation.</p> <p>The IP&amp;C team are working towards resetting the improvement program around the Tier 1 targets.</p> <p>The Root Cause Analysis (RCA) process for C.difficile and preventable infections must be strengthened and led by the Integrated Locality Groups (ILG)</p> <p>There is an urgent need to review the IP&amp;C resource required for primary care, noting that the majority of the infections reported for CTMUHB are community acquired.</p> <p>Due to the impact of COVID19 and staff shortages, the IP&amp;C team have only been able to carry forward limited improvement work.</p> <p>It is hoped that with a full team now in place and a reduction in COVID numbers improvement work can now proceed at pace.</p>
<b>ASSURE</b>	<p>The Committee received and noted for assurance the following documents:-</p> <ul style="list-style-type: none"> <li>• IP&amp;C Report (April 2021 – December 2021)</li> <li>• IP&amp;C/Decontamination Risk Register</li> <li>• COVID19 Summary Report</li> </ul> <p>The Committee received and noted for assurance the following Exception reports:-</p> <ul style="list-style-type: none"> <li>• Rhondda Taf Ely ILG</li> </ul>

	<ul style="list-style-type: none"> <li>• Merthyr Cynon ILG</li> <li>• Bridgend ILG</li> <li>• Primary Care</li> <li>• Health and Safety <ul style="list-style-type: none"> <li>○ The report identifies a significant number of needlestick injuries. A program of work is required to reduce the number of needlestick injuries in CTMUHB.</li> </ul> </li> <li>• Facilities (Housekeeping, Waste &amp; Food Safety)</li> <li>• Occupational Health</li> </ul>
<b>INFORM</b>	<p>The Intravenous Steering Group will be re-established in order to support an improvement in compliance with Aseptic Non Touch Technique (ANTT) training and introduce/strengthen a Root Cause Analysis (RCA)/IP&amp;C investigation process for line associated infections.</p> <p>IP&amp;C team to arrange level 3 IP&amp;C management training sessions.</p> <p>ANTT training will be rolled out in Bridgend ILG (and refresher training in Merthyr Cynon ILG and Rhondda Taf Ely ILG respectively). Public Health Wales are also arranging 4 ANTT workshops.</p> <p>Compliance by medical staff remains low for Level 2 IP&amp;C training and ANTT. CTMUHB Deputy Medical Director/ILG Medical Directors will support the IP&amp;C team in taking this forward to improve compliance.</p> <p>CTMUHB have been following COVID-19 colour coded pathways. Updated IP&amp;C guidance is advising a move away from these to more generic respiratory/non respiratory pathways. ILG meetings will be held to discuss the transition process and agree a way forward in order to implement these pathways.</p> <p>The Peripheral Vascular catheter (PVC) Protocol (IPC13) including the PVC bundle has been updated following a recent incident where a tourniquet was not removed after taking blood from a patient.</p> <p>The MRSA Procedure (IPC09) has been updated following agreement by Consultant Microbiologist and Surgical Team that</p>



	<p>Orthopaedic patients do not need to be rescreened for MRSA within a 3 month period unless they have had a hospital admission or unless they live with someone who is known to have MRSA.</p> <p>The Health Board has procured a mobile Endoscopy unit which has been positioned in one of the car parks in Royal Glamorgan Hospital. The planned go live date is the 4<sup>th</sup> April 2022.</p>
<b>APPENDICES</b>	<b>NOT APPLICABLE</b>