

<b>Enw'r Pwyllgor: Name of Sub-Committee:</b>	Infection Prevention Strategic Steering Group
<b>Cadeirydd y Pwyllgor: Chair of Sub-Committee:</b>	Tracey Gauci, Consultant Practitioner, Infection Prevention
<b>Cyfnod Adrodd: Reporting Period:</b>	15 August 2024

**Materion Ansawdd, Diogelwch a Phrofiad:  
Quality, Safety & Experience Matters:**

**Key highlights from the Antimicrobial Report:**

- Pharmacy teams in A&E are now offering support with prescribing and aim to challenge inappropriate prescribing
- The antimicrobial pharmacists (AMPs) reported a lack of consistent engagement with the 'Start Smart then Focus' Audits antimicrobial prescribing audits despite escalation and intervention by medical director. Further conversation around engagement will take place with the Interim Medical Director.
- The AMPs reported a health board wide review of *C difficile* root cause analysis from a pharmacy perspective which highlighted a number of themes: slow to switch from Intravenous (IV) to oral antimicrobials when blood culture/urine specimen results received; over use of Tazocin either when gentamicin more appropriate (being addressed in prescribing guidelines currently) or metronidazole being added in combination with Tazocin unnecessarily; and still too many broad spectrum antibiotics only recommended for use sparingly being prescribed.
- Funding agreed for new roles within Transforming Urgent and Emergency Care (TUEC), linking with medical and acute response teams (ART) with the aim to prevent unnecessary admissions and enable treatment at home.
- Pharmacy teams in A&E are now offering support with antimicrobial prescribing and aim to challenge inappropriate prescribing.

**Key highlights from the Water Safety Group (WSG) Report**

- Investigations confirmed that a water source was the likely source of a recent cluster of *Stenotrophomonas maltophilia* cases (colonised not infected) in Glangwili Hospital (GGH) Intensive Care Units (ITUs). The organism was isolated in a number of hand wash basin outlets and tap ends (not water supply). An extraordinary WSG was held and a number of remedial actions taken with ongoing surveillance. All ITUs reminded of best practice regarding use of hand wash basins for hand hygiene only.
- A new QR code to assist with compliance for Legionella water 'run-off' is currently being cascaded across the HB to provide improved monitoring of compliance and generation of reports for non-compliance.
- The WSG have issued repeated requests for water coolers to be removed due to increased risk of contamination of water source. Review of hydration stations in all

departments is ongoing to ensure staff have access to wholesome water for hydration for compliance with the non-pay element of Welsh Health Circulate (WHC) (2024)-17.

- The WSG has developed a specification for compliant hands free hydration stations for the Emergency Department (ED) waiting areas and procurement are currently out to tender - awaiting updates on suitable machines that comply with specification..

### **Ventilation Group – WHC (2018)-033**

- Completion of the Feasibility Study by the Architectural Projects Team has taken longer than anticipated due to unforeseen issues with the original location identified for siting of an air handling plant. An alternative plan has now been identified and accordingly a budget cost estimate has been developed utilising Building Cost Information Service (BCIS) rates which reflect market/tender data gathered from other healthcare projects (intensive care/acute refurbishment). As no direct comparable costs are available specifically for a project of this nature, and given the value of the budget estimate, the Architectural Projects Team have suggested that it would be beneficial to consider engaging a Mechanical Engineer and Quantity Surveyor to refine & develop a more detailed breakdown of costs - suggested consultant's fees for these services, engaged from the Welsh Procurement Alliance (WPA) Framework, would be £5000.
- As per the feasibility report the estimated out-turn cost stands at £1,419,946.25 (including a contingency of £109,416), with a projected completion of project of around 48 weeks from project brief development to handover.  
The national survey of negative pressure isolation suites across NHS Wales undertaken by NWSSP has yet to be received by the Health Board. In response to the survey, the HB has declared two fully compliant negative pressure facilities in Bronglais Hospital (BGH) Clinical Decisions Unite (CDU) and GGH Intensive Therapy Unit (ITU). At a recent Healthcare Associated Infection (HCAI) Delivery Board meeting Welsh Government shared that around 50% of extant facilities across Wales were no longer compliant and urged HBs to revisit any non-compliant facilities and further consider the development of facilities in line with the WHC. In the absence of any further capital funding to support, the potential for a new strategic/regional response might be considered.
- The risk of non-compliance and the associated action plan for this WHC are currently being monitored via Risk 1640 on Datix as noted in the table above. Control Measures in place to go some way towards mitigating this risk include the installation of Bioquell pods (semi-permanent isolation pods) into the Intensive Care Units (ITU's) on all sites, increasing single room capacity in Critical Care by 50%; Rediroom availability for emergency isolation offering a degree of negative pressure (currently underutilised); procurement of approximately 100 air purifiers across all sites to reduce airborne risk; and a respiratory pathway has been agreed in principle with the Respiratory Consultants, to allow for admission of all respiratory patients requiring negative pressure isolation to be accommodated in CDU in Glangwili General Hospital.

## Decontamination Report:

- Some funding has been secured for the replacement of ageing Trophon decontamination units across the HB; decontamination lead to report back on progress at next meeting
- Increased testing and servicing is recommended for our fleet of bronchoscopes that have surpassed their recommended lifespan due to confirmed microbiological contamination, it is noted that other HB's currently do not regularly test their aging scopes. Revised testing methodology discussed at T&F group along with the possible use of disposable bronchoscopes for certain high risk procedures (in consultation with NWSSP on way forward)

## Risgiau:

### Risks (include Reference to Risk Register reference):

Risk Ref	Service/Department	Date Risk Identified	Title	Risk Level (Current)	Current Risk Score	Risk Level (Target)	Domain	Lead Committee	Date of Review	Review date	Approval status
1640	NQPE: Infection Prevention and Control	13/04/2023	Risk of harm to patients due to a lack of recommended Airborne Isolation Suites at GGH and WGH	Extreme	15	High	Safety - Patient, Staff or Public	Operational Quality, Safety and Experience Sub Committee	25/07/2024	26/08/2024	Service or Department Level Risk
1490	NQPE: Infection Prevention and Control	22/08/2022	Risk of increased harm to patients due to escalating rates of Clostridioides Difficile Infection (CDI)	High	8	High	Safety - Patient, Staff or Public	Operational Quality, Safety and Experience Sub Committee	25/07/2024	25/09/2024	Service or Department Level Risk

- 1640: WHC 2018-033 Airborne isolation update as above
- 1490: Risk level reduced to 8 following a reduction in *Clostridioides difficile* infections (CDI) during 23-24 – however as we are witnessing an increase during this last quarter (relative to other HB's in Wales), this will be closely monitored and adjusted accordingly.

## Gwella Ansawdd:

### Quality Improvement:

#### Faecal Microbiota Transplant (FMT):

- The Nurse led FMT service for HDUHB is a successful EQUIP project that has enabled 18 patients with recurrent CDI to undergo life-changing treatment with an equitable service for both primary and secondary patients.
- The lead nurse for the FMT service in the HB has been approached to present to all HB's across Wales and at the National Infection Prevention Society conference in September. She has been recently been nominated for an Infection Prevention Society award for innovative practice.

## Environmental Cleaning:

- A Cleaning Standards Management Group has been established, chaired by Rob Elliot, Director of Estates and Facilities to specifically address the issues raised and subsequent action plan with regards to environmental cleaning internal audit report. Actions in train include addressing the governance and reporting mechanisms identified in the report; identifying how/when Synbiotix reports (data and narrative) are scrutinised; clarity around frequency of audits and escalation process; multi-disciplinary audits; reclassification if risk category of all areas; training needs analysis for cleaning staff and central recording of training and competence; a revised 'cleaning manual' and updating of the Environmental Cleaning Policy – extant policy extended until October '24. The existing Synbiotix scrutiny group is being stood down and this function will be picked up as part two of the Environmental Hygiene Group.
- The new National Standards of Cleaning have not been finalised. HB representatives remain engaged in the development process.
- The cleaning project piloted in GGH last year (Q3 -23) is gradually being introduced into other areas. Cleaning and catering functions are being separated - benefits of this pilot where there are dedicated hotel services staff for cleaning and catering, confirmed increases in cleaning audit scores, staff satisfaction and patient and visitor positive feedback. Digital cleaning schedules are in development for all pilot wards that will be available to ward managers via Synbitox.
- The barriers to using hydrogen peroxide automated room decontamination systems (the HB purchased 2 in 2020) have finally been safely overcome and the system has already been used several times in PPH and GGH.
- Issues regarding the implementation of DiffX (new sporicidal disinfectant) including staff complaints of skin and rash issues have been discussed within The Environmental Hygiene Subgroup, the concerns appear to be related to a training issue as opposed to product issue. The Health and Safety team have been involved in these discussions and due to the reports being mainly anecdotal, advised that staff should be encouraged to report concerns via the Datix system to enable formal investigation. The Consultant in IP&C is meeting with trade union representatives for discussion around their concerns; this product considered nationally to be a safer alternative to previous disinfectant options. A number of issues with usage have been identified that are being addressed through additional / repeat training.

**Argymhelliad:**

**Recommendation:**

For the Committee to receive assurance from the mitigations in place.

**Dyddiad y Cyfarfod Nesaf:**

**Date of Next Meeting:**

10 September 2024

# Infection Prevention Performance Report

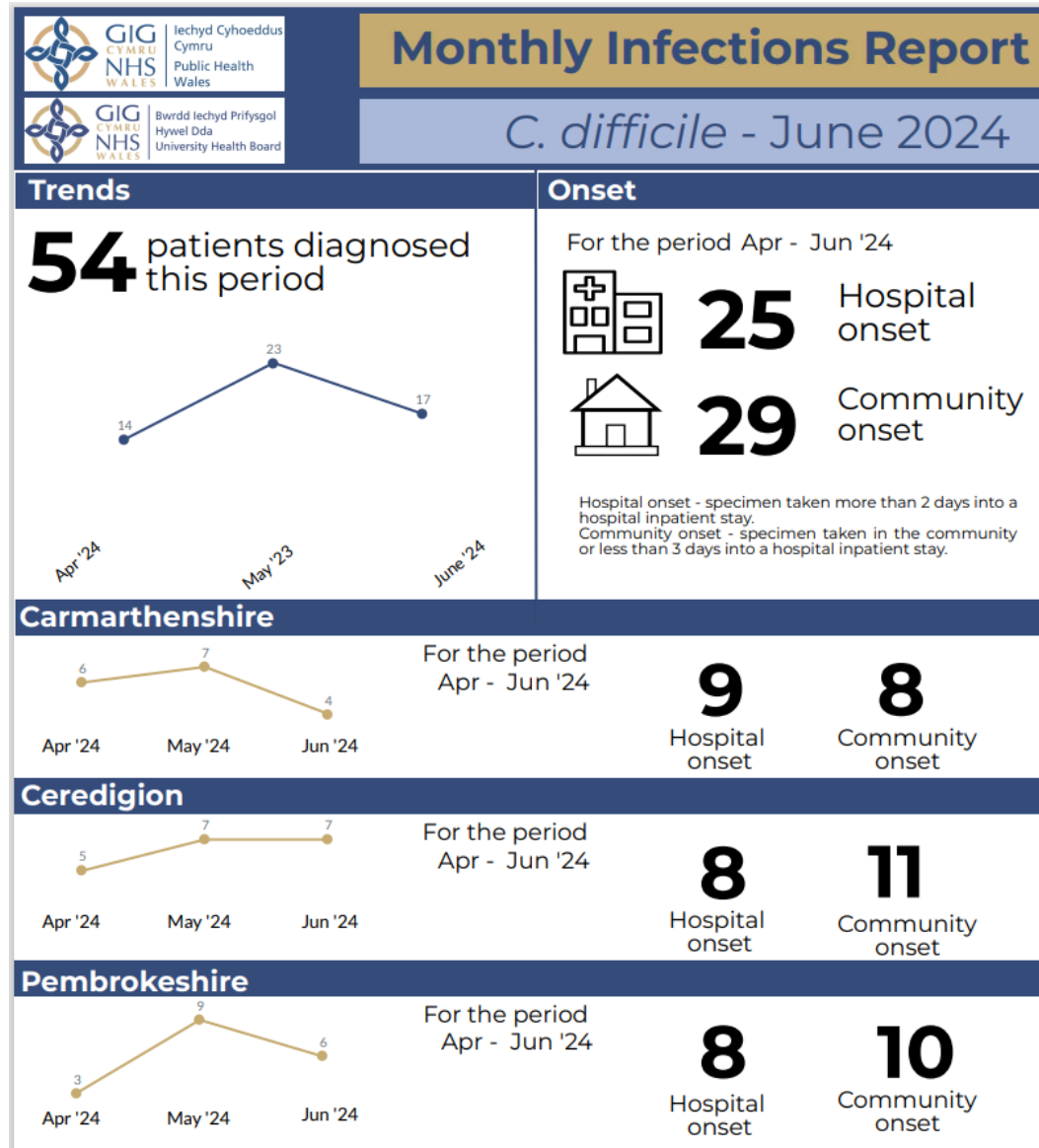
## August 2024

# Infection Prevention and Control (IP&C) Performance Infographics



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- While an increase in *C.diff* is being seen across Wales, we remain under targeted interventions for our hospital onset *C.diff*, *S.aureus* and *E.coli*.
- Targeted interventions continue where periods of increased incidents are identified, with monthly healthcare acquired infection (HCAI) scrutiny meetings held on each site.



➤ *Clostridioides difficile* (*C.diff*) successes:

➤ Sustained improvements seen in both PPH and GGH with reduction in hospital acquired *C.diff*

➤ Faecal Microbiota Transplant (FMT):

Hywel Dda have the first Nurse led FMT service in Wales, other Health Board's are looking to replicate

18 successful procedures with FMT since March 23 for patients with recurrent *C.diff*

Measuring success with high impact on patient's recovery and lives with feedback including:

*" I have now been able to return to swimming"*

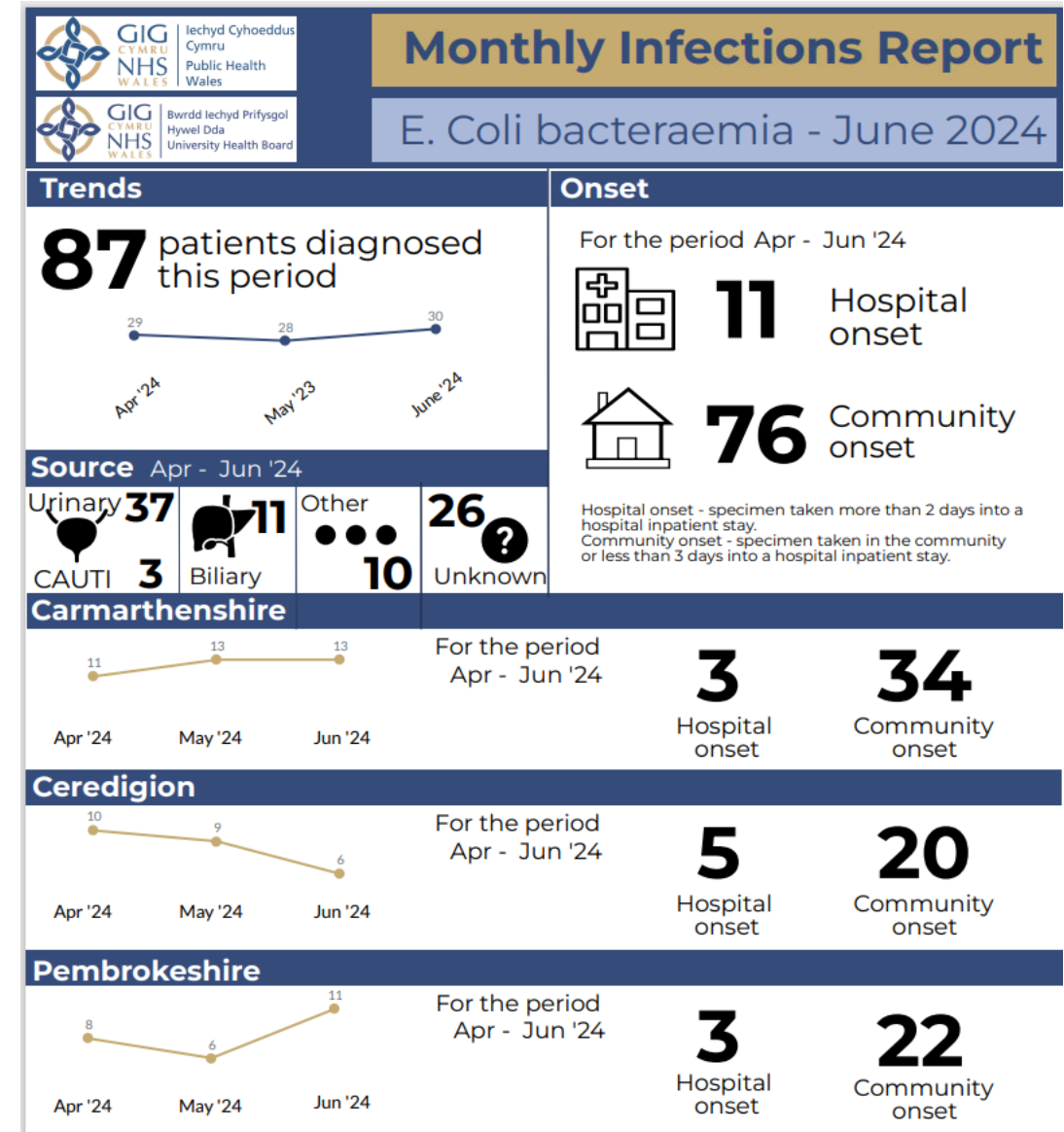
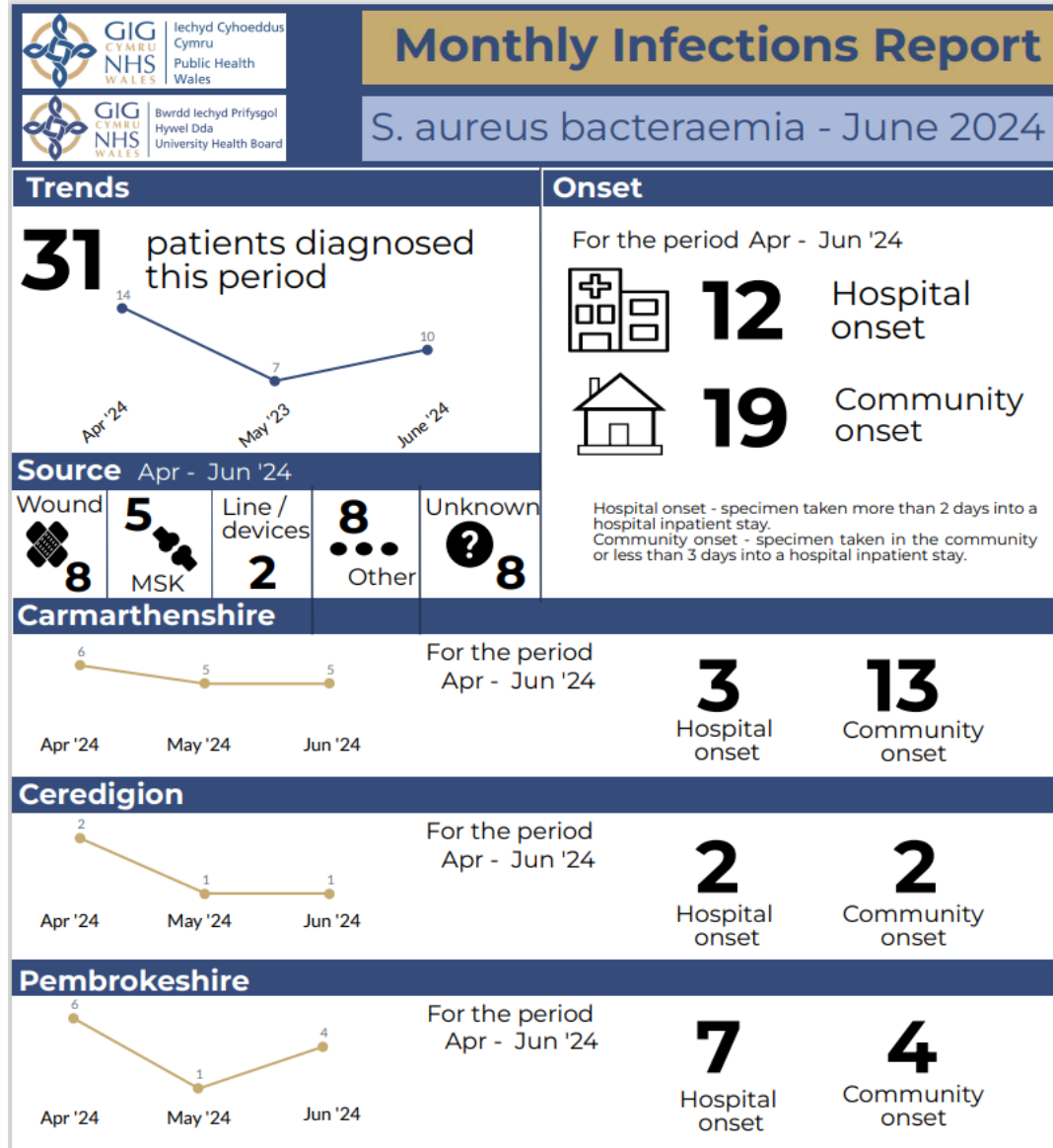
*" I can now go shopping with my daughter"*

# IP&C Performance Infographics



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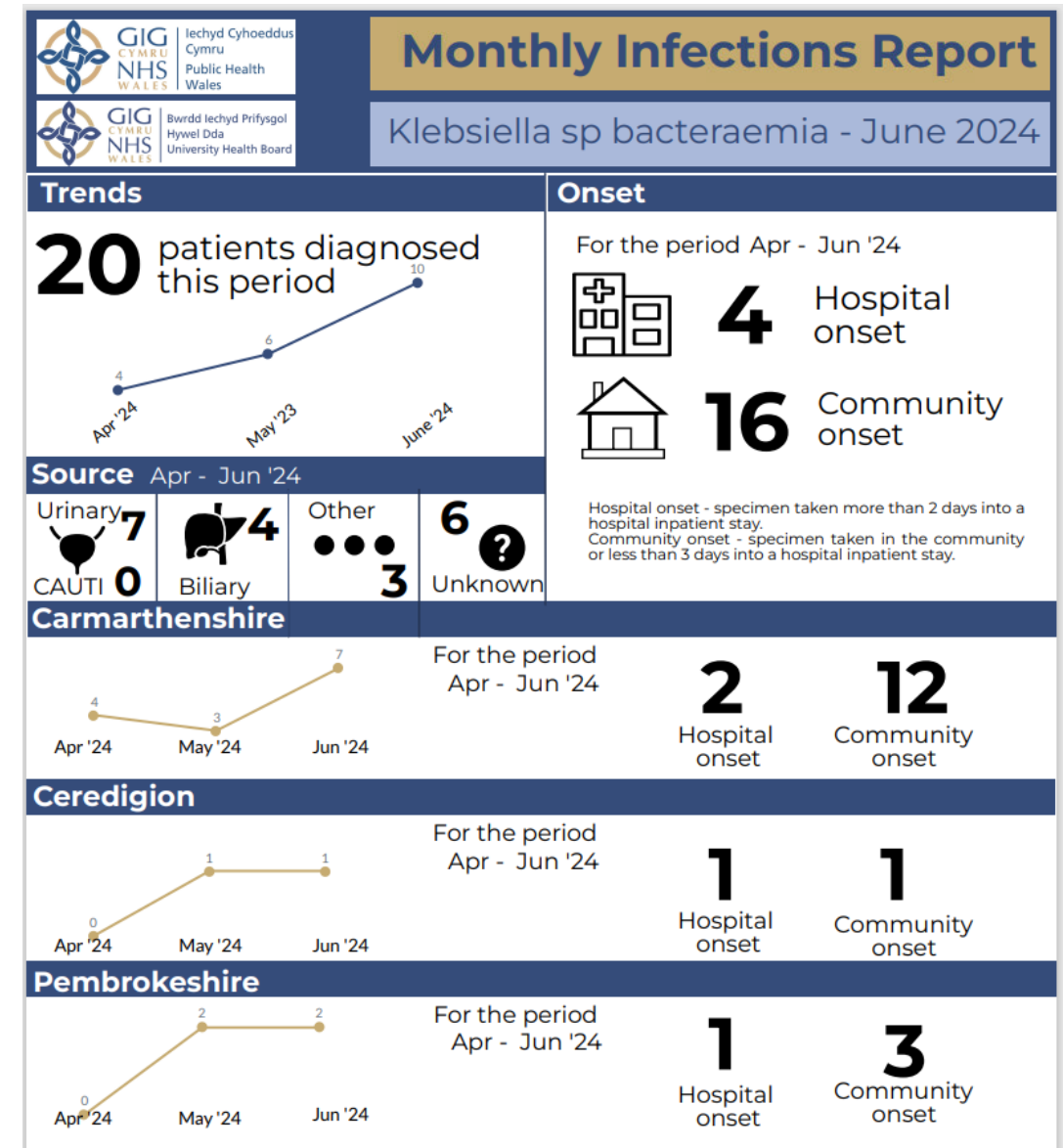
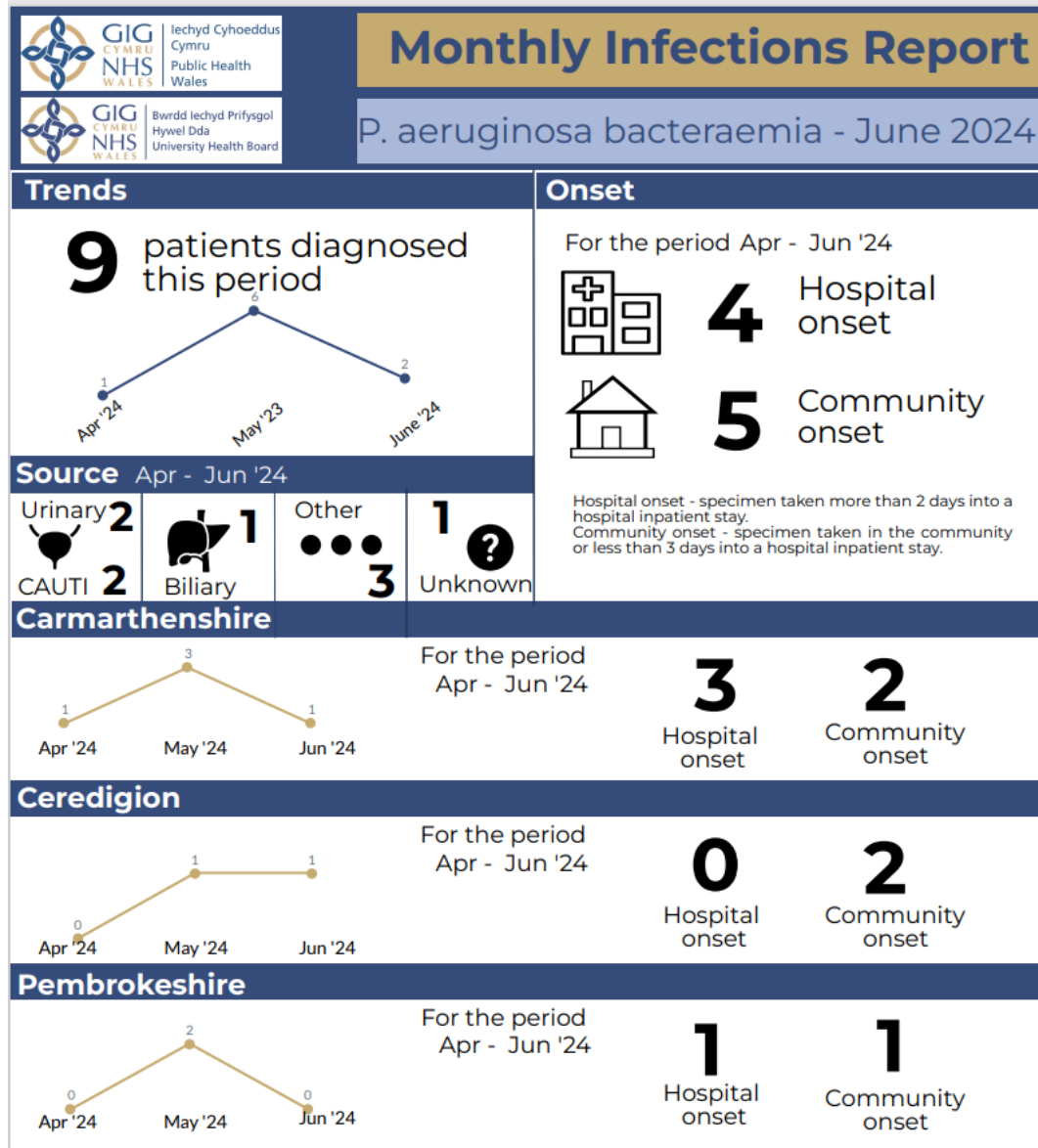


# IP&C Performance Infographics



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## Environmental Issues:

- Meurig Ward: major roof repairs underway: *Aspergillus fumigatus* (environmental, potentially pathogenic organism) identified in environment/air sampling necessitating immediate relocation of immunocompromised patients whilst structural work carried out
- In depth IPC environmental audits identified common themes across our Hywel Dda estate - these are being addressed through scrutiny meetings with multi professional teams involved to provide assurance that improvement plans are developed and actioned. This includes recruiting medical champions to support progress
- Water safety issues highlighted during walk-about/audits including the necessity to remove water coolers from clinical areas - further investigation including water sampling and environmental swabbing is planned



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