

Infection Prevention & Control Strategic Group Key Issues Report

The purpose of this report is to provide an overview of the matters found by Infection Prevention & Control Strategic Group necessary to be brought to the attention of the Quality and Safety Group following discussions at the last meeting (October 2025).

Date of Report:		Report of 05/11/2025
Date of Meeting:		11/11/2025
Group/Committee Chair		Executive Medical Director
Report Submitted by		Deputy Head of Nursing, Infection Prevention & Control
Report Sponsored by		Executive Medical Director
1.	Agenda	The Infection Prevention & Control Strategic Group meets quarterly. Agenda for October meeting included as Appendix 1 (full papers available on request).
2.	Alert	<p>The Infection Prevention & Control Strategic Group (IPCSG) wishes to alert members of the Quality and Safety Group (QSG) that:</p> <ul style="list-style-type: none"> • At the end of Q2, Hospital onset (HO) case numbers for three of the four infections exceeded the Targeted Intervention de-escalation criteria. The target was only achieved for <i>Klebsiella</i> bacteraemias. Compared to the previous year, there has been a 40% increase in <i>C. difficile</i> cases, 29% increase in <i>Staph. aureus</i>, 41% increase in <i>E. coli</i> bacteraemia cases and 150% increase in <i>Klebsiella</i>, respectively. Full report attached as Appendix 2. • The health board has the highest incidence of <i>C. difficile</i>, <i>Staph aureus</i> and <i>Pseudomonas</i> bacteraemia in Wales. • The number of <i>C. difficile</i> periods of increased incidence and genomically confirmed outbreaks is still concerning. • Pre-emptive patients admitted to acute in-patient locations across the Morriston Hospital site is a regular occurrence; this over-crowding increases the risk of infection transmission and compromises the ability to effectively clean and decontaminate the environment and patient equipment. • High-Consequence-Infectious-Disease (HCID): There are 4 health board registered nurses who can deliver the HCID PPE training. The number of staff currently trained to donne & doff the specific HCID PPE is low but improving. There are a small number of Drs in the infectious disease team trained and three consultants in the Emergency department. • The Health Board only has one member of staff who has attended an accredited Respiratory Protection Equipment Fit Test Trainer, training programme. This enables the development of ward-based assessors, and annual revalidation of assessors. It does not enable the develop others to become trainers.

3.	Awareness	<p>The IPCSG wishes to inform members of the QSG that:</p> <ul style="list-style-type: none"> • Whilst awaiting the Welsh Government publication of the national healthcare associated infection improvement goals for 2025/26, the health board has agreed internal improvement goals based on the 2024/25 improvement goals that were published in September 2024. • The health board has received the annual report of the Authorised Engineer (Decontamination) and is developing a management action plan in response to the recommendations. • The IPCSG approved an amendment to the period of application of transmission-based precautions and isolation for most patients with COVID-19, from 10 days to 5 days if specific clinical criteria are met.
4.	Assurance	<p>The IPCSG wishes to assure members of the QSG that:</p> <ul style="list-style-type: none"> • Although the de-escalation criteria for the Tier 1 infections were not achieved during Quarter 2, there had been an 8 % reduction in <i>C. difficile</i> and no increase in Klebsiella bacteraemia cases compared to same reporting period. • There has been an increase in the training compliance levels for Level 1 and 2 infection prevention and control training. On 30 September 2025 compliance was 91.03% and 85.32%, respectively. • The Infection Prevention and Control Audit programme is progressing well across inpatient areas. • <i>Clostridioides difficile</i> (<i>C. difficile</i>) Standards: Risk Assessment and Governance Framework (Version 1.0) has been introduced across secondary care.
5.	Review of Risks	<ul style="list-style-type: none"> • No new infection related risks have been added to the register; there are thirteen open and accepted infection-related risks on the register.
6.	Sharing of Learning	<ul style="list-style-type: none"> • A lack of single rooms impacts on the ability to isolate infectious cases in a timely way. • Overcrowding and high capacity affects the ability to clean effectively. • Missed opportunities to save clinical samples, causes exposure risk to other patients and delays infection diagnosis and timely treatment of infections.
7.	Actions to be considered by the Quality and Safety Group	<ul style="list-style-type: none"> • QSG are asked to note the progress against the health board overarching 2025/26 Infection Improvement Plan included in Appendix 3, progress reported by IPCSG sub-groups, and ongoing risks relating to <i>C. difficile</i>.