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Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

INFECTION PREVENTION AND CONTROL GROUP MEETING
Tuesday 16th June 2026
Via TEAMS
MINUTES

PART 1: PRELIMINARIES <i>(Chair)</i>	
1.1	Apologies for Absence: 1. Andrew Poole 2. Gareth Simpson 3. James Hughes 4. Tara Robinson 5. Ruth McAleer Welcome: Jason Roberts welcomed everyone to the meeting. Present: 1. Jason Roberts 2. Natasha Goswell 3. Yvonne Hyde 4. Helen Bonello 5. Jo Clements 6. Laura Hodges 7. Rachel Danial 8. Megan Price 9. Phillip Butterick 10. Fatema Firoz 11. Paul George 12. Rishi Dhillon 13. Suzanne Rees 14. Emma Davies
1.2	Minutes of last meeting held on Thursday 10th March 2026: Reviewed and accepted.
1.3	Action Points from Thursday 10th March 2026: Recorded as complete. <u>New Action Log:</u> Nil.



1.4.	General Acute Respiratory Illness Update: - Yvonne Hyde reported that respiratory infection numbers remain very low, with one influenza patient in ITU and one COVID-19 patient on A2. She also noted that there have been a few RSV cases in paediatrics, but no other significant respiratory concerns. - Jason Roberts sought confirmation that this low activity is also reflected in the community.
PART 2: STRATEGIC AND OPERATIONAL DELIVERY OF THE IPC AGENDA	
2.1	1. ICD Reports (UHW + UHL) - Rishi Dhillon reported that there were no issues to raise from a UHB perspective. However, an ongoing MRSA outbreak on West 8 (Spinal Rehabilitation Ward) was identified. - The first outbreak meeting had been held, with actions agreed including enhanced patient screening, review of practices and weekly audits. A further meeting will be held to review progress. - Yvonne Hyde advised that four audits undertaken over the previous four months had shown limited improvement. Isolate typing identified two MRSA clusters, and audits highlighted poor compliance, particularly with the Bare Below the Elbows policy, indicating wider cultural issues within the ward. - Rishi Dhillon reported that 11 patients had been identified as MRSA-positive since January 2025. Enhanced screening and a robust action plan are now in place. - Helen Bonello noted a four-month gap in IPC audit monitoring on the ward and advised that recent audit results had not provided clear warning indicators of the outbreak. - Jason Roberts acknowledged that the outbreak would continue to be managed through the formal outbreak management process, with ongoing monitoring and review. 2. IP&C Position Report - Yvonne Hyde apologised for not submitting a written IPC position report and advised that the 2025-26 IPC Annual Report is nearing completion. The report will outline IPC activities and collaborative work undertaken across the Health Board, including with Decontamination and Housekeeping teams, and will be circulated within the following week for review and comment. - Yvonne Hyde explained that completion of the report had been delayed due to increased workload pressures. - In response to Jason Roberts' query regarding any significant IPC concerns, Yvonne Hyde advised that there were no major issues to highlight at present.



- Yvonne Hyde did note ongoing staffing challenges within the IPC team, including lower staffing levels and a relatively junior workforce, particularly among Band 6 staff.

3. HARP HCAI Performance Report

- Phillip Butterick reported that HCAI performance for 2024-25 was generally positive, with reductions seen in several infection categories compared to the previous year.
- C. difficile cases reduced to 186 (from 210), with current year performance below last year's level and close to target. Yvonne Hyde noted the year-end position was only two cases above the internal target.
- MRSA bacteraemia remains the main area of concern, with 18 cases in 2024-25 and 4 cases recorded so far in 2025-26. Further review work is underway to identify contributing factors.
- Performance against Welsh Government targets was achieved for MSSA, E. coli and Pseudomonas, while MRSA and Klebsiella remained above target.
- Comparative performance across Wales remained favourable, particularly for C. difficile and E. coli.
- Yvonne Hyde confirmed that Executive Review Meetings are now held every 4-6 weeks to review MRSA bacteraemia cases and monitor improvement actions.
- Yvonne Hyde highlighted the success of the National C. difficile Collaborative in paediatric services, with targeted interventions resulting in a significant reduction in cases, including an approximately 75% reduction in C. difficile samples within Paediatric Oncology since November 2024.
- Jason Roberts requested that learning from this work be shared across Clinical Boards; Yvonne Hyde agreed to circulate the resources and support wider implementation through Clinical Board IPC meetings.

4. Internal Audit Report

- Yvonne Hyde reported that two audit actions remain outstanding:
 1. Ensuring all IPC policies and procedures are reviewed and up to date. She noted that one document was awaiting ratification and another was being presented for comment at the meeting, after which most documentation would be up to date.
 2. The Multi-Drug-Resistant Organism (MDRO) Policy remains under review pending proposed changes to the related All Wales policy, which may require amendments to laboratory processes and IPC practice. The policy will therefore not be updated until the national position is confirmed.
- Yvonne Hyde reported that the second outstanding action relates to the annual programme. She confirmed that the annual report would be circulated and that a gap analysis against the new Quality Statement had been completed and was awaiting final review before wider distribution.



	Yvonne Hyde advised that the findings from the gap analysis will inform the development of the IPC Annual Programme, which will be presented to the September meeting.
2.2	2.2.1 New Guidance/application in the Health Board: <u>The Quality Statement</u> Yvonne Hyde advised that the Quality Statement had previously been shared with members and that a gap analysis against the statement had been completed. The gap analysis is currently with Natasha for review and will be circulated once finalised.  20260108 - Quality Statement Infection Pr 2.2.2 Updated Code of Practice for HCAI - Yvonne Hyde reported that the updated Code of Practice for Healthcare Associated Infections (HCAIs) had been expected by this point; however, publication has been delayed. She noted that the delay may be linked to the election and subsequent change in government. - Yvonne Hyde confirmed that the Code of Practice will be shared with members once published. - In response to Jason Roberts' query regarding any significant changes, Yvonne Hyde advised that no major surprises are anticipated and described the update as a refresh of the existing Code of Practice, which was last issued in 2014. - Yvonne Hyde further advised that the Code of Practice had reportedly received approval from the Chief Nursing Officer (CNO) prior to the election but has not yet been released.
2.3	Clinical Board Reports/HCAI position and Improvement plans – specific focus on IP&C/Tend able audits: 2.3.1 Medicine Emma Davies reported that C. difficile cases reduced from 6 in April to 3 in May, MRSA remained at 0 cases, while E. coli increased from 2 to 6 cases and will be reviewed through IPC processes.



- Challenges remain regarding the timeliness, accuracy and accessibility of IPC data, and work is ongoing with the IPC team to improve reporting and develop infection-free day dashboards.
- A new IPC Panel has been established to review RCAs, themes, trends and learning, including a review of recent E. coli cases.
- 42 bed days were lost in the previous month due to outbreaks.
- The Clinical Board's improvement plan focuses on vascular devices, urinary catheters, commode cleaning, hand hygiene and ANTT compliance, with lead nurses assigned to each workstream.
- ANTT compliance has improved from approximately 30% to 57%, with targeted support being provided to lower-performing areas.
- Work is ongoing with Pharmacy to improve access to EPMA antimicrobial stewardship data.
- A peer review audit programme has been introduced to strengthen audit assurance and identify improvement opportunities. Early feedback has been positive, with staff reporting increased objectivity and engagement.
- Helen Bonello reported similar positive outcomes from peer review audits in Mental Health, including improved ownership of IPC standards and increased staff engagement.

2.3.2 Surgery/Dental

- Laura Hodges reported 5 C. difficile cases, 1 MRSA bacteraemia, 1 MSSA bacteraemia and 2 E. coli bacteraemia's in 2025-26 to date. RCAs have been completed for all cases, with learning focused on education, IPC compliance and ward-level assurance.
- ANTT compliance remains a priority, with 16 ANTT facilitators/assessors providing targeted support to lower-performing areas.
- From a decontamination perspective, previous scope room chemical leaks have been resolved and HSDU services remain operational.
- A new reporting process has been introduced to monitor theatre instrument tray defects following increased non-conformances and a cluster of surgical site infections in hip fracture patients.
- Environmental concerns relating to ward bathrooms, including mould, rust and maintenance issues, have resulted in improvement work with Estates and Housekeeping, strengthened audit processes and increased ward ownership.
- Surgical SDEC received a low IPC audit score, and improvement actions are underway, including work on Bare Below the Elbows compliance.
- Work continues through the Theatres Together Programme to develop a revised theatre cleaning schedule.
- Jason Roberts highlighted the importance of robust auditing and accurate reporting, while Yvonne Hyde confirmed that housekeeping teams have undertaken retraining and quality improvement work in response to environmental concerns.



2.3.3 Specialist Services

- Jo Clements reported that MSSA and E. coli bacteraemias are above expected levels, while C. difficile, MRSA, Pseudomonas and Klebsiella remain within or below expected levels.
- The ongoing MRSA outbreak on West 8 was highlighted, with poor audit findings relating to hand hygiene, bed and mattress cleanliness, and Bare Below the Elbows compliance. An action plan is in place following the outbreak meeting.
- Line-related bacteraemias remain a concern in Critical Care, with six MSSA and two Klebsiella infections recorded this year. Further review work is planned, supported by learning from Haematology.
- Ongoing challenges include limited isolation capacity, bed cleaning compliance, isolation cubicle shortages and RCA compliance rates of 60-70%.
- CRO audit compliance improved to 96% in May.
- Concerns were raised regarding inconsistent ANTT compliance reporting across Clinical Boards, and a review of reporting methodology was recommended.
- Positive developments included the revised HCID pathway, participation in the C. difficile Collaborative, and sharing learning from low-HCAI areas.
- The "Gloves Off" initiative in Critical Care has reduced glove usage by approximately 570 gloves per shift, generating savings of over £12,000 and environmental benefits.
- Jason Roberts supported a review of ANTT reporting consistency and noted that the West 8 outbreak would continue to be managed through the agreed action plan.

2.3.4 CD&T

Suzanne Rees reported that there were no significant IPC issues to raise by exception within the Clinical Diagnostics & Therapeutics Clinical Board.

Suzanne Rees advised that ANTT compliance continues to improve, with:

- 92.9% of staff having completed ANTT e-learning; and
- 68% of staff having completed practical assessment.

Suzanne Rees noted that achieving ANTT assessments remains challenging due to the absence of Practice Development Nurse roles within the Clinical Board.

In response to issues raised earlier in the meeting, Suzanne Rees confirmed that she would reinforce messages within the Clinical Board regarding Bare Below the Elbows compliance, particularly in relation to visiting staff and therapy teams.

2.3.5 PCIC

Nil update as no representative was present.



	2.3.6 Children and Women Nil update as no representative was present. 2.3.7 Maternity and Neonatal Nil update as no representative was present. 2.3.8 Mental Health Nil update as no representative was present.
2.4	ANTT Update • Jason Roberts noted that ANTT had been referenced throughout the Clinical Board reports and asked whether there were any additional issues to highlight under the ANTT agenda item. • Yvonne Hyde reported that there was nothing further to report, noting that there had not been an ANTT meeting since the previous IPCG meeting due to the absence of the current ANTT lead, Siwan. • Jason Roberts acknowledged that assurance regarding ANTT performance was already being provided through the individual Clinical Board reports and accepted that no further update was required at this time.
2.5	HCAI Delivery Board update 2.5.1 <i>C. diff</i> collaborative update and Prevent <i>C. diff</i> campaign • Yvonne Hyde reported that the Prevent <i>C. difficile</i> Campaign has been launched across Wales, with staff resources available through Public Health Wales and posters being distributed across hospital sites. • A lack of paediatric-specific resources was identified, and work is underway to develop local materials. • National working groups, including the UTI Working Group, continue to meet with Cardiff and Vale representation. • Jason Roberts emphasised the importance of sharing learning from the <i>C. difficile</i> Collaborative and other Health Boards. • Yvonne Hyde agreed to circulate campaign resources and explore opportunities to share wider learning materials with Clinical Boards.



2.6	AMG Update – Start Smart Stay Focused Audit findings • Yvonne Hyde reported that no update was available as Ruth McAleer had sent her apologies. • Emma Davies requested details of the group's membership and expressed an interest in linking with the group to support C. difficile improvement work and access to EPMA antimicrobial stewardship data. • Jason Roberts highlighted the importance of antimicrobial stewardship and requested a review of the group's membership and Clinical Board representation, with an update to be provided at the next IPCG meeting.
2.7	Tendable audits update • Helen Bonello reported that Tendable is now used across approximately 280 clinical areas by nearly 2,000 users across the Health Board. • Monitoring of Actichlor compliance continues, with areas of inconsistency remaining under review. • The IPC Team completed over 100 audits in March and May, with generally positive results across IPC measures. • Bare Below the Elbows compliance remained high, with ward audits averaging 96% compared to 92% in IPC audits. • Variations between IPC, ward and DMT audit results were noted due to differences in audit scope and methodology. • No significant concerns were identified from the Tendable data. • Yvonne Hyde clarified that Women and Children's Services also undertake monthly multidisciplinary environmental walkthroughs outside of Tendable, providing additional assurance.
2.8	HCID update • Yvonne Hyde reported that HCID pathways are in place for adult patients and are being finalised for Paediatrics and Maternity. • HCID-specific PPE training is ongoing, with trained staff now available on every Emergency Department shift. Training is also being delivered across Critical Care, Paediatrics and Maternity. • A dedicated HCID SharePoint site has been established to provide access to pathways, guidance and Public Health Wales resources. • IPC representatives continue to support Incident Management Team (IMT) meetings relating to two Cardiff residents in precautionary isolation, with arrangements progressing as planned. • Yvonne Hyde confirmed that the Health Board has appropriate preparedness arrangements in place and is also developing pathways for HCID patients who may require urgent surgery.



PART 3: CORPORATE ASSURANCE SUPPORT AND PERFORMANCE FRAMEWORK (REDUCTION EXPECTATIONS 2021/22)	
3.1	Caesarean Section Surgical Site Infection Surveillance Nil update as no representative was present.
PART 4: DECONTAMINATION AND INFRASTRUCTURE	
4.1	Decontamination Report • Paul George reported that the new UHW HPV (Hydrogen Peroxide Vapour) Decontamination Unit has been completed; however, implementation has been delayed pending agreement of operational processes. • Yvonne Hyde advised that meetings are planned with the Shaping Change Team and ward representatives to develop practical arrangements for accessing the facility, including equipment transport, operating hours, capacity, and availability of decontaminated beds. • Welsh Government funding for the HPV programme has been extended for a further year, and opportunities are being explored to establish a similar HPV decontamination facility at University Hospital Llandough.
4.2	Legionella in Water UHW • Paul George reported ongoing monitoring of Legionella and Pseudomonas water samples, with particular focus on recurring positive Legionella results in the Glaucoma Ward at UHL. • Remedial actions have included enhanced manual flushing, removal of unused baths, repairs to drainage and shower systems, and investigation of stagnant water risks. • The chlorine dioxide water treatment system is now fully operational across UHW and UHL sites, with fixed sampling points established to support ongoing trend monitoring. • Although it is too early to assess the full impact of the treatment system, additional sampling will be undertaken following remedial works alongside routine surveillance. • Estates continue regular flushing programmes, replacement of shower heads and hoses, and audits of low-use water outlets. Unused shower rooms and outlets identified during inspections are being addressed to reduce the risk of water stagnation. • Yvonne Hyde advised that arrangements for additional environmental sampling should be coordinated through Debra Charles and the Environmental Laboratory Team.
4.3	General Update on Facilities/Estates/Capital Planning. • Paul George provided an update on ongoing Estates and capital improvement works across the Health Board.



- Refurbishment works have been completed in Theatres 3 and 4, including replacement flooring and equipment upgrades.
- Further drainage replacement works continue within the tower blocks as part of the programme to replace ageing cast iron pipework.
- Flooring replacement and redecoration works are ongoing within Hafan y Coed and MHSOP at UHL, with some works linked to previous underfloor heating failures and water damage.
- Progress continues the development of the UHW Hydrogen Peroxide Vapour (HPV) Decontamination Unit, with operational processes currently being finalised before the service becomes fully operational.
- Welsh Government funding has been confirmed for a further year, and options are being explored to establish a similar HPV decontamination facility at University Hospital Llandough.
- Estates continue to support IPC priorities through environmental improvements, water safety management and infrastructure upgrades across hospital sites.

PART 5: INFECTION CONTROL POLICIES AND PROCEDURES

5.1

5.1.1 Update on Current Position regarding Procedures for Noting

Yvonne Hyde reported that work is ongoing to ensure all IPC policies and procedures remain up to date. Most documents are now current, with only a small number requiring final review or alignment with forthcoming All Wales guidance.

5.1.2 Procedures and Protocols for Comment

Viral Gastroenteritis Procedure 2026:

- Yvonne Hyde presented the updated Viral Gastroenteritis Procedure for consultation and requested that members submit any comments by 10 July 2026.
- Subject to feedback received, the procedure will be amended as appropriate and returned to the next meeting for ratification.



Viral gastroenteritis
FINAL Draft 2026.doc



5.1.3 Procedures and Protocols for Ratification

Clostridioides difficile Procedure 2026:

- Yvonne Hyde presented the updated *Clostridioides difficile* Procedure for approval, noting that no comments had been received following circulation after the previous meeting.
- The procedure was ratified by the group without amendment.



Clostridioides difficile
Procedure 2026.doc

PART 6: REPORTS FROM OTHER COMMITTEES/GROUPS **(For information only not, discussion)**

Yvonne Hyde reported that the Delivery Board minutes were unavailable for the meeting but would be obtained and uploaded to the Teams channel. No update was available from the Public Policy Committee as Yvonne had not attended recently. Committee reports were noted with no further issues raised.

- 6.1 [Minutes of the Decontamination Group Meeting](#)
- 6.2 [HCAI Delivery board minutes](#)
- 6.3 [Antimicrobial Group Minutes](#)
- 6.4 [Staff Flu Vaccination Update](#)
- 6.5 [Water Safety Group minutes](#)
- 6.6 [Public health Update](#)
- 6.7 [HESG Minutes](#)
- 6.8 [Public Quality Committee](#)

PART 7: GENERAL UPDATES/ISSUES

7.1 Measles Rapid Review and Learning Opportunity

- Yvonne Hyde reported that learning from the Measles Rapid Review identified issues regarding staff contact tracing responsibilities.
- Mark Dunford has developed contact tracing pathways to clarify the process. As he was not present to discuss them, members were asked to review the documents and provide comments by Friday before they are progressed.

7.2 *C. difficile* learning tool V2

Yvonne Hyde highlighted ongoing learning from the *C. difficile* Collaborative, with resources and key learning being shared across the Health Board to support improvement and wider adoption of successful interventions.



7.3 Any other business

- The group agreed that the current Safe to Move document is outdated, lengthy, and requires updating to reflect current acute respiratory illness guidance and patient movement risks.
- Emma Davies and Yvonne Hyde will review the document, including respiratory patient pathways, and bring proposals back to the group.
- Jason Roberts suggested developing a simpler, user-friendly risk assessment tool to improve compliance.

DETAILS OF FUTURE MEETINGS

IPCG Meeting Date	Meeting times	Papers to be received by:	Papers for the meeting will be sent out by:	Venue
08/09/2026	14:00 – 16:30HRS	25/08/2026	01/09/2026	TEAMs