

 <p>Iechyd Cyhoeddus Cymru Public Health Wales</p>	<p><b>Name of Meeting</b> Quality, Safety and Improvement Committee</p> <p><b>Date of Meeting</b> 14th December 2022</p> <p><b>Agenda item:</b> 4.8</p>
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## Corporate Infection, Prevention and Control – Mid-Year Update

<b>Executive lead:</b>	Rhiannon Beaumont-Wood Executive Director of Quality, Nursing and Allied Health Professionals
<b>Author:</b>	Jennie Leleux, Lead Nurse for Infection Prevention and Control (Corporate)

<b>Approval/Scrutiny route:</b>	Business Executive Team- 5 December 2022
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### Purpose

The purpose of this report is to provide the Quality, Safety and Improvement Committee with a mid-year progress update against the Corporate Infection Prevention and Control (IPC) workplan for 2022/23, which are underpinned by nine standards set out in the [Code of Practice for the Prevention and Control of Healthcare Associated Infections 2014](#) (the 'Code'), set out in Appendix One.

### Recommendation:

APPROVE <input type="checkbox"/>	CONSIDER <input type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>
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The Quality, Safety and Improvement Committee is asked to:

- **Receive assurance** from this mid-year report that the IPC Group and Lead Nurse for IPC (Corporate) are ensuring that PHW is meeting its IPC responsibilities.

**Link to Public Health Wales [Strategic Plan](#)**

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

This report contributes to the following:

<b>Strategic Priority/Well-being Objective</b>	5 - Protecting the public from infection and environmental threats to health
<b>Strategic Priority/Well-being Objective</b>	6 - Supporting the development of a sustainable health and care system focused on prevention and early intervention
<b>Strategic Priority/Well-being Objective</b>	7 - Building and mobilising knowledge and skills to improve health and well-being across Wales

**Summary impact analysis**

<b>Equality and Health Impact Assessment</b>	Not required.
<b>Risk and Assurance</b>	This relates to the Quality risk on the CRR
<b>Health and Care Standards</b>	This report supports and/or takes into account the <a href="#">Health and Care Standards for NHS Wales</a> Quality Themes  Theme 1 - Staying Healthy Theme 2 - Safe Care Theme 3 - Effective Care
<b>Financial implications</b>	Nil
<b>People implications</b>	Nil

## **1. Purpose / situation**

Public Health Wales is committed to ensuring that a robust infection prevention and control (IPC) function operates within the organisation. This supports the delivery of high quality care and protects the health of both service users and staff.

The purpose of this report is to provide the Committee with a mid-year progress update against the Corporate Infection Prevention and Control (IPC) workplan for 2022/23.

This report covers the period from 1st April 2022 to the 21<sup>st</sup> November 2022. It should be noted that between May 2022 and July 2022 Public Health Wales was without a Lead Nurse for Infection Prevention and Control (Corporate) due to a post holder vacancy. As a result of this the commencement of the IPC workplan was delayed until August 2022.

## **2. Background**

Public Health Wales have a responsibility to comply with the [Code of Practice for the Prevention and Control of Healthcare Associated Infections 2014](#) (the 'Code'), consisting of nine standards, set out in Appendix One. Each year an annual IPC workplan is produced to ensure compliance with the above code of practice and Health Circular.

The Executive Director for Quality, Nursing and AHP's is responsible for ensuring that there are appropriate standards and monitoring arrangements in place. The cross organisational IPC group quarterly meeting provides oversight and monitors progress of the annual IPC workplan. The corporate lead IP&C nurse provides specialist advice and support to service areas, the executive and wider organisation as necessary. IPC medical advice is sort on a needs led basis.

### **Key Achievements**

#### **3.1 Infection Prevention Control Group Update**

In addition to the monitoring of the IPC Workplan, agenda items included over the last six months have been identifying good IPC practice, review of IPC incident reporting via Datix and associated actions, sharing learning points. The group also reviews policies and procedures, and estates and facilities concerns relating to IPC.

## 3.2 IPC Audit Plan

### Audit

Work has begun to identify the IPC audit programmes across the Screening Services. All programmes have an IPC plan, however not all audits are completed in the specified timeframe currently due to operational challenges, and IPC leads are looking at ways to improve this by utilising alternative staff.

Nationally, an All-Wales working group has formed to look at key 'Core Ward Audits' with the aim of standardising the audit tools used across Wales. PHW is involved in this work from both an operational and quality perspective. Hand hygiene and Personal Protective Equipment (PPE) audits are the first to be developed and may lead to a change in audit requirements for the Screening Teams and these will be implemented if necessary.

The development of an IPC Link Worker programme is planned for April 2023 to build audit capacity in screening services.

### IPC Dashboard of key performance indicators

The following Key performance indicators (KPIs) have been agreed by the IPC group as suitable for the IPC dashboard:

- Hand hygiene audit compliance rates
- Environmental IPC audit compliance and submission scores
- Results of other IPC audits
- Datix incidents

The plan is to display these in an IPC digital dashboard, however this work has been paused at present due to workforce capacity in another directorate.

## 3.3 Policy Development and Review

The following policy has been developed and approved during 2022:

- Vaccines (Handling and Storage) Cold Chain Management Procedure

The procedures below are also under review following receipt of new national guidance and/or additional information now required within the PHW documents:

- The Outbreak Management Procedure
- Exposure Injury (including needle stick injury) and Safe Use of Sharps Procedure

These are due for presentation and approval in February 2023.

The following policies and procedures are currently out of date and are in the process of being reviewed and updated:

- The Infection Prevention and Control policy
- The Decontamination Policy and Procedure documents
- Handling and Transport of Clinical Specimens Procedure

### 3.4 Training

All staff are expected to undertake a level of IPC training as part of their mandatory training programme; non-patient-facing staff are expected to complete the Level 1 module every three years. Clinical or laboratory staff are expected to undertake the Level 2 module every year, which encompasses the information within the Level 1 module.

The compliance data as at 21<sup>st</sup> November 2022 is displayed below:

Table One: IPC Mandatory Training Compliance to 21<sup>st</sup> November 2022

Competence Name	Assignment Count	Required	Achieved	Compliance %
NHS CSTF Infection Prevention and Control - Level 1 - 3 Years	2183	2183	1940	88.87%
NHS CSTF Infection Prevention and Control - Level 2 - 1 Year	309	309	242	78.32%

For level one training WG targets are only being achieved. Level 2 training is below both Welsh Government and internal targets and this data has been shared with managers to achieve an improved position.

As well as the above mandatory and role specific training, additional requests have been received from various PHW departments for bespoke IPC training that meets the individual needs of different staff groups. As result of this engagement work further improvements have been identified and include:

- A formal staff training needs analysis to be undertaken across the organisation in the New Year
- An IPC bespoke training programme delivered face to face and Teams-based training

### 3.5 Incident reporting

The Lead Nurse for IPC is notified of all incidents entered onto the Datix incident management system categorised as IPC. This allows for clinical scrutiny of the incident and ongoing support of any IPC management. All incidents are included in the monthly "Putting Things Right" reports.

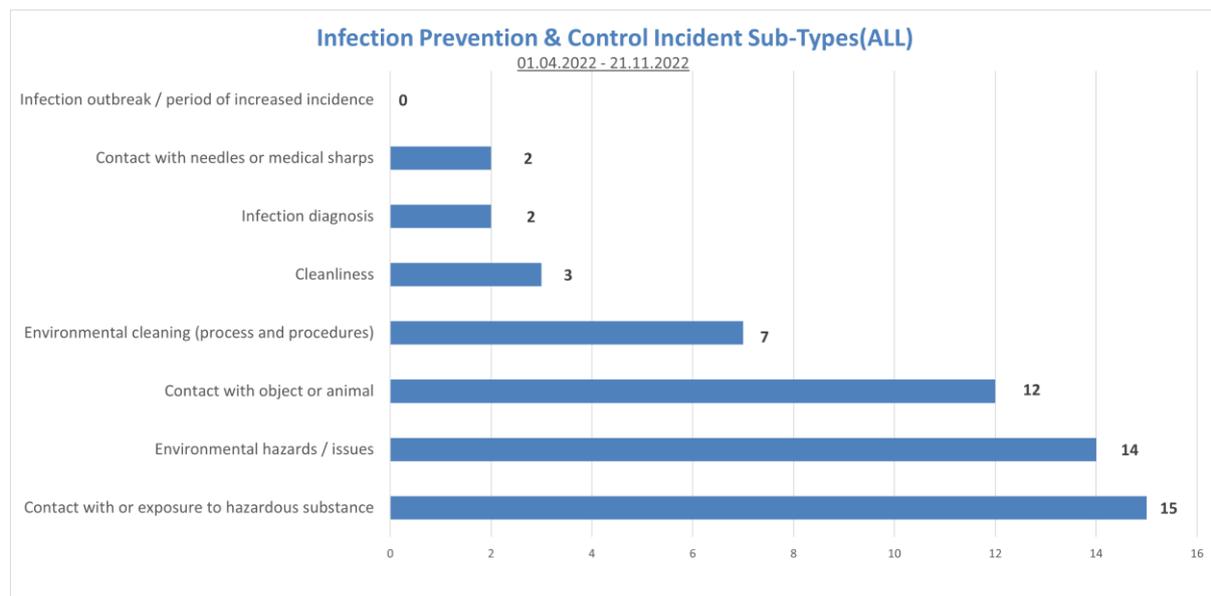
#### Outbreaks and cases of infection

No infection outbreaks or single cases of infection among service users or staff members have been reported this financial year.

#### Datix incidents

A total of 57 IPC incidents have been reported on Datix since April 2022. Chart One shows all categories of incident:

Chart One: IPC Incidents recorded on Datix since 1<sup>st</sup> April 2022



#### Lessons learnt from IPC Incidents

##### **'Needlestick injuries', 'contact with or exposure to hazardous substances' and 'contact with object or animal'**

A number of reported incidents relate to contact with or exposure to hazardous substances, particularly within the Microbiology Laboratories. The level of harm identified has been low and no members of staff have been reported to have developed an infection as a result of these incidents. As a result of these incidents the sharps injury policy will be updated to provide greater clarification on the types of incidents and Datix coding.

### 3.6 On-site IPC Visits

- A programme of IPC site visits have commenced and the Endoscopy Unit at the Prince Charles Hospital annual review completed as part of the Joint Advisory Group (JAG)

### 3.7 Influenza vaccine programme

- The annual staff influenza (flu) vaccine campaign is a priority area and was launched on the 10<sup>th</sup> of October and is a key area of work for the Corporate IPC Lead Nurse. This year in line with national directives ([Welsh Health Circular WHC/2022/16 'The National Influenza Immunisation Programme 2022-23'](#)) the ambition has been to maximise staff uptake with a stretch target of 80% uptake. A mixed model of delivery has been adopted

### Flu Vaccination uptake Data

- As of 21<sup>st</sup> November 2022, the total staff flu vaccine uptake was reported at 37.4%, of which 37.3% was among frontline staff. Whilst this is an improvement on the previous year, it is not representative of the rates achieved in 2020. This is despite an increased awareness raising campaign using multiple communication mediums and active promotion of the vaccination.
- Flu immunisation data capture remains a challenge due to the different digital recording systems being used by various contracted providers and where staff receive via community-based administration such as primary care and community pharmacists. PHW does not have access to this data. To try and improve overall reporting figures a staff self-reporting form has been introduced to encourage staff to inform us when they have received both a Flu and Covid-19 vaccination. It is hoped that this approach will support improved data capture to reflect staff vaccination uptake and support triangulation of data.

### Flu Vaccine incidents

A 'No Surprises' report was sent to the Welsh Government on 21<sup>st</sup> November 2022 to inform of a cold chain incident which arose due to a fault with a vaccine fridge temperature. This led to an investigation and a course of action which included the affected vaccines being discarded and advice being sought in the management of 20 staff who had received vaccines from this fridge. Although, this was low harm event and staff did not require a further vaccination they were informed of the incident and its outcome.

## 4. Recommendation

The Quality, Safety and Improvement Committee is asked to:

- **Receive assurance** from this mid-year report that the IPC Group and Lead Nurse for IPC (Corporate) are ensuring that PHW is meeting its IPC responsibilities

## 5. Well-being of Future Generations (Wales) Act 2015

The report contributes to Goal three "Support the NHS to deliver high quality, equitable and sustainable services". The below information follows the five ways of working, as defined within the sustainable development principle in the Act, in the following ways:



The mid-year report seeks to provide the Board and relevant Board Committees with assurance that the organisation is meeting its responsibilities in relation to the management of infection prevention and control.



Where possible Public Health Wales seeks to prevent the occurrence of concerns by taking a proactive approach to the reporting and management of infection risk to ensure safe services are provided to the users of our services.



The Infection Prevention and Control Annual report impacts a number of the wellbeing goals, including "A Resilient Wales" and "A More Equal Wales"



Public Health Wales is committed to dealing with incidents where there is risk of infection in an open, accessible and fair manner. The report offers insight into how various teams are working together with Public Health Wales NHS Trust to provide the best outcomes



This mid-year report is an important aspect of the organisation's governance arrangements, and, as such, helps the organisation to improve the quality and safeguard the high standards of the services provided by Public Health Wales

## Appendix One

Public Health Wales have a responsibility to comply with the [Code of Practice for the Prevention and Control of Healthcare Associated Infections 2014](#) (the 'Code'), consisting of nine standards, set out below.

**Table Three: The Nine Standards of the 'Code'**

Standard 1:	Appropriate organisational structures and management systems for IPC must be in place.
Standard 2:	The physical environment should be maintained and cleaned to a standard that facilitates IPC and minimises the risk of infection.
Standard 3:	Suitable and accurate information on infections must be made available to service users, their visitors and the public.
Standard 4:	Suitable, timely and accurate information on infections must be provided to any person concerned with providing further support or nursing/medical care when a service user is moved from one organisation to another or within the same organisation.
Standard 5:	All staff employed to provide care in all settings are fully engaged in the process of IPC.
Standard 6:	Adequate isolation facilities are provided to support effective IPC.
Standard 7:	Policies on IPC must be in place and made readily accessible to all staff.
Standard 8:	So far as is reasonably practicable, staff are free of and is protected from exposure to infections that can be acquired or transmitted at work.
Standard 9	: All staff are suitably trained and educated in IPC associated with the provision of healthcare.

## Appendix Two

The 2022-23 Workplan and IMTP this year included the following key areas:

- Lead on the delivery of the annual staff flu vaccine programme within PHW.
- Oversee the audit programme within screening services including hand hygiene and environmental audits.
- Network with stakeholders on the development of an electronic IPC audit tool for use by screening staff. This will relate to environmental cleanliness and hand hygiene audits to capture Key performance indicators.
- Oversee and support Breast Test Wales with the implementation of Aseptic Non-Touch technique (ANTT) practice and assessment
- The review and development of infection prevention and control policies/procedures/guidance:
- Link with Quality and Clinical Governance and Microbiology to look at data around Needle Stick Injuries
- Collaboration with shared services in relation to decontamination audits of commissioned endoscopy services with Health Boards to provide assurance
- Mandatory training- to monitor the compliance of level 1 and 2 IPC mandatory training for staff.
- To complete a Training Needs Analysis for staff roles across PHW to ensure that the training on offer is suitable for all roles and identify any gaps.

In addition, the IMTP sets out this further objective:

- Develop an IPC Risk Register using professional practice and standards identified in the IPC Work Plan.