 <p> GIG CYMRU NHS WALES </p> <p> Iechyd Cyhoeddus Cymru Public Health Wales </p>	<p> Name of Meeting Quality, Safety and Improvement Committee </p> <p> Date of Meeting 12th October 2023 </p> <p> Agenda item: 3.7 </p>
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<h2>Infection Prevention & Control Mid-Year Report</h2>	
<p>Executive lead:</p>	<p>Angela Cook, Acting Executive Director of Quality, Nursing and Allied Health Professionals</p>
<p>Author:</p>	<p>Jennie Leleux, Lead Nurse for Infection Prevention & Control (Corporate)</p>

<p>Approval/Scrutiny route:</p>	<p>Angela Cook, Acting Executive Director of Quality, Nursing and Allied Health Professionals Business Executive Team.</p>
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<p>Purpose</p> <p>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 and the PHW Integrated Medium Term Plan (IMPT) for 2023/24, which are underpinned by the Code of Practice for the Prevention and Control of Healthcare Associated Infections 2014 (the 'Code').</p>

<p>Recommendation:</p>				
<p style="text-align: center;">APPROVE <input type="checkbox"/></p>	<p style="text-align: center;">CONSIDER <input type="checkbox"/></p>	<p style="text-align: center;">RECOMMEND <input type="checkbox"/></p>	<p style="text-align: center;">ADOPT <input type="checkbox"/></p>	<p style="text-align: center;">ASSURANCE <input checked="" type="checkbox"/></p>
<p>The Committee is asked to:</p> <ul style="list-style-type: none"> • Receive assurance from this mid-year report that the IPC Group and Lead Nurse for IPC (Corporate) are ensuring that PHW is meeting its Infection Prevention and Control responsibilities 				
<p>Link to Public Health Wales Strategic Plan</p>				

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

This report contributes to the following:

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

Summary impact analysis

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

1. Purpose / situation

Public Health Wales NHS Trust is committed to ensuring that a robust infection prevention and control (IPC) function operates within all areas of 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 2023/24 and that of the lead Nurse for Corporate IPC.

This report covers the period from 1st April 2023 to 14th September 2023.

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. This Code is currently being update but the 2014 version remains in place for the time being. In addition, PHW, as part of NHS Wales, remains committed to achieving the goals of the [UK Antimicrobial Resistance Strategy](#), in particular in lowering the burden of Healthcare Associated Infections, as set out in the [Welsh Health Circular 'AMR & HCAI Improvement Goals for 2021-23'](#).

Each year an annual IPC workplan is produced to ensure compliance with the above code of practice and Health Circular.

3. Description/Assessment

Key Achievements

3.1 Infection Prevention Control Group Update

The Infection Prevention Control Group (IPCG) meets quarterly with meetings chaired by the Executive Director of Quality, Nursing and Allied Health Professionals.

The IPC Group brings together representation from PHW and includes the Lead Nurse for IPC (Corporate), and Screening, Microbiology and Health Protection Divisions. These representatives provide verbal updates from their relevant divisions and departments providing assurance and compliance with IPC requirements. In addition, membership also includes an Estates and Health and Safety Division representative, the Senior

Decontamination Engineer for NHS Wales Shared Services Partnership - Specialist Estates Services, the PHW Consultant Nurse Healthcare Associated Infection (HCAI), Antimicrobial Resistance & Prescribing Programme (HARP), the PHW Risk Manager and other representatives from the Quality Nursing and Allied Health Professionals Directorate attend.

As well as monitoring of the IPC Workplan, agenda items include identifying good IPC practice, monitoring IPC risks and their management, review of IPC incident reporting via Datix, including any outbreaks and associated actions, sharing learning points. The group also reviews policies and procedures, and estates and facilities concerns relating to IPC.

3.2 Influenza vaccine programme

The annual staff influenza (flu) vaccine campaign is a priority area of work for the Corporate IPC Lead Nurse. This year the [Welsh Health Circular WHC/2023/023 'The National Influenza Immunisation Programme 2023-24](#), sets out the ambition to increase uptake from last year, when the ambition was 75%. On 20th April 2023, the final staff flu vaccination uptake was 51.6% for all staff, and 54.4% among frontline staff. Whilst this was an improvement on the previous year, it was less than the national ambition. A great deal of work has been undertaken this year to ensure that the programme is set up to optimise staff attendance and uptake.

During this year's programme a mixed model of delivery will be adopted, utilising a combination of clinic sessions, provided by the Welsh Ambulance Service NHS Trust (WAST) Occupational Health staff and peer vaccinators from across PHW services. In addition, Service Level agreements are in place to facilitate vaccination for PHW staff based in the laboratory services within Health Boards.

Peer Vaccinators

A total of 14 peer vaccinators are actively involved in the programme this year. All peer vaccinators will have completed the Programme training requirements before undertaking their first vaccination session.

Equitable access to vaccination sessions

Vaccination sessions will commence on 9th October 2023.

The campaign and booking system launched on 12th September and by the end of Friday 15th September, 157 staff members had already booked an appointment.

65 vaccination sessions, on average 3 hours in length, have been arranged in the first month of the campaign, over 13 PHW sites across Wales. In addition, staff will be able to attend WAST's own flu clinics, which include the hospital sites in North Wales via the mobile unit they operate.

Infection Services / Microbiology

All staff working within laboratories have access to flu vaccinations through the Health Board Occupational Health departments where the laboratory is based. In addition, the laboratories in the Cardiff area have a peer vaccinator who will undertake sessions on-site.

Flu Vaccination Uptake Data and Surveillance

The recording of flu immunisation for PHW-led clinics and the majority of OH department clinics is captured via the Welsh Information System (WIS).

PHW uses the Welsh Immunisation System (WIS) to report on staff flu vaccination uptake rates. It has recently emerged that there may potentially be some operational challenges with capturing our data this year on the system due to work undertaken by DHCW. Mitigation has been put in place as a precaution and a data exercise planned for the end of the first week of the vaccination programme to test this. The situation is being closely monitored by the Flu delivery group.

Capturing community vaccination such as those that occur in primary care and community pharmacies remains a challenge, as these providers use alternative patient record systems. PHW does not have access to this data. To lessen the impact and improve overall reporting figures a revised staff self-reporting form will be used again this year.

As with previous years, the uptake data will be released every fortnight throughout the flu programme displayed as 'all staff' and 'front-line' staff and directorates. This will also be shared with Business and Clinical Leads.

Vaccine incidents and Improvement

Following the vaccine fridge incident last year, a number of key improvements have been put into place to minimise the risk of this happening again. These include:

- Limiting the storage of vaccines to locations where the fridge can be monitored regularly in accordance with the UK Health Security Agency Green Book' requirements.
- Disposal of fridges that are not working properly.

- Ensuring all fridge checkers and peer vaccinators have undergone a training session on how to read, record and reset the temperatures on the vaccine fridge, and what to do if out of range. Ensuring that they have completed and met the required competencies for fridge monitoring.
- Strengthening the fridge monitoring roles and responsibilities and the associated rota

3.3 IPC Audit Plan

3.3.1 Audit

The All-Wales working group has continued to review key 'Core Ward Audits' with the aim of standardising audit tools used across Wales for benchmarking and comparison purposes. The templates are being finalised for approval for use. PHW's has been actively involved in this work from both an operational and quality perspective.

The templates include Hand hygiene and IPC Environmental Audits. These have been adopted and modified for PHW use. The Diabetic Eye Screening Wales service (DESW) will pilot these from 1st October, and the results will populate the IPC dashboard development project (further details below).

Breast Test Wales (BTW) will also begin to use these on the Mobile Units as auditing is introduced on these vehicles.

The IPC Link Workers project continues to be developed, the scope and timeframes for delivery have been amended due to workload pressures. The project will first be rolled out in the DESW service, alongside the pilot project to test out the audit templates and use them to develop the dashboard. Initial training days will take place in January 2024, in locations in the three regions across Wales.

The Lead Nurse for IPC has commenced the annual Assurance Audit Programme of PHW-managed Screening Sites across Wales. Main IPC issues arising so far include:

- the ageing estate, in particular St. David's Park in Carmarthen and ability to comply with IPC standards. This has been raised as a risk. The Estates Team continues to look for suitable alternative accommodation, and is installing window vents to make the environment more pleasant to work in.
- Sink unit infrastructure and the ability to complete effective of hand hygiene procedures.
 - There are not enough plumbed-in clinical sinks at St. David's Park and Llys Britannia. Instead, they are using mobile sinks, which are adequate but not ideal. This issue is being looked at

by the Estates Team as part of the ongoing improvement plan.

- The standard of the cleaning across PHW sites. To address this work is underway to strengthen the Environmental Cleaning Procedure and standards and introduce cleaning audits at PHW sites initially.

No issues have been found with the IPC practice of staff members and they are working diligently to create the highest IPC standards they can, in sometimes difficult environments.

3.3.2 Microbiology Laboratories Audit Programme

The Network Health and Safety Manager for the Microbiology Division has reported that the Microbiology annual audit schedule is on track this financial year. Of note, the 'First inspection' audit identified non-compliance primarily associated with facilities. Further trend analysis is planned against previous data and this is due to be completed by year end.

3.3.3 IPC Dashboard of key performance indicators

The following Key performance indicators (KPIs) have been agreed for inclusion on the IPC dashboard by the IPC Group:

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

The Lead Nurse for IPC and the QNAHPS data analyst are working with DESW in the first instance to develop the dashboard using their data as a pilot project. The results from the new IPC Environmental Audit and Hand Hygiene Audit templates will populate the dashboard.

Once the pilot project is evaluated, the dashboard will be extended to include results from other screening services.

3.3.4 Digital Audit Tool

Scoping work for an external digital audit tool and reporting system has been incorporated into a wider piece of work to identify a digital solution suitable for all the PHW audits. Led by the Quality and Clinical Governance Team, this is ongoing and is at the stakeholder engagement stage.

3.4 Policy Development and Review

The following policy has been developed and approved in the first 6 months of 2023:

- Infection Prevention & Control Policy.

The following procedures are currently out for consultation:

- The Outbreak Management Procedure
- Medical Devices Policy and Procedure.

The following policies and procedures are in the process of being updated and/or rewritten:

- Handling and Transport of Clinical Specimens Procedure
 - Exposure Injury (including needle stick injury) & Safe Use of Sharps Policy and Procedure.
 - The procedure has been divided into two separate procedures for ease of use: 1. Sharps and Exposure Injury Procedure and 2. Safe Management of Sharps.

It is anticipated that these documents will be ready for the consultation by the end of September 2023.

Due to ongoing, related, work projects, the following policies and procedures are in development but are behind anticipated completion date:

- Decontamination Policy and Procedure
- Environmental Cleaning Procedure

The revised completion date is December 2023.

The Lead Nurse for IPC has been actively involved in the development of the Waste Management Policy and Procedure, in particular with the clinical waste management section, and it is anticipated that this will be ready by the end of the year.

A working group has recently finalised the PHW Use of Fans Standard Operating Procedure.

3.5 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 3 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 for 2023-24 Quarter One is displayed below:

Table One: IPC Mandatory Training Compliance in 2023-24 Quarter One

Competence Name	Assignment Count	Required	Achieved	Compliance %
NHS CSTF Infection Prevention and Control - Level 1 - 3 Years	2303	2303	2053	89.14
NHS CSTF Infection Prevention and Control - Level 2 - 1 Year	301	301	233	77.41
ANTT E-Learning	99	99	90	90.91
ANTT Assessment	97	97	36	37.11

The Welsh Government target is set at 85% however an internal target is set at 95% for overall level 1 IPC compliance. Whilst level 1 training is achieving national compliance target it is below the internal target and this information is shared with managers to improve overall compliance rates.

Level 2 training is below both Welsh Government and internal targets and again this data has been shared with managers to support an improved position.

In addition, clinical staff performing any clinician procedures are expected to complete an online training programme in Aseptic Non-Touch Technique (ANTT) and be assessed as competent via a practical assessment.

This is relevant to staff within Breast Test Wales. Both aspects of the training are now captured on ESR, although there is still work to do to improve the data quality for the ANTT assessment.

Local records record the ANTT assessment completion as follows:

Staff group	North Region	South-West	South-East
Nurses	75%	100%	100%
Radiographers	100%	Clinical Imaging Support Workers assessed, Radiographers in the process of assessing radiographer biopsy team.	Radiology; all stereo team, biopsy takers assessment completed.

Two new assessors have been trained within the Radiology Team and the staff assessment programme continues. Members of staff undertaking biopsies have been prioritised based on potential risk with remaining staff being assessed after this. Discussion remains ongoing regarding the assessment of medical staff within the service.

As well as the above mandatory and role specific training, additional requests have been received from various PHW departments for bespoke IPC training to meet the individual needs of different staff groups. As result of this engagement work the following training has been delivered:

- A hand washing video for the PHW Laboratories, as part of a suite of training videos.
- A member of the Healthcare Associated Infection & Antimicrobial Resistance Programme (HARP) team delivered a 30-minute session on Carbapenemase Producing Organisms (CPOs) to the Health Protection Team.

3.6 IPC Risk Register

The Organisational IPC Risk Register continues to be refined and further developed as a dynamic document. It is discussed and reviewed at the IPC Group quarterly meeting.

3.7 Incident reporting

The Lead Nurse for IPC is notified of all incidents entered onto the Datix incident management system categorised as Infection Prevention & Control. This allows for clinical scrutiny of the incident and ongoing support of any IPC management. This includes Sharps, Infection Control and Exposure incidents. Notification of an incident may be made directly to the Lead Nurse for IPC for immediate action/advice. All incidents are included in the monthly "Putting Things Right" reports.

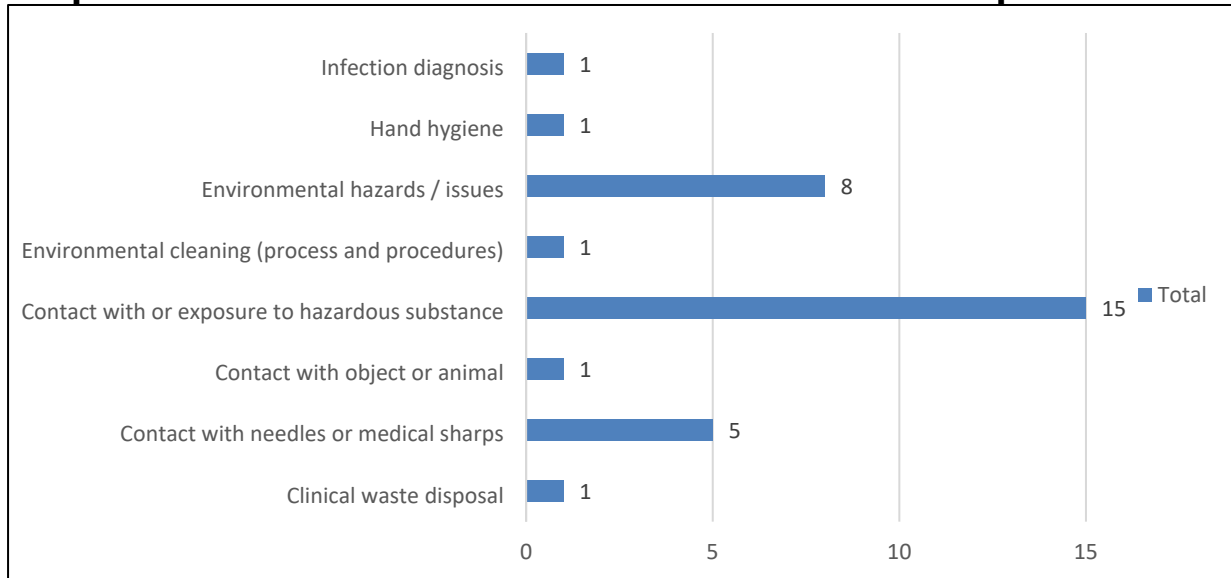
3.7.1 Outbreaks and cases of infection

No infection outbreaks or single cases of infection among service users or staff members have been reported since 1st April 2023.

3.7.2 Datix incidents

A total of 24 IPC incidents have been reported on Datix from 1st April to 14th September 2023. Graph One shows all categories of incident:

Graph One: IPC Incidents recorded on Datix since 1st April 2023



Two incidents currently remain open and under investigation. All incidents are classed as no or low risk incidents.

3.7.3 Identified Learning learnt from IPC Incidents

There are no trends of similar-type incidents regularly occurring during reporting period.

'Contact with or exposure to hazardous substance' and 'contact with needles or medical sharps' together remain the most frequently reported incident. The majority of reports originate in the laboratories. All incidents were designated as low risk, and there were no common themes arising from them. Where deviation from policy occurred in individual cases, one-to-one refresher training occurred at the time.

For one sharps injury, the procedure was not followed. Staff were unclear if the sharps injury procedure was still valid. The policy and procedure are in the process of being updated and it is hoped they will be shorter and clearer guidance making it easier to follow.

3.7.4 Notable practice or Actions identified from reported incidents.

- Good communication with supplier of microbiology bijoux to report injuries.
- Good liaison between Health Board site and DESW team regarding the discovery of legionella in one area of Dewi Sant Hospital & the mitigation measures put in place.

- Good communication between the laboratory and their local Health Board to ensure lessons and actions were cascaded to all relevant parties.
- Individual refresher training given for some processes in microbiology.
- Procedure was followed in cases of sharps or exposure injuries in the laboratories.
- One Datix entry incorrectly coded as a Medical Sharps Injury – re-coding requested.

3.7.5 Agreement on Datix Coding of IPC Incidents

The Putting Things Right team and the Lead Nurse for IPC have frequent discussions to ensure IPC incidents are correctly coded in, identified, and reviewed on the Datix incident management system.

Agreement has been reached on the Incident Types to include automatically in the IPC dashboard. The Health & Safety Advisors and the Lead Nurse for IPC continue to work closely to ensure IPC input in those incidents that are not immediately identified as having an IPC component.

3.8 IPC Representation at National and internal PHW meetings

The Lead Nurse for IPC (Corporate) represents the PHW clinical services at the following all-Wales meetings:

- All Wales Decontamination & Sterilisation Group
- ANTT Steering Group
- IPC Leads Meeting
- Winter Respiratory Vaccination Programme Planning and Delivery Group (including former COVID-19 Planning and Delivery Group)
- All Wales Cleaning Standards Task & Finish Group
- Core Ward Audit Task & Finish Group

There is also representation on a number of internal PHW meetings, spanning a wide number of divisions and projects, to ensure that IPC standards are incorporated into all activities.

3.9 On-site IPC Visits

Visits have been undertaken to Breast Test Wakes (BTW) Swansea, Llandudno and Wrexham, DESW Llys Britannia and St. David's Park, and Kimberley House. 2 BTW mobile Units have been visited this year.

The main issues noted are listed in the Audits section above.

A visit to Ysbyty Ystrad Fawr was undertaken with the Lead Nurse for Bowel Screening Wales to review the endoscopy decontamination processes.

Further visits are planned in November 2023.

It was recently identified that Breast Test Wales services decontamination standards for ultrasound biopsy probes are current not meeting the recommended level of 'High-Level Disinfection (HLD)', as suggested in the Draft WHTM 01/06 Addendum (due for release later this year).

To date there have not been any reported infections following biopsies associated with the service, but the HLD status will help reduce this risk further and also allows for traceability should an infection occur.

Discussions have commenced on the decontamination system that would meet service needs and training has started. This will be discussed further at the All-Wales Decontamination group to ensure a consistent approach to achieve HLD for all breast services in Wales.

3.10 IPC Advice and Support

The Lead Nurse for IPC is available for support and advice for all PHW staff. Advice on infections and how to prevent them are available on request for both staff and patients, with patient leaflets available on the public-facing internet page.

IPC precautions against COVID19, influenza and other winter respiratory viruses are discussed regularly at the IPC Leads group meeting and actions taken as indicated by National guidance.

3.10 Priorities for the next six months:

- Delivery and evaluation of this year's staff flu vaccine programme.
- Ensure that High Level Disinfection practices are brought into BTW for the Ultrasound Probes used in biopsies.
- Revision and publication of outdated policies and procedures
- Ensuring teaching materials are ready for the first IPC Link Worker training days in January 2024.
- Completion of a training needs analysis of all other staff in PHW.
- The development of programme of cleaning audits for screening services to standardise cleaning schedules against the National Cleaning Standards for Wales.
- Audit Programme across all PHW-managed Screening Sites by the Lead Nurse IPC .

3.11 Well-being of Future Generations (Wales) Act 2015

The report contributes to Goal 3 "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

4. Recommendation

The 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 Infection Prevention and Control responsibilities.