 <p>Iechyd Cyhoeddus Cymru Public Health Wales</p>	<p>Name of Meeting Quality, Safety and Improvement Committee</p> <p>Date of Meeting 24th July 2024</p> <p>Agenda item: 4.7</p>
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Infection, Prevention and Control Annual Report 2023/24 and Look Forward 2024/25	
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Author:	Jennie Leleux, Lead Nurse for Infection Prevention & Control, Corporate

Approval/Scrutiny route:	Business Executive Team/Quality, Safety and Improvement Committee.
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<p>Purpose</p> <p>The purpose of this report is to provide the Committee with an annual report set against the Corporate Infection Prevention and Control (IPC) workplan for 2023/24, which is underpinned by nine standards set out in the Code of Practice for the Prevention and Control of Healthcare Associated Infections 2014 (the 'Code').</p>

Recommendation:				
APPROVE <input type="checkbox"/>	CONSIDER <input type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>
<p>The Committee is asked to:</p> <ul style="list-style-type: none"> • Receive assurance from this annual report that the IPC Group and Lead Nurse for IPC (Corporate) are ensuring that PHW is meeting its Infection Prevention and Control 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:

Strategic Priority/Well-being Objective	3 - Promoting healthy behaviours
Strategic Priority/Well-being Objective	4 - Delivering excellent public health services
Strategic Priority/Well-being Objective	5 - Supporting a sustainable health and care system

Summary impact analysis

Equality and Health Impact Assessment	An Equality and Health Impact Assessment is not required as there is no impact on policy or decisions relevant to the Race, Disability and Gender Duties.
Risk and Assurance	Public Health Wales has a legal duty of care towards service users, staff and members of the public, who come in to contact with the services it provides. Achieving effective IPC standards minimises the risk to service users and staff from healthcare-acquired infections.
Health and Social Care (Quality and Engagement) (Wales) Act	This report supports and/or considers the Health and Care Quality Standards and the quality enablers Leadership and Learning and Improvement.
Financial implications	Investment is required across the PHW Estate to ensure that IPC standards are maintained.
People implications	The development of the IPC Link Workers has increased capacity for current audit requirements. Future audit requirements may require additional human resources.

1. Purpose / situation

The purpose of this report is to provide the Committee with an annual report set against the Corporate Infection Prevention and Control (IPC) workplan for 2023/24, which is underpinned by nine standards set out in the [Code of Practice for the Prevention and Control of Healthcare Associated Infections 2014](#) (the 'Code').

2. Background

Public Health Wales (PHW) has 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 lowering the burden of Healthcare Associated Infections, as set out in the Welsh Health Circular 'AMR & HCAI Improvement Goals for 2023-24'.

Each year an annual IPC workplan is produced to ensure compliance with the above code of practice and Health Circulars. This report will summarise progress made against the workplan, plus detail any other pertinent Infection Prevention & Control (IPC) related issues and actions that have arisen during the financial year 2023-24.

3. Description/Assessment

3.1 The Infection Prevention Control Group

The Infection Prevention Control Group (IPCG) meets quarterly, with meetings chaired by the Executive Director of Quality, Nursing and Allied Health Professionals. Its role is to oversee the delivery of effective IPC across the organisation and report to the Quality Safety and Improvement Committee.

The IPC Group brings together representation from across PHW and includes the Lead Nurse for Infection Prevention & Control (IPC) (Corporate), Screening, Microbiology and Health Protection Divisions. These representatives provide regular updates from their relevant divisions and departments providing assurance and compliance with IPC requirements. In addition, membership also includes representatives from Estates and Facilities representative, the Senior Decontamination Engineer for NHS Wales Shared Services Partnership, Healthcare Associated Infection (HCAI), Antimicrobial Resistance & Prescribing Programme



(HARP). The PHW Head of Risk 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 and sharing good IPC practice, monitoring IPC risks and their ongoing management, review of IPC incident reporting, including any outbreaks and associated actions, and shared learning points.

The IPC Group has started to review the structure of meetings and its functions this year. The group’s Terms of Reference (TOR) were reviewed and revised to enable it to approve procedures and endorse policies before final approval by the Leadership Team. The Risk Register is being presented and discussed in a way that provides greater assurance (see the section on the Risk Register). This year, the group also identified the need for further highlight reports will also now be included as standing items relating to the built environment such as ventilation, decontamination, and cleaning to ensure that all relevant IPC matters are reviewed to demonstrate good governance and public accountability.

3.2 IPC Group Workplan

The Workplan included 13 deliverables that fall under the umbrella areas of audit, education, cleaning standards and policies and procedures. All the IPC deliverables are covered within this report.

Of the 13 deliverables set at the start of the year, 8 were completed and 5 had delays to their original target completion dates and are being moved across into 2024/25 workplan. The delays were attributable to either other IPC issues being identified during the course of the work which required attention and took priority or dependencies on other projects. These are discussed in more detail in the relevant sections within this report. All the delayed workplan deliverables are now progressing.

3.3 IPC Audit Plan

All frontline screening services have continued to conduct environmental audits this year. The new Lead Nurse assurance audit programme has been completed, with all PHW-managed sites visited and audited.

Key issues identified from these audit programmes included the following:

- Cleanliness remains an issue in several PHW-managed sites and is being addressed as part of the work on Cleaning Standards.
- Several PHW-managed sites have been identified as being unsuitable now for the services they are providing, with aging infrastructure and insufficient space influencing the IPC standards that can be achieved. Screening services are working closely with Estates to source alternative accommodation and the relocation of services from DESW St. David’s Park, Carmarthen, and DESW Llys Britannia, Bangor are ongoing.



The IPC environmental and hand hygiene audits have been updated to include the All-Wales Core Ward Audit requirements, with all frontline screening services now able to access these templates.

Further improvement work is in progress and includes:

- The revision of cleaning standards guidance along with revised scoring of audits to meet national guidance.
- The creation of an audit management system to facilitate greater oversight by the lead nurse for IPC and the creation of a compliance dashboard.
- The schedule for hand hygiene assessments and audits

3.4 IPC Dashboard of key performance indicators

A dashboard offering a visual display of Datix IPC-related incidents has been developed and is in use at the IPC Group. A chart from this dashboard can be seen in the incidents section below.

The other key performance indicators (KPIs) agreed for inclusion by the group were:

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

Work will continue through 2024/25 to develop this dashboard further.

3.5 Digital Audit Tool and Management System

A digital audit tool is still very much required to ensure compliance and assurance for the IPC audit programmes. The Lead Nurse remains part of the working group looking at suitable audit management systems to meet the needs of various divisions within PHW. Successful recurrent revenue funding has been secured to procure a digital platform/ system which will include both auditing functionality as well as ongoing audit management to provide real-time insight, oversight and reporting for clinical areas. This will bring PHW in line with the rest of Wales.

3.6 IPC Link Workers

An IPC Link Workers programme has been set up across the frontline screening services by the lead nurse for IPC. 3 initial training days were delivered across Wales at the start of year, with 32 participants attending.

The programme included sessions on basic microbiology and chain of infection, cleaning, waste management, PPE, sustainability, environmental audits, hand health and how to teach hand hygiene. The programme has been evaluated positively, developing the knowledge and skills of our nurses and health care support workers.

Two more training days have been organised for May 2024 to extend the opportunity to more screeners across Wales.

3.7 Environmental Cleaning

The provision of a clean and safe healthcare environment remains a key priority for all healthcare organisations. It provides not only a foundation for effective IPC, but also promotes patient confidence and demonstrates the existence of a positive safety culture. The delivery of cleaning services and monitoring arrangements have been reviewed during 2023/24 and gaps with the current monitoring arrangements identified to provide sufficient assurance against cleaning standards for PHW-managed clinical sites.

A working group of relevant people from nursing, IPC and Health & Safety/Estates was brought together to review and update the current cleaning policy, procedure, specifications, and audit programme.

The decision was taken to move all PHW-managed sites to an external Cleaning Company, in order to standardise the cleaning specifications being used across the organisation. This has now occurred in all PHW-managed clinical sites and is being overseen by facilities. Cleaning audits have been requested and are expected to be presented at the IPC group quarterly.

Further work to strengthen the programme of audits and monitoring of the performance and effectiveness against cleaning standards are being developed.

3.8 Policy development and review

There is a well-established, comprehensive policy review programme, managed through corporate governance, to ensure all policies, procedures are up to date and reflect the latest evidence-based practice. IPC participate fully in this programme and ensure that all documents owned by or requiring IPC input follow the necessary review and approvals process.

Progress continues to be made against key IPC Policies & Procedures. During 2023/24 the following documents were approved and published:

Table 1: Published policies and procedures

Policy or Procedure	Approval date
Infection Prevention & Control Policy	16.05.23
Vaccines Handling & Storage Cold Chain Management Procedure	07.06.23
Exposure Injury and Safe Management of Sharps Policy & Procedures	13.12.23

The following documents have been approved and are awaiting publication:

Table 2: Policies and procedures awaiting publication

Date:	Version:	Page: 6 of 20
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Policy or Procedure	Update	Completion date
Procedure for the Transport of Pathological Specimens	Approval given by the IPC Group. Awaiting confirmation from the Business Board Unit and then Welsh translation.	May 2024
ANTT policy	All-Wales model policy adapted for organisational use and approved. Awaiting Welsh translation.	May 2024

The progress of policies and procedures still under review at the end of the financial year 2023/24 is:

Table 3: Policies and procedures under review

Policy or Procedure	Update	Completion date
Decontamination policy & procedure	Currently on consultation database. No comments received yet. Consultation period finishes 02.06.24.	Final version to approval stage in June 2024.
Waste management procedure	Health & Safety hold the responsibility for this. However, the IPC Lead Nurse is overseeing the development of the clinical waste management chapter. The 1 st draft of the Clinical Waste Management procedure is almost complete, and posters have been prepared to accompany it when released. The Waste Group continue to meet to complete the overall waste policy and procedure.	September 2024
Outbreak Management	Following the release of the most recent outbreak management plan for Wales, the local procedure is being finalised following these changes and is currently with key stakeholders for informal approval prior to being placed on the consultation database.	September 2024.
Infection Prevention and Control: Link Worker Roles and Responsibilities Procedure	Suspended as other aspects of the programme are developed and rolled out.	

3.9 Risk Register

The IPC risk register identifies risks to the organisation in relation to IPC practices. During this year, the IPC Group undertook a review of how risks were recorded on the risk register, in terms of corporate, divisional, and service team-level risks, and how these were presented and discussed at the quarterly meetings. This new review system ensures all IPC-Related risks are reviewed by the group. All IPC-related risks are now presented at the meeting, and the divisional representatives are expected to update the group on the risks and mitigation actions within their areas. This enables action plans to be discussed and risks to be escalated where necessary in line with the PHW Risk Management Procedure.

A total of 22 IPC risks are recorded, and a summary is shown in the table below. The new review system enables all IPC-related risks to be brought together for review, and accounts for the apparent increase in the number of risks identified in comparison with last year, when only 4 were highlighted.

Table 4: Summary of IPC-related risks on the risk register currently

Risk Reference	Risk Description: There is a risk that...	Current Score	Controls	Progress Update
Corporate				
1501	There is insufficient capacity within the division to deliver key corporate infection prevention control functions and governance requirements	12	Creation of IPC Link Worker programme.	04/04/2024: Lead Nurse reviewed risk and associated actions with Risk Manager. Updated progress with IPC Link Workers.
1510	PHW will not be able to evidence effective cleaning measures and assurance to protect service users and defend itself in the event of a claim.	4	Creation of a Cleaning Task & Finish group to look at cleaning specifications, audit templates/programme, and policy documents.	04/04/2024: Progress of project is slow. To request extension to action deadlines at next IPC Group.
1511	Staff may not have the required IPC knowledge to keep themselves and their patients safe in the course of their work.	4	Creation of IPC Link Worker programme. IPC Lead Nurse available via email and telephone for advice.	04/04/2024: IPC Link Worker programme commenced. TNA still to be carried out.
1513	Staff may not be able to find the policies/ procedures and guidance easily to help them maintain effective IPC standards and keep themselves and their patients safe in their day-to-day work.	4	Most policies and procedures clearly listed under	04/04/2024: To be submitted to the IP&C Group with proposal to close risk as reach target risk score.
Divisional				
1592	A loss of service continuity affecting the safe sterilisation of multiple processes which include waste disposal across network laboratories due to Health Board-owned autoclaves becoming unfit for use.	20	Review prioritization of replacement in response to Swansea information	13/05/2024: Final draft of the business case is ready to bring back to SMT before being forwarded elsewhere.

1108	There is a risk that the Class I Microbiological Safety Cabinets (MSC) across the network will fail.	15	Replacement of units where replacements are available. Review existing MSC for replacement and identify from UKHSA which might be available.	29/04/2024: NO feedback received regarding SON. Risk owner changed to Kelly Ward
1551	The physical infrastructure across the laboratory sites can result in harm to staff and/or jeopardies business delivery.	15	Meet with Regional and hot lab managers to provide annex to previous facilities report Escalate Annex Report	04/04/2024: IPC Link Worker programme commenced. TNA still to be carried out.
1514	PHW screening services may not be disposing of their waste in accordance to WHTM 07 01 'Safe Management of Healthcare Waste' and therefore may not be able to defend themselves against the HSE if audited.	9	Policy and procedure is being refreshed and updated. Link Worker training contains training on waste management.	18/01/2024: Risk considered in the IP&C meeting on the 18th January, confirmed current risk register is correct with no amendments/updates to the risk.
1565	Ultrasound probe decontamination is not adequate for specific ultrasound guided procedures	3		05/04/2024: Progressing with the use of Tristel system, awaiting capital programme decision on funding for decon cabinets
Service Group Risk Registers				
1039	Sealability within the CL3 labs in WCM and Bacteriology will fail sealability testing.	20	CL3 grill installed. Report to be presented to SMT on solutions at both sites - 29.01.24.	23/05/2024: Third test now completed, passed with historical caveats
1383	The CL3 laboratory in Carmarthen will fail the sealability test	16	Regular sealability tests and in-house reverse smoke tests carried out. Business case created for refurbishment of room. Ellab has visited to assess.	25/04/2024: Risk rating reviewed and reduced to 3x2 in line given that sealability test is being passed with contingencies.
1605	The proposed rollout from shared folders to SharePoint will negatively impact the Infection Service delivery.	12		13/05/2024: Mid & West have organised face to face training, north yet to arrange.



1378	Water ingress will affect staff health and infrastructure.	12	To contact Landlords to determine barriers to completion of roofing work.	23/05/2024: Action to understand current status of water ingress
1357	Service delivery will be compromised as the building housing PHW Singleton is no longer fit for purpose.	12		18/01/2024: Risk considered in the IP&C meeting on the 18th January, queried as to whether risk is related to IP&C. Michelle Peters on behalf of the group to discuss with team.
1345	Staff will experience dry eyes/mucous membranes (leading to local irritation/infection) due to dry air/low humidity in the lab.	10	ST is investigating the possibility that the air change rates have been changed by the HB.	18/01/2024: Risk considered in the IP&C meeting on the 18th January, confirmed current risk register is correct with no amendments/updates to the risk.
1359	The facilities provided in the stand-alone hot labs are inadequate for the service provided.	9		08/05/2024: No change to the risk - remains the same as there are no new or alternative facilities to be used at the sites
1266	The Containment level 3 facility could be taken out of use which will affect the microbiology service.	9		20/02/2024: Still awaiting update from health board. WCM had offered a UPS which was too big for their needs, however after discussion with estates it was deemed unsuitable as it does not provide three phase output which is required for the temperature control of the air handling unit.
1561	Weekly testing of autoclaves will cease at Cardiff Labs, as the formal contract expired in March 2023	9	Tolerate	23/05/2024: Update required from regional manager
1562	The laboratory waste including that from the CL3 laboratory will not be able to be sterilised for disposal.	9	Tolerate	23/05/2024: Risk considered in the IP&C meeting on the 18th January, confirmed current risk register is correct with no amendments/updates to the risk.
1494	Incorrect diagnosis being delivered due to the lack of natural gas being available to sterilise processing equipment.	9	Tolerate	23/05/2024: Reviewed by Rebecca Person and Michelle Peters. Health and safety element of risk removed and will be captured in a separate risk assessment.
Unassigned risk				



1587	Bowel screening participants undergoing a screening colonoscopy at Ysbyty Glan Clwyd (YGC) may be adversely affected by ineffective decontamination of colonoscopes or by any chemical spill that occurs in the decontamination unit	16	Options paper prepared by BCUHB. Actions agreed between BTW and BCUHB. Monitoring meetings and audits to continue.	19/04/2024: Bowel Screening Wales is in communication and discussion with the Health Board on this risk.
1627	There is inadequate ventilation for staff and service users in clinical room rooms, increasing the risk of infection.	3		31/05/2024: Air handling reports received - Contractor instructed to undertake remedial maintenance work on systems in Swansea and Cardiff. Awaiting update on the timescales for work to be completed - Parts are on back order.

3.10 Education and Training

PHW adheres to the UK Core Skills Training Framework. All staff are expected to undertake a level of IPC training commensurate with their roles as part of their mandatory training programme. There are 3 levels of training identified as part of mandatory training.

Level 1- Completed by all staff, including bank staff, every three years.

Level 2- Completed by all clinical and laboratory healthcare workers every year, including bank staff.

Aseptic Non-Touch Technique (ANTT) – Staff undertaking clinical procedures such as biopsies 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.

The compliance data at the end of 2023-24 is displayed below:

Table 5: IPC Mandatory Training Compliance at 31st March 2024

Subject	Directorate/Division	Required	Achieved	Q4 Compliance %
IPC Level 1	028 L3 Corporate Directorate	29	22	75.86%
	028 L3 Data, Knowledge and Research Directorate	116	111	95.69%
	028 L4 Health Protection Division	196	169	86.22%
	028 L3 Health & Wellbeing Directorate	169	152	89.94%
	028 L3 Improvement Cymru Directorate	108	98	90.74%
	028 L4 Microbiology Division	624	557	89.26%
	028 L3 Operations and Finance Directorate	137	131	95.62%
	028 L3 People & OD Directorate	43	41	95.35%
	028 L3 Quality Nursing & Allied Profs Directorate	48	42	87.50%
	028 L4 Screening Division	536	472	88.06%
	028 L3 SPRs Directorate	19	16	84.21%
	028 L3 WHO Collaborating Centre	76	71	93.42%
	Total organisational compliance			89.54%
	NHS Executive			95.08%
IPC Level 2	028 L4 Health Protection Division	42	33	78.57%
	028 L4 Screening Division	227	182	80.18%
	028 L3 Quality Nursing & Allied Profs Directorate	1	1	100.00%
	Total organisational compliance			80.00%
ANTT e-learning	Breast Test Wales	85	79	92.94%
ANTT Assessment	Breast Test Wales	85	58	68.24%

Welsh Government performance target is set at 85% however the PHW internal target has been 95%. Although many divisions are meeting the Welsh Government targets, very few are meeting the internal target (shown by a lighter green). Discussions on this aspect of IPC have evolved during the year, and a detailed breakdown of compliance among smaller groupings, such as individual screening services, is now provided to the leads on a quarterly basis to address. In addition, data showing compliance over a longer period will now be provided in order to establish trends in compliance and hot spot areas for further review.

A decision was made by Leadership Team to remove the internal target of 95% for 2024/25. This decision was made following last year's policy review and the rationale was that the Welsh Government target of 85% allows for long term absence, secondments, parental leave. All areas are encouraged however to achieve 100% compliance.

As well as the above mandatory and role specific training, additional bespoke training is given when requested, and includes a session on Creutzfeldt-Jakob disease (CJD) was given to the Bowel Screening Wales Screeners.

3.11 IPC-Related Incidents

In financial year 2023-24 there were a total of 57 incidents reported by staff requiring investigation. The majority (43) being reported within Microbiology Division. All incidents were risk assessed as 'low' or 'no' risk, and all are closed except one that occurred in March, which requires further discussion with the waste contractor. This compares with 47 incidents in 2022/23. The table below lists the categories of incident reported in both years, with the number of incidents from each department.

Table 6: IPC-related incidents logged on Datix in Financial Year 2022/23 and Financial Year 2023/24.

Category/Sub-category	2022-23	Department	2023-24	Department
Cleanliness	3	DESW - 3	1	DESW - 1,
Compliance with bundle/guidance	1	SBUHB - 1	3	HPT - 1 DESW - 1 BCUHB - 1
Contact with needles or medical sharps	4	BTW - 2 Micro - 1 HDUHB - 1	8	SBUHB - 3 HDUHB - 2 BTW - 1 BCUHB - 1 CAV - 1
Contact with exposure to hazardous substances:	29		30	
Exposed to blood or bodily fluid (not needlestick or sharps injury)	17	CAV - 7 SBUHB - 5 BCUHB - 3 Micro - 1 HBUHB - 1	13	CAV - 5, BCUHB - 4 HDUHB - 3 SBUHB - 1
Others	12	SBUHB - 6 CAV - 3 BCUHB - 2 CTM - 1	17	SBUHB - 8 CAV - 5 BCUHB - 2 IPC - 1 HDUHB - 1

Environmental cleaning (process and procedures)	7	DESW - 4 CTM - 1 SBUHB - 2	4	DESW - 3 HDUHB - 1
Infection diagnosis	2	HPT - 1 SBUHB - 1	3	SBUHB - 2 Micro - 1
Hand hygiene			3	DESW - 3
Clinical waste disposal			3	CAV - 1 SBUHB - 1SW - 1
Medication, IV Fluids	1	IPC - 1	2	IPC - 2
Totals	47		57	

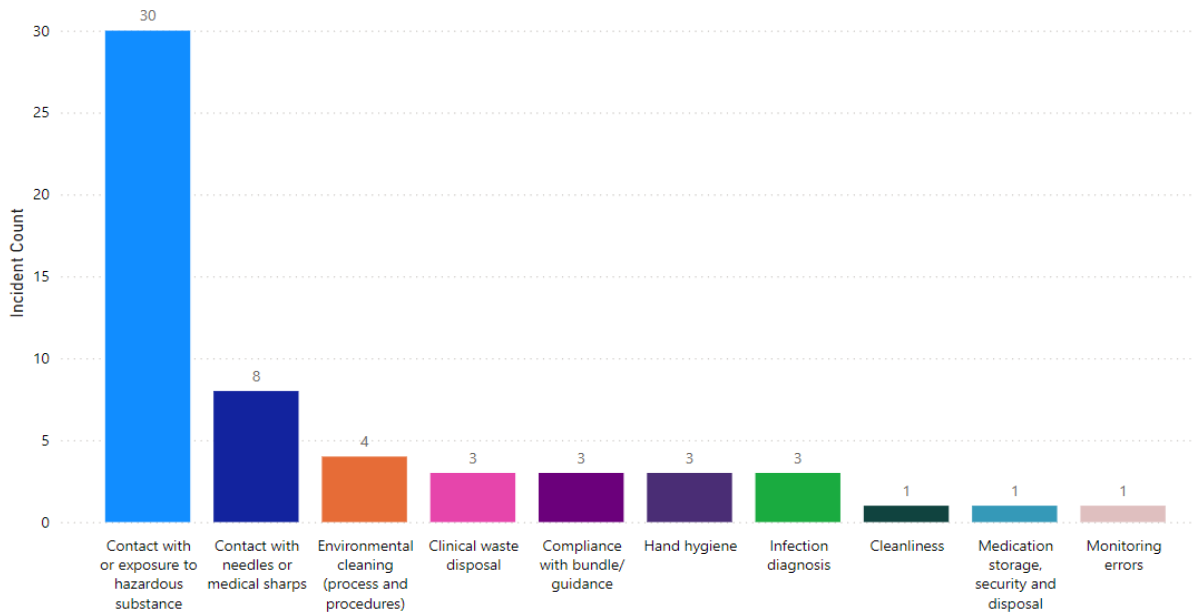
The largest reported categories of incidents in both years were 'Contact with or exposure to hazardous substance' and 'Contact with needles or medical sharps'. A similar number of incidents were reported under the former, with 30 in this category this year. The proportion allocated to 'other' vs 'Exposed to blood or bodily fluid (not needlestick or sharps injury)' has increased and this requires investigation to see if it is an issue with coding rather than the nature of the incident. The number of incidents under 'Contact with needles or medical sharps' has doubled, from 4 to 8, although 4 of these were not true 'sharps' injuries involving contaminated medical sharps.

Due to the proportion of incidents falling within these categories, and the potential serious consequences to the health of the individual, requiring RIDDOR reporting, specific focus was given to these incidents. Following investigation, it was established that although the same error was not repeated by the same member of staff, several incidents involved inexperienced staff and/or not following processes correctly.

During quarter 4, a more detailed investigation of these incidents was conducted with the Microbiology Division by the Health & Safety Manager. Educational updates were given to all relevant staff following incidents and an established system of training and communication is now in place so that learning is cascaded to staff across the division to support wider learning and improvement.



Chart 1: IPC-related incidents recorded on Datix between 1st April 2023 and 31st March 2024.



3.12 Outbreaks and cases of infection

No infection outbreaks or single cases of infection among service users or staff members have been reported in the 2023-24 financial year.

Other areas of work

3.13 Decontamination

3.13.1 Decontamination of ultrasound probes used in invasive procedures.

The publication of the Welsh Health Technical Memorandum 01-06 Decontamination of flexible endoscopes Part F: Decontamination of Semi-Critical Ultrasound Probes; Semi-invasive and Non-invasive Ultrasound Probes in June 2023 highlighted the need to use High Level Disinfection (HDL) methods with the ultrasound probes used in Breast Test Wales biopsies.

Bids to secure capital funding have been submitted for Ultraviolet Cabinets across all 4 Regional Centres, and while waiting for this funding, BTW have taken steps to introduce the Tristel Trio Wipe System in the short term and all centres have received training in how to use the system from the company.



Unfortunately, several issues have delayed the introduction of the Tristel system including the need to undertake repairs to the mechanical ventilation system at two of the Regional Centres, and staff shortages delaying the introduction of the new decontamination system.

Currently, the ultrasound probes are being disinfected at a lower level with wipes that are not licensed for the procedure that they are being currently used for.

Next steps:

- Timeline for installation of UV Cabinets and support their introduction.
- Support introduction of Tristel Trio in the short-term, when deemed safe to do so.

3.13.2 Decontamination of endoscopy probes at Ysbyty Glan Clwyd.

Concerns have been escalated by NHS Wales Shared Services Partnership/ Specialist Estates Services into the standards of decontamination within Gastroenterology at Ysbyty Glan Clwyd, a screening partner with Bowel Screening Wales (BSW), following the most recent IHEEM Annual Review in September 2023. Since commencement of annual auditing in 2016 concerns have reported and although some improvements made, this site remains of concern and discussions are ongoing with the Shared services partnership, the Health Board and BSW to address the ongoing issues. BSW have risk assessed the environment and control processes and the programme has agreed to continue to use the venue for endoscopy decontamination and patient services but with a resolution to the current problems being made over the next few months.

Next steps:

- Receive ongoing updates on progress of project at IPC Group from BSW representatives.
- Monitor audit findings and feedback from the NHS Wales SSP Decontamination Expert.

3.14 Sustainability

Frontline screening services are keen to work towards PHW's priority of 'Tackling the public health effects of climate change' and working towards the Welsh Government's goal of Net Zero by 2030.

This year, the decision was taken to reduce blue couch roll use to the minimum; as couches are cleaned between service users, there is no need for the additional use of blue couch roll to lie on. Services are now only using it as a dignity sheet or when assessed as needed on an individual service-user basis.

Glove use was discussed in detail in the Link Worker programmes, and the need for individual risk assessments for each service user was discussed. Ongoing discussion

continues how glove usage may be reduced in services and to work towards the 'Best use of gloves' initiative.

Used Tropicamide minims from the Diabetic eye screening programme (DESW) will be placed in blue lidded medicines boxes rather than yellow sharps boxes, as recommended in the WHTM 07-01 'Safe management of healthcare waste'. These do not have the 3-month expiry date associated with sharps boxes. This will allow boxes to be filled before collection, reducing plastic use with improved disposal processes, along with associated costs to the organisation and environment. A review of clinical waste disposal has been undertaken, to ensure that all clinical waste is disposed of in the lowest waste stream available, again reducing collection and processing costs and reducing the environmental impact. This updated procedure will be published in 2024-25.

3.15 Influenza vaccine programme

The staff flu vaccination programme ran between October and December of 2023. PHW achieved the second highest uptake figures across all NHS Wales organisations, for both 'total staff', at 47%, and 'frontline staff', at 48.4%.

3.16 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).

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

3.17 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.



4. Forward Look 2024/5

- Developing the framework for monitoring completion of actions from environmental audits
- Secure digital tool and roll out to support IPC related audits.
- Developing the Group Workplan around the 'Infection Prevention and Control Board Assurance Framework' document to progress against standards listed in the updated Code of Practice.
- Reviewing the 'Decontamination of Medical Devices: a development plan for healthcare organisations' document, against PHW's current situation and requirements. This was last completed in 2016.

5. 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 annual 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 strategic priorities, including 'Promoting healthy behaviours' and 'Supporting a sustainable health and care system'.



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 annual 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

6. Recommendation

The Committee is asked to:

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