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Quality, Safety and
Improvement Committee
Date of Meeting
16 May 2023
Agenda item:
5.4

Corporate Infection, Prevention and Control – Annual Report

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Approval/Scrutiny route:	Angela Cook, Deputy Director of Quality, Nursing and Allied Health Professionals Infection Prevention & Control Group Members Business Executive Team-
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Purpose

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 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 Committee is asked to:

- **Note** the report and receive **Assurance** that arrangements are in place in Public Health Wales to meet Infection Prevention and Control requirements

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	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 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 an annual review of progress made against the Corporate Infection Prevention and Control (IPC) workplan for 2022/23.

This report covers the period from 1st April 2022 to 31st March 2023. 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 Welsh Health Circular.

The Executive Director for Quality, Nursing and Allied Health Professionals is responsible for ensuring that there are appropriate standards and monitoring arrangements in place. The cross organisational Infection Prevention and Control group quarterly meeting provides oversight and monitors progress of the annual IPC workplan. The objectives for the 2022-23 workplan are listed in Appendix Two. The Corporate Lead Nurse for IPC (LNIPC) provides specialist advice and support to service areas, the executive and wider organisation as necessary, and reports into the Executive Director for Quality Nursing and Allied Health Professionals. IPC medical advice is sought on a needs-led basis.

3. Key Achievements

3.1 Infection Prevention Control Group

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

3.2 Review of post COVID-19 practices and Learning

Although the pandemic brought much disruption and uncertainty to service users and staff alike, it highlighted the need for ongoing effective IPC practices. This year the percentage of the population protected through vaccination remains high, the severity of the infection reported as low, and infection rates decreasing leading to the Health Service as a whole being able to review practices and procedures implemented during the pandemic, to identify examples of good practice and any learning. Whilst this has occurred at national level it was considered to be good practice to do the same internally. To this ends a small focus group was convened to identify good practice and areas of learning for IPC management within PHW.

Identified areas of IPC good practice points included:

- Effective collaborative working between IPC colleagues and Estates/Facilities colleague with regards to implementation of one way systems, signage etc. in buildings
- Successful conversion of staff flu vaccine programme into COVID19 vaccine programme
- Provision of donning and doffing training sessions for Screening Staff
- The supply and allocation of sufficient Personal Protective Equipment (PPE) to meet clinical need. This included Fluid-Resistant Surgical Masks, plastic aprons, eye protection and gloves
- Provision of cleaning wipes and alcohol gel for office-based and clinically-based staff, and the introduction of regular wipe-downs of desks etc., which has continued.

Learning points included:

- The need for wider training on use of PPE and hand hygiene for non-clinical staff
- A centralised store for PPE may be more efficient than services ordering their own supplies.

External Learning

The National Nosocomial COVID-19 Programme has prepared an Interim Learning Report to summarise the early learning identified from the ongoing NHS investigations into Patient Safety Incidents. IPC management was considered within this.

The following key learning points relevant to PHW services are:

- To improve the consistency of reporting Healthcare Associated Infections (HCAIs). Although cases of HCAIs directly attributable to care received by PHW services are rare, patients with an HCAI may have had contact with PHW services within the time period prior to an HCAI being diagnosed, and therefore the organisation needs to remain connected with All-Wales work on this subject
- The National Policy on Patient Safety Incident Reporting and Management will be updated to reflect Patient Safety Incident reporting requirements (both organisational and national requirements) for all HCAIs (including COVID-19)
- Additionally, infectious outbreaks will be reported to the NHS Executive as a Nationally Reportable Incident so that thematic learning can inform further improvement
- To mitigate the risk of variation, a national group is being established to design a new HCAI incident investigation methodology for implementation across NHS Wales
- NHS Wales organisations are encouraged to continue using digital solutions to support timely communication with colleagues on IPC updates relevant to IPC guidance.

3.3 IPC Audit Plan

Screening Services Audit Programme

The IPC audit programmes across the Screening Services have been identified. All programmes have an IPC plan, however not all audits are currently completed in the specified timeframes due to operational challenges. IPC screening leads are exploring ways to improve this by utilising alternative staff through the development of an IPC Link Worker Programme. The first planning meeting for this took place at the end of February 2023 and the group is meeting monthly for the initial planning phase. It is anticipated that the first training sessions will take place in Quarter 2.

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. Standardised Hand hygiene, Personal Protective Equipment

(PPE) and IPC Environmental audit templates have been agreed and will require some changes to the current templates and schedules used by the Screening Teams. The preparation for the implementation of these changes has commenced and will be introduced alongside the implementation of the IPC Link Worker Programme.

Having reviewed the IPC audit tools used in Screening, it was identified that there was a need for annual assurance audits to be completed by the Lead Nurse for IPC in all PHW-managed sites and any others identified as needing escalation. This new audit programme has been written into the Workplan for 2023-24 and will commence in April 2023.

Microbiology Laboratories Audit Programme

During 2022-2023 the Microbiology annual audit schedule was completed. Trend analysis comparing data between 2019-2022 showed a marked increase in overall compliance.

The audit inspects aspects of infection prevention and control compliance, e.g. daily cleaning schedule, maintenance/cleaning of equipment, PPE, health and safety induction, understanding of needle stick inoculation procedure, eye wash location/expiry, autoclave inspection and registering understanding of the health and safety policy and the spillage and disinfection policy.

All Containment Levels (CL) 3 laboratories completed the quarterly audit. After 2023, trend analysis will be available for categorisation of non-compliances.

CL3 Sealability testing is progressing. There have been some improvements in test outcome.

The Microbiological safety cabinet replacement project for CL3 rooms at University Hospital Wales (UHW) was completed on 31st March 2023.

All laboratories completed the internal six monthly laboratory audits and office audits.

Contingency plans are in place to address reliability and access to autoclaves. A business case has been submitted to Betsi Cadwaladr University Health Board for Bangor laboratory, and a new autoclave machine has been installed at UHW.

Microbiology staff continue to follow local Health Board policy regarding the wearing of Fluid-Resistant Surgical Masks.

3.4 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
- Mandatory training compliance

Although the plan was to display these Metrics in an IPC digital dashboard this work had to be postponed due to workforce capacity within the performance team.

3.5 Digital Audit tool

IPC Audits provide an important tool to meet legal, regulatory and compliance requirements. There is currently an appetite to transform the current paper-based audits tools to a digital solution within QNAHPs and the Screening Division. This would digitally enable our screening staff to complete IPC work and improve 'real time' reporting, oversight and monitoring of overall IPC compliance.

Initial scoping work has started to identify a suitable external digital audit tool and reporting system that would suit the overall audit needs of PHW, and incorporate IPC-related audits.

3.6 Policy Development and Review

Several IPC-related policies and procedures have been due for review and republication this year and several have been completed and approved or are pending approval. However, other policy revisions have been delayed to attend to more immediate IPC work has had to be prioritised. The IPC lead nurse will be progressing the revision of policies and procedures taking a risk based approach to order of priority.

The following procedure has been developed and approved during 2022-23:

- Vaccines (Handling and Storage) Cold Chain Management Procedure

Policies/procedures pending final approval:

- IPC Policy
- Outbreak Management Procedure

Both will be presented at for approval in Quarter One of 2023-24.

Policies/procedures in the preliminary drafting phase:

- **Management of Clinical Waste** – Reason for delay inconsistent waste management processes across the screening services and Management of Clinical Waste procedure was unavailable to staff. This is being updated alongside a review of practices and will be incorporated into the general Waste Management procedure
- **Environmental Cleaning Procedure** – Reason for delay identified as the need to strengthen cleaning standards for the audit programme along with Environmental Cleaning Procedural documents
- **Exposure Injury (including needle stick injury) and Safe Use of Sharps Procedure** – Reason for delay is the need to further review this procedure following an increase in exposure incidents
- **The Decontamination Policy and Procedure** – reason for delay to ensure and agree standardised practice across the Screening Programmes.
- **Handling and Transport of Clinical Specimens Procedure** – reason for delay – the need to bring together Leads from the relevant departments to form a working group.

All of the above policy and procedural documents have an anticipated completion date of August 2023.

3.7 IPC Training

All staff are expected to undertake a level of IPC training commensurate with their role as part of their mandatory training programme. This includes:

- Non-patient-facing staff and laboratory staff are expected to complete the Level 1 module every three years
- Clinical staff are expected to undertake the Level 2 module every year, which encompasses the information within the Level 1 module.

In addition, staff within the Breast Test Wales service are expected to undertake Aseptic Non-Touch Technique (ANTT©) training, as part of the All-Wales commitment to follow this standardised approach to reduce variation in aseptic technique and practice. The training involves an e-learning module followed by a practical assessment.

The compliance data at 31st March 2023 is displayed below:

Table One: IPC Mandatory Training Compliance to 31st March 2023

Competence Name	Assignment Count	Required	Achieved	Compliance %
028 LOCAL ANTT Assessment	91	91	45	49.45%
NHS CSTF Infection Prevention and Control - Level 1 - 3 Years	2229	2229	1955	87.71%
NHS CSTF Infection Prevention and Control - Level 2 - 1 Year	311	311	242	77.81%
NHS MAND Aseptic Non Touch Technique - No Specified Renewal	93	93	82	88.17%

For level one IPC training Welsh Government (WG) targets are 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. This data is also monitored at the IPC group and recovery positions discussed as part of divisional updates

Aseptic Non-Touch Technique (ANTT®) – The e-learning module compliance is at 88.17% across Breast Test Wales. The practical assessment component of the ANTT® training has only recently been added to Electronic Staff Record (ESR) to support compliance monitoring. Compliance is currently showing at 49.45% and work is underway to understand this position and whether it may be a data entry and data quality issues.

At the Screening IPC Group meeting on 1st March 2023, the IPC Lead for Breast Test Wales (BTW) confirmed that 100% of the Nursing staff had been assessed in Swansea, Cardiff and the North Centres, and 100% of the current Radiography team in the North has been assessed.

A lack of assessors for the Radiographers in Swansea and Cardiff has delayed assessments and this is being addressed. The Cardiff Radiography team have prioritised biopsy takers and have a compliance of 18/40 staff, 45%. Discussions are ongoing to support medical staff to achieve this competency 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 further improvement work has been identified and includes:

- Planning the IPC Link Worker programme which will encompass training, auditing, influenza and the role of the 'Flu Champions'
- A hand washing video for the PHW Laboratories, as part of a suite of training videos
- Agreement to deliver a 30-minute session on Carbapenemase Producing Organisms (CPOs) to the Health Protection Team.

3.8 IPC Risk Register

Work on the Organisational IPC Risk Register has commenced and potential risks are being finalised by the IPC Group. Once agreed these will be added to Datix.

3.9 Incident reporting

The Lead Nurse for IPC is notified of all incidents entered onto the Datix incident management system that are recorded as IPC-related. 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.

The coding system on Datix does not allow for all IPC-related incidents to be coded as 'Infection Prevention and Control'. Additional codes have to be included to ensure as many relevant incidents are captured; these include several under 'Accident, injury'. In addition, a representative from the Health & Safety team and the Lead Nurse for IPC have started to meet monthly to ensure all incidents are shared.

The table below summarises the number of incidents in key IPC-related categories reported on Datix during financial year 2022-23:

Table Two: Summary of key IPC-related incidents, 1st April 2022 to 31st March 2023

Incident Type	Sub type/Sub Subtype	Department	Number
Infection Prevention and Control	Infection outbreak	Improvement Cymru	1
Infection Prevention and Control	Failure / delay to receive an infection test result / report	L	1
Infection Prevention and Control	Failure to follow correct process or procedure for environmental cleaning	S. DESW - Same site	4
Infection Prevention and Control	Delay in environmental cleaning	L (2 sites)	3
Infection Prevention and Control	Non compliance with bundle/guidance	L	1

Infection Prevention and Control	Incorrect Infection diagnosis	L	1
Infection Prevention and Control	Test results / reports (infection)	L	2
Infection Prevention and Control	Delay in diagnosis of infection	L	1
Accident, Injury	Exposed to blood or bodily fluids (not needlestick or sharps injury)	L	17
Accident, Injury	Contact with needles or medical sharps	L - x1 BTW x2	3
Accident, Injury	Contact with or exposure to hazardous substance - Other	L	10
Behaviour (including violence and aggression (V&A))	Anti social behaviour**	DESW	1
Total			45

*Key:

L - laboratory

DESW - Diabetic Eye Screening Wales

S - Screening

BTW - Breast Test Wales

** This incident was IPC-related but was coded incorrectly on Datix. It involved an incontinent patient at one of the clinic locations.

Outbreaks and cases of infection

No infection outbreaks or single cases of infection among service users or staff members have occurred during this financial year. One incident in March 2022 was reported in April 2022, when 3 of 12 members of staff from Improvement Cymru developed COVID-19 after attended a 4-day residential training course together. No breaches in current guidance were identified from the investigation.

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

30 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 & procedure is being reviewed and updated to provide greater clarification on the types of incidents and Datix coding to use.

Agreement on Datix Coding of IPC Incidents

Work is ongoing to strengthen the processes for identifying and reviewing IPC incidents. The Lead IPC Nurse and the Health & Safety Advisor meet monthly to review related incidents and analyse initial coding used in the initial incident report with the aim of producing a standardised coding list to use across the organisation that accurately reflects the incident type. The Putting Things Right team are working with the Lead Nurse for IPC to ensure that she is notified of all relevant incidents.

3.10 On-site IPC Visits

A programme of IPC site visits has commenced:

- The Breast Test Wales buildings at Llandudno and Cathedral Road, Cardiff have been visited
- The Endoscopy Units at the Prince Charles Hospital and the Royal Glamorgan Hospital have been visited as part of the Joint Advisory Group (JAG) Annual Review, in conjunction with the Senior Decontamination Engineer for NHW Wales Shared Services Partnership and the All-Wales Lead Nurse Coordinator for Bowel Screening Wales
- The Diabetic Eye Screening Clinic at St. David's Park has been visited and audited

- The Screening Laboratory at Magden Park has been visited and audited, and the Microbiology Laboratory at University Hospital Wales has been visited.

3.11 IPC Lead Nurse 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 corporate IPC representation at a number of internal PHW meetings, across divisions and projects, to ensure that IPC standards are incorporated into all activities.

3.12 IPC Advice and Support

The Lead Nurse for IPC is available for support and advice for all PHW staff. IPC advice has been issued in the PHW staff bulletin in conjunction with Health & Safety, particularly with regards to COVID-19 and other respiratory illnesses. IPC precautions for clinical staff are regularly reviewed. 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.

3.13 Influenza vaccine programme

The annual staff influenza (flu) vaccine campaign is a priority area and was launched on the 10th October as 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 was to maximise staff uptake with a stretch target of 80% uptake. A mixed model of delivery was adopted and included PHW staff peer vaccinators, WAST occupational health staff and flu vouchers to use at local pharmacies.

Flu Vaccination uptake Data

At 20th April 2023, the final staff flu vaccination uptake was 51.6% for all staff, and 54.4% among frontline staff. Whilst this is an improvement on the previous year, with uptakes of 46.2% and 43.8% respectively, it is

less than the rates achieved in 2020. This is despite active promotion of the vaccination using multiple communication media. It should be noted that in terms of NHS Wales staff flu vaccination performance, PHW was 3rd in the leader board for front-line staff, and 4th for all staff. This is an achievement considering we are a national NHS organisation across multiple sites and locations.

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 was introduced to encourage staff to inform us when they have received both a Flu and Covid-19 vaccination. Following the end of the campaign, a survey about staff experiences is currently being analysed, and work with underrepresented staff groups and departments is being planned in advance of next year's programme.

Flu Vaccine incidents

A 'No Surprises' report was sent to the Welsh Government on 21st 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. Priorities for 2023-24

Priorities for 2023-24 include:

- A yearly 'assurance' audit programme undertaken by the Lead Nurse for IPC will commence, covering all PHW-managed sites
- The introduction of an IPC Link Workers programme in Screening Services
- The development of a framework for cleaning audits for screening services to standardise cleaning schedules against the National Cleaning Standards for Wales
- The development of an IPC dashboard to display IPC Key performance indicators
- The introduction of audit templates/programmes resulting from the Core Ward Audit Work programme
- The completion of a formal staff IPC training needs analysis
- The publication of remaining expired policies and procedures

- Delivery of the Staff Flu Vaccine campaign.

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

6. Recommendation:

The Committee is asked to:

- **Note** the report and receive **Assurance** that arrangements are in place in Public Health Wales to meet Infection Prevention and Control requirements

Appendix One

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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:

Objective	Comment
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1	Lead on the delivery of the annual staff flu vaccine programme within PHW.	Completed
2	Oversee the audit programme within screening services including hand hygiene and environmental audits.	Completed
3	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.	Project has started
4	Oversee and support Breast Test Wales with the implementation of Aseptic Non-Touch technique (ANTT) practice and assessment	Ongoing
5	The review and development of infection prevention and control policies/procedures/guidance.	Partly achieved
6	Link with Quality and Clinical Governance and Microbiology to look at data around Needle Stick Injuries	Completed
7	Collaboration with shared services in relation to decontamination audits of commissioned endoscopy services with Health Boards to provide assurance	Completed
8	Mandatory training- to monitor the compliance of level 1 and 2 IPC mandatory training for staff.	Ongoing
9	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.	Moved to 2023-24 workplan
10	Develop an IPC Risk Register using professional practice and standards identified in the IPC Work Plan.	Completed