

**PWYLLGOR IECHYD A DIOGELWCH  
HEALTH AND SAFETY COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	10 September 2024
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	DiffX Update Report
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Executive Director of Allied Health Professions and Health Science
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Tim Harrison, Head of Health, Safety and Security Adam Springthorpe, Health and Safety Manager

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

This paper is presented to the Health and Safety Committee to provide an assurance update with regard to the cleaning product “DiffX”, further to the paper presented to the Committee in July 2024. DiffX has recently been introduced as the main disinfectant for hospital surfaces in Hywel Dda University Health Board (HDdUHB).

**Cefndir / Background**

Until recently, the chlorine-based product “Tristel Fuse for Surfaces” was used as the main disinfectant for hospital surfaces. A new product based on peracetic acid, DiffX, has now replaced Tristel Fuse due to its ability to inactivate a broader spectrum of organisms relevant to healthcare settings. DiffX was trialled in Bronglais General Hospital (BGH) in August 2023 prior to being approved by the Environmental Hygiene Group for roll-out Health Board-wide starting from November 2023.

Disinfection is important for reducing the risk of Healthcare Acquired Infections (HAIs). A significant micro-organism in healthcare is *Clostridium difficile* or “C. diff”, a spore-forming bacterium that requires specific substances to achieve effective disinfection – these substances are referred to as “sporicidal”. Chlorine-based agents are not effective against C. diff; DiffX is effective against C. diff and other organisms relevant to healthcare. However, as discussed in the July paper, the health and safety aspects of chemical disinfection products must be considered alongside their effectiveness.

The paper presented to the Committee in July 2024 should be referred to for:

- The rationale for the replacement of Tristel Fuse for Surfaces with DiffX.
- Health and Safety regulatory requirements.
- Health and Safety aspects of the use of DiffX.
- Reporting of adverse effects of the use of DiffX.
- Reports received via Trade Union / Staff Side Representatives.
- Reassurance and change management.

The July paper also proposed a four-step plan:

1. General education of all staff with regard to the product, rationale for use, and relevant aspects (effectiveness, safety, and other benefits). This education will also take a wider look at cleaning and disinfection in general and look to dispel some of the myths around cleaning methods.
2. Specific update training delivered to end-users: this is to ensure the product is being used consistently across the Health Board, in line with manufacturer instructions, and to ensure no new risks are being introduced.
3. Specific training to be made available to Trade Union and Staff Side Representatives; additional support provided via staff-side forums.
4. Promotion of the reporting of adverse events to facilitate the identification of causation and appropriate remedial measures.

### Asesiad / Assessment

At the July Committee meeting the Health and Safety Team were asked to provide information on whether the use of DiffX was having the desired impact on reducing C.diff. As reported in the Table of Actions, Infection Prevention and Control (IP&C) do not have any specific data on the C.diff reduction as a result of the use of DiffX as this is extremely difficult to quantify. Any reduction would be likely to have many confounding factors such as effective isolation, cleaning equipment in between patients, bed cleaning, hand hygiene, appropriate glove use, antibiotic stewardship, etc., any or all of these could have impact on any C.diff reduction seen.

HDdUHB have however seen a 10% reduction/100,000 population, but more notably a 29% reduction in hospital cases, from which it is possible to draw a limited positive conclusion. It should be noted that in the same period the majority of other Health Boards saw an increase in C.diff cases.

### The 4 Step Plan

Progress towards each part of the 4-step plan are outlined below:

#### **1. General education.**

Infection, Prevention and Control (IP&C) are currently planning cleaning and disinfection awareness sessions.

#### **2. Specific training for end users.**

Suitable and sufficient training is key to the correct use of any disinfectant or cleaning product. It is also a requirement under the Control of Substances Hazardous to Health Regulations 2002 (COSHH). Concerns were raised in the July Committee that some staff may have been using DiffX without having received this training. The tables below show the training compliance figures for the Hotel Services Department on each of the four localities (as of 19/08/24).

Site	Contracted Staff			Bank Staff		
	Total	Trained	%	Total	Trained	%
BGH	67	65	97.01%	0	0	N/A
GGH	139	129	92.81%	27	27	100%
PPH	99	99	100%	0	0	N/A
WGH	159	110	69.18%	24	15	62.50%
<b>Totals</b>	<b>464</b>	<b>403</b>	<b>86.85%</b>	<b>51</b>	<b>42</b>	<b>82.35%</b>

In total, 86.85% of Hotel Services Staff have now received the training, however compliance varies by site from 100% in Prince Philip Hospital (PPH) down to 69.18% in Withybush General Hospital (WGH). Although still unacceptably low, the WGH figure is an improvement on the 38% compliance reported in June 2024.

In GGH and BGH the outstanding staff to be trained can be accounted for due to long term sickness and maternity leave within the departments. These staff will be trained as and when they return to the workplace. This also accounts for 10 of the outstanding WGH staff. A plan is in place to get the remaining WGH staff trained.

It has been noted within Facilities management that supervision is critical over the coming months where DiffX is concerned. Managers and Supervisors have been informed that they must address / challenge poor practices in order to improve compliance.

On some sites there is evidence that some staff have received refresher training in addition to their initial training, which is a positive action to note.

### **3. Information for Trade Union and Staff Side Representatives (TU Reps).**

It had been arranged for the Consultant Practitioner Infection Prevention to attend the Trade Union Health and Safety Group on 12 August 2024 to discuss the background / reasoning for the introduction of DiffX and then to have a question-and-answer session. Unfortunately, this had to be postponed due to sickness. The session has been rearranged for Thursday 5 September 2024.

Concerns continued to be aired at the Trade Union Health and Safety Group in August 2024, however the TU Reps at the meeting were in agreement with our July Committee paper that training was key to improving the current situation.

From a national viewpoint, one of the TU Reps reported that they had been in touch with colleagues in England from Health Boards / Trust already using DiffX and had received feedback that, on the whole, they had not experienced the problems that HDdUHB appear to be having in some areas.

Also of note is that national staff side organisations are actually driving the move away from chlorine-based products. Interestingly a number of the major suppliers of disinfectants to the NHS are reportedly likely to launch similar products to DiffX later in 2024, thus evidencing that the move to non-chlorine-based products like DiffX is the way that the industry is moving.

Separate to concerns for Hotel Services Staff, the TU Reps have also raised that staff other than those in Hotel Services may at times need to use cleaning products on the wards, such as Healthcare Support Workers or Nurses. TU Reps have queried what plans are in place to provide training to these staff. Discussions are in progress within the Hotel Services Department to establish how this training will be undertaken, either via DiffX directly or through supporting key nursing personnel by delivering the training through the Cleaning Services Supervisors.

### **4. Reporting of adverse events.**

In the July paper it was reported that there had been five Datix incident reports where adverse effects involving the use of DiffX were reported. As part of the four-step plan, staff were encouraged to report all adverse events to facilitate the identification of causation and

appropriate remedial measures. As a result, the number of incidents logged has increased to eleven as of 14 August 2024. The distribution of which can be seen in adjacent table.

Site	DiffX Datixes
BGH	1
GGH	5
PPH	0
WGH	5
Totals	11

Given the number of incidents in WGH and the lower levels of training compliance in that locality, it would be reasonable to assume at this stage that there could be a correlation between the two. It will not be possible to draw true comparisons between sites until all staff have had suitable and sufficient training, backed up with adequate supervision to ensure that the product is being used in line with the manufacturer's instructions.

The Health and Safety Officer has undertaken visits to sites, particularly WGH, to observe staff when using DiffX in the workplace. He has taken the opportunity to speak with staff that have reportedly been affected, along with others that have not raised any concerns, to listen to their thoughts and experiences. Additionally, observations across the sites have been undertaken by the Consultant Practitioner Infection Prevention. Feedback from both have been fed back to the Hotel Services Department.

### Argymhelliad / Recommendation

The Health and Safety Committee is requested to:

- **TAKE ASSURANCE** that the four-step plan introduced in July is progressing to improve education around the new product and to continue to encourage the reporting of adverse events to allow for suitable and sufficient investigation into causation.

### Amcanion: (rhaid cwblhau)

#### Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 Provide assurance around the UHB arrangements for ensuring the health, safety, welfare and security of all employees and of those who may be affected by work-related activities, such as patients, members of the public, volunteers, contractors etc.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	1. Safe 3. Effective
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do 4. The best health and wellbeing for our individuals, families and communities 6. Sustainable use of resources

Amcanion Cynllunio Planning Objectives	2a Staff health and wellbeing
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	<ul style="list-style-type: none"> <li>• H.M. Government: Statutory Instrument (2002), <u>Control of Substances Hazardous to Health. The Control of Substances Hazardous to Health Regulations 2002 as amended</u>, H.M. Stationary Office, London.</li> <li>• HSE (2013), <u>The Control of Substances Hazardous to Health Regulations 2002 as amended, Approved Code of Practice and Guidance L5 (sixth edition)</u>, HSE Books, Norwich, England</li> <li>• HSE (2017), <u>COSHH Essentials: Control Exposure to Chemicals – A Simple Control Banding Approach</u>, HSE Books, Norwich, England</li> <li>• HSE (2012) <u>Working with Substances Hazardous to Health, A brief guide to COSHH INDG136(rev5)</u>, HSE Books Sudbury, England.</li> <li>• HSE (2007) <u>EH40/2005- Occupational Exposure Limits, Table 1: List of approved workplace exposure limits (as consolidated with amendments October 2007)</u>, HSE, England</li> </ul>
Rhestr Termiau: Glossary of Terms:	<p>COSHH - Control of substances hazardous to health  IP&amp;C – Infection, Prevention and Control  HSE – Health &amp; Safety Executive  C.diff - Clostridioides difficile  HAI - Healthcare Acquired Infections</p>
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ceisiadau Gofal Sylfaenol: Parties / Committees consulted prior to Health & Safety Committee Committee:	<p>Trade Union Health &amp; Safety Group  Health &amp; Safety Advisory Group  Infection Prevention Strategic Steering Group</p>

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Environmental assessments may need to be procured via external contractors.

<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	There is a positive impact on staff and patient safety, health and wellbeing through compliance with health and safety regulations.
<b>Gweithlu: Workforce:</b>	Potential for adverse future staffing impacts if this legislation is not complied with as it relates to employee safety.
<b>Risg: Risk:</b>	Risk to health and safety management.
<b>Cyfreithiol: Legal:</b>	Potential for enforcement action including Improvement Notices/Prosecutions and claims due to breaches in legislation.
<b>Enw Da: Reputational:</b>	Potential for enforcement action including Improvement Notices/Prosecutions and claims due to breaches in legislation.
<b>Gyfrinachedd: Privacy:</b>	Not Applicable
<b>Cydraddoldeb: Equality:</b>	<p>No evidence gathered to indicate a negative impact on any protected group/s.</p> <p>Evidence gathered indicates a positive impact on the protected characteristics of human rights and pregnancy / maternity.</p>