BMI | Healthcare

Infection Prevention and Control

Director of Infection Prevention & Control Annual Report 2016/17

The Highfield Hospital

Director of Infection Prevention & Control Annual Report

	Contents	**Page number**
1.0	Introduction	3
2.0	Self-Assessment Against the Code of Practice/ Scottish HAI Standard	5
3.0	Criterion 1	5
4.0	Criterion 2	7
5.0	Criterion 3	9
6.0	Criterion 4	9
7.0	Criterion 5	10
8.0	Criterion 6	11
9.0	Criterion 7	11
10.0	Criterion 8	12
11.0	Criterion 9	12
12.0	Criterion 10	12
13.0	Monitoring Compliance With and The Effectiveness of This Strategy	13
14.0	References	15

Director of Infection Prevention & Control Annual Report 2016/2017

1.0 INTRODUCTION

1.1 Organisation of BMI Healthcare IPC Programme.

BMI Healthcare is committed to reducing the risks of Healthcare Associated Infection (HAI) through a pro–active strategy and continual development and implementation of best practice initiatives.

The Infection Prevention and Control (IPC) Programme outlines the core components of service provided throughout all BMI Healthcare facilities and underpins the foundations of patient safety.

The programme, which is reviewed annually, takes into account current legislation from all three UK countries. For England and Wales, it is set against the Health and Social Care Act 2008: Code of Practice for the Prevention and Control of Infections and related guidance (DH 2015). This Code of Practice is used by the England healthcare regulator, The Care Quality Commission (CQC), to measure compliance of healthcare providers in relation to Regulations 12 and 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).

Similarly, in Scotland the programme follows the criteria set out within the Healthcare Associated Infection (HAI) Standards (HIS February 2015).

In addition to regulatory requirements, the programme also focuses on and is directed by the following national directives and initiatives:

- Implementation of modified MRSA screening guidance (DH 2014)

- High Impact Interventions Care processes to prevent infection. Saving Lives 4th Edition (IPS NHS Improvement 2017)

- NICE Quality Standard 61: Infection Prevention and Control (2014)

- Acute Trust toolkit for the early detection, management and control of carbapenemase-producing Enterobacteriacae (PHE 2013)

- Guidance for the laboratory investigation, management and infection prevention and control for cases of *Candida auris* (PHE 2017)

- UK 5 Year Antimicrobial Resistance (AMR) Strategy 2013 – 2018

- Scottish Management of Antimicrobial Resistance Action Plan 2014 - 2018

- Start Smart-Then Focus. Antimicrobial Stewardship Toolkit for English Hospitals (PHE 2015)

All staff working in BMI Healthcare hospitals take responsibility for infection prevention and control and there are specific evidence based policies and procedures in place to guide staff in their practice and maintain high a high level of patient safety.

This report is structured around the ten criteria of the Health and Social Care Act (2008) Code of Practice for Infection Prevention and Control and Related Guidance (2015) and also cross references to the Scottish Healthcare Associated Infection Standards (2015) against which BMI hospitals in Scotland are measured. The report describes how The Highfield Hospital assures compliance to these regulatory standards and reports on the effectiveness of the IPC work programme in the prevention of HAI at the hospital in the

BMI Healthcare Financial Year from October 1st 2016 to September 30th 2017.

The following table explains the requirements for providers of healthcare in relation to IPC in England and Wales with reference to the equivalent standards for Scotland.

Criteria		Scottish Standards
1	Systems [are in place] to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that their environment and other users may pose to them.	Standard 1: **: Leadership in the prevention and control of infection** The organisation demonstrates leadership and commitment to infection prevention and control to ensure a culture of continuous quality improvement throughout the organisation. **Standard 6: Infection prevention and control policies, procedures and guidance** The organisation demonstrates implementation of evidence-based infection prevention and control measures.
2	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.	**Standard 8: Decontamination** The environment and equipment (including reusable medical devices used) are clean, maintained and safe for use. Infection risks associated with the built environment are minimised.
3	Ensure the relevant antimicrobial use to maximise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.	**Standard 5: Antimicrobial Stewardship** The organisation demonstrates effective antimicrobial stewardship.
4	Provide suitable accurate information on infections to any person concerned with providing further support or nursing/ medical care in a timely fashion.	**Standard 3**: **Communication between organisations and with the patient or their representative** The organisation has effective communication systems and processes in place to enable continuity of care and infection prevention and control throughout the patient's journey.
5	Ensure that people who have or develop an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing on the infection to other people.	**Standard 1: Leadership in the prevention and control of infection** The organisation demonstrates leadership and commitment to infection prevention and control to ensure a culture of continuous quality improvement throughout the organisation.
6	Ensure that all staff and those employed to provide care in all settings are fully involved in the process of preventing and controlling infection.	**Standard 6: Infection prevention and control policies, procedures and guidance** The organisation demonstrates implementation of evidence-based infection prevention and control

		measures.
7	Provide or secure adequate isolation facilities.	**Standard 6:Infection prevention and control policies, procedures and guidance** The organisation demonstrates implementation of evidence-based infection prevention and control measures.
8	Secure adequate access to laboratory support as appropriate.	**Standard 4: HAI surveillance** The organisation has a surveillance system to ensure a rapid response to HAI.
9	Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.	**Standard 6:Infection prevention and control policies, procedures and guidance** The organisation demonstrates implementation of evidence-based infection prevention and control measures.
10	Ensure, so far as is reasonably practicable, that care workers are free of and are protected from exposure to infections that can be caught at work and that all staff are suitably educated in the prevention and control of infection associated with the provision of health and social care.	**Standard 6:Infection prevention and control policies, procedures and guidance** The organisation demonstrates implementation of evidence-based infection prevention and control measures.

2.0   SELF-ASSESSMENT AGAINST THE CODE OF PRACTICE / SCOTTISH HAI STANDARD.

2.1   All BMI hospitals in England and Wales conduct an annual self-assessment to measure local compliance to the Code of Practice for Infection Prevention and Control and related guidance (DH 2015).

Scottish BMI hospitals assess compliance against the Healthcare Associated Infection (HAI) Standards (HIS 2015).

Use the RAG system to score progress i.e. if progress significant enter "A", if fully completed enter "G".	
1	**2**
Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that their environment and other users may pose to them.	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.

BMI	**DIPC Annual Report**	**Version: 2**	**Issue date: 10/2017**	**Review date: 09/2019**

Page 5 of 19

This self-assessment is completed and the results form the annual IPC programme.	100	Decontamination responsibilities are clear: high, medium, low risk items. And especially an overall Decontamination Lead.	100
There are risk assessments in place for IPC risks.	100	All high risk equipment is processed through a compliant CSSD service.	100
There is a clear infrastructure that demonstrates IPC is part of an assurance framework: there is 24 hour access to an Infection Control Doctor with an in date SLA: there is an IPC committee that meets quarterly.	100	Endoscope department demonstrates compliance to decontamination standards & has action plans for areas of non-compliance; all monitoring is shared with IPCC.	100
There is a hospital IPC Lead with their competency level defined and objectives to develop to a set level appropriate for the hospital: requirement of support is defined.	100	Food safety is assured & supported by staff competency appropriate to their role.	100
WHO self-assessment for HH is complete and Quarterly hand hygiene audits are undertaken with set targets of compliance.	100	There is an identified waste management lead that supports all waste streams including the HIPCL, as Head of the Infectious waste stream. Waste audits demonstrate compliance to waste policy.	100
Care bundle audits are undertaken for the insertion and care of invasive devices & for surgical site management.	100	Laundry service is managed through a SLA & monitored to ensure compliance.	100
Quality Improvement Tools are completed in the main by the link role & in the absence of link persons HOD.	100	Water safety is managed by engineer department & shared with the IPCT & through the HIPCC	100
Surveillance: Alert organism, surgical site (especially hip & knee) and all bacteraemia & CDI is established throughout all clinical settings and patient pathways with regular feedback to all clinical staff on a monthly basis. As well as reporting through hospital governance & corporately through incident reports and monthly report.	100	Ventilation of all clinical areas is managed by the engineer department & shared with the IPCT through the HIPCC.	100
Root cause analysis & investigation is routine for HCAI reports appropriate to each report and systems are in place for feedback and learning.	100	There is a Senior Housekeeper that works closely with the HIPCL. There are cleaning frequencies and responsibilities in place in all areas.	100

3.0 CRITERION 1: Systems [are in place] to manage and monitor the prevention and control of infection

3.1 These systems use risk assessments and consider how susceptible service users are and any risks that their environment and other users may pose to them.

This criterion links with Regulation 12 of the Health and Social Care Act (2008): Safe care and Treatment. In Scotland this equates to HAI Standard 1: Leadership in the prevention and control of infection; "the organisation demonstrates leadership and commitment to infection prevention and control to ensure a culture of continuous quality".

The Highfield Hospital has in place:

- An Assurance Framework outlining collective responsibility of all staff from the Board to the local level for minimising risks of infection and how this is to be achieved.

- A corporate Director of Infection Prevention and Control (DIPC) accountable to the Chief Executive Officer and the Board at Corporate level with devolved responsibilities to the Head of Infection Prevention and Control. Locally, there is a DIPC, Michelle Hatton who is accountable to the Executive Director of the hospital in ensuring that the annual IPC work programme is delivered and a high level of infection prevention and control and cleanliness in the hospital is maintained. The Highfield Hospital also has in place Kay Picken, infection prevention and control lead nurse.

- Mechanisms by which the hospital ensures sufficient resources are available to secure the effective prevention and control of HAI.

- Measures to ensure that all hospital staff, contractors and other persons directly or indirectly concerned with patient care receives suitable and sufficient information, training and supervision in measures required to prevent or minimise HAI. .

- Evidence based policies and procedures that address the management of risk from HAI which are backed up by local Standard Operating Procedures as appropriate.

- A programme of audit that is completed monthly and quarterly to ensure key IPC policies and practices are being implemented appropriately and that national evidence based guidelines for IPC are embedded locally.

- A functional Hospital Infection Prevention and Control Committee (HIPCC) which meets quarterly and is linked to the Hospital Clinical Governance Committee. The IPCC oversees and directs the IPC Annual Work Programme.

3.2 Risk Assessment

The Highfield Hospital has in place suitable and sufficient assessment of risks to patients with respect to HAI. Directed evidence based risk assessments are carried out at Pre-Assessment, upon admission to hospital and throughout the patient pathway. The IPCL monitors infection risks through a process of surveillance, using data drawn from risk assessments, audit and clinical incident reports as well as microbiology test results. These findings and a review of current risk assessments are reported to the IPC Committee and the findings are used to inform future actions.

The Highfield Hospital has a robust incident reporting system through which staff can report adverse incidents such as deviation from a clinical guideline or poor practice that may be detrimental to patient care.

Each MRSA, MSSA or *E.coli* blood stream infection (BSI) is subjected to a Root Cause Analysis (RCA). Additionally, RCA is used for *Clostridium difficile* infection that is determined

to be healthcare associated. Some surgical site infections are also subject to investigation so as to better understand how the infection occurred in order to learn lessons for preventing future infections. All IPC incidents are reported using an electronic incident reporting and management system, from which reports are generated for discussion at the IPCC and Clinical Governance Committee.

3.3 **Infection control management, including the role of the DIPC**

Michelle Hatton the Director of Clinical Services is the DIPC at The Highfield Hospital.

Kay Picken is the Infection prevention and Control at The Highfield Hospital.

The DIPC is responsible for directing the IPC service locally and is accountable to the hospital's Executive Director. In BMI hospitals, the role of DIPC is assigned to the Director of Clinical Services (DCS) as an integral aspect of that role.

In each hospital IPC is co-ordinated and led by an Infection Prevention and Control Lead (IPCL). The IPCL is a registered practitioner who is responsible for implementing the IPC annual work programme which has been agreed by the IPCC locally. This programme seeks to address all areas of risk in relation to IPC that have been identified through the processes of self-assessment, peer review and external audit against regulatory requirements, evidence-based national guidelines as well as national BMI policy. It is the responsibility also of the IPCL to provide support and guidance in IPC for all hospital staff in addition to acting as a link with external agencies. The IPCL is directly accountable to the DIPC.

The IPCL is also responsible for the day-to-day business of IPC including audit, surveillance, patient risk assessment, training and advising and updating staff on IPC issues. The IPCL is supported by IPC Link Practitioners who work in each department and who provide an additional resource at clinical level.

There is an Infection Control Doctor (ICD) engaged through a Service Level Agreement with Dr Edward Kaczmarski The ICD is a member of the IPCC and provides specialist IPC and microbiology advice to the hospital. In the event of an outbreak, the ICD will lead the Outbreak Management Team as convened under policy.

Full details of the roles and responsibilities of all staff in the prevention and control of infections are outlined in the BMI Infection Prevention and Control Assurance Framework Policy document.

4.0 **CRITERION 2:**

Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections

4.1 This criterion links with Regulation 15 of The Health and Social Care Act 2008: Premises and Equipment and Scottish HAI Standard 8: Decontamination "The environment and equipment (including reusable medical devices used) are clean, maintained and safe for use. Infection risks associated with the built environment are minimised".

The IPCL, in collaboration with the Estates and Facilities Team, Housekeeping and Departmental Leads, monitors standards of cleanliness and promotes best practice.

Each audit completed is checked by the Head of department to ensure compliance above 90%, all results below compliance levels to have action plans in place. Weekly audits are undertaken by the Head of Department and an SMT audit is completed for the assurance

file monthly in line with CQC requirements.

Audit	Link	Timescale/Audit to Undertake	Date of Completion
Department of Health High Impact Intervention (Care Bundles)	HII Care Bundle Audit	January	24/01/2017
	HII Care Bundle Audit	February	14/02/2017
	HII Care Bundle Audit	March	13/03/2017
	HII Care Bundle Audit	April	16/04/2017
	HII Care Bundle Audit	May	16/05/217
	HII Care Bundle Audit	June	06/06/2017
	HII Care Bundle Audit	July	28/07/2017
	HII Care Bundle Audit	August	14/08/2017
	HII Care Bundle Audit	September	14/09/2017
	HII Care Bundle Audit	October	13/10/2017
	HII Care Bundle Audit	November	12/12/2017
	HII Care Bundle Audit	December	12/11/2017
QIT Audit	QIT Audit	Clinical Areas (QIT in Out-Patient Area)	01/02/2017
	QIT Audit	Day Centre	01/02/2017
	QIT Audit	Endoscopy Environment and Decontamination	01/02/2017
	QIT Audit	Vehicles	NA
	QIT Audit	Vaccine Storage	NA
	QIT Audit	Transportation of specimens	NA
	QIT Audit	Standard Precautions	01/02/2017
	QIT Audit	Isolation precautions (for patients with additional IPC precautions in place)	29/09/2017
	QIT Audit	Hand Hygiene Environment	15/01/2016
	QIT Audit	Hydrotherapy	NA
	QIT Audit	Operating Theatre	01/02/2017
	QIT Audit	Operating Theatre Asepsis	15/05/2017
	QIT Audit	Scrub Procedure	01/02/2017

4.2 Housekeeping staff are suitably trained and hold adequate competencies for their roles. The Highfield Hospital Training results.

October 2015 – September 2017
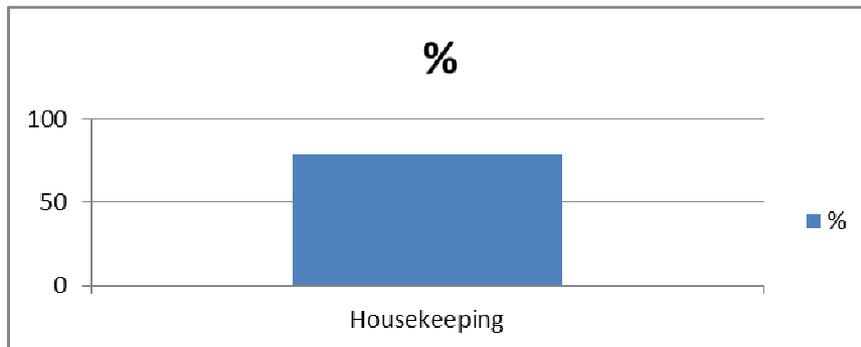
Each Head of Department has an action plan in place to ensure compliance to increase to 100% following the appointment of the IPC lead for training dissemination.

4.3 There are designated managers for the cleaning of the environment and the cleaning and decontamination of equipment.

4.4 Lead nurses are included in all aspects of cleaning services, including contract negotiations and service delivery at ward level.

4.5 Ensuring through audit and ward visits that all parts of the premises are suitable for the purpose, kept clean and maintained in good physical repair and condition

4.6 Patient-led Assessments of the Clinical Environment (PLACE) audits are conducted annually

Highfield PLACE Audit 2017
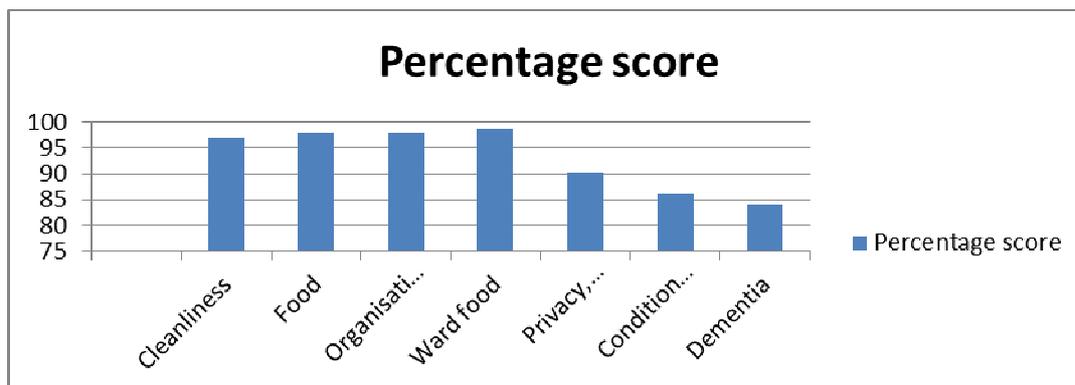
4.7 Hospital Cleaning Schedules detail the standards of cleanliness required in each area and audits of cleanliness are conducted as per cleaning standards.
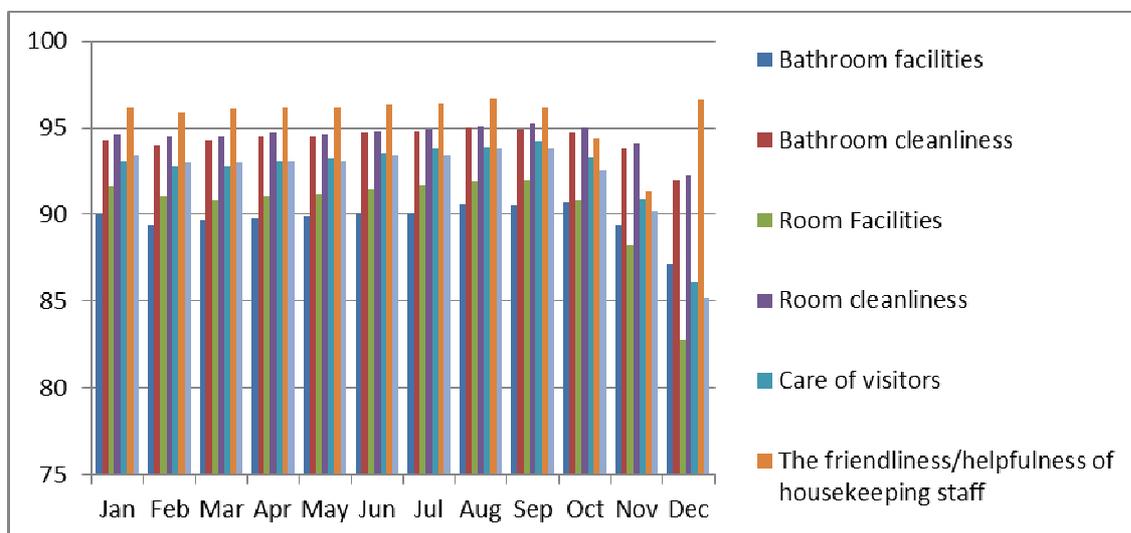
4.8   There is adequate provision of suitable hand washing facilities and alcohol gel hand sanitizers in line with WHO 'My Five Moments of Hand Hygiene' and risk assessments have been conducted for alcohol hand gel placement and use.

4.9   Correct procedures are in place for the delivery of food services, including food hygiene and food brought into the organisation by patients, staff and visitors.

4.10   Advising on waste disposal. There is a robust waste management policy and appropriate segregation of waste in line with the policy. There are waste officers for each site who provide support to staff, liaise with the designated waste contractors and who conduct a waste audit annually to measure compliance toward current legislation.

4.11   There is a programme of planned, preventive maintenance, including pest control and the management of potable and non-potable water supplies.

4.12   There is a Water Safety Committee to ensure safe delivery of potable and non-potable water supplies by overseeing the testing schedules of water systems and outlets throughout the hospital and reviewing the results of these tests together with microbial sampling results as necessary. The Water Safety Committee reports to Clinical Governance through the IPCC of which it is an integral part.

4.13   There is a uniform policy in line with the Department of Health policy and compliance with 'Bare Below The Elbows' is enforced in all interactions with the clinical environment.

4.14   Ensuring the management of linen and laundry, including uniforms, complies with Health Service Guidance HSG(95)18: Hospital Laundry Arrangements for Used and Infected Linen

4.15   Ensuring there are effective arrangements for the appropriate decontamination of instruments and other reusable medical equipment in line with the Health Technical Memorandum (HTM) 01-01 (England); HTM2010, HTM2030 and HTM2031 (Wales), SHTM2030 and SHTM2031 (Scotland) and has registration under Article 12 - Council Directive 93/42/EEC, Annex V, Section 3.2.(Sterility aspects only) or registered with CQC.

BMI HD hubs operate a Quality Management System which complies with the requirements of ISO 9001:2008 and ISO 13485:2003 for the following scope:

'*The provision of a service of decontamination and moist heat sterilisation of procedure packs and supplementary items*'

In addition, BMI The Highfield Hospital has in place

- A designated Decontamination Lead who has responsibility for ensuring that the

Corporate Decontamination Policy is implemented in relation to local activities and which takes into account national guidance.

- Appropriate procedures are followed for acquisition and maintenance of decontamination equipment.

- A monitoring system is in place to ensure decontamination processes are fit for purpose and meet required standards with respect to:

  - risk assessment

  - weekly water testing and feedback of results

  - machine checks

  - maintenance with available records

  .

5.0 CRITERION 3:

Ensure appropriate antimicrobial is used to increase patient outcome and reduce the risk of adverse events and antimicrobial resistance.

5.1 This criterion links with Scottish HAI Standard 5: Antimicrobial Stewardship 'The organisation demonstrates effective antimicrobial stewardship'

BMI Healthcare has an antimicrobial prescribing policy this is supported by the Pharmacists and the Infection Control Doctor/Consultant Microbiologists locally.

There is an annual antibiotic prescribing audit that is completed quarterly this reported to the IPC Committee. The antimicrobial audit is currently underway; The Highfield Hospital has had a CSM Pharmacy vacancy which was filled in the last 6 months of 2017. Plans are in place to ensure that the audit is completed and discussed with the Microbiologist and IPCL.

Hospitals have access to information about antimicrobial therapy explaining any precautions required both in the hospital and in the community post discharge. Information is also available for visitors. The prescribers also receive training on the use of antimicrobial resistance and stewardship.

BMI The Highfield participates in the European Antibiotic Awareness Day/World Antibiotic Awareness Week annually to raise awareness amongst staff and service users of the issues around antimicrobial usage and resistance. All BMI The Highfield clinical staff signed up to become an antibiotic guardian. IPC link nurses attended workshops to increase awareness.

6.0 CRITERION 4:

Provide suitable accurate information on infections to any person concerned with providing further support or nursing/medical care in a timely fashion.

6.1 This criterion links with Scottish HAI Standard 3: Communication between organisations and with the patient or their representative.

The organisation has effective communication systems and processes in place to enable continuity of care and infection prevention and control throughout the patient's journey.

BMI Healthcare has an active enhanced recovery programme (ERP) to improve patient outcomes. There is on-going Infection Prevention and Control input into patient pathways that include risk assessments and integrated care bundles for invasive device management in addition to prevention of surgical site infections. These care bundles are evidence based and subject to regular audit.

Where transfer of a patient's care becomes necessary, the documentation communicates the patient's infection status to the receiving team or NHS provider organisations.

7.0   CRITERION 5:

Ensure that people who have or develop an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing on the infection to other people.

7.1   This criterion links with Scottish HAI Standard 1: Leadership in the prevention and control of infection. The organisation demonstrates leadership and commitment to infection prevention and control to ensure a culture of continuous quality improvement throughout the organisation.

The BMI IPC Assurance Framework outlines the roles and responsibilities of all staff in the prevention and control of healthcare associated infections.

The Highfield Hospital SSI data 2017
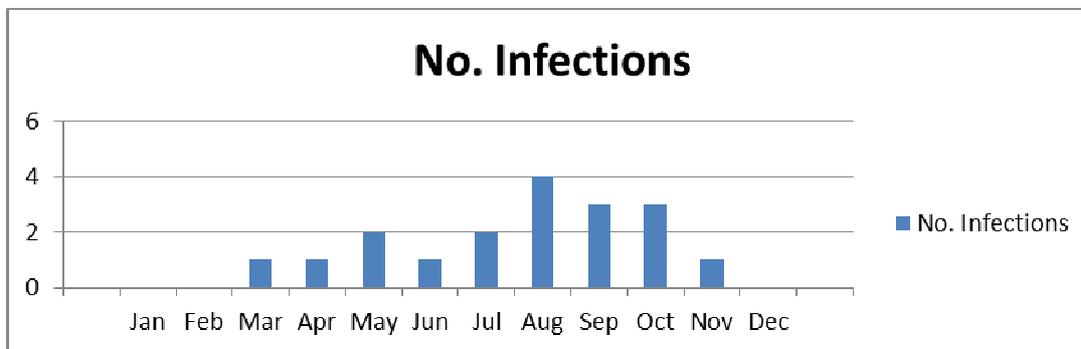
7.2
Compliance with mandatory training and completion of appraisal are reported through key performance indicators and discussed with line managers at one to one meetings and annual appraisals.

BMI Healthcare MRSA screening policy is in line with recommendations by the Department of Health Implementation of Modified Admission MRSA Screening Guidance for NHS (2014) and Health Protection Scotland Protocol for CRA MRSA Screening National Rollout in Scotland Jan 2013 v1.7 11. As such, the following categories receive automatic screening:

• All patients undergoing 'high risk' procedures such as joint replacement surgery

• All patients being admitted to a Critical Care Facility

• Any patient transferring directly from another hospital in the UK or abroad.

• Any patient admitted from a residential or nursing home.

• Any patient known to have been discharged from any hospital (including BMI) following an inpatient event (surgical or medical) within the last 18 months.

• Any patient with a history of previous MRSA infection or colonisation.

7.3   • Oncology and chemotherapy inpatients

There are systems are in place at The Highfield Hospital for timely laboratory results to be

reported to staff to ensure prompt treatment of the patient and appropriate infection prevention and control precautions to be initiated. Additionally, the hospital engages in both active and passive surveillance of HAI and reports to Public Health England (PHE) on all detected MRSA, MSSA and *E. coli* bloodstream infections and *C. difficile* infections. BMI The Highfield Hospital also participates in surveillance of surgical site infections and submits data on hip and knee replacement surgery to the PHE Surgical Site Infection Surveillance Service as a part of a national surveillance programme.

For the period 1st October 2016 to 30th September 2017:

8.0 CRITERION 6:

Ensure that all staff and those employed to provide care in all settings are fully involved in the process of preventing and controlling infection

8.1 This criteria links with the Scottish HAI Standard 6: Infection prevention and control policies, procedures and guidance the organisation demonstrates implementation of evidence-based infection prevention and control measures.

8.2 As far as is reasonably practicable, BMI The Highfield Hospital ensures that its staff and contractors and others involved in the provision of healthcare cooperate so far as is necessary to enable the healthcare services to meet their obligations under the code of practice for the prevention and control of healthcare associated infections.

Most of the accommodation in BMI The Highfield Hospital are single room accommodation and where patients are known to have an infection, the appropriate precautions are instigated. The decision to classify the incidence of any infectious disease as an outbreak is taken by the Infection Control Lead in consultation with the Head of Infection Prevention and Control and local infection control doctor or microbiologist.

BMI Healthcare has a policy in place for outbreak management.

BMI Healthcare has in place infection prevention and control training programmes for all staff including e-learning and face to face training sessions. Training programmes are identified through the use of infection control training needs analysis which is mandatory for all staff on BMI Learn.
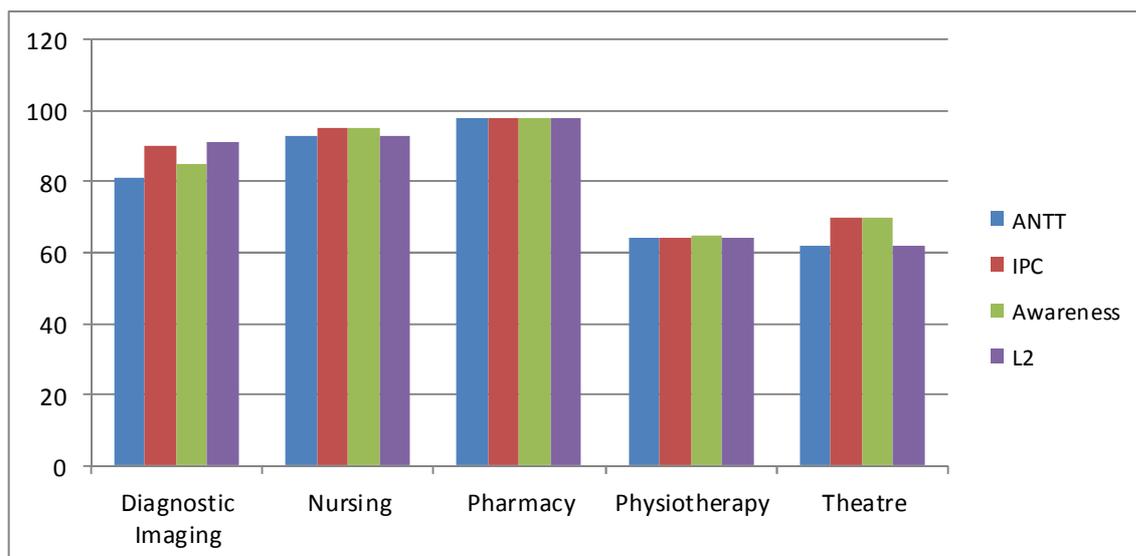
9.0 CRITERION 7:

Provide or secure adequate isolation facilities

9.1 This criterion also links with the Scottish HAI Standard 6: Infection prevention and control policies, procedures and guidance the organisation demonstrates implementation of evidence-based infection prevention and control measures.

Most of the accommodations in BMI facilities are single rooms. There are some instances where patients are in shared accommodation however risk assessments will highlight the need for transmission based precautions and single room accommodation.

The Highfield Hospital has multi occupancy ambulatory care Pods, the PODs are utilised for minor procedure with low risk.

To assist staff BMI Healthcare has an isolation policy and microorganism-specific policies detailing the required precautions including the need for isolation where appropriate. Staff are also assisted in their decision-making through the provision of a risk assessment tool for prioritisation of patients who require isolation and are supported by the IPCL and ICD.

10.0 CRITERION 8:

Secure adequate access to laboratory support as appropriate

10.1 This criteria links with Scottish HAI Standard 4: HAI surveillance The organisation has a surveillance system to ensure a rapid response to HAI.

BMI The Highfield Hospital Healthcare facility has access to laboratory support via The Doctor's Laboratory (TDL) service and local NHS trust.

Each BMI Healthcare facility has a Service Level Agreement for 24 hour access to a microbiologist / Infection Control Doctor.

11.0 CRITERION 9:

Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.

11.1 This criteria links with Scottish HAI standard 6: Infection prevention and control policies, procedures and guidance the organisation demonstrates implementation of evidence-based infection prevention and control measures.

BMI Healthcare publishes comprehensive infection prevention and control policies corporately which are modified for local level in the form of standard operating procedures and are available on the BMI Intranet

In the event of a failure of the electronic library a master copy of all infection prevention and control policies and procedures will be located in the Director of Clinical Services office in hard copy.

The Head of Infection Prevention and Control is responsible for updating and maintaining corporate IPC policies. The local IPCL is responsible for the maintenance and updating of local standard operating procedures and guidance documents.

12.0   CRITERION 10:

Ensure, so far as is reasonably practicable, that Care Workers are free of and are protected from exposure to infections that can be caught at work and that all staff are suitably educated in the prevention and control of infection associated with the provision of health and social care.

12.1   This criterion links with Regulation 12: Safe care and treatment. It also links with the Scottish HAI Standard 6: Infection prevention and control policies, procedures and guidance. The organisation demonstrates implementation of evidence-based infection prevention and control measures.

12.2   Staff are protected from the risk of infection through a comprehensive portfolio of policies addressing:

- Induction training of new staff
- Annual training of existing staff
- Occupational Health measures

All staff have access to Occupational Health advice and out of hours access to medical advice in the event of exposure to a blood borne virus or an alert organism.

12.3   There is a screening and immunisation programme which is in accordance with national guidance, specifically 'immunisation against infectious diseases'; including pre-employment screening and ongoing health screening for communicable diseases where indicated.

BMI Healthcare is working towards reducing occupational exposure to blood borne viruses including the prevention of sharps injuries by the introduction and use of needle free and sharps protective devices.

Induction, training programmes and ongoing education

12.4   All staff, including bank staff, who are employed by BMI The Highfield Hospital are required to participate in induction and mandatory annual infection prevention and control training updates. To achieve this BMI Healthcare has implemented an IPC e-learning programme through Skills for Health and this is complemented by face to face training provided by the IPC Lead and IPC Link Practitioners. This includes Hand Hygiene, Aseptic Non Touch Technique (ANTT) and the application of care bundles in practice which are based on the DH High Impact Interventions.

All new clinical and support staff receive the principles of infection prevention and control training including hand hygiene as part of the induction process.

Resident Medical Officers are required to undergo infection prevention and control induction.

13.0   MONITORING COMPLIANCES WITH AND THE EFFECTIVENESS OF THIS STRATEGY

Compliance with the strategy and the national code of practice is monitored at each Infection Prevention and Control Committee meeting as the annual work programme is based on these criteria.

BMI	DIPC Annual Report	Version: 2	Issue date: 10/2017	Review date: 09/2019

Page 16 of 19

		Criterion	Monitored by
1		Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that their environment and other users may pose to them.	• Risk assessments • Infection Prevention and Control incidents reported on Sentinel • Audits • Surveillance reports
2		Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections	• Local Cleanliness audits • Annual PLACE audits • Patient satisfaction • Environmental audits
3		Ensure the relevant antimicrobial use to maximise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.	• Prescription policy in place for pharmacy and infection control doctors. • Infection Prevention Control Committee IPC conducts annual audits.
4		Provide suitable accurate information on infections to any person concerned with providing further support or nursing/ medical care in a timely fashion.	• Infection Prevention and Control Committee oversees IPC surveillance reports and makes them available where appropriate • Multidisciplinary root cause analysis meetings for MRSA, MSSA, E.coli bacteraemias, *C.difficile*, and Surgical Site Infections
5		Ensure that people who have or develop an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing on the infection to other people.	• Surveillance of all alert organisms including MRSA, MSSA, E.coli bacteraemia, *Clostridium difficile* • Surveillance of orthopaedic surgical site infections (hips and knees
6		Ensure that all staff and those employed to provide care in all settings are fully involved in the process of preventing and controlling infection.	• IPC mandatory training included in induction and refresher training • IPC e-learning package available on BMI learn • RMO induction package.
7		Provide or secure adequate isolation facilities.	• IPC involvement in new builds and refurbishments • Isolation policy in place with regular audit and feedback
8		Secure adequate access to laboratory support as appropriate.	Laboratory is registered with CPA, and there is access to 24 hour service'
9		Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.	• Policies and procedures reviewed and updated as required • All policies/procedures available via the Collaboration site • Compliance monitored through audits (IPS QIT and Care Bundles)

10	Ensure, so far as is reasonably practicable, that care workers are free of and are protected from exposure to infections that can be caught at work and that all staff are suitably educated in the prevention and control of infection associated with the provision of health and social care.	• Occupational Health monitoring of staff well-being • Provision of vaccination to staff as appropriate with feedback of uptake • Sharps injuries monitored

14.0   REFERENCES

14.1   The Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance. (July 2015)

14.2   Care Quality Commission (2015) Guidance for Providers on meeting the regulations. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) (as amended) March 2015. Available online: http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf Accessed November 2017

14.3   Healthcare Associated Infection (HAI) Standards (February 2015) Healthcare Improvement Scotland. Available online: http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/hei_policies_and_procedures/hai_standards_2015.aspx Accessed November 2017

14.4   Department of Health (2014) Implementation of modified admission MRSA screening guidance for NHS. Available online: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/345144/Implementation_of_modified_admission_MRSA_screening_guidance_for_NHS.pdf Accessed November 2017

14.5   Protocol for CRA MRSA Screening National Rollout in Scotland, Health Protection Scotland 31 January 2013 Version: 1.7 Available online: http://www.hps.scot.nhs.uk/resourcedocument.aspx?resourceid=1639 Accessed November 2017

14.6   NICE (2014) Quality Standard 61: Infection Prevention and Control (April 2014) Available online: https://www.nice.org.uk/guidance/qs61 Accessed November 2017

14.7   IPS and NHS Improvement (2017) High Impact Interventions; Care processes to prevent infection (April 2017, updated November 2017). Available online: https://www.ips.uk.net/files/4414/9441/5170/High_Impact_Interventions_IPS_HII_0417_v42.pdf Accessed November 2017

14.8   UK 5 Year Antimicrobial Resistance (AMR) Strategy 2013 – 2018. Available online: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/244058/20130902_UK_5_year_AMR_strategy.pdf Accessed November 2017

14.9   Scottish Management of Antimicrobial Resistance Action Plan 2014-2018. Available online: http://www.gov.scot/Publications/2014/07/9192 Accessed November 2017

14.10   Public Health England (2015) Start Smart-Then Focus. Antimicrobial Stewardship Toolkit for English Hospitals (March 2015). Available online: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417032/Start_Smart_Then_Focus_FINAL.PDF Accessed November 2017

14.11   NICE (2008) Clinical Guideline CG74: Surgical site infections. Prevention and Treatment (updated February 2017). Available online: https://www.nice.org.uk/guidance/cg74 Accessed November 2017

14.12   Public Health England (2017) Guidance for the laboratory investigation, management and infection prevention and control of cases of *Candida auris* (August 2017). Available online: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/637685/Updated_Candida_auris_Guidance_v2.pdf Accessed November 2017

14.13   Public Health England (2013) Acute Trust toolkit for the early detection, management and control of   carbapenemase-producing Enterobacteriaceae. Available online: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/329227/Acute_trust_toolkit_for_the_early_detection.pdf Accessed November 2017

14.14   Department of Health (2013) Management and Decontamination of surgical instruments used in acute care. HTM 01-01 / Part A-E (updated July 2016) Available online: https://www.gov.uk/government/publications/management-and-decontamination-of-surgical-instruments-used-in-acute-care Accessed November 2017