



Infection Prevention and Control

Director of Infection Prevention & Control Annual Report 2016/17

BMI Kings Oak & Cavell Hospital

Director of Infection Prevention & Control Annual Report

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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 Enterobacteriaceae (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 BMI Kings Oak & Cavell 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).

Percentage Compliance to the Code of Practice for Kings Oak & Cavell Hospitals 2016-2017

	1	2	3	4	5	6	7	8	9	10
1	100%	100%		100%	100%	33%	100%	100%	100%	100%
2	100%	100%	100%	100%	100	33%	N/A		100%	100%
3	100%	100%	100%		100%	33%		100%		50%
4	100%	100%	100%							75%
5	100%	100%	100%							100%
6	100%	100%								
7	100%	100%								
8	100%	100%								
9	100%	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”.

Kings Oak& Cavell 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 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.
- 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

BMI Healthcare 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 HIPCL 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.

BMI Healthcare has a robust incident reporting system (Riskman) 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

The DIPC is responsible for directing the IP&C 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. At present this post is held by Jayne Wakefield, Director of Clinical Services

The Hospital Infection Prevention & Control lead (HIPCL) is Helen Palmer who works 30 hours per week covering both Kings Oak & Cavell Hospitals

The HIPCL is also a member of the local CCG Infection Control Group and attends quarterly meetings with them.

The HIPCL is a registered practitioner who is responsible for implementing the IP&C 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 HIPCL to provide support and guidance in IP&C for all hospital staff in addition to acting as a link with external agencies. The HIPCL is directly accountable to the DIPC.

The HIPCL is also responsible for the day-to-day business of IP&C including audit, surveillance, patient risk assessment, training and advising and updating staff on IPC issues. The HIPCL 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 At present this post is held by Dr. H El-mugamar. The current SLA has not been signed nor can a copy of it be found locally

Executive Assistant to the Executive Director is investigating at present and has requested the microbiologist to visit to rectify this omission.

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 by ensuring:

BMI does not currently provide a standard Corporate audit tool for this purposes of auditing Housekeeping Cleaning Standards There is currently no routine pathway for ensuring housekeeping audits are undertaken by senior clinical staff or departmental HOD’s and reported through Clinical Governance channels and this omission was identified during the integral Audit carried out in Sept 2017 However the HIPCL has developed a local audit tool based on the NPSA audit tool and following a planned review of this tool with the Hotel Service Manager will be rolled out during 2018 until a corporate one can be provided The expectation is that HOD’s should also have an element of control of housekeeping standards in their own departments...

At present verbal feedback is given and any omissions or variances corrected immediately.

Housekeeping supervisors are monitor standards using the Q&A part of the Housekeeping Cleaning Checklists. These are completed and stored as hard copies for reference but no electronic copies are made which is cumbersome and laborious and does not

Environmental Audits using the QIT audit tool are not specific enough for auditing Housekeeping practices

However, periodic QIT Hand Hygiene Environment audit tools are carried out by link practitioners

In 2016 The Infection Prevention & Control Corporate Special Advisory group expressed their concern about the lack of a corporate audit tool but to date none has been provided..

4.2 Housekeeping staff are suitably trained and hold adequate competencies for their roles.

Housekeepers are required to complete their Mandatory training modules but no other training has been undertaken by housekeepers at either site during 2017.

BMI does not offer any practical training to housekeepers and they hold no other qualifications in respect of hospital cleaning.

New starters are instructed by housekeeping supervisors as part of their induction

process and competency documents are available for this purpose.
Training was provided for the upgraded Vileda floor mops by the company representative.

- 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 at and in 2017 these were reported as



CAV SiteReport.pdf



KOH SiteReport.pdf

Cavell 98.24%

KOH 100%

- 4.7 Hospital Cleaning Schedules detail the standards of cleanliness required in each area and audits of cleanliness are conducted as per cleaning standards.

As mentioned at 4.1 above BMI do not provide an audit tool for cleanliness standards and other methods have been used as indicated in 4.1.

PLACE scores for cleanliness were achieved at

Cavell 98.24%

KOH 100%

- 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 has been conducted and reviewed during 2017 for alcohol hand gel placement and use.

Our Corporate providers Ecolab have upgraded our dispenser system with now delivers a foam soap rather than the previous spray type which is seen as a better presentation in the healthcare setting.

A recent site survey at Cavell hospital to address shortcomings in the provision of Clinical Hand wash sinks took place in December 2017. A document providing quotations and layout floor plans confirming the areas indicated for change will be provided and HIPCL will advise of critical works prioritising important areas/rooms to be completed when funding levels for this work are agreed

- 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.

Kings Oak & Cavell have both achieved a 5 star rating for food hygiene standards.

Both chef managers also ask the IP&C lead to train kitchen and hostess staff in Hand Hygiene and they keep a local record of this.

- 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.

The designated waste officer for Cavell site also oversees these arrangements at KOH as well but it is hoped that the senior porter there can be trained to take on this role specifically for KOH in the future. An example of the audits undertaken is embedded but



KINGS OAK AUDIT
APRIL 2017.zip

full audit results are available on the shared drive

An Audit of sharps management was carried out by our provider Daniels in Oct 2017 and



Cavell 17.xlsx



Kings Oak 17.xlsx

the results for Kings Oak & Cavell are embedded here.

- 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. Posters are available throughout the hospital indicating the standard required & during 2018 BBE audits will be carried out in OPD at both sites to ensure Consultants in particular are adhering to the BBE standard as some Consultants may mix their clinics with some consultations and some minor operative procedures which may lead to unacceptable shortcuts.
- 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'

BMI Kings Oak & Cavell 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.

Following the appointment of a new Pharmacy Manager in May 2017 the antimicrobial prescribing policy was completely reviewed and in collaboration with the ICD and HIPCL was subsequently totally re-designed to reflect the current national guidelines and practice with our local trust partners However, this document has yet to be approved at MAC and has not yet been distributed and because there are no clear guidelines to audit against no audits have been carried out by the Pharmacy staff during 2017

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. At present the prescribers do not receive training on the use of antimicrobial resistance and stewardship.

BMI Kings Oak & Cavell participated 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.

Locally the HIPCL led this initiative as there was no other support available locally. However, the DIPC requested information about what the campaign would consist of Awareness posters from the Antibiotic awareness web site were downloaded and used in various sizes to display around the hospitals. The suggested quiz was also re-produced and distributed at outpatient reception waiting areas at both sites and patients were asked to complete and enter into a prize draw. Unfortunately no one did this. Staff also completed the same quiz and a prize of a bottle of wine was given for that.

More resources are required for campaigns of this nature such as portable notice boards and resource display tables.

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.

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.

7.2 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.
- Oncology and chemotherapy inpatients

7.3 MRSA Screening figures for 2017 are indicated below

Cavell Hospital Month	No. Screens	No Of MRSA by PCR	No. Positives	Total
January	238	17	1	255
February	214	18	1	232
March	254	19	0	273
April	122	12	0	134
May	68	0	0	68
June	71	0	0	71
July	52	1	0	53
August	48	1	0	49
September	109	0	0	109
October	114	0	0	114
November	81	0	0	81
December	50	1	0	51

Kings Oak Hospital Month	No. Screens	MRSA by PCR	No. Positives	Total
January	251	25	0	276
February	189	16	0	205
March	175	26	1	201
April	92	3	0	95
May	45	2	2	47
June	61	6	0	66
July	40	2	0	42
August	23	4	0	27
September	60		0	60
October	73		0	73
November	87	2	0	89
December	1	0	0	1

There are systems in place at Kings Oak & Cavell 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. However the withdrawal of local laboratory support may become a problem due to timely reporting to relevant departments not just to the HIPCL. 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 Kings Oak & Cavell 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. The HIPCL sends all arthroplasty patients a post discharge questionnaire (PDQ) and there is a very pleasing high return rate for these that informs our PHE surveillance submission statistics

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

Cavell Hospital recorded

1x Streptococcus beta Haemolytic GroupB
1x Morganella morgannii
1x enterobacter cloacae
1x Escherichia coli 6 x Staphylococcus aureus 1x Case of Urinary Sepsis

Kings Oak Hospital Recorded

1 x MRSA
1 x Proteus vulgaris
1x Staphylococcus lugdunensis
8 x staphylococcus aureus

Following review of routine monthly surveillance it was noted that at the Kings Oak Site there was an emerging cluster of Staphylococcus infections surrounding post discharge carpal tunnel/hand surgery patients for one particular Consultant.

HIPCL met with the Consultant concerned to review the post-operative dressing management and although no particular cause could be identified it was generally agreed that the patients themselves were contributing in some way by not adhering to their post-operative instructions.

It was agreed that IP&&C lead would continue to monitor and feedback as necessary and also feedback to the ward staff that on discharge the post-operative dressing management instructions must be emphasised and fully understood by the patients.

OPD & ward staff were also asked to supply the patients with a disposable surgeons glove rather than the more usual nitrile type to wear over their dressing to keep them dry. This type of glove has a longer cuff than the nitrile type.

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.

At BMI Kings Oak & Cavell all staff are required to have an annual observational assessment of their Aseptic Non Touch Technique (ANTT). This is certificated and staff use this as part of their CPD requirements.

Patients are monitored by IP&C lead for post operative infections for 30 days or 90 days for Arthroplasty.

OPD staff are required to submit a "definition of surgical site infection form" to the IP&C lead to inform surveillance protocols

Ward staff are requested to free text relevant information into the additional information section when placing orders on Maxims to assist with surveillance.

Departmental link nurses carry out monthly audits of Peripheral Vascular insertion and ongoing care and also Urinary Catheter insertion and ongoing care. These are submitted to the IP&C lead who records them on the QIT web based tool and BMI Hospital Audit Calendar.

- 8.2 As far as is reasonably practicable, BMI Healthcare ensures that it's 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 sites is 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.

Our focus during 2017 has been very much on raising awareness of recognising sepsis and the IP&C Lead has been requested by the DIPC to provide Sepsis & IP&C information sessions during our planned "Lunch & Learn" during 2018..

The compliance to the IP&C strand of Mandatory training during 2017 was

Cavell 90%

Kings Oak 78%

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.

All patients at Kings Oak & Cavell are nursed in single rooms with en-suite bathrooms

At the Cavell Hospital, Trent ward has the benefit of two purpose built isolation rooms which are configured for patients requiring isolation. As far as possible when admitting patients requiring isolation precautions we use the Cavell site rather than the Kings Oak for this reason.

There are no shared rooms, both sites have single rooms only so even if it is necessary to nurse patients away from these designated rooms or at the Kings Oak site for logistical reasons they can easily be managed by the careful use and placement of signage and use of precautions trolleys outside the patient rooms

The Oncology department is located on the Trent ward and for logistical reasons the

Oncology rooms are not ring fenced for that purpose and are also used by general patients (surgical and medical) on the ward. This is seen as somewhat of a risk given the fragile health of oncology patients and was flagged up during the last CQC inspection.

The HIPCL also undertakes six monthly sampling of the water supply in the Oncology and Isolation rooms for *Pseudomonas aeruginosa*.

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.

The IP&C leads reviews the Maxims system daily to discover any positive isolates and records these if necessary under their own reporting category.

The previous local laboratory support was withdrawn at local level so HIPCL now relies on this method only and TDL data being sent from Corporate Head of Infection Prevention & Control. This loss of service has now resulted in a red rag rating on the Hospital Self Assessment against the code of practice document.

Chargemaster enquiries are also made to check the monthly figures for MRSA screening and PCR testing which are also recorded locally.

Each BMI Healthcare facility has access to laboratory support either via The Doctor's Laboratory (TDL) service or 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.

Should there be a loss of access to the BMI Intranet a hard copy of IP&C policies is kept on the ward at both sites. These are updated by the Quality & Risk Clerk as they are published or amended and distributed from corporate level.

No local SOP's have been developed for the IP&C service as these have not been felt necessary. Rather at Kings Oak and Cavell we try as far as possible to adhere to corporate policy which are all evidence based & referenced.

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 Infection Prevention and Control office.

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 hour's 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.

All staff are encouraged to receive an annual flu vaccination and these figures are reported to the Quarterly IP&C Committee

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.

12.4

Induction, training programmes and ongoing education

All staff, including bank staff, who are employed by BMI Healthcare 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 by their Departmental managers with support from IP&C lead if requested. Periodic group Induction sessions are arranged by the EEC co-ordinator for new starters or those staff requiring a refresher.

Resident Medical Officers are required to undergo infection prevention and control

induction and a review of this process is being conducted by the Assistant DoC at present.

The HIPCL is a member of the Infection Prevention Society as well as being a part of the Corporate Special Advisory Group.

Conferences are attended with permission from the DIPC but funding for external training is extremely restricted which has meant that only IPS society and free conferences can be attended.

During 2017 the HIPCL attended two conferences - the Knowlex IP&C conference in Feb & the Patient First Conference in Nov 2017.

The Annual ANTT conference was attended by the departmental link nurses for Pre-assessment and Kings Oak OPD

Attendance at The National Infection Prevention & Control conference was denied due to cost

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.

The annual work plan is rag rated and progress reviewed quarterly at the IP&C committee for comment by the members and consultant Microbiologist.



Annual Plan 2017.docx

	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.	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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, <i>C.difficile</i>, 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.	<ul style="list-style-type: none"> • Surveillance of all alert organisms including MRSA, MSSA, E.coli bacteraemia, <i>Clostridium difficile</i> • 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • Occupational Health monitoring of staff well-being • Provision of vaccination to staff as appropriate with feedback of uptake • Sharps injuries monitored

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