



Infection Prevention and Control

Director of Infection Prevention & Control Annual Report 2015/16 – BMI Beardwood



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Equality Impact Assessment

DIRECTOR OF INFECTION PREVENTION & CONTROL ANNUAL REPORT 2015/16 – BMI BEARDWOOD

1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:	Yes/No	Comments
	<ul style="list-style-type: none"> Race 	No	
	<ul style="list-style-type: none"> Ethnic origins (including gypsies and travellers) 	No	
	<ul style="list-style-type: none"> Nationality 	No	
	<ul style="list-style-type: none"> Gender 	No	
	<ul style="list-style-type: none"> Culture 	No	
	<ul style="list-style-type: none"> Religion or belief 	No	
	<ul style="list-style-type: none"> Sexual orientation including lesbian, gay and bisexual people 	No	
	<ul style="list-style-type: none"> Age 	No	
	<ul style="list-style-type: none"> Disability-learning disabilities, physical disability, sensory impairment and mental health problems 	No	
2.	Is there any evidence that some groups are affected differently?	No	
a	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
3.	Is the impact of the policy/guidance likely to be negative?	No	
a	If yes can the impact be avoided?	N/A	
b	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
c	Can we reduce the impact by taking different action?	N/A	

If you identify a potential discriminatory impact of this procedural document, please refer it to the Director of Clinical Services, together with any suggestions as to the action required to avoid/reduce this impact.

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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 through a pro-active strategy and continual development of best practice initiatives.

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

The strategy is outlined in a separate document and takes into account current legislation from all 3 UK countries and is set out against the framework (DH 2010) used by the England regulator: The Care Quality Commission, to measure compliance of Infection Prevention and Control (Regulation 12 of the Health and Social Care Act 2008 (Registration Requirement) Regulations 2009).^{1,2,3}

The strategy is based on the criteria contained within *The Health and Social Care Act 2008* and the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance* (DH 16 Dec 2009)¹ as well as Healthcare Associated Infection (HAI) standards (HIS February 2015)⁸ and draws on previous and current advice from the Department of Health including:

- *Getting Ahead of the Curve*²
- *Winning Ways: working together to reduce healthcare associated infection in England*³
- *Towards Cleaner Hospitals and Lower Rates of Infection: a summary of action*⁴
- *Saving Lives: a delivery programme to reduce healthcare associated infection including MRSA*⁵
- *Essential Steps to Safe Clean Care: Reducing Healthcare Associated Infection*⁶.
- Care Quality Commission Essential Standards.⁷

The day-to-day business in BMI Healthcare facilities of infection prevention and control is carried out by all staff and it is their responsibility to ensure Infection Prevention and Control policies and procedures are followed. Leading Infection Prevention and Control at the local level is an Infection Prevention and Control Lead (IPCL).

The IPCL implements a comprehensive annual programme of work covering all the main areas of risk. The content of the annual programme is based on the standards set in the *Saving Lives*, supported by corporate and local assessments of risk based on surveillance and audit activity.

The main business of the IPCL is to produce and implement the infection prevention and control annual priorities and audit programme and to resolve current infection prevention and control issues by appropriate action or advice. The IPCL is also responsible for reviewing and implementing the national HCAI strategy and DH policy and initiatives.

The annual report is structured around the ten criteria of the Code of Practice and includes the cross references to the Scottish Healthcare Associated Infection Standards (February 2015).⁸

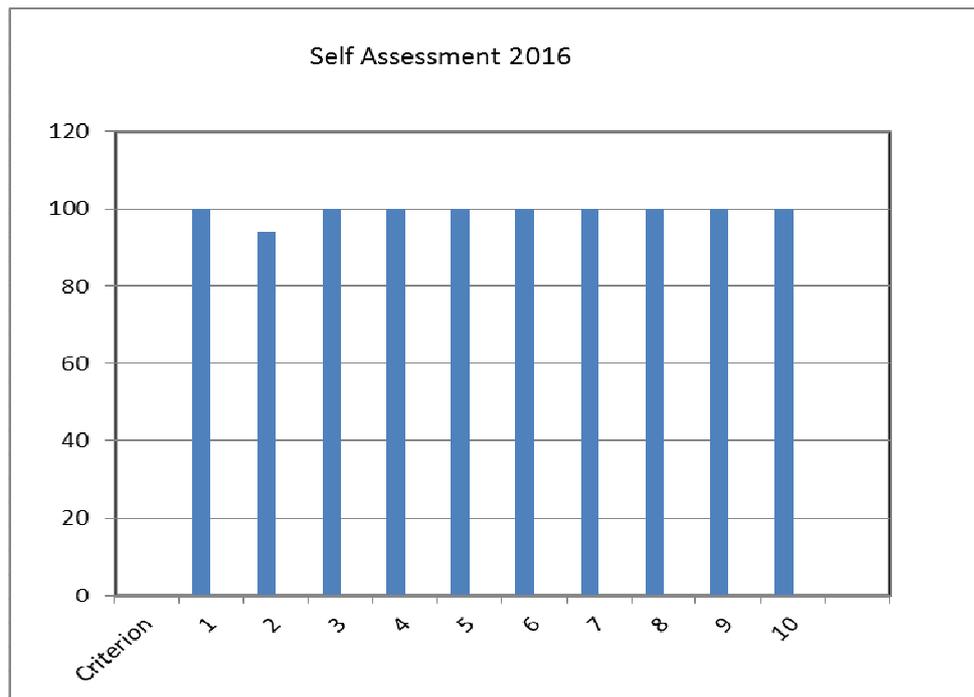
Criteria		Scottish Standards
1	Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that their environment and other users may pose to them.	<p>Standard 1: : Leadership in the prevention 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.</p> <p>Standard 6: Infection prevention and control policies, procedures and guidance The organisation demonstrates implementation of evidence-based infection prevention and control measures.</p>
2	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.	<p>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.</p>
3	Ensure the relevant antimicrobial use to maximise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.	<p>Standard 5: Antimicrobial Stewardship The organisation demonstrates effective antimicrobial stewardship.</p>
4	Provide suitable accurate information on infections to any person concerned with providing further support or nursing/ medical care in a timely fashion.	<p>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.</p>
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.	<p>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.</p>
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.	<p>Standard 6: Infection prevention and control policies, procedures and guidance The organisation demonstrates implementation of evidence-based infection prevention and control measures.</p>
7	Provide or secure adequate isolation facilities.	<p>Standard 6: Infection prevention and control policies, procedures and guidance The organisation demonstrates implementation of evidence-based infection prevention and control</p>

		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.

SELF-ASSESSMENT AGAINST THE CODE OF PRACTICE

2.0 The following graph demonstrates the % compliance for Beardwood Hospital against the 10 criterion in code of practice. Of the 10 criterion, 100% compliance has been achieved across 9 criterion. The remaining criterion scores 94% and his relates to endoscopy decontamination facilities. Areas of non-compliance have action plans in place to address any areas of non-compliance. Progress on action is monitored via the Infection prevention and Control Committee on a quarterly basis.

2.1



3.0 CRITERION 1:

3.1 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.

This criterion links with Outcome 6, Regulation 24 cooperating with other providers in the CQC guidance about compliance and 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”.

BMI Beardwood 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 and the Board at Corporate level with devolved responsibilities to the Head of Infection Prevention and Control A director of infection prevention and control (DIPC) accountable to the Executive Director and the Board at local level. Ensuring that antimicrobial audits are completed and cleanliness throughout the hospitals.
- Mechanisms in place by which the Board ensures sufficient resources are available to secure effective prevention and control of HCAI.
- Measures to ensure that relevant 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 HCAI.
- A programme of audit that are completed monthly and quarterly to ensure key policies and practices are being implemented appropriately.
- Policies and procedures that address Infection Prevention and Control risks and how to manage those risks are updated annually.
- A designated decontamination lead.
- A service level agreement with UKOMS – Dr Dave Patredge and Dr Rob Townsend to provide microbiology and infection control doctor support.
- An experienced and qualified Infection Control Specialist Nurse who works fulltime across a group of 4 hospitals.
- A designated local infection prevention and control committee which meets quarterly.
- Active surveillance of orthopaedic implant – hip and knee replacement surgery in line with the Public Health England surgical site surveillance programme. This has been extended during 2016 to include active post discharge surveillance of patients.
- Active surveillance and monitoring of positive microbiology results and local surgical site surveillance of all other procedures.
- Robust systems to swab for MRSA prior to admission and transfer from another hospital/facility in line with corporate policy.

3.2 Risk Assessment

BMI Beardwood has in place suitable and sufficient assessment of risks to patients receiving healthcare with respect of healthcare associated infection. Risk assessments are carried out at pre-assessment, admission and throughout the patient pathway. The IPCL monitors risks of infection through data collection, audit and review of clinical incident reporting. 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 Beardwood 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. All incidents relating to an infection control issue are investigated by the IPCL nurse, and any actions are monitored via an action plans at the local Infection Prevention and Control meetings.

Each MRSA / MSSA/ E.coli bacteraemia, Clostridium difficile infection and deep/joint space surgical site infections are subject to a root cause analysis (RCA) and are reported via the incident reporting system and discussed at the Infection Prevention and Control Committee. All other surgical site infections are subjected to a review by the IPCL nurse to identify any areas for improvement. Trends are also tracked and analysed. Actions identified are also monitored until closure via action plans reviewed at the Infection Prevention and Control Committee. Any issues of concern are also escalated to the hospitals Clinical Governance committee for review and assessment of the root causes, lessons learnt and action plan. A summary is also provided to the hospital's Medical Advisory Committee for final review and approval of action plans.

3.3 Infection control management, including the role of the DIPC

Sue Walsh, Director of Clinical Services is the DIPC at BMI The Beardwood Hospital and is responsible for leading the Infection Prevention and Control service and reports directly to the Executive Director and the Board. The Infection Prevention and Control Lead carries out the daily duties including audit, surveillance, training, patient risk assessment and advice and support with support from the Link Practitioners in each department.

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

At BMI Beardwood Hospital the infection prevention team is as follows:

DIPC – Director of Clinical Services, Sue Walsh.

Consultant Microbiologist and Infection Control Doctor – Dr R Townsend and Dr D Patredge (UKOMS)

IPCL– Jane Doyle

IPC Site Link Nurses:

Leanne Bainbridge (Theatre Practitioner)

Claire Bridge (Staff Nurse Wards)

Karen Wright (Senior Staff Nurse Outpatients)
 Lucy Murgatgh (HCA Oncology)
 Jordan Blackburn (Physiotherapy assistant)
 Lynda Spencer (Radiology Manager)
 Denise Burns (Housekeeping Supervisor)
 Wayne Farrington (Facilities)
 David Holt (Waste Manager)

The DIPC is responsible for leading the Infection Prevention and Control service and reports directly to the Executive Director and the Board. The Infection Prevention and Control Lead carries out the daily duties including audit, surveillance, training, patient risk assessment and advice and support with support from Link Practitioners.

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

4.0 CRITERION 2:

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

This criterion links with Outcome 10, Regulation 15 safety and suitability of premises contained in CQC guidance about compliance 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 nurse, in collaboration with the Housekeeping, Estates and Facilities Team and the decontamination lead, monitors standards of cleanliness and promotes best practice by ensuring.

- 4.1 Staffs are suitably trained and hold adequate competencies for their roles. At the time of this report 100% of housekeeping staff are compliant with their mandatory training. 100% of housekeeping staff have undertaken bespoke training with the IPCL nurse. Training has also been provided by Vildea in use of the microfiber cleaning system. The IPCL nurse is involved in induction of all new housekeeping staff within the first 2 weeks of commencing their post.
- 4.2 There are designated managers for the cleaning of the environment and the cleaning and decontamination of equipment.
- 4.3 Lead nurses are included in all aspects of cleaning services, including development of cleaning schedules and service delivery at ward level.
- 4.4 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 There are designated housekeeping supervisors with accountability for the cleaning of the

environment. The hospital collects data from patients who have been admitted to the hospital on their experiences in relation to cleanliness. At the end of September 2016 Patient Satisfaction reports showed that The Beardwood Hospital continues to have high levels of satisfaction ratings with both bathroom and patient bedroom cleanliness. September's survey results show that 95.7% of patients were happy with the levels of cleanliness in their bathroom and 97.8% were happy with the cleanliness of their bedroom.

- 4.5 Patient-led assessments of the Clinical Environment (PLACE) audits are conducted annually. The assessments see a team of people including public representation visit the hospital to assess how the environment supports patient's privacy and dignity, food, cleanliness and general building maintenance. A new category assessed this year was compliance with dementia standards. It focuses entirely on the care environment and does not cover clinical care provision or how well staffs are doing their job. The assessments take place every year, and results are reported publicly to help drive improvements in the care environment. Areas of non-compliance are monitored via an action plan which is presented at the Infection prevention and Control Committee quarterly.

Table 1 - Place Audit Results BMI Beardwood May 2016.

Element Audited	2015 Score	2016 Score
Cleanliness	97.11	97.62
Food Overall	96.73	96.6
Privacy and dignity	94.74	86.5
Condition, Appearance and Maintenance of facilities	92.86	88.02
Dementia	93.73	86.19
Disability – new element	Not scored	84.74

- 4.6 The cleaning arrangements detail the standards of cleanliness required in each area and audits of cleaning are conducted as per cleaning standards. During 2016 there has been a move to standardised corporate cleaning schedules. Monthly inspections of the site are carried out by the IPCL and Housekeeping supervisor to monitor standards of cleanliness within the environment and address any areas of concern. A cleaning issues log is maintained to monitor trends and address performance issues.
- 4.7 There is adequate provision of antibacterial hand rubs in line with WHO five moments of hand hygiene and risk assessments have been conducted for alcohol hand gel placement and use. Hand decontamination at the point of care has been demonstrated by WHO to have a significant reductions on health care acquired infections. During 2015 clinical staff at BMI Beardwood moved toward the use of individual staff carried alcohol gel bottles to allow hands to be truly decontaminated at the point of care. Work has been carried out by the IPCL nurse and the link nurses to embed their use.

Hand washing facilities in the majority of clinical areas are not compliant with current standards and are not available at a sufficient bed/basin ratio to meet current guidelines. This has been subject to a risk assessment and a plan to install hand hygiene basins to the required standard has been implemented as areas are being refurbished. High risk areas such as the ward sluice have been refurbished to current standards including the installation of a complaint hand hygiene basin. The newly refurbished mammography and ultrasound rooms have also had complaint hand hygiene basins installed. During the ongoing refurbishment of the outpatient consulting rooms new compliant hand hygiene sinks have also been installed.

4.8 Correct procedures are in place for the delivery of food services via Compass catering. This includes food hygiene and food brought into the organisation by patients, staff and visitors. Compass is responsible for providing food hygiene training to their staff. The IPCL nurse has supplemented this with specific training on hand hygiene and working in a hospital environment.

4.9 Advising on waste disposal. There is a robust waste management policy and appropriate segregation of waste in line with the policy. David Holt is the local waste officer for site and he is supported by the IPCL nurse. The waste officer and IPCL have also undertaken extended training in waste management.

In July 2016 a pre-acceptance audit was undertaken in conjunction with department managers. From this audit it was identified that there is further work to be undertaken on segregation of waste, domestic waste was observed in some areas being disposed of as clinical waste.

In September 2016 a working party was formed to implement the offensive waste stream in line with national waste guidelines. Implementation of this waste stream is being led by the IPCL nurse in conjunction with the department managers and waste officer. Following training and introduction of new bins the implementation to the offensive waste stream is planned for early January 2017.

4.10 There is a programme of planned, preventive maintenance, including pest control and the management of potable and non-potable water supplies. Ecolab provide onsite pest control visits as routine 8 times per year and visit for specific issues in between these times.

4.11 There is a Safe Water group to ensure safe delivery of potable and non-potable water supplies. Veolia conducted a Water Hygiene Quality Risk Assessment on: Domestic Hot and Cold Services and Legionella Control in Accordance with BS 8580:2010 and ACOP L8 at BMI Beardwood in December 2015. An action plan has been devised as a result of this assessment and is being currently worked through. Progress on this is reported at the local Health and Safety meeting as well as the Water Safety Meeting which is held as part of the Infection Control Committee Meeting and attended by the Infection Control Doctor.

In line with The Department of Health practice guidelines for controlling/minimising the risk of morbidity and mortality due to *P. aeruginosa* associated with water outlets - Department of Health (2013) Water systems Health Technical Memorandum 04-01: Addendum. *Pseudomonas aeruginosa* – advice for augmented care units, BMI Beardwood undertakes yearly testing for both legionella and Pseudomonas. Tests carried out last in December 2016 were negative for both legionella and Pseudomonas across a number of outlets.

- 4.12 There is a uniform policy in line with the DH policy and compliance with bare below the elbows is reinforced through monthly hand hygiene audits and spot checks of practice.
- 4.13 Ensuring the supply and provision of linen and laundry including uniforms which reflects health service guidance HSG(95)18 hospital laundry arrangements for used and infected linen are provided by Berendsen Laundry in Lancaster. A compliance visit to Berendsen at the end of 2015 gave assurance that the laundry facilities and processes there are compliant with current regulations.
- 4.14 Ensuring there are effective arrangements for the appropriate decontamination of instruments and other reusable medical equipment in line with the Choice Framework 01-01⁹ (England); HTM2010, HTM2030 and HTM2031 (Wales), SHTM2030 and SHTM2031 (Scotland) and has registration under Article 12 - Council Directive 93/42/EEC¹⁰, Annex V, Section 3.2.(Sterility aspects only) or registered with CQC

BMIHD 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'

- The IPCL Nurse is the designated decontamination lead with responsibility for ensuring that the decontamination policy is implemented in relation to the organisation and takes account of national guidance.
- Appropriate procedures are followed for acquisition and maintenance of decontamination equipment.
- A monitoring system is in place to ensure decontamination processes in relation to endoscopy are fit for purpose and meet required standards:
 - A risk assessment and interim process for manual decontamination of flexible scopes prior to automated disinfection are in place.
 - Weekly water testing for microbiological counts is undertaken. Results are reviewed by senior staff in Theatres and the IPCL nurse; non-compliant results are actioned immediately following corporate guidance and advice from the microbiologists where necessary. These results are reported to the Infection Control Committee Quarterly.
 - Weekly protein residue and ATP (Adenosine Triphosphate) testing provides assurance that scopes are undergoing an adequate decontamination procedure.
 - Machine checks daily, weekly and monthly
 - Quarterly and yearly maintenance with available records, which are reviewed by the authorised person AVM Services yearly.
- It is accepted the current endoscope disinfector does not meet current guidance and decontamination of scopes is due imminently to move off site to a central JAG accredited BMI decontamination hub.

5.0 CRITERION 3:

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

This criterion links with Outcome 1, Regulation 17 Reporting and involving services users contained in CQC guidance about compliance and with Scottish HAI Standard 5: Antimicrobial Stewardship The organisation demonstrates effective antimicrobial stewardship. This section should describe the 'who' not the how.

BMI Healthcare has a corporate antimicrobial prescribing policy this is supported by the pharmacists and the infection Control Doctor. In line with local resistance patterns BMI Beardwood has an antimicrobial policy which is used as a benchmark to audit anti-biotic prescribing practices within the hospital. Overall audit results from audits are fed back at the Medicines Management Committee, reviewed at the Clinical Governance and Infection Control Committees (ICC). Individual prescribers have any areas of non-compliant prescribing discussed with them by the Pharmacy Manager or IPCL Nurse from an educational/supportive stance. Where this is not effective then the Microbiologists and Hospital Manager provide support.

All post-operative antibiotic prescriptions are also monitored by the IPCL Nurse and anomalies followed up with individual prescribers.

All patients receiving antibiotics are counselled by the pharmacy team and receive a leaflet on How to take your antibiotics.

The Pharmacy Manager and IPCL Nurse have developed an antimicrobial stewardship plan. This has identified 3 work streams where the prescribing for antibiotics can be improved –

- 1 – Appropriate surgical prophylaxis.
- 2 – Not treating asymptomatic pre-operative bacteriuria.
- 3 – Management of suspected wound infections.

Monitoring of this plan will be undertaken through the Clinical Governance and ICC Meetings.

The pharmacy staff and IPCL Nurse have been actively involved with promoting the world antibiotic awareness week in November 2016 to both the public and BMI staff. This has been achieved by a leaflet campaign, quiz, updates at communication cells and poster displays. The public antibiotic guardianship campaign will continue throughout the winter months.

6.0 CRITERION 4:

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

This criterion links with Outcome 6, Regulation 14 cooperating with other providers contained in CQC guidance about compliance and Scottish HAI Standard 3: Communication between organisations and with the patient or their representative.

Through surveillance of surgical site infections and alert organisms BMI Beardwood can

demonstrate low rates of healthcare re acquired infections.

In October 2013 BMI the Beardwood Hospital joined the Public Health England (PHE) Surgical Site Infection Surveillance System, actively collecting data on all patients receiving hip and knee replacements and submitting rates of infection to the PHE. The following table shows the number of patients who had a hip or knee replacement at BMI Beardwood during the period October 2015 – end September 2016 and the number that went on to develop a surgical site infection (SSI).

Operation	Total Number of Procedures	Number of surgical site infections	% of SSI
Hip Replacements	104	1	0.96%
Knee Replacements	89	0	0

1 patient had a superficial infection which healed with a course of oral antibiotics as an outpatient. As numbers of this operation are statistically low at 104 per annum for the period examined this skews the percentage infection rate to 0.96% against a national average of 0.6%. This case was examined by the IPCL Nurse and no lapses in care were identified.

The following table demonstrates the low incidence of health care acquired infections reported to PHE during the period September 2015 – 2016 for BMI Beardwood.

	Infection	Hospital Acquired Infection
MRSA bacteraemia	0	0
MSSA bacteraemia	0	0
E.Coli bacteraemia	0	0
C. difficile toxin	0	0
Carbapenemase Producing Isolate	0	0

Across all procedures there have been 7 surgical site infections reported, against a total number of procedures carried out this represents a 0.082% occurrence of SSI overall. All incidences of SSI are reviewed by the IPCL Nurse and any areas of non-compliance with national policy are addressed via the ICC.

Patients experiencing HCAI caused by MRSA or *Clostridium difficile* organisms receive an information leaflet which contains information about the organism and explains any precautions required both in the hospital and in the community post discharge.

Information is also available for visitors. There is also a hand hygiene information leaflet for patients and relatives. The IPCL Nurse is also available to speak either face to face or via the telephone with any patients who have a health care acquired infection or surgical site infection.

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, including into the community or other care provider. Within BMI Beardwood a database of those colonised with alert bacteria is maintained by the IPCL nurse, electronic patient admin systems are alerted along with patients note files to ensure all staff involved in their care are aware of the precautions required during the patients care. This optimises the individual's patient care and prevents spread of HCAI to others.

The use of corporate transfer documentation communicates the patient's infection status to the receiving team or NHS provider organisations.

BMI Beardwood 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 Department of Health, high impact intervention (care bundles).

The average length of stay for Q2 2016 was 3.5 days for total hip replacement and 3.6 days for total knee replacement.

7.0 CRITERION 5:

7.1 **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.**

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.

BMI Healthcare MRSA screening policy includes all high risk patients in line with recommendations from the Independent Healthcare Advisory Service and Health Protection Scotland outlined in Protocol for CRA MRSA Screening National Rollout in Scotland Jan 2013 v1.7 11 and includes;

- All NHS patients admitted under contract (excluding endoscopy, ophthalmic day cases, dental and dermatology minor procedures, in line with DH guidance)

- 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 a medical or in patient surgery event within the last three months.
- Any patient about to undergo surgery that requires:
 - Insertion of one or more prostheses or grafts (excluding day case cataract surgery)
 - Requiring planned level 2/3 critical care management.
- Oncology and chemotherapy inpatient.

Data is collected on the number of patients screened which is collated and reviewed at IPC Meetings. In the period 2015/16 100% of patients were screened and decolonised where appropriate for MRSA. Decolonisation in line with national guidance to complete a 5 day course of Octenisan body wash and nasal ointment the fifth day being that of surgery.

Systems are in place in all BMI healthcare sites for timely laboratory results to be identified to staff to ensure prompt treatment of the patient and appropriate infection prevention and control precautions to be initiated.

All nursing staff are aware of the signs and symptoms of infection. There is a procedure for obtaining wound swabs, blood cultures etc. to ensure accurate and timely recognition of infection.

An escalation process is in place for staff to ensure appropriate and timely management of patients with suspected or confirmed infections. Weekly reports generated by TDL independent laboratories are reviewed weekly by the Hospital Infection Control Lead Nurse and divisional link nurses. Any high risk results are communicated immediately by telephone to the clinical area by TDL directly. Results are communicated to the area where the swab was requested and/or the consultant to ensure appropriate treatment is prescribed. Staffs are aware to seek advice from BMI policy, the IPCL Nurse or the Infection Control Doctor as appropriate.

8.0 CRITERION 6:

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

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 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. All staff who have patient contact undertake an assessment of competence with regard to hand hygiene and aseptic non touch technique where this is

relevant to their role. The IPCL has been flexible in their approach to facilitating the completion of these assessments. The following demonstrates compliance with the above training.

56% IPC awareness e-learning including bank staff

79% Face to face Hand hygiene training and assessment including bank staff

80% Face to face training and assessment in ANTT including bank staff

The IPCL has run quarterly link person development days throughout 2016 to develop the skills and knowledge of our IPC link personnel. Role specific training for porters, housekeepers, catering staff and engineers has also been facilitated by the IPCL Nurse in response to training requests.

A display with regard to infection prevention and control is put up on the staff notice board and changed every 4 weeks. Seasonal campaigns have been organised throughout the year covering topics such as flu prevention, hand hygiene, antibiotic stewardship, new policies and products.

9.0 CRITERION 7:

9.1 Provide or secure adequate isolation facilities

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.

All inpatient accommodation at BMI Beardwood is in single rooms. There are some instances, for example where patients are admitted for ambulatory care in shared accommodation however risk assessments will highlight the need for transmission based precautions and single room accommodation if necessary.

To assist staff BMI Healthcare has an isolation policy and organism-specific policies detailing the need for isolation. Staffs are also assisted in their decision-making through the provision of a risk assessment tool for prioritisation of patients who require isolation. The IPCL Nurse is always available for advice if required.

10.0 CRITERION 8:

10.1 Secure adequate access to laboratory support as appropriate

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

BMI Beardwood has access to laboratory support via The Doctor's Laboratory (TDL) service who are CQC accredited. There are well developed communication links between TDL, the site, pathology managers and the local clinical teams.

The Pathology Managers form part of the Corporate and local Infection Prevention & Control groups and meet regularly to ensure excellent communications and continues service improvement.

Consultant Microbiology support is provided via 2 mechanisms – via TDL, plus there is a

separate Service Level Agreement with UKOMS an independent microbiology company consultant, Dr R Townsend, and Dr D Patredge who provide microbiology support.

The Consultant Microbiologists consult on individual cases of infection as required; they are involved in RCA as required and assist in up-dating policies and procedures both locally and at corporate level. UKOMS also provide specialist orthopaedic microbiology services for processing of tissue samples in cases of suspected infection.

11.0 CLINICAL CARE PRODUCTS CRITERION 9:

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

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 Collaboration site.

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 DIPC 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.

The following local policies have been developed and ratified by the ICC and Clinical Governance Committees –

- 1 – Decontamination of naso endoscope in outpatients.
- 2 – Decontamination of trans vaginal/rectal probes in radiology.
- 3 – Local MRSA screening protocol for oncology.
- 4 – Manual decontamination of endoscopes.
- 5 – Management of a patient with diarrhoea.
- 6 – Local anti-infectives guidelines.
- 7 – Use of Cystosheath.
- 8- Use and cleaning of ice machine for therapy.

The above polices are updated yearly in line with any new guidance. Adherence to these polices is monitored by IPC audit.

Adherence to policy is assured by a robust system of audit. Monthly audits of hand hygiene practice are undertaken in all areas by link personnel. Audit of high impact interventions is undertaken in the following areas –

Oncology –

- 1 -Insertion and ongoing care of central line devices.
- 2 – Insertion of peripheral cannula.
- 3 – Taking of blood cultures.

Ward –

- 1 – Insertion and ongoing care of peripheral cannula.
- 2 – Insertion and care of urinary catheters.

Theatre –

- 1 – Insertion of peripheral cannula.
- 2 – Insertion and care of urinary catheters.
- 3 – Prevention of surgical site infections.

Results of audits are published monthly in an audit table and displayed on the Comms cell board. They are also discussed at Clinical Governance meetings. An action log ensures trends are tracked and appropriate remedial action taken to improve practice.

Practice audits are also undertaken across all areas yearly using the Infection Prevention Society's Quality Improvement audit tool. Link Personnel are actively encouraged to undertake these audits with supervision and support of the IPCL Nurse. Areas of non-compliance and actions are agreed with the department manager. Actions are monitored through the ICC and Clinical Governance meetings.

12.0 HEALTH CARE WORKERS CRITERION 10:

12.1 **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.**

This criterion links with:

- Outcome 12, Regulation 21 requirements relating to workers
- Outcome 11, Regulation 16 safety, availability and suitability of equipment
- Outcome 10, Regulation 15 safety and suitability of premises
- Outcome 6, Regulation 14 cooperating with other providers contained in CQC guidance about compliance.

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.

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. All sharps/mucutaneous splashes are dealt with using the local sharps safety pack, ensuring a systematic and comprehensive method of dealing with an incident is followed. Any

incidents are reported at the IPCC meetings and Health & Safety meetings following investigation by the Occupational Health Nurse and IPCL Nurse. Recommendations for practice can be made and monitored by through these channels.

There is an external independent annual sharps audit completed by Daniel's Healthcare. The report and action plans from this are cascaded to all relevant groups of staff.

BMI Healthcare is working towards reducing occupational exposure to blood borne viruses including the prevention of sharps injuries by the purchase of safer sharps products where available. BMI Beardwood has introduced needle safe devices and safety cannula throughout the hospital.

There is effective communication between the IPCL Nurse and Occupational Health (OH) locally. The Occupational Health nurse is a member of the Hospital's Infection Control Committee and is eligible to attend the local Clinical Governance committee meetings if required.

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.

8.1.1 Induction, training programmes and ongoing education

All clinical staff including bank nursing staffs who are employed by BMI Healthcare are required to participate in induction and mandatory annual infection prevention and control training currently provided by the IPC lead. This includes hand hygiene, Aseptic Non Touch Technique, surveillance and Care Bundles (High Impact Interventions)

BMI Healthcare has implemented an infection prevention and control e-learning programme to support the mandatory training programme already in place.

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

RMOs are required to undergo infection prevention and control induction provided locally by the IPCL Nurse. The RMO's are also involved in campaigns such as the recent antibiotic guardianship.

13.0 MONITORING COMPLIANCES WITH AND THE EFFECTIVENESS OF THIS STRATEGY

- 13.1 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.

	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 • Annual IPC work plan
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 • Medicines management committee • Pharmacy conducts quarterly audits. • Antimicrobial stewardship plan
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 • Link personnel study days • Role specific training • Seasonal campaigns • 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	<ul style="list-style-type: none"> • Policies and procedures reviewed and updated yearly • All policies/procedures available via the

	control infections.	Collaboration site <ul style="list-style-type: none"> • 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 and investigated • Annual sharps audit

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. (Dec. 2009)
- 14.2 Department of Health (2001). Getting Ahead of the Curve. A strategy for combatting infectious diseases including other aspects of health protection.
- 14.3 Department of Health (2003) Winning Ways Working together to reduce Healthcare Associated Infection in England. Report from the Chief Medical Officer.
- 14.4 Department of Health, (2004) Towards Cleaner Hospitals and Lower Rates of Infection.
- 14.5 Department of Health (2005) Saving Lives: a delivery programme to reduce healthcare associated infection including MRSA
- 14.6 Department of Health (2006) Essential Steps to Safe Clean Care: Reducing Healthcare Associated Infection
- 14.7 Care Quality Commission Essential standards. <http://www.cqc.org.uk/organisations-we-regulate/registering-first-time/essential-standards> (accessed 26 July 2013)
- 14.8 Healthcare Associated Infection (HAI) Standards (February 2015) Healthcare Improvement Scotland.
- 14.9 Department of Health (2013) Management and Decontamination of surgical instruments used in acute care. CFPP 01-01 / Part A-E
- 14.10 European Council Directive 93/42/EEC (1993) concerning medical devices (MDD93/42/EEC)
- 14.11 Protocol for CRA MRSA Screening National Rollout in Scotland, Health Protection Scotland 31 January 2013 Version: 1.7