



**Director of Infection Prevention & Control  
Annual Report**

**Highfield Hospital**

**1st October 2015 – 30<sup>th</sup> September 2016**

**1. Introduction: 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).<sup>1,2,3</sup>

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)<sup>1</sup> and draws on previous and current advice from the Department of Health including:

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

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 NHS Quality Improvement Scotland Standards (March 2008) Healthcare Associated Infection.<sup>8</sup>

<b>Criteria</b>	<b>Scottish Standards</b>
<b>1</b>	
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.	Standard 1: Compliance 1a. The NHS board has strategic and operational systems that demonstrate a managed environment to minimise the risk of infection and demonstrate compliance with policy, surveillance and audit

2	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.	Standard 4: Environment and Equipment 4a. There is an agreed NHS board-wide system in place to detail and record how often and by whom, cleaning duties required by the NHS Scotland National Cleaning Services Specification, the NHS Scotland Code 4b. There is an agreed NHS board-wide system in place to regularly review proposed planning, construction, refurbishment and ongoing maintenance of all healthcare environments which ensures that all infection risks posed by such activities are managed or eliminated
3	Provide suitable accurate information on infections to service users and their visitors.	Standard 2: Patient focus and public involvement 2a. Patients, their family/carers and the public are provided with HAI information relevant to their needs. 2b. Members of the public have the opportunity to be involved in the planning and development of measures to prevent and reduce HAI
4	Provide suitable accurate information on infections to any person concerned with providing further support or nursing/ medical care in a timely fashion.	3b
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 statement 3b The NHS board has an annual prevention and control of infection work programme which clearly states the range of actions that will be undertaken to minimise the risk of infection within the NHS board area
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 5: Education 5a. The NHS board develops an action plan to deliver on the national strategy for HAI education and training 5b. Nationally and locally identified priority areas for HAI education are addressed
7	Provide or secure adequate isolation facilities.	Single rooms apart from day case ward.
8	Secure adequate access to laboratory support as appropriate.	TDL provide laboratory support.
9	Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.	Standard 3: Prevention and Control of Infection 3a. The NHS board has policies, procedures and guidelines which create a healthcare environment that minimises the risk of infection to patients, visitors and staff, and are based on evidence, best practice and expert opinion

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.	3a, 3b, 5a, 5b
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## 2. Self-assessment against the Code of Practice – Appendix 1

### 3. Criterion 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.

The Highfield Hospital has in place:

- A system in place to manage and monitor infections
- 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.
- The director of infection prevention and control Michelle Hatton (DIPC) is accountable to the chief executive and the Medical Advisory Committee 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.
- 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 receive suitable and sufficient information, training and supervision in measures required to prevent or minimise HCAI.
- A programme of audit 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.
- A designated decontamination lead who reports to the Theatre Manager.
- A designated microbiologist who can advise on appropriate antimicrobial stewardship and an antimicrobial stewardship programme.

### 3.2 Risk Assessment

The Highfield Hospital 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 Infection and Prevention Control Lead (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 sub committee and the findings are used to inform future actions.

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

Each MRSA / MSSA/ E.coli bacteraemia, *Clostridium difficile* infection and patients who are re-admitted post-surgery with 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 sub Committee.

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

Michelle Hatton is the Director of Clinical Services at the Highfield Hospital

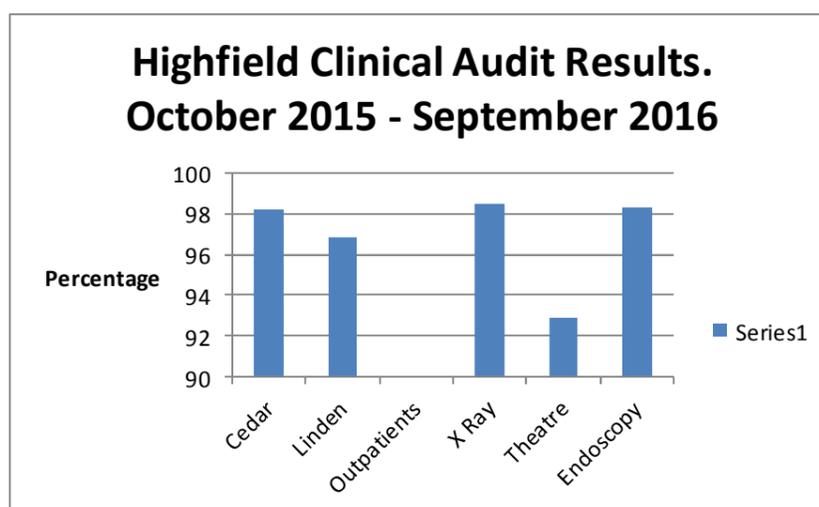
The DIPC is responsible for leading the Infection Prevention and Control service and reports directly to the Executive Director. The Infection Prevention and Control Lead carries out the daily duties including audit, surveillance, training, patient risk assessment and advice and support with support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

The IPCL, in collaboration with the Estates and Facilities Team, the Support Services Manager and the decontamination lead, monitors standards of cleanliness and promotes best practice.



The results of the departmental audits are displayed on the above chart. As shown there results in all areas except Theatres and Outpatient were above 90% compliance. The results were discussed with the departmental managers on the day of the audits to review the results and agree actions to achieve 100% compliance.

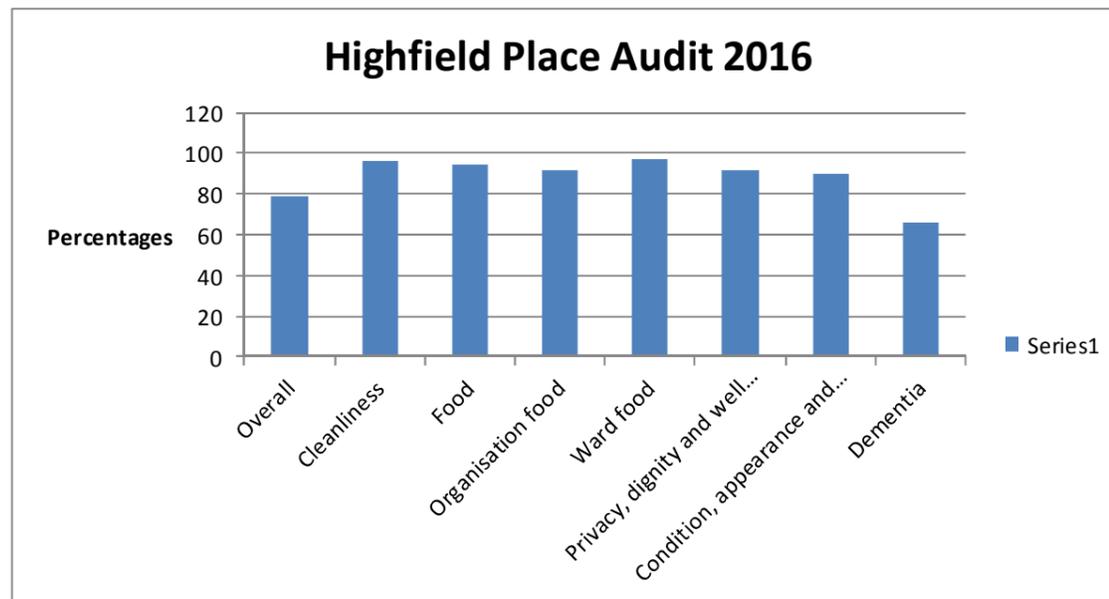
The Theatre complex audits highlighted areas of non-compliance in particular with the floor cleaning when the audit was first undertaken in late 2015. Subsequent audits have found that the agreed actions have been implemented and results have improved. To maintain this level the theatres are now audited on a weekly basis and the results fed back to the Theatre Manager for discussion with the theatre cleaners and support staff.

- 4.1 Staffs are suitably trained and hold adequate competencies for their roles. Training is being put in place to ensure housekeeping staff undergo infection prevention and control training bespoke to their roles which will be undertaken by the IPCL. The training included hand

hygiene training, how to carry out an infection control clean and the relevance of transmission based precautions

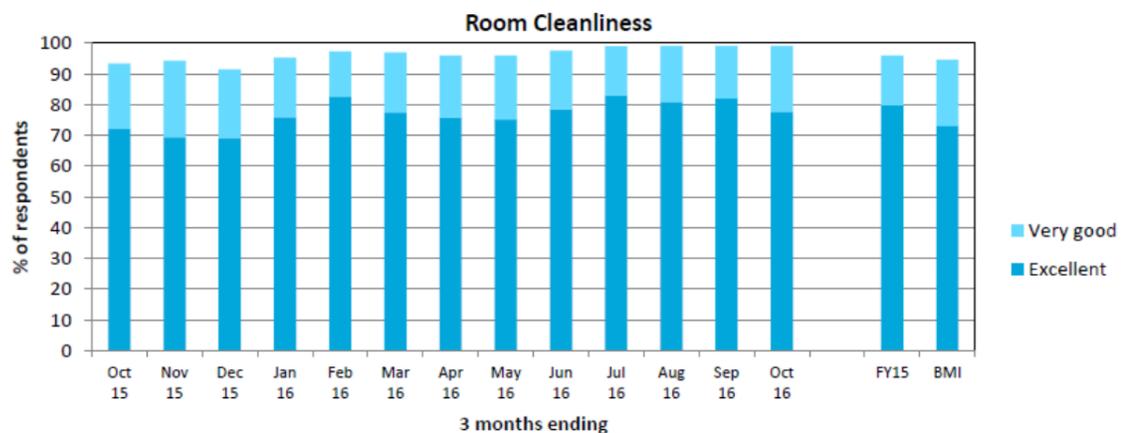
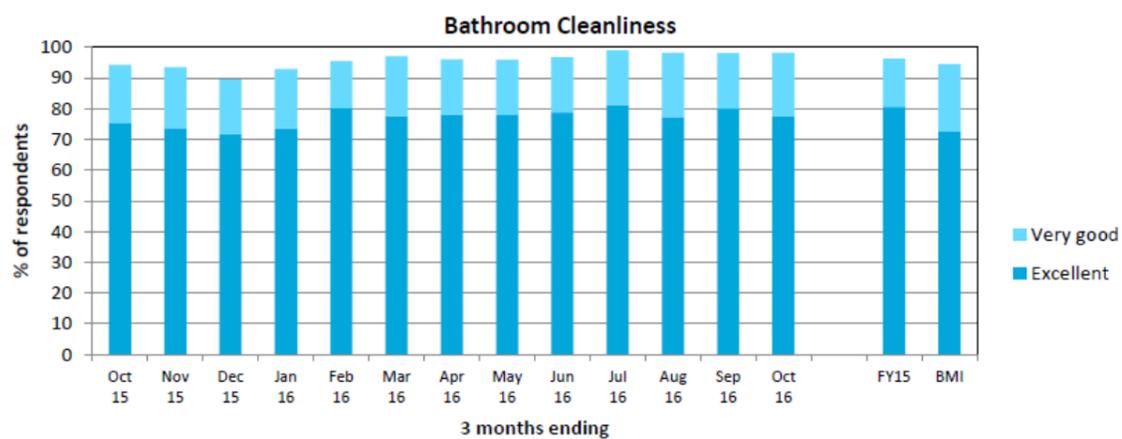
- 4.2 There is a designated manager responsible for the cleaning of the environment and departmental managers are responsible for the cleaning and contamination of equipment including clinical equipment
- 4.3 The decontaminations of reusable surgical instruments is undertaken offsite at a nationally accredited BMI decontamination hub.
- 4.4 Ensuring through audit and daily walk rounds that all parts of the premises are suitable for the purpose, kept clean and maintained in good physical repair and condition.

Patient-led assessments of the Clinical Environment (PLACE) audits are conducted annually. The assessments takes place annually by a number of people including public representation to assess how the environment supports patient's privacy, compliance with dementia standards and dignity, food, cleanliness and general building maintenance. A new category assessed this year was the compliance with disability standards. It focuses entirely on the care environment and does not cover clinical care provision or how well staffs are doing their job. The results of the assessment are reported publicly to help drive improvements in the care environment. The results of the 2016 Place audit are shown below in the graph. The food results have declined from the previous year specifically relating to food quality and temperature of food. These results have been shared with the catering manager and a review of the food offering has been undertaken.



- 4.5 The cleaning arrangements detail the standards of cleanliness required in each area and audits of cleaning are conducted as per cleaning standards. Each area has cleaning schedules as per the BMI Cleaning Guidance Manual and a new house-keeping policy was issued in 2015.

The hospital collects data from patients who have been admitted to the hospital on their experiences in relation to cleanliness. The two graphs below show the high levels of satisfaction ratings with both bathroom and patient bedroom cleanliness over the period of October 2015 and October 2016.



- 4.6 There is adequate provision of suitable hand washing facilities and 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.
- 4.7 Correct procedures are in place for the delivery of food services, including food hygiene and food brought into the organisation by patients, staff and visitors.
- 4.8 Advising on waste disposal. There is a robust waste management policy and appropriate segregation of waste in line with the policy. There is a nominated waste officer on site.
- 4.9 There is a programme of planned, preventive maintenance, including pest control and the management of potable and non-potable water supplies. ISS- Ecolab provides onsite pest control visits as routine every 6 weeks and visit for specific issues in between visits.
- 4.10 The Safe Water group which is part of the local hospital Infection Control Committee meetings which are held on a quarterly basis.
- 4.11 There is a uniform policy in line with the DH policy and compliance with bare below the elbows is reinforced.
- 4.12 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. Linen is provided and laundered through Berendsen laundries and compliance with the contract is monitored by the hospital Support Services Manager. There are no onsite laundry facilities.
- 4.13 Ensuring there are effective arrangements for the appropriate decontamination of instruments and other reusable medical equipment in line with the Choice Framework 01-01<sup>9</sup> (England);

HTM2010, HTM2030 and HTM2031 (Scotland and Wales), and has registration under Article 12 - Council Directive 93/42/EEC<sup>10</sup>, Annex V, Section 3.2.(Sterility aspects only) or registered with CQC.

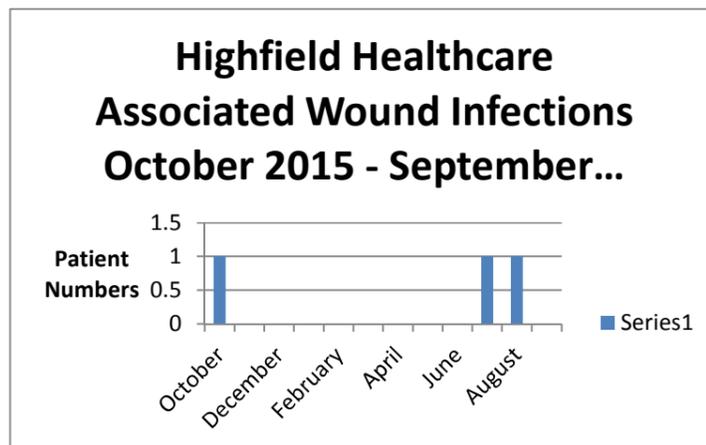
BMIHD hubs operate a Quality Management System which complies with the requirements of ISO 9001:2008 and ISO 13485:2003 for the following scope

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

- There is a 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 are fit for purpose and meet the required standards:
  - risk assessment
  - weekly water testing and feedback of results
  - machine checks
  - Maintenance with available records.
- A monitoring system is in place to ensure safe and adequate equipment cleaning in line with *High Impact Intervention No. 8 Decontamination of Equipment*.

5. **Criterion 3: Provide suitable accurate information on infections to service users and their visitors.** This criterion links with Outcome 1, Regulation 17 Reporting and involving services users contained in CQC guidance about compliance.

BMI Healthcare participates in reporting surveillance data to Public Health England and these data are published on their website.



The Highfield Hospital Healthcare Associated Infection results are shown in the graph above.

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. Prior to admission all patients are sent an information leaflet explaining what the company does to prevent infection and how they and their visitors can do to help minimize the risk of infection.

6. **Criterion 4: 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.

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

ERP is about improving patient outcomes and speeding up a patient's recovery after surgery. ERP focuses on making sure patients are active participants in their own recovery and always receive evidence based care at the right time.

ERP is based on the following principles:-

1. All patients are on a pathway of care
  - a. *Following best practice models of evidenced based care*
  - b. *Reduced length of stay*
2. Patient preparation
  - a. *Pre-admission assessment undertaken (includes MRSA and CPE screening based on risk)*
  - b. *Group Education sessions*
  - c. *Optimising the patient prior to admission – i.e. HB optimisation, control comorbidities, medication assessment – stopping medication plan and decolonisation/suppression therapy where indicated.*
  - d. *Commencement of discharge planning*
3. Proactive patient management
  - a. *Maintaining good pre-operative hydration*
  - b. *Minimising the risk of post-operative nausea and vomiting*
  - c. *Maintaining normothermia pre and post operatively*
  - d. *Timely administration of antibiotics prophylaxis as indicated*
  - e. *Central neuraxial blockade in preference to general anaesthetic to minimise blood loss and aid early mobilisation in hip and knee arthroplasty.*
  - f. *Early mobilisation*
4. Encouraging patients to have an active role in their recovery
  - a. *Participate in the decision making process prior to surgery*
  - b. *Education of patient and family*
  - c. *Setting own goals daily*
  - d. *Participate in their discharge planning*

The ERP/local group focuses on the patient outcomes and enhancing the patient's recovery time is optimum following surgery. ERP focuses on making sure patients are active participants in their own recovery and always receive evidence based care at the right time. It is often referred to as rapid recovery. This evidence-based model of care that creates fitter patients who then recover faster from major surgery.

Compliance with care bundles is audited across the ward and theatres in relation to cannula insertion, on-going care of cannula, surgical site management, urinary catheter insertion and on-going care. Audits results are reported monthly via the corporate audit calendar and quarterly at the Infection Prevention and Control Committee.

Transfer documentation communicates the patient's infection status to the receiving team or NHS provider organisations.

Patients are asked to alert staff to any known infections on every admission in the admission documentation that they complete. A robust screening document is in place to ensure all patients receive the appropriate care and treatment at BMI the Highfield

All 'alert' infections (as determined by the PHE) are reported via the Governance structure within the hospital and by the Hospital Infection Control Lead Nurse using electronic reporting mechanisms. This in turn alerts the PHE/HPA per NHS standards. Full RCA's are completed as necessary for all suspected and confirmed HCAI and MRSA/MSSA bacteraemia's, E-Coli bacteraemia's, Clostridium difficile infections and catheter associated urinary tract infections as per DOH recommendations. Areas highlighted from RCA's are incorporated into action plans and monitored via the Infection Prevention and Control Committee.

**7. 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**

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.

Infection prevention and control e-learning figures as of 1<sup>st</sup> November are:

Hand hygiene practical sessions figures were: - 62%  
ANTT practical training figures were: - 63%

Due to a change in the requirements for bank staff who work infrequently to be included in the hospitals mandatory training compliance statistics and an increase in recruitment of contracted staff this has had a negative impact of the hospitals training compliance. There is now a programme to ensure that all bank staffs provide evidence of training attended elsewhere so that this can be entered in to the system. In addition the induction process for new starters in relation to timescales for mandatory training completion has been revised and communicated with all managers.

Hand hygiene audits are undertaken every month in the clinical areas. The clinical area has been scoring 100%. There has been a programme to input these results in to the QIT audit site from October 2015.

Care bundles – At least one care bundle is required to be undertaken every month although Linden Suite are often doing more than one. The average score is 100%.

BMI Healthcare MRSA screening policy includes all high risk patients in line with recommendations from the Independent Healthcare Advisory Service 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.

A revised and updated MRSA policy is expected to be available in November 2016. Patients will be swabbed in line with the NHS guidelines. Individuals will be risk assessed which will result in a fewer number of patients requiring swabs to be taken pre-operatively.

Patients are now being risk assessed for CPE and rectal swabs/faeces are taken when the patients are deemed as a possible carrier.

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

Clinical, housekeeping and engineering new starters have specific IPC induction on commencement of employment with the IPCL.

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 and departmental link staff. 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 and the Hospital Infection Control Lead as appropriate.

Sentinel the corporate reporting system has recently been replaced by RiskMan and links any infections to incidences, with full investigation to be carried out to ensure lessons can be learnt from issues/improvements identified. 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.

**8. 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**

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

Most of the accommodation at The BMI Highfield Hospital 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.

**9. Criterion 7: Provide or secure adequate isolation facilities**

The majority of the accommodation in the Highfield Hospital is 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.

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.

**10. Criterion 8: Secure adequate access to laboratory support as appropriate**

The Highfield Hospital facility uses the The Doctors Laboratory (TDL).

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 Infection Prevention & Control group and meet regularly to ensure excellent communications and continued service improvement. Feedback from these meetings is disseminated to hospital sites.

The BMI Highfield Hospital has a Service Level Agreement for 24 hour access to a Consultant Microbiologist

The Consultant Microbiologists consult on individual cases of infection as required; they are involved in all investigations related to infections RCA as required and assist in up-dating policies and procedures both locally and at corporate level.

### Clinical Care Protocols

**11. Criterion 9: Have and adhere to policies, designed for the individual's care and provider organisation that will help to prevent and control infections.**

BMI Healthcare publishes comprehensive infection prevention and control policies Corporately which are modified for local level if required in the form of standard operating procedures.

In the event of a failure of the electronic library the master copy of all infection prevention and control policies and procedures is located in the Director of Clinical Services (DCS) Office in hard copy.

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

### Health Care Workers

**12. 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.** 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.

Staffs 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 staffs 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.

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

BMI Healthcare is working towards reducing occupational exposure to blood borne viruses including the prevention of sharps injuries by the purchase of safer sharps products where available.

**13. Induction, Training Programmes and Ongoing Education**

All clinical staff including bank nursing staffs who are employed by Highfield Hospital are required to participate in induction and mandatory annual infection prevention and control training currently provided by the IPC lead and infection control link nurses. This includes hand hygiene, Aseptic Non Touch Technique 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.

Resident Medical Officers (RMOs) are required to undergo infection prevention and control induction and this has been provided by the Agency prior to commencing placement. There are also plans to ensure that a local induction is completed by the IPCL when on site for all newly appointed RMO's.

**14. Monitoring compliance 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.

	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"> <li>• Risk assessments</li> <li>• Infection Prevention and Control incidents reported on Sentinel</li> <li>• Audits</li> <li>• Surveillance reports</li> </ul>
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"> <li>• Local Cleanliness audits</li> <li>• Annual PLACE audits</li> <li>• Patient satisfaction</li> <li>• Environmental audits</li> </ul>
3	Provide suitable accurate information on infections to service users and their visitors.	<ul style="list-style-type: none"> <li>• IPC Annual Report</li> <li>• IPC infection control patient/visitor/staff information leaflets available</li> </ul>
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"> <li>• Infection Prevention and Control Sub Committee oversees IPC surveillance reports and makes them available where appropriate</li> <li>• Multidisciplinary root cause analysis meetings for MRSA, MSSA, E.coli bacteraemias, <i>C.difficile</i>, and Surgical Site Infections</li> </ul>

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"> <li>• Surveillance of all alert organisms including MRSA, MSSA, E.coli bacteraemia, <i>Clostridium difficile</i></li> <li>• Surveillance of orthopaedic surgical site infections (hips and knees)</li> </ul>
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"> <li>• IPC mandatory training included in induction and refresher training</li> <li>• IPC e-learning package available on BMI learn</li> <li>• RMO induction package.</li> </ul>
7	Provide or secure adequate isolation facilities.	<ul style="list-style-type: none"> <li>• IPC involvement in new builds and refurbishments</li> <li>• Isolation policy in place with regular audit and feedback</li> </ul>
8	Secure adequate access to laboratory support as appropriate.	<ul style="list-style-type: none"> <li>• Laboratory is registered with CPA, and there is access to 24 hour service'</li> </ul>
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"> <li>• Policies and procedures reviewed and updated as required</li> <li>• All policies/procedures available via the Collaboration site</li> <li>• Compliance monitored through audits (IPS QIT and Care Bundles)</li> </ul>
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"> <li>• Occupational Health monitoring of staff well-being</li> <li>• Provision of vaccination to staff as appropriate with feedback of uptake</li> <li>• Sharps injuries monitored</li> </ul>

## 15. References

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)
2. Department of Health (2001). Getting Ahead of the Curve. A strategy for combatting infectious diseases including other aspects of health protection.
3. Department of Health (2003) Winning Ways Working together to reduce Healthcare Associated Infection in England. Report from the Chief Medical Officer.
4. Department of Health, (2004) Towards Cleaner Hospitals and Lower Rates of Infection.
5. Department of Health (2005) Saving Lives: a delivery programme to reduce healthcare associated infection including MRSA
6. Department of Health (2006) Essential Steps to Safe Clean Care: Reducing Healthcare Associated Infection
7. Care Quality Commission Essential standards. <http://www.cqc.org.uk/organisations-we-regulate/registering-first-time/essential-standards> (accessed 26 July 2013)
8. Scottish NHS Quality Improvement Scotland Standards (March 2008) Healthcare Associated Infection.
9. Department of Health (2013) Management and Decontamination of surgical instruments used in acute care. CFPP 01-01 / Part A-E
10. European Council Directive 93/42/EEC (1993) concerning medical devices (MDD93/42/EEC)



<b>Use the RAG system to score progress i.e. if progress significant enter "A", if fully completed enter "G".</b>			
<b>1</b>		<b>2</b>	
<b>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.</b>		<b>Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.</b>	
This self-assessment is completed and the results form the annual IPC programme.	<b>G</b>	Decontamination responsibilities are clear: high, medium, low risk items. And especially an overall Decontamination Lead.	<b>G</b>
There are risk assessments in place for IPC risks.	<b>G</b>	All high risk equipment is processed through a compliant CSSD service.	<b>G</b>
There is a clear infrastructure that demonstrates IPC is part of an assurance framework: there is 24 hour access to an Infection Control Doctor with an in date SLA: there is an IPC committee that meets quarterly.	<b>G</b>	Endoscope department demonstrates compliance to decontamination standards & has action plans for areas of non-compliance; all monitoring is shared with IPCC.	<b>A</b>
There is a hospital IPC Lead with their competency level defined and objectives to develop to a set level appropriate for the hospital: requirement of support is defined.	<b>G</b>	Food safety is assured & supported by staff competency appropriate to their role.	<b>A</b>
WHO self-assessment for HH is complete and Quarterly hand hygiene audits are undertaken with set targets of compliance.	<b>G</b>	There is an identified waste management lead that supports all waste streams including the HIPCL, as Head of the Infectious waste stream. Waste audits demonstrate compliance to waste policy.	<b>G</b>
Care bundle audits are undertaken for the insertion and care of invasive devices & for surgical site management.	<b>G</b>	Laundry service is managed through a SLA & monitored to ensure compliance.	<b>G</b>
Quality Improvement Tools are completed in the main by the link role & in the absence of link persons HOD.	<b>G</b>	Water safety is managed by engineer department & shared with the IPCT & through the HIPCC	<b>G</b>
Surveillance: Alert organism, surgical site (especially hip & knee) and all bacteraemia & CDI is established throughout all clinical settings and patient pathways with regular feedback to all clinical staff on a monthly basis. As well as reporting through hospital governance & corporately through incident reports and	<b>G</b>	Ventilation of all clinical areas is managed by the engineer department & shared with the IPCT through the HIPCC.	<b>G</b>

monthly report.			
Root cause analysis & investigation is routine for HCAI reports appropriate to each report and systems are in place for feedback and learning.	<b>G</b>	There is a Senior Housekeeper that works closely with the HIPCL. There are cleaning frequencies and responsibilities in place in all areas.	<b>G</b>

<b>3</b>		<b>4</b>	
<b>Provide suitable accurate information on infections to service users and their visitors.</b>		<b>Provide suitable accurate information on infections to any person concerned with providing further support or nursing/medical care in a timely fashion.</b>	
Overarching infection prevention leaflets, that set out information about what the hospital does to minimise the risk of infection, are available for all patients	<b>G</b>	There is a Transfer policy: that stipulates there must be written information, as well as verbal information about known colonisation with any alert organism, patient factors that increase their risk of infection and any diagnosed infection.	<b>G</b>
Hand hygiene leaflet, that outlines current HH policy including information about patient satisfaction with HH, is available for all patients	<b>G</b>	There is a system in place that supports the provision of written information with regards to any infection or identified colonisation to patient and carers as well as verbal information.	<b>G</b>
MRSA information leaflet available	<b>G</b>		
CDI information leaflet available	<b>G</b>		
Wound care information is provided including easy access to face to face follow up if required.	<b>G</b>		

5		6	
<b>Those patients 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</b>		<b>Ensure that all staff and those employed to provide care in all settings are fully involved in the process of preventing and controlling infection.</b>	
Mandatory IPC training supports staffs understanding of alert organisms and disease	<b>G</b>	There is an IPC link person in each department with an associated role description. In the absence of a link person the Head of that Department assumes the link role.	<b>G</b>
Risk assessments are available in all departments that support recognition of alert symptoms & diseases in patients & staffs are fully aware of them & actions to take.	<b>G</b>	All job descriptions refer to IPC responsibilities specific to that role.	<b>G</b>
Pre assessment supports the identification of all alert organisms & alert symptoms (this includes MRSA & CJD )	<b>G</b>	All visiting contractors are made aware of their IPC responsibility.	<b>A</b>

7		8	
<b>Provide or secure adequate isolation facilities.</b>		<b>Secure adequate access to laboratory support as appropriate.</b>	
There is a system in place to ensure involvement of IPC in all refurbishment: new build: new business ventures.	<b>G</b>	Processes are in place for timely laboratory feedback that supports alert organism surveillance and surgical site surveillance & supported through Governance structure	<b>G</b>
There is a risk assessment in areas where there is more than 1 patient bed in the same room.	<b>G</b>	There is an identified laboratory link that works closely with the IPC Lead.	<b>G</b>
		There is a system in place that supports the involvement of the local ICD in antibiotic prescribing that adheres to a local antimicrobial control policy.	<b>G</b>

9	10			
Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.	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.			
All the following policies are in place: 1. Infection Prevention and Control Structure 2. Hand Hygiene. 3. Standard infection prevention and control precautions. 4. Outbreak of communicable infection. (including bed closure) 5. Isolation of patients. 6. Prevention of sharps injuries (in line with EU Sharps Safety Directive) 7. Decontamination. 8. Antimicrobial prescribing. 9. Surveillance (including SSIS & Reporting HCAI to the Health Protection Agency (HPA)) 10. Control of infections with specific alert organisms taking account of local epidemiology and risk assessment. (These must include, as a minimum, MRSA, Clostridium difficile infection and CJD).	<table border="1"> <tr> <td data-bbox="982 418 1087 1110">G</td> <td data-bbox="1087 418 1619 1110">There is an annual programme of staff education plus induction for new staff and records of attendance maintained.</td> <td data-bbox="1619 418 1722 1110">G</td> </tr> </table>	G	There is an annual programme of staff education plus induction for new staff and records of attendance maintained.	G
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Local protocols are in place where appropriate, not limited to but including MRSA screening, CJD pre assessment, occupational health access, especially for the management of sharps injury.	<table border="1"> <tr> <td data-bbox="982 1110 1087 1299">G</td> <td data-bbox="1087 1110 1619 1299">All staffs that have patient contact have an up to date HH competency completed.</td> <td data-bbox="1619 1110 1722 1299">A</td> </tr> </table>	G	All staffs that have patient contact have an up to date HH competency completed.	A
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