



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

**2014-15**

## BMI Syon Clinic

### 1. Introduction: Organisation of BMI Healthcare IPC Programme.

BMI Syon Clinic is committed to reducing the risks of healthcare associated infection through a proactive strategy and continual development of best practice initiatives.

The Infection Prevention and Control (IPC) Programme at Syon Clinic outlines the core components of service provided throughout all BMI Healthcare facilities and underpin 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 Syon Clinic 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. There is an IPC Link Nurse who implements and monitors compliance to the IPC programme.

The IPC link nurse 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 IPC link nurse 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 IPC Link Nurse 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>

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.	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.	3a
8	Secure adequate access to laboratory support as appropriate.	3b
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
<b>10</b>	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

## 2. Self assessment against the Code of Practice.

BMI Syon Clinic's average percentage on the 10 criteria set out on the Code of Practice is reflected below:



## 3. 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.

BMI Syon Clinic Standard 1

Syon Clinic 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.
- 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.
- A designated microbiologist
- A designated antibiotic pharmacist and a microbiologist who can advise on appropriate antimicrobial stewardship and an antimicrobial stewardship programme.

### 3.2 Risk assessment

BMI Syon Clinic 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 Syon Clinic 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 some surgical site infections are subject to a root cause analysis (RCA) and are reported via the incident reporting system [Sentinel] and discussed at the Infection Prevention and Control Committee meetings and Clinical Governance meetings.

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

The DIPC who is the Director of Clinical Services 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 Link Nurse carries out the daily duties including audit, surveillance, training, patient risk assessment and advice and support with support from other link practitioners.

Full details of the roles and responsibilities of all staff in prevention and control of infections is 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 and the decontamination lead, monitors standards of cleanliness and promotes best practice by ensuring

4.1 Staff are suitably trained in hand hygiene practical sessions annually and hold adequate hand hygiene competencies for their roles. Compliance for hand hygiene practical sessions amongst clinical staff is very good.

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

4.2 The link nurse is included in all aspects of cleaning services, including contract negotiations and service delivery at ward level.

4.3 Ensuring through audit and clinic walk around that all parts of the premises are suitable for the purpose, kept clean and maintained in good physical repair and condition.

4.4 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.

4.5 Advising on waste disposal. There is a robust waste management policy and appropriate segregation of waste in line with the policy. There is a dedicated waste officer on site.

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

4.7 There is a uniform policy in line with the DH policy and compliance with bare below the elbows is reinforced.

4.8 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.

4.9 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 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.

BMI Syon clinic conducts a monthly surveillance audit of surgical site infections and high impact interventions, care bundles.

BMI- Syon Clinic has 0% infection rate within the last year.

**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).

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

**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.

The IPC link nurse provides Infection Prevention and Control Training to all staff at Syon Clinic. At present, 100% of full time clinical staff has an up to date training on Infection Prevention and Control. A plan has been made for the IPC nurse to take over more training that relates to Infection Prevention and Control in order to support best practice at Syon Clinic.

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.

Syon Clinic does not have in-patient facilities.

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

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

BMI Healthcare has a policy in place for outbreak management.

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

BMI Syon Clinic's clinical staff has 100% compliance on Infection Prevention and Control Training. The trainings are extended to non-clinical staff to promote awareness and maximise compliance.

A program has been put together by the IPC link nurse and DIPC at Syon Clinic in November 2015 and delivered a comprehensive training on Infection Prevention and Control and Health and Safety for housekeeping personnel.

BMI- Syon Clinic actively participates in Infection Prevention and Control programmes to raise awareness and promote compliance amongst its staff. In the past year, Syon Clinic has participated in WHO hand hygiene week in May 2015, International Infection Prevention and Control Week in October 2015 and Antimicrobial Awareness day in November 2015.

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

Syon Clinic provides outpatient services for various medical specialities and has dedicated imaging and cardiology department. Syon Clinic does not have in-patient facilities.

Syon Clinic has standard operating procedure in place for the immediate isolation and transfer of any patient suspected or confirmed of having highly communicable disease as defined by the Public Health England.

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

BMI Syon Clinic has access to 24-hour laboratory support via The Doctor's Laboratory (TDL). Syon Clinic has a Service Level Agreement for 24 hour support from a consultant microbiologist / Infection Control Doctor.

**Clinical care protocols**

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

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 Administration office and a hard copy is available on site. All personnel at Syon Clinic have access to the hard copy of local IPC policies which are reviewed and updated when there are changes to policies or three yearly. The local IPC policies are issued by the Infection Control Committee and approved by the Director of Clinical Services and the Executive Director for the clinic.

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.

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.

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 Syon Clinic is working towards reducing occupational exposure to blood borne viruses including the prevention of sharps injuries by making sharps with safety features available on site. This is done throughout all BMI Healthcare sites.

#### **8.1.1 Induction, training programmes and ongoing education**

All clinical staff including bank nursing staff who are employed by BMI Syon Clinic are required to complete the induction and mandatory annual infection prevention and control training currently provided by the infection control prevention and control link nurse. 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.

RMOs are required to undergo infection prevention and control induction that is incorporated in their induction pack.

### 13. 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 at Syon Clinic.

	Criterion	Monitored by DIPC and IPCL at Syon Clinic
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>• 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 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 surgical site infections</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 pack</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 Standard operating procedure in place</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 and Local SOP in all clinical areas in hard copy.</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 and training on Sharps safety provided by IPCL and Daniels Healthcare on a regular basis.</li> </ul>

## 10. 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)