



Infection Prevention and Control

# Director of Infection Prevention & Control Annual Report 2015/16 The Winterbourne Hospital

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Document Control						
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# Equality Impact Assessment

## DIRECTOR OF INFECTION PREVENTION & CONTROL ANNUAL REPORT

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"> <li>Race</li> </ul>	No	
	<ul style="list-style-type: none"> <li>Ethnic origins (including gypsies and travellers)</li> </ul>	No	
	<ul style="list-style-type: none"> <li>Nationality</li> </ul>	No	
	<ul style="list-style-type: none"> <li>Gender</li> </ul>	No	
	<ul style="list-style-type: none"> <li>Culture</li> </ul>	No	
	<ul style="list-style-type: none"> <li>Religion or belief</li> </ul>	No	
	<ul style="list-style-type: none"> <li>Sexual orientation including lesbian, gay and bisexual people</li> </ul>	No	
	<ul style="list-style-type: none"> <li>Age</li> </ul>	No	
	<ul style="list-style-type: none"> <li>Disability-learning disabilities, physical disability, sensory impairment and mental health problems</li> </ul>	No	
2.	<b>Is there any evidence that some groups are affected differently?</b>	No	
a	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
3.	<b>Is the impact of the policy/guidance likely to be negative?</b>	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 Head of IPC, together with any suggestions as to the action required to avoid/reduce this impact.

# Director of Infection Prevention & Control Annual Report

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# Director of Infection Prevention & Control Annual Report

## 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).<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> as well as Healthcare Associated Infection (HAI) standards (HIS February 2015)<sup>8</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.

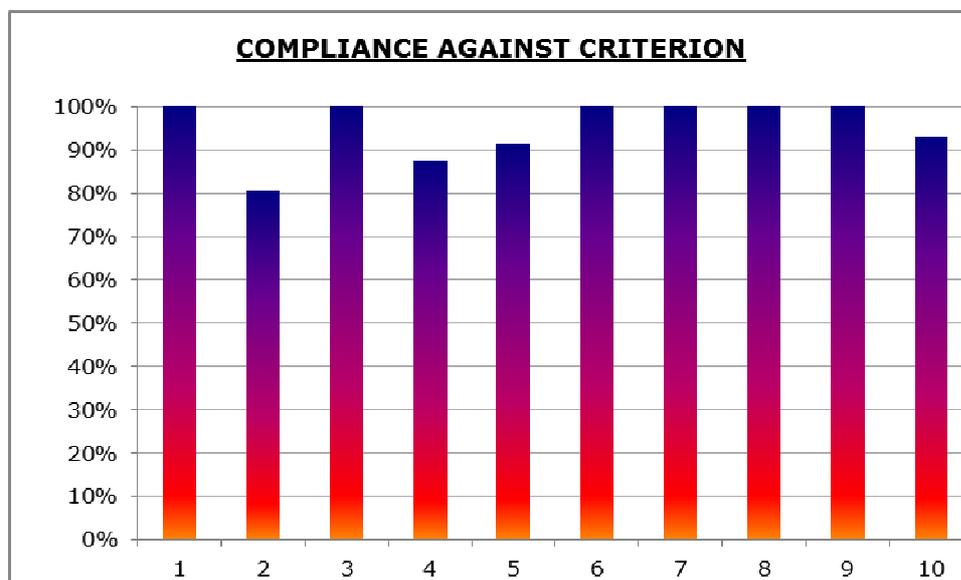
The annual report is structured around the ten criteria of the Code of Practice and includes the cross references to the Scottish Healthcare Associated Infection Standards (February 2015).<sup>8</sup>

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.	<p><b>Standard 1: : Leadership in the prevention and control of infection</b> The organisation demonstrates leadership and commitment to infection prevention and control to ensure a culture of continuous quality improvement throughout the organisation.</p> <p><b>Standard 6: Infection prevention and control policies, procedures and guidance</b> 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><b>Standard 8: Decontamination</b> 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><b>Standard 5: Antimicrobial Stewardship</b> 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><b>Standard 3: Communication between organisations and with the patient or their representative</b> 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><b>Standard 1: Leadership in the prevention and control of infection</b> 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><b>Standard 6: Infection prevention and control policies, procedures and guidance</b> The organisation demonstrates implementation of evidence-based infection prevention and control measures.</p>
7	Provide or secure adequate isolation facilities.	<p><b>Standard 6: Infection prevention and control policies, procedures and guidance</b> The organisation demonstrates implementation of evidence-based infection prevention and control measures.</p>

8	Secure adequate access to laboratory support as appropriate.	<b>Standard 4: HAI surveillance</b> 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.	<b>Standard 6: Infection prevention and control policies, procedures and guidance</b> 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.	<b>Standard 6: Infection prevention and control policies, procedures and guidance</b> The organisation demonstrates implementation of evidence-based infection prevention and control measures.

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

2.1 The BMI self-assessment against the Code of Practice:



## 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”.

The Harbour Hospital has in place:

- An Assurance Framework outlining collective responsibility of all staff from the Board to the local level for minimising risks of infection and how this is to be achieved.
- A Corporate director of infection prevention and control (DIPC) accountable to the chief executive 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. Bethany Bishop continues in the role of DIPC and oversees the infection control
- Mechanisms in place by which the Board ensures sufficient resources are available to secure effective prevention and control of HCAI. All IPC issues discussed at Senior Nurse Meetings, Clinical Governance Meetings and the actions are documented and tracked.
- 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. Non-clinical staff have the opportunity for corrective training on a monthly basis. Clinical staff have mandatory training that is provided six times/year with follow up for practical in their clinical environment.
- A programme of audit that are completed monthly and quarterly to ensure key policies and practices are being implemented appropriately. This is demonstrated on the Audit Calendar that is overseen by the DIPC.
- Policies and procedures that address Infection Prevention and Control risks and how to manage those risks are updated on QIT system annually.
- A designated decontamination lead – Theatre Manager.
- A designated microbiologist based at UKOMS is available for advice and support 24 hours a day
- A designated pharmacist and a microbiologist who can advise on appropriate antimicrobial stewardship and an antimicrobial stewardship programme. The IPC has completed an antimicrobial course in the absence of an antibiotic pharmacist. The microbiologist advises on a regular basis and the consultants at the winterbourne have consistently good prescribing practices, ensuring excellent care for our patients.

### 3.2 Risk Assessment

BMI Healthcare 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 Healthcare 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 and discussed at the Infection Prevention and Control Committee.

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

The DIPC at The Winterbourne Hospital is Bethany bishop 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 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.

All link nurses and healthcare staff have regular training sessions to improve their audit skills and methods used to address any non-compliance. This gives them the confidence to perform this extended element of their role and to challenge poor practice safely.

### 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”.

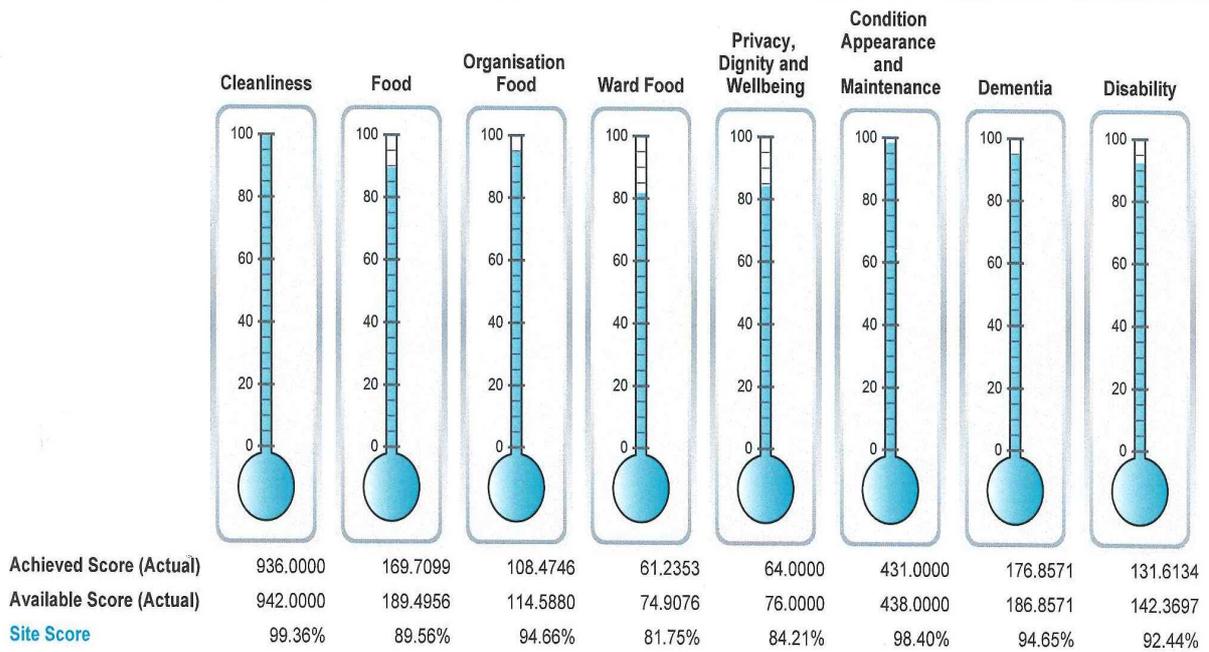
The IPCL, in collaboration with the Estates and Facilities Team and the decontamination lead, monitors standards of cleanliness and promotes best practice by ensuring that regular Audit of the environment is undertaken with feedback and action plans. This is discussed at the Clinical Governance meetings.

The Housekeeping Team are now overseen by a new manager and will use the soft solutions cleaning regime that has been implemented by Jason Hession. The Vileda Professional Microfibre System has a monthly self-auditing setup and the IPCL is informed if advice is needed.

- 4.1 Staff are suitably trained and hold adequate competencies for their roles. Current compliance for training is at 87%.
- 4.2 There are designated members of staff for the cleaning of the environment and the cleaning and decontamination of equipment. This is monitored on a weekly basis and all deficiencies are highlighted and addressed.
- 4.3 Lead nurses are included in all aspects of cleaning services, including contract negotiations 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 is a programme of continuous upgrade as capita allows. This year the ambulatory care unit has been opened and will be audited within the QIT system in the coming year

4.5 Patient-led assessments of the Clinical Environment (PLACE) audits are conducted annually. This years' results are as follows:

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4.6 The cleaning arrangements detail the standards of cleanliness required in each area and audits of cleaning are conducted as per cleaning standards.

**Infection Prevention Quality Improvement Tools Scores(%) and No. of Started Audits**  
From October 2015 to September 2016 by Month  
Audits for Any Clinical Practice Process Improvement Tool

Scores (%)	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016
No. of Started Audits												
<b>Winterbourne Hospital</b>												
<b>1st Floor</b>												
Fertility 1F						100.0						100.0
						1						1
Ward 1F								100.0				100.0
								1				1
<b>Ground Floor</b>												
Outpatients					100.0							100.0
					1							1
Theatre			96.2			98.5			100.0	100.0		99.0
			1			2			3	1		7
Ward Chick Wing	100.0	100.0			100.0							100.0
	1	2			1							4
Ward South Wing		97.5			100.0	100.0						98.2
		3			1	1						6
Ward West Wing		100.0										100.0
		4										4
X-Ray GF					100.0							100.0
					1							1
<b>Lower Ground Floor</b>												
Pathology		100.0										100.0
		1										1
Overall Scores	100.0	99.3	96.2		100.0	99.3		100.0	100.0	100.0		98.2
Overall No. of Started	1	10	1		4	4		1	3	1		26

**Infection Prevention Quality Improvement Tools Scores(%) and No. of Started Audits**  
From September 2015 to August 2016 by Month  
Audits for Any Care Setting Rapid Improvement Tool

Scores (%)	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016
No. of Started Audits												
<b>Winterbourne Hospital</b>												
<b>Ground Floor</b>												
Physiotherapy							100.0					100.0
							1					1
Theatre										90.9		90.9
										1		1
Overall Scores							100.0			90.9		95.5
Overall No. of Started							1			1		2

4.7 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.

The new Ambulatory Care Unit is fully equipped with compliant hand hygiene washing facilities. The Ward has two new hand hygiene sinks appropriately placed to encourage good practise. The risk assessment remains in place to upgrade further areas in the future.

4.8 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. The company that is now corporately responsible for this service delivers training and monitors their own staff.

4.9 Advising on waste disposal. There is a robust waste management policy and appropriate segregation of waste in line with the policy. There are waste officers for each site.

4.10 There is a programme of planned, preventive maintenance, including pest control and the management of potable and non-potable water supplies. This is overseen by the facilities department.

4.11 There is a Safe Water group to ensure safe delivery of potable and non-potable water supplies. This group is included with the Clinical Governance membership and also report to the Health and safety group.

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

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.

4.14 Ensuring there are effective arrangements for the appropriate decontamination of instruments and other reusable medical equipment in line with the Choice Framework 01-01<sup>9</sup> (England); HTM2010, HTM2030 and HTM2031 (Wales), SHTM2030 and SHTM2031 (Scotland) 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
- Monitoring system is in place to ensure safe and adequate equipment cleaning in line with High Impact Intervention No. 8 Decontamination of Equipment.

## 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.is section should describe the 'who' not the how.

BMI Healthcare has an antimicrobial prescribing policy this is supported by the pharmacists and the link Microbiologist at Poole Hospital.

There were 14infections in total this year, and one RCA investigation was completed This infection was reported to Public Health England. The outcome showed no discernible root causes but some contributory factors. These were discussed at both the Clinical Governance and MAC meetings. Actions and outcomes were recorded.

One RCA was produced for a cluster. This comprised of three infections from one surgical list. The root cause showed That during the very hot summer there was a portable air conditioning-unit in use The surgeon concerned agreed not to operate out with the Winterbourne policy again.

There have not been any trends identified.

There is an annual antibiotic prescribing audit that is completed yearly and then reported to the IPC Committee.

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

## 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.

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

BMI Healthcare has an active enhanced recovery programme (ERP) to improve patient outcomes. There is on-going Infection Prevention and Control input into patient pathways that include risk assessments and Department of Health, high impact intervention (care bundles).

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

The standard documentation from Pre-assessment supports the ERP for patients who may be at risk.

## 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.**

Currently a Sentinel form is completed and sent directly to the IPCL who then will follow up microbiology results and ensure that appropriate care is being delivered. All staff are given training on barrier nursing to protect other service users and staff.

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.

IPC training compliance figures as above in 4.1.

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.

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.

In the absence of the IPCL, the Ward Sister is responsible for monitoring all results.

## 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.

There is a yearly mandatory training module for all staff.

This year there was a knowledge quiz for National Antibiotic Awareness Day.

8.2 As far as is reasonably practicable, BMI Healthcare 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.

The Winterbourne Hospital has a SOP and Local Escalation Policy that covers outbreak scenarios.

## 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.

There is only single room accommodation at The Winterbourne Hospital, but ambulatory care unit has multiple trolleys and robust assessment is in place to ensure our patients are safe throughout their journey.

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

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.

## 10.0 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.

The Winterbourne Hospital has a link Microbiologist – as part of an SLA – with UKOMS.

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

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

## 11.0 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.

Printed policies are made available within folders in the IPCL's office and are updated/reviewed regularly.

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 Infection Prevention and Control office.

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

## 12.0 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.

There has been a robust drive to educate the staff about flu immunisations and the need for self-protection for the safety of our vulnerable patients.

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.

### 8.1.1 Induction, training programmes and ongoing education

All clinical staff including bank nursing staffs who are employed by The Winterbourne 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.

RMOs are required to undergo infection prevention and control induction.

## 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"> <li>• Risk assessments</li> <li>• Infection Prevention and Control incidents reported on Sentinel/RiskMan</li> <li>• Audits</li> <li>• Surveillance reports</li> <li>• All concerns discussed at Clinical Governance</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	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"> <li>• Prescription policy in place for pharmacy and infection control doctors.</li> <li>• Infection Prevention Control Committee IPC conducts annual audits.</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 orthopaedic surgical site infections (hips and knees)</li> <li>• The Winterbourne Hospital has links with the local NHS hospital infection control team.</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.	Laboratory is registered with CPA, and there is access to 24 hour service
9	Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.	<ul style="list-style-type: none"> <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>

## 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)
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- 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