



BMI Woodlands Hospital

Director of Infection Prevention & Control Annual Report

2014-15

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. BMI healthcare puts infection prevention and control at the heart of good management and clinical practice, and remains committed to ensuring that appropriate resources are allocated for the effective protection of patients, visitors and staff.

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

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

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

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

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

The IPCL works to an annual programme to cover all aspects of the Health and Social Care Act 2008 Code of practice on the prevention and control of infection and related guidance, supported by corporate and local assessments of risk based on surveillance and audit activity.

The main purpose of the IPCL is to produce and implement the infection prevention and control annual priorities and audit programme, resolve current infection prevention and control issues by appropriate action or advice and to carry out a programme of surveillance to meet both mandatory and local requirements. 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.⁸

Criteria	Scottish Standards
1	Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that their environment and other users may pose to them.
2	Provide and maintain a clean and appropriate environment in managed
	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
	Standard 4: Environment and Equipment

	premises that facilitates the prevention and control of infections.	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 HCAI 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 HCAI
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
10	Ensure, so far as is reasonably practicable, that care workers are	3a, 3b, 5a, 5b

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

BMI Woodlands Hospital is fully compliant against the standards set out in the IPC code of practice.

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 Woodlands Hospital has in place:

- An Assurance Framework outlining collective responsibility of all staff from the Board to 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 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 is responsible for leading the Infection Prevention and Control service and reports directly to the Executive Director and the Board. The Director of Nursing at BMI Woodlands Hospital is the DIPC.

The Infection Prevention and Control Lead carries out the daily duties including audit, surveillance, training, patient risk assessment and gives support and advice with support from Link Practitioners from each department.

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 and hold adequate competencies for their roles. All staff at BMI Woodlands Hospital complete mandatory training which includes Infection Prevention and Control. The hospital was 100% compliant at end of September 2015 for all mandatory training.

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

4.3 Lead nurses are included in all aspects of cleaning services, including 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.

4.5 Patient-led assessments of the Clinical Environment (PLACE) audits are conducted annually. BMI Woodlands Hospital achieved the following results this year:

- Cleanliness 100% (National Average 97.57%)
- Condition and appearance 90.44% (National Average 90.11%)
- Food 90.55% (National Average 88.49%)
- Privacy, Dignity and Wellbeing 86.56% (National Average 86.03%)
- Dementia Friendliness 83.30% (National Average 74.51%)

The results demonstrated that the hospital is above the national average in all of the scores outlined above.

- 4.6 The cleaning arrangements detail the standards of cleanliness required in each area and audits of cleaning are conducted as per cleaning standards, these include monthly and quarterly audits covering room cleanliness in all areas, disposable curtains and carpet cleaning. Compliance is very high which is reflected in the PLACE Assessment which scored 100% for cleanliness.
- 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. Posters identifying sinks as hand wash only are in place around the hospital to remind staff.
- 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 Support Services Manager and Head Chef have completed advanced Food Hygiene courses and the other full time Chef has completed an intermediate Food Hygiene Course. The kitchen was assessed by the Environmental Health Officer this year and the hospital was awarded a 5 star rating.
- 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. An annual audit of waste management is undertaken at site which includes all clinical departments. Results demonstrate 95% compliance for general waste segregation and 100% compliance for clinical waste segregation. Actions to achieve 100% for general waste segregation are focused upon reminding staff which waste is recyclable and which is not.
- 4.10 There is a programme of planned, preventive maintenance, including pest Control.
- 4.11 There is a Safe Water group to ensure safe delivery of portable and non-portable water supplies.
- 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
- 4.14 Ensuring there are effective arrangements for the appropriate decontamination of instruments and other reusable medical equipment in line with the Choice Framework 01-01⁹ (England); HTM2010, HTM2030 and HTM2031 the (Scotland and Wales), and has registration under Article 12 – Council Directive 93/42/EEC¹⁰, Annex V, Section 3.2.(Sterility aspects only or registered with CQC.

Decontamination

BMI Woodlands Hospital has a Service level Agreement (SLA) with South Tees NHS Hospitals Trust Central Sterile Supplies Department (CSSD) which has 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 Woodlands Hospital has reported 9 surgical site infections from October 2014 to September 2015. These have been reviewed against the High Impact SSI Bundle and there have not been any changes to clinical practice identified as being required. There was no evidence of recurrent organisms identified. There have been no cases of MRSA, MSSA, Clostridium Difficile.

Patients are given an information leaflet which contains information about potential HCAI caused by MRSA or *Clostridium difficile* organisms. This explains any precautions that are required both in the hospital and in the community post discharge. Information is also available for visitors. There is also a hand hygiene information leaflet for patients and relatives.

BMI Woodlands Hospital teams will continue to review any cases of infection and perform root cause analysis on those that require it going forward.

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).

BMI Woodlands uses the ERP pathway for patients attending for surgery. This ensures that patients are pre-assessed and prepared in a standardised manner and that there is compliance to infection prevention and control measures across the pathway by all members of staff.

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.

This year BMI Woodlands staff are 100% compliant with their mandatory training which covers IPC for both clinical and non-clinical members of staff.

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.

BMI Woodlands Hospital is fully compliant with screening requirements outlined in the corporate BMI Policy. 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 Woodlands 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 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 Woodlands Hospital has a policy in place for outbreak management.

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

All staff are compliant with IPC training with the hospital and link practitioners perform audit in their own departments to ensure staff are compliant with policy and procedures associated with IPC. Evidence of audit and action plans are held at department level and the IPC Lead for the hospital holds monthly Link Persons meetings to disseminate information and review departmental evidence.

9 Criterion 7: Provide or secure adequate isolation facilities

BMI Woodlands Hospital has 18 single rooms. There is a short stay area which includes a 6 bedded and 5 bedded bay which are used for short stay cases and which is segregated by doors to ensure compliance with mixed sex accommodation guidance. There are also 4 rooms which provide 'walk in walk out' accommodation for ambulatory care patients.

Most of the accommodation 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 to make the appropriate decisions regarding isolation of patients, BMI Healthcare has an isolation policy and organism-specific policies detailing the need for isolation. Staff 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

BMI Woodlands Hospital has access to laboratory support via a Service Level Agreement with South Tees Hospitals NHS Trust. For IPC advice there is a Service Level Agreement in place for 24 hour access to a microbiologist for advice.

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 infections.

BMI Healthcare publishes comprehensive infection prevention and control policies Corporately which are modified for local level implantation 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 Director of Nursing's office and on the main ward.

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 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.

12.1 Induction, training programmes and ongoing education

All clinical staff including bank nursing staff who are employed by BMI Healthcare are required to participate in induction and mandatory annual infection prevention and control training currently provided by the IPC lead 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. 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"> • Risk assessments • Infection Prevention and Control incidents reported on Sentinel • Audits • Surveillance reports/trend analysis
2	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.	<ul style="list-style-type: none"> • Local Cleanliness audits • Annual PLACE audits • Patient satisfaction • Environmental audits • ERP standardised pathways in use
3	Provide suitable accurate information on infections to service users and their visitors.	<ul style="list-style-type: none"> • IPC Annual Report • Commissioners Assurance Visits • Attendance at HCAI Assurance Meetings with Director of Public Health • Quarterly IPC Committee Meetings • Bi-monthly Clinical Governance Meetings • IPC infection control patient/visitor/staff information leaflets available
4	Provide suitable accurate information on infections to any person concerned with providing further support or nursing/medical care in a timely fashion.	<ul style="list-style-type: none"> • Infection Prevention and Control Committee oversees IPC surveillance reports and makes them available where appropriate • Multidisciplinary root cause analysis meetings for MRSA, MSSA, E.coli bacteraemias, <i>C.difficile</i>, and some Surgical Site Infections
5	Ensure that people who have or develop an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing on the infection to other people.	<ul style="list-style-type: none"> • Surveillance of all alert organisms including MRSA, MSSA, E.coli bacteraemia, <i>Clostridium difficile</i> • Surveillance of orthopaedic surgical site infections (hips and knees) via PHE • 48 hour phone calls to patients who have had surgical procedures • 48 hour phone call report for feedback to departments monthly • All patients are pre-assessed & urinalysis to identify any infections prior t surgery • Pre-assessment questionnaire to identify over-seas travel

		<ul style="list-style-type: none"> • MRSA eradication for patients found to be carriers of MRSA prior to admission for surgery
6	Ensure that all staff and those employed to provide care in all settings are fully involved in the process of preventing and controlling infection.	<ul style="list-style-type: none"> • IPC mandatory training included in induction and refresher training • IPC e-learning package available on BMI learn • RMO induction package • Departmental Link people attend monthly meetings and prevent evidence of IPC audits as assurance • Quarterly IPC Committee Meeting • Bi-monthly Clinical Governance Meetings • Quarterly water safety meetings • Awareness raising sessions locally to coincide with key national dates
7	Provide or secure adequate isolation facilities.	<ul style="list-style-type: none"> • IPC involvement in new builds and refurbishments • Risk assessments in place • Isolation policy in place with regular audit and feedback
8	Secure adequate access to laboratory support as appropriate.	<ul style="list-style-type: none"> • South Tees Laboratory is registered with CPA and there is access to 24 hour service' • Access to results & reports electronically • Hard copies of reports come to IPC lead for checking
9	Have and adhere to policies, designed for the individual's care and provider organisations, that will help to prevent and control infections.	<ul style="list-style-type: none"> • Policies and procedures reviewed and updated as required • All policies/procedures available via the Collaboration site • Hard copies are kept on the ward area and in DoNs office • Compliance monitored through audits (IPS QIT and Care Bundles)
10	Ensure, so far as is reasonably practicable, that care workers are free of and are protected from exposure to infections that can be caught at work and that all staff are suitably educated in the prevention and control of infection associated with the provision of health and social care.	<ul style="list-style-type: none"> • Occupational Health monitoring of staff well-being. • The management of any cases of occupationally acquired Dermatitis • Guidance on glove use is given via the Latex policy • Provision of vaccination to staff as appropriate with feedback of uptake • Sharps injuries monitored & managed according to BMI policy • Spillage kits in place around departments • Access to Flu injections yearly

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)