



Director of Infection, Prevention & Control

Annual Report

2017 -2018

Document	Director of Infection, Prevention & Control Annual Report 2017 – 2018
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Publication date	
Target Audience	The information contained within this report is primarily intended for use by our internal organisation, external partners, our patients and their families, but may be of interest to the public in general.
Description	This annual report of the Director of infection Prevention & Control provides comprehensive information on the progress and achievements of the Infection Prevention & Control team throughout the period of 1 st May 2017 until the 31 st April 2018
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WELCOME

Welcome to our Director of Infection, Prevention and Control report for 2017 – 2018.

The past year has seen further growth in the development of services at KIMS Hospital and our vigilance relating to patient safety and the management of infection, prevention & control has remained our priority.

We have again had a 12-month period of zero bacteraemia infections, and our environmental audits continue to soar above the National targets. We have focused again on the use of antimicrobials to manage infections, and we have seen significant improvement on the adherence to our antimicrobial policy.

We have also focused on improving the knowledge and competency of our teams in relation to the management of Sepsis and will continue this vital work throughout the coming year.

Jacqueline Groom

Chief Nurse / Director of Infection Prevention & Control

2018

EXECUTIVE SUMMARY

Overview of Infection Prevention & Control Activity for 2017 - 2018

Welcome to our second Director of Infection Prevention & Control annual report. This report sets out the arrangements for infection prevention & control within KIMS Hospital and summarises the activities of the infection prevention & control service throughout the year to protect patients from the risk of healthcare associated infection (HCAIs).

This report demonstrates our continued commitment in meeting the requirements placed upon the organisation by the Health and Social Care Act (Hygiene Code) 2008 – Code of Practice for Adult health and social care on the prevention and control of infection.

Key achievements:

- KIMS Hospital is registered by the Care Quality Commission and was inspected on the 10th and 11th January and achieved a **Good** rating across all of the five domains (Caring, Responsive, Effective, Well-Led & Safe).
- KIMS Hospital met its requirements and achieved zero bloodstream infection rate for the second consecutive year (MRSA/MSSA/Klebsiella & Pseudomonas aeruginosa).
- KIMS Hospital achieved zero Clostridium difficile infection (CDI) for the second consecutive year in line with National standards.
- KIMS Hospital achieved zero catheter associated urinary tract infections (CAUTIs) for the second consecutive year
- The Infection Prevention & Control service completed its annual audit programme including unannounced inspections of the clinical environment and hand hygiene compliance showing an improved compliance across all areas.
- KIMS Hospitals 49 Steps National housekeeping audit has demonstrated a month on month increase in compliance leading to the introduction of setting a KIMS standard, which is 10% higher than the National standard.
- KIMS Hospital patient-led assessment of the care environment has demonstrated good compliance scores for cleanliness achieving 99.82% with National standards across healthcare organisations.
- Antimicrobial stewardship is promoted widely across all wards and departments through regular audit, ward round, education and training and through promotion of the European Antibiotic Awareness Week. Our compliance with the requirements has shown continued improvement month on month for this period.
- Development and implementation of a new MRSA/MSSA screening tool was devised and accepted for use by the Orthopaedic specialty group.
- Introduction of a new Sepsis screening tool, policy document plus the introduction of Sepsis boxes rolled out across the hospital to enable staff to manage potential sepsis patients more effectively.
- Participation in the Public Health England Surgical Site Surveillance programme commenced in December 2017.
- KIMS Hospital achieved the NHS CQUIN (health and well-being) for the second consecutive year (includes seasonal flu staff vaccination programme).

KIMS Hospital recognises that sustainable reductions in healthcare associated infections requires a culture of 'zero tolerance' of avoidable cases and that infection prevention & control should be widely embedded across the organisation as infection control is everybody's business at every level of the organisation from ward to board and from board to ward. KIMS Hospital also recognises that our strategic approach to infection prevention & control is fundamental to the delivery of our organisational objectives to improve patient safety and overall the patient experience.

KIMS Hospitals infection prevention & control service is able to fully support frontline healthcare staff in the delivery of clean, safe care and one that is able to check and challenge that individuals practice is maintained at sufficiently high standards through our education and training programmes to protect our patients, visitors and staff.

The hospital management board are asked to approve and note the work of the Infection Prevention & Control Lead Nurse during the 2017 - 2018 period and that the contents of this document are a true and accurate reflection of the work undertaken.

Approved by:
Jacqueline Groom - Chief Nurse / DIPC
Simon James - Chief Executive Officer

OUR PERFORMANCE AGAINST THE 10 CRITERION OF THE HYGIENE CODE

The way that health and adult social care in England and Wales is regulated changed from April 2009 because of the introduction of the Health and Social Care Act 2008 (HSCA 2008). The Act established the introduction of the Care Quality Commission (CQC), which replaced the Healthcare Commission and sets out the overall framework for the regulation of health and adult social care activities.

The HSCA 2008 sets out 10 key criterion that organisations will be measured against and its regulations are law and must be complied with. The CQC has enforcement powers that it may use if registered providers do not comply with the law.

Criterion 1

Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them.

1.1 Structure

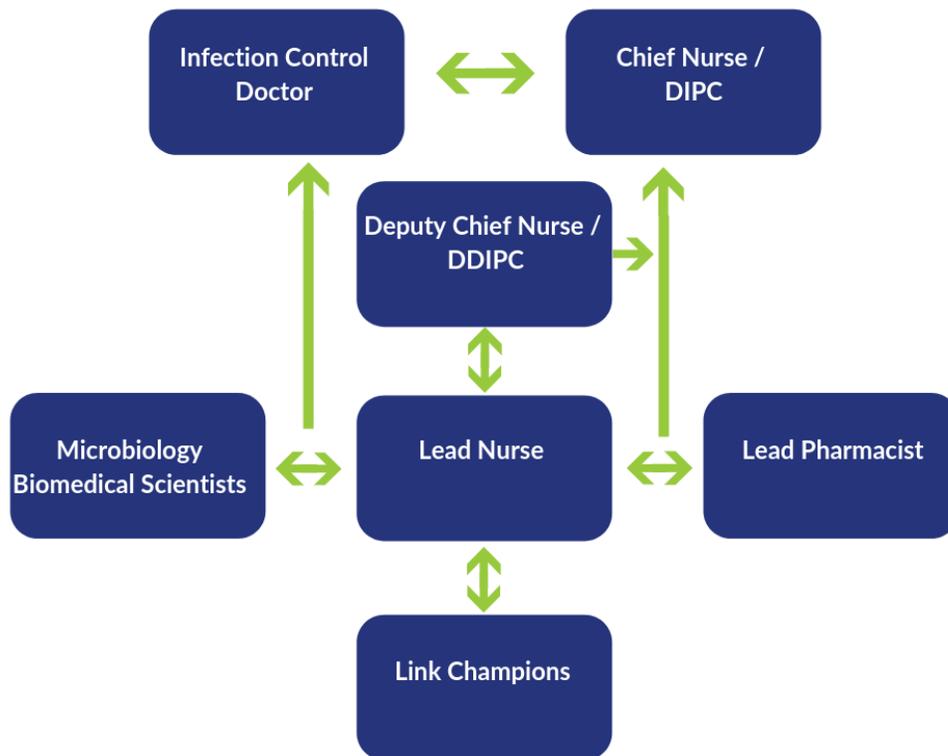
The Infection Prevention & Control Service is led by the Chief Nurse in her capacity as the Director of Infection Prevention & Control (DIPC). The structure and management of the Infection Prevention & Control service fully complies with the requirements placed upon the organisation in line with our statutory responsibilities.

The IPC service is overseen and held to account by the Infection Prevention & Control Committee (IPCC) who meet quarterly to ensure adherence to the IPC programme and to oversee any activities undertaken by the Infection Prevention & Control Lead Nurse.

In addition to the IPCC group the Director for Infection, Prevention and Control, Infection Control Doctor and Lead Nurse review and discuss the infection prevention and control activity of the hospital via a monthly teleconference report. This meeting enables greater visibility of the service and ensures that any issues can be addressed quickly.

The Infection Prevention & Control Doctor/Consultant Microbiologist is external to KIMS Hospital and provides their services via a Service Level Agreement (SLA).

The table overleaf indicates the team structure and levels of communication:



Members of the IPCS are appropriately trained and experienced to deliver an effective infection prevention & control service and supported via the Infection control doctor.

The Lead Nurse is a full member of the Infection Prevention Society (IPS) and regularly attends updates and national conferences to keep updated.

1.2 Infection Prevention & Control Committee

The Infection, Prevention & Control Committee (IPCC) actively oversees the work of the Infection Prevention & Control service (IPCS) which meets quarterly. The IPCC is chaired by the Lead Nurse for Infection Prevention & Control and comprises of:

- Chief Nurse / Director of Infection Prevention & Control
- Deputy Chief Nurse / Deputy Director of Infection Prevention & Control
- Infection Control Doctor / Consultant Microbiologist
- Medical Director
- Chief Operating Officer
- Clinical Services Manager
- Lead Pharmacist / Antimicrobial Pharmacist

- Head of Facilities
- Guest Services Lead
- Theatre Manager / Deputy Theatre Manager
- Head of Estates
- Physical Therapies Manager
- Lead Ward Sister
- Outpatient Department Lead Sister
- Lead Day Care Sister
- Pathology Manager / Pathology Quality Improvement Manager
- Decontamination Lead
- Tissue Viability Nurse
- Endoscopy Lead / Deputy Endoscopy Lead
- Enhanced Care Sister
- Microbiology Bio-medical Scientist(s)
- Cancer Services Lead
- Representative from Quality and Governance

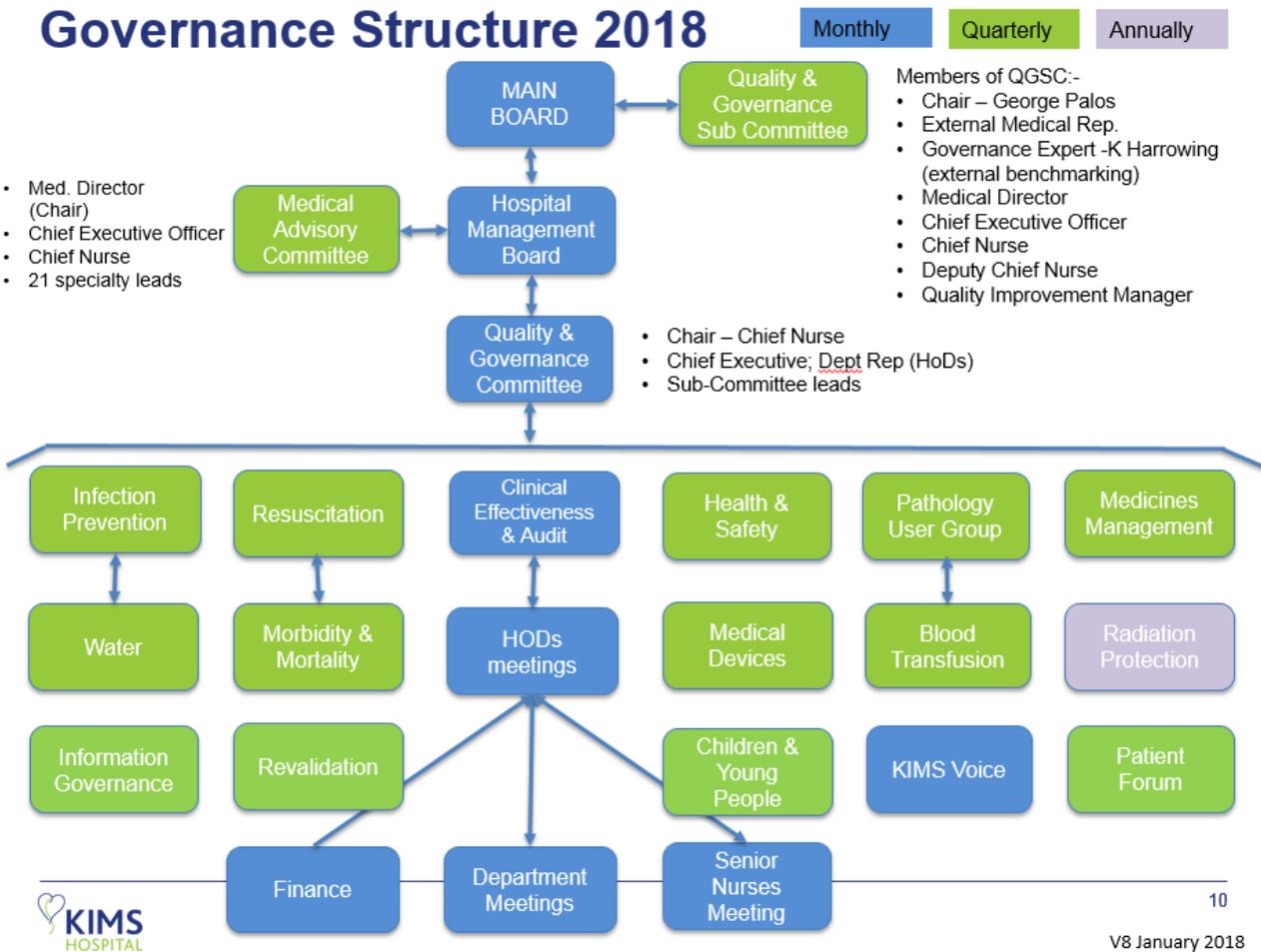
The IPCC was established by the hospital management board (HMB) and provides advice to reports directly into the Quality Governance Committee (QGC).

Terms of reference for the IPCC was reviewed and ratified in January 2018.

1.3 KIMS Hospital Governance Structure

KIMS Hospital has a comprehensive governance structure that encompasses all areas of the hospital and is externally validated to ensure good compliance.

1.4 Reporting to Hospital Management Board



As an executive member of the hospital board, the DIPC reports directly to the Chief Executive Officer (CEO). The DIPC presents key performance indicators including reporting of alert organisms or other IPC related issues to the board each month. In addition, the DIPC oversees a monthly teleconference with the Lead Nurse and Infection Control Doctor summarising IPC activity from the previous month, this data is presented at Clinical Effectiveness Committee and Quality and Governance committees.

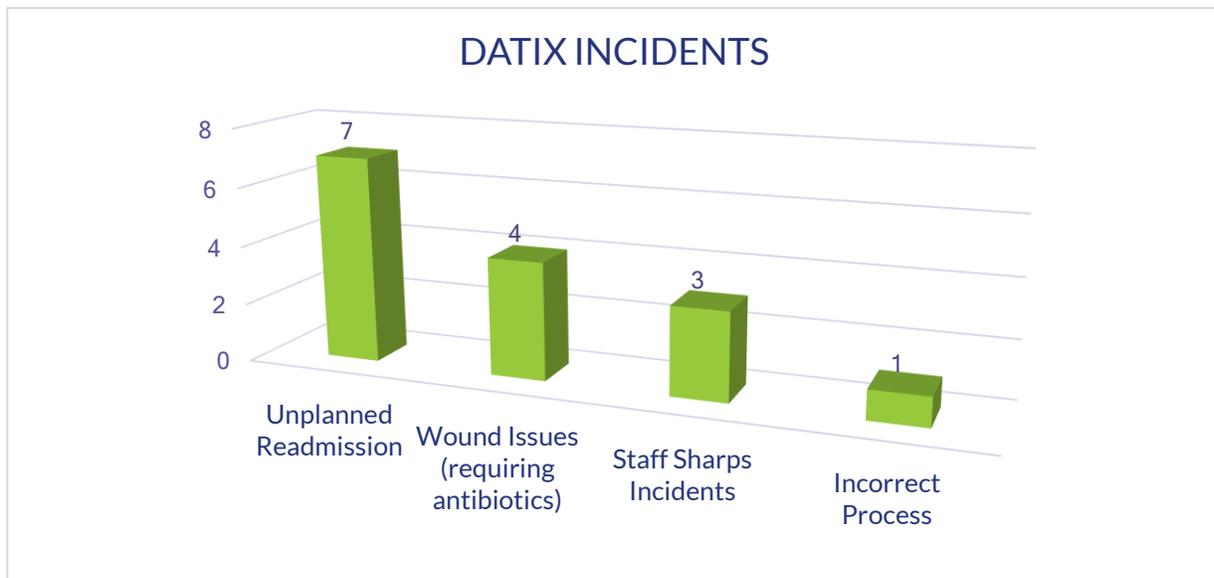
1.5 Healthcare Associated Infection: Performance against key targets

KIMS Hospital has continued to focus on reducing the risk of patients acquiring a healthcare acquired infection (HCAI) from any activity undertaken while an inpatient within our hospital: ranging from MRSA/MSSA Bacteraemia, Clostridium difficile, Carbapenemase-producing organisms (CPO) and are reported via the National Mandatory Enhanced Surveillance System (MESS) along with Escherichia coli, Pseudomonas aeruginosa and Klebesilla.

KIMS Hospital has had no mandatory reportable bloodstream infections over the reporting period for the second consecutive year.

1.6 Incidents and Datix reports

The total number of Infection Prevention & Control incidents remains low across the hospital at 15 Datix reports for this reporting period and ranged from low to no harm caused. All incidents were investigated thoroughly by the Lead Nurse and reviewed by the Datix review group.



The largest reported category was unplanned readmission to KIMS Hospital more than 30 Days post procedure. A detailed review of these incidents showed that 1 of these 7 cases went on to require further intervention post procedure and the remaining 6 cases were related to superficial skin infections and were successfully treated with antibiotics.

There were 3 staff incidents relating to sharps injuries during this reporting period, they related 2 in theatres and 1 on wards. All staff were fully supported during the incident and properly risk assessed. Further training was given to prevent re-occurrence .

Incorrect process is reported when staff failed to follow the correct pathway when dealing with patient sampling, staff were reminded of correct process and further training given.

Criterion 2

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

2.1 Environmental Cleanliness

KIMS Hospital employs its own in-house housekeeping service which are fully supported by Supervisory staff and a Guest Services Manager. All housekeeping staff are trained in order to fulfil their role and responsibilities and work in partnership with the Infection Control Lead Nurse and Housekeeping supervisory staff who participate in Weekly and Monthly audits to assure compliance with the requirements of the National Cleaning Standards (PAS 5748:2014).

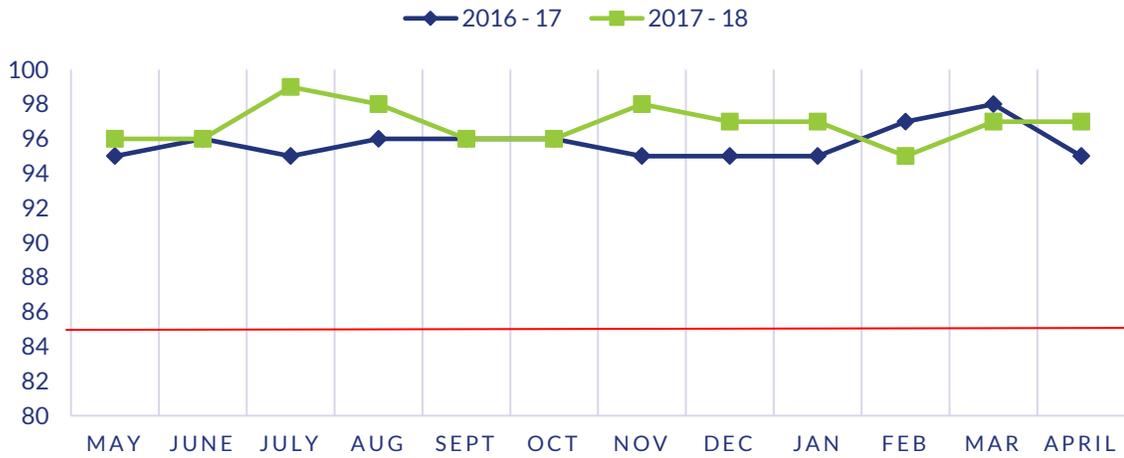
The National standard for hospital cleanliness sets out minimum standards for providers of healthcare to achieve for both NHS and Independent healthcare organisations, which complies with the Hygiene Code regulations 2008.

The Following charts show the overall compliance across the organisation with the 49 Steps National Cleaning standard audit, which also encompasses any maintenance. If any areas fail to achieve the minimum standard they are provided with a detailed action plan and supported by the Infection Control Lead Nurse.

Key:

High risk areas	98%
Low risk areas	85% or higher
National standard is indicated by red line	

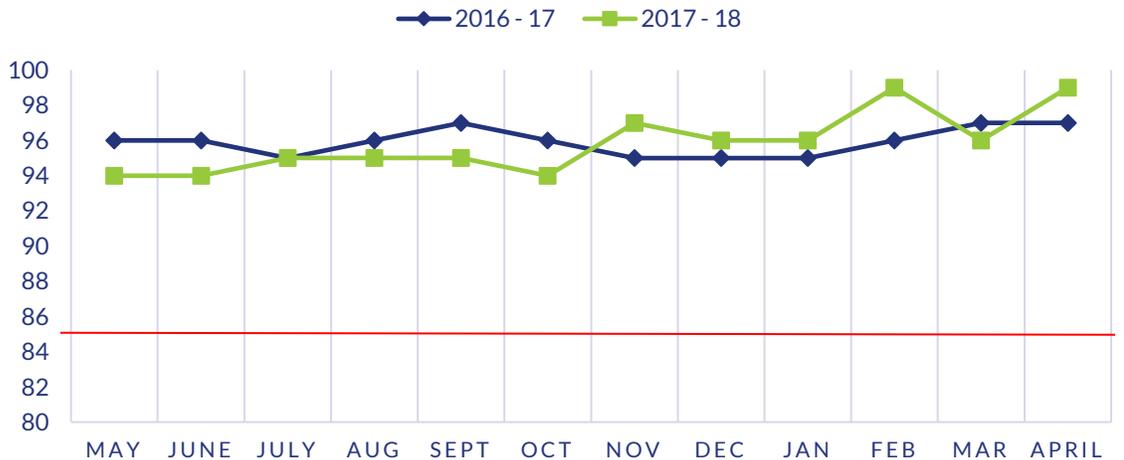
COPPERFIELD WARD

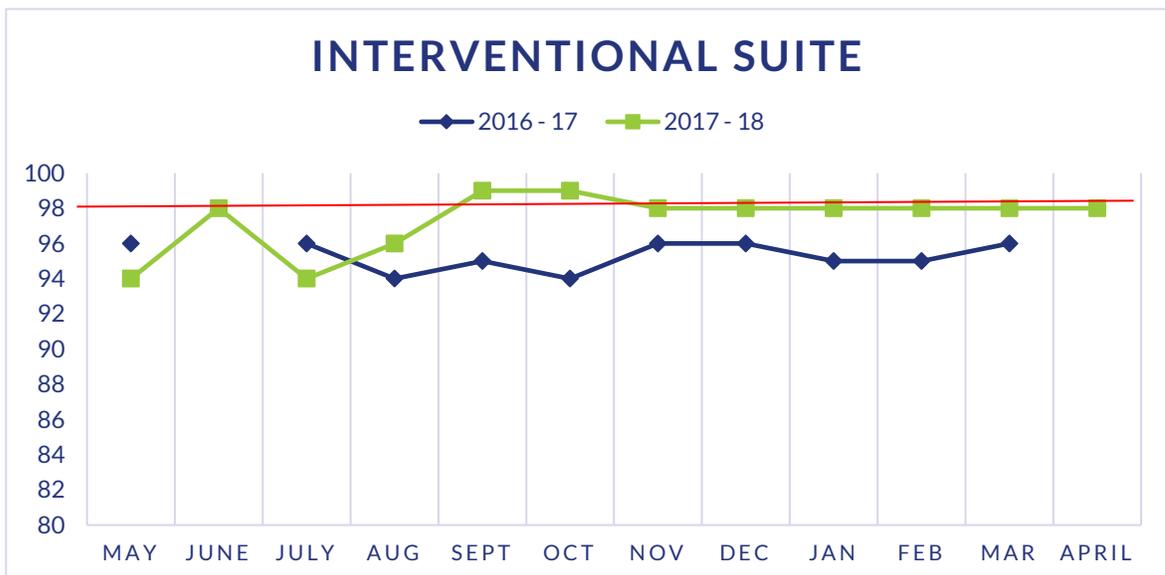
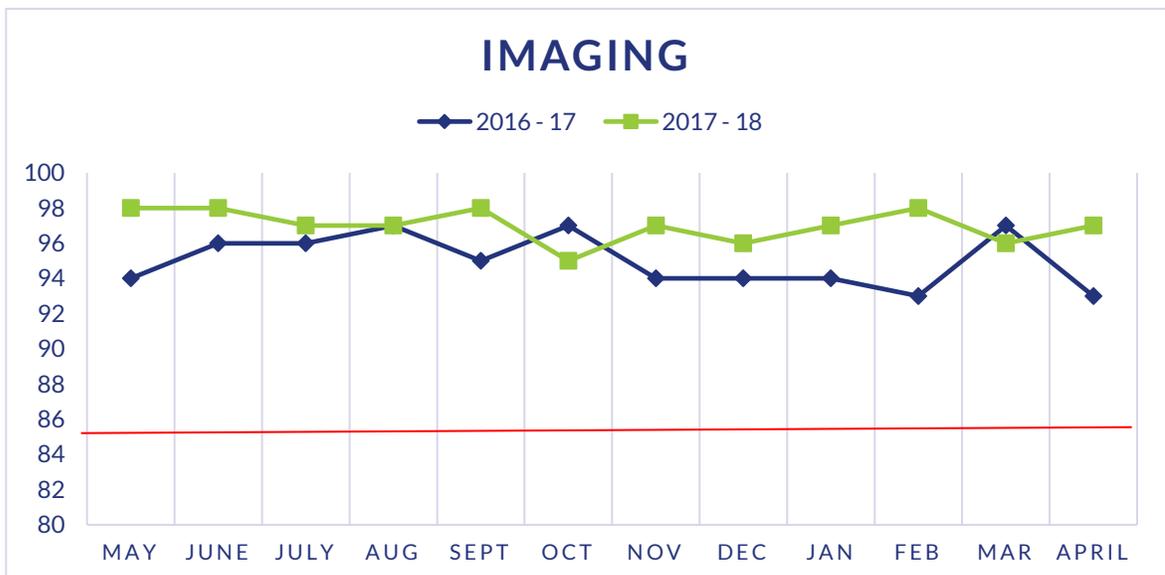
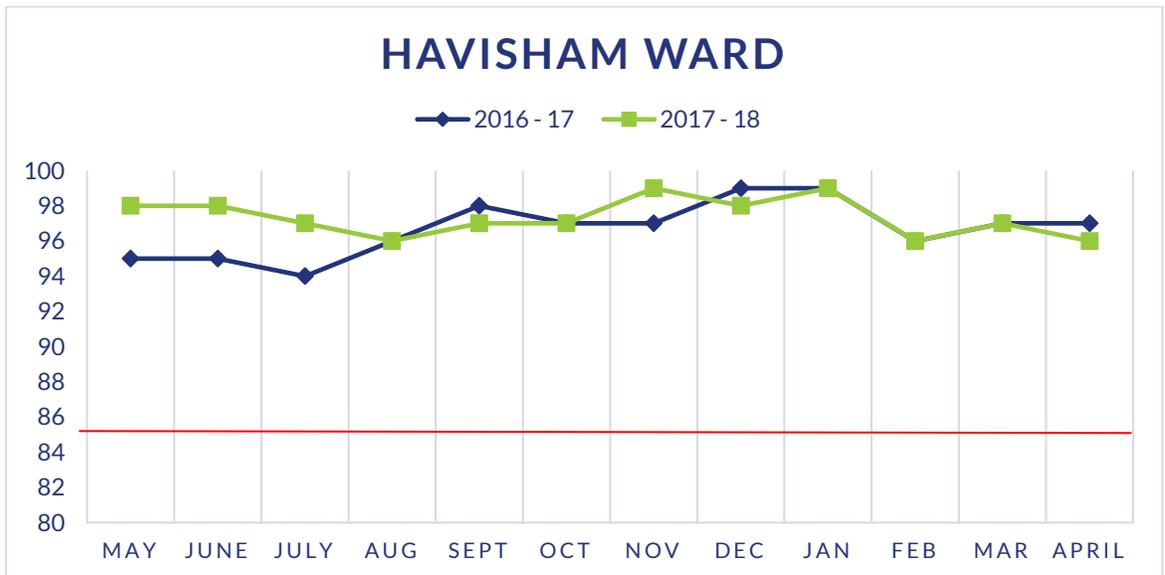


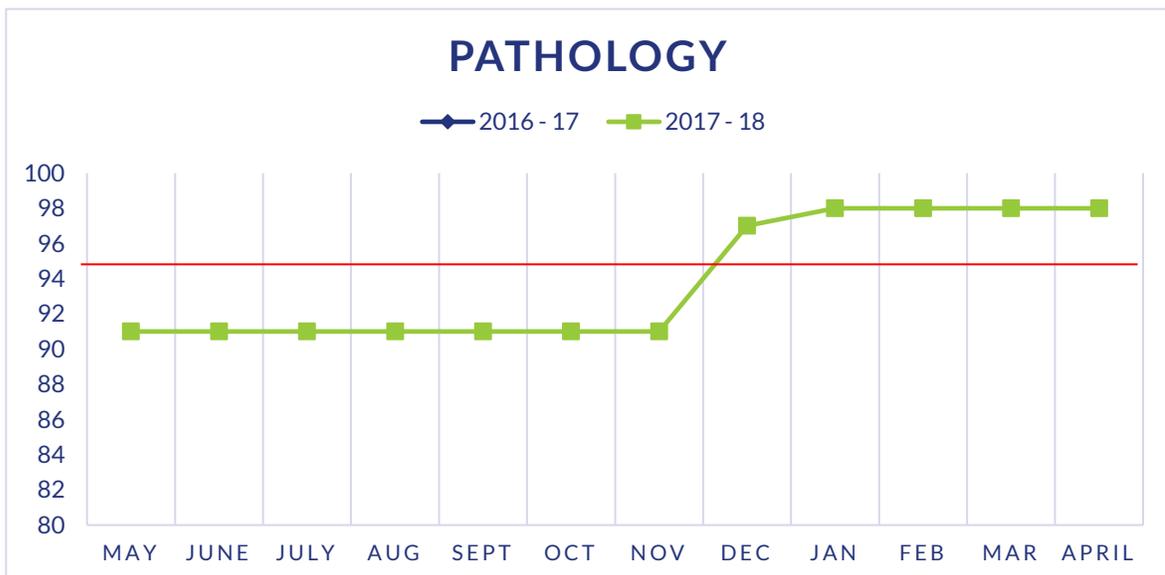
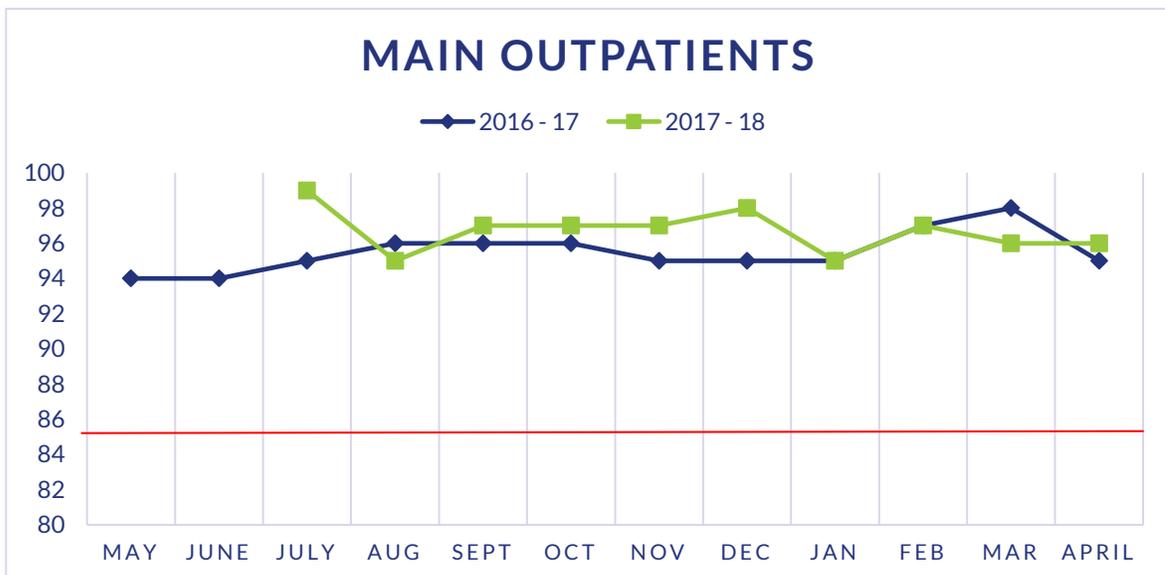
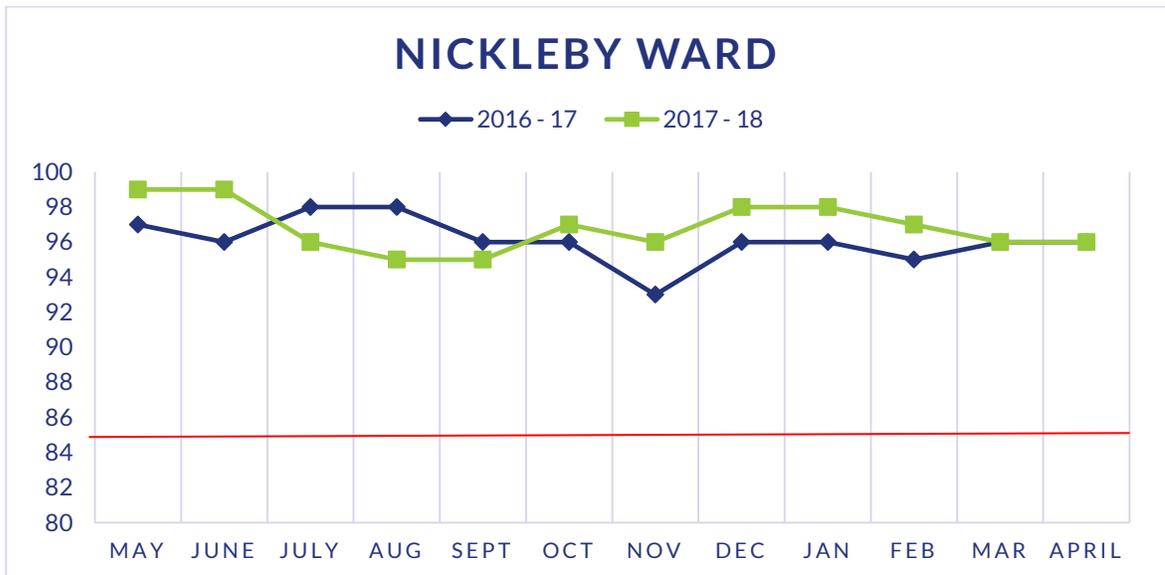
DICKENS WARD

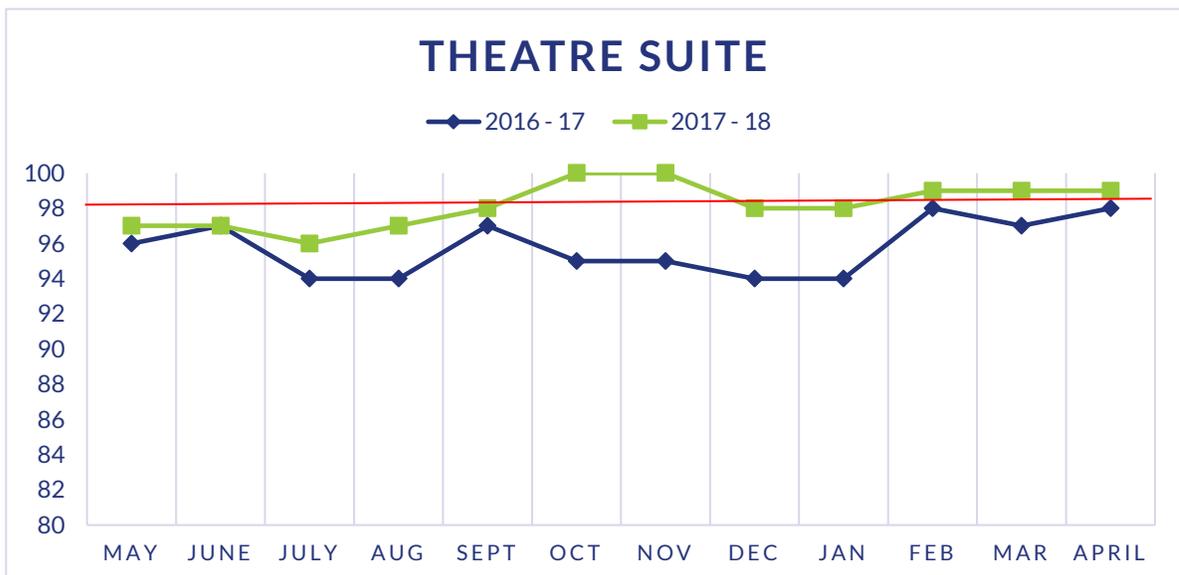
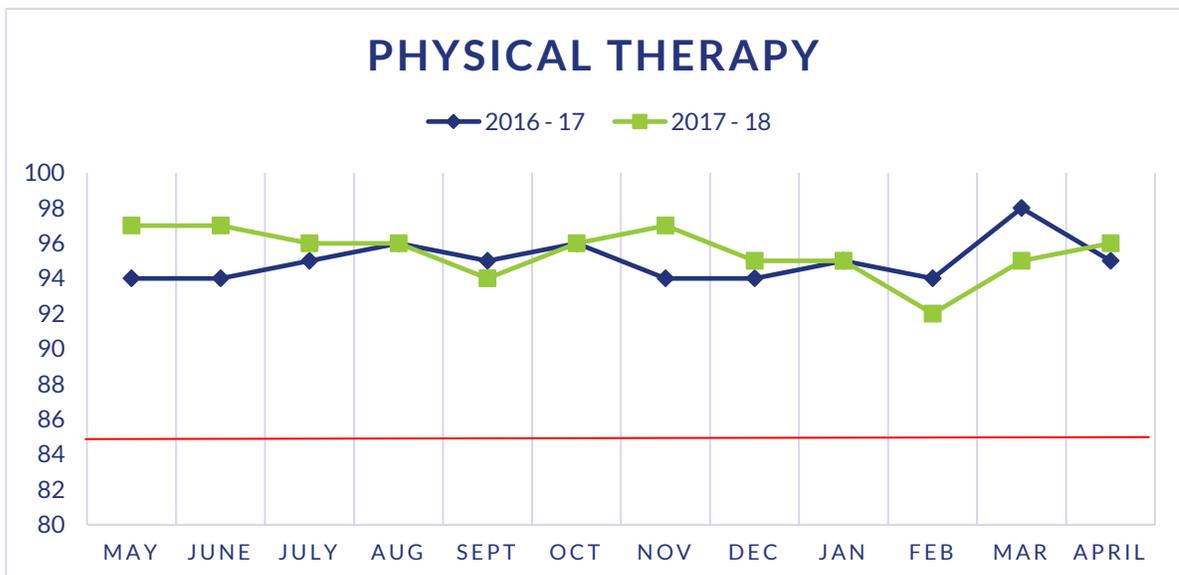
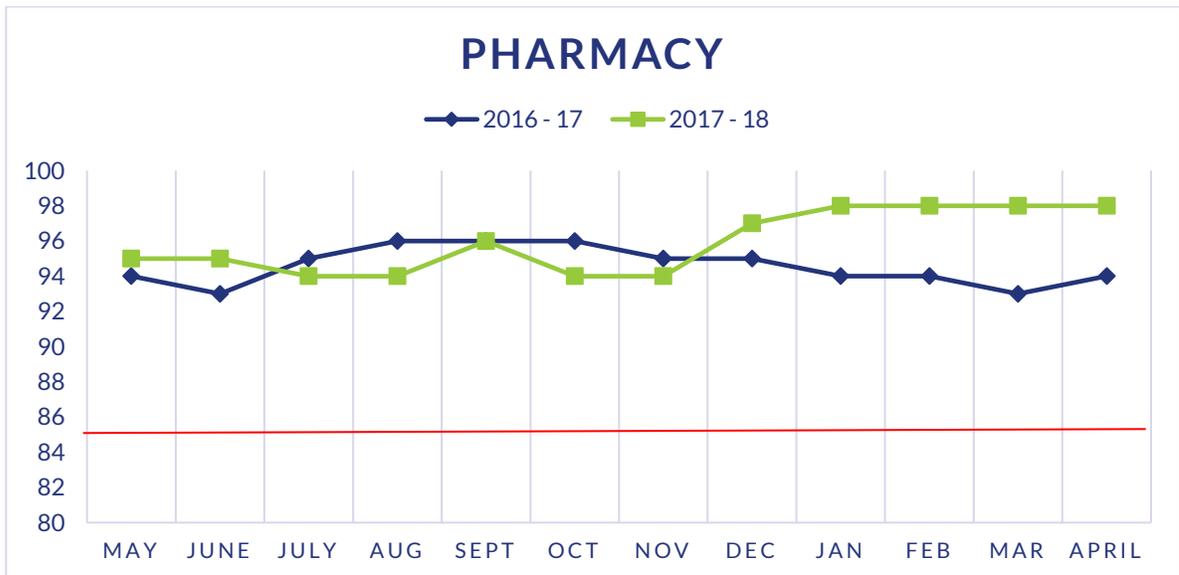


DOVER CLINIC









From the previous tables most areas far exceeded the standard set by the National standards of Cleanliness. As previously indicated where areas failed to meet the required standard action plans have been generated and a time frame for improvement set. All action plans over this reporting period have been completed

Throughout 2016 – 17, the Pathology service was managed and run external to KIMS Hospital but was bought in-house from July 2017 and an improvement in the scoring of the environmental audits is evident on the previous graph.

The improvements seen overall by closer working between the IPC Lead Nurse and housekeeping team have proved beneficial to continue to drive up standards and ensuring our clinical areas remain clean and safe for our patients.

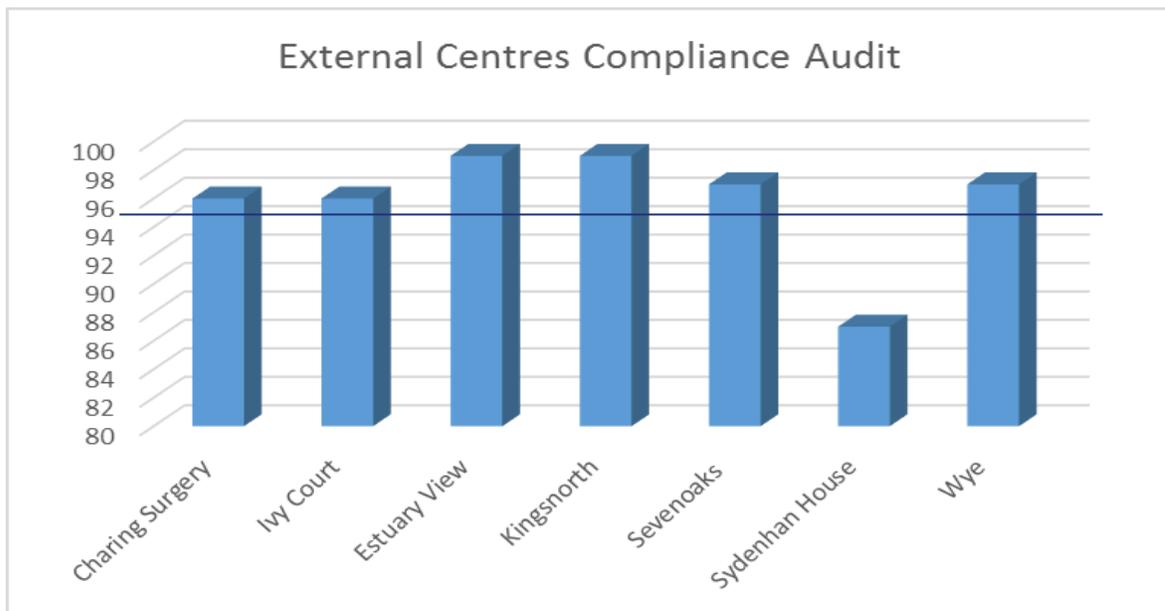
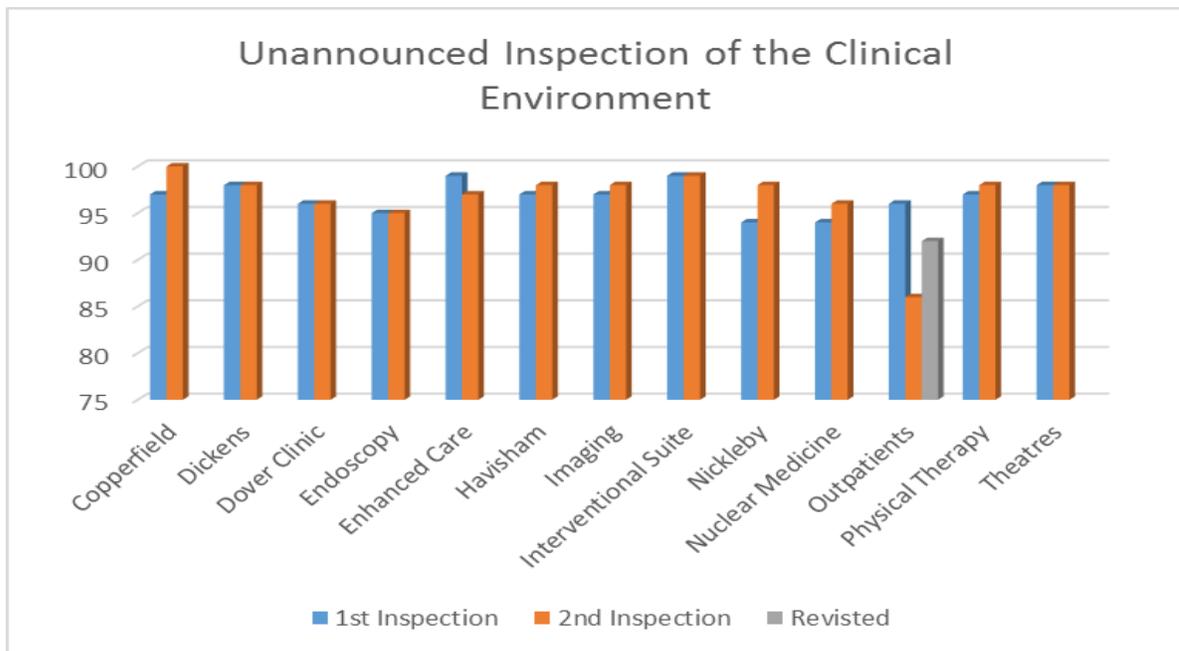
2.2 Unannounced inspections of the Clinical Environment

Unannounced inspections are good way to assess the overall cleanliness of the care environment; they also look at the quality of the services that we provide to our patients. We use a universally recognised assessment toolkit devised by the infection prevention Society (IPS). An agreed audit cycle for these inspections is discussed at the Infection Prevention & Control Committee (IPCC) and is usually every 6 months.

These audits are conducted by the Infection, Prevention & Control Lead Nurse, immediately following these inspections feedback is given to clinical teams. If any area fails to achieve the standards expected the development of a robust action with timeframe for remedial works to be completed by is set. Subsequently a follow-up audit is then scheduled to close the audit loop.

For our Outreach services, we work closely with the provider organisations following the inspections to provide feedback or offer support where we feel standards have not been met.

The table overleaf highlights the results for 2017 – 2018 (KIMS Hospital)



2.3 Patient-Led Assessments of the Care Environment

Patient led assessments of the care environment (PLACE) is a system for assessing the quality of the patient environment. It is an organisational voluntary self-assessment which takes place annually, and applies to NHS trusts, Voluntary and independent healthcare providers.

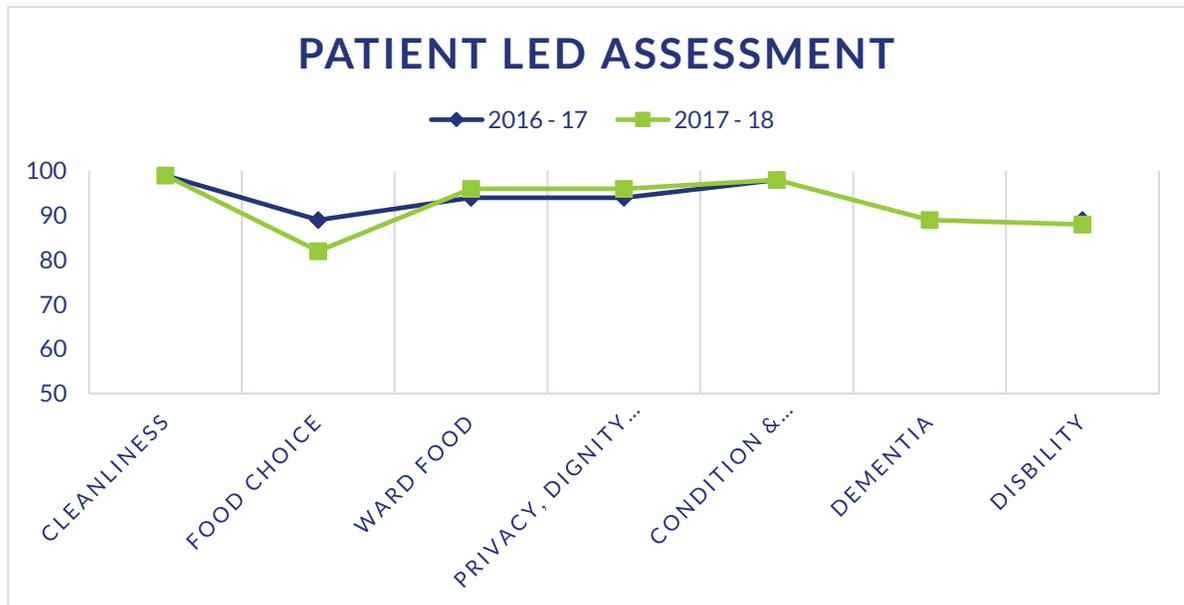
PLACE assessments show how hospitals are performing both locally and nationally who provide similar services to their local population. They provide motivation for improvement by offering a clear message, directly from patients, about how the hospitals environment caters for patients and how their services are managed and might be enhanced for the benefit of the patients they care for.

PLACE assessments involve local people (known as patient assessors) going into hospitals as part of larger teams alongside staff. Patient assessors make up at least 50 percent of the assessment team assessing the care environment which supports the provision of clinical care, focusing on areas such as:

- privacy and dignity
- food
- cleanliness
- general building maintenance
- how well the needs of patients with dementia are met
- how well the needs of patients with a disability are met

The PLACE assessment forms and supporting guidance documents enables all providers to be scored fairly and equally. These assessments are also supported by external verifiers to ensure that no bias or cohesion of patient assessors is present.

The table below summarises our PLACE scores over the 2016/17 and 2017/18 period.



KIMS Hospital continues to work tirelessly to ensure that we provide the best care and facilities for all of our patients. KIMS Hospital participates in this assessment process enabling our patients to reflect and have a say on their experience of being an inpatient within our hospital and offer input into how we can continue to improve to provide the best patient experience.

In addition, we also conduct several other quality audits across the organisation such as monthly Mattress, pillow and duvet audits follow the development of the 2010 “Don’t judge a mattress by its cover” report which looks at not only the cleanliness of the cover but what lies beneath, produced by the Medicines and Healthcare products Regulatory Agency (MHRA). These audits are undertaken by the housekeeping team on behalf of the IPC Lead Nurse, where mattresses fail their integrity inspection from holes or split that have developed through their repeated use

these are immediately removed from use, and a replacement mattress sought. Over the 2017 – 2018 period no ward mattresses failed their integrity inspections, some theatre trolley mattress did require replacement due to normal wear and tear and have now all been replaced.

Commode (medical device) audits are also conducted across the organisation to ensure that they are clean and safe for use by our patients. All commodes were clean and none failed their inspection during this period.

2.4 External Laundry Provider Audit

KIMS Hospital utilises an external laundry provider to fulfil the laundry requirements of the hospital, MTW Linen Services part of Maidstone and Tunbridge Wells NHS Trust is required to ensure that our linen requirements meet all National standards to help reduce the risk of infection.

The Infection Prevention & Control lead nurse along with the Facilities Lead undertook an unannounced inspection of their laundry facilities in Parkwood, Maidstone as part of our assurance programme and to seek reassurance that all standards had been met using a universal audit tool.

The table overleaf highlights the level of compliance against the audit process, which showed some non-conformance and did not meet the standard expected, an action plan was generated and a process of remedial works was undertaken by the provider and a second visit planned which showed a marked improvement.



2.5 Infection Prevention in the built environment

The Lead Nurse for Infection Prevention & Control continues to work and support the facilities and estates teams to ensure that the buildings and facilities meet the appropriate standards to enable good infection prevention practices.

This year the IPC Lead has:

- Project managed the implementation of a new skirt less laminar flow theatre
- Worked with Estates on the relocation of mammography service
- Worked with Estates on the carpet removal programme from clinical areas
- Offered advice and input into the upgrade of Endoscopy service

These are some of the main projects requiring Infection Prevention and Control input over the last year.

2.6 Control and Management of Water Systems

The KIMS Hospital water group meets bi-annually and reports into the Infection Prevention & Control Committee. The water group is chaired by Facilities Lead and supported by the Infection Control Doctor. Routine testing for all water borne pathogens is undertaken by the Estates team and externally verified by South East Water plc in accordance with advice from the Department of Health, Health and safety Executive and follows the Health Technical Memorandum (HTM 04-01).

High-risk areas such as Enhanced Care and Theatres are managed through a combination of regular testing of all outlets and localised decontamination. There have been no cases of Legionella or Pseudomonas reported in any of our high-risk units.

During the 2017 – 18 period, we had 3 reported cases of low level Legionella growth was detected from underused outlets across the hospital. These areas were taken out of use and remedial works undertaken. These were:

Copperfield room 401 (April 17) – immediately stripped down and cleaned re-tested now negative

Copperfield toilet (Jan 18) – immediately stripped down and cleaned, re-tested now negative

Havisham sluice room (Jan 18) – immediately stripped down and cleaned, re-tested now negative

During this time, there was no perceived risk to any patient in the affected areas.

All areas are routinely flushed by the housekeeping team following guidance provided by the HTM 04-01 regulations.

The conclusions are that increased flushing regimes were implemented for all underused outlets to prevent a re-occurrence. The main cold-water tank was cleaned and sterilized to prevent build-up of bio-films.

2.7 Decontamination including Sterile Services

KIMS Hospital has its own decontamination service for the cleaning, sterilisation and control of surgical Instrumentation across the hospital. The service is managed by the Decontamination Lead and reports into the Infection Prevention & Control Committee to address any issues with the decontamination of these devices.

2.8 Endoscopy: Cleaning and Sanitisation

Centralised endoscope decontamination is undertaken within the Endoscopy suite using automated washer disinfectors. The service is regularly audited to ensure compliance with all National standards.

The service is run by the Endoscopy Lead Nurse supported by the Approved engineer for decontamination (AED), Decontamination Lead and reports into the Infection Prevention & Control Committee.

2.9 Decontamination Audits

Annual audits of the decontamination service was undertaken in January 2018 by KIMS Hospitals authorised engineer (Decontamination) (AED) and the report demonstrated that we are fully compliant with the decontamination process. The AED made no recommendations for improvement at the time of inspection.

Criterion 3

Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance

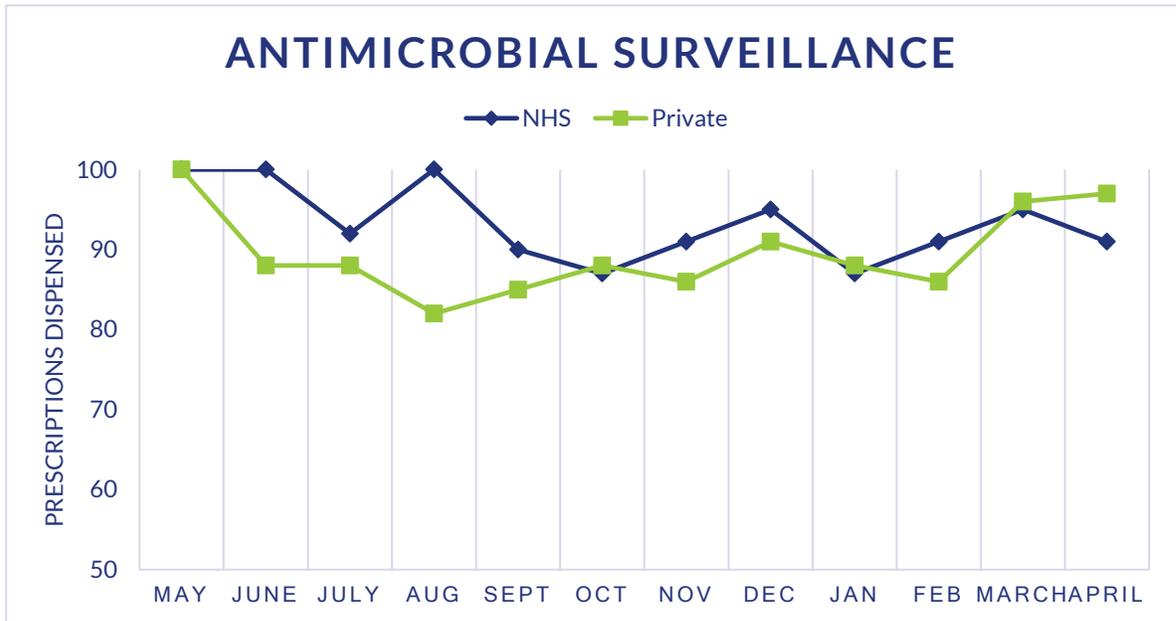
Antimicrobial resistance is the biggest global challenge for modern healthcare delivery. In the 'Review of Antimicrobial Resistance' commissioned by the Prime Minister, Lord Jim O'Neill reported in May 2016 that '*We estimate that by 2050, 10 Million lives a year and a cumulative 100 trillion USD of economic output are at risk due to the rise of drug resistant infections. Even today, 700,000 people die of resistant infection every year. Antibiotics are a special category of antimicrobial drugs that underpin modern medicine as we know it: if they lost their effectiveness, key medical procedures (such as gut surgery, caesarean sections, joint replacements and treatments that depress the immune system, such as Chemotherapy could become too dangerous to perform.*'

Antimicrobial stewardship and good infection control practices lie at the heart of tackling antimicrobial resistance and therefore an important aspect of infection prevention work at KIMS Hospital. The Lead Nurse for Infection Prevention & Control works closely with the Resident Medical Officer (RMO), Infection Control Doctor (ICD), Consultants and Pharmacy department to ensure that antimicrobial use is effectively managed to ensure that they are appropriately prescribed and for the shortest duration.

All clinical staff are encouraged to practice good infection control practices to reduce the need for antimicrobial use and to strictly adhere to the antimicrobial prescribing guidelines, where a consultant wishes to use an antimicrobial not in the guidelines a discussion is held with the infection control doctor to ensure appropriateness and duration of treatment.

Antimicrobial surveillance

Antimicrobial use across the organisation is rigorously monitored by the Lead Pharmacist and Lead Infection Prevention & Control Nurse every month and reported to the infection control doctor via the monthly teleconference report, and also reported at the Infection control committee meetings. The table below highlights how we have continually challenged inappropriate prescribing for both NHS and Private prescriptions.



KIMS Hospital has a comprehensive antimicrobial prescribing policy and associated guidelines for the Consultants and Resident Medical Officer to follow, if any prescribing falls outside of these frameworks they are challenged and alternatives sought. Where some prescribing may be required that did not meet the criteria these decisions need to be discussed with our Infection Control Doctor / Consultant microbiologist for approval and subsequent use.

Criterion 4

Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/medical care in a timely fashion

The lead nurse for infection prevention & control undertakes to ensure that all key results are communicated effectively and in a timely manner both internally within our organisation and externally as appropriate to maintain patient confidentiality

Information leaflets are readily available for staff to discuss IPC related issues with patients and the infection prevention and control lead provides further support or guidance as requested.

Some of the leaflets that are available include (but not exhaustive) :

- Norovirus
- Carbapenemase-producing Organisms
- MRSA
- MSSA
- Clostridium difficile
- Surgical Site Surveillance monitoring

Audit feedback from unannounced inspections or other IPC related audits are given directly to ward staff at time of the inspection and is discussed at ward team briefings and at the infection Prevention & control committee.

Criterion 5

Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people

5.1 Alert Organisms

In line with other healthcare providers, KIMS Hospital participates in the mandatory data reporting of alert organisms. Any confirmed alert organism found is reported to the Public Health England (PHE) data capture system, and to other external agencies as necessary.

Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia blood stream infection

There were no reported cases of MRSA Bloodstream infection reported during this reporting period, this is the second consecutive year of zero reporting.

Methicillin Sensitive Staphylococcus aureus (MSSA) bacteraemia blood stream infection

There were no reported cases of MRSA Bloodstream infection reported during this reporting period, this is the second consecutive year of zero reporting.

Clostridium difficile (CDI) infection

There were no reported cases of *Clostridium difficile* infection reported during this reporting period; this is the second consecutive year of zero reporting.

Escherichia coli bacteraemia

There were no reported cases of *Escherichia coli* bacteraemia reported during this reporting period; this is the second consecutive year of zero reporting.

Carbapenemase-producing organisms (CPE/CRE)

CPO's are a growing concern for healthcare providers worldwide about the threat of antimicrobial resistance especially in multi-drug resistant gram-negative bacteria. Some of the organisms especially *Escherichia coli* and *Klebsiella pneumoniae* are showing resistance to the antibiotics of last resort, Carbapenems. These organisms are usually found within the gut, and are associated with a high mortality rate in vulnerable patients.

KIMS Hospital will screen patients at pre-assessment using a pre-determined criteria for patient that are at higher risk, such as recent admission to a hospital in an area where it is known that CPO's are prevalent.

There were no reported cases of Carbapenemase-producing organisms reported during this reporting period, this is the second consecutive year of zero reporting.

Vancomycin resistant enterococci (VRE)

Enterococci are bacteria, which live harmlessly in the gut (colonisation). They are capable of causing infections if they are found to be colonising wounds or other areas where they would not normally be found, i.e. Blood stream or urinary tract.

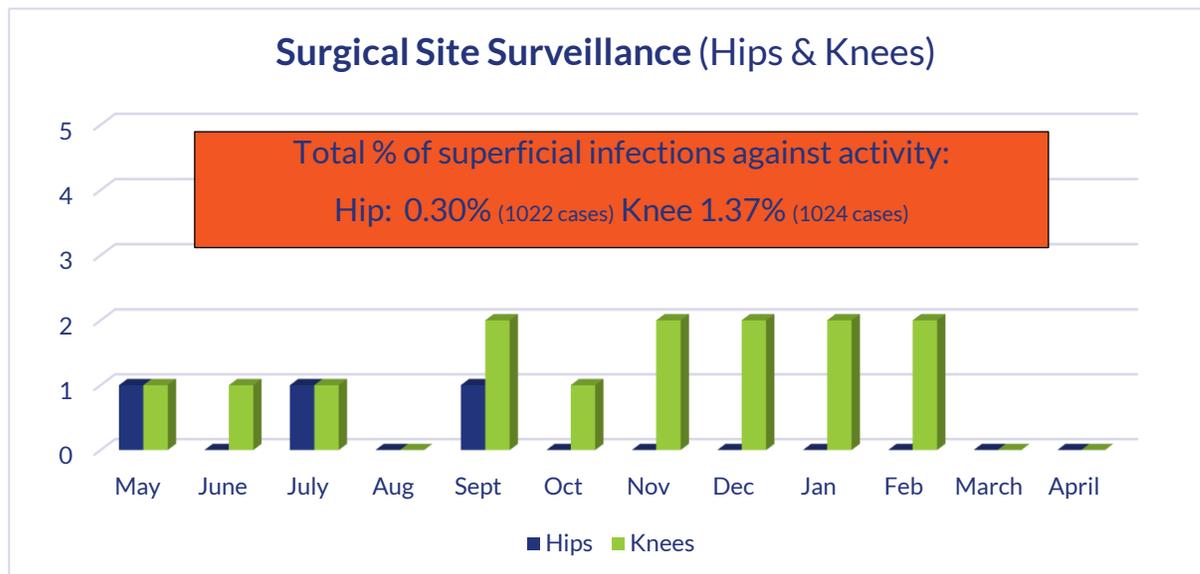
There were no reported cases of Vancomycin resistant enterococci reported during this reporting period, this is the second consecutive year of zero reporting

5.2 Surgical Site Surveillance (Hip and Knee mandatory reporting- superficial infections)

KIMS Hospital participates in the mandatory reporting and surveillance of surgical site infections acquired post procedure. Patients are followed up immediately after surgery and again 30 days post procedure and for patients receiving in-plant devices again at 1-year post surgery in line with best practice guidelines.

Information has been obtained directly from the patient via post discharge questionnaires, review clinics, their GP or another care provider where the patient had presented. During the 2017 – 2018 reporting period, here were a total of 398 Hip procedures and 491 knee procedures performed. The table below indicates the level of superficial infection reported to Public Health England via the Data capture System.

The graph overleaf shows our levels of reporting over the 2017 – 2018 reporting period.



Criterion 6

Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection

6.1 IPC Link Champions

Each clinical area throughout the hospital has an allocated Link Champion for infection prevention and control. Link Champions are representative from the staff body and encompass all disciplines, Nurse, Care Support worker, Allied Health, Portering, Housekeeping and Facilities. The key members are essential in supporting the IPC Lead and embed infection control practices in their areas.

IPC Link champions participate in undertaking some localised audits including hand hygiene compliance and bare below the elbows, they give feedback to colleagues and disseminate key information provided by the IPC Lead.

IPC Link meetings are quarterly which comprise of an educational element and presentation or practically based components, they are an opportunity for links to feedback any concerns from their respective clinical areas to the lead.

6.2 Education and Training

All staff employed at KIMS Hospital are trained annually in Infection, Prevention & Control via taught and e-learning sessions, this helps to highlight their own personal responsibility in managing and reducing the risk of infection throughout the hospital. KIMS Hospital set a compliance rating of 95% for both Clinical and Non-clinical staff.

To achieve this rating we utilise the NHS Skills for Health Infection Prevention & Control e-learning training module and taught sessions by the IPC Lead Nurse to reinforce good Infection control practices for all staff. IPC sessions are given at Induction to the organisation and again at yearly intervals. Ad-hoc IPC training is delivered in the clinical areas as required.

Mandatory training topic	Frequency	Overall compliance Q1	Overall compliance Q2	Overall compliance Q3	Overall Compliance Q4
Infection Prevention & Control	Clinical	84%	86%	93%	91%
	Non-Clinical	85%	86%	95%	96%

The above table highlights the overall compliance score for this reporting period. Clinical teams increased their compliance rating from 84% to 93% but fell back to 91% in Q4 due to increased hospital activity and recruitment of new staff. As this target fell in Q4 KIMS Hospital's training department has reviewed and changed the way that staff view their compliance ratings. Following

the introduction of the electronic monitoring system (PIP) staff now are responsible for managing their training needs. This data is also available to their respective line managers who discuss these results at their appraisal or review process.

Non-clinical teams has successfully increased their compliance from 85% to 96% in Q4. The hospital target to achieve was 95% for both disciplines.

6.3 Hand Hygiene & Bare Below the Elbows Observational data

Infection prevention & control link champions carry out hand hygiene auditing across the organisation on behalf of the Lead Nurse and results are recorded using the Infection Prevention Societies (IPS) audit tool. Hand Hygiene audits are conducted monthly in each clinical area and are reported to the Infection Prevention & Control Committee (IPCC) and discussed at the monthly teleconference with the infection control doctor.

The IPC Lead Nurse continues to actively promote effective hand hygiene and adherence to the bare below the elbows edict across the organisation. To assure the organisation that hand hygiene audit results are correct a series of secondary checks are undertaken by the Lead Nurse sporadically to validate results and the introduction of monitoring of the use alcohol hand rub within the clinical areas due to clinical areas reporting 100% compliance.

In addition to the observational audit being undertaken a review of the environmental hand washing facilities across the hospital are also undertaken to ensure that they help to facilitate effective hand hygiene. Should any areas drop below the 100% standard a process of review and an action plan is developed to remedy any issues in a timely manner.

Criterion 7

Provide or secure adequate isolation facilities

7.1 Provision of Isolation Facilities

KIMS Hospital was built in 2014 and has single patient occupancy rooms across all in-patient areas to provide good isolation facilities should the need arise to isolate patients. All in-patient rooms have good ventilation and extraction processes to prevent the transmission of infection to other rooms within the clinical area.

Where the need arises to isolate patients within a patient bedroom with a known or suspected infection the IPC Lead in partnership with the Nurse in Charge and Housekeeping team would meet to discuss and implement plans to prevent transmission of infection to other ward users.

Criterion 8

Secure adequate access to laboratory support as appropriate

Laboratory services at KIMS Hospital was provided onsite by Kent Pathology Services (KPS) plus support for more specialised testing by Maidstone and Tunbridge Wells Hospital NHS Trust (MTW) and The Doctors Laboratory (TDL). Pathology services were bought in-house and run by KIMS Hospital from July 2017.

The Infection Prevention and Control Lead Nurse meets daily with the microbiology biomedical scientist and acts upon any positive reports for key alert organisms. The IPC Lead Nurse attends the laboratory daily to discuss any positive results obtained and reviews their sensitivities and treatment options. All positive microbiology results followed up and the IPC Lead works closely with the Infection Control Doctor to provide advice to clinical colleagues on effective management and treatment.

Criterion 9

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

9.1 Policy provision

Infection prevention and control policies are contained within the infection control manual, which is version, controlled and distributed to key areas of the hospital. The IPC Lead Nurse along with the Infection Control Doctor regularly review and appraise this document to ensure that it remains current and up-to-date. Any changes to the policy or associated standard operating procedures (SOPs) are approved by the Infection Prevention & Control Committee (IPCC) and communicated to staff via mandatory training, from their link champions and at team meetings.

9.2 Saving Lives: High Impact Intervention Bundles

The saving lives initiative was launched by the NHS in 2009 and was designed to tackle the increasing risk of MRSA infections within hospitals. The programme focused on these 'high impact' areas of patient care, which posed a significant risk to patients and recommended a number of key interventions to reduce the risk of healthcare associated infections (HCAI).

The Department of Health estimated that 35 to 50% of all healthcare associated infections are related to just 5 patient care practices, these are:

- Hand Hygiene
- The presence of a urinary catheter
- The presence of an intravenous device (Peripheral cannula)
- The presence of a central venous device (CVC)
- Surgical Site Infection

The saving lives audits continue to be completed by all relevant clinical areas and submitted to the IPC Lead Nurse. The results show good compliance across the clinical areas.

9.3 Screening for MRSA (2014 modified screening)

The Infection Prevention & Control Lead Nurse monitors compliance with the Department of Health's 2014 modified screening guidance by reviewing patients to see that they have been screened appropriately for the surgery, that it was done in a timely manner and if patient is colonised that they have received decolonisation therapy and deemed negative prior to their surgical procedure.

9.4 Decolonisation therapy

The process of decolonisation is to minimise harm to patients from the risk of surgical site infection. KIMS Hospital provides a bottle of antiseptic body wash for patients undergoing hip or knee joint replacement surgery, patients are asked to wash with this solution as a replacement for their normal soaps three days before their procedure and to continue this for a further two days post-surgery. The antiseptic body wash will reduce the number of potentially harmful microbes on the skin and in-turn reduce the risk of surgical wound infection.

During the 2017 – 2018 period the UK saw a national shortage of Mupirocin Nasal ointment which required healthcare providers to source an alternative to treat MRSA/MSSA Colonisation therapy the IPC Lead Nurse had sourced an alternative treatment which proved successful in decolonising patients prior to surgery. Subsequently the manufacturer of Mupirocin have now resolved this issue and we have added these alternatives to our prescribing formulary in the event this happens again.

Criterion 10

Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection

10.1 Occupational Health Service

KIMS employs the services of Preventative Healthcare (PHC) occupational health service to provide a full range of pre-employment health screening, Pregnancy risk assessment, Management referral, inoculation injury service plus advice on the management of staff with infections and works closely with Human resources and the IPC Lead across the organisation.

10.2 Seasonal Influenza vaccination Programme

Seasonal flu illness can have a detrimental effect not only for patients but also for our staff in line with other healthcare providers; KIMS Hospital provides a free seasonal flu vaccination to all frontline clinical staff (Direct contact with patients).

The Department of Health (DH) set targets for provider organisations to achieve in respect to the vaccination of staff. In 2017 – 2018, the target was set at 70%. The seasonal flu vaccination programme forms part of a wider health initiative for staff by the implementation of a NHS CQUIN 'Health and well-being'. The IPC Lead in co-operation with our occupational health provider devised a comprehensive programme to achieve the target. In this reporting period, we managed to exceed the target by vaccinating 72.43%.

CONCLUSION

This has been another exciting year for Infection Prevention and Control with the development and introduction of an increased surveillance programme which incorporates the Public Health England mandatory reporting for Hips and Knees, the increased activity of the hospital, achieving the staff influenza vaccination programme plus audit of the external outreach clinics.

KIMS Hospital is able to fully demonstrate our continued compliance with the requirements placed upon the organisation from the information detailed within this report and will continue to improve on and enhance our surveillance processes in the year ahead.

The Lead Nurse for Infection Prevention & Control is fully committed to ensure that Infection Prevention is fully embedded in everything that we do and across all disciplines and departments. The KIMS Hospital board is asked to accept the findings contained within this report as a true and accurate reflection of the activity of the Infection Prevention and Control service.

Rod Harford-Rothwell
Lead Nurse, Infection, Prevention and Control
June 2018