



Director of Infection Prevention & Control
Annual Report
2019 - 2020

Document	Director of Infection Prevention & Control Annual Report 2019 - 2020
Author	Rod Harford-Rothwell, Lead Nurse Infection Prevention & Control on behalf of Jackie Groom Director of Infection Prevention & Control (DIPC).
Publication date	December 2020
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 2019 to 30th April 2020
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WELCOME

Welcome to our fourth annual Director of Infection Prevention and Control (DIPC) report for 2019-2020.

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 bacteremia infections, and our environmental audits continue to score above the National targets. We have continued our diligence in relation to the use of antimicrobials to manage infections; working with our Microbiologist, Pharmacy Manager / Medications Safety Officer, as well as the Consultants at our hospital, we have seen significant improvement on the adherence to our antimicrobial policy.

Our environmental audits continue to show that we perform above the required standard against the national 49 steps audit programme and have introduced a higher KIMS Hospital target across all areas.

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
2020

EXECUTIVE SUMMARY

Overview of Infection Prevention & Control Activity for 2019 – 2020

This report sets out the arrangements for infection prevention & control within KIMS Hospital and summarises the overall activity of the infection prevention & control service throughout the previous 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 2008 \(Regulated Activities\) Regulations 2014](#) – Code of Practice for Adult health and social care on the prevention and control of infection.

Key IPC activity over this reporting period:

- KIMS Hospital is registered by the Care Quality Commission and was previously inspected on 10th and 11th January 2018, achieving a **Good** rating across all of the five domains (Caring, Responsive, Effective, Well-Led & Safe).
- KIMS Hospital met its regulatory requirements and achieved zero bloodstream infection for the 4th consecutive year for alert organisms (i.e. MRSA/MSSA/Klebsiella & Pseudomonas aeruginosa).
- KIMS Hospital reported 1 Clostridium difficile infection (CDI) in November 2019, however on investigation this was established as community acquired, but the sampling fell outside of the timeframe to be attributable here.
- KIMS Hospital achieved zero catheter associated urinary tract infections (CAUTIs) for the fourth consecutive year.
- The Infection Prevention & Control service completed its annual audit programme for 2019-2020. This includes the unannounced inspections of the clinical environment, hand hygiene, waste and sharp management compliance, showing continued improvement and compliance across all areas.
- KIMS Hospital participates in the national cleaning audit programme (49 Steps) for housekeeping and has demonstrated a month on month increase in compliance, leading to the introduction of setting a hospital standard 10% higher than the 2019-2020 National standard, and an increase on the previous KIMS Hospital standard set.
- KIMS Hospital participates in the national patient-led assessment of the care environment (PLACE) programme and has demonstrated increased compliance for all 5 domains including cleanliness, achieving 99.82% with National standards across healthcare organisations.
- Antimicrobial stewardship remains a high priority for KIMS Hospital and is monitored widely across all wards and departments through regular auditing and surveillance. This is also monitored through ward rounds, included in education and training and through promotion of the European Antibiotic Awareness Week. Our continued monitoring of prescribing and challenging compliance with our prescribing guidelines has shown continued improvement but more work needs to be undertaken to embed it.
- KIMS Hospital participates in the National Public Health England surveillance programme for surgical site infections for hip and knee replacements; breast surgery and abdominal hysterectomies.

- In the 2019-2020 reporting period we participated in the NHS 'Getting it right first time' survey on surgical site infections, whereby data submitted is reported nationally to ensure patients are able to be better informed of the care delivered by the participating organisation.
- Attends the Kent & Medway-wide HCAI reduction collaborative, whereby all IPC leads from the NHS, independent and voluntary sectors come together to share knowledge and learning to help in the reduction of healthcare associated infections.
- KIMS Hospital successfully achieved the NHS CQUIN (health and well-being) for the fourth successive year (Seasonal flu campaign NHS target set at 80%). By the end of the campaign we achieved a compliance score of 81.83%.
- Coronavirus (COVID-19) outbreak preparedness through training, updates and policy reviews to ensure we are able to keep our staff and patients safe at all times.
- Undertook fit-testing training for key staff due to Coronavirus outbreak (COVID-19) reported in the United Kingdom.
- Worked with our facilities team to ensure that social distancing measures for COVID-19 are enforced across the hospital in every clinical and non-clinical area.
- Trained key staff members to test for COVID-19, to enable us to support our NHS colleagues by caring for vulnerable patient groups here at KIMS Hospital.
- Updated and revised policies and procedures in line with best practice guidance produced by HM Government and NICE.

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

KIMS Hospital's Infection Prevention & Control service is able to fully support frontline healthcare staff in the delivery of clean, safe and effective care and to check and challenge practice to maintain sufficiently high standards. Through our education and training programmes we ensure that we are able to protect our patients, visitors and staff.

The KIMS Hospital management board (HMB) are asked to approve and note the work of the Infection Prevention & Control Lead Nurse during the 2019-2020 period and that the contents of this document are a true and accurate reflection of the work undertaken.

2019 – 2020 Annual DIPC report, approved by:	
Jackie Groom	Simon James
Signed: Jackie Groom, Chief Nurse, Director of Infection Prevention Control (DIPC) / Registered Manager, KIMS Hospital.	Signed: Simon James, Chief Executive Officer (CEO) / Nominated Individual, KIMS Hospital.

OUR PERFORMANCE AGAINST THE 10 CRITERION OF THE HYGIENE CODE

At KIMS Hospital we have structured our workplan around the existing 10 criterion set out in the Code of Practice on prevention and control of infection, which links directly to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The code sets out the 10 criteria against which the Care Quality Commission will judge a registered provider on how it complies with the cleanliness and infection prevention and control requirement, which is set out in regulations.

The intention of Regulation 12 is to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. The Registered Manager & Nominated Individual must ensure that the organisation assesses the risk of, prevents and controls the spread of infection, including the infections that are health care associated.

When assessing risk, the hospital will also consider other key factors including the link between infection prevention and control, antimicrobial stewardship, how medicines are managed and cleanliness.

Criterion 1

Systems to manage and monitor the prevention and control of infection. These systems use risk assessments to 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) for KIMS Hospital. 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 and in line with the Health and Social Care Act 2008 (Regulated Activities) 2014. This ensures that we provide a fit for purpose and robust infection prevention and control service that meets the needs of the organisation in reducing the risk of our patients acquiring a healthcare associated infection.

The IPC service is overseen and monitored by the organisation's Infection Prevention & Control Committee (IPCC) which meets quarterly to ensure adherence to the annual IPC programme, and to oversee any activities undertaken by the Infection Prevention & Control Lead Nurse.

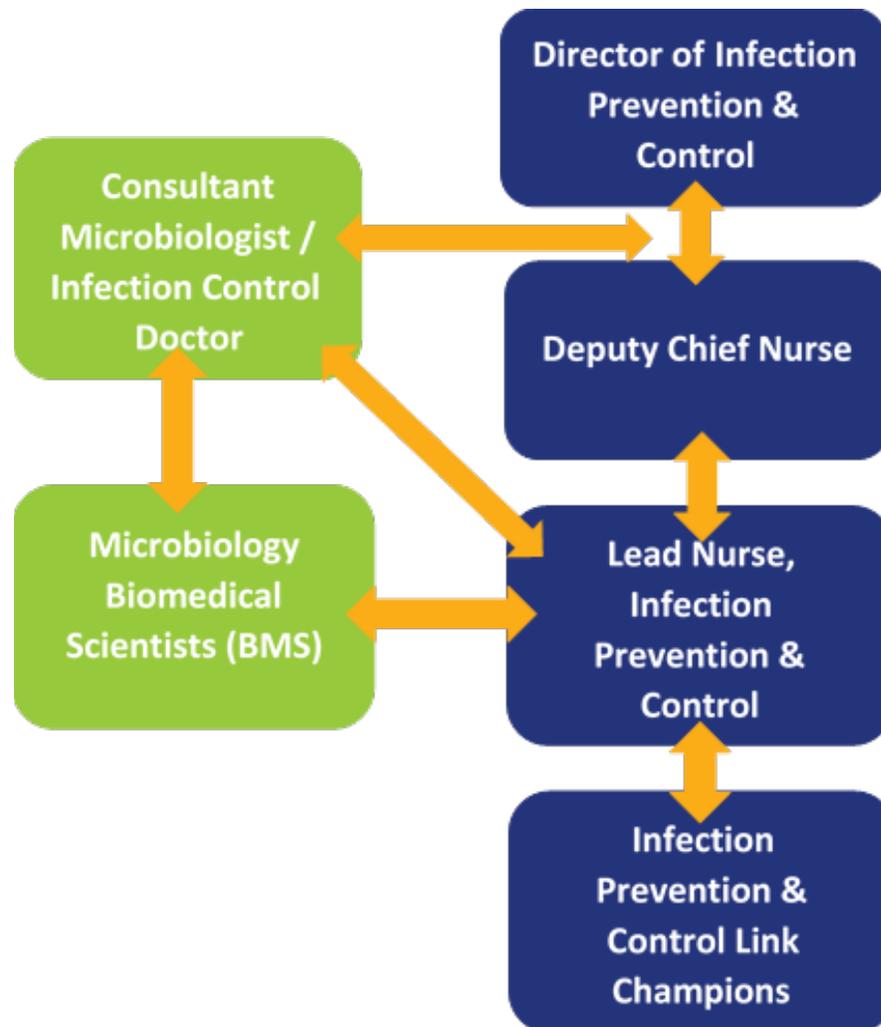
In addition to monitoring by the IPC Committee, the Director and Deputy Director for Infection Prevention and Control, Infection Control Doctor and Lead Nurse review and discuss the infection prevention and control activity of the hospital via a monthly

teleconference report. This additional review meeting enables greater visibility of the service and ensures that any issues can be addressed quickly.

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

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

Infection Prevention & Control Team Structure



Members of the Infection Prevention and Control team are appropriately trained and experienced to deliver an effective IPC service and supported via the Infection Control Doctor.

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

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 KIMS Hospital Limited and comprises of:

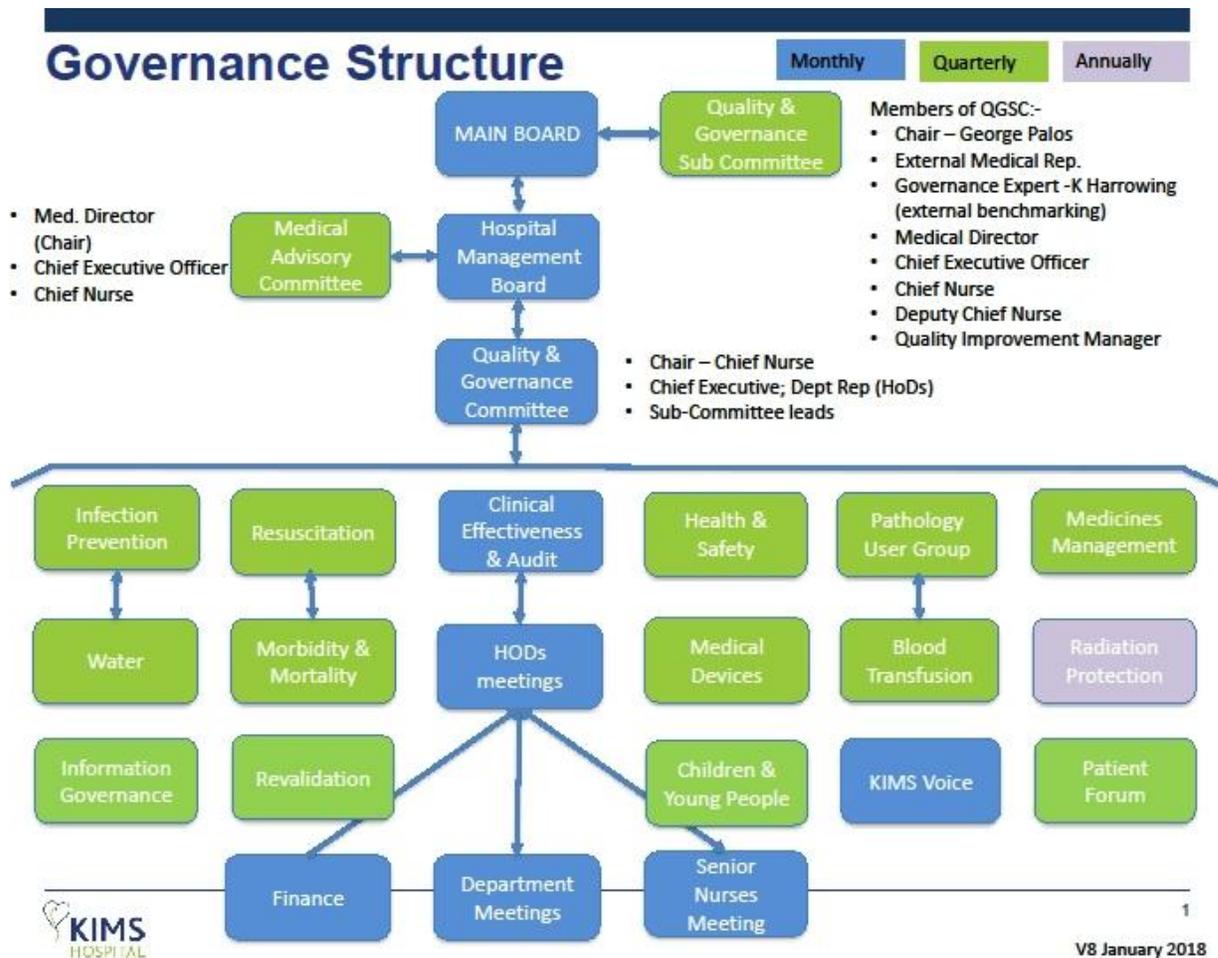
- Chief Nurse / Director of Infection Prevention & Control
- Deputy Chief Nurse
- Infection Control Doctor / Consultant Microbiologist
- Medical Director
- Clinical Manager for Wards
- Clinical Manager for Outpatients
- Pharmacy Manager / Medication Safety Officer
- Head of Facilities
- Guest Services Lead
- Theatre Manager and / or Deputy Theatre Manager
- Head of Estates
- Physical Therapies Manager
- Lead Ward Sister or Deputy
- Outpatient Department Lead Sister
- Lead Day Care Sister
- Pathology Services Manager
- Imaging Department Manager
- Decontamination Lead
- Tissue Viability Nurse
- Endoscopy Lead
- Enhanced Care Lead Sister
- Microbiology Bio-medical Scientist(s)
- Cancer Services Representative
- Quality, Governance & Records Manager

The IPCC was established by the hospital management board (HMB) to provide advice and guidance, reporting directly into the Quality Governance Committee (QGC).

Terms of reference for the IPCC were reviewed and ratified in January 2018 and again in May 2019.

1.3 KIMS Hospital Governance Structure

KIMS Hospital has a comprehensive governance structure that encompasses all areas of the hospital and is externally validated by the Quality and Governance Sub-Committee (QGSC) to ensure our focus on continuous improvement and compliance against national standards i.e. Health and Social Care Act 2008 (Regulated Activities) 2014.



1.4 Reporting to the 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 all alert organisms or other IPC related issues to the board each month. In addition, the DIPC oversees a monthly teleconference with the Deputy Chief Nurse, Lead Nurse and Infection Control Doctor summarising IPC activity from the previous month. This data is also presented at the Clinical Effectiveness Committee and Quality and Governance Committee.

1.5 Healthcare Associated Infection – Performance Against Key Targets

Within their current surveillance programmes, it is mandatory for all healthcare provider organisations to monitor, reduce and report any incidents of ‘alert organisms’ such as MRSA and MSSA Bacteremia’s, Clostridium difficile infection, Carbapenemase-producing organisms (CPO’s), Escherichia coli (E-coli), Pseudomonas aeruginosa and Klebsiella via the National Mandatory Enhanced Surveillance System (MESS) database.

Organisations are then externally scrutinised to monitor their rates of infection and benchmark their performance against other providers to continually improve the standards of care across the healthcare community.

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, through continued surveillance by signing up to the National Surgical Site Surveillance Service monitoring programme for hip and knee replacement procedures, total abdominal hysterectomies and breast reduction surgery. KIMS Hospital will be increasing its level of surveillance throughout the forthcoming year to include bowel surgery procedures.

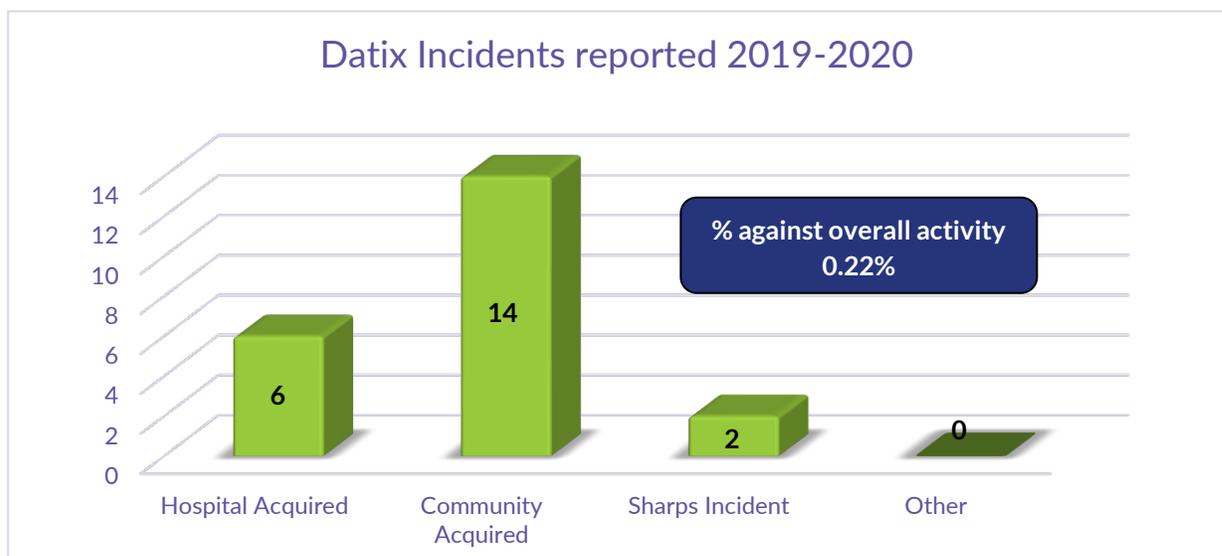
We are pleased to report that we have had no mandatory reportable bloodstream infections over the reporting period 2019–2020 for the fourth consecutive year. This shows that our surveillance programme is continuing to increase standards of care for the benefit of the patients that use our hospital.

1.6 Incidents and Datix Reports

The total number of Infection Prevention & Control incidents remains low across the hospital at 20 Datix incidents for this reporting period, ranging from low to no harm caused.

All IPC related incidents were investigated thoroughly by the Lead Nurse and reviewed by the Datix review group.

The table below highlights the total number of IPC related incidents for 2019–2020.



The largest reported category at KIMS Hospital was 'Community Acquired' infections within 30 days post-procedure. A detailed review of these incidents showed that 11 out of the 14 required antibiotic cover for superficial skin infections, with the remaining 3 cases related to normal complications after surgical intervention.

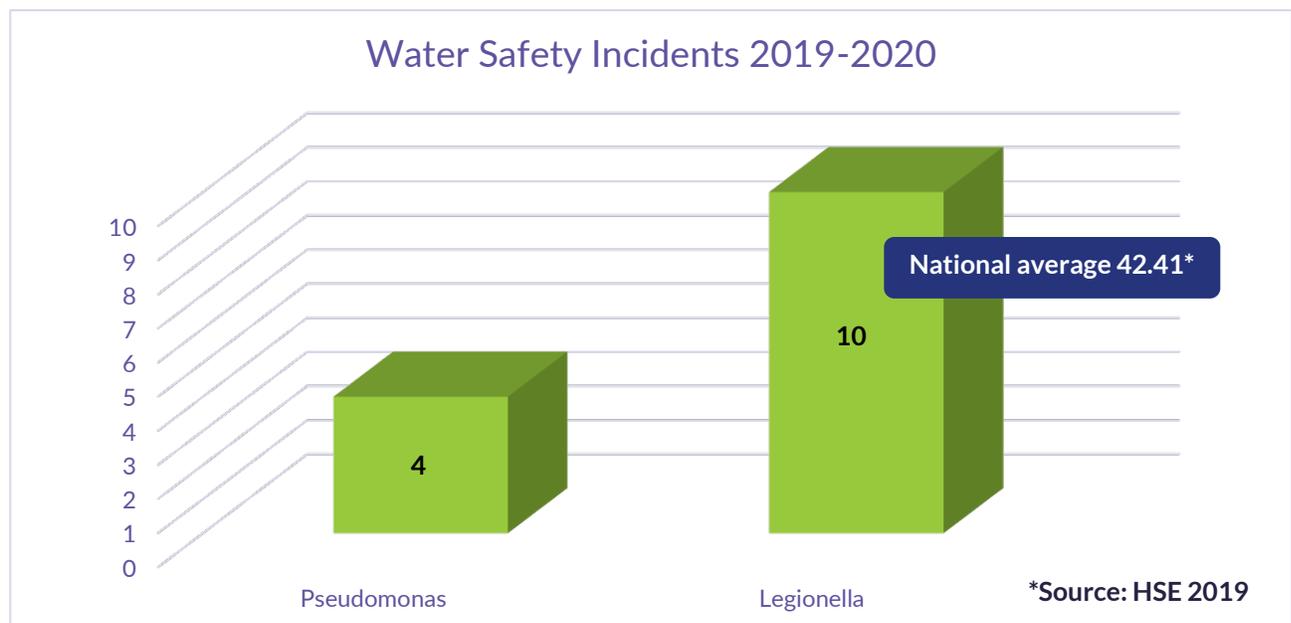
During this reporting period 2 sharps-related incidents were reported via our Datix reporting system and investigated by the Infection Prevention and Control Lead Nurse. These incidents occurred within the ward and theatre environments. All were fully investigated and staff were supported during the incident reporting process and properly risk assessed. All affected staff and patients tested negative for blood borne pathogens. Further training was given to prevent re-occurrence.

1.7 Water Safety

Any incidents relating to water safety throughout the hospital are managed by the Facilities Lead in conjunction with Mr. David Harper (Public Health Consultant Approved Engineer for Water) and the Infection Prevention and Control Lead Nurse or Consultant Microbiologist.

A robust process for monitoring the quality of water systems throughout the hospital, including temperature control, is in force across all clinical areas and any designated augmented care areas. The monitoring process complies with the requirements for water management in line with the Health Technical Memorandum (HTM 04-01), The Health and Safety at Work etc. Act (1974) and the Management of Health and Safety at Work Regulations (1999). This places an emphasis on KIMS Hospital to publish, issue and implement a Water Quality Safety Policy, which encompasses measures to manage and control legionella and pseudomonas. For the avoidance of doubt this refers to the management of water quality in respect of all water borne disease or contaminants.

Incidents relating to water safety are recorded via the Datix reporting system and discussed at the Water Safety group, Quality and Governance Committee and Infection Prevention and Control Committee (IPCC).



A total of 14 water related incidents were logged during this reporting period for our high risk or augmented care areas. All affected areas were managed in accordance with the HTM and fully investigated. The respective areas were quarantined, chlorinated and resampled in accordance with best practice and KIMS Hospital policy.

External scrutinization of our respective policies and procedures regarding water safety is overseen by an authorised engineer for water safety. KIMS Hospital fully complies with all legislative guidance.

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 team which is fully supported by supervisory staff and a Guest Services Manager. All housekeeping staff are trained in order to fulfil their role and responsibilities, such as: bio-hazard management, spillage and waste control management, Infection Prevention and Control in the workplace. They 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 National Cleaning Standards (PAS 5748:2014).

The national standard for hospital cleanliness sets out minimum requirements for both NHS and independent healthcare organisations to achieve, which complies with the Hygiene Code Regulations 2008. In 2018-2019 we introduced a KIMS Hospital standard to ensure we maintained a higher level than the minimum National target. This worked very well and served to focus our attention to detail and exceed compliance.

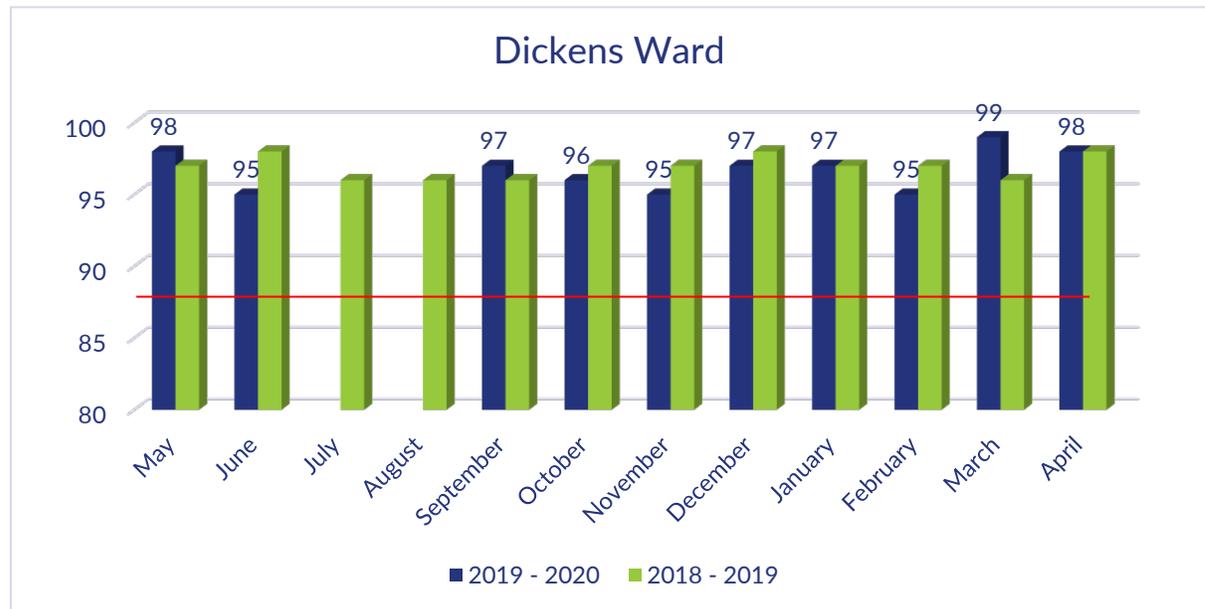
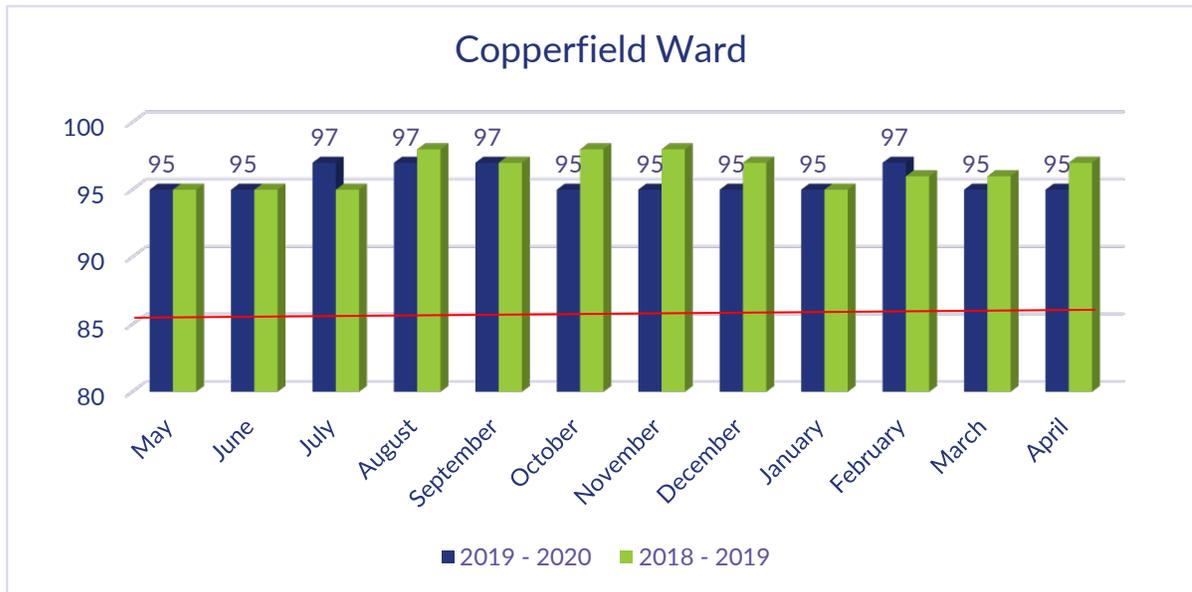
The following results show overall compliance across the organisation with the 49 Steps National Cleaning Standard audit, which also encompasses any maintenance. If any areas fail to achieve the minimum standard, they are required to provide a detailed action plan and are supported by line managers & the Infection Control Lead Nurse to help remedy any issues quickly and effectively.

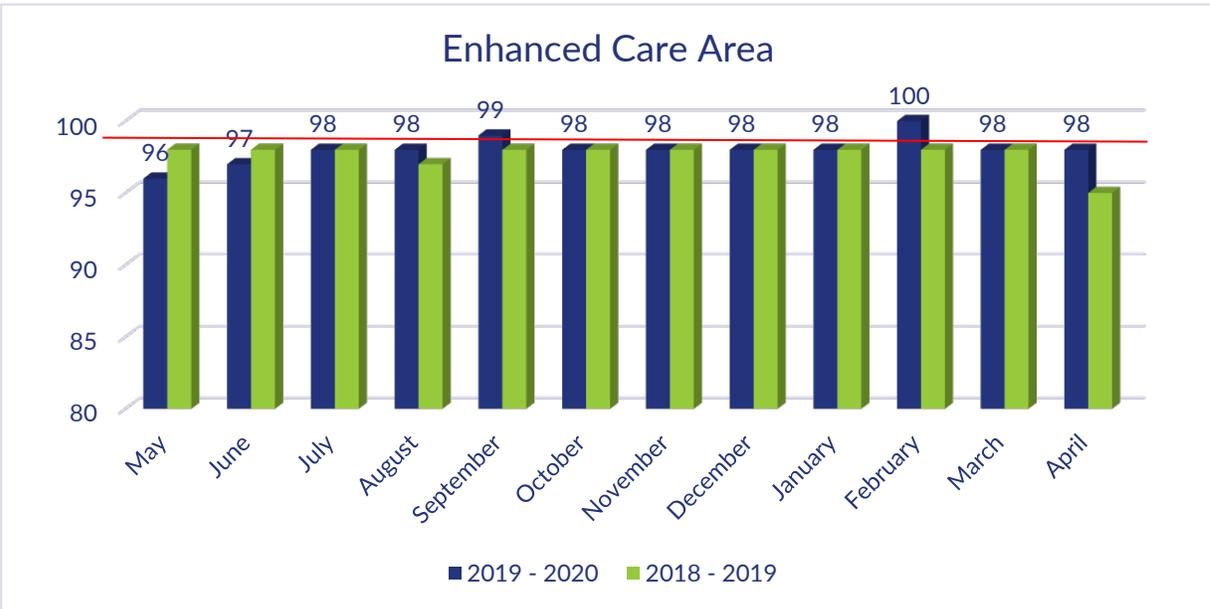
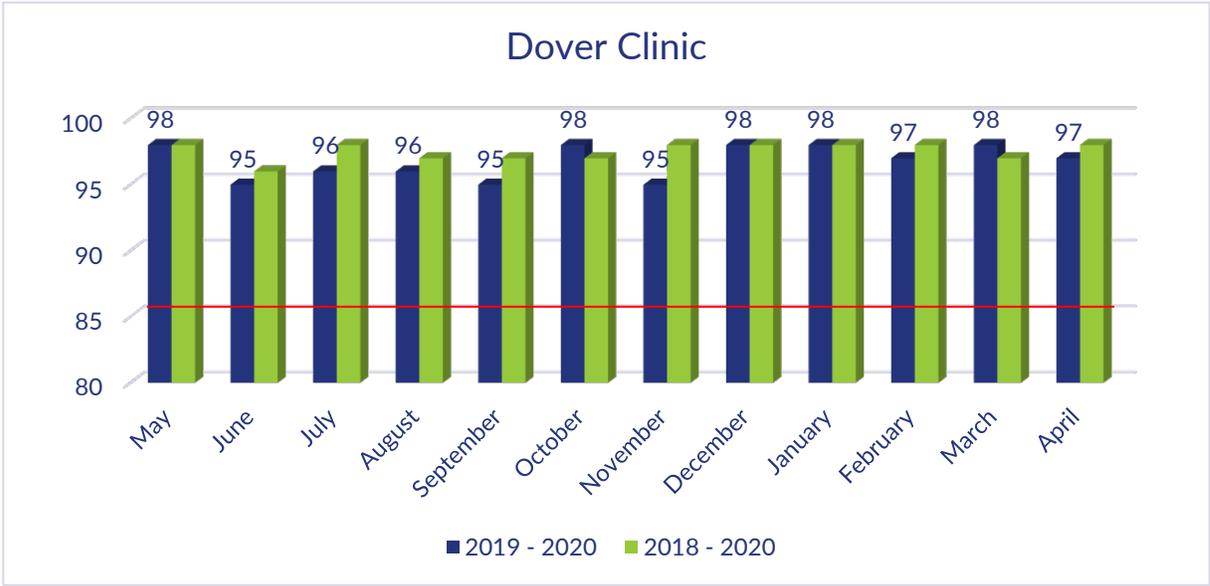
Summary and key:

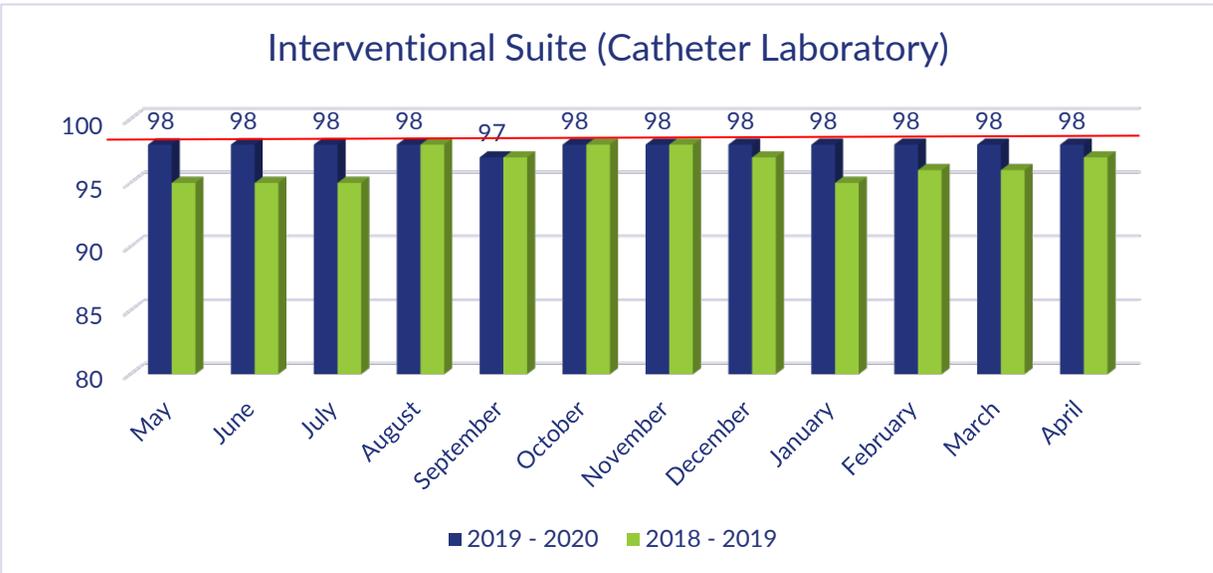
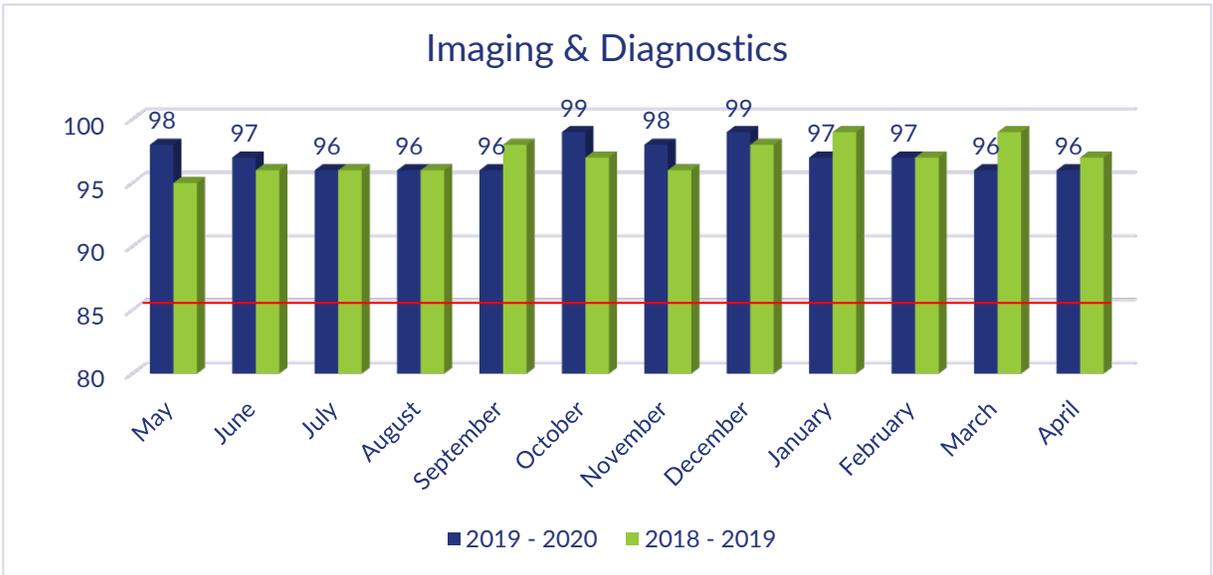
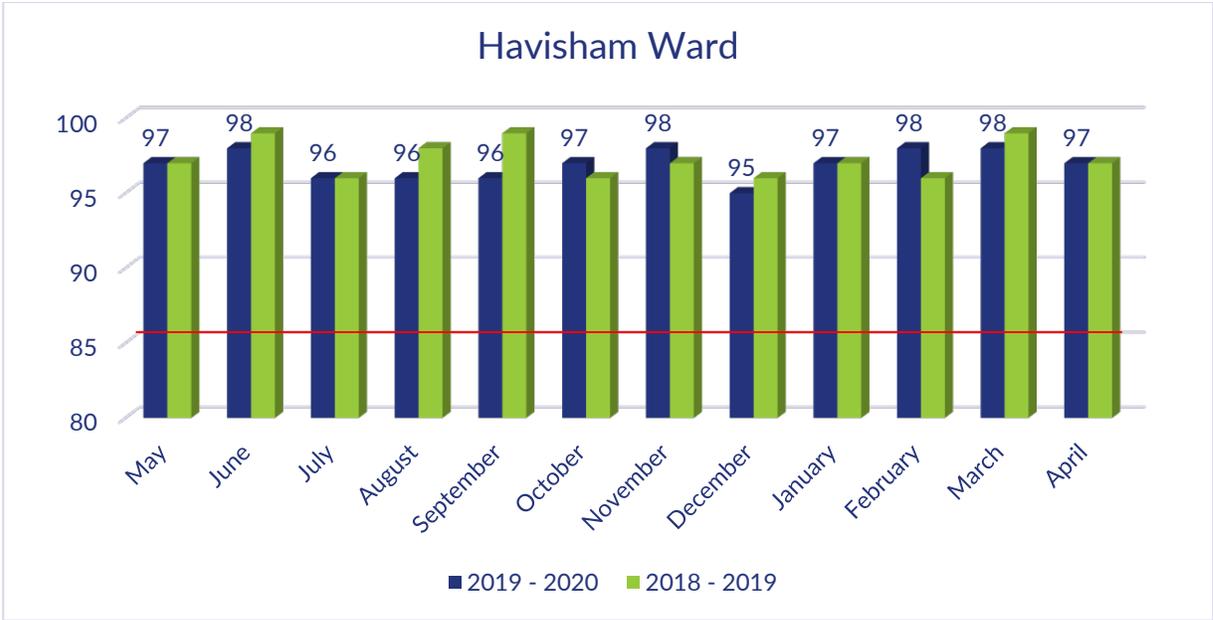
High risk areas **98%**
 Low risk areas **85% or higher**

National Standard

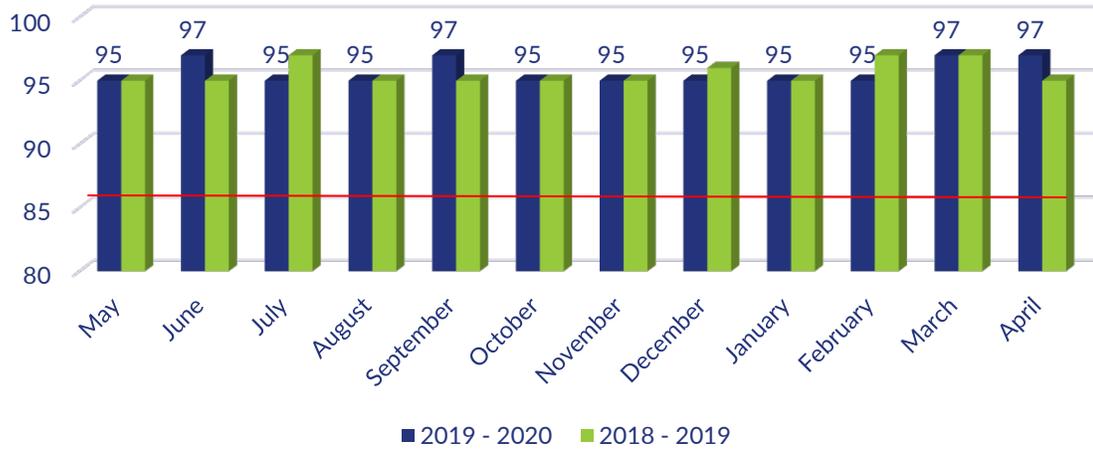
KIMS Hospital Standard is 10% higher than the National Standard



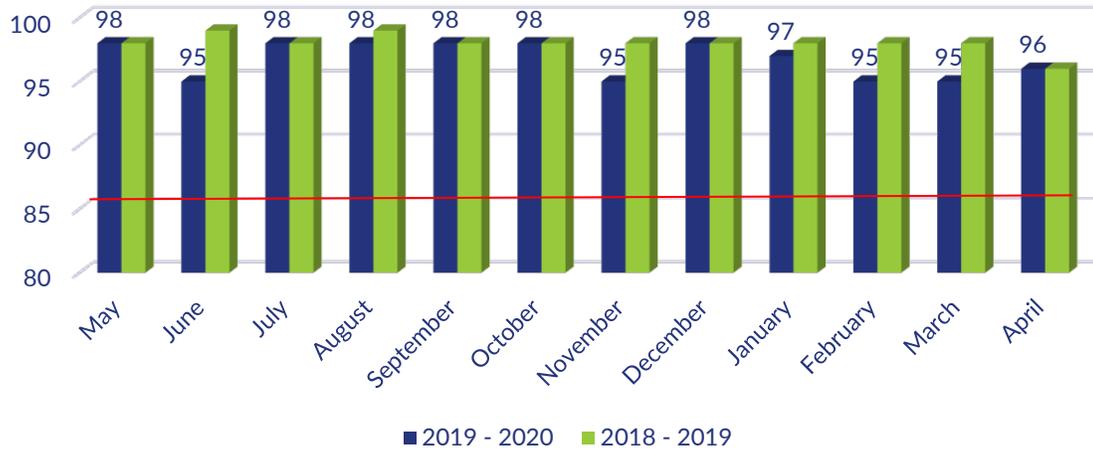




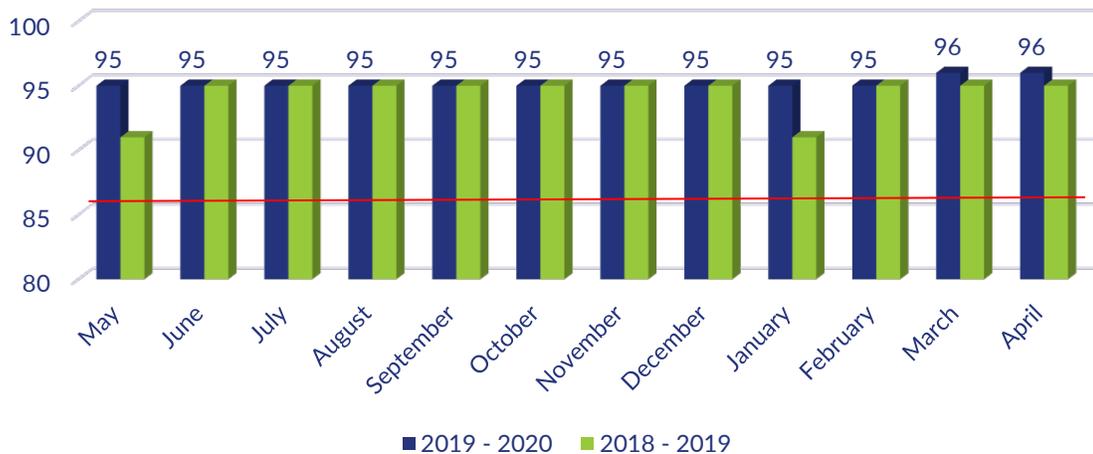
Outpatients Department

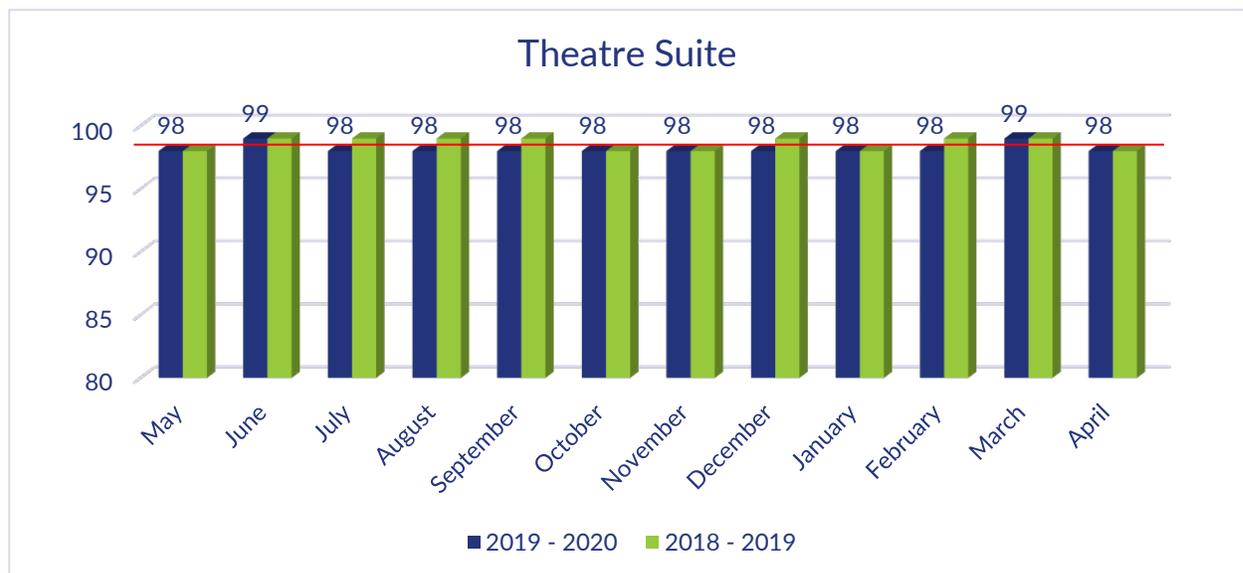
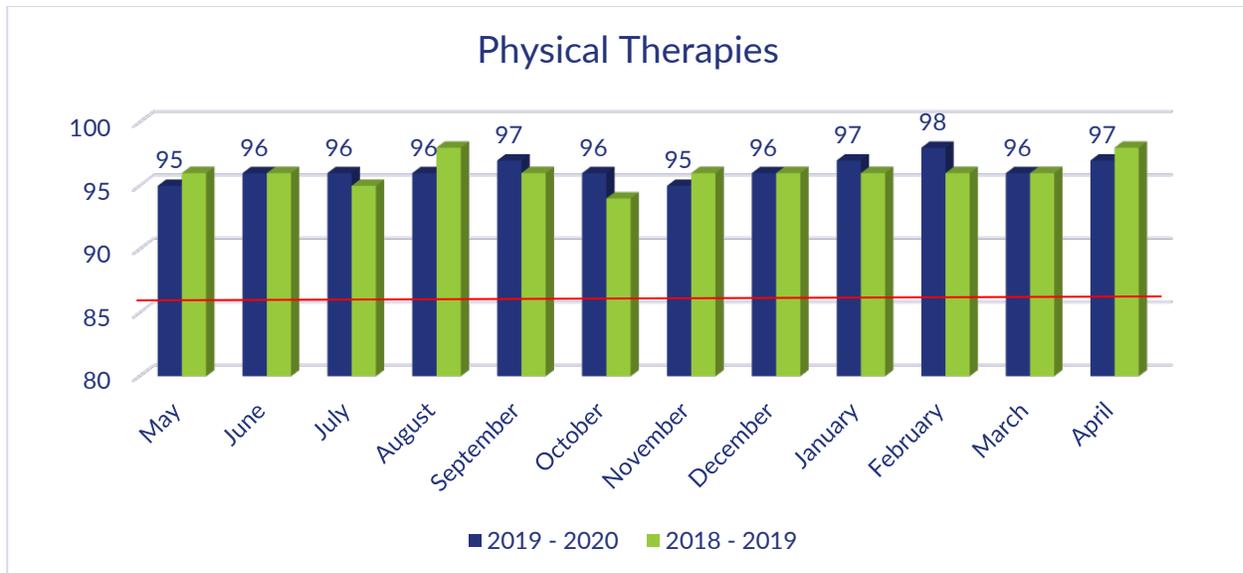


Pathology



Pharmacy Department





These results show that all areas far exceeded the standard set by the National Standards of Cleanliness. Where areas have failed to meet the required standards an action plan is generated by the IPC Lead Nurse, which details the areas where this has not been achieved. This is sent to the unit lead for addressing with a timeline to be actioned and sent back to the IPC Lead Nurse for sign off. A further inspection is scheduled to gain reassurance that the actions tabled have been successfully resolved. From the audits undertaken the reasons for non-compliance have been some housekeeping issues, general clutter, damaged flooring and sharps containers not fully dated and signed.

Improvements to standards have been achieved by closer working between the IPC Lead Nurse and housekeeping team and has proved beneficial to continue to improve standards, ensuring our clinical areas remain clean and safe for our patients.

2.2 Unannounced Inspections of the Clinical Environment - KIMS Hospital

Unannounced inspections of the clinical environment are essential tools to assess the overall cleanliness of the care environment, also looking at the quality of the services we provide to our patients, and cover all clinical inpatient, day case, outpatient and outreach services.

We use a universally recognised assessment toolkit originally devised by the Infection Prevention Society (IPS) and tailored for use at KIMS Hospital. An agreed audit cycle for these inspections is discussed at the Infection Prevention & Control Committee (IPCC) and signed off. The planned schedule is usually every 6 months unless an area fails to achieve a pass; then additional resources and an audit is scheduled.

These audits are conducted by the Infection, Prevention & Control Lead Nurse and immediately following the completion of an inspection, feedback is given to clinical teams. Teams are fully supported to achieve the standards expected by the organisation. All service leads are encouraged to participate in the audit programme to ensure that a shared understanding and learning is achieved.

The table below highlights the results for 2019-2020 (KIMS Hospital)



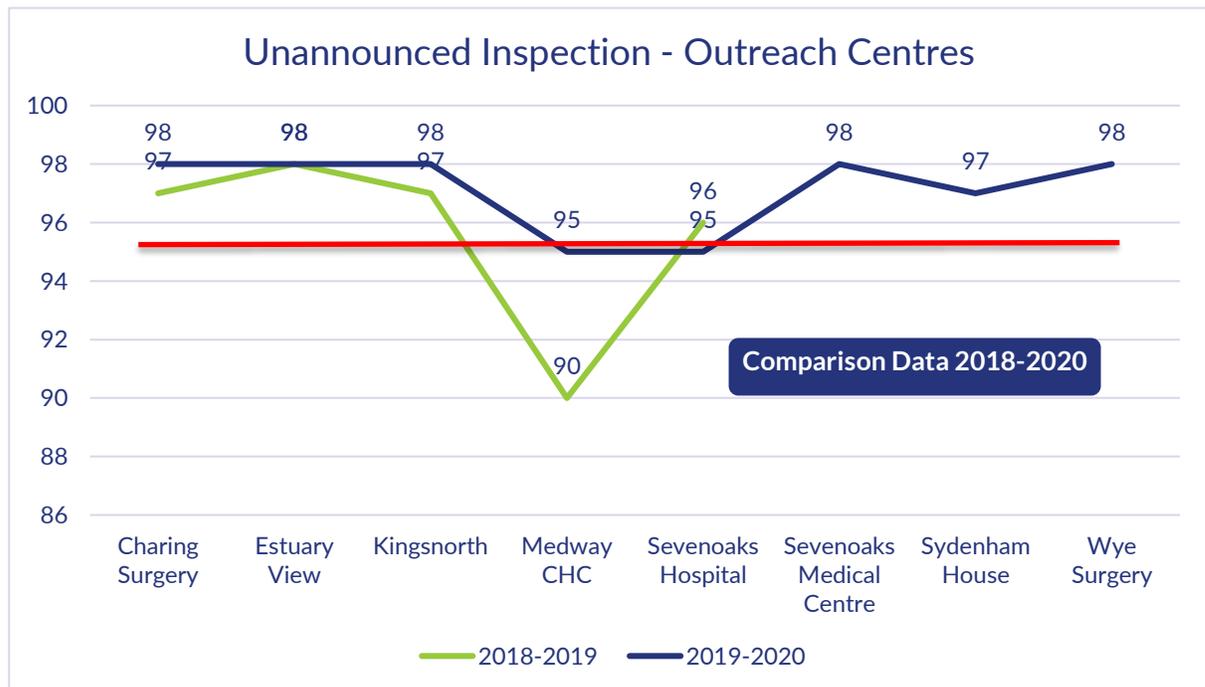
The 2018-2020 inspections largely demonstrate a continued improvement against the National standard across all clinical environments.

2.2.1 Unannounced Inspections of the Clinical Environment – Outreach Clinics

Outreach services, used by KIMS Hospital for the benefit of our patients, are visited annually and inspected by the IPC Lead Nurse against the Health and Social Act, Hygiene Code 2008 (Regulated Activities) 2014, using a recognised audit tool. Outreach clinics see patients close to their homes saving them a journey of visiting the hospital until their planned surgery date. The IPC Lead Nurse works very closely with the provider organisations following these inspections to provide feedback on the audit process and any actions that are deemed necessary, and to offer support and guidance where we feel standards have not been achieved.

Following the successful purchase of the Sevenoaks Medical Centre from HCA International during this audit programme, a pre-acquisition inspection was undertaken by the IPC Lead Nurse which did show that there were some issues that needed addressing and fell below the standards we expect at KIMS Hospital. KIMS Hospital invested heavily in remedying the issues and once all building works were completed, a follow up audit was undertaken.

The table below highlights the scores that outreach centres achieved during this reporting period and includes the result of the follow up audit for Sevenoaks Medical Centre.



These inspections have proved beneficial to both KIMS Hospital and the external centres concerned, as where the audits undertaken raised any concerns the outreach centres acted upon the audit findings and made improvements for the benefit of the patients using these centres.

All centres have embraced these external inspections and view them as helpful to continually improve their facilities for the patients and staff that use them. The results overall show a sustained improvement for all the respective centres.

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 a voluntary organisational self-assessment which takes place annually, and applies to NHS trusts, voluntary and independent healthcare providers.

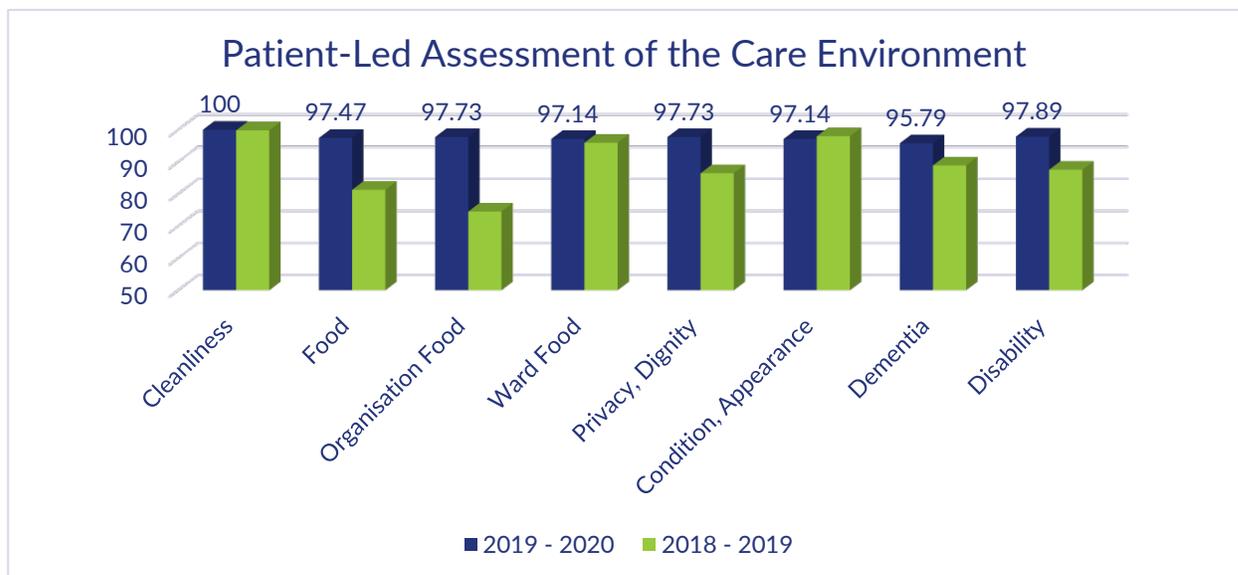
PLACE assessments show how hospitals are performing both locally and nationally, where they provide similar services to the local population. The assessments provide motivation for improvement by offering a clear message, directly from patients, about how the hospital's environment caters for patients 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 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 enables all providers to be scored fairly and equally. These assessments are also supported by external verifiers when available to ensure that no bias or coercion of patient assessors is present.

The table below summarises our PLACE scores in the 2019-2020 and 2018-2019 period.



The 2019-2020 reporting period saw the Department of Health revise the PLACE programme to ensure that it has greater public involvement and as a result of the PLACE review, the 2019 assessment ran later in the year.

KIMS Hospital continues to work tirelessly to ensure that we provide the best care and facilities for all of our patients. We participate in this assessment process enabling our patients to reflect on and have a say about their experience of being an inpatient at our hospital, and offer input for 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, following the development of the 2010 “Don’t judge a mattress by its cover” report, which looks not only at 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 seams that have developed through repeated use, these are immediately removed and a replacement mattress sought. Over the 2019–2020 reporting period no ward mattresses failed their integrity inspections; some outpatient trolley mattresses did require removal 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. No commodes failed their inspection during this period.

2.4 External Laundry Provider Audit

KIMS Hospital sub-contracts an external laundry provider to fulfil the laundry requirements of the hospital. Our current linen service provider is fully accredited and conforms to ISO 9001; NSAI accredited EN14065-2002 standards.

The Infection Prevention & Control Lead Nurse, along with the Facilities Lead and Guest Service Lead or Housekeeping Supervisor, are required to undertake an unannounced inspection of their laundry facilities in Southwark, London as part of our assurance programme and to confirm that all standards are being met using a universal audit tool.



The 2019–2020 inspection demonstrated that the external laundry provider attained a 98% compliance rating, 1% higher than the previous year. The audit framework includes building design, washing processes used by the provider, brightness of sheets, and their overall standard and quality, including whether they are pressed and free of organic matter and markings, ensuring that they are suitable for use. Cages used for distribution and lorries used to transport clean linen out to the hospital are also assessed.

2.5 Infection Prevention in the Built Environment

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

This year the IPC Lead has:

- Worked with the Estates team on the final elements of the carpet removal programme from clinical areas across the hospital.
- Offered advice and input into the plans for the redesign of the Endoscopy service within the hospital.
- Worked closely with the Facilities team on managing the hospital's deep cleaning programme.

2.6 Control and Management of Water Systems

KIMS Hospital's Water Safety Group meets bi-annually and reports into the Infection Prevention & Control Committee (IPCC). It is chaired by the Facilities Lead and supported by the Infection Control Doctor. An approved engineer for water, Mr David Harper, provides expert knowledge and guidance to the committee as well as ongoing support and oversight of all water testing and remedial works.

The Water Safety Group team structure is as follows:

- Consultant Microbiologist / Infection Control Doctor
- Approved Engineer for Water (AEW)
- Technical Services Manager – Responsible Person (RP)
- IPC Lead Nurse – Competent Person for Water (CP)
- Decontamination Lead
- Facilities Lead – Competent Person for Water (CP)
- Engineer – Estates Engineer Competent Person (CP)

Routine testing for all water borne pathogens is undertaken by the KIMS Hospital Estates team and externally verified by South East Water PLC, in accordance with advice from the Department of Health, Health and Safety Executive. This follows the Health Technical Memorandum (HTM 04-01).

High risk areas such as Enhanced Care, Cancer Services and Theatres are managed through a combination of regular testing of all outlets and localised decontamination. There have been 2 reported cases of *Pseudomonas aeruginosa* found in low use outlets in our augmented care area on Havisham Ward. Once a water borne pathogen has been identified these outlets were prevented from being used, stripped down, cleaned and chlorinated in line with best practice guidance and KIMS Hospital policy. The outlet was re-sampled and subsequently returned a negative result. During this time there was no perceived risk to any patient in the affected areas. In light of the recent positive results, a survey was conducted of our water systems; once concluded it noted that some pipework required replacement. This work was carried out across the hospital and all systems were flushed and re-tested. No new positive results were found.

Due to the current ongoing Coronavirus outbreak affecting the United Kingdom, KIMS Hospital was seconded to support our local NHS Trusts during this time. As a result, the augmented care area on Havisham Ward was moved to Nickleby Ward instead. All water sampling was switched to the new environment and water flushing increased within the new area identified.

As part of our overall assurance process and to ensure that we fully comply with our requirements for water management, all areas are routinely monitored and flushed by the housekeeping team following guidance provided by the HTM 04-01 regulations.

These positive results highlighted that an increased flushing regime was needed for all underused outlets to prevent any 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 an onsite Sterile Services Unit (SSU) for the decontamination and enhanced sterilisation and control of surgical instrumentation across the hospital. The service is managed by the Decontamination Lead who reports into the Infection Prevention & Control Committee (IPCC) & Water Safety Committee to address any issues with the decontamination of these devices. This service is fully supported by the IPC Lead Nurse, Consultant Microbiologist and also the Approved Engineer for Decontamination.

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 i.e. HTM 01.01. This unit is fully supported by the Decontamination Lead, IPC Lead Nurse and Approved Engineer for Decontamination.

The service is run by the Theatre Manager and Endoscopy team who undertake regular audit and surveillance of this facility to assure compliance with all national standards, and subsequently reports into the Infection Prevention & Control Committee. Oversight of this service is provided by the Decontamination Lead.

A planned upgrade programme of our endoscope washers was set for May 2020, replacing our BeliMed endoscope washers with Getinge/Lancer. This programme forms part of KIMS Hospital's asset upgrade and replacement programme.

2.9 Decontamination Audits

Our Sterile Services Unit undergoes regular audit and inspection by the Approved Engineer for Decontamination (AED) to ensure that it fully complies with all legislative guidance and complies with HTM 01.01. This unit was last inspected and deemed compliant with this guidance in February 2019.

The AED's report demonstrated that we are fully compliant with all decontamination processes and made no recommendations for improvement at the time of their 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; they are therefore an important aspect of infection prevention work at KIMS Hospital. The Lead Nurse for Infection Prevention & Control works closely with the Resident Medical Officers (RMO), Infection Control Doctor (ICD), Medication Safety Officer, Consultants and Pharmacy department to ensure that antimicrobial use is effectively managed and appropriately prescribed and for the shortest duration.

All clinical staff are trained to practice good infection control, in line with national standards 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.

KIMS Hospital, in line with other healthcare providers throughout Europe, participated in the European Antibiotic Awareness Day (EAAD) programme on 18th November 2019.

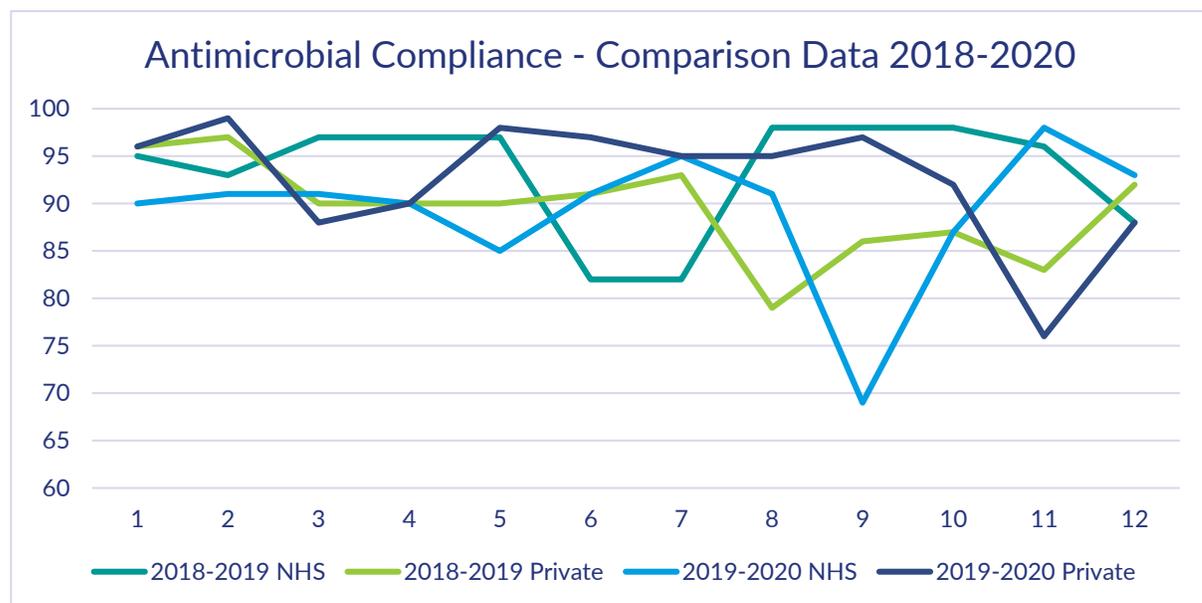
Awareness was raised by encouraging staff to learn more about the prescribing, use and probable misuse of these medicines. We also staged a roadshow in our main reception to raise awareness with our patients and help prevent misuse with the message that 'being antibiotic aware can safeguard their use for the future'.

Antimicrobial surveillance

Antimicrobial use across the organisation is rigorously monitored by the Lead Pharmacist and Lead Infection Prevention & Control Nurse every month. It is reported to the DIPC & Infection Control Doctor via the monthly teleconference report, and also at the Medicines Safety Meetings and Infection Prevention & Control Committee meetings.

KIMS Hospital has a comprehensive antimicrobial prescribing policy with Consultants and the Resident Medical Officer following associated guidelines. If any prescribing falls outside of this framework then they are challenged, and suitable 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.

The following table highlights how we have continually challenged inappropriate prescribing by clinicians, in order to achieve appropriate and more targeted prescribing of antimicrobials for both NHS and Private prescriptions. Where any inappropriate prescribing which is outside of our prescribing guidelines is identified, the Pharmacy Lead will challenge the Consultant. This is also reported to the Infection Control Doctor and addressed at the Medicines Safety Meetings.



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 is charged by the organisation to provide advice and support to both patients and staff, and to undertake surveillance across the hospital. They must 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 is also displayed on the ward information boards for patients to keep abreast of all infection control audits and the standard achieved. In line with providing advice to patients within the hospital, the IPC Lead Nurse has produced information leaflets that are readily available and enable staff to discuss IPC-related issues with patients. The Infection Prevention and Control Lead Nurse provides further support or guidance as requested.

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

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

The IPC Lead Nurse works closely with the Clinician and Laboratory services across the organisation, to ensure that diagnostic test results are acted upon and communicated to the relevant clinician in a timely fashion. This is also to ensure that any antibiotics prescribed are appropriate and for the shortest duration, meeting our prescribing guidelines, regularly reviewed and stopped where appropriate. KIMS Hospital also participates in the European Antimicrobial Awareness Campaign (EAAC) by highlighting the use and misuse of antibiotics through education and training. The IPC Lead works with the Pharmacy Lead to deliver this programme.

KIMS Hospital has developed robust policies and procedures to facilitate the safe working of staff and to ensure the safety of our patients. In the event of an outbreak of infection being declared in any one clinical area, patients and their relatives will be kept fully updated on any developments and the IPC Lead will ensure that the outbreak policy is followed to safeguard the health and well-being of other patients. An outbreak meeting will be convened, and an action plan developed and acted upon.

In order to continually improve standards, audit feedback from unannounced inspections or other IPC-related audits are given directly to ward staff at the time of inspection, is discussed at ward team briefings and also 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 2019-2020

In line with other healthcare providers, KIMS Hospital participates in the National Surgical Site Surveillance programme of mandatory reporting of alert organisms. The term 'alert organism' refers to several infections it is mandatory to report, which must be thoroughly investigated if identified, to Public Health England and/or the local NHS Clinical Commissioning Group through an approved reporting mechanism. This process is to ensure that the data is adequately captured, monitored and acted upon.

- **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 fourth consecutive year of zero reporting.

- **Methicillin Sensitive Staphylococcus Aureus (MSSA) bacteraemia blood stream infection**

There were no reported cases of MSSA bloodstream infection reported during this reporting period. Again, this is the fourth consecutive year of zero reporting.

- **Clostridium difficile (CDI) infection**

We reported 2 cases of *Clostridium difficile* infection during this reporting period: 1 community acquired infection and 1 hospital acquired. Both cases had a full IPC Root Cause Analysis undertaken to determine any learning from these events.

A review of this incident demonstrated that the infection was originally acquired within the community and that the patient had been admitted with loose stools, but this was not documented. The Nursing team on the admitting clinical area did not obtain a stool sample from the patient on their first episode of loose stool. A stool culture was not obtained until the patient had been admitted onto the ward for more than 48 hours. This breached the national reporting guidelines as the standard time frame is 48 hours for reporting. If this time frame has been breached, the infection is then attributed to the admitting organisation.

Actions / Learning

- Reminder given to staff on the requirement to capture a stool culture from any patient that develops loose stools within 48 hours of their admission or on their first episode of loose motions.
- Staff asked to familiarize themselves with the policies and procedures with regards to diarrhea, *Clostridium difficile* & Norovirus.

- All patients should have a Bristol stool chart added to their admission paperwork to record any deterioration to their normal bowel function, as this would identify issues quickly and allow for better treatment and management of this type of ailment.

- **Escherichia coli (E.Coli) bacteraemia**

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

- **Carbapenemase-producing organisms (CPE/CRE)**

CPOs are a growing concern for healthcare providers worldwide, with regard to 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 patients that are at higher risk, such as recent admission to a hospital in an area where it is known that CPOs are prevalent.

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

- **Vancomycin resistant enterococci (VRE)**

Enterococci are bacteria that 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. the bloodstream or urinary tract.

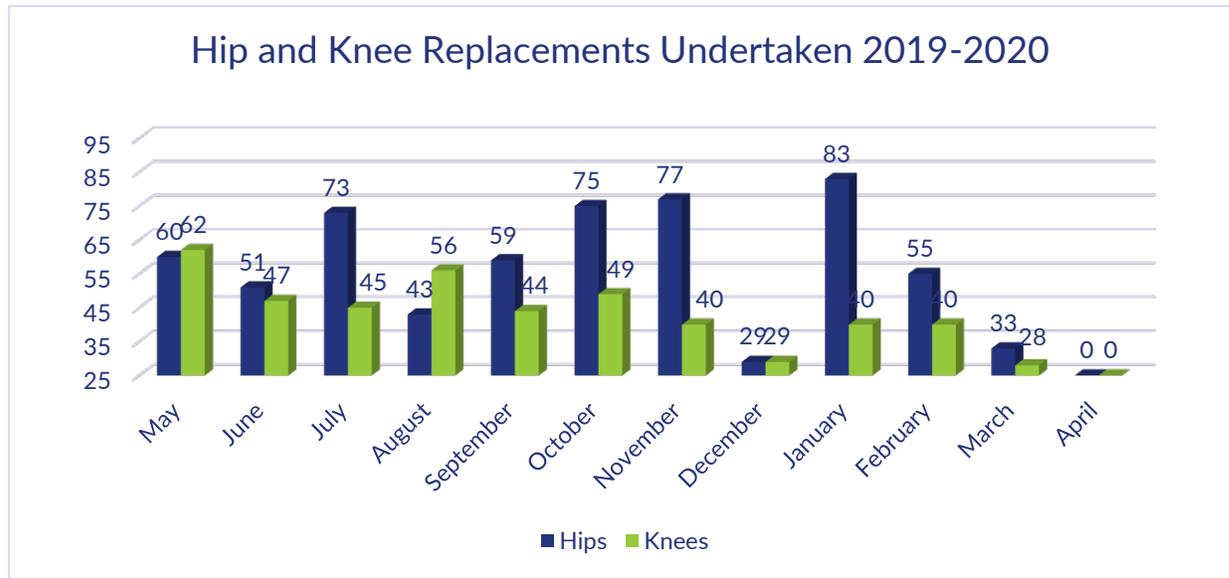
There were no reported cases of Vancomycin resistant enterococci during this reporting period. This is the third consecutive year of zero reporting.

5.2 Surgical Site Surveillance (Hip and Knee Mandatory Reporting - Superficial Infections)

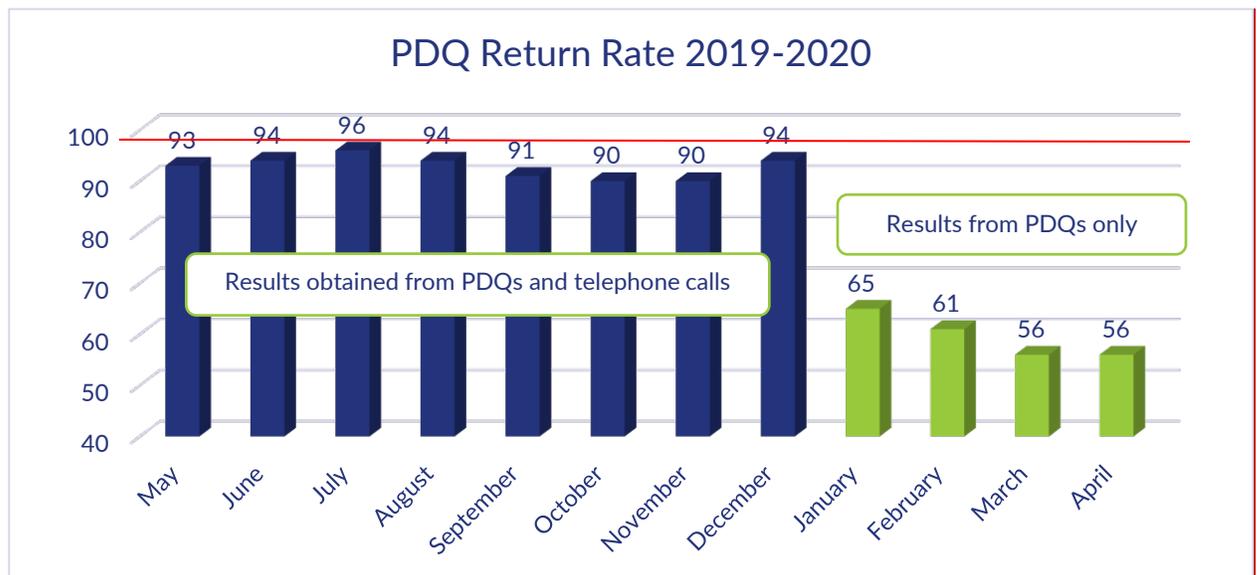
KIMS Hospital actively participates in the mandatory reporting and surveillance of superficial surgical site infections acquired post-procedure. Patients are followed up with immediately after surgery and again 30 days post-procedure, and for patients receiving implant devices again at 1-year post-surgery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

This is our fourth year of participating in the Surgical Site Surveillance Hip & Knee Programme and highlights our continued improvement indicated by the low numbers of infections reported for the 2019–2020 period. A total of 638 hips and 480 knee operations were completed during that period and only 1 hip (0.15%) and 14 knees (2.91%) from planned procedures were classified as infected post-surgery.

Information has been obtained directly from the patient at home via post-discharge questionnaires, review clinics, their GP or another care provider where the patient had presented. During the 2019-2020 reporting period there were a total of 1,163 joint replacement procedures undertaken at KIMS Hospital, relating to 638 hip and 480 knee replacement procedures performed. The table below indicates the level of superficial infection reported to Public Health England via the data capture system.



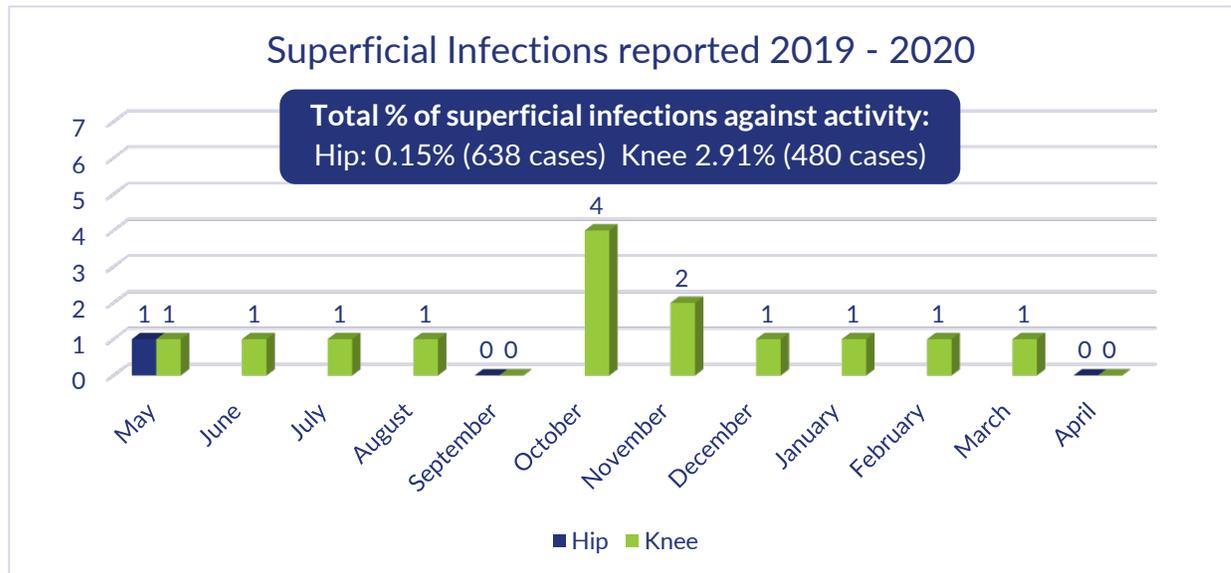
Total Hips: 683 Total Knee: 480



There is no national standard for reporting by post-discharge questionnaires within the healthcare sector; it had been agreed at our IPCC meeting that KIMS Hospital would set a standard to measure our return rate by and a target of 95% was agreed. Since the standard was introduced we have consistently achieved above the 95%.

From January 2020 it was agreed that we would no longer actively telephone patients that failed to return their paper questionnaires, and in line with other healthcare providers we are solely reporting on post-discharge questionnaire return rates only. It had been noted that our overall return rates dropped significantly which is reflected in the above graph.

Where patients had not returned their questionnaire, the IPC Lead Nurse returned a zero response.



The table above highlights a peak in October 2019 where 4 knees had become infected post-surgery. These were reported via post-discharge questionnaires to the IPC Lead. All knees were reviewed and where appropriate antibiotics were prescribed.

5.3 Management and Prevention of Sepsis

Sepsis, also known as blood poisoning, is a process where the body's immune system goes into overreaction to an infection or injury. Normally the immune system fights infection, but sometimes, for reasons that are not yet understood, can in fact attack the body's own organs and tissues. If not diagnosed and treated early, sepsis can result in organ failure and death. With early diagnosis it can be successfully treated with antibiotics.

KIMS Hospital has a designated Sepsis Lead who has implemented a series of training sessions, including RAACE training, to aid our nurses in recognising potential septic patients. This is achieved through the use of a sepsis screening tool developed by the Sepsis Trust, with regional agreement on a standard approach to the management of patients. We have also widely introduced the National Early Warning Score (NEWS) to observation records and rolled out training to support this. All documentation is regularly audited to accuracy. A formal review of all policies and protocols has been undertaken to ensure that they remain current and evidence based.

All our trained nurses have undertaken the Resus Council's Immediate Life Support Cardiopulmonary Resuscitation Course, to fully equip them with the enhanced skills necessary to successfully manage any potential septic patients within our care until more specialised help arrives.

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 KIMS Hospital, and Sevenoaks Medical Centre, has an allocated Link Champion for infection prevention and control. Link Champions are representatives from the staff body and encompass all disciplines: Nursing, Care Support, Allied Health, Portering, Housekeeping and Facilities. The key members are essential in supporting the IPC Lead and embedding infection control practices in their areas.

IPC Link Champions undertake some localised audits on behalf of the Lead Nurse, including hand hygiene compliance and bare below the elbows; they give feedback to colleagues and disseminate key information provided by the IPC Lead.

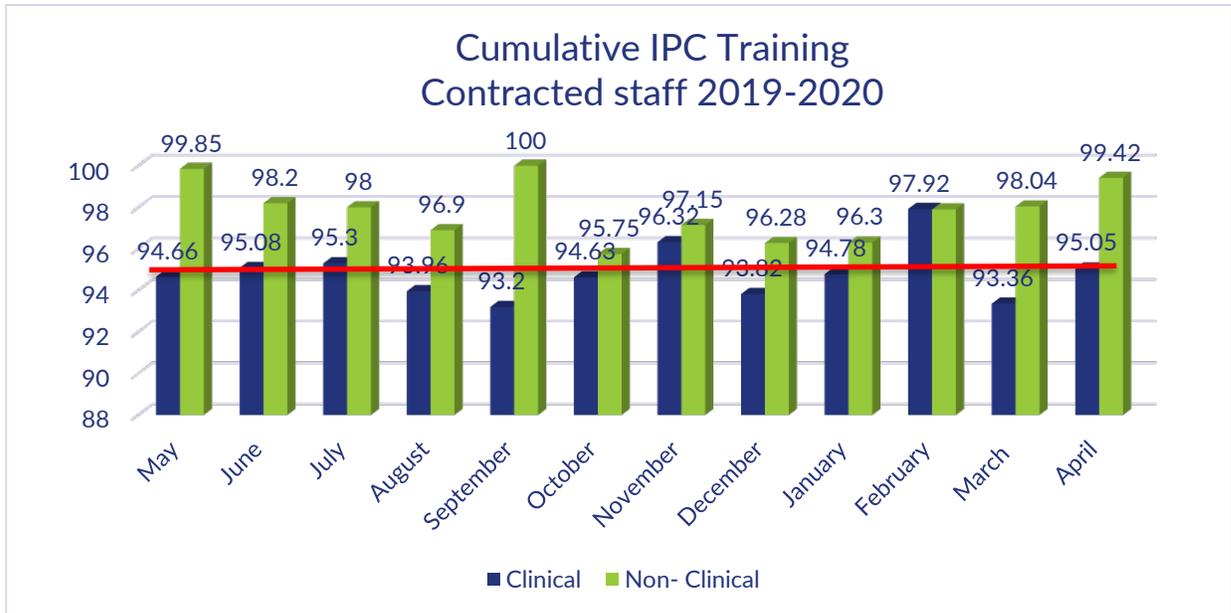
IPC Link meetings are scheduled to be undertaken quarterly, which comprise of an educational element and presentations or practical-based components. They are also an opportunity for Links to feedback any concerns from their respective clinical areas to the IPC Lead. During the reporting period it proved difficult to undertake all of these meetings due to the increased activity of the hospital and the ongoing COVID-19 outbreak, but regular communication with Link Champions was essential, and conducted to ensure that they felt supported with being unable to be released from the ward.

6.2 Education and Training

All staff employed by KIMS Hospital have to undergo critical safety training, which is mandatory. This includes Infection Prevention & Control, undertaken annually either via face-to-face sessions for new starters or using the NHS Skills For Health e-learning platform for existing staff members. It helps to highlight the staff's 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.

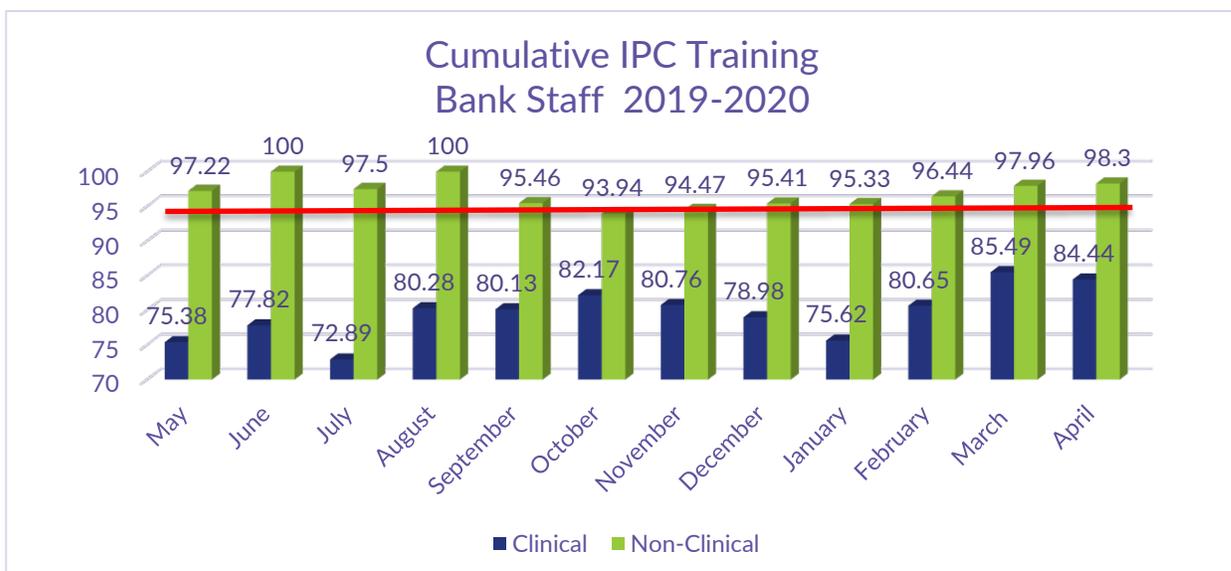
To achieve the required standard, we utilised the NHS Skills For Health Infection Prevention & Control e-learning training module, plus taught sessions by the IPC Lead Nurse to reinforce good infection control practices for all staff. IPC sessions are undertaken at induction to the organisation and again at yearly intervals. Adhoc IPC training is delivered in the clinical areas by the IPC Lead Nurse as required.

The tables below highlight the current training figures for all staff regardless of the way the IPC training element was delivered. They include the overall compliance score for this reporting period. Clinical teams increased their compliance rating from 81% to 97% respectively, but fell back to 95% towards the end of Q4 due to increased hospital activity and the recruitment of new staff.



Training compliance for permanent qualified staff remained on or around our agreed set standard of 95% compliance during this year. These figures do not take into account new starters to the organisation, due to the slight delay in reporting their training compliance. Where we had fallen below our set target, a further drive was initiated to improve on our overall compliance measure. Training compliance for non-qualified staff remained above our set standard of 95% compliance throughout the last year. This was a great result and showed the level of importance our staff take place on maintaining their knowledge of critical safety training.

With the introduction of the electronic monitoring system (PIP), staff are now responsible for managing their own training needs and requirements, with overall responsibility remaining with their line manager. At the end of the fiscal year staff receive a printout of the training they have received over the last year. This new system allows for a more comprehensive reporting process, which is sent to clinical leaders monthly.



Our reliance on bank and agency staff over the last year has been reducing month by month. As this workforce is very occasional and may also work for other provider organisations as well as KIMS Hospital, these staff members are not always on site to complete their mandatory training elements. With the introduction of the PIP system these staff can now undertake their e-learning at home. The HR department had continued to engage with this staff group to encourage compliance with the requirements of their contract with KIMS Hospital. Where they have failed to comply, bank and agency staff members have been unable to work at the hospital until their training requirements are met. Despite this, training compliance for bank qualified staff has consistently been below the required standard of 95%.

Results by Department / Staff Groups

The following tables indicate the level of compliance by department or staff group for infection prevention and control training across the hospital. Where staff fail to achieve the set standard, they are sent a reminder email to book onto the next available course with a copy sent to their respective line managers. The tables display overall percentages obtained by staff who had completed their IPC Critical Safety Training within the financial year, broken down into Clinical and Non-Clinical teams.

The red line indicates the 95% KIMS Hospital standard expected.





These results highlighted that staff generally felt well informed from the information delivered at induction for new starters. However existing staff members felt that the NHS Skills For Health programme was a one size fits all approach, and does not take into account the many staff groups working within the hospital, as it mainly delivers training from a clinical perspective. This often left non-clinical staff such as housekeepers and administration staff questioning why they needed to complete some clinical questions.

Following on from these responses the IPC Lead has reviewed and refreshed the general IPC training slides to reflect a greater diversity of staff groups across the hospital, to ensure that none were left out or excluded from good infection control practice relating to their respective working areas.

As we move into the next operating year staff have indicated that they would like extra training on waste management, sharps and sharp safe devices, Coronavirus and outbreak management, plus training on various pathogenic organisms.

It is the responsibility of the respective line manager to identify where staff are falling behind the identified standard expected. The training compliance scores are shared with the DIPC, department heads and across the hospital monthly via a training e-bulletin.

6.3 Hand Hygiene & Bare Below the Elbows Observational Data

Hand hygiene is the single most effective measure healthcare workers can take to reduce the risks of cross-contamination in an episode of care. To facilitate effective hand hygiene, we fully endorse the 'bare below the elbows' edict across all our wards and departments. It is widely believed that long sleeves, wrist watches, bangles and other associated jewellery can prevent effective hand washing. Due to the recent Coronavirus outbreak we have also increased the amount of alcohol hand wash stations across the hospital. This enables staff, patients and visitors to cleanse their hands at the point of entry into any ward, thus helping to keep our patients safer from opportunistic infection.

Infection Prevention & Control Link Champions carry out hand hygiene auditing across the organisation on behalf of the Lead Nurse, with results 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). Additionally, results are also 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. Audits are undertaken across all clinical areas, including those reporting 100% compliance with the Infection Prevention Societies audit tools for hand hygiene and hand washing environments toolkit. To assure the organisation that the scoring is being correctly reported, the IPC Lead Nurse introduced sporadic checks to validate these reports and monitor the use of alcohol hand rub solution.

All reports are submitted to the Infection Prevention and Control Committee (IPCC) for further scrutiny including usage data. However as it had proved difficult to differentiate between staff and patients using the hand gel, it was decided to continue with the sporadic IPC Lead Nurse checks as these seemed to support the figures being reported more accurately.

In addition to the observational audit, a review of the environmental hand washing facilities across the hospital is also conducted to ensure that they are fit for purpose and help to facilitate effective hand hygiene practice. The audits are undertaken concurrently and any areas that fail to achieve the standards expected are highlighted to the Facilities team for repair. No clinical areas had reported any issues with their respective environments during this time.

The results of our unannounced inspections for hand hygiene have regularly demonstrated very good compliance for all clinical areas, with these scoring 100% compliance month on month.

To complement our hand hygiene processes across the organisation we utilise UV light box refresher training sessions, which highlight the importance of good hygiene practices in reducing and minimising the risk of cross-contamination to our patients. Staff have responded well to these spot check visits to reinforce the WHO's 5 Moments of Hand Hygiene.

Criterion 7

Provide or secure adequate isolation facilities.

7.1 Provision of Isolation Facilities

KIMS Hospital was built in 2014 and opened to its first patients in early 2015. It was designed with infection prevention in mind, with single patient occupancy rooms across all in-patient areas, providing good isolation facilities. All in-patient rooms have good ventilation with regular air exchanges complying with the HTM 03-01 and its extraction processes, to prevent the transmission of infection to other rooms within the clinical area.

Where the need arises to isolate patients in 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.

During the 2018-2019 period the isolation process was activated twice for patients who had a known and suspected gastro-intestinal infection. All processes were complied with fully to prevent cross-contamination, all samples were collected. and risk assessments undertaken in compliance with KIMS Hospital policy. These followed national guidance and an enhanced cleaning process was also activated. All staff were supported by the Lead Nurse for Infection Prevention & Control during this period.

The above process highlights that our clinical staff are fully aware of the policy guidelines in respect to potential or confirmed infection, and act within its framework to ensure the safety of the patient concerned and to prevent cross-contamination to others within the clinical environment.

Criterion 8

Secure adequate access to laboratory support as appropriate.

KIMS Hospital has a dedicated in-house laboratory testing service for day-to-day Microbiology, Hematology and Bio-Chemistry services (including a satellite blood bank service), which is supported for more specialised testing by a service level agreement (SLA) with Maidstone and Tunbridge Wells Hospitals NHS Trust (MTW) and The Doctors Laboratory (TDL).

The laboratory service at KIMS Hospital is open 6 days a week to our Clinicians. Results from diagnostic testing are reported to the patient's respective Clinician, by the department, to facilitate the effective care of our patients.

The Infection Prevention and Control Lead Nurse meets daily with the Microbiology Biomedical Scientist (BMS) and acts upon any positive reports for key alert organisms. The IPC Lead Nurse attends the laboratory department daily to intercept and discuss any positive results obtained with the Laboratory Biomedical Scientist, and reviews their sensitivities and potential treatment options.

All positive microbiology results are followed up by the IPC Lead Nurse on the day of their release and reported out to the respective Consultant, General Practitioner or Resident Medical Officer for their advice, enabling patients to receive any required antimicrobial therapy promptly. The IPC Lead works closely with the Infection Control Doctor to offer specialist advice and guidance on any treatment options for the effective management and treatment of complex wounds. They also work with the Tissue Viability Lead Nurse to aid in corrective management.

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

The Infection Prevention & Control Lead Nurse is charged by the Director of Infection Prevention and Control (DIPC), on behalf of the organisation, to produce, develop and maintain up-to-date policies, standard operation procedures (SOPs) and guidelines which are evidence-based and follow National guidance and standards from the Department of Health or other professional organisation. These are to ensure that we comply with all legal frameworks. The Infection Prevention and Control policies are held on the hospital's Q-Pulse data repository and are accessible to all staff within the 2019-2020 period.

All IPC policies are regularly reviewed by the IPC Lead Nurse and the Infection Control Doctor, and updated to reflect new national guidance, ensuring that we meet all our statutory responsibilities. 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, at team meetings and via Q-pulse.

During this reporting period the IPC Lead Nurse reviewed 15 policies and 25 SOPs.

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 infections within hospitals; Healthcare Associated Infection (HCAI) has long been an associated risk of attending hospitals and healthcare settings. It is estimated

that 35-50% of all Healthcare Associated Infections are related to just 5 patient practices, such as:

- Hand hygiene
- Presence of a urinary catheter
- Presence of an intravenous (IV) device
- Pulmonary supports such as ventilation
- Surgical procedures

By focusing on these areas, we can have a major impact on the safety and quality of patient care – reducing harm and providing more effective care. In order to make implementation of high impact interventions easier, best practice guidelines were grouped into **CARE BUNDLES**, designed to ensure standardised safe and effective patient care and evidenced-based practice related to management of invasive devices and invasive procedures.

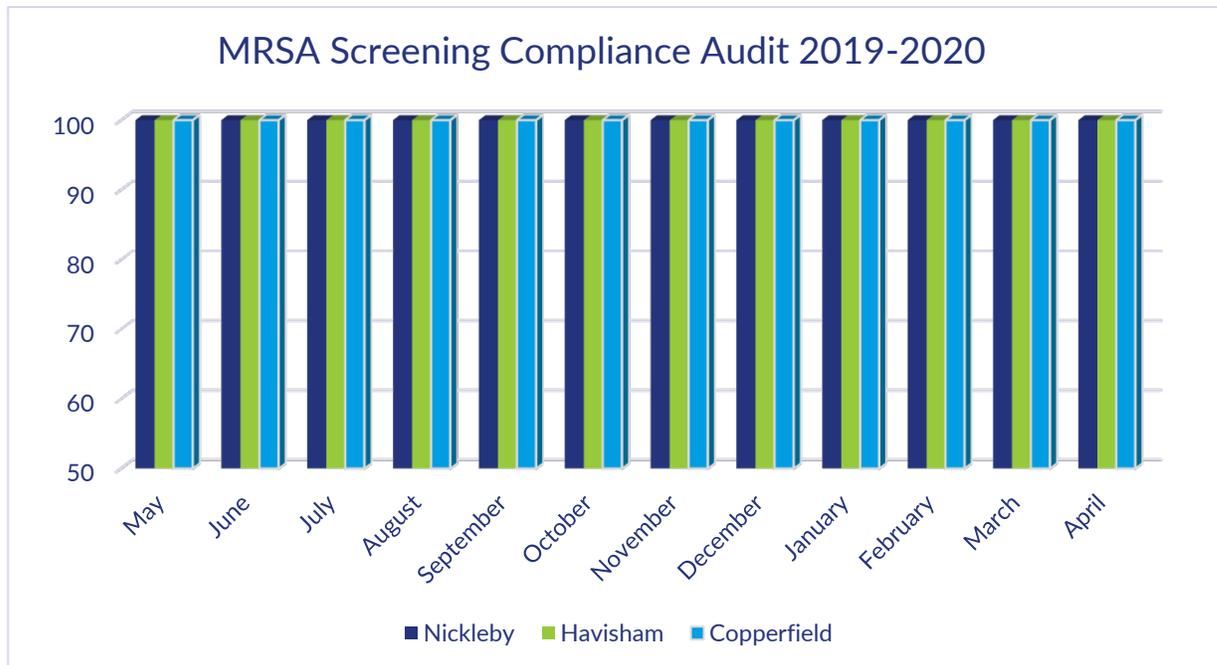
The Saving Lives audits continue to be completed by all relevant clinical areas and submitted to the IPC Lead Nurse. The results show good compliance across clinical areas, with the standards expected across the clinical environment. These audits are sporadically checked to ensure their accuracy; where non-conformity has been indicated an action plan would be developed with a timeframe for improvement set.

9.3 Screening for MRSA (2014 modified screening)

The Department of Health introduced a revised MRSA screening protocol (2014), which offers a more targeted screening programme that focuses on high risk surgical practices. This is monitored by the Lead Nurse for the service, with our continued compliance asserted by undertaking a review of all patients' admission criteria, screening data and case note management to ensure that they have been screened appropriately for their surgical procedure, and that screening is undertaken in a timely manner.

The IPC Lead Nurse undertakes an MRSA screening audit of patient case notes each month to confirm that we meet the required screening standards as dictated by the Department of Health, and also to ensure that no patient should proceed to theatre without being screened. It had been agreed at the IPCC that a minimum of 60 case notes should be reviewed from our high use in-patient Nickleby Ward, and 30 each from the Copperfield day care unit and Havisham Ward.

The following tables show the compliance scores for each of the clinical areas audited over the reporting period. All pre-assessment screening was appropriate and occurred during the agreed timeframe. No patients went to theatre without an MRSA screen.



Where a patient had been identified as being colonised with MRSA, they were effectively de-colonised and an appropriate post-treatment screen conducted with a negative result obtained. The inspection also ensures that all appropriate steps are taken to maintain the patient's safety as they proceed to theatre.

9.4 Suppression (Decolonisation) Therapy

Suppression therapy is designed to reduce the bio-burden of potentially harmful pathogens prior to a patient undergoing a surgical intervention, and to minimise risk from harm from a surgical site infection.

Last year we introduced screening for MSSA colonisation as well as screening for MRSA, but found from screening that a high proportion of patients were colonised for MSSA before being admitted to hospital. It is widely accepted that 25% of the UK population are colonised with this type of bacteria and these findings prompted us to rethink our processes. Following discussion with our Consultant Microbiologist and at our Infection Control Committee Meeting, we introduced a programme for all patients that are undergoing a joint replacement procedure or high risk surgery, where they should be offered suppression therapy for 7 days prior to their planned procedure.

In an attempt to achieve effective decolonisation and to efficiently reduce the bio-burden to make surgery as safe as possible, KIMS Hospital provides a skin decolonisation cleansing wash solution to all patients undergoing a joint replacement procedure, breast augmentation or reduction, or any implant surgery. Patients have been asked to comply with a period of enhanced skin cleansing instead of using their normal soap or shower gels for a period of one week prior to their admission date.

Where a patient has been found to be colonised with MRSA, we provide a bottle of antiseptic body wash and a nasal antiseptic gel to be used for one week; the patient is then

re-screened. If they remain colonized, a further treatment will be offered with re-screening. Where the patient is persistently colonised despite decolonisation treatment being given, they may be considered as a carrier and a further discussion with the Infection Control Doctor is required to reduce the risk. Antibiotic therapy may be required to ensure safe surgery is achieved.

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 Hospital takes the health and well-being of our staff very seriously and employs an external Occupational Health provider. Occupational health services are undertaken on behalf of KIMS Hospital via a service level agreement (SLA) by Dartford and Gravesham NHS Trust, through the provision of pre-employment health screening, pregnancy risk assessment, management referral, inoculation injury service, plus advice on the management of staff with infections. The Trust works closely with our Human Resources Department and the IPC Lead across the organisation.

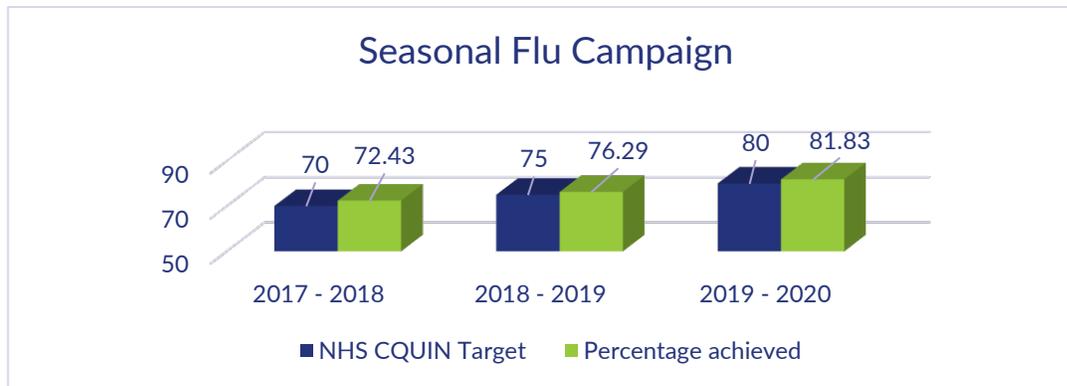
10.2 Seasonal Influenza Vaccination Programme

Seasonal influenza (flu) can have a detrimental effect, not only for our patients but also for our staff, which may lead to missed or cancelled appointments and staff absence from work. In line with other healthcare providers, KIMS Hospital operates a free seasonal flu vaccination programme as part of the NHS Health and Well-being CQUIN to all frontline clinical staff (with direct contact with patients). This programme is managed on behalf of the organisation by the Infection Prevention & Control Lead Nurse.

The Department of Health (DH) set targets for provider organisations to achieve these in respect to the vaccination of staff. In 2019–2020 the target was set at 80%.

The IPC Lead devised a comprehensive programme in order to achieve the CQUIN target and provide an effective flu programme for our staff. This is the fourth year that we have successfully managed to achieve the CQUIN target.

The table below indicates our success rate against the national CQUIN programme.



COVID-19 Coronavirus pandemic

Adjusting to the 'new normal' – what we are doing to keep you safe.

December 2020 saw an emerging unidentified virus affecting Wuhan province, China, causing a cluster of severe viral pneumonia of unknown cause in some segments of its' population. In January 2020 the World Health Organisation (WHO) identified a novel coronavirus (SARS CoV-2) as the cause of the outbreak, which was thus declared as a global public health emergency.

Coronaviruses are a large family of viruses, with some causing less severe diseases such as the common cold to others that cause severe respiratory distress such as Middle Eastern Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). This current strain of Coronavirus is SARS CoV-2 and the associated disease is COVID-19, which continues today.

In March 2020 the virus was continuously spreading rapidly across the globe and the WHO designated the outbreak as a global pandemic, requiring countries to put in place emergency planning procedures. The UK Government instigated a national public lockdown and severely restricted the public's movement as a measure to reduce possible population transmission.

This is the first global pandemic that KIMS Hospital has had to manage and like other healthcare providers, our preparedness has been key to helping us manage the safety of the patients we care for, the well-being of the staff we employ (directly and indirectly) and finally our resources and supply chains in order to deliver high quality healthcare to the people of Kent.

As part of our preparedness measures, we introduced all Government social distancing measures throughout the hospital and again at Sevenoaks Medical Centre. We installed safety screens on all our reception areas and limited access to the hospital in order to keep it designated as a COVID-free site. Our hand hygiene monitoring was enhanced with the

introduction of further alcohol based hand rub (ABHR) stations, plus we increased the frequency of cleaning across our services.

As the pandemic evolved this led to rapidly changing national policy and guidelines being introduced, which were challenging to implement and has impacted on the delivery of our normal service. Along with all healthcare organisations the challenges in obtaining adequate stocks of personal protective equipment (PPE) did cause some pressure at times, but we benefitted from the generosity of donors (face visors/uniform carry-home bags) which helped ensure that our hospital could function to a high standard.

Throughout the pandemic KIMS Hospital has worked to support our NHS colleagues; it has been widely reported in the media that the NHS invested in the independent healthcare sector to help build capacity to support the care of acutely ill patients requiring specialist medical care or ventilation. This included housing patients that were deemed too high a risk, or should be shielding, at COVID-free sites.

Throughout the pandemic we have met regularly to plan for the eventual re-opening of our services to all patients and how we could do this in a safe environment by reducing the risk that COVID posed. We have introduced a drive-through COVID-19 screening programme for all inpatients, meaning screening could be done in-house with the procurement of the latest technology to help facilitate this.

The hospital environment has been adapted to suit the requirements for the reopening of our services: all patients are asked to ring a dedicated phone number to inform us of their arrival, and the receptionist will take the patients details and mobile number and alert the clinical area. Only when the ward is ready to receive the patient will they get a text message and be able to gain access into the hospital. Patients are then temperature checked at the main entrance and a porter will escort them to their respective clinical areas. This process helps to reduce the amount of people and avoid unnecessary waiting within the reception area, adding an extra level of protection.

COVID-19 has changed the way that healthcare can be delivered and how some services can be accessed. At KIMS Hospital you can be reassured we are doing everything possible to keep you safe within our premises at all times.

CONCLUSION

The 2019–2020 financial year has brought some challenges to the way we work at KIMS Hospital. Our patient activity continued to increase month by month, until the outbreak of Coronavirus (COVID-19) brought all activity to a sudden stop. We had to quickly re-organise our business model to support our NHS colleagues over the current pandemic, by taking patients deemed high-risk from the acute Trusts that required shielding during the crisis. This required our staff having to re-train in new disciplines for our new patient demographic.

Throughout the last year Infection Prevention & Control remained a key focus for the organisation. This included the development and introduction of increased surveillance programmes, incorporating the Public Health England mandatory surveillance programme for hips, knees, abdominal hysterectomies and breast surgery procedures. We also participated in the NHS Health and Well-being CQUIN (including seasonal flu campaign) where we achieved the set standard for the 4th year running, at 81.83% of frontline healthcare workers vaccinated. A further measure was ensuring the audit of all external outreach clinics that we work with.

KIMS Hospital can 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 next year ahead.

The Lead Nurse for Infection Prevention & Control is fully committed to ensure that Infection Prevention is 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 & Control service.

FUTURE FOCUS 2019 - 2020

Key Objectives

As we move into the next financial year it is important to acknowledge the successes highlighted within this report and continue to build on them for our future growth and development. With this in mind, and to keep ourselves focused on our journey from good to outstanding, we have developed an IPC strategy to cover the next 3 years of operation for our organisation and to continue to reduce and risks associated with healthcare delivery.

In 2019-2020 the Infection Prevention & Control Lead Nurse plans to increase formal surveillance of surgical procedures at KIMS Hospital to include the full spectrum of surgical interventions we currently undertake. This will be done using Public Health England's data capture system (DCS).

We will also increase the engagement of the Infection Prevention & Control Link Champions in order to undertake further audits and surveillance across the hospital; this will be with peer reviews of their respective areas to ensure that we remain focused on reducing the risks associated with healthcare delivery.

We'll ensure continued commitment to working in collaboration with other healthcare providers, infection control leads, associated stakeholders and Clinical Commissioning Groups (CCGs) to strengthen our links and guarantee a closer working relationship with greater openness.

Key points for the IPC Lead Nurse are:

- Attendance at regular Association of Independent Healthcare Organisations / NHS Private Network Infection Prevention & Control Leads meetings.
- Participate with the Kent and Medway Wide IPC Leads forum, in association with other provider organisations, to achieve a shared vision for the benefit of all patients across the region that access our services.
- Continued focus on education and training of staff on IPC issues, including increasing the delivery of targeted face-to-face training at local ward or department meetings.
- Enhance patient and public involvement in IPC in order to improve the patient experience through participation in the PLACE inspections and through antibiotic awareness campaigns.
- Celebrate and publicise the excellent infection record at KIMS Hospital by contributing to developing articles, poster campaigns and externally, while raising the profile of the Infection Prevention & Control service.
- Continued focus on antimicrobial surveillance and reduction in their use.
- Work proactively across the hospital, in collaboration with colleagues, to continue to drive down infections for the benefit of all our patients as part of our roadmap to achieve Outstanding status.
- Participate in the GIRFT surveillance programme.
- Developing training and identifying resources to manage sudden infection requiring robust strategies to be implemented e.g. Ebola.

- Continue to monitor and focus on any new or emerging guidance relating to the management of COVID-19.
- Support and contribute to the redevelopment of our Endoscopy service in order to achieve ISO 3001 and to work with our laboratory to achieve JAG accreditation.

Rod Harford-Rothwell, Lead Nurse, Infection Prevention & Control, May 2020