



Director of Infection Prevention & Control
Annual Report
2021 - 2022

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| Document | Director of Infection, Prevention & Control Annual report 2021 - 2022 |
| Author | Laurel Neame, Lead Nurse Infection Prevention & Control on behalf of Jackie Groom Director of Infection Prevention & Control (DIPC). |
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| 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 2021 until the 30 th April 2022. |
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WELCOME

Welcome to our sixth annual Director of Infection, Prevention and Control (DIPC) report. This report covers the period May 2021 until April 2022.

This Report outlines our continued focus on avoidable infections. Within the last year we have welcomed a new clinician into the role of Infection Prevention and Control (IPC) Lead Nurse. Our Lead Nurse has been focused on working together with all the clinical teams on the maintenance of all IPC standards, as well as the integration of the National Infection Prevention and Control Manual, published April 2022. With the on-going challenges of COVID-19, we have remained focused on supporting our patients, staff and consultants to remain vigilant as we move into 'Living with COVID-19'. We have supported both the COVID-19 and the influenza vaccination programmes, working together with the local NHS Trusts and GP practices, and encouraging our staff to take up the vaccinations. This has resulted in over 96% of all staff receiving a minimum of 2 vaccinations for COVID-19 and (with many also receiving the booster at the latter part of 2021) 78.27% of staff received a flu vaccination before the end of 2021. Details of all the work carried out over the past year is captured within this report.

Our IPC Lead Nurse has worked hard over the past year to increase the engagement of the Infection Prevention and Control Link Champions through education and training in order to undertake further audits and surveillance across the hospital. The aim is for the undertaking of peer reviews of their respective areas to be a focus, to ensure that we continue our vigilance relating to reducing the IPC risks associated with healthcare delivery.

We have seen an increase in patients returning with delayed wound healing issues and subsequent infections, the majority of which have been superficial. We have looked at our pathways related to the management of patients with delayed wound healing and wound infections, and set up a task/finish group to bring services together to improve the patient journey and update the escalation process to either the clinician responsible for the patients care planning, or the Tissue Viability Nurse, for more in-depth advice and support. This work has been initiated by our IPC Lead Nurse, and is now being run by our Outpatient Clinical Manager. This will also remain an area of focus over the coming year to ensure new pathways are embedded into our services.

Our IPC Lead Nurse has developed strong links with other local providers, including NHS Trust facilities, and has spent time with their infection control teams to share learning and ensure we are all working together to reduce infections. This work will continue into the coming year.

I would like to take this opportunity to thank all our staff for their support relating to managing IPC across KIMS Hospital, Sevenoaks Medical Centre and our outreach clinics.

Over the coming year we will continue to develop our IPC Strategy, spanning the next 3-5 years, with a clear focus on re-launching the IPC service and team, increasing and improving surveillance, developing further collaborative working and supporting the on-going vaccination programmes.

Jacqueline Groom

Chief Nurse / Director of Infection Prevention & Control

2022

EXECUTIVE SUMMARY

Overview of Infection Prevention & Control Activity for 2021 - 2022

This is the sixth Annual Director of Infection Prevention & Control report. This report covers the Infection, Prevention and Control Service at KIMS Hospital and Sevenoaks Medical Centre. The organisation is fully committed to protect patients from the risks of healthcare associated infection (HCAs) and this reports summaries the activity of the infection prevention and control service to mitigate this risk. Infection prevention and control is everybody's responsibility and at every level and should be embedded into the organisation from ward to board and from board to ward. The strategic approach to infection prevention and control is fundamental to the delivery of our organisational objectives to improve patient safety and overall the patient experience.

This report demonstrates compliance against [The Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#) - Code of Practice on the prevention and control of infection and related guidance. This code sets out the 10 criteria which the Care Quality Commission will monitor compliance of a registered provider.

Summary of Key Achievements in 2021-2022

- A new Infection Prevention and Control Lead was appointed and commenced in August 2021. A period of training and development has taken place in the first 6 months of employment
- The new Lead has now completed a recognised Infection Control course via the Royal College of Nursing
- Following the new appointment, a review of services in relation to infection control has taken place with a rebrand of the service planned for later in 2022
- Improved external reporting for COVID-19 PCR testing and for flu vaccination
- During the 2021-2022 COVID-19 pandemic KIMS Hospital continued to follow national guidance in relation to COVID-19 to remain a green hospital site
- As the country moves to a new stage of 'Living with COVID-19', the organisation continues to have measures in place to keep both staff and patients safe whilst accessing the KIMS Hospital facilities
- KIMS Hospital has continued to meet its mandatory reporting requirements in relation to alert organisms (i.e. MRSA/MSSA/Clostridium difficile/Escherichia coli/Klebsiella pneumoniae & Pseudomonas aeruginosa)
- KIMS Hospital participated in the national mandatory orthopedic surveillance programme for surgical site infections following Hip and Knee replacements
- 82.70% of KIMS Hospital clinical staff had a flu vaccination
- Updated and revised policies and procedures in line with best practice guidance

| 2021 - 2022 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. |

PERFORMANCE AGAINST THE HEALTH AND SOCIAL CARE ACT 2008 (REGULATED ACTIVITIES) REGULATIONS 2014. CODE OF PRACTICE ON THE PREVENTION AND CONTROL OF INFECTION AND RELATED GUIDANCE

The sixth Annual Director of Infection Prevention & Control report (DIPC) has been structured around the 10 criteria 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 Fundamental Standards, where Regulation 12 is relevant:

Regulation 12(2) without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include–

12(2)(h) assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated - CQC guidance refers to need to follow the Code or otherwise demonstrate how the regulation is met and guidance: When assessing risk, providers should consider the link between infection prevention and control, antimicrobial stewardship, how medicines are managed and cleanliness

<http://www.gov.uk/government/consultations/prevention-and-control-of-infections-code-of-practice>

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

Overarching responsibility and accountability for Infection Prevention & Control Service is led by the Chief Nurse in her capacity as the Director of Infection Prevention & Control (DIPC) for KIMS Hospital and Sevenoaks Medical Centre.

The structure and management of the Infection Prevention & Control service complies with statutory responsibilities as outlined in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Ensuring that the organisation has a robust infection prevention and control service to reduce the risk to our patients, preventing them acquiring a healthcare associated infection.

The governance structure of the IPC services is through the Quarterly Infection Prevention & Control Committee (IPCC), which then reports to the Quality & Governance Committee. The IPCC Committee monitors and oversees the activities undertaken by the Infection Prevention & Control Lead Nurse (IPCLN) across KIMS Hospital and Sevenoaks Medical Centre. The IPCLN is supported by departmental link champions across the hospital.

In addition to monitoring by the IPC Committee, the Director for Infection Prevention and Control (DIPC), Infection Control Doctor (ICD) and the Infection Prevention and Control Lead Nurse (IPCLN) meet monthly to review the previous month's infection control activity at KIMS Hospital and Sevenoaks Medical Centre. This meeting gives assurance to both the DIPC and ICD around infection control activities and identifies any possible issues relating to infection control which need to be further investigated.

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

1.2 Infection Prevention & Control Committee

The Infection, Prevention & Control Committee (IPCC) meets quarterly to report on Infection Control Services, Decontamination, Antimicrobials usage and cleanliness, and Water Safety. A report is produced for the meeting by the IPCLN who is also the chair for the meeting, which then reports to the Quality Governance Committee (QGC).

1.3 KIMS Hospital Governance Structure

All issues relating to Infection Control governance are fed into the Governance Committee as per the structure below. This is externally validated by the Quality and Governance Sub-Committee (QGSC) to ensure our focus on continuous improvement and compliance against national standards.

KIMS Hospital has continued to focus on reducing the risk of patients acquiring a healthcare acquired infection (HCAI) whilst patients are in the care of the hospital. It is a mandatory requirement to participate in the National Surgical Site Surveillance Service monitoring programme for hip and knee replacement procedures.

1.6 Incidents and Datix reports

Incident reporting is an essential tool to identify any trends and initiate service improvement to improve the quality of care delivered to our patients. An example of this is the improvements that have been made to a patient's pathway with wound issues, as a series of incidents reporting highlighted some gaps in the pathway which could prevented further complications and delayed wound healing for the patients. In the reporting period 2021 – 2022 there were a total of 49 incidents reported via Datix in relation to wound issues and 12 relating to sharps injuries. Comparative data on the previous years shows an upward trajectory. However, this should be viewed in context as there has been work done to improve the reporting of infection control and wound issues. What this has highlighted is that the categorisation of wound issues on the Datix system is complex and there are many variables, which makes it hard to differentiate between hospital or community acquired and suspected and confirmed. It has highlighted that there needs to be some education around superficial wound infections and normal wound healing. Wound issues will be discussed in more detail later in the report.

Sharps injuries

There were 12 reported sharps incidents in this reporting period, an increase on the previous reporting year, when only 5 were reported. Of these incidents, 8 (66%) were in theatres. No common themes were associated with these incidents. The remaining 4 incidents occurred in the ward, Cath lab, Imaging and Outpatients Departments. All the staff were supported by the Occupational Health Department.

1.7 Water safety

Water safety is the responsibility of the Facilities Department. KIMS Hospital has an approved engineer for water safety within the Facilities Department. External verification of our respective protocols, policies and procedures in regards to water safety is overseen by a Public Health Consultant Approved Engineer for water safety.

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 dedicated in-house housekeeping team responsible for the cleaning services. This is managed by the Guest Services Manager. Cleaning services at Sevenoaks Medical Centre are currently provided by an external company. There are plans to bring this service in house in line with KIMS Hospital.

The National Standard for Hospital Cleanliness 2021, which encompasses all cleaning tasks, based around an easy to use framework providing assurances and transparency of results, which complies with the Hygiene Code 2008 (Regulated Activities) Regulations 2014. A task / finish group was established to ensure that the organisation complied with these standards and agreed the audit regime was in line with the recommendations.

KIMS Hospital has an additional set of standards for cleanliness which are above the minimum national target. Compliance against these standards is measured against both targets. Areas of non-compliance identified problems.

The clean audits used the 49 Steps audit tool, and is completed by the Housekeeping Supervisor. Currently these audits are completed on the KIMS Hospital site as cleaning is provided by an external company to Sevenoaks Medical Centre. However, there are plans in 2022 to replicate this audit at Sevenoaks Medical Centre.

Table 1 Cleaning compliance per department May 2021 to April 2022

| | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 |
|----------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Cath Lab | 98% | 98% | 99% | 97% | 99% | 96% | 98% | 98% | 98% | 99% | 99% | 99% |
| Copperfield | 95% | 98% | 100% | 96% | 97% | 99% | 97% | 95% | 96% | 95% | 100% | 99% |
| Dickens Ward | 96% | 96% | 99% | 98% | 96% | 98% | 95% | 97% | 98% | 99% | 99% | 99% |
| Dover Clinic | 96% | 98% | 98% | 99% | 99% | 99% | 100% | 100% | 100% | 100% | 100% | 100% |
| Enhanced Care | 98% | 97% | 100% | 100% | 99% | | 99% | 99% | 100% | 100% | 100% | 99% |
| Havisham Ward | 99% | 97% | 99% | 99% | 98% | 98% | 93% | 98% | 98% | 98% | 99% | 100% |
| Imaging | 96% | 97% | 99% | 97% | 98% | 100% | 96% | 97% | 99% | 97% | 100% | 99% |
| Nickleby Ward | 98% | 97% | 98% | 100% | 98% | 97% | 96% | 100% | 98% | 98% | 99% | 100% |
| Outpatients | 97% | 98% | 98% | 99% | 98% | 98% | 97% | 96% | 96% | 95% | 99% | 99% |
| Pathology | 95% | 98% | 98% | 84% | 98% | 92% | 92% | 93% | 97% | 97% | 99% | 100% |
| Pharmacy | 96% | 96% | 96% | 92% | 98% | 100% | 95% | 100% | 100% | 100% | 100% | 98% |
| Physical Therapy | 97% | 97% | 100% | 100% | 99% | 99% | 98% | 98% | 99% | 99% | 99% | 99% |
| PreAssessment /Cardiology | 96% | | | 99% | 98% | 100% | 98% | 95% | 100% | 100% | 99% | 99% |
| Theatres | 99% | 98% | 99% | 99% | 98% | 98% | 99% | 97% | 99% | 99% | 99% | 99% |

2.2 Unannounced inspections of the Clinical Environment

The current audit tool has been modified for use at KIMS Hospital using a recognised assessment toolkit. This audit tool is part of the review of infection control services to be launched further later in 2022. The planned schedule is usually 6 months unless an area fails to achieve a pass then additional resources and support are put in place.

The audit is conducted by the Infection Prevention & Control Lead Nurse (IPCLN), with support from the Infection Control Links. Following the completion of an inspection, feedback is given to clinical teams and an action plan is developed. Since being appointed, the IPCLN has undertaken baseline audits with the Infection Control Link Champions in the clinical departments. These baseline audits showed compliance in the departments between 90% and 96%. The base line audit highlighted that the documentation used was large and needed review, which is part of the review of infection control services. The audit schedule for unannounced inspections for the 2022- 2023 reporting period will take place in the second and fourth quarters of the year.

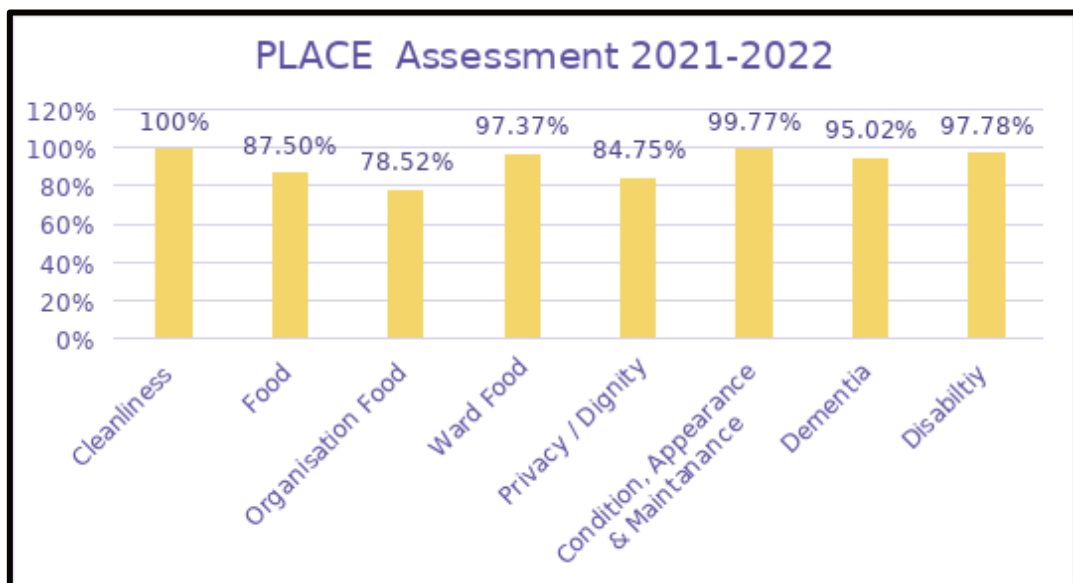
2.3 Unannounced inspections of the Clinical Environment – Outreach Clinics

Outreach Clinics, enabling patients to have access to services nearer to home, have been severely restricted during the pandemic and access to audits these clinics has been restricted. In this reporting period only two audits have taken place, one an initial review as a new clinic was commencing, at Springhead Health Centre, and one a re-audit at Estuary View Medical Centre. Both these centres were fully compliant and did not highlight any issues that needed addressing.

2.4 Patient-Led Assessments of the Care Environment

Following the relaxing of some COVID-19 measures, a PLACE lite audit took place at KIMS Hospital in June 2021. The inspection looked at various aspects of the environment and the scores are shown in the table below.

Table 3 PLACE Assessment 2021 – 2022



2.5 External Laundry Provider Audit

There have been no external audits of the laundry provider in the reporting period 2021-2022.

2.6 Control and Management of Water Systems

KIMS Hospital's Water Safety Group meets quarterly and is chaired by Facilities Manager, with an Authorised Engineer for water providing expert knowledge and guidance.

The Facilities Department carries out routine testing at KIMS Hospital and Sevenoaks Medical Centre for all water borne pathogens, with water samples being tested by South East Water. All areas are routinely monitored and flushed by the housekeeping team.

High risk areas such as Enhanced Care, all rooms used by the Cancer Services team and Theatres are managed through a combination of regular testing of all outlets and decontamination of contaminated water outlets.

In the first part of this reporting period there have been issues with Legionella in Imaging, Outpatients and Havisham ward. Extensive work was carried out by the Facilities team with the flushing and changing of pipe work to identify the problem. It was found that there were rusty strainers and the need to replace flexible hoses which could be causing the issue in the affected areas. This replacement work has been completed and since November 2021 there have been no cases of Legionella identified in the organisation.

A case of Pseudomonas was identified in Havisham ward within the shower head. This has all been replaced, cleaned and sanitised and was resolved. As Havisham ward is not always used on a regular basis the Housekeeping team have now increased the flushing of the water outlets.

2.7 Decontamination including Sterile Services

KIMS Hospital has an onsite Sterile Services Unit (SSU) for the cleaning, decontamination and enhanced sterilisation and control of surgical instrumentation across the hospital. The service is managed by the hospital's 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 supported by the IPC Lead Nurse and Consultant Microbiologist and also overseen by an approved engineer for Decontamination.

Regular audit and assessment of the decontamination service is undertaken to assure the organisation of their continued compliance with all requirements of cleansing of instrumentation and processing for re-use.

2.8 Decontamination Audits

Our Sterile Services Unit undergoes regular audit and inspection by the Authorised Engineer for Decontamination (AED) to ensure that it fully complies with all legislative guidance and complies with HTM 01.01. All decontamination audits are up to date and compliant.

2.9 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 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.

Criterion 3

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

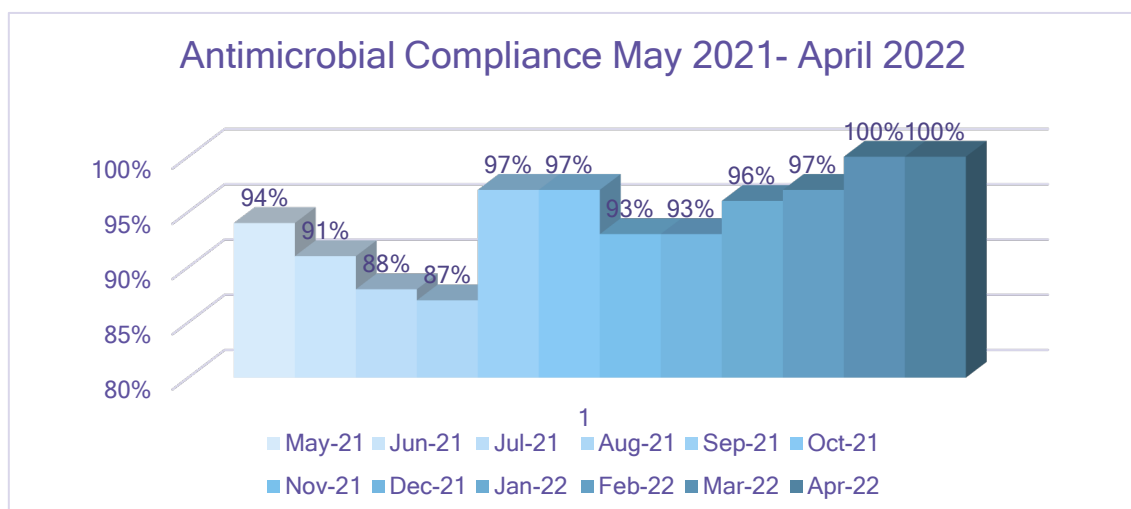
3.1 Antimicrobial surveillance & Monitoring

Reducing antimicrobial usage across the organisation is an important aspect of tackling antimicrobial resistance; this is supported by good antimicrobial stewardship and good infection control practices. Systems are in place to effectively manage antimicrobial use and that when antibiotics are prescribed they are appropriate and 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 use across the organisation is monitored by the Pharmacy Manager. Compliance against usage is reported via the Quality and Governance Committee. Antimicrobial usage is reported as part of the monthly assurance meetings and the quarterly Infection Prevention & Control Committee meetings. This supported by an Antimicrobial Prescribing Policy and Prescribing Guidelines. If any prescribing falls outside of this framework, then the prescriber is challenged for their rationale for the type, strength and duration of treatment, and where the prescribed antibiotic falls outside of the Prescribing Guidelines, suitable alternatives are sought.

There is continued work across the organisation to look at alternatives to antibiotic use. For example, such as increased use of antimicrobial dressing for a patient with a wound issue, if they are not systemically unwell, and have no contra-indications such as metal work insitu.

Table 4 Antimicrobial Compliance May 2021 – April 2022



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 IPCLN has a responsibility to provide advice and support to both patients and staff relating to infection control issues.

It is responsibility of the IPCLN to ensure that accurate information is reported both internally and externally as part of the mandatory reporting requirements.

KIMS Hospital has policies and procedures to facilitate the safe working for staff and to ensure the safety of our patients. In the event of a declared outbreak of infection in any clinical area the IPCLN will support the clinical area to safeguard the health and well-being of other patients. During this reporting period, there have been no outbreaks of infection at KIMS Hospital.

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 2021 - 2022

As a provider of healthcare, the organisation has a mandatory requirement to report via the National Mandatory Enhanced Surveillance System (Mess) database any incidents of 'alert organisms'. During this reporting period there has been no reportable bacteremia infections. or Clostridium difficile infections. This allows the organisation to monitor their rates of infection and benchmark their performance against other providers to continually improve the standards of care across the healthcare community.

Alert Organisms are identified as:

- Methicillin Resistant Staphylococcus aureus (MRSA) bacteremia blood stream infection
- Methicillin Sensitive Staphylococcus aureus (MSSA) bacteremia blood stream infection
- Clostridium difficile (CDI) infection
- Escherichia coli (E.Coli) bacteremia
- Pseudomonas aeruginosa and Klebsiella

Carbapenemase-producing organisms (CPE/CRE)

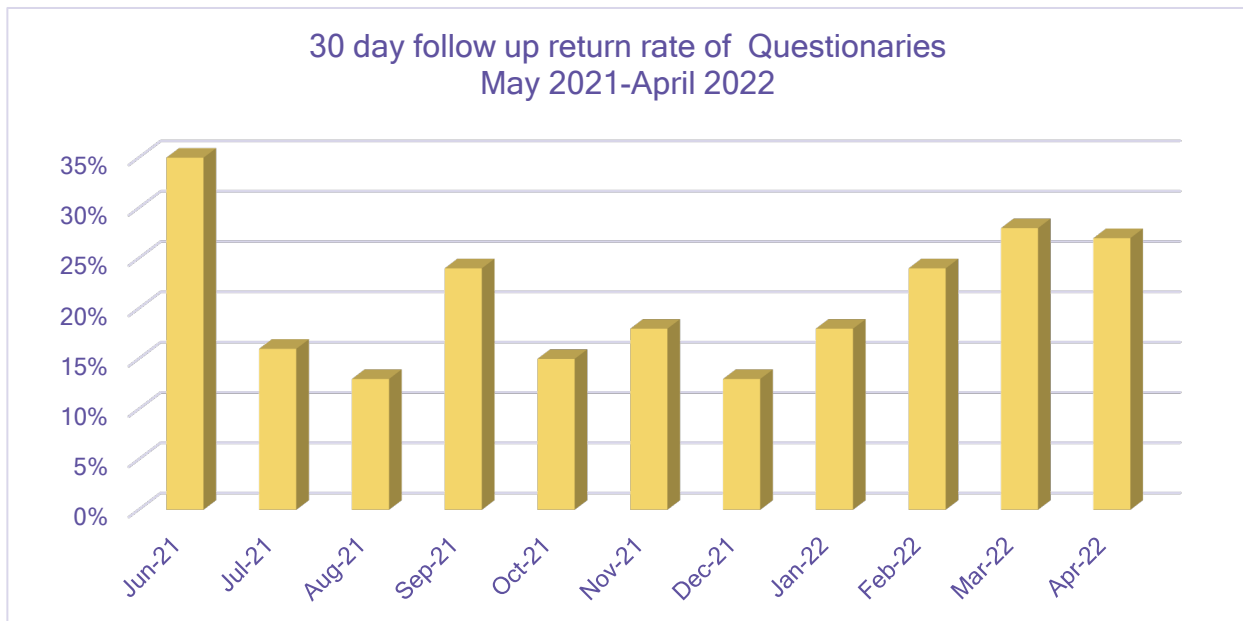
There were no reported cases of Carbapenemase-producing organisms reported during this reporting period.

Vancomycin resistant enterococci (VRE)

There were no reported cases of Vancomycin-resistant Enterococci reported during this reporting period; this is the third consecutive year of zero reporting.

5.2 Surgical Site Surveillance

It is a mandatory requirement to undertake surgical site infections surveillance on all hip and knee procedures. All hip and knee surgery data is entered onto a national database. Patients are given a 30-day post-operation questionnaire on discharge which they are asked to complete and send back to the organisation. Responses rates are below the national average of 40%. A piece of work for later in 2022 is looking at how this data can be captured more effectively and that there is more accurate reporting around hip and knee surveillance outcomes.

Table 5 Return rates 30 day post-discharge questionnaires

5.3 Wound Infections

In this reporting period via the Datix system there have been 49 incidents reported in relation to wounds. Comparative data would show there is upward trajectory of incidents, however in this reporting year there has been better reporting systems put in place for reporting any patients with identified wound issues. There are many categories of ways to report wound infection on the system, enabling differentiation between suspected or confirmed hospital or community acquired wound infection. It has also shown there are some knowledge gaps in the normal wound healing, wound infection and delayed wound healing processes.

In this reporting period there have been 4 patients who had orthopedic surgery who went on to develop a deep-seated wound infection, which necessitated a return to theatre to an NHS organisation and the removal of metal work removed from the original surgery. Root Cause Analysis (RCA) was carried out on all the patients and has highlighted gaps in the pathway of care following discharge of patients with surgical wound, which may have contributed to the patients' readmission.

As a result of these incidents, a wound pathway committee to look at the patient pathway in relation to wound care and a process have now been put in place to ensure that patients are followed up and wound issues are identified promptly. A wound assessment tool has been developed and is now being used in the Outpatients Department, which identifies patients following a red, amber and green pathway. This process is currently under trial and will be reviewed later in 2022.

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 has an identified Link Champion from across the multi-disciplinary workforce. This network of staff is vital to support the work of the Infection Prevention and Control Lead across the organisation.

As part of the review of infection control services in the organisation by the new Infection Prevention and Control Lead, it was identified that there was disparity with this group and that had led to some gaps in practice across the organisation.

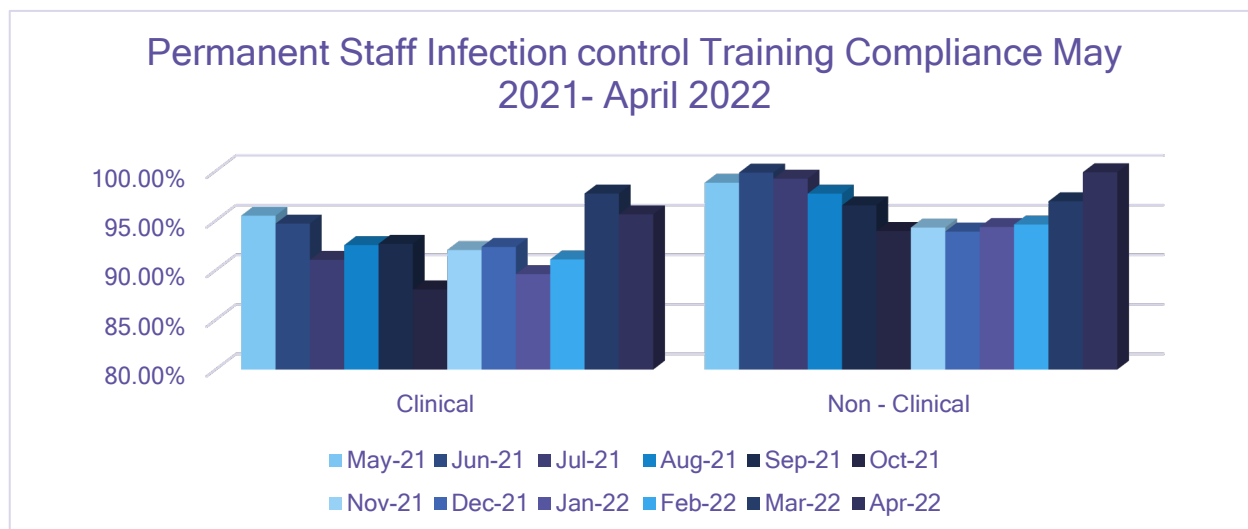
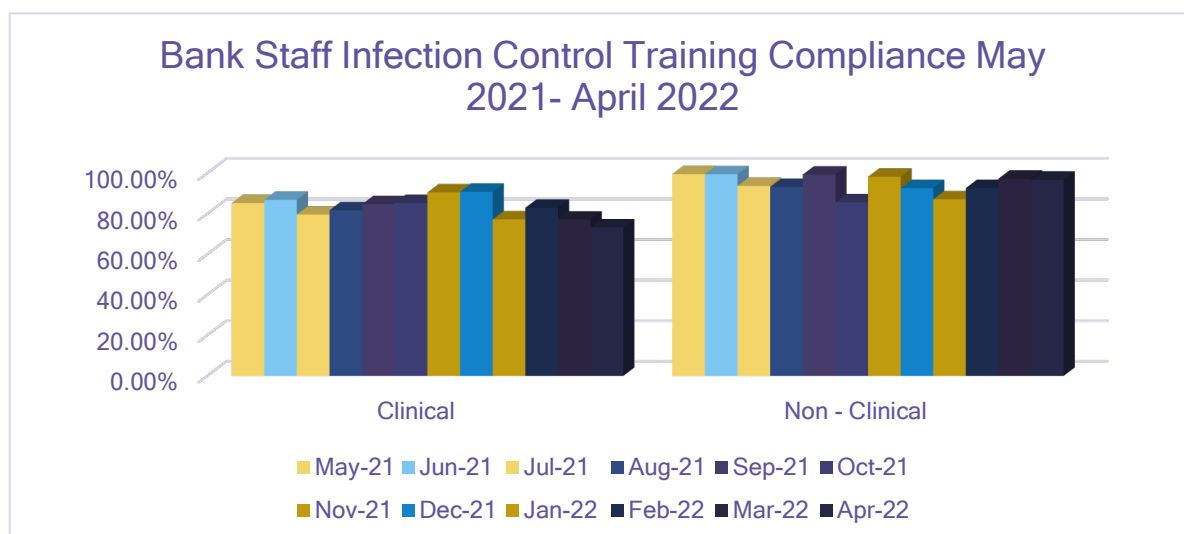
The IPC Link Meeting had not taken place for a period of time so this group was reformed and the terms of reference and membership reviewed. All Link roles have a job description to given some guidance as to roles and responsibilities. It was agreed by the group to meet at a regular time on a monthly basis as this provided peer support to the group. The initial meeting of this group took place in September 2021. Since that inaugural meeting the group has continued to support Infection Control Services across the organisation.

Key elements of the group's work to date include:

- An early identification was that monthly Hand Hygiene and Bare Below the Elbow Audits were not being done in all areas. The Link Champions did not understand their role in relation to the audit. Since then the group has developed a different audit tool and following training are able to upload their own audit data onto the Q-Pulse system. Compliance has improved with the return of these audits.
- As a group there was little knowledge of the regulations attached to Infection Control and the monthly reports are now shared at this meeting. This has engaged the group and ensure that better feedback is taken to their areas.
- They have supported the Infection Prevention and Control Lead with the baseline audits environmental audit programme across the organisation.

6.2 Education and Training

All staff employed by KIMS Hospital have to undergo critical safety training. This includes Infection, Prevention and Control, which is undertaken annually either via face-to-face for new starters or via eLearning platform sessions for existing staff members. KIMS Hospital sets a compliance rating of 95% for both clinical and non-clinical staff.

Table 6 Permanent Staff Infection Control Training Compliance May 2021- April 2022**Table 7 Bank Staff Infection Control Training Compliance May 2021- April 2022**

6.3 Hand Hygiene & Bare Below the Elbows Observational data

Infection Prevention and Control Link Champions carry out hand hygiene auditing across the organisation on behalf of the Lead Nurse and results are recorded and uploaded on the Q-Pulse system. These results form part of the monthly report for IPC for the Quality and Governance Committee.

The IPC Lead Nurse continues to actively promote effective hand hygiene and adherence to Bare Below the Elbows across the organisation. For this reporting period there is limited data available prior to September 2021. This is due to the audit being the responsibility of the Infection Control Champions, some of who were new into post and were not aware of their responsibilities in completing this. There was also a gap in the change of IPCLN role. Since then

a new audit tool has been developed and audits are now completed monthly and uploaded onto the audit repository. The charts below show data from September 2021 until November 2021 when there was no differential between scores for Hand Hygiene and Bare Below the Elbows. Since December 2021 this information has been scored separately and this is reflected in Tables 9 and 10.

Table 8 Hand Hygiene and Bare Below the Elbows September – November 2021

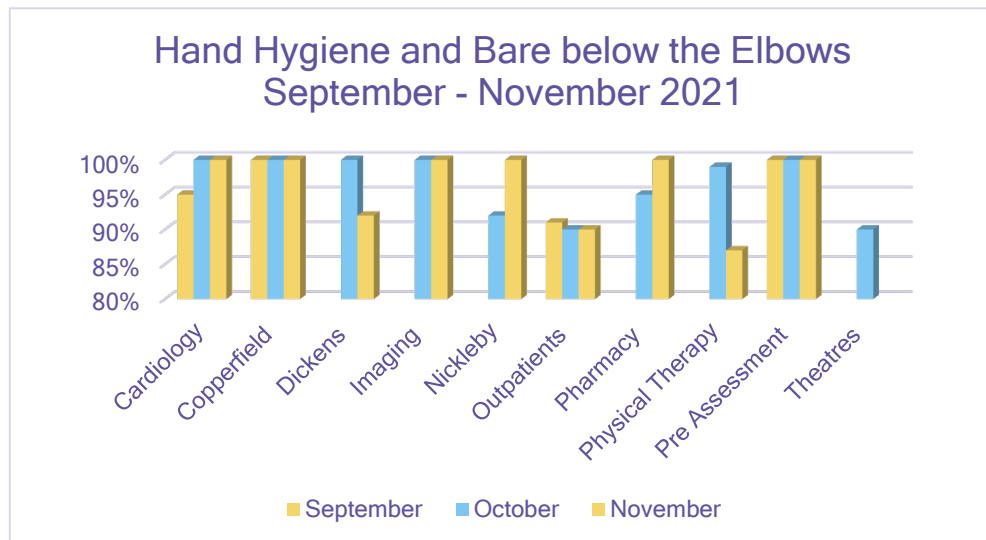


Table 9 Hand Hygiene December 2021- April 2022

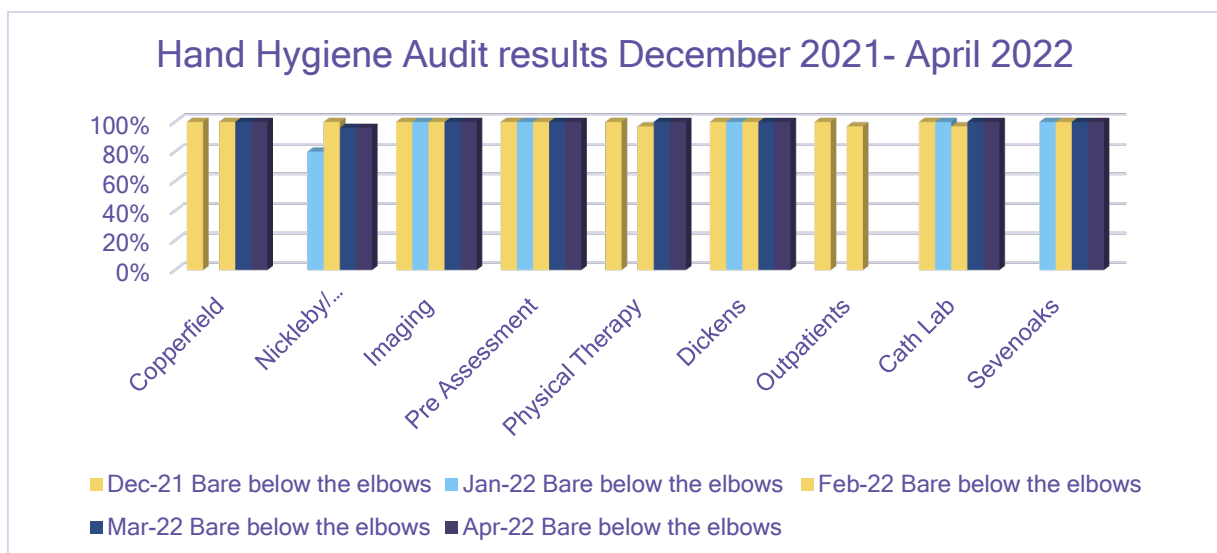
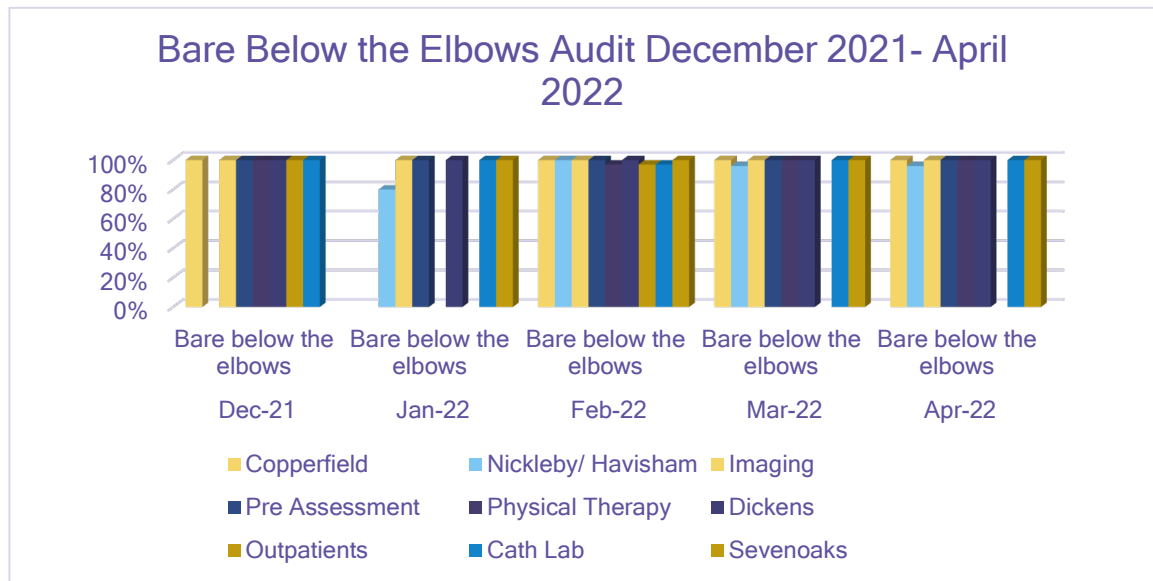


Table 10 Bare Below the Elbow December 2021- April 2022



Criterion 7**Provide or secure adequate isolation facilities****7.1 Provision of Isolation Facilities**

All rooms at KIMS Hospital are single patient occupancy rooms across all in-patient areas which in turn provides good isolation facilities. Patients attending the cardiac Cath suite have single occupancy cubicles.

If there is a need to isolate patients within a patient bedroom with a known or suspected infection the IPC Lead Nurse with the nurse in charge of the clinical area would review and implement any plans to prevent transmission of infection to other clinical areas and ward users.

The above process highlights that the clinical staff were aware of the policy and all its guidelines in respect to potential or confirmed infection and acted within its framework to ensure the safety of the patient concerned and also 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). KIMS Hospital's laboratory service is fully accredited to ISO 15189 standards.

The laboratory service at KIMS Hospital is open 6 days a week to all our clinicians. Results from our diagnostic testing are reported to the patient's respective clinician, Infection Prevention and Control Lead Nurse and Consultant microbiologist and the relevant department via email or a telephone call.

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

It is the responsibility of the Infection Prevention and Control Lead Nurse to ensure that policies and standard operation procedures (SOPs) in relation to IPC are in date. These are evidence based and should reflect national guidance and standards.

Infection Prevention and Control policies are uploaded the hospital's Q-Pulse data repository, which are able to accessed by all staff.

There is currently an ongoing work to review polities, SOPS and competencies for infection control. These will be linked to the National Infection Control Manual that has been published.

All COVID-19 polices and SOPs are currently under review as we move to a 'Living with COVID-19' strategy.

9.2 Saving Lives: High Impact Intervention Bundles

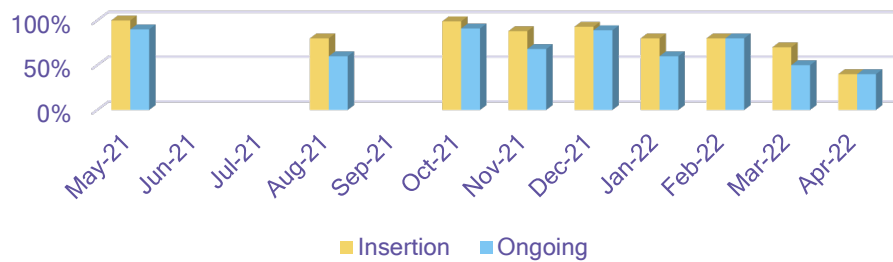
The Saving Lives High Impact intervention was launched in 2009, with the aim to reduce the increasing risk of infections in the hospital. There are various tools in the bundle, and at KIMS Hospital the inpatient ward area focuses on peripheral vascular device insertion and maintenance, urinary catheter insertion and maintenance.

The Saving Lives audit is undertaken monthly by the Link Champion in the ward area. As the graph will highlight there is missing data for three months in this reporting period, due to staff changes around responsibility of collecting the data. The non-compliance in the data is discussed at ward meetings.

Peripheral Cannula

The graph below highlights the compliance against the criteria. The main areas of non-conformality relate to not completing documentation correctly, and no evidence of completing checks or VIP scoring. To drive improvements the Link Champion has completed a presentation on this subject, completed some training with her colleagues, and continues to work with colleagues to improve the outcomes.

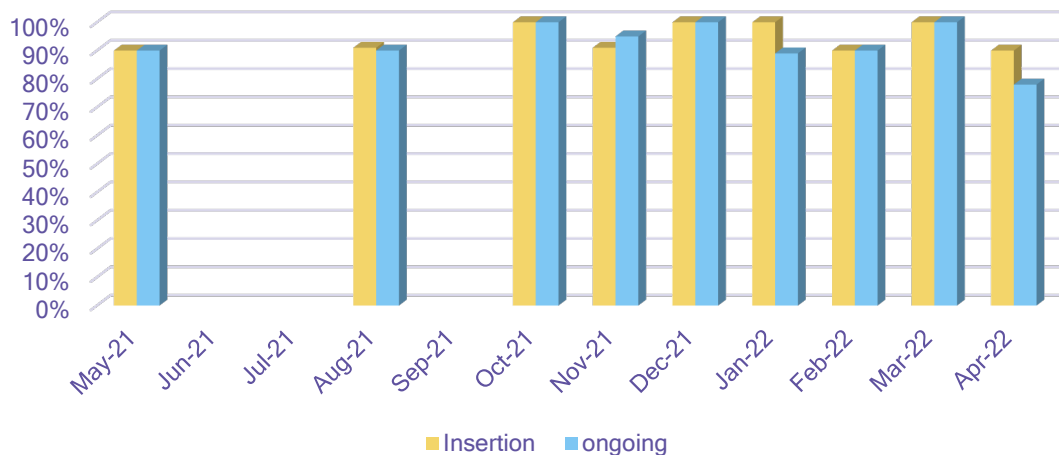
Peripheral Cannula 2021- 2022



Urinary Catheters

The graph below highlights the compliance against the criteria. The main areas of non-conformity relate to not completing documentation correctly, and no evidence of completing catheter pathways. To drive improvements, the Link Champion has completed some training with her colleagues, and continues to work with colleagues to improve the outcomes.

Urinary Catheters 2021-2022



9.3 Screening for MRSA

The Organisation follows the Department of Health 2014 MRSA screening protocol with a targeted screening programme of the following patients:

1. All patients admitted to high risk surgical procedures such as joint replacement and other implant surgeries
2. All patients previously identified as colonised with or infected by MRSA

Where a patient has been found to be colonised with MRSA upon screening, KIMS Hospital provides a bottle of antiseptic body wash and a nasal antiseptic gel for patients to use for one week and are then re-screened. If the patient remains colonised, a further treatment will be offered and re-screening. Where the patient is persistently colonised and despite

decolonisation treatment being given, a patient 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.

In an attempt to achieve effective decolonisation and to efficiently reduce the bio-burden and make surgery as safe as possible, we currently offer topical decolonisation to all patients undergoing joint replacement, breast augmentation and other implant surgeries. 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.

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

Occupational health services provision for KIMS Hospital are undertaken for and on behalf of KIMS Hospital via a service level agreement (SLA) with Dartford and Gravesham NHS Trust. The services provided for KIMS Hospital include monitoring and overseeing the provision of pre-employment health screening, pregnancy risk assessment, Management Referral Programme, Inoculation Injury Service plus advice on the management of staff with infections. The occupational health team works closely with the Human Resources Department and holds a clinic on site once a month for face to face visits.

10.2 Seasonal Influenza Vaccination Programme

In line with other healthcare providers, KIMS Hospital operates a free seasonal flu vaccination programme as part of the NHS Health and well-being to all frontline patient facing staff (direct contact with patients). The programme is managed for and on behalf of the organisation by the Infection Prevention & Control Lead Nurse.

In previous years, targets were set by the Department of Health (DH) through the CQUIN (Quality Initiative) for provider organisations in respect to the vaccination programme for staff. In the 2021/2022 flu season there were no CQUIN targets set. However, the organisation set a target of 85%.

The flu campaign began later in November 2021 as the flu vaccinations were not delivered to the organisation any earlier. Because of the later start of the flu campaign, many members of staff had accessed a flu vaccination in other facilities, with many being vaccinated when they received their COVID-19 booster vaccination. The vaccination provided to the organisation meant the members of the workforce who were over 65 had to obtain a flu vaccination in another setting as this was not recommend in the organisation.

A flu team was recruited to administer this to the staff and following completion of on-line training, supported the campaign across both sites in Maidstone and Sevenoaks. At the end of the campaign 82.70% of clinical staff had a flu vaccination either in at this organisation or another healthcare setting. 70% of non-clinical staff had also had a flu vaccination. The organisation also vaccinated 24 bank staff.

10.3 COVID-19

During this reporting period COVID-19 continued to have an impact on the healthcare provision. KIMS Hospital and Sevenoaks Medical Centre continued to support the NHS as required, with Sevenoaks Medical Centre providing rooms for a COVID-19 vaccination centre.

Throughout the pandemic, weekly manager meeting were held via MS Teams, to review any Government guidelines and make adaptations to the provision of services accordingly. This was followed by email communication out to all staff within the organisation.

PCR testing and isolation guidance for patients prior to surgery initially set up in 2020 continued until April 2022. This process changed to lateral flow testing prior to admission and a recommendation that patients isolate prior to their procedure. This followed a change in government guidelines. The process was put in place and transition to this has been smooth.

Initially staff were testing via PCR testing weekly on site. This moved to staff being required to undertake twice weekly lateral flow testing, uploading their results on the government website and sending them to a dedicated email address for the hospital.

Throughout the last year all staff, including the vulnerable staff, have returned to work, with the support of managers and the HR Department to ensure correct risk assessments have been put in place.

Early in 2021 staff were offered a COVID-19 vaccination as part of the local NHS Trust programme. This continued throughout 2021 with staff receiving the 2nd vaccination as well. Any staff who were eligible and wished to have a booster could access this via their GP and vaccination centres.

In June 2021 it became apparent that the reporting for COVID-19 PCR results was not in line with the requirements by the government reporting systems. As a pathology lab undertaking testing there was a requirement to report both negative and positive swab results. Systems were put in place and PCR test were reported via the right system until testing stopped in April 2022.

Any patients who tested positive for COVID -19 upon screening, have their surgical procedure delayed for 7 weeks in line with the Royal college of Anaesthetists guidance.

As part of the move to the next phase of the pandemic, 'Living with COVID-19', the hospital continues to balance following Government Guidelines against keeping both patients and staff safe at the hospital as restrictions are gradually eased.

CONCLUSION

During the period covered in this report, the COVID-19 pandemic has continued to challenge health care provision, and as an organisation adjustments have continued to impact on the way services are delivered both to keep patients and staff safe.

Throughout this time, infection control services have remained a key focus for the organisation and although there was a reduced service in the summer of 2021, a service continues to be maintained. A review of infection control services continued into 2022, with the emphasis of the service being more proactive and embedding infection control so it becomes an integral part of patient safety and is part of everybody's roles and responsibilities.

KEY OBJECTIVES 2022-2023

- Relaunch and rebrand the Infection Control services
- Focus on quality improvements in relation to infection control
- Improved audit programme and documentation
- Improved reporting matrix
- Strengthen the Link Practitioners Role

Laurel Neame, Lead Nurse Infection Prevention & Control