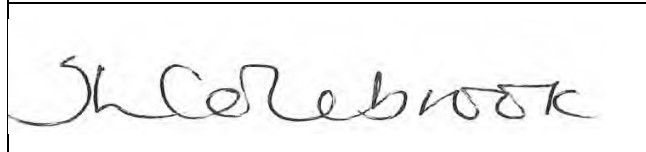


<b>Document</b>	<b>Director of Infection, Prevention &amp; Control Annual report 2022 - 2023</b>
<b>Author</b>	Laurel Neame, Lead Nurse Infection Prevention & Control on behalf of Director of Infection Prevention & Control (DIPC).
<b>Publication date</b>	
<b>Target Audience</b>	The information contained 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.
<b>Description</b>	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 <sup>st</sup> May 2022 until the 30 <sup>th</sup> April 2023
<b>Contact Details</b>	<p>Infection Prevention &amp; Control Lead</p> <p>KIMS Hospital</p> <p>Newnham Court Way</p> <p>Weaving</p> <p>Maidstone</p> <p>Kent ME14 5FT</p> <p>Telephone: 01622 237626</p> <p>Email: <a href="mailto:infectioncontrol@kims.org.uk">infectioncontrol@kims.org.uk</a></p>

Contents	
Executive summary	
Summary of Key Achievements	3
Introduction	4
Criterion 1 (Systems to manage and monitor the prevention of infection)	5
Criterion 2 (Provide and maintain a clean and appropriate environment)	7
Criterion 3 (Ensure appropriate antimicrobial use to optimise patient outcome)	10
Criterion 4 (Provide suitable accurate information on infections to service users)	11
Criterion 5 (Ensure prompt identification of people who have or are at risk of developing an infection)	11
Criterion 6 (Systems to ensure that all care workers are aware of and discharge their responsibilities)	13
Criterion 7 (Provide or secure adequate isolation facilities)	15
Criterion 8 (Secure adequate access to laboratory support as appropriate )	16
Criterion 9 (Have and adhere to policies)	16
Criterion 10 (Providers have a system in place to manage the occupational health needed)	18
Conclusion	19

### Summary of Key Achievements in 2022-2023

- Working in collaboration with the Tissue Viability Nurse Instigation of a wound pathway to ensure that the patients receive appropriate care and follow up if they develop wound issues and that appropriate treatment is given.
- Developed a new process for the management of positive pathology results to ensure better follow up of these patients.
- Development of Infection Control Link Practitioners across all departments in the organisation into a cohesive engaged team in relation to IPC in their respective areas
- KIMS Hospital participated in the National mandatory orthopedic surveillance programme for surgical site infections following Hip and Knee replacements for all quarters in 2022-2023.
- KIMS Hospital continued to follow national guidance in response to the COVID -19 pandemic 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)
- Participation in the National Flu programme with 66% of staff vaccinated against Flu in 2022/2023 season
- Updated and revised policies and procedures in line with best practice guidance and the National IPC manual

2022 - 2023 Annual DIPC report, Approved by:	
	
Signed: Sarah Colebrook, Chief Nurse, Director of Infection Prevention Control (DIPC), KIMS Hospital.	Signed: Richard Dimblebee Hospital Director/ Nominated Individual KIMS Hospital.

## Introduction

The organisation recognises that effective Infection Prevention and Control must be an integral part of everyday practice to ensure our patients are safe and receive effective care. It is essential to have good management and organisational process in place to ensure high standards of Infection Prevention and control are maintained.

This report demonstrates how the organisation is compliant around the 10 criteria of the Health and Social Care Act listed below and will be discussed in more detail in the following sections of the report.

Criterion	Detail
Criterion 1	There are 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.
Criterion 2	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infection
Criterion 3	Ensure appropriate antimicrobial use to optimize patient outcomes and to reduce the risk of adverse events and antimicrobial resistance
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
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
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
Criterion 7	Provide or secure adequate isolation facilities
Criterion 8	Secure adequate access to laboratory support as appropriate
Criterion 9	Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections
Criterion 10	Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection

## **Criterion 1**

*There are 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 Infection Prevention and Control**

Within the organisation the role of the Director of Infection Prevention & Control (DIPC) for KIMS Hospital and Sevenoaks Medical Centre is part of the Chief Nurse portfolio and as such the role has overarching responsibility and accountability for Infection Prevention & Control Service across the organisation.

There is one full time Infection Prevention and Control Lead Nurse (IPCLN) across KIMS Hospital and Sevenoaks Medical Centre, who is supported by Departmental Link Champions across the organisation.

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 Structure**

The Infection, Prevention & Control Committee (IPCC) meets quarterly to monitor and report on activities undertaken by the Infection Control services, Decontamination, Antimicrobials usage, Cleanliness and Water Safety. A quarterly report is produced for the meeting, by the IPCLN who is also the chair for the meeting. This meeting reports into the Quality & Governance Committee, which has met monthly in this reporting period but is now reverting to a quarterly meeting for 2023-2024. Infection Prevention and Control activity is externally validated by the Quality and Governance Sub-Committee (QGSC).

In addition to monitoring by the IPC Committee, the Director for Infection Prevention and Control (DIPC), Infection Control Doctor (ICD) and the Infection Control Lead Nurse (IPCLN) meet monthly to review the previous month 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.

Infection Prevention and Control is discussed at the monthly Patient Safety meeting and the monthly assurance paper is circulated to this committee.

### **1.3 Additional Meetings**

Quarterly meeting attended by the Infection Control Lead Nurse are the Water Safety Committee and the Health and Safety Committee.

Monthly meetings attended by the Infection Control Nurse are the Medication Safety meeting, Medical Devices and the Learning from Incidents Governance meeting.

### **1.4 Hospital Management Board**

The Director of Infection Prevention & Control (DIPC) is an executive member of the Hospital Board and reports directly to the Hospital Director (HD). The DIPC presents key performance indicators relating to Infection control to the board each month

### **1.5 Healthcare Associated Infection:**

As a provider of health care, the organization has a mandatory requirement to report via the National Mandatory Enhanced Surveillance System (MESS) database 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. 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.

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 and has submitted all data for all quarters in the last year.

### **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. The implementation of the wound care pathway was as a result of identified trends following a series of incidents reported via datix, where patients had a gap in their pathway, and then had complications resulting in delayed wound healing. As part of the 'Learning from Incidents Group' any learning from infection control issues is now discussed and shared. Work within the datix system to improve the categorisation of wound issues more effectively will make it easier to differentiate between hospital or community acquired and suspected and confirmed health care acquired infection. Wound issues will be discussed in more detail later in the report.

### **1.7 Sharps injuries**

There were 7 reported sharps incidents in this reporting period, a decrease on the previous year of 12 incidents. Of these incidents, 3 were reported from theatres, 2 occurred in Outpatients, 1 in the Cardiac Cath lab and 1 on the Ward. Analysis of the data showed no common themes. The correct process was followed and the staff concerned 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 with in 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. A Water Safety Committee which meets quarterly and is chaired by the Chief Operating Officer.

## 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, managed by Guest Services Manager. Cleaning services at Sevenoaks Medical Centre are currently provided by an external company.

The National Standard for Hospital Cleanliness 2021, which encompasses all cleaning tasks, is based around an easy to use framework providing assurances and transparency of results, which complies with the Health and Social Care Act 2008. KIMS Hospital has an additional set of standards for cleanliness which are above the minimum National target. Compliance across the organisation is measured against both targets. This is linked to the 49 steps audit tool which is used by the housekeeping team in when auditing the cleaning.

The clean audits are completed by the Guest Service Manager on a monthly basis. During this reporting period the audit changed to electronic reporting. This means as areas of non-compliance are identified a picture is uploaded and they are sent immediately to the relevant teams to rectify. The system gives a timed period in which to complete the issue. Once completed the system is updated following assurance from the Guest Service Manager and the rectification is then closed. Additional areas were added which included stairs, corridors and lifts when the electronic version was introduced. The first table below shows the cleaning compliance using the paper audit tool and the following table shows compliance using the electronic version which commenced in March 2023

**Table 1 49 steps Cleaning Compliance per department between May 2022 and January 2023**

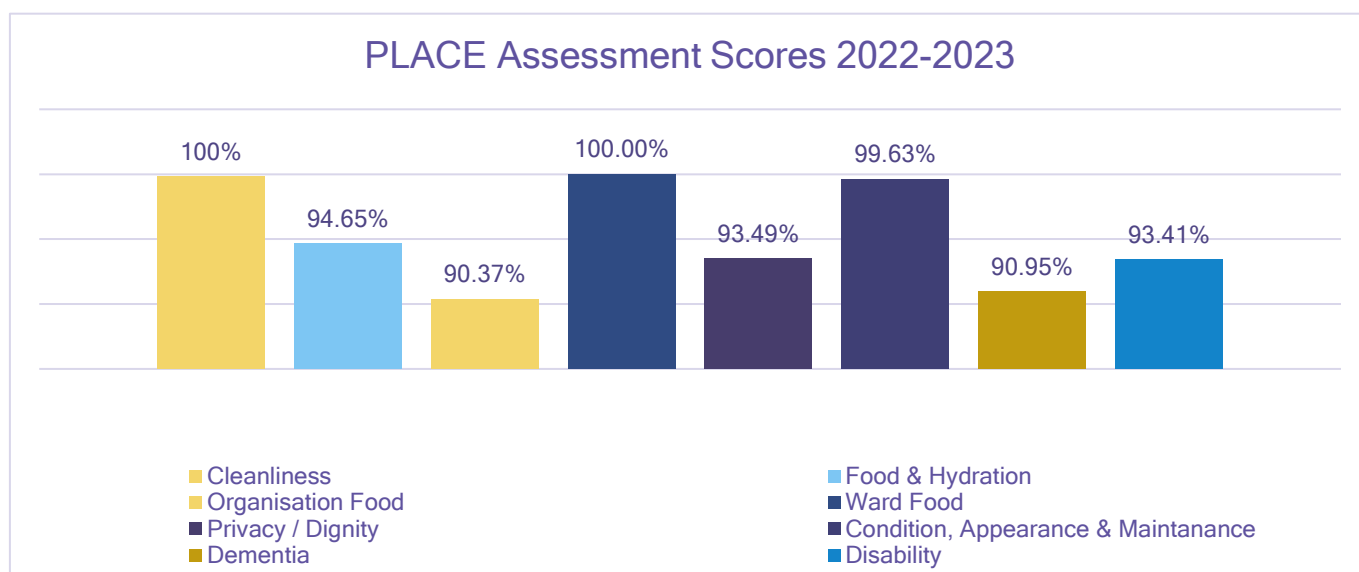
	National Standard	KIMS Standard	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Cath Lab	98%	98%	99%	97%	99%	99%	97%	96%	96%	97%	97%
Copperfield	85%	95%	99%	99%	99%	100%					
Dickens Ward	85%	95%	99%	97%	99%	99%	99%	99%	97%	98%	99%
Dover Clinic	85%	95%	99%	98%	99%	100%	100%	100%	98%	98%	100%
Enhanced Care	98%	98%	100%	100%	100%	99%	100%	99%	100%	98%	100%
Havisham Ward	85%	95%	99%	99%	99%	99%	98%	99%	99%	99%	99%
Imaging	75%	95%	99%	99%	98%	99%	99%	100%	97%	100%	98%
Nickleby Ward	85%	95%	99%	100%	100%	100%	98%	99%	99%	98%	97%
Outpatients	85%	95%	100%	97%	99%	99%	99%	95%	97%	96%	99%
Pathology	95%	95%	98%	98%	98%	100%	96%	100%	97%	95%	100%
Pharmacy	85%	95%	100%	96%	100%	98%	100%	100%	100%	100%	100%
Physical Therapy	85%	95%	98%	98%	99%	97%	98%	99%	99%	99%	99%
Pre Assessment / Cardiology	85%	95%	99%	98%	99%	not done	99%	97%	97%	98%	98%
Theatres	98%	98%	100%	99%	99%	99%	99%	98%	99%	98%	100%
Pickwick from September	85%	95%					99%	98%	98%	98%	99%

**Table steps 2 49 Cleaning compliance per department between February 2023 and March 2023**

Functional area	Target %	Feb 2023	Mar 2023	Apr 2023	Average % Compliance
FR2					
Copperfield	95%	100%	98%	97%	98.30%
Dickens	95%	99%	98%	99%	98.70%
Dover Clinic	95%	99%	99%	100%	99.30%
Havisham	95%	99%	98%	98%	98.80%
Imaging	95%	98%	99%	99%	98.70%
Main Reception	95%	100%	100%	100%	100%
Nickleby	95%	98%	100%	99%	99%
Outpatients	95%	100%	98%	100%	99.30%
Path Lab	95%	N/A	100%	N/A	100%
Pathology	95%	100%	100%	97%	98%
Physio	95%	99%	100%	99%	99.30%
Pickwick	95%	99%	98%	98%	98.30%
Stair/Lift/Corridors	95%	96%	N/A	100%	98%
Theatres	95%	100%	100%	100%	100%

## **2.2 Patient-Led Assessments of the Care Environment**

KIMS Hospital welcome the PLACE Assessors to the organisation on the 23<sup>rd</sup> November 2022. Overall the results showed good compliance the audit criteria, which looks at cleanliness, the food available for both patients and the organisation, privacy and dignity, how the building is maintained and how suitable it is for patients with dementia and disability, with all scoring in between 90% and 100%. Bench marking to other local Independent organisations shows our compliance in all areas is comparable. The table below demonstrates compliance against the criteria audited during the inspections.

**Table 3 PLACE Assessment Compliance 2022 – 2023**

### **2.3 Control and Management of Water Systems**

KIMS Hospital Water Safety group meets quarterly. There is an Authorized Engineer for water providing expert knowledge and guidance in attendance at the meeting.

The facilities department carry 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 any decontamination of contaminated water outlets.

In this reporting period there have been one case of Legionella identified in a Consulting Room in Outpatients. Mixed taps were removed and the system cleaned, flushed and disinfected. Re- swabbing returned a negative result. There have been no further cases of Legionella identified in the organisation during this reporting period.

Throughout this reporting period 4 cases of Pseudomonas were identified, in the communal toilets in Havisham and Copperfield Ward. The taps were removed, refitted and the area isolated, disinfected and flushed. All subsequently returned a negative result on re-testing. In addition to this Pseudomonas was isolated in the three ice machines situated in the ward areas. This ice was used to dispense for use on patients' wounds to support the relief of swelling. These machines have all be removed from the organisation and the water supply isolated. Further testing of the water supply to the ice machines did not identify contamination. Alternative methods of providing Ice therapy are currently being explored.

### **2.4 Decontamination including Sterile Services**

KIMS Hospital has an onsite sterile services unit (SSU) for the cleaning, decontamination and enhanced, sterilization 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. With support from the Infection Control lead and Consultant Microbiologist as required. An approved engineer for Decontamination also oversees the service with regular audit and assessment of the decontamination service to assure the organisation of the continued compliance with all requirements of cleansing of instrumentation and processing for re-use.

### **2.5 Decontamination Audits**

The Sterile Services unit undergoes regular audit and inspection by the Authorized 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. The Decontamination Lead for the organisation provides a written report for the Infection, Prevention and Control quarterly meeting.

### **2.6 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, the Decontamination Lead has overall responsibility for the Auditing of this department. Assurance for this is provided as part of the Decontamination lead Quarterly report for the Infection Prevention and Control Committee.

### **Criterion 3**

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

#### **3.1 Antimicrobial surveillance & Monitoring**

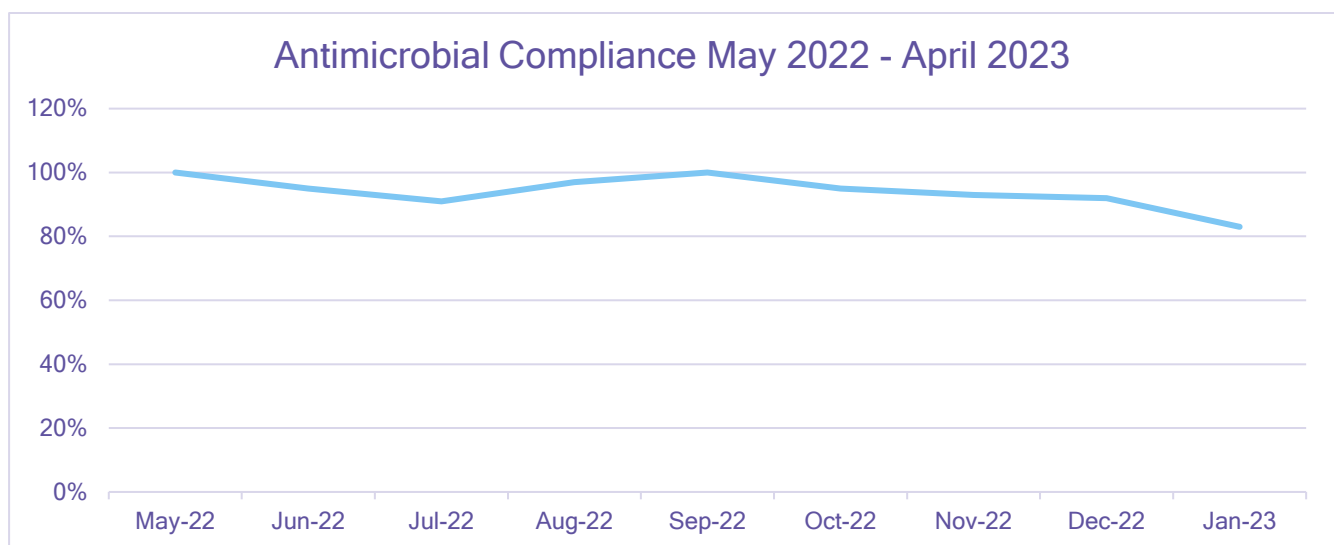
Reducing antimicrobial usage across the organisation is an important aspect of tackling Antimicrobial resistance, this is supported by good antimicrobial stewardship and good infection control practices. Antimicrobial use across the organisation is monitored by the Pharmacy manager. There is a system in place to effectively manage antimicrobial use to ensure that when antibiotics are prescribed they are appropriate and adhere to the antimicrobial prescribing guidelines. If a Consultant wishes to use an antimicrobial not in the guideline's advice is sought from the Consultant Microbiologist regarding the appropriateness of treatment.

This is supported by the antimicrobial prescribing policy and prescribing guidelines. If any prescribing falls outside of this framework, then the prescriber is challenged for their rationale for the use of the Antimicrobial by the Pharmacy team.

Compliance against usage is monitored and reported by the Pharmacy Manager monthly via the Quality and Governance Committee. Antimicrobial are an agenda item at quarterly Infection, Prevention & Control Committee meetings, where the pharmacy manager provides a report on for the committee. Antimicrobials usage is discussed as part of medication safety monthly meetings. Antimicrobial usage is reported by the Infection Control Lead Nurse on behalf of the Pharmacy Manager at the monthly assurance meetings.

Table 4 show compliance monitoring against usage between May 2022 and April 2023. The chart demonstrates a dip in January (83%) and April 2023 (79%) respectively. In January this related to a new consultant prescribing patients antimicrobials not within the current guidelines and in April there were with 5 incidents of prescribing outside the current guidelines. This data is collected and monitored by the pharmacy team

**Table 4 Antimicrobial Compliance May 2022 – April 2023**



#### **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 Infection Control Lead Nurse has responsibility to provide advice and support to both patients and staff relating to Infection control issues. It is responsibility of the lead Nurse 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 Infection Control Nurse will support the clinical area to safeguard the health and well-being of patients. During this reporting period, there have been no outbreaks of infection within the patient base at KIMS Hospital.

In the winter of 2002-2023 there was a resurgence of Covid-19 and there were small clusters of Covid -19 within departments. Systems were put in place to mitigate this with the daily testing of the wider department, re introduction of face masks in areas where they have been withdrawn and reducing contacts with the wider organisation as able. Any staff with symptoms were encouraged to remain at home. These outbreaks were contained and resolved with the measures put in place.

#### **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 2022 - 2023**

As a provider of health care, the organization has a mandatory requirement to report via the National Mandatory Enhanced Surveillance System (MESS) database any incidents of 'alert organisms'. 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. During this reporting period there has been no reportable bacteremia or Clostridium difficile infections.

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 and Vancomycin resistant enterococci (VRE)**

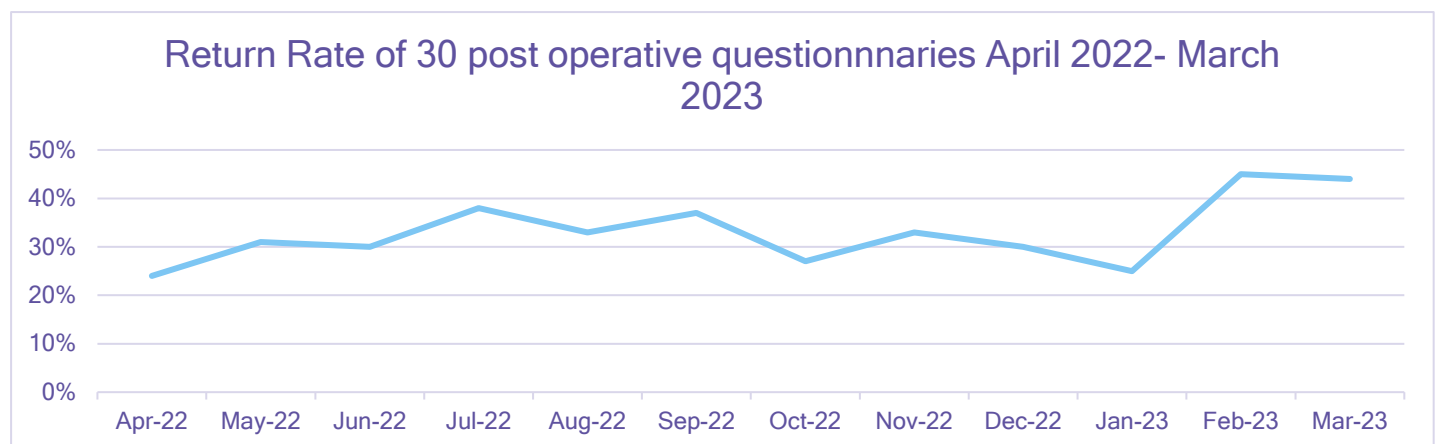
There have been no reported cases of Carbapenemase-producing organisms and Vancomycin resistant enterococci reported during this reporting period,

##### **5.2 Surgical Site Surveillance**

There is a mandatory requirement for all organisations to undertake surgical site infections surveillance on all patients having Hip and Knee replacements. This data is collected by the Infection Control Lead Nurse and the

data is entered onto the national database by the Governance Coordinator on a weekly basis. The organisation does not participate in any voluntary surveillance at this time. When the patient is discharged they are given a 30-day post questionnaire on discharge which they are asked to complete and send back to the organisation. Responses rates remain below the national average but have increased in this reporting period in comparison to the previous 12 months. Patients are being reminded to send back their questionnaire when they attend physical therapy appointments and if they contact the staff monitoring the life box recovery patient pathway in their 30 days recovery. This has contributed to the increase in the last two months of this report. Unfortunately, due to resource constraints, patients are not contacted with a follow up phone call if they have not returned the form. It should be noted that the data for April 2023 is not available as this is still being collected throughout May 2023

**Table 5 Return rates 30-day post-discharge questionnaires April 2022- March 2023**



### **5.3 Wound Infections**

Between May 2022 and April 2023, a total of 9464 surgical procedures were carried out. Of these, 8 patients (0.08%) were readmitted and subsequently went on to develop a deep-seated wound infection, which necessitated both a re-admission and return to theatre, either at KIMS or a local NHS organisation. Root Cause Analysis (RCA) were carried out on all these patients and there were no common themes identified. Any learning from these incidents has been put into practice. The organisation has monthly Patients Safety Meetings where the learning from these incidents are discussed and shared, and disseminated to all teams.

At the start of 2022 it was identified that the patient pathway in relation to wound care and follow up needed to be improved. As a result, a new process was put in place with patients followed up routinely and any wound issues are identified promptly. In this reporting period this process has become imbedded and is now normal practice. Patients are reviewed and processes are in place to ensure continuing monitoring and follow up of these patients.

In addition to the patients above there have been a further 69 patients across all specialties who have attended the organisation with issues relating to their wounds (0.72%). These patients were seen in the wound clinic and treated with appropriate wound dressing and if required antibiotic therapy.

## 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 Control Lead across the organisation.

The Link role has a job description to give some guidance as to roles and responsibilities. During this year the link role and the group has been strengthened. The group meet regularly once a month, with the meetings set for the year so this has ensured good engagement from the team. There have been some changes in membership over the last year and it has also become a network for each other providing peer support and suggestions as to how they can support Infection Control in their areas.

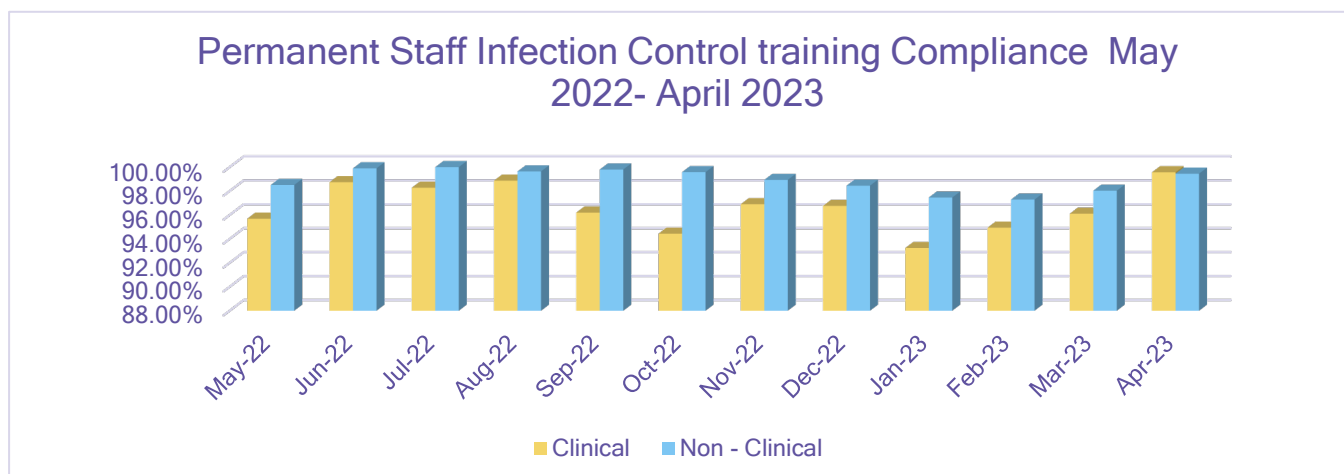
Key elements of the groups work to date include:

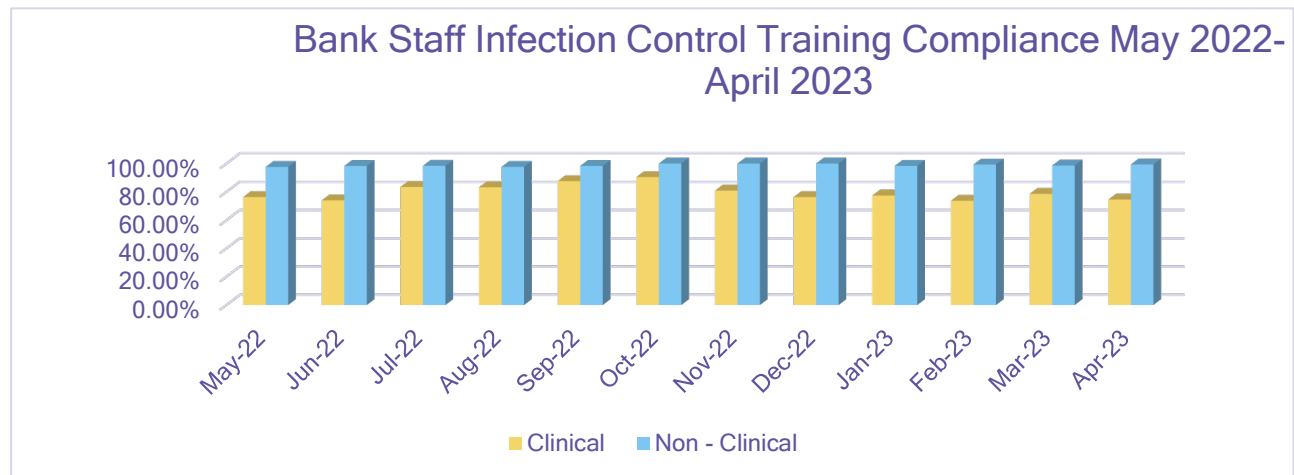
- Supporting and challenging infection control within their own departments
- Increased visibility and auditing of Hand Hygiene and Bare Below the Elbows compliance, supporting other departments with the challenges
- Actively participated in Infection Prevention and Control week, World Hand Hygiene Day and supporting the IPC Lead nurse with any events within the hospital
- Better understanding of the regulation attached to Infection Control and the monthly reports are now shared at this meeting.
- Some of the group actively volunteering to be part of the flu vaccination team and undertook their training, to be able to support the flu vaccination programme in the organisation

### 6.2 Education and Training

All staff employed by KIMS Hospital are required to undergo critical safety training, this includes Infection Prevention & Control, which is completed annually either via face-to-face for new starters or a refresher module via an eLearning platform for existing staff members. A new National Framework for Infection Control education has just been launched by NHS England, which the online training provider will bench mark training against these standards to ensure staff are receiving currently up to date training. The tables below show compliance with mandatory Infection control training, for both permanent and bank staff.

**Table 6 Permanent Staff Infection Control Training Compliance May 2022- April 2023**



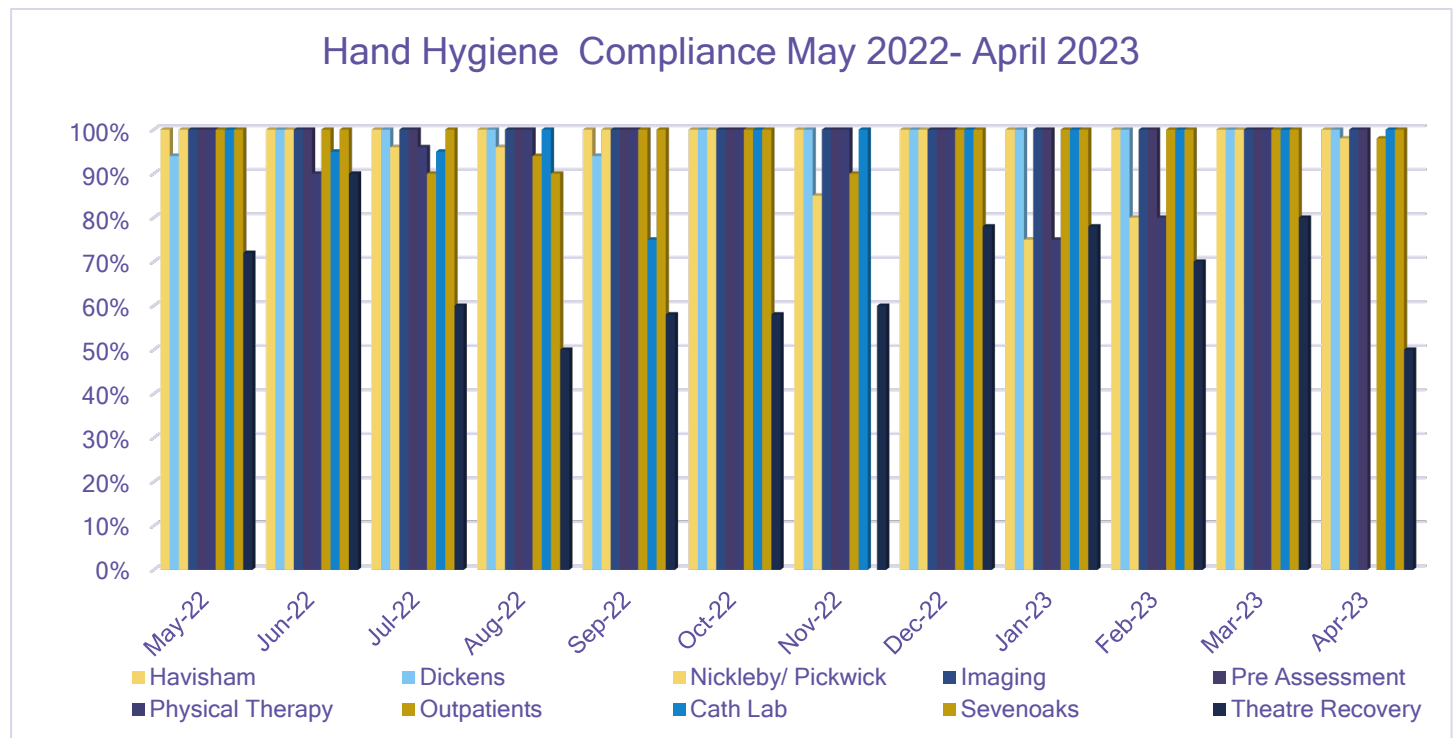
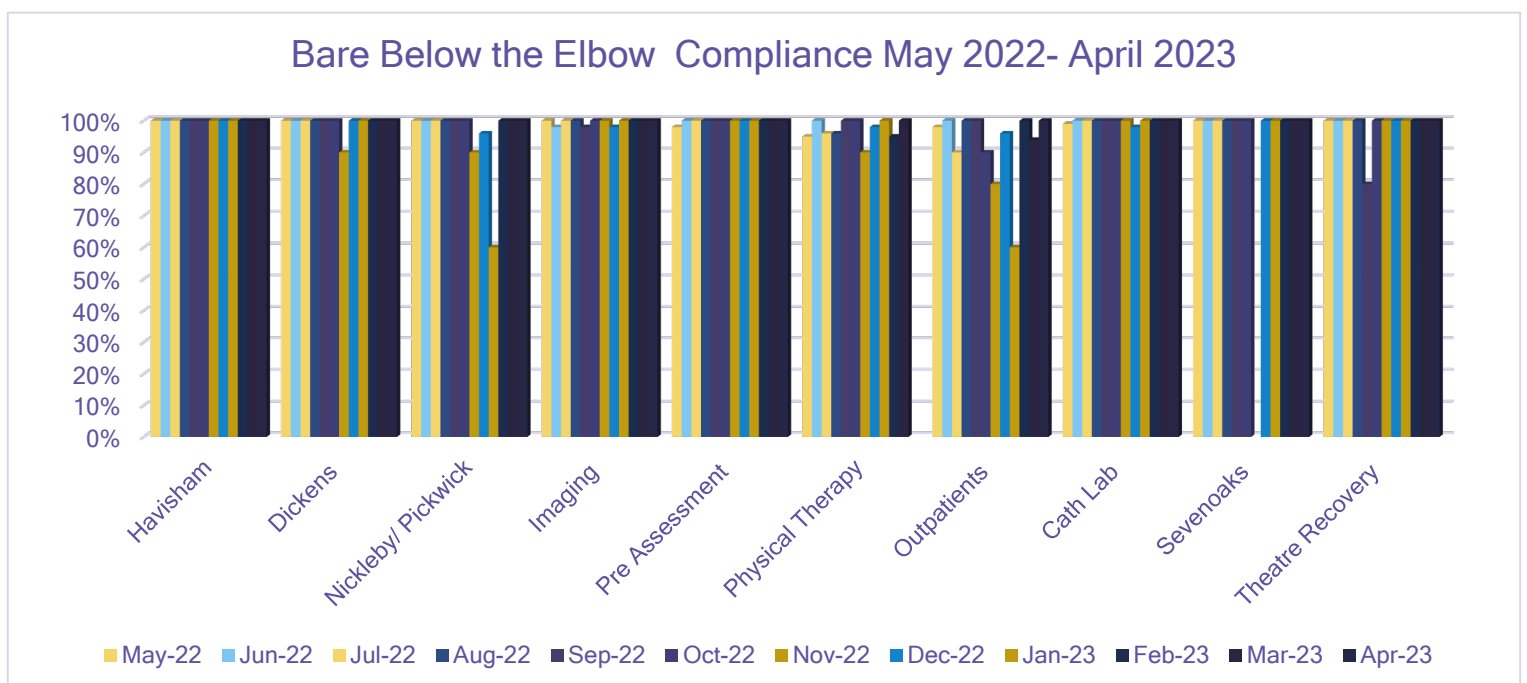
**Table 7 Bank Staff Infection Control Training Compliance May 2022- April 2023**

### **6.3 Hand Hygiene & Bare Below the Elbows Observational data**

Infection Prevention and Control Links carry out hand hygiene auditing across the organisation on behalf of the Lead Nurse and results are recorded and uploaded onto the Q-Pulse system. These results form part of the monthly report for IPC for the Quality and Governance committee. The reporting of Hand Hygiene and Bare Below the Elbow compliance has improved over the last year and there is increased visibility of audits on Q-Pulse.

Compliance with hand hygiene in the Recovery Ward identified issues with the lack of available hand sanitising stations in the area and the inaccessibility of those which were available to use. New hand sanitising stations were installed across all the bays in the Recovery Ward. Further hand hygiene training was carried out with all staff and discussed at ward meetings in the department and the wider departments that access the area. Compliance has increased since the measures were put into place.

The Infection Control Nurse continues to actively promote effective Hand Hygiene and adherence to the Bare Below the Elbows across the organisation. World Hand Hygiene day was celebrated in May with the links actively supporting this. A stall in the Bistro over the lunch period, raised awareness to staff as to how well they cleaned their hands with the use of the light box to highlight areas missed by staff.

**Table 8 Hand Hygiene Compliance per Department May 2022 – April 2023****Table 9 Bare Below the Elbow Compliance per Department May 2022 - April 2023****Criterion 7****Provide or secure adequate isolation facilities**

All rooms at KIMS Hospital are single patient occupancy rooms on the inpatient and day care ward areas, thus providing good isolation facilities. Patients attending the Cardiac Catheter Suite are nursed in 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 in conjunction with the Nurse in Charge of the clinical area would review and implement any isolation plans required to prevent transmission of infection to other clinical areas and ward users.

## **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, Haematology 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 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. Any results from microbiology department are reported to the relevant department, patient's respective clinician, the Resident Medical Officer, Infection Control Lead Nurse and Consultant microbiologist 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**

The responsibility of the Infection Control Lead Nurse to ensure that policies and standard operation procedures (SOP's) 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 is able to be accessed by all staff.

The National Infection Prevention and Control manual is now accessible to the whole organisation as a KIMS book mark which means it links directly to the current updated published version. All policies and SOPs are being reviewed as they come out of date and the future objective would be to amalgamate these into one overarching IPC policies.

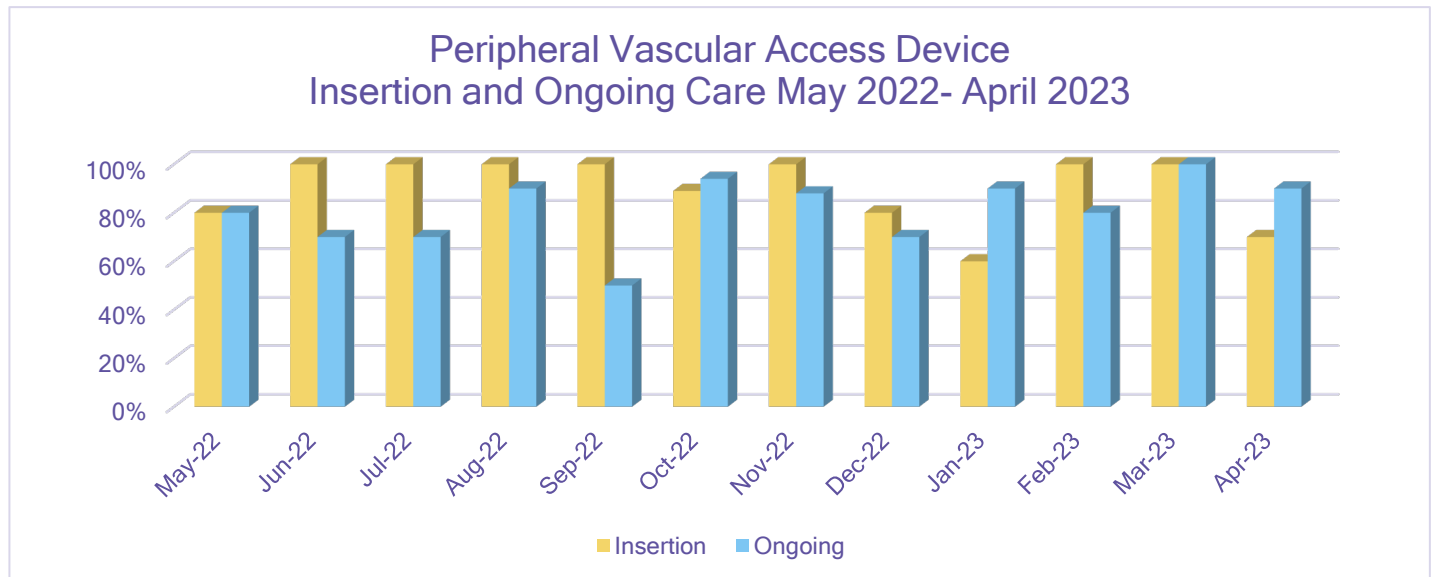
#### **9.2 Saving Lives: High Impact Intervention**

High Impact intervention (HII) relates to key clinical procedures that if not undertaken correctly can increase the risk of infection. The aim of HII is to minimize variation in practice by providing a key set of elements for certain procedures and provides a simple way of demonstrating reliability against compliance. At KIMS Hospital the inpatient ward area focuses on Peripheral Vascular Access Device insertion and maintenance, as well as Urinary Catheter Insertion and routine maintenance and assessment of continuing indication. Each month the IPC Link champion audits 10 sets of notes against the HII audit. The graphs below detail compliance against the criteria. The Link champion has provided some ongoing education around both elements to all members of staff and has worked with the IPC link from theatres to drive compliance forward in both departments.

#### **Peripheral Cannula**

The main areas of non-conformity relate to not completing documentation correctly, with no evidence of completing checks and VIP scoring. The table below demonstrates compliance against the criteria

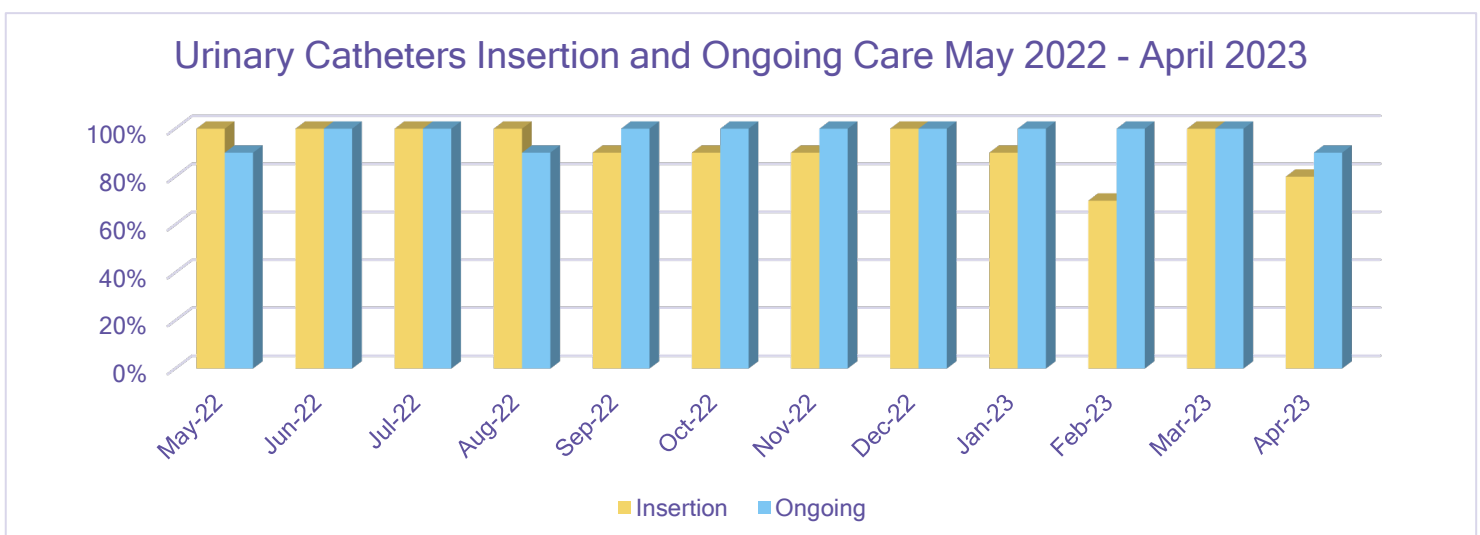
**Table 10 Peripheral Vascular Access Device Insertion and Ongoing Care May 2022- April 2023**



### Urinary Catheters

The table below highlights the compliance against the criteria. The main areas of non-conformality relate to documentation not completed correctly with both insertion and ongoing care elements.

**Table 11 Urinary Catheters Insertion and Routine Maintenance and Assessment for Continuing Indication May 2022- April 2023**



### 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

If a patient is found to be colonised with MRSA upon screening, the patient is given the relevant treatment and re-screened following completion of the treatment. If the patient remains colonised a further treatment will be offered alongside re-screening. If the patient is persistently colonised 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 and the use of appropriate antibiotic therapy to ensure safe surgery is achieved. Topical decolonization is given to all patients undergoing joint replacement, breast augmentation and other implant surgeries.

Between May 2002 and April 2023, a total of 4510 pre-operative screens were carried out. 15 patients (0.33%) patients were found to be MRSA positive and needed treatment prior to surgery.

### **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 the 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 for all staff. Patient facing staff are offered vaccination initially and then the rest of the organisation once these staff have been completed. The vaccination programme is managed for and on behalf of the organisation by the Infection Prevention & Control Lead Nurse.

A flu team was recruited to administer this to the staff from the Infection Control Link Nurse. These staff completed the national on-line training before supporting flu clinics at both KIMS Hospital and Sevenoaks Medical Centre. The table below demonstrates the number of permanent staff numbers who had a vaccination and those who refused against those who did not come forward to any clinics. In addition, 21 of the bank staff also had vaccination at the organisation. There was a decrease on previous years take of the vaccination, although this is indicative of the rest of the health economy where there was also a decrease in the numbers of staff being vaccinated.

**Table 10 Staff Figures -Flu vaccination as at January 2023.**

<b>Number of permanent members of staff as at January 2023</b>	<b>458</b>
Total number of staff who have received a vaccination at KIMS Hospital and Sevenoaks Medical Centre or Via their GP	301(66.7%)
Number of staff who have declined the Flu Vaccination	87 (18. 9%)
Number of staff on Maternity leave or LTS or are unable to have the Vaccination	12 (2.6%)
Number of staff who did not respond as @ January 2023	58 (12.6%)
Number of bank staff who received	21

### **10.3 Covid 19**

During this reporting year COVID – 19 has still impacted on healthcare with the hospital continuing to balance safety whilst moving to lifting all restrictions. The Hospital continued to follow guidelines as outlined in the government guidelines “Living with COVID”

Following the ending of PCR testing for patients April 2021 patients were asked to undertake a lateral flow test upload the result to the Government reporting site and provide evidence of this prior to admission to hospital. In January 2023 further changes were made when patients were asked to sign a declaration that they had conducted a lateral flow test and were negative prior to admission to hospital.

Once the winter wave of Covid had passed the organisation gradually relaxed the requirement to wear face masks. Initial relaxation took place in Weavering house, and were then eased with patients attending any outpatient procedure, before being relaxed at the beginning of April for all inpatient ward areas Other restrictions in the hospital with visitors and screens at reception have now been lifted

Staff are no longer required to test for COVID on a regular basis, only if they display symptoms of COVID and prior to returning to work if they have been off sick with COVID-19

### **11. Conclusion**

Infection Control Services have remained a key focus for the organisation in ensuring patients remain safe and receive effective care. The instigation of the wound pathway is an example of providing a safer care for patients. Throughout the 2022-2023 Covid-19 continued to challenge health care at times and the organisation continued to work within Living with Covid guidelines and easing restrictions whilst balancing safety of the staff as well as the patients.

In the last year Infection Control has become an integral part of the patient safety, and part of everybody roles and responsibilities. The link champion role has developed, which has supported and challenged the provision of infection in individual wards ad department, as well as supporting the Infection Control Lead in organizational events.

