



**INFECTION PREVENTION AND CONTROL
ANNUAL REPORT – The Edinburgh Clinic
2018**

Ratifying Committee/Board	Date of Ratification
The Edinburgh Clinic Infection Prevention & Control Committee	
Aspen Group Infection Prevention & Control Committee	

INFECTION PREVENION AND CONTROL

ANNUAL REPORT 2016

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EXECUTIVE SUMMARY

During 2018 The Edinburgh Clinic has continued to strive to maintain and progress high standards of Infection Prevention and Control. Despite, the challenges posed by changes of staff throughout the year the team have had a number of successes including:

- Reviewed estates and facilities provision and engaged an external contractor to support the core team in delivery of objectives.
- Recruited new housekeepers and contracted some cleaning services to an external cleaning contractor e.g. carpet cleaning.
- Recruited a new Matron who commences in post near end January 2019.
- Reviewed governance arrangements including IP&C.
- Delivered all objectives in 2018 IP&C plan.
- Progressed actions from the 2018 'deep dive'.

This annual report for 2018 provides more detail on the progress we have made across the year and outlines plans for 2019.

INFECTION PREVENION AND CONTROL

ANNUAL REPORT 2018

Introduction

This report will provide a review of Infection Prevention and Control (IPC) at the Edinburgh Clinic during 2018. It includes:

- Infection Prevention & Control activity, surveillance and incidents - during 2018
- A review of the progress with the 2018 objectives
- Sets the objectives for the Edinburgh Clinic Infection Prevention & Control Programme 2019.

The format of the report uses the nine compliance standards of the Health and Social Care Act (2010) HAI Standards (2015) (Scotland) and details how The Edinburgh Clinic ensures compliance with the Standards. Evidence is also provided to demonstrate the low rates of infection, the monitoring and surveillance methods used to ensure that infection rates remain low and that high standards of IPC are assured.

This report covers the period January to December 2018 and informs the Aspen Nurse Consultant in Infection Prevention and Control, the Director of Infection Prevention and Control and the Aspen board of the progress being made to prevent Healthcare Acquired Infection at the Edinburgh Clinic (TEC) and inform of any improvements in infection prevention and control practice during 2018. The report complements and supplements the annual corporate IP&C report produced by the IP&C Nurse Consultant

HAI Standards

The Edinburgh Clinic is registered with the Healthcare Improvement Scotland (HIS) under the Health and Social Care Act (2008). As a legal requirement The Edinburgh Clinic must protect patients, staff and others from acquiring healthcare associated infection by compliance with NHSScotland HAI Standards(2015)

http://www.healthcareimprovementscotland.org/previous_resources/standards/healthcare_associated_infectio.aspx

Table One (below) provides an assessment of current compliance with each of the nine criteria of NHSScotland HAI Standards.

This report demonstrates clearly that the Edinburgh Clinic clinical areas are compliant with the requirements of NHSScotland HAI Standards.

Table One: Review of Compliance with the HAI Standards

Criterion	Standard	Level of Compliance against Standard
1	The organisation demonstrates leadership and commitment to infection prevention and control, to ensure a culture of continuous quality improvement throughout the organisation.	
2	Education on infection prevention and control is provided to all healthcare staff to enable them to minimise infection risks that exist in care settings.	
3	The organisation has effective communication systems and processes in place to enable continuity of care and infection prevention and control throughout the patient's journey.	
4	The organisation has a surveillance system to ensure a rapid response to HAI.	
5	The organisation demonstrates effective antimicrobial stewardship.	
6	The organisation demonstrates implementation of evidence-based infection prevention and control measures.	
7	Systems and processes are in place to ensure the safe and effective use of invasive devices, for example, peripheral venous catheters, central venous catheters and urinary catheters.	
8	The environment and equipment (including reusable medical devices used) are clean, maintained and safe for use. Infection risks associated with the built environment are minimised.	
9	All equipment acquired (this being equipment that is procured, loaned, donated, in-house manufactured, or for use within a trial or research) for the care environment is safe for use.	

Key:

- Green:** Full compliance across the Group
- Yellow:** Moderate compliance across the Group
- Amber:** Partial compliance across the Group
- Red:** No- compliance across the Group.

STANDARD ONE

“The organisation demonstrates leadership and commitment to infection prevention and control, to ensure a culture of continuous quality improvement throughout the organisation”

Corporate Structure

The Aspen Chief Executive holds ultimate responsibility for all aspects of IPC within the Group. On a day to day basis the management and oversight is with the Group Clinical Director/Chief Nurse who holds the post of Director of Infection Prevention and Control (DIPC) and works closely with the Nurse Consultant for IP&C.

The corporate IP&C Team provides advice and guidance to all hospitals and clinics within Aspen Healthcare. TEC has a local IP&C Nurse Advisors/Consultant. IP&C initiatives, objectives and key performance indicators are coordinated at Group level to ensure standardisation of practice and reporting on all areas of IPC.

IPC Accountability Infrastructure

At TEC there is a dedicated IP&C Lead; this is the Matron and Head of Clinical Services who is responsible for IP&C locally and who chairs the local IP&C committee. In 2018 the TEC IP&C Lead is supported by an IP&C Advisor/Consultant and IP&C Link Practitioner for nursing and imaging. The IP&C Advisor/Consultant and Link Practitioners are existing members of staff who take on extra responsibility to maintain high standards of IP&C practice in their own respective clinical areas i.e. theatre, OPD and imaging.

Infection Prevention & Control Core Team

IP&C Lead & Chair – Matron/Head of Clinical Services (new appointment January 2019)

IP&C Advisor/Consultant – Sybil Solomon

Lead Theatre Practitioner – Eileen Fowler

Senior Nurse – Gill McGregor

Imaging Manager – Anne Perks

IP&C Link Practitioners – Gill MacGregor (Nursing)

Operations Manager – Andrew Gunn

TEC Infection Prevention & Control Committee

The IP&C team members are all members of the IP&C Committee. The IP&CC meets quarterly.

Additional Members of the IP&CC who attend as required are:

Hospital Director– Alasdair Muir (annual attendance)

MAC Chair

Consultant Microbiologist (also MAC rep)

Consultant Surgeon

Occupational Health Representative

Domestic Cleaning Services Representative

Minutes and actions of each meeting are kept. The agenda provides the basis for improvements to IP&C practice and facilitates prioritisation of actions required.

Infection Prevention & Control Strategy

A Group Infection Prevention & Control Strategy has been developed in line with the requirements of the Hygiene Code; it details the roles and responsibilities of the core members of the Group IPC Team and the members of the Group IPC Committee. This Strategy also fulfils the requirements of NHSScotland HAI Standards (2015).

The Infection Prevention and Control Strategy (and all other IP&C policies) is available to all staff via the document management system, NETconsent.

Audit

IP&C Environmental and Clinical Practice Audit

Following visits to all of the Aspen Healthcare hospitals and clinics, the Aspen Nurse Consultant IP&C has developed an audit tool that monitors compliance with the IP&C policies that cover the healthcare environment and clinical practice. This tool is based on the Infection Prevention Society and Department of Health Guidance.

The IPC Environmental and Clinical Practice audit tool was implemented during February 2014 and its use continues. It is completed and results submitted quarterly by all facilities to the Aspen Nurse Consultant IP&C.

Results are fed back to the TEC IP&C lead and Committees at both facility and Group level where remedial action, if required, can be discussed, planned and implemented.

'Deep Dives'

Monitoring the healthcare environment across the Aspen facilities has required a multifaceted approach as both patient and non-patient areas must be assessed. During 2018 the Aspen Nurse Consultant IP&C visited all Aspen sites and assessed how IP&C Practice is managed and monitored and then devised and implemented a more in-depth inspection process.

The Nurse Consultant IP&C and the Group Health and Safety Manager now work together to undertake an annual 'deep-dive' inspection of each of the Aspen facilities and this inspection occurred at TEC during 2018.

Following these deep dive inspections written reports and action plans are provided to the clinic. These are discussed at the local IP&CC and actioned accordingly. Regular updates are sent to the Aspen Consultant Nurse for IP&C.

HII Audits

Audit of IP&C practice and knowledge provides the bedrock of efforts to improve quality of patient care.

Since 2012 TEC has been undertaking some of the National Saving Lives High Impact Intervention (HII) audits. Throughout 2018 this covered the following clinical aspects:

- Hand Hygiene
- Outpatient Services Patient Turnover – positive results have been achieved for this audit.
- Surgical Scrub Audit – results have been variable throughout the year.

The HII criteria and approach to continuous audit are very similar to the Care Bundles used throughout NHSScotland available at <http://www.hps.scot.nhs.uk/haiic/ic/bundles.aspx> A bundle is a structured way of improving processes of care and patient outcomes. It is a small straightforward set of practices - generally three to five - that, when performed collectively, reliably and continuously, have been proven to improve patient outcomes.

These audits are based on an evidence-based approach that relate to key clinical procedures or care processes that can reduce the risk of infection if they are performed appropriately. These audits facilitate accurate monitoring of compliance with IP&C policies, procedures and guidelines.

Results of audit are submitted to the IP&CC, risk management group and clinical governance group as appropriate. Results are available on the shared drive.

STANDARD TWO

“Education on infection prevention and control is provided to all healthcare staff to enable them to minimise infection risks that exist in care settings.”

IP&C Advisor Hand Hygiene Training

Practical hand hygiene training sessions have been provided throughout the year by the TEC IP&C Consultant/ Advisor to both clinical and non-clinical staff. Throughout the year most TEC employees have attended these sessions at least once. The Consultants with practicing privileges at the clinic are also encouraged to participate in these sessions.

This practical teaching complements the theoretical IP&C E-learning which is undertaken by both clinical and non-clinical staff and described further below.

E-Learning

All Aspen Healthcare employees undertaken IP&C E-learning using the National Skills Academy modules which have been developed specifically for clinical and non-clinical staff. This training is undertaken annually.

Cleanliness Champions

The Edinburgh Clinic aspires to having all of its IP&C Link Practitioners dual trained using the NHSScotland Cleanliness champions programme. However the Cleanliness Champion on-line programme has been discontinued by NHS Education Scotland (NES) and replaced with the NES Scottish Infection Prevention and Control Education Pathway at <http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/healthcare-associated-infections/scottish-infection-prevention-and-control-education-pathway.aspx>

To date difficulties have arisen in accessing the programme and NES have advised that it will not be available before the summer of 2019. TEC will aim for its staff to join this platform when it is available.

Inoculation (Puncture) Injuries

Table Two: Inoculation Injuries by Type

Type of Injury	Number of Injuries
Near-miss – No injury sustained but reporting required to review practice and prevent further injury	0
Involving Aspen Employees	0
Involving Surgeons	0
Involving normal practice	0
Involving poor disposal	X

Flu Vaccinations

By end of October 2018 15 members of staff had received the flu vaccination.

STANDARD THREE

“The organisation has effective communication systems and processes in place to enable continuity of care and infection prevention and control throughout the patient’s journey.”

Patient Information

Aspen Healthcare has implemented the use of an independent company, EIDO, for healthcare patient information leaflets across many specialities. The IP&C leaflets currently used are for MRSA and Clostridium difficile. Specific information e.g. post cataract surgery information is produced locally.

IPC Link Practitioners

There is one IP&C Advisor to TEC; Sybil Solomon. Two IP&CLPs have been identified; Jilly Alford for the Imaging Department and Gill McGregor for Nursing. Jilly left the organisation at the end December 2018.

During 2019 new practitioners will be identified and will attend the Aspen training for IP&C Link Practitioners which is provided by the Aspen IPC&C Consultant Nurse.

IP&C Leads Update

The Consultant Nurse for Infection Prevention and Control sends a monthly briefing to all of the Aspen Healthcare IP&C leads detailing audit and training requirements and any other IP&C initiatives that are relevant that month. At TEC, these are forwarded to the relevant department heads for action and discussed at the local IP&C Committee.

STANDARD FOUR

“The organisation has a surveillance system to ensure a rapid response to HAI.”

In line with the Health Protection Agency (now Public Health England and Health Protection Scotland) requirements, Aspen Healthcare undertakes a minimum level of surveillance for Hip and Knee Replacement surgery. TEC does not participate in this surveillance as these procedures are not performed at the site. However, other surgical site infections are notified directly through normal laboratory reporting systems for national reporting and through the Aspen surveillance system for suspected infections. An internal notification form is returned to the Aspen Nurse Consultant IP&C. It is noted that there is no mandatory requirement for independent healthcare providers to participate in national Scottish surveillance programmes.

Each of the Aspen facilities reports quarterly on IP&C surveillance indicators to the Group IP&C Committee; this data is then reported on to the Group Quality Governance Committee and the Aspen Board.

In Scotland surveillance data of Methicillin Resistant Staphylococcus Aureus (MRSA), Methicillin Sensitive Staphylococcus Aureus (MSSA) and E. coli bacteraemia and Clostridium difficile infections are mandatory but as TEC provides a day surgery service only this type of HCAI is very unlikely. To date there has been no incidence of this type of infection at TEC.

Throughout 2018 a local SSI surveillance tool has been developed and will be piloted in early 2019.

STANDARD FIVE

“The organisation demonstrates effective antimicrobial stewardship.”

TEC follows the local NHS Lothian Antimicrobial prescribing guidance. This in turn meets NHSScotland guidance that ensures appropriate antimicrobial prescribing.

The Scottish Antimicrobial Prescribing Group (SAPG) recommendations for what should be included in a hospital antibiotic stewardship programme and also guidance on surgical prophylaxis are found at the following links:

http://www.scottishmedicines.org.uk/files/sapg1/Good_practice_recommendations_for_hospital_antimicrobial_stewardship_December_2014.pdf

http://www.scottishmedicines.org.uk/files/sapg1/Good_practice_recommendations_for_surgical_prophylaxis_2014_for_website.pdf

A programme of work is led by the Aspen Lead Pharmacist who guides TEC. As TEC does not have inpatients, antimicrobial agents are used mainly for prophylaxis in surgery and post-operatively if required e.g. following ophthalmic surgery.

It is recommended that all nursing staff undertake the Antimicrobial Stewardship e-learning module produced by NHS Education Scotland (NES) at

<http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/healthcare-associated-infections/training-resources/antimicrobial-stewardship-workbook.aspx>

STANDARD SIX

“The organisation demonstrates implementation of evidence-based infection prevention and control measures.”

Policies

Aspen has a document control system which requires all policies to be reviewed at least every 3 years.

There is a suite of IP&C policies available on the Aspen intranet in Net consent which covers numerous topics and meets national requirements both NHS England and NHS Scotland. New policies are disseminated for comment prior to publishing thereby ensuring that these requirements are identified and included in each document. Where there is a requirement to meet some specific Scottish standard or criteria there are local policies e.g. Management of MRSA and Environmental Cleaning Specifications.

A programme of work with objectives is produced annually by the Aspen Nurse Consultant IP&C and disseminated to each facility IP&C Lead for direction of IP&C efforts locally.

Publication of Infection Data

Aspen Healthcare participated in the submission of Healthcare Acquired Infection Data to the Department of Health (DH). This information is published by the DH and available to all of our patients and customers.

STANDARD SEVEN

“Systems and processes are in place to ensure the safe and effective use of invasive devices, for example, peripheral venous catheters, central venous catheters and urinary catheters.”

High Impact Intervention Audits

Since 2012 TEC has been undertaking some of the National Saving Lives High Impact Intervention (HII) audits. Throughout 2018 this covered the following clinical aspects:

- Hand Hygiene
- Outpatient Services turnover
- Surgical Scrub

The HII criteria and approach to continuous audit are very similar to the Care Bundles used throughout NHSScotland available at <http://www.hps.scot.nhs.uk/haic/ic/bundles.aspx> A bundle is a structured way of improving processes of care and patient outcomes. It is a small straightforward set of practices - generally three to five - that, when performed collectively, reliably and continuously, have been proven to improve patient outcomes.

These audits are based on an evidence-based approach that relate to key clinical procedures or care processes that can reduce the risk of infection if they are performed appropriately. These audits facilitate accurate monitoring of compliance with IP&C policies, procedures and guidelines. Results are disseminated appropriately to relevant staff and to the IP&CC.

STANDARD EIGHT

“The environment and equipment (including reusable medical devices used) are clean, maintained and safe for use. Infection risks associated with the built environment are minimised.”

‘Deep Dives’

Monitoring the healthcare environment across the Aspen facilities has required a multifaceted approach as both patient and non-patient areas must be assessed. During 2017 the Aspen Nurse Consultant IP&C visited all Aspen sites including TEC and assessed how IP&C Practice is managed and monitored and then devised and implemented a more in-depth inspection process.

As detailed in the previous section above the Nurse Consultant IP&C and the Group Health and Safety Manager now work together to undertake an annual ‘deep-dive’ inspection of each of the Aspen facilities.

IPC Environmental and Clinical Practice Audit

Following visits to all of the Aspen Healthcare hospitals and clinics, the Aspen Nurse Consultant IP&C has developed an audit tool that will monitor compliance with the IP&C policies that cover the healthcare environment and clinical practice. This tool is based on the Infection Prevention Society and Department of Health Guidance.

The IPC Environmental and Clinical Practice audit tool was implemented during February 2014. It is completed and results submitted quarterly by all facilities to the Aspen Nurse Consultant IP&C.

Results are fed back to the TEC IP&C lead and Committees at both facility and Group level where remedial action, if required, can be discussed, planned and implemented.

Water Quality Monitoring

This is undertaken on a quarterly basis and results are reported to the IP&C Committee. An external contractor takes samples of: 1) drinking water for aerobic colonies, coliforms and e. coli and 2) supply faucets at the furthest points for cold and hot water for legionella. The contractor advises on remedial actions if they are required.

STANDARD NINE

“All equipment acquired (this being equipment that is procured, loaned, donated, in-house manufactured, or for use within a trial or research) for the care environment is safe for use.”

Standardisation of Products etc. and policies and procedures

Aspen has appointed national leads for specific specialities e.g. IP&C and Pharmacy. It is through these lead personnel that standardisation of products, policies and procedures have been achieved. Exceptions do exist depending on local requirements e.g. service part of a Trust or located in Scotland. Efforts to standardise consumables e.g. cleaning agents is also being achieved through the Lead for Procurement.

Decontamination

As well as the TEC Environmental Cleaning Specifications Policy there are written and formalised clinical equipment cleaning duties and responsibilities for nursing and perioperative staff. Records are kept for 3 months.

Prior to any building services work being undertaken a risk assessment based on Scottish Health Facilities Note 30 Infection Control in the Built Environment: Design and Planning Version 3 (2007), HAI-SCRIBE (Healthcare Associated Infection System for Controlling Risk in the Built environment) Version 2 (2007) and HAI Implementation Strategy Version 1 (2007) is undertaken. Protective measures are implemented whilst work is ongoing and decontamination of areas is a 3-stage process starting with a builder clean followed by a housekeeping/domestic service clean and finally a clinical clean.

Decontamination of surgical instruments/devices is sourced from an external provider and robust guidance is in place for method of transport and record keeping. During 2018 the Aspen Lead Officer for Decontamination visited TEC to review processes and was satisfied that appropriate measures were in place and that the external provider had provided all relevant certification of compliance.

REVIEW OF 2018 OBJECTIVES

Table Three: Review of 2018 IPC Objectives

Objective	Review
Hold IP&CC meetings quarterly	
Provide hand hygiene training as per Aspen annual programme ensuring all staff are invited and attend	
Participate in Aspen group IP&C quarterly audits – hand hygiene, IP&C environmental audit and cleaning of care equipment.	
Participate in preparation and inspection by external authorities e.g. HIS or NHS Lothian	
Participate in ‘deep dive’ inspections and take action required	
Provide annual flu vaccinations	
Provide guidance and advice as required on all aspects of prevention of HAI including building and refurbishment works	
IP&CLPs to complete NES Scottish Infection Prevention and Control Education Pathway (replaces Cleanliness Champion programme) to be available summer 2018	Unable to progress as the module is still not available in a format or platform that TEC staff can access
Progress toward local compliance with NHSScotland HAI Standards 2015 – utilise & update gap analysis of 2016/ongoing	
Progress toward local compliance with Aspen IP&C group policies – utilise & update gap analysis of 2016/ongoing	
Ensure that all staff participate in and keep up to date with HAI e-learning and other training/learning opportunities e.g. IPS conference, commensurate with their role	
Communicate effectively with HODs and all staff to ensure that they are aware of IP&C matters e.g. annual report audits, professional responsibilities etc.	
Ensure that there are robust lines of communication between external providers of service e.g. Occupational Health and internal departments through face-to-face, email etc.	

Ensure appropriate recording of surgical site infection & completion of Datix incident form	
Provide training for Housekeeping team and update policies and procedures.	
Participation in PLACE audits.	TEC did not participate in this during 2018 as NHS England are not able to share the platform with Scottish sites

Key:

- Green:** Full compliance
- Yellow:** Moderate compliance
- Amber:** Partial compliance
- Red:** Non- compliance

IPC OBJECTIVES 2019

The IPC objectives for 2019 (see Table 4 below) have been developed following assessment of all of the requirements of the Hygiene Code. These will allow the service and facilities to move 'beyond compliance' with the Hygiene Code to ensure that IPC practice is seen as a priority by all staff involved both directly and indirectly in patient care.

Table Four IPC Objectives 2019

Objective
Hold IP&CC meetings quarterly
Provide hand hygiene training as per Aspen annual programme ensuring all staff are invited and attend
Participate in Aspen group IP&C quarterly audits – hand hygiene, IP&C environmental audit and cleaning of care equipment.
Participate in preparation and inspection by external authorities e.g. HIS or NHS Lothian
Participate in 'deep dive' inspections and take action required
Provide annual flu vaccinations
Provide guidance and advice as required on all aspects of prevention of HAI including building and refurbishment works
IP&CLPs to complete NES Scottish Infection Prevention and Control Education Pathway (replaces Cleanliness Champion programme) to be available summer 2018
Progress toward local compliance with NHSScotland HAI Standards 2015 – utilise & update gap analysis of 2016/ongoing
Progress toward local compliance with Aspen IP&C group policies – utilise & update gap analysis of 2016/ongoing
Ensure that all staff participate in and keep up to date with HAI e-learning and other training/learning opportunities e.g. IPS conference, commensurate with their role
Communicate effectively with HODs and all staff to ensure that they are aware of IP&C matters e.g. annual report audits, professional responsibilities etc.
Ensure that there are robust lines of communication between external providers of service e.g. Occupational Health and internal departments through face-to-face, email etc.
Ensure appropriate recording of surgical site infection & completion of Datix incident form
Provide training for Housekeeping team and update policies and procedures.
Identify a new IP&CLP for the Imaging Department

Conclusion

The Clinic has succeeded in achieving all of the 2018 objectives that have been within its power to do so. Unfortunately, the two that have not been achieved have been due to outside agencies and beyond the control of the clinic staff.

However, the clinic is proud to demonstrate with this report that IP&C standards continue to improve and low rates of Healthcare Associate Infection are maintained.

