



INFECTION PREVENTION AND CONTROL ANNUAL REPORT



Highgate Private Hospital 2018

Ratifying Committee/Board	Date of Ratification
Highgate Hospital Infection Prevention & Control Committee	14/05/2019
Aspen Group Infection Prevention & Control Committee	01/05/2019

INFECTION PREVENTION AND CONTROL

ANNUAL REPORT 2018

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INFECTION PREVENTION AND CONTROL ANNUAL REPORT 2018

EXECUTIVE SUMMARY

The Health and Social Care Act (2008) Code of Practice on the Prevention and Control and Related Guidance (The Hygiene Code) requires that the Director of Infection Prevention and Control (DIPC) for a healthcare organisation produce an annual report on the state of healthcare associated infections in the organisation.

This report covers the period January to December 2018 and informs the board of the progress being made to prevent healthcare-acquired infection and to agree proposed objectives for improvements in infection prevention and control practice during 2019.

Highgate Private Hospital continues to make good progress towards full compliance with the Hygiene Code. This is the seventh IPC Annual Report and it demonstrates clearly the sustained progress in improving infection prevention (IPC) practice across the facility.

INFECTION PREVENTION AND CONTROL

ANNUAL REPORT 2018

Introduction

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

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

The format of the report uses the ten compliance criterion of the Health and Social Care Act (2015) Code of Practice on the Prevention and Control of Infections and Related Guidance (also known as The Hygiene Code) and details how Aspen Healthcare Ltd ensures compliance with The Hygiene Code. Evidence is also provided to demonstrate the low rates of infection across the Group, the monitoring and surveillance methods used to ensure that infection rates remain low and that high standards of IPC are assured.

Review of Compliance with the Hygiene Code

Highgate Hospital is registered with the Care Quality Commission (CQC) under the Health and Social Care Act (2008). As a legal requirement Highgate Hospital must protect patients, staff and others from acquiring healthcare-associated infection by compliance with the Hygiene Code.

Table One provides an assessment of current compliance with each of the ten criteria of the Hygiene Code.

This report clearly demonstrates that Highgate Hospital clinical areas are compliant with the requirements of the Hygiene Code.

Table 1: Review of Compliance with the Hygiene Code

Compliance Criteria	Level of Compliance against Criteria
Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that their environment and others may pose to them	
Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections	
Ensure appropriate antimicrobial use to optimize patient outcomes and to reduce the risk of adverse events and antimicrobial resistance	
Provide suitable accurate information on infections to service users, their visitors and any persons concerned with providing further support or nursing/medical care in a timely fashion	
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	
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	
Provide secure and adequate isolation facilities	
Secure adequate access to laboratory support as appropriate	
Have and adhere to policies, designed for the individual's care and provider organisations, that will help to prevent and control infections	
Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection	

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.

CRITERION ONE

“Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risk that their environment and other users may pose to them”

IPC Structure

There is continued stability within the Infection Prevention & Control (IPC) led by again by Judi Ingram, Clinical Director of Aspen as the Director of Infection Prevention & Control (DIPC), and Dr Helen Evans, Nurse Consultant Infection Prevention & Control, who cover all Aspen facilities.

Dr Albert Mifsud, Consultant Microbiologist, continues to provide support to Highgate Hospital as the Infection Prevention & Control Doctor.

Locally, the IPC Lead continues to be Penny Barker, Nursing Services Manager for Highgate. Link Practitioners sit within the departments at operational level, and are supervised by the IPC Lead and Group Nurse Consultant.

IPC Accountability Infrastructure

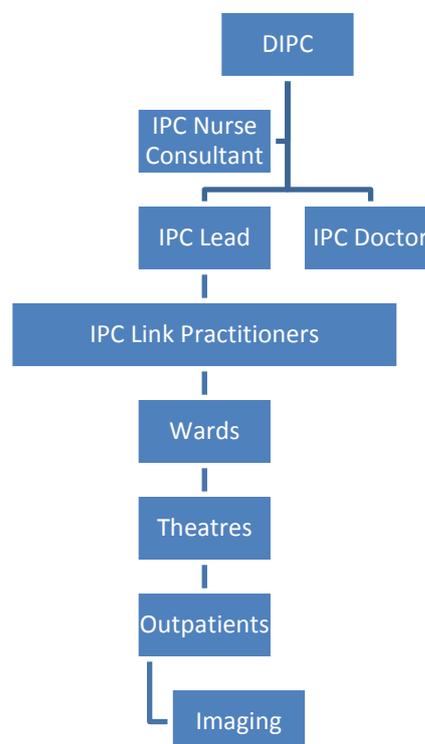


Table 2: *Organisational Structure for Infection Prevention & Control*

Infection Prevention & Control Team

Penny Barker, Nursing Services Manager for Highgate, leads the IPCT. The IPC strategy and agenda for Highgate Private Hospital is driven by this role. The lines of communication for reporting and escalating issues up to Group level are through this role. Attendance at the quarterly Group Infection Prevention & Control Committee meeting is mandatory. Meetings have been attended by the IPC Lead in 2018.

Dr Albert Mifsud, Consultant Microbiologist, continues to provide support to Highgate Private Hospital as the Infection Prevention & Control Doctor. He attends all local committee meetings at Highgate, and is also available to provide advice for compliance and for specific incidents that arise: i.e. any infections reported. Consultants and surgeons who have patients at Highgate are able to access Dr Mifsud if they wish to discuss specific cases, or to seek guidance on antimicrobial prescribing. Dr Mifsud also sits on the Medical Advisory Committee as the IPC representative.

Each clinical department has identified Link Practitioners who drive the environmental and high-impact intervention audit programme, and who are active in providing hand washing practical training. In the past year there has been training for link practitioners which includes the new link practitioners.

Infection Prevention and Control Committee

The Highgate Hospital Infection Prevention & Control Committee (IPCC) meets on a quarterly basis, and has a standard agenda structured to cover all relevant areas of infection prevention and control. Three committee meetings were held in 2018, in February, June, and December at which both the IPC Lead and Consultant Microbiologist were present, and with good attendance from the Link Practitioners and Heads of Departments. Terms of Reference are agreed yearly, and minutes are held.

Regular attendees at the meeting are:

IPC Lead (Chairperson)

IPC Doctor

Group Nurse Consultant

Director of Nursing, Clinical Services & Governance

Occupational Health Nurse Provider

Link Practitioners: Wards, Outpatient Dept, Theatres, and Imaging departments

Theatre Manager

Decontamination Manager

Pharmacy Manager
Building Services Manager
Hotel Services Manager
Heads of Clinical Departments

Other nurses/ representatives are invited to attend as required

At Highgate Private Hospital any infection prevention and control incidents are raised immediately to Group level, with the DIPC and Nurse Consultant. Infection prevention and control is discussed generally at weekly 1:1s with Senior Management and is a set agenda item at Senior Nurse Forums, for which minutes are taken, and action plans set. The Highgate Hospital Quality Governance meeting, held monthly in 2018, also receives data and has Infection Prevention & Control as an agenda item.

Issues are escalated to the Senior Management Team and Hospital Director as necessary, and all incidents relating to infection prevention & control are reported on Datix.

All clinical departments continue to hold their own departmental meetings, of which Infection Prevention & Control is a set agenda item. Minutes are taken, and shared with all staff in that department, and copies are held on the shared drive, for Senior Management and staff of the department to access.

The Health & Safety Committee continues to meet quarterly, and risk assessments which include infection prevention and control are discussed, as well as incidents relating to IPC amongst other items.

The Medical Advisory Committee meets quarterly, and receives statistics on incidents and accidents, infection rates, and all other data and action plans relating to infection prevention and control.

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 document replaced the previous Infection Prevention and Control Framework.

The Infection Prevention and Control Strategy GP-INF-1 (and all other IPC policies) is available to all staff via the document management system, NETConsent

Audit

The IPC annual audit programme is set for all Aspen sites by the Consultant Nurse for IPC, and has been completed throughout the year. Responsibility for completing these lies with the departmental Link Practitioners, with supervision from the IPC Lead. The audits produce data which has been collated, and shared at departmental meetings. Action plans are created where necessary and monitored and signed off by the clinical Heads of Department.

There has been improved compliance in completing the audits and this will continue to be monitored during 2019.

HII Audits

High Impact Intervention (HII) audits were completed throughout 2018.

- Hand Hygiene: undertaken quarterly. All areas compliant in 2018.
- The peripheral IV audit is commenced in theatres, and continued on the wards.
- The high impact intervention audit for catheter insertion has been completed in 2018 as catheter placement in theatres is more frequent than in previous years, due to the increasing business.
- Surgical Site Surveillance audit has taken place, with no issues raised as a result of the audit.
- Outpatients Services Turnover Audit

Infection Prevention & Control Environmental and Clinical Practice Audit

Environmental and Clinical Practice audits for 2018 have been undertaken by the Link Practitioners in the clinical departments, under guidance from the IPC Lead.

This audit tool have been developed by the Consultant Nurse for Infection Prevention and Control and is based on Department of Health Guidance and the Infection Prevention Society Audit Tool which is recognised by the DoH.

These audits show some issues, mainly regarding staff levels and the resources to complete the audits. The departments concerned were informed and audits were completed.

CRITERION TWO

“Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections”

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Deep Dives

An unannounced Deep Dive was undertaken in July 2018 by Helen Evans, Group Nurse Consultant Infection, and Mike Kelly, Group Head of Health & Safety & Risk.

The inspection is made up of set questions for IPC and Theatre covering practice and policy compliance it also has separate sections that were informed by a visual inspection of the site and observation of and conversation with staff and consultants.

The results were sent shortly afterwards, and an action plan created, with timelines, for remedial works to take place. The document is available in the shared drive in the Audit folder. Hand hygiene auditing was found to be incomplete and a target for November 2018 was set. Sepsis posters were not found in all areas and a target for November 2018 was set to install these with the target being reached. Furthermore the cleaning standards and second decontamination of nasendoscopes. It was noted that Hand Hygiene inspections needed to be completed and action notes were cascaded to the Link practitioners.

The inspection focused on three areas of the Hospital: Health & Safety, Infection Control Ground Floor, and Infection Control First Floor.

The action plan developed as a result of the Deep Dive audit has been commenced with a target of all actions to be complete by end of Quarter 4 2018.

Water Quality Monitoring

The Building Services Department is required to carry out regular water testing and inspections. Regular flushing of shower heads and other plumbing is done to prevent growth of the legionella organism, and cleaning of thermostatic mixer valves is done to prevent colonisation of pseudomonas.

The Building Services Department prepares the relevant documents in advance of the IPC Committee meetings in order to share the test results, and is able to produce evidence that testing has been done.

The water testing has been undertaken according to legislative requirements, and the reports are now prepared for reporting at the IPC committee meeting.

No incidents have been identified relating to the water supply during 2018.

Standardisation of Products

A Group Purchasing Director continues to be responsible for standardising consumables and equipment throughout the Aspen facilities.

It is good practice to standardise where possible, as this means that quality products are researched and purchased in a cost-effective manner, with consideration given to compliance with regulation and for reusable equipment, the cleaning schedule. Policies to support this process have been developed and are now current.

Patient Led Environmental Assessment Tool (PLACE)

A PLACE assessment was completed and the results published in 2018. Independent assessors who had attended Highgate Hospital as inpatients earlier in the year were asked to attend the site to review the facilities and practices from an independent perspective.

Results for 2018 show that there is an improvement in cleanliness, food and hydration, organisational food and, privacy, dignity and wellbeing.

The figures for food and hydration, dementia, condition: appearance and maintenance of site, privacy, dignity & wellbeing, are higher than the national average.

	Highgate Hospital %		Aspen Group		National Average	
	2018	(2017)	2018	(2017)	2018	(2017)
Cleanliness	98.17	(97)	99.37	(99.31)	98.5	(98.4)
Food & Hydration	92.03	(88.1)	95.6	(92)	90.2	(89.70)
Privacy, dignity & wellbeing	92.5	(87.9)	89.3	(85)	84.2	(83.7)
Organisational food	89.85	(82.56)	94.67	(89.7)	-	(88.8)
Ward food	95.16	(96.54)	96.74	(95.40)	-	(90.02)
Condition: appearance and maintenance of site	94.66	(96.1)	97.47	(93.1)	94.3	(94)
Dementia	82.45	(88.2)	87.66	(84.7)	78.90	(76.7)
Disability	83.5	(95.7)	90.36	(89.7)	84.3	(82.6)

Table 3: Comparison table of PLACE results for 2018

Decontamination

Decontamination services are provided to Highgate Hospital from The Holly Hospital, an Aspen Healthcare facility, with a Service Level Agreement (SLA) in place. Transportation of sterile and contaminated instruments is undertaken with a van and driver employed by Aspen, trained in the movement and transport of the large trolleys. The sterility of the instruments is not compromised, and a vacuum-packed system for the transportation of endoscopes is in place. Highgate theatres has an area designated for scanning instruments in and out of the site, with a Sterile Services Technician performing this task, receiving training and regular supervision by the Decontamination Department from The Holly.

A Group Decontamination meeting is held quarterly at Aspen headquarters as part of the Group Infection Prevention & Control Committee, which all sites report into, and the Lead is available for consultation and advice at any time.

Any incident reported involving sterilisation is logged onto Datix by either the Decontamination Dept or Highgate Hospital as a recipient of services, and is investigated.

Trends are identified and are monitored closely, with action plans in place where necessary.

Cleaning of nasendoscopes continues using Tristel wipes as identified in 2018.

The Decontamination report completed in September 2018 revealed that with regards to the Environment and ventilation there is a need to evaluate whether levels of peracetic acid should be monitored in the environment.

	Missing /migration instruments			Sharps near-misses			Single-use returned to DD		Wet / torn wraps	
	2018	2017	2016	2018	2017	2016	2018	2017	2018	2017
Q1	0	3	8	0	1	0	0	1	0	0
Q2	2	6	2	0	0	1	0	0	0	0
Q3	1	7	2	0	0	0	0	0	0	0
Q4	0	6	8	0	0	0	0	0	0	0

Table 4: *Table of incidents relating to Decontamination reported on Datix 2018.*

CRITERION THREE

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

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

Inappropriate use of certain antibiotics can lead to future complications including risk of resistance in the individual patient and the community at large, reduced efficacy of current treatments and a potential increase in the levels of disease.

A plan for antimicrobial stewardship has been discussed throughout the year at the Group and local IPC committee meetings. Regular auditing of antimicrobial stewardship has taken place throughout 2018. Antimicrobial stewardship will continue to be audited throughout 2019, and is an agenda item on each IPCC meeting.

CRITERION FOUR

“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”

Patient Information

All patients, with the exception of patients coming to Highgate via a third-party clinic, have some form of pre-assessment. Printed patient information for pre-operative patients is given at the pre-assessment clinic, and the content is discussed with the patient. This is general information concerning infection prevention, MRSA screening, and Clostridium Difficile.

On admission, a folder is contained within the patient room, to which the patients are directed on arrival into the room. This has further information similar to that within the booklet, and has a comprehensive section titled ‘Infection Prevention’.

Notice Boards

There are communication boards in public open areas which contains information for patients & visitors, and also for healthcare professionals. They display a variety of public information, and advice information such as hand-washing and advice regarding flu vaccination, and also approved data. The flu vaccination poster for winter 2018 is displayed in all toilet facilities, utilised by patients and staff. For staff there is a noticeboard in the Staff dining room which displays infection control advice notices, and other information such as,

Information regarding key performance indicators, such as the wound infection rate, and number of MRSA cases within the preceding quarter is also displayed in the communication board.

Posters relevant to Infection Prevention & Control are on display: ‘Defending the Surgical Environment’ posters in theatres, and ‘Defending the Clinical Environment’ are displayed in all other clinical areas.

Publication of Infection Data

Infection Data is collated and shared at local and Group level on a quarterly basis.

This includes reporting of clinical data to the Health Protection Agency, via Head Office. All MRSA, MSSA, Klebsiella, Pseudomonas aeruginosa and E Coli bacteraemia are reported, as well as any incidents of Clostridium Difficile.

None of these infections occurred at Highgate Hospital in 2018.

The Quality Account for Highgate Hospital which provides information concerning all aspects of the hospital, including infection rates and other related data, was published for the period April 2017-March 2018 and sits in the public domain. The Quality Account for 2017-18 will contain information and infection data pertaining to the last three quarters of 2018.

Patient Survey Results

Patient questionnaires are distributed to all patients, and are collated by an external company, Howard Warwick Associates. The results are published monthly, and quarterly, and are reviewed locally and at Group level. Some of the sections within the questionnaire are concerning cleanliness, and behaviours of staff regarding hand cleansing. Results are under review by the Hotel Services Departments for 2018.

2018 (2017)	Q1 %	Q2%	Q3%	Q4%
Cleanliness overall	95 (93)	92 (93)	96 (93)	97 (90)
Overall appearance of the hospital	97 (97)	97 (96)	96 (97)	96 (93)
Did hospital staff observe proper hygiene/use hand wash gels when caring for you?	96 (96)	96 (97)	95 (95)	94 (95)

Table 5: Highgate Hospital quarterly trends for cleanliness 2018

A Patient Questionnaire is given to patients visiting the Outpatient and Imaging Departments. This is a condensed version of the main questionnaire, but includes key questions about cleanliness amongst other areas. The results for 2018 are indicated in the table below:

2018 (2017)	Summary %	
Overall quality of service	96	(97)
Cleanliness of dept visited	97.25	(98)
Waiting room environment	94	(95)

Table 6: Highgate Hospital summary for Outpatient & Imaging Services 2018 Source: HWA Patient Questionnaires

Policy for the Admission, Discharge or Transfer of Patients with Known or Suspected Infections

Any patient who is admitted from another healthcare facility, or who has attended a healthcare facility within the last six months is screened for MRSA on arrival. Any other indicators of an infection are acted upon on admission as per Aspen's MRSA policy. The patient will always be nursed in isolation until a negative screen result is returned from the laboratory.

If a patient is discharged with an infection the correct agencies are informed (GP, district nurse if appropriate) and the information is shared regarding treatment.

Should a transfer out be required, again the necessary information is shared with the receiving healthcare establishment, via telephone communication and the completion of the Discharge Form which accompanies the patient in line with Aspen policy.

Policy for the Management of Overseas Patients

Overseas patients are occasionally admitted to Highgate Hospital. Whether the patient is booked as a planned or unplanned admission, the process is the same, in accordance with the Group policy GP-INF30: Policy for the Admission of Overseas Patients. The RMO is required to risk assess the patient on arrival, to screen for possibility of respiratory infection/ potential viruses, and guidance from the policy is followed as to whether the patient requires isolation or not.

Audit showed that all overseas patients had been risk assessed by the RMO under the terms of the policy using the risk assessment template, and had been screened and were isolated whilst awaiting the results. Results were shared at a departmental meeting, and all staff are aware that the RMO must undertake a risk assessment as soon as an overseas patient is admitted into the hospital.

CRITERION FIVE

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

Consultant Microbiologist

Aspen Healthcare hospitals and clinics are required to have Consultant Microbiologists available to provide advice to the site IPC Leads, IPC Committees, Medical Advisory Committees (MACs) and Consultant Medical staff.

The Consultant Microbiologist for Highgate Hospital is Dr Albert Mifsud, who is active in supporting queries, and providing advice when required for any patient who is identified as having a potential infection. He is also joint Chair on the Infection Prevention & Control Committee at Highgate Hospital.

Surveillance of Healthcare Acquired Infection (HCAI)

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

To comply with this, Highgate Hospital continues to submit mandatory monthly Public Health England (PHE) surveillance data of Meticillin Resistant Staphylococcus Aureus (MRSA), Meticillin Sensitive Staphylococcus Aureus (MSSA), E.coli bacteraemia, Clostridium difficile infections, Enterobacter species, Klebsiella species and pseudomonas aeruginosa bacteraemia. There have been no occurrences of these bacteraemia or infections at Highgate Hospital in 2018.

An annual IPC report is compiled by each Aspen facility and informs this DIPC report.

There were no reported outbreaks of infection or HCAs linked to one organism at Highgate Hospital in 2018. All healthcare acquired infections or outbreaks are investigated via a full Root Cause Analysis. This is undertaken by clinical staff locally and overseen by the IPC Lead. Where appropriate and necessary, action plans are developed and remedial action taken to prevent similar occurrences in the future.

In 2018 reporting of IPC activity, surveillance and infections to the Nurse Consultant IPC has been undertaken monthly.

Surgical Site Infection Surveillance

Table 7: Hip and Knee Replacement Surveillance

Facility	No of Operations	No of Patients Surveyed	No of Infections
FACILITY NAME	81	81	2

Reported infections

One patient had an infection following a total knee replacement and was admitted to The Whittington Hospital for a washout in January 2018.

A second patient has raised notice of a possible infection from surgery undertaken in December 2018. This is currently under investigation.

CRITERION SIX

“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”

Staff Training

A one-day update for existing IPC Link Practitioners was held on 17th September 2018 and 8th October 2018. Mandatory training for all permanent and bank staff continues for all IPC requirements.

Link Practitioners

IPC Link Practitioners (IPCLPs) are in place in all four clinical departments at Highgate Hospital (Wards, Outpatients, Imaging and Theatres). The local Link Practitioners are the IPC Champions in clinical areas and Aspen is keen to build these roles to ensure that they take a proactive part in the prevention of spread of infection in the healthcare environment.

Key initiatives in 2018 have been:

- Allocating dedicated time for the IPCLP’s to fulfil their role (two half-days per month per department)
- Embedding the role and competency structure for the IPCLP
- Providing dedicated training for IPCLPs on how to perform their role.

At Highgate there is continual support with the initiative from the IPC Lead. Turnover in staff means that some Link Practitioners have left, but are replaced with appropriate members of the team. Any new IPCLPs have had training at Head Office in November 2018, and regular monthly meetings are in place, with support for the IPCLPs in completing audits and sharing results. This will continue into the next year.

Wards – 2 links

Theatres – 3 links

Outpatient Dept – 2 links

Imaging – 1 link

A two-day course for new ICPLPs was held on 26th & 27th November 2018 ensure that these new IPCLPs were educated and trained appropriately for their role.

CRITERION SEVEN

“Provide or secure adequate isolation facilities”

Isolation Facilities and Policies

All patient rooms at Highgate Hospital are single rooms, with ensuite toilet and shower facilities. If a patient requires isolation for any reason (source or protective), facilities are available to support the safe and timely isolation of patients with infections. Aspen isolation policies to support this are in place.

Policies and Occupational Health Support are also available to manage staff that develop infections that require exclusion from work.

Any patient who has been isolated in 2018 has been as a result of an unexpected admission and has been isolated whilst awaiting swab results. No patients have had infections confirmed, and therefore the isolation has ceased as soon as possible.

There have been no admissions with suspected respiratory infections from patients admitted from overseas, or from areas of high risk, such as other healthcare facilities.

CRITERION EIGHT

“Secure adequate access to laboratory support”

Microbiology

Microbiology links have been developed with the pathology laboratory at The Holly Hospital. All MRSA screening samples are now sent there, unless a short turnaround time is required (less than 48 hours). In these instances the sample is sent to The Doctors’ Laboratory, as they are able to offer PCR testing for MRSA screening.

The pathway to The Holly Pathology Laboratory worked well in 2018 with continued improved turnaround times. As a result consideration is being given to sending all microbiological samples to The Holly in 2019.

Consultant Microbiologist advice and cover is as detailed under Criterion One.

CRITERION NINE

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

Group IPC Policies

The current list of IPC policies is available on NETConsent, and includes the status of each policy. A great deal of work has gone into reviewing IPC policies and creating new policies where gaps existed previously. All policies are drafted and sent for comments amongst relevant staff, before being finally ratified by the Aspen IPC Committee. These policies are then distributed to all staff via the NETConsent system. The policies are reviewed locally at Highgate Hospital when new versions are published to ensure that practice is compliant with the policy by the IPC Lead.

A gap analysis for each IPC policy was undertaken in 2018, and is held in the Group IPC Folder. All IPC policies underwent a gap analysis in Quarter 4 in 2018, to ensure compliance.

CRITERION TEN

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

Inoculation (Puncture) Injuries

Table 8: 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	2
Involving Surgeons	1
Involving normal practice	3
Involving poor disposal	0

Safety Devices and EU Directive

Safety needles and devices are available in all clinical areas at Highgate, and are used routinely. There have been no instances of inoculation injury using these items. There are three areas where the old-style non-safety needle is occasionally used: in outpatients, imaging and theatres, generally by doctors who are using the needles to inject directly into joints. This is because the safety needles tend to have a shorter length, and are therefore not suitable for use for this procedure.

A risk assessment is complete in all departments, and these are reviewed six-monthly to see if new products have been sourced which comply with the safety directive, and which the doctors find fit for purpose. To date, no new products have been found, and therefore the risk assessment process will continue.

Influenza Staff Vaccine Campaign

Staff have been actively encouraged to have the free influenza vaccine, provided by the hospital. Numbers have been monitored in closer detail in 2018, to include staff who obtain the vaccine elsewhere, for example provided by their own GP. Posters and flyers have been sent to all departments, explaining the benefits of the vaccine. The Occupational Health Service has also visited all departments to offer the vaccine, to avoid staff having to leave their area of work.

	2018	2017	2016	2015	2014
No of staff given flu vaccine	66 [49.62%]	42 [35%]	15 [12.3%]	39 [27.9%]	43 [35.8%]
Staff who declined	40 [30.08%]				
Staff receiving flu vaccine from GP	34 [25.56%]				
TOTAL	100/140				
% uptake	71.4%				

Table 9. Number of staff who received the flu vaccine at Highgate Hospital

E-Learning

Training for Infection Prevention & Control has become a standard module for all staff, clinical and non-clinical, on the National Skills Academy e-learning bundle.

Non-clinical staff are required to complete the IPC Level 1 training, and all clinical complete this and a further Level 2 programme. There is a test at the end of each module.

The percentage of permanent staff who completed the relevant modules in 2018 is 83.33% which is lower than in 2017 which was 97%.

This is monitored at departmental meetings, and at the Highgate IPC Committee quarterly meetings. The figures are reported to the Highgate Quality Governance committee meeting held monthly. Heads of Departments are now tasked with ensuring their individual staff members are compliant.

Link Nurse Hand Hygiene Training

Compliance in 2018 continues despite changes in staff and the Link Practitioners. All sessions are recorded in the Group IPC Folder. Six new links were trained in 2018.

Induction Training

All staff should have Hand Hygiene training within the first two weeks of employment. Where possible this is done at the Welcome Day. If there is no Welcome Day within the time frame the Head of Department should contact the IPCLP, if a clinical department or the IPC Lead for non-clinical departments and plan a date for the training to be done.

All staff went through hand hygiene training at some point in the year, and this is recorded in the Group IPC Folder.

A new hand hygiene initiative was commenced and staff have completed this. The Patient Assessment of Staff Hand Hygiene was undertaken in the final three months of the year.

REVIEW OF 2018 OBJECTIVES

Progress with the 2017 objectives was consistent throughout the year.

Table 10: Review of 2018 IPC Objectives

Objective	Review	Progress
To have a comprehensive range of local standard operating procedures to complement Group policies.	IPC SOPs reviewed	
To support the Link Practitioners by regular meetings and to offer more support to engage them in their role as IPC champions	Commenced	
To implement ANTT training and competencies in all relevant clinical roles.	Train the Trainer completed, ANTT Champion identified. Awaiting ANTT pack materials – due Q1 2019	
To have a working party to work towards JAG accreditation	JAG accreditation achieved November 2019	
To continue developing the programme for improving cleaning standards, and to improve PLACE scores	PLACE improvements noted in 2018	
To ensure that all potential HCAI are investigated and that a root cause analysis is undertaken as required, according to policy	Process followed for each reported HCAI	
To continue to monitor and audit the antimicrobial policy when approved.	AMS Audit undertaken monthly	
To ensure that guidelines for sepsis are implemented and audited	Work schedule ongoing as per Group IPC folder	
Complete a GAP Analysis against the Health & Social Care Act (2008) Code of Practice/Health Inspection Scotland HAI Standards.	Gap analysis complete	
Develop an IPC Annual Programme and Work Schedule to ensure compliance with National Guidance	Complete - ongoing	

Key:

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

IPC OBJECTIVES 2019

The IPC objectives for 2019 (see Table 11 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 11: IPC Objectives 2019

Objectives 2019
To support the new Link Practitioners and to embed the new links in their role
To implement ANTT training and competencies in all relevant clinical roles
Focus on increasing compliance with training in relation to IPC
To continue developing the programme for improving cleaning standards, and to maintain or improve PLACE scores
To ensure that all potential HCAI are investigated and that a root cause analysis is undertaken as required, according to policy
To continue to monitor and audit the antimicrobial policy when approved.
Complete a GAP Analysis against the Health & Social Care Act (2008) Code of Practice/Health Inspection Scotland HAI Standards.
Develop an IPC Annual Programme and Work Schedule to ensure compliance with National Guidance

CONCLUSION

A significant effort has been made to align the infection prevention & control programme at Highgate Private Hospital with the requirements of the IPC Committee at Group level, and with National Standards. Good progress continued to be made in 2018 building on the work done in 2017 to ensure compliance with the Health & Social Care Act (2008) Code of Practice.

Highgate Private Hospital will continue to move the IPC programme forwards, improving and embedding the Link Practitioner role, and the processes to work towards a robust infection prevention and control strategy to lead the hospital forwards.

APPENDIX 1 - Group Infection Prevention & Control Annual Work Programme Highgate Hospital

IPC Work Schedule 2019

		Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Lead	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
IPC Annual Report	PB	✓											
Group IPC Committee	CE/PB	✓			✓			✓			✓		
Highgate Hospital IPC Committee	PB		✓			✓			✓			✓	
Review of compliance with CQC criterion	PB		✓			✓			✓			✓	
Review of IPC Committee ToR	PB/AM		✓										
Review of IPC Objectives	PB		✓			✓			✓			✓	
Review of IPC items on Risk Register	PB		✓			✓			✓			✓	
Review of IPC Audit Reports	PB	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Review of IPC Policy GAP Analysis	PB					✓						✓	
Review of IPC Deep Dive Action Points	PB + HoDs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
IPC Environmental & Clinical Practice Audit	Links PB	✓			✓			✓			✓		
HII Hand Hygiene Audit	Links PB	✓			✓			✓			✓		
HII Peripheral I/V Audit	Links PB		✓			✓			✓			✓	
HII Urinary Catheter Care Audit	Links PB		✓			✓			✓			✓	

		Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Lead	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
HII SSI Audit	Links PB			✓			✓			✓			✓
HII Outpatient Services Patient Turnover Audit	Links PB			✓			✓			✓			✓
Sharps audit	PB										✓		
Non-Clinical Manager Forum	AH	✓			✓			✓			✓		