



INFECTION PREVENTION AND CONTROL
ANNUAL REPORT
2016

| Ratifying Committee/Board | Date of Ratification |
|--|-----------------------------|
| Aspen Executive Team | 10.04.17 |
| Aspen Infection Prevention & Control Committee | 26.04.17 |
| Aspen Quality Governance Committee | 27.04.17 |
| Aspen Quality Sub Board Committee | 10.05.17 |

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INFECTION PREVENION AND CONTROL ANNUAL REPORT 2016

EXECUTIVE SUMMARY

The Health and Social Care Act (2010) Code of Practice on the Prevention and Control of Infections 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 2016 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 2017.

The hospitals and clinics of Aspen Healthcare continue to make excellent progress towards full compliance with the Hygiene Code and to have excellent low rates of healthcare associated infections (HAI). This is the sixth DIPC report and it demonstrates clearly the sustained progress in improving infection prevention (IPC) practices across all sites.

INFECTION PREVENION AND CONTROL

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Introduction

This report will provide a review of Infection Prevention and Control (IPC) across Aspen Healthcare during 2016. It includes:

- Group Infection Prevention & Control activity, surveillance and incidents during 2016
- A review of the progress with 2016 objectives
- Sets out the objectives for the Aspen Group IPC Programme for 2017.

The format of the report takes each of the ten compliance criterion of the Health and Social Care Act (2010) Code of Practice on the Prevention and Control of Infections and Related Guidance (also known as 'The Hygiene Code') in turn and details how Aspen Healthcare ensures compliance with this Code. The report also provides evidence that demonstrates compliance with Healthcare Improvement Scotland (HIS) HAI standards. 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

Each Aspen facility in England is registered with the Care Quality Commission (CQC) under the Health and Social Care Act (2010) and the Scottish Edinburgh Clinic is registered with HIS. As a legal requirement Aspen must protect patients, staff and others from acquiring healthcare associated infections by compliance with the Hygiene Code in England and Healthcare Acquired Infection Standards in Scotland. During 2015 both the Hygiene Code and the Standards were reviewed and reissued by the Department of Health and Health Improvement Scotland respectively.

Tables One (below) provides a Group-wide assessment of current compliance with each of the ten criteria of the Hygiene Code for Aspen's facilities in England, and Table Two an assessment of compliance of the Scottish Standards, based on the annual reports from each facility and from regular visits by Aspen's Consultant Nurse for IPC and the DIPC.

This report demonstrates clearly that the majority of Aspen clinical areas are compliant with the requirements of the Hygiene Code and the HIS HAI Standards. All key IPC policies required are now in place, with additional policies being identified as the clinical services offered by Aspen facilities expand.

TABLE ONE: Review of Compliance with the Hygiene Code (England)

| Criterion | Compliance Criteria | Level of Compliance against Criteria |
|-----------|---|--------------------------------------|
| 1 | 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 | Fully compliant |
| 2 | Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections | Fully compliant |
| 3 | Ensure appropriate antimicrobial use to optimize patient outcomes and to reduce the risk of adverse events and antimicrobial resistance | Fully Compliant |
| 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 | Fully compliant |
| 5 | Ensure prompt identification of people who have or are at risk of developing an infection so that they are receive timely and appropriate treatment to reduce the risk of transmitting infection to other people | Fully compliant |
| 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. | Fully compliant |
| 7 | Provide or secure adequate isolation facilities | Fully compliant |
| 8 | Secure adequate access to laboratory support as appropriate | Fully compliant |
| 9 | Have and adhere to policies, designed for the individual's care and provider organisations, that will help to prevent and control infections | Fully Compliant |
| 10 | Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection | Fully compliant |

Key:

- Green:** Full compliance across the Group
- Yellow:** Moderate compliance across the Group
- Amber:** Partial compliance across the Group
- Red:** Non compliance across the Group.

TABLE TWO: Review of Compliance Healthcare Acquired Infection Standards (Scotland)

| 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 patients 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:

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CRITERION ONE

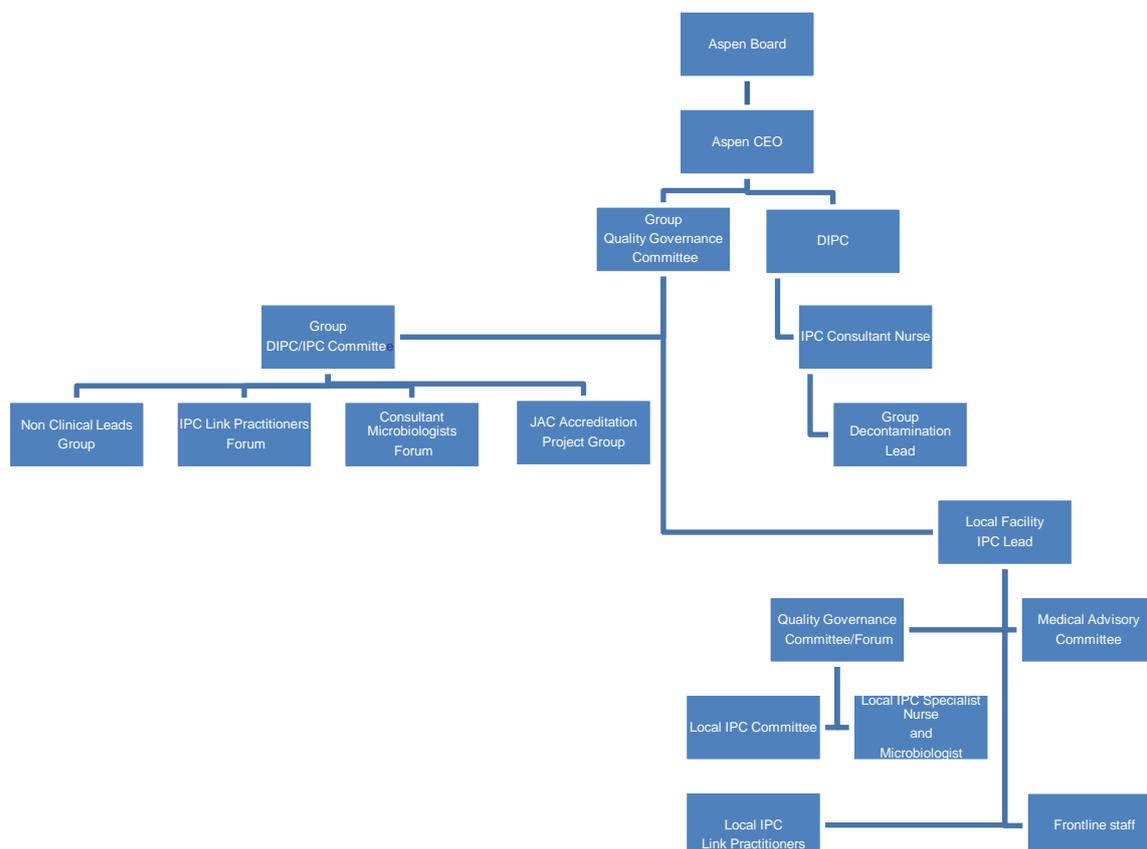
“Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risk that their environment and other users may pose to them”

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 IPC.

The organogram below details the Board to Ward IPC reporting lines and committees.

IPC Accountability Infrastructure



The IPC Team provides advice and guidance to all hospitals and clinics within Aspen Healthcare. While some sites have local IPC Nurse Advisors, IPC initiatives, objectives and key performance indicators are coordinated at a Group level to ensure standardisation of practice and reporting on all areas of IPC.

At each Aspen hospital or clinic a dedicated IPC Lead (usually the Director of Nursing or Clinic Manager) is responsible for IPC locally and is the Chairman of the facility IPC committee. These IPC leads are supported on all sites by IPC Link Practitioners. The Link Practitioners are existing members of staff who take extra responsibility for helping to maintain high standards of IPC practice in their own clinical areas. At some of the larger facilities a Deputy IPC Lead has been appointed to support the Lead and to help to coordinate the Link Practitioners (see appendix one for details).

During 2016 the IPC Link Practitioner Co-ordinators Forum was continued. This group meets quarterly and supports local IPC link practitioner meetings and networks across the Aspen facilities to inform link practitioner practice; improve communication and understanding of the link practitioner role throughout the local management teams; and to identify additional training needs for link practitioners over and above that provided within Aspen.

During 2016, the Consultant Nurse continued to facilitate the use of the Group IPC shared drive/portal across Aspen which allows for ease of communication with local facility IPC Leads and Links and the sharing of information, audit tools and results, and other key IPC initiatives.

Group Infection Prevention & Control Team

The Consultant Nurse for IPC continued to act as an expert advisor and resource to ensure that robust IPC measures are promoted across all Aspen facilities. She continued to significantly progress the IPC agenda across Aspen and is supported in this by Dipak Vaidya, the Group Chief Pharmacist, and Tim Cole the Group Decontamination Lead (both existing Aspen staff with additional Group lead roles). Both the Chief Pharmacist and the Decontamination Lead work in their Group roles for 4 days per calendar month, with the support of the Hospital Directors and Clinic Managers.

The Consultant Nurse for IPC focussed much of her time in 2016 on supporting the Aspen Hospitals and Clinics (England) in their preparation for CQC inspections, focusing particularly on showcasing areas of excellent IPC practice. At the time of this report all CQC ratings received were 'Good' and no adverse IPC comments had been received. The Consultant Nurse for IPC continued to work with the Non-Clinical Managers across the hospital sites to continue Aspen's involvement in the national Patient Lead Assessments of the Care Environment (PLACE) Inspections and to begin to involve the clinics as well as the hospital in this process– see page 14. In this she, and the Aspen sites, have been supported significantly by Luis Pedro, the Aspen Healthcare Group Hospitality and Services Lead.

The Group Decontamination Lead continued to assess, review and audit the ways in which decontamination of medical devices is carried out across the Aspen facilities and advised and supported the local decontamination leads on provision of services.

The Group Chief Pharmacist continues to provide advice on antimicrobial stewardship and is leading the group initiatives required to achieve compliance with antimicrobial prescribing and stewardship requirements.

Table Three: Aspen Infection Prevention & Control Team

| | |
|---|--|
| <p>Director of Infection Prevention and Control (DIPC)</p>  <p>Judi Ingram – Group Clinical Director/ Chief Nurse</p> | <p>Nurse Consultant Infection Prevention & Control</p>  <p>Dr Helen Evans</p> |
| <p>Group Decontamination Lead</p>  <p>Tim Cole – SSD Manager Parkside</p> | <p>Group Chief Pharmacist</p>  <p>Dipak Vaidya – Chief Pharmacist Parkside</p> |

Infection Prevention and Control Committee

The quarterly Group Infection Prevention and Control Committee meeting, chaired by the DIPC, has continued to function well during 2016. Full membership includes:

- Director of Infection Prevention and Control (DIPC) – Chair
- Nurse Consultant Infection Prevention and Control – Deputy Chair
- Site IPC Leads and/or their Deputies
- Director of Estates
- Group Health and Safety Manager
- Group Decontamination Lead
- Group Chief Pharmacist
- Consultant Microbiologist
- Representative of the Non-Clinical Managers.

Other attendees are co-opted as required, such as the Group HR Director, the Group Medical Director, other Consultant Microbiologists and Occupational Health Advisors.

This committee reports into the Group Quality Governance Committee, chaired by the Aspen Chief Executive.

Every Aspen hospital and clinical has a quarterly infection prevention and control committee which is chaired by the local IPC lead. At some of the smaller clinics this committee is integrated with their combined Quality Governance Committee.

Infection Prevention & Control Strategy

An up to date Group Infection Prevention & Control Strategy is in place in line with the requirements of the Hygiene Code; this details the roles and responsibilities of the core members of the Group IPC Team and the members of the Group IPC Committee.

The Infection Prevention and Control Strategy (and all other IPC policies) is available to all staff via the Aspen document management system, NetConsent.

Non-Clinical Managers Forum

In 2014 a Group Non-Clinical Managers Forum was established, meeting quarterly with membership from all Aspen hospitals and clinics. This forum has supported the hospital sites through participation with the Patient Led-Assessment of the Care Environment (PLACE) assessments and is also working towards standardisation of standards and products across the group. An additional, but key, member of this group is the Group Procurement Lead.

During 2016 the Chairmanship of this group was handed over to Luis Pedro, Aspen Healthcare Group Hospitality and Services Lead. The Consultant Nurse for IPC continues to be a core member of this group and assists with its administration.

Joint Advisory Group (JAG) Accreditation Project Group

This group was established during 2014 to support Parkside, Holly House, Highgate and Claremont Hospitals, and The Edinburgh Clinic, through the process of achieving accreditation from the Joint Advisory Group (JAG) on Gastro-Intestinal Endoscopy.

Each facility has their own local user group and advisors and the project group meets quarterly to support this work, and leads on the development of group endoscopy policies, protocols and supporting documentation and will feedback to the Aspen Group IPC Committee.

Parkside, Claremont, The Holly and Highgate Hospitals are now submitting bi-annual Global Rating Scale (GRS) audit data to JAG The Edinburgh Clinic will commence this once development of their endoscopy units is progressed further.

Towards the end of 2016, Claremont Hospital commenced the building of a dedicated JAG compliant Endoscopy Unit. This is expected to be commissioned and take patients towards the end of the first quarter of 2017.

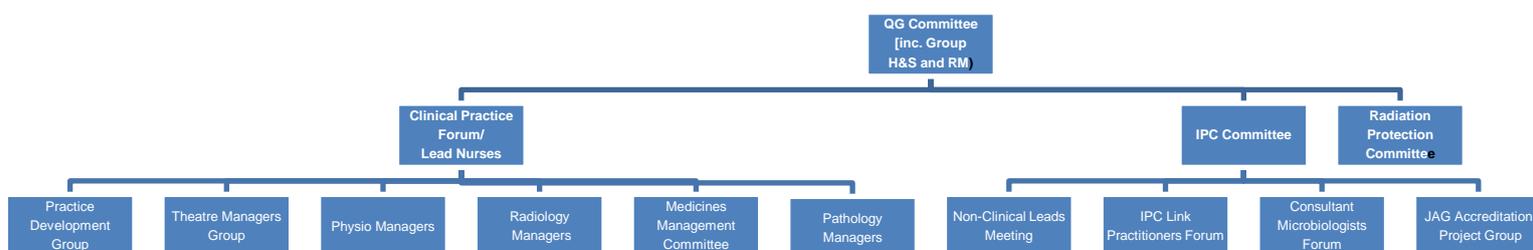
The JAG Group has also developed a number of core documents for the Endoscopy Service, including an Aspen Endoscopy Pathway.

Consultant Microbiologists Forum

The Consultant Microbiologists Forum has continued to meet throughout 2016. Meetings are now bi-annual and involve all of the Consultant Microbiologists that advise the Aspen hospitals and clinics. This meeting, with the DIPC and the Consultant Nurse for IPC, aims to share good practice, network, develop policy and protocol and resolve issues that affect all of the Aspen facilities.

Dr Louise Teare, the Consultant Microbiologist that advises The Chelmsford and Midland Eye, also attends the Aspen Group IPC Committee and represents this group.

Clinical Meeting Infrastructure, including IPC:



Audit

High Impact Intervention Audits

Since 2012 Aspen facilities have been undertaking the National Saving Lives 'High Impact Intervention' audits covering the following clinical aspects:

- Hand Hygiene
- Surgical Site Infection

- Urinary Catheter Management
- Peripheral IVI Care
- Outpatient Services (developed in-house and implemented in 2014).

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 IPC policies, procedures and guidelines.

Compliance with these audits has continued to improve throughout 2016.

Infection Prevention & Control Environmental and Clinical Practice Audit

The IPC Environmental and Clinical Practice Audits continue to be undertaken quarterly at all Aspen facilities. The audit tool is based on the Infection Prevention Society and Department of Health guidance.

Compliance with this audit continues to be good and it is envisaged that this will improve further during 2017. Areas for improvement are to ensure that this audit, its findings and action plans are really embedded into practice.

Audit results are fed back to IPC Committees at both facility and Group level where remedial action, if required, can be discussed, planned and implemented.

CRITERION TWO

“Provide and maintain a clean and appropriate environment in managed premises”.

‘Deep Dive’ Inspections

Monitoring the healthcare environment across the Aspen facilities requires a multifaceted and multidisciplinary approach as both patient and non-patient areas must be assessed.

The Consultant Nurse for IPC and the Group Head of Health & Safety and Risk Management continue to work together to undertake an annual ‘deep-dive’ inspection of each of the Aspen facilities. During 2016 they have joined other members of the Governance Team to undertake combined Quality Governance Visits which is working well for the sites.

After the inspection a comprehensive report is sent to the Hospital Director and IPC Lead. Follow-up visits and meetings with the Director of Nursing and Clinical Services, the Non-Clinical Services Manager and the Building Services Manager are undertaken to support the timely and effective resolution of any issues identified.

Facilities Management

The Nurse Consultant for IPC continued to work closely with Aspen's Estates Director and his team, the local facility Non-Clinical Services Managers and Building Services Managers to ensure that all building and refurbishment projects are undertaken ensuring compliance with IPC requirements.

Water Quality

The Director of Facilities and the Building Service Managers at all Aspen sites manage a system to ensure that all water used is of a quality that meets standards laid down by legislation and expert guidance.

If results do not meet required targets remedial action and retesting is undertaken immediately.

Standardisation of Products

The Nurse Consultant and IPC Leads continued to work with the Group Procurement Manager to affect the standardisation of a number of cleaning products across the Aspen Group. This will not only help to reduce costs by bulk purchasing but will assist in ensuring standardisation of policies and procedures across the group.

The Aspen Healthcare Group Hospitality and Services Lead has taken a key role in this project and led a key standardisation of laundry services and products.

Patient Led Assessment of the Care Environment Tool (PLACE)

PLACE is a system for assessing the quality of the patient environment led by NHS England and NHS Digital.

See: <http://digital.nhs.uk/catalogue/PUB21325>

The PLACE assessment teams include patients/service users/carers in assessing aspects of the patient journey including privacy and dignity, food, cleanliness and general building maintenance. Assessment focuses entirely on the care environment and does not cover clinical care provision.

In 2016 Parkside, The Holly, Claremont and Highgate Hospitals participated in this scheme, as well as the Midland Eye and The Chelmsford.

Aspen hospitals continued to perform well during the 2016 inspections scoring well above national averages in the majority of sections. Although some minor issues were identified surrounding privacy and dignity, these were remedied quickly. Tables of the PLACE results can be found in appendix two.

In 2017 it is planned that all of the the Aspen Healthcare facilities will participate in PLACE. Although there is no requirement for Scottish facilities to participate in PLACE, in line with Aspen's value of 'Beyond Compliance' The Edinburgh Clinic will also undertake a shadow PLACE assessment in 2017.

Decontamination

2016 Report from Group Decontamination Lead

The Chelmsford, Claremont Hospital, Midland Eye and The Edinburgh Clinic continue to out-source decontamination of re-usable surgical devices to MDD compliant SSD facilities, thereby meeting regulatory requirements.

The Holly Decontamination Department, (also providing services to Highgate Hospital) & Parkside Sterile Services Department (SSD) continue to maintain their Medical Devices Directive accreditations, with the most recent Notified Body audits having been carried out in July & August 2016 respectively.

During 2017 the Decontamination Lead and The Holly Decontamination Manager will be progressing and implementing changes to ISO standards and HTM 01-01 (formerly CfPP 01-01), with implementation of the new documents planned for January 2018.

The Holly Decontamination Department successfully completed its 'Surveillance 1' audit during July 2016, with minor corrective actions being required by the Notified Body auditor. These were completed to the satisfaction of the Notified Body and closed out subject to verification at the next external audit due in July 2017.

The Holly Decontamination Manager has re-established regular Decontamination Committee meetings to which the Decontamination Lead provides inputs and also attends, diary commitments permitting. The current primary focus of this committee is the replacement of the steam sterilisers.

Although previous work to utilities and services, (e.g. purified (RO) water) has significantly improved washer-disinfector reliability, the reliability of the steam sterilisers and associated steam generators at The Holly continues to be a cause of concern, due in major part to the age of the present machinery. (The consideration of sterilisers and associated steam generating plant from three manufacturers is ongoing at the time of writing.)

Parkside SSD completed its Recertification audit by the Notified Body during August 2016, with no follow up actions being required. Parkside's SSD next 'Surveillance 1' audit is due in August 2017.

Parkside Endoscopy – Following the installation and commissioning of a new Getinge ED Flow Endoscope Washer-disinfector and RO water purification plant in January & February 2016, decontamination service reliability has been greatly improved.

Claremont Hospital - Endoscope decontamination continues to be carried out in the current unit that meets basic requirements while a new 'turn-key' project with Olympus to build a new Endoscopy Suite is in progress. This project is planned for completion at the end of April 2017 at which time the existing decontamination facilities at Claremont will be decommissioned.

CRITERION THREE

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

Antimicrobial Stewardship

During 2016 the Aspen Antimicrobial Prescribing and Stewardship Policy was published and implemented across all Aspen sites.

The Group Chief Pharmacist and the Group Medical Director have collaborated with the Consultant Nurse for IPC and local IPC Leads to achieve compliance with the Hygiene Code and the HAI Standards requirements for antimicrobial prescribing and stewardship.

Antibiotic Stewardship is monitored by the Aspen Group IPC Committee and at local site level by local IPC Committees and Combined Governance Committees.

Compliance is monitored on a quarterly basis by Stewardship Audits which are led by the facility IPC Leads. Results and action plans are monitored by the Group Chief Pharmacist.

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”

EIDO Healthcare Patient Information

Aspen Healthcare continues to use EIDO® Healthcare patient information leaflets across many specialities. The IPC leaflets used are for MRSA and Clostridium *difficile* alongside some Aspen specific information which has been developed in house. These are available from Aspen’s stationary printers.

Notice Boards

The Nurse Consultant IPC continues to work with the IPC Leads and the Infection Control Link Practitioners to encourage the use of IPC notice boards in clinical areas. These boards are used to provide raise awareness and information, to both staff and patients, on the measures taken at Aspen Healthcare facilities to prevent the spread of healthcare acquired infection and to protect our patients and customers.

Publication of Infection Data

Aspen Healthcare participated via the Association of Healthcare Organisations (AIHO) in the national submission of Healthcare Acquired Infection data to Public Health England/Department of Health (DH). This information is published and made available to the public by the DH.

Patient Satisfaction Survey Data

Aspen is not only focused on providing good and informative information to our patients but is also increasingly aware of the importance of obtaining their feedback and taking account of their opinions on IPC. Aspen undertakes satisfaction surveys at all of its hospital and outpatient sites and the results of these surveys, in relation to IPC, were good and in most instances exceeded targets as table three below demonstrates. Ratings of patient room and general hospital cleanliness at Aspen facilities exceeded targets and for general hospital cleanliness improved on the 2015 ratings (see Table four).

Table Four – Group Inpatient Survey Results (Infection Prevention & Control) 2016

| | % Satisfied | Aspen Target |
|---------------------------------------|--------------------|---------------------|
| Cleanliness of your room and bathroom | 96% | 92% |
| Cleanliness of hospital general areas | 97% | 93% |

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.

Aspen continues to submit mandatory monthly Public Health England and Scotland (PHE/S) surveillance data of Meticillin Resistant Staphylococcus Aureus (MRSA), Meticillin Sensitive Staphylococcus Aureus (MSSA) and E.coli Bacteraemias and Clostridium difficile infections. These are reported via internal systems to Head Office to the DIPC prior to submission to (PHE/S).

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

Aspen continued to have a very low incidence of HCAs during 2016, with no reported outbreaks of infection or HCAs linked to by one organism, as can be seen in Table Five, below.

All healthcare acquired infections or outbreaks are investigated with an IPC Root Cause Analysis (RCA) completed. This is undertaken by clinical staff locally and overseen by the IPC Lead. Where appropriate action plans are developed and remedial action taken to prevent similar occurrences in the future.

In 2016 reporting of IPC activity, surveillance and infections to the Consultant Nurse IPC has been undertaken on a monthly basis.

Table Five: Alert Organism Surveillance by Facility: 2016

| Aspen Facility | MRSA Bacteraemia | MSSA Bacteraemia | E.coli Bacteraemia | C.difficile | Endophthalmitis |
|----------------------|------------------|------------------|--------------------|-------------|-----------------|
| Parkside/CCL | 0 | 1 | 5 | 0 | 0 |
| The Holly | 0 | 0 | 0 | 0 | 0 |
| Highgate | 0 | 0 | 0 | 0 | 0 |
| The Chelmsford | 0 | 0 | 0 | 0 | 0 |
| Midland Eye | 0 | 0 | 0 | 0 | 1 |
| Claremont | 0 | 0 | 0 | 0 | 0 |
| The Edinburgh Clinic | 0 | 0 | 0 | 0 | 0 |
| Nova | 0 | 0 | 0 | 0 | 0 |
| Totals | 0 | 1 | 5 | 0 | 1 |

Surgical Site Infection Surveillance

In line with the Public Health England and Scotland requirements, Aspen Healthcare undertakes a minimum level of surveillance for hip and knee replacement surgery. This means that for each of the facilities that undertake hip and knee replacements (Parkside, Holly House, Highgate and Claremont Hospitals in 2016) patients are followed up post operatively to assess whether or not they have sustained any wound infection.

All Aspen sites are undertaking this surveillance continually throughout the year. Parkside, Highgate and The Holly hospitals achieved this by telephone survey and Claremont by postal questionnaire. During 2017 the Consultant Nurse for IPC will be working with the team at Claremont to try to improve compliance with the return of the questionnaires.

Surveillance results for 2016 are detailed below in Table Six.

Table Six: Hip and Knee Replacement Surveillance: 2016

| Facility | No of Operations | No of Patients Surveyed | No of Infections |
|-----------|------------------|-------------------------|------------------|
| Parkside | 247 | 247 | 0 |
| The Holly | 349 | 193 | 2 |
| Highgate | 61 | 61 | 0 |
| Claremont | 1053 | 294 | 0 |

CRITERION FIVE

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

Consultant Microbiologists

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.

Appendix three details the Microbiologists who provide advice to Aspen facilities. The Edinburgh Clinic are in the process of recruiting a Consultant Microbiologist and in the interim discuss issues with the local NHS Trust when advice is required.

As detailed previously in this report, during 2016, further work was undertaken with the Microbiologists to work towards Group protocols, including Antibiotic Stewardship Guidelines and the meeting with them at the Consultant Microbiologists Forum.

Incidents

The Holly

In July 2016 there was an SUI where a Nasendoscope was reused. A full RCA was undertaken. Both patients involved in this incident were contacted and cooperated

fully with the investigation and subsequent specimen collection. No infections were identified and no harm was done.

The Consultant Nurse for IPC and the Group Decontamination Lead were involved fully in this investigation and worked with the IPC Team at the hospital to put in place remedial measures to prevent recurrence of this incident.

There were no other IPC related incidents.

Surgical Site Infection Reporting

In 2016 the group wide proforma continued to be used to help ensure that any member of staff investigating a potential infection consistently collects all the information required. This proforma forms part of the Datix incident investigation protocol and the system continues to work well.

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.”

Link Practitioners

Developing the IPC Link Practitioner (IPCLP) network continued to be a key priority during 2016. The local Link Practitioners are the IPC Champions in their clinical areas locally and Aspen is keen to build upon these roles to ensure that they can take a proactive part in the prevention of spread of infection in the healthcare environment.

Key priorities in 2016 were:

- Continuing to support dedicated time for the IPCLP's to fulfil their role (one day per month)
- Continuing to implement the formal role and competency structure for the IPCLP's
- Providing dedicated training courses and support for IPCLPs on how to undertake their role.

Infection Prevention Induction

IPC induction slides are included in the Aspen corporate induction programme for all new staff. IPC requirements have also been detailed in local induction programmes and IPC responsibilities are detailed in the job descriptions of all clinical staff.

In 2016 the Consultant Nurse IPC collaborated with the Group Development Lead to ensure that IPC featured clearly in the revised induction programmes for clinical staff in ward, clinic and perioperative departments.

Skin Surveillance

The formal skin surveillance programme continued during 2016 to ensure that all Aspen staff who wear gloves regularly as part of their work have formal skin assessments. This is undertaken on commencement of employment and at annual appraisal and if any anomalies are identified the member of staff is referred to Occupational Health.

E-Learning

Throughout 2016 all clinical and non-clinical staff across the Aspen facilities were required to undertake the NHS Skills Academy E-Learning modules for IPC. Compliance with this has increased throughout the year and is expected to continue to improve during 2017.

Link Nurse Hand Hygiene Training

The IPC Link Practitioners continue to provide practical hand hygiene training in their clinical areas during 2016. As well as the 'High Impact Intervention' hand hygiene audits, the Link Practitioners undertook these sessions at least quarterly. This system has worked well and it is expected that more sessions will be undertaken during 2017 as more clinical departments are purchasing their own training equipment. In 2017 patients are also to be asked to report on staff hand hygiene and a proforma will be developed for patients to complete to record staff compliance with hand hygiene practice and these results will be fed back to staff.

IPC Training for Housekeepers

The Consultant Nurse for IPC and the Aspen Healthcare Group Hospitality and Services Lead have collaborated during 2016 to provide a training day for housekeeping staff at all of the Aspen sites who employ housekeeping staff in-house.

This training has been very well received at all sites and will be continued in to 2017.

CRITERION SEVEN

“Provide or secure adequate isolation facilities”

Isolation Facilities and Policies

Isolation facilities are available at all Aspen sites and policies are in place to support the safe and timely isolation of patients with infections. Policies and Occupational Health support are also available to manage staff who develop infections and require exclusion from work.

Management of Overseas Patients

In-line with DH guidance issued a policy is in place for the management of patients admitted from overseas. This ensures that all patients admitted to an Aspen Healthcare facility are isolated and screened for infections that may pose a risk to other patients and staff. The Consultant Nurse IPC continues to work closely with the hospitals who have contracts to admit patients from overseas to ensure that these patients are identified and managed appropriately and safely.

Admission of Patients with Known or Suspected Infections

Aspen has a policy to identify patients who have or are suspected to have infections so that they can be admitted in to isolation and screened appropriately. In 2016 the Consultant Nurse IPC worked with the Aspen hospitals and clinics to ensure that this policy is embedded in the facilities.

CRITERION EIGHT

“Secure adequate access to laboratory support as appropriate”

Microbiology

All Aspen Healthcare facilities have Microbiology services to support clinical patient management. The Holly has an on-site laboratory; Highgate, Claremont and Parkside services are contracted out to The Doctors Laboratory and local NHS Trusts; and at the Chelmsford, Midland Eye and The Edinburgh Clinic services are contracted to the local NHS hospital. 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”

Policy Development

In 2016 the Consultant Nurse for IPC has continued to develop and update all of the Aspen IPC policies in line with national guidance (see Appendix Four).

At each of the Aspen sites the IPC Lead undertakes a GAP analysis for all new and updated IPC policies to ensure that they are compliant. Where compliance is not achieved an action plan is developed and monitored.

CRITERION TEN

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

Occupational Health

Aspen hospitals and clinics have arrangements for occupational health provision. Parkside Hospital, Cancer Centre London and Parkside at Putney employ a occupational health nurse practitioner, with the other Aspen sites having service level agreements with their local NHS Trusts. All Aspen sites also have service level agreements providing access to occupational health physicians as required.

Inoculation (Puncture) Injuries

During 2016 there were 19 inoculation injuries across the Aspen Healthcare sites, which is a significant decrease from 2015 (n=24) (see Table Seven). All inoculation injuries are investigated locally and learning points and actions are fed back to the local and Group Infection Prevention and Control Committees.

It remains a priority across the Aspen facilities to keep inoculations injuries to an absolute minimum. Lessons learned are established from all incidents and, while maintaining confidentiality, are used for induction and training of all clinical staff.

Any inoculation injuries are reviewed at local IPC committees and also reported to the the Group IPC Committee by the Group Head of Health and Safety.

Table Seven: Inoculation Injuries by Type

| Facility | Inoculation Injury | Near-Miss |
|---------------------------------|--------------------|-----------|
| Parkside & Cancer Centre London | 4 | 1 |
| Claremont Hospital | 3 | 0 |
| The Holly | 4 | 0 |
| Highgate | 5 | 0 |
| The Chelmsford | 1 | 0 |
| Midland Eye | 1 | 0 |
| The Edinburgh Clinic | 1 | 0 |
| Nova | 0 | 0 |
| Totals: | 19 | 1 |

Safety Devices and EU Directive

In May 2013 the European Union *European Directive (Council Directive 2010/32/EU) to prevent injuries and infections to health care workers from sharps* became law in the UK in the form of *Health & Safety (Sharp Instruments in Healthcare) Regulations 2013*.

This has been implemented across the Aspen sites wherever it is appropriate to use the devices available. However, for some procedures the devices on the market are not appropriate for use and in these instances the following is undertaken:

1. A risk assessment is completed stating why a safety device cannot be used for a specific procedure
2. This information is reported via the local Infection Prevention & Control Committee
3. The risk assessment is reviewed every six months to check if any new safety devices have become available for that procedure.

In addition to this constant monitoring of the availability of new devices is undertaken and this information is then passed onto other sites via the Nurse Consultant IPC.

Influenza Staff Vaccine Campaign

Influenza vaccination for staff was again a priority for Aspen Healthcare this year. Information on how staff could obtain vaccinations was publicised on the Aspen intranet portal during October, November and December 2016, and was also placed on the computer desk top of all Aspen employees.

A flu vaccination service for staff was offered at all Aspen sites, and where previously external companies were used to provide this service, in 2016 we vaccinated our own staff. The vaccines were administered under a Patient Group Directive (PGD) which was written for the Aspen group and approved by the local clinical and management teams. The numbers of staff vaccinated on each site are detailed in Appendix Five.

In the autumn of 2017 the Consultant Nurse for IPC and the Group Chief Pharmacist will again roll-out a campaign across the Aspen sites to try to increase the take up of the influenza vaccination.

REVIEW OF 2016 OBJECTIVES

More than 75% of the 2016 IPC objectives have been met fully, with the remainder being mostly met. Many of the objectives form part of on-going processes which will be continued into 2017. Where these have not been met, explanation and progress reports are given in the body of this report.

Table Eight: Review of 2016 IPC Objectives

| Objective | Review |
|---|---|
| To continue to consolidate Group IPC initiatives ensuring that high quality IPC practice is embedded across all Aspen facilities and ensure that all Aspen facilities maintain compliance with the Hygiene Code (England) and the HCAI Standards (Scotland) | |
| To continue work with the Aspen Group IPC Team and IPC Leads to prepare hospitals and clinics in England for the new model of Care Quality Commission comprehensive inspections | |
| To meet quarterly with the IPC Leads to review their Work Programmes and Schedules and Hygiene Code and HAI Standards GAP Analysis | In person meetings or telephone discussions have been undertaken with each site quarterly |
| To extend roll out of participation in the PLACE inspection programme from the hospitals to include the remaining clinics | Seven of the nine Aspen facilities participated in the PLACE programme in 2016 |
| To maintain and expand the Infection Control Link Practitioner network to ensure that good IPC practice is embedded across Aspen Healthcare | |
| To develop an IPC Newsletter for the IPC Link Practitioners to further improve communication on of key IPC issues and support them in their roles | One issue was published in 2016 |
| To work with the hospital and clinic IPC leads to ensure that a GAP analysis is undertaken for all IPC policies and put in place action plans to manage any areas of non-compliance | |
| To improve communications with the site IPC Leads, including developing a monthly briefing | Monthly briefings during 2016 have been by telephone call between the Consultant Nurse IPC and the individual leads. During 2017 a powerpoint briefing will be developed and circulated to complement the calls |
| To work with the Group Chief Pharmacist to finalise the Antimicrobial Stewardship programme and guidance and support its implementation | |

| Objective | Review |
|---|---|
| To ensure at least 90% compliance of staff complete the IPC e-learning training modules | Mostly compliant – new software is awaited to enable a detailed analysis. This will continue to be a priority going forward in to 2017 |
| To obtain assurance that all in-patients sites are continuing to undertake continuous Hip and Knee Surgical Site Surveillance including a follow-up telephone call (or effective equivalent) to the patient at 30 days post-surgery | Mostly compliant – during 2017 the Consultant Nurse for IPC will support the team at Claremont to explore ways to improve return rates of their post-op questionnaires |
| To continue to support JAG accreditation for endoscopy decontamination at Parkside, Claremont, Holly and Highgate Hospitals | Ongoing – in some areas JAG compliance is dependent on the commissioning of new facilities |
| To ensure compliance with National Sepsis Guidance | Mostly compliant – the promotion of Sepsis Awareness among Aspen Clinical Staff will continue to be a priority going forward in to 2017. The Consultant Nurse IPC will work with the Aspen Development Lead to achieve this |
| To review infection prevention and control induction for clinical and non-clinical staff across all Aspen hospitals and clinics | |
| To work with the Aspen Non-Clinical Services Lead to deliver IPC training to housekeeping and support staff | Training programme delivered |
| To explore the implementation of the ANTT (Aseptic Non-Touch Technique) programme across Aspen hospitals and clinics | Not progressed in 2016 - this objective will roll over to 2017 |
| To work with hospital and clinic IPC leads to ensure that all IPC link practitioners have undertaken relevant IPC competency assessments | |

Key:

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

IPC OBJECTIVES 2017

The IPC objectives for 2017 (see Table 9 below) have been developed following assessment of all of the Aspen facilities and the requirements of the Hygiene Code and review of this annual report. 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 Nine: IPC Objectives 2017

| Objective |
|---|
| Review the possibility of participating in further voluntary surveillance modules for surgical site infection as defined by Public Health England |
| Explore the possibility of introducing ANTT Aseptic Technique Processes Across the Aspen sites |
| Continue to work towards JAG Accreditation for Endoscopy Services at all Aspen sites undertaking endoscopy |
| Explore the possibility of peer IPC audits with IPC leads and IPC link practitioners auditing each others sites and departments |
| To work with the Group Development Lead to embed Sepsis training and management across the hospital sites |
| To work with Claremont Hospital IPC team to explore ways to improve compliance with Hip and Knee surgery surveillance compliance |
| To further develop monthly IPC briefing calls with IPC Site leads at each Aspen site |
| To develop a proforma to involve patients in monitoring hand hygiene where patients are asked to report on staff hand hygiene and roll out to all Aspen sites |
| To ensure regular publication of an IPC newsletter to raise the profile of IPC and to share and celebrate effective IPC practice |

KEY PERFORMANCE INDICATORS

Key Performance Indicators have been developed to enable the Group and Local IPC Teams to monitor compliance with key IPC targets and to ensure compliance with The Hygiene Code. These will be reviewed quarterly at both the Group and Local IPC Committees.

Table Ten: Key Performance Indicators 2016

| Indicator | Requirement | Compliance Target | Monitoring | Achievement |
|--|--|-------------------|--|---|
| IPC Training | All staff undertake required IPC E-Learning bundles. | 90% | Monitoring data reported quarterly to local and group IPC Committees | Staff are demonstrating good compliance with training. However, new software is awaited to enable a detailed analysis |
| IPC Training | All clinical areas have quarterly hand hygiene training sessions run by the IPC Link Practitioners | 100% | Monitoring data reported quarterly to local and group IPC Committees | 95% |
| IPC Training | All staff undertake Aspen corporate induction training that includes a session on IPC | 100% | Monitoring data reported quarterly to local and group IPC Committees | |
| Surveillance of Healthcare Acquired Infection (HCAI) | To have no HCAI, or a reduction based on previous years numbers | 100% | Monthly reporting to Group IPC data base and quarterly reporting to local and group IPC Committees | 98% |

| Indicator | Requirement | Compliance Target | Monitoring | Achievement |
|--|---|-------------------|--|-------------|
| Root Cause Analysis (RCA) of all potential HCAs | An RCA is commenced for all potential HCAs within 24 hours of identification & completed within 10 working days | 100% | Monitoring data reported quarterly to local and group IPC Committees | |
| Surveillance of Surgical Site Infections (SSIs) (Hips & Knees) | Continuous surveillance of all Hip and Knee procedures at 30days. | 95% | Monthly reporting to Group IPC data base and quarterly reporting to local and group IPC Committees | 95% |
| Notification of MRSA, MSSA, E.Coli Bacteraemia & Clostridium <i>difficile</i> hospital acquired infections | All cases to be notified to Health Protection England (PHE) /Scotland monthly | 100% | Monthly reporting to to Head Office and onward to PHE/S. Monthly reporting to Group IPC data base and quarterly reporting to local and group IPC Committees | |
| IPC Audit | IPC Environmental & Clinical Practice Audits are undertaken quarterly by IPC Link Practitioners | 100% | Monitoring data reported quarterly to local and group IPC Committees | 98% |

| Indicator | Requirement | Compliance Target | Monitoring | Achievement |
|--|--|-------------------|--|---|
| IPC High Impact Intervention (HII) Audit | HII Audits for Hand Hygiene, Peripheral IV Care, Urinary Catheter Care & SSI are undertaken as per Aspen IPC Audit Programme | 100% | Monitoring data reported quarterly to local and group IPC Committees | 98% |
| Inoculation Injuries (Puncture & Splash) | There will be no inoculation injuries (puncture or splash) across Aspen Healthcare | 100% | Monitoring data reported quarterly to local and group IPC Committees Reporting of all inoculation injuries to Datix incident reporting system (or local system) | 95% (A significant reduction on 2015 incidents was achieved) |
| Outbreaks | There will be no outbreaks of infection across Aspen Healthcare | 100% | Monitoring data reported quarterly to local and group IPC Committees | |
| Water Quality | Water quality will be monitored to ensure that TVC levels do not exceed those specified by legislation or national guidance | 100% | Monitoring data reported quarterly to local and group IPC Committees | |

Key:

Green: Full compliance across the Group
Amber: Partial compliance the Group

Yellow: Moderate compliance across the Group
Red: None compliance across the Group.

CONCLUSION

During 2016, across Aspen Healthcare, there has been a commitment and much hard work to facilitate excellent infection prevention and control practice that goes 'beyond compliance' in meeting the requirements of the Hygiene Code (England) and the Standards for Healthcare Acquired Infection (Scotland). As described earlier in this report the Aspen facilities assessed and reported on during 2016 have all achieved ratings of 'Good' with no IPC issues identified.

During 2017 further work will continue to ensure the maintenance of these high standards, to ensure continued compliance with any reissued national guidance.

Judi Ingram - Group Clinical Director, Chief Nurse and Director of Infection Prevention and Control

Dr Helen Evans – Nurse Consultant Infection Prevention and Control

March 2017.

INFECTION PREVENTION AND CONTROL LEADS AND DEPUTIES BY ASPEN FACILITY

| Facility | IPC Lead and Deputy |
|-----------------------------|--|
| Parkside/CCL | Liz Lindsey and Anita Scanelli |
| Holly House | Lorraine Kelly |
| Highgate | Christine Etherington and Penny Barker |
| The Chelmsford | Jill Norman and Amanda Thorpe |
| Midland Eye | Erica Bowen |
| Claremont | Carol Jones and Heather McPherson |
| The Edinburgh Clinic | Sally Payne |
| Nova Healthcare | Dawn Abbott |

PLACE RESULTS 2016 - (2015 results in brackets for reference – where available)

| | Cleanliness | Food | Organisational Food | Ward Food | Privacy & Dignity | Condition & Appearance | Dementia | Disability |
|--------------------|--------------------|--------------------|---------------------|--------------------|--------------------|------------------------|--------------------|---------------|
| Parkside | 99.19% (99.67%) | 94.10% (94.43%) | 92.88% (97.24%) | 95.64% (91.82%) | 76.79% (83.56%) | 95.27% (97.98%) | 85.41% (76.96%) | 88.23% (-) |
| Claremont | 99.37% (99.47%) | 96.59% (95.20%) | 93.44% (94.84%) | 100% (95.67%) | 81.90% (83.78%) | 94.17% (92.78%) | 64.08% (81.69%) | 75.07% (-) |
| Holly | 98.99% (100%) | 91.61% (91.16%) | 92.72% (92.33%) | 90.44% (90.67%) | 78.95% (81.63%) | 98.41% (99.18%) | - (-) | 87.06% (-) |
| Highgate | 100% (98.45%) | 93.56% (94.00%) | 94.67% (90.86%) | 92.01% (96.88%) | 86.94% (80.65%) | 96.58% (94.09%) | 87.55% (-) | 84.90% (-) |
| Chelmsford | 99.48% (97.3%) | - | - | - | 74.07% (100%) | 97.03% (94.62%) | 78.72% (91.18%) | 81.25% (-) |
| Midland Eye | 100% (100%) | - | - | - | 65% (66.67%) | 87.65% (85.53%) | 78.57% (85.19%) | 53.85% (-) |
| Nova | 98.21% (-) | - | - | - | 86.96% (-) | 97.97% (-) | - | 86.36% (-) |

PLACE RESULTS 2016 – ASPEN COMPARISON WITH NATIONAL AVERAGE & COMPETITORS (2015 results in brackets for reference – where available)

| | Cleanliness | Food | Organisation Food | Ward Food | Privacy & Dignity | Condition & Appearance | Dementia | Disability |
|-----------------------------|----------------------------------|---------------------------------|----------------------|--------------------|----------------------------------|----------------------------------|--------------------------------|--------------------|
| National Average | 98.1% (97.57%) | 88.2% (88.44%) | 87.0% - | 89.0% - | 84.2% (86.03%) | 93.4% (90.11) | 75.3% (74.5%) | 78.8% - |
| Aspen | 99.31% (99.43%) | 93.88% (93.24%) | 93.29% - | 94.54% - | 80.09% (82.29%) | 96.09% (96.20%) | 81.29% (79.2%) | 84.96% - |
| Ramsay | 98.42% (98.23%) | 90.50% (93.22%) | 88.36% - | 93.02% - | 81.86% (88.06%) | 94.59% (93.61%) | 80.27% (84.6%) | 80.66% - |
| BMI | 96.95% (98.02%) | 90.26% (91.47%) | 91.08% - | 89.67% - | 81.51% (85.55%) | 89.39% (89.66%) | 78.96% (82.1%) | 78.35% - |
| Nuffield | 99.05% (98.48%) | 93.76% (95.17%) | 93.08% - | 94.46% - | 87.47% (89.84%) | 94.88% (93.02%) | 81.79% (81.1%) | 82.55% - |
| Spire | 98.57% (96.59%) | 93.51% (94.03%) | 92.62% - | 94.37% - | 82.82% (85.92%) | 93.78% (91.94%) | 78.10% (79.9%) | 80.86% - |

CONSULTANT MICROBIOLOGISTS BY FACILITY

| Facility | Microbiologist |
|----------------------|------------------|
| Parkside & CCL | Dr Berge Azadian |
| Holly House | Dr Albert Mifsud |
| Highgate Hospital | Dr Albert Mifsud |
| The Chelmsford | Dr Louise Teare |
| Midland Eye | Dr Louise Teare |
| Claremont | Dr Rob Townsend |
| The Edinburgh Clinic | To be confirmed |

N.B. Nova Healthcare IPC via St James NHS Trust

INFECTION PREVENTION AND CONTROL POLICIES

| Name | Reference | Revision |
|--|------------------|-----------------|
| Infection Prevention and Control Strategy | GP-INF1 | Revision 2 |
| Standard Infection Control Precautions Policy | GP-INF2 | Revision 1 |
| Hand Hygiene | GP-INF3 | Revision 1 |
| Policy for the Use of Personal Protective Equipment (as it relates to Infection Control) | GP-INF4 | Revision 1 |
| Policy for the Prevention of Exposure to Blood-Borne Viruses | GP-INF5 | Revision 1 |
| Policy for the Safe Management of Sharps | GP-INF6 | Revision 1 |
| Policy for the Safe Management of Blood and Body Fluid Spillages | GP-INF7 | Revision 1 |
| Decontamination of Reusable Patient Care Equipment | GP-INF8 | Revision 2 |
| Policy for the Safe Handling of Linen | GP-INF9 | Revision 1 |
| Policy for the Management of Extended Spectrum Beta-Lactamase Producing Organisms | GP-INF 10 | Original |
| Aseptic Technique | GP-INF11 | Revision 1 |
| Policy For The Isolation Of Patients With Known Or Suspected Infections | GP-INF12 | Revision 1 |
| Prevention of Infection Associated with Intravenous (IV) Devices | GP-INF13 | Original |
| Prevention of Infection Associated with Short Term Urinary Catheters | GP-INF14 | Original |
| Surveillance and Reporting of Infection | GP-INF15 | Revision 2 |
| Management of Infection Outbreaks | GP-INF16 | Original |
| Root Cause Analysis and Healthcare Associated Infections | GP-INF17 | Revision 2 |
| MRSA Policy | GP-INF18 | Revision 1 |
| Management of Clostridium Difficile Infection | GP-INF 19 | Revision 2 |
| Transmissible Spongiform Encephalopathy (TSE) Policy including CJD and vCJD | GP-INF 20 | Original |

| | | |
|--|-----------|--------------------------|
| Infection Prevention & Control Cleaning Standards Policy | GP-INF 21 | Original |
| Management of Inoculation Injuries | GP-INF22 | Revision 1 |
| Infection Prevention and Control Management of the Deceased Patient | GP-INF 23 | Original |
| Safe Collection, Handling and Transport of Laboratory Specimens relating to Infection Prevention and Control | GP-INF24 | Revision 1 |
| Decontamination of Medical Devices Policy | GP-INF-25 | Revision 1 |
| Medical Devices Policy | GP-INF-26 | Revision 1 |
| Food Hygiene Policy | GP-INF27 | Original |
| Food Hygiene in Clinical Areas | GP-INF28 | Original |
| Skin Surveillance Policy | GP-INF 29 | Original |
| Policy for the Admission of Overseas Patients | GP-INF30 | Original |
| Decontamination of the Peri-Operative Environment | GP-INF31 | Original |
| IPC Policy for the Admission, Discharge and Transfer of Patients with Known or Suspected Infections | GP-INF 32 | Original |
| Pandemic Influenza Contingency Management Policy (formerly GP-Clin2) | GP-INF 33 | 2 nd Revision |
| Infection Prevention & Control & Building Services Policy | GP-INF 34 | Original |
| IPC Policy for the Management of Animals in Clinical Areas | GP-INF 35 | Original |
| Management of Patient with Tuberculosis | GP-INF 36 | Original |
| Sepsis Management Policy | GP-INF 37 | Revision 1 |
| Antibiotic Stewardship and Prescribing Policy | GP-INF 38 | Original |
| Management of Clinical Waste Policy | GP INF 40 | Original |
| Policy for the Management of Patients with Carbapenemase-Producing Enterobacteriaceae | GP INF 41 | Original |
| Minimising Surgical Site Infections in Theatre | GP-INF 42 | Original |
| Management of Patients with Known or Suspected Infections in the Perioperative Environment | GP-INF 43 | Original |
| Policy for the Management of Patient Mattresses | GP-INF 44 | Original |
| Infection Prevention & Control in the Perioperative Environment | GP-INF 45 | Revision 1 |

| | | |
|---|-----------|----------|
| Toy Cleaning Policy | GP-INF 46 | Original |
| Policy for the Management of Curtains and Blinds in Clinical Areas | GP-INF 47 | Original |
| Policy for the Management of Patients and Staff with Diarrhoeal Illness | GP-INF 48 | Original |
| Viral Haemorrhagic Fever Policy (including Ebola) | GP-INF 49 | Original |
| Policy for the Management of Patients with Respiratory Viruses | GP-INF 50 | Original |
| Policy for the Management of Patients with Antibiotic Resistant Organisms | GP-INF 51 | Original |
| Policy for the Care of Patients with Multi-Resistant Acinetobacter | GP-INF 52 | Original |
| Water Hygiene in Endoscopy | GP-INF 53 | Original |
| Decontamination of Endoscopes Policy | GP-INF 54 | Original |

Appendix Five

NUMBER OF STAFF VACCINATED FOR INFLUENZA BY FACILITY

| Facility | Staff Vaccinated 2014/15 | Staff Vaccinated 2015/16 | Staff Vaccinated 2016/17 |
|-------------------------|-----------------------------|-----------------------------|-----------------------------|
| Parkside & CCL | 165 | 149 | 150 |
| The Holly | 51 | 39 | 62 |
| Highgate | 43 | 39 | 15 |
| The Chelmsford | 6 | 2 | 10 |
| Midland Eye | 5 | 8 | 12 |
| Claremont | 50 | 67 | 80 |
| The Edinburgh Clinic | 10 | 0 | 9 |
| Nova | N/A | 3 | 2 |
| Totals | 330 | 307 | 341 |