

# Here

## Here Annual Infection Prevention And Control Report

### INFECTION PREVENTION AND CONTROL ANNUAL REPORT

1 January – 31 December 2016

and

### INFECTION PREVENTION AND CONTROL ANNUAL ACTION PLAN

for 2017

**Purpose:**

To provide the Board with an overview of the Infection Prevention and Control arrangements within the organisation and identify improvements which require attention for the next 12 months.

To provide the board with assurance that the infection control arrangements effectively protect patients from Health care acquired infections and staff from workplace infection hazards.

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## 1 Introduction & Purpose

The following report and action plan for HEREHere has been submitted by the Infection prevention and control Lead (Jon Ota)

The report provides the Board with an overview of the Infection Prevention and Control arrangements within the organisation, provides an update on agreed improvements from the 2015 annual report and identifies improvements which require attention for the next 12 months. It is a requirement that all health care organisations provide an annual report to be considered by the board to enable it to discharge its responsibilities to protect patients and staff from the risk of infection.

## 2 Current Approach to Infection Prevention and Control

Infection prevention and control is important in the delivery of all clinical services to ensure patient safety and protection of staff. HERE uses the following mechanisms to prevent against health care acquired infections, identify and address any issues that may arise:

### 2.1 Service Level risk assessment and residual risk

Whilst infection prevention and control is important in all healthcare services, the level of potential exposure and risk varies considerably. Each HERE service has undertaken an infection control risk assessment and has indentified the residual risk relating to its activities. The residual risk is the likelihood of potential harm as a result of infection after all mitigations found in the infection control procedures have been put in place..

Service	Residual risk	Rationale
MSK	Low to moderate	Procedures: some minor invasive procedures, mainly injections which could lead to needle stick injuries or injection site infections. Suture removal.  High volume of patients.  It should be noted that whilst Sussex MSK is responsible for the MSK programme budget including invasive surgery, Here is not responsible as a health care provider for surgical activity. Health care acquired infections associated with surgery are monitored as part of sub contracts with secondary care providers.
Cummunity Eyes Service	Moderate	Procedures: some moderately invasive procedures, which could lead to needle stick injuries or injection site infections.  low volume of patients

Benfield Valley Healthcare hub	moderate	Benfield Valley Healthcare hub became a HERE service in April 2017.  Procedures: minor invasive procedures, suture removal and some dressings of potential infectious wounds.
CPAMS	Very low	No invasive procedures
PCC/ pro active care	Very low	No invasive procedures
Wellbeing	Very low	No invasive procedures
MAS	Very low	No invasive procedures

## 2.2 Policies and Procedures

The Infection Prevention and Control Policy and Procedure is in place to support staff to in adopting best practice to protect patients and staff and ensure the organisation puts in place arrangements to support best practice.

The Policy and Procedure were reviewed in August 2016 and ratified by the board at that time.

In April 2017 Benfield Valley Healthcare Hub became a HERE service and reviewed/ ratified its infection control procedures in June 2017. The HERE policy and Procedure will be reviewed to incorporate and align with this procedure.

Action required: to review the HERE Infection control Policy and procedure to incorporate Benfield Valley Healthcare Hub procedures by September 2017 to be undertaken by HERE infection control lead.

## 2.3 Incidents and Complaints

HERE has both an Incident Policy which includes major incidents and a Complaints Policy. All infection control incidents and near misses are reported through this route and would normally be reviewed at the relevant Clinical Quality Group, including actions required to reduce likelihood of repeat and sharing of learning. All new incidents and complaints are reviewed in weekly team briefings. Incidents and complaints remain open until all learning has been actioned and shared across teams where appropriate. These meetings look for themes for broader shared learning and possible system improvements. All risks are closed via the appropriate Clinical Quality Group on a monthly or bi-monthly basis. The Board receive an annual report from each clinical service which includes a summary all incidents and complaints which details volumes, grades and themes.

This report provides an overview of incidents and complaints which relate to infection control.

### 2.3.1 Audit of Incidents and Complaints

The annual audit of incidents and complaints for the following services identified the following types of infection incidents or complaints for the period January – December 2015.

All clinical services have had an infection control risk assessment and measures taken to reduce the risks as described in the Infection Control Policy and Procedures. The residual risk gives an indication of the likelihood of infection control incidents occurring with these measures in place. The MSK and Ophthalmology services present the highest infection control risk, due to the nature of the procedures undertaken and the use of sharps (medical devices which can easily penetrate the skin e.g. needles and scalpels)

#### Incidents

Service	Residual risk	No. of Infection Incidents for the period 1/1/16-31/12/16 (2015 number for comparison)	Details of incident or complaint
MSK	moderate	2 (4)	2 near misses – both at the Vale Clinic. No harm to patient or clinician.  1. Sharps not disposed of correctly 2. Sharps bin overfilled  There have been no incidents of MRSA or CDiff reported by secondary care providers
Community Eyes Service	Moderate	0 (0)	N/A
CPAMS	Very low	0 (0)	N/A
PCC	Very low	0 (0)	N/A
Wellbeing	Very low	0 (0)	N/A
MAS	Very low	0 (0)	N/A

#### Complaints

During 2016 there was one complaint relating to infection control. This identified incorrect clothing of an MSK clinician who had long sleeves while undertaking minor procedures. As a result the clinician in question was reminded of requirements of the infection control policy and all staff at the particular clinic was provided with additional training and

discussed how timely feedback can be provided to clinicians by non clinical staff who might observe poor infection control practice.

## 2.4 Training

All clinical staff are required to undertake annual infection control training, which is nationally approved and designed for community based health setting.

Non Clinical staff who regularly work in health care settings are also required to undertake infection control training. This training is on-line and is provided by Skills for Health.

At the start of a clinician's employment or contract a Governance Assurance form is completed by the relevant services Clinical Director and evidence of statutory and mandatory training already undertaken is gathered. The training policy dictates that at the time of new recruitment or contract start, evidence of training having been undertaken must not be more than 12 months old. This applies to all Clinical staff, regardless of their employment/contract status.

Once evidence of training has been received, HR populates the HERE Training Matrix with the data. The Training Matrix has the ability to monitor expiry of training and along with this we have developed a tool, the Individual Training Report spread sheet which has been set up so that any line manager is able to pull a simple report which shows what training their direct reports have completed or need to undertake.

Training data is monitored on a monthly (middle management) and quarterly (Board) basis to ensure we maintain our target of 85% of all appropriate staff trained at any one time.

For the purpose of this report December 2016 was used as the audit month. In December 2016 100% of clinical staff were up to date with infection control training.

In December 2016, 29 non clinical staff had undertaken infection control training. 127 had not undertaken infection control training. The training audit highlighted that current reporting of mandatory training does not easily allow the organisation to identify which non clinical staff "who regularly work in health care settings". It is also noted that it is very difficult to assess which roles may regularly visit health care settings

### **Recommendation:**

To introduce infection control basic awareness training for all non clinical staff and achieve 85% coverage by December 2017.

Rationale: Annual infection control awareness training for non clinical colleagues prepares people to comply with good hand hygiene practice should they be required to visit health care settings and brings HERE in line with mandatory training requirements of partner organisation e.g. Sussex Community Foundation Trust.

## 2.5 Audits

Clinical, including any infection control audits are carried out on regular basis (weekly, monthly, bi-monthly, quarterly, 6-monthly and annually depending on the type of audit) by clinicians within the service. Audits include the review of clinical notes and outcomes. Any issues identified are discussed by the Clinical Quality Group (CQG) who meet monthly, who will then agree further actions or process changes.

HERE has in place an Audit Matrix which lists all audits that each clinical service is required to undertake on a regular basis. The Audit Matrix is monitored regularly by the Corporate Services Manager to ensure audits are undertaken as required.

During this period there has been one infection control audit. This was a surgical wound site infection audit for podiatric surgery carried out at Sydney West. The audit results identified zero wound site infections which are significantly below national benchmarks. (podiatric surgery is not directly the responsibility of HERE but it is one of the services delivered through SMSKP and therefore under the management of HERE.

## 2.6 Surveys

All patients are offered a patient survey and their feedback is used to further develop the particular service they used.

Surveys include questions about cleanliness of the environment and patients are encouraged to provide general feedback about the service via the survey.

As with audits, survey results are taken to various meetings including both internal HERE and CQG meetings for review and discussion. In addition, HERE meet quarterly with the CCG to review performance of the Brighton and Hove contract against Key Performance Indicators (KPIs). KPIs include total demand and activity, waiting times, attendance data, patient survey results, compliance against national guidelines.

Again, HERE has in place a Survey Matrix which lists all surveys that HERE undertakes on a regular basis. The Survey Matrix is monitored monthly by the CSM to ensure surveys are undertaken as required.

Finally, appropriate survey results are posted to the HERE website.

In 2015, 265 patients provided a response to the question "How do you rate the clinic on the cleanliness of the environment". 251 people (94.7%) responded with Excellent or Good; 13 people (4.9%) responded with Satisfactory; and the remaining 1 person (0.6%) responded with Poor.

## 2.7 Consent

Consent is gained for all invasive procedures which include providing patients with the risk of infection due to having the procedure.

HERE has Consent for Examination or Treatment Policy which all clinicians are required to read, understand and comply with. This policy is regularly reviewed to ensure it stays compliant with relevant legislation.

Integrated Governance Frameworks and SLAs give clear clinician responsibility about joint informed decision making, risks and benefits of interventions with patients and patient consent for those patients undergoing minor procedures. These are also regularly

reviewed. All clinicians are trained on consent as part of their professional codes of practice.

Where appropriate, services have a consent form which clinicians are required to complete, and patients to sign, prior to the procedure being carried out. Further, an electronic note of consent is documented on the patients file and subsequently the consent form, is scanned onto the patients electronic file on SystmOne.

## **2.8 Site Assurance**

Annual site assurance visits are undertaken by the relevant ICM or Service Manager at sites delivering our services. HERE has a tailored approach which it uses dependent upon the activity the sites are used for. Infection control is a key element of the site assurance and is proportionate to the infection control residual risk of the service(s) that are delivered from any site.

If required, following annual site visits, an action plan is developed and agreed with the site. This is reviewed three months after the annual visit by the appropriate Service Manager or ICM.

Again, HERE has in place a Site Assurance Matrix which lists all sites that HERE uses for the delivery of its services. The Site Assurance Matrix is monitored regularly by the CSM to ensure visits and actions plans are actioned.

Site assurance visits identified the following infection control issues.

1. Two sites had out of date spillage kits. Action taken: replaced spillage kits
2. Two sites had out of date sharps bin. Action taken: sharps bins replaced and schedule of systematic checking introduced.
3. One site had incorrect storage of sharps bins ready for collection. Action taken: feedback to practice and repeat site assurance visit.

## **2.9 Leaflets**

Condition-specific patient information leaflets are given to patients during their appointments for different treatments or procedures and minor operations where appropriate. These leaflets detail the advantages and disadvantages to the treatment and make it clear to the patient any risks and benefits regarding the treatment or procedure including any risk of infection. All leaflets are kept up to date and regularly reviewed to ensure they stay compliant with relevant legislation.

Again, HERE has in place a Leaflet Matrix which lists all leaflets that HERE distributes through its services. The Leaflet Matrix is monitored regularly by the CSM to ensure leaflets are kept up to date.

## **2.10 Medical Devices Matrix**

HERE has a Medical Devices Matrix which lists all devices used within each service. The matrix clearly details who owns/is responsible for the device and therefore responsible for maintenance and cleaning or decontamination in order to control the risk of infection. The



matrix also lists all single use medical devices used by the service so that any relevant alerts related to such equipment can be addressed promptly.

### 3 Key Findings and Recommendations

#### 3.1 Review of Objectives for previous period 1 January - 31 December 2014

Objective	Update
Maintain a minimum of 85% compliance of required training at all times.	This is monitored monthly by HR and reported to the infection control lead. During 2016 the overall coverage of infection control training remained above 85% with the exception on 1 month.
To review the site assurance process and documentation, updating it to include specific prompts relating to infection control. Also, for staff undertaking site assurance visits to observe an experienced assessor undertaking infection control inspection prior to carrying out visits alone.	<b>Completed</b> – As a result a number of minor issues were identified in site assurance visits and action taken to remedy these.

#### 3.2 Findings and Recommendations from this report

The annual infection control review has identified no areas of major concern and that the measures in place are robust in minimising and responding to infection control risks.

There have been no incidents of harm caused to patients or staff as a result of infection control.

The following recommendations for board agreement are sought:

1. To review the HERE Infection control Policy and procedure to incorporate Benfield Valley Healthcare Hub procedures by September 2017 to be undertaken by HERE infection control lead.
  2. To introduce infection control basic awareness training for all non clinical staff and achieve 85% coverage by December 2017.
- The board is asked to approve the annual review and for it to be published on the HERE website