



INFECTION PREVENTION AND CONTROL
ANNUAL REPORT – Parkside Hospital, Cancer Centre London
and Parkside at Putney
2019

Ratifying Committee/Board	Date of Ratification
Parkside Hospital and CCL Infection Prevention & Control Committee	11 th February 2020
Aspen Group Infection Prevention & Control Committee	26 th February 2020

INFECTION PREVENION AND CONTROL

ANNUAL REPORT 2019

INDEX

Section	Page Number
Index	2
Executive Summary	3
Introduction	4
Review of Compliance with the Hygiene Code	4-5
Criterion 1	6-9
Criterion 2	9-11
Criterion 3	11-12
Criterion 4	12-15
Criterion 5	15-16
Criterion 6	16-17
Criterion 7	17
Criterion 8	17
Criterion 9	18
Criterion 10	18-20
Review of 2018 Objectives	21
2019 Objectives	22
Conclusion	22
Work Schedule and Programme Appendix 1	23

INFECTION PREVENION AND CONTROL ANNUAL REPORT 2019

EXECUTIVE SUMMARY

Parkside Hospital, Cancer Centre London (CCL) and Parkside at Putney have in place systems, processes and procedures which align with The Health and Social Care Act (2008) Code of Practice on the Prevention and Control of Infection and Related Guidance (2015) (The Hygiene Code). The Infection Prevention and Control Lead continues to have responsibility for producing an annual report on the state of healthcare associated infections within the organisation.

This report covers the period January to December 2019 and informs The Director of Infection Prevention and Control (DIPC) and the Aspen Healthcare 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 2020.

Parkside Hospital, CCL and Parkside at Putney continue to make excellent progress towards full compliance with the Hygiene Code.

INFECTION PREVENTION AND CONTROL

ANNUAL REPORT 2019

Introduction

This report will provide a review of Infection Prevention and Control (IPC) at Parkside Hospital, CCL and Parkside at Putney during 2019. It includes:

- Infection Prevention & Control activity, surveillance and incidents - during 2019
- A review of the progress with the 2019 objectives
- Sets the objectives for the Aspen Group Infection Prevention & Control Programme 2020.

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 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

Parkside Hospital, CCL and Parkside at Putney are registered with the Care Quality Commission (CQC) under the Health and Social Care Act (2008). As a legal requirement each site must protect patients, staff and others from acquiring healthcare associated infection by compliance with the Hygiene Code.

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

This report clearly demonstrates that Parkside Hospital, CCL and Parkside at Putney clinical areas are compliant with the requirements of the Hygiene Code.

Table One: 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	Green
Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections	Green
Ensure appropriate antimicrobial use to optimize patient outcomes and to reduce the risk of adverse events and antimicrobial resistance	Green
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	Green
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	Green
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	Green
Provide secure and adequate isolation facilities	Green
Secure adequate access to laboratory support as appropriate	Green
Have and adhere to policies, designed for the individual's care and provider organisations, that will help to prevent and control infections	Green
Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection	Green

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

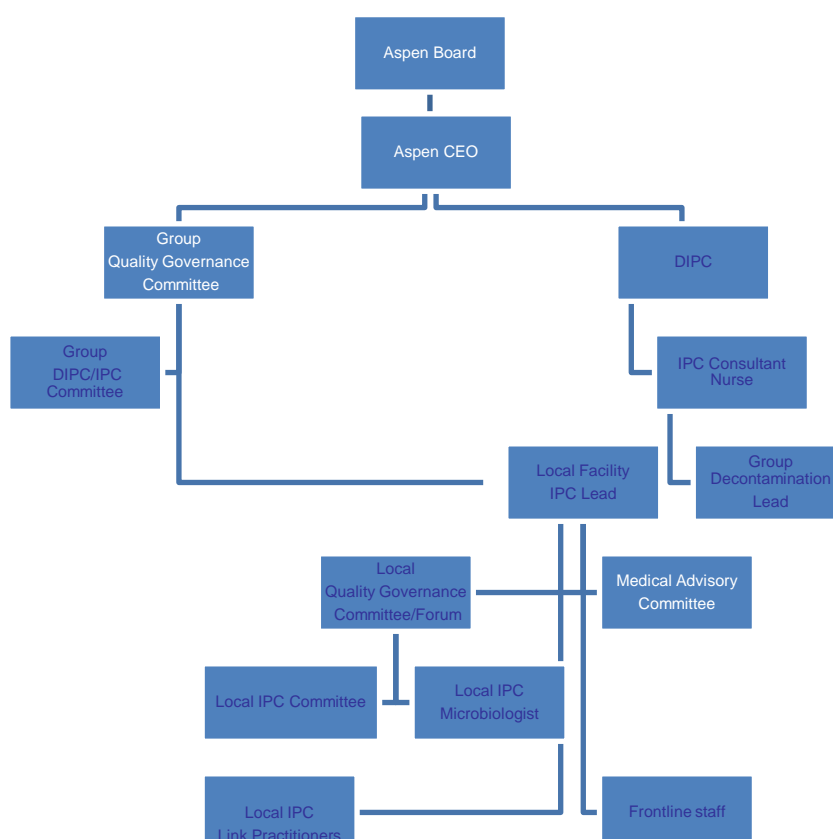
“Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risk that their environment and other users may pose to them”

IPC Structure

The Hospital Director for Parkside Hospital, CCL and Parkside at Putney holds overall responsibility for all aspects of IPC. On a day to day basis this responsibility is delegated to the Director of Nursing and Clinical Services who is the IPC Lead across all three sites with the Lead Cancer Nurse taking responsibility on a day to day basis for IPC at CCL. Both work closely with the Consultant Nurse for IPC at Aspen Group level.

IPC is further supported by an onsite pathology laboratory, which co-ordinates and logs microbiological specimens prior to sending them to The Doctor’s Laboratory and routine specimens to The Holly Private Hospital for processing; a Consultant Microbiologist; and a team of IPC Link Practitioners. The IPC team provides support, advice and guidance to all staff on IPC related issues.

IPC Accountability Infrastructure



Infection Prevention & Control Team

The IPC team consists of the following staff:

Director of Nursing and Clinical Services (DoNCS) – IPC lead for Parkside, CCL and Parkside at Putney who has overall responsibility for Quality Governance and manages the IPC committee, acting as Chair. Day to day responsibility for IPC activity at CCL is delegated to the **Lead Cancer Nurse**.

Consultant Microbiologist – provides clinical advice to the DoNCS, Lead Cancer Nurse, microbiology department, Consultant medical staff, Resident Medical Officers, IPC Link Practitioners and all clinical staff. Attends Parkside Hospitals Medical Advisory Committee (MAC) as IPC representative and is a member of the IPC committee.

Group Consultant Nurse IPC – provides advice on all clinical issues and assists in the investigations of any IPC related incidents or near misses. Attends IPC committee meetings at least twice per annum and ensures that all IPC policies are in line with national guidance.

Link Practitioners - Link Practitioners are existing members of staff who take on extra responsibility for helping to maintain high standards of IPC practice in their own clinical areas. They carry out all clinical audit activity related to IPC and undertake practical hand hygiene training in their own clinical areas.

Infection Prevention and Control Committee

This committee meets quarterly, is chaired by the IPC Lead (DoNCS). Full membership includes:

- Director of Nursing and Clinical Services (IPC Lead and Chair)
- Consultant Microbiologist /IPC Doctor (also Medical Advisory Committee rep)
- Group Consultant Nurse IPC
- Ward and HDU Manager
- Occupational Health Advisor
- Decontamination Manager
- Pharmacy Manager
- Pathology – Senior Biomedical Scientist and Pathology Manager
- Director of Patient Experience
- Building Services Manager
- Link Practitioners and Senior Sister (IPC)
- Lead Oncology Nurse

Other attendees are co-opted as required, such as local Heads of Department, the Group Clinical Director & Chief Nurse (Director of IPC (DIPC)) and Group Estates Director.

This committee reports into the Group Quality Governance Committee and local MACs.

During 2019 all four of the scheduled IPC committee meetings were held.

Infection Prevention & Control Strategy

A Group Infection Prevention & Control Strategy is in place (GP-INF-1 Aspen's IPC Strategy) in line with the requirements of the Hygiene Code; it details the roles and responsibilities of the core members of the Local IPC Team and the members of the Local IPC Committee. This document replaced the previous Infection Prevention and Control Framework.

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

Audit

High Impact Intervention (HII) Audits

Parkside Hospital, CCL and Parkside at Putney undertake the National Saving Lives HII Audits covering the following clinical aspects:

- Hand Hygiene
- Surgical Site Infection
- Peripheral IV Care
- Urinary Catheter Management

The Nurse Consultant for IPC at Aspen Healthcare has also developed an Outpatients Services Turnover audit which is based on the HII audits. In addition a Surgical Scrub Audit was developed and implemented during 2018 to support the ongoing audit process. Additional audits devised during 2019 were related to MRSA screening within the oncology setting.

These audits are progressed 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 is monitored at the IPC committee and reported to the Group Infection Prevention and Control Committee.

Where remedial action is required action plans are in place. All audits are reviewed both locally and at Group level during the quarterly IPC committee meetings.

Infection Prevention & Control Environmental and Clinical Practice Audit

The IPC Environmental and Clinical Practice audit tool was introduced across Aspen in 2014/2015. Results are submitted quarterly to the Local and Group IPC Committee and are reviewed locally by the IPC Lead and Heads of Department.

Compliance with these audits is monitored by the local IPC committee.

Where remedial action is required action plans are in place.

CRITERION TWO

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

‘Deep Dives’

Monitoring the healthcare environment has required a multifaceted approach as both patient and non-patient areas must be assessed. The Consultant Nurse IPC and the Group Health and Safety Manager work together to undertake an annual ‘deep-dive’ inspection of Parkside Hospital, CCL and Parkside at Putney.

Parkside Hospital and Parkside at Putney were inspected in March 2019. CCL was inspected in April 2019.

Comprehensive reports of the findings from ‘deep dive’ inspections are submitted to the Hospital Director and IPC Lead; they are also submitted to the DIPC.

Where remedial action is required RAG rated action plans are in place and reviewed quarterly.

The updates of the deep dive action plans are submitted to the Consultant Nurse for IPC on a quarterly basis to be reviewed prior to the Group IPC Committee. Actions are also discussed at the local IPC committee meetings each quarter and updated for the Group committee quarterly.

Water Quality Monitoring

All water systems are monitored by both our in house maintenance team and by a water management company. All work is carried out as recommended in the L8 regulations and HTM 04 parts A and B. All work carried out on site is certificated and logged.

Records are kept for all sites and are available for inspection. All risk assessments are up to date including pseudomonas control.

Where adverse results are recorded remedial action is taken immediately. Reports of water monitoring are available and discussed at both the Group and local IPC committee meetings on an exception basis.

Patient Led Environmental Assessment Tool (PLACE)

PLACE is a national system for assessing the quality of the patient environment and journey and is run by NHS England and the Health and Social Care Information Centre (HSCIC).

<https://digital.nhs.uk/data-and-information/publications/statistical/patient-led-assessments-of-the-care-environment-place/england---2019>

The PLACE assessment teams include patients/service users or their carers to assess aspects of the patient journey including privacy and dignity, food, dementia, disability and condition and appearance. Assessment focuses entirely on the care environment and does not cover clinical care provision. Parkside Hospital and Cancer Centre London undertook the PLACE audit in the autumn of 2019. The audit showed an increase in the majority of scores compared against last year and above all categories compared to the national average.

Table Two: Parkside Hospital and CCL PLACE Results 2019 (2018 results in brackets) compared to national average

	Cleanliness	Food	Organisation Food	Ward Food	Privacy Dignity and wellbeing	Condition Appearance and maintenance	Dementia	Disability
National Average	98.50%	90.20%	N/A	N/A	84.20%	94.30%	78.90%	84.20%
Parkside	99.8% (100%)	99.15% (97.21%)	97.78% (94.97%)	100% (100%)	97.5% (87.36%)	99.27% (99.23%)	99.44% (95.49%)	99.30% (91.02%)
Cancer Centre London	99.16% (99.1%)	100% (N/A)	N/A (N/A)	100% (N/A)	96.5% (71.7%)	99.6% (87.6%)	100% (79.5%)	100% (75.9%)

Decontamination

Sterile Services Department (SSD) - Re-usable surgical instruments are decontaminated and sterilised onsite in a Medical Devices Directive -compliant Sterile Services department that is registered with MHRA. Certification requirements include environmental monitoring of

production areas for elements such as particulate counts, active air sampling and bioburden testing in accordance with applicable national/international standards.

Treated water (RO) supply plant is also maintained, monitored and tested. Test results obtained during 2019 demonstrate that limits have mostly been within predetermined limits, but when required, remedial actions have been recorded as being effective in resolving any non-conformances.

Decontamination machinery (washer-disinfectors & porous load steam sterilisers) are all maintained, tested and validated in accordance with national guidelines and the harmonised international standards referenced therein.

Decontamination processing is primarily carried out in support of clinical activities in the hospital operating theatres. The SSD also provides centralised services to hospital departments that use reusable surgical instruments, such as the out-patient and X-ray departments.

Additionally the Parkside SSD continues to provide full decontamination and sterilisation services to the New Victoria Hospital.

During July 2019 the SSD underwent its 3-yearly re-certification Notified Body audit and was assessed as continuing to be compliant with the EU Medical Devices Directive and the supporting international standard, ISO 13485. Minor Non-compliances (NCR's) raised during the recertification audit have been remedied and will be assessed for effectiveness at the next planned Notified Body audit due in July/August 2020. Remedial actions related to a major NCR that was raised have been reviewed and was closed out by the Notified Body auditor during September 2019. The SSD has subsequently received updated ISO and MDD certificates, both of which expire in October 2022.

Endoscopy – Flexible endoscopes are decontaminated onsite in a recently refurbished JAG-compliant facility within the Endoscopy Suite, using 2 x Getinge ED Flow Automated Endoscope Reprocessors (AER's) and Reverse Osmosis (RO) water treatment plant. This equipment is maintained, monitored and tested/revalidated in line with national guidance.

Total Viable Count (TVC) results have generally been satisfactory. Where adverse results have been noted, appropriate remedial actions and subsequent retesting has achieved compliant results.

CRITERION THREE

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

An Antimicrobial Prescribing and Stewardship Policy is in place across all Aspen Healthcare sites and defines the Aspen standard.

The Group Chief Pharmacist has led, with the Consultant Nurse for IPC and local IPC Leads, the work towards achieving compliance with the Hygiene Code and the HAI Standards requirements for antimicrobial prescribing and stewardship.

Antibiotic Stewardship is monitored at Aspen Group and Local IPC Committees.

Key focus areas for stewardship include;

- Evidence-based antimicrobial prescribing guidelines
- Quality Assurance Measures and Audits
- Education and Training

The Group Chief Pharmacist, the Group Medical Director and the Consultant Nurse for IPC have developed an Anti-Microbial Stewardship audit in line with the National Guidance. This audit has been updated and is concentrating on prophylaxis prescribing. The audit is undertaken quarterly.

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

Parkside Hospital, CCL and Parkside at Putney utilise EIDO leaflets when providing patients with information related to MRSA and Clostridium difficile.

Notice Boards

IPC notice boards are in place and provide useful information, to both staff and patients, on the measures taken at Parkside Hospital, CCL and Parkside at Putney to prevent the spread of healthcare acquired infection and to protect our patients and customers.

Publication of Infection Data

Aspen Healthcare (including Parkside Hospital) participated in the national submission of Healthcare Acquired Infection data to Public Health England (PHE).

Data submitted includes information on:

- Clostridium Difficile
- Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia
- Methicillin Sensitive staphylococcus aureus (MSSA) bacteraemia

- Pseudomonas aeruginosa bacteraemia
- Klebsiella bacteraemia
- Escherichia coli bacteraemia
- Enterobacter bacteraemia

This information is published and made available to the public by the UK Government at:

<https://www.gov.uk/government/statistics/mrsa-mssa-and-e-coli-bacteraemia-and-c-difficile-infection-quarterly-epidemiological-commentary>

Table Three: PHE submissions 2019

	MRSA Bacteraemia	MSSA Bacteraemia	E. Coli Bacteraemia	C. difficile	Klebsiella Bacteraemia	Pseudomonas Bacteraemia	Enterobacter Bacteraemia
Total	0	2	6	0	1	1	0

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.

Additionally infection data was submitted to the Private Healthcare Information Network (PHIN) during 2019 as part of the submission of adverse event data.

Patient Survey Results

Parkside Hospital, CCL and Parkside at Putney carry out patient satisfaction surveys by giving patients questionnaires to complete following their appointments or treatments. The results are collated monthly, quarterly and annually. Specific questions related to infection prevention and control are not covered as part of the survey.

During 2019 Parkside Hospital and CCL carried out a patient survey which involved patients in monitoring hand hygiene practice by staff. Hands of healthcare workers (HCW's) and other staff working in clinical areas can become contaminated with micro-organisms during the course of their duties. Hand hygiene by HCW's is the leading measure in preventing the transmission of healthcare acquired infections. Inviting patients to report on staff hand hygiene was a useful intervention in assuring compliance. A proforma was developed for patients to complete to record the patients experience of staff compliance with hand hygiene practice and the results were fed back to staff.

Table Four: Results of Patient Hand Hygiene Survey

Parkside Hospital results

	Yes	No	Don't know
Did Nurses and other clinical staff always wash their hands or use hand rub before they gave you any care?	90%	4%	6%
Did Nurses and other clinical staff always wash their hands or use hand rub after they gave you any care?	90%	4%	6%
Were all staff 'Bare Below the Elbows'?	100%	0%	0%

Cancer Centre London Results

	Yes	No	Don't know
Did Nurses and other clinical staff always wash their hands or use hand rub before they gave you any care?	92%	0%	8%
Did Nurses and other clinical staff always wash their hands or use hand rub after they gave you any care?	88%	0%	12%
Were all staff 'Bare Below the Elbows'?	96%	0%	4%

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

Parkside Hospital adheres to the policies and procedures related to patients with known infections.

On admission those patients who are suspected or known to have infections are isolated in line with GP-INF12 – Isolation of Patients with Known or Suspected Infections. All departments that the patient comes into contact with are alerted to the infection status of the patient, should the patient need to have treatment outside of the admission ward.

Isolation notices are placed on patient bedroom doors requesting visitors and staff to speak to the nursing teams prior to entering rooms of patients with known or suspected infections. Staff are provided with suitable Personal Protective Equipment as required.

The Consultant Microbiologist and other relevant members of the IPC team are notified of infections related to inpatients. Consultant medical staff are encouraged to discuss infections of patients with the consultant microbiologist to ensure appropriate measures and treatments are in place.

On discharge the environment and clinical equipment is decontaminated in line with relevant policies.

If a patient is transferred out of the hospital to other healthcare organisations a transfer letter is provided which outlines the patient's treatment plans and infection status.

Policy for the Management of Overseas Patients

Patients admitted to the hospital from overseas and automatically isolated and screen for infection I line with GP-INF30 – Policy for the Admission of Overseas Patients.

Where required advice is sought from the Group IPC Consultant Nurse and/or Consultant Microbiologist.

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

Parkside Hospital, CCL and Parkside at Putney have a contract with Dr Berge Azadian, Consultant Microbiologist an IPC specialist doctor. Dr Azadian provides microbiological, antimicrobial stewardship and prescribing advice to nurses and medical staff and is a member of the IPC and Parkside Hospital MAC committee.

Surveillance of Healthcare Acquired Infection (HCAI)

Parkside Hospital (inpatients only) reports quarterly IPC surveillance indicators to the Local and Group IPC Committee; this data is then reported on to the Local and Group Quality Governance Committee and the Aspen Board.

Parkside Hospital also submits mandatory monthly PHE surveillance data as set out in Criterion 4. These are reported via internal systems via Head Office to the DIPC prior to submission to PHE.

Parkside Hospital continued to have a very low incidence of HCAs during 2019, with no reported outbreaks of infection or HCAs linked to by one organism.

Surgical Site Infection Surveillance

In line with the PHE requirements, Parkside Hospital undertakes a minimum level of surveillance for Hip and Knee Replacement surgery. This means that all patients, who undergo hip or knee replacement surgery, are followed up post operatively to assess whether or not they have sustained any wound infection (30 days post discharge).

Table Five: Hip and Knee Replacement Surveillance

Facility	No of Operations	No of Patients Surveyed	No of Infections
Parkside Hospital	314	269	2

We were unable to contact 45 patients during the year as they were unavailable to participate in the surveillance audit collection. This included 21 patients who we did not attempt to contact in December as we decided not to undertake surveillance during this month. Of the 2 patients recorded as having an infection; both were classified as superficial requiring a short course of oral antibiotics with no further issues. All cases of reported infection underwent root cause analysis.

Surgical site surveillance is monitored through the pathology laboratory and all positive cultures are disseminated to the Consultant in charge of the patient as soon as they are known. The Consultant Microbiologist and IPC Lead receive a monthly report of all positive cultures.

Incidents

There were twelve reported Datix incidents relating to IPC during 2019. All were reported on Datix under surgical site infection/bacteraemias at Parkside Hospital. In all cases a root cause analysis was undertaken. The Microbiologist, DoNCS and the Consultant Nurse for IPC undertook a review of all of the cases. Eight of the reported infections were reported in relation to patients being admitted for treatment of community attributed infection. Changes in practice which have occurred following this review include:

- Both private and NHS hip/knee replacement surgical cases are now being contacted at 30 days post-surgery and are included in the hospitals reporting system
- All oncology cases are being screened for MRSA at appropriate times during treatment, and this is being audited

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

Staff continue to develop skills in all aspects of IPC and during 2019 had access to the National Skills Academy E-Learning programme for mandatory training. This training is undertaken by both clinical and non-clinical staff.

Parkside Hospital, CCL and Parkside at Putney staff will need to maintain their knowledge of IPC during 2020 and continue to maintain compliance with completion of E-learning modules.

Link Practitioners

Parkside Hospital, CCL and Parkside at Putney have sixteen IPC Link Practitioners across all relevant departments.

The local Link Practitioners are the IPC Champions in their clinical areas and are keen to build on the role they carry out to ensure that they take a proactive part in the prevention of spread of infection in the healthcare environment.

They are responsible for offering advice, support, local IPC training and completion of IPC audits within their departments

Key initiatives in 2019 were:

- Continued allocation and utilisation of 1 full day per month to carry out their role
- Compliance with completion of IPC Audits
- Providing dedicated training for clinical staff relevant to their department needs

CRITERION SEVEN

“Provide or secure adequate isolation facilities”

Isolation Facilities and Policies

Isolation facilities are available at Parkside Hospital with dedicated en-suite inpatient bedrooms. An isolation room is also available within the High Dependency Unit.

A private room which can be used to isolate patients with suspected or known infections is available at CCL.

Policies are in place to support the safe and timely isolation of patients with infections. Policies and Occupational Health Support are also available to assist in the management of staff who develop infections and require exclusion from work.

CRITERION EIGHT

“Secure adequate access to laboratory support”

Microbiology

Parkside Hospital, CCL and Parkside at Putney have Microbiology services to support clinical patient management. Parkside Hospital has an on-site pathology laboratory and all microbiology processes are managed through this laboratory.

The laboratory maintains a Service Level Agreement with The Doctor’s Laboratory (TDL) and microbiology specimens are sent out and results are coordinated by the hospital’s laboratory to ensure patients results are delivered in a timely manner. Consultant Microbiologist advice and cover is as detailed under Criterion Five. During 2019 routine, non-urgent, microbiology specimens were managed by our sister hospital, The Holly, as part of our Group project which saw us develop a new pathology cross working programme.

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

Aspen Healthcare has a full complement of IPC policies as required by the Hygiene Code.

During 2019 the IPC Lead has overseen a full gap analysis of compliance with these policies and has developed action plans to cover areas of non-compliance. These action plans are presented to the local IPC committee and progress with achieving compliance is reviewed.

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

During 2019 there were nine recorded inoculation injuries and six near misses across Parkside Hospital, CCL and Parkside at Putney. All inoculation injuries are investigated locally and learning points and actions are fed back to the local and Group Infection Prevention and Control Committees.

All inoculation injuries are managed and investigated at the time they occur by the onsite Duty Manager and Resident Medical Officer. This investigation is risk based and a risk assessment is completed for each injury that occurs. All staff are followed up by the Occupational Health Advisor and where required the Occupational Health Physician.

Table Six: Inoculation Injuries by Type 2019 (2018 in brackets)

Type of Injury	Number of Injuries
	6 (0)

Near-miss – No injury sustained but reporting required to review practice and prevent further injury	
Involving Aspen Employees	5 (7)
Involving Doctors	4 (8)
Involving normal practice	9 (11)
Involving poor disposal	5 (4)

A campaign to raise the awareness of safe usage of sharps was implemented during 2019. This campaign helped us reduce inoculation injuries from 15 to 9. During 2020 we will continue to raise awareness and hope to reduce injuries further.

Safety Devices and EU Directive

The European Union *European Directive (Council Directive 2010/32/EU) to prevent injuries and infections to health care workers from sharps* continues to be complied with across Parkside Hospital, CCL and Parkside at Putney 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 new safety devices are 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 Aspen sites via the Consultant Nurse IPC.

Influenza Staff Vaccine Campaign

Influenza vaccination for staff has been a priority for Aspen Healthcare this year. Information on how staff could obtain vaccinations was publicised via staff newsletters and through a poster campaign. Parkside Hospital Occupational Health and outpatient's department nursing staff participated in facilitating this campaign by providing drop in vaccination sessions and by visiting clinical areas to provide vaccinations. The hospital and CCL achieved vaccination of 54% of staff during 2019. This equates to 190 staff members.

E-Learning

See Criterion six. Parkside Hospital, CCL and Parkside at Putney staff will need to maintain their knowledge of IPC during 2020 and continue to maintain compliance with completion of E-learning modules.

Link Nurse Hand Hygiene Training

IPC Link Practitioners at Parkside Hospital, CCL and Parkside at Putney have been undertaking HII Hand Hygiene Audits. In conjunction with this Link Practitioners have been undertaking practical hand hygiene training sessions in their clinical areas at least quarterly. This system will continue during 2020.

Induction Training

The Consultant Nurse IPC has developed core training slides for the Aspen corporate induction programmes which was implemented during 2016 and have been used for the induction of new staff during 2019. The information provided to new staff at local induction includes details of the way that good IPC standards and practice are maintained and how to access and apply infection prevention and control policies. IPC induction is also included in the hospitals 'Welcome Day'.

REVIEW OF 2018 OBJECTIVES

Table Seven: Review of 2019 IPC Objectives

Objective	Review
Parkside and Parkside at Putney	
Annual sharps audit	Completed May 2019
Four IPC committee meetings in 2019	Completed December 2019
IPC Annual report	Completed January 2020
All staff to complete E Learning <90%	Q4 at 88%
PLACE audit	Completed May 2019
Update Annual Work Programme	Completed January 2020
IPC audits a=undertaken in each quarter	Completed
Hip/Knee Surveillance	Completed
PHE Reporting	Completed
Link Practitioner attendance at annual update training	Completed
Hand Hygiene Patient Survey	Complete Q4 2019
Gap analysis with all new and revised IPC policies	Completed January 2020
Annual Deep Dive Audit	Completed April 2019
Cancer Centre London	
Implement ANTT clinic wide	Ongoing
Increase uptake of influenza vaccine	Completed January 2020
Reduce incidence of inoculation injuries	Completed January 2020
In line with NHSI initiative and Aspen Strategy work to prevent bloodstream infections	Implemented

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 2020

The IPC objectives for 2020 (see Table Eight 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 Eight: IPC Objectives 2020 Parkside, CCL and Parkside at Putney

Objective
Annual Sharps Audit
Four IPC Committee Meetings
IPC Annual Report
IPC Mandatory Training compliance <90%
PLACE Audit
Annual Work Programme 2020
IPC Audits undertaken in each quarter
Hip/Knee Surveillance
PHE Monthly Reporting
Link Practitioners Attendance at Annual Update Training
Hand Hygiene Patient Survey
Annual Deep Dive audit
Roll out of ANTT
Reduce inoculation injuries

Conclusion

Parkside Hospital, CCL and Parkside at Putney have worked hard to achieve the objectives set for 2019. With new staff due to start at the beginning of 2020 we will require further training for potential new link practitioners. The IPC objectives for 2020 have been set and work will continue throughout 2020 to achieve compliance with these.

During 2019 Cancer Centre London (CCL) and Parkside Hospital integrated under one management structure. During Q3 and Q4 2019 all IPC activity was managed under the same IPC structure and this will continue during 2020. The IPC work programme and objectives for 2020 set out in this report therefore relate to both Parkside Hospital, Parkside at Putney and CCL.



Appendix

1

Parkside, Cancer Centre London and Parkside at Putney Infection Prevention & Control Annual Work Programme: 2020

Schedule

	Lead	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
IPC Annual Report 2019	IPC Lead	✓											
IPC Committee	IPC Lead		✓			✓			✓			✓	
Review of compliance with CQC criterion	IPC Lead	✓			✓			✓			✓		
Review of Terms of Reference	IPC Lead		✓										
Review of Annual Report Objectives	IPC Lead	✓			✓			✓			✓		
Review of IPC items on Risk Register	IPC Lead			✓			✓			✓			✓
Review of Audit Reports	IPC Lead	✓			✓			✓			✓		
IPC Environmental & Clinical Practice Audit	LP	✓			✓			✓			✓		
HII Hand Hygiene Audit	LP	✓			✓			✓			✓		
HII Peripheral IV Audit	LP		✓			✓			✓			✓	
HII Urinary Catheter Audit	LP		✓			✓			✓			✓	
HII SSI Audit	LP			✓			✓			✓			✓
HII Outpatient Services Patient Turnover Audit	LP			✓			✓			✓			✓
MRSA Oncology	LP		✓										
Surgical Scrub (PH)	LP		✓										
IPC Link Practitioner Meetings	PDN			✓				✓		✓			✓
Review of Annual Deep Dive	IPC Lead			✓			✓			✓			✓