

# Here

## Here Annual Infection Prevention And Control Report

**INFECTION PREVENTION AND CONTROL ANNUAL REPORT**  
**1 January – 31 December 2019**  
**and**  
**INFECTION PREVENTION AND CONTROL ANNUAL ACTION PLAN**  
**for 2020**

**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.

**Authors:**

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For Board July 2020

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## 1 Introduction & Purpose

The following report and action plan for Here has been submitted by the Infection Prevention and Control Lead (Helen Curr)

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 previous 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.

Given the recognition of a level 4 incident in January 2020, this paper must be read in conjunction with separate Infection Prevention & Control risk assessments and reviews that were carried out in the period March to June 2020 in response to the Covid 19 outbreak.

## 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 identified 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	<p>Procedures: some minor invasive procedures, mainly injections which could lead to needle stick injuries or injection site infections. Suture removal.</p> <p>High volume of patients.</p> <p>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.</p>

Benfield Valley Healthcare hub	Moderate	Procedures: minor invasive procedures, suture removal and some dressings of potential infectious wounds.
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 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 January 2020 and will be submitted to the board for ratification in July 2020

Benfield Valley Healthcare Hub (BVHH) Infection Prevention and Control Policy and Procedure was due for review in November 2019 and is currently under review by the BVHH Infection Control Lead and the Assistant Practice Manager.

## 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 through the Patient Safety Group. 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 of 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 2019

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 service presents 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 1/1/19-31/12/19	Details of incident or complaint
MSK	Moderate	2	Sharps containers not stored correctly.  Pool closure due to positive reading for staphacoccus aureus
PCC	Very low	n/a	n/a
Wellbeing	Very low	n/a	n/a
MAS	Very low	n/a	n/a
BVHH	Moderate	1	Dressings not stored correctly

## Complaints

During 2019 there were no complaints relating to infection control.

### 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.

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 January 2020 was used as the audit month. In this month 78% of clinical staff were up to date with infection control training.

In this same month 81% of non clinical staff had undertaken infection control training.

**Recommendation:**

Training rates show some natural variation across months, however the current audit showed training rates below our target level. Actions are underway to review training levels, implementing standard cascade and action plans which include sharing training level data at Patient Safety Group, Middles and Enabling Team meetings, and including on Quasar reporting.

**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 each service manager to ensure audits are undertaken as required.

During the 2019 period infection control audit was fully incorporated into the site assurance process reported on below.

**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 Quality Coach to ensure surveys are undertaken as required and any issues are raised to the monthly CQI meeting.

**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 its 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 through the CQI process to ensure visits and actions plans are actioned.

Site assurance visits identified the following infection control issues in 2019.

1. Two sites did not have spillage kits available to hand. One had none, another did not have one in clinic rooms.
2. One site did not have hand hygiene posters up.
3. One site had a broken chair and ripped sofa cover which was a possible IFC risk.

## **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.

## **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

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 2019 the overall coverage of infection control training for clinicians was above 80% but below 85% for 6 months.

#### 3.2 Findings and Recommendations from this report

The annual infection control review in January 2020 identified no areas of major concern. There have been no incidents of harm caused to patients or staff as a result of infection control. At this point in time the measures in place were robust in minimising and responding to infection control risks.

Subsequent to our usual processes the organisation has conducted a major review of Infection Prevention and Control in relation to a novel corona-virus. Reporting on this review is available to the board in a separate paper.

The following recommendations for board agreement are sought:

- The board is asked to approve the annual review and for it to be published on the Here website in conjunction with the up to date Covid secure risk assessment