



Hygiene code inspection report

The Whittington Hospital NHS Trust

May 2008

Outcome of hygiene code visit for: The Whittington Hospital NHS Trust

Site visited: The Whittington Hospital

Date of visit: 11 February 2008

Hygiene code inspections

The *Code of Practice for the Prevention and Control of Healthcare Associated Infections* (the hygiene code) was introduced under the Health Act 2006 and came into force on 1 October 2006. The code sets out the duties that NHS organisations must carry out to ensure that they care for patients in an environment in which the risk of healthcare-associated infections (HCAIs) is kept as low as possible.

During 2007/2008, the Healthcare Commission is inspecting 120 trusts to check that they are complying with the hygiene code. Our assessors check against a minimum of three duties of the code. Their visits are unannounced, to ensure that they see the hospital as a patient or visitor would see it.

On 11 February 2008, our assessors visited the Whittington Hospital to check its compliance with four duties of the hygiene code. The inspection showed that:

Duty 2: the trust must have in place appropriate management systems for infection prevention and control	No action required
Duty 3: the trust must assess risks of acquiring HCAI and take action to reduce or control such risks	No action required
Duty 4: the trust must provide and maintain a clean and appropriate environment for health care	Areas for improvement identified
Duty 8: the trust must provide adequate isolation facilities	No action required

Action taken

The Healthcare Commission has made recommendations to the trust about how it must improve and strengthen its systems for managing the risk of HCAIs.

We asked the trust to start making the following improvements immediately:

- **Duty 4d:** Ensure that cleaning schedules are publicly available in all ward areas.
- **Duty 4f:** Review procedures for cleaning medical devices and review documented procedures that outline cleaning agents used across the trust. This is because at the time of the inspection, there were differing procedures available to staff in respect of how to decontaminate hard surfaces, which provided conflicting instructions.

In six months' time we will check that the trust has made these improvements.

Findings

Duty 2: The trust must:

2a. have a board-level agreement outlining its collective responsibility for minimising the risks of infection and the general means by which it prevents and controls such risks.
The trust does not have a specific document for a board level agreement outlining its collective responsibility for minimising the risks of infection. However, it can adequately demonstrate its responsibility, as infection control is a regular agenda item at the monthly meetings of the board of directors, and a non-executive member of the board has been appointed to chair the infection control committee. The board receives regular information and reports on infection control and is aware of the risks of infection. This is evidence that the trust has an appropriate board level agreement for minimising the risks of infection, and it therefore meets this sub-duty.
2b. designate an individual as Director of Infection Prevention and Control (DIPC) accountable directly to the Board
The trust has appointed an acting DIPC who also holds the executive position of director of nursing. The DIPC reports directly to the board and is accountable to the chief executive. The responsibilities and duties of the DIPC are specifically documented in the DIPC job description and take account of Annex 1 of the Hygiene Code. Suitable and effective infection prevention and control governance arrangements are in place to support this function. This is evidence that the trust has an appropriately designated individual undertaking the role of DIPC and that person is directly accountable to the board, the trust therefore meets this sub duty.
2c. implement an appropriate assurance framework, infection control programme and infection control infrastructure to ensure that adequate resources are available to secure effective prevention and control of HCAI.
The trust has an assurance framework that has identified infection prevention and control as a risk to achieving corporate objectives and it identifies the action to be taken to reduce those risks. Mechanisms are in place by which the trust board ensures that adequate resources are available to secure effective prevention and control of infection and that there is regular sharing of performance against the action plans and objectives in place. Resources are being enhanced to ensure that IT support captures details of training, audits, surveillance and other infection prevention and control information across the trust. This is evidence that the trust is meeting this sub-duty.
2d. ensure that relevant staff, contractors and other persons whose normal duties are directly or indirectly concerned with patient care receive suitable and sufficient training, information and supervision on the measures required to prevent and control risks of infection.
The trust has mechanisms in place to provide suitable and sufficient training at induction and on an ongoing basis, as well as information and supervision on the measures required to prevent and control risks of infection. This is provided to all relevant staff, contractors and other persons whose normal duties are directly or indirectly concerned with patient care. Staff are made aware of their individual role and responsibility during training and are clear about the contributions they can make to reducing HCAI. This is evidence that the trust is meeting this sub-duty.

2e. have a programme of audit to ensure that key policies and practices are being implemented appropriately.
The trust demonstrates that it has a programme of audit to ensure that key policies and practices are being implemented and monitored appropriately at all levels of the organisation. The programme includes the key policies that are associated with high impact interventions such as cleanliness and hand hygiene. This is evidence that the trust has a programme of audit to show that key policies and practices are being implemented appropriately, and therefore meets this sub-duty.
2f. have a policy addressing, where relevant, admission, transfer, discharge and movement of patients between departments, and within and between health care facilities.
The trust has appropriate policies that address the admission, transfer, discharge and movement of patients between departments, and within and between healthcare facilities. There are two policies providing information regarding isolation, and these policies should be reviewed to ensure that the information and guidance being provided is clear and easily understood in respect of isolation procedures. There is evidence of cooperative working between clinical managers, ward staff and the infection control team to ensure that the intelligence gathered from bed management is being supported by information technology software packages. These will be utilised to analyse patient flow. This is evidence that the trust has arrangements in place and it therefore meets this sub-duty.

Duty 3: The trust must:

3a. Ensure that it has made a suitable and sufficient assessment of the risks to patients in receipt of healthcare with respect to HCAI
The trust has made a suitable and sufficient assessment of the risks to patients receiving healthcare with respect to HCAI. This has been achieved by a series of benchmarking exercises and self-assessment against 'Winning Ways and Saving Lives' documents as well as working with the Department of Health's Improvement Team. The board receives bi-monthly update reports of the trust's infection control status, which include surveillance of organisms, the results of infection control audits and updates on the action plans in place. This provides evidence that the trust has met this sub duty.
3b. ensure that it has identified the steps that need to be taken to reduce or control those risk
The trust has appropriately identified a number of steps that need to be taken to reduce or control those risks identified. It has prepared action plans to deal with them and monitors the progress of the action plans. The trust has demonstrated that this sub duty has been met.

3c. Ensure that it has recorded its findings in relation to items (a) and (b)
The trust has recorded its findings in relation to items (a) and (b). These recordings are documented in a number of formats, including the action plan for reducing health care associated infections, the MRSA action plan and the Department of Health action plan. Minutes of board meetings and infection control committee meetings also record findings and actions of infection risk. This provides evidence that the trust have met this sub duty.
3d. Ensure that it has implemented the steps identified
The trust has implemented the steps that need to be taken to reduce healthcare associated infections within the trust. More recently, over the last few months, these steps are recognised as being more specific and timely. The evidence evaluated demonstrates that the trust is meeting this sub duty.
3e. Ensure that it has appropriate methods in place to monitor the risks of infection such that it is able to determine whether further steps need to be taken to reduce or control HCAI.
The trust has appropriate methods in place to monitor the risks of infection. Since December 2007, the methods of monitoring have increased due to improved information technology (IT) systems and they will be further enhanced by evaluating information from the IT systems now being used. Monitoring systems for antibiotic prescribing are being improved by providing additional training of all ward-based pharmacists. This provides evidence that the trust is meeting this sub duty.

Duty 4: The trust must:

4a. have policies for the environment which make provision for liaison between the members of any infection control team (“the ICT”) and the persons with overall responsibility for facilities management.
The trust has in place policies for the environment, which make provision for liaison between the infection control team and facilities staff. The director of facilities is a member of the infection control committee and the acting DIPC is chair of the clinical governance committee, in her role as director of nursing. This provides evidence that the trust has appropriate structures and policies in place, and therefore the trust meets this sub-duty.
4b. designate lead Managers for cleaning and decontamination of equipment used for treatment (a single individual may be designated for both areas).
The trust has a designated lead for decontamination of equipment used for treatment and for cleaning services, and therefore meets this sub-duty.

<p>4c. ensure that all parts of the premises in which it provides health care are suitable for the purpose, are kept clean and are maintained in good physical repair and condition.</p>
<p>The trust has a programme of refurbishment in progress to ensure that all parts of the premises in which it provides healthcare are suitable for the purpose. The trust has cleaning programmes in place for each ward and department. All of the clinical areas visited were found to be visibly clean, dust free and free from noxious smells. This is evidence that the trust is meeting this sub duty.</p>
<p>4d. ensure that the cleaning arrangements detail the standards of cleanliness required in each part of its premises and that a schedule of cleaning frequencies is publicly available.</p>
<p>The trust's cleaning arrangements detail the standards of cleanliness required in each part of its premises. Public notices of the cleaning regimes were not available in all trust departments, although results of cleaning audits are available on the trust's website. Cleaning schedules should be publicly available in all ward areas and therefore the trust is not meeting this sub duty.</p>
<p>4e. have adequate provision of suitable hand wash facilities and antibacterial hand rubs.</p>
<p>The trust has undertaken a review of its provision of suitable hand wash facilities and antibacterial hand rubs across the trust and has made provision for appropriate facilities to be in place. This is evidence that the trust has adequate hand wash facilities and antibacterial hand rubs, and therefore meets this sub-duty.</p>
<p>4f. have effective arrangements for the appropriate decontamination of instruments and other equipment.</p>
<p>The trust has in place arrangements for the appropriate decontamination of equipment. However, the products used for decontaminating equipment should be reviewed because there is conflicting procedure advice in respect of cleaning products to be used for some of the medical devices. These findings demonstrate that the trust is not meeting this sub duty.</p>
<p>4g. ensure the supply and provision of linen and laundry supplies reflects Health Service Guidance HSG (95)18, Hospital Laundry Arrangements for Used and Infected Linen, as revised from time to time.</p>
<p>The trust has arrangements to ensure that the supply and provision of linen and laundry supplies are appropriate and sufficient for the needs of patients and reflect HSG (95) 18, <i>Hospital Laundry Arrangements for Used and Infected Linen</i>. The linen supplies are reviewed on a regular basis. The trust has therefore provided sufficient evidence to demonstrate that it is meeting this sub duty.</p>
<p>4h. ensure that clothing worn by staff when carrying out their duties (including uniforms) is clean and fit for purpose.</p>
<p>The trust has policies in place to ensure that staff are aware of wearing the appropriate uniform and protective clothing when carrying out their duties. Senior staff supervise this in clinical areas and are able to monitor compliance with the uniform policy. This provides sufficient evidence to demonstrate that the trust is meeting this sub duty.</p>

Duty 8:

The trust must ensure that it is able to provide or secure the provision of adequate isolation facilities for patients sufficient to prevent or minimise the spread of HCAI

The trust has ensured that there are isolation facilities available. With the assistance of newly installed IT systems, the trust is currently reviewing usage and requirements of its isolation facilities. The trust has isolation policies and procedures in place for staff to follow. In addition, risk assessment tools have been introduced to help identify high-risk isolation needs. The trust advised that the isolation precautions are being reviewed.

Overall, this is evidence that the trust is meeting this sub-duty.