



Hygiene code inspection report: The Whittington Hospital NHS Trust

February 2009

Outcome of inspection for:	The Whittington Hospital NHS Trust
Hospital(s) visited:	The Whittington Hospital
Date of visit:	14 & 15 January 2009

Inspections on cleanliness and infection control – 2008/09

The Healthcare Commission is inspecting every hospital trust this year to check that they are following guidance on how to protect patients from infections, such as meticillin-resistant *Staphylococcus aureus* (MRSA) and *Clostridium difficile*.

Infections that develop while patients are receiving healthcare (known as healthcare-associated infections, or HCAs) are one of the greatest safety issues facing the health service. To help tackle these infections, the Department of Health published a guide called *The Code of Practice for the Prevention and Control of Healthcare Associated Infections* in 2006. This is often called the 'hygiene code'.

The hygiene code lists the actions that NHS trusts in England must take to ensure a clean environment for the care of patients, in which the risk of infection is kept as low as possible. These actions, contained in the 11 duties of the code, cover all aspects of infection control, not only cleanliness.

For this inspection programme, we have chosen to assess a minimum of four duties of the hygiene code. Our assessors make unannounced visits, to ensure that they see the hospital as a patient or visitor would see it.

On 14 & 15 January 2009, our assessors visited The Whittington Hospital NHS Trust to check it was following four duties from the hygiene code. The table below gives a summary of the Healthcare Commission's findings.

Duty 2: The trust must have in place appropriate management systems for infection prevention and control	No breach of hygiene code identified (the trust is meeting this duty)
Duty 4: The trust must provide and maintain a clean and appropriate environment for healthcare	Breach of hygiene code identified (the trust is not meeting this duty fully)
Duty 8: The trust must provide adequate isolation facilities	No breach of hygiene code identified (the trust is meeting this duty)
Sub-duty 10j: The trust must have in place an appropriate policy in relation to antimicrobial prescribing	No breach of hygiene code identified (the trust is meeting this duty)

Background

The Whittington Hospital NHS Trust operates from one main site in Archway, London, and serves a population of approximately 250,000 people in north Islington and west Haringey. It has a significant number of patients from Camden, Barnet and Hackney. It has approximately 467 beds and provides a full range of general hospital services. It has a designated unit for breast, lung and colorectal cancers and houses the North London Obesity Surgery Service.

According to verified data from the Health Protection Agency, the trust has been slightly above average regarding the number of *Clostridium difficile* cases compared with similar trusts between October 2006 and June 2008. However, there has been on a downward trend in the last six months.

Over the past three years, the numbers of cases of MRSA bloodstream infection have varied between average and above average compared with similar trusts.

Action to be taken

The Healthcare Commission identified the following breaches of the hygiene code:

- Duty 4: sub-duties a, d and f breached

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

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

- Duty 4 (sub-duty a) – The trust should review all environmental policies, as listed in the hygiene code Annex 1, and ensure provision is made in each for the liaison between members of the infection control team (ICT) and the people with overall responsibility for facilities management.
- Duty 4 (sub-duty d) – The trust should ensure that the actions identified in risk assessments regarding cleaning arrangements undertaken at the time of the inspection are implemented.
- Duty 4 (sub-duty f) – The trust should ensure that the actions identified in the risk assessments regarding decontamination undertaken at the time of the inspection are implemented.

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

On 1 April 2009, the Care Quality Commission, the new independent regulator of health, mental health and adult social care, will take over the Healthcare Commission's work in England. Follow up activities for this inspection programme that are scheduled to take place after 31 March 2009 will be conducted by the Care Quality Commission.

Findings

Duty 2: Duty to have in place appropriate management systems for infection prevention and control

An NHS body must ensure that it has in place appropriate arrangements for and in connection with allocating responsibility to staff, contractors and other persons concerned in the provision of healthcare in order to protect patients from the risks of acquiring HCAs.

In particular, these arrangements must include:

2a. 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 has a board-level agreement that is reflected in a number of key documents and supported by statements within all job descriptions. This agreement outlines the board's collective responsibility for minimising the risks of infection. Three members of the board confirmed this in interviews and demonstrated their awareness of HCAI issues and understanding of the agreement. The board monitors performance in relation to infection prevention and control through a number of regular reports to the board. This is evidence that the trust meets this sub-duty.

2b. the designation of an individual as director of infection prevention and control (DIPC) accountable directly to the chief executive and the board.

The trust has designated one of its consultant microbiologists as the DIPC. The DIPC reports directly to the chief executive and board on all matters related to infection prevention and control. The DIPC is the line manager for the members of the ICT and has the responsibilities, competencies and authority required to challenge inappropriate infection control practice. The DIPC's duties and responsibilities are included in the post-holder's job description. This is evidence that the trust meets this sub-duty.

2c. the mechanisms by which the board intends to ensure that adequate resources are available to secure the effective prevention and control of HCAs. These should include implementing an appropriate assurance framework, infection control programme and infection control infrastructure.

The trust has integrated the risks associated with infection control into its trust-wide assurance framework. Infection prevention and control is part of the trust's clinical governance and corporate monitoring systems. These include regular communication with the board, including progress against infection control targets. The trust has a programme for infection control that it monitors and updates through the course of the year. The ICT consists of a mixture of medical and nursing staff that all provide infection control advice and support for the trust. This is evidence that the trust meets this sub-duty.

2d. ensuring 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 a training programme for infection prevention and control, which includes both induction and ongoing mandatory training for all staff groups. The trust monitors attendance using an electronic management system. This is reported to the clinical governance committee and the board. All staff have access to a range of suitable information on infection prevention and control. Staff who we interviewed had received training and were able to demonstrate knowledge of infection control issues and understanding of their roles and responsibilities. All groups of staff receive suitable supervision. This is evidence that the trust meets this sub-duty.

2e. a programme of audit to ensure that key policies and practices are being implemented appropriately.

The trust has a programme of audit, which is coordinated and managed through the governance structure. The ICT is responsible for planning and undertaking the annual audits on infection control. There is evidence that these audits are being undertaken to ensure that key policies are being implemented appropriately. The DIPC oversees the monitoring of policies for infection control. Audits of 'Saving Lives: High Impact Interventions' are led by a designated leadership team in conjunction with the ICT and link nurses. They receive training from the ICT to ensure a consistent approach. Information is fed back to the wards by the ward managers and the link nurses. This is evidence that the trust meets this sub-duty.

2f. a policy addressing, where relevant, admission, transfer, discharge and movement of patients between departments, and within and between healthcare facilities.

The policy for bed management makes direct reference to the admission, transfer and discharge of patients between departments and other healthcare facilities. The bed managers work closely with the ICT to manage the movement of patients. The trust has additional policies that include the admission, discharge and transfer of specific groups of patients, such as those with MRSA. This is evidence that the trust meets this sub-duty.

Duty 4: Duty to provide and maintain a clean and appropriate environment for healthcare

An NHS body must, with a view to minimising the risk of HCAs, ensure that:

4a. there are policies for the environment that make provision for liaison between the members of any infection control team (the ICT) and the persons with overall responsibility for facilities management.

There is evidence of the involvement of the ICT in some of the environmental policies. However, they do not all make provision for liaison between the members of the ICT and the people with overall responsibility for facilities management. This is evidence that the trust does not meet this sub-duty.

4b. it designates lead managers for cleaning and decontamination of equipment used for treatment (a single individual may be designated for both areas).

The trust has designated the director of estates and facilities to be the lead for the cleaning and decontamination of equipment. This is clearly identified in his role description. The decontamination lead attends the infection control committee meetings and reports to the board on decontamination issues. This is evidence that the trust meets this sub-duty.

4c. all parts of the premises in which it provides healthcare are suitable for the purpose, kept clean and maintained in good physical repair and condition.

We inspected three clinical areas and found that generally all clinical areas and environments used for patients' care were clean and tidy. The cleanliness of the wards is checked informally on a daily basis by the supervisors and formally on a weekly basis. Cleaning standards have improved in the trust, with most areas achieving greater than 95% in their cleaning audits. Cleaning services are available 24 hours a day. We noted some areas requiring refurbishment, which is planned for this year. This is evidence that the trust meets this sub-duty.

4d. 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.

The trust had schedules of cleaning frequencies publicly displayed in the wards we inspected, detailing daily, weekly and periodic cleaning tasks. The cleaning standards matrix complies with the *National Standards of Cleanliness* tool. The trust audits compliance against the matrix. During the inspection, we visited the mop laundering facility. We noted a number of concerns with the decontamination and laundering of mop heads. We informed the trust of our concerns at the time of the inspection. To this extent, this is evidence that the trust does not meet this sub-duty.

Since the inspection, the trust has addressed all of these concerns appropriately.

4e. there is adequate provision of suitable hand washing facilities and antibacterial hand rubs.

The trust had not conducted an assessment of the adequacy of its provision of hand-washing basins at the time of the inspection. They had planned to do this at the end of January (evidence was provided of this). During the inspection, we noted that hand-washing sinks were generally accessible throughout the ward and had elbow-operated taps. We observed antibacterial hand rubs at the point of patients' care. This is evidence that the trust meets this sub-duty.

4f. there are effective arrangements for the appropriate decontamination of instruments and other equipment.

The trust has a decontamination committee, of which the ICT are members. This group reports to the clinical governance committee. Reusable medical devices are decontaminated centrally in the sterile services department. The endoscopy decontamination unit is waiting to be relocated. We noted some concerns with the current facility, which the trust is addressing.

Nursing staff clean the medical equipment on the wards between each patient's use. During the visit, we found all the commodes inspected to be clean. In ward based interviews, staff were reporting different processes for the cleaning and removal of specialist mattresses. As a result, we inspected the mattress storage facility to confirm the process. A number of concerns were noted regarding the facility and the process of decontamination. We requested that the trust undertake a risk assessment of the facility.

This is evidence that the trust does not meet this sub-duty.

The trust has since completed the risk assessment for the mattress cleaning facility and has implemented immediate actions to address all of the risks identified. In the interim, it decided to stop using the facility until these actions could be completed.

4g. the supply and provision of linen and laundry supplies reflect Health Service Guidance HSG (95)18, *Hospital Laundry Arrangements for Used and Infected Linen*, as revised from time to time.

The trust's supply of laundry is provided by an external contractor. The laundry contract provides assurance that the laundry processes are in line with the HSG (95)18 guidance. We noted that linen was stored appropriately in linen cupboards and correctly bagged. The trust monitors the linen and laundry services. This is evidence that the trust meets this sub-duty.

4h. uniform and workwear policy ensure that clothing worn by staff when carrying out their duties is clean and fit for purpose.

The trust has a policy for staff dress code that includes guidance on being 'bare below the elbows'. We observed clothing worn by the majority of staff when carrying

out their duties to be clean and fit for purpose and 'bare below the elbows' guidance was being followed. Disposable gloves and aprons were easily accessible and being used throughout the trust. This is evidence that the trust meets this sub-duty.

Duty 8: Duty to provide adequate isolation facilities

An NHS body providing in-patient care 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 HCAs.

The trust has policies and protocols to ensure that its facilities for isolation are effectively managed. The trust assesses risk to prioritise the use of the isolation facilities. The bed management team and the ICT liaise closely on a daily basis.

The trust is conducting a number of audits and will analyse these findings to inform their decision on the number of isolation facilities they require. The ICT found that they were able to isolate the majority of patients who required isolation. They recognise, however, that with increased screening the demand may increase. The current audit will support them to reassess the adequacy of their isolation facilities.

The trust nurses patients with similar HCAs in the same area. This is supported by its isolation policies. The trust has four isolation cubicles with special ventilation. An electronic monitoring system enables staff to track all patients using isolation facilities, to ensure they are being used appropriately.

This is evidence that the trust meets this duty.

Duty 10: Duty to adhere to policies and protocols applicable to infection prevention and control

An NHS body must, in relation to preventing and controlling the risks of HCAI, have in place the appropriate core policies for:

10j. antimicrobial prescribing.

The trust has an antimicrobial policy, which is reviewed every two years. The policy is supported by the *British National Formulary*. The policy contains guidance on: the monitoring of patients with infections; switching from intravenous to oral antibiotics; the duration of therapy and the dose and frequency of administration. The trust restricts the use of specific antibiotics. An antimicrobial pharmacist provides specialist advice on the use of antimicrobial drugs. The antibiotic pharmacist is part of the ICT and infection control committee.

Compliance with the antimicrobial policy is monitored informally by ward pharmacists and issues regarding the duration of antibiotic therapy or the daily review of intravenous antibiotics are discussed with the doctor concerned. The antibiotic policy is also formally audited on a regular basis.

Antibiotic guidelines are available electronically and on paper. The programme for induction of new medical staff includes training on drug prescribing, including the review of common prescription errors, the policy and a formative assessment. This training is delivered by the pharmacist and supported by the DIPC. This is evidence that the trust meets this sub-duty.