



Hygiene code inspection report: West Hertfordshire Hospitals NHS Trust

December 2008

Outcome of inspection for:	West Hertfordshire Hospitals NHS Trust
Hospital(s) visited:	Watford General Hospital and Hemel Hempstead General Hospital
Date of visit:	1 & 2 October 2008

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 three 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 1 & 2 October 2008, our assessors visited the West Hertfordshire Hospitals NHS Trust to check it was following three 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	Breach of hygiene code identified (the trust is not meeting this duty fully)
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)

Background

West Hertfordshire Hospitals NHS Trust provides acute services over three hospital sites in Saint Albans, Hemel Hempstead and Watford. It's total bed capacity is 600.

The trust was formed on 1 April 2000 following the merger of St Albans and Hemel Hempstead NHS Trust and Mount Vernon and Watford NHS Trust.

It provides general acute hospital services to a population of approximately 500,000 from Watford and Three Rivers, St Albans, Dacorum, and part of Hillingdon. It also provides specialist services to a population of two million.

The trust's *Clostridium difficile* data for January to March 2008 indicated that the numbers of this infection had come down to a level just below the upper expected limit.

MRSA data for April to June 2008 indicate that there were four cases of MRSA bloodstream infection, placing the trust in the low end of the spectrum for trusts of this size.

These figures are based on the latest verified data from the Health Protection Agency (HPA). Up-to-date figures are available from the trust's own website or the HPA's website, www.hpa.org.uk.

Action taken

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

- Duty 2: sub-duty c breached
- Duty 4: sub-duties a, c, 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 2 (sub-duty 2c) – The trust should ensure that gaps in its assurance system are identified and closed. It should ensure that risk factors are considered and addressed, so that it can provide resources to secure the effective prevention and control of HCAI.
- Duty 4 (sub-duty 4a) – The trust should ensure that environmental policies are revised in order to make provision for liaison between the members of the infection control team (ICT) and the people with overall responsibility for facilities management.
- Duty 4 (sub-duty 4c) – The trust should ensure that all parts of its premises are suitably organised and uncluttered, so that national cleaning standards can be achieved.
- Duty 4 (sub-duty 4d) – The trust should ensure that sluice areas, treatment rooms and linen storage areas are identified on the cleaning schedule.

- Duty 4 (sub-duty 4f) – The trust should ensure that the decontamination of reusable devices takes place in dedicated and approved facilities. It should ensure that staff are trained to a proficient level, in order that the decontamination process is undertaken safely and consistently. It should ensure that it has monitoring systems to check that decontamination processes are fit for purpose and meet required standards.

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

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.
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The trust has an appropriate board-level agreement that confirms its collective responsibility for minimising the risks of infection. The board reviews its mechanisms and processes of assurance through regular reporting through the various governance committees. 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
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The medical director holds the position of DIPC. The DIPC reports to the chief executive and the board, and provides advice and assurance on all matters relating to HCAI. This provision is supported by effective liaison between the people who implement the trust's governance structures. This is evidence that the trust meets this sub-duty.
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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.
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The board has an assurance framework that demonstrates the mechanisms by which it ensures the adequate provision of resources for the prevention and control of HCAI. The board acknowledges, through its programme on infection control, the identification of a number of risk factors, control measures and audit processes. There is evidence that risks of infection that relate to decontamination are not covered in the assurance framework – there are gaps in the remedial action and resources required to secure the effective prevention and control of HCAI. The effectiveness of the framework is monitored through the trust's governance systems. Formal reports are communicated through the infrastructure for infection control. This is evidence that the trust does not meet 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 that ensures the provision and delivery of information on infection prevention and control to all staff groups. Formal induction includes the provision of detailed information on the subject, and annual mandatory updates are provided regularly. Link staff specialising in infection control, together with senior staff, provide support to the ICT by ensuring that staff are supervised and also have access to advice and information at all times. The trust provides access to detailed information concerning HCAI through its intranet. 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.

A programme of audit is defined within the programme of work of the ICT. The team conducts specific audits and monitors hygiene practices and compliance with infection control policies, with the involvement of other key workers throughout the organisation. Outcomes of these audits are monitored through the trust's governance structures. Where required, appropriate actions are taken. 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 trust has included the arrangements for the admission, internal and external transfer, and discharge of patients in three separate policies. Bed managers, infection control personnel and members of the hospitals' multi-disciplinary team communicate to ensure that appropriate measures are taken to allocate beds in a way that minimises the risk of infections spreading. 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 HCAIs, 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 a cooperative relationship between the ICT and facilities management, with participation in working groups, inspections and the development of policies. However, the trust's policies for the environment do not make a formal

statement about the provision for liaison between the members of the ICT and 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 DIPC is the appointed lead for decontamination. Responsibilities are given across the organisation, ensuring shared commitment. Cleaning services are the responsibility of the head of estates, and nursing staff take responsibility for the cleaning of equipment used by patients. The trust has appropriate policies and uses audits to monitor compliance. 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.

The trust has a cleaning policy and maintenance arrangements that reflect the service-level agreement between itself and contractors. It has governance structures to ensure that remedial action is taken if required. We inspected two hospital sites, visiting five wards and two endoscopy units in total. The standards of cleaning on the day of inspection were generally good. We note that some areas were in need of refurbishment. Some storage areas were hard to access due to inappropriate storage, which would make cleaning difficult. This had resulted in dust and debris on the floors of these rooms. This is evidence that the trust does not meet 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.

Contract staff, nursing staff and estates personnel share cleaning responsibilities and have access to a rapid response team for additional support. Cleaning schedules were on display in all public areas we visited. These detailed the responsibilities, frequency and order of cleaning, as well as the methods required for each cleaning process. The trust has mechanisms to monitor the environment and cleaning standards of equipment, and reports are made via the governance structures. We noted that there was no specific detail in the schedules covering sluice rooms, linen cupboards and treatment areas, and there were discrepancies in the instruction provided to domestic personnel on separate schedules. This is evidence that the trust does not meet this sub-duty.

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

The trust has determined that it needs to increase the provision of hand-washing facilities. It took this into account when making plans for a new building. We observed the provision to be good in the areas we visited. There was easy access to hand basins and most had taps that switched on automatically by laser. Soap and antibacterial hand gels were available at hand basins, and hand gels were also

provided at each patient's bedside and at ward entrances. This is evidence that the trust meets this sub-duty.

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

Equipment used directly by patients was generally clean and fit for purpose in all but one of the areas we inspected. The trust has dedicated facilities for the decontamination of surgical instruments and equipment used for endoscopies. However, the trust was not complying with all technical standards for the decontamination of these instruments and equipment. It has developed action plans in response to technical advice, but could not provide satisfactory assurance that risks relating to endoscopy equipment had been sufficiently addressed. This is evidence that the trust does not meet this sub-duty.

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.

Laundry services are provided by a national laundry service provider. These services are managed in accordance with an external contract. This specifies that linen is laundered in compliance with HSG (95)18 guidance. The service is monitored on a daily and monthly basis. 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 dress code and uniforms that specifies a 'bare below the elbows' approach in order to minimise the risks of infection. We observed staff to be adhering to the policy and, where uniforms were worn, these were clean and fit for purpose. Personal protective equipment (for example disposable gloves and aprons) was readily available and we saw staff using it during our inspection. 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 determined the number of and provision of isolation facilities to be sufficient, based on availability and advice from the DIPC. The proportion of isolation beds in the trust is adequate. An operational policy for managing patients on isolation wards provides clear instructions on how cohort facilities should be set up and the criteria to be used for admitting patients to these wards. (Cohort nursing is used to treat patients with a particular infection, to isolate them from other patients). The involvement of microbiologists, the ICT and other key personnel is made very clear.

The trust conducts assessments of infection risk and uses pre-admission screening practices when making decisions about whether patients with infections should be isolated. Additional policies are available to support this process. Bed management meetings and escalation processes help staff to work together regarding isolation. This is evidence that the trust meets this duty.