

Trust Board

TB2008.64

From: Dr James Morris, Medical Director/Director of Infection Prevention & Control

Date: July 2008

Subject: **Hygiene Code inspection and reporting**

For: **Information**

Synopsis

The Healthcare Commission carried out its Hygiene Code inspection on 17 and 18 March and its report (summary report attached) was received at the end of June. The inspection covered three duties under the Hygiene Code: duty 2 – the trust must have in place appropriate management systems for infection prevention and control; duty 4 – the trust must provide and maintain a clean and appropriate environment for health care; and duty 8 – the trust must provide adequate isolation facilities.

The inspection identified four areas for improvement in the three duties and asked that the Trust take steps to address these immediately. It is anticipated that the SHA will be asked to check that these areas have all been addressed in six months time. However, the Board is asked to note that in all areas identified plans are already in place to make the necessary improvements.

The Trust will be looking to assure the SHA and the HCC well in advance of the six months that the improvements have been made. The Board should note that a further Hygiene Code inspection will take place during 2008/09.

Financial, legal and risk impact

One of the ORH's principal objectives is to provide demonstrably excellent clinical outcomes and indicators of patient safety. Full and continued compliance with the Hygiene Code accompanied by reducing rates of infections is a key element in achieving this objective. The Control of Infection workplan for 2008/09 (see paper TB2008.59) sets down the actions to be taken and monitored throughout the year to develop an enhanced programme which focuses on promoting the ownership of infection prevention and control by all Trust employees, and to provide assurance that the organisation is committed to a further reduction in the incidence of HCAs.

Hygiene code inspection

1. 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 organisation must carry out to ensure that they care for patients in an environment in which the risk of healthcare associated infections (HCAI) is kept as low as possible.
2. The HCC inspected 120 trusts during 2007/08 to check compliance with the hygiene code and three duties were assessed:
 - 2.1. duty 2 – the trust must have in place appropriate management systems for infection prevention and control;
 - 2.2. duty 4 – the trust must provide and maintain a clean and appropriate environment for health care; and
 - 2.3. duty 8 – the trust must provide adequate isolation facilities.
3. Each duty contains a number of sub duties which cover various aspects of the overall duty. Breaches within any sub duty will result in areas of improvement being identified. The HCC also has the power to issue an improvement notice if its inspectors feel that breaches in duty are a threat to patient safety.
4. The inspection was carried out on 17 and 18 March. Final reports on compliance with each Duty, together with a summary report were received on 19 June. The summary report will be published on the HCC’s website.

Recommendations and actions taken

5. The table below shows the recommendations required by the HCC and the actions now taken. The HCC found two breaches (related to the same sub duty) within Duty 2 and a breach on two sub duties within Duty 4. No breaches were found on Duty 8. (Copies of the detailed reports are available from Megan Turmezei).

| Ref | Improvements required | Actions taken |
|---------|---|--|
| Duty 2d | Performance measures on training attendance should be reported to the Board and/or its delegated committees | Monitoring reports are to be presented to the Governance Committee through the Quality and Risk reports from the clinical divisions. The reports will be drawn from the new Matrons’ reports which cover a number of critical patient safety areas including control of infection. The first reports will be included within the September committee papers. |
| Duty 2d | Hospital matrons should check the outcomes of audits and oversee local clinical practice to strengthen local accountability | The Matrons’ reports will comment on audit outcomes and compliance rates with, for example, handy hygiene audits. Matrons and the Associate Directors of Nursing within each Division will be held to account for ensuring compliance rates are at the required levels and that audits are both practiced and followed up. |
| Duty 4d | Cleaning schedules should be easily accessible in public | Some wards do post their cleaning schedules but practice is not consistent. Typical cleaning schedules have been posted in all public entrance areas in all hospitals. Estates and Facilities will |

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|---------|---|---|
| | areas for patients and visitors to the hospitals | ensure that these are kept up to date and work with ward and departmental managers to see how best schedules might be displayed on the wards. Responsibility for display remains with the ward/departmental staff. Consideration will be given to the publication of generalised schedules for each hospital on the website. |
| Duty 4f | The trust should implement robust systems for the decontamination of medical and patient equipment consistently throughout the Trust. | <p>The ORH had already recognised the need to integrate its work on decontamination. A decontamination policy was agreed with clear responsibilities set down for individuals including the Director of Estates and Facilities and the Director of Operations, Division B. In particular, the importance of and visibility of both decontamination and cleaning procedures for ward equipment was recognised and all ward staff have now been reminded of the steps that need to be taken in relation to the cleaning of all ward equipment after each use. (The draft policy had been made available to the inspectors who had provided helpful comments). Matrons and ward leaders have been asked to follow up to ensure continued compliance with this.</p> <p>In addition, a decontamination group, chaired by the Director of Estates and Facilities, is now in place and brings together all aspects of decontamination and cleaning (including theatres and sterile services, ward equipment, facilities and nursing). In future, the group will be chaired by the Medical Director/DIPC.</p> |

Conclusions

6. Steps were taken immediately to address the areas of improvement identified building on work on decontamination already underway. The improvements already in place to ensure the proper recording of mandatory training, which includes infection control training, will allow the preparation of reports on training attendance.
7. The Board is asked to note the above and to agree that this information be made available to the SHA in advance of the required six months. In addition, it is suggested that the Board ask the Hospital Infection Control Committee and the Governance Committee to review the position in three months with reports in September on all areas.

Megan Turmezei
Assistant Director of Governance