

Board of Directors Meeting: Thursday 26 March 2009

BD2009.28

Subject	Healthcare Commission: visit to establish Trust compliance with the Hygiene Code			
Purpose of paper	To brief the Board on the recent visit			
Board Lead	Dr James Morris, Medical Director			
Background papers (if any)	Hygiene Code			
Action/decision required	To note the assurance mechanisms through future matrons' reports on cleanliness			
Key purpose	Strategy	<u>Assurance</u>	Policy	<u>Performance</u>
Strategic Goal(s)	SG1: To be hospitals of choice			
Strategic Objective(s)	SO6: To provide demonstrably excellent clinical outcomes and indicators of patient safety.			
Links to: Board Assurance Framework/ Trust Key Risks/Annual Health Check element(s)	C4a: Infection control systems and processes C4c: Decontamination C11b: Mandatory training			
Also considered by	Executive Board			
Resource and financial impact	To be identified			
Consideration of risk legal/equality/diversity/engagement issues	The impact of the findings will be considered as part of the Standards for Better Health declaration			
Acronyms and abbreviations used	HCC: Healthcare Commission			
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Healthcare Commission (HCC): visit to establish Trust compliance with the Hygiene Code

Introduction

A team of five from the Healthcare Commission recently made its anticipated, but otherwise unscheduled visit, to establish the Trust's compliance with the Hygiene Code. The team inspected the Horton and John Radcliffe Hospitals on 24 February, and the Churchill Hospital on 25 February 2009. Members of the team visited clinical areas, reviewed documentation, and talked to a wide range of staff in a series of triangulated interviews.

The team focussed on the following:

- **Duty 2:** To have in place appropriate management systems for infection prevention and control.
- **Duty 4:** To provide and maintain a clean and appropriate environment for health care.
- **Duty 8:** To provide adequate isolation facilities.
- **Duty 10:** To adhere to policies and protocols applicable to infection prevention and control.
- **Sub duty 10j:** The Trust has in place an appropriate policy on antimicrobial prescribing.

The report

The Trust has now received extracts of the HCC's draft report for accuracy checking, and its limited requests for amendment have been accepted. The HCC are not yet able to give a firm date for publication of its report, but the Trust will see the draft in advance.

The draft report states that compliance was found in most of the areas inspected. Buildings and equipment were clean. Staff were knowledgeable about infection prevention, and understood the reporting process from 'ward to board'. However, at the John Radcliffe Hospital, the team found several cleaning cupboards and four items of clinical equipment that were in an unsatisfactory condition. In all instances, immediate remedial action was taken.

The report identifies issues concerning the format of the annual report on infection prevention and control, and these will be addressed to ensure that Department of Health guidance is followed.

Decision

The Board is asked to note the action plan (Appendix 1). This was produced immediately after the visit, but has been updated to take account of issues raised by the excerpted draft report.

Compliance with Hygiene Code: immediate actions based on initial spoken feedback

Issue	Plan	By When	Evidence of Completion	Ongoing Control measures	Assurance verifiable evidence and reporting framework
Cleaning Cupboards	<ol style="list-style-type: none"> 1. Implement immediate corrective action including taking Floor 5A cupboard out of commission. 2. Initial audit of all cleaning cupboards to be undertaken immediately to assess compliance with storage standards. 3. Detailed audit of all cleaning cupboards to assess appropriateness of facilities for drainage (including sluice sink) and hand-washing (including soap and hand towels) 4. Enforce use of appropriate storage facilities for personal effects of contracted cleaning staff at John Radcliffe Hospital through instructions 	<p>Immediately</p> <p>27 February 2009</p> <p>6 March 2009</p> <p>27 February 2009</p>	<p>Completed</p> <p>Written report of audit findings. Completed</p> <p>Written report of audit findings. Completed</p> <p>Completed</p>	<p>Detailed site-wide re-audit in three months time.</p> <p>Audit of cleaning cupboards added to the monthly (TEAR) audits of environment</p> <p>Monthly TEAR audits</p>	<p>Initial HCC findings and confirmation of immediate actions discussed at Board of Directors meeting of 26 February 2009</p> <p>Finance and Performance Committee to consider initial audit report. Re-audit report to be presented to future meeting</p> <p>Future Matron and Cleanliness reports to the Board of Directors to include outcomes of audits of cleaning cupboards</p>

	to contracting staff and to Matrons				
	<p>5. Review resource files. Ensure file is in place in each cupboard, and includes:</p> <ul style="list-style-type: none"> • good practice guidance • colour-coding system • segregation of cleaning materials, • COSHH forms • list of cupboard contents • cleaning and storage requirements of buckets. 	<p>Review file content by 2 March 2009</p> <p>Confirm final content by 16 March 2009</p> <p>Re-issue by 27 March 2009</p>	<p>File content reviewed, revised and implemented in each cupboard. Completed.</p>	<p>Audit compliance with file content included in TEAR audits</p> <p>Audit findings reported to Carillion for action</p>	<p>Evidence of action plan progress reports submitted to DIPC and monitored by Hospital Infection Control Committee and Contract Monitoring meetings.</p>
	<p>6. Implement 'last task of the day' system to ensure cleaning equipment/cupboard is as 'you would like to find it'.</p>	<p>27 March 2009</p>	<p>'Last task of the day' system included in resource file</p>	<p>Non-compliance reports submitted directly to Cleaning Supervisors following TEAR audits</p>	<p>Evidence of action plan progress reports submitted to DIPC and monitored by Hospital Infection Control Committee and Contract Monitoring meetings.</p>
	<p>7. Implement a named champion responsible for each geographical area of the trust.</p>	<p>31 March 2009</p>	<p>Floor by floor maps, with named champion identified</p>	<p>Maintained and monitored by Infection Control Team</p>	<p>Evidence of allocation and briefing reported to Hospital Infection Control Committee</p>
High and Low Level	<p>1. Already raised as a consistency and training issue</p>	<p>21 January</p>	<p>Minutes and action plan</p>	<p>Contractor performance</p>	<p>Quarterly outcomes reported in Matrons and Cleanliness</p>

Dusting	with Carillion, following recent reviews of audit outcomes. 2. Carillion action plan implemented from 21 January 2009 to provide improvements. Action plan is subject to weekly review and performance analysis between Carillion and senior Trust staff.	2009 Action on other issues was already being taken with Carillion before the HCC visit.	Completed Agreed action plan documented. NCSS Review updated monitoring plan Completed	reports Minutes of contract monitoring meeting	reports to the Board of Directors Reported and monitored at contract meeting Progress against action plan reported in Matron and Cleanliness report
Training	1. Identified as an ongoing issue for Carillion and also included within Action Plan. 2. Specific coaching and retraining put in place to respond to top reasons for audit outcomes/performance including segregation of equipment and disposal of sharps boxes.	With effect from 21 January 2009. Updated Plan by 16 March 2009.	Minutes/notes Completed Updated training plan in place. Completed	Annual evidence report of personal training records and appraisal record Records of induction programme and attendance	Include progress against plan in the Matron's and Cleanliness report
Board Reporting	Annual report to follow recommended template	30 June 2009	Revised report	Template referenced	Report to Board of Directors