Hygiene code inspection report:
Royal Devon and Exeter NHS Foundation Trust

Inspected: February 2009
Published: April 2009
Outcome of inspection for: Royal Devon and Exeter NHS Foundation Trust

Hospital(s) visited: Wonford site

Date of visit: 25 & 26 February 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 HCAIs) 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 25 & 26 February 2009, we visited Royal Devon and Exeter NHS Foundation 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 | No breach of hygiene code identified (the trust is meeting this duty) |
| 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 sub-duty) |
Background

The Royal Devon and Exeter NHS Foundation Trust provides acute hospital services to around 350,000 people in Exeter, East Devon and Mid Devon. It also offers specialist services such as cancer care, plastic and reconstructive surgery, orthopaedic surgery, paediatric care and renal services to people living further afield in Devon, Cornwall, the Isles of Scilly, Dorset and Somerset. It has 685 beds.

The Healthcare Commission had not previously inspected the trust against the hygiene code.

In the annual health check 2007/08, the Healthcare Commission rated the trust as 'excellent' for both quality of services and use of resources. As part of that assessment, it declared compliance with the core standards related to infection control and target to reduce MRSA infections.

The trust’s rates of *Clostridium difficile* and MRSA bloodstream infection are lower than those expected for other trusts of its size and type.

The above rates are the latest verified data from the Health Protection Agency (HPA) and up-to-date figures are available from the trust’s own website or the HPA’s site: http://www.hpa.org.uk.

Hospitals test samples for other healthcare facilities in the area as well as for their own trust’s patients. Therefore, some reported cases of infection may not have been acquired by patients staying within the hospital trust.

Good practice

The Healthcare Commission has identified the following example of good practice for reducing the risks of HCAIs at Royal Devon and Exeter NHS Foundation Trust:

- The trust has launched an assessment of nursing quality. This performance tool measures core standards in nursing for many areas, such as the environment, communication, pressure ulcers and infection control. At unannounced visits, external assessors complete the tool for each ward. If a ward achieves a bronze score the assessment is repeated in 6 weeks. If a ward achieves a silver score, the assessment is repeated in 8 weeks. If a ward receives a gold score the assessment is repeated in 12 weeks.
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 HCAIs.

In particular, these arrangements must include:

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>The trust has a board-level agreement that confirms its collective responsibility for minimising the risks of infection. This collective responsibility is outlined in a number of documents. The trust has implemented an infection control policy that clearly defines roles, responsibilities and accountabilities for the management and organisation of infection prevention and control. There is a statement in the job descriptions of all executive and non-executive directors that highlights their corporate responsibility for infection prevention and control. This is evidence that the trust meets this sub-duty.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2b. the designation of an individual as director of infection prevention and control (DIPC) accountable directly to the chief executive and the board</th>
</tr>
</thead>
<tbody>
<tr>
<td>The joint DIPCs are a consultant microbiologist and a lead nurse in infection control. Both are the trust's designated lead responsible for providing leadership and direction for the infection control services in the trust. This is job share and both individuals are equally responsible for the role of DIPC. The job descriptions provided are also clear that both individuals share this role. The joint DIPCs are accountable to, and report directly to, the chief executive and to the board. They produce an annual report on infection prevention and control. This is presented to the board and made available to the public. They champion infection control across the organisation. This is evidence that the trust meets this sub-duty.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2c. the mechanisms by which the board intends to ensure that adequate resources are available to secure the effective prevention and control of HCAIs. These should include implementing an appropriate assurance framework, infection control programme and infection control infrastructure.</th>
</tr>
</thead>
<tbody>
<tr>
<td>The trust has processes for the board to ensure that adequate resources are available for the effective prevention and control of HCAIs. These systems include an assurance framework, which allows infection control issues and progress against HCAI objectives to be regularly communicated to the board. These infection control briefings outline the trust’s activities for infection prevention and control activities and the progress it is making. The trust also has a programme for infection control. This sets out the overall strategy for the infection control, areas of activities, progress</td>
</tr>
</tbody>
</table>
made and monitoring undertaken to ensure the effective prevention and control of HCAIs. The trust undertakes regular audits to monitor the implementation of various policies. It has also allocated adequate resources to ensure its objectives for infection prevention and control are met. The infrastructure for infection control includes an infection control team (ICT) with a balanced mix of nursing and clinical expertise. 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 provides relevant staff and contractors with sufficient training, supervision and information on infection prevention and control. The ICT and link nurses provide up-to-date information on infection control to staff. Matrons and ward sisters are accountable for providing supervision regarding infection control for all ward staff and for making improvements when needed. Contractors working in the trust receive training and information from the ICT. The ward manager/matron supervises contractors whilst they are on site, and a member of the estates team also visits the contractors on site. Educational supervisors supervise trainee doctors on infection control. Staff responsibilities in relation to infection prevention and control are clearly defined in job descriptions. The ICT delivers mandatory infection control training across the trust. Information related to infection control is readily available for staff, patients and visitors through a variety of sources, including the intranet. The trust produces a newsletter every six months on infection control for staff and patients. 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 an overall programme of audit to monitor compliance against key policies and practices. It has also incorporated national strategies, such as the patient environment action team (PEAT) and ‘High Impact Interventions’ audit tools. The annual audit programme is contained within the trust’s infection control annual report. A range of staff with appropriate training and seniority are involved in conducting audits, including nursing and clinical staff. Audits are monitored through the governance structures and have shown that policies are appropriately implemented. 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 a number of policies that set out the process for the management of patients’ transfers, admissions, movements and discharge. The importance of minimising the risk of HCAIs is explicit in these policies. The ICT, ward staff and bed
management team regularly collaborate to ensure that the flow of patients is managed effectively. 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.

The trust has policies for the environment that make provision for liaison between members of the ICT and the people with overall responsibility for facilities management. The ICT inputs into the arrangements for cleaning services, pest control, food safety management, cleaning, building and refurbishment, laundry procedures, waste management and planned preventative maintenance. This is evidence that the trust meets 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 facilities divisional manager is the designated lead for cleaning and the decontamination of equipment. Her role is identified in a job description and in the objectives for the role. Roles and responsibilities for specific areas are appropriately given to named divisional managers and supported by governance structures. 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 areas, including an emergency admissions unit, a ward for the care of people with strokes, and an orthopaedic and general medicine ward. Each area we visited was systematically reviewed, including all storage and clinical rooms as well as bathrooms and areas used for the treatment of patients. The environment of most wards visited was clean and well maintained. There was no evidence of debris or spillages. 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 has a cleaning specification that details the standard of cleanliness required in each part of the premises. This was developed in accordance with national and best practice guidelines for cleanliness. It also includes a schedule of cleaning
frequencies, which were publicly available in the wards we visited. Monitoring is undertaken in accordance with the National Specification for Cleanliness in the NHS. Audit reports are distributed to the clinical nurse managers and the infection control committee. Independent external assessors also make unannounced visits to the trust to inspect cleanliness. This is evidence that the trust meets this sub-duty.

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

The trust undertakes regular environmental audits, including hand-washing facilities. In the wards visited, we observed no shortage of hand-washing sinks in the clinical areas. Clinical wards have an adequate provision of antibacterial hand rubs. These were being used by staff and visitors. We saw staff appropriately cleaning their hands during our visit and the trust regularly audits hand hygiene. 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 appropriate decontamination arrangements for reusable surgical instruments, including a strategy and policy for decontamination. The decontamination of reusable surgical instruments takes place in the hospital sterilisation decontamination unit. The decontamination committee addresses decontamination issues. Ward sisters are responsible for ensuring that the cleaning programme for ward equipment is effectively carried out. The housekeeping services monitoring team undertakes weekly audits of reusable equipment used by patients. We examined over 10 commodes and they were all clean. The trust audits decontamination practices to ensure that staff are compliant with the decontamination policy. This is evidence that the trust meets 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.

The trust has an in-house linen services department and a draft linen policy. The contract operates in compliance with HSG (95)18 guidance. An external quality assessor monitors the service on a yearly 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 uniform policy. It ensures that staff follow this policy and that clothing worn by staff when carrying out their duties (including uniforms) is clean and fit for purpose. We observed staff wearing uniforms that were compliant with ‘bare below the elbows’ guidance. 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 HCAIs.

The trust has policies and protocols to ensure that the isolation of patients is effective and suitable. It has assessed its needs and manages its beds (including side rooms) appropriately. It also has a process to assess risk. It has isolation rooms; if these are full, it has contingency plans for cohort nursing (the grouping of patients with a particular infection to isolate them from other patients). Where necessary, an identified ward for isolation would be used. The trust also has isolation rooms with special ventilation. Staff across various disciplines work closely to ensure compliance with policies and protocols for isolation. 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 a policy for antimicrobial prescribing, which is marked with a clear review date. The purpose of this policy is to ensure the most cost effective use of antibiotics and to minimise the emergence of resistant strains. The trust also has a list of restricted antibiotics and monitors its prudent use. Training in antimicrobial prescribing is provided to the junior doctors in their training programme and to all staff who prescribe. The junior doctors receive specific training in antibiotic prescribing. There is a printed formulary (list of available medicine) on all wards that is available to prescribers. The formulary is also available on the trust’s intranet. In addition, the trust has produced a credit-card sized summary card. This details common infections and their treatment. Compliance to policies is monitored through ward rounds and audits. This is evidence that the trust meets this sub-duty.