Hygiene code inspection report:
University Hospitals Bristol
NHS Foundation Trust

September 2008
Inspections on cleanliness and infection control in 2008/09

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

Infections developed while patients are receiving healthcare 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. For simplicity, we will refer to this guide as the ‘hygiene code’ in this report.

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 30 and 31 July 2008, our assessors visited the University Hospitals Bristol NHS Foundation Trust to check it was following three duties from the hygiene code. The table below gives a summary of the Healthcare Commission’s findings.

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<tr>
<th>Duty</th>
<th>Description</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>Duty 2</td>
<td>The trust must have in place appropriate management systems for infection prevention and control</td>
<td>No breach of hygiene code identified (the trust is meeting this duty)</td>
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<tr>
<td>Duty 4</td>
<td>The trust must provide and maintain a clean and appropriate environment for healthcare</td>
<td>Breach of hygiene code identified (the trust is not meeting this duty fully)</td>
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<tr>
<td>Duty 8</td>
<td>The trust must provide adequate isolation facilities</td>
<td>No breach of hygiene code identified (the trust is meeting this duty)</td>
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Background

This trust is one of the largest in the South West and is spread over eight sites, five providing in-patient services. It has 7,000 staff offering over 100 different clinical services, ranging from neonatal intensive care to care of the elderly.

It is the major teaching and research centre for the South West of England. It provides general medical and emergency services to those living in central and south Bristol, and a broad range of specialist services across a region that extends from Cornwall to Gloucestershire, into South Wales and beyond.

As a specialist teaching trust, it works in strong and dynamic partnership with the University of Bristol, the University of the West of England and several other higher education institutions in this country and abroad.

Action taken

The Healthcare Commission identified the following breach/breaches of the hygiene code. These include/included:

- Duty 4 (sub-duty a)

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

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

- The trust should ensure that its policies for the environment, as identified in the hygiene code, make provision for liaison between the infection control team and facilities management. (Sub-duty 4a)

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

In following pages, we have copied the wording of the duties of the hygiene code that we inspected the trust against. For each of these duties, we have then explained our findings from the inspection. Some of the duties are split into ‘sub-duties’, in the same way that they appear in the hygiene code, so that you can clearly see where the trust did or did not follow the Department of Health’s guidance.

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:

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<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>
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<td>The trust has a board-level agreement outlining the board’s collective responsibility for infection prevention and control. This is supported by a statement in a letter sent to all staff and an addition to all board members’ job descriptions that has been agreed by the executive directors. These two documents set out the trust’s arrangements for spreading responsibility for infection prevention and control to all professional groups and clinical directorates. This is evidence that the trust meets this sub-duty.</td>
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<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>
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<td>The trust has a nominated DIPC. The role covers all the aspects and responsibilities that are set out in the Hygiene Code; however, the Infection Prevention and Control Annual Report for 2007/08 has not yet been produced. The DIPC has the support of the medical director, chief nurse and infection control doctor where necessary. The DIPC reports to the chief executive and the board. This is evidence that the trust meets this sub-duty.</td>
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<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>
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<td>The trust has an appropriate infection control assurance framework and the infection control team and directorates make regular reports to the board to ensure ‘ward to board’ engagement. The trust also has an appropriate infection control programme and infrastructure. This is evidence that the trust meets this sub-duty.</td>
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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 suitable and sufficient information to all staff groups about how to prevent and control risks of infection. The trust also has systems to ensure that all relevant staff, contractors and others whose normal duties are directly or indirectly concerned with patient care receive appropriate training and 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 rolling audit programme for hand hygiene, high impact interventions and cleaning standards. In addition, it reviews how specific policies are implemented after any incidents relating to infection control. 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 appropriate policies and systems covering the admission, transfer and discharge of patients. This is supported by frequent and effective communication between the site management team and the infection control team. 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.

We found evidence that the ICT liaises with facilities managers and of some policies that identify the importance of liaison with the ICT. However, some policies do not identify this. 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 clearly identified the relevant personnel as lead managers for cleaning and decontamination. The trust provided us with evidence of good working relationships between these managers, the ICT and the on-site sterile services department. 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.

In general, we observed the six ward areas that we visited to be suitably clean and in a reasonable state of repair. 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’s cleaning services are in-house and the trust has clear lines of responsibility for overseeing the cleaning of all areas. The schedules of cleaning frequencies are on public display. This is evidence that the trust meets this sub-duty.

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

We observed some areas where hand washing facilities were not adequate. However, the trust recognises that it needs to increase the number of hand washing facilities, following the advice of an audit. It has placed extra facilities in high-risk areas and will continue to monitor ways of improving facilities. 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 an effective decontamination policy that describes the requirements for all equipment on a risk-based profile. There is a named decontamination lead, and decontamination staff work closely with the ICT to ensure that the policy is followed. The trust is reviewing its present arrangements and is discussing the development of a ‘super centre.’ 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 a contract for laundry services that complies with HSG 95(18). 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 an appropriate uniform and workwear policy. We observed that clothing worn by staff when carrying out their duties was clean and fit for purpose and that they complied with the ‘bare below elbows’ policy in all areas that we visited. 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 reviewed its isolation facilities and is implementing a programme of work to enhance them. It has interim arrangements to provide adequate facilities and policies to support decision making. The site management team and ICT liaise closely to ensure that single rooms are used appropriately. This is evidence that the trust meets this duty.