



# Hygiene code inspection report: Birmingham Women's NHS Foundation Trust

February 2009

<b>Outcome of inspection for:</b>	Birmingham Women's NHS Foundation Trust
<b>Hospital(s) visited:</b>	Birmingham Women's Hospital
<b>Date of visit:</b>	30 & 31 December 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 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 30 & 31 December 2008, our assessors visited the Birmingham Women's 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.

<b>Duty 2:</b> The trust must have in place appropriate management systems for infection prevention and control	<b>No breach of hygiene code identified</b> (the trust is meeting this duty)
<b>Duty 4:</b> The trust must provide and maintain a clean and appropriate environment for healthcare	<b>No breach of hygiene code identified</b> (the trust is meeting this duty)
<b>Duty 8:</b> The trust must provide adequate isolation facilities	<b>No breach of hygiene code identified</b> (the trust is meeting this duty)
<b>Sub-duty 10j:</b> The trust must have in place an appropriate policy in relation to antimicrobial prescribing	<b>No breach of hygiene code identified</b> (the trust is meeting this duty)

## Background

On 1 February 2008, Birmingham Women's Healthcare NHS Trust in South Birmingham achieved foundation status to become Birmingham Women's NHS Foundation Trust. It is a small specialist hospital with 192 beds (including a delivery suite and the neonatal unit cots).

The trust is one of only two trusts in the UK offering specialist care to women, providing maternity, gynaecology, fetal medicine, neonatal intensive care, genetics, radiology, specialist pathology and fertility medicine services.

The trust had not received an inspection for compliance with the hygiene code previously. In the Healthcare Commission's annual health check for 2007/08, the trust was rated as 'good' for quality of service and 'excellent' for use of resources. It received a rating of 'excellent' by the Patient Environment Action Team (PEAT) for food and hospital cleanliness in 2008.

The trust has reported no cases of MRSA bloodstream infection for the last five years and there are also no reported cases of *Clostridium difficile*.

## Good practice

The Healthcare Commission has identified the following example of good practice for reducing the risks of HCAs at Birmingham Women's NHS Foundation Trust:

- The director of infection prevention and control (DIPC) produces an annual report and this is made publicly available through the public session of the respective meeting of the trust's board. It is positive to note that the full report is converted into a smaller 'user friendly version', which still covers important infection control issues. This smaller report is actively shared throughout the trust (it was on every notice board in the ward areas we visited) and the local area.

## 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.**

The trust has a board-level agreement that confirms its collective responsibility for minimising the risks of infection. This collective responsibility is stated in a number of documents. Strategic objectives specify infection prevention and control as a top priority. Operational objectives are overseen by members of the trust's board through a number of infection control reports and outline the general means by which the board works to prevent and control HCAs. These objectives are common to all board members, including governors. Board members regularly undertake 'walkarounds' and the chief executive officer has regular 'back to the floor' days where she spends time with teams throughout the trust. Appropriate accountability and responsibility is shared throughout the trust. 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.**

The trust has appropriately designated an individual as the DIPC. This person is the director of midwifery, nursing and operations. The DIPC is very well supported by the consultant microbiologist/infection control doctor and the infection control team (ICT).

The DIPC produces an annual report and this is made publicly available through the public session of the respective meeting of the trust's board. The full report is converted into a smaller 'user friendly version', which still covers important infection control issues. This smaller report is actively shared throughout the trust (it was on every notice board in the ward areas we visited) and the local area.

The DIPC reports directly to the trust's board and the chief executive officer and has open access to them should specific issues arise. At the time of the inspection, the DIPC reported to the board formerly on a quarterly basis – this report also included a matron's report from each directorate. This is evidence that the trust meets this sub-duty.

**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.**

The trust has processes to ensure that adequate resources are available for the effective prevention and control of HCAs. These systems include an assurance framework, which provides the trust's board with the necessary information for appropriate discussion, decision making and deployment of resources. An annual programme for infection control outlines the trust's objectives regarding the prevention of infection. These objectives reflect the trust's strategy for infection control and are monitored on a regular basis. Progress against these objectives is regularly communicated to the infection control committee, the clinical governance board and ultimately to the trust's board. The infrastructure for infection control includes an ICT that reflects the size of the trust. There is an infection control nurse working as 0.6 of a whole-time equivalent (comparable to 60% of a full-time employee) and a consultant microbiologist/infection control doctor working 4.5 programmed sessions (18 hours) per week. A neonatal unit senior nurse is allocated 2 days dedicated time per week specifically for infection control. For the trust's size, this presents an appropriate mix of nursing and clinical expertise. Infection control liaison nurses are active throughout the trust, although this resource is being reviewed. The infrastructure for infection control is being developed to ensure that resources can be directed appropriately throughout the trust. 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 has systems that provide relevant staff, including contractors, with a structured programme of training, supervision and information on infection prevention and control. Staff understand the roles and responsibilities for infection prevention and control that are detailed in their job descriptions. Staff from the ICT provide core training through induction and annual, mandatory 'refresher' sessions. Computer-based learning (e-learning) is also well utilised by medical staff. E-Learning is also used by other staff, but they must attend 'face to face' training on alternate years. Medical staff, including consultants, receive regular updates on Friday afternoons. The small size of the trust enables tailored training based on identified needs. The trust monitors the effectiveness and suitability of this training by supervising staff practice against agreed competency levels. Link nurses on most of the wards, or other designated nurses, hold the responsibility of ensuring that information relating to infection prevention and control is displayed and communicated as required. 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 programme of audit throughout all areas of the organisation to ensure that policies and practices are being implemented appropriately. The programme of audit is directly linked to the programme on infection control. Clinical staff and non-

clinical staff are involved in undertaking these audits and often work in partnership. Outcomes from these audits are monitored through the governance structures, and appropriate actions are taken when required. The trust is making progress with ensuring that learning from audits is used to improve policies and practices. 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, transfer, discharge and movement of patients within two policies. The first is *Infection control guidance on the admission, movement within the hospital, transfer between hospitals and discharge of patients* and the second is the *Bed management and escalation policy*. Due to the small, specialist nature of the trust, the matrons, director of nursing and the ICT provide operational cover and advice relating to bed management. There is evidence of cooperative working between the bed management team/matrons, clinical managers, ward staff and the ICT to ensure that policies operate effectively. Information gathered from bed management communications is used to manage the flow of patients. 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 HCAs, 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 help the ICT and staff at all levels of facilities management to cooperate and liaise with each other. Close liaison between the ICT and other staff occurs at all levels within facilities management. This is evident in practice throughout the trust. The head of facilities and the DIPC communicate effectively. Senior staff from facilities management are represented on, and attend, the infection control committee. Likewise, infection control staff are involved in facilities development. This liaison aims to ensure that infection control is firmly embedded within the strategic and operational activity of facilities management. 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 trust has separate designated lead managers for cleaning services and for the decontamination of equipment used for treatment. The designated lead person for cleaning is the domestic supervisor. This position involves overall management responsibilities, supervising, cleaning and housekeeping. The designated lead

person for decontamination is the associate director of clinical support. This position is supported by other staff members of the trust, but particularly by a senior nurse from theatres. This person ensures that the trust's decontamination services (which are contracted out) are effective and meet required standards. Roles and responsibilities for both areas are also given to named operational managers. 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's approach to environmental cleanliness and associated risk assessment involves multiple departments working together to ensure required standards are adhered to, maintained and improved as necessary. Nursing staff and service staff regularly monitor cleaning and maintenance arrangements throughout the trust. The trust has systems to support the delivery of remedial action if needed.

We visited four wards; the cleaning and the general environment of the wards were of a satisfactory standard. 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 developed a cleaning strategy that aimed to meet the national specifications for cleanliness. At the time of the inspection, the trust had identified shortfalls and was reviewing its arrangements for dusting of high areas. The cleaning arrangements detail the standards of cleanliness required in each part of the premises and include a schedule of frequencies for cleaning. Roles and responsibilities relating to duties are clearly specified. A schedule of cleaning frequencies was publicly available on each of the wards we visited. 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 has reviewed its hand-wash facilities and has installed more hand-washing facilities and antibacterial hand rubs wherever possible. These reviews are ongoing. Antibacterial hand rub was readily available and accessible at the point of care. The trust undertakes hand-hygiene audits on a regular basis and has systems to encourage and enforce compliance when necessary. The results of these audits have not raised any issues about the adequacy of hand-washing facilities. We received no adverse comments from ward staff in relation to the access and availability of these facilities. The trust is continuing to work hard to ensure that hand hygiene is a top priority, particularly through senior staff acting as good role models. 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 is part of the Pan-Birmingham Decontamination Project and migrated its services during November 2008. All reprocessing of reusable medical devices is contracted out and undertaken within the contractor's sterile service supercentre. The Pan-Birmingham Decontamination Project has established a contract to provide a fully compliant service for the decontamination of surgical instruments to each NHS trust in the Birmingham area. There is a programme of quality review to ensure compliance with policies.

Staff were aware of the protocols and decontamination arrangements for reusable equipment on wards. We found equipment used by patients on the wards we visited to be clean. During a mattress check, we found that the integrity of the cover on one mattress had been breached, with subsequent staining underneath the cover. This was reported to the nurse in charge who took immediate action and had the mattress removed and replaced. Staff showed appropriate concern, as there was no visible damage to the outer cover. The trust had recently performed a mattress audit. In addition, as part of the ongoing implementation of the mattress policy, it has been reiterated to all staff that between audits, the domestic and nursing staff need to check the integrity of the mattress cover at each bed change. 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.**

A national laundry services provider provides the majority of laundry services. This is arranged through the facilities management contractor and the trust monitors it through a service level specification stating that linen is managed in compliance with HSG (95)18 guidance. The trust holds regular monitoring meetings. 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 uniforms and dress code. This has been reviewed to take into account the recent guidance issued by the Department of Health. Infection control advice has been given in relation to developing this policy. The policy aims to enforce the principle and practice of being 'bare below the elbows'. We observed clothing worn by staff when carrying out their duties to be clean and fit for purpose. Disposable protective aprons and gloves were easily accessible and being used throughout the ward areas 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 HCAs.**

The trust has stated that it is able to provide, or secure the provision of, adequate isolation facilities for inpatients sufficient to prevent or minimise the spread of HCAI. The clinical managers and the ICT monitor the usage of side rooms regularly. The trust has carried out an audit that indicated that all patients who require isolation are identified by ward staff before, or at the time of, admission. The trust has sufficient availability of single rooms to accommodate all patients who require isolation; there are appropriate facilities in each single room to permit isolation that is optimal for the infectious conditions present.

Local arrangements are in place should the need arise for specialist ventilated facilities.

During interviews, clinical staff said that the number of side rooms is generally adequate. If problems are identified with isolating a patient, this would be escalated to the bleep holder, matron, or bed manager and advice can also be sought from the ICT or microbiology department. Any failure to isolate a patient would result in an incident report; however, none of the nurses interviewed could remember having to escalate a case to this extent.

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.**

Antimicrobial prescribing in the trust is constrained by there being a limited number of licensed and/or safe antibiotics available for use in newborns and in women undergoing obstetric procedures. The limited number of specialties provided by the trust also means that the range of indications for antibiotic therapy is smaller than in a general hospital.

The prescribing policy for patients in the obstetric and gynaecology departments is included in a *Guidelines for Professionals* book that is issued to all medical staff each year and that is available on the trust's intranet. The medical director leads an annual review of the guidelines. They reflect the *British National Formulary*, local antibiotic sensitivity patterns, and guidelines produced by the Royal College of Obstetricians & Gynaecologists, which permit the prescription of a very limited range of antibiotics.

Because of the nature of the patients at this hospital, cephalosporins are commonly used (especially in the obstetrics department) where the alternative of using co-amoxicillin has been associated with an increased risk of a certain gastrointestinal disorder in newborns (called necrotising enterocolitis). The trust is aware of the risk of

cephalosporin use with respect to MRSA and *Clostridium difficile*, and this risk is recorded on its risk register.

The ICT provides regular teaching sessions for junior and senior medical staff, and antibiotic prescribing is covered in these.

The trust has a service level agreement with the University Hospitals Birmingham NHS Foundation Trust for the provision of pharmacy services. Within that agreement, the trust has two named pharmacists who support the adult and neonatal services. The pharmacists review all inpatient drug charts on a daily basis, including any deviations from prescribing policies, and actively promote the switch from intravenous to oral therapy. The gynaecology directorate implemented a system in July 2008 whereby patients who have been hospitalised for six days or more are reviewed by a consultant microbiologist to ensure that no patient receives unnecessary antibiotics.

This is evidence that the trust meets this sub-duty.