This report sets out the key findings arising from the Healthcare Commission’s unannounced inspection of the Trust in March 2009 in relation to core duties under the Code of Hygiene.

Overall, the report is very positive and no breaches of the key duties of the Code were found.
Hygiene code inspection report:
Newcastle Upon Tyne Hospitals NHS Foundation Trust

Inspected: February 2009
Published: May 2009
Newcastle Upon Tyne Hospitals NHS Foundation Trust

Freeman Hospital, Royal Victoria Infirmary and Walkergate Hospital

28 & 29 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 28 & 29 February 2009, our assessors visited the Newcastle Upon Tyne Hospitals 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.

<table>
<thead>
<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>
</tr>
<tr>
<td>Duty 4</td>
<td>The trust must provide and maintain a clean and appropriate environment for healthcare</td>
<td>No breach of hygiene code identified (the trust is meeting this duty)</td>
</tr>
<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>
</tr>
<tr>
<td>Sub-duty 10j</td>
<td>The trust must have in place an appropriate policy in relation to antimicrobial prescribing</td>
<td>No breach of hygiene code identified (the trust is meeting this sub-duty)</td>
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</tbody>
</table>
Background

The Newcastle Upon Tyne Hospitals NHS Foundation Trust has four main hospital sites: Freeman Hospital, Newcastle General Hospital, Royal Victoria Infirmary and Walkergate Hospital. It has three additional sites at Newcastle Dental Hospital, Newcastle Fertility Centre and the Northern Genetics Service. It has 2,042 acute inpatient beds.

The trust is one of the largest in the UK and provides a range of services for a local population of 500,000 people, as well as specialist services for up to 3 million people in the north east and beyond. They also provide many specialised services nationally.

The trust is currently embarking on a significant building project. It aims to move all acute hospital services from the Newcastle General site to the Royal Victoria Infirmary and the Freeman Hospital, whilst increasing the number of beds and improving facilities.

The Healthcare Commission previously inspected the trust against the hygiene code in February 2008, with no recommendations for improvements made. It rated the trust as 'excellent' in use of resources and 'excellent' for quality of service for the annual health check 2007/08.

The trust’s rates of MRSA bloodstream infection and *Clostridium difficile* infection are reducing overall.

The above information on rates is based on 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.
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>Sub-Duty</th>
<th>Description</th>
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<tbody>
<tr>
<td>2a.</td>
<td>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.</td>
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<td></td>
<td>The trust’s board accepts responsibility for minimising and controlling infection as part of the overall risk management strategy. The trust has an overall collective board-level agreement made in January 2008, alongside an infection prevention and control strategy. A non-executive director has been designated special responsibility for infection control. Staff have job descriptions that include their responsibilities for infection control. This is evidence that the trust meets this sub-duty.</td>
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<td>2b.</td>
<td>the designation of an individual as director of infection prevention and control (DIPC) accountable directly to the chief executive and the board.</td>
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<td></td>
<td>The trust has appointed a fully operational intensive care and respiratory clinician to hold the post of DIPC. The DIPC has sufficient time allocated to fulfil the role. The DIPC produces an annual report on infection control that is presented to the board and is made available to the public. The DIPC is accountable to the chief executive and reports directly to the board. This is evidence that the trust meets this sub-duty.</td>
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<tr>
<td>2c.</td>
<td>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.</td>
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<td></td>
<td>The trust has an overall assurance framework, of which infection control plays a key part. Infection control is delivered through a variety of initiatives including the Department of Health’s ‘Saving lives’ tools. The trust also ensures that issues of infection prevention and control are communicated from the ward level to the board. The trust monitors these and other initiatives through a variety of processes including audits, reports to the clinical governance committee and implementation of action plans. The annual report on infection control contains statistics and these are updated in monthly presentations and monitoring reports to the board. The infrastructure for infection control includes an infection control team (ICT) with a mix of nursing and clinical expertise. This is evidence that the trust meets this sub-duty.</td>
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</table>
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 processes to provide relevant staff and contractors with training, supervision and information on infection prevention and control. Staff responsibilities in relation to infection prevention and control are clearly defined in job descriptions and organisational charts. Information related to infection control is readily available to staff on all sites through a variety of sources, such as the trust’s internet site, leaflets and posters. 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 in operation to monitor compliance against key policies and practices. The annual audit programme, outlined within the trust’s strategy, ensures that audits are conducted against a wide range of policies. The reports from audits contain findings, a summary and recommendations for improved compliance or changes to procedures. The infection control committee receives and discusses these. 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 bed management policy that formalises the arrangements for safe and effective placement of patients within in-patient wards and their transfer between healthcare facilities. The ICT, ward staff and bed managers collaborate regularly. Audits are carried out against the bed management policy, which include consideration as to whether patients with infection prevention and control requirements are isolated appropriately. 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 ICT and estates and facilities management liaise regularly. The trust has written and implemented appropriate policies for the environment that include practical liaison between the ICT and estates and 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 designated leads for cleaning and the decontamination of equipment used for treatment. It has defined specific roles and responsibilities for cleaning and decontamination, which cover all areas of its activities. 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 estates and facilities team provides in-house cleaning and domestic services across all sites. The operational services manager is responsible for the cleaning processes within the trust and is supported by service managers and domestic supervisors. During the inspection, we visited eight clinical areas across three of the trust’s sites. We found the general environment to be clean and tidy. The floors, walls, ceilings, equipment in bed spaces and mobile equipment within the wards we visited were visibly clean. Patient areas, such as beds, chairs, toilets and showers were generally clean and in a good 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 roles and responsibilities for cleaning are split between the domestic staff and ward staff. The trust has documented policies to define the activities to be conducted and outline specific roles and responsibilities related to cleaning. These policies have been written in consultation with the ICT and contain detailed instructions for the cleaning of equipment and wards. Schedules of cleaning frequencies were publicly available in the wards 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.

We saw an appropriate number of suitable hand-washing basins in the clinical areas we inspected. Some wards were part of the modernisation and replacement programme, which aims to upgrade sinks and increase their number to meet latest guidance. We saw antibacterial hand rubs in all the areas visited. These were placed at the point of care as well as the exits and entries to wards. 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 operational services manager has overall responsibility for the decontamination of equipment used for treatment. Ward nursing staff are responsible for the
cleanliness and decontamination of medical equipment on wards and are trained and aware of cleaning requirements for specific items of equipment. Staff were aware of their duties and were observed undertaking decontamination procedures appropriately. During our inspection of eight clinical areas, we found equipment for patient use to have been cleaned to an acceptable standard. The cleaning shortfalls we identified during the inspection were minor and were rectified at the time of the inspection. 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 policy and guidance that outline the process for the collection, cleaning, distribution and storage of clothing, linen and laundry supplies. Ward staff and domestic staff conduct daily checks to ensure that dirty or decontaminated linen is appropriately removed from areas used for patients’ care. During ward interviews, it was stated that there have been no adverse issues relating to the linen.

The trust has outsourced its provision of linen and laundry services, and two external contractors manage this service. The process in place has been created in accordance with HSG (95)18 guidance. 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 that has been produced in consultation with the infection control department. In all areas used for patients’ care we inspected, we observed staff to be compliant with ‘bare below the elbows’ guidelines. Personal protective equipment, such as disposable gloves and aprons, was readily available on all wards visited. The clothing worn by staff when carrying out their duties was clean and fit for purpose. 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’s isolation facilities include 642 cubicles, with 187 cubicles having en suite facilities. Over 50 cubicles have special ventilation facilities. Our observations and discussions with ward staff indicated that staff were aware of the isolation policy and satisfied with the availability of cubicles. The trust performed an isolation audit in January 2009, which found a sufficient number of isolation cubicles. If an isolation cubicle was not available, this would be recorded, evaluated and then escalated through the bed management team and the ICT as necessary. 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:

<table>
<thead>
<tr>
<th>10j. antimicrobial prescribing.</th>
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<tr>
<td>The trust has an antibiotic prescribing policy. This incorporates best practice and guidelines and includes reference to the <em>British National Formulary</em> (BNF). The policy has a written review date and is reviewed on an annual basis, but updated more frequently if there are significant changes in practice. Staff with prescribing responsibilities can access the most recent antibiotic formulary and prescribing policy via the trust's intranet. They are also issued with a copy of the BNF and a credit-card sized summary. Laminated cards are also placed in each ward area for point of reference.</td>
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<td>The trust has an audit schedule for antimicrobial prescribing, which the pharmacy department carries out. Results of these audits are fed back to the DIPC and prescribers; other committees, which are attended by the wider healthcare community such as GP’s and the primary care trust, also receive the results of audits.</td>
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<tr>
<td>This is evidence that the trust meets this sub-duty.</td>
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