



# Hygiene code inspection report: South Western Ambulance Service NHS Trust

Inspected: February 2009

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<b>Outcome of inspection for:</b>	South Western Ambulance Service NHS Trust
<b>Sites visited:</b>	Royal Devon and Exeter Hospital – Accident and Emergency Department, Dorset County Hospital – Outpatients and Accident and Emergency Department, Dorchester Ambulance Station, Bridport Ambulance Station, Royal Cornwall Hospital – Accident and Emergency Department, Falmouth Ambulance Station, St Austell Ambulance Station, Exeter Ambulance Station, and Taunton Ambulance Station
<b>Vehicles observed:</b>	11 emergency ambulances, two rapid response vehicles, and one patient transport vehicle
<b>Date of visit:</b>	17 to 20 February 2009

## **Inspections on cleanliness and infection control – 2008/09**

The Healthcare Commission is inspecting every acute 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*.

In addition, we are conducting inspections of 20 non-acute trusts (primary care trusts, mental health care trusts, and ambulance trusts).

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, we chose to assess two duties of the hygiene code. Our assessors made an unannounced visit, to ensure that they see the hospitals, ambulances and ambulance stations as a patient or visitor would see them.

Between 17 and 20 February 2009, our assessors visited the South Western Ambulance Service NHS Trust to check it was following two duties from the hygiene code. The table below gives a summary of the Healthcare Commission's findings.

<p><b>Duty 2:</b> The trust must have in place appropriate management systems for infection prevention and control</p>	<p><b>No breach of hygiene code identified</b> (the trust is meeting this duty)</p>
<p><b>Duty 4:</b> The trust must provide and maintain a clean and appropriate environment for healthcare</p>	<p><b>No breach of hygiene code identified</b> (the trust is meeting this duty)</p>

## Background

South Western Ambulance Service NHS Trust was formed from two previous ambulance trusts in July 2006. On merger, responsibility for infection prevention and control was brought into the clinical directorate.

The trust provides emergency ambulance, air ambulance and patient transport services together with the out-of-hours service to the communities of Somerset, Dorset, Devon and Cornwall and the Isles of Scilly. Its catchment population of almost 3 million people increases with the influx of 16.4 million holidaymakers each year.

The trust employs just under 3,000 staff with 3,500 volunteers, and works with approximately 350 general practitioners for the out-of-hours service.

The trust's annual health check rating for 2007/2008 was 'good' for quality of service and 'good' for use of resources.

## Good practice

The Healthcare Commission has identified the following example of good practice for reducing the risks of HCAs at South Western Ambulance Service NHS Trust:

- The trust has developed its information technology services to ensure up-to-date information is readily available for all staff over a large geographic area and many stations and depots. In addition, the trust ensures that the information boards with hard copies of information and updates at the stations and depots are all laid out in the same format.

## Suggestions for improvement

It is suggested that the trust's documents show how its training, information and supervision arrangements, as described under sub-duty 2d, are extended to cover its volunteers.

## 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.**

Three members of the trust's board were interviewed and they confirmed the collective responsibility for minimising the risks of infection. This board-level agreement is outlined in a number of documents including the infection prevention and control policy and the trust's five year business plan. The infection prevention and control policy also sets out the duties and responsibilities of all professional groups and staff. 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 appointed a DIPC, who is an executive board member and also has the role of director of urgent care and clinical services. The responsibilities of the DIPC are included in the post holder's job description. The DIPC reports directly to the chief executive and the board, and is supported by suitable governance arrangements. 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 for the board 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. Regular presentations are made to the trust's board to enable them to direct resources appropriately. The board members confirmed that infection prevention and control funding is reviewed every time there is a new initiative.

The trust has an infection control infrastructure in place to ensure that its infection control programme is delivered. This programme consists of a plan prioritising the required action to meet objectives and ensures that progress in achieving them is monitored through the governance structure.

The infection prevention and control group acts as the trust's infection control team, working with the DIPC and infection control leads. Expert infection control and prevention advice is available; however, the trust is working to strengthen this with a formal service level agreement prepared with an acute 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 provides infection prevention and control training to all staff and contractors and has carried out a training needs analysis. Infection prevention and control training is mandatory and is monitored through the training department and the electronic staff record. New staff and contractors attend induction sessions, and existing staff undertake the recertification programme. Staff interviewed during the inspection visit indicated that all were receiving training on a regular basis and that they had an annual appraisal of their performance. The trust has been approved as a provider for the Institute of Healthcare Development (IHCD) course.

The trust has developed communication pathways to ensure staff receive information in a timely and ordered way. All information regarding infection prevention and control is on the trust's intranet and all staff can access the intranet from ambulance stations and from home. All ambulance stations visited had information boards set out to display hard copies of relevant information and updated policies. Staff interviewed during the inspection visit knew where information is available and how to access it.

The trust has a training programme for clinical supervision and mentorship and the majority of relevant staff have now been trained. Policies to support this programme are in place. Staff interviewed during the inspection understood their duties and responsibility for supervising staff and for being supervised.

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's audit programme for infection prevention and control is embedded in the infection control programme and reflected in the clinical audit and research plan. Audits are prioritised by using the risk matrix that is part of the trust's risk management system. The trust has developed an audit tool for the mandatory, monthly review of premises, and results are collated into a monthly audit report. It will use a full station audit every six months to monitor the monthly scores and ensure consistency across stations. The audit reports are reviewed and actioned where required. 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 infection control policy and strategy contains all guidance and procedures relating to the transfer and movement of patients in ambulance vehicles and between healthcare facilities. It has sections on the classification of infectious diseases, the transfer of patients with infections, specific cleaning procedures, diseases requiring standard (universal) precautions and diseases requiring additional precautions. It includes specific information on the transportation of patients requiring isolation. The roles and responsibilities for decision making and obtaining appropriate advice regarding levels of containment are described in the document. 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 infection control policy and strategy contains policies for the environment and makes provision for liaison between the members of the infection prevention and control group and facilities management. The infection prevention and control group membership includes staff with responsibility for facilities management and links with other relevant committees with appropriate shared membership. 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 director of urgent care and clinical services is the lead for cleaning and decontamination in the trust (and also the DIPC). Responsibility for cleaning and the decontamination of equipment used for treatment has been passed to operational staff and is overseen by the clinical support officers who also undertake the monthly station and ambulance audits. Staff interviewed during the inspection indicated understanding of these responsibilities. 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 ambulances we inspected were clean and maintained to a good standard. The trust has a programme for deep cleaning emergency vehicles every eight weeks and patient transport vehicles and rapid response vehicles every twelve weeks. The majority of cleaning has been undertaken by ambulance crews, but additional cleaners have been recruited to support the *Make Ready* scheme, through which ambulances and other response vehicles are prepared for a shift. Cleaning products were available and the stations visited had spacious vehicle cleaning areas. 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 lead for infection prevention and control has developed cleaning protocols and procedures and these are contained in the infection control policy and strategy, together with the duties for relevant staff with regard to cleaning. Cleaning schedules and protocols are published on the trust's website, intranet and in hard copy, which are available in the ambulance stations. Each vehicle has a log which includes the cleaning that has been undertaken each day. This is evidence that the trust meets this sub-duty.

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

There was access to hand-washing basins with wall-mounted soap and warm running water at hospital accident and emergency departments and all ambulance stations. Multi-purpose surface wipes and hand detergent/disinfection wipes were available in all vehicles. The trust provides personal alcohol dispensers to staff. 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 cleaning and decontamination procedure is described in the infection control policy and strategy, with a further section on the decontamination of equipment. This defines items that are for single use, for use by one patient only, and those that are reusable. We closely observed medical equipment on all ambulances visited and it was visibly clean. Staff were clear about their roles and responsibilities regarding decontamination. 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 management of linen is included in the infection control policy and strategy, and describes the segregation of linen. The linen seen was clean and crews confirmed that sheets and blankets were changed between each patient. Whilst ambulance crews did not have access to all appropriate linen bags, staff interviewed during the inspection indicated that general practice would be to dispose of infected or contaminated linen at the hospital and that they would very rarely have to bring any back to the ambulance stations. 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 is also referenced in the infection control policy and strategy. Staff are responsible for the cleanliness of their uniforms and for laundering them unless they are contaminated, confiscated or damaged. Personal protective equipment (such as gloves and aprons) is issued to staff and must be worn in accordance with the policy. Staff are required to keep at least one complete change of clean uniform at their ambulance station in case the one they are wearing becomes soiled or contaminated.

The trust is in the process of rolling out new uniforms. The uniforms for those ambulance staff interviewed looked fit for purpose and clean. The trust's uniform shirt has short sleeves, as they are working towards staff being 'bare below the elbows'.

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