



Raising Public Awareness - Campaigning for Safer Standards
Supporting Victims & Dependents
Registered Charity No. 1115672

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Response to Developing the Annual Healthcheck

MRSA Action UK is the only registered charity in the UK explicitly campaigning for the reduction of Healthcare Associated Infections. The aims of MRSA Action UK are to raise public awareness and to influence Government and healthcare providers in the fight to prevent MRSA and all healthcare associated infections.

We are guided by the principle that the care and safety of patients is never compromised under any circumstances by poor practice.

We therefore welcome the opportunity to be involved in the consultation on Developing The Annual Healthcheck for 2007/08.

1. We are pleased that trusts consistently reported a range of immediate, sustained and future benefits through the assessment process in 2006/07, and that trusts were able to identify improvements needed in the quality of services and in their internal processes of quality assurance and accountability.
2. We welcome the Healthcare Commission's approach to risk assessment and the fact that you recognise that there may need to be a number of follow up actions taken, including issuing improvement notices under the Hygiene Code, qualifying the core standards declaration, and carrying out more in-depth investigations.
3. We note that trusts suggested a number of improvements to the assessment process. The most common improvements suggested included clearer communication about the Healthcare Commission's expectations, better integration with other regulatory and NHS requests for data, and tighter definitions around the collection of evidence.
4. The information-led and risk-based approach to assessing and reporting on the performance of NHS organisations and services, lends well to the regimen outlined in the Code of Practice for the Prevention and Control of Health Care Associated Infections (the Hygiene Code), as the Hygiene Code sets out 45 key measurable actions that are necessary to achieve compliance with the statutory duties therein.
5. Because the Healthcare Commission measures the performance of healthcare organisations within a framework of national standards and targets set by the Government, monitoring of compliance with the Hygiene Code would be less problematical if Saving Lives were adapted to align with the 45 key actions necessary for compliance.

6. We believe that to improve the consistency of your approach across the safety assessments, you need to use the information and assessments of other regulatory bodies to avoid duplicating the work and to complement the work of others, such as the Department of Health. We believe measuring the MRSA safety standard against the 45 key actions would provide more of a focus on the intent of the core standards by measuring the issues that are important to the patient.
7. We believe the work of the Healthcare Commission should focus on the pathways of care which patients follow across providers – from a patient’s first contact with their GP through to completion of their treatment including hospital and aftercare. Where relevant, both health and social care organisations should be included and checks should be carried out jointly with other organisations, including other regulators.
8. With regard to Healthcare Associated Infection we believe trusts should adopt a specific integrated care pathway for the treatment of infections as adopted by Lincolnshire NHS Trust (Appendix A). The audit of these pathways would be relatively simplistic to undertake through random sampling. We would hope the Healthcare Commission could use well established regimes and checks that were undertaken by the former PEAT team inspections to help facilitate this process, and to use patient groups to help in this assessment, this is something MRSA Action UK would welcome being involved in.
9. We therefore welcome the encouragement of a wider range of groups representing patients and the public to comment on trusts’ annual declarations of performance.
10. We particularly welcome the requirement for all trusts to submit a statement of compliance regarding the Hygiene Code which will cover the whole assessment year. This should be made against the 45 key actions necessary to achieve compliance with the statutory duties.
11. We are pleased to see that you will provide additional focus on your statutory duties for safety. We agree with your statement about the public expecting safety to be at the heart of what healthcare organisations do. The Healthcare Commission’s work is crucial in ensuring that NHS trusts implement and maintain the Government’s standards and measures on safety. We believe that you need to provide assurance that a culture of safety runs through all NHS trusts when you publish the work that you have carried out.
12. Our concern is patient safety and the monitoring of compliance with the Code of Practice for the Prevention and Control of Health Care Associated Infections, as set out by statute in the Health Act 2006.
13. We welcome the implementation of The Health Act 2006 and the Code of Practice for the Prevention and Control of Health Care Associated Infections. We endorse the approach taken in the way it is set out, lending itself to be used as a checklist, something we aspired to in 2005 in our response to the Department of Health consultation “Action on Health Care Associated Infections in England”.
14. Considering your consultation document and the points we have raised we respond to the question on safety as set out:

Question for consultation 1.

Please comment on whether you think the annual health check will provide an appropriate assessment of the safety of care provided by NHS organisations and on how it could be improved.

15. We believe the proposed changes and enhancements to the annual assessment are a significant step forward with the proposal to ensure trusts show their compliance with the Code of Practice for the Prevention and Control of Health Care Associated Infections (the Hygiene Code).
16. We would however wish to see more transparency in how trusts are meeting the Hygiene Code, and when results are published we would like the public to be able to see that trusts are carrying out each of the 45 key actions needed to meet their statutory duty (Annex 1). We believe this will assist in giving greater prominence to the code and more information to the public, we therefore propose that a checklist approach for compliance is published and available in the public domain. Patients have the right to expect to be treated safely and this would give patients access to informed choice.
17. As the Hygiene Code specifically states that trusts are regulated by the Health and Safety at Work Act and COSHH regulations, we believe trusts should also include in their statement that they recognise the need to comply with this legislation and that they also recognise this legislation (Section 3) applies to patients and visitors as well as employees. We would also like to see the Healthcare Commission and the Health and Safety Executive work in collaboration on this aspect of safety, since the Healthcare Commission is under a new statutory obligation relating to safety, if breaches in these pieces of legislation occur we believe the Healthcare Commission has a duty to call in the Health and Safety Executive.
18. In assessing adherence to the Hygiene Code we believe it is essential that this is measured against the 45 key actions. Additionally we agree that monitoring the rates of MRSA and *Clostridium difficile* in hospitals and following up where there is cause for concern is absolutely essential. We believe that cases of MRSA and *Clostridium difficile* should be measured per head, rather than per bloodstream infection. This gives a more accurate picture of how well infection prevention and control measures are working, and is far more open to public scrutiny, again given patients access to informed choice if they have to have surgery.
19. Where patients have died and have contracted a healthcare associated infection we believe a thorough investigation to consider whether this was a contributory factor in the death of a patient, either during their stay in hospital or after discharge. Correct details must be recorded on death certificates. We believe it is essential to be able to judge not only morbidity but mortality rates from healthcare associated infections, as these are clear measures of how safe the healthcare environment is. The implementation of the safety measures in the Hygiene Code is after all ultimately about saving lives.
20. In trusts statements we would therefore wish to see the number of deaths from MRSA and *Clostridium difficile* published.

21. In the light of the high proportion of members of our charity who have been through the NHS Complaints procedure, we would like to see more enhanced information on standard C14c “Health care organisations have systems in place to ensure that patients, their relatives and carers are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery.” Trusts have to state whether they are compliant with this standard. This statement should be backed up with evidence to show the number of complaints and the proportion of those complaints that have been resolved in the year a) locally, and b) through review by the Healthcare Commission. We also believe it would be a useful measure to identify the number of complaints that related to hospital associated infection included in standard C4a, and the proportion of those that were resolved a) locally, and b) through review by the Healthcare Commission.
22. We are pleased to see that the Healthcare Commission propose to refine the approach to the assessment of performance in relation to the developmental standard on safety. This assessment is of particular importance where improvement notices have had to be issued. Trusts are required to systematically review and improve their systems on safety, if improvement notices have been issued then we believe these trusts should receive closer inspection on the developmental standard on safety. We believe this should also be reflected in those trusts’ statements.
23. On a final note, we believe that non-compliance with any of the 45 key actions listed in Annex 1 should result in intervention from the Healthcare Commission, in the fight against healthcare infections it is all or nothing, it only takes one weak link in the chain and the whole system of infection control breaks down.

This concludes our response to Developing the Annual Healthcheck

Derek Butler
Chair

Maria Cann
Secretary
For and on behalf of MRSA Action UK

Key action no.	Duty to have in place appropriate management systems for infection prevention and control. An NHS body <u>must</u> 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 health care in order to protect patients from the risks of acquiring HCAI. In particular, these arrangements <u>must</u> include:	Compliant	Not Compliant	Deadline for Remedial Action
1	a. 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.			
2	b. the designation of an individual as Director of Infection Prevention and Control (DIPC) accountable directly to the Board.			
3	c. the mechanisms by which the Board intends to ensure that adequate resources are available to secure effective prevention and control of HCAI. These should include implementing an appropriate assurance framework, infection control programme and infection control infrastructure.			
4	d. 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.			
5	e. a programme of audit to ensure that key policies and practices are being implemented appropriately.			
6	f. a policy addressing, where relevant, admission, transfer, discharge and movement of patients between departments, and within and between health care facilities.			

Key action no.	Duty to assess risks of acquiring HCAI and to take action to reduce or control such risks. An NHS body <u>must</u> ensure that it has:	Compliant	Not Compliant	Deadline for Remedial Action
7	a. made a suitable and sufficient assessment of the risks to patients in receipt of health care with respect to HCAI.			
8	b. identified the steps that need to be taken to reduce or control those risks.			
9	c. recorded its findings in relation to items (a) and (b).			
10	d. implemented the steps identified.			
11	e. appropriate methods in place to monitor the risks of infection such that it is able to determine whether further steps need to be taken to reduce or control HCAI.			

Key action no.	Duty to provide and maintain a clean and appropriate environment for health care "The environment" means the totality of a patient's surroundings when in NHS premises. This includes the fabric of the building and related fixtures, fittings and services such as air and water supplies. An NHS body <u>must</u> , with a view to minimising the risk of HCAI, ensure that:	Compliant	Not Compliant	Deadline for Remedial Action
12	a. there are policies for the environment which make provision for liaison between the members of any infection control team ("the ICT") and the persons with overall responsibility for facilities management.			
13	b. it designates lead Managers for cleaning and decontamination of equipment used for treatment (a single individual may be designated for both areas).			
14	c. all parts of the premises in which it provides health care are suitable for the purpose, are kept clean and are maintained in good physical repair and condition.			
15	d. 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.			
16	e. there is adequate provision of suitable hand wash facilities and antibacterial hand rubs.			
17	f. there are effective arrangements for the appropriate decontamination of instruments and other equipment.			
18	g. the supply and provision of linen and laundry supplies reflects Health Service Guidance HSG (95)18, Hospital Laundry Arrangements for Used and Infected Linen, as revised from time to time.			
19	h. clothing worn by staff when carrying out their duties (including uniforms) is clean and fit for purpose.			

Key action no.	Duty to provide information on HCAI to patients and the public An NHS body must ensure that it makes suitable and sufficient information available:	Compliant	Not Compliant	Deadline for Remedial Action
20	a. to patients and the public about the organisation's general systems and arrangements for preventing and controlling HCAI.			
21	b. to each patient concerning: • any particular considerations regarding the risks and nature of any HCAI that are relevant to their care, and • any preventative measures relating to HCAI that a patient ought to take after discharge.			
	Duty to provide information when a patient moves from the care of one health care body to another	Compliant	Not Compliant	Deadline for Remedial Action
22	An NHS body must ensure that it provides suitable and sufficient information on each patient's infection status whenever it arranges for a patient to be moved from the care of one organization to another so that any risks to the patient and others from infection may be minimised.			
	Duty to ensure co-operation	Compliant	Not Compliant	Deadline for Remedial Action
23	An NHS body must , so far as reasonably practicable, ensure its staff, contractors and others involved in the provision of health care co-operate with it, and with each other, so far as necessary to enable the body to meet its obligations under this Code.			

Key action no.	Duty to provide adequate isolation facilities	Compliant	Not Compliant	Deadline for Remedial Action
24	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 HCAI.			

	Duty to ensure adequate laboratory support	Compliant	Not Compliant	Deadline for Remedial Action
25	An NHS body must ensure that if services are provided by a microbiology laboratory in connection with the arrangements it makes for infection prevention and control, the laboratory has in place appropriate protocols and that it operates according to the standards from time to time required for accreditation by Clinical Pathology Accreditation (UK) Ltd.			

CLINICAL CARE PROTOCOLS

Key action no.		Compliant	Not Compliant	Deadline for Remedial Action
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 concerning the matters mentioned in paragraphs (a) to (l) below: [* in the case of an Acute Trust, all of them and • in the case of any other NHS body to which Appendix 1 applies, the policies specified in the relevant entry in that Appendix]			
26	a. Standard (universal) infection control precautions.			
27	b. Aseptic technique.			
28	c. Major outbreaks of communicable infection.			
29	d. Isolation of patients.			
30	e. Safe handling and disposal of sharps.			
31	f. Prevention of occupational exposure to blood-borne viruses (BBVs), including prevention of sharps injuries.			
32	g. Management of occupational exposure to BBVs and post exposure prophylaxis.			
33	h. Closure of wards, departments and premises to new admissions.			
34	i. Disinfection policy.			
35	j. Antimicrobial prescribing.			
36	k. Reporting HCAI to the Health Protection Agency (HPA) as directed by the Department of Health (DH).			
37	l. Control of infections with specific alert organisms taking account of local epidemiology and risk assessment. These must include, as a minimum, MRSA, Clostridium difficile infection and Transmissible Spongiform Encephalopathies (TSE).			
38	The sufficiency and suitability of any policy implemented in accordance with this provision of the Code must be monitored via the Clinical Governance System, and there must be evidence of a rolling programme of audit, revision, and update.			
39	All policies must be clearly marked with a review date.			

HEALTH CARE WORKERS

		Compliant	Not Compliant	Deadline for Remedial Action
11.	Duty to ensure, so far as reasonably practicable, that health care workers are free of and are protected from exposure to communicable infections during the course of their work, and that all staff are suitably educated in the prevention and control of HCAI. A health care worker means any person whose normal duties concern the provision of treatment, accommodation, or related services to patients and who has access to patients in the normal course of their work. Not only does this term include front-line clinical and paraclinical staff, but also some staff employed in Estates and Facilities management, such as cleaning staff and engineers. An NHS body must ensure that policies and procedures are in place in relation to the prevention and control of HCAI such that:			
40	a. occupational health services: that all staff can access relevant occupational health services.			
41	b. occupational health policies: there are occupational health policies for the prevention and management of communicable infections in health care workers.			
42	c. induction and training: prevention and control of infection is included in induction programmes for new staff, and in training programmes for all staff.			
43	d. education for existing staff: there is a programme of ongoing education for existing staff (including support staff, agency/locum staff and staff employed by contractors).			
44	e. updating staff: there is a record of training and updates for all staff.			
45	f. the responsibilities of a member of staff for prevention and control of infection are reflected in their job description, any personal development plan or appraisal.			