

**EMBARGOED until 12.30 pm  
Friday 29 November 2002**



listening to patients,  
speaking up for change

Registered Charity No. 1006733

***INFECTION CONTROL &  
MEDICAL DEVICE DECONTAMINATION***

***A SURVEY OF  
STRATEGIC HEALTH AUTHORITIES***

***NOVEMBER 2002***

*with an educational grant from*

***Johnson & Johnson***

29 November 2002

# **C O N T E N T S**

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## PREFACE

This report is the result of a collaboration between the Patients Association and three of the most important professional groups within the field of NHS infection control and sterile services: the Infection Control Nurses Association (ICNA), the Institute of Sterile Services Management (ISSM) and the National Association of Theatre Nurses (NATN).

The ICNA, ISSM and the NATN assisted the Patients Association by providing advice on the content of the questionnaire and we thank the officers from each of these groups for their commitment of time to this project.

The questionnaire (see Annex 1) was sent out to the 28 Strategic Health Authorities (StHAs) in England and we received 12 replies by the cut-off date, representing a response rate of 43%. The questionnaires were dispatched and returned during October and early November 2002.

### Background

This is the third survey that the Patients Association has carried out on infection control issues. The safety of medical devices and the broader concerns about hospital acquired infection are issues that have seldom been far from the headlines since the start of 2000.

The first Patients Association survey, which surveyed NHS Trusts' infection control staff, was undertaken in March and April 2000. The subsequent report "*Hospital Acquired Infection and the Reuse of Medical Devices*", issued later in the year, received widespread media coverage owing to the finding that one-in-ten respondents said that their hospital was reusing devices intended to be single use. A revised Medical Devices Agency Bulletin on the reuse of single-use devices was issued shortly after.

The start of 2001 saw a new sustained programme of action from the Department of Health with the release of HSC 2000/32 (*The Decontamination of Medical Devices*) and welcome injection of extra financial resources. £200 million was announced in January 2001, but much of the money still remains unspent at November 2002.

The Patients Association decided to conduct its second survey during the summer of 2001, to see how much has changed in hospitals and to what extent the new government guidance was being followed and implemented.

The second Patients Association survey was published in November 2001, in association with the ICNA, ISSM and the NATN. It surveyed members of the ICNA, ISSM and NATN and found a high level of compliance with the Department's circular (HSC 2000/32) although, worryingly, we still found the same degree of Trust staff reporting the reuse of single use times.

Our third survey is directed to the new Strategic Health Authorities (StHAs) and seeks to find out how much they are monitoring the issue of decontamination within the Trusts' in their area. We do not expect the new StHAs to be micro-managing decontamination issues, but we believe it is one area where the StHAs should have a firm "performance management" role in accordance with the principles set out in *Shifting the Balance*.

## **Outcome**

We were pleased with the responses to the questionnaire. There is much to welcome but clearly a need for a more rigorous overall approach.

We hope this report will generate as much interest as our previous work and we thank the StHAs who took part for their responses.

As ever, the survey results are anonymous as all the responses have been aggregated so that no individual organisation was named.

## **About the Patients Association**

The Patients Association was established in 1963 and works with government and health professionals to develop better and more responsive services. The Patients Association listens to the concerns of patients and focuses all its work on what matters to them. We are the first port of call for many who seek help with their healthcare problems. We aim to empower patients to make informed choices and speak up for themselves with confidence and conviction.

The Patients Association aims to:

- Listen to patients and encourage people to relate their experiences of healthcare to us through our Helpline, our Patients Voice magazine and by personal contact.
- Advise patients through our fact sheets, good practice material and self-help guides.
- Speak up for patients and support them in speaking up for themselves to government, the Department of Health, health professionals and managers.
- Campaign for improved health services from the patients' point of view and for the development of a consumer-led health system in which patients are encouraged and enabled to make their own informed choices.

For more information visit our website at [www.patients-association.com](http://www.patients-association.com) or e-mail: [mailbox@patients-association.com](mailto:mailbox@patients-association.com) We can also be contacted at:

Patients Association  
PO Box 935  
Harrow  
Middlesex HA1 3YJ

Tel: 020 8423 9111

Helpline: 0845 6084455

## **Infection Control Nurses Association**

The ICNA maintains its high political profile by working in collaboration with medical, nursing, professions allied to medicine (PAMS) and commercial companies in the fight to

control infection.

Its ability to work across boundaries enhances the aims of a multi-disciplinary, multi-agency and multi-national approach to infection control and underpins the success of clinical governance and patient care.

Website: [www.icna.co.uk](http://www.icna.co.uk)

### **Institute of Sterile Services Management**

The Institute of Sterile Services Management is committed to organising and initiating training programmes for its members and those aspiring to membership with the object of achieving standards of excellence amongst sterile services staff.

Collaborative working with other healthcare professionals takes place to ensure constant vigilance in the prevention of hospital acquired infection. The Institute welcomes enquiries from all healthcare professionals working in sterile services and related fields.

Website: [www.issm.org.uk](http://www.issm.org.uk)

### **National Association of Theatre Nurses**

The NATN promotes the role of the nurse and the development of operating department practice to ensure the delivery of high-quality, patient-centred care during the perioperative period in any environment.

The core purpose of the association is threefold:

- to lead the theatre nurse profession
- to support other personnel providing care within the operating department and associated environments
- to provide high quality professional support to the membership

Website: [www.natn.org.uk](http://www.natn.org.uk)

### **Johnson & Johnson**

Johnson & Johnson was established in the UK 75 years ago, the first expansion by the company outside North America. Today Johnson & Johnson is the world's most comprehensive and broadly based manufacturer of healthcare products, with 180 operating companies with over 93,000 employees, located in 52 countries around the world, selling products in more than 175 countries.

Website: [www.jnj.com](http://www.jnj.com)

## EXECUTIVE SUMMARY

- Although no respondents listed infection control and device decontamination as a **key priority** for the Strategic Health Authority, 55% of respondents still described it as a **high priority**. Only one respondent said that infection control and decontamination was a low priority issue. **(Questions 2 & 3)**
- Eight out of ten Strategic Health Authorities (StHAs) have policies in place for infection control and decontamination and have designated lead people in place for these issues. **(Questions 4 & 7)**
- Eight out of ten respondents said that their policy on reuse of single patient use equipment was to follow the national guidance (against reuse). Only one respondent said that the evidence was conflicting. **(Question 5)**
- Only half of our respondents said that their StHA was assessing Trusts' HAI data, while half said their StHA was not. **(Question 8)**
- More StHAs (six respondents) were assessing decontamination issues which arose in Trusts, compared to only three respondents who said their StHA wasn't. One respondent did not know. **(Question 9)**
- Eight out of ten respondents said that their StHA was checking for the existence of decontamination policies in their local trusts. Two respondents didn't know. **(Question 10)**
- Responses were divided about checking for the existence of Trust policies on single-use. Four respondents said that their StHA did check for such policies, while four said no, and one respondent did not know. **(Question 11)**
- Six respondents said that their StHA was monitoring the provision of education and training on infection control and decontamination within Trusts, while four said no. **(Question 13)**
- Only three respondents said that their StHA was being consulted about the future provision of Sterile Service Departments (SSDs). Four respondents expected to have a say in the future about SSD numbers in their area. **(Questions 14 & 15)**
- Four respondents favour fewer SSDs in their area in the future, although three respondents reported no preference and two favoured the same level of provision as at present. **(Question 16)**
- Three respondents estimated that the Department of Health's preference was for fewer than 50 SSDs while two respondents thought the Departments preference was for between 50 and 100 SSDs. **(Question 17)**
- Six out of ten respondents favoured more emphasis being placed on patient awareness in Trust's surgical instrument protocols. **(Question 18)**

## CONCLUSIONS

- 1. Only just over a half of respondents consider infection control and decontamination to be a “high priority” issue for their strategic health authority (StHA). This illustrates the degree of ambivalence among some managers in the NHS. One respondent said the issues were a low priority.**
- 2. Eight out of ten StHAs have policies and lead people in place for infection control and decontamination, reflecting the spirit of the government guidance as set out in Circular 2000/32.**
- 3. We are very surprised that half of respondents said that their StHA wasn't assessing healthcare acquired infection data from local Trusts. This would seem to be a serious omission in terms of the “performance management” role established for the StHAs under the new NHS structure.**
- 4. There is a need to have a uniform approach to the oversight by the StHAs of education and training on infection control/decontamination within Trusts. Too many StHAs seem to be content to ignore the issue which appears to be another strategic “performance management” issue worth monitoring.**
- 5. There is a need to ensure that more StHAs check for the existence of single-use policies within Trusts, in addition to general decontamination policies. The government guidance on this point is clear and StHAs should monitor to ensure compliance at Trust level.**
- 6. It is unclear the extent to which StHAs are being consulted on the future shape of Sterile Service Department provision. If this is the case for the strategic health authorities we wonder what the position is for individual trusts.**
- 7. We think it is important for the Department of Health and NHS to resolve as quickly as possible the future shape of Sterile Service Department provision. Patients and clinicians need to know that there is a safe, efficient and well-managed Sterile Services system in place.**
- 8. We support the majority view among respondents that more emphasis be placed on patient awareness when surgical instrument protocols are drafted.**

## **SURVEY STRUCTURE**

### **Questionnaire design**

The questionnaire was divided into 18 questions, as follows:

- Are the Strategic Health Authority's (StHA) priority issues in place?
- What are the key priority issues for the StHA.
- Relative importance of infection control and medical device decontamination.
- Policies for infection control and medical device decontamination.
- Policy regarding the reuse of single use instruments.
- Awareness of HSC 2000/32 on the decontamination of medical devices.
- Lead person for infection control and/or decontamination policy
- Assessing healthcare acquired infection data from Trusts?
- Assessing decontamination issues which arise in Trusts?
- Checking for the existence of a decontamination policy in each Trust?
- Checking for the existence of a single-use policy in each Trust?
- Monitoring Clinical Governance procedures in each Trust?
- Monitoring the provision of education & training by Trusts?
- Is the StHA being consulted on the future provision of SSDs?
- Input into the future SSD numbers in their area?
- Preferences for the future provision of SSDs in its area.
- Understanding of the Department of Health's preferred number of SSDs.
- Importance of patient awareness and preferences in determining Trusts' protocol.

### **Methodology**

The postal questionnaire (reproduced in full in Annex 1) was sent to the Chief Executive of each of the 28 Strategic Health Authorities (StHAs) in England.

### **Responses**

We received 12 replies, which is a response rate of 43%. The results were collated and analysed using an Excel spreadsheet.

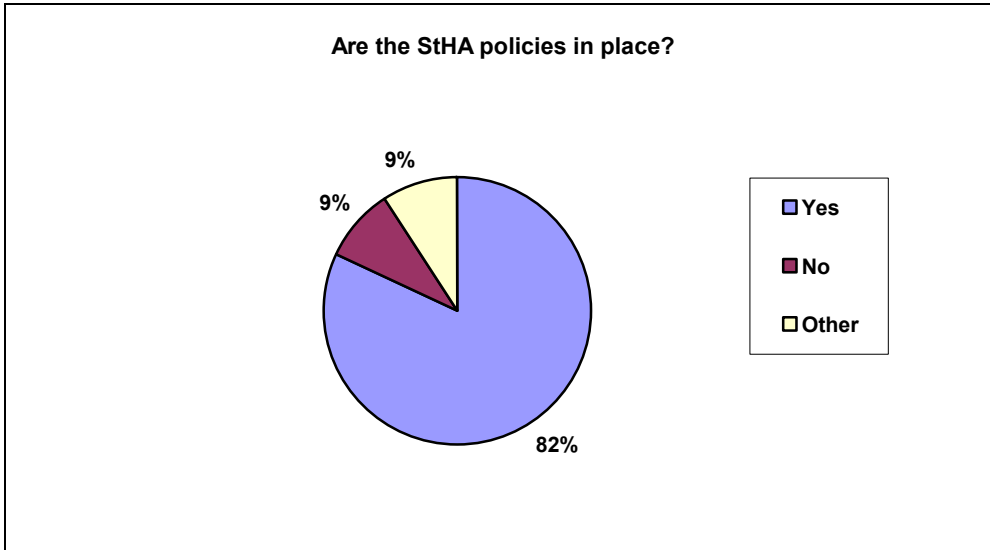
### **Results**

The results of the survey are set on the following pages and will be presented at a special Patients Association meeting held in Newcastle on 29 November 2002.

## SURVEY FINDINGS

### QUESTION 1 ARE THE StHA PRIORITY ISSUES IN PLACE?

We asked whether the Strategic Health Authority (StHA) had its policies in place. Nine respondents (82%) did, one respondent said this was delegated to PCTs and one said No.

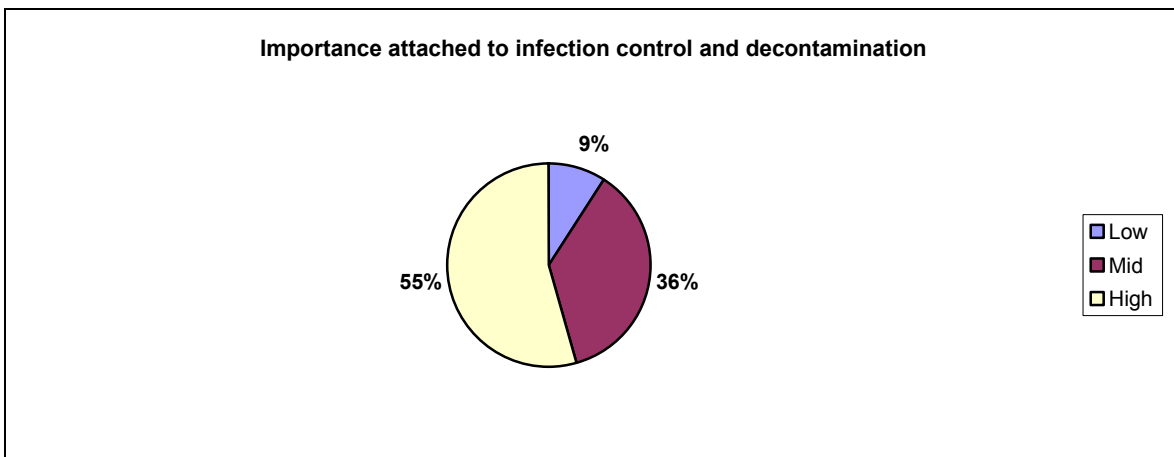


### QUESTION 2 WHAT ARE THE KEY PRIORITIES FOR THE StHA?

This question revealed all nature of priorities apart from the standard government public health targets of cancer, coronary heart disease, mental health and accidents. No one listed infection control or decontamination standards as a key issue.

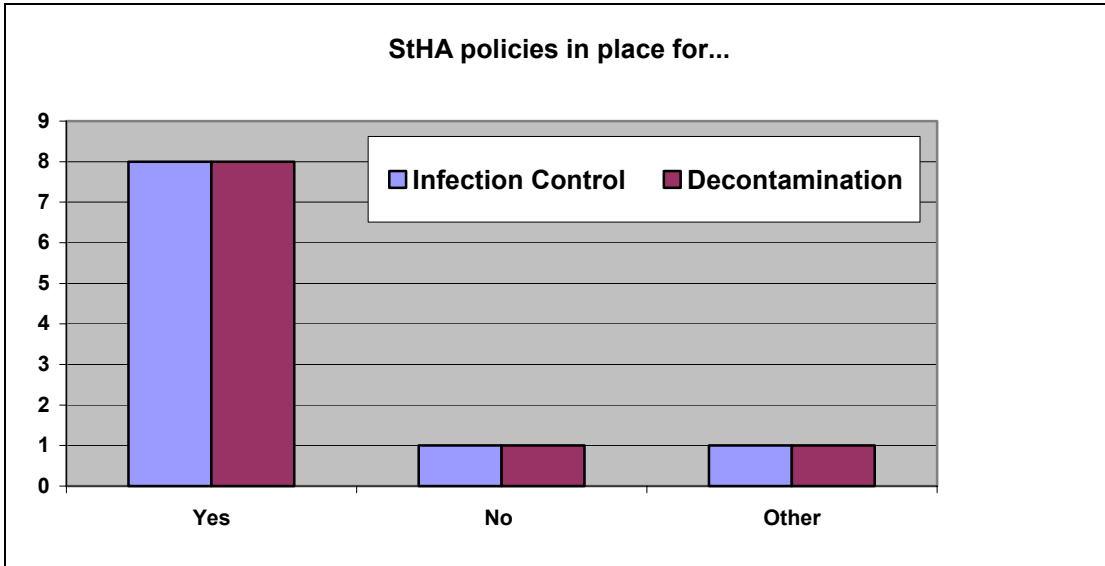
### QUESTION 3 RELATIVE IMPORTANCE OF INFECTION CONTROL AND MEDICAL DEVICE DECONTAMINATION

A majority of the respondents (55%) said that infection control and decontamination was a high priority for their StHA. Only one respondent assigned it as a low priority.



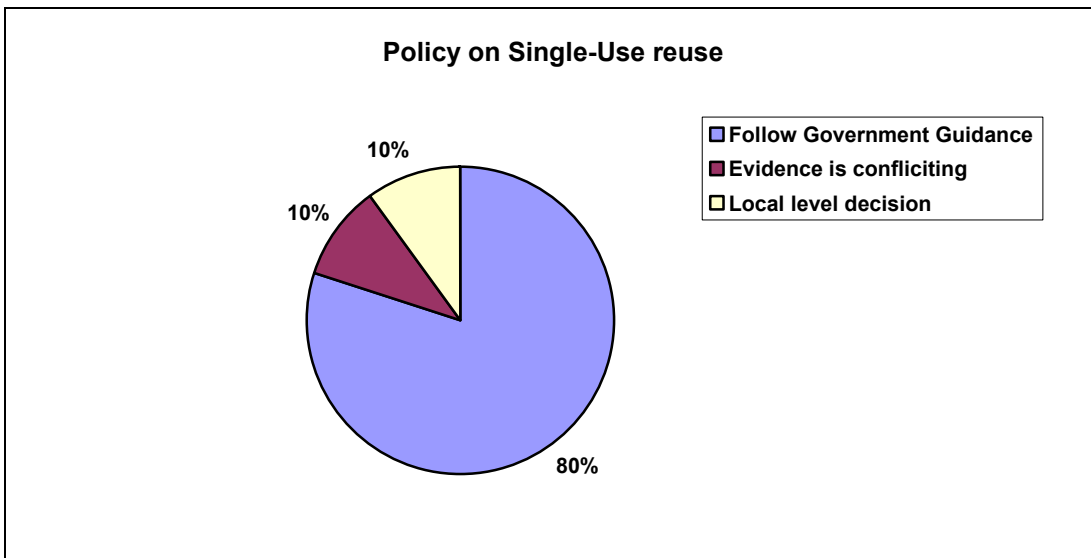
**QUESTION 4      POLICIES FOR INFECTION CONTROL AND MEDICAL DEVICE DECONTAMINATION**

We asked the Strategic Health Authority whether they had policies in place for infection control and medical device decontamination. Eight out of ten said they did. One respondent said no and one said they were co-ordinating this work at the moment.



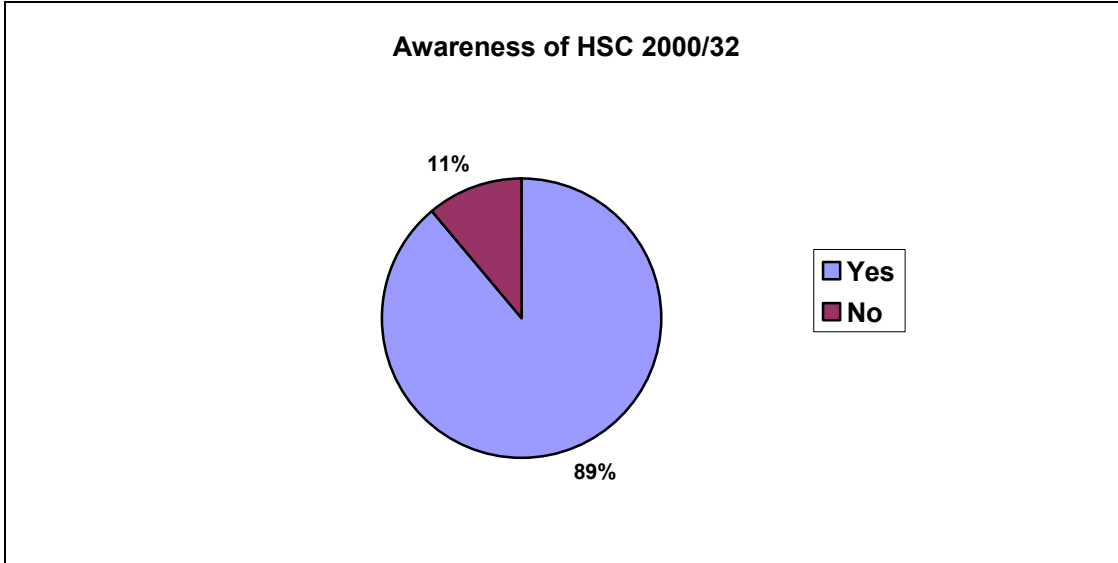
**QUESTION 5      POLICY REGARDING THE REUSE OF SINGLE USE INSTRUMENTS**

Most respondents (eight out of ten) said that policy was to follow government guidance (against such reuse). One respondent said that they didn't know what the health authority's policy was and "the evidence is conflicting." One respondent referred us to a local PCT lead.



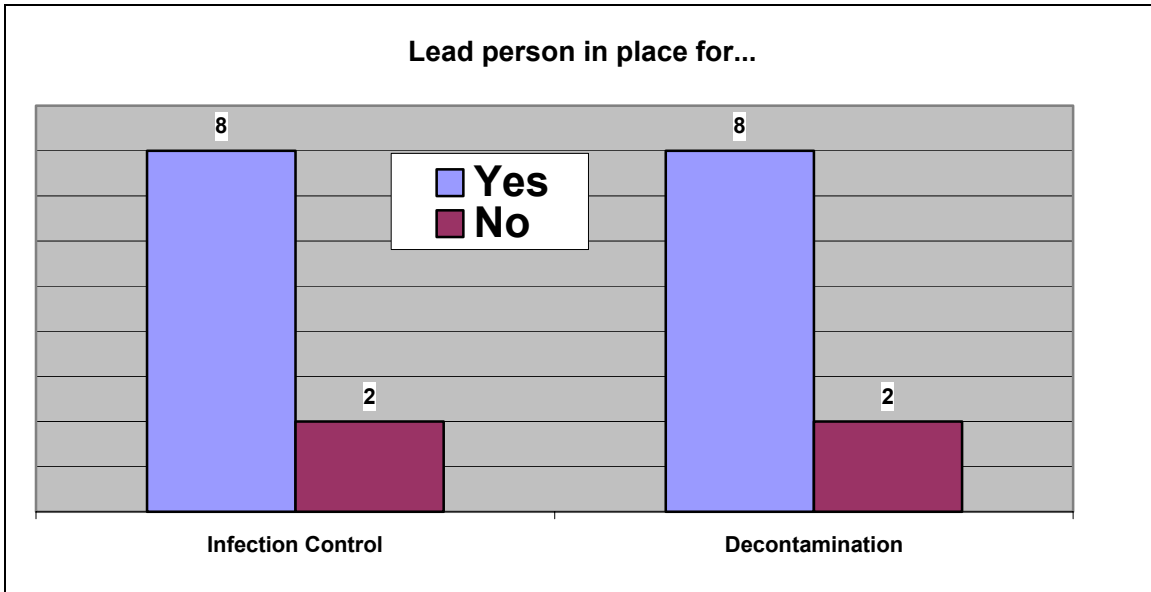
**QUESTION 6      AWARENESS OF HSC 2000/32**

All but one respondent was aware of the DoH circular HSC 2000/32, *The Decontamination of Medical Devices*.



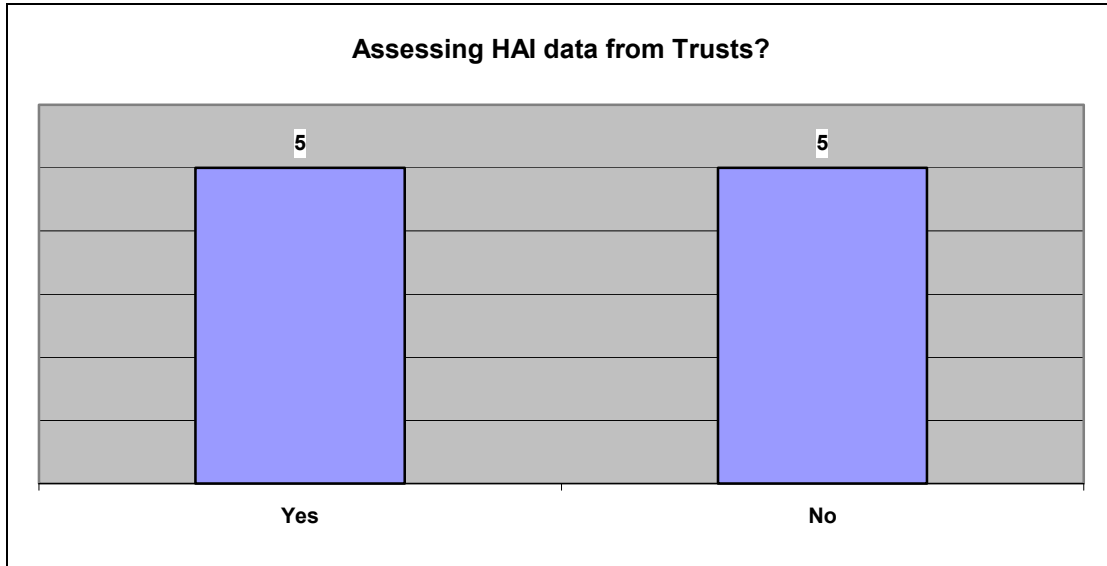
**QUESTION 7      LEAD PERSON IN PLACE FOR INFECTION CONTROL AND/OR DECONTAMINATION POLICY**

Eight out of ten respondents had designated lead people in place for both infection control and decontamination policy.



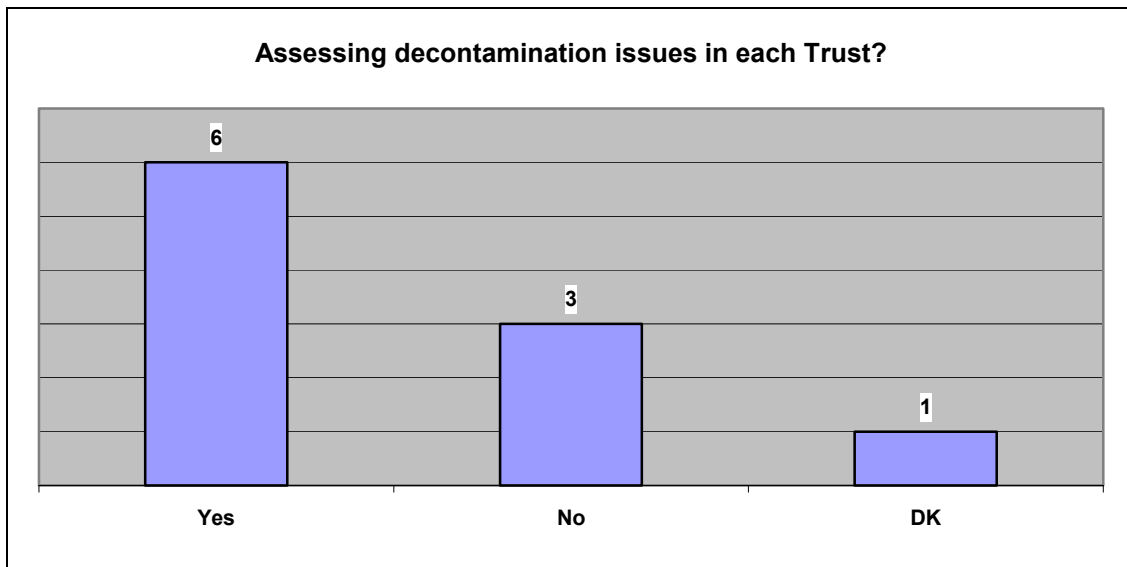
**QUESTION 8 IS THE StHA ASSESSING HEALTHCARE ACQUIRED INFECTION DATA FROM TRUSTS?**

Respondents were evenly divided on this issue – half of the StHAs who responded are assessing data, while half are not.



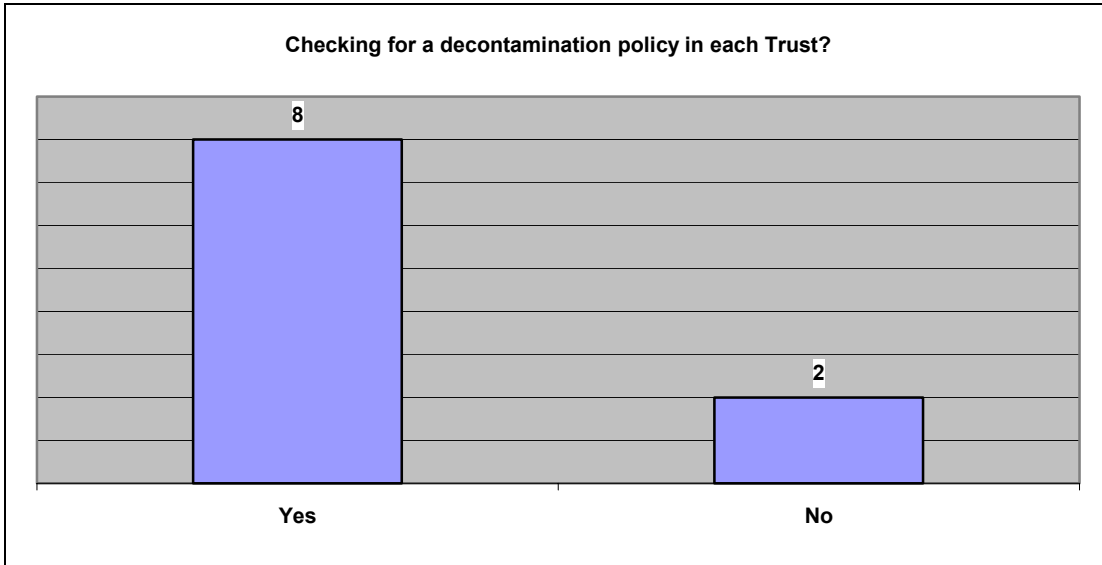
**QUESTION 9 IS THE StHA ASSESSING DECONTAMINATION ISSUES WHICH ARISE IN TRUSTS?**

Six trusts are assessing decontamination issues relating to individual trusts, while three are not and one respondent did not know.



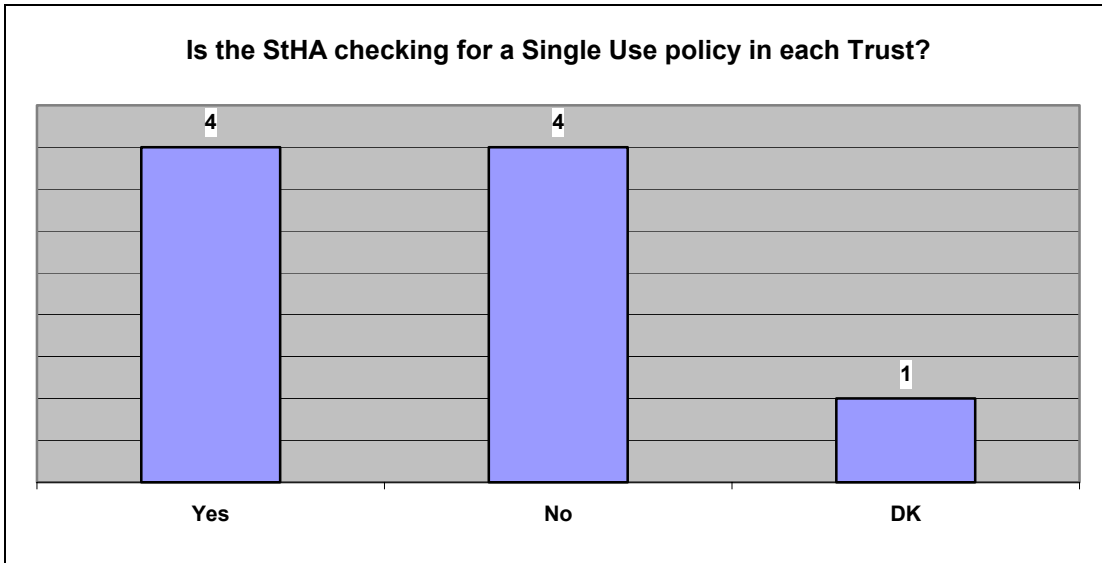
**QUESTION 10 IS THE StHA CHECKING FOR THE EXISTENCE OF A DECONTAMINATION POLICY IN EACH TRUST?**

Eight out of ten of the respondents said that their Strategic Health Authority was checking for the existence of decontamination policies in their local trusts. Two respondents said this was not the case.



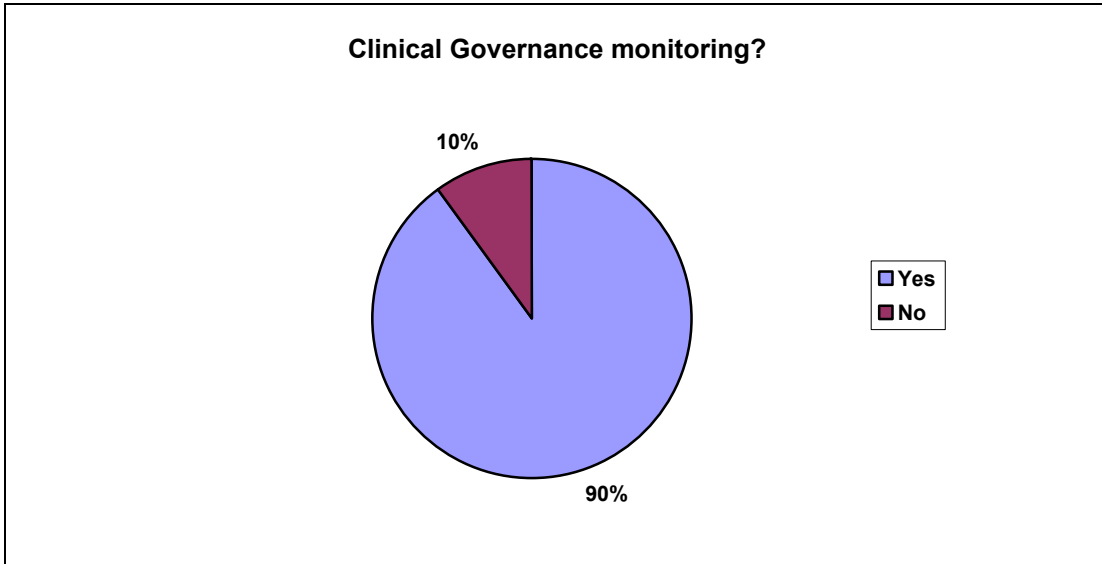
**QUESTION 11 IS THE StHA CHECKING FOR THE EXISTENCE OF A SINGLE-USE POLICY IN EACH TRUST?**

Policy relating to checking for Trust policies on single-use is evenly divided, four StHAs undertake this check, four do not and one respondent did not know.



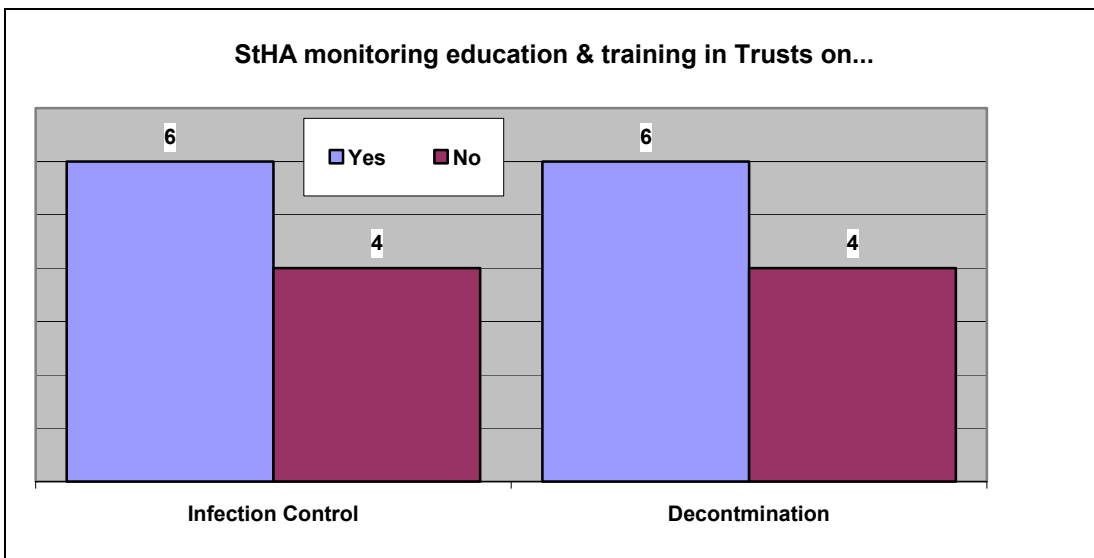
**QUESTION 12 IS THE StHA MONITORING CLINICAL GOVERNANCE PROCEDURES IN EACH TRUST?**

Nine out of ten StHA respondents said that their organisation was monitoring clinical governance procedures in each Trust.



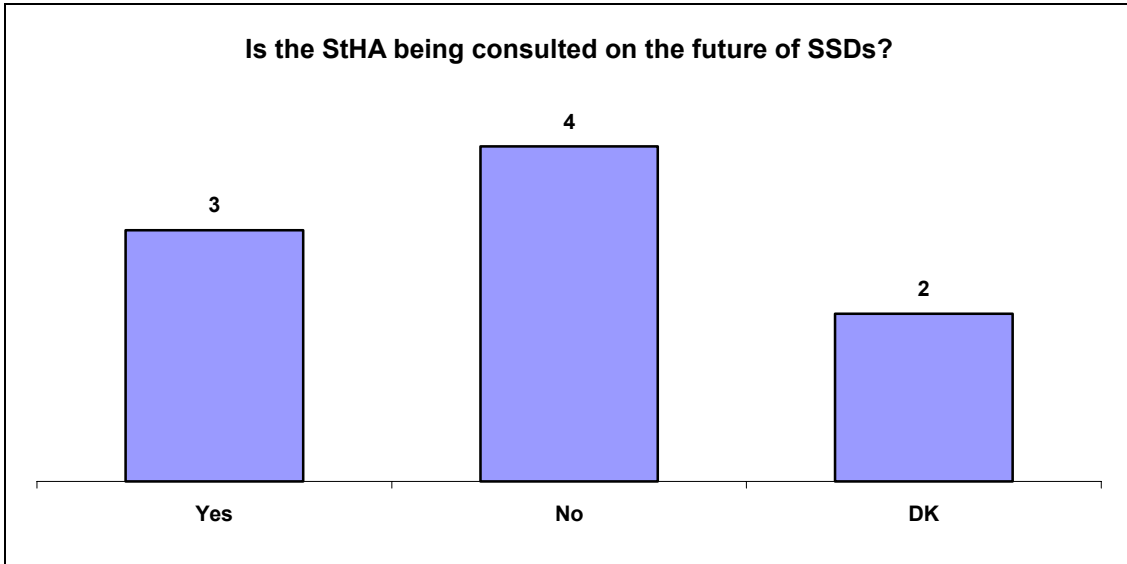
**QUESTION 13 IS THE StHA MONITORING THE PROVISION OF EDUCATION & TRAINING BY TRUSTS?**

The approach of the StHAs in monitoring the provision of education and training by Trusts is divided, with six StHAs undertaking such monitoring, while four do not.



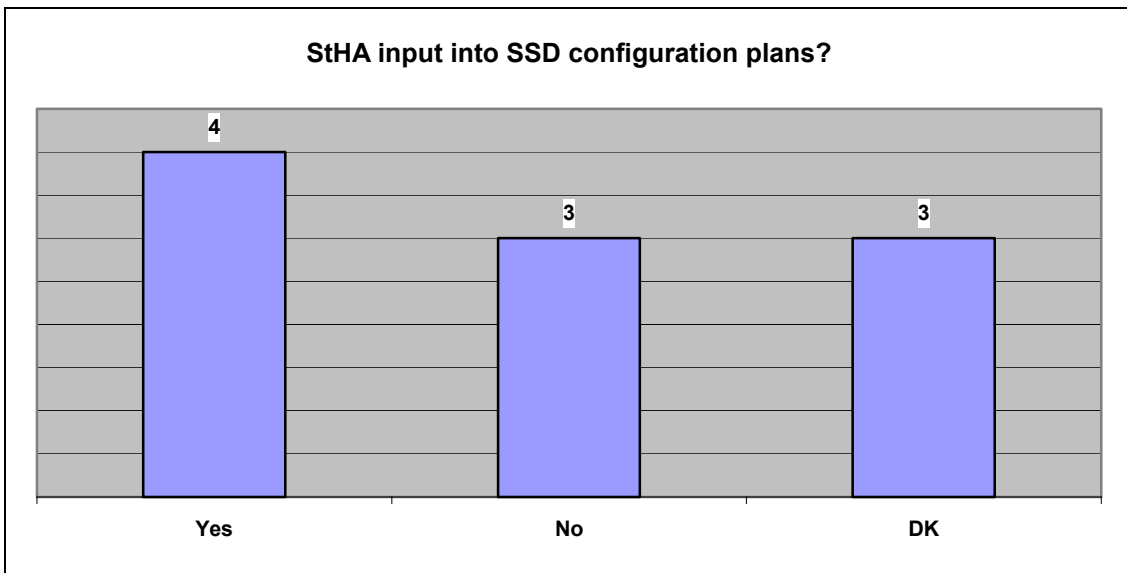
**QUESTION 14 IS THE StHA BEING CONSULTED ON THE FUTURE PROVISION OF SSDs?**

Opinion among respondents was divided here. Three respondents thought their StHA was being consulted, four did not and two did not know.



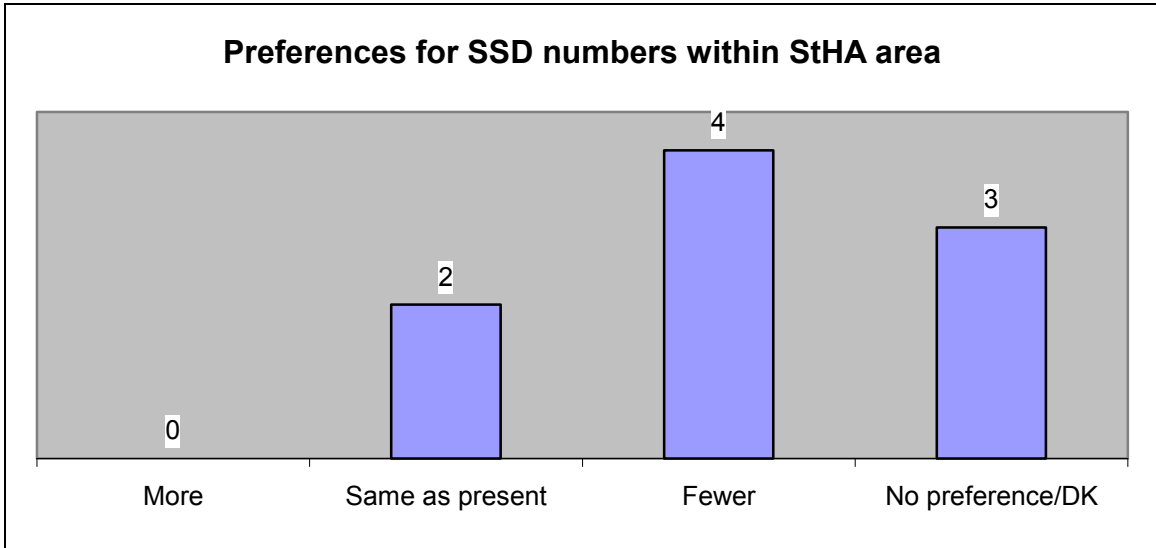
**QUESTION 15 WILL THE StHA HAVE A SIGNIFICANT INPUT INTO THE FUTURE SSD NUMBERS IN THEIR AREA?**

Four StHA respondents thought that their StHA would have a significant input into the decisions on the future numbers of SSDs in their area. Three did not, and three did not know.



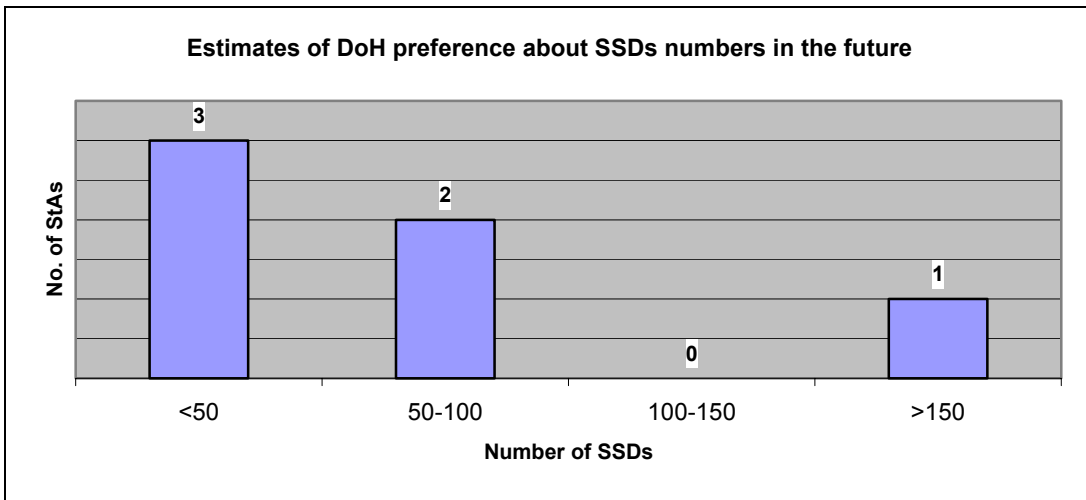
**QUESTION 16      StHA PREFERENCES FOR THE FUTURE PROVISION OF SSDs IN ITS AREA.**

StHAs marginally favour fewer SSDs in their own area, although almost as many have no view or don't know. Two respondents favour the same provision as at present. No one expressed a preference for more SSDs.



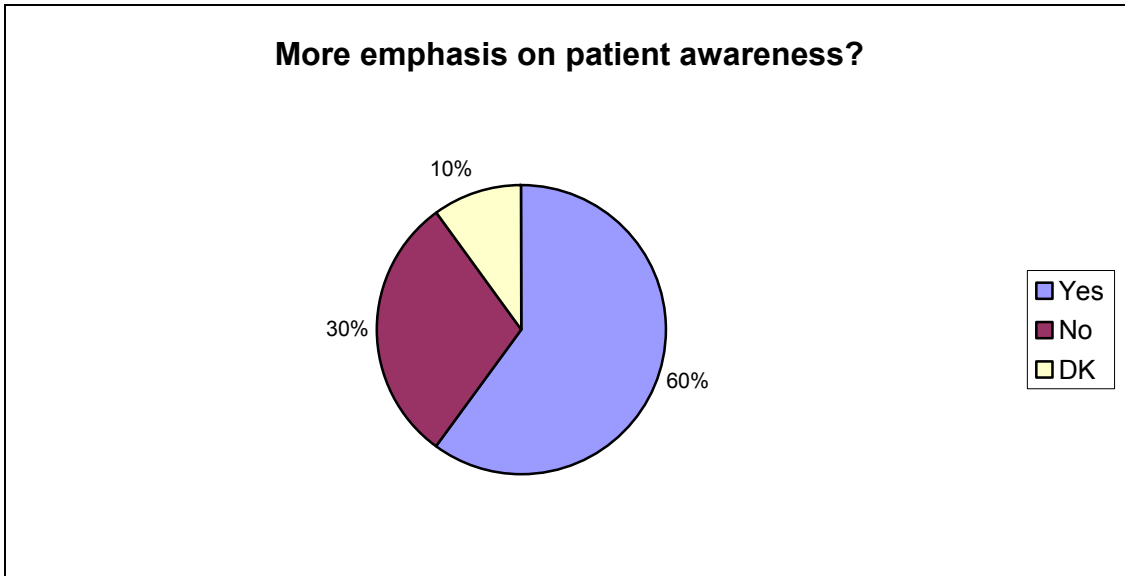
**QUESTION 17      StHA UNDERSTANDING OF THE DEPARTMENT OF HEALTH'S PREFERRED NUMBER OF SSDs.**

Three StHA respondents thought that the department of health favoured fewer than 50 SSDs, while two respondents put the favoured number between 50 and 100. One respondent said that the department's preference was for more than 150 SSDs.



**QUESTION 18      IMPORTANCE OF PATIENT AWARENESS & PREFERENCES IN DETERMINING TRUSTS' PROTOCOL**

Six respondents (60%) favoured more emphasis being placed on patient awareness in Trusts' surgical instrument protocols. Three said they did not favour a greater emphasis on patient awareness and one did not now.



ANNEX

STRATEGIC HEALTH AUTHORITIES SURVEY

INFECTION CONTROL & MEDICAL DEVICE DECONTAMINATION

**Confidentiality: All individual responses will remain strictly confidential. The responses will be collated and only the aggregated data will be published.**

**Has the Strategic Health Authority (StHA) determined its priority issues?**

Yes	No	Don't Know	
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**If Yes, what are the StHA key beyond waiting times and the government's four key public health targets (cancer, CHD, accidents and mental health)?**

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**Please rate the relative importance of infection control and medical device decontamination as a priority issue for your StHA:**

Low priority (Bottom 10 %)	Mid ranking Issue	High priority (Top 10%)	Don't Know
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**Does the StHA have policies in place regarding infection control and medical device decontamination?**

<b>Infection Control</b>	Yes	No	Don't Know
<b>Decontamination</b>	Yes	No	Don't Know

**What is the Strategic Health Authority's policy regarding the reuse of single use surgical instruments?**

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**Are you aware of the contents of HSC 2000/32 on the decontamination of medical devices?**

Yes	No	Don't Know	
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**Does the StHA have a lead person identified for infection control and/or decontamination policy?**

<b>Infection Control</b>	Yes	No	Don't Know
<b>Decontamination</b>	Yes	No	Don't Know

**Is the StHA assessing healthcare acquired infection data from the Trusts within its area?**

Yes	No	Don't Know	
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**If No, then when do you propose to:** \_\_\_\_\_

**Is the StHA assessing decontamination issues which arise in Trusts?**

Yes	No	Don't Know	
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**If No, then when do you propose to**\_\_\_\_\_

**Is the StHA checking for the existence of a decontamination policy in each Trust?**

Yes	No	Don't Know	
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**If No, then when do you propose to:** \_\_\_\_\_

**Is the StHA checking for the existence of a single-use policy in each Trust?**

Yes	No	Don't Know	
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**If No, then when do you propose to:** \_\_\_\_\_

**Is the StHA monitoring Clinical Governance procedures in each Trust to ensure that senior management are aware of decontamination issues that arise?**

Yes	No	Don't Know	
-----	----	------------	--

**If No, then when:** \_\_\_\_\_

**Is the StHA monitoring the provision of education & training by Trusts in infection control and decontamination matters:**

<b>Infection Control</b>	Yes	No	Don't Know
<b>Decontamination</b>	Yes	No	Don't Know

**If No, then when:** \_\_\_\_\_

**Is the StHA being consulted on the future provision of Sterile Service Departments (SSDs)?**

Yes	No	Don't Know	
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**If No, is this expected to happen:** \_\_\_\_\_

\_\_\_\_\_

**Will the StHA have a significant input into the configuration of SSDs in this area?**

Yes	No	Don't Know	
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**What, if any, preference does the StHA have for the future provision of Sterile Services Departments (SSDs) for Trusts in its area:**

More SSDs than at present	
Same number of SSDs as at present	
Fewer SSDs than at present	
No preference/Don't Know	

**What is your understanding of the Department of Health's preferred number of SSDs throughout England:**

Less than 50	50-100	100-150	More than 150
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**Should more emphasis be given to patient awareness and preferences in determining surgical instrument protocol within Trusts?**

Yes	No	Don't Know	
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**Position/Job Title:** \_\_\_\_\_

Thank you for completing this questionnaire. **Please return by 25 October to:**

Nick von Westenholz, 95 New Cavendish Street, London WIW 6XQ