

**Trust Board**

**TB2008.63**

From: Mr Ian Humphries, Director of Estates & Facilities  
Mrs Elaine Strachan-Hall, Director of Nursing & Clinical Leadership

Date: January 2008

Subject: **Improving cleanliness and infection control**

For: **Information**

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**Synopsis**

This document is the second report on progress of increasing the number of matrons and their focus on improving cleanliness and infection control.

Steady progress has been made with increasing the number of matrons and increasing their role and accountability to improve cleanliness and the focus on practice issues associated with infection control.

The Trust is continuing its robust auditing of cleaning standards issuing National Patient Safety Agency (NPSA) guidelines and its own internal environmental audit regime.

The annual Patient Environmental Action Team audit as directed by NPSA was also undertaken in March and the outcome results are improved and generally ranked as "Good". Budget pressures are evident due to extended cleaning processes to support control of infection measures.

Trust Board is asked to note the content of the report together with the current cleaning and environmental audit outcomes.

**Financial, legal and risk impact**

Not described.

## Matrons and Cleanliness

### 1. Introduction

1. The Board was previously informed of the role of Matrons in supporting improvements in cleanliness and the intention to increase the number of Matrons across the Trust in line with the national agenda.
2. Plans to increase the numbers of Matrons have been implemented and the Strategic Health Authority also introduced regular monitoring arrangements to track progress against the projected increase.
3. Matrons are now required to provide monthly reports to the Director of Nursing & Clinical Leadership and identifying improvements in cleanliness, infection control and improvements to patient care.

### Matrons Posts

4. At the time of reporting to the Board the number of Matrons in post was 34 and the agreed target for the end of May 2008 was 45. The actual number in post and reported was 50.
5. This increase was achieved through a combined approach of reviewing clinical services and identifying the subsequent leadership implications to support these changes. All of the changes were implemented as part of each of the Divisional plans.
6. Posts which had been filled in an 'acting up' capacity have been made substantive and informal deputy matron posts have been formalised and work within the agreed national criteria.
7. A potential further 5 posts have been identified as part of new service developments and will be introduced as resources are secured.

### 2. Infection Control

8. Matrons continue to lead on root cause analysis and implement action plans associated with MRSA bacteraemia and report these cases at directorate meetings.
9. The Matron for medicine at the Horton hospital worked closely with the consultant in infectious diseases during June to audit compliance with "Bare Below the Elbow". Further work will be undertaken to improve compliance with medical staff and non clinical staff such as porters.
10. A limited number of areas are piloting hand hygiene audits which are undertaken by patients and comparing the results with observations undertaken by the staff in the same area. To date the comparative results are similar in confirming compliance with hand hygiene.
11. The overall range of scores for hand hygiene reported for June across all areas includes 71% - 100% with the majority in the 95% range. Further work continues at increasing compliance. There was one outlier at 60% and this area is receiving intensive support at improving compliance.

### The patient experience

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12. Within the Cardiac Directorate and in particular Cardiac Medicine work taken forward to improve the patient experience was recently highlighted in the Picker inpatient survey for 2007. This showed a high level of satisfaction in areas such as general ward cleanliness, perception around staffing levels, privacy and dignity and patient involvement in decision making.
13. Implementation of audits of the Nursing & Midwifery standards continue to be undertaken, the most recent standard (7) 'Working in partnership and in a non-discriminatory way' has results ranging from 71% to 96%. Actions to improve compliance include local diversity training for staff, inviting PALS to ward teaching sessions and heightening awareness of the telephone interpreting service.
14. An increasing awareness of the customer focus agenda is reflected in work on the renal ward at the Churchill hospital. The Matron has introduced random surveys to hear about the experiences of patients and then uses the information to give immediate feedback to staff. Whilst this identifies areas for further improvement it also provides an opportunity for positive comments to staff.

### Improving Cleanliness and Infection Control

#### 3. National Cleaning Standard Scores (NCSS) and Assessments

The Trust continues to monitor cleaning standards by adopting these assessments which follow guidelines issued in April 2007 by the National Patient Safety Agency. The scoring audits are undertaken on a random basis across each site on a regular/daily basis.

This involves an assessment of the cleanliness of 49 elements in each audit undertaken. The elements include a range of items typically found in respective areas such as commodes, walls, doors and wash-hand basins.

For a department or ward containing all 49 elements, each element attracts a score of approximately 2%, therefore if five such elements fail the audit, a score of approximately 90% will be achieved.

If a department contains only 25 elements, each will score 4%.

There are no national targets within the NCSS, and trusts are recommended to set their own.

In considering these targets, the ORHT Estates & Facilities team have reviewed the Patient Environmental Action Team analysis methodology. Here, cleaning scores of 87% and above attract "Excellent" and "Good" rankings dependant upon aggregates. Scores of 75% and above are ranked as "Acceptable", scores below 75% are ranked as "Poor".

The audits are undertaken in four area categories:

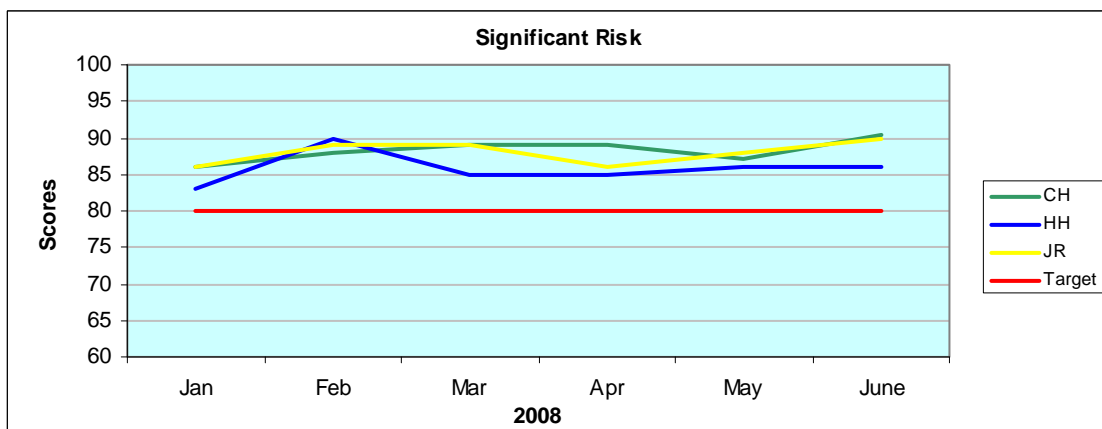
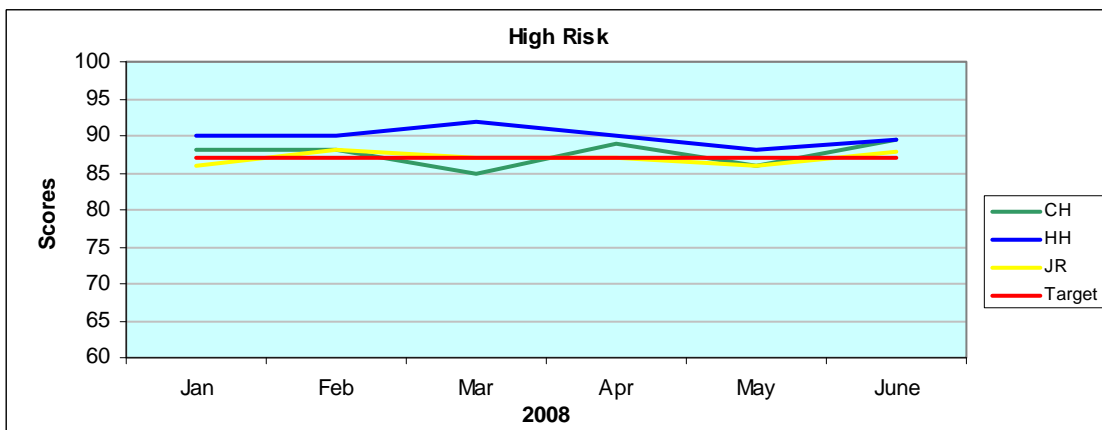
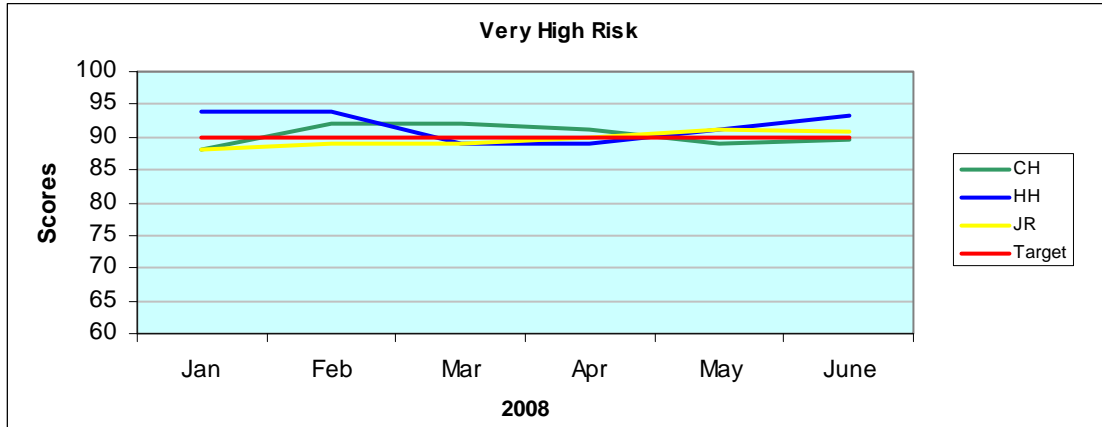
Very High Risk	i.e.	ITU
High Risk	i.e.	General acute ward
Significant Risk	i.e.	Outpatient areas
Low Risk	i.e.	Staff administrative areas.

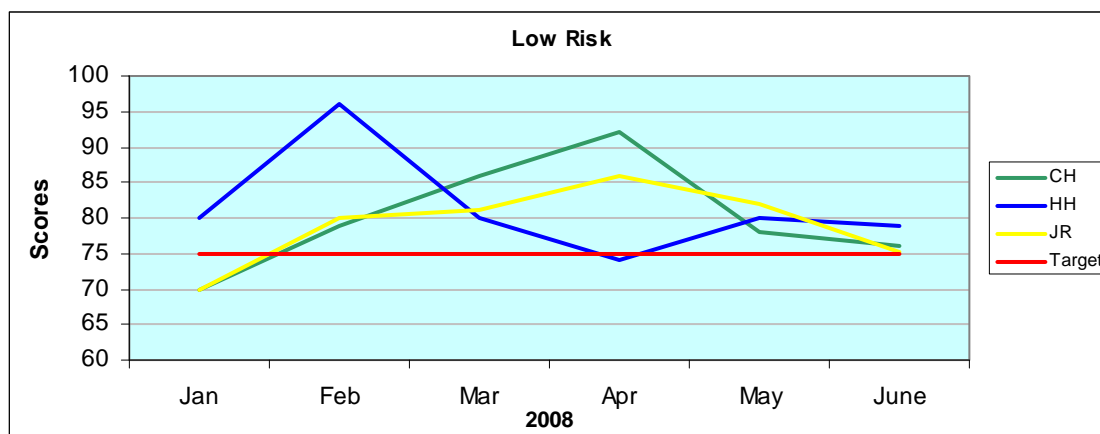
We have therefore set targets as follows:

## Oxford Radcliffe Hospitals

Very High Risk	90%
High Risk	87%
Significant Risk	80%
Low Risk	75%

Typically around 150 such audits are undertaken each month across all three sites, these allow the profiles which follow to be produced.





The audit outcomes are discussed with the local ward sisters, housekeepers and cleaning teams on completion. Control of Infection teams receive audit results within 24 hours of completion. In addition there are weekly reviews between the audit teams and the site cleaning managers

Monthly reviews of all audit outcomes are undertaken with the Director of Estates & Facilities.

In June 2008 the Trust received the results of the annual National Patient Safety Agency PEAT inspection. These inspections took place during March and all sites were inspected to take account of the Environment, Food plus Privacy and Dignity.

The scores achieved for 2008 were the best since these processes began 8 years ago.

Site	Environment	Food	Privacy & Dignity
Churchill	Acceptable	Good	Good
Horton	Good	Good	Good
John Radcliffe	Good	Good	Good

#### 4. Discharge, Enhanced and Terminal Cleans

Across all sites nursing staff can now request specific types of cleaning processes to supplement the daily cleaning regimes and to assist with infection control. Three processes are available:

**Discharge Clean** - A discharge clean will be requested by ward staff when a non-infectious patient is vacating the bed space.

**Enhanced Clean** - An enhanced clean will be requested by ward staff when a patient who is suffering from Clostridium Difficile who has diarrhoea of unknown origin.

Where a patient continues to exhibit infectious symptoms for a period time, the Enhanced Clean is repeated daily.

The enhanced clean requires all horizontal surfaces, floor, patient furniture, bed and walls, if visibly soiled, to extended arm height to be cleaned with an approved combined detergent and Sodium Hypochlorite 10% solution. Particular attention is paid to toilet and utility areas.

## Oxford Radcliffe Hospitals

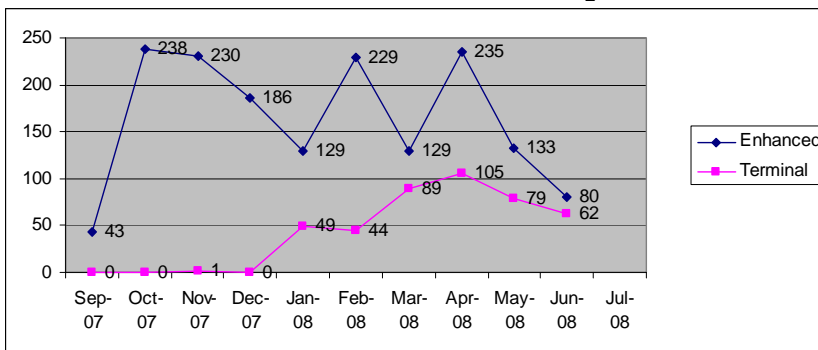
**Terminal Clean** – A Terminal Clean will be requested by ward staff when a patient with an infection eg., MRSA has vacated the bed space.

Ward staff will have stripped the bed and emptied the area of all medical equipment and any patient personal belongings.

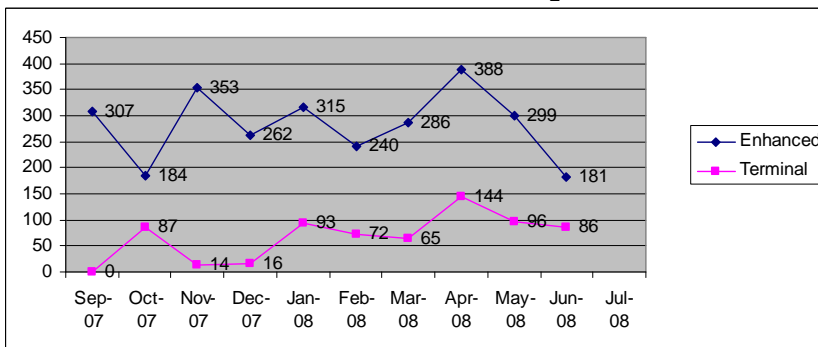
All horizontal surfaces, floor, patient furniture, bed and walls, if visibly soiled, to extended arm height will be cleaned with approved Sodium Hypochlorite 10% solution. Particular attention will be paid to the toilets and utilities. Bed and window curtains will be changed.

Since August 2007, cleans have been monitored at the time of completion by the nursing staff on the wards and the Quality Assurance Team monitor a number of the cleans randomly throughout the course of the day. The profiles of Enhanced and Terminal Clean requests are:

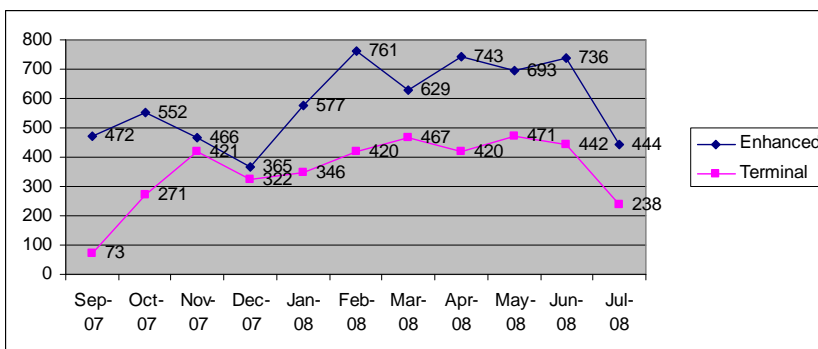
### Churchill Enhanced/Terminal Clean Requests



### Horton Enhanced/Terminal Clean Requests



### John Radcliffe Enhanced/Terminal Clean Requests



## Oxford Radcliffe Hospitals

The progression of these cleaning activities is producing adverse pressure on cleaning service budgets of some £350k for 08/09.

### 5. Trust Environmental Audit Reviews

In addition to NCSS audits, the Trust adopted Trust Environmental and Audit Reviews in 2005 which are undertaken randomly across all sites via a team comprising:

Site Estates & Facilities Manager  
 Site "Head" Nurse  
 Patient Representative  
 Infection Control Nurse  
 Audit Team Leader.

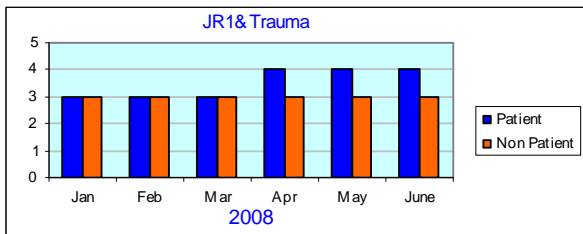
Typically six areas, with a mixture of "inpatient", "outpatient", "staff only" and "reception" locations are chosen for inspection by the patient representative. Outcomes are scored by the PEAT methodology.

Excellent	5	Poor	2
Good	4	Unacceptable	1
Acceptable	3	Not applicable	0

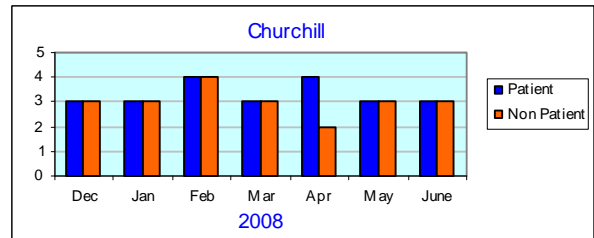
Each month three TEAR inspections take place at the JRH, one at the Churchill and one at the Horton.

The most recent results obtained from these inspections are:

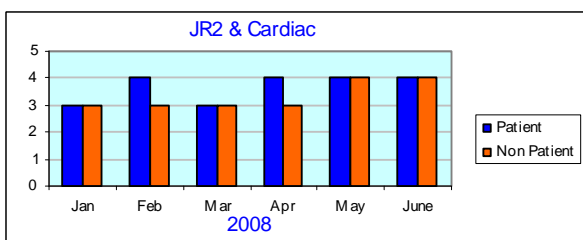
#### JRH1 & Trauma



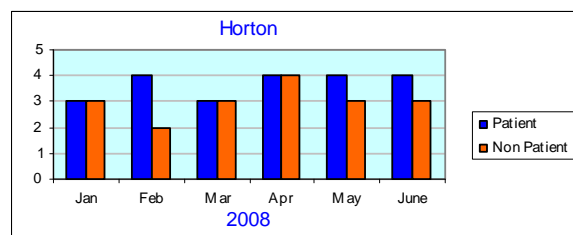
#### Churchill



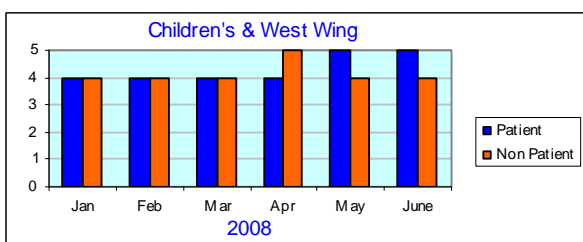
#### JR2 & Cardiac



#### Horton



#### Children's & West Wing



These results are shared with the audit team and within the areas which are audited. The results are reviewed with the Director of Estates and Facilities on a monthly basis.

### **6. Deep Cleaning Programme**

The Trust responded to the DH guidance issued in the November Performance framework "Improving Cleanliness and Infection Control PL/CNO/2007/6" by preparing a programme of areas prioritised by our Control of Infection Team for Deep Cleaning. Some 40 areas were targeted for completion by 31 March 2007 and this target was successfully met.

The outcome achieved was viewed as positive by ward staff, Control of Infection and patients. Proposals for a 2nd Phase Deep Cleaning Programme are currently under evaluation with a view to possible implementation in the autumn of 2008.

### **7. Recommendations**

Trust Board is asked to:

- 7.1 Note progress on matron's roles particularly with regard to preventing infection and improving the patient experience.
- 7.2 Note the ongoing programme of audits and outcomes plus the NPSA PEAT results.
- 7.3 Note the budget pressures arising from the extended cleaning programmes.

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