

Trust Board meeting 20 November 2008

TB2008.88

Subject	Matrons and Improving Cleanliness and Infection Control
---------	---

Purpose of paper	<p>To inform the Board of core themes reported from monthly Matron reports. To provide information on actions to improve cleanliness including the programmes of audits and outcomes.</p> <p>To note the budget pressures arising from the increased cleaning programme and the proposed position for the Deep Clean programme for 2008/09</p>
------------------	--

Board Lead(s)	<p>Mr Ian Humphries, Director of Estates and Facilities</p> <p>Mrs Elaine Strachan-Hall, Director of Nursing and Clinical Leadership</p>
---------------	--

Background papers (if any)	
----------------------------	--

Action/decision required	To note the contents of the report, together with the proposals for undertaking a second phase Deep Clean programme
--------------------------	---

Key purpose	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-right: 1px solid black;">Strategy</td> <td style="width: 25%; border-right: 1px solid black;"><u>Assurance</u></td> <td style="width: 25%; border-right: 1px solid black;">Policy</td> <td style="width: 25%;">Performance</td> </tr> </table>	Strategy	<u>Assurance</u>	Policy	Performance
Strategy	<u>Assurance</u>	Policy	Performance		

Strategic Goal(s)	<p>To be Hospitals of Choice (SG1)</p> <p>To be world-leading teaching hospitals and an AHSC (SG2)</p>
-------------------	--

Strategic Objective(s)	<p>To provide high quality, efficient and innovative core services that meet the needs of local patients and the challenges of the local health community(SO2)</p> <p>To ensure that the development of platform services parallels and advances the strategy for clinical services, ensuring that platform services contribute to optimising the efficiency and customer care focus of the Trust (SO4)</p> <p>To provide demonstrably excellent clinical outcomes and indicators of patient safety (SO6)</p> <p>To improve the overall patient experience by offering excellent customer care (SO7)</p> <p>To maximise the Trust's contribution to the health and wellbeing of the local community (SO9)</p> <p>To become a strategic, high performing and agile</p>
------------------------	---

	organisation supported by efficient and patient focused clinical processes, modern systems and business processes (SO10)
Links to: Board Assurance Framework/ Trust Key Risks/Annual Health Check element(s)	Annual Health Check, Hygiene Code
Also considered by	Executive Board have considered the financial impact of the ward Deep Clean proposal
Resource and financial impact	The extended ward programme is estimated to cost circa £275k. This programme is now being risk assessed in the context of the current financial pressures
Consideration of legal/equality/diversity/engagement issues	Supports the associated requirements in reducing hospital associated infections
Acronyms and abbreviations used	

Matron's Report

1. Introduction

The report includes feedback from Matrons covering the period of July to October on the range of activities which are being monitored on a monthly basis. The monthly reports are compiled by Matrons and activities also monitored by the Associate Directors of Nursing for each division. Highlights are provided below.

The Trust continues to have a programme in place of both improving and monitoring cleaning standards and ensuring there is close liaison between Matrons and the Estates and Facilities functions.

2. Hand Hygiene

Hand hygiene continues to be enforced and a variety of approaches are being undertaken by matrons to remind staff of the standards. Matrons continue to report variations of compliance with medical staff.

There are however some areas of noticeable merit with compliance with bare below the elbows being reported as 100% during September for all staff within medicine at the Horton hospital.

Neurosciences have commenced displaying hand hygiene scores and levels of compliance in the ward area and this information is visible to staff, patients and visitors. Results will be discussed at ward meetings and further audits will be undertaken and displayed to show progress with compliance.

3. Saving Lives High Impact Interventions

Matrons continue to focus on the range of high impact interventions as covered by Saving Lives.

The standard for the high impact interventions is to achieve a score of 90% successfully for three months before undertaking a different audit of another intervention.

The Adult Intensive Care unit at the John Radcliffe hospital have introduced fortnightly infection control education meetings and are also developing a local strategy to further improve compliance with the ventilator care bundle when it fell slightly.

The trauma unit have reported 100% compliance with peripheral cannulae care during October.

4. Infection Control

Ward equipment decontamination, particularly syringe pumps, within GI services and surgery has been audited and areas for improvement have been identified. Posters and information reminding staff of the correct procedures for cleaning equipment is now on display and compliance will be monitored over a two month period. It has been

made clear to staff that any breach of policy will be addressed by the matron with the ward sister.

The matron for specialist medicine has reviewed the monthly C. Diff audits which include prudent antibiotic prescribing, correct hand hygiene, environmental decontamination, personal protective clothing and isolation. The audits show compliance with guidelines.

5. Safety Indicators

Key patient safety indicators are recorded and monitored by ward and departments and these include medication errors, slips, trips and falls, pressure ulcers and nutrition assessments.

A total of seven incidents involving slips trips and falls were reported with two incidents attributable to non compliance with treatment and five where risk assessments were carried out as the incidents were attributed to cognitive function. This resulted in specific care management plans being developed to further reduce the risk of falls.

Preventing falls is one of the biggest challenges for the wards to manage. All patients are risk assessed on admission using a stratify assessment tool. A trial is to be undertaken using a seat alarm system provided by Wanderguard and will be reviewed after a four week period. The use of such devices can be used as an early warning to staff that a patient is moving from a position and warrants investigation.

Nutritional assessments are being undertaken and staff constantly reminded of the need to assist patients at meal times. An event at the Horton hospital during October was to promote the protected meal time initiative with a specific focus on further minimising clinical activity during lunch times. The impact of this on the patient experience has yet to be reported.

6. Quality of Nursing Care

Matrons are reporting the focus of their nursing rounds includes talking to both patients and relatives and how the feedback from rounds is given directly to staff. The immediate feedback also enables any concerns or matters arising to be rectified and dealt with as soon as possible.

The trauma unit undertook an audit in August on privacy and dignity which showed that 84% of patients had proactively been supplied with information about mixed gender accommodation. It was also reported that mixing of bays had occurred on 6% of occasions on ward 2A and 10% of occasions on ward 3A with reasons including the clinical condition of patients and the higher ratio of male to female patients.

During the temporary relocation of the critical care unit at the Horton hospital the situation is being closely monitored in order to best manage privacy and dignity and safety.

In response to feedback from patients on 5F using the ward suggestion box, board games are being purchased and made available to patient in the day room.

Following an audit of nursing documentation in July on F ward at the Horton hospital it was identified that aspects of the nursing assessment were not recorded which included falls and pressure ulcers. Training for ward staff with input from legal services has been arranged. A follow up audit at the beginning of November demonstrated a marked improvement and will continue to be monitored.

A range of initiatives have been introduced to Neurosciences which includes 'ringing a bell' just before the lunch and supper meal services. The bell alerts the nursing staff that its meal time and to prepare for food service by positioning patients, or preparing to assist patients with feeding. This also helps with protected meal times as it alerts other staff such as physiotherapists and doctors that it is meal time for patients and that patients should not be interrupted whilst they are eating. The unit have also introduced CHOW, which stands for Clear the table, Hand wash, Offer assistance, Wear blue food service apron.

Theatre Direct Admissions are developing a patient satisfaction survey form and will use the form for immediate feedback to assist with service improvements.

7. Educational Achievement

Amongst the recent attainments of the trauma unit in supporting education has been a short paper titled 'Fluid optimisation using a peripherally inserted central catheter (PICC) following proximal femoral fracture: lessons learnt from piloting a randomised controlled trial'. The paper has been accepted for publication in the Journal of Orthopaedic Nursing. The results of the study have also been shared nationally via conference poster presentations.

Improving Cleanliness and Infection Control

8. 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 has 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	ie	ITU
High Risk	ie	General acute ward
Significant Risk	ie	Outpatient areas
Low Risk	ie	Staff administrative areas

We have therefore set targets as follows:

Very High Risk	90%
High Risk	87%
Significant Risk	80%
Low Risk	76%

Typically around 150 such audits are undertaken each month across all three sites, these allow the profiles which follow to be produced. All of these targets have been met over the last three months.

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 are undertaken with the Director of Estates & Facilities.

8. 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 of time, the Enhanced Clean is repeated daily.

The enhanced clean requires all horizontal surfaces, floors, 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.

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

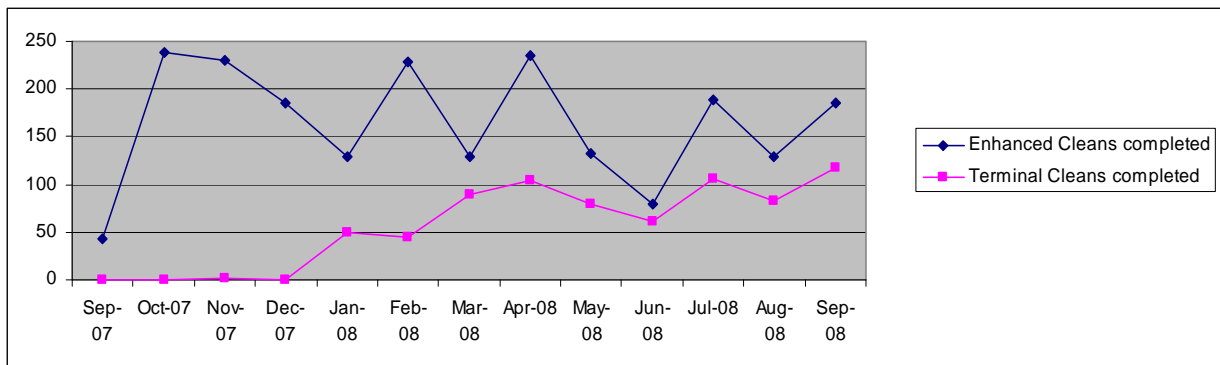
Ward staff have stripped the bed and emptied the area of all medical equipment and any personal patient belongings.

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.

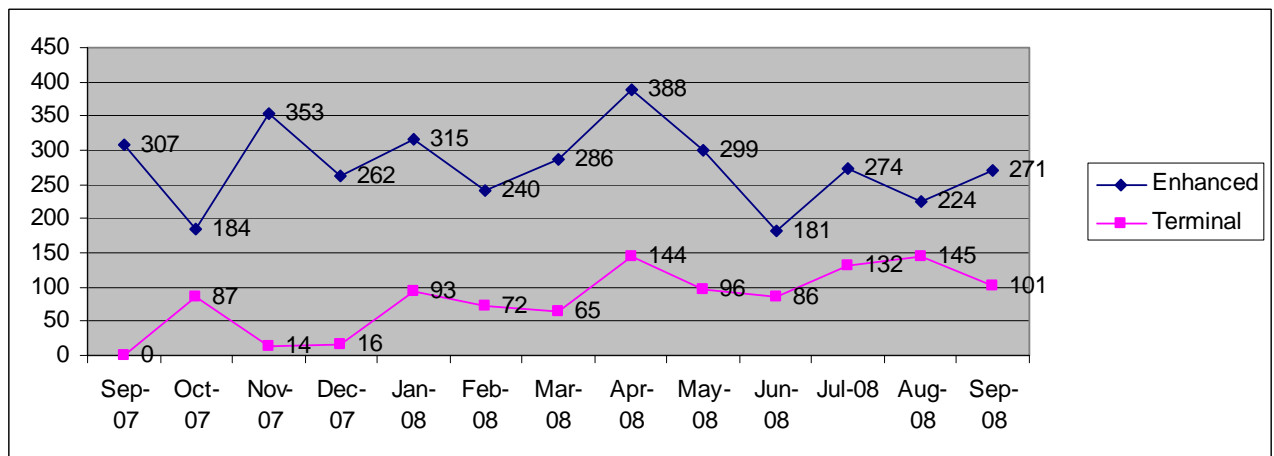
Since August 2007 the cleans have been monitored at the time of completion by the nursing staff on the wards, and the Quality Assurance team monitor a number of the cleans randomly throughout the course of the day.

The profiles of Enhanced and Terminal Clean requests are:

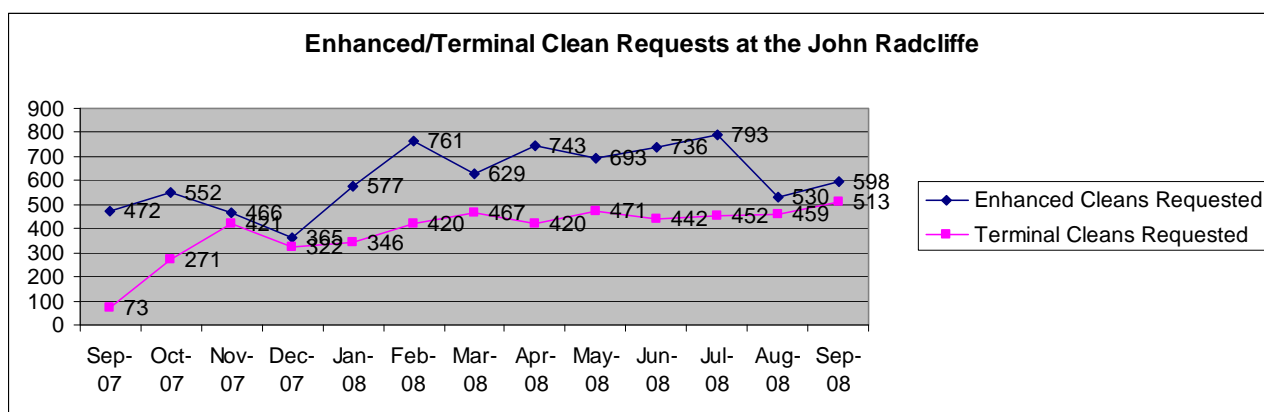
Churchill



Horton



JRH



The progression of these cleaning activities is producing adverse pressure on cleaning service budgets, which is expected to total £450k for full year across all three Trust sites.

The progression of these cleaning activities is producing adverse pressure on cleaning service budgets, which is expected to total £450k for full year across all three Trust sites.

9. 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. The Deep Clean Programme also contributed positively to the 2008 PEAT audit outcome which was the best ever obtained by the Trust.

Proposals for a 2nd Phase Deep Programme have been developed by the Director of Estates & Facilities and are being risk assessed for this year.

The programme contains two specific elements. First a Deep Clean for all operating theatre suites and support accommodation; this involved capital expenditure of c£185k, and this element of the programme has been approved. Dates for the progression of these are being established.

The second element involves a Deep Clean programme for ward, outpatient and public circulation areas. It is this programme which is being further considered.

Within this programme it is hoped to trial a hydrogen peroxide ozone cleaning process as well as improving facilities and accommodation for equipment deep cleaning.

10. Recommendations

Trust Board is asked to:

11.1 Note the themes of the monthly reports from Matrons and the specific actions taken.

- 11.2 Note the ongoing programme of audits and outcomes plus the trend of increased Enhanced and Terminal cleans.
- 11.3 Note the budget pressures arising from the increased cleaning programmes which are currently estimated at £450k per annum.
- 11.4 To note the position regarding the Ward/Department Deep Clean Programme for 2008/09.