

Board of Directors Meeting: Thursday 29 January 2009

BD2009.10

Subject	Matrons and Improving Cleanliness and Infection Control			
Purpose of paper	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.			
Board Lead(s)	DoF/Mr Ian Humphries, Director of Estates and Facilities Mrs Elaine Strachan-Hall, Director of Nursing and Clinical Leadership			
Background papers (if any)				
Action/decision required	To note the contents of the report and the themes from the matrons report and to note the advancement of the 2008/09 Deep Clean programme			
Key purpose	Strategy	<u>Assurance</u>	Policy	Performance
Strategic Goal(s)	To be Hospitals of Choice (SG1) To be world-leading teaching hospitals and an AHSC (SG2)			
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 organisation supported by efficient and patient focused clinical processes, modern systems and business processes (SO10)</p>			

Links to: Board Assurance Framework/ Trust Key Risks/Annual Health Check element(s)	Annual Health Check, Hygiene Code
Also considered by	
Resource and financial impact	The programme for the Operating Theatre suites is £185k and for the prioritised inpatient areas the cost is £130k.
Consideration of legal/equality/diversity/engagement issues	Supports the associated requirements in reducing hospital associated infections
Acronyms and abbreviations used	VIP: Visual Infusion Phlebitis score

Improving Cleanliness and Infection Control

Introduction

1. The report includes feedback from Matrons covering the period of November 2008 to January 2009 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.
2. 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.

Matrons Reports

Cleanliness

3. Acute medicine at the Horton hospital has reported continued progress with improving cleaning standards. The medical assessment unit floor needs repair. Discussions are currently taking place to plan the temporary closure of the unit for 24 hours for the work to be undertaken with minimal disruption.
4. In gynaecology the matron has focused attention on bed and locker spaces in order to improve cleaning scores. The Matron is also working with domestic staff to ensure they are aware of the standards expected.
5. There is an ongoing challenge to maintaining standards of cleanliness of the entrance lobby of CTU on level zero, including the adjacent lifts and stairwell. This is primarily due to the high volume of traffic passing along the corridor for access to the West wing link corridor. In response to concerns raised by the Matron and the Deputy Director of Nursing and Clinical Leadership, the Director of Estates has instigated action.

Hand Hygiene

6. Excellent progress has been reported for physician medical staff at the Horton in complying with bare below the elbow which has been maintained at 100%.
7. As reported in the November 2008 paper to the Board, Neurosciences now display their hand hygiene results to patients and visitors and this continues. In addition the unit have started a campaign to promote patients asking staff if they have cleaned their hands.

Saving Lives High Impact Interventions

8. Audits of compliance with peripheral cannulae (or lines VIP) continue to be monitored and one area in medicine is trialling peer audit to test out the objectivity of undertaking audits within the same clinical area.
9. Matrons continue to focus on the range of high impact interventions as covered by Saving Lives. This 'care bundle' approach highlights the problem areas to focus on within each audit. Where audit results are low, actions are taken by individual wards and monitored by the Matron until results are back to an acceptable level. In some cases this involves daily twice daily audit of intravenous cannulae for instance until

95% achievement is reached and daily hand hygiene audits, for example. Matrons are expected to detail action plans on the Matrons reports, some of which are displayed on divisional web pages.

Infection Control

10. One report from Mulberry for November 2008 ward identified the need for deep cleaning following two patients acquiring C Diff.
11. Skinsan has now been introduced across medicine at both the John Radcliffe and Horton hospitals, an evaluation has been completed on both the patient and staff experiences and the results demonstrate a raised awareness from patients on the need for thorough washing, many patients also agreed they liked the smell and said it made them feel fresher.
12. A project to reduce the number of urinary catheters and improve the quality of continence provision and practice is being undertaken across medicine. This will involve working with a continence advisor over a six month period and aim to reduce the number of inappropriate urinary catheters used and increase awareness of the need for robust continence advice to improve patient experience prior to discharge home.

Patient Experience

13. The use of the Care Organisational and Leadership Assessment (COLA) is now being assessed by the Matrons. This provides a comprehensive review of the ward against agreed measures and standards and provides an assessment of compliance. Areas for improvement are identified using a traffic light approach. The intention is to develop an electronic format and this will be dependant on the feedback from Matrons on the user friendliness of the assessment tool.
14. All Matrons are expected to speak to a minimum of 5 patients a day and report on what patients tell them about their experience. This is reported as themes in their Matrons reports. One area has undertaken a DVD of patient's experience and this is used as a training tool for many nursing staff.
15. Specialist Surgery out patient department has introduced a patient feedback board in the waiting area. The purpose of which is to provide feedback on comments received and the actions taken in response to these. The inpatient area has also introduced information by each bed space to encourage a proactive approach with patients to discuss concerns with their named nurse, the ward sister or matron if they are unhappy with their care. This has been in response to a variety of comments received by the ward after the patient has been discharged.
16. Initiatives to also improve delayed discharge as a result of waiting for TTO's from specialist surgery has included the use of eIDD (electronic discharge letter) and improving communication between doctors and nurses when the TTO is prescribed. The use of Patient Group Directions to enable nurses to supply medicines for patients for ophthalmology patients is also being promoted.

17. Concerns about patient privacy and dignity and the design of workstations on the medical wards at the Horton were followed by a risk assessment. Funding has been approved by the Division to re-design the work spaces and this is being progressed by the estates department. The majority of the acute medical wards at the John Radcliffe are now single sex.
18. A discharge lounge specifically for Neurosciences has been opened whilst patients are waiting for discharge and to improve bed capacity.
19. The Trauma User Group started recruiting patient and relatives on the 1st of December and currently has 105 patients joining the group. The group have been sent a report asking for their feedback about a specific intervention as part of a research study looking at treatments for ruptured Achilles tendon.

Improving Cleanliness and Infection Control

National Cleaning Standard Scores (NCSS) and Assessments

20. The Trust continues to monitor cleaning standards across all three sites by adopting these assessments, which follow guidelines issued in April 2007 by the National Patient Safety Agency (NPSA).
21. These audits are undertaken on a random basis with between 120 and 150 audits being undertaken each month. Each audit involves an assessment of the cleanliness of 49 elements, which includes a range of items typically found in respective areas such as commodes, walls, doors and wash-hand basins etc.
22. For a department or ward containing all 49 elements, each element attracts a score of 2%; therefore if five elements fail the audit score achieved will be 90%. If a department contains only 25 elements, each will score 4%.
23. The audits are undertaken in four category areas and the ORH Estates and Facilities, in previously reviewing NPSA guidance and Patient Environmental Action Team (PEAT), set cleanliness score targets of:

Very High Risk, ie ITU	Target 90%
High Risk, ie General Acute Wards	Target 87%
Significant Risk, ie Outpatient areas	Target 80%
Low Risk, ie Staff only areas	Target 75%

24. Following informal discussions with members of the Department of Health - Healthcare Acquired Infection and Cleanliness Division - cleanliness score targets are being increased from 1 January, these will be:

Very High Risk	95%
High Risk	92%
Significant Risk	85%
Low Risk	75%

25. Audit scores in High, Significant and Low Risk areas on all sites through October, November and December have been at or above target levels.
26. Scores in Very High Risk areas at the John Radcliffe and Churchill have recently been below target, and actions to remedy associated problems are ongoing.
27. It should be noted that these problems occurred at times when both ward closures due to infection outbreaks and high sickness absence rates were occurring in Domestic Service departments.

Discharge, Enhanced and Terminal Cleans

28. 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:
29. **Discharge Clean** – A discharge clean will be requested by ward staff when a non-infectious patient is vacating the bed space.
30. **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.
31. Where a patient continues to exhibit infectious symptoms for a period of time, the Enhanced Clean is repeated daily.
32. 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.
33. **Terminal Clean** – A Terminal Clean will be requested by ward staff when a patient with an infection, eg MRSA, has vacated the bed space.
34. Ward staff have stripped the bed and emptied the area of all medical equipment and any personal patient belongings.
35. 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.
36. Trends for Enhanced Cleans remain generally upwards over the last three months when compared with a December 2007 reference point:

	Dec 2007	Oct 2008	Nov 2008	Dec 2008
Horton	262	235	420	328
JRH	365	472	560	605
Churchill	186	145	190	272

37. The trends for Terminal Cleans show a more significant increase over the same period:

	Dec 2007	Oct 2008	Nov 2008	Dec 2008
Horton	16	118	169	180
JRH	322	472	560	605
Churchill	0	164	170	139

38. These extended cleaning procedures, whilst assisting with the management of HCAI, are also leading to increased expenditure and budget pressures within Estates and Facilities budgets.

Deep Clean Programme

39. A 2008/09 Deep Clean Programme has been proposed and prepared by the Director of Estates and Facilities. This includes two work streams:

Operating Theatre Suites

40. All operating theatres within trust retained buildings on all sites are scheduled for a deep clean by March 2009. Work has successfully begun at the Horton, and the roll-out across JRH and Churchill will be completed when the associated moves involving the opening of the Cancer Centre are finalised. The cost of this programme is £185k.

Prioritised Inpatient Ward Areas

41. A priority assessment of inpatient areas across all sites has been undertaken by the Trust Control of Infection and Estates and Facilities teams. From this assessment, around 25 inpatient ward and specialist areas are now targeted for deep cleans over the next three months. This programme, which also takes account of the opening of the Cancer Centre, has further costs of some £130k.

42. The outcome of these deep clean processes will be carefully evaluated against associated infection rates.

Recommendations

Trust Board is asked to:

- Note the themes of the monthly reports from Matrons and the specific actions taken.
- Note the ongoing programme of audits and outcomes, plus the trend of increased Enhanced and Terminal cleans.
- Note the advancement of the 2008/09 Deep Clean programme.

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