

Board of Directors Meeting: Thursday 21 May 2009

BD2009.44

Subject	Matrons report, including improvements to cleanliness and infection control
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Purpose of paper	To inform the Board of core themes reported by matrons in their monthly reports To provide information on actions to improve cleanliness, including the programmes of audits and outcomes
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Board Lead(s)	Mr Ian Humphries, Director of Estates and Facilities Mrs Elaine Strachan-Hall, Director of Nursing and Clinical Leadership
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Background papers (if any)	
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Action/decision required	To consider the report, and to approve any further actions
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Key purpose	Strategy	<u>Assurance</u>	Policy	Performance
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Strategic Goal(s)	SG1: To be Hospitals of Choice SG2: To be world-leading teaching hospitals and an AHSC
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Strategic Objective(s)	SO2: To provide high quality, efficient and innovative core services that meet the needs of local patients and the challenges of the local health community SO4: 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 SO6: To provide demonstrably excellent clinical outcomes and indicators of patient safety SO7: To improve the overall patient experience by offering excellent customer care SO9: To maximise the Trust's contribution to the health and wellbeing of the local community SO10: To become a strategic, high performing and agile organisation supported by efficient and patient focused clinical processes, modern systems and business
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	processes
<b>Links to: Board Assurance Framework/ Trust Key Risks/Annual Health Check element(s)</b>	Annual Health Check Hygiene Code
<b>Also considered by</b>	-
<b>Resource and financial impact</b>	-
<b>Consideration of legal/equality/diversity/engagement issues</b>	The Trust has a duty of care to its patients, that is supported by reductions in hospital associated infections
<b>Acronyms and abbreviations used</b>	AHSC: Academic Health Science Centre
<b>Authors</b>	Mr Ian Humphries, Director of Estates and Facilities Mrs Elaine Strachan-Hall, Director of Nursing and Clinical Leadership

## **Improving Cleanliness and Infection Control**

### **1. Introduction**

The report includes feedback from Matrons during the period from January to March 2009 on the range of activities that are being monitored each month. Matrons compile the monthly reports; and the Associate Directors of Nursing for each division monitor activities.

The Nursing and Midwifery Directorate have also started a clinical focus session every Monday, when members of the Directorate work with staff in clinical areas, spending time with patients and undertaking focused observations of activity. This provides an additional level of monitoring, and specific areas requiring attention are dealt with in real time.

The Trust maintains a programme of both improving and monitoring cleaning standards, and ensuring close liaison between Matrons and the Estates and Facilities functions.

### **2. Matrons Report**

#### **Patient Environment**

Matrons continue to receive feedback from the internal monitoring of the environment, and co-ordinate the actions needed to improve cleanliness that have been identified. This includes identifying specific actions for the Senior Ward Housekeeper, who in turn works with the member of domestic staff assigned to the clinical area. Re-negotiation of cleaning times has greatly improved the service available to areas, as reported by Cardiac Medicine.

Action is being taken in areas on which the former Healthcare Commission commented when undertaking its Hygiene Code Inspection in February 2009. The responsible matrons take action over those issues that nursing staff control, or seek additional input from Estates and Facilities.

### **3. Infection Control**

All Divisions report that all wards now undertake a range of Saving Lives and hand hygiene audits. In Division A, the average score for hand hygiene audit was 95%, peripheral line insertion 89%, ongoing peripheral line observation 95% and ongoing urinary catheter care 97%. There is an associated action plan to improve practice in any individual clinical area that reports a score of 80% or less. During the period from January to March 2009, six areas had reported scores ranging from 60% to 79% across the range of four areas of practice. Each area was required to undertake action to improve its score and reach the standard required.

Division B has identified that Hand Hygiene audit scores continue to be a challenge, with scores ranging from between 55% and 100%. Continued developments to improve compliance include working with medical staff in complying with hand hygiene and 'bare arms below the elbow'. The infection control team will now focus particularly on participating in surgical ward rounds with the Medical Director, to support good hand hygiene practice.

In Division C, the average hand hygiene score for children's services was 95%, for Gynaecology 99% and for Women's Services 79%. The average score for both peripheral and central line care results across the division were 87%. Each of the four areas that reported scores ranging from 70% to 81% has an action plan to improve its results. In Children's services, an identified matron leads on infection control issues, and link nurses meet the infection control team each month to focus on issues that include decontamination and Saving Lives audits. Each ward has introduced a cleaning rota; and posters have been displayed to remind staff of 'bare arms below the elbow'.

The focus earlier this year on decontaminating equipment, and increased assurance that staff are aware of their responsibilities, has resulted in further improvements. Clinical areas are reporting the introduction of additional cleaning rotas, and signing sheets for specific equipment. In one area, a record is kept when a bed space is vacated, and each item is signed off against a check list as the whole area is cleaned. Thereafter, the check list is shown to the patient admitted to the bed, and if s/he is satisfied with the level of cleanliness, the laminated checklist is wiped clean. This initiative seeks to provide assurance to the patient, and actively seeks her/his participation in monitoring cleanliness.

#### 4. Patient Experience

Division A have improved the consistency of information available to patients. Feedback from patients is also sought about their experience, and is presented each month to matrons and to ward sisters and charge nurses. The results of these feedback sessions are then included in specific action plans.

Division A Matrons have been asked to focus on:

- patients who require help with meals
- the time taken to answer a patient's call bell
- the involvement of patients and carers in decisions about discharge, including ordering of medicines to take home the day before discharge, and giving each patient a feedback form on discharge
- the need of patients for somewhere to keep personal belongings safe

In March 2009, Specialist Surgery introduced department-specific audits of patient satisfaction for a week each month, and uses the feedback to inform staff. For example, outpatients commented that they should be rewarded by being seen earlier if they arrived before their appointment time. As a result, posters have been displayed in clinic areas to explain that outpatients are seen in relation to their *appointment* time (and where possible will not be kept waiting for longer than thirty minutes) and not *arrival* time. Outpatients have been asked to comment on the posters.

Division B continues to record the patient experience on DVD. This has been found to be a valuable teaching tool, and provides staff with insights into the patient experience.

Childrens services have secured funding for an adapted Picker survey. The Young People's Executive (YiPpEe) collect information from patients through booklets, and this is

fed back at their quarterly meeting and associated actions identified. Relevant aspects of privacy and dignity pertaining to children and young people have been identified.

### 5. Staffing

Specialist Surgery has undertaken initiatives to improve the recruitment and retention of staff. A dedicated learning and resource room has been created to provide opportunities closer to clinical areas for teaching sessions, and for staff to use e-learning materials. Practice Educators for existing staff are being recruited, with the aim of introducing a lead for coaching and training in specialist surgery skills.

Division B is reviewing patient dependency and nursing establishments, using the Association of UK University Hospitals tool. This project will help to inform decisions around levels of patient dependency in different clinical areas, and to support professional judgement.

### 6. Cleanliness

The Trust continues to monitor cleaning standards in each of its hospitals, using the guidelines that the National Patient Safety Agency issued in April 2007. Trust staff who are independent of the cleaning service providers undertake random audits. Four category areas are audited against cleaning score targets. The Trust increased these targets from 1 January 2009 following informal discussions with the Department of Health Acquired Infection and Cleanliness Division. The category areas and associated cleaning score targets are:

- Very High Risk *ie* Intense Therapy Units Target 95%
- High Risk *ie* General Acute Wards Target 92%
- Significant Risk *ie* Outpatient Departments Target 85%
- Low Risk *ie* Staff Only Areas Target 75%

Audit outcomes in this reporting period have been generally satisfactory. In Very High Risk areas, the Churchill and Horton Hospitals have met at the Churchill and Horton Hospitals have met the new targets following a steady improvement. The John Radcliffe Hospital has improved on the previous quarter-year's performance, but further work is needed to meet the new target score.

In High Risk areas, the performance at all hospitals has improved in response to the new target. All sites are achieving the new targets set for Significant Risk and Low Risk Areas.

Work continues with the John Radcliffe Hospital's domestic service provider, Carillion, to continue to raise standards and consistency of performance. A detailed action plan was adopted in January, along with a revised local management and supervisory structure. At the Churchill Hospital, the service provider, G4S, has successfully supported the transition of cleaning services into new facilities. The in-house cleaning service team at the Horton Hospital continues to provide a consistently good service.

### 7. Discharged Enhanced and Terminal Cleans

At all hospitals, nursing staff can request specific additional cleaning processes 'round the clock' to supplement the daily cleaning regimes and to assist with the management of infection control. Ward staff may request any of three processes:

- A Discharge Clean when a non-infectious patient is vacating a bed space
- An Enhanced Clean when a patient is suffering from Clostridium Difficile, or has diarrhoea of unknown origin
- A Terminal Clean when a patient with an infection *eg* MRSA has vacated the bed space

Requests for Enhanced Cleans have fallen at the Churchill Hospital, but remain stable at the Horton and John Radcliffe Hospitals. Requests for Terminal Cleans remained generally steady across all three hospitals during this reporting period, but showed an overall increasing annual trend.

In a recent visit, the Healthcare Commission commended the Trust's procedures and policy for these additional cleaning processes. The annual cost of these cleans is approximately £600k above the base Domestic Service budget.

### **8. Deep Clean Programme**

The 2008/09 programme was successfully completed in each of the 25 prioritised ward areas, despite access difficulties caused mainly by bed capacity pressures.

The planned deep cleans of each operating theatre suite is nearly complete. Minor delays have occurred due to theatre workloads, and relocations associated with the opening of the Cancer Centre.

Facilities and Infection Control are preparing a Trust-wide Deep Clean Programme on a four year cycle. Support will be sought for its adoption from the autumn of 2009.