

Board of Directors Meeting: Thursday 3 September 2009

BD2009.78

Subject	Matrons and Improving Cleanliness and Infection Control
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Purpose of paper	To inform the Board of core themes deriving from Matrons' reports and from recently-introduced feedback reports to Matrons from PALS. To report on actions to improve cleanliness, including the programmes of audit and outcomes.
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Board Leads	Mrs Elaine Strachan-Hall, Director of Nursing and Clinical Leadership Mr Ian Humphries, Director of Estates and Facilities
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Background papers (if any)	-
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Action/decision required	To note the themes from the Matrons' report, and the ongoing programme of audits and outcomes associated with the cleaning programme.
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Key purpose	Strategy	<u>Assurance</u>	Policy	Performance
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Strategic Goals	SG1: To be Hospitals of Choice SG2: To be world-leading teaching hospitals and an AHSC
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Strategic Objectives	SO2: To provide high quality, efficient and innovative core services that meet 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 well being 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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Oxford Radcliffe Hospitals

	processes.
Links to Board Assurance Framework/ Trust Key Risks/Annual Health Check element(s)	Annual Health Check, Hygiene Code
Also considered by	Not applicable

Resource and financial impact	
Consideration of legal/equality/diversity/engagement/risk issues	Supports associated requirement in reducing hospital associated infections
Acronyms and abbreviations used	COLA: Care Organisation and Leadership Assessment PALS: Patient and Advice Liaison Service
Author	Mr Michael Fanning, Deputy Director of Nursing and Clinical Leadership

Introduction

1. The report includes feedback from the Matrons up September 2009, and includes information recently provided to the Matrons on patient feedback.
2. The Trust continues to take forward a programme for improving and monitoring cleaning standards which is delivered in partnership with Matrons and the Estates and Facilities department.

Matrons Reports

Hand Hygiene

3. Specific actions have been taken to continue the progress made to improve compliance. This includes challenging individuals and, where they continue to be non-compliant, reporting them to the Medical Director in his role as DIPC. Division A report that a competency training package is being developed that will focus on infection control; when this is introduced, it will be undertaken by all staff.
4. Posters are being introduced to highlight where staff can locate the hand-held tittles. The posters are also being targeted specifically at medical staff.
5. Division A has introduced joint multidisciplinary teaching days throughout the summer and they include a session on infection control measures. This initiative is being supported by the medical consultants.

Saving Lives High Impact Interventions

6. The Continence Advisor who has recently been seconded to Trust will educate staff in catheter care and alternative options, such as prevention of catheterisation. A catheter audit continues to review indications for catheterisation and aspect of care planning and documentation. Some staff are being trained to scan the bladder to establish the volume of urine retained, rather than inserting a catheter.
7. Anti microbial prescribing reports are sent monthly to directorates, highlighting poor compliance where it applies. A frequently-cited action is for nursing staff to be reminded to review all prescription charts, and to also feed back to medical staff to review the use of the antibiotic as necessary. Work continues to link with the consultant staff in each area to also take ownership of this issue and educate juniors about the prescribing guidance and the review process.

Patient Safety

8. The incidence of patient falls is a recorded patient safety indicator. Division A continue to monitor the number of reported patient falls, particularly as they implement the productive ward project. The Division has introduced a ward co-ordinators folder for collating all information on falls, specifically looking at any

patterns related to time of day/location and whether the fall is witnessed. Pharmacists are also looking at indicators where medicine could be contributed to a fall by placing a red dot next to the medicine on the drug chart. Physiotherapists who routinely supply walking frames to patients are now teaching nursing staff how to correctly supply the frames out of hours.

9. An area of concern about the timing of giving medicines has been identified within Division B from patient complaints. The initial review has identified a link with poor communication and staffing levels, particularly where there may be long standing skill mix issues. Work will continue to address specific themes with clinical areas as well as continuing work to review staffing and skill mix levels.

Cleanliness

10. Matrons continue to receive regular reports on the cleaning scores for their specific areas. Where scores fall below the required standard, actions are taken including the review of activities with the cleaning supervisors and ward housekeepers. A recent review of audits in one area identified specific issues with the level of weekend cleaning provided. The Matron and cleaning supervisor agreed to change the audit cycle and noticed an improvement in the subsequent level of service.

Patient Experience

11. In order to improve the availability of patient and visitor information, visitor bedside folders have been introduced across Cardiac Medicine. This includes the patient questionnaire from which the unit will be able to provide feedback in future reports for particular patient groups. This will include key performance indicators which have been identified as part of service specifications, such as primary percutaneous coronary intervention for Milton Keynes. The folders provide detailed information for patients and in particular address areas such as single sex accommodation and what patients can expect.
12. The Matron for Cardiac Medicine is also working with a colleague from the Biomedical Research Centre to provide over arching information about research and how patients can be involved and what it will mean to them and the service in the future
13. The use of the COLA tool was previously reported to the Board and compliance with using the tool has been identified as an area for further improvement. A summary of generic themes reported by Matrons after completing COLA are summarised below:

Aspect of Care	Themes
1. Nutrition & Hydration - ensure patients are nourished & hydrated	Wards need to continue to improve compliance in undertaking a nutritional assessment. The need to improve communication between medical and nursing staff when patients are to be

	<p>'nil by mouth'. Review of the use of the red tray system and ensure vulnerable patients are identified.</p>
<p>2. Personal Hygiene - patients receive assistance in maintaining personal hygiene</p>	<p>Nursing and ward housekeeping staff to improve the availability of hand wipes and or hand washing for patients.</p>
<p>3. Documentation - effective communication between nurses/ midwives which is documented</p>	<p>Need to improve initial patient assessment before 24hrs following the patient admission.</p>
<p>4. Communication - act in a way which promotes a positive professional manner</p>	<p>Improvements required in making information available to patients about the role of PALS and access to interpreting services. The introduction of customer care interactive sessions.</p>
<p>5. Privacy & Dignity - privacy & dignity is maintained</p>	<p>Heighten awareness of improving privacy and dignity, particularly in critical care areas. To ensure staff are reminded about not talking about patients in the ward bays.</p>
<p>6. Infection Control - implement appropriate measures to prevent the acquisition of HAIs</p>	<p>The need to ensure hand gel dispensers are replaced and topped up.</p>
<p>7. Patient Environment - care is delivered in an environment that is accessible, clean and welcoming</p>	<p>The need to improve communication with domestic staff. To improve the compliance of displaying ward cleaning results in ward areas.</p>
<p>8. Safety (medicines) - care is supported through safe practice, specifically in relation to medicine safety</p>	<p>Difficulty in obtaining repairs to locks on cupboards and replacement locks on medicine refrigerators</p>

14. The way in which patient feedback from PALS and patient forms is collated has recently been streamlined. Reports will now be produced and sent to Matrons on a monthly basis and these will summarise the type of feedback and the type of feedback by category. The reports will help to triangulate the audits and assessments undertaken by Matrons as well as providing positive feedback on the patient experience. A summary of the first reports produced for July is attached.

Improving Cleanliness and Infection Control

Cleanliness

15. The Trust continues to monitor cleaning standards across all three of its sites using the guidelines issued in April 2007 by the National Patient Safety Agency (NPSA).
16. The audits are undertaken on a random basis via Trust staff, who are independent from G4S at the Churchill, Carillion at the JRH and an in-house team at the Horton.
17. The audits are undertaken in four defined category areas and are set against cleaning score targets.
18. 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%
19. Audit outcomes in this reporting period within "Very High Risk" areas continued to improve on all sites through to mid-July. Since this time a range of factors have impacted on outcomes with subsequent actions being put in place – see below.
20. Outcomes in "High Risk" areas have followed a similar trend to those in "Very High Risk" areas.
21. All sites continue to achieve the targets for "Significant" and "Low Risk" areas.
22. Cleaning service outcomes have been affected by a number of factors, including:
 - High levels of annual leave being taken by permanent staff.
 - Increased levels of staff sickness, possibly driven by Swine 'Flu.
 - Extended specialist cleaning requirements arising from infected patients.
 - Use of agency staff to replace staff absent due to leave/sickness.
 - Local flooring system problems have been encountered within the new PFI facilities at the Churchill Hospital.
23. Management action has been taken to address these factors via:
 - Adoption of improved sickness management processes from PFI Providers.
 - Programmes to "embed" cleaning staff within fixed areas/locations to ensure improved consistency.
 - Extending audit processes and outcomes in "Very High Risk" and "High Risk" areas.

24. In addition, the Trust has sought and received assurances from its cleaning service providers in respect of Staffing Contingency Plans, should sickness absences escalate.

Discharged Enhanced and Terminal Cleans

25. Across all sites on a 24/7 basis nursing staff can request specific additional cleaning processes to supplement the daily cleaning regimes and to assist with the management of infection control.
26. Three processes are available:
- Discharge Clean – A discharge Clean will be requested by ward staff when a non-infectious patient is vacating a bed space.
 - Enhanced Clean – An Enhanced Clean will be requested by ward staff when a patient is suffering from Clostridium Difficile or has diarrhoea of an unknown origin.
 - Terminal Clean – A Terminal Clean will be requested by ward staff when a patient with an infection, eg MRSA, has vacated the bed space.
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- Trends for Discharge Cleans are showing an upward trend across all sites.
 - Those for Enhanced Cleans have fallen on all sites.
 - The trend of demand for Terminal Cleans remains reasonably steady at the Churchill and Horton, but has significantly increased at the JRH.
 - These additional cleaning processes continue to pressure Domestic Service budget requirements.

Deep Clean Programme

27. A “Draft Five Year Cyclic Deep Clean Programme” has been developed to cover all areas. The programme proposes regular Deep Cleaning in “Very High Risk” areas, with less frequent processes in other lower risk areas.
28. This programme will be finalised with advice from Control of Infection and costed with subsequent approval for implementation being sought by October 2009. This timescale aligns with a number of ward relocations planned and currently under review.

Other Control of Infection Measures

29. Replacement thermal disinfectant washing machines have been installed at the JRH and Churchill, which fully meet requirements for the reprocessing of patient hoists, slings and slide sheets.

30. The units already in place at the Horton meet these same requirements.
31. Additional new Domestic Service equipment is being purchased at the Horton which will complement the upkeep of new flooring systems.
32. In July 2009, the National Patient Safety Agency published a Revised Healthcare Cleaning Manual. This guidance, which includes advice on the use of emerging cleaning technologies, is now under review within the Trust.