

OUTCOME 8: Cleanliness and infection control

CQC Judgement: Moderate Concern - The trust did not ensure patients, staff, and others were protected against identifiable risks of acquiring a healthcare associated infection through the maintenance of appropriate standards of cleanliness and hygiene in relation to the hospital environment and equipment.

Action ref.	Action Required & What Action Intends to Achieve	Measurable Outcome of Action/ Evidence of Action	Resp.	Due Date	Resource Implication/ Cost	Ongoing Assurance Processes	Update on Progress with Actions as August 2013
8.1	Establish a 'fast track' process, whereby all 'high risk' outcomes identified by the Infection Control team through ward area audits are escalated immediately to the Medical Director (as DIPC) in order for urgent action to be taken. This is intended to ensure that where concerns of this level are identified that they are addressed immediately to protect people from the risk of infection.	<ul style="list-style-type: none"> Audit report updates will indicate a timely response to all 'high risk' outcomes 	MD	31 July	N/A	<ul style="list-style-type: none"> Monitoring of progress in responding to audits at the Infection Control Committee; the Patient Safety Group; and the Healthcare Governance Committee 	<ul style="list-style-type: none"> Reporting structure in place and written in policy Weekly meetings between DIPC and Head of IC in place
8.2	The outcomes of all scheduled infection control audits to be reported through the Infection Control Committee to the Patient Safety Group, with upwards reporting to the Healthcare Governance Committee. This is intended to ensure that there is enhanced monitoring of timely actions to protect people from the risk of infection.	<ul style="list-style-type: none"> Audit report updates will indicate a timely response to all 'high risk' outcomes 	MD	31 July	N/A	<ul style="list-style-type: none"> Monitoring of progress in responding to audits at the Infection Control Committee; the Patient Safety Group; and the Healthcare Governance Committee 	<ul style="list-style-type: none"> The upwards information flow relating to infection control audits will be tested by the Healthcare Governance Committee.
8.3	Establishment of new Infection Control	<ul style="list-style-type: none"> Infection control 	MD	5	N/A	<ul style="list-style-type: none"> Infection control dashboard will 	<ul style="list-style-type: none"> In progress

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	Audit dashboard, reported to the Trust Board each month. This is intended to ensure that there is enhanced monitoring of timely actions to protect people from the risk of infection.	dashboard received by the trust board		Sep		be monitored by the trust board	
8.4	Commence a full deep clean of all ward areas aimed at ensuring satisfactory standards of cleanliness can be maintained from a clear baseline. This is aimed at ensuring patients are cared for in an appropriate environment.	<ul style="list-style-type: none"> Recruitment to two deep clean teams Commence deep clean 	DoFa	23 July	£40k one off cost to pump prime this work	<ul style="list-style-type: none"> Ward cleanliness will be monitored via the ward level governance compliance process described in 8.8 below. 	<ul style="list-style-type: none"> Team recruited Work commenced 29/7/13
8.5	Complete a 'bed head' audit to identify services and repairs required and implement a repair and replacement plan. In parallel appoint a Site Management team to ensure that estate/facility related problems are addressed in a timely fashion. This is aimed at ensuring patients are cared for in an appropriate environment.	<ul style="list-style-type: none"> Daily reports on bed head audit Bed head repairs and replacements Appoint manger for site management team 	DoFa	19 July	£20k in year cost	<ul style="list-style-type: none"> The state of repair on wards will be monitored via the ward level governance compliance process described in 8.8 below. 	<ul style="list-style-type: none"> Complete and rectification actions ongoing. Urgent actions completed Site Manager appointed, 6 days a week, 7th day remote by phone
8.6	Refurbishment schedule to be reviewed and implemented, prioritising areas (i.e. toilets in rehabilitation for outpatients) most affected by wear and tear as highlighted through capital planning programme and the six facet survey. This is aimed at ensuring patients are cared for in an appropriate environment.	<ul style="list-style-type: none"> Review and reprioritisation of improvement schemes at capital planning group monthly. 	DoFa	5 Aug	Within capital programme	<ul style="list-style-type: none"> Monthly capital planning group will monitor progress hospital refurbishment programme. 	<ul style="list-style-type: none"> £1m of capital funding was transferred to the Estates Manager to cover roofing, PLACE (PEAT) improvements,

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							ventilation, toilets, corridors and other minor schemes
8.7	Increase available storage space through the redesign of A&E which includes a doubling of storage space. A review of ward storage space will also be undertaken to identify the best storage space for general and patient equipment. Temporary storage will also be provided in adjacent areas to wards/ departments if required. This action intends to minimise the risk to cleanliness and contamination.	<ul style="list-style-type: none"> Ward by ward report on required storage space Options to meet requirements in place 	DoFa	25 Oct	Within capital programme and A&E development costs	<ul style="list-style-type: none"> General cleanliness and safe storage will be monitored via the ward level governance compliance process described in 8.8 below. 	<ul style="list-style-type: none"> A&E design provides extra store space During Aug/Sept, ward/dept discussions to take place re providing permanent/temporary storage solutions where practically possible.
8.8	Development and re-launch of enhanced cleaning schedule which will be disseminated to all ward matrons and lead nurses. The monitoring of which is intended to support the protection of people from the risk of infection.	<ul style="list-style-type: none"> Cleaning schedules on all wards regularly completed 	DoN	2 Aug	N/A	<ul style="list-style-type: none"> Each Ward Matron (or nurse in charge in their absence) to undertake daily quality monitoring and record on ward quality return compliance with nursing care standards (taking remedial action to make improvements if required). This return will be monitored by the Compliance team lead by the newly appointed Associate Director of Clinical Compliance 	<ul style="list-style-type: none"> Cleaning schedules disseminated to all relevant areas and on wards displayed in sluice room, cleaning trolley and nurse station. Cleaning schedules jointly

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						<p>and Lead Nurses.</p> <ul style="list-style-type: none"> • The by the compliance team lead by the newly appointed Associate Director of Clinical Compliance will review ward matron returns and take action (with the lead nurses) to fix problematic areas that cannot or have not been remedied at ward level. • The by the compliance team lead by the newly appointed Associate Director of Clinical Compliance will ensure that a 'peer review' audit of each ward area (independent to the ward, either led by the Associate Director or a lead nurse from a different clinical area) is undertaken to verify the matron returns and to provide further assurance of action/compliance. This will scrutinise ward compliance, highlight concerns and drive forward action as a result • In addition to this, members of the Board and divisional senior management team will each, accompanied by a member of the senior nursing team, undertake a ward audit using the standard checklist each month with results being 	<p>monitored by Matrons and Domestic Supervisor</p>

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						reported to the Associate Director of Clinical Compliance.	
8.9	Re-launch of process for the raising of urgent concerns with regard to ward storage/defective facilities issues to Estates Department. This is aimed at ensuring patients are cared for in an appropriate environment.	<ul style="list-style-type: none"> Clear process for raising of urgent concerns communicated to all staff 	DoFa	5 Aug	N/A	<ul style="list-style-type: none"> Monthly facilities KPIS for response time etc. will be monitored by trust executive. 	<ul style="list-style-type: none"> Re-launch of Helpdesk, process started 9/8/13. On-going communication underway
8.10	Hand hygiene training to be re-targeted to ward areas of low compliance. This action is intended to protect people from the risk of infection.	<ul style="list-style-type: none"> Improved compliance with hand hygiene standards 	MD	2 Aug	N/A	<ul style="list-style-type: none"> Monitoring of progress in responding to audits at the Infection Control Committee; the Patient Safety Group; and the Healthcare Governance Committee. 	<ul style="list-style-type: none"> Training being undertaken and process in place to support/ address areas of low compliance.