

Compliance with the Hygiene Code, Core Standards C4a, C4c & C21

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Governance arrangements:

- New governance structure
- New governance committee structure
- DIPC appointed
- Increased resource within infection control team
- Revised policies, procedures and audits



Scrutiny:

- External scrutiny:
 - Department of Health
 - Strategic Health Authority
 - PCT
 - Specialists – e.g. Alan Bedford (most recent visit = 7th Jan 09)
 - Healthcare Commission – Hygiene Code Team
 - Healthcare Commission – Investigation Team
 - Health And Safety Executive
 - Health Protection agency HCAI mandatory surveillance
 - Joint Advisory Group on Gastrointestinal Endoscopy (JAG)
 - OSC



Scrutiny contd:

- Internal Scrutiny
 - DIPC reports weekly to Executive Team
 - DIPC reports monthly to the Trust Board
 - DIPC reports monthly to the Quality and Safety Committee
 - Q&S Committee reports monthly to the Trust Board
 - NED representation on Trust Board and sub committees
 - Audit programme e.g. PEAT, hand hygiene, “saving lives” actions, compliance with antibiotic policy
 - Root cause analysis of all C diff cases and MRSA bacteraemias
 - Weekly then monthly review of the action plan resulting from the investigation – SHA and PCT involved

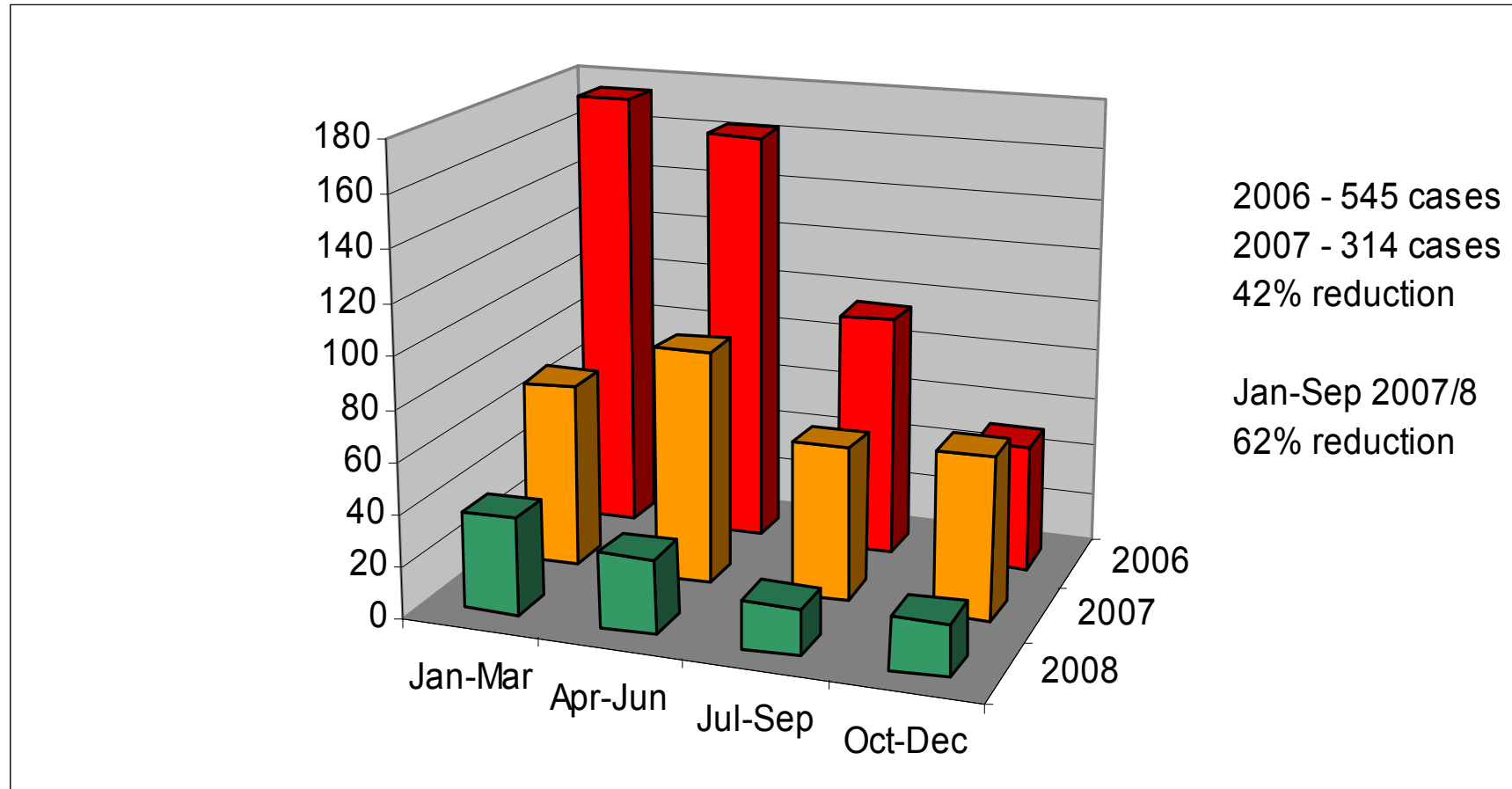


C4a – Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in MRSA

- Clear areas of responsibility and lines of accountability
- Weekly reporting of infection control rates to execs
- Monthly reporting to Trust Board
- Healthcare Commission and Hygiene code action plans monitored by IPCC and reported to Quality and Safety Committee (sub-committee of Board)
- Saving Lives Audit programme – daily audits - reviewed weekly
- “Bare below elbows” campaign
- Staff training programmes
- Root cause analysis of MRSA bacteraemias and C diff – learning cascaded stat and via IPCC

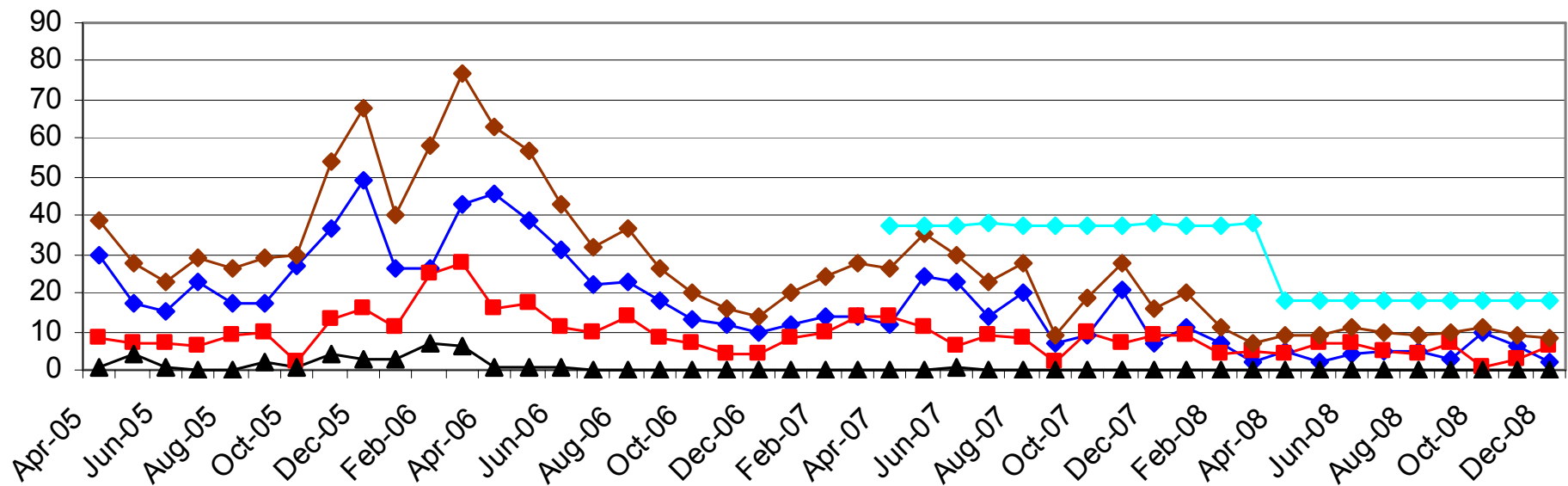


Quarterly C. difficile infections 2006-8

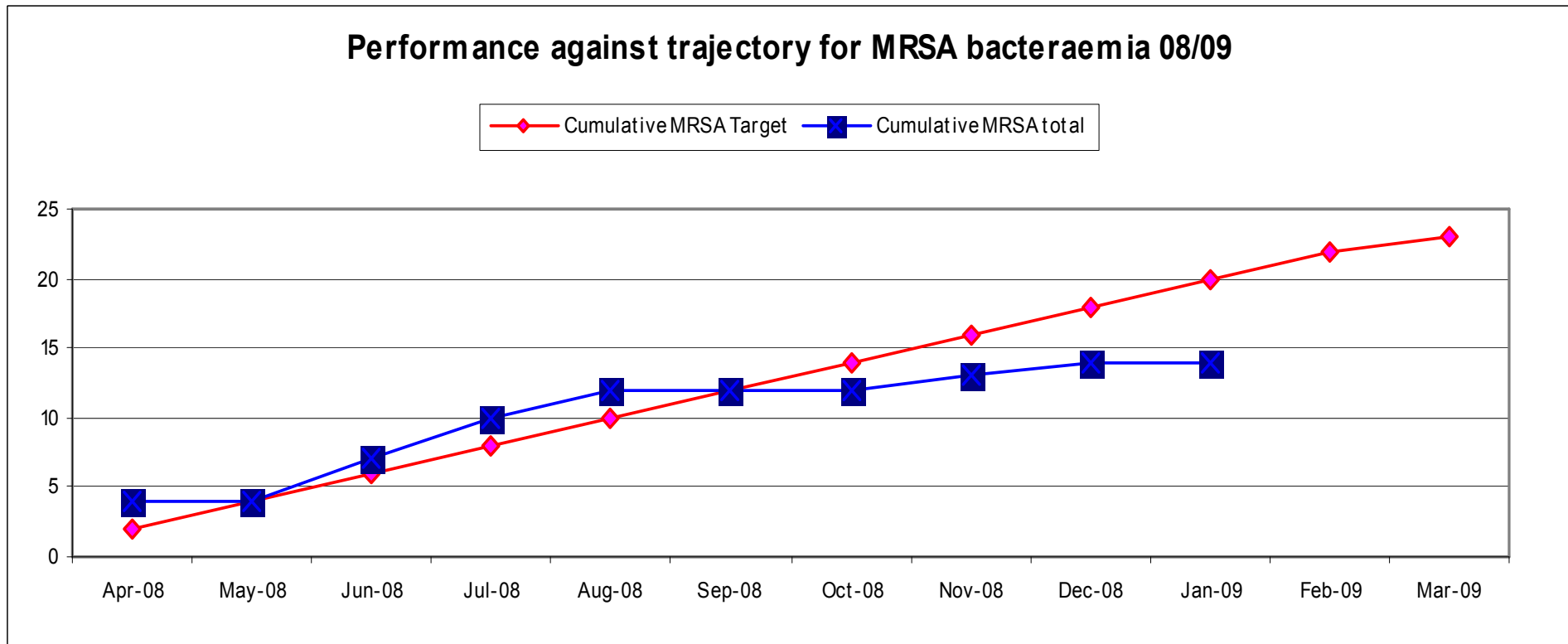


Total number of new cases of C. difficile at Maidstone and Tunbridge Wells NHS Trust by hospital

◆ Maidstone
 ■ K&S
 ▲ Pembury
 ◆ Trust
 ◆ Local Health Economy Target



MTW MRSA bacteraemia against Target



C4c - Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed.

- JAG accreditation
- HC visit – recommendations made and being addressed
- Kent wide decontamination service by IHSS
- Medical devices library being set up



C 21 - Healthcare services are provided in environments, which promote effective care and optimise health outcomes by being well designed and well maintained, with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises.

- Bed spacing – remains an issues within the estate – reviewed and improved following investigation – estates strategy to improve existing estate and new hospital build
- DDA audits
- Isolation wards at Kent and Sussex and Maidstone Hospitals
- Cleaning Quality audits are completed using the NHS ‘Cleaning for Credits’ system
- 24 hour cleaning
- PEAT assessments
- Quality monitors
- Training and development for all staff groups

