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The Whittington Hospital NHS
NHS Trust

HEALTHCARE COMMISSION REPORT INTO CLOSTRIDIUM DIFFICILE AT MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST

WHITTINGTON HOSPITAL SELF-ASSESSMENT OCTOBER 2007

This report is a self-assessment against the recommendations made in the Healthcare Commission report to ensure that there are no significant risks or gaps in service for patients at the Whittington.

HCC recommendation about Maidstone & Tunbridge Wells	Whittington position	Further action required
The control of infection needs to be an integral part of clinical governance and a high priority across the trust.	Infection control is one of the key indicators regularly reviewed by the Clinical Governance Committee as part of its planned annual programme. The DIPC is a member of the Clinical Governance Committee and the Clinical Risk Committee. The DIPC is also a member of the Hospital Management Board	
The trust must improve its arrangements to manage risk. This should include appropriate reporting and proper investigation of serious untoward incidents, analysis of the risks raised by incidents and complaints, and a system that clearly demonstrates that the trust captures and disseminates the learning from incidents and complaints.	There are clear policies and processes for reporting adverse incidents. All staff were last reminded of this in an email from the Assistant Director of Nursing in October 2007. Analysis of incidents and complaints are reported quarterly to Clinical Risk Committee & patient experience review Group respectively. Complaints are reviewed quarterly by Trust Board, and incidents six-monthly. All incidents and complaints are graded according to level of risk. The risk register was last reviewed in July	

	2007, and systems are in place to update it quarterly.	
The trust's board must give greater priority to the control of infection and the factors that may affect the ability of staff to control infection, including the environment, cleaning, the movement of patients, and levels of bed occupancy. It must ensure it has adequate information to monitor infections acquired within the trust.	A report on infection control has been a separate agenda item at every trust board meeting since May 2007. Prior to that it was incorporated in the Board clinical governance reports. The infection control committee was reconstituted in September 2006, and is chaired by a non-executive director. The chief executive is also a member. Information on headline infections, including *C difficile,* forms part of the monthly performance monitoring report, which is presented to Hospital Management Board and Trust Board	
The trust needs to ensure effective isolation for those patients who pose a potential or actual high risk of infection to others. The practice of "cohort nursing" of infected patients on open wards must be reviewed in the light of the findings of this investigation, and should be stopped for patients with undiagnosed diarrhoea.	Every admission (elective and emergency) is checked against PAS to identify patients who were previously subject to transmission precautions. The PAS record of patients is updated daily to enable the timely flagging of patients with specific Alert organisms. Information on patients' suspected or confirmed isolation requirements is communicated to the ward staff and the infection control team by the clinical bed managers. The infection control team and bed managers meet daily to ensure that high risk patients are appropriately isolated. Patients with undiagnosed diarrhoea are nursed in isolation. Cohort nursing in bays is actively discouraged and is only resorted to during large outbreaks of Norovirus.	The Lewisham Isolation Priority Scoring (LIPS) is being introduced in the Trust as from December 2007. Plans to open an isolation ward are being discussed – aim to have a proposal by January 2008.

It must be demonstrated that the infection control team is functioning effectively and operating an appropriate system for surveillance	The microbiologist and infection control team undertake daily ward rounds. *C. difficile* positive samples are identified by the laboratory and immediately reported to the infection control team. These cases are monitored on a local database and reported to the HPA	
The trust needs to make sure that standards of hygiene are acceptable and in particular ensure that cleaning and decontamination equipment on wards is functioning properly. All equipment that is dirty or contaminated must be appropriately disposed of, or cleaned appropriately, and spaces between beds must be broadly in line with recommendations published by NHS Estates in 2002.	A revised SLA outlining cleaning standards has been re-introduced at ward levels, the contents of which have been approved by a senior member of the infection control team. The senior nurses carry out a monthly cleaning and environment audit on all wards, using the 49 point NHS national cleaning standards. Results are fed back to ward managers for action to be taken. The October audit results are not yet available to be able to demonstrate change from the September position. A bed space survey has been carried out and established that bed spaces range from 1.3m centres (Day Surgery) to 5m (Critical Care).	Plans are in place to improve the support to ED and maternity (Lowest scores in September), through the introduction of housekeepers, with increased domestic support in ED A new equipment library is being set up to ensure that all medical equipment that is based on wards is regularly bought back to a specialist unit for deep cleaning. This will be operational from March 2008 New commodes, drip stands and wheelchairs are being introduced to wards and old equipment will be disposed of. This will be completed by Christmas 2007. An action plan to address the issues raised is being prepared for discussion by the Trust Executive

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		team.
The trust must publish criteria for the opening of escalation (overflow areas)	The Whittington does not currently have explicit criteria	Policy for escalation/isolation area to be drafted and agreed by Infection Control Committee by January 2008 (Caroline Mitchell). These will be incorporated into the bed management policy.
The diagnosis of *C difficile* needs to be regarded as a diagnosis in its own right (rather than a secondary complication) and appropriate care and treatment provided, based on clinical guidelines for the management of patients with *C difficile.* As a minimum, doctors need to review patients regularly, and monitor and manage the infection and any complications. Similarly nurses must deliver basic aspects of care such as administering medication and take steps to prevent patients becoming dehydrated, malnourished or their skin breaking down. Adherence to these guidelines must be monitored.	The trust has a clinical guideline on the treatment of *C difficile* associated diarrhoea in adults (Sept06). Priority needs to be given to auditing practice against the guideline. The microbiologist and infection control team undertake daily ward rounds and liaise with the treating clinicians for infected patients, to ensure appropriate and adequate treatment. Standards of nursing care are monitored through the senior nurses' visible leadership programme. Patient care and documentation is to be audited on 29.10.07. Pressure ulcer assessment and management was audited on 15 October – results are awaited. Nutrition screening and ongoing assessment is also part of core nursing documentation and will be included in the audit.	Audit of *C. difficile* management clinical guideline (by March 2008)
The trust needs to ensure that prescribing of antibiotics follows accepted good practice and that antibiotics of the narrowest possible spectrum are prescribed for the shortest possible period	Antibiotic prescribing guidelines are in place and reflect best practice. Additional training has been introduced for junior doctors, to ensure compliance with prescribing. Recent work undertaken with orthopaedic surgeons to review pre-operative prophylaxis.	Report next audit of antimicrobial prescribing to infection control committee (Ai-Nee Lim)

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The standard of nursing care must improve to ensure that call bells are answered, patients fed, beds are clean, privacy and dignity are respected and attention is paid to providing single sex accommodation	Standards of care are monitored by the Visible Leadership team, including nutrition and privacy & dignity. Audit of mixed sex wards undertaken on 29 October – results awaited. All bays or rooms are single sex.	Privacy & dignity group to review recent HCC national recommendations on privacy & dignity, and also Age Concern's Dignity in Care campaign. (Camilla Wiley)
The trust must continue the work it has started to recruit additional nurses to ensure acceptable and safe care, including in escalation areas. The trust must closely monitor the situation to ensure that its actual nursing staff levels are in line with those at comparable trusts.	The Whittington undertook a full nursing establishment review in 2005 on all wards, which resulted in additional investment of £1million into nursing budgets. This has enabled a significant reduction in the use of agency nurses. All wards have agreed usual staffing levels, which are base on international agree nurse:patient ratios (Australia). Skill mix on the wards is in line with the latest RCN recommendations – 80:20 on high acute care areas, 70:30 in general acute areas and 60:40 on rehab/older people areas.	
All staff must attend appropriate training in the control of infection	Infection control is included in mandatory and induction training for all clinical staff. There are also 10 study days on aspects of infection control each year. In addition, more localised training is undertaken by the infection control nurses and the visible leadership team, which including non-clinical staff such as FSAs and porters. The new ward accreditation scheme includes compliance with mandatory training and attendance at infection control study days	Publish data on staff attendance at induction and mandatory training, with active follow-up of non-attendance. (Lisa Smith)