Cleanliness briefing note from Nottingham University Hospitals NHS Trust

17 September 2015

Context

- NUH considered very carefully how to achieve best value for money in delivering high quality services when awarding the contract for cleaning services to Carillion (July 2014).
- Quality standards were part of the contract (as stringent, in several instances higher, than those for the prior in-house arrangement).
- Standards of cleanliness are very closely monitored and audited.
- In audits (NUH and jointly NUH& Carillion) in 2014 and early 2015, some areas fall below the required cleanliness standards.
- We took rapid action. An improvement plan is in place, and with Carillion, we are giving considerable focus to address these shortfalls (specific actions detailed below).

Actions

- Strengthened our operation of cleanliness audits, monitoring.
- Added external reviews (other NHS Trusts) to our internal and joint (with Carillion) audits of standards.
- Strengthened the speed and level of escalation to Carillion.
- Prompted an increase in number of cleaning staff and supervisor (Carillion)
- Carillion refreshed cleaning equipment and materials (the latter advised by NUH).
- Re-emphasised cleaning responsibilities to NUH staff (including introduction of a new Cleaning Manual for Nurses).
- NUH Trust Board oversight of improvement and progress.
- Regular updates (public domain) including via NUH Trust Board and public bodies, including the Joint Health Scrutiny Committee (NUH due to attend in November 2015 as part of our regular attendance to update on environment, including cleaning services).

Relation to infection prevention and control

We have seen no general increase in infections over the period when then there was a deterioration in the consistency of our cleanliness. However, C Diff is one infection which can increase when the environment is not kept clean. Our very active Trust-wide infection prevention and control programme had contributed to a substantial reduction in hospital-acquired infections (including C Diff) at our hospitals in recent

years. In 2014/15 our rate of C Diff remained among the highest in our peer group (and we have not seen the reductions many peers have seen reported). Furthermore between Nov 14 and Mar 15 we had our first outbreak of C Diff in almost two years. We had a further outbreak (3 cases) in April/May 2015.

There are more cases of C Diff at QMC than City Hospital, largely because of the difference in case mix (diagnoses).

Through 2014/15 we strengthened our C Diff Action plan, and increased the frequency of cleaning, monitoring and use hydrogen peroxide decontamination on affected wards.

In early 2015 we undertook environmental sampling of our wards looking for C Diff spores (which can cause C Diff infection). We found a level of contamination which was higher than when we undertook the survey 2 years previously, though we did not find spores in most wards and areas. We cannot compare the contamination level with other hospital because very few others undertake such sampling. The contamination was particularly found in communal ward areas (eg nursing stations, utility rooms). These are areas which are not typically decontaminated in our peroxide fogging mini-deep clean programme, which is undertake bay–by–bay (ie the whole ward is not closed).

As a result we identified and opened a decant ward at QMC which allows us to close ward completely and decontaminate all areas. We have prioritised those wards at highest risk for C Diff. Each ward decontamination takes 2 weeks, and we are undertaking minor works (notably to make cleaning easier) during the closure. We aim to have completed 10 wards by Dec 15.

We monitor all case of C diff carefully at weekly meetings with infection control specialists. The vast majority of cases are clinically mild infections, and are not related to poor clinical care or management (including use of antibiotics).

C difficile, MRSA bacteraemias, D&V outbreaks

	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16 (to date)
C Diff	225	112	138	90	113	52
MRSA Bacteraemia	5	8	5	2	4	2
D&V & Norovirus	22	44	28	21	51*	2

outbreaks						

In 13/14 the outbreak season commenced later (Dec) and continued longer to June 2014 than is typical. This means that more outbreaks from that 'season' feature in 2014/2015 and fewer in 2013/14 than in previous years.

Media/external interest

There has been some media interest following concerns that were raised by an action group at our August Trust Board. We have offered to meet with patients and other groups to discuss these concerns. A meeting has been arranged w/b 21/9 (with NUH Chair and Chief Executive).