Department of Health and Stakeholders Healthcare Associated Infections Event

7th November 2007

Inmarsat, London

"Without a record there is no memory…

…with no memory there is no follow-through"

idenk *when the answer is anything but black and white*

think → act → succeed

idenk is a consulting firm advising and supporting business leaders and their teams on issues of strategy and organisation

This document is designed to be read on screen

To get an overview of the whole slidepack in 5 minutes,
it is possible to skim by reading only the heading of each slide

**(only looking at the further detail on each slide
at points you are particularly interested in)**

Key sections to note are:


DH Department of Health
HEALTHCARE ASSOCIATED INFECTIONS: DH & STAKEHOLDER MEETING
DH Department of Health
HEALTHCARE ASSOCIATED INFECTIONS: DH & STAKEHOLDER MEETING

Summary (1/2)

- The Department of Health stakeholder group on HCAIs met in London to answer the question:

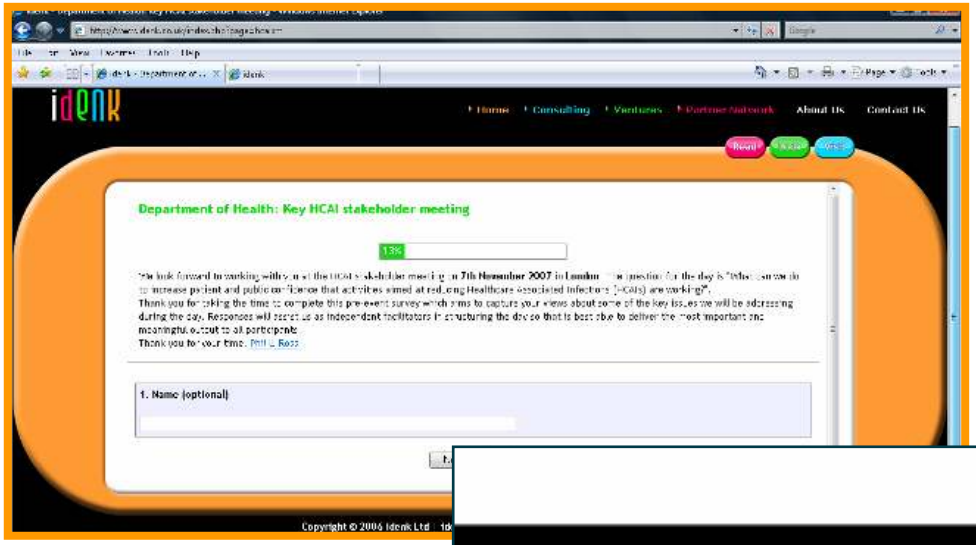
  "What can we do to increase patient and public confidence that activities aimed at reducing Healthcare Associated Infections (HCAIs) are working"

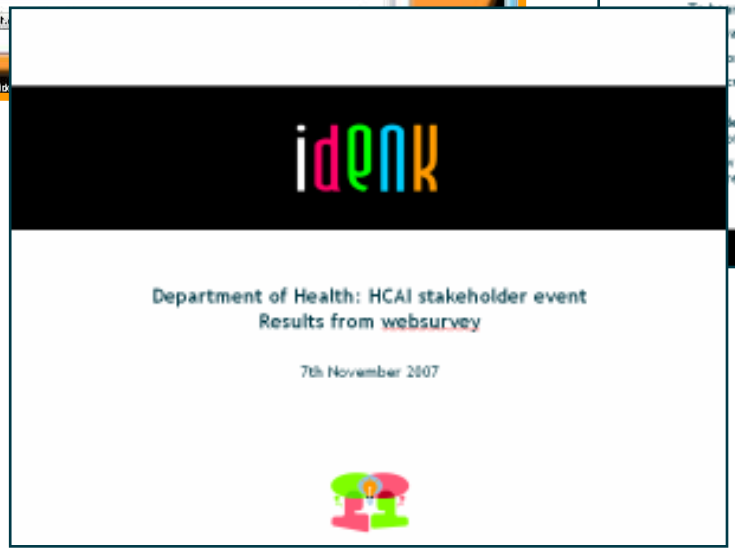
- The inspiration of personal stories and cutting-edge leadership practice in the NHS was encouraging to many there, and provided a basis for a highly evaluated event
- There was significant agreement about what has been achieved and what needs to be addressed:
  - Not just for the acute hospital setting but also across the whole health economy
  - Senior management need to be in touch with what is going on 'on the floor' and lead the required changes
- Areas suggested for further action included:
  - Further meetings
  - DH keeping the group informed by updating them on national action
  - DH working with the group to test ideas and get their practical contribution to tackling HCAIs

Summary (2/2)

- Key topics for action include:
  - Antibiotic prescribing
  - Whole system approach (not just acute)
  - Behaviours – hand hygiene
  - Equipment/technology
  - Prevention more than control
  - Training
  - Hearing/acting not just listening
  - Information – consistent and build trust
  - Cleaning/environment

An anonymised summary of the web survey was shared on arrival





Ross outlined the question for the day

What can we do
to increase patient
and public confidence
that activities aimed at
reducing Healthcare Associated
Infections (HCAIs)
are working?

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Janice Stevens started the event

- Janice outlined her personal commitment to the pursuit of reducing infections
- She acknowledged that vulnerable people are at risk but this is not an 'excuse'
- The whole health economy approach is necessary, not just a focus on acute hospitals
- We need better information for patients/carers so that people need to know how to help themselves
- Infection is being taken very seriously (zero tolerance) - we see progress as MRSA infections are going down and we are making impact upon C. *difficile*
- It is possible to make big improvements but there is still too much variation across the country and within individual organisations
- We need to hear your views to help us

The agenda for the day was outlined

- 1000 Arrival activities
- 1030 Welcome and introduction
- Working up specific proposals
- Preparing to present ideas to the Minister
- Presentation: Wolverhampton Story
- 1315 Lunch
- 1345 Presentations to the Minister
- 1445 Next steps
- Q&A with DH panel
- Review of the day
- 1600 Close

Delegates formed into trios to discuss why the event was important to them and consider the results of the web survey

Why is today important

- We are all effected by this
- Working together: otherwise no point having today – here as want to work together
- Keen to listen to patients and experiences – not lip service
- Facilitates networking
- Building on good practice – and share where it is not working

From the web survey, what is agreed between different groups?

- Ring fencing resources for infection prevention
- Ensure communication strategies are patient (not medical) based
- Not just for acute hospital but whole health economy
- Senior management need to be in touch with what is going on 'on the floor'
- Get rid of variation: get all up to good standard
- Attitude and behaviour of clinical staff
- Training of medical and other staff

The trios also noted where our different opinions might be used to develop ideas later

- Publishing results by ward?
- How encourage all staff to listen to patients and carers – and act on what is said (from listen to hear)
- Educating patients/visitors/people in their role and responsibility: what can everyone do - eg washing hands when go to toilet (personal hand hygiene encouraged through schools)
- Checking on compliance with 'Saving Lives' etc – make sure good practice is happening
- Environmental hygiene (surfaces, clothing, kit) as well as hand hygiene
- How to move to smart, robust 21st C technology/design (not just 19th C): how to design wards etc so easy to make and keep clean
- Addressing anti-biotic prescribing ('Winning Ways' – first outlines broad to focused spectrum; swab first)
- Cleaning of hospitals: 24/7; contracts; reliability
- How to make effective across complete patient journey: hospital, primary care initiatives

Cheryl Etches presented the Wolverhampton experience!!

- Had a culture of "can't do" with rising numbers of MRSA cases
- Had infection control team to control not prevent: then:
  - Launched Saving Lives
  - Executive Lead and changed from Control to Prevention
  - Reviewed IP strategy and annual plan of work (invited DH team in)
  - Interested in all infections not just MRSA/target
  - 100 new commodes (cleaned easily and see if dirty) – guess what…C. *difficile* reduced
  - Occupancy rates have increased whilst infection rates have dropped
- May 2006 – DH Team engagement meeting…….the credo commenced…. and no room for complacency
- Our Action Plan was systematic (Leadership (throughout the organisation)), Accountability, policy, information, training, audit
- Must eradicate avoidable infections with "tough love" (not on my patch/hospital/shift) so patients feel safe coming into hospitals
- Staff/Patient involvement – communication strategy, PPI forum, staff side involvement, local press, complainants, NED champion holding group to account

The Wolverhampton experience continued…

What made the difference:

- CEO active support
- Leading from the front
- Consistent message
- Align structures, processes with outcomes
- Pre-empt knockbacks – keep the faith
- Engage Drs. Early on but don't wait for them
- Be determined
- Celebrate successes openly (and the challenges

How improvement is being sustained:

- Objectives and KPIs
- Inclusion in all job descriptions
- Consultants' objectives/appraisals
- New mattresses – audit process and capital programme
- Training domestics (they loved it) and jnr Drs
- Full implementation and audit of HCAIs
- Audit processes – for environment & cleaning regimes
- Even coped with influx of 180 new doctors – 3 sets of tests to establish the standards in this organisation

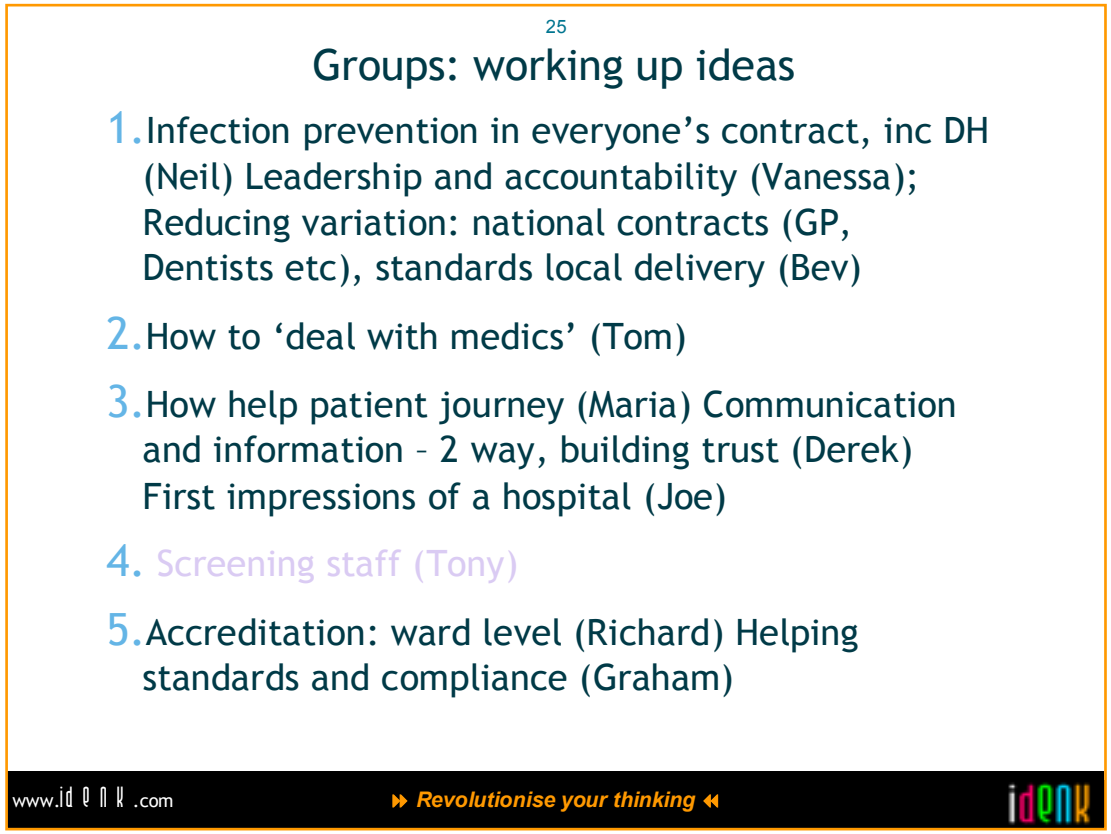
Cheryl left most of us thinking - if Wolverhampton can - surely most others can!

But there are blips

- So we have refocused efforts
- High impact intervention
- Seek out the cause
- Increase supervision and audit
- Re-engage medical staff
- New dress code
- When two breaches on one ward formal letter to all members of staff with warning that if it happens again may lead to formal disciplinary procedures

We worked in four groups to help raise issues for the Minister of State

- In your group
- What would you like to see done in the next 3 months
- Work up one flip chart
- Prepare to feedback very succinctly



The Minister Ann Keen addressed the group

- She is a trained Nurse
- Experience of this group very valuable to DH hence this visit a priority
- Evidence to say we are on right track – MRSA and C. *difficile* – reasons to be optimistic (eg 2 years downward trend in MRSA reports)
- Deep clean of all Hospitals will happen this financial year – but how it is done is decided locally (reflecting local circumstances eg need of building)
- Dress code ('bare below the elbow') will be put in place
- New clinical guidance to increase use of isolation
- New legal requirement for CEs to report every MRSA/C. *difficile* to HPA
- Planning to increase powers of local staff, including nurses, to ensure hygiene/cleaning standards
- Never want to have to deal with Maidstone & Kent issues again
- David Nicholson has written to every CE to make very clear his expectations on cleanliness and HCAIs
- Build on real leadership and ownership by all through 'Board to Ward' accountability guidance
- We know most of the basics and must audit compliance to ensure safe practice is delivered
- Thanking this group for their help in improving healthcare

Feedback & questions from floor

Q Is Glycopeptide Resistant Enterococci (GRE) the next problem?

A Must not take our eye off the ball for any HCAI

Q A previous Minister said no difference between clean and dirty ward for MRSA

A No real evidence but we all should expect clean healthcare facilities

Q Is a deep clean possible every week?

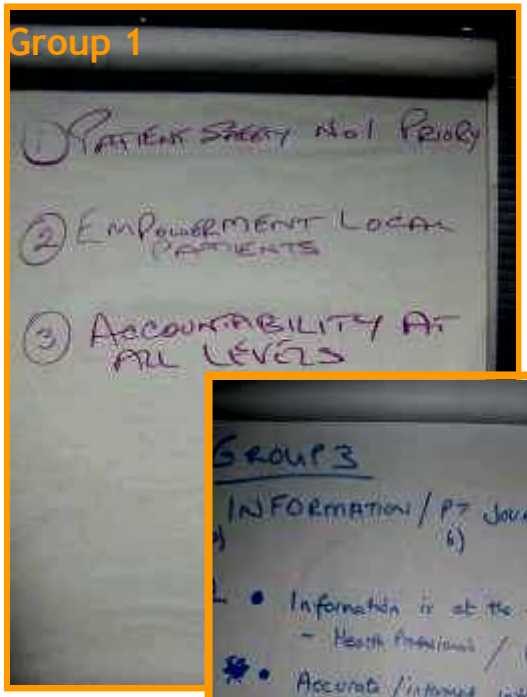
A Not if it takes facilities out of use – would need to be horses for courses to ensure standards are met

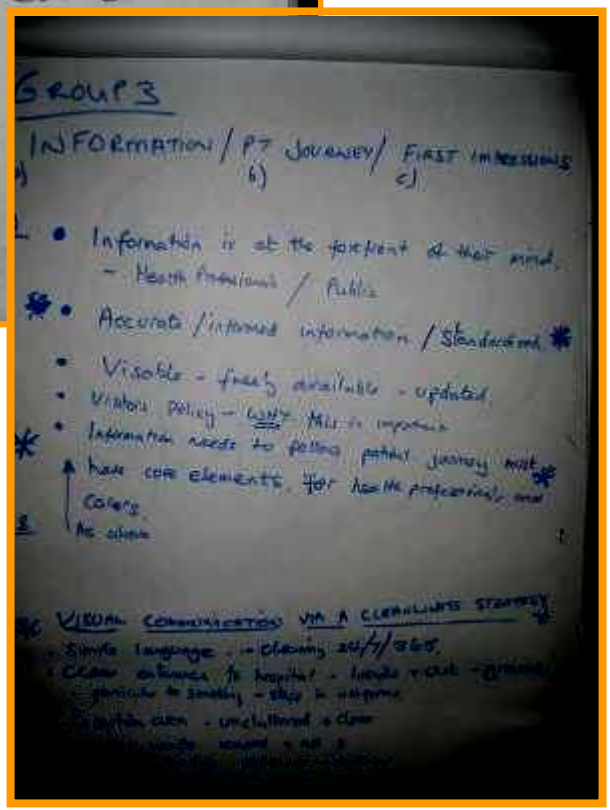
If basic standards are not met dirty places can be closed down

DH are funding the Deep Clean – and minister will know if not done

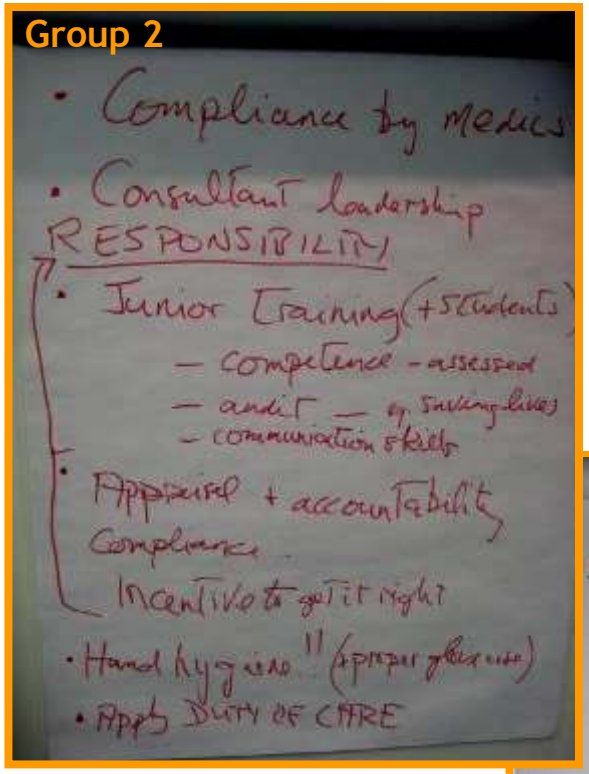
Four groups highlighted their key points to the Minister

Group 1

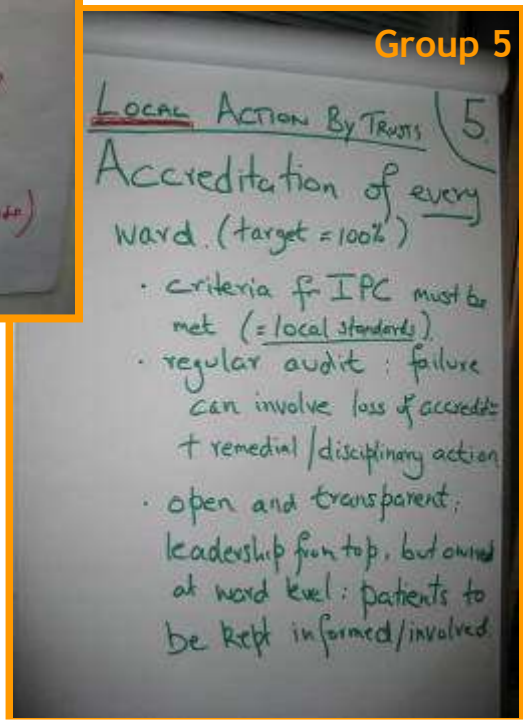




Group 2



Group 5



Group 1: Prevention

- Patient safety No. 1 priority for accountability
- Standardisation of contracts to include Infection Prevention protocols with consequences for non actions/actions
- GP core contract needs to be strengthened
- Enforcement and compliance audits
- Leadership accountability & individually
- Accountability at all levels
- Must have right person for the job
- CEO contact targeted then move down the organisation
- Audit enforcement and compliance
- Information disseminated down to all
- Empowerment of local patients to work with Trust/SHA/PCT/DH to identify problems

Group2 - Compliance by medics and consultant Leadership

- Responsibility
- Incentive to get it right
- Junior training (and student)
  - Competence assessed
  - Audit e.g. saving lives
  - Communication skills
- Appraisal and accountability
- Compliance
- Hand hygiene!! (and proper glove use)
- Apply DUTY OF CARE

Group 3 - Information/Patient Journey/First Impressions (1/2)

- Information & Patient journey
- Information is at the forefront of their mind (healthcare professionals/public)
- Accurate/informed information/standardised
- Visible- freely available- updated
- Visitors policy – Why this is important
- Information needs to follow Patient journey and must have core elements for health professionals and carers
- Information/education to all (incl. patients and public) e.g.
  - Television
  - Media relations
  - Schools (eg ebug)
  - Internet
  - Radio
  - Leaflets
  - Pre-admission info
- Feedback to patient on cost of healthcare (e.g. at the end of hospital episode)

Group 3 (2/2)

- Visual communication via a cleanliness strategy
- Simple language cleaning 24/7/365
- Clean entrance to hospital – inside and out and grounds (smoking)
- Staff in uniform
- Reception area – uncluttered and clean
- Hospital waste removed
- Staff smile have a badge and are polite and courteous
- HIERARCHY/AUTHORITY

Group 5 - Local Action by Trusts

- Accreditation of every ward (target = 100%)
- Criteria for IPC must be met (= local standards)
- Regular audit: failure can involve loss of accreditation and remedial/disciplinary action
- Open and transparent leadership form the top, but owned at the ward level
- Patients to be kept informed involved

After the Minister left, groups of six considered how to progress the HCAI reduction agenda for the next 3 years!

- How can we collaborate together to deliver on this agenda?
- How can DH work with stakeholders be:
  - improved?
  - strengthened?
  - designed to help delivery on this agenda?

Suggestions were made for how this group and DH could collaborate more closely together (1/2)

- Pull this group together with representatives of CEs, NEDs, Medical staff for complete forum to look at things together – with both DH and NHS aware of this larger forum
- Want to be convinced that DH is really listening: action needed to speak louder than words; e.g. comments back when send things off
- Work on things together or say/respond
- Educational campaign about shared responsibility – patient awareness of cost: collaborate to support

Suggestions were made for how this group and DH could collaborate more closely together (2/2)

To make better use of the group's resources, passion and energy, DH could:

- encourage the clinical/patient partnership to do more to deliver on patient empowerment – need more tools & advice
- involve the group in testing new initiatives – roles (no point in having initiatives unless feedback and testing of design)
- go back and review impact of initiatives (eg cleaning campaigns) – and feedback to the group
- have meetings at least once per year (some are not on email)
- do more to keep this group informed of continuing action on an ongoing basis so the group knows if their ideas have been useful

The afternoon ended with a Q&A panel session (1/2)

- Janice said she is committed to using this group to develop the programme:
  - with two meetings per year
  - one of her team nominated as key link
  - may involve other groups
  - will circulate presentations
  - make a plan of how to use this group more effectively within a fortnight

- Janice also commented that there are more like Cheryl so repeating the Wolverhampton experience possible – Cheryl will do some visits with DH team, and be a mentor for other Trusts
- DH are commissioning support to develop more effective leaders and champions for Infection Prevention Teams
- Microbiologists are very much involved in Infection Prevention Teams and are often DIPSI, in spite of what some papers say

The Panel was: Janice Stevens, Brian Duerden, Cheryl Etchers, Murray Devine, Liz Jones

The afternoon ended with a Q&A panel session (2/2)

- Evidence is neutral on in-house v contract cleaners
  - performance often depends on how contracts are set up (there are some poor in-house teams too)
  - key parts of contract = define standards/specifications/outcomes and audit compliance
  - therefore down to leadership and making cleaners feel part of the team
  - Best value – benchmark services and if demonstrate OK do not have to tender
- Why wouldn't hospitals want to make a virtue of telling people that they are doing deep clean throughout - Liz explained why this is not prescriptive but should aim to improve infection control and/or improve patient confidence

The Panel was: Janice Stevens, Brian Duerden, Cheryl Etchers, Murray Devine, Liz Jones

The meeting closed with a review of the day

DIY Review 33

- Name:_____ (optional)
- The ideas and outcomes from this meeting rate as ____/10 (10=high)
- The agenda and running of this meeting was ____/10
- What was great about this event?
- What would have got you to 10/10?
- **What I will do differently after today…**
- **What I want someone else to do following this meeting**
- The one word that summarises how I feel about today is:_____

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DIY Review results

Rating

Ideas and outcomes: average 7.6 out of 10

Agenda and running of meeting: average 8.2 out of 10

What was great:

Hearing views of patients/NHS/DH and hearing ideas that really could be implemented; supported by networking, a sense of consensus/priorities and next steps for the group; venue and participation of attendees; shed light on perceived gap in communication.

What would have got to 10/10:

More focus on practical actions for next 3-6 months (from pre-lunch groups); more time with PS(H); more communication; direction from DH on what we could be doing, agreed sign-off of the priorities, clearer task definition for group discussion, more emphasis on whole health economy, real new ideas from patient reps.

What I will do differently after today…

Communicate with DH to see what we can publicise, believe DH listens, think about how patients can be empowered, encourage people to make the difference with HCAIs, stand up and be counted, more confident after Wolverhampton, press DH harder, share ideas more often, review how public involved in PCT provided services, progress making changes, follow up on Sheffield ward accreditation scheme.

What I want someone else to do following this meeting…

DH communicate better and take on board content of meeting, feedback our learning, determine key actions, take ownership for their actions, DH pursue whole health economy approach, patient groups to support the whole improvement initiative, patient groups should think more strategically & less on detail

One word for today:

Positive, (very) good, excellent, great, worthwhile, disappointed, hopeful, interesting, enthusiastic, fine, brilliant, energised.

Some parting words from Janice

- Thank you all
- Achieving a lot thinking and working together
- We are listening to you
- Very painful for some – depth of feeling
- Use your passion to improve health systems
- We will be in touch
- Safe journey home

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