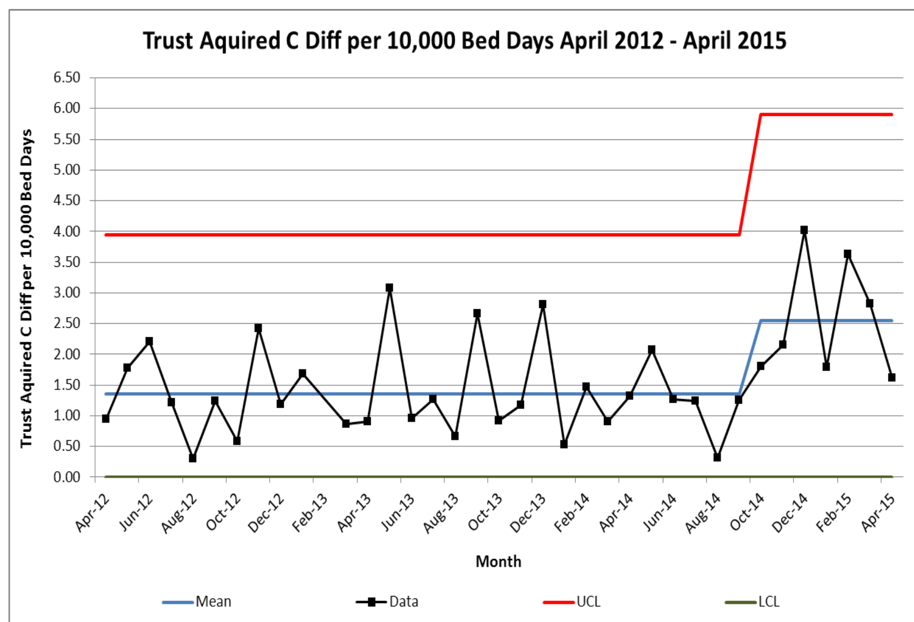
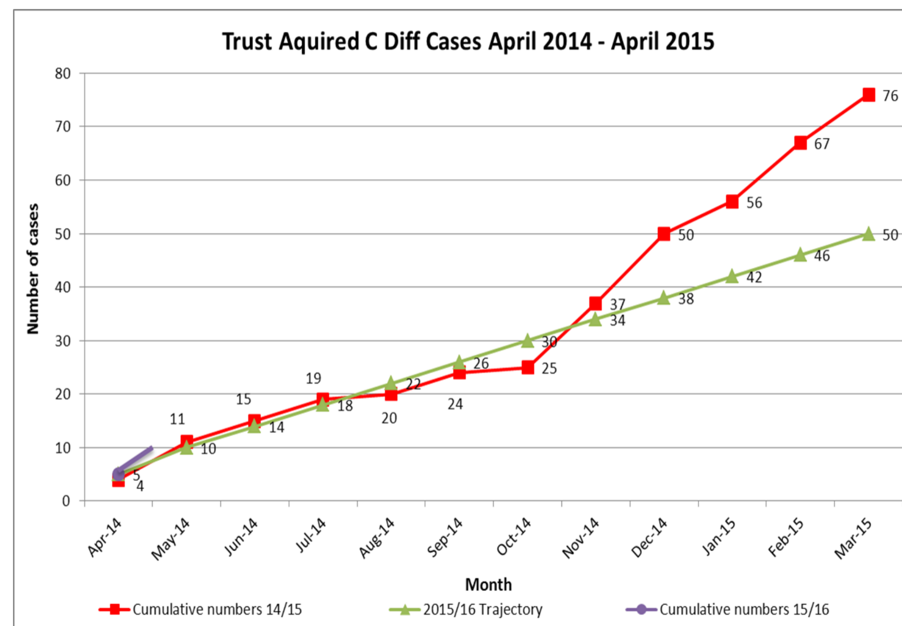
CDI Key Performance Indicators Dashboard





	Target	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15
Diarrhoea control						
Compliance with assessment of diarhoea in A&E	>=90%					62%
Stool chart compliance	>=95%	100.0%	98.3%	99.2%	98.8%	97.5%
C. Diff patients isolated within 2 hours	>=90%	37.5%	50.0%	30.8%	83.3%	11.1%
Antibiotic prescribing						
Antibiotic audit - Audit of choice of antibiotic regimen	>=90%	99%	99.8%	98.3%	98.5%	99.5%
Antibiotic audit - Stop date recorded	>=90%	33.5%	68.0%	64.9%	68.9%	71.0%
Hand hygiene competencies						
Hand hygiene competencies	>=95%	31.0%	44.0%	47.0%	90.0%	****
Clean your Hands compliance	>=90%	83.4%	83.9%	86.2%	87.9%	87.9%
Environmental cleanliness and decontamination strategy						
Externally validated cleaning score						
Completion of daily ward manager commode monitoring tool	>=95%	87.7%	86.1%	82.1%	87.9%	91.9%

****** Reporting quarterly**

South Tees Hospitals NHS FT
CDI RECOVERY PLAN – MAY 2015 (version 3)

RAG rating of actions		
	Action not commenced	**Sections have been RAG rated in accordance with performance metrics**
	Action in progress, off target	
	Action in progress, on target	
	Action fully completed	

Diarrhoea Control

	Executive Lead: Ruth Holt - Director of Nursing / DIPC	**Operational Lead:** DIPC / David McCaffrey
Achievements	Improved awareness through "focus on 5" campaign walkabouts 20-24 April. 90 clinical areas inspected by Board members/senior staff/clinicians. Structured visit with immediate feedback to each area and actions included in trust and centre action plans. Audit week commencing 11/5 shows 95% compliance with assessment in A&E	
Benefits	Correct management to protocol of patients with infective diarrhoea using the diarrhoea pathway and treatment in accordance with the pathway. Heightened awareness across the organisation and corporate/board focus on diarrhoea management. Information used to inform action to be taken.	
Concerns	Knowledge of diarrhoea pathway still limited in 21 inpatient areas. .	
Do next	All areas where knowledge limited to be followed up by IPCNs. Repeat visits in July. Weekly reporting of audit compliance with assessment for diarrhoea in A&E – target 90% by 31/6/15 .	

ID	Task Name / Description	31/05/2015	Date initiated	Forecast Completion Date	Actual Completion Date	Status	Priority	Evidence	RAG
DC1	Appoint Cdifficile ICN to IPC Team with job role and objectives specified.	Ruth Holt	May-15	31/05/15		Open	High	Cdifficile ICN appointed and in post	Green
DC2	CDI led programme of targeted awareness and training on stool charts, diarrhoea tool and CDI pathway developed.	CDI ICN	Apr-15	15/06/2015		Open	High	Plan shared at IPAG	Green
DC3	Snapshot audit on use of diarrhoea tool post Focus on Five Campaign	David McCaffrey	Apr-15	15/06/2015		Open	High	Audit results and action plan based on results	Green
DC4	Further education in A&E on assessment of all adult patients attending/admitted with a history of diarrhoea.	ICN/CDI ICN	Jul-14	30/06/2015		Open	High	Attendance and programme.	Amber
DC5	Repeat audit to ascertain progress towards compliance of 90% assessment in A&E.	Julie Suckling	Dec-13	30/06/2015		Open	High	Weekly audit results and action plan. Target 90%. Week commencing 11/5 95%	Green
DC6	Develop robust follow up process for patients with diarrhoea to review correct assessment, isolation, sampling/testing and policy compliance.	David McCaffrey -	Feb-15	31/05/2015		Open	High	Audit and action plan	Green

Estate quality

	Executive Lead: Chris Newton - Director of Finance			**Operational Lead:** Myles McQuade - Head of Estates					
Achievements	Review of re-alignment of tower block accommodation commenced (alongside work to reduce bed complement at JCUH as part of the revision of the emergency pathway).								
Benefits	Reduction in the number of patients cared for in sub standard accommodation and improved accommodation for those who remain in the tower block.								
Concerns	Organisational ability to achieve financial savings by closing beds while delivering 18 week and emergency care standard Costs associated with refurbishment and timing of delivery.								
Do next	Programme to be confirmed at time out with Chiefs of Service, HoN and MDs on 21/5/15. Confirmed to BoD 28/05/15. Capital funding to refurb ward 4 to be confirmed May 15.								
ID	**Task Name / Description**	**Resource Name(s)**	**Date initiated**	**Forecast Completion Date**	**Actual Completion Date**	**Status**	**Priority**	**Evidence**	**RAG**
EQ1	Produce plan for realignment of tower block accommodation and bed compliment on individual wards.	Ruth Holt	Feb-15	28/05/2015		Open	High	Plan approved. Project plan developed with timescales	Green
EQ2	Capital funding to refurbish ward 4 to be agreed	Maxime Hewitt-Smith	Feb-15	31/05/2015		Open	High	Agreement within capital plan	Green
EQ3	Refurbishment of ward 4	Myles Mcquade	Feb-15	tbc		Open	High	Refurb completed	Red

Antibiotic Prescribing

	Executive Lead: Richard Wight - medical director	**Operation Lead:** Jacqueline Miller - head of pharmacy
Achievements	Senior consultant identified as medical champion. Medical champion contacted other North East Trusts re stewardship programmes Trial of stamp in notes to improve antibiotic review commenced. Joint CCG /Trust antibiotic polypharmacy meeting agreed July 2015.	
Benefits	Improved medical ownership and clarity of responsibility in antibiotic usage. Reduction in polypharmacy.	
Concerns	End dates and indication not to standard on prescription charts in 20 clinical areas during Focus on 5 walkabouts.	
Do next	Medical champion to confirm centre champions Joint review with CCGs by PHE re prescribing July 2015. Actions to be taken to improve antibiotic stewardship to be agreed and cascaded to GPs/hospital doctors.	

ID	Task Name / Description	Resource Name(s)	Date initiated	Forecast Completion Date	Actual Completion Date	Status	Priority	Evidence	RAG
A1	Recording process of "at 48hour antibiotic review". Pilot results of notes stamp ward 3 and 4	David Reaich	Apr-15	30/05/2015		Open	High	Report of findings	Green
A2	Recording process of "at 48hour antibiotic review" - apply PDSA.	David Reaich	Apr-15	30/06/2015		Open	High	change to documentation	Green
A3	Recording process of "at 48hour antibiotic review" - Deploy Trust wide and build into daily record sheets & clinical noting.	David Reaich	Apr-15	30/07/2015		Open	High	audit of compliance	Green
A4	Develop 5 core Trust Medical standards (one of which will be antibiotic prescribing).	Richard Wight	Apr-15	30/06/2015		Open	Medium	documentation	Green
A5	5 core expectations - to be delivered at induction and for established staff. To be maintained delivered and reinforced through :- educational supervisors ; clinical directors; and reported on directorate	Richard Wight	Apr-15	30/08/2015		Open	Medium	induction presentation	Green
A6	5 core expectations to be reported in dashboards	Richard Wight	Apr-15	31/10/2015		Open	Medium	dashboards	Green
A7	Retrospective review of poly pharmacy across the paient pathway. Joint trust and CCG event to share learning	Richard Wight	Apr-15	Jul-15		Open	High	report from learning event/review	Green
A8	Directorate to undertake monthly peer review contemporaneously of antibiotic usage	Richard Wight	Apr-15	Jun-15		Open	High	audit results	Green
A9	Medical champion to confirm centre champions	David Reaich	Apr-15	May-15		Open	High	Champions identified with clear remit	Green

Hand hygiene

	Executive Lead: Ruth Holt - Director of Nursing / DPC		**Operation Lead:** DIPC / David McCaffrey
Achievements	90% of all clinical staff assessed for hand hygiene competencies last year. Awareness week showed improved knowledge of staff and hand hygiene of patients.		
Benefits	Improved assurance re reduction in transmission as a result of poor hand hygiene – staff and patients.		
Concerns	Maintenance of competency and assurance re ongoing practice.		
Do next	Identify and confirm non-compliant individuals to centres – verify by 8/5/15. Peer audits by IPC link practitioner to be supplemented by peer audits by Matrons to commence May 2015. Assessment of competency to be reported on a monthly basis at performance review meetings to ensure 100% achievement in 2015/16.		

ID	Task Name / Description	Resource Name(s)	Date initiated	Forecast Completion Date	Actual Completion Date	Status	Priority		RAG
HH1	HH competency plan for medical staff	chiefs of service	Jan-15	31/5/15		Open	High	plan to achieve 100% in 15/16	Green
HH2	Centres to be notified of non-compliant staff (hand hygiene compentency) from 14/15	Claire Phillips	Apr-15	8/5/15	8/5/15	Closed	Medium	Names given to MDs	
HH3	HH competency plan for continued compliance for all relevant staff in to 2015/16	managing directors	Apr-15	31/05/15		Open	High	plan to achieve 100% in 15/16	Green
HH4	Peer review of HH through quarterly clinical matron audits.	Matrons	May-15	31/07/2015		Open	High	Quarter 1 results to IPAG. Standard 90%	Green

Environmental cleanliness and decontamination strategy		
	Executive Lead: Chris Newton - Director of Finance	**Operational Lead: Myles McQuade - head of estates**
In-house		
Achievements	Decant and deep clean programme commenced. Focused on areas with highest incidence of CDI. Commodes in all clinical areas inspected as part of walkabouts from 20-24 April. Competency written for the cleaning of commodes and use agreed at IPAG. DIPC performance meetings with matron and senior sister where unclean commodes are found. Trial of wipes as replacement for achticlor plus undertaken.	
Benefits	HPV cleaning of all areas, including sluices, most effective when ward is closed and deep cleaned. Increased focus on and improved cleaning of commodes.	
Concerns	Ability to continue to clean when decant ward is no longer available due to refurbishment of ward 4. Decant and deep clean programme suspended as ward 11 is unavailable for a minimum of 4 weeks - alternative decant facilities not currently available Unclean commodes found in 8 areas during walkabouts. Standard of cleaning of beds out of hours and in areas of high throughput of patients.	
Do next	Performance management meetings to continue where unclean commodes are found All staff with responsibility for cleaning of commodes to be assessed as competent by the end of June. Business case to be written and decision made re introduction of wipes for commode cleaning May 2015 Business case being developed for the establishment of band 1 posts on wards 1, 2 and 15 to clean beds. To be completed 29/5/15.	

Contract									
Achievements	Action plan written by Carillion and agreed by Trust Head of Estates following independent audit in February which showed 8 out of 9 areas audited were below standard.								
Benefits	Improved and consistent cleaning with credible assurance								
Concerns	Credibility of audits by Carillion following concerns about discrepancy in scores raised by independent audit. Lack of data relating to input hours for cleaning								
Do next	Board to Board meetings with STHFT, Carillion and Endeavour to continue to performance manage concerns. Single governance group to be established to ensure standards of cleaning in line with national cleaning standards. (First meeting June MMc)								
ID	**Task Name / Description**	**Resource Name(s)**	**Date initiated**	**Forecast Completion Date**	**Actual Completion Date**	**Status**	**Priority**		**RAG**
EC1	Establish a deep cleaning programme.	Ruth Holt	Apr-15	31/05/15		Open	High	Programme produced with wards prioritised according to concerns	Green
EC2	4 wards to be cleaned per month	Paul Atkin	Apr-15	Nov 15		Open	High	Programme halted due to decant of ward 33 to ward 11	Amber
EC3	Sporicidal wipes trial	David McCaffrey	Apr-15	8/05/15		Open	High	Trial results assessed and decision made to inform business case	Green
EC4	Produce business case for sporicidal wipes	David McCaffrey	Apr-15	08/05/2015		Open	High	Business case approved	Green
EC5	Introduction and training on use of selected sporicidal wipes	Heather Lyle	Apr-15	31/0515		Closed	High	New wipes in use for cleaning of equipment inc. commodes in defined areas	Green
EC6	Define roles and responsibilities of all staff groups involved in bed cleaning.	Julie Barlow - 50% Denise Foster - 50%	Apr-15	30/04/2015		Open	High	Revised SOP produced and disseminated.	Amber
EC7	Commode competency developed and agreed at IPAG	Helen Wilson	Apr-15	30/04/2015	30/4/15	Open	High	written competency agreed at IPAG	
EC8	Assessment and competency achieved 50% of appropriate clinical staff	Matrons	Apr-15	31/05/2015		Open	High	IPAG reports 50% achieved	Green
EC9	Assessment and competency achieved 100% of appropriate clinical staff	Matrons	Apr-15	31/06/15		Open	High	IPAG reports 100% achieved	Green
EC10	DN to meet with all sisters/matrons where unclean commodes are found	Ruth Holt	Mar-15	30/08/2015		Open	High	Documentation following meetings. No further episodes	Green
EC11	Create single cleaning standards forum to improve governance of cleaning standards and monitor delivery of Carillion 26 point action plan.	Myles Mcquade	Mar-15	31/06/2015		Open	High	group established with clear terms of reference	Green
EC12	Strengthen cleaning assurance through delivery of C4C Restructure	Myles McQuade	Mar-15	31/06/2105		Open	High	cleaning scores in line with national standards	Green
EC13	Business case being developed for the establishment of band 1 posts on wards 1, 2 and 15 to clean beds.	Mandy Headland	May-15	29/05/2015		Open	High	Funding agreed following successful business case	Green

EC14	Audit to be undertaken to cross reference incidence of infection with appropriate requests for terminal cleans and the C4C cleanliness in that period.	Julie Barlow	May-15	316/15		Open	High	Audit results and action plan based on results. Target 100% appropriate requests for HPV	Green

Ownership & Learning		
	Executive Lead: Ruth Holt - Director of Nursing / DIPC	**Operational Lead:** DIPC / David McCaffrey
Achievements	"Focus on 5" campaign developed and initiated including 90 walkabouts to inspect clinical areas. Focus for the week on diarrhoea control. High level results fed back to Trust Board (28/4) and IPAG (30/4). Further contact made with Aintree Trust (Nicola Firth, DN) and links made with Derriford, Plymouth (Greg Rix, DN) to identify transferable areas of good practice. Buddying arrangements established with Aintree Hospitals NHS FT and Derriford Hospitals NHS Trust, Plymouth. Revised governance structure agreed at Quality Assurance Committee. Additional matron in post in the Surgical Centre Link Nurse training day attended by 90 link nurses with focus on CDI including diarrhoea pathway and bed cleaning	
Benefits	Areas of improved practice confirmed – hand hygiene, environmental cleanliness apparent in walkabouts Areas for further work identified – diarrhoea management, commode cleaning, antibiotic prescribing and included in recovery plan. Matrons resource in surgery doubled to increase focus on CDI	
Concerns	Concerns from walkabout relating to prescribing, diarrhoea management and commode cleaning addressed in plan.	
Do next	Arrange VC with Derriford. Outcome will further inform practice at STHFT. Chief Executive to chair IPAG Revised structure to be subject to 6 monthly review. Centre action plans to be updated to reflect outcome of "Focus on 5" walkabouts	

ID	Task Name / Description	Resource Name(s)	Date initiated	Forecast Completion Date	Actual Completion Date	Status	Priority	Evidence	RAG
OL1	Approval of revised TOR for IPAG at Quality Assurance Committee (QAC).	Julie Halliday	Feb-15	13/05/2015	13/15/2015	Closed	High	Minutes of QAC	Black
OL2	New IPAG membership and agenda (inputs & outputs) to be fully implemented May meeting (28/5/15)	Ruth Holt	Apr-15	28/05/2015		Open	High	Attendance, minutes an escalation of risks.	Green
OL3	New HCAI governance structure fully implemented - TOR updated & meeting schedule to ensure all HCAI groups report to IPAG in a timely & systematic way (Decontamination, IPC Team meeting, Antibiotic working Group).	David McCaffrey	May-15	30/06/2015		Open	High	Attendance, minutes and escalation of risks	Green
OL4	IPAG ToR to be reviewed by QAC	Ruth Holt	May-15	01/11/2015		Open	Medium	Minutes of QAC	Green
OL5	Focus on Five Campaign feedback - feedback to trust staff via trust communications	David McCaffrey	Mar-15	15/05/2015	15/05/2015	Closed	High	Trust intranet & trust core briefings	Black
OL6	Focus on Five Campaign Month 2 : Cleaning - prepare delivery plan for Month 2	David McCaffrey	Apr-15	25/05/2015		Open	High	Plan approved at IPAG	Green
OL7	Introduce a formal 'thank you' feedback process - clinical areas to receive certificate of achievement	David McCaffrey	Apr-15	15/06/2015		Open	Medium	Clinical areas display achievement	Green
OL8	Learning from other Trust's - indentify buddys	Ruth Holt	Apr-15	01/05/2015	01/05/2015	Closed	Medium	Commitment from 2 high performing NHS organisations to be buddys	Black
OL9	Terms of reference for buddying to be agreed	Ruth Holt	Apr-15	31/05/2015		Open	Medium	Agreed terms of reference	Green
OL10	Arrange visit/VC to Plymouth Hospitals NHS Trust	Ruth Holt	Apr-15	30/05/2015		Open	medium	Written feedback of visit findings and evidence of implementation of initiatives	Green