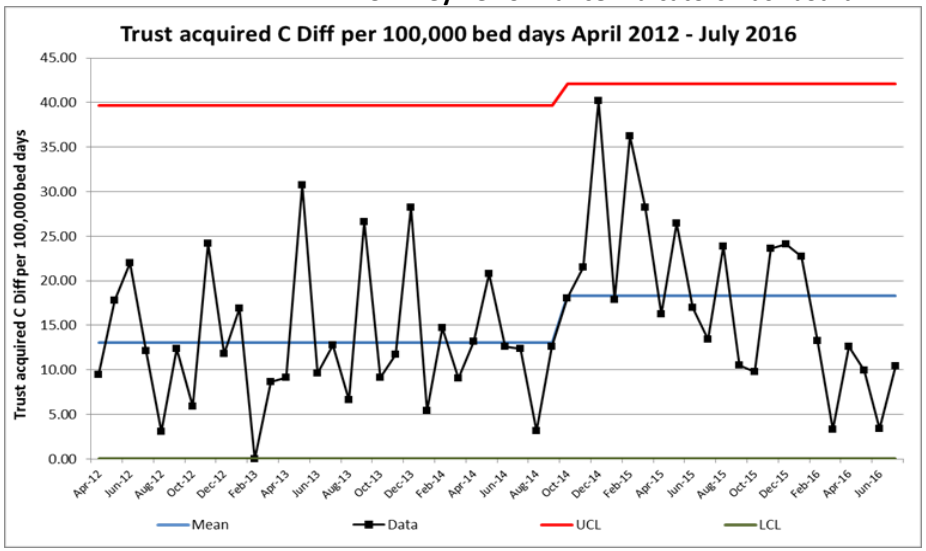
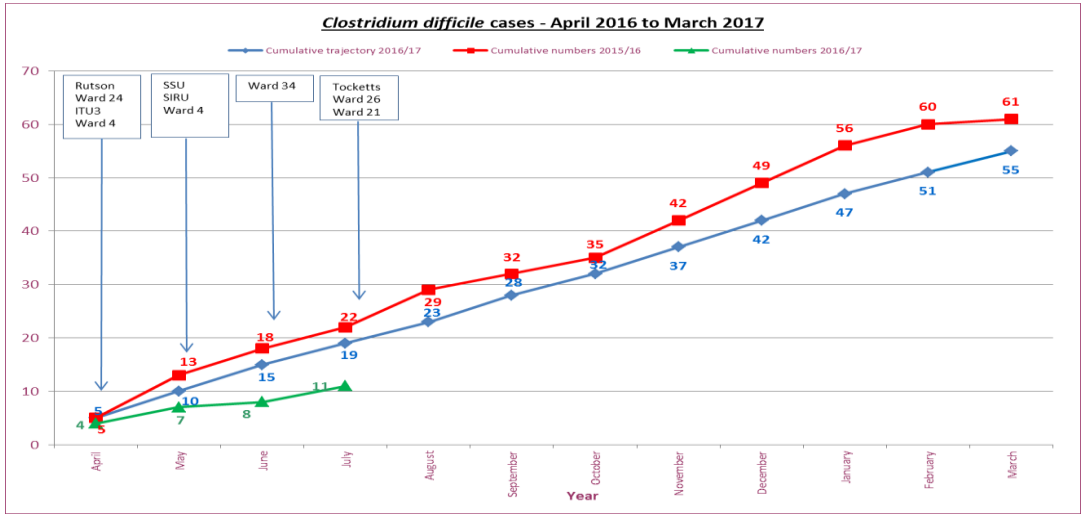
CDI Key Performance Indicators Dashboard





	Target	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16
Compliance with assessment of diarrhoea in A&E	>=90%	93.0%	98.7%	98.2%	96.2%	97.5%	95.0%	96.2%	97.5%	96.2%	95.0%	92.5%	97.50%	98.70%	98.70%	98.75%
Stool chart compliance	>=95%	96.0%	83.0%	97.5%	98.4%	98.1%	96.1%	98.9%	95.8%	97.0%	89.9%	90.0%				
All elements of DATchart completed	>=95%												25%	45%	15%	40%
C. Diff patients isolated within 2 hours (%)	>=90%	93.0%	77.0%	100.0%	81.0%	85.7%	71.4%	70.0%	66.7%	77.7%	71.0%	60.0%	60.0%	71.0%	75.0%	67.0%
C. Diff patients isolated within 2 hours (actual number)		13 out of 14	10 out of 13	8 out of 8	13 out of 16	6 out of 7	5 out of 7	7 out of 10	6 out of 9	7 out of 9	5 out of 7	3 out of 5	3 out of 5	5 out of 7	6 out of 8	6 out of 9
Antibiotic prescribing																
Antibiotic audit - Audit of choice of antibiotic regimen	>=90%	98.6%	98.5%	97.2%	99.5%	98.9%	99.4%	99.0%	97.4%	98.8%	****	****	99.30%	****	****	99.2%
Antibiotic audit - Stop date recorded	>=90%	68.0%	71.5%	76.6%		70%	74%	77%	72.4%	75.5%	****	****	76.30%	****	****	76.0%
Hand hygiene competencies																
Hand hygiene competencies (Trajectory Q1-25%, Q2-50%, Q3 -75%,Q4->=95%)	>=95%	****	29%	****	****	58.4%	****	****	75.24%	****	****	98.53%	****	****	****	****
Clean your Hands compliance	>=90%	86.4%	86.7%	87.7%	88.1%	88.5%	93.2%	92.5%	93.7%	92.9%	93.4%	94.2%	91.80%	93.69%	93.00%	94.95%
Environmental cleanliness and decontamination strategy																
Externally validated cleaning score (PLACE)													98.93%			

**** reported quarterly

South Tees Hospitals NHS FT
CDI Annual Plan – JULY 2016 (version 4)

RAG rating of actions	
	Action not commenced (off target)
	Action not yet commenced (on target)
	Action in progress, off target
	Action in progress, on target
	Action fully completed

Sections have been RAG rated in accordance with performance metrics

Diarrhoea Control

	Executive Lead: Gill Hunt - Director of Nursing / DIPC	**Operational Lead:** Judith Connor Assistant Director of Nursing / Deputy DIPC
Achievements	A&E audits above 90%.	
Benefits	Additional resources focussed on CDI. Increased knowledge of patients CDI status prior to admission allowing immediate action to contain CDI. Increased compliance with 2hr Isolation window for patients with suspected infectious diarrhoea. Consistent advice and support for staff to facilitate early intervention and management.	
Concerns	Sustainability of improved compliance in A&E. Poor compliance with DAT in ward areas. Risk of not achieving agreed CDI threshold.	
Do next	Continue monthly audits of diarrhoea assessment in A&E, stool chart compliance and isolation within 2 hours. Continue with weekly audit of DAT for patients with symptoms of diarrhoea. Audit compliance with escalation process to ensure isolation standards are achieved 24/7. Work with IT and Transformation office to develop work plan to adapt CAMIS system to support management of isolation. Proposal to use E-Camis to be developed and presented to Nursing and Midwifery Professional Forum and Operational Management Group. Granular detail from weekly DAT audit to be shared with matrons at weekly CDI meeting (July 16) DAT tool element to be added to weekly ward documentation audit (week commencing 22 Aug 16)	

ID	Task Name / Description	31/05/2015	Date initiated	Forecast Completion Date	Actual Completion Date	Status	Priority	Evidence / Comment	RAG

DC14	Develop and implement IT solution to support isolation of patients in the appropriate facilities for the patients needs.	Judith Connor	Nov-15	31/01/2016	19/08/2016	Open	High	Update May 16 IPC attendance at daily bed meeting. To meet with members of the Transformation Office to link with patient flow review project. Update June16 . Meeting to take place 23rd June Update July 16: E-Camis most appropriate system to use, proposal to be developed which includes creation of diarrhoea code to be used in bed field of system. Update July 16: This aspect has been incorporated as part of the Transformation work programme: Transforming Wards and Working Lives. MedWorxx: Isolation field has been added to standard screen.	Black
DC17 *(New)*	Weekly audit of DAT for 5 patients who are experiencing symptoms of diarrhoea	Judith Connor	Feb-16	on-going		Open	High	Update May 16: Results discussed at weekly CDI meeting. Develop monitoring system for Matrons. Update June 16: Data collated and included in weekly matrons meeting to foster ownership. Improvement in use of DAT. Update July 16: following introduction of stretch target, audit tool reviewed to provide granular detail of elements not completed. Update July 16: Improved picture July compliance 40%. Weekly reports shared with Matrons. Have reduced to amber whilst compliance is low	Amber

Estate quality									
	Executive Lead: Maxime Hewitt- Smith Director of Finance			**Operational Lead:** Director 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. Increase in isolation facilities.								
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. Based on detailed feasibility study permanent modular block to replace the tower block is not feasible.								
Do next	Develop and implement plan for bed reconfiguration and refurbishment of existing estate. Work with Carillion and Endeavour to agree plan for ward / dept moves, to include appropriate cleaning schedules.								
ID	**Task Name / Description**	**Resource Name(s)**	**Date initiated**	**Forecast Completion Date**	**Actual Completion Date**	**Status**	**Priority**	**Evidence /Comment**	**RAG**
EQ3	Refurbishment of ward 4. Provisional capital funding has been approved for ward 4 development.	Jim O'Connell	May-16	tbc		Open	High	Update May 16: Working group established to develop plan for bed reconfiguration / refurbishment of existing estate. Scoping meeting held. Time out session to be set following detailed demand and capacity work. Update June 16 Proposed refurbishment plan for ward 4 drafted: discussions taking place with clinical team for agreement of proposal. Update July 16: Refurbishment timetable dependant on outcome of trust wide bed reconfiguration programme being developed see EQ3	Amber
EQ5	Redesign the bed base on the JCUH site to ensure optimum use of estate	Jim O'Connell	Jun-16	30/09/2016		Open	High	Working group established, scoping meeting held. Two day workshop to be arranged to agree bed reconfiguration alongside estate upgrade. Update June 16. original plan suspended, to re-commence following receipt of detailed demand / capacity information. Update July 16: Discussions with Clinical Centres ongoing regarding bed reconfiguration. Decisions expected end of August 2016	Green

Antibiotic Prescribing									
	Executive Lead: Dr Sath Nag, Medical Director Urgent Care centre			**Operation Lead:** Dr Sath Nag Medical Director Urgent Care Centre & Debbie Lockwood,					
Achievements	New data on antibiotic usage in primary care obtained and increased engagement. Pilot complete on AAUs on JCUH site highlighting real time deficits in antimicrobial prescribing. Series of workshops aimed at Non-medical prescribers commenced.								
Benefits	Improved compliance with the recording of review and stop dates evidenced by Ared. Focussed audit programme led and owned by Clinical Directors.								
Concerns	Ensuring actions on antibiotic prescribing become embedded throughout the organisation.								
Do next	Collate actions of antibiotic audits by clinical centre and confirm next cycle of audit.. Follow up with Clinical Commissioning group regarding actions following recent antibiotic usage report. Develop antibiotic dashboard. Develop register of antibiotic Guardians. Action plan for use of extended spectrum antibiotics to be developed. To plan GP engagement event with CCG. Roll out new prescription chart with antibiotic section. Collate centre improvement plans and present to September IPAG								
ID	**Task Name / Description**	**Resource Name(s)**	**Date initiated**	**Forecast Completion Date**	**Actual Completion Date**	**Status**	**Priority**	**Evidence /Comment**	**RAG**
A11 ***(NEW)***	Continued Engagement with CCG to reduce community wide incidence Cdiff by reduction antibiotic usage- evidence activity in primary care	Sath Nag	Nov-15	31/12/2016		Open	High	Update May 16. CCG contacted to plan GP engagement event. Update July 16: Date confirmed by CCG 6 October 2016	Green
A12 ***(NEW)***	Procalcitonin pilot to refine antibiotic usage	Sath Nag	Nov-15	01/03/2016 Revised End May 2016		Open	Medium	Pilot PCT in write up stage. Dr Nag currently collating evaluation of pilot. and recommendations to implement. Update April audit complete, paper to be produced and presented to IPAG in May 2016 Update June 16: IPAG agreed to continue use and roll out to critical care areas. Update July 16 Complete.	Black
A13 ***(NEW)***	Extend pilot of highlighting review of antibiotics on prescription charts on AAUs to full roll out across trust.	Sath Nag / Debbie Lockwood	May-16	30/09/2016		Open	High	Update May 2016: Evaluation of pilot to be presented to IPAG in May 2016. Full roll out by the end of June 2016 Update July 16. Complete	Black

A14 ***(NEW)***	Develop a log of antibiotic audits by centre, analyse data and present to centre leads to disseminate and develop centre action plans as well as agree audit cycle timescales.	Sath Nag	May-16	30/06/2016		Open	High	Centre action plans to improve antibiotic prescribing and usage. Update 11th Feb : need to engage with centre MD's and agreed individual action plans. Update April 2016 Email to centre MD's/CD's with results of antibiotic audits requesting local plans to be submitted by 6th August 2016.	Amber
A15 ***(NEW)***	Review medication prescription chart to promote daily review of antibiotic prescribing and duration.	Sath Nag & Debbie Lockwood	May-16	30/09/2016		Open	High	Update June 16: presented proposed changes to Safer Medication Practice Group in May. Draft px chart produced. Response is awaited on timeframe to implementation. Update July 16: Chart ordered along with sticker solution for long stay chart and interim measure for short stay chart until new print run.	Green
A16 ***(NEW)***	Achieve national CQUIN for reduction in antibiotic prescribing	Sath Nag & Debbie Lockwood	Apr-16	31/03/2017		Open	High	Establishing base line data to be submitted to national team. Awaiting confirmation of proforma for data collection. Update June 16: national proforma requires further refinement before data can be submitted. The national pro forma was published on 26.05.16. Trust data for 13-14 (re-setting baseline), 14-15 and 15-16 was submitted on 28.06.16 to PHE; email receipt on 04.07.16	Green
A17 ***(NEW)***	Participate in European point prevalence audit	Sath Nag & Debbie Lockwood	Nov-16	TBC		Open	Medium	Confirmed participation with national team. Await data collection for Nov 2016. Antibiotic pharmacist having web-based training for the PPS on 12.07.16	White
A18 ***(NEW)***	Deliver three engagement events with non-medical prescribers.	Eileen Aylott, Sath Nag & D Lockwood	Apr-16	30/09/2016		Open	Medium	First session delivered with 45 participants who have also logged to be antibiotic guardians. Next sessions planned June and July 16. 24 attendees at June's session. Update July 16: event delivered on Friarage site .	Black

Hand hygiene									
	Executive Lead: Gill Hunt - Director of Nursing / DIPC				**Operation Lead:** Judith Connor Assistant Director of Nursing				
Achievements	Reviewed HH training for NHSP temporary staff, Trust IPCN staff to deliver training going forward. Letter to medical staff from Medical Director to reiterate target and responsibility to complete assessment before March 2017. Implemented certificate of competence which transfers to next placement for doctors in training. Monthly reports to be generated by clinical centre for Chiefs of Service.								
Benefits	Ability to obtain data which is reflective of clinical practice which will help make improvements.								
Concerns	Maintenance of competency and assurance re on-going practice. Further work to be implemented regarding data triangulation.								
Do next	Continue with quality checks to ensure that all doctors in training are captured when rotating to next clinical placement. Develop and agree plan with HENE for Doctors in training. Incorporate peer hand hygiene reviews into monthly assurance rounds. Identify Medical Champion for Hand Hygiene. Agree process for aligning HH competency for clinical staff aligned to annual SDR.								
ID	**Task Name / Description**	**Resource Name(s)**	**Date initiated**	**Forecast Completion Date**	**Actual Completion Date**	**Status**	**Priority**	**Evidence / Comment**	**RAG**
HH1	Plan for substantive medical staff to be 100% compliant with HH competency assessment in 16/17	Centre MD's, Judith Connor & David McCaffrey	Apr-16	31/03/2017		Open	High	Knowledge based element has been incorporated into annual Core 7 CMAT. Practical element to be confirmed at revalidation. To be made available online from August 2016.	Green
HH3	HH competency plan for continued compliance for all other relevant clinical staff in 2016/17	Operational Directors	Apr-16	31/3/2017		Open	High	As above (HH1) Update July 16. Review process of data collection and agree frequency of competency assessment.	Green
HH4	Monthly peer review of HH through either clinical matron / IPCN / assurance audits for identified high risk areas.	David McCaffrey/Judith Connor	Apr-16	01/03/2017		Open	High	Audits continue and data shared with clinical areas. Update June 16: agreed with Clinical matrons that peer HH audits will be incorporated into monthly clinical assurance rounds. Areas to be assigned based on low compliance and CDI cases. Update July 16: HH Champions to be identified, attend HH Steering group.	Green
HH7	Make links with HENE and local Universities to provide assurance of content of training for both Doctors and other clinical based students.	Judith Connor	Apr-16	30/06/2016		Open	High	Contacted educational links for Doctors in training and other students to request named links for educational institutes. Update June: letter sent to educational links to clarify HH training and currency of this between organisations.	Green

Environmental cleanliness and decontamination strategy									
	Executive Lead: Gill Hunt - Director of Nursing				**Operational Lead:** Director of Estates				
In-house									
Achievements	Decant and deep clean programme completed at the Friarage, commode competencies achieved (100%). Business case for the introduction of wipes agreed by OMB, implementation and training during August 2015. Substantive appointment made to facilitate environmental cleaning 12 hours per day on ward 1 and 15 (inc. bed cleaning). Monitoring officers employed by the Trust now in post. Revised deep cleaning programme agreed (Nov 15) Substantive environmental cleaners now in post, training programme completed. DVD produced to support training. New Head of Estates to commence in September 2016. Fortnightly meetings with IPC Lead Nurse and representation from Carillion management team. Pilot of decontamination unit complete.								
Benefits	HPV cleaning of all areas, including sluices, most effective when ward is closed and deep cleaned. Increased focus on and improved cleaning of patient equipment due to use of chlorine based wipes. Dedicated resource to bed cleaning in areas of highest patient throughput								
Concerns	Consistent standard of cleaning of beds out of hours.								
Do next	Monitor cleaning standards following introduction of substantive environmental support workers. Consider proposal to use ATP to monitor bed cleaning standards at IPAG. Introduce ATP as monitoring tool to assess equipment cleaning standards. Review data from pilot decontamination unit for front of house and present report to IPAG with view to proceed to business case.								
Contract									
Achievements	32 areas have achieved 6 months of target cleaning scores and have therefore been stepped down to monthly assessment. Re-deployed cleaning hours from low risk areas to Endoscopy to provide increased toilet and environmental cleaning.								
Benefits	Consistent achievement of cleaning standards as per service specifications and timely resolution of issues.								
Concerns	The need to sustain consistently high cleaning scores								
Do next	Board to Board meetings continue to improve collaboration Regular liaison meetings with PFI provider to deal with matters as they arise to ensure timely resolution.								
ID	**Task Name / Description**	**Resource Name(s)**	**Date initiated**	**Forecast Completion Date**	**Actual Completion Date**	**Status**	**Priority**	**Evidence /Comment**	**RAG**

EC18 *(NEW)*	Develop and test the concept of a decontamination unit for cleaning beds, mattresses and equipment.	Julie Barlow & Denise Foster	May-16	14/07/2016		Open	High	Meeting took place with Denise Foster to discuss the concept on 17.05.16. Visit to ward 2 carried out. Meeting took place with Denise Foster to discuss the concept on 17.05.16. Visit to ward 2 carried out. Trial on Ward 2 which will act as the decontamination unit for the trial period to commence on Mon 20th June 2016. All equipment is in place and training re the use of the wipes to take place on day 1 of the trial. ATP testing to be undertaken as part of the trial. The outcome of the trial will influence the decision moving forward. Project trial has been completed for two weeks in June, a draft report has been produced and will be presented to IPAG for consideration to move to business case.	Green
EC19 *(NEW)*	The trust to work with Carillion to consider the provision of a rapid response service for terminal cleans, transfer and discharge bed cleaning.	Julie Barlow & Denise Foster	May-16	14/07/2016		Open	High	Decision to move forward dependent on outcome /evaluation of EC18	Green
EC20 *(NEW)*	The trust to consider the provision of a terminal clean service.	Julie Barlow & Denise Foster	May-16	14/07/2016		Open	High	See above (EC19).	Green
EC21 *(NEW)*	Establish the true reflection on nursing staff carrying out bed cleaning	Julie Barlow & Clinical Matrons	May-16	14/07/2016		Open	High	Develop audit tool and gather 1 week snap shot audit for evidence. Update 18/05/16 - audit tool developed and circulated to CM for the audit to be carried out week beg 20/06/16. Limited return however data confirmed that nursing staff are undertaking the majority if not all bed cleaning. Further data to be captured to provide robust evidence over July 16.	Green

EC22 *(NEW)*	Establish process for HPV fogging for Community Hospitals	Denise Foster	Jul-16	30/09/2016		Open	High	Explore options for HPV fogging for community hospitals as currently no service from NHS Property Services.	Green

Ownership & Learning									
	Executive Lead: Gill Hunt - Director of Nursing / DIPC				**Operational Lead:** Judith Connor Assistant Director of Nursing				
Achievements	New central DIPC led RCA panels commenced in Nov 15. Algorithm developed to support decision making for RCA s for trust attributed / non trust attributed CDI. Internal audit complete - achieved medium risk. Medical involvement in panels is now mandatory. Standard of RCA's has improved. IPCN now reviews RCA prior to panel review.								
Benefits	Additional learning to accelerate action to reduce CDI.								
Concerns	Communication of key messages to all staff.								
Do next	Incorporate areas for improvement from internal audit report to strengthen centre action plan completion to provide assurance of learning. Clarification of appeals process is required with CCG following discussions with NHS England. CCG confirmed have no process in place.								
ID	**Task Name / Description**	**Resource Name(s)**	**Date initiated**	**Forecast Completion Date**	**Actual Completion Date**	**Status**	**Priority**	**Evidence / Comment**	**RAG**
OL14	Develop a business case for Icnet for consideration at Capital Group and charitable funds committee.	David McCaffrey	Apr-15	31/12/2015 revised date 31/05/2016		Open	Medium	Business case remains in development. Meeting with ICNET rep took place 21st April 2016. Update June 16: Awaiting response from IT regarding feasibility of interface with existing systems and server platform requirements. Update July 16: Full IPC skill mix review completed. New service model in place. Icnet currently not a viable option due to current IT infrastructure	Black
OL20	Incorporate areas for improvement from internal audit report to strengthen centre action plan completion to provide assurance of learning.	David McCaffrey	May-16	30/06/2016		Open	Medium	Process established for RCA panel meetings and system in place to ensure follow up of centre action plans. Strengthened framework for the identification of cases that meet the criteria for appeal. Update July 16: Further discussion with CCG regarding appeal process confirmed no process in place. CCG awaiting clarity from NHS England.	Amber