

AGENDA 8.4 - APPENDIX B

Meeting / committee:	Infection Prevention and Control Team	Report Date	April 2013
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Title:	Decontamination Lead Nurse Annual Report 2012-2013
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Purpose:	The purpose of the this report is to provide a summary of the annual activity of decontamination advice for the infection prevention & control team, Decontamination Steering group and IPAG
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Key issues / items for consideration in the report:	<ul style="list-style-type: none"> • All Decontamination Audits completed – with improvements to decontamination facilities noted. • CFPP Audits and report completed. • Mattress and bed frame Audits - Managed Bed Service Tender is being developed. • Funding realised from PCT March 2013 to support purchase of 481 beds across organisation. • Centralised Endoscopy unit completed April 2013 • Procurement process commenced for new decontamination equipment for SSD.
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Prepared by:	Alison Lonsdale Lead Nurse Decontamination	Presented by:	Alison Lonsdale Lead Nurse Decontamination
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Recommendation:	The Lead Nurse Decontamination continues to be supported by the IP&C team in this role.
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Implications (please mark an X)	Legal	Financial	Safety & Quality	Strategic	Risk & Assurance
	X	X	X	X	X

1.0 INTRODUCTION

The purpose of the Lead Nurse decontamination report is to provide a summary relating to decontamination aspects of the annual activity data in regards clinical input, education, training and corporate management. This data will be presented to the following forums and groups:

- Infection Prevention and Control team meeting
- Infection Prevention and control Action Group
- Clinical Matron Forum
- Decontamination Steering Group

1.1 BACKGROUND

The position of Lead Nurse decontamination commenced 1st April 2010 as a corporate clinical role with the aim to advise and support all those health care professionals involved in all aspects of decontamination across the organisation.

A key part of the role was to lead the development and implementation of a trust wide decontamination strategy which reflects the principles of the Health Technical Memorandum 01-01: Decontamination of reusable medical devices, Part A Management and Environment.

This role supports the IPC teams objectives and overall trust priority of reducing healthcare associated infections

2.0 CURRENT PROJECTS

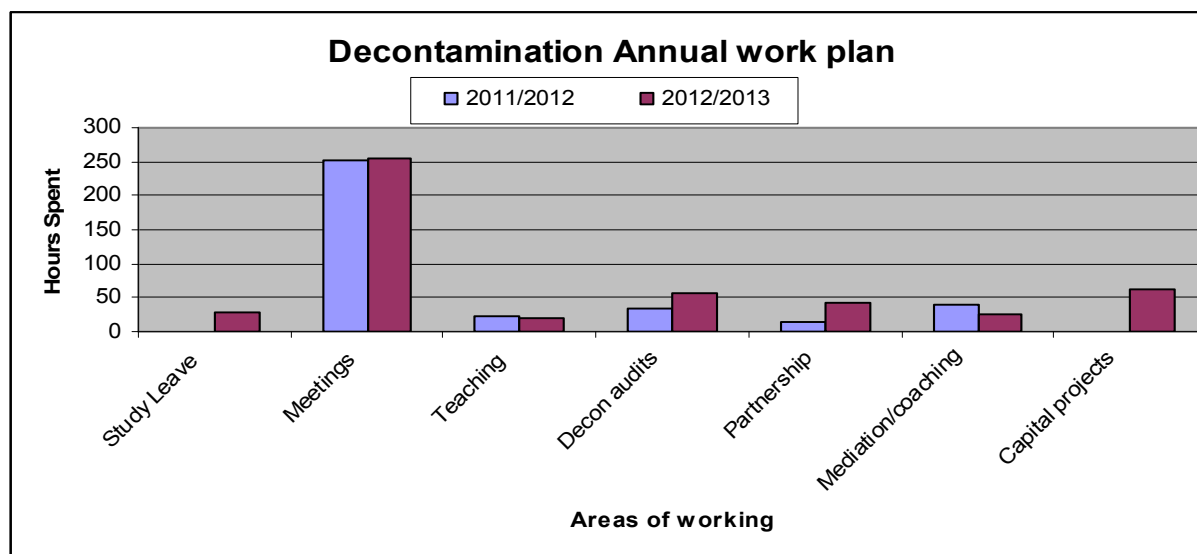
The following table highlights an accumulation of the projects that are incorporated within the lead nurse decontamination role :

Role remit	Project	Time scale
Commissioning and Planning	Original author for development of Centralised Endoscopy Decontamination facilities business case.	Completion of Project December 2012
	Original author for major capital spend in Sterile Service Department	Completion of project Mar 2013
Audit	Trust wide Mattress Audits	As required
	BSG Endoscopy Decontamination facility Audits	Annual
	Trust wide Bed frame audits	As required
	Mattress Inspection Cards	Annual
	Risk and Assurance G77 & 78 policy	Annual
	CFPP decontamination facilities Audit	One off
	Educational	CJD / theatre training

Role remit	Mattress Inspection Training Project	Via Link Nurse Days Time Scale
	IPC 3 day course	Quarterly
	Microbiology and water testing in Endoscopy	As required
	WHO AFPP presentation on lean working across international boundaries – Manchester – Feb 2013	February 2013
	Annual Quality of care and Patient safety conference –Decontamination presentation	March 2013
Managerial	Lead Nurse Decontamination	On going
	Medical Devices Management Group	Bi monthly
	Clinical Matron meeting	Quarterly
	Chair Decontamination Steering Group Steering Group	Bi monthly
	IPAG meeting	Bi monthly
	Chair mattress and bed frames task and finish group	Ad hoc
	Review new purchases in conjunction with Procurement team	Ad hoc
Networking	Neighbouring Trusts and Community hospitals	Ad hoc
	National Representative on Advisory group for NHS supplies for Decontamination equipment and Services	Ad hoc
	IPC representative to Malawi as part of continuing AFPP partnership working with WHO	9 days -October 2012
Partnerships and Engagement	Secondment to Lambert Hospital to provide leadership support 2-3 days weekly	January 2012 – October
	Secondment as Project Lead for Transforming Out Patient Services 3 days weekly	November 2012 -
	Liaison with Carillion and Endeavour in relation to Decontamination Issues	On Going

Personal Dev	Trust Mediator	On going
	Achievement of mandatory training	On going

3.0 LEAD NURSE ACTIVITY 2012-2013



The table above demonstrates the Decontamination Lead nurse spread of activity across all areas. The table also includes a comparison against 2011/2012 activity, the main change has been the amount of time spent working on corporate decontamination projects.

Between April 2012 and October 2012 15-22.5 hours weekly were seconded out to the Lambert memorial hospital to provide continued leadership during a period of management instability.

Between November 2012 and April 2013 15 hours were seconded out weekly as project lead for the transforming out patients project.

During 2013, 430 calls were logged, 262 of these related directly to decontamination issues.

3.1 AUDIT

58 hours were spent undertaking audits in 2012/2013 mainly divided between organisational audits to determine the current provision of Decontamination across the organisation and to develop a gap analysis against the best practice recommendations set out in the CFPP guidance.

The annual cycle of endoscopy audits was completed on time with second visit to the main endoscopy department at JCUH for improvements, though the completion of the new centralised endoscopy unit will address deficiencies raised in previous years

In the last 5 years endoscopy decontamination facilities have reduced from 11 areas decontamination areas to 5 across the Trust. Following the major capital project 2012/2013, these areas have now reduced down to three across the two acute hospital sites. .

The mattress inspection card audits were rolled out to the IP&C Link nurses in the acute trust, and ward staff in community. The results for the acute Trust were disappointing though there was a good response from community. A Risk Alert has been reissued to advise staff of the requirements to have a mattress card, to

demonstrate a robust approach to mattress inspection throughout the Trust. The final report can be found in Appendix 2 (which is available on request).

The need to improve the bed frame stocks within the Trust was highlighted during audits in previous years which resulted in the development a business case for the proposal of a managed bed service. This service is to address current issues faced by the Trust in relation to aging bed stock and lack of appropriate beds for use in basic patient care. This process is ongoing with two major companies still in running to deliver this service to the Trust in the future.

Aside from the proposals for the development of the service, applications have also been submitted via various financial opportunities. A successful application for funding in March 2013 has resulted in the securing the purchase of new bed frames, which addresses many of the issues highlighted in relation to beds, cots, side rails, cribs, birthing beds, and bariatric services. From cradle to grave this proposal has covered every eventuality of every patient need utilising the Trust's services. The aim was to replace all category C beds leaving all beds across the Trust under 18 years old. The variety of beds that were purchased, will have a positive effect in improving patients safety and quality of care, in addition to reducing the escalating hire costs for specialist beds across the organisation.

Product	Quantity	Route to Market
Birthright 170000E/L birthing bed (Arjo)	8	ArjoHuntleigh
End of life care beds (Yorkshire Care Equipment)	5	Yorkshire Care Equipment
Paediatric inspiration cots 9003 (Sidhill)	14	Sidhill
Tilt and Turn bed (Nexus DMS Ltd)	1	Nexus DMS Ltd
Enterprise 5000 (Arjo)	308	ArjoHuntleigh
Enterprise 8000 (Arjo)	12	ArjoHuntleigh
Volker S582 (Hill-rom)	131	Hill-Rom
Totalcare Bariatric Bed	1	Hill-Rom
Contoura 1080 Bariatric Bed & mattress	1	Arjo Huntleigh

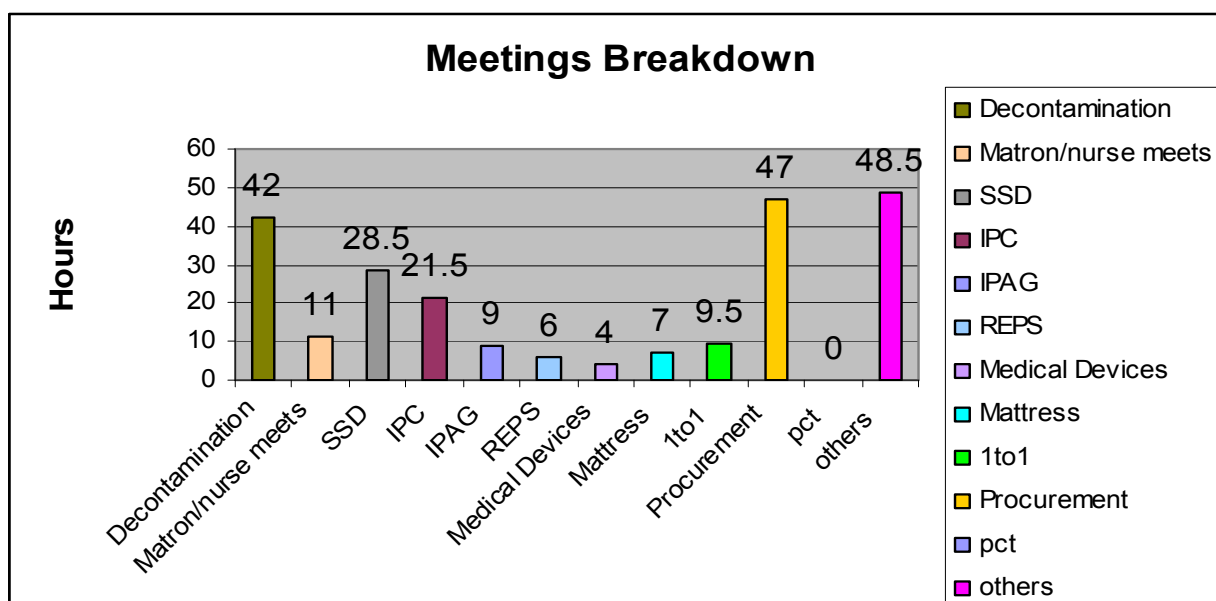
Table to demonstrate range of new beds purchased March 2013

The patient safety audits took place auditing wards and departments adherence to the Trust policies G77 and G78 as part of the on going NHSLA assessment , this will continue as an annual cycle.

In August 2012, a mini review in conjunction with the IPC staff was undertaken to determine whether it would be feasible to roll out the HIC 8 cleaning and decontamination audit tool.

Due to the variety of areas used for cleaning and the difficulties faced when trying to undertake the audits , it was agreed that the results of the CFPP audits would help to inform the decision , though the consensus was that the audit tool would not be effective in its current format . This was based on the results from other audits which the team are looking to review.

3.2 MEETINGS



The regular meetings attended equate to 234 hours and are illustrated above, the time taken to write minutes and reports has not been included. This is a slight reduction (16 hours) on the previous year, however my hours have been reduced to 15 hours per week for decontamination.

Ad hoc meetings relating to decontamination issues account for 42 hours of work based activity.

There has been an increase in business planning and procurement meetings (47 hours) and departmental meetings where specific issues have been raised.

There has been a reduction in attendance at Matrons meetings and NMPPG as the format of these meetings have changed, however there has been an increase in specific capital building projects which are related to Decontamination facilities or equipment.

There change in practice to the cleaning process for mattress covers has continued resulting in savings from the laundering of mattress covers. From April 2012 to March 2013, 511 mattress covers were laundered, anecdotally resulting in savings, as previously these covers may have been condemned.

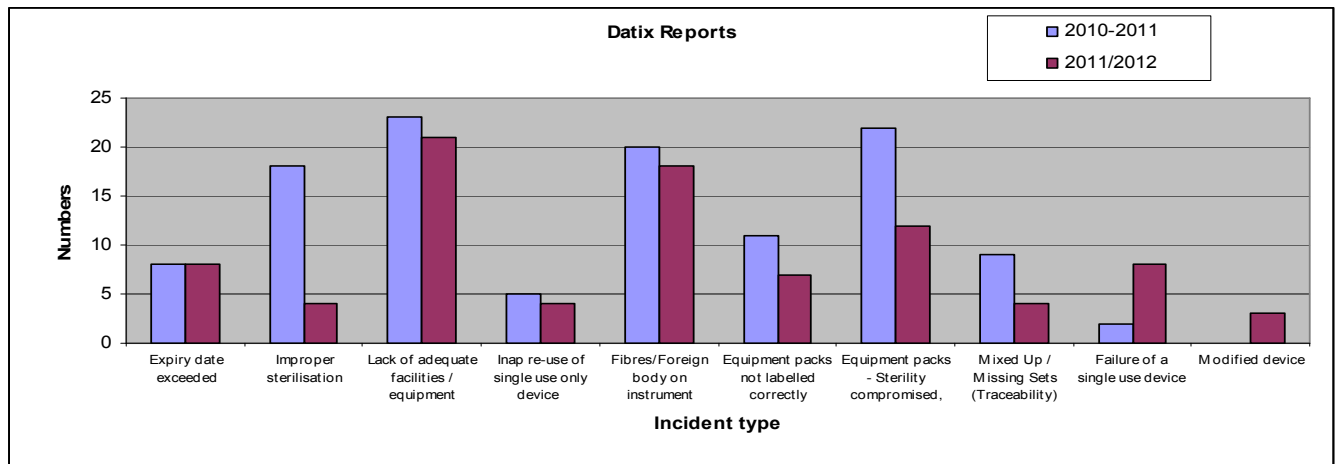
3.3 TRAINING

Recorded training sessions equates to only 18.5 hours, delivered through a variety of means.

- Formal teaching has been mainly restricted to the 3 day IPC course.
- Ad hoc training has been delivered as and when required to wards in relation to decontamination issues.
- Formal teaching to the Theatres team in relation to CJD and implications in practice.

- Formal training requested from endoscopy in relation to microbiology and water sampling, a lesson plan has been developed in conjunction with John Hovenden, though no dates have been requested from the Endoscopy department to date.
- A joint formal training session was also delivered with Julian Verity from estates to inform staff involved in Decontamination around the changes in the CFPF guidance which would affect our staff or services. The delivery of this training was extended to our partners Carillion and Endeavour.

3.4 INCIDENTS



The datix reports are reviewed monthly, and issues discussed as they arise, incidents are also reviewed in the decontamination steering group. Compared to the previous year, the incident numbers have remained in low numbers. Any increases could be attributed to encouraging reporting, although there appears to be reluctance to report as there have been occasions where incidents have come to light during discussions in the Decontamination Steering Group which have not been picked up via datix reports.

3.5 Secondments – Lambert Hospital Thirsk, and Transforming Out Patients Service

Work at the Lambert included many aspects of management, leadership and clinical Support and guidance for staff, resulting in the reduction of sickness and absence and recruitment into vacant posts.

The opportunity to act as project lead for the Transforming OPD service, continues to be both challenging and rewarding. It is allowing me to develop my project management skills, and has the added benefits of allowing me to work on service improvement projects which I am passionate about. This secondment is planned to continue till October 2013.

3.6 CONCLUSION

The annual report provides key data on the level of activity undertaken by the Lead Nurse Decontamination and provides a base line for forthcoming years activity.

ACTION PLAN For 2013

Action	Time scale
Annual decontamination audits	October 2013
Mattress And Bed frame Audits	October 2013
Decontamination Training	Ad hoc
Evaluation of Theatre / SSD improvements in relation to the CFPP recommendations	June 2013
Dissemination and implementation and continued evaluation of the Decontamination Strategy	April 2014
Review of Chemicals used in the Trust	July /August 2013

The forthcoming year will extremely challenging in terms of the current financial climate, service improvement and focus on waste needs to be central to all projects. Thee review of chemicals within the Trust has been delayed whilst the new centralised unit was completed , this will take a priority in the next financial year.

Projects for following year:-

- Continue to develop the decontamination strategy Trust wide.
- Work with the IPC team to continue to increase the Decontamination knowledge within the team and succession planning .
- Improve the management of beds / mattresses across the Trust.
- Work with the Decontamination steering group to develop and implement the updated national guidance for decontamination management and facilities.
- Review of chemicals in the Trust.