

Appendix 2**MATRON'S CHARTER: AN ACTION PLAN FOR CLEANER HOSPITALS****PROGRESS REPORT ~ JULY 2008****1. INTRODUCTION**

In October 2004, the Matron's Charter was launched. The Charter builds on the words of Florence Nightingale: *"Let whoever is in charge keep this simple question in her head (not, how can I always do this right thing myself, but), how can I provide for this right thing to be always done?"*

The principle philosophy underpinning the Charter is that cleanliness is everyone's responsibility. The Charter sets out ten broad principles for delivering cleaner hospitals:

1. Keeping the NHS clean is everybody's responsibility
2. The patient environment will be well maintained, clean and safe
3. Matrons will establish a cleanliness culture across their units
4. Cleaning staff will be recognised for the important work they do. Matrons will make sure they feel part of the team
5. Specific roles and responsibilities for cleaning will be clear
6. Cleaning routines will be clear, agreed and well publicized
7. Patients will have a part to play in monitoring and reporting on standards of cleanliness
8. All staff working in health care will receive education in infection control
9. Nurses and Infection Control Teams will be involved in drawing up cleaning contracts, and Matrons will have the authority and power to withhold payment
10. Sufficient resources will be dedicated to keeping hospitals clean

2. LOCAL APPROACH TO DEVELOPING AN ACTION PLAN TO DELIVER THE MATRON'S CHARTER

The delivery of the targets outlined in this action plan is reviewed regularly at the Matrons' meeting, chaired by the Director of Nursing.

MATRON'S CHARTER LOCAL ACTION PLAN & PROGRESS REPORT

Key Commitment	Timeframe	Person (s) Responsible	Progress
<p>1. Keeping the NHS Clean is everybody's responsibility:</p> <ul style="list-style-type: none"> ❑ Cleanliness and infection control will be included as a regular agenda item on all Ward & Departmental site meetings ❑ Encourage a robust reporting system which ensures appropriate escalation at all levels within the organisation when cleaning is below an acceptable level ❑ Facilitate Local Forums which address and action cleaning and infection control issues 	<p>2008/09</p> <p>2008/09</p> <p>2008/09</p>	<p>Senior Sisters, Matrons, Heads of Departments</p> <p>Senior Sisters, Matrons, Heads of Departments</p> <p>Matrons</p>	<p>Achieved & ongoing</p> <p>Achieved Incident reporting via the Datix system is now used across the Trust</p> <p>Housekeepers meeting continues to be a positive way of actioning local issues and concerns A Matron representative attends the Joint Board Partnership meetings Infection Control Link Nurse meetings are represented by all clinical areas - Director of Nursing attends quarterly meeting Cleaning is included as a standing agenda item at the Matrons meeting, chaired by the Director of Nursing The cleanliness agenda is reinforced at local MDT meetings Monthly Monitoring Cleaning Forms introduced Implementation of Maximiser</p>

<ul style="list-style-type: none"> ❑ Implement Ward & Department monitoring of cleaning in own area using a comprehensive 81 point monitoring tool 	2008/09	Senior Sisters, Facilities & Medirest	Implemented
2. The Patient environment will be well maintained, clean & safe: <ul style="list-style-type: none"> ❑ Matrons as part of daily walkabout will monitor levels of cleanliness/environmental issues, working closely with Housekeepers, Senior Sisters and Medirest ❑ Site based PEAT visits will continue on monthly basis ❑ Promote the current '<i>use it or lose it</i>' days and explore the possibility of increasing the frequency to monthly ❑ Environmental audits will be undertaken at a local level ❑ The Trust will organise regular 'Think Clean Days' ❑ Matrons undertake weekly HCC (Hygiene Code/Cleaning) audits of their clinical areas 	 2008/09 2008/09 2008/09 2008/09 Six monthly Weekly	 Matrons Facilities, Medirest, Matrons Director of Estates & Facilities Senior Sister, Nursing Team Director of Nursing Matrons	 Achieved & ongoing Domestic Supervisors now join the Director of Nursing & Matrons on regular walkabouts Achieved & ongoing Achieved & ongoing Ongoing Local actions and progress monitored by Matrons Two Infection Control Awareness weeks incorporating a 'Think Clean Day', planned for 2008 Achieved & ongoing
3. Matrons will establish a cleanliness culture across their units: <ul style="list-style-type: none"> ❑ Matrons will undertake regular walk-about with the 	2008/09	Director of Nursing, Matrons	Achieved since 2004 & ongoing

<p>Director of Nursing</p> <ul style="list-style-type: none"> ❑ Handwashing and decontamination at all levels and disciplines will be actively encouraged ❑ Infection control and relevant topics will feature as a regular article in the Trust's Nursing and Midwifery Newsletter ❑ To work cohesively with Medirest and Ward staff in the coordination and completion of deep cleaning of all clinical areas 	<p>2008/09</p> <p>Quarterly</p> <p>Review monthly</p>	<p>Matrons, IC Team</p> <p>Director of Nursing, IC team</p> <p>Director of Estates & Facilities, Matrons</p>	<p>Weekly hand hygiene audits undertaken and monthly reports are displayed on Wards/Depts IC notice Board IC Posters standardised Red arrows pointing to hand gel outside clinical areas Divisional IC reports produced & discussed at monthly IC mgt Dress Code/Uniform Policy implemented for all Trust staff Matrons reinforce the Trust's zero tolerance approach to poor IC compliance Aseptic Technique Assessment reintroduced - monthly reports produced</p> <p>Achieved & ongoing</p> <p>12 weekly deep clean plan in place</p>
<p>4. Cleaning staff will be recognised for the important work they do. Matrons will make sure they feel part of the team:</p> <ul style="list-style-type: none"> ❑ Encourage positive feed back and recognition of high standards via Medirest 'Be a Star' initiative and Trust 'employer of the month' 	<p>2008/09</p>	<p>Senior Sisters, Matrons</p>	<p>Ongoing</p>

<input type="checkbox"/> Acknowledge progress and high standards at weekly walkabouts face to face	2008/09	Director of Nursing, Matrons	Matron's discuss cleaning issues face to face with cleaning staff on weekly walkabouts Medirest Manager & Director of Estates & Facilities attend monthly Matron meetings
5/6 Specific Roles & responsibilities for cleaning will be clear, agreed and well publicized <input type="checkbox"/> Encourage staff to attend Infection Control Link meetings <input type="checkbox"/> Ensure the roles and responsibilities of the I/C Link Nurse are clearly defined <input type="checkbox"/> Ensure responsibilities for cleaning ward equipment is clear and maintained <input type="checkbox"/> Daily cleaning schedules and sign off sheets must be visible on each clinical area <input type="checkbox"/> Equipment that has been cleaned should have green tape to show it has been cleaned	2008/09 2008/09 2008/09 2008/09 2008/09	Matrons, Senior Sisters Lead Nurse infection Control, IC Nurses, Senior Sisters Matrons, Senior Sisters Housekeepers, Senior Sisters All ward staff	Achieved & ongoing Director of Nursing attends Link Nurse meeting Achieved Job description in place Achieved Cleaning roles & responsibilities - Nurses & Medirest introduced in Feb '08 A new system was introduced on 30/07/07 by Medirest to replace the daily check sheet with a communication book held by the Senior Sister. On going, matrons to check on their daily walk about
7. Patients will have a part to play in monitoring & reporting on standards of cleanliness: <input type="checkbox"/> Patient Panel visits will continue on a regular basis. Action plans derived from the visits will be actively progressed	2008/09	Matrons, Senior Nurses	Achieved & ongoing

<ul style="list-style-type: none"> □ Patient Panel members to join the iPEAT Team 	2008/09	Facilities, Estates, Matrons	Achieved & ongoing Patient Panel representative regularly joins the Joint Partnership Board meeting & participate in the Trust's Think Clean Days
<ul style="list-style-type: none"> □ Patients views will actively be sought on Matron, walkabouts 	2008/09	Matrons, Senior Nurses	Ongoing
<ul style="list-style-type: none"> □ Six-monthly observations of care will continue in order to identify trends & themes 	2008/09	Clinical Staff, Practice Development Team	Audits are undertaken 6-monthly
<ul style="list-style-type: none"> □ Patient complaints re cleanliness to be actively addressed and common themes to be discussed at local and Trust level 	2008/09	Senior Sisters, Matrons, Head of Patient Services	Monthly report (HII) from Divisional risk Leads highlights themes which are disseminated locally. Regular satisfaction surveys introduced on areas who have piloted KPIs Patient tracker introduced in 15 clinical areas
8. All staff working in health care will receive education in infection control:			
<ul style="list-style-type: none"> □ All Domestic/Housekeeper staff will be encouraged to attend NVQ Level 1 Cleanliness course 	2008/09	Domestic Supervisors	Ongoing
<ul style="list-style-type: none"> □ All clinical/nursing/midwifery staff will be encouraged to attend I/C study Days 	2008/09	Senior Sisters	Ongoing
<ul style="list-style-type: none"> □ All clinical areas will a designated lead for infection control 	2008/09	Senior Sisters, Matrons	Achieved

<ul style="list-style-type: none"> ❑ Infection Control will continue to be part of the mandatory training programme 	2008/09	Infection Control Team	Ongoing
<ul style="list-style-type: none"> ❑ All general medical and surgical wards to introduce environmental decontamination using Chlorclean and the traditional mop system 	2008/09	Director of Estates & Facilities, Matrons	Achieved
<p>9. Nurses and Infection Control Teams will be involved in drawing up cleaning contracts, and Matrons will have the authority and power to withhold payment:</p> <ul style="list-style-type: none"> ❑ Matrons & Infection Control Team to be involved in the drawing up of cleaning contracts - process to deduct payment is being built into the contract 	2008/09	Director of Estates & Facilities, Matrons	Discussed at Joint Partnership Board meetings. Penalties introduced
<p>10. Sufficient resources will be dedicated to keeping hospitals clean:</p> <ul style="list-style-type: none"> ❑ All clinical areas without a Housekeeper will appoint to such a post ❑ Service Level agreements to be reviewed and amended accordingly 	2008/09 2008/09	Matrons, Senior Sisters Director of Facilities & Estates, Matrons, Senior Sisters	Achieved & ongoing Ongoing SLAs have been returned to Medirest with amendments. SLAs currently being reviewed

MISCELLANEOUS ACTIONS

Key Commitment	Timeframe	Person (s) Responsible	Progress
❑ Matrons will meet monthly with the Director of Nursing	2008/09	Director of Nursing	Achieved & ongoing
❑ All Matrons to receive a yearly appraisal	2008/09	Heads of Nursing/Midwifery	Ongoing

3. IMPROVING CLEANLINESS & INFECTION CONTROL

Following the publication of a letter on 1st November 2007, by Chris Beasley, Chief Nursing Officer and David Flory, Director General of NHS Finance & Operations, Department of Health outlining that Trust's should focus the role of the Matron on:

- Providing a clean environment of care
- Ensuring best practice in infection control
- Improving clinical care standards
- Treating patients with dignity & respect

The following actions have been taken:

- All Nursing Staff (Band 2-8a) have infection control & maintaining privacy & dignity included in their Job Description
- Implementation of a new Matron's uniform
- A Matron Board Paper is presented to the Trust Board quarterly
- Baseline assessments undertaken to review Trust's compliance against the 11 Hygiene Code Duties
- Implementation of a weekly (Matron) and daily (Senior Sister/Designated Deputy) Hygiene Code compliance form
- Baseline assessments of 24 inpatient clinical areas across the Divisions of Acute Medical Care & Surgery using the Institute for Innovation & Improvement Privacy & Dignity Self Assessment Checklist. Assessments will now be conducted 6 monthly
- Introduction of a Clinical Indicators dataset. Reviewed by Heads of Nursing & Matrons monthly

4. CONCLUSION

It can be noted from the achievements outlined in the local Matron's Charter Action Plan/Progress Report that the collaborative approach adopted with colleagues has actively contributed to the successful delivery of a number of key actions. This approach will reaffirm the belief of the Secretary of State for Health, that *"success is dependent on us all working together"*.

Gary Etheridge
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