



Central Manchester University Hospitals



NHS Foundation Trust

Rising to the Challenge

The Story So Far

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**Director of Patient Services/Chief Nurse
Director of Infection Prevention & Control**

March 2011





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The New Hospitals Development brings our 6 hospitals together:

- Manchester Royal Infirmary
- St Mary's Hospital
- Manchester Royal Eye Hospital
- Booth Hall Children's Hospital
- Royal Manchester Children's Hospital
- University Dental Hospital

The new Royal Manchester Children's Hospital is now the largest children's hospital in the UK





Facts & Figures.....

- Total turnover in excess of £700m
- Over 10,000 staff
 - 375 consultants
 - 3800 nurses and midwives
 - 450 under-graduate medical students
- c1400 beds
- 9 Clinical Divisions
 - Division of Acute, Rehabilitation and Emergency Services (£110m)
 - Specialist Medicine (£95m)
 - Children's (£150m)
 - Surgery (£75m)
 - St Mary's (£70m)
 - Clinical & Scientific Support (£55m)
 - Royal Eye Hospital (£25m)
 - University Dental Hospital (£15m)
 - Research & Innovation (£25m)





Our Journey

Background: April – November 2006

- Annual health check & assurance framework identified infection control as an area of concern requiring immediate action
 - IC measures were demonstrating limited impact on clinical outcomes
 - Incidence of MRSA bacteraemia increasing
 - GRE rates amongst highest in the country
 - C Diff rates rising
 - Infection control seen as the business of the infection control team
 - Not on trajectory to meet required reduction in bacteraemia





- April 2006 - Plan put in place to address infection prevention and control which included:
 - Designating a new DIPC
 - Review of all IC policies and procedures and production of new IC manual
 - Reviewing all systems in place
 - Considering the available evidence and best practice
 - Review of infection control team structures
 - Divisional review process implemented

- July 06 - Implemented hand hygiene audits with clinical audit and training
- September 06 - Introduced new system of induction and mandatory training for all staff including infection control
- October 2006 – Commenced implementation of ANTT Trust wide
- November 2006 - Review of IP&C by D o H Improvement Review team





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“The board and DIPC have already identified a comprehensive range of areas for work and know what needs to be done. You have made an encouraging start in implementing improved performance and practice frameworks and there is evidence of the effective communication of these. However the urgency and drive for these changes has yet to register with many frontline staff particularly medical staff, and translate into their mainstream practice”

DoH Improvement Review Team December 2006





What did we do?

➤ Practice

- Education and training
- hand hygiene
- ANTT
- antibiotic prescribing
- Screening
- Care pathways

➤ Processes

- Audit
- Reporting
- RCA





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What did we do?

➤ **Holding to Account**

- Identification and Measurement of Key performance Indicators
- Weekly performance review
- Action plans
- Feedback
- Divisional Infection control committee
- Divisional governance review
- Multi-professional approach





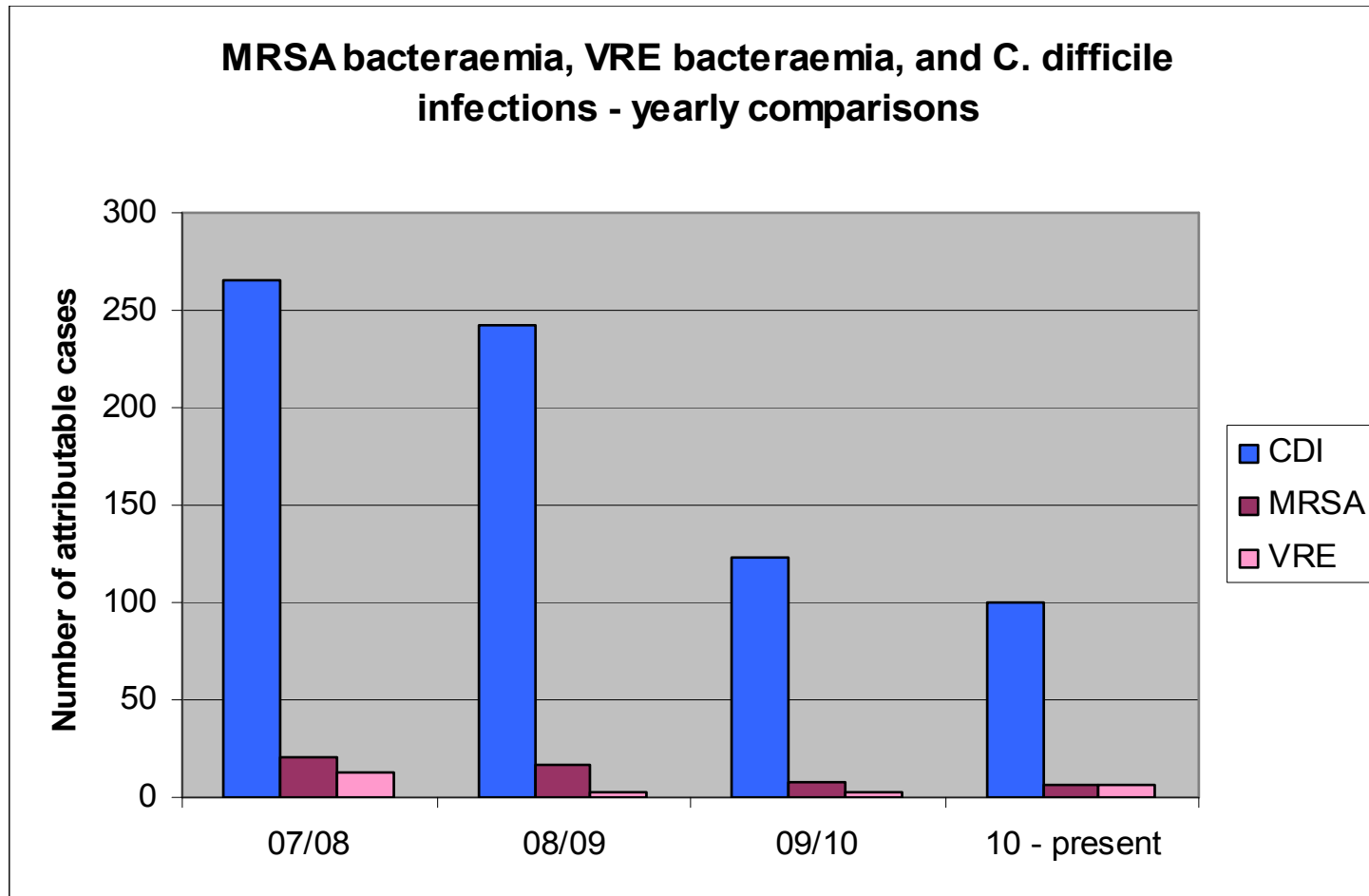
➤ **Change of Culture**

- Whole system approach
- Board to Ward
- Clarity of purpose
- Everyone's responsibility
- Share data
- Hold to account
- Take pride in our performance





Results: CMFT HCAI Performance 2007/8 – to date





Key messages

➤ **Need for consistently good practice**

- Compliance with IC policies
- ANTT
- Education & Training
- Documentation
- Communication

➤ **Need for raised awareness at all times**

- Long-term patients
- Multiple interventions





The Future

- Mainstream
 - Refocus Clinical Practice
 - Further develop systems for managing medical staff training
 - Further embed systems within the divisional reporting & performance management framework
 - Broaden our scope
 - Keep high profile – Everybody's business
 - No magic bullet – more of the same.....

