

	London – training in its use to be provided by them			
<p>2. Hand Hygiene</p> <p>All staff working in clinical areas to meet a minimum of 90% compliance against standard</p>	<ul style="list-style-type: none"> • Deliver hand hygiene training for all staff on an annual basis • Carry out ongoing monthly audits to monitor compliance • Feedback and report on compliance by ward and speciality • Hold ward managers and consultants to account for non compliance • Implement “Clean your hands” campaign for 2008 • Display results in public areas on Productive Wards 	Visible Leadership Team	July 2008	<ul style="list-style-type: none"> • Training sessions rolled out trust-wide • Monthly audits undertaken by senior nursing team as part of Visible Leadership Initiative, and to transfer to local level from June 2008 • Results of audits shared at executive and local level, and reported to ICC • Developing reports for Trust Board, HMB, and local level showing corporate, divisional, ward performance as appropriate • Campaign launched with poster displays and championed by Matron for Emergency Care
	<ul style="list-style-type: none"> • Plan and deliver next hospital wide hand hygiene training sessions for all staff 	VLT	March 2009	<ul style="list-style-type: none"> • Training for this year to commence end of January – end of March

<p>3. Adherence to Saving Lives High Impact Interventions</p> <p>All high impact interventions to be carried out in accordance with the relevant Saving Lives Care Bundle Guidance, in the following areas of practice: -</p> <ul style="list-style-type: none"> • Central Venous Line Management • Care of Intravenous Lines • Prevention of Surgical Site Infections • Surgical Site Infection • Ventilation and Tracheostomies • Urinary Catheter Care • Clostridium Difficile Management – see separate action 	<ul style="list-style-type: none"> • Provide bi-monthly trust-wide report on compliance against Saving Lives Interventions • All RCAs to include assessment against Saving Lives Interventions • Carry out ongoing monthly audits to monitor compliance with all relevant Saving Lives Care Bundles • Feedback findings to ward teams • Hold ward managers and senior consultants to account for non-compliance • Continue ongoing training programme • Performance management of persistently non-compliant staff 	<p>P Folan</p> <p>Visible Leadership Team</p> <p>Dr Andrews / P Folan</p>	<p>July 2008</p> <p>July 2008</p> <p>January 2009</p>	<ul style="list-style-type: none"> • Bi-monthly progress reports on compliance with Saving Lives provided • Care of urinary catheters identified as an area of limited audit therefore focus over next 3 months • All RCAs include assessment against Saving Lives • Monthly audits undertaken by senior nurses as part of the Visible Leadership Initiative • DOH Observation of Care Team carried out audits of hand hygiene, peripheral and central line management and urinary catheter management on 16.05.08 • Non – compliant staff members identified and given additional training and support, followed by warning letters and possible disciplinary action • Recent assessment made against all HIIs and balanced scorecard – paper to January ICC
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<p>4. Management of Clostridium Dificile</p> <p>Patient with c diff to be managed in accordance with the Saving Lives Guidance</p>	<ul style="list-style-type: none"> • Antibiotics to be prescribed in accordance with national and local policies to minimise the use of broad spectrum microbials • Prescribing practice to meet a minimum of 90% compliance with policy when audited • Agree local policies for specific clinical areas, e.g. oncology • Provide ongoing training for junior Drs • Ward Pharmacists to check and challenge prescribing practice • Carry out ongoing 6 monthly audits to monitor compliance with Policy • DIPC and antimicrobial pharmacist to set up antimicrobial stewardship group to meet 3 times a year 	<p>J Andrews Ai-Nee Lim</p> <p>Dr Andrews</p>	<p>November 2008</p> <p>November 2008</p> <p>January 2009</p>	<ul style="list-style-type: none"> • Prescribing training sessions introduced for ED, Surgery and FY1/2 Drs and medicine to focus on length of antimicrobial treatment and reduction in use of broad spectrum antimicrobials • Mobile telephone hotline reintroduced for ward pharmacists to be able to directly access Consultant Microbiologist during working hours to query potential poor prescribing regarding antimicrobials • Terms of reference for Antimicrobial stewardship group drafted – to be ratified by ICC • Trust-wide re-audit of antimicrobial policy took place in November 2008 – findings to be presented to January ICC
<p>5. Surgical Site Infection Surveillance Scheme</p> <p>Trust to participate in the Health Protection Agency's Surgical Site Surveillance Scheme</p>	<ul style="list-style-type: none"> • Agreed trust will report on orthopaedic joint surgery, vascular surgery, large bowel 	<p>P Folan</p>	<p>January 2009</p>	<ul style="list-style-type: none"> • Staff from new areas receiving training • Notes audit underway

	<p>surgery and caesarean sections</p> <ul style="list-style-type: none"> Put forward business case for creating of additional post of Surveillance Officer to coordinate this work 	J Andrews	January 2009	<ul style="list-style-type: none"> Obstetrics (Gaye Henson and Ros Basri) have made initial plans for CS surveillance General surgery surveillance undertaken by F1 doctors and Clinical nurse specialist Discussions with Orthopaedics have taken place – agreed to co- ownership of the scheme for # NOFs Approval for new post of Surveillance Officer received, and recruitment process underway
<p>6. Screening</p> <p>100% of adult surgical and medical patients to be screened for MRSA</p>	<ul style="list-style-type: none"> Extend Trust Screening Protocol to include all adult inpatient surgical and medical patients Use Kings Fund Leadership Programme to plan and implement work required as a project Ensure positive results are communicated and acted upon Carry out quarterly audits to monitor screening rates Commence screening of DTC patients who are pre-assessed 	Dr Andrews	January 2009	<ul style="list-style-type: none"> Audit in December 2008 showed; - 79.9% of all adult emergency patients were screened 58% of all adult surgical patients were screened 81% of all adult medical patients were screened 96% of elective surgical patients were screened From January 2009 DTC patients who are pre-operatively assessed are being screened
<p>5. Death associated with HCAs</p>				

<p>All death associated with HCAI should be checked to ensure that HCAI is accurately recorded as a cause of death or contributing to the patient's death. This is in line with the recommendations from the National confidential study of deaths following MRSA infection</p>	<ul style="list-style-type: none"> • All patient deaths associated with HCAs should be checked to ensure that the HCAI is accurately recorded as a cause of death or contributory factor • Sample of death certificates to be audited 	<p>P Folan</p>	<p>November 2008</p>	<ul style="list-style-type: none"> • Numbers of deaths where MRSA or C. difficile listed on death certificates has been added to flash IC report
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Aim	Actions Required	Lead	Review by ICC Date	Progress/ Comments
<p>Environmental Factors</p>				
<p>1. Cleaning</p> <p>All clinical areas to meet a minimum standard of 90% compliance against national cleaning standards</p>	<ul style="list-style-type: none"> • Monthly cleanliness audits to be carried out in all clinical areas 	<p>Visible Leadership Team</p>		<ul style="list-style-type: none"> • Audit tool based on national standards developed, & monthly audits taking place on an ongoing basis. Reported to ICC • Business plan for curtain exchange agreed and being implemented • Feasibility of clean bed exchange following discharge being examined – discussed at Exec Committee and decided not to proceed at this time • Need for results to be displayed

<p>2. Bed Management</p> <p>Spaces between beds to comply with national specification</p>	<ul style="list-style-type: none"> • Reconfigure beds to separate elective and emergency patients • Reduce bed numbers in bays non-compliant with specification • Trust-wide roll out of "BedWeb" 	<p>K Slemeck/ Helen Brown</p>	<p>March 2009</p>	<p>in public areas to be discussed at ICC</p> <ul style="list-style-type: none"> • Reconfiguration of beds underway • Beds in surgical bays reduced from 6 to 4 (except Betty Mansell) • Beds in JKU remain at 6 per bay, To be reviewed post winter pressure • BedWeb rolled out
<p>3. Isolation</p> <p>All patients with infections to be isolated where possible</p> <p>Isis Ward to be extended to provide additional isolation facilities</p>	<ul style="list-style-type: none"> • Prioritise the need for isolation using LIPS • Point prevalence study to commence June 2008 in order to establish information on capacity and demand for isolation rooms • Non-isolation of patients with a HCAI to be reported as clinical incidents • Isolation Policy to be reviewed and updated and to be reflected in Bed Management Policy by October 	<p>Dr Kelsey</p>		<ul style="list-style-type: none"> • LIPS being used by Bed Management team to prioritise patients • Point prevalence study commenced on 9.6.08, and now part of VLT schedule with input from Dr Kelsey <p>Isolation Policy reviewed, amended and ratified</p>
<p>4. HCC Hygiene Code</p>	<ul style="list-style-type: none"> • All actions identified in action 	<p>As per action</p>		

To implement all recommendations identified in the 2007 – 08 inspection report.	plan to be implemented	plan		All actions completed
To prepare for 2008 – 09 inspection	<ul style="list-style-type: none"> • Identify duties of code and prepare evidence required to demonstrate compliance • Ensure that key staff are aware of imminent inspection and take steps to be ready 	D Wheeler		<ul style="list-style-type: none"> • Compliance framework developed and evidence being collected • Confirmation received that inspection will be in quarter 4 • Key staff to be briefed

Aim	Actions Required	Lead	Review by ICC Date	Progress/Comments
Organisational Factors				
<p>1. Leadership</p> <p>To ensure that effective infection prevention and control practice is embedded trust wide</p> <p>To develop visible, proactive, appropriately trained practitioners who lead the IC agenda</p> <p>2. Information Management</p> <p>To agree set of IC indicators for all clinical areas, for divisions and for the whole hospital</p>	<ul style="list-style-type: none"> • Link Practitioners to have relevant education & training • Link practitioners role to be integrated with IC team • New post of IC Matron to support ward managers to implement and embed best practice at local level • IC Team to carry out a minimum of weekly ward rounds of all infected patients <ul style="list-style-type: none"> • Audit against agreed indicators and trust trajectory and feedback to execs weekly, and to HMB and TB monthly • Identify dedicated analyst time to support IC data management • Balanced score card to include compliance with MRSA screening 	<p>P Folan</p> <p>D Wheeler</p> <p>G Winteringham</p> <p>Fiona Elliot</p>	<p>July 2008</p> <p>July 2008</p> <p>July 2008</p> <p>Jan 2009</p>	<ul style="list-style-type: none"> • IC Study Day programme commissioned from Middlesex University for Link Practitioners • Bi-monthly joint meetings established for Link Practitioners and IC Team • Matron took up post March 2008 <ul style="list-style-type: none"> • Weekly Flash Reports produced for executive committee ▪ Support being provided

<p>3. Partnership Working</p> <p>To ensure an integrated cross community approach to prevention and control by working collaboratively with local PCTs</p>	<ul style="list-style-type: none"> • Work in collaboration with both local PCTs to develop pathways for management of patients with HCAs across the health economy • Identify and collaborate on pre 48 hours bacteraemia 	<p>V Shaw</p>	<p>July 2008</p>	<ul style="list-style-type: none"> • HCAIS now standing agenda item on Joint Nursing Partnership Committee • Formal alert process in place for pre 48 hours cases • Joint pathways for conducting RCAs agreed • Joint participation in RCAs where appropriate
<p>4. Organisational Development</p> <p>To ensure that the trust has an effective and proactive IC team</p>	<ul style="list-style-type: none"> • Infection Control Team are attending Kings Fund Leadership Programme • DIPC member of Cross Organisation Work learning group and to share new ideas with trust 	<p>D Wheeler</p> <p>Dr Andrews</p>		<p>Programme commenced June 2008</p> <p>Learning programme underway</p>