

Trust Board

TB2008.62

From: Dr James Morris, Medical Director/Director of Infection Prevention & Control
Date: July 2008
Subject: **Infection Control work programme for 2008/09**
For: **Information**

Synopsis

The annual programme of the Infection Control service for 2008/09 sets out the proposed activities of the infection control team (ICT) to ensure that the ORH meets the requirements of the Department of Health and those within the Hygiene Code. This programme is based around Standards for Better Health, The Health Act 2006, the Saving Lives campaign and National Cleaning Standards 2007. Learning from incidents, complaints, root cause analysis and observations of care audits have also contributed to this programme.

The overall objective of the programme is to focus on promoting the ownership of infection prevention and control by all Trust employees and to provide assurance that the organisation is committed to a further and continued reduction in the incidence of HAIs.

The Board is asked to receive the programme and to note that regular reports will continue to be made through the Executive Board, the Finance & Performance Committee and the Governance Committee. In addition, a further report on the status of the programme will be provided to the Board in January 2009.

Financial, legal and risk impact

One of the ORH's principal objectives is to provide demonstrably excellent clinical outcomes and indicators of patient safety. The achievement of reduced rates of infections is a key element in achieving this objective. Implementation and monitoring of the work programme is intended to provide assurance to the Board of the commitment across the Trust to this key objective.

Infection Control Annual Programme April 2008 – March 2009

1. Executive summary

The annual programme of the Infection Control service for April 2008-March 2009 sets out the proposed activities of the infection control team (ICT) which will ensure that the service meets the requirements of the Department of Health along with the Hygiene Code. This programme is based around Standards for Better Health, The Health Act for Infection, Prevention and Control, Saving Lives and the National Cleaning Standards 2007. Learning from incidents, complaints, root cause analysis and observation of care audits has also contributed to this programme.

2. General Objectives

To develop an enhanced programme to focus on promoting the ownership of infection prevention and control by all Trust employees.
To provide assurance that the organisation is committed to a further reduction in the incidence of HAIs

3. Ensure that there are clear lines of ownership and accountability for Infection, Prevention and Control within the organisation

Ownership at local level promotes engagement of the clinical teams and therefore increased commitment to infection prevention and control.

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Objective	Action	Lead	Outcome	Evidence	Date to be achieved
3.1 Maintain Board level involvement in Infection Control	1. Annual infection control programme to be presented to Trust Board	DIPC	Approval of plan at Trust Board	Minutes of Trust Board	July 2008
	2. Regular updates to Trust Board as part of performance reports	DIPC	Executive and non-executive awareness of HAI performance	Minutes of Meetings	Ongoing
	3. Continue to meet regularly with the CEO	DIPC	CEO up to date with IC issues	Minutes of Meetings	Ongoing
	4. Continue to report infection control data and issues to Executive Board	DIPC	Executive awareness of Trust performance of HAIs	Minutes of meetings	Weekly
3.2 The Hospital Infection Control Committee (HICC) will be an effective group, assist in delivering and monitoring the aims of the infection control annual plan.	1. Improve clinical representation, i.e. Physicians, Surgeons, AHPs and Matrons	Medical Director/ Director of Nursing & Clinical Leadership	Broader representation at HICC promoting informed, owned decision making and strategic development.	Minutes of meetings	June 2008
	2. Monitor adherence to HICC terms of reference and effectiveness of the committee. Annual review.	DIPC/Infection Control Manager	HICC meets it's objectives and remains focused	Report	December 2008

Objective	Action	Lead	Outcome	Evidence	Date to be achieved
3.3 Infection Control data and issues, both local and Trust wide will be reported and discussed using the 'Ward to Board' approach.	1. Divisional/directorate managers, lead clinicians and Matrons will be clear on what should be reported, where and how; will follow the 'Ward to Board' Paper (Feb 2008).	Divisional Directors of operations, Associate Directors of Nursing for Divisions	All staff within the organisation will have access to knowledge of both local and organisational performance in relation to infection control	Minutes of meetings; ward meetings, CDU meetings, Matrons, Directorate and Divisional Board meetings	Continuous, in line with relevant meeting frequency
	2. Compliance with 'Ward to Board' reporting will be monitored and reported at HICC	Assistant Director of Quality and Risk	Continued ownership is promoted	Quality Report to HICC	Quarterly
3.4 Infection prevention and control is a recognised responsibility of all staff employed within the Trust	5. Responsibilities for infection prevention and control will be explicit in every employee's job description.	All recruiting managers, monitored by Directorate Managers	All employees will be aware that Infection Prevention and control is part of their duty of employment	All job descriptions will have a section describing infection control responsibilities.	Continuous
	5. Monthly point prevalence survey of jobs advertised to be undertaken. Feedback to DMs where there is non-compliance.	Infection Control Administrator	DMs will be aware of non-compliance and take action	As above	Monthly

Objective	Action	Lead	Outcome	Evidence	Date to be achieved
	5. Where there is possible contact with patients/ the patient's environment Infection prevention will be part of every post-holder's Knowledge Skills Framework and this will be assessed through the appraisal process.	All line managers	Infection prevention and control will be considered through the performance management /professional development framework.	Sample KSFs	Continuous, all staff should have an annual KSF appraisal.

4. Improve Infection Control Surveillance and Management of Patients with Infection Risk.

Isolating patients early and appropriately will reduce the risk of spread of infection.

Objective	Action	Lead	Outcome	Evidence	Date to be achieved
4.1 Clinical teams must assess the infection risk of all patients on or prior to admission in order for infectious patients to be managed appropriately (in line with IC policies)	1. Raise clinical team's awareness of the infection control flagging system on PAS through targeted education where non-compliant. Provide guidance on IC website.	Infection Control Manager	Early identification of infection risk and appropriate patient management	Isolation audit results will show 'unawareness of pt status' is not a reason for not isolating	Monthly
	2. Assessment criteria to be added to medical clerking process, pre-	DIPC/Medical Director/Director of nursing and Clinical	As above	As above	July 2008

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Objective	Action	Lead	Outcome	Evidence	Date to be achieved
	op assessment and nursing admission assessment paperwork.	Leadership/ Pre-op project lead			
4.2 In accordance with DH guidance, by the end of 08/09 all elective admissions will be routinely screened for MRSA.	1. Development of a business case identifying the resource requirements for this practice.	Infection Control Doctor	A robust business case will be developed.	The infrastructure required to achieve the goal will be identified.	May 2008
	2. The infrastructure required for delivering this objective will be provided.	Director of Operations for Division C	All elective admissions will be screened for MRSA	Screening practice will be audited. Audit results will show compliance	January 2009
4.3 Introduction of an infection control IT system to streamline surveillance and reporting processes through a linked database. This will enable a more timely response to infection control issues at the point of care delivery.	1. Continuous working in partnership with product providers to ensure system is fit for purpose.	Infection Control Doctor	The system is available to all clinical teams	Successful introduction	June 2008
			Patients will be managed appropriately	Isolation audits and findings from RCAs will show appropriate patient management and effective use of this system.	September 2008 and then monthly and through RCA.
			Early response to	Ward reports	

Objective	Action	Lead	Outcome	Evidence	Date to be achieved
			outbreak scenarios and look back exercises Readily available, robust information for litigious cases		
4.4 Ensure the development of the CRS project recognises infection prevention and control requirements for effective patient management	1. Identify a designated lead within the team to represent Infection Control on the CRS project.	Infection Control Manager	The CRS system will meet the needs of infection prevention and control for optimal patient management	Infection control attendance at project workshops/ meetings etc.	Ongoing throughout 2008/9

5. Gain assurance that all infection prevention and control policies and procedures are up to date and adhered to across the organisation.

Review and audit of policies will ensure compliance with most up to date practice guidance from evidence based practice and DoH directives. The presence and adherence to key policies is included in the Hygiene Code.

Objective	Action	Lead	Outcome	Evidence	Date to be achieved
5.1 All policies and procedures will be up to date in relation to best practice	1. All policies will be reviewed by expert practitioners annually and updated and approved via HICC/Trust Board as necessary.	Infection Control Manager	All policies will be up to date, thereby providing staff with correct	Policies will have date of review within 12 months and relevant version control.	Each policy annually as required.

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Objective	Action	Lead	Outcome	Evidence	Date to be achieved
guidelines and directives from information resources available.			guidance.		
5.2 All policies and procedures will be readily available to all staff within the organisation; staff will know how to access policies and procedures.	1. All policies and procedures will be available both in hard and electronic format in all clinical areas, and in electronic format in all other areas across the Trust, via the infection control website on the Trust intranet.	Infection Control Manager	Availability of policies and procedures will be optimised. Correct patient management should ensue.	An infection control manual will be found on any given ward/clinical area. All policies and procedures can be found on the intranet.	Continuous
	2. Staff's knowledge of how to access Infection Control Policies and procedures will be monitored through audit (Nursing and Midwifery Standards) and RCA of HAI cases.	Deputy Director of Nursing and Clinical Leadership/ DIPC	Staff will access policies and procedures. Correct patient management should ensue.	Audit results from N&M standards, Minutes from RCA meetings.	Annual N&M audit. Each RCA review.
5.3 All policies and procedures will be adhered to across the Trust.	1. An annual audit plan will be developed and undertaken to include monitoring compliance with policies and procedures. Results will be reported to HICC.	Infection Control Manager	Knowledge of levels of compliance to policies and procedures will be gained	Audit programme will be completed with results reported to HICC	Audit programme to be designed by May 2008. Audits will be undertaken throughout the year. Report to each HICC as

Objective	Action	Lead	Outcome	Evidence	Date to be achieved
					results available.
	2. Non-compliance (result less than 90%) with policies/procedures will be acted upon in order to improve compliance, through identification of themes from audit results. Education and training needs will be identified and provided as appropriate. A re-audit will occur following re-training.	Infection Control Manager	Improved compliance	Audit results above 90%	As per annual plan and initial audit results.

6. All staff within the organisation will receive appropriate and adequate training in infection prevention and control.

Adequately trained staff have the knowledge and skill to assist in the control and prevention of infection.

Objective	Action	Lead	Outcome	Evidence	Date to be achieved
6.1 A programme of education and training will be tailored to the needs of the organisation in order that mandatory requirements and	1. The training schedule and content will be reviewed in order that the frequency and subject matter meets the needs of different core staff groups including physicians, nurses, AHPs, admin and hotel services. Consideration	Senior Infection Control Nurse (lead for education)	All staff will have infection control training relevant to their role and responsibilities.	The use and availability of a variety of teaching tools. Annual training schedule.	June 2008

Objective	Action	Lead	Outcome	Evidence	Date to be achieved
additional needs of specific staff groups are met.	will be given to the use of e-learning tools.				
6.2 Provide a responsive and flexible educational and support service to clinical areas where challenges in maintaining infection prevention and control persist.	1. Ensure there is capacity within the Infection Control Service to meet the educational requirements of the Trust (see also section 7)	Infection Control Manager/DIPC	Challenges in maintaining infection prevention and control are addressed in a timely way.	There is quick turnaround in the performance of a given area where problems have been evident. Evidence through directorate/divisional infection control reports. Training records.	July 2008
6.3 Gain assurance that there is compliance with mandatory training across the Trust.	1. Collaborative working between Infection Control, the Training and Development Department and HR to develop and maintain accurate training records through ESR.	Infection Control Administrator	90% of clinical staff will be up to date.	Training records held centrally on ESR	Ongoing
	2. Until the above is developed, Directorate managers should monitor compliance with mandatory training. This should be reported at	Divisional Governance Leads	As above.	Divisional reports. HICC minutes (quarterly).	June 2008 then quarterly

Objective	Action	Lead	Outcome	Evidence	Date to be achieved
	Directorate and Divisional Boards. Feedback to HICC quarterly.				

7. The Infection Prevention and Control Team serves the requirements of the organisation by the most efficient and effective means possible in order to carry out the annual plan and other ongoing activities.

A responsive, flexible infection control team is able to support clinical teams in addressing infection control issues as well as assist in the development of these teams to increase local ownership of managing infection prevention and control.

Objective	Action	Lead	Outcome	Evidence	Date to be achieved
7.1 The structure and function of the team will adapt to meet the requirements of the Trust and deliver the infection control annual plan.	1. Workforce review; ascertain the establishment required to undertake all essential activities and deliver the annual plan. Include any proposals in budget planning.	Infection control Manager/DIPC	The team will be fit for purpose	The annual plan will run to schedule.	April 2008
	2. Review of organisational structure within the team; evaluate potential new ways of working and new roles, i.e. clinical skills facilitator. Learn from successes within other organisations.	Infection Control Manager/DIPC	The service will be responsive to the needs of the organisation	Improved HAI outcomes, fewer IC related complaints, fewer IC related incidents	August 2008
7.2 The challenges of	1. Infection Control staff will	Infection Control	The challenges of	Team members	Budget

Objective	Action	Lead	Outcome	Evidence	Date to be achieved
recruiting trained infection control nurses and turnover of staff will not affect the functioning of the team.	receive adequate professional development, education and training to undertake their duties effectively. This may require financial support for accredited courses i.e. decontamination degree, infection control course, teaching and management awards. Financial resources must be identified to support this.	Manager	recruiting experienced, trained ICNs will be addressed. The service provided will be of the highest standard.	will meet the requirements of their KSF which will be assessed through the appraisal process.	setting May 2008 Ongoing
	2. The roles and responsibilities of each team member will be clearly defined with goals set and monitored. Regular work plan reviews will identify any difficulties in providing the service.	Infection Control Manager	The day to day requirements of the Trust and delivery of the Annual Plan will be carried out methodically and with success.	Delivery of the Annual Plan Improved HAI outcomes, fewer IC related complaints, fewer IC related incidents	Ongoing monthly work planning meetings
	3. The infection control link nurses will be developed to be suitable candidates for an ICN role, through training and education opportunities and support at local level. Link nurse meetings and study days will be developed.	Infection Control Nurse (lead for link nurses)/ Director of Nursing and Clinical leadership	Continuity of service	Successful and timely recruitment of appropriate candidates to vacancies	July 2008, ongoing

8. Every individual in every clinical delivery unit across the Trust will demonstrate ownership of and commitment to the reduction of healthcare associated infections.

Having knowledge of performance in relation to infection prevention and control at local level promotes a commitment to improvement; such knowledge will be gained from undertaking audits and developing and managing action plans.

Objective	Action	Lead	Outcome	Evidence	Date to be achieved
8.1 All clinical areas will undertake relevant 'Saving Lives' audits appropriately and aim to achieve above 95% compliance with the care bundles.	1. New guidance and toolkit for 'Saving Lives' within the Trust to be produced to incorporate annual audit plans, action plan proforma and performance monitoring tools for use at directorate, division and Trust levels.	Infection Control Manager	A consistent approach to saving lives across the organisation enabling useful data to be produced to inform practice development.	All clinical areas are able to report saving lives results and action plans. Improvement in results is seen at local level and across the organisation	June 2008
	2. 'Saving Lives' audit results and action plans will be reported throughout the Trust following the 'ward to board' guidance.	Matrons/ Directorate managers/ clinical leads/ Divisional directors/ governance leads	Ownership of results and action plans is at local level and performance managed through the divisional/ directorate structure	Minutes of directorate and divisional board meetings	April 2008
8.2 All clinical areas will undertake hand hygiene audits and	1. New guidance and toolkit for undertaking hand hygiene audits to be	Infection Control Manager	A consistent approach to hand hygiene audits across the organisation	Results of hand hygiene audits from every clinical area	June 2008

Objective	Action	Lead	Outcome	Evidence	Date to be achieved
aim to achieve at least 95% overall and by all staff groups	produced to incorporate a step-up/step-down approach to audit frequency depending on results and performance monitoring tools for use at directorate, division and Trust levels.		enabling useful data to be produced to inform practice development.		
	2. Hand hygiene audit results and action plans will be reported throughout the Trust following the 'ward to board' guidance.	Matrons/ Directorate managers/ clinical leads/ Divisional directors/ governance leads	Ownership of results and action plans is at local level and performance managed through the divisional/ directorate structure	Minutes of directorate and divisional board meetings	April 2008
	3. Hand hygiene during consultant ward rounds will be audited and practice challenged, to include non-compliance with 'bare below the elbow' guidance.	DIPC	Physicians will have increased awareness of their hand hygiene practice and will improve compliance	Audit results	May 2008

9. The public whom the Oxford Radcliffe Hospitals serve will have confidence in the organisation's commitment to preventing the spread of healthcare associated infections.

The community will consider the ORH the hospital of choice when deciding where to undergo treatment. By understanding the Trust's strategy and performance indicators for infection prevention and control they will be reassured; comments and complaints related to practice in this area will be reduced.

Objective	Action	Lead	Outcome	Evidence	Date to be achieved
9.1 The public will be have access to and understand the Trust's performance in relation to healthcare associated infections (HAI) and understand the how the risks of HAI are managed.	1. The infection control link on the external Trust web site to be intuitive in its format and navigation.	Infection Control Manager	The public will easily find information	Feedback from patient and public representatives at HICC.	August 2008
	2. The infection control website will be updated monthly with relevant information for patients.	Infection Control Manager	The public will be able to find relevant information	As above	August 2008
	3. The monthly figures for MRSA and C.Diff will be available on the website with explanatory notes.	Infection Control Manager	The public will have understanding regards the Trust's performance	As above	July 2008
	4. Each ward will display publicly it's 'saving lives' and hand hygiene audit results.	Ward Sisters	Patients and visitors will have assurance of the ward's commitment to preventing the spread of infection	As above	May 2008

Objective	Action	Lead	Outcome	Evidence	Date to be achieved
	5. The Infection control team will display the Trust's overall performance data publicly in visible places across the Trust	Infection Control Manager	Patients and visitors will have assurance of the Trust's commitment to preventing the spread of infection	As above	May 2008
9.2 Patients and visitors will be encouraged to support infection prevention and control within the organisation	1. Hand hygiene gel to be available and highly visible at entrance/exit to all clinical areas.	Infection Control Nurses	The public will have confidence in the efforts of the Trust in preventing the spread of infection	Fewer comments and complaints relating to hand gel at entrances to wards	June 2008
9.3 Comments and complaints relating to infection prevention and control practice will be responded to appropriately.	2. All complaints will be answered in a timely way, meeting the Trust targets for response times.	Infection Control Manager	Evidence of commitment to addressing issues	Response time targets are met	April 2008
	3. All complaints will be reviewed to identify any common themes which will inform areas of practice development to focus on.	Infection Control Manager	Practice issues are addressed	Fewer complaints related to infection control practice	April 2008

10. The Oxford Radcliffe Hospitals will work collaboratively with partners in the local health economy on projects to reduce Healthcare Associated Infections throughout the patient's journey: 'Parry Riposte' SHA funded Project (until August 2008).

£750K was awarded to the Oxfordshire health economy (NOC, ORH , PCT and OBMH) to invest in a project including work streams in antimicrobial stewardship, preventing C.Diff and peripheral cannula insertion and care.

Objective	Action	Lead	Outcome	Evidence	Date to be achieved
10.1 Improve understanding of incidence and causative factors of <i>Clostridium difficile</i> across Oxfordshire health economy.	1. Investigate through audit, all positive cases of C. diff with clinical teams involving the PCT, GP's and nursing homes looking back three months into the patient's exposure to Healthcare settings, in particular antimicrobial therapies.	Project Lead	Knowledge of prescribing practice across the health economy.	Audit results	April 2008
10.2 Improve appropriate antimicrobial prescribing across the health economy	1. To carry out a baseline audit of antimicrobial prescribing across Oxfordshire Health Economy	Project Manager	Information regarding prescribing practice	Audit results	February 2008 (complete)
	2. To update or revise any guidelines that as a result of the audit findings	Antimicrobial Pharmacist	Clear guidelines available to all	Guidelines available on clinical intranet and pharmacy website	May 2008
	3. To provide education for all prescribers on the results of the audit, changes in guidelines and a general	Consultant pharmacologist	All prescribers are well informed.	Training records	May - July 2008

Objective	Action	Lead	Outcome	Evidence	Date to be achieved
	update in changes in antimicrobial prescribing.				
	4 Audit of compliance to assess the effect of the change in guidelines and educational sessions.	Antimicrobial pharmacist	Compliance rates above 90% or identification of areas requiring further focus	Audit results	August 2008
	5 Identify resources to continue this programme of work once funding for project ceases	Infection Control Manager	The project is able to continue	Continued regular audits	May 2008
10.3 Reduce cases of line related bacteraemia through a programme of a package of measures.	1. Investigate all line related bacteraemia (MSSA and MRSA)	Infection Control Manager	Improved awareness of issues relating to line care	Root Cause Analysis findings	April 2008
	2. Develop minimum standards for peripheral line insertion in accordance with the 'Saving Lives' care bundle.	Infection Control Manager	Best practice guidelines will exist	Guidelines available on intranet	May 2008
	3. Develop and deliver a competence framework for the insertion of peripheral lines	Infection Control Manager	All peripheral lines will be inserted in accordance with guidelines	'Saving Lives' audit results show compliance above 95%	June - July 2008
	4. Introduce a peripheral cannula insertion pack.	Senior Infection Control Nurse (procurement lead)	Equipment is standardised and best practice promoted	As above	June 2008
	5. Work collaboratively with the	Infection Control	Reduce the risk of	Guidelines for the	July 2008

Objective	Action	Lead	Outcome	Evidence	Date to be achieved
	Ambulance Trust in developing line insertion practice in emergency situations	Manager	line infections in cannulas inserted under less than ideal circumstances	management of cannula inserted in emergency situations	

11. The Infection Control Team will extend its focus on reducing Healthcare Associated Infections by undertaking proactive projects responsive to the prevalence and clinical impact of infections within the organisation.

Looking beyond target related infections to further improve the care and experience of patients by reducing other high prevalence healthcare associated infections.

Objective	Action	Lead	Outcome	Evidence	Date to be achieved
11.1 Development of a Trust wide project to prevent urinary catheter related infections	1. Implement the 'Saving Lives' care bundles for insertion and continuing care of urinary catheters throughout the Trust	Infection Control Manager	Best practice in urinary catheter management	Audit results will be over 95%	September 2008
11.2 Develop surgical site surveillance within areas of high risk; i.e. Maternity, cardiothoracic surgery	1. Collect data on surgical site infection prevalence within specialties	Infection Control Manager	Areas of greatest risk identified	Results of findings, lab data	September 2008
	2. Develop and introduce surveillance tool	Infection Control Manager	Infections easily identified, knowledge of prevalence	Data available	November 2008
	3. Identify trends in infections from surveillance and address issues raised through	Infection Control Doctor	Infection rates decrease	Improvement in rates of infection through ongoing surveillance	March 2009

Objective	Action	Lead	Outcome	Evidence	Date to be achieved
	learning from research based practice and providing education and support to clinical teams.				
11.3 Continue the introduction of 2% Chlorhexidine in 70% IPA products for skin preparation for central and peripheral cannula insertion and blood culture sampling, as well as for the cleaning of hubs and ports on venous access devices.	1. Work with procurement and the manufacturers to introduce methodically and effectively throughout the Trust	Infection Control Manager	Reduction in line related infections and contaminated blood culture samples (avoidance of unnecessary antimicrobial use)	Infection rates Fewer contaminated samples (suspected)	May 2008

12. The Infection Control Team will work collaboratively with Estates and Facilities and the Nursing Directorates to ensure the environment is maintained in a way that minimises the risk hospital acquired infections to patients.

The cleanliness of the environment is key in reducing the spread of healthcare associated infections. Collaborative strategic working ensures the environment is built, maintained and cleaned in an efficient and effective way.

Objective	Action	Lead	Outcome	Evidence	Date to be achieved
12.1 The infection control team will provide expert opinion and advice on all new developments or refurbishments i.e. cardiac, Geratology	1. The team will examine all new proposals for new buildings, fittings and furnishings and advice on impact to infection control practice	Senior Infection Control Nurse	The fabric and furnishing of new builds and refurbishments will meet infection control guidelines	Records of consults	Ongoing

Objective	Action	Lead	Outcome	Evidence	Date to be achieved
12.2 Infection Control will be represented on all TEAR and PEAT visits throughout the Trust	1. A member of the nursing team will attend all visits	Infection Control Manager	Identification of infection control issues	TEAR and PEAT reports	Ongoing
12.3 The Infection Control Team will provide expert advice to inform decontamination processes throughout the Trust	1. Provide education to contractors	Infection Control Nurses	Contract staff will support infection control practice	Training records	Ongoing
	2. Provide advice and up to date guidance on cleaning products and methods	Infection Control Nurses	Optimal cleaning for infection control	NCS audit results	Ongoing
	3. Provide <i>C.Diff</i> surveillance information to facilities in order for enhanced cleaning compliance to be monitored	Infection Control Nurses	Enhanced cleans will be undertaken when appropriate	Facilities cleaning reports	Ongoing
12.4 Provide guidance to clinical areas on decontamination of patient equipment	1. Produce a ward cleaning manual for all clinical areas	Senior Infection Control Nurse (decontamination lead)	Wards will know what to use to clean equipment and cleaning frequency	Record sheets	May 2008
	2. Continue to support the development of a dedicated laundry facility for slings,	As above	Patient equipment will be laundered correctly	Availability of facility, no inappropriately placed/non-	August 2008

Objective	Action	Lead	Outcome	Evidence	Date to be achieved
	sliding sheets etc			compliant washing machines	
	3. A representative from infection control will attend the ORH Decontamination Committee.	As above	Infection control expertise will contribute to the decontamination strategy and decision making	Attendance records and minutes of meetings	May 2008

13. All clinical incidents related to infection control will be reviewed and acted upon appropriately.

This allows for learning from incidents both at local and organisational level to assure further development in infection prevention and control.

Objective	Action	Lead	Outcome	Evidence	Date to be achieved
13.1 The Trust will learn from infection control related incidents.	1. Review all incident forms to ensure there are actions to prevent reoccurrence	Infection Control Manager	Local learning from incident	Incident forms	Ongoing
	2. Review all incident forms to identify any trends. Identify and deliver measures needed, i.e. trust-wide education, revised guidelines to prevent reoccurrence.	Infection Control Manager	Trust-wide learning from incidents	Reduction in common themed incidents	Ongoing
	3. Reporting of all <i>C.Diff</i> deaths in accordance with Trust protocol as an SUI	Infection Control Manager	Trust wide learning from <i>C.Diff</i> Deaths, reduction in <i>C.Diff</i>	Database	Ongoing

Objective	Action	Lead	Outcome	Evidence	Date to be achieved
			deaths		
	4. Undertake full Root Cause Analysis for every MRSA bacteraemia case, incorporating a review meeting with clinical teams.	DIPC	Learning from MRSA bacteraemia cases	Fewer MRSA bacteraemias with common themes of sub-optimal practice.	Ongoing

14. Infection Control will work with the Occupational Health (OH) Department to ensure the safety of both staff and patients from the spread of communicable diseases.

Objective	Action	Lead	Outcome	Evidence	Date to be achieved
14.1 Ensure appropriate pre-employment health screening and employee immunisation.	1. OH will adhere to policy regarding pre-employment screening and immunisation of employees.	Evie Kemp	Prevent patient to staff transmission of communicable diseases	Staff OH records	Continuous
14.2 Appropriate pre-employment health screening, and guidelines for the exclusion of staff with communicable diseases.	1. OH will adhere to policy regarding pre-employment health screening and exclusion of staff with communicable diseases.	Evie Kemp	Prevent staff to patient transmission of communicable diseases	Staff OH records	Continuous
14.3 Management and proactive prevention of needlestick injuries and subsequent blood borne virus transmission	1. OH and Infection Control to contribute to any taskforce groups focussing on reduction of sharps	Evie Kemp/ Infection Control	Fewer needlestick injuries and subsequent blood borne virus transmission	OH records	Continuous
	2. Trust-wide introduction	Director of	Only safety cannulas	Procurement	July 2008

Objective	Action	Lead	Outcome	Evidence	Date to be achieved
	of safety cannulas	Nursing and Clinical Leadership	will be in use in the ORH	records	
	3. Improved compliance with sharps bin usage guidelines through audit and action plans for improvement.	Infection Control	Fewer sharps injuries subsequent to misuse of sharps bins	OH records, improved audit results	Annual sharps bin audit

Department of Health (2007) 'Saving Lives: reducing infection, delivering clean, safe care' www.clean-safe-care.nhs.uk

www.dh.gov.uk

Department of Health (2004) Standards for Better Health www.dh.gov.uk

National Patient Safety Agency (2007) The National Specifications for Cleanliness in the NHS www.npsa.nhs.uk