

## Infection Prevention and Control Action Plan 2013/14 – RAG rating used for monitoring completion

Action	Specifics	Responsible person(s)	Target date	Ongoing developments	Risk status	Complete
<b>Cleaning &amp; decontamination</b>	<b>Cleaning Programme</b> Development of robust deep cleaning programme	Val Wright	Jun-13	Need to develop an annual plan in line with the National Standards of Cleanliness 2009 to support a rolling programme of deep cleaning. Business Units have agreed to finding decant bays. Once this has been agreed in conjunction with the Heads of Nursing we need to look at methods of facilitating this within the clinical areas. This to be signed off at the next Trust Infection Prevention meeting 19 <sup>th</sup> June.	<b>High</b>	
	<b>Commode cleanliness</b> Ensure clean commodes throughout Trust	ICT, ward staff, modern matrons	Weekly audit	Previously yearly audits or reactive audits if a problem is discovered. Need to formalise weekly commode audits. Audit tool agreed. This to be uploaded onto Auditr for implementation by the beginning of June.	<b>Mod</b>	
	<b>Macerator cleanliness</b> Ensure macerator seal functions correctly.	ICT, ward staff, modern matrons	Monthly audit	No formal process previously. Northumbria contacted and have been using Glo spray. The company Haigh have a process to check seal is intact. Val Wright to contact company to ensure a process is in place by the end of June.	<b>Mod</b>	
	<b>HPV</b> Ensure HPV cleaning performed following discharge of C.difficile positive patients and on identification of cluster of cases	Carol Johnson	April-13	HPV cleaning commenced post discharge; some operational difficulties on the CIC site, fully implemented at West Cumberland Hospital following training should be fully implemented week commencing 4 <sup>th</sup> June 2013	<b>High</b>	

<p><b>Frequently touched areas</b> Ensure clean throughout the Trust and cleaning schedules in place</p> <p><b>Enhanced cleaning of patient areas</b> Full cleaning and HPV to be undertaken for areas when C.difficile positive patient identified</p>	Carol Johnson	Mar-13	<p>Monitored by the spray and glo process on both sites. Monthly reports are produced. Exceptions and actions plans to be completed monthly.</p> <p>Covered by the Terminal Clean Guidelines. Will be complete once HPV fully established at CIC</p>	High	
<p><b>Handwashing facilities</b> To ensure adequate hand hygiene facilities for staff and that issues raised in staff survey adequately addressed</p> <p>To ensure patients have opportunity to wash hands prior to meals</p>	ICT  C. Graham	April 2013 and then monthly	<p>External audits completed by Gojo and Deb (providers of hand decontamination products). Results to be presented by 19<sup>th</sup> June 2013.</p> <p>A review of hand washing sinks on the CIC site to ensure that there are sufficient sinks to comply with national standards. Roll out hand wipes for all patients for hand cleaning before meals. To be led by ward sisters/charge nurses on both sites. Catering Satisfaction Audit questionnaire “did you get the opportunity to wash your hands” for April, CIC 76%, WCH 96% positive results.</p>	High	
<p><b>Domestic Cover</b> Introduce and establish Trustwide system for monitoring domestic cover</p>	Carol Johnson	Mar-13	At both CIC and WCH there is to be a formal reporting system to the IPC each month of the level of domestics provided. Where there has been a shortfall there is to be a record of how that has been addressed in each case.	High	

	<b>Chlorine Dioxide</b> Introduce Chlorine Dioxide based cleaning product for all routine cleaning in clinical areas on CIC site	ICT Interserve Carol Johnson	May -13	Widespread trial of both products on CIC site SMT business case approved Implementation dates agreed with Difficil-S and Interserve Still need to agree change order	<b>High</b>	
	<b>Chlorine Dioxide</b> Review implementation of the above on the CIC site		Sept -13		<b>High</b>	
	<b>Decant area</b> Decant areas to be identified to allow deep clean and HPV	Denis Burke/Alyson Raine	May-13	To be agreed by the Clinical Business Unit	<b>High</b>	
<b>Microbiology</b>	<b>Procalcitonin testing</b> Review appropriate antibiotic usage	Dr Clive Graham	Jun-13	Review clinical utility of procalcitonin and if adequate evidence develop a business case to support it's implementation	<b>Mod</b>	
	<b>Specimen collection</b> To ensure appropriate specimen collection	ICT, ward managers, modern matrons	May-13	Red/Amber/Green Protocol agreed Need for appropriate sampling discussed at Senior Nurses Meeting, to be cascaded to nursing teams.	<b>High</b>	

	<p><b>Isolation of patients</b> Ensuring appropriate isolation of patients suspected of having infective cause of loose stools</p>	Ward staff	Monthly audit	We have no documented assurance that we are compliant with the need for all patients to be isolates within two hours of diagnosis of CDI. From Monday 27 <sup>th</sup> May 2013 a process is in place where all failures to isolate are recorded as breaches in isolation and investigated to determine the reason for this. These will be monitored through IPCC.	High	
	<p><b>Root cause analysis feedback</b> All Cases</p>	ICT and Clinical Teams	Monthly	ICT to communicate root cause analysis with weekly HCAI meeting group. Trends and themes communicated monthly	Mod	
	<p><b>SUI/RCA process</b> Ensure appropriate reporting and investigation of C.difficile deaths</p>	ICT, Clinical Governance Leads	Mar-13	If C.difficile documented on part 2 of death certificate, RCA investigation only. If documented on part 1, full SUI investigation to be carried out. System working well. SUI's fed back at C.diff steering group and local clinical governance Combined acute and community rapid review being reviewed	Low	
Organisational	<p><b>Ownership and Accountability</b> Review membership and Terms of Reference of IPCC and associated Infection Prevention and Control Meetings</p>	Dr Clive Graham	May-13	New terms of reference and membership of IPCC agreed at IPCC	High	
	<p>Review all internal reporting arrangements to ensure risks are appropriately identified and highlighted</p> <p>Review IP Staffing Structure</p>	Dr Clive Graham	June-13	Working with Giles Idle to ensure information systems	High	

	<p>Review information systems to ensure they are compatible with Northumbria and safe from day 1</p> <p>OD training for IPC team and organisational team</p>			<p>compatible, link in place, Honorary contract agreed</p> <p>OD session planned for 23<sup>rd</sup> May 2013</p>		
<b>Training &amp; Development</b>	To provide infection prevention training to Trust staff	ICT	Monthly audit	Monthly reports on compliance with Infection Prevention E-learning and face to face hand hygiene training.	<b>Mod</b>	
<b>Antibiotics</b>	<b>Compliance with prescribing standards</b>	Clare Hamson/Jan Forlow	Quarterly audit	<p>Safe Antibiotic Prescribing Thermometer Commenced February 2013 on EA, BCD, Pillar/Patterdale, Overwater. Undertaken by ward pharmacy teams and displayed on ward. EA achieved 100% compliance on 21/3/13.</p> <p>Promotion via A3 posters on wards (displayed), screensaver and newsletter (sent to communications)</p> <p>Intensive antibiotic review week on admission wards by Microbiologist / Pharmacist (CIC April 9th, WCH April 29th)</p> <p>Antimicrobial stewardship presentations to Postgraduate Medical meeting (15th May, by visiting Consultant Pharmacist from York), Medical Grand Round (9th May), and Link Nurse Group (1st May)</p> <p>Feedback of audit results to clinicians and ward managers to encourage ownership and action</p> <p>Ward pharmacy teams to take active role in auditing prescriptions on their wards using AuditR</p>	<b>Low</b>	

	<p><b>Antimicrobial formulary / consumption</b></p> <p>Accessibility of NCUHT antimicrobial formulary on the Intranet</p> <p>Unrestricted use of cephalosporins (both within and out-with formulary indications)</p> <p>Point prevalence survey showed respiratory tract infections are the most frequent indication for antibiotics and co-amoxiclav is the most commonly prescribed antibiotic</p>	<p>Clare Hamson/Jan Forlow</p>	<p>Quarterly audit</p>	<p>Actions</p> <p>Antimicrobial formulary review in conjunction with Northumbria colleagues</p> <p>Restriction of cephalosporins (exceptions include paediatrics, maternity, meningitis) and revision of guidelines to include alternative recommendations</p> <p>Development of quick guides for antimicrobial prescribing for respiratory infections, sepsis, treatment indications, surgical prophylaxis to be visible in relevant clinical areas (wards, theatres, sepsis boxes)</p> <p>Benchmarking of antimicrobial consumption – pharmacy team to look into enrolling on national benchmarking scheme</p>	<p>Mod</p>	
<p><b>Water Safety</b></p>	<p>Update Legionella Policy to include HTM 03-01 addendum in relation to Pseudomonas aeruginosa</p>	<p>Steve Dougan/Steven Bannister</p>	<p>Oct</p>	<p>Draft policy received from Northumbria, need to reformat, agree locally and ensure fully implemented</p>	<p>High</p>	

<b>Informatics</b>	<p>Ensure that we have a robust electronic system for monitoring MRSA screening</p> <p>Ensure HCAI dashboards are aligned</p>	Giles Idle/Nicola O'Reilly	Oct	<p>Arrange for honorary contract</p> <p>Enable GI to have access to PAS and Telepath</p> <p>Set up parallel system for ward notification to mirror Northumbria</p>	<b>Mod</b>	
<b>External Information</b>	<b>Ensure Trust website is up to date and regularly updates</b>	Suzette Johnson	Sept	<p>Review existing website</p> <p>Co-ordinate and link in with IP team to ensure up to date</p> <p>Provide regular updates to website and also externally</p>	<b>Low</b>	
<b>Hand Hygiene</b>	<b>Re-launch Hand Hygiene Campaign</b>	ICT	Oct	Re-launch of HH campaign, ideally as a Health Economy	<b>Med</b>	
<b>CQC</b>	<b>Review CQC requirements and ensure action plan developed and implemented to ensure Trust fully compliant</b>	Val Wright/Clive Graham	Jul	Need to review and do a gap analysis	<b>High</b>	

