The Trust strives to ensure equality of opportunity for all, both as a major employer and as a provider of health care. This strategy has therefore been equality impact assessed by the Infection Prevention Committee to ensure fairness and consistency for all those covered by it, regardless of their individual differences, and the results are available on request.
Contents

Executive Summary

Introduction

Scope

UHS Vision and Objectives

Related Trust Strategies

Roles and Responsibilities

Actions Supporting the Strategy Objectives

Implementation (including training and dissemination)

Process for Monitoring Compliance/Effectiveness

Key Challenges

Arrangements for review of the policy

References

Appendices

Responsibilities for Implementing this Strategy

Infection Prevention Team – Who are we?

Infection Prevention Annual Work Programme 2013/14
Executive Summary

The prevention and control of healthcare associated infections (HCAI) remains high on the government agenda with a continued focus to reduce HCAI’s, improving and sustaining the quality of care provided by NHS Trusts.

The provision of a robust Infection Prevention Strategy is an essential element in continuing the Trusts focus on reducing HCAI’s and in ensuring compliance to Care Quality Commission (CQC) Outcome 8 (Regulation 12) Cleanliness and Infection Control standards and to national and local targets. The strategy has been developed for 2013 – 2016 and the objectives outlined in the strategy support an annual Infection Prevention Programme of work.

The objectives focus on continuing to reduce HCAI, to embed infection prevention in everyday practice and sustain improvements in order to keep patients, staff and visitors safe. In doing so the Trust will develop existing work and projects and initiate the development of leading edge work, aspiring to be national leaders for the reduction of HCAI’s. The Trust will continue to monitor compliance and in doing so will ensure the enhancement of existing surveillance systems and introduce new systems where required ensuring learning from action takes place.
1. Introduction

The prevention and control of healthcare associated infections (HCAI) remains high on the government agenda with a continued focus to reduce HCAI’s, improving and sustaining the quality of care provided by NHS Trusts. This is reinforced by Care Quality Commission (CQC) Outcome 8 (Regulation 12) Cleanliness and Infection Control which requires all providers to comply with the Health and Social Act 2008, Code of Practice for health and adult social care on the Prevention and Control of Infections and related guidance. The Code of Practice, also known as the Hygiene Code, was initially launched to help NHS Trusts plan and implement actions around the prevention and control of HCAI’s, setting out criteria with which Trusts must comply. The CQC, independent regulator of health and adult social care services in England, monitors the Trusts compliance against the Code of Practice through formal visits and the implementation of enforcement actions where necessary.

1.2 Scope

UHS is committed to ensuring the safety of patients, staff and visitors. Patient safety is high on the Trust agenda and a priority for the Trust. The provision of a robust Infection Prevention Strategy is an essential element in achieving these safety objectives and in ensuring compliance to the Code of Practice and to national and local targets. This strategy reflects the Trusts 2020 vision to be a leading centre of clinical and academic excellence by providing patients with the best possible care through continuous improvement and innovation. The strategy is essential for the achievement of these corporate objectives as well as achieving the priorities laid out in the Trust Safety Strategy.

This document sets out the strategy for infection prevention and control activity for the next three years. It identifies the way the Trust will continue to reduce HCAI, to embed infection prevention in everyday practice, sustain improvements in order to keep patients, staff and visitors safe and in doing so comply with National initiatives such as the Code of Practice, NHSLA risk management standards and meet national and local targets.

1.3 UHS Vision and Objectives

‘We aspire to be national leaders for the reduction of healthcare acquired infections and in the promotion of innovations and continued improvements in infection prevention’.
Our Objectives

Over the next 3 years, actions will focus on the following objectives

1. Minimise the risk to patients from healthcare-associated infection and prevent all avoidable HCAI’s.


3. Continued commitment to working in partnership with other healthcare providers.

4. Continued delivery of education and training on prevention and control of infection so that staff understand their responsibilities and action to take.

5. Review and improve internal processes and systems.


7. Support proactive antimicrobial stewardship within the Trust.

8. Ensure appropriate information relating to infection risks is communicated to relevant parties.

9. Ensure collaborative working within the Trust to ensure the maintenance of a clean and appropriate environment.

10. Ensure policies are in place and reviewed when required to fulfil the requirements in the hygiene code and NHSLA.

11. Continued commitment to an approach whereby prevention and control of infection is viewed as integral to service delivery and development:

12. Enhance patient and public involvement in infection prevention in order to improve patient experience

13. Develop a programme of research and quality improvement to underpin the delivery of high quality infection prevention practice with the potential to foster improvements in experience, safety and effectiveness of patient care.

2. Related Trust Strategies and National Documents

- Trust 2020 Vision
- Trust Safety Strategy
- Trust Patient and Public Involvement Strategy
- Trust Patient Experience Strategy
- Trust Quality Governance Strategy
- Estates Strategy
3. **Roles and Responsibilities**

All staff are responsible for establishing, maintaining and supporting a coordinated approach to infection prevention in all areas of their responsibility. All staff have responsibility for complying with Trust Infection Prevention policies and procedures and attending mandatory infection prevention training.

Staff should aim to be proactive in identifying and addressing infection risks in their area of work, and ensure they work towards reducing healthcare associated infections (HCAI’s) in order to improve patient safety and to meet national and local targets.

Divisions, care groups and clinical areas have a responsibility for ensuring staff engagement in the investigation of infection incidents / outbreaks and for developing and implementing action plans in order to address areas of risk.

Infection Prevention must be a key component of business plans.

4. **Actions Supporting the Strategy Objectives**

**Preventing Avoidable infections**

Over the next 3 years the Trusts Infection Prevention programme of work and activities will target the following:

- Zero tolerance to avoidable MRSA bacteraemias
- Reducing rates of *Clostridium difficile* and meet national targets / objectives.
- Preventing transmission of infectious agents
- Preventing invasion of infectious agents
- Minimising the consequences of HCAI’s
- Preventing the emergence of resistance in infectious agents
- Engaging and communication with patients and the public
- Research and innovation to improve clinical practice.

In order to deliver our vision and prevent avoidable infections we will do the following;

4.1 **Ensure the Trust Complies with the Code of Practice for health and adult social care on the Prevention and Control of Infections and related guidance**

The Trust is committed to ensuring compliance with the Code of Practice, under CQC Outcome 8 (Regulation 12). The Trust monitors gaps in compliance through the CQC assurance framework, reporting on exceptions to the Infection Prevention Committee, Quality Governance Steering Group and Audit and Assurance Committee, and implementing agreed corporate and divisional actions where necessary.

**Over the next 3 years;**

- We will continue to monitor gaps in assurance through exception reporting, striving to consistently achieve full compliance
• Continue to provide divisional level data, identifying divisional gaps in compliance.
• Divisions will continue to monitor compliance and address non compliances through their governance processes.
• Continue to enhance and improve cleanliness within the Trust.
• Improve isolation facilities and compliance within the Trust.

_Relates to Objectives; No. 2, No.9 and No. 10_

### 4.2 Ensure the Training and Education of Staff

The Trust is committed to ensure the workforce are educated and trained so that they have a clear understanding of the nature of infections and have the knowledge and attitudes to keep patients, staff and visitors safe from infection. Infection Prevention, Hand Hygiene and Aseptic Non Touch Technique (ANTT) training is part of statutory and mandatory training requirements for staff. Monitoring of training occurs through quarterly education key performance indicators (KPI’s) with discussions at Divisional and Care Group level i.e. through governance committees and through the Trust Education Strategy group. Practice is monitored through saving lives and hand hygiene audits which are reported to the Infection Prevention Committee and included in the quarterly report to Trust Board.

**Over the next 3 years;**

• We will continue to implement a Trust wide annual rolling programme of infection prevention focus campaigns in order to educate staff and raise awareness of key practice elements.
• Continue to educate and train infection prevention link staff.
• Finalise and implement antimicrobial training programme that meets national requirements.
• Develop educational resources, such as I Guides, pocket guides, e-learning packages and smart phone apps in antibiotic management and infection prevention, for staff.
• Continued implementation of referrals to training for areas showing poor compliance.

_Relates to Objective No. 4_

### 4.3 Work with Partners and External Agencies

The Trust is committed to working with partners to improve the patient pathway across the health system in order to reduce healthcare acquired infections. Key partners include:

• Public Health England Regional Laboratory – Southampton at present, moving to a pathology consortium in Portsmouth.
• Solent NHS Trust
• Southern Health NHS Foundation Trust
• Public Health England
• University of Southampton
• Clinical Commissioning Groups

**Over the next 3 years;**

• Continue to take part in national initiatives and innovations in order to improve patient
safety and outcomes with regards to reducing healthcare acquired infections.
• Share learning with partners and other organisations and to learn from others.

  Relates to Objective No.3

4.4 Infection Prevention Processes and Systems

The Infection Prevention Unit is constantly reviewing internal department processes and systems to ensure they are effective in order to improve productivity, quality and reduce cost and resources.

Over the next 3 years;
• Continue to review and evaluate processes and systems of working.
• Undertake a service review to ensure that the service meets the needs of the Trust.
• Develop a 3-5 year delivery / business plan.

  Relates to Objective No. 5

4.5 Surveillance Systems

The Infection Prevention Unit is committed to the enhancement of existing surveillance systems, such as those for *Clostridium difficile* and MRSA. The Infection Prevention Unit has introduced surveillance systems and processes of learning through action for MSSA post 48 hr bacteraemia’s. The Trust has a process for reviewing areas of concern identified from learning through action, at monthly HCAI SIRI/Bacteraemia panel meetings and monthly review meetings with the Chief Executive. Routine surveillance is also carried out on surgical wound infections that occur within patients who have undergone hip and knee replacements.

Over the next 3 years, we will;
• Introduce surveillance systems and processes of learning through action for other infections, such as VRE.
• Focus on enhancing surgical site surveillance in other areas of the Trust that undertake elective surgical procedures.

  Relates to Objective No. 6

4.6 Antimicrobial Stewardship

The Trust is committed to proactive antimicrobial stewardship. The Infection Prevention Unit collaborates with the Antimicrobial Management Team to ensure that the appropriate prescribing of antibiotics continues to be practiced. This is achieved through a combination of microbiology ward rounds (with electronic referrals of patients by ward Pharmacists) and comprehensive clinical guidelines. Monitoring occurs via completion of Hospital Antibiotic Prudent Prescribing Indicator (HAPPI) audits and the monitoring of trends in prescribing.

Over the next 3 years, we will;
• Build on existing work around HAPPI audits, to ensure completion and timely reporting
• Build on the reporting of ultrabroad spectrum antibiotics
• Develop an Antimicrobial Management Strategy
• Develop and provide information resources and education to staff

Relates to Objective No. 7.

4.7 Patient and Public Involvement

The Trust is committed to the involvement of people who use our services in order to continuously improve the quality of care and the patient experience. The Infection Prevention Unit believes in patient and public involvement to aid infection prevention and improve the patients experience of healthcare acquired infections.

Over the next 3 years, we will;
• Explore and implement methods of engaging patients and the public
• Further develop patient information leaflets
• Develop infection prevention pages on the public website

Relates to Objective No. 12

4.8 Infection Prevention Audits

The Trust is committed to ensuring infection prevention standards and practice is monitored, and improving practice where poor compliance is shown. Standards and practice are monitored via the annual infection prevention audit programme. Audits completed by clinical areas are included in the ward accreditation programme which aims to drive improvements in practice.

Over the next 3 years, we will;
• Continue to develop the ward accreditation programme and implement processes to review failing areas
• Develop assurance processes around audits.

Relates to Objectives; No. 1, No. 2

4.9 Research and Leading Edge Projects

The Infection Prevention Unit is committed to supporting the provision of exemplary evidence-based care by leading trust wide improvements in practice and formulating new research.

Over the next 3 years, we will;
• Lead the implementation of a research and quality improvement programme to reduce catheter associated urinary tract infection, focusing on minimisation and better management of urinary catheters.
• Lead other research and quality improvement programmes to deliver high quality infection prevention practice which improves safety and experience of patients.

Relates to Objectives; No. 13
4.10 Productivity, Innovation and Cost Improvement

The Infection Prevention Unit is committed to delivering both the high quality safe care by reducing infection rates and improving the efficiency and productivity which leads to cost reductions in the Trust. The Infection Prevention Unit is also committed to the identification and promotion of innovations which drive further improvements in infection prevention.

Over the next 3 years, we will;

- Identify and lead on work streams associated with reducing healthcare acquired infections that make cost savings for the Trust.
- Identify, review and promote innovations that minimise harm from infections.

The objectives outlined in this strategy and the actions being taken forward will also be supported by the following:

4.11 Policies and Procedures

The Infection Prevention Unit will ensure that policies and procedures are reviewed and updated within the review dates. New policies will be developed in consultation with key committees and staff members. Additional resources to support policies will be produced where required with effective communication across the Trust of new and updated policies. Trust policies will be in accordance with the Code of Practice for health and adult social care on the Prevention and Control of Infections and related guidance and will meet NHSLA requirements. The Trust will monitor non compliances to the policy criterion in the Code of Practice and CQC Outcome 8, through the CQC assurance framework. Non compliance and out of date policies will be reported as exceptions to the Infection Prevention Committee, Quality Governance Steering Group.

4.12 Governance Framework

Governance structures within the Trust are key to ensuring that information on infection prevention, areas of concern and risks are fed back and discussed within the governance framework and relevant committees. Governance structures are key to ensuring infection prevention and control is integral to service delivery and development and that actions implemented where necessary and monitored within the divisions. It is also key for the identification and escalation of risks.

Relates to Objectives; No. 8 and No. 11.

5 Implementation

The strategy will be implemented by the Infection Prevention Committee, led by the Director of Infection Prevention and Control. The Infection Prevention Committee will co-ordinate delivery plans in order to implement the strategy. Members of the Infection Prevention Committee link to other groups and committees to ensure that actions to achieve this strategy are included as part of all departmental and divisional annual programmes of activity. Committee members will act as a conduit for information; so that divisional plans can
be linked via the Infection Prevention Committee to the annual Trust infection prevention programme (see Appendix D).

The following key Teams and committees will also support implementation:

- Decontamination Group
- Antimicrobial Management Team
- Public Health England Regional Laboratory
- Site Co-ordination Team
- Nursing and Midwifery Group
- Divisional and Care Group Governance Groups / Boards
- Estates Management Team
- Healthcare Governance Operational Delivery Group
- Trust Board
- Environmental Operational Steering Group
- Public Health England
- Quality Governance Steering Group
- Patient Safety Steering Group

Staff within the Trust will contribute to the implementation of this strategy and reducing HCAI’s through:

- The investigation into and learning from key infections
- Seeking specialist Infection Prevention and Microbiology advice where required
- Working with Bed Managers, Heads of Nursing, Senior Clinical Nurses, Matrons and other clinical leaders to ensure patients with infections are placed appropriately to meet their care needs and in order to protect other patients.
- Ensuring that staff are trained in hand hygiene, ANTT and infection prevention
- Working with domestic services to ensure the clinical environment is clean and safe for patients

**Dissemination of Strategy:**

The strategy will be available on the Trust intranet. Awareness of the strategy will be raised through education and training, staff briefing, Infection Prevention Newsletter.

**6 Process for Monitoring Compliance/Effectiveness**

The Infection Prevention Committee will seek assurance from all Divisions to ensure the strategic aims in this document are achieved.

Progress of the implementation and monitoring of this strategy and the annual work programme, will be reported to the Quality Governance Steering Group. The Quality Governance Steering Group will also receive updates from the Infection Prevention Committee and any areas of concern/risks for inclusion on the Corporate Risk Register.

This strategy and the Trust infection prevention annual programme is approved and reviewed quarterly by Trust Board. Trust Board is responsible for ensuring the Trust has appropriate infection prevention and control systems and resources in place to enable the Trust to deliver the objectives.
<table>
<thead>
<tr>
<th>Element of Strategy to be monitored</th>
<th>Lead</th>
<th>Tool/Method (eg audit, review of minutes, records, training etc)</th>
<th>Frequency</th>
<th>Who will undertake</th>
<th>Where results will be reported (eg which group/committee)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All elements of strategy</td>
<td>IPT</td>
<td>Review of Trust Board report</td>
<td>Quarterly</td>
<td>IPT</td>
<td>Trust Board, IPC</td>
</tr>
<tr>
<td>Training and education</td>
<td>IPT</td>
<td>KPI figures, quarterly Divisional Reports</td>
<td>Quarterly</td>
<td>IPC, Divisional Governance</td>
<td></td>
</tr>
<tr>
<td>Policies, cleanliness, infection prevention practice</td>
<td>IPT</td>
<td>Saving lives, hand hygiene and environmental audits</td>
<td>As per infection prevention audit programme</td>
<td>Wards</td>
<td>IPC, ESOG, Divisions Governance</td>
</tr>
<tr>
<td>Antibiotic Prescribing</td>
<td>Kieran Hand</td>
<td>HAPPI audits</td>
<td>Monthly</td>
<td>Pharmacists</td>
<td>IPC, Divisions</td>
</tr>
<tr>
<td>Cleanliness</td>
<td>EMT</td>
<td>Environmental Cleaning Audits</td>
<td>Weekly</td>
<td>EMT</td>
<td>Medirest Weekly Ops meeting, IPC, ESOG</td>
</tr>
<tr>
<td>CQC Compliance</td>
<td>IPT</td>
<td>Evidence provided, audits, spotlights, isolation data.</td>
<td>Quarterly</td>
<td>DGM</td>
<td>IPC, QGSG</td>
</tr>
</tbody>
</table>

Monitoring of the key objectives will also take place through:

- Divisional performance reviews, i.e. via Delivery Group
- SIRI’s, outbreaks, incidents
- Annual programme review
- Infection data and surveillance
- Monitoring against targets.

7. **Key Challenges**

The key challenges the Trust faces and this strategy must overcome are:

- Level of hospital activity and capacity
- Emerging infections and new strains i.e. pandemics
- Instilling public confidence
- Educating workforce, patients and the public
- Ensuring a clean and appropriate environment
- Motivating staff and the engagement of staff
- Meeting national and local targets
8. **Arrangements for review of the strategy**

This strategy will be subject to formal review in 2016. The Infection Prevention work programme will be reviewed annually.

9. **References**

Appendix A  Responsibilities for Implementing this Strategy

Trust Board: Director of Infection Prevention and Control

Quality Governance Steering Group
- Receive bimonthly report from Infection Prevention Committee, which includes update on CQC Outcome 8.
- Receive issues that have been escalated from Infection Prevention Committee.

Infection Prevention Committee
- Collate details from Divisions into quarterly infection prevention report.
- Review and monitor Divisional actions on Trust annual infection prevention programme.
- Receive and review CQC Outcome 8 Exception Report and actions, monitor gaps in compliance.
- Escalate issues of concern to QGSG.
- Review the infection prevention strategy.

Infection Prevention Team
- Co-ordinate and lead development of the Trust annual infection prevention programme.
- Coordinate and lead evidence collation for CQC, identifying gaps in compliance and monitoring of actions.
- Support Divisions to deliver their actions

Divisions and Care Groups (i.e. via Governance Groups)
- Review the infection prevention strategy annually.
- Identify divisional and care group objectives for the annual infection prevention programme, which will deliver the strategy.
- Discuss and agree departmental contributions with individual areas.
- Inform the Infection Prevention Committee re actions of the Trust annual programme, and achievement of objectives via the Divisional Head of Nursing/Professions.
- Monitor CQC actions and report gaps in compliance, collate evidence.

All Departments, Wards and Clinical Teams, Senior Nurses, Consultants and Clinical Leaders, including Infection Control Link Staff
- Discuss and agree the department or team objectives for the annual infection prevention programme.
- Ensure this contribution is recorded as part of the local plan.
- Feedback on progress to the Infection Prevention Committee via the Divisional Head of Nursing/Professions.
### Appendix B

**Infection Prevention Unit - Who are we?**

<table>
<thead>
<tr>
<th>Infection Prevention Unit</th>
<th>Job Titles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Judy Gillow</td>
<td>Director of Nursing and Organisation Development and Infection Prevention</td>
</tr>
<tr>
<td>Graeme Jones</td>
<td>Director of Infection Prevention Unit</td>
</tr>
<tr>
<td>Adriana Basarab</td>
<td>Microbiology – Antimicrobial Lead</td>
</tr>
<tr>
<td>Yam Tatshing</td>
<td>Clinical Lead Consultant Microbiologist</td>
</tr>
<tr>
<td>Ann Pallett</td>
<td>Consultant Microbiologist</td>
</tr>
<tr>
<td>Julie Brooks</td>
<td>Head of Infection Prevention</td>
</tr>
<tr>
<td>Kieran Hand</td>
<td>Consultant Pharmacist in Antimicrobial Management</td>
</tr>
<tr>
<td>Hayley Wickens</td>
<td>Consultant Pharmacist in Antimicrobial Management</td>
</tr>
<tr>
<td>Sue Dailly</td>
<td>Matron</td>
</tr>
<tr>
<td>Sarah Jeremiah</td>
<td>Specialist Practitioner</td>
</tr>
<tr>
<td>Michele Mould</td>
<td>Infection Prevention Nurse</td>
</tr>
<tr>
<td>Anne Schreiber</td>
<td>Infection Prevention Nurse</td>
</tr>
<tr>
<td>Vivienne O'Connor</td>
<td>Infection Prevention Nurse</td>
</tr>
<tr>
<td>Mary O'Leary</td>
<td>Infection Prevention Nurse</td>
</tr>
<tr>
<td>Jacqui Prieto</td>
<td>Clinical Academic Nurse</td>
</tr>
<tr>
<td>Tracy Garton</td>
<td>Programme Manager</td>
</tr>
<tr>
<td>Steve Aplin</td>
<td>Information Analyst Specialist</td>
</tr>
<tr>
<td>Avril Fraser</td>
<td>Secretary</td>
</tr>
<tr>
<td>Katherine Bessant</td>
<td>Secretary</td>
</tr>
</tbody>
</table>
Appendix C Infection Prevention Annual Work Programme 2013/14

Overall Goal / Improvement target
Reduce healthcare acquired infections, ensure basic infection prevention is embedded and sustain improvements.

Clinical lead
Graeme Jones, Julie Brooks

Executive lead
Judy Gillow

Divisional Lead
Divisional Heads of Nursing

Ref (PIF,CQUIN, CQC)
CQC Outcome 8, Strategic Objectives 1, Quality Contract

<table>
<thead>
<tr>
<th>Change Project// Improvement Plan</th>
<th>Action</th>
<th>Divisional / care Group action</th>
<th>Priority RAG</th>
<th>Who By</th>
<th>By when</th>
<th>Progress RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Map UHS processes in line with the new DH arrangements for reporting and monitoring MRSA bacteramias.</td>
<td>1.1 Create UHS post incident review process map.</td>
<td></td>
<td>Tracy Garton</td>
<td>01/04/2013</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.2 Adapt DH investigation tool to include responsibilities for investigation.</td>
<td></td>
<td>Tracy Garton</td>
<td>01/04/2013</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.3 Launch new PIR process in Trust, with letter from JG/GJ and investigation tool.</td>
<td>Divisions/care groups to disseminate in areas and understand responsibilities in PIR.</td>
<td>Graeme Jones</td>
<td>15/04/2013</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Improve clinical areas compliance with MRSA policy standards.</td>
<td>2.1 Review and update MRSA Policy.</td>
<td>Divisions/care groups to disseminate in areas and understand responsibilities</td>
<td>Julie Brooks</td>
<td>30/04/2013</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.2 Relaunch / awareness around updated MRSA policy.</td>
<td>Staff in Divisions to ensure participation in campaigns.</td>
<td>Infection Prevention Team</td>
<td>30/04/2013</td>
<td></td>
</tr>
<tr>
<td>2.3 Amend IPT spotlight tool to incorporate elements of MRSA policy around screening and risk reduction measures.</td>
<td>Julie Brooks</td>
<td>30/04/2013</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.4 Drive improvements in compliance on wards by supporting/focus visits by IPT.</td>
<td>Wards/departments to ensure compliance with MRSA care bundle.</td>
<td>Infection Prevention Team</td>
<td>31/03/2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.5 Develop PGD for prescribing MRSA decolonisation.</td>
<td>Kieran Hand</td>
<td>31/12/2013</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Improve clinical areas compliance with <em>Clostridium difficile</em> policy standards.</td>
<td>3.1 Review and update <em>Clostridium difficile</em> Policy Divisions/care groups to disseminate in areas and understand responsibilities</td>
<td>Julie Brooks</td>
<td>31/08/2013</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2 Amend IPT spotlight tool to incorporate other elements of <em>C. difficile</em> policy</td>
<td>Julie Brooks</td>
<td>30/04/2013</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.3 Drive improvements in compliance on wards by supporting/focus visits by IPT.</td>
<td>Wards/departments to ensure compliance with <em>C. difficile</em> care bundle.</td>
<td>Infection Prevention Team</td>
<td>31/03/2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Enhance and improve cleaning within the Trust.</td>
<td>4.1 Review cleaning products in Trust, including latest cleaning technologies.</td>
<td>Julie Brooks</td>
<td>30/11/2013</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2 Review and enhance monitoring of environmental cleaning.</td>
<td>Divisions / Care Groups disseminate in areas and understand responsibilities</td>
<td>Julie Brooks / Karen Hutton</td>
<td>30/11/2013</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Audit and assurance of clinical practice and policy standards</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.2 Embed isolation management plan and use of electronic side room system.</td>
<td>Divisions / Care Groups to ensure compliance with plan and side room systems.</td>
<td>Graeme Jones / Julie Brooks</td>
<td>30/09/2013</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.1 Introduce peer reviews for clinical hand hygiene audits.</td>
<td>Divisions / Care Groups to ensure peer review audits completed as per audit timetable.</td>
<td>Tracy Garton</td>
<td>30/09/2013</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.2 Include audit assurance elements in surveillance / spotlights.</td>
<td></td>
<td>Julie Brooks</td>
<td>30/04/2013</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.3 Explore patient and public involvement regarding assurance of hand hygiene practice.</td>
<td></td>
<td>Tracy Garton</td>
<td>31/03/2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Identify process for identifying areas with poor practice using ward accreditation and support required</td>
<td>7.1 Identify process for regular review of areas failing audits, introduction of special measures and intensive support in ward accreditation programme.</td>
<td>Wards/depts. to ensure compliance with audits, to achieve/maintain full accreditation.</td>
<td>Tracy Garton</td>
<td>31/05/2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Enhancement of surgical site surveillance across the Trust to provide an objective measure of key infection rates and to facilitate actions to reduce rates of infection.</td>
<td>8.1 Divisions A,C,D who undertake elective surgical procedures to participate in relevant national voluntary surveillance modules from HPA SSISS.</td>
<td>Divisions A,C,D to participate in surveillance modules</td>
<td>DCD's Div A, C, D</td>
<td>31/03/2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.2 Review SSI care bundle around skin preparation to ensure compliance with best practice for preventing SSI.</td>
<td>Divisions / Care Groups to support review of practice</td>
<td>Graeme Jones / Julie Brooks / Jo Hall</td>
<td>30/12/2013</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.3 Hold SSI Masterclass for Medical staff.</td>
<td>Medical staff in divisions to attend.</td>
<td>Tracy Garton / Anne Schreiber</td>
<td>31/10/2013</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.4 Carry out scoping exercise to identify interest in holding regular meeting to share practice and to address common themes around pre, peri and post operative care and reporting.</td>
<td>Divisions to provide interest in holding regular meetings.</td>
<td>Tracy Garton / Anne Schreiber</td>
<td>31/07/2013</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Catheter associated urinary tract infection (CAUTI) project in Trust to reduce inappropriate catheterisation and UTI's.</td>
<td>9.1 Standardise catheter products used in the Trust.</td>
<td>Julie Brooks / Jacqui Prieto</td>
<td>31/11/2013</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9.2 Carry out focused work on the early removal of catheters.</td>
<td>Divisions / Care Groups to support.</td>
<td>Julie Brooks / Jacqui Prieto</td>
<td>31/03/2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9.3 Develop educational resources.</td>
<td>Julie Brooks / Jacqui Prieto</td>
<td>31/12/2013</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9.4 Develop indwelling catheter avoidance package.</td>
<td>Jacqui Prieto</td>
<td>31/03/2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9.5 Further optimise the use and availability of bladder scanners.</td>
<td>Divisions / Care Groups to support use of bladder scanners.</td>
<td>Julie Brooks / Jacqui Prieto</td>
<td>31/03/2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Development of infection prevention pocket guide to maintain high standards.</td>
<td>10.1 Develop infection prevention pocket guide into an app.</td>
<td>Tracy Garton</td>
<td>31/12/2013</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Continued implementation and embedding of ANTT practice standards.</td>
<td>11.1 Carry out monthly focus on ANTT</td>
<td>Staff in Divisions to ensure participation in campaigns.</td>
<td>Infection Prevention Team</td>
<td>30/06/2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>11.2 Agree and develop process of referral to ANTT training for areas showing poor compliance.</td>
<td>Julie Brooks / Tracy Garton</td>
<td>31/05/2013</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.3</td>
<td>Revisit and refresh IV device management i.e. cannula care record.</td>
<td>Divisions / Care Groups to participate in campaigns.</td>
<td>Sarah Jeremiah</td>
<td>30/06/2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Development of information around infection prevention for public.</td>
<td>12.1 Develop UHS patient/visitor information leaflets.</td>
<td>IPT / Mary O’Leary</td>
<td>31/07/2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Improve patient and public involvement in infection prevention.</td>
<td>13.1 Explore methods of engaging patients/public and improving patient experience of HCAI i.e. through surveys, hospedia pop up questions.</td>
<td>Tracy Garton</td>
<td>31/03/2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td></td>
<td>13.2 Explore feasibility of holding patient and public road shows.</td>
<td>Tracy Garton</td>
<td>31/03/2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Further support proactive antimicrobial stewardship within the Trust.</td>
<td>14.1 To complete iGuides for all indications in the pocket guide.</td>
<td>Kieran Hand / Hayley Wickens</td>
<td>31/12/2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td></td>
<td>14.2 Develop an improved app for UHS antibiotic guidelines (based on iGuides) to incorporate further decision support.</td>
<td>Kieran Hand</td>
<td>31/12/2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td></td>
<td>14.3 Build on existing work around HAPPI audits to provide feedback per speciality.</td>
<td>Hayley Wickens</td>
<td>31/12/2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td></td>
<td>14.4 Incorporate antimicrobial usage data into Divisional scorecards. Divisions / Care Groups to discuss data and action to improve where necessary.</td>
<td>Hayley Wickens</td>
<td>31/05/2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.6</td>
<td>Reports to be generated on real time use of ultra-broad spectrum and high cost antimicrobials and circulated to Clinical Medical Microbiologists for action.</td>
<td>Clinical Medical Microbiologists to action.</td>
<td>Kieran Hand / Hayley Wickens / Yam</td>
<td>31/12/2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------</td>
<td>--------------------------------------</td>
<td>------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.7</td>
<td>Compose antimicrobial policy and strategy document.</td>
<td></td>
<td>Hayley Wickens</td>
<td>31/12/2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.8</td>
<td>Investigate potential for e-prescribing to support antimicrobial stewardship through clinical decision support and provide routine surveillance reports of prescribing patterns and guideline adherence.</td>
<td></td>
<td>Kieran Hand / Hayley Wickens</td>
<td>31/12/2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.9</td>
<td>Provide education sessions to Link staff in order to empower nurses in antimicrobial stewardship.</td>
<td></td>
<td>Kieran Hand / Hayley Wickens</td>
<td>31/03/2014</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>