

AGENDA ITEM NO:

**UNIVERSITY HOSPITAL BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 28 FEBRUARY 2008**

Title:	INFECTION CONTROL TASK AND FINISH GROUP ACTION PLAN UPDATE
Responsible Director:	Kay Fawcett – Chief Nurse
Contact:	Kay Fawcett – Chief Nurse ext 2940

Purpose:	To provide Board with an update of the work from the Infection Control Task and Finish Group and proposal to utilise this process to develop work with the fundamentals of care.
Confidentiality Level & Reason:	None
Medium Term Plan Ref:	Strategic Aim 4 : Quality of Services
Key Issues Summary:	Healthcare associated infection results in direct and indirect increases in costs
Recommendations:	The Board is asked to accept the update of the Task and Finish group Infection Control action plan.

Signed:	Date: 18 February 2008
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INFECTION CONTROL TASK AND FINISH GROUP ACTION PLAN UPDATE

PRESENTED BY CHIEF NURSE

1. Introduction

In October 2007 a Task and Finish group was developed to consider actions needed to support the drive for improved infection prevention and control. The group, chaired by Stewart Dobson, developed an action plan focused on 41 key actions. This plan was rolled out into the wider Trust to support other work being completed at the time.

2. Progress to date

With the appointment of a Director of Infection Prevention and Control, Dr Adam Fraise, and the commencement of a new Chief Nurse, there is now an interim Infection Prevention and Control strategy and action plan, and the time is right to stand down the Task and Finish group. The group is due to meet for a final time on the 27 February 2008, but it was agreed that an updated action plan, detailing work completed and outstanding tasks, would be brought to Board in February. The action plan in its latest iteration is attached at Appendix 1. In order to ensure that there is no work lost, the actions outstanding will be managed through the Infection Prevention and Control Committee or will form part of the wider action plan and strategy for Infection Prevention and Control.

3. Future use of the Task and Finish Format

The Task and Finish format has been very successful in moving forward elements of the Infection Prevention and Control agenda. It is therefore proposed that the format be used again to support the Chief Nurse in focusing on the fundamentals of care which are so important to the delivery of patient satisfaction. In order to do this there will be a requirement for the support from the Non Executive Directors. It is hoped that the outputs from the group will inform the work already underway to support a better outcome in future patient surveys, but also to facilitate meaningful improvement in patient care at ward and department level.

4. Recommendations

The Board is asked to accept the update of the Task and Finish Group Infection Control action plan.

Kay Fawcett
Chief Nurse
18 February 2008

Appendix 1

BOARD SUMMARY OF TASK AND FINISH GROUP FEBRUARY 2008 REPORT BY CHIEF NURSE		EXECUTIVE TEAM MEETING MONDAY 1 OCTOBER 2007 – REVIEW FEBRUARY 2008				
	ACTION	TIMEFRAME	LEAD	PROGRESS	CURRENT STATUS	FUTURE RESPONSIBILITY
	Patients					
1.	All electives screened	2 weeks report back	COO	All pre screened patients now being screened	Completed for pre screened patients – future plans through Infection prevention and Control Committee (IPCC)	IPCC
2.	Investigate benefits of decontamination therapy for all non elective patients	1 week	COO	All high risk patients screened and decontamination therapy commenced where positive	Completed	Managed through PICS
3.	Identify high risk factors eg admission in last 3 years, previous positive MRSA swab, any lines or wounds, go straight to decontamination, transfers in	1 week	CN	As above	High risk factors now dictate screening and decontamination	Managed through PICS
4.	Produce policy on cohorting high risk	1 week bring	CN	Section above	MRSA cohorting	

	non electives – cohort within existing environment	back policy		covers this point	completed. CDifficile cohorting being reviewed	IPCC
5.	Cohorting for c diff – open ward at Selly Oak by December	December	COO	After discussion MRSA ward opened on 2/11/07	CDifficile cohorting being reviewed	IPCC
6.	Better info on real time infection rates	Report back in 2 weeks	MD	Ward manager/senior nurses receive weekly update on MRSA and CDiff figures	Completed	No further action required
7.	Standardise signage on isolation rooms	1 week complete	CN	Completed and evidenced on observational visits	Completed	No further action required
8.	Prescribing – Eradication therapy in hand	2 weeks update	MD	Agreed at Board on 25/10/07	Completed	Managed through PICS
9.	Cephalosporins – audit to make sure policy working	2 weeks update	MD	Adam Fraise reviewing antibiotic policy– audits being developed to support new policy	Underway to be reviewed at IPCC	IPCC
10.	Adam Fraise to work with pharmacist	2 weeks update	MD	Antimicrobial pharmacist in place – audits being developed to support new policy	Underway to be reviewed at IPCC	IPCC
11.	Patient hygiene/comfort round	1 week	CN	In place and evidenced on observational visits	Completed	To be added into work on fundamentals of care
12.	Check distribution of patient info leaflets	1 week	CN	Completed	Completed	No further

						action although annual review in line with changes in practice
13.	Check content and distribution of visitor info leaflets	1 week	CN	Completed	Completed	No further action although annual review in line with changes in practice
14.	Signage- make sure hanging signs and floor signs point to more visible gel dispensers Remove notices around gel dispensers	2 weeks	DComs	Sign agreed and on order	Floor signs now in place at entrance and exit of all clinical areas and main entrances to hospitals	Communications action plan.
15.	Reduce vascular access waiting time to 2 weeks	December	COO	Currently at 4 weeks will be at 2 weeks by December 07	Completed	Needs constant review to maintain.
16.	Staff					
17.	Put hand shaking in team brief	1 week	DComs	Team brief 13/11/07	Completed	No further action needed
18.	Explore colour coded scrubs	2 weeks	COO/MD	Uniforms for medical teams being considered.	Ongoing	
19.	Re-issue dress code, relaunch at team brief	1 week	CN/MD/COO	Included in Infection control standards emailed to all staff by CEO	Further minor work needed to ensure that all new DH requirements are	To be monitored as part of Matron rounds and

					added in . To be launched in April	Executive team visits
20.	Systematic observational hand washing audit, not self policing, each ward to be audited. Do it in pairs. Start this week	1 week	CN	QE completed SOH to be completed audits sent to clinical governance 4 Drs in breach of hand washing policy seen by MD	Both sites completed, new rota in place PCT Non Executives invited. Audit programme in line with Saving Lives now developed with Governance. Will report to IPCC	IPCC
21.	Lines – A&E to develop protocol to remove all lines and only replace if necessary	1 week	CN	Being enforced	Completed	Review through Root Cause analysis
22.	Senior nurses to do daily line audit, to check if necessary and for appropriate care, remove if not used for 24 hours (peripheral lines)	2 weeks	CN	Audit undertaken of peripheral lines. Ward teams to check lines and complete PVC care plans. IV team to review as part of ongoing role	Review through regular Saving lives audits. Complete Root cause analysis where necessary Report through IPCC	IPCC
23.	Check Portsmouth lines initiative	1 week	CN	Incorporated relevant aspects into IV team role	Completed	No further actions
24.	Check skin prep products and make decision on preferred product	1 week	CN	No 2% Chlorhexidine skin wipes available on	2% sourced. Skin prep changes in critical care and renal	IPCC

				market, UHB to consider manufacturing a product	underway. Plan to roll out to Medicine and then the wider Trust	
25.	Check catheter guidelines being implemented	1 week	CN	Catheter guidelines checked now incorporate saving lives criteria	Completed. Audit of compliance through Saving Lives to report to IPCC	IPCC
26.	Cleaning					
27.	Agree cleaning solution for hard surfaces	1 week	COO	Completed		No further action needed
28.	Agree cleaning and changing schedules and labelling for curtains	1 week	COO	More curtains on order have agreed changing schedule	No further action needed	
29.	Contact UCLH re USA advice on IC	1 week	DPP	Completed	Completed	No further action needed
30.	Infection Control Team					
31.	Appoint ADD for infection control	4 weeks	MD/C OO	To follow after restructure meeting on 14/11/07	Restructure of team underway and work to define roles needed being completed with DIPC and new CN	DIPC/CN
32.	Appoint infection control manager	Advertise 1 week	CN	Job description complete in process of raising WAF	Restructure of team underway and work to define roles needed being completed with DIPC and new CN	DIPC/CN
33.	Restructure IC team	4 weeks	CN/C OO	Meeting on 14/11/07 to complete	Restructure of team underway and work to define roles needed being completed with	DIPC/CN

					DIPC and new CN	
34.	Appoint interim manager to IC team	4 weeks	CN	Interim manager in place from 29/10/07	Completed	No further action needed
35.	Appoint clinician to follow up positive discharges into the community	4 weeks	CN	Now part of Infection control team role	In Nurse Consultant's role	To be monitored as part of Nurse Consultant's objectives and appraisal
36.	Advise on mandatory training for IC	2 weeks	CN	Now yearly	Completed Will be monitored through IPCC	IPCC
37.	Infection Control Committee					
38.	Look at guidance membership and terms of reference of ICC and propose changes	2 weeks	DCA	Infection control committee reviewed and interim changes made. New Chief nurse will make further changes	Draft Terms of Reference completed New membership being discussed Audit programme being developed	IPCC
39.	Capital					
40.	Audit number of sinks	2 weeks	NHPD	Bid currently being put together	Completed – more sinks funded and due for installation	No further actions required
41.	Look at requirement for more doors/partitions at Selly Oak	2 weeks	COO	Bid currently being put together	Underway as part of wider discussions around cohorting	COO/CN