



Subject	Aim	Lead Person	Completion Dates	Evidence of Success & Completion
Infection Prevention and Control Infrastructure	<ul style="list-style-type: none"> <li>That IP&amp;C Nurses strengthen patch based working with attendance at local meetings.</li> </ul>	SH/NM/RW/SL	November 2008	IP&C team have instigated &/or attended patch based local meetings.
Infection Prevention and Control Policy/Guideline development	<ul style="list-style-type: none"> <li>Review and renewing of relevant infection control policies on an annual basis or as/when required.</li> <li>That policies detailed by the Health Act Update (2008) are in place and available to staff across the PT.</li> </ul>	PM/SH/NM/RW/SL  PM/SH/NM/RW/SL	March 2009  August 2008	That policies are updated in a timely fashion when new directives, recommendations and legislation is passed and that policies are reviewed/updated on an annual basis as a minimum.
Infection Prevention and Control Hand Hygiene Promotion	<ul style="list-style-type: none"> <li>Having enrolled in the Community CleanYourHands campaign on February 28<sup>th</sup> 2008 the IP&amp;C Team are instrumental in,               <ul style="list-style-type: none"> <li>The implementation/rollout of Year 1 of NPSA CleanYourHands in community to PT inpatient facilities and other PT community care/service providers.</li> </ul> </li> <li>Review of hand washing facilities.</li> </ul>	SH/TW  IC Focus Group & SH/NM/RW/SL	July 2008  November 2008	National Patient Safety Agency (NPSA) launch of Community CleanYourHands campaign will be launched in July 2008.  That the Community CleanYourHands campaign is successfully implemented by Partnership Trust employees, inpatient care facilities etc. Successful implementation will need to be audited by the IP&C Team.  Hand wash facilities audit to take place at the same time as environmental audits.
Infection Prevention and Control other initiatives	<ul style="list-style-type: none"> <li>Lead launch of Essential Steps programme via Matrons Charter Group with ownership transferred to the Matrons.</li> <li>Ensure patient and visitor information leaflets are available in line with the updated Health Act 2008.</li> </ul>	TW  TW/SL	August 2008	Enrolment and subsequent launch of Essential Steps initiatives.  Part of Essential Steps initiative.

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<b>Infection Prevention and Control of MRSA</b>	<ul style="list-style-type: none"> <li>GPT audit themed for 2007-8 to look at <b>Hand Hygiene &amp; Environmental cleanliness and waste</b>.</li> <li>Enhanced MRSA screening project in collaboration with GHNHSFT to identify high risk patients for screening and decolonisation.</li> <li>Launch of Essential Steps via Matrons Charter Group.</li> <li>Launch of CleanYourHands in the community campaign.</li> <li>Formalisation of joint policy with GHNHSFT for transfer of patients colonised or infected with alert organisms including MRSA.</li> <li>Implementation of Matrons Charter via Matrons Charter Group.</li> </ul>	<p>SH/NM/ CM/SL</p> <p>PM</p> <p>TW/NM/SL</p> <p>TW/SH/NM/ CM/SL</p> <p>PM</p> <p>TW/SL</p>	<p>Ongoing</p> <p>April 2008</p> <p>October 2008</p> <p>July 2008</p> <p>June 2008</p> <p>December 2008</p>	<p>See audit program timetable below.</p> <p>That enhanced MRSA screening takes place and is actioned when a positive result is witnessed.</p> <p>That the PT enrolls in the Essential Steps initiative and successfully meets chosen criteria upon self-assessment.</p> <p>That the Community CleanYourHands campaign is successfully implemented by PT inpatient and community staff. Successful implementation will be audited by the IP&amp;CT.</p> <p>Agreement with GHNHSFT that this initiative meets completion.</p> <p>Implementation of the 10 key indicators of the Matrons Charter - PCT template.</p>
<b>Infection Prevention and Control of C. difficile</b>	<ul style="list-style-type: none"> <li>Community hospital audit themed for 2007-8 to look at <b>Hand Hygiene &amp; Environmental cleanliness</b>.</li> <li>Launch of Essential Steps via Matrons Charter Group.</li> <li>Launch of cleanyourhands in the community campaign.</li> <li>Implementation of Matrons Charter via Matrons Charter Group.</li> </ul>	<p>SH/NM/ RW/SL</p> <p>TW/NM/SL</p> <p>TW/SH/NM/ CM/SL</p> <p>TW/SL</p>	<p>March 2009</p> <p>October 2008</p> <p>July 2008</p> <p>December 2008</p>	<p>That the audit program begins in April 2008 and is completed by year-end.</p> <p>That the PT enrolls in the Essential Steps initiative and successfully meets chosen criteria upon self-assessment.</p> <p>That the Community CleanYourHands campaign is successfully implemented by PT inpatient and community staff. Successful implementation will be audited by the IP&amp;CT.</p> <p>Implementation of the 10 key indicators of the Matrons Charter - PCT template.</p>

Subject	Aim	Lead Person	Completion Dates	Evidence of Success & Completion
Infection Prevention and Control of C. difficile	<ul style="list-style-type: none"> <li>Formalisation of joint policy with GHNHSFT for transfer of patients colonised or infected with alert organisms including C. difficile.</li> <li>Review of hand washing facilities.</li> </ul>	<p>PM</p> <p>SH/NM/ RW/SL</p>	<p>July 2008</p> <p>January 2008</p>	<p>Agreement with GHNHSFT that this initiative will meet with cooperation initially established in July 2007. Specific method still under review with expected completion/agreement in May 2008.</p> <p>Hand wash facilities audit to take place at the same time as environmental audits.</p>
Infection Prevention and Control Audit	<ul style="list-style-type: none"> <li>GPT audit themed to look at Hand hygiene and Environmental cleanliness.</li> <li>Snapshot audit of use of side rooms and prevalence of urinary catheters, PEG catheters, central and peripheral venous catheters.</li> <li>Join PEAT visits to community hospitals.</li> </ul>	<p>SH/NM/ RW/SL</p> <p>SH/NM/ RW/SL</p> <p>SH/NM/ RW/SL</p>	<p>March 2009</p> <p>March 2009</p> <p>March 2008</p>	<p>That the audit program begins in April 2008 and is completed by year-end complete with dispatched reports.</p> <p>Snapshot audits are conducted by IP&amp;C team upon clinical visits and reported back to unit manager &amp; matron responsible for PT facility.</p> <p>IP&amp;C Team Lead to join PEAT team for annual inspections.</p>
Decontamination of Reusable Instruments and Clinical Waste	<ul style="list-style-type: none"> <li>Inventory of equipment used in GPT inpatient and outpatient areas, and community equipment used between patients to ensure coverage by decontamination policy.</li> <li>Launch of new decontamination policy for ward/outpatient/community equipment.</li> </ul>	<p>TW/PT Matrons</p> <p>SL</p>	<p>July 2008</p> <p>August 2008</p>	<p>That the PT Matrons &amp; Tina White are able to provide an updated inventory for the IP&amp;C team to scrutinise and link to decontamination policy.</p> <p>That PT decontamination policy is available for staff to access.</p>
Standards for Better Health and Assurance Frameworks	<ul style="list-style-type: none"> <li>Documentation collected in accordance with Standards for Better Health.</li> <li>Ensure compliance with all aspects of the revised Health Act (January 2008) and the Healthcare Commission Core Standards.</li> <li>Attendance and report presentation at PT risk meetings.</li> </ul>	<p>TW</p> <p>TW</p> <p>PM/SL</p>	<p>March 2009</p> <p>March 2009</p> <p>March 2009</p>	<p>That 100% compliance with standards for Better Health 2008/09 is returned.</p> <p>That documentation of 100% compliance is available for Healthcare Commission inspection.</p> <p>Minutes of PT Risk Committee.</p>

Subject	Aim	Lead Person	Completion Dates	Evidence of Success & Completion
<b>Infection Prevention and Control Training</b>	Partnership Trust Staff <ul style="list-style-type: none"> <li>• Inductions and mandatory annual updates – provide an opportunity for an annual update for all staff coordinated via the education department and focus group using directly led sessions, web based services and cascade training.</li> <li>• Ensure in particular there is education for community based staff and medical staff.</li> <li>• Ensure accurate database of staff attending infection control teaching</li> </ul>	<b>Sue Heathfield /Pat Bosley</b>          <b>SH/PB</b>          <b>Sue Heathfield</b>	<b>March 2009</b>          <b>March 2009</b>          <b>March 2009</b>	<p>That 100% of newly employed GPFT staff have attended induction and that 100% of GPFT staff have attended the mandatory infection control induction.</p> <p>That cascade trainers are identified and are able to provide the training required.</p> <p>That where and when required IC training is made available to community staff.</p> <p>That accurate data on the numbers of staff trained is maintained and easily accessible.</p>
<b>Infection Prevention and Control Training</b>	Team training <ul style="list-style-type: none"> <li>• IP&amp;C team members training as identified by KSF PDR</li> <li>• Educational days (IP&amp;C team)</li> <li>• Monthly Continuous Professional Development (CPD) for the IP&amp;C Team</li> <li>• Graduate Certificate in Infection Control, Birmingham City University.</li> </ul>	<b>SL</b>          <b>SL</b>          <b>PM</b>          <b>RW</b>	<b>March 2009</b>          <b>March 2009</b>          <b>March 2009</b>          <b>July 2009</b>	<p>That training needs of the IP&amp;C Team are identified and if available IP&amp;C team members attend and provide constructive feedback.</p> <p>That IP&amp;C team members attend educational training that will maintain and enhance role. NM successfully completed diploma in infection control in July 2007.</p> <p>Journal review and feedback at CPD meetings that are held monthly.</p> <p>That Rebecca Walder successfully completes a Graduate Certificate in infection control.</p>
<b>Surveillance</b>	<ul style="list-style-type: none"> <li>• Enhanced screening of MRSA patients collaborative with GHNHSFT.</li> <li>• Formalisation of joint policy with GHNHSFT for transfer of patients colonised or infected with alert organisms including MRSA.</li> </ul>	<b>PM</b>          <b>PM</b>	<b>July 2008</b>          <b>March 2009</b>	<p>That enhanced screening takes place and results actioned.</p>

<b>Subject</b>	<b>Aim</b>	<b>Lead Person</b>	<b>Completion Dates</b>	<b>Evidence of Success &amp; Completion</b>
<b>Other</b>	<ul style="list-style-type: none"> <li>Provision of advice on infection control issues with regard to estates new builds.</li> <li>Enhanced liaison with procurement regarding equipment purchase.</li> <li>Update details of clinical sites – numbers of sites, clinical activity, ward layout and isolation facilities.</li> </ul>	<p>PM/SL</p> <p>SL/JS</p> <p>TW/RBE/SL</p>	<p>March 2009</p> <p>March 2009</p> <p>June 2008</p>	<p>That the IP&amp;C team are involved with estates projects from minor alterations to new builds.</p> <p>That SL and Jennifer Schroeder (procurement) liase with one another to ensure the best purchase where infection control is concerned.</p> <p>Tina White &amp; IP&amp;C Team Lead work with Richard Butt-Evans to ensure updated knowledge on how the PT is configured.</p>
<b>Other</b>	<ul style="list-style-type: none"> <li>Develop and update CIP&amp;CT website with links to Partnership Trust.</li> <li>Develop GPT IC website to contain details of education sessions, audit results, policies, patient information leaflets, reports and surveillance data where appropriate.</li> <li>Ensure all Infection Control databases are appropriately registered and in keeping with Caldicott principles.</li> <li>Maintain profile of Infection Control by contributing regular articles to 'Partnership Matters'</li> </ul>	<p>CM</p> <p>CM</p> <p>SH/NM/RW/SL/CM</p> <p>SH/NM/RW/SL/CM</p>	<p>March 2009</p> <p>March 2009</p> <p>March 2009</p> <p>March 2009</p>	<p>Carolyn Meddings, IP&amp;C Team Secretary will be trained to update/maintain the IP&amp;CT website.</p> <p>That data is secure according to the Caldicott principles.</p> <p>Article on the IP&amp;C Team changes to be forwarded to 'Partnership Matters'</p>
<b>Meetings</b>	<p>Partnership Trust Infection Control Committee</p> <p>Partnership Trust Focus Group meetings</p> <p>Matrons Charter Group</p> <p>WEB group</p> <p>Countywide decontamination group</p> <p>Team briefings</p> <p>Infection Control/Hotel Services meetings</p> <p>Health and Safety meetings</p> <p>PEAT visits</p>			

**Appendix 1: Gloucestershire Partnership Trust Audit Programme 2008-2009:**

<b>HOSPITAL</b>	<b>WARD/DEPARTMENT</b>	<b>PROPOSED DATE 2007/08</b>	<b>DATE AUDIT COMPLETED</b>
<b>Charlton Lane Centre</b>	<b>Bourton</b>	<b>March 2009</b>	
	<b>Leckhampton</b>	<b>March 2009</b>	
	<b>Sezincote</b>	<b>March 2009</b>	
	<b>Day Hospital</b>	<b>March 2009</b>	
<b>Holly House: West Lodge Drive</b>	<b>The Ward</b>	<b>March 2009</b>	
<b>Hollybrook House, Berkeley Close Stroud</b>	<b>In-patient</b>	<b>March 2009</b>	
<b>Wotton Lawn Hospital</b>	<b>Kingsholm</b>	<b>March 2009</b>	
	<b>Greyfriars</b>	<b>March 2009</b>	
	<b>Priory</b>	<b>March 2009</b>	
	<b>Abbey</b>	<b>March 2009</b>	
	<b>Dean</b>	<b>March 2009</b>	
	<b>Montpellier LSU</b>	<b>March 2009</b>	
	<b>OT</b>	<b>March 2009</b>	
	<b>Physiotherapy</b>	<b>March 2009</b>	
	<b>ECT</b>	<b>March 2009</b>	
<b>Laurel House</b>		<b>February 2009</b>	
<b>The Vron</b>		<b>February 2009</b>	