

Borders NHS Board



HEALTHCARE ASSOCIATED INFECTION CONTROL AND PREVENTION REPORT – JANUARY 2009

Aim

The purpose of this paper is to update members of NHS Borders' Board of current status of healthcare associated infections and infection control measures in NHS Borders.

Background

Board members will remember that in line with the NHS Scotland HAI Action Plan 2008, there is a requirement for a Healthcare Associated Infection Control and Prevention report to be presented to the Board on a two monthly basis. This is the second of those reports, and in the absence of the SGHD template this provides information on:

- Current incidence and prevalence of MRSA, MSSA and clostridium difficile, along with a comparison against rates in NHS Scotland
- Hand hygiene compliance in respect of staff and visitors (Action 4.3 – Appendix 2)
- Facilities on a hospital basis (Action 4.3 – Appendix 2)
- Progress on implementation of Scottish Patient Safety Programme (HAI elements)
- HAI incidents and issues recorded on the NHS Board's Risk Register reporting systems

Summary

This is the second of the two monthly HAI Board reports. It shows good progress against the NHS Scotland HAI Action Plan, and consistent performance in relation to infection control and prevention.

Recommendation

The Board is asked to **note** this report.

Policy/Strategy Implications	This report is in line with the NHS Scotland HAI Action Plan.
Consultation	Not applicable
Consultation with Professional Committees	Not applicable
Risk Assessment	Not applicable
Compliance with Board Policy requirements on Equality and Diversity	Yes
Resource/Staffing Implications	None identified.

Approved by

Name	Designation	Name	Designation
Heather Maughan	Director of Nursing and Midwifery		

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APPENDIX 1

HEALTHCARE ASSOCIATED INFECTION – INFECTION CONTROL REPORT – NOVEMBER 2008

1. Introduction

This report provides an overview for NHS Borders' Board of performance against the NHS Scotland HAI Action Plan, and in particular:

- Incidence of Healthcare Associated Infections
- Hand hygiene compliance
- Implementation of the HAI elements of the Scottish Patient Safety Programme
- Cleaning monitoring results

There is now a requirement from the Scottish Government for NHS Boards to receive a report on Healthcare Associated Infection at least once every two months. A template for this purpose was to be released by the Scottish Government by the end of November 2008. At the time of writing this had not arrived, therefore this provides the minimum level of information that it is anticipated will be required.

2. Performance against the NHS Scotland HAI Action Plan

Current performance against the NHS Scotland HAI Action Plan is outlined in Appendices 2 & 3. As can be seen, with the exception of Action 3.1, all actions are either completed or on target to be completed within the prescribed timescales.

Action 3.1 relates to the implementation of HAI SCRIBE (Healthcare Associated Infection System for Controlling Risk in the Built Environment). The issue faced by NHS Borders and by other health boards is the ability to apply the guidance to existing buildings as well as new builds, for which it was initially designed. This has been picked up at a national level by the Director of Health Facilities Scotland who has written to the HAI Task Force to advise that further development of the tool is required. Further guidance for this is still awaited.

3. Incidence of Healthcare Associated Infections

There are currently mandatory reporting requirements for Meticillin sensitive and resistant *Staphylococcus aureus* bacteraemias and on *Clostridium difficile* infections.

Meticillin Sensitive *Staphylococcus aureus* (MSSA) Bacteraemias

There have been a total of 46 cases of MSSA bacteraemias between January 2007 and November 2008, with an average of four cases per month (Figure 1). The majority (65%) of MSSA bacteraemia cases diagnosed over the period were associated with hospital or healthcare (see definition below).

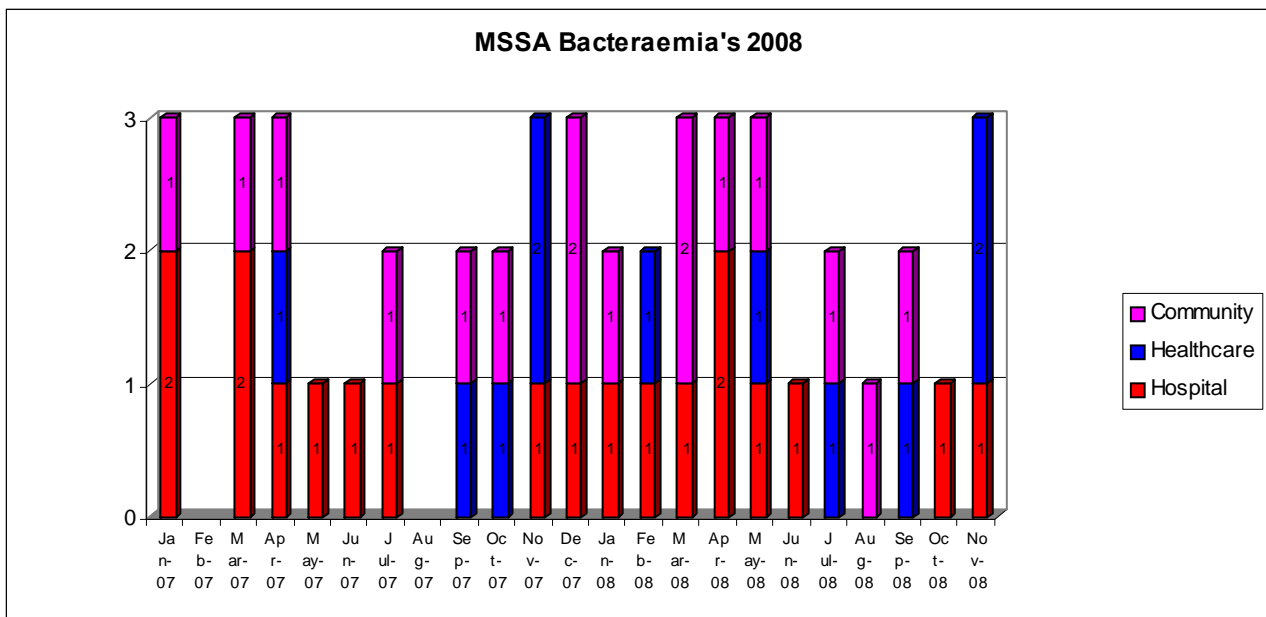


Figure 1

KEY

Hospital: a patient whose blood cultures were taken >48 hours after admission or within 48 hours of discharge.

Healthcare: a patient receiving regular care between the community and hospital and whose blood cultures were taken <48 hours after admission or >48 hours.

Community: a patient whose blood cultures were taken <48 hours after admission and who has not within the past month been an in patient in any hospital, and was not receiving community healthcare.

Meticillin Resistant *Staphylococcus aureus* (MRSA) Bacteraemias

There have been a total of 22 cases of MRSA bacteraemias between January 2007 and November 2008, with an average of two cases per month (Figure 2). The majority (95%) of MRSA bacteraemia cases diagnosed over the period were associated with hospital or healthcare (see definition below).

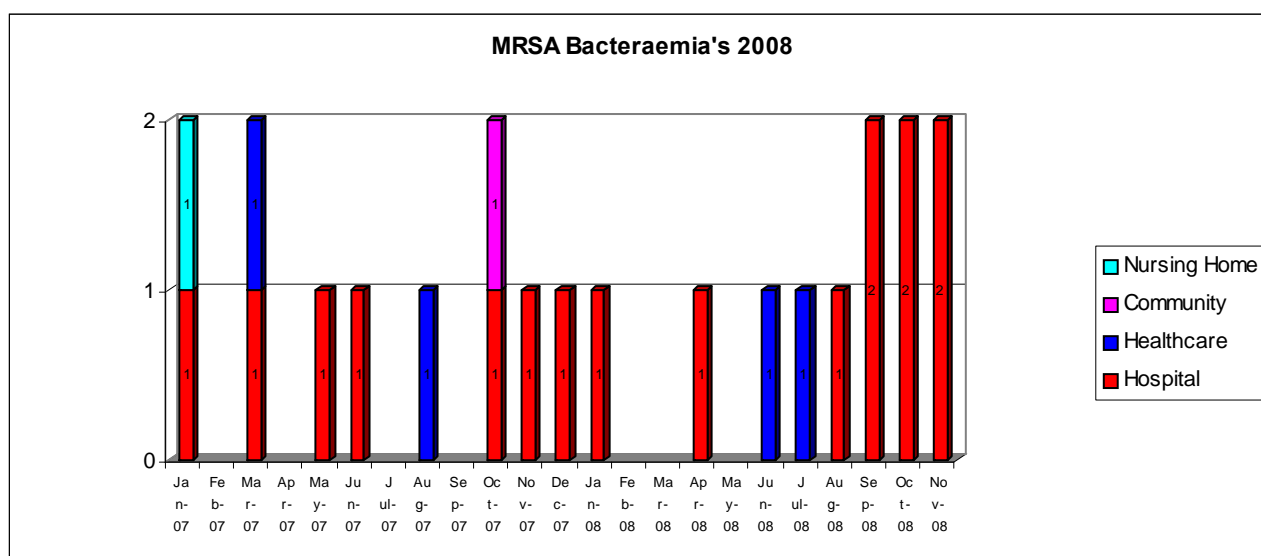


Figure 2

KEY

Hospital: a patient whose blood cultures were taken >48 hours after admission or within 48 hours of discharge.

Healthcare: a patient receiving regular care between the community and hospital and whose blood cultures were taken <48 hours after admission or >48 hours.

Community: a patient whose blood cultures were taken <48 hours after admission and who has not within the past month been an in patient in any hospital, and was not receiving community healthcare.

Nursing Home: a patient who normally resides in a nursing home and whose blood cultures were taken <48 hours after admission

A comparison of MRSA rates per 1000 acute occupied bed days shows that NHS Borders compares favorably against the rest of NHS Scotland, with NHS Borders MRSA rate being consistently lower than NHS Scotland as a whole (Figure 3).

Quarter	NHS Scotland			Borders		
	Acute Occupied Bed Days	MRSA Bacteraemias	Rate per 1000/AOBD	Acute Occupied Bed Days	MRSA Bacteraemias	Rate per 1000/AOBD
2003						
Jan to Mar	1306371	255	0.20	24688	1	0.04
Apr to Jun	1269416	227	0.18	25548	2	0.08
Jul to Sep	1261838	176	0.14	23035	2	0.09
Oct to Dec	1277360	217	0.17	24322	2	0.08
Average	1278746	219	0.17	24398	2	0.07
2004						
Jan to Mar	1303814	267	0.20	24286	8	0.33
Apr to Jun	1241546	259	0.21	22927	1	0.04
Jul to Sep	1245799	201	0.16	22672	0	0.00
Oct to Dec	1259193	247	0.20	23011	5	0.22
Average	1262588	244	0.19	23224	4	0.15

Quarter	NHS Scotland			Borders		
	Acute Occupied Bed Days	MRSA Bacteraemias	Rate per 1000/AOBD	Acute Occupied Bed Days	MRSA Bacteraemias	Rate per 1000/AOBD
2005						
Jan to Mar	1299434	253	0.19	24452	6	0.25
Apr to Jun	1247816	221	0.18	25409	3	0.12
Jul to Sep	1247136	247	0.20	24685	3	0.12
Oct to Dec	1259126	264	0.21	23011	2	0.09
Average	1263378	246	0.19	24389	4	0.14
2006						
Jan to Mar	1297157	274	0.21	26112	2	0.08
Apr to Jun	1282329	252	0.20	26820	4	0.15
Jul to Sep	1243355	212	0.17	24164	1	0.04
Oct to Dec	1252014	227	0.18	24019	2	0.08
Average	1268714	241	0.19	25279	2	0.09
2007						
Jan to Mar	1294344	249	0.19	25646	5	0.19
Apr to Jun	1248276	215	0.17	25944	3	0.12
Jul to Sep	1234589	210	0.17	22845	1	0.04
Oct to Dec	1235570	207	0.17	23789	4	0.17
Average	1253195	220	0.18	24556	3	0.13
2008						
Jan to Mar	1236015	197	0.16	29080	1	0.03
Apr to Jun	1247905	185	0.15	31533	2	0.06
Jul to Sep						
Oct to Dec						
Average	1241960	191	0.15	30307	2	0.05

Figure 3

Data Source: The *Staphylococcus aureus* Bacteraemia Quarterly Report of Cumulative Data from all NHS Boards in Scotland October 2008 (Health Protection Scotland)

Clostridium Difficile

There have been a total of 135 cases of *Clostridium difficile* infections between July 2007 and November 2008, with an average of eight cases per month (Figure 4). Of this number 36 (27%) people died within 30 days of the diagnosis being made.

Routine review of the case notes of people with clostridium difficile shows that two (1.48%) of these deaths were associated with the 135 cases of clostridium difficile infections diagnosed in the six month period between July 2007 and November 2008. One occurred in 2007 and one in 2008.

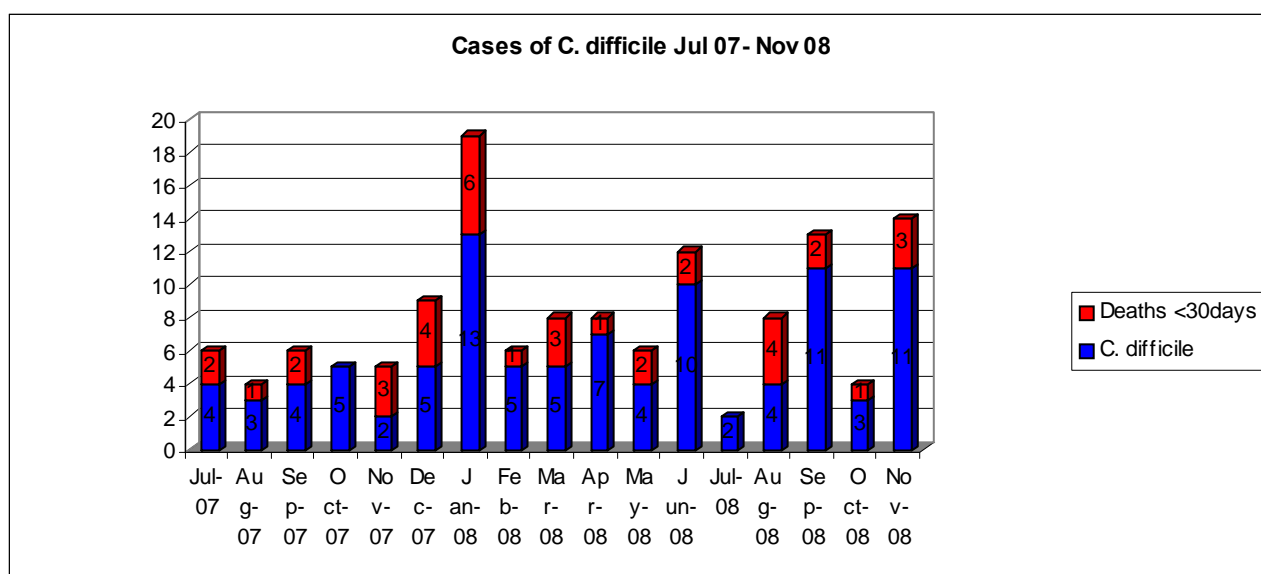


Figure 4

A comparison of c.diff rates per 1000 acute occupied bed days shows that NHS Borders compares favorably against the rest of NHS Scotland, with NHS Borders c.diff rate being consistently lower than NHS Scotland as a whole (Figure 5).

Rates of CDAD per 1000 acute occupied bed days (December 2007 to May 2008)

	Cases	Number of Acute Occupied Bed Days	Rate per 1000 AOBs
NHS Scotland	3174	2090135	1.52
NHS Borders	56	47097	1.19

Rates of CDAD per 1000 acute occupied bed days (persons aged <65 years December 2007 to May 2008)

	Cases	Number of Acute Occupied Bed Days	Rate per 1000 AOBs
NHS Scotland	611	719470	0.85
NHS Borders	8	12144	0.66

Rates of CDAD per 1000 acute occupied bed days (persons aged >65 years December 2007 to May 2008)

	Cases	Number of Acute Occupied Bed Days	Rate per 1000 AOBs
NHS Scotland	2563	1370665	1.87
NHS Borders	48	34953	1.37

Figure 5

Data Source: Report on Review of *Clostridium difficile* Associated Disease Cases and Mortality in all Acute Hospitals in Scotland from December 2007 – May 2008 (Health Protection Scotland, July 2008)

A comparison by hospital of deaths with clostridium difficile associated disease (CDAD) as a contributory or causal factor also shows NHS Borders to be within the range for the rest of NHS Scotland (Figure 6).

Case fatality percentage by hospital (December 2007 to May 2008)

	C.diff associated deaths	% deaths among all reported c.diff cases
NHS Scotland	285	9
NHS Borders	7	12.5
Rates Range between 0.00 and 50.00		

Case fatality percentage with CDAD as underlying cause by hospital (December 2007 to May 2008)

	Deaths with CDAD indicated as underlying cause	% of deaths among all reported CDAD cases
NHS Scotland	86	2.71
NHS Borders	1	1.79
Rates Range between 0.00 and 22.41		

Case fatality percentage with CDAD as contributory cause by hospital (December 2007 to May 2008)

	Deaths with CDAD indicated as contributing cause	% of deaths among all reported CDAD cases
NHS Scotland	199	6.27
NHS Borders	6	10.71
Rates Range between 0.00 and 50.00		

Mortality rate per 1000 acute occupied bed days (all CDAD) by hospital (December 2007 to May 2008)

	CDAD associated deaths	Total acute occupied bed days	Mortality rate per 1000 AOB
NHS Scotland	285	2090135	0.14
NHS Borders	7	47097	0.15
Rates Range between 0.00 and 0.77			

Mortality rate per 1000 acute occupied bed days with CDAD as underlying cause by hospital (December 2007 to May 2008)

	Deaths among cases with CDAD indicated as underlying cause	Total acute occupied bed days	Mortality rate per 1000 AOB
NHS Scotland	86	2090135	0.04
NHS Borders	1	47097	0.02
Rates Range between 0.00 and 0.56			

Mortality rate per 1000 acute occupied bed days with CDAD as contributory cause by hospital (December 2007 to May 2008)

	Deaths among cases with CDAD indicated as contributory cause	Total acute occupied bed days	Mortality rate per 1000 AOBDD
NHS Scotland	199	2090135	0.10
NHS Borders	6	47097	0.13
Rates Range between 0.00 and 0.76			

Figure 6

Data Source: Report on Review of *Clostridium difficile* Associated Disease Cases and Mortality in all Acute Hospitals in Scotland from December 2007 – May 2008 (Health Protection Scotland, July 2008)

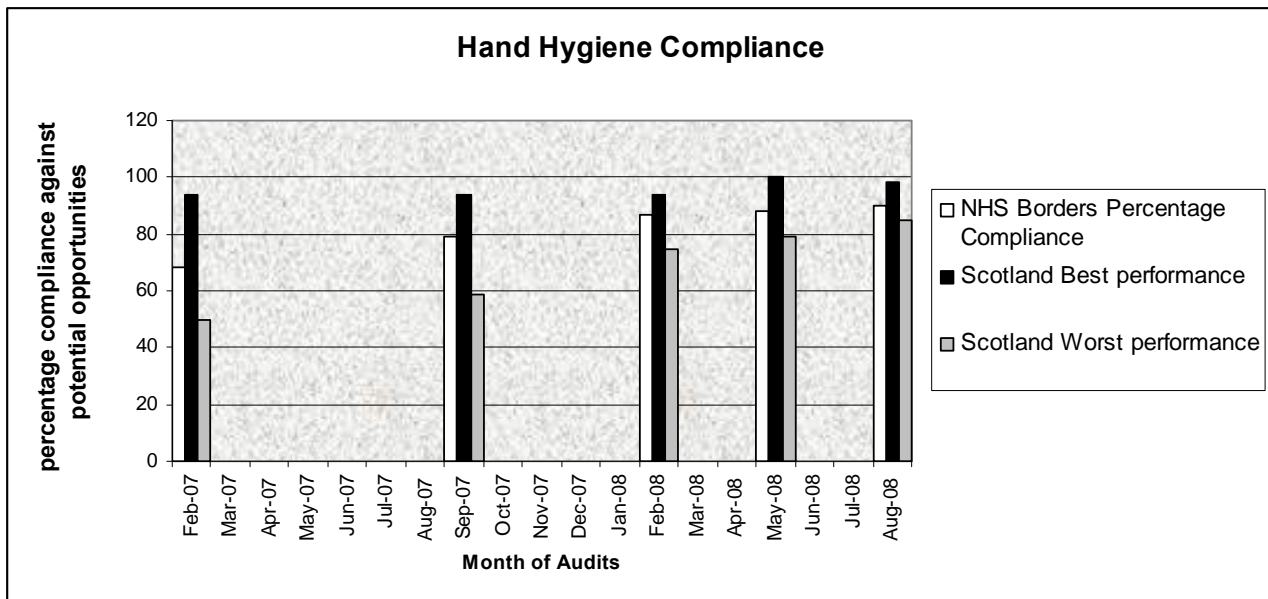
4. Hand Hygiene Compliance

Audits of compliance against the 5 moments for hand hygiene (see Figure 7) have been carried out and reported to Health Protection Scotland (HPS) since February 2007. The target for November 2008 was 90%, and this will rise to 95% by April 2009.



Figure 7

As shown by Figure 8, NHS Borders has demonstrated a steady improvement in hand hygiene compliance, from February 2007 when compliance was at 68% to August 2008 when compliance reached 90%.

**Figure 8**

The results of the November 2008 audit are yet to be published by HPS, however NHS Borders have achieved 93%, exceeding target.

Hand hygiene compliance across the different areas of NHS Borders is variable, with areas where patient throughput and dependency are greatest tending to have lower compliance. Heightened awareness and increased compliance in the in-patient areas of the Borders General Hospital have been achieved by the recent inputs of the Clinical Lead, Lead Nurse/Associate Director of Nursing and some of the consultants, who have worked together with the Hand Hygiene Coordinator to improve compliance. This has result in significant improvement in those areas where compliance was less good.

A letter has recently been sent to all NHS Borders staff advising them of the adoption of a zero tolerance approach to hand hygiene, and reminding them of their personal and professional responsibilities in relation to ensuring that they and their staff practice good hand hygiene. An awareness campaign to supplement this letter is currently being planned.

Hand hygiene compliance audits are now two monthly; NHS Borders is currently awaiting further information on whether a national audit of hand hygiene compliance for visitors is to be developed, and in addition is developing a mechanism to improve the hand hygiene of patients.

5. Healthcare Associated (HAI) Infection Incidents

Work is in progress to populate the risk register with incidents relating to HAI. Once this work is completed it will be possible to review the information and plan action to address any issues identified, which are not already subject to action. It will also be possible to report significant incidents as part of the Board report.

6. Implementation of the HAI elements of the Scottish Patient Safety Programme

There are a number of elements of the Scottish Patient Safety Programme, which are specifically focused on preventing healthcare associated infection and cross

contamination. Those elements which are not already in place in NHS Borders are being introduced in the pilot areas through small scale testing to achieve reliability and then spread. These include introducing measures to:

- Prevent infections associated with central lines
- Prevent infections associated with peripheral vascular catheters
- Prevent pneumonia associated with ventilation
- Prevent surgical site infections
- Reduce the number of MSSA, MRSA and clostridium difficile
- Improve hand hygiene compliance

Outcome and process measures which demonstrate the impact of the introduction of the measures are collected on run charts, some of which are shown below, noting that some elements have already been reported in earlier sections of this report. It is also worth noting that the Board will receive a full report on the Scottish Patient Safety Programme in February 2009.

Ventilator Associated Pneumonia (VAP)

The VAP rate is calculated by dividing the total number of VAPs occurring in the month (the numerator) by the total number of ventilator days in the month (the denominator) and then multiplying the result by 1000 to create a VAP rate per 1000 ventilator days. As shown in Figure 9, the initial VAP rate, that is when the first measurement was taken, was 96.7 per thousand. This had reduced to 16.95 per thousand by May 2008. At 15 December 2008 it had been 152 days between VAPs (noting that the run chart in Figure 9 is yet to be updated on the SPSP site).

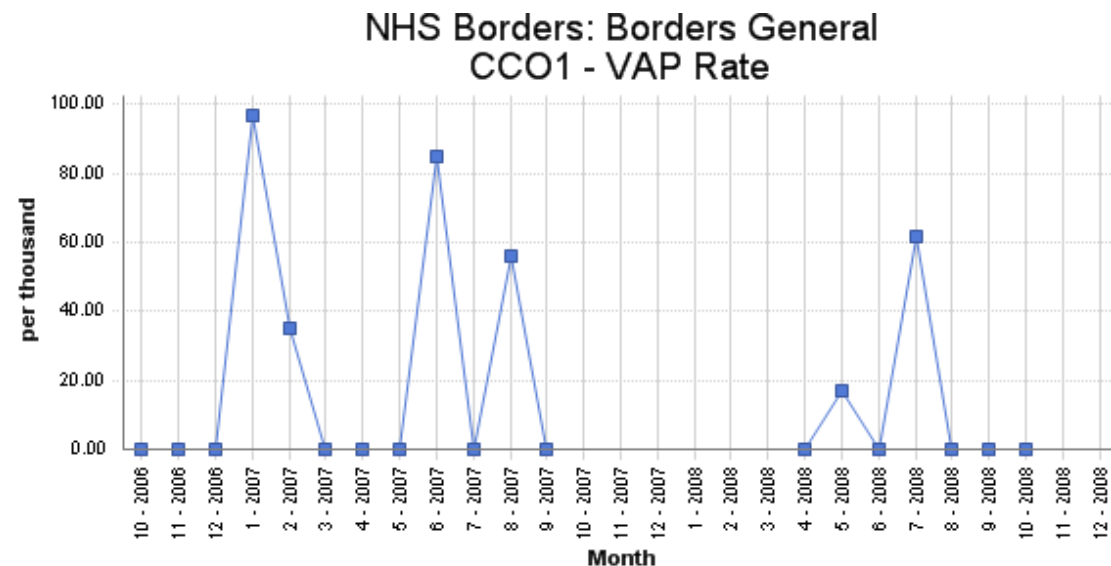


Figure 9

Central Line Bloodstream Infection

This measure is a cumulative count of the number of days that have gone by with no central line bloodstream infections being reported. Every time a central line bloodstream infection occurs the count is started over again.

The last central line bloodstream infection recorded in NHS Borders was on 19 September 2008. At 31 October 2008 there had been 44 days since the last central line infection.

Surgical Site Infection (SSI)

Even though one patient could experience more than one SSI during the same admission or surgical procedure, this measure is a percentage not a rate. The numerator, therefore, is based on a Yes or NO question, that is “Did the patient develop a SSI/? Yes or No?”. The measure is not concerned with how many infections the patient developed.

As can be seen from Figure 10, the percentage is low.

It is worth noting that a procedure is still to be developed to follow-up on surgical patients after they leave the hospital.

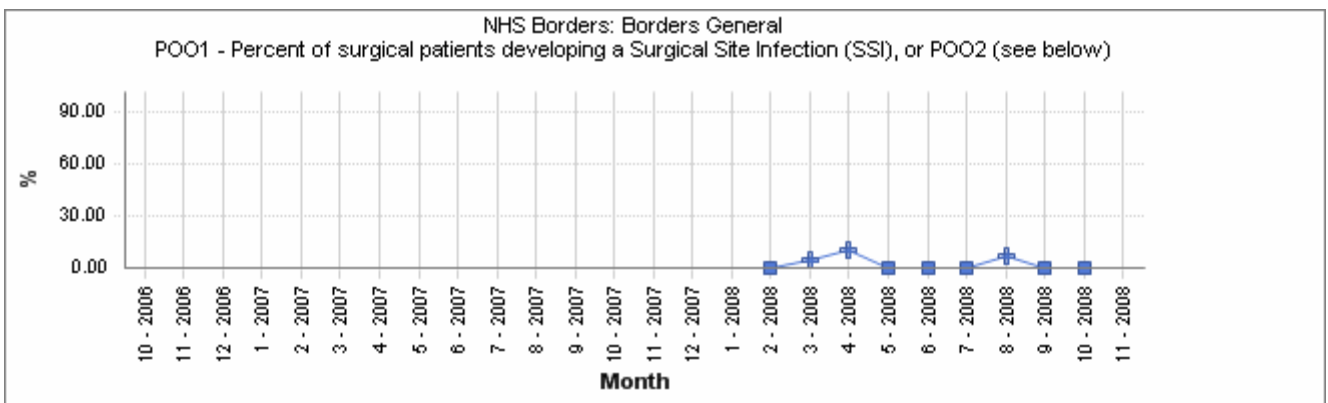


Figure 10

Appropriate prophylactic antibiotic administration is one of the measures used to prevent surgical site infection. As can be seen from Figure 11, antibiotic prophylaxis given on time is normally exceeding 90%.

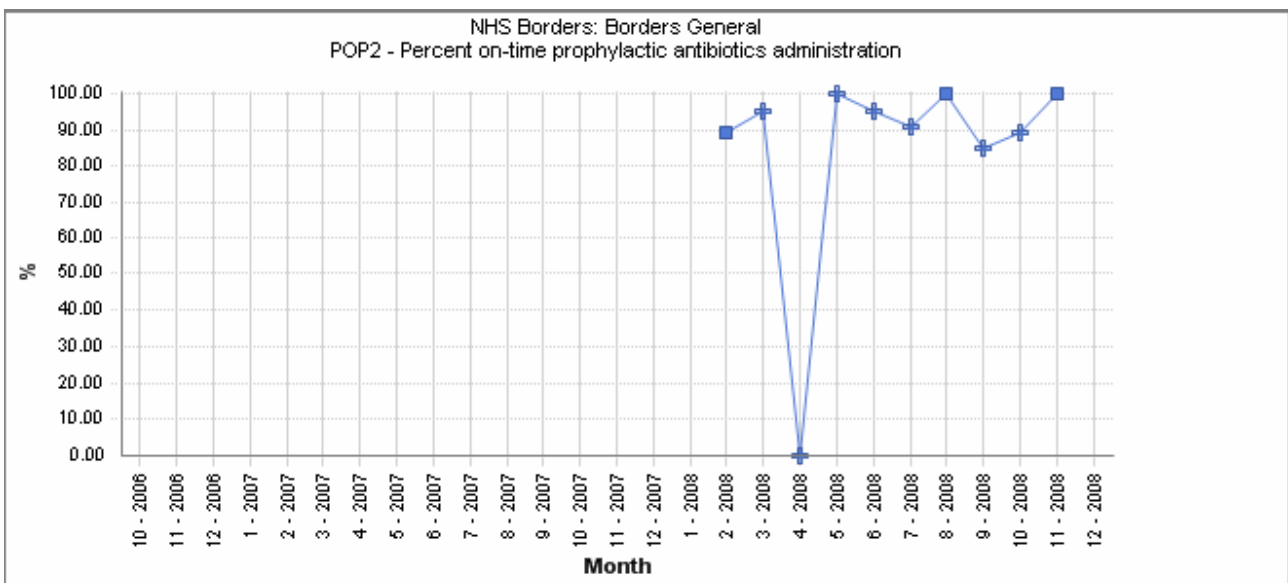


Figure 11

Cleaning Monitoring Results

In 2007 the then Scottish Executive launched the Healthcare Associated Infection Taskforce Cleaning Services Monitoring Framework, in order to benchmark the cleaning performance of all Hospitals and Health Board premises within Scotland. The performance target is to achieve over 90% in all areas.

The system went live in April 2007 with monitoring results being submitted from all Health Boards to the Scottish Executive on a monthly basis. As can be seen from Figure 12, NHS Borders cleaning monitoring shows a high level of performance with all areas reaching a minimum of 96% (Borders General Hospital) and some reaching 99% (Community Hospitals and mental health facilities).

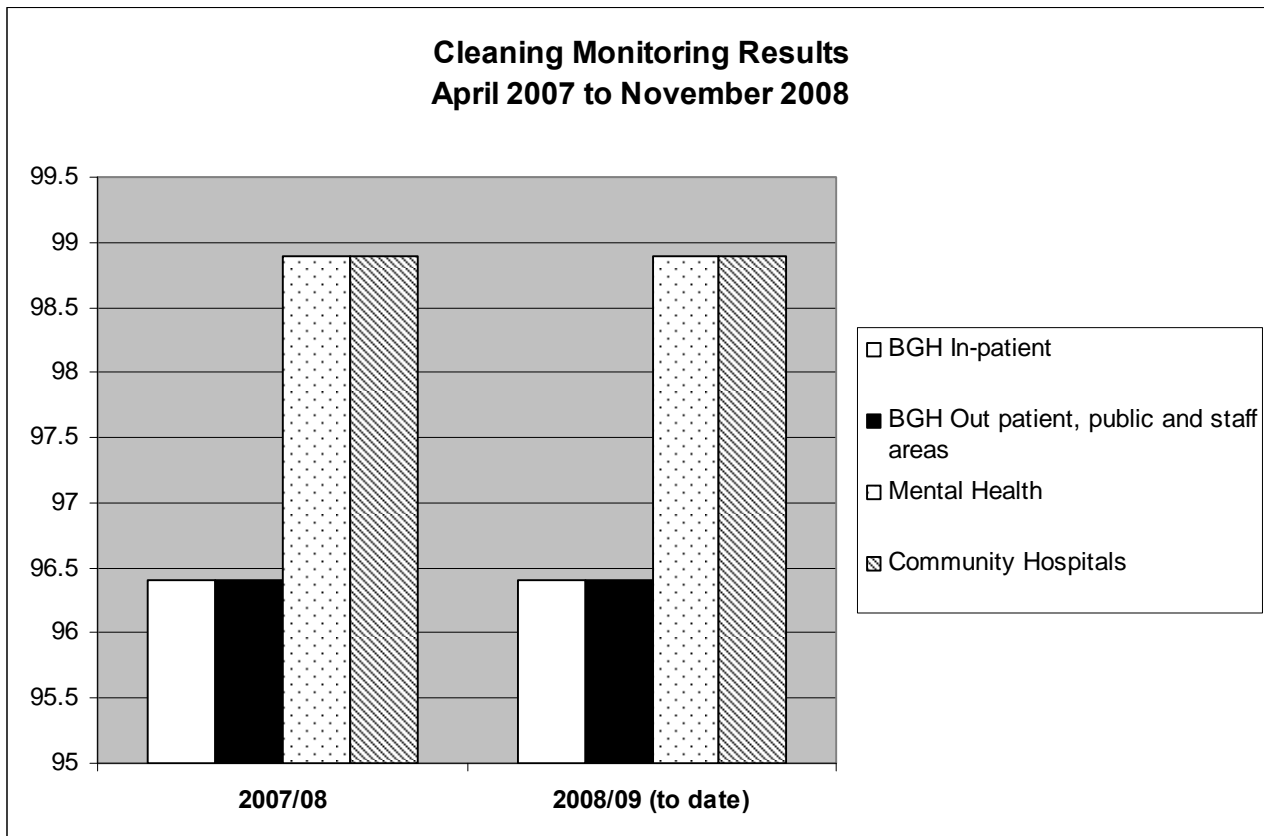


Figure 12

The overall figures do disguise some slippage in performance, notably in the staff and public areas of the BGH where performance has sometimes dipped as low as 66%. It should be noted that this reflects a diversion of staff to patient areas, when there has been a shortfall in staff, or increased activity, for example to cover the increased cleaning requirements associated with the norovirus outbreaks in December 2007/January 2008.

In June 2008 cleaning services have recently been subject to an external audit of performance by FM Specific Consultants Ltd; the audit report was published in November 2008. The areas audited were Ward 9, 11 and A&E within Borders General Hospital, Poynder View within Kelso Hospital and Kelso Health Centre. During the audit the auditors sampled a total of 30 rooms. The scores were lower than previous internal audits and lower than expected by management. While some of the shortfalls were due to building work and access issues, the five rooms audited within the A&E department of Borders General Hospital were below standard. An action plan has since been drawn up. The cleaning times and frequencies within A&E are being reviewed and while there is no

disagreement on the findings of the audit, the very small sample taken at the time may have skewed the percentage differential. All failings identified at the time of the audit were rectified immediately.

Summary

This report to the Board shows continued strong performance in all areas of Health Care Associated Infection Control and Prevention. The content of the report will inevitably change and develop with the publication of the Scottish Government template.

APPENDIX 2

Performance Against NHS Scotland Action Plan 2008

	Nov-08	Dec-08
2.1 - All Boards will empower their Charge Nurses to deliver against their responsibilities	Completed	Completed
2.2 - Implement the recommendations of the Senior Charge Nurse review	Green	Green
3.1 HAI SCRIBE sections 3 & 4 to be applied to all existing buildings to ensure fabric of healthcare facilities maintained to minimise risk of infection	Red	Red
3.3 - Planned preventative maintenance programmes reflect requirements of prevention and control of infection	Completed	Completed
4.1 - NHS Boards to have 'zero tolerance' to non-compliance with hand hygiene	Green	Completed
4.3 - NHS Boards to report hand hygiene compliance (staff and visitors) and facilities on a hospital basis to 2 monthly Board meetings	Green	Green
5.1 - NHS Boards to ensure HAI budget requirements are reflected in capital, maintenance and operational programmes	Green	Green
5.2 - NHS Boards to have identified budget for urgent repairs and replacement equipment available to Charge Nurses	Green	Green
6.1 - All patients to receive information on HAI	Amber	Amber
6.3 - All information is available in a variety of formats that facilitates public understanding	Completed	Completed
7.1 - NHS Boards to implement requirements of CEL 30(2008): Prudent Antimicrobial Prescribing: The Scottish Action Plan for managing Antibiotic Resistance and Reducing Antibiotic Related Clostridium Difficile	Completed	Completed
8.1 - Scottish Patient safety programme (HAI Elements) are integrated with HAI agenda at NHS Board level	Completed	Completed
8.2 - progress on implementation of the SPSP (HAI elements) to be included in HAI reports to 2 monthly Board	Green	Completed
9.3.1 - NHS Board's infection control policies include primary and community care	Green	Green
10.1 - Structure and resources to provide effective infection control service across NHS Board area (hospital and community) assessed and agreed by NHS Boards	Amber	Amber
11.1 - NHS Board's policy/guidance on completing death certificates reviewed to include documenting death associated with HAI	Green	Green
12.2 - NHS Board's local surveillance to include setting of control limits and trajectories for reduction of rates/incidence of HAI	Green	Completed
13.1 - NHS Board's Risk Register details HAI risks	Red	Amber
13.2 - HAI incidents and issues recorded on NHS Board's Risk Register reporting systems and reported to 2 monthly Board meetings	Green	Green
15.1 - NHS Boards to self-assess current compliance with QIS HAI standards (March 2008)	Green	Completed
16.1 - All healthcare workers receive appropriate level of HAI education and training in line with position, including antimicrobial prescribing and resistance	Green	Green
16.2 - Infection control staff undertake appropriate level of education and training	Completed	Completed
19.2 - Cleaning matrix and schedule including discipline responsible for cleaning is available in all healthcare settings	Completed	Completed
20.1 - All staff to have HAI objective in annual professional development plans	Green	Green

APPENDIX 3

**NHS Borders' Performance Against the NHS Scotland HAI Action Plan
December 2008**

KEY

- If an Action Point is completed, the status is **COMPLETED**.
- If an Action Point is on course to be completed by the target completion date (outlined in the Action Plan and provided alongside the Action Point), the status is **GREEN**.
- If an Action Point is fairly likely to meet the target completion date but may have some slippage the status is **AMBER** and **an accompanying predicted completion date should be included.**
- If an Action Point will not be met by the target completion date the status is **RED** and again **an accompanying predicted completion date should be included**

Action: 2.1 All Boards will empower their Charge Nurses to deliver against their responsibilities

Lead: NHS Boards: Chief Executives

Completion Date: October 2008

Status: **COMPLETED**

Progress:

Charge Nurses are responsible for ensuring systems are in place for reducing the incidence of HAI by:

- setting cleaning specifications with General Services Mangers
- ensuring action is taken where the cleaning specifications are not met
- participating in audits as agreed by the Infection Control Team
- ensuring staff are aware of and fully implement all aspects of infection control policies and procedures

These responsibilities will be reiterated during the Leading Better Care implementation.

Comments/Outstanding Actions:

Action: 2.2 Implement the recommendations in the Senior Charge Nurse Review

Lead: NHS Boards: Chief Executives

Completion Date: December 2010

Status: **GREEN**

Progress: Thirty Senior Charge Nurses working within hospital in-patient settings across the BGH, Community Hospitals and Mental Health will be supported to realign their current role to fit within the modernised role framework, outlined in Leading Better Care.

The implementation will occur over a two-year period as follows:

- Cohort 1: Sept / Jan 2009
- Cohort 2: Jan / April 2009
- Cohort 3: May / Sept 2009
- Cohort 4: Oct / Jan 2010
- Cohort 5: Feb / May 2010

Comments/Outstanding Actions:

<p>Action: 3.1 HAI SCRIBE (Healthcare Associated Infection System for Controlling Risk in the Built Environment) sections 3 &4 to be applied to all existing buildings to ensure fabric of healthcare facilities maintained to minimise risk of infection</p> <p>Lead: NHS Boards: Chief Executives</p> <p>Completion Date: August 2008 Status: RED</p>
<p>Progress: Director of Estates and Facilities is progressing HAI-SCRIBE to include the existing buildings as well as new builds. A survey of existing buildings incorporating HAI-SCRIBE is work in progress, however the timescale for completion of the work is not available at present, but will be given as soon as it is possible.</p> <p>The Director of Health Facilities Scotland, who published HAI-SCRIBE has written to the HAI Task Force advising that the present format was not designed with surveys of the existing estate in mind and that if it is to be considered as a management tool in this regard, further development work will be essential.</p>
<p>Comments/Outstanding Actions: Compliance will be assessed through review against QIS HAI Standards</p>

<p>Action: 3.3 Planned preventative maintenance programmes reflect requirements of prevention and control of infection</p> <p>Lead: NHS Boards: Chief Executives</p> <p>Completion Date: October 2008 Status: COMPLETED</p>
<p>Progress: See action 5.1 below</p>
<p>Comments/Outstanding Actions:</p>

<p>Action: 4.1 NHS Boards to have ‘zero tolerance’ to non-compliance with hand hygiene</p> <p>Lead: NHS Boards: Chief Executives</p> <p>Completion Date: January 2009 Status: COMPLETED</p>
<p>Progress: Work in progress. Completion anticipated by January 2009; statements of intent widely visible.</p>
<p>Comments/Outstanding Actions: Letter sent from Director of Nursing and Midwifery, and Medical Director to all staff advising of NHS Borders’ commitment to zero tolerance to compliance with hand hygiene standards. Now being followed up with management and clinical leader action including ad hoc audits of hand hygiene compliance.</p>

<p>Action: 4.3 NHS Boards to report hand hygiene compliance (staff and visitors) and facilities on a hospital basis to 2 monthly Board meetings</p> <p>Lead: NHS Boards: Chief Executives</p> <p>Completion Date: January 2009 Status: GREEN</p>
<p>Progress:</p> <p>Hand hygiene compliance for staff now reported to NHS Borders' Board every two months.</p>
<p>Comments/Outstanding Actions: Work in progress to develop and implement processes to monitor and report on hand hygiene compliance amongst visitors and patients.</p>

<p>Action: 5.1 NHS Boards to ensure HAI budget requirements are reflected in capital, maintenance and operational programmes</p> <p>Lead: NHS Boards: Chief Executives</p> <p>Completion Date: April 2009 Status: GREEN</p>
<p>Progress: For all capital investment programmes involving the alteration/extension of property, Scottish Health Facilities Note 30 is utilised in the design and planning of each project. HAI-SCRIBE is utilised for all projects.</p> <p>Within the field of maintenance the planned and planned preventative maintenance programmes are very much prioritised considering statutory and high-risk requirements first, this restricted only by availability of finance. Such programmes include: control of legionella; maintenance of engineering, heating and ventilation systems; redecoration; floor covering replacements; upgrades to sanitary facilities, (dependent on access to patient care areas); response to General Services/Control of Infection Team audits of the built environment.</p> <p>Maintenance revenue funding is supported through capital funded programmes, which address extra-ordinary maintenance requirements, (this programme restricted considerably during the current financial year). This also answers Action 3.3</p> <p>The Estates Department have membership of the Infection Control Committee and have a standing item on this agenda, including a report of all of all current building and maintenance programmes.</p>
<p>Comments/Outstanding Actions:</p> <p>Need to establish what action is required to move from "GREEN" to "COMPLETED".</p>

<p>Action: 5.2 NHS Boards to have identified budget for urgent repairs and replacement equipment available to Charge Nurses</p> <p>Lead: NHS Boards: Chief Executives</p> <p>Completion Date: January 2009 Status: GREEN</p>
<p>Progress:</p> <p>Urgent repairs are undertaken by the Estates Department through revenue funding. The corrective maintenance system is co-ordinated through a help desk facility.</p> <p>Equipment replacement is in part supported through the work of the Better Equipped to Care Committee which has identified the need for a rolling investment programme for medical equipment.</p>
<p>Comments/Outstanding Actions:</p> <p>Need to establish what action is required to move from “GREEN” to “COMPLETED”.</p>

<p>Action: 6.1 All patients to receive information on HAI</p> <p>Lead: NHS Boards: Chief Executives</p> <p>Completion Date: November 2008 Status: AMBER</p>
<p>Progress:</p> <p>HAI leaflets are available.</p> <p>The Infection Control Team inform ward staff of all patients identified who have a HAI, who also ensure that information is available to that patient.</p>
<p>Comments/Outstanding Actions:</p> <p>Work is in progress with managers to determine how to ensure that patient information is available in all healthcare settings. Proposed completion date: March 2009.</p>

<p>Action: 6.3 All information is available in a variety of formats that facilitates public understanding</p> <p>Lead: NHS Boards: Chief Executives</p> <p>Completion Date: November 2008 Status: COMPLETED</p>
<p>Progress:</p> <p>All information is available on BISSY where the public can request different formats.</p>
<p>Comments/Outstanding Actions:</p> <p>Nil</p>

<p>Action: 7.1 NHS Boards to implements requirements of CEL 30(2008): Prudent Antimicrobial Prescribing: The Scottish Action Plan For Managing Antibiotic Resistance And Reducing Antibiotic Related Clostridium difficile Associated Disease.</p> <p>Lead: Scottish Government Health Directorates/NHS Boards</p> <p>Completion Date: August 2008 Status: COMPLETED</p>
<p>Progress: Antimicrobial pharmacist in post and holds membership on ICC. Antimicrobial management team established.</p>
<p>Comments/Outstanding Actions: Work of Antimicrobial Management Team will be subject to ongoing review by ICC</p>

<p>Action: 8.1 Scottish Patient Safety Programme (HAI elements) are integrated with HAI agenda at NHS Board level</p> <p>Lead: NHS Boards/Scottish Patient Safety Programme</p> <p>Completion Date: January 2009 Status: <u>COMPLETED</u></p>
<p>Progress:</p> <p>The HAI elements of the Scottish Patient Safety Programme are integrated with the HAI agenda at NHS Board level.</p>
<p>Comments/Outstanding Actions: Nil</p>

<p>Action: 8.2 Progress on implementation of Scottish Patient Safety Programme (HAI elements) to be included in HAI reports to 2 monthly Board Safety Patient care bundles associated with HAI</p> <p>Lead: NHS Boards</p> <p>Completion Date: January 2009 Status: <u>COMPLETED</u></p>
<p>Progress:</p> <p>Included in November 2008 HAI report to the Board.</p>
<p>Comments/Outstanding Actions:</p> <p>Awaiting reporting template from SGHD.</p>

<p>Action: 9.3.1 NHS Board's infection control policies include primary and community care</p> <p>Lead: NHS Boards: Chief Executives</p> <p>Completion Date: December 2008 Status: <u>GREEN</u></p>
<p>Progress:</p> <p>Infection control policies apply to all areas.</p>
<p>Comments/Outstanding Actions:</p> <p>Need to establish what action is required to move from "<u>GREEN</u>" to "<u>COMPLETED</u>".</p>

<p>Action: 10.1 Structure and resources to provide effective infection control service across NHS Board area (hospital and community) assessed and agreed by NHS Boards, including:</p> <ul style="list-style-type: none"> • Human resources • Equipment • Budget <p>Lead: NHS Boards Completion Date: October 2008 Status: <u>AMBER</u></p>
<p>Progress: There are some short term capacity issues in the NHS Borders' Infection Control Team, resulting from long term sickness, a vacancy and a pending retirement.</p> <p>Plans to recruit to full complement are in place and are being progressed, and are anticipated to be fully in place no later than July 2009.</p> <p>A recent review of the team's capacity and capability has resulted in plans which will address succession planning and will enable greater input into the community.</p>
<p>Comments/Outstanding Actions: Need to continue to monitor progress in implementing the redesign of the Infection Control Team. Proposed completion date for full complement of team: July 2009</p> <p>Now awaiting response from Scottish Government regarding the use of the funding for Infection Control Development Manager.</p>
<p>Action: 11.1 NHS Boards policy/guidance on completing death certificates reviewed to include documenting death associated with HAI</p> <p>Lead: NHS Boards Completion Date: December 2008 Status: <u>GREEN</u></p>
<p>Progress: Work in progress with report on progress against this due end November 2008.</p>
<p>Comments/Outstanding Actions: Awaiting update from SGHD.</p>
<p>Action: 12.2 NHS Boards local surveillance to include setting of control limits and trajectories for reduction of rates / incidence of HAI</p> <p>Lead: NHS Boards Completion Date: December 2008 Status: <u>COMPLETED</u></p>
<p>Progress: Complete for all control limits given by HPS</p>
<p>Comments/Outstanding Actions: Nil</p>

<p>Action: 13.1 NHS Boards Risk Register details HAI risks Lead: NHS Boards: Chief Executives Completion Date: September 2008 Status: AMBER</p>
<p>Progress: The Risk Register is currently being populated by the Infection Control Team, and risks identified will be monitored by the Infection Control Committee. It is anticipated that this work will be completed by December 2008.</p>
<p>Comments/Outstanding Actions: To complete work in hand.</p>

<p>Action: 13.2 HAI incidents and issues recorded on NHS Boards Risk Register reporting systems and reported to 2 monthly Board meetings Lead: NHS Boards: Chief Executives Completion Date: January 2009 Status: GREEN</p>
<p>Progress: See 13.1 above. Topic to be included in 2 monthly reports to the NHS Board.</p>
<p>Comments/Outstanding Actions: Awaiting reporting template from SGHD.</p>

<p>Action: 15.1 NHS Boards to self assess current compliance with QIS HAI Standards (March 2008) Lead: NHS Boards: Chief Executives Completion Date: December 2008 Status: COMPLETED</p>
<p>Progress: Internal audit to assess NHS Borders' compliance with QIS HAI standards completed and action plan to address deficiencies developed.</p>
<p>Comments/Outstanding Actions: Action plan be implemented over the course of 2009.</p>

<p>Action: 16.1 All healthcare workers receive appropriate level of HAI education and training in line with position, including antimicrobial prescribing and resistance</p> <p>Lead: NHS Boards: Chief Executives</p> <p>Completion Date: April 2009 Status: GREEN</p>
<p>Progress:</p> <p>HAI education is incorporated within NHS Borders induction and clinical update programmes, within medical training by the Microbiologist and training given to general services staff. Ad hoc teaching is also given as required.</p> <p>Antimicrobial pharmacist in post and part of Infection Control Committee. Antimicrobial management team established.</p> <p>At present there is no documented system in place that ensures all healthcare workers have received this training.</p>
<p>Comments/Outstanding Actions:</p> <p>Need to establish a system to assure Board that all healthcare workers receive appropriate level of HAI education and training in line with position, including antimicrobial prescribing and resistance.</p>

<p>Action: 16.2 Infection Control staff undertake appropriate level of education and training</p> <p>Lead: NHS Boards: Chief Executives</p> <p>Completion Date: April 2009 Status: COMPLETED</p>
<p>Progress:</p> <p>Complete for existing staff.</p> <p>Training needs for new staff will be established on recruitment and on an on-going basis through the appraisal and KSF system.</p>
<p>Comments/Outstanding Actions:</p> <p>This will need to be reviewed as new staff come into post.</p>

<p>Action: 19.2 Cleaning matrix and schedule including discipline responsible for cleaning is available in all healthcare settings</p> <p>Lead: NHS Boards: Chief Executives</p> <p>Completion Date: September 2008 Status: COMPLETED</p>
<p>Progress:</p>
<p>Comments/Outstanding Actions: NHS Borders adhere to the NHS Scotland National Cleaning Specifications</p>

Action: 20.1 All staff to have HAI objective in annual professional development plans Lead: NHS Boards: Chief Executives Completion Date: April 2009 Status: GREEN
Progress: Although some staff groups will already have HAI objective in their PDP, work is in progress with KSF team to achieve this for all staff.
Comments/Outstanding Actions: