

Borders NHS Board

HEALTHCARE ASSOCIATED INFECTION CONTROL AND PREVENTION REPORT – MARCH 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 report covers:

- 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 5.1 – appendix 2)
- Progress on implementation of Scottish Patient Safety Programme (HAI elements) (Action 8.1 – appendix 2)
- HAI incidents and issues recorded on the NHS Board's Risk Register reporting systems (Actions 13.1 & 13.2 – appendix 2)

Summary

This report 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	Yes

requirements on Equality and Diversity	
Resource/Staffing Implications	None identified.

Approved by

Name	Designation	Name	Designation
Heather Maughan	Director of Nursing and Midwifery		

Author(s)

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APPENDIX 1**HEALTHCARE ASSOCIATED INFECTION – INFECTION CONTROL REPORT –MARCH 2009****NHS BORDERS (Healthcare Associated Infection Reporting template (HAIRT) Part 2 March 2009 (Part 1 attached))****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. The Scottish Government has now released a template for this purpose, so this report will comply with that format

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 Actions 3.1, 10.1, 13.1 and 13.2, 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. HFS has now set up a working group to review HAI Scribe, the Director of HFS has informed all Boards, including Directors of Facilities of planned review and way forward

Action 10.1 relates to the provision of an effective infection control service for NHS Borders. The re-design of the Infection Control Manager post is currently still being negotiated with the Scottish Government. Once agreed, this will enable the team to be re-structured to enhance clinical input especially in the community. NHS Borders' consultant microbiologist is expected to return from extended leave 2/3/09. This will increase capacity in the team, with a proposed completion date for full complement of team remaining at July 2009.

Action 13.1 refers to the population of the risk register; the work on this is being progressed, but the final completion date has been delayed due to the reduced capacity of the Infection Control Team. With increased capacity in the team, the team are now in a position to proceed with the population of the risk register as matter of urgency, proposed completion March 2009

Action 13.2 refers to HAI incidents and issues recorded on NHS Boards Risk Register reported to 2 monthly Board meetings (see 13.1)

3. INCIDENCE OF HEALTHCARE ASSOCIATED INFECTIONS

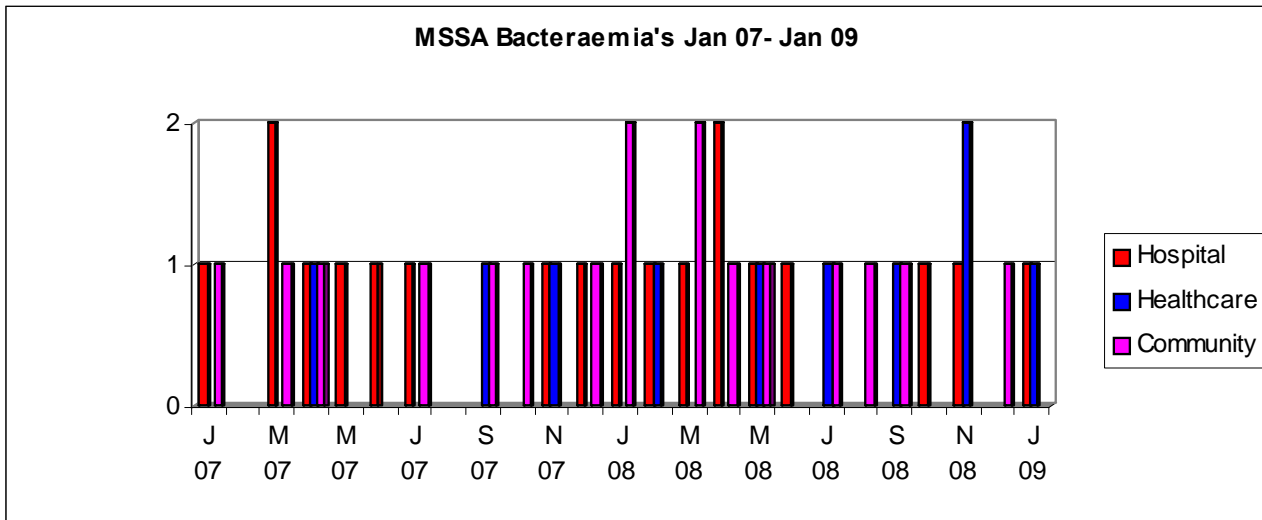
There are currently mandatory reporting requirements for Meticillin sensitive and resistant *Staphylococcus aureus* bacteraemias and on *Clostridium difficile* infections.

1 Staph aureus bacteraemias (SAB)

1.1 Short / medium / long term trends in SAB's

Meticillin Sensitive *Staphylococcus aureus* (MSSA) Bacteraemias, NHS Borders

There have been a total of 46 cases of MSSA bacteraemias between January 2007 and January 2009, with an average of two 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). Rates are stable



KEY

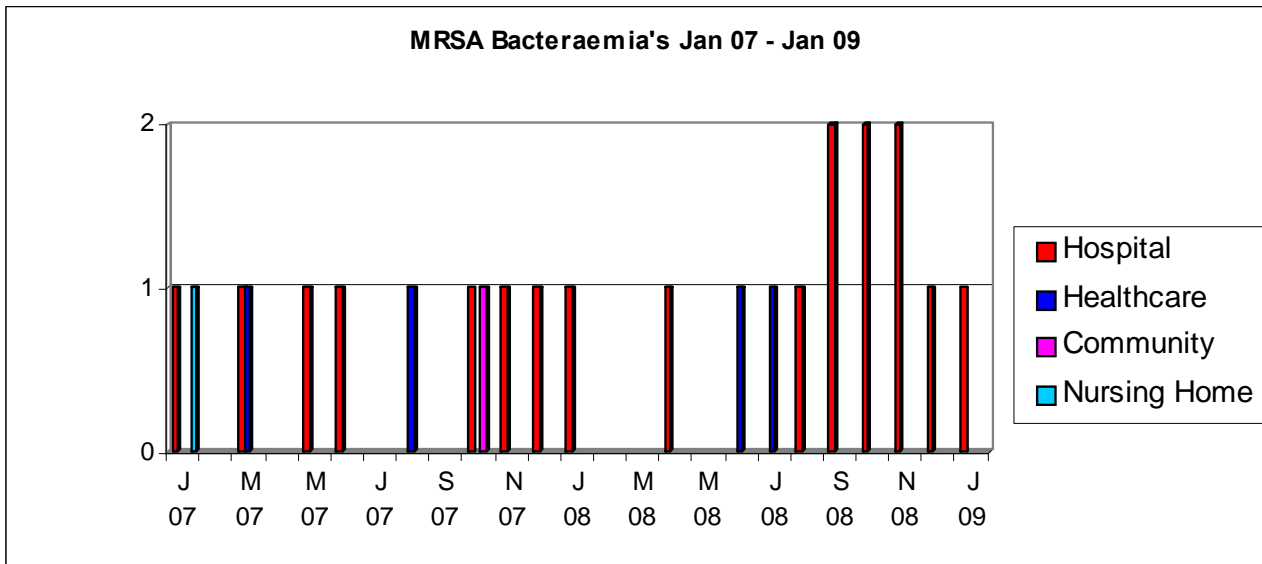
Hospital: a patient whose blood cultures were taken >48 hours after admission or within 48 hours of discharge.

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, NHS Borders

There have been a total of 24 cases of MRSA bacteraemias between January 2007 and January 2009, with an average of one case per month (Figure 2). The majority (95%) of MRSA bacteraemia cases diagnosed over the period were associated with hospital or healthcare (see definition below). Rates are stable



KEY

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

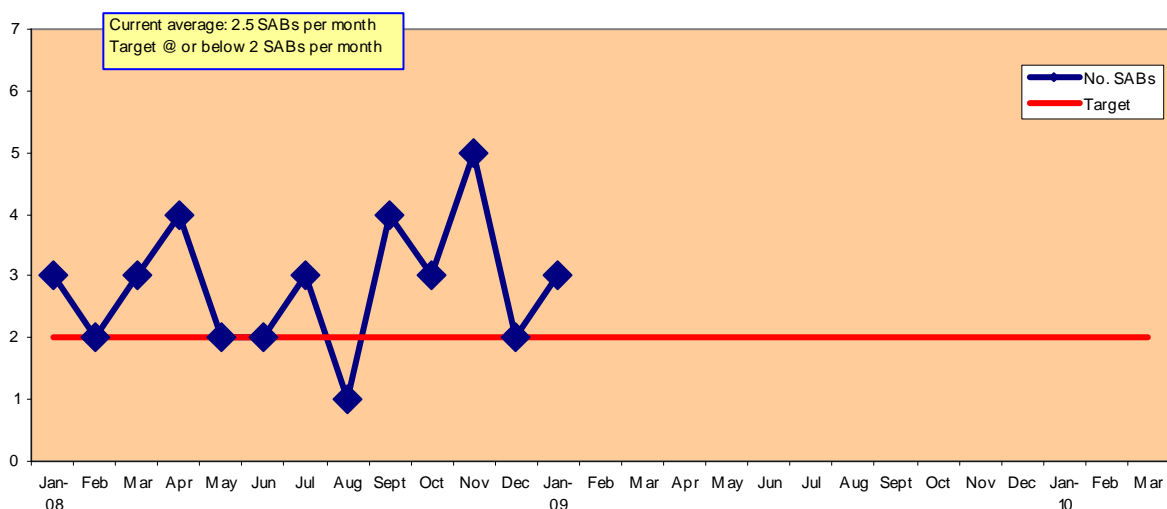
Healthcare: a patient receiving regular care between the community and hospital and whose blood cultures were taken <48 hours after admission or >48 hours.

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

1.2 Current HEAT status

Run Chart of Staphylococcus aureus Bacteraemias (SABs) in NHS Borders (2008-9)
With HEAT Target Line



Note that due to statistically insignificant numbers, clarification has been sought from HPS with regard to control limits

1.3 National context – most recent HPS quarterly national report (January 2009)

A comparison of MRSA rates per 1000 acute occupied bed days shows that NHS Borders compares favourably 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

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
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	1213613	149	0.123	27547	4	0.14
Average	1241960	191	0.15	30307	2	0.05
2005	Acute occupied bed days	MSSA bacteraemias	Rate per 1000/AOBD	Acute Occupied Bed Days	MSSA Bacteraemias	Rate per 1000/AOBD
Apr to Jun	1247816	375	0.301	25409	6	0.24
Jul to Sep	1247136	511	0.410	24685	6	0.24
Oct to Dec	1259126	422	0.335	23011	6	0.26
Average	1251359	436	0.348	24389	6	0.24
2006						
Jan to Mar	1297157	460	0.355	26112	2	0.08
Apr to Jun	1282329	358	0.279	26820	2	0.07
Jul to Sep	1243355	389	0.313	24164	9	0.37
Oct to Dec	1252014	280	0.224	24019	3	0.12
Average	1268714	371.75	0.293	25279	4	0.16
2007						
Jan to Mar	1294344	359	0.277	25646	3	0.12
Apr to Jun	1248276	415	0.332	25944	5	0.19
Jul to Sep	1234589	459	0.372	22845	5	0.22
Oct to Dec	1235570	417	0.337	23789	9	0.38
Average	1253195	412.5	0.329	24556	5.5	0.22
2008						
Jan to Mar	1236015	390	0.316	29080	8	0.27
Apr to Jun	1247905	392	0.314	31533	8	0.25
Jul to Sep	1213613	373	0.307	27547	5	0.18
Average	1232511	385	0.312	30307	7	0.230

Data Source: The *Staphylococcus aureus* Bacteraemia Quarterly Report of (figure 3 cont'd)
Cumulative Data from all NHS Boards in Scotland January 2009 (Health Protection Scotland)

1.4 Current/new initiatives to reduce cases

- Enhanced screening for MRSA
- New patient and public information leaflets on HAI and MRSA screening
- Standard Operating Procedure being developed for cannulation and intravenous therapy
- New procedures being developed for ward based intravenous therapy preparation
- Sterile cannulation-specific procedure packs being evaluated
- SPSP care bundles being piloted and rolled out

1.5 Pan-Board, hospital or specialty specific problems identified:

None identified

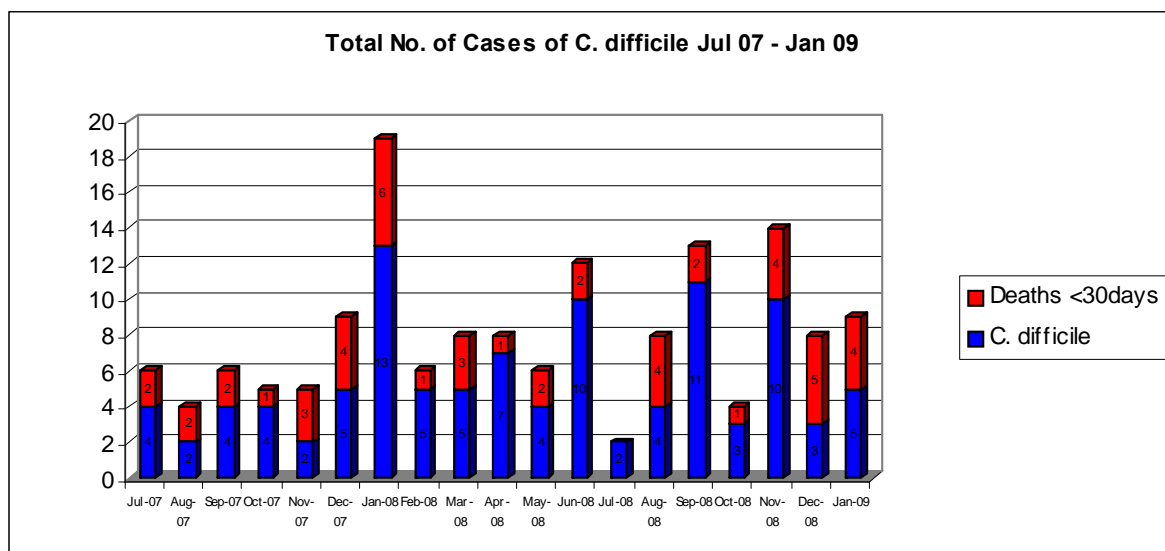
2 C.difficile associated disease (CDAD)

2.1 Short / medium / long term trends in CDAD

There have been a total of 154 cases of *Clostridium difficile* infections in NHS Borders between July 2007 and January 2009, with an average of eight cases per month (Figure 4). Of this number 49 (32%) people died within 30 days of the diagnosis being made.

Routine review of the case notes of people with *Clostridium difficile* shows that three (6.0%) of all 49 deaths were associated with *Clostridium difficile* infections diagnosed in the nineteen month period between July 2007 and January 2009. One occurred in 2007, one in 2008 and one in 2009.

It is acknowledged that there have been an increased number of deaths of patients with C.diff over the winter months. Each case has been examined and they were all elderly patients with significant co-morbidities. All samples were ribotyped and no patterns emerged to raise concern about possible cross-infection. Clinicians will declare on the death certificate if C.diff was a primary cause or contributory factor as shown by the grading 1a-d.



2.2 Current HEAT status

We are currently awaiting confirmation from the Scottish Government Health Department regarding trajectory for reductions in c diff cases, but we are expecting to reduce the number by about 30 cases per year.

2.3 National context – most recent HPS quarterly national report

A comparison of c.diff rates per 1000 acute occupied bed days shows that NHS Borders compares favourably 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
NHSScotland	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

Total number of cases Rates per 1000 total OCBs (elderly)

	Apr 2008-Jun 2008	Apr 2008-Jun 2008	Annual (2007)*
NHS Scotland	1732	1.33	1.26
NHS Borders	25	0.78	0.46

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 AOBD
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 AOBD
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 AOBD
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)

2.4 Current/new initiatives to reduce cases

- Antimicrobial management team established (2008)

- NHS Borders antimicrobial guidelines
- Introduction of new CDAD management guidelines (2009)
- Rapid response from ICT to manage ward based cases
- Regular CDAD case review
- CDAD Surveillance
- Continuing education for all disciplines of staff
- Enhanced screening of diarrhoeal samples from patients >15 years

2.5 Pan-Board, hospital or specialty specific problems identified

Further clarification has been sought by clinicians with regard to the reporting of CDAD and its inclusion on death certificates. National guidance is expected from the SGHD, but the Boards are expected to review their own policies in relation to this and that the Medical Director will be asked to do this

2.5.1. Actions required and timescale

- Implementation and review of new CDAD management guidelines [January 2009/ ongoing]
- Review, update and publish NHS Borders antimicrobial guidelines [Review begins March 2009, with aim of getting to print in June 2009]
- Audit NHS Borders antimicrobial guidelines [specific sections of which will be included in an audit programme, beginning March 2009]

3 Hand Hygiene (HH) programme

Short / medium / long term trends in compliance

3.1

The Hand Hygiene Audit of January 2009 showed that compliance in correct hand washing technique across NHS Borders has increased to 98%. Against the November audit findings of 93% the figures are good and show the level of commitment, which has given rise to increase hand hygiene compliance (fig 7).

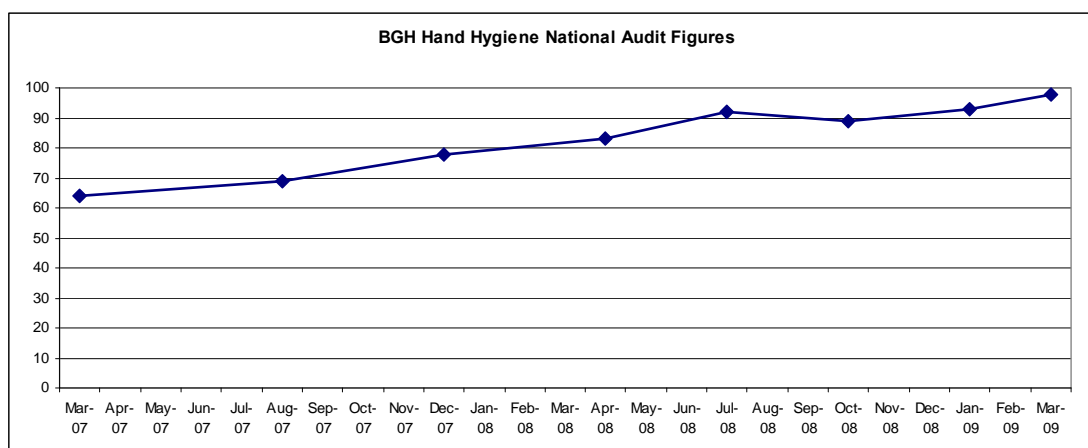


Figure 7

3.2 National context – most recent HPS national report (fig 8)

NHS Board	1st Quarter Audit Period (%) 5 - 16 May 2008			2nd Quarter Audit Period (%) 4 - 15 August 2008			3rd Quarter Audit Period (%) 3 - 14 November 2008		
	Opps Obs*	Opps Taken	% (CI)	Opps Obs	Opps Taken	% (CI)	Opps Obs	Opps Taken	% (CI)
NHS Western Isles	300	289	96% (94%, 98%)	300	288	96% (94%, 98%)	300	270	90% (87%, 93%)
NHS Tayside	300	258	86% (82%, 90%)	360	320	89% (86%, 92%)	320	291	91% (88%, 94%)
NHS Shetland	200	157	79% (73%, 85%)	200	177	89% (85%, 93%)	200	191	96% (93%, 99%)
NHS Orkney	300	299	100% (99%, 100%)	400	391	98% (97%, 99%)	320	290	91% (88%, 94%)
NHS Lothian	420	367	87% (84%, 90%)	420	381	91% (88%, 94%)	420	390	93% (91%, 95%)
NHS Lanarkshire	320	260	81% (77%, 85%)	300	274	91% (88%, 94%)	300	279	93% (90%, 96%)
NHS Highland	300	278	93% (90%, 96%)	300	262	87% (83%, 91%)	300	266	89% (85%, 93%)
NHS Greater Glasgow & Clyde	300	262	87% (83%, 91%)	300	270	90% (87%, 93%)	320	294	92% (89%, 95%)
NHS Grampian	660	547	83% (80%, 86%)	640	572	89% (87%, 91%)	560	518	93% (91%, 95%)
NHS Forth Valley	440	426	97% (95%, 99%)	500	467	93% (91%, 95%)	400	387	97% (95%, 99%)
NHS Fife	300	272	91% (88%, 94%)	300	268	89% (86%, 92%)	300	273	91% (88%, 94%)
NHS Dumfries & Galloway	300	274	91% (88%, 94%)	300	280	93% (90%, 96%)	300	277	92% (89%, 95%)
NHS Borders	320	289	90% (87%, 93%)	320	281	88% (84%, 92%)	440	410	93% (91%, 95%)
NHS Ayrshire & Arran	320	300	94% (91%, 97%)	300	286	95% (93%, 97%)	300	292	97% (95%, 99%)
National Waiting Times Centre	300	244	81% (77%, 85%)	300	254	85% (81%, 89%)	300	278	93% (90%, 96%)

(*Opps obs = opportunities observed)

Figure 8

3.3 Current/new initiatives in promoting HH and zero tolerance of non-compliance

- NHS Borders' Hand Hygiene Coordinator is closely involved with the roll out of the Scottish Patient Safety Programme (SPSP) Hand Hygiene bundle. In addition, many wards are recording hand hygiene compliance figures. These are held within the ward area and results are also sent to the SPSP Administrator for reporting
- Regular spot audits are being undertaken by the hand hygiene coordinator to enable an assessment of the wards compliance and awareness to be monitored. Ward Managers are also being asked to conduct fortnightly hand hygiene audits.
- Scottish Government are supplying up to 40 new "Glowbox" hand hygiene detectors. These will be held within clinical areas. This will allow regular hand hygiene training to be completed
- The final installation of the non-touch dispensers and hand medic dispensers will be completed by the end of February 2009. The fitters will also install collection point boxes for the mini hand rubs in each of the clinical areas to ensure all staff have access to personal hand hygiene rubs
- Following a call for further hand washing facilities to be provided, a scoping audit is being undertaken to ascertain what provision is made for hand washing in each ward and clinical area. The adequacy of the present hand washing facilities is also being examined
- Visitor audits will be carried out next month to establish hand hygiene awareness amongst visitors to the Borders General Hospital. Judith Ramsay, our Infection Control Public Awareness representative will undertake these observations
- Point of Care Prompts: The Scottish Government has provided further funding for posters and stickers to be produced for the hand hygiene campaign. These will be launched on the 25th March 2009, at the launch of the second half of the campaign in Glasgow
- The World Health Organisation has named the 5 May 2009 as World Hand Hygiene Day. Each of the local coordinators have been asked to join a Jamboree in Edinburgh to celebrate the event. There will also be local events to promote the day.

3.4 Pan-Board, hospital or staff group specific problems identified:

None identified

4 Cleaning Services Specification Compliance

4.1 Short / medium / long term trends in compliance

B120H – Borders General Hospital – Clean Monitoring Totals

		<u>Total Value of Items Checked</u>	<u>Total Value of Items Passed</u>	<u>Total % Pass</u>	<u>Peer Review</u>	<u>Public Involvement</u>
Month 1	Apr	11 864	11 576	97.6	NO	NO
Month 2	May	11 849	11 551	97.5	NO	NO
Month 3	Jun	11 487	11 161	97.2	NO	NO
Month 4	Jul	11 195	10 732	95.9	NO	NO
Month 5	Aug	11 191	10 837	96.8	NO	NO
Month 6	Sep	13 296	12 721	95.7	YES	YES
Month 7	Oct	12 121	11 586	95.6	YES	NO
Month 8	Nov	12 375	11 851	95.8	NO	NO
Month 9	Dec	12 368	11 794	95.4	YES	NO
Month 10	Jan	13 513	12 964	95.9	NO	NO
Month 11	Feb	-	-	-	-	-
Month 12	Mar	-	-	-	-	-
Quarter 1	Apr-Jun	35 200	34 288	97.4	X	x
Quarter 2	Jul-Sep	35 682	34 290	96.1	X	x
Quarter 3	Oct-Dec	36 864	35 231	95.6	X	x
Quarter 4	Jan-Mar	13 513	12 964	95.9	X	x
Total		121 259	116 773	96.3	X	x

Figure 9

4.2 National context – most recent HFS quarterly national report

<i>Health Board</i>	<i>4th quarter Jan-March 2007/2008</i>	<i>1st quarter April-June 2008/2009</i>	<i>2nd quarter July-Sept 2008/2009</i>	<i>3rd quarter Oct-Dec 2008/2009</i>
	<i>Total % Pass</i>	<i>Total % Pass</i>	<i>Total % Pass</i>	
SCOTLAND	96.1	96.1	96.0	95.5
Ayrshire and Arran	96.4	96.4	95.9	95.9
Borders	97.1	97.8	97.2	96.9
Dumfries and Galloway	97.3	97.3	97.4	97.2
Fife	96.5	96.5	97.0	97.2
Forth Valley	95.3	95.5	94.7	92.9
Grampian	97.3	97.2	97.1	96.2
Greater Glasgow and Clyde	96.3	96.2	96.4	96.4
Highland	95.3	95.1	95.3	95.5
Lanarkshire	96.0	95.5	94.8	95.0
Lothian	94.6	94.7	94.5	94.9
Orkney	95.2	92.8	96.1	93.0
Shetland	97.8	97.8	97.1	98.0
Tayside	95.8	96.1	95.9	95.7
Western Isles	95.6	95.9	95.6	95.7
The State Hospitals Board for Scotland	93.6	93.8	94.0	92.7
Golden Jubilee National Hospital	93.6	93.4	93.4	92.2
NSS Blood Transfusion Services Scottish Ambulance Service (NHS Lothian)			98.6	98.8 94.7

Figure 10

4.3 Current/new initiatives in improving cleaning

- Purchases of new cleaning equipment, including steam cleaners, scrubber/ wet pickups, new mopping systems, new HEPA filter vacuum cleaners
- Extensive infection control and hand hygiene training to general services staff, including evening and weekend only workers
- Continued public involvement
- Kelso Hospital was a pilot site for the Domestic Assistant/Housekeeper Workbook to be extended for a SVQ (with support from NES) and we are looking to roll out this qualification for cleaning staff if funding can be secured

4.4 Pan-Board, hospital or specialty specific problems identified

None identified

5 Significant HAI incidents / outbreaks, emerging threats

None for this report

- There have been no major outbreaks
- Antibiotic resistance(s) are being closely monitored with enhanced screening activity and our upgraded surveillance software.
- Our Surveillance Coordinator continually monitors HAI and SSI rates; any flags for concern will be dealt with immediately.

Progress on compliance with national HAI programme

5.1 RAG status on HAI Action Plan

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**

Performance Against NHS Scotland Action Plan 2008

	Nov-08	Dec-08	Jan-09	Feb-09	March-09
2.1 - All Boards will empower their Charge Nurses to deliver against their responsibilities	Completed				
2.2 - Implement the recommendations of the Senior Charge Nurse review	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				
3.3 - Planned preventative maintenance programmes reflect requirements of prevention and control of infection	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			Completed	
5.1 - NHS Boards to ensure HAI budget requirements are reflected in capital, maintenance and operational programmes	Green				
5.2 - NHS Boards to have identified budget for urgent repairs and replacement equipment available to Charge Nurses	Green			Completed	
6.1 - All patients to receive information on HAI	Amber			Completed	
6.3 - All information is available in a variety of formats that facilitates public understanding	Completed				

**Performance Against NHS Scotland
Action Plan 2008**

	Nov-08	Dec-08	Jan-09	Feb-09	March-09
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				
8.1 - Scottish Patient safety programme (HAI Elements) are integrated with HAI agenda at NHS Board level	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				Completed
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			Red	
11.1 - NHS Board's policy/guidance on completing death certificates reviewed to include documenting death associated with HAI	Green				Amber
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			Red
13.2 - HAI incidents and issues recorded on NHS Board's Risk Register reporting systems and reported to 2 monthly Board meetings	Green				Red
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				
16.2 - Infection control staff undertake appropriate level of education and training	Completed				
19.2 - Cleaning matrix and schedule including discipline responsible for cleaning is available in all healthcare settings	Completed				
20.1 - All staff to have HAI objective in annual professional development plans	Green				Completed

5.2 Compliance with HAI Task Force programme – outstanding issues

These are described in Appendix 1.

5.3 Actions required and timescales for implementation

These are described in Appendix 1.

Appendix 1

NHS BOARDS: Borders

- 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**

<p>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: <u>COMPLETED</u></p>
<p>Progress: Charge Nurses are responsible for ensuring systems are in place for reducing the incidence of HAI by:</p> <ul style="list-style-type: none"> • 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 <p>These responsibilities will be reiterated during the Leading Better Care implementation.</p>
<p>Comments/Outstanding Actions: Nil</p>

<p>Action: 2.2 Implement the recommendations in the Senior Charge Nurse Review Lead: NHS Boards: Chief Executives Completion Date: December 2010 Status: <u>GREEN</u></p>
<p>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.</p> <p>The implementation will occur over a two-year period as follows:</p> <ul style="list-style-type: none"> • Cohort 1: Sept / Jan 2009 Completed • Cohort 2: Jan / April 2009 In progress • Cohort 3: May / Sept 2009 • Cohort 4: Oct / Jan 2010 • Cohort 5: Feb / May 2010
<p>Comments/Outstanding Actions: Implementation plan is on target</p>
<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>

Lead: NHS Boards: Chief Executives
Completion Date: August 2008 Status: RED
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. 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. There are now meetings in progress with HFS and Estates representatives from all boards.
Comments/Outstanding Actions: Progress on this is dependant on output from HFS (SG)

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

Action: 4.1 NHS Boards to have ‘zero tolerance’ to non-compliance with hand hygiene
Lead: NHS Boards: Chief Executives
Completion Date: January 2009 Status: COMPLETED
Progress: 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.
Comments/Outstanding Actions: Nil

Action: 4.3 NHS Boards to report hand hygiene compliance (staff and visitors) and facilities on a hospital basis to 2 monthly Board meetings
Lead: NHS Boards: Chief Executives
Completion Date: January 2009 Status: COMPLETED
Progress: Hand hygiene compliance for staff now reported to NHS Borders’ Board every two months.
Comments/Outstanding Actions: Work in progress to develop and implement processes to monitor and report on hand hygiene compliance amongst visitors and patients; there is now an audit proforma for monitoring hand hygiene compliance of visitors. This will be piloted and subsequently implemented by NHS Borders LHHC and public representative volunteer

<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: COMPLETED</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>Action: 6.1 All patients to receive information on HAI Lead: NHS Boards: Chief Executives Completion Date: November 2008 Status: <u>COMPLETED</u></p>
<p>Progress: 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. On admission, patients are either given the ICT produced, or unit specific leaflets. The unit specific leaflets now incorporate explicit HAI information.</p>
<p>Comments/Outstanding Actions: Audit of implementation to be performed end March 2009</p>

<p>Action: 6.3 All information is available in a variety of formats that facilitates public understanding Lead: NHS Boards: Chief Executives Completion Date: November 2008 Status: <u>COMPLETED</u></p>
<p>Progress: All information is available on BISSY where the public can request different formats.</p>
<p>Comments/Outstanding Actions: 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. Lead: Scottish Government Health Directorates/NHS Boards Completion Date: August 2008 Status: <u>COMPLETED</u></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 Lead: NHS Boards/Scottish Patient Safety Programme Completion Date: January 2009 Status: <u>COMPLETED</u></p>
<p>Progress: 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 Lead: NHS Boards Completion Date: January 2009 Status: <u>COMPLETED</u></p>
<p>Progress: Included in two monthly HAI report to the Board.</p>
<p>Comments/Outstanding Actions: Nil</p>

<p>Action: 9.3.1 NHS Board's infection control policies include primary and community care Lead: NHS Boards: Chief Executives Completion Date: December 2008 Status: COMPLETED</p>
<p>Progress: Infection control policies apply to all areas within NHS Borders</p>
<p>Comments/Outstanding Actions:</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: RED</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 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 monitoring progress in implementing the redesign of the Infection Control Team. However, the re-design of ICM post has been agreed and NHS Borders are now progressing with implementation of the new structure. Proposed completion date for full complement of team remains July 2009.</p>

<p>Action: 11.2 NHS Boards policy/guidance on completing death certificates reviewed to include documenting death associated with HAI Lead: NHS Boards Completion Date: December 2008 Status: AMBER</p>
<p>Progress: Work in progress with report on progress against this due end November 2008.</p> <p>Had been awaiting further guidance from SGHD, but recognised need to review local NHS Borders guidance on death certification</p>
<p>Comments/Outstanding Actions: Proposed completion date March 2009</p>

<p>Action: 12.2 NHS Boards local surveillance to include setting of control limits and trajectories for reduction of rates / incidence of HAI Lead: NHS Boards Completion Date: December 2008 Status: COMPLETED</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: RED</p>
<p>Progress: The Infection Control Team is currently populating the Risk Register, and the Infection Control Committee will monitor risks identified.</p> <p>An initial list is now in place and ready for review by the ICC.</p>
<p>Comments/Outstanding Actions: To complete work in hand. Proposed completion date March 2009</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: RED</p>
<p>Progress: HAI incidents and issues will be reported to the Board as part of the routine two monthly report.</p>
<p>Comments/Outstanding Actions: First report using Scottish Government template is March 2009. Proposed completion date March 2009</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 Lead: NHS Boards: Chief Executives Completion Date: April 2009 Status: GREEN</p>
<p>Progress:</p> <ul style="list-style-type: none"> • 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. • Antimicrobial pharmacist in post and part of Infection Control Committee • Antimicrobial management team established • At present there is no documented system in place that ensures all healthcare workers have received this training.
<p>Comments/Outstanding Actions: 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: <u>COMPLETED</u></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: <u>COMPLETED</u></p>
<p>Progress:</p>
<p>Comments/Outstanding Actions: NHS Borders adhere to the NHS Scotland National Cleaning Specifications</p>

<p>Action: 20.1 All staff to have HAI objective in annual professional development plans</p> <p>Lead: NHS Boards: Chief Executives</p> <p>Completion Date: April 2009 Status: <u>COMPLETED</u></p>
<p>Progress:</p> <p>HAI is now incorporated under 'mandatory training' in the Organisational Baseline PDP</p>
<p>Comments/Outstanding Actions:</p>

