

Borders NHS Board

HEALTHCARE ASSOCIATED INFECTION CONTROL AND PREVENTION REPORT – MAY 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
Leonie Smith	Acting 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)****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

Performance against the NHS Scotland HAI Action Plan:

Current performance against the NHS Scotland HAI Action Plan is outlined in Appendix 2. As can be seen, with the exception of Actions 3.1, 10.1 and 11.1, 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. 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 proposed restructure of the Infection Control Team is progressing; draft Job Descriptions have now been progressed and these are being consulted on with interested personnel. Proposed completion date for full complement of team remains July 2009.

Incidence of Healthcare Associated Infections

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

HAIRT Framework Part 2

1 Staph aureus bacteraemias (SAB)

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

Meticillin Sensitive *Staphylococcus aureus* (MSSA) Bacteraemias

There have been a total of 49 cases of MSSA bacteraemias between January 2007 and March 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

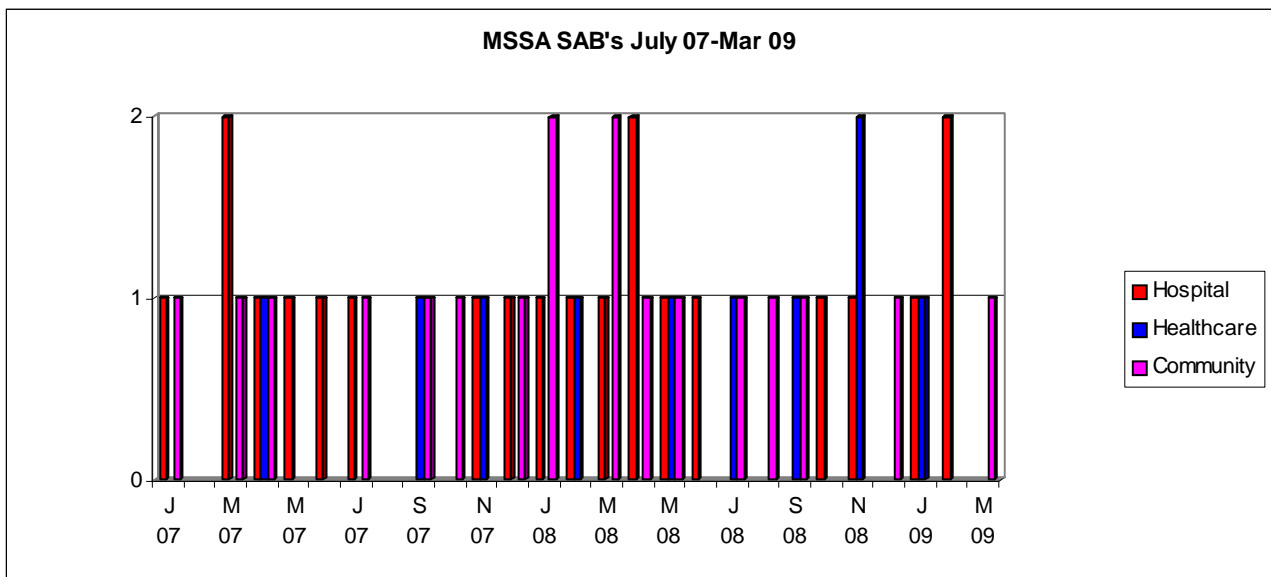


Figure 1

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 25 cases of MRSA bacteraemias between January 2007 and March 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.

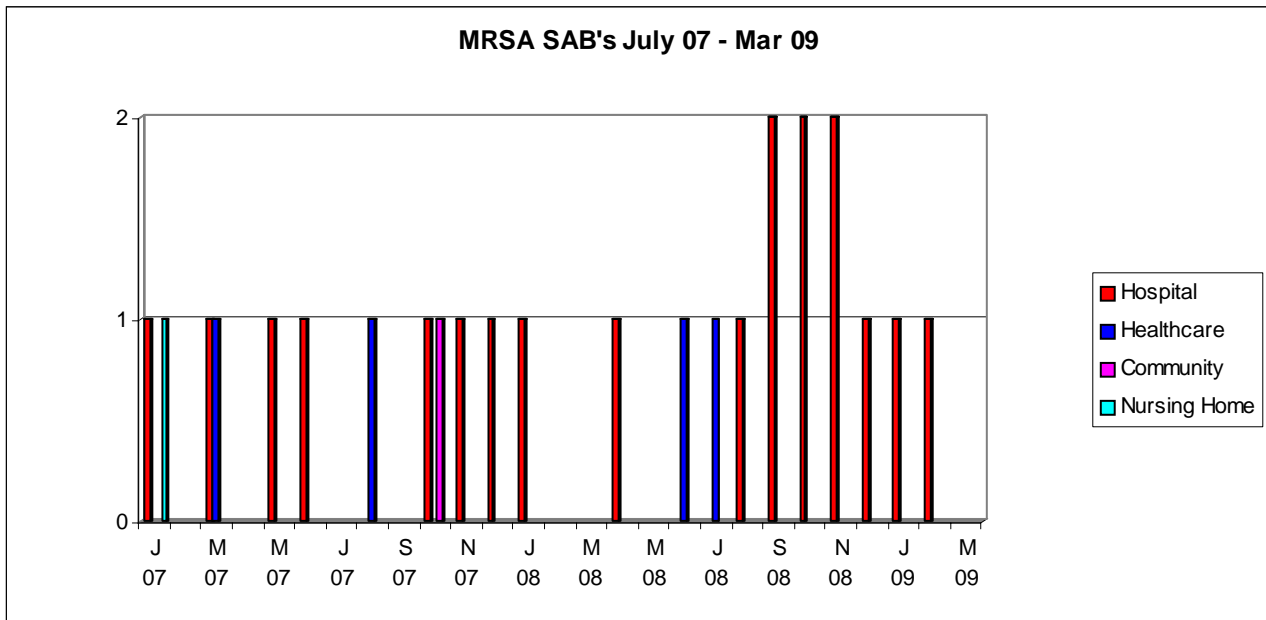


Figure 2

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.

1.2 Current HEAT status

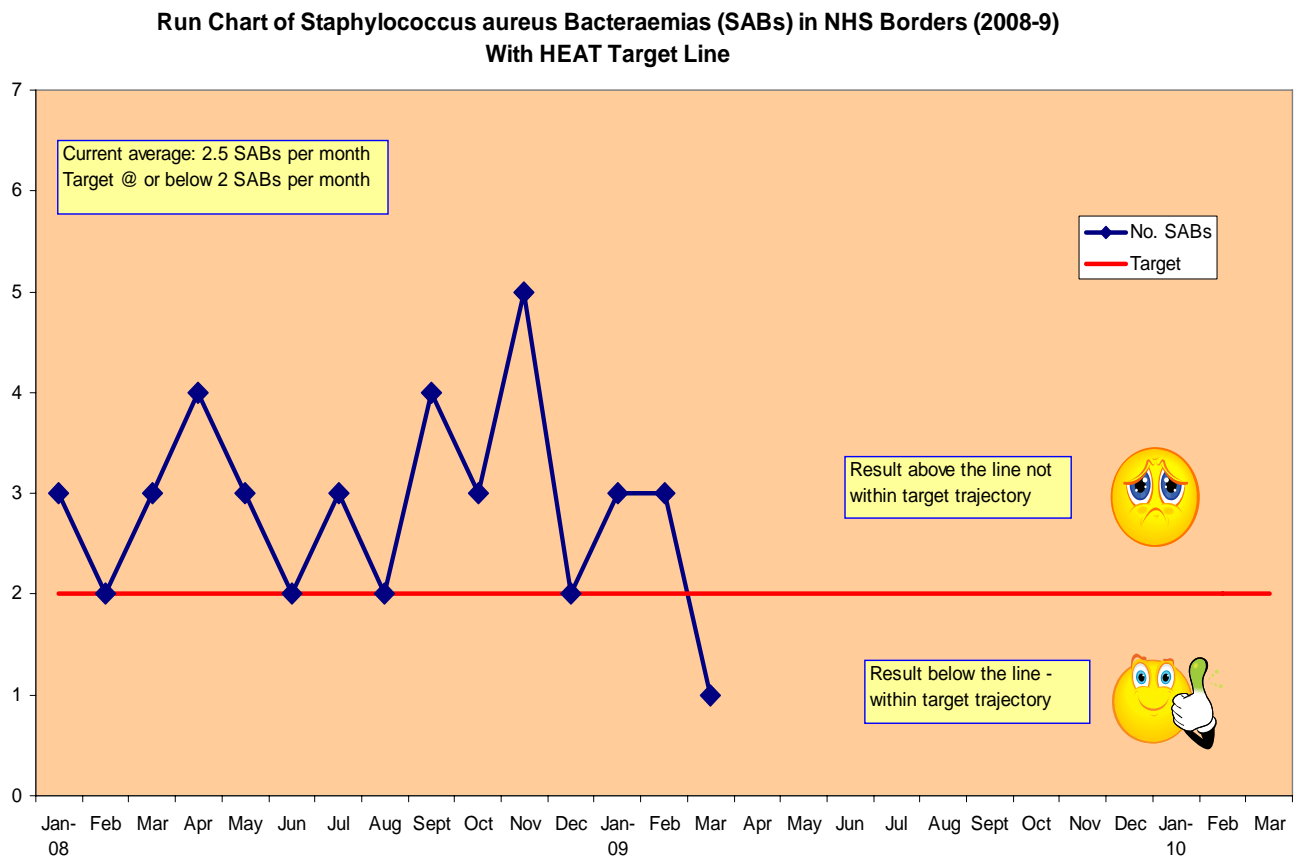


Figure 3

Due to the wide confidence interval and the small number of cases in NHS Borders there is no evidence that this is lower than the HEAT target of a 6% yearly reduction.

The ICT have met with HPS and the work on clarification with regard to control limits appropriate for NHS Borders small numbers has been progressed

Data presented by HPS suggests that if current trends are maintained, NHS Borders could achieve the level required in the HEAT target by 2010. It should be noted however, that it is difficult to accurately predict the trend due to a large number of variables in the data, including the small number of cases of *S. aureus* bacteraemia in Borders.

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 (Table 1).

Quarter	NHS Scotland			Borders		
	Acute Occupied Bed Days	MRSA Bacteraemias	Rate per 1000/AOBD	Acute Occupied Bed Days	MRSA Bacteraemias	Rate per 1000/AOBD
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
Oct to Dec	1327726	157	0.118	29632	4	0.13
Average	1256315	172	0.138	29448	~3	0.09
	Acute occupied bed days	MSSA bacteraemias	Rate per 1000/AOBD	Acute Occupied Bed Days	MSSA Bacteraemias	Rate per 1000/AOBD
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
Oct to Dec	1327726	389	0.293	29632	5	0.17
Average	1256315	386	0.308	29448	~6	0.22

Data Source: The *Staphylococcus aureus* Bacteraemia Quarterly Report of (Table 1)
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 – A short life working group will be convened in order to ascertain the best way forward for implementation
- 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 continue to be 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 172 cases of *Clostridium difficile* infections in the BGH between July 2007 and March 2009, with an average of eight cases per month (Figure 4). Of this number 54 (31.5%) people died within 30 days of the diagnosis being made.

Routine review of the case notes of people with *Clostridium difficile* shows that three (2.0%) of these deaths were associated with the 172 cases of *Clostridium difficile* infections diagnosed in the nineteen month period between July 2007 and March 2009. One occurred in 2007, one in 2008 and one in 2009.

There have been a total of 9 cases of *Clostridium difficile* infections in the Community Hospitals between Jan and March 2009, with an average of 3 cases per month.

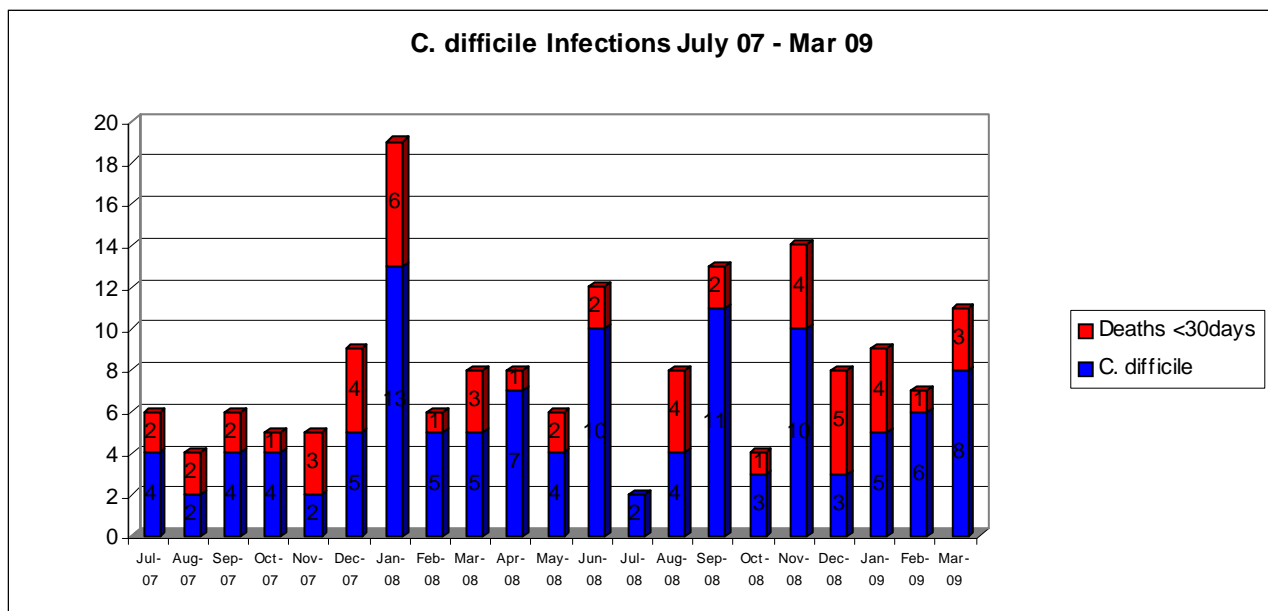


Figure 4

2.2 Current HEAT status

We have received confirmation from the Scottish Government Health Department that a minimum 30% reduction c diff cases is to be achieved by March 2011; this refers only to diarrhoeal specimens from patients over the age of 65

2.3 National context – most recent HPS quarterly national report

Total number of cases this quarter and previous quarter, and quarterly vs. annual rates of CDAD in 14 NHS Boards in Scotland

	Total number of cases		Rates per 1000 total OCBD (elderly)		
	Jul-Sept 2008	Oct-Dec 2008	Jul-Sept 2008	Oct-Dec 2008	Annual (2008)*
Ayrshire & Arran	154	121	1.66	1.28	1.41
Borders	29	28	1.03	0.99	0.84
Dumfries & Galloway	41	41	1.35	1.23	1.32
Fife	98	64	1.38	0.84	1.52
Forth Valley	112	100	1.72	1.45	1.57
Grampian	185	295	1.60	2.44	1.66
Greater Glasgow & Clyde	301	229	0.84	0.63	1.08
Highland	33	35	0.60	0.66	0.85
Lanarkshire	166	109	1.33	0.95	1.62
Lothian	181	149	0.92	0.76	1.20
Orkney	6	9	2.71	2.45	1.71
Shetland	1	0	0.22	0.00	0.42
Tayside	123	117	1.25	1.13	1.33
Western Isles	3	2	0.51	0.30	0.53
Scotland (overall)	1433	1299	1.15	1.02	1.29

*Note that annual rates (2008) are based on data collected from October 2007-September 2008.

A comparison of c.diff rates per 1000 acute occupied bed days shows that NHS Borders continues to compare favourably against the rest of NHS Scotland. However, the NHS Borders ICT have been working with HPS with view to enhancing the detail of their surveillance and production of trigger tools. SGHD have also provided a severe case investigation tool for use by Boards

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
- Review of CDAD surveillance protocols to enhance the detail and provide defined trigger limits relevant to each ward in NHS Borders
- Continuing education for all disciplines of staff
- Enhanced screening of diarrhoeal samples from patients >15 years (note that HEAT target refers only to samples of patients over the age of 65)

2.5

Pan-Board, hospital or specialty specific problems identified/ Actions required and timescale

National guidance is now forthcoming from the SGHD with regard to the reporting of CDAD and it's inclusion on death certificates.

- 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

3.1 Short / medium / long term trends in compliance

The Hand Hygiene Audit of March 2009 showed that compliance in correct hand washing technique across NHS Borders was 95%. (fig 5).

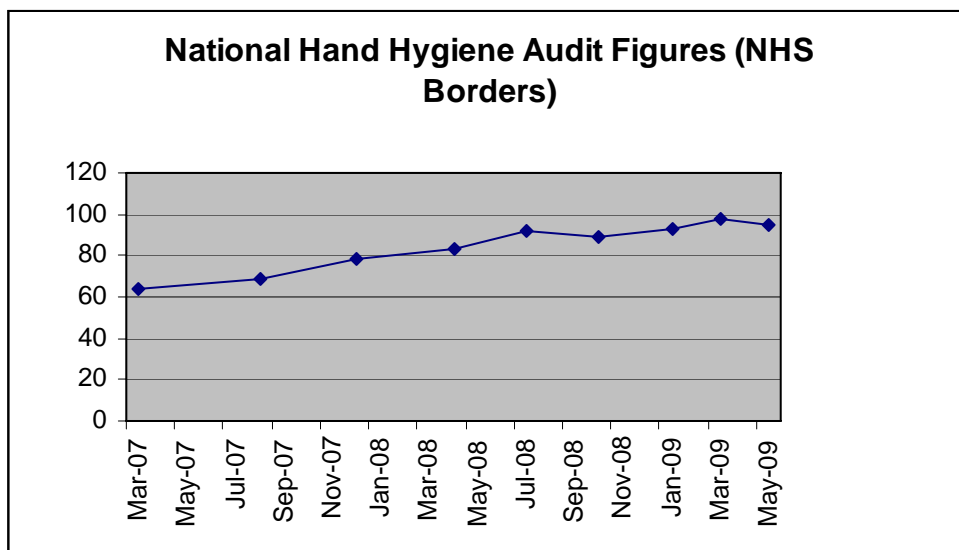
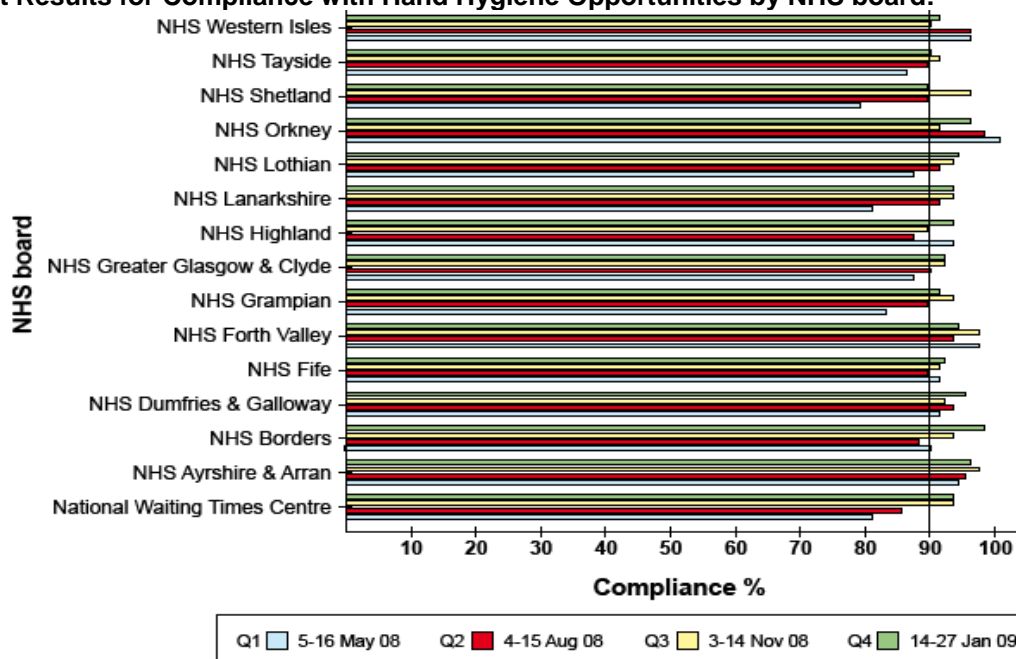


Figure 5

3.2 National context – most recent HPS national report (Fig 6)

Audit Results for Compliance with Hand Hygiene Opportunities by NHS board:



(The vertical line represents the at least 90 % compliance target set by the Cabinet Secretary for Health and Wellbeing in November 2007)

Fig 6

Summary of Results by discipline

	1st Quarter Audit Period 5-16 May 2008	2nd Quarter Audit Period 4-15 Aug 2008	3rd Quarter Audit Period 3-14 Nov 2008	4th Quarter Audit Period 14-27 Jan 2009
National Compliance	88%	90%	93%	93%
National Compliance: Nurse	92%	94%	95%	95%
National Compliance: Medical	75%	80%	84%	85%
National Compliance: Ancillary/Others	85%	87%	92%	91%
National Compliance: AHP	89%	91%	93%	94%

Table 7

3.2 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 for NHS Borders. These will be held within clinical areas. This will allow regular hand hygiene training and monitoring to be completed
- The installation of the non-touch dispensers and hand medic dispensers has been completed.
- Boxes for the mini hand rubs and tattles have been placed in every clinical area to ensure all staff have access to personal hand hygiene rubs. Charge Nurses and Ward Sisters have been asked to encourage all staff who have any patient contact to carry a bottle of hand rub with them
- 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 are underway. The aim is to establish hand hygiene awareness amongst visitors to the Borders General Hospital; our Infection Control Public Awareness representative is undertaking these observations. The results will be fed back to the Hand Hygiene Coordinator for analysis and distribution
- The Hand Hygiene coordinator will continue to promote hand hygiene with the public through local awareness raising sessions; and national, including organised appearances at national events such as the Royal Highland Show
- Point of Care Prompts: The Scottish Government has provided further funding for posters and sticks to be produced for the hand hygiene campaign. A partnership approach to the distribution of these materials has been adopted in conjunction with Estates and General Services staff. It is anticipated all the relevant materials will be in place by the second week in May.
- The hand hygiene coordinator is conducting extensive training on busy wards, having ward staff shadow her. This will enable accurate and reliable hand hygiene audits to be undertaken by ward staff
- The World Health Organisation has named the 5 May 2009 as World Hand Hygiene Day. The event will be marked by hand hygiene demonstrations, promotional materials being distributed and awareness raising sessions in the Borders General Hospital. Community groups have also been invited to mark the day in their areas.
- Discussions are underway as to how Nurse Bank staff and Pool Staff can be included in hand hygiene training. The board will be kept informed about how this training can be implemented

3.3 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	12 979	12 474	96.1	YES	YES
Month 12	Mar	12 661	12 199	96.4	NO	NO
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	39 153	37 637	96.1	x	x
Total		146 899	141 446	96.3	x	x

Table 8

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>	<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			98.6	98.8
Scottish Ambulance Service				94.7

Table 9

4.3 Current/new initiatives in improving cleaning

- Health Facilities Scotland have arranged the purchase of a maximum of three ATP Monitoring Systems per Health Boards to use as a training and checking aid
- NHS Borders is to receive funding allocation for 7 whole time equivalent cleaning staff on or after 1 June 2009 from Scottish Government
- There is continued public involvement in the cleaning monitoring and they will be a welcome addition to the team this year.

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.

6 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**

6.1

Performance Against NHS Scotland Action Plan 2008

	Nov-08	Dec-08	Jan-09	Feb-09	March-09	April-09	May-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						

**Performance Against
NHS Scotland Action
Plan 2008**

	Nov-08	Dec-08	Jan-09	Feb-09	March-09	April-09	May-09
5.2 - NHS Boards to have identified budget for urgent repairs and replacement equipment available to Charge Nurses	Green	Green	Green	Completed	Completed	Completed	Completed
6.1 - All patients to receive information on HAI	Amber	Amber	Amber	Completed	Completed	Completed	Completed
6.3 - All information is available in a variety of formats that facilitates public understanding	Completed	Completed	Completed	Completed	Completed	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	Completed	Completed	Completed	Completed	Completed
8.1 - Scottish Patient safety programme (HAI Elements) are integrated with HAI agenda at NHS Board level	Completed	Completed	Completed	Completed	Completed	Completed	Completed
8.2 - progress on implementation of the SPSP (HAI elements) to be included in HAI reports to 2 monthly Board	Green	Completed	Completed	Completed	Completed	Completed	Completed
9.3.1 - NHS Board's infection control policies include primary and community care	Green	Green	Green	Green	Completed	Completed	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	Amber	Amber	Red	Red	Red	Red
11.1 - NHS Board's policy/guidance on completing death certificates reviewed to include documenting death associated with HAI	Green	Green	Green	Green	Amber	Amber	Amber

**Performance Against
NHS Scotland Action
Plan 2008**

	Nov-08	Dec-08	Jan-09	Feb-09	March-09	April - 09	May - 09
	Green	Green	Green	Green	Yellow	Yellow	Yellow
12.2 - NHS Board's local surveillance to include setting of control limits and trajectories for reduction of rates/incidence of HAI	Green	Completed	Yellow	Yellow	Yellow	Yellow	Yellow
13.1 - NHS Board's Risk Register details HAI risks	Red	Amber	Yellow	Yellow	Red	Red	Completed
13.2 - HAI incidents and issues recorded on NHS Board's Risk Register reporting systems and reported to 2 monthly Board meetings	Green	Green	Green	Green	Red	Red	Completed
15.1 - NHS Boards to self-assess current compliance with QIS HAI standards (March 2008)	Green	Completed	Yellow	Yellow	Yellow	Yellow	Yellow
16.1 - All healthcare workers receive appropriate level of HAI education and training in line with position, including antimicrobial prescribing and resistance	Green	Green	Green	Green	Green	Green	Green
16.2 - Infection control staff undertake appropriate level of education and training	Completed	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
19.2 - Cleaning matrix and schedule including discipline responsible for cleaning is available in all healthcare settings	Completed	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
20.1 - All staff to have HAI objective in annual professional development plans	Green	Green	Green	Green	Completed	Yellow	Yellow

Table 10

6.2 Compliance with HAI Task Force programme – outstanding issues/ Actions required and timescales for implementation

3.1 (HAI SCRIBE) Progress on this is dependant on output from HFS (SG)

10.1 (Structure and resources of the Infection Control Team) The re-design of ICM/ SNIC 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.

11.1 (Policy on Death Certificates) National Guidance is forthcoming from SGHD

Appendix 2

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**

MAY 2009

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: Nil

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

Comments/Outstanding Actions: Implementation plan is on target

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

Lead: NHS Boards: Chief Executives

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

<p>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</p>
<p>Progress: See action 5.1 below</p>
<p>Comments/Outstanding Actions: Nil</p>

<p>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</p>
<p>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.</p> <p>Now being followed up with management and clinical leader action including ad hoc audits of hand hygiene compliance.</p>
<p>Comments/Outstanding Actions: Nil</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 Lead: NHS Boards: Chief Executives Completion Date: January 2009 Status: COMPLETED</p>
<p>Progress: 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; 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</p>

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: <u>COMPLETED</u></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>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: <u>COMPLETED</u></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: <u>COMPLETED</u></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: <u>RED</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 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>Draft Job Descriptions have now been progressed and these are being consulted on with interested personnel</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: <u>RED</u></p>
<p>Progress:</p>
<p>Comments/Outstanding Actions: Guidance from SGHD forthcoming</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: <u>COMPLETED</u>
Progress: Complete for all control limits given by HPS
Comments/Outstanding Actions: Nil

Action: 13.1 NHS Boards Risk Register details HAI risks
Lead: NHS Boards: Chief Executives
Completion Date: September 2008 Status: <u>COMPLETED</u>
Progress: Electronic storage of HAI risks on NHS Border's Risk Register established.
Comments/Outstanding Actions: The Infection Control Team will continue to populate/ review the Risk Register, and the Infection Control Committee will monitor risks identified.

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: <u>COMPLETED</u>
Progress: HAI incidents and issues will be reported to the Board as part of the routine two monthly report.
Comments/Outstanding Actions: .
See comments, 13.1

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: <u>COMPLETED</u>
Progress: Internal audit to assess NHS Borders' compliance with QIS HAI standards completed and action plan to address deficiencies developed.
Comments/Outstanding Actions: Action plan be implemented over the course of 2009.

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: <u>GREEN</u>
Progress: <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.
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>Action: 16.2 Infection Control staff undertake appropriate level of education and training Lead: NHS Boards: Chief Executives Completion Date: April 2009 Status: <u>COMPLETED</u></p>
<p>Progress: 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: 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 Lead: NHS Boards: Chief Executives 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 Lead: NHS Boards: Chief Executives Completion Date: April 2009 Status: <u>COMPLETED</u></p>
<p>Progress: HAI is now incorporated under 'mandatory training' in the Organisational Baseline PDP</p>
<p>Comments/Outstanding Actions:</p>

HAI REPORTING TEMPLATE
PART 1: Core data

BOARD: NHS BORDERS

Report for: May 2009

NB data are provisional and may change

Issue	Board total	Hospital					Specialty				Staff group			
	BOARD TOTAL	Borders General Hospital	Haydock Hospital, Peebles	Hawick Community Hospital	Kelso Hospital	The Knoll, Duns	General medicine	Care of the Elderly	General surgery	Orthopaedics	Nurse	Medical	Ancillary/other	AHP
1 Staph.aureus bacteraemias														
SAB numbers March 2009	1	1												
SAB numbers February 2009	3	3												
Mean monthly SAB 07- 09	3	3												
MRSA numbers March 2009	0	0												
MRSA numbers February 2009	1	1												
MSSA numbers March 2009	1	1												
MSSA numbers February 2009	2	2												
2 Clostridium difficile associated disease														
CDAD episodes March 09	15	11	3	0	1	0								
CDAD episodes February 08	7	7	0	0	0	0								
Mean monthly CDAD Nov 07 - March 09	8	8												
Mean monthly CDAD Jan 09 - March 09	14	10	2	<1	<1	<1								
3 Hand hygiene programme														
Compliance score March 2009	95%	95%			100%						95%	94%	94%	96%
No of observations	300	280			20						154	51	18	57
4 Cleaning specification compliance														
Compliance rate Jan-March 09	96.95%	96.13%			99.2%	100%	98%	96.0%						
Number of audits Jan-March 09		123			6	6	6	3						
Compliance rate previous quarter	96.90%	95.60%			99.9%	100%	99%	97.6%						
Number of audits previous quarter		119			6	6	6	3						