

Borders NHS Board



HEALTHCARE ASSOCIATED INFECTION CONTROL AND PREVENTION REPORT – JULY 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. There has been no change in status from the May HAIRT, remaining dependant on results from work being progressed by Scottish Government and Health Facilities Scotland

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 52 cases of MSSA bacteraemias between January 2007 and May 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).

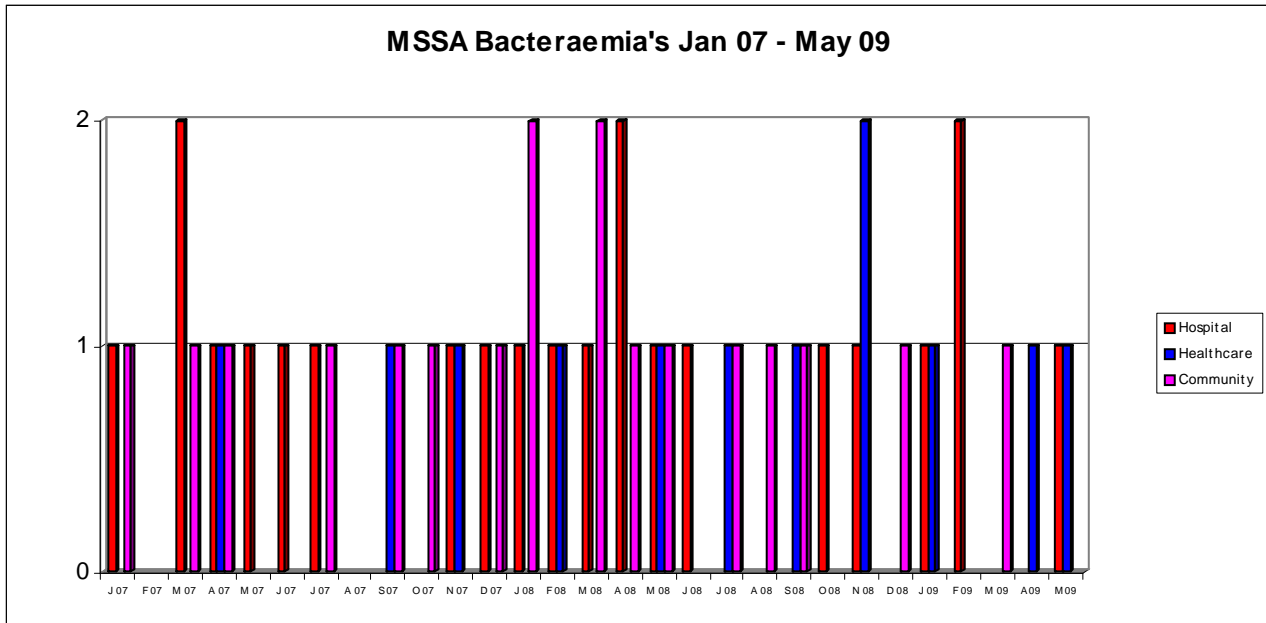


Figure 1

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 26 cases of MRSA bacteraemias between January 2007 and May 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).

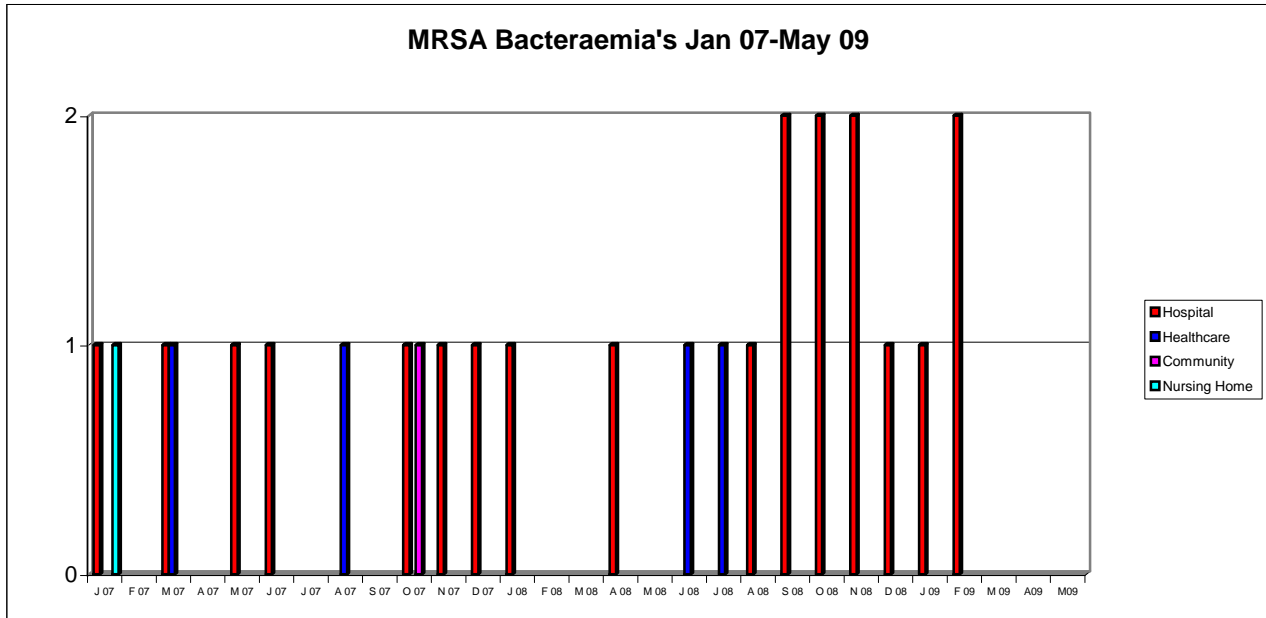


Figure 2

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

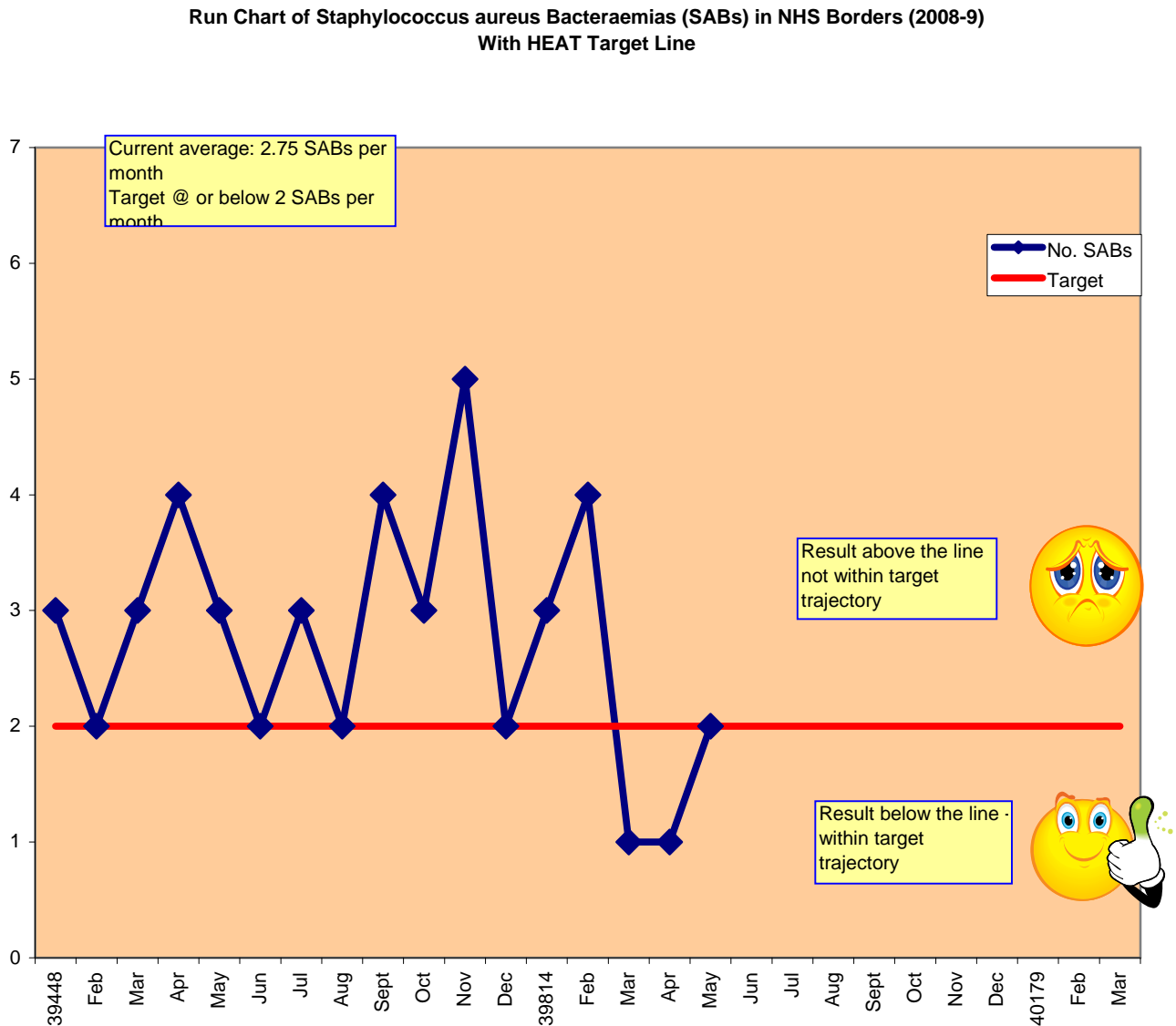


Figure 3

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 continues to be 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. Rates remain stable.

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. Meetings have continued at a national level to ascertain the best way forward for implementation. Guidance has now been provided and the NHS Borders short life working group for the organisation of local implementation will be convened.
- Standard Operating Procedure for cannulation and intravenous therapy is now on final consultation
- 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 188 cases of *Clostridium difficile* infections in the BGH between July 2007 and May 2009, with an average of nine cases per month (Figure 4).

Since collecting the C.diff data, four patients have been recorded as having C.diff as a primary cause of death. Of the 188 *Clostridium difficile* infections diagnosed in the twenty-one month period between July 2007 and May 2009; one occurred in 2007, one in 2008 and two in 2009.

There has been a recent cluster of cases in a BGH ward; 7 patients over a 6-month period, 2 of the deaths described above were resident in this ward over this time. None of the patients originally observed are now symptomatic, and were managed appropriately according to policy. Although the patients were managed appropriately in terms of isolation or dedicated facilities, the ward was given a chlorine based clean as a precautionary measure. The ward is now operating under the normal parameters. For further planned actions, see comments below

There have been a total of 9 cases of *Clostridium difficile* infections in the Community Hospitals between Jan and May 2009, with an average of 2 cases per month.

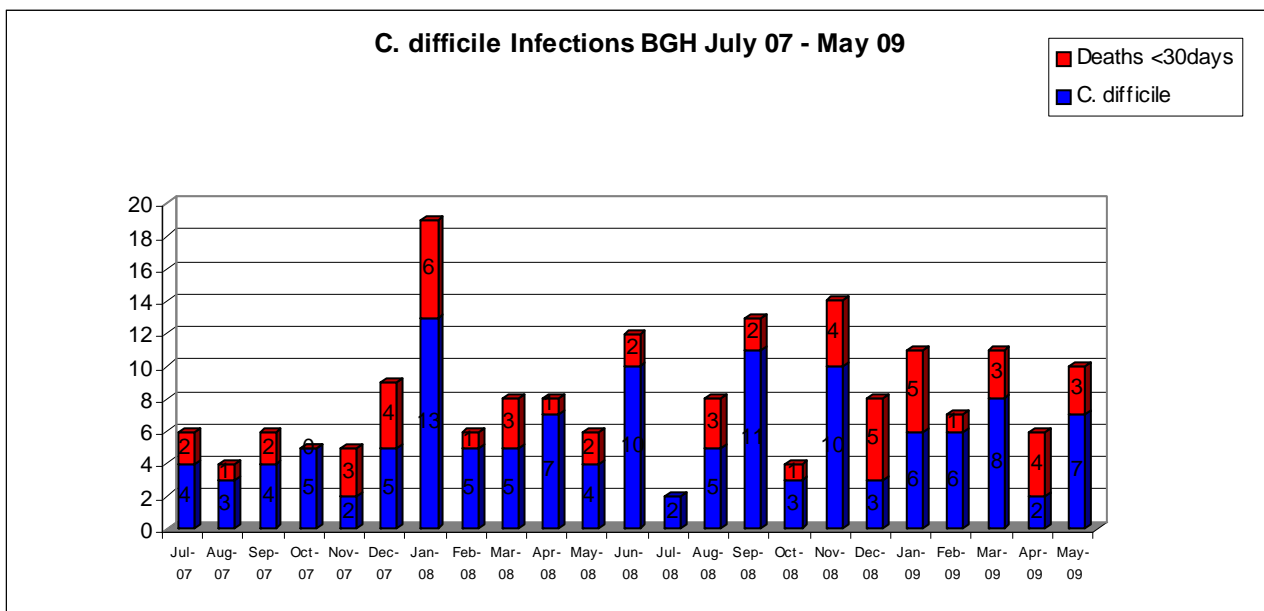


Figure 4

2.2 Current HEAT status

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. Graphical representation of CDAD trajectories will be presented in September's HAIRT

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 OCB (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

- Following the recent cluster of cases described above, the ICT have met with the staff for discussions over the clarity of the existing C. diff policy. Views were noted from the staff and these will inform the policy revision
- NHS Borders antimicrobial guidelines: The print run for the 2009 version has been postponed as the guidelines are subject to a rapid review following discussions subsequent to the above situation and publication of updated national guidance, all part of the NHS Borders CDAD prevention strategy
- Review of CDAD surveillance protocols continue, to enhance the detail and provide defined upper limits of tolerance relevant to each ward in NHS Borders. This will now include a communication strategy that will inform the level and nature of the information and the extent of dissemination. Note that this is a separate communication strategy to the existing outbreak group email
- The ICT worked closely with the ward staff and management with regard to management of this cluster, work will be brought forward with view to introducing

supportive tools at ward level. These will include the CDAD Bundle, trigger tool and severe case investigation tool; also tying in with the patient safety programme

- Antimicrobial management team established (2008)
- 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 (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

National guidance is still 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 was completed.
- 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

NHS Borders has continued to exceed the minimum 90% compliance figure which has been set for all Health Boards across Scotland.

The figure of 95% compliance was reached for the May auditing period. This indicates a three per cent fall on March 2009 figures. (fig 5).

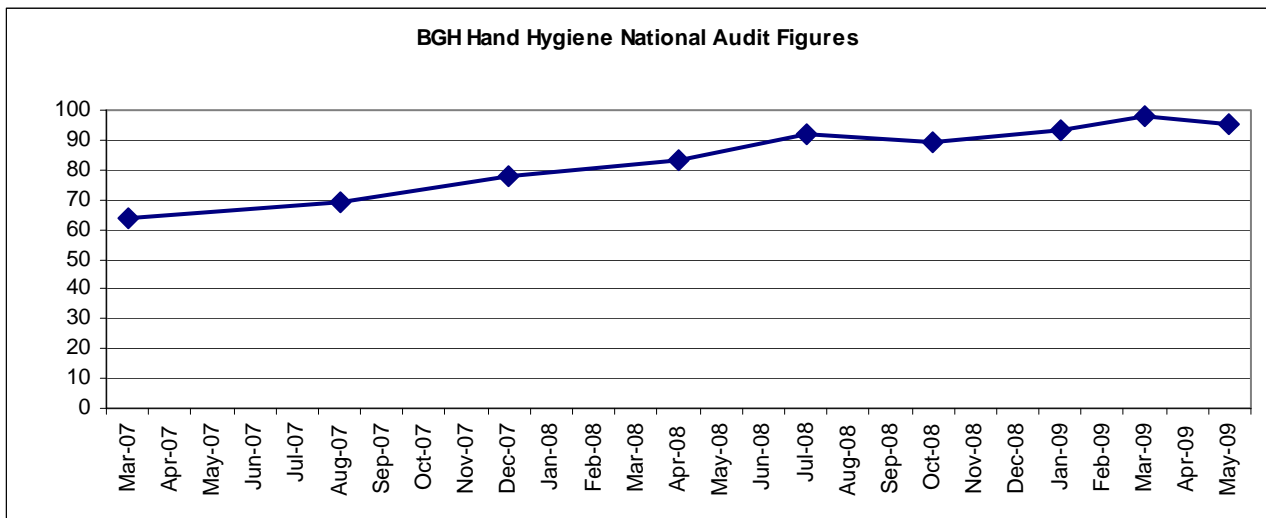
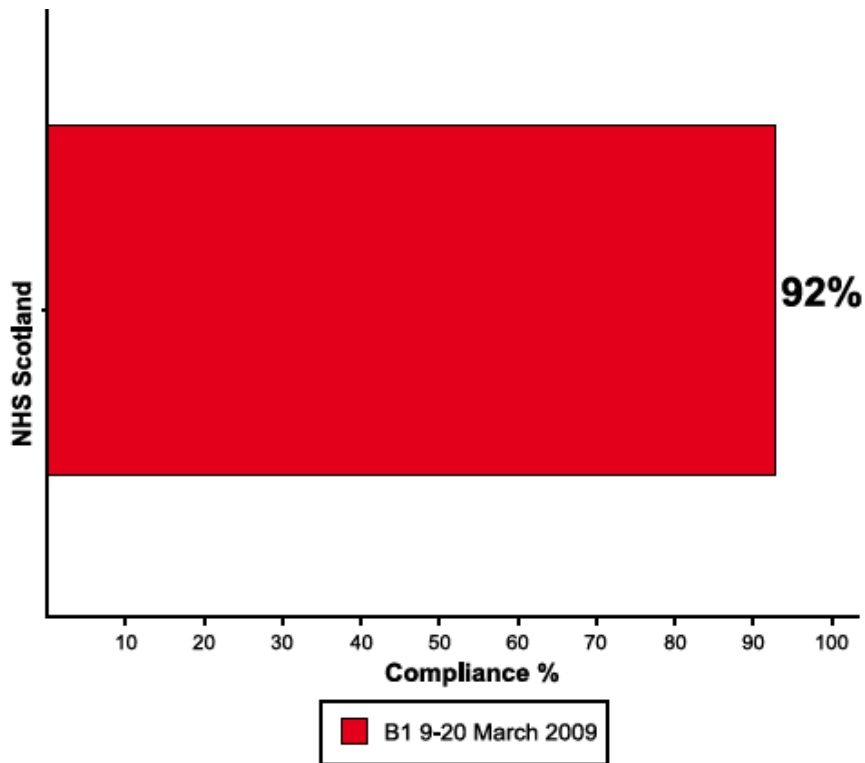


Figure 5

3.2 National context – most recent HPS national reports (Figs 6-8)

Audit results for compliance with hand hygiene opportunities, Scotland



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

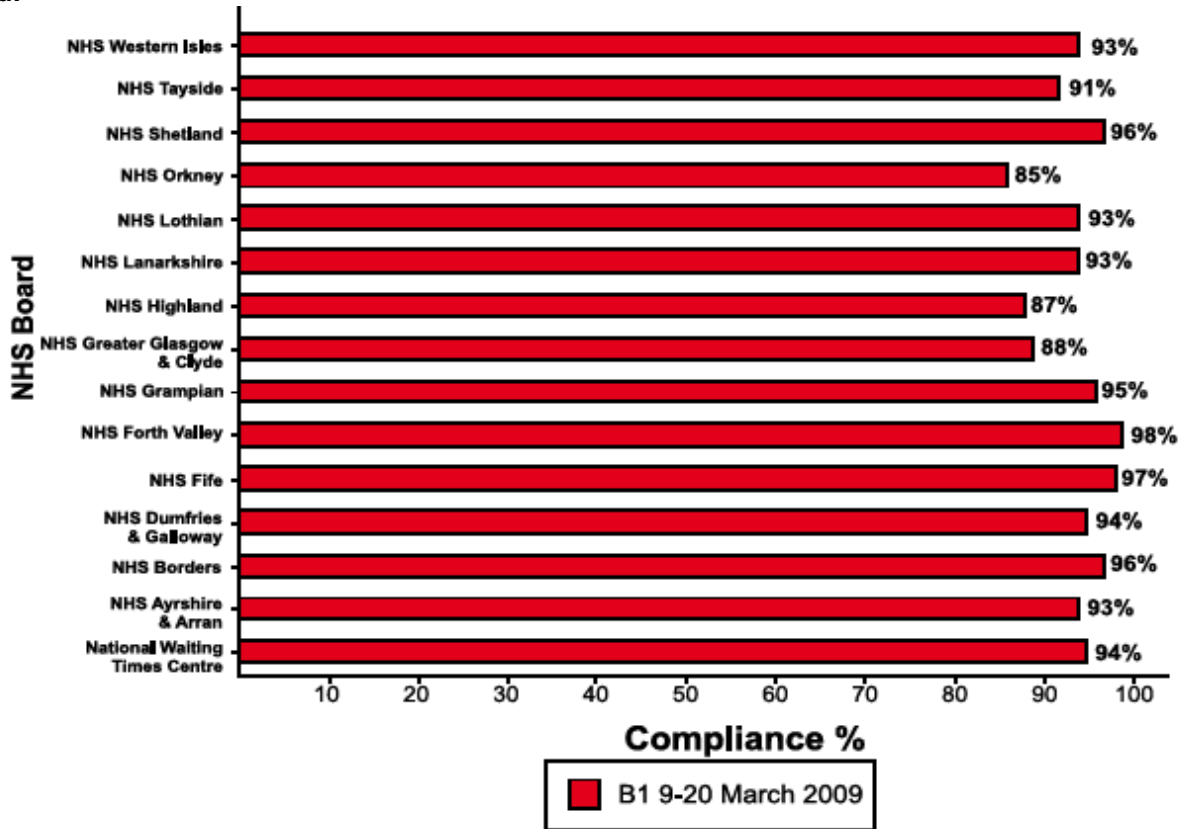
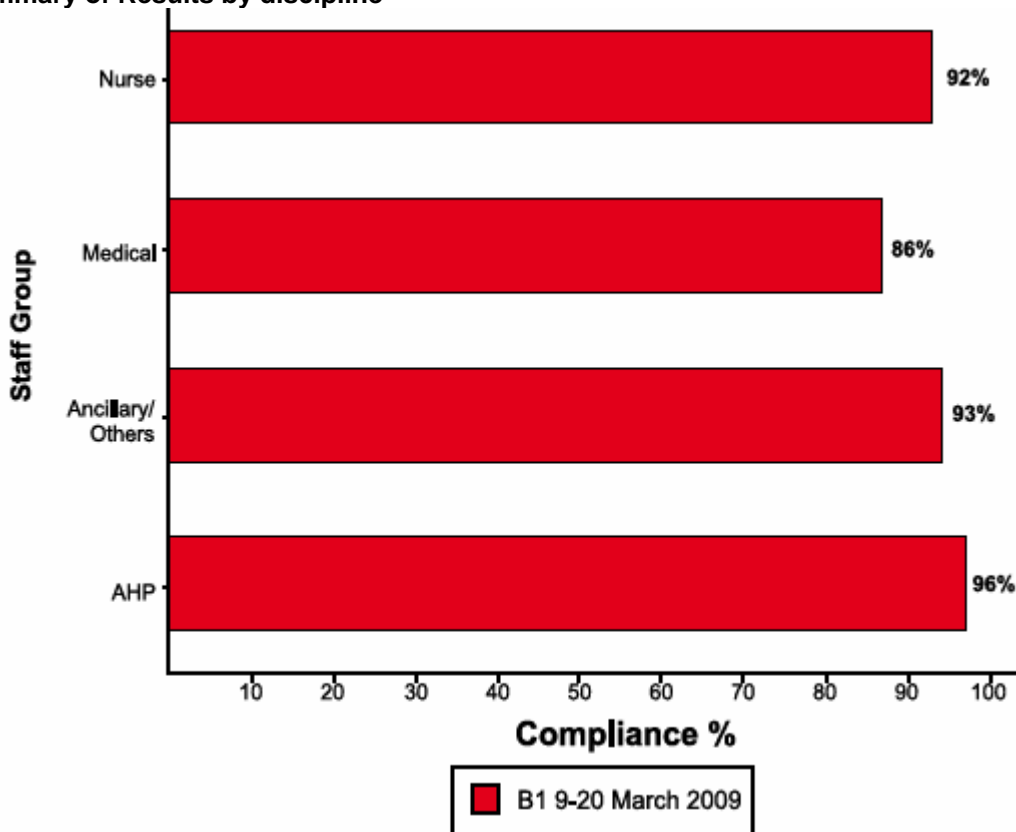


Fig 7

Summary of Results by discipline



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

- The Scottish Government has provided forty-four new UV light-boxes for hand hygiene training. The Health Board Coordinator has set up a training package for the Acute and Community settings to provide them with information on good hand hygiene practise and practical information on hand hygiene issues.
- The hand hygiene Coordinator continues to promote good practice in the Primary Care setting with similar sessions on hand hygiene training be provided for the Health Centres, Practice Nurses and Health Visitors. This is being done in conjunction with Alasdair Pattinson, Clinical Locality Manager/ Lead AHP.
- The UV light-boxes have been out on loan to the School Nurses who have shown the Borders School children the importance of good hand hygiene. The emphasis on washing hands after coughs and colds has been highlighted in view of the potential H1N1 virus spread
- NHS Borders' Hand Hygiene Coordinator continues to be 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
- Following a call for further hand washing facilities to be provided, the scoping audit was 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. However, Health Facilities Scotland intends to perform a similar audit across the NHS Scotland estate later in 2009. The ICT will now conduct a limited survey with the intention of highlighting any major requirements in the interim.
- 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
- The public involvement member for the infection control team has completed hand hygiene audits on visitors entering and leaving ward areas. The results will be collated and presented in September's HAI RT

- Point of Care Prompts: The Scottish Government had provided funding for posters and stickers 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 and all the relevant materials are now in place
- 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 his training can be implemented
- All new staff are asked if they are aware of the importance of hand hygiene and all staff must wear and use the individual hand rub bottles
- If anyone is unsure about hand washing and the appropriate techniques, a demonstration on good technique and correct procedure will be given before clinical work commences
- UV Lightbox training will be provided for all staff working with NHS Borders Hand Hygiene is now mentioned in all wards as part of their safety briefing and also at patient handover

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

In areas where compliance has dropped below 90%, members of staff in the areas with low compliance will carry out weekly hand hygiene audits. Although continuing audit activity will be established within ward based work pattern, this increased frequency will be maintained until there is a positive effect demonstrated from the above interventions.

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	12 333	11 992	97.2	NO	NO
2	May	12 930	12 517	96.8	NO	NO
3	Jun	-	-	-	-	-
4	Jul	-	-	-	-	-
Quarter						
1	Apr- Jun	25 263	24 509	97.0	x	x
2	Jul- Sep	-	-	-	x	x
3	Oct- Dec	-	-	-	x	x
4	Jan- Mar	-	-	-	x	x
Total		25 263	24 509	97.0	x	x

Table 8

4.2 National context – most recent HFS quarterly national report

<i>Health Board</i>	<i>1st quarter</i>	<i>2nd quarter</i>	<i>3rd quarter</i>	<i>4th quarter</i>	<i>Annual</i>
	<i>April-June 2008/2009</i>	<i>July-Sept 2008/2009</i>	<i>Oct-Dec 2008/2009</i>	<i>Jan-Mar 2008/2009</i>	<i>April 2008 – April 2009</i>
	<i>Total % Pass</i>	<i>Total % Pass</i>	<i>Total % Pass</i>	<i>Total % Pass</i>	<i>Total % Pass</i>
SCOTLAND	96.1	96.0	95.5	95.7	95.9
Ayrshire and Arran	96.4	95.9	95.9	95.6	95.9
Borders	97.8	97.2	96.9	96.9	97.2
Dumfries and Galloway	97.3	97.4	97.2	96.7	97.2
Fife	96.5	97.0	97.2	97.2	97.0
Forth Valley	95.5	94.7	92.9	93.4	94.1
Grampian	97.2	97.1	96.2	95.7	96.5
Greater Glasgow and Clyde	96.2	96.4	96.4	96.1	96.3
Highland	95.1	95.3	95.5	95.6	95.4
Lanarkshire	95.5	94.8	95.0	95.2	95.1
Lothian	94.7	94.5	94.9	94.7	94.7
Orkney	92.8	96.1	93.0	87.6	92.1
Shetland	97.8	97.1	98.0	97.2	97.5
Tayside	96.1	95.9	95.7	95.2	95.7
Western Isles	95.9	95.6	95.7	96.4	95.9
The State Hospitals Board for Scotland	93.8	94.0	92.7	93.2	93.4
Golden Jubilee National Hospital	93.4	93.4	92.2	92.0	92.8
NSS Blood Transfusion Services		98.6	98.8	95.1	98.0
Scottish Ambulance Service	94.3	93.3	94.8	96.1	94.6

Table 9

4.3 Current/new initiatives in improving cleaning

- The revised NHS Scotland National Cleaning Services Specification has now been launched, including adjustments to cleaning codes and frequency and an update on the cleaning of Hospital Sterilisation and decontamination units section. These new specifications were used for the recent service specifications signed off by the ward/ departmental managers
- Following the purchase of the ATP Monitoring Systems by Health Facilities Scotland for Health Boards to use as a training and checking aid, this training will now take place 7/7/09
- 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**

There have been no major outbreaks within NHS Borders

- 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	June - 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	Green			Completed				

**Performance
Against NHS
Scotland Action
Plan 2008**

	Nov-08	Dec-08	Jan-09	Feb-09	March-09	April-09	May-09	June-09
hospital basis to 2 monthly Board meetings								
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							
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							

**Performance
Against NHS
Scotland Action
Plan 2008**

	Nov-08	Dec-08	Jan-09	Feb-09	March-09	April-09	May-09	June-09
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		Completed	
13.2 - HAI incidents and issues recorded on NHS Board's Risk Register reporting systems and reported to 2 monthly Board meetings	Green				Red		Completed	

**Performance
Against NHS
Scotland Action
Plan 2008**

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

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**

JUNE 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: 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>Draft Job Descriptions have now been progressed and these are being consulted on with interested personnel</p>

<p>Action: 11.1 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:</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.
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<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>