

Borders NHS Board



HEALTHCARE ASSOCIATED INFECTION CONTROL AND PREVENTION REPORT – SEPTEMBER 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

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APPENDIX 1**HEALTHCARE ASSOCIATED INFECTION – INFECTION CONTROL REPORT –
September 2009****NHS BORDERS (Healthcare Associated Infection Reporting template (HAIRT) Part 2
July 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 August HAIRT, remaining dependant on results from work being progressed by Scottish Government and Health Facilities Scotland and continued progression with recruitment to full complement of the NHS Borders Infection Control Team

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 55 cases of MSSA bacteraemias between January 2007 and July 2009, with an average of two cases per month (Figure 1). The majority (66%) of MSSA bacteraemia cases diagnosed over the period were associated with hospital or healthcare (see definition below).

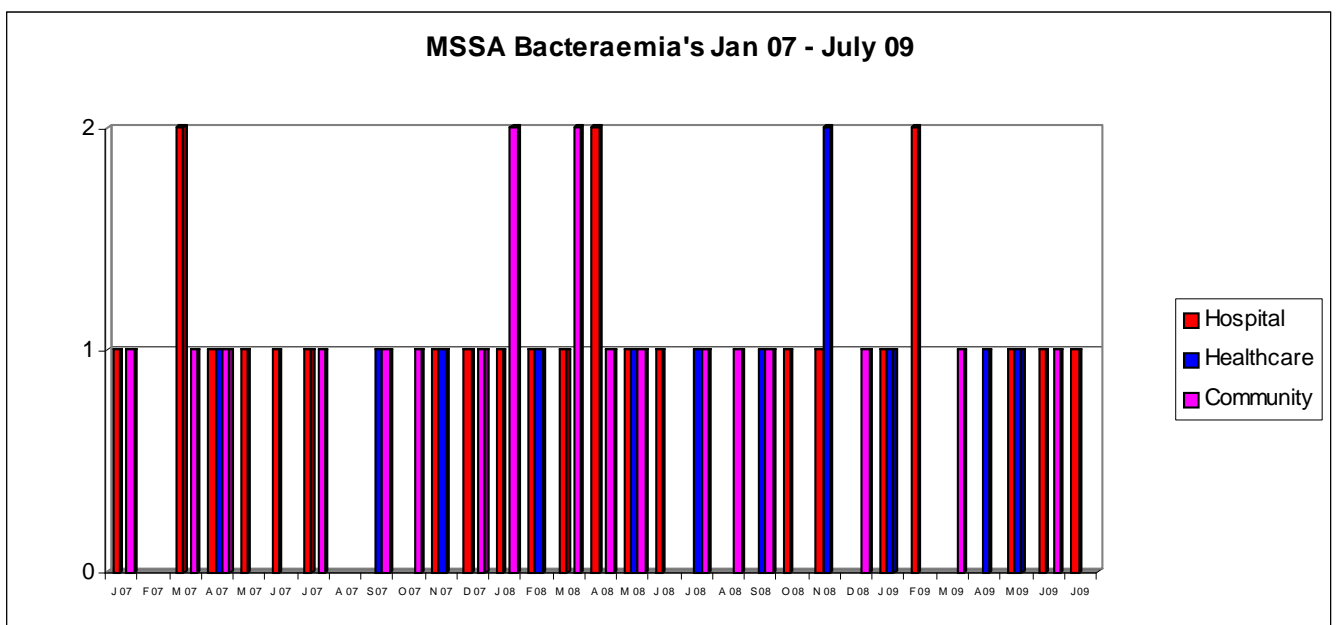


Figure 1

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 July 2009, with an average of one case per month (Figure 2). The majority (96.5%) of MRSA bacteraemia cases diagnosed over the period were associated with hospital or healthcare (see definition below).

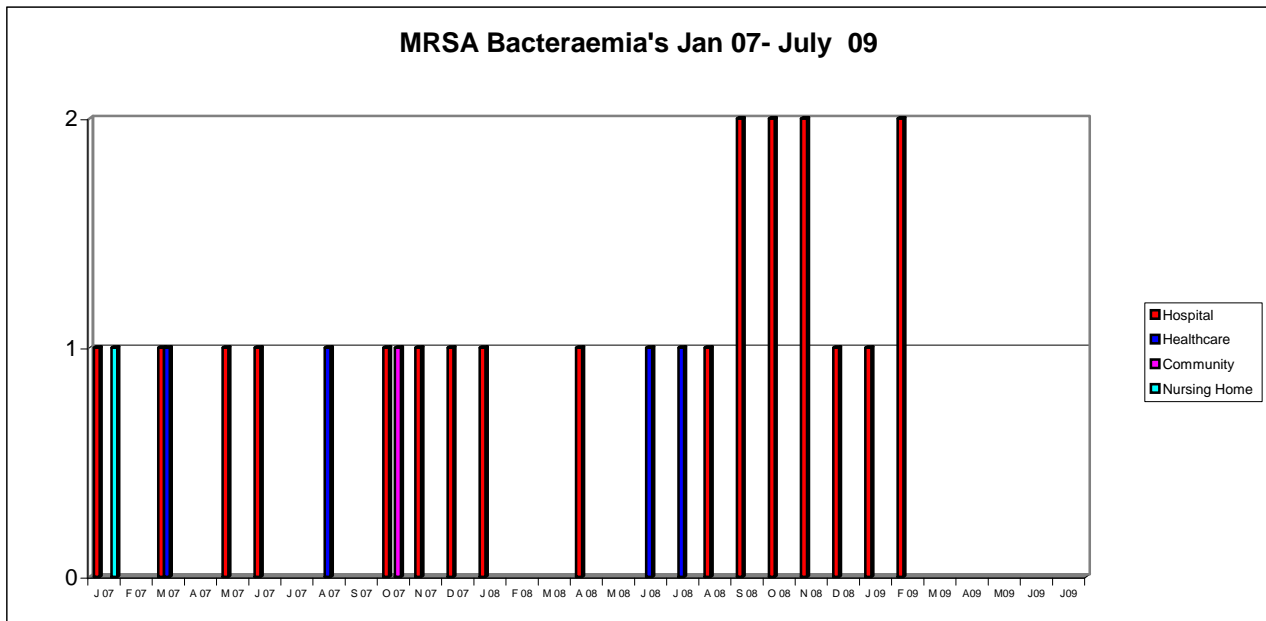


Figure 2

KEY

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

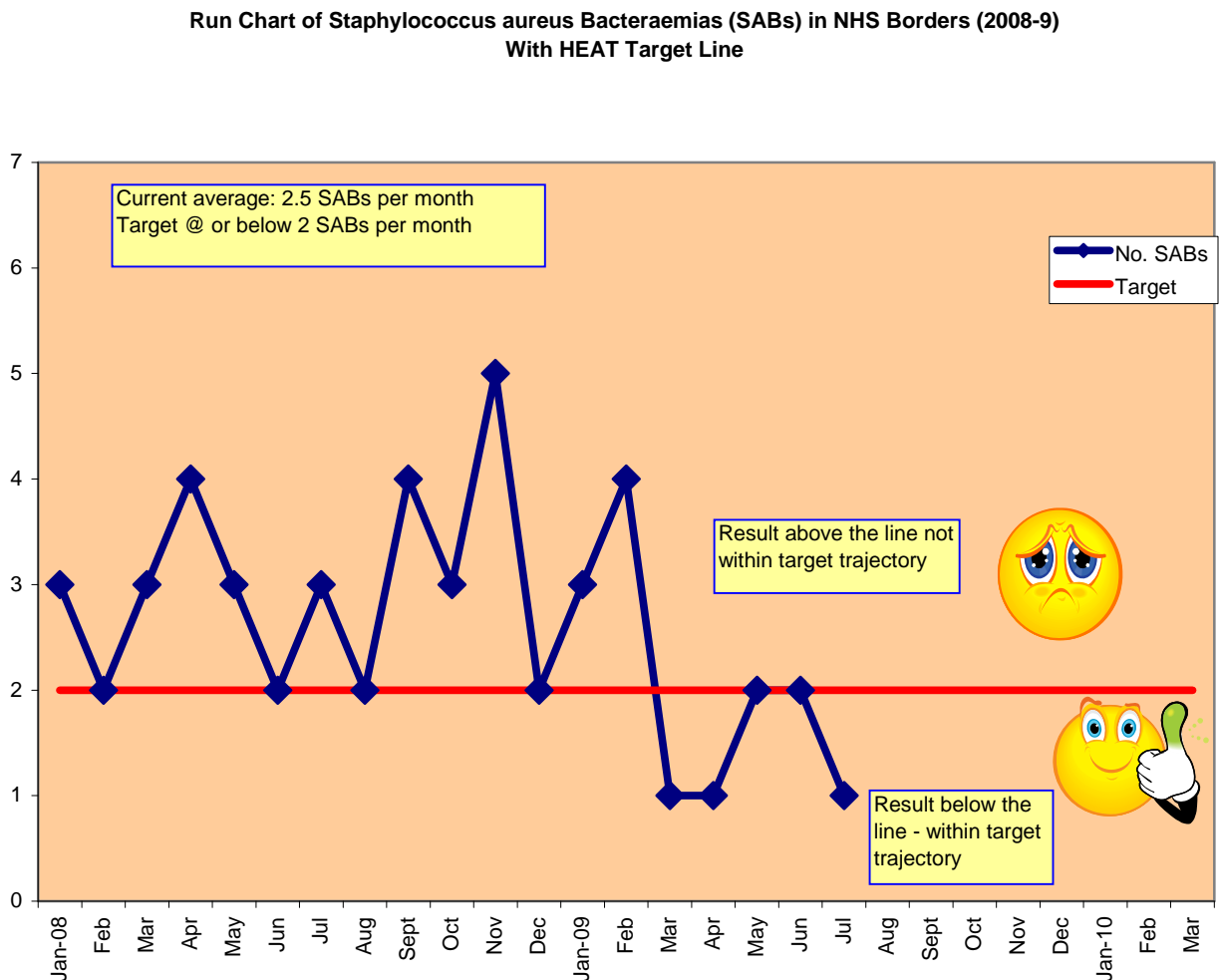
Healthcare: a patient receiving regular care between the community and hospital and whose blood cultures were taken <48 hours after admission or >48 hours.

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
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
2009						
Jan to Mar	1353658	167	0.12	32428	3	0.09
	Acute occupied bed days	MSSA bacteraemias	Rate per 1000/AOBD	Acute Occupied Bed Days	MSSA Bacteraemias	Rate per 1000/AOBD
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
2009						
Jan to March	1353658	372	0.28	32428	6	0.18

Data Source: The *Staphylococcus aureus* Bacteraemia Quarterly Report of NHS Scotland – 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 and guidance has now been provided. NHS Borders now has a short life working group that will facilitate and support the organisation of local implementation and progression of this initiative. NHS Borders have estimated the cost pressures that will be incurred by enhancing the existing screening and presented these to the SGHD through their project initiation document. Funding has been approved on that basis
- Standard Operating Procedure for cannulation and intravenous therapy has now reached deadline for consultation and final comments now collated

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 209 cases of *Clostridium difficile* infections in the BGH between July 2007 and July 2009, with an average of eight cases per month (Figure 4).

Since collecting the *C.difficile* data, four patients have been recorded as having *C.difficile* as a primary cause of death. Of the 209 *Clostridium difficile* infections diagnosed in the twenty-five month period between July 2007 and July 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 12 cases of *Clostridium difficile* infections in the Community Hospitals between Jan and July 2009, with an average of 2 cases per month.

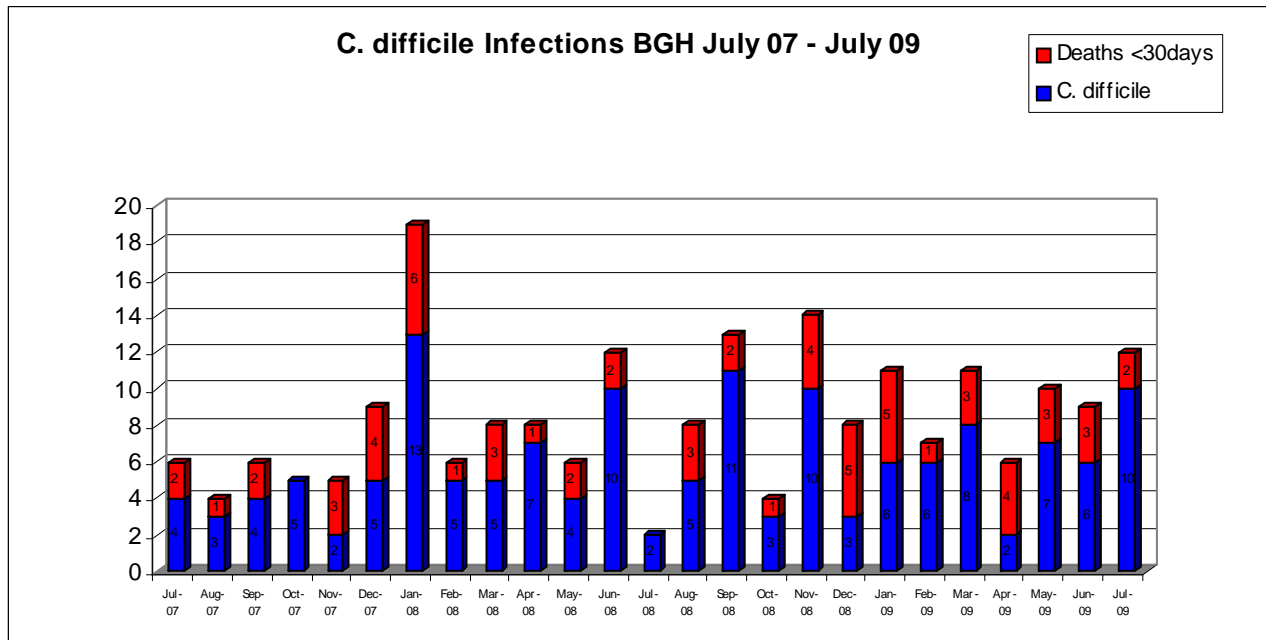


Figure 4

2.2 Current HEAT status

A minimum 30% reduction in diarrhoeal cases is to be achieved by March 2011; this refers only to diarrhoeal specimens from patients over the age of 65.

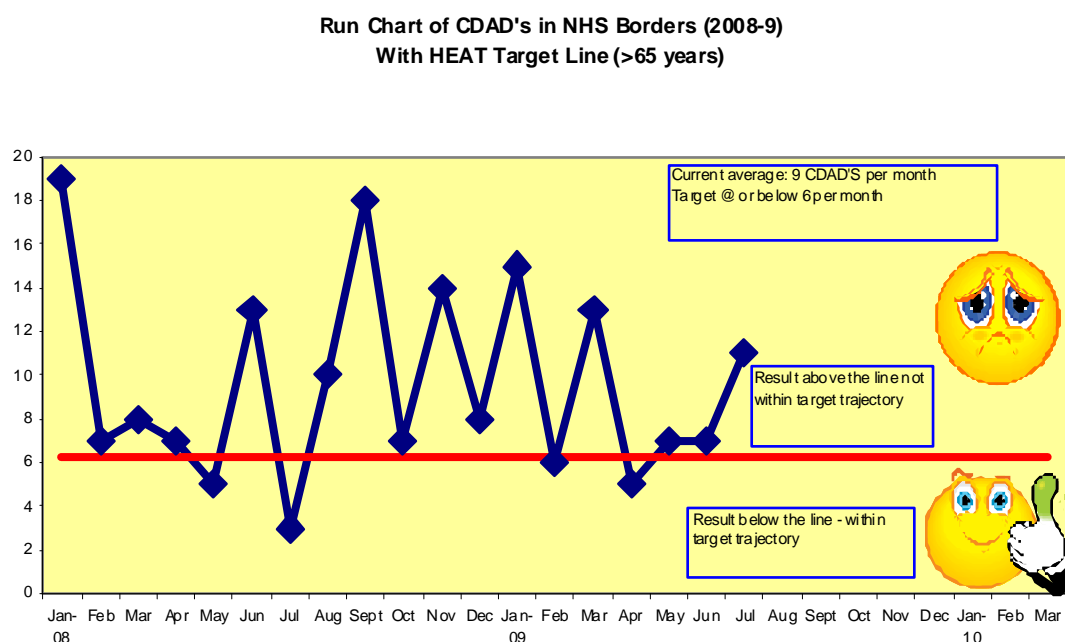


Figure 5

Performance of NHS boards for the year ending March 2009 against HEAT target. The interim target is a guiding rate for the NHS Boards that is based on a linear trajectory from the baseline to the target rate:

NHS Board	Current yearly rate (Apr 08-Mar 09)	Interim target rate (Jan-Mar 09)	HEAT target (March 2011)
Ayrshire and Arran	1.47 (95% CI 1.35, 1.60)	1.17	0.93
Borders	0.96 (95% CI 0.79, 1.15)	0.59	0.47
Dumfries and Galloway	1.27 (95% CI 1.09, 1.47)	1.38	0.98
Fife	1.00 (95% CI 0.89, 1.12)	1.21	0.96
Forth Valley	1.44 (95% CI 1.31, 1.59)	1.11	0.88
Grampian	1.90 (95% CI 1.78, 2.03)	1.12	0.89
Greater Glasgow & Clyde	0.79 (95% CI 0.75, 0.84)	1.13	0.90
Highland	0.67 (95% CI 0.57, 0.79)	0.97	0.77
Lanarkshire	1.09 (95% CI 1.00, 1.19)	1.52	1.00
Lothian	0.98 (95% CI 0.91, 1.15)	1.14	0.90
Orkney Islands	3.19 (95% CI 2.27, 4.37)	1.00	0.79
Shetland Islands	0.16 (95% CI 0.16, 0.43)	0.56	0.44
Tayside	1.19 (95% CI 1.09, 1.30)	1.24	0.98
Western Isles	0.48 (95% CI 0.26, 0.82)	0.28	0.22
Total Scotland	1.09 (95% CI 1.07, 1.12)	1.17	0.90

Table 2

2.3 National context – most recent HPS quarterly national report

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

Table A1. Total number of cases this quarter, and quarterly vs. annual rates of CDAD in 14 NHS boards in Scotland.

	Total number of cases		Rates per 1000 total OCBD (elderly)	
	Jan 2009-Mar 2009	Jan 2009-Mar 2009	Jan 2009-Mar 2009	Annual (2008)*
NHS Ayrshire & Arran	125	1.31	1.41	
NHS Borders	33	1.04	0.84	
NHS Dumfries & Galloway	46	1.35	1.32	
NHS Fife	41	0.53	1.52	
NHS Forth Valley	67	0.91	1.57	
NHS Grampian	203	1.67	1.66	
NHS Greater Glasgow & Clyde	227	0.60	1.08	
NHS Highland	35	0.61	0.85	
NHS Lanarkshire	78	0.65	1.62	
NHS Lothian	182	0.90	1.20	
NHS Orkney	16	5.71	1.71	
NHS Shetland	1	0.22	0.42	
NHS Tayside	97	0.95	1.33	
NHS Western Isles	1	0.17	0.53	
Scotland (overall)	1152	0.88	1.29	

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

Table 3

	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.

Table 4

A comparison of c.diff rates per 1000 acute occupied bed days suggests that the rates of CDAD are increasing for NHS Borders. It should be noted that the recent clusters of cases previously reported will influence the figures for this quarter and we know that there has been a steady increase in the numbers of tests being performed based on clinician requests. However, the situation is being monitored closely and it should be noted that none of the upper limits of tolerance have been reached since publication of the July 2009 report. The NHS Borders ICT continues with their day to day surveillance and working with HPS on surveillance activities and CDAD management & prevention tools.

2.4 Current/new initiatives to reduce cases

- NHS Borders antimicrobial guidelines: The print run for the 2009 version was postponed as reported in July. The guidelines were subject to a rapid review and have been circulated for wider consultation. We hope to have final agreement on the guidelines as soon as possible but we cannot at this time give a date when implementation is expected. NHS Borders thanks NHS Lothian Microbiologists for their support with this
- 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 now attend the Hospital Management Team's monthly performance meeting to present & discuss C. diff figures and single room provision; more frequently if necessary.
- CDAD management and prevention tools for use at ward level are being trialled in three wards; although essential monitoring continues by the ICT, including the CDAD Bundle through the Scottish 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 (see previous comments)]
- Audit NHS Borders antimicrobial guidelines [specific sections of which will be included in an audit programme, beginning March 2009]
- NHS Borders recruitment plans continue for Consultant Microbiologist as a vacant post remains. Locum coverage and on-call arrangements continue in the interim

3 Hand Hygiene (HH) programme

3.1 Short / medium / long term trends in compliance

NHS Borders has continued to promote a zero tolerance to non compliance with hand hygiene

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

Figure 5 Audit results for compliance with hand hygiene opportunities, **NHS Scotland**

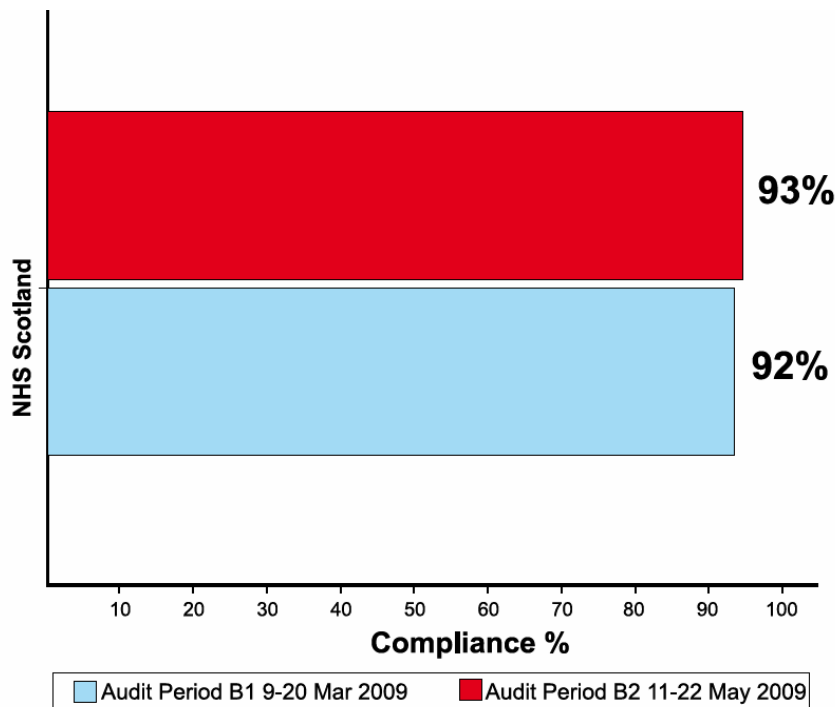
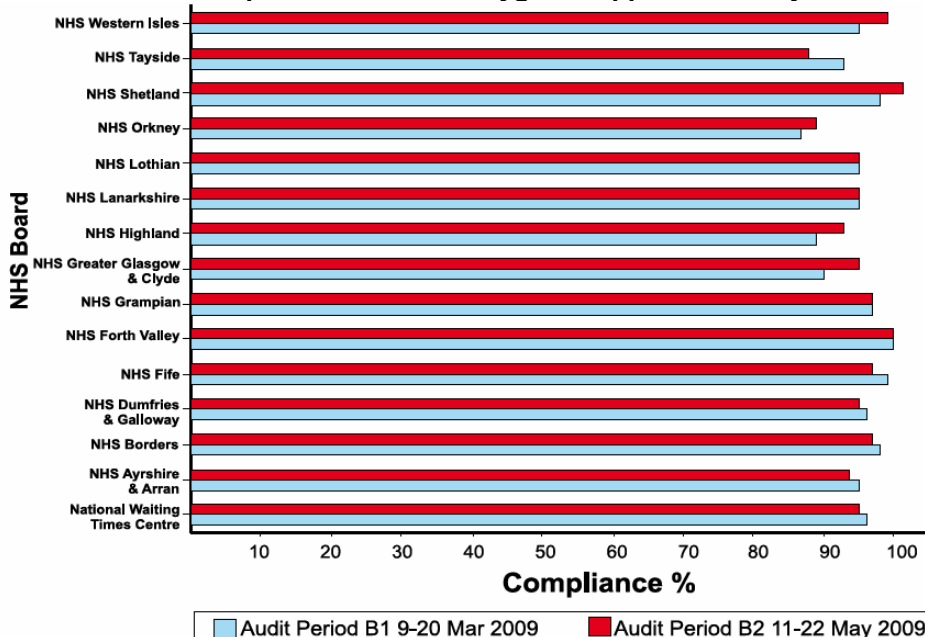


Figure 6 indicates that national compliance with hand hygiene increased from 92% in the first bi-monthly audit period to 93% in the 2nd bi-monthly audit period

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



Summary of Results by discipline, NHS Scotland

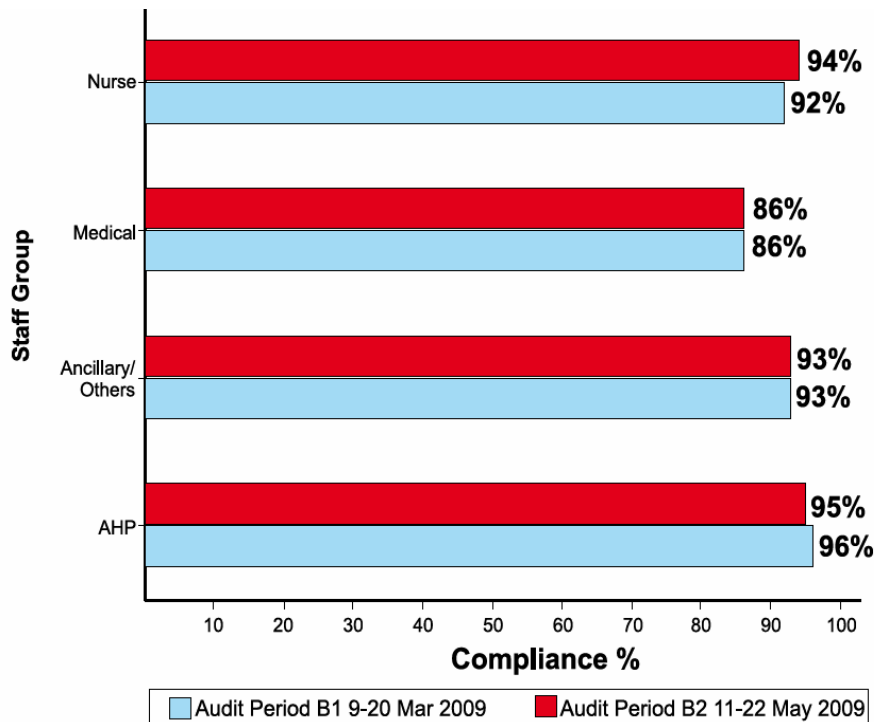


Fig 7

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

- Enrolment on to the Cleanliness Champion Programme (CCP) continues as a baseline requirement within trained staff's personal development plan (PDP). It is also incorporated into their e-KSF. The protected time sessions have been re-established in the education centre, BGH. These provide an environment for any staff, to allow progression through the CCP learning material undisturbed, with support from the ICT
- There has been uptake of the stand-alone hand hygiene programme by untrained staff
- Hand Hygiene and infection control training continues for the FY1's/2's
- The Health Board Coordinator continues to support the hand-training package for the Acute, primary care and Community settings with the new UV light-boxes.
- 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

- Health Facilities Scotland is progressing plans to survey the NHS Estate later in 2009. The ICT have not highlighted any major repair or provision requirements in the interim.
- The Hand Hygiene coordinator will continue to promote hand hygiene with the public through local and national awareness raising sessions.
- The report on the hand hygiene audits of visiting members of the public has been delayed
- 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
- 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 continues to 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:

The latest unpublished national hand hygiene audit figures indicate a decrease in compliance for NHS Borders; 92% before validation. If correct, this indicates a decrease of 3%.

The staff groups that demonstrated a lower compliance were identified; training needs were established and training was delivered. There has also been increased awareness of the availability of individual hand sanitizers at ward or unit level.

The situation will continue to be monitored closely across the organisation.

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.

The promotion and monitoring of good hand hygiene will continue by the hand hygiene coordinator and the ICT, this will include the promotion of self awareness and responsibility. This resolute approach will be maintained in order to support staff from all disciplines to attain the highest standards of hand hygiene

4 Cleaning Services Specification Compliance

4.1 Short / medium / long term trends in compliance

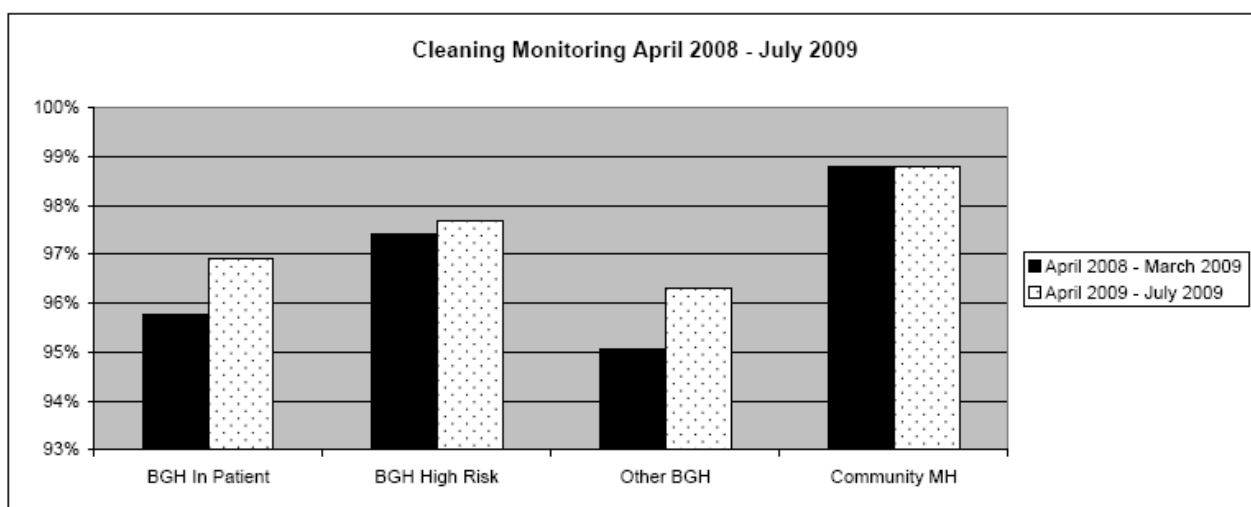


Table 8

4.2 National context – most recent HFS quarterly national report

Health Board	1 st quarter	2 nd quarter	3 rd quarter	4 th quarter	Annual
	April-June 2008/2009	July-Sept 2008/2009	Oct-Dec 2008/2009	Jan-Mar 2008/2009	April 2008 – April 2009
	Total % Pass	Total % Pass	Total % Pass	Total % Pass	Total % Pass
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

- All cleaning specifications have now been signed off by ward/ departmental managers and will be subject to annual review
- 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
- 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

	April - 09	May - 09	June - 09	July - 09	August -09
2.1 - All Boards will empower their Charge Nurses to deliver against their responsibilities					
2.2 - Implement the recommendations of the Senior Charge Nurse review					
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					
3.3 - Planned preventative maintenance programmes reflect requirements of prevention and control of infection					
4.1 - NHS Boards to have 'zero tolerance' to non-compliance with hand hygiene					

**Performance
Against NHS
Scotland Action
Plan 2008**

	April - 09	May - 09	June - 09	July - 09	August -09
4.3 - NHS Boards to report hand hygiene compliance (staff and visitors) and facilities on a hospital basis to 2 monthly Board meetings					
5.1 - NHS Boards to ensure HAI budget requirements are reflected in capital, maintenance and operational programmes					
5.2 - NHS Boards to have identified budget for urgent repairs and replacement equipment available to Charge Nurses					
6.1 - All patients to receive information on HAI					
6.3 - All information is available in a variety of formats that facilitates public understanding					
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					
8.1 - Scottish Patient safety					

**Performance
Against NHS
Scotland Action
Plan 2008**

	April - 09	May - 09	June - 09	July - 09	August -09
programme (HAI Elements) are integrated with HAI agenda at NHS Board level					
8.2 - progress on implementation of the SPSP (HAI elements) to be included in HAI reports to 2 monthly Board					
9.3.1 - NHS Board's infection control policies include primary and community care					
10.1 - Structure and resources to provide effective infection control service across NHS Board area (hospital and community) assessed and agreed by NHS Boards					
11.1 - NHS Board's policy/guidance on completing death certificates reviewed to include documenting death associated with HAI					
12.2 - NHS Board's local surveillance to include setting of control limits and trajectories for reduction of rates/incidence of HAI					
13.1 - NHS Board's Risk Register details HAI risks					
13.2 - HAI incidents and issues recorded on NHS Board's					

**Performance
Against NHS
Scotland Action
Plan 2008**

	April - 09	May - 09	June - 09	July - 09	August -09
Risk Register reporting systems and reported to 2 monthly Board meetings					
15.1 - NHS Boards to self-assess current compliance with QIS HAI standards (March 2008)					
16.1 - All healthcare workers receive appropriate level of HAI education and training in line with position, including antimicrobial prescribing and resistance					
16.2 - Infection control staff undertake appropriate level of education and training					
19.2 - Cleaning matrix and schedule including discipline responsible for cleaning is available in all healthcare settings					
20.1 - All staff to have HAI objective in annual professional development plans					

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 is October 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**

AUGUST 2009

<p>Action: 2.1 All Boards will empower their Charge Nurses to deliver against their responsibilities</p> <p>Lead: NHS Boards: Chief Executives</p> <p>Completion Date: October 2008 Status: <u>COMPLETED</u></p>
<p>Progress:</p> <p>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 Managers • 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</p> <p>Lead: NHS Boards: Chief Executives</p> <p>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</p>

<p>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>
<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</p>

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

Action: 5.1 NHS Boards to ensure HAI budget requirements are reflected in capital, maintenance and operational programmes

Lead: NHS Boards: Chief Executives

Completion Date: April 2009

Status: **COMPLETED**

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.

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.

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

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.

Comments/Outstanding Actions:

Action: 5.2 NHS Boards to have identified budget for urgent repairs and replacement equipment available to Charge Nurses

Lead: NHS Boards: Chief Executives

Completion Date: January 2009

Status: **COMPLETED**

Progress:

Urgent repairs are undertaken by the Estates Department through revenue funding. The corrective maintenance system is co-ordinated through a help desk facility.

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.

Comments/Outstanding Actions:

<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>

Comments/Outstanding Actions: Nil
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<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 now anticipated to be fully in place no later than October 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 October 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: <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>COMPLETED</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.

<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 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: 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>

