

**Borders NHS Board**



**HEALTHCARE ASSOCIATED INFECTION CONTROL AND PREVENTION REPORT – JANUARY 2010**

**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**

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 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.

<b>Policy/Strategy Implications</b>	This report is in line with the NHS Scotland HAI Action Plan.
<b>Consultation</b>	Not applicable
<b>Consultation with Professional Committees</b>	Not applicable
<b>Risk Assessment</b>	Not applicable
<b>Compliance with Board Policy</b>	Yes

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

**Approved by**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Sheena Wright	Director of Nursing and Midwifery		

**Author(s)**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Adam Wood	Acting Senior Infection Control Nurse Specialist		

**APPENDIX 1****HEALTHCARE ASSOCIATED INFECTION – INFECTION CONTROL REPORT –  
JANUARY 2010****NHS BORDERS (Healthcare Associated Infection Reporting template (HAIRT) Part 2  
November 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 a requirement from the Scottish Government for NHS Boards to receive a report on Healthcare Associated Infection once every two months. This report complies with a template provided by The Scottish Government for this purpose.

**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, all actions are either completed or on target to be completed within the prescribed timescales. There has been significant progress with action 3.1, relating to HAI SCRIBE in the built environment and the survey tool is completed and will be ready for use by end December 2009. Progression with recruitment to a full complement of the NHS Borders Infection Control Team continues and is now expected to be completed by end January 2009. A Locum Consultant Microbiologist has been appointed for a period of 7 months (from November 09) which offers increased stability for the service until a permanent appointment is made. The interview for the permanent post is scheduled for the 12<sup>th</sup> of January, with the anticipation of a short overlap between the Locum Consultant and the Substantive appointment in order to provide adequate handover and continuity of service.

**Incidence of Healthcare Associated Infections**

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

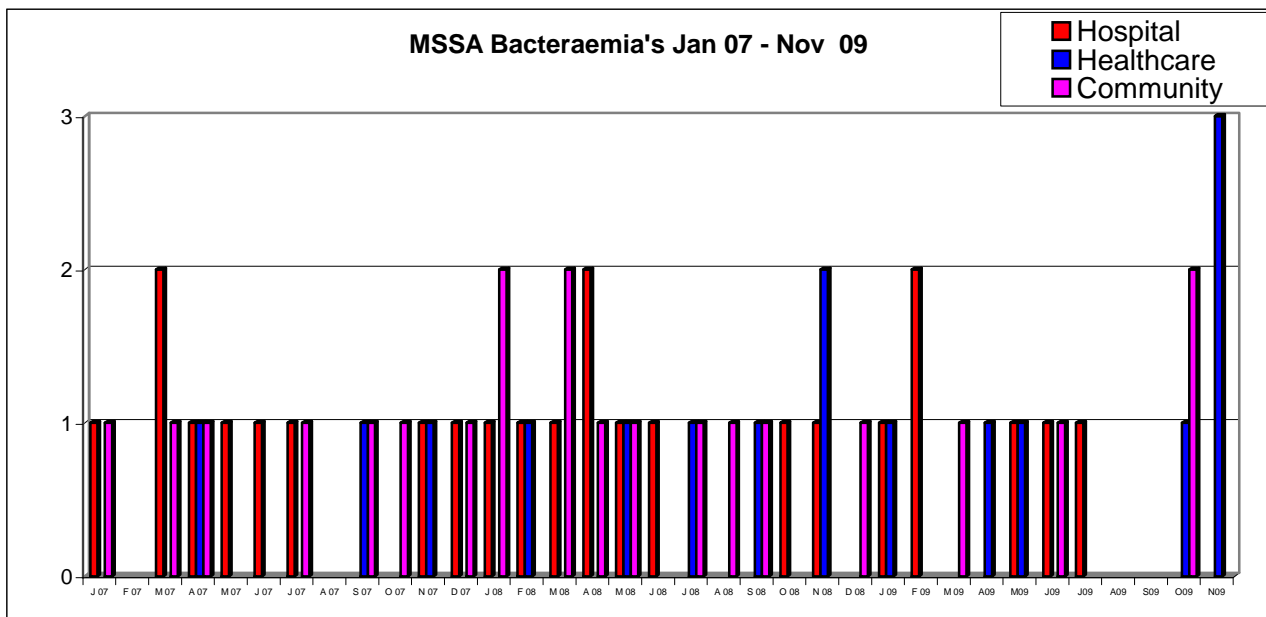
## HAIRT Framework Part 2

### 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 61 cases of MSSA bacteraemias between January 2007 and November 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**

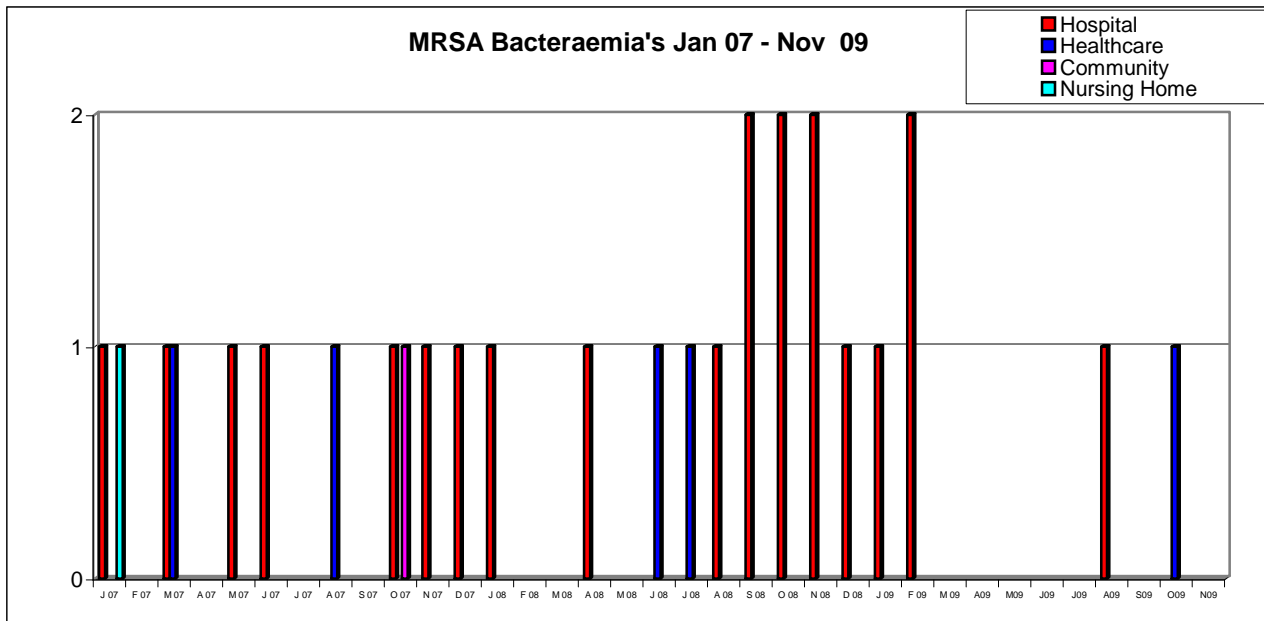
**Hospital:** a patient whose blood cultures were taken >48 hours after admission or within 48 hours of discharge.

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

**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 28 cases of MRSA bacteraemias between January 2007 and November 2009, with an average of one case per month (Figure 2). The majority (93%) 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 after discharge.

**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.

## 1.2 Current HEAT status

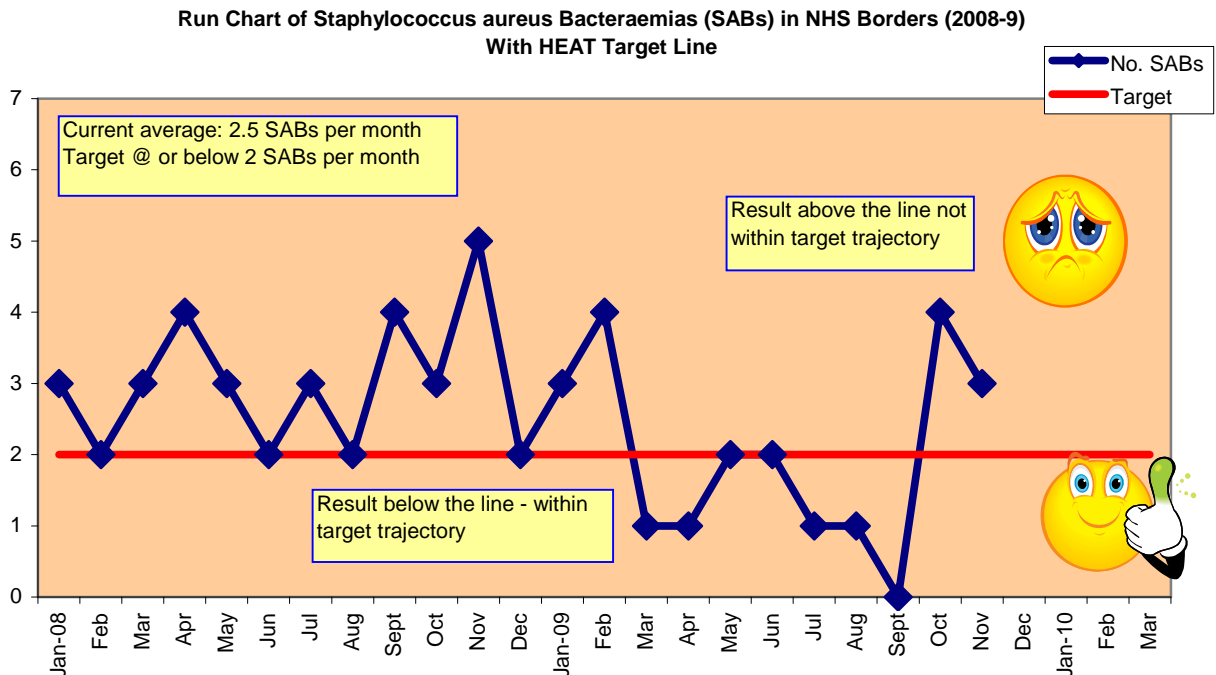


Figure 3

In the two month period of October and November 7 new SAB's, were identified in NHS Borders; 6 MSSA's and 1 MRSA. All came from blood cultures taken within 24 hours of admission. Two of these infections were classified as community infection. 5 were classified as Healthcare *related*. The HPS definition of Healthcare related is: 'a patient receiving regular care between the community and hospital and whose blood cultures were taken <48 hours after admission or 48 hours after discharge. Detailed analysis has been done on the 5 healthcare related bacteraemias. This shows one infection related to a non NHS Borders hospital, three in patients with regular healthcare contact (but no recent hospital inpatient contact prior to the bacteraemia), with only one being possibly attributable to recent inpatient contact within NHS Borders.

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

The HEAT Target baseline for all trusts is based on the number of cases of *Staph aureus* bacteraemia from 1<sup>st</sup> April 2005 – 31<sup>st</sup> March 2006. For NHS Borders the number of SAB's recorded in that period was **30** cases. We have to reduce this number by **25%** by 31<sup>st</sup> March 2010, therefore taking into account cases for the year 1<sup>st</sup> April 2009 to 31<sup>st</sup> March 2010.

Thus to achieve the 25% reduction, the maximum number of cases in the period 1<sup>st</sup> April 2009 – 31<sup>st</sup> March 2010 can be **22** SAB's.

For the 4 quarters Oct 08 – Sept 09 NHS Borders had **24** SAB's, which is a 20% reduction from the baseline of 30 cases

To date 1<sup>st</sup> April 2009 – 17<sup>th</sup> December 2009 we have had **15** cases of SAB's, an average 1.76 cases per month.

To achieve our 25% reduction we therefore need less than **8 new cases** over the next 3.5 months (an average of 2.03 per month).

## 1.3 National context – most recent HPS quarterly national report (October 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
<b>2007</b>						
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
<b>2008</b>						
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
<b>2009</b>						
Jan to Mar	1353658	167	0.12	32428	3	0.09
Apr to Jun	1308513	145	0.111	28694	0	0
Quarter	Acute occupied bed days	MSSA bacteraemias	Rate per 1000/AOBD	Acute Occupied Bed Days	MSSA Bacteraemias	Rate per 1000/AOBD
	<b>2007</b>					
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
<b>2008</b>						
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
<b>2009</b>						
Jan to March	1353658	372	0.28	32428	6	0.18
Apr to Jun	1308513	387	0.296	28694	5	0.174

**Data Source: The *Staphylococcus aureus* Bacteraemia Quarterly Report of NHS Borders – Table 1**  
**Cumulative Data from all NHS Boards in Scotland April 2009 (Health Protection Scotland, published September 2009)**

## 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. The inaugural meeting of the NHS Borders MRSA Rollout steering group took place on 15<sup>th</sup> December 2009. Following this very positive meeting, an action list was drawn up which will, in the first instance, be progressed by a small operational group, the membership of which was agreed by the steering group.

Meetings of the operational group have already been scheduled. Immediate actions to be taken in order to support the rollout have been identified, included further promotion of the initiative; building on staff awareness and communication pathways.

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

See comments regarding HEAT targets



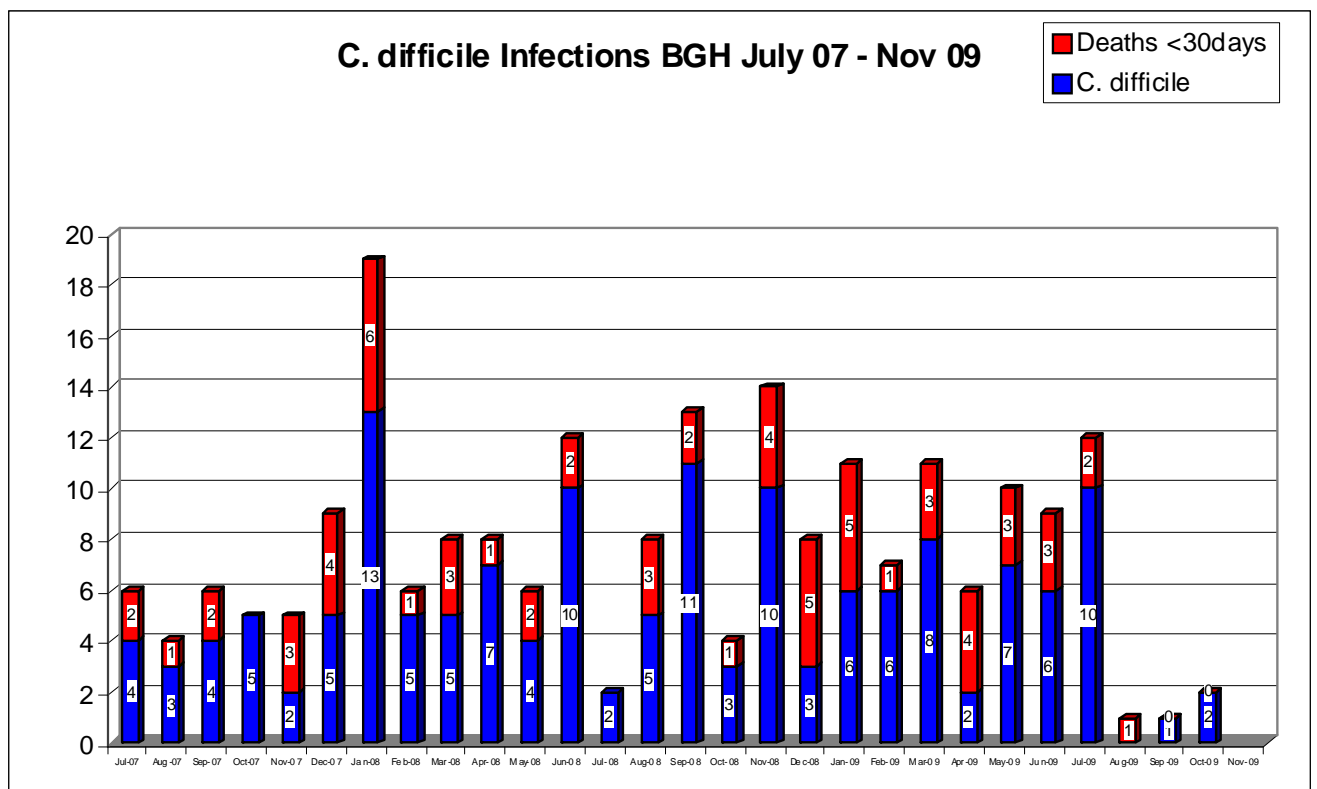
## 2 C.difficile associated disease (CDAD)

### 2.1 Short / medium / long term trends in CDAD

There have been a total of 213 cases of *Clostridium difficile* infections in the BGH between July 2007 and November 2009, with an average of seven 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 213 *Clostridium difficile* infections diagnosed in the twenty-nine month period between July 2007 and November 2009; one occurred in 2007, one in 2008 and two in 2009.

There have been a total of 20 cases of *Clostridium difficile* infections in the Community Hospitals between Jan and November 2009, with an average of 2 cases per month.

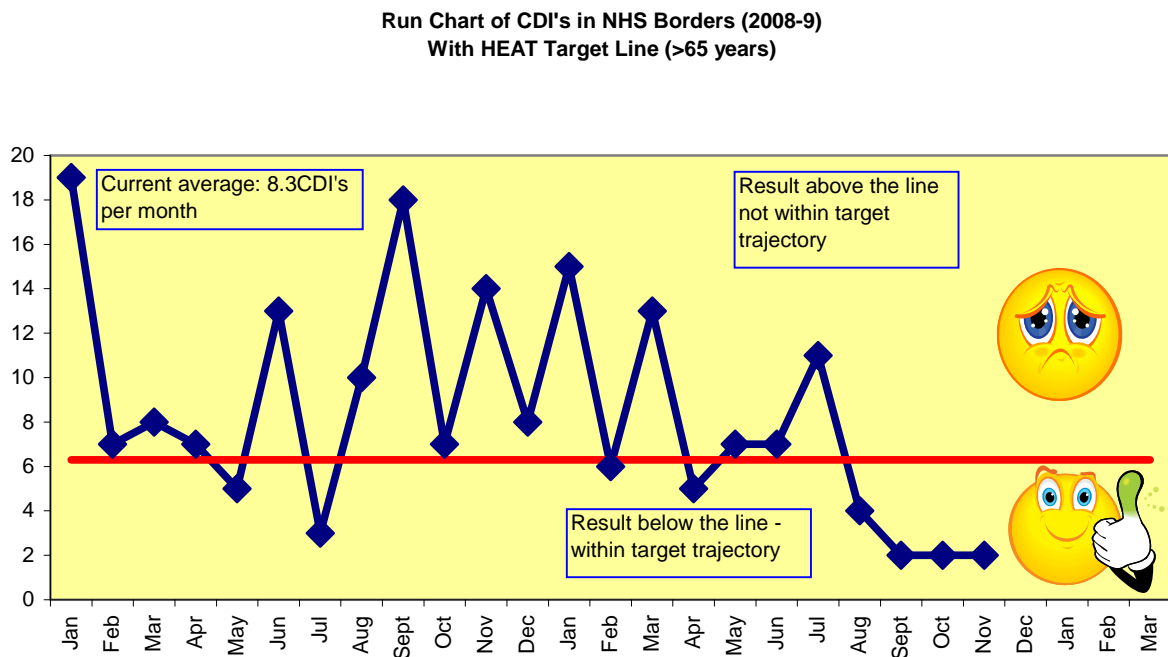


There were no CDT's isolated in November

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.



**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:

## 2.3 National context – most recent HPS quarterly national report

### Total Number of cases in the age groups 65 and over and 15-64 years for this quarter and quarterly vs annual rates of CDI in 14 NHS Boards in Scotland

NHS Board	Total number of cases April-June 2009		Rates per 1000 total/acute OCBD April-June 2009		
	65 years or over	15-64 years	65 years or over	15-64 years	Annual (2008)*
NHS Ayrshire & Arran	112	24	1.19	0.96	1.41
NHS Borders	19	7	0.61	1.13	0.84
NHS Dumfries & Galloway	44	13	1.23	1.56	1.32
NHS Fife	31	12	0.41	0.63	1.52
NHS Forth Valley	26	2	0.35	0.13	1.57
NHS Grampian	191	59	1.60	1.38	1.66
NHS Greater Glasgow & Clyde	155	53	0.43	0.43	1.08
NHS Highland	34	13	0.57	0.71	0.85
NHS Lanarkshire	75	15	0.64	0.41	1.62
NHS Lothian	174	78	0.84	1.21	1.20
NHS Orkney	4	1	1.94	1.64	1.71
NHS Shetland	0	0	0.00	0.00	0.42
NHS Tayside	128	34	1.31	1.24	1.33
NHS Western Isles	3	0	0.34	0.00	0.53
<b>Scotland (overall)</b>	<b>996</b>	<b>311</b>	<b>0.78</b>	<b>0.80</b>	<b>1.29</b>

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

**Table 2**

Although the decreasing rates of CDI for NHS Borders are encouraging, it is too early to suggest a significant downward trend following the recent clusters. The situation continues to be 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 consultation period was concluded; temporary hard copies of the revised guidelines have been circulated to clinical areas and are accessible on NHS Borders Intranet. Copies for individual practitioners are currently being professionally produced and will be distributed to all relevant staff once received from the printers.
- 'Antimicrobial ward rounds' have been maintained bi-weekly with Anne Duguid, Antimicrobial Pharmacist and the Consultant Microbiologist. These are proving beneficial in the active promotion of prudent antibiotic use.

## 2.5 Pan-Board, hospital or specialty specific problems identified

- NHS Borders recruitment plans continue for Consultant Microbiologist as a vacant post remains. Long term locum coverage has been established until end May 2010.

### 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

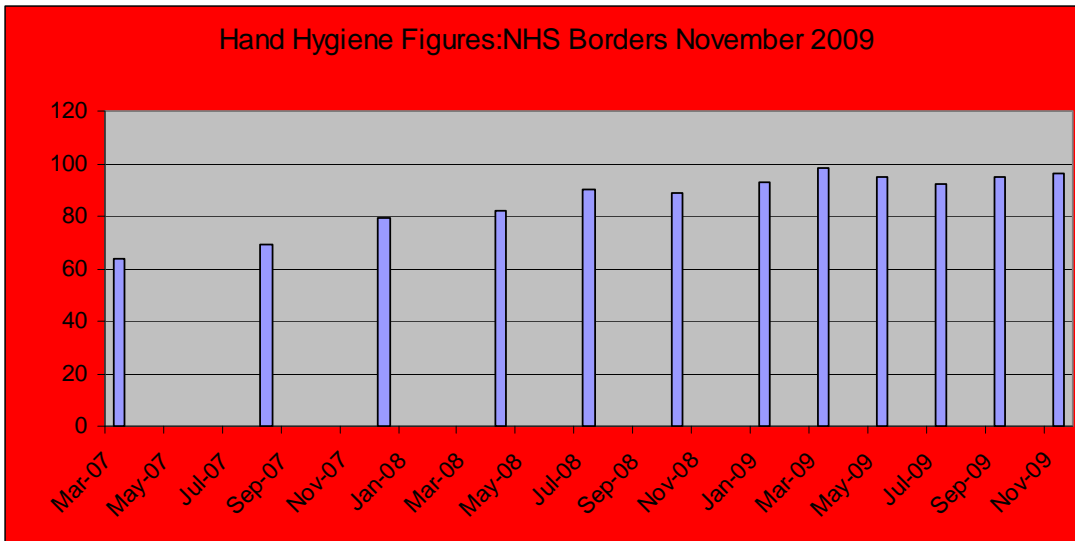


Fig 6

#### 3.2 National context – most recent HPS national reports (Figs 7-9 )

Audit results for compliance with hand hygiene opportunities, NHS Scotland

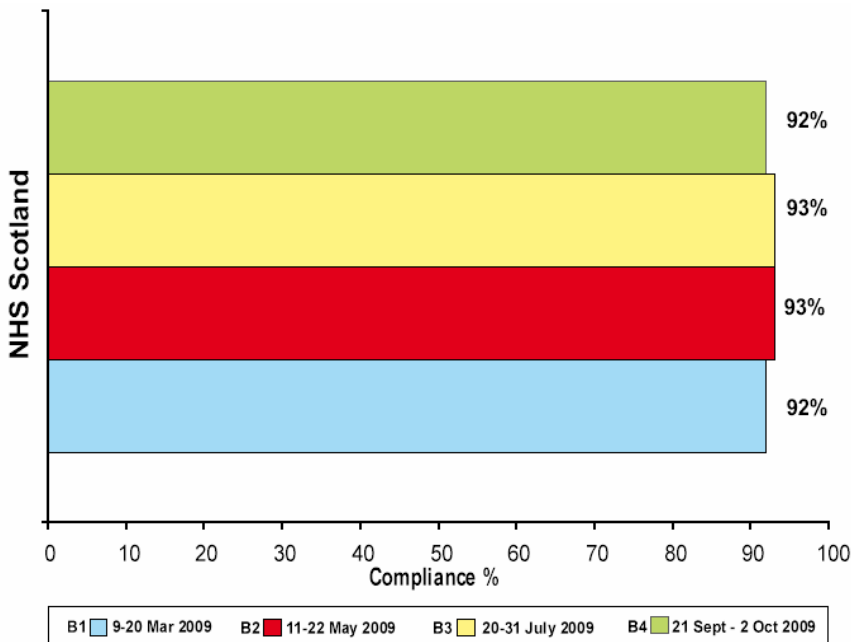
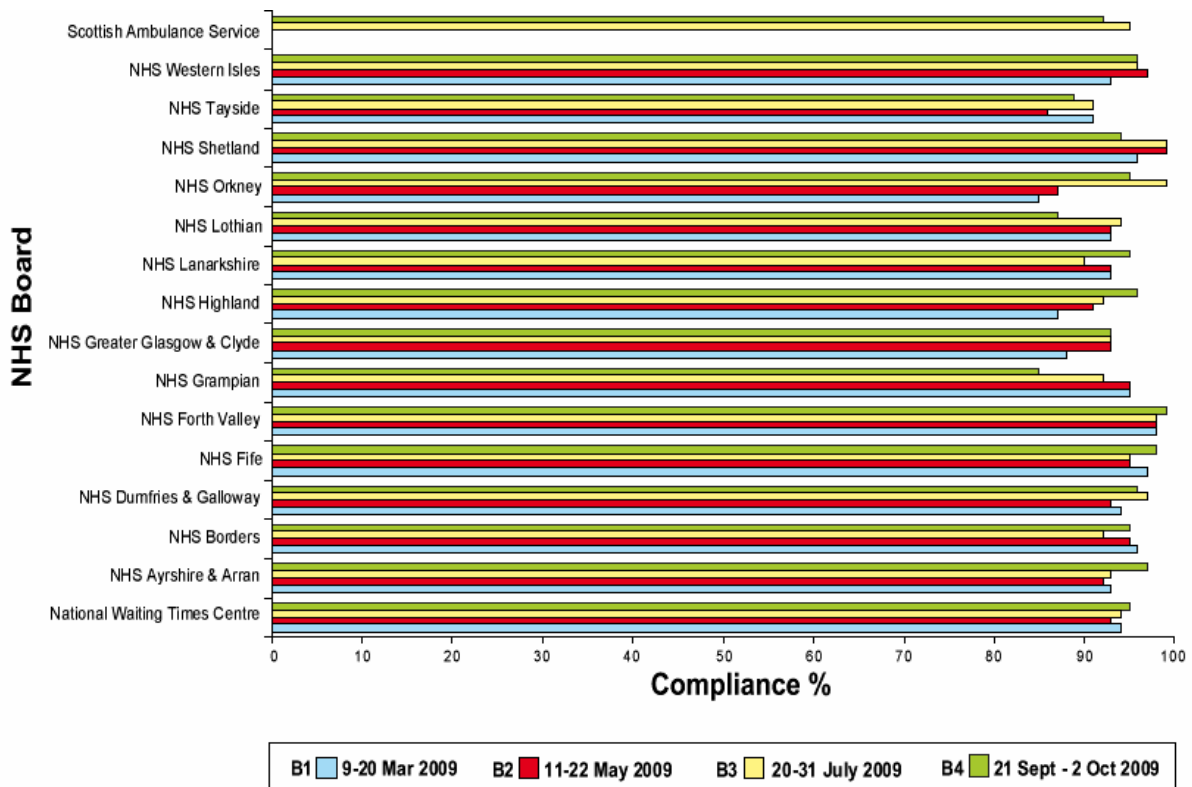


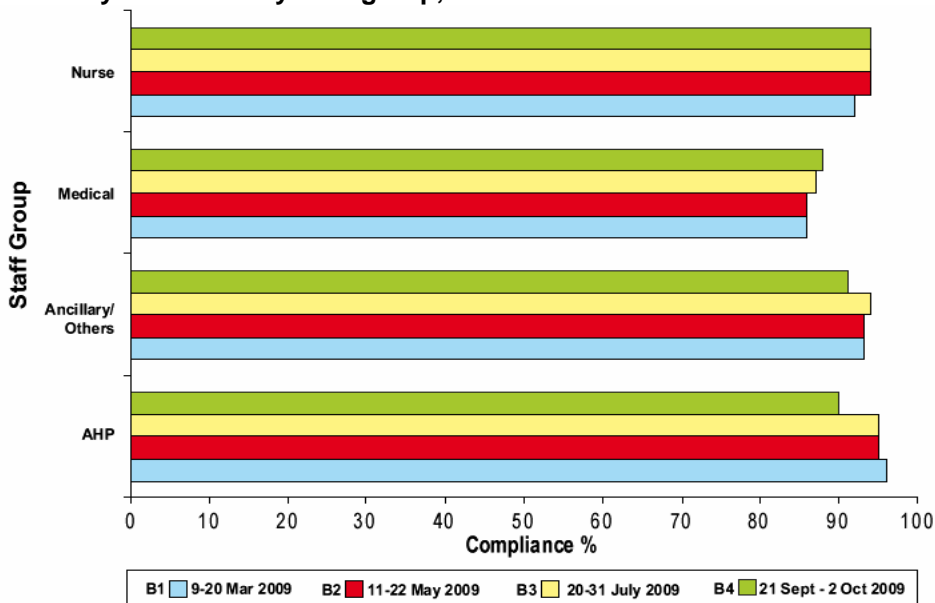
Fig 7

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



**Fig 8**

**Summary of Results by staff group, NHS Scotland**



**Fig 9**

### Summary of Compliance by Staff Group, NHS Borders

The table below shows the percentage scores for “opportunity taken” together with the total number of opportunities observed for each staff group.

	<i>Nurse</i>	<i>Medical</i>	<i>AHP</i>	<i>Ancillary/Other</i>
NHS Borders	98% (181)	93% (42)	93% (29)	98% (48)

**Table 3**

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

- The latest National Audit results for NHS Borders have demonstrated an increase in compliance from 95% in September to 96% in November.
- In order to seek to maintain a hand hygiene standard even higher than required, more stringent informal auditing has been undertaken. This has identified some areas that would benefit from additional Hand Hygiene input. This is being addressed by increased training and a Hand Hygiene Training Tool is being devised to send out to all patient contact areas. This tool will cover the essential points about good hand hygiene, hand care and uniform policy. The hand hygiene co-ordinator will provide training on how this training aid will be used. A record of staff who have completed training will be kept within the ward.
- Until appointment is made for the Community Nurse post, the Hand Hygiene Coordinator will provide Hand Hygiene training for Scottish Borders Council Care Homes. The LHBC has also been asked to provide training for Independent Living Support Carers at Home. This is being developed in conjunction with the NHS Borders training coordinator.
- Hand hygiene signage is being replaced where necessary and new hand washing instruction posters will be installed above all the wash hand basins in the New Year. Community posters and prompts will be available at the end of December to help raise awareness of the campaign in the Community setting. Increased hand hygiene signage is being proposed for the entrance to the hospital. These would include an electronic sign with flashing arrows to direct people to the hand rub dispensers. We are waiting to hear back from Estates about maintenance.
- The National audits for 2010 are scheduled bi-monthly. This is the same frequency and format which presently undertaken
- Primary Care hand hygiene awareness sessions have started and will continue in January with the help of the public involvement volunteers.
- UV light boxes continue to be a useful aid to encourage good hand hygiene among staff and members of the public. School nurses are also using the UV box to highlight the need for good compliance with school children.
- Health Facilities Scotland have progressed with the development of the assessment tool in order to survey the NHS Estate, including the provision and access to hand hygiene facilities. It is expected that this will be ready for use, December 2009.
- The newly refurbished public toilets at the front door continue with the trial of the Dyson Hand Dryers

- The Hand Hygiene Coordinator will continue to promote good hand hygiene within NHS Borders and also raise awareness through community settings with regular training offered for all NHS Borders staff. A letter has now been issued to all staff: In addition to information regarding access to HAI related information, it reminds staff how to access infection control training including the Cleanliness Champions and stand alone Hand Hygiene Programmes

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

The overall increase in compliance is very positive. However, there are areas that have shown a small drop in compliance during this auditing period. Any ward that achieved 90% or under has been made immediately aware of their compliance figures and a training programme has been agreed.

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

#### **B120H - Borders General Hospital - Clean Monitoring Totals**

		<b>Total Value of Items Checked</b>	<b>Total Value of Items Passed</b>	<b>Total % Pass</b>	<b>Peer Review</b>	<b>Public Involvement</b>
Month 1	<b>Apr</b>	12 333	11 992	97.2	NO	NO
Month 2	<b>May</b>	12 930	12 517	96.8	NO	NO
Month 3	<b>Jun</b>	13 557	13188	97.3	YES	YES
Month 4	<b>Jul</b>	12519	12165	97.2	NO	NO
Month 5	<b>Aug</b>	12798	12405	96.9	NO	NO
Month 6	<b>Sept</b>	13521	13110	97.0	YES	NO
Month 7	<b>Oct</b>	13180	12878	97.6	YES	YES
Month 8	<b>Nov</b>	14759	14402	97.2	YES	NO
Month 9	<b>Dec</b>	13565	13181	97.4	NO	NO
Quarter 1	<b>Apr- Jun</b>	25 263	24 509	97.0	x	x
Quarter 2	<b>Jul- Sep</b>	38 838	37 680	97.0	x	x
Quarter 3	<b>Oct- Dec</b>	41 504	40 461	97.5	x	x
Total		105 605	102 650	97.2	x	x

**Table 4**

## 4.2 National context – most recent HFS quarterly national report

Health Board	3 <sup>rd</sup> quarter Oct-Dec 2008/2009	4 <sup>th</sup> quarter Jan-Mar 2008/2009	Annual April 2008 – April 2009	1 <sup>st</sup> quarter April-May 2009/2010
	Total % Pass	Total % Pass	Total % Pass	Total % Pass
SCOTLAND	95.5	95.7	95.9	95.9
Ayrshire and Arran	95.9	95.6	95.9	95.6
Borders	96.9	96.9	97.2	97.7
Dumfries and Galloway	97.2	96.7	97.2	96.8
Fife	97.2	97.2	97.0	97.3
Forth Valley	92.9	93.4	94.1	93.3
Grampian	96.2	95.7	96.5	96.5
Greater Glasgow and Clyde	96.4	96.1	96.3	96.3
Highland	95.5	95.6	95.4	95.0
Lanarkshire	95.0	95.2	95.1	94.8
Lothian	94.9	94.7	94.7	95.2
Orkney	93.0	87.6	92.1	94.7
Shetland	98.0	97.2	97.5	95.3
Tayside	95.7	95.2	95.7	95.4
Western Isles	95.7	96.4	95.9	96.1
The State Hospitals Board for Scotland	92.7	93.2	93.4	94.2
Golden Jubilee National Hospital	92.2	92.0	92.8	91.3
NSS - SNBTS	98.8	95.1	98.0	90.9
Scottish Ambulance Service *	94.8	96.1	94.6	94.8

\* Current Lothian and Greater Glasgow and Clyde areas only.

Table 5

## 4.3 Current/new initiatives in improving cleaning

- The new wave of training for general services staff planned for November will now take place in January.
- The new staff rosters are being introduced across the ward areas
- The use of microfibre cleaning technology is being extended across BGH
- NHS Borders is being routinely subjected to external audit by HFS
- NHS Borders is currently being audited by NHS Lothian and Borders Internal Department to evaluate the adequacy and effectiveness of internal controls for hospital cleaning.

## 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

OVERVIEW OF PROGRESS AGAINST ACTION PLAN [24 ACTION POINTS]	
STATUS	PROGRESS
<b>COMPLETED</b>	21
<b>GREEN</b>	1
<b>AMBER</b>	1
<b>RED</b>	1

Table 6

### Performance Against NHS Scotland Action Plan 2008

Current actions with most recent changes are displayed only

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

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

	September -09	October -09	November -09	December -09
2.2 - Implement the recommendations of the Senior Charge Nurse review	Green	Green	Green	Green
3.1 HAI SCRIBE sections 3 & 4 to be applied to all existing buildings to ensure fabric of healthcare facilities maintained to minimise risk of infection	Red	Amber	Amber	Amber
10.1 - Structure and resources to provide effective infection control service across NHS Board area (hospital and community) assessed and agreed by NHS Boards	Red	Red	Red	Red
11.1 - NHS Board's policy/guidance on completing death certificates reviewed to include documenting death associated with HAI	Red	Amber	Amber	Amber

Fig 10

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

**3.1 (HAI SCRIBE)** It is expected that a working document will be in use by December 2009.

**10.1 (Structure and resources of the Infection Control Team)** NHS Borders are progressing with implementation of the new structure. The proposed completion date for full complement of team of November 2009 has been postponed due to re-advertisement of posts. It is now projected to be January 2010. Locum consultant microbiologist is in post until 31<sup>st</sup> May 2010. Applications have been received for the substantive microbiology consultant post, with interviews planned for the 12<sup>th</sup> of January.

### *NHS BOARDS: Borders*

- If an Action Point is completed, the status is **COMPLETED**.
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- 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**

### **DECEMBER 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

<p><b>Action: 2.2 Implement the recommendations in the Senior Charge Nurse Review</b>  <b>Lead:</b> NHS Boards: Chief Executives  <b>Completion Date:</b> December 2010      <b>Status:</b> <b>GREEN</b></p>
<p><b>Progress:</b> 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"> <li>• Cohort 1:      Sept / Jan 2009 Completed</li> <li>• Cohort 2:      Jan / April 2009 In progress</li>   <li>• Cohort 3:      May / Sept 2009</li> <li>• Cohort 4:      Oct / Jan 2010</li> <li>• Cohort 5:      Feb / May 2010</li> </ul>
<p><b>Comments/Outstanding Actions:</b> Implementation plan is on target</p>
<p><b>Action: 3.1 HAI SCRIBE (Healthcare Associated Infection System for Controlling Risk in the Built Environment) sections 3 &amp;4 to be applied to all existing buildings to ensure fabric of healthcare facilities maintained to minimise risk of infection</b>  <b>Lead:</b> NHS Boards: Chief Executives  <b>Completion Date:</b> August 2008      <b>Status:</b> <b>AMBER</b></p>
<p><b>Progress:</b>  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><b>Comments/Outstanding Actions:</b>  Working documentation from HFS (SG) will now be ready for use, December 2009</p>
<p><b>Action: 3.3 Planned preventative maintenance programmes reflect requirements of prevention and control of infection</b>  <b>Lead:</b> NHS Boards: Chief Executives  <b>Completion Date:</b> October 2008      <b>Status:</b> <b>COMPLETED</b></p>
<p><b>Progress:</b> See action 5.1 below</p>
<p><b>Comments/Outstanding Actions:</b> Nil</p>

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

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

<p><b>Action: 5.1 NHS Boards to ensure HAI budget requirements are reflected in capital, maintenance and operational programmes</b></p> <p><b>Lead:</b> NHS Boards: Chief Executives</p> <p><b>Completion Date:</b> April 2009      <b>Status:</b> <u>COMPLETED</u></p>
<p><b>Progress:</b> 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><b>Comments/Outstanding Actions:</b></p>

<p><b>Action: 5.2 NHS Boards to have identified budget for urgent repairs and replacement equipment available to Charge Nurses</b></p> <p><b>Lead:</b> NHS Boards: Chief Executives</p> <p><b>Completion Date:</b> January 2009      <b>Status:</b> <u>COMPLETED</u></p>
<p><b>Progress:</b></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><b>Comments/Outstanding Actions:</b></p>

<p><b>Action: 6.1 All patients to receive information on HAI</b></p> <p><b>Lead:</b> NHS Boards: Chief Executives</p> <p><b>Completion Date:</b> November 2008      <b>Status:</b> <u>COMPLETED</u></p>
<p><b>Progress:</b></p> <p>HAI leaflets are available.</p> <p>The Infection Control Team inform ward staff of all patients identified who have a HAI, who also ensure that information is available to that patient.</p> <p>On admission, patients are either given the ICT produced, or unit specific leaflets. The unit specific leaflets now incorporate explicit HAI information.</p>
<p><b>Comments/Outstanding Actions:</b></p> <p>Audit of implementation to be performed end March 2009</p>

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

<p><b>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.</b></p> <p><b>Lead:</b> Scottish Government Health Directorates/NHS Boards</p> <p><b>Completion Date:</b> August 2008      <b>Status:</b> <u>COMPLETED</u></p>
<p><b>Progress:</b> Antimicrobial pharmacist in post and holds membership on ICC. Antimicrobial management team established.</p>
<p><b>Comments/Outstanding Actions:</b> Work of Antimicrobial Management Team will be subject to ongoing review by ICC</p>

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

<p><b>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</b></p> <p><b>Lead:</b> NHS Boards</p> <p><b>Completion Date:</b> January 2009      <b>Status:</b> <u>COMPLETED</u></p>
<p><b>Progress:</b></p> <p>Included in two monthly HAI report to the Board.</p>
<p><b>Comments/Outstanding Actions:</b> Nil</p>

<p><b>Action: 9.3.1 NHS Board's infection control policies include primary and community care</b></p> <p><b>Lead:</b> NHS Boards: Chief Executives</p> <p><b>Completion Date:</b> December 2008      <b>Status:</b> <u>COMPLETED</u></p>
<p><b>Progress:</b></p> <p>Infection control policies apply to all areas within NHS Borders</p>
<p><b>Comments/Outstanding Actions:</b></p>

<p><b>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:</b></p> <ul style="list-style-type: none"> <li>• Human resources</li> <li>• Equipment</li> <li>• Budget</li> </ul> <p><b>Lead:</b> NHS Boards</p> <p><b>Completion Date:</b> October 2008      <b>Status:</b> <u>RED</u></p>
<p><b>Progress:</b></p> <p>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>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><b>Comments/Outstanding Actions:</b></p> <p>Plans to recruit to full complement continue to be progressed: there has been a longer term locum solution in place from 1<sup>st</sup> November for the consultant microbiologist; the re-designed ICM and community ICN posts have been re-advertised and it is anticipated that the appointments will now be agreed with the proposed completion date being January 2010.</p>

<p><b>Action: 11.2 NHS Boards policy/guidance on completing death certificates reviewed to include documenting death associated with HAI</b></p> <p><b>Lead:</b> NHS Boards</p> <p><b>Completion Date:</b> December 2008      <b>Status:</b> <u>COMPLETED</u></p>
<p><b>Progress:</b></p>
<p><b>Comments/Outstanding Actions:</b></p> <p>Guidance from SGHD has now been delivered to Boards</p>

<p><b>Action: 12.2 NHS Boards local surveillance to include setting of control limits and trajectories for reduction of rates / incidence of HAI</b></p> <p><b>Lead:</b> NHS Boards</p> <p><b>Completion Date:</b> December 2008      <b>Status:</b> <u>COMPLETED</u></p>
<p><b>Progress:</b> Complete for all control limits given by HPS</p>
<p><b>Comments/Outstanding Actions:</b> Nil</p>

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

<p><b>Action: 13.2 HAI incidents and issues recorded on NHS Boards Risk Register reporting systems and reported to 2 monthly Board meetings</b></p> <p><b>Lead:</b> NHS Boards: Chief Executives</p> <p><b>Completion Date:</b> January 2009      <b>Status:</b> <u>COMPLETED</u></p>
<p><b>Progress:</b></p> <p>HAI incidents and issues will be reported to the Board as part of the routine two monthly report.</p>
<p><b>Comments/Outstanding Actions:</b></p> <p>.</p> <p><u>See comments, 13.1</u></p>

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

<p><b>Action: 16.1 All healthcare workers receive appropriate level of HAI education and training in line with position, including antimicrobial prescribing and resistance</b></p> <p><b>Lead:</b> NHS Boards: Chief Executives</p> <p><b>Completion Date:</b> April 2009      <b>Status:</b> <u>COMPLETED</u></p>
<p><b>Progress:</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Antimicrobial pharmacist in post and part of Infection Control Committee</li> <li>• Antimicrobial management team established</li> <li>• At present there is no documented system in place that ensures all healthcare workers have received this training.</li> </ul>
<p><b>Comments/Outstanding Actions:</b></p> <p>Need to establish a system to assure Board that all healthcare workers receive appropriate level of HAI education and training in line with position, including antimicrobial prescribing and resistance.</p>
<p><b>Action: 16.2 Infection Control staff undertake appropriate level of education and training</b></p> <p><b>Lead:</b> NHS Boards: Chief Executives</p> <p><b>Completion Date:</b> April 2009      <b>Status:</b> <u>COMPLETED</u></p>
<p><b>Progress:</b></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><b>Comments/Outstanding Actions:</b></p> <p>This will need to be reviewed as new staff come into post.</p>
<p><b>Action: 19.2 Cleaning matrix and schedule including discipline responsible for cleaning is available in all healthcare settings</b></p> <p><b>Lead:</b> NHS Boards: Chief Executives</p> <p><b>Completion Date:</b> September 2008      <b>Status:</b> <u>COMPLETED</u></p>
<p><b>Progress:</b></p>
<p><b>Comments/Outstanding Actions:</b> NHS Borders adhere to the NHS Scotland National Cleaning Specifications</p>
<p><b>Action: 20.1 All staff to have HAI objective in annual professional development plans</b></p> <p><b>Lead:</b> NHS Boards: Chief Executives</p> <p><b>Completion Date:</b> April 2009      <b>Status:</b> <u>COMPLETED</u></p>
<p><b>Progress:</b></p> <p>HAI is now incorporated under 'mandatory training' in the Organisational Baseline PDP</p>
<p><b>Comments/Outstanding Actions:</b></p>



