NHS
Borders

HEALTHCARE ASSOCIATED INFECTION (HAI)

2011/12 Annual Report

NHS Borders Infection Prevention and Control Team

Summary of Key Highlights During 2011/12

Achieved Scottish Government HEAT target rate of a Clostridium difficile infection rate lower than 0.39 cases per 1000 total occupied bed days.

Continued compliance with national MRSA screening requirements.

Development of a robust Infection Control Work Plan.

Spread of best practice across all clinical boards including establishment of Mental Health and Primary Care 'HEI' Groups.

Maintained all infection surveillance activities including all mandatory surveillance requirements; Surgical Site Infection (SSI). Rates for NHS Borders have consistently remained well within the nationally recognised limits of tolerance.

The Infection Control Team was strengthened with the appointment of an Infection Control Facilitator. NHS Borders also successfully appointed to the vacant posts of Consultant Microbiologist and Infection Control Manager.

Continued to support the Board with improvements in compliance with the Healthcare Improvement Scotland (HIS) HAI Standards.

Production of this report, complies with Standard 3.b.1, NHS Quality Improvement Scotland HAI Infection Control Standards March 2008.

Workplan & Activity During 2010/11

During 2010/11 the main focus of the Infection Control Team (ICT) was in the following areas:

- Surveillance
- Development and review of policies
- Infection control audits
- Training & education
- Clostridium difficile
- *Staphylococcus aureus* bacteraemia (SAB)
- Infection Control Practice in Care Homes
- Public Involvement

The final status report of performance against the Work Plan is attached at Appendix A. By the end of March 2011, 93% of the Work Plan had been completed. All outstanding actions were transferred to the 2011/12 Work Plan.

Challenges Experienced

During 2010, there was an increase in the incidence of *Staphylococcus aureus* bacteraemia (SAB). NHS Borders did not achieve the Scottish Government Health improvement Efficiency Access Treatment (HEAT) target of a 15% reduction in the incidence of SABs by 31st March 2011. Significant work was progressed and by 31st March 2011, the incidence of these infections had started to reduce.

Performance Against HEAT Targets

NHS Borders achieved the HEAT target to reduce *Clostridium difficile* Infection (CDI) by 50% by 31st March 2011.

NHS Borders did not achieve the HEAT target to reduce the incidence of *Staphylococcus aureus* Bacteraemia (SAB) by 15% by 31st March 2011. NHS Borders target to achieve was a maximum of 19 *Staphylococcus aureus* Bacteraemia (SAB) cases between 1st April 2010 and 31st March 2011. During this period, NHS Borders had a total of 45 SAB cases.

The following graphs show the monthly incidence of infection against these two HEAT targets.
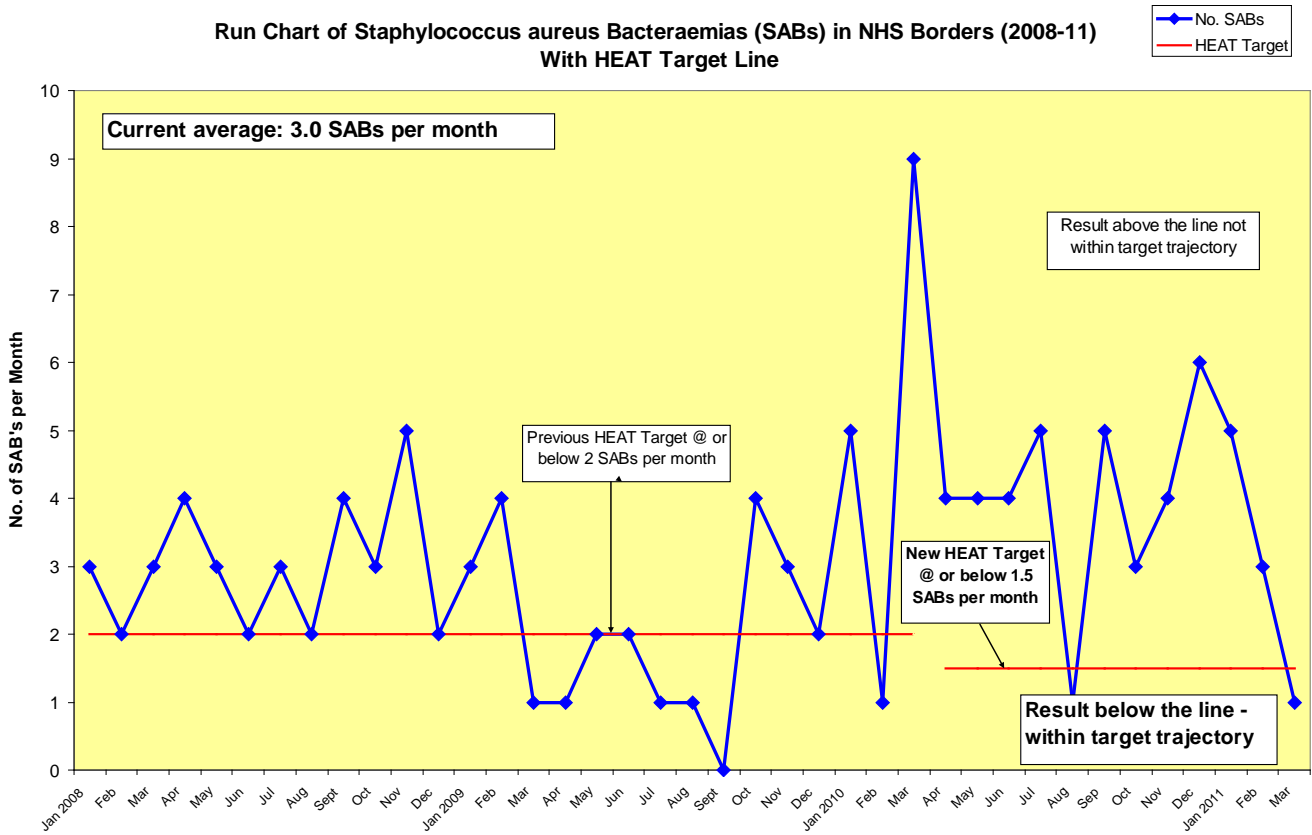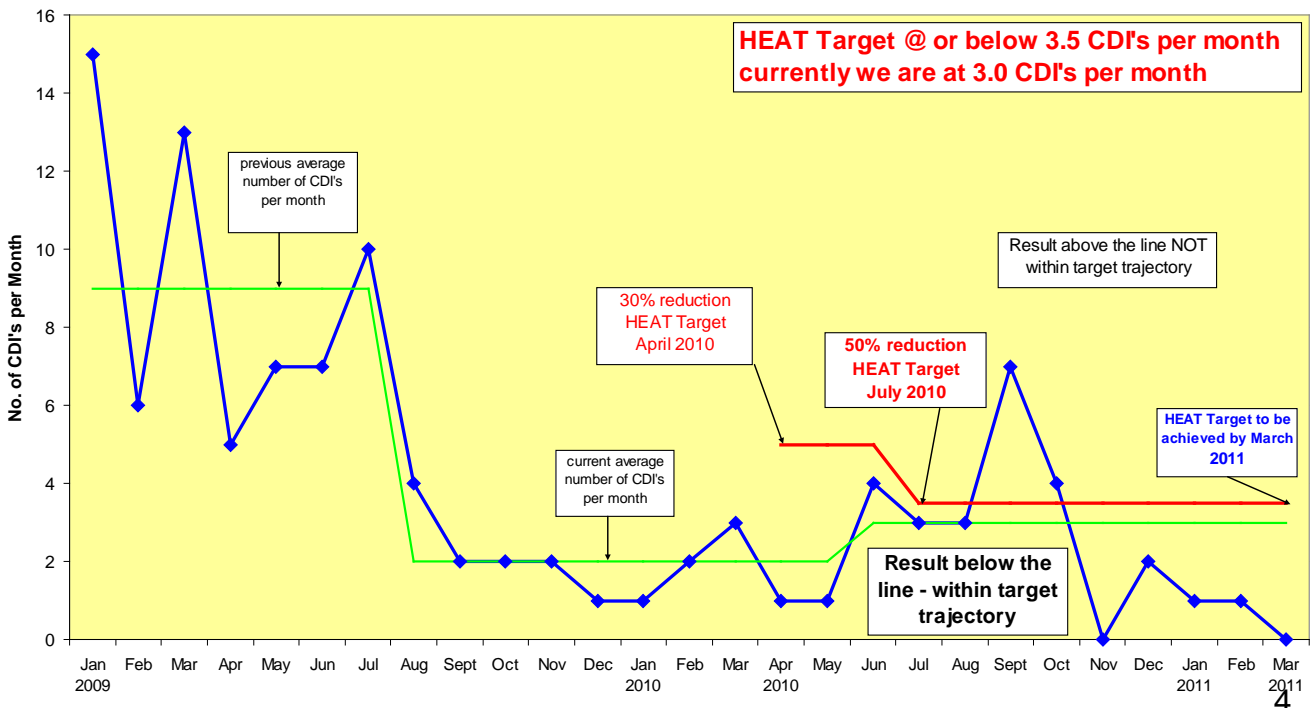
Figure 1 *Staph. aureus* Bacteraemia HEAT Target

Run Chart of Staphylococcus aureus Bacteraemias (SABs) in NHS Borders (2008-11) With HEAT Target Line

Current average: 3.0 SABs per month

Previous HEAT Target @ or below 2 SABs per month

New HEAT Target @ or below 1.5 SABs per month

Result above the line not within target trajectory

Result below the line - within target trajectory

No. SABs
HEAT Target

Figure 2 *Clostridium difficile* infection (CDI) HEAT target

HEAT Target (>65 years) to be achieved Apr 2010 - Mar 2011

Run Chart of CDI's in NHS Borders (Jan 09 - to date)

HEAT Target @ or below 3.5 CDI's per month currently we are at 3.0 CDI's per month

previous average number of CDI's per month

30% reduction HEAT Target April 2010

50% reduction HEAT Target July 2010

Result above the line NOT within target trajectory

HEAT Target to be achieved by March 2011

current average number of CDI's per month

Result below the line - within target trajectory

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Hand Hygiene Activity

A Prevention of *Staphylococcus aureus* Bacteraemia Group (PSAB) was established reporting directly to the Board Executive Team (BET). This Group implemented a range of targeted measures during 2010/11 to reduce the risk to patients of developing a SAB.

A detailed SAB Work Plan including a responsible officer and a clear deadline against each action was developed. This programme of work took account of expert advice sought from Health Protection Scotland, Quality Improvement Scotland and the Scottish Patient Safety Programme, with the PSAB Group continuing to monitor progress against this plan.

Every SAB case is subject to a rigorous Root Cause Analysis (RCA) which includes a feedback process to the clinicians caring for the patient. Any actions identified through this process are added to the overall SAB Work Plan.

Based on the RCA findings, the PSAB Group established five work streams targeted to improving systems and processes relating to the following areas:

- Data gathering, analysis and feedback
- Peripheral Vascular Cannulae (PVC)
- Hickman lines
- Urinary catheters
- Venepuncture and blood cultures
- Wound care

The most common cause of SAB is associated with urinary catheters. A patient-held record has been developed and is currently being testing in a number of locations. This brings together best practice guidance from across the United Kingdom in relation to catheter insertion and maintenance as well as improving communication across clinical boards and with patients and carers. Policy development, review of training and implementation of nurse led catheter removal are ongoing workstreams.

Hand Hygiene

Good hand hygiene is a priority to help reduce the potential risk of Healthcare Associated Infection (HAI).

As the table below (produced by Health Protection Scotland) shows, in the final hand hygiene audit conducted during 2010/11, NHS Borders achieved an overall compliance of 94%.

In addition to the bi-monthly national audits, staff from each clinical area, conduct monthly audits to assess compliance with hand hygiene. The information is collated by Clinical Governance Support Team. Any drop in compliance is recorded and the Infection Control Nurse Specialist, Hand Hygiene Coordinator and relevant Managers are informed.

Figure 3 National Hand Hygiene Audit results published by Health Protection Scotland (May 2011)

NHS board	10th Bi-monthly audit period (%)			11th Bi-monthly audit period (%)			12th Bi-monthly audit period (%)			13th Bi-monthly audit period (%)		
	20 Sept – 1 Oct 2010			22 Nov – 3 Dec 2010			24 Jan – 4 Feb 2011			21 Mar – 1 Apr 2011		
	Opps Obs*	Opps Taken**	% (CI)	Opps Obs	Opps Taken	% (CI)	Opps Obs	Opps Taken	% (CI)	Opps Obs	Opps Taken	% (CI)
Scottish Ambulance Service	300	285	95% (93%, 97%)	200	190	95% (92%, 98%)	300	284	95% (92%, 98%)	300	288	96% (94%, 98%)
NHS Western Isles	300	286	95% (93%, 97%)	300	291	97% (95%, 99%)	300	281	94% (91%, 97%)	300	280	93% (90%, 96%)
NHS Tayside	300	282	94% (91%, 97%)	300	274	91% (88%, 94%)	300	280	93% (90%, 96%)	300	275	92% (89%, 95%)
NHS Shetland	300	297	99% (98%, 100%)	300	298	99% (98%, 100%)	300	298	99% (98%, 100%)	300	295	98% (97%, 99%)
NHS Orkney	300	296	99% (98%, 100%)	300	298	99% (98%, 100%)	300	298	99% (98%, 100%)	300	298	99% (98%, 100%)
NHS Lothian	300	288	96% (94%, 98%)	300	285	95% (93%, 97%)	300	279	93% (90%, 96%)	300	285	95% (93%, 97%)
NHS Lanarkshire	300	280	93% (90%, 96%)	300	285	95% (93%, 97%)	300	281	94% (91%, 97%)	300	271	90% (87%, 93%)
NHS Highland	300	290	97% (95%, 99%)	300	286	95% (93%, 97%)	300	296	99% (98%, 100%)	300	293	98% (96%, 100%)
NHS Greater Glasgow & Clyde	300	280	93% (90%, 96%)	300	278	93% (90%, 96%)	300	284	95% (92%, 98%)	300	279	93% (90%, 96%)
NHS Grampian	300	285	95% (93%, 97%)	300	293	98% (96%, 100%)	300	290	97% (95%, 99%)	300	290	97% (95%, 99%)
NHS Forth Valley	300	288	96% (94%, 98%)	300	291	97% (95%, 99%)	300	291	97% (95%, 99%)	300	289	96% (94%, 98%)
NHS Fife	300	291	97% (95%, 99%)	300	293	98% (96%, 100%)	300	292	97% (95%, 99%)	300	289	96% (94%, 98%)
NHS Dumfries & Galloway	300	289	96% (94%, 98%)	300	289	96% (94%, 98%)	300	291	97% (95%, 99%)	300	293	98% (96%, 100%)
NHS Borders	300	290	97% (95%, 99%)	300	287	96% (94%, 98%)	300	263	88% (84%, 92%)	300	281	94% (91%, 97%)
NHS Ayrshire & Arran	300	289	96% (94%, 98%)	300	289	96% (94%, 98%)	300	288	96% (94%, 98%)	300	294	98% (96%, 100%)
National Waiting Times Centre	300	289	96% (94%, 98%)	300	292	97% (95%, 99%)	300	287	96% (94%, 98%)	300	293	98% (96%, 100%)

*Opps Obs = opportunities observed
**Opps Taken = opportunities taken

Monitoring Outbreaks

During 2010/11 there were one outbreak of confirmed Norovirus which started on 28th May 2010 and finished 30th June 2010. During the outbreak period, a number of wards in Borders General Hospital and Kelso Hospital were closed with a total of 32 patients affected.

During these outbreaks, no significant adverse clinical affects were either reported to the Infection Control Team, or found by the Infection Control Team.

Infection Surveillance

From 2007, all NHS Boards were required to implement mandatory surveillance of in-patient Surgical Site Infections (SSI) for hip arthroplasty's and caesarean sections.

Hip Arthroplasty & Hemi-arthroplasty SSI Surveillance

238 hip arthroplasty & hemi-arthroplasty operations were undertaken with 1 surgical site infection (0.4%) recorded. The superficial surgical site infection occurred post discharge with the patient being readmitted due to the SSI.

Caesarean Section SSI Surveillance

253 caesarean sections were undertaken, with 2 superficial infections (0.8%) recorded, which was detected post discharge, using the Clinisys Lab centre in conjunction with our surveillance system. There were no deep incisional or organ space SSIs detected.

Clostridium difficile Surveillance

Increasing national rates of *Clostridium difficile* in healthcare settings prompted the introduction of a mandatory national surveillance programme for Scotland in 2006. All NHS laboratories are required to report all cases of *Clostridium difficile* infection (CDI), from mild diarrhoea to severe cases in patients aged 15 and over. The national definition of CDI adopted by Health protection Scotland is *"someone in whose stool C.difficile toxin has been identified at the same time as they have experienced diarrhoea not attributable to any other cause, or from cases of whose stool C. difficile has been cultured at the same time as they have been diagnosed with pseudomembranous colitis".*

During 2010/11, there were a total of **38** patients with CDI. **1** patient died with *Clostridium difficile* infection, colitis, or CDI recorded on their Death certificate.

The BGH had a total of **28** patients with CDI of which **18** patients were 65 years or older and **10** patients younger than 65 years. In the Community, which includes Community hospitals, nursing homes and GP's, **10** patients were diagnosed with CDI.

Audit, Policies and Procedures

In addition to regular environmental cleanliness monitoring by an Infection Control Nurse with the General Services Manager, the Infection Control Team also conducted an audit of NHS Borders overall compliance with the sharps policy, compliance with the Peripheral Venous Catheter (PVC) bundle and an audit focussed on practice and facilities within the Laundry Department.

In addition, ward staff started a programme of infection control audits from June 2010. Audit compliance and scores were monitored and reviewed by the Infection Control Team and reported through Board committees.

Cleaning Monitoring Results

The Monitoring Framework for NHS Scotland National Cleaning Services Specification and Estates HAI Issues was published January 2010 and replaces the Monitoring Framework for NHS Scotland National Cleaning Specifications Version 2 April 2009. The performance target within the Framework is to achieve 90% in all areas. Health Facilities Scotland issue quarterly reports on monitoring results for Scotland as a whole. The local NHS Borders monitoring results are detailed below.

Hospital	Value items monitored	Value of items passed	Percentage
Community locations	73439	70641	96.2%
BGH	147669	144386	97.8%

The overall figures are robust however there were minor slippages in specific areas. To ensure transparency, results for individual areas are published on the General Services site of the intranet and in 2010/11 these have started to be regularly posted on notice boards outside clinical areas together with other HAI information.

Peer/Public reviews took place throughout the year in line with the Framework criteria.

Policy Updates

During 2010/11 every Infection Control Policy has been reviewed.

Education & Training

Throughout the year, the following training & education programmes have been ongoing including:

- Induction for all disciplines and grades of staff
- Induction for medical staff
- CME sessions for medical and other disciplines of staff
- Clinical update for all disciplines of staff

In addition, members of the Infection Control Team regularly input into education sessions with other staff groups including:

- Student Nurses
- Dental Staff
- Physiotherapy Staff

NHS Borders also developed and implemented an e-learning module for Infection Control for all staff to complete. By the end of March 2011 over 2200 staff had completed this training.

Infection Control Practice in Care Homes

A number of developments within Care Homes in the Borders have been aimed at reducing infection rates. Reducing outbreaks and reducing hospital admission. A Borders wide Care Home Network has been established and a full work plan developed. Workstreams include Antimicrobial prescribing and stewardship, symptom management/hospital admission, policy development, uniforms and hand hygiene, audit development and waste management.

Public Involvement

Regular scheduled peer review cleanliness monitoring continued with public representation during 2010/11.

NHS Borders has a well established HEI Group which include public representation.

During 2010/11 a member of public was recruited to join the Infection Control Committee.

Public involvement volunteers conducted hand hygiene demonstrations in Health Centres across NHS Borders. Practice Managers supported the establishment of temporary hand hygiene stands in the Practice waiting area where the volunteers demonstrated good hand washing technique, and discussed with member of public the importance of hand hygiene.

The Infection Control e-group continued to contribute to policy development during 2010/11.

Looking Forward

The Infection Control Team will continue to support and enhance the hand hygiene campaign further, including the organisation's zero tolerance approach to poor hand hygiene practice.

The Infection Control Team will continue to support the extended MRSA screening programme for NHS Borders.

The Infection Control Team will develop an Infection Control audit programme.

The Infection Control Team will continue to provide Education and Training: access to training or information will be improved, applicable to all disciplines of staff.

The Infection Control Team will continue to provide and enhance support to ward staff with the prevention and management of *Clostridium difficile* Infection [CDI] and *Staphylococcus aureus* Bacteraemia (SAB).

Acknowledgements

This report was compiled with contributions from:

Infection Control:
Mr Sam Whiting
Mr Adam Wood
Mrs Judith Machell
Mrs Judith Purves
Mrs Susan Taylor

General Services:
Mrs Jane Gething

Appendix A

2011/12 Infection Prevention and Control Work Plan

This Infection Control Work-plan is intended to guide the Infection Control activities of NHS Borders through 2011/12 for all Health Care Facilities under the remit of the Infection Prevention & Control Team (IPCT).

Strategic Context

The vision of NHS Borders is…

- *Health is improving*
- *Healthcare is safe*
- *Healthcare is high quality & best value*

A core value of NHS Borders is that quality is at the heart of all we do. This is reflected in the Corporate Objective to always put patient safety first

The purpose of the Infection Prevention & Control Team is to contribute to safe, high quality healthcare through effective, reliable prevention and control of infection. Although Infection Control are a small team working within a large organisation, this is achieved by engaging with the enthusiasm of colleagues working in all areas and at all levels across NHS Borders as well as engaging with patients, visitors and the wider public. This approach is consistent with the NHS Healthcare Improvement Scotland (HIS) HAI Standards which clearly state that "Infection Control is everybody's business"

Infection control activities are underpinned by a wide international evidence base as well as National and Scottish standards, targets and monitoring arrangements. The Scottish Government Health Directorate has established clear targets for all Boards in Scotland to reduce infection rates.

This Plan brings together the Scotland wide initiatives of the HAI Task Force, Code of Practice, recommendations from recent outbreak reports, and the NHS Healthcare Improvement Scotland standards together with local initiatives. On an ongoing basis this plan is reviewed and updated to take account of learning following Healthcare Environment Inspectorate (HEI) reports.

Specific actions relating to antimicrobial prescribing are detailed separately in the Work Plan of the Antimicrobial Management Team. The Communication Plan separately details how the Infection Prevention & Control Team communicates on a formal and informal basis with other colleagues, departments, national organisations and the public.

This 2011/12 Work plan is ambitious, especially given one of the key themes, of maintaining high visibility of the team in clinical areas. Incident and outbreak management is a core function of the IPCT and is managed as an absolute priority. Incidents are unpredictable in time and duration and may impact on the delivery of the Work-plan.

Infection Prevention & Control Team   -   Mission…

"Reducing the risk of infection to patients, visitors and staff and ensuring that infections and outbreaks are effectively managed and controlled."

Infection Prevention & Control Team   -   Responsibilities

Sam Whiting – Infection Control Manager;   Responsible for management processes and risk assessment relating to infection control, medical devices decontamination and cleaning services

Edward James – Infection Control Doctor;   Lead clinician for the Infection Prevention and Control Service

Adam Wood – Senior Infection Control Nurse; Lead Nurse for the Infection Prevention and Control Service, Designated HAI Education Lead

Susan Taylor - Infection Control Nurse;   Providing specialist advice for NHS Borders

Mark Clark - Community Infection Control Nurse;   Providing infection control advice to the independent sector

Judith Machell - Surveillance Coordinator;   Lead for all infection surveillance

Judith Hedges – Local Health Board Hand Hygiene Coordinator;   NHS Borders hand hygiene lead

Lynsey Forsyth – Infection Control Facilitator;   Supporting the development of infection prevention and control

Carole Morgan - Infection Prevention & Control Team Secretary;   Providing a complete secretarial and adminsistrative service to the Infection Prevention & Control Team

Daryl duBois - HAI Surveillance Assistant;   Supporting infection surveillance including national mandatory Surgical Site Infection (SSI) surveillance

The Infection Prevention & Control Team provides infection control advice on a 24/7 basis and meets at least monthly to address operational issues.

Infection Control Reporting Structure
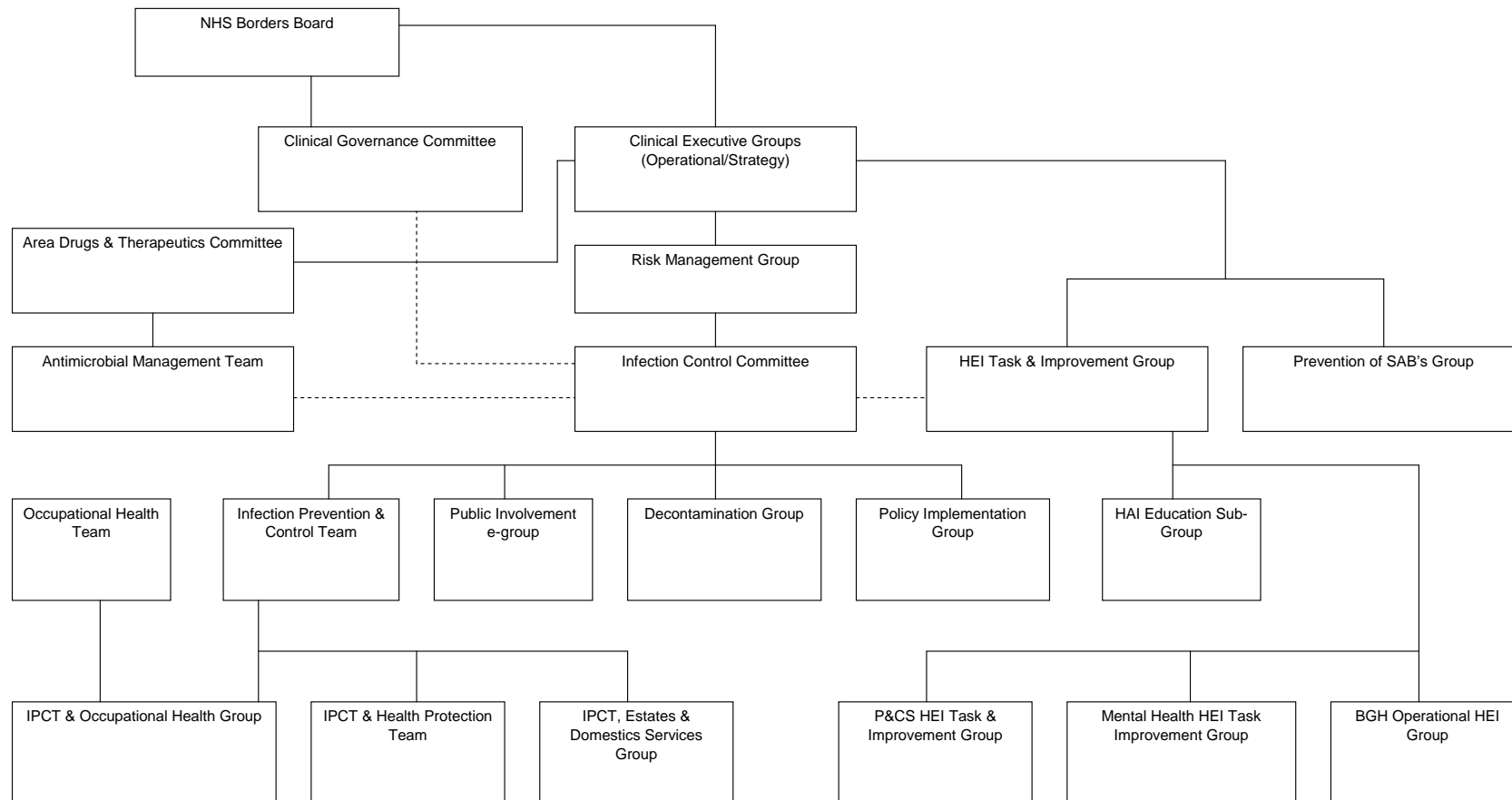
NHS Borders Infection Control Team: June 2010

KEY:

Professional Leadership Relationship

Line Management

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                          ┌─────────────────────┐
                          │   NHS Borders        │
                          │   Chief Executive    │
                          └─────────────────────┘
                                    │
                          ┌─────────────────────┐              ┌─────────────────┐
                          │ Director of Nursing  │              │  Director of    │
                          │   & Midwifery        │              │  Estates &      │
                          └─────────────────────┘              │  Facilities     │
                                    │                          └─────────────────┘
┌──────────────┐         ┌─────────────────────┐
│ Consultant in│         │  Infection Control   │
│ Public Health│         │  Manager             │
└──────────────┘         └─────────────────────┘
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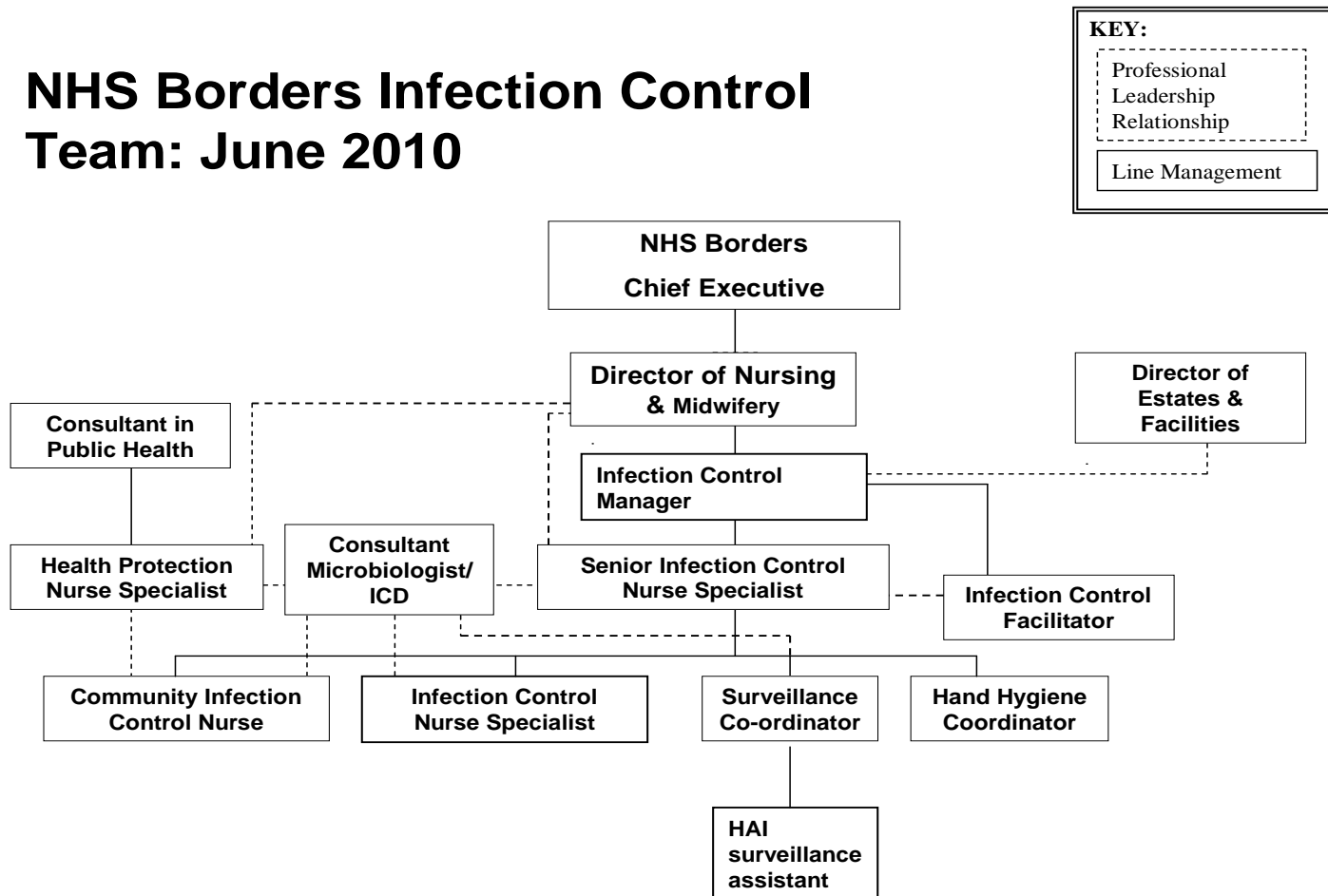
Consultant in Public Health

Health Protection Nurse Specialist

Consultant Microbiologist/ ICD

Infection Control Manager

Senior Infection Control Nurse Specialist

Infection Control Facilitator

Community Infection Control Nurse

Infection Control Nurse Specialist

Surveillance Co-ordinator

Hand Hygiene Coordinator

HAI surveillance assistant

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Infection Control Representation on Committees and Groups

Committee / Group	Representative(s)
Risk Management Group	Sheena Wright
	Sam Whiting
Clinical Governance Committee	Sheena Wright
	Sam Whiting
Clinical Risk Management Group	Adam Wood
Antimicrobial Management Team	Edward James
	Sam Whiting
HEI Task and Improvement Group	Edward James
	Sam Whiting
Decontamination Group	Edward James
	Sam Whiting
Hospital management Group	Sam Whiting
Patient Safety Work Stream Groups	Judith Machell
	Susan Taylor
Mandatory Training Group	Adam Wood
National HAI Education Leads Group	Adam Wood
Cleanliness Champions Management Group	Adam Wood
Scottish Anitmicrobial Prescribing Group (SAPG)	Adam Wood
SAPG Education Sub-Group	Adam Wood
Infection Control Care Home Network	Mark Clark
Public Health Protection Group	Mark Clark
Scottish Antimicrobial Prescribing Group	Sam Whiting
Clinical Supplies Group	Adam Wood
HAI Education Group	Adam Wood
MRSA National Rollout Group	Judith Machell
	Peter Machell
Occupation health & Safety Forum	Adam Wood
BGH Participation Group	Sam Whiting
Public Partnership Forum	Sam Whiting
Public Invovlement 'e-group'	Adam Wood

Consultation and Monitoring

This Work Plan is prepared and approved by the Infection Prevention & Control Team, Infection Control Committee and the Risk Management Board. The Work Plan is reviewed and amended as new national guidelines and local priorities are identified. Update reports on progress on the implementation of the Work Plan are presented to every meeting of the Infection Control Committee and at least annually to the Risk Management Board. Independent review, inspection and monitoring of infection control activities across the region is provided by the Healthcare Environment Inspectorate (HEI) within NHS Healthcare Improvement Scotland (NHS HIS).

Infection Control Work programme

Report Date: 05-04- 12

Live status summary: 89% of actions due for completion actually completed

11% of actions currently overdue

PROCESSES	Status as at 31st March 2012
Support the work of the Patient Safety Programme	Process Maintained
Managaing day to day case load of clinical and non-clinical infection control issues	Process not fully maintained during peak incidence of Norovirus
Providing clinical leadership on the management of outbreaks	Process Maintained
Maintaining effective infection surveillance including surgical site infection	Process Maintained
Delivering bespoke and scheduled infection control training to staff groups	Process Maintained
Bi-monthly reports to Board and regular updates to the Risk Management Board and other relevant committees	Process Maintained
Compile and distribute ward level infection surveillance data	Process Maintained
Conducting regular hand hygiene audits as part of the national campaign	Process Maintained
Maintain public involvement in infection and control activities	Process Maintained
Conduct inspections and audits of clinical areas	Process Maintained
Providing update reports for the Scottish Government on HAI as required	Process Maintained
Maintaining high visibility of the Infection Prevention & Control Team in clinical areas	Process Maintained

Theme	PROJECTS	Lead Officer	Deadline	Status	Comments / Critical Dependency
Infection Prevention & Control Team	Complete ADR and PDP for all staff	Sam Whiting / Adam Wood	31-Dec-11	Complete	
	Review compliance with IPCT and PSAB Communications Plan	Sam Whiting	31-Jan-12	Complete	
	Review potential to extend use of the SSIRS Web tool	Sam Whiting	31-Jul-11	Complete	
	Review Board compliance with HAI Standards	Sam Whiting	28-Feb-12	Complete	
	Review IPCT accommodation	Sam Whiting / Adam Wood	30-Sep-11	Complete	
	Migrate to shared drive including archiving old documents	Adam Wood	30-Jun-11	Complete	
	Review HAI risks and ensure robust ongoing process to assess and escallate risks	Sam Whiting	31-Jul-11	Complete	

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		Action	Responsible	Deadline	Status	Notes
SAB	Hickman Line subgroup	Audit compliance with Hickman insertion guidelines	Judith Machell	31-Aug-11	Complete	
		Develop medic education package	Edward James	30-Sep-11	Complete	
	PVC subgroup	Evaluate cannulae extension pack	Libby Noble	31-Mar-13	Green	Deadline extended as this is incorporated in IV therapy project
		Implement plan for PACs spread	Fiona Houston	30-Sep-11	Complete	
		Review PVC trolley use and stock	Libby Noble	31-Aug-11	Complete	
		Conduct regular PVC compliance audits	Sam Whiting	31-Mar-12	Complete	
		Consider extending timescale for PVC removal after 72 hours	Edward James	31-Mar-12	Complete	
		Explore potential to implement training for all staff involved in phlebotomy and venepuncture	Libby Noble	31-Mar-12	Complete	
	Urinary Catheter subgroup	Develop catheterisation policy	Alan McLaren / Fiona Brewster	31-May-12	Green	Deadline extended to incorporate learning from HOUDINI initiative
		Deliver education to staff who catheterise	Alan McLaren / Fiona Brewster	31-Mar-12	Complete	
		Implement competency assessments and certificates	Alan McLaren / Fiona Brewster	31-Mar-12	Complete	
		Review HPS urinary cather infection audit tool	Judith Machell	30-Nov-11	Complete	
		Review of evidence-based measures to reduce CAUTI	Edward James	31-Mar-12	Complete	
		Monitor urinary catheter use by ward	Lynsey Forsyth	31-Oct-11	Complete	
		Implement patient-held record	Mark Clark / Alan McLaren / Fiona Brewster	30-Sep-12	Green	Deadline extended to incorporate learning from HOUDINI initiative
		Review NES e-learning programme for catheter care	Alan McLaren / Fiona Brewster	31-Oct-11	Complete	
		Consider a process measure relating to urinary catheterisation	Edward James	31-Mar-12	Complete	Superceeded by HOUDINI initiative
		Develop and implement an audit tool for monitoring catheterisation practice	Alan McLaren / Fiona Brewster	31-Mar-12	Complete	Superceeded by publication of national tool
	Wound Management subgroup	Consider further measures with Wound Management Group	Edward James	31-Mar-12	Complete	
		Develop wound care policy	Elaine Peace	30-Sep-12	Green	
	Blood Culture subgroup	Review feedback of contaminated samples by ward	Edward James	30-Nov-11	Complete	
		Review Blood Culture Policy	Edward James	31-Jan-12	Complete	
		Develop education package	Edward James	28-Feb-12	Complete	
		Implement national standardised definition for contaminated samples	Edward James	30-Nov-13	Green	Awaiting national guidance
	Data subgroup	Customise ICNet to include RCA process	Lynsey Forsyth	31-Dec-11	Complete	
	Actions arising from RCA					
		Consider future requirement for PSAB Group	Sam Whiting	31-Mar-12	Complete	

Category	Action	Owner	Date	Status	Comment
Carbapenemase Producers	Develop a carbapenemase containment plan (including identifying isolation areas, criteria for ward closure / re-opening, process for screening contacts)	Edward James	30-Sep-11	Complete	
	Ensure Board and Executive make it a high priority to minimise carbapenemase spread, and are supportive of all prevention and eradication measures	Sheena Wright	31-May-11	Complete	
	Optimise and review laboratory methods to detect producers	Terry Fairbairn	31-May-11	Complete	
	Develop an effective decontamination strategy for equipment. Employ dedicated or single use equipment where decontamination is impractical	Adam Wood	30-Sep-11	Complete	
	Implement national guidance on surveillance and management of Carbepenamases	Edward James	31-Mar-12	Complete	Awaiting guidance from Healthcare Improvement Scotland
	run awareness and training campaign for medical and nursing staff	Adam Wood / Edward James	31-May-12	Green	Nurses education has commenced. Medics commences in April 2012
	Screen high risk patients on admission	Mairi Pollock	31-Dec-12	Green	Revised documentation tested and consulted. Feedback currently being considered prior to printing and rollout of final version
	Implement isolation strategy at triage / admission for high-risk paitents	Mairi Pollock	31-Dec-12	Green	
Clostridium difficile	Review CDI policy in the light of the N.Ireland report	Adam Wood	31-Oct-11	Complete	
	Ward staff to record in patient notes when patient with alert organism cannot be isolated	Mairi Pollock	31-Dec-12	Green	Linked to roll-out of new nursing assessment form
	Review use of CDI bundle	Adam Wood	31-Oct-11	Complete	
	Develop and implement CDI RCA process	Edward James	31-Jul-12	Green	Currently testing new SAB RCA process using ICNet
	Complete N.Ireland CDI report gap analysis	Sam Whiting	31-Jul-11	Complete	
	Develop process for monitoring all patient movement	Sam Whiting	31-Dec-11	Complete	
	Review national guidance relating to patient movement	Sam Whiting	31-Mar-13	Green	Awaiting national guidance from HPS
	Consider routine reporting of days between CDI deaths	Judith Machell	30-Jun-11	Complete	
	Review dress code policy	Sam Whiting	30-Jun-11	Complete	
	Review HPS CDI trigger tool	Adam Wood	31-Oct-11	Complete	
	Implement automated e-mail alerts through ICNet	Lynsey Forsyth	31-Jul-11	Complete	
	Review implications of new death certification policy once relaesed	Ross Cameron	31-Mar-12	Complete	Awaiting revised guidance from SGHD
Decontamination	Develop a proposal for introducing sterile at point of use for Dental	Pauline Hogg	31-Dec-11	Red	Requesting support from BIST due to scale and implications of project
	Develop a proposal for introducing sterile at point of use for Podiatry	Pamela Gordon	31-Dec-11	Red	
	Consider testing or RO water suuply to washer disinfectors (dental)	Edward James	31-Dec-11	Complete	
	Review use of decontamination certificates and raise profile	Billy Hog/Adam Wood	30-Nov-11	Complete	
	Review decontamination competency assessments for staff	Morag Henderson	31-Mar-12	Red	Staff competency reviews have commenced but not all are completed
	Consider protein testing for ensoscopy	Morag Henderson	31-Dec-11	Red	update to follow
	Develop audit programme for endoscopy	Morag Henderson	31-Dec-11	Red	update to follow
	Implement CJD patient risk assessment	Sam Whiting	31-Mar-12	Red	Project Group is being established
	Implement national guidance for procurement of reusable and communal equipment	Sam Whiting/Adam Wood	31-Mar-13	Green	Awaiting revised guidance from National Procurement
	Review roles and responsibilities for decontamination of reusable medical equipment	Sam Whiting	31-Mar-13	Green	Awaiting revised guidance from Health Facilities Scotland
Education	All clinical staff to complete the Standard Precuations e-learning module	Calum Campbell (BET)	31-Mar-12	Complete	Compliance monitored through performance scorecards
	Review training relating to cleaning and decontamination	Adam Wood	31-Mar-13	Green	Awaiting training programe from NHS Education Scotland
	Review national framework for HAI education	Adam Wood	31-Mar-12	Complete	Superceeded by NHS Borders participation in national development in HAI training
	Enhance data provision on the intranet	Lynsey Forsyth	28-Feb-12	Complete	
	Develop quality assurance process for HAI education	Adam Wood / Edward James	31-Jan-12	Complete	
	Clarify staff infection Control mandatory training requirements	Adam Wood	31-Mar-12	Red	Full review has commenced. Further consultation and development progressing

Audit	Deliver infection control audit programme	Mark Clark	31-Mar-12	Complete	
		Judith Hedges			
		Judith Machell			
		Daryl DuBois			
	Develop and implement process to celebrate success	Sheena Wright	30-Jun-11	Complete	
	Consider audit of compliance with ice machine maintenance	Sam Whiting	31-Mar-12	Complete	
	Implement standardised audit action and implementation review and escallation process	Sam Whiting	31-Aug-11	Complete	
	Implement national audit tool for hand hygiene compliance and technique	Judith Hedges	31-Mar-13	Green	Awaiting guidance from Health Protection Scotland
Policies & guidelines	Review infection control element of proposed nursing documentation	Adam Wood	30-Jun-11	Complete	
	Consider re-classifying "Policies" as "Guidance" or "Protocols"	Adam Wood	31-Mar-12	Complete	
	Implement revised national MRSA screening process	Judith Machell	31-Mar-12	Complete	
	Update MRSA policy with revised screening and decolonisation process	Edward James	31-Jul-12	Green	Deadine revised as awaiting results from pilot study
	Review process for HAI death certification, communication and review	Ross Cameron	31-Mar-12	Complete	
	Review Infection Control element of Adult Unitary Patient Record	Adam Wood	30-Sep-11	Complete	
	Produce an Admission Assessment and action algorithm	Adam Wood	31-Dec-11	Complete	Superceed by NHS Borders RAT form
	Implement national guidance on surveillance and management of PVL	Edward James	31-Mar-13	Green	Awaiting guidance from Health Protection Scotland
	Implement national infection prevention and control guidance	Adam Wood	31-Mar-13	Green	Awaiting guidance from Health Protection Scotland
	review national standard operating procedures for laboratory testing	Peter Machell	31-Mar-13	Green	Awaiting guidance from Health Protection Scotland
	Review measures for application of Standard and Transmission precautions	Adam Wood	31-Mar-13	Green	Awaiting guidance from Health Protection Scotland
	Provide hand hygiene guidance in non hospital settings	Judith Hedges	31-Mar-12	Complete	Awaiting guidance from Health Protection Scotland
Public Involvement	Audit patients receiving HAI information leaflets	Sam Whiting	31-Mar-12	Complete	Superceed by NHS Borders RAT form
	Implement infection updates using TV screens	Sam Whiting	31-Mar-12	Complete	
	Enhance data provision on the internet	Lynsey Forsyth	31-Mar-12	Complete	
	Review infection control data displayed in clinical areas	Judith Machell	31-Mar-12	Complete	
	Update PPF and BGH Groups in relation to new MRSA screening process	Sam Whiting	30-Sep-11	Complete	
Surveillance	Develop "days between" surveillance graphs	Lynsey Forsyth	31-Jul-11	Complete	
	Develop ESBL surveillance	Judith Machell	30-Sep-11	Complete	
	Develop surveillance for new MRSA	Judith Machell	31-Aug-11	Complete	
	Develop VRE surveilllance	Judith Machell	30-Sep-11	Complete	
	Develop Carbapenemese surveillance	Judith Machell	30-Sep-11	Complete	
	Develop hospital acquired bacteraemia surveillance	Judith Machell	31-Dec-11	Complete	
	Review and implement national trigger tools	**Sam Whiting**	**31-Mar-12**	**Red**	**Awaiting ICNet functionality**
	Conduct historic review of re-admission rates	Sam Whiting	31-Mar-12	Complete	
	Introduce monthly psuedomonas surveillance on all clinical samples	Judith Machell	31-Mar-12	Complete	
	Implement national endoscope and surgical instrument incident surveillance	Sam Whiting	31-Mar-13	Green	Awaiting guidance from Health Protection Scotland
	Consider implementing national invasive device surveillance in Renal Unit	**Sam Whiting**	**31-Mar-12**	**Red**	
	Combine AMT and infection data	Anne Duguid	31-Jan-12	Complete	
		Sam Whiting			
	Conduct national HAI point prevalence survey	Anne Duguid	30-Nov-11	Complete	Awaiting guidance and training from Health Protection Scotland
		Judith Machell			
	Implement national pressure ulcer infection surveillance	Judith Machell	31-Mar-12	Complete	Superceeded by CQI work
	Create blood culture database including the routine surveillance of contaminated blood samples by Clinician	**Judth Machell**	**31-Mar-12**	**Red**	**Awaiting development of ICNet**

Premises / Environment	Infection control advice on premises developments	BGH - Renal Unit	Adam Wood	31-Mar-12	Complete	
		BGH - Ward 14	Adam Wood	31-Mar-12	Complete	
		Ward 11 / Stroke / Margaret Kerr	Adam Wood	31-Mar-13	Green	
		BGH - A&E	Adam Wood	31-Mar-13	Green	
		Haylodge - Day services	Adam Wood	31-Mar-12	Complete	
		Lauder Health Centre	Adam Wood	31-Mar-13	Green	
		The Briggs (flooring)	Adam Wood	31-Mar-13	Green	
		Jedburgh Health Centre	Adam Wood	31-May-12	Green	Work nearing completion
		Roxburgh Street	Adam Wood	31-Mar-13	Green	Linked to reprovision of SAS base
	Implement revised national cleaning standards		Jane Gething	31-Mar-13	Green	Awaiting revised specification from Health Facilities Scotland
	Implement Domestic Monitoring Tool		Jane Gething	31-Mar-13	Green	Awaiting revised specification from Health Facilities Scotland
	Implement revised HAI SCRIBE tool		Gary Arkley	31-Mar-13	Green	Awaiting revised guidance from Health Facilities Scotland
	Implement national guidance for terminal cleaning		Jane Gething	31-Mar-13	Green	Awaiting revised specification from Health Facilities Scotland
	Implement standardised system for cleaning patient care equipment		Jane Gething	31-Mar-13	Green	Awaiting revised specification from Health Facilities Scotland
Care Homes	Develop care work Work Plan		Mark Clark	30-Sep-11	Complete	
	Maintain care home network		Mark Clark	31-Mar-12	Complete	Transferred to 2012/13 processes
	Review and implement national guidance and tools relating to Care Homes		Mark Clark	31-Mar-12	Complete	Awaiting guidance from Health Protection Scotland

Completion Status:-	Complete = Action completed
	Green = On target for completion by specified date
	Amber = Concern - Deadline within 50 days
	Red = Action not completed within specified timescale