**Borders NHS Board**



## HEALTHCARE ASSOCIATED INFECTION  CONTROL AND PREVENTION REPORT – NOVEMBER 2009

**Aim**

The purpose of this paper is to update members of NHS Borders' Board of current status of healthcare associated infections and infection control measures in NHS Borders.

**Background**

Board members will remember that in line with the NHS Scotland HAI Action Plan 2008, there is a requirement for a Healthcare Associated Infection Control and Prevention report to be presented to the Board on a two monthly basis.

This report covers:
- Current incidence and prevalence of MRSA, MSSA and clostridium difficile, along with a comparison against rates in NHS Scotland
- Hand hygiene compliance in respect of staff and visitors (Action 4.3 – appendix 2)
- Facilities on a hospital basis (Action 5.1 – appendix 2)
- Progress on implementation of Scottish Patient Safety Programme (HAI elements) (Action 8.1 – appendix 2)
- HAI incidents and issues recorded on the NHS Board's Risk Register reporting systems (Actions 13.1 & 13.2 – appendix 2)

**Summary**

This report shows good progress against the NHS Scotland HAI Action Plan, and consistent performance in relation to infection control and prevention.

**Recommendation**

The Board is asked to **note** this report.

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

| **requirements on Equality and Diversity** | |
|---|---|
| **Resource/Staffing Implications** | None identified. |

## Approved by

| **Name** | **Designation** | **Name** | **Designation** |
|---|---|---|---|
| Leonie Smith | Interim Director of Nursing and Midwifery | | |

## Author(s)

| **Name** | **Designation** | **Name** | **Designation** |
|---|---|---|---|
| Adam Wood | Acting Senior Infection Control Nurse Specialist | Leonie Smith | Acting Director of Nursing and Midwifery |

**APPENDIX 1**

**HEALTHCARE ASSOCIATED INFECTION – INFECTION CONTROL REPORT – NOVEMBER 2009**

**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 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, all actions are either completed or on target to be completed within the prescribed timescales. Actions 3.1 & 10.1 are both anticipated to be completed by the Board Meeting in January 2009 There has been significant progress with action 3.1, relating to HAI SCRIBE in the built environment and the survey tool is anticipated to be completed and in use by end December 2009. Progression with recruitment to full complement of the NHS Borders Infection Control Team continues and is expected to be completed by end November 2009. Longer term solutions for Locum Microbiologist cover have also been arranged until full recruitment to that post.

**Incidence of Healthcare Associated Infections**
There are currently mandatory reporting requirements for Meticillin sensitive and resistant *Staphlyococcus 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 September 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).
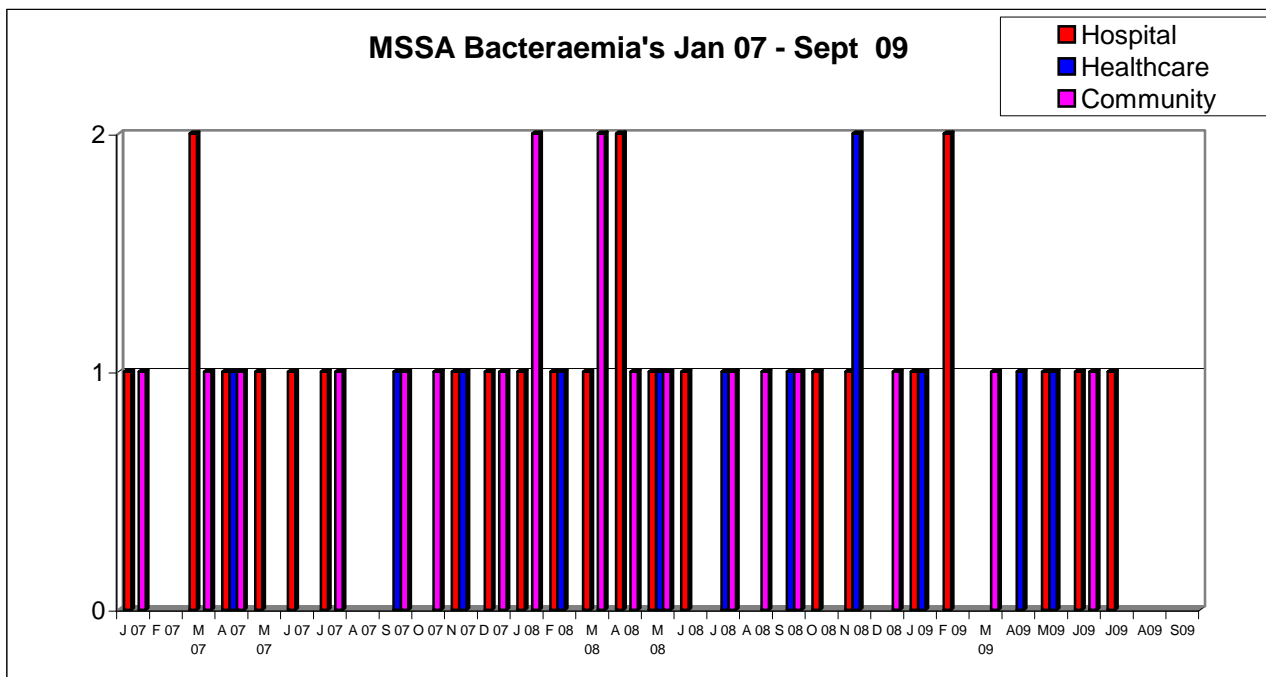


**Figure 1**

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**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.

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**Meticillin Resistant *Staphylococcus aureus* (MRSA) Bacteraemias**

There have been a total of 27 cases of MRSA bacteraemias between January 2007 and September 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).
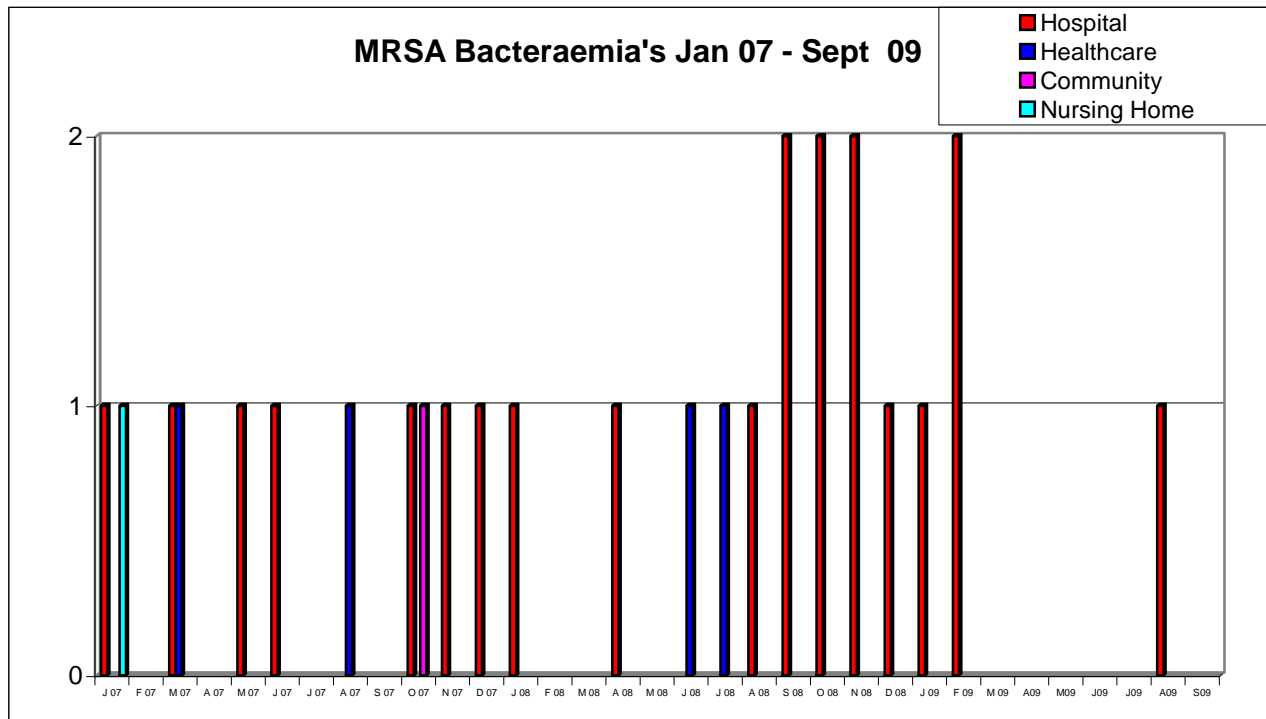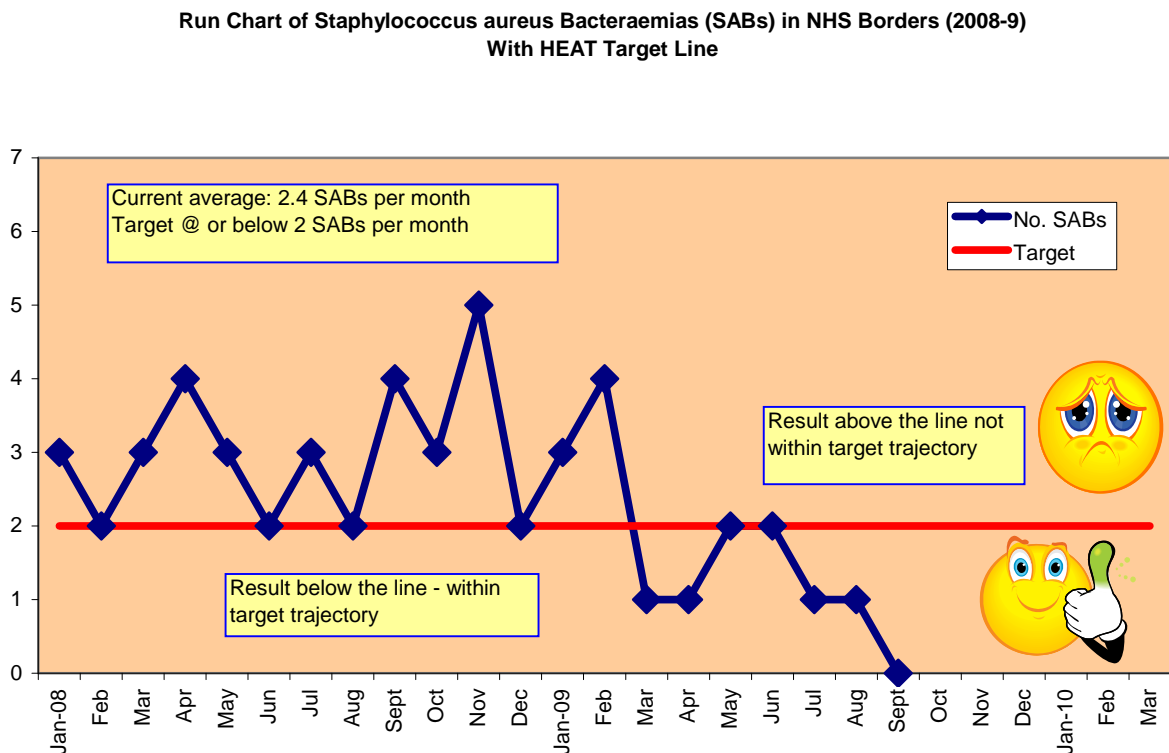


**Figure 2**

> ### 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

## 1.2   Current HEAT status

**Run Chart of Staphylococcus aureus Bacteraemias (SABs) in NHS Borders (2008-9)
With HEAT Target Line**



**Figure 3**

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).

| | NHS Scotland | | | Borders | | |
|---|---|---|---|---|---|---|
| Quarter | 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          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 are facilitating and supporting 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. We are on target to meet deadline of Jan 09

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 211 cases of *Clostridium difficile* infections in the BGH between July 2007 and September 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 211 C*lostridium difficile* infections diagnosed in the twenty-seven month period between July 2007 and September 2009; one occurred in 2007, one in 2008 and two in 2009.

There have been a total of 17 cases of *Clostridium difficile* infections in the Community Hospitals between Jan and September 2009, with an average of 2 cases per month.
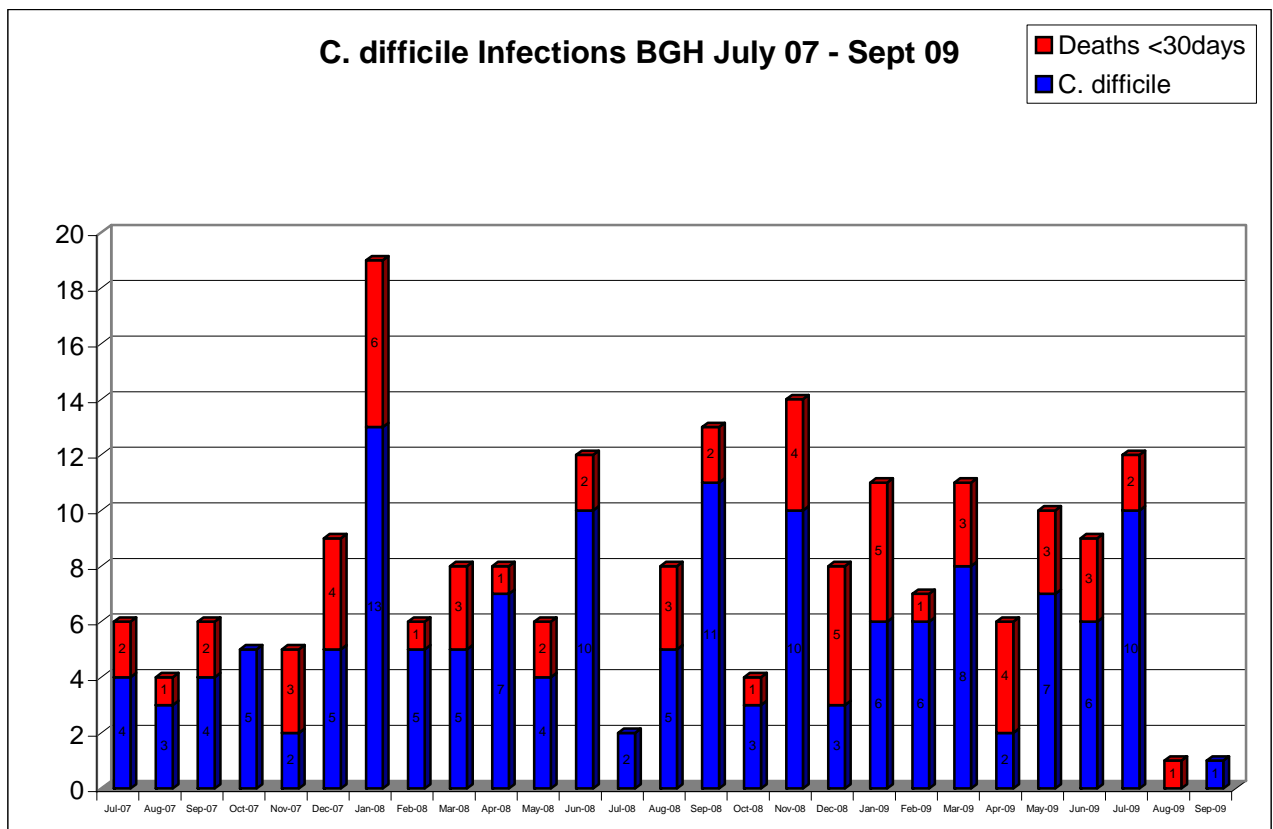


**Figure 4**

## 2.2 Current HEAT status

A minimum 30% reduction c diff cases is to be achieved by March 2011; this refers only to diarrhoeal specimens from patients over the age of 65.
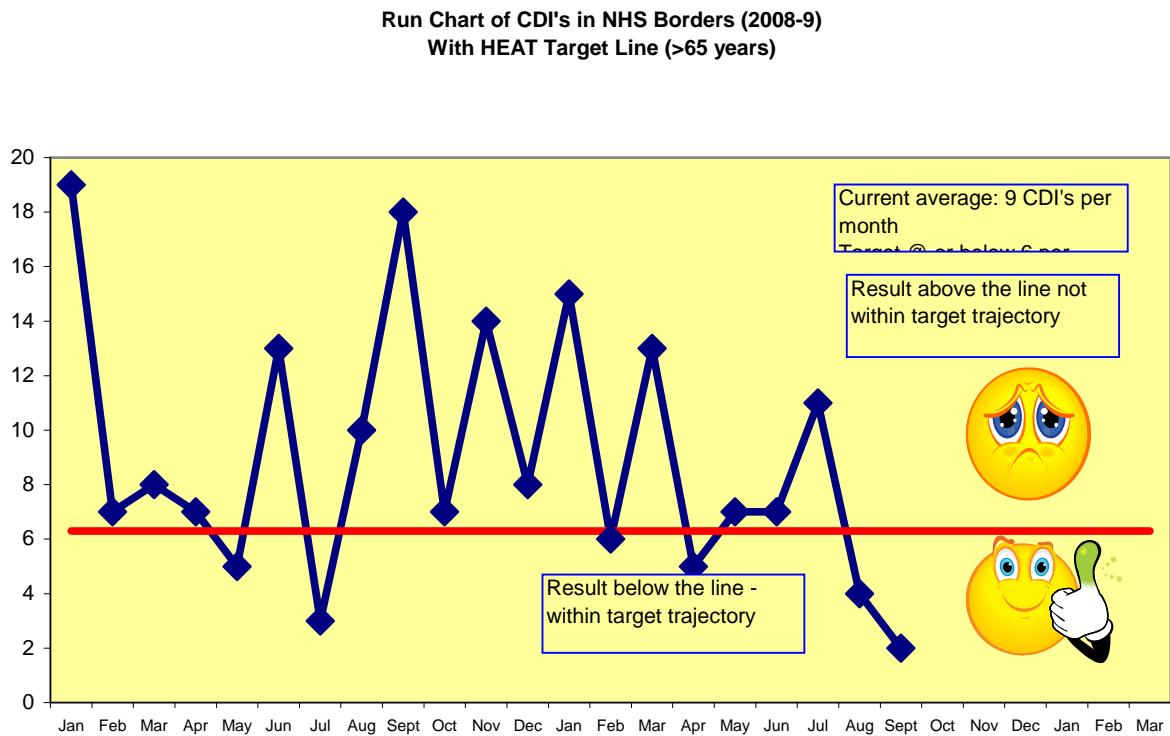
**Run Chart of CDI's in NHS Borders (2008-9)**
**With HEAT Target Line (>65 years)**



Current average: 9 CDI's per month
Target @ or below 6 per

Result above the line not within target trajectory

Result below the line - within target trajectory

**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 |
| Scotland (overall) | 996 | 311 | 0.78 | 0.80 | 1.29 |

*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 is nearing completion with final draft anticipated November 2009.

- Lead Antimicrobial Nurse is now in post.

- CDAD management and prevention tools for use at ward level continue to be trialled in three wards; although essential monitoring continues by the ICT, including the CDAD Bundle through the Scottish Patient Safety Programme

- Introduction of new CDAD management guidelines (2009)

- Further guidance has been issued from SG supporting management of CDI in the wider community setting

- A severe case investigation tool is now ready for use when required

- 'Antimicrobial ward rounds' have now commenced bi-weekly with Anne Duguid, Antimicrobial Pharmacist and the Consultant Microbiologist. Although consultant cover continues to be covered by a locum, this activity has been maintained with

each subsequent locum in order to strengthen and support antimicrobial stewardship by the ward staff

- Guidance from SG has been provided to support the decision making around the inclusion of HAI, including CDI, on death certificates

2.5 Pan-Board, hospital or specialty specific problems identified

- Complete review and publish NHS Borders antimicrobial guidelines.

- NHS Borders recruitment plans continue for Consultant Microbiologist as a vacant post remains. Locum coverage and on-call arrangements have continued in the interim, but a longer term temporary solution will be in place from November 2009

## 3 Hand Hygiene (HH) programme

3.1 Short / medium / long term trends in compliance

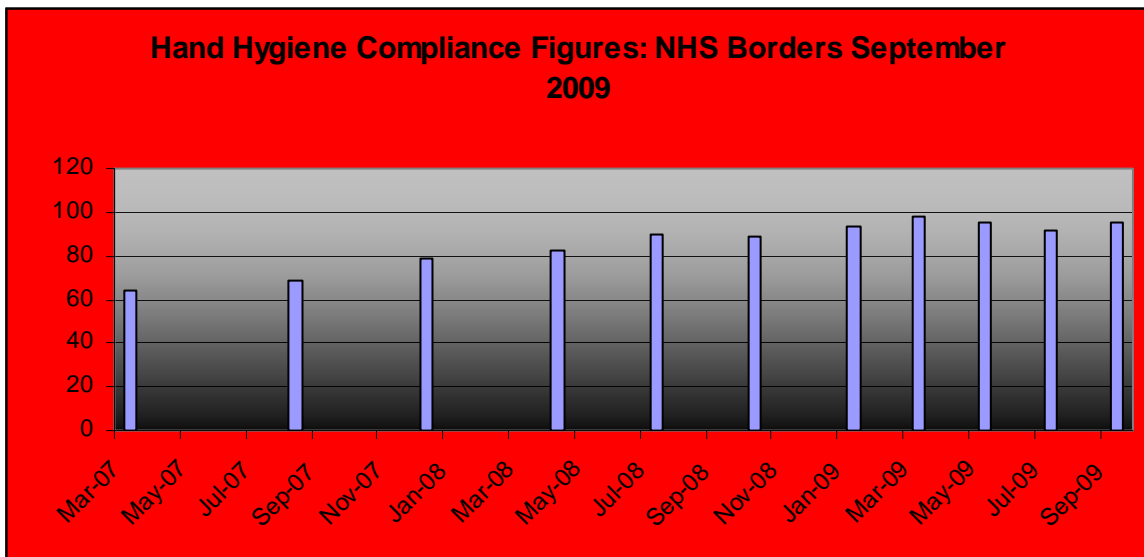NHS Borders has continued to promote a zero tolerance to non compliance with hand hygiene



Fig 6

The latest National Audit results for NHS Borders have demonstrated an increase in compliance from 92% in July to 95% in September.

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

Audit results for compliance with hand hygiene opportunities, NHS Scotland
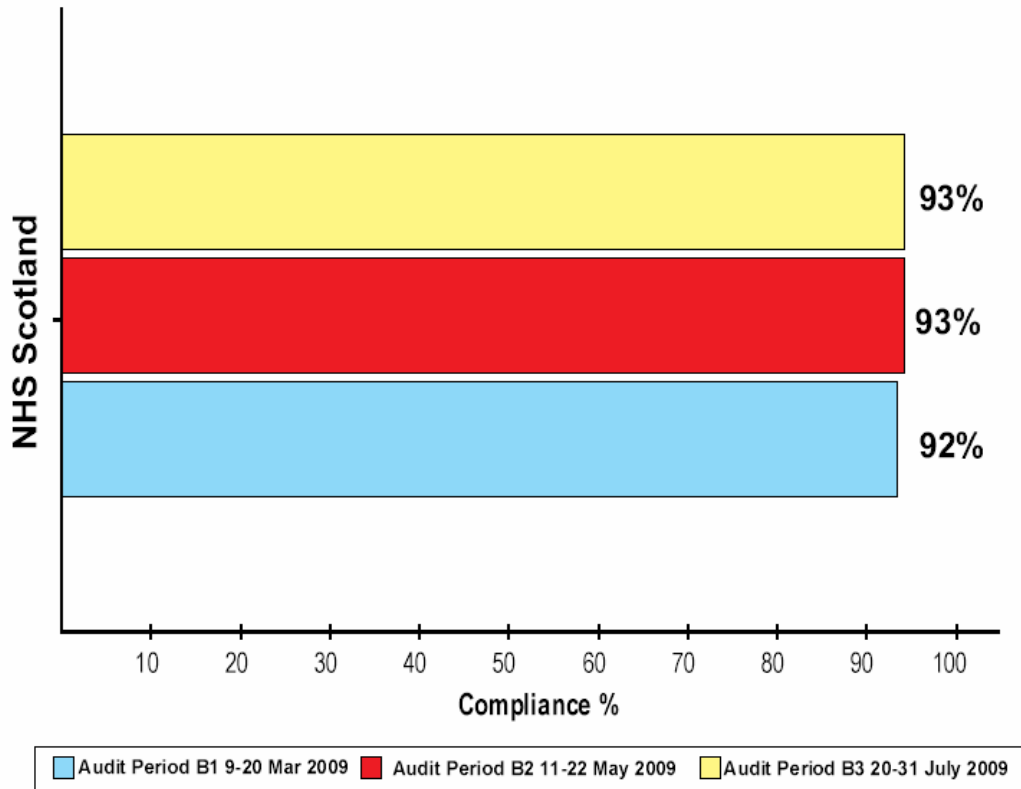


**Fig 7**

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

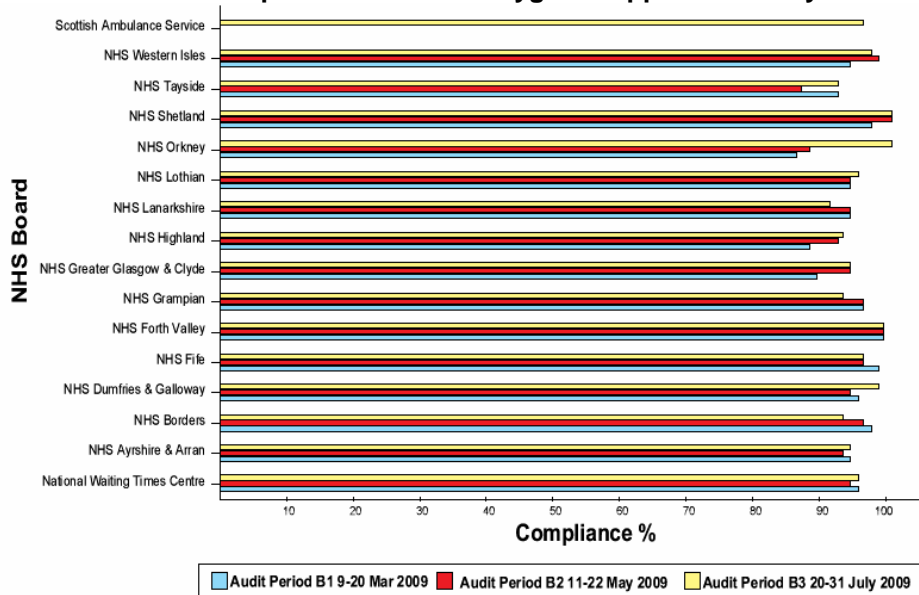**Audit Results for Compliance with Hand Hygiene Opportunities by NHS board:**



**Fig 8**

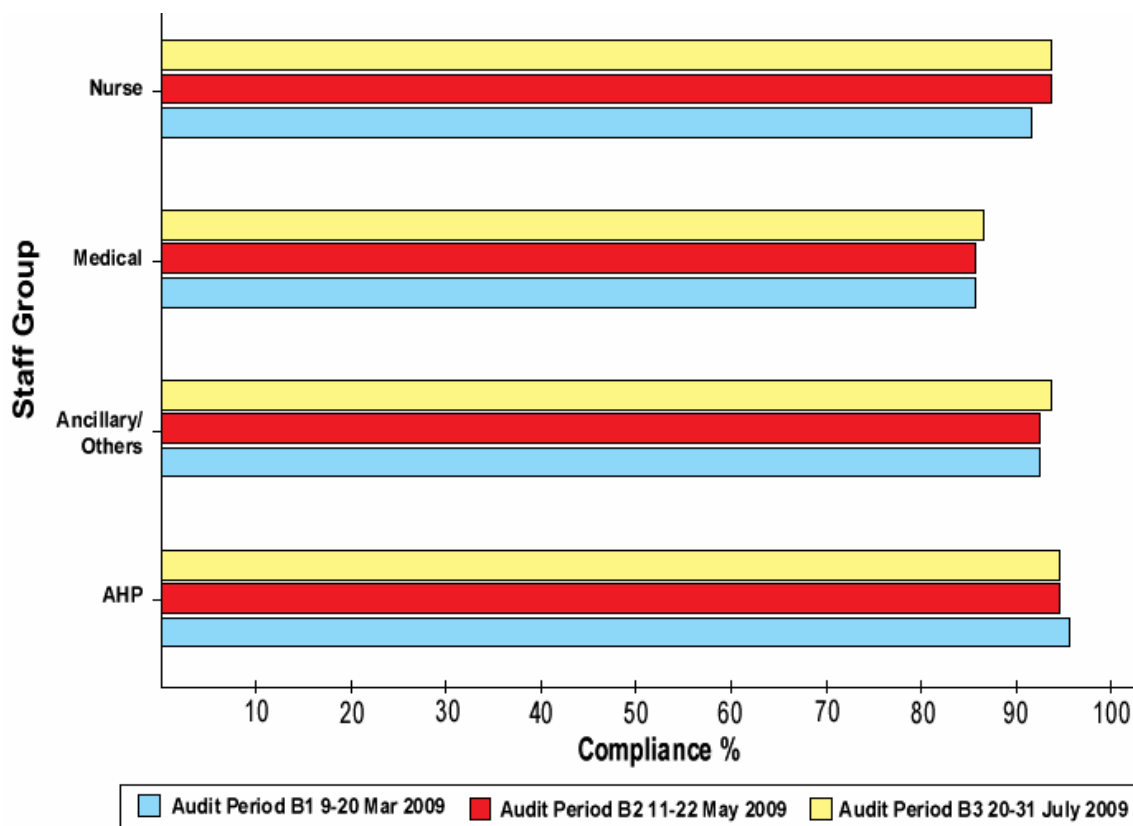**Summary of Results by staff group, NHS Scotland**



**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.

|  | *Nurse* | *Medical* | *AHP* | *Ancillary/Other* |
|---|---|---|---|---|
| NHS Borders | 95% | 95% | 96% | 95% |

Table 4

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

- The hand hygiene Coordinator continues to promote good practice in the Primary Care setting with similar sessions on hand hygiene training being provided for the Health Centres, Practice Nurses and Health Visitors. This is being done in conjunction with Alasdair Pattinson, Clinical Locality Manager/ Lead AHP. The continued roll-out of the Hand Hygiene Campaign to primary care has been supported further by a Border's wide "road-show" which commenced on the 19th of October at Galashiels Health Centre. Alasdair Pattinson, Judith Purves and two public involvement volunteers showed staff and patients that good hand hygiene is an essential component for infection prevention. The staff are also being encouraged to participate in training workshops, which have been offered by the hand hygiene co-ordinator.

- The UV light-boxes have been on loan to the School Nurses who have shown the Borders School children the importance of good hand hygiene. The emphasis on washing hands after coughs and colds has been highlighted in view of the potential H1N1 virus spread
- NHS Borders' Hand Hygiene Coordinator continues to be closely involved with the roll out of the Scottish Patient Safety Programme (SPSP) Hand Hygiene bundle. In addition, many wards are recording hand hygiene compliance figures. These are held within the ward area and results are also sent to the SPSP Administrator for reporting.
- Regular spot audits continue to be undertaken by the hand hygiene coordinator to enable an assessment of the wards compliance and awareness to be monitored. Ward Managers are also being asked to conduct fortnightly hand hygiene audits
- 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.
- UV lightbox training is 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
- The GOJO/Purell representatives have agreed to carry out Dispenser site surveys in all the GP practices in the Borders. The Practices that want non-touch dispensers will be supplied with them and have the installation completed free of charge.

- Health Protection Scotland has provided all Health Boards with new Hand Hygiene Public Information Leaflets. These leaflets will be sent out with all elective admissions letters from NHS Borders, raising awareness on good hand hygiene prior to patients coming into hospital. New staff leaflets have also been produced and these will be given out during hand hygiene training sessions.

- The new public toilets at the front door are to have Dyson Hand Dryers installed on a month's trial. If they are suitable for purpose, they will be purchased with a view to extending the use of the dryers into other areas.

- Hand Hygiene Monitor Badges are being trialled on Wards Twelve and Eight and at Galavale. The trial will run for six weeks to ascertain if this has a positive impact on hand hygiene compliance and awareness.

- Ward areas will have their stock levels of the 60ml hand gel bottles increased; this was organised with the wards and the stores manager.

- There has been a very positive uptake from Mental Health Staff with regards training; the majority of Community facilities have taken up the offer of further education on hand hygiene.

- In conjunction with Scottish Borders Council (SBC), Care Home Managers will be offered a practical session on hand hygiene education. Glow boxes have been supplied to SBC as a training aid from NHS Borders and it is hoped the training will allow this facility to be used to best advantage.

- Electronic visual displays to promote hand hygiene are being considered, including the possibility of trialling them.

- There is a letter being issued to staff reminding them how to access infection control training, including the cleanliness champions programme and the stand alone hand hygiene programme

- Health Facilities Scotland is progressing plans to survey the NHS Estate later in 2009. The ICT have not highlighted any new 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.

**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. Increased training events and further informal audits will be carried out by ward staff and reported back to the hand hygiene co-ordinator, who will also carry out informal auditing before the next National Auditing period in November.

The promotion and monitoring of good hand hygiene 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

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

| | | Total Value of Items Checked | Total Value of Items Passed | Total % Pass | Peer Review | Public Involvement |
|---|---|---|---|---|---|---|
| Month 1 | **Apr** | 12 333 | 11 992 | 97.2 | NO | NO |
| Month 2 | **May** | 12 930 | 12 517 | 96.8 | NO | NO |
| Month 3 | **Jun** | 13 557 | 13188 ` | 97.3 | YES | YES |
| Month 4 | **Jul** | 12519 | 12165 | 97.2 | NO | NO |
| Month 5 | **Aug** | 12798 | 12405 | 96.9 | NO | NO |
| Month 6 | **Sept** | 13521 | 13110 | 97.0 | YES | NO |
| | | | | | | |
| Quarter 1 | **Apr-Jun** | 25 263 | 24 509 | 97.0 | x | x |
| Quarter 2 | **Jul-Sep** | 38838 | 37680 | 97.0- | x | x |
| Total | | 77658 | 75377 | 97.1 | x | x |

Table 5

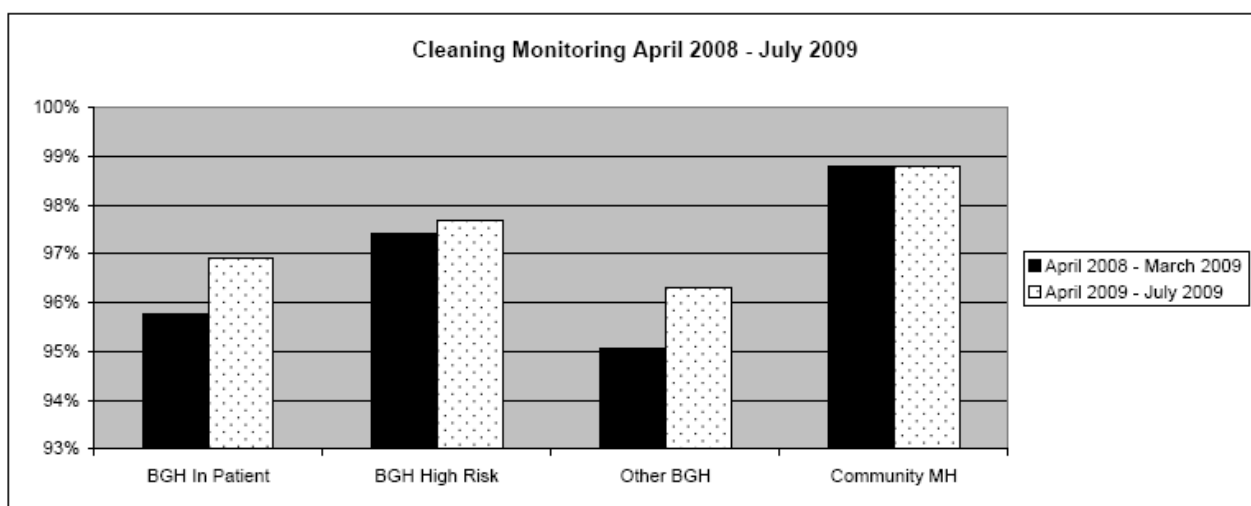Cleaning Monitoring April 2008 - July 2009

**Fig 10**

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

| Health Board | 3rd quarter Oct-Dec 2008/2009 Total % Pass | 4th quarter Jan-Mar 2008/2009 Total % Pass | Annual April 2008 – April 2009 Total % Pass | 1st quarter April-May 2009/2010 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 6**

4.3   Current/new initiatives in improving cleaning

- National Training has now been organised for the new Steam Cleaners and is expected to be completed December 2009

- There is continued public involvement in the cleaning monitoring and they will be a welcome addition to the team this year.

- A new wave of training for general services staff is planned for November. This will include instruction on the use of cleaning fluids; general infection control (including an update with regard to H1N1) and hand hygiene.

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 in 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 in included**

### 6.1

**Performance Against NHS Scotland Action Plan 2008**

| | April - 09 | May - 09 | June - 09 | July - 09 | August -09 | September -09 | October -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 | | | | | | | |

**Performance Against NHS Scotland Action Plan 2008**

| | April - 09 | May - 09 | June - 09 | July - 09 | August -09 | September -09 | October -09 |
|---|---|---|---|---|---|---|---|
| 4.1 - NHS Boards to have 'zero tolerance' to non-compliance with hand hygiene | | | | | | | |
| 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 | | | | | | | |

**Performance Against NHS Scotland Action Plan 2008**

| | April - 09 | May - 09 | June - 09 | July - 09 | August -09 | September -09 | October -09 |
|---|---|---|---|---|---|---|---|
| 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 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 | | | | | | | |

**Performance Against NHS Scotland Action Plan 2008**

| | April - 09 | May - 09 | June - 09 | July - 09 | August -09 | September -09 | October -09 |
|---|---|---|---|---|---|---|---|
| 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 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) | | | | | | | |

**Performance Against NHS Scotland Action Plan 2008**

| | April - 09 | May - 09 | June - 09 | July - 09 | August -09 | September -09 | October -09 |
|---|---|---|---|---|---|---|---|
| 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 | | | | | | | |

**Fig 11**

### 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 now progressing with implementation of the new structure. Proposed completion date for full complement of team is November 2009.

*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 in 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 in included**

**OCTOBER 2009**

| |
|---|
| **Action: 2.1 All Boards will empower their Charge Nurses to deliver against their responsibilities**<br>**Lead:** NHS Boards: Chief Executives<br>**Completion Date:** October 2008    **Status: COMPLETED** |
| **Progress:**<br>Charge Nurses are responsible for ensuring systems are in place for reducing the incidence of HAI by:<br>• setting cleaning specifications with General Services Mangers<br>• ensuring action is taken where the cleaning specifications are not met<br>• participating in audits as agreed by the Infection Control Team<br>• ensuring staff are aware of and fully implement all aspects of infection control policies and procedures<br><br>These responsibilities will be reiterated during the Leading Better Care implementation. |
| **Comments/Outstanding Actions:** Nil |

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|---|
| **Action: 2.2 Implement the recommendations in the Senior Charge Nurse Review**<br>**Lead:** NHS Boards: Chief Executives<br>**Completion Date:** December 2010    **Status: GREEN** |
| **Progress:** Thirty Senior Charge Nurses working within hospital in-patient settings across the BGH, Community Hospitals and Mental Health will be supported to realign their current role to fit within the modernised role framework, outlined in Leading Better Care.<br><br>The implementation will occur over a two-year period as follows:<br>• Cohort 1:    Sept / Jan 2009<br>Completed<br>• Cohort 2:    Jan / April 2009<br>In progress<br><br>• Cohort 3:    May / Sept 2009<br>• Cohort 4:    Oct / Jan 2010<br>• Cohort 5:    Feb / May 2010 |
| **Comments/Outstanding Actions:** Implementation plan is on target |

**Action:  3.1 HAI SCRIBE (Healthcare Associated Infection System for Controlling Risk in the Built Environment) sections 3 &4 to be applied to all existing buildings to ensure fabric of healthcare facilities maintained to minimise risk of infection**
**Lead:**  NHS Boards: Chief Executives
**Completion Date:**  August 2008  **Status:  AMBER**

**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.

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.

There are now meetings in progress with HFS and Estates representatives from all boards.

**Comments/Outstanding Actions:**
Working documentation from HFS (SG) will now be ready for use, December 2009

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**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**

**Progress:**  See action 5.1 below
**Comments/Outstanding Actions**: Nil

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**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**

**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.

Now being followed up with management and clinical leader action including ad hoc audits of hand hygiene compliance.

**Comments/Outstanding Actions:** Nil

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**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**

**Progress:**
Hand hygiene compliance for staff now reported to NHS Borders' Board every two months.
**Comments/Outstanding Actions:** Work in progress to develop and implement

processes to monitor and report on hand hygiene compliance amongst visitors and patients; there is now an audit proforma for monitoring hand hygiene compliance of visitors. This will be piloted and subsequently implemented by NHS Borders LHHC and public representative volunteer

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**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:**

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**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:**

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| **Action:  6.1 All patients to receive information on HAI**<br>**Lead:**  NHS Boards: Chief Executives<br>**Completion Date:**  November 2008      **Status: COMPLETED** |
| **Progress:**<br>HAI leaflets are available.<br><br>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.<br>On admission, patients are either given the ICT produced, or unit specific leaflets. The unit specific leaflets now incorporate explicit HAI information. |
| **Comments/Outstanding Actions:**<br>Audit of implementation to be performed end March 2009 |

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

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

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

**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: COMPLETED**

**Progress:**
Included in two monthly HAI report to the Board.

**Comments/Outstanding Actions:** Nil

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**Action: 9.3.1 NHS Board's infection control policies include primary and community care**
**Lead:** NHS Boards: Chief Executives
**Completion Date:** December 2008          **Status: COMPLETED**

**Progress:**
Infection control policies apply to all areas within NHS Borders

**Comments/Outstanding Actions:**

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**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:**
- **Human resources**
- **Equipment**
- **Budget**

**Lead:** NHS Boards
**Completion Date:** October 2008  **Status: RED**

**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.

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 November 2009.

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.

**Comments/Outstanding Actions:**
The recruitment process has commenced: there is a longer term locum solution in place from 1st November for the consultant microbiologist; the re-designed ICM and community ICN posts have now been advertised and it is anticipated that the appointments will be agreed in November. Proposed completion date for full complement of team in the new structure November 2009.

**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: COMPLETED**

**Progress:**

**Comments/Outstanding Actions:**
Guidance from SGHD has now been delivered to Boards

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**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: COMPLETED**
**Progress:**  Complete for all control limits given by HPS
**Comments/Outstanding Actions:** Nil

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**Action:  13.1 NHS Boards Risk Register details HAI risks**
**Lead:**  NHS Boards: Chief Executives
**Completion Date:**  September 2008          **Status: COMPLETED**
**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.

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

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**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: COMPLETED**
**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:** COMPLETED |
| **Progress:** <ul><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> |
| **Comments/Outstanding Actions:** <br> 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. |

| Action: 16.2 Infection Control staff undertake appropriate level of education and training |
| --- |
| **Lead:** NHS Boards: Chief Executives |
| **Completion Date:** April 2009      **Status:** COMPLETED |
| **Progress:** <br> Complete for existing staff. <br><br> Training needs for new staff will be established on recruitment and on an on-going basis through the appraisal and KSF system. |
| **Comments/Outstanding Actions:** <br> This will need to be reviewed as new staff come into post. |

| 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:** COMPLETED |
| **Progress:** |
| **Comments/Outstanding Actions:** NHS Borders adhere to the NHS Scotland National Cleaning Specifications |

| Action: 20.1 All staff to have HAI objective in annual professional development plans |
| --- |
| **Lead:** NHS Boards: Chief Executives |
| **Completion Date:** April 2009      **Status:** COMPLETED |
| **Progress:** <br> HAI is now incorporated under 'mandatory training' in the Organisational Baseline PDP <br><br> Comments/Outstanding Actions: |

HAI REPORTING TEMPLATE
  PART 1: Core data

BOARD: NHS BORDERS

Report for: NOV 2009

**NB data are provisional and may change**

| Issue | Board total | BGH | community hospitals | | haylodge | hawick | kelso | Galavale | Community | | Care of the Elderly | General surgery | Orthopaedics | Staff group | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | BOARD TOTAL | BGH | community hospitals | | Haylodge | Hawick Community Hospital | Kelso | Galavale | Community | | Care of the Elderly | General surgery | Orthopaedics | Nurse | Medical | Ancillary/other |
| 1 **Staph.aureus bacteraemias** | | | | | | | | | | | | | | | | |
| SAB numbers Aug 09 | 1 | 1 | | | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| SAB numbers Sept 09 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| Mean monthly SAB Jan 07-Sept 09 | 3.5 | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| MRSA numbers Aug 09 | 1 | 1 | | | | | | | | | | | | | | |
| MRSA numbers Sept 09 | 0 | 0 | | | | | | | | | | | | | | |
| MSSA numbers Aug 09 | 0 | 0 | | | | | | | | | | | | | | |
| MSSA numbers Sept 09 | 0 | 0 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 2 **Cdifficile associated disease** | | | | | | | | | | | | | | | | |
| CDAD episodes Aug 09 | 5 | 1 | | | 1 | 0 | 0 | 0 | 3 | | | | | | | |
| CDAD episodes Sept 09 | 2 | 1 | | | 1 | 0 | 0 | 0 | 0 | | | | | | | |
| Mean monthly CDAD July 07-Sept 09 | 9 | | | | | | | | | | | | | | | |
| Non-BGH Total CDAD Jan 09 - Sept 09 | 2 | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 3 **Hand hygiene programme** | | | | | | | | | | | | | | | | |
| Compliance score September 09 | 95% | 95% | 96% | | 95 | 100% | | 95% | | | | | | 95% | 95% | 96% |
| No of observations September 09 | 300 | 280 | | | 40 | 20 | | 20 | | | | | | 148 | 66 | 28 |
| | | | | | | | | | | | | | | | | |
| 4 **Cleaning specification compliance** | | | | | | | | | | | | | | | | |
| Compliance rate July 07-Sept 09 | 97.46% | 97.00% | | | 98.4% | 99.6% | 98.8% | 98.8% | | | | | | | | |
| Number of audits July 07-Sept 09 | | 116 | | | 6 | 6 | 6 | 3 | | | | | | | | |
| Compliance rate previous quarter | 97.70% | 97.10% | | | 99.1% | 99.3% | 98.4% | 100.0% | | | | | | | | |
| Number of audits previous quarter | | 118 | | | 6 | 6 | 6 | 3 | | | | | | | | |

AHP

95%
58