HEALTHCARE ASSOCIATED INFECTION (HAI)

2010/11 Annual Report

NHS Borders
Infection Prevention and Control Team

Summary of Key Highlights During 2010/11

Achieved Scottish Government HEAT target to reduce Clostridium difficile infections (CDI) by 50%.

Continued national MRSA Screening programme.

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

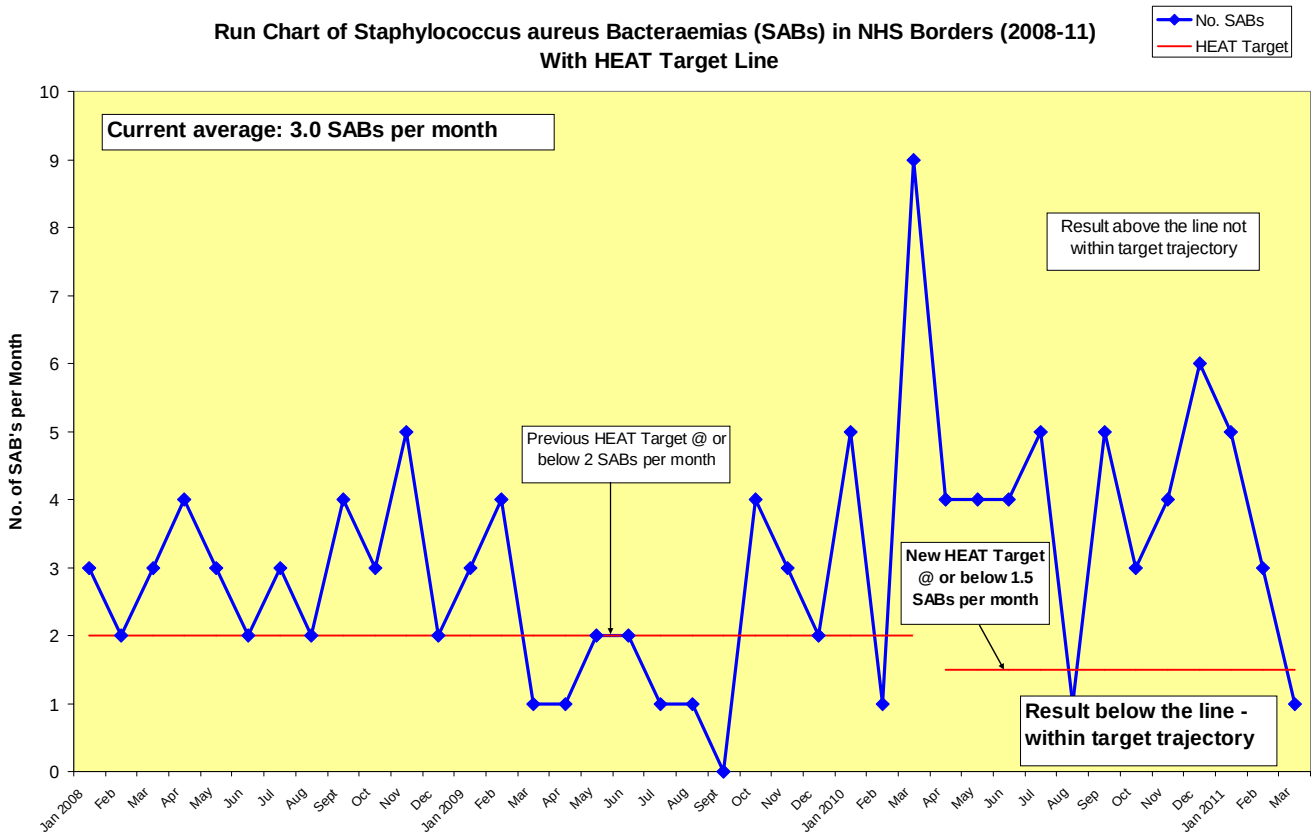
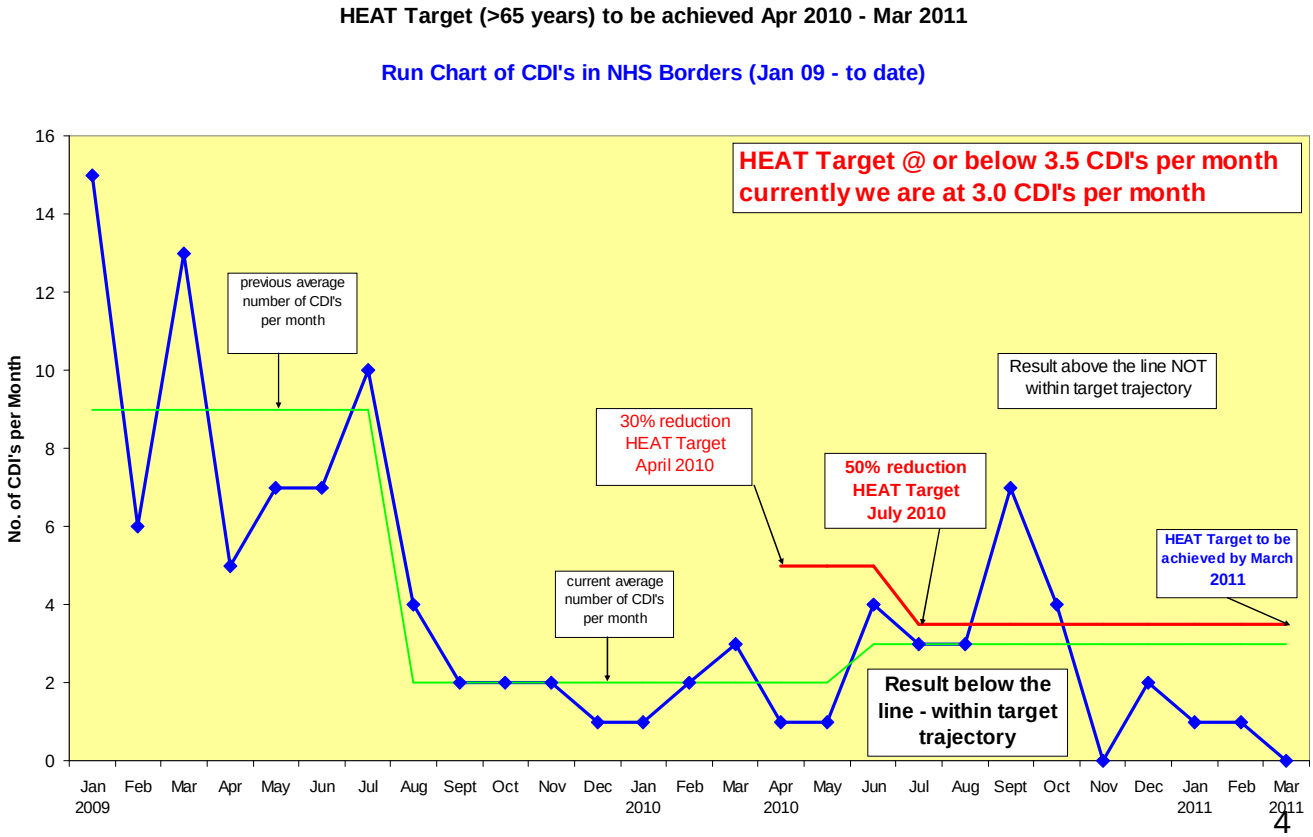


Figure 2 *Clostridium difficile* infection (CDI) HEAT target



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

2010/11 Infection Prevention and Control Work Plan

This Infection Control Work-plan is intended to guide the Infection Control activities of NHS Borders through 2010/11 for all Health Care Facilities under the remit of the Infection Control Team (ICT).

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 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 QIS HAI Standards which clearly state that "Infection Control is everybody's business"

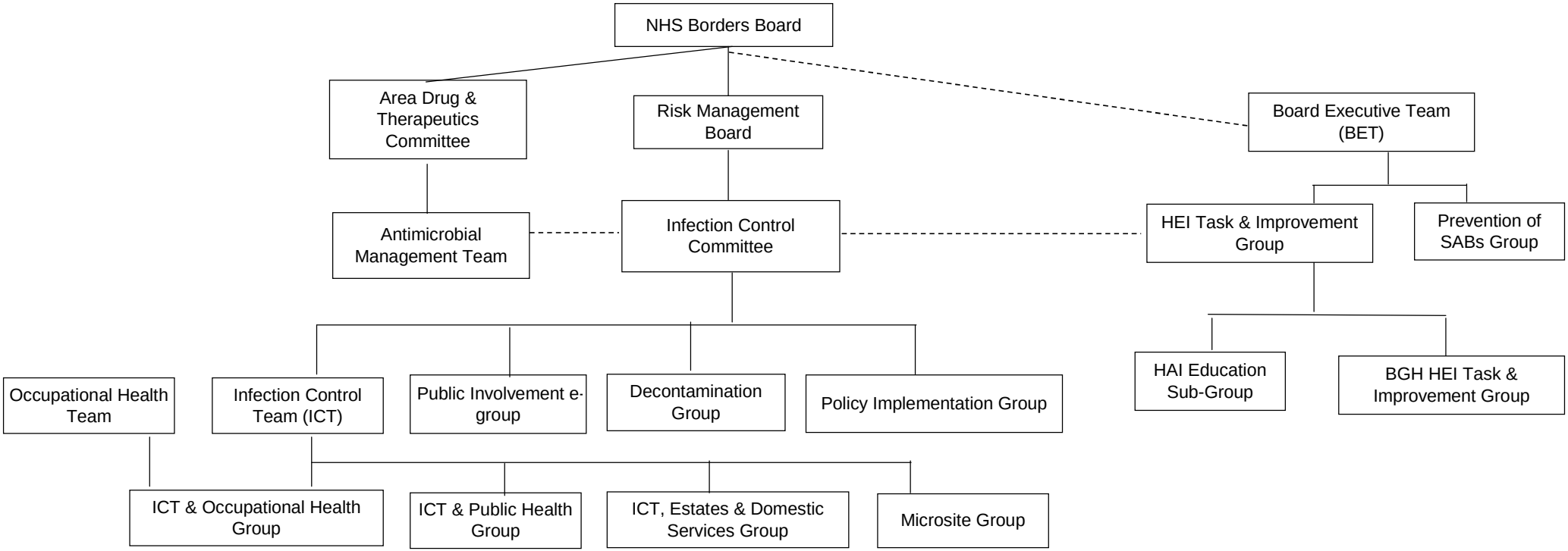
Infection control activities are underpinned by a wide international evidence base as well as National and Scottish standards, targets and monitoring arrangements. The Scottish Government Health Directorate has established clear targets for all Boards in Scotland to reduce infection rates.

This Plan brings together the Scotland wide initiatives of the HAI Task Force, Code of Practice, recommendations from recent outbreak reports, and the NHS QIS 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 and the Infection Improvement Implementation Programme (iiiP).

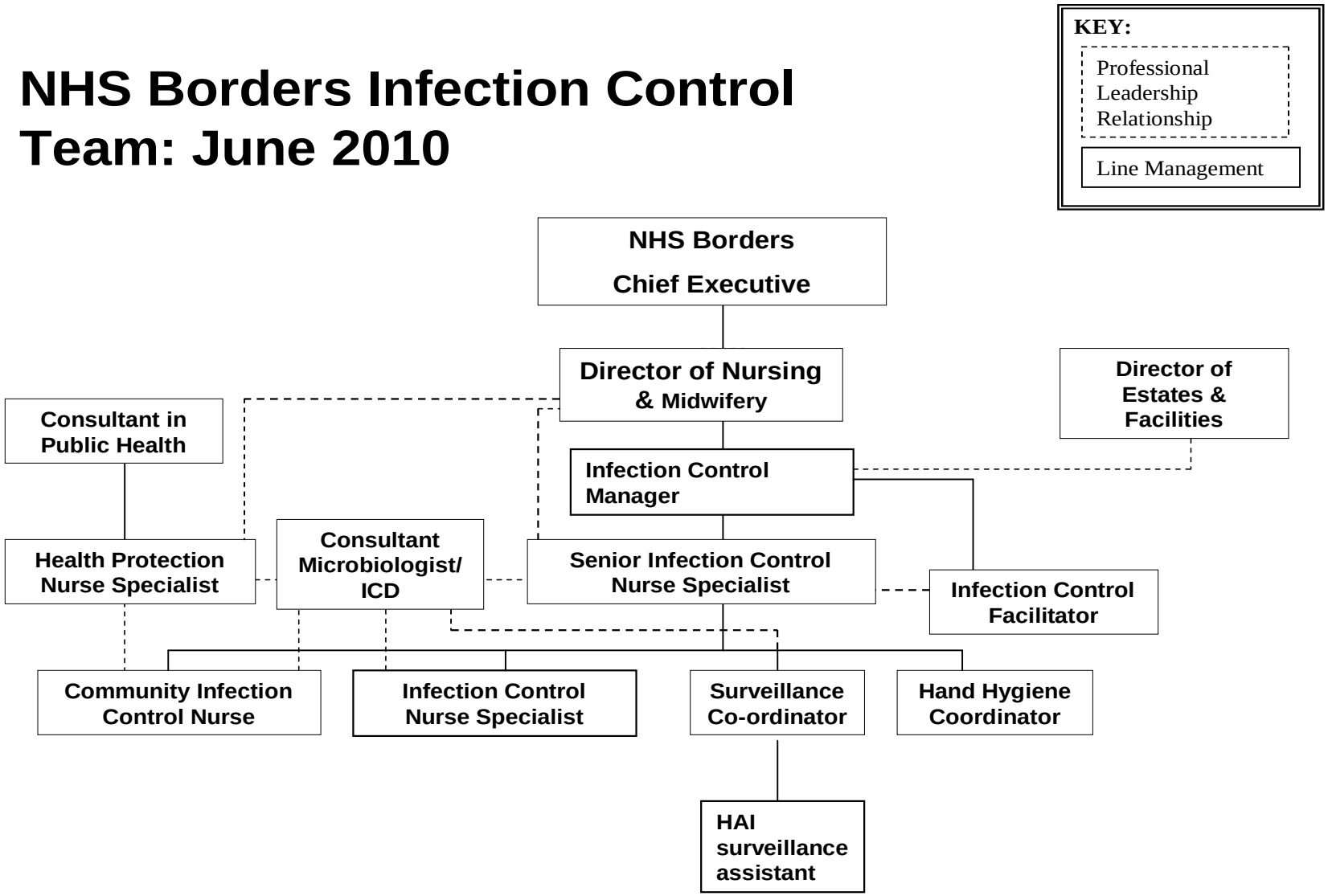
Specific actions relating to antimicrobial prescribing are detailed separately in the Work Plan of the Antimicrobial Management Team. The Communication Plan separately details how the Infection Control Team communicates on a formal and informal basis with other colleagues, departments, national organisations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

This 2010/11 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 ICT 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 Control Management and Governance Structure



NHS Borders Infection Control Team: June 2010



Infection Control Representation on Committees and Groups

Risk Management Board	Sheena Wright
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	
Mandatory Training Group	Adam Wood
Scottish Antimicrobial Prescribing Group	Sam Whiting
Procurement Implementation Group	Adam Wood
Procurement User Group	Adam Wood
HAI Education Group	Adam Wood
MRSA National Rollout Group	Judith Machell
	Peter Machell
Occupation health & Safety Forum	Adam Wood
Microsite	Adam Wood
Public Invovlement 'e-group'	Adam Wood

Consultation and Monitoring

This Work Plan is prepared and approved by the Infection Control Team. The Work Plan is endorsed by the 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 Quality Improvement Scotland (NHS QIS).

Infection Control Work programme

The purpose of the Prioritisation Status is to be explicit during times of reduced team capacity which actions will be prioritised for completion. The Prioritisation Status has been assessed on the basis of clinical risk to patients and organisational/governance priorities and risk.

PROCESSES	Status as at 9th July 2010	Clinical Priority	Board Priority
Support the work of the Patient Safety Programme	Process Maintained	High	Very High
Managaing day to day case load of clinical and non-clinical infection control issues	Process Maintained	Very High	Very High
Providing clinical leadership on the management of outbreaks	Process Maintained	Very High	Very High
Maintaining effective infection surveillance including surgical site infection	Process Maintained	Very High	Very High
Delivering bespoke and scheduled infection control training to staff groups	Process Maintained	High	High
Bi-monthly reports to Board and regular updates to the Risk Management Board and other relevant committees	Process Maintained	Very Low	Very High
Compile and distribute ward level infection surveillance data	Process Maintained	Medium	Very High
Conducting regular hand hygiene audits as part of the national campaign	Process Maintained	High	Very High
Conduct inspections and audits of clinical areas	Process Maintained	Very High	Very High
Providing update reports for the Scottish Government on HAI as required	Process Maintained	Very Low	Very High
Maintaining high visibility of the Infection Control Team in clinical areas	Process Maintained	Very High	Very High

Theme	PROJECTS	Lead Officer	Deadline	Status	Comments	Clinical Priority	Board Priority
Infection Control Team	Develop e-KSF profiles for all staff	Sam Whiting	30-Sep-10	Complete		Medium	Very High
		Adam Wood	31-Dec-10	Complete		Medium	Very High
	Complete ADR and PDP for all staff	Sam Whiting	31-Dec-10	Complete		Medium	Very High
		Adam Wood	31-Dec-10	Complete		Medium	Very High
	Develop Standard Operating procedures: ~~SOP for routine surveillance~~	~~Judith Machell~~	~~31-Dec-10~~	~~Complete~~	superseeded by review of process	~~Medium~~	~~High~~
	Develop Standard Operating procedures: Review SSI process and explore opportunities to increase efficiency	Judith Machell	31-Mar-11	Complete			
	Develop Standard Operating procedures: SOP for proposed management of alert organisms based on new PMS and increased ICNet functionality	Susan taylor	16-Oct-10	Complete		Medium	Medium
	Develop Standard Operating procedures: SOP for management of alert organisms (including trigger tools)	Susan taylor	17-Sep-10	Complete		Medium	Medium
	Develop formalised links with operational teams including Estates and Domestic Services	Sam Whiting	31-Oct-10	Complete		Medium	Medium
	Migrate to shared drive including archiving old documents	ICT	31-Mar-11	Complete		Very Low	Medium
	Review HAI risks and ensure robust ongoing process to assess and escallate risks	Sam Whiting	30-Nov-10	Complete		Very High	Very High

SAB	Hickman Line subgroup	Benchmark local practice against national standards, guidelines and current evidence	Judith Smith	14-Jun-10	Complete		Very High	Very High
		Commence ITU outreach to support management of patients with central venous lines	Jonathon Alridge	31-Aug-10	Complete		Very High	Very High
		Develop local guidelines for insertion of Hickman Lines	Edward James	28-Jul-10	Complete		Very High	Very High
		Audit compliance with insertion guidelines	Edward James	31-Dec-10	Complete		Very High	Very High
		Standardise referral processes and referral form	Edward James	31-Oct-10	Complete		Very High	Very High
		Develop and implement insertion sticker	Edward James	31-Oct-10	Complete		Very High	Very High
		Revise skin cleansing and dressing policy, update protocol and communicate to relevant staff	Val Gibson	28-Jul-10	Complete		Very High	Very High
		Review patient information and develop hand-held record which includes care bundle	Val Gibson	31-Aug-10	Complete		Very High	Very High
		Develop and implement discharge checklist to be completed following insertion of Hickman Line	Judith Smith	31-Aug-10	Complete		Very High	Very High
		Develop plan for PACs spread	Judith Smith Fiona Houston	30-Sep-10	Complete		Very High	Very High
		Develop education and competency framework for Hickman Line management	Judith Smith	31-Dec-10	Complete		Very High	Very High
	PVC subgroup	Develop PVC insertion care bundle	Libby Noble Jonathon Alridge	30-Jun-10	Complete		Very High	Very High
		Spread PVC insertion bundle	Libby Noble Jonathon Alridge	31-Oct-10	Complete		Very High	Very High
		Review SAS PVC process	Sam Whiting	30-Sep-10	Complete		Very High	Very High
		Implement and spread PVC maintenance bundle	Libby Noble Jonathon Alridge	30-Jun-10	Complete		Very High	Very High
		Implement standardised PVC and blood culture trolley in all clinical areas	Libby Noble Jonathon Alridge	31-Oct-10	Complete		Very High	Very High
		Develop PVC insertion criteria	Libby Noble Jonathon Alridge	30-Jun-10	Complete		Very High	Very High
		Review medical admissions ward round sheet (cannulae required?)	Edward James	31-Oct-10	Complete		Very High	Very High
		Modify theatre recovery discharge criteria (cannulae required?)	Libby Noble Jonathon Alridge	31-Aug-10	Complete		Very High	Very High
		Identify cannulae use by ward	Libby Noble	31-Oct-10	Complete		Very High	Very High
		Develop plan for PACs spread	Fiona Houston	28-Feb-11	Complete		Very High	Very High
		Develop data collection tool to monitor PVC bundle compliance	Frances Mason	31-Oct-10	Complete		Very High	Very High
		Develop and implement PVC insertion stickers	Jonathon Alridge	31-Aug-10	Complete		Very High	Very High
		Develop cannulae insertion poster	Lynsey Forsyth	31-Oct-10	Complete		Very High	Very High
		Develop training needs analysis and training plan	Jonathon Alridge	31-Aug-10	Complete		Very High	Very High
		Explore potential to implement training for all staff involved in phlebotomy and venepuncture	Libby Noble	31-Mar-11	Complete		Very High	Very High
		Implement training plan	Jonathon Alridge	31-Oct-10	Complete		Very High	Very High

Urinary Catheter subgroup	Develop care bundle for male and female catheterisation	Alan McLaren Fiona Brewster	31-Oct-10	Complete		Very High	Very High
	Deliver education to staff who catheterise	Alan McLaren Fiona Brewster	31-Mar-11	Complete		Very High	Very High
	Implement competency assessments and certificates	Alan McLaren Fiona Brewster	31-Mar-11	Complete		Very High	Very High
	Review HPS urinary cather infection audit tool	**Mark Clark**	**30-Nov-10**	**Red**	**Awaiting tool development by HPS (31/03/11)**	Very High	Very High
	Identify urinary catheter use by ward	Libby Noble	31-Oct-10	Complete		Very High	Very High
	Review NES e-learning programme for catheter care	**Alan McLaren** **Fiona Brewster**	**31-Oct-10**	**Red**	**Awaiting NES training module (31/03/11)**	Very High	Very High
	Establish Workstream links with the community	Alan McLaren Fiona Brewster	30-Sep-10	Complete		Very High	Very High
	~~Develop and implement an audit tool for monitoring catheterisation practice~~	~~Alan McLaren~~ ~~Fiona Brewster~~	~~31-Mar-11~~	~~Complete~~	Superseeded by HPS audit tool	Very High	Very High
Wound Management subgroup	Undertake literature search on best practice to prevent wound infections	Morag Low	26-Jul-10	Complete		Very High	Very High
	Progress implementation of HPS guidelines for prevention and treatment of pressure ulcers	Jenny Golder	31-Mar-11	Complete			
	Review process for treatment of venous leg ulcers	Jenny Golder	31-Mar-11	Complete			
	Review management of diabetic feet	Diabetes MCN	31-Mar-11	Complete			
	Identify pattern of wounds leading to SABs	Morag Low	26-Jul-10	Complete		Very High	Very High
	Implement screening of all high risk diabetic feet for MRSA	Morag Low	31-Oct-10	Complete		Very High	Very High
	Develop wound care policy	**Elaine Peace**	**31-Dec-10**	**Red**	**Expected complete 01/05/11**	Very High	Very High
	Develop SAB plan to improve wound care / prevent SABS	Edward James	31-Oct-10	Complete		Very High	Very High
Blood Culture subgroup	Develop instruction sheet for medical staff taking blood cultures	Edward James	2-Jul-10	Complete		Very High	Very High
	Agree blood culture protocol with HMT	Edward James	7-Jul-10	Complete		Very High	Very High
	Ensure availability of correct materials for obtaining blood cultures	Edward James	21-Jul-10	Complete		Very High	Very High
	Deliver training to FY1 in blood culture technique	Edward James	28-Jul-10	Complete		Very High	Very High
	Training and dissemination of blood culture protocol to wider staff group	Edward James	30-Sep-10	Complete		Very High	Very High
	Identify CNS blood cultures by clinician/clinical group	Edward James	30-Nov-10	Complete		Very High	Very High
	Train Ward 4 staff in blood culture procedure	Edward James	31-Oct-10	Complete		Very High	Very High
	produce monthly feedback of CNS blood culture rates by wards producing 80% of blood cultures	Judith Machell	15-Jul-10	Complete		Very High	Very High
Data subgroup	Adopt RCA process for SAB to include meeting with consultant, ward and juniors	Edward James	1-Aug-10	Complete		Very High	Very High
	Dissemination standard RCA information to senior clinicians and managers across NHS Borders	Edward James	2-Jul-10	Complete		Very High	Very High
Actions identified through RCA process and national events	CHI-2810249741 Further training and publicity regarding new blood culture guideline.	Edward James	31-Dec-10	Complete			
	CHI-2810249741 Establish audit of compliance with new blood culture guideline.	Edward James	31-Mar-11	Complete			
	Review screening sites included in MRSA screens	Edward James	31-Mar-11	Complete			
	CHI-2103420284 Improve compliance with full MRSA screening	Judith Machell	31-Dec-10	Complete			
	CHI-2103420284 Improve assessment for decolonisation of acutely unwell inpatients	Edward James	31-Mar-11	Complete			
	CHI-110451 Development of urinary catheter insertion bundle	Edward James	31-Mar-11	Complete			
		Mark Clark	31-Mar-11	Complete			
	CHI-110451 Appropriate samples to be collected prior to starting antibiotics (includ	Edward James	31-Mar-11	Complete			
	CHI-110451 Development of overall antimicrobial stewardship plan	Edward James	31-Dec-10	Complete			
Consider implementing 'Hot Spot' meetings		Sam Whiting	31-Mar-11	Complete		High	High
Consider visit to NHS Fife		Sam Whiting	30-Jun-10	Complete		Very High	Very High

Clostridium diffic.	Review and revise Clostridium difficile policy	Adam Wood	31-Mar-11	Complete		Very High	Very High
	Develop clostridium difficile action plan	Edward James	31-Dec-10	Complete		Very High	Very High
Decontamination	~~Review ongoing infection control assurance of dental practices~~	~~Sam Whiting~~	~~31-Mar-11~~	~~Complete~~	Superceeded by establishment of Decontamination Group	Medium	Medium
	Implement actions to address MDA/2010/060	Morag Henderson	31-Aug-10	Complete		Very High	Very High
	Review CJD patient risk assessment	**Hamish McRitchie**	**31-Mar-11**	**Red**		Very High	Very High
	Reconstitute Decontamination Group	Sam Whiting	31-Oct-10	Complete		High	High
Education	**All staff to complete the Standard Precuations e-learning module**	**Calum Campbell (BET)**	**31-Dec-10**	**Red**		Medium	High
	Develop quality assurance process for HAI education	**Adam Wood** **Edward James**	**31-Mar-11**	**Red**		Medium	High
	Clarify staff infection Control mandatory training requirements	Adam Wood	31-Dec-10	Complete		Medium	High
Audit	Develop infection control audit programme	Susan taylor Adam Wood Sam Whiting	30-Nov-10	Complete		Very High	Very High
	Review audit tools and process	Susan taylor Adam Wood Sam Whiting	30-Nov-10	Complete		Medium	Medium
	Develop PACs spread of audit programme	Sam Whiting	30-Nov-10	Complete	Expected complete 28/02/11	Very High	Very High
	Develop standardised audit action and implementation review and escallation process	Sam Whiting	30-Nov-10	Complete		Very High	Very High
	Integrate and rationalise hand hygiene audits	Judith Purves	31-Dec-10	Complete		High	High
	Implement hand hygiene QA peer audits	Judith Purves	31-Dec-10	Complete	Expected complete 25/03/11	High	High
	Involve ICT in ongoing inspection programme	Warwick Shaw	30-Nov-10	Complete		Medium	Medium
Policies & guidelines	Review and update all policies in the Infection Control Manual	Adam Wood	31-Dec-10	Complete		Very High	Very High
	Establish Implementation Group to consider all reviewed policies	Adam Wood	31-May-10	Complete		Medium	Medium
	Rewrite Standard Precautions Policy	Adam Wood	30-Jun-10	Complete		High	High
	Develop MRSA policy	Edward James	31-Oct-10	Complete		High	High
	Rewrite Transmission Based Precautions Policy	Adam Wood	31-Dec-10	Complete		High	High
	Review policy and process relating to Norovirus	Edward James	31-Oct-10	Complete		Medium	Medium
	Develop quick reference guide for policies	Adam Wood	6-Sep-10	Complete		Very High	Very High
	~~Develop audit tool for each policy~~	~~Susan Taylor~~	~~31-Mar-11~~	~~Complete~~	Superceeded by audit plan	Medium	Medium
	~~Review process for HAI death certification, communication and review~~	~~Ross Cameron~~	~~31-Mar-11~~	~~Complete~~	To be superseeded by revised national guidance	Medium	Medium
	Develop policy review summary spreadsheet	Lynsey Forsyth	31-Aug-10	Complete		Medium	High
	Review Infection Control element of Adult Unitary Patient Record	Adam Wood	31-Mar-11	Complete		High	Medium
	Produce an Admission Assessment and action algorithm	**Adam Wood**	**31-Mar-11**	**Red**		High	Medium
	Commence recording ICN comments in Adult Unitary Patient Record	Adam Wood	30-Sep-10	Complete		Medium	Medium
	Implement cleaning specification for all critical equipment	Jane Gething	31-Aug-10	Complete		Very High	Very High

Public Involvement	**Audit patients receiving HAI information leaflets**		**Sam Whiting**	**31-Mar-11**	**Red**		Medium	Medium
	Public Involvement Group to review infection control ward data		Sam Whiting	31-Mar-11	Complete		Low	Medium
	Develop plan to increase public involvement in infection control		Sam Whiting	31-Mar-11	Complete		Very Low	Very High
Surveillance	Commence SSI surveillance following Breast surgery		Judith Machell	31-Dec-10	Complete		Very High	Very High
	Explore options to extend the range of procedures participating the national SSI surveillance programme		Sam Whiting	31-Mar-11	Complete		Very High	Very High
	Develop surveillance for acquired MRSA		Edward James	30-Nov-10	Complete		Very High	Very High
	Develop surveillance for HAI deaths		Judith Machell	30-Nov-10	Complete		Very High	Very High
	Develop SAB surveillance by Specialty		Judith Machell	31-Dec-10	Complete		High	High
	Implement routine surveillance of contaminated blood samples by location		Edward James	30-Sep-10	Complete		High	High
	Create blood culture database including the routine surveillance of contaminated blood samples by Clinician		**Edward James**	**30-Nov-10**	**Red**	**Awaiting ICNet development. Expected complete 31/03/11**	High	High
	Review use and communication of all surveillance data		Sam Whiting	30-Nov-10	Complete		High	High
	Combine data to produce "ward Tracker" incorporating 'HEI Red Flag'		Lynsey Forsyth	30-Sep-10	Complete		High	High
Premises / Environment	Infection control advice on premises developments	BGH - Renal Unit	Adam Wood	31-Mar-12	Ongoing	Transfer to 2011/12 Work Plan	High	Very High
		BGH - Ward 14	Adam Wood	31-Mar-12	Ongoing	Transfer to 2011/12 Work Plan	High	Very High
		BGH - Ward 10 (floorcovering and redecoration)	Adam Wood	31-Mar-12	Ongoing	Transfer to 2011/12 Work Plan	High	Very High
		BGH - Ward 11 (floorcovering and redecoration)	Adam Wood	31-Mar-12	Ongoing	Transfer to 2011/12 Work Plan	High	Very High
		BGH - Ward 12	Adam Wood	31-Mar-12	Ongoing	Transfer to 2011/12 Work Plan	High	Very High
		BGH - Ward 4	Adam Wood	31-Mar-11	Complete		High	Very High
		BGH - A&E	Adam Wood	31-Mar-12	Ongoing	Transfer to 2011/12 Work Plan	High	Very High
		BGH - Ward 8	Adam Wood	31-Mar-11	Complete		High	Very High
		BGH - X-Ray department	Adam Wood	31-Mar-11	Complete		High	Very High
		Endoscopy redevelopment	Adam Wood	31-Mar-11	Complete		High	Very High
		Greenlaw Health Centre extension	Adam Wood	31-Mar-11	Complete		High	Very High
		Lauder Health Centre	Adam Wood	31-Mar-12	Ongoing	Transfer to 2011/12 Work Plan	High	Very High
		The Briggs (flooring)	Adam Wood	31-Mar-12	Ongoing	Transfer to 2011/12 Work Plan	High	Very High
		Jedburgh Health Centre	Adam Wood	31-Mar-12	Ongoing	Transfer to 2011/12 Work Plan	High	Very High
		Roxburgh Street	Adam Wood	31-Mar-12	Ongoing	Transfer to 2011/12 Work Plan	High	Very High
		Post enabling	Adam Wood	31-Mar-11	Complete		High	Very High
		HEI 2010/11	Adam Wood	31-Mar-11	Complete		High	Very High
	Review process for ICT authorising cleaning schedules		Sam Whiting	31-Dec-10	Complete	Expected complete 28/02/11	High	Very High
Awareness Raising	Develop action plan to celebrate success		Sheena Wright	31-Dec-10	Complete		Very Low	Very High
	Develop HAI Communication Plan		Sam Whiting	31-Aug-10	Complete		Very Low	Very High
	Upload infection control manual onto internet for care homes to access		Lynsey Forsyth	31-Mar-11	Complete		Medium	Medium
	Organise care home conference		Mark Clark	31-Mar-11	Complete			

Completion Status:-

Complete	**= Action completed**
Green	**= On target for completion by specified date**
Amber	**= Concern - likely to miss completion date unless action taken**
Red	**= Action not completed within specified timescale**

Priority Status:-

This describes the relative risk associated with not completing actions to assist prioritisation

- Very Low Priority
- Low Priority
- Medium Priority
- High Priority
- Very High Priority
- Priority assessment incomplete