Borders NHS Board

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

Aim

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

Background

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

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

Summary

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

Recommendation

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

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**
Sheena Wright	Director of Nursing and Midwifery		

Author(s)

Name	**Designation**	**Name**	**Designation**
Adam Wood	Acting Senior Infection Control Nurse Specialist		

APPENDIX 1

HEALTHCARE ASSOCIATED INFECTION – INFECTION CONTROL REPORT – MARCH 2010

NHS BORDERS (Healthcare Associated Infection Reporting template (HAIRT) Part 2 November 2009 (Part 1 attached)

Introduction

This report provides an overview for NHS Borders' Board of performance against the NHS Scotland HAI Action Plan, and in particular:

- Incidence of Healthcare Associated Infections
- Hand hygiene compliance
- Implementation of the HAI elements of the Scottish Patient Safety Programme
- Cleaning monitoring results

There is a requirement from the Scottish Government for NHS Boards to receive a report on Healthcare Associated Infection once every two months. This report complies with a template provided by The Scottish Government for this purpose.

Performance against the NHS Scotland HAI Action Plan:

Current performance against the NHS Scotland HAI Action Plan is outlined in Appendix 2. As can be seen, with the exception of Actions 3.1 & 10.1, all actions are either completed or on target to be completed within the prescribed timescales. There has been significant progress with action 3.1, relating to HAI SCRIBE in the built environment and the survey tool is completed and will be ready for use by end December 2009. Progression with recruitment to a full complement of the NHS Borders Infection Control Team continues and is now expected to be completed by end January 2009. A Locum Consultant Microbiologist has been appointed for a period of 7 months (from November 09) which offers increased stability for the service until a permanent appointment is made.

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 64 cases of MSSA bacteraemias between January 2007 and January 2010, with an average of two cases per month (Figure 1). The majority (66%) of MSSA bacteraemia cases diagnosed over the period were associated with hospital or healthcare (see definition below).
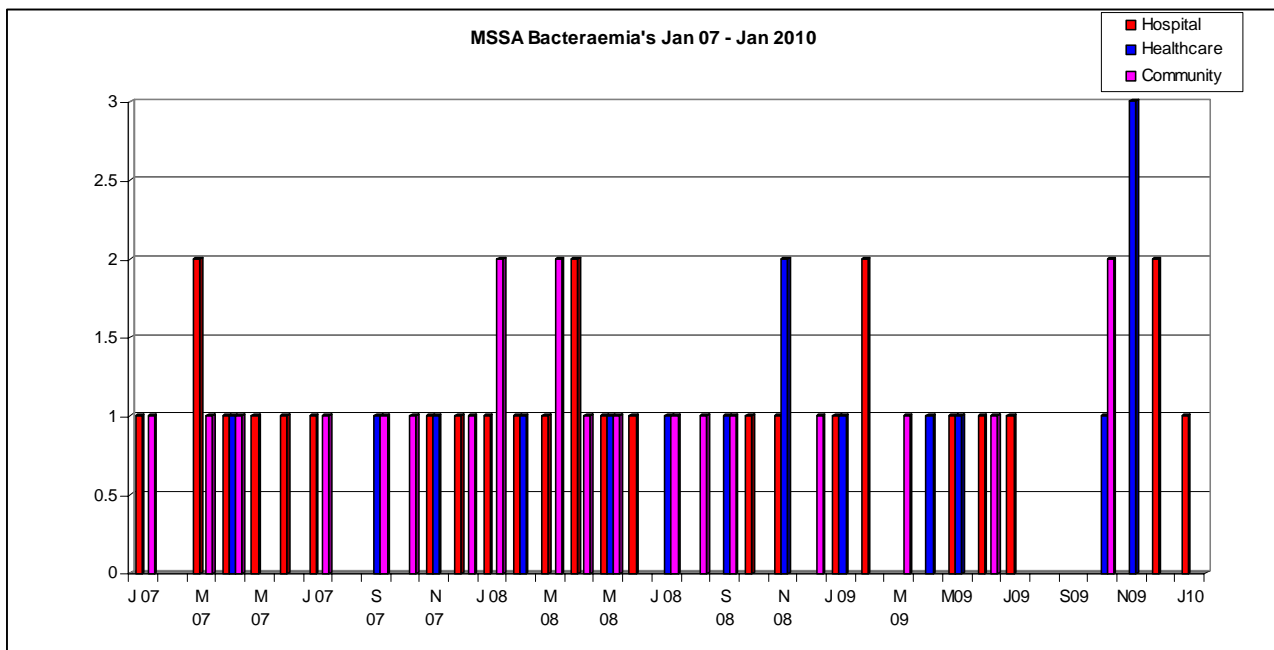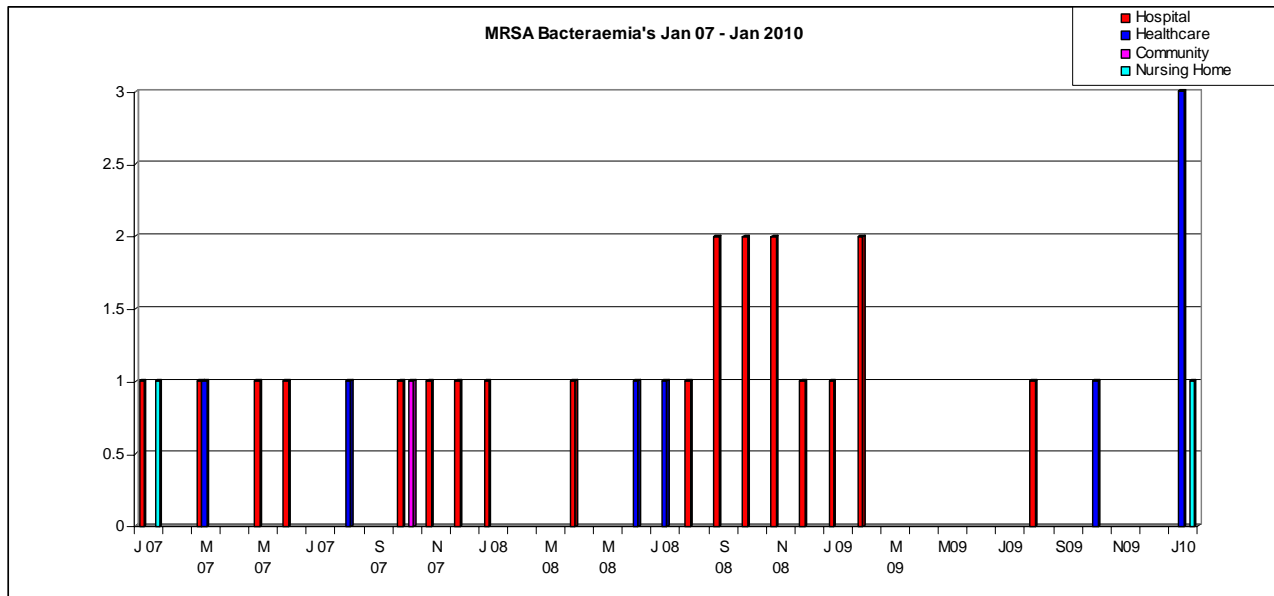

Figure 1

KEY

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

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

Community: a patient whose blood cultures were taken <48 hours after admission and who has not within the past month been an in patient in any hospital, and was not receiving community healthcare.

Meticillin Resistant *Staphylococcus aureus* (MRSA) Bacteraemias

There have been a total of 32 cases of MRSA bacteraemias between January 2007 and January 2010, with an average of one case per month (Figure 2). The majority (93%) of MRSA bacteraemia cases diagnosed over the period were associated with hospital or healthcare (see definition below).

Figure 2

KEY

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

Healthcare: a patient receiving regular care between the community and hospital and whose blood cultures were taken <48 hours after admission or >48 hours after discharge.
Community: a patient whose blood cultures were taken <48 hours after admission and who has not within the past month been an in patient in any hospital, and was not receiving community healthcare.
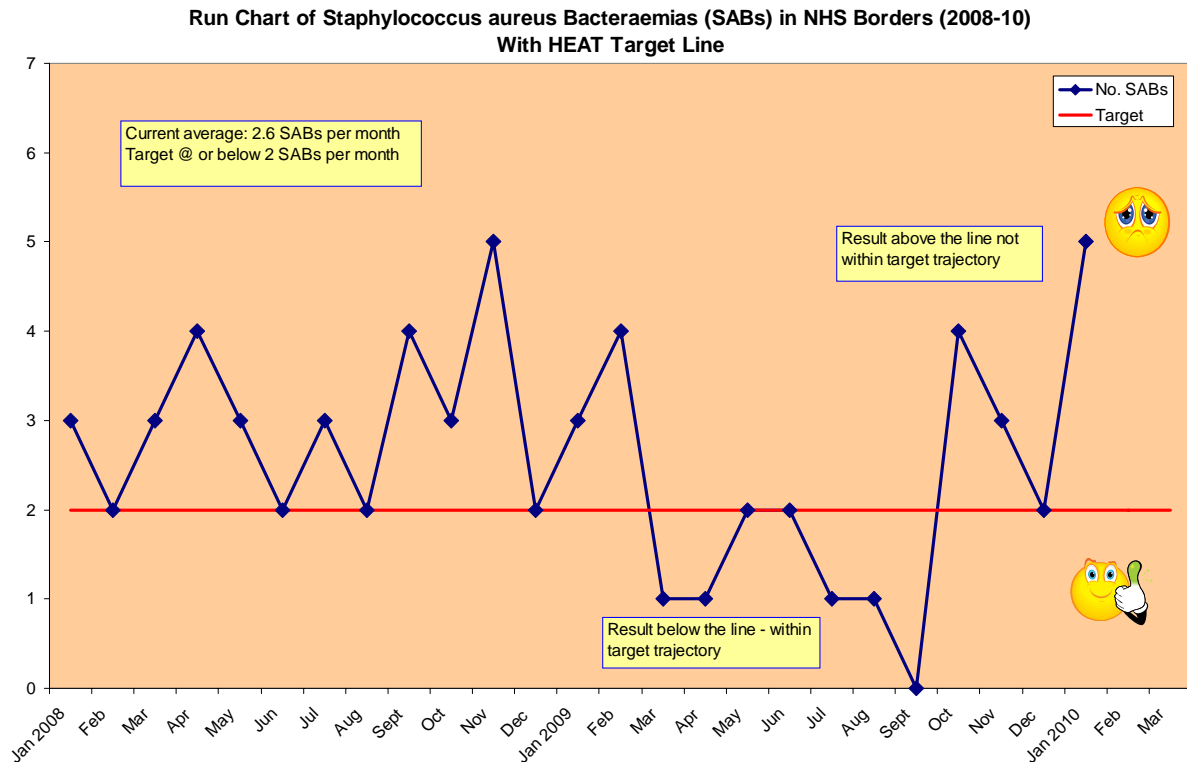
1.2 Current HEAT status

Run Chart of Staphylococcus aureus Bacteraemias (SABs) in NHS Borders (2008-10) With HEAT Target Line

Current average: 2.6 SABs per month
Target @ or below 2 SABs per month

Result above the line not within target trajectory

Result below the line - within target trajectory

Figure 3

In the two month period of December and January 7 new SAB's, were identified in NHS Borders; 3 MSSA's and 4 MRSA. Five came from blood cultures taken within 48 hours of admission. Two of these infections were classified as hospital infection (same patient separate episodes). 2 were classified as Healthcare related, and 1 was classified as Nursing Home. Detailed analysis has been done on all of these bacteraemias. This showed 2 cases were related to an infected Venflon site (same patient), 1 was associated with an infected Hickman line, 2 cases were probable skin contamination, and 2 were admitted with Staph aureus infections.

The HEAT Target baseline for all trusts is based on the number of cases of *Staph aureus* bacteraemia from 1st April 2005 – 31st March 2006. For NHS Borders the number of SAB's recorded in that period was **30** cases. We have to reduce this number by **25%** by 31st March 2010, therefore taking into account cases for the year 1st April 2009 to 31st March 2010.
Thus to achieve the 25% reduction, the maximum number of cases in the period 1st April 2009 – 31st March 2010 can be **22** SAB's.

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

To date 1st April 2009 – 17th January 2010 we have had **22** cases of SAB's, an average 2.2 cases per month.

To achieve our 25% reduction we therefore need **no new cases over the next 6 weeks**.

1.3   National context – most recent HPS quarterly national report (October 2009)

A comparison of MRSA rates per 1000 acute occupied bed days shows that NHS Borders compares favourably against the rest of NHS Scotland, with NHS Borders MRSA rate being consistently lower than NHS Scotland as a whole (Table 1).

	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
Apr to Jun	1308513	145	0.111	28694	**0**	0
Jul to Sep	1281191	101	0.079	26890	**1**	0.037
	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
Apr to Jun	1308513	387	0.296	28694	5	0.174
Jul to Sep	1281191	381	0.297	26890	1	0.037

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

1.4   Current/new initiatives to reduce cases

Enhanced screening for MRSA: Meetings continue at a national level to ascertain the best way forward for implementation and guidance has now been provided. The inaugural meeting of the NHS Borders MRSA Rollout steering group took place on 15th December 2009. Following this very positive meeting, an action list was been drawn up

which will be progressed by a small operational group, the membership of which was agreed by the steering group. Meetings of the operational group have already been scheduled. Immediate actions to be taken in order to support the rollout have been identified, included further promotion of the initiative; building on staff awareness and communication pathways and recruitment to further support the imitative.

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

See comments regarding HEAT targets

The ICT will continue to raise awareness to highlight the importance of SAB's, in addition to the measures already in place. This will be done in conjunction with the activities of the patient safety programme and the education activities of the ICT.

2   C.difficile associated disease (CDAD)

2.1   Short / medium / long term trends in CDAD

There have been a total of 215 cases of *Clostridium difficile* infections in the BGH between July 2007 and January 2010, with an average of seven cases per month (Figure 4).

Since collecting the *C.difficile* data, four patients have been recorded as having *C.difficile* as a primary cause of death. Of the 215 C*lostridium difficile* infections diagnosed in the thirty one month period between July 2007 and January 2010; one occurred in 2007, one in 2008 and two in 2009.
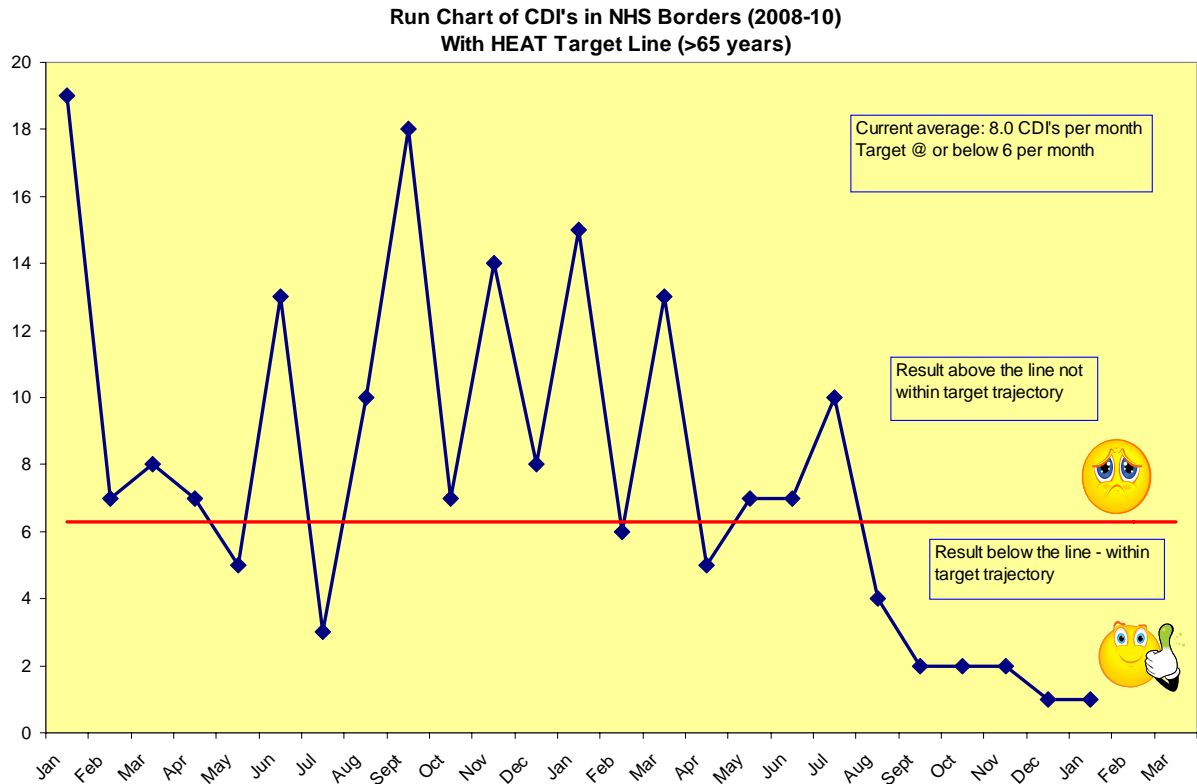
There have been a total of 21 cases of *Clostridium difficile* infections in the Community between Jan 09 and January 2010, with an average of 2 cases per month.
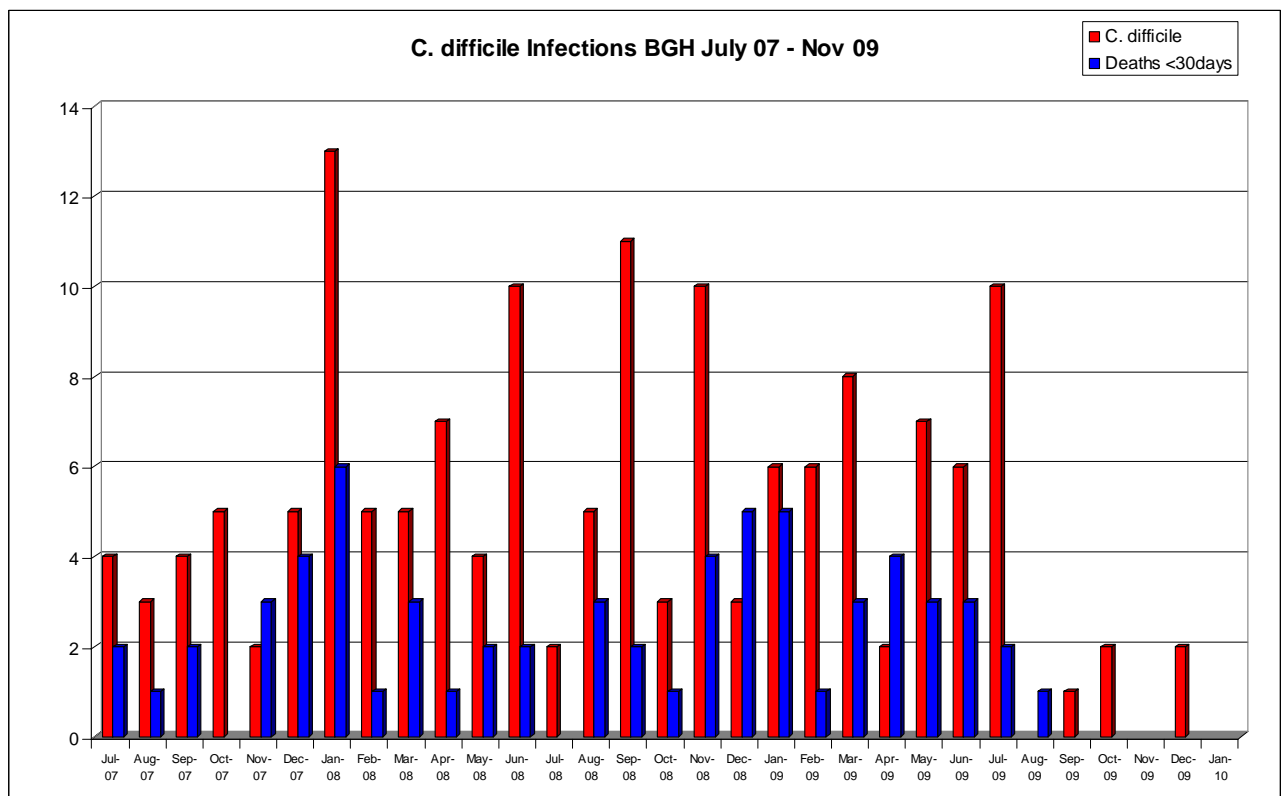
Figure 4

2.2 Current HEAT status

A minimum 30% reduction in C. diff cases is to be achieved by March 2011; this refers only to diarrhoeal specimens from patients over the age of 65. The baseline for achievement of the target was April 2007 to March 2008, and the target rate should be achieved in the period April 2010 to March 2011.

Run Chart of CDI's in NHS Borders (2008-10)
With HEAT Target Line (>65 years)

Current average: 8.0 CDI's per month
Target @ or below 6 per month

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 2010 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 not publicly reported, there continues to be a downward trend with NHS Borders CDI rates. However, 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: Professionally printed hard copies of the revised guidelines have now been circulated to the prescribing clinicians, clinical areas and are also accessible on NHS Borders Intranet.

- 'Antimicrobial ward rounds' have been maintained bi-weekly with Anne Duguid, Antimicrobial Pharmacist and the Consultant Microbiologist. These are proving beneficial in the active promotion of prudent antibiotic use.

2.5 Pan-Board, hospital or specialty specific problems identified

- Long term locum coverage has been established until end May 2010

- An appointment has been made to the post of Consultant Microbiologist

3   Hand Hygiene (HH) programme

3.1   Short / medium / long term trends in compliance

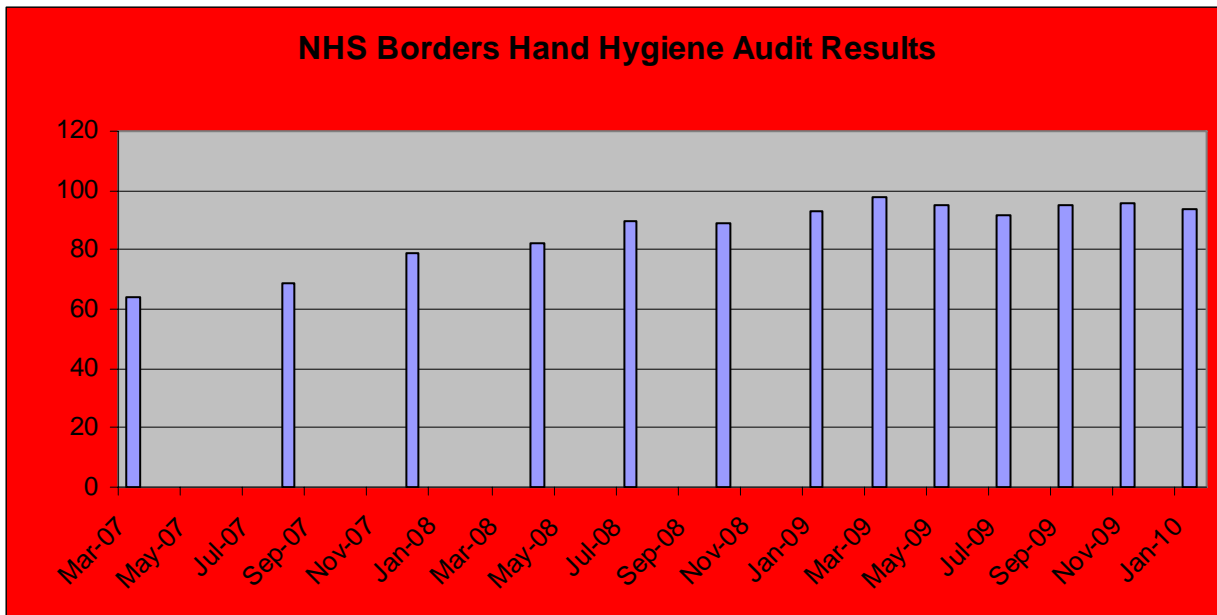NHS Borders has continued to promote a zero tolerance to non compliance with hand hygiene

NHS Borders Hand Hygiene Audit Results

Fig 6

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

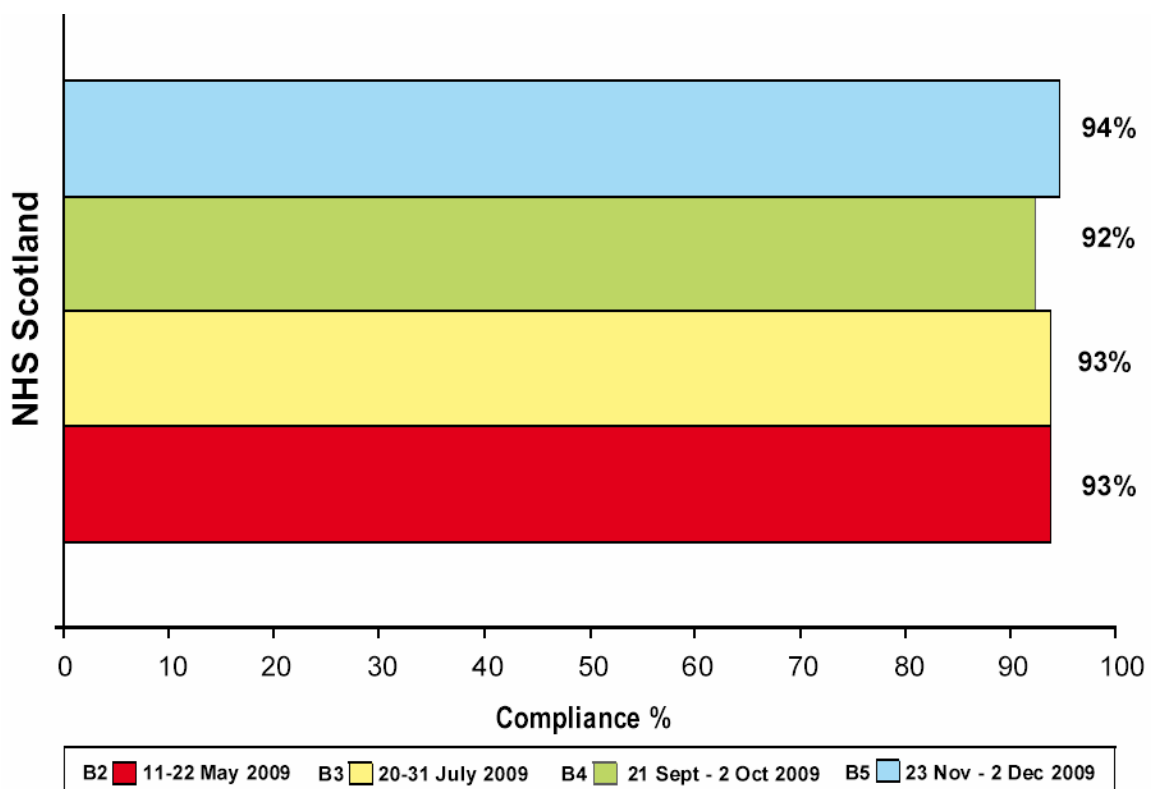Audit results for compliance with hand hygiene opportunities, NHS Scotland
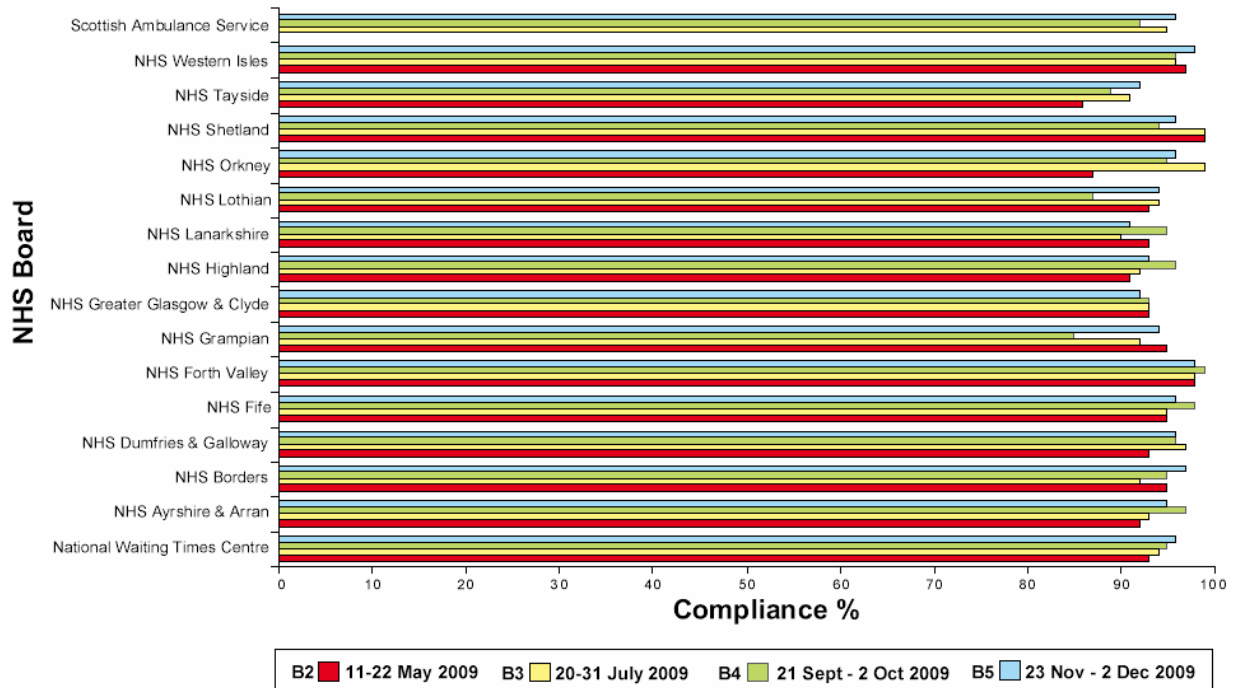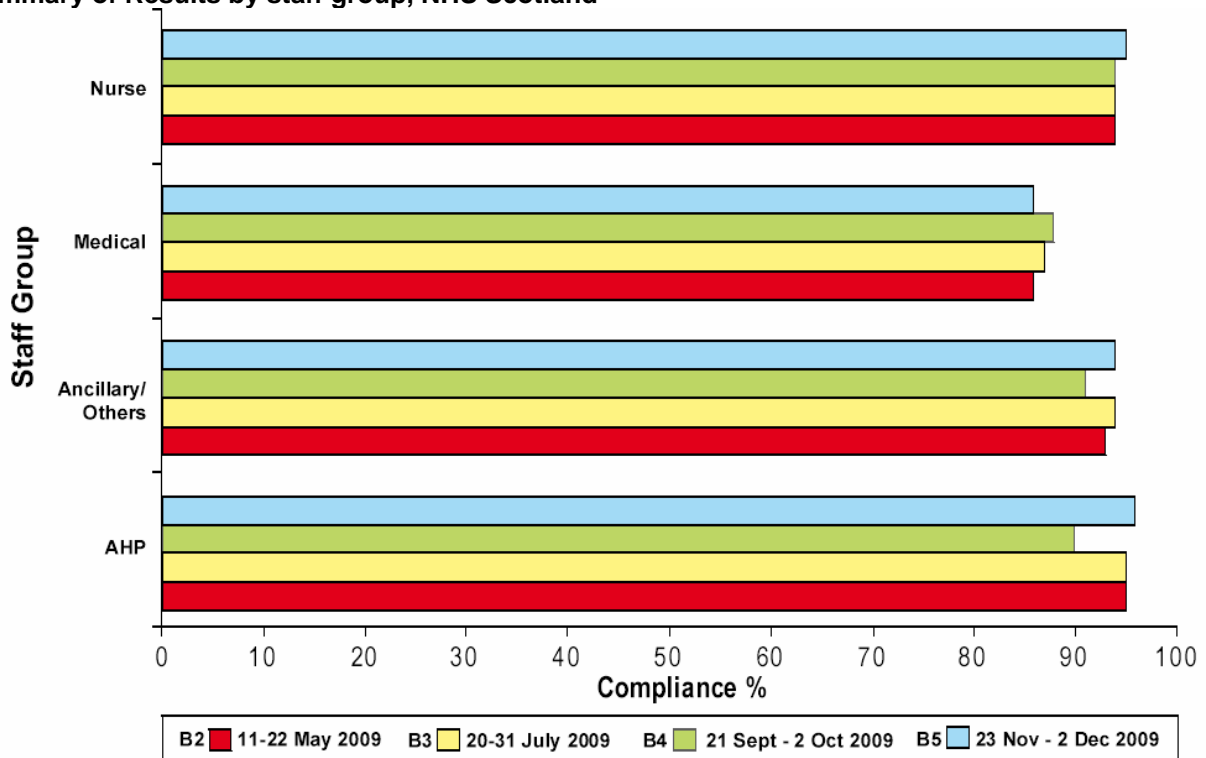

Fig 7

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

Fig 8

Summary of Results by staff group, NHS Scotland

Fig 9

Summary of Compliance by Staff Group, NHS Borders

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

January 2010	*Nurse*	*Medical*	*AHP*	*Ancillary/Other*
NHS Borders	96% (168)	90% (61)	100% (30)	83% (41)

Table 3

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

- January's National Audit results for NHS Borders have demonstrated a slight decrease in compliance from 96% in November to 94% for this period

- All informal auditing undertaken by the Hand Hygiene Coordinator [as highlighted in January's HAIRT] will now be reported back to the Hospital Management Team's [HMT] monthly performance review meeting and the clinical boards as appropriate

- Hand hygiene signage has been replaced across the Board. Public involvement volunteers had a "walk round" the BGH with the hand hygiene coordinator to asses the impact of the new signs. Their comments were fed back to the HMT and more visible signs are being provided for the non-touch dispensers as a result

- UV light box training is being provided for all staff in open learning sessions. The first of these training days is to be held on the 26th February in the Laboratory Seminar room
- Four Dyson Airblade hand dryers are to be purchased for the new toilets at the entrance to the BGH

Pan-Board, hospital or staff group specific problems identified:
Any areas or staff disciplines that demonstrate drops in compliance are made immediately aware of their compliance figures and supportive measures, including a training programme are agreed.

This resolute approach will be maintained in order to support staff from all disciplines to attain the highest standards of hand hygiene.

4 Cleaning Services Specification Compliance

4.1 Short / medium / long term trends in compliance

B120H - Borders General Hospital - Clean Monitoring Totals

		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	13 188	97.3	YES	YES
Month 4	**Jul**	12 519	12 165	97.2	NO	NO
Month 5	**Aug**	12 798	12 405	96.9	NO	NO
Month 6	**Sep**	13 521	13 110	97.0	YES	NO
Month 7	**Oct**	13 180	12 878	97.7	NO	NO
Month 8	**Nov**	14 759	14 402	97.6	YES	YES
Month 9	**Dec**	13 565	13 181	97.2	YES	NO
Month 10	**Jan**	13 149	12 744	96.9	NO	NO
Quarter 1	**Apr-Jun**	38 820	37 697	97.1	x	x
Quarter 2	**Jul-Sep**	38 838	37 680	97.0	x	x
Quarter 3	**Oct-Dec**	41 504	40 461	97.5	x	x
Quarter 4	**Jan-Mar**	13 149	12 744	96.9	x	x
Total		132 311	128 582	97.2	x	x

Table 4

4.2 National context – most recent HFS quarterly national report

Health Board	4th quarter Jan-Mar 2008/2009	Annual April 2008 – April 2009	1st quarter April-June 2009/2010	2nd quarter July-Sept 2009/2010
	Total % Pass	Total % Pass	Total % Pass	Total % Pass
SCOTLAND	95.7	95.9	95.9	96.0
Ayrshire and Arran	95.6	95.9	95.6	95.3
Borders	96.9	97.2	97.7	97.5
Dumfries and Galloway	96.7	97.2	96.8	97.4
Fife	97.2	97.0	97.3	97.4
Forth Valley	93.4	94.1	93.3	93.7
Grampian	95.7	96.5	96.5	96.4
Greater Glasgow and Clyde	96.1	96.3	96.3	96.4
Highland	95.6	95.4	95.0	95.3
Lanarkshire	95.2	95.1	94.8	96.5
Lothian	94.7	94.7	95.2	95.5
Orkney	87.6	92.1	94.7	94.8
Shetland	97.2	97.5	95.3	96.3
Tayside	95.2	95.7	95.4	94.4
Western Isles	96.4	95.9	96.1	95.8
The State Hospitals Board for Scotland	93.2	93.4	94.2	94.1
Golden Jubilee National Hospital	92.0	92.8	91.3	91.3
NSS - SNBTS	95.1	98.0	90.9	95.7
Scottish Ambulance Service *	96.1	94.6	94.8	94.9

* Current Lothian and Greater Glasgow and Clyde areas only.

Table 5

4.3 Current/new initiatives in improving cleaning

- Staff training initially scheduled for January had to be cancelled due to Norovirus however a drop in session is to take place on 26 February
- Rapid response trams are being formed now that the new staff rosters are in place, these groups will carry out scheduled periodic work but be available at short notice for ad hoc barrier and terminal cleans and can be sourced via the general Services Supervisor. Unfortunately the benefit of these teams is difficult to gauge at this time due to the profusion of Norovirus and the drain this is having on our resources.
- NHS Lothian and Borders have submitted their audit report and action point timeframes have been agreed.

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

OVERVIEW OF PROGRESS AGAINST ACTION PLAN [24 ACTION POINTS]	
STATUS	**PROGRESS**
COMPLETED.	**21**
GREEN.	**1**
AMBER	**2**
RED	**0**

Table 6

Performance Against NHS Scotland Action Plan 2008 Current actions with most recent changes are displayed only	September -09	October -09	November -09	December -09	Jan -10	Feb -10
2.2 - Implement the recommendations of the Senior Charge Nurse review	🟩	🟩	🟩	🟩	🟩	🟩
3.1 HAI SCRIBE sections 3 & 4 to be applied to all existing buildings to ensure fabric of healthcare facilities maintained to minimise risk of infection	🟥	🟨	🟨	🟨	🟨	🟨
10.1 - Structure and resources to provide effective infection control service across NHS Board area (hospital and community) assessed and agreed by NHS Boards	🟥	🟥	🟥	🟥	🟨	🟨

Fig 10

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

3.1 (HAI SCRIBE) Working documentation from HFS (SG) is now ready for use; full implementation & assessment will be completed by 31/3/10 deadline.

10.1 (Structure and resources of the Infection Control Team) NHS Borders are progressing with implementation of the new structure. Successful appointments have been made for the consultant microbiologist and the re-designed ICM/ SICN. Recruitment to the community ICN post is progressing. The Infection Control Facilitator and ICN posts are now subject to the recruitment process, appointments are anticipated to be made by 31/1/10. ICN cover has been extended through secondment, continuing to provide the infection control service for NHS Borders

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**

FEBRUARY 2010

Action: 2.1 All Boards will empower their Charge Nurses to deliver against their responsibilities **Lead:** NHS Boards: Chief Executives **Completion Date:** October 2008   **Status: COMPLETED**

Progress:
Charge Nurses are responsible for ensuring systems are in place for reducing the incidence of HAI by:
   • setting cleaning specifications with General Services Mangers
   • ensuring action is taken where the cleaning specifications are not met
   • participating in audits as agreed by the Infection Control Team
   • ensuring staff are aware of and fully implement all aspects of infection control policies and procedures
 	
These responsibilities will be reiterated during the Leading Better Care implementation.

Comments/Outstanding Actions: Nil

Action: 2.2 Implement the recommendations in the Senior Charge Nurse Review **Lead:** NHS Boards: Chief Executives **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.
 	
The implementation will occur over a two-year period as follows:
   • Cohort 1:   Sept / Jan 2009
Completed
   • Cohort 2:   Jan / April 2009
In progress
 	
   • Cohort 3:   May / Sept 2009
   • Cohort 4:   Oct / Jan 2010
   • Cohort 5:   Feb / May 2010

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) is now ready for use; full implementation & assessment will be completed by 31/3/10 deadline.

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

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

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:

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:

Action: 6.1 All patients to receive information on HAI
Lead: NHS Boards: Chief Executives
Completion Date: November 2008   **Status: COMPLETED**
Progress:
HAI leaflets are available.

The Infection Control Team inform ward staff of all patients identified who have a HAI, who also ensure that information is available to that patient.

On admission, patients are either given the ICT produced, or unit specific leaflets. The unit specific leaflets now incorporate explicit HAI information.

Comments/Outstanding Actions:
Audit of implementation to be performed end March 2009

Action: 6.3 All information is available in a variety of formats that facilitates public understanding
Lead: NHS Boards: Chief Executives
Completion Date: November 2008   **Status: COMPLETED**

Progress:
All information is available on BISSY where the public can request different formats**.**

Comments/Outstanding Actions:
Nil

Action: 7.1 NHS Boards to implements requirements of CEL 30(2008): Prudent Antimicrobial Prescribing: The Scottish Action Plan For Managing Antibiotic Resistance And Reducing Antibiotic Related Clostridium difficile Associated Disease.
Lead: Scottish Government Health Directorates/NHS Boards
Completion Date: August 2008   **Status: 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

Action: 8.1 Scottish Patient Safety Programme (HAI elements) are integrated with HAI agenda at NHS Board level
Lead: NHS Boards/Scottish Patient Safety Programme
Completion Date: January 2009   **Status: COMPLETED**

Progress:
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

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:

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: AMBER**

Progress:
There have been some short term capacity issues in the NHS Borders' Infection Control Team, resulting from long term sickness, a vacancy and a retirement.

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:
Plans to recruit to full complement continue to be progressed: longer term consultant microbiologist locum position has continued from 1ˢᵗ November 2009.

Successful appointments have been made for the consultant microbiologist and the re-designed ICM/ SICN. Recruitment to the community ICN post is progressing. The Infection Control Facilitator and ICN posts are now subject to the recruitment process, appointments are anticipated to be made by 31/1/10. ICN cover has been extended through secondment, continuing to provide the infection control service for NHS Borders

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

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

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.

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:
. **See comments, 13.1**

Action: 15.1 NHS Boards to self assess current compliance with QIS HAI Standards (March 2008)
Lead: NHS Boards: Chief Executives
Completion Date: December 2008   **Status: 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:
• HAI education is incorporated within NHS Borders induction and clinical update programmes, within medical training by the Microbiologist and training given to general services staff. Ad hoc teaching is also given as required. • Antimicrobial pharmacist in post and part of Infection Control Committee • Antimicrobial management team established • At present there is no documented system in place that ensures all healthcare workers have received this training.
Comments/Outstanding Actions:
Need to establish a system to assure Board that all healthcare workers receive appropriate level of HAI education and training in line with position, including antimicrobial prescribing and resistance.

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:
Complete for existing staff. 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:

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

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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:

HAI is now incorporated under 'mandatory training' in the Organisational Baseline PDP

Comments/Outstanding Actions: