

INFECTION CONTROL ANNUAL WORK PLAN (2010–2011) – END OF YEAR REPORT

Report by Liz McClurg, Interim Infection Control Manager on behalf of Heidi May, Board Nurse Director & Executive Lead, Infection Control

The Board is asked to:

- Note the Infection Control Work Plan 2010/2011 – End of Year Report.

1 Background and Summary

In 2003 the Chief Medical Officer identified the prevention and control of Healthcare Associated Infection (HAI) as a high profile priority issue for NHS Scotland. This resulted in the development of the **NHS Scotland Code of Practice for the Management of Hygiene and HAI**. With effect from May 2004 all NHS Boards were instructed through SEHD/CMO (2004) 9 to implement the Code of Practice with immediate effect.

Section 7 of the Code of Practice - Compliance Management, requires Boards to develop an annual infection control and monitoring programme. This should include audit activity and seek to identify areas of deficiency. From the findings, a local Action Plan must be initiated.

The 2010-2011 Infection Control Work Plan was submitted to and approved by the Board in August 2010. The purpose of this report is to provide an end of year update.

2 The Annual Work Plan 2010 – 2011

A total of 16 activity areas are identified for inclusion in the Infection Control Work Plan (2010/11). These include:-

1. The Local Delivery Plan/Quality Assurance
2. Corporate Objectives
3. Monitoring Healthcare Associated Infections (HAI)
4. Enhanced Environmental Cleaning
5. Decontamination - Support and monitor progress towards ensuring Glennie technical requirements in Primary Care settings
6. Maintain Hand Hygiene Standards
7. Education
8. Audit
9. Policy Reviews
10. Advice and support
11. Public Information and Involvement
12. Development of Infection Control service for NHS Highland
13. Scottish Government Policy
14. Immunisation
15. Pandemic Flu
16. Invasive Group A Strep

Detailed information in respect of each activity is contained in Appendix 1.

3 Contribution to Board Objectives

The Infection Control Annual Work Plan supports NHS Highland's achievement of the HEAT Target relating to infection control.

4 Governance Implications

By meeting the requirements of the Annual Work Plan, NHS Highland will continue to improve its performance in respect of Staff, Patient/Public Involvement and Clinical Governance Standards and fulfill, in part, the requirements of the Scottish Government Guidance.

5 Impact Assessment

As Infection Control policies are updated they will be impact assessed for equality and diversity.

Liz McClurg
Interim Infection Control Manager

27 May 2011

NHS HIGHLAND INFECTION CONTROL ANNUAL WORK PLAN 2010-2011

Updated March 2011

	<i>Description</i>	<i>Timescale</i>	<i>Lead Officer</i>	<i>Progress</i>	<i>RAG</i>
1. Local Delivery Plan/ Quality Assurance	1.1 To monitor compliance with QIS HAI Standards.	Ongoing	Infection Control Manager	Monitoring compliance continues	GREEN
	1.2 To be involved in and develop the Infection Improvement & Implementation Programme(iiiP) Building Improvement Capacity in HAI	March 2011	Andrew Hay, Infection Control Lead Now Dr Emma Watson in Dr Hay's absence Infection Control Team	Health Protection Scotland and Quality Improvement Scotland have been supporting Boards who have not met the SAB HEAT target with practical help in improvement methodologies. NHS Highland had a visit in August 2010 which was very helpful and supportive. NHS Highland has continued to implement improvement methodologies to reduce the number of SABs	GREEN
	1.3 To reduce all Staphylococcus aureus bacteraemia by 30% by 2011	March 2011	Dr Emma Watson, Infection Control Lead	NHS Highland has continued to reduce the number of SABs year on year. Although NHS Highland's rates are the lowest in the mainland Boards in Scotland, NHS Highland have not met the target is 46 or less by March 2011. April – February 2011 there have been 52 cases	RED
	1.4 To maintain and improve on current rate of <i>Clostridium difficile</i> infection.	March 2011	Dr Emma Watson, Infection Control Lead	The reduction in CDI cases has been sustained in NHS Highland. The CDI case numbers nationally are now at their lowest level. With effect from April 2010 all Boards are now expected to achieve a minimum of 50% rate reduction among patients age 65 and over by 31 st March 2011.	GREEN

	Description	Timescale	Lead Officer	Progress	RAG
				In terms of numbers this means NHS Highland must not exceed 130 cases of CDI over the course of 2010/2011. From April to February 2011 there have been 69 cases.	
	1.5 To monitor compliance with agreed supporting antimicrobial indicators.	March 2011	Dr Darrel Ho–Yen, Consultant Microbiologist /Alison MacDonald, Antimicrobial Pharmacist	In Primary Care NHS Highland has one of the lowest rates of antibiotic prescribing in Scotland and continues to be one of the highest users of recommended antibiotics. Hospital prescribing of antibiotics indicates a high use of preferred antibiotics and low use of CDI associated antibiotics	GREEN
2. Corporate Objectives	2.1 “Making Infection Control Everybody’s Business”-Support and continue to develop processes and structures in Raigmore/CHPs to promote local control of infection.	Ongoing	Heidi May, Board Nurse Director/Lead Nurses/ Infection Control Manager	Structures and processes in place. Infection Control is well positioned within the Board, with focus on ensuring staff at local level can articulate infection levels, risks and actions.	GREEN
	2.2 Surgical Site infection – To reduce caesarean sections infection rate by 50% on 2009 rate.	March 2011	Head of Midwifery/ Lead Nurses	Improvement methodology is being applied and measures are reflected in an updated action plan. January 2009- December 2009 SSI rate for elective c-section 8.46%. January 2010 – December 2010 SSI rate for elective c-section 4.18%	GREEN
	2.3 To reduce total hip replacement infection rate to <1%	March 2011	Head of Orthopaedics	SSI rate for total hip replacement January2010 –December 2010 0.80%	GREEN

	Description	Timescale	Lead Officer	Progress	RAG
	2.4 To ensure that each ward/ department has a Named Cleanliness Champion	October 2010	Lead Nurses	Each ward/department has a Named Cleanliness Champion.	GREEN
	2.5 To support the Senior Charge Nurses to develop their HAI role	Ongoing	Lead Nurses	Senior Charge Nurses from across Highland attended an HAI training session in August 2010 which covered a number of HAI issues. By being highly visible and accessible the Infection Prevention and Control Team continue to provide ongoing support.	GREEN
	2.6 To review/standardise all ICT patient and public information leaflets and posters.	December 2010	Lead Nurse, North CHP/ Infection Control Manager	ICT leaflets and posters have been reviewed. The procedure for the Distribution and Approval of HAI Information for Patients has been developed, tested and is subsequently being reviewed to ensure that all patients receive HAI information.	AMBER
	2.7 The Infection Control Team lead and support senior staff across NHS Highland during outbreaks/incidents To ensure that learning approach to events and incidents both locally and nationally is achieved.	Ongoing	Dr Emma Watson, Infection Control Lead/ Infection Control Manager	HPS has produced a simple hospital Norovirus outbreak tracker for the Infection Control Teams to test. Table top exercise undertaken in Raigmore in October 2010 built on the debrief held following the Norovirus outbreak in February 2010. A table top exercise has also been held in the South east Highland CHP at the beginning of 2011.	GREEN

	Description	Timescale	Lead Officer	Progress	RAG
	2.8 Implement MRSA admission screening to national requirements	March 2011	Kenny Steele, Project Lead	SGHD funding has been extended to maintain support for implementation of the current policy on MRSA screening through to end-March 2011.	GREEN
3. Monitoring Healthcare Associated Infection	3.1 Continue surveillance of ITU infections, including CVC and Ventilator Associated Pneumonia.(VAP)	Ongoing	Jonathon Whiteside, Clinical Lead – ITU/ Charge Nurses ITU, Raigmore	Surveillance continues. There have been no VAP infections since January 2010. There have been no CVC since July 2010.	GREEN
	3.2 Continue participation in national surveillance schemes including Staph aureus bacteraemia Surgical Site infection Outbreak Surveillance Clostridium difficile infection	Ongoing	Dr Emma Watson, Infection Control Lead	Compliant	GREEN
	3.3 Maintain “Alert Organism “ surveillance programme	Ongoing	Dr Emma Watson,. Infection Control lead	Compliant	GREEN
	3.4 Secure funding for the ICnet system in order to develop an IT Surveillance system similar to other Boards in Scotland	September 2010	Infection Control Manager	ICNet have been awarded the tender for infection control soft ware. ICNet will be installed in NHS Highland in 2011	GREEN
	3.5 Now that the Electronic Co-ordination of Surveillance in Scotland(ECOSS) is implemented , further develop its use for the surveillance of infectious diseases	Ongoing	Ken Oates Consultant in Public Health	ECOSS is in routine daily use. Further development is being considered at national level.	GREEN
4. Enhanced Environmental Standards	4.1 Undertake regular decluttering programmes in all hospitals throughout Highland	Ongoing	Lead Nurses	Regular decluttering rounds being undertaken by Lead Nurses and their teams, ICM and Director of Nursing.	GREEN

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	4.2 Undertake regular environmental audits to achieve compliance with QIS HAI Standards.	Ongoing	Lead Nurses	Regular audits are undertaken using HEI methodology.	GREEN
	4.3 Roll out steam cleaners as an additional aid to cleaning.	September 2010	Domestic Services Managers	Steam cleaners are being used across NHS Highland.	GREEN
5. <u>Decontamination</u> Support and monitor progress towards ensuring Glennie technical requirements in Primary Care settings HDL(2006) 40	5.1 Capital and revenue investment have been made to ensure the managed services across Highland have compliant facilities	June 2010	Douglas Seago, Head of Facilities	North Highland local decontamination units are complete. Work in Argyll & Bute CHP is progressing to ensure compliance in line with the SGHD revised timescale.	AMBER
6. Maintain Hand Hygiene standards to achieve greater than 90% for opportunity and technique	6.1 Support the role of Hand Hygiene Coordinator and develop an exit strategy for the end of the post in March 2011.	September 2010	Pat Tyrrell/Hand Hygiene Action Group	Complete	GREEN
	6.2 Implement the Hand Hygiene Work Plan	December 2010	Hand Hygiene Co-ordinator/Infection Control Manager	NHSH rolling monthly audit programme consistently demonstrates achievement of greater than 90% for opportunity and technique. Work is ongoing to integrate the monitoring of Hand Hygiene compliance locally and nationally to develop a single audit response.	GREEN

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	6.3 Continue to educate/train staff to maintain Hand Hygiene standards	Ongoing	Infection Control Team	The Hand Hygiene Training Pack is available on the Infection Control page of the Intranet. The Hand Hygiene Coordinator and the Infection Control Team have trained hand hygiene trainers throughout Highland. Hand Hygiene training is include in the ICT education programme.	GREEN
7. Education	7.1 Develop the HAI Education Strategy and Policy	June 2010	Infection Control Manager/Infection Control Team	The HAI education strategy will be built into NHS Highland Learning and Development Strategy. The Policy for Staff Core Competencies in Infection Prevention was ratified at COIC in February 2011	Green
	7.2 Identify Key Performance Indicators in respect of the Infection Control Education/ Training programmes and promote equity of access across NHS Highland	September 2010	Infection Control Manager/Infection Control Team	Looking forward, the plan is to increase the use of e-learning packages to deliver infection prevention and control training across Highland, freeing time for the Infection Control Nurses to focus on prevention of infection. HAI modules will be available on the NHS Highland e-learning system (Learnpro) by June 2011.	GREEN
	7.3 Ensure HAI specific elements are included in all staff KSF outlines/PDP	September 2010	Lead Nurses/Lead Allied Health Professionals/ Clinical Directors	Internal Audit demonstrated that HAI objectives were present in 29 of 40 PDPs reviewed. Each operational unit is developing a regular audit programme. Results will be presented to the Infection Control Improvement Group.	AMBER

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	7.4 Support and roll out education programmes	Ongoing	Infection Control Team	The Infection Control Team continues to deliver education on the range of topics as detailed in the Policy for Staff Core Competencies in Infection Control.	GREEN
8. Audit	8.1 Develop, support and monitor progress of NHS Highland Infection control audit programme.	February 2011	Dr Emma Watson, Infection Control Lead/ Infection Control Team	The 2010/11 infection control audit programme has focussed on the QIS HAI standards in conjunction with the Lead Nurses demonstrating improved compliance across NHS Highland.	GREEN
9. Policy reviews	Clostridium difficile Associated Disease(CDI)	October 2010	Infection Control Manager/ Infection Control Team	Complete	GREEN
	Control of Viral Haemorrhagic Fevers	July 2010		No changes required. Remains current	GREEN
	Care of Equipment Policy	June 2010		Complete	GREEN
	Laundry Policy	August 2010		Complete	GREEN
	Legionella	December 2010	Eric Green Senior Estates Officer	Work is ongoing to produce an updated policy in conjunction with other Boards.	AMBER
	Staff Immunisation Policy	August 2010	Mark Hilditch, Occupational Health clinician	Complete	GREEN
	Theatre Policy	September 2010	Infection Control Manager/ Infection Control Team	Update currently in progress	AMBER

	Description	Timescale	Lead Officer	Progress	RAG
	Transmission Based Precautions Droplet Contact Airborne(Source Isolation)	February 2011	Infection Control Team	Review date February 2011	GREEN
10. HAI Advice and Support	10.1 Provide on-going advice and support during Critical incidents and Outbreaks to Incident Control Team.	Ongoing	Dr Emma Watson, Infection Control Lead	Ongoing	GREEN
11.Public Information and Involvement	11.1 Set out arrangements for fulfilling the key roles of the Information Officer to provide a visible, accessible contact point for public HAI information.	Ongoing	Infection Control Manager	A robust link has been developed with the Communication team across Highland	GREEN
12. Development of the Infection Control service for NHS Highland	12.1 Work towards full integration of Argyll & Bute Infection Control services.	Ongoing	Heidi May, Board Nurse Director/Pat Tyrrell, Lead Nurse Argyll & Bute	Arrangements with Greater Glasgow & Clyde remain in place and continue to be reviewed by Argyll & Bute CHP.	AMBER
	12.2 Recruit a Clinical Infection Control Lead for Argyll & Bute.	October 2010		Craig Williams, ICD from GG&C is currently providing 1 session per week.	GREEN
13. Scottish Government Policy	13.1 Respond to and co-ordinate local implementation of any new national policy and guidance as per the HAI Task Force Delivery Plan 2008-2011	March 2011	Infection Control Manager/Dr Emma Watson, Infection Control Lead	Complete	GREEN
14, Immunisation	14.1 Coordinate implementation of the childhood vaccination programmes through the work of Highland Immunisation Coordinating Group	Ongoing	Ken Oates Consultant in Public Health	Implementation of vaccination programmes continue	GREEN

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	14.2 Implement Year 3 of the HPV vaccination programme (the last “catch up” year)	March 2011	Ken Oates Consultant in Public Health	Year 3 of HPV programme underway in all secondary schools. Uptake around 90% for dose 1 in 2010/11	GREEN
	14.3 Achieve national target for uptake of seasonal flu vaccine in those aged 65 and over – likely to be 70-75%	March 2011	Ken Oates Consultant in Public Health	Seasonal flu vaccination programme went very well. Uptake in over 65 age group 73%	GREEN
	14.4 Continue to vaccinate high risk groups with H1N1 vaccination until advised otherwise by Government	October 2010	Ken Oates, Consultant in Public Health	Seasonal flu vaccine now includes H1N1 “swine flu” strain so has replaced single H1N1 vaccine programme. Uptake in high risk groups 56%	GREEN
15. Pandemic Flu	Review and revise pandemic flu plans in light of lessons learned from swine flu pandemic	March 2011	Ken Oates, Consultant in Public Health	NHS Scotland lessons learned workshop took place in January 2011. New national framework awaited and then local plans will be updated.	GREEN
16. Invasive Group A Strep(iGAS)	Implement national guidelines on the management of contacts of invasive Group A Strep	November 2010	Ken Oates, Consultant in Public Health	iGAS guidance implemented within Public Health Department in November 2010.	GREEN

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NHS Highland

March 2011