NHS Greater Glasgow and Clyde

NHS GREATER GLASGOW AND CLYDE

Greater Glasgow and Clyde NHS Board
21 October 2008 Board Paper No. 08/44

Chief Executive, NHS GGC
Medical Director

# PROGRESS REPORT ON C.DIFF ACTION PLAN

**Recommendation:**

The NHS Board is asked to receive this second draft report on progress in taking forward the above Action Plan.

## 1. Background

The report produced by the Review Team chaired by Professor Cairns Smith on Clostridium Difficile Associated Disease (CDAD) was accompanied by a specific plan of actions required of NHS Greater Glasgow and Clyde to be delivered in the period between September, 2008 and April, 2009. The Chief Executive briefed Board Members at the August meeting on the Action Plan and the Board agreed arrangements for subsequent reports. This paper brings in draft the second progress report due for submission to the Cabinet Secretary for Health and Well-being by 17 October 2008.

## 2. The Draft Action Plan

2.1 This report provides an update against each of the action points contained within the Plan. The details are included in the attached paper.

2.2 The Plan has been submitted to the Chief Nursing Officer at the Scottish Government Health Directorates and reviewed at the monthly progress meeting on 8 October 2008.

## 3. Reporting Arrangements

3.1 Members agreed in discussion at the August Board meeting that an updated report should be in front of Board Members during each monthly cycle of meetings. Thus, for the duration of the reporting period, a report will come monthly (in line with the established cycle of meetings) to the Performance Review Group (PRG) or NHS Board, with the opportunity for detailed discussion also at meetings of the Clinical Governance Committee. The first report was submitted to the PRG on 16 September 2008. With one exception, the action points need to be concluded by the end of this calendar year.

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# SCOTTISH GOVERNMENT HEALTH DIRECTORATES
# HEALTHCARE ASSOCIATED INFECTION

## SPECIFIC ACTIONS FOR NHS GREATER GLASGOW & CLYDE
## Progress Update 1st October 2008

| TOPIC | ACTION | LEAD | COMPLETION/TARGET DATE |
|---|---|---|---|
| **Governance** | The Board to set out its commitment to the Vale of Leven and how relevant services will be sustainable | H Byrne (Director of Acute Services Strategy, Implementation & Planning) | **October 2008**<br><br>A) The report of the independent external review of anaesthetics was published on 15/08/2008. The recommendations from this report have been incorporated in the document, setting out the future vision for the Vale of Leven Hospital. NHSGGC launched a 6-week period of engagement on the vision of the Vale of Leven on 17 September 2008, due to end at the end of October, following which, a formal consultation will be launched for a 13-week period until January 2009.<br><br>B) Work is underway in each of the areas set out in the vision document to finalise the detail for the formal consultation document including numbers of patients who will be treated at the Vale of Leven, and bed numbers.<br><br>C) To date, engagement meetings have been held with the West Dunbartonshire CHP, Hospital Watch and the Helensburgh Lomond Planning Group, and an invitation has been given to West Dumbarton / Argyll & Bute Councils to arrange a meeting. In addition, 8 focus groups will be held during this engagement period.<br><br>The formal consultation period is being planned, with consultation meetings arranged to occur in late November and early December in Dumbarton and Helensburgh and Lomond. Formal meetings will also be arranged for January 2009. |

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| | Infection prevention and control policies to be reinforced and compliance monitored and audited at the Vale of Leven<br><br>Will deliver education on and audit policies on key elements re: diff: | T Walsh (Infection Control Manager)<br>J Crombie (Director, Diagnostics) | **September 2008**<br><br>**Education**<br>There are 501 members of staff at VOL. This includes nursing staff, allied health professionals, medical staff and facilities staff.<br>To date 403 Members of staff at the VOL Hospital have attended 2-hour infection control updates. Additional sessions are scheduled throughout October.<br><br>FY1 & FY2 Medical Staff attended infection control updates in August.<br>ICM liasing with Associate Medical Director for Clyde to ensure medical staff attend infection control education sessions.<br><br>**Audit**<br>CDAD care bundle implemented.<br>Audit of Standard Precautions in progress - October.<br>Weekly Hand Hygiene Audits in progress. |
| | The Board should define accountability and responsibility framework for HAI throughout organisation | B Cowan (Medical Director) /<br>T Walsh | **October 2008**<br>Assurance framework being developed. KPIs to be applied at all levels from ward to board based on the forthcoming national monitoring template.<br><br>Meeting held with Carol Fraser (HAI Nurse Advisor for SGHD) on 2 September. High level KPIs agreed and NHSGGC will work with HPS, SPSP and SGHD on developing the monitoring tool for use at National level.<br><br>The review of the infection control structure is now well advanced and will be completed by the due date of end October 2008. The revised structure will see a single lead ICN and 0.5 WTE co-ordinating Infection Control Doctor for the totality of NHSGGC, reporting in a line relationship to the Infection |

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| | | | Control Manager, who in turn reports directly to the Medical Director of the NHS Board.<br><br>Two key levels of further support are available: the Public Health Protection Unit, working closely with the Nurse Consultant Infection Control, are a key resource to the Medical Director and the wider organisation in respect of the management of wider, community and hospital based outbreaks. Secondly, in terms of the discharge of his governance responsibilities as Board Executive Lead, the Medical Director also has the substantial support of the Clinical Governance Unit.<br><br>Similarly, in respect of the Board Nurse Director, the management and accountability arrangements have been sharpened to complete the "ward to board" linkages. The key frontline responsibility will vest in the strengthened role of senior charge nurses who, in turn, will connect to a lead nurse who carries responsibility for no more than six or seven wards. |
| | The Board to highlight the Vale of Leven Hospital as a flagship site for the implementation of the improvement programme "Time to Care". | R Farrelly / R Crockett | A visit to NHS Lanarkshire to see "Time to Care" being implemented and the relevant tools required was beneficial. Contact with NHS Lothian and NHS Grampian Board Nurse Directors' and linking with them on how they have proceeded with the implementation of "Time to Care" has yielded useful information. A job description is now developed to lead on the implementation of this improvement programme and this has been shared with SGHD colleagues and we will now proceed to advertisement. Work ongoing in order to be able to access tool kit. |

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| | Board to ensure consistency of documenting HAI as factor contributing to death | B Cowan / S Ahmed | **December 2008**<br>Outcomes section now included on ICN patient referral forms.<br><br>NHSGGC met with QIS and HPS on 26 September to discuss the development of a Root Cause Analysis Tool for HAIs with an adverse clinical outcome.<br><br>System in place for notification when GRO record *C. diff* as the underlying cause of death. |
| | Follow-up review of actions from Independent review team report to be carried out by end of year | B Cowan / T Walsh | **December 2008**<br>Discussed 28 August. SGHD pursuing possibility of representatives from the Cairns Smith Review Panel returning for the planned further review visit. |

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| **Facilities** | The Board to detail an investment programme to address outstanding maintenance and modernisation issues at the Vale of Leven Hospital | R Calderwood | **October 2008**<br><br>Progressing as part of the upgrade programme of work commenced 13 June 2008. Programme on track as planned. |
| | The Board to review isolation facilities at the Vale of Leven maximising access | R Calderwood / A McIntyre | **November 2008**<br>Progressing as part of the upgrade programme of work commenced 13 June 2008. Programme on track as planned. |

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| **Clinical Leadership** | Charge Nurses to be empowered to deliver against their responsibilities | R Crocket / R Farrelly | **September 2008**<br><br>A session took place on 3 September 2008. The session outlined the role of the Senior Charge Nurse, Lead Nurse and Head of Nursing with regards to HAI in particular. It was made clear at this meeting that they all had a responsibility and accountability to promote and maintain a culture in which safety related to infection prevention and control is of the highest importance and all SCNs at VOL Hospital will complete Cleanliness Champion Course / Training and workbook.<br><br>Senior Charge Nurse (national) job description for NHSGGC now includes the following:<br><br>HealthCare Associated Infections (HAIs), Professional Accountability & Responsibility |
| | The Senior Charge Nurse review recommendations to be implemented as early as possible at the Vale of Leven | R Crocket / R Farrelly | **October 2008**<br><br>The roll out of the SCN Review was outlined VOL phase 1.<br><br>The SCN Review Steering Group now established and is now meeting monthly to oversee the implementation of the SCN Review. Terms of Reference and implementation action plan developed, signed off and now commenced. In total 40 SCNs across NHSGGC are part of the first cohort and this includes all SCNs at the VOL Hospital. |

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| | | | Four development days are now organised between now and November 2008 for all SCNs within the first cohort and these days are linked with the master classes as part of the SCNs development. This development will also see the commencement of learning communities and action learning sets.<br><br>The Clinical Quality Indicators (CQIs) will be linked with SCNs implementation programme but as this will not be a live IT system as it is still being piloted in other NHS Boards. NHSGGC will manually complete this information in order to capture the CQIs. However no CQIs have been developed for Children's Services or Maternity Services at present.<br><br>Job description has now been developed for senior support post and this has been shared with SGHD colleagues for comments.<br>Lead Nurses and Midwives to be more visible in wards/departments and will liaise with patients and their families in their relevant wards in uniform one day per week commencing November 2008<br><br>The Nurse Director within the Acute Division has now established a system to rotate the Heads of Nursing / Midwifery meetings across all acute sites and the Heads of Nursing / Midwifery are making plans to be more visible in the areas they cover. This will include a structured professional clinical walkabout on the relevant site which will be linked with SPSP on documenting and actioning the outcomes of the professional clinical walkabouts. |

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| | The Board to assess if the posts of Nursing and Medical Directors are appropriately focused and supported | B Cowan / R Crocket | **September 2008**<br>The review of the infection control structure is now well advanced and will be completed by the due date of end October 2008. The revised structure will see a single lead ICN and 0.5 WTE Infection Control Doctor for the totality of NHSGGC, reporting in a line relationship to the Infection Control Manager, who in turn reports directly to the Medical Director of the NHS Board.<br><br>Two key levels of further support are available: the Public Health Protection Unit, working closely also with the Nurse Consultant Infection Control, are a key resource to the Medical Director and the wider organisation in respect of the management of wider, community and hospital based outbreaks. Secondly, in terms of the discharge of his governance responsibilities as Board Executive Lead, the Medical Director has also the substantial support of the Clinical Governance Unit.<br><br>Similarly, in respect of the Board Nurse Director, the management and accountability arrangements have been sharpened to complete the “ward to board” linkages. The key frontline responsibility will vest in the strengthened role of Senior Charge Nurses who, in turn, will connect to a Lead Nurse who carries responsibility for no more than six or seven wards. Thus, there is a sharp, frontline focus on this work. The line management connections are firm both through the Directorate structure and through the professional lines to the Director of Nursing within the Acute Services Division. His role is pivotal in support of the Board Nurse Director whose key responsibility (already being enacted in the delivery of this action plan) will be to spearhead the various programmes of improvement which are being taken forward. This will include a structured professional clinical walkabout on the relevant site which will be linked with SPSP on documenting and actioning the outcomes of the professional clinical walkabouts. |

| **Clinical Leadership** | The Board to consider the need to establish full-time post of Lead Infection Control Doctor | B Cowan / T Walsh | **September 2008**<br>Sector based ICD and a co-ordinating ICD structure in place. ICD cover is included in the infection control structural review being led by the Board Medical Director. The proposed structure includes 0.5 WTE Co-ordinating Infection Control Doctor over and above the sessional commitments of the sector based ICDs. |
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| **Surveillance** | Vale of Leven local surveillance system based on standard template and guidance produced by Health Protection Scotland to be in place, including setting of control limits and trajectories for reduction of rates / incidence of HAI | R Crocket / S McNamee | **September 2008**<br>SPC data will be part of the KPIs and monitored through the NHSGGC Performance Management and Governance Systems at all levels from Board to Ward. SCN KSF Profile as developed by NHS Education Scotland is now being loaded onto the eKSF system within NHSGGC for all Lead Nurses / Midwives to access as part of SCN performance management.<br><br>KPIs will be based on the collaborative work with HPS and SGHD on the development of the National Monitoring Template for HAIs.<br><br>Draft Paper Prepared - Framework for Local Surveillance for NHSGGC 2008 based on the HPS document. A framework for local surveillance of HAI in NHS Scotland. This paper will go to the BICC in November. This draft framework will also be submitted to HPS for comment / amendment. |
| | Board to carry out epidemiological review of cases between December 2007 and June 2008 | Dr S Ahmed | Will be included in the report from the Outbreak Control Team. |

| **Education** | HAI Education and training programme for all disciplines of staff, to be developed and delivered at the Vale of Leven | A Rankin /<br>S McNamee | **Education**<br>403 out of 501 members of staff at the VOL Hospital have attended 2-hour infection control updates. Additional sessions are scheduled throughout October.<br><br>FY1 & FY2 Medical Satff attended infection control updates in August.<br>ICM liasing with Associate Medical Director for Clyde to ensure medical staff attend infection control education sessions.<br><br>NHSGGC have been reviewing their induction processes over the past 12 months with a view to standardising the induction process across the organisation. Infection control teams have been part of this process. When staff are recruited they and their line manager receive information outlining their responsibility with regards to mandatory induction. They are given timeframes and direction to the NHSGGC Learning and Education Portal. Through this portal there are links to the infection control site. The infection control service purchased a system called 'training tracker' which allows NHSGGC to 'track' when modules have been completed and by whom. Although IC induction is mandatory the site contains fourteen modules including Standard Precautions, Transmission Based Precautions, prevention of S. aureus bacteraemia and care bundles. At present both systems are running in parallel to prevent any gaps in the changeover of systems as this process is being rolled out across the organisation. |
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| **Communication** | Board to review communication processes by clinical staff to patients and relatives, ensuring delivery of consistent accurate information. This should involve the Patient Focus Public Involvement lead. | S McNamee / R Farrelly / J Whyteside / Debbie Mack | **September 2008**<br><br>• Comments received from to Patient Public Focus (PPF) Leads for Community Health and Care Partnerships included in re-draft of HAI patient information.<br>• Member of the Infection Control PFPI group will attend the newly convened Acute Operating Divisions Patients Panel.<br>• NCIC and Local Board Hand Hygiene Co-ordinator will continue to attend Community Outreach Sessions.<br><br>Dr Mack contacted and commented on proposed HAI information. Comments included in new drafts of HAI patient information. |
| **Communication** | The Board should define the communication pathway and escalation process for reporting HAI outbreaks and incidents at all levels from ward to Government | B Cowan / T Walsh | **September 2008**<br><br>Draft document prepared. “Guidance on the Reporting of Healthcare Associated Incidents and Outbreaks”. Will link to Root Cause Analysis initiative as an action from the document. |

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| **Finance** | Charge Nurses to have access to resources to address urgent estates shortcomings and replacement of equipment, e.g. broken sinks | R Calderwood / A McIntyre | **April 2009**<br><br>An evaluation of the operational and budgetary aspects of this directive is ongoing and will be concluded as part of the Board's budget setting process. Consideration is being given to the allocation formula per Charge Nurse that reflects the age and condition of estate and furnishings reflecting expenditure and upgrades to date and the governance arrangements for the allocation. |