SCOTTISH GOVERNMENT HEALTH DIRECTORATES
HEALTHCARE ASSOCIATED INFECTION

SPECIFIC ACTIONS FOR NHS GREATER GLASGOW & CLYDE
Progress Update 10th February 2009

TOPIC	ACTION	LEAD	COMPLETION/TARGET DATE	STATUS
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** A) The report of the independent external review of anaesthetics was published on 15 August 2008. The recommendations from this report were incorporated in a 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, which ended at the end of October. B) Formal Consultation has now been launched for a 13-week period until January 2009. 4 of 9 formal Consultation Meetings have been held and a meeting with Helensburgh Area Committee of Argyll and Bute Council. A meeting with West Dunbartonshire Council is scheduled for 9 December 2008. A series of drop-in sessions have also been arranged. C) Further formal Consultation meetings occured in January 2009. On request there was attendance at Community and other group meetings. D) An additional public briefing paper was issued in January 2009.based on the comments received during earlier meetings. E) A report collecting all responses to consultation will be submitted to the Board Meeting in February 2009.	**9 formal consultation meetings complete – 239 attendees.** **11 drop in sessions complete – 221 attendees.** **6 meetings with stakeholders held.** **Monthly meetings with NHS Highland.** **Update at Board Seminar on 3 February .** **On target for 24 February Board meeting.**

	Infection prevention and control policies to be reinforced and compliance monitored and audited at the Vale of Leven Will deliver education on and audit policies on key elements regarding infection control	T Walsh S McNamee A Rankin	**September 2008** **Education** 538 members of key frontline staff at the VOL have attended an Infection Control education session. All permanent consultant staff and the rotating FY1 & FY2 have also attended IC training. **Audit** • The results from the last cycle of the National Hand Hygiene Campaign demonstrated a 92% compliance rate in NHSGGC. Local weekly Hand Hygiene Audits are in progress using the SPSP methodology. 'Run charts are being completed in each of the wards at the VOL and these are being reviewed by the Lead Nurses for these areas. Training on the methodology in relation to both the audit process and the principles of SPSP has been delivered by the Board HH Co-ordinator. • Audit of the use of antimicrobial therapy completed. • Audit of key Infection Control Policies has been completed.	**COMPLETE**
	The Board should define accountability and responsibility framework for HAI throughout organisation	B Cowan / T Walsh	**October 2008** Assurance framework being developed. KPIs to be applied at all levels from ward to board based on the forthcoming national monitoring template. NHS Board will receive 2 monthly reports on HAI commencing February 2009. In NHS Greater Glasgow and Clyde these reports will include Statistical Process Control Charts and reports on Route	**On target for Feb Board meeting**

			Cause Analysis undertaken. High level KPIs agreed with Carol Fraser (HAI Nurse Advisor for SGHD), and NHSGGC will continue work with QIS and SGHD on developing the monitoring tool for use at National level. The review of the infection control structure is now complete and appointments to the key senior roles were made on 10 February 2009.	**Awaiting National Template (mid December)** **Complete**
	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 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 at VoL Hospital. Lomond Ward is currently piloting "Releasing Time to Care". Senior Charge Nurse & Senior Nurse attended relevant training programme. Whilst the Productive Ward is a "bottom up" methodology, its success depends on clear and visible links to the organisational strategy. The objectives of the programme reflect clearly NHSGGC's mission and values and the improvement culture within the Board aimed at achieving a high quality experience for every patient. It will be overseen by the Director of Nursing (Acute Division) and Senior Nursing Teams within Clinical Practice.	**Progressing to achieve target**

	Board to ensure consistency of documenting HAI as factor contributing to death	B Cowan / S Ahmed	**December 2008** Outcomes section now included on ICN patient referral forms. System in place for notification when GRO record *C. diff* as the underlying cause of death. This will be incorporated into the risk management and incident reporting structure when the RCA tool becomes available. Office for National Statistics guidance revised as a basis for interim guidance within NHSGGC. Feedback has been received from CMOs office and this document will be issued by Medical Director at the end of next week. Clarification has also been obtained from the Procurator Fiscal around the notification of deaths due to healthcare associated infection and this has been shared with the Scottish Government. This will now be included in the information on completion of death certificates.	**Complete**
	Follow-up review of actions from Independent review team report to be carried out by end of year	B Cowan / T Walsh	**December 2008** Follow-up review complete. IRT report indicated significant progress against all recommendations, and was issued on the 10 February 2009.	**Complete**

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TOPIC	ACTION	LEAD	COMPLETION/TARGET DATE	STATUS
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** Progressing as part of the upgrade programme of work commenced 13 June 2008. Programme timescales amended to reflect an increase in the scope of the programme and limitations on access into busy clinical areas.	**Progressing as per revised project plan**
	The Board to review isolation facilities at the Vale of Leven maximising access	R Calderwood / A McIntyre	**November 2008** Progressing as part of the upgrade programme of work commenced 13 June 2008. Programme timescales amended to reflect an increase in the scope of the programme and limitations on access into busy clinical areas.	**Progressing as per revised project plan**

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TOPIC	ACTION (SCN)	LEAD	COMPLETION/TARGET DATE	STATUS
Clinical Leadership	Senior Charge Nurses to be empowered to deliver against their responsibilities	R Crocket / R Farrelly	**September 2008** Session held outlining the role of the Senior Charge Nurse. Lead Nurses, Head of Nursing and Senior Charge Nurses were informed of the principles with regards to the HAI agenda and the Senior Charge Nurse Review Implementation Programme within the VoL and across NHSGGC. It was made clear at this meeting that the SCNs, HONs/HOM/Lead Nurses all have 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 by December 2008. Senior Charge Nurse (national) job description for NHSGGC now includes the following: "**HealthCare Associated Infections (HAIs), Professional Accountability & Responsibility"** The SCN job description and knowledge and skills framework outlines will go to the Area Partner ship Forum.	**Completed** **On target to complete**

	The Senior Charge Nurse review recommendations to be implemented as early as possible at the Vale of Leven	R Crocket / R Farrelly	**October 2008** The roll out of the SCN Review was outlined VOL phase 1. The SCN Review Steering Group is established and 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.	**Complete**
			The SCN review position paper and implementation plan have been approved at NHSGGC Board Wide Organisational Development Group, Area Partnership Forum, Operational Management Group (Acute Division) & Strategic Management Group (Acute Division).	**Complete**
			Four development days are now organised 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.	**Complete**
			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.	**Progressing to completion**

			Job description has now been developed for senior support post and this has been shared with NHSGGC & SGHD colleagues for comments. This post has gone to advert in December 2008. 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. 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.	**Complete** **Complete** **Complete**
	The Board to assess if the posts of Nursing and Medical Directors are appropriately focused and supported	B Cowan / R Crocket	**September 2008** The review of the infection control structure is now complete. The revised structure will see a Assistant Director of Nursing Infection Control 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.	**Revised Infection Control Structure will be implemented in February 2009**

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Clinical Leadership	The Board to consider the need to establish full-time post of Lead Infection Control Doctor	B Cowan / T Walsh	**September 2008** Sector based ICD and a co-ordinating ICD structure in place. ICD cover was a key consideration in the review of Infection Control Structure lead by the Board Medical Director. The revised structure includes 0.5 WTE Co-ordinating Infection Control Doctor over and above the sessional commitments of the sector based ICDs.	**Revised Infection Control Structure will be implemented in February 2009**

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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** All wards in NHSGGC who have an underlying prevalence of MRSA and *C. difficile* infection are now issued a Statistical Process Control Chart (SPCs) by the AOD Infection Control Team. 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 document will be circulated to Directors in the AOD for comment in January 2009.	**Complete**
	Board to carry out epidemiological review of cases between December 2007 and June 2008	Dr S Ahmed	Included within the report from the Outbreak Control Team.	**Complete**
Education	HAI Education and training programme for all disciplines of staff, to be developed and delivered at the VOL	A Rankin / S McNamee	**Education** 538 members of key frontline staff at the VOL have attended an Infection Control education session. All permanent consultant staff and the rotating FY1 & FY2 have also attended IC training.	**Complete**

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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** New patient information leaflets, laundry, *C. difficile* and generic HAI information have been distributed to all sites. All policies and patient information leaflets in relation to HAI are following the Standard Operational Policy for infection control consultation and distribution which now includes all Directors in Acute Division.	**Complete**
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** 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. The RCA tool has been piloted in NHSGGC and comments returned to HPS and QIS. It is anticipated that this tool will be finalised by the end of December 2008.	**Complete (NHSGGC)** **Final version to come from HPS & QIS**

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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** 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.	**On target for April 2009**