

Prevention and Control of Healthcare Associated Infection (HAI) NHS National Services Scotland

1. Author(s) of Paper

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2. Purpose of Paper

The purpose of this paper is to inform the Board of the key strands of work with which the Divisions are engaged and aims to highlight to the Board areas where there may be a potential governance role:

- assuring that the HAI agenda is being delivered in a credible and timely manner;
- noting the responsibility held by NHSNSS staff for determining national standards, processes and systems; and
- assuring that the on-going programme of work (both internally and externally) meets the requirements which are being set by the Government's HAI Task Force.

3. Key Issues

Across Scotland, territorial boards have for sometime now been monitoring and reporting HAI, on a HAI reporting template (HAIRT). Work is currently underway to develop a standardised HAIRT in the form of a 'dashboard'.

There are two components to the HAIRT: the first sets out local data in a spreadsheet by hospital and specialty/staff group, which will be placed in the public domain in a standard format; the second sets out the components appropriate to a routine analysis and commentary on HAI for Board meetings as a standard agenda item.

It has been acknowledged that although reporting mechanisms require to be established within NHSNSS the content and purpose will, for obvious reasons, require to be different from that of the territorial boards. There may be some similarities in respect to elements of the reporting within SNBTS however it is expected that the final format will be developed in a manner that is conducive to capturing the essence of what is a very different environment of care.

From a NHSNSS perspective, at least some of the information in relation to each division's contribution will previously have been presented to the Board in other formats.

HAIRT at this point is not intended to replace such reports however a recent Government review of published NHS Board papers raised cause for concern that HAI was not generally found to have been a key agenda item for board consideration.

It is proposed therefore that the HAIRT framework will set a standardised framework for HAI information, analysis and action plans as a standing item on Board agendas. Where there is a need for more detailed reports to be reviewed by the Board, these are to augment the HAIRT basic template.

The Board is asked to note the proposed approach to HAIRT within NHSNSS.

SNBTS will review the current system of reporting key blood safety data including Transfusion Transmitted Infection, to ensure that the Board has appropriate and balanced levels of visibility of blood safety now that HAI reports will be received directly by the Board.

4. Financial Implications

Some funding is currently provided by the Scottish Government to support the monitoring and reporting of elements of the HAI agenda within SNBTS. A Business Case is currently under development for consideration by the Scottish Government HAI Policy Unit to support the enhanced level of monitoring across SNBTS.

There are no other obvious financial implications at this point in time.

5. Resource Implications

Additional resource requirements will be quantified during the process of development of the aforementioned Business Case.

6. Contracts

No specific issues of note.

7. Risk Implications

The organisation may be exposed to reputational risk through failure to deliver on any part of the HAI agenda.

8. Equality & Diversity Implications

There are no specific Equality and Diversity implications associated with this paper.

9. Partnership Working

There have been no specific partnership engagement issues in relation to the development of this briefing paper.

10. Recommendation(s) for Decision

The Board are asked to note and approve the recommendation that:-

Following the meeting which is scheduled with representatives of the HAI Policy Unit at Scottish Government for 10 June 2009 to draft an HAIRT, it is proposed that a schedule of reporting will be established which will allow the Board to consider the HAIRT contents and more detailed reports from the various Divisions.

Prevention and Control of Healthcare Associated Infection (HAI) NHS National Services Scotland

1. Background

- 1.1 Healthcare Associated Infection (HAI) is recognized nationally as an issue which is becoming an ever increasing challenge to the NHS as it can adversely affect those receiving care and impacts on the efficiency and effectiveness of NHS Services. Minimising the risk of Healthcare Associated Infection is therefore a key priority for the Scottish Government and NHS Scotland as a whole.
- 1.2 NHS National Services Scotland (NHSNSS), like all other Boards across NHS Scotland, has a crucial role to play in the prevention and control of HAI, however the extent and diversity of NHSNSS's contribution to the delivery of this national imperative extends beyond that of the other Boards.
- 1.3 The purpose of this briefing paper is to provide an overview on the extent and diversity of the involvement and contribution which is made by various Divisions within NHSNSS to the attainment of a reduction in Healthcare Associated Infection both within and beyond NHS National Services Scotland.

2. Organisational Governance

- 2.1 This paper identifies the key strands of work with which the Divisions are engaged and aims to highlight to the Board areas where there may be a potential governance role: in being assured that the HAI agenda is being delivered in a credible and timely manner; in noting the responsibility held by NHSNSS staff for determining national standards, processes and systems; and in being assured that the on-going programme of work (both internally and externally) meets the requirements which are being set by the Government's HAI Task Force.
- 2.2 It should be noted that the only Division within NHSNSS which is directly involved with the delivery of care (albeit to donors and a very small number of patients) and therefore requires to actually comply with elements of the national HAI agenda is the Scottish National Blood Transfusion Service (SNBTS).

3. Divisional Involvement

- 3.1 The following Divisions have direct involvement in the national HAI agenda:
 - Finance
 - Health Facilities Scotland
 - Health Protection Scotland
 - Corporate Services
 - Information Services Division
 - National Procurement
 - Scottish National Blood Transfusion Service

- 3.2 Clearly the level and type of involvement of each of the aforementioned Divisions varies however collectively NHSNSS makes a notable contribution to what is a significant and highly sensitive national issue. How this Board is currently sighted on that contribution varies and to date has been in a sporadic manner.
- 3.3 An outline of areas of involvement is set out in Annex A which provides details in a format which replicates the three categories contained within NHSNSS's Local Delivery Plan.
- HEAT Targets; where the services deliver strategically important outcomes for NHS Scotland
 - Contributory Targets; which quantify and provide an objective measure of performance based on the contribution made by NSS to the performance of territorial boards
 - Customer Targets; which are based on what territorial boards will require from NSS to operate satisfactorily in 2009/2010
- 3.4 In line with the 'plan', the Annex sets out how our activities contribute towards meeting the Government's targets and outcomes and how our activities provide a range of specialised support services that enable NHS Boards to focus their efforts on delivering health improvement and direct patient care.

4. Reporting of HAI

- 4.1 Across Scotland, territorial boards have for sometime now been monitoring and reporting HAI, on a HAI reporting template (HAIRT). Work is currently underway to develop a standardised HAIRT in the form of a 'dashboard'. There are two components to the HAIRT: the first sets out local data in a spreadsheet by hospital and specialty/staff group, which will be placed in the public domain in a standard format; the second sets out the components appropriate to a routine analysis and commentary on HAI for Board meetings as a standard agenda item.
- 4.2 It has been acknowledged that although reporting mechanisms require to be established within NHSNSS the content and purpose will, for obvious reasons, require to be different from that of the territorial boards. There may be some similarities in respect to elements of the reporting within SNBTS however it is expected that the final format will be developed in a manner that is conducive to capturing the essence of what is a very different environment of care.
- 4.3 From a NHSNSS perspective, at least some of the information in relation to each division's contribution will previously have been presented to the Board in other formats. HAIRT at this point is not intended to replace such reports however a recent Government review of published NHS Board papers raised cause for concern that HAI was not generally found to have been a key agenda item for board consideration.
- 4.4 It is proposed therefore that the HAIRT framework will set a standardised framework for HAI information, analysis and action plans as a standing item on Board agendas. Where there is a need for more detailed reports to be reviewed by the Board, these are to augment the HAIRT basic template.

- 4.5 It should be noted that SNBTS also collates data on the microbiology results of the donor due to the risk of Transfusion Transmitted Infection (TTI). In addition as a part of the haemovigilance system those recipients that acquire an infection (whether viral, bacterial or from prions) as a result of receiving blood are reported through mandatory and legally required systems to MHRA (Medicines & Healthcare products Regulatory Agency) and then to the European Commission. Transfusion transmitted infections are however very rare.
- 4.6 The manufacturing standards, controls and reporting systems are legally prescribed through the Blood Safety and Quality Regulations and inspected and enforced through the MHRA as the Competent Body. Similar arrangements exist for the manufacture and reporting of adverse events arising as result of the manufacture and use of Prescription Only Medicines (POM) and various IV fluids which in the course of their manufacture and administration also have a risk of causing infection.
- 4.7 Whilst the acquisition of a TTI or infection from a POM could be regarded as a "healthcare acquired infection" in its broadest sense, there is no benefit to be obtained from conflating the reporting of HAI and blood safety. In the case of SNBTS, conflating the data described above as a part of the HAI programme would lead to a distortion of overall reporting and any Government sponsored action plans relating to what is commonly understood to be HAI, could enter into conflict with the legal regime described above. In light of the fact that the Board will now receive HAI reports directly, the system of reporting key blood safety data through Clinical Governance at SNBTS and at Board level will be reviewed ensuring an appropriate and balanced level of visibility on blood safety issues allowing exertion of appropriate Governance.

5. Likely contents of HAIRT reporting within NHSNSS

- 5.1 Several themes will require to be captured by the HAIRT framework and it is likely the following will specifically feature in the HAIRT template and/or associated reports for NHSNSS.
- Prevention and Control of Infection
 - Hand Hygiene
 - National Cleaning Service Specification
 - Dress Code and Uniform Policy
 - HAI Standards
 - Team Leader Roles
 - Clinical Governance and Risk Management
 - Education and Training
 - Patient Focused Public Involvement
 - Public Information
 - Complaints
 - Finance

6. Key Issues for Noting

- 6.1 A significant amount of resources is currently deployed across NHSNSS on the delivery of this national agenda from both an internal and external perspective.
- 6.2 Several of the Divisions within NHSNSS have Key Performance Indicators which are quantifiable through their explicit contribution to the national programme of work.
- 6.3 The organisations contribution highlights that all seven 'Strategic Enhancement Themes' are demonstrable in that there is clear evidence of:
- Improving our Customer Service
 - Evidence of Quality and Innovation
 - Modernising our Working Practices
 - Enhancing our Leadership Capacity
 - Strengthening our Partnership Working
 - Developing our People
 - Increasing Efficiency
- 6.4 Most notable of all however is that the organisation's core purpose i.e. "*To deliver national and specialist services which enable and support improvements in the health and well being of the people of Scotland*", is undoubtedly key to the delivery of this national agenda.

7. Next Steps

- 7.1 A meeting is scheduled with representatives of the HAI Policy Unit at Scottish Government for 10 June 2009 at which time a draft HAIRT will be developed which best meets the needs of NSS. Following development of this reporting template it is proposed that a schedule of reporting will be established which will allow the Board to consider the HAIRT contents and more detailed reports from the various Divisions.

Annex A

Local Delivery Plan Extracts....	<i>HEAT Targets; where the services deliver strategically important outcomes for NHS Scotland</i>	<i>Contributory Targets; which quantify and provide an objective measure of performance based on the contribution made by NSS to the performance of territorial boards</i>	<i>Customer Targets; which are based on what territorial boards will require from NSS to operate satisfactorily in 2009/2010</i>
Division - HFS	Internal NSS HAI Issues	Other Boards HAI Agendas and our contribution to their delivery	What others require of NSS
	<p>Continued need to monitor SNBTS and SAS main sites to comply.</p> <p>Develop an Education and Training Framework for all staff groups within facilities services to include:- A: Framework B: Competencies</p> <p>NSS staff will need to comply with framework</p>	<p>Development and Implementation of an Estates Monitoring Tool</p> <p>Further development of the monitoring framework for the NHSScotland National Cleaning Services Specification</p> <p>Innovations Research Project – Phase 2: The wider view and the impact on HAI</p> <p>Study programme into new innovations in cleaning which may increase standards and productivity</p>	<p>A Housekeeping pilot scheme will be hosted by Health Facilities Scotland in 2008/9 to identify if the housekeeper role contributes to improving cleaning standards and reduces HAI.</p> <p>This study will also identify associated costs of implementing Housekeepers throughout Scotland.</p>

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Division - SNBTS	Internal NSS HAI Issues	Other Boards HAI Agendas and our contribution to their delivery	What others require of NSS
	<p>Infection Prevention and Control Policies implemented via production of Prevention and Control of Infection Manual (ongoing) and SOPs.</p> <p>Education and training on prevention and control of infection delivered to all staff.</p> <p>Self directed learning unit on Hand Hygiene produced and being undertaken throughout SNBTS in addition to delivery of hand hygiene awareness sessions and standard precautions sessions.</p> <p>Hand hygiene Audits undertaken throughout Donor Services Areas and infection control audits undertaken at the request of staff or following any contamination incidents.</p> <p>Infection prevention and control input is provided for any Capital Projects or proposed changes to areas.</p>		

	<p>Infection prevention and control advice/guidance is provided as required for any related issues e.g. disposal of waste, validation of hand hygiene products, validation of cleaning products.</p> <p>Finger Dab Surveillance is undertaken within Donor Services to monitor staff hand hygiene performance.</p> <p>An action plan has been developed following a gap analysis of the HAI Standards.</p>		
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Division – National Procurement	Internal NSS HAI Issues	Other Boards HAI Agendas and our contribution to their delivery	What others require of NSS
	<p>Contributes to SGHD Stakeholder group. Routinely measuring our activities against the HAI Task Force Programme.</p> <p>Manages the HAI Commodities Group which reviews all contracts for infection control and related products and reviews the fitness of new products for NHS Scotland</p> <p>Contribute to some of the joint HAI/Scottish Patient Safety Programme Projects e.g. the procurement of a standardised Scottish Central Venous Catheter insertion pack.</p>	<p>Continuous engagement with the service on shaping national contracts for antimicrobials (within the top 3 for hospital expenditure) to support clinical and cost-effective delivery of care.</p>	<p>Procurement and monitoring of National contracts for antimicrobials</p> <p>Developed a “routes to market” roadmap for emerging HAI technologies.</p>

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Division - ISD	Internal NSS HAI Issues	Other Boards HAI Agendas and our contribution to their delivery	What others require of NSS
		<p>ISD work to support ScotMARAP (Scottish Antimicrobial Resistance Action Plan) policy implementation supporting antimicrobial stewardship through information on prescribing and surveillance.</p> <p>Delivery of Antimicrobial prescribing (ISD) and surveillance (HPS) information to enable them to deliver the HEAT target - Reduce the rate of clostridium difficile associated disease among patients aged 65 and over by at least 30% by 31 March 2011.</p> <p>Through Supplementary Indicators - Primary Care empirical prescribing: seasonal variation in quinolone use (summer months vs. winter months) is < 5%, calculated from PRISMS data held by NHS Boards. (CEL 11 – 2009)</p>	<p>The delivery of Primary Care Prescribing (PRISMS – data) Indicator information, the establishment of the Hospital Medicines Utilisation Database (HMUD data) and delivery of antimicrobial surveillance data to support antimicrobial stewardship via NHS Board Antimicrobial Management Teams</p> <p>PRISMS data routinely available HMUD – development of datamart ongoing and Service User Group established.</p>

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Division - HPS	Internal NSS HAI Issues	Other Boards HAI Agendas and our contribution to their delivery	What others require of NSS
	<p>Outbreak management support:</p> <p>Expert advice and support for outbreak management. National/ multiple board level coordination of these as per Memorandum of Understanding (SGHD/HPS/NHS Boards)</p>	<p>Outbreak management support:</p> <p>HPS have membership of the local NHS Board Outbreak Control Team and Incident Management Team at NHS boards request as per the MOU(SGHD/HPS/NHS Boards)</p> <p>To give expert advice, ensure best practice in place, support investigation and local epidemiology in order that the board can prevent further cases and manage the existing cases in an optimal way.</p> <p>We have given input to all referred (approx 20 per year) and also supporting the alert response function through interface with the national reference laboratories</p>	<p>Outbreak management support :</p> <p>To be able to field HPS support when required whilst maintaining Business as Usual (particularly with H1N1 issues this year)</p>
	<p>HAI reduction programmes:</p> <p>Coordination and delivery of health protection programmes related to reduction of HAI, inclusive of epidemiology, surveillance, best practice guidance and targeted interventions to reduce risk and evaluating the impact of those interventions:</p>		<p>HAI reduction programmes:</p> <p>Delivery of planned programme of work signed off by the National HAI steering group and programme board (service represented at all levels)</p>

	SAB (staph aureus bacteraemia)	<p>HEAT target of 30% reduction in NHSScotland by 2010.</p> <p>Currently on target overall, however continue to work with NHS boards not on target to improve performance locally</p>	
	CDAD (clostridium difficile associated disease)	<p>HEAT target of 30% reduction by 2011. Too early to assess. National guidance produced for the service and supplementary tools (care bundle, checklist)</p> <p>Delivery of national action plan (HPS actions) following VOL incident on time.</p>	
	SSI (surgical site infection)	<p>SSI reduction in mandatory surveillance categories of hip arthroplasty and c section seen for all NHS Scotland (statistically significant).</p> <p>Exception reporting quarterly to each NHS board to ensure local improvement potential maximised</p>	
	AMR (antimicrobial resistance)	<p>New programme being developing to examine the emerging threats of AMR.</p> <p>Linkage to prescribing practices to ensure that Scottish Antimicrobial Prescribing Group work implemented and supported by ISD</p>	
	Decontamination	<p>Redevelopment of the programme to focus on HAI and CJD reduction of transmission risk</p>	

	<p>HAITF portfolio of projects:</p> <p>Delivery of the SGHD HAITF portfolio of HAI projects 2008-2011</p> <p>23 projects over three years for HPS: 2 completed in year 1 10 for current year 11 for year 3</p> <p>Projects inclusive of:</p> <p>Hand hygiene campaign for NHS Scotland and public campaign</p> <p>HAI outbreaks knowledge management tools</p> <p>MRSA screening</p> <p>Educational initiatives with NES</p> <p>Community infection control guidance</p>	<p>HAITF portfolio of projects:</p> <p>This portfolio was developed in light of the findings of the HPS national prevalence survey.</p> <p>If the projects are delivered to time, cost and quality and the outputs implemented by the boards then the repeat national prevalence survey (due for completion by 2011) should see a reduction in HAI in NHS Scotland</p>	
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