

SUBJECT: HAI UPDATE

PURPOSE

This report provides a monthly update of performance in relation to health care associated infection using the national reporting template. Key issues covered include:-

- Performance against Health Efficiency Access Targets
- Infection prevalence rates
- Cleanliness of clinical facilities
- Progress against national *Clostridium Difficile* action plan
- Progress against key issues within the HAI Task Force 3 year delivery plan
- Surgical Site Infection Surveillance
- Antimicrobial prescribing
- MRSA National Screening Programme
- Healthcare Environment Inspection

1. STAPHYLOCOCCUS AUREUS BACTERAEMIAS (SAB)

1.1 Short/Medium/Long Term Trends in SAB, plus Meticillin Resistant Staphylococcus Aureus (MRSA), MSSA Bacteraemias

Table 1 shows that the total number of SABs has remained fairly static since December 2009 and that there is little variation within the 3 acute sites from January 2010.

Table 2 provides a breakdown of SAB episodes by speciality, 45% (n=5) of the total isolated from Accident and Emergency patients in comparison to 10% (n=1) of the total from January 2010. There are no SABs reported from Renal Medicine patients in February 2010, a total of only 2 reported within a 6 month period. No SABs are reported in coronary care for 3 consecutive months, Neonatal and Paediatrics for 4 and 5 months respectively.

Table 1: Staphylococcus Aureus Bacteraemias by month and acute hospital

Staph. aureus Bacteraemia cases by Month and Acute Hospital (MRSA & MSSA)
Date range: 01/01/2009 – 28/02/2010

Staph. aureus Bacteraemia cases by Month and Acute Hospital (MRSA & MSSA)

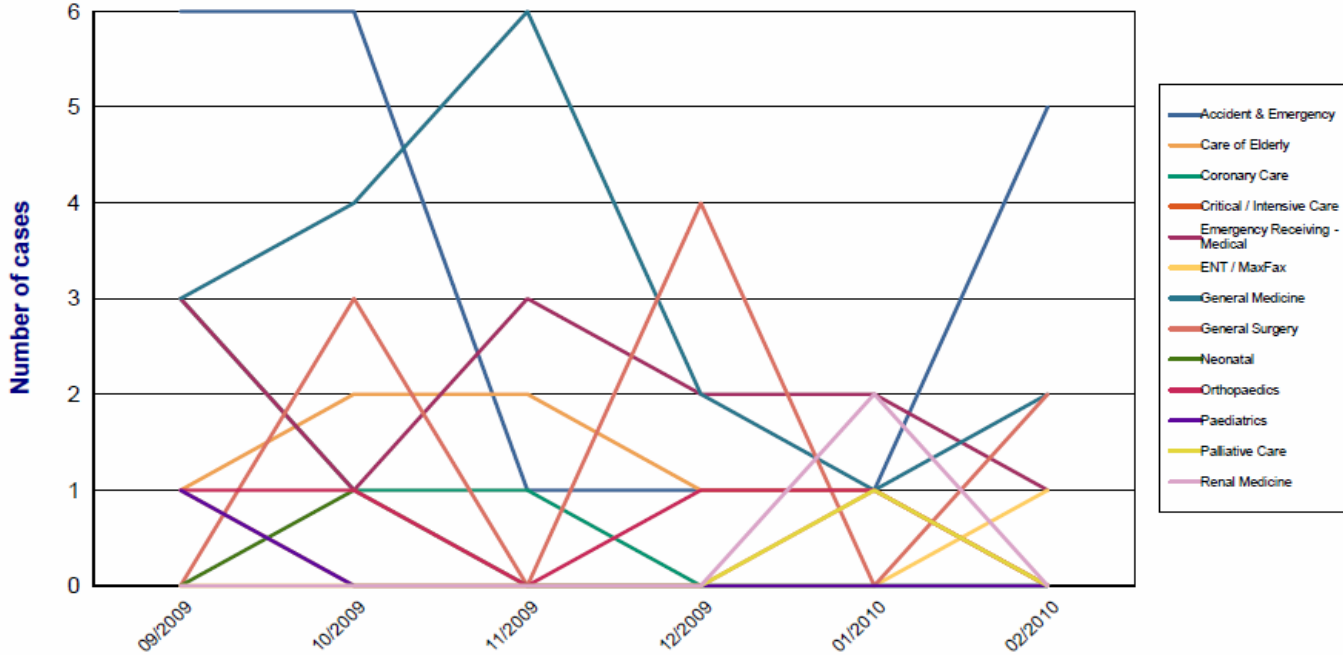


	Hairmyres	Monklands	Wishaw	Totals
09/2009	6	2	11	19
10/2009	7	4	8	19
11/2009	5	5	3	13
12/2009	4	4	3	11
01/2010	1	4	5	10
02/2010	2	5	4	11
Totals	25	24	34	83

Table 2: *Staphylococcus aureus* bacteraemias (SAB) Numbers Showing Acute Specialties

Date range: 01/01/2009 –28/02/2010

Staph. aureus Bacteraemia cases by Month and Acute Specialty (MRSA & MSSA)



	Accident & Emergency	Care of Elderly	Coronary Care	Critical / Intensive Care	Emergency Receiving - Medical	ENT / MaxFax	General Medicine	General Surgery	Neonatal	Orthopaedics	Paediatrics	Palliative Care	Renal Medicine	Totals
09/2009	6	1	3	1	3	0	3	0	0	1	1	0	0	19
10/2009	6	2	1	0	1	0	4	3	1	1	0	0	0	19
11/2009	1	2	1	0	3	0	6	0	0	0	0	0	0	13
12/2009	1	1	0	0	2	0	2	4	0	1	0	0	0	11
01/2010	1	1	0	1	2	0	1	0	0	1	0	1	2	10
02/2010	5	0	0	0	1	1	2	2	0	0	0	0	0	11
Totals	20	7	5	2	12	1	18	9	1	4	1	1	2	83

1.2 Current Health Efficiency Access Treatment Targets (HEAT) Status and National Context

To reduce all *Staphylococcus aureus* bacteraemia (including MRSA) by 30% by 2010; to introduce and comply with local antimicrobial policies by 2010;

The National Quarterly report will be published in the April Board report

1.2.1 Current and New Initiatives to Reduce *Staphylococcus aureus* bacteraemia Cases

The measures and systems currently in place or under development include:

- A comprehensive multidisciplinary SAB Improvement Plan is in place to evidence implementation of actions and improvements. Key Actions include:
- The Nurse Consultant –HAI, NHS QIS has commenced an Honorary Contact to work within NHSL for 2 days per month over a 6 month period. The focus will be placed on further enhancing the existing SAB work
- A multidisciplinary SAB Action Group is to be set up and the Nurse Consultant – HAI NHS QIS will be an integral part of this group in conjunction with the NHSL HAI Nurse Consultant and invitations to join this group have been extended to the Scottish Ambulance Service and Tissue Viability.
- An improvement plan is in place for a systematic and targeted approach to the implementation of PVC bundles led by the SPSP Facilitators and is near completion.
- Enhanced SAB Surveillance data continues to be produced by Clinical Effectiveness on a monthly basis and discussion at ward level, Senior Nursing Fora and the Acute Operating Infection Control Committee is ongoing.
- Blood culture educational update sessions organised for all the acute sites in January and February 2010 now complete.
- PVC insertion sterile pack evaluation report to follow. Early show indicators that the process is good but that the pack content requires to be reviewed.
- Monitoring of Hand Hygiene Zero Tolerance, Dress/Uniform and Healthcare Associated Infection and Hand Hygiene Policies ongoing- All three policies are currently being reviewed.

1.2.2 Pan-Board, Hospital or Specialty Specific Problems Identified

There has been an increase in SABs reported from Accident and Emergency Departments from the previous reporting period. The Infection control team continue to monitor trend analysis and continue a targeted approach in those areas identified, utilising the enhanced surveillance data.

1.2.3 **Actions Required**

- Local review of data and practice via the SAB Compliance group ongoing and at the Acute Infection Control Sub Group.
- Improvement plan coordinated by NHSLs Nurse Consultant –HAI and supported by NHS QIS and HPS guidance continues to be implemented and monitored. It is currently being updated for submission to SGHD during week commencing 22/03/2010 as is required by all NHS Boards.
- Feed back of enhanced surveillance data to the clinical areas to facilitate improvements to clinical outcomes to continue.
- Monitoring of Hand Hygiene Zero Tolerance, Dress/Uniform and Healthcare Associated Infection Hand Hygiene Policies ongoing.

2. **CLOSTRIDIUM DIFFICILE INFECTION (CDI)**

2.1 **Short/Medium/Long Term Trends in CDI – Number/Graphical Presentation.**

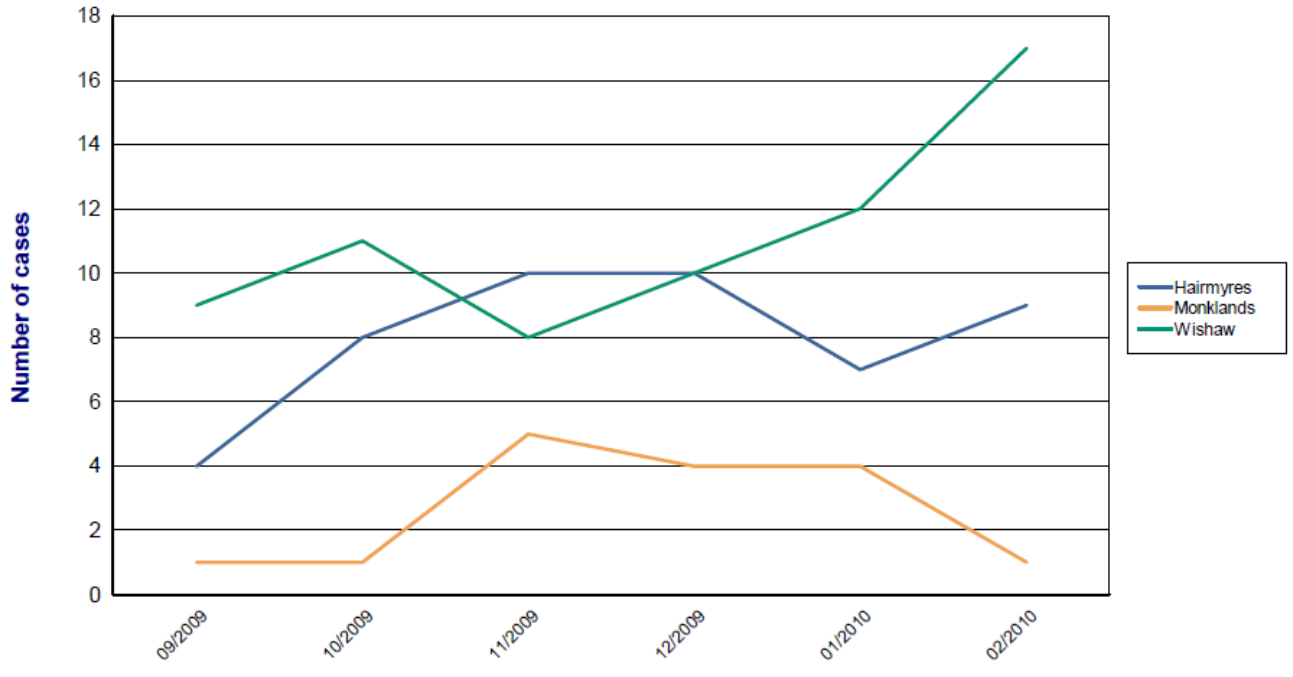
Cases of *Clostridium difficile* Infection in all 3 District General Hospitals is as outlined in Table 3 and *Clostridium difficile* Infection rates per Acute Specialities is outlined in Table 4 with Care Of the Elderly continues to show the most cases which is in line with national findings. There has been a sustained reduction in cases within General Medicine for this reporting period and that of the previous month.

Community hospitals as outlined in table 5 total 1 episode for the reporting period of February 2010.

Clostridium difficile episodes from Wishaw General Hospital comprised 52 % (n=12) of the total in January 2010 increasing to 63% (N=17) in February 2010. No clusters have been identified and remain within the control limit figures.

TABLE 3: C Difficile Cases by Month and Acute Hospital
Date range: 01/012009 - 28/02/2010.

C. Difficile cases by Month and Acute Hospital

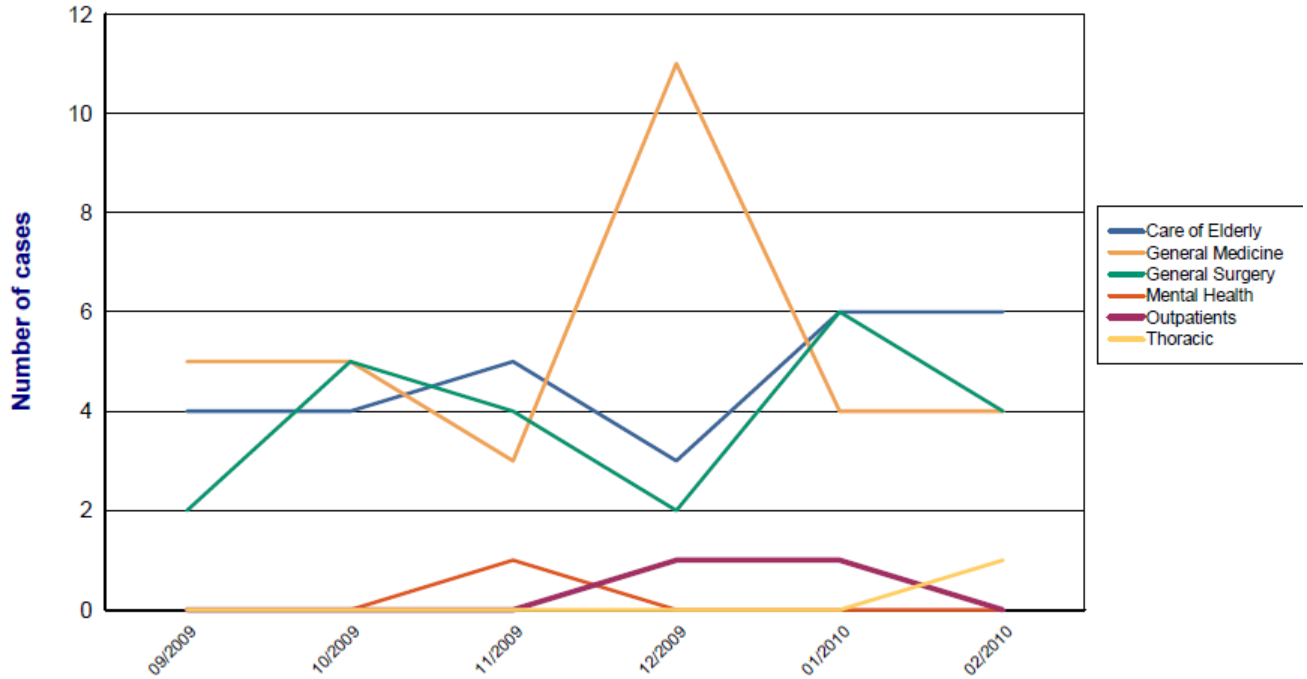


	Hairmyres	Monklands	Wishaw	Totals
09/2009	4	1	9	14
10/2009	8	1	11	20
11/2009	10	5	8	23
12/2009	10	4	10	24
01/2010	7	4	12	23
02/2010	9	1	17	27
Totals	48	16	67	131

Table 4: *Clostridium difficile* Infection Rates per Acute Specialities

Date range: 01/09/2009 - 28/02/2010

C. Difficile cases by Month and Acute Specialty



Healthcare Associated Infection - Monthly Board Report

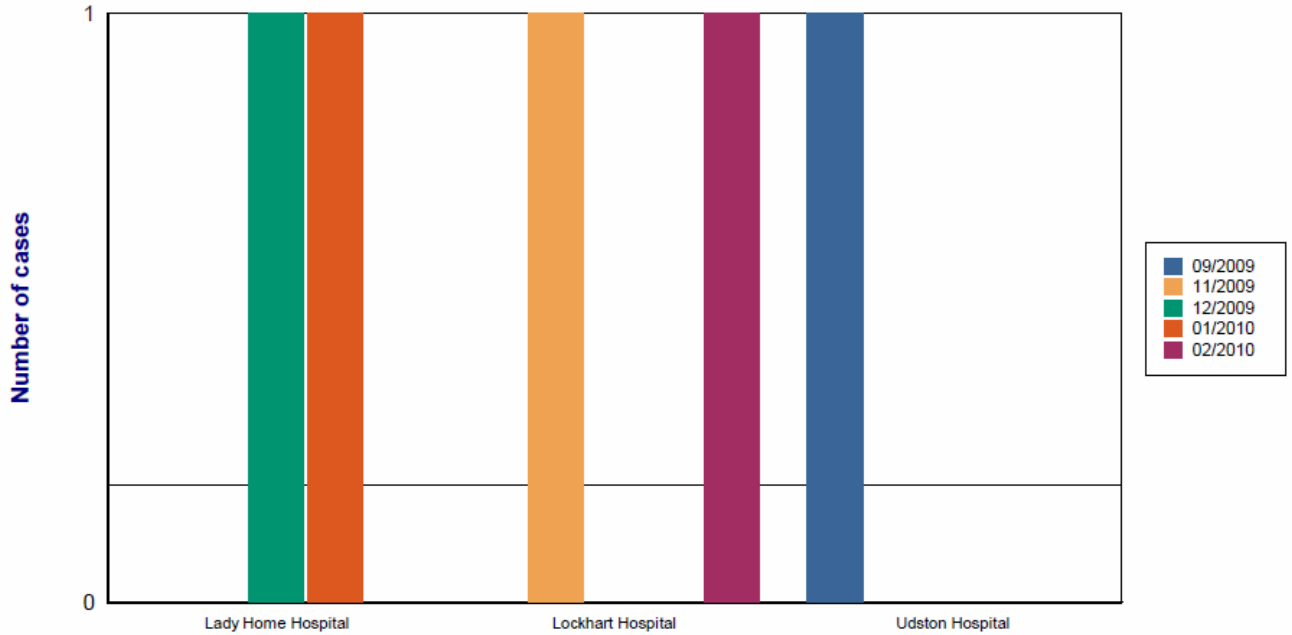
Date range: 01/09/2009 - 28/02/2010

	Care of Elderly	General Medicine	General Surgery	Mental Health	Outpatients	Thoracic	Totals
09/2009	4	5	2	0	0	0	11
10/2009	4	5	5	0	0	0	14
11/2009	5	3	4	1	0	0	13
12/2009	3	11	2	0	1	0	17
01/2010	6	4	6	0	1	0	17
02/2010	6	4	4	0	0	1	15
Totals	28	32	23	1	2	1	87

Table 5: *Clostridium Difficile* Infection Rates per Community Hospital.

Date range: 01/01/2009 - 28/02/2010

C. Difficile cases by Month and Community Hospital



	Lady Home Hospital	Lockhart Hospital	Udston Hospital	Totals
09/2009	0	0	1	1
11/2009	0	1	0	1
12/2009	1	0	0	1
01/2010	1	0	0	1
02/2010	0	1	0	1
Totals	2	2	1	5

2.2 Current HEAT Status And National Context

To reduce rate of *Clostridium difficile* infection in over 65 years old by at least 30% by 2011 (Target rate 1.00/1000 AOBDS > 65 years old).

2.2.1 Current HEAT Status and National Context

To reduce rate of *Clostridium difficile* infection in over 65 years old by at least 30% by 2011 (Target rate 1.00/1000 AOBs > 65 years old). The National Quarterly report will next be published in the April board report.

2.2.2 Pan-Board, Hospital or Specialty Specific Problems Identified

An increase in *Clostridium difficile* episodes has been identified at Wishaw General Hospital. The Enhanced Surveillance Nurse continues to work in partnership with the Infection Control Teams, Antimicrobial Pharmacist and Ward Staff to review all cases identified.

Current and New Initiatives to Reduce Cases

- Nurse Consultant- HAI coordinated a meeting comprising the Enhanced Surveillance Nurse, Infection Control Team, Antimicrobial Pharmacist and Associate Director of Nursing at Wishaw General Hospital to assess the situation, making recommendations for improvements. An SBAR has been completed and will be discussed at the Acute Infection Control and SPSP ward Work stream Committees week commencing 15/03/2010.
- Ongoing Implementation of the Scottish Management of Antimicrobial Resistance Action Plan (SCOTMARAP)
- Enhanced surveillance of *Clostridium difficile* for inpatients ongoing across NHSL continues. Surveillance Nurse presented findings at Acute and Joint CHP Infection Control Committees.
- Antimicrobial Education continues to be addressed as part of overall HAI Strategy.
- Revision of existing enhanced *clostridium difficile* protocol in conjunction with Health Protection Scotland. Concise work programme to be set for enhanced surveillance nurse to ensure that focus is placed on quality improvements.
- Launch of the 2nd line antibiotic policy to promote greater use of correct first line empirical agents.

2.3 Pan-Board, Hospital Or Specialty Specific Problems Identified

NHSL has seen an overall slight reduction in the total episodes for this reporting period in comparison to last month. Enhanced surveillance indicates that there has been no cross contamination between cases.

2.3.1 Actions Required

- Continued weekly and monthly monitoring reports identifying trends and areas of high risk.

- Implement the recommendations contained within the SBAR for Wishaw General
- Continue enhanced surveillance of all positive cases and further critically analyse data to identify potentially contributing factors.
- Review of Hand Hygiene Zero Tolerance, Dress/Uniform and Healthcare Associated Infection Hand Hygiene Policies.
- Launch phase 2 of Hand Hygiene Zero Tolerance policy for visitors

2.4 Norovirus

A national report identifies the prevalence of Norovirus on a weekly basis in Scotland. It includes the number of Wards closed with confirmed or presumed Norovirus Infection on a weekly basis.

Table 6: Hospitals with Wards Closed Due To Norovirus across NHS Scotland 08th March 2010

Date 08/03/10	NHS Board	Total number of hospitals with wards closed this Monday	Total number of wards closed this Monday	Total number of patients who are or have been affected in the wards closed this Monday	Total number of staff who are or have been affected in the wards closed this Monday
	NHS Ayrshire & Arran	1	1	15	8
	NHS Borders	1	2	7	0
	NHS Dumfries & Galloway	0	0	0	0
	NHS Fife	4	4	23	22
	NHS Forth Valley	2	3	20	10
	NHS Greater Glasgow & Clyde	8	5	72	8
	NHS National Waiting Times Centre	0	0	0	0
	NHS Grampian	1	2	6	2
	NHS Highland	1	5	24	24
	NHS Lanarkshire	1	1	26	11
	NHS Lothian	3	5	31	8
	NHS Tayside	2	2	19	4
	NHS Orkney	0	0	0	0
	NHS Shetland	0	0	0	0
	NHS Western Isles	0	0	0	0
	NHS State Hospital Carstairs	0	0	0	0
	Total	24	30	243	97

Currently **10** NHS Boards are reporting Norovirus activity in NHS Scotland. Lanarkshire have reported **one** hospital affected or wards closed for this reporting period.

In the first report on 7/1/2008: 29 hospitals were affected and 47 wards closed. This Monday there were 24 hospitals with 30 wards affected.

Current and New Initiatives

Section E of the Infection Control Manual for review to incorporate the Noro virus Guidance from Health Protection Scotland produced in December 2009.

The Nurse Consultant- HAI is coordinating a debriefing Meeting with Infection Control Teams to critically reflect lessons learned from recent outbreaks ensuring preparedness for future outbreaks.

3. HAND HYGIENE (HH) PROGRAMME

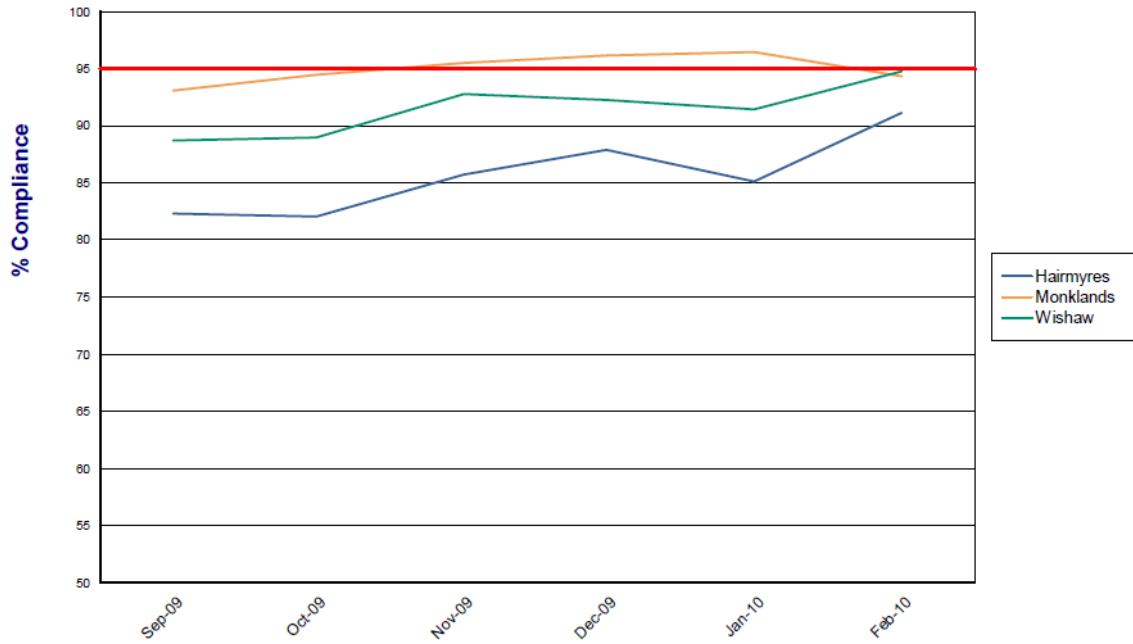
3.1 NHS Lanarkshire Trends In Compliance National Context

In the most recent national audit Jan/Feb 2010 NHS Lanarkshire obtained 94% compliance, this is subject to verification by Health Protection Scotland.

Table 7: Compliance with Hand Hygiene by acute Hospital Site and Month

Date range: 01/01/2009 - 31/01/2010

% Compliance with Hand Hygiene by Acute Hospital Site and Month



Note: where 0% compliance is displayed in the table, this indicates that no data exists for this time period.

	Hairmyres			Monklands			Wishaw		
	Total Observations	Total Performed Correctly	% Compliance	Total Observations	Total Performed Correctly	% Compliance	Total Observations	Total Performed Correctly	% Compliance
09/2009	656	540	82	998	929	93	992	880	89
10/2009	736	604	82	793	749	94	863	768	89
11/2009	912	782	86	864	825	95	996	924	93
12/2009	841	739	88	862	829	96	1148	1059	92
01/2010	1088	926	85	1070	1032	96	1541	1409	91
02/2010	1081	985	91	1323	1248	94	1515	1436	95

Current and New Initiatives in Promoting Hand Hygiene

SPSP activity which includes local audit of hand hygiene continues and rollout is as follows:

- Meeting with SPSP project LEAN to define spread of hand hygiene audit.
- Meeting held with SPSP Manager, Risk Manager, LHBC- Hand Hygiene, ICN representation, Nurse Consultant-HAI to risk assess priority areas for roll out of hand hygiene activities.
- Primary Care areas within acute sites and Mental Health at Hairmyres – complete. SPSP auditing commenced.
- National audit for January/February 2010-results have been sent to ward areas.
- Hand hygiene education in partnership with Ecolab is scheduled for this year on a monthly basis; it was delivered in Clydesdale in January 2010. Education sessions have delivered to Medical Staff and the HECT Team at Monklands General Hospital and induction training has been delivered to Clinical Support Workers.
- Primary Care Products Implementation – Clydesdale and Cumbernauld have now been implemented with Hamilton and East Kilbride in the process.
- The rotation of the 4 sets of large cut outs depicting staff and promoting good hand hygiene practice continues funding has been made available to update these promotion materials when the national uniform is implemented
- Training on the “*NES Promoting Hand Hygiene in Healthcare Module*” has been delivered to Serco team leaders and customer service managers at WGH. This group of staff have now completed the module. LHBC mentored two sessions and further sessions were delivered, with Serco continuing training with a plan to escalate to Hairmyres.
- Screen saver was displayed in February 2010 and will be displayed again in the planned future.
- The Hand Hygiene Policy and Zero Tolerance to non compliance policy are currently under review.

3.2 Pan-Board, Hospital or Staff Group Specific Problems Identified

The hand hygiene team continue to monitor the local SPSP audits on a weekly basis and alert senior nurses to non- return of data and reduction in compliance.

The ongoing return of data for SPSP Audits remains a challenge. This is monitored weekly by Practice Education Facilitator for Hand Hygiene and sent to Associate Directors of Nursing and highlighted at SPSP general ward Work stream meetings.

4. NATIONAL CLEANING SERVICES SPECIFICATION COMPLIANCE

4.1 Compliance

- The NHS Scotland National Cleaning Services Specification Quarterly Compliance Report for Quarter 3 - October to December 2009 was published on March 1st 2010 by Health Facilities Scotland (HFS) recording the following performance scores:

○ Monklands	95.6%
○ Hairmyres	97.9%
○ Wishaw	97.1%
○ NHS Lanarkshire Average	96.6%
○ NHS Scotland Average	95.9%
- Cleaning performance scores across all NHSL premises during January 2010 produced an average score of 96% with 3 individual CHP locations scoring below 90%. Hotel Services Management ensured all shortfalls were rectified within 48 hours with appropriate actions undertaken to improve & maintain performance.
- During February 2010 Public Peer Reviews were undertaken at Monklands Hospital, and Kilsyth Health Centre with the areas audited achieving 'green' status and the public representative commented that she was impressed with the cleaning standards being achieved
- An independent cleaning audit was undertaken on behalf of Health Facilities Scotland by Tribal Consulting across all NHS Boards during December 2009 & January 2010. As part of this audit Monklands & Wester Moffat Hospitals were visited on December 8th 2009 accompanied by representatives from PSSD. The final report was expected to be issued in February 2010 however to date has not yet been released by HFS.

Initiatives being taken to improve cleaning performance standards

- All amber scores (below 90%) recorded in the National Monitoring Framework (NMF) audits are discussed with the 'users' of the service and, if appropriate Control of Infection & immediate remedial actions are put in place to rectify the shortfall.
- Individual refresher training continues to be provided to staff where performance issues are identified through the NMF audits.
- NHSL continues to participate as one of the 4 pilot boards for the Estates Monitoring Tool with appropriate reporting to Health Facilities Scotland. This system is planned to be implemented across all NHS Boards from April 2010. It is noted this system is an interim arrangement pending the implementation of SCART – HAI.
- NHSL's Property & Support Services Division have representation on the HAI Estates Steering Group & the HAI System Design & Implementation Group.

- A programme of visits to hospitals continues attended by the Director of Strategic Implementation, Performance & Planning, General Manager PSSD, Clinical Lead PSSD & the Head of Hotel Services. These visits allow cleaning, maintenance and all other services provided by PSSD to be discussed with clinical managers and where appropriate, action taken to remedy identified problems. To date feedback from these visits has been positive with clinical managers recognising that the domestic/maintenance/catering/laundry & Portering staff respond to their needs and endeavour to deliver a service that meets the needs of patients & staff.
- PSSD Managers and representatives from ISS Medic lean are represented at the meetings taking place in conjunction with Senior Nursing Staff & the Control of Infection Team to plan for the forthcoming Healthcare Environment Inspectorate visit to Hairmyres Hospital in May 2010.
- A training event was held in February which focussed on HAI SCRIBE awareness with presentations delivered by PSSD Managers & the Nurse Consultant - HAI. This event was attended by managers from Hotel Services, Maintenance, Capital & Property, Laundry, PFI /PPP, Business Support & Technical Services together with representatives from the PFI Consortia at Hairmyres & Wishaw Hospitals and emphasised the need for robust HAI SCRIBE practices throughout all stages of design, build and operation of healthcare facilities.
- A HAI SCRIBE article featured in the March edition of the Pulse to raise staff awareness of the importance of collaborative working between all disciplines throughout all stages of the HAI SCRIBE process.
- A meeting has been held with representation from PSSD / Senior Nursing /Patient Safety / Infection Control & Finance to analyse & prioritise the expenditure requirements within the £496k SGHD budget allocation in terms of HEI works & equipment replacement / additional equipment.

Summary

The above initiatives detail the range of activities and actions being taken to maintain domestic cleaning standards across all NHSL premises. These initiatives/ actions are monitored closely by the Head of Support Services, Head of PFI/PPP Contracts and Head of Hotel Services, via local meetings, site visits and departmental meetings. The PSSD General Manager monitors progress on a monthly basis with quarterly reports submitted to NHS Lanarkshire's Infection Control Committee together with monthly cleaning performance figures submitted to HFS.

5. SIGNIFICANT HEALTHCARE ASSOCIATED INFECTION INCIDENTS/ OUTBREAKS / EMERGING THREATS

- There have been no significant issues this reporting period.

6 PROGRESS ON COMPLIANCE WITH NATIONAL HEALTHCARE ASSOCIATED INFECTION PROGRAMME

6.1 Red Amber Green System (RAGS) Status on Healthcare Associated Infection Action Plan

Progress against the Scottish Government Health Department Healthcare Associated Infection Action Plan was provided at the last meeting of the Board.

	Actions
PURPLE (complete)	19
GREEN (on track to complete by the deadline)	2
AMBER (substantially complete but either awaiting national materials or with some possibility of slippage beyond the deadline)	0
RED (unable to complete by the deadline)	0

Two areas continue to be Green this is as follows:

- Implementation of Senior Charge Nurse Review- Implementation on schedule for 2010 following funding approval from Executive Director of Nursing.
- Pilot of the Estates Monitoring Tool to implement HAI SCRIBE underway. SCART continues to be refined by Health Facilities Scotland.

6.2 Compliance With Healthcare Associated Infection Task Force Programme – Outstanding Issues

The organisation remains on track to deliver against the Task Force programme

6.2.1 Actions Required And Timescales For Implementation

The work of the short life working group convened to review the format of HAIRT (Healthcare Associated Infection Reporting Template) is ongoing

7 SURGICAL SITE SURVEILLANCE

The aims of the Surgical Site Infection programme are:

- To collect surveillance data on surgical site infections to permit estimation of the magnitude of surgical site infection risk in hospitalised patients throughout Scotland.
- To analyse and report surgical site infection (SSI) data and describe trends in SSI rates throughout Scotland.

7.1 Orthopaedic Surveillance

SSI Surveillance of elective and trauma hip arthroplasties for the period 1st January 2010 – 31st January 2010 has shown 48 operations with one incidence of infection which gives an SSI rate of 2.08%.

7.1.1 Elective Presentation

A total of 20 operations performed with no incidences of infection.

7.1.2 Emergency Presentation

A total of 28 operations performed with one incidence of infection which gives an SSI rate of 3.57%.

7.1.3 Infection Types

One emergency admission developed a deep infection which gives an SSI rate of 2.08%.

7.2 Caesarean Section

SSI Surveillance of elective and emergency caesarean sections for the period from 1st January 2010 – 31st January 2010 has shown 103 operations with 8 incidences of Infection which give an SSI rate of 7.77%.

7.2.1 Elective Presentation

A total of 34 operations performed with 3 incidences of infection which gives an SSI rate of 8.82%.

7.2.2 Emergency Presentation

A total of 69 operations performed, 5 infections occurred which gives an SSI rate of 7.25%.

7.2.3 Infection Types

3 elective and 5 emergency admissions developed superficial infections which gives an SSI rate 7.77%

7.3 SSHAIP Surgical Site Infection Surveillance Quarterly Exceptions Report

There were no exceptions this reporting period.

7.4 Pan-Board, Hospital or Specialty Specific Problems Identified

Surveillance has identified an increase in the number of infections detected in caesarean section patients in January 2010. The Infection Control Doctor, Infection Control Nurse and Theatre Managers have met with the surveillance nurse to investigate further. At this time no common links detected.

7.4.1 Actions Required and Timescales for Implementation

The SSI rates across the three acute sites in Lanarkshire continue to be monitored with active surveillance being carried out by both the Infection Control Nurses and the HAI surveillance nurses.

A short life sub group of the LICC met in January to scope out future surveillance requirements and produce an NHSL Surveillance strategy. The group chaired by Dr Josephine Pravinkumar Consultant in Public Health Medicine will meet again this month to progress strategy development.

7.5 SSHAIP Surgical Site Infection Surveillance Quarterly Exceptions Report

There were no exceptions this reporting period.

7.6 Pan-Board, Hospital or Specialty Specific Problems Identified

Revised governance arrangements on-going overseen by the Infection Control Doctor

8. ANTIMICROBIAL PRESCRIBING

Update regarding Antimicrobial prescribing will continue to be presented on a quarterly basis and will be part of the Board report for April 2010.

9. HORIZON SCANNING

- The Chief Nursing Officer for Scotland circulated a letter to all HEI Executive Leads, Medical Directors, Directors of Nursing, Infection Control Managers, and LDP Contacts re achieving Staph Aureus Bacteraemias HEAT Targets. The purpose was to request information about the measures Boards are taking to secure delivery against the national targets for 2010 and 2011, and to highlight any key risks that boards may wish to consider when finalizing the local delivery plan (LDP).
A copy of each Boards Plan to reduce SAB's is to be submitted by the 31st March 2010. NHSL has a robust plan in place currently being updated to meet the submission deadline. Key risks for the LDP have been reviewed and amended accordingly.
- The MRSA final report from the Pathfinder sites is currently with the Scottish Government to consider the proposals/recommendations within it. Implementation across NHSL is going well with notable sustainable improvement with compliance element.
- The monthly assurance reporting process to the Scottish Government continues with the sixth RAG submission from NHSL for February again reporting GREEN status.
 - The HEI Inspectorate have updated the following documents on the HEI Section of the NHS QIS Website:
 - Inspection Methodology.
 - Process for the management of inspections.

These documents can be found at

<http://www.nhshealthquality.org/nhsqis/6710.140.1366.html>

- The action plan devised following the announced visit to Monklands in November 2009 is to be ready for submission to the HEI Inspectorate by Wednesday the 24th March 2010. The HEI Steering Group continues to coordinate the completion of this.
- NICE have produced guidelines on Negative Pressure wound Therapy (NPWT) for the open abdomen (laparoscopy) and recommended the use of an audit tool for all patients who have undergone this procedure in order to collate information on the occurrence of fistulae in all patients. The audit will run until June 2011 and a Lead from each hospital should be nominated to input data. This is being undertaken by the Tissue Viability Service in NHSL.

10 CONCLUSION

Whilst good progress is being made, significant work is required to ensure the organisation is fully compliant with the national Healthcare Associated Infection Agenda over the next 3 years. The NHS Lanarkshire Board is therefore asked to:-

- Note the report.
- Continue to receive a monthly progress report.

11 FURTHER INFORMATION

For further information or clarification of any issues in this paper please contact:
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