

Meeting of  
Lanarkshire NHS Board  
10<sup>th</sup> December 2008

Lanarkshire NHS Board  
14 Beckford Street  
Hamilton ML3 0TA  
Telephone 01698 281313  
Fax 01698 423134  
[www.nhslanarkshire.co.uk](http://www.nhslanarkshire.co.uk)



## **HEALTHCARE ASSOCIATED INFECTION: UPDATE REPORT**

### **1. PURPOSE**

The paper aims to provide an update on the organisation's position regarding Healthcare Associated Infection.

### **2. SUMMARY OF KEY ISSUES**

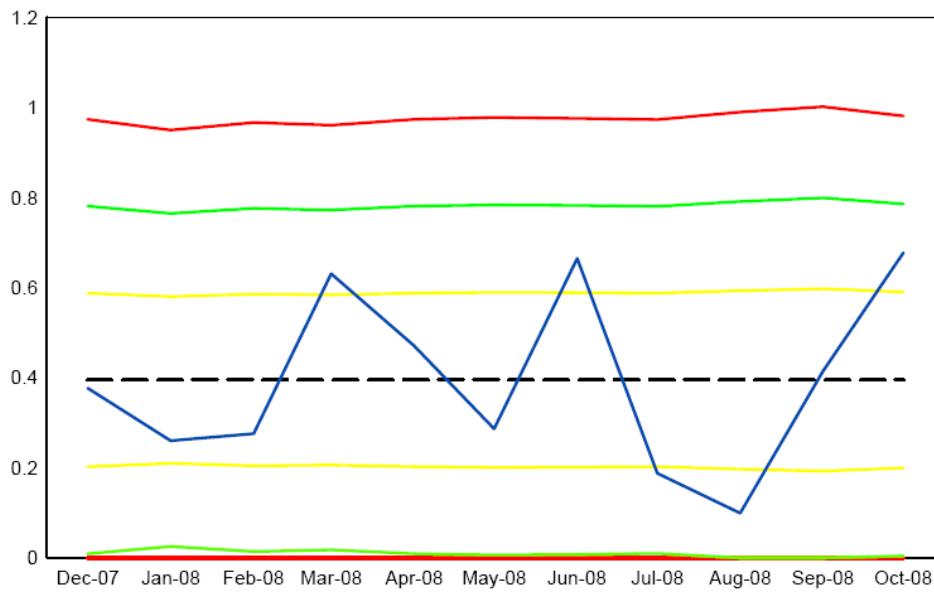
#### **Meet the Health Efficiency Access and Treatment target to achieve a 30% reduction in Staphylococcus aureus bacteraemias by 2010.**

The national quarterly report from Health Protection Scotland is awaited for the period July to September 2008. Therefore a national update report on the prevalence of Staphylococcus aureus bacteraemias for this period is not available.

To enhance the availability of Staphylococcus aureus bacteraemia prevalence data across NHS Lanarkshire a local monthly monitoring report has recently been developed. It is anticipated that the report will follow the same communications protocol as the weekly and monthly Clostridium difficile Associated disease reports. This will ensure information is disseminated to key Managers and Clinicians at all levels of the organisation enabling outbreaks to be identified and addressed as quickly as possible. The tables below outline the Staphylococcus aureus bacteraemia data for the period 1<sup>st</sup> December 2007 to 31<sup>st</sup> October 2008. These fall within national limits. Further work is underway to establish organisational threshold levels.

- The data reported is all derived from NHS Lanarkshire laboratory data.
- The data reported is inclusive of all incidences irrespective of where they are acquired

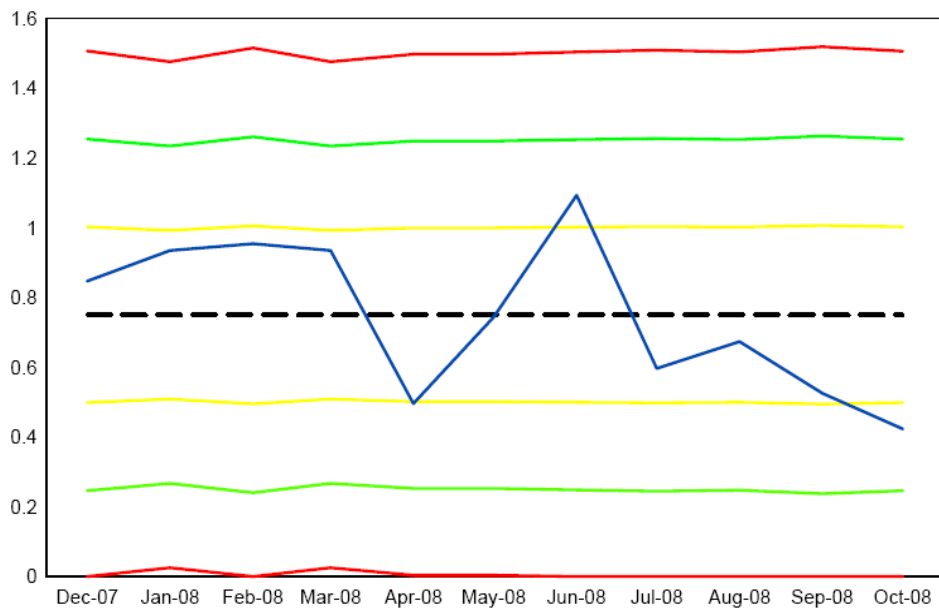
**S. Aureus Bacteraemia rates per 1000 Acute Occupied Bed Days - HAIRMYRES HOSPITAL**

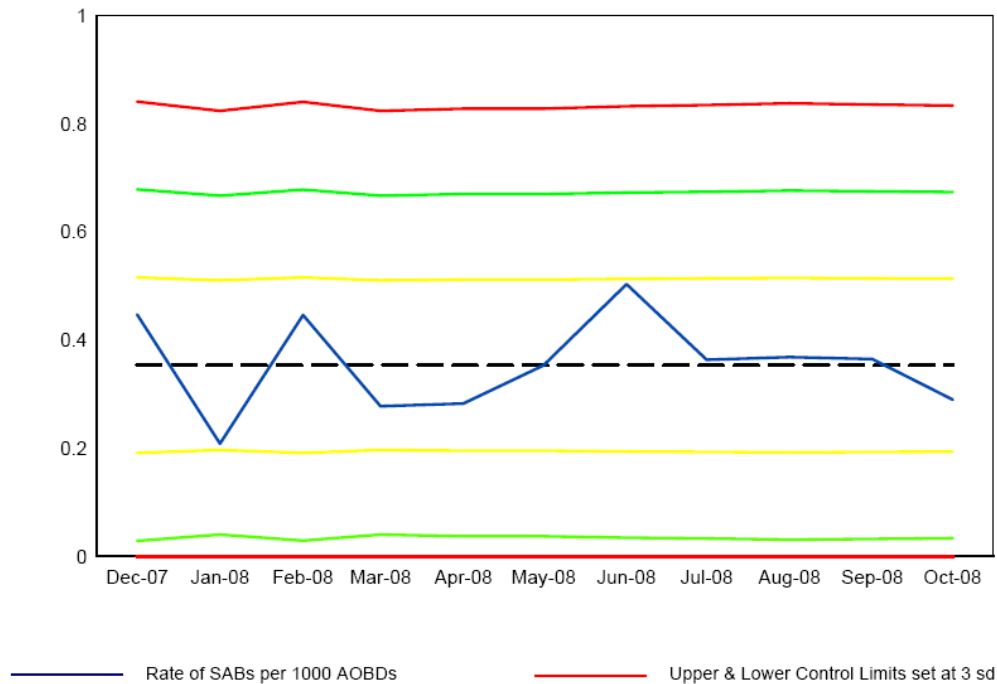


number of bottles tested.

- Patients are counted once even if they have multiple positive tests. However, patients with a positive blood culture set after a 14-day gap with no positive blood culture sets will be counted as a new episode.
- The data reported is all derived from NHS Lanarkshire laboratory data.
- The data reported is inclusive of all incidences irrespective of where they are acquired

**S. Aureus Bacteraemia rates per 1000 Acute Occupied Bed Days - MONKLANDS HOSPITAL**





## **Prevention and Management of Clostridium Difficile**

The Healthcare Associated Infection Executive Action Group continue to focus on the prevention and management of clostridium difficile. The action plan continues to be implemented timeously. In addition monthly reports are provided to Scottish Government regarding key issues arising from the Independent Review into the outbreak of Clostridium difficile at the Vale of Leven Hospital (Appendix 1).

Clostridium difficile weekly and monthly reports continue to be provided to all operational units. To date the weekly reports have required no additional action to be taken.

Monthly run charts for the 3 Acute Hospitals to 30 November 2008 are outlined below and highlight new cases. These fall within national limits. Further work is underway to establish local threshold levels for the organisation.

**Episodes of C. difficile In NHS Lanarkshire Acute Hospital Wards**  
**MONTHLY REPORT**      **Date Range: 01/12/2007 to 30/11/2008**



- An episode is defined as a C. difficile toxin positive stool sample.
- Patients are counted once even if they have multiple positive tests. However, patients with a C. difficile toxin positive stool sample after a 28-day gap with no positive toxin tests will be counted as a new episode.
- The data reported is all derived from NHS Lanarkshire laboratory data.
- The data reported is inclusive of all incidences irrespective of where they are acquired

**C. difficile incidence rates per 1000 Acute Occupied Bed Days - MONKLANDS HOSPITAL**



**Episodes of C. difficile In NHS Lanarkshire Acute Hospital Wards**  
**MONTHLY REPORT**      **Date Range: 01/12/2007 to 30/11/2008**



- An episode is defined as a C. difficile toxin positive stool sample.
- Patients are counted once even if they have multiple positive tests. However, patients with a C. difficile toxin positive stool sample after a 28-day gap with no positive toxin tests will be counted as a new episode.
- The data reported is all derived from NHS Lanarkshire laboratory data.
- The data reported is inclusive of all incidences irrespective of where they are acquired

**C. difficile incidence rates per 1000 Acute Occupied Bed Days - HAIRMYRES HOSPITAL**

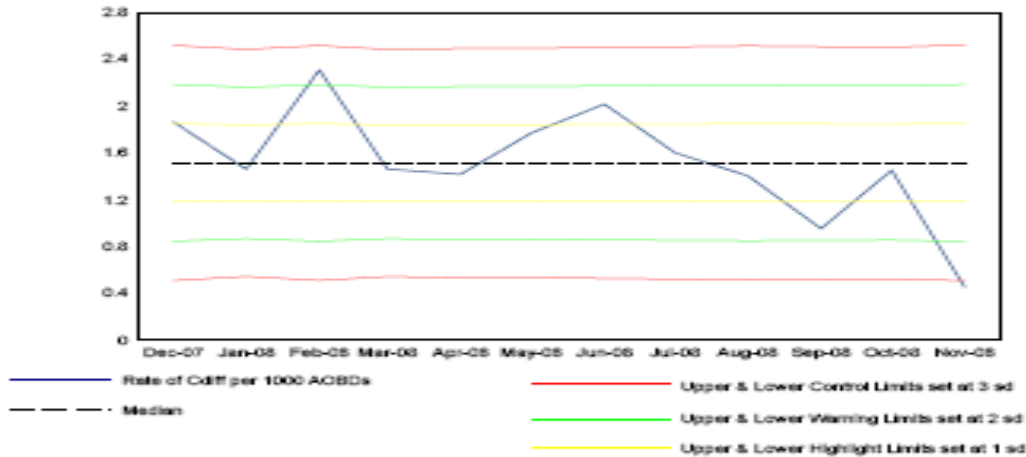


Episodes of *C. difficile* in NHS Lanarkshire Acute Hospital Wards  
MONTHLY REPORT Date Range: 01/12/2007 to 30/11/2008



- An episode is defined as a *C. difficile* toxin positive stool sample.
- Patients are counted once even if they have multiple positive tests. However, patients with a *C. difficile* toxin positive stool sample after a 28-day gap with no positive toxin tests will be counted as a new episode.
- The data reported is all derived from NHS Lanarkshire laboratory data.
- The data reported is inclusive of all incidences irrespective of where they are acquired

*C. difficile* incidence rates per 1000 Acute Occupied Bed Days - WISHAW GENERAL HOSPITAL



**Improve hand hygiene compliance amongst NHS staff by meeting the target of at least 90% compliance by November 2008**

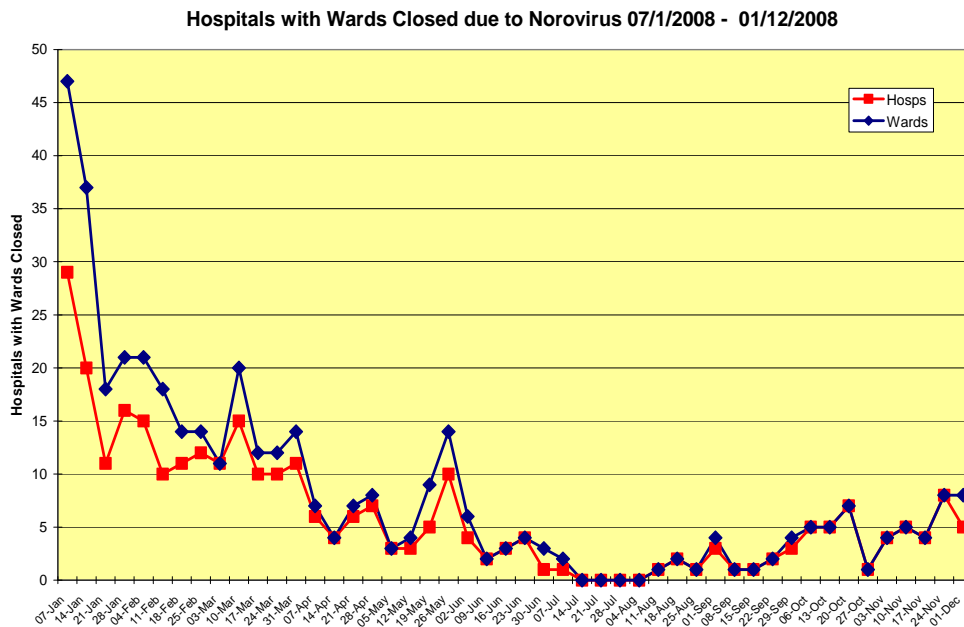
The next national Hand Hygiene Audit is scheduled for week beginning the 14<sup>th</sup> January 2009 and will be undertaken over a 2 week period. Preparation is underway and includes:

- Continued spread of the Hand Hygiene care bundle
- Continued and targeted staff education
- Further awareness raising via the circulation of a Christmas Card and an article in the PULSE. The article will be from the Property and Support Services perspective ensuring clarity around the message that it's everyone's business.

A key action arising from the Independent Inquiry into the outbreak of *Clostridium difficile* at the Vale of Leven Hospital is the introduction of a zero tolerance approach to Hand Hygiene by all NHS Boards by the end of January 2009. A small working Group has been established to progress this work. To date a draft Policy has been developed and is currently being consulted on. An awareness raising campaign will also be developed and implemented.

## Norovirus Point Prevalence NHS Scotland

This national report identifies the prevalence of Norovirus on a weekly basis in Scotland in close to real time. It includes the number of Wards closed with confirmed or presumed Norovirus Infection for the period 7<sup>th</sup> December 2007 to 1<sup>st</sup> December 2008 as outlined in the table below.



The data below identifies that all of the NHS Boards have reported and 3 are currently experiencing Norovirus activity. Lanarkshire is one of the NHS Boards reporting norovirus activity affecting 4 patients and 2 members of staff in one Ward at the point of the report. All Infection Control Policies were implemented timeously.

In addition Norovirus activity was experienced in 1 Lanarkshire Nursing Home affecting 11 residents and 7 staff. Advice, guidance and support was provided via the Health Protection Team.

Date 1st December 2008 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	0	0	0	0
NHS Borders	0	0	0	0
NHS Dumfries & Galloway	0	0	0	0
NHS Fife	0	0	0	0
NHS Forth Valley	0	0	0	0
NHS Greater Glasgow & Clyde	2	2	14	3
NHS National Waiting Times Centre	0	0	0	0
NHS Grampian	0	0	0	0
NHS Highland	0	0	0	0
NHS Lanarkshire	1	1	4	2
NHS Lothian*	2	2	5	5
NHS Tayside	0	0	0	0
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	5	5	23	10

Health Protection Scotland is clear that the above information should not be used for benchmarking or judgement. However it may be used for the assessment of risk and norovirus outbreak preparedness. To this effect the prevention and management of Norovirus was discussed at the recent Healthcare Associated Infection Executive Action Group with a view to ensuring all preventative action possible is undertaken. Additional guidance is currently being developed to further support Accident and Emergency Services in all Hospital sites to identify and manage patients with infection such as norovirus.

### National Cleaning Services Compliance

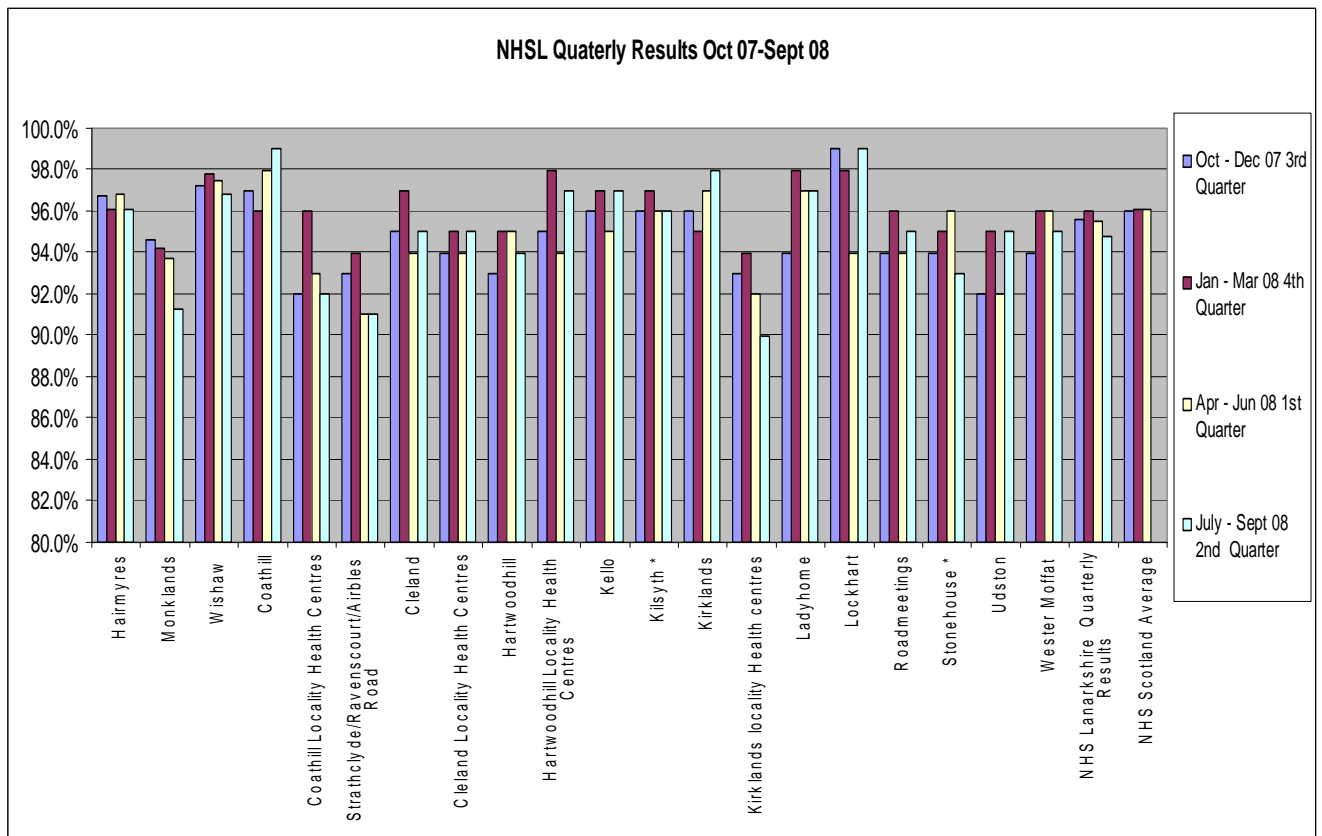
This report provides data on compliance with the requirements set out in the NHS Scotland National Cleaning Services Specification for the period October 2007 to September 2008.

The report indicates the status of each site/acute area using a traffic light system of:

- Red (compliance below 70%),
- Amber (compliance between 70% and 90%),
- Green (compliance above 90%).

Areas which receive an Amber or Red rating must develop an action plan to address issues identified. Overall the report highlights that the Scottish average for the last quarter is 96%. NHS Lanarkshire achieved 94.8% compliance with the standards over the last quarter (July – September 2008) in comparison to 95.5% the previous quarter overall remaining within the green zone.

Whilst NHS Lanarkshire has achieved an overall green rating, there are some specific areas in both District General Hospitals and Community health settings within the amber range. These have been identified and specific action plans implemented to ensure improved standards.



### Decontamination of Clinical Equipment.

The deadline for compliance with the Glennie Technical Requirements within Primary Care is 31<sup>st</sup> December 2009. The main focus is to ensure all areas of non compliance identified during the P-CAT audit process are resolved. Engagement with users and independent contractors continues to achieve this deadline.

The programme for the Local Decontamination Units within the Community Dental Service is being finalised by PSSD. This will inform the allocation of capital funding for 2008-2009 and 2009/2010 and will be submitted to the Capital Investment Group for consideration.

Within the Acute Division a Local User Group meeting has been re-established. Over the last 3 month period the level of contaminated products has slightly risen as outlined in the Table below. These products were withdrawn from the Service prior to use. Discussion is underway with Synergy regarding this.

Location	August	September	October	November	Total
Hairmyres	3	2	1	0	6
Monklands	1	0	1	1	3
Wishaw	3	6	6	3	18
Primary Care	0	0	0	0	0
Total	7	8	8	4	27
%	0.027	0.031	0.031	0.015	0.026

A detailed Action Plan has been developed and implementation commenced to ensure the organisation is fully compliant with a range of national guidance regarding the decontamination of Endoscopes. This will include the rationalisation of decontamination facilities within the Acute Division by 31<sup>st</sup> of March 2009.

### **Scottish Patient Safety Programme**

As part of the Scottish Patient Safety Programme, process and outcome measures are being collected to determine the impact processes (such as care bundles) have on outcomes. Healthcare Associated Infection measures include: central line infections; Staphylococcus aureus Bacteraemias, Clostridium difficile Associated Disease rates; % compliance with bundles; % compliance with hand hygiene; % compliance with peripheral vascular catheter bundle; % compliance with central venous catheter bundle; number of walkrounds completed; surgical site infections and prophylactic antibiotics.

The Clostridium Difficile Bundle was launched November 2008 in all Wards and Departments across NHS Lanarkshire. The purpose of this bundle is to minimise cross transmission where positive cases have been identified and will involve all Wards and Departments who have positive Clostridium Difficile cases reporting against the five key elements of the bundles. The appropriate reporting process has been established via the Clinical Effectiveness Department who will collate Ward / Department based returns and provide data to measure bundle compliance. As part of the quality assurance process, the site based Infection Control Nurses validate returns before these are formally reported. This process will be tested in January 2009 with a view to being fully implemented in February / March 2009.

The Scottish Patient Safety Programme Manager and the Infection Control Teams have worked closely together to inform and influence practice with a view to achieving safer patient outcomes. Indeed NHS Lanarkshire's approach to the Clostridium difficile and Peripheral Vascular Care Bundles has been shared nationally by Health Protection Scotland highlighting that other areas may wish to consider utilising the NHS Lanarkshire's approach.

## **Risk Management.**

A key outcome of the independent review into the outbreak of Clostridium difficile at the Vale of Leven Hospital was the requirement for NHS Boards to include Healthcare Associated Infection on the Strategic Risk Register. This has subsequently been addressed. The Healthcare Associated Infection Risk Register will continue to be monitored via the Lanarkshire Infection Control Committee. A 3 to 5 year audit plan to evidence compliance with all policies and procedures will be developed and implemented.

### **3. 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.

### **4. FURTHER INFORMATION**

For further information or clarification of any issues in this paper please contact:  
Dr Alison Graham, Medical Director, 14 Beckford Street, Hamilton, 01698 206385.

**10<sup>th</sup> December 2008**

## Appendix 1

### NHS BOARDS: NHS LANARKSHIRE – DECEMBER 2008

**Action: 2.1 All Boards will empower their Charge Nurses to deliver against their responsibilities**

**Lead:** NHS Boards: Chief Executives

**Completion Date:** October 2008      **Status:** Purple

**Progress:** Senior Charge Nurse/Team Leader Performance Objectives have been rolled out to all senior charge nurses, midwives, mental health and community nursing/public health team leaders. This work was undertaken in preparation for the introduction of Leading Better Care. These performance objectives emphasise the responsibilities of the senior charge nurse/team leader in relation to HAI, thus empowering them to action what is required.

**Comments/Outstanding Actions:**

**Action: 2.2 Implement the recommendations in the Senior Charge Nurse Review**

**Lead:** NHS Boards: Chief Executives

**Completion Date:** December 2010      **Status:** Green

**Progress:** NHS Lanarkshire has been involved in the development phase of the senior charge nurse review. The implementation steering group is directing the implementation of the review; however the senior charge nurse/team leader performance objectives have assisted in clarifying the role in relation to HAI. Additionally NHS Lanarkshire has commenced work in introducing lean methodology/Releasing Time to Care into clinical ward settings. Within this work there is an emphasis on ward environment, cleanliness and structure. As part of the implementation of the senior charge nurse review this approach will be rolled out across the organisation. Currently the organisation is on track with its implementation schedule.

**Comments/Outstanding Actions:**

**Action: 3.1 HAI SCRIBE (Healthcare Associated Infection System for Controlling Risk in the Built Environment) sections 3 &4 to be applied to all existing buildings to ensure fabric of healthcare facilities maintained to minimise risk of infection**

**Lead:** NHS Boards: Chief Executives

**Completion Date:** August 2008      **Status:** Amber

**Progress:** HAI is incorporated within NHSL's Construction Procurement Policy & is implemented on all new build & refurbishment of premises. The application of HAI Scribe in all existing buildings is causing some confusion as this was not included within the HDL. This matter is being clarified by HFS on behalf of all NHS Boards.

**Comments/Outstanding Actions:**

This issue is being taken forward nationally by Health Facilities Scotland in

conjunction with Health Protection Scotland and therefore the implementation date is dependent on feedback from these authorities.

**Action: 3.3 Planned preventative maintenance programmes reflect requirements of prevention and control of infection**

**Lead:** NHS Boards: Chief Executives

**Completion Date:** October 2008      **Status:** Purple

**Progress:** All Planned Preventative Maintenance Programmes take account of infection control measures as required by HAI Scribe. This matter is being reviewed by the Head of Support Services utilising HAI Scribe as the guidance document. The completion date is under review.

**Comments/Outstanding Actions:**

**Completion Date : 31<sup>st</sup> October 2008**

**Action: 4.1 NHS Boards to have 'zero tolerance' to non-compliance with hand hygiene**

**Lead:** NHS Boards: Chief Executives

**Completion Date:** January 2009      **Status:** Amber

**Progress:** Work is underway to develop the Boards zero tolerance approach. This includes amending the organisations Hand Hygiene policy to reflect a zero tolerance Policy as well as the launch of a supporting campaign in December 2008 and January 2009.

**The zero tolerance Policy is currently in draft format. Consultation is underway.**

Additional resource is in the process of being recruited to assist in this with the employment of 2wte Hand Hygiene Co-ordinators who will support the continued roll out of self audit and education for frontline staff.

**Comments/Outstanding Actions:**

**Completion Date: 28<sup>th</sup> February 2009**

**Action: 4.3 NHS Boards to report hand hygiene compliance (staff and visitors) and facilities on a hospital basis to 2 monthly Board meetings**

**Lead:** NHS Boards: Chief Executives

**Completion Date:** January 2009      **Status:** Green

**Progress:** Hand Hygiene compliance is reported to the NHS Board on a quarterly basis as part of the regular update on Healthcare Associated Infection.

**Comments/Outstanding Actions:**

Further work is being undertaken to identify the audit process and reporting mechanism to enable a 2 monthly report on this issue to be provided to the NHS Board.

**Completion Date: 31<sup>st</sup> January 2009**

**Action: 5.1 NHS Boards to ensure HAI budget requirements are reflected in capital, maintenance and operational programmes**

**Lead:** NHS Boards: Chief Executives

**Completion Date:** April 2009      **Status:** Green

**Progress:**

**Comments/Outstanding Actions:**

***Capital***

All new builds and refurbishments have capital allowances which ensure that all surface finishes comply with SHTM30.

***Maintenance***

Maintenance budgets are used to ensure relevant expenditure is available to address ongoing maintenance of premises, with HAI requirements being a priority in relation to surface finishes. Additional funding can be requested if operational budgets are insufficient.

***Operational***

HAI Scribe is utilised on all new builds and refurbishments. Domestic staff can report in a structured manner to their supervisors any maintenance issues which are then prioritised and planned, to be remedied by the Estates Department

***Comment***

A full review of the domestic labour inputs is currently underway to ensure the National Cleaning specification input requirements are being maintained.

**Comments/Outstanding Actions:**

**Action: 5.2 NHS Boards to have identified budget for urgent repairs and replacement equipment available to Charge Nurses**

**Lead:** NHS Boards: Chief Executives

**Completion Date:** January 2009      **Status:** Green

**Progress:** As part of the roll out of lean methodologies/Releasing Time to Care, a business case is being developed to support implementation. Within this business case some funding has been requested for senior charge nurses to support repairs, equipment costs and small structural costs. This will be considered by the Corporate Management Team.

**Action: 6.1 All patients to receive information on HAI**

**Lead:** NHS Boards: Chief Executives

**Completion Date:** November 2008 **Status:** Amber

**Progress:** A suite of leaflets covering infection control and HAI is available to patients in Lanarkshire's Hospitals. This includes leaflets on MRSA, C Diff, Diarrhoea and Vomiting, Hand Washing and Laundry Guidelines. Information on HAI is also available on the NHS Lanarkshire website.

**Information is available in poster format throughout ward areas. A review of signage is underway and will be revised in February 2009**

The main Infection Control page on the NHS Lanarkshire website now has links to all English language versions of the range of healthcare associated infection leaflets available. In addition the minority language versions of the "Germs" leaflet produced by Health Scotland is also available alongside a link to the Health Scotland Website. It is the intention to provide other healthcare associated infection leaflets on the NHS Lanarkshire website in minority languages as they are translated as outlined in section 6.3.

**Comments/Outstanding Actions:**

**Completion Date: 30th December 2008**

**Action: 6.3 All information is available in a variety of formats that facilitates public understanding**

**Lead:** NHS Boards: Chief Executives

**Completion Date:** November 2008 **Status:** Amber

**Progress:** Information is available in electronic format on the website (see action 6.1). NHS Lanarkshire will also review the provision of information in the HAI suite of leaflets in alternative formats and in doing so will take account of the Guide to Good Written Communications developed in conjunction with the Lanarkshire Disability Engagement Group Communications Sub Group. This will be taken forward by a Patient Information Sub Group of the Lanarkshire Infection Control Committee.

**Comments/Outstanding Actions:**

An order has been placed with translation services to provide key information in the main languages utilised in Lanarkshire to include Urdu, simplified Chinese, Polish, French and Braille.

**Completion Date: 31<sup>st</sup> December 2008 (Dependant on translation services)**

**Action: 7.1 NHS Boards to implements requirements of CEL 30(2008): Prudent Antimicrobial Prescribing: The Scottish Action Plan For Managing Antibiotic Resistance And Reducing Antibiotic Related Clostridium difficile Associated Disease.**

**Lead:** Scottish Government Health Directorates/NHS Boards

**Completion Date:** August 2008 **Status:** Amber

**Progress:** Lanarkshire Antimicrobial and Infection Group revised existing antimicrobial policies and produced new more restrictive antimicrobial empirical and IVOST policies which were implemented across the acute division in August. The primary care antibiotic policy has been revised and will be implemented in November. An ALERT antimicrobial system is near completion with expected implementation in December 08.

Surveillance of key antimicrobial use has taken place over the period June to September 08 and the use of third generation cephalosporins has reduced markedly, reflecting compliance with the new acute antimicrobial policy.

An antimicrobial pharmacist has been appointed and should take up post after his 3 month notice period. It is anticipated that the second antimicrobial pharmacist post will be re-advertised.

The Lanarkshire Antimicrobial and Infection Group will undertake the role of the

Antimicrobial Management Team. Work is underway to agree dedicated resource to support this work.

**Comments/Outstanding Actions:** If LAIG is to evolve to become an AMT dedicated resources, with the appointment of a Lead clinician, Lead microbiologist and secretarial support will be required.

**Action: 8.1 Scottish Patient Safety Programme (HAI elements) are integrated with HAI agenda at NHS Board level**

**Lead:** NHS Boards/Scottish Patient Safety Programme

**Completion Date:** January 2009 **Status:** Purple

**Progress:** The Medical Director is lead Executive for the Scottish Patient Safety Programme and Healthcare Associated Infection in NHS Lanarkshire. As such HAI elements of the Scottish Patient Safety Programme. are included in the monthly report on HAI to the NHS Board. In addition the Infection Control Nursing Team is supporting the implementation of the HAI component of the Scottish Patient Safety Programme.

**Comments/Outstanding Actions:**

**Action: 8.2 Progress on implementation of Scottish Patient Safety Programme (HAI elements) to be included in HAI reports to 2 monthly Board Safety Patient care bundles associated with HAI**

**Lead:** NHS Boards

**Completion Date:** January 2009 **Status:** Green

**Progress:** Topic is included in reporting template regarding process but there is a requirement to provide both process and outcome data on all HAI related care bundles. This will be included in future reports.

**Comments/Outstanding Actions:**

**Completion Date: 31<sup>st</sup> January 2009**

**Action: 9.3.1 NHS Board's infection control policies include primary and community care**

**Lead:** NHS Boards: Chief Executives

**Completion Date:** December 2008 **Status:** Purple

**Progress:** Polices include both primary and community care. All policies are contained within the Control of Infection Manual which is the generic NHS Lanarkshire document on which local policies are based. The contents list of the

Manual is regularly reviewed at the Area Control of Communicable Diseases Committee. The Model Policies as produced by Health Protection Scotland are considered during reviews or development of policies.

**Comments/Outstanding Actions:**

**Action: 10.1 Structure and resources to provide effective infection control service across NHS Board area (hospital and community) assessed and agreed by NHS Boards, including:**

- Human resources
- Equipment
- Budget

**Lead:** NHS Boards

**Completion Date:** October 2008      **Status:** Amber

**Progress:** Review of Healthcare Associated Infection nearing completion. This has included the implementation of a new governance structure to ensure clear reporting mechanisms across the organisation. Implementation is well underway.

The review has also included assessment of the workforce requirements and the employment of additional HAI staff in relation to Hand Hygiene, surveillance and Antimicrobial Pharmacist to facilitate full implementation of SCOTMARAP.

Additional resource has been allocated to address HAI activity. This includes 2wte Hand Hygiene Facilitators as outlined in section 4.1 as well as 1wte Surveillance Nurse. Recruitment is well underway.

A review of equipment has also been completed.

**Comments/Outstanding Actions:**

**Completion Date:** 31<sup>st</sup> December 2008

**Action: 11.1 NHS Boards policy/guidance on completing death certificates reviewed to include documenting death associated with HAI**

**Lead:** NHS Boards

**Completion Date:** December 2008      **Status:** Purple

**Progress:** Further guidance has been issues to medical staff

**Comments/Outstanding Actions:**

**Action: 12.2 NHS Boards local surveillance to include setting of control limits and trajectories for reduction of rates / incidence of HAI**

**Lead:** NHS Boards

**Completion Date:** December 2008      **Status:** Green

**Progress:** The organisation has worked in partnership with Health Protection Scotland to produce weekly **and monthly** reports across the organisation on clostridium difficile rates. A communications protocol is in place to ensure clarity regarding communication and action. Once sufficient data is available control limits will be established.

**Monthly reports now provided for MRSA.**

**Comments/Outstanding Actions:**

**Completion Date: 31<sup>st</sup> December 2008**

**Action: 13.1 NHS Boards Risk Register details HAI risks**

**Lead:** NHS Boards: Chief Executives

**Completion Date:** September 2008 **Status:** Purple

**Progress:** Details of risk discussed at the October Risk Management Steering Group. Details of the strategic risk discussed and agreed with the strategic risk to be received with the HAI Risk at the scheduled December Risk Management Steering Group meeting.

Details recorded on NHSL Risk Register and discussed at Risk Management Steering Group, chaired by CEO.

**Comments/Outstanding Actions:**

**Action: 13.2 HAI incidents and issues recorded on NHS Boards Risk Register reporting systems and reported to 2 monthly Board meetings**

**Lead:** NHS Boards: Chief Executives

**Completion Date:** January 2009 **Status:** Green

**Progress:** Paper received by the NHS Lanarkshire Risk Management Steering Group regarding the requirement to record HAI incidents and issues on the Boards Strategic Risk Register and will form the basis of future reports to the NHS Board and Risk Management Steering Group.

A general statement of risk will be included on all risk registers and implementation of critical actions monitored

**Comments/Outstanding Actions:**

**Completion Date: 31<sup>st</sup> January 2009**

**Action: 15.1 NHS Boards to self assess current compliance with QIS HAI Standards (March 2008)**

**Lead:** NHS Boards: Chief Executives

**Completion Date:** December 2008 **Status:** Green

**Progress:** NHS Lanarkshire participated in the NHS QIS pilot of the standards. Work is currently underway to review NHSLs' compliance status with the standards based on the pilot findings. This includes the development of an action plan to address areas of non compliance. An educational working group is well advanced in its work in relation to ensuring compliance with Standard 5: Education.

**Comments/Outstanding Actions:**

**Completion Date: 31<sup>st</sup> December 2008**

**Action: 16.1 All healthcare workers receive appropriate level of HAI education and training in line with position, including antimicrobial prescribing and resistance**

**Lead:** NHS Boards: Chief Executives

**Completion Date:** April 2009      **Status:** Green

Progress: Sub Group of the Lanarkshire Infection Control Committee established to ensure full compliance with the relevant education standards outlined within QIS HAI Standards (March 2008).

Work underway in partnership with the University of the West Of Scotland to undertake a critical review of HAI training currently provided by the organisation, due for completion December 2008. This will be utilised to ensure the organisations training programme continues to meet the needs of staff across the wide spectrum of HAI. The work is well progressed a report containing recommendations will be produced before April 2009.

**Comments/Outstanding Actions:**

**Completion Date: 30th April 2009 and Ongoing**

**Action: 16.2 Infection Control staff undertake appropriate level of education and training**

**Lead:** NHS Boards: Chief Executives

**Completion Date:** April 2009      **Status:** Purple

**Progress:** Of the 8 Infection Control Nurses within NHSL, 5 have completed a recognised qualification in infection control, 1 is currently undertaking and 1 is due to commence a course at Dundee College of Nursing and Midwifery next year. One Acting Infection Control Nurse is on secondment to the HAI service for 6 months and has undertaken the Cleanliness Champions Programme and been a Coordinator in NHSL. Additional education and training is identified through PDPs to ensure that it is commensurate with the skills and knowledge required for the post. The Nurse Consultant – HAI is in the final stages of her MSc Advanced Health Studies, the dissertation focussing on the impact of the Cleanliness Champions on clinical practice. "The Lead Infection Control Doctor is a Consultant Microbiologist (FRCPath) who has undertaken the HPA Control of Infection training course at Colindale and Decontamination at Falfield. Continuing professional development is maintained by participating in the Royal College of Pathologists CPD scheme."

**Comments/Outstanding Actions:**

**Action: 19.2 Cleaning matrix and schedule including discipline responsible for cleaning is available in all healthcare settings**

**Lead:** NHS Boards: Chief Executives

**Completion Date:** September 2008      **Status:** Purple

**Progress:** As implied in the last report; all health care facilities have schedules of cleaning and each discipline is aware (through written schedules) of whose responsibility cleaning of surfaces, facilities and equipment is.

**Comments/Outstanding Actions:**

There is inconsistency within and between health care facilities over the allocation of responsibility between disciplines. Opportunities exist for domestic staff to take-over greater responsibility from nursing staff with the latter concentrating on equipment in use by individual patients or where there are important technical or safety reasons for cleaning/decontamination to be undertaken by them alone.

**Action: 20.1 All staff to have HAI objective in annual professional development plans**

**Lead:** NHS Boards: Chief Executives

**Completion Date:** April 2009

**Status:** Purple / Green

**Progress:** HAI included as a key objective in NHSL's 2008/9 Corporate Objectives. A formal system is in place for the Corporate Objectives to inform the Personal and Team objectives of Directors and Senior Managers throughout NHSL. An HAI objective for 2008/9 will therefore feature in the performance assessment/appraisal of relevant Directors, Senior Managers and Clinical Directors/Lead Clinicians. In addition Senior Charge Nurses/Team Leaders have a specific Performance Objective with measurable outcomes on Infection Control that includes 'Each member of staff has a PDPR record that demonstrates achievement or identification of development needs on current best practice and national and local guidelines in relation to HAI'. Through this there is continued cascade to all members of Nursing and Midwifery teams. A similar process will be introduced for AHP teams in 2009.

**Comments/Outstanding Actions:** The above model of objective setting/performance assessment establishes HAI as a priority performance objective for those in leadership roles throughout NHSL. For other staff the opportunity will be taken to positively exploit integration of knowledge, skills and performance on HAI within our approach to implementation of Agenda for Change.

NHSL is at an advanced stage in introduction of the Agenda for Change Knowledge Skills Framework (KSF) and, where relevant, awareness and competence on HAI will feature in the Core Dimensions for posts and will be subject to review and evidencing through the annual Personal Development Planning and Review process for staff. 100% production of the first KSF based Personal Development Plans for relevant staff is required by 31<sup>st</sup> March 2009 (HEAT Target). These will be refreshed and reviewed annually thereafter.

**Completion Date: 30th April 2009**

