

Borders NHS Board



HEALTHCARE ASSOCIATED INFECTION CONTROL AND PREVENTION REPORT – JUNE 2010

Aim

The purpose of this paper is to update members of Borders NHS Board of the current status of healthcare associated infections and infection control measures in NHS Borders.

Background

In line with the NHS Scotland HAI Action Plan 2008, there is a requirement for a Healthcare Associated Infection Control and Prevention report to be presented to the Board on a two monthly basis.

Summary

This report highlights NHS Borders performance in relation to infection prevention and control including progress against the NHS Scotland HAI Action Plan.

Recommendation

The Board is asked to **note** this report.

Policy/Strategy Implications	This report is in line with the NHS Scotland HAI Action Plan.
Consultation	Not applicable
Consultation with Professional Committees	Not applicable
Risk Assessment	Not applicable
Compliance with Board Policy requirements on Equality and Diversity	Yes
Resource/Staffing Implications	None identified.

Approved by

Name	Designation	Name	Designation
Sheena Wright	Director of Nursing and Midwifery		

Author(s)

Name	Designation	Name	Designation
Adam Wood	Infection Control Manager/ Senior Infection Control Nurse Specialist		

HEALTHCARE ASSOCIATED INFECTION – INFECTION CONTROL REPORT – JUNE 2010

NHS BORDERS (Healthcare Associated Infection Reporting Template (HAIRT) Part 2 June 2010 (Part 1 attached)

Introduction

This report provides an overview for Borders NHS Board of performance against the NHS Scotland HAI Action Plan, and in particular:

- Incidence of Healthcare Associated Infections
- Hand hygiene compliance
- Cleaning monitoring results

There is a requirement from the Scottish Government for NHS Boards to receive a report on Healthcare Associated Infection once every two months. This report complies with a template provided by The Scottish Government for this purpose.

Performance against the NHS Scotland HAI Action Plan

Current performance against the NHS Scotland HAI Action Plan is outlined in the attached RAG report. As can be seen, all actions are completed or on target to be completed within the prescribed timescales.

Team Structure

The combined Infection Control Manager (ICM)/ Senior Infection Control Nurse (SICN) post has been divided following recommendations from the Healthcare Environment Inspectorate (HEI) report; the interviews for the Infection Control Manager took place on 10TH June and a candidate was successful and it is hoped they will take up post on 1st July. The existing ICM/SICN will take up the post of Senior Infection Control Nurse Specialist on commencement of the ICM.

Recruitment to the NHS Borders ICN & Community ICN post is now completed and the Consultant Microbiologist took up post from 1ST June 2010.

Incidence of Healthcare Associated Infections

There are currently mandatory reporting requirements for Meticillin sensitive and resistant *Staphylococcus aureus* bacteraemias and on *Clostridium difficile* infections.

HAIRT Framework Part 2

1. *Staph aureus* bacteraemia's (SAB)

1.1. Short / Medium / Long Term Trends in SAB's

Meticillin Sensitive *Staphylococcus aureus* (MSSA) Bacteraemias

There have been a total of 74 cases of MSSA bacteraemia's between January 2007 and May 2010, with an average of two cases per month (Figure 1). The majority (65%) of MSSA bacteraemia cases diagnosed over the period were associated with hospital or healthcare (see definition below).

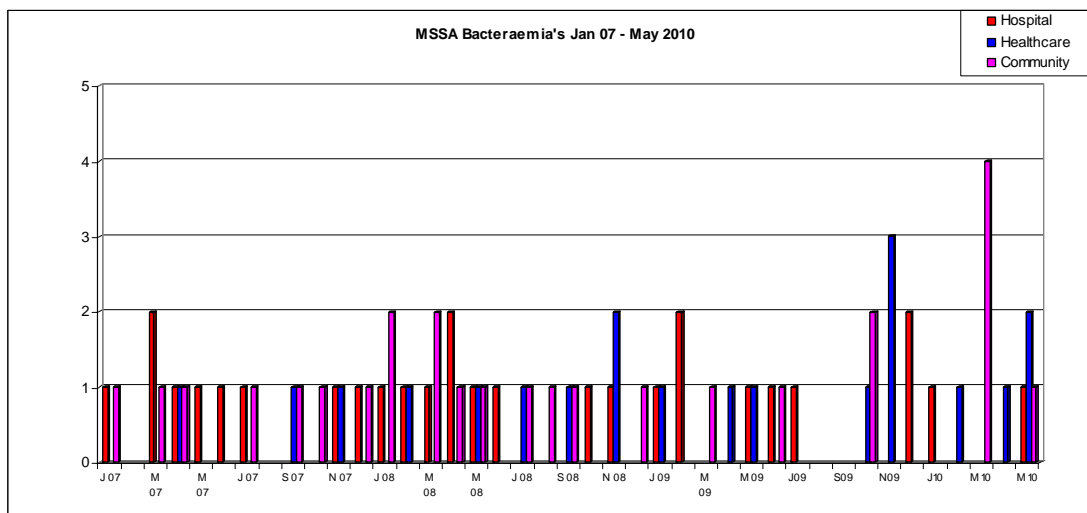


Fig 1

KEY

Hospital: a patient whose blood cultures were taken >48 hours after admission or within 48 hours of discharge.

Healthcare: a patient receiving regular care between the community and hospital and whose blood cultures were taken <48 hours after admission or >48 hours after discharge.

Community: a patient whose blood cultures were taken <48 hours after admission and who has not within the past month been an in patient in any hospital, and was not receiving community healthcare.

Meticillin Resistant *Staphylococcus aureus* (MRSA) Bacteraemias

There have been a total of 40 cases of MRSA bacteraemia's between January 2007 and May 2010, with an average of one case per month (Figure 2). The majority (93%) of MRSA bacteraemia cases diagnosed over the period were associated with hospital or healthcare (see definition below).

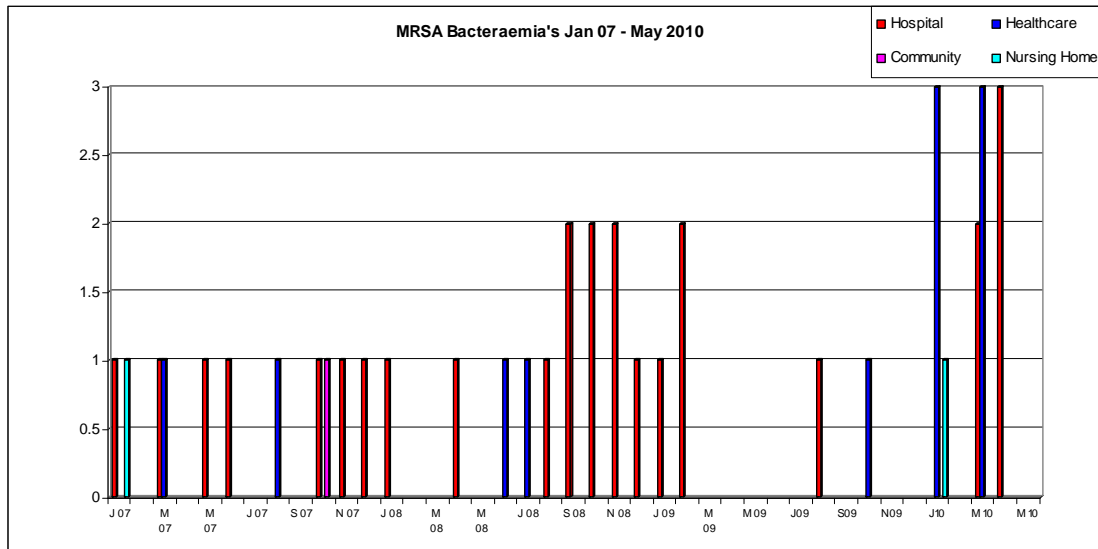


Fig 2

KEY

Hospital: a patient whose blood cultures were taken >48 hours after admission or within 48 hours of discharge.

Healthcare: a patient receiving regular care between the community and hospital and whose blood cultures were taken <48 hours after admission or >48 hours after discharge.

Community: a patient whose blood cultures were taken <48 hours after admission and who has not within the past month been an in patient in any hospital, and was not receiving community healthcare.

1.2. Current HEAT status

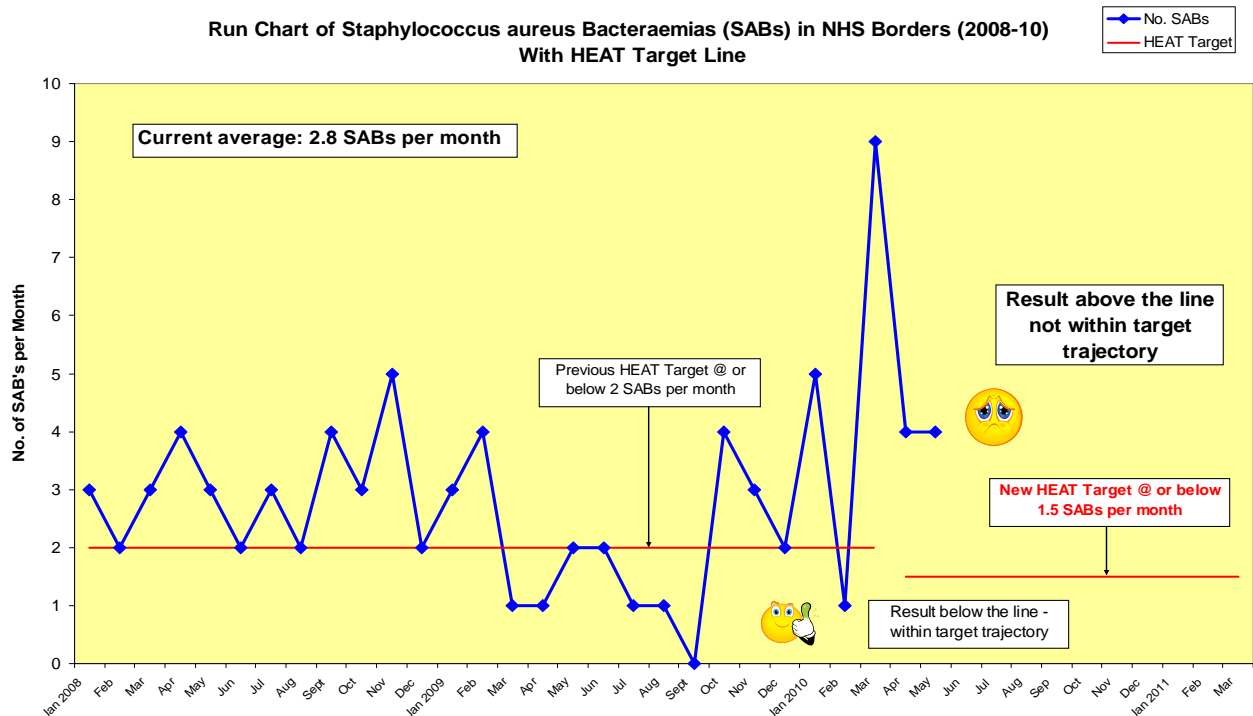


Fig 3

The HEAT Target baseline for all boards is based on the number of cases of *Staph aureus* bacteraemia from 1st April 2005 – 31st March 2006. For NHS Borders the number of SAB's recorded in that period equated to **30** cases. We had to reduce this number by **25%** by 31st March 2010, therefore taking into account cases for the year 1st April 2009 to 31st March 2010.

Thus to achieve the 25% reduction, the maximum number of cases in the period 1st April 2009 – 31st March 2010 was **22** SAB's. We did not achieve our HEAT Target, as we had 31 cases of SAB (11 MRSA & 20 MSSA). In the reporting period 2009/10, you will note a peak in March 2010. It is unclear why there was this sudden rise. However, all cases were subject to enhanced surveillance to establish route cause.

We are expected to further reduce our numbers of SABs by 15% in the reporting period 2010/11. To achieve this HEAT Target we must have no more than a total of 18 cases in this 12 month period. To date we have had 8 cases of SAB's

In the two month period of April and May 2010, 8 new SAB's were identified in NHS Borders; 5 MSSA's and 3 MRSA's. Of these 5 came from blood cultures taken within 24 hours of admission. 7 were classified as Hospital or Healthcare related with only one classified as Community. Detailed analysis has been done on all of these bacteraemia's. This showed 2 cases were associated with Hickman lines, 2 cases associated with urinary catheters, 1 case was related to an infected Venflon site, 1 case related to a severe diabetic foot ulcer, 1 case was a patient at "end of life", and in one case the patient was admitted to the BGH with Staph aureus bacteraemia associated with a deep infection elsewhere in the body.

1.3. National Context – Most Recent HPS Quarterly National Report (Table 1)

	NHS Scotland			Borders		
Quarter	Acute Occupied Bed Days	MRSA Bacteraemias	Rate per 1000/AOBD	Acute Occupied Bed Days	MRSA Bacteraemias	Rate per 1000/AOBD
2007						
Jan to Mar	1294344	249	0.19	25646	5	0.19
Apr to Jun	1248276	215	0.17	25944	3	0.12
Jul to Sep	1234589	210	0.17	22845	1	0.04
Oct to Dec	1235570	207	0.17	23789	4	0.17
Average	1253195	220	0.18	24556	3	0.13
2008						
Jan to Mar	1236015	197	0.16	29080	1	0.03
Apr to Jun	1247905	185	0.15	31533	2	0.06
Jul to Sep	1213613	149	0.123	27547	4	0.14
Oct to Dec	1327726	157	0.118	29632	4	0.13
Average	1256315	172	0.138	29448	~3	0.09
2009						
Jan to Mar	1353658	167	0.12	32428	3	0.09
Apr to Jun	1308513	145	0.111	28694	0	0
Jul to Sep	1281191	101	0.079	26890	1	0.037
Oct to Dec	1302589	119	0.091	28169	1	0.036
	Acute occupied bed days	MSSA bacteraemias	Rate per 1000/AOBD	Acute Occupied Bed Days	MSSA Bacteraemias	Rate per 1000/AOBD
2007						
Jan to Mar	1294344	359	0.277	25646	3	0.12
Apr to Jun	1248276	415	0.332	25944	5	0.19
Jul to Sep	1234589	459	0.372	22845	5	0.22
Oct to Dec	1235570	417	0.337	23789	9	0.38
Average	1253195	412.5	0.329	24556	5.5	0.22
2008						
Jan to Mar	1236015	390	0.316	29080	8	0.27
Apr to Jun	1247905	392	0.314	31533	8	0.25
Jul to Sep	1213613	373	0.307	27547	5	0.18
Oct to Dec	1327726	389	0.293	29632	5	0.17
Average	1256315	386	0.308	29448	~6	0.22
2009						
Jan to March	1353658	372	0.28	32428	6	0.18
Apr to Jun	1308513	387	0.296	28694	5	0.174
Jul to Sep	1281191	381	0.297	26890	1	0.037
Oct to Dec	1302589	360	0.276	28169	8	0.284

Table 1

Data Source: The Staphylococcus aureus Bacteraemia Quarterly Report of cumulative Data from all NHS Boards in Scotland (2010); NHS Borders local surveillance.

1.4. Current/New Initiatives to Reduce Cases

Enhanced screening for MRSA:

Meetings continue at a national level to support the implementation. Actions continue to be taken by the operational group of the NHS Borders MRSA Rollout Steering Group. Meetings of the operational group continue as scheduled. Immediate actions to be

taken in order to support the rollout have been identified, including further promotion of the initiative; building on staff awareness and communication pathways.

1.5. Pan-Board, Hospital or Specialty Specific Problems Identified

See comments regarding SAB HEAT targets

The ICT will continue to raise awareness to highlight the importance of SAB's, in addition to the measures already in place. This will be done in conjunction with the activities of the patient safety programme, Hospital Management Team and the education activities of the ICT.

An operational group has been convened to identify actions needed in order to reduce our current SAB rates. Enhanced surveillance continues with each SAB in order to ascertain root cause. This supports the identification of the actions required.

These actions include raising staff awareness and provision of training in relation to the insertion and subsequent management of all lines [including the full implementation of PVC and CVC Bundles] and training in relation to the taking of blood cultures to prevent sample contamination.

A paper has been presented to the Board Executive Team entitled "**Prevention of *Staphylococcus aureus* Bacteraemias (SABs) within NHS Borders**" informing the BET of the current status of our performance in meeting the HEAT Target for SABs and the action plan to reduce the incidence to ensure compliance with the HEAT target and to ensure delivery of high quality, safe healthcare. Monitoring will continue on a weekly basis.

2. C.Difficile Associated Disease (CDAD)

2.1. Short / Medium / Long Term Trends in CDAD

There have been a total of 223 cases of *Clostridium difficile* infections in the BGH between July 2007 and May 2010, with an average of seven cases per month (Figure 4).

Since collecting the *C.difficile* data, four patients have been recorded as having *C.difficile* as a primary cause of death. Of the 215 *Clostridium difficile* infections diagnosed in the thirty one month period between July 2007 and January 2010; one occurred in 2007, one in 2008 and two in 2009.

There have been a total of 23 cases of *Clostridium difficile* infections in the Community between Jan 09 and May 2010, with an average of 1 case per month.

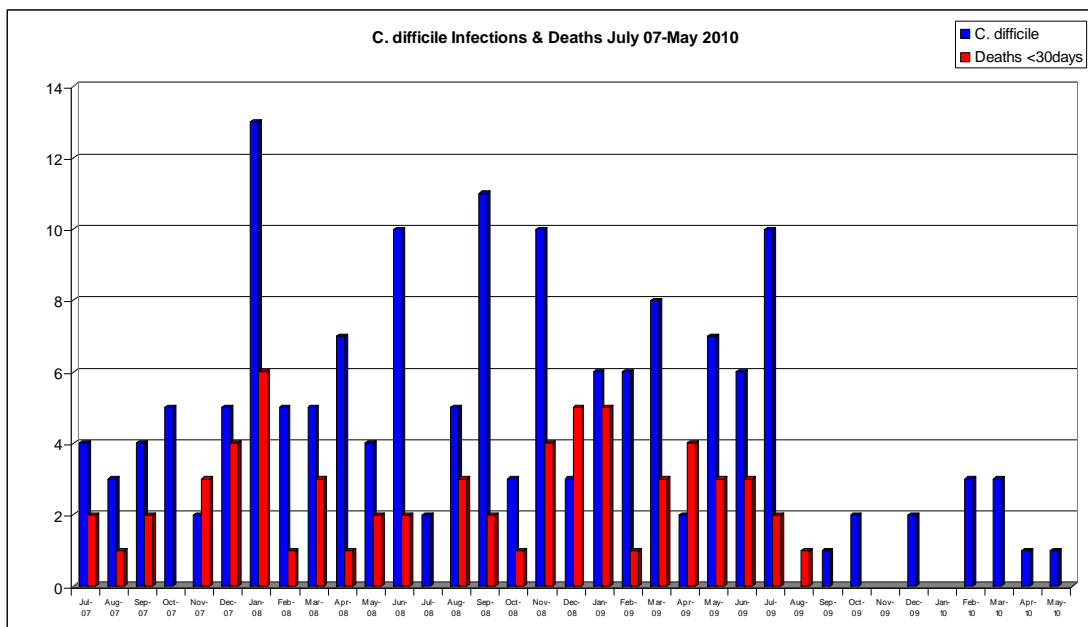


Fig 4

2.2. Current HEAT Status

A minimum 30% reduction in C. diff cases was to be achieved by March 2011; this refers only to diarrhoeal specimens from patients over the age of 65. The baseline for achievement of the target was April 2007 to March 2008, and the target rate should be achieved in the period April 2010 to March 2011. Currently we are on target to achieve a minimum of a 30% reduction on cases and meet our HEAT Target.

HEAT Target (>65 years) to be achieved Apr 2010 - Mar 2011

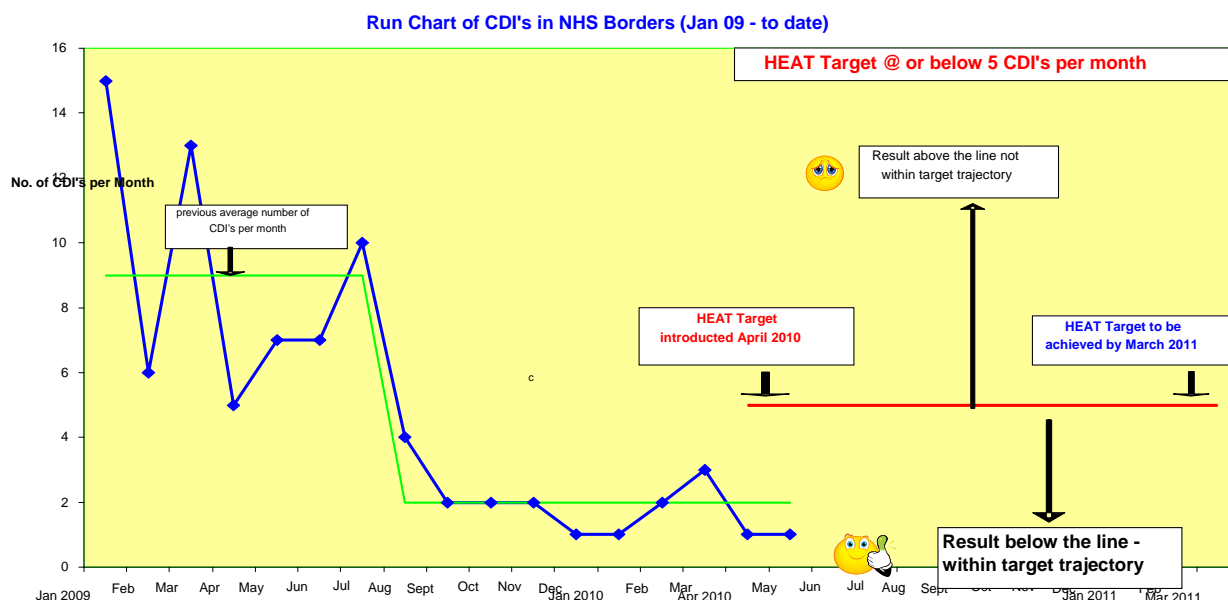


Fig 5

2.3. National Context – Most Recent HPS Quarterly National Report

Total Number of cases in the age groups 65 and over and 15-64 years for this quarter and quarterly vs annual rates of CDI in 14 NHS Boards in Scotland

	Total number of cases October-December 2009		Rates per 1000 total/acute OCBD		
	65 or over	15-64	65 or over	15-64	Annual (2009)*
NHS Ayrshire & Arran	104	37	1.05	1.45	1.15
NHS Borders	5	2	0.18	0.27	0.62
NHS Dumfries & Galloway	34	8	0.99	0.94	1.20
NHS Fife	30	6	0.39	0.33	0.43
NHS Forth Valley	16	4	0.22	0.26	0.45
NHS Grampian	84	31	0.71	0.80	1.25
NHS Greater Glasgow & Clyde	134	55	0.36	0.46	0.46
NHS Highland	19	7	0.37	0.41	0.53
NHS Lanarkshire	67	14	0.56	0.37	0.60
NHS Lothian	116	47	0.53	0.75	0.74
NHS Orkney	0	2	0.00	3.78	2.17
NHS Shetland	0	0	0.00	0.00	0.05
NHS Tayside	61	20	0.60	0.71	0.98
NHS Western Isles	2	2	0.32	1.34	0.30
Scotland (overall)	672	235	0.52	0.62	0.71

*Note that annual rates (2009) are based on data collected from January-December 2009 and apply only to the age group 65 and over.

Table 2

NHS Borders CDI rates continue to be low. However, there is no room for complacency and the NHS Borders ICT continues with their day to day surveillance and working with ward staff on continued prevention of CDI. NHS Borders ICT continue also to work with HPS on improving NHS Borders surveillance activities and CDAD management & prevention tools.

2.4. Current/New Initiatives to Reduce Cases

- NHS Borders antimicrobial guidelines: Professionally printed hard copies of the revised guidelines will continue to be circulated to the prescribing clinicians, clinical areas and are also accessible on NHS Borders Intranet.
- 'Antimicrobial ward rounds' have been maintained bi-weekly with Anne Duguid, Antimicrobial Pharmacist and the Consultant Microbiologist. These are proving beneficial in the active promotion of prudent antibiotic use.

2.5 Pan-Board, Hospital or Specialty Specific Problems Identified

- Long term locum coverage was established until end May 2010; a permanent consultant microbiologist has been in post since 1/6/2010.

3. Hand Hygiene (HH) programme

3.1. Short / Medium / Long Term Trends in Compliance

NHS Borders has continued to promote a zero tolerance to non compliance with hand hygiene

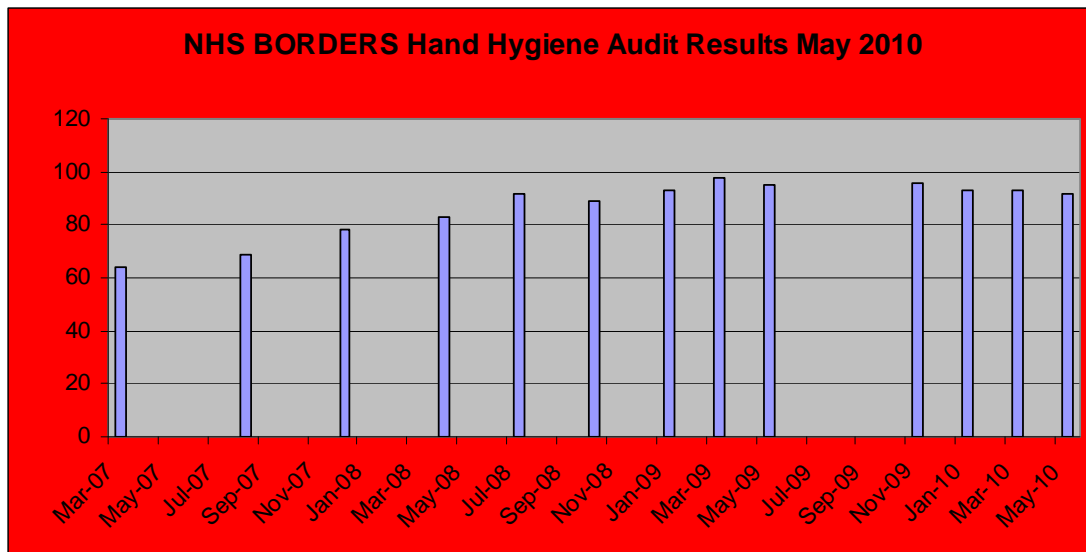


Fig 6

3.2 National Context – Most Recent HPS National Reports (Figs 7-9)

Audit results for compliance with hand hygiene opportunities, NHS Scotland

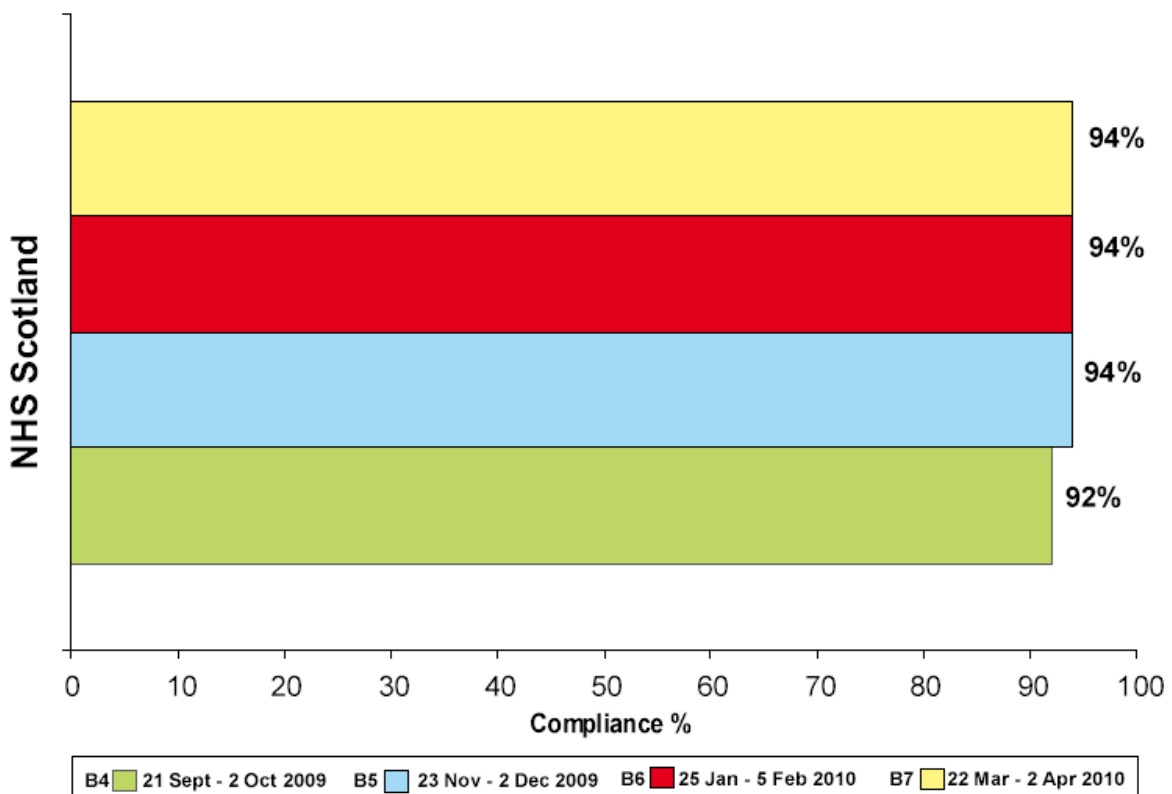


Fig 7

Audit Results for Compliance with Hand Hygiene Opportunities by NHS board:

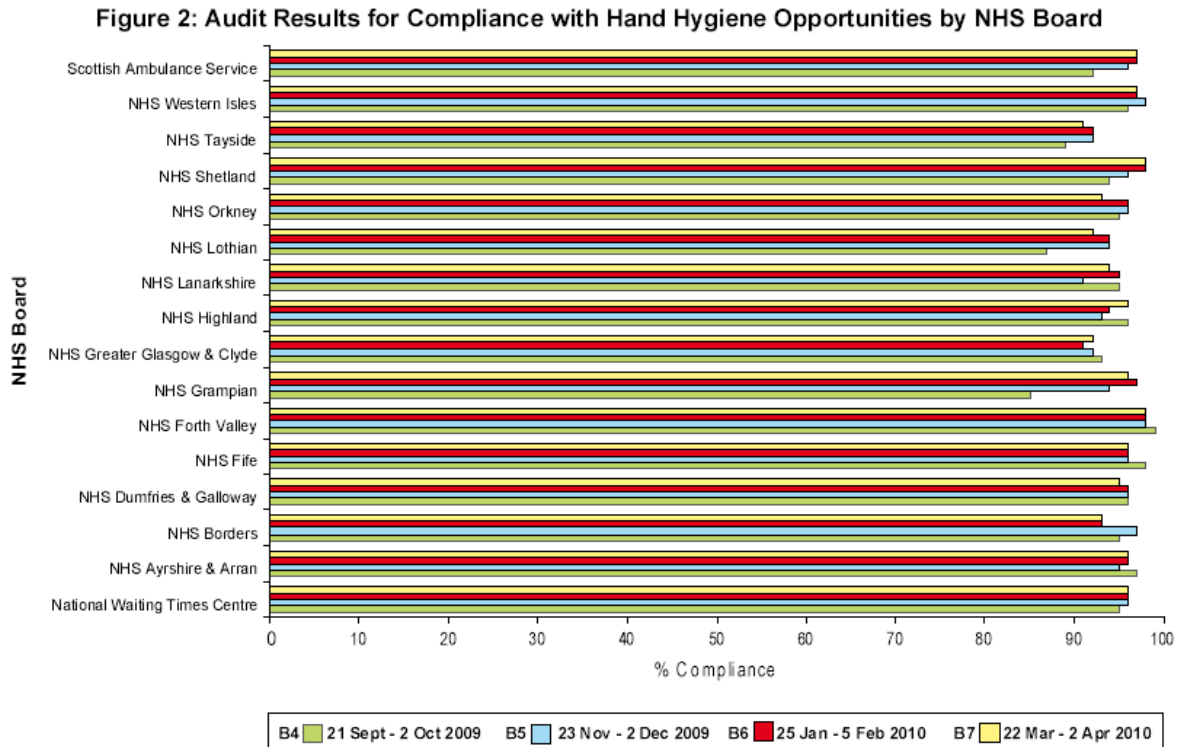


Fig 8

Summary of Results by staff group, NHS Scotland

Figure 3: Audit Results for Compliance with Hand Hygiene Opportunities by Staff Group

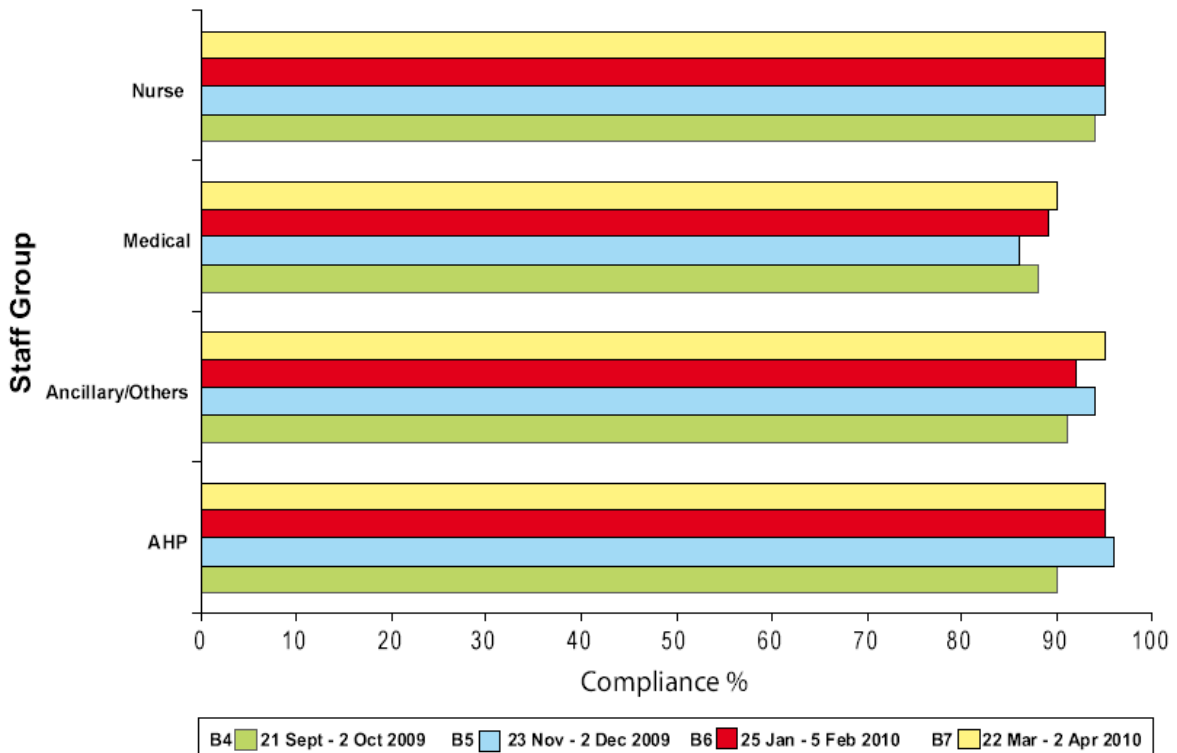


Fig 9

Summary of Compliance by Staff Group, NHS Borders

The table below shows the percentage scores for “opportunity taken” together with the total number of opportunities observed for each staff group.

	<i>Nurse</i>	<i>Medical</i>	<i>AHP</i>	<i>Ancillary/Other</i>
NHS Borders	92% [181]	88% [58]	97% [32]	98% [49]

Table 3

3.3 Current/New Initiatives in Promoting HH and Zero Tolerance Of Non-Compliance

- January’s National Audit results for NHS Borders demonstrate a 92% compliance with hand hygiene.
- All informal auditing undertaken by the Hand Hygiene Coordinator [as highlighted in January’s HAIRT] is now reported to the Hospital Management Team’s [HMT] monthly performance review meeting and the clinical boards as appropriate.
- Hand hygiene signage has been replaced across the Board. The HEI identified a lack of clear signage as a potential problem. New signage was designed with input from public involvement volunteers, for the front of all the non-touch hand rub dispensers to make the use of them clear to all.
- Four Dyson Airblade hand dryers are now purchased for the new toilets at the entrance to the BGH.
- A new, comprehensive Hand Hygiene audit tool has now been introduced to the Borders General Hospital to pilot. This audit tool will be used by all staff in an effort to further raise hand hygiene awareness. The audit results will be collated by Clinical Governance for interpretation. The audit tool will also be used to monitor and record uniform policy and the incorrect wearing of jewellery by NHS Borders staff. It is intended that this tool will be rolled out over NHS Borders
- All clinical areas will have notice boards installed at the entrance to their area. This will allow hand hygiene data and any other relevant HAI information to be displayed alongside other performance indicators, for the benefit of staff, patients and visitors.
- Additional hand hygiene training is being provided; all records of the training will be kept at ward level and will be updated annually.
- All staff working for NHS Borders will now be expected to use hand rubs when entering and leaving all clinical areas. Ms Pollock has been sent a draft letter by the Hand Hygiene Coordinator for approval. This will be sent out to all departments thereafter.
- Walkrounds conducted by Senior Staff have identified a need for extra dispensers to be installed. These installations are being carried out at present and all clinical areas are being advised to contact Estates Department if extra dispensers are deemed necessary.
- Further hand hygiene training for volunteers is underway. WRVS, Macmillan, Chaplaincy groups have all now received or have been given dates for training.

Pan-Board, Hospital or Staff Group Specific Problems Identified

Any areas or staff disciplines that demonstrate drops in compliance are made immediately aware of their compliance figures and supportive measures, including a training programme are agreed.

This resolute approach will be maintained in order to support staff from all disciplines to attain the highest standards of hand hygiene.

4. Cleaning Services Specification Compliance

4.1. Short / Medium / Long Term Trends In Compliance

B120H - Borders General Hospital - Clean Monitoring Totals

		<u>Total Value of Items Checked</u>	<u>Total Value of Items Passed</u>	<u>Total % Pass</u>	<u>Peer Review</u>	<u>Public Involvement</u>
Month 1	Apr	12 333	11 992	97.2	NO	NO
Month 2	May	12 930	12 517	96.8	NO	NO
Month 3	Jun	13 557	13 188	97.3	YES	YES
Month 4	Jul	12 519	12 165	97.2	NO	NO
Month 5	Aug	12 798	12 405	96.9	NO	NO
Month 6	Sep	13 521	13 110	97.0	YES	NO
Month 7	Oct	13 180	12 878	97.7	NO	NO
Month 8	Nov	14 759	14 402	97.6	YES	YES
Month 9	Dec	13 565	13 181	97.2	YES	NO
Month 10	Jan	13 149	12 744	96.9	NO	NO
Month 11	Feb	11842	11410	96.4	NO	NO
Month 12	March	12607	12179	96.6	NO	NO
Quarter 1	Apr- Jun 2009	38 820	37 697	97.1	x	x
Quarter 2	Jul- Sep Oct-	38 838	37 680	97.0	x	x
Quarter 3	Dec Jan-	41 504	40 461	97.5	x	x
Quarter 4	Mar	37 598	36 333	96.6	x	x
Total		156 760	152 171	97.1	x	x

Table 4

4.2. National Context – Most Recent HFS Quarterly National Report

<i>Health Board</i>	<i>1st quarter April-June 2009/2010</i>	<i>2nd quarter July-Sept 2009/2010</i>	<i>3rd quarter Oct-Dec 2009/2010</i>	<i>4th quarter Jan-March 2009/2010</i>	<i>Annual April 2009-March 2010</i>
	<i>Total % Pass</i>	<i>Total % Pass</i>	<i>Total % Pass</i>	<i>Total % Pass</i>	<i>Total % Pass</i>
SCOTLAND	95.7	95.9	95.9	96.2	95.8
Ayrshire and Arran	95.6	95.3	95.6	95.7	95.6
Borders	97.7	97.5	97.7	97.9	97.7
Dumfries and Galloway	96.8	97.4	97.6	97.4	97.3
Fife	97.3	97.4	97.5	97.0	97.2
Forth Valley	93.3	93.7	93.2	94.1	93.5
Grampian	96.5	96.4	96.6	96.6	96.6
Greater Glasgow and Clyde	96.3	96.4	96.4	96.4	96.4
Highland	95.0	95.3	95.0	95.6	95.2
Lanarkshire	94.8	96.5	95.2	96.3	95.2
Lothian	95.2	95.5	95.1	95.7	95.3
Orkney	94.7	94.8	94.6	95.7	95.0
Shetland	95.3	96.3	94.3	98.4	96.0
Tayside	95.4	94.4	95.4	95.1	95.3
Western Isles	96.1	95.8	95.8	95.9	96.1
The State Hospitals Board for Scotland	94.2	94.1	92.9	93.7	94.1
Golden Jubilee National Hospital	91.3	91.3	90.2	90.7	91.2
NSS – SNBTS	90.9	95.7	97.8	95.3	95.1
Scottish Ambulance Service	94.8	94.9	95.5	96.5	96.1

Table 5

4.3. Current/New Initiatives in Improving Cleaning

- There has been a significant amount of building work being undertaken in the BGH and as a result, dust levels have had the potential to be increased. Staff have been vigilant and general services have been operating an increased cleaning schedule where required as well as responding to requests
- The new microfibre system will have completed it's rollout by end June 2010
- The introduction of the new colour coding for cleaning equipment has now been completed and the training has included nursing staff
- Rapid response teams continue to be developed and a full complement for BGH is anticipated to be in place by end June. These groups will carry out scheduled periodic work but be available at short notice for ad hoc barrier and terminal cleans and can be sourced via the general Services Supervisor

4.4. Pan-Board, Hospital or Specialty Specific Problems Identified

None identified

5. Significant HAI Incidents / Outbreaks, Emerging Threats

- Antibiotic resistance(s) are being closely monitored with enhanced screening activity and our upgraded surveillance software.
- Our Surveillance Coordinator continually monitors HAI and SSI rates; any flags for concern will be dealt with immediately.
- **Norovirus outbreak:**

17/1/10 - 9/4/10, BGH & community involvement

There were 145 days of total ward closure

Total number of patients within the Borders General reported to (or found by) the Infection control team to have symptoms in accordance with the case definition over the course of the outbreak was 271.

Of these, 123 (45.4%) developed symptoms within 24 hours of admission.

No significant adverse clinical affects were either reported to the Infection Control team, or found by the Infection Control team on their daily reviews.

What went well

- Patient/Public communication and liaison with media (Close involvement of communications department)
- Team work by staff
- No increase in *Clostridium difficile*
- Learning opportunities were identified to improve on communication, availability of information, discharge planning and patient movement between areas.

6 RAG Status on HAI Action Plan

If an Action Point is completed, the status is **COMPLETED**.

If an Action Point is on course to be completed by the target completion date (outlined in the Action Plan and provided alongside the Action Point), the status is **GREEN**.

If an Action Point is fairly likely to meet the target completion date but may have some slippage the status is **AMBER** and **an accompanying predicted completion date should be included.**

If an Action Point will not be met by the target completion date the status is **RED** and again **an accompanying predicted completion date should be included**

OVERVIEW OF PROGRESS AGAINST ACTION PLAN [24 ACTION POINTS]	
STATUS	PROGRESS
COMPLETED	23
GREEN	1
AMBER	0
RED	0

Table 6

HAI Action Plan action points

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: **COMPLETED**

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

Lead: NHS Boards: Chief Executives

Completion Date: December 2010

Status: **GREEN**

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: **COMPLETED**

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: **COMPLETED**

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: **COMPLETED**

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: <u>COMPLETED</u>
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: <u>COMPLETED</u>
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: <u>COMPLETED</u>
Action: 6.1 All patients to receive information on HAI	
Lead: NHS Boards: Chief Executives	
Completion Date: November 2008	Status: <u>COMPLETED</u>
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: <u>COMPLETED</u>
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: <u>COMPLETED</u>
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: <u>COMPLETED</u>
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: <u>COMPLETED</u>
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: <u>COMPLETED</u>
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:	
<ul style="list-style-type: none"> • Human resources • Equipment • Budget 	

Lead: NHS Boards Completion Date: October 2008 Status: <u>COMPLETED</u>
Action: 11.2 NHS Boards policy/guidance on completing death certificates reviewed to include documenting death associated with HAI Lead: NHS Boards Completion Date: December 2008 Status: <u>COMPLETED</u>
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: <u>COMPLETED</u>
Action: 13.1 NHS Boards Risk Register details HAI risks Lead: NHS Boards: Chief Executives Completion Date: September 2008 Status: <u>COMPLETED</u>
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: <u>COMPLETED</u>
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: <u>COMPLETED</u>
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: <u>COMPLETED</u>
Action: 16.2 Infection Control staff undertake appropriate level of education and training Lead: NHS Boards: Chief Executives Completion Date: April 2009 Status: <u>COMPLETED</u>
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: <u>COMPLETED</u>
Action: 20.1 All staff to have HAI objective in annual professional development plans Lead: NHS Boards: Chief Executives Completion Date: April 2009 Status: <u>COMPLETED</u>