

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

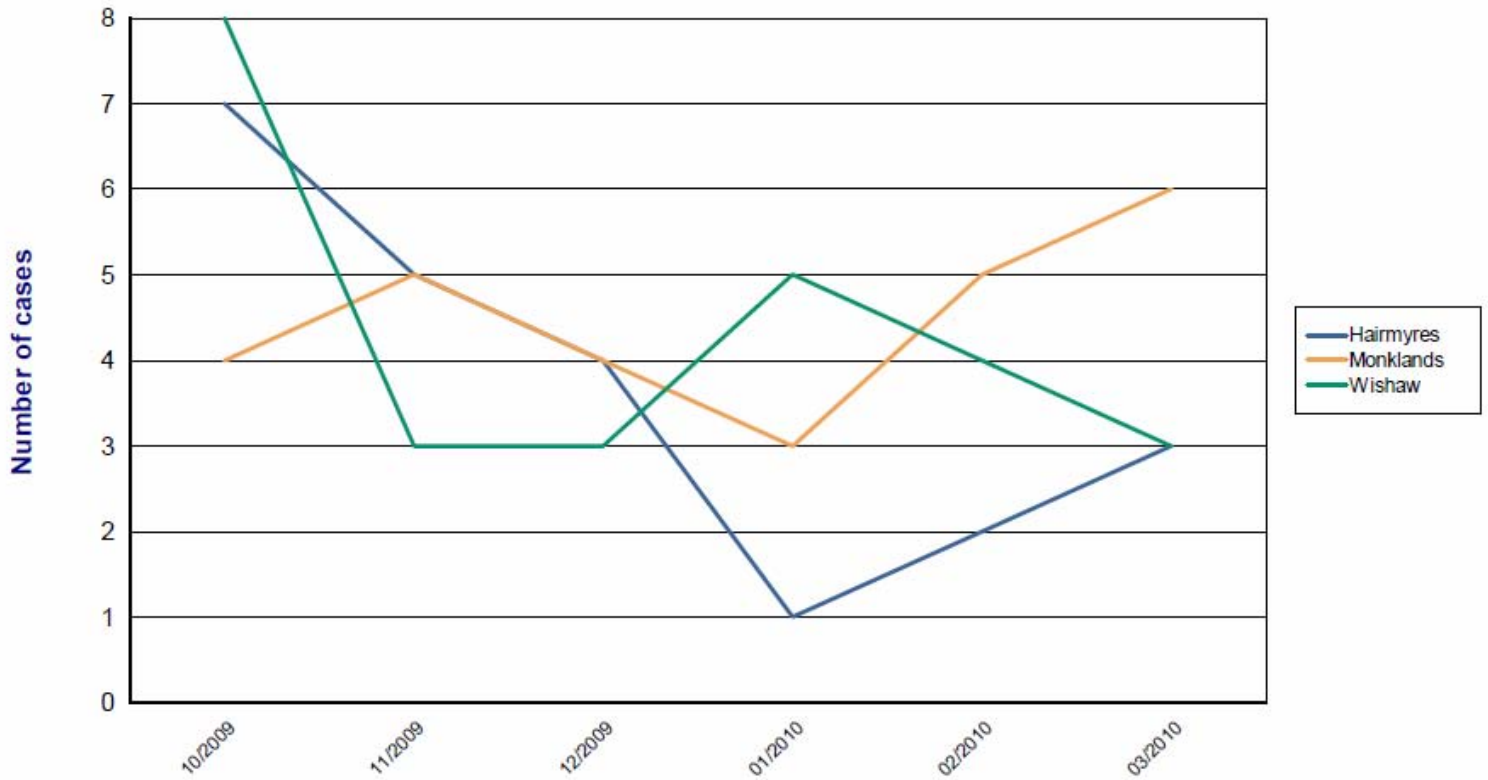
Table 1 shows that the total number of SABs has remained fairly static since December 2009 and that there has been a slight variation within the 3 acute sites since January 2010.

Table 2 provides a breakdown of SAB episodes by speciality for March 2010 which are as follows; 50% (n=6) of the total isolated from Accident and Emergency patients in comparison to 10% (n=1) of the total from January 2010. There is an increase of cases in General Medicine to 42% (n=5), in comparison to 10% (n=1) of the total from January. No SAB's are reported within Coronary Care and Neonatal for 4 and 5 consecutive 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 – 31/03/2010

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

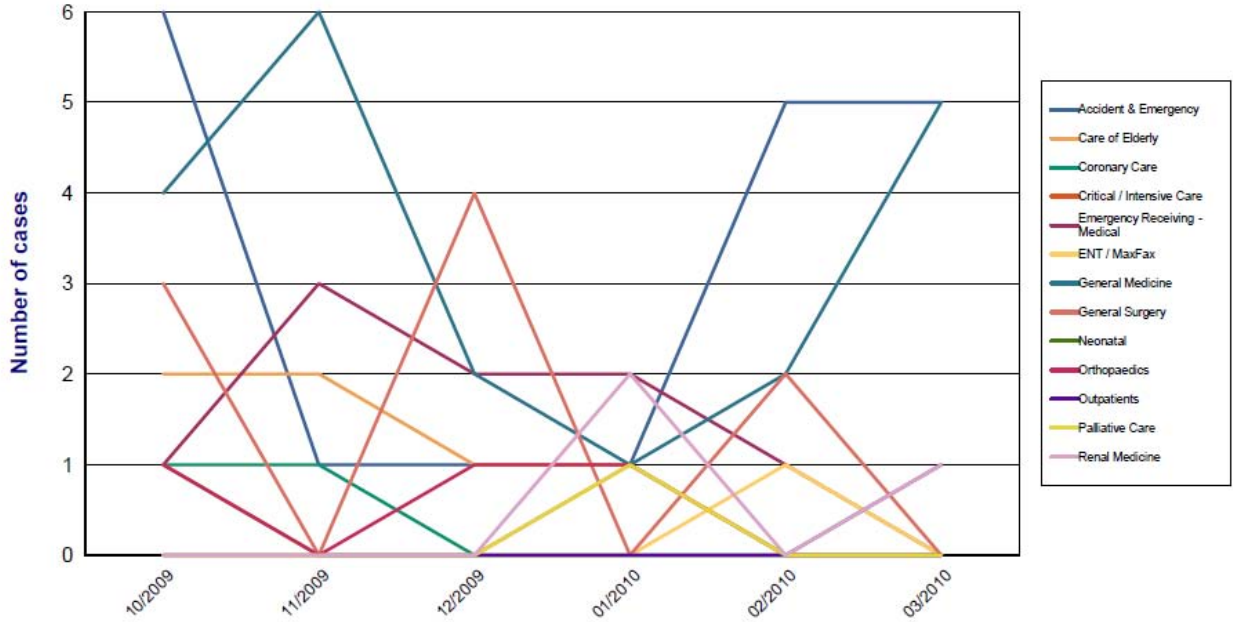


	Hairmyres	Monklands	Wishaw	Totals
10/2009	7	4	8	19
11/2009	5	5	3	13
12/2009	4	4	3	11
01/2010	1	3	5	9
02/2010	2	5	4	11
03/2010	3	6	3	12
Totals	22	27	26	75

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

Date range: 01/01/2009 –31/03/2010

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	Outpatients	Palliative Care	Renal Medicine	Totals
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
03/2010	5	0	0	0	0	0	5	0	0	0	1	0	1	12
Totals	19	6	2	1	9	1	20	9	1	3	1	1	3	76

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;

NHSL have achieved their allocated reduction as required above. There have been 164 SABs in the 12 month period to March 2010 in NHSL against a trajectory target of 167 cases. The most recent Health Protection Scotland Report Published in April 2010 shows a SAB rate of 0.360 cases / 1000 AOBs for NHSL compared to the NHS Scotland rate of 0.368.

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. The Plan has been updated and was submitted to the SGHD during week commencing 22/03/2010 as was requested of all Boards. 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. Focus will be placed on supporting NHSL's existing SAB improvement plan ensuring that a quality improvement methodology is utilised.
- The first meeting of the reconvened multidisciplinary SAB Compliance Group is to be held in April 2010 to oversee the programme of work aimed at meeting the SAB HEAT Target for 2010/2011, a further 15% reduction on the HEAT Target trajectory set for March 2010.
- Consideration is currently being given to NHSL developing a SAB Driver Diagram and Change Package which will determine system components to create a pathway to achieve the desired outcome i.e. a further reduction in SABs. Such packages are currently used within the SPS programme of work
- An improvement plan remains in place for a systematic and targeted approach to the implementation and ongoing support of peripheral vascular cannula care bundles led by the SPSP Facilitators, working in close association with local Infection Control Teams
- 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 Infection Control Sub Group is ongoing to ensure focus on achieving optimum clinical outcomes
- The draft HPS SAB Investigation Tool is being used as a root cause analysis tool for cases where the primary source of infection is unknown

- Peripheral venous cannulae insertion sterile pack evaluation report has been viewed by the ICT prior to publication and wider circulation. Early indicators show 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 appears to have been a sustained increase in SAB's reported from Accident and Emergency Departments since the previous reporting period. The reason for this is that this is where the patients were when the specimen was obtained and demonstrates that staff are clinically identifying this type of infection as early as possible. 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

- Review of local data and associated practice via the SAB Compliance group ongoing and at the Acute Infection Control Sub Group and Joint CHP Infection Control Committee
- SAB improvement plan requires to be reviewed and further refined to ensure that quality improvement methodologies aimed at reducing SABs are utilised
- Development of the SAB Driver Diagram and Change Package to be undertaken if considered appropriate by the SAB Compliance Group
- Feed back of enhanced surveillance data to the clinical areas to facilitate improvements to clinical outcomes to continue taking account of non-peripheral venous cannulae associated SABs
- Continue to utilise the draft HPS SAB Investigation Tool for cases where the primary source of infection is unknown
- 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. General Medicine continues to show the most cases which is in line with national findings. There has been a sustained reduction in cases Care Of the Elderly within NHSL for this reporting period

Community hospitals as outlined in table 5 total 1 episode for the reporting period of February 2010 with Park springs reporting 0 cases for 4 consecutive months .

Clostridium difficile episodes from Wishaw General Hospital comprised 50 % (n=7) of the total in March 2010 demonstrating a decrease from 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 – 31/03/2010.

C. Difficile cases by Month and Acute Hospital

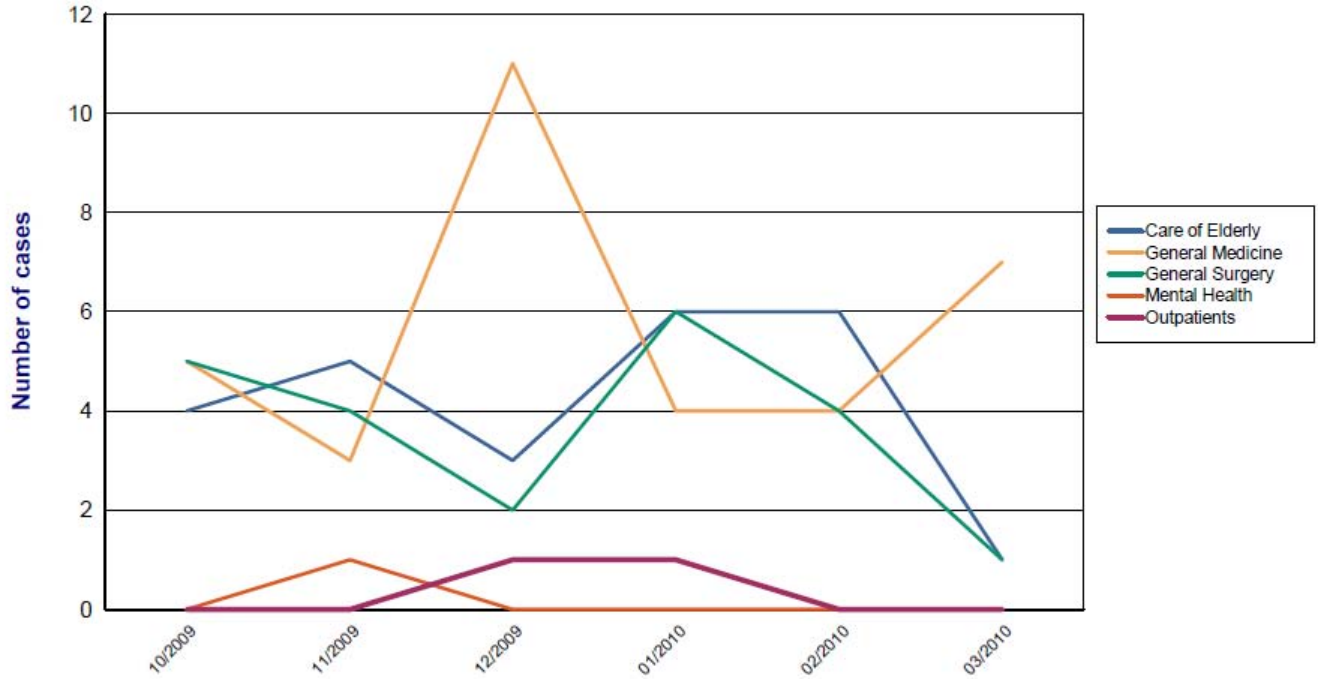


	Hairmyres	Monklands	Wishaw	Totals
10/2009	8	1	11	20
11/2009	10	5	8	23
12/2009	10	4	10	24
01/2010	7	4	12	23
02/2010	9	1	17	27
03/2010	6	1	7	14
Totals	50	16	65	131

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

Date range: 01/09/2009 -31/03/2010

C. Difficile cases by Month and Acute Specialty



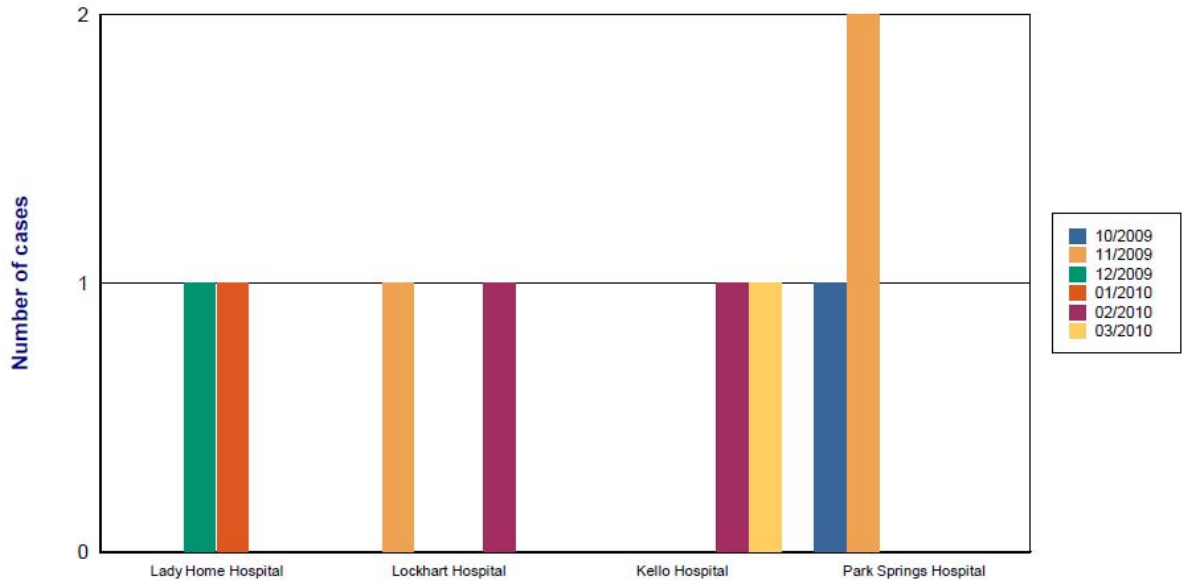
Date range: 01/10/2009 - 31/03/2010

	Care of Elderly	General Medicine	General Surgery	Mental Health	Outpatients	Totals
10/2009	4	5	5	0	0	14
11/2009	5	3	4	1	0	13
12/2009	3	11	2	0	1	17
01/2010	6	4	6	0	1	17
02/2010	6	4	4	0	0	14
03/2010	1	7	1	0	0	9
Totals	25	34	22	1	2	84

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

Date range: 01/01/2009 – 31/03/2010

C. Difficile cases by Month and Community Hospital



	Lady Home Hospital	Lockhart Hospital	Kello Hospital	Park Springs Hospital	Totals
10/2009	0	0	0	1	1
11/2009	0	1	0	2	3
12/2009	1	0	0	0	1
01/2010	1	0	0	0	1
02/2010	0	1	1	0	2
03/2010	0	0	1	0	1
Totals	2	2	2	3	9

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). HPS indicates an annual rate of 0.60 per 1000 OBDs over 65 years in the 12 months up to December 2009 compared with the national figure for the same reporting period of 0.71. Most recently published data from Health Protection Scotland April 2010 indicates a quarterly rate for Lanarkshire of 0.56 per 1,000 OBDs over 65 years.

2.2.1 Pan-Board, Hospital or Specialty Specific Problems Identified

No specific problems identified for this reporting period.

Current and New Initiatives to Reduce Cases

- The SBAR compiled in relation to the increased number of *Clostridium difficile* episodes at WGH in February 2010 has been tabled and discussed at the Acute Infection Control Sub Group and SPSP Ward Work stream Committee week commencing 15/03/2010. The number of episodes has decreased in WGH from 17 in February to 7 in March 2010
- A protocol aimed at monitoring compliance with antimicrobial prescribing is being trialled at WGH to reduce *Clostridium difficile* episodes
- Ongoing Implementation of the Scottish Management of Antimicrobial Resistance Action Plan (SCOTMARAP)
- Enhanced surveillance of *Clostridium difficile* for inpatients ongoing across NHSL continues. The Enhanced Surveillance Nurse presents the findings to the Acute Infection Control Sub Group and the Joint CHP Infection Control Committee.
- Consideration is currently being given to NHSL developing a *Clostridium difficile* Driver Diagram and Change Package which will determine system components to create a pathway to achieve the desired outcome i.e. a further reduction in *Clostridium difficile* episodes. Such packages are currently used within the SPS programme of work
- Antimicrobial Education continues to be addressed as part of overall HAI Learning Strategy.
- The Nurse Consultant – HAI, NHS QIS, will be asked to support NHSL's existing approach to reducing *Clostridium difficile* episodes ensuring that a quality improvement methodology is utilised.
- Revision of existing enhanced *clostridium difficile* protocol in conjunction with Health Protection Scotland is being undertaken.
- Launch of the 2nd line antibiotic policy to promote greater use of correct first line empirical agents.

2.3 Actions Required

- Continued weekly and monthly monitoring reports identifying trends and areas of high risk
- Continue to Implement the recommendations contained within the SBAR for WGH ensuring that improvements to practices are shared across all sites

- Development of the *Clostridium difficile* Driver Diagram and Change Package to be undertaken if considered appropriate by the SPSP Manager
- Development of a *Clostridium difficile* improvement plan aimed at further reducing episodes over the next 12 months
- Continue enhanced surveillance of all episodes and further critically analyse data to identify potentially contributing factors making recommendations for improvements
- Completion of an SBAR to reflect on enhanced surveillance since it's introduction making recommendations for future work to inform the improvement plan
- Review of Hand Hygiene Zero Tolerance, Dress/Uniform and Healthcare Associated Infection Hand Hygiene Policies to be completed before the end of May 2010
- 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 12th April 2010

Date 12/04/10	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	0	0	0	0
	NHS Borders	0	0	0	0
	NHS Dumfries & Galloway	0	0	0	0
	NHS Fife	1	1	3	5
	NHS Forth Valley	0	0	0	0
	NHS Greater Glasgow & Clyde	1	1	9	0
	NHS National Waiting Times Centre	0	0	0	0
	NHS Grampian	1	1	4	2
	NHS Highland	2	2	10	0
	NHS Lanarkshire	0	0	0	0
	NHS Lothian	2	3	20	2
	NHS Tayside	1	1	4	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	8	9	50	9

Currently **6** NHS Boards are reporting Noro virus activity in NHS Scotland. Lanarkshire have reported **0** hospitals 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 8 hospitals with 9 wards affected.

2.4.1 Current and New Initiatives

A debriefing meeting has been held with NHSL Infection Control Teams to critically reflect on lessons learned from recent outbreaks ensuring preparedness for future outbreaks. An action plan is being developed and will be shared with key stakeholders in NHSL to ensure alignment with other outbreak associated plans.

Section E of the Infection Control Manual is to be reviewed to incorporate the Noro virus Guidance from Health Protection Scotland produced in December 2009 and key issues arising from the debriefing meeting.

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 and will form part of the May Board Report

Table 7: Audit of Hand Hygiene Compliance Summary

Audits for board "Lanarkshire" including all clinical settings from 22/03/2010 to 02/04/2010

Compliance scores from opportunities from the staff groups were:

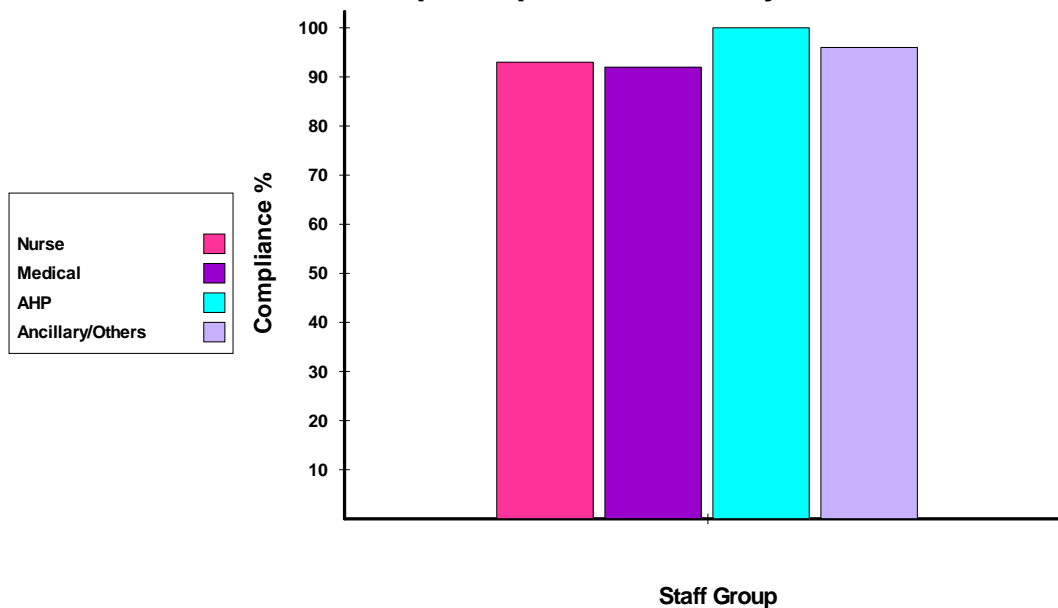
Nurse: 93% of 207 opportunities observed

Medical: 92% of 42 opportunities observed

AHP: 100% of 24 opportunities observed

Ancillary/Others: 96% of 27 opportunities observed

Staff Group Compliance Summary



Current and New Initiatives in Promoting Hand Hygiene

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

- Following previous discussion to risk assess priority areas for further roll out of hand hygiene activities, priority areas for the next stage of spread have been identified and work is underway
- Rollout of bundles to Primary Care areas within acute sites and Mental Health at Hairmyres complete and SPSP auditing commenced.
- National audit for February/ March 2010-results to be sent to ward areas. awaiting return of action plan Jan/Feb.
- Hand hygiene education sessions in partnership with Ecolab are scheduled for this year on a monthly basis and were delivered in Clydesdale in January 2010. Further education sessions planned for medical staff-Renal Unit, Pharmacy Monklands and HECT Clinical support Workers in April/May 2010.
- Primary Care Products Implementation programme ongoing – Hamilton and East Kilbride complete with Airdrie and Hamilton next.
- Signage –refreshment of National Hand Hygiene Campaign signage at all 3 acute sites complete.

- New mouse mats and posters promoting dress code/hand hygiene policy received and to be disseminated to acute sites.
- New cut out stands of staff (which reflect national uniform) promoting hand hygiene compliance being designed.
- Flashing signs promoting hand hygiene at ward entrances, now received. Walk round to identify positioning to maximise effect complete at Hairmyres, work underway at Wishaw General and due to be arranged for Monklands walk around.
- Meeting with ISS at Hairmyres to discuss education for Domestic/Portering Staff.
- 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.
- New screen saver was displayed in February 2010 and will be displayed for July/August.

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

- Cleaning performance scores across all NHSL premises during February 2010 produced an average score of 96%. Of the 76 audits undertaken across CHP premises, 4 individual locations scored below 90%. Hotel Services Management ensured all shortfalls were rectified within 48 hours with appropriate actions undertaken to improve & maintain performance.
- 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 is not expected to be released by HFS until mid – late April 2010.

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 actions are put in place to rectify the shortfall identifying any on-going issues that are making cleaning difficult. Supervision is also increased and the area monitored closely, with users of the service encouraged to participate in the increased monitoring. During the last 6 months, only 2 areas in NHSL have scored below 90% twice during this period.
- Skills and Competencies requiring further development, identified through the PDP process, will be collated during April/May in order that a training plan can be developed and delivered.
- NHSL continues to participate as one of the 4 pilot boards for the Estates Monitoring Tool. At the Health Facilities Scotland Estates Monitoring Group Meeting in March 2010, it was proposed that all NHS Boards should participate in the trial for a further year prior to going live. In relation to the introduction of HAI SCART, this continues to be work in progress & NHSL will continue to participate in both groups
- 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 reporting that overall the services provided by PSSD are consistent & meet the needs of patients and staff.
- PSSD Managers and representatives from ISS Mediclean & Serco 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 visits to Hairmyres Hospital in May 2010 & Wishaw Hospital in September 2010
- A further PSSD training event is being planned for May 2010 with the focus on continuous improvement in relation to Incident Reporting, Riddor reporting processes and associated management responsibilities / accountabilities.
- Meetings are being 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. Some works have commenced at Hairmyres in relation to improved storage provision which will reduce the need to store items on floors thus improving access for cleaning.

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)	20
GREEN (on track to complete by the deadline)	1
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

Please note that below is now complete and therefore been changed from Green to purple.

- Pilot of the Estates Monitoring Tool to implement HAI SCRIBE complete. SCART continues to be refined by Health Facilities Scotland.

One area continues to be Green this is as follows:

- Implementation of Senior Charge Nurse Review- Implementation on schedule for 2010 , facilitators are in place and working with Infection Control Nurses across NHSL

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 (sub group of the HAI Task Force) convened to review the format of HAIRT (Healthcare Associated Infection Reporting Template) is complete and the proposed template has been circulated across all NHS Boards for consultation by the 29th April 2010.

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 February 2010 – 28th February 2010 has shown 54 operations with one incidence of infection which gives an SSI rate of 1.85%.

7.1.1 Elective Presentation

A total of 23 operations performed with no incidences of infection.

7.1.2 Emergency Presentation

A total of 31 operations performed with one incidence of infection which gives an SSI rate of 3.23%.

7.1.3 Infection Types

One emergency admission developed a superficial infection which gives an SSI rate of 1.85%.

7.2 Caesarean Section

SSI Surveillance of elective and emergency caesarean sections for the period from 1st February 2010 – 28th February 2010 has shown 99 operations with 5 incidences of Infection which give an SSI rate of 5.05%.

7.2.1 Elective Presentation

A total of 43 operations performed with 1 incidence of infection which gives an SSI rate of 2.33%.

7.2.2 Emergency Presentation

A total of 56 operations performed, 4 infections occurred which gives an SSI rate of 7.14%.

7.2.3 Infection Types

1 elective and 2 emergency admissions developed superficial infections which gives an SSI rate 3.03%.

2 emergency admissions developed deep infections which gives an SSI rate of 2.02%.

7.3 SSHAIP Surgical Site Infection Surveillance Quarterly Exceptions Report

There were no exceptions this reporting period.

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

The short life multidisciplinary 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 on a monthly basis to progress the strategy development.

7.4 Pan-Board, Hospital or Specialty Specific Problems Identified

No specific problems identified for this reporting period.

8. ANTIMICROBIAL PRESCRIBING

Analysis for February of the **ALERT Second Line Antibiotic Policy** shows encouraging compliance with policy. Appropriateness of use - 2/3 ALERT agents comply with permitted indications; of remaining third – >8/10 prescribers discussed non ALERT use with microbiology before prescribing. Cost – analysis shows overall reduction in spend on ALERT antibiotic from 08/09 to 09/10 with a significant cost saving in January 10 associated with recall of all unused ALERT stock from ward areas before policy roll out across all 3 acute sites.

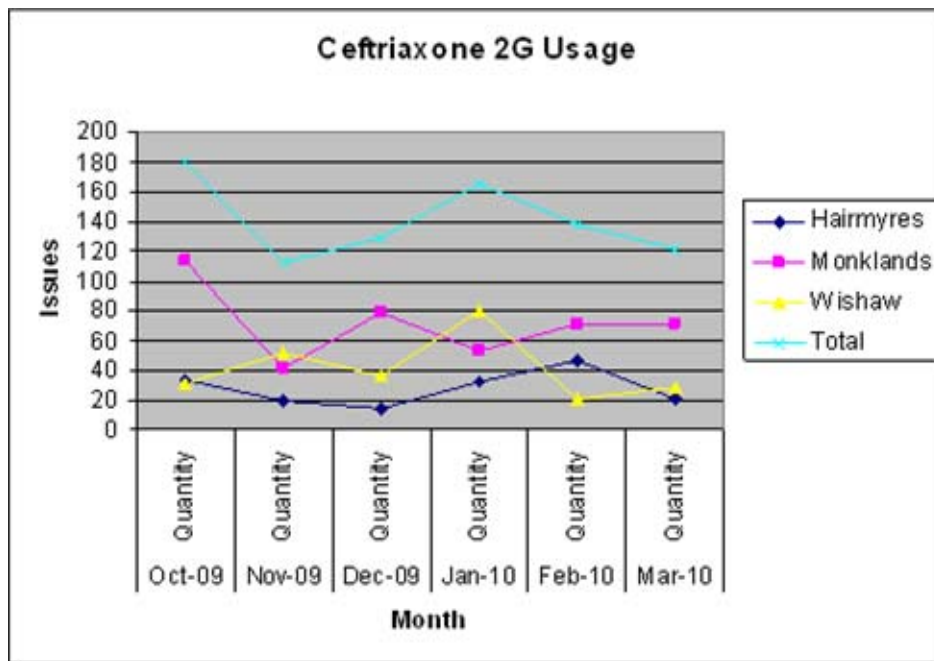
Surgical representatives from a number of specialities are continuing to work with the AMT in finalising the **NHSL Surgical Prophylaxis Policy**. AMT have met with local SPSP leads to discuss how both groups can work together to avoid duplication of data collection for second supporting HEAT prescribing indicator in relation to surgical antibiotic prophylaxis compliance & SPSPS surgical pause data collection. This discussion is being mirrored nationally & feedback on outcome/guidance from SAPG/SPSP is also awaited.

HEAT Target data collection for NHSL empirical prescribing is ongoing in ERU at Monklands, March data showed 75% HEAT compliance and the preferred methods of data collection at other sites are being established. Empirical acute policy is under AMT review & once changes made, laminated prompt sheet for insertion into patient bedside

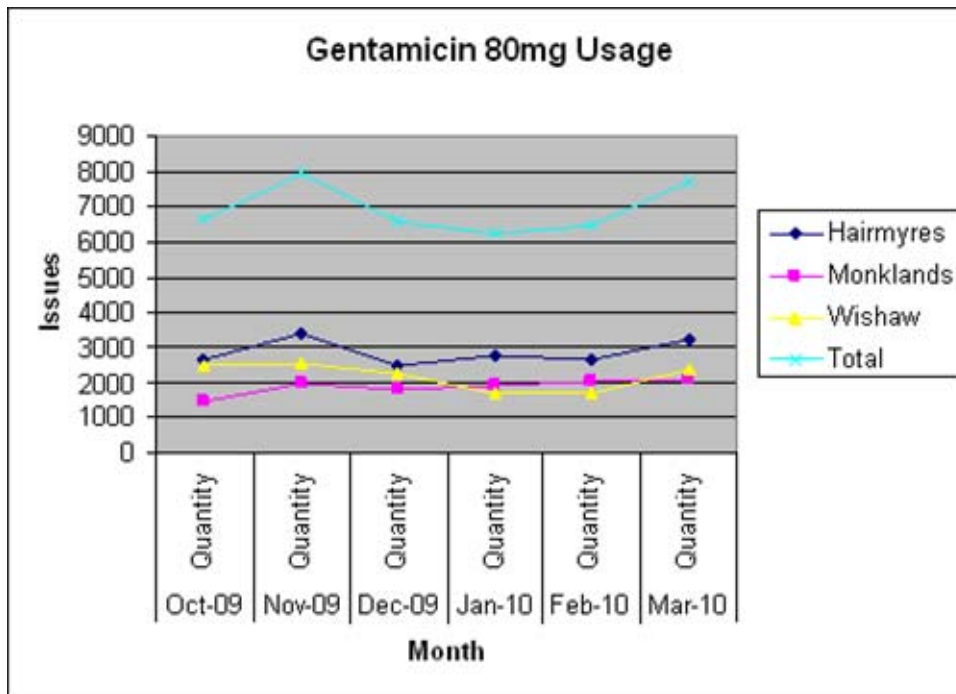
folder will be pursued as strategy for further aiding compliance with empirical antibiotic selection.

A stakeholders meeting to develop a specific **Primary Care Antibiotic Action Plan** has now taken place. Dr Chris McIntosh is leading to progress this piece of work in conjunction with AMT leads & Alastair Thorburn/Primary Care Prescribing Team.

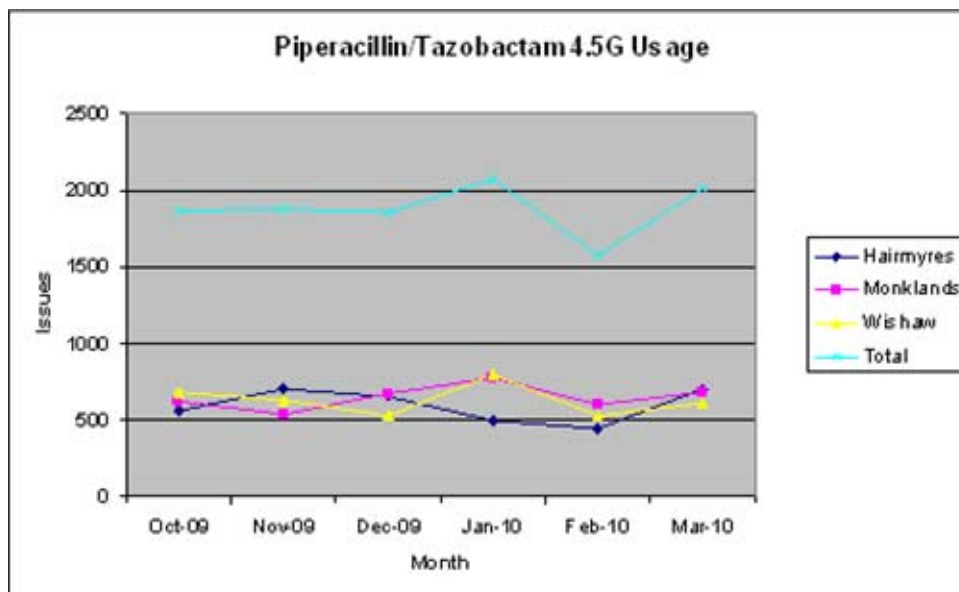
Data on **usage of key antibiotics** across the 3 acute sites continues to be reported. Reports to March 10 are shown below:



- Overall Ceftriaxone usage remains significantly reduced compared to levels seen before revision of acute empirical policy (over 1000 issues per month on average) & acts as an encouraging marker of cephalosporin avoidance by prescribers where possible



- Overall Gentamicin usage relatively stable, although incidents of under use at MK site still being reported. Monthly Gentamicin safety bulletin to staff highlighting this as issue circulated



- Overall Piperacillin/Tazobactam usage remains relatively stable, data of appropriateness of use now detailed in monthly ALERT reports as described above

Work is required to improve format of **Antibiotic Consumption Data** to meet SAPG guidance both in terms of what antibiotics are reported on & what measurements are

used i.e. units of DDD's rather than vials issued. Hospital Medicines Utilisation Database (HMUD) analysis for NHSL is anticipated to become available late autumn 2010 & will enable comparison of acute sites within NHSL & also external comparison with other Scottish Health Boards. An upgrade of pharmacy JAC system already in place within other Health Boards would allow drill down analysis to directorate/ward/consultant level within each acute site so aid targeting of improvement in antimicrobial prescribing practice.

9. HORIZON SCANNING

- The final MRSA report from the Pathfinder sites is still currently with the Scottish Government to consider the proposals/recommendations within it. All NHS Boards have been asked to re-submit funding requirements for the next 6 months based on the same level of screening as per the current programme. Implementation across NHSL is going well, and after some initial fluctuation during the first month, emergency screening has shown notable sustainable improvement with $\geq 88\%$ at Wishaw, $\geq 79\%$ at Hairmyres and $\geq 70\%$ at Monklands. Elective screening compliance has been 80% or more each week on all sites.
- The monthly assurance reporting process to the Scottish Government continues with the seventh RAG submission from NHSL for March again reporting GREEN status.
- The action plan update devised following the announced visit to Monklands in November 2009 has been submitted to the HEI Inspection Team as requested. The HEI Steering Group continues to coordinate preparation for the forthcoming announced inspections, the second of which will be undertaken at Hairmyres Hospital on the 25th and 26th May.
- The first annual report on the epidemiology of healthcare associated infections (HAI) in the NHS in Scotland has been published. It contains the outputs from the HPS run surveillance programmes, which are mandatory for NHS boards in Scotland. The report details the numbers of cases in the last year and trends in infection rates for: *Staphylococcus aureus* bacteraemia, *Clostridium difficile* infection and surgical site infection (SSI). The report can be viewed at <http://www.documents.hps.scot.nhs.uk/hai/annual-report/annual-surveillance-hai-report-2009.pdf>

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

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