

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 (SABs)

1.1 Short/Medium/Long Term Trends in SABs, i.e. Meticillin Resistant Staphylococcus Aureus (MRSA), MSSA Bacteraemias

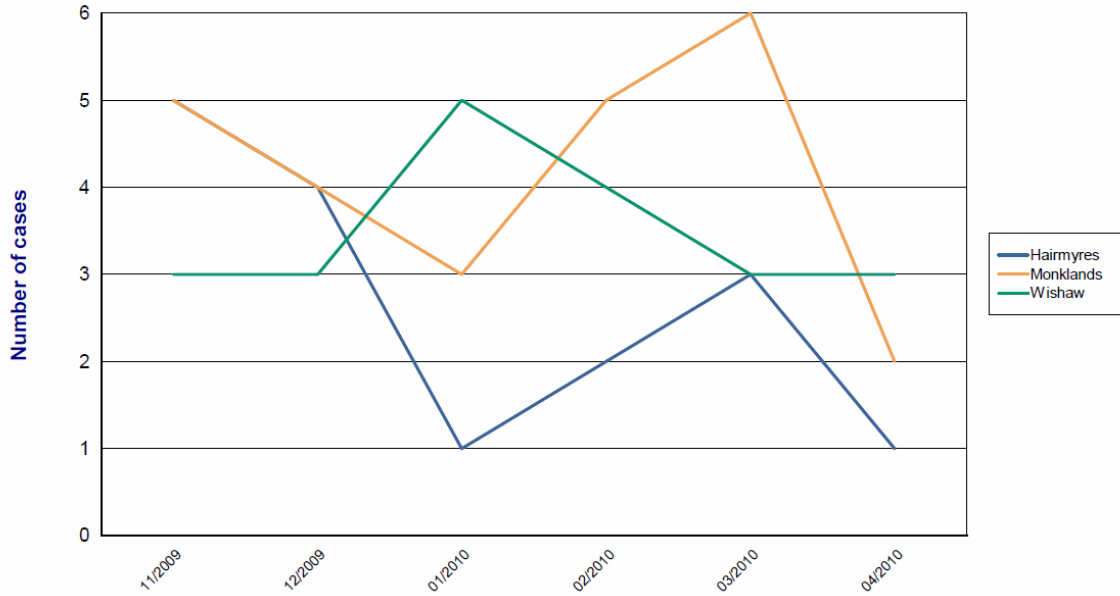
Tables 1 and 2 provide data from November 2009-2010 April inclusive. Table 1 clearly shows a total of 6 SABs across the three acute hospitals for April 2010, the lowest achieved to date. Both Monklands and Hairmyres Hospitals demonstrate a reduction in SABs over the period. However the figures at Wishaw General Hospital have remained fairly static.

Table 2 provides a breakdown of SABs by specialty from November 2009-April 2010. Of the total SABs (n=63), 25% (n=16) were in General Medicine and 22% (n=14) in Accident and Emergency. There have been no SABs in Coronary Care for 5 consecutive months and Critical/ Intensive Care and Palliative Care for 3 consecutive months respectively. Only 1 SAB is reported for Renal Medicine in the past 3 months. Of the 6 SABs in April 2010 only 1 was reported from Accident and Emergency, the remaining 5 being spread sporadically across specialties outwith critical care areas.

Table 1: Staphylococcus Aureus Bacteraemias by month and acute hospital

Staph. aureus Bacteraemia cases by Month and Acute Hospital (MRSA & MSSA)
Date range: 01/11/2009 – 30/04/2010

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

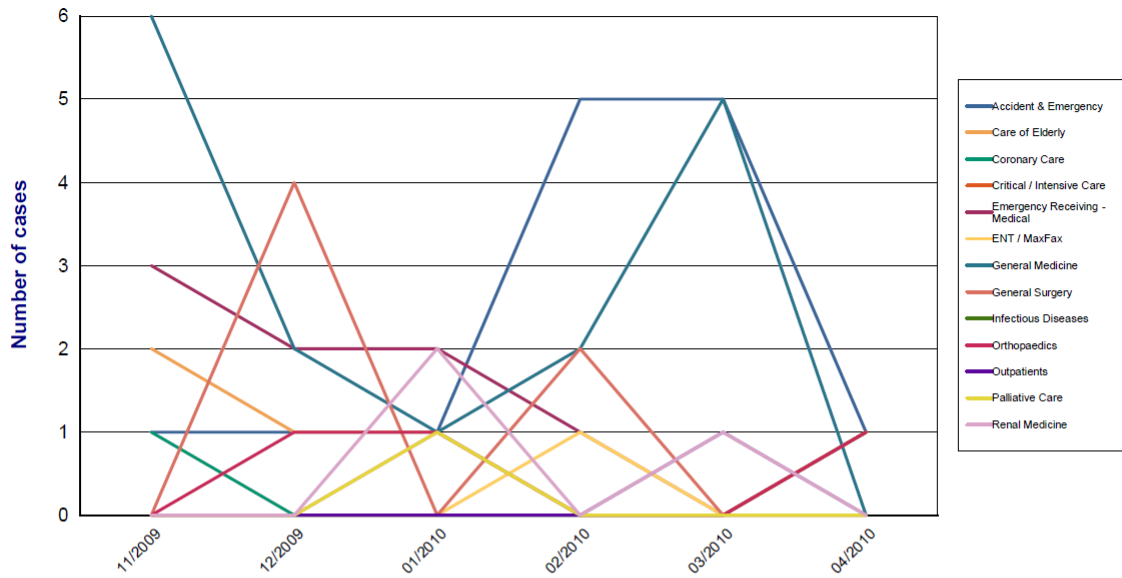


	Hairmyres	Monklands	Wishaw	Totals
11/2009	5	5	3	13
12/2009	4	4	3	11
01/2010	1	3	5	9
02/2010	2	5	4	11
03/2010	3	6	3	12
04/2010	1	2	3	6
Totals	16	25	21	62

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

Date range: 01/11/2009-30/04/2010

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	Infectious Diseases	Orthopaedics	Outpatients	Palliative Care	Renal Medicine	Totals
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
04/2010	1	1	0	0	1	0	0	1	1	1	0	0	0	6
Totals	14	5	1	1	9	1	16	7	1	3	1	1	3	63

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

To reduce all *Staphylococcus aureus* bacteraemias (including MRSA) by a further 15% by March 2011; to introduce and comply with local antimicrobial policies by 2010;

1.2.1 Current and New Initiatives to reduce *Staphylococcus aureus* bacteraemia cases

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

- The first meeting of the reconvened and renamed multidisciplinary SAB/CDI Improvement Implementation Group was held in April 2010 to oversee the programme of work aimed at meeting the SAB HEAT Target for 2010/2011.
- A SAB Driver Diagram and Change Package is being developed 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. The high impact actions contained within the previous SAB Improvement Plan will be incorporated into the Package.
- 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 the development of the SAB Driver Diagram and Change Package.
- 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.
- A costing exercise is being carried out in relation to the introduction of Chlorhexidine Gluconate 2% for PVC insertion sites in hotspot areas.
- A peripheral venous cannula insertion sterile pack evaluation report has been sent to the WGH 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.

- Primary Care Infection Control Nurses are establishing links with NHSL harm reduction teams to raise awareness of SABs and soft tissue damage associated with Intravenous drug use.
- Tissue Viability and Primary Care Infection Control Nurses are currently working with clinical effectiveness to establish a data base to review pressure ulcer prevalence and the associated links to SABs
- Further work will be undertaken this year in conjunction with the primary care infection control team and NHSL continence service to further investigate urinary tract infections and their association with bacteraemia and hospital admission

1.2.2 Pan-Board, Hospital or Specialty Specific Problems Identified

There are no specific problems identified. The Infection control teams 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/CDI Improvement Implementation Group ongoing and at the Acute Infection Control Sub Group and Joint CHP Infection Control Committees.
- SAB Driver Diagram and Change Package requires further development to ensure that quality improvement methodologies aimed at reducing SABs are implemented and monitored. The SAB/CDI Improvement Implementation Group supports this approach.
- Feed back of enhanced surveillance data to the clinical areas to facilitate improvements to clinical outcomes to continue taking account of non-peripheral venous cannula 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.
- Consideration being given to HPS carrying out a Prevalence Survey of HAIs in Monklands which may identify issues potentially contributing to SABs.
- Consideration to be given to NHSL undertaking an invasive device prevalence survey to establish baseline data to be used for improvement of clinical outcomes.

2. CLOSTRIDIUM DIFFICILE INFECTION (CDI)

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

Tables 3 and 4 provide data from November 2009-April 2010 inclusive. Table 3 clearly shows that of the total episodes (n=128), 46 % (n=59) were at Wishaw General, 41% (n=52) at Hairmyres and 13% (n=17) at Monklands. In total 18 episodes were reported from all 3 acute sites, 55% (n=10) being at Hairmyres. Whilst Hairmyres episodes in April 2010 are comparable with those in November and December 2009, Wishaw General has reported its lowest number of episodes over the past 6 months showing significant improvement. No clusters are reported.

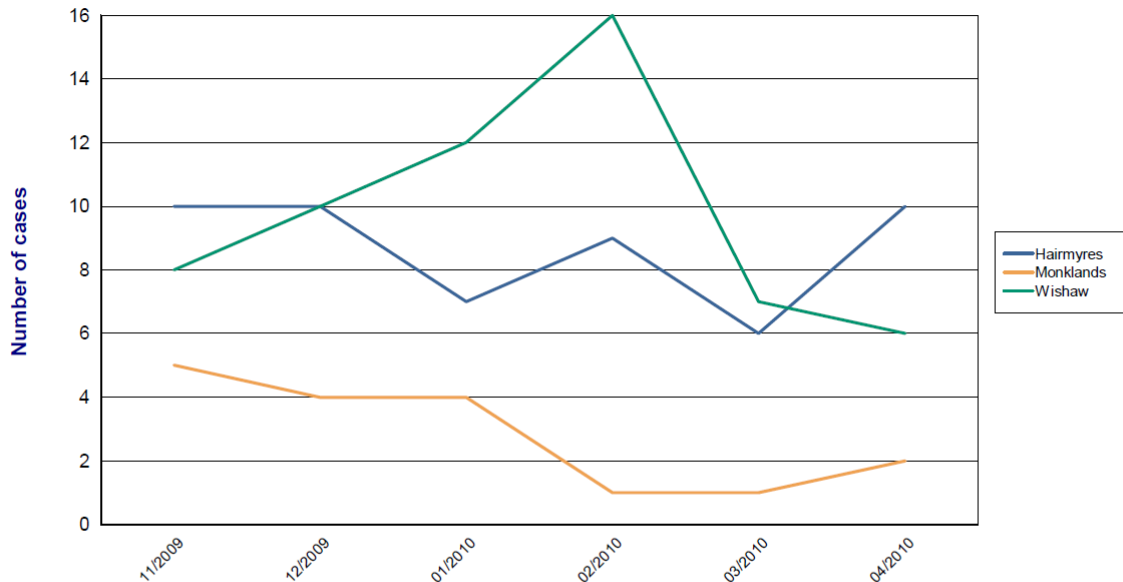
Table 4 demonstrates that of all specialties, Care of Elderly continues to feature prominently with reductions ongoing within general medicine.

Table 5 provides data from community hospitals within the last 6 months, no clusters being reported. Total number of episodes remains consistently low.

TABLE 3: Clostridium difficile by Month and Acute Hospital

Date range: 01/11/2009-30/04/2010

C. Difficile cases by Month and Acute Hospital

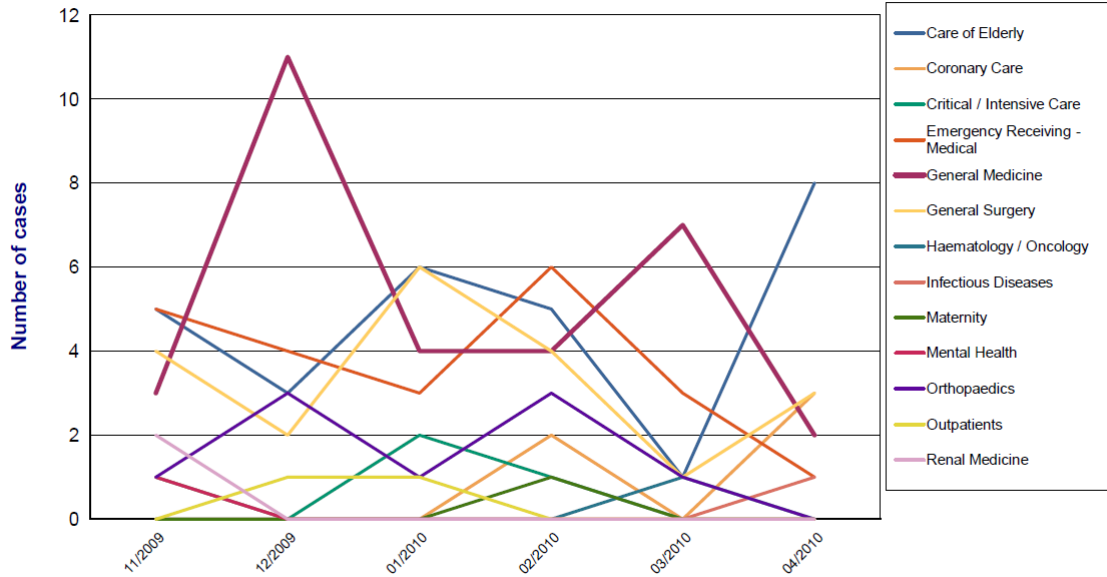


	Hairmyres	Monklands	Wishaw	Totals
11/2009	10	5	8	23
12/2009	10	4	10	24
01/2010	7	4	12	23
02/2010	9	1	16	26
03/2010	6	1	7	14
04/2010	10	2	6	18
Totals	52	17	59	128

Table 4: Clostridium difficile Infection Rates per Acute Specialities

Date range: 01/11/2009-30/04/2010

C. Difficile cases by Month and Acute Specialty



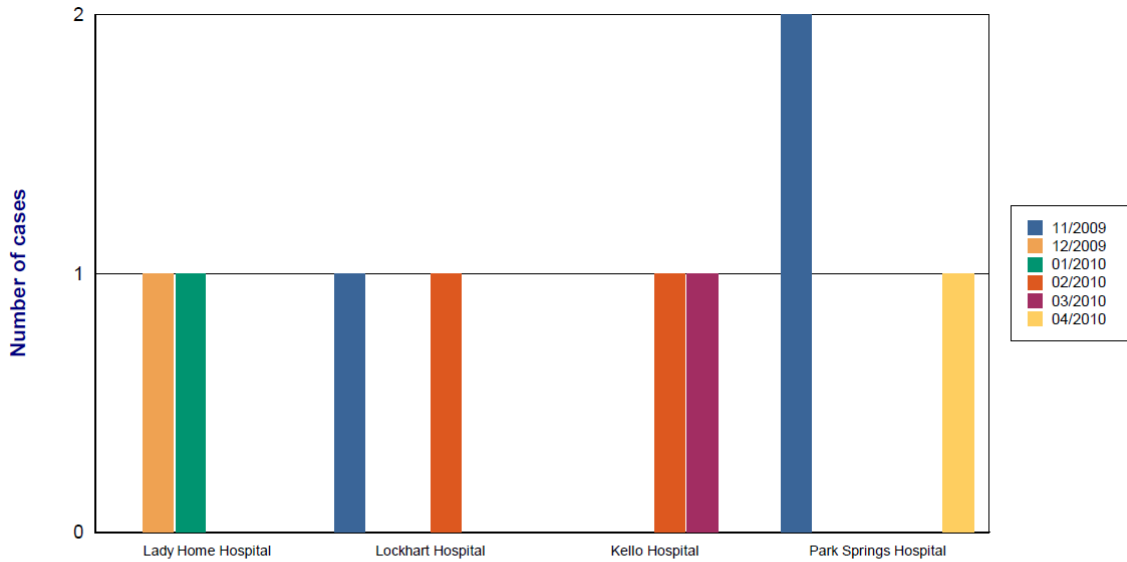
Date range: 01/11/2009 - 30/04/2010

	Care of Elderly	Coronary Care	Critical / Intensive Care	Emergency Receiving -	General Medicine	General Surgery	Haematology / Oncology	Infectious Diseases	Maternity	Mental Health	Orthopaedics	Outpatients	Renal Medicine	Totals
11/2009	5	1	0	5	3	4	1	0	0	1	1	0	2	23
12/2009	3	0	0	4	11	2	0	0	0	0	3	1	0	24
01/2010	6	0	2	3	4	6	0	0	0	0	1	1	0	23
02/2010	5	2	1	6	4	4	0	0	1	0	3	0	0	26
03/2010	1	0	0	3	7	1	1	0	0	0	1	0	0	14
04/2010	8	3	0	1	2	3	0	1	0	0	0	0	0	18
Totals	28	6	3	22	31	20	2	1	1	1	9	2	2	128

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

Date range: 01/11/2009-30/04/2010

C. Difficile cases by Month and Community Hospital



	Lady Home Hospital	Lockhart Hospital	Kello Hospital	Park Springs Hospital	Totals
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
04/2010	0	0	0	1	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 AOBs > 65 years old).

2.2.1 Pan-Board, Hospital or Specialty Specific Problems Identified

There have been 2 isolated incidents of Ribo Type 027 *Clostridium difficile* at Kello Hospital. Both cases have been reviewed utilising the enhanced surveillance tool and were found not to be linked and were acquired prior to admission to Kello.

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. The number of episodes in Wishaw General continues to decrease. Ongoing monitoring by the Infection Control Teams continues.
- A protocol aimed at monitoring compliance with antimicrobial prescribing is being trialled at WGH to reduce *Clostridium difficile* episodes
- Implementation of the Scottish Management of Antimicrobial Resistance Action Plan (SCOTMARAP) is ongoing
- Enhanced surveillance of *Clostridium difficile* for inpatients ongoing across NHSL continues. The Primary care infection control team are now taking responsibility for the enhanced surveillance of those in primary care in-patient areas and off site acute areas. The Enhanced Surveillance Nurse presents the findings to the Acute Infection Control Sub Group and the Joint CHP Infection Control Committees.
- NHSL is 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. This approach has been approved by the newly reformed and renamed SAB/CDI Improvement Implementation Group.
- Antimicrobial Education continues to be addressed as part of overall HAI Learning Strategy.
- The Nurse Consultant – HAI, NHS QIS, has agreed to support NHSL's existing approach to reducing *Clostridium difficile* episodes ensuring that a quality improvement methodology is utilised including the development of the Driver Diagram and Change Package.
- 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.
- The CDI bundle format is currently under review to allow completion on a daily basis and improve compliance.
- Compliance with the CDI bundle is now being monitored through SPSP Ward work stream.

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 being developed and an implementation and monitoring plan is to be devised once approved.
- Continue enhanced surveillance of all episodes and further critically analyse data to identify potential 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 Driver Diagram and Change Package
- Review of Hand Hygiene Zero Tolerance, Dress/Uniform and Healthcare Associated Infection Hand Hygiene Policies to be completed before the end of May 2010
- Devise an implementation plan for the roll out of the revised CDI bundle.

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 10th May 2010

Date 10/05/10	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	2	12	0
	NHS Forth Valley	0	0	0	0
	NHS Greater Glasgow & Clyde	0	0	0	0
	NHS National Waiting Times Centre	0	0	0	0
	NHS Grampian	2	2	11	5
	NHS Highland	0	0	0	0
	NHS Lanarkshire	0	0	0	0
	NHS Lothian	1	1	4	2
	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	4	5	27	7

Currently **3** NHS Boards are reporting Norovirus 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 4 hospitals with 5 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 SBAR has been developed and sent to both the ICM and the HAI Executive Lead for initial approval then subsequent implementation.

3. HAND HYGIENE (HH) PROGRAMME

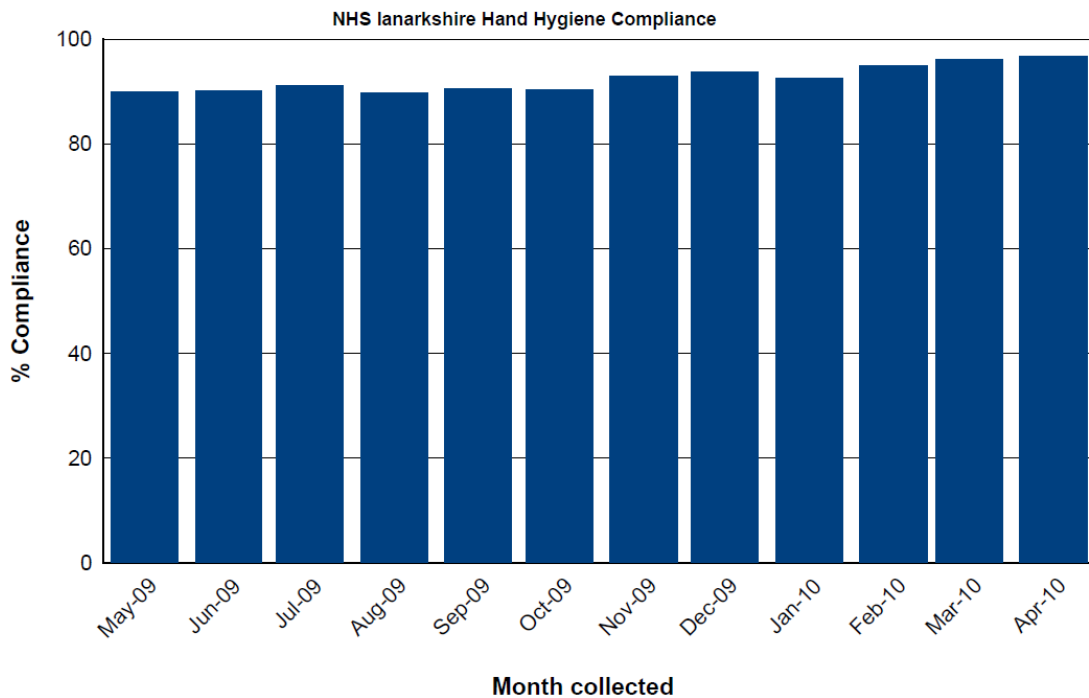
3.1 NHS Lanarkshire Trends In Compliance National Context

In the most recent national audit March/April 2010 NHS Lanarkshire achieved 94% compliance, this is subject to verification by Health Protection Scotland and will form part of the June report as it has not been released for publication at the time of writing this report.

Table 7: Lanarkshire Hand Hygiene Compliance May 2009-April 2010

Table 7 shows a continuous improvement in compliance since May 2009-April 2010 using SPSP improvement methodologies

- SPSP audit spread continues to non ward based areas including day surgery and interventional radiology.
- Hand hygiene audit returns are monitored on a weekly basis and any concerns raised at general ward work stream meetings.



May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10
89.96	90.13	91.13	89.79	90.46	90.24	92.90	93.66	92.64	94.93	96.14	96.76

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 almost complete. Meeting arranged for May to plan next stage of roll out.
- Rollout of bundles to Primary Care areas within acute sites and Mental Health at Hairmyres complete and SPSP auditing commenced.
- Plan in place national audit for May 2010.
- Hand hygiene education sessions in partnership with Ecolab are ongoing on a monthly basis are scheduled for this year on a monthly basis Education sessions for medical staff-Renal Unit, Pharmacy Monklands, HECT Clinical support workers, and radiography staff at Hairmyres has been delivered.
- Primary Care Products Implementation programme ongoing-Airdrie and Hamilton complete. Bellshill, Motherwell and Wishaw are next.
- New mouse mat displaying uniform/dress code policy currently being disseminated.
- 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. Work underway at Hairmyres and several signs now on display.
- Signs for hospital entrances/A&E now received and walk rounds at Hairmyres complete. Other sites to be arranged.
- 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 promoting hand hygiene will be displayed again 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

. 4. NATIONAL CLEANING SERVICES SPECIFICATION COMPLIANCE

4.1 Compliance

- Cleaning performance scores across all NHSL premises during March 2010 produced an average score of 96%. Of the 151 audits undertaken within the three acute hospitals, all locations scored above 90%. Of the 63 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, then extended to mid – late April 2010, however to date the final report has not been issued by HFS.

Initiatives being taken to improve cleaning performance standards

- All amber scores (below 90%) recorded in the National Monitoring Framework (NMF) audits are discussed with the ‘users’ of the service and, if appropriate Control of Infection. Immediate 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.
- As one of the 4 pilot boards, NHSL has now completed the pilot of the Estates Monitoring Tool. The Health Facilities Scotland Estates Monitoring Group have now confirmed that all NHS Boards will participate in the trial for a further year prior to going live in April 2011. 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
- 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. A series of walk-rounds have been undertaken by

representatives from PSSD/Nursing to all 3 acute hospitals with a list of equipment needs identified. This list will now be prioritised by the group and funding allocated appropriately.

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

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 consultation period for review of the proposed HAIRT template ended on the 29th April and collated comments from NHSL were submitted. There has been no further communication regarding the agreed template following the period of consultation or the comments received as yet by the SGHD.

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 March 2010 – 31st March 2010 has shown 54 operations with no incidence of infection.

7.1.1 Elective Presentation

A total of 28 operations performed with no incidences of infection.

7.1.2 Emergency Presentation

A total of 26 operations performed with no incidence of infection.

7.1.3 Infection Types

No infections to report this month

7.2 Caesarean Section

SSI Surveillance of elective and emergency caesarean sections for the period from 1st March 2010 – 31st March 2010 has shown 133 operations with 2 incidences of Infection which gives an SSI rate of 1.50%.

7.2.1 Elective Presentation

A total of 50 operations performed with 1 incidence of infection which gives an SSI rate of 2.00%.

7.2.2 Emergency Presentation

A total of 83 operations performed, 1 infection occurred which gives an SSI rate of 1.20%.

7.2.3 Infection Types

1 elective and 1 emergency admissions developed superficial infections which gives an SSI rate 1.50%.

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.

The short life multidisciplinary sub group of the LICC met in April 2010 to map the current systems for various aspects of HAI surveillance. An initial summary of the various outputs for HAI surveillance in the acute division has been completed. Clinical Effectiveness are collating the information from the various systems that are currently in use. A new web based portal is already being developed and will support HAI surveillance. A national surveillance programme for antimicrobial use and resistance is also under development which will have implications for local surveillance.

7.4 Pan-Board, Hospital or Specialty Specific Problems Identified

No specific problems identified for this reporting period.

8. ANTIMICROBIAL PRESCRIBING

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

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. . Implementation of the screening programme across NHSL is ongoing though still fluctuating within some areas and the MRSA surveillance nurses continue to provide support to those areas where compliance not being maintained
- The monthly assurance reporting process to the Scottish Government continues with the eighth RAG submission from NHSL for March again reporting GREEN status.
- The HEI Inspection Team have added a patient management tool onto their website. This tool will be used by inspection teams to establish that care given to patients in isolation is in line with recommended guidance. This document can be found at <http://www.nhshealthquality.org/nhsqis/7789.html>. In addition they have also updated the Digital Image Procedure on their website. The main change, which is of interest

to NHS boards, is that the HEI no longer require sign off from NHS boards/hospitals to take photographs during inspections. The rest of the document has been updated to assist HEI staff in relation to processes This document can be found at <http://www.nhshealthquality.org/nhsqis/6756.html>

- The HEI Steering Group continues to coordinate preparation for the forthcoming announced Inspection at Hairmyres Hospital on the 25th and 26th May. In advance of the inspection a meeting chaired by Dr Graham was held to offer some background to the HEI Inspectors with regards partnership working within an PFI Hospital and reporting mechanisms for change requirements.
- The Infection Improvement & Implementation Programme (IIIP) was formally launched by NHS QIS at the first learning session event on 17 & 18 February 2010 in Glasgow. The IIIP will now undertake a programme of support visits to each NHS board to provide further support around the implementation of the learning covered at the first learning session. The second learning session will take place on 1 and 2 June 2010 in the Surgeons Hall, Edinburgh

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 then next 3 years. The NHS Lanarkshire Board is therefore asked to:-

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

11 FURTHER INFORMATION

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