

Lanarkshire NHS Board  
23rd December 2009

14 Beckford Street

Telephone 01698 281313

Fax 01698 423134

[www.nhslanarkshire.co.uk](http://www.nhslanarkshire.co.uk)



**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**

Tables 1 and 2 shows the trend and that the clinical areas with relatively high numbers of *Staphylococcus aureus* bacteraemias continue to be General Medicine, Accident and Emergency, General Surgery and Renal.

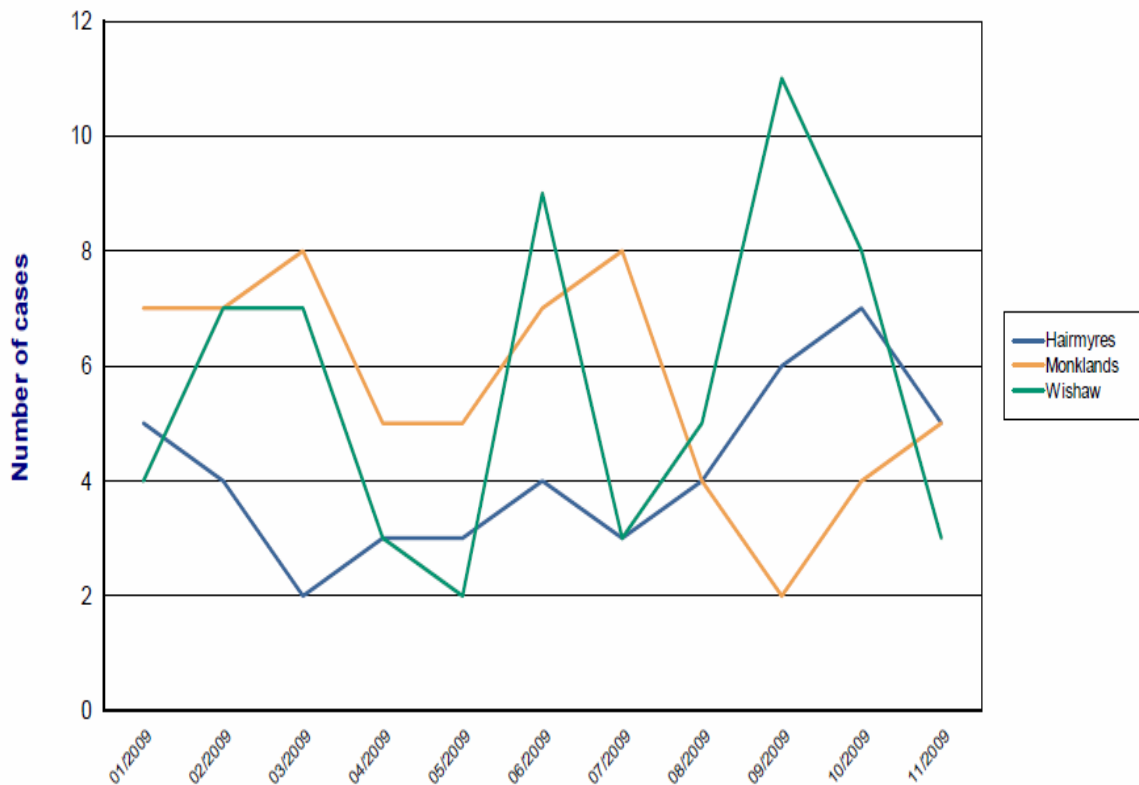
Infection prevention strategies are being implemented to target these areas.

It is expected however that there will be fluctuation and there has been a reduction since the last reporting period at Wishaw General and Hairmyres and in particular within accident and emergency. The infection control team continue to investigate cases highlighted.

**Table 1: Staphylococcus Aureus Bacteraemias by month and acute hospital**

**Staph. aureus Bacteraemia cases by Month and Acute Hospital (MRSA & MSSA)**  
**Date range: 01/11/2008 - 30/11/2009**

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

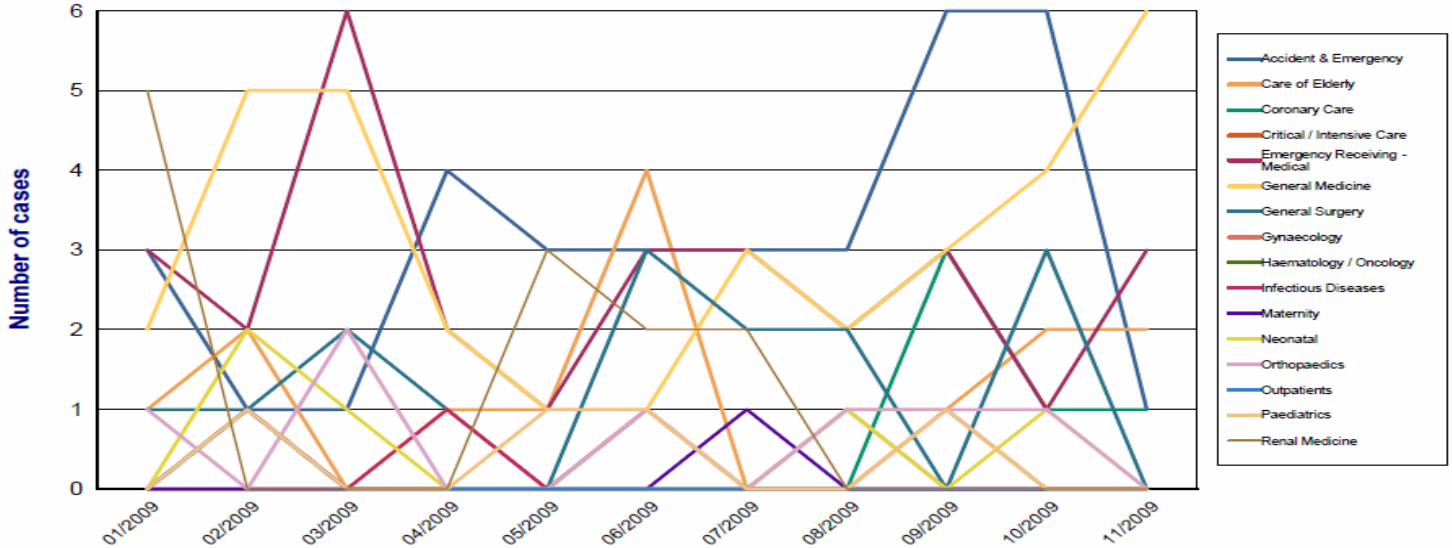


	Hairmyres	Monklands	Wishaw	Totals
01/2009	5	7	4	16
02/2009	4	7	7	18
03/2009	2	8	7	17
04/2009	3	5	3	11
05/2009	3	5	2	10
06/2009	4	7	9	20
07/2009	3	8	3	14
08/2009	4	4	5	13
09/2009	6	2	11	19
10/2009	7	4	8	19
11/2009	5	5	3	13
<b>Totals</b>	<b>46</b>	<b>62</b>	<b>62</b>	<b>170</b>

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

**Date range: 01/11/2008 – 30/11/2009**

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



	Accident & Emergency	Care of Elderly	Coronary Care	Critical / Intensive Care	Emergency Receiving - Medical	General Medicine	General Surgery	Gynaecology	Haematology / Oncology	Infectious Diseases	Maternity	Neonatal	Orthopaedics	Outpatients	Paediatrics	Renal Medicine	Totals
01/2009	3	1	0	0	3	2	1	0	0	0	0	0	1	0	0	5	16
02/2009	1	2	0	1	2	5	1	0	1	1	0	2	0	1	1	0	18
03/2009	1	0	0	0	6	5	2	0	0	0	0	1	2	0	0	0	17
04/2009	4	1	0	0	2	2	1	0	0	1	0	0	0	0	0	0	11
05/2009	3	1	0	0	1	1	0	0	0	0	0	0	0	0	1	3	10
06/2009	3	4	1	1	3	1	3	0	0	0	0	0	1	0	1	2	20
07/2009	3	0	0	0	3	3	2	0	0	0	1	0	0	0	0	2	14
08/2009	3	1	0	0	2	2	2	1	0	0	0	1	1	0	0	0	13
09/2009	6	1	3	1	3	3	0	0	0	0	0	0	1	0	1	0	19
10/2009	6	2	1	0	1	4	3	0	0	0	0	1	1	0	0	0	19
11/2009	1	2	1	0	3	6	0	0	0	0	0	0	0	0	0	0	13
<b>Totals</b>	<b>34</b>	<b>15</b>	<b>6</b>	<b>3</b>	<b>29</b>	<b>34</b>	<b>15</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>5</b>	<b>7</b>	<b>1</b>	<b>4</b>	<b>12</b>	<b>170</b>

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

The next National Quarterly report will be published in January 2010

### 1.3 Current and New Initiatives to Reduce *Staphylococcus aureus* bacteraemia Cases

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

- Targeting of priority areas for intervention continues
- Continuous roll out of PVC bundles via the patient safety ward work stream.

- Roll out of hand hygiene audit tool in acute sites is nearing completion.
- Enhanced surveillance of all newly identified cases continues.
- SAB awareness training at the induction session for all new FY1 medical staff continues.
- Trial of PVC insertion sterile packs at Wishaw General Hospital is now complete and ready for full evaluation.
- Revised policy for the management of renal lines is in draft format and being reviewed by the infection Control team at present.
- PVC patient information leaflets have been launched.
- The checklist to monitor compliance with peripheral venous cannulae insertion has been devised and implementation is to follow.
- A SAB continuous improvement action plan has been developed and NHS QIS returned in December to further review and support NHSL with the actions identified. A further meeting has been arranged for 28<sup>th</sup> January 2010.
- Enhanced surveillance database now complete and producing more meaningful data regarding contributing factors.
- Meetings with Nurse Consultant HAI and Infection Control Nurses on all three acute sites to ensure consistency of approaches to SAB interventions continue.
- Education sessions in relation to obtaining blood cultures are planned for January 2010.

#### **1.4 Pan-Board, Hospital Or Specialty Specific Problems Identified**

There has been a reduction from the previous reporting period in the number of reported SABs at Wishaw General and Hairmyres this month. The Infection control team continue to monitor trend analysis and continue a targeted approach in those areas identified, utilising the enhanced surveillance data.

##### **1.4.1 Actions Required**

- Local review of data and practice via the SAB Compliance group ongoing
- Action plan based on NHS QIS guidance being implemented.
- Evaluation of sterile PVC insertion pack trial at Wishaw General Hospital
- Feed back enhanced surveillance data to the clinical areas to facilitate improvements to clinical outcomes.
- Monitoring of Hand Hygiene Zero Tolerance, Dress/Uniform and Healthcare Associated Infection Hand Hygiene Policies ongoing.

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

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

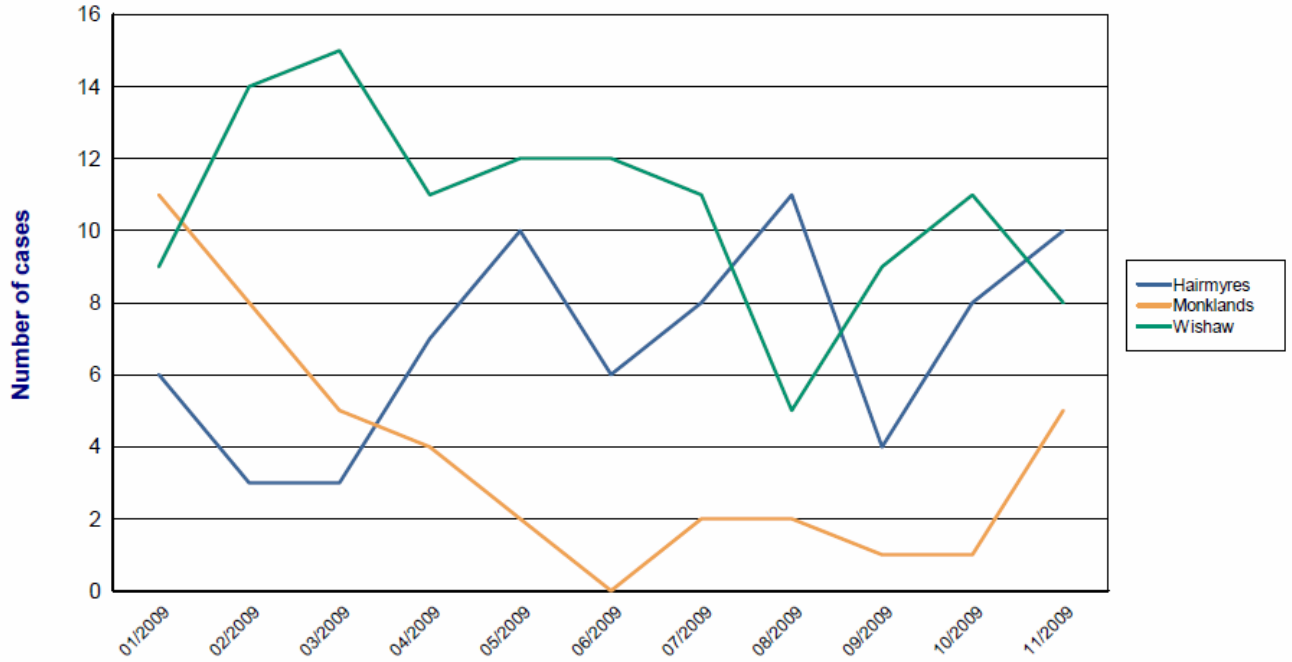
Cases of *Clostridium difficile* Infection in all 3 District General Hospitals is as outlined in Table 3 and *Clostridium difficile* Infection rates per Acute Specialities is outlined in Table 4 with General Medicine, Care Of the Elderly and General Surgery continuing to show the most cases which continues in line with national findings.

Whilst Wishaw General has seen a reduction since the last reporting period in their CDI levels there is an increase at Monklands and Hairmyres Hospital which is still a natural variation and within the control limits. This month NHSL are sending isolates to the Scottish C difficile reference lab as part of the national snapshot survey and Hairmyres Hospital are utilising the knowledge of the Antimicrobial Pharmacist regarding links to inappropriate prescribing practice.

Community hospitals as outlined in table 5 have had one reported episode for the reporting period of November.

**TABLE 3: C Difficile Cases by Month and Acute Hospital**  
 Date range: 01/11/2008 - 30/11/2009

*C. Difficile cases by Month and Acute Hospital*

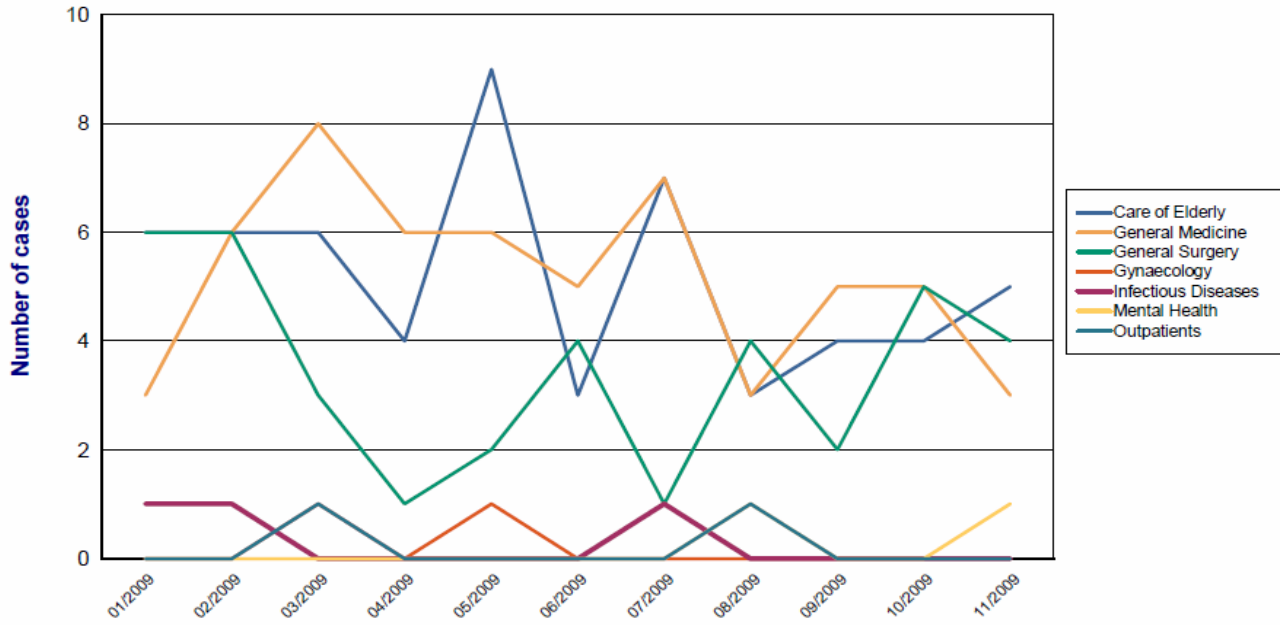


	Hairmyres	Monklands	Wishaw	Totals
01/2009	6	11	9	26
02/2009	3	8	14	25
03/2009	3	5	15	23
04/2009	7	4	11	22
05/2009	10	2	12	24
06/2009	6	0	12	18
07/2009	8	2	11	21
08/2009	11	2	5	18
09/2009	4	1	9	14
10/2009	8	1	11	20
11/2009	10	5	8	23
<b>Totals</b>	<b>76</b>	<b>41</b>	<b>117</b>	<b>234</b>

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

Date range: 01/11/2008 - 30/11/2009

**C. Difficile cases by Month and Acute Specialty**

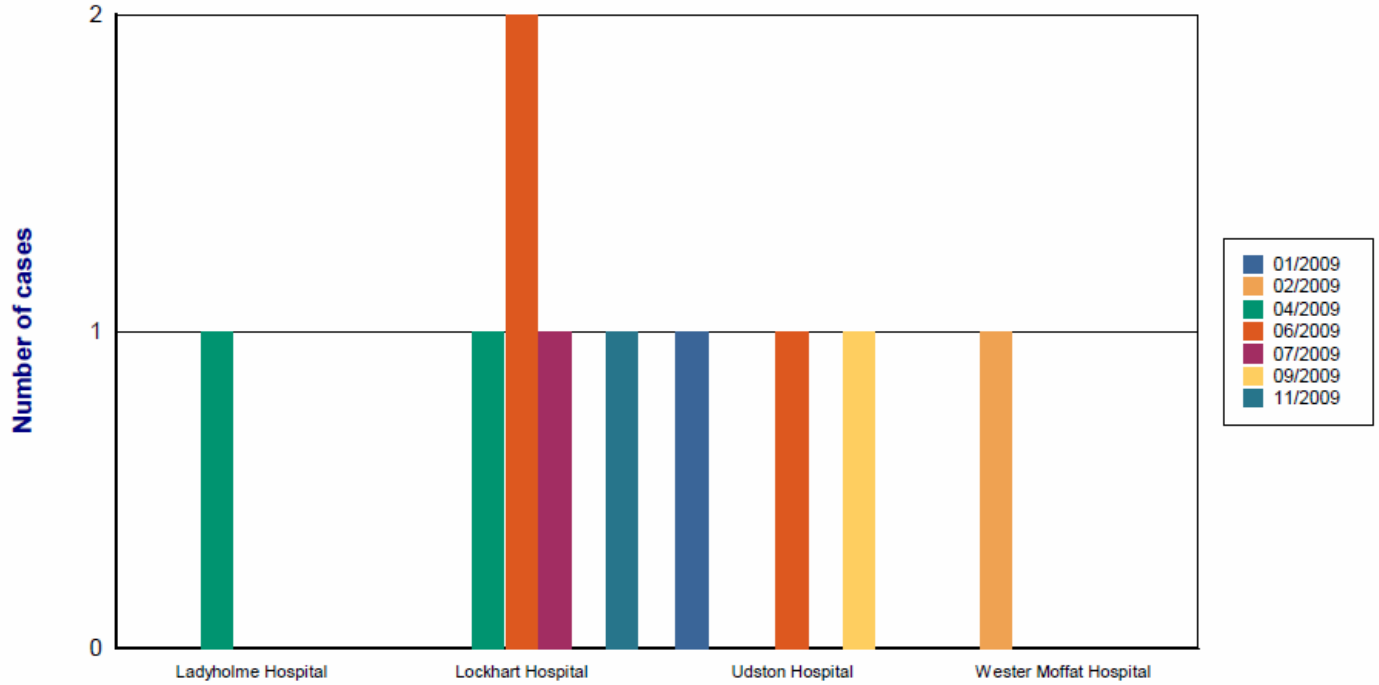


	Care of Elderly	General Medicine	General Surgery	Gynaecology	Infectious Diseases	Mental Health	Outpatients	Totals
01/2009	6	3	6	0	1	0	0	16
02/2009	6	6	6	0	1	0	0	19
03/2009	6	8	3	1	0	0	1	19
04/2009	4	6	1	0	0	0	0	11
05/2009	9	6	2	1	0	0	0	18
06/2009	3	5	4	0	0	0	0	12
07/2009	7	7	1	0	1	0	0	16
08/2009	3	3	4	0	0	1	1	12
09/2009	4	5	2	0	0	0	0	11
10/2009	4	5	5	0	0	0	0	14
11/2009	5	3	4	0	0	1	0	13
<b>Totals</b>	<b>57</b>	<b>57</b>	<b>38</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>161</b>

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

**Date range: 01/11/2008 - 30/11/2009**

***C. Difficile* cases by Month and Community Hospital**



	Ladyholme Hospital	Lockhart Hospital	Udston Hospital	Wester Moffat Hospital	Totals
01/2009	0	0	1	0	1
02/2009	0	0	0	1	1
04/2009	1	1	0	0	2
06/2009	0	2	1	0	3
07/2009	0	1	0	0	1
09/2009	0	0	1	0	1
11/2009	0	1	0	0	1
<b>Totals</b>	<b>1</b>	<b>5</b>	<b>3</b>	<b>1</b>	<b>10</b>

## **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).

The next National Quarterly report will be published in January 2010

### **2.2.1 Pan-Board, Hospital or Specialty Specific Problems Identified**

No specific problems identified. The enhanced surveillance nurse continues to work in partnership with the ICN's, antimicrobial pharmacist and ward staff to review all cases identified.

## **2.3 Current and New Initiatives To Reduce Cases**

- Ongoing Implementation of the Scottish Management of Antimicrobial Resistance Action Plan (SCOTMARAP)
- Enhanced surveillance of *Clostridium difficile* for inpatients ongoing across NHSL.
- Antimicrobial Pharmacist now receiving list of all *Clostridium difficile* patients and associated prescribing trends
- Continued promotion delivery of the NHSL self directed *Clostridium difficile* Unit.
- Nursing Staff to ensure that antibiotics being prescribed are reviewed daily.
- Revaluation of all *Clostridium difficile* national support tools ongoing.

### **2.4 Pan-Board, Hospital Or Specialty Specific Problems Identified**

No specialty problems identified at present.

#### **2.4.1 Actions Required**

- Continued weekly and monthly monitoring reports identifying trends and areas of high risk.
- On going Monitoring of Hand Hygiene Zero Tolerance, Dress/Uniform and Healthcare Associated Infection Hand Hygiene Policies.
- Launch phase 2 of Hand Hygiene Zero Tolerance policy for visitors
- Assessment of *Clostridium difficile* national trigger and severe cases tools undertaken to scope inclusion of key issues into existing processes.

## **2.5 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 for the period June 2008 to 7th December 2009 as outlined in the table below.

**Table 6: Hospitals with Wards Closed Due To Norovirus across NHS Scotland 7<sup>th</sup> December 2009**

Date 07/12/09	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	2	3	27	12
	NHS Borders	0	0	0	0
	NHS Dumfries & Galloway	0	0	0	0
	NHS Fife	1	2	3	0
	NHS Forth Valley	1	1	9	3
	NHS Greater Glasgow & Clyde	9	18	106	49
	NHS National Waiting Times Centre	0	0	0	0
	NHS Grampian	0	0	0	0
	NHS Highland	1	1	7	4
	NHS Lanarkshire	2	4	28	10
	NHS Lothian	4	9	75	21
	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	20	38	255	99

Currently **7** NHS Boards is reporting Norovirus activity in NHS Scotland. Lanarkshire have reported **two** hospitals affected with **four** wards closed for this reporting period. Restrictions applied as per Section E of the Infection Control Manual and all relevant staff groups informed

In the first report on 7/1/2008: 29 hospitals were affected and 47 wards closed; this has fallen to 20 hospitals with 38 wards affected.

### 3. HAND HYGIENE (HH) PROGRAMME

#### 3.1 NHS Lanarkshire Trends In Compliance National Context

Audits for all boards including all clinical settings from 30/11/2009 to 02/12/2009

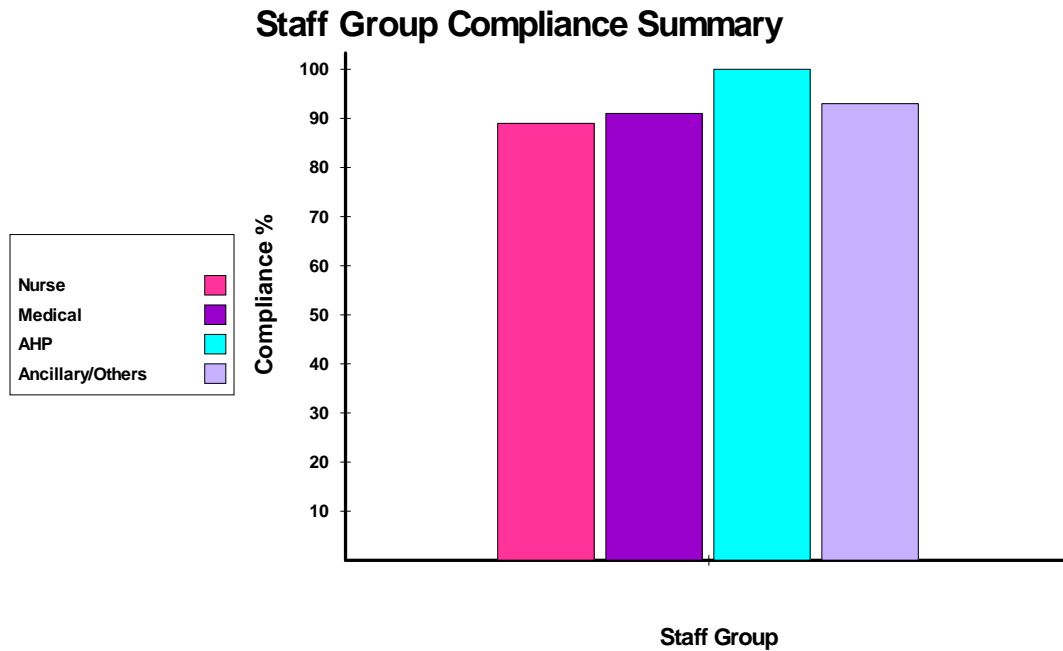
Compliance scores from opportunities from the staff groups were:

Nurse: 89% of 211 opportunities observed)

Medical: 91% of 36 opportunities observed)

AHP: 100% of 20 opportunities observed)

Ancillary/Others: 93% of 33 opportunities observed)

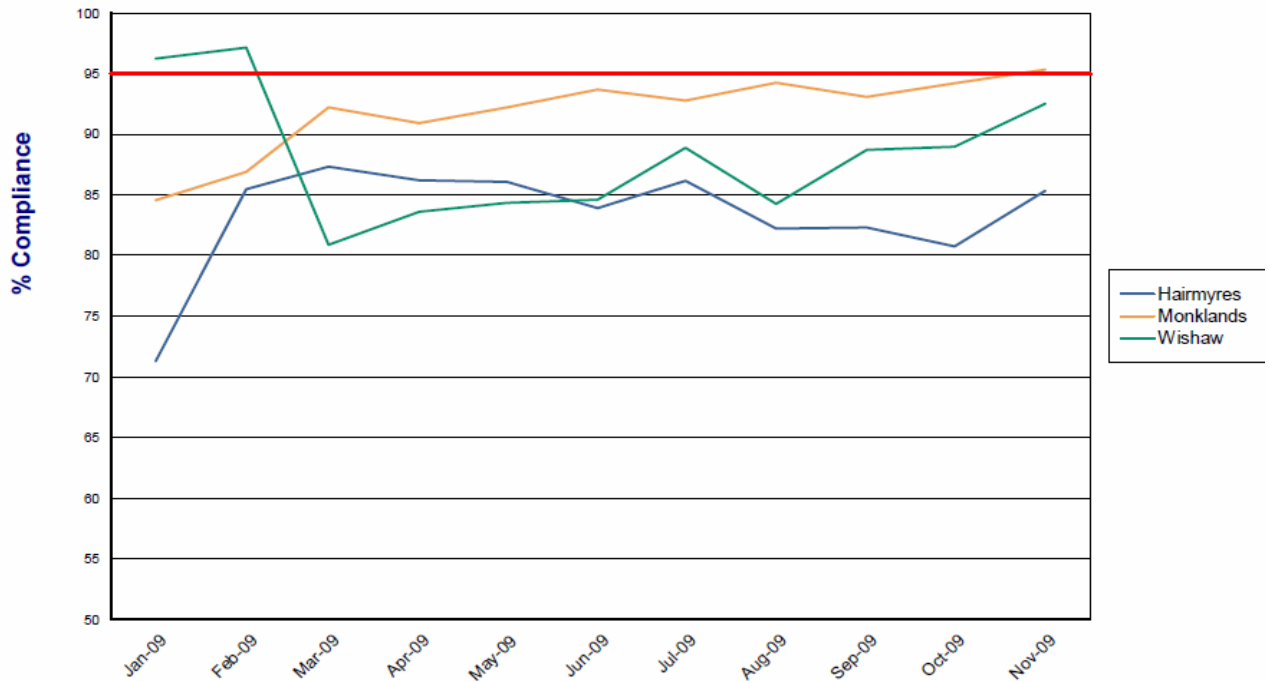


**Table 7: Compliance with Hand Hygiene by acute Hospital Site and Month**

These figures demonstrate local audit figures and are real time audit of practice for improvement purposes as part of the SPSP work. Throughout the acute division all general wards are now auditing hand hygiene compliance. These audits are part of improvement methodology and should not be confused with the national reporting mechanism which is a snap shot in time.

**Date range: 01/11/2008 - 30/11/2009**

*% Compliance with Hand Hygiene by Acute Hospital Site and Month*



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

	Hairmyres			Monklands			Wishaw		
	Total Observations	Total Performed Correctly	% Compliance	Total Observations	Total Performed Correctly	% Compliance	Total Observations	Total Performed Correctly	% Compliance
<b>01/2009</b>	209	149	71	726	614	85	80	77	96
<b>02/2009</b>	179	153	85	961	835	87	70	68	97
<b>03/2009</b>	158	138	87	1015	936	92	523	423	81
<b>04/2009</b>	116	100	86	860	782	91	757	633	84
<b>05/2009</b>	115	99	86	887	818	92	811	684	84
<b>06/2009</b>	230	193	84	904	847	94	915	774	85
<b>07/2009</b>	347	299	86	830	770	93	1061	943	89
<b>08/2009</b>	394	324	82	959	904	94	986	831	84
<b>09/2009</b>	656	540	82	998	929	93	992	880	89
<b>10/2009</b>	754	609	81	793	747	94	863	768	89
<b>11/2009</b>	880	751	85	832	793	95	975	902	93

## **Current and New Initiatives in Promoting Hand Hygiene**

These include:

- SPSP activity which includes local audit of hand hygiene continues and rollout is as follows;
- Monklands - All general wards on the general work stream have completed the protocol
- Wishaw General - All general wards on the general work stream have completed the protocol.
- Hairmyres - All general wards on the general work stream are at various stages in the protocol. Implementation complete by the end of December 2009.
- Primary Care areas within acute sites- SBAR document and plan submitted for spread of audit. Psychiatric wards at Hairmyres due to commence audit protocol by end of January 2010.
- All ward areas included in the November/December 2009 national audit are in the process of been sent results.
- Hand Hygiene education has been delivered to Day Surgery, ward 15 and 16 at Hairmyres,
- Hand hygiene education in partnership with Ecolab is scheduled for the next year on a monthly basis.
- Implementation of new hand hygiene products – Snagging list should be completed at Hairmyres by the end of December 2009. Acute off site care of the elderly beds have had products implemented and snagging is to be collated.
- The work of the Hand Hygiene products group continues for Primary Care, draft communication strategy is now complete and information has been sent to Service Development Managers, General Mangers, Operational Service Managers and PSSD Staff advising of forthcoming implementation.
- LHBC raised hand hygiene awareness at North CHP Partnership Forum and will deliver an awareness session at the Joint CHP Infection Control Sub Group.
- Site survey now complete in Clydesdale Locality. Implementation. Due to commence 14<sup>th</sup> December 2009. Evaluation to be carried out immediately after implementation in an effort to inform roll out programme.
- The rotation of the 4 sets of large cut outs depicting staff and promoting good hand hygiene practice continues.

- 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; they will deliver the agreed training presentation to all domestic staff in WGH In 2010 LHBC to mentor for first delivery of sessions.
- Further screen savers promoting the zero tolerance and hand hygiene message are currently under discussion.
- Drop in sessions to promote the zero tolerance message have been delivered to Hairmyres and Monklands, and to be arranged for Wishaw General in January 2010.
- Section H is currently under review and scheduled for draft format by the end of January 2010.

### **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.

A quality assurance exercise has been undertaken within three wards throughout the acute division with results to be sent to Senior Nurses by the end of December 2009.

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 for October 2009 continue to operate within an average range of 93.8% - 97.6% across NHSL sites. A small number of individual locations within sites are below this average & these areas are focused upon by Hotel Services management to address any shortfalls.
- Improvements in cleaning standards have been noted across several locations including Monklands Hospital primarily as a result of increased monitoring & domestic supervision and the recruitment of additional domestic staff from SGHD funding.
- The NHS Scotland National Cleaning Services Specification Quarterly Compliance Report for Quarter 2 - July to September 2009 was published on November 30<sup>th</sup> 2009 by Health Facilities Scotland (HFS) recording the following performance scores:

Monklands	95.7% an increase from 92.9% in Quarter 1
Hairmyres	97.4% an increase from 96.3% in Quarter 1
Wishaw	97.6% an increase from 97% in Quarter 1
<b>NHS Lanarkshire Average</b>	<b>96.5% and increase from 94.8% in Quarter 1</b>

NHS Scotland Average      96% an increase from 95.9% in Quarter 1

- The programme of Independent Cleaning Audits across all NHS Boards undertaken by Tribal Consulting on behalf of Health Facilities Scotland commenced in November 09 to be completed Jan 2010. NHS Lanarkshire has been given a “5 day window” confirming the audits will be undertaken on one day between December 7<sup>th</sup>– December 11<sup>th</sup> 2009. It is expected that one acute hospital & one CHP location will be audited. These audits are being undertaken to demonstrate compliance with the principles of the NHS Scotland National Cleaning Services Specification. A draft report will be provided to all NHS Boards in February 2010 with the final report issued to SGHD in March 2010. Coordination of the audit is being led by the Head of PFI/PPP Contracts and the Head of Hotel Services.
- Domestic Managers and Supervisors from Monklands, Hairmyres, Wishaw & CHP hospitals, have attended a 2 day training sessions on November 23<sup>rd</sup> - 24<sup>th</sup> 2009 in relation to the commissioning and use of the 26 steam cleaners provided by NHS Scotland. The training was delivered by Osprey Cleaning Services, suppliers of the equipment. Risk assessments and work instructions on the use of the equipment are currently being completed in conjunction with the Infection Control Team.

#### **Initiatives being taken to improve cleaning performance standards**

- SGHD funding of £474,851 for 2009 / 2010 supported the recruitment of additional 25.72 wte domestic staff (42 headcount). Taking account of NHSL budget requirements this will provide 17.08 wte at Monklands Hospital and 8.64 wte across primary care locations.
- All 17.08 wte posts at Monklands are now in post.
- Additional supervisors identified for health centres have been recruited. 4.00 wte of these posts have been filled through internal promotion, with the remaining 2.13 wte posts being recruited through employment partnership initiative being sponsored by NHSL and the job centre. The appointment of these posts will provide an increase in domestic supervision to ensure cleaning standards are consistently maintained.
- Installation of 20 “alert cleaning monitor clocks” in public toilets at Monklands Hospital has been completed. These clocks provide a visual display to members of the public of the time of the next scheduled clean along with a contact number to report any shortfall in cleanliness standards. A report on the level of compliance being met regarding frequency of cleaning in these areas will be incorporated within the Hotel Services Department monthly performance report.
- The Healthcare Environment Inspectorate scheduled visit to Monklands Hospital took place on November 18<sup>th</sup> 2009. The draft report is due to be issued to NHSL’s Chief Executive on Monday December 7<sup>th</sup> 2009. In preparation for the visit, monies were allocated and work undertaken in relation to décor, flooring replacement and minor remedial works. Collaborative working by Nursing Staff, Control of Infection and PSSD ensured the successful completion of the works in preparation for the visit.

- Following the successful training event held on the 30<sup>th</sup> October 2009 for Domestic Managers and Supervisors a further event is planned for January 15<sup>th</sup> 2010. The main focus will be continuous improvement in quality standards & Health & Safety.
- Health Facilities Scotland has a programme of workshops arranged during December 2009. This will provide an awareness of the implementation of a Domestic / Estates Monitoring Tool planned to be rolled out between January 2010 – March 2010 and going live in April 2010. PSSD managers are attending these workshops.

**Summary**

The above actions detail the range of activities and initiatives being taken to maintain domestic cleaning standards. These 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.

**4.2 Pan-Board, Hospital or Specialty Specific Problems Identified**

- Nil specific

**4.3 Pan-Board, Hospital or Specialty Specific Problems Identified**

- Nil specific to report at this time

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

Increase incidence of Noro virus across the three acute sites and in Primary Care.

**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. We have since completed another action point and continue with progress towards the remainder.

	Actions
PURPLE (complete)	19
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)	1
RED (unable to complete by the deadline)	0

One area has changed from Amber to Green this is

- Implementation of 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. Estates monitoring Tool training workshops took place early in December 2009 with representation from NHSL Hotel Services and PFI Consortia at Hairmyres and Wishaw.

Another area has been changed from Green to Amber is as follows;

- Implementation of Senior Charge Nurse Review Lead - there is now a risk to implementation of the Senior Charge Nurse Reviews due to a funding threat for the practice development facilitators who are supporting its implementation. These facilitators are secondees and will return to the Clinical settings in March 2010.

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

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

### **6.2.1 Actions Required And Timescales For Implementation**

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

## **7 SURGICAL SITE SURVEILLANCE**

The aims of the Surgical Site Infection programme are:

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

### **7.1 Orthopaedic Surveillance**

SSI Surveillance of elective and trauma hip arthroplasties for the period 1<sup>st</sup> October – 31<sup>st</sup> October 2009 has shown 69 operations with 2 incidences of infection which gives an SSI rate of 2.90%.

#### **7.1.1 Elective Presentation**

A total of 41 operations performed with 1 incidence of infection which gives an SSI rate of 2.44%.

#### **7.1.2 Emergency Presentation**

A total of 28 operations performed with 1 incidence of infection which gives an SSI rate of 3.57%.

### **7.1.3 Infection Types**

1 elective admission developed 1 deep infection which gives an SSI rate of 1.45% and 1 emergency admission developed 1 superficial infection which gives an SSI rate of 1.45%.

## **7.2 Caesarean Section**

SSI Surveillance of elective and emergency caesarean sections for the period from 1<sup>st</sup> October – 31<sup>st</sup> October 2009 has shown 103 operations with 3 incidences of Infection which give an SSI rate of 2.91%.

### **7.2.1 Elective Presentation**

A total of 44 operations performed, 1 infection occurred which gives an SSI rate of 2.27%

### **7.2.2 Emergency Presentation**

A total of 59 operations performed, 2 infections occurred which gives an SSI rate of 3.39%.

### **7.2.3 Infection Types**

2 emergency and 1 elective admissions developed superficial infections which gives an SSI rate of 2.91%.

## **7.3 SSHAIP Surgical Site Infection Surveillance Quarterly Exceptions Report**

There were no exceptions this reporting period.

## **7.4 Pan-Board, Hospital or Specialty Specific Problems Identified**

Revised governance arrangements on-going in partnership with our contacted decontamination provider

### **7.4.1 Actions Required and Timescales for Implementation**

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

Early discussions have taken place to identify further potential Surgical Site Infection surveillance activities to expanding current programme.

A short life sub group of the LICC will be meeting in the New Year to scope out future surveillance requirements and produce an NHSL Surveillance strategy. The group will be chaired by Dr Josephine Pravinkumar Consultant in Public Health Medicine

## **8. ANTIMICROBIAL PRESCRIBING**

Update regarding Antimicrobial prescribing will be presented on a quarterly basis and will be part of the January Board Report.

## **8 HORIZON SCANNING**

- NHSL remain on track to implement the National MRSA screening programme by 31<sup>st</sup> January 2010. Elective screening has been rolled out across all 3 acute sites and a PDSA of the emergency pathway began on the 14<sup>th</sup> December. The monthly assurance reporting process to the Scottish Government continues with the third RAG submission from NHSL for November again reporting GREEN status. An MRSA Screening Programme launch for Stakeholders in conjunction with the communications department is planned for 26<sup>th</sup> January 2010, at 12:00pm in the Lecture Theatre at Hairmyres.
- The Healthcare Environment Inspection for NHSL took place on Wednesday 18<sup>TH</sup> November 2009 at Monklands Hospital and verbal feedback was positive. The HEI Inspection Team have reviewed their methodology and announced that future inspections will be conducted over a two day period.
- The HEI Inspection process has shown the importance of actions at a strategic and corporate level both in terms of effective day to day management and clinical leadership and have suggested a number of priority areas for NHS Boards. In order to support NHS Boards with these priorities and make improvements additional funds to be shared across all territorial boards will be made available for the purpose of improving the healthcare environment. Further guidance and formal notification of financial allocation is to follow.
- The Scottish Government have announced extension of HAI Task Force funding to support the employment of Local Health Board Coordinators for Hand Hygiene in each Board until March 2011 and will clarify the future direction of hand hygiene compliance monitoring and how it will impact on the LHBC role. Currently under consideration is how better to integrate consistency of practice across national and local reporting streams.

## **10 CONCLUSION**

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

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

## **11 FURTHER INFORMATION**

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