

Meeting of
Lanarkshire NHS Board
28 January 2009

Lanarkshire NHS Board
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1. STAPHYLOCOCCUS AUREUS BACTERAEMIAS (SAB)

1.1 Short/Medium/Long Term Trends in SAB, plus Meticillin Resistant Staphylococcus Aureus (MRSA), MSSA Bacteraemias – number/graphical presentation, SPC chart

Current performance outlined in Tables 1 to 4 identify a small reduction in the number of cases over the year with the NHS Board remaining within the acceptable control limits set nationally.

Table 5 highlights the key clinical areas showing the highest number of Staphylococcus Aureus Bacteraemias are General Medicine, Accident and Emergency, General Surgery and Renal. This is in line with national findings. Links have been established with the Scottish Patient Safety Programme to target the implementation of appropriate care bundles within these areas of practice in the first instance. However, further surveillance is required to identify potential source of infection.

Table 1: Staphylococcus Aureus Bacteraemia Rates per 1000 Acute Occupied Bed Days, Hairmyres Hospital (December 2007 – December 2008)

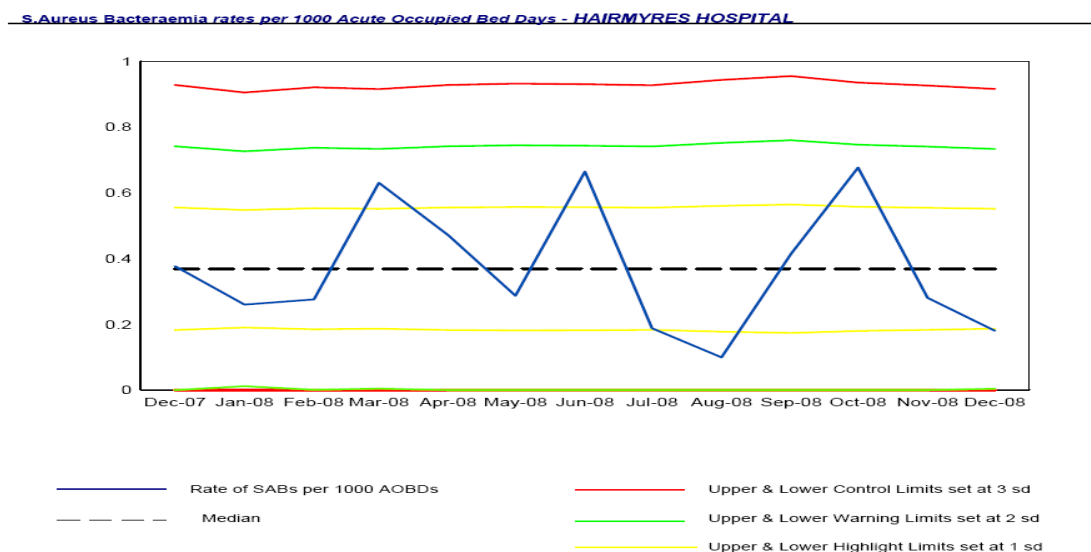


Table 2: Staphylococcus Aureus Bacteraemia Rates per 1000 Acute Occupied Bed Days, Wishaw Hospital (December 2007 – December 2008)

S. Aureus Bacteraemia rates per 1000 Acute Occupied Bed Days - WISHAW GENERAL HOSPITAL

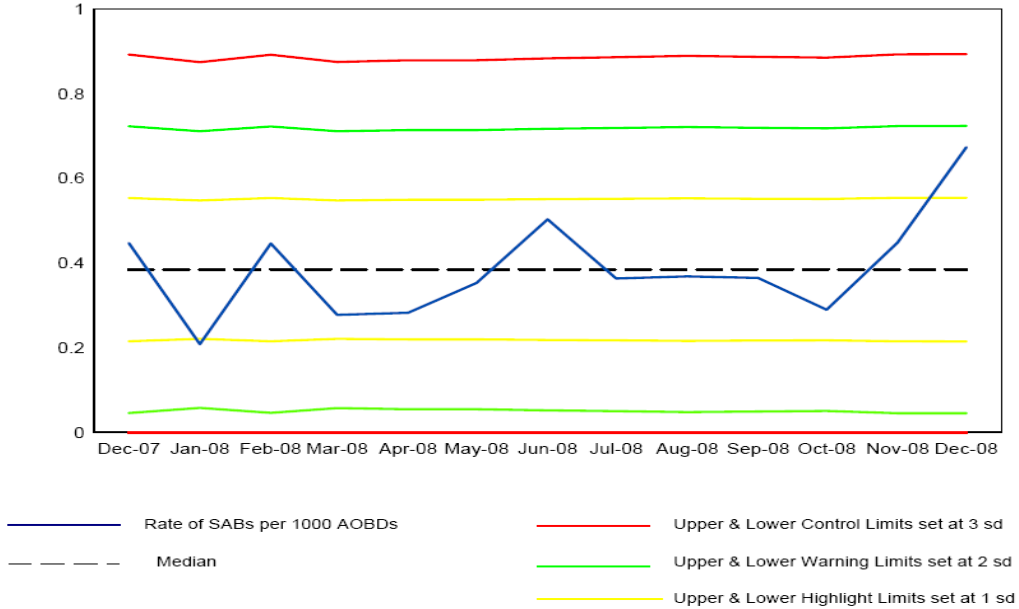


Table 3: Staphylococcus Aureus Bacteraemia Rates per 1000 Acute Occupied Bed Days, Monklands Hospital (December 2007 – December 2008)

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

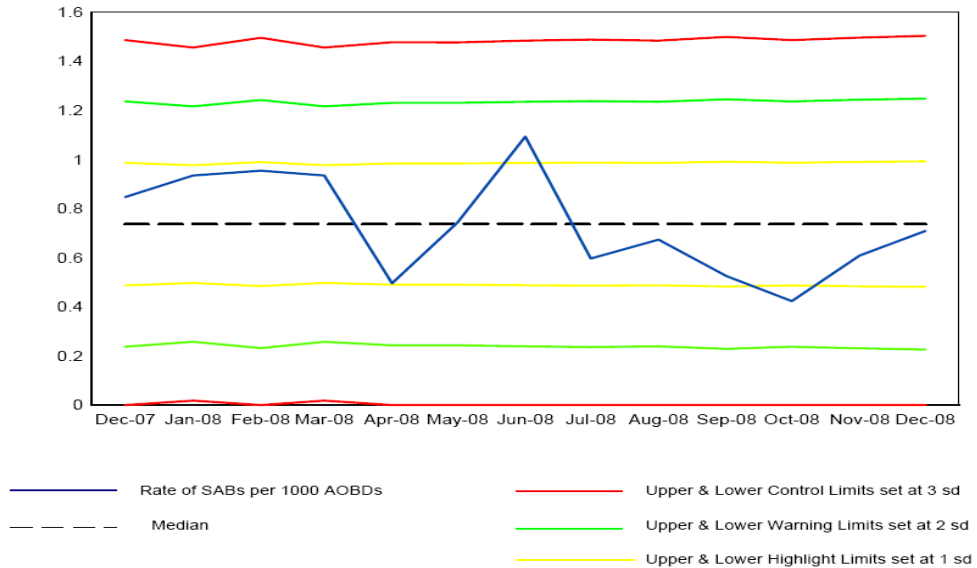


Table 4: Staphylococcus Aureus Bacteraemias (SAB) Numbers Showing Boards and Hospitals Totals (January – December 2008)

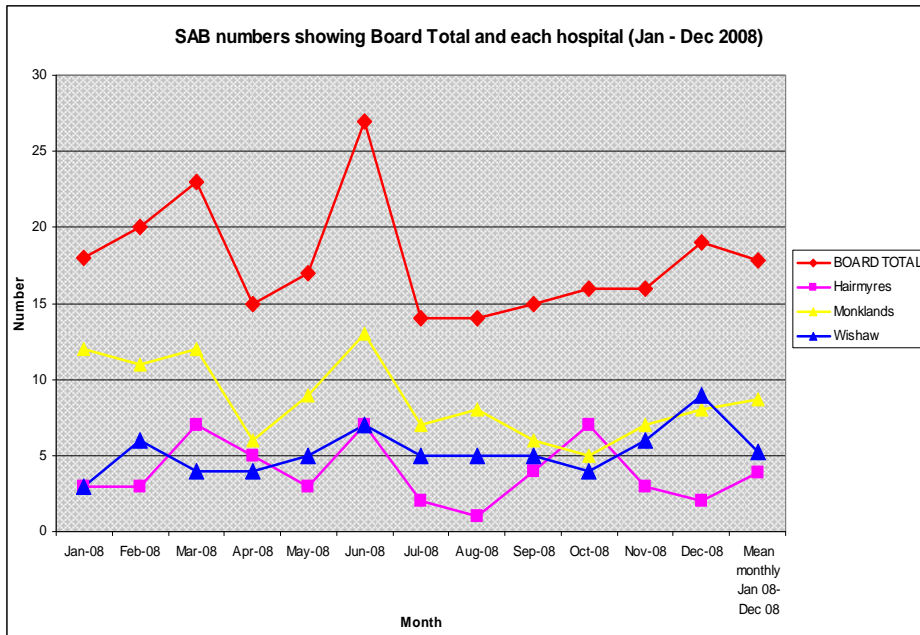
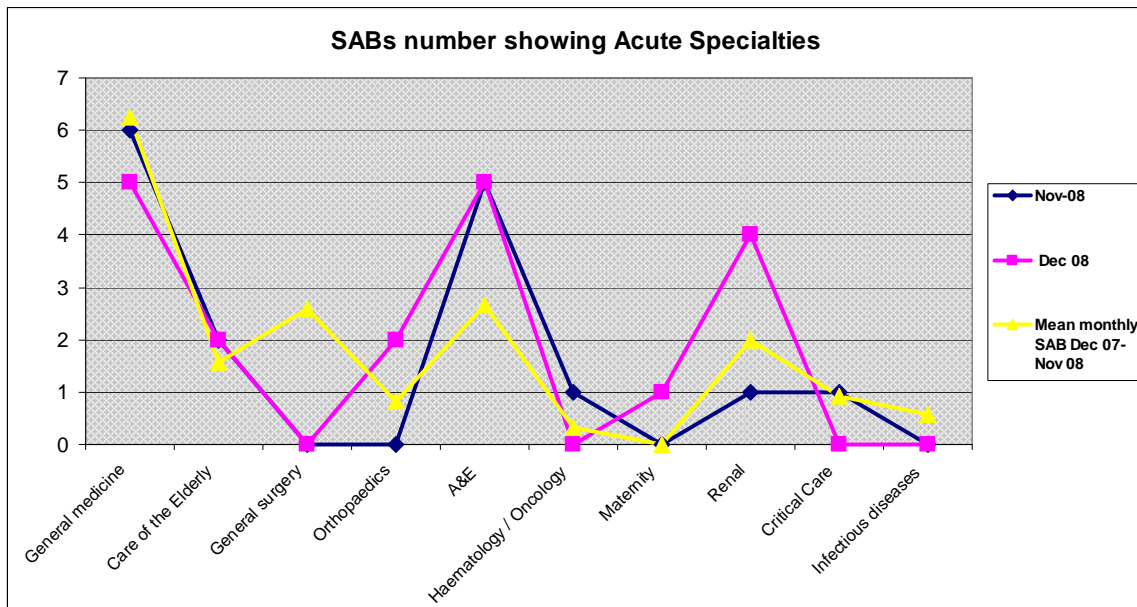


Table 5: Staphylococcus Aureus Bacteraemias (SAB) Numbers Showing Acute Specialties (November – December 2008)

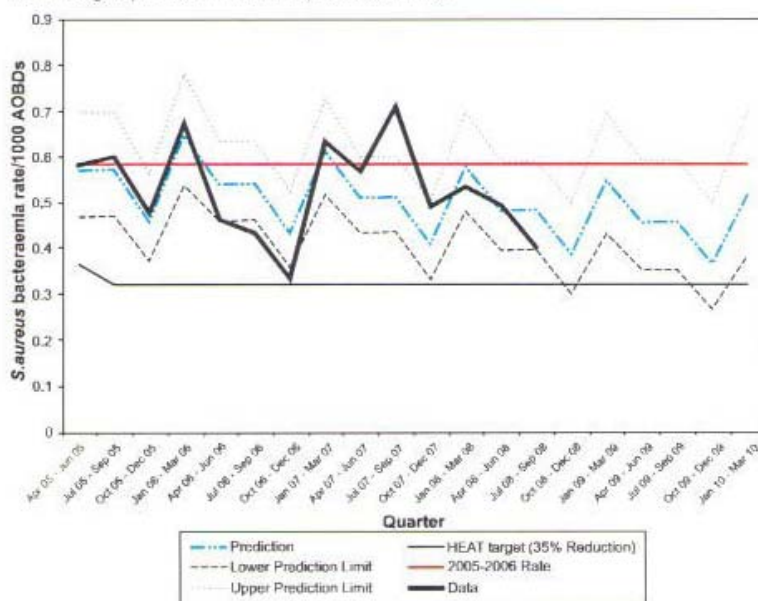


1.2 Current Health Efficiency Access Treatment Targets (HEAT) Status and National Context

Our HEAT target for Staphylococcus Aureus Bacteraemia reduction is **35%**. The recent Health Protection Scotland quarterly report shows a reduction in the number of cases over the last 2 quarters as outlined in Figure 31. That said our current MRSA rate (0.17 per 1000 Acute Occupied Bed Days) is **above** the national average (0.148 per 1000 Acute Occupied Bed Days). Our Staphylococcus Aureus Bacteraemias rate overall (0.494 per 1000 Acute Occupied Bed Days) is also above the most recent national average (0.462).

Projections from Health Protection Scotland suggest we may meet this target, but it is likely that further interventions are required to ensure this.

Figure 31: *S. aureus* bacteraemia per 1000 AOBs in NHS Lanarkshire showing the HEAT target, predicted rates and prediction limits.



1.3 Current and New Initiatives to Reduce Staphylococcus Aureus Bacteraemias Cases

Action is underway to ensure the prevalence continues to be reduced ensuring the HEAT target for Staphylococcus Aureus Bacteraemias is achieved. This includes:

- Monthly monitoring reports communicated to key Senior Managers and clinicians at all levels of the organisation enabling trends, clusters and high risk areas to be identified monitoring the effectiveness of interventions.
- Ongoing implementation of the Scottish Management of Antimicrobial Resistance Action Plan (SCOTMARAP). Funding has been made available from the Scottish Government for a fixed period for all NHS Boards to employ an Antimicrobial

Pharmacists to facilitate this. NHS Lanarkshire has agreed to fund a further 1wte to ensure all components of the Action Plan are fully implemented timeously. To date, the organisation has successfully recruited to the position of 1wte Antimicrobial Pharmacist. Discussion is underway with the Medical Director regarding the recruitment to the second Antimicrobial Pharmacist position.

- Continued implementation of the new NHS Lanarkshire Antimicrobial Policy, effective hand hygiene and roll out of the Scottish Patient Safety Programme Care Bundles are all being **progressed** timeously.
- Standardisation of policy for obtaining blood cultures and training for new personnel implemented
- Development of a Peripheral Venous Cannula patient information leaflet underway
- Escalation of the implementation of Health Protection Scotland's Peripheral Venus Cannula Care Bundles.
- Piloting of Scottish Patient Safety Programme care bundle complete.

1.4 Pan-Board, Hospital Or Specialty Specific Problems Identified

No specialty problems identified at present. As previously outlined in section 1.1 General Medicine, Accident and Emergency General Surgery and Renal record the highest number of cases in line with national findings. Further trend analysis is being undertaken via SAB data collection surveillance forms to identify potential sources. In the meantime links have been established with the Scottish Patient Safety Programme to target implementation of appropriate care bundles within the aforementioned areas.

1.4.1 Actions Required [timescale]

- Escalation of the implementation of Health Protection Scotland Peripheral Venus Cannula Care Bundles to commence. (April 2009).
- Daily review of clinical need for cannulas [February 2009].
- Launch Zero Tolerance Hand Hygiene policy and new Infection Control Hand Hygiene Policy [April 2009].

2. CLOSTRIDIUM DIFFICILE ASSOCIATED DISEASE (CDAD)

2.1 Short/Medium/Long Term Trends in CDAD – Number/Graphical Presentation, SPC Chart.

The past year has seen a reduction in Clostridium Difficile Associated Disease cases in all 3 District General Hospitals as outlined in Table 6 to 9. Table 10 highlights General Medicine, Care Of the Elderly and General Surgery with the most cases of Clostridium Difficile. This is in line with national findings. Implementation of the appropriate care bundles as part of the Scottish Patient Safety Programme will be targeted to these areas in the first instance.

Table 6: Clostridium Difficile Associated Disease Rates per 1000 Acute Occupied Bed Days, Hairmyres Hospital (December 2007 – December 2008)

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

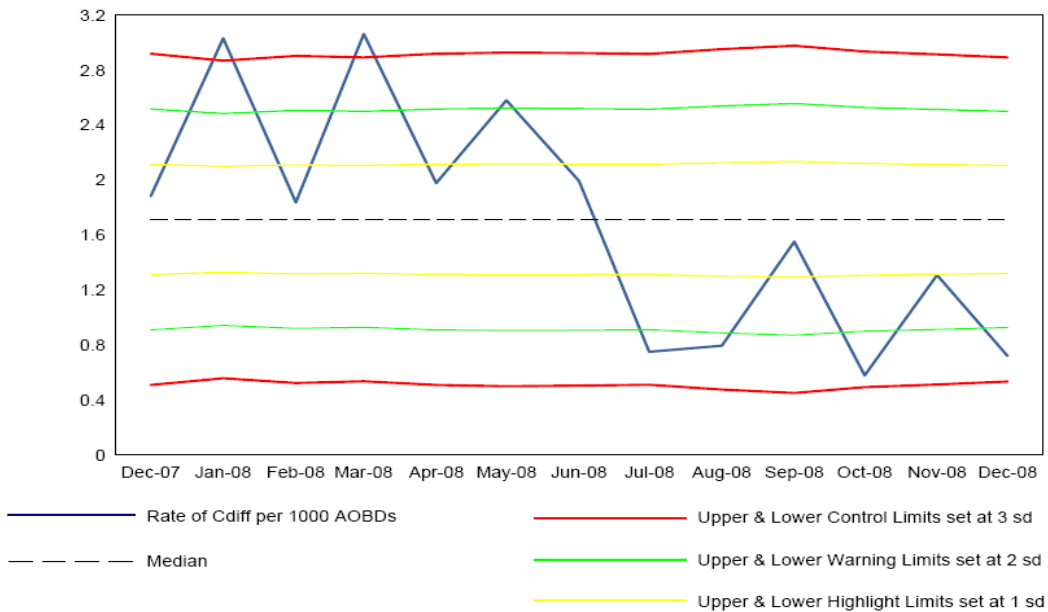


Table 7: Clostridium Difficile Associated Disease Rates per 1000 Acute Occupied Bed Days, Wishaw Hospital (December 2007 – December 2008)

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

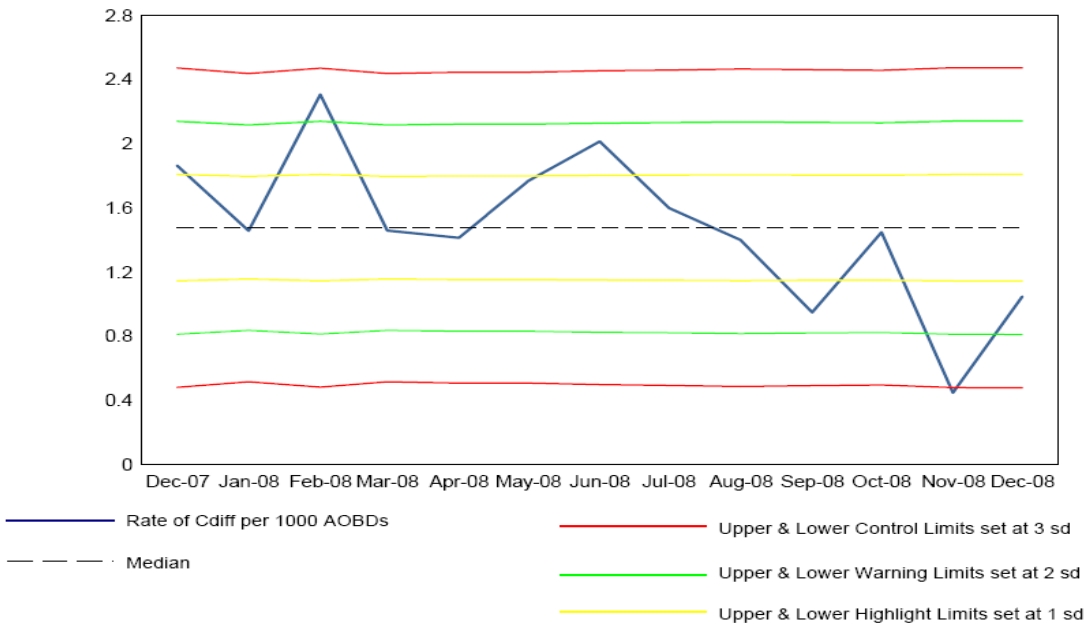


Table 8: Clostridium Difficile Associated Disease Rates per 1000 Acute Occupied Bed Days, Monklands Hospital (December 2007 – December 2008)

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

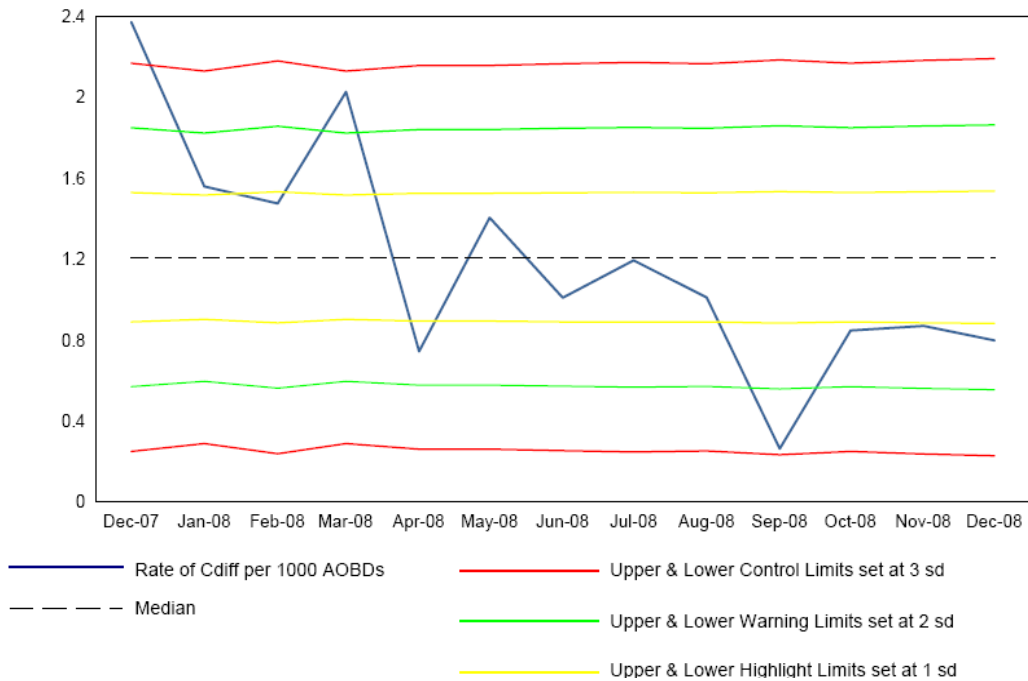


Table 9: Clostridium Difficile Associated Disease Cases per Hospital (January 2008 – December 2008)

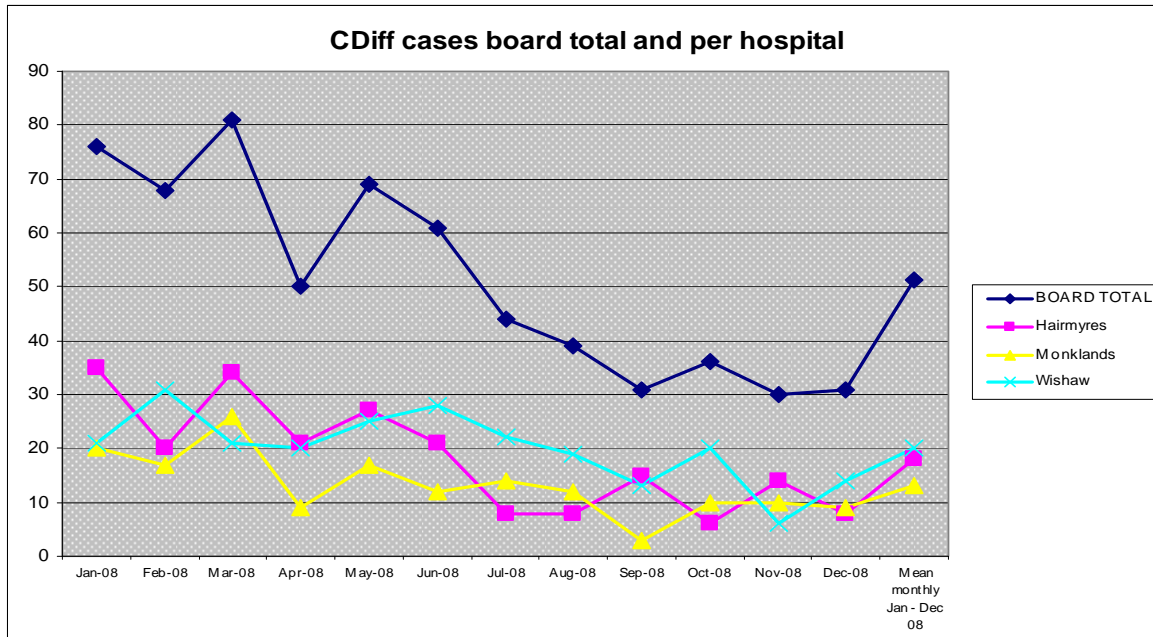
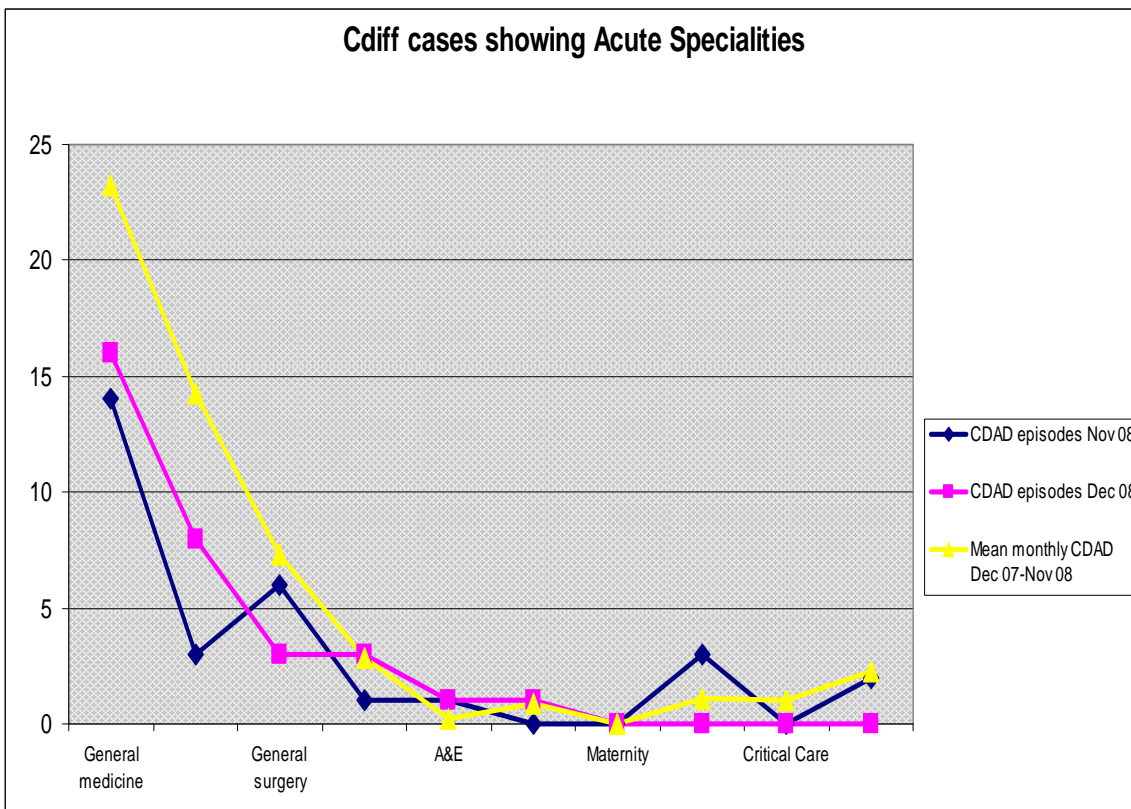


Table 10: Clostridium Difficile Associated Disease Cases Showing Acute Specialties (November 2008 – December 2008)

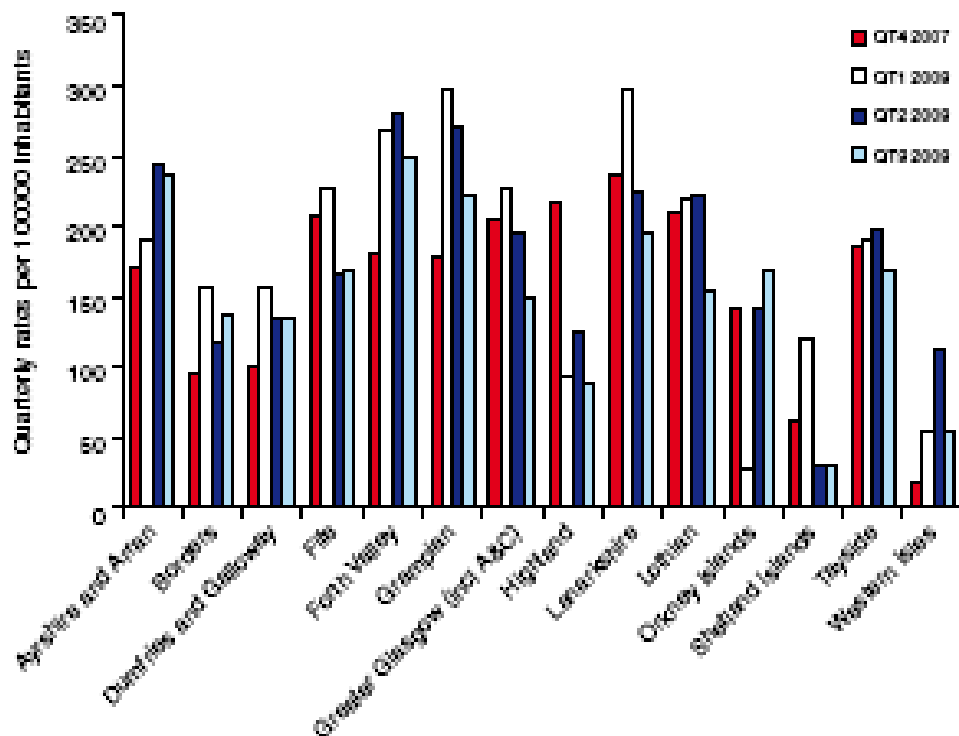


2.2 Current HEAT Status And National Context

Trajectory calculations have recently been issued from the Scottish Government Health Department. These are based on the 2007 Boards annual total (678 cases). The 30% target will imply a reduction of around 200 cases per year.

Health Protection Scotland's annual report on the surveillance of Clostridium Difficile Associated Disease (CDAD) in Scotland October 2007 – September 2008 has recently been published. Figure 2 below identifies a reduction in the organisations rates over the last 3 quarters. NHS Lanarkshire is currently equivalent to the national average Clostridium Difficult rate (199 cases per 100,000 inhabitants \geq 65 years old):

FIGURE 2: Rates of CDAD per 100,000 inhabitants \geq 65 years old in 14 NHS boards in Scotland.



2.3 Current New Initiatives To Reduce Cases

The following initiatives are being undertaken:

- Healthcare Associated Infection Executive Action Team established to ensure reduction in prevalence is established.
- Weekly and monthly monitoring reports communicated to key Senior Managers and clinicians at all levels of the organisation enabling trends, clusters and high risk areas to be identified.

- Ongoing implementation of the Scottish Management of Antimicrobial Resistance Action Plan (SCOTMARAP). Funding has been made available from the Scottish Government for a fixed period for all NHS Boards to employ an Antimicrobial Pharmacists to facilitate this. NHS Lanarkshire has agreed to fund a further 1wte to ensure all component of the Action Plan are fully implemented timeously. To date the organisation has successfully recruited to the position of 1wte Antimicrobial Pharmacist. Discussion is underway with the Medical Director regarding the recruitment to the second Antimicrobial Pharmacist position.
- Continued implementation of the new NHS Lanarkshire Antimicrobial Policy, effective hand hygiene and roll out of the Scottish Patient Safety Programme Care Bundles are all being progressed timeously.

2.4 Pan-Board, Hospital Or Specialty Specific Problems Identified

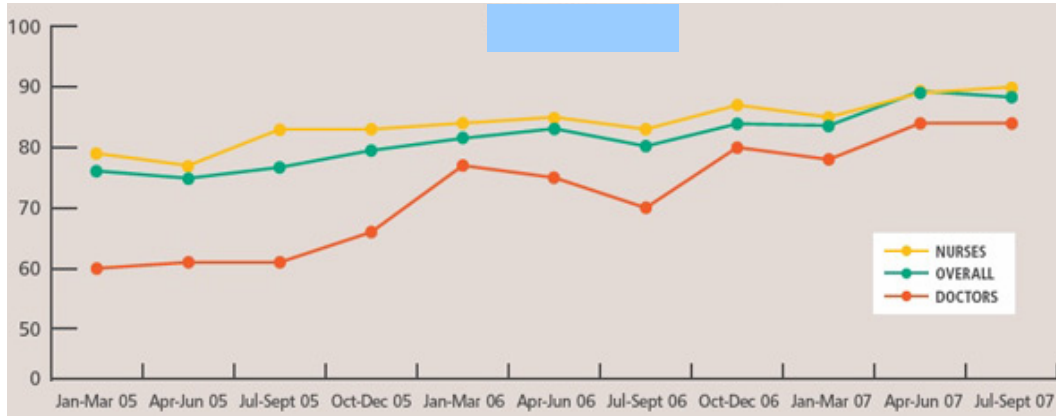
No specialty problems identified at present. As outlined in section 2.1 and table 6 General Medicine, Care Of the Elderly and General Surgery have the most cases of Clostridium Difficile. This is in line with national findings. Currently analysing trends and potential sources via weekly and monthly monitoring reports to identify sources and impact of actions.

2.4.1 Actions Required [Timescale]

- Continued weekly and monthly monitoring reports identifying trends and areas of high risk (ongoing)
- Recruitment of further 1wte Antimicrobial Pharmacists to facilitate full implementation of the Scottish Management of Antimicrobial Resistance Action Plan (SCOTMARAP). (March 2009)
- Raise awareness of pending Hand Hygiene Zero Tolerance and Healthcare Associated Infection Hand Hygiene Policies in the PULSE. (January 2009)
- Launch new Hand Hygiene Zero Tolerance and Healthcare Associated Infection Hand Hygiene Policies. (April 2009)
- Implement Scottish Patient Safety Clostridium Difficile Associated Disease Care Bundle across all in-patient areas. (March 2009).

3. HAND HYGIENE (HH) PROGRAMME

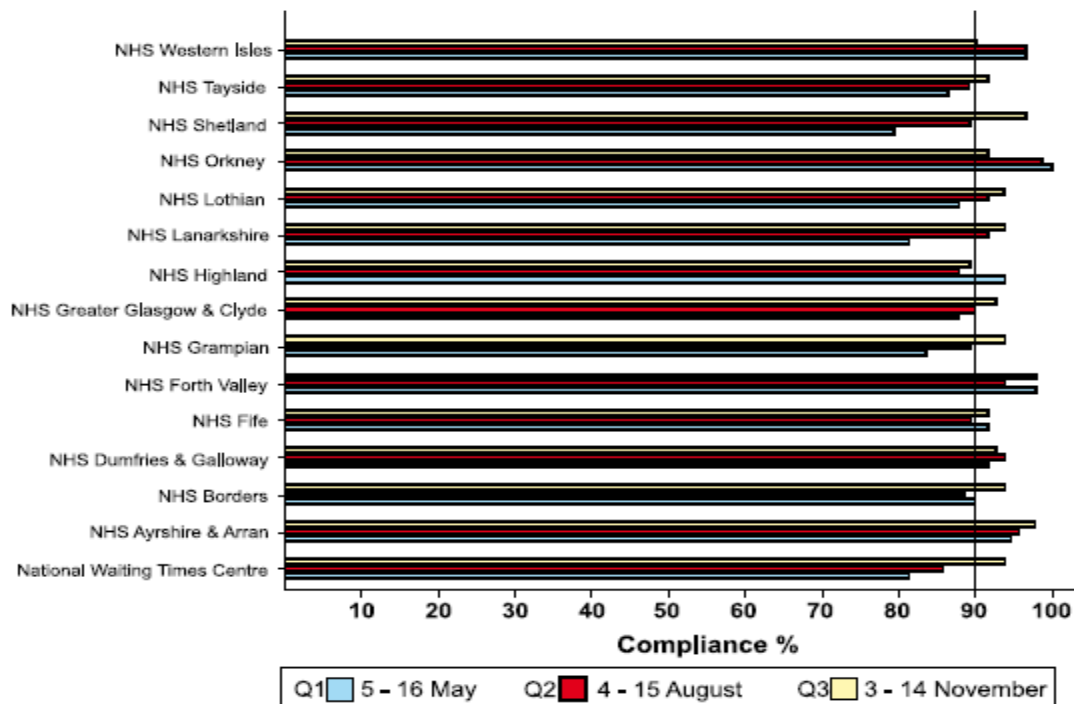
3.1 Short / Medium / Long Term Trends In Compliance – Number/Graphical Presentation



3.2 National Context

The recently published report from Health Protection Scotland identified that our Board has again achieved the at least 90% compliance improving from 91% to 93% compliance.

Figure 2: Audit Results for Compliance with Hand Hygiene Opportunities by NHS Board



3.3 Current and New Initiatives in Promoting Hand Hygiene

These include:

- Direct involvement of Hand Hygiene Co-ordinators with Scottish Patient Safety Programme Hand Hygiene bundle rollout.
- Recruitment of 2wte Hand Hygiene Facilitators for a 1 year fixed term period to support the roll out of the Hand Hygiene Care bundle.
- Review and trial of new Hand Hygiene products underway.
- Review of Healthcare Associated Infection signage commenced.

3.4 Pan-Board, Hospital or Staff Group Specific Problems Identified

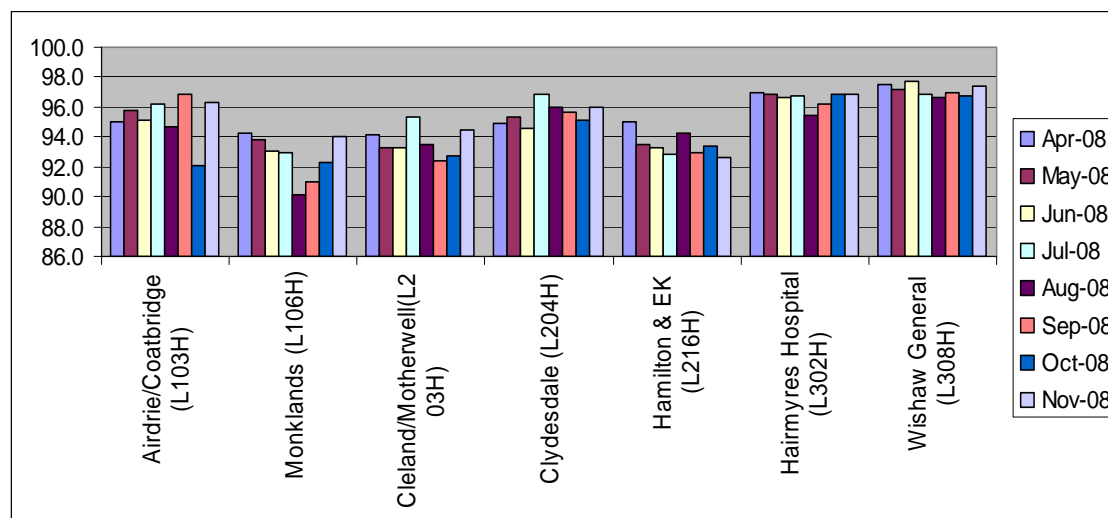
No specific problems identified at this time other than poorest compliance amongst Medical staff – Hand Hygiene Facilitator, Nurse Consultant – Healthcare Associated Infection and Divisional Nurse Director Community and Primary Care to meet with Medical Director to discuss.

4. CLEANING SERVICES SPECIFICATION COMPLIANCE

4.1 Short/Medium/Long Term Trends in Compliance – Number/Graphical Presentation

Generally month to month performance fluctuates within a reasonably tight band. The 2 main exceptions to this, in recent months are Airdrie / Coatbridge Locality which had a significant drop in October but have now recovered in November and Monklands Hospital which declined over the first 2 quarters, but now shows a steady month on month improvement as outlined in Table 7.

Table 7: Cleaning Services Specification Compliance per Areas (April 2008 – November 2008)



4.2 National Context – Most Recent Health Facilities Scotland Quarterly National Report

Over the last two quarters there has been a slight downward trend away from the national average which has remained steady at 96%. Returns for Quarter 3 to date (October / November 2008) as outlined below.

Table 11: Cleaning Service Specification Performance Nationally (October 2007 – September 2009)

Health Board	3rd quarter Oct-Dec 2007/2008	4th quarter Jan-March 2007/2008	1st quarter April-June 2008/2009	2nd quarter July-Sept 2008/2009
	Total % Pass	Total % Pass	Total % Pass	Total % Pass
SCOTLAND	96.0	96.1	96.1	96.0
Ayrshire and Arran	96.1	96.4	96.4	95.9
Borders	97.6	97.1	97.8	97.2
Dumfries and Galloway	97.7	97.3	97.3	97.4
Fife	96.4	96.5	96.5	97.0
Forth Valley	95.0	95.3	95.5	94.7
Grampian	97.6	97.3	97.2	97.1
Greater Glasgow and Clyde	96.0	96.3	96.2	96.4
Highland	95.1	95.3	95.1	95.3
Lanarkshire	95.6	96.0	95.5	94.8
Lothian	94.8	94.6	94.7	94.5
Orkney	97.7	95.2	92.8	96.1
Shetland	98.3	97.8	97.8	97.1
Tayside	95.5	95.8	96.1	95.9
Western Isles	96.0	95.6	95.9	95.6
The State Hospitals Board for Scotland	91.8	93.6	93.8	94.0
Golden Jubilee National Hospital	93.2	93.6	93.4	93.4
Blood Transfusion Services				98.6

4.3 Current New Initiatives In Improving Cleaning

These include:

- Development of robust action plans to address the locations of Airdrie / Coatbridge and Monklands Hospital where low scores have been recorded.
- Ongoing monitoring of those locations where scores between 90% to 95% are recorded.
- Retraining of all domestic staff, management, supervisory and operational to ensure improved cleanliness levels.
- Monthly meetings with the Director of Strategic Planning / GM PSSD / Head of Support Services / Business Support Manager and HR to monitor & review management actions being taken in terms of sickness absence in line with NHS Lanarkshire's Management of Sickness Absence Policy.
- A new Head of Hotel Services has been recruited and will commence employment with NHSL mid January 2009. The new post holder has significant experience in Domestic Services Standards associated with HAI Initiatives and will bring a new focus on this important area.

4.4 Pan-Board, Hospital Or Specialty Specific Problems Identified

The downward trends identified at Monklands Hospital, the Airdrie and Coatbridge Localities was primarily due to three issues: high level of vacancies, high level of sickness and poor operator / supervisor performance. These areas of practice are being addressed.

4.4.1 Actions Required [Timescales]

- Review of management of vacancies in conjunction with HR utilising Job Centre for recruitment [Mid Feb 2009].
- Review of all staff rosters to ensure maximum efficiency and effectiveness in staff numbers & staff continuity [End March 2009].
- Review of resource allocation within domestic services particularly in relation to peak leave periods and cover for sickness [End March 2009].
- Review of National Cleaning Services Specification minimum inputs against current staffing levels [End March 2009].
- Pro active sickness absence management in conjunction with HR / Occupational Health [Immediate].

- Production of monthly report detailing sickness absence details, management action taken across all Hotel Services Disciplines [Immediate].
- Implement “In House” retraining of Domestic Staff on cleaning tasks and Workbook completion [Ongoing throughout 2008/2009].
- Retrain supervisory staff on Monitoring Framework, Red, Amber, Green System (RAGS) Tool, Action Planning and local reporting [End February 2009].
- Focussed approach to complete Personal Development Plan’s for all domestic staff by [End March 2009].

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

A single case of legionella was reported in November 2008. A full investigation has been undertaken and will be reported to the NHS Board.

6.1 Horizon Scanning

CEL 55 (2008) New Funding For National MRSA Screening Programme

Letter recently received outlining funding for NHS Boards on a 1 year non recurring basis to assist with preparing for the introduction of the national MRSA Screening Programme from 2009/10. NHS Lanarkshire share is 117,700. Pathfinder Boards are currently implementing a screening strategy. An interim report is due in April 2009 and will include details of lessons learned. The clinical and cost effectiveness of the project will be reported by December 2009. NHS Boards are being asked to roll out the model and make refinements thereafter should it be required. The funding allocated will focus on: staffing resources, laboratory capacity, bed management, infection control specialist support, pre-admission screening and patient management including decolonisation therapy in hospital and community settings. Work is underway to ensure this is taken forward timeously in Lanarkshire.

CEL 54 (2008) New Funding For Local Surveillance Systems

The above correspondence outlines the intention of the Scottish Government Health Department to allocate non recurring funding to all NHS Boards to support the implementation of robust local surveillance systems for the prevention and control of infection. NHS Lanarkshire allocation will be 208k. A proposal is currently being developed to take this forward.

Zero Tolerance to Hand Hygiene Compliance

Correspondence has recently been received from the Scottish Government Health Department with a view to ensuring complete clarity at local level on the roles and

responsibilities of Healthcare workers in achieving zero tolerance to non compliance with hand hygiene. Members of the Scottish Government Healthcare Associated Infection Team will be contacting all NHS Boards to discuss the Boards approach to zero tolerance as well as progress in the delivery of key actions set out in the National Healthcare Associated Infection Action Plan.

7. PROGRESS ON COMPLIANCE WITH NATIONAL HEALTHCARE ASSOCIATED INFECTION PROGRAMME

7.1 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 circulated at last meeting

	Actions
PURPLE (complete)	11
GREEN (on track to complete by the deadline)	9
AMBER (substantially complete but either awaiting national materials or with some possibility of slippage beyond the deadline)	4
RED (unable to complete by the deadline)	0

A further assessment is underway and will be completed by 28 January 2009.

7.2 Compliance With Healthcare Associated Infection Task Force Programme – Outstanding Issues

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

7.3 Actions Required And Timescales For Implementation

Self assessment against the new NHS Quality Improvement Scotland Healthcare Associated Infection Standards has been completed by the Nurse Consultant – Healthcare Associated Infection. This will be discussed at the next Lanarkshire Infection Control Committee and Action Plan developed to address any issues of non compliance. An update will be provided in the Board's February report.

8. 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.

9 FURTHER INFORMATION

For further information or clarification of any issues in this paper please contact:
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22 January 2009