

**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**

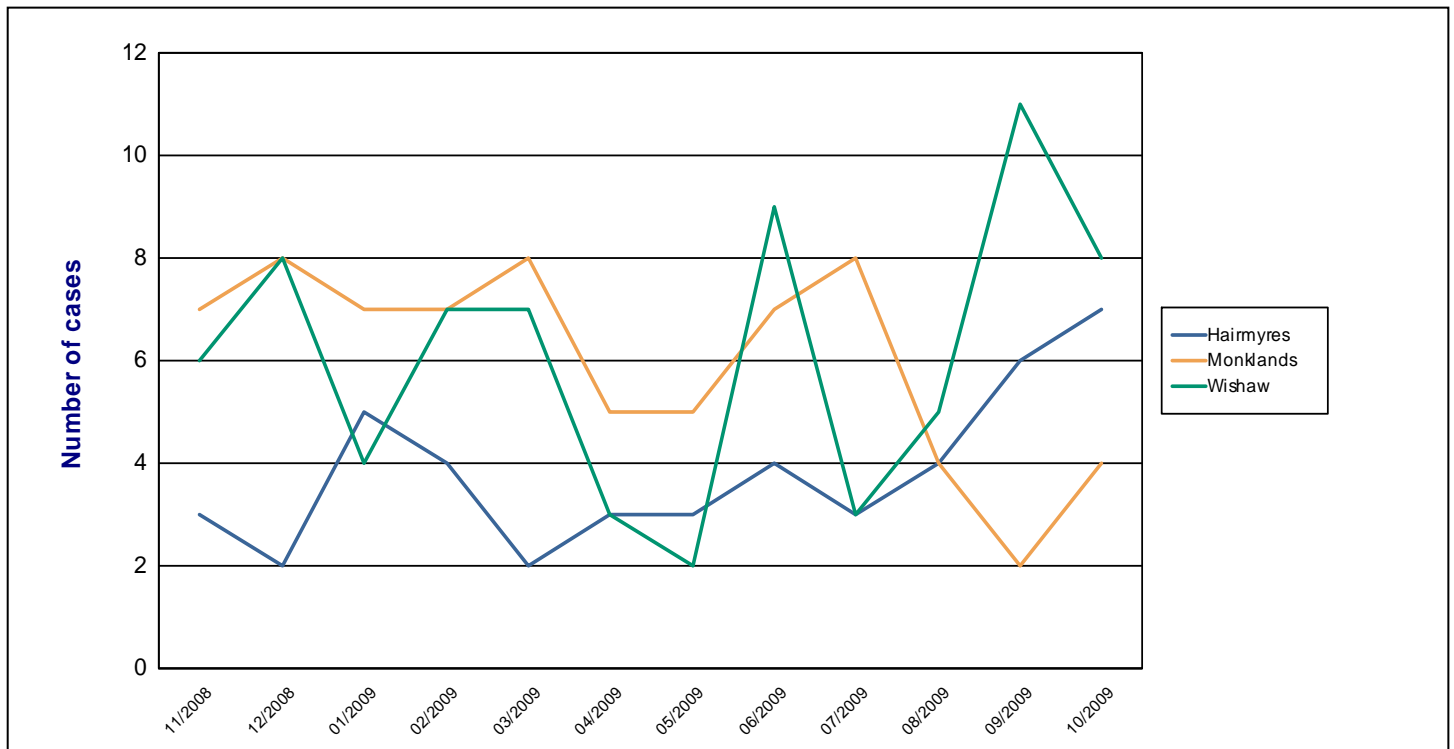
Tables 1 and 2 shows the trend and that the clinical areas with relatively high numbers of *Staphylococcus aureus* bacteraemias continue to be General Medicine, Accident and Emergency, General Surgery and Renal.

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 in General Surgery The infection control team continue to investigate cases highlighted and recent development of the enhanced surveillance data base will produce results that can be attributed to improvement methodology related to clinical practice issues.

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

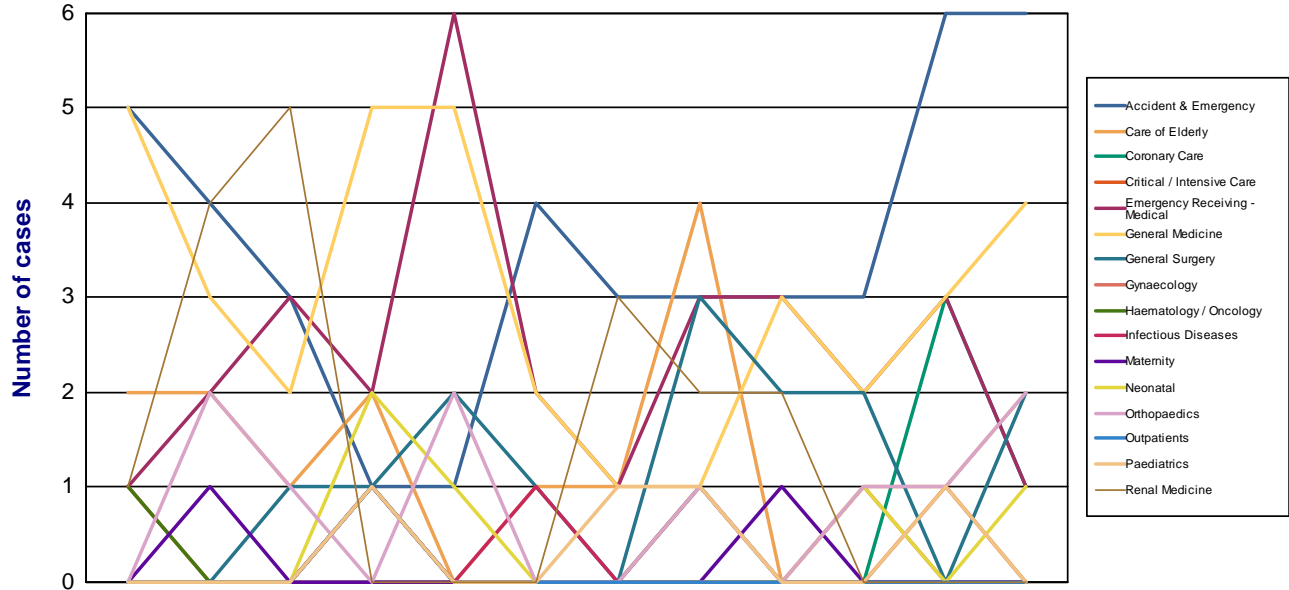
**Staph. aureus Bacteraemia cases by Month and Acute Hospital (MRSA & MSSA)**  
**Date range: 01/11/2008 - 31/10/2009**



	Hairmyres	Monklands	Wishaw	Totals
11/2008	3	7	6	16
12/2008	2	8	8	18
01/2009	5	7	4	16
02/2009	4	7	7	18
03/2009	2	8	7	17
04/2009	3	4	3	10
05/2009	3	5	2	10
06/2009	4	7	9	20
07/2009	3	8	4	15
08/2009	4	4	5	13
09/2009	6	2	11	19
10/2009	7	4	8	19
<b>Totals</b>	<b>46</b>	<b>72</b>	<b>73</b>	<b>191</b>

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

**Date range: 01/11/2008 – 31/10/2009**



	Accident & Emergency	Care of Elderly	Coronary Care	Critical / Intensive Care	Emergency Receiving Medical	General Medicine	General Surgery	Gynaecology	Haem / Oncology	Infectious Diseases	Maternity	Neonatal	Orthopaedic	Outpatients	Paediatrics	Renal Medicine	Totals
Nov-08	5	2	0	1	1	5	0	0	1	0	0	0	0	0	0	1	16
Dec-08	4	2	0	0	2	3	0	0	0	0	1	0	2	0	0	4	18
Jan-09	3	1	0	0	3	2	1	0	0	0	0	0	1	0	0	5	16
Feb-09	1	2	0	1	2	5	1	0	1	1	0	2	0	1	1	0	18
Mar-09	1	0	0	0	6	5	2	0	0	0	0	1	2	0	0	0	17
Apr-09	4	1	0	0	2	2	1	0	0	1	0	0	0	0	0	0	11
May-09	3	1	0	0	1	1	0	0	0	0	0	0	0	0	1	3	10
Jun-09	3	4	1	1	3	1	3	0	0	0	0	0	1	0	1	2	20
Jul-09	3	0	0	0	3	3	2	0	0	0	1	0	0	0	0	2	14
Aug-09	3	1	0	0	2	2	2	1	0	0	0	1	1	0	0	0	13
Sep-09	6	1	3	1	3	3	0	0	0	0	0	0	1	0	1	0	19
Oct-09	6	2	1	0	1	4	2	0	0	0	0	1	2	0	0	0	19
<b>Totals</b>	<b>42</b>	<b>17</b>	<b>5</b>	<b>4</b>	<b>29</b>	<b>36</b>	<b>14</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>5</b>	<b>10</b>	<b>1</b>	<b>4</b>	<b>17</b>	<b>191</b>

## **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;

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 includes:

- Identification and targeting of priority areas for intervention continues
- Continuous roll out of PVC bundles in association with SAB/ Cdiff rates via the patient safety ward work stream.
- Roll out of hand hygiene audit tool in acute sites is nearing completion.
- Look back exercise of all SAB cases from A&E and ERU within NHSL since January 2009 is complete and the report of the findings has been considered by the SAB compliance group. Enhanced surveillance of all newly identified cases continues.
- SAB awareness training at the induction session for all new FY1 medical staff will continue
- Trial of PVC insertion sterile packs in ECU and A&E at Wishaw General Hospital commenced on 15<sup>th</sup> October for two weeks. Following evaluation the trial has been extended to Critical Care Unit and Ward 18, Wishaw General Hospital, for two weeks.
- Revised policy for the management of renal lines is nearing completion.
- PVC patient information leaflets have been launched.
- A pilot of a checklist to monitor compliance with peripheral venous cannulae insertion has been devised and there is now an implementation plan underway at Monklands hospital
- Following the August meeting of NHS QIS and NHSL SAB compliance group a continuous improvement action plan has been developed and NHS QIS returned in October to further review and support NHSL with the actions identified utilising improvement methodology. A further meeting has been arranged for December 2009.
- Enhanced surveillance database now complete and can provide more meaningful data i.e. possible source of infection/contributing factors.
- Ongoing two weekly meetings with Nurse Consultant HAI and Infection Control Nurses on all three acute sites to ensure consistency of approaches to SAB interventions.

- Education in relation to obtaining blood cultures. Iv devices and associated care for medical and nursing staff ongoing.

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

There has been a slight reduction from the previous reporting period in the number of reported SABs at Wishaw general 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 that is now available to them

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

- Continued Local review of data and practice via the SAB Compliance group
- Action plan based on NHS QIS guidance for implementation
- Evaluation of sterile PVC insertion pack trial at Wishaw General Hospital
- Roll out of Chloraprep (2% Chlorhexidine and Isopropyl alcohol) for decontaminating skin prior to inserting lines in targeted areas.
- Develop a mechanism for feeding back enhanced surveillance data to the clinical areas to facilitate improvements to clinical outcomes.
- On going Monitoring of Hand Hygiene Zero Tolerance, Dress/Uniform and Healthcare Associated Infection Hand Hygiene Policies.

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

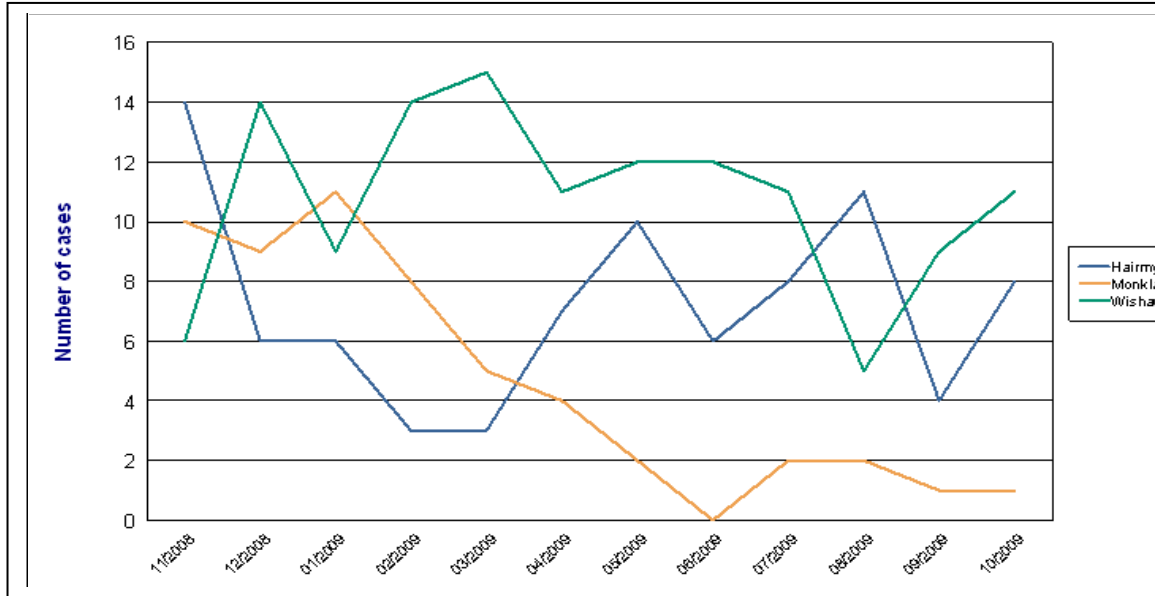
### **2.1 Short/Medium/Long Term Trends in CDI – Number/Graphical Presentation,**

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 Monklands has remained static since the last reporting period in their CDI levels there is an increase at Wishaw and Hairmyres Hospital which is still a natural variation and within the control limits

Community hospitals as outlined in table 5 continue to maintain a reduction with 0 episodes for the reporting period of October.

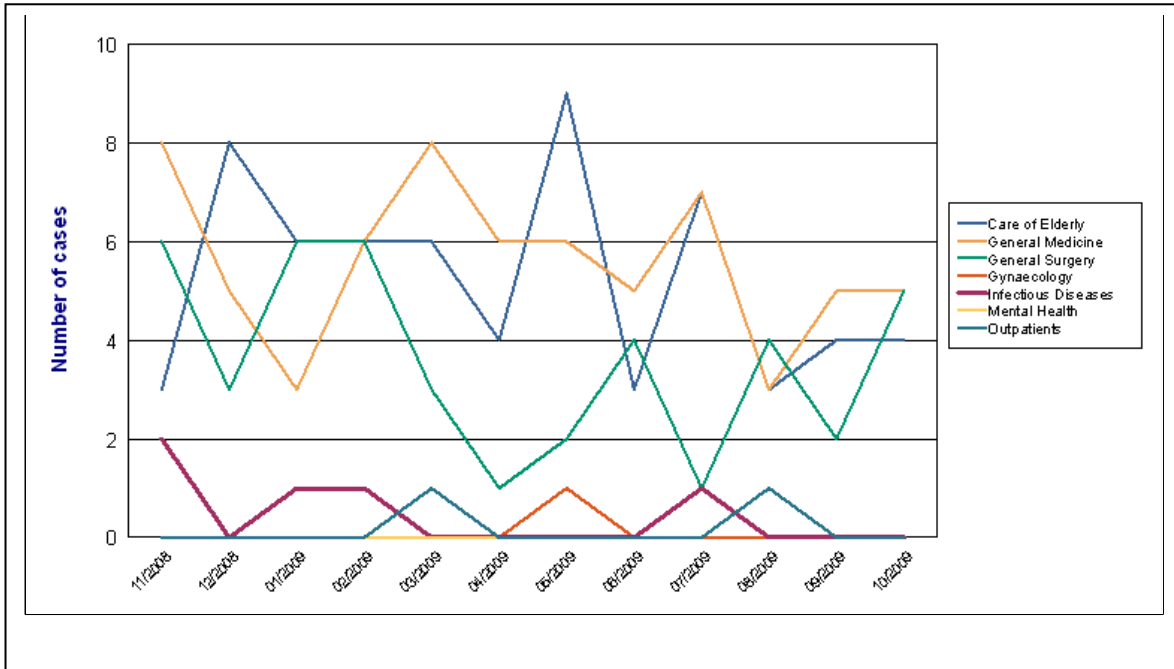
**TABLE 3: C Difficile Cases by Month and Acute Hospital**  
**Date range: 01/11/2008 - 31/10/2009**



	Hairmyres	Monklands	Wishaw	Totals
11/2008	14	10	6	30
12/2008	6	9	14	29
01/2009	6	11	8	25
02/2009	3	8	14	25
03/2009	3	5	14	22
04/2009	8	4	11	23
05/2009	10	2	13	25
06/2009	6	0	12	18
07/2009	8	2	11	21
08/2009	11	1	5	17
09/2009	4	1	9	14
10/2009	8	1	11	20
<b>Totals</b>	<b>86</b>	<b>55</b>	<b>129</b>	<b>270</b>

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

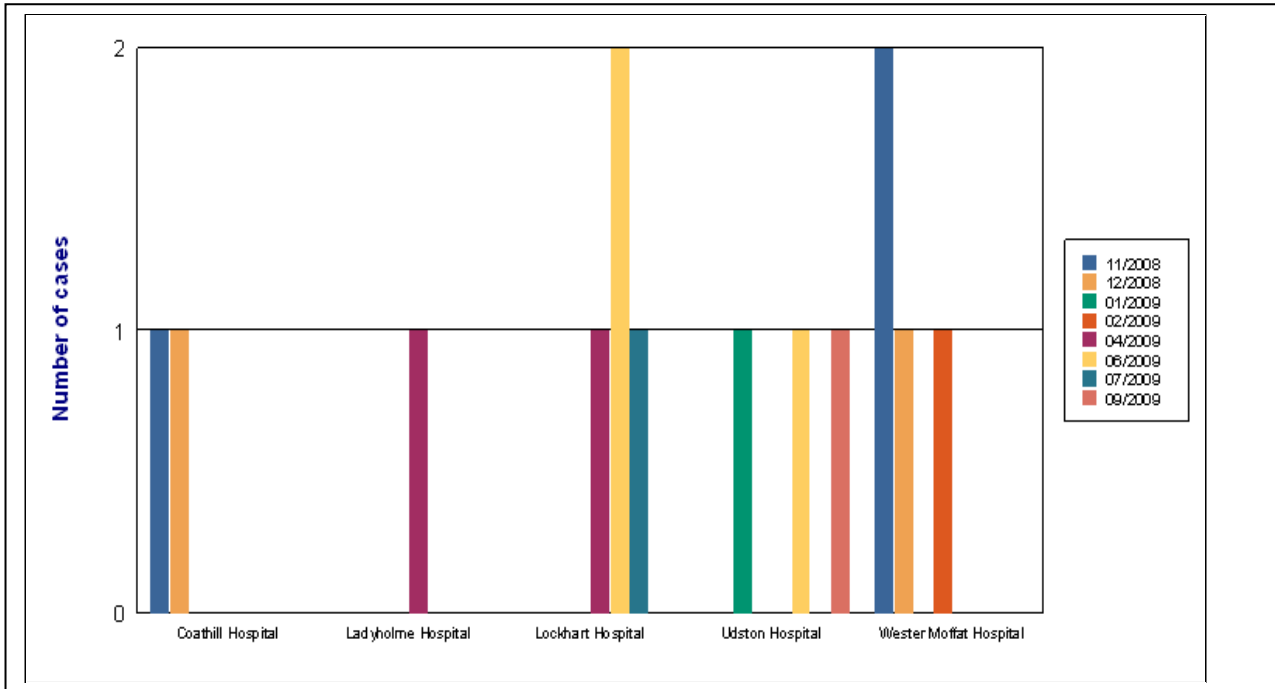
Date range: 01/11/2008 - 31/10/2009



	Care of Elderly	General Medicine	General Surgery	Gynaecology	Infectious Diseases	Mental Health	Outpatients	Totals
11/2008	3	8	6	0	2	0	0	19
12/2008	8	5	3	0	0	0	0	16
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
<b>Totals</b>	<b>63</b>	<b>67</b>	<b>43</b>	<b>2</b>	<b>5</b>	<b>1</b>	<b>2</b>	<b>183</b>

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

**Date range: 01/11/2008 - 31/10/2009**



	Coathill Hospital	Ladyholme Hospital	Lockhart Hospital	Udston Hospital	Wester Moffat Hospital	Totals
11/2008	1	0	0	0	2	3
12/2008	1	0	0	0	1	2
01/2009	0	0	0	1	0	1
02/2009	0	0	0	0	1	1
03/2009	0	0	0	0	0	0
04/2009	0	1	1	0	0	2
06/2009	0	0	2	1	0	3
07/2009	0	0	1	0	0	1
08/2009	0	0	0	0	0	0
09/2009	0	0	0	1	0	1
10/2009	0	0	0	0	0	0
<b>Totals</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>3</b>	<b>4</b>	<b>14</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.
- Continued promotion delivery of the NHSL self directed *Clostridium difficile* learning unit with a total of 945 members of staff having undertaken this across all sites
- *Clostridium difficile* care plan fully implemented on all sites
- Revaluation of all *Clostridium difficile* national support tools to scope embedding them into existing local documents /surveillance tools.
- *Clostridium difficile* starter packs, containing essential documentation have been rolled out to all acute sites.

### **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

- Evaluation of *Clostridium difficile* national trigger and severe cases tools has been undertaken and SBARS completed. Assessment being made 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 9<sup>th</sup> November 2009 as outlined in the table below.

**Table 6: Hospitals with Wards Closed Due To Norovirus across NHS Scotland 9<sup>th</sup> November 2009**

Date: 09/11/09	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	1	1	10	4
	NHS Borders	0	0	0	0
	NHS Dumfries & Galloway	0	0	0	0
	NHS Forth	0	0	0	0
	NHS Forth Valley	0	0	0	0
	NHS Greater Glasgow & Clyde	3	5	41	20
	NHS National Waiting Times Centre	0	0	0	0
	NHS Orkney	1	1	2	1
	NHS Highland	1	1	8	5
	NHS Lothian	0	0	0	0
	NHS Lothian	1	1	7	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 Contract	0	0	0	0
	<b>Total</b>	<b>7</b>	<b>9</b>	<b>70</b>	<b>35</b>

Currently 5 NHS Boards is reporting Noro virus activity in NHS Scotland. Lanarkshire have reported no ward closures or norovirus activity in this reporting period.

In the first report on 7/1/2008: 29 hospitals were affected and 47 wards closed; this has fallen to 7 hospitals with 9 wards affected.

## 3. **HAND HYGIENE (HH) PROGRAMME**

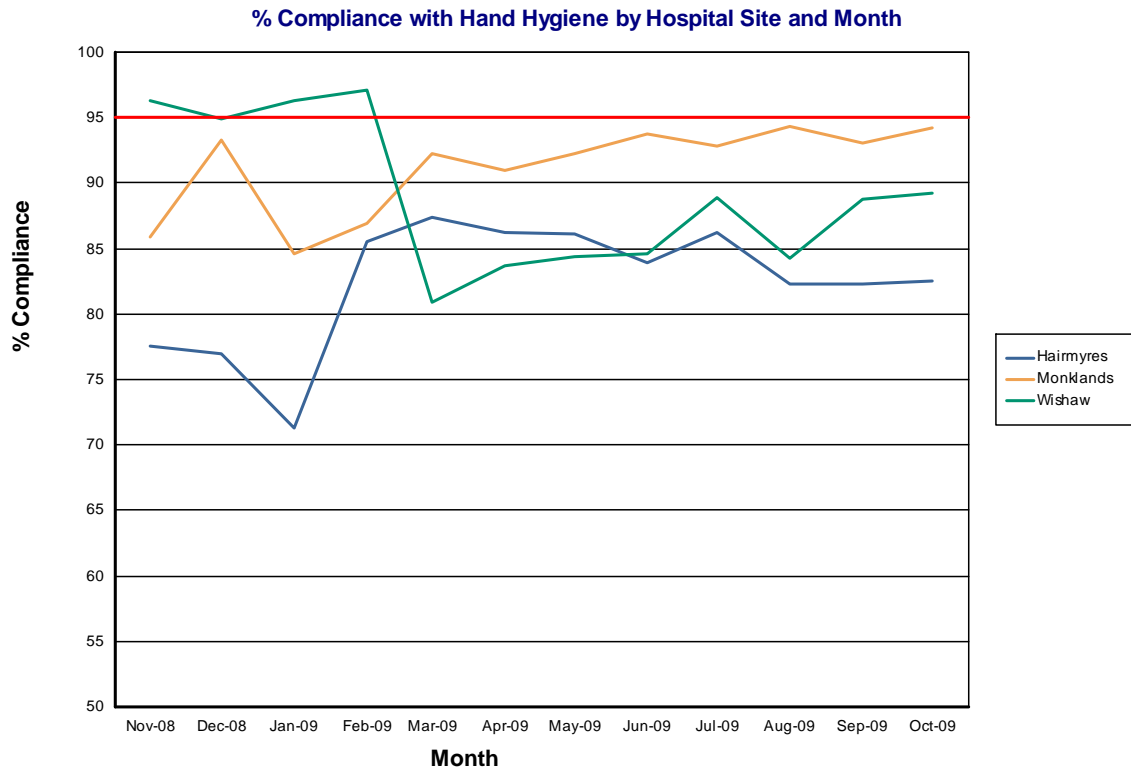
### 3.1 **NHS Lanarkshire Trends In Compliance National Context**

The next national report will be in the December Board report

**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 .In the last year Hairmyres have increased from 2 wards auditing hand hygiene compliance to 17 wards auditing 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 - 31/10/2009**



	<b>Hairmyres</b>	<b>Monklands</b>	<b>Wishaw</b>
<b>11/2008</b>	78	86	96
<b>12/2008</b>	77	93	95
<b>01/2009</b>	71	85	96
<b>02/2009</b>	85	87	97
<b>03/2009</b>	87	92	79
<b>04/2009</b>	86	91	83
<b>05/2009</b>	86	92	84
<b>06/2009</b>	84	94	84
<b>07/2009</b>	86	93	89
<b>08/2009</b>	82	94	85
<b>09/2009</b>	82	93	89
<b>10/2009</b>	83	94	89

## **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 wards on the general work stream have completed the protocol  
Further audit training has now been delivered to areas which were included in the action plan devised as a result a drop in the national audit figures for July 2009.
- Wishaw General All wards on the general work stream have completed the protocol
- Hairmyres - 12 Wards have now completed the protocol,  
5 wards are at various stages of implementation and 1 ward are about to begin
- All ward areas included in the September/October 2009 national audit have been sent results and completed action plans are currently being returned.
- Medical education has been delivered to Hairmyres ACCU in October 2009.
- Hand Hygiene education has been delivered to Day Surgery at Hairmyres, Podiatry at Monklands and Domestic Supervisors throughout the Operating Division.
- Implementation of new hand hygiene products – snagging list to be completed at Hairmyres. Site surveys for all off the site acute care of the elderly beds are complete and implementation almost complete.
- The work of the Hand Hygiene products group continues for Primary Care, draft communication strategy being reviewed and sent to Service Development Managers advising of forthcoming implementation. Site survey underway in Clydesdale Locality. A further meeting scheduled to clarify dates for implementation.
- 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 has now completed the module; they will deliver the agreed training presentation to all domestic staff in WGH. LHBC to mentor for first delivery of sessions.
- Meeting rescheduled for November 2009 with Director of Allied Health Professionals to discuss cascading the above programme within this group of staff.
- Further screen savers promoting the zero tolerance and hand hygiene message will be designed later on in the year.

- A paper with recommendations to improve zero tolerance and hand hygiene compliance amongst staff groups and visitors was presented to the Corporate Management Team for approval.
- Drop in sessions to promote the zero tolerance message have been delivered at Hairmyres and Monklands, and to be arranged for Wishaw General.

### **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 to be undertaken within three wards throughout the acute division week beginning 11<sup>th</sup> Novemeber.

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 – October**

- Information in relation to cleaning performance scores for all NHSL premises during October 2009 is currently being compiled and will not be finalised until mid November. As the November Board Meeting precedes this date, further detail will be provided in the December Board Report. It is expected that performance standards will be maintained across all premises with standards at Monklands Hospital continuing to demonstrate improvement.

**NB.** The NHSScotland National Cleaning Services Specification Quarterly Compliance Report for Quarter 2, July – September 2009 is due for publication by Health Facilities Scotland in late November 2009.

- Confirmation has been received from Health Facilities Scotland (HFS) in relation to the procurement of an independent auditor to undertake an audit of cleaning standards across NHS Scotland Hospitals and healthcare premises. Audits will be undertaken by Tribal Consulting between November 2009 – January 2010. Where appropriate, two sites in each board will be audited. The audit will ensure that the principles of the NHSScotland National Cleaning Services Specification are being met with a draft report being provided to Boards in February 2010 and the final report to SGHD in March 2010.  
The coordination of this audit is being led by the Head of PFI/PPP Contracts & the Head of Hotel Services.
- Training sessions have been set up on November 23<sup>rd</sup> / 24<sup>th</sup> 2009 for Domestic Services staff within NHSL premises and also for Domestic Services staff in both Hairmyres & Wishaw Hospitals in relation to the introduction, commissioning & use of steam cleaners. Training is being delivered across all NHS Boards by Osprey Cleaning Services and is being coordinated by PSSD.

## **Current and New Initiatives 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 & 8.64 wte across primary care locations.
- Of the 17.08 wte posts at Monklands, 14 wte have been recruited and the remaining 3 wte will commence employment by November 30th.
- The additional supervisors identified for health centres have now been recruited. 4.26wte of these posts have been filled through internal promotion, with the remaining 2.13wte 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.
- The replacement of domestic floor cleaning equipment at Monklands Hospital is now complete with new equipment now in place throughout the hospital. This has replaced equipment which is five years old and has improved reliability & availability of equipment for use by domestic staff.
- Delivery and installation of “alert cleaning monitor clocks” in public toilets at Monklands Hospital has commenced and is due for completion by 13<sup>th</sup> November. The clocks are located to provide a visual display to the public of the time of the next scheduled clean along with a contact number to report any shortfall in cleanliness standards.
- Planning for the Healthcare Environment Inspectorate schedule of visits commencing with Monklands Hospital on November 18<sup>th</sup> 2009 is on-going. Monies have been allocated to undertaking identified remedial works in relation to painting and flooring. All work is being co-ordinated in consultation with the HAI Team, Clinical Governance, and Senior Nursing Staff.
- A half day training event was held on October 30<sup>th</sup> for all Domestic Supervisors and Managers including representation from both PFI Consortia at Hairmyres and Wishaw Hospitals. Ian Ross, Director of Strategic Implementation, Performance and Planning presented an overview of the wider HAI Government Initiatives underway & thanked everyone for their hard work in delivering improvements & maintaining high cleaning standards. Presentations were delivered by the General Manager PSSD & Head of Hotel Services together with input from the HAI Team & Hand Hygiene Coordinator addressing topics including HAI requirements, the pending HEI visit to Monklands and the Computer Aided Facilities Management System being developed within PSSD. It is planned to hold similar events on a quarterly basis to promote the development of the domestic supervisory role. The next event is planned for January 2010 and will focus on Health & Safety and Risk management.

## **Summary**

The above actions detail the wide range of activities & initiatives underway to maintain domestic cleaning standards. These actions are monitored closely by the Head of Hotel Services, Head of PFI Contracts and Head of Support Services via local meetings, site visits and departmental meetings. The GM PSSD monitors progress on a monthly basis.

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

- Nil specific to report at this time

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

There have been no significant associated incidents /outbreaks or emerging threats for 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. 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 remains in amber. 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. National Guidance is still awaited from Health Facilities Scotland regarding this and a short life working group with representation from all board Infection Control Teams met on the 17<sup>th</sup> and 24<sup>th</sup> September and a report of this work is to be circulated in due course.

#### **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> September – 30<sup>th</sup> September 2009 has shown 39 operations with 1 incidence of infection which gives an SSI rate of 2.56%.

#### **7.1.1 Elective Presentation**

A total of 23 operations performed with 1 incidence of infection which gives an SSI rate of 4.35%.

#### **7.1.2 Emergency Presentation**

A total of 16 operations performed with no infections identified...

#### **7.1.3 Infection Types**

1 elective admission developed 1 deep infection which gives an SSI rate of 2.56%.

### **7.2 Caesarean Section**

SSI Surveillance of elective and emergency caesarean sections for the period from 1<sup>st</sup> September – 31<sup>st</sup> September 2009 has shown 101 operations with 6 incidences of Infection which give an SSI rate of 5.94%.

#### **7.2.1 Elective Presentation**

A total of 41 operations performed, 3 infections occurred which gives an SSI rate of 7.32%

## **7.2.2 Emergency Presentation**

A total of 60 operations performed, 3 infections occurred which gives an SSI rate of 5.00%.

## **7.2.3 Infection Types**

3 emergency and 3 elective admissions developed superficial infections which gives an SSI rate of 5.94%.

## **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 and weekly operational meetings supported by monthly governance meetings continue.

### **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.

## **8. ANTIMICROBIAL PRESCRIBING**

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

## **9 HORIZON SCANNING**

- NHSL remain on track to implement the National MRSA screening programme by 31<sup>st</sup> January 2010

The monthly assurance reporting process to the Scottish Government continues with the third RAG submission from NHSL for October again reporting GREEN status.

A PDSA of the elective pathway commenced at Hairmyres Hospital on the 2<sup>nd</sup> November. Early indication shows that the pathway for surgical electives is working well, however there are still some issues to be resolved within the medical pathway. Issues related to the supply of decolonization prescriptions for the wider implementation of the programme are currently on-going.

Continued update on progress will be submitted to the board.

A programme launch in conjunction with the communications department is currently being planned for December further details of which are to follow.

- The 1st Healthcare Environment Inspection for NHSL will take place on Wednesday 18<sup>TH</sup> November at Monklands Hospital.  
A steering group led by Dr Alison Graham Medical Director has been overseeing preparations. Stirling Royal Infirmary has already been inspected and the published report and action plan have been scrutinised by the Steering Group in advance of the Monklands inspection.  
The Inspection Team will be welcomed by Dr Graham-Medical Director, Heather Gourlay-HAI Manager and Mrs Frances Dodd-Associate Nurse Director Monklands General Hospital. This will be followed by 4 ward/unit inspections; group discussion with senior hospital staff on related key issues and concludes with feedback from the Inspection Team.

## **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.