

Lanarkshire NHS Board
30th September 2009

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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

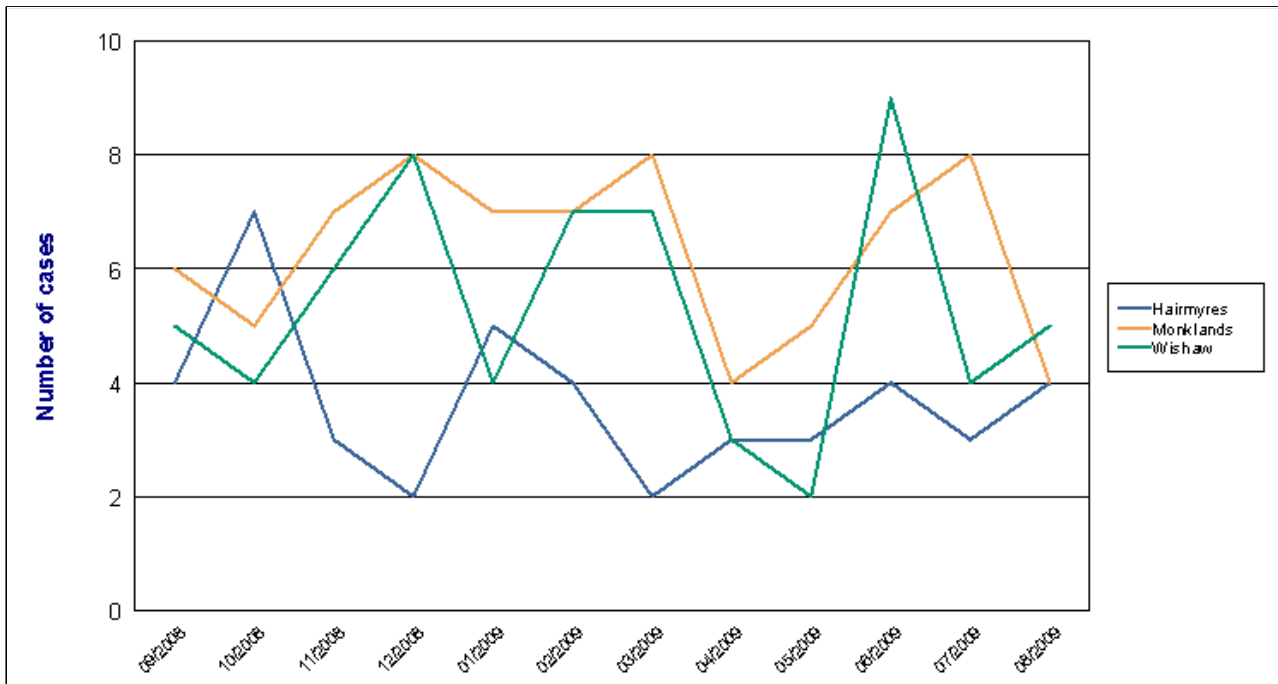
Tables 1 and 2 shows the trend and that the clinical areas with relatively high numbers of *Staphylococcus aureus* bacteraemias continue to be General Medicine, Accident and Emergency, General Surgery and Renal.

This is in line with previous reports and the national picture that 70% of all MRSA bacteraemia are found within these clinical specialities and that infection prevention strategies are required 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 Medicine and Renal. 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

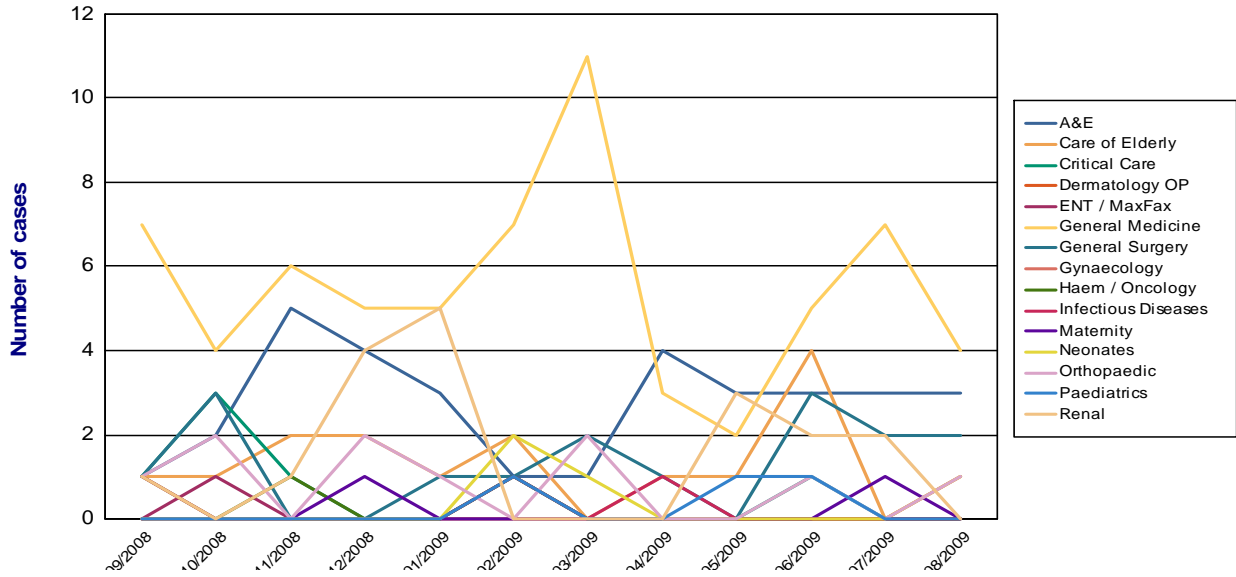
Staph. aureus Bacteraemia cases by Month and Acute Hospital (MRSA & MSSA)
Date range: 01/09/2008 - 31/08/2009



	Hairmyres	Monklands	Wishaw	Totals
09/2008	4	6	5	15
10/2008	7	5	4	16
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
Totals	44	76	64	184

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

Date range: 01/09/2008 - 31/08/2009



	A&E	Care of Elderly	Critical Care	Dermatology OP	ENT / MaxFax	General Medicine	General Surgery	Gynaecology	Haem / Oncology	Infectious Diseases	Maternity	Neonates	Orthopaedic	Paediatrics	Renal	Totals
Sep-08	1	1	1	0	0	7	1	0	1	1	0	0	1	0	1	15
Oct-08	2	1	3	0	1	4	3	0	0	0	0	0	2	0	0	16
Nov-08	5	2	1	0	0	6	0	0	1	0	0	0	0	0	1	16
Dec-08	4	2	0	0	0	5	0	0	0	0	1	0	2	0	4	18
Jan-09	3	1	0	0	0	5	1	0	0	0	0	0	1	0	5	16
Feb-09	1	2	1	1	0	7	1	0	1	1	0	2	0	1	0	18
Mar-09	1	0	0	0	0	11	2	0	0	0	0	1	2	0	0	17
Apr-09	4	1	0	0	0	3	1	0	0	1	0	0	0	0	0	10
May-09	3	1	0	0	0	2	0	0	0	0	0	0	0	1	3	10
Jun-09	3	4	1	0	0	5	3	0	0	0	0	0	1	1	2	20
Jul-09	3	0	0	0	0	7	2	0	0	0	1	0	0	0	2	15
Aug-09	3	1	0	0	0	4	2	1	0	0	0	1	1	0	0	13
Totals	33	16	7	1	1	66	16	1	3	3	2	4	10	3	18	184

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 October 2009.

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 by improved analysis of existing data and enhanced SAB database
- Targeted approach to roll out of PVC bundles and hand hygiene bundles via the patient safety ward work stream
- Look back exercise of all SAB cases from A&E and ERU within NHSL since January 2009 undertaken to ascertain the incidence of (true) community acquired SAB's within NHSL
- A surveillance nurse will now assist the ICN's at the acute sites with SAB enhanced surveillance and look back exercises of all new cases identified will continue
- All new FY1 medical staff have received SAB awareness training at their induction session
- Snap shot PVC audit at all acute sites undertaken and findings reported to senior nurses for action
- Trial of PVC sterile packs in ECU and A&E at Wishaw General Hospital to commence 12th October
- Revised policy for the management of renal lines near completion
- PVC patient information leaflets to be printed and launched in all acute sites
- A pilot of a checklist to monitor compliance with peripheral venous cannulae insertion is planned for Monklands Hospital
- Following the attendance of NHS QIS to the NHSL SAB compliance group in August 2009 a continuous improvement action plan has been developed and NHS QIS will be returning in October to further review and support the actions identified

1.4 Pan-Board, Hospital Or Specialty Specific Problems Identified

No new specialty problems have been identified. Further trend analysis is being undertaken on *Staphylococcus aureus* bacteraemia data collection surveillance forms to identify potential sources of transmission.

1.4.1 Actions Required

- Local review of data and practice via the SAB Compliance group continues
- Action plan based on NHS QIS guidance now developed and accepted by NHSL SAB compliance group
- Evaluation of sterile PVC pack trial at Wishaw General Hospital
- Launch of PVC patient information leaflet

2. CLOSTRIDIUM DIFFICILE INFECTION (CDI)

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

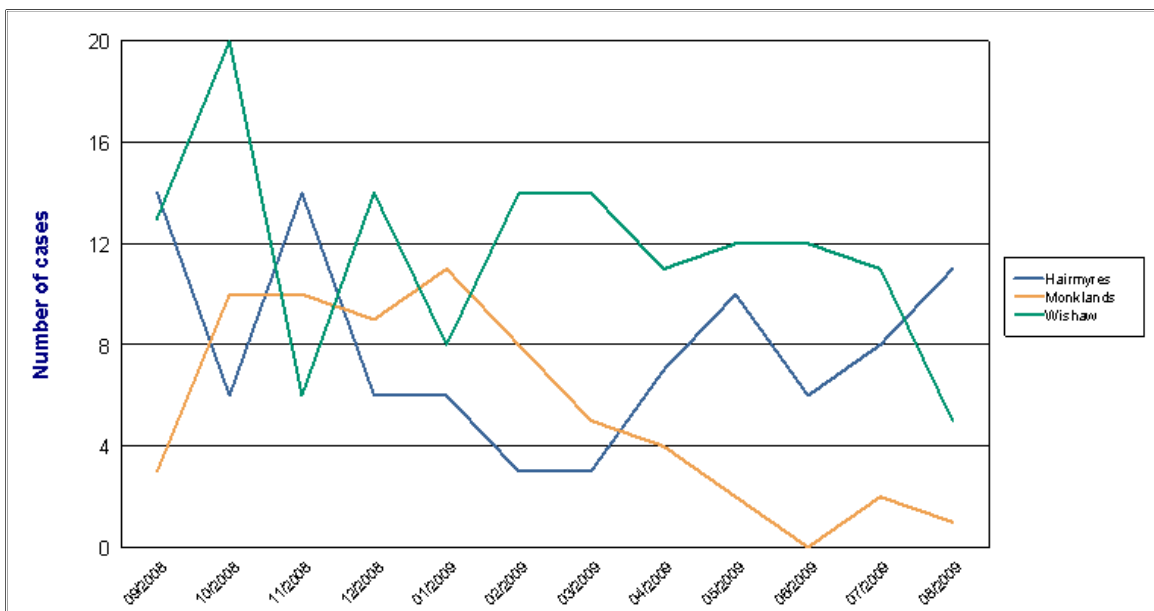
Cases of *Clostridium difficile* Infection in all 3 District General Hospitals is as outlined in Table 3 and *Clostridium difficile* Infection rates per Acute Specialities is outlined in Table 4 with General Medicine, Care Of the Elderly and General Surgery continuing to show the most cases which continues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

Whilst both Wishaw and Monklands Hospitals have shown a reduction in their CDI levels for this reporting period, there is an increase at Hairmyres Hospital which is still a natural variation and within the control limits

Community hospitals as outlined in table 5 continue to fall, with zero episodes for the reporting period of August.

TABLE 3: C Difficile Cases by Month and Acute Hospital

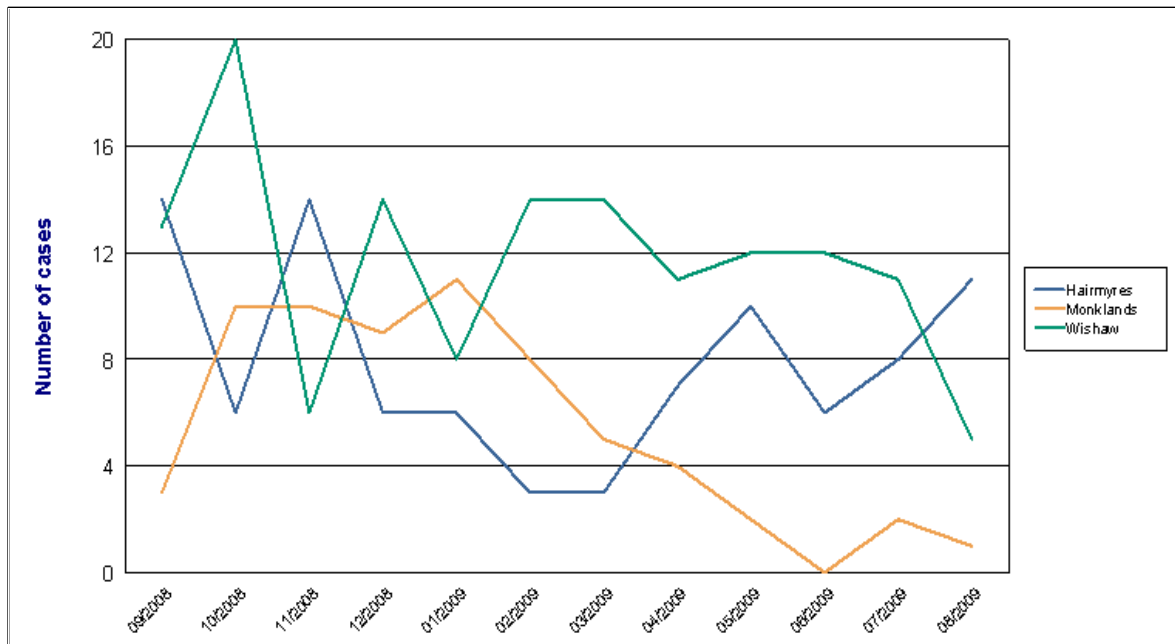
Date range: 01/09/2008 - 31/08/2009



	Hairmyres	Monklands	Wishaw	Totals
09/2008	14	3	13	30
10/2008	6	10	20	36
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
Totals	94	65	140	299

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

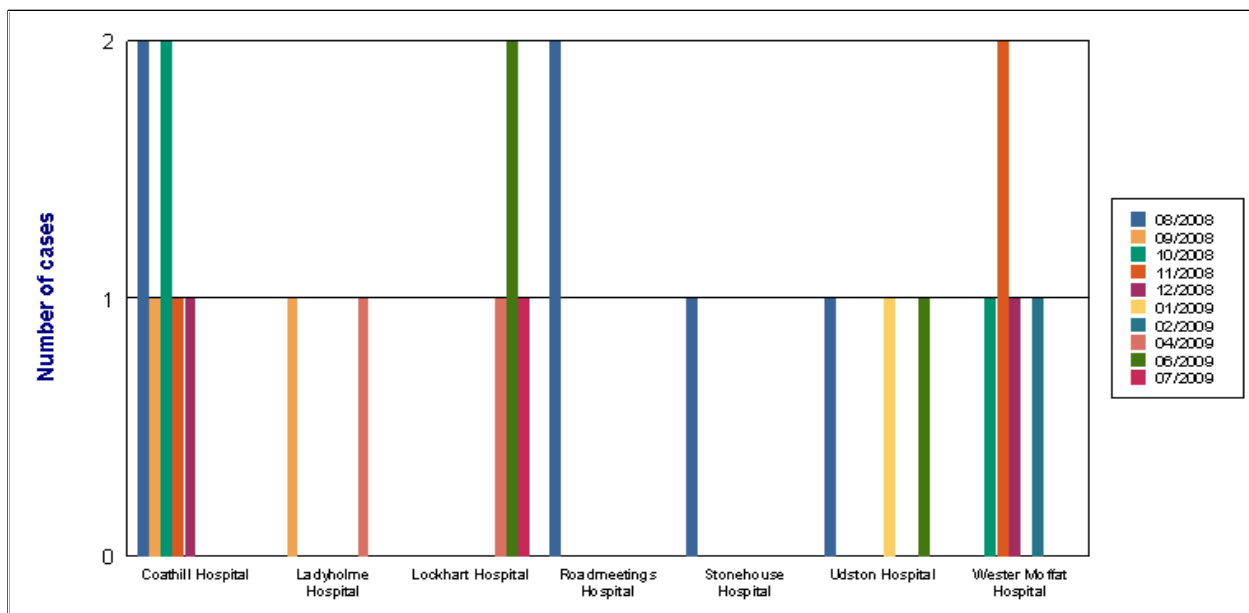
Date range: 01/09/2008 - 31/08/2009



	A&E	Care of Elderly	Critical Care	General Medicine	General Surgery	Gynaecology	Haem / Oncology	Infectious Diseases	Mental Health	Orthopaedic	Renal	Thoracic	Totals
09/2008	0	10	0	11	5	0	0	1	1	1	1	0	30
10/2008	0	7	2	11	10	0	1	1	0	3	0	1	36
11/2008	1	3	0	14	6	0	0	2	0	1	3	0	30
12/2008	1	8	0	13	3	0	1	0	0	3	0	0	29
01/2009	0	6	0	11	6	0	0	1	0	1	0	0	25
02/2009	1	6	0	10	6	0	0	1	0	0	1	0	25
03/2009	0	6	0	12	3	1	0	0	0	0	0	0	22
04/2009	1	4	2	11	1	0	1	0	0	2	0	0	22
05/2009	1	9	0	10	2	1	1	0	0	0	0	0	24
06/2009	0	3	0	10	4	0	0	0	0	1	0	0	18
07/2009	1	7	0	10	1	0	0	1	0	1	0	0	21
08/2009	0	3	1	8	4	0	0	0	1	0	0	0	17
Totals	6	72	5	131	51	2	4	7	2	13	5	1	299

Table 5: Clostridium Difficile Infection Rates per Community Hospital.

Date range: 01/09/2008 - 31/08/2009



	Coathill Hospital	Ladyholme Hospital	Lockhart Hospital	Roadmeetings Hospital	Stonehouse Hospital	Udston Hospital	Wester Moffat Hospital	Totals
09/2008	1	1	0	0	0	0	0	2
10/2008	2	0	0	0	0	0	1	3
11/2008	1	0	0	0	0	0	2	3
12/2008	1	0	0	0	0	0	1	2
01/2009	0	0	0	0	0	1	0	1
02/2009	0	0	0	0	0	0	1	1
03/2009	0	0	0	0	0	0	0	0
04/2009	0	1	1	0	0	0	0	2
06/2009	0	0	2	0	0	1	0	3
07/2009	0	0	1	0	0	0	0	1
08/2009	0	0	0	0	0	0	0	0
Totals	5	2	4	0	0	2	5	18

2.2 Current HEAT Status And National Context

To reduce rate of *Clostridium difficile* infection in Hospitals by at least 30% by 2011
The next National Quarterly report will be published in October 2009.

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 and ward staff to review all cases identified

2.3 Current and New Initiatives To Reduce Cases

- Implementation of the Scottish Management of Antimicrobial Resistance Action Plan (SCOTMARAP)
- Development of Enhanced surveillance of *Clostridium difficile* to Primary Care Hospitals ongoing
- Continued promotion delivery of the NHSL self directed *Clostridium difficile* training module
- Development of *Clostridium difficile* ICP – a care guideline on going
- Development and implementation and monitoring of the national trigger and severe cases tools on going

- *Clostridium difficile* starter packs, containing essential documentation have been trialled in key wards and have now to be rolled out to Hairmyres Hospital for the purpose of evaluation prior to roll out to the other 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.
- Continued Monitoring of Hand Hygiene Zero Tolerance, Dress/Uniform and Healthcare Associated Infection Hand Hygiene Policies.
- Launch and Implement phase 2 of Hand Hygiene Zero Tolerance policy for visitors
- Evaluation of *Clostridium difficile* starter packs

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 14th September 2009 as outlined in the table below.

Table 6: Hospitals with Wards Closed Due To Norovirus across NHS Scotland 14th September 2009

Date 14/09/09	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	4	0
	NHS Borders	0	0	0	0
	NHS Dumfries & Galloway	0	0	0	0
	NHS Fife	0	0	0	0
	NHS Forth Valley	0	0	0	0
	NHS Greater Glasgow & Clyde	1	1	10	1
	NHS National Waiting Times Centre	0	0	0	0
	NHS Grampian	0	0	0	0
	NHS Highland	0	0	0	0
	NHS Lanarkshire	0	0	0	0
	NHS Lothian	0	0	0	0
	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	2	2	14	1

Currently 2 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 2 hospitals with 2 wards affected.

3. HAND HYGIENE (HH) PROGRAMME

3.1 NHS Lanarkshire Trends In Compliance National Context

The recently published report from Health Protection Scotland (Figure 2 below) identified that our Board has again achieved at least 90% compliance. We were disappointed that there has been a small drop from the previous audit of 93% compliance and have been advised by the National Hand Hygiene Campaign project team that where NHS Boards have an increase or decrease in compliance these results should be interpreted with caution as minimal changes in figures on the whole are unlikely to be statistically significant. It is however a reminder to all staff of the need to continue to focus on this important area. An action plan has already been formulated to address areas where improvement could be made in advance of the next National audit which is scheduled to begin on Monday 22nd September.

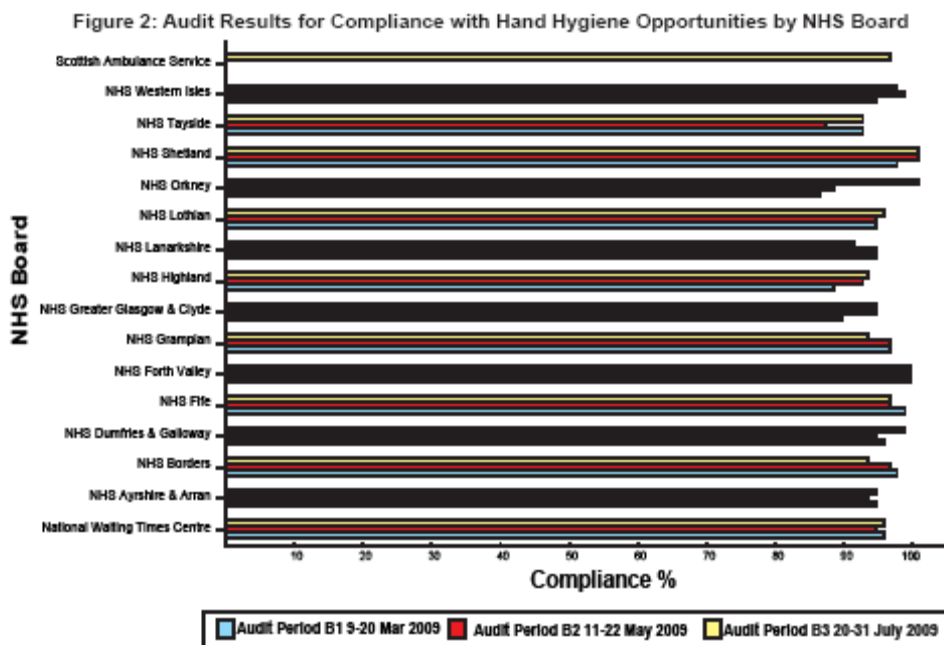
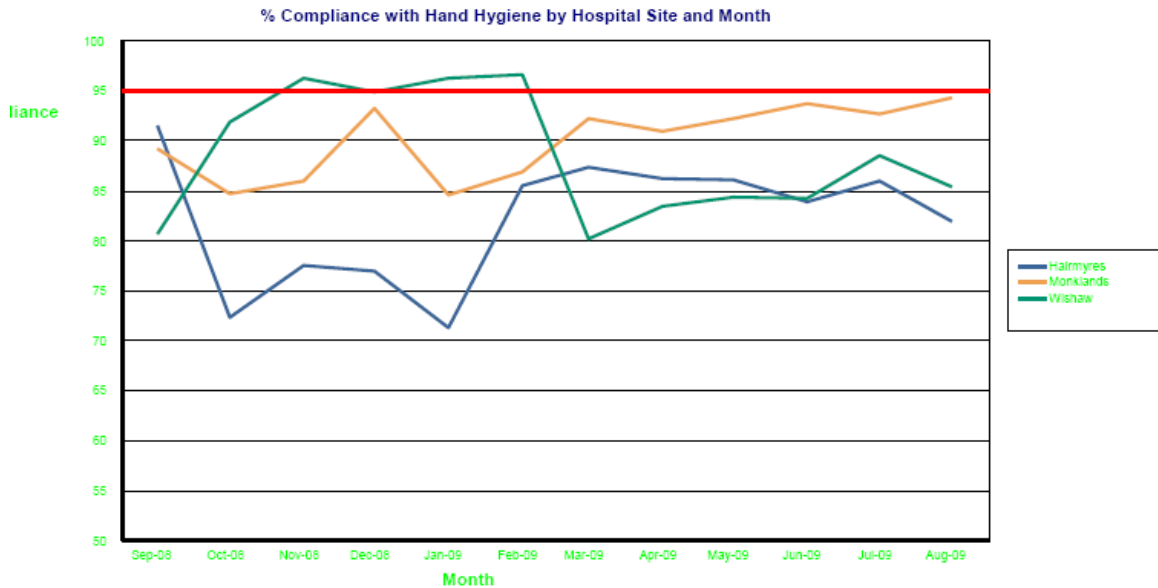


Table 7: Compliance with Hand Hygiene by acute Hospital Site and Month

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 11 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: 01/09/2008 - 31/08/2009



	Hairmyres	Monklands	Wishaw
09/2008	92	89	81
10/2008	72	85	92
11/2008	78	86	96
12/2008	77	93	95
01/2009	71	85	96
02/2009	85	87	97
03/2009	87	92	79
04/2009	86	91	83
05/2009	86	92	84
06/2009	84	94	84
07/2009	86	93	89
08/2009	82	94	85

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 arranged Sept/Oct 09
 - WGH - All wards on the general work stream have completed the protocol
 - Hairmyres - 5 Wards have completed the protocol,
5 wards are at various stages of implementation and 3 wards are about to begin
- All ward areas included in the July national audit have been sent results and action plans to complete.

- Hand hygiene education delivered to the continuous medical education forum (CME) at Hairmyres and FY1 training is scheduled for Oct 09 at Wishaw General
- Implementation of new hand hygiene products – snagging list to be completed at Hairmyres. Site surveys for off site acute care of the elderly beds complete and implementation to begin 22nd of Sept.
- 1ST meeting of Hand Hygiene products group for primary care has taken place, draft communication strategy compiled and letter sent to Service Development managers advising of forthcoming implementation
- Large front-of-hospital signs to support and encourage good hand hygiene for both staff and visitors to be provided by hand hygiene products contractor. The signage presentation has been agreed by the HAI Signage Group.
- 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. Once this group of staff has completed the module, they will deliver the agreed training presentation to all domestic staff in WGH.
- Meeting agreed with Director of Allied Health Professionals to discuss the above programme within this group of staff.
- A new wallpaper and banner has been designed for firstport promoting the zero tolerance and hand hygiene message and can be viewed on first port.
- A paper has been compiled for the Executive Director of nursing with regards the implementation of phase 2 of the zero tolerance programme and the next steps to cascade to visitors. It will be presented to the corporate management team for further discussion.
- Drop in sessions to promote the zero tolerance message arranged for Oct 09 for WGH and Hairmyres.

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

In wards where local SPSP audit has decreased continually over a 4 week period, the senior charge nurses have been contacted by the hand hygiene team. There have been issues raised with regard to quality assurance of local SPSP data in 1 ward area and actions have been taken to rectify this. A quality assurance initiative will be introduced with the random selection of wards occurring on a monthly basis.

4. NATIONAL CLEANING SERVICES SPECIFICATION COMPLIANCE

4.1 Compliance – August

- Cleaning performance scores for August 2009 continue to operate within an average range of 94.1% - 97.6% across NHSL sites. A small number of individual locations within sites are below this average & these areas are focused upon by management to address any shortfalls. Improvements in cleaning standards have been noted across several locations as follows:
- Monklands Hospital - an increase from 95% in July to 95.9% in August. Cleaning standards have consistently improved month on month, notably from 91.7% in April 2009 to the current 95.9%. This increase in performance has been primarily as a result of the secondment of a senior domestic manager to focus on basic cleaning specification requirements, increased domestic supervision and increased monitoring of performance standards with team feedback to all domestic staff.
- Clydesdale - an increase from 95.5% in July to 97.4% in August
- Hamilton / East Kilbride - an increase from 94.4% in July to 95% in August.
- The above increases in cleaning performance have been primarily as a result of increased monitoring & domestic supervision.
- The NHS Scotland National Cleaning Services Specification Quarterly Compliance Report for Quarter 1 - (table 8) was published on August 25th 2009 by Health Facilities Scotland (HFS) recording the following performance scores nationally.

Table 8

Health Board	3 rd quarter Oct-Dec 2008/2009	4 th quarter Jan-Mar 2008/2009	Annual April 2008 – April 2009	1 st quarter April-May 2009/2010
	Total % Pass	Total % Pass	Total % Pass	Total % Pass
SCOTLAND	95.5	95.7	95.9	95.9
Ayrshire and Arran	95.9	95.6	95.9	95.6
Borders	96.9	96.9	97.2	97.7
Dumfries and Galloway	97.2	96.7	97.2	96.8
Fife	97.2	97.2	97.0	97.3
Forth Valley	92.9	93.4	94.1	93.3
Grampian	96.2	95.7	96.5	96.5
Greater Glasgow and Clyde	96.4	96.1	96.3	96.3
Highland	95.5	95.6	95.4	95.0
Lanarkshire	95.0	95.2	95.1	94.8
Lothian	94.9	94.7	94.7	95.2
Orkney	93.0	87.6	92.1	94.7
Shetland	98.0	97.2	97.5	95.3
Tayside	95.7	95.2	95.7	95.4
Western Isles	95.7	96.4	95.9	96.1
The State Hospitals Board for Scotland	92.7	93.2	93.4	94.2
Golden Jubilee National Hospital	92.2	92.0	92.8	91.3
NSS - SNBTS	98.8	95.1	98.0	90.9
Scottish Ambulance Service *	94.8	96.1	94.6	94.8

* Current Lothian and Greater Glasgow and Clyde areas only.

However the following performance scores from April to June 2009 for Lanarkshire were as follows:

Monklands	92.9%
Hairmyres	96.3%
Wishaw	97%

- It is anticipated the consistent improvement in cleaning standards at Monklands during July & August will be reflected in the NHS Scotland National Cleaning Services Specification Quarterly Compliance Report for Quarter 2 - July to September 2009 due to be published by HFS in late November 2009.
- In 2008, SGHD requested Health Facilities Scotland (HFS) implement an independent audit of cleaning standards across NHS Scotland Hospitals and healthcare premises with a report issued. A further audit is planned and will start during October 2009 with a report completed November / December 2009. HFS is presently carrying out the necessary procurement protocols to secure an independent auditor.
- It was agreed by the HFS Operational Services Advisory Group that green status should not be raised above 90% but HFS have been requested to drill down into Board results to ensure all health facilities are above 90%. HFS will now be checking Board returns and will identify any healthcare facilities which fall below 90% in future reports. Boards will be required to provide an action plan to HFS for any facility which falls below 90%.

4.2 Current and New Initiatives to improve cleaning performance standards

- A programme of visits to hospitals continues attended by the Director of Strategic Implementation, Performance & Planning, General Manager PSSD, Clinical Lead PSSD, Head of Hotel Services together with representatives from the PFI Consortia at Hairmyres & Wishaw Hospitals. Since the August HAI Board Report, a visit to Hartwoodhill Hospital has taken place with visits scheduled to other locations over the coming months. These visits allow cleaning, maintenance and other operational issues to be discussed with clinical managers and where appropriate, action taken to remedy identified problems. Examples of operational issues identified include the continuing provision of hard & soft FM services in relation to the retraction of the Hartwoodhill site over the coming year ahead of planned closure in December 2010.
- There has been no further update from Health Facilities Scotland in relation to the introduction & commissioning of steam cleaners.
- The CMT approved the proposal from PSSD to allocate the SGHD funding of £474,851 for 2009 / 2010 to support the recruitment of additional 25.72 wte domestic staff (42 headcount). In line with NHSL's budget requirements inclusive of ER costs, annual & sick leave and some enhancement relief, this will provide 17.08 wte at Monklands Hospital & 8.64 wte across primary care locations.
- Of the 17.08 wte posts at Monklands, 4 wte have taken up post late August with a further 2 wte taking up post by the end of September. Of the remaining 11.08 wte, 32 interviews have been completed via the Local Employment Partnership in

consultation with the Job Centre Plus Initiative. Disclosure checks & references are currently being sought and staff will commence employment during October. Further interviews are scheduled during October.

- As these posts are filled this will allow the introduction of a rapid response team available 24 hours per day / 7 days per week to undertake reactive terminal / discharge cleaning within an appropriate timeframe to avoid delay in patient admission processes. Also, additional domestic staff will be employed within Accident & Emergency Unit, Emergency Receiving Unit and also to provide additional cleaning services within sanitary areas in all patient areas at Monklands Hospital.
- Of the 6.4 wte posts within Health Centres, 4.5 wte have been offered posts & it is anticipated these staff will be in post by September 30th. Of the remaining 1.9 wte posts, interviews are scheduled for early October. The appointment of these posts will provide an increase in domestic supervision to ensure cleaning standards are consistently maintained.
- Of the 2.24 wte posts in non acute hospitals, this resource has been utilised by increasing the working hours of existing domestic assistants.
- A review of National Cleaning Services Specification minimum inputs against current staffing levels is an ongoing exercise by the Head of Hotel Services in conjunction with Hotel Services managers. This has resulted in a change to staff rosters and work schedules in some areas to ensure that cleaning services are delivered to complement the delivery of clinical services.
- Increased levels of supervision and joint monitoring of cleaning standards by domestic services & the audit team continues resulting in increased cleaning standards performance across various locations in August 2009.
- Flooring replacement from carpeted flooring to vinyl hard flooring in clinical areas to meet HAI requirements is complete at Udston Hospital.
- The Partnering Project with ISS Mediclean at Hairmyres Hospital, allowing the transfer of the domestic manager at Monklands Hospital & domestic supervisors between Hairmyres & Monklands Hospitals has now been completed. A report is being developed by the domestic manager identifying “lessons learned” and how these can be implemented to improve service delivery supported by the Head of Hotel Services
- The delivery of replacement of domestic floor cleaning equipment at Monklands Hospital is scheduled for September 30th. This will replace equipment which is five years old and will improve reliability & availability of equipment for use by domestic staff.
- The installation of “alert cleaning monitor clocks” in public toilets at Monklands Hospital is scheduled for October 2009. This equipment will 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 18th 2009 is underway in conjunction with the HAI Team, Clinical Governance, PSSD & Senior Nursing Staff.

Summary

The above actions detail the wide range of activities & initiatives underway to improve 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.

4.3 Pan-Board, Hospital or Specialty Specific Problems Identified

- Nil specific

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.

	Actions
PURPLE (complete)	18
GREEN (on track to complete by the deadline)	2
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 has been convened and met on the 17th September and will meet again on the 24th September

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 meeting of the short life working group convened to review the format of HAIRT (Healthcare Associated Infection Reporting Template) had to be re-convened Findings should be reported by the group late October/early November

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 July – 30th July 2009 has shown 46 operations with 1 incidence of infection, which gives an SSI rate of 2.17%

7.1.1 Elective Presentation

A total of 27 operations performed and no infections identified

7.1.2 Emergency Presentation

A total of 19 operations performed, 1 infection occurred which gives an SSI rate of 5.26%

7.1.3 Infection Types

1 emergency admission developed a deep infection, which gives an SSI rate of 5.26%

7.2 Caesarean Section

SSI Surveillance of elective and emergency caesarean sections for the period from 1st July 2009 – 30th July 2009 has shown 103 operations with 2 incidences of Infection which give an SSI rate of 1.94%

7.2.1 Elective Presentation

A total of 45 operations no reported infections

7.2.2 Emergency Presentation

A total of 58 operations, 2 infection occurred which gives an SSI rate of 3.45%

7.2.3 Infection Types

2 emergency admissions developed superficial infections which gives an SSI rate of 3.45%

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

As a result of two cases of infections that occurred very recently within ophthalmology an immediate review was undertaken of procedures and processes which could impact on infection rates. In line with advice and guidance from the infection control team we have put in place additional actions to prevent the risk of infection. These include carrying out a deep clean of theatres used within this speciality, reviewing antibiotic prescribing, and enhanced surveillance of staff hand-washing and targeted microbiological testing of surgical equipment. As a precaution a few high risk procedures have been postponed.

As a further short-term, precautionary measure we are obtaining additional sterile instrument supplies for procedures which carry a higher risk of post operative infection such as joint replacements and some ophthalmology procedures and have rescheduled some operations. Confirmation has now been received from Health Facilities Scotland that there are no concerns regarding the sterilising of instruments at the Synergy plant.

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

8. ANTIMICROBIAL PRESCRIBING

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

9 HORIZON SCANNING

- A project plan for the implementation of the National MRSA screening programme has now been developed and ratified by the MRSA steering group. Interviews for all posts required to allow implementation of the programme have been undertaken with a view to appointing all staff by early November 2009. As part of the assurance process for the Scottish Government a RAG report has to be completed on a monthly basis and returned to HPS and includes feed back on project milestones and spend plan update. The first RAG submission from NHSL for August has reported GREEN status. A communications plan for NHSL has been developed and is for presentation to the project Implementation Group this month for further discussion prior to sign off by the steering group.

- The Healthcare Environment Inspectorate (HEI) Inspection methodology was published this month and the first of the announced inspections is to commence late September. NHS Lanarkshire have been informed of the dates of announced inspections with the inspection taking place at Monklands Hospital on the 18th November 2009., followed by Hairmyres Hospital on the 25th May 2010 and Wishaw General on the 30th Sept 2010. Good communications in relation to these inspections will be vital as NHS Lanarkshire will only be notified on the day of the inspection of the clinical areas to be visited. A task group has been convened, led by Dr Alison Graham, Medical Director to oversee preparations.

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:
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