

Lanarkshire NHS Board
27th January 2010

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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.

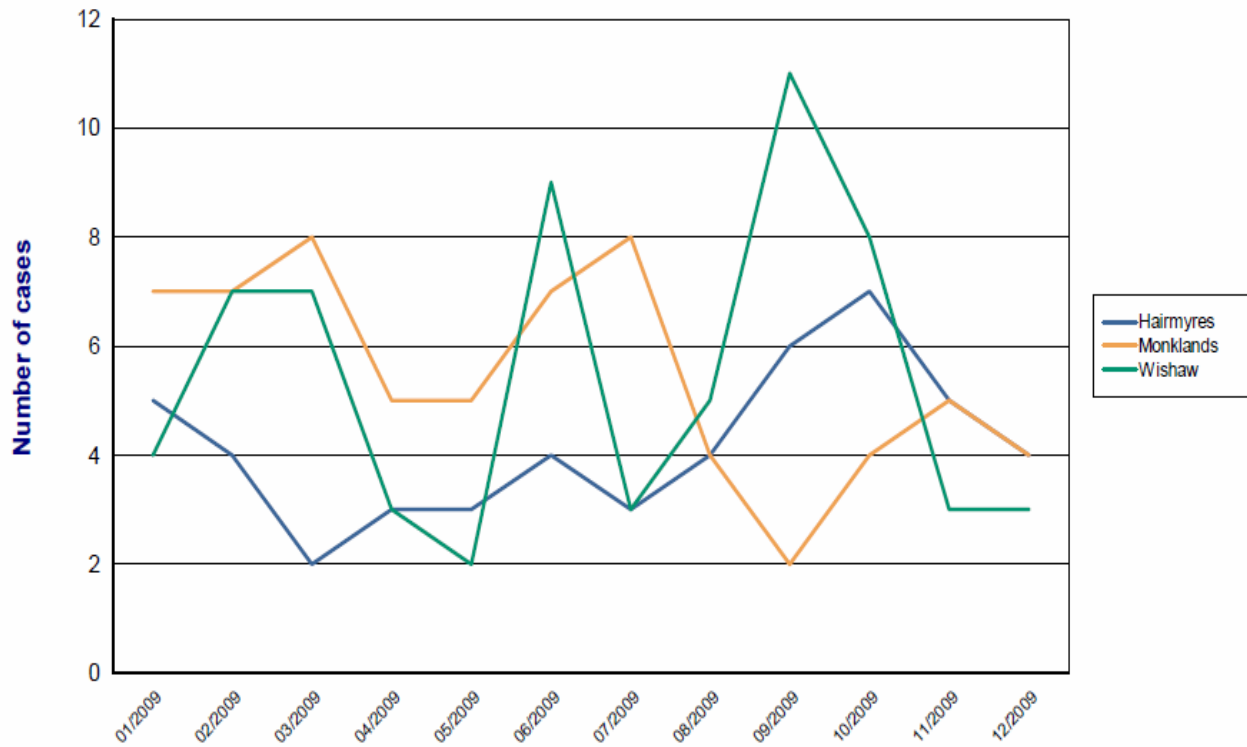
Infection prevention strategies are being implemented to target these areas.

It is expected however that there will be fluctuation and there has been a reduction since the last reporting period at Monklands and Hairmyres Hospital and in particular within General medicine 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: 01/01/2009 – 31/12/2009

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

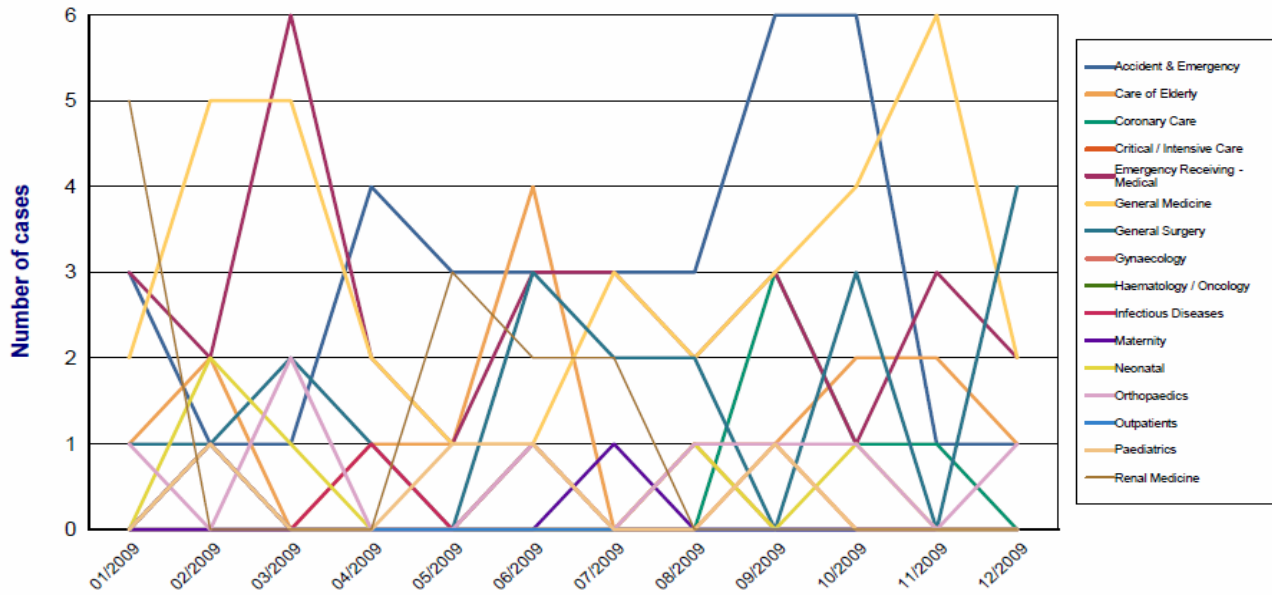


	Hairmyres	Monklands	Wishaw	Totals
01/2009	5	7	4	16
02/2009	4	7	7	18
03/2009	2	8	7	17
04/2009	3	5	3	11
05/2009	3	5	2	10
06/2009	4	7	9	20
07/2009	3	8	3	14
08/2009	4	4	5	13
09/2009	6	2	11	19
10/2009	7	4	8	19
11/2009	5	5	3	13
12/2009	4	4	3	11
Totals	50	66	65	181

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

Date range: 01/01/2009 – 31/12/2009

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
12/2009	1	1	0	0	2	2	4	0	0	0	0	0	1	0	0	0	11
Totals	35	16	6	3	31	36	19	1	1	2	1	5	8	1	4	12	181

introduce and comply with local antimicrobial policies by 2010;

The National Quarterly report was published on the 07th January 2010, giving data for the 3rd quarter of 2009 (July-September). This showed a MRSA bacteraemia rate of 0,042 cases/1000 AOBs, a MSSA bacteraemia rate of 0.346 cases/1000 AOBs and a total *Staph aureus* bacteraemia rate of 0.388 cases / 1000 AOBs. This compares to the national figures of 0.079,0.297 and 0.376 cases/1000 AOBs respectively. The MRSA bacteraemia rate for Lanarkshire is the lowest since the national surveillance programme commenced in January 2003.

1.2 Current and New Initiatives to Reduce *Staphylococcus aureus* bacteraemia Cases

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

A comprehensive multidisciplinary SAB Action Plan is in place to evidence implementation of actions and improvements. Key Actions include:

- Consistency of documentation relating to the insertion and maintenance of intravenous devices in nursing notes.
- Education in relation to utilising products to achieve optimum outcomes.
- Development of a standard operation procedure for the insertion of peripheral venous cannulae.
- PVC bundle components integrated into all Infection Control Policies.
- Improvement plan in place for a systematic and targeted approach to the implementation of PVC bundles.
- Enhanced SAB Surveillance data is now produced by Clinical Effectiveness on a monthly basis and discussed at ward level, Senior Nursing Forum and the Acute Operating Infection Control Committee.
- Blood culture educational update sessions have been organised for all the acute sites in January and February 2010.
- PVC insertion sterile pack trial complete at Wishaw General – Evaluation underway.
- Nurse Consultant – HAI, NHS QIS and Peter Christie, continue to support NHSL on a 6 weekly basis to review the action plan. In addition the Nurse Consultant –HAI, NHS QIS has been granted an Honorary Contact in NHSL for 2 days per week over a 6 month period. Focus will be placed on further enhancing the existing SAB work.

1.3 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.

1.3.1 Actions Required

- Local review of data and practice via the SAB Compliance group ongoing
- Action plan based on NHS QIS guidance being implemented.
- Feed back enhanced surveillance data to the clinical areas to facilitate improvements to clinical outcomes commenced.

- 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,

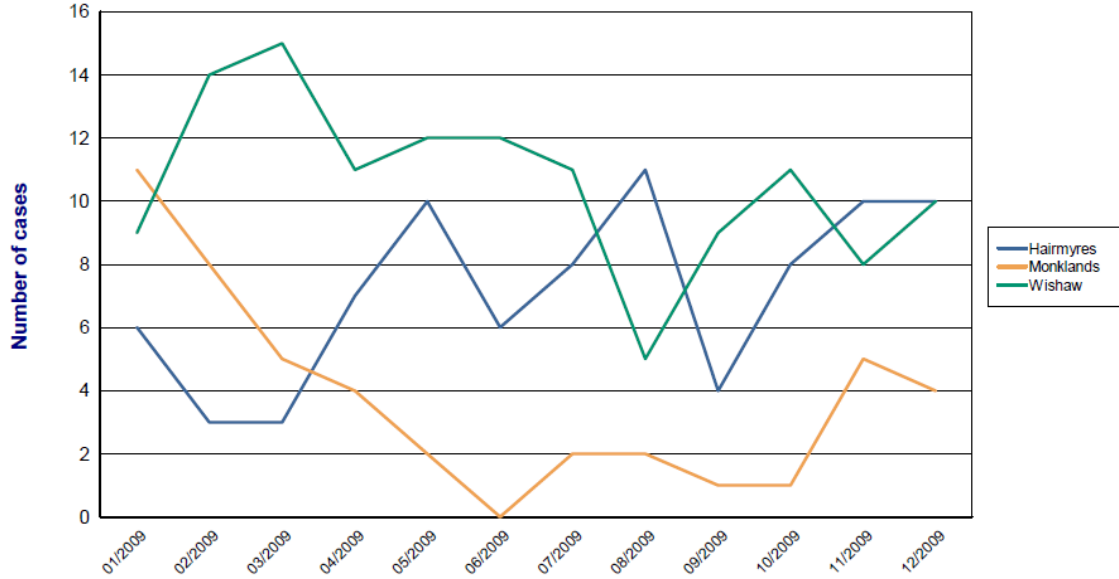
Cases of *Clostridium difficile* Infection in all 3 District General Hospitals is as outlined in Table 3 and *Clostridium difficile* Infection rates per Acute Specialities is outlined in Table 4 with General Medicine, Care Of the Elderly and General Surgery continuing to show the most cases which continues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

Whilst Monklands Hospital has seen a slight reduction since the last reporting period in their CDI levels there is an increase at Wishaw and Hairmyres has remained static 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 December 2009

TABLE 3: C Difficile Cases by Month and Acute Hospital
Date range: 01/012009 - 31/12/2009

C. Difficile cases by Month and Acute Hospital

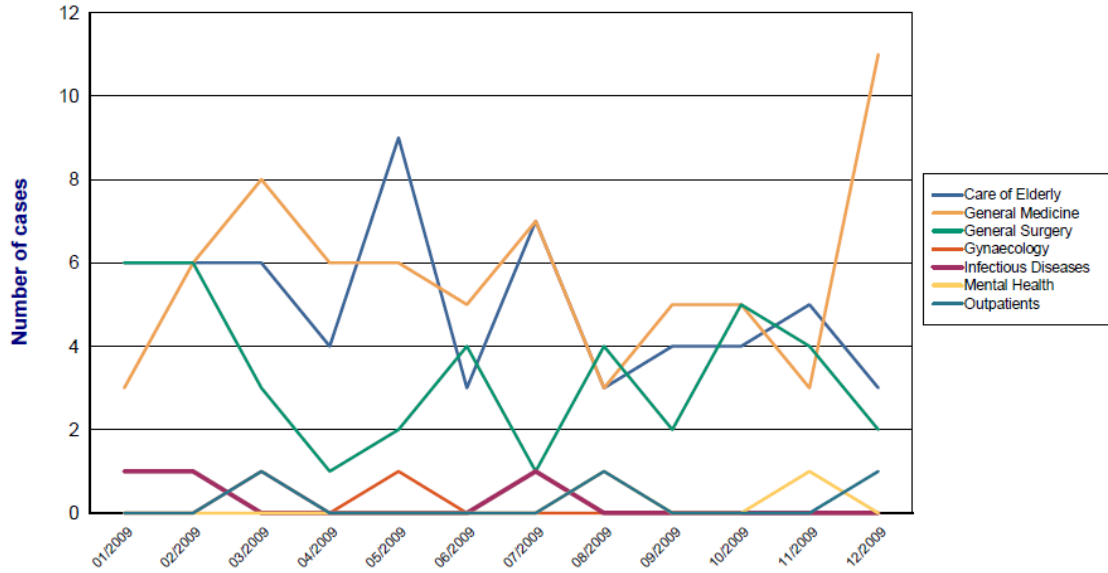


	Hairmyres	Monklands	Wishaw	Totals
01/2009	6	11	9	26
02/2009	3	8	14	25
03/2009	3	5	15	23
04/2009	7	4	11	22
05/2009	10	2	12	24
06/2009	6	0	12	18
07/2009	8	2	11	21
08/2009	11	2	5	18
09/2009	4	1	9	14
10/2009	8	1	11	20
11/2009	10	5	8	23
12/2009	10	4	10	24
Totals	86	45	127	258

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

Date range: 01/09/2009 - 31/12/2009

C. Difficile cases by Month and Acute Specialty

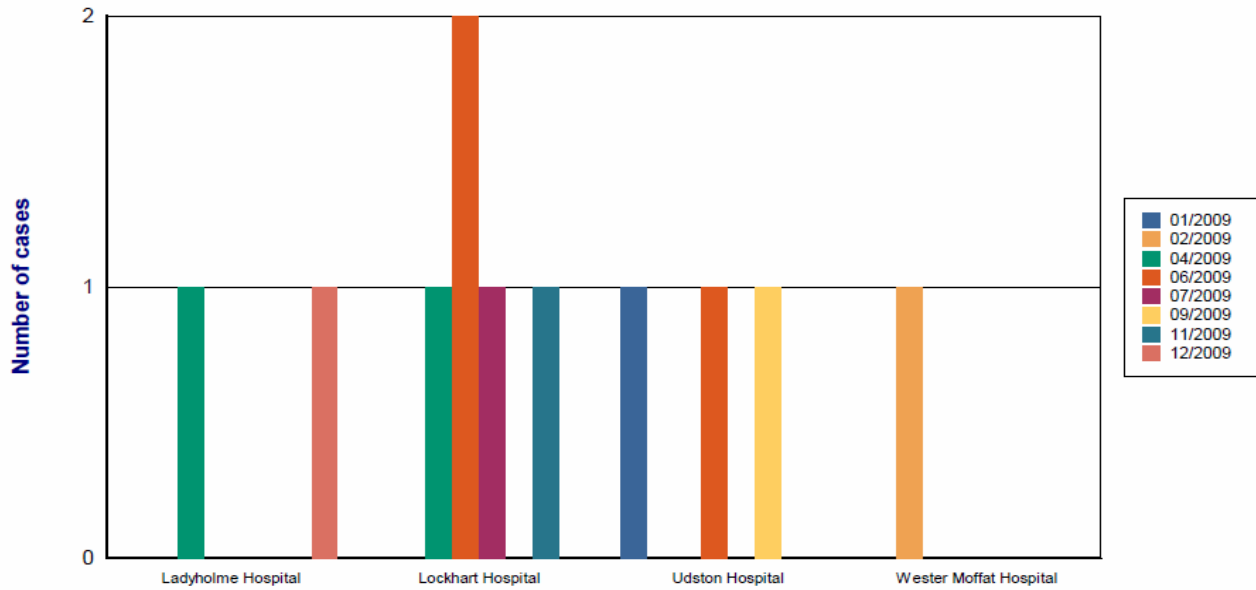


	Care of Elderly	General Medicine	General Surgery	Gynaecology	Infectious Diseases	Mental Health	Outpatients	Totals
01/2009	6	3	6	0	1	0	0	16
02/2009	6	6	6	0	1	0	0	19
03/2009	6	8	3	1	0	0	1	19
04/2009	4	6	1	0	0	0	0	11
05/2009	9	6	2	1	0	0	0	18
06/2009	3	5	4	0	0	0	0	12
07/2009	7	7	1	0	1	0	0	16
08/2009	3	3	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
12/2009	3	11	2	0	0	0	1	17
Totals	60	68	40	2	3	2	3	178

Table 5: Clostridium Difficile Infection Rates per Community Hospital.

Date range: 01/01/2009 - 31/12/2009

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
12/2009	1	0	0	0	1
Totals	2	5	3	1	11

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 National Quarterly report was published on the 7th January 2010, providing data for the 3rd quarter of 2009 (July-September). Lanarkshire had 0.54 cases/1000 OBD's >65yrs old and 0.59 cases/1000 OBD's aged 15-64 yrs. This compares with the NHSScotland rate of 0.66 and 0.88 respectively. This is the 3rd quarter in succession that the rate in NHSL for >65yrs has been less than the HEAT target, although **HPS only report the rate up to Sept 2008**(1.62 cases/1000OBD's >65yrs old

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 and will be undertaking environmental audits with the IC nurses of those areas with increased incidence

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. Surveillance Nurse presented findings at Acute and Joint CHP Infection Control Committee.
- Antimicrobial Pharmacist now receiving list of all *Clostridium difficile* patients and associated prescribing trends for review in conjunction with the the enhanced surveillance nurse
- 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 complete and assessment made to include key issues into existing processes.

2.4 Pan-Board, Hospital Or Specialty Specific Problems Identified

NHSL has seen an increased incidence of *Clostridium difficile* *within the medical speciality for this reporting period, associated with increased sampling and in keeping with increased levels of Norovirus presently being seen throughout NHS Scotland. Enhanced surveillance has shown there has been no association between the increase and cross contamination.*

2.4.1 Actions Required

- Continued weekly and monthly monitoring reports identifying trends and areas of high risk.
- Continue enhanced surveillance of all positive cases
- 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

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 on a weekly basis.

Table 6: Hospitals with Wards Closed Due To Norovirus across NHS Scotland 11th January 2010

Date 11/01/10	NHS Board	Total number of hospitals with wards closed this Monday	Total number of wards closed this Monday	Total number of patients who are or have been affected in the wards closed this Monday	Total number of staff who are or have been affected in the wards closed this Monday
	NHS Ayrshire & Arran	3	5	32	12
	NHS Borders	0	0	0	0
	NHS Dumfries & Galloway	1	3	38	29
	NHS Fife	2	7	79	15
	NHS Forth Valley	2	2	24	6
	NHS Greater Glasgow & Clyde	5	7	57	13
	NHS National Waiting Times Centre	0	0	0	0
	NHS Grampian	2	6	28	2
	NHS Highland	0	0	0	0
	NHS Lanarkshire	2	2	22	2
	NHS Lothian	5	11	66	37
	NHS Tayside	1	1	8	4
	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	23	44	354	120

Currently **9** NHS Boards are reporting Norovirus activity in NHS Scotland. Lanarkshire have reported **two** hospitals affected with **two** 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 23 hospitals with 44 wards affected.

Current and New Initiatives

Dr M McGuire, Acting Chief Nursing Officer, SEHD, issued "HAI – Reporting of incidents and outbreaks and Norovirus Guidance to Chief Executives in December 2009. The Nurse Consultant- HAI has undertaken a gap analysis in relation to NHS's current guidance and will seek clarity around key changes with LICC Members. NHS's current guidance is mainly aligned with the SEHD guidance and minimal changes to practice are anticipated.

3. HAND HYGIENE (HH) PROGRAMME

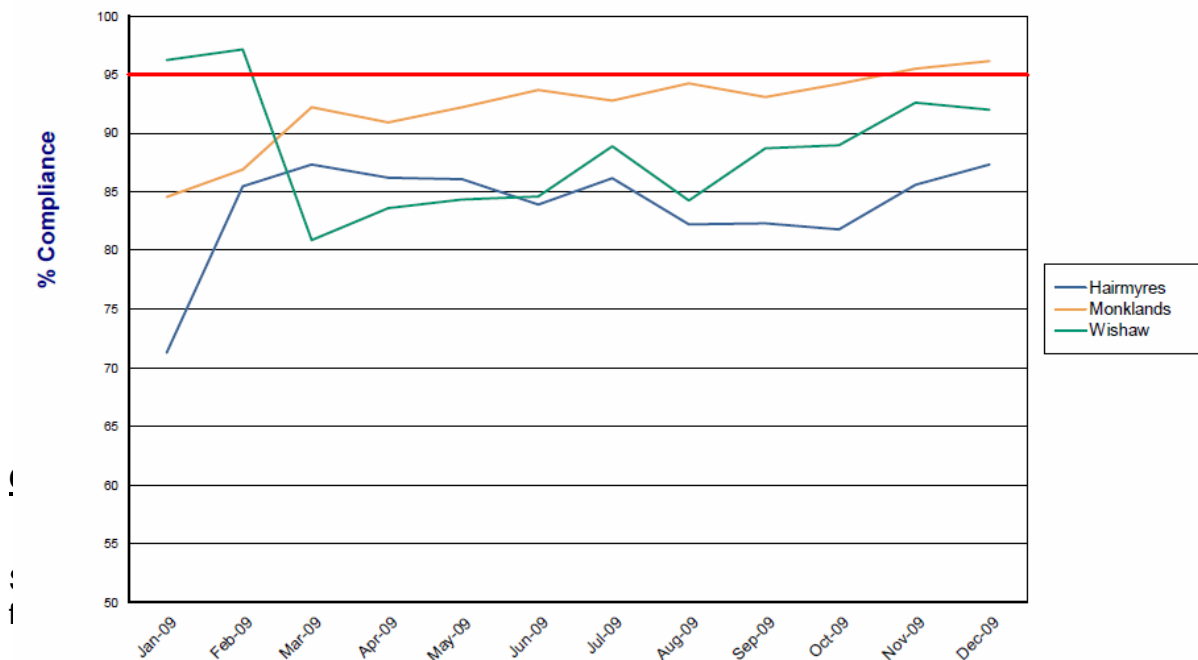
3.1 NHS Lanarkshire Trends In Compliance National Context

Embargoed report for January unavailable until the 20th January 2010. Will be included in the HAI Board report for February

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

Date range: 01/01/2009 - 31/12/2009

% 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
01/2009	209	149	71	726	614	85	80	77	96
02/2009	179	153	85	961	835	87	70	68	97
03/2009	158	138	87	1015	936	92	523	423	81
04/2009	116	100	86	860	782	91	757	633	84
05/2009	115	99	86	887	818	92	811	684	84
06/2009	230	193	84	904	847	94	915	774	85
07/2009	347	299	86	830	770	93	1061	943	89
08/2009	394	324	82	959	904	94	986	831	84
09/2009	656	540	82	998	929	93	992	880	89
10/2009	736	602	82	793	747	94	863	768	89
11/2009	909	778	86	864	825	95	988	915	93
12/2009	640	559	87	802	771	96	1038	955	92

- 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 have had reports sent to them with action plans for their areas. We are now waiting on the return of completed action plans.
- Hand hygiene education in partnership with Ecolab is scheduled for this year on a monthly basis, due to commence in Clydesdale in January 2010.
- Primary Care Products Implementation – Clydesdale has now been implemented and East Kilbride and Cumbernauld are having their site surveys carried out in January 2010.
- LHBC delivered an awareness session and products update at the Joint CHP Infection Control Sub Group.
- Site survey now complete in Clydesdale Locality. Implementation Commenced 14th December 2009.
- 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. Photographs will be taken in January 2010.
- Further screen savers promoting the zero tolerance and hand hygiene message are currently under discussion. Photographs are to be taken January 2010.
- 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 November 2009 continue to operate within an average range of 95.4% - 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 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. These audits are being undertaken to demonstrate compliance with the principles of the NHSScotland National Cleaning Services Specification.
Tribal Consultants visited Monklands & Wester Moffat Hospitals on Wednesday 9th December and were accompanied by Hotel Services & PFI /PPP Contracts Managers who have responsibility for monitoring & recording cleanliness standards across NHSL premises in line with the National Monitoring Framework requirements. A draft report will be provided to all NHS Boards in February 2010 with the final report issued to SGHD in March 2010.

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). This provided 17.08 wte at Monklands Hospital and 8.64 wte across primary care locations. Recruitment is now complete and all additional domestic staff are in post.
- The appointment of additional supervisors within health centres has provided an increase in domestic supervision ensuring consistency in cleaning standards & performance.
- Following the installation of 20 “alert cleaning monitor clocks” in public toilets at Monklands Hospital, the frequency of cleaning and monitoring of the public toilets can now be tracked. Details will be incorporated within the Hotel Services monthly performance report.
- The Healthcare Environment Inspectorate announced visit to Monklands Hospital took place on November 18th 2009. The draft report was issued to NHSL’s Chief Executive on Monday December 7th 2009. An action plan has been developed and submitted to NHS QIS to address the issues raised by the inspection team as a matter of priority. The final report was published on Monday January 11th 2010. The HEI team found many areas of good practice during their visit with a number of areas for improvement also included in the report, five of which are set out as requirements.

- PSSD Managers attended a Health Facilities Scotland workshop in December 2009 to discuss the implementation of the Domestic / Estates Monitoring Tool. NHSL are participating as a pilot site from January – March 2010. Thereafter, all NHS boards will “go live” in April 2010. The revised audit tool will allow maintenance / estates related issues to be identified / scored as part of the overall audit of cleanliness standards across all NHSL premises in line with the National Monitoring Framework requirements.
- Hotel Services Managers attended training sessions during November 2009 in relation to the commissioning and use of the 26 Steam Cleaners provided by NHSScotland. The completion of risk assessments and work instructions on the use of the equipment is being led by the Head of Hotel Services. Discussion will be held with the National Domestic Services Group as to how other NHS Boards intend to utilise this equipment.
 - Following the successful training event for Domestic Managers and Supervisors held in October 2009, a further event is being held on Friday January 15th 2010. The focus will be continuous improvement in Quality Standards and Health & Safety.
 - The programme of visits to hospitals continues attended by the Director of Strategic Implementation, Performance & Planning, General Manager PSSD, Clinical Lead PSSD, & the Head of Hotel Services. Visits have taken place during November, December & January to Airbles Road & Wester Moffat Hospitals & to the Mental Health Unit at Monklands Hospitals. These visits allow cleaning, maintenance and other operational issues to be discussed with clinical managers and where appropriate, action taken to remedy identified problems.

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

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

- There has been an Increase incidence of Noro virus across the three acute sites and in Primary Care in keeping with the current situation across most NHS Boards. All wards affected have been reviewed in conjunction with the Infection Control Doctor and where restrictions have been unable to be applied without further risk of transmission , wards have been closed to further admissions and had deep cleans further to being re-opened.
- NHS Lanarkshire investigated the occurrence of a stenotrophomonas maltophilia among an identified group of patients at Hairmyres hospital.

While it was detected in samples such as sputum, in the vast majority of cases there was no evidence that it resulted in symptoms among these patients. An investigation was undertaken to identify the source by our Infection Control Team and a comprehensive package of control measures were put in place to prevent the spread of this bacteria.

There have been no further related incidents.

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)	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 as follows:

- 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 -

Potentially funding is coming to the Board from SGHD which should support the facilitator’s role in relation to the implementation of Leading Better Care. This potentially could be used to extend the facilitators current secondments however the use of this funding has yet to be agreed. The CMT have not yet taken the decision on the use of the funds as the release of monies was only announced last week.

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 1st November 2009 – 30th November 2009 has shown 47 operations with no incidences of infection.

7.1.1 Elective Presentation

A total of 30 operations performed with no incidences of infection.

7.1.2 Emergency Presentation

A total of 17 operations performed with no incidences of infection.

7.1.3 Infection Types

There are no infections for this period.

7.2 Caesarean Section

SSI Surveillance of elective and emergency caesarean sections for the period from 1st November 2009 – 30th November 2009 has shown 122 operations with 3 incidences of Infection which give an SSI rate of 2.46%.

7.2.1 Elective Presentation

A total of 45 operations performed, 1 infection occurred which gives an SSI rate of 2.22%

7.2.2 Emergency Presentation

A total of 77 operations performed, 2 infections occurred which gives an SSI rate of 2.60%.

7.2.3 Infection Types

2 emergency admissions developed a superficial and a deep infection which gives an SSI rate of 1.64% and 1 elective admission developed a superficial infection which gives an SSI rate of 0.82%.

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 overseen by the Infection Control Doctor

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 January 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

The ALERT antibiotic system has now been implemented in 5 wards in each acute site. The phased programme of implementation is working well and the ALERT system will continue to be implemented in this way across the acute division with complete implementation achieved by January 2010.

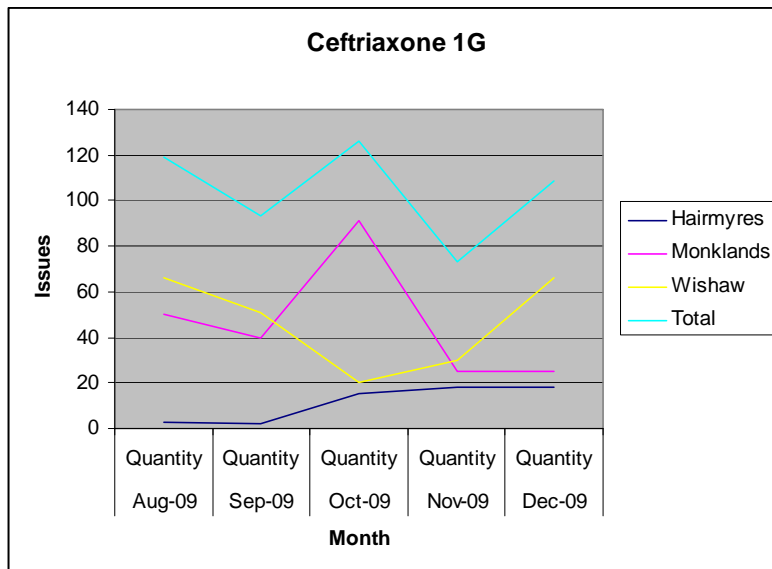
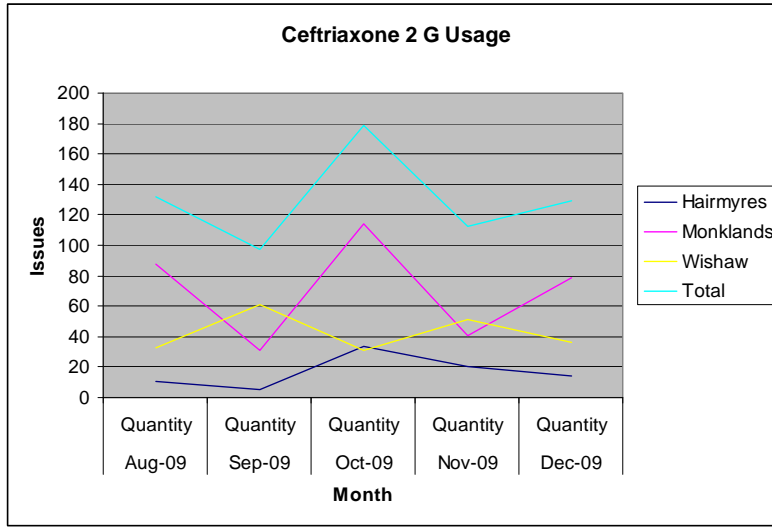
Surgical representatives from a number of specialties have been nominated to work with the AMT in finalizing the surgical prophylaxis policy.

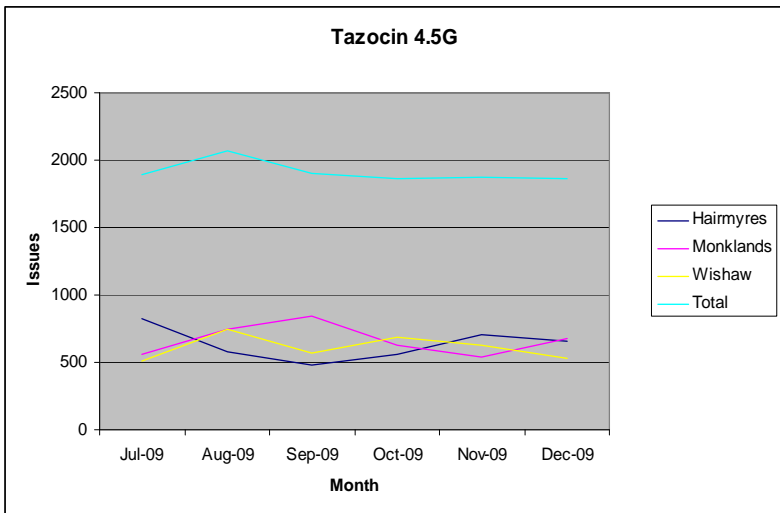
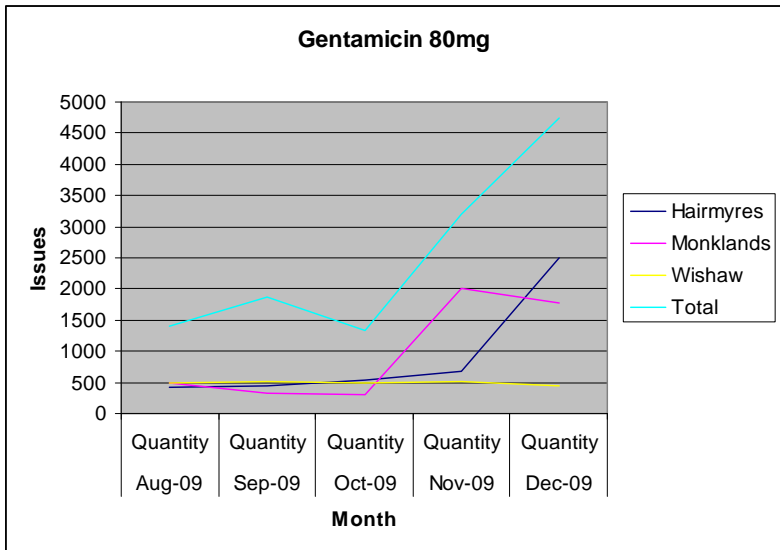
HEAT target data collection for empirical prescribing has been initiated in ERU at Monklands and the preferred methods of data collection at other sites are being established. Initial baseline surveillance for Dec 09 showed good compliance with first HEAT measure i.e. indication for antibiotic use was documented in 94.6% of case notes however second measure i.e. compliance with local empirical policy was below 95% target at 52.6%, making overall combined HEAT target compliance also 52.6%.

These results have been fed back to front line prescribers & are being tracked using key indicator board in ERU as additional SPSP indicator. Extra education to ensure data is being collected in uniform manner & development of antibiotic prompt aids to sit in every patient's bedside observation folder are among steps being taken to address.

Antimicrobial Consumption data continues to be reported on monthly basis; however review is underway of format & choice of key antibiotics reported on given recent SAPG paper giving guidance on local & national frameworks for monitoring antimicrobial usage & resistance.

Summary of trends over last quarter (graphs below) shows ceftriaxone as a marker for cephalosporin use still remains significantly lower than compared to before introduction of new empirical antibiotic policy (monthly issues in 100's rather than > 1000), recent gentamicin underuse at MK site seems to have resolved & tazocin use has stabilized at all 3 sites with data from ALERT pilot wards returns showing 2/3 of use meets permitted indication with the remaining third having had discussion with microbiologist to ensure appropriate selection of second line antibiotic.





8 HORIZON SCANNING

- NHSL remain on track to implement the National MRSA screening programme by 31st January 2010.
 The monthly assurance reporting process to the Scottish Government continues with the fourth RAG submission from NHSL for December again reporting GREEN status.
 An MRSA Screening Programme launch for Stakeholders in conjunction with the communications department will take place on the 26th January 2010, at 12:00pm in the Lecture Theatre at Hairmyres.
- The Healthcare Environment Inspection Report for Monklands Hospital was published on the 11th January and is available for down load at <http://www.nhshealthquality.org/nhsqis/7348.html>

Recommendations within the report have been accepted by NHSL and an improvement action plan has been developed. Overall the report was positive and the work required to ensure this is sustained and improved continues

- Further to communication from SGHD in November regarding additional funding to support Boards with improvement in the healthcare environment and high quality governance at a local level, additional communication was received in December outlining the work streams that will be supported. These are the Healthcare Environment ,Care Governance and Tissue Viability and further detail is to follow detailing the specific outcomes that are to be achieved related to this funding.

10 CONCLUSION

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

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

11 FURTHER INFORMATION

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