

Meeting of
Lanarkshire NHS Board
26 November 2008

Lanarkshire NHS Board
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HEALTHCARE ASSOCIATED INFECTION: UPDATE REPORT

1. PURPOSE

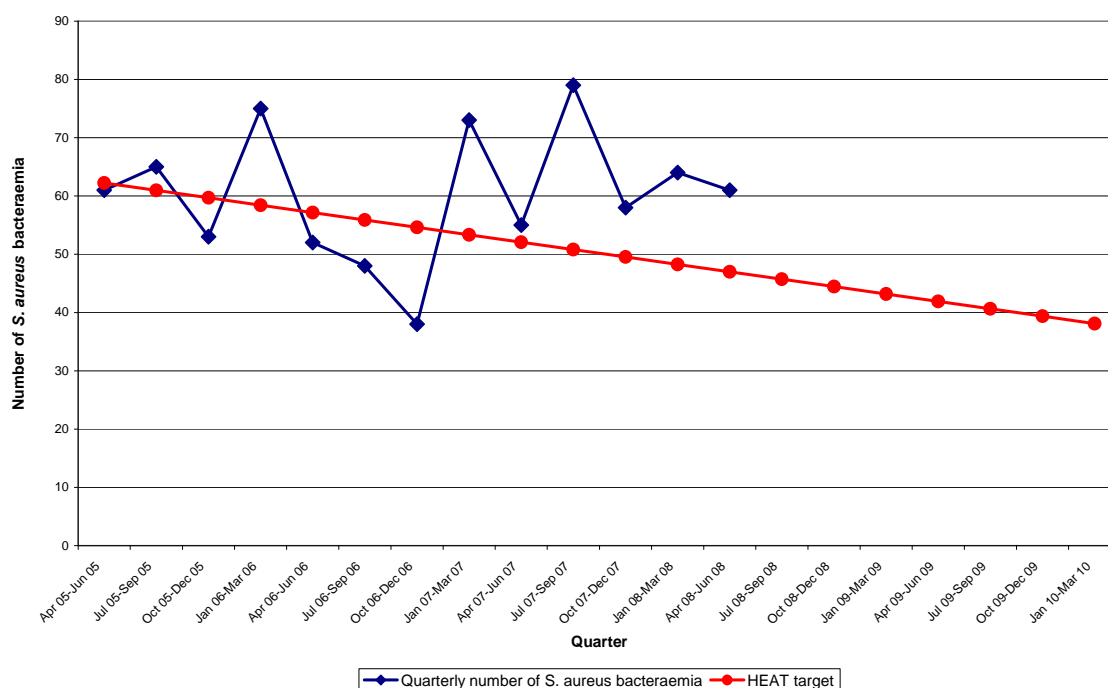
The paper aims to provide an update on the organisation's position regarding Healthcare Associated Infection.

2. SUMMARY OF KEY ISSUES

Meet the Health Efficiency Access and Treatment target to achieve a 30% reduction in Staphylococcus aureus bacteraemias by 2010.

The national report from Health Protection Scotland is awaited for the period July to September 2008 and therefore, an update report on the prevalence of Staphylococcus aureus bacteraemias is not available.

In reviewing the internal Laboratory data for the period July to September 2008 a further reduction has been identified on the previous quarter's data. However, this requires to be confirmed by Health Protection Scotland in due course. The table below shows the previous quarter's data.



Implementation of the Scottish Management of Antimicrobial Resistance Action Plan (SCOTMARAP) is a key component of achieving this target. Funding has been made available from the Scottish Government for a fixed period for all NHS Boards to employ an Antimicrobial Pharmacists to facilitate this. NHS Lanarkshire has agreed to fund a further 1wte to ensure all component of the Action Plan are fully implemented timeously.

To date the organisation has successfully recruited to the position of 1wte Antimicrobial Pharmacist. Discussion is underway with the Medical Director regarding the recruitment to the second Antimicrobial Pharmacist position.

Prevention and Management of Clostridium Difficile

The Healthcare Associated Infection Executive Action Group continues to focus on the prevention and management of clostridium difficile across the organisation. The action plan continues to be implemented timeously. In addition monthly reports are provided to Scottish Government regarding key issues arising from the Independent Review into the outbreak of clostridium difficile at the Vale of Leven Hospital.

Clostridium difficile weekly and monthly reports continue to be provided to all operational units. This includes a short synopsis of the findings and any actions which require to be taken. To date the weekly reports have required no additional action to be taken.

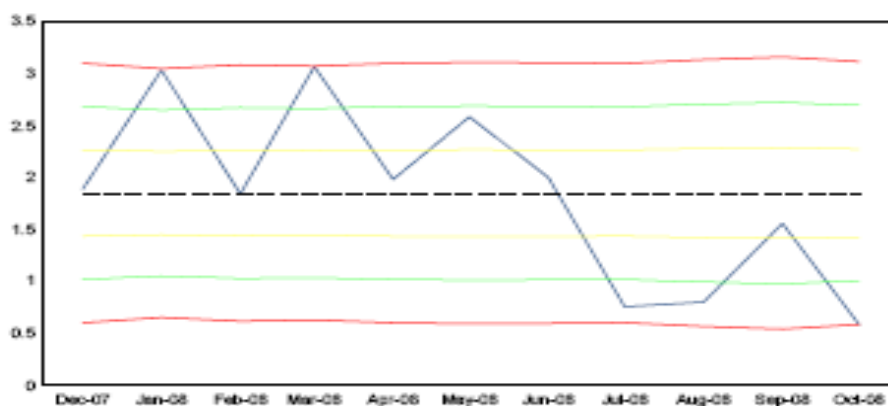
Monthly run charts for the 3 acute hospitals to 31 October 2008 are outlined below and highlight new cases. These fall within national limits. Further work is underway to establish local threshold levels for the organisation.

Episodes of C. difficile in NHS Lanarkshire Acute Hospital Wards
MONTHLY REPORT **Date Range: 01/12/2007 to 31/10/2008**



- An episode is defined as a C. difficile toxin positive stool sample.
- Patients are counted once even if they have multiple positive tests. However, patients with a C. difficile toxin positive stool sample after a 28-day gap with no positive toxin tests will be counted as a new episode.
- The data reported is all derived from NHS Lanarkshire laboratory data.
- The data reported is inclusive of all incidences irrespective of where they are acquired

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

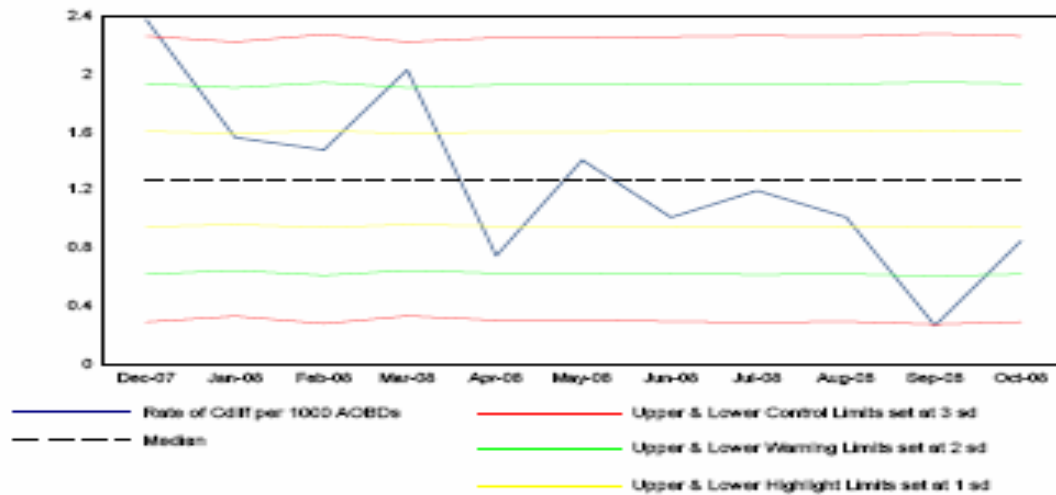


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C. difficile incidence rates per 1000 Acute Occupied Bed Days - MONKLANDS HOSPITAL

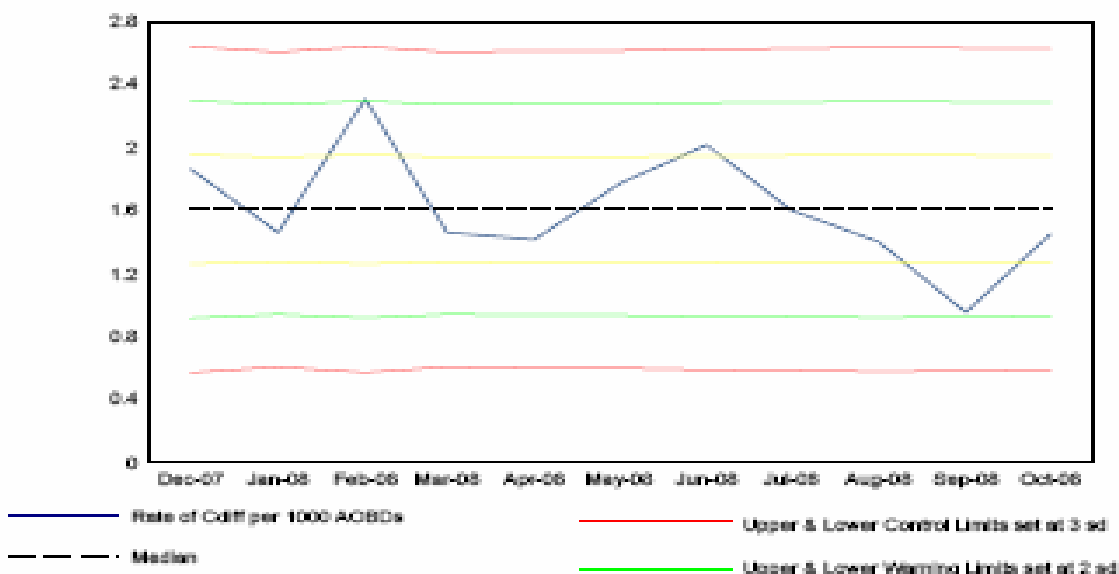


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C. difficile incidence rates per 1000 Acute Occupied Bed Days - WISHAW GENERAL HOSPITAL



Improve hand hygiene compliance amongst NHS staff by meeting the target of at least 90% compliance by November 2008

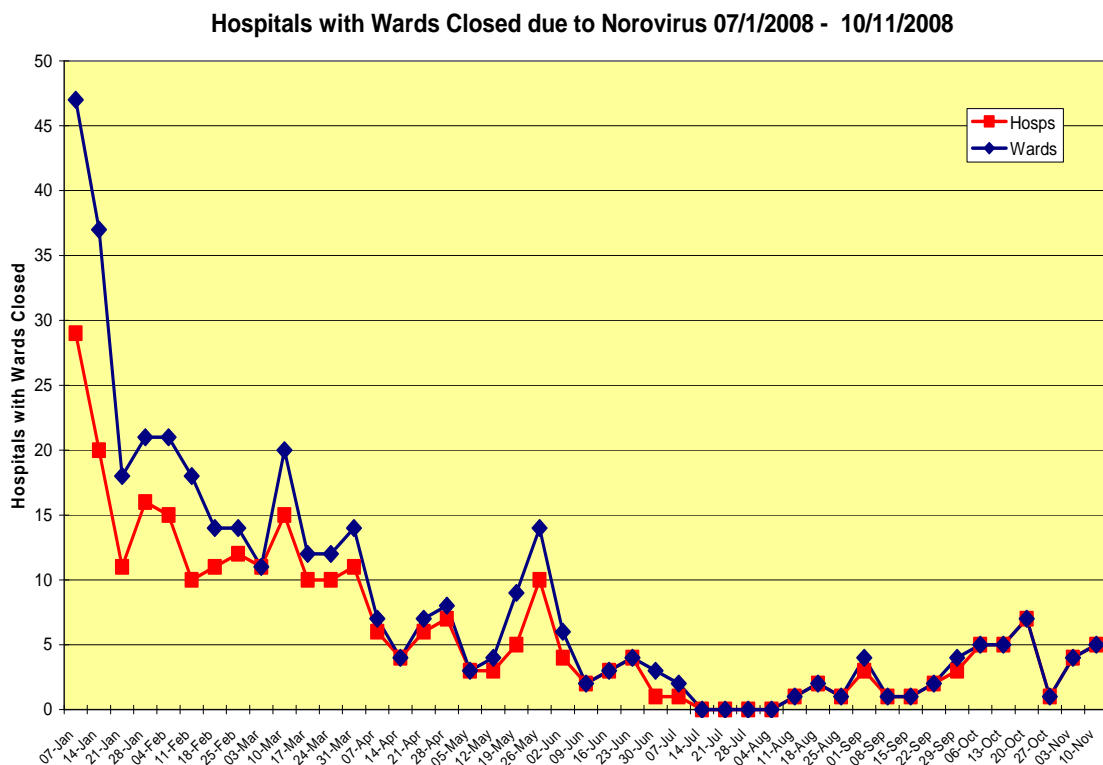
The national hand hygiene audit was undertaken during the period 3 to 14 November 2008. A total of 15 wards were audited. Local data has identified that further improvement from a compliance level of 91% from the previous quarter has been attained ensuring that the national target of at least 90% compliance has been achieved. However, this requires to be validated by Health Protection Scotland via their national report to be published in December 2008.

From 2009 the national audit system will increase from quarterly audits to 2 monthly audits. Work is underway in preparation for this change. This includes ensuring the Scottish Patient Safety Programme Hand Hygiene Care Bundle is further spread, awareness raising via the PULSE, use of hand hygiene wall paper on computers, and promotional stands in the main hospital sites.

The national audit process will also include visitor's compliance with hand hygiene. NHS Tayside is currently piloting an audit tool to capture visitor compliance levels. Liaison with NHS Tayside is underway to include NHS Lanarkshire in the pilot process.

Norovirus Point Prevalence NHS Scotland

This national report identifies the prevalence of Norovirus on a weekly basis in Scotland in close to real time. This includes the number of wards closed with confirmed or presumed norovirus infection as outlined in the table below.



The data below identifies that all of the NHS Boards have reported and 3 are currently experiencing Norovirus activity. Lanarkshire is one of the NHS Boards reporting norovirus activity affecting 1 patient and 2 members of staff on the 10th November 2008. All Infection Control Policies were implemented timeously.

Date 10th November 2008 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	0	0	0	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	2	2	10	0
NHS National Waiting Times Centre	0	0	0	0
NHS Grampian	0	0	0	0
NHS Highland	0	0	0	0
NHS Lanarkshire	1	1	1	2
NHS Lothian	2	2	3	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 Carstairs	0	0	0	0
Total	5	5	14	4

Health Protection Scotland is clear that the above information should not be used for benchmarking or judgement. However, it can be used by NHS Boards for the assessment of risk and norovirus outbreak preparedness. Therefore, the prevention and management of Norovirus will be discussed at the next Healthcare Associated Infection Executive Action Group with a view to ensuring all preventative action possible is undertaken.

3. NATIONAL REPORTS

There has been a recent announcement from the cabinet Secretary for Health and Wellbeing regarding healthcare acquired infection as outlined below:

Healthcare Associated Infection – Inspection, Assurance and Public Confidence. The requirement to establish a Healthcare Associated Infection -

independent Inspectorate arose from the Independent review into the outbreak of clostridium difficile at the Vale of Leven Hospital earlier this year.

The report highlighted a number of areas for improvement around governance, infrastructure, professional practice and leadership. To this end the government considers that that the current arrangements to review infection outbreaks at all levels are not sufficiently sensitive to detect the issues which created the outbreak.

It has therefore been identified that there is a need for a more transparent process of external assurance aimed at providing reports to the public that the care environment is clean and safe, that processes are in place to detect and tackle healthcare associated infection and related issues, that the necessary governance, infrastructure professional practice and leadership are robust.

To this effect a consultation paper focuses on the implementation of an independent inspectorate, aimed at building public confidence through further scrutiny and inspection arrangements focusing on the quality of the clinical care environment and its impact on healthcare associated infection. Comments by 12 December are sought from NHS Boards and through them Public Partnership Forum and the Scottish Consumer Council regarding this.

In summary the proposal is that all NHS Boards will complete an annual self assessment based on best practice standards, local and national intelligence. This will include a self assessment for each hospital. These will be analysed by the Inspectorate identifying risks. Thereafter unannounced visits based on identified risks will be made. A report will be prepared for the NHS Board and a national overview and annual report will be provided to the Minister and the Scottish Parliament. Each NHS Board will publish an improvement plan. Follow up inspections within specified timeframes will be undertaken to check compliance with improvement plans. It is intended that every Board will be visited and that every acute hospital will be visited once in every 3 years.

While it is anticipated that additional resources will be necessary in terms of setting up and running the Inspectorate, these costs will be found within existing NHS resources and will be offset by savings made in the prevention of infectious disease outbreaks.

Work is underway to provide a response within the agreed timeframe.

Revised Guidance On Single Room Provision. This guidance highlights that single rooms will be the norm for new build with at least 50% single rooms being established in refurbished facilities. Work is required to consider the implications for NHS Lanarkshire regarding this.

External Audit of the NHS Cleaning Monitoring Framework. A report regarding this issue will be published in the coming weeks. The implications for NHS

Lanarkshire will be discussed at the Lanarkshire Infection Control Committee next week.

4. 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.

5. FURTHER INFORMATION

For further information or clarification of any issues in this paper please contact:
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19 November 2008