

Lanarkshire NHS Board  
26<sup>th</sup> August 2009

14 Beckford Street  
Hamilton ML3 0TA  
Telephone 01698 281313  
Fax 01698 423134  
[www.nhslanarkshire.co.uk](http://www.nhslanarkshire.co.uk)



**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

**1. STAPHYLOCOCCUS AUREUS BACTERAEMIAS (SAB)**

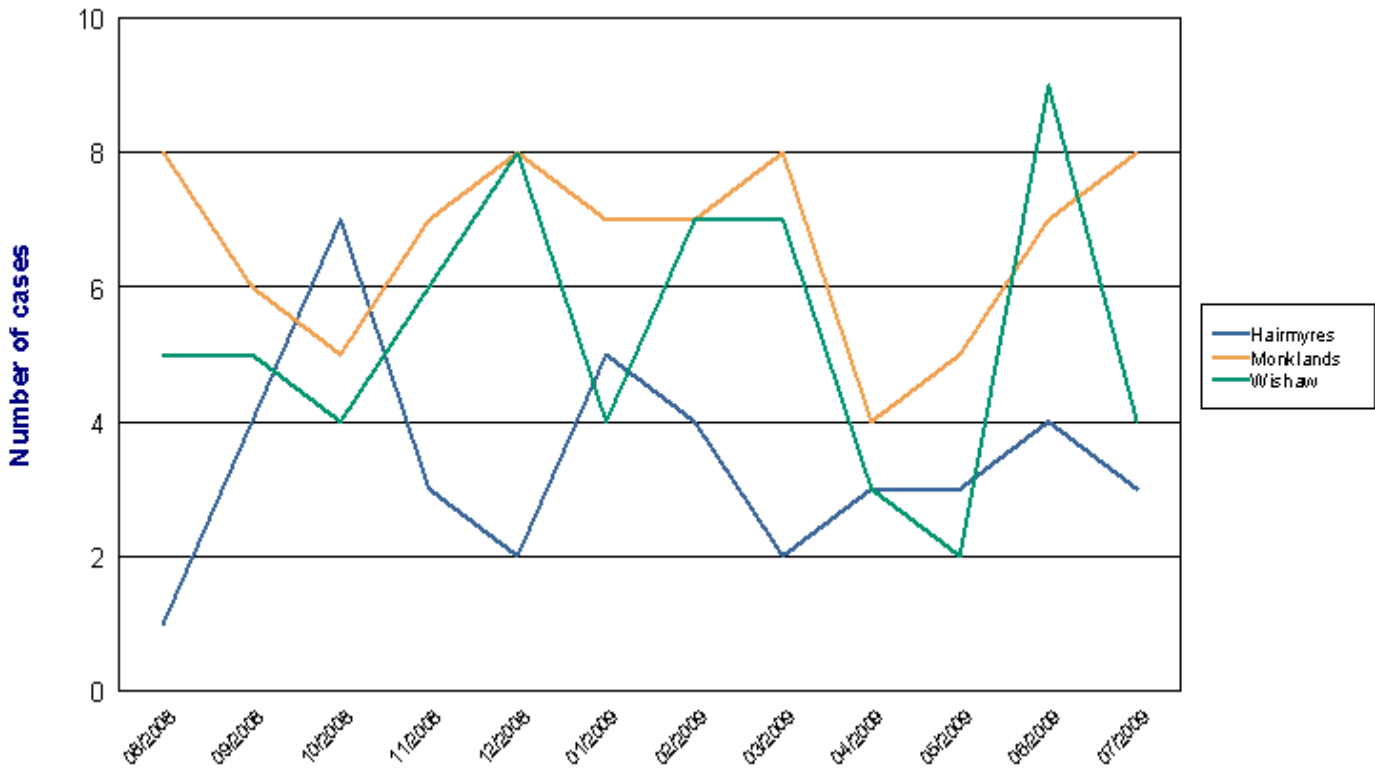
**1.1 Short/Medium/Long Term Trends in SAB, plus Methicillin Resistant Staphylococcus Aureus (MRSA), MSSA Bacteraemias**

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 that there will be fluctuation and the overall quarterly report showed a further reduction for the 12 months up to the end of July. 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)**

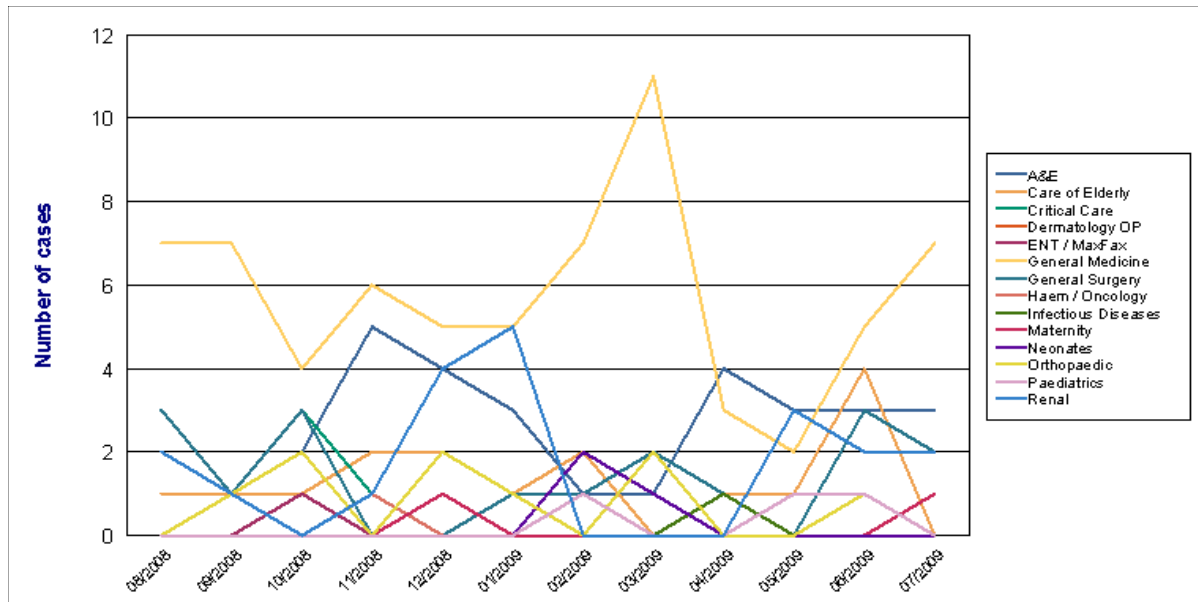
Date range: 01/08/2008 - 31/07/2009



	Hairmyres	Monklands	Wishaw	Totals
08/2008	1	8	5	14
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
<b>Totals</b>	<b>41</b>	<b>80</b>	<b>64</b>	<b>185</b>

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

Date range: 01/08/2008 - 31/07/2009



	A&E	Care of Elderly	Critical Care	Dermatology OP	ENT / MaxFax	General Medicine	General Surgery	Haem / Oncology	Infectious Diseases	Maternity	Neonates	Orthopaedic	Paediatrics	Renal	Totals
Aug-08	1	1	0	0	0	7	3	0	0	0	0	0	0	2	14
Sep-08	1	1	1	0	0	7	1	1	1	0	0	1	0	1	15
Oct-08	2	1	3	0	1	4	3	0	0	0	0	2	0	0	16
Nov-08	5	2	1	0	0	6	0	1	0	0	0	0	0	1	16
Dec-08	4	2	0	0	0	5	0	0	0	1	0	2	0	4	18
Jan-09	3	1	0	0	0	5	1	0	0	0	0	1	0	5	16
Feb-09	1	2	1	1	0	7	1	1	1	0	2	0	1	0	18
Mar-09	1	0	0	0	0	11	2	0	0	0	1	2	0	0	17
Apr-09	4	1	0	0	0	3	1	0	1	0	0	0	0	0	10
May-09	3	1	0	0	0	2	0	0	0	0	0	0	1	3	10
Jun-09	3	4	1	0	0	5	3	0	0	0	0	1	1	2	20
Jul-09	3	0	0	0	0	7	2	0	0	1	0	0	0	2	15
<b>Totals</b>	<b>31</b>	<b>16</b>	<b>7</b>	<b>1</b>	<b>1</b>	<b>69</b>	<b>17</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>9</b>	<b>3</b>	<b>20</b>	<b>185</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 September 2009.

## **1.3 Current and New Initiatives to Reduce *Staphylococcus aureus* bacteraemia Cases**

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

- On going monitoring of the new Zero Tolerance Hand Hygiene policy, revised Hand Hygiene Policy and Uniform and Dress Code policy
- Implementation of the Scottish Management of Antimicrobial Resistance Action Plan (SCOTMARAP). On going
- Development of enhanced SAB data base for all acute sites
- Venepuncture and Peripheral Intravenous Cannulation Workbooks and the procedure for obtaining blood cultures now complete and ready for implementation.
- Ongoing link via the ICN's with the Scottish Vascular Access Network
- Infection Control representation at all SPSP Workstream meetings and a coordinated approach to Infection Control Nurses input to PVC work at all acute sites ongoing
- NHS QIS attending the NHSL SAB compliance group on Friday the 21<sup>st</sup> August 2009 to assist with continuous improvement in this area.
- Enhanced roll out of the Health Protection Scotland Venous Cannulae Care Bundle on going
- Funding has been secured on a non recurring basis until the end of March 2010 to enable the release of three senior nursing staff on a part time basis. The purpose of this funding is to assist in the successful delivery of the Scottish Patient Safety Programme, with initial focus being on the spread and implementation of the PVC bundle.

## **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 to be formulated
- Implementation of the revised Venepuncture and Peripheral Intravenous Cannulation Workbooks and the procedure for obtaining blood cultures currently being undertaken by the Practice Development Centre

## 2. CLOSTRIDIUM DIFFICILE INFECTION (CDI)

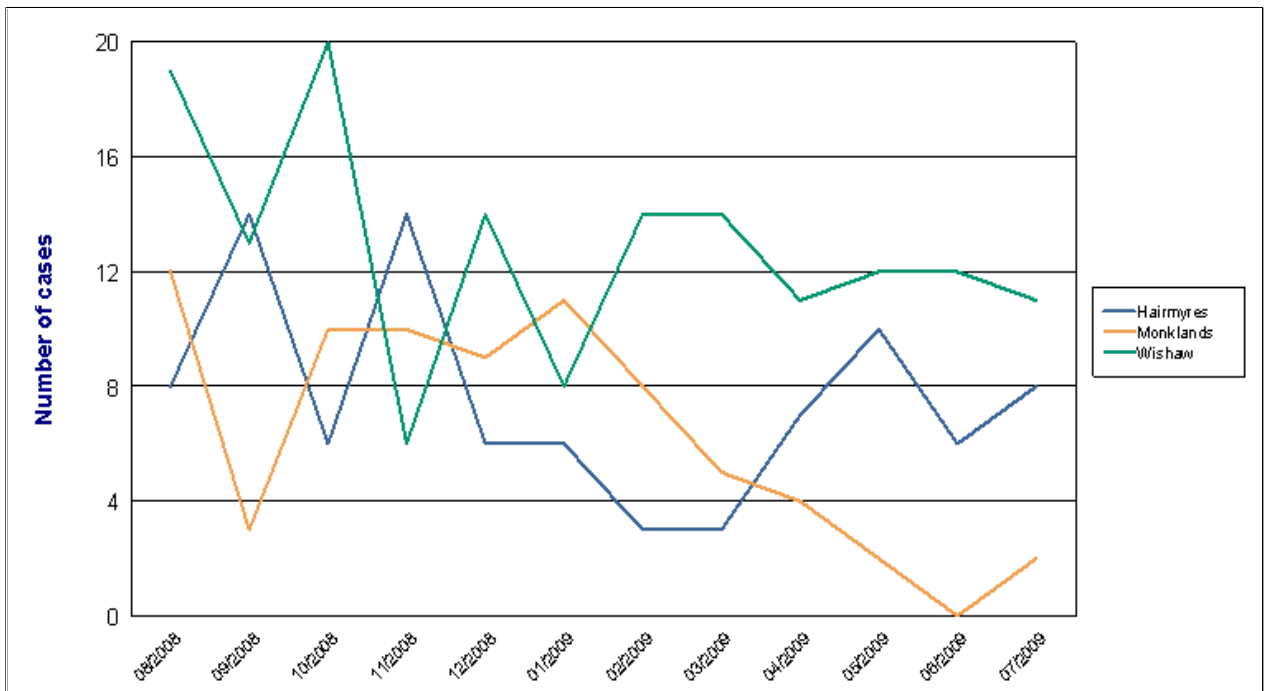
### 2.1 Short/Medium/Long Term Trends in CDI – Number/Graphical Presentation.

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 showing the most cases *Clostridium difficile* of which continues in line with national findings.

Community hospitals as outlined in table 5 continues to fall, with only 1 reported episode for the reporting period of July which indicates a move towards sustained improvement

**TABLE 3: C Difficile Cases by Month and Acute Hospital**

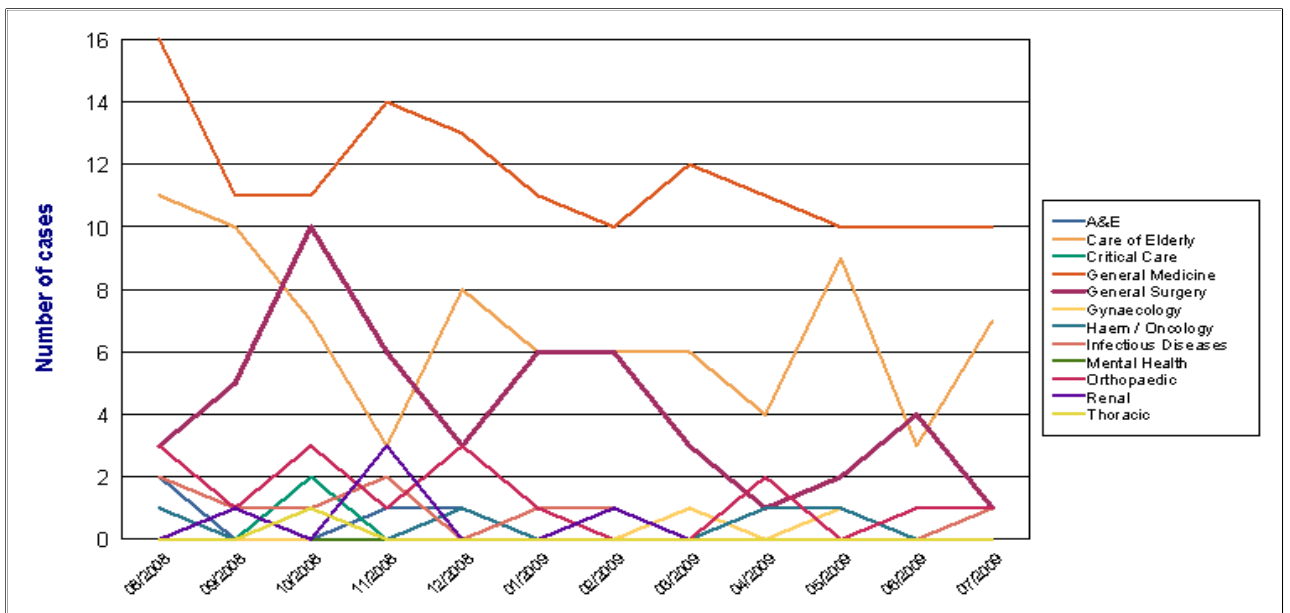
**Date range: 01/08/2008 - 31/07/2009**



	Hairmyres	Monklands	Wishaw	Totals
08/2008	8	12	19	39
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
<b>Totals</b>	<b>91</b>	<b>76</b>	<b>154</b>	<b>321</b>

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

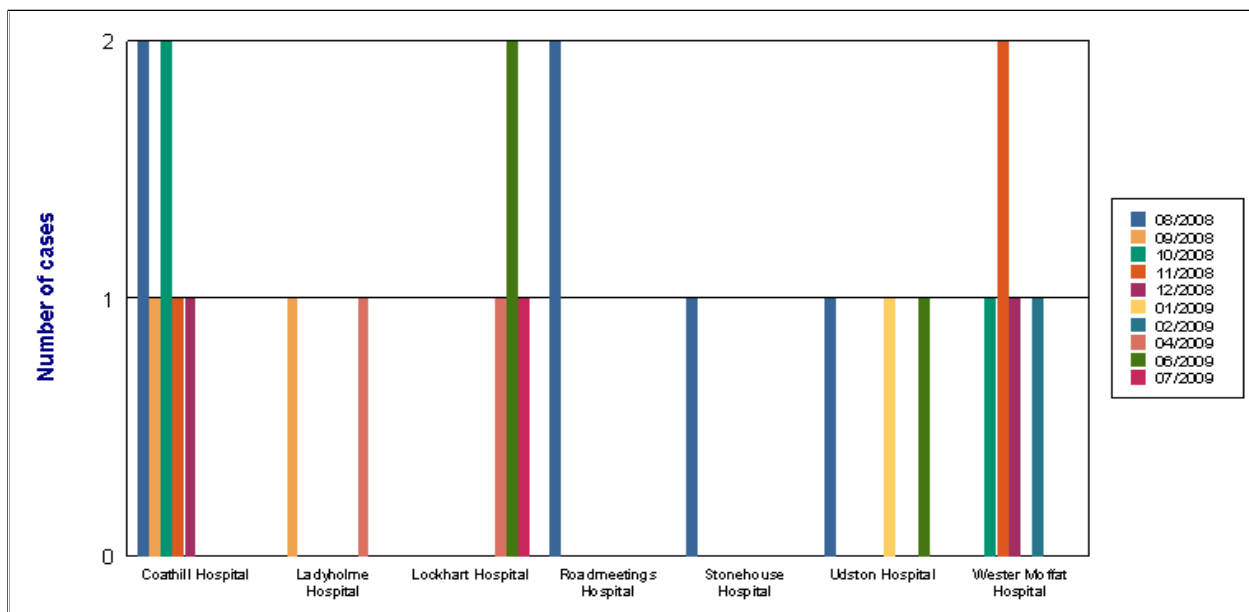
Date range: 01/08/2008 - 31/07/2009



	A&E	Care of Elderly	Critical Care	General Medicine	General Surgery	Gynaecology	Haem / Oncology	Infectious Diseases	Mental Health	Orthopaedic	Renal	Thoracic	Totals
08/2008	2	11	0	16	3	1	1	2	0	3	0	0	39
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
<b>Totals</b>	<b>8</b>	<b>80</b>	<b>4</b>	<b>139</b>	<b>50</b>	<b>3</b>	<b>5</b>	<b>9</b>	<b>1</b>	<b>16</b>	<b>5</b>	<b>1</b>	<b>321</b>

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

Date range: 01/08/2008 - 31/07/2009



	Coathill Hospital	Ladyholme Hospital	Lockhart Hospital	Roadmeetings Hospital	Stonehouse Hospital	Udston Hospital	Wester Moffat Hospital	Totals
08/2008	2	0	0	2	1	1	0	6
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
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
<b>Totals</b>	<b>7</b>	<b>2</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>5</b>	<b>24</b>

## 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 September 2009.

### 2.2.1 Pan-Board, Hospital or Specialty Specific Problems Identified

No specific problems identified.

## 2.3 Current and New Initiatives To Reduce Cases

- On going Implementation of the Scottish Management of Antimicrobial Resistance Action Plan (SCOTMARAP)
- Development of Enhanced surveillance of *Clostridium difficile* to Primary Care Hospitals ongoing
- Continued delivery of the NHSL self directed *Clostridium difficile* training module
- Development of *Clostridium difficile* ICP – a care guideline on going
- Ensure that robust mechanisms are in place to implement and monitor the national trigger and severe cases tools.
- *Clostridium difficile* starter packs, containing essential documentation has been trialled in key wards and now to be rolled out to others identified

## 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.
- Enhance surveillance to include Community Hospitals.
- Monitoring implementation of Hand Hygiene Zero Tolerance, Dress/Uniform and Healthcare Associated Infection Hand Hygiene Policies.

## 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 10 August 2009 as outlined in the table below.

**Table 6: Hospitals with Wards Closed Due To Norovirus across NHS Scotland August 2009**

Date 10/08/09	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	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	0	0	0	0
	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	1	1	3	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 Stave Hospital Carstairs	0	0	0	0
	Total	1	1	3	0

Currently 1 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 1 hospital with 1 ward affected.

### 3. HAND HYGIENE (HH) PROGRAMME

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

The recently published report from Health Protection Scotland identified that NHSL has again achieved at least 90% compliance.

#### Table 7: Compliance Opportunities

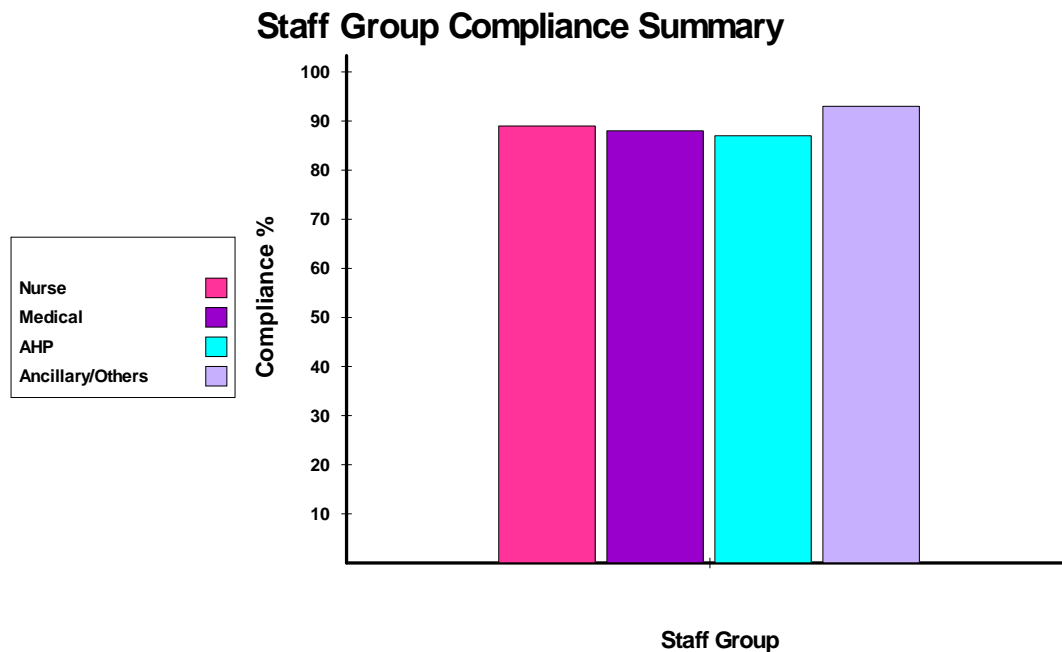
Table 7 shows compliance audits for NHSL from all clinical settings inclusive of 29/07/2009 to 31/07/2009

Compliance scores from opportunities from the staff groups were as follows;  
Nurse: 89% of 195 opportunities observed)

Medical: 88% of 42 opportunities observed)

AHP: 87% of 31 opportunities observed)

Ancillary/Others: 93% of 32 opportunities observed)



## **Current and New Initiatives in Promoting Hand Hygiene**

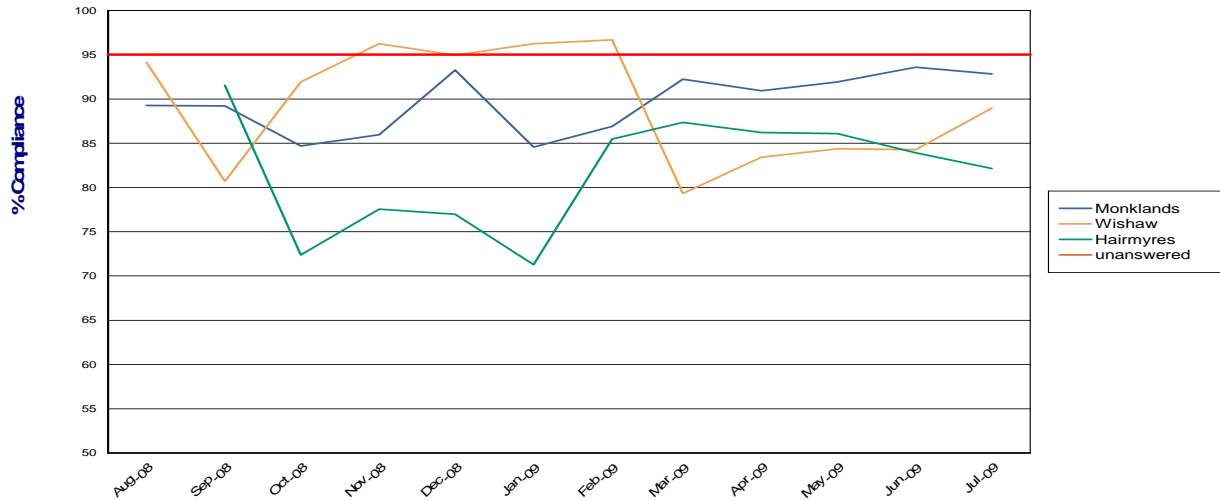
These include:

- Direct involvement of Hand Hygiene Team with Scottish Patient Safety Programme The audit tool is firmly embedded in Monklands, will be complete by Aug 09 at WGH. Hairmyres have 4 wards who have completed the protocol; 1 at stage 3 of the protocol, 1 at stage 1 and 4 with packs who commenced the next cycle at the end of July 09.
- Education has been delivered to all new FY1 Medical Doctors at Hairmyres and Monklands, Wishaw scheduled for October 09.
- Implementation of new Hand Hygiene products complete at Wishaw General Hospital and Monklands. Commenced as planned on 3<sup>rd</sup> August 09 at Hairmyres. Site Surveys for off site acute care of elderly beds planned for August/Sept 09.
- The hand hygiene implementation group convened to plan the implementation of hand hygiene products to primary care will be meeting on the 24th August
- life-size cardboard cut outs of nursing staff, medical staff A.H.P and ancillary staff advising staff and visitors to stop and carry out hand washing continue to be displayed in strategic areas in the 3 acute sites and will be rotated on a regular basis.
- The HAI Products/Signage group has collected information with regard to installing further flashing signs throughout the acute division.
- SBAR report has been devised by the Hand Hygiene Team outlining actions and activities required to continue to meet national targets.
- A paper has been compiled on the next steps to support phase 2 of the zero tolerance programme and will be presented to the corporate management team for further discussion

**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

**Date range: 01/08/2008 - 31/07/2009**



	Hairmyres	Monklands	Wishaw
08/2008	0	89	94
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	83
07/2009	82	93	89

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

Medical staff compliance remains problematic, the hand hygiene team along with Infection Control Manager and Nurse Consultant HAI are meeting regularly to explore how to address this.

Greater engagement with medical staff is required if improvement with compliance is to be successful. Education is delivered in 2 out of 3 of the acute sites. Further medical education is planned for CME meetings and the hand hygiene team have recruited a member of the medical staff to assist with the audit process to highlight the non compliance issues within the specialty.

#### **4. NATIONAL CLEANING SERVICES SPECIFICATION COMPLIANCE**

##### **4.1 Compliance – July**

Cleaning performance scores for July 2009 continue to operate within the range of 94.2% - 98% across all NHSL sites. Improvement in cleaning standards have been noted across several locations as follows:

Clydesdale - an increase from 93.2% in June to 95.5% in July.

Hamilton / East Kilbride - an increase from 93.8% in June to 94.4% in July. This increase in performance has been primarily as a result of increased domestic supervision, routine monitoring, and recruitment to vacant posts.

.Monklands Hospital - an increase from 93.3 % in June to 95% in July.

This increase in performance has been primarily as a result of the secondment of a senior domestic manager to focus on basis cleaning specification requirements & team feedback, increased domestic supervision and increased monitoring of performance standards.

The NHS Scotland National Cleaning Services Specification Quarterly Compliance Report for Quarter 1 April – June 2009 is due for publication by Health Facilities Scotland in late August 2009 and will be published in the September Board Report.

##### **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 July HAI Board Report, a visit to Roadmeetings 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 replacement of a sluice master & purchase of bed pan storage rack at Roadmeetings Hospital.
- The meeting scheduled to take place on August 6<sup>th</sup> in relation to the introduction & commissioning of steam cleaners was cancelled by the HAI Team due to a change of approach by Health Facilities Scotland. On clarification of the way forward from Health Facilities Scotland, a commissioning programme will be coordinated by the HAI Team in conjunction with all relevant stakeholders.

- The CMT at its meeting on June 25<sup>th</sup> 2009 approved the proposal from PSSD to allocate the SGHD funding of £474,851 for 2009 / 2010 to support the recruitment of additional 38 wte domestic staff (66 headcount) This will provide 18.50 wte at Monklands Hospital & 8.64wte across primary care locations. This is in line with NHSL's budget requirements inclusive of ER costs, annual & sick leave and some enhancement relief.
- Of the 18.5 wte posts at Monklands Hospital, 6 wte posts have been offered & are awaiting acceptance. It is expected that staff will be in post by the end of August 2009. Of the remaining 12.5 wte, arrangements are in place to interview 40 candidate's week commencing August 24<sup>th</sup> 2009.
- Of the 8.64 wte posts within community locations, 2.24 wte have been offered & are awaiting acceptance. It is expected that staff will be in post by the end of August 2009. Of the remaining 6.4 wte, arrangements are in place to interview 30 candidate's week commencing August 24<sup>th</sup> 2009.
- 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. A rapid response team available 24 hours per day / 7 days per week will also be introduced to undertake reactive terminal / discharge cleaning within an appropriate timeframe to avoid delay in patient admission processes.
- Within community locations additional domestic staff will be utilised to increase the cleaning frequencies of sanitary areas in all in patient areas. Also, the level of domestic supervision will be increased in Health Centres.
- Review of National Cleaning Services Specification minimum inputs against current staffing levels is continuing. Staff rosters have been reviewed and work schedules have been changed to ensure that the cleaning service is being undertaken at a time that compliments delivery of clinical services.
- Increased levels of supervision and joint monitoring of cleaning standards by domestic services & the audit team have been introduced resulting in increased cleaning standards performance in July 2009.
- Meetings have been held between Domestic Services Managers & departmental managers (in laboratory areas) to discuss cleaning responsibilities where concerns had been raised in relation to "who cleans what". Clear guidelines have now been issued to all parties with a resultant increase in performance standards noted in July 2009.
- Meetings have been held between Domestic Services Managers & departmental managers to ensure accommodation is available & accessible to allow cleaning to be undertaken.
- A continued programme of refurbishment & flooring replacement from carpeted soft flooring to vinyl hard flooring to meet HAI requirements is in place.

- 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. This initiative allowed the comparison of working practices & procedures across both sites. A report will be 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 replacement of domestic floor cleaning equipment at Monklands Hospital is planned with delivery expected in late September 2009. This will replace equipment which is five years old and will improve reliability & availability of equipment for use by domestic staff.

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**

It was previously reported that clarification was to be sought re the definition of deep clean /terminal clean. A definition has been developed by the NHS Scotland National Cleaning Services Specification (Version 2 April 2009) and is for further discussion and acceptance by the infection control team in conjunction with PSSD

##### **4.3.1 Actions Required**

- Ratify and disseminate accepted definition of deep/terminal clean

#### **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 to meet in 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**

There has been a short life working group convened to review the format of HAIRT( Healthcare Associated Infection Reporting Template) to ensure consistency with reporting across Scotland and to ensure that information being reported is meaningful to both the Board and the public. Findings should be reported by the group late September.

## **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> June – 30<sup>th</sup> June 2009 has shown 60 operations with 3 incidences of infection, which gives an SSI rate of 5.00%

#### **7.1.1 Elective Presentation**

A total of 39 operations, 2 infections occurred, which gives an SSI rate of 5.13%.

#### **7.1.2 Emergency Presentation**

A total of 21 operations, 1 infection occurred which gives an SSI rate of 4.76%.

### **7.1.3 Infection Types**

1 elective admission developed a superficial infection, which gives an SSI rate of 1.67%.  
1 emergency admission and 1 elective admission developed deep infections which gives an SSI rate of 3.33%.

## **7.2 Caesarean Section**

SSI Surveillance of elective and emergency caesarean sections for the period from 1<sup>st</sup> June 2009 – 30<sup>th</sup> June 2009 has shown 128 operations with 4 incidences of infections which gives an SSI rate of 3.12%

### **7.2.1 Elective Presentation**

A total of 64 operations, 3 infections occurred which gives an SSI rate 4.69%.

### **7.2.2 Emergency Presentation**

A total of 64 operations, 1 infection occurred which gives an SSI rate of 1.56%

### **7.2.3 Infection Types**

1 emergency admission and 3 elective admissions developed superficial infections which gives an SSI rate of 3.12%.

## **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**

The hip arthroplasty SSI rates in Hairmyres continue to be monitored with active surveillance being carried out by ICN's and Surveillance staff.

### **7.4.1 Actions Required and Timescales for Implementation**

Discussion on going with regards one hospital to undertake a pilot of knee joint replacement and fractured neck of femur as an additional voluntary SSI Surveillance procedure, as yet the site has still to be chosen.

## **8. ANTIMICROBIAL PRESCRIBING**

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

## **9 HORIZON SCANNING**

- The Scottish Government have advised NHSL that the funding submission for implementing the MRSA Screening Programme has been accepted and the recruitment process has now commenced The project Initiation Group has been convened and held their second meeting this week and will be providing an

update on progress to the MRSA Steering group who will be meeting on the 31<sup>st</sup> August

- The Healthcare Environment Inspectorate (HEI) continue to recruit staff to undertake the NHS Inspections, and to date there have been 11 Public Focus Associate Inspectors recruited. Currently the team are risk assessing the self assessments submitted by the NHS Boards and have undertaken two prototype inspections. The Inspection methodology is being finalised and will be published in Aug/Sept with the first of the inspections to commence late September. The focus will be risk based, impact focused and transparent and open whilst supporting improvement.
- The revised *Clostridium Difficile* Guidance will be released soon and there will be a separate section for non hospital environments
- Infection Control Guidance for community care settings was published by HPS in August and was reviewed by the joint CHP sub acute Infection Control Committee. It was felt that this would be of benefit to care homes and private contractors in non NHS settings

## **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:  
Dr Alison Graham, Medical Director, 14 Beckford Street, Hamilton, 01698 206385.