

Meeting of  
Lanarkshire NHS Board  
25 February 2009

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**SUBJECT: HAI UPDATE**

**PURPOSE**

This report provides a monthly update of performance in relation to health care associated infection utilising 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
- Progress against key issues within the Task Force 3 year delivery plan

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

**1.1 Short/Medium/Long Term Trends in SAB, plus Meticillin Resistant Staphylococcus Aureus (MRSA), MSSA Bacteraemias – number/graphical presentation, SPC chart**

Current performance outlined in Tables 1 to 4 identify a small reduction in the number of cases over the year with the NHS Board remaining within the acceptable control limits set nationally.

Table 5 highlights the key clinical areas continuing to show the highest number of Staphylococcus Aureus Bacteraemias are General Medicine, Accident and Emergency, General Surgery and Renal. This is in line with national findings. As outlined in previous reports links have been established with the Scottish Patient Safety Programme to target the implementation of appropriate care bundles within these areas of practice in the first instance. However, further surveillance is required to identify potential source of infection.

**Table 1: Staphylococcus Aureus Bacteraemia Rates per 1000 Acute Occupied Bed Days, Hairmyres Hospital (December 2007 – January 2009)**

**Episodes of S.Aureus Bacteraemias in NHS Lanarkshire Acute Hospital Wards**

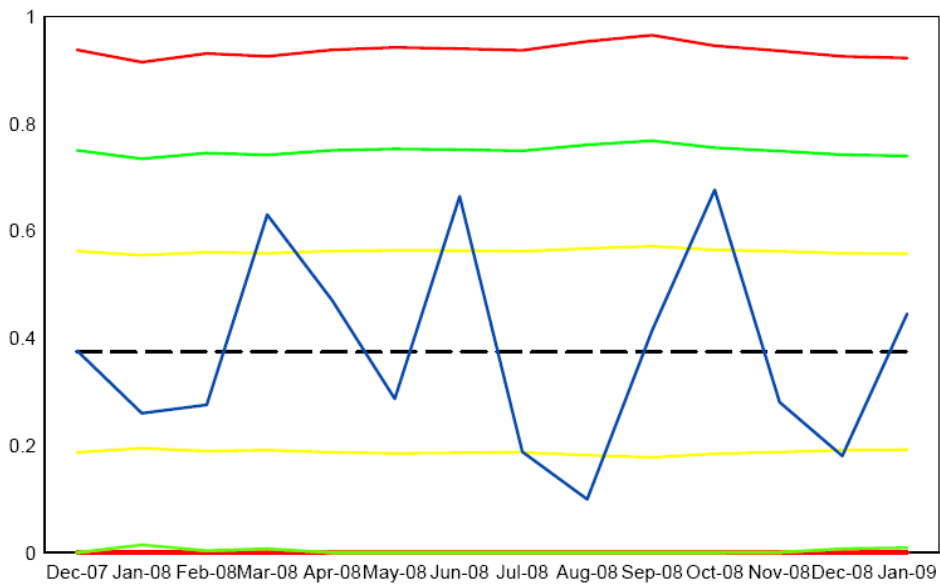
**MONTHLY REPORT**

**Date Range: 01/12/2007 to 31/01/2009**



- SAB patient episodes are defined as the total number of patients from whom blood culture sets collected during the time period grew staph. aureus
- A blood culture set is defined as a sample arising from a single venepuncture, irrespective of the number of bottles tested.
- Patients are counted once even if they have multiple positive tests. However, patients with a positive blood culture set after a 14-day gap with no positive blood culture sets 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

**S.Aureus Bacteraemia rates per 1000 Acute Occupied Bed Days - HAIRMYRES HOSPITAL**



- Rate of SABs per 1000 AOBs
- Median
- Upper & Lower Control Limits set at 3 sd
- Upper & Lower Warning Limits set at 2 sd
- Upper & Lower Highlight Limits set at 1 sd

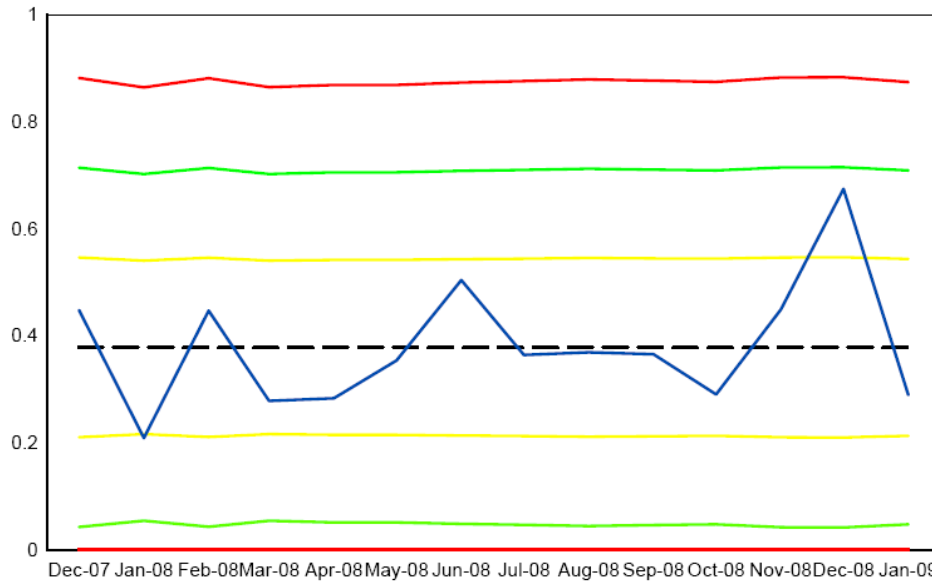
**Table 2: Staphylococcus Aureus Bacteraemia Rates per 1000 Acute Occupied Bed Days, Wishaw Hospital (December 2007 – January 2009)**

Episodes of S.Aureus Bacteraemias in NHS Lanarkshire Acute Hospital Wards  
 MONTHLY REPORT Date Range: 01/12/2007 to 31/01/2009



- SAB patient episodes are defined as the total number of patients from whom blood culture sets collected during the time period grew staph. aureus
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**S.Aureus Bacteraemia rates per 1000 Acute Occupied Bed Days - WISHAW GENERAL HOSPITAL**



- Rate of SABs per 1000 AOBs
- Median
- Upper & Lower Control Limits set at 3 sd
- Upper & Lower Warning Limits set at 2 sd
- Upper & Lower Highlight Limits set at 1 sd

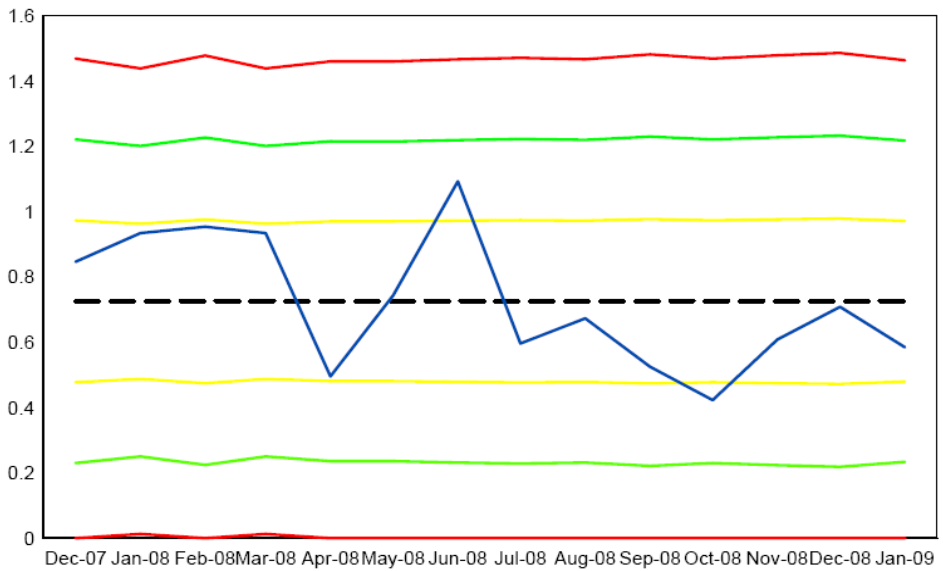
**Table 3: Staphylococcus Aureus Bacteraemia Rates per 1000 Acute Occupied Bed Days, Monklands Hospital (December 2007 – January 2009)**

Episodes of S.Aureus Bacteraemias in NHS Lanarkshire Acute Hospital Wards  
 MONTHLY REPORT Date Range: 01/12/2007 to 31/01/2009



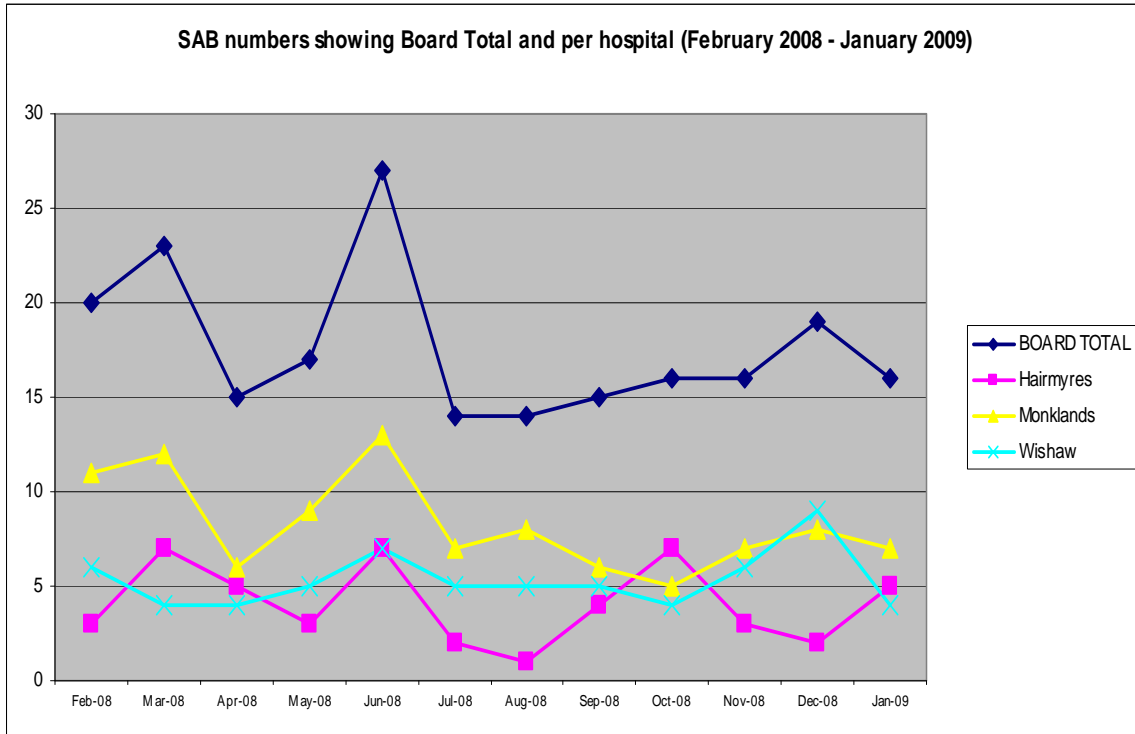
- SAB patient episodes are defined as the total number of patients from whom blood culture sets collected during the time period grew *staph. aureus*
- A blood culture set is defined as a sample arising from a single venepuncture, irrespective of the number of bottles tested.
- Patients are counted once even if they have multiple positive tests. However, patients with a positive blood culture set after a 14-day gap with no positive blood culture sets 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

**S.Aureus Bacteraemia rates per 1000 Acute Occupied Bed Days - MONKLANDS HOSPITAL**

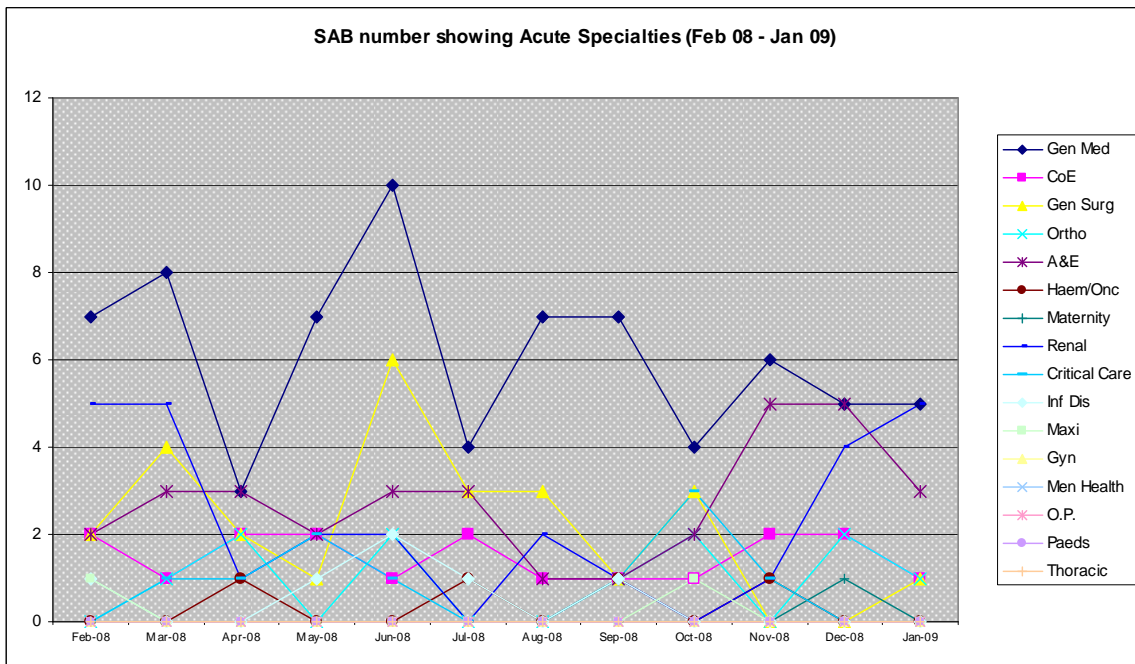


- Rate of SABs per 1000 AOBs
- Median
- Upper & Lower Control Limits set at 3 sd
- Upper & Lower Warning Limits set at 2 sd
- Upper & Lower Highlight Limits set at 1 sd

**Table 4: Staphylococcus Aureus Bacteraemias (SAB) Numbers Showing Boards and Hospitals Totals (February 2008 – January 2009)**



**Table 5: Staphylococcus Aureus Bacteraemias (SAB) Numbers Showing Acute Specialties (February 2008 – January 2009)**



## 1.2 Current Health Efficiency Access Treatment Targets (HEAT) Status and National Context

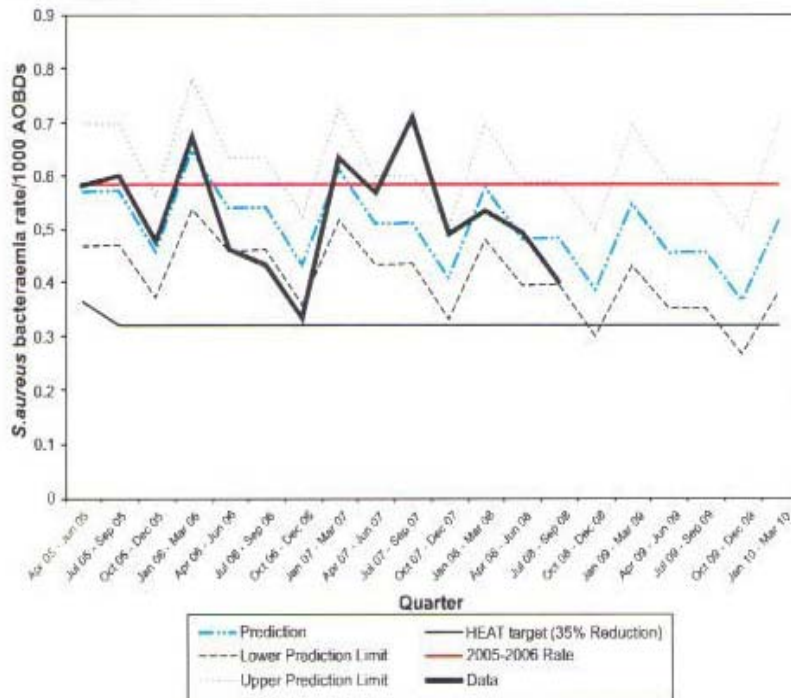
**To reduce all Staphylococcus Aureus Bacteraemia (including MRSA) by 30% by 2010; to introduce and comply with local antimicrobial policies by 2010;**

The recent Health Protection Scotland quarterly reports published in January 2009 identified that the annual number of staphylococcus Aureus Bacteraemia reported in NHS Lanarkshire had fallen by 5.5% per year (95% CI – 2.7% to 13.0%) since the HEAT baseline of 1<sup>st</sup> April 2005 to 31<sup>st</sup> March 2006.

In addition the report identifies a reduction in the number of cases over the last 2 quarters as outlined in Figure 31 and are currently at their lowest since the period April 2004 to June 2004. Our current rate per Acute Occupied Bed Day is below the NHS Scotland average as outlined in Table 6.

Projections from Health Protection Scotland suggest we may meet the Health Efficiency, Access target, but it is likely that further interventions are required to ensure this. Key actions are outlined in section 1.3.

**Figure 31:** *S. aureus* bacteraemia per 1000 AOBs in NHS Lanarkshire showing the HEAT target, predicted rates and prediction limits.



**Table 6: Rate per Acute Occupied Bed Day**

<b>Organism</b>	<b>NHS Scotland Rates / Acute Occupied Bed Days</b>	<b>NHS Lanarkshire Rates / Acute Occupied Bed Days</b>
MRSA	0.123	0.102
MSSA	0.307	0.271
SAB	0.430	0.372

**1.3 Current and New Initiatives to Reduce Staphylococcus Aureus Bacteraemias Cases**

Action is underway to ensure the prevalence continues to be reduced ensuring the HEAT target for Staphylococcus Aureus Bacteraemias is achieved. This includes:

- Continued monthly monitoring reports communicated to key Senior Managers and clinicians at all levels of the organisation enabling trends, clusters and high risk areas to be identified monitoring the effectiveness of interventions.
- Ongoing implementation of the Scottish Management of Antimicrobial Resistance Action Plan (SCOTMARAP).
- Recruitment of an Antimicrobial Pharmacists to facilitate the implementation of the Scottish Management of Antimicrobial Resistance Action Plan (SCOTMARAP) and support system.
- Continued implementation of the new NHS Lanarkshire Antimicrobial Policy, effective hand hygiene and roll out of the Scottish Patient Safety Programme Care Bundles are all being progressed timeously.
- Standardisation of policy for obtaining blood cultures and training for new personnel implemented.
- Development of a Peripheral Venous Cannula patient information leaflet underway.
- Escalation of the implementation of Health Protection Scotland's Peripheral Venus Cannula Care Bundles.

- Phased roll out of the Peripheral Vascular Cannula Care Bundles within Emergency Receiving Units underway.

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

No specialty problems identified at present. As previously outlined in section 1.1 General Medicine, Accident and Emergency General Surgery and Renal continue to record the highest number of cases in line with national findings. Further trend analysis is being undertaken via Staphylococcus Aureus Bacteraemias data collection surveillance forms to identify potential sources. Once complete a report will be provided to the Lanarkshire Infection Control Committee and Healthcare Associated Infection Executive Group for consideration. In the meantime links have been established with the Scottish Patient Safety Programme to target implementation of appropriate care bundles within the aforementioned areas.

##### **1.4.1 Actions Required [timescale]**

- Escalation of the implementation of Health Protection Scotland Peripheral Venous Cannula Care Bundles to commence. (April 2009).
- Launch Zero Tolerance Hand Hygiene policy and new Infection Control Hand Hygiene Policy [April 2009].

## **2. CLOSTRIDIUM DIFFICILE ASSOCIATED DISEASE (CDAD)**

### **2.1 Short/Medium/Long Term Trends in CDAD – Number/Graphical Presentation, SPC Chart**

The past year has seen a reduction in Clostridium Difficile Associated Disease cases in all 3 District General Hospitals as outlined in Table 7 to 10. Table 11 continues to highlight General Medicine, Care Of the Elderly and General Surgery with the most cases of Clostridium Difficile. This is in line with national findings. Implementation of the appropriate care bundles as part of the Scottish Patient Safety Programme will be targeted to these areas in the first instance. In reviewing the data it is clear that there are some weeks where zero values have been reported. This shows a significant deviation from the mean supporting a move towards sustainable improvement.

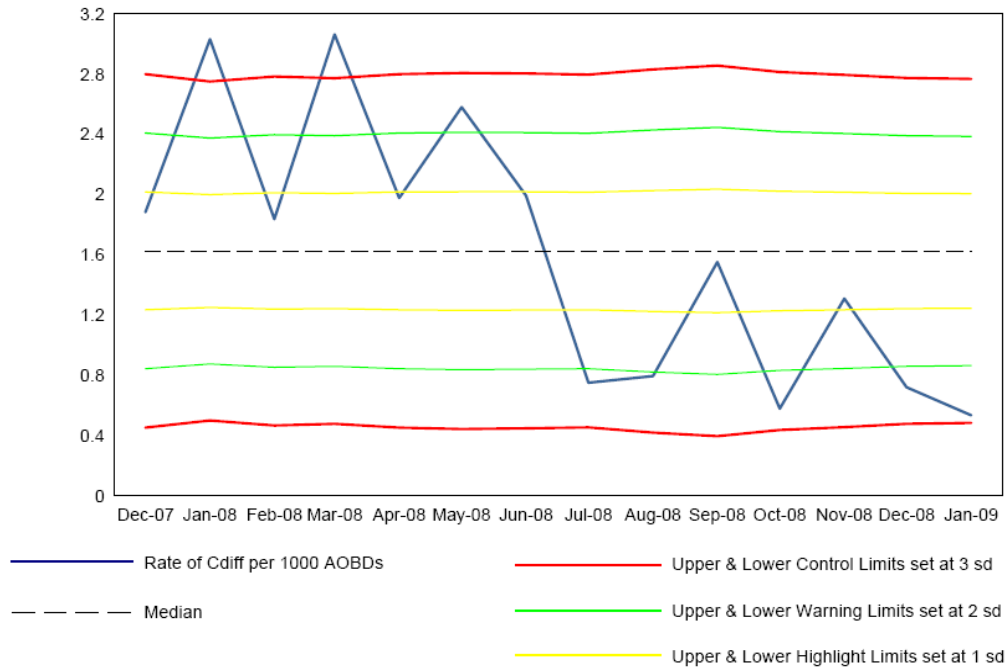
**Table 7: Clostridium Difficile Associated Disease Rates per 1000 Acute Occupied Bed Days, Hairmyres Hospital (December 2007 – January 2009)**

**Episodes of C. difficile in NHS Lanarkshire Acute Hospital Wards**  
**MONTHLY REPORT**      **Date Range: 01/12/2007 to 31/01/2009**



- 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**



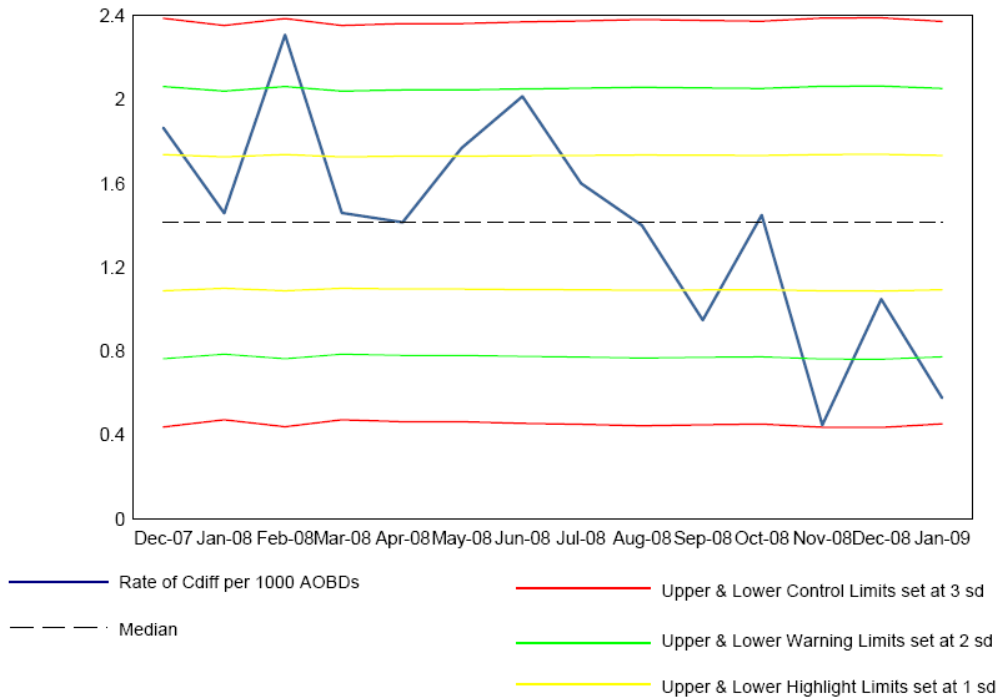
**Table 8: Clostridium Difficile Associated Disease Rates per 1000 Acute Occupied Bed Days, Wishaw Hospital (December 2007 – January 2009)**

Episodes of *C. difficile* in NHS Lanarkshire Acute Hospital Wards  
 MONTHLY REPORT      Date Range: 01/12/2007 to 31/01/2009



- 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 - WISHAW GENERAL HOSPITAL**



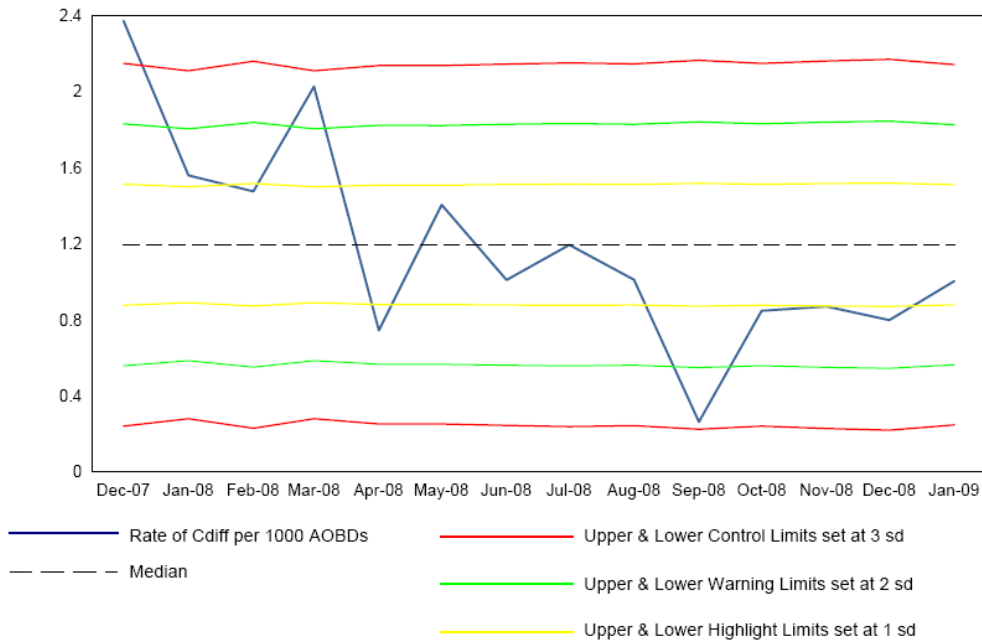
**Table 9: Clostridium Difficile Associated Disease Rates per 1000 Acute Occupied Bed Days, Monklands Hospital (December 2007 – January 2009)**

**Episodes of C. difficile in NHS Lanarkshire Acute Hospital Wards**  
**MONTHLY REPORT**      **Date Range: 01/12/2007 to 31/01/2009**

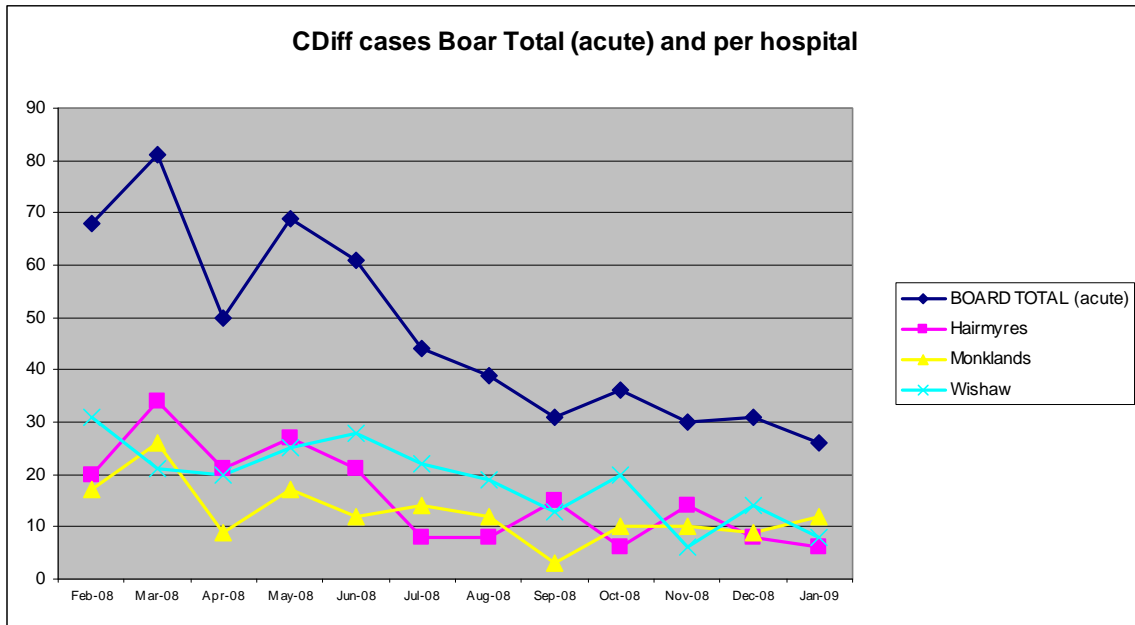


- An episode is defined as a C. difficile toxin positive stool sample.
- Patients are counted once even if they have multiple positive tests. However, patients with a C. difficile toxin positive stool sample after a 28-day gap with no positive toxin tests will be counted as a new episode.
- The data reported is all derived from NHS Lanarkshire laboratory data.
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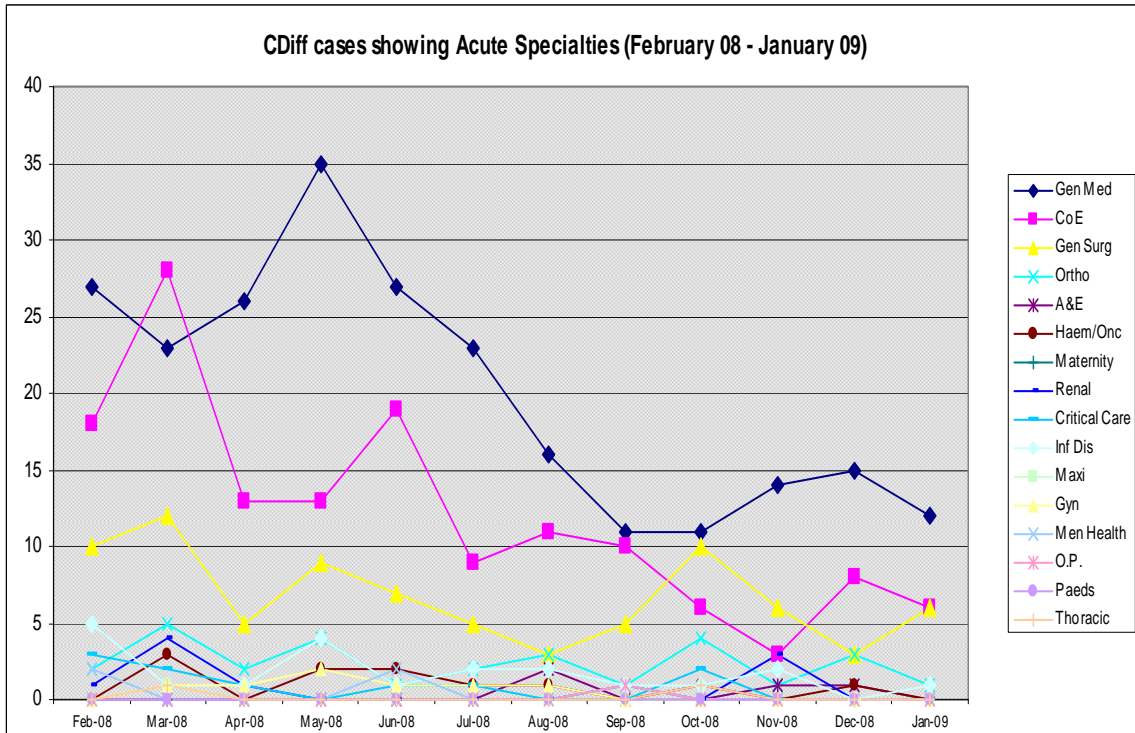
**C. difficile Incidence rates per 1000 Acute Occupied Bed Days - MONKLANDS HOSPITAL**



**Table 10: Clostridium Difficile Associated Disease Cases per Hospital (February 2008 – January 2009)**



**Table 11: Clostridium Difficile Associated Disease Cases Showing Acute Specialties (February 2008 – January 2009)**



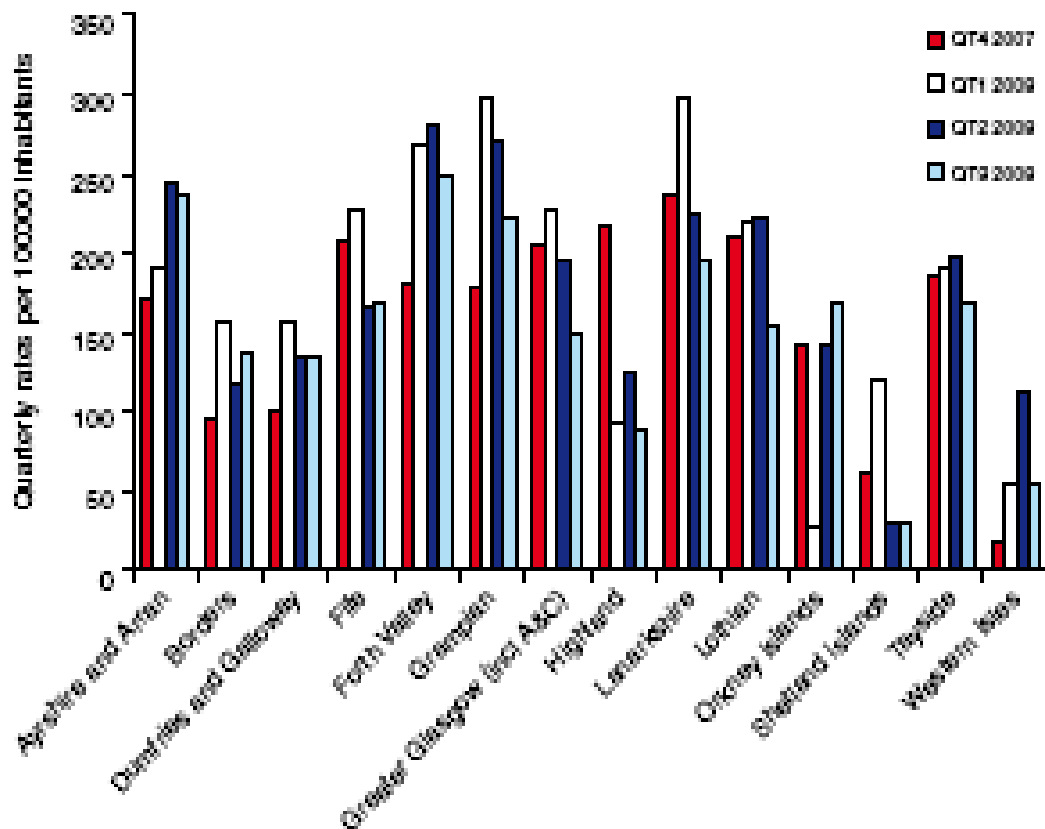
## 2.2 Current HEAT Status And National Context

### ***To reduce rate of Clostridium Difficile infection in Hospitals by at least 30% by 2011***

Trajectory calculations have recently been issued from the Scottish Government Health Department. These are based on the 2007 Boards annual total (678 cases). The 30% target implies a reduction of around 200 cases per year.

No update information has currently been published since the previous Health Protection Scotland report. This identified a reduction in the organisations rates over the last 3 quarters as outlined in Figure 2. NHS Lanarkshire is currently equivalent to the national average Clostridium Difficult rate (199 cases per 100,000 inhabitants  $\geq$  65 years old): This is in keeping with NHS Lanarkshire information reported in the previous section suggesting sustainable change has been achieved during this period.

**FIGURE 2: Rates of CDAD per 100,000 inhabitants  $\geq$  65 years old in 14 NHS boards in Scotland.**



### **2.3 Current New Initiatives To Reduce Cases**

The following initiatives are being undertaken:

- Healthcare Associated Infection Executive Action Team established to ensure reduction in prevalence is achieved.
- Continued weekly and monthly monitoring reports communicated to key Senior Managers and clinicians at all levels of the organisation enabling trends, clusters and high risk areas to be identified.
- Ongoing implementation of the Scottish Management of Antimicrobial Resistance Action Plan (SCOTMARAP).
- Recruitment of an Antimicrobial Pharmacists to facilitate the implementation of the Scottish Management of Antimicrobial Resistance Action Plan (SCOTMARAP) and support system.
- Continued implementation of the new NHS Lanarkshire Antimicrobial Policy, effective hand hygiene and roll out of the Scottish Patient Safety Programme Care Bundles are all being progressed timeously.
- Continued awareness raising via PULSE articles and weekly staff briefing.
- Enhanced surveillance of clostridium difficile has commenced in Hairmyres Hospital with full roll out to all NHS Lanarkshire planned for April 2009.
- Gap analysis being undertaken in relation to hand washing facilities within Monklands and Primary Care Operating Division Hospitals to ensure compliance with current guidance.

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

No specialty problems identified at present. As outlined in section 2.1 and Table 11 General Medicine, Care Of the Elderly and General Surgery have the most cases of Clostridium Difficile. This is in line with national findings. Currently analysing trends and potential sources via weekly and monthly monitoring reports. Once available this will be reviewed by the Lanarkshire Infection Control Committee and The Healthcare Associated Infection Executive Action Group.

#### **2.4.1 Actions Required [Timescale]**

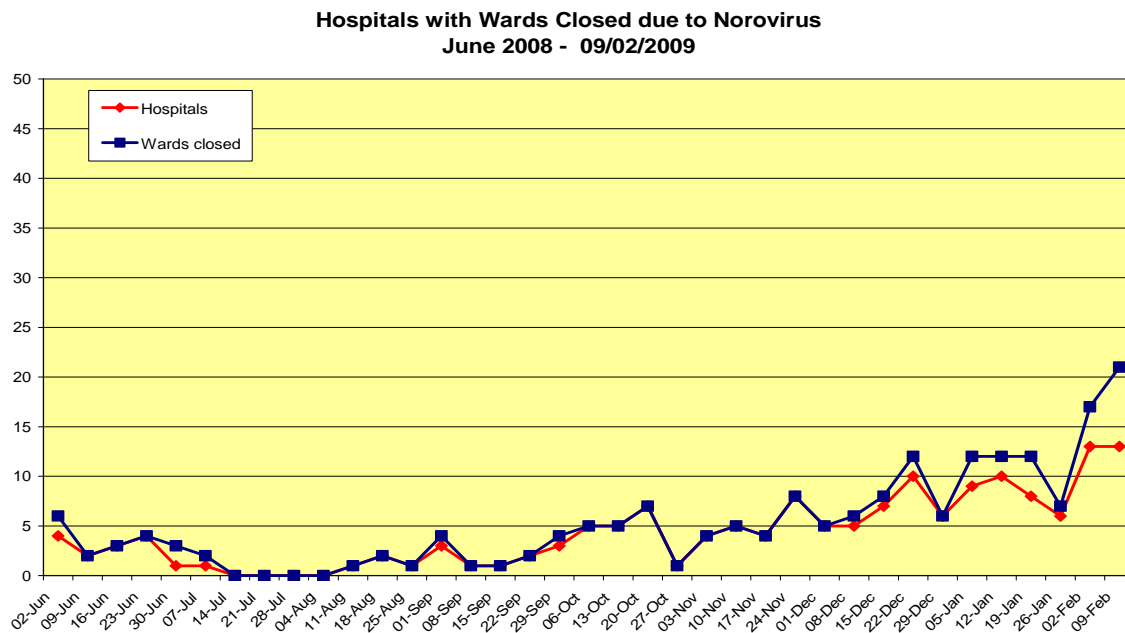
- Continued weekly and monthly monitoring reports identifying trends and areas of high risk (ongoing).
- Launch new Hand Hygiene Zero Tolerance and Healthcare Associated Infection Hand Hygiene Policies. (April 2009).

- Implement Scottish Patient Safety Clostridium Difficile Associated Disease Care Bundle across all in-patient areas. (March 2009).

## 2.5 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 for the period June 2008 to 9<sup>th</sup> February 2009 as outlined in the table 12 below.

**Table 12: Hospitals with Wards Closed Due To Norovirus across NHS Scotland June 2008 – 9<sup>th</sup> February 2009**



The data below identifies that all of the NHS Boards have reported and 7 are currently experiencing Norovirus activity. Lanarkshire is one of the NHS Boards reporting Norovirus activity affecting 13 patients and 4 members of staff in two Ward at the point of the report. All Infection Control Policies were implemented timeously.

**Table 13: Norovirus Activity per NHS Board, June 2008 – 9<sup>th</sup> February 2009**

Date 09/02/2009	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	3	8	79	54
	NHS Greater Glasgow & Clyde	1	1	16	8
	NHS National Waiting Times Centre	0	0	0	0
	NHS Grampian	1	1	7	1
	NHS Highland	1	1	6	4
	NHS Lanarkshire	2	2	13	4
	NHS Lothian	4	7	54	31
	NHS Tayside	0	0	0	0
	NHS Orkney	1	1	NR	NR
	NHS Shetland	0	0	0	0
	NHS Western Isles	0	0	0	0
	NHS State Hospital Carstairs	0	0	0	0
	<b>Total</b>	<b>13</b>	<b>21</b>	<b>175</b>	<b>102</b>

### 3. HAND HYGIENE (HH) PROGRAMME

#### 3.1 Short / Medium / Long Term Trends In Compliance – Number/Graphical Presentation

Analysis of hand hygiene audit data undertaken in January 2009 identifies that in the main the average compliance levels across a number of disciplines is on or above 90% with Nursing achieving 94%, Allied Health Professions 91%, and Ancillary 90%. The exception being Medicine at 87% as outlined in Tables 14 to 16. Work continues to improve compliance levels further across all disciplines.

**Table 14 Hairmyres Hospital: Hand Hygiene Audit Compliance per Discipline**

CLINICAL AREA	NURSING	MEDICINE	ALLIED HEALTH PROFESSIONS	ANCILLARY
Orthopaedic	92% (13)	0%(1)	100%(5)	0%(1)
Orthopaedic	92% (13)	100%(1)	100%(3)	100%(3)

Medical	100% (10)	N/A	100% (9)	100% (1)
Elderly Care	100% (9)	N/A	88% (9)	100% (2)
Elderly Care	92% (13)	100%(1)	N/A	100% (6)

**Table 15 Wishaw Hospital: Hand Hygiene Audit Compliance per Discipline**

CLINICAL AREA	NURSING	MEDICINE	ALLIED HEALTH PROFESSIONS	ANCILLARY
Surgical	87% (8)	83%(6)	N/A	100% (6)
Medical	91% (12)	100%(1)	100% (3)	75% (4)
Haematology	94% (17)	N/A	50% (2)	100% (1)
Critical Care	81% (11)	83%(6)	N/A	100% (3)

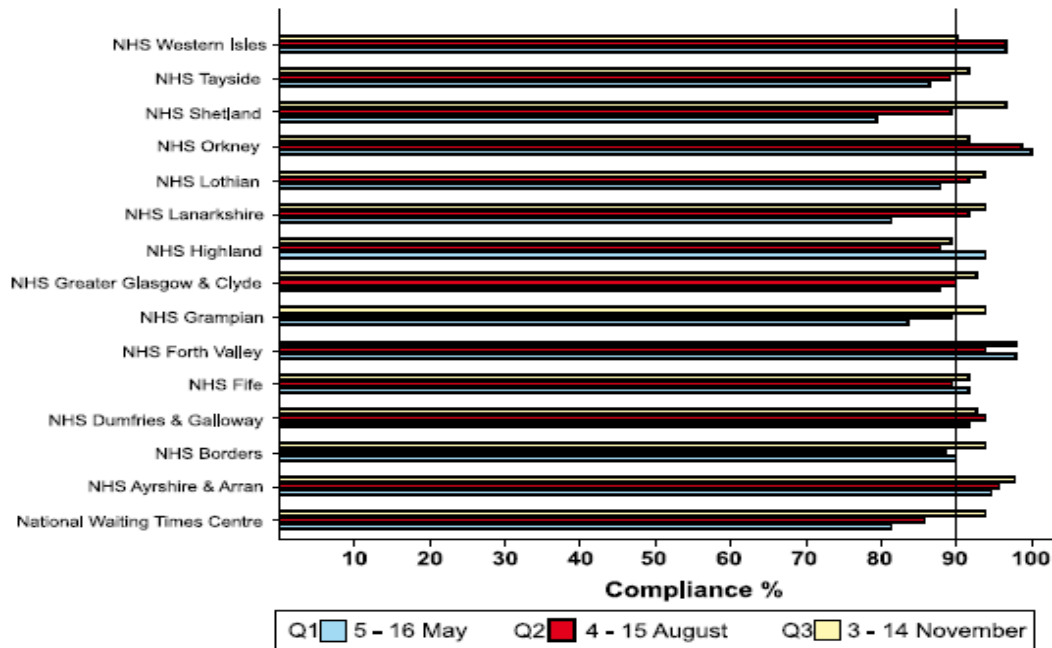
**Table 16 Monklands Hospital: Hand Hygiene Audit Compliance per Discipline**

CLINICAL AREA	NURSING	MEDICINE	ALLIED HEALTH PROFESSIONS	ANCILLARY
Elderly Care	100% (11)	66%(3)	100% (4)	100% (2)
Surgical	100% (14)	100%(5)	N/A	100% (1)
Critical Care	100% (8)	80%(5)	80% (5)	100% (2)
Surgical	100% (9)	100% (7)	N/A	100% (4)
Orthopaedic	100% (11)	100% (2)	80% (5)	50% (2)

**National Context**

The recently published report from Health Protection Scotland identified that our Board has again achieved the at least 90% compliance improving from 91% to 93% compliance. Intelligence from the audit undertaken in January 2009 suggests that the organisation continues to meet the national target.

Figure 2: Audit Results for Compliance with Hand Hygiene Opportunities by NHS Board



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

These include:

- Direct involvement of Hand Hygiene Co-ordinators with Scottish Patient Safety Programme Hand Hygiene bundle rollout.
- Recruitment of 2wte Hand Hygiene Facilitators for a 1 year fixed term period to support the roll out of the Hand Hygiene Care bundle.
- Review and trial of new Hand Hygiene products complete. Implementation in a phased approach imminent.
- Review of Healthcare Associated Infection signage commenced and nearing completion.

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

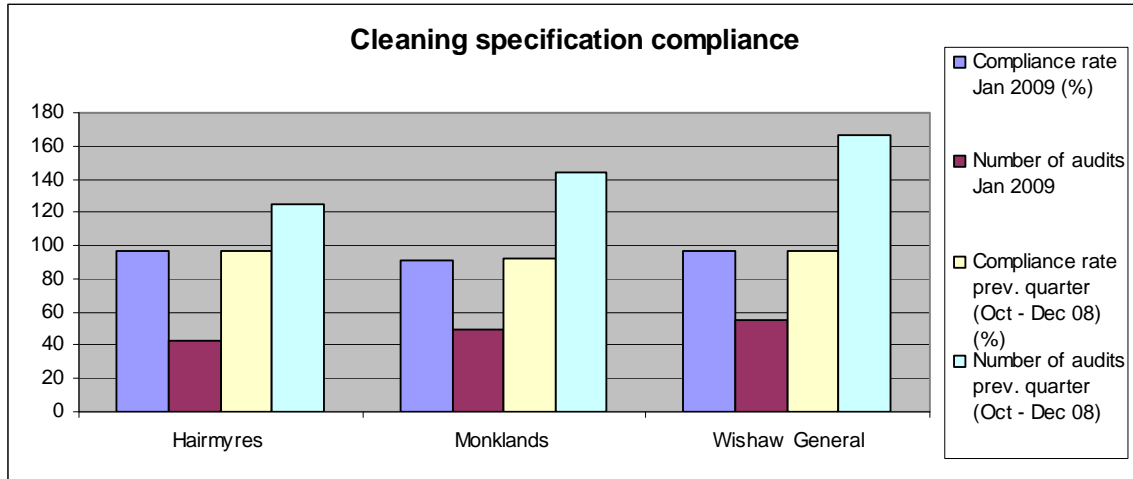
No specific problems identified at this time other than poorest compliance amongst Medical staff. Implementation of the Hand Hygiene Care Bundle continues to support improved compliance along side the implementation of a communication strategy to support a zero tolerance approach to non compliance with Hand Hygiene.

**4. CLEANING SERVICES SPECIFICATION COMPLIANCE**

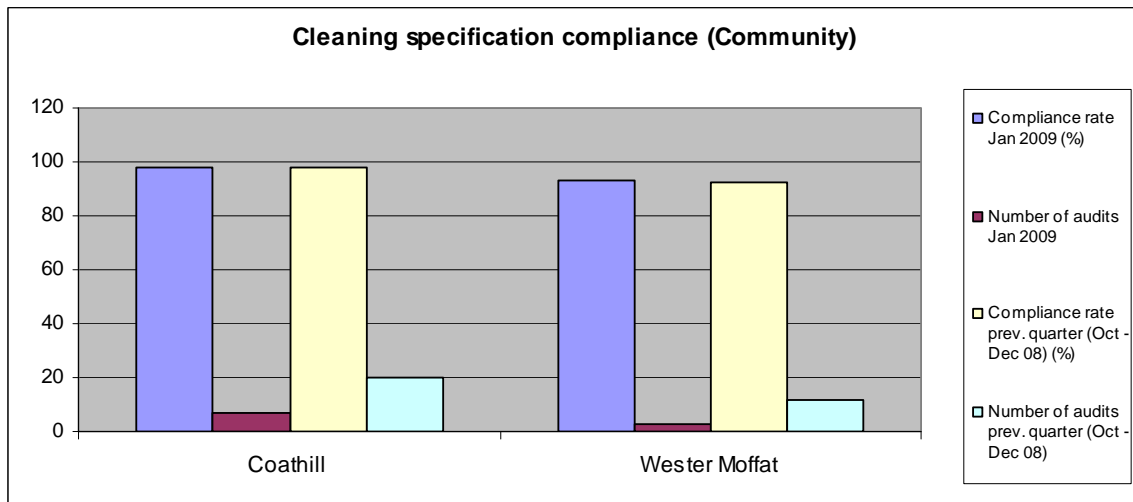
**4.1 Short/Medium/Long Term Trends in Compliance – Number/Graphical Presentation**

Generally month to month performance fluctuates within a reasonably tight band. Tables 17 and 18 identify that compliance levels have been made with the exception of Monklands Hospital which has reported a small increase in compliance levels during January rising from 91.4% to 92.8% from the previous quarter.

**Table 17: Cleaning Services Specification Compliance per District General Hospital January 2009**



**Table 18: Cleaning Services Specification Compliance, Community: January 2009**



#### 4.2 National Context – Most Recent Health Facilities Scotland Quarterly National Report

No further reports have been published by Health facilities Scotland since the last update to the NHS Board. Therefore our performance as reported nationally remains unchanged highlighting that over the last two quarters there has been a slight downward trend away from the national average which has remained steady at 96%. Returns for Quarter 3 to date (October / November 2008) as outlined below.

**Table 19: Cleaning Service Specification Performance Nationally (October 2007 – September 2009)**

<i>Health Board</i>	<i>3rd quarter Oct-Dec 2007/2008</i>	<i>4th quarter Jan-March 2007/2008</i>	<i>1st quarter April-June 2008/2009</i>	<i>2nd quarter July-Sept 2008/2009</i>
	<i>Total % Pass</i>	<i>Total % Pass</i>	<i>Total % Pass</i>	<i>Total % Pass</i>
<b>SCOTLAND</b>	<b>96.0</b>	<b>96.1</b>	<b>96.1</b>	<b>96.0</b>
Ayrshire and Arran	96.1	96.4	96.4	95.9
Borders	97.6	97.1	97.8	97.2
Dumfries and Galloway	97.7	97.3	97.3	97.4
Fife	96.4	96.5	96.5	97.0
Forth Valley	95.0	95.3	95.5	94.7
Grampian	97.6	97.3	97.2	97.1
Greater Glasgow and Clyde	96.0	96.3	96.2	96.4
Highland	95.1	95.3	95.1	95.3
Lanarkshire	95.6	96.0	95.5	94.8
Lothian	94.8	94.6	94.7	94.5
Orkney	97.7	95.2	92.8	96.1
Shetland	98.3	97.8	97.8	97.1
Tayside	95.5	95.8	96.1	95.9
Western Isles	96.0	95.6	95.9	95.6
The State Hospitals Board for Scotland	91.8	93.6	93.8	94.0
Golden Jubilee National Hospital	93.2	93.6	93.4	93.4
Blood Transfusion Services				98.6

#### 4.3 Current New Initiatives In Improving Cleaning

These include:

- Development of robust action plans to address the locations of Airdrie / Coatbridge and Monklands Hospital where low scores have been recorded.
- Ongoing monitoring of those locations where scores between 90% to 95% are recorded.
- Retraining of all domestic staff, management, supervisory and operational to ensure improved cleanliness levels.
- Monthly meetings with the Director of Strategic Planning / GM PSSD / Head of Support Services / Business Support Manager and HR to monitor & review

management actions being taken in terms of sickness absence in line with NHS Lanarkshire's Management of Sickness Absence Policy.

- A new Head of Hotel Services has been recruited and commenced employment with NHS Lanarkshire mid January 2009. The new post holder has significant experience in Domestic Services Standards associated with Healthcare Associated Infection Initiatives and will bring a new focus on this important area.

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

The downward trends identified at Monklands Hospital, Airdrie and Coatbridge Localities was primarily due to three issues: high level of vacancies, high level of sickness and poor operator / supervisor performance. These areas of practice are being addressed.

##### **4.4.1 Actions Required [Timescales]**

- Review of management of vacancies in conjunction with HR utilising Job Centre for recruitment [Mid Feb 2009].
- Review of all staff rosters to ensure maximum efficiency and effectiveness in staff numbers & staff continuity [End March 2009].
- Review of resource allocation within domestic services particularly in relation to peak leave periods and cover for sickness [End March 2009].
- Review of National Cleaning Services Specification minimum inputs against current staffing levels [End March 2009].
- Pro active sickness absence management in conjunction with HR / Occupational Health [On going].
- Production of monthly report detailing sickness absence details, management action taken across all Hotel Services Disciplines [Ongoing].
- Implement "In House" retraining of Domestic Staff on cleaning tasks and Workbook completion [Ongoing throughout 2008/2009].
- Retrain supervisory staff on Monitoring Framework, Red, Amber, Green System (RAGS) Tool, Action Planning and local reporting [End February 2009].
- Focussed approach to complete Personal Development Plan's for all domestic staff by [End March 2009].

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

Progress against all critical actions arising from the Healthcare Associated Infection Risk Assessment have been reported to the Lanarkshire Infection Control Committee. All are on track for completion.

All Managers have been asked to include a Healthcare Associated Infection general statement of risk within local Risk Registers identifying current and further control measures required. Progress will be monitored via the Acute Division and Joint Community Health Partnership Operational Infection Control Groups.

### **6.1 Horizon Scanning**

#### ***CEL 55 (2008) New Funding For National MRSA Screening Programme***

Letter recently received outlining funding for NHS Boards on a 1 year non recurring basis to assist with preparing for the introduction of the national MRSA Screening Programme from 2009/10. NHS Lanarkshire share is 117,700. Pathfinder Boards are currently implementing a screening strategy. An interim report is due in April 2009 and will include details of lessons learned. The clinical and cost effectiveness of the project will be reported by December 2009. NHS Boards are being asked to roll out the model and make refinements thereafter should it be required.

A spend plan has been developed and submitted to the Scottish Government Health Department, Appendix 1). An NHS Lanarkshire Implementation Group has been established to ensure timely implementation.

#### ***CEL 54 (2008) New Funding For Local Surveillance Systems***

The above correspondence outlined the intention of the Scottish Government Health Department to allocate non recurring funding to all NHS Boards to support the implementation of robust local surveillance systems for the prevention and control of infection. NHS Lanarkshire allocation will be 208k. A spend plan has been developed and submitted to the Scottish Government Health Department, (Appendix 2).

## 7. PROGRESS ON COMPLIANCE WITH NATIONAL HEALTHCARE ASSOCIATED INFECTION PROGRAMME

### 7.1 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 circulated at last meeting.

	Actions
PURPLE (complete)	17
GREEN (on track to complete by the deadline)	4
AMBER (substantially complete but either awaiting national materials or with some possibility of slippage beyond the deadline)	3
RED (unable to complete by the deadline)	0

Three areas remain in amber. These are:

- 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.
- Planned preventative maintenance programmes reflect requirements of prevention and control of infection.
- NHS Boards to implements requirements of CEL 30(2008): Prudent Antimicrobial Prescribing: The Scottish Action Plan for Managing Antibiotic Resistance and Reducing Antibiotic Related Clostridium Difficile Associated Disease.

National guidance has been sought regarding the first two bullet points. Work is continuing to be progresses regarding implementation of the Scottish Action Plan Managing Antibiotic Resistance and Reducing Antibiotic Related Clostridium Difficile Associated Disease. A further assessment will be completed by 1<sup>st</sup> April 2009.

### 7.2 Compliance With Healthcare Associated Infection Task Force Programme – Outstanding Issues

The organisation remains on track to deliver against the Task Force programme.

### 7.3 Actions Required And Timescales For Implementation

Self assessment against the new NHS Quality Improvement Scotland Healthcare Associated Infection Standards has been completed by the Nurse Consultant – Healthcare Associated Infection. An Action plan has been developed to address any

areas of non compliance. It is the intention to endorse this work at the next Lanarkshire Infection Control Committee.

## **8. 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.

## **9 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.

## Appendix 1

### CEL 55 (2008) New Funding For National MRSA Screening Programme

Mr Jon Owens	Date	4 <sup>th</sup> February 2009
Scottish Government CNO	Your ref:	
Directorate	Our ref:	AA/LN
Healthcare Associated Infection Unit	Enquiries to	Anne Armstrong
Room GE:16	Direct Line	01698 245011
St. Andrews House	E-mail	<a href="mailto:anne.armstrong@lanarkshire.scot.nhs.uk">anne.armstrong@lanarkshire.scot.nhs.uk</a>
Regent Road		
Edinburgh		
EH1 3DG		

Dear Jon

### CEL 55(2008) New Funding For the National MRSA Screening Programme: Spend Plan.

The attached paper outlines NHS Lanarkshire's spend plan aimed at pump priming the full implementation of the above national programme. It is our intention to implement the screening programme in 4 phases over the period 09 / 10 as outlined below:

- Phase 1 : Admissions to Orthopaedics, Vascular and ITU (Commenced)
- Phase 2 : Elective Admissions
- Phase 3 : Emergency Admissions
- Phase 4 : Admissions to off site Facilities.

An Implementation Group has been established to ensure the screening programme is implemented timeously. This will include reviewing and amending the above phasing as necessary on approval of the Corporate Management Team in line with the experience gained throughout the implementation process. It is our intention to arrange to visit the relevant Path Finder sites to learn from their experience incorporating this within our Implementation Plan once fully developed.

The allocated funding will be utilised to address the initial requirements in the following areas:

- Service Modelling
- Pharmacy
- Nursing

A full breakdown of the intended expenditure is provided in the attached paper.

Should you require further information please contact Anne Armstrong Divisional Nurse Director – Community and Primary Care, telephone number 01698 245011.

Yours sincerely

Dr Alison Graham  
Medical Director  
NHS Lanarkshire

cc Paul Wilson, Executive Director Nurses, Midwives and Allied Health Professions,  
Jan Clarkson, Nurse Consultant – Healthcare Associated Infection  
Dr Tom Gillespie – Healthcare Associated Infection Doctor  
Anne Armstrong, Divisional Nurse Director, Community and Primary Care  
MRSA Screening Programme Implementation Group

**NHS Lanarkshire**

**CEL 55(2008) New Funding for the National Screening Programme: Draft Spend Plan**

<b>National MRSA Screening Programme: Implementation &amp; Development Fund Spend 2009/10</b>			
<b>Funding Item</b>	<b>Links To National /Local HAI Strategies</b>	<b>Key Objectives</b>	<b>Budget</b>
Service Modelling	CEL 55 (2008)  HAI Task Force Delivery Plan 2008 – 2011	<ul style="list-style-type: none"> <li>• Develop optimal patient pathway</li> <li>• Raise awareness of the Screening Programme</li> </ul>	10,000
Audit isolation facilities	CEL 55 (2008)  HAI Task Force Delivery Plan 2008 – 2011	<ul style="list-style-type: none"> <li>• Ascertain availability and viability of isolation facilities</li> <li>• Determine future isolation requirements</li> </ul>	6,000
Pharmacy	CEL 55 (2008)  HAI Task Force Delivery Plan 2008 – 2011	<ul style="list-style-type: none"> <li>• Development of appropriate Patient Group Directive</li> </ul>	10,000
Nursing	CEL 55 (2008)  HAI Task Force Delivery Plan 2008 – 2011	<ul style="list-style-type: none"> <li>• Develop skills and competence of nursing staff to deliver the screening programme</li> <li>• Establish capacity to implement phase 2 of the screening programme</li> </ul>	91,700
<b><u>TOTAL</u></b>			<b><u>117,700</u></b>

## Appendix 2

### CEL 54 (2008) New Funding For Local Surveillance Systems

Mr Jon Owens	Date	13 <sup>h</sup> February 2009
Scottish Government CNO	Your ref:	
Directorate	Our ref:	JC/PF
Healthcare Associated Infection		
Unit	Enquiries to	Anne Armstrong
Room GE:16	Direct Line	01698 245011
St. Andrews House	E-mail	<a href="mailto:anne.armstrong@lanarkshire.scot.nhs.uk">anne.armstrong@lanarkshire.scot.nhs.uk</a>
Regent Road		
Edinburgh		
EH1 3DG		

Dear Jon

#### CEL 54(2008) New Funding For Local Surveillance Systems: Spend Plan.

The attached paper outlines NHS Lanarkshire's spend plan regarding the above.

The spend plan focuses on establishing additional capacity and expertise within Surveillance, Clinical Effectiveness and Laboratory Services

Should you require further information please contact Jan Clarkson – Nurse Consultant, Healthcare Associated Infection telephone number 01698 863269

Yours sincerely

Dr Alison Graham  
Medical Director  
NHS Lanarkshire

cc Paul Wilson, Executive Director Nurses, Midwives and Allied Health Professions,  
Jan Clarkson, Nurse Consultant – Healthcare Associated Infection  
Dr. Tom Gillespie – Healthcare Associated Infection Doctor  
Anne Armstrong, Divisional Nurse Director, Community and Primary Care  
MRSA Screening Programme Implementation Group

**CEL 54 (2008) “New Funding For Surveillance Systems: Draft Spend Plan**

<b><u>Funding Item</u></b>	<b><u>Objectives</u></b>	<b><u>Budget</u></b>
1 wte, Band 7 Project Lead (1 year fixed term)	<ul style="list-style-type: none"> <li>• Coordinate surveillance activities</li> <li>• Develop and implement a surveillance strategy and associated protocols</li> <li>• Develop, implement and monitor the progress of a robust surveillance work programme</li> <li>• Ensure reporting mechanisms are effective and result in appropriate action</li> </ul>	£50,000
1 wte, Band 6 Infection Control Surveillance Nurse (1 year)	<ul style="list-style-type: none"> <li>• Further strengthen the current surveillance nursing team providing additional capacity to initially embed the proposed HAI surveillance work in conjunction with the Clinical Effectiveness Department</li> <li>• Assist key stakeholders in the interpretation of data produced by the Clinical Effectiveness Department</li> <li>• Identify local priorities in relation to HAI surveillance to compliment mandatory elements</li> <li>• Present data to key stakeholders agreeing action to be taken</li> </ul>	£40,000
Purchase of Laboratory consumables to support introduction of extended CDAD mandatory surveillance and additional BMS hours in Microbiology	<ul style="list-style-type: none"> <li>• Testing of all appropriate faecal specimens in individuals &gt; 15 years of age.</li> <li>• Set up Laboratory queries of Laboratory system to support local surveillance,</li> <li>• Set up routine searches, automated validation to free up Microbiologist time for supporting surveillance activities and increased involvement in antimicrobial prescribing on all 3 District General Hospital sites</li> </ul>	£17,768
1.5 wte, Band 6 Clinical Effectiveness staff (1 year fixed term)	<ul style="list-style-type: none"> <li>• Develop, maintain and monitor effectiveness of surveillance systems</li> <li>• Quality assure HAI surveillance data</li> <li>• Production and circulation of standardised Crystal reports e.g. C diff, SAB reports</li> <li>• Expansion of the reporting system to include other alert organisms</li> <li>• Production of monthly HAI Reporting Template reports for the Board</li> </ul>	£60,000

	<ul style="list-style-type: none"> <li>• Development of a comprehensive standard reporting suite, encompassing all key performance indicators required by key stakeholders</li> <li>• Development of patient referral database to capture patient referrals made to Infection Control Nurses</li> <li>• Scoping the needs of the HAI service in relation to the potential to interrogate local patient management systems and laboratory systems to provide meaningful HAI surveillance related data.</li> <li>• Support local ownership of surveillance at operational level and assist the organisation in the interpretation of surveillance data outputs</li> <li>• Designing effective data collection forms</li> <li>• Support the Scottish Patient Safety Programme work streams in implementing and the reporting of HAI related outcome measures</li> <li>• Provide support for HAI related audit projects including the development of audit tools, reports and assistance with the analysis of data</li> <li>• Development of a robust system for recording, monitoring and reporting potential outbreaks of infection</li> </ul>	
2 clinical session per week from Consultant Microbiologist (1 year fixed term)	Support implementation of Scot MARAP	£22,500
1 wte, A&C support Band 3 (1 year fixed term)	<ul style="list-style-type: none"> <li>• Provide additional capacity to support the implementation and expansion of surveillance</li> </ul>	£17,732
<b>TOTAL</b>		<b>£208,000</b>